Promoting Continence – North Lambton Lodge

“[Continence] is a huge quality of life issue for the residents. And it’s a huge piece of the work that we do. So we want to make sure that we’re doing it as efficiently and effectively as possible, as well [as ensuring] that it’s the best thing for the resident.”
– Jane Joris, Resident Manager, North Lambton Lodge Long-Term Care Home

North Lambton Lodge Long-Term Care Home shares how they overcame barriers to promote continence among residents in their home.

In Interview with North Lambton Lodge:
- Jane Joris, Resident Manager
- Julie Armitage, Quality Improvement Coordinator

Background

<table>
<thead>
<tr>
<th>Home Name:</th>
<th>North Lambton Lodge</th>
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<tbody>
<tr>
<td>Home Type:</td>
<td>Municipal, OANHSS, Long-Term Care Home</td>
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<td>Home Size:</td>
<td>88 beds, approximately 120 staff</td>
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<td>Location:</td>
<td>Forest, ON</td>
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<td>First participated in Residents First:</td>
<td>February 2010</td>
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<td>Time Period for QI Aim:</td>
<td>March 2011 to May 2011</td>
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<td>QI Team:</td>
<td>• Registered Nurse (lead)</td>
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<td>• Director of Care</td>
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<td></td>
<td>• Quality Improvement Coordinator</td>
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<td></td>
<td>• 3 Personal Support Workers</td>
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Challenge

Continence is an important element of residents’ quality of life and the care they receive in long-term care homes. How to best approach continence care among residents is an ongoing challenge among homes, and the issue requires time and attention to implement changes that can lead to improvement. North Lambton Lodge decided to tackle continence issues in their home in 2011, after realizing that residents were not always using the most appropriate product for their needs, and noticing the rising costs for incontinence products.

Project Aim

- To reduce bladder incontinence by 25%, from 48 residents to 36 residents, between March 2011 and May 30, 2011
Measures

<table>
<thead>
<tr>
<th>1</th>
<th>Outcome Measure</th>
<th>Percentage of residents with frequent urinary incontinence each month</th>
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<tbody>
<tr>
<td>2</td>
<td>Outcome Measure</td>
<td>Percentage of residents with worsening bladder control compared to the previous month</td>
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<tr>
<td>3</td>
<td>Process Measure</td>
<td>Percentage of residents with frequent urinary incontinence who had a documented toileting plan in the previous month</td>
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<tr>
<td>4</td>
<td>Process Measure</td>
<td>Percentage of new resident admissions who had a urinary incontinence assessment (comprehensive assessment) completed in the previous month</td>
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<tr>
<td>5</td>
<td>Balancing Measure</td>
<td>Percentage of frequently incontinent residents with treated urinary tract infection each month</td>
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Quality Improvement Program

KEY TOOLS

Five Whys

- Used to establish why residents may have been having continence issues

Voiding Diary

- Used by staff to record voiding patterns, and included the following questions:
  1. Are they independent and can they toilet themselves?
  2. Are they dry?
  3. Are they wet?
  4. Did they use a bedpan?
  5. Did they use a toilet?
- To sustain changes after the initial rollout of the continence program throughout the home, a five-day voiding diary was used for all new residents, and a three-day voiding diary was used for residents who had changes in their health status.
- The voiding diary was used to inform any changes that might need to be made to each resident’s toileting schedule.

CHANGE IDEAS

Transitioning to Electronic Voiding Diaries

- The home found that staff would often not complete all of the necessary information listed in a paper voiding diary, and therefore care plans were being created with insufficient data. The use of the computer on wheels (COW) was introduced about two years ago for staff to take on rounds, and the home then transitioned over to electronic voiding diaries with required data fields that needed to be completed so that nurses had a complete story when creating care plans.

