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Developing Evidence-Based Practice for Screening, Assessing and Managing Continence in Residential Aged Care

Funded through The National Continence Management Strategy

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Background


> 76 continence resources evaluated

> Either a suite of continence tools or were single documents
  > continence assessment tools,
  > bladder charts
  > bowel charts
  > protocols/guidelines and educational materials.

ICI Criteria for Continence Assessment¹

<table>
<thead>
<tr>
<th>Clinical Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Voiding patterns and symptoms? (Bladder Chart) and Assessment tool</td>
</tr>
<tr>
<td>✓ Voided volumes? (small, medium, large)</td>
</tr>
<tr>
<td>✓ Estimate of degree of leakage (incontinence)?</td>
</tr>
<tr>
<td>✓ Number of pad/clothing changes?</td>
</tr>
<tr>
<td>✓ Assessment of urgency?</td>
</tr>
<tr>
<td>✓ Description of associated circumstances?</td>
</tr>
<tr>
<td>✓ Times resident goes to bed and rises? (Bladder and Bowel chart)</td>
</tr>
<tr>
<td>✓ Fluid intake?</td>
</tr>
<tr>
<td>✓ Clear instructions for charting?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bladder Chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Bladder chart for minimum of 5 days?</td>
</tr>
<tr>
<td>✓ Times of voiding and/or incontinence?</td>
</tr>
<tr>
<td>✓ Voided volumes? (small, medium, large)</td>
</tr>
<tr>
<td>✓ Estimate of degree of leakage (incontinence)?</td>
</tr>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Bowel Chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Bowel chart for 3 to 7 days?</td>
</tr>
<tr>
<td>✓ Times of bowel motions and/or incontinence?</td>
</tr>
<tr>
<td>✓ Type of faecal incontinence (solid/liquid/gas)?</td>
</tr>
<tr>
<td>✓ Number of pad/clothing changes?</td>
</tr>
<tr>
<td>✓ Assessment of faecal urgency?</td>
</tr>
<tr>
<td>✓ Description of associated circumstances?</td>
</tr>
<tr>
<td>✓ Description of effects on QOL?</td>
</tr>
<tr>
<td>✓ Clear instructions for charting?</td>
</tr>
<tr>
<td>✓ Bother and QOL issues (including impact on ADLs)?</td>
</tr>
<tr>
<td>✓ Aids and appliances used?</td>
</tr>
<tr>
<td>✓ Physical examination conducted by appropriately trained staff (prompts to refer to skin)</td>
</tr>
<tr>
<td>✓ Urinalysis/MSU investigations</td>
</tr>
<tr>
<td>✓ Post-void residual investigations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factors that Contribute to Incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Low fluid intake?</td>
</tr>
<tr>
<td>✓ Low dietary fibre intake?</td>
</tr>
<tr>
<td>✓ Impaired mobility?</td>
</tr>
<tr>
<td>✓ Impaired dexterity?</td>
</tr>
<tr>
<td>✓ Impaired cognition?</td>
</tr>
<tr>
<td>✓ UTI-current/recurrent?</td>
</tr>
<tr>
<td>✓ Constipation and/or faecal loading?</td>
</tr>
<tr>
<td>✓ Fecal incontinence?</td>
</tr>
<tr>
<td>✓ Enlarged prostate?</td>
</tr>
<tr>
<td>✓ Urinary incontinence?</td>
</tr>
<tr>
<td>✓ Sleep disturbance?</td>
</tr>
<tr>
<td>✓ Other co-morbid conditions and past surgical history of relevance (e.g., arthritis, diabetes, abdominal or pelvic surgery)?</td>
</tr>
<tr>
<td>✓ Relevant medicines in use?</td>
</tr>
<tr>
<td>✓ Skin condition?</td>
</tr>
<tr>
<td>✓ Toilet access and environmental barriers?</td>
</tr>
</tbody>
</table>

¹Fonda, et al. (2002)
Findings

None of the resources evaluated referred to all 43 criteria recommended by the ICS.

Less than half of the resources included cues that would assist with diagnosis, management and evaluation of resident care.

A small number of resources contained more than half of the ICS criteria.

