

# Location, location, location: Getting your incontinence care process bedside yields reduction in skin injury

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## Reason for Improvement Project

To test and validate the concept of the Institute for Health-care Improvement (IHI) that providing supplies at the bedside of at-risk incontinent patients may help prevent the breakdown of healthy skin.



**“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>**

## 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.

In researching this topic, the *IHI How To Guide: Prevent Pressure Ulcers*<sup>1</sup> was studied, and the recommendation that products be placed at the patient bedside was considered as a viable option for the MICU. The clinicians placed the barrier cloths in bedside stations in order to make the barrier cloths accessible for immediate incontinence cleanup.

## Improvement Efforts

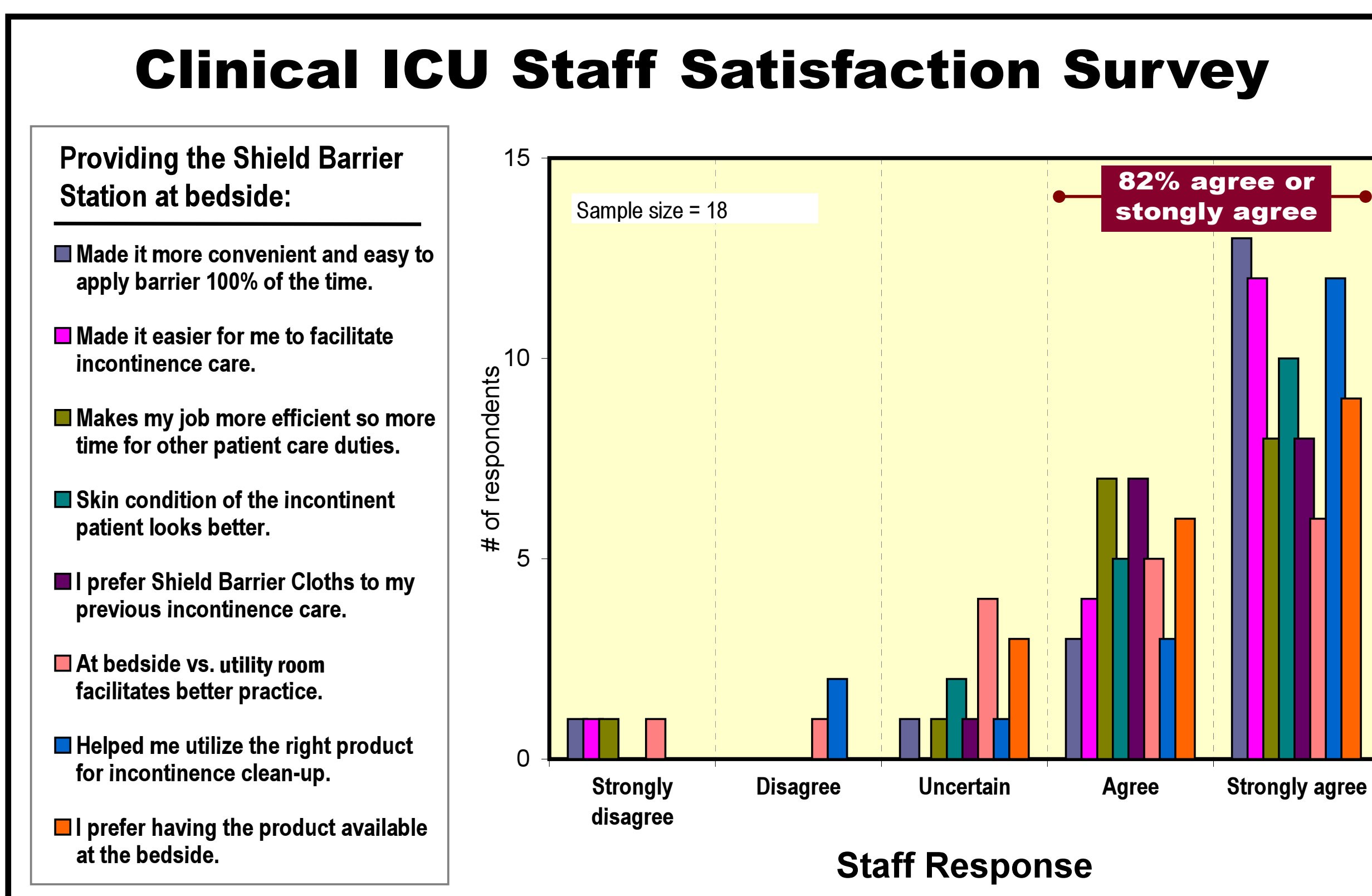
- The staff were inserviced on appropriate use of the bedside barrier cloth stations
- The "Save our Skin" Unit action plan was reemphasized
- A baseline IAD prevalence survey was conducted<sup>2</sup>
- A follow up IAD prevalence survey was conducted after 4 weeks of bedside station use
- MICU staff 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	Measurement
	These are the "non-negotiables":	Check for active your unit and use; add others if desired.
	Check for active your unit and use; add others if desired.	"Spot check" questions: Ask 2 staff members, check 3 patients:
<b>Support Surfaces</b>		
1	Identify patients at highest risk (Briden Score >14, obese, or immobile)	• Charge nurse assess risk to MICU • "SOS" signs outside at risk at rooms • Post decision tree in unit • Post decision tree at computers • Post decision tree at bedside
2	Use decision tree for surface selection	• Post decision tree at bedside
3	Assess risk and surface in daily rounds	• Include question in rounding list
<b>Keep Turning</b>		
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
2	Elevate heels off mattress	• Use pillows under calves • Use boots • Train PCAs and RNs • Involve pt. families
3	Use a trigger for turning	• Time • Check face on stair • Multi- or reminder over internet • Turning chart posted in room • Write on white board • Train PCAs and RNs • Involve pt. families
<b>Incontinence Management</b>		
1	PCAs communicate "I see red" if any redness seen at bath time	• Write on white board • Use ICI skin saver diagram • Use post-it notes • Train PCAs and RNs • Involve pt. families
2	Clean up incontinence promptly	• Hourly rounding • Involve pt. families
3	Apply moisture barrier product every time	• Train PCAs and RNs • Use all-in-one product if avail.
<b>Nutrition</b>		
1	Assess on admission	• Nutrition Risk Screen on Method
2	Refer to FNS if at risk	• Enter in Method
3	Assess in daily rounds	• Include question in rounding list

