

Meeting of Lanarkshire
NHS Board
31 January 2018

Lanarkshire NHS Board

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LIVED EXPERIENCE

**CARE HOMES CONTINENCE PROMOTION CARE BUNDLE
PROJECT REPORT NOVEMBER 2017**

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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This report is to provide the Board with an overview and outcome from the Care Home Continence Improvement Care Bundle Project which was funded by the Health Foundation.

The purpose of the project was to develop and implement a continence promotion bundle in conjunction with care homes. The aim of the project was to reduce harm associated with incontinence in addition reduce the numbers and absorbency levels of incontinence pads used.

Two Care Homes in Lanarkshire participated in the 18 month project; David Walker Gardens – South Lanarkshire & Summerlee House – North Lanarkshire.

2. ROUTE TO THE BOARD

The content of this paper relating to adverse events has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Corporate Management Team.

3. SUMMARY OF KEY ISSUES

National guidelines report a high prevalence of incontinence across age, gender, health and social care environments with a wide range of severity. An aging population is associated with a rising prevalence of incontinence as urinary and faecal incontinence affect 30-80% of care home residents

Incontinence is associated with risks such as falls, urine infection and skin damage. Incontinence is generally managed with absorbency pads which contain as opposed to promoting and improving incontinence.

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National Guidance suggests that interventions such as toilet assistance, optimal fluid intake and medication review can promote continence rehabilitation and reduce the use of absorbency products in the elderly by up to 50%.

Project aim - was to increase the capability of care home staff to promote continence by the development and use of a continence promotion care bundle (CPCB) and model for improvement methods as a structured approach to improve clinical outcomes. Staff in the Care Homes were provided with a basic understanding of improvement methodology and supported to capture and use data for improvement.

The views of staff, residents and relatives involved in the project were captured on video as part of the overall evaluation of the project. The video, along with end of project report (attached) have been submitted to the Heath Foundation.

The CPCB was implemented in the 2 care homes in a phased approach with data collected over a 10 month period (September 2016 – June 2017). A total of 59 care home residents were involved in the project (exclusion end of life care)

Qualitative & Quantitative data was captured as part of the project which demonstrates significant positive impact on both patient safety and person centred care:

- Reduction in episodes of incontinence, reduction in pad use.
- Released time to care (more time with residents)
- 40% - 65% reduction in falls
- 50% reduction in UTI
- 30% reduction in skin damage
- 40% reduction in unplanned hospital admission for falls/UTI

A cost-effectiveness analysis of the continence bundle project has been carried out by Health Economists, Health Improvement Scotland and report a potential net costs savings in the region of £250K over the 9 months period of the project in one Care Home.

The improvement activity supports the following National Health and Well Being Outcomes;

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 7 - People using health and social care services are safe from harm

Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

The improvement developed would be applicable in other care homes, and would benefit from further testing and refining of improvement measures to capture more robust outcome data.

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An expression of interest has been submitted to the iHUB Improvement Fund on behalf of the partnership for £73,000 to provide support to extend to a further 6 care homes over an 18 month period .

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	<input checked="" type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

The project report sets out the measures used to monitor improvement.

7. FINANCIAL IMPLICATIONS

A cost-effectiveness analysis of the continence bundle project has been carried out by Health Economists, Health Improvement Scotland and report a potential net costs savings in the region of £250K over the 9 months period of the project in one Care Home

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There are no risk implications.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed

Yes As part of the project initiation
No

11. CONSULTATION AND ENGAGEMENT

The Project Team worked closely with Care Home staff, residents and family members.

12. ACTIONS FOR THE BOARD

The Board is asked to:

1. Acknowledge the work of the project and support further development.

Approval	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Jean Donaldson, Associate Director of Nursing. Telephone: 01698 453844.

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