

The Use of Clinical Care Pathways in Continence Care Clinics

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Development of Continence Services in Mayo and Roscommon

Prior to the appointment of Continence Advisor positions in Mayo and Roscommon:

- Clients requiring continence care in the community were referred on an “ad hoc” basis to the Public Health Nursing Service
 - Mainly for the provision of incontinence wear.
- Otherwise clients were referred by the GP service to a tertiary care site where access of service maybe difficult.
 - Distance of travel.

Development of Continence Services in Mayo and Roscommon

- Continence Advisors positions appointed in 2008.
- Education and training of staff across all the services
- Development and standardisation of supportive guidelines and documentation for primary care setting and continence care clinics, including client education literature.
- Continence care clinics commenced in Mayo in 2010 and in Roscommon in 2011.

Developing Clinic Service

In the development of the continence care clinics:

- **Consultation with services users:**

Identified the need for greater participation in continence care, choice, and easier access to information and services.

- Health Needs Assessment of Four Primary Care Team Areas in County Mayo, 2007
- Developing Continence Services in Roscommon PCCC Report 2007

- **Literature Review**

The aim / philosophy of the clinics:

- Client centred care
- Ease of access to continence clinic service
- Quality evidence based care
- Standardised clinical practice
- Changes to culture of care.
- Equitable and cost effective service
- Evaluation of care in the clinic and outcome measurement

The development of Clinical Care Pathway provides a tool to improve service interventions and care outcomes within the local service framework

(Baylis et al 2000)

Why use Clinical care pathways in Continence Care Clinics?

Care pathways:

- Map out a process of patient focused care
- Specify key events, assessments, tests, interventions
- Allows delivery of care to occur in a timely fashion
- Produces the best prescribed outcomes.
- Use the resources and activities available for an appropriate episode of care.

(Wilson 1992, Bayliss et al, 2004)

Continence Clinic Care Pathways

Are reflective of and incorporated within the recommendations from:

- The National Clinical Care Programmes.
- Guidelines from:
 - National Institute Clinical Excellence (NICE)
 - Scottish Intercollegiate Guidelines Network (SIGN)
 - European Urology Guidelines (EUG).
 - Continence Foundation of Ireland (CFI) National Strategy.

Why Clinical Care Pathways?

- The clinical care pathway tool contains the assessment components **common** and **specific** to all clients with continence problems irrespective of diagnostic groups or overlying conditions. (Bayliss et al 2004)
- Allows for referral to other disciplines as required at appropriate times.
- The care pathway is a tool that has the potential for enhancing quality of care and the overview it gives of the whole patient. (Walsh 1997)

- To work to the optimum, clinical care pathways need to be dynamic and constantly informed by new research.
- Then adapted for local use to take into account local practices and local resources. (Bayliss et al 2003)

The adaptation for local use

- The literature review identified few specific Clinical Care Pathways for Continence Care in the Primary Care setting.
- Continence Clinical Care pathways had been developed, adapted and used in the following primary care settings in the UK:
 - Bedfordshire Health Care Trust,
 - Basingstoke Health Care Trust,
 - Salsbury Health Care Trust,
 - East Wiltshire Health Care Trust.

- Permission was sought and granted from Bedfordshire Health Care Trust to adapt and use the Continence Clinical Care Pathways.
- The adaptation of the continence clinical care pathways for local use was reflective of local, national and international best practice guidelines.

How to Describe a Clinical Care Pathway

- There are common strands mapped out on the care pathway which is then used as a clinical guideline.
- The clinical care pathway allows the clinician to follow the anticipated care on the care pathway.
- Allows the use of clinical judgement at each consultation.
- Provides the flexibility when the clinician may have to deviate from the standard care pathway, for example, a client who decline an examination at that consultation.

Current Continence Clinical Care Pathways in use.

- Stress Incontinence Clinical Care Pathway
- Overactive Bladder Syndrome / Urge Incontinence Clinical Care Pathway
- Catheter Management Clinical Care Pathway.



