



Essence of Care

**Continence care for people with
Parkinson's disease**

Produced in association with:



PromoCon
promoting continence and product awareness

Contents

Introduction to this Resource Pack.....	3
Guidance on the Essence of Care Process	3
Resource Pack Documents.....	4
SECTION 1 – Patient semi-structured interview	6
SECTION 2 – Documentation	13
SECTION 3 – Observation Of The Clinical Environment	16
SECTION 4 – Scoring Sheet.....	17
SECTION 5 – Comparison Group Collated Scores.....	29
SECTION 6 – Action Plan	40
Example Of Completed Scoring Sheet.....	41
Example Of a Bowel Care Pathway.....	42
Example Of a Voiding Difficulty Care Pathway.....	45
Example of Referral Pathway	47
Useful Contacts	48

Acknowledgements

This document was produced by Annette Bowron Nurse Consultant as part of course work for the British Geriatrics Society PD Section Parkinson’s disease Masterclass 2004-5. It has been developed using an expert advisory group:

Authors

Annette Bowron, Nurse Consultant Parkinson’s disease/older people, Northumbria (Graduate of PD Masterclass)

Sue Thomas, RCN Nursing Policy & Practice Adviser London (PD Masterclass mentor)

Phyll Taylor, Independent Continence Nurse Consultant and project manager, Exeter

Sharon Eustice, Continence Nurse Consultant, Cornwall

Debbie Rigby, Continence Services Manager, Bristol

Angela Billington, Director of Continence Services, Bournemouth

Maggie Saunders, Clinical Lead for Continence, South West Sheffield PCT

The service user and carer consultation for this document was done by the James Parkinson Centre, Cornwall.

1. Introduction to this Resource Pack

Essence of Care arose due to unacceptable variations in standards of care across the whole of the country and from a commitment in Making a Difference (1999). This was reinforced by the NHS Plan (2000) with the importance of getting the basics right and improving the patient experience.

Essence of Care has been designed to support the measures to improve quality and contributes to the process of clinical governance. It looks at a variety of fundamental and essential aspects of care one of which is Continence Bladder and Bowel Care.

Essence of Care is about benchmarking these aspects of care in a structured approach. It provides a process for sharing and comparing practices, enabling you to identify “best practice” or the development of action plans to remedy practice identified as requiring improvement. This pack contains the tools for you to complete the process in a step to step approach.

The Department of Health has identified what would be classed as “best practice” with an “A” score and identified worse practice with an “E” score. These remain unchanged within this pack apart from identifying people with Parkinson's Disease as the client group in this particular benchmarking exercise. The RCN working group, however, have identified key indicators for best practice in continence care for people with Parkinson's Disease to guide you when evaluating the practice within your clinical area.

The Essence of Care process involves patients, service users, carers and their representatives and is extremely useful as it will answer the following questions;

- Are we doing things right?
- Have we got the right skills?
- How do we know if we are doing it right?
- How do we monitor fundamental and essential aspects of care?
- Are we clear about the accountability and responsibility angles?

Ensuring all these occur will ultimately improve the experience of People with Parkinson's disease with bladder and bowel problems, raise standards of care and encourage parity of best practice in Continence Care.

2. Guidance on the Essence of Care Process

This is a general guidance only. Most Organisations will have a lead member of staff for Essence of Care or the process will be incorporated within Clinical Governance. Therefore local advice should be sought before beginning the benchmarking process.

Step 1

You need to nominate someone to be responsible for the benchmarking process. A team approach could mean collecting the evidence using the tools provided carried out by different members of the team.

Step 2

The process and the methods used should be fully discussed with your Essence of Care Lead and any updating for staff arranged.

Step 3

A very important part about Essence of Care is sharing and comparing your practice and for this you need a comparison group. This group can be as large or small as you want i.e. identifying a similar ward, outpatients department or district nurse team for example, in fact any clinical area where people with Parkinson's disease are seen. The comparison group agrees to benchmark the continence care for people with Parkinson's disease cared for in their clinical area supporting each other through the process.

Step 4

Within this pack are the tools required to collect evidence on the different factors along with the scoring sheet and action plan sheet. The documentation has been designed so that you will be able to give yourself an initial score once you have collected all the evidence.

Step 5

Once you have your initial score you will then need to meet up with the other members of the comparison group to share and compare your scores. This should be a positive and supportive process. Once you have done this you may feel you need to review or change your score. Once you have decided areas you could improve on you need to develop action plans to improve practice, these may be on a clinical area or Trust level. As a group you then need to decide when you will re- benchmark this area of care.

Step 6

Disseminate your findings and actions according to your local policy.

3. Resource Pack Documents

The documents within this resource pack have been designed to assist you through the Essence of Care process making it relevant and meaningful.

We know that everyone will not score 'A' for each aspect of care, the most important part is to examine practice honestly to see if it can be improved in any way.

Different 'tools' have been designed for you to collect evidence that will help you to determine what score you receive. The resource pack is broken down into the following sections:

Section 1. Patient semi-structured interview

Patient involvement is very important within Essence of Care and it is very important to seek their views. This section requires you to ask patient questions about the care they receive. You must obtain consent before you ask any questions (see your local policy). We want patients to answer as honestly as possible and feel comfortable about talking about their care. In order to achieve this we suggest that you ask someone not directly related to providing care to that individual to ask the questions. We have suggested that a minimum of five patients are interviewed so the process is not too time consuming, you can of course ask more patients if you want to.

Section 2. Documentation Evidence

This is broken down into all the relevant factors for you and looks at collecting documentation/written evidence. For example it may require you to look at the documentation in your clinical area, such as the availability of policies and procedures or going through patients' records to see if care plans have been written.

Usually we have just asked you to tick or cross a box and have left additional space for you to add your own comments. We ask that you do add comments as this adds to your evidence and will support your score even more.

Section 3. Clinical Environmental Evidence

This is broken down into the different factors and requires you to examine the environment around you. For example it may ask you to if males and females toilets are easily identifiable or observe staff to ensure that patient confidentiality is maintained. It is important to write any additional comments down to support your evidence.

NOTE: within each of these 'tools' it has not been possible to cover every factor for every aspect of care.

Section 4. Scoring Sheet

Each aspect of care is broken down into factors. Within each of the factors are the standards as determined by the Department of Health, and all the evidence that you would need to show give you an

'A' score. Using the information you have gathered from Section 1,2 and 3 you should be able to give your ward/department/speciality an initial score.

Section 5. Comparison Group Scores

This document looks at the individual factors for each aspect of care and asks the comparison group to document their scores and the evidence given to support that score. As a result of discussions within the comparison group you may need to readjust your score.

Section 6. Action Plan

This sheet simply allows you to document any action that is needed to improve on any area of practice as a result of the benchmarking process. You also need to plan a date for review at this stage.

