

# CONSA

CONTINENCE NURSES SOCIETY AUSTRALIA



## Practice Standards for Nurse Continence Specialists (NCS)

THIRD EDITION

CONTINENCE NURSES SOCIETY AUSTRALIA 2021

# ACKNOWLEDGEMENTS

## First Edition

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

## Second Edition

Ms Janie Thompson (President)  
Ms Elizabeth Watt (Co-Chair Professional Issues and Education Sub Committee)  
Dr Joan Ostaszkiwicz (Co-Chair Professional Issues and Education Sub Committee)

## Third Edition

Ms Joanne Dean (President)  
Ms Elizabeth Watt (Co-Chair Professional Issues and Education Sub Committee)  
Dr Joan Ostaszkiwicz (Co-Chair Professional Issues and Education Sub Committee)

|                 |               |
|-----------------|---------------|
| First published | June 2000     |
| Updated         | October 2015  |
| Second edition  | October 2017  |
| Third edition   | November 2021 |

© Copyright 2021 Continence Nurses Society Australia. All rights reserved.

This publication is copyright. Apart from any fair dealing with the purpose of private study, research, criticism or review as permitted under the Copyright Act, no part may be reproduced by any process or placed in computer memory without written permission.  
All enquiries should be made to the publisher.

Suggested citation: Continence Nurses Society Australia. (2021). *Practice standards for Nurse Continence Specialists* (NCS) (3rd ed.) Continence Nurses Society Australia.

# TABLE OF CONTENTS

|  |    |
|--|----|
| Preface  | 4  |
| Glossary / Abbreviations   | 5  |
| Introduction   | 6  |
| Nursing and Midwifery Board of Australia (NMBA)<br>Registered Nurse Standards for Practice | 7  |
| <b>STANDARD 1</b> Thinks critically and analyses clinical practice                         | 9  |
| <b>STANDARD 2</b> Engages in therapeutic and professional relationships                    | 10 |
| <b>STANDARD 3</b> Maintains the capability for practice                                    | 12 |
| <b>STANDARD 4</b> Comprehensively conducts assessments                                     | 14 |
| <b>STANDARD 5</b> Develops a plan for nursing practice                                     | 15 |
| <b>STANDARD 6</b> Provides safe, appropriate and responsive quality nursing practice       | 17 |
| <b>STANDARD 7</b> Evaluates outcomes to inform nursing practice                            | 18 |
| Bibliography   | 19 |

# PREFACE



In 2015 the Continence Nurses Society Australia (CoNSA) National Executive Committee established a project to revise and update the 'Competency Standards for Nurse Continence Advisors' (2000) to reflect the language and intent of the Registered Nurse Standards for Practice (NMBA, 2016) and the international development and validation of the role profile of the 'Nurse Continence Specialist' (Paterson et al., 2016).

This project was conducted in two interrelated stages from 2015 to 2017. The project resulted in the development and validation of the final Practice Standards for Nurse Continence Specialists in Australia (2nd ed.) which was published in October 2017 (Ostaszkievicz et al., 2019).

In 2020 the CoNSA National Executive Committee evaluated the second edition of the Practice Standards by seeking member feedback on the relevance of the standards statements to their practice, areas of practice not covered in the Practice Standards and any areas which required updating or revision.

Additionally, the evaluation committee conducted a review of the Nursing & Midwifery and Midwifery Board Registration Standards and professional codes and guidelines to ensure the standards document complied with the most recent changes. The overall outcome of the evaluation was to produce the third edition of the Practice Standards document. A detailed evaluation report is available on the CoNSA website.

# GLOSSARY/ABBREVIATIONS

|  |   |
|--|---|
| <b>Advanced Nursing Practice</b>                   | See page 6  |
| <b>Continence Nurses Society Australia (CoNSA)</b> | <p>The Continence Nurses Society is the national professional interest group for Nurse Continence Specialists.</p> <p>By supporting its membership through advocacy, policy development, research, education, and establishment of clinical practice standards, CoNSA promotes continence across Australia.</p>   |
| <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, 2016, p. 6)   |
| <b>Nurse Continence Specialist (NCS)</b>           | A Registered Nurse (who may also be a Midwife) whose scope of practice encompasses knowledge and advanced practice skills in continence care and provides 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, 2016, p.6).   |
| <b>The person</b>                                  | <p>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 NCS.</p> <p>The words person or people include all the patients, clients, consumers, children, families, carers, groups and/or communities that are within the registered nurse scope and context of practice (adapted from NMBA, 2016, p. 6).</p> |
| <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 (Hunter & Wagg, 2018). Wagg et al. (2014) reported on a systematic review, evidence synthesis and expert consensus focused on an internationally applicable service specification for continence care concluded 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). Similarly, a study by Franken et al. (2018) found that implementation of a nurse continence specialist practice in a general practice setting would improve quality of life for older people living in the community, reduce health care costs and reduce the time invested by carers.

