

Developing a Best Practice Statement on Bladder and Bowel Training

膀胱訓練・腸管訓練のBest Practice(手引き)作成に向けて



Joanne Booth, PhD RN
Professor of Rehabilitation Nursing
Institute for Applied Health Research

Session will report:

報告事項

- The background to the ICS Nursing Committee Best Practice Statement project
- How we developed and agreed the process
- The progress we have made so far
- The unanswered questions we have

- 作成の背景
- 進行状況
- 達成状況
- 問題点

Background

背景

- New Chair ICS Nursing Committee
- Previous projects completed
- Focus on single project for each sub-committee
- Need for clinical guidance in areas where high quality research evidence not yet available and variation exists.
- Best Practice Statement agreed as good way to advise practitioners

- ICS看護師委員会が刷新
- 新しいプロジェクトを計画
- バラバラな手技統一必要
- 手引きは実践にも有用

Why we chose bladder and bowel training

なぜ、膀胱訓練・腸管訓練なのか

- Long-term interest in behavioural approaches to bladder/bowel control
- Routinely used by continence nurses
- First-line treatment recommendation
- Limited evidence on effectiveness
- Variable practice and no clinical guidance on how to do it

- 長く関心を持たれている
- 日常的に実施
- 第一選択の治療
- 効果のエビデンス少ない
- 実践はバラバラ、ガイドライン等もない

Who we involved in the Best Practice Statement development process

手引き作成の過程に参加した人

- A Project Working Group, which is a sub-group of the ICS Nursing committee
 - 作業グループ (ICS看護師委員会内に設置)
- A Virtual Consultation Group
 - 評価グループ
- A Steering Group which is the ICS Nursing Committee.
 - 運営グループ (ICS看護師委員会が務める)

The Best Practice Statement development process

手引き作成の手順

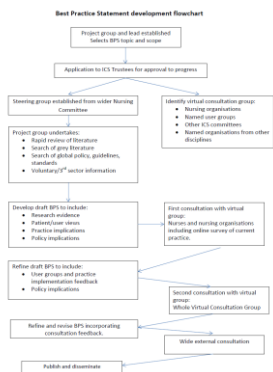
- A rapid review of current research and policy, patient and user views and information from practice and voluntary groups.
- The best available qualitative and quantitative evidence is included to develop each statement.
 - 現在ある研究成果や指針、患者や使用者の意見を集める
 - 入手可能なエビデンスを含める

Process

作成の流れ

The next slides will explain this flowchart

各ステップは後述



Stage 1

- Project group and lead established
- Selects BPS topic and scope

Application to ICS Trustees for approval to progress

- 作業グループの委員・委員長の確定
- 手引きに採用する項目や範囲の決定
- ICS理事会の承認

Stage 2

Steering group established from wider Nursing Committee



Identify virtual consultation group

運営グループは拡大看護師委員会から結成



評価グループも設ける

Stage 3

Project group undertakes:

- Rapid review of literature
- Search of global policy, guidelines, standards
- Voluntary/3rd sector information

作業グループの仕事

- 文献の検索
- 指針やガイドラインや基本事項の検索
- 第三者からの情報収集

Stage 4

Develop draft BPS



First consultation with virtual group

手引き案を作成



評価グループに初回相談

Stage 5

Refine draft BPS



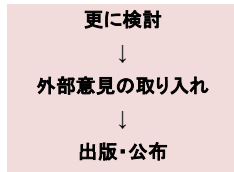
Second consultation with virtual group

案を改善



検討グループに二回目相談

Stage 6



Considerations we needed to make in the process

作成過程で考えた点

- Definitions

- 定義
- 体裁
- 枠組み

- How we should present the BPS

- Theoretical framework



Bladder and bowel training

膀胱訓練・腸管訓練



No agreed definitions!!



合意された定義がない！

Presenting the Best Practice Statement

手引きの提示方法

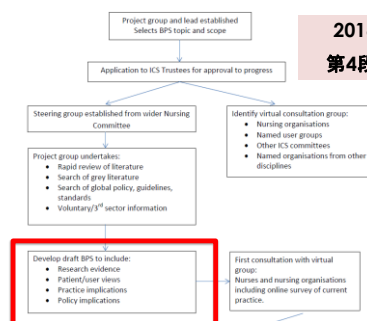
- No standard template
- Not a clinical procedure or protocol
- Purpose of BPS to collate and summarise the current available evidence from a range of sources to promote **consistent, cohesive and achievable** practice
- Structure must be meaningful to practitioners and relevant to practice
- We chose a **nursing process** approach

標準的な形式・手順がない、臨床研究ではない、エビデンスをまとめた実践的な体裁に
⇒ 看護過程のアプローチを選択

Example of BPS structure 体裁の例

Statement	Reason for statement	Demonstrating best practice
Assessment 状態の評価	根拠	実践
Adults with urinary incontinence or other lower urinary tract dysfunction are assessed to ensure: i) Suitability for bladder training and potential for benefit. 訓練で改善の見込みあり ii) Functional capability of independent or assisted toilet use トイレが使える機能あり iii) No significant cognitive impairment 重大な認知障害なし	Bladder training is effective first-line behavioural therapy for adults with urgency UI/ mixed UI: OAB symptoms resolved 12%-90% OAB symptoms improved 57%-87% (Lee 2014) 膀胱訓練は、成人の切迫性・混合性の尿失禁に対する第一選択治療	Documented comprehensive individual assessment 個別評価 Bladder diary (minimum 72 hours) 排尿日誌 (72時間)

Progress we have made to July 2016: stage 4



2016年7月で
第4段階に到達

We have completed:

達成状況

- Review evidence from:
 - research, review, practice-focused papers
 - practice guidelines
 - patient information (written, websites)
 - policy guidance
- Extracted implications for practice

検索対象

- 研究や文献
 - ガイドライン
 - 患者意見
 - 政策
- 抽出して実践へ

Our developed definition

私たちの定義

Bladder/bowel training is a programmed intervention which actively involves a cognitively and physically able and motivated patient to change their behaviour, working to regain control through education, increasing between-void time intervals and urge suppression techniques with psychological reinforcement of effort and success by a healthcare practitioner.

膀胱・腸管訓練とは、認知・身体能力と動機づけのある患者に積極的に働きかけて行動変容させようとする計画的な介入で、教育、排尿間隔の延長、切迫感を抑える技術を用いて、努力や成就に医療提供者が心理的強化を与えつつ、機能の回復をはかる。

The Best Practice Statement has sections on:

手引きの項目

- Assessment
- Planning and setting goals
- Intervention
 - education
 - voiding programme
 - urge suppression
 - positive reinforcement
- Evaluation

- 状態の評価
- 計画と目標設定
- 介入
 - 教育
 - 排尿計画
 - 切迫感の抑制
 - 肯定的な強化
- 効果の評価

Example of the Best Practice Statement: Assessment

手引きの例 状態の評価

- Adults with urinary incontinence or other lower urinary tract dysfunction are assessed to ensure:

- Suitability for bladder training and potential for benefit.
- Functional capability of independent or assisted toilet use
- No significant cognitive impairment
- Motivation to undertake and adhere to personalised bladder training protocol
- Expectations of treatment

尿失禁などの障害ある成人で
評価・確認すべきこと

- 訓練で改善の見込み
- トイレが使える機能
- 重大な認知障害なし
- 訓練に対する動機づけ
- 治療に期待

Example of the Best Practice Statement: Intervention

手引きの例 介入

- Bladder training programmes are structured, supervised and continue for a minimum of 6 weeks.

