

## Codman Awards

# Enhanced Toileting Program Decreases Incontinence in Long Term Care

Carole Morgan, R.N., B.S., M.P.A.  
Nancy Endozoa, R.N., B.S.N.  
Catherine Paradiso, R.N., M.S., A.N.P.  
Marion McNamara, R.N., M.S.  
Maria McGuire, R.N., B.S.N., M.P.A.

Sea View Hospital Rehabilitation Center and Home is a 304-bed long term care facility that provides an array of services, including skilled nursing care, long- and short-term rehabilitation, and specialty services for patients with Alzheimer's disease and brain injuries. Located in Staten Island, New York, it is a part of the largest public health care system in the United States, New York City Health and Hospital Corporation, and has been servicing the community for more than 170 years.

Incontinence is a common problem in long term care. Although it increases with age, incontinence is not necessarily a normal consequence of aging. It increases within an institutional environment but can be corrected in about 30% of cases with appropriate diagnosis and treatment.<sup>1</sup> With the elderly living longer and the census of those living 65 years and older expected to double in the next 30 years, incontinence is an area of great concern to the long term care industry. Approximately 55% of residents in any long term care facility are incontinent, with a national cost of \$8.5 billion. Incontinence results in loss of dignity and quality of life, as well as the sequelae of skin breakdown, falls, and other injuries in residents and injuries in staff resulting from the heavy lifting entailed in care of the incontinent resident.

In March 2003, in reviewing its performance on the Minimum Data Set (MDS 3.0) quality indicators, Sea View discovered that it was 41% above the average (39%) of the state and national means for the incontinence indicators. In response, it initiated a performance improvement project, as described in this article.

## Article-at-a-Glance

**Background:** Incontinence is a common problem in long term care. In March 2003, in reviewing its performance on the Minimum Data Set (MDS 3.0) quality indicators, Sea View Hospital Rehabilitation Center and Home, a 304-bed long term care facility in Staten Island, New York, discovered it was 39% above the average of the state and national means for the incontinence indicators. In response, it initiated a facilitywide performance improvement project.

**Methods:** Processes identified in the action plan for the project, "Residents who trigger for occasional or frequent bowel and bladder incontinence on MDS will be assessed for an individualized toileting schedule," included (1) revision of assessment documentation, which improved the initial assessment of continence, with an added reassessment process; (2) documentation of the toileting plan on the Patient Care Technician Assignment Card and the Activity of Daily Living Accountability Sheet; (3) adoption of toilet-assist devices; (4) hospitalwide in-service on incontinence and toileting; and (5) revision of the bowel and bladder incontinence policy.

**Results:** After implementation of the revised bowel and bladder incontinence assessment tool, the rate of incontinence without a toileting plan decreased—from 79% to 38%—and remained below the yearly mean.

**Discussion:** The new assessment processes made individualized planning possible and accurate. This initiative could be easily replicated because it requires resources that are basic to most long term care facilities.

## Methods

### PERFORMANCE IMPROVEMENT TEAM

The performance improvement team was led by the associate director of nursing and included directors of medicine, nursing, pharmacy, rehabilitation, care management, and food services, MDS nurses, staff registered nurses (R.N.s)/licensed practical nurses, and patient care technicians (P.C.T.s). Recognizing the importance of 100% resident care staff involvement, leadership provided support to enable staff participation. For example, release time was set for staff so that they could attend meetings without interruption of resident care.

### PERFORMANCE IMPROVEMENT ACTIVITIES

Our first step was to convene the performance improvement team for a Failure Mode and Effects Analysis (FMEA) for those residents who experience occasional or frequent bowel/bladder incontinence. Identified failure modes were as follows:

- Incomplete assessment related to incontinence
- Lack of criteria to determine which residents are candidates for a toileting program
- Lack of reassessment for incontinence
- Lack of a resident-specific toileting schedule or an individualized care plan
- MDS miscoding
- Knowledge deficits in all levels of clinical staff
- Need for equipment to make lifting easier on staff

Each failure mode was rated in terms of its frequency or likelihood of occurrence, and an evidence-based action plan was created. Processes identified in the action plan for the facilitywide performance improvement project, “Residents who trigger for occasional or frequent bowel and bladder incontinence on MDS will be assessed for an individualized toileting schedule,” were as follows:

- Assessment documentation was revised, improving our initial assessment of continence, and a reassessment process was added. A new incontinent assessment tool was developed and used by nursing and medicine. Bowel and bladder incontinence assessment became more thorough and is now assessed on admission, re-admission, every three months, or when the resident’s condition changes. Residents identified as high risk on the assessment form are placed on an individualized toileting plan.
- A new Patient Care Technician Assignment Card was

developed, in which the R.N. details the care required, including the toileting plan.

- A new Activity of Daily Living (ADL) Accountability Sheet, in which the P.C.T.s document the care provided, includes toileting.

- Research into toilet-assist technology resulted in finding a new device, a standing lift (for patient transfers between beds, wheelchairs, or commodes), which is equipped with safety devices to prevent falls; eight were purchased, at a total cost of \$23,576.

- Annual education to all licensed professionals responsible for MDS coding improved coding discrepancies.

- Hospitalwide in-service on incontinence and toileting was initiated, as well as the use of all new documents, policies, procedures, and equipment. The curriculum included detailed information on urinary and bowel incontinence; types of incontinence and differentiating symptoms; physiologic, pharmacologic, and psychological causes and associated treatments and individualized care planning; and education on the relationship between incontinence, pressure ulcers, and falls.

