Continence Foundation of Australia

Submission to the Royal Australian College of General Practitioners

RACGP Standards for general practice residential aged care

November 2019

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The Continence Foundation of Australia

The Continence Foundation of Australia (the Foundation) is the national peak organisation whose mission is to represent Australians with, or at risk of, incontinence, their carers and health professionals who treat and assist people with incontinence.

The Foundation develops and delivers a range of initiatives in partnership with the Australian government as part of the Bladder Bowel Collaborative and broader National Continence Program. The Bladder Bowel Collaborative initiatives and projects focus on increasing education and awareness of bladder and bowel health in Australia, supported by the upskilling of specialist and non-specialist continence health professionals. This, in combination with the National Continence Helpline, Continence Foundation of Australia website (continence.org.au) and National Continence Program website (bladderbowel.gov.au) ensures that the general public are able to access information and support related to bladder and bowel health via a number of channels.

The Foundation's membership broadly represents the continence sector and workforce who both provide care and services for, and raise awareness and advocate, on behalf of Australians with, bladder and bowel control problems.

The Continence Foundation of Australia supports the development of the RACGP *Standards for general practice residential aged care*. The Foundation commends the RACGP for requiring:

- the promotion of multidisciplinary care teams that generate and maintain up-to-date care plans for each resident as the best practice model of care,
- the requirement of RAC care team members to be suitably qualified to care and treat residents, and
- the inclusion of a list of training requirements for RAC care team members which highlight the specific needs of the resident population.

The Foundation contends, however, that the Standards would be strengthened if the following were included:

1. That all staff and health professionals who provide care and treatment to residents including, but not limited to, personal care workers, enrolled nurses, registered nurses, nurse practitioners, therapists, general practitioners and geriatricians should be suitably qualified in safe and effective continence care and incontinence management.

2. That the need for training related to providing safe and effective continence care and incontinence management was acknowledged as vital to the health of residents and included in the list of training needs explicitly identified in Criterion RAC5.1 in the last paragraph on p56.

The evidence

The Royal Commission into Aged Care Quality and Safety

In the *Interim Report: Neglect* released by the Royal Commission into Aged Care Quality and Safety, poor continence management was listed as one of the 'major quality and safety issues' in aged care[1]. The report also stated that: *It is shameful that such a list can be produced in 21st century Australia.*

> *Many aged care residences don't encourage toilet use or strictly ration pads, often leaving distressed residents sitting or lying in urine or faeces.*
> *Interim Report: Neglect* Volume 1 Royal Commission into Aged Care Quality and Safety. 2019

In the last quarter of 2018/2019, formal complaints to the Aged Care Quality and Safety Commission showed that for residential aged care continence management ranked in the top five most common issues subject to complaint[2].

Based on the Interim Report of the Royal Commission, many aged care residents are potentially not receiving safe and effective continence care and incontinence management. The Continence Foundation of Australia finds this to be an unacceptable situation which must be remediated.

Incontinence in residential aged care

Incontinence in residential aged care is both stigmatised and normalised. It is not well understood nor is it prioritised when caring for older Australians in this setting.

More than 70% of residents in residential aged care live with incontinence.[3] In 2010, this population numbered 128,473, but is projected to double by 2030 to 253,113.[3] According to 2009 Aged Care Funding Instrument (ACFI) data, 67.2% and 55.3% of residents of aged care facilities were found to need care for urinary incontinence and faecal incontinence, respectively. Just over half of residents (54%) experienced more than 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting and 34.8% experienced more than 4 episodes per week of faecal incontinence or passing faeces during scheduled toileting[3].

Incontinence can also increase the risk for recommendation to residential care by Aged Care Assessment Teams (ACATs). The *Aged Care Assessment Program National Data Repository Annual Report 2007-2008*[4] set out data relating to the assessment of clients for aged care services by ACATs. Risk factors for a recommendation for residential aged care were identified. Urinary incontinence and faecal incontinence were found to be in the top four condition-related risk factors influencing recommendations to residential care along with confusion and dementia[4].