膀胱訓練プログラムは、計画的に構築され、医療者の指導の下に最低6週間は継続する

Areas we will consult nurses on

- Indications for bladder & bowel training
- Types of bladder & bowel training used
- Content of bladder and bowel training
- Delivery methods

膀胱訓練や腸管訓練
に関し、看護師に
相談する予定の事項

- 訓練の適応
- 訓練の様式
- 訓練の内容
- 提供の方法

Next steps 今後の予定

- Working Group will consult with ICS nursing committee to agree the content of the draft BPS
- The draft BPS will be sent to ICS Nursing members who volunteer to review and feedback
- Other ICS committees will be consulted
- Submit to ICS March 2017
- Publish and disseminate April 2017

- ICS看護師委員会に相談
- 委員からの意見聴取
- 他のICS委員会に相談
- 2017年4月出版

Thank you



Brighter futures begin with GCU

Jo.booth@gcu.ac.uk



ICS Nurses' Committee Qualitative research abstracts Nurse's Forum Tokyo 2016

Joan Ostaszewicz,
with assistance from
Donna Bliss & Kathleen Hunter

ICS Teaching Module

Background

- Limited number of abstracts by nurses to ICS Annual Scientific Meeting
 - ? Need for written info to help nurses write high quality abstracts for qualitative research
- Purpose of this document - To develop a document to provide guidance to promote understanding and submission of high quality qualitative research abstracts to the ICS.
- The document does not replace the ICS Abstract Submission Rules, but aides in the interpretation and application of the rules for qualitative research.

ICS Teaching Module

Contents of document

- Qualitative research: What it is and what it isn't
- Characteristics of good qualitative research
- Reliability and credibility of qualitative research
- Generic criteria for evaluating the quality of qualitative research
- Writing an abstract for ICS about qualitative research
- Resources

ICS Teaching Module

Kaoru Nishimura (Miyagi)

Affiliations to disclose[†]:

Nothing

* All financial ties (over the last year) that you may have with any business organization with respect to the subjects mentioned during your presentation.

Funding for speaker to attend:

- ☐ Self-funded
☐ Institution (non-industry) funded
☒ Sponsored by: ICS 2016 Committee

Advanced Practice of
Continence care in Japan
日本におけるコンチネンスケアの上級実践

Japan Continence Action Society

Chairperson

Continence Adviser R.N.

Kaoru Nishimura

日本コンチネンス協会・会長

コンチネンス・アドバイザー

西村かおる



アウトライン Outline



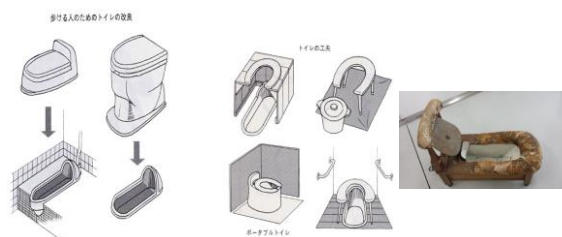
1. 日本のコンチネンスケアの歴史
History of Japanese continence care
2. 日本におけるコンチネンスケアの現状
Current state of continence care in Japan
3. 日本のコンチネンススペシャリストによる上級実践
Advanced practice by Japanese continence care specialist
4. 排尿自立指導料について
Continence Self-management Program reimbursement Fee

History of Japanese continence care

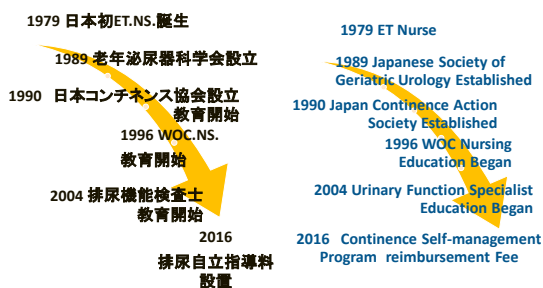


1975年頃より、おむつ外し運動が始まり、ポータブルトイレと洋式トイレ化が始まった。

Around 1975, no-diaper campaign and westernization of toilet design started.



History of Japanese continence care



Current state of continence care in Japan



成人人口の約10%が恒常的に尿失禁を持っている。

しかし、その一割しか受診していない。

成人のおむつ市場は年間約20億円で増加している。

尿失禁の専門外来は各県に1~2程度。

小学生の50%が便秘。

排便専門外来は国内に<20

Around 10% of Japanese adults are incontinent.

Only 10% of them are seeing a physician.

Pad market for adults is growing by 20M USD yearly.

Only 1-2 Urinary continence specialist clinics / prefecture.

50% of elementary-school children constipated

Bowel dysfunction specialist clinics in Japan: <20

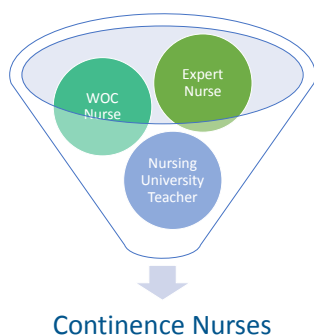
Current state of continence care in Japan	
使用排泄用具内訳	件
トイレ自立 Able to use toilet independently	131
排泄用具使用 Using continence products	87
尿とりパッド+テープ式おむつ+尿道留置カテーテル Underwear pad + all in one Diaper + Foley catheter	34
尿とりパッド+テープ式おむつ Underwear pad + all in one diaper	28
尿道留置カテーテルのみ Foley catheter only	11
尿とりパッド+パンツ式紙おむつ Pull-up diaper + underwear pad	8
尿とりパッド+パンツ式紙おむつ+尿道留置カテーテル Pull up diaper + underwear pad + Foley catheter	2
尿とりパッド+尿道留置カテーテル Underwear pad + Foley catheter	2
尿とりパッドのみ Underwear pad only	2
テープ式おむつのみ All in one diaper only	2

2013 10月 9 日 北里研究所病院入院中の218人 (In-hospital patients N=218)

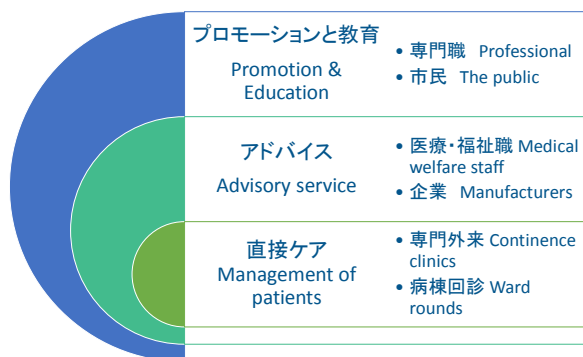
Current state of continence care in Japan	
使用の理由複数回答(Why?)	
件	
ADL問題 Low ADL	149
失禁がある Incontinent	76
入院時からしている Using from the time of admission	18
安静指示 To keep patient in bed	14
全身状態が悪い Poor general condition	11
尿道留置カテーテルの脇漏れあり To absorb leakage around catheter	7
念のため Precautionary	6
その他 Other	3

排泄用具使用目的	数
尿失禁+便失禁 Urinary and fecal	50
尿失禁 Urinary	15
便失禁 Fecal	11
未記入 Unknown	11

