

Quality Improvement Road Map to
**RESTORING AND PROMOTING
CONTINENCE**

Residents First: On the Road to Quality Improvement

Residents First is a provincial initiative that promotes quality improvement for and by the long-term care (LTC) sector. The initiative is supported by the Government of Ontario and is being implemented in partnership with Ontario's Local Health Integration Networks (LHINs) over a period of five years.

Residents First begins and ends with residents. The vision for this initiative is that each resident enjoy safe, effective and responsive care that helps them achieve the highest potential of quality of life. Residents First supports enhancing a workplace culture where staff – from leadership to the front lines – are jointly engaged in a continuous journey toward quality improvement. The initiative is focused on achieving tangible and measurable improvements in LTC homes, based on internationally recognized indicators of quality. Residents First will provide people working in long-term care with knowledge, training and tools to support them in making quality improvements aimed at enhancing safety and promoting changes that make a positive difference in the well being of residents.

Residents First is being launched in 2010 in four regions of the province: Central East, Hamilton Niagara Haldimand Brant, Mississauga Halton and the North West. The goal is to recruit 100 homes for participation in the first year, and then to reach all homes within five years.

Residents First partners include:

- Concerned Friends of Ontario Citizens in Care Facilities
- Institute for Safe Medication Practices Canada
- Local Health Integration Networks
- Ontario Association of Non-Profit Homes and Services for Seniors
- Ontario Association of Residents' Councils
- Ontario Family Councils' Program
- Ontario Health Quality Council
- Ontario Long-Term Care Association
- Ontario Long-Term Care Physicians
- Quality Healthcare Network
- Registered Nurses' Association of Ontario
- Seniors Health Research Transfer Network

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1. The Starting Point – Facing the Challenge of Urinary Incontinence

Welcome and congratulations! By picking up this road map to restoring and promoting urinary continence, you are taking the first step towards improving resident outcomes. This road map aims to support teams participating in the Residents First collaboratives and other quality improvement (QI) projects focused on promoting urinary continence.

Incontinence exacts a high cost to individuals and the province's health care system. For an individual, it can mean the beginning of a loss of independence and a serious reduction in their quality of life.

The prevalence of urinary incontinence (UI) experienced by older adults is significant, with 15 to 20% of community dwelling seniors, 30 to 35% of acute care senior patients, and 50 to 75% of long-termcare residents affected. UI is a major health and quality of life issue for the elderly and can cause significant social and financial burdens. UI is associated with a 20 to 30% increased risk of falls and fractures and a 30 to 50% increased risk of hospitalization. Socially, people with UI often become isolated and depressed.

The good news is that urinary continence can be restored and/or improved in certain circumstances! But how do you get there from here? Here's your road map.

2. The Benefits to Your Residents

This road map will guide you step-by-step to your destination of making quality improvements in promoting urinary continence. As in any journey, you must be prepared for stops or possible detours along the way. You will need to refer back to the map throughout the journey to help maintain your focus and keep you on track. It will offer signposts along the way in this worthwhile journey to reducing incontinence and improving the quality of life for LTC home residents.

By following this road map, you can achieve a number of benefits for your residents. Here are some examples:

- A decrease in the number of incontinent episodes, of frequently incontinent residents and in the number of residents with worsening bladder control
- Improved work practices related to assessments and documentation of interventions in the plan of care
- Improved interdisciplinary team approaches to care and staff awareness through evidencebased practices
- An improved resident-centred care approach (care plan interventions for promoting continence are consistent with resident's goals, values, needs, wishes, preferences, and lived experiences)

3. The Journey to Restoring and Promoting Continence

3.1 Assembling Your Team

Quality improvement is a team effort. So, start by assembling an LTC continence improvement team in your home. You will want to include people who can bring energy and commitment to your team.