As many of the factors consider having care and referral pathways in place as key indicators for good practice some examples have been included as a starting point for those who need to devise their own.

A sample scoring sheet is included.

SECTION 1

Patient semi-structured interview

Patient involvement is very important within Essence of Care and it is very important to seek their views. This section requires you to ask patient questions about the care they receive. You must obtain consent before you ask any questions (see your local policy). We want patients to answer as honestly as possible and feel comfortable about talking about their care. In order to achieve this we suggest that you ask someone not directly related to providing care to that individual to ask the questions. We have suggested that a minimum of five patients are interviewed so the process is not too time consuming, you can of course ask more patients if you want to.

Factor 3 – Assessment of the Individual Patient							
	Answer Range	Patients					Overall Score
		1	2	3	4	5	
Who has been helping you to manage your bowel or bladder problem?	GP						
	District Nurses						
	Continence Clinic						
	Physiotherapist						
	Urologist						
	Other – please state						
	No further follow-up						
Comments:							

	Answer Range	Patients					Overall Score
		1	2	3	4	5	
Were you offered a detailed assessment to look after you bladder or bowel problem?	Yes						
	No						
	Don't know						
Comments:							

	Answer Range	Patients					Overall Score
		1	2	3	4	5	
If 'yes' who were you referred to?	GP						
	District Nurses						
	Contenance Clinic						
	Physiotherapist						
	Urologist						
	Other – please state						
Comments:							

Factor 4 – Planning, implementation and evaluation of care based on the bladder and bowel assessment							
	Answer Range	Patients					Overall Score
		1	2	3	4	5	
Do you have a written plan of care for your bowel or bladder problem?	Yes						
	No						
	Don't know						
Comments:							

	Answer Range	Patients					Overall Score
		1	2	3	4	5	
If ‘Yes’ were you involved in developing this plan of care?	Yes						
	No						
	Don't know						
Comments:							

	Answer Range	Patients					Overall Score
		1	2	3	4	5	
If ‘Yes’ have you followed the advice given?	Always						
	Sometimes						
	Never						
Comments:							

	Answer Range	Patients					Overall Score
		1	2	3	4	5	
If ‘Yes’ do you have a review date for your plan of care?	Yes						
	No						
	Don't know						
Comments:							

Factor 7 – Access to continence supplies							
	Answer Range	Patients					
		1	2	3	4	5	Overall Score
Have you or are you using any of the following aids, products or equipment (e.g. toileting adaptations, raised toilet seats, pads, commode)?	Yes						
	No						
	Don't know						
Comments:							

	Answer Range	Patients					
		1	2	3	4	5	Overall Score
If yes where did you obtain them from?	Social Services						
	NHS						
	Self purchase						
	Other (please state)						
Comments:							

Factor 9 – A physical and social environment conducive to continence and a healthy bladder and bowel							
	Answer Range	Patients					Overall Score
		1	2	3	4	5	
Do you need assistance with your toileting needs?	Always						
	Sometimes						
	Never						
Comments:							

	Answer Range	Patients					Overall Score
		1	2	3	4	5	
Please indicate if you attend any of the following areas:	Out patients						
	At home						
	PD clinic						
	Day Hospital						
	Other						
Comments:							

	Answer Range	Patients					Overall Score
		1	2	3	4	5	
If you attend these areas do you get the assistance that you need with your toileting needs: ✓ if you get the help that you need X if you do not get the help that you need	Out patients						
	At home						
	PD clinic						
	Day Hospital						
	Other						
Comments:							

Factor 10 – Patient to patient support							
	Answer Range	Patients					Overall Score
		1	2	3	4	5	
Have you been given information about any local support groups?	Yes						
	No						
	Don't know						
Comments:							

	Answer Range	Patients					Overall Score
		1	2	3	4	5	
If 'Yes' what kind of support group is it?	Parkinson's disease group						
	Continence group						
	Education and support programme						
	Expert patient						
	Other (please state)						
Comments:							

Factor 11 – User involvement in service delivery							
	Answer Range	Patients					Overall Score
		1	2	3	4	5	
Have you been asked to give your views about the continence service you have received?	Yes						
	No						
	Don't know						
Comments:							

	Answer Range	Patients					Overall Score
		1	2	3	4	5	
If 'Yes' how/where did you express your views?	Satisfaction survey						
	Focus group						
	User forum						
	Patient council						
	Other (please state)						
Comments:							

SECTION 2

Documentation

This is broken down into all the relevant factors for you and looks at collecting documentation/written evidence. For example it may require you to look at the documentation in your clinical area, such as the availability of policies and procedures or going through patients' records to see if care plans have been written.

Usually we have just asked you to tick or cross a box and have left additional space for you to add your own comments. We ask that you do add comments as this adds to your evidence and will support your score even more.

FACTOR 1	
Information for people with PD and their carers	✓ / ✗
Do you have leaflets from the PD society on continence, bladder and bowel care	
Do you have general information on continence, bladder and bowel care	
Do people with PD have access to a local PD integrated continence clinic	
Do people with PD have access to a local continence clinic (i.e. continence nurse or district nurse, other continence clinic – please give details below)	
If clinics are available is the information about the clinic in a variety of formats (if yes state which formats)	
Comments:	

FACTOR 2	
People with PD and their carers access to professional advice	✓ / ✗
Is there a self referral policy to the continence service(s)? (If yes please state which clinics below)	
Are there policies/procedures/referral protocols available to a specialist continence adviser? (If yes give details below)	
Comments:	

FACTOR 3	
Assessment of the individual patient	✓ / ✗
Are there standard trigger questions in the PD general assessment to identify any continence, bladder or bowel problems?	
If a problem is identified is the individual offered a more detailed assessment?	
Comments:	

FACTOR 4	
Planning, implementation and evaluation of care based on bowel and bladder assessment	✓ / ✗
Are protocols or evidence-based guidelines used for care interventions for bowel and bladder problems?	
Do individuals have an agreed plan of care documented?	
Has record keeping been benchmarked/audited?	
Are details available about referral rates, re-referral rates, complaints and patient survey results?	
Are plans of care regularly reviewed and evaluated?	
Comments:	

FACTOR 5	
Education for professional assessors and care planners	✓ / ✗
Do staff receive ongoing education regarding continence, bladder and bowel problems?	
If yes what type of education is received i.e. formal/informal, pharmaceutical led, product led – please give details below	
Comments:	

FACTOR 6	
Promotion of continence and a healthy bladder and bowel	✓ / ✗
Continence is promoted and not accepted as an inevitable aspect of PD – give details below	
Comments:	

FACTOR 9	
A physical and social environment conducive to continence and a healthy bladder and bowel	✓ / ✗
Do people with PD have access to the following therapists for assessment and care in relation to bowel or bladder problems	
■ Physiotherapist	
■ Occupational therapist	
■ Other – give details	
Comments:	

FACTOR 11	
User involvement in service delivery	✓ / ✗
Are people with PD involved in planning and evaluating continence service	
If Yes how are people with PD involved?	
■ Satisfaction survey	
■ Focus group	
■ User forum	
■ Patient council	
■ Other (please state)	
Comments:	

SECTION 3

Observation Of The Clinical Environment

This is broken down into the different factors and requires you to examine the environment around you. For example it may ask you to if males and females toilets are easily identifiable or observe staff to ensure that patient confidentiality is maintained. It is important to write any additional comments down to support your evidence.

