IMPLEMENTATION OF AN INCONTINENCE ASSOCIATED DERMATITIS (IAD) WORKFLOW FOR INCONTINENT PATIENTS IN GENERAL WARD

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- ☑ SAFETY
- ☐ PRODUCTIVITY
- ☑ PATIENT EXPERIENCE
- ☑ QUALITY
- ☐ VALUE

Define Problem, Set Aim

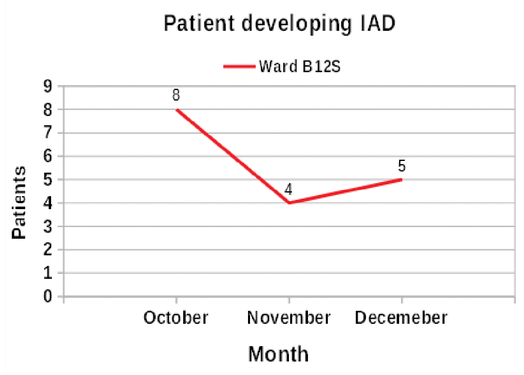
Studies have shown that IAD can be a source of discomfort and a risk factor for pressure ulcer development if poorly managed. Decreasing hospital-acquired IAD through preventive measures could potentially reduce incidences of hospital-acquired pressure ulcers and associated costs. Currently, 1 in 10 patients in ward B12S develops IAD while inpatient. Hence, a team was formed to develop a workflow to prevent IAD in incontinent patients.

Aim

- To develop a workflow for prevention of IAD development with the use of Proceedings of the Global IAD Expert Panel, Incontinence-associated dermatitis: moving prevention forward as a guideline
- To identify incontinent patients who are at risk of acquiring IAD and implement the proposed workflow
- To reduce the rate of IAD development by 50% in Ward B12S by the end of 3 months

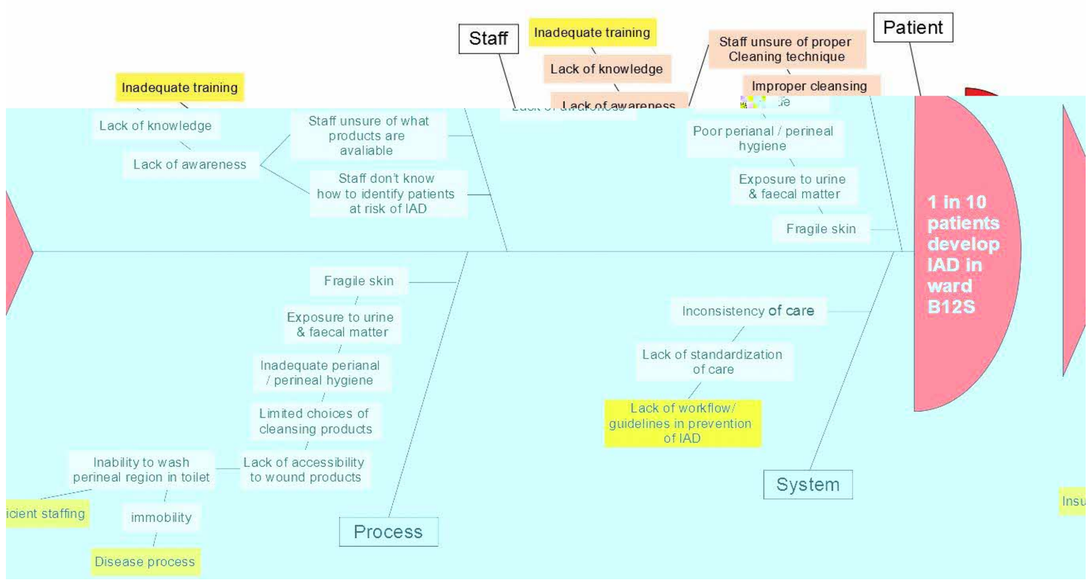
Establish Measures

Development of excoriations in incontinent patients has been prevalent. These excoriations are otherwise termed as Incontinence Associated Dermatitis (IAD). Based on data collected from October 2017 to December 2017, ward B12S has a monthly average of 60-70 incontinent patients who are nursed on diapers. Among this group of patients, about 25% to 28% of them had pre-existing IAD prior to admission or prior to transfer to Ward B12S from other patient care areas, while another 5% to 7% of them developed IAD during their hospitalization in Ward B12S.

