



VSCN Continence Initiative - Filling the Void

Background

The Victorian Stroke Clinical Network

The Victorian Stroke Clinical Network (VSCN) works in partnership with clinicians, the Department of Health and other stakeholders to achieve a coordinated, integrated and responsive system that provides the highest standard of health care for stroke survivors in Victoria.

A key area of focus for the VSCN is to implement evidence based care and reduce inappropriate variation in clinical practice, such as through encouraging the use of clinical practice guidelines (CPGs).

Continence management and stroke survivors

Urinary incontinence is a common consequence after stroke and has been reported to occur in up to 60% of stroke survivors, and can remain prevalent in up to 10% of stroke survivors at 2 years. It can have severe physical and psychological consequences.¹

The VSCN Continence Initiative – Filling the Void was identified by the VSCN in response to consistent findings in the National Stroke Foundation Clinical Audit process that continence assessment and management in Victoria was poorly attended to with only 36% of stroke patients assessed for urinary incontinence within 72 hours of admission to acute stroke units, and only 23% of incontinent patients having a documented continence management plan.² This figure has not changed since the 2011 audit (23%)³ or 2009 (also 23%)⁴ and is consistent with National figures for this indicator. National data suggests that this issue is better managed in the subacute setting with 86% of patients receiving assessments for urinary incontinence as determined by the 2012 Rehabilitation audit report.⁵

A study conducted in 2010 by Jordan et al demonstrated that only 46% of stroke units surveyed had a formal plan for urinary incontinence management, and 79% of those sites who did not have a plan would find it useful. Victorian sites accounted for 33% of the study sample.¹ Discussions with the VSCN Leadership Group and other clinical sources indicate that these figures are still relevant.

¹ Jordan LA, Mackey E, Coughlan K, Wyer M, Allnut N, Middleton S (2011) Continence management in acute stroke: a survey of current practices in Australia. *Journal of Advanced Nursing* 67(1), 94-104

² National Stroke Foundation (2014) National Stroke Audit Acute services Victorian State report 2013. National Stroke Foundation. Melbourne. Victoria, Australia

³ National Stroke Foundation (2011) National Stroke Audit Acute services Clinical Audit State report 2011. National Stroke Foundation. Melbourne. Victoria, Australia

⁴ National Stroke Foundation (2009) National Stroke Audit Acute services Clinical Audit Report 2009. National Stroke Foundation Melbourne. Victoria, Australia

⁵ National Stroke Foundation (2012) National Stroke Audit Rehabilitation Services Report 2012. National Stroke Foundation Melbourne. Victoria, Australia

The relevant standard for acute stroke care in Australia is the National Stroke Foundation Clinical Guidelines for Stroke Management 2010⁶. This is the benchmark for this project and hospitals participating in the quality improvement cycle are expected to achieve improved acute stroke management against this guideline.

About the 'Filling the void' project

Project goal

To improve the quality of continence care provided to stroke patients at Victorian public health services.

Site objectives

Increase the episodes of care that follow best practice for treating incontinence in stroke patients, in accordance with the National Stroke Foundation Clinical Guidelines and other evidence.

Improve clinicians' skills in project management and clinical practice improvement methodologies (including the use of data for improvement) in stroke care

Encourage clinicians to work together in communities of practice to share ideas and expertise, develop staff capability and improve clinical quality

Develop locally appropriate evidence based CPGs to reduced variation in clinical practice at participating sites.

Project scope

- Stroke patients who are admitted to Victorian public health services; or who attend out-patient services at Victorian community services.
- Multiple campuses of the same health service may submit separate applications.

Exclusions

- This project will only include urinary continence issues.
- Care prior or subsequent to admission to your service (e.g. emergency department care before transfer to the ward) is beyond the scope of this project.
- General hospital based continence training for nursing staff

Project timelines

The 'Filling the void' project will be in the form of a 6 month quality improvement cycle, commencing in February 2015.