Established Process for Managing Continence Products – The Product Change Form

- The home started using a Product Change Form so that the staff was required to request changes to a resident’s incontinence product rather than simply changing their product. Forms were submitted to the Continence Team Leader, who would then measure the resident for product fit. The Registered Nurse or Registered Practical Nurse on the unit then reviewed the resident’s voiding diary and updated the product and care plan accordingly.
“If someone was having increased incontinence and the brief they were in, was leaking, say, [a staff member] might just want to put them in a brief that would hold more. But we would need to look at [whether they were] having trouble because we need to change the times they are toileted, is there a medication issue, are they not able to get to the toilet, or maybe they’ve had a change in mobility — so we’d need to look at the whole picture.” – Julie Armitage, QI Coordinator

Staff Education

- The team met with their continence product representatives to review their available products, and established product training for all staff.
  - The home kicked off their education program with a “Continence Day,” to train staff on how to measure residents for products, the importance of skin integrity when determining the right fit for products, and how to use a Product Change Form.

“We did quite a bit of education because we felt [this was] partly why we weren’t successful before — because everybody didn’t have enough information. And people always want to know the whys, so we needed to make sure people had the right information before we went ahead.”

–Jane Joris, Resident Manager

Results

- The home reduced the number of residents with bladder incontinence from 48 to 39 (19% reduction) by June 2011, and met their aim statement, of reducing that number to less than 36 residents (25% reduction) from July to October 2011.
- The results did fluctuate over time as residents and circumstances changed. By determining the root cause of the slip in performance and testing new change ideas, it is anticipated improvement can be realized.
- Since September 2011, the home has managed further successes in reducing the percentage of residents with worsening urinary control (see graph).
Impact

Resident and Family Satisfaction

- The home found that residents were surprised by the number of incontinence products that were available. Once a resident was admitted to the home and provided products that allowed them to be more active, their quality of life greatly improved.

“[Residents sometimes] come in with catheters and the wrong products because they don’t want to be wet. So when we introduce them to the removal of catheters through toileting programs and the new products that are out there, and they see the change that can happen, and their activity levels start increasing, it just makes them happier residents.” – Julie Armitage, QI Coordinator
• Use of more appropriate products also helps reduce pressure ulcers among residents that resulted from excess moisture on the skin.
• Prior to the new continence program, families sometimes misunderstood the use of continence products, thinking that the home wanted to use more absorbent products so that staff could change residents less frequently. The home prepared a presentation about continence and the importance of absorbency protecting skin integrity at one of the regular Family Council meetings, and families now have fewer questions and seem happier with the program.

Staff Satisfaction
• Improved continence has resulted in fewer incontinence accidents, which has helped alleviate extra work for PSWs.
• Staff are more confident about their work because the voiding diary provides a quantitative measure they can use to track improvements (e.g., reduced number of incontinent events).

“[The voiding diary is] something they can see and so that gives them more confidence as well – they can actually see what’s happening and the difference that they’re making.” – Julie Armitage, QI Coordinator

Lessons Learned

Major contributors to North Lambton Lodge’s success:
• Creating an environment where all staff understood that they were responsible for improving residents continence
• Staff education played a huge part of the success of the program

“One of the things with the education is that we had to make sure that everybody realized that they have some input into it. [...] So it’s not just nursing staff, it’s everybody’s responsibility to notice and bring forward changes in residents behaviour that might be related to continence.” – Jane Joris, Resident Manager

• Paper voiding diaries were ineffective. The transition to electronic diaries was essential.
• The original five-day voiding diary for existing residents was found to be too long; the voiding diary for existing residents (who had changes in their health statuses) was reduced to three days, while the voiding diary for new residents was kept to five days.

Next Steps
• Sustaining the successes they’ve had with continence by continuing to report and monitor their measures and continuing the continence training for all staff.

About HQO
On April 11, 2011 the Ontario government announced the formation of Health Quality Ontario (HQO). HQO is a government agency that combines the expertise of the Ontario Health Quality Council, the Medical Advisory Secretariat, the Ontario Health Technology Advisory Committee, the Ontario Health Technology Evaluation Fund, the Centre for Healthcare Quality Improvement and the Quality Improvement and Innovation Partnership.