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Submitted to **Medical Research Future Fund's Dementia, Ageing and Aged Care Mission - National Consultation on the Roadmap and Implementation Plan**

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Consultation Questions

1 What is your name?

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5 Are the priority areas for investment identified in the Implementation Plan the most effective way for delivering on the Mission's goal and aims? (Max 300 words)

Are the priority areas for investment identified in the implementation plan the most effective way for delivering on the Mission's goal and aims? :

The Continence Foundation of Australia (the Foundation) broadly supports the priority areas for delivering on the Mission's goal and aims. However, the Foundation considers the effectiveness could be enhanced by an additional priority area with the aim of improving the detection, prevention, assessment, care and support for older people with age-related health conditions in all care settings. The focus on dementia needs and care is vital as part of the Mission's response but risks marginalising other conditions and illnesses that are experienced by older Australians, including incontinence. The rate of dementia in residential aged care stands at 51.4% (Department of Health, 2019) but this contrasts with the much higher rate of incontinence of 75-81% (Hibbert et al, 2019) with its requisite heavy workload for care workers being disregarded.

Residents with dementia have high needs for physical assistance with toileting and continence care. Australian research found that 76% of residents diagnosed with dementia had the highest rating of need for assistance with continence, and 68% with toileting. In comparison, of residents without dementia, 51% had the highest care need rating with continence and 47% with toileting (AIHW, 2012). Sixty-nine per cent of residents with dementia were recorded as having more than three episodes of urinary incontinence daily or scheduled toileting, while 46% of residents living with dementia had more than four episodes of faecal incontinence weekly or scheduled toileting (AIHW, 2011). It is more difficult to provide continence care for people with dementia because the condition may affect their awareness of their bladder and bowel needs.

The importance of dementia care is not questioned but rather the fact that a high prevalence condition with major consequences for health and quality of life for older people is overlooked.

A holistic focus on the health of all older Australians and their needs, including incontinence, is required. The priority areas for investment should include high prevalence health conditions such as incontinence that can be prevented and better managed to ensure the best health outcomes.

References:

1. Hibbert PD, Wiles LK, Cameron ID, Kitson A, Reed RL, Georgiou A, Gray L, Westbrook J, Augustsson H, Molloy CJ, Arnolda G, Ting HP, Mitchell R, Rapport F, Gordon SJ, Runciman WB, Braithwaite J. CareTrack Aged: the appropriateness of care delivered to Australians living in residential aged care facilities: a study protocol, *BMJ Open*, 2019. <http://dx.doi.org/10.1136/bmjopen-2019-030988>
2. Department of Health. 2018–19 report on the operation of the Aged Care Act 1997. 2019. Available from: https://www.gen-agedcaredata.gov.au/www_aihwwgen/media/ROACA/201819-ROACA.pdf [Accessed 2019 December 2].
3. Australian Institute of Health and Welfare. Dementia in Australia. 2012. Available from: <https://www.aihw.gov.au/getmedia/199796bc-34bf-4c49-a0467e83c24968f1/13995.pdf.aspx?inline=true> [Accessed 2019 July 30]
4. Australian Institute of Health and Welfare. Dementia among aged care residents: First information from the Aged Care Funding Instrument. 2011. Available from: <https://www.aihw.gov.au/getmedia/6d160b74-621b-4e08-b193bc90d5b7f348/11711.pdf.aspx?inline=true> [Accessed 2019 July 30].

6 Are there existing research activities which could be utilised to contribute to the Dementia, Ageing and Aged Care Mission Roadmap and/or Implementation Plan aims and priority areas for investment? How can these be leveraged? (Max 200 words)

Are there existing research activities which could be utilised to contribute to the Cardiovascular Health Mission Roadmap and/or Implementation Plan aims and priority areas for investment? How can these be leveraged?:

The Foundation is working with the National Ageing Research Institute (NARI) to develop a Best Practice Model of Continence Care (MoCC) in residential aged care facilities. This work is informed by the best available evidence from scientific literature, consultation with industry and clinical experts, staff and residents incorporating life experience, goals and preferences to inform care and is currently being piloted in local settings.

The MoCC will be able to ensure equitable and appropriate access to quality clinical care in residential aged care. It is also cognisant of current best practice and guidelines in the industry and has mapped out what continence care should be provided in residential care to the Aged Care Quality Standards to highlight the all-inclusive and central nature of continence care and incontinence management within residential aged care.

The MoCC is a key research project to pivot the aged care industry towards best practice care. It is a fundamental project that drives measurable improvements in consistency and quality of care for older Australians in residential care. In order to improve continence care for older Australians in other care settings, e.g. acute care and community care, it should receive adequate investment to further the Dementia, Ageing and Aged Care Mission Roadmap and/or Implementation Plan.

