Choice and Preference Toileting Assistance (CAPTA)

- offered by the Scripps Gerontology Center
- in consultation with the Vanderbilt Center for Quality Aging
- funded by the Retirement Research Foundation.

Before we start....

- Please mute your phones: *6
- To unmute: #6

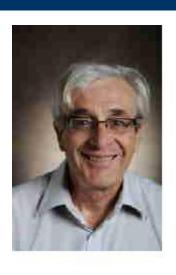
Today's Agenda

- An overview of MDS 3.0 items
- The prompted voiding protocol
- Questions and answers
- Assignments and next teleconference

The Online Discussion Group

- Before you hit send:
 - To: <u>capta@yahoogroups.com</u> = delivery to all
 100+ members of the group
 - To: <u>rahmananna@yahoo.com</u> = delivery to Prinicpal Investigator Annie Rahman
 - To: any other email address = delivery to that person

Dr. John F. Schnelle, Ph.D.



Director, Center for Quality Aging, Vanderbilt University

MDS 3.0—Bladder and Bowel

The look-back period is 7 days for these items.

H1. Urinary Appliances

- Check all that applied in last 5 days:
 - a. Indwelling catheter (including suprapubic catheter and nephrostomy tube)
 - b. External catheter
 - c. Ostomy (urostorym, ileostomy, and colostomy)
 - d. Intermittent catheterization
 - e. None of the above

H2. Urinary Toileting Program

- a. Has a trial of a toileting program (e.g. scheduled toileting, prompted voiding, or bladder training) been attempted on admission/reentry or since urinary incontinence was noted in this facility?
 - 0. No --Skip to H3, Urinary Continence
 - 1. Yes -- Continue to H2b
 - 9. Unable to determine--Skip to H2c
- **b. Response**—What was the resident's response to the trial program?
 - 0. No improvement
 - 1. Decreased wetness
 - 2. Completely dry (continent)
 - 9. Unable to determine or trial in progress

- C. Current toileting program or trial—is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident's urinary incontinence?
 - 0. No
 - 1. Yes

- Urinary continence Select the one category that best describes the resident.
 - Always continent
 - Occasionally incontinent (less than 7 episodes of incontinence
 - Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
 - Always incontinent (no episodes of continent voiding
 - Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days

- Bowel continence Select the one category that best describes the resident.
 - Always continent
 - Occasionally incontinent (one episode of bowel incontinence
 - Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
 - Always incontinent (no episodes of continent bowel movements)
 - Not rated, resident had a catheter (indwelling, condom), or did not have a bowel movement for the entire 7 days

H5. Bowel Toileting Program

- Is a toileting program currently being used to manage the resident's bowel continence?
 - 0. **No**
 - 1. **Yes**

H6. Bowel Patterns

- Constipation present?
 - 0. **No**
 - 1. Yes

Why Target Residents for Toileting Program?

1. Efficiency (30-60% not responsive)

2. Not everyone wants toileting

What are marginal predictors of responsiveness?

A. Mental Status

B. Bladder Measures

C. ADL Dependency

What are Best Predictors?

Appropriate toileting ratio:
 Three-day prompted voiding trial for 8 hours per day.

2. Resident preference

Use this to record results of wet checks and prompted voiding attempts with **one** resident for **one** day of the assessment trial. You will complete **three cards over three days** for each resident.

Prompted Voiding Pocket Card Instructions

- 1. Contact resident every two hours.
- 2. Focus resident's attention on voiding by asking whether he or she is wet or dry.
- 3. Check resident for wetness and give feedback on whether the resident's self-report was correct or incorrect (i.e., "Yes, Mrs. Jones, you are dry.")
- 4. Whether wet or dry, ask the resident if he or she would like to use the toilet (or urinal).
 - If Yes:

Assist him/her with toileting

Record the results on the toileting record on the flip side.

Give positive reinforcement by spending an extra minute or two conversing with him or her.

• If No:

If the resident has not attempted to void in the last **four hours**, repeat the request to use the toilet once or twice before leaving, and assist with toileting if needed.

If the resident is wet and declines to use the toilet, change him or her.

Inform the resident you will be back in **two hours** and request that the resident try to delay voiding until then.

