

Promoting Continence for Nursing Home Residents

January 9, 2014
The National Nursing Home Social Work Network
Webinar Series



Acknowledgement

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2

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- ◆ PhD in Nursing, University of Iowa MA in Nursing, University of Iowa BSN, University of Iowa
- ◆ Diploma in Nursing, Evangelical School of Nursing

3

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Sarah Varney, BSW



- ◆ Sarah Varney earned her BSW from Winona State University in 2009 and has been working as the social services director in a 44 bed long-term care facility since June 2011. She also serves on the board of directors for the Long-Term Care Social Workers of Iowa and has been formally recognized by "Honoring Your Wishes" for her role in implementing IPOST/POLST forms in her facility.

4

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Objectives

- ◆ 1. Discuss possible causes/contributors to UI in NH residents
- ◆ 2. Identify what doesn't work with NH residents related to UI
- ◆ 3. Review successful interventions for regaining continence
- ◆ 4. Discuss a case study related to UI

5

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AGING Does Not Cause....



INCONTINENCE

6

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DEMENTIA Does Not
Cause....

INCONTINENCE

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So What Happens with Aging?

Bladder Function

- ◆ Decrease of bladder *contractility*,
- ◆ Decrease in bladder *capacity*
- ◆ Decrease in the ability to delay voiding

These do NOT cause incontinence but predispose elders to it.

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So What Happens with
Dementia?

- ◆ Impaired mobility
- ◆ Impaired cognition affecting
 - ◆ Way-finding
 - ◆ Planning
 - ◆ Interpreting urge

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Contributors to UI
Lifestyle Factors

These can be corrected or modified

<ul style="list-style-type: none"> ◆ Dehydration ◆ Constipation ◆ Impaction ◆ Obesity 	<ul style="list-style-type: none"> ◆ Smoking ◆ Caffeine intake ◆ Environment
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Contributors to UI
Disease or Impairments

<ul style="list-style-type: none"> ◆ Diabetes ◆ Surgeries ◆ Functional Problems <ul style="list-style-type: none"> ◆ Managing clothing & hygiene 	<ul style="list-style-type: none"> ◆ Mobility ◆ Cognitive Impairment ◆ Pain ◆ Infection
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Philosophy of Treatment

Acceptance of incontinence as an inevitable consequence of aging or dementia is a manifestation of discrimination and ageism, and is inconsistent with person-centered care.

The problem is with attitudes, knowledge and actions of health care providers, older persons and their families and caregivers.

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Goal of UI Treatment

- ◆ The goal of treatment is to restore and promote continence and to improve the quality of life.

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Consequences

- Physical Skin infection and breakdown, UTI & sepsis, Falls and Fractures
- Psychological Guilt, anger, altered self-image, depression, sexual difficulties
- Social Isolation, withdrawal from family & friends, avoidance of social activities, dependence on others, primary reason for placement in nursing home, decreased quality of life

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Assessment Purpose: Establish Type, Pattern and Consequences of UI

- ◆ History
- ◆ Physical Exam
- ◆ PVR
- ◆ Functional Assessment
- ◆ Mental Status Evaluation
- ◆ Social
- ◆ Psychological
- ◆ Environment
- ◆ Bladder Diary

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Bladder Diary

Individual's record of daily bladder activity

Usefulness:

- ◆ Assessing baseline function
- ◆ Recognizing patterns in person's bladder behaviors
- ◆ Determining the interventions and the effectiveness of interventions

Promotes continence by helping the caretakers develop individualized scheduled toileting programs which mimic the person's normal voiding patterns.

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Your Daily Bladder Diary
 This diary will help you and your health care team. Bladder diaries help show the causes of bladder control trouble. The "sample" line (below) will show you how to use the diary. Your name: _____ Date: _____

Time	Drinks	Urine	Accidental leaks	Did you feel a strong urge to go?	What were you doing at the time?
7°C	What kind? How much?	How many times? (circle one)	How much? (circle one)	Circle one:	Swimming, exercising, having sex, driving, etc.
Sample	Coffee 2 cups	med @ 12	1/2 cup	Yes	Running
6-7 a.m.				Yes No	
7-8 a.m.				Yes No	
8-9 a.m.				Yes No	
9-10 a.m.				Yes No	
10-11 a.m.				Yes No	
11-12 noon				Yes No	
12-1 p.m.				Yes No	
1-2 p.m.				Yes No	
2-3 p.m.				Yes No	
3-4 p.m.				Yes No	
4-5 p.m.				Yes No	
5-6 p.m.				Yes No	
6-7 p.m.				Yes No	

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What doesn't work

- ◆ Assuming nothing can be done
- ◆ Doing the same thing for all Residents
- ◆ Not including Resident and family in the plan
- ◆ Doing an inadequate assessment prior to starting intervention
- ◆ Failing to consider the psycho social consequences of UI

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What does work?