7 Are the 'Evaluation approach and measures' appropriate for assessing and monitoring progress towards the mission's goal and aims? (Max 200 words)

Are the 'Evaluation approach and measures' appropriate for assessing and monitoring progress towards the mission's goal and aims? :

The Medical Research Future Fund must evaluate key components of high-quality care identified by the best available quality evidence for implementation by the aged care sector. Incontinence, as identified, is highly prevalent and significantly impacts on older people and the aged care sector and must be included as a critical component of care for older Australians.

Evaluation methods and tools are incorporated into the MoCC and have been utilised to update and revise it so it can be readied for implementation. This includes existing resources such as the Continence Resources for Aged Care, which is evidence-based and assesses continence status in aged care and the Aged Care Consumer Pathway for Continence Care, which will support assessment processes to determine continence care needs.

Adoption of such approaches will mitigate the incidence of unsafe and ineffective continence care and incontinence management for older Australians. The consequences of which may include, but are not limited to:

- increased risk of urinary tract infections^{1,2},
- increased risk of incontinence-associated dermatitis^{3,4},
- increased risk of pressure injuries^{3,5},
- increased risk of pressure injuries not healing⁶,
- increased risk of falls⁷⁻¹⁰,
- acceleration of functional decline¹¹,
- increased risk of depression¹², and
- increased risk of death.¹³

References:

1. Richardson JP, Hricz L. Risk factors for the development of bacteremia in nursing home patients. *Archives of Family Medicine*. 1995 Sep 1;4(9):785-89.
2. Omli R, Skotnes LH, Romild U, Bakke A, Mykletun A, Kuhry E. Pad per day usage, urinary incontinence and urinary tract infections in nursing home residents. *Age and Ageing*. 2010 Jul 14;39(5):549-54.
3. Barakat-Johnson M, Barnett C, Lai M, Wand T, White K. Incontinence, incontinence-associated dermatitis, and pressure injuries in a health district in Australia: a mixed-methods study. *Journal of Wound Ostomy & Continence Nursing*. 2018 Jul 1;45(4):349-55.
4. Zimmaro DB, Zehrer C, Savik K, Thayer D, Smith G. Incontinence-associated skin damage in nursing home residents: a secondary analysis of a prospective, multicenter study. *Ostomy Wound Management*. 2006 Dec;52(12):46-55.
5. Spector WD. Correlates of pressure sores in nursing homes: evidence from the National Medical Expenditure Survey. *Journal of Investigative Dermatology*. 1994 Jun 1;102(6):42S-45S.
6. Berlowitz DR, Brandeis GH, Anderson J, Brand HK. Predictors of pressure ulcer healing among long-term care residents. *Journal of the American Geriatrics Society*. 1997 Jan;45(1):30-4.
7. Foley AL, Loharuka S, Barrett JA, Mathews R, Williams K, McGrother CW, Roe BH. Association between the geriatric giants of urinary incontinence and falls in older people using data from the Leicestershire MRC Incontinence Study. *Age and Ageing*. 2012; 41(1):35-40.
8. Hasegawa J, Kuzuya M, Iguchi A. Urinary incontinence and behavioral symptoms are independent risk factors for recurrent and injurious falls, respectively, among residents in long-term care facilities. *Archives of Gerontology and Geriatrics*. 2010 Jan 1;50(1):77-81.
9. Kron M, Loy S, Sturm E, Nikolaus T, Becker C. Risk indicators for falls in institutionalized frail elderly. *American Journal of Epidemiology*. 2003 Oct 1;158(7):645-53.
10. Schluter PJ, Arnold EP, Jamieson HA. Falls and hip fractures associated with urinary incontinence among older men and women with complex needs: a national population study. *Neurourology and Urodynamics*. 2018 Apr;37(4):1336-43.
11. Omli R, Hunskaar S, Mykletun A, Romild U, Kuhry E. Urinary incontinence and risk of functional decline in older women: data from the Norwegian HUNT-study. *BMC Geriatrics*. 2013 Dec;13(1):4.
12. Stach-Lempinen B, Hakala AL, Laippala P, Lehtinen K, Metsänoja R, Kujansuu E. Severe depression determines quality of life in urinary incontinent women. *Neurourology and Urodynamics*. 2003;22(6):563-8.
13. Moon S, Hong GS. Predictive factors of mortality in older adult residents of long-term care facilities. *The Journal of Nursing Research*. 2020;28(2):1-8.

8 Do you consent to components of your submission being made publicly available?

Yes