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ASSESSMENT OF THE EXCRETORY CONTROL AMONG THE ELDERLY IN HOSPITALS, INSTITUTIONS FOR THE AGED, AND HOME CARE/NURSING FACILITIES IN JAPAN

Hypothesis / aims of study

The excretory control in the elderly is important to preserve the dignity and the quality of life. The significance of excretory control in Japan that has a rapidly aging population is increasing to support the care of sick elderly individuals in institutions and in their homes. However, the strategies that have been employed for the excretory control are unsatisfactory. Loss of excretory control results in impaired ambulation and development of the disuse syndrome due to immobilization. An impairment of the excretory control eggs caregivers to leave patients lying down for extended time periods and abandon the care of the patient. We are preparing criteria for the evaluation of facilities required for the excretory control in hospitals, institutions for the aged, and home care/nursing facilities supported by the Japanese Ministry of Health, Labour and Welfare. In this report, we quantitatively assessed the management of excretory control in the elderly in healthcare facilities in Japan based on the criteria.

Study design, materials and methods

We prepared a questionnaire based on the criteria used for evaluating healthcare facilities. The questionnaire was sent to 11,711 facilities including public hospitals, institutions for the aged, and home care/nursing facilities and the responses were reviewed. The facilities were evaluated on the basis of the following 4 criteria: evaluation method for excretory conditions, establishment of the knowledge and skills for the excretory control, practice of excretory control, and excretory equipments. These categories included 6, 3, 5, and 11 items, respectively. For the quantitative assessment, the evaluation criteria were rated using a scale in which "1" indicated "with practice" and "0" indicated "without practice." The states of excretion control in the facilities were compared on the basis of the total score for each criterion and that for all criteria.

Results

We analyzed a total of 4,511 facilities, which had answered the questionnaire. Of these facilities, 353 were hospitals, 2,030 were institutions for the aged, and 2,128 were home care/nursing facilities. The total scores of all facilities were low with regard to the following 3 criteria: evaluation of excretion condition, establishment of knowledge and skill of excretory control, and practice of excretory control. However, the total scores of all facilities with regard to the excretory equipments were moderately high. When the ratings of the facilities were compared, characteristic patterns were observed depending on the criteria compared. The scores obtained for hospitals and home care/nursing facilities were lower than those for institutions for the aged with regard to the evaluation of excretory control. There was no difference between the hospitals and the institutions for the aged with regard to the criterion of practice of excretory control. However, the scores for home care/nursing facilities were lower than those for hospitals and institutions for the aged with regard to practice of excretory control. There was no difference between the scores of the hospitals and institutions for the aged with regard to excretory control. There was no difference between the scores of the hospitals and institutions for the aged with regard to excretory control. There was no difference between the scores of the hospitals and institutions for the aged with regard to excretory control. There was no difference between the scores of the hospitals and institutions for the aged with regard to excretory equipments. In three criteria which were software side requirements, i.e., the evaluation method for excretion condition, the establishment of knowledge and skill of excretory_control, and the practice of excretory control, the total scores obtained for the hospitals and the home care/nursing facilities were lower than those for the institutions for the aged.

Interpretation of results

In all the 3 facilities, excretory equipments were relatively maintained. However, the activities were insufficient in evaluation methods for excretory condition, the establishment of knowledge and skills of excretory control, and the practice of excretory control. Several differences were observed with regard to the criteria evaluated between the facilities.

Concluding message

We quantitatively evaluated the excretory control in the elderly in healthcare facilities based on the selected criteria. The results suggested that the excretory control in the elderly in healthcare institutions in Japan is inadequate and is weaker in hospitals and home care/nursing facilities than in institutions for the aged.

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