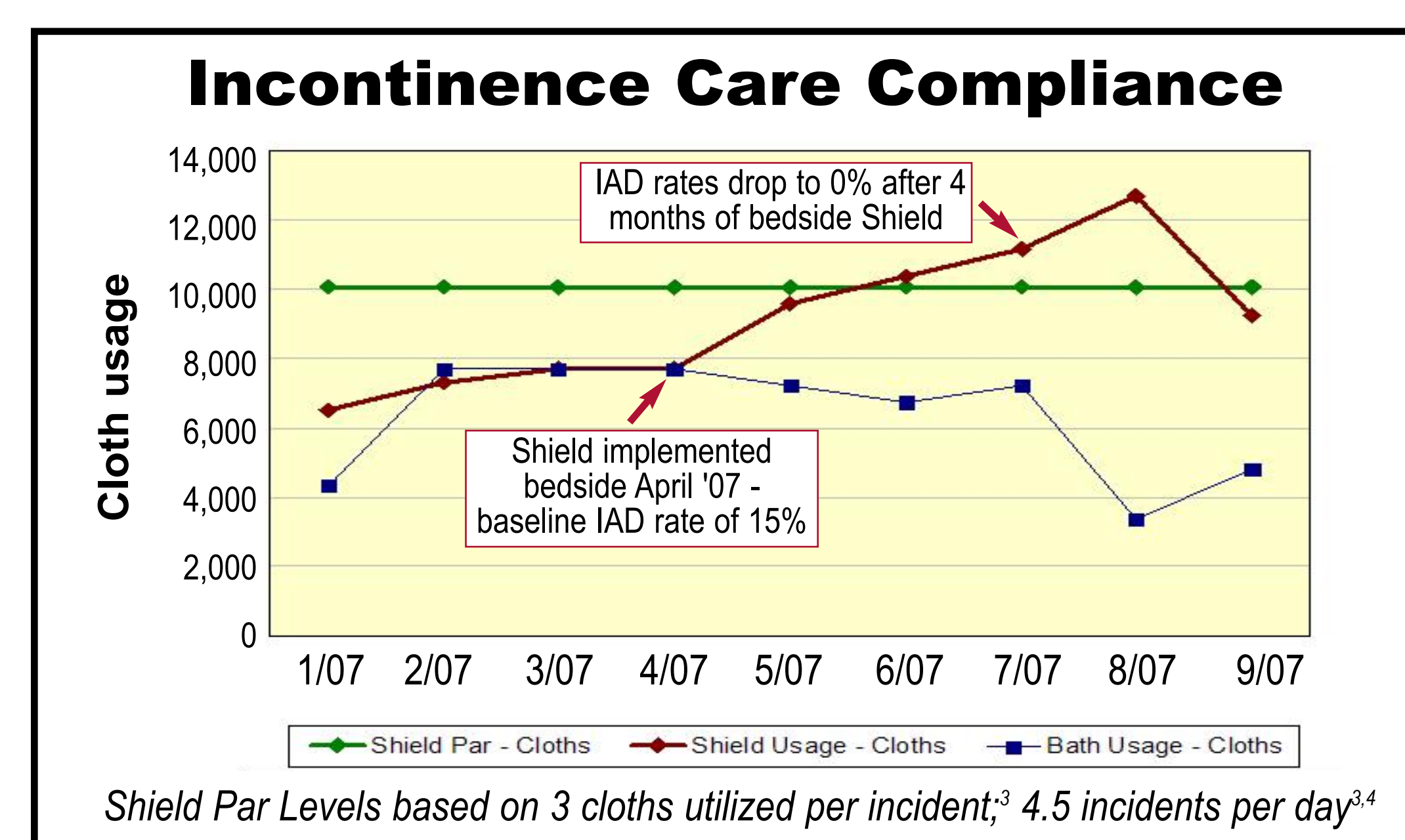


- Baseline IAD prevalence surveys revealed 15% (3/20) patients had IAD
- Post-bedside process improvement IAD prevalence surveys revealed 0% (0/24) patient had IAD

- 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



- 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.