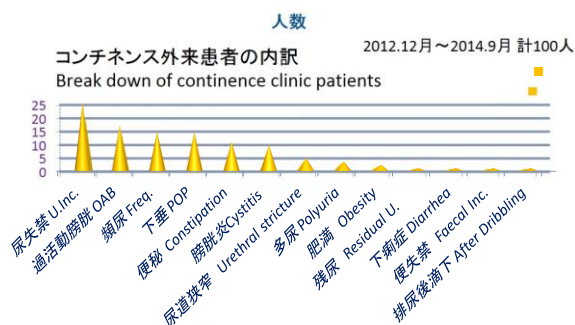
Current state of continence care in Japan



Advanced practice by Japanese continence care specialist



Advanced practice by Japanese continence care specialist



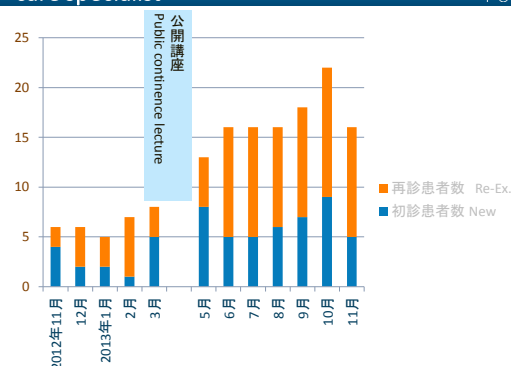
Advanced practice by Japanese continence care specialist

排尿障害 LUTS	自己導尿 CIC	排便障害 bowel	臓器下垂 POP
骨盤底筋訓練 PFMT	膀胱訓練 Bladder training	骨盤底筋訓練 PFMT	骨盤底筋訓練 PFMT
水分管理 Liquid control	留置カテーテル管理 Foley catheter	食事指導 Dietary control	リング着脱 Pessary ring
体重管理 Weight control		運動指導 Exercise instruction	体重管理 Weight control
運動 Exercise training		排便姿勢 Defecation Positioning	手術についての概要説明 Explanation of the operation
排尿訓練 Toilet training		薬剤管理 Drug management	
排泄用品の活用 Continence Aids		排泄用品の活用 Continence Aids	
薬剤管理 Drug management		ストレス管理 Stress management	
		洗腸 Irrigation	

Advanced practice by Japanese continence care specialist



Advanced practice by Japanese continence care specialist



ケース紹介 Case study



71歳 女性

主病名:統合失調症

1997年より入院。

長年にわたる毎日のラキソベロン80滴服用。

便秘時には90滴～最大ラキソベロン1本服用。

71 years old Female

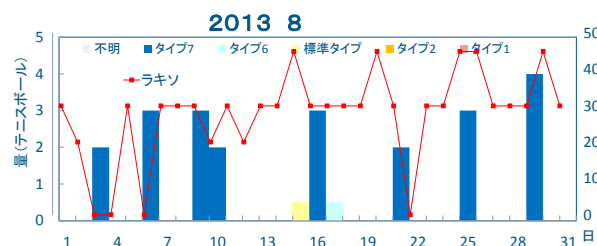
Schizophrenia

Admitted since 1997

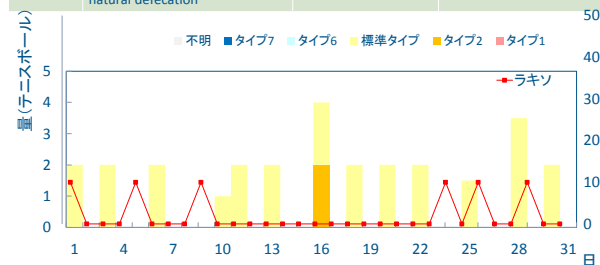
80 drops per day picosulfate treatment for many years

When constipated, she took a maximum 90 drops of picosulfate.

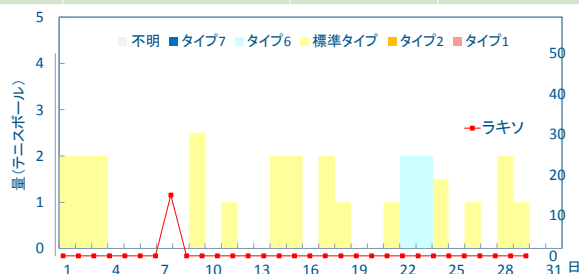
月 M/Y	ケアの内容 Care	排便状況 Bowel condition	ラキソベロン/月 Picosulfate/M.
2013 8月 August 2013	3日に1回を目安にグリセリン浣腸 She was given a glycerin enema once every 3 rd day.	定期的に排便はあるが常に下痢状態 There was regular bowel movement, but always in a state of diarrhea.	855滴 855 drops



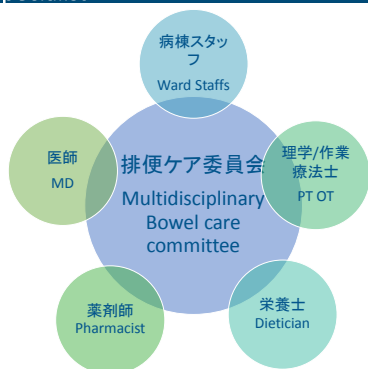
月 M/Y	ケアの内容 Care	排便状況 Bowel condition	ラキソベロン/月 Picosulfate/M.
2015 1月 January 2015	アセスメント 腹部温罨法 排便周期にあわせた排便誘導 Assessments Abdominal hot fomentation To induce defecation to cause natural defecation	2～3日に一度排便あり Bowel movement in 2-3 days	60滴 60 drops



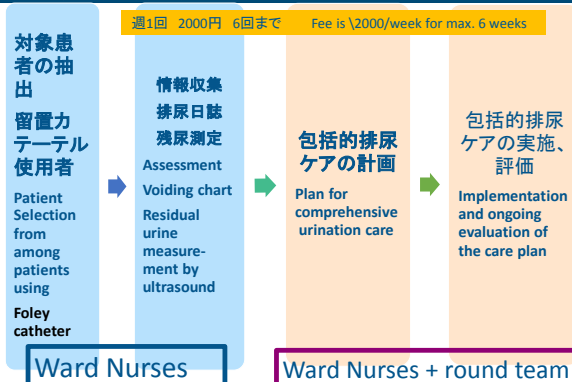
月 M/Y	ケアの内容 Care	排便状況 Bowel condition	ラキソベロン/月 Picosulfate/M.
2015 7月 July 2015	食物繊維とオリゴ糖プロバイオティクス摂取 昼食後に排便誘導 The dietary fiber, oligosaccharide and probiotics intake To induce defecation after lunch	1～2日間隔で正常排便見られる。 A normal bowel movement is seen every 1-2 days.	15滴 15 drops



