DECREASING HOSPITAL ACQUIRED PRESSURE ULCERS BY FOCUSING ON DECREASING MOISTURE ASSOCIATED SKIN DAMAGE (MASD)

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PROBLEM: In August 2011, Penn Presbyterian Medical Center’s (PPMC) MASD rate was 8.2% and 11.5% for the ACE Unit.

SOLUTION: PPMC’s Skin Integrity Committee and ACE Unit developed a standard protocol to decrease MASD.

Problem Identified Regulatory changes are impacting how hospitals approach pressure ulcer management. Moisture is often a factor in the development of pressure ulcers. MASD wounds are painful therefore contributing to patient agitation as well as patient and family’s perception of care.
Solution Formulated  A literature search and the Penn Medicine Pressure Ulcer Prevention Protocol were used to determine best practice for MASD prevention. Staff nurses in the ACE and SICU units piloted products that would prevent and treat MASD and that could be used in a more timely manner because they were nurse driven and did not need a physician order. A standard protocol was developed for MASD based on positive patient and staff feedback. The new prevention protocol was disseminated throughout the hospital.

MASD Prevention Strategies

- Tracked use of cloth pads/diapers and educated staff about importance of limiting use of both
- Tracked prevalence of MASD and pressure ulcers
- Switched to a breathable/disposable pad for incontinent patients, no pad for continent patients
- Removed cloth pads and diapers from the unit
- Made moisture barriers readily available to staff without a physician order
- Prepared incontinence bundles and placed in the room when an incontinent patient was admitted (paper washcloths, pH balanced foam and moisture barrier)
- Peri care was changed to use of pH balanced foam and paper washcloths instead of soap, cloth washcloths and basins
- Educated staff on the importance of stool and urine containment, determine etiology of the loose stool and resolve
- Educated staff on the difference between MASD and a pressure ulcer

NICHE Role  The NICHE Geriatric Resource Nurse (GRN) core curriculum is designed for use by those at NICHE sites who train nurses in best practices for hospitalized older adults. GRNs are the foundation of system-wide improvement to achieve positive outcomes for hospitalized older adults. The NICHE program, available to hospitals throughout North America, offers evidence-based, interdisciplinary approaches to promote improved care for the hospitalized older adult. GRNs can perform assessments similar to the one described in this Solution story to understand the characteristics of the older adults at their hospitals.

Evaluation/Results  The hospital acquired MASD rate decreased from 8.26% to 0.5% in one year. Hospital acquired pressure ulcer prevalence decreased to 1.34% in approximately 18 months. The change from cloth to paper cloths resulted in an unexpected decrease in linen cost.


2. NICHE Clinical Improvement Models. Pressure Ulcer Prevention module. (Available at NICHE Knowledge Center, accessed via www.nicheprogram.org.)
3. NICHE Online Connect Webinars. Decreasing Hospital-Acquired Pressure Ulcers by Focusing on Decreasing Moisture Associated Skin Damage (MASD). (Available at the NICHE website, accessed via www.nicheprogram.org.)
4. NICHE Online Connect Webinars. ACIT (Attention to Care Interdisciplinary Teams): A Quest for Clinical Excellence Special Target: Pressure Ulcers. (Available at the NICHE website, accessed via www.nicheprogram.org.)
5. NICHE Online Connect Webinars. SORES To SKINS: Pressure Ulcer Prevention and Management Program. (Available at the NICHE website, accessed via www.nicheprogram.org.)