

West Park's Experience Participating in the First Multi-Hospital Collaborative Project in the Complex Continuing Care Sector

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INTRODUCTION



WEST PARK HEALTHCARE CENTRE has demonstrated its commitment to pursue and develop partnerships and networks by participation in IC5: Improving Continence Care in Complex Continuing Care, the first multi-hospital collaborative project targeted to the Complex Continuing Care sector, led by the Hospital Report Research Collaborative and sponsored by the Ontario Women's Health Council. The IC5 Collaborative is modeled after the Institute for Healthcare Improvement's (IHI) Breakthrough Series.

The primary purpose of the IC5 Collaborative is to assist participating organizations with the implementation of best practices associated with continence care. The IC5 objectives align with the centre's strategic direction to pursue and develop partnerships and networks in all relevant aspects of our organization. Our primary objective is to evaluate the impact of the collaborative experience on our processes and outcomes in continence care.

- West Park is one of fourteen hospital teams from complex continuing care programs across Ontario to produce breakthrough results in continence care.
- Under the guidance of leading Continence Care and Quality Improvement Experts, the teams worked together for 10 months to study, test and implement optimal processes and practices in continence care based on best available evidence.

AIMS

- West Park Healthcare Centre will be recognized as an exemplary provider of continence management in complex continuing care as evidenced by better than average MDS scores related to continence and plans of care.
- 100% of residents admitted to complex continuing care with urinary incontinence will have an in-depth assessment completed and the development of a plan of care aimed at improving their continence status.
- To have a current continence plan in place for all complex continuing care residents who are incontinent.
- To utilize high risk screening and detailed assessment of continence capacity consistent with best practice.
- 100% of residents admitted to complex continuing care with an indwelling urinary catheter will be assessed for the reason for the catheter and a trial removal of the catheter will be done, if clinically appropriate based on predetermined audit criteria.
- To improve resident care and outcomes related to continence assessment and management.
- To provide staff training to support assessment and intervention requirements.

IMPROVEMENTS MADE

- Continence Assessments
- Voiding Records to establish normal voiding patterns, wet episodes and 24 hour fluid intake
- Trial of the Prompted Voiding intervention based on the Registered Nurses' Association of Ontario (2005). *Promoting Continence Using Prompted Voiding*. (Revised). Toronto, Canada: Registered Nurses' Association of Ontario. www.rnao.org/bestpractices/PDF/BPG_Continence_rev05.pdf
- Trial of a more absorbent incontinence product (Ultra TENA)
- Trial removal of long-term indwelling urinary catheters, in place to manage intractable incontinence
- Revised catheter policies based on a review of the literature and best practice guidelines related to catheter care
- Bladder Scanning Policy & Learning Package
- Continence Standard of Care
- Evaluation Proposal

METHODOLOGY

- Developed an Continence Educational Module
- Staff education
- Quality Improvement Methodology
- New documentation tools
- Project Management approach
- RNAO Toolkit: Implementation of clinical practice guidelines www.rnao.org/bestpractices/PDF/BPG_Toolkit.pdf
- Stakeholder consultation
- Unit champions
- One dedicated advanced practice nurse / nurse continence advisor to provide clinical expertise
- Supported a RNAO BPG Advanced Clinical Practice Fellowship
- Transdisciplinary approach
- Trial changes with one resident at a time
- Plan for sustainability

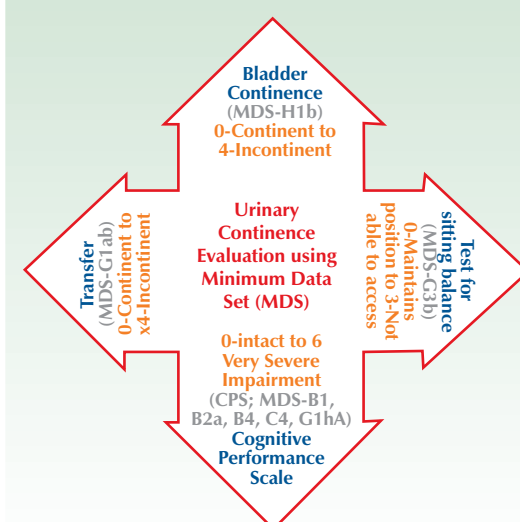
GAUGING IMPROVEMENTS

Minimum Data Sets (MDS) is mandated data collection by the Ministry of Health and Long Term Care for all complex continuing care hospitals in Ontario. The MDS is a validated and reliable assessment tool. MDS data will be used for the evaluation of resident outcomes related to improvements to continence care practices in complex continuing care.

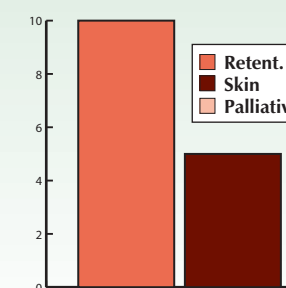
Pre and Post chart audits for the presence of continence assessments, voiding records and continence plans of care.

Data analyzed from two-day voiding records to demonstrate an increase in the number of successful voids.

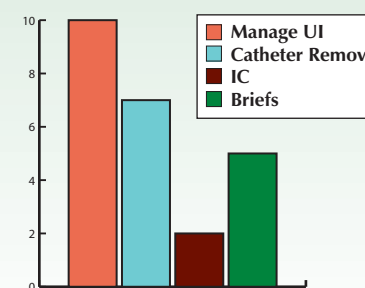
Pre and post Knowledge, Attitudes and Beliefs staff survey.



Clinical Indications



Clinically Not Indicated



Patient Incontinence Prevalence – CCC

