



Background

Urinary incontinence, a prevalent condition and one of the original geriatric giants, remains a taboo topic and is frequently underreported.

Urinary incontinence significantly impacts patients and often their discharge destination. However, urinary incontinence is neither inevitable nor always irreversible.

Aim

This audit aimed to evaluate the prevalence of urinary incontinence and the use of incontinence wear among inpatients in Tymon North, an offsite ward of Tallaght University Hospital.



Royal College of Physicians (RCP) National Audit of Continence Care (NACC) standard¹



A 5-day prospective audit was conducted to record the incidence of urinary incontinence and the use of continence wear



2 interventions:

1. Continence added as a teaching topic to the NCHD teaching schedule
2. MDT proforma modified to include patient-specific continence record



Snapshot re-audit

Results

Initial Audit (31 Patients):

83.9% of patients (26 individuals) used incontinence wear, and among them, 80.8% (21 patients) indicated a preference for it.

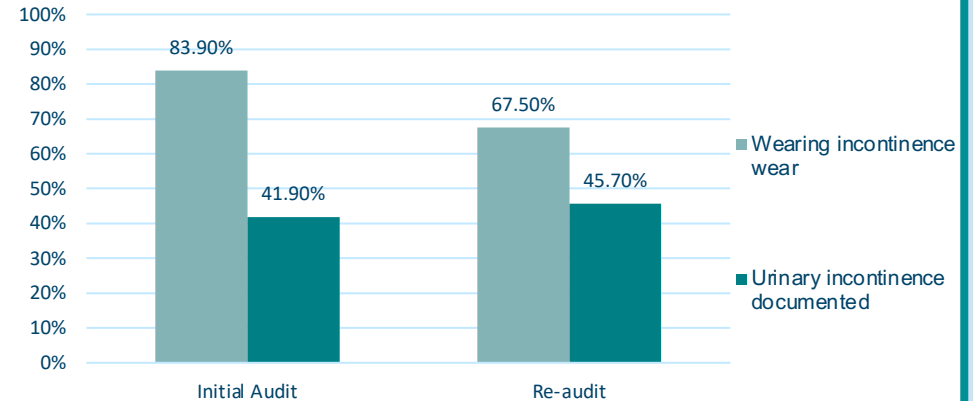
Urinary incontinence was documented in 41.9% of the patients (13 patients).

Re-audit (40 Patients):

67.5% of patients (27 patients) wore incontinence wear, and among them, 70% (19 patients) chose to do so.

Documented cases of urinary incontinence were observed in 45.7% of the patients (18 patients).

Comparison of Incontinence Wear and Urinary Incontinence Documentation between Initial Audit and Re-audit



Conclusion

The re-audit revealed a slight decrease in incontinence wear usage (67.5% compared to 83.9% initially). Many patients wearing incontinence wear expressed a preference for it in both audit cycles. The prevalence of urinary incontinence remained similar between audits (41.9% and 45.7% respectively).

The persisting prevalence of urinary incontinence calls for effective strategies to address this issue. Additionally, the patients' preference for incontinence wear emphasises the importance of engaging not only the MDT but also the patients themselves in future interventions. Future projects should focus on a deeper understanding of patients' perspectives on continence care and evaluating the impact of incontinence on patient outcomes.