# Soggy Bottom Blues: Low-Risk Urinary Incontinence- Does It Really Have to Be This Prevalent?

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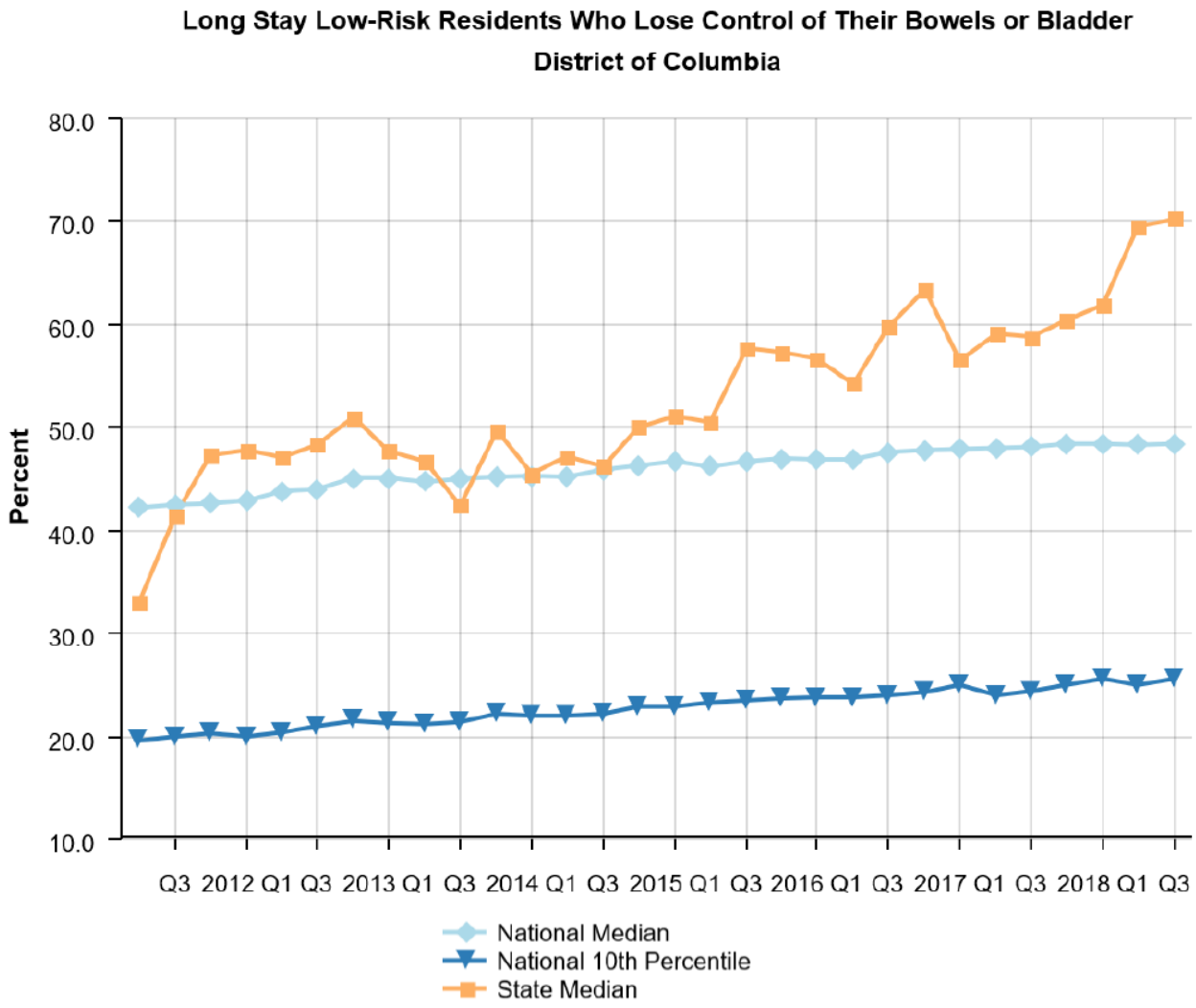
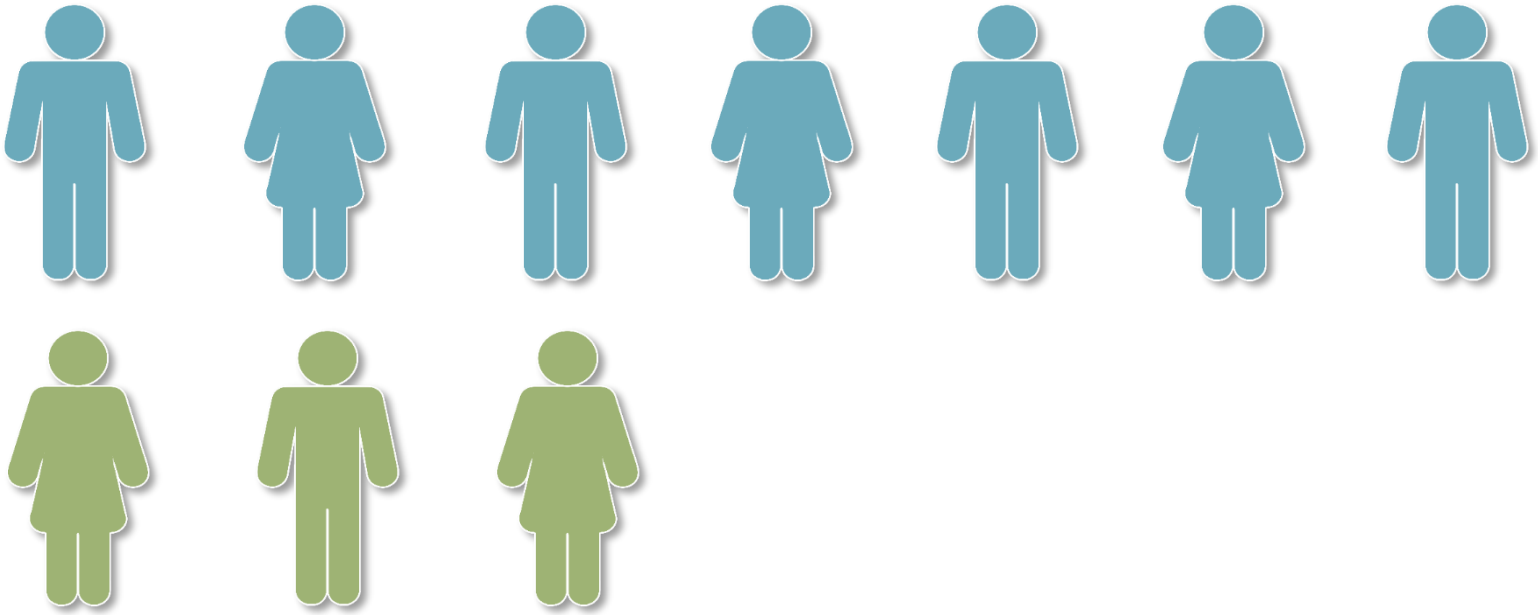
# DC Low-Risk Incontinence

