

# ADDRESSING THE VOID

## *The Magic Bullet*

### *Article One*

Through the years of managing senior living services, I have always focused on the clinical pathways, clinical elements, standards of practice, and the regulated quality measures to identify areas in which my former communities could improve operations and processes. While this has been effective for quite some time and quality improved, the industry as a whole has yet to find a way to drastically reduce adverse events or, better, prevent them from happening. As the saying goes, it is sometimes hard to see the forest for the trees when responsible for day-to-day operations of such care especially with today's top challenges.

As I have grown my consulting practice in 2023 and worked on many Agetech innovations to improve quality of care of older adults, I have become curious as to how providers could potentially address problem areas of quality systematically with the least amount of burden possible. It is important that the interventions explored are realistic for immediate implementation or they are less effective in the fast-paced real world. In some recent research on the impacts of incontinence, I have found that a multitude of studies, root cause investigations and action plans of experts have led to the conclusion that incontinence, as a foundation to quality care, is ubiquitous, potentially the magic bullet. While skilled nursing has regimented ways to measure adverse events and outcomes, other levels of care do not have these tools, therefore it becomes important to know where to look, what to look for and how to use the information you find to help develop quality improvement interventions.

So, to say that incontinence is a low hanging fruit y'all... let's look at what these years of research have brought to light. Improving incontinence management can improve many areas of care such as falls, pressure ulcers, infections, depression, and hospitalization to name a few. I found that 33% of the [CMS Clinical Pathways](#) available for providers to improve quality and compliance mention incontinence management as a major component. [In a recent study](#), 47% of falls with major fractures, 47% of UTIs and 41% of pressure ulcers were impacted by how well incontinence programs were operating.

The start of any intervention is the identification of a problem to solve. While there could be lots of areas to focus on, one thing remains clear; everyone deals with elimination of human waste. Yet, it remains to be a taboo conversational topic, a normal part of business in senior services and remains a leading factor in the reasons for institutionalization. [Urinary incontinence is more common than breast cancer, heart disease or diabetes among older](#)

# ADDRESSING THE VOID

women who make up the majority of the older adult population we serve as well as a significant portion of any provider's occupancy. We owe it to those suffering from incontinence in our care to recognize incontinence as a priority for wellbeing, a significant foundation to any quality of care, and an urgent need that has been overlooked due to ageism and wrongful stigmas.

I have taken a deep dive into the world of incontinence, quality of care and how it impacts older adults who are cared for by others. I have further interviewed experts in the field of caregiving to share insights with you in this upcoming series of articles I have come to call "**Addressing the Void**". There will be multiple intriguing topics covered around the impacts of incontinence care on our overall quality of care for older adults globally. Some may just surprise you. So, please tune in to start making strides forward today in incontinence management and quality of care. It pays off, directly AND indirectly. With that I bid you adieu and let's get this party started....