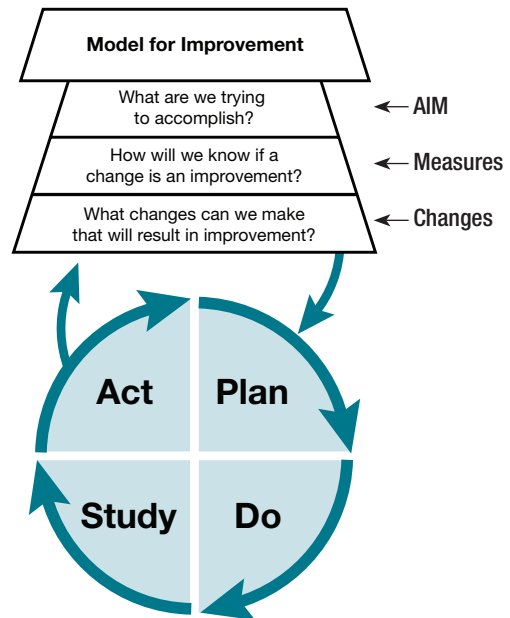
You may already have teams in place, however you may want to consider assembling a team that includes members from nursing and allied health along with a PSW and a manager. If appropriate, include a resident or family member.

It is recommended that you include someone with training in quality improvement facilitation, so they can support you on your journey.

Navigation Checklist

Consider these questions as you are starting out and remember to reflect on them throughout your journey.

1. What are you trying to accomplish?
2. How will you know a change is an improvement?
3. What changes can you make that could lead to an improvement?



Your team is your vehicle.

Your team will plan and implement the improvement to fit the context of your home by:

- gathering baseline measures;
- conducting small-scale tests of change using PDSA, “Think BIG, test SMALL;”
- studying outcomes of changes before planning next action steps; and
- helping successful changes become standard practices and lessons learned.

Quality improvement flourishes when there is support from the leadership to:

- guide, support, and encourage the improvement team; and
- ensure the sustainability of the team’s effective changes.

3.2 Setting a Course for a Specific Destination

It is important for you to be very clear on the aim you are trying to achieve in regards to promoting continence in your LTC home. First, consider your current circumstances. Then, consider how you would like to improve them. Commit to achieving the improvement within a set timeframe. Set a target that will stretch your capability and make sure you keep in mind a level of improvement that will add value to residents.

Your aim is your ultimate destination.

Be sure to pinpoint your destination and establish a schedule for getting there.

Example: The AIM of the _____ (your LTC home) is to reduce the number of residents who are frequently incontinent of urine by 25%, from _____ to _____, by _____ (date).

3.3 Charting Your Progress

Improvements need to be measured. You need to be able to effectively track the changes that are occurring in your home and assess their impact on quality improvement.

Your measures are your signposts. There are a number of different areas that you need to measure in order to adequately assess the effectiveness of your efforts in restoring and promoting continence. Measure actual outcomes, as well as the processes and mitigating steps that are in place to reduce incontinence. These additional measures will help you flag when you are going off the path.

The chart that follows describes the most relevant outcome, pressure and balancing measures.

Outcome Measures

1. Percentage of residents with frequent urinary incontinence in the previous month
2. Percentage of residents with worsening bladder control compared to the previous month (Exclude level 4, comatose, and end of life)

Process Measures

1. Percentage of residents with frequent urinary incontinence who had a documented toileting plan in the previous month
2. Percentage of new resident admissions who had a urinary incontinence assessment (comprehensive assessment) completed in the previous month

Balancing Measures

1. Percentage of frequently incontinent residents with treated urinary tract infection (UTI) in the previous month
Note: RAI-MDS exclusions are residents who are comatose or have an indwelling catheter

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

4. Different Paths to Improvement

Quality improvement involves change on many levels. There is no one-size-fits-all solution to reaching your destination. Each home is unique. It is important for your team to discuss, explore and determine changes that can be made to prevent and reduce incontinence. Consider your entire organization and approach to resident care and identify changes that can be made to support restoring and promoting continence.

The following table sets out possible areas of focus and steps that you may want to take on your journey towards quality improvement.

| Recognition and Assessment | Suggested Steps |
|---|--|
| <p><i>Identify continence as an area for potential improvement in performance and practice.</i></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 approaches |
| <p><i>All residents will need a continence assessment at certain intervals.</i></p> | <ul style="list-style-type: none"> • Examine the current process for assessment and screening of all residents using process map and standardize • Assess all residents on admission, re-admission, quarterly, change in status, annually using RAI-MDS (section H) • Conduct 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 – Medication review (pharmaceuticals that may contribute to incontinence) |

Recognition and Assessment *(cont.)*

Suggested Steps

- Include family members observations where necessary
- Assess the resident's motivation to be continent
- Skin assessment
- Environmental barriers (location of the bathroom, lighting, and restraints)
- Functional assessment (ability to remove clothing)
- Assess cognitive ability (MMSE)
- Assess psychological barriers (RAI-MDS)
- Depression rating scale

Engaging Residents and Families

Suggested Steps

Share risk information with residents and families and engage them in prevention strategies.

