

The Challenges of an Incontinence-Associated Dermatitis Reduction Project in the Time of a Global Pandemic

Mara Zello, MSN, FNP-C, CWON, Banner Health, Phoenix, AZ

INTRODUCTION

Incontinence-associated dermatitis (IAD) is a risk factor for the development of hospital-acquired pressure injuries (HAPIs).¹ Use of a protective barrier is suggested to decrease IAD and resulting HAPIs.² Quality improvement (QI) projects aimed at decreasing HAPI rates should include all internal and external stakeholders. However, when attempting to implement IAD QI interventions, COVID-19 presented unique challenges in 2020. Understanding these challenges and how they may impact outcomes is crucial to the success of evidence-based QI programs.

OBJECTIVES

- QI intervention was intended to improve nursing workflow and decrease the incidence of IAD and HAPI.

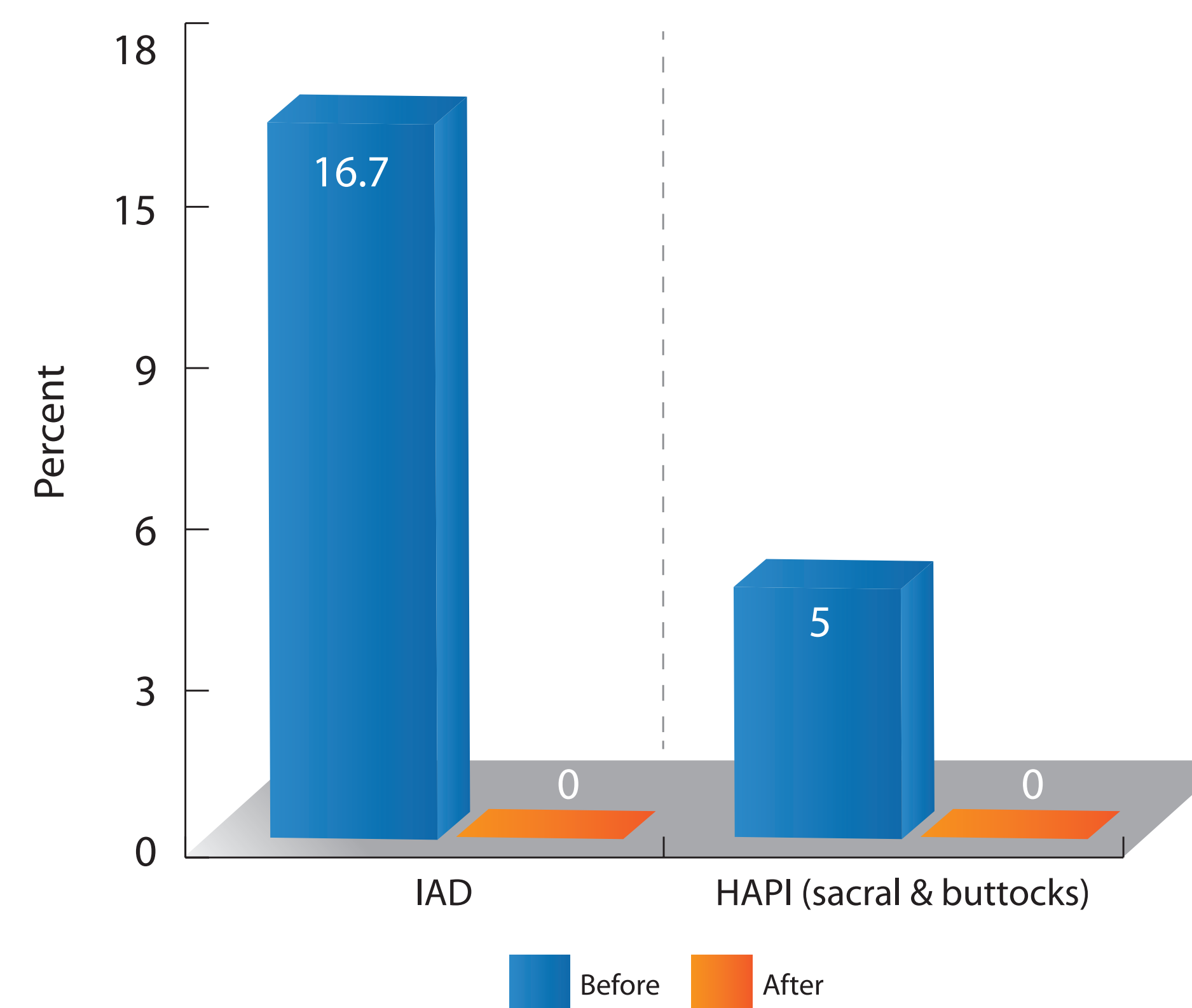
PROCESS

- We used a multidisciplinary approach to achieve HAPI reduction at a large teaching hospital in the southwestern United States.
- Using data from the prior 2 years, fishbone information gathering and meetings with individuals across the patient care spectrum and organization levels, incontinence was identified as a focus area.
 - Nursing workflow and IAD incidence were identified as outcomes needing improvement.
- Two units, a transplant unit and a surgical intensive care unit (ICU), were chosen for their high incidence of HAPI.
 - After trialing 2 plain disposable wipes without success, a third disposable perineal care cloth impregnated with dimethicone barrier was selected.
 - The initial 2-week trial was complicated by a surge in COVID-19 cases.
- The transplant unit was able to adapt and comply with the QI intervention quickly, whereas the ICU had additional challenges and required additional interventions to reach compliance.

