

Disclosure for this Presentation

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Continence Management for Frontline Caregivers and Supporting Staff

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Aging Population

➤ There are 48MM now. By 2020, what percent of the U.S. population will be 65 years of age or older?

- 5%
- 9%
- 13%
- 19%

19%

56MM

Challenges with Age

- 9 out of 10 adults do not understand the information their healthcare provider has given them
- People over >65 need someone to break information down several times
- By 2030 healthcare spending increase by 25%

Your Residents Are Changing

80% have 1 chronic condition, 56% have 2

Caregivers are managing more complex patients



Your Residents Are Changing

Average Age in 2001¹

80

Average Age in 2010²

87

Average Length of Stay 2001

36 Months

Average Length of Stay 2010

22 Months

2001¹

30%

28%

13%

15%

2010²

45%

34%

17%

23%

Using a Walker

With Heart
Disease

With Diabetes

Using a
Wheelchair

So You Have to Change

89%

provide physical, occupational
or speech therapy

89%

provide hospice care

76%

provide skilled nursing services

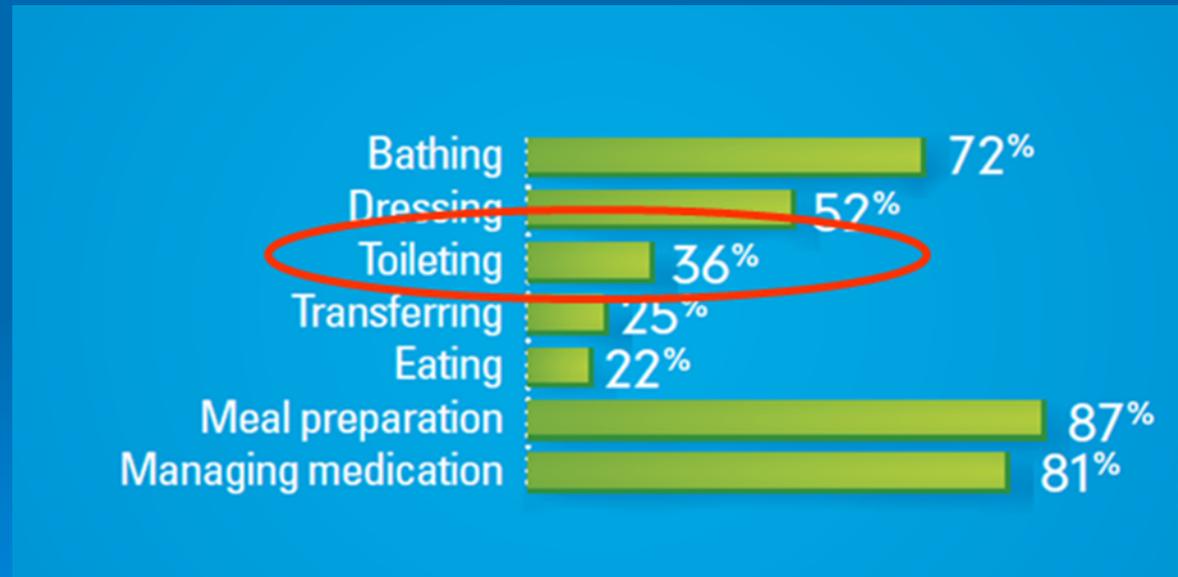
89%

provide disease-specific programs
for residents with dementia



ADLs

- Do you believe that 36% of your residents are being toileted??



- How many of you have residents that have fallen trying to get to the bathroom?

Side Note

 **80%**

Percent of ambulatory elders **suffer from Nocturia**; this symptom can predispose these individuals to falls as they maneuver to the bathroom.⁶

Institutionalization

Urinary Incontinence

#1

Fecal Incontinence

#2

Incontinence is associated with **poor self-rated health** and **decreased quality of life**.

