Location, location, location: Getting your incontinence care process bedside yields reduction in skin injury

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Reason for Improvement Project

To test and validate the concept of the Institute for Health-care Improvement (IHI) that providing supplies at the bedside of at-risk incontinent patients may help prevent the breakdown of healthy skin.

"Provide supplies at the bedside of each at-risk patient who is incontinent. This provides the staff with the supplies that they need to immediately clean, dry, and protect the patient's skin after each episode of incontinence."[1]

In researching this topic, the *IHI How To Guide: Prevent Pressure Ulcers*[1] was studied, and the recommendation that products be placed at the patient bedside was considered as a viable option for the MICU. The clinicians placed the barrier cloths in bedside stations in order to make the barrier cloths accessible for immediate incontinence cleanup.

Background

At Methodist Hospital in Houston, Texas, an IHI facility, the Medical Intensive Care Unit (MICU) nursing staff was proactive in treating incontinent patients with dimethicone-impregnated barrier cloths (Comfort Shield) and instituting a unit-wide incontinence care protocol; however, prevalence surveys revealed the unit still had a 15% rate of incontinence-associated dermatitis (IAD). Although this rate was lower than other published rates for IAD (20%),[2] the clinicians felt it was important to reduce the rate of IAD.

Improvement Efforts

- The staff were inserviced on appropriate use of the bedside barrier cloth stations
- The "Save our Skin" Unit action plan was reemphasized
- A baseline IAD prevalence survey was conducted[2]
- A follow up IAD prevalence survey was conducted after 4 weeks of bedside station use
- MICU staff satisfaction surveys were conducted to measure caregiver satisfaction with the bedside barrier product and process

Save Our SKIN
"SKIN Bundle" for Pressure Ulcer Prevention
Unit Action Plan

Unit:	Interventions	Unit-Specific Action Options	Measurement
	These are the "non-negotiables":	*Check the actions your unit will use; add others if desired:*	*"Spot check" questions - Ask 3 staff members,check 3 patients:*
Support Surfaces			
1	Identify patients at highest risk (Braden Score <14, obese, or immobile)	• Charge nurse assess risk q M-W-F • "SOS" signs outside at-risk pt. rooms	**1. How do you identify patients at high risk for pressure ulcer development?**
2	Use decision tree for surface selection	• Post decision tree in unit • Post decision tree at computers • Post decision tree at bedsides	**2. Where do you look to find out what bed or mattress is appropriate?**
3	Assess risk and surface in daily rounds	• Include question in rounding list	**3. When you make multidisciplinary rounds, how do you remember to assess the appropriateness of the bed or mattress?**
Keep Turning			
1	Turn every 2 hours minimum	• Hourly rounds • Establish a unit turn team • Train PCAs and RNs • Involve pt. families • In ICU, 2 RNs turn at report time	**4. How do you remember to turn your patient every 2 hours? 5. Show me where this is documented.**
2	Elevate heels off mattress	• Use pillows under calves • Use boots • Train PCAs and RNs • Involve pt. families	**6. Look at the heels of an immobile patient. Are they elevated up off the mattress? 7. How do you remember to elevate the heels?**
3	Use a trigger for turning	• Timer • Clock face on door • Music or reminder over intercom • Turning chart posted in room • Write on white board • Train PCAs and RNs • Involve pt. families	**8. Do you use a reminder to help you remember to turn your patient? What is it? Can you show me?**
Incontinence Management			
1	PCAs communicate "I see red" if any redness seen at bath time	• Write on white board • Use KCI skin saver diagram • Use post-it notes • Train PCAs and RNs • Involve pt. families	**9. Ask PCA: If you see a reddened heel or sacrum when you are bathing a patient, how do you notify the RN?**
2	Clean up incontinence promptly	• Hourly rounding • Involve pt. families	**10. What do you do to help make sure any incontinence is cleaned up promptly?**
3	Apply moisture barrier product every time	• Train PCAs and RNs • Use all-in-one product if avail.	**11. Do you use a moisture barrier cream or spray after every time the patient is incontinent? 12. What product?**
Nutrition			
1	Assess on admission	• Nutrition Risk Screen on MethOD	**13. Show me where the admission nutrition risk screen is documented in MethOD for this patient.**
2	Refer to FNS if at risk	• Enter in MethOD	**14. Show me (if patient was at risk) how Food and Nutrition was notified.**
3	Assess in daily rounds	• Include question in rounding list	**15. During multidisciplinary rounds, how do you remember to assess nutritional status?**

