

# Continence

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September 2025

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### 1. The Burden of Fecal Incontinence: Evaluating the Societal Impact in Terms of Economic Burden and Health-Related Quality of Life

**Authors:** Assmann, Sadé L.; Kimman, Merel L.; Breukink, Stéphanie O. and Keszthelyi, Daniel

**Publication Date:** 2025

**Journal:** Neurogastroenterology and Motility 37(9), pp. e70036

**Abstract:** Introduction: Fecal incontinence (FI) is a chronic condition characterized by the involuntary loss of stool, significantly impacting health-related quality of life (HRQoL) and imposing a substantial economic burden on society.; Methods: This bottom-up, retrospective, cross-sectional burden of disease study offers a comprehensive cost analysis of FI in a Dutch population sample. Utilizing the iMTA Medical Consumption Questionnaire (MCQ) and the iMTA Productivity Cost Questionnaire (PCQ), we analyzed costs over a 3-month period from a societal perspective, which encompasses healthcare costs, out-of-pocket expenses, and productivity losses. Non-parametric bootstrapping was applied to identify differences in costs between several subgroups of patients. Additionally, we assessed HRQoL using the EuroQol 5-Dimension 5-Level (EQ-5D-5L) questionnaire. Differences in HRQoL between subgroups were determined using the nonparametric Mann-Whitney U test.; Results: Cost and HRQoL data were collected from 80 FI patients aged 39-89 (82.5% female). The mean societal costs were €2424 per patient per quarter, of which €1572 can be contributed to healthcare costs. Notably, unemployed patients incurred significantly higher costs compared to employed and retired patients. No significant difference in costs was seen between subgroups based on gender, age, educational level, or frequency of FI episodes. The mean HRQoL score was 0.72 (SD 0.78). Younger and unemployed patients reported lower HRQoL scores.; Conclusion: This study demonstrates that FI negatively impacts HRQoL and has a considerable impact on societal costs, extending beyond direct healthcare expenses. Policymakers, healthcare providers, and employers should take these findings into account when designing management strategies and allocating resources for FI treatment and support. (© 2025 The Author(s). Neurogastroenterology & Motility published by John Wiley & Sons Ltd.)

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## 2. Prognostic factors for incontinence-associated dermatitis (IAD): Results of an international expert survey

**Authors:** Deprez, Julie;Kottner, Jan;Eilegård Wallin, Alexandra;Bååth, Carina;Hommel, Ami;Hultin, Lisa;Josefson, Anna and Beeckman, Dimitri

**Publication Date:** 2025

**Journal:** Journal of Tissue Viability 34(4), pp. 100952

**Abstract:** Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.; Background: Incontinence-associated dermatitis (IAD) is a prevalent and distressing form of irritant contact dermatitis caused by prolonged exposure to urine and/or faeces. Not all incontinent individuals develop IAD, suggesting that additional prognostic factors contribute to its onset. The quality of empirical evidence supporting risk factors for IAD development is moderate to very low. Therefore, it is necessary to systematically compile and analyse expert knowledge on this topic.; Aim: This study aimed to identify and prioritise key prognostic factors for IAD development through an international expert consultation.; Materials and Methods: A cross-sectional expert survey was conducted among international experts using an electronic survey platform. Participants rated the importance of 26 pre-identified prognostic factors, ranked relevant factors and suggested additional factors. Data were analysed to determine expert consensus and factor rankings.; Results: A total of 45 experts participated, with a response rate of 39 %. The highest-ranked prognostic factors included double incontinence, faecal incontinence, loose stools, stool frequency, urinary incontinence, and impaired mobility. Other important factors were advanced age, friction and shear forces, cognitive impairment, and poor nutrition. In addition, experts highlighted systemic factors such as caregiver knowledge gaps and staff shortages as potential contributors to IAD risk.; Conclusion: Study results support established risk factors for IAD development such as stool frequency and limited mobility. Experts also identified factors, such as higher age and the presence of loose or liquid stool, that are considered relevant by experts but are not yet fully supported by empirical evidence. Findings will inform a future large-scale cohort study. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

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## 3. Undertaking a baseline continence assessment in hospitalised adults

