Alberta Health Services

A Strategy for Standardization of Continence Clinical Practice in Home Care

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Learning Outcomes

By the end of this presentation, the participants will:

- Become familiar with the process used to develop Practice Guidelines for Bowel Management and Urinary Continence
- Understand how the PGs will contribute to improved client outcomes

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IHC Calgary

> 1000 staff
Population based
Clinical staff ~ 650 Case Managers & Interventionists

RNs = 450 (69%)
LPNs = 75 (12%)
Rehab = 125 (19%)

Increasing Capacity to deliver care

Briefing Note: Current State

- **Focused assessments & interventions** for constipation & urinary continence (UI) not clearly understood
  - **despite exisitng education & access to literature**
- **Lack of policies** specific to continence
  - **insufficient & outdated one for bowel**
- **Education** offerings cut back (2 x's/year)
- **Staff** want more education and clinical support
  - **survey 2009**

Background

- **30 -50% community elderly**
  - suffer from Urinary Incontinence & Constipation
    - *high % neuro impaired - Bowel dysfunction*

Resident Assessment Instrument (RAI)

- Urinary Incontinence (UI) = 41%
- Fecal Incontinence(FI) = up to 18%
- Diarrhea = 4%
- Constipation = inaccurate data

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Needs Assessment

- Standardize bowel and continence care
- Improve access to resources to inform practice
- Build stronger collaborative/consultative relationships with experts
- Enable & evaluate knowledge translation into evidence informed practice

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Recommendations

Sponsor & Working Group to:

- Develop bowel management & urinary continence Practice Guidelines (PG)
  - with links to established, reliable resources
- Review/revise/adopt/develop assessment tools for bowel & urinary continence
- Prepare education plan & measurable quality indicators

Working group

- Operations Manager – *RN, ET, CHN(c)*
- Nursing Practice Specialist, continence expert
- Policy Coordinator – *RN, PG development*
- Care Manager – *RN, ET*
- 2 Staff RNs – *ET/Wound; Case* Mgr/interventionist

Adhoc:

- Physical Therapist, Dietitian, Pharmacist, Medical Director
- External: 2 Nursing Practice Leaders
  Edmonton Home Living Stream

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Why develop PGs?

Successful track record:

- 6th PG developed past few yrs
- Clear expectation to actively pursue clinical strategies which can result in positive client outcomes
- Navigational tool, pointing to established, useful resources for practice

Practice Guidelines (PG)

AHS Governance Document Framework on our Website: link

http://www.albertahealthservices.ca/Policies/ahs-pol-cpd-gen-approved-sgdf.pdf

Practice Guideline Template for Integrated Home Care: Attachment

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Working Group: Accomplishments to date….

1. Examined current bowel management practice; discussed needs for IHC
2. Reviewed literature, policy & procedures, research, CPGs, using criteria to analyze/ interpret - Canada, US, Britain, Australia
3. Drafted comprehensive bowel assessment tool

Accomplishments (cont'd)

4. Drafted a Practice Guideline
5. Designed Algorithms: Attachment
6. Bowel Care Pathway
   (assessment, care plan, consult, Alerts)
7. Constipation Management triangle
   (triangle; intervention steps; bowel routine)

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Accomplishments (cont'd)

8. Identified 1-2 key resources in each topic area: Attachment
   - Bristol Stool scale
   - Constipation, Adults & Seniors
   - Constipation, Palliative
   - Diarrhea
   - Fecal Incontinence
   - Neurological bowel dysfunction
   - Ostomy

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Accomplishments (cont'd)

9. Resources: Appendix C has extensive list of substantive resources with links to the Internet (medical articles, CPGs, staff learning, client education)
10. Quality Improvement: Review constipation pathway every 2 years with pharmacist and IHC medical director; analyze RAI data; chart audits

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Working Group – next steps

1. Seek stakeholder feedback - validate PG and assessment form
2. Revise eLearning & classroom education
3. Seek endorsement & final approval to proceed with roll out
4. Evaluate education and implementation
5. Begin next section of work – Urinary Continence Management, using same approach

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Working Group process

Participant selection appropriate & manageable:

- Committed to evidenced informed sources
- 6 core members/3 ETs with broad expertise
- Brits" came with a wealth of knowledge!!
- Nursing Practice Specialist brought significant information for review, discussion
- Policy Coordinator brought PG development forward; kept group focused

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Challenges - Slow yet rewarding

- Time to completion underestimated
  - 9 mos with meetings Q 2- 4 week
- Time to review numerous articles, analyze information, develop Bowel Assessment Tool, determine algorithms, write PG
- Implementation - few resource nurses to sustain practice
  - better ET utilization?

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How will this work contribute to improved client outcomes?

- More effective, standardized approach to assessment & treatment
- Will assist staff to access reliable resources to deliver consistently high quality practice
- Increase staff competence in managing clients with bowel problems

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The ability to provide the best care to Home Care clients is in our hands!!!

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Questions

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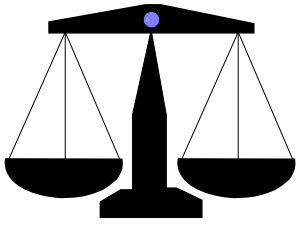
THANK YOU



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