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Recommendation 6.1 Evidence Profile (Quantitative)

Recommendation Question 6: Should an interprofessional approach be recommended to improve outcomes in persons living fecal incontinence and/or constipation?

Recommendation 6.1: The expert panel suggests that health-service organizations implement an interprofessional approach to providing care for persons living with fecal incontinence and/or constipation.

Population: Adults (18 and older) living with fecal incontinence and/or constipation
Intervention: Interprofessional approach
Comparison: No interprofessional approach
Outcomes: Quality of life, access to care, patient satisfaction, episodes of incontinence, constipation

Setting: All health care settings

Bibliography: 17, 1132

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Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Country	Intervention	Intervention	Control			
Quality of life (measured using FIQoLS[1])													
1	RCT	Serious [a]	Not serious	Not serious	Serious [b]	Not serious	1132: UK	Integrated Rapid Assessment and Treatment Pathway (IRAT pathway). Patients referred from primary care are assessed and managed by a team of surgeons, pelvic floor physiotherapist, anorectal physiology nurse practitioner and an independent researcher, within the IRAT pathway. Week 1: 1st IRAT clinic visit; Week 3-7: Pt assessment and completion of pelvic floor assessment pathway form (PFAP); Week 8: 2nd IRAT clinic visit for re-assessment and management plan; Week 16: Follow-up after completion of management. Control group received Standard Care Pathway in which patients are seen in a colorectal clinic by a colorectal surgeon and assessed and treated according to the surgeon's clinical judgment.	N= 15 *Values are given as median (IQR) IRAT Pathway Domain 1 (lifestyle) = 3.9 (2.2- 4.0) Domain 2 (coping/behavior) = 2.9 (1.8 – 3.8) Domain 3 (depression/self perceptions) = 3.9 (2.3-4.1) Domain 4 (embarrassment) = 3.0 (1.8-3.8)	N= 16 *Values are given as median (IQR) Standard Care Pathway Domain 1 (lifestyle) = 3.6 (2.4 -4.0) Domain 2 (coping/behavior) = 3.8 (1.7-4.0) Domain 3 (depression/self perceptions) = 3.5 (2.1-3.9) Domain 4 (embarrassment) = 2.3 (1.6 – 3.7)	The study reported a trend towards improvement in QOL scores for domains 1, 3, and 4 and a decrease in QOL score in domain 2, after IRAT pathway intervention compared to standard care pathway.	⊕⊕◯◯ LOW	Hussain et al., 2017

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Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Country	Intervention	Intervention	Control			
Patient satisfaction (measured using self-developed questionnaires)													
1	RCT	Serious [a]	Not serious	Not serious	Serious [b]	Not serious	1132: UK	Integrated Rapid Assessment and Treatment Pathway (IRAT pathway). Patients referred from primary care are assessed and managed by a team of surgeons, pelvic floor physiotherapist, anorectal physiology nurse practitioner and an independent researcher, within the IRAT pathway. Week 1: 1st IRAT clinic visit; Week 3-7: Pt assessment and completion of pelvic floor assessment pathway form (PFAP); Week 8: 2nd IRAT clinic visit for re-assessment and management plan; Week 16: Follow-up after completion of management. Control group received Standard Care Pathway in which patients are seen in a colorectal clinic by a colorectal surgeon and assessed and treated according to the surgeon's clinical judgment.	N= 15 IRAT Pathway See Table 8, page 87 in study 1132 * The tool was a self-developed questionnaire - no indication of being validated.	N= 16 Standard Care Pathway See Table 8, page 87 in study 1132 * The tool was a self-developed questionnaire - no indication of being validated.	The study reported a trend towards improvement (for 7 out of 9 items) in patient satisfaction scores in IRAT pathway within a 9 item questionnaire. For 2 items: time required for completion of treatment [from first clinic appointment to discharge] ($p = 0.03$) and assessment questionnaire covered all aspects of problem ($p = 0.01$), there was improvement in satisfaction scores.	⨁⨁◯◯ LOW	1132: Hussain et al., 2017
Episodes of Incontinence (measured using SMIS[2], CCIS[3])													
1	RCT	Serious [a]	Not serious	Not serious	Serious [b]	Not serious	1132: UK	Integrated Rapid Assessment and Treatment Pathway (IRAT pathway). Patients referred from primary care are assessed and managed by a team of surgeons, pelvic floor physiotherapist, anorectal physiology nurse	N= 15 *Values are given as median (IQR) IRAT Pathway	N= 16 *Values are given as median (IQR) Standard Care	The study reported a trend towards reduction in episodes of incontinence in IRAT pathway compared to the standard care	⨁⨁◯◯ LOW	Hussain et al., 2017