**Authors:** Ellis-Jones, Julie

**Publication Date:** 2025

**Journal:** Nursing Standard 40(9), pp. 61–66

**Abstract:** Why you should read this article: • To refresh your knowledge and understanding of types of continence issues • To recognise the importance of undertaking a continence assessment in hospitalised adults • To be aware of continence assessment tools that can be used with hospitalised adults. In the UK, one in five people live with some form of urinary incontinence and one in ten live with some form of bowel issue. The likelihood of a nurse caring for a patient with a pre-existing continence issue in any healthcare setting is therefore relatively high. Hospital admission carries an increased risk of patients developing functional incontinence, which might occur due to a missed baseline continence assessment on admission or because of the patient's presenting illness and can result in a temporary loss of mobility and independence. For hospital nurses, starting a conversation with the patient regarding their continence status early in their admission, and encouraging them to talk about any bothersome continence issues, is essential for the delivery of person-centred care. Continence is 'everybody's business' and the author details some nurse-led initiatives that have been implemented to raise the standards for continence assessment in hospitalised patients.

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## 4. Association of catechol-O-methyltransferase genetic polymorphism with neuromodulation

## **treatment response in women with fecal or urinary incontinence**

**Authors:** Florian-Rodriguez, Maria;Richter, Holly E.;Carnes, Megan U.;Zyczynski, Halina;Lukacz, Emily S.;Visco, Anthony;Arya, Lily;Sung, Vivian;Mazloomdoost, Donna and Gantz, Marie G.

**Publication Date:** 2025

**Journal:** American Journal of Obstetrics & Gynecology 233(3), pp. 117

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### **5. Effectiveness of pelvic floor muscle training in managing urinary incontinence in pregnant women with and without gestational diabetes mellitus**

**Authors:** Harati, Parisa Ghadiri;Hosseini, Seyed Majid;Javaheri, Atiyeh;Manshadi, Farideh Dehghan and Baghban, Alireza Akbarzadeh

**Publication Date:** 2025

**Journal:** Turkish Journal of Obstetrics and Gynecology 22(3), pp. 257–265

**Abstract:** Competing Interests: Conflict of Interest: No conflict of interest was declared by the authors.; Objective: Urinary incontinence (UI) is a common issue during pregnancy. Pelvic floor muscle training (PFMT) may offer an effective solution for managing this condition. This study aimed to evaluate the effect of PFMT on reducing UI symptoms in pregnant women.; Materials and Methods: This study was conducted on 40 UI pregnant women with gestational diabetes mellitus (GDM) and 40 UI pregnant women without GDM. The participants in the experimental group were treated for 10 weeks in the third trimester, whereas the control groups received an educational pamphlet. Quality of life and UI severity were assessed using questionnaires, and pelvic floor muscle performance was measured through ultrasound-based bladder base displacement. Assessments were performed before treatment, after 10 weeks, and 2 weeks postpartum.; Results: In the non-diabetic group, significant reductions in UI symptoms were observed at the end of the third trimester and 2 weeks postpartum adjusted difference -7.56, 95% confidence interval (CI) -10.62 to -4.49,  $p < 0.001$ . However, in the diabetic group, a reduction was noted, but it was not statistically significant. Additionally, the intervention positively impacted quality of life in the non-diabetic group (adjusted difference 30.8, 95% CI 17.6 to 44.1,  $p < 0.001$ ) but not in the diabetic group. Notably, no significant improvement in pelvic floor muscle performance was observed in either group.; Conclusion: This study suggests that PFMT can be more effective than routine pamphlets in reducing UI symptoms and improving the quality of life in pregnant women, both with and without GDM. Further research is needed to explore effects on pelvic floor muscle performance. (Copyright© 2025 The Author. Published by Galenos Publishing House on behalf of Turkish Society of Obstetrics and Gynecology.)

