Health Foundation Improvement Project
Promoting continence in care homes

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Nurse Advisor National Procurement
Introduction

- The Health Foundation is supporting 19 health care projects across the UK as part of a £1.5 million innovation for improvement Programme.

- NHS National Procurement in partnership with NHS Lanarkshire Scotland have secured a £60,000 improvement award from this programme to pilot an innovative approach to promote continence in 2 care homes.

- The project will develop a continence promotion care bundle

- Use the Model for Improvement methods to show how improvement was developed

- The project will increase Care home staff capability to deliver quality improvement.
PROJECT BACKGROUND

• **Data intelligence NP & CI**
  - Continence products >£14 million p.a NHSS
  - Predominant usage: community
  - 50% of care homes across NHSS have > national prevalence use for containment products (74.8%)

• **Infection, Pressure damage & Falls**: associated risk factors of incontinence

• **Potential for Quality Improvement Project**: SBAR

• **Wide STAKEHOLDER Involvement**

• **Health Foundation Application**  September 2015
  Funding Approved  Feb 2016
  – Start-UP  May – July 2016
  – Implementation  August 2016
  – Completion  July 2017
How the project fits the Health Foundation innovation criteria

- The use of care bundles and Model for Improvement methodology has not been widely implemented within the care home setting.

- There is no care bundle developed in NHS Scotland that addresses continence promotion in an older population.

- The range of published guidance and research lends care improvement to a care bundle approach.
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Quality & Safety improvement,
wide implementation
What is a care bundle

• Collection of interventions (usually 4-5)

• All clinical staff know that these interventions are best practice but frequently their application in routine care is inconsistent

• A Care Bundle is a means to ensure that the application of all the interventions is consistent for all patients at all times thereby improving outcomes
# SEPSIS BUNDLE

<table>
<thead>
<tr>
<th>Element (completed in 1 hour)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>LACTATE/FBC/BUN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLOOD CULTURES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV FLUIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OXYGEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV ABX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URINE OUTPUT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results should start discussion on how to achieve improvement if compliance to all elements <100%. Monitor individual elements & check & discuss compliance.

SICSAG Quality Improvement Group (2014)
National Procurement

2012 Institute for Healthcare Improvement
# Urinary Incontinence in Adult Women (2014)

<table>
<thead>
<tr>
<th>Element</th>
<th>YES</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a bladder diary been completed as part of initial assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a specific diagnosis (stress incontinence, mixed OAB) been recorded following initial assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the patient receive 3 months supervised pelvic floor muscle training (stressor mixed UI) or 6 weeks bladder training (mixed or OAB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does pharmacological treatment follow NICE guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Six Month Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Random sample of 20 adult women per month</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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**Methodology**

Aim: Develop continence promotion bundle and reduce the use of high absorbency products

**ALIGN TO NATIONAL CONTINENCE GUIDANCE**

**MODEL FOR IMPROVEMENT METHODS**

Continence Promotion Bundle ➔ AUDIT & EDUCATION ➔ EVALUATION ➔ IMPROVE STAFF CAPABILITY & EXPERIENCE ➔ IMPROVED QUALITY ➔ REDUCE COST ➔ QI POTENTIAL FOR WIDE IMPLEMENTATION

**IMPACT**

high absorbency pad use by **25%**

= IMPROVED QUALITY = REDUCE COST
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Criteria for care home selection

Purposive sampling

- > 50% containment product use
- Low staff turnover
- Receptive to change

Local intelligence from Scottish Care, Care Home Liaison, Continence service & Care Inspectorate

1 nursing home & 1 residential home selected
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Why change?

Because:

“If you always do what you have always done, you will always get what you have always got!”

Don Berwick IHI 2010
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Care Home Product Use range 500ml – 2200ml

100% of residents have remained on same product >1 year
## RCP Results

<table>
<thead>
<tr>
<th>Element</th>
<th>Home1</th>
<th>Home2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is continence type / cause documented</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Does the facility use an evidenced based continence care pathway or algorithm</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Is there a continence follow up or review date clearly documented in the care plan</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Was continence assessment reviewed since admission</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

Documentation needs to be improved
Does not show continence promotion
What we would hope to achieve

• That transparency of measurement would promote continence improvement

• The project will achieve the target aim.

• Reduction of associated harm: pressure damage, infection, falls

• Promote capability of care home staff with QI

• Have the potential for wider implementation.
QUESTIONS ?