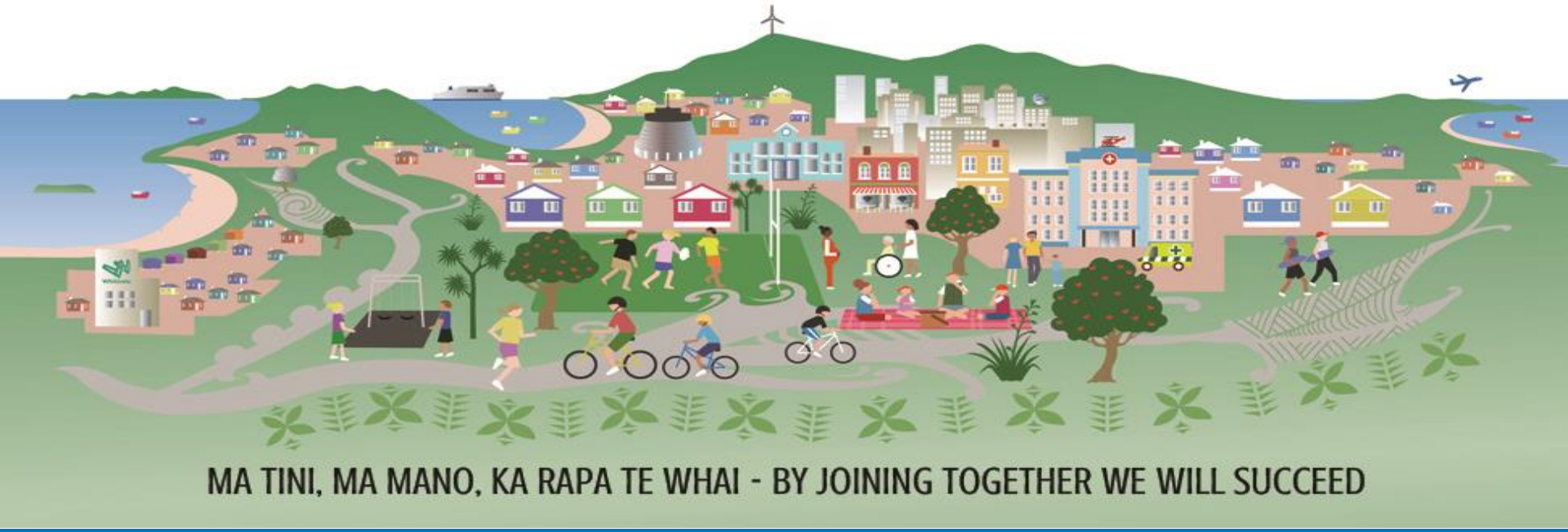
Continence with Dignity and Skin Matter: 'Acute' continence management practice improvement

Helen Costello, Associate Director of Nursing – Practice Development on behalf of all the patients, nurses and healthcare assistance that informed this practice change



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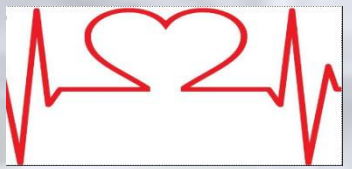
Pressure Injuries and Continence: Clinical issues hidden under the covers

- Hidden underreported issue KPMG-pressure-injury-report-Jan-2016
- Patient silence around continence issues and incontinence is often assumed by HP comprehensive continence assessment unlikely in acute care setting but asking about before admission usual bladder & bowel pattern is a good starting point
- Essential care - the most basics of needs yet associated inpatient harm pressure injuries, moisture lesions, incontinence associated dermatitis (IAD), falls with harm
- Do not register the same level of health care interest in the patient "handover litmus test"

