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Make the patient assisted-bath easier and safer – a CQI program using person centred care approach

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Introduction

The provision of the patient assisted-bath is a fundamental nursing care activity. Although a standard procedure of the patient assisted-bath is available and recommended, several incidents including patient and staff injury related to bathing patient were reported over the past 2 years.

Objectives

The aim of this Continue Quality Improvement (CQI) program was to review the current practice of patient assisted -bath towards person-centred care approach.

Methodology

The study utilized a two-phase sequential design. Phase I used a questionnaire to survey the nursing staff including Personal Care Assistant (PCA)/Health Care Assistant (HCA) for the knowledge of the patient assisted-bath. Furthermore, a bathing workgroup was set up to identify the gaps in the current practice. Several workshops were conducted to reinforce role of nurses and PCA/HCA in patient bathing focusing on the person-centered care approach and safety concerns in during this care process. We standardized the bathing materials and the care procedure in all Medical & Geriatric wards in May 2015. Phase II employed an audit on the patient assisted-bath to the nurses and supporting staff by the ward managers. The maintained effect was evaluated 6 months after the first audit in June 2015.

Result

A total of 63 pre and post workshop questionnaires were returned in May 2015, representing 100% of the supporting staffing in 10 Medical & Geriatric wards. A significant improvement on the knowledge of the patient assisted-bath by 13.6% was found ($p < 0.001$) between pre and post workshop by paired t-test. During the 2-day audit period in June 2015, 63 staff (23 nurses, 40 HCA/PCA) from these 10 Medical & Geriatric wards were also audited. The overall compliance rate was 99.2%. The procedures of “lock the bathing trolley”, “test the water temperature with elbow” and “environment preparation for next patient” were missed in 4 episodes. The

maintenance effect was evaluated in December 2015 with 73 staff (29 nurses, 44 HCA/PCA). We found the overall compliance rate was 99.8% at the maintenance phase. Only 1 episode of “forgot to cover the patient with a towel during bathing”.
Conclusions We are making tremendous strides to change and adapt a more person-centered environment are followed. The person-centred care and safety of patient bathing is achievable. This program allows the nursing staff to view their practice by bringing their theoretical knowledge and nursing practice closer together.