Advanced practice by Japanese continence care specialist



Continence Self-management Program reimbursement Fee

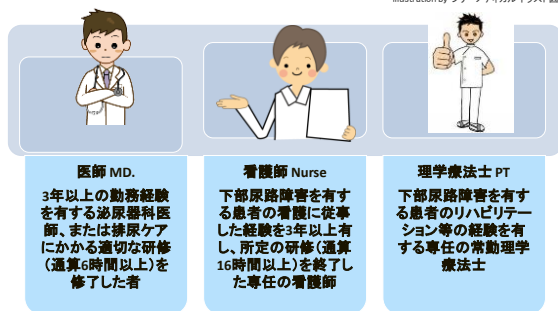


Continence Self-management Program reimbursement Fee



The round team

Illustration by フリーメディカルイラスト図鑑



Continence Self-management Program reimbursement Fee



	留意する項目	計画の内容 Care plan
排尿自立 Urination independence		排尿用具の工夫、排尿しやすい姿勢の工夫、衣類の工夫、トイレ環境の工夫、移動・排尿意欲への支援、寝具の素材の工夫 Use Continence Aids etc...
下部尿路機能 LUTS	頻尿・尿失禁 Frequent Incontinence	生活指導、膀胱訓練、骨盤底筋訓練 PFMT Bladder training
	尿閉/排尿困難 Dysuria	間欠導尿、自己導尿/ナイトパルーン CIC etc...
	尿意の問題 Problem of micturition desire	排尿誘導 超音波補助下排尿誘導 Urination instruction
リハビリテーション Rehabilitation		運動機能訓練(関節可動域拡大、座位保持、排泄に関する動作訓練)、動作に合わせた補助用具の選択・環境整備、介助方法の工夫 Exercise function training, device selection and installation and/or training
薬物療法 Medical therapy		排尿機能に影響を与える薬剤の検討 適切な薬剤の選択と処方 Choice of an appropriate drug and prescription

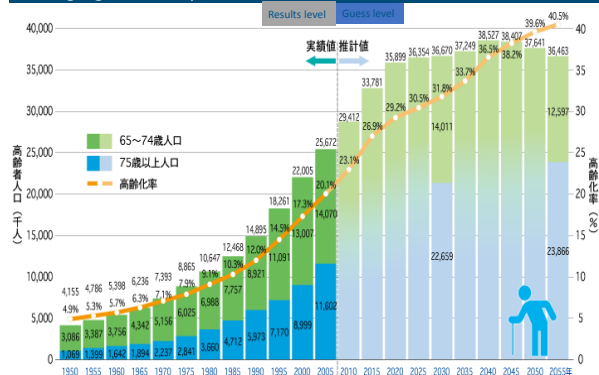
Continence Self-management Program reimbursement Fee



患者 Patients	自立度 Independence degree	下部尿路障害の改善 LUTS Condition	留置カテーテル抜去の成功 Success of the Foley catheter withdrawal
病棟 Ward	対象者数 The number of the target patients	カテーテル留置のべ日数 有熱性尿路感染症の発生率 Incidence of & Number of Patient-Days of temperature-related urinary tract infections	
病院全体 Hospital	対象者数 The number of the target patients	カテーテル留置のべ日数 有熱性尿路感染症の発生率 Incidence of & Number of Patient-Days of temperature-related urinary tract infections	

Change of the elderly person population and aging rate in Japan

ICS
2016
TOKYO



Challenge of Japanese Continence care

ICS
2016
TOKYO

1. 排尿自立指導料が有効活用されること。
2. 排尿自立指導のエビデンスを出すこと
3. 排便ケアができる看護師の育成
4. ナースによる専門外来の増加
5. コンチネンスクア診療報酬の種類の拡大

1. Continence Self-management Program reimbursement Fee should be utilized effectively.
2. Develop evidence to demonstrate the utility of the this new Reimbursement Fee.
3. Train nurses to manage bowel movement care
4. Increase continence clinics with specialized nurses
5. Expand reimbursement for managing and improving Continence care

Thank you for your attention

ICS
2016
TOKYO



ご静聴ありがとうございました。



WELCOME/ ようこそ ICS Nursing Forum Tokyo 2016

Donna Z. Bliss, PhD, RN, FAAN, FGSA

Forum and Nursing Committee Chair

Wakako Satoh, PhD, RN, Forum Co-chair and Nursing
Committee Member



Donna Bliss



Affiliations to disclose[†]:

- Research grant from Hartmann for study to measure skin pH in nursing home residents
- Subcontract from Vital Sims for developing a educational e-training about assessing IASD in nursing home residents

[†] All financial ties (over the last two years) that you may have with any business organization with respect to the subjects mentioned during your presentation

Funding for speaker to attend:

- ☐ Self-funded
- ☐ Institution (non-industry) funded
- ☒ Sponsored by: ICI 6 (Committee Chair)

Committee Members



Chair, Donna Bliss, US**

Members

Jo Booth, UK**
Maria Helena Lopez, BR
Veronica Hagaar, UK
Karen Logan, UK**
Wakako Satoh, JP**
Mary Wilde, US**
Alison Bardsley, UK
Joan Ostaszewicz, AU**

Subcommittee chairs

Research

Kathleen Hunter, CA**

Education/Practice

Sandra Engberg, US

Communications

Sharon Eustis, UK

New members

Jaclyn Lee, UK**

Purpose of Nursing Forum



Engage and network with nurse members of ICS

Inform about nursing committee activities and invite participation

- Brief reports from subcommittee chairs

Provide education on relevant topics from international perspective/experience

- Kathleen Hunter: Advanced Practice Continence Care in the Community
- Kaoru Nishimura: Advanced Practice Continence Care in Japan
- Jo Booth: ICS Nursing Committee Project on Bladder and Bowel Training

Nursing Committee Activity



- Align with ICS mission/priorities of strategic plan with focus on continence nursing
 - Reorganized/streamlined committee structure, operations, and communication
 - Work plans for activities
 - Annual Project
 - Task force model for participation
- Increase scholarly output/Address educational and practice needs

Education, Practice, Research, and Communication



- Plan/coordinate Nursing Workshop and Forum at annual meeting
 - Seek sponsorship for translation
 - Online educational modules
 - Special projects – Qualitative Research Guideline, B/B Training Best Practice, promote Clinical Awards
 - Guest speakers for global courses, special events
- ICS-ICI6 (ICI systematic review update) -- nurse members and chairs
 - Plan follow-up publications/teaching
- Review scientific abstracts for the main scientific meeting
- Encourage new investigators to present at the Early Career session
- Maintain ICS Webpage
 - Resources for Nurse Continence Practice
 - Showcase member achievements, awards, publications
 - Let us know about YOU!

New Activity Ideas



- JOIN ICS
- Hope to see you at ICS in Florence, Italy in 2017



Today's Agenda

- [Announcement](#) – Continence Products Advisor
Website by Margaret MacCaulay
- [Committee Reports](#)
Mary Wilde, Kathleen Hunter, Joan Ostaszewicz, Karen Logan
Questions
- [Coffee Break 1530-1600](#)
- [Guest Speakers](#)
 - Drs. K. Hunter, K. Nishimura, J. Booth
- [Discussion, Q & A](#)

地域における上級開業コンチネンスケア

Advanced Practice
Continence Care in the
Community

Kathleen F. Hunter PhD RN NP GNCIC/NCA
Associate Professor, University of Alberta Faculty of Nursing
Nurse Practitioner, Glenrose Hospital Specialized Geriatric Services Continence Clinic

上級開業看護師とは？

What is an
advanced
practice nurse?

ICN Definition

A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level.

