



CONTINENCE NURSES SOCIETY AUSTRALIA  
*(formerly Australian Nurses for Continence)*

# Practice Standards for Nurse Continence Specialists

Continence Nurses Society Australia

Version: October 2017

## Acknowledgements

### 1<sup>st</sup> edition

The original 'Competency Standards for Continence Nurse Advisors', published in 2000, were developed by Dr Bart O'Brien (Continence Nurse Adviser) with the help of a grant from Australian Nurses for Continence.

### 2<sup>nd</sup> edition

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## Preface

The Continence Nurses Society Australia (CoNSA) Management Committee established a project to revise and update the 'Competency Standards for Nurse Continence Advisors' (2000) to reflect the language and intent of the Competency Standards for the Registered Nurse (Nursing & Midwifery Board of Australia, 2006).

The project was conducted in two interrelated stages. Stage one commenced in 2015. A purposive sample of Registered Nurses with qualifications and/or expertise in bladder and bowel care and the management of urinary and/or faecal incontinence who identified themselves as either a 'Nurse Continence Specialist' (NCS), 'Continence Advisor' (CA), 'Continence Nurse Advisor' (CNA), 'Continence Nurse Consultant' (CNC) or 'Continence Nurse Specialist' (CNS) was sought. The participants were recruited during attendance at a national workshop convened by the research team at the Continence Foundation of Australia, 24th National Conference on Incontinence held in Melbourne, Victoria in 2015.

Ethical approval to conduct the project was obtained from Deakin University. The participants were invited to review a first draft of a document titled 'Draft CoNSA Continence Clinical Nurse Specialist Standards for Practice' and to complete a survey indicating their level of agreement with each of the 4 domains, and the application of the domains to their continence nursing practice. Completion of the survey was voluntary and anonymous. The survey was completed by 33 nurses. Almost 90% of respondents indicated the standards were written in a way that was simple, straightforward, and relevant; however, there were many suggestions for improvements.

Following stage one of the project the Nursing and Midwifery Board of Australia (NMBA, 2016a) published the 'Registered Nurse Standards for Practice' document replacing the 2006 version. A second draft of the Practice Standards for Continence Nurse Specialists document was generated to reflect the revised RN Practice Standards and the participant's feedback from stage one. The revision was also informed by the international development and validation of the role profile of the 'Nurse Continence Specialist' (Paterson, Ostaszkiwicz, Suyasa, Skelly & Bellefeuille, 2016).

Stage two of the project commenced in January 2017 with ethical approval from Alfred Health. Copies of the redrafted Practice Standards for Nurse Continence Specialists were emailed to all CoNSA members (n=287) with an invitation to complete an on-line survey indicating their level of agreement with seven proposed standards and the application of the standards to their continence nursing practice. One hundred and sixty-five CoNSA members (57%) completed the survey. Ninety-eight forms were fully completed and 67 were partially completed. Levels of agreement with all items were very high levels (97-100%). Participants were also prompted to comment on the application of each of the seven NMBA standards to continence nursing practice. The number of comments per application varied from 1-10. The project team reviewed each and every comment to determine whether it should inform a revision to the draft standards. This process resulted in a number of changes to the draft standards, primarily in terms of editing, clarifying meanings, and removing redundancies or repetition. This iterative and consultative process resulted in the development and validation of the final Practice Standards for Nurse Continence Specialists in Australia document (October, 2017). A detailed project report is available on the CoNSA website.

## Glossary/Abbreviations

<b>Continence Nurses Society Australia (CoNSA)</b>	The Continence Nurses Society is the national professional interest group for Nurse Continence Specialists. Member groups consist of State and Territory continence nursing bodies who are associated under CoNSA leadership. By supporting its membership through advocacy, policy development, research, education, and establishment of clinical practice standards, CoNSA promotes continence across Australia.
<b>Registered Nurse (RN)</b>	A registered nurse is a person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia (adapted from NMBA, 2016a, p. 6)
<b>Nurse Continence Specialist (NCS)</b>	A Registered Nurse (who may also be a Midwife) who has specialist knowledge and skills in continence care and provide services that are an integral part of an interdisciplinary approach to care of people who have incontinence and other bladder, bowel and/or pelvic floor muscle dysfunction.
<b>Scope of practice</b>	The scope of practice is that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice is influenced by the context in which the nurse practises, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider (NMBA, 2016a).
<b>Advanced Nursing Practice</b>	See page 5
<b>The person</b>	The person (or people) is used in these standards to refer to those individuals who have entered into a therapeutic and/or professional relationship with the continence nurse. The words person or people include all the patients, clients, consumers, families, carers, groups and/or communities that are within the registered nurse scope and context of practice (adapted from NMBA, 2016a, p. 6).
<b>The significant other</b>	A person who plays an important role in the life and wellbeing of the person. For example, a spouse, intimate partner, a member of the immediate family, a close friend, appointed person (e.g. medical power of attorney), a role model.

