

Sustainability Phase: Prevention of Incontinence Associated Dermatitis



Ms Jennifer Li Yuan & Ms Wang Xiaxia **Nursing Service**

Mission Statement

To reduce Incontinence Associated Dermatitis (IAD) from 33% to 10% (stretch goal = 0%) in Geriatric Ward 7D over a sustained period

Team Members							
	Name	Designation	Department				
Team Leaders	Wang Xiaxia	Nurse Educator	Nursing Service*				
	Jennifer Li Yuan	Advanced Practice Nurse	Nursing Service				
Team Members	Joyce Cabradilla	Resident Physician	Geriatric Medicine				
	Hazel Lee	Assistant Nurse Clinician	Ward 7D				
	Priscilla Chen	Senior Staff Nurse	Ward 7D				
	Nursharison	Senior Enrolled Nurse	Ward 7D				
	Athena	Enrolled Nurse	Ward 7D				

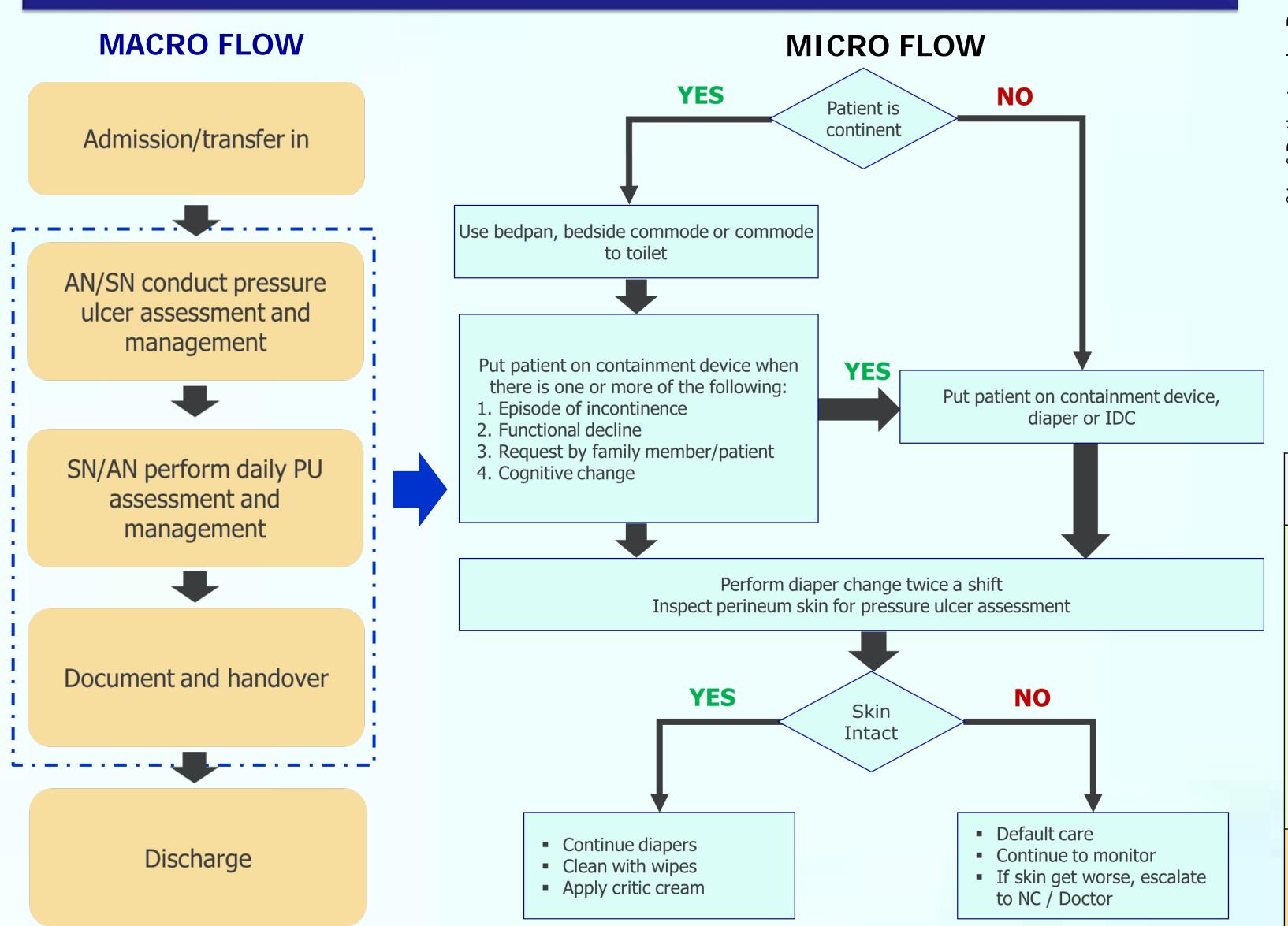
Advisors: A/Prof Alan Ng & Ms Goh Cheng Cheng

