

# First Steps to Cultivating Incontinence-Associated Dermatitis Prevention Practices in One Local Health District



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## WHAT WE LEARNED

Evidence-based initiatives led to a significant reduction in IAD ( $p = .015$ ), and improvement to the nature of incontinence nursing practices ( $p < .001$ ).

Barrier cream cloths were convenient for time-poor nurses, minimized multiple steps in incontinence management and were beneficial for patients with incontinence and excoriation.

Healthcare strategies, guided by an implementation science framework, enhanced the effectiveness of translating evidence-into-practice and positively assist clinicians to promote optimal patient care.

## INTRODUCTION

- Incontinence-associated dermatitis (IAD) is a painful skin condition that is under-reported and difficult to treat in hospitalized patients.<sup>1-4</sup>
- IAD is not seen and discussed as a priority. Prevention is the primary goal and should consist of a number of evidence-based strategies.<sup>4</sup>



Incontinence-associated dermatitis.

## BACKGROUND

- In 2015/16, we conducted a cross-sectional study across 12 wards in four hospitals<sup>5</sup> to examine the prevalence of incontinence and IAD, as well as determine evidence-into-practice gaps.
- We identified two practice gaps: (1) IADs were misclassified as PIs (2) Existing incontinence nursing practice was inconsistent with contemporary evidence-based guidelines.
- There was a significant association between incontinence and mobility ( $p < .0001$ ) and IAD and HAPIs ( $p = .0294$ ). We commenced implementing initiatives.

## OBJECTIVES

To evaluate the impact of initiatives by:

1. Examining the prevalence of IAD.
2. Observing the nature of IAD prevention practices.
3. Exploring nurses' thoughts on the use of barrier cream cloths.

## METHODS

### Design

A quasi-experimental, post-test study design.

### Setting and participants

- 12 wards in a local health district of four hospitals, including acute and sub-acute aged care, rehabilitation, neurology, cardiovascular, intensive care and palliative care wards.
- Each ward consisted of 13-30 beds, with a mean occupancy of 72.3%. The wards consisted of 7-80 registered nurses.
- Patients aged  $\geq 18$  years and nurses working in any one of the 12 wards at the time of the study were invited to participate.

### Initiatives

- Formation of a committee consisting of skin integrity and continence specialist nurses.
- 3 in 1 barrier cream cloth\* product for cleansing, moisturizing and protecting.<sup>6</sup>
- Removal of plastic sheets, and disposable and washable under pads.
- An education campaign.
- These initiatives were part of an overall project addressing HAPI, using an implementation science approach.

## METHODS (continued)

### Data collection

- Cross-sectional audit of IAD.
- Observation of the nature of incontinence management practices.
- Focus groups with nurses across 12 wards regarding the 3 in 1 barrier cream cloths.

### Data analysis

- Data were analysed using IBM SPSS Statistics, version 24 for Windows.
- Focus group transcripts were uploaded into NVivo 10 software for analysis. Content analysis<sup>7</sup> was conducted.