## INTRODUCTION

The role of the NCS is critical in the promotion of continence and management of incontinence. Wagg, Newman, Leichsenring and van Houten (2014) reported on a systematic review, evidence synthesis and expert consensus focused on an internationally applicable service specification for continence care that *'Initial assessment and treatment may be optimally enacted by a dedicated local nurse-led continence service. Nurses with appropriate training are capable of managing and treating incontinence more effectively than primary care physicians. They are also able to triage and independently manage a significant proportion of patients. There is evidence that patients appreciate the communication skills and comprehensive continence care provided by nurses'* (p. 7).

In October 2016, the Nursing and Midwifery Board of Australia (NMBA) released a position statement from their project into specialist registration for the nursing profession. This statement included *'... specialist organisations representing specialty nursing groups in Australia have developed sound governance processes for specialty practice. This provides an effective means of acknowledging advanced practice, and may be recognised by employers and the health industry at large.'* (NMBA, 2016b). CoNSA has a role in ensuring NCS have up-to-date practice standards to guide their specialty nursing practice.

The role of the NCS may be defined as advanced nursing practice where the nurses practice meets the acceptable professional definition. The NMBA (2016c) define advanced nursing practice as *'a continuum along which nurses develop their professional knowledge, clinical reasoning and judgement, skills and behaviours to higher levels of capability (that is recognisable). Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements. Advanced nursing practice is a level of practice and not a role.'*

The NCS is a Registered Nurse (who may also be a Registered Midwife) with relevant post-graduate qualifications and/or skills and expertise, who has defined responsibility for promotion, assessment, management and education related to the care of people who have bladder, bowel and/or pelvic floor dysfunction with a focus on incontinence (Paterson et al., 2016). The role of the Nurse Continence Specialist is dependent on the employing authority, the practice situation and the needs of the particular client population.

These Practice Standards have been developed to define and guide the practice of the Nurse Continence Specialist (NCS) throughout Australia. They apply to all NCS in acute hospital settings, sub-acute settings, aged and extended care facilities and in primary health care contexts. The NCS may work independently of or in close collaboration with the medical and allied health team. The NCS should develop relationships with relevant health professionals and organisations to optimise outcomes for continence promotion and continence care.

## Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice

Registered Nurses must meet the NMBA RN Standards for Practice for entry to practice. These practice standards are aligned with education programs which prepare registered nurses for entry to practice and establish an overall framework, regardless of setting (NMBA, 2016a).

The RN Standards for Practice as defined by the NMBA (2016a), consist of seven standards outlined below:

- 1.1 Thinks critically and analyses nursing practice.
- 1.2 Engages in therapeutic and professional relationships.
- 1.3 Maintains the capability for practice.
- 1.4 Comprehensively conducts assessments.
- 1.5 Develops a plan for nursing practice.
- 1.6 Provides safe, appropriate and responsive quality nursing practice.
- 1.7 Evaluates outcomes to inform nursing practice.

Each of the seven RN Standards for Practice provides an organising framework for practice standards relevant to the NCS in the care of people with bladder, bowel and/or floor dysfunction.

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- Wagg, A., Newman, D.K., Leichsenring, K. & van Houten, P. (2014). Developing an internationally applicable service specification for continence care: Systematic review, evidence and expert consensus. *PLoS ONE*, 9(8), e104129 1-11 [doi.org/10.1371/journal.pone.0104129](http://doi.org/10.1371/journal.pone.0104129)

## STANDARD 1: Thinks critically and analyses clinical practice

The NCS uses a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centered and evidence-based frameworks.

