Promoting Continence for Nursing Home Residents

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The National Nursing Home Social Work Network
Webinar Series

Acknowledgement

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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

AGING Does Not Cause....

INCONTINENCE
DEMENTIA Does Not Cause….

INCONTINENCE

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.

So What Happens with Dementia?

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

Contributors to UI

Lifestyle Factors

- Dehydration
- Constipation
- Impaction
- Obesity

These can be corrected or modified

- Smoking
- Caffeine intake
- Environment

Contributors to UI

Disease or Impairments

- Diabetes
- Surgeries
- Functional Problems
- Managing clothing & hygiene

- Mobility
- Cognitive Impairment
- Pain
- Infection

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.
Goal of UI Treatment

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

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

Assessment Purpose: Establish Type, Pattern and Consequences of UI

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

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.

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
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

Effective Interventions

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

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

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.

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)

Healthy Bladder Habits
Healthy Bladder Habits

Lifestyle

- Fluid Intake
- Bowel Function
- Weight
- Smoking
- Mobility and Function
- Roles of Environment

Behavioral Treatments

- Bladder Diary
- Prompted Voiding
- Habit Training

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.

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

Case Study

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

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)
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.

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


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 to improve caregiver skill and knowledge

The Hartford Institute for Geriatric Nursing http://www.hartford.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.

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

Thanks!