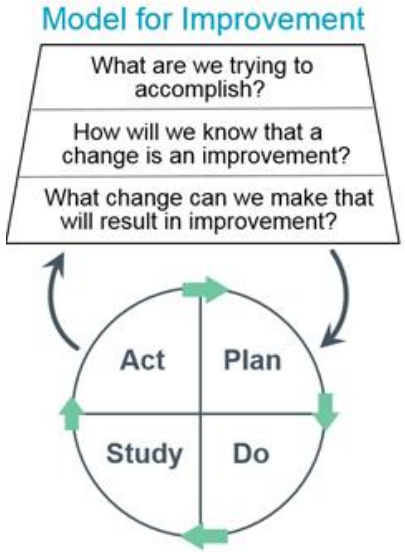


- Clinical documentation inconsistent incident/coding data moisture lesions & PI, discharge information, patient information

CCDHB IMPROVEMENT MOVEMENT

Building a culture of continuous improvement and improvement capability at CCDHB

- Model for Improvement Improvement methodology (IHI) drove meaningful practice change started with 12-week projects (n=5) supported by Improvement Advisors from Quality Improvement & Patient Safety (QIPS) Directorate
- SMART goals lead to outcomes
- Continence workstream set up with nursing leadership and facilitated by CNS -Wound Care to become an important workstream in ACC/CCDHB Pressure Injury Prevention & Management (PIPM) System Wide Initiative



Subject Matter Experts:

- Paula McKinnel, CNS Wound Care
- Louise Mills, CNS Continence (Community) & District Nurse Continence A Leslie

Co-ordinated Improvement projects Continence with Dignity

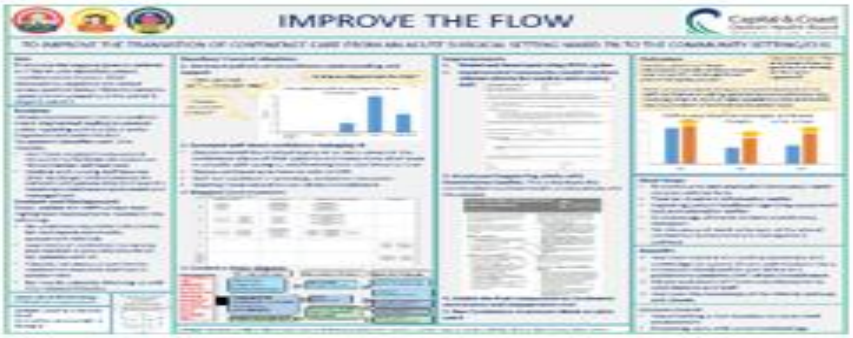
1. Seminal Project - Improve acute inpatient continence assessment Paula McKinnel, CNS Wound Care/Clinical Lead ACC PIPM System Wide Initiative/Project
2. Dry in wet conditions Janice Tijsen, CNS Palliative Care
3. Slippery when wet Sia Ioapo, Nurse Educator 5 South (General Medicine)
4. Improve the flow Caroline Johansson, Patient Care Co-ordinator (Discharge)
5. Skin care matters Joanna Simons RN Orthopaedics

Then IAD improvement project CNS Wound Care Heather Schulz

1.Screening

2.Dignity

3.Intentional rounding partial assist patient



4.Transition of care

5. SSKIN Skin care

Improve acute inpatient continence assessment

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Continence Assessment & Management in acute inpatient adults on Ward 6 East – Safe Quality Care Forum Project

Aim
To develop a continence assessment and management pathway, to improve the rate of continence assessments and individualised patient care plan on inpatients on Ward 6 East from 0% to 80% by 1st November 2017.

Problem
- There is no patient assessment and management pathway for continence in the adult inpatient setting at Wellington hospital.
- This means there is no standard process to appropriately identify individualised patient incontinent management plans.
- There are gaps in incontinence management products which makes it difficult to provide individualised incontinent management plans.
- There is inappropriate use of current products.