Strategy 1. Assessment and management recommendations

That a suite of user-friendly standards tools to assess, plan and evaluate continence care of residents be developed based on ICS standards and within the provisions of the Aged Care Act 1997.

That the suite of standard tools be trialled and evaluated to ensure that they assist all levels of staff within RACFs with clinical decision-making and improve resident outcomes.
1. Update Database of Continence Screening and Assessment Tools

Method
• A review of literature
• A search of the internet websites of peak bodies that provide continence services
• A search of the websites of companies that sell continence products

Findings
No new tools were identified

2. Update Tool Evaluation Checklist

ICI recommendations on continence assessment and management for the care of the frail elderly (Fonda et al., 2005).

DoHA Residential Care Manual (2005)

USA, Minimum Data Set (2002) - Change in urinary continence

American Medical Directors Association, (2006) - Resident preferences

Expert Advisory Panel
3. Evaluate Continence Screening and Assessment Tools

- The top 10 tools from the O’Connell et al. (2005) report and those items identified by the outcomes measurement experts were evaluated against the updated checklist criteria.

- None of the tools met all of the updated evaluation checklist criteria. Items could be drawn, however, from the 10 highest ranking continence tools (O’Connell et al. 2005) and the selection of continence outcome measurement items to cover all the updated checklist criteria.

4. Develop draft Standard Tools and Consult with Key Stakeholders

- Several iterations
  - Consultation with the key stakeholder advisory group
  - Consultation with the Australian Health Outcomes Collaboration “Continence Outcomes Measurement Suite”.
  - 5 instruments were identified with items potentially suitable for inclusion
    - Wexner Faecal Incontinence Symptom Scoring System (Jorge & Wexner, 1993)
    - Bristol Female Lower Urinary Tract Symptom Questionnaire (Jackson et al., 1996)
    - King’s Health Questionnaire (Kelleher, Cardozo, Khullar, & Salvatore, 1997)
    - Incontinence Severity Index (Sandvik et al., 1993)
    - Urogenital Distress Inventory (Shumaker et al., 1994)
**Wexner Faecal Incontinence Symptom Scoring System** (Jorge & Wexner, 1993)

**Wexner version**

Do you leak, have accidents or lose control with solid stool?

- 0 Never
- 1 Rarely (< 1 x in past 4 weeks)
- 2 Sometimes (< 1 x week, but more than once in the past 4 weeks)
- 3 Often or usually (< once a day but more than once a week)
- 4 Always (more than once a day)

**Modified version**

In the past four weeks, does the resident leak, have accidents or lose control with solid stool/bowel motion?

- □ Never
- □ Rarely (< 1 x month)
- □ Sometimes (< 1 x week/ ≥ 1 x month)
- □ Usually (< 1 x day / ≥ 1 x day)
- □ Always (every day)

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**Bristol Female Lower Urinary Tract Symptom Questionnaire** (Jackson et al., 1996)

**BFLUTs version**

How often do you leak urine?

- □ Never
- □ Once or less per week
- □ 2-3 times per week
- □ Once per day
- □ Several times per day

• How much of a problem is this for you?

- □ Not a problem
- □ A bit of a problem
- □ Quite a problem
- □ Severe problem

**Modified version**

• If the resident is experiencing a bladder problem, how much of a problem is this for them?

- □ No problem
- □ A bit of a problem
- □ Quite a problem
- □ Severe problem

• If the resident is experiencing a bowel problem, how much of a problem is this for them?

- □ No problem
- □ A bit of a problem
- □ Quite a problem
- □ Severe problem

* These are additional optional questions
King’s Health Questionnaire (Kelleher, Cardozo, Khullar, & Salvatore, 1997)

**KHQ version**

- Does your bladder problem affect your sleep?
  - Never
  - Sometimes
  - Often
  - All the time

**Modified version**

- Does the incontinence and/or need to pass urine disturb the resident’s sleep?
  - Never
  - Sometimes
  - Often
  - All the time

Incontinence Severity Index (Sandvik et al., 1993)

**ISI version**

- How often is urine loss experienced?
  - Never
  - Less than once a month
  - Once or several times a month
  - One or several times a week
  - Every day and/or night

