Skin Care & Incontinence

Going from "UGH!" to "We've GOT THIS!"

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ALL IN FALL 2021 — LeadingAge Indiana — INALA

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Participants will be able to:

Assess the challenges
- Demonstrate how to assess the challenges of managing incontinence and skin care.

Individualize care
- Participants will have increased knowledge on how to identify ways of Individualizing care for individuals with incontinence/skin care issues.

Improve outcomes
- Participants will be able to demonstrate ways to improve outcomes/quality of life for individuals with incontinence/skin care issues.

Tips & Techniques | Strategies | Prevention | Tools | Do's & Don'ts | Resources | Maintain | Sustain

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Before we dig deeper:

Busting myths

Incontinence is a normal part of aging	All incontinence can be treated the same	Checking & changing every 2hrs is all we need to do
Long-held belief: Someone is either incontinent or not: therefore there is no need to personalize the care plan.	**Long-held belief:** There is a uniform approach for managing incontinence	**Long-held belief:** Cleansing with any soap and water provides sufficient care.
What we know: • Awareness continues to grow • There are several types • No one-size fits all • CMS mandates • Wide variety of products • Education is crucial	**What we know:** • Has profound psychological effect • Proper assessment is crucial • Care plans include products • Lot's of questions to ask • Voiding diaries work • Must consider comfort	**What we know:** • Skin can break down in <2hrs • Takes thorough care for prevention • Must take personalized approach • Skin barriers and protectants work • Skin issues must be corrected

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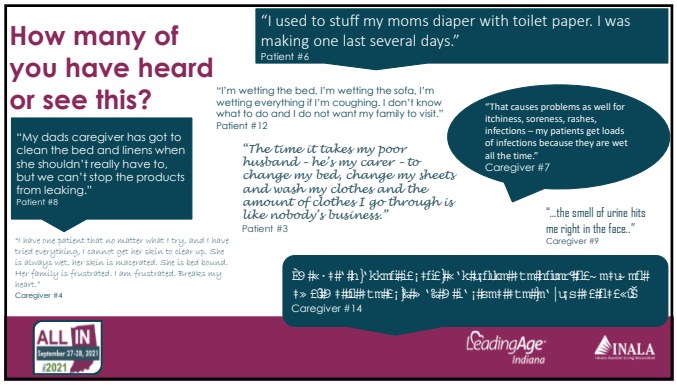
How many of you have heard or see this?
"I used to stuff my moms diaper with toilet paper. I was making one last several days."
Patient #6
"My dads caregiver has got to clean the bed and linens when she shouldn't really have to, but we can't stop the products from leaking."
Patient #8
"I'm wetting the bed, I'm wetting the sofa, I'm wetting everything if I'm coughing. I don't know what to do and I do not want my family to visit."
Patient #12
"That causes problems as well for itchiness, soreness, rashes, infections – my patients get loads of infections because they are wet all the time."
Caregiver #7
"The time it takes my poor husband - he's my carer - to change my bed, change my sheets and wash my clothes and the amount of clothes I go through is like nobody's business."
Patient #3
"...the smell of urine hits me right in the face.."
Caregiver #9
"I have one patient that no matter what I try, and I have tried everything, I cannot get her skin to clear up. She is always wet. Her skin is macerated. She is bed bound. Her family is frustrated. I am frustrated. Breaks my heart."
Caregiver #4
Caregiver #14
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Caregivers spend >60% of their time managing incontinence
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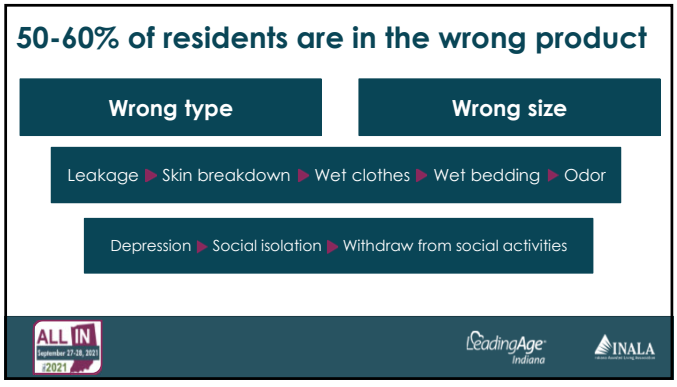
50-60% of residents are in the wrong product
Wrong type
Wrong size
Leakage ▶ Skin breakdown ▶ Wet clothes ▶ Wet bedding ▶ Odor
Depression ▶ Social isolation ▶ Withdraw from social activities
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Education

