Continence Clinic Service Guidelines

Service Guidelines for Victorian

Continence Clinic Services

National Ageing Research Institute

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Preface

Incontinence is increasingly growing as one of the largest health issues confronting the Australian community. Incontinence affects people of all ages, both sexes and people of every social and economic level. From an economic perspective, Australians spend over $1 billion dollars each year on incontinence. A far greater cost however is associated with the direct impact incontinence can have on people's self esteem, dignity and level of independence.

The Victorian Department of Human Services (DHS) funds 17 Continence Clinic Services throughout the state. Continence Clinic Services in Victoria initially developed in some localities as a result of agency service developments and through the commitment of clinical staff. In the late 1990's, these original services provided a base for the development of a program providing continence services across the state, on an equitable regional basis. In 2004-05, in line with the ongoing development of the Sub-acute Ambulatory Care Services (SACS) Framework, Continence Clinic Services are funded and conceptualised as one element in a comprehensive suite of specialist assessment and investigative services, which also operate in the areas of cognitive, dementia and memory; falls and mobility; and pain management. As well as these specialist services, Sub-acute Ambulatory Care Services encompass centre-based rehabilitation (usually provided from a community rehabilitation centre) and home-based rehabilitation (usually provided within a person's home or local community). Care offered by each of these services is typified as a person-focused, interdisciplinary model of care, oriented towards flexible service delivery and provided in a range of settings. Its aim is to improve and maintain a person's functional capacity and maximise their independence.

Within the SACS Framework, a Continence Clinic Service is an accessible multidisciplinary clinical service specialising in incontinence and other bladder and/or bowel dysfunction's. The service provides assessment, diagnosis, management, education and support to improve continence for clients. The service also provides consultancy, education and support to carers, relatives and professional service providers.

In 2000/2001, the 'Continence Clinic Program Guidelines and Performance Indicators' document (DHS 2001) was developed and published by a working party established by the Aged Care Branch of the Department of Human Services. This document was developed to:

- Assist service providers in setting minimum service requirements and to support the development of services of uniformly high-quality practice in the industry.
- Enable purchasers to determine what constitutes a quality service.
- Help the public to understand the main components of the services they receive.

(DHS, 2000)

This document was in the process of being reviewed by the Continuing Care Programs Branch of the Department of Human services and a DRAFT document was developed and provided to the National Ageing Research Institute in 2003 (unpublished 2003).

The Department of Human Services (DHS) commissioned the National Ageing Research Institute (NARI) to seek feedback from experts in the field (Appendix 1) on the DRAFT best practice guideline document and to finalise this report given the feedback provided.

The following report is the 2004 Service Guidelines for Victorian Continence Clinic Services. The aims for the revised document remain similar to that stated above. A notable difference in the revised document is the absence of key performance indicators. Due to ongoing work regarding performance indicators across Sub-Acute Ambulatory Care Services, the advisory committee recommended this area be excluded from the current guideline report. The organisational layout of the report has also changed. This document provides practice guidelines under three broad categories: Structure, Process and Outcome.

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1. Purpose of the document

This document aims to be used as a guide for the establishment and development of comprehensive Continence Clinic Services across Victoria.

1.1 Document Aims

The document aims to:

- Assist service providers in setting minimum service requirements.
- Support service development within an evidence based health care context.
- Provide guidance about what constitutes a quality service.
- Help the public to understand the main components of the services they receive.

1.2 Document parameters

The document aims to complement rather than replace information provided in existing health service policy and procedure manuals and does not replace the need for agencies to comply with service specific requirements such as accreditation procedures. It is not the intention of the document to be prescriptive about how a Continence Clinic Service is run, but rather to provide best practice principles to guide a service's development.

The document is designed to assist health service providers in delivering efficient and effective continence services that are person centred. It is not intended to be a document to educate professionals in the area of continence and incontinence management.

1.3 How to read this document

The document begins with defining Continence Clinic Services and outlining Service aims and core roles and objectives. The document then provides best practice principles within three broad categories.

- Structure, which includes information on the attributes of the setting in which continence care occurs – for example the facilities and equipment it requires;
- Process, which refers to what is actually being done in the giving and receiving of care related to continence and incontinence management – for example, initial assessment and care planning; and
- Outcome, which refers to the effect Continence Clinic Service's have, on the health status of the population they service. Information on outcome measurement and quality service monitoring is provided in this Chapter.

The appendices includes:

- Contact details of the steering group which was established at the beginning of the project to review and advise on the document's development;
- References to models of care which may help to guide practitioners in their continence service practice; and
- A list of Outcome Measures recommended by the Commonwealth Department of Health and Ageing – in print (Thomas et al, 2003).

2. Victorian Continence Clinic Services

2.1 Mission Statement

Victorian Continence Clinic Services are designed to provide community-based care.
Each Continence Clinic Service in Victoria is expected to develop their service on the basis of the common mission that:

- Continence Clinic Services should provide professional advice, support and information to all on the promotion of continence and the management of incontinence.

The philosophy that underpins the mission statement is that everyone has the right to:

- Be continent wherever possible.
- Have access to the highest level of service available to promote continence and facilitate best incontinence management.

