An Evaluation of an Initiative to Eliminate Washable Underpad Use at CapitalCare Charlotte Baynham (BScN), Penny Reynolds (BScN, MCE), James Leask (BA) Charlotte.Baynham@capitalcare.net

Background

The use of washable underpads is associated with several negative factors including:

- Risk of injury to residents including skin breakdown, pressure ulcers, and friction & shear injuries^{1,2,3,4};
- Risk of injury to staff when pads were used to reposition residents^{3,4};
- Tendency for underpads to be used inappropriately to manage incontinence, and this historical practice of their use in everyday bedmaking, needed or not^{4,5};
- High costs of laundering reusable underpads².

The Corporate Wound Care Committee decided to act on this review and discontinue washable underpad use across CapitalCare by the end of June 2016.

The objectives of this project were to:

- Determine if ceasing use of washable underpads can improve resident quality of care, as measured using existing clinical outcome measures;
- 2. Verify the financial savings predicted to result from ceasing the use of these underpads⁶;
- 3. Measure changes in staff beliefs about use of washable underpads & the success of the initiative.



Methods

An underpad cessation toolkit was introduced in May 2016 to CapitalCare Care Managers by Corporate Wound Care Team members. The toolkit included:

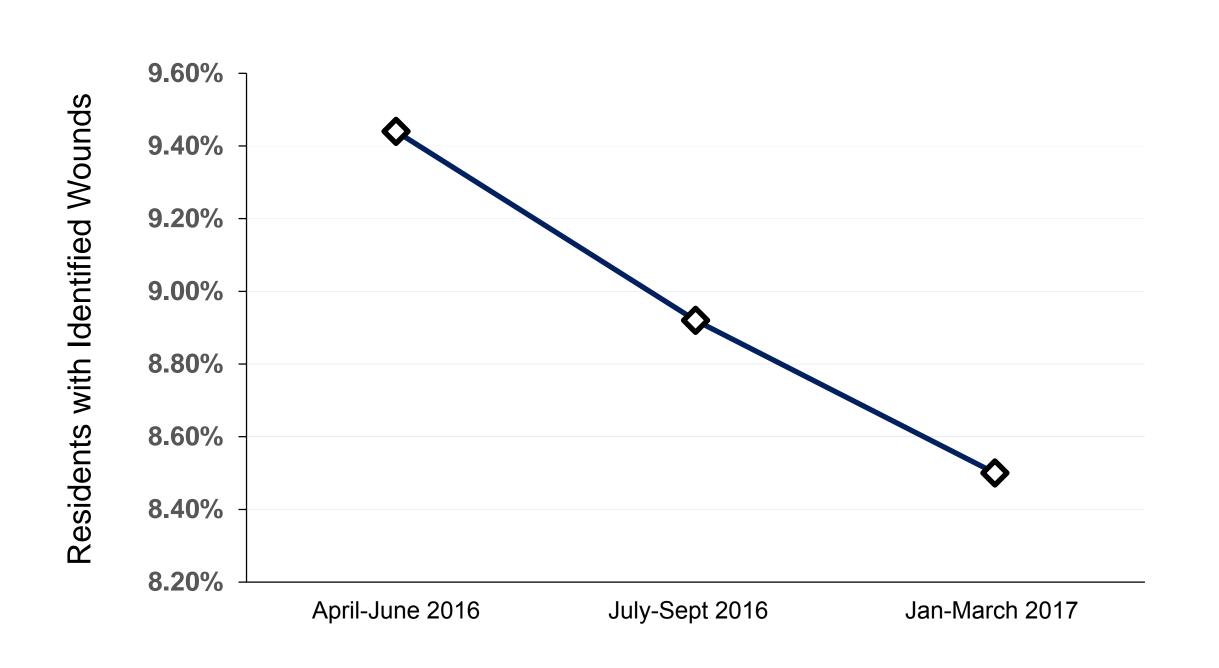
- Informational posters to be placed on units;
- 12-minute educational video to be watched by all direct care staff;
- Timeline for the initiative;
- Optional tracking & instructional tools for resident layer tracking and incontinent overflow;
- Lists of available incontinence products, with educational support from the company representative.