NOTE: within each of these ‘tools’ it has not been possible to cover every factor for every aspect of care.

FACTOR 1 – Information for patients/clients/carers/public		
	Yes	No
1. Are posters displayed that promote continence?		
2. Are posters displayed on how to access continence services?		
3. Are continence leaflets on display and people can just pick up?		
Comments:		

FACTOR 9 – A physical and social environment conducive to continence and a healthy bladder and bowel		
	Yes	No
1. Are toilets, where people with PD are seen:		
■ Clean		
■ Warm		
■ Private		
■ Easy to find		
■ Easily accessible		

SECTION 4

Scoring Sheet

Each aspect of care is broken down into factors. Within each of the factors are the standards as determined by the Department of Health, and all the evidence that you would need to show give you an 'A' score. Using the information you have gathered from Section 1,2 and 3 you should be able to give your ward/department/speciality an initial score.

Factor 1 – Information for Patients / clients / carers / public				Aspect of Care: Continence										
<p>Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/></p>														
<p>Scored by: Name: _____ Position: _____ Date: _____</p>														
<p>E Patients with PD/carers have no access to evidence based information about bowel and bladder care</p>	<p>D Patients with PD/carers have access to evidence based bowel and bladder care information from the Parkinson’s disease society in some clinical areas</p>	<p>C Patients with PD/carers have access to bladder and bowel care evidence based information both from the Parkinson’s disease society and local continence service in some clinical areas but have to request these from staff</p>	<p>B Patients with PD/carers have access to a full range of evidence based information about bowel and bladder care in all clinical areas but have to request these from the staff</p>	<p>A Patients with PD/carers have free access to evidence based information about bowel and bladder care that has been adapted to meet individual patient needs and those of their carer</p>										
<p>Evidence required for ‘A’ score:</p> <p>In clinical areas used by patients with Parkinson’s disease and their carers the following information is available:</p> <ul style="list-style-type: none"> ■ Bowel and bladder care information produced by the Parkinson’s disease society ■ Up to date information leaflets about the local integrated continence service with open access by health and social care professionals and patients. ■ Information leaflets about local support groups for PD patients and their carers which has input as appropriate from the local continence service. ■ Evidenced based information leaflets about promotion of continence, a healthy bowel and bladder. These are regularly reviewed ■ Evidence based, up to date information leaflets about appropriate continence products both self purchase and those provided by the local continence service. These are regularly reviewed 														
	<p>Evidence from Sections:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> </table>			1			2			3				
1														
2														
3														
Initial Score	Evidence/justification of scoring			Action needed/Best Practice	Final Score (following Comparison Group)									

Factor 2 – Patient access to Professional advice re Continence and Bladder And Bowel Care				Aspect of Care: Continence						
Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/>										
Scored by: Name: _____ Position: _____ Date: _____										
<p>E Patients with PD do not have access to professionals who can meet their continence needs</p>	<p>D Patients with PD sometimes have access to professionals who can meet their continence needs but this is ad hoc depending on the point of access</p>	<p>C Patients with PD usually have access to professionals who can meet their continence needs. There are care and referral pathways but these are not totally adopted in all areas and there is no audit in place</p>	<p>B Patients with PD have direct access to professionals who can meet their continence needs through care and referral pathways but there is no audit in place to trace the patient's access to continence/bladder/bowel care</p>	<p>A Patients with PD have direct access to professionals who can meet their continence needs and their services are actively promoted</p>						
<p>Evidence required for 'A' score:</p> <ul style="list-style-type: none"> ■ There is an open referral system to local continence services. This fact is advertised within information available to patients with PD and their carers. ■ There are multi - professional care pathways (see appendix) in place to ensure appropriate advice is given where ever the patient accesses a health or social care service. ■ There is joint care delivered by PD specialist nurses and continence advisers with access to appropriate medical advice as per the referral pathway. ■ There are multi-professional referral pathways in place to ensure referral to the appropriate professional wherever the patient accesses a health or social care service. ■ Any barriers to access locally such as a need for interpreters or unacceptable waiting times are identified and the problems addressed. ■ Regular audit is in place to monitor access to appropriate professionals. ■ There is ongoing education to all staff about appropriate care and referral. 										
Initial Score	Evidence/justification of scoring	Evidence from Sections:	Action needed/Best Practice	Final Score (following Comparison Group)						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; padding: 5px;">1</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td style="padding: 5px;"></td> </tr> </table>	1		2		3				
1										
2										
3										

Factor 3 – Assessment of the individual patient				Aspect of Care: Continence						
Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/>										
Scored by: Name: _____ Position: _____ Date: _____										
<p>E Patients with PD are not asked a trigger question related to bladder and bowel continence needs within their general health assessment.</p>	<p>D Patients with PD are asked a trigger question related to bladder and bowel continence as part of their general health assessment but even though a positive response is given, no further action is taken.</p>	<p>C Patients with PD positive response to the trigger question sometimes leads to an offer of an initial bladder and bowel continence assessment but this is not always carried out as described in Page 11 of DH guidance</p>	<p>B Patients with PD positive response to the trigger question always leads to an offer of an initial bladder and bowel continence assessment but this is not always carried out according to page 11 of the DH guidance.</p>	<p>A Patients positive response to the trigger question always leads to an offer of an initial bladder and bowel continence assessment which if accepted by the patient is completed as described in page 11 of DH guidance.</p>						
<p>Evidence required for ‘A’ score:</p> <ul style="list-style-type: none"> ■ There is an appropriate trigger question/s which encompasses all bladder and bowel problems, not just incontinence ■ This trigger question/s is incorporated in all initial and review assessment documentation of patients with Parkinson’s disease. ■ A positive response to the trigger question leads to an offer of assessment. If accepted, assessment takes place according to a care and referral pathway available for all staff. This will ensure an initial assessment takes place by appropriate staff 										
Initial Score	Evidence/justification of scoring	Evidence from Sections:	Action needed/Best Practice	Final Score (following Comparison Group)						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; padding: 5px;">1</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td style="padding: 5px;"></td> </tr> </table>	1		2		3				
1										
2										
3										

