

Physician Communication Fosters Strong Patient Relationships and a Team Approach to Care at Texas Scottish Rite Hospital for Children



A PICKER INSTITUTE SERIES

Patient-Centered Care Case Study

January 2017



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Organization Profiled

Texas Scottish Rite Hospital for Children, Dallas, Texas

Richard Adams, M.D., *Medical Director, Pediatric Development Disabilities*

Tony Herring, M.D., *Chief of Staff Emeritus*

Lori A. Karol, M.D., *Assistant Chief of Staff and Medical Director of Performance Improvement and the Movement Science Lab*

B. Stephens Richards, M.D., *Chief Medical Officer*

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Statement of Interest

Hospitals today strive to meet patient needs on many levels. One way that hospital organizations obtain patient feedback for generating improvements is by sending a survey to patients after they are discharged. NRC Health's Inpatient Pediatrics Survey is an assessment of a parent's experience with their child's hospital stay while being treated for a recent medical event or surgical procedure. It focuses on aspects of pediatric inpatient care that are important to both patients and their parents or guardians, and for which generally the adult who spent the most time with the child is the best source of information. The survey tool measures many different aspects of patient-centered care. For each of the measures, certain hospitals are excellent performers with consistent high scores. Picker Institute case studies explore the ways hospitals achieve these outstanding results, and share examples of best practices.

This case study profiles Texas Scottish Rite Hospital for Children, which the Picker Institute has identified as a top performer in delivering patient-centered care based on its exemplary performance in physician communication among hospitals of its size.

Organization Profile

Texas Scottish Rite Hospital for Children treats children with orthopedic conditions, such as scoliosis, clubfoot, hand disorders, hip disorders, limb length differences, and sports injuries, as well as certain related arthritic and neurological disorders and learning disorders, such as dyslexia. Admission is open to children from birth to 18 years of age. As a leading pediatric orthopedic center, the hospital has treated more than 250,000 children since its inception, with more than 40,000 clinic visits each year. Scottish Rite Hospital is a top teaching hospital and has relationships with more than 60 universities. All of its physicians hold appointments at UT Southwestern and are renowned for delivering extraordinary patient care, conducting groundbreaking research, and teaching medical students, residents, and fellows from around the world.

COMMUNICATION WITH DOCTORS (COMPOSITE MEASURE)

How often did doctors:

- Treat you with courtesy and respect?
- Listen carefully to you?
- Explain things in a way you could understand?

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Preserving the Culture: Providing Care to Children in Need

When children and their families come to Texas Scottish Rite Hospital for Children, they are greeted with a friendly, welcoming environment. Giant statues of bright red crayons line the main entrance, the smell of popcorn fills the air, colorful floors and furniture are found throughout the building, and a large playground on the hospital's grounds provides peace and recreation in a lovely outdoor setting. Everything has been created with the young patient population in mind and that permeates throughout the entire organization.

Scottish Rite Hospital has a rich history and culture of providing care to children in need. The hospital was established in 1921 when a group of Texas Masons approached Dallas's first orthopedic surgeon about caring for children with polio, regardless of the family's ability to pay. Once vaccines were created for polio, the institution broadened its reach and began focusing on a wide range of pediatric orthopedic conditions, such as scoliosis and clubfoot.

Today, the hospital continues to put the care of the patient first. The organization has benefited from many generous gifts over the years including ranch property with oil reserves, which put it in a unique position to provide care universally to its patients without payment for a long time. Five years ago, the leadership determined that in order to remain a leader in pediatric orthopedics and continue to elevate the standard of care, it was necessary to begin billing for services. The hospital's board was very cautious with this landmark change. The main goal was to preserve the patient-centered culture and the practice of independent medicine. They worked closely with experts to learn the financial process of revenue cycle management and collection with a slow phase-in across all areas of the organization. "As we got to the clinic setting, we thought this would have an impact on our patient satisfaction score and that patients might start going elsewhere, but they didn't. We were able to introduce our new business model in a way that wasn't threatening, and that complemented our culture," said Daniel J. Sucato, M.D., M.S., Chief of Staff.

To remain patient-centered and stick to its Masonic roots, the hospital created a liberal financial assistance program. If someone seeks care that does not have Medicaid or other state assistance, staff help the family fill out the paperwork while they are at the hospital. "We set the stage very early with families and communicate about any bills that might be coming their way so families are prepared. We also talk to them about what resources we have to help," said Debbie Sayles, Vice President and Chief Nursing Officer. "It is important to us that families are not focused on cost. The underlying message through the revenue cycle

journey was always, "We don't want you to *not* come to get the care you need because we are billing." After hearing from families, most of whom had third-party payers, they were pleased to learn that patients weren't simply coming to Scottish Rite Hospital for the free care. Rather, they chose the hospital for its medical expertise, reputation, and quality of care.

