

# Improving Bladder and Bowel Assessment to Reduce Hospital Delayed Discharges

Anne Sanderson and Fiona Tynan



## Aims

Bladder and bowel dysfunction can have a profound effect on patients and their discharge planning.

The aim of the Hospital in-reach Project (January 2017 - April 2018) was to enhance patient experience and outcome (including discharge planning and limiting delayed discharge) through providing in-reach specialist assessment, advice and support from a Bladder and Bowel Nurse Specialist.

## Methodology

One Bladder and Bowel Nurse Specialist (0.6 WTE) was released from the community-based team to solely accept referrals for hospital inpatients when bladder and bowel dysfunction was impacting on discharge planning.

The service was introduced to two acute sites and awareness was raised at multidisciplinary meetings.

Key to this work has been the development of the BASICS assessment tool to enable focused multi-disciplinary ward-based assessment, diagnosis, and treatment/management. High profile dissemination (posters/banners, newsletters, intranet), integration into the electronic patient record and an education strategy within the NHS and three higher education institutions.

Local audit revealed that 75% of registered nurses had never attended bladder or bowel dysfunction training. Education sessions were provided and direct training has been delivered to over 200 nurses.

## Aims and objectives

To focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

To establish if improved bladder and bowel assessment, diagnosis of type of dysfunction and implementation of treatment/management plan has a positive effect on discharge planning.

To establish if having access to a Bladder and Bowel Nurse Specialist for assessment/advice has a positive outcome for staff and patients in relation to various aspects of care planning and preparation for discharge.

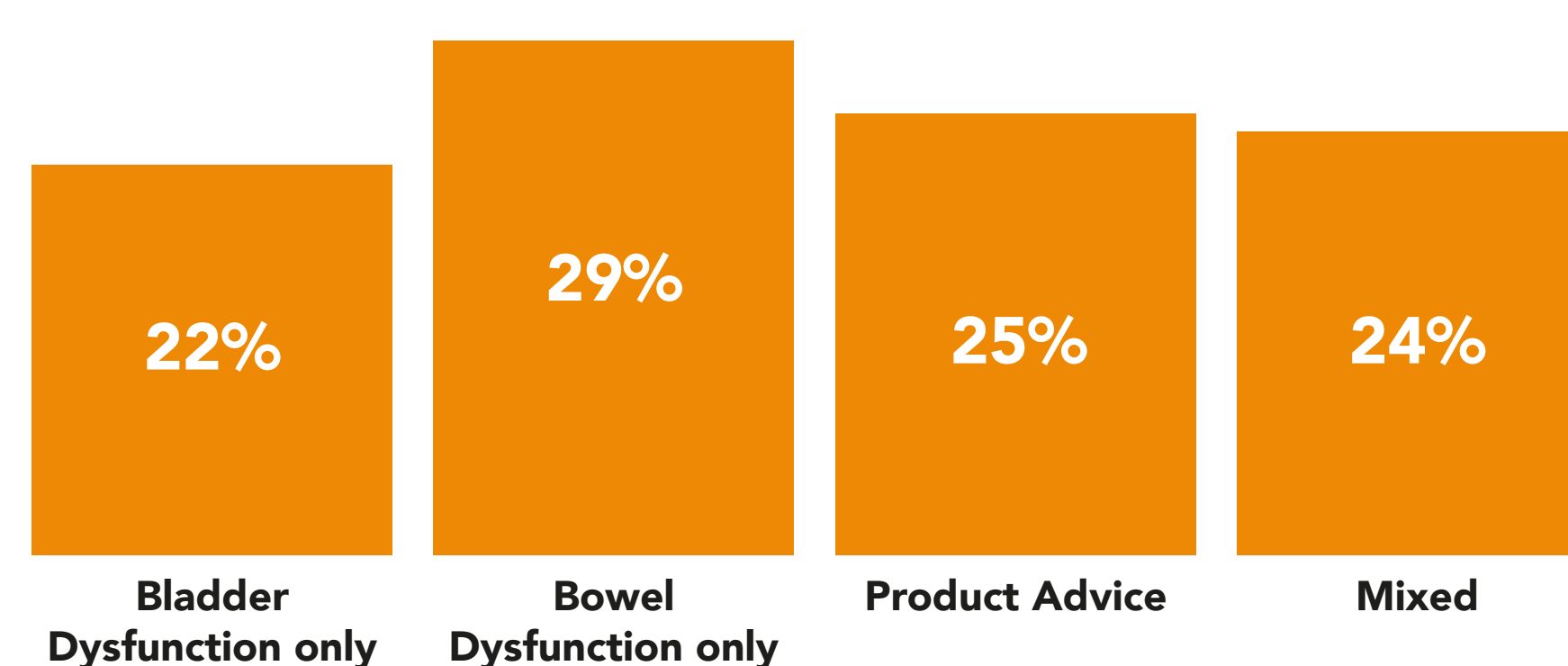
## Results/Outcomes

Improving bladder and bowel assessment has a positive impact on discharge planning and delayed discharge.

