

BOWEL MANAGEMENT PROGRAM FOR SPINAL CORD INJURY

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OBJECTIVES

To create an interdisciplinary, comprehensive bowel management program (BMP) aimed at improving patient outcomes across the continuum of care.

BACKGROUND

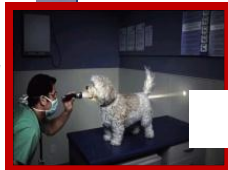
- Limited education material across the continuum of care.
- No formal protocol for BMP in our inpatient rehab facility (IRF).
- Limited communication between the disciplines.
- Poor retention of BMP after discharge.
- Transition from 8 hour shifts to 12 hour shifts for nurses.

PLAN

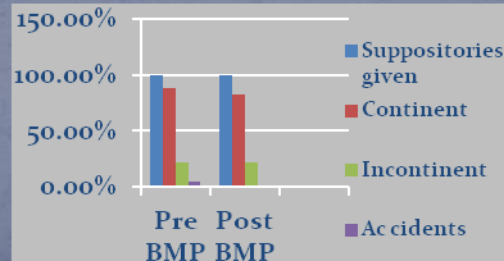
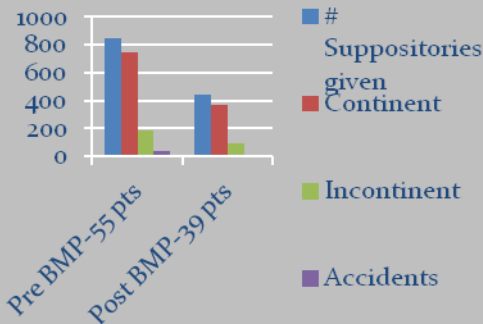
- Appointment of primary nurse (PN) 3-11 Monday-Friday to facilitate continuity of care, consistent education and timely implementation of BMP.
- Chart audits for 6 months pre and post implementation of new BMP to compare patient outcomes.
- Creation of an algorithm to assist with decision making when planning BMP.
- Formal protocol for BMP for our IRF.
- Method to improve interdisciplinary communication.
- A memory tool to assist in knowledge retention after discharge.

APPOINTMENT OF PRIMARY CARE NURSE (PN)

- History → SCI staff worked 8 hour shifts- bowel program done on 3-11 shift
→ concern-flow of bowel program with transitioned to 12 hours shifts
→ PN for BMP position created 3-11
→ role → continuity of care
→ consistent education
→ timely implementation



RESULTS



PROTOCOL/ALGORITHM

- Protocol → BMP being developed by SCI physician
→ will be presented to IRB
- Plan → initiate BMP in acute care setting
→ continue through acute care rehabilitation
→ continue to discharge home or other facility

INTERDISCIPLINARY COMMUNICATION

- New charting template
→ trialed by PN
→ imbedded in EMR.
- Feedback → physician, case management, OT, RN
- Deficits → new paper checklist implemented
- Trial → feedback in 2 months

DISCHARGE TEACHING

- Based on → PVA Consortium for Spinal Cord Medicine-Neurogenic Bowel Management
- Initiated → at bedside by PN
- Reinforced → 1 hour bowel management class
→ printed handouts and on line references
- Plan → revise handouts (Memory Tool) when BMP protocol approved by IRB

CONCLUSIONS

SUCCESSSES

- Little change in # of incontinent vs. continent episodes maintaining one 3-11 position.
- Significant increase in staff satisfaction/morale.

CHALLENGES

- No comparable PN position on weekends or replacement if PN is away.
- Many facets of this multidisciplinary project still in development.
- New charting template in EMR still inadequate, adjustments being trialed.
- Need to develop method to measure patient satisfaction and knowledge retention after discharge

Nurse and PCT satisfaction

