

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.

*Please mute your phones: *6*

Today's Agenda

- Follow-up items
- Resident assessment for incontinence
- Staffing for prompted voiding
- Questions and answers
- Assignments and next teleconference

Please provide the following information for each assessed resident:

What was the resident's appropriate toileting rate:

- 66% or higher
- 50% - 65%
- 35% - 49%
- 34% or lower
- Don't know or unable to calculate

After the toileting trial, did you or a staff member ask this resident, "Do you like the amount of changing and toileting assistance you have received in the last three (or two) days?"

- Yes
- No
- Don't know

If yes, how did the resident respond:

- Resident liked the toileting assistance
- Resident wanted less toileting assistance
- Resident wanted more toileting assistance
- Resident expressed no opinion regarding toileting assistance
- Don't know

Is this resident continuing to receive prompted voiding toileting assistance (check the single, most appropriate response)?

- Yes, resident receives two-hour prompted voiding assistance
- Resident receives two-hour toileting assistance but no prompting
- Resident is managed on a check and change program
- Resident is being further evaluated; no care plan has yet been established for this resident
- Don't know

Ask Jack: Coaching Call Questions



Dr. John Schnelle

- How do we manage residents with catheters? Are they considered incontinent?
- Some residents are offended to be asked if they are wet. Should we forego this question or substitute another question?

Assessments for Incontinence

1. What assessments are required by survey guidelines?
2. What assessments are most important?

When to Assess

1. At admission or when there is a change in the resident's status.
2. Many of most important assessments best done during a 3-day trial.

What to Assess

1. Preference *
2. Prior history
3. Medication review
4. Voiding patterns *
5. Pattern of fluid intake
6. Pelvic/rectal

Resident Preference & Choice

- Does the intervention reflect choice?
 - key language
- If resident on check-and-change, is that OK?

Voiding Patterns

- No point in describing pattern if resident is not prompted or assisted.
- Describe result of 3-day trial: frequency of continent and incontinent voids.
- Nighttime issues

Functional-Cognitive issues

- Cognitive impairment or dementia are insufficient reason for check-and-change unless the resident is comatose.

Type of Incontinence

- Stress
- Urge
- Mixed
- Overflow
- Functional
- Most incontinence is functional and mixed.

Post-Void and Culture

- Do clean-catch and dip-stick.
- Post-void if retention symptoms.

Staffing

1. Toileting takes 5-10 minutes per episode.
2. Changing takes 3-5 minutes and does not have to be as timely.

Staffing

- Staffing recommendations :
 - 1 aide to 4 PV residents at max
 - What has been your nursing home's experience vis-à-vis incontinence management?
- We welcome your comments, questions, suggestions.
 - To unmute phones: #6

Questions & Answers

- Questions are welcomed and encouraged.
- To unmute your phone: #6.

Next Meeting and Field Assignment

Next Meeting: Apr. 14, 2010, Meeting 4:

- The Survey Process and Incontinence Management

Field Assignment:

- Read Step 4, “Conduct periodic wet checks to maintain incontinence care quality.”
- Continue assessing residents and maintaining responsive residents on prompted voiding.
- Complete and submit Resident Data Form for each assessed resident.