



## A Pleasant Bathing Experience



### Background:

Quote: *“I take a bath all the time. I’ll put on some music and burn some incense and just sit in the tub and think, wow! Life is great right now.”* -Brian Austin Green

How many individuals destined to spend the rest of their life in long-term care would say this about their bathing experience? What makes a great bathing experience for a resident living in a nursing home and what does not? How can we be sensitive to people’s pain, fear and privacy? The institutional model saw bathing as a functional task of cleansing to be completed efficiently and in a timely fashion. It often ignored life style preferences, privacy issues, pain and dementia. The call today by strong advocates like Joanne Rader, RN, FAAN, has revolutionized the way long-term care workers think about bathing and have opened up a wide array of

options to personalize the experience and make it a pleasant restorative experience.

**Typical Issues:** Many homes that changed their bathing experience for residents did so after a great deal of soul-searching recognizing that it was fraught with unhappiness for both residents and staff alike. Anxiety rules in many bathing areas creating injuries and a host of related events that damage relationships. Many residents complain of being wheeled down open, drafty hallways, partially exposed with nothing more than a bath towel or cape to protect their privacy. Baths often occur on a schedule that suit the needs and routines of the organization but neglect the individual’s preference. Bathing areas are notoriously institutional in design and lack warmth or hominess and have little regard for privacy.

**Barriers:** The barriers to overhauling the bathing experience are few and the rewards are great. It can include modest to drastic changes to the environment that can affect budgets. In many homes small, economical changes that provided a sense of hominess to the setting made a huge difference for the lives of residents.

Reestablishing bathing patterns and times that accommodate resident’s schedules and preference requires a committed group of folks sitting down together to address and redesign the plan. Many homes accomplish this with greater ease than expected.

Finding out when and in what fashion a resident would like to be bathed, what products they prefer, if they had previously bathed at night or in

the morning, whether bathing was utilitarian or a wine, candle and book affair are all important.

**Regulatory Support:** To offer every resident the opportunity to bathe in the style of their choosing and to create a positive individualized bathing experience is fully supported by **OBRA '87**. The regulatory interpretive guidelines for **F240 Quality of Life**, found in **OBRA '87** state, “*The intention of the quality of life requirements specify the facility’s responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident.*” **F242 Self-Determination and Participation** includes language that gives the resident the right to “*choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care....*” It also provides the resident the right to, “*make choices about aspects of his or her life in the facility that are significant to the resident.*” **F246 Accommodation of Needs** also has language in the interpretive guidelines that states, “*The facility should attempt to adapt such things as schedules, call systems, and room arrangements to accommodate residents’ preferences, desires, and unique needs.*” Implementing bathing patterns and times that accommodate a resident’s schedule and preference are clearly supported by these regulatory requirements.

Creating an individualized bathing experience is also supported in the language found in **F252 Environment – A safe, clean comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible**. The interpretive guidelines in this section includes the following language to support this area of change:

*For the purposes of this requirement, “environment” refers to any environment in the facility that is frequented by residents, in-*

*cluding the residents’ rooms, bathrooms, hallways, activity areas, and therapy areas.*

*A determination of “comfortable and homelike” should include, whenever possible, the resident’s or representative of the resident’s opinion of the living environment.*

*A “homelike environment” is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment.*

Additionally, the resident assessment process and requirements outlined in **F272 Resident Assessment** also provide support for structuring care giving around the preferences and routines of each individual resident. This regulation requires nursing homes to use the Minimum Data Set (MDS) assessment to gather information necessary to develop a resident’s care plan. Section AC. Customary Routines of the MDS includes two areas regarding a resident’s bathing patterns that should be assessed and considered when developing a care plan/bathing schedule for a resident:

1. Showers for bathing
2. Bathing in the PM

The Centers for Medicare & Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 2.0 Manual includes the following language to explain the intent of gathering this information from residents upon their admission to a nursing home:

*“...The resident’s responses to these items also provide the interviewer with “clues” to understanding other areas of the resident’s function. These clues can be further explored in other sections of the MDS that focus on particular functional domains. Taken in their entirety, the data gathered will be extremely useful in designing an individualized plan of care.”*

For more information in creating an individualized bathing experience, see the CMS broadcast, "From Institutional to Individualized Care, Part I" at <http://cms.internetstreaming.com>.

**Goal:** To offer every resident the opportunity to bathe in the style of their choosing and to create a positive individualized bathing experience.

**Infrastructure Helpful to Support the Change:** As a first step in the bathing process and great starting point, watch the video Bathing Without A Battle by Joanne Rader, RN, FAAN, et al. This video was sent to every nursing home in the country by CMS. Go check your video library or get one at <http://www.bathingwithoutabattle.unc.edu/>. This will provide a wonderful grounding for staff and will leave no one unconvinced of the necessity for change.

A very useful practice that can make this process work easily is consistent assignment. By virtue of the same staff member always assisting the same resident, there grows a shared confidence in the relationship, a relative sense of modesty and a great strength in knowing what can be expected from each other.

Homes that organize around neighborhoods also benefit from the down-sizing of complicated traffic patterns that often keep bathing among the more institutional practices. In neighborhoods, there is greater ease in redesigning the systems that govern bathing and much greater opportunity for spontaneity.