- Dignity
- Improve continence status
- Product utilization
- Consistency of care

Toileting
Before bedtime
Easy access
Lighting
Product selection

Resident Perspective
What kind of assistance would you prefer?
How much of a problem is this for you?
Any bowel problems?
Do you currently wear any products?

Pain can reduce mobility and exhaust emotional reserve
Deter from toileting
Consider other options/devices
May require medical assessment
Assess risk for falls

Continue to review status

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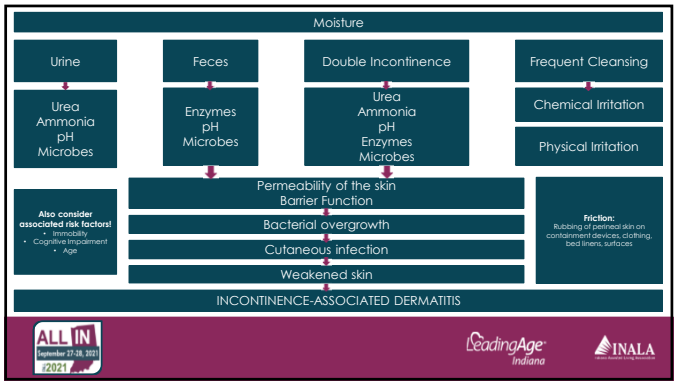

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Incontinence-associated dermatitis

Inflammation and irritation of the skin caused my contact with urine and/or stool

Causes:

- Excessive exposure to moisture from urine or stool interferes with the protective barrier of the skin
- The normal pH of the skin is affected by the alkaline nature of urine and stool— making it more susceptible to infection
- Harsh soaps, detergents and excessive rubbing can make IAD worse
- Incontinence products that do not properly contain urine and stool expose the skin to excess moisture

Prevalence Rates
Hospital: 7.5% Nursing Home: 30%

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Residents with IAD

- Discomfort
- Pain
- Burning
- Itching
- Tingling
- Loss of independence
- Sleep disruptions
- Reduced quality of life

Becomes worse as the frequency and quantity of soiling increases.

They may also feel/believe they are a burden on family and friends.

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Incontinence-associated dermatitis

Clinical presentation:

- Moist, bright red skin
- Inflammation
- Denudation of the skin
- Erosion of the epidermis and dermis
- Diffuse distribution
- Irregular edges

Over 200 million people experience severe forms of incontinence, yet its effect on skin integrity is not well defined. Approximately 45% of IAD presentations are mislabeled as stage 2 pressure injuries.

Mistaking IAD for pressure injuries affects your facility's quality measures. Negatively impacts Nursing Home Compare and Home Health Compare scores- making this a focus area at survey time.

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IAD and PIs have a lot in common

- Poor health
- Limited mobility

Once IAD occurs:

- Risk of PI increases
- Increased risk of infection and morbidity

Patients vulnerable to skin injury from pressure and shear are also likely to be vulnerable to skin damage resulting from moisture, friction and irritants

Incontinence is a risk factor for pressure ulcers, but IAD can occur in the absence of any other pressure ulcer-associated risk factors and vice versa

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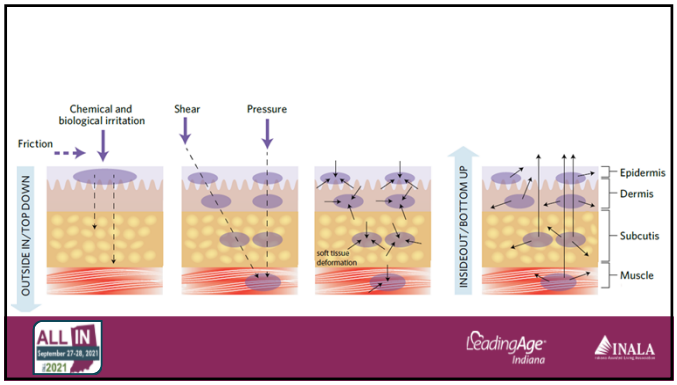