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Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Country	Intervention	Intervention	Control			
								practitioner and an independent researcher, within the IRAT pathway. Week 1: 1st IRAT clinic visit; Week 3-7: Pt assessment and completion of pelvic floor assessment pathway form (PFAP); Week 8: 2nd IRAT clinic visit for re-assessment and management plan; Week 16: Follow-up after completion of management. Control group received Standard Care Pathway in which patients are seen in a colorectal clinic by a colorectal surgeon and assessed and treated according to the surgeon's clinical judgment.	CCIS Score = 6.0 (1.5-11.5) SMIS Score = 7.0 (30-15.5)	Pathway CCIS Score = 7.5 (3.0-12.0) SMIS Score = 9.0 (4.0-11:0)	pathway.		
Constipation (measured through audit)													
1	Quasi-experimental	Very serious [c]	Not serious	Not serious	Serious [b]	Not serious	17: Ireland	Use of a multidisciplinary war on constipation (WOC) algorithm to prevent and manage constipation in older adults undergoing inpatient rehabilitation. Four quality improvement plan-do-study-act (PDSA) cycles were used: (1) an initial constipation audit in our rehabilitation wards; (2) meeting key stakeholders and the multidisciplinary team (MDT) involved in patient care; MDT include ward clinical nurse manager, staff nurses, dietitians, physiotherapists, and doctors. (3) developing the WOC algorithm for preventing, detecting and effectively treating	Audit 1: N= 30 Incidence of constipation (pre-implementation) = 10 participants (33%) Audit 2: N=36 Incidence of constipation (post-implementation) = 7 participants (19%)	No control	The study reported a 14% reduction in constipation incidence after introduction of the WOC algorithm.	⊕◯◯◯ VERY LOW	17: Osuafor et al., 2017

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Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Country	Intervention	Intervention	Control			
								constipation. (4) re-auditing after the algorithm was introduced. *No information re: intervention timeframe was provided.					

1. FIQoLS: Faecal Incontinence Quality of Life Scale
2. SMIS: St. Marks Incontinence Score
3. CCIS: Cleveland Clinic Incontinence Score

Explanations

a. Based on the Risk of Bias tool for Randomized Controlled Trials, the study had some serious concerns related to risk of bias due to limitations in how the study was conducted. Therefore, we downgraded by 1.

b. Total number of participants in this study was less than the optimal 400 participants. We downgraded by 1.

c. Based on the ROBINS-I tool for quasi-experimental studies, the study had very serious concerns related to risk of bias due to limitations in how the study was conducted. We downgraded by 1.5.

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Research Q6 Evidence Profile (Qualitative)

Recommendation Question 6: Should an interprofessional approach be recommended to improve outcomes in persons living fecal incontinence and/or constipation?

Recommendation 6.1: The expert panel suggests that health-service organizations implement an interprofessional approach to providing care for persons living with fecal incontinence and/or constipation.

Bibliography: 264

Aim: The aim of the study was to identify perspectives of patients with fecal incontinence (FI) in relation to a new Integrated Care Pathway (ICP) in relation to their previous experience with continence services (traditional pathway).

Finding: Access to an integrated care pathway was generally perceived as positive by persons living with fecal incontinence.							
Studies contributing to the Finding	**Included study designs**	**CERQual Assessment**				**Overall CERQual Assessment of Confidence**	**Explanation of Judgement**
		Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		
264: Rimmer et al., 2015	Focus group (8 participants) and narrative qualitative individual interviews (5 participants)	Moderate methodological limitations (1 study, researcher reflexivity not explained)	No concerns about relevance (recent study conducted in UK that is assessing a phenomenon of interest similar to the one specified in our research question)	No concerns about coherence (The data is descriptive; but the patterns in the data were relatively clear)	Major concerns about adequacy (Only 1 study with 13 participants. Study offered somewhat rich data. However, more depth regarding findings would have been useful).	**Low Confidence**	The finding was graded as low confidence because of major concerns regarding adequacy of data, moderate concerns regarding methodological limitations, and no concerns regarding relevance and coherence.
Finding: Access to an integrated care pathway was generally perceived as positive by persons living with fecal incontinence and helped improve their satisfaction with care.							
264: Rimmer et al., 2015	Focus group (8 participants) and narrative qualitative individual interviews (5 participants)	Moderate methodological limitations (1 study, researcher reflexivity not explained)	No concerns about relevance (recent study conducted in UK that is assessing a phenomenon of interest similar to the one specified in our research question)	No concerns about coherence (The data is descriptive; but the patterns in the data were relatively clear)	Major concerns about adequacy (Only 1 study with 13 participants. Study offered somewhat rich data. However, more depth regarding findings would have been useful).	**Low Confidence**	The finding was graded as low confidence because of major concerns regarding adequacy of data, moderate concerns regarding methodological limitations, and no concerns regarding relevance and coherence.

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