

At the general session of the Society of Urologic Nurses and Associates (SUNA) three years ago, I heard Diane Newman, RNC, MSN, CRNP, FAAN, announce she had been hired by the Centers for Medicare and Medicaid Services (CMS) to provide guidelines to surveyors on how to evaluate incontinence care in nursing home facilities. I knew this change to the Federal Tag 315 would emit a flood of feelings, but I also knew it would provide great opportunities to change current thinking and improve practice. These regulatory changes will alter the care of nursing home residents not only by assessing the problem but, more importantly, by developing a multidisciplinary approach to treatment and managing incontinence.

Urinary incontinence is the second leading reason for placement of older individuals into long-term care facilities; on average, 65% of a nursing home's residents have this condition. Management has consisted mainly of using absorbent products, since the impression of many caregivers is that incontinence is a normal part of aging and that nothing can be done to prevent it. Though toileting is an essential activity of daily living, residents in long-term care facilities often lose this basic right. With the revision of CMS guidelines, the new focus will be proactive (preventing incontinence) rather than reactive (changing soiled garments)!

From my 25 years of experience as an ET/CWOCN nurse, I know that creating systems to promote continence in the nursing home environment requires continuous education and a great deal of teamwork. Development of a successful continence program includes five components:

DEVELOPING A SUCCESSFUL YOU CAN

- 1 ASSESSMENT.** A continence assessment includes a focused health history, physical examination, mental status exam, a bladder record, and a simple urodynamic evaluation. Identification of transient causes of UI, environmental factors, fluid intake, and mobility are specifics revealed in the assessment. Also identified are residents who need some degree of absorbent product.
- 2 EDUCATION.** Increase staff and resident awareness that incontinence can be treated and managed. Educate the staff that toileting a resident takes less time than placing a brief on a resident, and that toileting restores more self-esteem and dignity.

By Barbara Leonard, MSN, RN, CWOCN, CWS

3 SKIN CARE. The new guidelines indicate that soap and water alone may be less effective in preventing skin breakdown, compared to moisture barriers. Topical skin prevention and management including cleansing and generalized emolliation, as well as treatment of incontinent skin, should be implemented.

4 SUPERVISION. An area of concern for surveyors was the lack of perineal skin care and improper technique. Often noticed was the use of unclean washcloths over clean sites. Supervision of direct-care staff by nurses is essential; it may cause the biggest reduction in UTIs in your facility.

5 TEAMWORK. The development of a team is what allowed the reduction of pressure ulcers in many facilities. This must happen with incontinence, as well. It requires commitment and hard work from the top down, perhaps reassigning work so that specific nursing assistants are responsible for toileting, as they are for dining and walking. With a continence program, much praise needs to be given, not only to the resident but also to the nurse aide. A key to success is in “ownership” of the program. You must have a captain and dedicated aides.

CONTINENCE PROGRAM: DO IT!

This system has the basic components necessary to help you achieve a successful outcome. Set realistic goals, and remember that to be successful, you must have management commitment for the long term. Forms for tracking can be developed, but they must be used and the data implemented.

A Recipe for Continence in the Nursing Home

Written by Elizabeth Enriquez

- 2 measures of intact lower urinary tract function (bladder and urethra)
- 1 measure of conscious cerebral oversight
- Dash of sensation
- Adequate leaven to rise to the toilet, or to obtain assist to get there
- A proper pan or bowl in the correct shape to contain the recipe
- Sprinkle of desire to stay dry
- Double doses of patience for each minute required to wait for assistance