Context and Background
Audit, observation, staff feedback and patient stories have highlighted improvements needed in:
- Continence assessment
- Incontinent containment
- Maintenance of skin integrity
- Maintenance of standard hospital mattresses which get damaged from body fluids
- Continence product choices
- Management of vulnerable patients eg: bariatric, palliative , bed-bound, and dementia patients
- Referral processes

Improvement Methodology
IHI Model for Improvement

Contact: Paula McKinnel
Email:
paula.mckinnel@ccdhb.org.nz

Baseline/ Current situation
Staff feedback on current process

- Use 2 pads on patient because one leaks or not big enough
- Use pads on patients for dignity when they arrive with no underwear
- Some patients wear pads for just in case
- I use Kylies because this is how I was told to make a bed or the pad leaks

Staff pre-education questionnaire
- Showed good knowledge of urinary incontinence
- Knowledge gaps in identifying causes of faecal incontinence
- Good at identifying environmental resource over pads
- Knowledge gaps in patient scenario in identifying all aspects of continence management

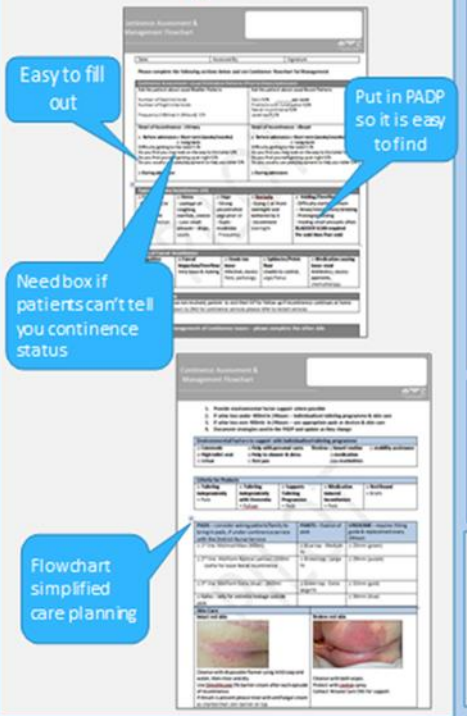
Driver diagram – Continence assessment and management

Improvements
Tested and developed using PDSA cycles

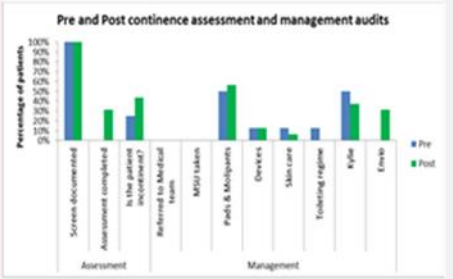
Screening question in PADP care plan.
Changes to the PADP care plan elimination box to prompt the nurse to document continence status and individualized care.

Elimination/output	I
Describe continence status and care plan. Refer to Continence assessment & Flowchart if issues	

Developed Continence assessment and management tool



Outcomes/Measures/Data



Criteria for Products				
:: Toileting Independently = Pads N=1	:: Toileting Independently with Dementia = Pullups N=2	:: Supports Toileting Programme = Pads N=3	:: Medication Induced Incontinence = Pads	:: Bed Bound = Briefs N=2

Progress
- ✓ Used PDSA cycles to trial and develop screening question and assessment and management tool on ward 6 east
- ✓ Instigated uridome measuring template
- ✓ Staff knowledge, confidence and attitudes to continence management have improved
- ✓ Quality of documentation improved in the PADP care plan

Next Steps
- Challenge to spread across the organisation
- Improve product selection for bedbound, palliative, bariatric and dementia patients
- Trial skin barrier care products

Benefits
- Improved safe quality care and care with dignity
- Rich local and DHB nursing knowledge, with diverse roles across the patient populations
- Identified gaps across services, to improve seamless care

Lessons Learnt
- The project takes time, share jobs more evenly
- Maintain focus on the aim of the project