A high level of care is standard at Scottish Rite Hospital. A few years ago, the organization went through a brand definition process and, just like revenue cycle management, the main goal was to preserve this historic culture that puts the child at the center of everything. "Something here is special. During this process we wanted to define it, protect it, and perpetuate it. We want people to come here because there is no alternative for the level of patient experience we deliver," said Mark G. Bateman, Senior Vice President, Public Relations.

They created a system to simplify the core values to make them easier to understand as well as more meaningful. "We didn't want the core values and brand manifesto to just be words on a card. It was important to bring them to life—to have staff live them and patients experience them. These values have sight, sound, and feeling," Bateman said. The hospital's core values are referred to as CARE RITE:¹

- Child-focused
- Accountability
- Respect
- Excellence
- Research
- Integrity
- Transforming
- Education

These core values uphold the culture of the hospital. They are part of staff performance appraisals, videos play in the break rooms that show the core values in action, and they are part of the work performed at Scottish Rite Hospital every day.



1 For more information on CARE RITE, see <https://youtu.be/9Mzl9l2kzh8>.

Through these core values, physicians and staff make it their mission to “give children back their childhood.” Physicians use an encouraging tone and are always giving patients hope that they can do anything.

For example, one boy really wanted to go golfing so physicians worked with the orthopedic department to create a prosthetic arm that attaches to a golf club. They have had many success stories like this including Autumn-Rose who can now go running despite her hip dysplasia, Mabeth who was treated for a limb difference and plays soccer, and Courtney who had scoliosis and is now a gymnast. Children aren’t viewed as disabled. The physicians work with families to overcome limitations in a way that allows a child to simply enjoy being a kid.

One way Scottish Rite Hospital creates this environment is through several specialized camps that boost patients’ self-confidence, foster independence, and improve their social skills in a relaxed, fun setting. These camps allow kids to enjoy adventurous activities from swimming to archery to zip lining in a safe environment with kids who have similar conditions.

The physicians and other staff are very involved in organizing these camps, and some even work as counselors. They also do a week-long ski trip in Colorado every year with 14 teenage amputee patients. Tony Herring, M.D., Chief of Staff Emeritus, helps select the patients who would benefit most from this experience. He also attends the trip to provide emotional and medical support, should the need arise. In addition, he observes how the patients navigate in a surrounding that is new to them. “Many times it’s the first time that the kids have seen snow. When they leave, they’re better set for life,” he said.

Along with patient-centered care, research and education are the pillars of Scottish Rite Hospital’s orthopedic program. The hospital has its own research center, the Sarah M. and Charles E. Seay Center for Musculoskeletal Research, which consists of six centers for excellence that perform innovative research on challenging pediatric disorders. Research drives everything the hospital does. Hospital researchers have made groundbreaking discoveries, such as identifying the first gene associated with idiopathic scoliosis. In fact, hospital physicians wrote the book on the treatment of orthopedic conditions affecting children, which is now a standard reference guide for orthopedic surgeons around the world.²

The hospital’s orthopedists are highly regarded for teaching medical students, residents, and fellows. Scottish Rite Hospital is home to a nationally recognized fellowship program in pediatric orthopedics and scoliosis, which accepts and trains five fellows each year. There are also roughly four residents at the hospital at any given time. Some of the residents and fellows eventually become full-time members of the hospital’s medical team. Others find key leadership positions across the country and around the world, sharing the hospital’s standard of care with children everywhere.

Building Trusting Relationships through Communication and Shared Decision Making

Physicians at Scottish Rite Hospital create a positive experience for patients by building relationships and tailoring treatment to the individual needs of each child and family.

When patients and families first walk into a clinical unit there is a board with photos of all of the physicians and nurses that work on the floor. This provides patients with an opportunity to see who their physician is before meeting them, and helps the patient and family remember the names of their care team members.

The same physician follows a child throughout their care journey. Hospital physicians believe this approach helps them build a trusting relationship with patients and families over time, which has led to their high scores on physician communication. “I see my patients every time they come in, so I get to know the family,” said Lori A. Karol, M.D., Assistant Chief of Staff and Medical Director of Performance Improvement and the Movement Science Lab. “They don’t see a physician assistant unless they need surgery. They may see a trainee, but I have the relationship with the patient. I see all patients scheduled to see me, and I always tell my patients and the family to call me if they need me.”