Table 1: Milestones and key dates

Milestone	Date
EOI released	Wednesday 12 November 2014
Continence webinar	24 November 2014
Closing date for submissions	Wednesday 10 December 2014
Services notified of successful application	Wednesday 17 December 2014
Stakeholder workshop 1	Thursday 5 OR Friday 6 February 2015 (TBC)
Improvement cycle starts	Monday 16 February 2015
Project plan due	Friday 21 February 2015

⁶ National Stroke Foundation (2010). Clinical Guidelines for Stroke Management 2010. National Stroke Foundation. Melbourne. Victoria, Australia

Mid-cycle report (3 month progress)	Friday 29 May 2015
Stakeholder workshop 2	Mid June 2015
End-cycle report (6 month conclusion)	Friday 11 September 2015
Stakeholder workshop 3	Late October 2015

Project funding

No funding will be provided to health services for this project. On completion of the project, sites will be provided with a full nursing/allied health registration to the Stroke 2015 Conference to be held in Melbourne on 2-4 September 2015. This is the combined 26th Annual Scientific meeting of the Stroke Society of Australasia and the 11th Australasian annual nursing and allied health conference SMART STROKES. Each participant health service with >100 stroke patients per annum will be provided with a single registration for use by the project officer (or nominee) who delivered the project. Sites with >200 Strokes will be eligible to receive a second registration on delivery of the project. The registrations will be provided on finalisation of the participant health service's project outcome report.

There will be no cost to health services for project leads to attend project management/clinical practice improvement training. Costs associated with staff release time, and travel and accommodation expenses will not be reimbursed.

Ethics

This project is a quality improvement activity. Health services will be responsible for obtaining approval for this activity as a quality improvement project, with ethics approved as required. Governance of this process will be the responsibility of the nominated academic/quality sponsor.

Project evaluation

VSCN will work with participant health services to coordinate an evaluation to determine the degree to which the project meets its objectives.

Table 2. Proposed evaluation methodology

Objective	Evaluation methodology
1. Increase in the number of episodes of care that follow the evidence based protocol for treating continence in stroke patients, including by developing locally appropriate evidence based CPGs	Evidence of practice change as determined by comparison of pre and post outcome measures
2. Improve clinician's skills in project management and clinical practice improvement (including use of data for improvement) in stroke care	Survey, focus group/workshop with project teams and/or individual clinicians at participant health services.
3. Encourage clinicians to work together in communities of practice to share ideas and expertise, develop staff capability and improve clinical quality	
4. Improve stroke continence management knowledge and skills at participating sites by project completion.	

Benefits for participating health services

By participating in this project, health services will have the opportunity to:

- share knowledge, expertise, and experience in practice improvement in stroke care, including clinical audit and other methods for identifying gaps and measuring change in clinical processes and outcomes
- build staff capability in methods for safety and quality improvement
- undertake an evidence based care project to improve continence management in stroke patients.
- strengthen local communities of practice in stroke care, including consolidating links between secondary, tertiary and quaternary stroke services and between stroke clinicians and the VSCN

- be supported in meeting the requirements of the National Safety and Quality Health Service Standards (see below for more detail).

Participation in the project will assist health services to meet the requirements of National Safety and Quality Health Service Standard⁷ regarding governance for safety and quality in health services; specifically criterion 1.7 'Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence'. Undertaking these projects may also assist with meeting the requirements of further criteria from Standard 1 relating to staff education and training in safety and quality (criteria 1.4 and 1.12).

It is anticipated that results of the project will lead to improved outcomes on the National Stroke Foundation Audit for continence management.

Project methodology

Quality indicators

All sites will be required to collect a minimum quality indicator data set. Further details will be provided in early 2015 to the participating sites.

Quality improvement process

It is recommended that all sites adopt the **Plan, Do, Study, Act** change cycle model. This model will be discussed in detail at the workshops. Further information can be found on the Institute for Healthcare Improvement website: <http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>

Sites are required to engage with their own quality and redesign units to ensure their methodology is consistent with in-house reporting requirements.

Reporting requirements

Sites will be expected to submit:

- a project plan and initial audit data using the templates provided
- a mid-cycle report, comprising:
 - a report using the A3 reporting methodology⁸
 - a brief summary of learnings, issues and solutions to date
- An end of project report, comprising:
 - a final report using the A3 reporting methodology
 - project learnings, issues and solutions
 - pre and post project audit data against each of the selected indicators
- Completion of a project evaluation survey

Note: Templates will be provided for all aspects of the reporting (including the project plan and audit data).

Workshops

Purpose

The VSCN will host three workshops across the life of the project. The workshops will aim to provide:

- clarification of project requirements and expectations

⁷ <http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf>

⁸ Further information to be provided at Workshop 1

- information on urinary continence management for stroke, through discussion on research and practical examples
- education on project management and quality improvement methodology
- a forum to brainstorm project issues and develop solutions
- sharing of learnings and project outcomes
- a networking opportunity for participating sites

Attendance

Workshop attendance is compulsory for the project lead. It is expected that at least one to two other key stakeholders will attend, such as the Director of Stroke, NUM and a member of the hospital quality or redesign team.