（上級）開業看護師は登録制看護師で、専門的な知識を有し、多様な症例に適切な判断ができる臨床的能力を有する。修士以上が望ましい。

ICN Nurse Practitioner/Advanced Practice Nurse Network (2003)
<https://international.aanp.org/Practice/APNRoles>

Nature of Practice

仕事の特徴

- Integrates research, education, practice and management
 - 研究・教育・実務が一体
- High degree of professional autonomy and independent practice
 - 専門職として自立
- Case management/own case load
 - 担当患者を受持つ
- Advanced health assessment skills, decision-making skills and diagnostic reasoning skills
 - 高いレベルで診断や方針決定を行う

（上級）開業看護師の
役割

ICN NP/APN
Role

Nurse practitioner (NP)
開業看護師

Advanced NP (ANP)
上級開業看護師

ICN Nurse Practitioner/Advanced Practice Nurse Network
<https://international.aanp.org/Practice/APNRoles>

Nature of Practice

仕事の特徴

- Recognized advanced clinical competencies
 - 高い臨床能力を認定
- Provision of consultant services to health providers
 - 他の医療提供者の相談の用意
- Plans, implements & evaluates programs
 - 治療計画の立案と実行と評価
- Recognized first point of contact for clients
 - 患者の初めの窓口

（上級）開業看護師の
役割

ICN NP/APN
Role

Nurse practitioner (NP)
開業看護師

Advanced NP (ANP)
上級開業看護師

ICN Nurse Practitioner/Advanced Practice Nurse Network
<https://international.aanp.org/Practice/APNRoles>

Regulatory mechanisms – Country specific regulations

制度：国によって異なる

- Right to diagnose
 - 診断する権利
- Authority to prescribe medication
 - 処方する権限
- Authority to prescribe treatment
 - 治療を指示する権限
- Authority to refer clients to other professionals
 - 他の医療者に紹介する権限
- Authority to admit patients to hospital
 - 入院させる権限

（上級）開業看護師の
役割

ICN NP/APN
Role

Nurse practitioner (NP)
開業看護師

Advanced NP (ANP)
上級開業看護師

ICN Nurse Practitioner/Advanced Practice Nurse Network
<https://international.aanp.org/Practice/APNRoles>

Regulatory mechanisms – Country specific regulations

制度：国によって異なる

- Legislation to protect the title "Nurse Practitioner/Advanced Practice Nurse"
 - Nurse PractitionerかAdvanced Practice Nurseと標榜
- Legislation or some other form of regulatory mechanism specific to advanced practice nurses
 - 他にも規則がある
- Officially recognized titles
 - 公式に認定された称号

（上級）開業看護師の
役割

ICN NP/APN
Role

Nurse practitioner (NP)
開業看護師

Advanced NP (ANP)
上級開業看護師

ICN Nurse Practitioner/Advanced Practice Nurse Network
<https://international.aanp.org/Practice/APNRoles>

Nurse Continence Specialist
コンチネンス専門看護師
とは？

What is a Nurse Continence Specialist?

- An international role profile of the Nurse Continence Specialist

コンチネンス専門看護師の果たす国際的な役割

コンチネンス
上級開業看護師

Continence APN

- Advanced practice nurse (APN) with continence speciality examples

コンチネンス専門の上級開業看護師の例

- US – Nurse Practitioner (NP), Clinical Nurse Specialist (CNS) roles (Newman, 1996)

米国 : Nurse Practitioner (NP), Clinical Nurse Specialist (CNS)

- UK – Nurse Specialist, Nurse Advanced, Nurse Consultant - (RCN, 2006)

英国 : Nurse Specialist, Nurse Advanced, Nurse Consultant

- Netherlands – Primary care based NPs proposed (Wagg et al 2014; Holtzer-Goor et al 2015).

オランダ : Primary care based Nurse Practitioner

コンチネンス
上級開業看護師

Continence APN

- Not all APN prepared with in-depth continence knowledge (Jones & Burner, 1998; Keilman & Dunn, 2010).

上級開業看護師の全員がコンチネンスの知識が十分という訳ではない

カナダでは

In Canada

- Two advanced practice roles: Nurse Practitioner and Clinical Nurse Specialist

- Nurse Practitioner (NP)とClinical Nurse Specialist (CNS)の2つ

- NP- title protection, legislation varies by province (autonomous/collaborative), agreement on master's preparation

- NP: 称号あり、州により制度異なる、修士は必要

- CNS- no title protection at this time, masters/graduate preparation.

- CNS: 称号の公認なし、学士が修士

- Continence speciality: Nurse Continence Advisor, ET Nurses

- コンチネンス専門: Nurse Continence Advisor, ET Nurses

What's the evidence for Continence NP/APN

コンチネンス
開業看護師
効果のエビデンス

- UK – Continence NPs effective in nurse-led continence service effective in reducing symptoms, high patient satisfaction (Williams et al. 2000).

英国 : コンチネンスケア、症状緩和、患者満足に有効

- UK – Qualitative evaluation of nurse-led continence service n= 23 patients, 8 week treatment with Continence NP

英国 : コンチネンスケアの質的評価 (患者23名、8週間)

- interpersonal as well as technical skills (thoroughness, specialization, knowledge) important to satisfaction (Shaw et al 2000)

- 技術だけでなく対人能力も満足度に重要

What's the evidence for Continence NP/APN

コンチネンス
専門看護師
効果のエビデンス

- Hong Kong – APN led clinics including continence clinic, model to advance the scope of APN practice in nurse-led clinics (Shiu et al 2011).

香港 : コンチネンスにも対応することで上級開業看護師の診療範囲を拡大



Glenrose Continence Clinic
グレンローズ
コンチネンス
診療所

- Outpatient Clinic in rehabilitation hospital
 - リハビリ病院での外来診療所
- Patients: older adult, people with neurological/neurodegenerative conditions, young-midlife adults
 - 高齢者、神経疾患の患者、中年・若い成人



Glenrose Continence Clinic
グレンローズ
コンチネンス
診療所

- NP also consults on inpatients, follows continence issues after discharge
 - NPは入院患者や退院後のコンチネンスケアも担当
- Team: NP with gerontological and continence speciality, physicians (geriatrician), nurses (not continence speciality)
 - チーム：老年医学やコンチネンスが専門のNP、医師（老年科）、一般の看護師

Advanced practice nursing role - autonomous
上級開業看護師の役割
自律

- NP – independent assessment, diagnostic/lab tests, diagnosis, prescribing of nonpharmacological and pharmacological interventions, referral to specialist.

NPは自分の判断で、状態の評価、診断や検査、薬剤を含む治療の処方、専門医への紹介が可能

Advanced practice role – collaborative
専門開業看護師の役割
協力

- Collaborate with:
 - 協力する相手は
 - Patients and families
 - 患者や家族
 - Family and specialist physicians
 - 家庭医や専門医
 - Community pharmacists and physical therapists
 - 地域の薬剤師やPT
 - Home care nurses, OT
 - 在宅看護師やOT
 - Other health and social care professionals
 - 他の医療専門家

Case

83 year old female brought to continence clinic for recurrent urinary tract infections
83歳女性
繰り返す尿路感染症（UTI）

- Multiple visits to family physician and EDs for UTI
 - 尿路感染症で医師に頻回に受診
- Recent move from apartment to dementia assisted living
 - 自宅から認知症介護施設へ転居したばかり
- Medical hx: Depression, anxiety disorder (long standing), cognitive impairment, GERD, hypertension, hypothyroidism
- 既往歴：抑うつ、不安障害（長期）、認知障害、胃食道逆流、高血圧、甲状腺機能低下