- Implement interventions that are consistent with the resident's goals, values, needs, wishes, preferences and risk factors
- Evaluate resident and family satisfaction using regular a satisfaction survey
- Educate all residents and families who have been assessed to be at risk regarding their risk status
- Consider resident educational material that are available for distribution to residents and families
- Include findings regarding causes of past falls into educational materials for residents and families
- Include information regarding risks, minimal restraints, and proper footwear
- Engage the family in supporting resident activity

Care Planning for Prevention

Suggested Steps

An individualized plan of care for continence created with the resident, family and staff is based on best practice evidence, and assessed risk while considering first the resident's values, beliefs, and preferences.

- Communicate the continence plan with the resident, their family (if resident wishes to disclose), and staff (verbal, health record, care plan, shift change, care conferences, programming staff, etc.)
- Examples of continence-promoting interventions that require continence specialist assessment/consultation include:
 - Premarin cream
 - Cranberry capsules
 - Get-up-and-go cookies
 - Sip'n go
 - Pelvic muscle exercises
- Document continence assessment results in 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)
- Review and assess on an individualized basis for each resident the following high leverage change strategies for improving continence:
 - Manage toileting/prompted voiding plan if appropriate for the individual resident
 - Manage skin integrity on an individualized basis
 - Manage appropriate skin care products (barriers) if assessed to be required
 - Manage appropriate continence products (size, preference, fit, comfort and dignity)
 - Ensure adequate food, fluid intake and intake of fibre, (adequate fluid intake precedes the introduction of fibre sources)
 - Ensure constipation/fecal impaction is addressed
 - Eliminate caffeine and alcoholic beverages where possible
 - Appropriate positioning on toilet and sitting balance
 - Maximize activity and mobility

Care Planning for Prevention *(cont.)*

Suggested Steps

A well developed communication plan supports care planning for continence care strategies.

- Develop a handover form or report which includes individualized toileting plan
- Include continence care planning as a topic for discussion at all admission care conferences and annual care conferences (if resident wishes to disclose)
- Create an individualized plan of care with the resident, their family and staff and communicate (verbal, health record, care plan, shift change, risk rounds, care conferences, programming staff, etc.)
- 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
- Implement interventions that are consistent with the resident's goals, values, needs, wishes, preferences and risk factors

Improve Work Flow

Suggested Steps

Education in the following areas will enhance the development of routine practices relating to promoting continence.

- Conduct educational sessions during staff orientation and at regular intervals on the prevention of incontinence, toileting, continence assessments, prompted voiding
- Consider resident educational materials that are available for distribution to residents and families
- Consider incorporating contributing factors of past incontinence into educational materials for residents and families
- Engage the family in supporting the resident

Organizational support for promoting continence will support developing routine practices for restoring and promoting continence.

- Identify resources for promoting continence and related regulatory requirements
- Regularly review (annually) continence promoting policy (include roles and responsibilities of each healthcare provider)
- Collaborate with pharmacist and geriatrician to assess pharmaceutical use that may contribute to problem of incontinence

Consider environmental factors for continence promotion.

- Develop processes to identify environmental factors that have resulted in incontinence in the past review
- Regularly inspect mobility assistive devices
- Control stimulation especially for the cognitively impaired (e.g., reduce group sizes, control noise levels, etc.)
- Develop and implement environmental rounds (supervised toileting or toileting assistance)
- Create an environment that supports interventions for continence promotion
- Involve multidisciplinary teams from all departments in improvement work
- Identify regular supplies and equipment for promoting continence and/or signalling high-risk situations to the multidisciplinary team and standardize product availability
- Review current procedures on transfer devices to promote toileting
- Provide education on the use of equipment and supplies and use of monitoring cameras

Developing Routine Practices

Suggested Steps

The implementation of best practices for continence is foundational to the development of routine practices.

- 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
- Identify residents who may benefit from a prompted voiding program and implement appropriate interventions
- Test continence “huddles” with the interdisciplinary team to identify any required changes to the care plan
- Review your process to ensure continence (bowel/bladder) assessments are completed for every resident on admission, quarterly, annual and on change in condition
- Establish weekly rounds to ensure individualized toileting plans are current and reflect changes, are being carried out, and resident is in appropriate size product

Design Systems to avoid Mistakes

Suggested Steps

A workplace culture where residents, families and staff can communicate suggestions and concerns that are considered in organizational planning will support system design.

