

MINIMISE Moisture™



Toolkit to Support the Implementation of MINIMISE Moisture™

This toolkit provides theoretical and practical guidance and information about how to implement MINIMISE Moisture in your organisation. It also includes links to tools and resources that are designed to help you review current practices and make improvements in order to reduce the incidence of moisture associated skin damage.

#ThinkMASD

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Introducing MINIMISE Moisture™

Moisture associated skin damage (MASD) is an umbrella term that covers a range of skin damage caused by moisture.

It develops where urine, faeces and/or perspiration is/are in continuous contact with intact skin, e.g. perineum, perianal, buttocks, groins, inner thighs, natal cleft, and in skin folds where skin is in contact with other skin, e.g. under breasts, underarms, between buttocks. It can cause pain, discomfort and distress and can also be expensive to treat.

There are four types of MASD:

Incontinence associated damage (IAD)

Damage caused when urine and faeces make prolonged contact with the skin

Intertriginous dermatitis (intertrigo)

When two surfaces of skin are in contact with one another, friction and moisture, e.g. under arms, groins, under breasts

Peri-wound moisture associated dermatitis

Skin becomes macerated and can breakdown due to high volumes of exudate

Peri-stomal dermatitis

Sore and excoriated skin around stoma

What does M.I.N.I.M.I.S.E. stand for?



Management of incontinence



Inspect the skin



Nutrition optimisation



Implement a prevention care plan



Move more - regular repositioning



Identify MASD correctly



Skincare - cleansing and barrier products



Educate staff and patients



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MINIMISE Moisture™ background

As Tissue Viability Nurses, the prevention of pressure ulcers is always at the forefront of our minds, and will continue to be in the future, due to the pain and suffering they can cause to patients.

In June 2018, NHS Improvement recommended that incidences of MASD should be monitored in the same way as pressure ulcers. MINIMISE Moisture aims to reduce the incidence of MASD, which includes skin damage caused by incontinence. Many incidences result in minor harm; however, some can cause moderate and even severe skin damage, pain and suffering to patients, and the associated costs of treatment.

MINIMISE Moisture aims to:

- Raise the profile of MASD as a patient safety issue (a patient harm)
- Use the MINIMISE acronym to raise awareness of key considerations for the prevention and management of MASD
- Ensure that staff have up-to-date evidence-based resources and tools to support their practice and access to products that will optimise patients' skin integrity.

Thereby:

- Reducing the number of incidences of MASD
- Preventing the associated pain and suffering experienced by some patients who develop MASD
- Avoiding costs associated with the treatment of MASD
- Reducing the risk of pressure ulcer development, and the associated costs of treatment and potential litigation, which may develop as a result of primary skin damage caused by moisture/IAD.



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1. Identify all potential stakeholders

To ensure that their requirements are considered and that they can provide appropriate support where needed

Stakeholders could be:

Clinical staff	Managers
Industry	Executives
Procurement	IT
Finance	Risk
Patients	Communications

The list is not exhaustive and other stakeholders may be identified within your organisation.



2. Establish your baseline and system for ongoing monitoring

It is important to know your incidence of MASD to support continuous quality improvement. Knowing the baseline can assist in monitoring the effect of any intervention or change in practice. Moisture associated skin damage (MASD) should be counted and reported in addition to pressure ulcers ([Recommendation 25, NHSI 2018](#)).

An effective system should be in place to support this. This includes a system for recording new incidences, as well as analysing and reporting the data. All four types of MASD should be reported. Some organisations may rely solely on their clinical incident reporting system to provide this data; however, this relies on staff consistently and accurately reporting incidences of MASD and, as a result, they may over- or under-report actual incidence. Over-reporting may occur if MASD is reported when the correct aetiology is not identified; under-reporting may occur if all incidences are not reported. It could be argued that these can both be overcome through appropriate education and training.

[NHSI \(2019\) recommended](#) the following subcategories for use in your local clinical incident reporting system (under pressure ulcer reporting) to report MASD:

- MASD (incontinence-associated) developed during care by this organisation
- MASD (not incontinence-associated) developed during care by this organisation
- MASD (incontinence-associated) present before admission to this organisation
- MASD (not incontinence-associated) present before admission to this organisation.

Grouping all non-IAD moisture damage (intertriginous dermatitis, peristomal and peri-wound moisture damage) into one reporting category doesn't provide a breakdown of these, which could be used to highlight an area that may require improvement. For this reason, additional data collection methods could be used, such as a weekly ward submission of MASD incidences, or a system where skin damage is verified by staff with appropriate skills and experience.

3. Scope staff's knowledge of and patients' experiences with MASD

Talking to patients about their experiences can generate powerful messages to share with staff during the campaign.

Scoping your staff's knowledge can help tailor your education and training programme. This can be achieved either informally through conversations with staff, or formally by testing knowledge. If a formal approach is used, initial results could serve as a baseline and the process repeated to demonstrate an improvement in knowledge.

Scoping patients' experiences can be achieved either informally through conversations with patients, or formally using data collection methods such as questionnaires or semi-structured interviews.

4. Review of products, protocols and policy

Scope what products are currently in use. Consider whether they are clinically and cost effective. This could include:

- Incontinence products, pads, briefs, underpads, incontinence sheets
- Skin cleansers and soaps
- Skin protectants
- Other topical preparations.

Review your current policy to support the prevention and management of MASD. MASD is an important and often preventable harm and, as such, warrants its own guidelines and protocols to support best practice in your organisation.

These guidelines could include types of MASD, causes, differences between moisture and pressure damage, prevention and management of MASD.

Recommended practices and/or protocols within the guidelines can be audited to provide assurance of compliance or identify areas for improvement.



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5. The MINIMISE Moisture campaign

Use the MINIMISE Moisture campaign to structure training and education, like the YouTube video/PowerPoint slides. Utilise roll-up banners (rotate their location), use posters and additional items such as pens, badges and stickers to support the campaign. In doing so, you can generate discussion and awareness of the key considerations in the prevention and management of MASD included in MINIMISE Moisture.

Identify 'champions' or use your existing link nurse structure to help support the campaign and reinforce these key considerations. If a new skincare protocol has been developed, or new products are now in use, local champions can support these changes in practice.

Consider what communication channels you have that can be used to promote the campaign, such as weekly bulletins, screensavers or corporate communications.

Campaign resources can be downloaded and purchased through [this site](#).

Resources available:

- Poster
- Roll-up banner
- Lanyard
- Mug
- Pens
- Sticky notes
- Stickers
- Video

6. Evaluation

What are you trying to achieve through the campaign and how will you know when you achieve it? Both qualitative and quantitative procedures can be used to evaluate the impact of the campaign and associated actions, e.g. new/changes to systems, processes, products, documentation, policies or education.

Resources available:

- Staff survey
- Patient experience survey
- Incidence data reporting
- Staff survey
- Audit



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