https://www.nhqualitycampaign.org/default.aspx



# How Many DC Residents Trigger?

## 7 out of 10 long-stay, low risk residents are incontinent



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# Low-Risk Incontinence

**Rationale for the Low-Risk Incontinence Quality Measure**
Loss of bowel or bladder control is not a normal sign of aging, has an important impact on quality of life, and can often be successfully treated.

***Numerator***
A resident will trigger this if they are incontinent of bowel or bladder 7 or more times during 7 day assessment period and are not excluded from the measure.

***Denominator***
All long-stay residents with a selected target assessment, except those with exclusions.

**Exclusions**
- Total dependence in bed mobility, or self transfer, or locomotion
- Severe cognitive impairment (C1000=[3] **and** C0700 = [1]) **OR** C0500 < [7])
- Comatose
- Indwelling catheter or ostomy

# Immobility and Dementias Are the Primary Causes of Urinary Incontinence (UI) in SNFs

- 60-90% of residents with UI have significant mobility problems*
- Average Mini-Mental Status Score for residents with UI ranges from 8-14*

**Gastroenterol Clin North Am*. 2008 September; 37(3): 697

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# Prompted Voiding is Designed to Address Immobility and Dementias

1. Frequent (every two hour) toileting assistance during most active part of day
2. Prompting with each encounter up to 3 times
3. Consistent social reinforcement

In clinical trials of prompted voiding in SNFs, 33%-60% of residents reduced incontinence to less than once a day*

*_Gastroenterol Clin North Am_. 2008 September; 37(3): 697

# Quality Improvement Scenario

**Current State**

- 75 long-stay residents
- 32 low-risk for incontinence
- 22 trigger for low-risk incontinence

**Current Rate**

- Facility rate is 68.8% (worse than 85% of nursing facilities nationally)

**After Prompted Voiding**

- Reduce the number of triggering residents by **seven** (30% reduction)
- Facility rate 46% (better than 50% of nursing facilities nationally and state-wide)

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# Prompted Voiding Program Overview

1. Identify residents who trigger low-risk incontinence
2. Check accuracy of MDS:  check exclusions for *low-risk* incontinence
3. Of those truly low-risk and have a MDS recall score of 2 or higher (Section C-0900), conduct a Preference and Motivation Assessment
4. Start prompted voiding trials *first* for those with strongest preference and motivation for toileting assistance (but offer to all low-risk residents eventually)
5. Of those who are 66% successful with trial, implement prompted voiding into care plan
6. Quality Checks and sustainability

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# The Vanderbilt Incontinence Management Training Module

- Source document for prompted voiding, *however*, some sections are out of date
  - Recommendation for medical assessment *prior* to starting prompted voiding in all cases
  - Specifics of the medical assessment for urinary incontinence
  - References to MDS and Quality Measures
  - URLs to some websites and resources

# The Vanderbilt Incontinence Management Training Module

- A medical assessment to determine the type and cause of urinary incontinence *is* best practice
  - Should be  documented in record
  - Prompted Voiding trial can help inform this assessment
  - Refer to AMDA Urinary Incontinence Clinical Practice Guideline https://paltc.org/product-store/urinary-incontinence-cpg
- It is safe to proceed with a Prompted Voiding trial even if documentation of medical evaluation of incontinence is not documented (yet)

# Pre-trial Preference and Motivation Interview

**CAPTA: Resident Preferences and Motivation for Using the Toilet**

Resident's Name:_____ Interviewer:_____ Date:_____

**Pre-Trial Interview**

**Directions:** Ask the resident the following questions *before* the start of a prompted voiding trial. If after attempting the interview, the resident cannot complete the questions, he or she *should still undergo the prompted voiding trial.*

**Interviewer:** *"I want to ask you some questions about help with using the toilet."*

1. Does it bother you to wet in your brief? ___***yes*** ___no ___ DK/NR/RE

2. Do staff help you to the toilet as much as you would like? ___yes ___***no*** ___ DK/NR/REF

3. Do you want to be helped to the bathroom more often? ___***yes*** ___no ___ DK/NR/REF
   3a. **If no, ask**: Do you want to be helped to the toilet less often? ___yes ___no ___ DK/NR/REF

4. Do you want to be changed more often? ___***yes*** ___no ___ DK/NR/REF
   4a. **If no, ask**: Do you want to be changed less often? ___yes ___no ___ DK/NR/REF

**Scoring:** Answers in **bold** indicate a preference and motivation to use the toilet.
**Number of bolded answers (out of 4 possible):** ☐


# 7 Steps of The Prompted Voiding Protocol

1. Contact the resident every 2 hours between _____ and _____ in a private setting (the resident's room).
2. Remind the resident they are receiving treatment to improve toileting.
3. Ask the resident if they feel clean and dry.
4. Ask the resident permission to physically check if clean and dry. If resident refuses physical check skip to step 6.
5. If resident consents to physical check, report back to resident your finding. If clean and dry, give respectful positive reinforcement. If wet or soiled, simply report to resident without negative judgement.