Case

- Surgical history: cholecystectomy, hysterectomy
- Obs hx: G3 P3 – vaginal deliveries, no other information
- Medications: amitriptyline, zopiclone, pantoprazole, ramipril, levothyroxine, lorazepam
 - 胆嚢摘除、子宮摘除
 - 3回の経産分娩
 - 内服薬：抗うつ薬、認知症治療薬、降圧薬

Assessment 状態の評価

事例

Case

- Little lab evidence of but multiple courses of Abx
 - 殆ど検査なしに何度も抗菌薬を投与
- Difficulty responding to questions about LUTS
 - 下部尿路症状に関する質問には回答困難
- Daughter reports daily, no fever/delirium with complaints of "UTI"
 - 娘の弁：熱はないが尿路感染症の訴え毎日
- Using paper towels for containment
 - ペーパータオルを当てて吸収

Assessment 状態の評価

事例

Case

- PE – perineum red, no leak on cough, grade 1 anterior prolapse, urogenital atrophy, no stool in rectum
- 身体所見：会陰部の発赤、セキで失禁なし、I度の膀胱瘤、外陰部の萎縮、直腸内に便塊なし
- Required significant reassurance to complete the PE
 - 診察に何度も説明が必要
 - Unable to void in clinic, PVR > 350ml
 - 診療所では排尿不能、残尿>350ml

Initial Impression

第一印象

- Urogenital atrophy, query overflow UI, query urgency UI - DHIC?
- 外陰部萎縮、溢流性尿失禁か切迫性尿失禁か、DHIC?

What would you do?

皆さんどうしますか？

- 1. Put in an indwelling urinary catheter
カテ留置
- 2. Start intermittent catheterization
自己導尿の導入
- 3. Fit with a pessary
ペッサリー
- 4. Toileting schedule
定時排尿
- 5. Treat the urogenital atrophy with vaginal estrogen
外陰部萎縮にエストロゲン錠剤
- 6. Get a bladder diary
排尿日誌
- Other ideas?
他の案は？

Could she be mistaking Sx of urogenital atrophy for UTI?

外陰部萎縮の症状を感染の症状と誤解？

- Survey post-menopausal women 55-65 in UK, US, Canada, Sweden, Denmark, Finland, or Norway (Nappi & Kokot-Kierepa 2012)
- 55-65歳の閉経後女性の調査（北米・欧州の7国、2012年）
- 45% reported vaginal discomfort (83% vaginal dryness, 42% pain during intercourse, 30% involuntary urination, 27% soreness, 26% itching, 14% burning, and 11% pain when touching the vagina)
- 45%膣の不快感（83%乾燥、42%性交時痛、30%尿もれ、27%痛み、26%痒み、14%灼熱感、11%接触時痛）
- Only 4% attributed symptoms to vaginal atrophy
4%だけが症状と膣萎縮を関連づけ

Could she be mistaking Sx of urogenital atrophy for UTI?

外陰部萎縮の症状を感染の症状と誤解？

- Cross sectional data from US Women's Health Study, 50-79 years (Pastore et al 2004)
- 米国の50-79歳の女性の調査（2004年）
- Symptom prevalence: 27% dryness, 27% irritation/itching, 11.1% discharge, 5.2% dysuria
- 症状の頻度
 - 27%：乾燥感
 - 27%：刺激・かゆみ
 - 11%：おりもの
 - 5%：排尿痛

事例

Case

- Minimize anxiety provoking stress 不安の誘発を最小限に
- Decide not to catheterize in clinic (risk/harm)
カテーテル操作はしないことに
- Initial management 初期対応
 - Contact by phone with Case Manager (engage the caregivers)
 - ケアマネに連絡（介護者を巻き込む）
 - staff to assist with a bladder diary (intake and output)
 - 排尿日誌の記録を支援（摂取量と排尿量）
 - daytime toileting program (timed toileting, coaching to double void)
 - 昼間の排尿計画（定時排尿、二回排尿の指導）

事例
Case

Initial management cont' 初期対応（続き）

- assistance with vaginal estrogen
エストロゲン錠剤
- treatment for incontinence dermatitis, continence pads, control access to paper towels
尿かぶれ治療、パッド、ペーパータオルは隠す
- Switch amitriptyline to citalopram (less AChSE)
トリプタールをセキシアに変更（抗コリン副作用の軽減）
- One week follow up to reassess PVR (<200 ml) – some improvement with regular toileting
1週後：残尿200ml、やや改善し定期的な排尿に

事例
Case

2 month follow-up 2月後

- PVR < 200ml, no "UTI" treatment, contact with Case Manager – reported patient less fixated on UTI (especially on days with diversionary activity), cooperative with toileting (familiar staff)
残尿<200ml、“感染”の治療なし、感染は余り言わず（特に他のことをする間）、トイレ排尿に協力的
- Taking her out of the care unit provoked severe anxiety (and family distress too), follow-up with Family Physician who did site visits
施設に入った患者の不安（家族のストレス）から解放
家庭医が往診で経過観察

上級開業看護師にコンチネンスを普及させるには

What needs to happen to promote continence in advanced nursing practice?

- Do we need to look at defining the continence advanced practice role?
コンチネンス上級開業の位置づけを明確にするべき？
- How do we support Nurse Continence Specialists to meet their countries educational/licensure requirements for advanced practice?
コンチネンス専門看護師の上級開業認定を支援しては？
- Should more APNs be educated with specialization in continence?
より多くの上級開業看護師がコンチネンスを学ぶべき？

References

Holter-Goor K.M., Gaultney J.G., van Houten P., Wagg A.S., Huygens S.A., Nielsen J., Alberts-Heitner C.P., Redekop W.K., Rutten-van Molken M.P., Al M.J. (2015). Cost effectiveness of including a nurse specialist in the treatment of urinary incontinence in primary care in the Netherlands. PLOS One, doi:10.1371/journal.pone.0138225

Jones T.V. & Bunner S.H. (1998). Approaches to urinary incontinence in a rural population: A comparison of physician assistants, nurse practitioners and family physicians. *Journal of the American Board of Family Practice*, 3, 207-15.

Kellman L.J. & Dunn K.S. (2010). Knowledge, attitudes and perceptions of advanced practice nurses regarding urinary incontinence in older adult women. *Research and Theory for Nursing Practice: A International Journal*, 24, 260-279.

Nappi RE & Kokot-Kierepa M (2012). Vaginal health: Insights, views and attitudes (VIVA) – results from an international survey. *Climacteric* 15(1), 36-44

Pastore LM, Carter RA, Hulka BS, Wells E. Self-reported urogenital symptoms in postmenopausal women: Women's Health Initiative. *Maturitas* 2004;45:239-303.

Pulcini J., Jelic M., Gul R., Loke A.Y. (2010). An international survey on Advanced Practice Nursing education, practice, and regulation. *Journal of Nursing Scholarship*, 42, 31-39.

References

Paterson J., Darma Suyasa I.G., Ostaszkievicz J., Skelly J., Hanson L. (2015). A Profile of the Nurse Continence Specialist role. Results of an International Survey. *ICS Annual Meeting Nurses Forum*, Montreal.

Royal College of Nursing (2002/2006). *Improving continence care for patients: Role of the nurse*. London: Royal College of Nurses
www2.rcn.org.uk/_data/assets/pdf_file/0003/78555/001952.pdf

Shaw C, Williams K, Assassa RP (2000). Patients' views of a new nurse-led continence service. *Journal of Clinical Nursing*, 9, 574-584.

