Bedside Cleanup Stations Eliminate Incontinence-Associated Dermatitis

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Objective
To determine the effect of moving incontinence clean-up supplies to a bedside location, on the rate of incontinence-associated dermatitis (IAD), a risk factor for pressure ulcer development, as recommended by the Institute for Healthcare Improvement (IHI).1

"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."

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.

Methods
Bedside stations supplying a premoistened, disposable barrier cloth that provided perineal cleansing, moisturizing, and skin barrier protection with dimethicone (all-in-one product) were added to each patient bedside in the Medical Intensive Care Unit (MICU). The product was already in use in the unit, with the supply previously located in a central utility room.

The staff were inserviced on appropriate use of the bedside barrier cloth stations to clean patients after each episode of fecal or urinary incontinence

The “Save our Skin” Unit action plan was reemphasized

A baseline IAD prevalence survey was conducted

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

Clinical ICU Staff Satisfaction Survey

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Results

- Reduced IAD prevalence
  - 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

- Favorable staff reaction
  - 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 care

Conclusions

- Moving an all-in-one product for incontinence care to a bedside location reduced IAD prevalence in MICU patients from 15% to 0%.

- The all-in-one product provided perineal cleansing and moisturizing, and ensured consistent application of a dimethicone barrier after each episode of incontinence.

- The change in care protocol produced a favorable staff reaction, reduced process variation, increased protocol compliance, and improved the consistency and reliability of skin assessment.

References