

Proactive Nursing Management of Constipation in the Skilled Nursing Facility:

A Quality Improvement Project

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ABSTRACT

Purpose: Constipation is a major health issue in the skilled nursing facility (SNF). The purpose of this quality improvement project was to improve the quality of care given to residents with constipation admitted to the post-acute care rehabilitation unit (PAC-RU) of the skilled nursing facility. The aims of the project were to increase documentation of the risk factors of residents developing constipation by 15% compared to the current documentation status in the unit, and to improve the nurses' knowledge of constipation by 15% also.

Methods: The project involved educating a core group of nurses on constipation and implementing a standardized evidence-based constipation risk assessment tool - the Norgine Risk Assessment Tool for Constipation - on the PAC-RU. The post-intervention analysis focused on determining if there was an improvement in the nurses' knowledge of constipation and in the use of the tool to assess and document residents' risks for developing constipation during their stay on this unit.

Results: Results from this project show that the admission nurse completed the tool on all 20 residents (100%) admitted into the unit during the project period. This demonstrated a significant improvement in the documentation of the risk factors for constipation in residents using the Norgine Risk Assessment Tool. The education program in this project improved participating nurses' knowledge of constipation by only 7%. This seemingly slight improvement can be attributed to the fact that the nurses had a high pre-education knowledge of constipation

Implications for practice: The outcome of this project indicates that nursing documentation of constipation risk factors in SNF residents can be achieved using the Norgine Risk Assessment tool and by educating the nurses about constipation. The nurses will be able to promptly identify residents at risk for developing the catastrophic complications of constipation and plan proactive interventions to mitigate their negative impacts on residents, nurses, and healthcare.