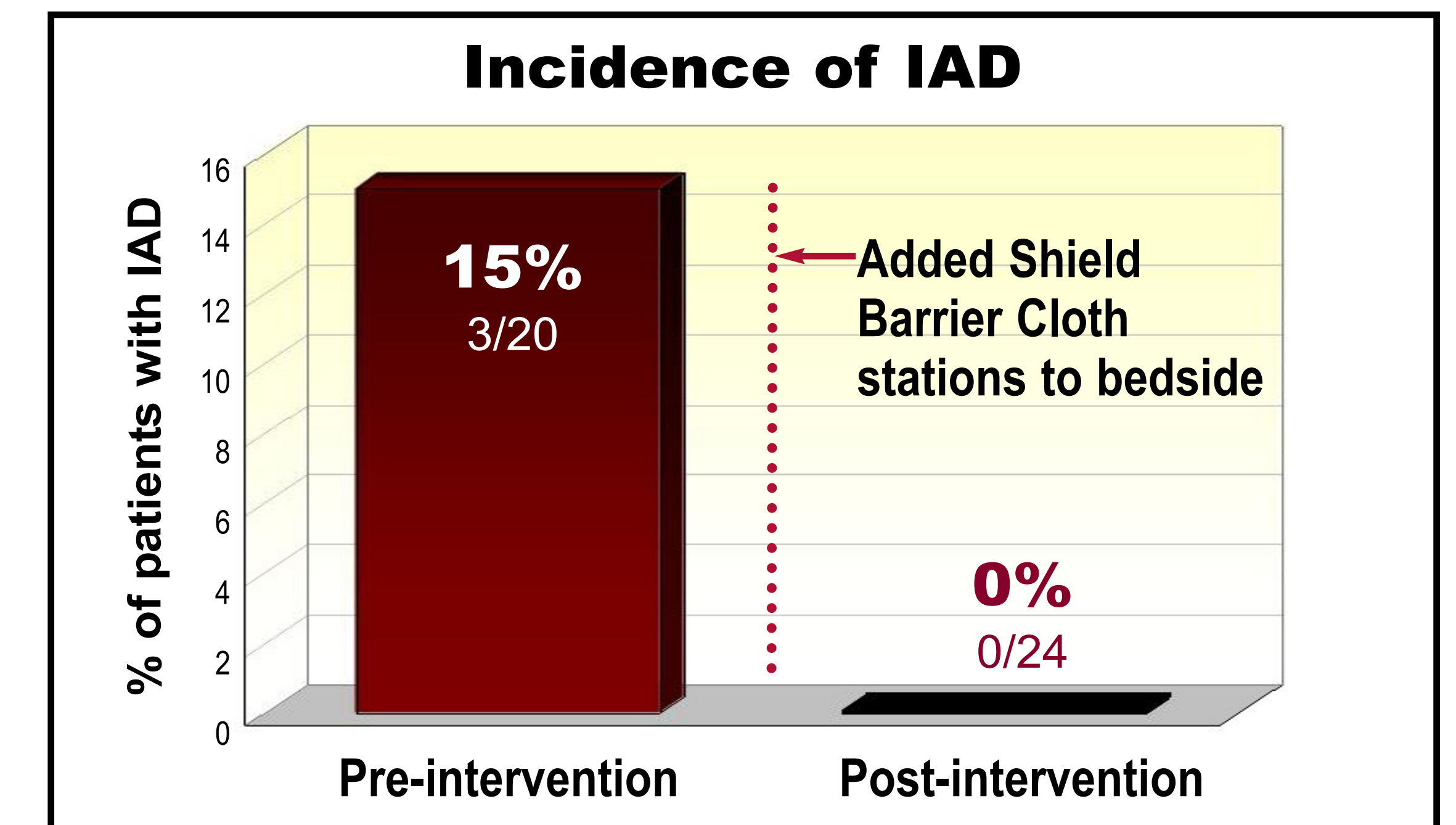
### Clinical Evaluation Form

Shield Barrier Station #7599

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
The new Shield Barrier Station made it more convenient and easy to apply the barrier 100% of the time.	1	2	3	4	5
The Shield Barrier Station bedside made it easier for me to facilitate incontinence care.	1	2	3	4	5
The Shield Barrier Station makes my job more efficient so I can do other patient care activities.	1	2	3	4	5
Skin condition of the incontinent patient looks better because of the Barrier Station and Barrier Cloths.	1	2	3	4	5
I prefer the Shield Barrier Station and Barrier Cloths compared to my previous approach to incontinence care.	1	2	3	4	5
Storing the barrier cloths in the barrier station vs. the warmer facilitates better practice.	1	2	3	4	5
Bedside availability helped me utilize the right product for incontinence cleanup.	1	2	3	4	5
I prefer having the product available at the bedside.	1	2	3	4	5

Name: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Return form to: \_\_\_\_\_

## Changes / Results



## Lessons Learned / Clinical Practice Implications

To build upon our success in reducing skin injury through implementation of IHI initiatives, bedside barrier stations were added to each patient bedside in the MICU. This small transition in care has produced favorable staff reaction (82% positive response in a clinical survey), reduced process variation, increased protocol compliance, and improved skin assessment consistency and reliability; thus, the result of this enhancement to our prevention strategy is a decrease in the incidence of IAD from 15% pre-intervention to 0% post-intervention.

