

# 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).<sup>1</sup>

*“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.”*<sup>1</sup>

Save Our SKIN "SKIN Bundle" for Pressure Ulcer Prevention Unit Action Plan			
Unit:	Interventions	Unit-Specific Action Options	Measurement
<i>These are the "non-negotiables":</i>			
		<i>Check the actions your unit will use; add others if desired:</i>	<i>"Spot check" questions - Ask 3 staff members, check 3 patients:</i>
<b>Support Surfaces</b>			
1	Identify patients at highest risk (Braden Score <14, obese, or immobile)	<ul style="list-style-type: none"> <li>Charge nurse assess risk q M-W-F</li> <li>"SOS" signs outside at-risk pt. rooms</li> </ul>	1. How do you identify patients at high risk for pressure ulcer development?
2	Use decision tree for surface selection	<ul style="list-style-type: none"> <li>Post decision tree in unit</li> <li>Post decision tree at computers</li> <li>Post decision tree at bed-sides</li> </ul>	2. Where do you look to find out what bed or mattress is appropriate?
3	Assess risk and surface in daily rounds	<ul style="list-style-type: none"> <li>Include question in rounding list</li> </ul>	3. When you make multidisciplinary rounds, how do you remember to assess the appropriateness of the bed or mattress?
<b>Keep Turning</b>			
1	Turn every 2 hours minimum	<ul style="list-style-type: none"> <li>Hourly rounds</li> <li>Establish a unit turn team</li> <li>Train PCAs and RNs</li> <li>Involve pt. families</li> <li>In ICU, 2 RNs turn at report time</li> </ul>	4. How do you remember to turn your patient every 2 hours? 5. Show me where this is documented.
2	Elevate heels off mattress	<ul style="list-style-type: none"> <li>Use pillows under calves</li> <li>Use boots</li> <li>Train PCAs and RNs</li> <li>Involve pt. families</li> </ul>	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	<ul style="list-style-type: none"> <li>Timer</li> <li>Clock face on door</li> <li>Music or reminder over intercom</li> <li>Turning chart posted in room</li> <li>Write on white board</li> <li>Train PCAs and RNs</li> <li>Involve pt. families</li> </ul>	8. Do you use a reminder to help you remember to turn your patient? What is it? Can you show me?
<b>Incontinence Management</b>			
1	PCAs communicate "I see red" if any redness seen at bath time	<ul style="list-style-type: none"> <li>Write on white board</li> <li>Use KCI skin saver diagram</li> <li>Use post-it notes</li> <li>Train PCAs and RNs</li> <li>Involve pt. families</li> </ul>	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	<ul style="list-style-type: none"> <li>Hourly rounding</li> <li>Involve pt. families</li> </ul>	10. What do you do to help make sure any incontinence is cleaned up promptly?
3	Apply moisture barrier product every time	<ul style="list-style-type: none"> <li>Train PCAs and RNs</li> <li>Use all-in-one product if avail.</li> </ul>	11. Do you use a moisture barrier cream or spray after every time the patient is incontinent? 12. What product?
<b>Nutrition</b>			
1	Assess on admission	<ul style="list-style-type: none"> <li>Nutrition Risk Screen on MethOD</li> </ul>	13. Show me where the admission nutrition risk screen is documented in MethOD for this patient.
2	Refer to FNS if at risk	<ul style="list-style-type: none"> <li>Enter in MethOD</li> </ul>	14. Show me (if patient was at risk) how Food and Nutrition was notified.
3	Assess in daily rounds	<ul style="list-style-type: none"> <li>Include question in rounding list</li> </ul>	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%),<sup>2</sup> 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.

