

Recognition and Assessment	Educate Residents/Family and Staff	Care Planning for Prevention	Improve Work Flow	Develop Routine Practices	Design Systems to Avoid Mistakes
<p>Identify potential for improvement.</p> <ul style="list-style-type: none"> • Determine baseline measures related to bladder continence. • Determine areas for improvement/change ideas in current processes and practices related to continence. • Check whether current LTC home policies/protocols are consistent with current evidence-based practices. <p>Assess all residents.</p> <ul style="list-style-type: none"> • Examine the current process for assessment and screening of all residents using process map, and standardize. • Assess on admission, re-admission quarterly, change in status, annually using RAI-MDS (section H). • Select and conduct appropriate supplementary assessments: <ul style="list-style-type: none"> – Comprehensive continence history – Bladder assessment form – Voiding record – Bowel assessment form – Bristol stool form scale – Nutrition/hydration assessment (triggers low fluid intake, intake of caffeine & alcohol) – Screen for potential infection (UTI) – lab value – Include family member observations where necessary. – Assess resident’s motivation to be continent. – Skin assessment – Environmental barriers (location of bathroom, lighting and restraints) – Functional assessment (ability to remove clothing) – Assess cognitive ability. (MMSE) – Assess psychological barriers. (RAI-MDS) – Depression rating scale. <p>Medication review</p> <ul style="list-style-type: none"> • Consult with physician and pharmacist regarding medication-related to risk of continence. • Medication history to include identification of medication related continence risk 	<p>Educate residents and families.</p> <ul style="list-style-type: none"> • Communicate the continence plan with the resident and family (if resident wishes to disclose). • Engage the family in supporting resident activity. <p>Educate staff</p> <ul style="list-style-type: none"> • Communicate the continence plan with staff (verbal, health record, care plan, shift change, care conferences, programming staff, etc.). • Conduct educational sessions during staff orientation and at regular intervals on the prevention of incontinence, toileting, continence assessments, and prompted voiding. • Consider incorporating contributing factors of past incontinence into educational materials for residents and families. 	<p>Care Planning</p> <ul style="list-style-type: none"> • Create an individualized plan of care with the resident, their family and staff and communicate (see below). • Collaborate with the multidisciplinary team: OT for assistive devices (commode, adaptive clothing, signage), PT for mobility enhancement, SLP for communication strategies, and continence expert, if available. <p>Document</p> <ul style="list-style-type: none"> • Document continence assessment results in the resident health record and care plan. • Document and communicate changes in continence status at transfer of care (shift change and prior to outings with family). • Develop a handover form or report which includes an individualized toileting plan. <p>Develop a Communication Plan to support care planning and prevention strategies.</p> <ul style="list-style-type: none"> • Communicate continence-promotion strategies. • Communicate status with the resident, their family and staff using a variety of methods such as verbal, health record, care plan, shift change, risk rounds, care conferences, programming staff, etc. <p>Sample continence-promoting interventions.</p> <ul style="list-style-type: none"> • Interventions that require continence specialist assessment/consultation (Premarin cream, cranberry capsules, get-up-and-go cookies, sip’n go, pelvic muscle exercises) • Toilet routine/prompted voiding plan if appropriate for the individual resident • Manage appropriate continence products (size, preference, fit, comfort, dignity). • Ensure adequate food, fluid intake and intake of fibre. (Adequate fluid intake precedes introduction of fibre sources.) • Ensure constipation/fecal impaction is addressed. • Eliminate caffeine and alcohol where possible. • Ensure appropriate positioning on toilet and sitting balance. • Maximize activity and mobility. • Ditropan, meds prn • Kegel exercises • Collaborate with pharmacist and geriatrician to assess pharmaceutical use that may contribute to incontinence. • Manage skin integrity. • Manage appropriate skin care products (barriers) if required. 	<p>Ensure adequate access to supplies and equipment.</p> <ul style="list-style-type: none"> • Identify resources for promoting continence and related regulatory requirements. • Identify regular supplies and equipment for promoting continence. • Review current procedures on transfer devices to promote toileting. 	<p>Develop routine practices/checklists to ensure prevention strategies are consistently implemented.</p> <p>Develop policies and procedures that support implementation of best practices and prevention strategies and review regularly; check whether current policies/protocols are consistent with evidence-based approaches and Provincial policy.</p> <p>Regular review of causes and risks.</p> <ul style="list-style-type: none"> • Test continence huddles with the interdisciplinary team to discuss high-risk residents and to identify any required changes to the care plan. • Conduct annual reviews of continence-promoting policy (including roles and responsibilities of each healthcare provider). • Develop and implement environmental rounds (supervised toileting or toileting assistance); ensure toileting plans are being carried out and each resident is in an appropriately sized product. • Establish a process for any resident who has a change in urinary continence from complete control to any level of incontinence to be examined for contributing factors and to prevent reoccurrence. 	<p>Clear identification of risk</p> <p>Develop reminder systems.</p> <p>Conduct checking and monitoring to ensure measures are implemented effectively.</p> <ul style="list-style-type: none"> • Evaluate care processes through audit process. • Establish a forum to review feedback, learning about changes and improvements to incontinence in your LTC home (staff meetings, councils, huddles, newsletters, email notices, etc.). • Control stimulation especially for the cognitively impaired (e.g. reduce group sized, control noise levels, etc.). • Create an environment that supports interventions for continence promotion. <p>Establish workplace culture and environment where staff, families and residents work to support continence prevention.</p>



Contenance: Overcoming Barriers Worksheet

Use this table to identify and track your **Change Ideas**. For each **Change Idea**, list all of the **barriers** you can think of, then list all of the **enablers** – or strategies that you could put into place to help overcome the barriers and ensure that your efforts will be effective and successful. Common examples from LTC homes have been included to help get you started.

Change Ideas	Barriers – what will get in the way of implementing your idea? (use fishbone and 5 whys to identify)	Enablers – what strategies, ideas, tools and tips can you implement that will ensure successful implementation of your change idea