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 they need to immediately clean, dry, and protect the patient's skin after each episode of incontinence."

**Reason for Improvement Project**

**Changes / Results**

- 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
- Incontinence Care Compliance
  - Shield Par Levels based on 3 cloths utilized per incident: 4.5 incidents per day
  - IAD rates drop to 0% after 4 months of bedside Shield

**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 dimethylcone-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%), the clinicians felt it was important to reduce the rate of IAD.

In researching this topic, the IHI How To Guide: Prevent Pressure Ulcers was studied, and the recommendation that products be placed at the patient bedside was considered 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
- 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

**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.
- Separating non-rinse bath product from incontinence clean-up 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**