A multidisciplinary program approach to delivering continence promotion in the community.

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*Integrated Aged Care Assessment Program*
Demographic
Dynamic, accessible services to support active living
CONTINENCE NURSING INTERVENTIONS FOR THE VARYING LEVELS OF CLIENT FUNCTION SHOW AN ANECDOTAL CORRELATION BETWEEN

- level of function,
- complexity of intervention,
- length of episode.
Staff survey data revealed that 100% of staff agreed or strongly agreed that the length of the waitlist affects my overall job satisfaction.

“Can only do what you can do. I am past the point of stressing”.
• Geography alone makes our older person socially isolated, add to this an absence of public transport, a degree of poverty, and continence issues that cannot be addressed for up to 6 months. It paints a sad picture.
INCONTINENCE HOT LINE

PLEASE HOLD!

EDGAR ARGO
Meeting the Challenge

- Workforce Innovation Grant (DH Victoria – Health Workforce Branch)
- Trained AHA in Certificate 2 in Continence Promotion, and Better Health Self management.
- ‘Dry Up’ program sourced (DRY UP self management program designed by Queensland Health HACC and Medical Aids subsidy scheme)
Dry UP Continence promotion program

- The content of the program is based on the ‘First Steps in the Management of Urinary Incontinence in Community – Dwelling Older people’ (The State of Queensland, Queensland Health, 3rd Edition 2010).

- Designed to help manage early signs of urinary incontinence before the problem becomes worse.

- The program runs over four weekly sessions and is facilitated by a health professional/worker.
The AHA role

- Co ordinate
  - A great role for the AHA
  - Challenging at times
The AHA role

- Promotion
- Networking
- Media
- Websites
- Flyers etc.
The AHA role

- Resource
  - Speakers
  - Venue
  - Materials
  - Equipment
  - Refreshments
The AHA role

- Facilitate and Present

- Aims of program:
  - To assist older people to better understand urinary incontinence
  - To encourage development of self-management skills
  - To assist participants to effectively manage their symptoms
  - To assist participants to talk about incontinence and to seek help
“Dry Up”

- Delivered by AHA and:
  - Continence Nurse Advisor
  - Occupational Therapist
  - Pharmacist
  - Dietitian
“Dry Up”

- Bladder and bowel health
- Types of incontinence
- Strategies to improve bladder and bowel health – *Diet, pelvic floor exercises, effect of medications*
- Falls prevention tips
- Products
Results

Between March - Dec 2012, OKCHs ran 7 DRY UP programs

a total 56 clients completed the program, evaluation data (n= 35) revealed that:

- 86% of clients did not request Continence Nurse assessment or intervention post group
Individual Benefits

Table 1: Wait time for assessment

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<th>OT</th>
<th>Continence</th>
<th>Total</th>
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<td>Q1 12/13</td>
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Individual Benefits

- Substantially **less waiting time** for service,
- **Increased** amount of **direct contact** service time (up to 8 hours vs. 2 hours)
- **Increased knowledge** and capacity for self management of urinary incontinence issues
- **Opportunity for support** and social connectedness
- **Decreased individual equipment costs** (continence pads etc)
Individual Benefits

- 10 out of 13 domains from the self evaluation form showed an improvement post group specifically:
  
  - 12 – 17% increase in quality of life post program
  - clients are spending less on continence related product following the program
  - Fluid and dietary recommendations had been implemented
  - Clients were able to more actively engage in physical and social activities
System Benefits

- Delivers a validated continence self management program that decreases client wait time and unit cost/service.
- Addresses the ongoing systems challenges created by inappropriate wait time for service for an ageing population.
- Delivers an ‘active’ model of service.
- Lowers costs associated with the provision of continence equipment.
Participants comments

- “Dry Up has assisted my confidence to manage my problems, I would recommend the program to others”

- “Very informative, increased my knowledge significantly”
Participants comments

- “I have been made aware of some good techniques and strategies to keep my continence in control”

- “I came as a representative from a club and need to report back to members - I will recommend the Dry Up program”
What have we learnt?

- Reduces CNA. consultation time for clients referred from Dry Up
- Better retention of information by participants
- Participants refer others to program
- Better recruitment through Networking
  - Utilising established client relationships
  - Reduced cost of venues
  - Reduced marketing requirements