Background

- Urinary incontinence (UI), urgency, frequency, and nocturia are both syndrome symptoms associated with overactive bladder (OAB) [1].
- UI, often caused by OAB, is highly prevalent in residents of long-term care (LTC) facilities [2].
- An estimated 65% to 70% of individuals ≥65 years old in LTC have bladder control problems [3] and up to 80% of LTC residents require assistance with toileting [4].
- LTC residents with UI are more likely than those without UI to have comorbidities—such as cardiovascular disorders, cognitive impairment, and urinary tract infection (UTI)—polypharmacy, and increased healthcare resource utilization [5].
- Managing UI and OAB is burdensome and costly to LTC facilities with respect to staff time, incontinence product use, and quality measures [6].

Objective

- To assess and quantify the impact of UI on staff, residents, care processes, and quality measures [7].

Methods

Survey Overview

- A 70-question quantitative online survey was sent to directors of nursing (DONs) of LTC facilities through the National Association of Directors of Nursing Administration in Long Term Care (NANDA) and the American Association of Post-Acute Care Nursing (AAPACN) member listservs.
- Survey questions were categorized into 6 sections (Figure 1).

Statistical Analysis

- All data are reported at an aggregate level and not at the individual skilled nursing facility level [8].
- Data are presented using descriptive statistics reported as means unless otherwise specified.

Results

- The survey was conducted from February 27, 2020, to May 11, 2020.
- 71 DONs completed the survey.

LTC Facility and Resident Characteristics

- Mean 115 residents per LTC facility; 68% female [9].
- 76% were frequently or always incontinent—81% used incontinence products on an ongoing basis.
- 46% with dementia (including Alzheimer disease) [10].
- 43% with depression

Resident Care and UI Impact

- Mean 14.3 resident falls per month per LTC facility [11].
- Mean 115 residents per LTC facility; 68% female.
- 28% of falls occur while attempting to access the bathroom.
- Quality measures that were most significantly impacted by UI included UI treatment, UI-related pressure injuries, and risk of cognitive issues/dementia [12].

UI Impact on Quality Measures

- 14.5% of residents with UI were treated with medication [13].
- 75% of DONs believed there was no similarity between anticholinergic medications and risk of cognitive issues/dementia [14].

Conclusions

- Management of residents with UI is burdensome for LTC facilities.
- Our survey identified low treatment rates, low awareness of anticholinergic-related UI or OAB treatment risks, high incidence of falls due to urinary urgency, and high UVNA turnover, as well as substantial financial impact of UI on supplies and staff time.
- The goal of this work was to improve understanding and management of this population, in addition to developing methods to improve quality measures with respect to UI, and more LTC facility-wide initiatives and educational outreach.

References