2.2 Definition of a Continence Clinic service

- A Continence Clinic Service is an accessible multidisciplinary clinical service specialising in incontinence and other bladder and/or bowel dysfunction's. The service provides assessment, diagnosis, management, education and support to improve continence for clients. The service will also provide consultancy, education and support to carers, relatives and professional service providers.

- Continence Clinic Services provide their service within the Sub-acute Ambulatory Care Services Framework. As such, they do not provide acute or emergency care for clients.

2.3 Core Roles and Objectives

A Continence Clinic Service will provide:

- Accessible multidisciplinary services including assessment (urodynamics investigation where appropriate), diagnosis and management for people with incontinence and/or other bowel/bladder dysfunctions.
- A flexible delivery of service approach including clinic based, home based and outreach services dependent on client need and resource availability.
- Education regarding continence issues.
- Support for the development of information, referral and support networks, related to continence and incontinence management, for clients, carers and health service providers throughout the region or catchment area.
- A focus for multidisciplinary research in continence and incontinence management.

2.4 Aims of a Quality Continence Clinic Service

A quality Continence Clinic Service should aim to:

- Be client focused.
- Use evidence based practice or agreed good practice where evidence base is not available.
- Deliver consistency of care across all service settings in a competent and professional manner.
- Provide care which is practical, auditable, transferable and user friendly.
- Adhere to appropriate legislation governing health service practice including the Medical Health Records Act and the Information Privacy Act.

2.5 Person Centred approach to Continence Care

Continence Clinic Services will adopt an approach to service that embraces a philosophy of respect for, and partnership with, people receiving services. A client centred continence service will endorse the principles of participation, sharing and exchange of information, informed decision-making and respect for choice. Services will be provided in a culturally appropriate manner that is respectful of and responsive to individual client preference, needs and values. Continence Clinic Services will use interpreters as required, will aim to provide information/ resources in a mode and language relevant to the needs of the local community and will ensure staff competencies and skill development in the area of cultural and linguistic diversity.

Structure, Process and Outcome

A quality Continence Clinic Service

The following chapters present best practice principles for a quality Continence Clinic Service within three sections: Structure, Process and Outcome. The chapter on Structure includes information about the attributes of the setting in which a Continence Clinic Service is provided such as information on the physical environment needed, as well as the human resources required (as a minimum) to provide a quality Continence Clinic Service.

Process refers to what is actually being done in the giving and receiving of care related to continence and incontinence management. Guidelines in this chapter refer to service practices including assessment and care planning, as well as information related to managing referrals and complaints. Key performance indicators are not included in this document due to current project activity occurring in this area across all Sub Acute Ambulatory Care Services.

Outcome denotes the effect Continence Clinic Services have on the health status of the client group and population they see. Outcome related to Continence Clinic Services may include increase in client knowledge, reduction of incontinence symptoms and degree of client satisfaction with care. The chapter on Outcome includes discussion on the benefits of using a consistent outcome measurement approach across Continence Clinic Services as well as other quality assurance activities.

Structure, process and outcomes all interrelate. A Continence Clinic Service that demonstrates good structure and good process increases the likelihood of achieving good outcomes.

3. Structure

3.1 Physical Environment

Continence Clinic Services should be accessible to the population they service, ideally on a public transport route. Where accessibility may be a problem consideration should be given to outreach services or home visits.

Ideally, clinical areas should be situated on the ground level. Entrances should provide easy access for a person with a disability.

The site should be large enough to accommodate all the required service components including examination rooms with appropriate facilities to allow for client privacy and adequate space for equipment used.

There should be adequate office space for administration duties, including the ability to store client records in a safe manner, which complies with relevant legislation.

All building services must conform to relevant building regulations including the 'Building Code of Australia (BCA)', relevant Australian standards and departmental regulations as applicable.

The area must be safe for clients, staff and visitors. This includes exits, fire services, smoke and fire compartmentation of the building, occupational health and safety procedures (DHS, 2002).

3.2 Signage

Signage identifying Continence Clinic Services should be clearly displayed in English and other relevant community languages.

Signage should be designed appropriately for people with a visual impairment and should be sensitively placed to minimize client discomfort with access.

Size of signage should be in accordance with the relevant building code or standards (DHS, 2002).

3.3 Waiting Area

The waiting area is the main arrival area for a client and should be welcoming and comfortable.

There should be a clerical office space for receiving clients and handling administrative duties. The reception desk should be of an appropriate height to promote communication between the receptionist and individuals in wheelchairs as well as ambulant people.

The waiting area should be spacious enough to allow ample provision of comfortable seating suitable for all clients – for example client's who are elderly, clients with a disability and children.

Up to date reading material should be made available.

Information displays (brochures) that may be of use to a variety of target groups may be in this area.

Access to public toilets and a public telephone is essential (DHS, 2002).

3.4 Treatment Areas

Treatment areas should be adequately ventilated and have adequate space and furniture for tasks related to both client/ carer interviews and client examination.

Examination tables should be adjustable in height.

Examination and treatment rooms should be illuminated with a uniform level of room lighting with specific task lighting to be made available. A single central light is not adequate.

The area should provide ample space for clinicians to move around and include an area where the client can be provided with privacy, comfort, safety and have dignity maintained whilst undergoing assessment and/ or intervention.

