INTRODUCTION

Incontinence-associated dermatitis (IAD) is a risk factor for the development of hospital-acquired pressure injuries (HAPIs). Use of a protective barrier is suggested to decrease IAD and resulting HAPIs. 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 (3% 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

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