A BIG PARTNERSHIP TO IDENTIFY A WEE PROBLEM—
determining current gaps, and perceived enablers and barriers to providing evidence-based inpatient urinary continence practice

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Objectives
To identify urinary continence evidence-practice gaps in inpatient settings by determining: 1) proportions of inpatients receiving continence assessment, diagnosis and management plans and 2) clinicians’ perceived enablers and barriers to continence care.

Methodology
Baseline data is being collected at the 14 wards/units (Figure 1-11 NSW hospitals in 3 Local Health Districts) implementing our evidence-based Structured urinary Continence Assessment and Management (SCAMP) intervention. The number of inpatients with continence assessment, diagnosis and management plans, relative to those eligible was determined via medical record audits of consecutive inpatients discharged (August-October 2018). Perceived enablers and barriers to continence practice were determined by inviting ward/unit clinicians and managers to complete an online questionnaire (aligned to 13/14 domains of the Theoretical Domains Framework) and ward/unit multidisciplinary teams completing the Barrier Identification and Mitigation Tool. Descriptive analyses are presented.

Lessons Learned

- 39% (263/680) of inpatients had urinary incontinence
- Only 7% (19/263) of these people had a continence management plan
- Key barriers perceived by clinicians aligned to the “Environmental Context and Resources”, “Knowledge” and “Skills” domains of the Theoretical Domains Framework.

Implications
Our large multi-site study has identified substantial urinary continence evidence-practice gaps in inpatient settings. To successfully implement our SCAMP intervention our team will work together to harness the enablers and target the barriers.

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Legend: RPC: Rankin Park Centre, JHH: John Hunter Hospital, CMN: Calvary Mater Newcastle, LHD: Local Health District