- Provide convenient access to supplies at the bedside of at-risk patients, as recommended by the *IHI How-To-Guide on Pressure Ulcers*.<sup>1</sup>
- Separating non-rinse bath product from incontinence cleanup product reduced caregiver confusion, and supplying the Shield Barrier Cloths bedside increased staff satisfaction and improved compliance, resulting in a reduction in IAD.
- Minimize skin assessment and protocol variation by providing thorough, detailed staff training.
- Consistency and accuracy are key to implementation of standardized interventions and continued improvement in patient outcomes.
- Caregiver compliance can be enhanced with implementation of bedside product availability
- Incorporate risk assessment into daily care tasks, as unit nursing staff is the first line of defense in the prevention of IAD and pressure ulcers.
- Implement an action plan that clearly and concisely identifies mandatory interventions, unit-specific action options, and measurement tools.
- Effectively communicating expectations eliminates confusion and improves performance
- Consistent collection and sharing of data facilitates identification of strengths and weaknesses, and opportunities for enhancement of prevention protocols.

### References

- 1 Institute for Healthcare Improvement. *Prevent Pressure Ulcers: How-To Guide*. May 2007. Available at: <http://www.ihl.org/nr/rdonlyres/5abab51-93b3-4d88-ae19-be8b7d968580/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, Zahrer 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.