

This poster outlines the key steps in your continence Quality Improvement plan. The poster is designed as a flexible worksheet that can support the needs of your long-term care home. Key measures and ideas that have been proven effective in many LTC settings have been included; they may be used directly or adapted to suit your LTC home needs. Indicate which measures/ideas you have chosen by checking the appropriate boxes and add other relevant items in the spaces provided.

TEAM

Quality improvement is a team effort.

Assemble a team that includes members from nursing and allied health along with a Personal Support Worker and a manager. Include a resident or family member if appropriate. Include someone with training in quality improvement facilitation, so they can support you on your journey.

Your team will:

- ❖ Gather baseline measures;
- ❖ Conduct small-scale tests of change using PDSA – “Think BIG, test SMALL”;
- ❖ Study outcomes of changes before planning next action steps;
- ❖ Help successful changes become standard practices and lessons learned.

AIM

It is important to be very clear about the aim you are trying to achieve.

Consider your current circumstances, and how you would like to improve them. Specify a level of improvement that will add value to residents. Commit to achieving this improvement within a timeframe that will stretch your capability.

Your aim pinpoints your destination and establishes a schedule for getting there.

Example: The AIM of the *(your LTC home)* is to reduce by 25% the number of residents who are frequently incontinent (from a baseline of _____ to _____ per month) by *(date)*.

MEASURES

Improvements must be measured: the changes that are occurring in your home must be tracked, and their impact on quality improvement must be assessed.

Your measures are your signposts. Measure actual outcomes, or results. Also, measure the processes that have been put in place to achieve these results, and any steps that have been taken to balance or mitigate the impact of changes.

The most relevant outcome, process and balancing measures are outlined below. Choose the measures you will use or adapt and add other relevant measures.

Outcome Measures

- Percentage of residents who are frequently* incontinent each month
- Percentage of residents with worsening urinary control compared to the previous month of reporting (Exclude level 4, comatose and end of life)

your measures

Process Measures

- Percentage of residents frequently incontinent who have a documented toileting plan each month
- Percentage of residents admitted to the LTC home in the previous month who have a comprehensive urinary continence assessment completed on admission

your measures

Balancing Measures

- Percentage of residents with a recent bladder infection each month
- Note: RAI-MDS exclusions are residents who are comatose or have an indwelling catheter

your measures

Operational Definition of RAI MDS 2.0 (2005) (Section 4-101)

- 1 Usually Continent: Urinary incontinent episodes once a week or less
- 2 Occasionally Incontinent: Two or more urinary incontinent episodes a week but not daily
- 3 Frequently Incontinent: Urinary incontinent episodes tend to occur daily, but some control is present (e.g. on day shift)
- 4 Incontinent: Multiple daily urinary incontinent episodes

Organizational Practice Change Concepts

Additional change ideas can be developed for your long-term care home by considering the following Organizational Practice Change Concepts. Each represents a particular way of looking at your organization to identify opportunities for change. Think of the Change Concepts listed below as “idea starters” that help you think about how the current situation can be improved. Some examples of ideas from successful long-term care homes have also been included on the far right of the table below; write your own in the space provided.

Change Concept	Definition	Your Change Ideas
Recognition and Assessment	Apply risk assessment protocols to assess each resident upon admission, change in status and at regular intervals.	Example: ❖ Evaluate residents using RAI MDS, 3-day voiding and bowel record. <i>your ideas here</i>
Education and Engagement	Educate residents and families about risks and prevention strategies. Implement staff education and training as required to support the required changes.	Example: ❖ Communicate the continence plan with the resident, staff, and family (if the resident wishes to disclose). <i>your ideas here</i>
Care Planning and Documentation	Prepare an individualized Plan of Care for each resident based on best-practice evidence and assessed risk. Implement communication and training activities to support care planning.	Example: ❖ Incorporate prevention strategies into care plan (e.g. Ditropan meds., Kegel exercises, avoiding caffeine). <i>your ideas here</i>
Improve Work Flow	Workflow is about the movement of a service or product within the system from the beginning to the resident. If you have a good workflow, jobs get done quickly, and move seamlessly from person to person as each stage is completed.	Example: ❖ Consider care process-related problems that may contribute to incontinence. <i>your ideas here</i>
Develop Routine Practices	Developing work routines is about finding the most effective, repeatable and safest way to complete a task in order to achieve the results desired by the patient or resident.	Example: ❖ Continence huddles <i>your ideas here</i>
Design Systems to Avoid Mistakes	Designing systems to avoid mistakes, which can also be called ‘errorproofing’, is about designing your system so it is either impossible to commit an error, or any error that is made is obvious and can be fixed.	Example: ❖ Conduct checking and monitoring to ensure continence-promoting measures are implemented effectively. <i>your ideas here</i>

High Leverage Best-Practice Change Ideas

The following change ideas represent a selection of clinical best practices with demonstrated widespread success in long-term care homes. Be sure to consult the Clinical and Organizational Change Concepts and Ideas summary chart and www.residentsfirst.ca for a more thorough listing of clinical best practices that may be relevant to your home. Choose the ones that are most appropriate in your situation.

- Avoid caffeine
- Kegel exercises
- Toileting routine – prompted voiding

Think about *how* these change ideas become established as activities that are applied consistently. Identify which organizational changes (see Organizational Practice Change Concepts) might need to be introduced to support the clinical processes you choose to implement.