- ◆ Early intervention
- ◆ Education of residents, staff, families about UI
- ◆ Measuring effectiveness of treatment
- ◆ Increased sensitivity to the impact of UI on persons
- ◆ Addressing environmental barriers
- ◆ Encouragement for staff and Residents

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Effective Interventions

- ◆ Habit Training
- ◆ Prompted Voiding
- ◆ Environmental Changes
- ◆ Promotion of Healthy Bladder Habits

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Habit Training

Habit training is scheduled toileting on a planned basis

Match the voiding intervals to the person's natural voiding schedule

You can do this with persons who are cognitively impaired as well as those who are not.

Evidence: Effectiveness demonstrated in controlled trials

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Prompted Voiding

Requires the caregiver to ask the person on an individualized schedule the need to void, offers assistance, and then offers praise for successful voiding, Three Primary Behaviors are used each time prompted voiding is initiated:

Monitoring-Check pad/incontinence aid, and ask the need to void

Prompting- Every 2-3 hours to void (Individualized)


Praising- Person praised for maintaining continence/using toilet

Evidence: Improves continence in 35-50% of the cognitively impaired and 60-75% of cognitively intact.

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Toilet Access

Distance, ground floor, stairs, height of toilet seat, door to toilet or bathroom (heavy or awkward), large graphic signs for toilet, Bright bathroom lighting (automatic lights)



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Healthy Bladder Habits



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Healthy Bladder Habits

<p>Lifestyle</p> <ul style="list-style-type: none"> ◆ Fluid Intake ◆ Bowel Function ◆ Weight ◆ Smoking ◆ Mobility and Function ◆ Roles of Environment 	<p>Behavioral Treatments</p> <ul style="list-style-type: none"> ◆ Bladder Diary ◆ Prompted Voiding ◆ Habit Training
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Case Study

Case Study

- ◆ Mr. X has dementia and is incontinent of both bowel and bladder.
- ◆ Sometimes he realizes he needs to urinate but does not remember to use the toilet
- ◆ He has a habit of urinating in inappropriate places– potted plants, trash cans, and common/public areas.

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Case Study - Perspectives

- ◆ Other residents bothered by the behavior
- ◆ Family lives far away, report he would be appalled by this behavior
- ◆ Staff - consider his behavior unmanageable

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Case Study

- ◆ Preferred outcome:
- ◆ Mr. X no longer urinates in socially unacceptable locations
- ◆ The number of episodes of incontinence is reduced for Mr. X

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Case Study

- ◆ Intervention:
- ◆ Care conference with nurse and social worker
- ◆ Hourly schedule for staff to take Mr. X to the toilet established (who all is involved? All shifts?)
- ◆ Consider dressing Mr. X in overalls (concerned that this may be perceived as a type of restraint -- check with Power of Attorney)

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Case Study

Resident's care plan was updated to include that he would be put on an hourly toileting schedule and that staff would dress the resident in overalls, which resident's family was in agreement with. Resident's incidences of incontinence decreased due to being able to use the restroom more often and his continence increased. Also, when the resident did have the urge to urinate in inappropriate places, he was unable to pull his pants down. Staff also realized that the resident would become more restless when he needed to go to the bathroom, so staff was able to help him to the restroom when they noticed his increased restlessness. Resident's incidences of urinating in inappropriate areas also decreased significantly since he was being toileted more often.

Case Study

- As a facility, we learned that more frequent intervals in toileting schedules helped minimize episodes of incontinence in our residents and actually promoted more continence. For the residents in our facility who have frequent episodes of incontinence, we started toileting them more often and have received similar positive results as this case study.

Resource - journal article

- Sanders, S., Bern-Klug, M., Specht, J., Mobily, P.R., Bossen, A. (2012). Expanding the role of long-term care social workers: Assessment and intervention related to urinary incontinence. *Journal of Gerontological Social Work*, 55:262-281.

Resources

Wound Ostomy Continence Nurses Society
National Office
15000 Commerce Parkway, Suite C, Mt. Laurel,
NJ 08054
888-224-WOCN (9626)
<http://www.wocn.org>

An international society providing a source of networking and research for nurse's specializing in enterostomal and continence care

Resources

National Association for Continence (NAFC) P.O. Box 1010 Charleston, S.C. 29402-1019 (800) BLADDER
<http://www.nafc.org/>

A not-for-profit profit organization dedicated to improving the lives of individuals with incontinence

More Resources...

Resources to improve caregiver skill and knowledge

The Hartford Institute for Geriatric Nursing <http://www.hartfordign.org/>
<http://www.ConsultGeriRN.org/>

These web sites will bring the reader to the "Try This" series that includes a 2-page UI information sheet to share with nursing students and nursing staff at affiliated clinical sites.

Society of Urologic Nurse and Associated (SUNA), National Headquarters, East Holly Ave Box 56 Pitman, NY 08071-0056 (888) TAP-SUNA
<http://www.suna.org/>

An international organization dedicated to nursing care of individuals with urologic disorders.

Questions?

Please type your comments or questions in the
Q/A box—lower right side of screen.

Thanks!

