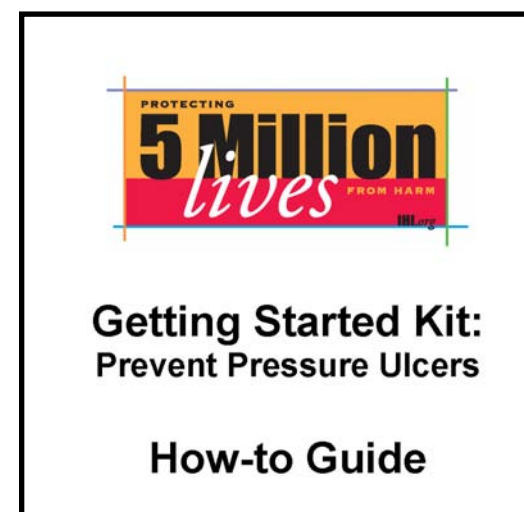


Bedside Cleanup Stations Eliminate Incontinence-Associated Dermatitis

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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."*²

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 conducted²
- 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
	There are no "non-responsible"	Check the device your unit will use; ask others if desired.	*"Spot check" questions: Ask 2 staff members, check 3 patients.
Support Surfaces			
1	Identify patients at highest risk (Braden Score < 14, obese, or immobile)	• Charge nurse assess risk in M/W/E • "SCD" signs outside at-risk pt. rooms • Post decision tree in unit • Post decision tree at computers • Post decision tree at bedside	1. How do you identify patients at high risk for pressure ulcer development?
2	Use decision tree for surface selection		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 "see red" if any redness seen at all times	• Write on white board • Use ICI skin care 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 care notified.
3	Assess in daily rounds	• Include question in rounding list	15. During multidisciplinary rounds, how do you remember to assess nutritional status?