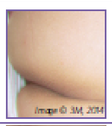
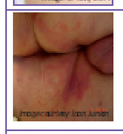
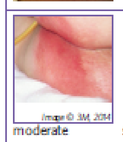
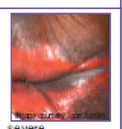


Analyse Problem

There is currently no standard practice guiding nurses in the identification and prevention of IAD. This can be attributed to the lack of awareness to IAD, which is commonly mistaken as Stage 1 pressure injury. It is crucial to be able to differentiate between the two as prevention measures and treatment approach are different.



IAD Severity Categorisation Tool

Clinical presentation	Severity of IAD	Signs**
	No redness and skin intact (at risk)	Skin is normal as compared to rest of body (no signs of IAD)
	Category 1 – Red* but skin intact (mild)	Erythema +/-oedema
 moderate  severe	Category 2 – Red* with skin breakdown (moderate-severe)	As above for Category 1 +/-vesicles/bullae/skin erosion +/- denudation of skin +/- skin infection

* Or paler, darker, purple, dark red or yellow in patients with darker skin tones
**If the patient is not incontinent, the condition is not IAD

Beeckman et al, 2015

Select Changes

Root Cause	Solution
Staff unsure of preventive measures	Introduce a standard workflow for the ward to follow
Staff unsure of preventive products available	To research and standardize product usages
Staff unable to differentiate between IAD and Pressure injury (PI)	To educate nurses how to differentiate IAD from PI
Patient skin break down due to direct exposure to faecal matter	To use a barrier cream to prevent direct contact between the patient's skin and the faecal matter

IAD WORKFLOW

Patient on diapers & incontinent

↓

Inspect skin for signs of IAD / PI

↓

At risk: No redness and skin intact

↓

Identify the risk factor/ comorbidities contributing to IAD

↓

CLEANSE
(Remove irritants from skin, i.e. Urine and/or faeces)

PROTECT
(Place a barrier on the skin to prevent direct contact with urine and/or faeces)

RESTORE WHEN APPROPRIATE
(Replenish the lipid barrier using suitable topical skin care product)

Cleanse

- A no rinse cleanser with surfactant

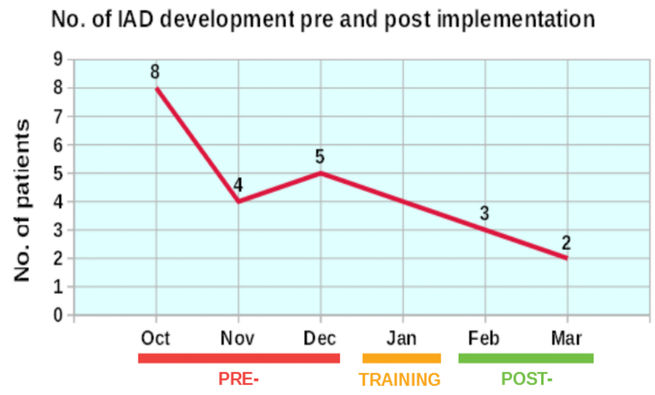
Protect and Restore

- A double action barrier cream was implemented for the ward to used

Test & Implement Changes

- All patients were screened upon admission or transfer into Ward B12S
- Patients were enrolled into the programme if they fulfilled the criteria of being incontinent (faecal or urine) and were using diapers
- Patients' sacral and groin were inspected for any existing pressure injuries or IAD before implementation of the workflow
- Patients were excluded if they presented with IAD or if they refused to use any of the products
- The workflow was implemented throughout the patient's length of stay at ward B12S
- Risk factors and contributing factors to IAD were constantly monitored and minimized whenever possible

Month	No. of patient developed IAD in B12S
Oct	8
Nov	4
Dec	5
Jan	-
Feb	3
Mar	2



Post Implementation results

A simple IAD prevention workflow was created and implemented.

100% of patients who were at risk were started on the preventive workflow

Number of patients developing IAD in ward B12S decreased by 50%

Learning points

- Early implementation of the workflow on patients have lower chances of IAD development
- Implementation of workflow to rest of NTFGH general wards to improve overall patient experience across inpatient stay

Acknowledgements

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- 3M
- ConvaTec

References: Beeckman D et al. Proceedings of the Global IAD Expert Panel. Incontinence associated dermatitis: moving prevention forward. *Wounds International* 2015. Available to download from www.woundsinternational.com

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