

John F. Schnelle, Ph.D.

Hamilton Chair Professor
Center for Quality Aging, Director
Vanderbilt University Medical Center
Department of Internal Medicine & Public Health

Please mute phones: *6



Agenda

- Monitoring the prompted voiding program
- Questions and answers
- Next teleconference



Major points

- Why most residents will need ongoing management
- Different methods to monitor
- Managing aides with data
- How to start maintenance



Why the need for ongoing management?

- Prompted voiding cannot stop
- Mobility and dementia
- Transient causes primarily for sub-acute
 - delirium
 - medications
 - infection



Monitoring methods

- Aide flow sheets
- Resident self-report
- Direct observation of care
- Direct observation of wetness



Weekly	Random	Wet	Checks
--------	--------	-----	--------

Week of:	
Randomly select 10 residents	on the prompted voiding program
and check them for wetness.	Record results below.

Resident	Date	Day of Week	Time	Check (dry, wet, bowel, B&B)

Wetness rate for the week:_______%
Report results to CNAs. If the wetness rate exceeds 30%, then the prompted voiding program is not working as expected. Ask CNAs for improvement strategies.



Manage aides

- Feedback after each check
- Emphasize positive but do not ignore problems
- Ask for ways to improve if wetness high



How to start

Under 10 residents

- Ask residents with MDS recall score above 2: "Have you been offered toileting assistance in the last 2 hours?"
 or.....
- Use aide flow sheets

Over 10 residents

• Use the Wet Check Form: Over 30% wet is red flag



Weekly	Random	Wet	Checks
--------	--------	-----	--------

Week of:	
Randomly select 10 residents	on the prompted voiding program
and check them for wetness.	Record results below.

Resident	Date	Day of Week	Time	Check (dry, wet, bowel, B&B)

Wetness rate for the week:_______%
Report results to CNAs. If the wetness rate exceeds 30%, then the prompted voiding program is not working as expected. Ask CNAs for improvement strategies.

Review: Pre-training quiz results

If your facility fails to monitor its prompted voiding program, then:

- a. Federal surveyors may cite your facility. (3; 2%)
- b. Nurse aides may stop implementing the prompted voiding protocol consistently. (13; 9%)
- c. Residents will lose their ability to use the toilet appropriately. (6; 4%)
- d. All of the above. (121; 84%)



Review: Pre-training quiz results

The purpose (wet checks) is to:

- a. Compare a resident's preferences for toileting assistance to the amount of toileting assistance actually provided. (17; 12%)
- b. Compare the number of times a resident toileted appropriately to the number of times the resident was asked to toilet. (64; 45%)
- c. Compare the percentage of residents found wet at any given time to the percentage who should be wet if the prompted voiding program is working as expected. (49; 34%)
- d. Compare the incidence of incontinence in a given facility to the incontinence incidence in all other nursing homes. (13; 9%)



Review: Pre-training quiz results

Sharing the results of wet checks with your nurse aides can:

- a. Elicit their suggestions for resolving any problems that may arise in the prompted voiding program. (1; 1%)
- b. Help aides see a tangible connection between the work they do and the well-being of residents. (2; 1%)
- c. Motivate the aides to consistently implement the prompted voiding protocol. (1; 1%)
- d. All of the above (140; 97%)



Next teleconference

- Wednesday, July 14, 2010, 2 p.m. (ET)
- Homework--Continue:
 - trialing new residents,
 - prompting responsive residents, and
 - monitoring weekly those residents on the program
- Submit Resident Assessment Forms
- Keep up the good work!



Questions and Answers

• To un-mute phones: #6

- From the coaching calls:
 - MDS 2.0: Any "scheduled toileting plan" vs. "bladder retraining program"
 - Quality improvement programs vs.
 research programs