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

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

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

RESULTS

CONCLUSIONS

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

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