

# A Public Health Nursing Quality Improvement Initiative- Introducing a Collaborative Enuresis Service for Children

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# Problem Description & Rationale

- Enuresis (bedwetting) is an extensive and distressing condition that has a deep impact behaviourally and emotionally on children (Redsell & Collier, 2001)
- The current practice requires PHN's to refer children to their G.P, who in turn rely on acute hospitals for enuresis support, this contributes to waiting times of over **TWO** years to see a consultant urologist
- Based on HSE 2016 data, just under 10,000 of the population of CHO Dublin North City and County are affected by enuresis

# Background

- The literature identifies that enuresis has serious social and psychological ramifications for affected children
- The PHN Department in collaboration with parents recognised a gap in the provision of enuresis support services compelling action to develop a service to meet children's needs

# Aim and Objectives

To introduce a collaborative nurse lead 6-month pilot enuresis service

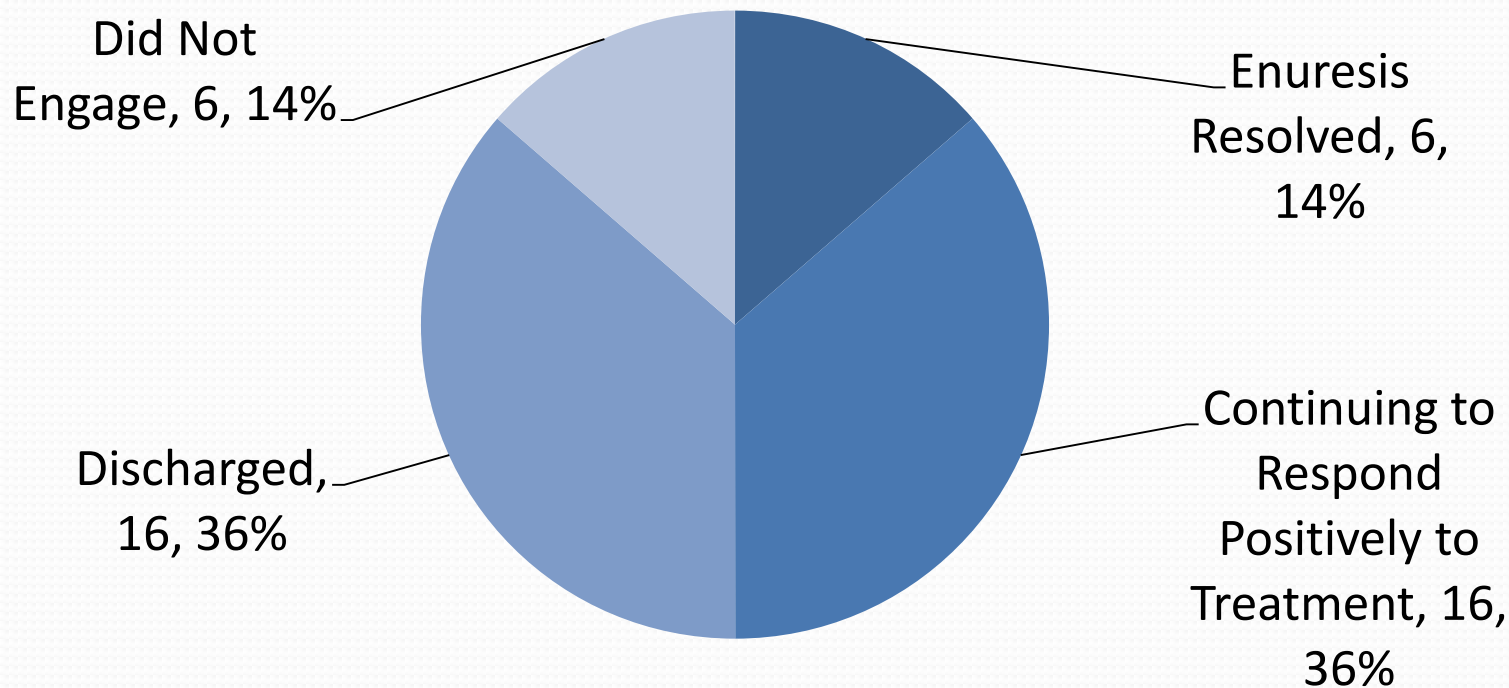
- Identify 7 clinic leads to receive specialist enuresis training enabling them to provide intensive enuresis support via drop-in clinics and one-to-one clinic-based interventions
- Provide enuresis training to 95% of PHN's who will manage basic enuresis issues and refer children to the specialist service if required
- Develop an evidence-based guideline for the enuresis service assisting nurses to provide children with up-to-date interventions

