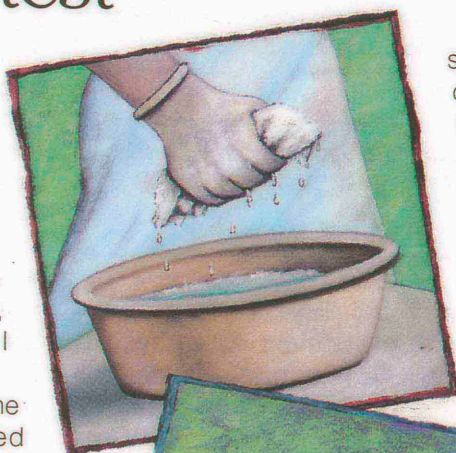


Considering a new product? Put it to a test

Back in January 1994, an article in *RN* captured my attention. Entitled "No More Bed Baths!" it claimed that nurses needed to change the way they perform this fundamental morning ritual.¹ As a fan of the traditional bed bath, I was skeptical but intrigued. I read on.

After the author outlined the reasons against using bed baths—mainly that they can damage patients' skin and spread germs—she suggested using a new bathing technique that she'd helped develop at her facility. Called the "bag bath," 10 washcloths were moistened with water and a non-rinseable cleanser and then packaged in a single plastic bag. When ready for use, they were warmed in a microwave. A different washcloth was used to clean each part of the patient's body. The skin was allowed to air dry, so that a soothing emollient was left behind.

The advantages of this method, according to the article, were numerous: The bag bath left patients' skin clean *and* moisturized—minimizing the chances of



skin impairment. Because each washcloth came into contact with only one body part, the technique also reduced the risk of spreading infectious organisms found in washbasins and on the skin. It was also faster and less messy than a standard bed bath.

The article left me wondering if this basinless bath was really as good as it sounded. I decided there was only one way to find out: Conduct an experiment on my 32-bed med/surg unit.

Mother Nature gets the ball rolling

The opportunity to informally try out the bag bath presented itself just a few weeks later, when a series of ice storms paralyzed the Washington, D.C., metro area. With many of our nurses stranded at home, the few of us who did make it in knew that we'd have to modify our nursing routine to meet all our patients' needs. That's when the idea hit me—why not use the bag bath technique now? Even if it didn't save us time, it couldn't possibly take any longer

WARREN GEBERT

Ever wonder if that new piece of equipment or procedure really does what it claims to do? You can test it yourself; the results will be worth the effort.

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How to calculate survey results

Here's how to tally results for a questionnaire survey in which participants rate each statement, or question, from "1" to "5."

First, tabulate results for each question separately: Multiply each rating number by the number of respondents who chose that number. For instance, if four respondents gave the question a 1 rating, you'd get 4. If three respondents gave it a 2, you'd get 6, and so on. Do this for each of the five ratings, then add all five answers together. For instance:

$$(4 \times 1) + (0 \times 2) + (5 \times 3) + (14 \times 4) + (42 \times 5) = 285$$

To get the average score for that question, divide your answer by the total number of respondents to the question, in our case, 65:

$$285 \div 65 = 4.38$$

Do the same for the rest of the questions. To arrive at an overall average, add up the average scores for all the questions and divide by the number of questions in the survey.

than the 20 minutes or so it normally took us to give a traditional bed bath.

I explained my idea to the other nurses and they shared my enthusiasm. We assembled the bags and administered the baths using the **RN** article as our guide.

The response was overwhelmingly positive. The bag bath did indeed take us less time to perform—only seven minutes on average. And, because the patients weren't left dripping wet, they did not get the chills.

When I asked the patients how they liked the bag bath, they said their skin felt soft and clean—something they said they'd never experienced with soap and water. They also said they liked the fact that the water used to clean one part of their body wasn't being used to clean another.

Encouraged by this success, I approached the nurse manager several months later with a request: Let us incorporate this new bathing method into our nursing routine. I relayed the positive feedback I had received from the

staff and patients after my informal experiment. She gave me permission to hold a 30-day trial that summer, after which she'd decide whether the bag bath was here to stay.

Laying the groundwork for a successful trial

Introducing a new product into the hospital turned out to be more complicated than I thought. To ensure that the trial went smoothly, I asked the nurse manager for help. She advised me to take a number of steps. The first one was to contact the author of "No More Bed Baths!" to find out how she went about setting up the study described in her article.

In addition to giving me some useful tips—such as increasing staff participation by setting a specific trial date and widely publicizing it—the author told me that she had helped form a company (Incline Technologies, Inc., at P.O. Box 4848, Incline Village, NV 89450; (702) 832-2525) that was manufacturing and selling a pre-packaged disposable version of

the product, now officially called the Bag Bath. I relayed the manufacturer's name to the materials management department, which procured the necessary supplies for the trial.