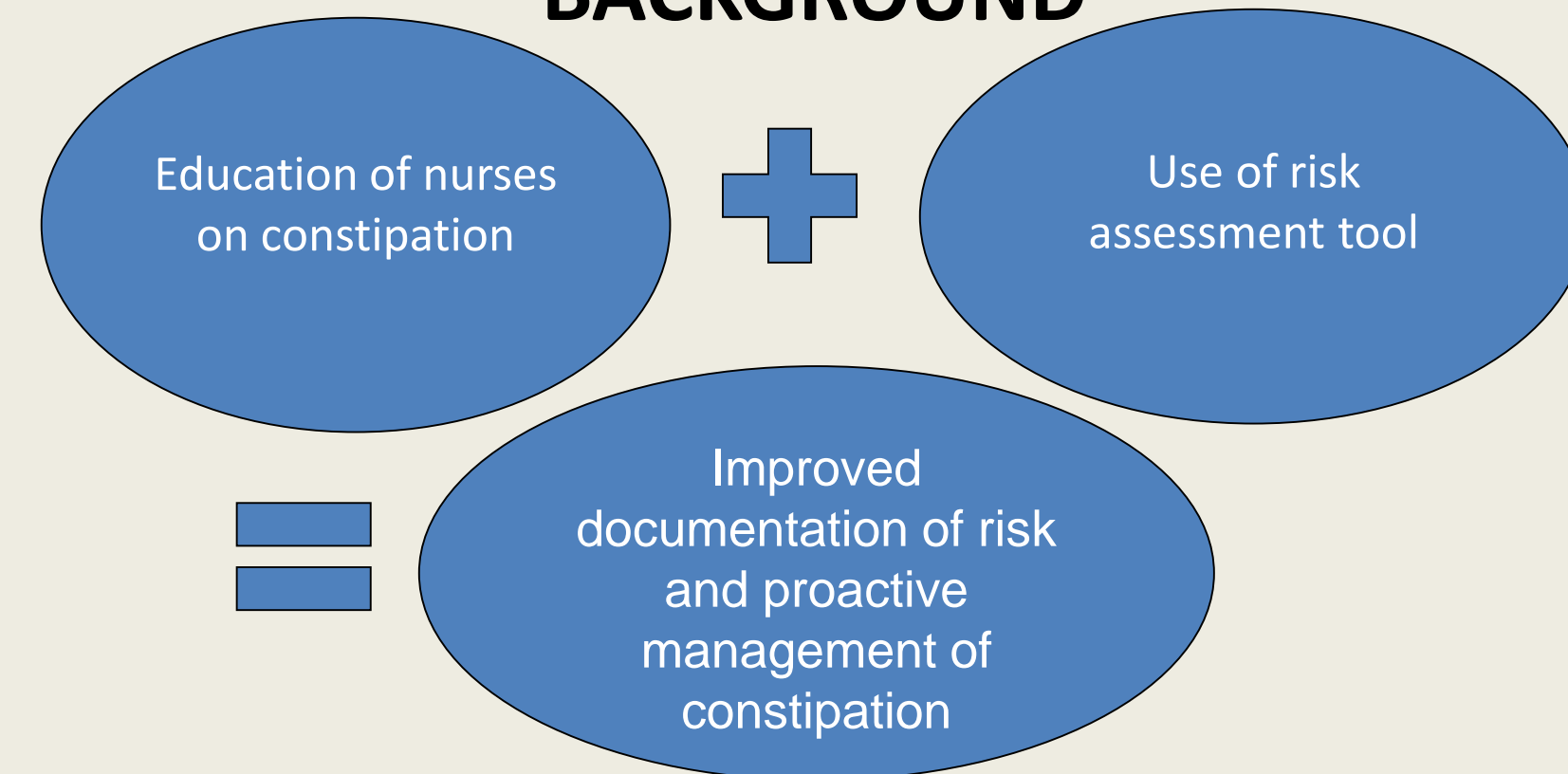
INTRODUCTION

- Constipation is common among residents in the skilled nursing facilities (SNFs) (Ginsberg, et al., 2007;Phillips, et al., 2001).
- Prevalence of 60 – 80 percent in SNFs (Phillips, et al., 2001).
- Associated with:
 - ↑ Morbidity and functional decline
 - ↑ Quality of life
 - ↑ Healthcare cost (Tariq, 2007).

STATEMENT OF PROBLEM

- Sixty-six percent of residents on the Post-acute care unit of Christian City skilled nursing facility affected by constipation
- Risk factors predispose residents to constipation.
- Assessment and documentation of residents' risks are currently inadequate.

BACKGROUND



PURPOSE

Improve the quality of care given to patients with constipation admitted to the post-acute care unit of the skilled nursing facility