The role of the NCS can be defined as advanced nursing practice where the nurse practice meets the acceptable professional definition (Ostaszkiwicz et al., 2018). The Nursing and Midwifery Board of Australia (2020) state that "Nurses practising at an advanced practice level incorporate professional leadership, education, research and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex healthcare requirements. Advanced practice in nursing is demonstrated by a level of practice and is not by a job title or level of remuneration" (p. 1).

The NCS is a Registered Nurse (who may also be a Registered Midwife) with relevant post-graduate qualifications and/or knowledge and skills, 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 individual NCS's scope of practice, the practice situation, the specific needs of the person requiring of care and the employing authority.

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 or in close collaboration with the medical and allied health team. Each NCS may have a different scope of practice depending on their individual practice situation. The NCS should develop relationships with relevant health professionals and organisations to optimise outcomes for continence promotion and continence care.

**The Practice Standards should be read alongside the Registered Nurse/Midwife Standards for Practice and other relevant codes, guidelines and frameworks prescribed by the Nursing and Midwifery Board of Australia. See: <https://www.nursingmidwiferyboard.gov.au>**

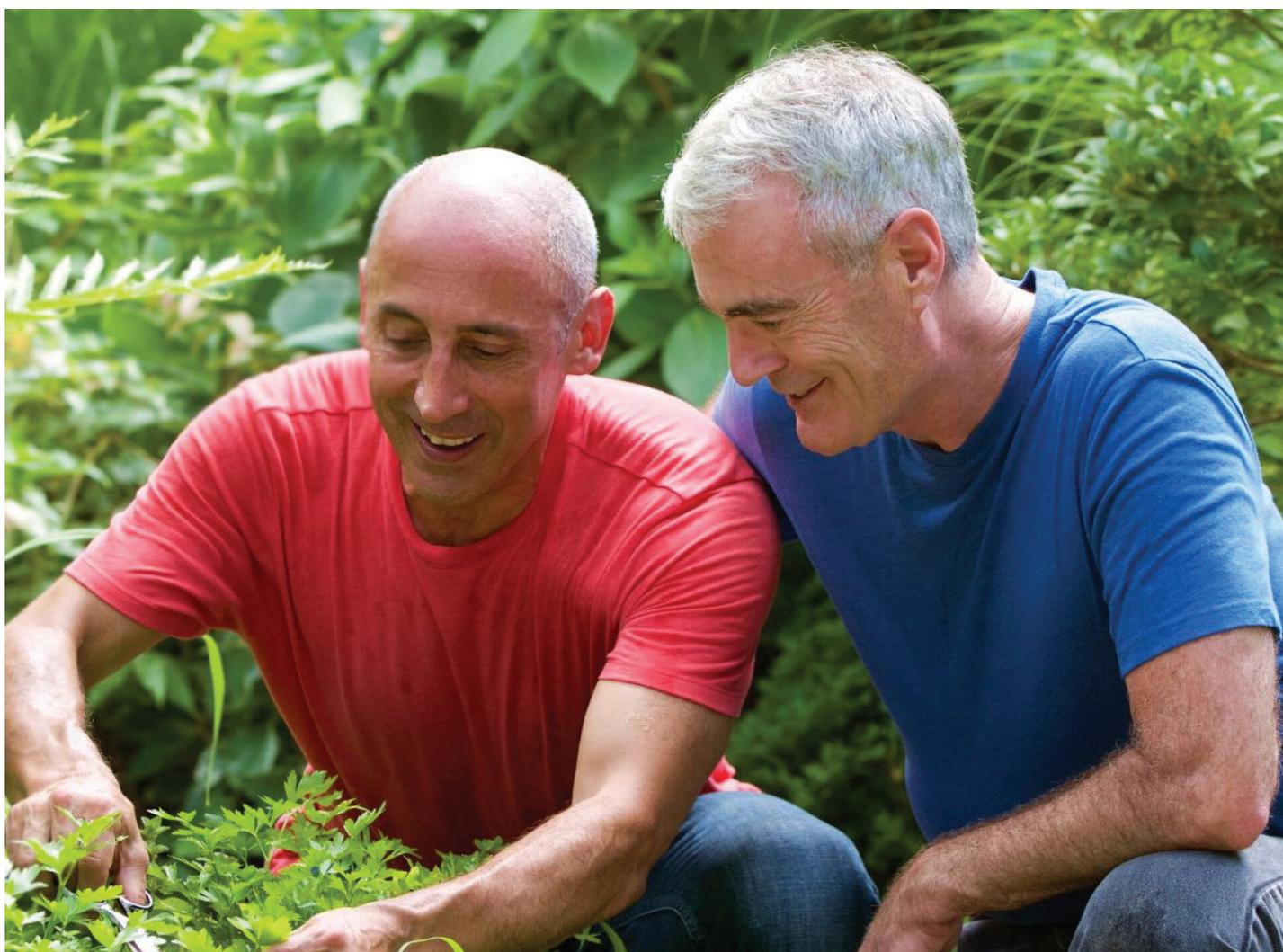
# NURSING AND MIDWIFERY BOARD OF AUSTRALIA (NMBA) REGISTERED NURSE STANDARDS FOR PRACTICE

