

Strategy for regional continence promotion service / Midland Health Board

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MIDLAND HEALTH BOARD

**Strategy for
REGIONAL
CONTINENCE PROMOTION
SERVICE**



Midland Health Board

**Strategy for Regional Continence
Promotion Service**

Vision of Regional Continence Promotion Service

The Midland Health Board Continence Promotion Service will, through education and training, raise awareness and provide assessment, treatment and management for individuals with bladder and bowel problems. This will be achieved by means of an accessible, confidential, sensitive and informed service across the Board's area.

This service will be multidisciplinary in nature to ensure seamless, co-ordinated and effective care and treatment, thereby improving the quality of life for the individual.

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Development of the Strategy

Background

In 2000, the Midland Health Board planned to undertake the development of a Regional Continence Promotion Strategy. The Health Promotion Service led the development of this project in partnership with the Regional Continence Advisory Service and Physiotherapy Services. This development came under the banner of Women's Health with (2000) development funds for women's health being dedicated solely to continence promotion. It was envisaged that the strategy would span the whole population; male and female; young and old; people with disabilities; people in full health and those suffering from ill-health.

Current Status of Continence Services in the Midland Health Board

Regional Continence Promotion Services are undergoing continuous review and development. Continence education is being provided to pre and post

registration nurses and carers, on bowel and bladder dysfunction. Physiotherapists are involved in ongoing education in Women's Health.

Continence clinics and enuresis clinics are provided in each of the six sectors of the Health Board's region in response to need. A urology service is available at Portlaoise General Hospital.

A full time women's health physiotherapist has been appointed and physiotherapy treatment for incontinence is provided at most physiotherapy departments in the region. Two nurse continence advisors (one in each community care area) to work with people with learning disabilities and physical and sensory disabilities. A further two nurse continence advisors have been appointed to provide continence promotion in the elderly care group including private nursing homes. There are two bladder scanners available in the Midland Health Board, which have proved invaluable in client assessment.

In order to develop the project a small planning group (Sheelagh Canavan, Eileen Donovan, Mary Hegarty, Sharon Foley) worked on developing a preliminary document for use at a broader planning day. The schedule for the development of a Regional Strategy was as follows:

- Development of a preliminary document containing a comprehensive literature review and outlining needs in the area. This work reviewed current evidence in relation to continence promotion, identified needs, current provision and gaps in terms of service provision. The research indicated that over 70% of incontinence is treatable.
- Discussion with a larger 'concept' group ensued and members used the



preliminary document to organise a Strategy Development Seminar with key stakeholders.

- Strategy Development Seminar for key stakeholders.

Continence Promotion Planning Seminar Report

The Midland Health Board held the Continence Promotion Planning Seminar in Autumn 2000. Delegates were invited from all care groups within the Health Board, with representatives also invited from voluntary groups, disability interest groups and women's groups. The aim of the day was to develop a framework for a strategy to promote continence in the Midland Health Board Region.

At the Seminar, the previous work carried out by the planning group (named above, page 3) was outlined. The continence promotion team from the Eastern Health and Social Services Board, Northern Ireland (EHSSB) assisted in developing a framework.

Ms Mary Waddell, Director of Nursing, EHSSB, outlined progress made in that service in relation to continence promotion. The EHSSB implemented a comprehensive multidisciplinary service which included awareness raising, education and training and the development of a database of information that would facilitate both treatment and evaluation.

Ms Barbara Stewart, a client representative from this service identified the problems faced by those who are incontinent. She spoke of the difficulties they face in accessing treatment and of the benefits and enhanced quality of life experienced as a result of treatment.

The planning process was undertaken with delegates being organised by care group (for this purpose, care groups were defined as well-women, episodic/mental health, persons with disabilities, older people and children and families). Ms

Maureen Dodd, Assistant Director of Nursing, EHSSB then outlined the format of the workshops established for each care group.

