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# Passing Survey

- Survey regulations are vague.
- Surveyors use subjective and individual judgment to interpret.
- Particularly problematic are regulations regarding choice and individualization.

# Regulatory Language Regarding Incontinence Care Plan

- Based on choice and individualized.
- Identify types of incontinence and base program on voiding/elimination patterns.

# **Narrative Guidance to Surveyors: Urinary Incontinence and Catheters**

## **Points of Emphasis**

- **Resident choice**
- **Assessment for reversible factors and type of incontinence**
- **Targeted interventions based on assessment**
- **Lack of toileting program**
- **Poor hygiene relating to perineal care**
- **UTI – indicators to treat**
- **Recurrent UTIs**
- **Use of indwelling catheters without medical necessity**
- **Poor catheter care**

**Check Listed Assessments and Care Plans**

**vs.**

**Narrative**

# Suggested Language for Assessment

- Resident was prompted every two hours and given choice to use the bathroom with the prompted voiding protocol referenced in the interpretative guidelines. The resident was changed as needed. Resident requested assistance 3 times per day and successfully used toilet each time. The resident did not show stress leakage or a strong urgency, which suggests that she has functional incontinence. She was wet only once per day with a small void. The resident and the family expressed a preference to continue with the prompted voiding program, in which the resident is asked if she wants assistance but is given choice and control over her toileting frequency every two hours. There is no indication that the care can be made more efficient since there is no strong time pattern for the voiding frequency.

# Suggested Language for Care Plan

- Resident to be offered toileting assistance every two hours during waking hours with prompted voiding protocol in which resident is asked if she wants assistance and encouraged to toilet. The program is individualized based on the resident's need and desire for assistance.

## **Suggested Language for Assessment – No Toilet**

- Resident was prompted every two hours and given choice to use the bathroom with the prompted voiding protocol referenced in the interpretative guidelines. The resident never asked for toileting assistance and appeared to be bothered by efforts to encourage her to toilet. The resident was wet three times per day with no clear time pattern. The resident also did not express motivation during interviews for further treatment for her UI and agreed with the plan to manage her incontinence with a check and change protocol in which she will be checked about every two hours and changed when wet. Resident expressed a preference to not be disturbed at night if sleeping.



# Suggested Language for Care Plan

- Resident to be checked and changed when wet during waking hours or when observed to be awake at night. She will be allowed to sleep for up to 6 hours at night without disturbance for incontinence care since this is her preference and she is not at high risk for skin breakdown. However, her skin will be checked daily by aides to assess potential problems from wetness exposure.

## Suggested Language Assessment for Urge Incontinence

- Resident was prompted every 2 hours for 3 days and given choice to use the toilet with prompted voiding protocol referenced in interpretative guidelines. Resident expressed high motivation during an interview to regain continence and said yes every time toileting assistance was offered. The resident successfully toileted 4 times per day but continued to also be wet every 2 hours. It was clear that the resident showed symptoms of urge incontinence since she was often unable to delay voiding while being assisted to the toilet and in fact said she could not make before losing her urine. She will be referred to her physician for further evaluation and for consideration of medical treatment for urge incontinence.

# Suggested Care Plan for Urge Incontinence

- Resident was ordered medication x for urge incontinence after consultation with her physician and will be offered toileting assistance every two hours since she also requires supervision to safely toilet. Her incontinence will be monitored daily to evaluate progress with improvement being documented if she is wet less than 1 time per day.

# Quiz Results & Discussion

5. A resident's responsiveness to prompted voiding can best be determined based on a:
- a. Functional performance test (4%)
  - b. Cognitive performance test (2%)
  - c. **Brief trial of prompted voiding (54%)**
  - d. Any one of the above tests or trials (40%).

# Quiz Results & Discussion

6. Residents who prove responsive to prompted voiding will use the toilet appropriately:
- a. Less than a third of the time (3%)
  - b. About half the time (22%)
  - c. More than two-thirds of the time (70%)**
  - d. Always (5%)

# Quiz Results & Discussion

7. Which of the following strategies can make it more feasible for facilities to provide prompted voiding?

- a. Forego offering prompted voiding at nighttime. (6%)
- b. Integrate prompted voiding with interventions that enhance residents' mobility. (70%)
- c. Reduce the number of daytime hours during which prompted voiding is offered. (0%)
- d. **All of the above. (24%)**

# Assignment, Next Meeting

## Assignment:

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

## Next Meeting:

- May 12, 2010, 2 p.m. (ET): Monitoring prompted voiding.

# Questions & Answers

- We welcome your questions!
- To unmute your phone: #6.