Bedside Cleanup Stations Eliminate Incontinence-Associated Dermatitis

Tory Schmitz, RN, MSN, CNAA-BC and Jean Baker, RN, BSN, CCRN ● The Methodist Hospital, Houston, TX

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."[N]

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?**

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[2]
- A follow up IAD prevalence survey was

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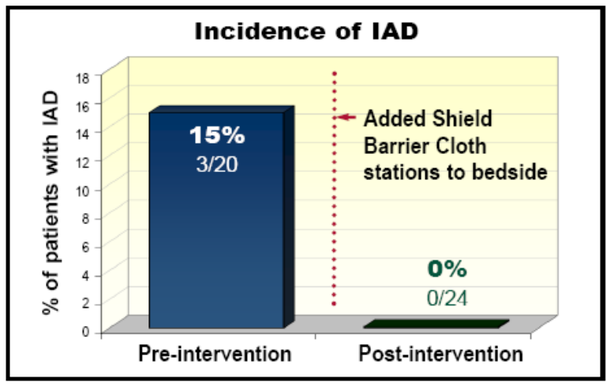
Results

Reduced IAD prevalence

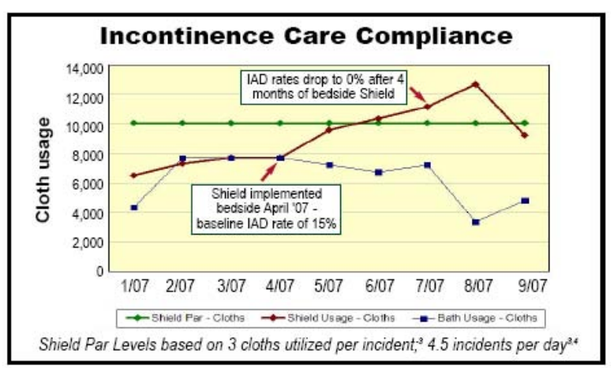
→ Baseline IAD prevalence surveys revealed 15% (3/20) patients had IAD

→ Post-bedside process improvement IAD prevalence surveys revealed 0% (0/24) patient had IAD



Increased protocol compliance

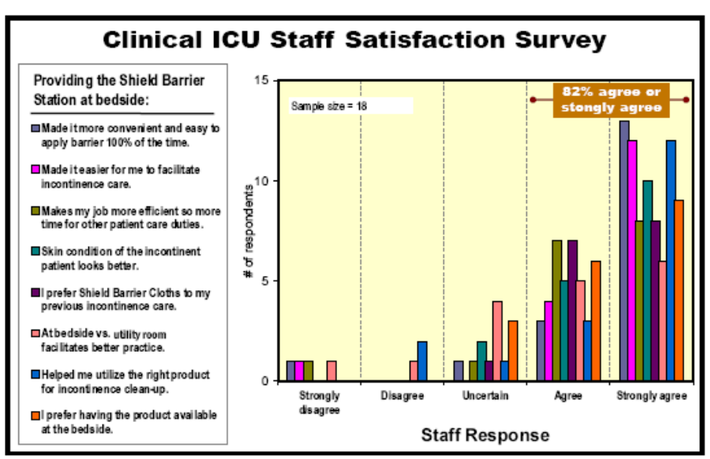
→ The average rate of facility compliance to appropriate incontinence care increased from 76% (12/06-3/07; 15% accompanying IAD rate) to 97% (4/07-7/07; 0% accompanying IAD rate) after the bedside improvement process was undertaken.



Shield Par Levels based on 3 cloths utilized per incident;[3] 4.5 incidents per day[3,4]

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 cleanup



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

1 Institute for Healthcare Improvement. Prevent Pressure Ulcers: How-To Guide. May 2007. Available at: http://www.ihi.org/nr/rdonlyres/5ababb51-93b3-4d88-ae19-be88b7d96858/0/pressureulcerhowtoguide.doc, accessed 10/21/07.

2 Junkin J, Selekof J. Prevalence of Incontinence and Associated Skin Injury in the Acute Care Inpatient. *JWOCN*. 2007;34:260-269.

3 Nix D, Ermer-Seltun J. A review of perineal skin care protocols and skin barrier product use. *Ost/Wound Mgmt.* 2004;50:59-67

4 Bliss D, Zehrer C, Savik K, et al. An Economic Evaluation of Four Skin Damage Prevention Regimens in Nursing Home Residents With Incontinence: Economics of Skin Damage Prevention. *JWOCN.* 2007:34:143-152.

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