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# 7 Steps of Prompted Voiding Program

6. Offer to assist resident to toilet (even if wet or soiled).
   - If resident attempts to use toilet, give respectful positive reinforcement and assist as necessary with hygiene.
   - If resident refuses to use toilet and is wet or soiled, offer to clean and change.
   - If resident refuses toileting assistance, remind them you will be back in 2 hours to offer again.
   - If resident refuses toileting assistance and has not attempted to void in last 4 hours, gently offer toileting assistance 1 or 2 more times before reminding them you will be back in 2 hours to offer again (if not the last encounter of day).
7. Document the results of each encounter on the record sheet.

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This is what the Prompted Voiding Trial Record looks like in the Vanderbilt Training Module (p. 36)

## STEP 2: PROMPTED VOIDING TRIAL

**Instructions:** Use this form to record results of wet checks and prompted voiding attempts with *one* resident for *one* day of the assessment trial. Each resident should receive prompted voiding every two hours between 8 am and 4 pm, for a total of 4 times on each day of the assessment trial. There is space below to record results for 4 wet checks and prompted voiding attempts. You will need to complete 2 or 3 of these forms per resident depending on whether the prompted voiding trial extends for 2 or 3 days.

**Resident Name:**_____ **Employee Name:**_____

**Date:**_____ **Day of Trial:**___1st___2nd___3rd

**Time:**_____**at 1st check**_____**at 2nd check**_____**at 3rd check** _____**at 4th check**

***1. Resident's condition at check (circle one for each check):***

| 1st check: | 2nd check: | 3rd check: | 4th check: |
|---|---|---|---|
| Dry | Dry | Dry | Dry |
| Wet | Wet | Wet | Wet |
| Bowel | Bowel | Bowel | Bowel |
| Wet and bowel | Wet and bowel | Wet and bowel | Wet and bowel |

***2. Toileting outcome (circle one for each check):***

| 1st check: | 2nd check: | 3rd check: | 4th check: |
|---|---|---|---|
| Refused | Refused | Refused | Refused |
| Dry run* | Dry run | Dry run | Dry run |
| Urine | Urine | Urine | Urine |
| Bowel | Bowel | Bowel | Bowel |
| Urine and bowel | Urine and bowel | Urine and bowel | Urine and bowel |

* A "dry run" means that the resident attempted to toilet but failed to void.

***3. Resident's reaction to checks and prompts (circle one for each check):***

| 1st check: | 2nd check: | 3rd check: | 4th check: |
|---|---|---|---|
| Self-initiates | Self-initiates | Self-initiates | Self-initiates |
| Cooperates-neutral | Cooperates-neutral | Cooperates-neutral | Cooperates-neutral |
| Cooperates-reluctant | Cooperates-reluctant | Cooperates-reluctant | Cooperates-reluctant |
| Uncooperative | Uncooperative | Uncooperative | Uncooperative |

# How to Use a Prompted Voiding Trial Record

Coding: Enter all codes as appropriate for each prompted voiding encounter

| Date: | Staff: | | | |
|---|---|---|---|---|
| | Resident Response to Prompting | Resident Condition (circle if res. reports) | Toileting Outcome | Assistance Needed |
| Prompting Voiding Encounter | I = Initiates<br>N = Neutral<br>R = Reluctant<br>U = Uncooperative | W = Wet<br>BM = Soiled<br>CD = Clean & Dry<br>R = Refused check | R = Refused toileting<br>U= Urinated<br>BM = Bowel movement<br>NV = No urine or BM | C = Cue<br>SB = Stand by<br>1p = 1 person<br>2p = 2 person |
| 1st time: | | | | |
| 2nd time: | | | | |
| 3rd time: | | | | |
| 4th time: | | | | |
| 5th time: | | | | |