Factor 4 – Planning, implementation and evaluation of care based on the bladder and bowel assessment				Aspect of Care: Continence									
<p>Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/></p>													
<p>Scored by: Name: _____ Position: _____ Date: _____</p>													
<p>E There are no patients with PD plans of care to meet the bowel and bladder needs identified in the continence assessments.</p>	<p>D Bladder and bowel care of Patients with PD is planned but there is no evidence of implementation.</p>	<p>C Bladder and bowel care of patients with PD is implemented and reflected in documentation. There are no care or referral pathways to direct this care.</p>	<p>B Patients with PD have standardised documentation of planned and implemented bowel and bladder care given by staff. Care and referral pathways are in place but no audit is taking place.</p>	<p>A The effectiveness of patients' care is continuously evaluated and leads either to the patients' needs being met or the modification of the care plan (e.g. referral on).</p>									
<p>Evidence required for 'A' score:</p> <ul style="list-style-type: none"> ■ Care and referral pathways have been ratified locally and are in place ■ Ongoing education to all relevant health and social care staff takes place regarding care and local referral pathways. ■ Standardised documentation states plan of care, regular review of the care and patient/family goals. ■ Standardised documentation records outcome of care , both objective and subjective (from patient and carer perspective). 													
<p>Initial Score</p>	<p>Evidence/justification of scoring</p>	<p>Evidence from Sections:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">1</td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td></td> <td></td> </tr> </table>	1			2			3			<p>Action needed/Best Practice</p>	<p>Final Score (following Comparison Group)</p>
1													
2													
3													

Factor 5 – Education for professional assessors and care planners				Aspect of Care: Continence						
Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/>										
Scored by: Name: _____ Position: _____ Date: _____										
<p>E Patients with PD are not assessed or do not have care planned by a health professional.</p>	<p>D Patients with PD are assessed and have care planned by professionals with no specific continence training.</p>	<p>C Patients with PD are assessed and have their care planned by professionals who have received ad hoc continence training.</p>	<p>B Patients with PD are assessed and have their care planned by professionals with specific continence training.</p>	<p>A Patients with PD are assessed and have care planned by professionals who have received specific continence care training and are continuously updated.</p>						
<p>Evidence required for ‘A’ score:</p> <ul style="list-style-type: none"> ■ Roles and responsibilities are defined for those carrying out assessments and planning care of patients with PD who have bladder, bowel, continence needs. ■ Appropriate continence education delivery is available. A system is in place to ensure regular updates. ■ Education will be delivered at different levels using different methods to fulfil the learning needs of all assessing staff. ■ To identify further training needs, peer group review, clinical supervision and personal development plans are used. 										
Initial Score	Evidence/justification of scoring	Evidence from Sections:	Action needed/Best Practice	Final Score (following Comparison Group)						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; padding: 5px;">1</td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td></td> </tr> </table>	1		2		3				
1										
2										
3										

Factor 6 – Promotion of continence and a healthy bladder and bowel		Aspect of Care: Continence																
<p>Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/></p>																		
<p>Scored by: Name: _____ Position: _____ Date: _____</p>																		
<p>E There is no attempt to promote continence and a healthy bladder and bowel in patients with PD.</p>	<p>D Some attempt is made to promote continence and a healthy bladder and bowel through some education to staff and some promotion literature to patients with PD..</p>	<p>C Some opportunities are taken to promote continence and a healthy bladder and bowel for patients with PD through education to multi – professional staff, patient information leaflets and some local links to PD patients groups.</p>																
<p>B All opportunities are taken to promote continence and a healthy bladder and bowel among patients with PD.</p>	<p>A All opportunities are taken to promote continence and a healthy bladder and bowel among patients with PD and the wider community.</p>																	
<p>Evidence required for 'A' score:</p> <ul style="list-style-type: none"> ■ Continence education emphasises continence promotion. Incontinence is not inevitable in patients with PD , that it may be caused by other factors and that early identification is essential. ■ Links with local PD patients self help and support groups are used to raise awareness of healthy bladder and bowel care. ■ Continence education emphasises continence promotion. Incontinence is not inevitable in patients with PD , that it may be caused by other factors and that early identification is essential. ■ Links with local PD patients self help and support groups are used to raise awareness of healthy bladder and bowel care. 																		
<p>Initial Score</p>	<p>Evidence/justification of scoring</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;"></th> <th style="width: 15%;">Evidence from Sections:</th> <th style="width: 15%;">Action needed/Best Practice</th> <th style="width: 15%;">Final Score (following Comparison Group)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Evidence from Sections:	Action needed/Best Practice	Final Score (following Comparison Group)	1				2				3			
	Evidence from Sections:	Action needed/Best Practice	Final Score (following Comparison Group)															
1																		
2																		
3																		

Factor 7 – Access to continence supplies				Aspect of Care: Continence
Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/>				
Scored by: Name: _____ Position: _____ Date: _____				
E Patients do not have access to supplies that assist in the management of their incontinence.	D Patients with PD have access to a limited supply to assist in the management of their incontinence.	C Patients with PD have access to a limited but appropriate supply to assist in the management of their incontinence.	B As C	A Patients have access to appropriate needs specific supplies to assist in the management of their incontinence.
Evidence required for ‘A’ score: <ul style="list-style-type: none"> ■ There is a ratified policy in place for the assessment, reassessment and supply of continence aids/ equipment and continence products ■ There is a range of products available ■ Health and social care staff have appropriate knowledge of the aids/ equipment and products available ■ Regular patient satisfaction surveys take place ■ Effective arrangements are in place for aids/ equipment infection control techniques, maintenance and replacement. 				
Initial Score	Evidence/justification of scoring	Evidence from Sections:	Action needed/Best Practice	Final Score (following Comparison Group)
		1		
		2		
		3		

Factor 8 – Education of the care delivers				Aspect of Care: Continence
Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/>				
Scored by: Name: _____ Position: _____ Date: _____				
E Patient with PD are cared for by carers with no continence training.	D Patients with PD are cared for by carers with ad hoc continence training.	C As D	B Patients with PD are cared for by carers who have received continence training.	A Patients with PD are cared for by carers who have undertaken continence care training which includes updating.
Evidence required for 'A' score: <ul style="list-style-type: none"> ■ Continence care training is part of the employing organisation's education strategy ■ Continence care training is delivered at different levels according to the role and responsibility of the staff ■ Continence care training is delivered using appropriate methods for different staff disciplines. 				
<ul style="list-style-type: none"> ■ Ongoing updating takes place on a recorded, planned system ■ Records of training are in place and a system for evaluating the impact of training. ■ Training needs are identified through peer group review, clinical supervision and personal development plans ■ There is a facility for staff to "shadow" local experts. 				
Initial Score	Evidence/justification of scoring	Evidence from Sections:	Action needed/Best Practice	Final Score (following Comparison Group)
	1 2 3			