Dates

For the workshop dates, refer to the section on Project Timelines.

Project roles and responsibilities

The VSCN will:

- work with participant health services to ensure overall statewide project objectives are met
- in consultation with relevant clinical experts, identify and provide participating health services with the latest available evidence on the topic, provide definitions of required outcome measures and provide advice on data collection
- provide templates and support for sites when undertaking the project plan, data collection, project reports
- share and spread information, results and resources on the project
- provide the agreed amount of conference scholarships to participating sites at project completion.

All participant health services will be responsible for:

General responsibilities:

- working effectively with key stakeholders within their organisation to communicate effectively, develop agreed project plans and deliver the outcomes.
- working with partner health services on project planning, data collection and analysis, and reporting
- sharing relevant resource materials
- regularly communicating through project leads about project progress in order to keep projects on track
- sharing knowledge and expertise including on data collection and analysis
- meeting all reporting requirements

Project specific responsibilities:

1. Preparation and planning

- assemble a project team and identify a project lead
- support the project lead to attend the project workshops (release time, travel and accommodation)
- accept the required outcome measures for measurement pre and post change
- develop local project reporting lines and timetable within the organisation
- ensure relevant clinicians outside the stroke unit/rehabilitation ward are supportive of the project, as appropriate
- gain hospital quality assurance or ethics approval if required
- develop a project plan (based on the provided template) that
 - includes specific project objectives
 - maps the current patient journey

- identifies changes to be implemented to address the evidence-practice gap
- identifies required outcome measures and any additional health service identified outcome measures for each clinical topic
- specifies how the changes are to be implemented
- describe project team roles and responsibilities
- monitors project progress against project objectives and timelines and reports to director/head of stroke/rehabilitation and NUM
- identifies expected benefit for patients, staff and the health service.

Undertaking the project

- complete the project within the specified project timelines
- ensure appropriate in-house education is available for staff if required, for example male/female catheter competency
- develop a range of communication mechanisms to ensure stroke (and other) staff are aware of and engaged in the project
- collect pre and post change data for the required number of patients as set out in the required outcome measures
- analyse pre and post change data and provide results back to the VSCN in the required format
- develop, implement and refine clinical practice changes to improve patient care based on the current clinical practice gap and the evidence
- develop a means to sustain the change
- complete project feedback and reporting
- work with the hospital redesign leads to develop the A3 report

At the end of the project period

- share results, tools and processes within your health service and with others
- agree to complete a follow up survey and to participate in a workshop/interview to assess whether the project has achieved its objectives.

Expression of interest process

Eligibility

All Victorian public health services providing acute or subacute inpatient care for stroke patients are eligible to apply. Applications from different parts of the same health services (ie acute/sub-acute, different campuses) will be considered.

Participating health services will be selected through an expression of interest process coordinated by the VSCN. Sites will be selected based on the quality of their application and to ensure appropriate geographical distribution. Preference will be given to sites who manage >100 stroke patients per annum but smaller organisations are welcome to apply.

Expectations

Participating hospitals are expected to meet local quality standards in the delivery of care, along with occupational health and safety and workplace relations requirements.

Health services participating in the project will audit and review their existing practice in this area, review existing evidence and CPGs for local implementation, provide education and implement a quality improvement cycle to address the findings and report on their outcomes to the VSCN.

Throughout the project the VSCN will support a community of practice approach to assist in information sharing, education, and project support.

Evaluation of submissions

Up to fifteen sites will be selected based on the quality of their application, organisational readiness to undertake the project, and to ensure appropriate geographical/organisational and stroke population distribution of participating sites.

An evaluation panel will be convened to independently evaluate all submissions. Health services with successful submissions will be informed within 2 weeks of submission.

The following criteria will be used to evaluate submissions and determine successful applicants:

1. Completeness and clarity of the application with respect to meeting the stated objectives, scope and priorities for this project.

Demonstrated health service commitment to quality improvement in stroke care.

Evidence of appropriate project governance and stakeholder engagement

Ability to complete the project and submit a final report within the timeline.

Potential to sustain clinical practice change at conclusion of the project.

Application Process

To apply to participate in the project please complete the expression of interest application form and submit via email to:

Sonia Denisenko

Program Manager, Stroke Clinical Network

Email: sonia.denisenko@health.vic.gov.au

Phone: 03 9096 2197

Applications close 5pm Wednesday 10 December 2014.

Further information

Please direct enquiries about the project requirements, eligibility, or expectations to the Program Manager as above.

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