Linen Layers: Less Is Best

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Background

The prevention and management of pressure injuries remain a critical priority for health care professionals. Recent efforts have focused on increasing awareness on the impact of multiple linen layers on the risk of pressure injuries. Excessive linen layers can compromise the pressure-redistributing capacity of therapeutic surfaces. Additionally, it may alter patient skin microclimate resulting in risk of pressure injuries development. A literature review highlights that utilizing quilted pads as a layer may further exacerbate skin temperature, heightening this risk. At Bruyère Health, the need for reducing excessive linen layers was identified through unit-based pressure injury prevalence surveys. Additionally, interviews with nurses on the units revealed that a quilted pad is frequently used for repositioning, which is not regarded as best practice. The use of a suitable repositioning device is always recommended.

Objectives

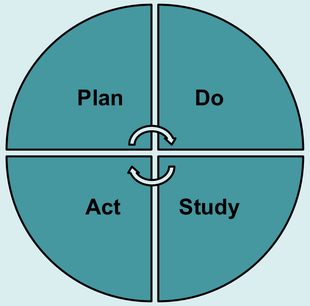
- Increase awareness of how excessive linen layers contribute to the development of pressure injuries.
- Determine the baseline knowledge of clinical staff regarding the use of linen layers.
- Enhance understanding of the appropriate use of linen layers on different therapeutic surfaces.
- Replace quilted pads with more breathable under pads to optimize patient outcomes.

Method

The pilot was designed to involve two units at Saint Vincent Hospital. Plan Study Do Act cycles were used to drive the practice improvements. Prior to implementation of project, a tip sheet was created to educate staff about how multiple linen layers enhances risk of pressure injury development. A pre-implementation survey was conducted to gauge staff knowledge about linen layers and their use. Additionally, a linen layer audit was conducted to identify the current state of linen layers use on patient beds and wheelchairs. Based on staff discussions and survey responses, educational needs were identified.

Methods (Continued)

In collaboration with Occupational Health and Safety Services, staff training sessions were organized to explore various surfaces types and the compatibility of different linen layers with those surfaces. A key focus of the training was to switch from quilted pads to breathable disposable pads. The unit occupational therapist updated patient charts to indicate the appropriate repositioning device for each patient. The procurement and logistics department was included in discussions to ensure an adequate supply of repositioning devices for staff use. The pilot was scheduled to run for six weeks. Staff were consistently reminded of the upcoming practice changes through newsletters, emails and safety huddles. On the day the pilot began, the procurement and logistics department ceased distributing quilted pads to the units..



Results/Discussion

During the pilot, various brands of breathable pads were tested to determine the most suitable option for optimal patient care. Post implementation surveys revealed enhanced nursing knowledge about the role of linen layers in the development of pressure injuries. Post linen layers audits revealed that in all cases, on patient beds, quilted pads were replaced with breathable pads and in over 80% of cases, suitable linen layers were applied on specialized surfaces. One unit demonstrated significant progress in removing extra layers from patient wheelchairs.

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Results/Discussion (Continued)

Better practices came from collaboration between departments or professions such as nursing, allied health professionals, occupational health and safety services and procurement and logistics. Another critical factor was ensuring that alternatives to quilted pads and suitable repositioning devices were consistently available for staff use. This supported the pilot's smooth operation without disrupting daily workflow.

Conclusion and Next Steps

Raising awareness among clinical staff about the impact of linen layers on pressure injury risk led to improved practices and enhancements in patient care. The shift from quilted pads to breathable pads was successful due to consistent availability on the units. Targeted education with clinical staff facilitated successful adoption of the changes.

Moving forward, efforts will focus on discouraging the use of brief liners and promoting use of either a brief or an underpad for moisture management. Ongoing efforts will focus on enhancing practices to remove layers from wheelchairs as well. Continued education and audits will support sustained improvements in clinical practice.