Continence Advisory Service (Mayo, Roscommon)

STRESS INCONTINENCE CARE PATHWAY

Client Name: _____ Date of Birth: _____

Standard Statement	Comments:					
Visit 1 Date:						
Client signs consent form to proposed assessment, relevant examination and proposed treatment programmes.	Yes	No				
Assessment carried out	Yes	No				
Urinalysis carried out	Yes	No				
Visual perineal Examination carried out	Yes	No				
Excoriated Perineal Area	Yes	No	Refer to GP	Yes	No	
Vaginal Discharge, Vaginitis	Yes	No	Refer to GP	Yes	No	
	Yes	No	Refer to GP	Yes	No	
Prolapse	Yes	No	Refer to GP	Yes	No	
Haemorrhoids	Yes	No	Refer to GP	Yes	No	
Vaginal digital examination carried out Oxford Scale 0 1 2 3 4 5	Yes	No				
Stress Incontinence information sheet discussed and given to client: Client confirms an understanding of its content	Yes	No				
	Yes	No				
Pelvic floor exercises information given to client	Yes	No				
Frequency Volume Chart given to client.	Yes	No				
Client confirms an understanding of how to complete the chart	Yes	No				
If client constipated, care plan agreed and completed	Yes	No				
ISIQ Bothersome rating this visit (7 being most bothersome)	1	2	3	4	5	6 7
Date and time of next visit agreed with client (within 4-6 weeks)	Yes	No				
Contact number given to client	Yes	No				
Nurse's Name:	Signature:		Designation:			



Client Name _____ Date of Birth _____

STRESS INCONTINENCE CARE PATHWAY

Visit 2	Date:	Comments		
Client review 4-6 weeks after visit 1	Yes	No		
ISIQ Bothersome rating this visit	1 2 3 4 5 6 7			
Frequency Volume chart reviewed	Yes	No		
Client's symptoms have improved significantly reinforce fluid /pelvic floor advice-----Discharge	Yes	No		
Client's symptoms not improved	Yes	No		
Clients says they have complied with the pelvic floor exercises and fluid advice; reinforce advice and continue with care pathway	Yes	No		
Referral to Physiotherapist	Yes	No		
Assessed for disposal products and home delivery arranged.	Yes	No		
Date and time of next agreed visit with client (within 4-6 weeks)	Yes	No		
Nurse's Name	Signature		Designation	



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Client Name _____ Date of Birth _____

STRESS INCONTINENCE CARE PATHWAY

Visit 3	Date	Comments							
Client review 4-6 weeks after visit 2	Yes	No							
ISIQ Bothersome rating this visit (1 being most bothersome)			1	2	3	4	5	6	7
Client's symptoms have improved significantly reinforce fluid /pelvic floor advice-----Discharge	Yes	No							
Client not compliant--discharge	Yes	No							
Client not compliant but wishes to try again	Yes	No							
Alternative treatments discussed with client-- refer to GP?	Yes	No							
Date and time of next agreed with client (within 4-6 weeks)	Yes	No							
Nurse's Name	Signature		Designation						



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Client Name _____ Date of Birth _____

STRESS INCONTINENCE CARE PATHWAY

Visit 4	Date	Comments						
		Yes	No					
Client review 4-6 weeks after visit 3		Yes	No					
ISIQ Bothersome rating this visit (7 being most bothersome)				1	2	3	4	5 6 7
Client's symptoms have improved significantly reinforce fluid /pelvic floor advice-----Discharge Telephone call after 1 week to monitor progress.		Yes	No					
Client's symptoms improving reinforce fluid /pelvic advice, and continue with care pathway.		Yes	No					
Client's symptoms not improved, refer to GP for urological or gynalogocial assessment and possible onward referral.		Yes	No					
Date and time of next visit agreed with client (within 4-6 weeks)		Yes	No					
Nurse's Name		Signature		Designation				

