

Project Title

Reducing Newly Developed and Worsened Incontinence Associated Dermatitis In C7

Project Lead and Members

Project lead: Lim Jing Yi

Project members: Siti Yusirah Binte A Majid, Selvi Ponraj, Thenmalar Supramany

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Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Nursing

Applicable Specialty or Discipline

General Medicine

Aims

Ward C7 wound champions intend to accomplish a 50% reduction in the percentage of newly developed and worsened incontinence-associated dermatitis from 80% to 40% among patients by March 2021.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Standardising the standard of care provide to patients resulted in a decreased in the workload of nurses as well as an increased in the quality of life among patients.

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Workflow Redesign, Quality Improvement, Clinical Practice Improvement

Keywords

Incontinence Associated Dermatitis, Improvement Tools, Root Cause Analysis, Pareto Chart, Plan Do Study Act

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REDUCING NEWLY DEVELOPED AND WORSENERD INCONTINENCE ASSOCIATED DERMATITIS IN C7

- SAFETY
- QUALITY
- PATIENT EXPERIENCE
- PRODUCTIVITY
- COST

MEMBERS: SSN LIM JING YI, ANC SITI YUSIRAH BINTE A MAJID, SSN SELVI PONRAJ, SSN THENMALAR SUPRAMANY
SSN TAN SHIAN TEE, SSN SOOSAMMA PUTUPARAMPIL BINDU, SN YOU CHAI YI

Define Problem, Set Aim

Problem/Opportunity for Improvement

Between 1st June to 30th June 2020, a baseline percentage of newly developed and worsened incontinence-associated dermatitis (80%) were obtained.

With the high percentage of newly developed and worsened IAD, it resulted in increased patients acuity, prolonged hospital stay, and increased workload of nurses, leading to decreased quality of life among patients.

Aim

Ward C7 wound champions intend to accomplish a 50% reduction in the percentage of newly developed and worsened incontinence-associated dermatitis from 80% to 40% among patients by March 2021.

Establish Measures

Outcome Measures

- Percentage reduction in newly developed and worsened incontinence-associated dermatitis