On a smaller scale, a team empowered to study the bathing process and practices can really help to identify the needs of the resident and the organization. Team members include staff members who are directly affected

by current bathing practices, with participation from residents and families.

Also needed are adequate supplies for bed baths as well as the supplies and accessories making bathing rooms more private, warm and comfortable.



**Making the Change:** Homes that have undertaken the task of changing the bathing process asked these questions.

- Would you take a bath here? Some have even taken the plunge for themselves in swim gear to get a first hand experience!
- How close is our bathing process to the process that you yourself use in your home?
- Is it functional or personal?
- What would be the benefits of changing the process?
- What would you change?

There are many ways to undergo the change process. A good start is to think about who can help and to plan in a systematic way the necessary steps, ensuring that it is not a top-down edict but a shared commitment on the part of the community, based on need creates a climate ripe for change.

A helpful tool in this process can be the Model for Improvement that uses the PDSA Cycle (Plan-Do Study-Act). The Plan – Do – Study – Act Cycle is a way to systematically go through quality improvement in a thoughtful way.

With your committees and groups ask:

1. What are we trying to accomplish?  
(Example: a less stressful and potentially traumatic bathing process for all; a bathroom beautification/ deinstitutionalization initiative)  
Naming and articulating what it is that you are trying to accomplish will help you months from now (when you are in the thick of things!) to remember the original intention of the change.
2. How will we know a change is an improvement? This is the question that begs a measurement response.  
(Example: There is a decrease in agitation; there is a decrease in number of agitated residents and/or the number of incident reports related to bathing decreased. Our residents feel safer, happier about bathing; 85% say they enjoy the bathroom because it is far more pretty and relaxing.)
3. What changes can we make that will result in an improvement?  
(Example: Implement the strategies outlined in Bathing Without A Battle.)  
Go study your subject. Find out

what others have done, take a road trip, phone a friend, go to a Pioneer conference, talk with experts-ask others to do the same.

Sometimes after having this conversation, a committee will be energized and ready to try everything. After all, they are all great ideas that will benefit residents and staff in the long run. It's also a homegrown solution to a problem or challenge faced by the organization. Though tempting, it is important not to try all of these ideas at once. Try one idea, roll it out on a small sample or pilot, test it, measure it. If it's not working tweak it. This process is called a PDSA cycle. It looks like this.

**Plan:** Each PDSA cycle has an objective and a measure. In this phase, create it.

**Do:** Activate the plan and collect data using the method the team decided upon to measure your success. As much as possible, do this on a small scale. Don't try the change on the whole home; try it on a few people or a wing, unit or neighborhood. Small is better. You can keep tweaking and adding to your sample as you see success.

Many teams go as far as Plan-Do. Some teams become very involved in the doing but sometimes find themselves in the midst of many failures without knowing what went wrong or why. The process invites the team to study their activity to ensure they are heading in the right direction. Even finding that one is heading in the wrong direction can offer valuable feedback to a committed team. The next step then, is the study phase.

**Study:** Test the hypothesis out. Stay open to the possibilities. There are many things you might find happen that you didn't expect. Be sure to note these unexpected gains.

**Act:** Once you have completed the process identified above you have a more complete understanding of the challenge or problem. Now armed with very specific information and data you have three options:

- Adapt the change
- Adopt the change
- Abort the change

This entire process can be done in a very public way by using storyboards to journey the process. Remembering to celebrate the success of the process is an important feature of the story helping staff, families and resident alike to witness the ongoing efforts made to improve the home.

### **Innovative Change Ideas:**

Some ideas from others who have made the change include:

- Ascertain the residents' former preferred behaviors, needs and schedule related to bathing.
- Ask the residents a series of questions about routines before moving to the nursing home or talking to family/friends of the resident.
- Does the resident need assistance with bathing? If not, resident can bathe on his/her own.
- Establish preference for bath or shower, time of day, leisurely activity (examples: book, glass of wine, 45 minutes minimum) vs. functional routine.
- Residents should be bathed in accordance to their response. A resident may enjoy bathing while enjoying a book and a glass of wine. The bathing experience should be duplicated as closely as possible.
- Create an environment that contains distractions that are pleasant. Ask the residents what they would like to see in the

bathroom. Resident responses may include plants, music and other pleasantries.

- Take strides to create a more home-like environment by asking the residents what their bathrooms were like at their own homes before moving into the nursing home.
- Consider personal items that can be used in the tub with residents to make the process more pleasant. Examples include bubble bath, bath salts and bath pillow.
- Consider warming lights to avoid residents being chilly when getting out of the tub or shower.
- Consider what items could make the experience more comfortable, for example warm/soft/fluffy towel and caring conversation from a trusted caregiver.
- Provide as private an experience as possible by eliminating supplies and equipment storage in the shower area that will be needed by other staff.
- Provide a buffer curtain that will protect privacy.
- Utilize shower capes.

### **Resources:**

1. Barrick, AL, Rader J, Hoeffler B, Sloane PD. Bathing Without a Battle: Personal Care of Individuals with Dementia. New York, New York: Springer Publishing Company. 2001.



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Contributors included:  
Quality Partners of RI  
Rhode Island Department of HEALTH  
Joanne Rader, RN, FAAN  
B&F Consulting

Provided By:  
 Kansas Foundation for Medical Care, Inc.  
1.800.432.0770 • kfmc.org