

Improving Standards Of Bowel And Bladder Management For Spinal Cord Injured Patients; Outcomes Of A Pilot Study

Lead Author: Lorraine Donovan RGN, BN (Hons) Senior Nurse for Neurosciences and ALAC Cardiff and Vale UHB

Introduction

Rehabilitation, planning and acute management of patients with spinal cord injuries should be a continuum of care.¹ Effective bowel and bladder management within the spinal cord injured patient continuity is essential for them to lead a normal life.



Objectives

- To improve bowel and bladder care for individuals with central neurological conditions within primary and acute care.
- To reduce the waiting list for those individuals requiring bowel and bladder review or intervention.
- To provide financial saving, reduce waiting lists and decrease length of stay.
- To monitor those patients who are discharged from the centre and provide on-going support thus reducing the need for readmission.

Methods

A six month retrospective qualitative notes review examining bowel and bladder management in the Welsh Regional Spinal Injury Rehabilitation Centre (WRSCIRC) demonstrated that 81% of all admissions within a six month period in 2013 were admitted with faecal loading requiring treatment before rehabilitation could commence. This resulted in extended hospital bed days, and treatment delays. This indicated that bowel care management for spinal injured patients from other hospitals and primary care has been inadequate, this is a major concern which is perceived by the patient to be their major disability, impacting significantly on quality of life. A reduction in bed numbers due to a ward refurbishment was seen by the management team as an ideal opportunity to pilot a Nurse led Clinic for patients with acquired and long term spinal cord injuries.

Results

213 patients have been seen since the start of the Nurse Led Clinic on September 10th 2013. Of those 213 patients' 57 were new referrals to the clinic and were seen within 2 months of referral, historically prior to this these patients would be waiting from 4-6 months.

Of these 213 patients seen in clinic, 66 patients would have been placed on the units admission list. 36 patients were seen for neurogenic bowel dysfunction, 12 were seen for neurogenic bladder dysfunction and 18 were seen for both bladder and bowel dysfunction. The Nurse Led Clinic has allowed these patients to be seen in a timely manner whilst reducing the need for an inpatient admission. It has also given patients the opportunity to discuss any bladder and bowel issue and in some cases allowed them to trial new products.

Outcome

The 66 patients not requiring hospital admission has saved approximately 1926 bed days, this has provided a releasable bed cost of £230,000 to the unit. A recent patient questionnaire demonstrated that the Nurse Led Clinic has had an overwhelmingly positive impact on the patients quality of life. Debbie Davies has received funding to continue in the role and was awarded The Royal College of Nursing 2015 Adult Nurse of The Year Award for her work in the clinic.

“I've been paralysed for 18 months and my G.P. referred me to the spinal clinic. I have been in 2 different hospitals and during that time no one explained why I couldn't go to the toilet normally. The nurse specialist in the clinic was the first person who understood and explained to me why I can't pee and poo normally. They x-rayed my bowels and I was shocked that it was full of poo. The nurse explained why this had happened and explained that she would sort it out by starting a new bowel plan. I cried because I felt so relieved that finally someone knew what to do. I cant thank her enough.”
Mrs H

“Before I came to the nurse led bowel clinic I never really went anywhere. I was afraid of having bowel accidents and if I did go out I would take tablets to 'bung' me up and would have to wear nappies. Since coming to the clinic it has given me the confidence to go out with my mates. I don't wear nappies anymore and I am planning a holiday with my mates, the first in 15 years.”
Mr N

¹ Department of Health (2005) The National Service Framework for Long Term Conditions. London: DoH