Project Team: Paula McKinnel (Wound Care CNS), Louise Mills (Continence CNS), Mae Gadd (RN ward 6 East), Caroline Johansson (Patient Care Co-ordinator,) Gabrielle Driscoll (Palliative CNS), Gabrielle Lummis (Geriatric CNS), Eugene Andrada (Nurse Educator KPH), Lai-Kin (Stroke CNS), Anne Stewart (Improvement advisor), Bob Hale (Urology CNS)

Keeping Dry in wet conditions – Dignity at end of life

Feb/March 2018 Audit showed

- 91% of patients had no continence assessment in PADP
- 100% of patients didn't have correct continence product on
- 45% of patients had towels or kylies used

Sometimes we need to double the amount of pads and there is not enough absorption. Urine leaks everywhere

We often use double pads-like a blue and yellow pads together. We will put a kylie underneath them and one further down under the legs. I know we shouldn't because it reduces the effect of the nimbus mattress

On night shift especially we sometimes use towel as well. Don't like having to do this if the patient is passing large amount of urine but pads don't absorb enough

Totally humiliated by constantly wetting the bed

Improvements

1. **Develop continence management flowchart**
   - Outlines when to use products appropriately

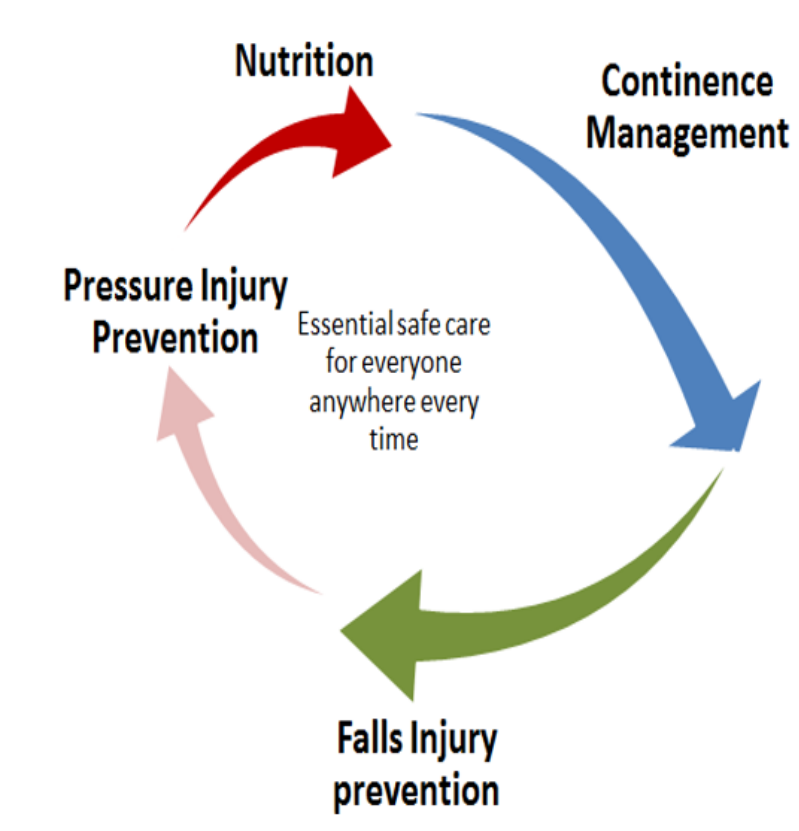
2. **Nursing Education in 5 South**
   - Developed nursing package for trial ward
   - Delivered education during handover

3. **Trial front fastening pads in 5 South**

So many seeds to *ready, set, grow*

- Five continence related improvement projects followed by IAD project bringing practice improvement recognised ✓ Choosing Wisely
- All worked in the acute care setting
- Informed by patients experience and practice reality....patient and staff voice
- Understanding the practice... (problem focus before solutions) and taking tested practice changes from 12-week projects further ....