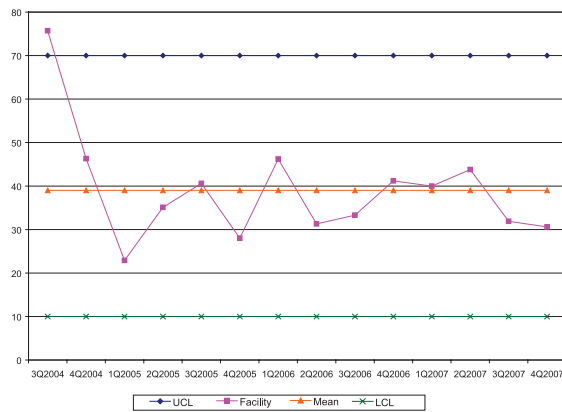
- The bowel and bladder incontinence policy was revised.

The process for the toileting program is monitored through biweekly chart audits, unit rounds, and staff competency evaluations. The chart audit addresses use of the assessment tool and ongoing evaluation of continence. During unit rounds, the interdisciplinary team discusses each resident to ensure that all variables associated with incontinence are being addressed. The product evaluation for the standing lift showed that the equipment was successful, and more were purchased. During rounds, the team reviews the assignment cards and accountability records.

In addition, the team leader conducts rounds on every resident who triggers for occasional/frequent bowel/bladder incontinence without a toileting plan. She investigates whether all the toileting plans are appropriate, in use, and documented. She also notes how staff deal with breakthrough incontinence and reevaluate toileting plans.

So far there has been outstanding compliance. Toileting policies, assessment, and our toileting project are part of hospital orientation. Use of the standing lift has also become part of general hospital orientation, and staff must be proficient in its use before coming into full clinical practice. Existing staff must demonstrate competency during their annual performance appraisal process. If an indi-

### Prevalence of Occasional or Frequent Bladder or Bowel Incontinence Without a Toileting Plan, 3Q2004–4Q2007



**Figure 1.** The prevalence rate of incontinence decreased from 76% for the third quarter (Q3) of 2004 to an average of 36.2% for 4Q2004 to 4Q2007. The new bowel and bladder protocol was implemented in July 2004. UCL, upper control limit; LCL, lower control limit.

vidual cannot use the lift properly, he or she is given additional in-service education.

#### PERFORMANCE MEASUREMENT

The MDS data reports provide data for all 26 Centers for Medicare & Medicaid Services (CMS) quality indicators<sup>2</sup> for residents assessed that month, along with a profile that (1) benchmarks values from peer facilities across the United States and (2) shows an overall picture of quality for each resident and for the entire hospital. Such a report in 2003 revealed a facilitywide problem with incontinence.

#### Results

After implementation of the revised bowel and bladder incontinence assessment tool in the 4th quarter of 2004, we saw a sharp decrease—from 79% to 38% (Figure 1, above)—in incontinence without a toileting plan, which continued as we made other improvements throughout the FMEA process. As shown in Figure 1, incontinence without a toileting plan remained below the yearly mean as reported by CMS for 3 years. The comorbidities associated with incontinence also decreased. Throughout 2004, 2005, and 2006, the rate of falls sustained a decrease of 2%, and pressure ulcers, 5%.

In addition, in 2004, 86 of 136 residents triggered for incontinence on our quality indicator reports, as compared with 41 of 129 residents in 2005 and 45 of 119 residents in 2006.

#### Discussion

Previous to the incontinence performance improvement project, staff toileted residents on a regular schedule, but there was little individualization in place. The new assessment processes made individualized planning possible and accurate. Staff experienced resistance to learning how to operate the standing lift, initially feeling that it would take longer and be more laborious in helping their patients to toilet. However, with experience, they found that it was an easier and more efficient way to provide toileting care.

The improvements that we made have been sustained for more than two years. The policy, assignment card, individualized care plan, and assessment tools remain in place. As stated, unit rounds always include continence as an area for team discussion on all residents; every resident who becomes incontinent is placed on a toileting program; and the team leader investigates every resident that triggers for incontinence.

This initiative could be easily replicated because it requires resources that are basic to most long term care facilities. The facility staff have had the satisfaction of contributing to improved resident outcomes and, even more important, to residents' improved quality of life. **J**

**Carole Morgan, R.N., B.S., M.P.A.**, is Director of Nursing, Sea View Hospital Rehabilitation Center and Home, Staten Island, New York; **Nancy Endozoa, R.N., B.S.N.**, is Associate Director of Nursing; **Catherine Paradiso, R.N., M.S., A.N.P.**, is Associate Director of Ambulatory Care; **Marion McNamara, R.N., M.S.**, is Associate Director of Nursing; and **Maria McGuire, R.N., B.S.N., M.P.A.**, is Associate Director of Care Management. Please address correspondence to Carole Morgan, R.N., Carole.Morgan@seaviewsi.nychhc.org.

#### References

1. Fantl J.A., et al.: *Urinary Incontinence in Adults: Acute and Chronic Management*. Clinical Practice Guideline, Mar. 1996 Update. <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat6.chapter.9995> (last accessed Feb. 15, 2008).
2. Centers for Medicare & Medicaid Services (CMS): *Facility Guide for the Nursing Home Quality Indicators: National Data System*. Sep. 28, 1999. <http://www.cms.hhs.gov/MinimumDataSets20/Downloads/CHSRA%20QI%20Fact%20Sheet.pdf> (last accessed Feb. 20, 2008).