



DEFINE

PURPOSE: Improve outcomes for incontinent patients

METHOD: Adopt best practices recommended by:

- **Institute for Healthcare Improvement** Protecting 5 Million Lives from Harm campaign
- **WOCN Portable Instructional Education Acute Care 1st Ed.** Incontinence Associated Dermatitis
- **WOCN Guidelines for Prevention and Management of Pressure Ulcers.**

IMPROVEMENT PLAN

#1 Test of change: **Adult Briefs**

Plan: Switch to a better wicking product

Do: Approval from Value Analysis (projected cost savings) and Nursing Clinical Practice Council

Act: Implemented house-wide.

#2 Test of change: **Cleansing**

Plan: Switch from foam cleanser and wash cloth to a pre-moistened, disposable barrier wipe kept at the bedside

Do: Approval from Value Analysis (projected cost savings) and Nursing Clinical Council

Study: Pilot in Critical Care-successful

Act: In-service programs for all nursing staff, implemented house-wide

#3 Test of change: **Fecal Containment**

Plan: Switch from a rubber catheter as a rectal tube to a long-term fecal management system

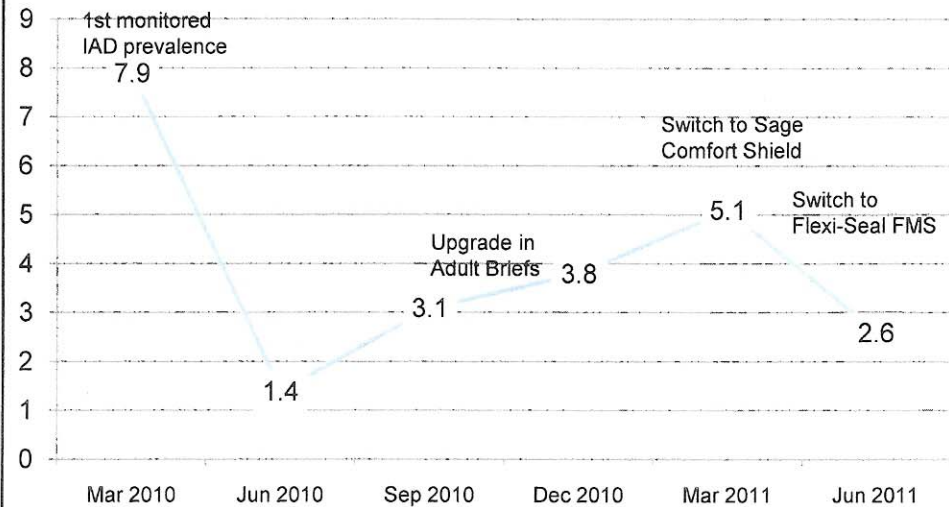
Do: Approval from Value Analysis, Critical Care Committee and Nursing Clinical Practice Council

Study: Pilot in Critical Care – successful

Act: Change in Policy and Procedure; Notification to Medical Staff; in-service program for all nursing staff; implemented house-wide.

RESULTS TO DATE

INCONTINENCE ASSOCIATED DERMATITIS PREVALENCE RATES



OUTCOMES

• **First result after implementing changes #2 and #3 shows a reduction in IAD prevalence rate from the previous survey.**

- Prevalence data must be analyzed over time to truly identify trends, will continue quarterly.
- Utilizing the Shared Governance Practice Council and its Skin/Wound Care subcommittee engaged informal leaders on the units to support these best practice changes
- All changes were well-received by most staff

NEXT STEP: Change to an improved incontinence bed pad and change bed-making practices to limit the amount of linen used under patients.