Client Name _____

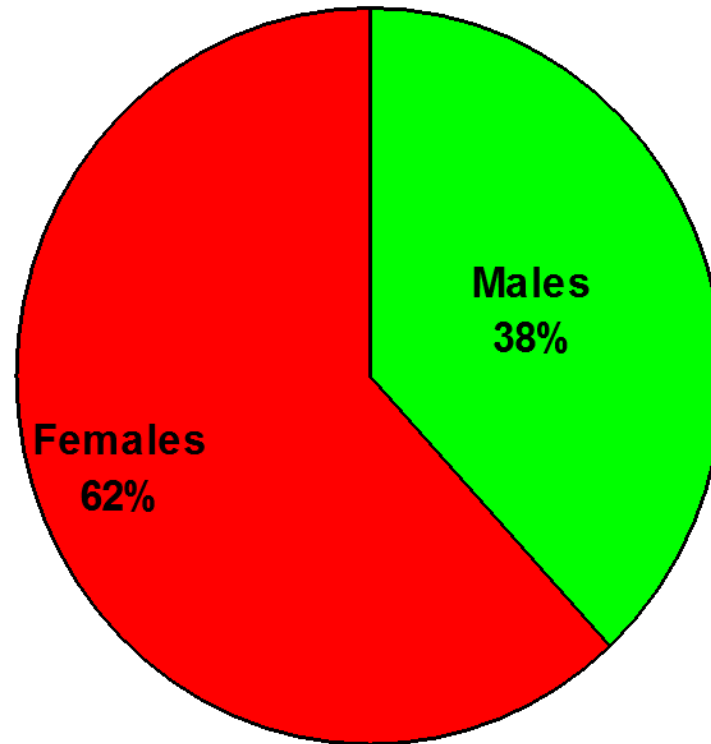
Date of Birth _____

STRESS INCONTINENCE CARE PATHWAY

Visit 5	Date	Comments		
Client review 4-6 weeks after visit 4	Yes	No		
ISIQ Bothersome rating score this visit	<div style="display: flex; justify-content: space-around; width: 100%;"> 1 2 3 4 5 6 7 </div>			
Client's symptoms have improved significantly reinforce fluid /pelvic floor advice-----Discharge	Yes	No		
Client's symptoms improving reinforce fluid /pelvic floor advice, Telephone call after 1 week to monitor progress	Yes Yes	No No		
Client has contact number?	Yes	No		
Nurse's Name	Signature		Designation	

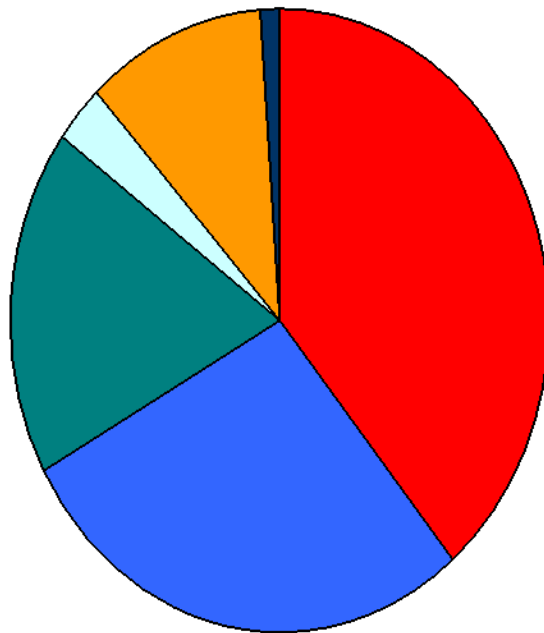
Percentages of male / female seen in the Roscommon / Mayo clinics