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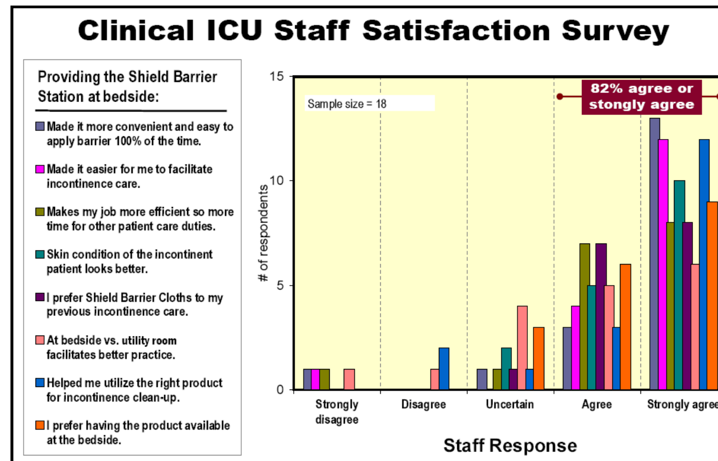
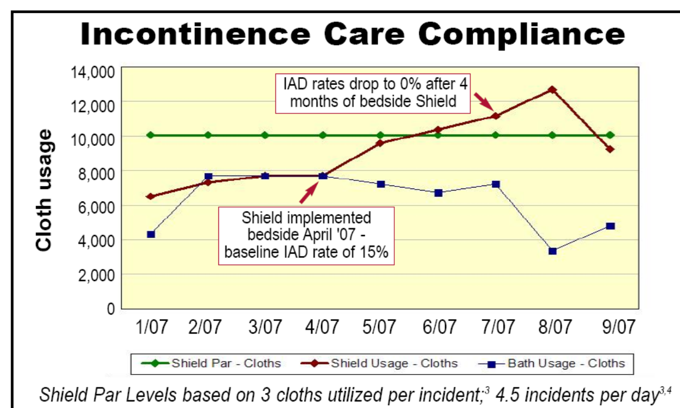
Changes / Results

- **Baseline IAD prevalence surveys revealed 15% (3/20) patients had IAD**
- **Post-bedside process improvement IAD prevalence surveys revealed 0% (0/24) patient had IAD**
- **Staff satisfaction revealed 82% (n=18) of staff surveyed either agreed or strongly agreed in response to questions regarding the bedside implementation of Shield Barrier Cloth stations for incontinence cleanup**
- **The average rate of facility compliance to appropriate incontinence care increased from 76% (12/06-3/07; 15% accompanying IAD rate) to 97% (4/07-7/07; 0% accompanying IAD rate) after the bedside improvement process was undertaken.**





Clinical Evaluation Form

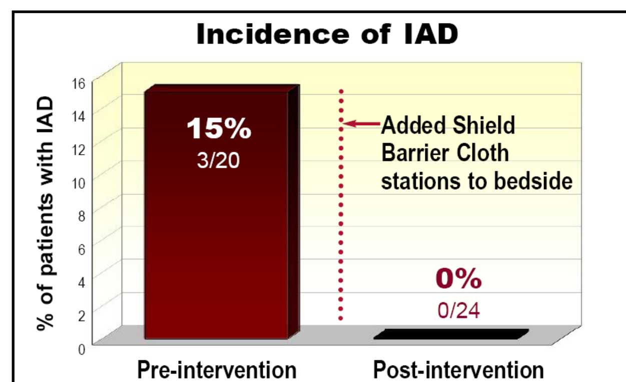
Shield Barrier Station #7599

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
The new Shield Barrier Station made it more convenient and easy to apply the barrier 100% of the time.	1	2	3	4	5
The Shield Barrier Station bedside made it easier for me to facilitate incontinence care.	1	2	3	4	5
The Shield Barrier Station makes my job more efficient so I can do other patient care activities.	1	2	3	4	5
Skin condition of the incontinent patient looks better because of the Barrier Station and Barrier Cloths.	1	2	3	4	5
I prefer the Shield Barrier Station and Barrier Cloths compared to my previous approach to incontinence care.	1	2	3	4	5
Storing the barrier cloths in the barrier station vs. the warmer facilitates better practice.	1	2	3	4	5
Bedside availability helped me utilize the right product for incontinence clean-up.	1	2	3	4	5
I prefer having the product available at the bedside.	1	2	3	4	5

Name: ______________________

Unit: ______________________

Return form to: ______________________



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Lessons Learned / Clinical Practice Implications

To build upon our success in reducing skin injury through implementation of IHI initiatives, bedside barrier stations were added to each patient bedside in the MICU. This small transition in care has produced favorable staff reaction (82% positive response in a clinical survey), reduced process variation, increased protocol compliance, and improved skin assessment consistency and reliability; thus, the result of this enhancement to our prevention strategy is a decrease in the incidence of IAD from 15% pre-intervention to 0% post-intervention.

- Provide convenient access to supplies at the bedside of at-risk patients, as recommended by the *IHI How-To-Guide on Pressure Ulcers.*[1]
- Separating non-rinse bath product from incontinence clean-up product reduced caregiver confusion, and supplying the Shield Barrier Cloths bedside increased staff satisfaction and improved compliance, resulting in a reduction in IAD.
- Minimize skin assessment and protocol variation by providing thorough, detailed staff training.
- Consistency and accuracy are key to implementation of standardized interventions and continued improvement in patient outcomes.
- Caregiver compliance can be enhanced with implementation of bedside product availability
- Incorporate risk assessment into daily care tasks, as unit nursing staff is the first line of defense in the prevention of IAD and pressure ulcers.
- Implement an action plan that clearly and concisely identifies mandatory interventions, unit-specific action options, and measurement tools.
- Effectively communicating expectations eliminates confusion and improves performance
- Consistent collection and sharing of data facilitates identification of strengths and weaknesses, and opportunities for enhancement of prevention protocols.