



Research

Exploring patient experience and understanding of Chlorhexidine Gluconate preoperative washes: A cross-sectional survey

Alannah L. Cooper^{a,b,*}, Janie A. Brown^c, Julie Salathiel^a, Sally Gollner^a, Fiona Childs^a, Elizabeth Boucher^a, Danielle Morris^a, Brian Riggall-Southworth^a, Lyn Balinski^a, Kaylene Riches^a, Toni Dennis^a, Felicity Timmings^a

^a St John of God Subiaco Hospital, Australia

^b Fiona Stanley Hospital, Australia

^c Curtin University, Australia

Received 6 January 2017; received in revised form 23 February 2017; accepted 23 February 2017

Available online 31 March 2017

KEYWORDS

Patient care;
Surgery;
Chlorhexidine;
Patient compliance;
Survey

Abstract Objectives: To explore patient experience, understanding and compliance with using Chlorhexidine Gluconate (CHG) preoperative washes.

Methods: A cross-sectional survey was conducted over a ten week period with adult inpatients who had undergone a surgical procedure at the study hospital. The survey consisted of 17 questions which participants self-completed. Closed and open-ended questions were included in the survey to allow both statistical and thematic analysis.

Results: A 74% (n = 194) sample response rate was attained. The sample obtained was representative of the wider hospital surgical patient population. Although 85% (n = 159) of participants reported they used CHG prior to their surgical procedure only 63% (n = 101) used the wash the recommended two times. Across all age groups in the survey 20% (n = 36) of participants reported they received too little information about CHG washes. Open-ended questions revealed three key themes; lack of information, issues with time or access and inconsistencies across the hospital.

Conclusion: This project revealed the current experience of patients undergoing surgery in relation to preoperative washing. Lack of information regarding CHG, issues with timing of information and access, as well as inconsistencies between different surgical specialities within

* Corresponding author. Nursing and Midwifery Research, St John of God Subiaco Hospital, 12 Salvado Road, Subiaco, Western Australian, 6008, Australia.

E-mail address: alannah.cooper@sjog.org.au (A.L. Cooper).

the hospital were identified as barriers to participants using CHG. These are areas which could be targeted with a suite of interventions which aim to provide patients with clear, consistent information in a timely manner.

© 2017 Australasian College for Infection Prevention and Control. Published by Elsevier B.V. All rights reserved.

Highlights

- A cross-sectional survey of patient experience of CHG preoperative washes.
 - Issues were discovered with the number of CHG applications, access, lack of information and understanding.
 - By identifying issues patient's encounter targeted interventions can be implemented to improve understanding and compliance.
-

Introduction

Preoperative washing has been part of patient care for several decades and many research studies have been conducted examining the effectiveness of the various types of preoperative washes [6,7,13]. There has been a move away from recommending the use of CHG and other antiseptic washes with claims that the use of soap and water is equally effective [5,15], however the use of antiseptic washes remains commonplace [1,13]. Chlebicki et al. [5] conducted a meta-analysis which included 16 studies and found no appreciable benefit of CHG washes in the prevention of SSI. However, of the 16 studies included in the meta-analysis only four were published from 2009 onwards. The other 12 studies were published between 1979 and 1992 and as Chlebicki et al. [5] acknowledge most of the studies did not give details of a standardised process for CHG application and better designed trials are needed to determine the effectiveness of CHG on SSI rates.

Systematic reviews synthesizing the results of recent research studies have debunked the claims of older studies that soap and water are just as effective at reducing bacterial colonisation as antiseptic washes [9]. Numerous recent studies have shown the effectiveness of CHG antiseptic washes in reducing SSI for and treatment of the colonisation of *Staphylococcus aureus* when used in conjunction with nasal screening [3,4,10,11]. Tanner et al. [13] raised concerns over UK national guidelines which did not support preoperative washing to reduce SSI and conducted a randomised control trial in healthy volunteers which demonstrated that CHG was significantly more effective than soap in reducing colony forming units. Similarly, Edmiston et al. [7] have raised the concern that organisations such as the Association of Perioperative Registered Nurses (AORN) and the Centers for Disease Control and Prevention (CDC) are basing recommendations on out-dated, methodologically weak research and not utilising evidence from more recent studies. These more recent studies which have a standardised process for CHG application demonstrate the potential benefits of CHG. A focus on how to facilitate the optimal use of CHG by patients as well as large scale randomised control trials with clear standardised processes are needed to determine the true effectiveness of CHG washes [7].

Background

During the financial year of 2015/2016, 22,990 inpatient surgical procedures were performed at the study hospital. The study hospital policy states:

“Where possible, elective surgical and obstetric patients (excluding paediatrics) should have at least (1) preoperative antiseptic shower prior to surgery, including hair washing if appropriate.” [12]; p. 3).

Because the policy is vague and provides limited direction, it is standard care at the study hospital for the pre-admission clinic to advise all patients admitted on the day of their elective surgery to undertake two preoperative CHG washes, one the night before surgery and one the morning of surgery. In addition to the verbal instructions around CHG washes a written instruction sheet is also emailed to patients. This measure was advised because preadmission clinic nurses were aware of the evidence reporting that CHG washes have been proven to decrease colonisation on the surface of the skin, which is believed to decrease the risk of surgical site infection [7]. There was no standardised process across the hospital about when patients were informed of the requirement for preoperative CHG washes or how patients access the 4% CHG liquid or 2% CHG cloths needed to achieve this. Both CHG 4% liquid and CHG 2% cloths are recommended by the hospital although the liquid is predominately used as it more widely available and less costly. Some patients were provided with CHG wash by their surgeon at their preoperative consult whereas other patients were instructed via a phone call from the preadmissions team, to source their own CHG. For patients who received instructions via phone this often left little time for the patient to attempt to source the CHG needed as the phone calls often occurred the day or night before surgery was scheduled. It has been established in the literature that patient understanding of preoperative requirements and procedures is often poor which may affect compliance and patient safety [14]. This inconsistency in access and delivery of information led us to look at the patient experience of this process and to seek to obtain an understanding of how patients use CHG preoperatively and their understanding and experiences of this aspect of their care.

Download English Version:

<https://daneshyari.com/en/article/8583237>

Download Persian Version:

<https://daneshyari.com/article/8583237>

[Daneshyari.com](https://daneshyari.com)