Allocation of space should consider additional people that may be present at the examination including carers and interpreters and should consider space for additional variables such as wheelchairs and prams.

The area should comply with infection control principles – for example provide adequate hand washing facilities.

Treatment areas should provide ready access to toilet facilities.

3.5 Staff Amenities

There should be an area for staff to store personal belongings securely.
A visually and acoustically separate area should be available for staff to have tea/ lunch breaks.

3.6 Staffing and Resources:

Continence Clinic Services have traditionally offered different approaches to service provision depending on their funding arrangement, their historical development, the perceived needs of their client group, and the availability of the staff and services in the area in which they operate. Service flexibility and the capacity to provide an individually tailored continence service based on client's differing needs is valued. Whilst it does not seem fruitful therefore to recommend a specific discipline mix, Continence Clinic Services should be provided with the following general resources:

- ❖ Access to a multi-disciplinary team.
- ❖ Access to cars.
- ❖ Information technology and support for administrative and clinical staff.
- ❖ Access to resources for clients from culturally and linguistically diverse backgrounds.

3.6.1 Access to a Multi-disciplinary team:

Access to a range of disciplines is integral to the valued multi and interdisciplinary service Continence Clinic Services provide.

The core disciplines that should make up a Continence Clinic Service are:

Discipline	Mandatory Qualification
Clinical Nurse Consultant	Registered Nurse Division One. Post graduate Continence Qualification or working toward the same.
Medical	Specific knowledge and experience in Continence Health or working towards the same.
Physiotherapist	Registered with the Physiotherapist Registration Board of Victoria. Postgraduate qualification in pelvic floor rehabilitation or working towards the same.
Administration	Computer literate. Knowledge of medical terminology desirable.

Access to variety of other professionals may also be required such as:

Geriatrician, Gerontological Nurse, Urogynaecologist, Urologist, Paediatrician, Colo-rectal surgeon, Clinical Psychologist, Social Worker, Dietician and Occupational Therapist.

Continence Clinic Services should be tailored to meet individual client needs and goals and should be provided in an environment that is best able to meet these needs – this may be within the client's home or community, or it may be centre based.

Continence Clinic Services should be provided with:

- The opportunity to work as a team and within a model that supports interdisciplinary care.
- Experienced staff who can work independently.
- Access to own discipline education and professional mentoring as well as education, training and support relevant to the team.
- Clear Occupational Health and Safety (OH&S) guidelines. OH&S issues should be fully identified for staff working in both centre and home/ community based environments. Policies and procedures for ensuring staff safety across different work environments should be instituted. For example policies regarding the transport of equipment to people's homes and assessing staff and client risk prior to the provision of care.

3.6.2 Standards of Professional Practice

Standards of professional practice are integral to the role of all practitioners working within Continence Clinic Services. They provide the practitioner with guidelines for establishing and maintaining safe, effective and consistent practice to clients.

Standards of professional practice are also useful tools for the practitioner and the employer. They enable each to determine professional responsibility, scope of practice, accountability, streamlining of services and resources and assist with planning future services.

All Health Practitioners should practice within the scope of their relevant qualification.

Whilst it is a professional responsibility for service providers to remain updated in their field of practice, training and education for all Continence Clinic Service staff should be part of the service's professional development plan.

Continence Clinic Services should have:

- An operational policy for the implementation of professional development for staff in the field of continence and incontinence management.
- A training program which has specific learning outcomes and measurable quality standards. Continence Clinic Service management should enable all staff to maintain and upgrade relevant skills and knowledge, as appropriate, to ensure clinical services provide and reflect an evidence based approach to practice.
- Staff records that clearly state when and what training has been undertaken by staff.
- Access to a variety of resources that support an evidence based approach to service provision including key reference materials such as the most recent proceedings from the International Consultation on Incontinence.

4. Process

4.1 Entry into a Continence Clinic Service

4.1.2 Referrals

It is important that all referrals are responded to in a timely and appropriate manner to minimize the impact incontinence may have on a person's life, and to coordinate and facilitate appropriate care.

4.1.3 Referral Criteria:

Referral processes may vary from service to service. In general, referrals will be accepted from many sources including Medical Practitioners, Health Care Agencies and Residential Care Facilities. Self-referrals or referrals from family members/ significant others can also be made, however in some services, acknowledgement of this referral may be sought from a relevant medical practitioner. As there are a number of different avenues for admission to a Continence Clinic Service, a protocol for referral that clearly defines the responsibilities of the referrer and the Continence Clinic Service receiving the referral is recommended. A mechanism for making contact with the client and/or carer (as appropriate) to inform them of the admission process and to gain their consent and a clear process of prioritising clients is needed.

Continence Clinic Services should:

- ❖ Have a documented admission protocol that is accessible to referring agencies. Information should include: Service hours of opening; Contact details; Service aims and admission criteria; Priority criteria; Responsibilities of the referrer (for example, documents and information required) and, Steps taken by the Continence Clinic Service after receiving the referral - including key performance indicators such as time taken to respond to referrals.
- ❖ Ensure processes related to access and eligibility are fair and equitable. Access and eligibility should not vary because of client personal characteristics such as gender, age, ethnicity, geographic location and social economic status.