Financial Challenges

\$16.3 billion- U.S. cost of bladder incontinence among adults
50–75% costs attributed to resources used for incontinence management

\$13.1 billion: costs associated with adverse consequences of urinary incontinence

\$5.3 billion - The annual cost of managing urinary incontinence in long-term care facilities

75- 78%- prevalence of bowel and urinary incontinence among nursing home residents

Incontinence

- Associated with poor self-rated health and decreased quality of life
- Association between incontinence and declining mental health
- Leading cause of admission
 - family/loved ones/caregiver burden

Consequences

- Loss of sleep
 - nocturia
- Skin breakdown
 - poor management
- Physical decline
 - reduced activities/withdrawn
- Increased risk of falling
 - getting to the bathroom

Risk Factors

- Gender
- Childbirth/Pregnancy/Injury
- Smoking
- Obesity
- Medical Factors
- Age
- Prostate Surgery
- Medications

Reasons Why it Develops

- Weak bladder
 - Weakened muscles around the bladder
 - Blocked urinary passage
 - Damage to the nerves that help control the bladder
 - Diseases that limit movement and/or mobility
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Medications

- Diuretics
- Alpha-adrenergic agonist blockers
- Narcotics
- Anticholinergics
- Psychotropic

Contributing Factors

- Medications
- Fecal Impaction
- Constipation
- Fear of Falling

Diet

- Caffeine
- Alcohol
- Chocolate
- Acidic fruits/juices
- Spicy foods

Age Related Changes

- Urine production mostly occurs at rest
- Bladder capacity is decreased
- Quantity of urine left in bladder
- Bladder contractions
- Desire to void is delayed

Types of Incontinence

- Stress
 - Urge
 - Mixed
 - Overflow
 - Total
 - Functional
- 
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Assessment

Identification of the type of urinary incontinence is the key to effective treatment and improved outcomes!!

- Hx
- Voiding diary
- Medication review
- Physical examination

Resident's Perspective

- Respect residents rights
- What kind of assistance would you prefer?
- How much of a problem is this for you?
- If you are experiencing a bowel problem, how much of a problem is it?

Voiding Diary

- Used to determine frequency and severity
- Daily chronological record of fluid intake
- Incontinence episodes
- Severity of all episodes
- Product utilization
- Urine measurements

Bladder Assessment

- When should an assessment start?
- When should you assess new residents?
- Why 72 hours?

1 full day + night = good basic impression

3 full days + nights = consistency of events

7 days = research

14 days or more = training

How often should the resident be checked?

What should be done with information?

Behavioral Therapy

- Bladder retraining
- Kegel exercises
- Prompted voiding
- Physical therapy
- Physical environment
- Improved toilet access
- Clothing
- Products
- Call systems

Toileting

- Toilet before bedtime
- Easy access
- Lighting
- Individualized product selection

Toileting

- Where is the toilet?
- Can the resident:
 - get on and off the toilet independently
 - walk to toilet independently
 - undress and redress themselves
 - use toilet paper
 - cooperate with staff

Frequency

- 7am to 7pm
- Medications
- Predictable patterns?
 - leakage
- No pattern
 - fixed time toileting
 - not suitable for toileting, implement check and change

The Night Shift

- Hour awakening + hour going to bed
- Day of week? Pattern?
- Time drinking + volume
- Time voiding + volume
- Reason for voiding = urge to void
- Leakage + grading
- Sleep interruption to make void

Pain

- Pain can reduce a residents mobility and exhaust their emotional reserve.
 - Deter them from going to the toilet
 - Consider other devices
 - May require medical assessment
 - Assess risk for falls

Bowel Assessment

The main purpose of a bowel diary is to document your residents bowel functions. An accurate diary will give you an excellent picture of your residents bowel functions, habits and patterns. At first, the diary will be used as an evaluation tool. Later, it will be used to measure your residents progress on bowel retraining.

Bowel Assessment

- When should it start?
- Why 7 days?
- How frequently?
- How is information collected?
- What should be done with information?

Bowel Assessment

- Details of normal bowel habit
- When bowels were last opened
- Currently used management such as laxatives or special diet
- Presence of past/current bowel problems

Bowel Assessment

- Normal stool
- Bowel movements
- Pain or discomfort
- Straining to evacuate
- Bleeding
- Hard, dry movements

Additional Information

- Bristol Stool Chart
- Record the amount of stool loss at the time it occurred.
- S = Small stain
- P = Pea size
- T = 1-2 tablespoons
- C = Complete BM lost

Bowel Assessment Tips!

- Involve the resident
- Maintain detailed assessment as needed
- Limit the number of resident assessments

- Evaluate the care interventions
>3 days

Here is Where Things Go Wrong.....