Process Measures

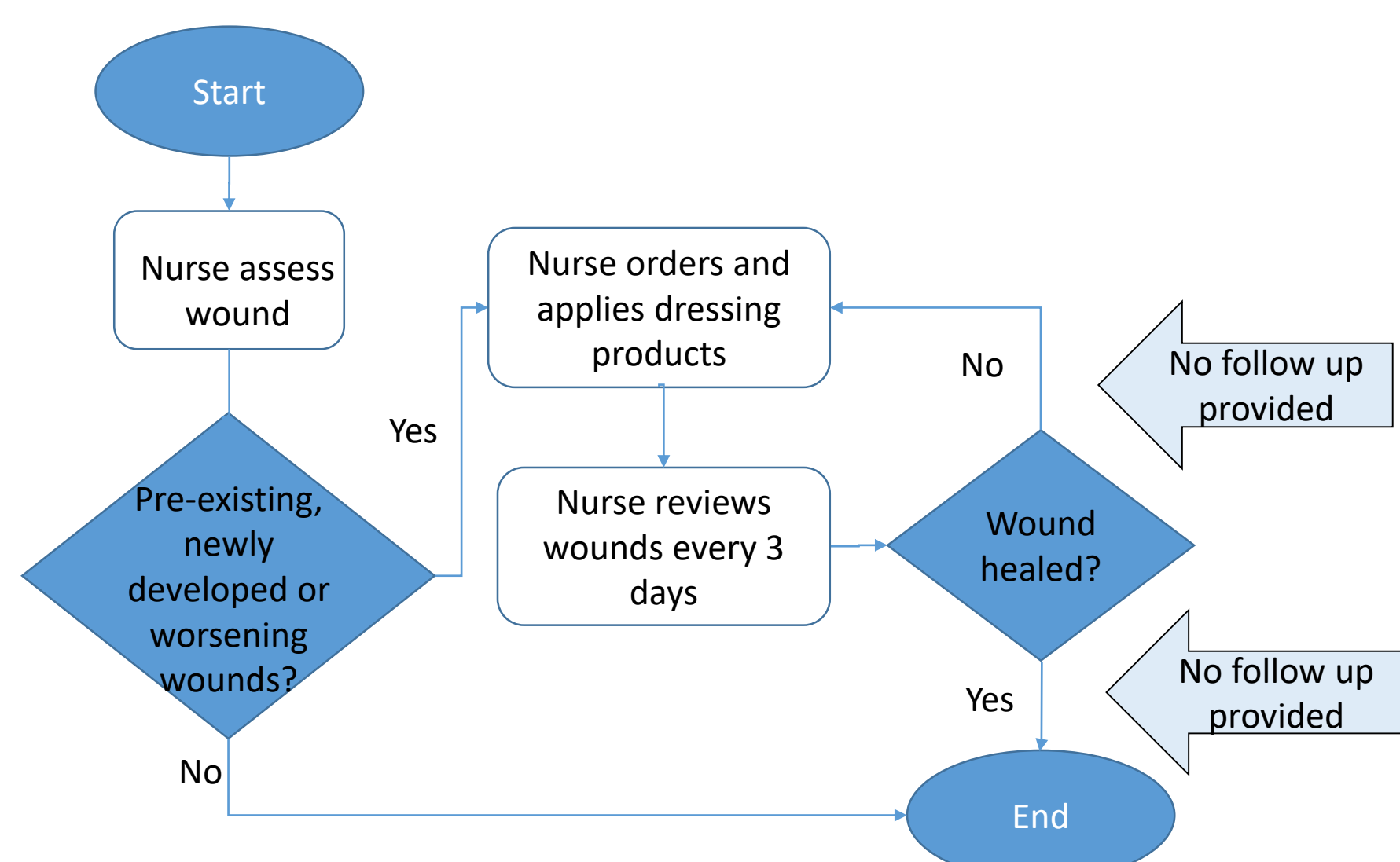
- Increase compliance rate of ward nurses by measuring the percentage of photos uploaded every 3-5 days

