EDUCATIONAL CONFERENCE CALL #6 IN OUR SERIES:
"Incontinence and Quality Care"
WEDNESDAY, NOVEMBER 8, 2006 – 3PM (ET) [2PM CT / 1PM MT / 12PM PT]

EDUCATIONAL CONFERENCE CALL MINUTES

Welcome & Project Overview

- This call series, on issues of quality in nursing homes, has been funded by the Retirement Research Foundation. The project began, centered around the concept that while staff and professionals have access to information about nursing home quality care issues, family and residents often do not.
- This project is helping to educate people by tapping into a national pool of experts. It helps to inform families and residents about how to improve the quality of life and care in nursing homes they (or their family members) are in.
- The calls have been successful. For example, we have seen people make connections across the country with others whom have similar questions and issues. People are beginning to understand that they are not alone, what type of progress is possible, and what type of progress is being made with regard to these issues.
- If you are participating in this series for the first time, and have not yet received a packet of materials for this call, please call NCCNHR at: 202-332-2275.

Introduction of Robyn Grant, Conference Call Special Facilitator
Conference Call Overview – Robyn Grant

- We welcome you, and are excited that so many have folks have been able to join us on the call today.
- This call is: "Incontinence and Quality Care."
- I would like to outline the agenda at this point and talk about logistics. There will be 2 speakers on this call. During the speaker presentations the other lines are muted. After each speaker there will be an opportunity to ask questions, and the operator will open the line one by one. We only have 75 minutes for this call, so please try to keep your questions brief. If there is not enough time for everyone to ask questions, please remember the follow-up call on November 1st, where you can ask more questions and we will provide technical assistance.
- Web site: www.nccnhr.org/consumervoice - all information for this call series is available at this website.

Speaker Introduction (Annemarie Dowling-Castronovo, PhD(c), RN, Adjunct Faculty at The College of Staten Island, and College of Nursing, NYU, Nurse consultant, and Doctoral Candidate at Rutgers)
Expert Speaker Presentation: Annemarie Dowling-Castronovo, PhD(c), RN

- Incontinence is becoming more highlighted
    - Research has been done for over 15 years.

    - Clinical practice guidelines have been making great strides in improving assessment and management of incontinence.
    - Advertising is bringing this issue to people's attention.
    - We need to institute guidelines that are evidence-based, to determine the type of incontinence so that we can put forth a management plan that is in the best interest of particular residents.
- Incontinence is not considered a normal part of aging though it is more common in older adults.
    - Some Risk factors:
        - Urinary tract infection, Dementia, Parkinson's, Stroke, Prostate issues (for men), Estrogen issues (for women), Obesity, Environment, Weakened Pelvic Floor Muscles
- Why do we care?
    - People who are incontinent are more likely to fall:
        - Trying to get to the bathroom
        - Etc.
    - Incontinence is a marker of frailty
    - Incontinence can have an impact on residents' quality of life
    - → We need to look at what a resident's motivation is, or what incontinence or continence means to them
    - Incontinence can lead to skin problems:
        - From wetness or feces
        - From cleaning products or products used to contain the urine or feces
    - People may socially isolate themselves:
        - If they know they cannot get to a bathroom in a timely manner
        - If they won't have access to particular staff members who they know can help them
- Barriers to assessing and appropriately managing incontinence issues:
    - Staff load issues
    - Workload issues
    - "Dirty work" stigma
        - Incontinence care is important, and needs to be realized as such
        - Incontinence care is not lower-level work
- What can you do, as a friend or family member? → ACTION STEPS
    - This is a taboo topic, only now becoming talked about; there are other strategies besides absorbent products
    - It is important to identify the type of incontinence; this changes how we manage incontinence
    - If your loved one has incontinence, ask if your loved one is taking (new) medications
        - Some medications can cause incontinence
    - Ask what management strategies are being tried to make the resident drier
        - Consider an individualized toileting schedule
    - Individualized care plans

        - Maybe urine continence isn't possible for a particular resident, but fecal continence is
    - Find out who is leading the assessment and management of your loved one's incontinence
    - Ask for an interdisciplinary approach
        - i.e.: Physical Therapy
    - Assist the staff and be realistic when we care for incontinence
        - It may not be realistic for a particular resident to be totally continent
    - Recognize and celebrate successes
        - When continence is improved
        - When continence is achieved

Participant Question and Answers

Q What percent of people in nursing homes are incontinent?

A Up to 70%. Higher percentages reflect more cognitively impaired populations.

Q Pressure ulcers are a problem. We need to check patients while still respecting their privacy and dignity. Often, bedsores go unnoticed. We need a procedure according to which to check for bed sores.

A There needs to be better assessment, and looking at individual resources in different institutions. Pressure sores don't heal easily – they take a long time. We need to take as preventative a plan as can be taken.

Q Do you have recommendations on absorbent products, and the use of barrier creams to help prevent skin breakdown?

A There is still a debate about absorbent products. Studies show that super-absorbent products are better. There is also a debate about cloth diapers/absorbent diapers versus disposable. There is no clear-cut evidence suggesting one is more favorable than the other. Research shows the importance of looking at individual preference and protocols to guide product usage.

There are many barrier creams on the market. The best ones usually have a zinc oxide or petroleum base. Trials or pilot projects should be conducted to see which products work. Research suggests that consistency of products is also important. Too much barrier cream can also influence the absorbency of the absorbent product. It is important to include staff who use these materials the most in the decision-making.

