

# A3 Problem Solving

A tool for Continuous Quality Improvement



**Project Title:** Prevention of Incontinence Associated Dermatitis and Pressure Ulcers in Hospitalized Patients by Utilizing Highly Absorbent and Large EHOB Comfort Tops Chux

**Team Members/Role:** Mohamed Sada Jawara PA-S2 and Shaelah Lewis FNP-S2 (Collect baseline data, obtain Comfort Top Chux, analyze baseline and PDSA data); Elizabeth Navarra RN, Gregory Woods RN, (Run PDSA cycles with nursing staff, establish criteria for Comfort Top chux usage), Holly Kirkland-Kyhn, NP (Advisor)

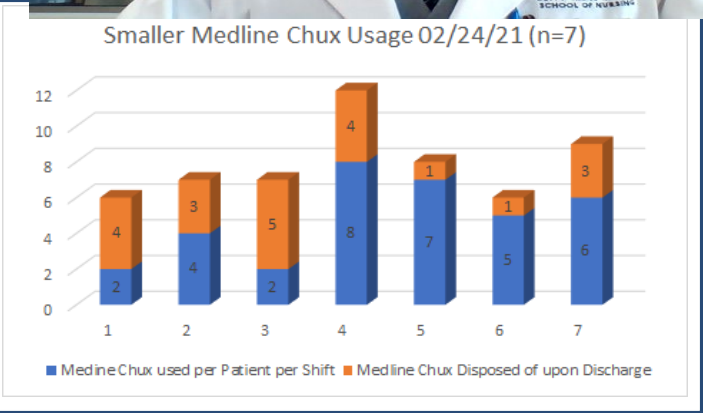
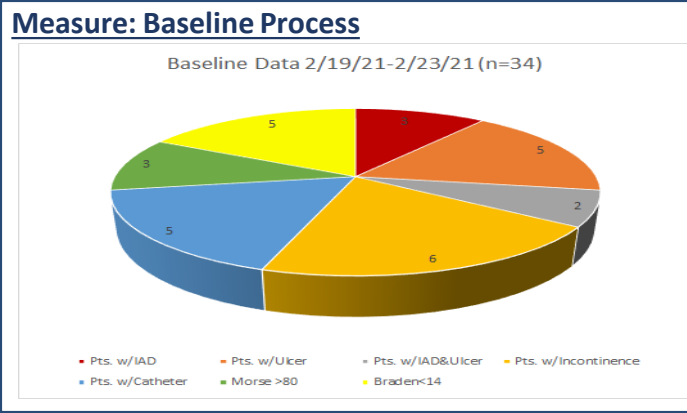
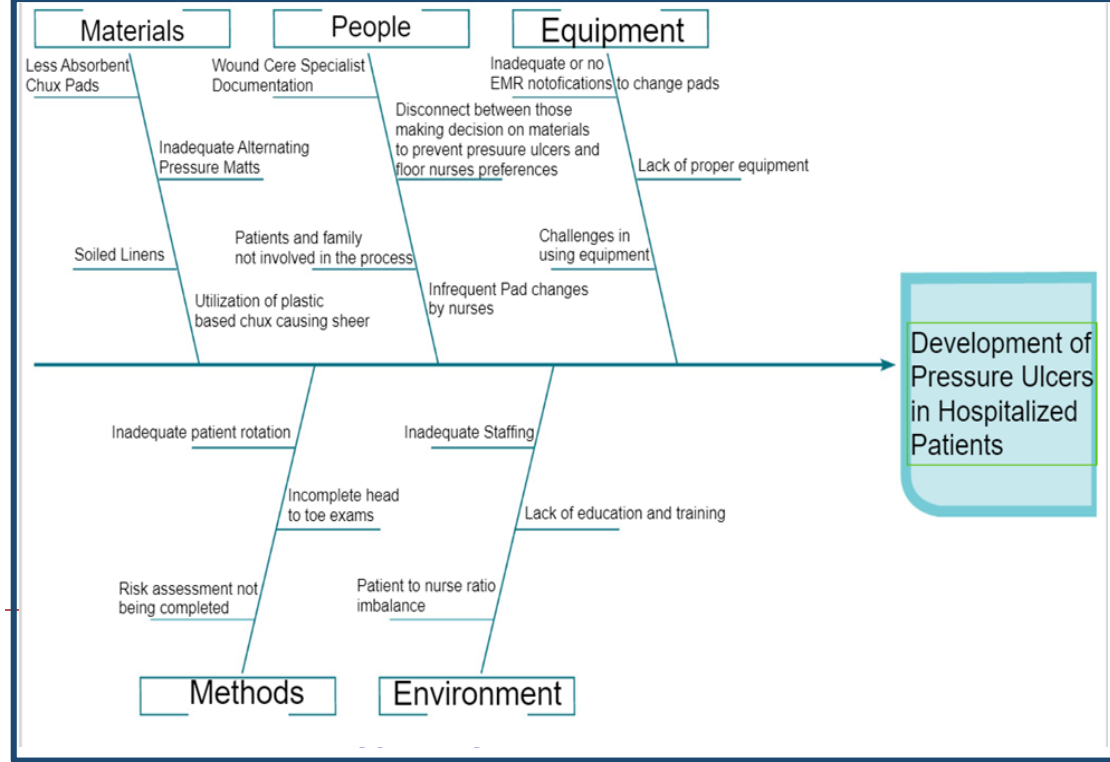
**Define: Problem Statement:** High prevalence of Incontinent Associated Dermatitis (IAD) and Pressure Ulcers (PU) in hospitalized patients.