4.1.4 Information required on a referral

Referral information will be guided by the documentation/ system requirements of each health service, but a referral to a Continence Clinic Service should ideally include:

- ❖ Client consent.
- ❖ Relevant demographic details including contact details for the client's GP and Next Of Kin, as well as the need for an interpreter.
- ❖ Health status of the client including significant diagnosis and relevant medical history.
- ❖ Continence problem including significant symptoms observed or reported, duration of the problem and precipitating factors if known.
- ❖ Completed diagnostic investigations related to the continence problem.
- ❖ Clients perception of how the continence problem is impacting on their life (if known).
- ❖ Relevant information on the client's care situation, including care agencies involved and level of carer involvement.
- ❖ Relevant functional status including client's ability to mobilize and attend to basic activities of daily living tasks.
- ❖ Any known risks that may affect Continence Clinic Service staff safety (as per internal policy).

Continence Clinic Services will aim to adopt common referral procedures as recommended by the Department of Human Services to improve service co-ordination across health services, such as the Service Co Ordination Tool – consumer information template (DHS, 2002).

4.1.5 Referral Response

Referrals should be responded to in a timely and appropriate manner. In relation to clients, this response may be an acknowledgment, via phone or letter, that the referral has been received. Alternatively, it may be used as a triage point to obtain any additional information the Continence Clinic Service requires in order to prioritize the client and further determine their needs (see Pre-Assessment and Intake below). Contact with the referral source is desirable and ideally should be provided in writing.

4.2 Assessment and Care Planning

It is expected that clients will be treated with respect and dignity at all stages of their contact with the Continence Clinic Service including initial receptionist contact. Attention should be taken if discussing issues of a personal nature in a waiting area or area where clients may be overheard. It is important if there is likely to be a delay in appointment time that the client is notified of the likely delay.

Guidelines for Continence Clinic Service Assessment and Care Planning are considered under the following key headings:

- Pre-Assessment and Intake
- Assessment
- Intervention
- Care Planning and Co-ordination; and
- Continuity Of Care

4.2.1 Pre-Assessment and Intake

Adequate information should be obtained by a Continence Clinic health practitioner prior to the first assessment visit to determine:

- Client consent. Clients and carers where relevant should be provided with the opportunity to ask questions and receive information about the service they have been referred to. Information at this time may include service aims; the admission process; expected timelines for admission/ assessment and any costs involved. Information should be provided in the client's preferred language as appropriate.
- Client priority for service. A system to ensure those clients with a more urgent need be identified and prioritised is required. Whilst Continence Clinic Services do not provide acute or emergency care, there should be staffing allocation/ flexibility within the service to respond appropriately to high priority clients.
- The most appropriate health care practitioner for the initial assessment.
- The location where the first assessment visit will occur (either in the clinic or in the client's home/ community).
- The need for other people to be present at the assessment such as carers and interpreters.

Continence Clinic Services should have clear systems in place to ensure the intake service provided is fair and equitable. Continence Clinic Services should ensure risk assessment and screening procedures are part of standard practice - particularly if providing a service within a client's home.

If a referral to a Continence Clinic Service is clearly not appropriate, the referral source will be notified with an explanation as to the reasons.

If a referral is considered appropriate, the client should be notified of the acceptance of the referral, waiting times and details of the assessment process. A general contact number should be provided to the client and significant other as appropriate, during any waiting period.

4.2.2 Assessment

The client and significant others (as appropriate) should be provided with relevant and adequate information about the assessment process to provide informed consent for assessment to occur. Assessments will be undertaken by the most appropriate team member and where possible at a

time convenient to the client/ significant other. Assessments should occur in a setting that best addresses both client and clinical needs.

All clients should undergo a comprehensive and efficient assessment that includes a history, relevant physical examination, relevant investigations and use of appropriate assessment tools. An assessment should not only address the client's presenting symptoms but should also consider the effect to which the symptoms affect the client's ability to participate in usual social roles and life events. Carer needs and social support networks may need to be investigated and client resources such as their cognitive ability and general functional status may need to be further explored. A trans-disciplinary screening tool/ assessment approach may be used at the time of the assessment to help identify the need for a referral to another health care professional or service provider.

Assessment will continue until a consensus diagnosis is made or the client withdraws from the assessment process.

Assessment information may include:

- Relevant medical history including results of previous relevant investigations and intervention.
- Current medication list.
- Physical examination including urological, gynecological, abdominal, neurological.
- Home environment and social support including an assessment of carer demand.
- Client perception of how their continence problem is impacting their life.
- Client/ carer goals for intervention; Desire for treatment.

Clients may be asked to complete other assessment tools as part of the assessment process - for example, a Frequency Volume Chart.

A risk assessment should be conducted if Continence Clinic services are to be provided within the client's home environment. Processes for managing risk should be in place within each Continence Clinic Service.

4.2.3 Intervention

Intervention should be provided in an efficient and effective manner based on the best evidence available at the time. Care should result in the best possible health outcome for each individual client and as relevant any significant others. Reducing symptom frequency, improving quality of life and reducing caregiver strain are examples of health outcomes associated with Continence Clinic Service intervention. Care should be provided in an efficient manner that is not only clinically effective, but also cost effective. Patient preferences, needs, strengths, and values should be integral within all care-planning decisions.