Balancing Measures

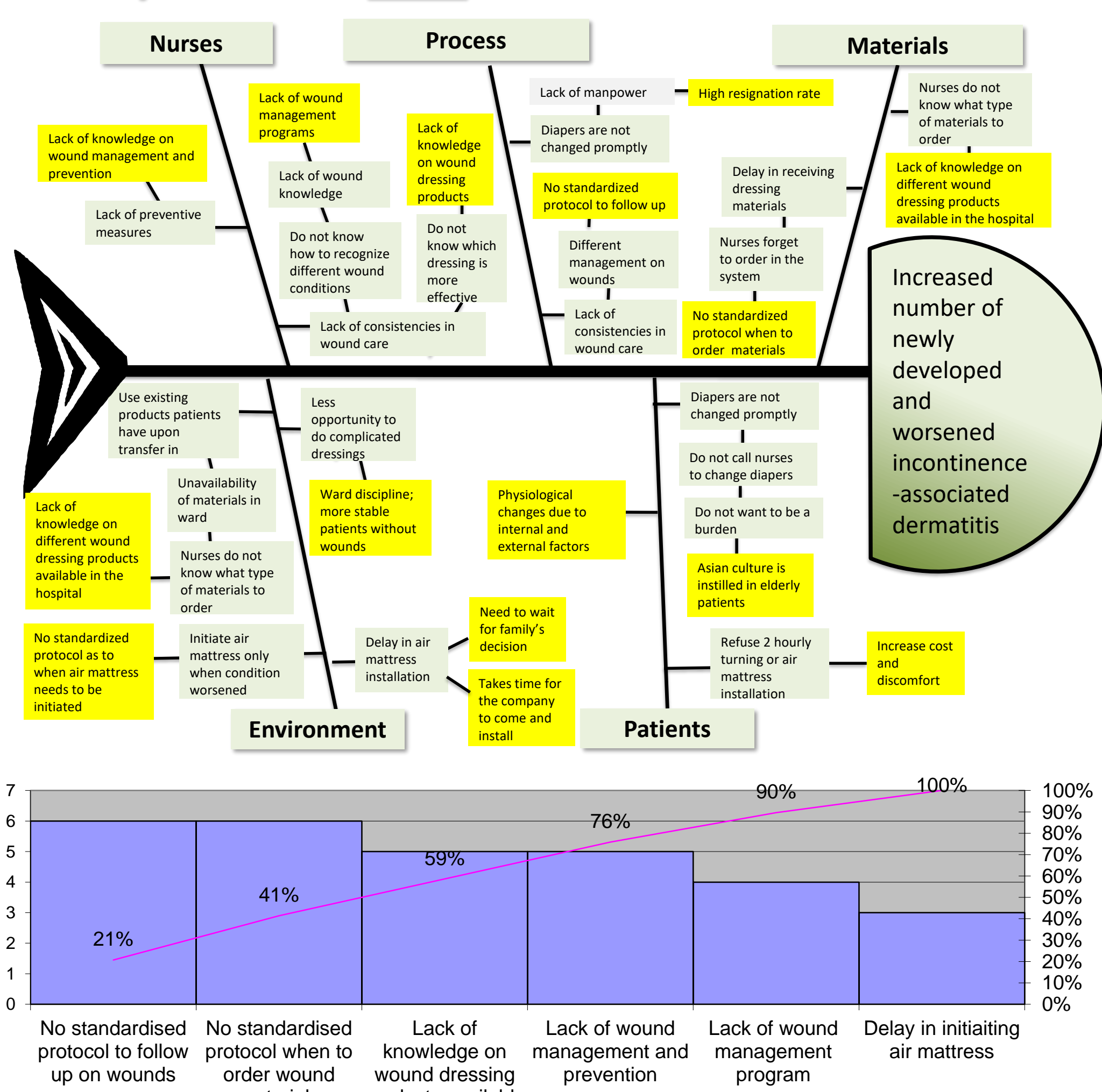
- Increase length of stay of patients

Analyse Problem

What is your process before interventions?