* Note: Present department is at Ward 7B

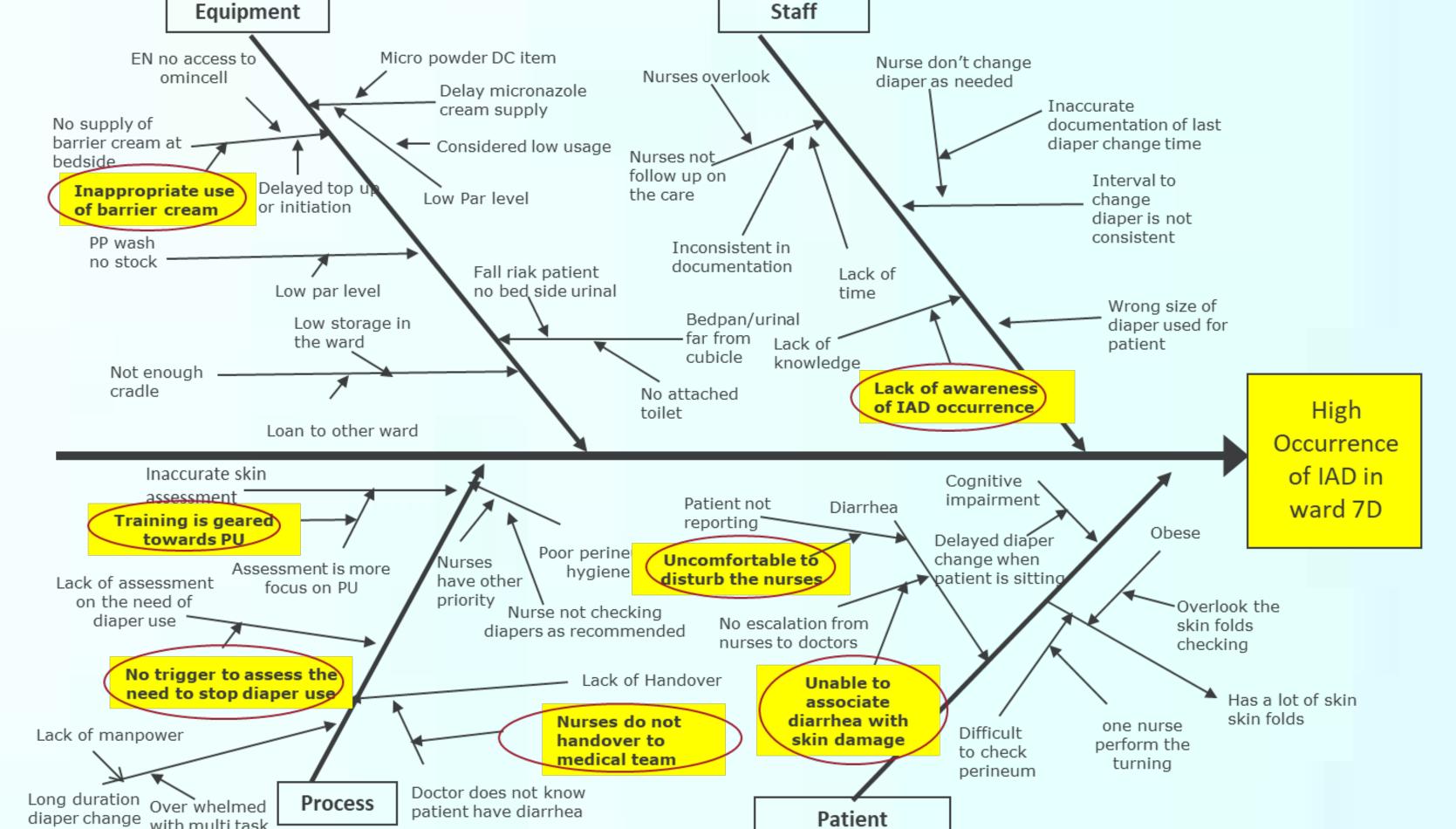
Sponsor: Ms Kalaichelvi Govindaraju

Evidence for a Problem Worth Solving Significance Problem of IAD IAD Incident Rate in TTSH Ward 7D Period: 15 Jul - 11 Aug 2018 Baseline Median = 33% > 50% developed CAT 2 IAD Reduced Increases **Quality of** Costs Pressure 5% Life **Ulcer** 2nd week 3rd week 4th week 1st week (5/8-11/8)(15/7-21/7)(22/7-28/7)(29/7-4/8)**Prolonged** Pain, **Hospital** 1st Week 2nd Week 3rd Week 4th Week Skin **Discomfort** Stay **Develop IAD during Infection** 12 10 9 11 hospitalization Total patients 28 33 31 31 Reference: Dimitri