Models of care as recommended from the 2nd International Consultation on Incontinence (2002) have been included, in Appendix 2. These models can be used to help guide professionals in the initial and specialized management of people with incontinence. The models include:

- Management of Urinary Incontinence in Women and Men.
- Management of Urinary Incontinence in Children.
- Management of Urinary Incontinence in Frail and/or Disabled Older Women and Men.
- Management of Feacal Incontinence.
- Management of both Feacal and Urinary Neurogenic Incontinence.
- Management of Pelvic Organ Prolapse.

4.2.4 Care planning and Co-ordination

Once the client has been admitted to the service, continence team member's work together with the client and other key people to develop a care plan. There are many people outside of the Continence Clinic Service that may play an important role in the provision of continence services. These are the client and significant other/s; the client's GP; and other community or health care service providers. Mechanisms to ensure that the key people are involved in the

care planning process and that there is communication and co-ordination between all the people involved are required.

Recommendations include:

- That the client is provided with an assessment by all relevant Continence Clinic Service professionals.
- That staff from relevant disciplines, the client and carer/s and the client's GP (where relevant) work together to develop a care plan that includes: goals in relation to continence and/or incontinence management (from the perspective of the client, carer and team); strategies for goal achievement; persons responsible for implementing the strategies; timelines (including expected discharge date from the service); review processes and key contact people. Goals should not only be symptom specific, but should reflect the impact addressing the symptoms may have, on the involvement of the person in life situations relevant to them.
- The care plan should be provided to all parties involved in the care plan in a manner that can be understood by the recipient.
- That regular case conferences/ interdisciplinary team meetings occur and include relevant service professionals. Non core professionals and other service providers may be asked to attend these meeting dependent on the care needs of the client.
- That clients, carers, the client's GP and other service providers as relevant should be adequately informed about any expectations that the Continence Clinic Service has of them including: any direct costs involved; expected service length of stay and changes that will occur when the Continence Clinic Service discharges the client – for example services that the client has been referred on to.
- Consideration be given to post discharge follow up communication with the client/ carer to ensure that any ongoing mutually agreed discharge plan is in place.

4.2.5 Continuity of Care

Continence Clinic Service clients can often undergo several assessment, care planning and discharge planning processes in their contact with a health service. Where possible there should be:

- Continuity of staff across the assessment/ intervention and evaluation process.
- Allocation of a contact person who is known to all key people involved in the assessment and care planning process - for example GP, client and carer.
- Processes in place to minimize duplication in assessment, goal setting and care planning processes.
- Co-location of Continence Clinic Services with other services regularly used by the client population.
- A process for establishing and maintaining referral, client care and professional support arrangements with and between acute, subacute and community service providers, in both public and private settings.

4.3 Education

Increased efforts to educate the public about issues related to continence and incontinence management are essential, and education of relevant health care professionals and the public is an important role of a Continence Clinic Service.

The public should be made aware that incontinence is not inevitable or shameful, but is treatable or at least manageable (Canadian Continence Foundation, 2001).

Patient education needs to be comprehensive and of a multidisciplinary nature to help explain the different incontinence management alternatives (Canadian Continence Foundation, 2001).

4.3.1 Provision of information

Up-to date information should be readily available; easily accessible and contain data on resources relevant to the regional area in which the service and its clients reside. Information provided should be sensitive to issues related to the community as a whole including people

from culturally and linguistically diverse backgrounds. Information should be translated into relevant community languages.