# Details of Intervention

- Six days of enuresis training was provided to all relevant staff across the CHO- funding was procured from NMPDU
- A six-month pilot enuresis service was established in three PCC's across the CHO
- This intervention aimed to align the PHN service with the HSE Corporate Goal of ensuring that clients receive access to fair, equitable, timely, high-quality, safe care



# Figure 1: Throughput and Outcome



# Evaluation

- Øvretveit's 2002 'Before and After Model' was used to evaluate this QI
- An audit was conducted of Patient Experience Surveys
- A Clinical Evaluation of randomly selected charts was completed



# Audit-Quantitative Data

- The audit results demonstrated that the timing of appointments suited children
- Service users were satisfied with the advice they received
- Service users were satisfied with the length of their appointment
- Service users were satisfied that they were involved in decisions about their care



# Audit-Quantitative Data

A Likert scale measured participants experience of their appointment



# Qualitative Data Survey & Informal

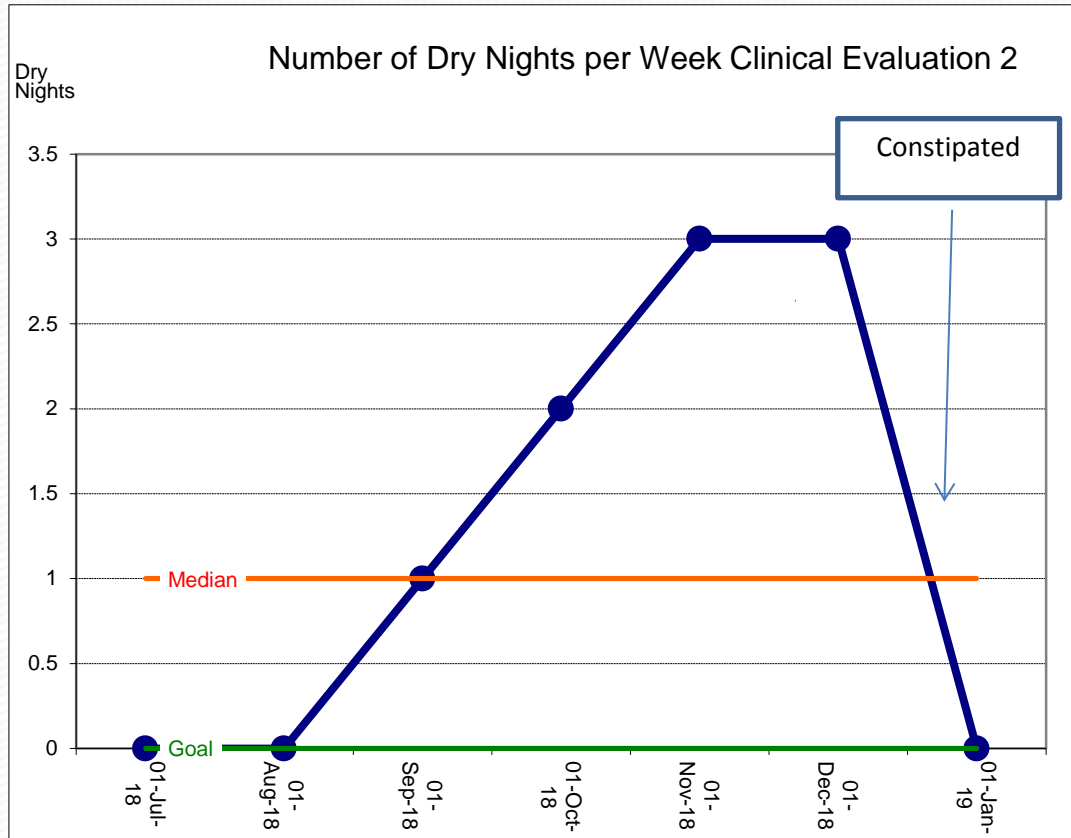
- *“Great experience- looking forward to working with the nurses to resolve the issue”*
- *“Delighted to have access to the service and the experience was very positive overall”*
- *Clinic Leads received very positive feedback with one child stating **“that she was delighted to wear her favourite pyjamas 2 nights in a row”***