- You've done all this work on assessing
- You've collected tons of data
- You have an idea of what type of incontinence the resident has.....

- And then, it happens. The resident get's put into an XXL Brief.

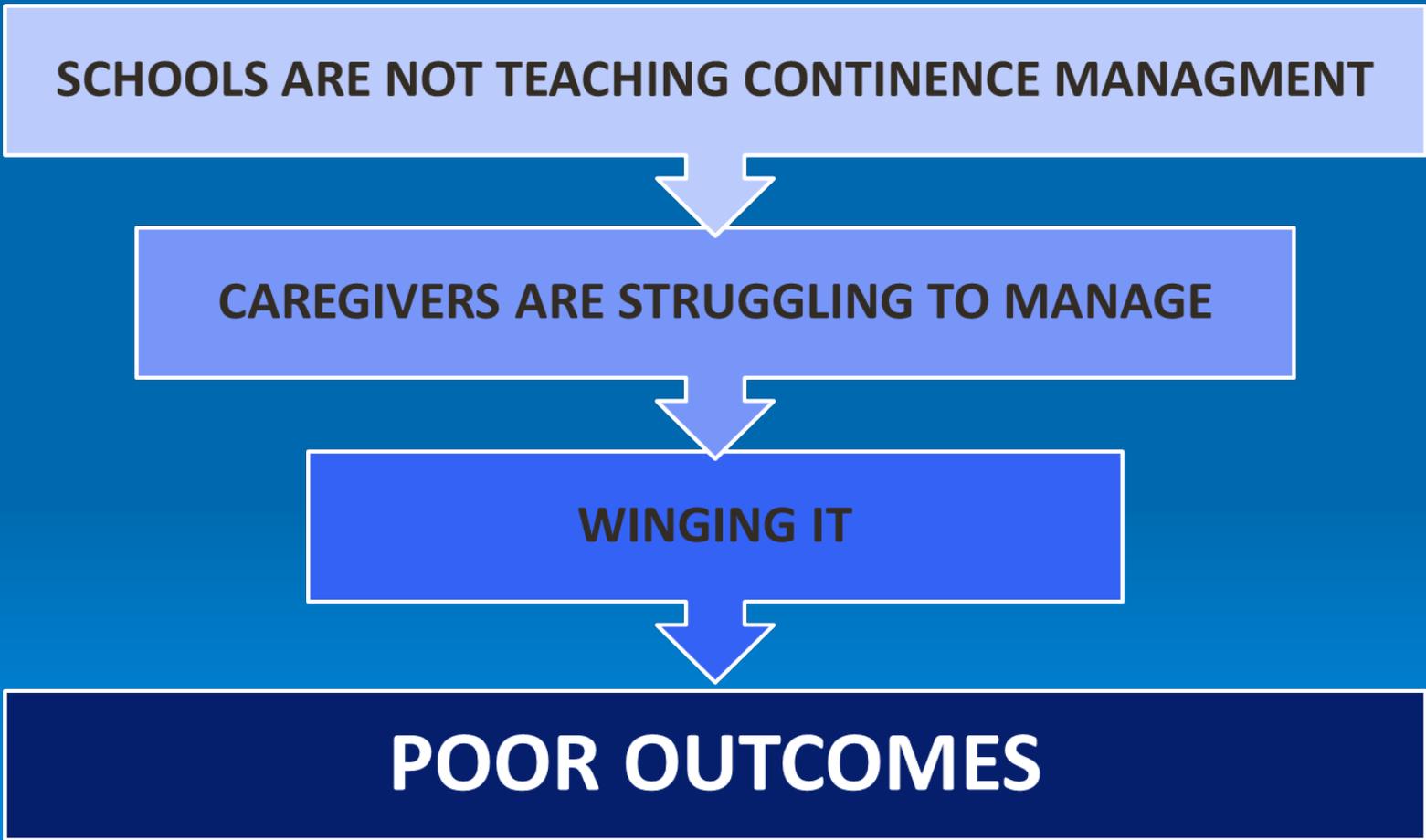
Lack of Education

SCHOOLS ARE NOT TEACHING CONTINENCE MANAGEMENT

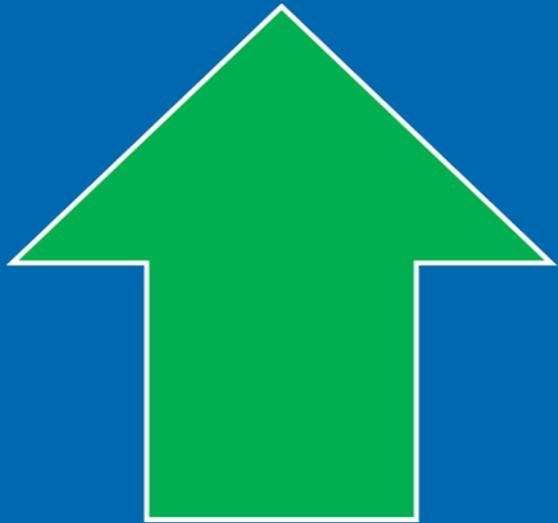
CAREGIVERS ARE STRUGGLING TO MANAGE

WINGING IT

POOR OUTCOMES



High Turnover



Average 74.5% annually in U.S.

- \$2500 average to replace CNA, NA, BNA

Caregiver Workload

- Fewer caregivers to manage more residents