Q Regarding risks – have nursing homes done assessment regarding the risks (prostate, estrogen, weakened muscles, etc.)? Would it be helpful to ask the nursing home to do an assessment to see if the risk factors are a factor for an individual?

A This would be very helpful. Some homes put together protocols of documentation to help guide the staff to correctly assess the type of incontinence. There needs to be an interdisciplinary approach. Homes need to better assess the risks and physical characteristics.

Q Have you heard of an 8 hour Depends? Some people are put into the product to keep them through the night.

A I haven't heard of them, but I will research it before the Follow-up call.

Q Why aren't we getting individualized care in nursing homes? There are care-planning meetings, so why don't residents get the care?

A There isn't an easy answer to that.

Q What are your comments on the practice of not putting incontinence products on residents during the night because it helps to maintain skin integrity?

A Proponents say it increases the need for toileting and also increases air circulation to the skin to help maintain skin integrity. If someone has an accident without the use of the product, will they then be wet from their shoulders down to their knees?
Opponents say you need something to contain the feces and urine to maintain social appropriateness.

Speaker Introduction: (Christine Bradway, PhD, CRNP, Assistant Professor of Gerontological Nursing and John A. Hartford Building Academic Geriatric Nursing Capacity Fellow, University of Pennsylvania School of Nursing)
Best Practice Provider: Christine Bradway, PhD, CRNP

- I practice in a Urology outpatient office. I visit some nursing homes as well as a continuing care retirement community. I enter those facilities as a consultant for incontinence (often urinary) issues.
- Basic Assessment and Evaluation of UI
    - History – why is the resident incontinent?
        - Are there risk factors that the resident has?
            - Medications
            - Physical limitations in getting to the bathroom
            - Cognitive changes
            - Physical changes (prostate, estrogen, etc.)
    - Physical Examination (rectal and vaginal)
        - Have a below the waist examination conducted to try to determine the cause of the incontinence
            - Is something pushing on the bladder?
            - Is something abnormal?
    - Functional Evaluation
    - Diagnostic Tests
        - Blood sugar check – is the person Diabetic?
        - Urinalysis
            - Helps to rule out urinary tract infection
            - Helps to rule out blood in the urine
        - Check to see if the resident empties their bladder when they go to the bathroom
- → Individualized assessment is important
- Specific strategies include:
    - Treating acute causes of urinary incontinence
        - Urinary tract infection
        - Constipation
    - Behavioral therapies
        - Pelvic Muscle Exercises (PME) (Kegel exercises)
        - Bladder Retraining
        - Habit Training
        - Scheduled Voiding
            - Individualized plan
        - Medications – many side effects and complications

        - Surgery – many side effects and complications
        - Devices and Products – should not be a first-line therapy
- Health Promotion and Prevention – incontinence is something that we can and should be trying to prevent
    - Avoid cigarette smoking
    - Teach pelvic muscle exercises
    - Healthy bowel and bladder habits
        - Adequate public toilet facilities
        - Avoid constipation
        - Make sure people can tell the difference between the toilet and the closet
        - Mark bathrooms well
    - Providers should:
        - Ask about urinary incontinence and use an interdisciplinary approach to evaluation and treatment.

Participant Question and Answers

Q With regard to bathroom accessibility: Often, the door is on the bedside, but when there is more then one bed in a room, residents, particularly those in a wheelchair, cannot get into the bathroom. Can we require the facility to rotate the beds, etc?

A Some facilities have made specific policies regarding federal guidelines. It is important to look at the individual and realize if the incontinence is a function issue (i.e.: too much furniture), or a physiological issue.

Q What are the new F-tags related to incontinence?

A They address the types of assessment and management strategies. F-tag: 315.

Q Group activities (i.e.: for pelvic: Kegel exercises) can be helpful. It might be helpful to give the relatives the option to attend, also give pictures, and write-ups on exercises.

A That is an interesting ideas. The Simon Foundation has a program called "I Will Manage" – there is a bladder health mobile that goes to different communities, has support groups, etc.

Some parts of the country have people that are willing to deal with these issues in a group, while other people will not address them in a group, due to embarrassment, stigma, etc.

Q My Mother was on medication that caused severe side effects. If you are on medication long-term, is it then harder to set up a protocol for management?

A Not necessarily. Some people do well with simple strategies, some people don't. Some people want to do exercises, some just want a pill. We can still try to go back to simple strategies after being on medicine that didn't work.

Q Do nursing homes wake people up during the night?

A They probably just change the diaper. It is hard. We want people who are frail to get a good night's sleep and not be woken up. But at the same time, we don't want people sitting in urine or feces for 8 hours. We need to weigh the risks and the benefits for each individual person.

Q Fecal incontinence can make people not want to go out in public.

A There is a great deal of fecal incontinence stigma. But get your loved one assessed – it might be able to be dealt with.

Announcements

- We encourage and challenge you to get involved in their loved ones' or their own incontinence issues; try the action steps!
- The follow-up call to this call is on November 30th. During this call, you will have another opportunity to ask questions, or talk about how you have used or shared the information you have heard today. We look forward to hearing from you on this call so that we can celebrate successes and make addition suggestions.

Closing, Wrap up

- Thank you to everyone who is on today's call.
- Please fill out the evaluations that you will receive through email and postal mail. Please make sure that if people joined you on the call, they return a completed evaluation form to us at NCCNHR.
- This is the last educational conference call. We have been thrilled with the turnout, the great content presented by our experts and our best practice providers, and by the terrific questions and input from our call participants.
- Thank you!