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North of England Commissioning Support

Care Bundle

Urinary Incontinence in Adult Women

North of England Commissioning Support
Medicines Optimisation on behalf of Cumbria CCG

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Author Name	**Email Address**
Jim Loudon	Jim.Loudon@cumbria.NECSU.nhs.uk

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1. Introduction

1.1. What is a care bundle?

A care bundle is a set of interventions that, when used together, significantly improve patient outcomes. The measures chosen reflect best practice and are based on NICE quality standards or other national guidance. Care bundles have been used extensively and successfully in Secondary Care, their use in Primary Care is more recent. This care bundle is based on the work of Healthcare Improvement Scotland and the Scottish Patient Safety Programme in Primary Care.

Reliability in health care is a failure-free operation over time. This equates to ensuring patients receive all the evidence-based care they are entitled to receive.

A care bundle is a structured way of improving processes of care to deliver enhanced patient safety and clinical outcomes. In relation to care bundles, this means ensuring that patients receive optimum care at every contact. The process for achieving reliability is to implement this set of measures (a care bundle). The key measure in a care bundle is the score which measures the level of compliance with all measures for all patients.

The care bundle data collection tool is a way of sampling whether optimum care is being delivered by applying the bundle to a sample of patients. This approach is therefore very different from traditional auditing approaches that are designed to identify whether individual measures are being implemented.

1.2. What makes up a care bundle?

- 4-5 measures
- All or nothing compliance
- Measurement done by a non-clinician if possible
- Spread over patient's journey
- Evidence based
- Creates teamwork and communication
- Multiple functions of care essential for desired outcome

1.2.1. How should a care bundle be used in practice?

A care bundle is a quality improvement tool which can be used in general practice to identify both where care is in line with best practice and where improvements are needed. Some are disease specific and some are medication specific. The latter may also be known as patient safety bundles if they relate to high risk medication.

Bringing about changes in practice is not easy. To be an effective tool the results of the care bundle measurements must be discussed by ALL members of the team

involved in the care of the patient. The practice team then need to take ownership of the issues identified and commit to changing the way care is provided, using tools such as the 'Plan, Do, Study, Act (PDSA) cycle.

Principles of successful measurement:

- The support of all members of the practice team should be obtained
- Data should be collected anonymously
- The results should be discussed by every member of the team
- The results should be used to plan and implement improvement initiatives
- Clinician support may be needed initially by the data collector until they are familiar with the measures.

1.3. Records

The care bundle is not a performance tool and so there is no requirement to report the measures achieved. The practice should keep a reflective log of improvements.

1.4. Resources

This care bundle has the following supporting resources:

- A word document data collection form
- An excel spreadsheet data collection form with a graphing function
- A reflective log template

Further information on Care Bundles and Improvement Models can be found at www.healthcareimprovementscotland.org/pspc.aspx

Further advice can be obtained from the Medicines Optimisation team, and specific queries about this care bundle can be directed to the author (details are on the front page).

2. Urinary incontinence in adult women

2.1. Search Criteria

Please identify a random sample of up to 20 adult women a month in your practice with a diagnosis of urinary incontinence (UI). Use the data collection form to record the answer to each measure and transfer this to the spreadsheet. This should be repeated over a period of time, and the results discussed by the clinical team at regular intervals. Use of the spreadsheet will enable changes in practice to be monitored and compliance with the care bundle to be measured.

2.2 Measures

01

Measure	**Has a bladder diary been completed as part of the initial assessment?**
Rationale	Regardless of what type of UI a patient presents with the NICE Pathway suggests that a bladder diary should be completed. Clinicians should ask about fluid intake, caffeine intake, smoking, foods that irritate the bladder, carbonated drinks, tomato based foods, alcohol intake as well as urgency, frequency, nocturia, volume of urine produced and leakage. Bladder diaries form an essential part of history taking as well as a method of evaluating any future intervention. A completed bladder diary is an essential document that supports and informs the quantitative assessment of the patient's presentation.
Source	Access Map of Medicines then follow the link: http://app.mapofmedicine.com/mom/62/page.html?department-id=2&specialty-id=1004&pathway-id=11649&page-id=11650 http://pathways.nice.org.uk/pathways/urinary-incontinence-in-women/initial-assessment-and-investigation-of-urinary-incontinence