Audit of the initial 18-months identified positive patient outcomes and evidenced that improving bladder and bowel assessment has a positive impact on discharge planning and delayed discharge.

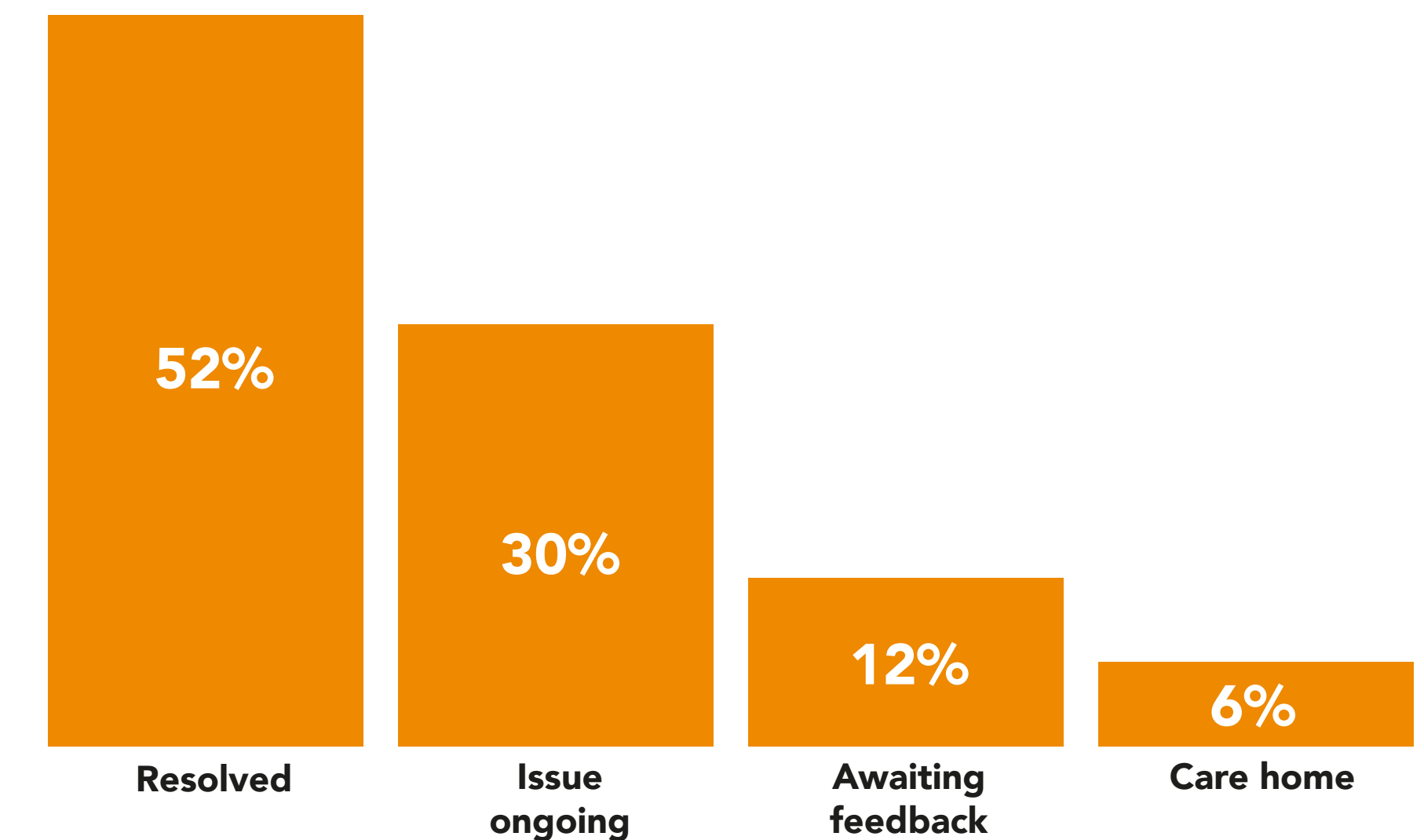
180 referrals received (January 2017 to April 2018)