NMBA practice standard	Application of NMBA standards to continence nursing practice
1.1 Accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice	<ul style="list-style-type: none"> <li>• Uses research appraisal skills to assess and critique research literature and applies this knowledge to improve continence nursing practice.</li> <li>• Demonstrates an understanding of national and international trends in bladder, bowel and/or floor research and knowledge.</li> </ul>
1.2 Develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice	<ul style="list-style-type: none"> <li>• Develops and implements processes for critical self-reflection and for obtaining client, peer and interdisciplinary feedback on all aspects of continence nursing practice.</li> <li>• Participates constructively in performance review processes to optimise continence nursing skills and address learning.</li> </ul>
1.3 Respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures	<ul style="list-style-type: none"> <li>• Provides culturally appropriate continence care that demonstrates respect and understanding of people's culture, beliefs and preferences about the assessment and treatment of their bowel, bladder and/or pelvic floor dysfunction.</li> </ul>
1.4 Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	<ul style="list-style-type: none"> <li>• Applies legal and ethical decision-making in the planning and implementation of care for people with bladder, bowel and/or pelvic floor dysfunction.</li> <li>• Critically evaluates policies and guidelines that influence continence promotion, assessment, care and management.</li> </ul>
1.5 Uses ethical frameworks when making decisions	<ul style="list-style-type: none"> <li>• Mentors other nurses and health professionals in the application of specific standards, guidelines, regulations and/or legislation with a focus on continence-related health issues.</li> </ul>
1.6 Maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations	<ul style="list-style-type: none"> <li>• Promotes the accurate and comprehensive exchange of information between multidisciplinary health care team members regarding all aspects of a person's continence care plan.</li> </ul>
1.7 Contributes to quality improvement and relevant research.	<ul style="list-style-type: none"> <li>• Identifies, designs and participates in research and quality improvement activities related to continence care to develop new knowledge and skills or evaluate service delivery according to level of knowledge, skill and expertise.</li> </ul>

## STANDARD 2: Engages in therapeutic and professional relationships

The NCS's practice is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships.

NMBA practice standard	Application of NMBA standards to continence nursing practice
2.1 Establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships	<ul style="list-style-type: none"> <li>• Facilitates an environment conducive to the development of therapeutic relationships to enable a holistic continence assessment to be undertaken.</li> <li>• Engages in therapeutic interactions with the client, family and other members of the health care team to optimise continence care.</li> </ul>
2.2 Communicates effectively, and is respectful of a person's dignity, culture, values, beliefs and rights	<ul style="list-style-type: none"> <li>• Accommodates diverse cultural and gender needs of individuals or groups relevant to their bowel, bladder and/or pelvic floor health.</li> <li>• Uses appropriate strategies to promote an individual's self-esteem, dignity, integrity and comfort especially in light of the personal nature of continence care.</li> </ul>
2.3 Recognises that people are the experts in the experience of their life	<ul style="list-style-type: none"> <li>• Applies a person-centered approach to continence care.</li> </ul>
2.4 Provides support and directs people to resources to optimise health-related decisions	<ul style="list-style-type: none"> <li>• Participates in education of individuals or groups of people and health care workers related to attitudes/ practices /standards related to bowel, bladder and/or floor health.</li> <li>• Demonstrates knowledge of appropriate and quality resources that support the person in understanding their continence health issues.</li> </ul>
2.5 Advocates on behalf of people in a manner that respects the person's autonomy and legal capacity	<ul style="list-style-type: none"> <li>• Advocates for the rights of individuals and groups to enable them to optimise their continence health status.</li> <li>• Promotes the person's right to access timely and quality continence care.</li> </ul>
2.6 Uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes	<ul style="list-style-type: none"> <li>• Understands the role and scope of practice of various members of the health care team to optimise continence health outcomes.</li> <li>• Delegates and supervises continence care as appropriate to address the person's bladder, bowel and pelvic floor dysfunction.</li> <li>• Coordinates continence care, collaborates, and, where necessary, refers to other health professionals to optimise continence health outcomes.</li> </ul>

## STANDARD 2: Engages in therapeutic and professional relationships (cont.)

NMBA practice standard	Application of NMBA standards to continence nursing practice
<p>2.7 Participates in and/or leads collaborative practice</p> <p>2.8 Actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care</p>	<ul style="list-style-type: none"> <li>• Demonstrates team leadership in continence-related health issues.</li> <li>• Actively facilitates the person's involvement as a partner in the health care team to optimise their continence health status.</li> <li>• Demonstrates a comprehensive understanding of the roles of members of the health care team to optimise a person's continence care.</li> <li>• Participates effectively in relevant health care teams to plan, implement and evaluate strategies to meet the needs of the person who has bladder, bowel and/or pelvic floor dysfunction.</li> </ul>
<p>2.9 Reports notifiable conduct of health professionals, health workers and others.</p>	<ul style="list-style-type: none"> <li>• Is aware of and acts in accordance with professional standards and the code of ethics especially in light of the personal nature of continence care.</li> </ul>

### STANDARD 3: Maintains the capability for practice

NCSs, as regulated health professionals, are responsible and accountable for ensuring they are safe, and have the capability for practice. This includes ongoing self-management and responding when there is concern about another health professional's capability for practice. NCSs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.