Factor 9 – A physical and social environment conducive to continence and a healthy bladder and bowel				Aspect of Care: Continence						
Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/>										
Scored by: Name: _____ Position: _____ Date: _____										
<p>E The environment is not conducive to meet the individual needs of the patient with PD.</p>	<p>D Attempts have been made to make the general environment conducive.</p>	<p>C Attempts have been made to make the individual patient’s home environment conducive.</p>	<p>B Attempts have been made to make in general clinical areas to make the general environment conducive and to meet the needs of the individual patient with PD.</p>	<p>A All bladder and bowel care is given in an environment conducive to the individual needs of the patient with PD.</p>						
<p>Evidence required for ‘A’ score:</p> <ul style="list-style-type: none"> ■ For inpatients with PD, there is access to an Occupational Therapist and Physiotherapist for individual assessment and advice regarding appropriate aids and ability to use the toilet. ■ Toilets in clinical areas are clean, private, well sign posted, warm and with appropriate aids to ensure easy use for patients with PD. ■ The environment in clinical areas is appropriate for the patient with PD, such as appropriate flooring, heating, lighting and call bells . ■ Staff members are sensitive to the individual patient with PD needs such as age related and cultural sensitivities around bodily functions. ■ Practical considerations of potential fluctuation of patients’ needs is assessed and acted upon. 										
<p>Initial Score</p>	<p>Evidence/justification of scoring</p>	<p>Evidence from Sections:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; padding: 5px;">1</td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td></td> </tr> </table>			1		2		3	
1										
2										
3										
<p>Action needed/Best Practice</p>		<p>Final Score (following Comparison Group)</p>								

Factor 10 – Patient to patient support		Aspect of Care: Contenance																
<p>Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/></p>																		
<p>Scored by: Name: _____ Position: _____ Date: _____</p>																		
<p>E Patients with PD and their carers have no access to other patients with PD and their carers for support.</p>	<p>D Patients with PD and their carers may have an opportunity to access other patients and carers but there is no local support group.</p>	<p>C Patients with PD and their carers have some opportunity to access other patients and carers through the local support group but there are no other links and their views are not sought.</p>																
<p>B Patients with PD and their carers have the opportunity to access other patients and carers but this is not actively promoted.</p>	<p>A Patients with PD and their carers have the opportunity to access other patients and their carers who can offer support and this is actively promoted.</p>	<p>A Patients with PD and their carers have the opportunity to access other patients and their carers who can offer support and this is actively promoted.</p>																
<p>Evidence required for 'A' score:</p> <ul style="list-style-type: none"> ■ Patients with PD and their carers are able to access self care programmes ■ A PD support group is established 																		
<p>Evidence required for 'A' score:</p> <ul style="list-style-type: none"> ■ Information about the above is available. ■ There are existing links with national support groups. ■ Details of the PD society support line are readily available 																		
<p>Initial Score</p>	<p>Evidence/justification of scoring</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left; padding: 5px;">Evidence from Sections:</th> <th style="text-align: left; padding: 5px;">Action needed/Best Practice</th> <th style="text-align: left; padding: 5px;">Final Score (following Comparison Group)</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center; padding: 5px;">1</td> <td style="width: 15%;"></td> <td style="width: 40%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Evidence from Sections:		Action needed/Best Practice	Final Score (following Comparison Group)	1				2				3			
Evidence from Sections:		Action needed/Best Practice	Final Score (following Comparison Group)															
1																		
2																		
3																		

Factor 11 – User involvement in service delivery				Aspect of Care: Continence
Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/>				
Scored by: Name: _____ Position: _____ Date: _____				
E No user feedback or involvement sought from people with PD.	D User feedback is sought but not acted upon	C User feedback is always sought and sometimes acted upon.	B As C	A Users are always involved in planning and evaluating services, and their input is acted upon.
Evidence required for ‘A’ score: <ul style="list-style-type: none"> ■ PwPDs are actively involved in developing services e.g., participation and involvement in meetings, focus groups, user forums etc to include consideration of religious, cultural, language and age related and specials needs issues ■ The views of PwPD are sought regarding continence services ■ There is evidence of inter-agency involvement and networking with all stakeholders ■ There is evidence that feedback is always acted upon 				
Initial Score	Evidence/justification of scoring	Evidence from Sections:	Action needed/Best Practice	Final Score (following Comparison Group)
	1 2 3			

SECTION 5

Comparison Group Collated Scores

This document looks at the individual factors for each aspect of care and asks the comparison group to document their scores and the evidence given to support that score. As a result of discussions within the comparison group you may need to readjust your score.

Factor 1 – Information for Patients / clients / carers / public				Aspect of Care: Continence	
Comparison group: (Ward/Team)			Date scored:		
E Patients with PD/carers have no access to evidence based information about bowel and bladder care.	D Patients with PD/carers have access to evidence based bowel and bladder care information from the Parkinson's disease society in some clinical areas	C Patients with PD/carers have access to bladder and bowel care evidence based information both from the Parkinson's disease society and local continence service in some clinical areas but have to request these from staff.	B Patients with PD/carers have access to a full range of evidence based information about bowel and bladder care in all clinical areas but have to request these from the staff	A Patients with PD/carers have free access to evidence based information about bowel and bladder care that has been adapted to meet individual patient needs and those of their carer.	
Score Order A-E	Member (name/code)	Why score chosen / How justified?			
Statements to stimulate comparison group discussion around best practice:					
<ul style="list-style-type: none"> ■ Public information leaflets about bowel continence problems and services are freely available and accessible in all areas. ■ Public information leaflets about bladder continence problems and services are freely available and accessible in all areas. ■ All public information leaflets are evidence based. ■ Please submit examples of leaflets/posters used/available in your area. 					
Identified patient focused best practice:					
Action required	By whom	Date to complete	Reflection		

Factor 2 – Patient / client access to professional advice re: Continence, Bladder and Bowel Care				Aspect of Care: Continence
Comparison group: (Ward/Team)			Date scored:	
E Patients with PD do not have access to professionals who can meet their continence needs.	D Patients with PD sometimes have access to professionals who can meet their continence needs but this is ad hoc depending on the point of access.	C Patients with PD usually have access to professionals who can meet their continence needs. There are care and referral pathways but these are not totally adopted in all areas and there is no audit in place.	B Patients with PD have direct access to professionals who can meet their continence needs through care and referral pathways but there is no audit in place to trace the patient’s access to continence/bladder / bowel care.	A Patients with PD have direct access to professionals who can meet their continence needs and their services are actively promoted.
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
Statements to stimulate comparison group discussion around best practice: <ul style="list-style-type: none"> ■ Continence services are actively promoted by use of public information leaflets/posters in all areas. ■ Specialised continence services are directly accessible by members of the public, e.g., professional referral not required. ■ Staff are aware of local continence services. 				
Identified patient focused best practice: 				
Action required	By whom	Date to complete	Reflection	