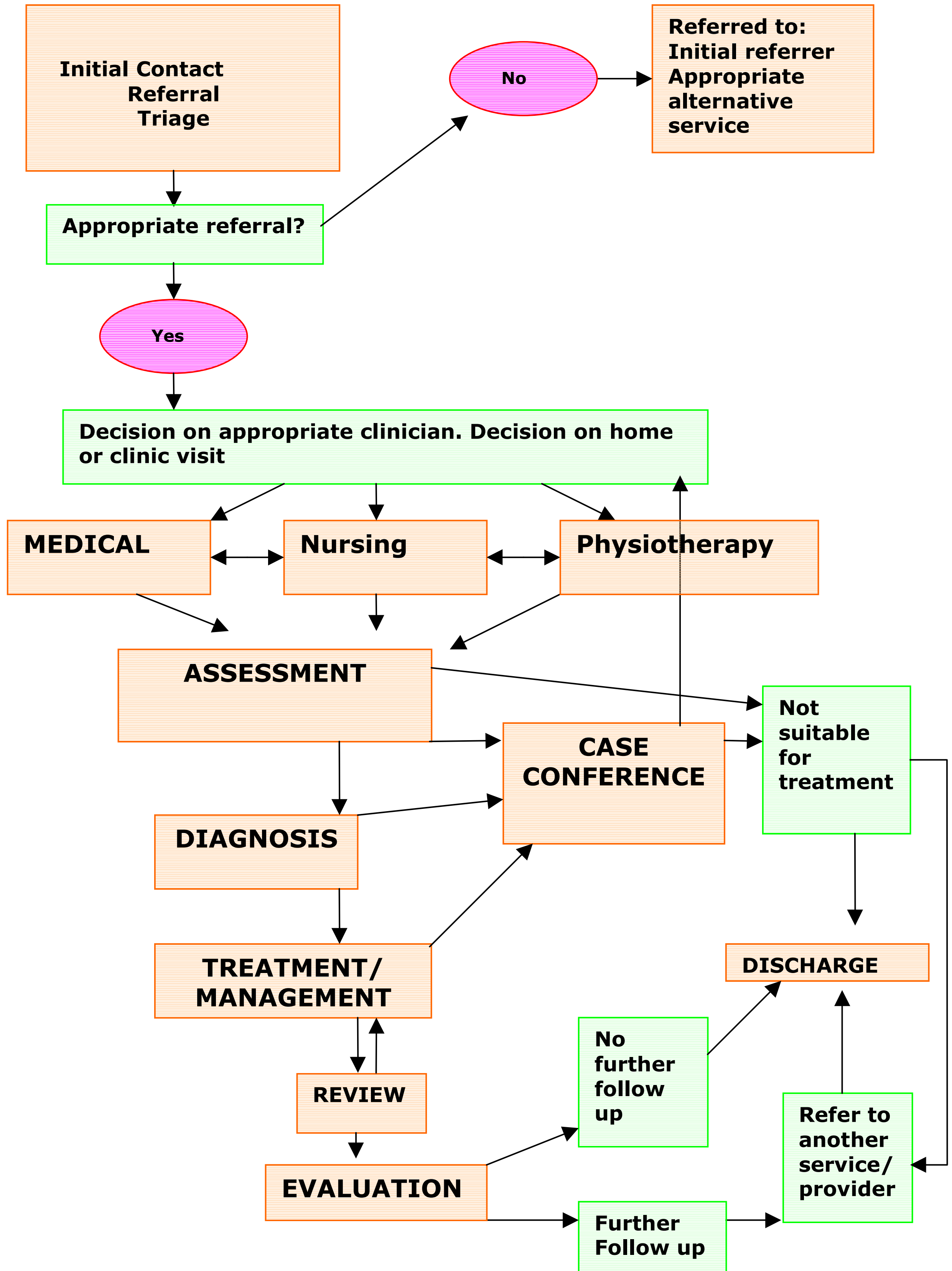
4.4 Documentation

A client medical record will be maintained throughout the client's Continence service admission. Practitioner notation will be in accordance to local health service requirements but should include as a minimum, documentation of the initial assessment and the client/ practitioner agreed management and referral plan. A documented management plan will include: client and practitioner goals, intended interventions, plan for reviews and the expected discharge date from the Continence Clinic Service. The care plan should guide future documentation processes.

Given client consent, a discharge summary should be provided to the client's GP in a timely fashion. The discharge summary should be interdisciplinary in design and content, and should include details of the diagnosis, outcomes of service intervention, and any follow up arranged including expectations of any planned readmissions and community services referred on to. Ideally the discharge summary should be completed in writing, if it is completed in person or via phone it should be documented in the client's medical file. As appropriate, feedback should be provided to the referral source.

4.5 Continence Clinic Service Model

This is one example of a Continence Clinic Service model (adapted from Abrams et al 2002). An ideal model of continence care will ensure that any person experiencing incontinence is able to consult a knowledgeable health care professional within a reasonable timeframe, for an initial assessment, followed by either a treatment/ management plan carried out by the professional, or a referral to another relevant professional(s) or service.



5. Outcomes

A clear understanding of the outcome of intervention is required to judge the effectiveness and efficiency of Continence Clinic Services, and is expected in an evidence based health care environment.

There is anticipated benefit in working towards a common approach to the collection of a minimum set of outcome measures across Victorian Continence Clinic Services. Adopting a minimum data set should not be prescriptive or limiting to the range of measures used by services but could help to form the basis for a more systematic analysis of Continence Clinic Service outcomes across all Victorian Continence Clinic Services. It may also be useful in undertaking quality improvement activities investigating relevant issues such as client compliance with service recommendations.

Criteria for a Minimum Data Set for Continence Clinic Services should include:

- That it incorporate a minimum number of measures to usefully reflect outcomes for Continence Clinic Services clients;
- That it not be considered restrictive. Continence Clinic Services should be able to add additional measures to meet their local needs/ interests; and
- That Continence Clinic Services have the capacity to complete the measures in a Minimum Data Set without requiring a significant increase in clinical or administrative resources.

5.1 Outcome Measures

Clinical evaluation of Continence Clinic Service intervention and client outcome should be completed by use of appropriate outcome measures. Outcome measures should be considered that not only measure change to a client's symptoms, but also the effect to which related change has occurred to the client's quality of life or participation in usual social roles or life events.

A suite of Outcome Measures has been recommended by the Commonwealth Department of Health and Ageing within a body of work completed by LaTrobe University (Thomas et al, 2003) – currently 'in print'. The Outcome measures recommended within the Project are outlined in the guideline appendices (Appendix 3), however, ongoing work is recommended to further explore issues related to tool validity, reliability, applicability and practicability within targeted populations with the full range and types of incontinence problems. Project activity completed for the DHS Victoria (2004) by the National Ageing Research Institute on Outcome Measures for Victorian Continence Clinic Services also identified the need to consider a measure of caregiver strain/ demand and client goals as part of an outcome measurement framework.

