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Zigman J[1], Yuan V[1], Amaya S[1], Yazdany T[1]
1. *Harbor UCLA Medical Center*

EDUCATIONAL AND ELECTRONIC REFERRAL INTERVENTIONS IN IMPROVING INCONTINENCE SCREENING AMONG PRIMARY CARE PROVIDERS

Hypothesis / aims of study

Urinary incontinence (UI) is a widespread condition that greatly impacts the quality of life of women throughout their life course. Unfortunately, women often do not seek care and previous studies have shown that most providers do not routinely screen for UI. The aim is to study the impact of an educational intervention (lectures) on resident practice patterns in a primary care setting to improve screening, treatment and referrals for UI.

Study design, materials and methods

This is a prospective cohort study design in the "Plan-Do-Study-Act" quality improvement format. A lecture series to 58 out of a total of 65 internal medicine residents was given by a urogynecology fellow that included guidance on UI screening, treatments that can be started in a primary care setting, and when and how to refer to a specialist. A validated urinary incontinence screen was given to residents in an electronic health record "dot phrase" to be added to their new female patient history and physical documentation. Inclusion criteria included, new, female patients to the internal medicine clinic over the age of 40. Metrics collected were patients' race, preferred language, age, number of comorbidities documented in electronic health records, number of female patients screened, treated, referred to specialist for UI. A chart review of 200 charts prior to the intervention and 92 charts after the intervention were reviewed. Statistical analysis was carried out with SPSS version 23. This study was

Results

In the pre-intervention group, 13% of patients were screened for UI and of those screened, 46% were positive, which is consistent with previously documented incontinence rates. Twelve percent of those patients who screened positive were offered treatment, including pelvic floor exercises and anticholinergics. No specialist referrals were made.

In the post-intervention group 15% of patients were screened, 35.7% were positive for UI and of that group, 40% were offered treatment. There was no statistical difference between pre- and post-intervention groups for screening, positive screen, or treatments offered.

Table 1: Demographics

	Pre-Intervention	Post-Intervention
Number of charts reviewed	200	92
Age average in years	55	53
Ethnicity		
Hispanic (%)	84 (42)	48 (52.2)
Non-Hispanic (%)	116 (58)	44 (47.8)
Language		
Spanish (%)	67 (33.5)	52 (56.5)
English (%)	110 (55)	34 (37)
Other (%)	23 (11.5)	6 (6.5)
Number of medical morbidities average	2.2	2.8

Table 2: Screening, diagnosis and treatment for urinary incontinence, pre- and post-intervention

	Pre-Intervention	Post-Intervention
Screened for UI (%)	26/200 (13)	14/92 (15)
Positive screen (%)	12/26 (46)	5/14 (35.7)
Treatment offered for positive screen (%)	5/12 (42)	2/5 (40)

Interpretation of results

Providing a lecture series, a very common format for educating a Urogynecology referral base, was not effective. Screening rates for UI did not improve with the intervention, and therefore there was no improvement in diagnosis or treatment.

Concluding message

The next step of this study will be to add a validated questionnaire to the nursing intake in primary care clinics that is automatically added in the electronic health record, a more automatic screen for this very common medical condition. We also are surveying the internal medicine residents to pinpoint issues that may hinder UI screening in clinic so that we can create a more effective intervention.

Disclosures

Funding: CIR Committee of Interns and Residents Quality Improvement Fund **Clinical Trial:** No **Subjects:** NONE