HEALTHSOUTH
Walton Rehabilitation Hospital

The Continuum of Care: Navigating the Road to Recovery

THE ROAD TO INDEPENDENCE FOR BLADDER AND BOWEL

Author: Gail Gibbs, RN, CRRN®, Hospital Educator
HealthSouth Walton Rehabilitation Hospital • Augusta, GA
Contributors in creating the final tool:
Mary Ellen Hatch, MSN, RN, CRRN®,
National Chief Nursing Officer, HealthSouth Corporation
Emily Palmore, MEd,
Education Program Manager,
HealthSouth Corporation

Objectives

To develop a tool that could easily be used by nursing staff, both licensed and unlicensed, that would navigate them toward helping our patient population to achieve:

1. A greater level of independence (or at least reach their pre-morbid level)
2. Improved outcomes as evidenced by higher discharge FIM® scores for bladder/bowel

Method

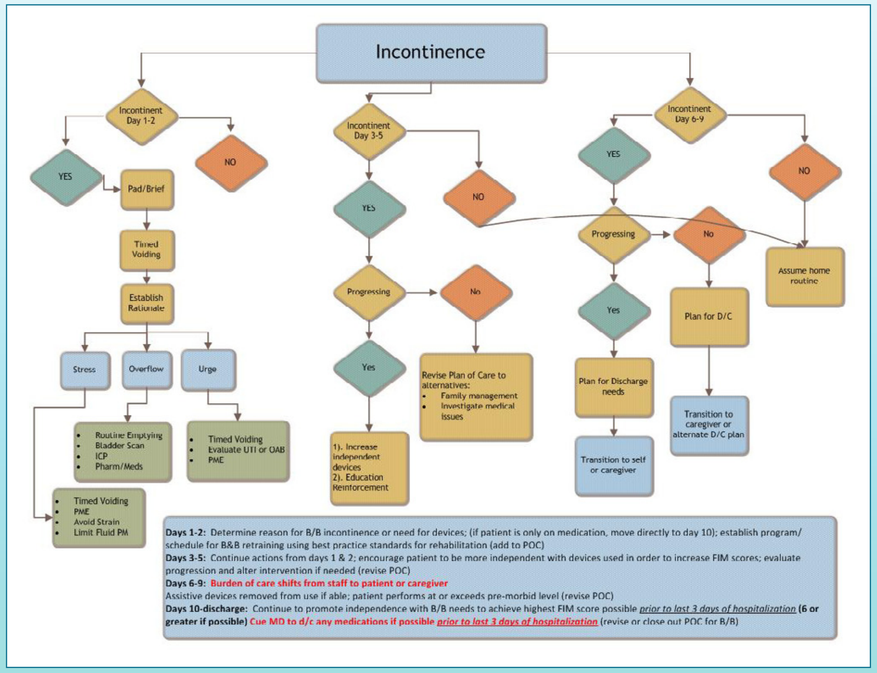
Bladder and bowel scores at our facility often remained unchanged or minimally changed at discharge. I felt that in most instances, this was an oversight on the part of nursing staff by missed opportunities to educate and encourage the patients to be as independent as possible by getting rid of urinals, bedpans, attends, medications, etc. In February 2013, I developed a Bladder & Bowel Pathway based on an average stay of 10-14 days that I felt could improve discharge FIM® outcomes. The tool was designed to progress approximately every 3-5 days of the patient's hospital stay with built-in cues to intentionally transfer burden of care to the patient/caregiver at days 6-9, as well as cues to remind the team to evaluate the need for continued assistive devices or medication for control. The original tool proved to be too cumbersome to staff due to length and detail, resulting in poor usage compliance. In June 2013, with the help of Mary Ellen Hatch and Emily Palmore, we began "tweaking" the tool. We began by only focusing on the bladder aspect of the tool and shortened it to become a flow chart that was divided into two separate branches:

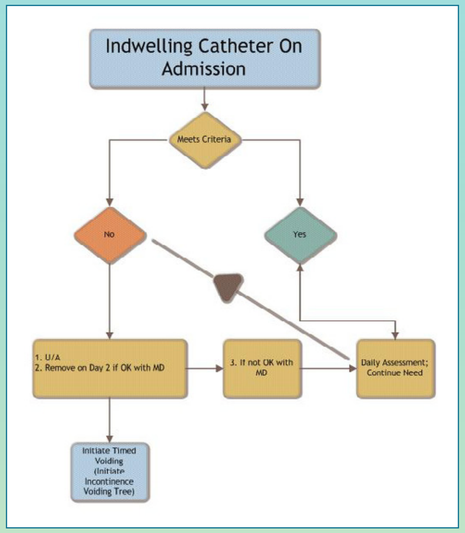
1. Patients admitted with an indwelling catheter
2. Patients who had bladder incontinence on admission or developed it after their catheter had been discontinued

The tool was then circulated to nursing staff for feedback. The general response was that this flowchart was user friendly and easy to follow. We then tried to decide where the best place to keep the tool would be so that staff would be most likely to refer to it throughout the patient's stay. It was decided that the tool should be kept with the daily documentation at the patient's bedside chart. We began using the tool in mid-August. We plan to develop a similar flowchart for bowel in the near future.

Results

At the time of this presentation, there is no reportable data that would reflect a measurable increase in discharge FIM® scores due to the short implementation period. We do see, however, both licensed and unlicensed staff becoming more proactive in trying to navigate patients and caregivers on the road toward greater independence with bladder function. Within the next few months, I think we can expect to see an upward trend in bladder FIM® scores at the time of discharge and more importantly, an increase in patient satisfaction, dignity and self-esteem as they regain bladder control.





Highlights of B&B Pathway
Based on 10-14 day Hospital Stay

(Initiate when any patient's admission Bowel or Bladder FIM® score is 6 or less)

Days 1-2: Determine reason for B&B incontinence or need for devices; (if patient is only on medication, move directly to day 10); establish program/schedule for B&B retraining using best practice standards for rehabilitation (add to POC)

Days 3-5: Continue actions from days 1 and 2; encourage patient to be more independent with devices used in order to increase FIM® scores; evaluate progression and alter intervention, if needed (revise POC)

Days 6-9: **Burden of care shifts from staff to patient or caregiver**
Assistive devices removed from use if able; patient performs at or exceeds pre-morbid level (revise POC)

Days 10-discharge: Continue to promote independence with B&B needs to achieve highest FIM® score possible *prior to last 3 days of hospitalization* **(6 or greater if possible) Cue physician to d/c any medications if possible *prior to last 3 days of hospitalization*** (revise or close out POC for B&B)