Even if a patient is there for several years, it is unlikely they would have a different doctor because the staff is there for the long term. When asked why they are scoring so high on physician communication, one of the first things mentioned was that Scottish Rite Hospital is a “career place.” Since it was founded, only three physicians have left the hospital for reasons other than retirement. The trend is similar throughout the hospital, with many individuals being on staff for more than 20 years. This low turnover allows patients and families to develop strong, lasting relationships with their caregivers.

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—Lori A. Karol, M.D.

Assistant Chief of Staff and Medical Director of Performance Improvement and the Movement Science Lab

2 John A. Herring, M.D., *Tachdjian’s Pediatric Orthopaedics: From Texas Scottish Rite Hospital for Children* (Fifth Edition), 2013.

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Scottish Rite Hospital sees many patients repeatedly as they grow. Over time, many of them become strong advocates of the institution, such as patient Emily Spaulding. Emily came to the hospital when she was only 14 months old and was diagnosed with scoliosis. In a video taken in May 2014, when she was 13 years old, she talks about her journey saying, "When I walk into the hospital people know me by name. I walk into the clinic and they say, 'Oh Emily, I'll call Dr. Rathjen for you.' It's amazing to know that they know me personally. That has been an awesome experience."

A lot of patients that come to Scottish Rite Hospital are out of options, so doctors really have to think outside the box. Since Emily's first visit to Scottish Rite Hospital, she has had more than 30 surgeries. She remembers fondly the moment when her treatment was completed. Her doctor, Karl Rathjen, M.D., released her to do anything she wanted to do and she wasn't sure where to start. "I asked, 'What about climbing?' He said, 'Do it.' I asked, 'Golf?' He said, 'Do it.' Everything I said, he said, 'Do it.'" Her mom added, "She doesn't really have any limitations now." Emily is now doing everything she loves including riding horses, fishing, and golfing.

One way physicians build such strong relationships with families and patients is through shared decision making. Physicians acknowledge that there are often questions that only the family can answer and decisions only they can make. All patients are different so they see the importance of tailoring treatment to the individual needs of each child and family. "It's important to involve your patient in every decision-making process along the way because they're the ones going through it and they need to be a part of the decision making," said Richard Adams, M.D., Medical Director, Pediatric Development Disabilities.

The physician, patient, and family make all decisions as a team and come up with a treatment plan that is consistent with the child's values and goals. Physicians present all the options in an understandable manner and inform the child of the benefits and risks of each option, then look at what matters most from the family/patient's point of view. They are careful to make sure all questions are answered and the family has enough time to think through the options and discuss any concerns they have. The desired physician outcome is for the family to feel confident in the decision they all made *together*.

When seeing physicians interacting with patients it is clear that shared decision making is embedded into their culture. Hospital physicians put patients' needs front and center from the beginning. One of the first things the staff asks families when they register is, "What three things do you need or want from us today before you leave?" Then at the end of the appointment, they make sure to cover those three things again within the context of what has been discussed, reinforcing that they are listening. "A patient may wait four months for an appointment," said B. Stephens Richards, M.D., Chief Medical Officer. "You want to address what's important to them so they walk away feeling their questions were answered."

PRACTICAL STEPS FOR SHARED DECISION MAKING

1. Disclosure that a decision needs to be made
2. Formulation of equality of partners
3. Presentation of treatment options
4. Informing on the benefits and risks of the options
5. Investigation of patient's understanding and expectations
6. Identification of both parties' preferences
7. Negotiation
8. Reaching a shared decision
9. Arrangement and follow-up

Physicians naturally phrase dialogue in a way that encourages patient and family input. Physicians want children and families to speak up if they have concerns, are unsure of anything, or need anything that hasn't been provided so they ask questions to encourage conversation. For example, one physician was working with a patient and asked, "Is there anything you need?" When nobody said anything, he then suggested an item he knew was needed, which opened up the dialogue and made the family feel more comfortable bringing up other items. The rooms also have large white boards that have patient information and reminders, which provide an inviting space for kids and parents to write down any questions or concerns.

The respect that physicians have for their young patients has led them to be huge advocates for pediatric orthopedic needs. For example, patient families requested 24-hour visitation privileges for parents and the existing policy was changed to accommodate the parents' wishes. It was important to physicians that the patients' and families' needs were met.