B. et al. Targeting Incontinence-associated dermatitis: Moving who has incontinence prevention forward. (2015). Wounds International Best Practice Principles

Flow Chart of Process



Cause and Effect Diagram



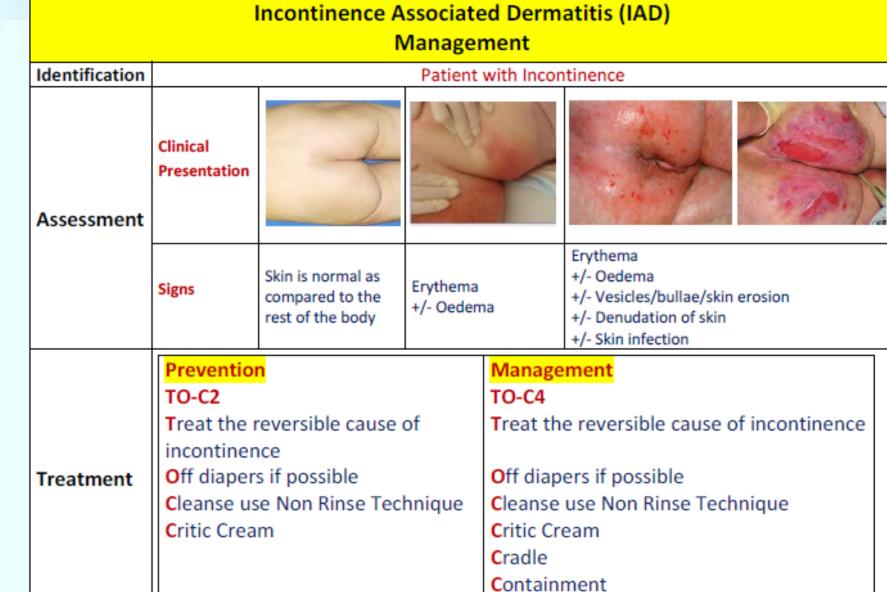
Pareto Chart Cause of High Occurrence of IAD in Ward 7D 100 18 90 16 Number of Votes 20 5 10 Patient is Unable to No trigger to Inappropriate Nurses don't Training is Lack of associate handover to use of barrier awareness on geared uncomfortable medical team diarrhoea with towards need to stop the IAD to disturb cream skin damage pressure ulcer diaper use occurrence nurse Vote ——Cum %