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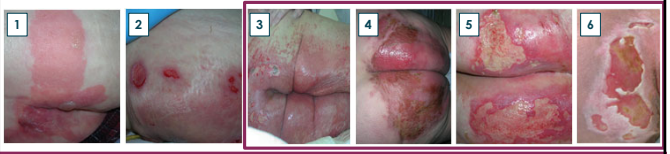
IAD and pressure injuries

Confusion can lead to inappropriate use of limited resources and suboptimal care

PIs tend to be localized, partial or full thickness tissue loss, defined margins	IAD involves moisture and tissue and is superficial in nature involving epidermis and upper dermal layer. Notice copy lesions.



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IAD assessment

All residents with urinary and/or fecal incontinence should have their skin assessed regularly.

- At least once daily
- More frequent based on number incontinence episodes.
- Special attention to skin folds

Skin assessment of incontinent resident at risk of IAD

Inspect areas of skin that may be affected: perineum, perigenital areas, gluteal fold, buttocks, thighs, lower back, lower abdomen and skin folds. Look for:

- Maceration
- Erythema
- Presence of lesions
- Erosion or denudation
- Fungal or bacterial skin infection

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Prevention and management

Two key interventions:

1. Manage incontinence- identify and treat reversible causes to reduce the risk of urine/feces contacting the skin

- Prevention of IAD should be aimed at all incontinent patients with the aim of promoting positive outcomes and avoidance of patient injury and harm

2. Implement a structured skin care regimen- protect skin exposed to urine/feces and help restore effective skin barrier function

- There should be visible improvement in the skin condition and reduction in pain in 1–2 days following the implementation of an appropriate skin care regimen, with resolution within 1–2 weeks.

Benefits of doing it right
Save caregiver time - 34 minutes per patient day
Save money - $13.75 per resident/per day (qualified staff)/$5.33 per resident/per day (unqualified staff)
Improved resident comfort and quality of life

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Resident with urinary and/or fecal incontinence

Assess incontinence – type, frequency, risk factors
Inspect skin for signs of IAD

If no signs of IAD

At risk- no redness/skin intact

PREVENT IAD

If signs of IAD, categorize according to severity

Category 1: Red, skin intact

Category 2: Red, breakdown

MANAGE IAD

MANAGE INCONTINENCE
Assess and treat reversible causes
Optimize toileting techniques

IMPLEMENT STRUCTURED SKIN CARE REGIMEN
CLEANSE – remove irritants
PROTECT – use barrier to prevent contact with urine and/or feces
MOISTURIZE – replenish and nourish

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General characteristics of ideal product for prevention and management of IAD

- Clinically proven to prevent and/or treat IAD
- pH balanced
- Low irritant potential/hypoallergenic
- Does not sting on application
- Transparent or can be easily removed for skin inspection
- Removal/cleansing considers caregiver time and resident comfort
- Does not increase skin damage
- Does not interfere with the absorption or function of incontinence management products
- Compatible with other products used
- Acceptable to residents, clinicians and caregivers
- Minimizes number of products, resources and time required to complete skin care regimen
- Cost-effective

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CLEANSE

Daily and after every incontinent episode
Use a gentle technique with minimal friction, avoid scrubbing
Avoid alkaline soaps
Choose a gentle, pH-balanced no rinse liquid cleanser or pre-moistened wipe
Gently dry skin if needed after cleansing

The ideal frequency of skin cleansing in incontinence has not been determined. Cleansing itself may disrupt skin barrier function and so a balance has to be found between removing irritants due to incontinence and preventing or minimizing irritation through cleansing. Many skin cleaners are 'no-rinse', can remain on the skin after application and are quick-drying, eliminating friction caused by manual drying.