## RESULTS

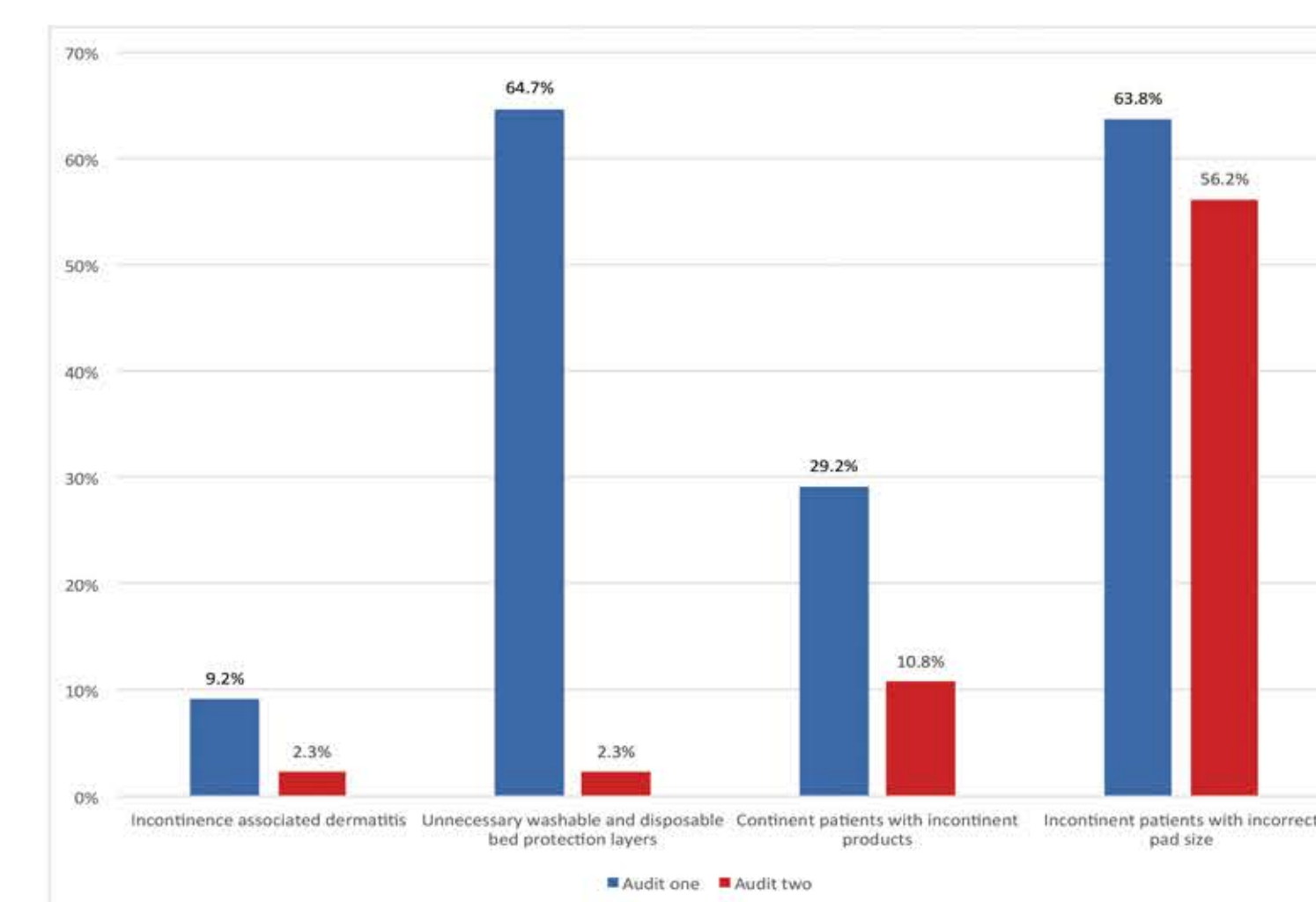
### Patient demographics

- 259 patients, mean age 73.2 (SD = 16.8), 119/252 incontinent patients (47.2%, data on incontinence was missing for 7 patients).

### IAD prevalence

- Statistically significant lower occurrences of IAD pre: (23/250, 9.2%) post: (6/259, 2.3%) ( $p = .015$ ) (Figure 1).

Figure 1: Comparison of IAD, bed protection, and incontinence product use



## RESULTS (continued)

### Use of bed protection layers and incontinence pads

- Statistically significant reduction in the use of bed protection layers between audit one (154/238, 64.7%, data missing for 12 patients), and audit two (6/259, 2.3%) ( $p < .01$ ) (Figure 1).

### Focus groups

- Six focus groups, N = 31 (6 male and 25 female registered nurses, mean years of experience = 8.1)
- Positive feedback was provided on the improved skin conditions of incontinent patients, particularly those with IAD, as a result of the barrier cream cloths.
- Nurses stated that many patients felt a noticeable difference - less tenderness and pain.
- Many nurses preferred barrier cream cloths over barrier creams as they could clean, moisturize and provide a barrier all with one cloth.

Incontinence-associated dermatitis.



Day one      6 Hours      6 Days

*"I can especially think of one patient... who was really badly excoriated and when you'd touch them they would cry. After two days of the cloths they said, "Oh, that is so much better". (Focus group 2)*

## CONCLUSION

- Following initiatives to improve incontinence practices and prevent IAD, we found statistically significant lower rates of IAD prevalence and improvements in both nursing practice in the prevention and management of IAD.
- An area needing further improvement is ensuring patients have the correct pad size to minimize soiling.
- Nurse focus groups revealed that barrier cream cloths minimized multiple steps in incontinence management and improved skin conditions.
- An evidenced-based approach leads to less work for nurses, better patient outcomes, and less costs to the hospital.

## NEXT STEPS

- Based on the recommendations of the published GLOBIAD<sup>8</sup> and IAD Best Practice Principles<sup>4</sup> we plan to implement and evaluate a best practice strategy consisting of the identification, prevention and management of patients with IAD and incontinence in the district.



Francesca Rowshanzadeh, Clinical Nurse Educator with patient.



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