Factor 3 – Assessment of individual patient / client				Aspect of Care: Continence
Comparison group: (Ward/Team)			Date scored:	
E Patients with PD are not asked a trigger question related to bladder and bowel continence needs within their general health assessment.	D Patients with PD are asked a trigger question related to bladder and bowel continence as part of their general health assessment but even though a positive response is given, no further action is taken.	C Patients with PD positive response to the trigger question sometimes leads to an offer of an initial bladder and bowel continence assessment but this is not always carried out as described in Page 11 of DOH guidance)	B Patients with PD positive response to the trigger question always leads to an offer of an initial bladder and bowel continence assessment but this is not always carried out according to page 11 of the DOH guidance.	A Patients positive response to the trigger question always leads to an offer of an initial bladder and bowel continence assessment which if accepted by the patient is completed as described in page 11 of DOH guidance.
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
<p>Statements to stimulate comparison group discussion around best practice:</p> <ul style="list-style-type: none"> ■ Trigger questions re: continence + mobility are routinely asked to all patients as part of their assessment process e.g., section re: continence completed in Discharge Risk Assessment/Overview assessment. ■ If a positive response to these trigger questions is made, a more detailed bladder or bowel continence or mobility assessment is offered/completed, as appropriate. ■ If appropriate a pathway of care/care plan is developed and completed to meet their identified needs. ■ Referral to continence specialist service is considered and documented. 				
<p>Identified patient focused best practice:</p> 				
Action required	By whom	Date to complete	Reflection	

Factor 4 – Planning, implementation and evaluation of care based on the bladder and bowel assessment (To be completed only if an assessment has been performed)				Aspect of Care: Continence
Comparison group: (Ward/Team)			Date scored:	
E There are no patients with PD plans of care to meet the bowel and bladder needs identified in the continence assessments.	D Bladder and bowel care of Patients with PD is planned but there is no evidence of implementation.	C Bladder and bowel care of patients with PD is implemented and reflected in documentation. There are no care or referral pathways to direct this care.	B Patients with PD have standardised documentation of planned and implemented bowel and bladder care given by staff Care and referral pathways are in place but no audit is taking place.	A The effectiveness of patients’ care is continuously evaluated and leads either to the patients’ needs being met or the modification of the care plan (e.g. referral on).
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
Statements to stimulate comparison group discussion around best practice: <ul style="list-style-type: none"> ■ Pathway of care/care plan for identified continence needs are continuously evaluated/variances recorded. ■ Pathway of care/care plans are modified according to evaluation/variances recorded to ensure patient’s continence needs are being met. ■ Patients / clients are involved in the development and evaluation of their care plan/pathway of care. ■ Patients / clients understand about their continence problems and treatment options available. 				
Identified patient focused best practice: 				
Action required	By whom	Date to complete	Reflection	

Factor 5 – Education for professional assessors and care planners				Aspect of Care: Continence
Comparison group: (Ward/Team)			Date scored:	
E Patients with PD are not assessed or do not have care planned by a health professional.	D Patients with PD are assessed and have care planned by professionals with no specific continence training.	C Patients with PD are assessed and have their care planned by professionals who have received ad hoc continence training.	B Patients with PD are assessed and have their care planned by professionals with specific continence training.	A Patients with PD are assessed and have care planned by professionals who have received specific continence care training and are continuously updated.
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
Statements to stimulate comparison group discussion around best practice: <ul style="list-style-type: none"> Professionals assessing continence needs and planning care have received specific continence care training which is regularly updated. Review training register. 				
Identified patient focused best practice: 				
Action required	By whom	Date to complete	Reflection	

Factor 6 – Promotion of Continence and a healthy bladder and bowel			Aspect of Care: Continence	
Comparison group: (Ward/Team)			Date scored:	
E There is no attempt to promote continence and a healthy bladder and bowel in patients with PD.	D Some attempt is made to promote continence and a healthy bladder and bowel through some education to staff and some promotion literature to patients with PD.	C Some opportunities are taken to promote continence and a healthy bladder and bowel for patients with PD through education to multi-professional staff, patient information leaflets and some local links to PD patients groups.	B All opportunities are taken to promote continence and a healthy bladder and bowel among patients with PD.	A All opportunities are taken to promote continence and a healthy bladder and bowel among patients with PD and the wider community.
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
<p>Statements to stimulate comparison group discussion around best practice:</p> <ul style="list-style-type: none"> ■ Promotion of continence e.g., healthy bowel and bladder advice is routinely offered/given to all patients e.g., Health promotion advice recorded. ■ National and local health promotion campaigns are actively supported and promoted in all areas. 				
<p>Identified patient focused best practice:</p>				
Action required	By whom	Date to complete	Reflection	

Factor 7 – Patient / client access to continence supplies				Aspect of Care: Continence
Comparison group: (Ward/Team)			Date scored:	
E Patients do not have access to supplies that assist in the management of their incontinence.	D Patients with PD have access to a limited supply to assist in the management of their incontinence.	C Patients with PD have access to a limited but appropriate supply to assist in the management of their incontinence.	B As C	A Patients have access to appropriate needs specific supplies to assist in the management of their incontinence.
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
<p>Statements to stimulate comparison group discussion around best practice:</p> <ul style="list-style-type: none"> ■ A range of continence products are available to meet assessed continence needs. ■ Continence supplies provided to patients for the management of their continence are appropriate to their assessed needs. 				
<p>Identified patient focused best practice:</p> 				
Action required	By whom	Date to complete	Reflection	

Factor 8 – Education of the care deliverers				Aspect of Care: Continence
Comparison group: (Ward/Team)			Date scored:	
E Patient with PD are cared for by carers with no continence training.	D Patients with PD are cared for by carers with ad hoc continence training.	C As D	B Patients with PD are cared for by carers who have received continence training.	A Patients with PD are cared for by carers who have undertaken continence care training which includes updating.
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
Statements to stimulate comparison group discussion around best practice: <ul style="list-style-type: none"> Staff/carers assisting patients to meet their continence needs have completed appropriate continence care training which is regularly updated review training register. 				
Identified patient focused best practice: 				
Action required	By whom	Date to complete	Reflection	

Factor 9 – A physical and social environment conducive to continence and a healthy bladder and bowel				Aspect of Care: Continence
Comparison group: (Ward/Team)			Date scored:	
E The environment is not conducive to meet the individual needs of the patient with PD.	D Attempts have been made to make the general environment conducive.	C Attempts have been made to make the individual patient's home environment conducive.	B Attempts have been made to made in general clinical areas to make the general environment conducive and to meet the needs of the individual patient with PD.	A All bladder and bowel care is given in an environment conducive to the individual needs of the patient with PD.
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
Statements to stimulate comparison group discussion around best practice:				
<ul style="list-style-type: none"> ■ Patient's bladder/ bowel care needs are provided in a suitable environment giving full regard to patient's privacy + dignity. 				
Identified patient focused best practice:				
Action required	By whom	Date to complete	Reflection	