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, 2016).

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

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

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



# STANDARDS



# 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 pelvic floor dysfunction 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 feedback from the person requiring care, peers and interdisciplinary colleagues on all aspects of continence nursing practice.</li> <li>• Participates constructively in performance review processes to develop their continence nursing knowledge and skills.</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> <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> |
| 1.5 Uses ethical frameworks when making decisions   |  |
| 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, quality improvement activities and innovation related to continence care to develop new knowledge and skills or evaluate and improve 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 professional relationships to enable a holistic continence assessment to be undertaken.</li> <li>Engages in therapeutic interactions with the person, 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, gender and age-related 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 pelvic floor health.</li> <li>Demonstrates knowledge and active involvement in the development 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 irrespective of their personal, social or economic vulnerabilities.</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/or pelvic floor dysfunction.</li> <li>Coordinates continence care, collaborates, and where necessary, refers to other health professionals to optimise continence health outcomes.</li> </ul>   |
| 2.7 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 | <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 outcomes.</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> |
| 2.8 Participates in and/or leads collaborative practice  |  |
| 2.9 Reports notifiable conduct of health professionals, health workers and others  | <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 the knowledge and skills to practice safely 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 so that they can exercise choice and control over the care they receive.</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 professional learning needs through critical reflection and works towards addressing those learning needs in relation to continence nursing knowledge and skills.</li> <li>Demonstrates a commitment to maintaining and extending knowledge and skills in continence nursing through active participation in, and advocacy for, a culture of reflective practice, continuous professional development and evidence-based practice.</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 the person 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 (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 continence nursing practice through active involvement in CoNSA, the workplace, consumer organisations and peak bodies related to bowel and bladder health and pelvic floor dysfunction.</li><li>• Uses high-level communication skills to disseminate nursing knowledge through presentations, publication, active clinical discussions.</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>• Demonstrates leadership in strategic planning within the continence/health service and 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; abdominal examination, vaginal and/or rectal examination, pelvic floor muscle assessment), and relevant investigations related to bladder, bowel and pelvic floor dysfunction (which may include, but is not limited to; uroflowmetry, cystometry, post-void residual volume ultrasound and urinalysis).</li> <li>• Accurately interprets the findings of a continence health assessment within the individual NCS's scope of practice.</li> <li>• Integrates the findings from validated outcome measures, assessment tools and relevant investigations with continence assessment data 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 pelvic floor health.</li> <li>• Demonstrates proficiency in technology skills to aid assessment, implementation and evaluation of 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 that ensures safe, high-quality care.</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 the person in the development and documentation of the 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 respects the person's preferences and accommodates their 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 experiencing bladder, bowel and/or pelvic floor dysfunction to aim to achieve their goals and desired outcomes and to ensure safe, high-quality care.</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 their continence health.</li> </ul> |
| 6.2 Practises within their scope of practice   | <ul style="list-style-type: none"> <li>• Demonstrates autonomous and self-directed practice.</li> <li>• Demonstrates the ability to define the boundaries of their individual scope of continence nursing practice.</li> <li>• Practices within their individual scope of continence nursing practice, their role description and employer's policies.</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 | <ul style="list-style-type: none"> <li>• Prior to delegation, assesses the knowledge, skill and scope of practice of individuals (delegatees).</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>  |
| 6.4 Provides effective timely direction and supervision to ensure that delegated practice is safe and correct  |   |
| 6.5 Practises in accordance with relevant policies, guidelines, standards, regulations and legislation   | <ul style="list-style-type: none"> <li>• Demonstrates knowledge of and practices within the NMBA RN and/or RM Standards of Practice, Code of Professional Conduct, Code of Ethics, and the Decision-Making Framework for Nursing and Midwifery.</li> <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>• Demonstrates leadership in clinical governance by identifying 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 the quality and safety of 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  |
|---|---|
| 7.1 Evaluates and monitors progress towards the expected goals and outcomes                                 | <ul style="list-style-type: none"><li>• Reviews the person's progress towards the established goals of care with the person and significant others.</li><li>• Evaluates the effectiveness of planned continence care against established standards and guidelines and modifies the continence care plan where necessary.</li></ul>  |
| 7.2 Revises the plan based on the evaluation  |   |
| 7.3 Determines, documents and communicates further priorities, goals and outcomes with the relevant persons | <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> |