# Clinical Evaluation of Chart Reviews

- No child had ever experienced a dry night prior to the pilot
- Therefore the experience of one dry night was deemed a success and Run Charts (QI analytical tool) were used to plot this quantitative data
- One dry night was used as the median to plot the outcome

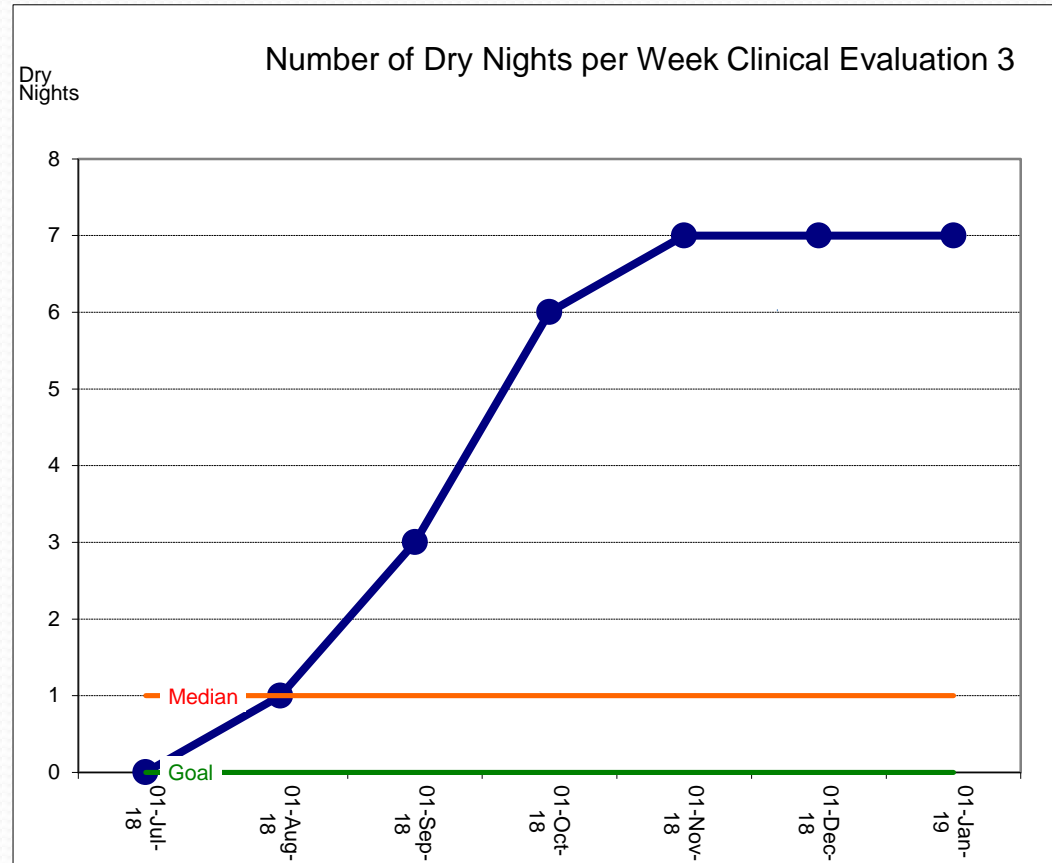
# Run Chart 2

- This child had never been dry at night
- After three months, the child experienced a dry night in one week increasing to two and then three nights in the months that followed
- Unfortunately, the child became constipated and progress regressed