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### **6. Looking Beyond the Barrier for Fecal Incontinence: The Brain–Gut Axis and Central Neurosensory Processes as Treatment Targets**

**Authors:** Hiramoto, Brent A.;Lee, Susie and Chan, Walter W.

**Publication Date:** 2025

**Journal:** Digestive Diseases & Sciences 70(9), pp. 2937–2939

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### **7. Vaginal Lasers for Treating Stress Urinary Incontinence in Women: An Abridged Cochrane Systematic Review and Meta-Analysis**

**Authors:** Ippolito, Giulia M.;Crescenze, Irene;Sitto, Hannah;Palanjan, Rita R.;Raza, Daniel;Barboglio-Romo, Paholo;Wallace, Sheila A.;Orozco Leal, Giovany;Clemens, J. Q.;Dahm, Philipp and Gupta, Priyanka

**Publication Date:** 2025

**Journal:** The Journal of Urology , pp. 101097JU00000000000004691

**Abstract:** Purpose: We assessed the effects of vaginal lasers for treating stress urinary incontinence (SUI) in women.; Materials and Methods: This systematic review and meta-analysis included randomized trials of women with SUI and assessed therapy with vaginal laser vs sham, control, or topical treatments.; Results: Nine studies of 689 women with SUI were included. Overall, the data regarding vaginal laser vs sham treatments were uncertain, and few studies assessed outcome beyond 1 year. In the short term, there may be no difference between the number of continent women between women who underwent vaginal laser compared with sham (risk ratio, 1.50; 95% CI, 0.72-3.10; I<sup>2</sup> = 81%; n = 196; very low-certainty evidence). Although vaginal lasers may improve patient-reported incontinence measures compared with sham, the point estimate for improvement does not meet the prespecified minimally clinical importance differences (mean difference, -1.42 points; 95% CI, -2.41 to -0.43; I<sup>2</sup> = 54%; n = 632; very low-certainty evidence). Only 1 study provided evidence comparing vaginal laser with topical estrogen. There were no major adverse events in any treatment group at any time point.; Conclusions: Vaginal lasers may have little to no effect on SUI as measured by both clinical assessment in the short term compared with sham, control, or topical treatments, but the evidence is uncertain. Vaginal lasers may improve patient-reported measures of SUI, but the evidence is uncertain, and the change may not be noticeable to patients. No major adverse events were reported.

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## **8. What is currently known about female genital mutilation and incontinence: a narrative literature review**

**Authors:** Kingston, Charlotte;Hassan, Amira;Kaur, Harjinder and Cotterill, Nikki

**Publication Date:** 2025

**Journal:** Journal of Obstetrics and Gynaecology : The Journal of the Institute of Obstetrics and Gynaecology 45(1), pp. 2508980

**Abstract:** Background: An estimated 230 million girls and women are living with female genital mutilation (FGM) which causes ongoing physical and psychological harm. This review aims to explore what is known about FGM and incontinence, including the underexamined implications for women's health, and identify gaps in the literature.; Methods: A comprehensive database search was conducted using MEDLINE, CINAHL Plus, APA Psych Info, AMED, Child Development and Adolescent Studies, and PubMed. To gather all relevant complications of FGM, no restrictions were imposed on date or study type. Themes were identified by organising the 20 eligible articles by symptom type.; Results: The findings indicate that urological symptoms such as dribbling incontinence, slow micturition, urgency, stress incontinence and overactive bladder are prevalent among women who have undergone FGM. Additional complications include fistulas, pelvic organ prolapse, somatic symptoms, and urinary tract infections. The impact of FGM and incontinence on quality of life and daily activities remains under-explored, with the lived experiences of affected women largely unreported.; Conclusions: FGM has multiple urogynaecological consequences, with more severe forms causing increased symptoms and associated complications. This review highlights the need for further research into the biopsychosocial impacts of FGM and incontinence to provide evidence-based support for affected women.

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## **9. Long-term follow-up reveals complexity of urinary and faecal continence outcomes in patients with classic bladder exstrophy**

**Authors:** Liao, Mao and Li, Molan

**Publication Date:** 2025

**Journal:** BJU International 136(3), pp. 554–555

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## **10. Preventive aspirin use and its association with urinary incontinence in middle-aged and**

## **older adult males in the United States: a cross-sectional analysis of NHANES data**

**Authors:** Lin, Bing-Xin;Zhao, Rui-Yao;Wu, Jian-Wei;Chen, Xiao-Ling and Zheng, Wen-Zhong

**Publication Date:** 2025

**Journal:** The Aging Male : The Official Journal of the International Society for the Study of the Aging Male 28(1), pp. 2521815

