

BACKGROUND

It was determined through the SI process, that we had a very high incidence of incontinence associated dermatitis (IAD) that evolved to hospital acquired pressure injuries (HAPI). From 3/4/2020 through 4/30/2021 there were 1780 Skin injuries entered in the SI. There were 215 SI that had IAD as the primary skin issue. 12% incidence for the IAD, for which 30% evolved at least to stage 2 PI up to unstageable. Many of these HAPIs were centennial events.

PURPOSE

Determine if the switch from a 2 step cleansing process for Incontinence to a 1 step process will decrease the amount of Incontinent Associated Dermatitis (IAD), thus decrease Hospital Acquired Pressure Injuries (HAPI) by 50%.

METHODS

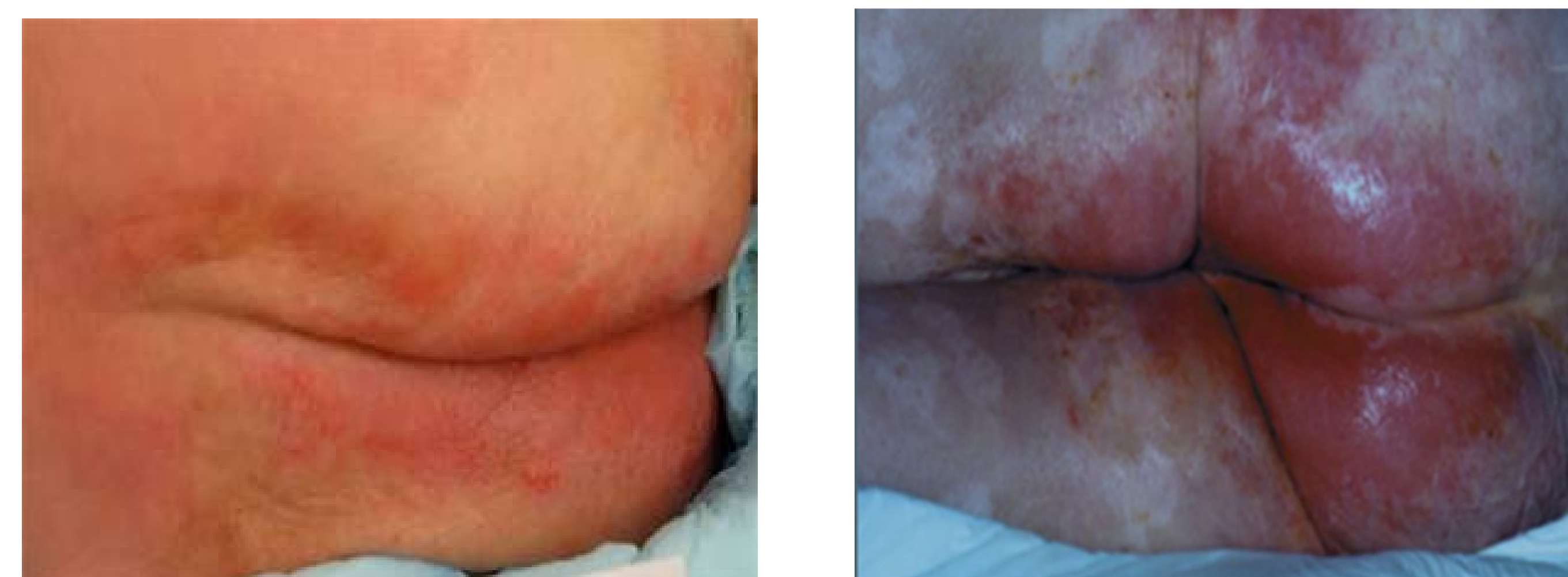
Problem brought to the Skin Council for discussion:

- Literature review presented – change the present 2 step process which included a personal cleanser and barrier cream for cleaning after incontinent episodes to 1 step barrier wipe
- Council felt the incidence warranted the immediate change
- House wide education on the use of the 1 step barrier wipe started in May 2021.
- Monitor the SI for IAD and IAD that evolved into HAPI from June 1 – August 31, 2021.

Incontinent Associated Dermatitis

IAD presents as inflammation of the skin surface characterized by redness, and in extreme cases, swelling and blister formation has jagged edges.

- Is caused by prolonged exposure to various sources of moisture, including urine or stool, perspiration, wound exudate, mucus, saliva, and their contents, with or without erosion or secondary cutaneous infection.
- Moisture associated skin damage (MASD) - Including incontinence associated dermatitis (IAD), and intertriginous dermatitis (ITD) which is an inflammation condition of the skin folds.



These are not a pressure injury

RESULTS

SI reports were reviewed from 6/1/21-8/31/21

- 461 reported, of which, 49 reports were concluded as IAD/MASD .
- Of the 49 reports, only 4 reports evolved into a PI.
- Only 1 PI evolved into a reportable event.
- Majority healed prior to discharge.

CONCLUSIONS

- Marked improvement of controlling the incidence of IAD and the area evolving into a HAPI.
- The results showed a decrease of the incidence of IAD from 12% to 10%.
- The incidence of reportable HAPI went from 30% to 3%.

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