Clinical Quality

INCONTINENCE PAD ASSESSMENT AND USAGE IN ACUTE MEDICAL ELDERLY WARDS: AN IMPROVEMENT PROJECT

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Introduction: Urinary incontinence is a factor in skin breakdown and urinary dermatitis. Local ward data showed wide variation in pad usage, manufacturer, pad absorbency and cost. Belted products have high absorbency, draw moisture from skin and compromise dignity when used inappropriately. The aim of this audit was to improve pad assessment and usage on the elderly wards.

Method: Between November 2015 and January 2016 data was collected from patients on 3 DME wards (n = 59). Only 11.9% had continence and pad usage assessment on admission. Almost none the patients were using pads in hospital than at home (22 vs 40). Most patients (81%) were given belted pads although only 25% were bed bound. 15% used pad in pants, 12% used pull-up pants, 5% were catheterised and 27% used no containment products. Pull-up pants appeared to be used as disposable underwear in some cases, when cheaper alternatives were available.

Change strategies: Regular ward-based teaching and demonstrations lead by continence nurse specialists were held. 100+ staff were trained in the study period. Staff were encouraged to use a ‘pad in pants’ system with a range of absorbencies rather than belted pads/pull-up pants and check patient’s skin and pads every 2 hours.

Change effects: A re-audit was conducted 5 months later; 57 patients were assessed. Documentation of pad usage pre-admission remained poor at 12.1%. However, the inappropriate use of belted pads fell dramatically from 41% to 5.5% and pull up pants from 12% to 0%. 15.6% were continent pre-admission. 94.4% now had pad in pants, only 44.4% were fitted correctly.

Conclusion: Pad usage remained high but more appropriate containment products were used. Further training is needed to ensure pads are fitted correctly. Potential savings of £50K+ are yet to be realised - pad usage increased in the short-term as staff adapted to the pad-in-pants system.