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Incontinence affects every aspect and stakeholder of an assisted living community

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ABSTRACT

A total incontinence management program will benefit a community's administration, nurses, caregivers, families and most importantly, residents. An incontinence program helps reduce the risk of incidences such as agitation, urinary tract infection, falls and skin complications which assisted living and memory care communities are trying to prevent. The correct evaluation tools increase the likelihood of successful outcomes because the program has to be the right program for the resident. After evaluation of the level of incontinence, the resident can then be enrolled. This article provides a practical toolkit for assessment of a resident in assisted living general or memory care populations in addition to the different types of programs a resident can enroll into after evaluation completed.

Incontinence is a widespread condition that ranges in severity from an occasional light urinary leak to complete loss of bladder or bowel control. An estimated 25 million people in the United States are affected by incontinence, and the severity/level of incontinence depends on age, bladder and prostate health, cognitive status, mental health and chronic conditions. Among assisted living communities, 39% of residents suffer from incontinence, urinary or bowel, with 36.6% reporting to have urinary incontinence and 20.4% with bowel incontinence.[1]

The goal of a community is to control and manage the incontinent residents to reduce the risk of incidences such as falls, UTI's and agitation issues the community is trying to prevent.

Incontinence, if not properly assessed and managed, can have a negative impact on resident dignity and privacy and therefore become a quality of life issue for residents and families.

Incontinence is a huge issue in assisted living as well as in other senior/elder care settings. The assisted-living (AL) nurse leader needs to have a clear understanding of how best to assess and manage residents from admission through discharge with person-centered evaluations, goals and interventions.

There are different types of incontinence with several possible causes. The most common types include stress incontinence, urge incontinence and functional incontinence. Many root causes for incontinence exist, such as Alzheimer's and Related Disorders, neurological, musculoskeletal conditions, surgeries, pelvic floor atrophy, bladder sphincter dysfunction, UTI's/Bladder infections, diabetes, reduced mobility, a long history of poor bladder habits, poor eyesight, poor dexterity, unwillingness to toilet, depression, anxiety/anger, obesity, and inadequate fiber and water intake. Poor bladder control can range from the occasional leak when someone laughs to full incontinence which is complete loss of bladder control. Other symptoms may include the constant need to urgently or frequently visit the toilet, which is often associated with "accidents" or urinary leakage. Bowel incontinence, which some residents also have, can be described as involuntary leakage of stool and is highly irritating to the skin.[2]

This discussion is centered around managing urinary incontinence but in no way, minimizes the impact and seriousness of bowel incontinence. Bowel incontinence is highly irritating to the skin and significantly affects the dignity and quality of life of residents. It is necessary for the AL nurse leader to alert the primary care physician to bowel incontinence and request the physician to evaluate the resident for the root cause of the loss of control. Many of the root causes for urinary incontinence are the same for bowel incontinence-loss of motor control post-stroke or other physical decline/injury affecting the sphincter muscles and bowel motility need to be addressed. The presence of C-Diff or other infections causing

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diarrhea and accompanying loss of bowel control, cognitive impairment, decreased ability for the resident to sense the need to have a bowel movement and multiple other causes need to be investigated and treated or have a resident-centered management plan developed. The good news is incontinence can be managed and controlled with staff and resident education and the utilization of a resident-
centered management program.

There are common misperceptions about incontinence among staff, residents, families and vendors. Many feel bladder or bowel incontinence is a natural consequence of aging, it is not. There are multiple underlying causes as discussed. Decreased awareness of how full the bladder is can lead to occasional leaks or full incontinence. Due to decreased skin sensors residents do not necessarily feel the wetness which of course can lead to Incontinence Associated Dermatitis (IAD) or even maceration of tissue leading to deeper ulceration. Often, residents may not feel the onset of pain of a Urinary Tract Infection (UTI) until it's too late. The perception of pain is dulled or delayed due to neurological, musculoskeletal or cognitive deficiencies. There are many cases of occult urinary tract infections which are not detected until there is a major change in the resident's status, such as loss of ability to walk, mental status changes, withdrawal from or refusal to participate in their normal activities or recreational offerings. Staff is often the first to be aware of the UTI due to the odor, color or turbidity of the urine.

