A New Look At Urinary Incontinence
Part I
New England Nursing Home Quality Care Collaborative

Thank You for Joining!
The webinar will begin shortly

Call-In Number: (888) 895-6448
Access Code: 5196001
A New Look At Urinary Incontinence
Part I
New England Nursing Home Quality Care Collaborative

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June 9, 2016
11:00 am – 12:00 pm

This material was prepared by the New England Quality Innovation Network-Quality Improvement Organization (QIN-QIO), the Medicare Quality Improvement Organization for New England, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOWQIN_C2_201606_0588
Today Objectives

Better Understanding of:

The relationship between Low-Risk Incontinence and other Quality Measures that impact your 5 star rating

Toileting programs that minimize UI episodes
  • With Staff/Resident Buy-In
  • Appropriate and Individualized
  • Practical

Improved communication to meet your goals

Documenting and reassessing your programs
CASPER: “LOW-RISK Residents Who Lose Control of Their Bowel or Bladder”

Who?

• “Low-Risk”
• Long Stay Residents (>100 days)
• “Frequently or Always Incontinent

When?

• MDS look-back period of 7 days
• (Assessment Reference Date-ARD set by the MDS Nurse)

What is it?

• 7 or > episode of UI during the look-back period and/or
• 2 or > episodes of bowel incontinence during the look-back period
CASPER: “LOW-RISK Residents Who Lose Control of Their Bowel or Bladder”

If a Resident has ANY of the following *high-risk* conditions, they are **EXCLUDED** from this Quality Measure

- Severely cognitively impaired
- Totally dependent in:
  - bed mobility, or
  - transfer, or
  - locomotion on unit in self-performance
- Comatose
- Living with an Ostomy
- Living with an Indwelling Catheter
What the CASPER Numbers Mean

CASPER example:

<table>
<thead>
<tr>
<th>Num</th>
<th>Denom</th>
<th>Facility</th>
<th>Observed %</th>
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<tbody>
<tr>
<td>10</td>
<td>16</td>
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<td>63.0%</td>
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The Numerator is 10

The Denominator is 16 even though the number of MDSs submitted was 54

The % of residents who trigger is 63 (10/16 = 63%)
The Measurement of Success

A little change in numbers can show a dramatic improvement in the % reflected on your CASPER

N=10 D=16 equals 63%
If the N=7 D= we are now at 43%
    N=6 D=16 we are at 37%
    N=5 D=16= we are at 31%
CASPER Trigger

- Per the MDS the Incontinence is determined to be “Frequent” or “Always” when:
  - During the 7 day look-back period
  - Urinary Incontinence: 7 or more episodes or “always”
  - Bowel Incontinence: 2 or more episodes or “always”
The Important Lookback Period

• The MDS Nurse is capturing the care provided in a 7-day lookback period.

• His or her awareness of what triggers the Quality Measures can be essential in improving numbers.

• In some instances, adjusting the ARD can eliminate the unusual occurrence of incontinence, for an example, to an untreated UTI or bowel incontinence related to 24-hour virus.

• This kind of thoughtful analysis by the MDS nurse can help with all of the Quality Measures.
Bowel Incontinence

• Limiting the episodes

• Use of laxatives and suppositories
  – Communicating the use to CNAs/LNAs

• Timing a toileting plan & having required equipment available, ex. a bedside commode

• Communicating Individual Schedules
What’s in it for Me? For You? For Everyone?

For our nation’s health costs...

- Estimated 10% to 35% of adults
- > 50% of 1.5 million nursing home residents have UI
- Conservative cost estimates of $5.2 billion per year for urinary incontinence in nursing homes
Limiting Your Risks

- Star Rating - Negative effects on the QMs/UTI, Falls, Pressure Ulcers
- State Survey F315 can be cross tagged with:
  - F-314 Pressure Ulcers
  - F-281 Professional Standards
  - F-323 Accidents and Supervision
  - F272-F278 Assessment

Financial

- Fines of $500-$10,000 per day F315 interpretive guideline
  - Improper use of indwelling catheters
  - Prevent UTIs and restore as much bladder function as possible
- Several thousand $s per resident per year on incontinence skin products
What’s in it for Me? For You? For Everyone?  

_Nursing Staff…_

- Engage them. Get them to share how much TIME it takes to deal with a UTI, a FALL, SKIN BREAKDOWN, and FIXING Deficiencies

- Completing Voiding Diaries and implementing toileting programs can be cumbersome, but will save time in the end

- Instill pride in their work by posting successes, helping them understand how their work is seen by the public…Nursing Home Compare, Star Rating
What’s in it for Me? For You? For Everyone?  
LNAs/CNAs…

• Timesaving
  − Prompting and assisting residents with individualized toileting programs is faster than providing incontinent care and dealing with potential complications
    ▪ Help them to understand the complications
    ▪ Save time by assuring they have enough bedside commodes, urinals, and bedpans readily available for use.

• More Pleasant/Cleaner

• Some studies have shown decreased episodes of agitation with toileting as compared to providing incontinent care

• Safer
What’s in it for, most importantly, THE RESIDENT?

• Preventing Complications
  – The resident needs education about complications
  – If the resident doesn’t “buy” the program, it will not succeed
  – Some residents can even do their own Voiding Diary

• Improved self-esteem
  – Less likely to avoid social activity and interactions
  – Decreased Anxiety related to “making it on time”
  – Decreased Anxiety related to odors
  – Active participation in planning their own care
The Best Medicine

HAPPY NEW YEAR!