Factor 10 – Patient to patient support				Aspect of Care: Continence
Comparison group: (Ward/Team)			Date scored:	
E Patients with PD and their carers have no access to other patients with PD and their carers for support.	D Patients with PD and their carers may have an opportunity to access other patients and carers but there is no local support group.	C Patients with PD and their carers have some opportunity to access other patients and carers through the local support group but there are no other links and their views are not sought.	B Patients with PD and their carers have the opportunity to access other patients and carers but this is not actively promoted.	A Patients with PD and their carers have the opportunity to access other patients and their carers who can offer support and this is actively promoted.
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
Statements to stimulate comparison group discussion around best practice:				
<ul style="list-style-type: none"> ■ Continence self help/support groups are available locally. ■ Patients/clients/carers are informed of access to local/national self help/support groups via leaflets/posters/staff. 				
Identified patient focused best practice:				
Action required	By whom	Date to complete	Reflection	

Factor 11 – User Involvement in service delivery				Aspect of Care: Continence
Comparison group: (Ward/Team)			Date scored:	
E No user feedback or involvement sought from people with PD.	D User feedback is sought but not acted upon.	C User feedback is sought but rarely acted upon.	B User feedback is always sought and sometimes acted upon.	A Users are always involved in planning and evaluating services, and their input is acted upon.
Score Order A-E	Member (name/code)	Why score chosen / How justified?		
<p>Statements to stimulate comparison group discussion around best practice:</p> <p>Continence self help/support groups are available locally.</p> <ul style="list-style-type: none"> ■ Users are actively involved in developing services e.g., participation and involvement in meetings / events etc. ■ Users opinion is formally gathered re: local continence services. ■ Evidence user views are acted upon. 				
<p>Identified patient focused best practice:</p> 				
Action required	By whom	Date to complete	Reflection	

SECTION 6

ACTION PLAN

This sheet simply allows you to document any action that is needed to improve on any area of practice as a result of the benchmarking process. You also need to plan a date for review at this stage.

Name of service:	Planned date for completion						
	Action to be taken by						
	Action Plan						
	Problem Identified						
	Factor						

Factor 1 – Information for Patients / clients / carers / public				Aspect of Care: Continence						
Area benchmarked: Self <input type="checkbox"/> Team <input type="checkbox"/> Practice <input type="checkbox"/> Ward <input type="checkbox"/> Area <input type="checkbox"/> Directorate <input type="checkbox"/> Trust <input type="checkbox"/>										
Scored by: Name: _____ Position: _____ Date: _____										
E Patients with PD/carers have no access to evidence based information about bowel and bladder care	D Patients with PD/carers have access to evidence based bowel and bladder care information from the Parkinson's disease society in some clinical areas	C Patients with PD/carers have access to bladder and bowel care evidence based information both from the Parkinson's disease society and local continence service in some clinical areas but have to request these from staff	B Patients with PD/carers have access to a full range of evidence based information about bowel and bladder care in all clinical areas but have to request these from the staff	A Patients with PD/carers have free access to evidence based information about bowel and bladder care that has been adapted to meet individual patient needs and those of their carer						
Evidence required to 'A' score: In clinical areas used by patients with Parkinson's disease and their carers the following information is available: <ul style="list-style-type: none"> ■ Bowel and bladder care information produced by the Parkinson's disease society ■ Up to date information leaflets about the local integrated continence service with open access by health and social care professionals and patients. ■ Information leaflets about local support groups for PD patients and their carers which has input as appropriate from the local continence service. ■ Evidenced based information leaflets about promotion of continence, a healthy bowel and bladder. These are regularly reviewed ■ Evidence based, up to date information leaflets about appropriate continence products both self purchase and those provided by the local continence service. These are regularly reviewed 										
<ul style="list-style-type: none"> ■ Information translated to meet local ethnic groups language and cultural needs ■ Information available in large print and Braille ■ Information videos This information is easily accessible by, <ul style="list-style-type: none"> ■ Posters advertising the information are displayed ■ The information leaflets being accessible to the patient and carer without needing to request from staff. ■ Information leaflets always in stock and updated. ■ Audit measures are in place to check acceptability 										
Initial Score	Evidence/justification of scoring	Evidence from Sections:	Action needed/Best Practice	Final Score (following Comparison Group)						
B	– Leaflets available from the PDS on bowel and bladder care for patients to pick up. – People are able to access a local continence clinic. – Posters are on display in the unit promoting continence	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">1</td> <td style="text-align: center;">✓</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">✓</td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> </table>	1	✓	2	✓	3		<ul style="list-style-type: none"> – To look at developing a PD integrated continence clinic. – To have more continence leaflets available on PD clinic days 	
1	✓									
2	✓									
3										

Example of a Bowel Care Pathway Assessment		
Full Name:		Date Of Birth:
Hospital No:		Nhs No:
Address:		Gp:
		Practice:
		Consultant:
Post Code:		
Tel No:	Assessor: Designation & Tel No:	
Emergency Contact Details: Name:	First Language (If Not English)	Date Of Assessment:
	Religion:	
Tel No:		

Medical/surgical/obstetric history:

How do you manage your bowel problem?

How has your bowel problem affected your quality of life?

How much does it bother you? (Tick your choice)

A lot moderately a little not at all

Standard Statement	Document Variance From Standard Statement	Standard Met ✓	Initial & Date
Frequency of defecation			
Stool Type (Bristol Stool scale)			

Standard Statement	Document Variance From Standard Statement	Standard Met ✓	Initial & Date
<p>Stop pathway and refer to Doctor:</p> <ul style="list-style-type: none"> ■ If patient has signs of undiagnosed or unexplained bleeding or black tarry stool and is not taking ferrous sulphate. ■ If patient have symptoms or signs of obstruction present (see obstruction checklist). ■ If patient reports an abnormal or unexplained change in their normal bowel habit. 			
<p>Establish bowel pattern and symptoms using Bowel Habit Diary.</p>			
<p>Patient drinks amount of fluid per day. Using fluid matrix as a guide, advise on appropriate amount and type of fluid intake.</p>			
<p>If patient has mobility, dexterity or environmental problems, assess impact on bowel function. Consider need for equipment or referral to physiotherapist or OT.</p>			
<p>Assess/advise on defecation technique.</p>			
<p>If patient taking any medications, assess their possible effect on bowel function. Consider review with doctor.</p>			
<p>Patient fibre score _____ Provide advice on increasing or modifying fibre intake according to bowel problem.</p>			

Example of a Voiding Difficulty Care Pathway			
Standard Statement	Variance From Standard Statement and Reason/Comments	Initial	Date
VISIT ONE			
Presenting problem and bothersome rating: _____			
Agree treatment goals			
ALL PATIENTS: Measure Post Void residual urine. If more than 150mls refer to GP and/or Continence Service			
If residual less than 150mls, bladder training information sheet given to patient			
If constipated discuss treatment options, fibre score and looking after your bowels.			
Review current medication and refer to list of medication, which may cause voiding difficulties.			
Consider treatment with bladder massager.			
Where appropriate give advice on products for containment.			
MALE PATIENTS: Consider 5 second flow test, if flow less than 10mls per second refer for further investigations			
Consider a prostate assessment symptom profile			
FEMALE PATIENTS: Give double voiding advice sheet.			
Consider vaginal examination to exclude vaginal prolapse			