Cessation of washable underpad use started July 2016. Data was collected using three methods:

- MDS-RAI 2.0 data about wound prevalence in residents;
- Financial data for laundry costs for CapitalCare;
- Staff surveys examining underpad use and feedback about the initiative. Surveys were electronic and completed by care managers before and after the introduction of the underpad cessation.

Results

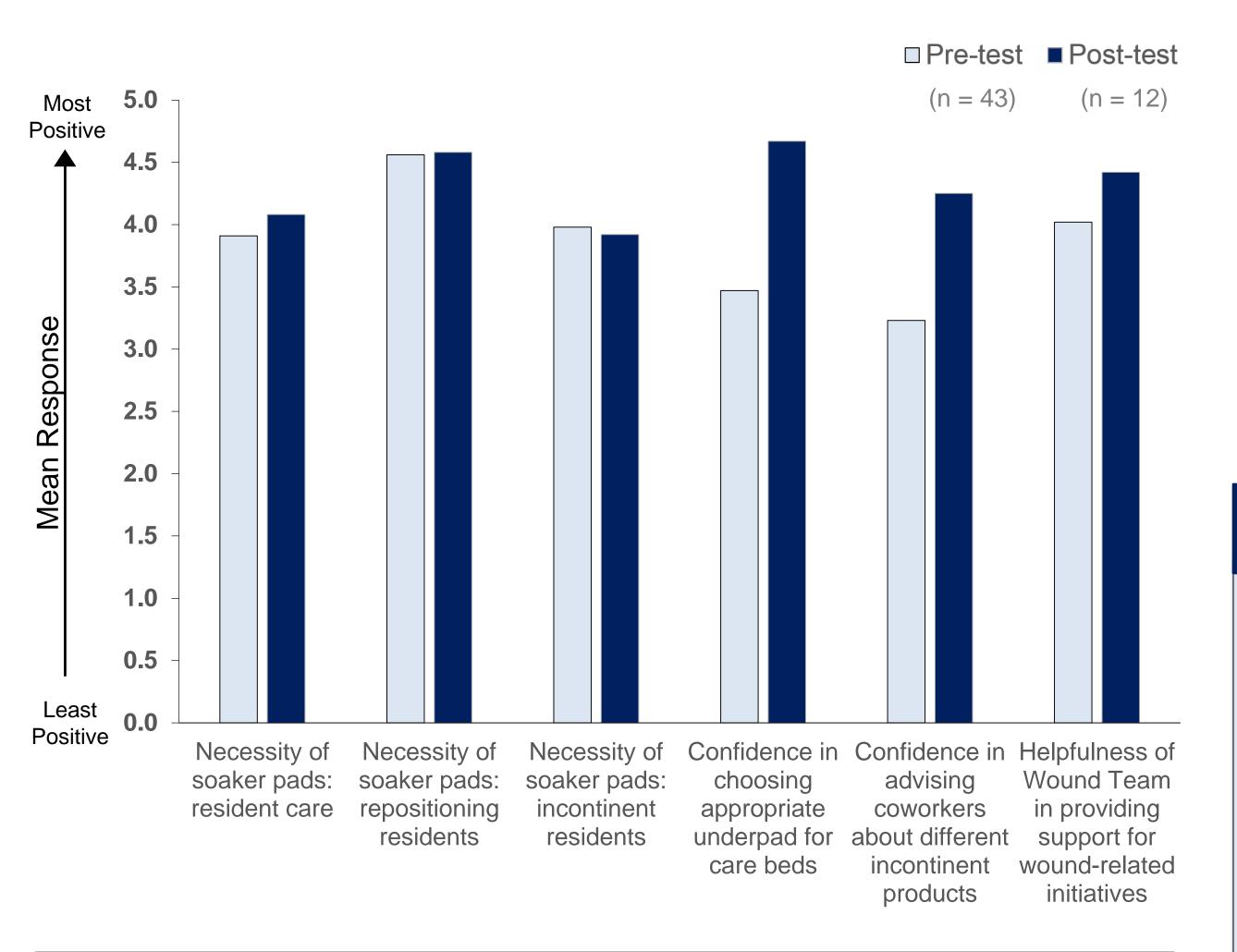
Figure 1: Wound prevalence of CapitalCare residents