### Reasons for Referral



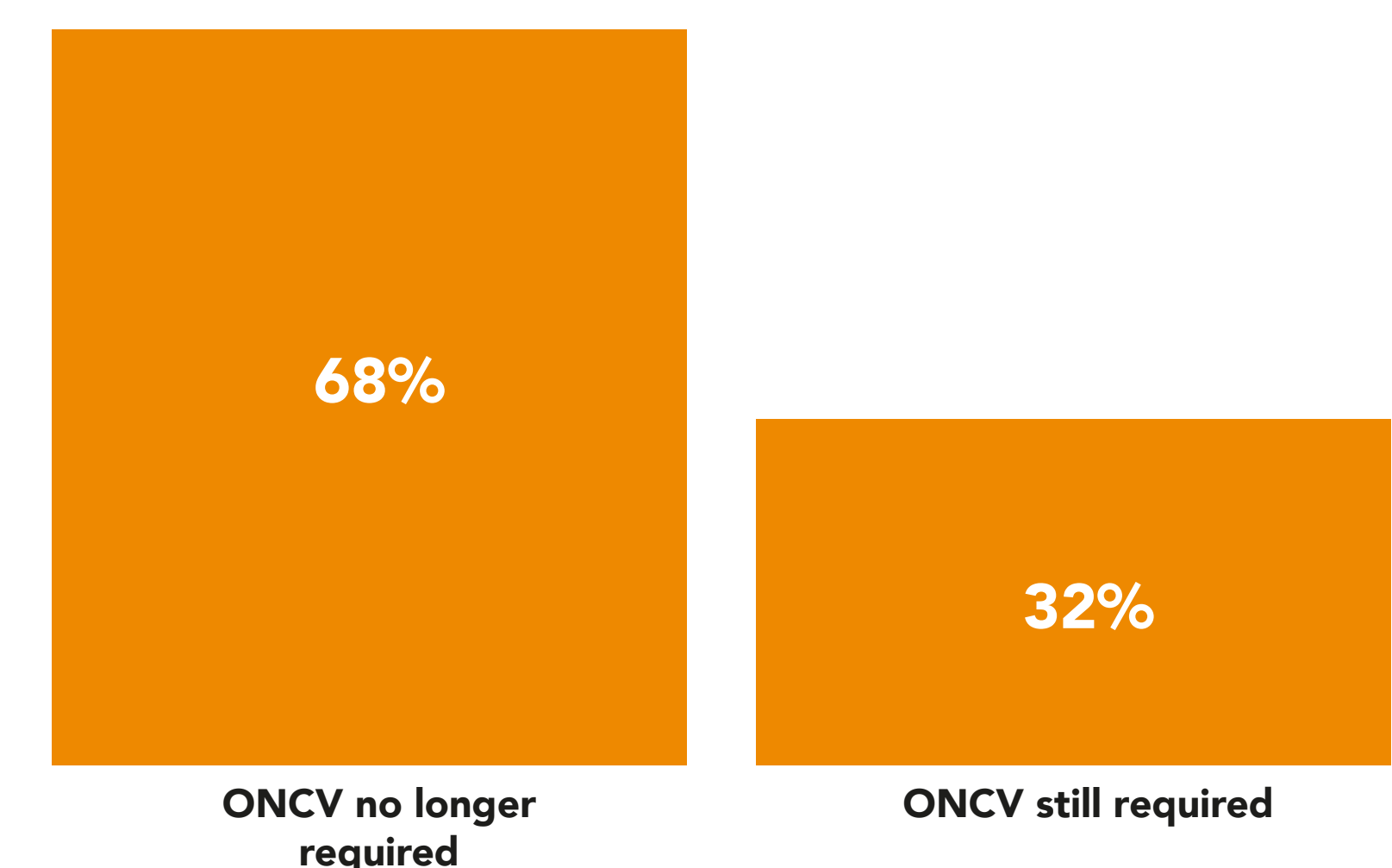
104 patients required a package of care (POC) and their bladder/bowel issues were causing delayed discharge.

### Outcomes for patients requiring a POC



25 patients required an overnight care visit (ONCV), which can significantly delay discharge or lead to care home admission.

### Outcomes for patients requiring an ONCV



Funding for the role has been extended, leading to the first dedicated acute hospital Bladder and Bowel Nurse Specialist in Scotland.



## References

- NICE clinical guideline 171 (2015) Urinary incontinence in women: management
- NICE clinical guideline 97 (2015) Lower urinary tract symptoms in men: management
- NICE clinical guideline 148 (2012) Urinary incontinence in neurological disease: assessment and management.

The fundamentals of assessing bladder dysfunction are:

- B** BLADDER DIARY
- A** A PHYSICAL EXAMINATION
- S** SYMPTOM PROFILE
- I** INFECTION
- C** CONSTIPATION
- S** SCAN

## Comments from Nursing and OT Staff

*"The BASICS simplifies the assessment and makes it feel manageable on a busy ward."*

*"BASICS is being used at our MDT meetings to make sure we are pulling all parts of assessment together."*

*"I just wanted to say thanks so much for your input with the patients on my ward recently. Your input has meant they are able to go home rather than go into a care home."*

*"Medicine of the elderly nursing staff have highlighted recently that continence assessment isn't included in their training. Therefore even with the best intentions sometimes there isn't the knowledge within the team on the ward to properly assess and manage the more complex cases of incontinence."*