Local contract ref.	
Goal number	
Goal name	Improving Urinary Continence Care (find, assess, investigate and refer)
Indicator weighting (% of CQUIN scheme available)	10%
Description of indicator	Improving care for patients with urinary incontinence in (a) hospital in patient setting and (b) GP practices, by recording and reporting the number of patients with urinary incontinence; assessing, diagnosing and treating urinary incontinence; and initiating treatment and on-going care.
Numerator	1.Number of inpatients per hospital wards, or at risk primary care patients per GP surgery who are recorded as having urinary incontinence or who have been asked a screening question e.g. 'do you ever leak urine' 2.Number of patients with urinary incontinence and have: a) Urine test to exclude infection b) Completion of a 4-question bladder tool to include (1) Frequency of incontinence and pad usage (2) Urgency (sudden urge and needing to rush to the toilet) (3) Stress leakage (on coughing, standing etc.) (4) difficulty emptying bladder (straining, feeling of incomplete emptying, dribbling after emptying) c) Fluid intake and output chart ideally for 3 days, but minimum 24 hours if patient / carers are able to complete d) Post void bladder scan
Denominator	A minimum of 25 hospital inpatients and 25 at risk community patients will be surveyed quarterly (at risk is defined by age 65+, pregnancy, any long term condition) 1. % of patients in hospital wards or at risk primary care patients in community with recorded incontinence and/or % who are asked screening question) 2. % of patients with urinary incontinence who have: a) Urine test to exclude infection a) Completion of a 4-question bladder tool b) Fluid intake and output chart c) Post void bladder scan
Rationale for inclusion	It is estimated that urinary incontinence affects 1 in 3 women aged 18+ and lower urinary tract symptoms (LUTS) affects 2.7% of men aged 18 and over and 35% of men over 60 years old . Despite continence problems being relatively common, people are often embarrassed and reluctant to discuss their incontinence and therefore detection in the community can be difficult. However, 80% of continence problems are treatable and the low cost of conservative treatments is offset by the reduced need for containment products, surgery and social care. It is intended that this CQUIN will reduce the number of patients with Incontinence Associated Dermatitis (IAD) and reduce the number of admissions with hospital-acquired urinary tract infections (UTI), particularly as the mortality associated with the latter condition is about 10 %. Good continence care is critical in delivering the 3 national CQUINs for 2014: dementia programmes (30-90% of patients with dementia have incontinence depending on

	degree of impairment), NHS Safety Thermometer (catheter-associated UTI and pressure sores and falls are *all* related to urinary incontinence), and Friends and Family survey (22 out of the 33 cases presented as oral evidence in the Francis report included "significant concerns" about continence care).
Data source	Patient records (including electronic) for all inpatients and/or GP practice patients. The screening questions should be part of the routine assessment document for inpatients (nursing and or medical) and should therefore be asked in all inpatients. For primary care patients, those at risk should be routinely screened. Risk factors are: age 65+, pregnancy, any long-term condition. Data can be collected on a quarterly basis examining a minimum of 25 cases in each setting. To include : a) Total number of inpatients recorded as having urinary incontinence b) Total number of patients asked a screening question c) Total number with urinary incontinence who have had a: I. Urine test to exclude infection and II. Completed 4-question bladder tool III. Fluid intake and output chart IV. Post void bladder scan c) Number of patients who received any type of treatment for incontinence d) Number of patients referred to local continence services (can include urology, gynaecology, geriatrics, continence specialists in community) d) Number of patients with in Incontinence Associated Dermatitis – based of provider Tissue viability care records. e) Continence care information provided to patients (and carers where relevant) in any form – this can include hospital discharge letters, clinic letters, GP encounters
Frequency of data collection	3 Monthly
Organisation responsible for data collection	All relevant NHS-funded providers [Insert Provider name]. Designated continence leads should be identified one in acute Trust and one in community to ensure accountability for CQUIN delivery. The purpose of this CQUIN is to improve continence care across the acute and community boundaries (especially important for at risk patients such as those with dementia) and the designated leads will use the data to optimise integrated care.
Frequency of reporting to commissioner	Quarterly
Baseline period/date	Based on audit of 25 sets of notes in hospital inpatients and in community when in each month April, May and June 2013 (total 75 sets of notes)
Baseline value	to be agreed by
Final indicator period/date (on which payment is based)	April 2014 – March 2015

Final indicator value (payment threshold)	a) 20% Increase in patients who have a continence assessment which includes all of the three/four elements: d) Urine test to exclude infection e) Completion of a 4-question bladder tool f) Fluid intake and output chart g) Post void bladder scan % increase per element should be recorded so local problems with implementation of any one of these (e.g. access to hand held bladder scans) can then be identified and resolved b) 20% increase in patients undergoing treatment related to urinary incontinence c) Increase number of patients referred to local services for on-going care d) Reduction in Incontinence Associated Dermatitis – based of provider Tissue viability care records. e) Include continence assessment outcomes (urine test, 4-question bladder tool, intake and output chart and post void bladder scan) and treatment and referral plan in documentation that is shared with patient (and carer where relevant)
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Evidence: Provider reports showing: number of patients with continence problems; number of patients whose continence problems have been assessed;
Final indicator reporting date	March 2015
Are there rules for any agreed in-year milestones that result in payment?	no
Are there any rules for partial achievement of the indicator at the final indicator period/date?	no

Example 4-questions

Is the person bothered by the number of times they need to pass urine during the day?

Is the person bothered by the number of times they need to pass urine during the night?

Does the person leak urine?

Does the person have any other bladder problems? (i.e. difficulties passing urine, infection and/or pain)

Examples of initial treatments for incontinence
Treatment of UTI
Pelvic floor exercises
Bladder retraining / antimuscarinic medications for overactive bladder
Medications for benign prostatic enlargement
Vaginal oestrogen