**Goal:** Decrease IAD and PU amongst hospitalized patients in Davis 6 Cardiology unit by 30% in 4 weeks .

**Benefits:**  
 >Improve patient quality of life by averting development of IAD and Pressure Ulcers  
 >Decrease cost associated with treating IAD and Pressure Ulcers

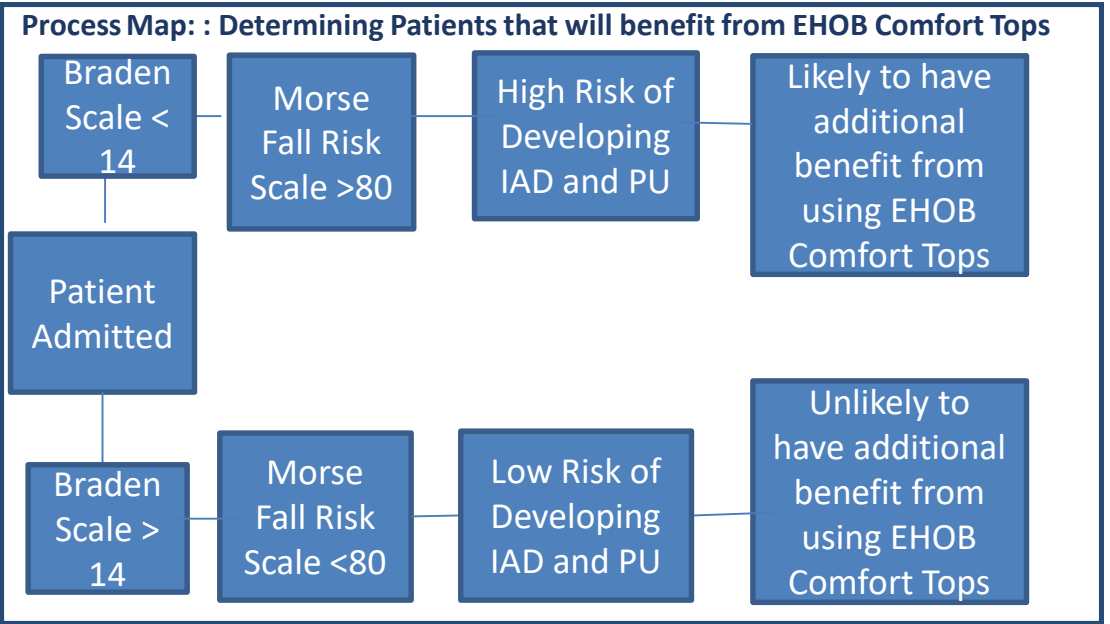
**SMART Objectives:**  
 >By March 5<sup>th</sup>, 2021 we aim to reduce the number of patients that develop IAD and PU by at least 30% by utilizing a more absorbent and large EHOB Comfort Top chux  
 >As a result of using EHOB Comfort Top chux we aim to reduce the PAR of current smaller and less absorbent Medline chux from 100 to 75 per day by March 5<sup>th</sup>, 2021  
 >We aim to reduce waste of unused Medline chux that are disposed of by at least 20% as a result of switching to EHOB Comfort Top chux by March 5<sup>th</sup>, 2021