Shiu A.T.Y., Lee D.T.F., Chau J.P.C. (2011). Exploring the scope of expanding advanced nursing practice in nurse led clinics: a multiple case study. *Journal of Advanced Nursing*, 68, 1780-92.

Wagg A., Newman D., van Houten P., Leichsenring K. (2014). *Summary of optimum continence service specification*. Madrid: GRIForum
http://www.griforum.com/Documents/Madrid-2014/Summary%20of%20Optimum%20Continence%20Service%20Specifcation.pdf

Williams K.S., Assassa R.P., Smith N.K., Jagger C., Perry S., Shaw C. et al (2000). Development, implementation and evaluation of a new nurse led continence service: a pilot study. *Journal of Clinical Nursing*, 9, 566-573.

Nursing Research Subcommittee Report

KATHLEEN HUNTER PhD RN NP-GNC(C) NCA
SEPTEMBER 2016
ICS TOKYO

Activities

- ▶ Involving nurse to participate in abstract review for the main scientific meeting - 7 nurse member participated, up from 3
- ▶ Participated in guideline development re: qualitative abstracts
- ▶ Developed "Top 6 Reasons to Submit an Abstract to ICS" for nurses with Communications Subcommittee Chair
- ▶ Nursing Committee projects - Subcommittee Chair volunteered to be part of the best practice document
- ▶ Participated in reviewing and providing feedback on content/process for website linking of evidence based catheter resources.
- ▶ Archived "Guideline for Collaborative Continence Nursing Research"

Long term goals

- ▶ Identify potential nurse scholars to participate in the "Early career" section of the main meeting - no early career nurse researchers identified, revision of process referred back to committee
- ▶ Support nurses in successful submission of abstracts to annual Scientific Meeting - review of draft abstracts referred back to committee for further discussion.



Education and Practice Sub-Committee

Nurse's Forum Tokyo
2016 report from
Sandra Engberg

The Education and Practice Subcommittee



- Responsible for an open education session at the ICS annual meeting
- Provides a forum for practice issues
- Supports those who wish to develop clinical competencies in continence care

2016 Annual Meeting-Related Activities



1. Submitted an application for and planned the Nursing Workshop
2. Planned the Nursing Forum
3. Planning for both the Workshop and Forum occurred in collaboration with local and international speakers as well and ICS Nursing Committee members
4. Assisted in obtaining sponsorship to translate the main speakers' slides
5. Assisted in seeking sponsorship for the nursing symposium (unfortunately, without success)

2016 Other Activities



Completed several e-learning activities for nurses

- Dr. Mary Wilde developed educational modules on
 - *Basic Care in Indwelling Urinary Catheter Management*
<http://www.ics.org/committees/nursing/icseducationalmodule/basiccare>
 - *Self-Management of Indwelling Urinary Catheters*
<http://www.ics.org/committees/nursing/icseducationalmodule/indwellingcatheters>, and
 - *Self-Management of Intermittent Urinary Catheters*
<http://www.ics.org/committees/nursing/icseducationalmodule/intermittentcatheters>
- Dr. Kathleen Hunter's presentation on pharmacology for UI which was presented at the 2015 Nursing Workshop in Montreal was filmed. ICS is working to make it available as an e-learning activity

2016 Other Activities



- Recruited a nurse clinician and ICS member from Australia to write an article for a mini series in *Urology News* about current continence care from a nursing perspective
- Karen Logan took the lead on a project to encourage nurse members to apply for ICS Clinical Awards and to develop a process to review applications and select winners

ICS Nurses' Committee: Catheter related educational modules

Mary Wilde, with assistance from
Donna Bliss, Sharon Eustice, & Kathleen
Hunter



Process used



- University made no-cost contracts available
- Materials available
 - Educational booklets and urinary diaries, (including the intermittent diary in web-format)
- Drafts sent to nursing committee members for feedback
- Educational modules titles:
 1. Best practice for basic catheter care
 2. Self-Management of Indwelling Urinary Catheters
 3. Self-Management of Intermittent Urinary Catheters

Worked with ICS & technical colleagues



- Jenny Ellis, Avicia Burchill, and Dominic Turner assisted.
- ICS template used
- 3 minute video clip requested
- Overview of presentations
- Powerpoints with Penopto voice over
- Library detailed information about interventions and free access journal articles
- Launched in June with links to the ICS educational modules:

http://www.ics.org/news/549?utm_source=ICS&utm_campaign=37bade36cc-eNews_177_5_2016&utm_medium=email&utm_term=0_ed25e3afda-37bade36cc-291769985&goal=0_ed25e3afda-37bade36cc-291769985

as well as from our nursing microsite which includes Mary's introduction and overview at the bottom of the page:
<http://www.ics.org/committees/nursing/icseducationalmodule>

Communications Sub-Committee Report 2015/16

Sharon Eustice
Nurse Consultant
UK

Main Goal

Maximise opportunity for the ICS Nursing Committee to reach its membership about information on current news items, research, practice and education.

Membership

Spread of nurse membership globally		
Continent Name	Total Members 2014	Total Members 2015
Americas	64	43
Europe	43	36
Oceania	29	29
Asia	11	14
Africa	0	1
TOTAL	147	123

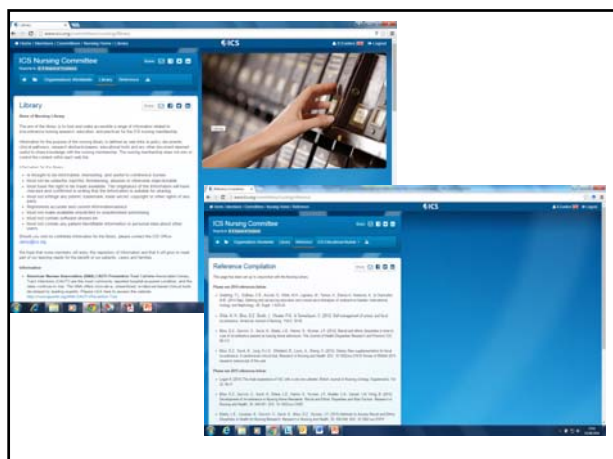
Notes:

- Of the 123 members, 89 renewed and 34 joined
- Overall, reduction in membership 2014-2015 from 147 to 123 (16%)
- The UK Association for Continence Advice (ACA) nurses joined in 2016. So current figures stand at 217 members of which 98 are ACA members.

Year	Valid Members Number	Lapsed members
1999	11	
2000	12	
2001	15	
2002	18	
2003	21	
2004	26	
2005	31	
2006	37	
2007	36	
2008	51	
2009	54	
2010	61	
2011	76	
2012	134	253
2013	171	289
2014	147	369
2015	123	414

Main activities....