Additionally, many incontinent residents think if they drink less, they would urinate less, but in fact this would increase the risk for UTI's or bladder infections. Drinking less liquids would create highly concentrated urine, irritating the bladder and causing the resident to urinate more often. Inadequate water intake can lead to dehydration and chronic constipation, which can lead to incontinence. The type of liquids must be managed as opposed to the amount of liquids. Irritants, such as carbonated beverages, artificial sweeteners, caffeinated drinks, milk products, citrus fruits or juices, and even tomato-based products, must be controlled. Muscle weaknesses, due to pelvic floor atrophy, neurological or musculoskeletal dysfunction, stroke or Alzheimer's and Related Disorders can be assessed in residents and can be improved with the introduction of Physical and Occupational Therapy to address the root cause and a comprehensive resident-centered prompted toileting program. "Wet comfort" is a feeling residents have when pads they are wearing are wet and yet they continue to wear them. Memory care residents have limited self-awareness for the severity of wetness to alert caregivers which compounds the problems of incontinence. Poor "wet comfort" equates with failure of the pad to keep the skin dry. Good "wet comfort" equates with product dryness and leakage control. The resident will not only feel the difference but caregivers can also check their "wet comfort". A practical and easily implementable assessment tool and program would help combat these problems. The caregiver would know what level of incontinence the resident is experiencing, what program the resident is on based on their assessment, drinking, eating voiding patterns, habits and proper incontinence products, changing routines and on-going evaluations of resident responses and outcomes.

So how does a caregiver or nurse determine the level of continence of a resident? The answer is to assess the level of continence of the resident. With a proper easy-to-use toolkit and partnership with incontinence and product experts, this can be done easily. The key is to assess for and identify the root causes and when possible, slow the rate of progression of incontinence. Through the management of the underlying causes of incontinence and a good continence/ incontinence care program and protocols, caregivers can assess the level of incontinence and determine whether the resident is occasionally incontinent, frequently incontinent or fully incontinent. Utilizing the toolkit caregivers can assess the resident and then implement a total resident-centered incontinence care management program, benefiting all assisted living stakeholders including residents, families, nurses, caregivers and administrators.

The following assessment/evaluation will assist the AL nurse leader and direct care staff in finding the correct product and management tools needed to provide optimum continence care to their residents.

Continence assessment/evaluation

Name of Resident:
Name of Evaluator: Date:

To be performed on admission, readmission at least every six months, with changes in status. Utilizing the following tool measures knowledge of resident status and caregiver clinical competence

Directions: Circle the appropriate corresponding score/number.

1) Is the resident in a secure memory care unit?

No	0
Yes	10

2) Cognitive mental status:

Awake Alert Oriented x3, knows Person Place and Time	0
Occasionally confused	5
Consistently confused	10

Contact family for information if both questions above scored 20 points total.

3) Communication:

Alert/Communicates well verbally/Understands	0
Communicates poorly verbally/Little Understanding of what is said	2
Cannot Make needs known	5

4) Does the resident take diuretics?

Never	0
Sometimes	2
Always	5

5) Mobility:

Fully mobile/Ambulatory	0
Walks with Aid/Assistive device	2
Bed/Chair-bound/Requires physical assistance for toileting	5

6) Does the resident get UTI's?

Never	0
Sometimes	2
Always	10

7) Urinary daytime incontinence:

Never	0
Sometimes	2
Always	10

8) Urinary nighttime incontinence:

Never	0
Sometimes	2
Always	10

9) Bowel daytime incontinence:

Never	0
Sometimes	2
Always	10

10) Bowel nighttime incontinence:

Never	0
Sometimes	2
Always	10

11) Frequency of urination/day:

Less than 3 times	0
3–8 times	5
More than 8 times	

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12) Resident is on a toilet in advance of need (TIAN) program.?

Always	0
Sometimes	10
Never	20

13) Resident needs physical assistance with toileting?

Always	0
Sometimes	10
Never	20

Assessment score classification key

Occasional incontinence	0–10
Frequent incontinence	11–25
Fully incontinent	26- above

Additional comments if appropriate:

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The assessment tool can be used to look beyond the different TYPES and causes of incontinence and focus on the LEVEL of incontinence. Proper evaluation of incontinence levels will help in implementing the resident-centered incontinence program which includes therapies as needed, resident and staff education and proper product selection. Keep in mind, a "one-type-fits-all" approach for both mild and severe urinary incontinence or for day and night-time management is an inappropriate use of products.[3] It is recommended that a selection of pad and brief systems be available for different functional abilities, ease of use, and level of wetness.

The levels of incontinence fall into three categories:

Occasional,

Frequent, and

Fully Incontinent.

Proper assessment tools help determine the LEVEL of incontinence. As a result, a community can implement a program based on the needs of each resident. Ultimately, the goal would be to slow down the rate of progression of incontinence. A program's roll-out should be easy to implement and practical.

An assessment tool should be an easily implementable series of questions for nurses and caregivers to be done on admission, at least semi-annually and with changes in bowel and bladder habits. As a result, caregivers will be able to determine the level of incontinence and classify residents under the three levels of the total incontinence program solutions:

A product based incontinence management solution for the "occasionally" incontinent resident,

A total incontinence "lite" program for the "frequently" incontinent resident, and

A total incontinence management program for the "fully" incontinent resident.