In addition to providing a benefit for skin, use of no-rinse cleansers has been shown to save staff time and improve efficiency62–64. Continence care wipes are made of smooth material to reduce friction damage. These have been found to enhance adherence to protocols, reduce burden of care and improve staff satisfaction24.

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PROTECT

Skin protectants are used in the prevention and treatment of IAD to form a barrier between the stratum corneum and any moisture or irritant. When IAD is present the application of a skin protectant should help promote resolution of IAD and allow the skin barrier to recover.

- **Creams**- emulsions of oils/lipid substances and water. For a cream to function as a skin protectant, it must contain a known barrier ingredient (e.g. petrolatum, zinc oxide, dimethicone) alone or in combination.
- **Ointments**- semi-solid, commonly formulated with a petrolatum base
- **Pastes**- mixture of absorbent material and ointments; increases the consistency so they adhere to moist denuded skin but are more difficult to rub off
- **Lotions**- liquids that contain a suspension of inert or active ingredients
- **Films**- liquids that contain a polymer (acrylate based) dissolved in a solvent. Upon application, it forms a transparent protective coating on the skin.

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MOISTURIZE

Residents may benefit from an additional step to support and maintain the integrity of the skin barrier. Skin care products are diverse and can contain a very wide range of ingredients with many different properties. but can have other chemical compositions. Some skin care products are formulated with lipids similar to those found in healthy stratum corneum (e.g. ceramides) and are intended to reduce dryness and restore the lipid matrix. Another category of ingredient are humectants, which are substances that function by drawing in and holding water in the stratum corneum; common examples include glycerin and urea.

- Long lasting
- Safe for all skin types
- Hydrating
- Provides nourishment
- Moisture balance

A 2019 survey of over 800 frontline caregivers told us that 65.06% reported that patients are given a moisturizer; however, only 42.84% use a moisturizer on patients daily.

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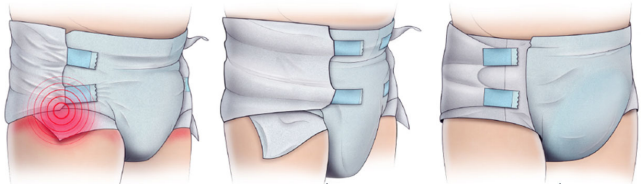
Product selection, application and sizing



Too small	Too big	Just right

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Top 4 ~~mistakes~~ opportunities

Doubling up	Open airing	Creams and ointments
It doesn't work Impervious backsheets Added thickness Uncomfortable Expensive **Must consider dignity** Bulky **Must consider caregiver** Additional work	**There is a right/wrong way** Consider support surface Ability to manage Dignity/privacy Fecal incontinence Skin folds Level of absorbency	**We want to butter toast, not** frost a cake. Too much product will rub off on to the product and "waterproof" it.

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Bigger is NOT better

Beliefs:

- It's a common misconception that using larger incontinence products means fewer changes.
- Larger products do NOT hold more urine or feces. Instead, briefs that are too big for the wearer leak and expose more skin surface to urine and fecal material.
- Briefs that don't fit appropriately can't wick away moisture.

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Making a case for prevention

- IAD contributes to pressure injury development
- Caregiver time cost accounts for 90% of overall cost of PI treatment
- Cost of treatment per resident increases with severity
- Prevention is cost-saving

STEP 1: Know prevalence/incidence of incontinence and IAD in your care setting
STEP 2: Know the impact IAD has on the quality of life of residents
STEP 3: Know how IAD can impact on total care costs
STEP 4: Know cost benefits of implementing a structured skin care regimen
STEP 5: Show impact of implementing IAD prevention protocol

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Start of strong

- Communicate
- Educate
- Build a team
- Cheer the champions
- Celebrate success
- Share stories
- Utilize your resources

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Conclusion

- Full assessment of incontinence and a management plan in place
- Routine skin inspection
- Appropriate and effective cleansing regime
- Appropriate skin protection
- Treatment and management of incontinence using body-worn pads or fecal management systems
- Education about IAD and its prevention

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