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

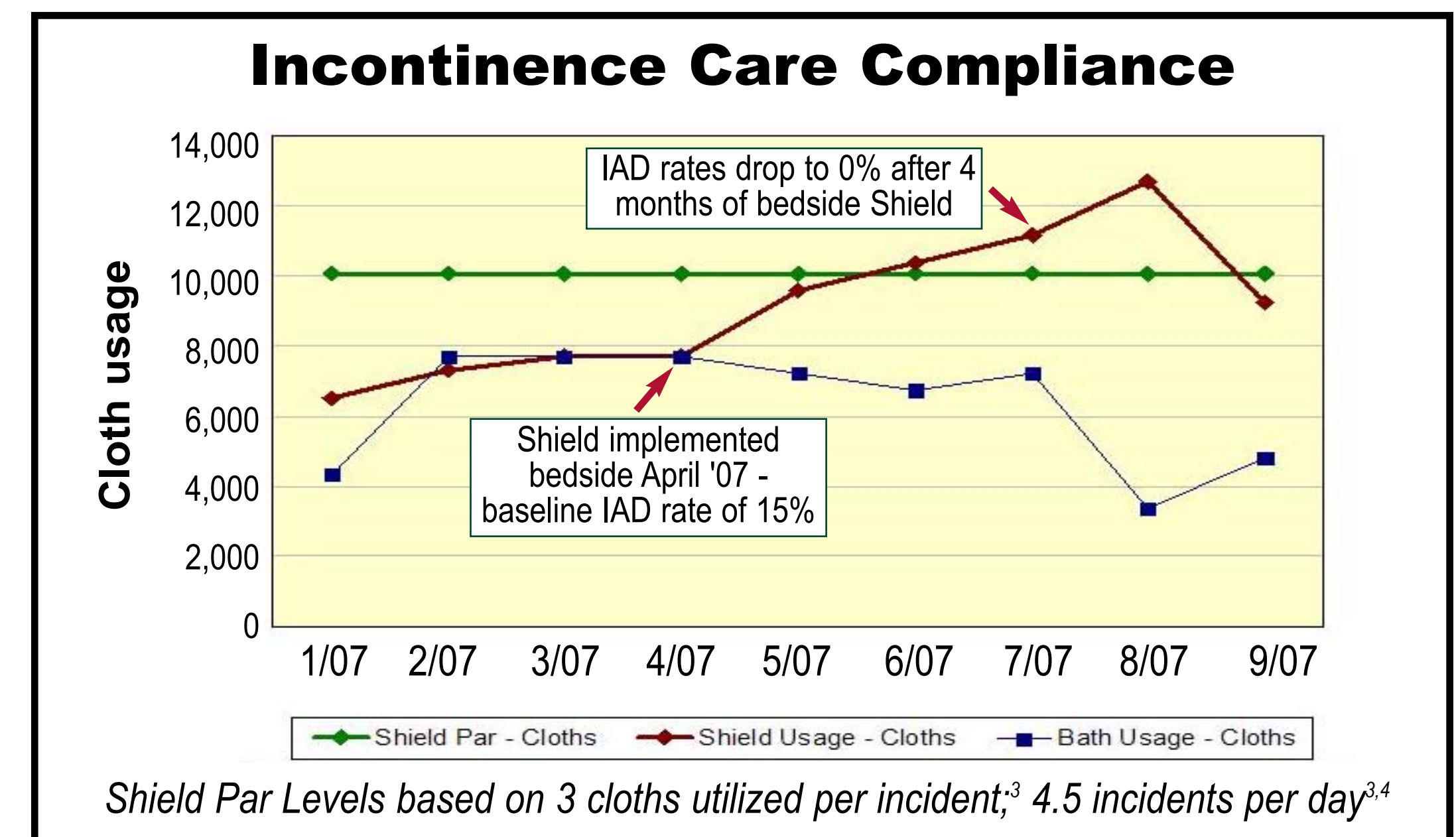
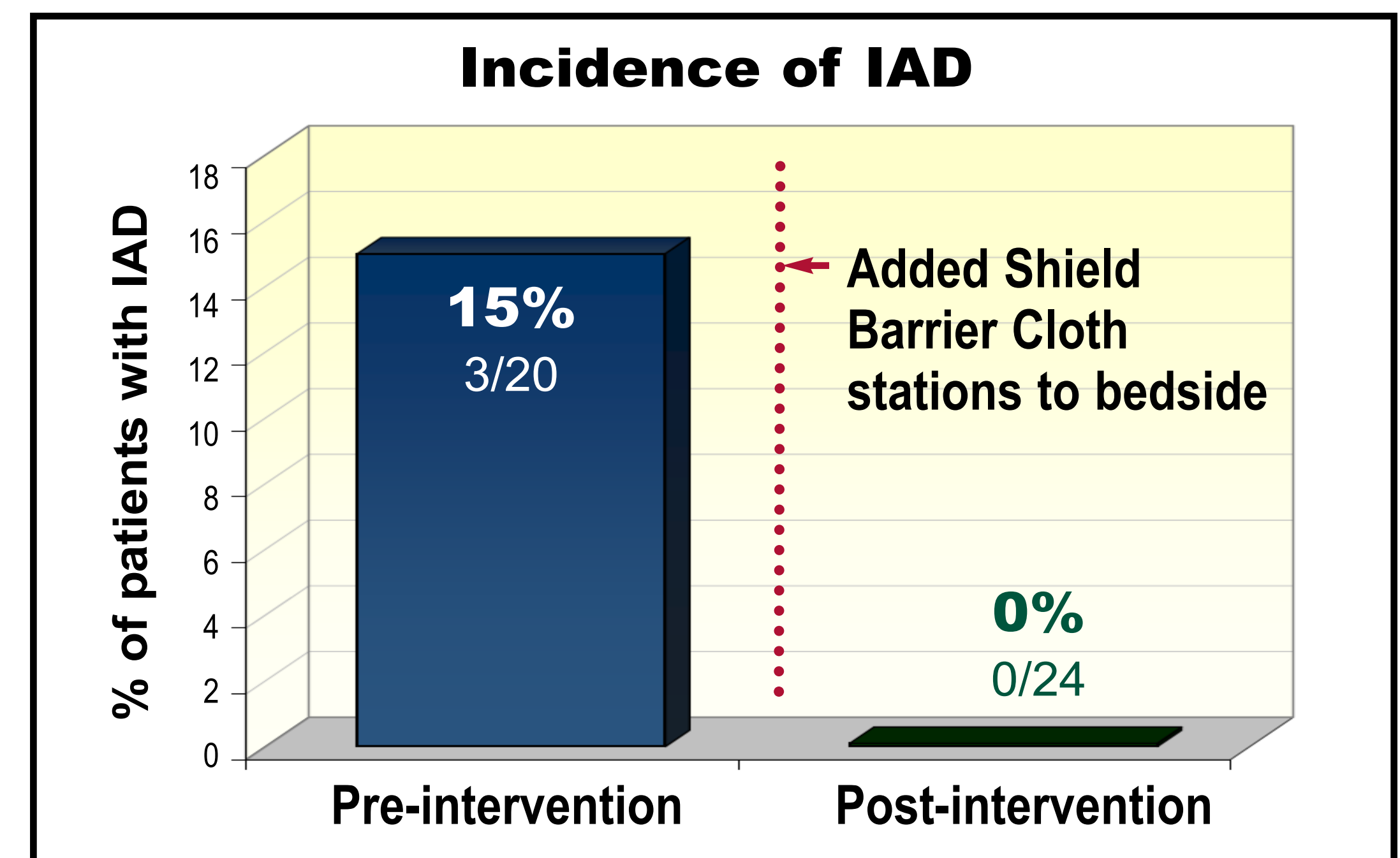
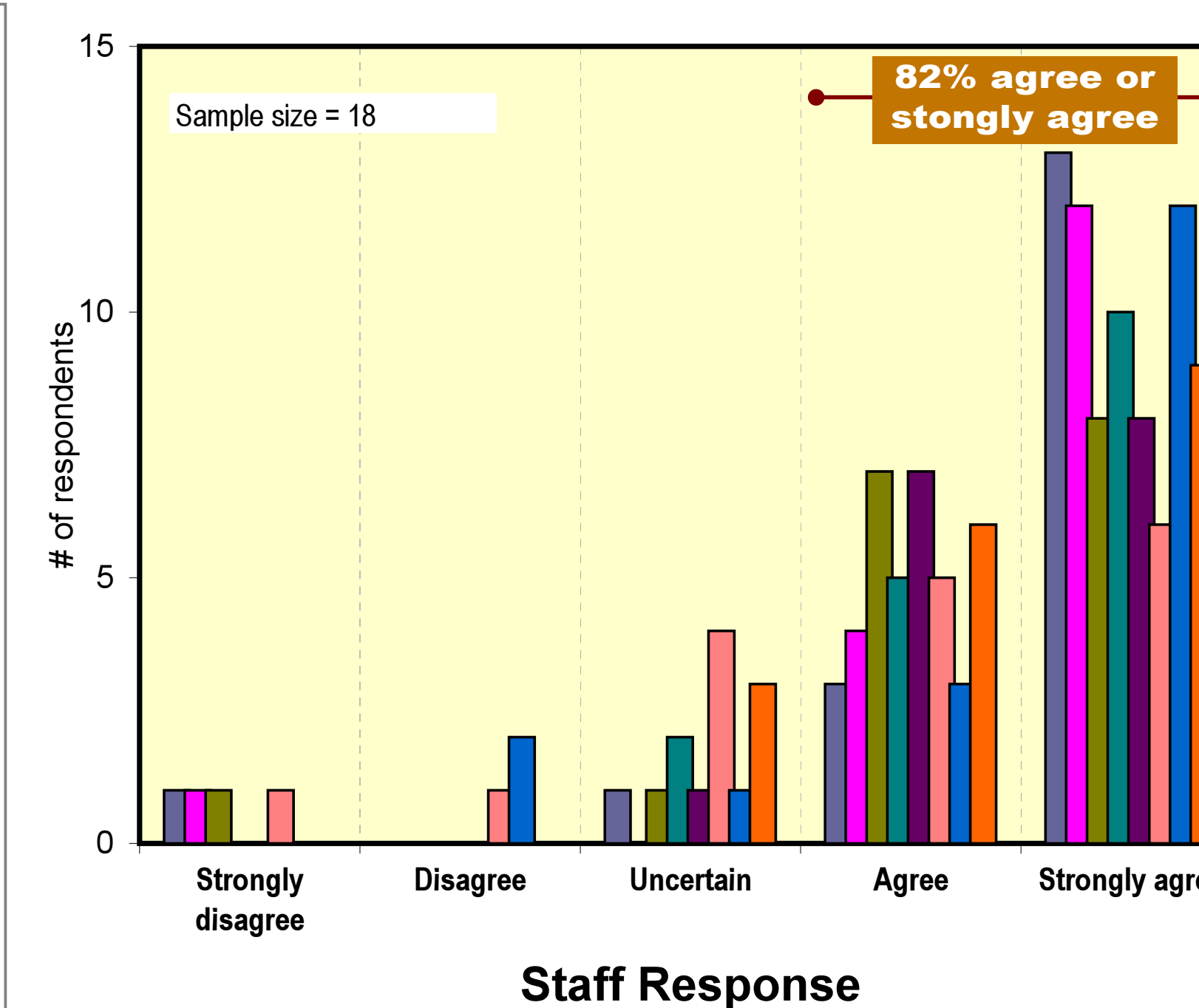


Favorable staff reaction

- 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 cleanup

Clinical ICU Staff Satisfaction Survey

- Providing the Shield Barrier Station at bedside:
- Made it more convenient and easy to apply barrier 100% of the time.
 - Made it easier for me to facilitate incontinence care.
 - Makes my job more efficient so more time for other patient care duties.
 - Skin condition of the incontinent patient looks better.
 - I prefer Shield Barrier Cloths to my previous incontinence care.
 - At bedside vs. utility room facilitates better practice.
 - Helped me utilize the right product for incontinence clean-up.
 - I prefer having the product available at the bedside.



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

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