

## THE QUALITY OF CONTINENCE CARE IN RESIDENTIAL AGED CARE FACILITIES: A CONTENT ANALYSIS OF ACCREDITATION REPORTS

### Hypothesis / aims of study

The management of incontinence in frail older adults in residential aged care facilities (RACF) is governed by an accreditation process. The quality of continence care is evaluated against Accreditation Standard 2.12: '*Residents' continence is managed effectively*'. This standard lists a number of criteria that need to be considered. Facilities are required to have policies and practices that ensure:

- ❖ the development of a resident care plan that includes individual assessment, documentation, management and regular evaluation
- ❖ continence management that is consistent with contemporary practice and consideration of residents' individual preferences, and that
- ❖ appropriate assistive devices are available to promote continence and manage incontinence (1).

Although these criteria are used as the basis to accredit RACFs, they have not been critiqued against the International Consultation on Incontinence guidelines for the management of incontinence in the frail elderly (2). Additionally, there has been no systematic analysis of how the achievement of this standard is documented by the accreditation agency or on the issues they focus on during the accreditation process.

### Study design, materials and methods

A random sample of 10% of all publicly available RACF accreditation reports in one state in Australia were selected for review and analysis (n=87). They included both private and publicly funded facilities from major cities, inner and outer regional areas and remote locations. Information about compliance with Accreditation Standard 2.12 was extracted from each report and analysed using an inductive content analysis method to identify major themes related to continence care.

### Results

The results revealed that all RACFs complied with Accreditation Standard 2.12. The structure and content of reports were similar and formulaic in nature. For example, most reports commenced with a statement about the presence of a system of documentation and concluded with a statement about the extent to which the resident/representative was satisfied with the continence care they received. Of 87 reports, 73 contained a statement to suggest that residents and/or their representatives were satisfied.

The reports also indicated that the quality of continence care is primarily evaluated on the basis of documentation detailing that residents undergo an assessment and review as well as documentation of a care plan with individualized toileting times and prescribed continence products. However the reports provided little information on the factors that were considered in the assessment. Similarly, there was little information about the outcomes of assessing and reviewing. For example, an assessment to identify medical causes of incontinence was noted in only one report and the outcomes associated with this activity were not documented. Moreover, documentation about residents/representatives being involved in the assessment and care planning process was limited to 18 reports.

Reports also focussed on the availability of a supply of continence aids of varying sizes and types as well as documentation of a staff training program. Staff training was provided primarily by continence product companies. They were also documented as the main source of staff support. Education reportedly focussed on the use of continence aids and toileting programs.

### Interpretation of results

Findings reveal a reliance on process-oriented quality indicators such as documentation of an assessment and review process to evaluate the quality of continence care in RACF. There are two main concerns associated with this reliance. One is that documented care may bear little resemblance to practice and given the funding incentives associated with accreditation, RACF staff may feel compelled to prioritise documentation over actually delivering care. The other concern relates to the lack of scrutiny about the quality and nature of the assessment and review process. For example, assessment procedures may simply result in pad selection rather than active interventions that promote continence.

Moreover, as staff primarily receive education about incontinence and its management from companies that produce and sell continence products, RACF staff may focus more on using continence products to contain incontinence rather than actively promoting continence. This narrow focus is of concern and needs to be addressed.

### Concluding message

It seems that, by the very nature of the objective, the accreditation is broad, unspecific and subjective. Consequently, it is difficult to determine from the accreditation reports whether the quality of continence care delivered in RACFs is consistent with

ICI recommendations. Further research is required to develop and operationalise a set of evidence-based quality indicators to evaluate the management of incontinence in RACF in Australia.

References

1. Australian Government Department of Health and Ageing, Standards and Guidelines for Residential Aged Care Services Manual. 2005: Canberra, Australia. Retrieved 1st April, 2010 from <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-manuals-sgr-sgrindex.htm>. Last update 26 October, 2004
2. DuBeau CE, Kuchel GA, Johnson T 2nd, Palmer MH, Wagg A. (2010). Incontinence in the frail elderly: report from the 4th International Consultation on Incontinence. Fourth International Consultation on Incontinence, Neurourology And Urodynamics 29(1):165-78

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