**PERCENTAGE OF MALES & FEMALES
SEEN IN CLINIC**



Source of referrals to the Mayo/Roscommon clinics

Source of Referrals



■ GP - 39%

■ PHN - 28%

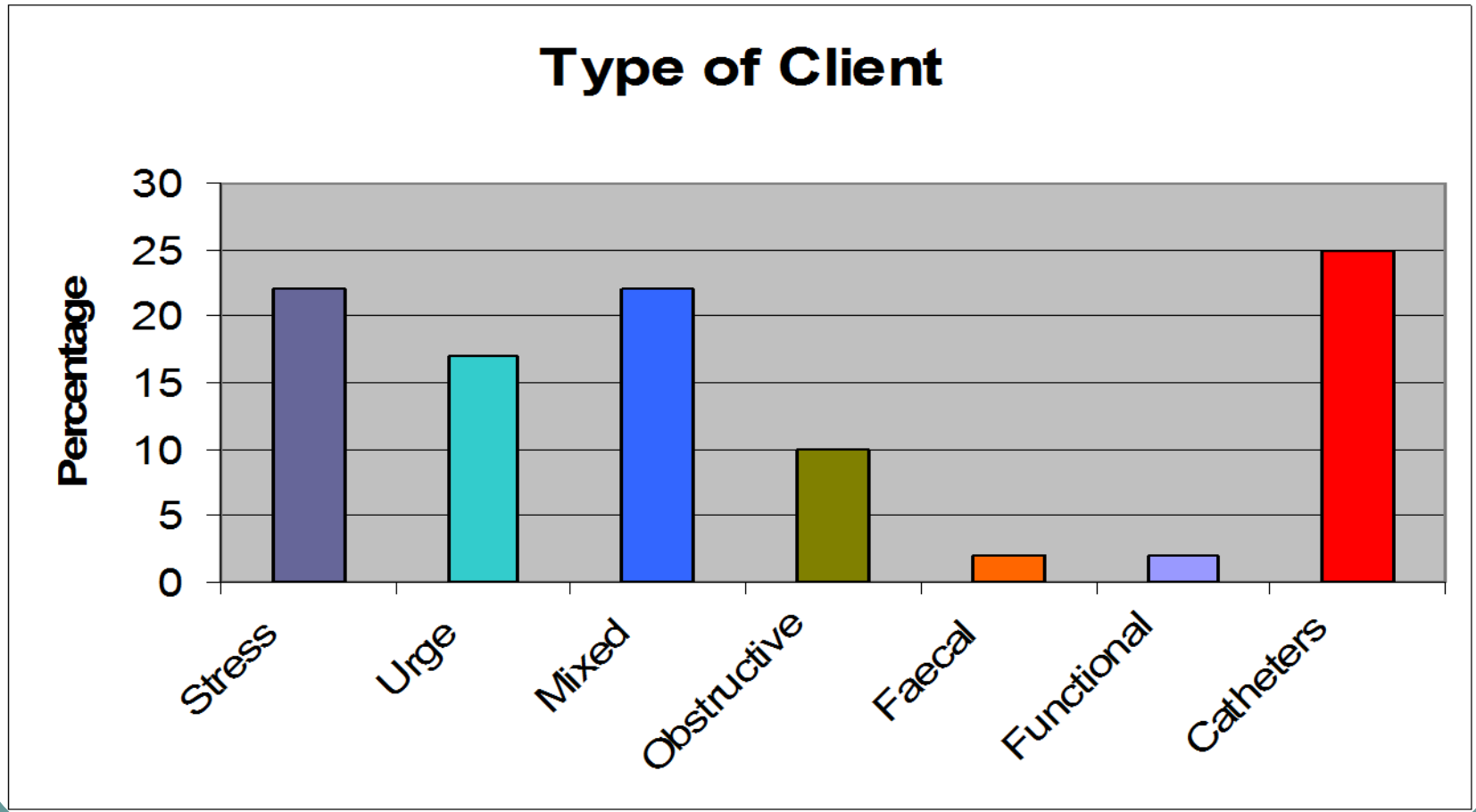
■ Acute Services - 18%

■ Multi-disciplinary Team - 3%

■ CNU - D. Hosp.- 11%

■ Self - 1%

Percentages of types of cases treated in clinic

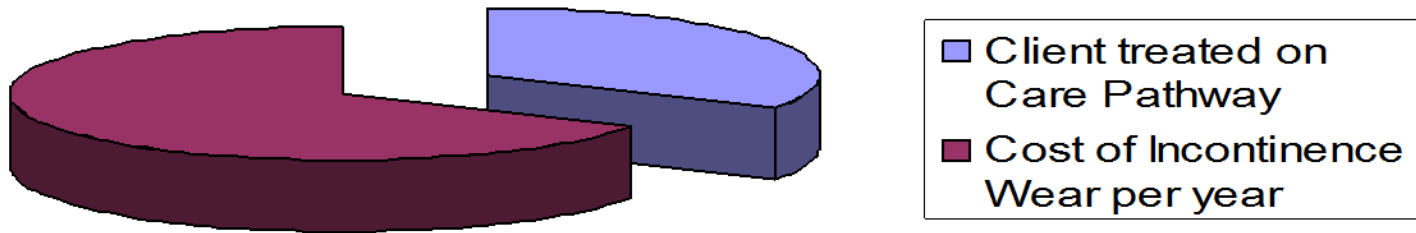


Average Cost for Client on Care Pathway (5 clinic visits) = €248.00

