Scottish Urinary Tract Infection Network Newsletter NOVEMBER 2018

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In this SUTIN newsletter we are looking forward to 2019 and sharing with you in future editions our exciting projects and features over the next year. As a network we consider how we can reduce the prevalence of UTI's within all age groups and settings - primary, secondary care, prisons and the independent care sector. As we have seen through recent Parliamentary debate, incontinence (which may be associated with a UTI) is having more focus placed on it as a public health issue within Scotland. Therefore, in this newsletter we eagerly share the bowel and bladder care home project, which through quality improvement methodology demonstrates how appropriate continence assessments can begin to positively change the outcomes for older people. This message of the value of appropriate continence assessments should resonate with other care environments.

From the SUTIN team we would like to wish you all a very Happy Christmas and joyous New Year and to thank you for your continued support for the SUTIN message of supporting each other to reduce UTIs.

Reprint of adult hydration resources

Do you want more printed hydration resources? SUTIN has arranged for you to order hydration materials direct from APS (National Contract printers). Please refer to the quote which can be seen here , it provides costs for between 50 – 10,000 copies of the most popular resources.

Improving bladder and bowel care outcomes in care homes

For people who require assistance to remain continent, the promotion of good continence care within all care services across Health and Social Care (HSC) is crucial to ensuring an individual lives well.

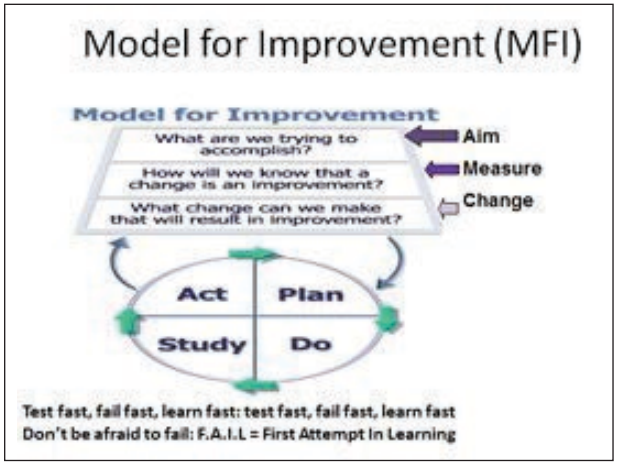
"Incontinence doesn't kill you but it can take your life away"

(Charlotte McArdle, CNO Northern Ireland, ACA conference 2017).

The big question is… Can you use the model for improvement (MFI) to change/improve bowel and bladder care outcomes for most people receiving care living with bowel and bladder issues… The simple answer is yes.

Bowel and Bladder Care

It is generally acknowledge that where planned approaches are in place to support people to access the toilet it can significantly improve the overall health and well-being of the individual [Gibson W, Wagg A (2014)]. The positive effect of accessing the toilet can reduce the incidence of associated harm caused by incontinence such as UTIs, moisture lesions, deconditioning linked to immobility, constipation and individual mental health issues as depression, withdrawal and feelings of isolation are common where incontinence is present.



We used the Model for Improvement (MFI) to structure our approach to help care staff understand the complex system in which bowel and bladder care is delivered.

(P) Planning Bit

What did we do? - We pulled together a small team of people from across H&SC who were passionate about promoting bowel and bladder health. We used Quality Improvement (QI) tools to understand the system in which continence care was delivered. We looked at the process of actively promoting continence, also how the human side of care interacted with the system. In addition we considered the culture within the care home around caring for someone who's bladder or bowel does not work for them.

W**hat we found?** - The QI tools identified barriers and blockages to actively promoting continence within and outwith the service. Staff were not completing bowel and bladder assessments correctly and the current bowel and bladder charts were not fit for purpose. They were seen more as a 'pad' assessment rather than a way to inform clinical decisions to get the person the right help at the right time.

We also found that older people experiencing care did not receive a bladder scan as part of the clinical assessment where a new or developing concern was raised.

What did we focus on? - We used the collated information to identify what we wanted to improve.

Our aim: By December 2017, 6 residents would have their continence care reliably assessed ie. using information that will inform care decisions leading to improved and sustained continence care outcomes.

What changes can lead to improvements?
We generated a range of change ideas that included: revamping the current input/output charts, education to increase staff's knowledge on different approaches to help promote continence rather than just 'padding up'. Such as sheaths for men, planned structured access to the toilet, double voiding activity, recoding bowel activity, bladder scanning as part of the initial assessment.

D) Doing Bit

Rapid cycle testing began on the input/output chart to develop them to reflect information that would inform clinical decisions or question practise that would lead to improved bowel and bladder care. Care home staff were key to its development.

(S) Study Bit

What will we measure to see if the changes we are trying have had any impact on achieving our aim? We measured and reviewed information related to:

- the standard of completion of the food and fluid input/output form. Did the changes have the desired effect of reflecting good information that would inform clinical decisions?
- we looked at whether the information being recorded changed staff practice that impacted on individual bowel and bladder care outcomes.

(A) Act Bit

The team took the information that was analysed to learn from the activity from the previous cycle to generate the 'what next' question around whether we adapt, adopt, abandon or amplify what we did. This learning was ongoing until we were satisfied that we had an input/output chart that informed clinical decisions related to bowel and bladder care activity.

Result: Did we meet our aim?

What was the outcome? - The 6 residents who were taking part had their bowel and bladder function accurately assessed. We also demonstrated that by working together across H&SC we could significantly improve lives by actively promoting continence. For example, for one resident there was a reduction in the incidence of UTI and the size of product required. We also met one resident's specific care outcome that mattered to them as they got to their daughter's wedding, staff confidence also increased which led to better relationships between care home staff, families and the local continence resource service.