Record results at each 2-hour check:

- 1. Resident's condition at check (circle one)
 - 1. Dry
 - 2. Wet
 - 3. Bowel
 - Wet & Bowel

2. Toileting outcome (circle one)

- 1. Refused
- 2. Dry run
- 3. Urine
- 4. Bowel
- 5. Urine & Bowel

3. Resident's reaction to checks and prompts (circle one)

- 1. Self-initiates
- 2. Cooperates-neutral
- 3. Cooperates-reluctant
- 4. Uncooperative

4. Level of assistance needed to toileting

- 1. Independent
- 2. Stand-by-assist
- 3. Needs 1 assist
- 4. Needs 2 assists

Appropriate Toileting Ratio

of voids in toilet

of voids in toilet + # incontinence checks

Toileting Trial Results

(x 100) =	C	_% Appropriate toileting rate
A		
Convert the answer to a percentage (%) by	multiplying by 100):
A (successful toilets) divided by (A [success	sful toilets] + B [tim	nes found wet or soiled]).
Appropriate toileting rate =		
(#1 on the pocket card; wet, bowel, or wet &	k bowel)	
found wet or soiled		B
Total number of times that the resident was		
(#2 on the pocket card: urine, bowel, or urin	e & bowel)	
toilet successfully		A
Total number of times the resident used the		
Over the 3-day prompted voiding trial (3	pocket cards):	
Resident's Name:		
Use this form to assess a resident's respons	siveness to toiletir	ng assistance.

A.____+ B.____

Total Continence

4 voids in toilet

4 voids in toilet + 0 voids on cloths

4/4 = 100%

Suggested Ratio to Maintain on Toileting

66% or higher

Ex: 4 voids in toilet

4 voids in toilet + 2 voids on cloths

Things to Watch For:

 Always document preference and discussion with resident particularly when placed on check and change.

Things to Watch for, cont. 2

- Highly motivated resident who wants to be toileted but continued high wet:
 - 1. Stress pattern
 - 2. Urge pattern

Refer for follow-up.

Things to Watch for, cont. 3

 High frequency of wet but very small incontinent voids and normal continent voids.

Continue on program but offer referral.

Questions & Answers

Questions are welcomed and encouraged.

To unmute your phone: #6.

Which of the following has been shown to significantly improve continence?

a.____ Scheduled toileting

b.____ Prompted voiding

c.____ Habit training

d.____ Use of diapers

Which of the following has been shown to significantly improve continence?

a.____ Scheduled toileting

b._XXX___ Prompted voiding (82 of 133 answered correctly)

c.____ Habit training

d.____ Use of diapers

Prompted voiding works by:

- a.____ Encouraging residents to ask for toileting assistance.
- b.____ Offering toileting assistance every two hours during the daytime.
- c.____ Heightening residents' awareness of their continence status.
- d.____ All of the above.

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- b.____ Offering toileting assistance every two hours during the daytime.
- c.____ Heightening residents' awareness of their continence status.
- d._XXXX___ All of the above. (119 of 133 answered correctly)

A resident's responsiveness to prompted voiding can best be determined based on a:

- a.____ Functional performance test
- b. Cognitive performance test
- c.____ Brief trial of prompted voiding
- d.____ Any one of the above tests or trials

A resident's responsiveness to prompted voiding can best be determined based on a:

- a.____ Functional performance test
- b.____ Cognitive performance test
- c._XXXX___ Brief trial of prompted voiding (70 of 133 answered correctly)
- d.____ Any one of the above tests or trials (the most common incorrect answer)

Homework

- Provide prompted voiding to incontinent residents and record results on the pocket cards.
 Recommended goal: 10 residents (perhaps the same residents that you interviewed previously)
- Reading assignments: <u>Step 2</u>, Assess resident responsiveness to prompted voiding (from the training manual available on our Web site: http://www.cas.muohio.edu/bridgeproject/capta.htm)

Follow-up and Next Teleconference

Between-Session Phone Call

 To answer your questions, check on progress, offer assistance, obtain feedback

Next Teleconference

Wednesday, Mar. 10, 2:00-2:40 p.m. (Eastern time)

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