Average Yearly Cost long term Continence Wear = €493.00

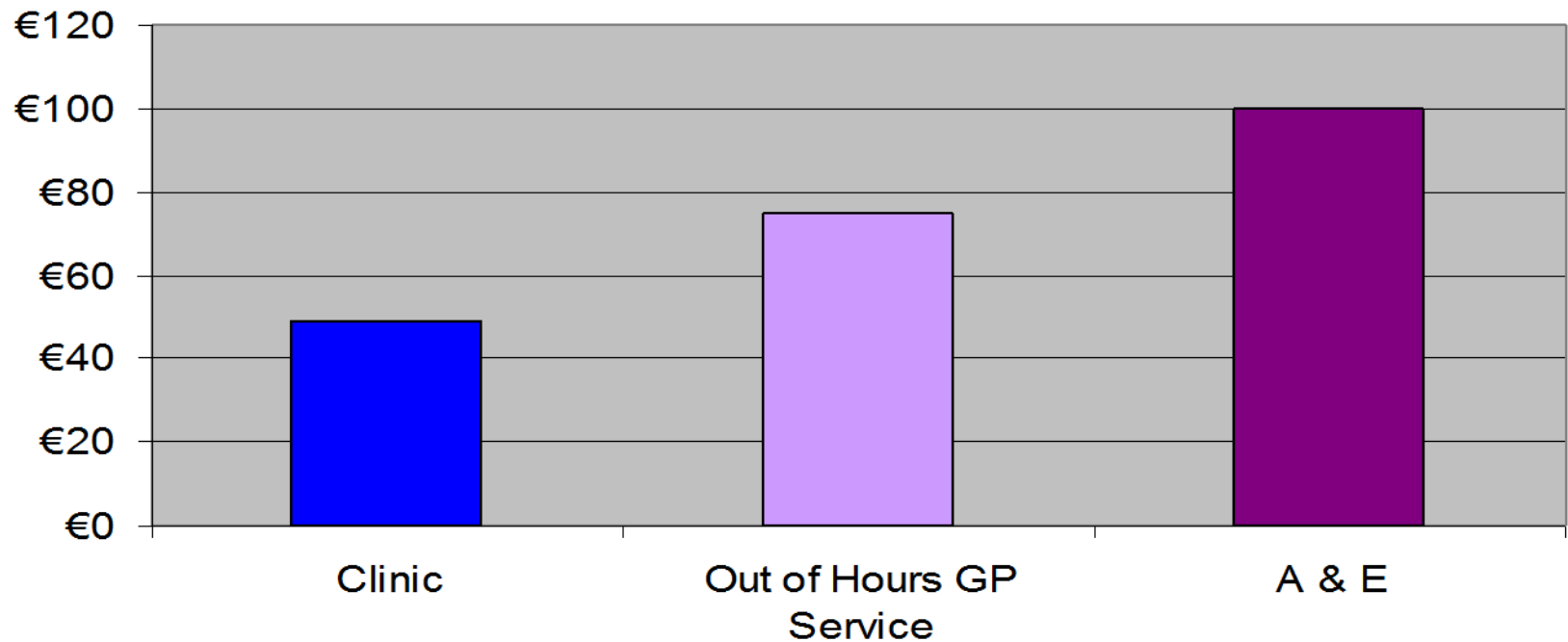
Average Saving = 52%

Cost Comparison

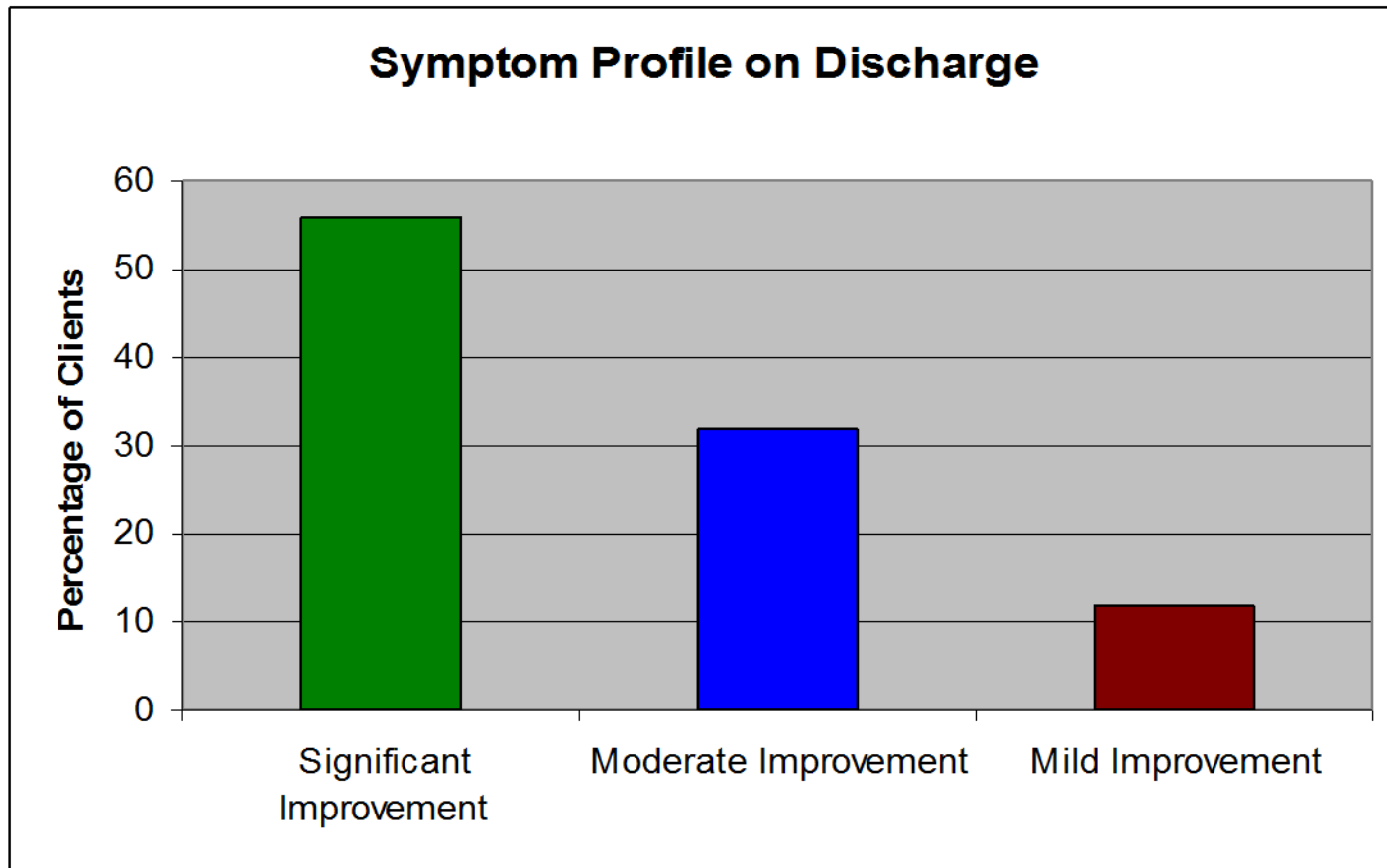


Cost Comparison of a Client seen in the Clinic or seen in A&E / “Out of Hours” Services

Cost Comparison for Client having Recatheterisation in Clinic and A&E/Out of Hours Services

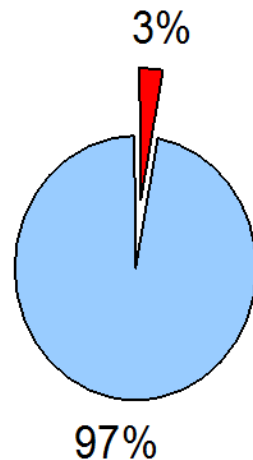


Evaluation of Continence Care Pathways



Percentage of Clients Post Recatheterisation at Clinic presenting to A&E/Out of Hours Services prior to next Clinic Appointment

Percentage of Clients post recatheterisation at Clinic presenting to A&E/Out of Hours Services prior to next Clinic Appointment



- Clients presenting at A & E/ Out of Hours Services
- Clients who did not present at A & E/ Out of Hours Services

Clinical Care Pathways?