**Abstract:** Background: The association between preventive aspirin use and urinary incontinence (UI) among male adults remains poorly understand.; Methods: In this study, we analyzed data from the National Health and Nutrition Examination Survey (NHANES) collected in the 2011 ~ 2018 cycle among US male adults, with aspirin use was defined as individuals self-reported use of aspirin. Multi-variable adjusted logistic regression models were used to analysis the association between aspirin use and UI.; Results: A total of 6844 male participants were evaluated in the study. Compared to participants without aspirin use, the individuals on aspirin with or without coronary heart disease (CVD), respectively, had higher incidences of urinary dysfunction including UI, urgent micturition, and nocturia. In addition, in multivariable logistic adjusted models, the risk of UI (OR = 2.44; 95%CI = 2.10-2.83; P - value = 0.0000) and urgent micturition (OR = 1.57; 95% CI = 1.35-1.83; P -value = 0.0000) in use participants was significantly greater versus the reference those who not taken aspirin.; Conclusions: The results of this study suggest that men who took aspirin were more likely to report symptoms of UI and urgent micturition. Therefore, reasonable use of aspirin may support the prevent and prevention of UI.

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## **11. Triathletes and Urinary Incontinence: An Investigation of Prevalence and Associated Factors**

**Authors:** Schwamberger, Tais;da Roza, Thuane Huyer;Arbieto, Eliane Regina Mendoza;Ferreira, Isabela Cardoso;Schuler, Letícia Beatrice Tramontin;Duarte, Luiz Henrique Cabral and da Luz, Soraia,Cristina Tonon

**Publication Date:** 2025

**Journal:** Neurourology and Urodynamics

**Abstract:** Aims: This study aimed to investigate the prevalence of urinary incontinence (UI) among Brazilian female triathletes and to identify associated factors, focusing on demographic, obstetric, and sports-related variables.; Methods: A cross-sectional study was conducted with 90 female triathletes. Data on age, body mass index (BMI), pregnancy history, parity, delivery type, training frequency, and weekly training volume were collected through in-person interviews and an online questionnaire. UI severity was assessed using the International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF). Ordinal logistic regression was used to analyze factors associated with UI severity, and multinomial logistic regression examined associations between training volume and UI type.; Results: The prevalence of UI was 43.3%. Stress urinary incontinence (SUI) was the most common type (25.6%). A greater number of deliveries was associated with increased UI severity (OR = 1.577; 95% CI: 1.047-2.374), while higher training frequency was protective against UI (OR = 0.761; 95% CI: 0.607-0.954). Increased running volume was associated with greater odds of presenting mixed UI (OR = 1.004; 95% CI: 1.001-1.006). Weekly training frequency was inversely associated with both stress and mixed UI.; Conclusions: UI was reported by 43.3% of triathletes, with SUI being the most prevalent type at 25.6%. Parity was the only sociodemographic factor significantly associated with UI. Higher weekly frequency in all disciplines appeared to reduce the likelihood of UI, especially SUI. In contrast, running volume showed a minimal or no association with an increased risk of MUI. (© 2025 The Author(s). Neurourology and Urodynamics published by Wiley Periodicals LLC.)

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## **12. Study of the effectiveness of different pelvic floor muscle training methods for improving urinary incontinence in patients with prostate cancer after radical prostatectomy**

**Authors:** Shi, Ruofan;Ma, Zhiyang;Tse, Yuen Bing;Chun, Tsun Tsun Stacia;Huang, Da;Luo, Fang;Xu,

**Publication Date:** 2025

**Journal:** The Aging Male : The Official Journal of the International Society for the Study of the Aging Male 28(1), pp. 2530469

**Abstract:** Introduction : To compare the effects of different pelvic floor muscle training (PFMT) modes on improving iatrogenic stress urinary incontinence (SUI) recovery in prostate cancer (PCa) patients after radical prostatectomy (RP). Methods : PCa patients who underwent RP were prospectively enrolled and randomized into standard PFMT (S-PFMT) group, somatosensory interactive PFMT (SI-PFMT, an enhanced PFMT) group, and standard PFMT combined with magnetic stimulation (S-PFMT+MS) group. SUI status was evaluated through the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF) scores and 1-hour pad test. Results : 101 subjects were enrolled, including 48 in S-PFMT group, 39 in SI-PFMT group, and 14 in S-PFMT+MS group. All groups showed significant ICIQ-UI SF score improvement at 3 and 6 months post-RP compared with baseline (all  $p < 0.001$ ). At 6 months post-RP, significant improvement of 1-hour pad test result was observed ( $p = 0.012$ ). Compared with those in the other two groups, patients in the S-PFMT+MS group exhibited significantly better SUI improvement ( $p = 0.033$  vs . S-PFMT;  $p = 0.011$  vs . SI-PFMT) at 6 months. Bayesian survival analysis revealed the superior efficacy of the S-PFMT+MS intervention over an extended period. Conclusions: PCa patients may benefit from magnetic stimulation in addition to standard PFMT for post-RP SUI recovery. CLINICAL TRIAL REGISTRATION: HKUCTR-3029, <https://www.hkuctr.com/>.