- Establish a multidisciplinary LTC promoting continence improvement team
- Use a PDSA approach to evaluate all tests of change
- Collect, report and analyze data for learning
- Evaluate care processes through audit processes in regular schedules
- 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.)
- Provide adequate support to the LTC continence care improvement team to facilitate activities

5. Navigation Support

Here are some resources that may be of assistance to you on your quality improvement journey.

RNAO LTC Best Practice Toolkit Continence & Constipation

<http://ltctoolkit.rnao.ca/resources/continence>

RNAO Best Practice Guideline Promoting Continence Using Prompted Voiding

http://www.rnao.org/Storage/12/627_BPG_Continence_rev05.pdf

RNAO Best Practice Guideline Prevention of Constipation in the Older Adult Population

http://www.rnao.org/Storage/11/610_BPG_Prevent_Constipation_rev05.pdf

Canadian Nurse Continence Advisor Association <http://www.cnca.ca/consumers.htm>

Canadian Nurse Continence Advisor Association: Promoting Continence Care, A Bladder and Bowel Handbook for Care Providers. 2006 Edition.

Canadian Continence Foundation <http://www.continence-fdn.ca/>

Regional Geriatric Program <http://www.rgpc.ca/best/subjects/bladder.cfm>

<http://www.rgpc.ca/best/subjects/skin.cfm>

6. Conclusion

Congratulations! Now that you have taken this journey and reached your destination, you are ready to celebrate.

Quality improvement is a continuous journey, and there is another destination waiting for you. You may choose to:

- reset your aim using the same topic and resident group;
- spread your success on this topic to a new resident group; and/or
- choose a new topic area of focus.

This is also a good opportunity to remind your team that you now have quality improvement tools and skills that you can direct to any improvement efforts in your home.

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Appendix: Paths to Improvement at a Glance

The diagrams which follow offer guidance on areas where change should be discussed and possible steps to engage in order to bring these quality improvement changes to life.

| Recognition and Assessment | Engage Residents/Family | Care Planning for Prevention | Improve Work Flow | Develop routine practices/Standardize | Design Systems to avoid mistakes |
|--|---|---|---|---|--|
| <p>Assess all residents on admission; re-admission change of status and at required intervals (quarterly/annual)</p> <p>Evaluate the resident</p> <ul style="list-style-type: none"> • RAI MDS • 3 Day voiding and bowel record <p>Review Risk:</p> <ul style="list-style-type: none"> • Identify relevant medical/surgical history which may be related to incontinence • Consider care process-related problems that may contribute to incontinence <p>Consider additional risk factors:</p> <ul style="list-style-type: none"> • Work Routines (Toileting Schedules) • Equipment (Commode chairs, Toileting Slings) • Environment (Proximity and availability of nearest bathroom) | <p>Consistently implement interventions that are consistent with the resident's goals, values, needs, wishes, preferences and risk factors</p> <p>Share risk information with residents and families and engage them in prevention strategies</p> | <p>Care Planning:</p> <ul style="list-style-type: none"> • Create individualized plan of care with resident, family and staff and communicate (verbal, health record, care plan, shift change, risk rounds, care conferences) <p>Communicate:</p> <ul style="list-style-type: none"> • Individual contributing factors of incontinence to resident, family and staff (verbal, health record, care plan, shift change, risk rounds, care conferences, programming staff, etc.) | <p>Educate Staff:</p> <ul style="list-style-type: none"> • Orientation, Annually, Regular Intervals • Best Practices related to continence care • Prompted Voiding • Continenence Assessment • Individualized Toileting • Continenence Promoting strategies <ul style="list-style-type: none"> • Develop Organizational policy and procedure for promoting continence • Review Organizational policy for Nutrition and Hydration • Create an environment that supports interventions for promoting continence • Provide access to supplies and equipment for promoting and/or signalling high-risk situations to the multidisciplinary team | <p>Provide adequate support to LTC Promoting Continenence Improvement Team to facilitate above activities</p> | <p>Clearly identify:</p> <ul style="list-style-type: none"> • All residents assessed who require a toileting program (Using discrete identifiers) |

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