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# Example of PV Trial Record - Day 1

Coding: Enter all codes as appropriate for each prompted voiding encounter

| Date: | Staff: | | | |
|---|---|---|---|---|
| | Resident Response to Prompting | Resident Condition (circle if res. reports) | Toileting Outcome | Assistance Needed |
| Prompting Voiding Encounter | I = Initiates<br>N = Neutral<br>R = Reluctant<br>U = Uncooperative | W = Wet<br>BM = Soiled<br>CD = Clean & Dry<br>R = Refused check | R = Refused toileting<br>U= Urinated<br>BM = Bowel movement<br>NV = No urine or BM | C = Cue<br>SB = Stand by<br>1p = 1 person<br>2p = 2 person |
| 1st time: | R | CD | U | 2P |
| 2nd time: | R | W/BM | R | -- |
| 3rd time: | R | W | NV | 1P |
| 4th time: | R | CD | U | 1P |
| 5th time: | N | CD | U | 1P |

# Example of PV Trial Record – Day 2

| Date: | Staff: | | | |
|---|---|---|---|---|
| | Resident Response to Prompting | Resident Condition (circle if res. reports) | Toileting Outcome | Assistance Needed |
| Prompting Voiding Encounter | I = Initiates<br>N = Neutral<br>R = Reluctant<br>U = Uncooperative | W = Wet<br>BM = Soiled<br>CD = Clean & Dry<br>R = Refused check | R = Refused toileting<br>U= Urinated<br>BM = Bowel movement<br>NV = No urine or BM | C = Cue<br>SB = Stand by<br>1p = 1 person<br>2p = 2 person |
| 1st time: | N | W | NV | 1P |
| 2nd time: | N | R | R | -- |
| 3rd time: | N | CD | U/BM | 2P |
| 4th time: | N | W | NV | 1P |
| 5th time: | N | CD | U | 1P |

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# Example of PV Trial Record - Day 3

| Date: | Staff: | | | |
|---|---|---|---|---|
| | Resident Response to Prompting | Resident Condition (circle if res. reports) | Toileting Outcome | Assistance Needed |
| Prompting Voiding Encounter | I = Initiates<br>N = Neutral<br>R = Reluctant<br>U = Uncooperative | W = Wet<br>BM = Soiled<br>CD = Clean & Dry<br>R = Refused check | R = Refused toileting<br>U= Urinated<br>BM = Bowel movement<br>NV = No urine or BM | C = Cue<br>SB = Stand by<br>1p = 1 person<br>2p = 2 person |
| 1st time: | N | W/BM | NV | 1P |
| 2nd time: | N | CD | U | 1P |
| 3rd time: | I | CD | NV | 1P |
| 4th time: | I | CD | NV | 1P |
| 5th time: | I | CD | U | 1P |

Calculating Toileting Success Rate: Multiply the following quotient by 100 to get a percent.

$$\frac{\text{Total number of toileting outcomes codes = U or BM}}{\text{(Total number resident condition codes = W or BM) + (Total number of toileting outcomes codes = U or BM)}}$$

# Doing the Math for PV Trial

(based on example slides 16-18)

- 7 “toileting outcomes” = “W” and or “BM”
- 5 “resident’s condition” = “W” and or “BM”

So…..

**7÷ (7+5) = 0.58 = 58%**

**58% is below the 66% threshold**

**What should we conclude?**

# Post-trial Preference and Motivation Interview

First 4 questions of Pre-trial Preference and Motivation Interview plus…

5. Do you like the amount of changing and toileting assistance you have received in the last 3 days?
   ___***yes*** ___no ___ DK/NR/REF

**Scoring:** Answers in bold indicate a preference and motivation to use the toileting.

**Number of bolded answers for *items 1-4*:** ☐

**Interpretation:** Use your professional knowledge and experience to interpret assessment results. Some guidelines:

- The more bolded answers given, the higher the resident's motivation and preference to use the toilet. Be aware that not all residents want to use the toilet.
- An increase in bolded answers to items 1-4 from pre- to post-trial suggests the resident became more motivated and exhibited a greater preference tor toileting assistance/prompted voiding. A decrease signals a drop in motivation and preference.
- A "yes" response to Item 5 indicates a preference for toileting assistance; a "no" response indicates the opposite.