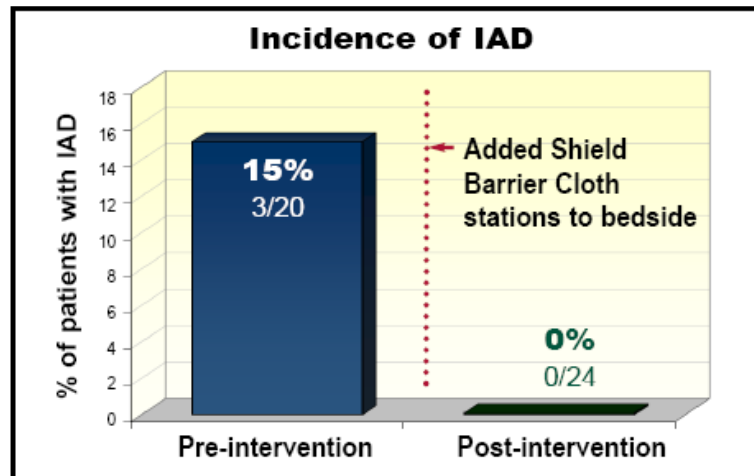
- The staff were inserviced on appropriate use of the bedside barrier cloth stations to clean patients after each episode of fecal or urinary incontinence
- The "Save our Skin" Unit action plan was reemphasized
- A baseline IAD prevalence survey was conducted<sup>2</sup>
- A follow up IAD prevalence survey was



## 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

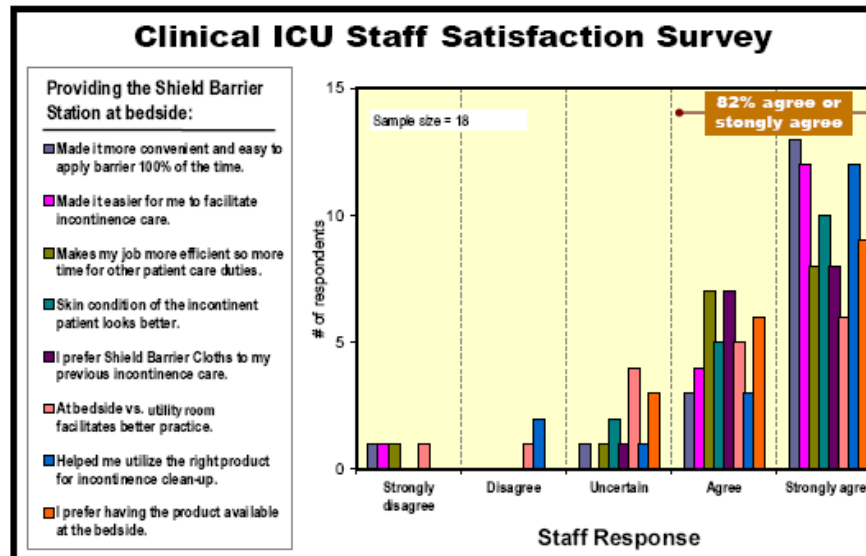
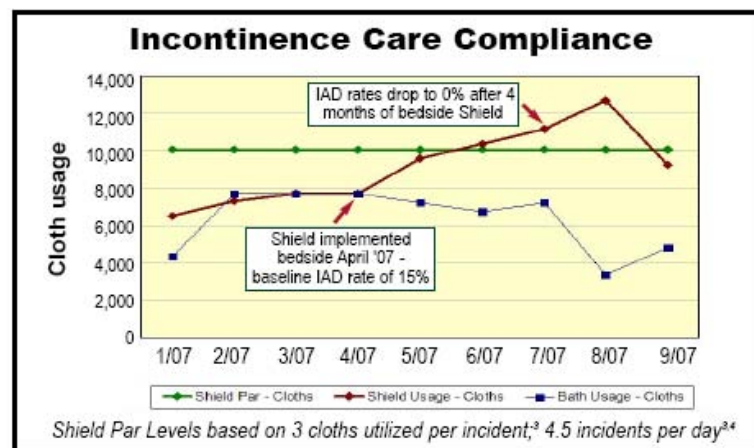


### ■ Favorable staff reaction

- 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

### ■ 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.



## 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.ihl.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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