Physicians make sure families and patients have all the essential age-appropriate information to understand their condition. Peer-to-peer dialogue has proven to be invaluable for educating new patients, so physicians often pair them up with someone who has already been through treatment for a related condition. There are often questions that only someone with a similar personal experience can fully answer.

Scottish Rite Hospital has a Family Resource Center that provides health information and support resources to patients and families in order to help them make informed healthcare decisions. Physicians often send patients home with educational materials that are particular to their condition so that they know what to expect. Educational materials are all developed in house within the Family Resource Center, which means they are specific to the hospital's population,

standardized and streamlined across the organization, and created with the pediatric patient in mind (see **Appendix 1** for an example of the educational materials).

This helps improve communication because all physicians are using the same patient education materials. A medical librarian, who is also a licensed social worker, staffs the center to help families understand the resources available to them. The center is named after the Christi Carter Urschel family, who were involved from the beginning. This generous family wanted to provide families and children with a resource that would help them make informed healthcare decisions.

The hospital has its own in-house media center as well so that educational videos are filmed and produced at the hospital, featuring actual Scottish Rite Hospital physicians and patients. This helps create comfort and trust for patients when they see a doctor they recognize caring for a child with a similar condition.

Working Together as a Team

Communication among the doctors at Scottish Rite Hospital is strong, making for a collaborative environment. Physicians, including fellows and residents, gather each Monday evening for a two-hour meeting led by faculty. They review the cases for that week, which allows them to get input from others, work through difficult situations, and gain consensus on developing the best individualized treatment approach.

The physicians have a culture of transparency and encourage each other to speak up or challenge what others are doing if necessary. “A lot of times there is a change in plan because of the Monday night conference,” Dr. Karol said. It’s very much a peer-review environment during the meeting as a candid session, with nearly every discipline usually in attendance.

Friday morning the physicians meet again and share the results of *all* their cases for the week. This brings everything full circle. Here they close the loop on anything that was discussed in Monday’s meeting, such as what the outcomes were or any difficulties they hadn’t anticipated. Physicians at all levels are at these meetings learning from each other and working together to provide the best care possible.

The hospital has many services on-site, allowing for a seamless experience for the patient and good communication among the staff throughout the care journey. This includes everything from physical therapy to translation services to a world-class prosthetics and orthotics department.

For example, having the prosthetics and orthotics department makes it so consultation, measurements, casting and molding, fittings, fabrication, and follow-up visits can all be done right at the hospital. Prosthetists and orthotists work closely with physicians, as well as other medical staff, which improves communication and outcomes.

As with other areas of the hospital, the prosthetics and orthotics departments are very innovative. Physicians saw great benefits when kids with scoliosis wore their braces 16–18 hours a day, but there was no way for them to tell that this was happening after they left the hospital. To solve this, they worked together to create a small sensor that goes on the inside of the brace and takes readings. Now when a patient comes in for an appointment they are able to download the information from the sensor and know accurately how often kids are wearing these braces. “We have done studies and found that kids who get a report card with this information, plus counseling and education, wear their braces three more hours a day on average versus those who do not. This type of research that is being done is positively impacting the patient experience,” said Charter Rushing, Interim Director of Therapy Services.

Scottish Rite Hospital takes a multidisciplinary approach to care. The staff gathers every morning for an interdisciplinary meeting. The entire care team meets to discuss each case so that they can be proactive in planning and communicating with the patient and their family. Just as with the physician meetings, this gives them time to learn from each other, ask questions, and challenge what is being done to ensure the best outcome. They occasionally set up special interdisciplinary meetings for complex patients, sometimes before they even arrive at the hospital so they are prepared.

“We address concerns immediately. By the time of discharge it’s resolved. We are not doing it for the survey. We are doing it because we care and want to make it right. When we’re scoring high on physician communication, it’s the full team.”

—Jason Sawa

Inpatient Unit RN Care Coordinator

Surgery planning is well coordinated and physicians and staff take extra care to manage expectations. Once it’s decided that surgery will take place, physicians talk with the patients and provide them education that is unique to their age and developmental level to get them comfortable with the procedure. The physicians then get them set up with additional services they may need, such as a nutritionist, physical therapist, child life specialist, or respiratory therapist. On the backend, everyone involved works together and develops a plan over the continuum so that everything runs as smooth as possible—before and after surgery. If they think a child might have issues with anesthesia, they set up a time for anesthesia to see the child before their surgery, and if any major problems are anticipated, they reserve an ICU bed at a transferring hospital.

