



FoNS Improvement Insights

Improving Bowel Care after Stroke

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Project background

Stroke is the single largest cause of disability and affects approximately four million people in the UK. Approximately 40% of all stroke survivors are affected by faecal incontinence in the immediate days following their stroke. As well as impacting on the long term outcomes of recovery, faecal incontinence can severely influence the self-esteem and dignity of patients. At Imperial College Healthcare Trust, the stroke service participates in a research group and it was during one of these meetings that the assessment, care and management of stroke patients and faecal incontinence were first discussed. Many dignity issues were raised including health professionals' attitudes to faecal incontinence and the impact negative attitudes may have on patient care.

Aim and objectives of the project

The aim of the project was to improve the dignity and management of patients with faecal incontinence who have suffered a stroke. To achieve this, the objectives of the project were to:

- Gather evidence to identify how current assessment of faecal incontinence is carried out and documented
- Understand patients' experiences of care for faecal incontinence
- Explore the nursing staff's current knowledge and understanding of the assessment and management of faecal incontinence
- Use the patient and nursing staff experience to promote information sharing and inform care of faecal incontinence among all members of the multi-disciplinary team

Key activities and outcomes of the project

A number of methods were used to gather evidence to enable an understanding of the contributing factors and it was intended these would inform developments in practice. The methods included an audit of case records, the collection of patient stories and a questionnaire for nursing staff.

- Audit of case records

In order to gather evidence regarding current assessment and documentation practices, the National Audit of Continence Care was modified by the project team and used to audit current inpatient notes (n=29). Findings from this highlighted that 93% of patients had no bowel history recorded.

- Patient stories

Patient stories were collected by the project team to gain insight into their experiences of care. Patients and relatives that attended an established stroke support group were approached to take part. Those who agreed to discuss their experiences were informative and appeared to value the opportunity to share their stories. The key themes identified related to dignity and privacy, age, embarrassment and frustration. These are reflected in the following comments from patients:

'I'm too embarrassed to talk about my bowels in front of young people, even if they are a nurse'

'I was really frustrated that I couldn't communicate to anyone that I wanted to go to the toilet it's horrible feeling so out of control...'

- Nursing staff questionnaire

A questionnaire was designed to obtain the nurses' perceptions and experience of assessment of bowel care and was divided into three sections: feelings, values and beliefs; management; learning and development needs (n=17). 97% of the respondents thought bowel care was an important part of caring for someone who has had a stroke; however embarrassment relating to talking about bowel care was an issue and learning needs were identified.

A number of changes in practice have resulted from the project including the introduction of nursing ward rounds and the inclusion of nurses in the traditionally therapy led, multidisciplinary goal setting meetings held within the service. The existing two day stroke course has also been used to raise awareness amongst the nurses of the assessment, care and management of incontinence and the importance of focusing on privacy and dignity issues for this patient population. Further activity to improve assessment and documentation is planned along with a repeat of the documentation audit.

Implications for practice:

- Engaging all members of the multidisciplinary team earlier on could have enabled more changes in practice to be realised
- The team identified that with hindsight using methods to gather the patient experience and using this to influence practice should have been a priority
- It is important to plan time out of practice for the project team to engage staff and for action planning

A full project report including references can be accessed from: <http://fons.org/library/report-details.aspx?nstd=30597>

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