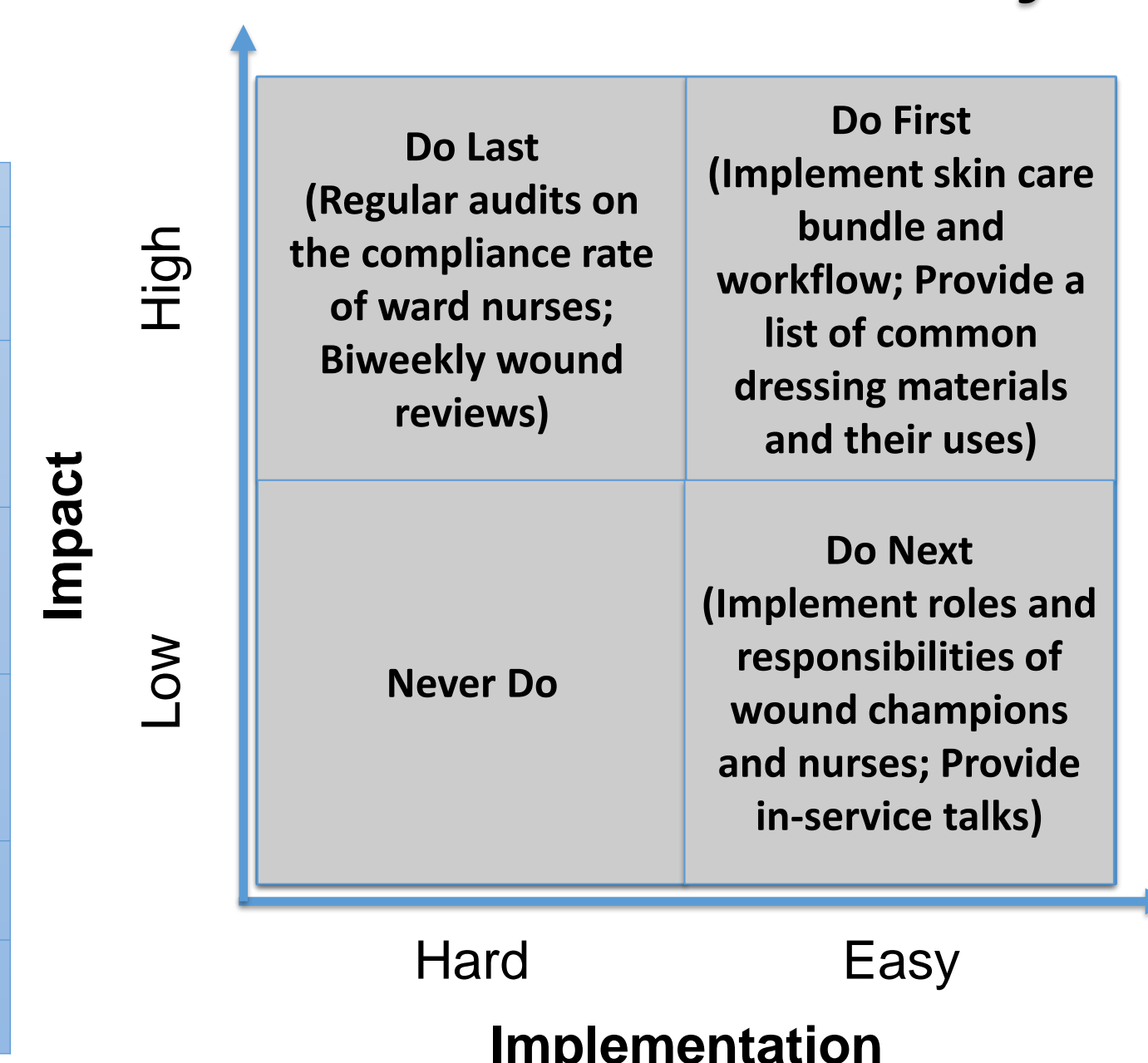
What are the probable root causes?



Select Changes

What are all the probable solutions? Which ones are selected for testing?