The day before surgery the pre-op nurse talks with the child and family about what will happen in the OR and they tour the area they will be in after surgery. The pharmacist reconciles the patient’s medications and then escorts the patient to the anesthesiologist, where they show

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the patient the mask they will wear during surgery and explain what to expect. They also let the family know that they will call them every hour with an update during surgery. This pre-op education takes out the unknown, helping to ease any concerns or fears they may have.

Because of the types of conditions the hospital treats, it is important that staff work together to solve complex issues that might come up before or after surgery. For example, they once had a patient with scoliosis and a major skin condition who was undergoing surgery. The patient's skin was very fragile so they were worried about attaching dressings in a way that was comfortable and would not cause skin breakdown. The nurse coordinator took it upon herself to have different dressings taped to her own back for a 36-hour period so she could see if they pulled on her skin and consider how it might feel for this patient. The nurse then scheduled an interdisciplinary meeting to talk this through with the team and make a decision based on that experience. This is just one example of the level of compassion staff have and their ability to work collaboratively to resolve anticipated complications.

Physicians and staff value communication and expectation setting with patients and will go out of their way to ensure necessary communication is taking place. Dr. Karol mentioned that one patient wasn't able to make it to the hospital for a pre-op consultation, so they scheduled a 45-minute interdisciplinary Skype call with the medical team, patient, and family to discuss what challenges that child might have during and after surgery. "We don't do that for all patients but that's the level of communication we provide. We also involve all the services to maximize the care of the child," she said.

If there are any concerns along the way, the team is proactive about working together to ensure they are resolved. Everyone at Scottish Rite Hospital feels a high sense of ownership to make the patient experience as pleasant as possible. Staff members are quick to communicate any family questions or concerns to the physicians, and physicians are sure to visit with the family if they don't have a clear understanding.

"We address concerns immediately," said Jason Sawa, Inpatient Unit RN Care Coordinator. "By the time of discharge it's resolved. We are not doing it for the survey. We are doing it because we care and want to make it right. When we're scoring high on physician communication, it's the full team."

Sawa does the discharge planning assessments throughout the week and sets a clear plan with the family based on the child's needs. He checks on the patient throughout their stay and becomes a familiar face. Some of these kids have unique challenges, for example, they might be going home in a full body cast and need help with transportation and getting set up at home. So it's important that the discharge plan is clear in the medical record and everyone is looking at that and charting against it, so all disciplines are in alignment.

They also have a weekly discharge meeting where all the disciplines get together and go through the plan of care for the kids and anything that

will need to happen before or after the patient leaves the hospital. This leads to consistent messaging to the families and an environment where everyone is reinforcing the discharge plan.

The ambulatory care clinics are set up to improve communication among staff and patients as well. Each patient room has dual entry, where families enter through the front and clinicians enter through the back. Behind that back door is a staff work area in a pod design layout. This arrangement provides an environment where clinicians are all together so they can easily work as a team. This "offstage" type area makes it easy for physicians and nurses to communicate and overhear each other if the patient needs anything. From the clinician's side, there are lights outside the door to show if someone is in the room and a white board with that person's name.

The high level of collaboration at Scottish Rite Hospital makes for consistent communication to patients and their families where everything is explained with confidence and clarity. Throughout the hospital, teamwork is a common theme and everyone is dedicated to working together to make it the best experience for the patient. The hospital is transforming care for children within a vibrant CARE RITE culture, giving hope, providing clear physician communication, and making patient-centered care a priority at every level.

The Picker Institute thanks all of the staff who were interviewed for this case study:

Richard Adams, M.D., *Medical Director, Pediatric Development Disabilities*
Mark G. Bateman, *Senior Vice President, Public Relations*
Stacie Bukowsky, *Pharmacy Director*
Matt Chance, *Senior Vice President of Operations*
Joseph Coyle, *Performance Improvement Analyst*
Dana Dempsey, *Director, Therapeutic Recreation Department*
Mary Anne Fernandez, *Family Resource Librarian*
Jerry Gilmore, *TSRHC Trustee*
Tony Herring, M.D., *Chief of Staff Emeritus*
Jill Johnson, *Family Resource Center Specialist*
Lori A. Karol, M.D., *Assistant Chief of Staff and Medical Director of Performance Improvement and the Movement Science Lab*
Heather Kent, *APN Pain Management*
Ashleigh Kinney, *Family Services Director*
Darlene Moore, R.N., *Inpatient Nursing Unit Director*
B. Stephens Richards, M.D., *Chief Medical Officer*
Charter Rushing, *Interim Director of Therapy Services*
Jason Sawa, R.N., *Inpatient Unit RN Care Coordinator*
Debbie Sayles, *Vice President and Chief Nursing Officer*
Julie Snow, *Surgical Services Director*
Daniel J. Sucato, M.D., M.S., *Chief of Staff*
Don Virostek, *Director of Orthotics*
Robert L. Walker, *President and CEO*
Sheila Whittenberg, *Laboratory Director*

