Redesigning continence services: rehabilitation and cost-effectiveness

Jane Appleyard, Stephanie Bastone

The number of NHS patients requiring containment products such as pads is increasing year on year due to an ageing population. Patients with long-term conditions are increasingly being cared for at home, and although incontinence is not a disease it is often a symptom associated with other health issues. Community nurses are seeing patients with more complex needs, but incontinence is often not the primary reason for their visit. Containment products can be seen — both by patients and their carers — as the most effective way to manage incontinence and nurses are often put under pressure to prescribe pads, while continence services are being challenged to review the way care is delivered through innovation and the effective use of technology. This article will look at the redesign of a continence service that has involved the development of a community continence team (CCT), along with a summary of the initially encouraging performance indicators. The CCT aims to provide a comprehensive continence assessment with a focus on rehabilitation. The principles underpinning this service redesign could be applied to any community nursing team.

KEYWORDS: Continence □ Assessment □ Rehabilitation □ Patient opinion

A 2011 report from the All Party Parliamentary Group for Continence Care (APPGCC, 2011) made some important recommendations around the management of incontinence across all ages and genders. The report highlighted that conservative measures such as bladder retraining and pelvic floor exercises will cure the majority of people with incontinence, and that patients should be managed through an integrated continence service to ensure appropriate care is given and that procedures are in place to facilitate onward referral for diagnostic tests or surgery.

However, Wagg et al (2009) pointed out that the use of containment products such as pads or collecting devices is increasing every year due to the inconsistent delivery of continence care and the increasing demands of an ageing population. Unsurprisingly, it appears that well-organised services with appropriately trained staff who use evidence-based guidelines and provide feedback on performance deliver higher quality care.

The main responsibilities of a community continence service include:

- Preserving patient dignity and facilitating a normal lifestyle where possible by reviewing continence products and offering alternatives to the use of pads
- Ensuring the containment product budget is managed wisely and providing fair access to products for all patients where appropriate.

However, in the authors’ experience patients and carers often feel that they have a ‘right’ to certain types of containment product via an NHS prescription and any attempt to challenge this belief can be met with resistance. Similarly, The National Audit of Continence Care for Older People (Wagg et al, 2010) highlighted the importance of a detailed continence assessment that was not focused solely on pad provision.

The authors’ community continence team (CCT) was established in January 2014 in Kirklees West Yorkshire. The team is comprised of two full-time band five continence staff nurses and four band three healthcare assistants (HCAs). The aim was to ensure all patients would consistently receive a comprehensive assessment from

Source: www.womhealth.org.au
a skilled and motivated team who could identify and support those patients who were able to take an active part in rehabilitation.

**ACTIVE REHABILITATION AND ACCURATE ASSESSMENT**

By working closely with patients and carers, the CCT highlighted the many benefits of focusing on active rehabilitation rather than passive management. Rubak et al (2005) pointed out that motivational interviewing techniques are more effective than providing traditional advice. The CCT apply the principles of motivational interviewing, a person-centred counselling technique designed to improve an individual’s motivation to take on board lifestyle changes and to set goals such as lifestyle changes, bladder retraining and pelvic floor exercises.

This is supported by guidance from NHS England (2015), which reinforces the importance of helping people stay independent by maximising wellbeing and improving health outcomes.

The obvious financial benefits of rehabilitation over the use of containment products complement improvements in patients’ quality of life and dignity. The concern for CCTs can be that any focus on active rehabilitation is going to be costly in professional time, however staff time can be offset by the reduced costs of pad provision.

**Accurate assessment**

Patients often present with a combination of different continence problems, for instance symptoms of overactive bladder may be exacerbated by constipation and incomplete bowel evacuation. Assessment of both bladder and bowel function is important to ensure that correct treatment programmes and care plans are put in place, with appropriate prescribing of medication where indicated.

Accurate assessment of overactive bladder symptoms can lead to more effective prescribing of medication. Cardozo et al (2010) stated that treating overactive bladder problems in women through the correct use of medication could save money through reduced pad costs.

There are other hidden benefits in achieving effective bladder control through lifestyle changes, bladder retraining and pelvic floor exercises etc, rather than relying on pads, for example the reduction in falls associated with nocturia (Vaughan, 2010).

**SERVICE LAUNCH**

When the CCT was initially launched in 2014, the authors were mindful that they were bringing together a combination of nurses and healthcare assistants who had varying levels of experience in continence. They were also aware that they were likely to face challenges as their focus would not be solely on the provision of continence products. It was vital that the team bonded well and were comfortable, seeking support and informal supervision from each other.

To achieve this, an intensive staff induction programme was put in place. This combined fun ‘team-building’ activities which encouraged engagement in new technology along with the use of social media, including:

- A treasure hunt to enable the team members to familiarise themselves with the extensive geographical area they would cover
- Posting photographs on Locala’s continence Facebook page
- Conducting a ‘video advice’ call with one of the clinical lead members of staff.