02

Measure	**Has a specific diagnosis (Stress incontinence, mixed or over-active bladder) been recorded following the initial assessment?**
Rationale	At the initial clinical assessment, categorise the woman's UI as: • stress UI (SUI), • mixed UI, or • urgency UI/overactive bladder (OAB). Any evaluation of treatment and monitoring can only be done with a diagnosis.
Source	NICE CG 171 Urinary Incontinence: The management of urinary incontinence in women. http://www.nice.org.uk/guidance/CG171

03

Measure	**Did the patient receive 3 months supervised pelvic floor muscle training (Stress or mixed UI) or 6 weeks of bladder training (mixed or Over-active bladder (OAB)?**
Rationale	Women should not be prescribed anticholinergic drugs until lifestyle and non-pharmacological interventions have been offered. Stress or mixed urinary incontinence: All women should have had or been offered a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment to women with stress or mixed UI. Or Mixed or Over-active bladder: Offer bladder training lasting for a minimum of 6 weeks as first-line treatment to women with urgency or mixed UI.
Source	NICE CG 171 http://pathways.nice.org.uk/pathways/urinary-incontinence-in-women/initial-assessment-and-investigation-of-urinary-incontinence

04

Measure	**Does pharmacological treatment follow NICE guidance?**
Rationale	**Stress incontinence**: Duloxetine should not be used first line. It may be offered as second line therapy if women prefer pharmacological to surgical treatment or are not suitable for surgical treatment. If duloxetine is prescribed, counsel women about its adverse effects, such as nausea and fatigue. Anticholinergic drugs are NOT a treatment option. **Women with OAB or mixed UI** one of the following choices should have been tried as 1st line: • oxybutynin (immediate release), or • tolterodine (immediate release), or • darifenacin (once daily preparation). NICE does not state that the choice should be the one with the lowest acquisition cost. The guideline does not alter the recommendation to use immediate release oxybutynin as first line drug treatment for overactive bladder, the evidence confirms that if women are able to tolerate this drug, then it is by far the most effective in terms of continence status (zero episodes per day) and is the most cost effective option. However, the NICE Guideline Development Group were mindful of the 2006 recommendation, and the poor compliance reported with patients taking drugs for overactive bladder and have thus nominated another two drug options for first line treatment, one of which is a once a day preparation. An overview/review of the drug treatments can be found in the European Association of Urology 2012: Guidelines on Urinary Incontinence. Choose Not Applicable if the person has not started treatment yet.

Source	NICE CG 171 Urinary Incontinence: The management of urinary incontinence in women. http://www.nice.org.uk/guidance/CG171 European Association of Urology 2012: Guidelines on Urinary Incontinence. Map of Medicines; Initial management of Female Urinary Incontinence. http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/ Cumbria Guidelines for the treatment of overactive bladder in women

05

Measure	**Did the patient have a follow up review 4 weeks after commencing therapy to start, review & stop medications in accordance with NICE guidance?**
Rationale	These drugs can take up to four weeks to achieve their full effect. There is no consistent evidence that one antimuscarinic drug is superior to another, tolerability appears to be the issue. Discontinuation rates are 43-84% in the first 30 days while half of patients never refill their initial prescription. Adherence to drug therapy in OAB has been shown to be as low as 20% after 6 months of follow-up in real-life practice. In a review article it was stated that most clinical trials are of short duration, with intensive follow-up and incentives that encourage adherence
Source	BMJ 2012;344:e2130 doi: 10.1136/bmj.e2130 (Published 27 March 2012) BMJ 2013;347:f5170 doi: 10.1136/bmj.f5170 (Published 10 September 2013) NICE CG 171 Urinary Incontinence: The management of urinary incontinence in women. http://www.nice.org.uk/guidance/CG171

Appendix One: Abbreviations

Abbreviation	Definitions
NICE	National Institute for Health and Care Excellence
SPC	Summary of Product Characteristics
NICE CG	NICE Clinical Guideline
NICE QS	NICE Quality Statement
UI	Urinary incontinence
SUI	Stress urinary incontinence
OAB	Overactive bladder