Implementing a Continence Protocol into the Admission Process: Increasing the Identification of Urinary Incontinence

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INTRODUCTION

- Urinary Incontinence (UI) is defined as involuntary leakage of urine with an impact on social functioning and hygiene.
- Only 1/3 of Assisted Living facilities (ALFs) have continence program in place while 30-33% of residents are estimated to have UI.²
- UI is one of the leading causes of nursing home placement increasing associated costs to 28 billion dollars annually within long term care and the community.³
- Improvements in bladder health with behavioral interventions are possible in 8 out of 10 cases, but less than half of those with UI seek healthcare professionals for interventions.⁴
- Despite knowledge and the effectiveness of UI behavioral interventions, healthcare personnel have not translated these into practice.⁵

PURPOSE

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- To enhance the identification and assessment of urinary incontinence into the admission process for residents in the assisted living facility and increase staff competence to manage and treat UI.

Objectives

- Develop an assessment and treatment protocol to identify urinary incontinence in an assisted living facility.
- Increase rate of identification in residents with urinary incontinence in the assisted living facility.
- Increase staff knowledge and competencies involving urinary incontinence by identifying the type of UI and how to appropriately apply behavioral interventions.

METHODS

- Institutional Review Board: Exempt
- Project Design: Evidence-based quality improvement

RESULTS

- Total of 7 staff members (1 RN, 1 LPN, and 5 CMAs) completed the Pre Education Staff Knowledge Questionnaire & Incontinence Stress Questionnaire-Staff Reaction.
- Total of 6 staff members (1 RN, 1 LPN, and 4 CMAs) were present during 2 separate 30 minute educational sessions and completed the Post Education Staff Knowledge Questionnaire and Incontinence Stress Questionnaire-Staff Reaction.

<table>
<thead>
<tr>
<th>Type of UI</th>
<th>Pre-Education Mean Score</th>
<th>N=7</th>
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</thead>
<tbody>
<tr>
<td>Pre-Education</td>
<td>88%</td>
<td></td>
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<tr>
<td>Post-Education</td>
<td>97%</td>
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- 8 residents were screened who were admitted within the last 12 months.
- 2 newly admitted residents were screened after implementation date of project (Dec-March 2014).

EVALUATION

- The Incontinence Stress Questionnaire-Staff Reaction (ISQ-SR) is a 30-item question survey asking the staff to check the appropriate box that describes their reaction to urinary incontinence using a Likert Scale.
- Five items were selected from the (ISQ-SR) survey based on the largest change from pre to post surveys as well as most accurately reflecting confidence and success of this continence program.

Staff Reaction to UI: Pre vs. Post Change Scores

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-Education</th>
<th>Post-Education</th>
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<tbody>
<tr>
<td>Dislike changing wet clothes and clothing none of the time</td>
<td>17% N=1</td>
<td>6% N=1</td>
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<tr>
<td>Feel comfortable working with UI residents most of the time</td>
<td>17% N=1</td>
<td>5% N=1</td>
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<tr>
<td>React positively towards UI residents most of the time</td>
<td>17% N=1</td>
<td>5% N=1</td>
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<tr>
<td>Feel they can help all the time</td>
<td>17% N=1</td>
<td>5% N=1</td>
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<tr>
<td>Dislike odor all the time</td>
<td>17% N=1</td>
<td>5% N=1</td>
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- Staff evaluated UI education sessions according to 5 point Likert scale.

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<tr>
<th>Likert Scale</th>
<th>1 Not at all</th>
<th>2 To little extent</th>
<th>3 To some extent</th>
<th>4 To a moderate extent</th>
<th>5 To a large extent</th>
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<tr>
<td>17% N=1</td>
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CONCLUSIONS

- Written education combined with case based presentation is an effective method of learning UI content.

Knowledge and confidence level with UI can be improved with education.
- Behavioral interventions can easily be applied after viewing the UI educational content.
- What UI is not assessed is not treated.
- Strong leadership in assisted living is necessary for the successful implementation of continence programs.
- Residents are not reluctant to discuss UI.

PRACTICE IMPLICATIONS

- The potential impact of this project may increase quality of life for residents, maintain or improve continence status, and increase the competency of staff to care for residents with UI.
- Implementing a continence protocol into the admission process at the assisted living facility identifies baseline UI status, enables the facility to implement interventions to promote and improve continence, minimize costs, promote quality of life and independence, and decrease social isolation.
- A narrated, recorded PowerPoint of the staff education was uploaded to the desktop of the nurse manager to be included in future staff orientation.

Long term goals:

- Incorporate UI assessment tool (MESA) into their electronic health record.
- Continue with screening and applying behavioral interventions to residents with UI.
- Expand continence protocol to other assisted living facilities.
- More stable census by decreasing resident transfers to a higher level of care due to uncontrollable UI.

Limitations:

- Demands of care take priority.
- Small number of staff participating in staff education.
- Limited time frame to complete a post post-educational knowledge questionnaire and ISQ-SR to validate results.

REFERENCES


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