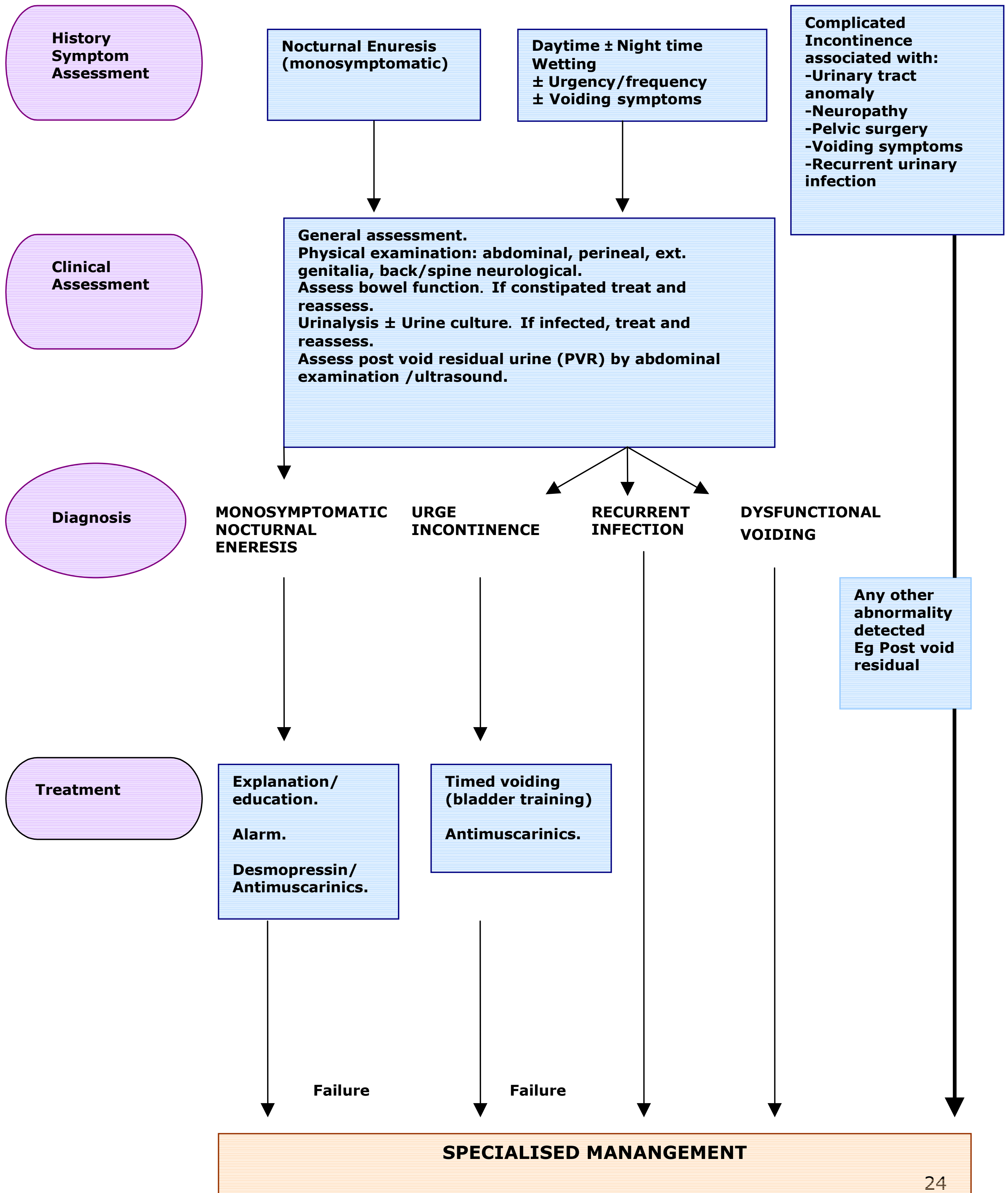
5.2 Evaluation and Quality Assurance

Continence Clinic Service staff should be provided with the opportunity to participate in ongoing evaluation and quality assurance activities. These may include, but not be limited to:

