DISCUSSION

A standardized incontinence cleanup protocol was well received by nursing staff on the geriatric unit. The use of the all-in-one barrier cloth enabled nursing staff to easily clean up incontinence episodes, while adhering to the general recommendations for application of skin protectants for IAD prevention. The added bedside availability of the product ensured that staff were able to quickly and easily access the tools needed for incontinence cleanup and IAD prevention. The QI initiative resulted in a 57% reduction of IAD compared to baseline.

Evidence-based education on IAD and pressure ulcer prevention is important to raise the awareness of best practices in nursing. Providing the proper tools and a standardized incontinence cleanup protocol empowered the bedside nurses to become compliant with known interventions for IAD prevention.

CLINICAL IMPLICATIONS

- The nursing staff felt that the skin of the patients improved quickly when used on pre-existing cases of IAD.
- The use of the standardized protocol saved nursing time and enhanced productivity.
- The nursing staff were satisfied with the all-in-one barrier cloth for incontinence cleanup and IAD prevention and its ease of use.

REFERENCES


INTRODUCTION

The geriatric patient population is at increased risk for development of incontinence-associated dermatitis (IAD) associated with multiple factors such as advanced age, decreased mobility, incontinence, impaired integument, and comorbidities.1,7 The presence of IAD, defined as “an inflammation of the skin that occurs when urine or stool come into contact with perineal or perigenital skin,” is associated with patient discomfort, risk for pressure ulcer development, and an increased potential for secondary infection.1,8

The prevalence of IAD varies greatly because there is a lack of standardization of epidemiologic definitions and clinical research methods. Several epidemiologic studies from the EPUAP on incontinence in the geriatric population report a prevalence range of 3.1% to 6.5%.7 However, the incidence of IAD in geriatric and long-term care populations is not well documented, with somewhat dated statistics and relatively small patient populations, and rates ranging from 3.4% (N = 981; 2006) to 7.6% (N = 131; 2012).3,4

Prevention of IAD requires a skin care regimen that combines cleansing, skin care, and skin protection.1 It is important to note that a skin care protocol with multiple interventions may reduce compliance with the protocol.3 General recommendations for application of skin protectants for IAD prevention have been published1 and include the following:
- Regular application
- Application of appropriate quantity
- Application to all areas in contact with incontinence matter
- Application of skin protectant before incontinence exposure

We conducted a quality improvement (QI) initiative to evaluate the effectiveness of a standardized, evidence-based IAD prevention and treatment process.
METHODOLOGY

Clinical setting: This QI initiative took place on a 14-bed geriatric unit, with an average length of stay of 14 days.

QI timeline: Point prevalence surveys were conducted on the same patient population (N = 14) on April 17, 2015 and April 28, 2015 to assess IAD before and after the intervention.

Standard of care: The standard of care before the QI intervention for incontinence cleanup was use of basins, soap, and water. In addition, different types of cream were utilized, as deemed clinically appropriate. A standardized protocol for incontinence cleanup was not in place.

Intervention: The QI intervention included standardization of an incontinence cleanup protocol, with the use of an all-in-one, disposable, dimethicone-infused barrier cloth with each episode of incontinence. The cloths were stored in the patients’ bedside cabinets. All other products were removed from patient rooms during the intervention period.

Education: Staff education was provided on the standardized incontinence cleanup protocol and best practices for IAD and pressure ulcer prevention before implementation of the QI initiative.

Compliance: Compliance with the QI initiative was monitored on a regular basis to ensure that cloths were being utilized on a regular basis, and bedside cabinets were stocked with the product.

Metrics: Before and after point prevalence surveys were conducted using a computerized IAD assessment tool (Figure 1). The baseline IAD rate was compared to the IAD rate after implementation of the QI initiative.

Comparison of the before and after IAD point prevalence surveys showed that the incidence of IAD was reduced by the QI initiative (Figure 2).

Satisfaction surveys were also collected regarding the product used during this intervention (Figure 3).

*Comfort Shield Barrier Cream Cloth (Sage Products LLC; Cary, IL)