



OANHSS

LTCHA Implementation
MEMBER SUPPORT PROJECT

Appendix E: Continence Care and Bowel Management Program Training Presentation

Audience: For Registered Staff

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Ontario Association of Non-Profit Homes & Services for Seniors

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Objectives

- Address individual needs and preferences with respect to continence of the bladder and bowel and bowel management.
- Initiate best practice, appropriate strategies and interventions.
- Promote learning about best practice continence care.
- Monitor and evaluate resident outcomes and products.

LTCHA & Regulations

The continence care and bowel management program must, at a minimum, provide for the following:

1. Treatments and interventions to promote continence.
2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.
3. Toileting programs, including protocols for bowel management.

LTCHA & Regulations...cont'd

3. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.
4. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

LTCHA & Regulations...cont'd

Every licensee of a long-term care home shall ensure that:

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
- (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

LTCHA & Regulations...cont'd

- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
- (e) Continence care products are not used as an alternative to providing assistance to a person to toilet;
- (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

LTCHA & Regulations...cont'd

- (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
- (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence.

What is Incontinence?

Constipation:

The difficulty in passing stools or incomplete or infrequent passage of hard stools.

Continenence:

The ability to control bladder or bowel function. In RAI-MDS, continent is defined as complete control. This includes the use of indwelling catheter or ostomy device that does not leak urine or stool.

What is Incontinence...cont'd

Incontinence:

The inability to control urination or defecation. In RAI-MDS, incontinent is defined as inadequate control of bowel or almost all of the time and for bladder, multiple daily episodes of incontinent.

Toileting:

The process of encouraging the resident to use some type of containment device in which to void or defecate. The containment device may be the toilet, commode, urinal, bedpan or some other type of receptacle but does not include briefs. Toileting is for the purpose of voiding and not for just changing briefs.

What is Incontinence...cont'd

Level of Continence	Bladder	Bowel
Continent	Complete control (including prompted voiding)	Complete control
Usually Continent	Episodes occur once a week or less	Episode occur less than once a week
Occasionally Incontinent	Episode occur 2 or more times a week but not daily	Episodes occur once a week
Frequently Incontinent	Episodes occur daily, but some control	Episodes occur 2 or 3 times a week
Incontinent	Episodes occur multiple times daily	Episodes occur all or almost all of the time.

RAI MDS 2.0 Canadian Version pg. 4-101

Prevalence

- 5 to 10 % in the Community
- 10 to 20 % in Acute Care
- 50 to 70 % of Complex Continuing Care-Long Term Care
 - 1 in 4 women
 - 1 in 10 men

Requirements of Contenance

- Aware of urge to void
- Able to get to the bathroom
- Able to suppress the urge until you reach the bathroom
- Able to void when you get there

Types of Urinary Incontinence

Stress Incontinence:

Loss of urine with a sudden increase in intra-abdominal

- pressure (e.g. coughing, sneezing, exercise)
- most common in women
- sometimes occurs in men following prostate surgery

Urge Incontinence:

Overactive bladder

- loss of urine with a strong unstoppable urge to urinate usually associated with frequent urination during the day and night
- common in women and men sometimes referred to as an overactive bladder

Types of Urinary Incontinence

...cont'd

Overflow Incontinence:

Bladder is full at all times and leaks at any time, day or night

- usually associated with symptoms of slow stream and difficulty urinating
- more common in men as a result of enlarged prostate gland

Functional Incontinence:

Patient either has decreased mental ability (e.g. Alzheimer's disease), or decreased physical ability (e.g. arthritis) and is unable to make it to the bathroom on time.

Causes of UI

Transient Causes

- D** Delirium
- I** Intake of fluid
- S** Stool impaction
- A** Atrophic changes/urethritis
- P** Psychological problems
- P** Pharmaceuticals that can contribute to incontinence
- E** Excess urine output
- A** Abnormal lab values
- R** Restricted mobility

Causes of UI...cont'd

Age Related Causes

Increased

- Detrusor Over activity
- Nocturnal urine output
- Bacteruria (20%)

Decreased

- Bladder Contractility
- Bladder Sensation
- Sphincter Strength (F)

Unchanged

- Bladder Capacity
- Bladder Compliance

Contributing Factors to Incontinence

- Urinary Tract Infections
- Fluid Intake
- Caffeine / Alcohol Intake
- Constipation
- Medications
- Weight Mobility
- Environmental Factors
- Cognitive Impairment
- Childbirth
- Pelvic muscle tone
- Atrophic Changes

Assessment

Continence Screening Tool

- On admission
- Quarterly
- When there is a change in health status

Assessment includes information relating to: recurrent urinary tract infections, patterns (e.g. daytime/night time urinary incontinence, constipation), type of incontinence (e.g. urinary-stress, urge, overflow or functional), medications (e.g. diuretics) and potential to restore function (e.g. prompted voiding, bedside commode, incontinent product).

Assessment...cont'd

Monitoring Records

- 7 day voiding record
- 7 day bowel record

Assessment...cont'd

MDS assessment:

- Section B 1-6 (cognitive patterns)
- Section G1 (transfer; toilet use) G6 (modes of transfer)
- Section H 1-4 (continence in the last 14 days)
- Section I (UTI)
- Section J (insufficient flds.)
- Section O4 (diuretic)
- Section P (abnormal lab values)

Planning

Care plan

Initiated within 24 hours, completed within 21 days and updated quarterly and as needed when there is a change in status

- Quantifiable, measurable objectives with reassessment timeframes
- Resident choices and preferences
- Outcomes of resident assessment (e.g. resident continent/incontinent, resident requires assistance to toilet)
- Interventions with clear instructions to guide the provision of care, services and treatment (e.g. the times the resident is to be toileted, what equipment to use (bedpan, commode, etc.), what incontinent product to use. etc).
- Number of staff required to safely toilet resident

Implementation

- Interventions as outlined in care plan
- For example: Kegal exercises, fluid intake changes, caffeine reduction, intermittent catheterization, incontinent product, medication review, stool softeners, bowel routines, diet changes (bran, leafy vegetables, etc.)

Evaluation

- Individual resident - quarterly and when there is a change in health status
- Program - annually in conjunction with multi-disciplinary team
- Products - annually

Medications That Cause Constipation

- Narcotics
- Aluminum Hydroxide Antacids
- Anti-emetics
- Anti-depressants
- Anticholinergics
- Antihistamines
- Anti-Parkinson Agents
- Anti-psychotics
- NSAIDS
- Iron supplements
- Diuretics

Drugs that Cause Urinary Incontinence

- Diuretics
- Alpha-adrenergic agents (high BP drugs), decongestants
- Calcium channel blockers (heart & BP Medications)
- Sedatives, hypnotics
- Anticholinergic agents: antihistamines, antidepressants, Parkinson drugs, antispasmodics

Prevention of Constipation

As evidenced by:

- Assessment of bowel history, bowel habits and risk of constipation
- Initiation of an individualized bowel management protocol to reduce risk of constipation as determined by interdisciplinary team (i.e. Natural stimulants, diet, fluid intake, exercise)
- Routine bowel protocol when normal bowel elimination does not occur (i.e. use of medications, high fibre diet additions)
- Documentation on care plan