1. Continuing review of pages on the ICS nursing microsite in terms of fit for purpose and updating and adding pages/information where necessary.
2. Regular news items with a strap line to funnel nurse members to our website.
3. Continuation of Nursing Library resource to the ICS Nursing webpage.
4. Continuation of reference page on the ICS nursing microsite.
5. Abstracts from ICS Montreal were available for access on our website until 31 March 2016.
6. Uploaded sub-committee reports into the relevant microsite pages.
7. Contribution of nursing representation to ICS Wiki sub-committee, which has resulted in forum discussions



Longer term goals of communications committee

- The communications sub-committee will help the Nursing Committee achieve our overall objectives.
- Engage effectively with other ICS committees and build strong relationships.
- Demonstrate the success of our work and regularly showcase examples of output from the nurse membership.
- Ensure that the nurse membership and wider ICS community understand what we do.
- To regularly gather feedback from the nurse membership to ensure we are maintaining standards.
- Affiliations with nursing organisations to facilitate spread of ICS work and increase membership (e.g. ACA).

Thank you to members for their support and to those who have contributed material

Any questions?

Communications Sub-Committee Report 2015/16

Sharon Eustice
Nurse Consultant
UK

Main Goal

Maximise opportunity for the ICS Nursing Committee to reach its membership about information on current news items, research, practice and education.

Membership

Spread of nurse membership globally		
Continent Name	Total Members 2014	Total Members 2015
Americas	64	43
Europe	43	36
Oceania	29	29
Asia	11	14
Africa	0	1
TOTAL	147	123

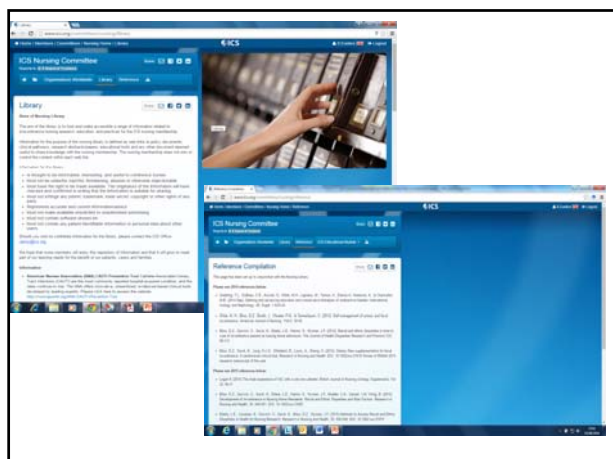
Notes:

- Of the 123 members, 89 renewed and 34 joined
- Overall, reduction in membership 2014-2015 from 147 to 123 (16%)
- The UK Association for Continence Advice (ACA) nurses joined in 2016. So current figures stand at 217 members of which 98 are ACA members.

Year	Valid Members Number	Lapsed members
1999	11	
2000	12	
2001	15	
2002	18	
2003	21	
2004	26	
2005	31	
2006	37	
2007	36	
2008	51	
2009	54	
2010	61	
2011	76	
2012	134	253
2013	171	289
2014	147	369
2015	123	414

Main activities....

1. Continuing review of pages on the ICS nursing microsite in terms of fit for purpose and updating and adding pages/information where necessary.
2. Regular news items with a strap line to funnel nurse members to our website.
3. Continuation of Nursing Library resource to the ICS Nursing webpage.
4. Continuation of reference page on the ICS nursing microsite.
5. Abstracts from ICS Montreal were available for access on our website until 31 March 2016.
6. Uploaded sub-committee reports into the relevant microsite pages.
7. Contribution of nursing representation to ICS Wiki sub-committee, which has resulted in forum discussions



Longer term goals of communications committee

- The communications sub-committee will help the Nursing Committee achieve our overall objectives.
- Engage effectively with other ICS committees and build strong relationships.
- Demonstrate the success of our work and regularly showcase examples of output from the nurse membership.
- Ensure that the nurse membership and wider ICS community understand what we do.
- To regularly gather feedback from the nurse membership to ensure we are maintaining standards.
- Affiliations with nursing organisations to facilitate spread of ICS work and increase membership (e.g. ACA).

Thank you to members for their support and to those who have contributed material

Any questions?

VARIATION IN TOILETING ASSISTANCE PROGRAMMES TERMINOLOGY: A POSSIBLE SOLUTION

Hypothesis / aims of study

Toileting assistance programmes involve verbally prompting and/or physically assisting a person to go to the toilet. These programmes target urinary incontinence that may occur as a consequence of a person's inability to reach and use the toilet or bathroom because of functional or cognitive impairment. The aim is to avoid or minimise episodes of urinary incontinence rather than alter bladder or pelvic floor function. The literature reveals various terms used to refer to toileting assistance programmes, including 'prompted voiding', 'habit retraining', 'habit training', 'timed voiding', 'scheduled toileting', 'patterned urge-response toileting', 'individualised scheduled toileting' and 'systematic voiding programmes'. A synopsis of four Cochrane systematic reviews using meta-study technique on bladder training and toileting assistance programmes indicated considerable variation in the literature about the terms (Roe 2007a; Roe 2007b). Essentially, it has been unclear how these programmes operationally differ from one another and where they partly overlap. Therefore, the aim was to identify, describe and compare the defining features of toileting assistance programmes.

Study design, materials and methods

As part of a Cochrane systematic review to determine the effectiveness of toileting assistance programmes, two researchers independently extracted detailed information about the components of each toileting assistance programme from 16 eligible randomised controlled trials. The trials included, but were not limited to trials that were reviewed in prior Cochrane reviews on prompted voiding, habit retraining and timed voiding. The extracted information was placed in a matrix identifying the presence or absence of the following information: (i) identification of usual voiding pattern, (ii) education/support to staff/carers, (iii) frequency of patient prompts, (iv) feedback or reinforcement to staff/carers/patients, (v) exercise, (vi) other.

Results

The matrix revealed two main approaches to implementing a toileting assistance programme. One approach relies on carers offering verbal prompts and/or physical assistance, to the care-dependent person to use the toilet at arbitrarily determined fixed voiding intervals, such as every two to four hours, regardless of whether the care-dependent individual has an urge to void or not. The second approach involves identifying the person's usual voiding pattern and verbally prompting and/or physically assisting them, to use the toilet prior to the predicted voiding time. In both cases, the toileting schedule can be adjusted depending on response. According to some trialists, both approaches may be enhanced by providing systematic feedback to the person, contingent on their efforts to identify their own continence status, request toileting assistance, or self-initiate toileting. Another feature reported in some trials was education, and/or varying levels of support, or structured facilitation for carers.

Interpretation of results

The findings offer a new nomenclature for toileting assistance programmes. In this classification, there are two main types of toileting assistance programmes:

- I. A fixed interval toileting assistance programme, with or without systematic contingent reinforcement, and with or without education/support
- II. An individualised scheduled toileting assistance programme, with or without systematic contingent reinforcement, and with or without education/support

Concluding message

The proposed nomenclature for toileting assistance programmes emerged in the context of reviewing existing research about prompted voiding, habit retraining and timed voiding. It revealed a multicomponent intervention. The use of consistent terminology may go some way toward helping clinicians and researchers share their knowledge about this important intervention.

References

1. Roe B, Milne J, Ostaszkiwicz J, Wallace S. (2007a). Systematic reviews of bladder training and voiding programmes in adults: A synopsis of findings on theory and methods using metastudy techniques. *Journal of Advanced Nursing*. 57(1):3-14
2. Roe B, Milne J, Ostaszkiwicz J, Wallace S. (2007b). Systematic review of bladder training and voiding programmes for the management of urinary incontinence: A synopsis of findings from data analysis and outcomes using metastudy techniques. *Journal of Advanced Nursing*. 57(1):15-31

Disclosures

Funding: Nil **Clinical Trial:** No **Subjects:** NONE