

MULTIDISCIPLINARY MANAGEMENT OF WOMEN WITH URINARY INCONTINENCE

Hypothesis / aims of study

Incontinence is a treatable condition and the aim should be to provide prompt, high quality, comprehensive and coherent continence services(1). The traditional continence services in the past were incoherent. There was lack of uniformity of care. Several health care providers were providing services to women with urinary incontinence but there was no effective communication, common strategy or management protocol. As a result of which the patients had protracted journey through the system and waiting times for investigations as urodynamics was several months. This motivated for the redesign of the continence services and establishment of multidisciplinary management of urinary incontinence to provide prompt, high quality, comprehensive, consistent and coherent continence services within the existing resources.

Study design, materials and methods

All stakeholders in primary and secondary care met to agree on a strategy for developing an integrated care pathway for the management of women with urinary incontinence. It was agreed to develop further the role of the community based continence team enabling them to assess, treat and refer women according to a shared protocol. Strict referral criteria for direct access urodynamics and a standard referral form were introduced and the community team was given direct access to refer for urodynamics. Evidence based management flowchart of women's pathway was introduced and reviewed again after the recently published NICE guidelines (2). Hand-held integrated care pathway notes were made available to allow different clinicians to enter their notes in the same document. This enabled all health care professionals and their patients to have an easy access to the required information. In order to reduce unnecessary repeated clinics' appointments, one stop urodynamics clinics were introduced to establish diagnosis as well as to start treatment as appropriate. The waiting time for urodynamics was reduced by applying the strict referral criteria cutting down on the inappropriate referrals. Regular multidisciplinary meetings were held to discuss clinical cases and address issues related to providing the service. Patient information leaflets were redesigned to enable uniformity in information being delivered to patients. Patients' user group was established to increase patients approaching health care.

Results

Audits were done to measure the outcomes and the service provision after introduction of this pathway. Patients' satisfaction survey suggested that women were overall satisfied with the new integrated service. The direct access urodynamics revealed appropriateness of referral and that the waiting times were significantly reduced for both investigations and management of urinary incontinence.

Interpretation of results

This multidisciplinary protocol based management helped to provide prompt, high quality, comprehensive and coherent continence services.

Concluding message

This integrated care pathway is an example of improvement in continence services by utilization of community team and organisation of the services between primary and secondary care.

References

- (1) Good Practice in Continence Services, Department of Health publications, 2000
 (2) Urinary Incontinence, NICE Guidelines CG40, 2006

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	NONE