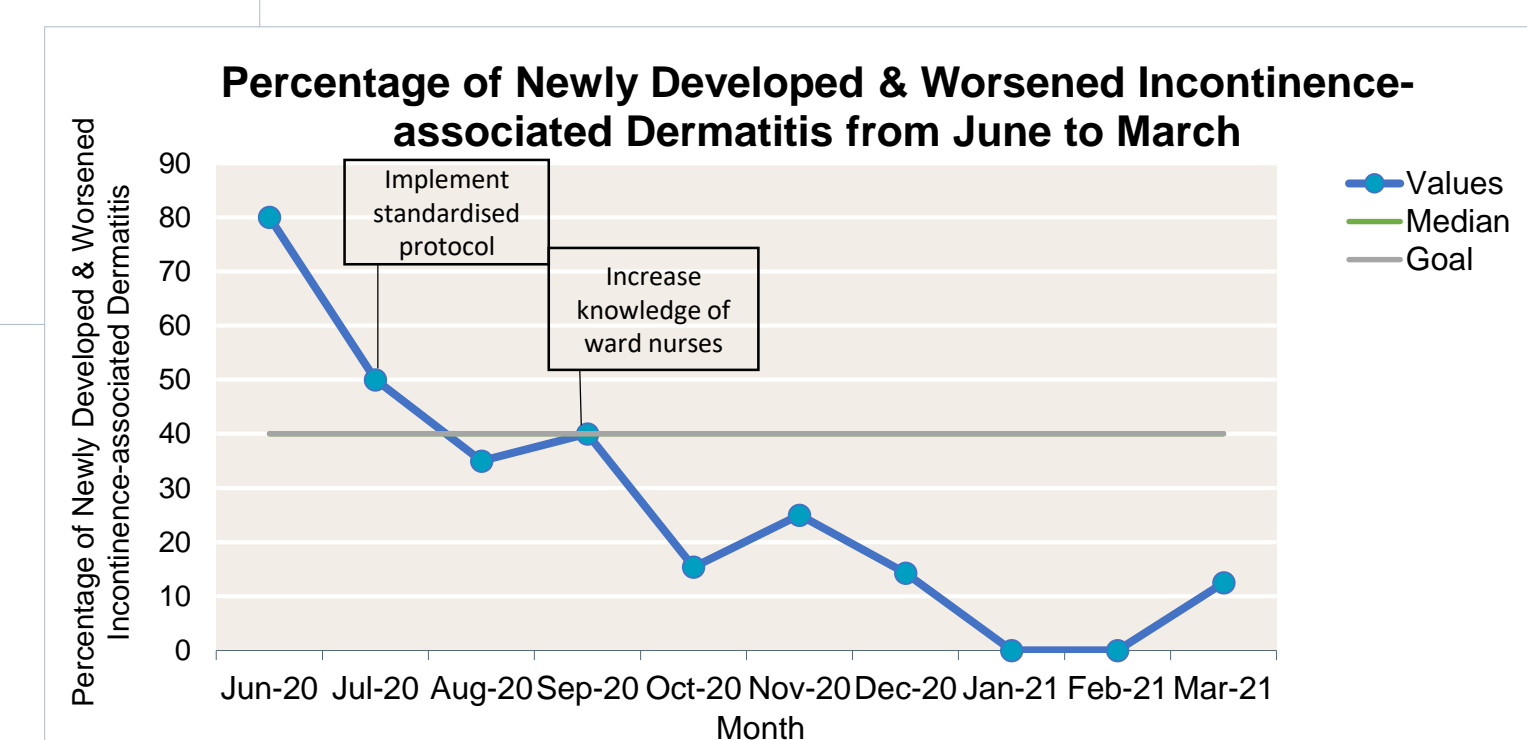
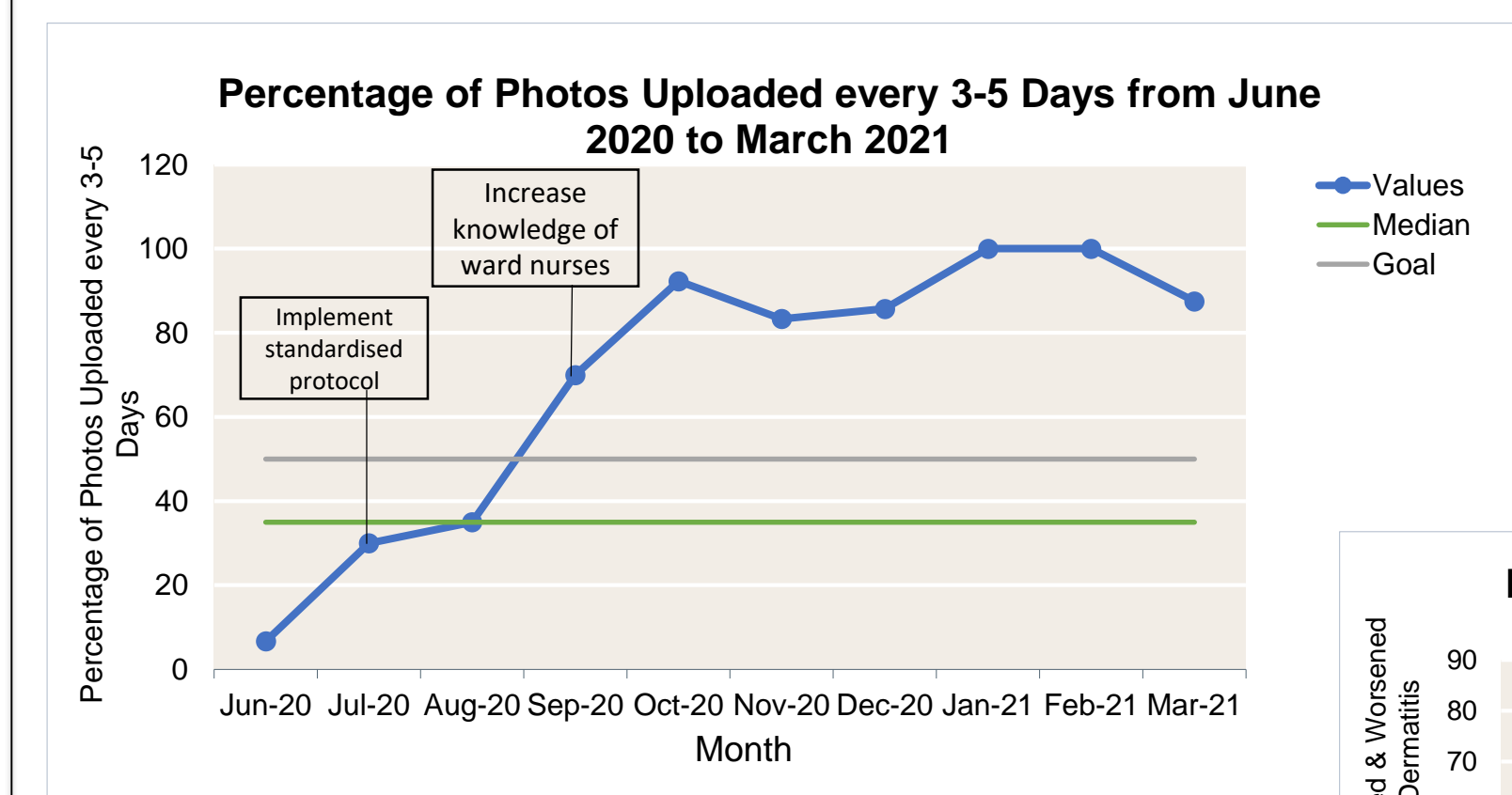
| Root Cause | Potential Solutions |
|--|---|
| Root cause 1 • No standardised protocol to follow up on wounds • No standardised protocol when to order wound materials | 1 Implement skin care bundle and workflow 2 Implement roles and responsibilities of wound champions and nurses 3 Regular audits on the compliance rate of ward nurses |
| Root cause 2 • Lack of knowledge on wound dressing products available • Lack of wound management and prevention • Lack of wound management programs | 1 Provide a list of common dressing materials and their uses 2 Biweekly wound review 3 Provide in-service talks |