The next step was preparing the staff for the product test. I presented my plans at several staff meetings, focusing my attention on the clinical assistants who provided most of the bed baths on the unit. We reviewed the article, including the basics of giving a bag bath, and the fact that each patient had the option of not participating in the trial. I then notified everyone of the trial dates—August 1 through 30.

The final task was to devise an assessment tool that would gauge both the staff's and patients' opinions about the Bag Bath. My nurse manager helped me create questionnaires—one for each group—that asked participants to rate four statements on a scale of 1 to 5, with 1 being the lowest rating and 5 the highest. The statements focused on the amount of time needed to perform a bag bath, cleanliness and integrity of the patient's skin afterward, and patient and staff satisfaction.

The trial itself went off without a hitch. During the 30-day period, 65 patients and all 32 staff members filled out the questionnaire. My clinical nurse specialist guided me in tabulating the survey results, and they were astounding: The average rating from patients was 4.37 out of 5 in favor of the Bag Bath. The staff rating was even higher: 4.56. (See the box above for an explanation of how to tally survey results.)

At that point, I knew that the trial had been a success. It had shown the Bag Bath to be effective, popular, and less time consuming than bed baths. Even so, one

TAKING CHARGE

question remained: At \$3 a bag, did the expense of this new technique outweigh its benefit?

Bed vs. bag bath: Which costs more?

Since I already knew how much each Bag Bath cost, I had to determine how much our floor was spending on the traditional bed bath. After my nurse manager and I added up the costs for the soap, lotion, washbasin, two towels, three washcloths, and the laundry service used to clean this linen, we arrived at a total of \$2.01 per bed bath.

I then factored in how much time it took to complete each bath. When an RN who was making \$14.70 an hour (24 cents per minute) took the average 21 minutes to give a bed bath, it cost us \$7.05—\$5.04 in salary plus the \$2.01 supply cost. I compared that sum to what it cost that same RN to deliver a seven-minute bag bath—\$4.68 (\$1.68 in salary and \$3 in supply costs). Our floor was saving \$2.37 every time an RN gave a patient a Bag Bath!

I derived similar results when I applied this formula to our nursing assistants, who were making \$7 an hour (12 cents a minute). When they gave a bed bath, the cost was \$4.53 per patient—\$2.52 in salary plus \$2.01 for supplies. A Bag Bath, however, cost our floor only \$3.84—84 cents in salary plus the \$3 supply cost. That translated into a savings of 69 cents per patient.

And the savings may not stop there. If the Bag Bath does indeed prevent skin impairment—and the manufacturer is conducting long-term trials to prove that it does—then it could also indirectly save us money, and quite a lot of it: The treatment for just one decubitus ulcer, for example,

costs upwards of \$25,000.²

In the end, the numbers spoke for themselves. Within weeks of presenting the questionnaire results and cost information to the nurse manager, we were using Bag Bath throughout our entire floor. The clinical nurse specialist and I are currently working on an initiative to implement the Bag Bath hospitalwide.

Conducting a product trial clearly benefited both patients and staff. But it also made those of us who participated in the trial better nurses to boot. We now

have a new understanding of how our hospital works as a whole and our place within it. And, we're confident in our ability to systematically tackle those "do more with less" challenges that frequently come our way. □

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MANAGEMENT HELP LINE

HERE'S A NEW WAY TO IMPROVE LEADERSHIP SKILLS

I want to improve my management and leadership skills. I've read books and attended classes until I'm sick of them. Any ideas of what else I can work on?

Here's something a little different. Find some leaders—in your organization, major corporations, and even in history—you feel are poor managers and identify what it is you don't like about them.

To get you started, here are some traits of *ineffective* leaders I read about recently:

Poor listening skills. Many people pretend to listen but they are really thinking ahead and planning their own response.

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Negative thinking. These people not only see the glass as half empty, they see it as one more thing to wash!

Disorganized. People who do not follow through, let papers pile up, and have trouble finding things are almost always ineffective leaders.

Inappropriate behavior. Failures of judgment in time and place result in all sorts of inappropriate behavior. An ineffective person ignores the needs of others and concentrates on himself.

Makes decisions by default. I call this management by hope—if you wait long enough you hope the problem will go away and you won't have to deal with it. Procrastination is part of this pattern, too.

Randomization. This is the pursuit of tasks in random order—with no plan in mind.

With these characteristics in mind, take a look at yourself. Have a little fun and vow not to develop ineffective leadership habits.

Source: Green, L. (1995, August 15). The 7 habits of highly ineffective people. *American Way*, p. 56.