Quality of Care

Staff satisfaction

Resident and Family satisfaction

Issues with survey

Resident dignity

What Do These Numbers Mean?

\$49-239K

What some facilities spent in turnover last year

50-60%

Time caregivers are spending on continence management

>60%

of residents in the wrong product

We tested Frontline Caregivers across the country and
asked VERY BASIC CONTINENCE MANAGEMENT
QUESTIONS

Average score

54%

Bigger products are better **96%**

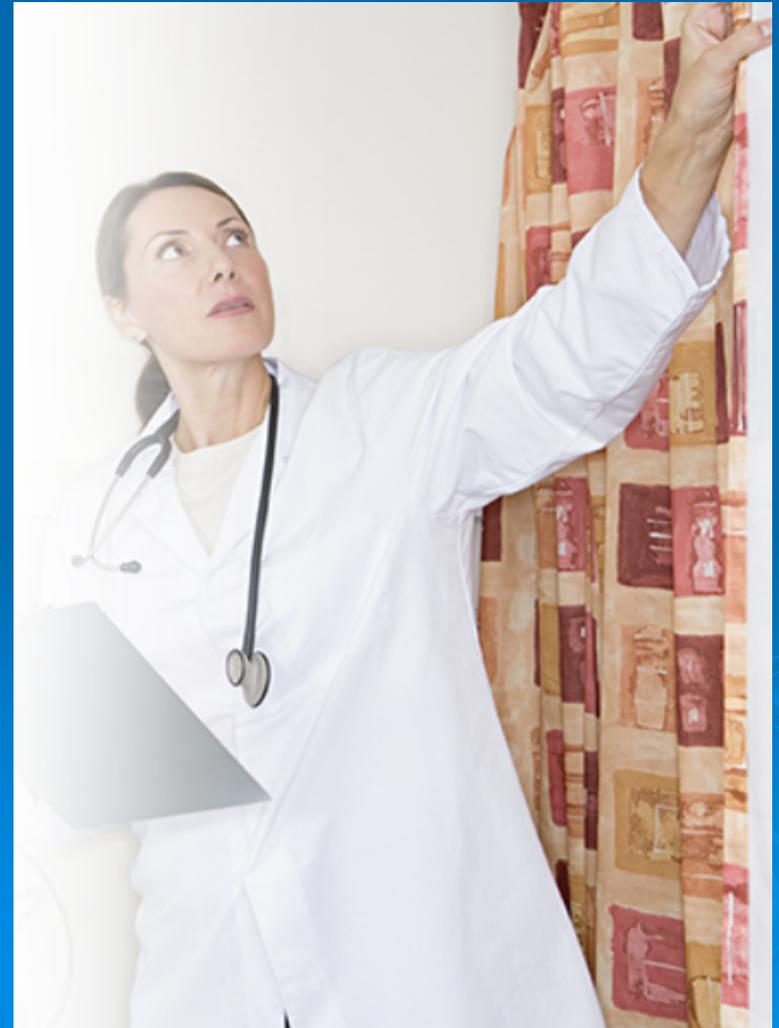
IAD and PU is same thing **92%**

Multiple products are OK **94%**

Sound Familiar??