Evidenced based continence management with dignity supports safe quality care



To reduce the risk of pressure injuries by protecting our largest organ (skin)

Summarises the practice change and provides best guidance to support patients with continence issues

ACUTE ADULT INPATIENT CONTINENCE MANAGEMENT

STEP 1: INCONTINENCE SCREEN

Ask about usual bladder and bowel pattern, identify incontinence type, understand influencing factors and document in the Patient Admission to Discharge Plan (PADP).

Stress | Mixed | Urge | Faecal | Nocturnal Enuresis | Overflow | Functional

IS THE PATIENT'S INCONTINENCE TRANSIENT OR PERSISTENT?

If it is transient (likely to resolve), help the patient get back to a normal functional state.
If persistent (>3 months), discuss with medical team.
Provide patient with *Support Adults with Incontinence* leaflet.

STEP 2: MANAGEMENT

Provide the Right support at the Right time with the Right equipment to maintain continence with dignity and document in the PADP care plan.

INDEPENDENT WITH TOILETING

- orientate to toilets, close proximity (if available)
- prompt individualised toileting regime
- maintain hydration
- maintain clean & dry skin
- enable own product use or provide e.g. pads, fix (net) pants, uridome

PARTIAL ASSIST WITH TOILETING

- orientate to call bell
- establish individualised toileting regime – 2 hourly, pre or post meals &/or interventions
- correct mobility aids to mobilise
- maintain hydration
- maintain clean & dry skin
- correct continence equipment e.g. urinal, raised toilet seat, commode, bed pan
- enable own product use or provide e.g. pads, fix (net) pants, uridome

TOTAL ASSIST WITH TOILETING (BEDBOUND, END OF LIFE)

- orientate to call bell if alert
- maintain clean & dry skin
- establish regular pad checks when changing position
- measure patient waist for correct front fastener brief size for best use
- enable own product use if applicable

WHAT'S THE RIGHT PRODUCT TO USE?

Ensure correct uridome sheath size for best use

1ST LINE
Molimed® Maxi pad – small leakage (800ml)

2ND LINE
Premium Molicare® form Normal (yellow) small/medium leakage (1300ml) & useful for loose faecal incontinence.

3RD LINE
Premium Molicare® form Extra (blue) – large leakage (2300ml).

4TH LINE
Front Fastener Briefs – Premium Molicare® Slip Super Plus and fibreglass adult tape from stores.

STEP 3: RESCREEN

Reassessment: for incontinent deterioration or improvement, as well as document intervention effectiveness. Update management changes in the PADP care plan.

STEP 4: DISCHARGE PLAN

- provide the right plan for patients identified with transient and persistent incontinence
- ensure patient information leaflet *Support for Adults with Incontinence – Incontinence and you* is discussed and understood

Include continence management plan in transfer nursing documentation.

If persistent incontinence (present > 3 months prior to illness/admission) when discharged home complete Adult ISBAR Continence Referral to Community Health Service.

Support for adults with Incontinence - Incontinence and you

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Patient Information

CCDHB

Urinary incontinence is a common problem, which can increase with age. It should not be seen as a normal part of ageing and affects women more commonly than men.

Many people are embarrassed by the problem, although it is important to remember that incontinence is often treatable. You can see your GP for help.

What is normal?

- A healthy bladder doesn't leak, tells you when it's full and gives you time to get to the toilet
- It can hold up to 400-600ml urine
- It empties 4-8 times a day
- You may wake up once to go to the toilet or twice if you are older

When is help needed?

- The number of times that you get up at night to pass urine becomes a problem
- You are wetting the bed at night
- You are having to rush frequently to the toilet
- You are going to the toilet to pass urine more often than every 2 hours, during the day
- You are wetting your underclothes
- You have pain or a burning feeling when passing urine or/and increased urgency is a classic sign of a urinary tract infection
- When there is any blood in your urine or your bowel motion is not normal. Tell your nurse or doctor
- You are feeling your bladder is not completely empty
- You have poor urine flow

Incontinence can be caused by:

Many chronic (long term) health conditions, both physical and mental can cause problems with bladder and bowel control.