Test & Implement Changes

How do we pilot the changes? What are the initial results?

| CYCLE | PLAN | DO | STUDY | ACT |
|-------|--|--|--|---|
| | <i>What is the aim of this cycle? What do you need to do before you execute the test change? (Who, What, Where, When)</i> | <i>Was the test change carried out as planned?</i> <i>What are the feedback & observations from participants?</i> | <i>What are the results? Use run charts to illustrate.</i> <i>What did you learn from this cycle?</i> | <i>What is the conclusion from "Study"?</i> <i>What is your plan for the next cycle (adopt / adapt / abandon)?</i> |
| 1 | <ul style="list-style-type: none"> Implement wound management workflow based on evidenced-based practice Ward nurses take photo of wounds every 3-5 days Biweekly audit to ensure compliance on photo taking | <ul style="list-style-type: none"> Non-compliance of ward nurses in following the wound management workflow Non-compliance of ward nurses in taking photos of wounds every 3-5 days Ward nurses know who to consult on wound conditions | Refer below | Implement changes, continue with regular audits until 31 st March 2021 |
| 2 | <ul style="list-style-type: none"> Implement regular in-service talks during afternoon roll call Wound champions review wounds to monitor progress Manual collection data of wound progress using excel sheet | <ul style="list-style-type: none"> Ward nurses still follow their old routine Ward nurses understand what type of products they can order Ward nurses are able to use the wound products correctly | Refer below | |



Spread Changes, Learning Points

What are/were the strategies to spread change after implementation?

We hope to standardize skin care by implementing the wound management workflow to other wards.

What are the key learnings from this project?

Standardizing the standard of care provide to patients resulted in a decreased in the workload of nurses as well as an increased in the quality of life among patients.