

CONFERENCE ABSTRACT

Women's Helath Initiative/Bladder Health. A health promotion initiative which empowers women to improve their bladder health & quality of life.

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Introduction: CHO9 North Dublin has a large cohort of women over the age of 65. An estimated 33% of Irish adults are incontinent of urine. Treatment mainly consists of containment in the form of incontinence wear with minimal use of re-training methods and medication, both of which are proven effective. McCarthy.G et al (2007).

It was decided to make real and positive changes to this culture in the form of the continence promotion clinics as there was no formal health promotion available in the community. A service was envisaged that could lead to a better quality of life for women and enable them to age with confidence in their own community.

Methods: The initiative will deliver a quality service for women empowering them to make positive changes to their bladder health. Initially patients will be offered a holistic assessment and a treatment plan will be devised according to their individual needs. Patients will be reviewed regularly to monitor progress. The focus of first line treatments will be support, retraining methods and medication management . When necessary patients will be referred via GP to Urology specialists for further investigation. Incontinence wear will be provided as a form of containment when all other avenues have been exhausted.

To maximize the clinics success and staff involvement we enlisted the help of enthusiastic staff members to support this change in practice, our Champions of Change. Frameworks for clinics and staff training were developed along with a procedure to ensure consistency in practice. The clinics were started in one test area and will remain there until well established.

Results: When implementing change to add value to people's lives the results are not always quantifiable, although resources are available to measure the outcomes in the form of clinical compstats.

The main focus of outcome measure will be patient satisfaction surveys which will emphasize quality of life changes such as increased self-esteem and dignity. Early feedback from patients in this regard is highly positive and also suggests notable improvements in continence.

Reviews will be undertaken to ensure clinics are meeting objectives and changes made were necessary. At this point the resources will be in place to branch out to the wider community and the model will be available to replicate.

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Conclusion: The change project is bringing bladder health promotion to the forefront of the public health nursing service. With the addition of education sessions for nurses it will ensure best practice is promoted and the highest service will be provided to patients. Clinic staff nurses are currently working closely with Tertiary services to reduce unnecessary Urodynamic investigations. Our method of first line treatment plans in conjunction with Gp's for medication management where necessary is a viable way of achieving this.

Our ultimate goal is to create a system of Direct referral pathways between hospital and community alike and amongst multidisciplinary team members for continence care.

This has the potential to change the face of continence care so that every woman can deservedly receive the same level of care in the community.

Keywords: empowerment; health-promotion; continence; primary-care; quality