OUTCOMES

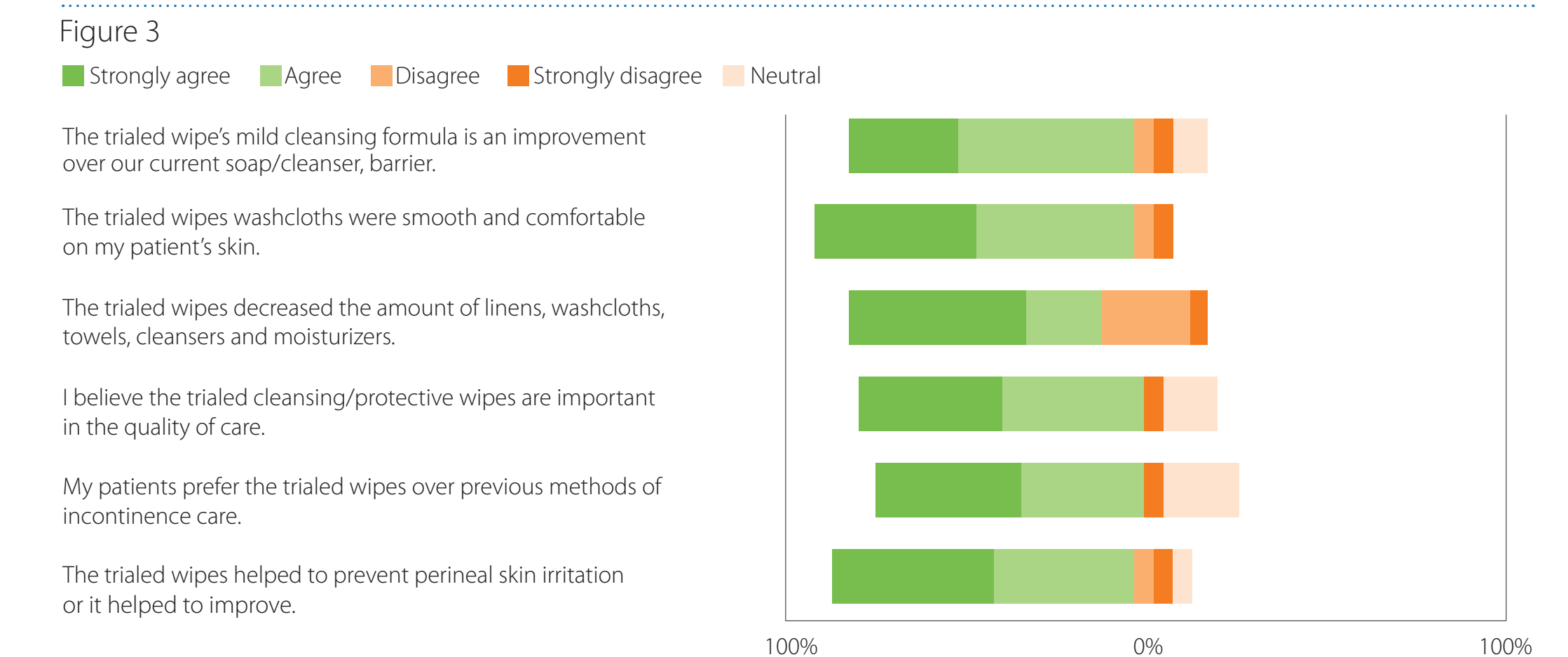
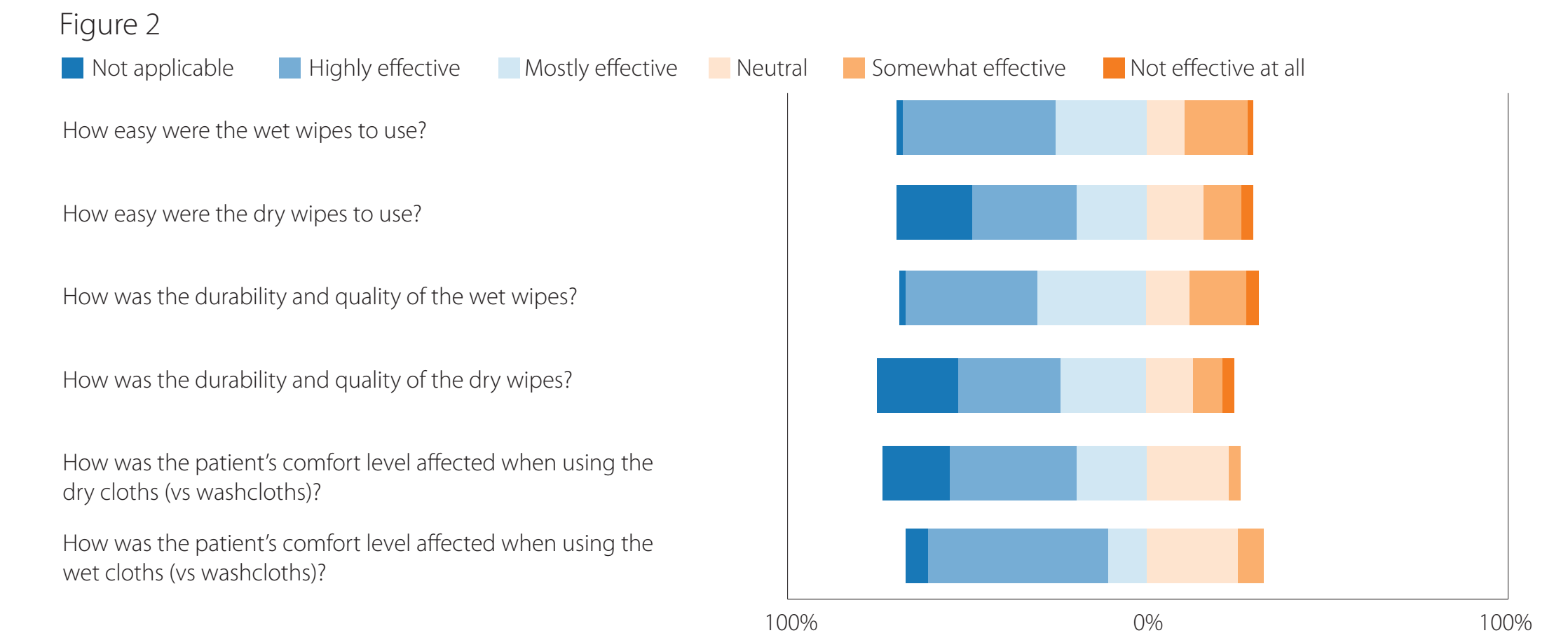
- The transplant unit noted immediate reduction in facility-acquired IAD (16.7% to 0%) and sacral HAPI rates (5% to 0%), as well as increased nurse satisfaction.
- When compliance was low in the ICU, the IAD rates did not decrease appreciably (25% to 23.1%).
 - As compliance with the wipes increased, nursing satisfaction increased and facility-acquired IAD decreased (25% to 12.5%).
- Challenges with compliance due to COVID-19 included:
 - Keeping barrier stocked in patient rooms
 - Wipes being used inconsistently
 - Wipes being used improperly
 - Confusion among float and traveler RNs that were necessary during COVID surge

Figure 1. Before and after incontinence associated dermatitis (IAD) and hospital-acquired pressure injury (HAPI)



OUTCOMES (continued)

- Nursing satisfaction with the product is shown in Figures 2 and 3.



CONCLUSION

- Use of unit champions instead of typical industry support led to a successful intervention
- Moving forward, it is important to focus on evidence-based nurse-led QI initiatives to ensure effectiveness of products

REFERENCES

1. Gray M, Giuliano KK. *J Wound Ostomy Continence Nurs.* 2018;45(1):63-67.
2. Beeckman D, et al. *J Wound Ostomy Continence Nurs.* 2011;38(6):627-634.