The high prevalence of incontinence, and its comorbidity with dementia, diabetes and obesity (see below), places a greater emphasis on the need for all staff caring and treating residents to be suitably qualified in safe and effective continence care and incontinence management.

Dementia and incontinence

Just over half (51.2%) of residents in residential aged care facilities, with an ACFI assessment, have a diagnosis of dementia[5]. Though significant, it is overshadowed by the higher rate of residents with incontinence in residential aged care settings.

Residents with dementia have high levels of need with regard to physical assistance with toileting and continence care. An Australian government study found 76% of residents diagnosed with dementia had the highest rating of need for assistance with continence and 68% with toileting. In comparison, of those without dementia, 51% had the highest care need rating with continence and 47% with toileting[6]. Sixty-nine percent of residents with dementia were recorded as having more than three episodes of urinary incontinence daily or scheduled toileting while 45.7% of residents living with dementia had more than four episodes of faecal incontinence weekly or scheduled toileting[7]. It is more difficult to provide continence care for people with dementia because the condition affects their awareness of their bladder and bowel needs.

Given these facts and the emphasis being placed on dementia in aged care, training in continence care and incontinence management is vital to provide safe and effective care for residents. Without appropriate training, the care provided could lead to poor consequences for the health of residents.

Diabetes, obesity and incontinence

Older Australians are increasingly living with comorbidities and this trend is expected to increase with Australia's ageing population.[8] Both diabetes and obesity, common conditions in the elderly, have been found to be significantly associated with incontinence.[9-14]

The prevalence of diabetes is high and increasing in residential aged care settings. A recent Victorian study of 10 residential aged care facilities found the prevalence of diabetes to be 19.2%.[15] In the US, the estimated prevalence of diabetes in nursing home residents increased from 16.3% to 23.4% from 1995-2004.[16] A British study found the prevalence of diabetes was 19.9% in residential aged care.[17] A systematic review of seven studies found diabetes to be one of the main risk factors for developing urinary incontinence in nursing homes.[18]

The prevalence of obesity is high in residential aged care settings. In Australia in 1999/2000, 42.4% of people aged 75 years and over were overweight and 14.4% were obese.[19] A 2002 US study found 17.8% of nursing home residents were obese and 71.2% of those aged 75 years and over were obese.[20]

The evidence shows that all staff caring for and treating residents must address the increasingly complex needs of residents and the effect of comorbid conditions on their continence care needs.

Consequences of unsafe and ineffective continence care

Unsatisfactory care, due to inadequate training in safe and effective continence care and incontinence management, occurs in residential aged care facilities. Consequences of unsafe and ineffective continence care and incontinence management in this setting may include, but are not limited to:

- Increased risk of urinary tract infections.[21-22]
- Increased risk of incontinence-associated dermatitis.[23]
- Increased risk of pressure injuries.[24]
- Increased risk of pressure injuries not healing.[25]

- Increased risk of falls.[26]
- Acceleration of functional decline.[27]
- Increased risk of depression.[28]
- Reduced quality of life.[29-30]

When safe and effective continence care and incontinence management is lacking in residential aged care it often leads to harmful effects on the physical and mental health, and quality of life of residents.

The Continence Foundation of Australia commends the RACGP for showing leadership by developing these Standards aimed at improving the care and treatment of residents in aged care facilities. The evidence of poor outcomes when continence care is suboptimal reinforces the Continence Foundation of Australia's recommendations that the Standards would be strengthened by including (1) that all staff and health professionals who provide care and treatment for residents need to be suitably qualified to provide safe and effective continence care and incontinence management and (2) that training related to providing safe and effective continence care and incontinence management needs to be acknowledged as vital to the health of residents and included in the list of training needs explicitly identified in Criterion RAC5.1.

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