Respect

- Modesty
- Dignity
- Privacy
- Respectful
- Care



Incontinence Management Products

Disposable incontinence products must:

- Provide comfort and security
- Protect the skin
- Provide odor control
- Manage moisture

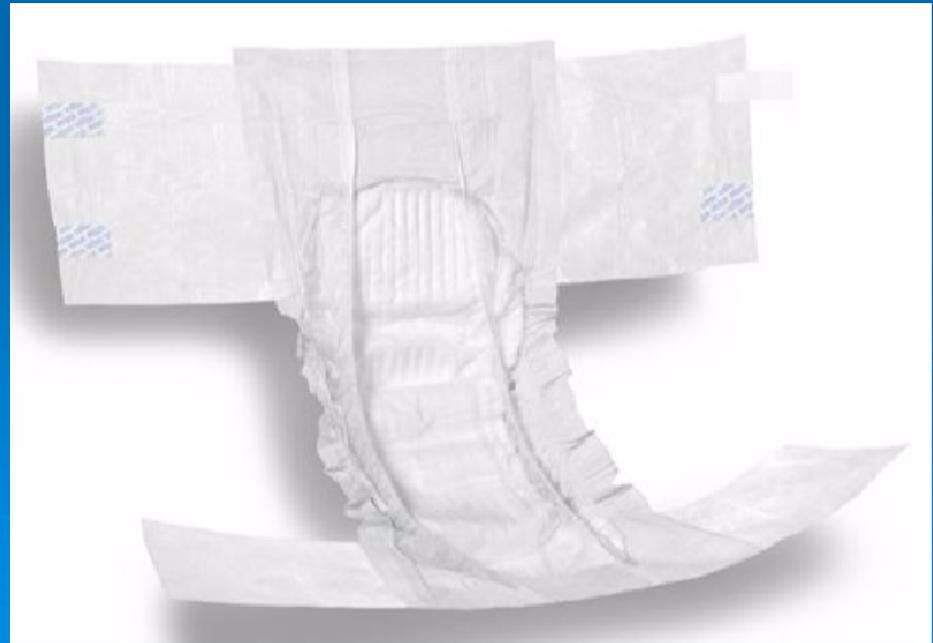
Product selection should be based on:

- Degree of incontinence
- Gender
- Fit
- Ease of use

Adult Briefs

Adult briefs are most appropriate for individuals with severe urinary output, fecal incontinence, loose stool or inability to ambulate. Briefs should be changed based on the severity of incontinence and the risk of skin breakdown.

Can be worn by residents who are bedridden, difficult to turn or position, combative or aggressive, have frequent loose, watery stools.



Two-Piece Pants with Liner

Offer a wide variety of absorbency options with a discreet fit for management of light to severe output.

Suitable for a resident who can ambulate with or without assistance, can self-toilet are involved in a bowel and bladder program.



Disposable Underwear

- Protective disposable underwear come in many sizes to best meet the needs of the wearer.
- ideal for those residents who are incontinent but active, restless, disoriented or who may be participating in a bowel and bladder program.
- Designed to fit and feel just like normal, non-absorbent underwear, ensuring that the wearer is getting a comfortable, discreet fit with all the absorptive functions of a brief.



Bladder Control Pads

- Can be worn by people who experience light to moderate urinary incontinence. Bladder control pads have an adhesive strip to hold them in place on the wearer's own underwear or incontinence pants.
- Often changed by the wearer. Ideal for those who are independent or may need some assistance with toileting and require discreet protection.



Belted Undergarments

Belted undergarments can be used by those experiencing moderate incontinence. They are smaller than a brief and very discreet. This type of undergarment is held in place with an elastic belt with buttons on each side.



Underpads “chux”

Underpads are used to protect the bed and furniture when someone is incontinent. An underpad can be used alone or in conjunction with incontinence garments. Underpads come in many sizes and levels of absorbency; just like any other absorbent product, the size should be chosen based on the individual's needs.



Drypads

- Drypads protect the skin by wicking away moisture when someone is incontinent. A drypad can be used on both standard mattresses and air-support therapy mattresses because they have a breathable, air-permeable backing.