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### 13. Evaluation of Nurses' Knowledge of Incontinence-Associated Dermatitis Among Acute Care Nurses: A Multi-Center Cross-Sectional Study

**Authors:** Tayyib, Nahla AbdulGadir

**Publication Date:** 2025

**Journal:** Health Science Reports 8(9), pp. e71213

**Abstract:** Competing Interests: The author declares no conflicts of interest.; Aim: This study examined how well nurses across various acute care hospitals in Saudi Arabia understand and manage incontinence-associated dermatitis (IAD), shedding light on existing knowledge gaps and clinical practices.; Methods: A descriptive, cross-sectional design was employed, with a total of 169 nurses recruited between January and July 2024. A psychometrically validated instrument, the Know-IAD tool was used in a self-administered online format to collect data and assess nurses' knowledge across three key dimensions: (i) causes and external contributing factors, (ii) classification and diagnosis, and (iii) prevention and management of IAD.; Results: Overall, participants demonstrated a low level of understanding, with total scores falling below 70% in all domains. A considerable proportion of participants answered incorrectly on key factors such as skin inspection identifiers and the appropriate use of all-in-one large pads. An image depicting IAD Category 1B was correctly identified by 89 participants (52.6%), while 119 participants (70.4%) correctly identified Category 2/Stage 2 pressure injury. Furthermore, only about 50% of nurses responded correctly to the item on conducting skin inspections every 48 h for incontinent patients. Knowledge domain scores were significantly associated with qualification and area of work, and moderately correlated with age.; Conclusion: The study recommends an urgent need for enhanced education, standardized protocols, and improved clinical practices to support accurate diagnosis, prevention, and optimal management of IAD in Saudi healthcare settings. (© 2025 The Author(s). Health Science Reports published by Wiley Periodicals LLC.)

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### 14. Associations of urinary incontinence with postpartum physical activity: A cross-sectional study

**Authors:** VanWiel, Lisa;Conway, Grace V.;Carr, Lucas J.;Gorzeltz, Jessica;Story, William T. and

Whitaker, Kara M.

**Publication Date:** 2025

**Journal:** Midwifery 148, pp. N.PAG

**Abstract:** Postpartum women are largely insufficiently active and therefore, at risk for many adverse health outcomes. The 2018 Physical Activity Guidelines recommend postpartum women perform moderate-to-vigorous physical activity (MVPA) and muscle strengthening exercise (MSE) to promote overall health and reduce the risk of chronic diseases. Urinary incontinence (UI) is a barrier to physical activity in the general population, but postpartum women have not been represented in previous studies. To determine the association of UI and its characteristics (presence, severity, type, and bother) with postpartum MVPA and MSE. This cross-sectional study used electronic self-report questionnaires to assess UI, physical activity, and demographic characteristics. Multiple logistic regression assessed odds of meeting or not meeting postpartum physical activity guidelines. Multiple linear regression assessed associations of UI characteristics with weekly minutes of MVPA and MSE. Nearly two-thirds (64 %) of 244 postpartum women ( $32.9 \pm 4.4$  years) had UI. No UI characteristic was associated with meeting or not meeting physical activity guidelines. Greater UI severity and mixed-type UI were, however, associated with lower weekly minutes of MVPA. Mixed and undefined type UI were associated with lower weekly minutes of MSE. Postpartum women with severe, mixed, or undefined UI may be at greater risk for low physical activity and associated health consequences. Additional research using a longitudinal study design and more diverse populations is recommended to confirm this association. Postpartum women should be screened for UI and referred to healthcare professionals with expertise in UI and postpartum exercise prescription.

