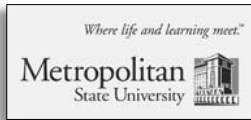
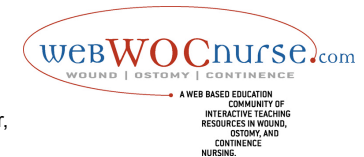


An Independent Long Term Care (LTC) Continence Clinic Can Make A Difference: Improving Quality of Care Based on CMS F315 Tag



JoAnn Ermer-Seltun RN, MS, FNP, CWOCN, Bladder Control Solutions, LLC; Mercy Medical Center – North Iowa;
Associate Director for webWOC Nursing Education Program, Mpls., MN
Ruth A. Bryant, RN MS, CWOCN, Director and **Bonnie Sue Rolstad, RN, MS, CWOCN**, Program Administrator,
webWOC Nursing Education Program, Mpls., MN



Purpose

This poster reports the outcomes of a weekly continence clinic conducted in LTC over a 11 month period by an independent Advance Practice CWOCN.

Opportunity

CMS F-Tag 315 mandates that patients in LTC with incontinence be evaluated for optimal bladder restoration to improve continence status and quality of life. It also provides a window of opportunity for continence nurse specialists to implement individualized assessment and treatment plans while satisfying an entrepreneurial dream (Smith, 2000).

F-315 Tag Suggests Components of an Effective UI management:

1. Comprehensive assessment of all patients with UI,
2. Not to insert an indwelling urinary catheter unless the resident's clinical condition demonstrates that it is necessary, and
3. Provide appropriate treatment and services to prevent UTI's.



Demographics

57 Residents in a 200 bed LTC facility evaluated in 11 months (4 discharged home, 6 passed away & 7 lost to follow-up)

Type of UI: 47 Urge UI/OAB, 2 Mixed UI, 1 Urinary Retention, 17 Incomplete emptying, 1 Stress UI

Cofactors: 6- Hx of chronic UTI's, 35- Urogenital Atrophy, 3 - Symptomatic Prolapse, 4- BPH, 6- Incontinence Associated Dermatitis (IAD), constipation: normal & slow transit

Treatments Utilized

Pharmacologic Interventions

- 38 received antimuscarinics ie. tolterodine, oxybutin, trospium chloride, solifenacin, darifenacin. Monitored for therapeutic or side effects.
- > 4 Reduced or discontinued
 - > 9 Alpha blockers (tamsulosin, terazosin, doxazosin)
 - > 33 Topical Estrogen



Bowel Program

- > 15 Fiber program
- > 17 Stool softener
- > 4 Suppository routinely -stimulated defecation
- > 11 Milk/molasses enema for clean out
- > 8 Additional laxative (polyethylene glycol)



Toilet Schedules

- > 29 Self- initiated, but may need assist
- > 18 Prompted voiding
- > 3 Routine schedule toileting



Pessary

- > 2 attempts without success, 1 successful



All residents received behavioral treatment if indicated IE. fluid modification, urge inhibition, bladder retraining, pelvic muscle exercises with PT assist

Outcomes

Catheter Use Reduced

- > 3 Intermittent caths by staff but stopped once PVR's reduced
- > 1 Indwelling catheter removed

Absorbent Products Reduced

- > 12 Reduced from brief to pad & underwear
- > 14 Reduced from brief to ONLY underwear
- > 51% Reduction in pad use



Chronic UTIs Reduced

- > 3 Without reoccurrence
- > 2 On routine antibiotics from primary care provider (PCP) (unable to convince PCP to not treat asymptomatic bacteriuria)
- > 1 Continues to have UTIs intermittently, but has problems with loose stools, cleaning difficult due to habitus

Components of a Successful LTC Continence Program

Ongoing, Mandatory Education at All Levels

- > Administrator, DON, PCP/Medical Director, Staff Nurses, CNAs, Residents & Families
- > Dispel Myths, Elevate Knowledge, Develop Skills

Designate Continence Liaison and Authority

- > DON, ADON

Develop Team Leaders

- > Nurses and CNAs

Design Communication Line

- > Continence specialist, PCP & family members

Develop a Supply Monitoring System

Encourage Staff 'Ownership' of Program

Develop Decision Tree's, Protocols, Forms to Guide Care

- > Skin Care
- > Disposable Incontinence Products
- > Catheter Care
- > When to Send a UA or UTI Alert
- > Med Cheat-Sheet on Drugs that Affect the Bladder

Celebrate Success, Review Challenges.... Brainstorm for Alternate Plan.... Revise and Re-educate



Summary

Continence specialists can improved quality of life for patients who suffer from incontinence, reduce costs, & optimize care while enhancing the LTC image.

Reference: Smith, DB. (2002). Establishment of Continence Services. In DB Doughty (ED.), *Urinary and Fecal Incontinence: Nursing Management*, 2nd edition. St. Louis: Mosby, Inc. Hurlow, J & Smith DA. Tag F315: An opportunity for WOC nurses. *JWOCN*. 2006;33(3):296-304.