NMBA practice standard	Application of NMBA standards to continence nursing practice
3.1 Considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice	<ul style="list-style-type: none"> <li>Recognises personal and colleagues needs for debriefing and support in order to maintain fitness to practice so that they can continue to meet the needs of people with bladder, bowel and/or pelvic floor dysfunction.</li> </ul>
3.2 Provides the information and education required to enhance people's control over health	<ul style="list-style-type: none"> <li>Assesses and promotes health literacy to enhance a person's understanding of their continence health and care.</li> <li>Develops and uses resources from relevant sources to promote informed, positive attitudes about continence health.</li> </ul>
3.3 Uses a lifelong learning approach for continuing professional development of self and others	<ul style="list-style-type: none"> <li>Identifies learning needs through critical reflection and works towards addressing deficits in continence nursing knowledge and skills.</li> <li>Demonstrates a commitment to maintaining and extending knowledge and skills in the specialty of continence nursing through active participation in continuing professional development activities.</li> <li>Maintains a record of continuing professional development activities and aims to have a focus on continence nursing practice.</li> </ul>
3.4 Accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities	<ul style="list-style-type: none"> <li>Conducts continence nursing practice in accordance with professional expectations and the nursing and/or midwifery codes of ethics.</li> </ul>
3.5 Seeks and responds to practice review and feedback	<ul style="list-style-type: none"> <li>Seeks feedback from clients and colleagues related to quality of continence practice.</li> <li>Incorporates feedback and develops achievable professional goals to continuously improve continence nursing knowledge, skills and quality of practice.</li> </ul>

### STANDARD 3: Maintains the capability for practice (cont.)

NMBA practice standard	Application of NMBA standards to continence nursing practice
3.6 Actively engages with the profession	<ul style="list-style-type: none"> <li>Participates in the development of the specialty of continence nursing through active involvement in CoNSA, the workplace, consumer organisations and peak bodies related to bowel and bladder health and pelvic floor dysfunction.</li> </ul>
3.7 Identifies and promotes the integral role of nursing practice and the profession in influencing better health outcomes for people.	<ul style="list-style-type: none"> <li>Describes and promotes the contribution and role development of the NCS to improve outcomes for people with bladder, bowel and/or pelvic floor dysfunction.</li> <li>Contributes to initiatives within the profession, health care team, specialist nursing organisations and peak bodies related to continence promotion, assessment, care and management.</li> <li>Advocates for the recognition and development of continence care services and continence nursing practice.</li> </ul>

## STANDARD 4: Comprehensively conducts assessments

NCSs accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the basis for practice.

NMBA practice standard	Application of NMBA standards to continence nursing practice
4.1 Conducts assessments that are holistic as well as culturally appropriate	<ul style="list-style-type: none"> <li>• Uses a person-centered framework to guide health assessment with a continence focus.</li> </ul>
4.2 Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	<ul style="list-style-type: none"> <li>• Demonstrates proficiency in a range of advanced health assessment skills within the NCS scope of practice - history taking, bladder and bowel diary, physical examination (which may include, but is not limited to; vaginal and/or rectal examination, pelvic floor muscle assessment), and relevant investigations related to bladder, bowel and pelvic floor dysfunction (which may include, but are not limited to; uroflowmetry, cystometry, post-void residual volume ultrasound and urinalysis).</li> <li>• Accurately interprets the findings of health assessment with a continence focus within the scope of NCS practice.</li> <li>• Integrates the findings from validated outcome measures, assessment tools and relevant investigations with continence assessment information to develop an individualised continence care plan</li> </ul>
4.3 Works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of people and populations to determine priorities for action and/or referral	<ul style="list-style-type: none"> <li>• Considers possible and probable consequences of the person's situation and the impact on their continence health status and general wellbeing.</li> <li>• Assesses the person's understanding of their continence health status including the contributing factors, treatment options and care plan and their preference for information and referral to other health professionals and/or services.</li> </ul>
4.4 Assesses the resources available to inform planning.	<ul style="list-style-type: none"> <li>• Demonstrates a comprehensive knowledge of health services and community and commercial resources that support bladder, bowel and /or floor health.</li> <li>• Demonstrates proficiency in technology skills to aid continence care.</li> </ul>

## STANDARD 5: Develops a plan for nursing practice

NCSs are responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the NCS's appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

