

QUALITY INDICATORS AND STANDARDS OF CONTINENCE CARE FOR OLDER PEOPLE IN ENGLAND

Urinary and faecal incontinence occur in approximately 20% - 30% of older. People Both are the cause of great individual distress particularly to the sufferer but also to carers. The Department of Health report, *Good Practice in Continence Services (2000)* highlighted the need for proper assessment and management of the problem, the wide geographical variation in access to services and called for regular audit of services. In addition, the *National Service Framework for Older People (2002)* has set the requirement for service providers to establish integrated continence services for older people by April 2004. Despite continence being recognised as a problem for many older individuals, there has been only limited action with a view to achieving this and provision of services remains extremely variable.

Hypothesis / aims of study

To pilot clinical indicators for monitoring the quality of care in older people with urinary and faecal incontinence in primary care, hospital and long term care settings, with a view to a national audit. The objectives of this study were to:

- Develop and test an audit package to assess quality of continence care for older people in line with national guidelines
- Assess the utility of the audit package across primary, secondary and institutional care.
- Test the inter-rater reliability of the audit package.
- Assess the time required to complete the audit.
- Demonstrate variation in standards of care relating to the management of older people with continence problems

Study design, materials and methods

The audit package for this project was developed using existing national guidelines, based upon evidence where this was available. Expert consensus workshops were held to formulate quality standards where no research evidence was available. These guidelines were supplemented by a wider ranging Delphi process consisting of 100 experts in the continence field from the UK. The audit tool included indicators of:

- Appropriate structures for care including standards relating to personnel, facilities, training programmes and quality maintenance.
- Processes for high quality care including specific requirements for assessment at all entry levels to the system, investigation and treatment.
- Recommended clinically relevant outcome measures, including those generated by service users, in a wide range of clinical settings.
- Clinically relevant measures of the impact of the problem on formal or informal carers. and measures of:
- Outcome indicators of value for quality maintenance by services.
- Case mix, including cognitive and functional status, to allow comparison between sites and settings of care.

15 sites in each of primary care, secondary care and the care home settings were recruited for the pilot study. Each site was required to return, in addition to organisational and outcome pro formas, 20 returns for consecutive patients with urinary incontinence and 10 for consecutive patients with faecal or double incontinence. All sites were asked to collect data on older people aged 65 and over. Analyses were performed within the CEEU using SPSS v11.5. Binley's Directory of NHS Management was used to compile a list of English hospitals and primary care trusts which were then selected randomly and invited to participate in the audit. Care homes were randomly selected from a list of all care homes belonging to four major providers of care in England. Recruitment continued until the required number had agreed to participate.

Results

The audit took place over September – December 2003. 10 primary care, 13 secondary care and 11 care homes took part and returned data on organisation and process of care.

The audit tool was shown to be reliable on an inter-rater study. The median kappa for the bowel and bladder questionnaires was 0.7 showing good agreement between raters.

Generally, auditors found information easy to gather with the individual patient data proving most difficult (Table 1).

Healthcare Setting	Table 1. How easy was it to collect the data items in the Outcome questionnaires				
	Very easy (1)	Quite easy (2)	Neither easy or difficult (3)	Quite difficult (4)	Very difficult (5)
Primary Care	1	2	3	2	-
Secondary Care	-	4	3	2	-
Care Homes	-	4	3	-	1

8 general practices and 10 care homes had a written policy for the management of incontinence whilst only 2 hospitals had one. Integrated care pathways for patients with incontinence existed in 7 general practices, in one hospital and in none of the care homes. All care homes used care plans, as did half the general practices and hospitals. Treatment based algorithms were used rarely. 6 general practices, 10 hospitals and 10 care homes had a screening question relating to bladder and bowel care as part of their initial assessment. A written protocol for providing a basic assessment of incontinence problems existed for 8 general practices and 10 care homes but for only 5 hospitals. Standardised measures for recording functional ability and mental state were rarely used in any care setting. A clinically defined measure of severity of symptoms was used in nearly two-thirds of general practices and one-third of hospitals and care homes. Most sites had practitioners who were able to take a continence history, initiate a frequency volume chart, perform a rectal examination and perform a urinalysis. In only 6 of the care homes were there trained staff able to perform rectal examinations.

Interpretation of results

- Access to integrated continence services, as defined by “Good Practice in Continence Services” across all 3 health care settings is inadequate.
- 85% of hospitals had no written policy for continence care.
- 60% of hospitals have no written protocol for providing a basic assessment of people with bladder or bowel problems.
- Regular audit of continence services occurs in less than half of the services surveyed, but nearly all settings have access to a local continence specialist.
- All settings appear confident that assessment and management occur in conditions in which privacy and dignity are maintained.
- Overall, the *organisation* of care appears to be better in GP practices and care homes than in hospitals.
- Overall, the audit took a median time of 18 hours to complete.
- The audit performed well following reliability testing with an overall kappa in excess of 0.7 for most parts
- Of the three health care settings, recruitment proved most difficult in the care home sector. Although PCTs were keen to take part in the pilot, it took a considerable amount of time to identify a GP practice to undertake the audit.

Concluding message

This audit has been successful identifying meaningful quality standards for continence care for older people and has demonstrated that an audit of these indicators can be used across a range of healthcare settings.

The audit has resulted in findings that are worthy of further exploration and are likely to reinforce current understanding of the provision of care for older people with continence services in line with national guidelines.

There is a clear case for extending this audit to a wider population. It is the first audit of its kind to take place across the health care economy and promises to deliver the requirements of the National Service Framework for Older People in terms of quality of care assurance.

References

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