Once a resident is assessed, one of these practical solutions can be incorporated into managing the resident's daily incontinence care protocol or program. Moreover, the program should be easy from top down to the caregiver as well as easy to accept for the resident and families. The out-of-pocket cost for families should not be more than big box, or warehouse, retailers, regardless of quantity. Also, the program should be fluid, should a resident's level of incontinence change, the program will also change to meet all resident needs.

The following assessment tool provides the AL nurse leader with resident specific questions to determine their level of continence/incontinence. It is recommended these tools be utilized for all new admissions, readmissions, changes of resident status and at least every six months to assure problems are identified as soon as possible. With constant assessment the AL nurse leader and staff can implement the incontinence management program as soon as an issue is identified. The sooner the resident-centered program is implemented for a resident the better the potential for positive outcomes.

A strong incontinence program is built on five pillars: Positive resident outcomes, assessment/evaluation, valuable education from the top administrators down to the caregiver, product selection, and value pricing. Success means having valuable suppliers/partners with experts in this area of care. To do so, an incontinence management program using the right products with high absorbency and wicking properties, helps reduce leaks and odors, curtail wetness, and keeps the skin dry to minimize skin complications. Both absorbency and softness of products promote comfort and prevent unnecessary changes, especially at night. This allows the resident to sleep better, minimizing sleep fragmentation and reducing the risk of agitation. The result is a caregiver having more time for caregiving. With more absorbent products, caregivers can spend less time changing bedding due to leaks, allowing them to have more time to spend with residents to promote an active lifestyle and improve the state of mental health, ultimately combatting many of the risk factors for incontinence.[4]

Staff should be aware of medications taken, current health concerns, abilities to participate in activities of daily living, ability to comprehend instructions, communicate their needs, and medical history. Beyond these factors an assessment toolkit would help

determine the level of incontinence and subsequent solutions. With practical solutions and superior products that keep the skin dry, caregivers can check the product and not have to change it every time, apart from fecal or dual incontinence. In a total incontinence management program, a product should be checkable without destroying the product. This is the difference between checking and unnecessarily changing the product. Products such as tape-on briefs with side tabs should be a checkable type.

Success means an incontinence management program identifying the right products for the right resident with high absorbency and wicking properties, which helps reduce leaks and odors, curtails wetness, and keeps the skin dry to minimize skin complications. Both absorbency and softness of products promote comfort and prevent unnecessary changes, especially at night. This allows the resident to sleep better, minimizing sleep fragmentation and reducing the risk of agitation. The result is a more comfortable resident and a caregiver with more time for caregiving. With more absorbent products, caregivers can spend less time changing bedding due to leaks, allowing them to have more time to spend with residents to promote an active lifestyle and improve the state of mental health, ultimately combatting many of the risk factors for incontinence.[4] An appropriate incontinence product is one that ensures skin integrity is maintained.[5] There is no simple answer to the best product or products for continence, yet, choosing the best product is of utmost importance for the individuals' well-being.[6]

A total incontinence management program will benefit all stakeholders, from management to caregivers to the residents and their families. The benefits for each resident involved in the program will be decreased disturbance during night time hours allowing for more restful sleep, decreased potential for skin breakdown, increased participation in community activities due to increased confidence in their incontinence products allowing for improved quality of life. Benefits to staff include improved resident satisfaction, cooperation and comfort, fewer bedding and clothing changes, improved community odor control, reduced risk of encountering resident stress and agitation, scheduled toileting, and caregiving self-fulfillment. The proposed assessment toolkit will help lead to success through ease of implementation and ultimate reduction of the rate of progression of incontinence. Resident specific assessment, product selection, scheduled toileting and encouraging residents to toilet is part of a total incontinence management program.

Ultimately, the positive outcomes of a good incontinence management program will reduce the risk of incidences that all assisted living communities try to minimize. A program helps reduce the risk of skin breakdown, promotes a better night's sleep, improves mental health and dignity and reduce the risk of falls.[7] Even when UI cannot be completely cured, it can always be controlled with the right products to ensure optimal skin integrity, odorless urine containment, social independence, comfort, and freedom of movement,[8] ultimately slowing the progression of incontinence. A total incontinence program does not have to be more expensive to the residents, family, or the community. Through education, and working directly with manufacturers and their experts, assisted living communities can often implement a better program at a lower cost, adding value to residents, families, caregivers and the community.

Feeling drier impacts the attitude and mood of residents and helps preserve dignity of residents allowing them to thrive. Often, residents have no control, but as caregivers with the right knowledge, toolkits, product programs and ease of implementation, we can help improve dignity, confidence and quality of life.

Ultimately, having a three-level assessment tool which overlaps with a five-pillar incontinence management program will add simplicity and improve efficiency in this area of resident care. A program based on product superiority, educational expertise, and cost-saving benefit all stakeholders of a community, starting from the most important one, the resident.

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