Laundry costs:

As of March 2017, the review of total laundry costs showed a reduction of \$30,000 to date since July 2016.

Figure 2: Results of care manager survey about underpad beliefs



Care Manager survey (cont.):

Because of the disparity in sample sizes, no calculations of statistical significance were performed between pre- and post-test questions.

Additionally, four questions were asked only in the post-test:

- 1. "How useful was the toolkit in assisting you to eliminate washable underpads from your unit?" **Mean: 3.42**
- 2. "How reasonable was the time frame for implementation for this initiative?" **Mean: 4.67**
- 3. "Do you believe that staff on your unit are currently using disposable underpads appropriately? **Mean: 3.83**
- 4. "Overall, how would you rate this initiative?" Mean: 4.33

Outcomes

- Slight drop in the prevalence of wounds in residents observed.
- \$30,000 from July 2016 to March 2017 in saved laundry costs.
- The surveys of care managers presented an image of moderate success of the initiative:
 - Rated both the initiative and its timeframe strongly;
 - Little change in beliefs of washable underpad effectiveness, but:
 - Significant increases were made in managers' confidence choosing appropriate disposable underpads and advising staff in different incontinence products available;
 - Managers believed staff were using disposable underpads appropriately.
- Together, these results indicated the change in practice was well received by staff, provided an increased quality of care for residents, and did so at a lower cost.



Lessons Learned

- The challenge of the change in practice remained the risk of backsliding in the use other linens placed under a resident in place of a washable underpad.
- To limit this risk, the Wound Care Team recognized the need for transparency and continuing education and support of the practice, including criteria & education for use of repositioning slider sheets, and limiting layers between resident skin and the mattress.
- Considerations for future evaluations:
 - Improved tracking of laundry costs and wound prevalence;
 - The perspective of residents, who are directly impacted;
 - The prevalence of workplace injuries resulting from underpads requires early & dedicated planning to ensure it is measured.
- Overall, the project is an example of practice change that incorporated research, planning, action, and evaluation in a short time frame with positive results.

References

1. Payne, D. (2015). Selecting appropriate absorbent products to treat urinary incontinence. British Journal of Community Nursing, 20(11),

551-558.
2. Nazarko, L. (2015). Use of continence pads to manage urinary incontinence in older people. *British Journal of Community Nursing, 20*(8),

3. Workers' Compensation Board of B. C. (2009, January). Soaker pads are not for repositioning. *WorkSafe Bulletin*. Retrieved from

4. Bodie, A. (2011, Sept/Oct). Help reduce soaker pad use. *Inspire!* Retrieved from

http://www.wrha.mb.ca/nursing/files/5minStressBusters2011.pdf

5. Price H (2011) Incontinence in patients with dementia. *British Journal of Community Nursing* 20(12), 721-725.

5. Price, H. (2011). Incontinence in patients with dementia. *British Journal of Community Nursing, 20*(12), 721-725.
6. Flanagan, L., Roe, B., Jack, B., Barrett, J., Chung, A., Shaw, C., & Williams, K. S. (2012). Systematic review of care intervention studies for the management of incontinence in older people in care homes with urinary incontinence as the primary focus (1966-2010). *Geriatrics and Gerontology International, 12*, 600-611. https://dx.doi.org/10.1111/j.1447-0594.2012.00875.x