- How much urine is lost each time?
  - Drops or little
  - More

**Modified version**

- How often does the resident experience urine leakage?
  - Never
  - Once every few days
  - Once a day
  - Several times a day
  - Most or every time
Urogenital Distress Inventory (Shumaker et al., 1994)

Urogenital Distress Inventory version (short form UDI-6)

- Do you experience urine loss related to the feeling of urgency?
  - Yes
  - No

- If so, how much are you bothered by it?
  - Not at all
  - Slightly
  - Moderately
  - Greatly

Modified version

- Does the resident experience urine loss related to the feeling of urgency?
  - Yes
  - No

- If yes, how much are they bothered by it?
  - Not at all
  - Slightly
  - Moderately
  - Greatly

* These are additional optional questions

Factors that were considered in the adaptation to RACF

- The context of RAC: workforce education levels/skill mix
- The nature and functionality of frail elderly residents
- The need to avoid duplication with ACFI
- The design and language
Hurdles Experienced

- Reliance on self-report – limited for residents with cognitive impairment
- Lack of valid proxy items
- Subjective interpretation of classification measures (i.e. proxy evaluation of impact)

A Final Set of Draft Standard Tools for the Screening and Assessment of Incontinence in RACFs

- Four draft standard tools for continence screening and assessment in RAC
  - Initial Standard Continence Screening Form for Residential Aged Care
  - Standard Bladder Chart for Residential Aged Care
  - Standard Bowel Chart for Residential Aged Care
  - Standard Continence Assessment and Care Plan Form for Residential Aged Care
  - A Continence Care Flow Chart to accompany the draft standard tools.
**Initial standard continence screening form for Residential Aged Care**

To be completed within 48 hours of admission. If the resident is unable to answer these questions, please complete using your observations or by asking a family member or other staff member.

### Bladder Health

1. Does the resident go to the toilet more than 6 times in the day or pass urine overnight? [ ] Yes [ ] No [ ] Don't know
2. Does the resident get up more than once during the night to pass urine? [ ] Yes [ ] No [ ] Don't know
3. Does the resident leak urine? [ ] Yes [ ] No
4. Does the resident have any other bladder problems (e.g. difficulty passing urine and/or pain)? [ ] Yes [ ] No

### Bowel Health

5. Has the resident lost control of co-waste bowel motions? [ ] Yes [ ] No
6. Does the resident have any other bowel difficulties (e.g. constipation or diarrhea)? [ ] Yes [ ] No

### Pad Usage

7. Does the resident wear pads? [ ] Yes [ ] No
8. Does the resident have to change clothes or bedding, or need protection because of bladder or bowel leakage or soiling? [ ] Yes [ ] No

**If you ticked yes or don't know to any of the questions please:**

- Immediately reexamine the Standard Bladder and Bowel Charts for Residential Aged Care.
- Conduct a full continence assessment using the Standard Continence Assessment Tool for Residential Aged Care form as soon as possible within 48 hours.
- Ensure that the incontinent care plan attends to the resident's continence care needs.

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**Standard Bladder Chart for Residential Aged Care**

Please complete this form to chart the resident's bladder activity. Complete each day for 5 complete days (identify which day)

<table>
<thead>
<tr>
<th>Day</th>
<th>No.</th>
<th>Time</th>
<th>Type</th>
<th>Amount</th>
<th>Incontinence</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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**Standard Bowel Chart for Residential Aged Care**

Please complete this chart to chart the resident's bowel activity. Complete each day for 5 complete days (identify which day)

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</table>

*Levels of assistance required: A - Independent, B - Requires supervision or prompting (brief), C - Requires physical assistance (brief), D - Requires lifting equipment (brief)
Recommendations

> The draft standard tools should be trialled and evaluated

> Implementing the draft standard tools should be underpinned by a national coordinated education program for the assessment, management, and promotion of continence in RAC.

> The draft standard tools should be recommended for use as a matter of routine in RAC settings.

> The draft standard tools should be made available to RAC facilities in electronic form.

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Trial of the Evidence Based Tools

• Diverse residential aged care settings in Victoria, South Australia and Tasmania

• Provided with 1 Educational Materials + Phone support
  2 Educational Materials + Didactic Session & Phone Support

• Evaluate Staff attitude and knowledge cont mgt

• Clinical usefulness of the educational programs and suite of tools