Q: Who should do Preference and Motivation Assessment?

A: Whoever is good at it! Does not have to be licensed nurse…

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# Staffing Considerations

To get started, recruit staff for first trials of prompted voiding based on

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# Staffing Considerations

- Staff need to know PV will work for a certain number of resident, but impossible to know who until you do the trial (mental status, ADL status, bladder measures do NOT predict success)
- Prompted voiding takes more aide time than check and change to start with (studies show on average twice as long) … so must be careful not to overload any one staff member with too many PV trials at one time
- After initial 3-day PV trial,  those residents who qualify for PV probably will not need toileting any more than 3-4 times a day

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# Prompted Voiding Quality Checks

Need to know and document whether prompted voiding program at facility level is working over the long run, so will need a system of quality assurance

# Data Sources for Monitoring PV

- Aide flow sheets (? accuracy)
- Resident self-report (limited to reliable reporters)
- Direct observation of care (time intensive)
- ➢ Direct observation of wetness using sampling if 10 or more PV residents

# Monitoring 10 or More PV Residents

- Physical check for continence (or, if reliable reporter, ask resident)
- If 3 out of 10 (30%) are wet at any given time, PV program *may not be working* as intended…discuss and problem solve with care staff
- If less than 30% wet, PV program is working… celebrate with care staff!

# Introducing: Dr. John F. Schnelle, Ph.D.

**Director, Center for Quality Aging, Vanderbilt University**

- Author
- CMS consultant
- Recipient of numerous NIH grants to improve care in nursing homes
- Developer of the prompted voiding protocol

# Tips from Dr. John Schnelle

- Asking residents about incontinence does not have to be invasive if done with sensitivity and in the context of providing help…. And establishing a record of reliable resident-based reporting leads to LESS reliance on invasive physical checking of continence status.
- Check & change should not be automatic just because resident is confused or has lower cognitive abilities.
- Normally, you would not offer PV at night, unless resident is awake at night.
- PV trials are excellent opportunity to assess for other causes of incontinence (stress, urge, overflow)

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# Types of Incontinence

| Evaluating Incontinence | |
|---|---|
| **Type** | **Evaluation** |
| 1. **Urge** - when you know you want to urinate, but cannot hold it long enough to make it to the bathroom. | Does the resident start to urinate on the way to the bathroom, even if you take them as soon as they ask? |
| 2. **Stress** - when urine leaks out when you cough, sneeze, laugh or even lift heavy objects. | Ask them if they have to go. If yes, stand over the toilet and ask them to cough; check to see if urine leaks out when they cough. |
| 3. **Mixed Incontinence** - often your residents will exhibit signs of both urge and stress incontinence. | See #s 1 and 2, above. |

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# More Tips from Dr. John Schnelle

- Surveyors historically have concentrated on two aspects of incontinence assessment:
  - resident preference
  - voiding patterns
- These are best assessed with the Preference and Motivation Interview and a PV Trial.
- Other areas of assessment include prior history, medication review, fluid intake, and a pelvic/rectal exam… see the Bowel and Bladder Critical Element Pathway at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html
- Some medications affect continence, for example, Aricept is associated with increased urinary incontinence

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# More Tips from Dr. John Schnelle

- To accommodate staff shortage, can use 2-day instead of 3 day PV trials
- Difference between “scheduled toileting” and “prompted voiding” is prompted voiding emphasizes
  - resident choice  & engagement
  - communication
  - social reinforcement

# Questions & Answers

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