### Recognition and Assessment

<table>
<thead>
<tr>
<th>Education Residents/Family and Staff</th>
<th>Care Planning for Prevention</th>
<th>Improve Work Flow</th>
<th>Develop Routine Practices</th>
<th>Design Systems to Avoid Mistakes</th>
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<tbody>
<tr>
<td>Educate residents and families.</td>
<td>• Create an individualized plan of care with the resident, their family and staff and communicate (see below).</td>
<td>• Ensure adequate access to supplies and equipment.</td>
<td>• Develop routine practices/checklists to ensure prevention strategies are consistently implemented.</td>
<td>Clear identification of risk.</td>
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<td>• Communicate the continence plan with the resident and family (if resident wishes to disclose).</td>
<td>• Identify resources for promoting continence and related regulatory requirements.</td>
<td>• Develop policies and procedures that support implementation of best practices and prevention strategies and review regularly.</td>
<td>• Develop workplace culture and environment where staff, families and residents work to support continence prevention.</td>
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<tr>
<td>• Engage the family in supporting resident activity.</td>
<td>• Identify regular supplies and equipment for promoting continence.</td>
<td>• 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.).</td>
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<td>Educate staff.</td>
<td>• Review current procedures on transfer devices to promote toileting.</td>
<td>Control stimulation especially for the cognitively impaired (e.g. reduce group size, control noise levels, etc.).</td>
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<td>• Communicate the continence plan with staff verbal, health record, care plan, shift change, care conferences, programming staff, etc.).</td>
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<td>• Create an environment that supports interventions for continence promotion.</td>
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<td>• Conduct educational sessions during staff orientation and at regular intervals on the prevention of incontinence, toileting assessments, and prompted voiding.</td>
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<td>Establish workplace culture and environment where staff, families and residents work to support continence prevention.</td>
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<td>• Consider incorporating contributing factors of past incontinence into educational materials for residents and families.</td>
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### Sample continence-promoting interventions.

- **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/local 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.**

- **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 caregivers).**
- **Develop a handover form or report which includes an individualized toileting plan.**
- **Develop a Communication Plan to support care planning and prevention strategies.**
- **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.**

- **Clear identification of risk.**
- **Develop reminder systems.**
- **Conduct checking and monitoring to ensure measures are implemented effectively.**
- **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 size, control noise levels, etc.).**
- **Create an environment that supports interventions for continence promotion.**

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<tr>
<th>ResidentsFirst</th>
<th>Advancing Quality in Ontario’s Long-Term Care Homes</th>
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<tr>
<td><a href="http://www.hqontario.ca">www.hqontario.ca</a></td>
<td>Version 1.0 Feb 2011</td>
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**Choose change ideas most appropriate for your LTC home**

**Continence – Clinical and Organizational Change Concepts and Ideas**

- **Identify potential for improvement.**
  - 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.

- **Assess all residents.**
  - 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:
    - 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.

- **Medication review**
  - Consult with physician and pharmacist regarding medication-related risk of continence.
  - Medication history to include identification of medication related continence risk.
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<th>Change Ideas</th>
<th>Barriers – what will get in the way of implementing your idea? (use fishbone and 5 whys to identify)</th>
<th>Enablers – what strategies, ideas, tools and tips can you implement that will ensure successful implementation of your change idea</th>
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