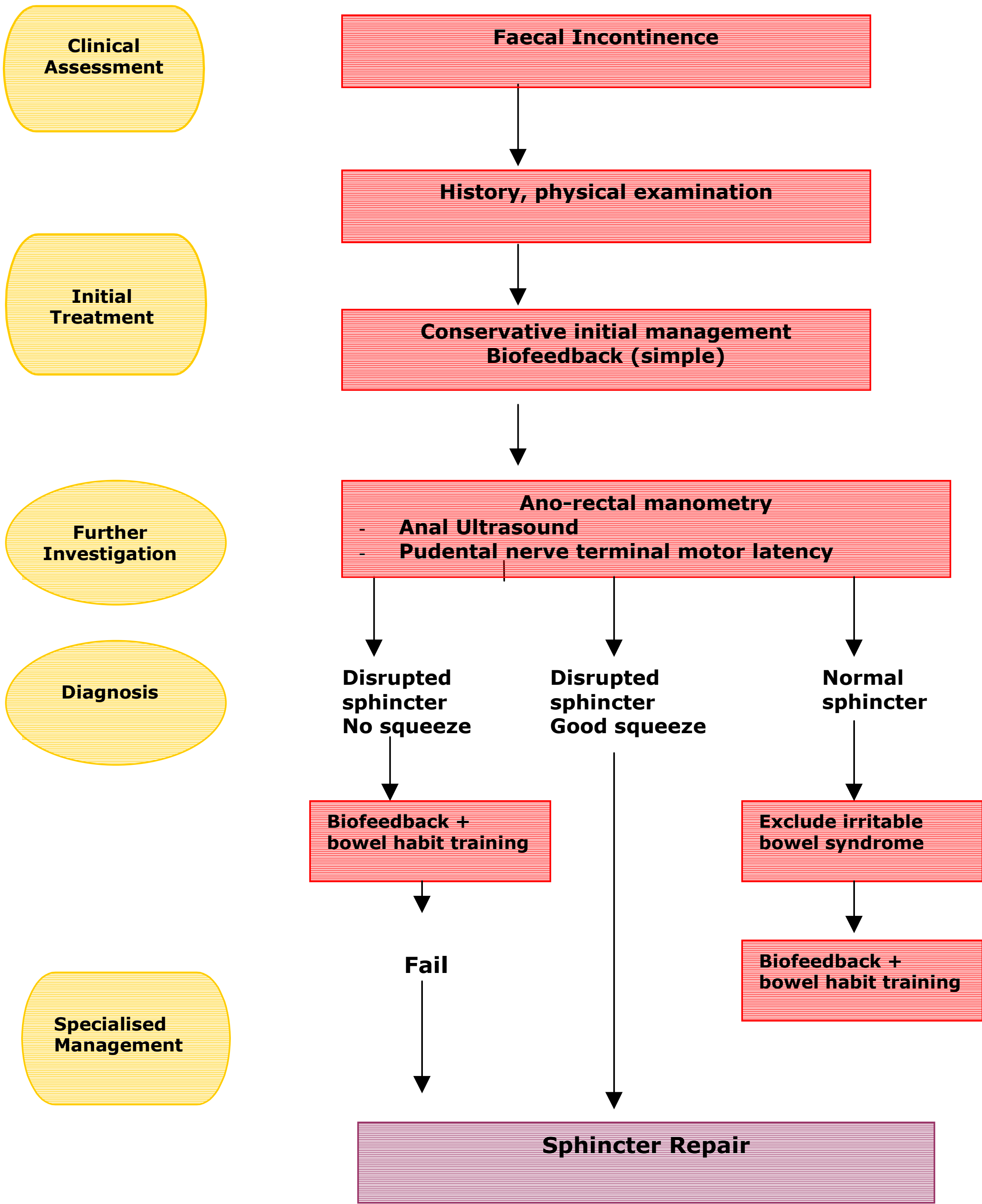
- Mechanisms for collecting client and carer feedback and for ensuring such feedback is analysed and acted upon in a timely manner.
- Mechanisms for ensuring existing assessment and outcome measurement practices are evidence based and in line with the services core roles and objectives.

Each Continence Clinic service should have an accessible complaint policy and set of procedures to follow in the case of consumer feedback.

Initial Management of Urinary Incontinence in Children



Management of Faecal Incontinence



Appendix 3: Continence Outcomes Measurement Suite Project recommendations

Tools recommended by the Commonwealth Department of Health and Ageing Continence Outcomes Measurement Suite project – in press (Thomas etal, 2003).

Tool content domain	User category		
	Primary care practitioner	**Specialist Practitioner**	**Researcher**
Faecal incontinence symptom severity measures	Wexner	Wexner	Wexner
Faecal Incontinence Quality of Life measures	None	None	None
Urinary Incontinence symptom inventories	ISI	1. King's Health 2. UDI 3.BFLUTS	1. King's Health 2. UDI 3.BFLUTS
Pad Tests	24-hour test	24-hour test	48-hour test
Frequency Volume Charts and Bladder Diaries	ICS/WHO template for 3 days	ICS/WHO template for 3 days	ICS/WHO template for 7 days
Multi-Attribute Quality of Life measures	None	1. EQoL5D 2. AQoL 3. HUI3	1. EQoL5D 2. AQoL 3. HUI3
Generic Quality of Life measures	1. SF-36 V2 2. SF-36 V1	1. SF-36 V2 2. SF-36 V1	1. SF-36 V2 2. SF-36 V1
Functional outcome measures	1. FIM 2. Barthel	1. FIM 2. Barthel	1. FIM 2. Barthel

NB. Where multiple tools are recommended within a category the first ranked tool appears first in the numbering.

Abbreviation	Full Name of Tool
Wexner	Wexner/ Cleveland Clinic Faecal Incontinence Score
ISI	Incontinence Severity Index
King's Health	King's Health Questionnaire
UDI	Uro-genital Distress Inventory – Short and Long Form
BFLUTS	Bristol Female Lower urinary Tract Symptom assessment
EqoL5D	European Quality of Life Measure – 5D
AQoL	Assessment of Quality of Life
HU13	Health Utilities Index
SF-36 V2 / V1	Short Form – 36 Health Survey – Version 1 and 2
FIM	Functional Independence Measure
Barthel	Barthel Index