De-implementation Toolkit: Case study

Practice being de-implemented: Routine use of large incontinence pads on an older person's hospital ward.	**Date:** February – June 2025
Where are you located:	England
What area of healthcare do you work in: primary care, mental healthcare, acute care, paramedic services, home care, other? If other, please indicate where	
Secondary care	
What is the practice you tried to de-implement?	
Routine use of large incontinence pads on an older person's hospital ward.	
Who carries out the practice (e.g. nurses, doctors, pharmacists, occupational therapists, healthcare assistants .. etc?	
Nurses and health care assistants.	
Was the practice required via guideline/policy?	
The routine use of incontinence pads contravenes guidelines for continence care, which include: • Full continence assessment carried out by an appropriate health care professional, appropriate to a patient's individual needs • Establish causes/contributing factors • Prioritise the patient's quality of life/optimum level of continence • Review regularly • Cure incontinence, where possible • Refer to specialist service, where appropriate • Supply continence products in response to clinical need	
When did it start and why did it originate?	
The cost to the NHS of continence care rose from £77 million to £200 million in the period between 2007 and 2011, and contributory causes include inadequate staffing levels (lack of time to create or review continence plans) and a lack of training (Francis Public Inquiry, 2013), although there is a willingness among health care staff to provide appropriate care. The media and pad manufacturers have also contributed to the normalisation of incontinence and associated products for coping with it.	
Did you try to remove, reduce, replace or restrict this practice?	
Reduce.	
When did you start to de-implement the practice?	
February 2025.	
What strategies did you use?	
❖ Supported good practice: Encouraged individual patient continence planning through production of a video explaining the importance of continence care and its implications for patient safety, and through weekly continence conversations for staff from a nurse educator (targeting knowledge and skills, beliefs about consequences, staff emotions)	

Gave instruction on how to perform the following behaviours:

- ❖ How to choose appropriate pads
- ❖ How to talk to patients

- ❖ Gave positive feedback: celebrate and recognise staff for doing the right thing even if it involved a difficult conversation
- ❖ Shared data about the health and environmental consequences of pad overuse (targeting motivation and goal setting)

How did you consider equality, diversity, and inclusion in the design of your strategy?

The most crucial consideration for this intervention and its setting on older people's wards was the high proportion of people experiencing cognitive decline, who find it difficult to participate in conversations around continence, to predict that they need to go to the toilet or to ask to be taken to the toilet. The intervention was managed by specialist nurses and health care assistants with experience with this population, and the impact of cognitive decline on participants ability to engage with the intervention components can be considered in more depth in a future evaluation.

How did you measure the success (outcome)?

Monthly measurement tracking the number of large pads used, and the number of all pads used, per ward. For future roll-out, we are considering adding a balancing measure to track the incidence of pressure sores and/or falls over the intervention period.

Was it successful (i.e. did you reduce the practice)?

Yes, it was successful.
The intervention has run for four months so far, and during this time the number of large pads used dropped from an average of 2,053 pads per month at baseline to approximately 800 pads in the final month (a 59% reduction). The use of all pads dropped from an average of 3,029 pads a month at baseline to just under 2,000 pads in the final month (a 35% reduction).
On an adjacent ward, which did not formally introduce the intervention but were aware of its rationale and components through generic shared training materials, use of large pads declined from an average of 2,173 pads per month at baseline to approximately 1,100 pads in the final month (a 50% reduction). The use of all pads (3,094 a month at baseline) was not significantly reduced, with just under 3,000 pads used in the final month.

What was the outcome (i.e. it freed up staff time, it improved care, environmental impact)?

In the intervention ward, proactive continence care was prioritised. If the 59% reduction in the use of large pads was sustained for a year, this would represent potential cost savings of approximately £5,000 per ward annually, and a reduction in the carbon footprint of each ward equivalent to driving nearly 8,000 miles (more than 12,000 kilometres) .

What was the impact of the de-implementation on different social groups, including patients and staff (ethnically minoritised groups, individuals with disabilities, junior staff groups, ..)?

It was not possible to record these details for our outcome measure.

How do you know it was a) successful and b) improved care and outcomes?

We could directly measure the reduction in pad use over time with routinely collected data, and improved care was a key element of the intervention strategy.

Were there any unintended consequences?

Inappropriate use of incontinence pads can be related to pressure ulcers, from friction/moisture on the skin over time. The team are considering introducing a balancing measure of acquired pressure ulcers, to explore potential negative impacts of a reduction in pad use, and tracking the incidence of falls, which may increase with additional trips to the toilet.