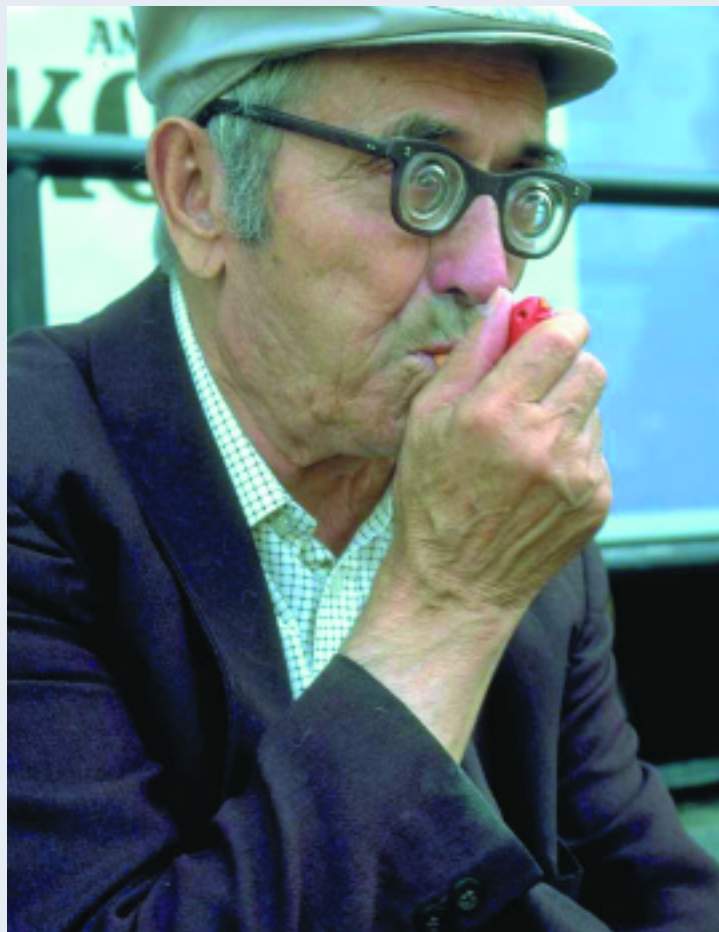
This process resulted in the following:

- Development of a vision for a Midland Health Board Regional Continence Promotion Service.
- Exploration of what the Continuous Quality Principles meant in practice for each care group.
- Identification of specific projects around previously identified themes. The projects, which are achievable and realistic, will help to develop the service in the Midland Health Board area, and will be progressed through the service planning process.

Outcome of the Seminar

1. Vision of a Regional Continence Promotion Service

The Midland Health Board Continence Promotion Service will, through education and training, raise awareness and provide assessment, treatment and management for individuals with bladder and bowel problems. This will be achieved by



means of an accessible, confidential, sensitive and informed service across the Board's area. This service will be multidisciplinary in nature to ensure seamless, co-ordinated and effective care and treatment, thereby improving quality of life for the individual.



Whilst the care groups identified the importance and interplay of the 8 hallmarks, they identified **Accessibility**, **Equity** and **Dignity** as the most crucial of the hallmarks, followed by **Effectiveness** and **Appropriateness**.

For the Client, these principles would mean:

Potential clients would be aware of where the service is available and who to contact, with provision for self-referral. Client awareness would be created through advertising and information provision, with details of service provision available in all relevant locations (e.g. schools and pre-schools for child services, health centres and GP surgeries). Clients would have access to local, wheelchair accessible and user-friendly services with provision of transport where necessary. There would be clear referral pathways for treatment linked with individual care

plans.

Clients would experience a dignified, sensitive, user-friendly, comfortable, effective and encouraging service. The service would be designed to increase self confidence and esteem, remove stigma and assist both client and carer. Appliances used should be discreet. Clients would be consulted and feedback received would inform ongoing provision of services.

For the Service, these principles would mean:

The Service would be affordable with the same standard needs assessment and treatment for both private and public clients. It would be multicultural, available to all socio-economic and cultural groups in a variety of locations and would involve extended hours of service provision.

Services would be based on need, and would include the continuum of services of rehabilitation and treatment. They would be provided at an appropriate level,

2. What do the Hallmarks of Quality mean for Service Delivery?

The Midland Health Board has adopted eight hallmarks of quality. A quality service should be:

- Equitable
- Accessible
- Effective
- Efficient
- Appropriate
- Responsive
- Dignified
- Farsighted

Each care group was asked to prioritise these principles of quality as they applied (to the group) in relation to continence promotion. This ensured that the group was working on the most relevant principles. Following this, the groups were asked to identify what each principle would mean for both the client and the service. The outcomes are summarised here (for detailed report from each care group, see Appendix 2, available from Health Promotion Service, MHB).

and for the appropriate duration. Services would be provided by informed, sensitive practitioners and would involve regular reviews and follow up, establishment of protocols and standards and accountability.

Services would be co-ordinated and multidisciplinary (Hospital, Community Care, Primary Care). Protocols and standards would be developed from assessment through treatment and follow up. There would be clear referral pathways with provision for self-referral and referral to specialist services, with increased specialised staff. Effective communication practices would apply.