NMBA practice standard	Application of NMBA standards to continence nursing practice
5.1 Uses assessment data and best available evidence to develop a plan	<ul style="list-style-type: none"> <li>• Uses analytic and interpretive skills and best available evidence to make nursing decisions about the person's continence care plan.</li> </ul>
5.2 Collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons	<ul style="list-style-type: none"> <li>• Consults with persons in the development and documentation of goals of continence care.</li> <li>• Refers to and incorporates data from other health professionals when planning continence care.</li> <li>• Develops a continence care plan that accommodates the person's preferences, abilities and resources.</li> <li>• Promotes the person's involvement as an active participant in the process of continence care.</li> <li>• Is able to justify nursing decisions in the specific context of continence care.</li> </ul>
5.3 Documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes	<ul style="list-style-type: none"> <li>• Documents and reviews continence assessment findings, diagnoses, clinical decisions and care plan with the aim of addressing the person's continence health goals and therefore optimising outcomes.</li> </ul>
5.4 Plans and negotiates how practice will be evaluated and the time frame of engagement	<ul style="list-style-type: none"> <li>• Evaluates the person's response to the continence care plan and plans for timely review and discharge.</li> </ul>
5.5 Coordinates resources effectively and efficiently for planned actions.	<ul style="list-style-type: none"> <li>• Advocates and negotiates for optimum resources to meet the person's continence care needs.</li> <li>• Aims to use resources in an ethical, sustainable and environmentally sound manner.</li> </ul>

## STANDARD 6: Provides safe, appropriate and responsive quality nursing practice

NCSs provide and may delegate quality and ethical goal-directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.

NMBA practice standard	Application of NMBA standards to continence nursing practice
6.1 Provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people	<ul style="list-style-type: none"> <li>• Accesses evidence-based resources and expert advice to support the care of the person affected by bladder, bowel and/or pelvic floor dysfunction to aim to achieve their goals and desired outcomes.</li> <li>• Uses strategies to maintain and encourage a person's independence in their continence care.</li> <li>• Takes measures to minimise the person's distress and help them identify strategies to cope with changes in continence health status.</li> </ul>
6.2 Practises within their scope of practice	<ul style="list-style-type: none"> <li>• Demonstrates knowledge of and practices within the NMBA code of professional conduct, code of ethics and acts in accordance with their role description, employer's policies, level and scope of continence nursing practice.</li> </ul>
6.3 Appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles 6.4 Provides effective timely direction and supervision to ensure that delegated practice is safe and correct	<ul style="list-style-type: none"> <li>• Prior to delegation, assesses the knowledge, skill and scope of practice of individuals (delegates).</li> <li>• Communicates appropriately about the aspect of continence care to be delegated.</li> <li>• Monitors the implementation and outcomes of the continence care that has been delegated.</li> </ul>
6.5 Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	<ul style="list-style-type: none"> <li>• Initiates, participates in, and advises on the development and/or review of policies, guidelines, and procedures related to the care of people who have bladder, bowel and/or pelvic floor dysfunction.</li> </ul>
6.6 Uses the appropriate processes to identify and report potential and actual risk-related system issues, and where practice may be below the expected standards	<ul style="list-style-type: none"> <li>• Identifies gaps between current practice and best practice and updates policies and guidelines related to the care of people who have bladder, bowel and/or pelvic floor dysfunction accordingly.</li> <li>• Conducts risk assessments and audits of practice and supports activities that contribute to improvements in safety and continence care outcomes.</li> </ul>

## STANDARD 7: Evaluates outcomes to inform nursing practice

NCSs take responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.

NMBA practice standard	Application of NMBA standards to continence nursing practice
<p>7.1 Evaluates and monitors progress towards the expected goals and outcomes</p> <p>7.2 Revises the plan based on the evaluation</p>	<ul style="list-style-type: none"> <li>• Reviews continence care in light of the person's expected goals and outcomes with the person and significant others.</li> <li>• Evaluates the effectiveness of planned continence care against established benchmarks, standards and guidelines, and modifies the continence care plan where necessary.</li> </ul>
<p>7.3 Determines, documents and communicates further priorities, goals and outcomes with the relevant persons.</p>	<ul style="list-style-type: none"> <li>• Demonstrates a range of collaborative approaches to continually build and maintain collaborative networks that enhance continence care and acknowledges the contributions of others.</li> <li>• Actively participates in multi-disciplinary or team meetings and (where appropriate) coordinates the person's continence care across multi-agency and multi-disciplinary lines.</li> <li>• Clarifies, documents and communicates the person's continence care goals and outcomes.</li> </ul>