NEW YEAR? I HAVEN'T EVEN FINISHED WITH THE PREVIOUS YEAR YET!
Touching on Assessment Process

• Reversible
  – “D” Delirium and/or Dehydration
  – “R” Restricted Mobility and/or Retention
  – “I” Infection/Inflammation/Impaction
  – “P” Pharmaceuticals
Focus on Irreversible Incontinence and the Voiding Diary

Why Bother?
- It’s a standard of practice
- Care Plans are individualized with resident input
- Ability to minimize episodes for better care and outcomes with fewer complications

The Voiding Diary Needs to:
- Be accurate and complete
- Cover 72 hours over all 3 shifts every 2 hours
- Simple, but with enough data to find a pattern
- Be communicated to everyone involved
- Owned by the charge nurse on every shift
### Voiding Diary

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Sample Voiding Diary Codes

• S M L
  – Small Medium Large

• Comments
  – AR = Assisted with Results
  – ANR= Assisted with No Results
  – RR= Resident Refused
  – RRQ= Resident Requested Assist with Results
  – Other
Are you currently using a 3-day Voiding Diary that works for your facility?

- Always
- Usually
- Sometimes
- Never
“Try to get some rest. I’ll be in every few minutes to make sure you don’t.”
Choosing Your Residents for Your Voiding Diary

Avoid residents who are high risk:

- severely cognitively impaired
- totally physically dependent
- unwilling to participate in a program
- comatose
Where to Begin

Gather Data

• CASPER Level Quality Measure Report
• CNA/LNA Flow sheets
  - They should look a lot alike, but you may find someone who has a new problem with incontinence that can be reversed
• Use these tools to determine the most likely to succeed and determine your goals for the unit
Tips for a Complete and Accurate Voiding Diary

- Review and revise Policies and Procedures
- Provide staff education/relevant resident education
- All hands on deck
  - Identify an LNA/CNA Continence Champion on each unit
  - Delegate the Charge Nurse on Every shift for accountability
    - Consider keeping the diary on the med cart
  - Delegate the Nurse Manager for daily oversight of the diary
More Tips…

Maximize communication

• Voiding Diary Form
  − Color Code It/It’s own Clip Board
  − Shift to Shift review/report
  − Keep it on the Med Cart

• Person-centered care
  − Resident Education and Active Involvement in the Plan

• Accessible equipment needs

• Involve Evening and Night staff in all phases
More Tips…

• One Voiding Diary per unit at a time
• Avoid weekends and holidays in your 72 hour diary
• Review your LNA/CNA assignments; talk to them about the assignments and the communication about toileting programs they need to be successful
Congratulations-You have it-the truly individualized toileting plan!

Just a few more things to do

• Test it/Monitor it/Review in 2 weeks
• If it’s not working to the resident’s and team’s satisfaction, go back to the drawing board
• One step at a time until you meet your goals
• Sustain your progress
  – CNAs/LNAs/MDS nurses report changes
  – New staff members are oriented to your processes
  – Current staff members are reeducated as needed
Indwelling Catheters

• Exclusion from the Quality Measure
  – Obstructive Uropathy
  – Neurogenic Bladder

• Medical Justification
  – Urinary Retention
  – Palliative care
  – Pressure Ulcers
Polling Question

Do you currently have, or have you had in the previous year, a PIP in place related to Urinary Incontinence?

☐ Yes  ☐ No
QAPI… You’ve done all the work

• Identified a problem area from your CASPER
• Gathered the data
• Formed a Team
• You’ve set a goal-put it in words; reduce # of UI episodes or decrease CASPER % of UI for low risk residents by so much over a chosen time period
• RCA Your Team has asked why are low risk residents frequently incontinent…why? why? why?
• Interventions in place
• Measure of effectiveness with reassessment and you have your PDSA cycle
Part II Webinar - June 30

- Please be prepared to share
  - Any Communication Tools that have worked for you
  - Any Voiding Diary tools that have been successful
  - Any success stories about how you’ve reduced UI incontinent episodes for your low risk population
  - Challenges and questions
Polling Question

I would like more information on:

- Bowel Incontinence
- Assessment tools
- Formal Bladder Training Programs
- I have enough resources
QUALITY
Staff Stability and Quality Outcomes
Essential Component

Don’t miss our Staff Stability: Foundation of Quality Affinity Group Call - TODAY!

3pm – 4pm
To join, please dial:
888-895-6448
Passcode: 1530311976
Affinity Groups

**Reducing Unnecessary Antipsychotic Medications**
1st Tuesday of the month; 10:00am – 11:00am

**Reducing Resident Pain**
3rd Tuesday of the month; 10:00am – 11:00am

**Staff Stability: Foundation of Quality**
2nd Thursday of the month; 3:00pm – 4:00pm

Visit the Nursing Home section of the New England QIN-QIO website to join a group, or groups, to receive notifications about future calls/meetings.

Questions?
Contact your Nursing Home Quality Improvement State Lead

• **Connecticut**
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• **Rhode Island**
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• **Vermont**
  Gail Harbour:
gharbour@qualidigm.org
Thank you

For joining us today

and

For all you do every day