The service would be affordable for both genders and all age groups. Facilities would be accessible for persons with disabilities i.e. environment. Confidential consultation facilities would be available and at ground level. A flexible seven-day service and a helpline would be available.

Staff from all relevant disciplines would be trained appropriately, including awareness training, interpersonal skills training and skills training. Public awareness and family education programmes would be included.

3. Action Planning to meet Quality Principles

Prior to the seminar delegates were given a literature review on aspects of continence promotion. In reading this document several themes emerged. These were:

- Insufficient training/education
- Absence of specialist practitioners
- Insufficient continence promotion
- Discussion around assessment and care within primary care
- Insufficient awareness among the public and service providers

Delegates were asked in the planning workshop to discuss the themes in relation to their care group and to identify actions to meet the needs identified using the themes as a framework. These actions are detailed in the following pages:

1. The overall actions identified by care group are outlined on page 7.
2. These are then grouped into 5 larger projects (page 8) which form a Strategy for Continence Promotion.
3. An overview of this strategy including the projects and actions involved is provided on page 10.

The actions identified for each care group are detailed in Appendix 2. (Appendices are available on request from Health Promotion Department).



Ideas for Action Identified by Care Group

The following issues were discussed in workshops allocated to each care group, with each group identifying the appropriate actions that would be required in a Continence Promotion Service.

Care Group: Well Women

Issue	Ideas for Action
Insufficient training & education	Develop training plan for stakeholders
Insufficient continence promotion	Develop continence promotion campaign
Insufficient training & education for ante/post natal women	Education protocol for antenatal services
Lack of linkages within services	Develop training plan

Care Group: Older People

Issue	Ideas for Action
Insufficient continence promotion	Public awareness campaign
Insufficient training & education	Staff/carers training plan
Lack of seamless services/linkages between multidisciplinary staff	Awareness education/training
Assessment and care within Primary care	Universal assessment/ongoing education

Care Group: Persons with Disabilities

Issue	Ideas for Action
Insufficient training & education	Pilot programme to target children and young people with disabilities from 3 yrs. of age.
Insufficient continence promotion	Develop promotion campaign
Lack of seamless services/linkages	Develop comprehensive multidisciplinary seamless service

Care Group: Children & Families

Issue	Ideas for Action
Insufficient training & education	Training programme for stakeholders
Insufficient continence promotion	Public awareness campaign
Lack of seamless services/linkages	Multidisciplinary training

Care Group: Episodic Care/Mental Health

Issue	Ideas for Action
Insufficient training & education	Identify training Appoint link person to work with nursing staff Research into best practice
Absence of specialist practitioners	Audit current service provision
Insufficient continence promotion	Promote 'continence week' Identify symbol to promote awareness
Assessment & care within Primary Care	Standardised referral form
Lack of seamless services/linkage	Information pack for client
Insufficient awareness among public and service providers	Promote pelvic muscle exercise message

Main Project Titles and Goals

The Ideas for Action developed at the workshops were then grouped into larger projects. The titles and goals of the projects were as follows (see overview of continence strategy p.10 for actions under each project area).

1. Establish Multidisciplinary Action Group

Goal:

- To implement the Continence Promotion Strategy.

2. Develop Training Plan for Stakeholders

Goal:

- All stakeholders will have the same basic standard of training and education for continence promotion within the Midland Health Board, but specialist training & education will be available for identified service providers.
- Public awareness and education will be targeted by a public education strategy on continence issues & services (after audit of services & training starts) through media, booklets, information sessions etc.
- Equip the participants with the skills and knowledge of continence particular to the needs of the care group. Facilitate the participants
 - (a) to assess the extent of incontinence
 - (b) to identify issues related to incontinence at an early stage
 - (c) to deliver the appropriate treatment tailored to match the client's needs and
 - (d) ensure the ongoing management of care.



2a. Education Protocol for Antenatal Services

Goal:

- Standardised continence promotion in all areas of the service
- Protocols to be clear and precise at every level of contact

3. Develop a Continence Promotion Campaign

Goal:

- Raise continence awareness and its importance at every level within the health service and general public - emphasise prevention and treatment.
- Through the process of raising awareness of incontinence, reduce the associated stigma by encouraging an openness and acceptance within the public domain.

4. Standardise Service Provision And Linkages

Goal:

- Continence Promotion Services within the Midland Health Board will be standardised and delivered appropriately through a multi-disciplinary team strategy.
- Linkages between services will be strengthened and developed.

5. Target 'Clients' Before Problems Appear

Goal:

- To create awareness of good practice in relation to continence promotion.
- To provide training in good practice in relation to continence promotion.