As highlighted in guidance regarding accountability and delegation (Royal College of Nursing [RCN], 2011), all staff performing a continence assessment must have the relevant skills and competencies and, after in-service training, specific clinical competencies were tested to make sure that members of the CCT were able to identify patients who would be able to participate in active rehabilitation.
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Five-minute test

Answer the following questions about this topic, either to test the new knowledge you have gained or to form part of your ongoing practice development portfolio.

1 – What are the common symptoms of urinary incontinence?
2 – Can you identify why continence issues involve so much social stigma?
3 – What are some of the key elements in an assessment for incontinence?
4 – Why is incontinence education so important for community nurses in the future?

rehabilitation. These competencies included:

- Ability to gather relevant information to complete a continence assessment
- Ability to perform urinalysis and record findings
- Ability to perform bladder scanning to measure residual post-void volumes of urine — a significant post-void residual volume can lead to impaired renal function, overflow urinary incontinence and recurrent urinary tract infections
- Be able to inspect the perineal area and recognise any abnormal signs
- Report on the patients’ completed bladder diaries
- Band 5 nurses were also taught how to assess a patient’s ability to perform an effective pelvic floor muscle contraction by undertaking a routine digital examination before beginning pelvic floor muscle training

for the treatment of urinary incontinence. This has been recommended as good practice (Bump et al, 1991) and has more recently been reinforced by a National Institute for Health and Care Excellence [NICE] quality standard (NICE, 2015).

A NEW PATIENT JOURNEY

Assessment and treatment planning

All patients referred to the CCT receive a baseline assessment undertaken by a healthcare assistant. Healthcare assistants receive training in the ‘normal’ appearance of a healthy perineum in men and women and are, therefore, able to perform a visual assessment of the area to check for skin integrity.

Documents produced by NICE (2010; 2013) also identify information that should be included in an initial assessment. Questions that should be asked include:

- ‘Tell me about the bladder and/or bowel problems you are having.’
- ‘Do you leak urine when you cough and sneeze?’

To ensure consistency and that all the relevant information is always captured, an assessment tool has been created using SystmOne templates. This allows healthcare assistants to input information, e.g. details of the patient’s reported symptoms, as well as information from any relevant tests.

The ‘huddle’

During the course of the week, healthcare assistants can ask their staff nurse for any support and advice they need. The healthcare assistants and continence staff nurse

Review any information gathered in the assessment of more complex patients at an informal weekly ‘huddle’ meeting. After reviewing all the information that has been gathered, the staff nurse will then formulate a diagnosis, compile a treatment plan and arrange to review the patient where necessary.

A decision is made as to whether the patient is suitable for:

- Active rehabilitation in the form of bladder retraining, pelvic floor exercises, lifestyle changes or medication
- Passive management with the use of containment products or appliances — Nazarko (2013) states that containment products may be the only way to manage some patients’ incontinence
- Referral for further investigations.

Some patients benefit from active rehabilitation but also need containment products. Functional incontinence is taken into consideration as part of the comprehensive assessment and involves looking into other factors that may affect patients’ continence.

For example, in those with arthritis the environment may play a part, particularly if toilets are located

Table 1: ‘The friends and family test’

<table>
<thead>
<tr>
<th>How likely is it that you would recommend this service to a friend or family member if they needed similar care or treatment?</th>
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<tr>
<td>Not at all likely</td>
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<td>0 1 2 3 4 5 6 7 8 9 10</td>
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Figure 3. Patient feedback on the continence service.

‘I do not require products now and the nurses were very professional’

‘I had the opportunity to discuss my problems and I was given advice to improve my bladder. It was a relief to talk about the problems that worry me.’

‘Thank you for all you have done. I thought I was too old to make any improvement; thought I was stuck with it for life, but now I have no problems with my bladder at all.’

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- Intestinal perforation.
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- Faecal impaction in patients with cardiovascular impairment or renal impairment.
- Patients with cardiovascular impairment who require dietary sodium restriction.
- Patients with symptomatic shifts of fluids and electrolytes.
- Patients with multiple sclerosis or Parkinson’s disease.
- Reduced lactation.
- Paediatric patients under 2 years of age.
- Patients awaiting surgery requiring enemas.
- Patients with severe hypertension.
- Patients with lactase deficiency.
- Patients with mattress or duodenal diverticulitis.

Undesirable effects:
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- Cramps.
- Diarrhoea.
- Flatulence.
- Abdominal pain.

Adverse effects should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Medical Information at Norgine Pharmaceuticals Ltd on 01895 826600.

References:

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Patients with osteoarthritis in their hands may find that their manual dexterity is affected, making it difficult to take down or pull up underwear. Bladder and bowel health is promoted at all times to patients and carers in booklets and also via the CCT Facebook page and website.

