

Measuring outcomes to improve the management of continence care

THE CHALLENGE

There are limited clinical guidelines and international standards on good continence care with toileting and containment strategies, and Key Performance Indicators (KPIs) to measure performance



“The use of containment products is often inconsistent and insensitive to the holistic needs of persons with incontinence and their caregivers, and not considered in combination with the care routine”

THE SOLUTION

To create - using evidence from a literature review, broad stakeholder engagement and expert consensus - a set of KPIs to measure outcomes for toileting and containment strategies



THE APPROACH

Our approach was guided end to end by five experts with international continence specialism: a geriatrician, a nurse, a payer, a social scientist and a patient and caregiving representative

1 Literature review



Scoping review of academic and grey literature to identify

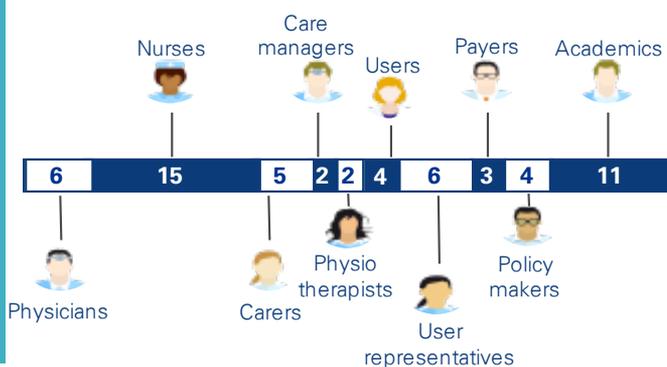
158 KPIs

Remove, reframe, or rephrase the KPIs to create a refined KPI longlist using prioritisation criteria:

- In scope**
- Relevant**
- Measurable**
- Robust**

2 Augment KPIs

Test the KPI longlist with external continence care stakeholders and augment KPIs based on their recommendations



3 Finalise KPIs

Develop a complete detailed set of KPIs to measure outcomes for toileting and containment strategies used in daily continence management

14 KPIs applicable to:

- Independent persons
- Care dependent persons who can express themselves
- Care dependent persons who cannot express themselves

THE OUTCOMES

KPI type

KPI can be applied to measure care for persons with incontinence who are:



Care independent

Care dependent and can express need to toilet and manage containment products

Care dependent and cannot express need to toilet and manage containment products

Structure



Proportion of staff with the skills to perform a continence assessment and prescribe a toileting and containment strategy

Process



Proportion of persons with incontinence in receipt of pads with a documented assessment and formulation of a toileting and containment strategy

Mean number of days from referral to assessment for persons with incontinence who require a toileting and containment strategy

Proportion of persons whose toileting and containment strategy is reviewed

Proportion of persons with incontinence who receive education on toileting and containment strategies*

Proportion of persons with incontinence deemed eligible for a toileting and containment strategy who are offered a choice of product type following assessment of incontinence*

Outcome



Proportion of care dependent persons with incontinence managed with a toileting and containment strategy who are able to independently manage their incontinence

Proportion of persons with incontinence and Incontinence Associated Dermatitis (IAD) who receive a toileting and containment strategy

Proportion of persons with incontinence with an indwelling catheter to manage incontinence

Proportion of persons with incontinence managed with a toileting and containment strategy who report "good" or "acceptable" levels of access and support to toilet facilities in their daily life

Persons with incontinence managed with a toileting and containment strategy who report sustained or improved emotional wellbeing*

Proportion of persons managing incontinence with a toileting and containment strategy who are either able to remain in work or take up work

Proportion of caregiving relatives of persons with incontinence who report an acceptable level of emotional wellbeing

Cost of hospital admissions and re-admissions related to poor management with toileting and containment strategies for incontinence

Domain:



Clinical



Quality of life



Economic

*information or choice might be given to or data may be gathered via a proxy i.e. family relative, carer etc.

The 14 KPIs have been developed into a detailed guidance document to encourage implementation