

# COMPREHENSIVE CONTINENCE CARE: DEVELOPING SPECIALISED NAVIGATION PROGRAMMING TO INCREASE FECAL AND URINARY INCONTINENCE PATIENT SCREENING RATES AND ENGAGEMENT



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## Introduction

Although the National Association for Continence estimates that nearly 37 million American adults are affected by fecal and urinary incontinence (FUI), emotional and systemic barriers allow no more than 40% of affected individuals to seek medical help. Even fewer patients receive the care that they require. We intend to describe the establishment of our comprehensive continence care program within an urban community hospital, from its initial conceptualization to implementation of the project's first phase. We hypothesize that if specialized care coordination, facilitated by a patient navigation coordinator, is established, then rates of FUI patient identification and engagement will increase significantly.

## Methods

During phase 1 of this study, our team designed and implemented a brief probative screener, designed to help characterize FUI within our institution's high-volume GI Lab over the span of 6 months. The questionnaire was provided to every patient that registered at the procedural suite regardless of age, sex, or indication for GI procedure. The patients were contacted by the program's operations and navigation coordinator within 72 hours and a more detailed description of their symptoms was obtained. Based on their answers, patients were navigated to specialized care (Website, physical therapy, urologist, urogynecologist, or colorectal surgeon) within 7 days.

## Results

	True Value	Percentage (%)
Surveys Distributed	2303	--
Surveys Completed	2299	99.8%
Total Reporting Symptoms	562	24% (of completed)
Urinary Symptoms Only	288	51% (of reported cases)
Fecal Symptoms Only	141	25% (of reported cases)
Dual Incontinence	133	24% (of reported cases)
Total Navigated to Specialist Appointments	146	53% (of reported cases)
Total Navigated to Program Web Page	416	74% (of reported cases)

## Interpretation of Results

Our data demonstrates that by implementing a simple questionnaire one can significantly improve patient identification for FUI. This low cost tool served as an entry point to provide personalized specialty care coordination which in turn positively impacted the patients experience and overall satisfaction.

## Discussion

The program operations and navigation coordinator serves as the first-point of contact for the comprehensive continence care program. Responsibilities include guiding patients on the process of receiving an evaluation for FUI. If an individual is a candidate for evaluation and treatment the coordinator works to ensure that the patient meets the appropriate specialists. In addition, the coordinator schedules appointments with medical specialists with the goal of minimizing the number of trips and wait times.

This level of support and care coordination serves the purpose of normalizing the conversation of FUI, and it helps to mitigate the emotional and systemic anxieties that generally hinder FUI treatment by allowing the care team to connect with patients during each step of the process.

Care coordination and patient navigation across multiple medical specialties, are often employed at major academic centers but our study demonstrates that such techniques can be implemented in a cost effective manner at a large community hospital. In addition, our model holds significant implications for broader programmatic and financial growth.

## References

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