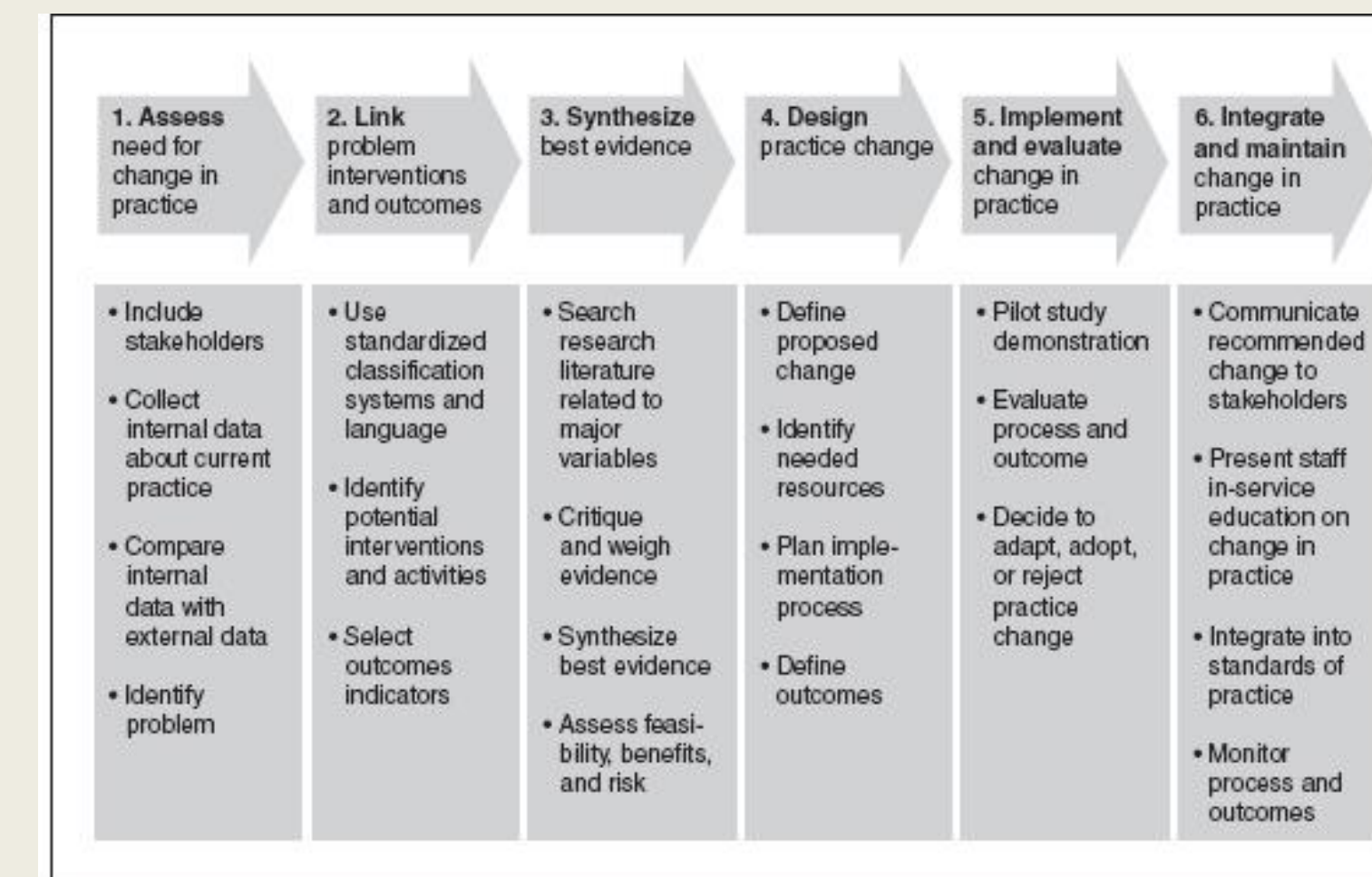
METHODS & MATERIALS

- Tools:**
- Demographic survey of project participants and education session attendance list
 - Constipation knowledge test (CKT) – validated by Atlanta Heart Failure Knowledge Test Version 2 (AHFKT-V2). (Kim, 2014)
 - Norgine Risk assessment tool for constipation
 - Excel spread sheet and Interviews

Kyle, G. (2011). Risk assessment and management tools for constipation. *British Journal of Community Nursing*, 16 (5), 224 - 230.

DESIGN

A Quality Improvement Design:
A Model for Change to Evidence-Based Practice



Rosswurm, M., & Larrabee, J. H. (1999). A model for change to evidence-based practice. *Journal of Nursing Scholarship*, 31:4, 317-322

RESULTS

Table 1. Documentation of constipation risk factors on newly admitted residents using the Norgine tool.

Time Period	Total # of new admissions	Number of Norgine tools completed	% of Norgine tools completed
9/20 – 9/28/17	13	13	100
9/29 – 10/5/17	4	4	100
10/6 – 10/12/17	3	3	100
Total	20	20	100

Chart 1. Nursing staff performance on the constipation knowledge test (CKT)



RESULTS

Excel tracking of the use of the Norgine tool

- 55% of residents had constipation upon admission and 90% had issues with poly-pharmacy
- 80% of residents restricted to wheelchair
- 100% did not meet the daily fluid requirements and at risk for nutritional compromise
- 45% use Opioids
- 45% use bedpan
- 30% are on diuretics

DISCUSSION

➤ Aim #1: to increase documentation of risk factor by 15%
The project attained 100% documentation of the risk factors 55% of the new residents were admitted with constipation
The Norgine tool raised awareness of resident's risks for developing constipation

➤ Aim #2: to improve nurses' knowledge of constipation by 15%
Only 7% improvement - 87% to 94%

➤ Limitations:
Poor staff attendance (mainly managerial)
Admission nurse did all the assessments
Implementation of only one page of the Norgine tool

CONCLUSIONS

Up-front identification of risks and proactive treatment –
➤ reduced adverse effect of constipation and prevent re-hospitalization
➤ decreases nurses' workload and healthcare cost
➤ improves overall quality of care

FUTURE IMPLICATIONS

➤ Proactive management of constipation in SNFs using an evidence-based risk assessment tool to reduce risk
➤ Implementation of both pages of the risk assessment tool alongside an education program
➤ Monitoring and follow-up in-services to sustain achieved practice change, and maintain high quality of care