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‘‘Will I come home incontinent?’’ A retrospective file review: Incidence of development of incontinence and correlation with length of stay in acute settings for people with dementia or cognitive impairment aged 65 years and over

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Summary

Aim: The aim of the retrospective file review is to obtain incidence of the development of incontinence at time of discharge from an acute/sub-acute care setting for patients who were aged 65 years and over, diagnosed with dementia or cognitive impairment, ambulant and continent pre-admission. Along with, identifying correlation between length of stay and development of incontinence. The data were obtained to measure a need for recommendations related to continence promotion in hospitals. It is hypothesised that the sample group are at risk of developing incontinence throughout their stay.

Method: Files for the sample group who were admitted to a regional Victorian hospital acute/sub-acute care over a two-year period were reviewed. A total of 182 files were reviewed, of which 100 files met the inclusion criteria.

Results: The study revealed a significant relationship between admission and the development of incontinence for the sample group ($p = .007$). At time of discharge from the hospital, 36% suffered urinary incontinence. Of the 36%, 2% also developed new faecal incontinence at time of discharge. A further 21% of patients also experienced an episode of urinary incontinence throughout their stay, but were continent at discharge. An independent-sample t -test

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was conducted to compare mean length of stay between the group that remained continent ($M = 15.88$, $SD = 13.028$) and the group that developed incontinence ($M = 24.33$, $SD = 19.497$); $t(98) = 2.586$, $p = .011$ (two-tailed).

Conclusion: Statistically significant results confirm the hypothesis that the sample group are at significant risk of developing incontinence throughout a hospital admission, and increased length of stay increases the likelihood of developing a form of incontinence.

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1. Introduction

It is widely acknowledged that people with dementia present a significant economic challenge to health services (Webster, 2011). In Australia 14% of people are aged over 65 years, account for 35% of hospital admissions and almost half of hospital bed usage (Department of Health, 2012). The Australian Institute of Health and Welfare (2012) predict that by the year 2020 the number of people in Australia with dementia will be 400,000, compared to 298,000 in 2011, which is a substantial increase.

The extent to which incontinence is a problem is difficult to determine (O'Connell, Day, Wellman, & Baker, 2005). The Department of Health (2012, p. 185) in Australia report's that "incontinence is not, and should not be an expected outcome of older age." It is also believed that dignity within healthcare settings should not be an "optional add on", rather "...an integral aspect of caring for older people" (Tadd et al., 2011, p. 40). Current literature related to incontinence impacts, is focused on quality of life in residential care and community care (DuBeau, Simon, & Morris, 2006; Ostaszkiwicz, O'Connell, & Dunning, 2012a). Few sources tell us about incidence of new incontinence.

It has been found that various hospital environments are not conducive to the care of a patient with dementia (Ballie, 2012; Borbasi, Jones, Lockwood, & Emden, 2007). Studies have shown that little signage, inadequate privacy, poor orientation, lack of toilets and use of continence aids, contribute to the development of incontinence in such settings (Calnan et al., 2013; Department of Health, 2012; Ostaszkiwicz et al., 2012a).

A study by Waller (2012) identified that there is general agreement amongst literature that the environment plays an important role in supporting people with cognitive problems. The environmental design is a component of care which is within human control, less resource intensive in the long term, and may "enhance the personhood of those who have dementia..." by encouraging independence and assisting patients decision making (Kitwood, 2007, p. 54; Waller, 2012). Continence status is best maintained by investing in strategies that maintain mobility and functional ability, both of which dementia friendly design can contribute to (Ostaszkiwicz, O'Connell, & Dunning, 2012b).

The University of Stirling's Dementia Services Development Centre provides evidence-based recommendations for design of acute care settings, but they have reported an insufficient number of organisations taking their expertise onto any great extent (Marshall, 2012). Overall, Australian research is lacking in how wards impact on cognitively impaired elderly individual's ability to maintain continence status throughout their stay.

2. Background

Dementia is "a term used to describe a series of conditions that can affect a person's ability to think, remember, understand, make judgments, communicate and interact socially" (Department of Health, 2012, p. 152). Despite the global impairment that occurs in those with dementia, incontinence is not an inevitable part of the disease, however it is believed to be common, particularly throughout hospital wards (Ostaszkiwicz et al., 2012a,b). Kitwood (2007, p. 71) reflects; "no one has ever returned from this particular journey to tell us what it was like" or what might of helped them orientate themselves to maintain independence. However, by identifying what assists them in sustaining or retaining functional independence, such as their ability to navigate an environment, morbidity can be reduced.

As the population of Australia ages, corresponding numbers of people with dementia will increase along with their admission to an acute care setting to manage other conditions (Moyle, Borbasi, Wallis, Olorenshaw, & Gracia, 2010). Thus making the problem of acquired incontinence in acute care settings potentially more common in the future.

At present, incontinence is not well promoted in acute settings and is often recognised as a complication during admission (Department of Health, 2012). Urinary incontinence is defined as "the involuntary loss of urine that is objectively demonstrable and presents a social or hygienic problem" (Price, 2011, p. 721). This definition however implies that there is a problem with normal micturition mechanisms and fails to consider incontinence due to mobility impairment, known as functional incontinence (Price, 2011). Other common types of urinary incontinence include stress and urge incontinence (Markland, Camille, Johnson, Burgio, & Goode, 2011).

Within admitted inpatient services in Australia the cost of incontinence is difficult to measure, however it is estimated to be \$89.8million for the year 2003 (Australian Institute of Health and Welfare, 2006). Known risk factors for the development of incontinence include cognitive impairment, delirium, impaired mobility and other co-morbidities (Hare, McGowan, Wynaden, Speed, & Landsborough, 2008; Markland et al., 2011; Ostaszkiwicz et al., 2012b; Wound, Ostomy and Continence Nurses Society, 2003).

Calnan et al. (2013, p. 482) report that evidence in studies point to a "fundamental strategic problem" in acute settings, "...that they do not seem to be working for their major client group," the elderly. Multiple sources have found current acute settings are inadequately designed and not conducive to those patients with cognitive impairment, causing unnecessary disability

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