Standard Statement	Variance From Standard Statement and Reason/Comments	Initial	Date
ALL PATIENTS: Date and time of next visit agreed within 6-8 weeks.			
Patient discharged if they feel they no longer have a problem or symptoms have improved significantly			
VISIT TWO			
Presenting problem and bothersome rating: _____			
Agree treatment goals			
ALL PATIENTS: Measure Post Void residual urine. If more than 150mls refer to GP and/or Continence Service			
If residual less than 150mls, continue with bladder training			
Patient discharged if they feel they no longer have a problem or symptoms have improved significantly			
Date and time of next visit agreed within 6-8 weeks.			

To be completed by all staff using the pathway

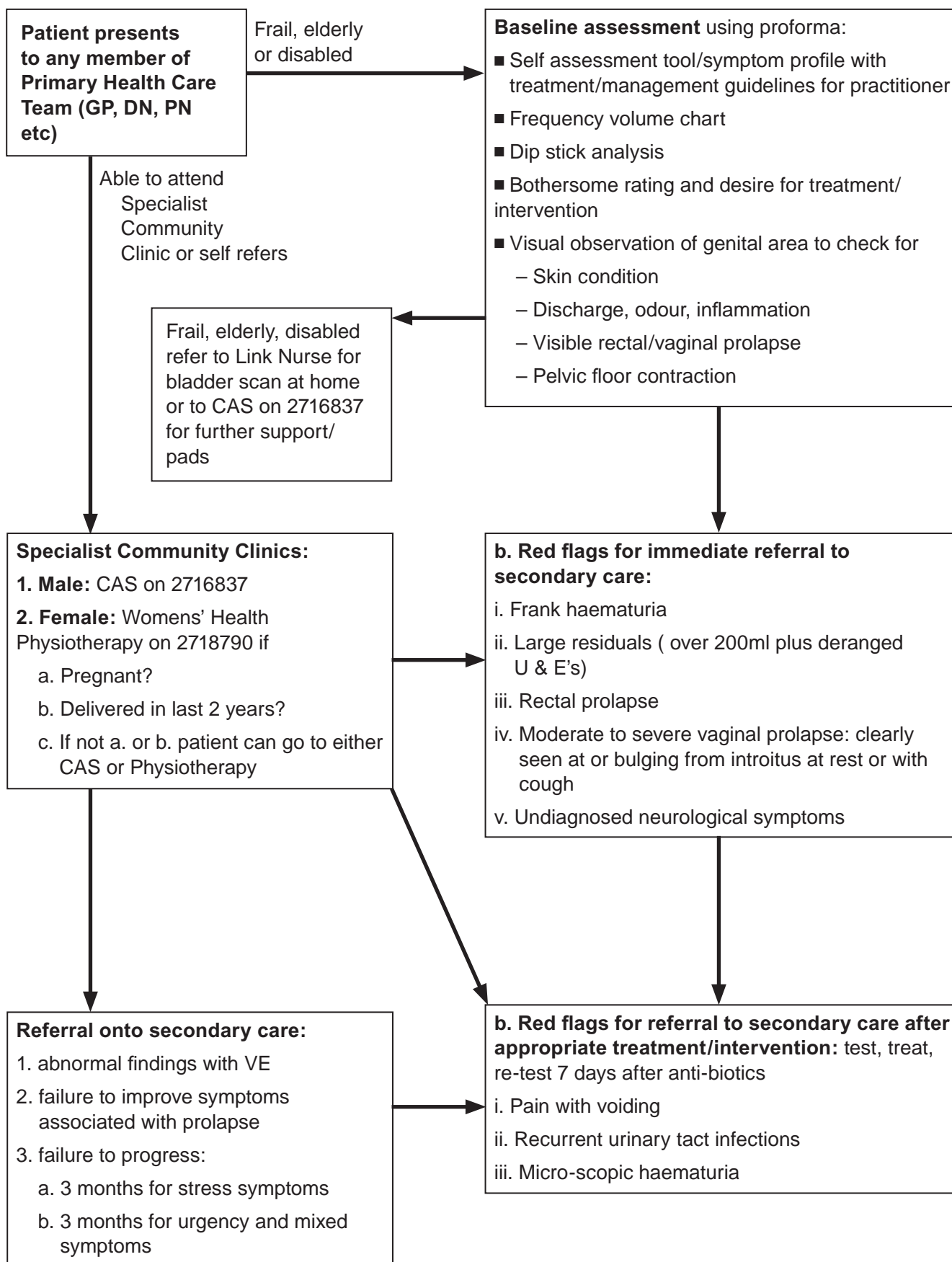
Sign that you have met all standards or recorded variances for your part of the pathway

On discharge sign and date

Full Name	Designation	Initials	Sign	Date
Discharge date:		Signed:		

Example of Referral Pathway

Referral Pathway for Adult Urinary Incontinence: Sheffield



Useful Contacts

Royal College of Nursing (RCN) Continence Care Forum

www.rcn.org.uk/development/communities/specialisms/primary-care-and-public-health/forums/continence-care

Parkinson's Disease Society

215 Vauxhall Bridge Road,
London SW1V 1EJ
Tel 020 7931 8080 Fax 020 7233 9908
Helpline 0808 800 0303

Parkinson's Disease Nurse Specialist Association (PDNSA)

www.pdnsa.org

Association for Continence Advice

c/o Fitwise Management Ltd,
Drumcross Hall,
Bathgate,
EH48 4JT
Tel 01506 811077
www.aca.uk.com

The Continence Foundation

307 Hatton Square,
16, Baldwins Garden,
London EC1N 7RJ
Tel 020 7404 6875
Helpline 0845 345 0165 (Monday - Friday 9.30am-1pm)
www.continence-foundation.org.uk

Incontact

SATRA Innovation Park,
Rockingham Road
Kettering
Northants NN16 9JH
Tel 0870 770 3246
www.incontact.org

PromoCon

Redbank House, 4 Chads Street
Cheetham
Manchester M8 8QA
Tel 0870 760 1580 Helpline 0161 834 2001 (Monday - Friday, 10am - 3pm)



Parkinson's
Disease Society

Parkinson's Disease Society of the United Kingdom (2008)
Charity registered in England and Wales No 258197
and in Scotland No SCO37554. A company limited by guarantee.
Registered No 948776 (London)
Registered office: 215 Vauxhall Bridge Road, London SW1V 1EJ.
June 2008 Code B110
RCN Publication Code 003 025