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**15. Posters--Urinary Incontinence Discussions on Instagram: A Hashtag Analysis of Top Posts and Reels...44th Annual Scientific Meeting of the Canadian Geriatrics Society, May 29–31 2025; Toronto, Ontario**

**Authors:** Virani, Ayanna;Rajabali, Saima and Wagg, Adrian

**Publication Date:** 2025

**Journal:** Canadian Geriatrics Journal 28(3), pp. 296

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**16. Effectiveness of a nurse-led hybrid self-management program for community-dwelling older people with urinary incontinence: A randomized controlled trial**

**Authors:** Yan, Fang;Xiao, Lily;Huang, Chongmei;Tang, Siyuan and Li, Li

**Publication Date:** 2025

**Journal:** International Journal of Nursing Studies 170, pp. N.PAG

**Abstract:** Evidence-based guidelines recommend multicomponent interventions including behavior interventions and lifestyle interventions to optimize effects on the urinary incontinence in older people. However, few studies have trialed these interventions led by nurses in primary care setting using hybrid (offline and online) self-management strategies for community-dwelling older people with urinary incontinence. To evaluate the effectiveness of a nurse-led hybrid self-management program on self-efficacy, severity of urinary incontinence, urinary incontinence related knowledge and attitude, quality of life, adherence to pelvic floor muscle training and anxiety and depression among community-dwelling older people with urinary incontinence, compared to the existing usual nursing care. A single-blind, two-arm parallel randomized controlled trial with a repeated measures design. We recruited community-dwelling older people with mild or moderate severity of urinary incontinence. Eligible participants were randomly assigned (1:1) to either the intervention group (a nurse-led hybrid self-management program) or usual care group (usual nursing care) in the primary care. Outcomes were measured at baseline (T0), 3 months (T1) and 6-months (T2) post-baseline. Sixty-six participants were recruited and



randomly assigned to the intervention group (N = 33) or the usual care group (N = 33). Of those, 95.5 % completed the 3-month follow-up after the completion of intervention. The intervention group demonstrated a statistically significant higher score of self-efficacy (Mean Difference (MD) = 45.3, 95 % CI: 38.9, 51.8, p 0.05) at T2. The nurse-led hybrid self-management program demonstrated positive effects on the self-efficacy, severity of urinary incontinence, urinary incontinence related knowledge and attitude, adherence to pelvic floor muscle training and quality of life for community-dwelling older people with urinary incontinence. Chinese Clinical Trial Registry (ChiCTR220005828, Registered 04/04/2022, first recruitment 04/10/2022, <https://www.chictr.org.cn/showprojEN.html?proj=164661>).

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## **17. Quality improvement project to reduce length of stay for patients with urinary tract infections in an NHS hospital trust.**

**Authors:** Crawford M

**Publication Date:** 2025

**Journal:** *BMJ Open Quality*. 14(3)

**Abstract:** The bed day reduction improvement project for patients with urinary tract infections was commissioned at Frimley Health NHS Foundation Trust as inpatient length of stay (LOS) has been increasing over time, with noticeable variance between conditions and treatment pathways. A multidisciplinary group was formed with staff from infection control, urology and medicine. A3 thinking (a quality improvement method) was used to define the problem, analyse the data, complete root cause analysis and test change. The project aimed to impact the whole hospital system; however, using quality improvement methodology, the area with the biggest potential impact was focused on which was the emergency department. This is because positive changes made at the front end cause better outcomes throughout the pathway. Change ideas included reducing urine sample errors by improving labelling, increasing the number sent off by making the sample collection process easier for staff, increasing the use of Same Day Emergency Care Unit (SDEC) to avoid unnecessary admissions by raising awareness of the pathway with doctors and designing a pathway direct from triage to SDEC. A link was demonstrated, through audit, between sample errors/not sent and prolonged LOS, confirming the opportunity of reducing sample errors. White-topped urine sample errors reduced by 50% following the process change. The work done to reduce errors has led to an approximate 10 days per month bed day saving, improving patient experience, care and staff morale. There was no significant increase in urine samples sent, the urology SDEC use increased marginally and the triage pathway was implemented. The project was unable to link the individual changes to a reduction in the outcome measure of bed days.

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## **Sources Used**

The following databases are searched on a regular basis in the development of this bulletin:  
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