Absorbent Product Selection

- The next step is to select the appropriate product for every resident based on the individual needs. Each resident should be assessed thoroughly before an absorbent product is selected and assigned to that resident.
- An individual resident assessment is vital to choosing the appropriate product. By monitoring the residents individual needs and behavior, and by learning the type of incontinence and protection needed, you can greatly increase the residents comfort, dignity and quality of life.
- Once the resident has been assessed and the appropriate product has been selected, you will need to ensure that the product is fitted to the individual and is changed according to the level of performance. This will keep the resident comfortable, keep the skin dry and keep any chances of leakage to a minimum.

Choosing the Right Size

- Promote Health
- Promote Dignity

Benefits of good sizing:

- Comfort
- Breathability
- Optimal performance
- Improved quality of care
- Improved dignity
- Less linen changes, less product changes, less skin irritation and breakdown.

Sizing Myths

- Bigger is better
 - last longer
 - fewer changes
 - more absorbent
 - more comfortable



Help prevent
leakage



Help maintain
skin integrity



Increase
resident comfort



Improve
resident dignity

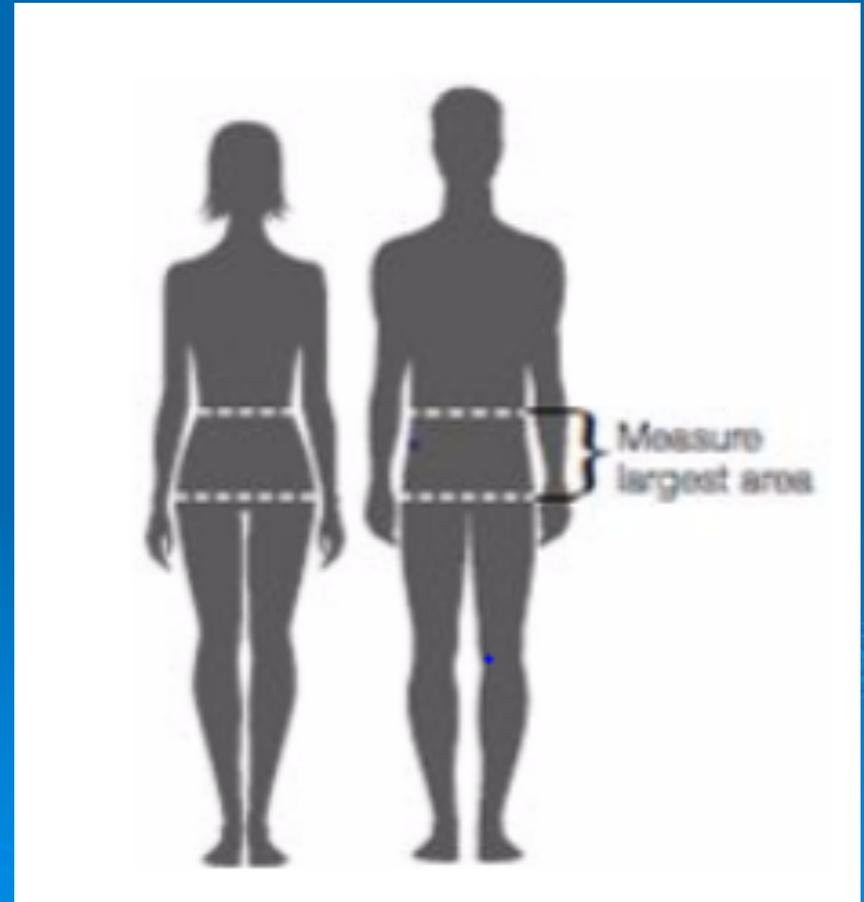
Double Up

- In theory, doubling up on continence protection means improved comfort and fewer changes for residents. But because their liquid-impervious back-sheets don't allow liquid to pass through to the next layer, doubling with traditional disposable continence products simply does not work.

Three Easy Steps for Better Sizing

Measure

- Across the front of the body or thigh to thigh (whichever is bigger)



Good Product Application Tips

Make sure that:

- the product has a nice bowl shape when opened, ensuring contoured fit to the body
- Fits neatly into the groin area and is close to the body
- Does not sag
- Is secured properly

Troubleshooting

- Leakage
- Skin Irritation
- Blisters
- Poor Fit



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