# BIBLIOGRAPHY

- Chief Nursing and Midwifery Officers Australia. (2020). *Advanced nursing practice - Guidelines for the Australian context*. Australian Government, Department of Health. <https://www.health.gov.au/resources/publicationsadvanced-nursing-practice-guidelines-for-the-australian-context>
- Franken, M.G., Ramos, I.C., Los, J., & Al, M.J. (2018). The increasing importance of a continence nurse specialist to improve outcomes and save costs of urinary incontinence care: an analysis of future policy scenarios. *BMC Family Practice*, 19(1), 31.
- Hunter, K.F., & Wagg, A.S. (2018). Improving nurse engagement in continence care. *Nursing Research and Reviews*, 8, 1-7.
- International Council of Nurses. (2020). *Guidelines on advanced practice nursing*. ICN. [https://www.icn.ch/sites/default/files/inline-files/ICN\\_APN%20Report\\_EN\\_WEB.pdf](https://www.icn.ch/sites/default/files/inline-files/ICN_APN%20Report_EN_WEB.pdf)
- Nursing & Midwifery Board of Australia. (2020). *Decision making framework for nursing and midwifery*. <https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD19%2f29157&dbid=AP&checksum=9LilUkdFvM5AJeKlajZd1A%3d%3d>
- Nursing & Midwifery Board of Australia. (2020). *Fact sheet: Advanced nursing practice and speciality areas within nursing*. <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/fact-sheet-advanced-nursing-practice-and-specialty-areas.aspx>
- Nursing & Midwifery Board of Australia. (2016). *Registered Nurse standards for practice*. <http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD16%2f19524&dbid=AP&checksum=R5Pkrn8yVpb9bjvtpTRe8w%3d%3d>
- Ostaszkiwicz, J., Peden-McAlpine, C., Northwood, M., Eustice, S., Bliss, D.Z., & Nishimura, K. (2018). Advanced practice continence nursing. In D.Z. Bliss (Ed.). *Management of fecal incontinence for the advanced practice nurse* (pp. 15-47). Springer.
- Ostaszkiwicz, J., Thompson, J. & Watt, E. (2019). A national project to develop and validate Practice Standards for Australian Nurse Continence Specialists. *Australian & New Zealand Continence Journal*, 25(1), 16-21.
- Paterson, J., Ostaszkiwicz, J., Suyasa, I.G.P.D., Skelly, J., & Bellefeuille, L. (2016). Development and validation of the role profile of the Nurse Continence Specialist: A project of the International Continence Society. *Journal of Wound Ostomy & Continence Nursing*, 43(6), 641-647.
- 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

CoNSA is a national professional interest group of nurses and midwives who have knowledge and advanced practice skills in continence care.

Nurse continence specialists provide services which are an integral part of an interdisciplinary approach to care of people who have incontinence and other bladder and bowel problems.

By supporting its membership through advocacy, policy development, research, education, and establishment of clinical practice standards, CoNSA promotes continence across Australia.

[www.consa.org.au](http://www.consa.org.au)  
[webadministrator@consa.org.au](mailto:webadministrator@consa.org.au)