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doi:10.4017/gt.2010.09.02.171.00 **Purpose** Best practice in the management of continence in residential aged care incorporates a process of assessment of a person's condition, developing a schedule to manage their continence using a combination of prompted toileting, to maintain their continence function and dignity, and continence aids to allow social continence. The effectiveness of this schedule is evaluated regularly and assessment is repeated if necessary. The problem with this process is that there has been no accepted, reliable or accurate means to assess a resident's continence. This poster will discuss the implementation of an electronic monitoring system, the SIMsystem™, which solves this problem. In so doing, the poster will discuss the user requirements, how these evolved through various iterations of the system to meet those requirements with a combination of basic wetness sensors integrated with a custom wireless network, a sophisticated software algorithm to interpret the sensor data wetness sensors and a simple graphical user interface. The poster will also present the results of trials, at 5 facilities over the last 4 years, during which the technology has been refined. **Method** Trials consisted of a number of observational studies and one randomized control trial which compared manual assessment to SIMsystem™ assessments. Quantitative analysis considered staff time, frequency of disturbing the residents, and level of incontinence. Care staff also participated in qualitative research to evaluate acceptance of the new technology. The impacts of implementation were also analyzed by comparing new care plans against the previous and by observing staff time before during and after use of the technology. **Results & Discussion** Outcomes from the implementation demonstrated substantial improvements in the quality of care and quality of life for residents. In particular, residents subjected to SIMsystem™ assessments required, after implementation of the relevant care plans, on average 54 minutes less care per day compared with the baseline and 7 minutes per day when compared with the highest level of manual assessment. Cost benefits made possible improvements of more than 30% in the utilization of continence aids. There were also learnings in relation to how user requirements for such an electronic monitoring system could be met within the limits of the technology available and the impact of improvements in the usability of the design of the system.

Keywords: incontinence, remote monitoring, residential aged care

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