IMPROVING URINARY INCONTINENCE OUTCOMES IN HOME HEALTH CARE PATIENTS

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Purpose

The purpose of this project is to determine if urinary incontinence outcomes in adult patients receiving home health care services will improve following staff education in an evidence-based practice guideline for urinary incontinence assessment and interventions.

Background

Improvement in urinary incontinence is one of the 12 publically reported quality outcomes based on the Outcome and Assessment Information Set (OASIS) required by the Centers for Medicare and Medicaid (CMS). UCSF Home Health Care's national percentile ranking for improvement in urinary incontinence has ranged between the 52nd and 73rd percentiles between June 2008 and May 2009. The risk-adjusted improvement rate is between 46% and 55% as compared with a rate of 58% to 60% needed to achieve the national 80th percentile ranking.

Methods

Current practice at UCSF Home Health Care lacked the use of evidence-based guidelines for the assessment and care of patients with urinary incontinence. The implemented Urinary Incontinence Improvement Program educated staff in current evidence-based practice, created an algorithm summarizing practice guidelines, defined a standardized assessment for urinary incontinence, and developed a patient education packet to support clinician interventions.

Results

Following education, clinician knowledge of evidence-based practice for urinary incontinence improved from 54% to 88%. A small increase in the number of incontinent patients (27% to 32%) and an increase in incontinence severity rating (72% to 81% for most severe) was seen in OASIS admission assessments following implementation of the new program. Improvement in incontinence severity was seen at discharge with the Incontinence Severity Index (ISI; Sandvik, et al., 2000), decreasing from 90% to 55% for patients with moderate to very severe incontinence; but a poor completion rate of 40% for the ISI at discharge limits conclusions. In the 3 months following the implementation of the new incontinence program, the actual rate of improvement in urinary incontinence remained unchanged with an average rate of 47% (not risk-adjusted). Change in the risk-adjusted rate of urinary incontinence improvement and UCSF's national benchmarking percentile ranking will be determined when the CMS national data becomes available.

Conclusion

Staff education in evidence-based practice for urinary incontinence assessment and interventions resulted in improved clinician knowledge, improved assessment of patients, and increased use of

evidence-based interventions and patient education. The actual rate of improvement in urinary incontinence as measured by OASIS outcomes remains unchanged but improvement in the risk-adjusted rate is yet to be determined. Results are limited by a non-matching and small number of cases and by a short evaluation period. Further staff education is needed to avoid OASIS coding errors, incorrect scoring of the Incontinence Severity Index, and to increase the use of the ISI at discharge. Future work will evaluate the relationships between urinary incontinence, urinary tract infections, indwelling urinary catheters and hospital readmission and other adverse outcomes.

Selected References:

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