Use of technology and ‘simple steps’

Over the past four years, Locala Community Partnerships has encouraged clinical and non-clinical staff to take part in workshops and ‘rapid improvement events’, with the focus on innovative thinking and being open to new ways of working. This has resulted in some significant improvements both in efficiency and in the quality of care provided to patients. Some of these improvements have involved the use of technology, whereas others have involved relatively simple steps:

- An effective triage template has been created to enable administrative staff to capture relevant information about patients’ symptoms, which enables staff nurses to triage effectively.
- Information is sent out to patients informing them that they can contact the service to arrange a home visit.
- Bladder and/or bowel diaries are forwarded to patients to be completed before the initial visit by a healthcare assistant.
- The CCT comprises continence staff nurses and healthcare assistants who are classified as ‘mobile workers’. They are based out in the community with laptops that have access to SystemOne.
- SystmOne templates have been designed with pre-set and ‘free text’ boxes to make collecting assessment information more efficient.
- Virtual video consultations can be arranged between any healthcare assistant visiting a patient and a staff nurse based elsewhere. This allows a qualified nurse to give immediate support and facilitate the continence consultation without arranging a separate visit.
- Follow-up appointments can be made in the form of telephone, video or home visits.
- A Facebook page has been created for staff to post positive messages about bladder and bowel health.

PERFORMANCE INDICATORS AND RESULTS

The performance of the CCT and the quality of the continence care provided has been monitored using the following indicators:

- Financial markers (Figures 1 and 2)
- Patient feedback (Figure 3): these were extra comments that patients wanted to give about the service as part of the ‘friends and family test’ (see below).
- The NHS England (2013) ‘friends and family test’ (Table 1): this asks whether patients would recommend the services they have received to their friends and family if they needed similar care or treatment.
- Patient opinion website (Figure 4): this is an independent feedback service that aims to promote honest and meaningful conversations between patients and health services.

During the year January to December, 2014 the overall CCT patient count increased by 6.12% (Figure 2) compared to 2013. This provides an indication of possible
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The services changes have not achieved a major reduction in the average number of pads supplied per patient per day, but despite this an overall cost saving of 2.64% per patient per day has been made (Figure 1). The greatest saving of 4.58% has been made within nursing homes. This was partly a result of involving CCT stakeholders such as relatives and care home staff in the assessment process and active rehabilitation programmes. Engaging with these people helped to promote the benefits of continence and containment products to people who were providing the day-to-day hands-on care. A wider knowledge of continence issues among our stakeholders means that they can now engage with the assessment process. This helps to secure a diagnosis and enables an effective treatment programme to be implemented, ultimately reducing the reliance on unnecessary containment products.

Following the service redesign only the CCT were permitted to prescribe containment products, which has meant that prescribing patterns also changed, with fewer patients being supplied with containment products.

Capturing outcomes

There are many different types of questionnaire designed to capture the outcome of interventions, for instance the International Consultation on Incontinence Modular Questionnaire (ICIQ) (Bristol Urological Institute, 2014) produces validated outcome measures aimed at assessing continence status and pelvic problems. However, collecting the necessary information to complete these questionnaires can be time-consuming and may not always capture a change in quality of life.

The CCT uses a simple tool and asks patients:

‘How does your continence problem affect your life on a scale of 0–10, where 0 is ‘not bothersome’ and 10 is ‘really bothersome’?”

This tool is used at the beginning and end of the patient journey.

A random audit of discharged patient records was conducted to establish the percentage of patients who experienced an improved quality of life. This showed that 83% of patients reported a significant improvement in their quality of life after rehabilitation. Also, in a significant number of cases no containment products were required at all. The ‘friends and family test’ showed that 92.86% of patients using the service scored it as a ‘10’, meaning they would be extremely likely to recommend the service to a family member or friend (Table 1).

CONCLUSION

Changes in population demographics — in particular a rise in older people — mean that the demand for containment products such as pads from patients with continence problems in the community will only increase. Irrespective of their ongoing complex health issues, the continence status of these patients can be improved by staff who have the skills to perform comprehensive continence assessments. Good clinical reasoning and a thorough review of the findings will allow nurses to make a decision as to whether an active, passive or a combined approach to rehabilitation and management is appropriate, and if it is possible to achieve significant improvements in patients’ quality of life along with maintaining control of the containment product budget.

Nurses have a duty of care to all patients with continence problems, namely to ensure that they engage with lifestyle changes and rehabilitation. A comprehensive continence assessment should be viewed as essential and not overshadowed by the treatment of other complex long-standing health conditions. Community nursing services can make simple changes to the way they assess and treat patients with continence problems. These changes can be achieved without putting extra pressure on services and may ultimately deliver better patient outcomes. JCN
REFERENCES


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