Implementation

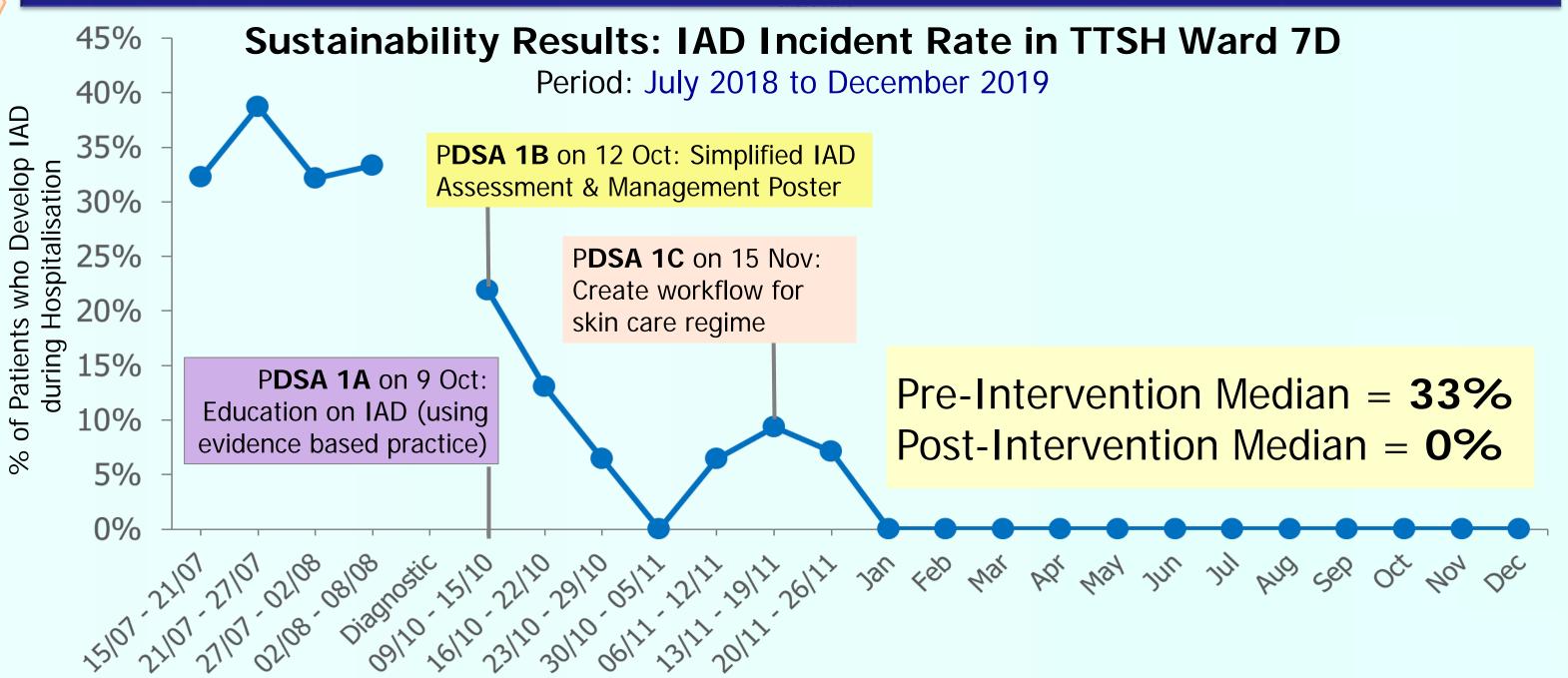
IAD Assessment & Management Poster

Root Cause: Identification Training is geared towards pressure ulcer Presentation Assessment Intervention: Skin is normal as **Education on IAD to reduce** compared to the rest of the body knowledge gaps Preventio TO-C2 Implementation Date:

9 Oct 2018



Results



Cost Savings

Item		Pre Intervention	Post Intervention	Outcome
Per Patient	Mean Time Taken (mins)	20	2	-18
	Estimated Manhour Cost(s) Saved (\$)	\$49.50	\$0.00	-\$49.50
	Cost of Treatment(s) (\$)	\$21.40	\$0.00	-\$21.40
	Manpower Savings (\$)	\$70.90	\$0.00	-\$70.90
Annualized	Mean Time Taken (mins)	31,200	3,120	-28,080
	Estimated Manhour Cost(s) Saved (\$)	\$77,220.00	\$0.00	-\$77,220.00
	Cost of Treatment(s) (\$)	\$33,384.00	\$0.00	-\$33,384.00
	Total Manpower Savings (\$)	\$110,604.00	\$0.00	-\$110,604.00

Lessons Learnt

- 1. Improving as we do things
- 2. Prevention is cheaper and better than cure
- 3. Staff commitment and assertion is essential to sustain this project
- 4. Change in practice based on evidence and best practice is most satisfying as it anchors the success of improving patient care

Strategies to Sustain

- 1. Share success with all the nurses
- 2. Install a sense of ownership
- 3. Identify ward champion to monitor the process and train the rest of nurses
- 4. Incorporate the new work process into new nurses orientation
- 5. Celebrating success