**Scope:**  
 >Although the development of IAD and PU is a healthcare wide problem, this QI project is limited to the Davis 6 Cardiology unit at the UC Davis Medical Center  
 >The use of the EHOB Comfort chux is limited to patients that are at higher risk of developing IAD and PU as demonstrated by the Braden Scale and Morse Fall Risk Scale  
 >Based on the success of the QI project we aim to expand the use of EHOB Comfort Tops to all patients in Davis 6 cardiology unit, other units in the hospital and then eventually the whole UC Davis Medical Center



- Interventions**
- > Audit patient rooms to assess what is being used to prevent IAD and PU
  - > Collect data on number of patients with incontinence, IAD and PU
  - > Obtain and deliver 80 EHOB Comfort Tops chux to Charge Nurse
  - > Establish initial criteria for using EHOB Comfort Tops
  - > Conduct pre Comfort Top usage survey with the nurses on floor
  - > Educate nurses on criteria for when to use EHOB Comfort Top
  - > Run first PDSA cycle with nurses on floor
  - > Revise criteria to include CHF and bed bound patients with incontinence
  - > Educate nurses on revised criteria for when to use EHOB Comfort Tops
  - > Run second PDSA cycle with Nurses on floor
  - > Run third PDSA cycle with nurses on floor w/o criteria

Responsible Person	Date
Mohamed & Shaelah	02/12/21
Mohamed & Shaelah	02/19/21
Mohamed & Shaelah	02/20/21
Gregory & Elizabeth	02/20/21
Mohamed & Shaelah	02/24/21
Elizabeth Navarra	02/25/21
Elizabeth Navarra	02/25/21
Gregory & Elizabeth	03/01/21
Elizabeth Navarra	03/02/21
Elizabeth Navarra	03/02/21
Elizabeth Navarra	03/03/21



**Key Metrics:**

- >Number of patients with IAD and PU
- >Number of Patients that are Incontinent
- >Number of patients that use Catheters
- >Average number of chux used per patient per shift
- >Average number of unused chux disposed of upon patient discharge

**Improve: Results / Actions**

>During first PDSA cycle nurses on the floor did not utilize the Comfort Top as a result of the Braden Score<14 and Morse Fall Risk Score of >80 criteria being too stringent

>The initial criteria was revised to include patients that a) are on diuretics for CHF and are severely incontinent, b) CHF patients w/leaky Prima or Primo fit or c) patients that are bed bound and incontinent

> A second PDSA cycle conducted with revised criteria but yet again there was no usage of the EHOB Comfort Top by nurses on the floor

>A decision was then made to leave it up to the floor nurses to use their critical assessment skills to determine which patients might benefit most from using EHOB Comfort Top instead of using a criteria

>IF adopted the natural progression of the QI project will be to follow patients that use EHOB Comfort Top chux upon admission and assess if they are less likely to develop IAD and PU

>Additionally, an assessment will be made of whether there is less waste of chux upon patient discharge

**Control: Sustainability**

>Due to limited time frame, the aim established for QI project were not attained

> The charge nurse of Davis 6 cardiology unit will continue to run PDSA cycles and collect data to determine long term benefit of IAD and PU prevention as a result of using EHOB Comfort Top chux