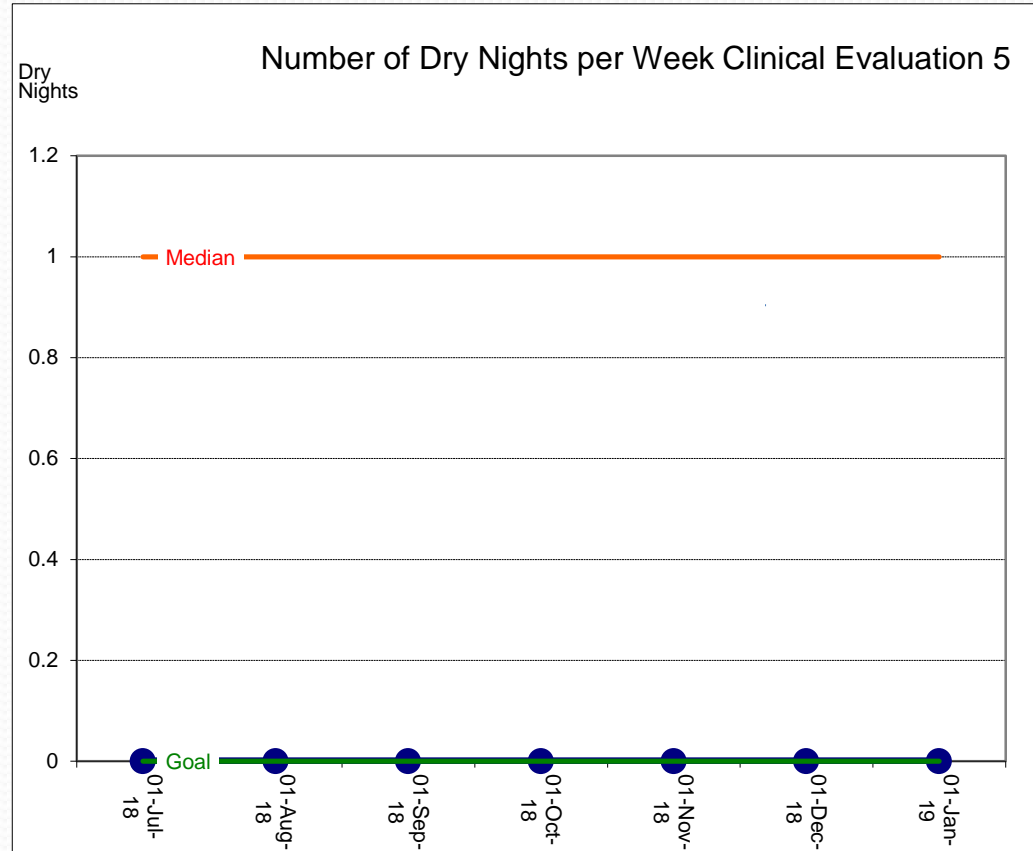
# Run Chart 3

- This child entered the service and had never been dry at night
- After one month of intervention, the child experience a dry night in one week and over the following three months became completely dry at night



# Run Chart 5

- This child entered the service and had never been dry at night
- Unfortunately, this family were managing multiple issues in the home and did not follow the advice received in the clinic
- This child continued to be wet at night



# Ethical Consideration

- The pilot received a waiver for ethical approval from the Head of Services Primary Care
- Its implementation fell under the general quality and safety oversight structures within CHO DNCC

# Plan for Sustainability

- The steering group is working with managers within the CHO to develop the service including:
- Considering additional clinic leads
- Developing referral pathways
- Liaising with PHN and child health colleagues nationally who have developed similar services
- Developing metrics to quantify the throughput of the service



# Thank You

BEDWETTING IS  
NOBODY'S FAULT.

IT CAN AND SHOULD BE TREATED

WORLD BEDWETTING DAY



# References

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# Acknowledgements

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- PHN Service CHO DNCC
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