Patient Education



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Skin Care to Prepare for Surgery

Skin bacteria are the most common cause of infections after surgery. Preparing or “prepping” skin at home just **before** surgery can reduce the number of bacteria on the skin, which can reduce the risk of infection at the surgical site. We will give you packets of special moistened cleansing wipes to use, which contain Chlorahexidine Gluconate (CHG) antiseptic solution.

When to Use Cleansing Wipes

- See “Skin Care to Prepare for Surgery: Instruction Sheet”

Before Using Cleansing Wipes

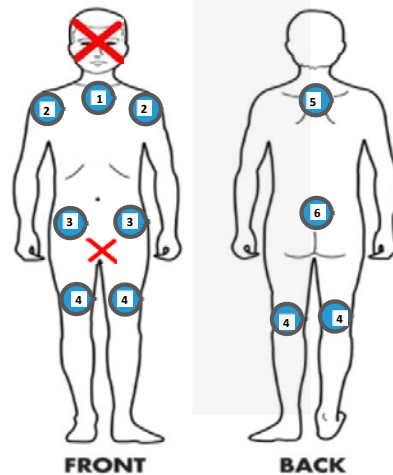
- Shower, bathe and shampoo hair at least **one hour before** cleansing the skin. The timing will prevent skin from itching. **Do not shower or shave the morning of surgery.**
 - Use the cleansing cloths on cool and dry skin.
 - **Avoid** contact with eyes, ears, mouth, genital/rectal areas and colostomy (if present).
 - Unopened cleansing cloth packages may be warmed by soaking in warm water. **Do not** microwave the cleansing cloths.
 - Store cleansing wipes in a flat position at room temperature.

Using Cleansing Wipes

Each cleansing requires six cloths, one for each area of the body to be cleaned.

Gently wipe (do **not** scrub) each area of the body for 20 seconds in the following order:

- **Cloth 1:** Wipe neck, chest and abdomen – not face.
- **Cloth 2:** Wipe arms, front and back, starting with the shoulder and ending at the fingertips. Be sure to thoroughly wipe armpit areas.
- **Cloth 3:** Wipe right and left hip followed by groin. Be sure to wipe folds in groin area.
- **Cloth 4:** Wipe both legs, starting at the thigh and ending at toes. Be sure to thoroughly wipe behind knees.
- **Cloth 5:** Wipe back starting at the base of neck to the waistline. Help may be needed to reach.
- **Cloth 6:** Wipe outer buttocks – not the rectal area.



About Cleansing Wipes / Important Reminders

- Allow the CHG solution to air-dry on skin for one minute **(60 seconds)**.
- Throw away all the cleansing cloths in the garbage. **Do not** flush down the toilet.
- Once finished with the cleansing process do **not** shower, bathe or apply lotions, moisturizers or makeup. Do **not** rinse skin. It is normal for the skin to feel sticky for several minutes after cleansing. If itching or irritation occurs, rinse the area with clear water.
- After cleansing, dress in freshly washed pajamas or clothing and sleep on clean sheets.
- If child puts hands and/or feet in the mouth, rinse the areas with clear water.

Skin Care to Prepare for Surgery: Instruction Sheet

**** Please complete the cleansing schedule checklist below by placing a sticker after each time you cleanse with cleansing wipes. Bring this to the hospital the day of your child’s surgery.****

Day	Skin Cleansing Wipes <i>*Place sticker below each time skin cleansing is done</i>
<p>Two nights before surgery:</p> <p>Shower @ 7:00 p.m. <i>Note: Do not shave</i></p> <p>CHG cleanse @ 8:00 p.m.</p> <p>Date: _____</p>	
<p>One night before surgery:</p> <p>Shower @ 7:00 p.m. <i>Note: Do not shave</i></p> <p>CHG cleanse @ 8:00 p.m.</p> <p>Date: _____</p>	
<p>Morning of surgery:</p> <p>**Do not shower, shave or brush teeth**</p> <p>**CHG cleanse only**</p> <p>Date: _____</p>	



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