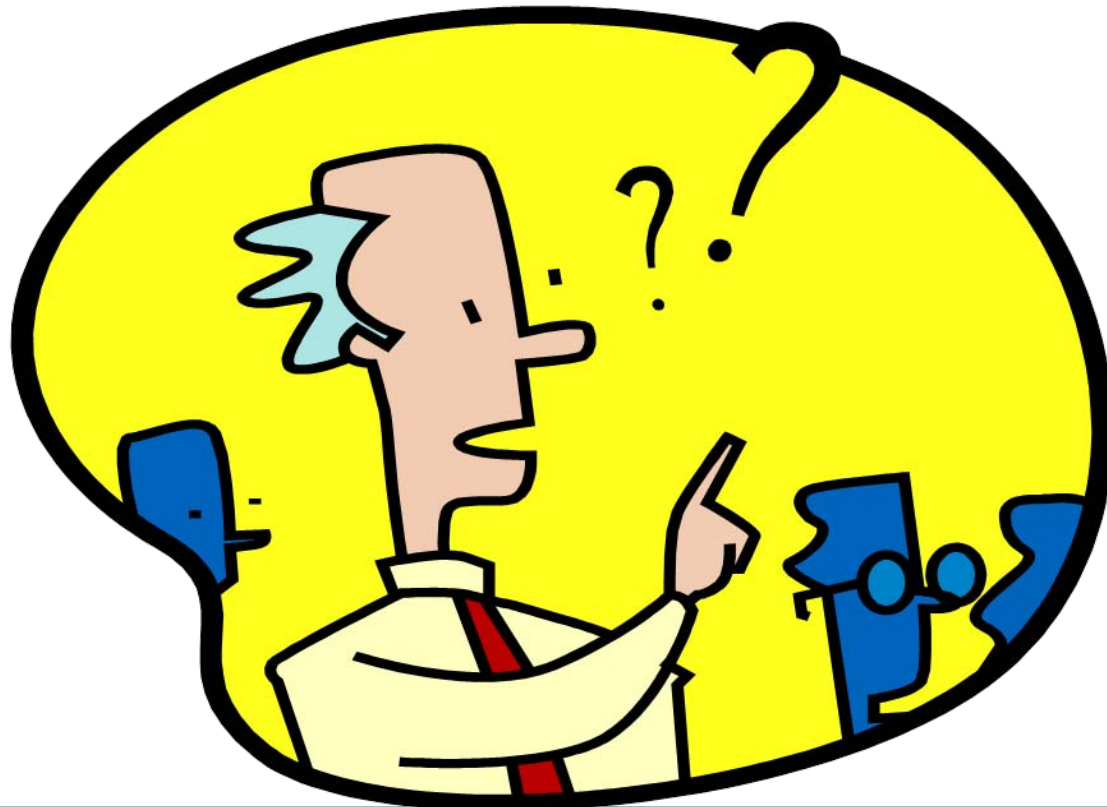
Conclusion

Clinical care pathways informs our practice in Continence Care Clinics to be;

- Patient centred
- Equitable
- Effective
- Efficient
- Economical
- Evidence based
- Standardise practice

Thank You

Any Questions?



References

- Bayliss V., Salter L., (2004), Pathway for Evidence Based Continence Care. *Nursing Standard* 19,9, pg 45-51
- Bayliss V., Cherry M., Locke R., Salter L., (2000), Pathway for Continence Care: background and audit, *British Journal of Nursing Vol 9, No 9*
- Bayliss V., Cherry M., Locke R., Salter L., (2000), Pathways for continence care: development of the pathways, *British Journal of Nursing Vol 19 No 17*
- Bayliss V., Cherry M., Locke R., Salter L., (2001), Pathways for continence care: the validation process., *British Journal of Nursing Vol 10, No 2*
- Bayliss V., Locke R., Salter L., (2003), Pathways for Continence Care: Audit to assess how they are used, *British Journal of Nursing Vol 12, No 14*
- Continence Foundation of Ireland (2007) A 10 year National Strategy for Continence Care in Ireland (Unpublished)
- National Clinical Care Programmes
- NICE – www.niceguidelines.co.uk
- Irving. A., Duggan. P., Cawley-Doherty. M., Tighe. C., Poelenjee. E., (2007), Health Needs Assessment of Four Primary Care Team Areas in County Mayo.(unpublished).
- Moore T. Mitchell D. Lally J.,(2007) Develop Continence Care Services In Roscommon PCCC Using a Business Process Re-Engineering Approach. (unpublished)
- Schroder A., Abrams P., Andersson K.E., Artibani W., Chapple C.R., Drake M.J., Hampel C., Neisius A., Tubaro A., Thuroff J.W., (2010), Guidelines on Urinary Incontinence; *European Association of Urology*
- Scottish Intercollegiate Guidelines Network, (2004), Management of Urinary Incontinence in Primary Care, A national clinical guidelines
- Walsh M.,(1997)Models and CriticalPathways in Clinical NursingConceptual Framesworksfor CarePlaning. *London Balliere Tindall*
- Wilson J., (1992), An introduction to multi-disciplinary pathways of care, *Northern Region Health Authority, Newcastle upon Tyne*