- Diuretic (water pills) medicines and being overweight can also cause urinary incontinence
- Constipation - pushing too hard and too often when having a bowel motion can weaken the bladder muscles and increase the risk of urinary incontinence
- Surgery - can slow down your digestive system (gut). Once you are eating, drinking, and mobilising, we can ask your surgeon to prescribe laxatives and stool softeners to help prevent constipation, particularly if you are taking pain medicine that causes constipation
- Women –after the Menopause the lowering of your oestrogen hormone levels may contribute to urinary incontinence.

If you were having any accidental leakage from any cause before you came into hospital please tell your nurse or doctor.

How can I regain good bladder habits?

- Drink at least 6-8 large glasses/cups or mugs full of fluid a day (2 litres). Water is the best fluid as it makes sure that your urine does not become concentrated. Water also helps to keep your bowel motions moist and soft and helps stop you becoming constipated
- Avoid caffeine or carbonated drinks as they irritate the bladder
- Eat plenty of fresh fruit, vegetables and fibre
- Stop smoking - a chronic cough can cause incontinence, for cessation support call **Quitline 0800 778 778.**
- When you have the urgent need to pass urine, you might find it helpful to sit down and

[continued]

distract yourself. Try and take your mind off wanting to get to the toilet
  - When you go to the toilet, walk don't run
  - Avoid going to the toilet just in case
- Practise pelvic floor exercises
  - For men following prostate surgery https://www.continence.org.nz/pages/Pelvic-Floor-Training-for-Men/42/
  - For women, after having a baby, after gynaecological surgery (discuss first with your surgeon) or during the change of life (Menopause) https://www.continence.org.nz/pages/Pelvic-Floor-Training-Women/40/

Tell your nurse or doctor if you are having an accidental leakage of urine. If leakage continues for 3 months after you have been discharged home please contact your GP.

For further information **call the Continence Helpline** 0800 650 659 or visit https://www.continence.org.nz/pages/Consumer-Information/3/

Adult Continence ISBAR Referral

Surname: ..... NHI: .....
First Names: .....
Date of Birth: ...../...../..... Sex: .....
PLACE PATIENT ID HERE

Community Health Service

Capital & Coast District Health Board

Registered Nurse (RN) to complete and attach to Care Coordination Centre Referral Form

I: Introduction/Identify **Persistent incontinence YES / NO** Present for a least 3 months prior to illness/admission and not likely to improve on discharge. **Continence Screen - circle type** Attach relevant information Has the patient been seen by the CHS Continence nurses within last 3 months? **YES / NO**	**This information is essential to accept referral** Stress · Mixed · Urge · Faecal · Nocturnal Enuresis · Overflow · Functional **Details:**
S: Situation Describe presenting problem and current patient/family situation i.e. partial or full assist with toileting, recurring UTI, palliative care, dementia, physical disability.	
B: Background Continence history: • duration • usual bladder & bowel pattern • investigations i.e., scans, PSA blood tests, • clear MSU **YES / NO** • specialist gynaecology, urology appointments **YES / NO** • has patient told GP about incontinence **YES / NO**	Include ALL information:
A: Assessment of current management Environment – high seat required Toileting Schedules -2 hourly, post meals What assistance required – walking to the toilet Type of product used during this admission	Include ALL Information:
R: Reason for Referral Clearly state reason for referral	**Continence Nurses provide complex assessment, develop treatment plans and evaluate to promote continence**

Next Steps: Embed practice improvement and use existing quality/safety markers

- Ongoing practice work refining - continence management for partial assist patients
- eLearning based on management poster
- Continence with Dignity Guideline linking

  Acute and Older Persons, Rehabilitation and Allied Health (ORA) practice with linkage with Community Health Services ...Continence assessment in the community
- Share the work ..other DHBs and publication