



# Health Quality Ontario Long-Term Care Incontinence

# Best Practices

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*Updated on December 02, 2015*

“Insanity is doing things the way we’ve always done them and expecting different results”

Albert Einstein

**Evidence-informed best practices** are based on quality evidence and should be implemented into practice to optimize outcomes.<sup>8</sup> Listed below you will find best practices graded according to the type of evidence. To view a description of the types of evidence, [click here](#).

To help you move from best evidence to best practice, **click on the + button next to each best practice** to find details on how to implement, as well as change ideas to test using a PDSA approach.

**Change ideas** are specific and practical changes informed by experience and research that focus on improving specific aspects of a system, process or behaviour. To learn more about change ideas see the [QI: Getting Started tab](#).

## EVIDENCE-INFORMED BEST PRACTICES

### Implement an individualized toileting routine

Make Change

Evidence-Informed Best Practice	How To Implement	Toolbox
<p><b>Implement an individualized toileting routine</b></p>	<p><i>Implement an individualized toileting routine:</i></p> <ul style="list-style-type: none"> <li>• <b>Prompted voiding</b> – residents initiate their own toileting routine through requests for help and positive reinforcement <i>See Toolbox: RNAO Nursing Best Practice Guideline</i></li> </ul> <p><i>Other methods for implementing an individualized toileting routine include:</i></p> <ul style="list-style-type: none"> <li>• <b>Habit retraining</b> – identification of the resident's natural voiding pattern and development of an individualized toileting schedule to preempt bladder emptying</li> <li>• Collect baseline information using a 3-day voiding record (documenting fluid intake, urine output and incontinent episodes)</li> <li>• <b>Timed voiding</b> – voiding on a fixed schedule (typically every 2-4 hours)</li> <li>• Identify relevant medical/surgical history that may relate to incontinence</li> <li>• Communicate individual contributing factors of incontinence to resident, family and staff through conversation, health records, care plans, care conferences, at shift changes, etc). Remove barriers to prompted voiding, including: <ul style="list-style-type: none"> <li>• Attitudinal barriers of staff (e.g., expectation that incontinence is an inevitable consequence of aging; belief that few interventions exist to promote continence).</li> <li>• Environmental barriers of the resident (e.g., proximity and availability of the nearest bathroom; accessibility of commode; satisfactory lighting; use of restraints)</li> </ul> </li> <li>• Establish processes for communicating changes in the care plan and making requests for the RN to change the care plan (e.g., changing the resident's voiding products, medication changes)</li> <li>• Invest technology for staff to take on rounds, and make electronic voiding diaries with required data fields part of the rounds checklist to ensure consistent data collection</li> <li>• Establish training sessions to train and educate staff on the physiology of the bladder and working with vendors on product education</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting Continence Using Prompted Voiding <a href="http://mao.ca/sites/mao-ca/files/Promoting_Continence_Using_Prompted_Voiding.pdf">[http://mao.ca/sites/mao-ca/files/Promoting_Continence_Using_Prompted_Voiding.pdf]</a>, Registered Nurses' Association of Ontario (RNAO)</li> <li>• Continence Care and Bowel Management Program <a href="http://www.oanhss.org/oanhssdocs/MembersOnly/Full_Members_Only/Pages/GovernmentAndMediaRelations/LTC_Homes/Act/Continence_Care_and_Bowel_Mgmt_PP_Training_Package.pdf">[http://www.oanhss.org/oanhssdocs/MembersOnly/Full_Members_Only/Pages/GovernmentAndMediaRelations/LTC_Homes/Act/Continence_Care_and_Bowel_Mgmt_PP_Training_Package.pdf]</a> (Continence Assessment Tool, Appendix A, page 12), Ontario Association of Non-Profit Homes &amp; Services for Seniors (OANHSS)</li> <li>• Bladder Diary <a href="http://static1.squarespace.com/static/53e038f5e4b06e039b71a11f/t/5431c38ee4b0ad2dc16aea0c/1412547470793/BladderDiary.pdf">[http://static1.squarespace.com/static/53e038f5e4b06e039b71a11f/t/5431c38ee4b0ad2dc16aea0c/1412547470793/BladderDiary.pdf]</a> National Association for Continence</li> </ul>

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Implement an individualized toileting routine

**Type of Evidence:** I (High)

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#### Supporting Resources

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<http://www.ncbi.nlm.nih.gov/pubmed/22092152>

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[http://www.uroweb.org/gls/pdf/16052013Urinary\\_Incontinence\\_LR.pdf](http://www.uroweb.org/gls/pdf/16052013Urinary_Incontinence_LR.pdf)

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[http://mao.ca/sites/mao-ca/files/Promoting\\_Continence\\_Using\\_Prompted\\_Voiding.pdf](http://mao.ca/sites/mao-ca/files/Promoting_Continence_Using_Prompted_Voiding.pdf)

## Review medications

### Make Change

Evidence-Informed Best Practice	How To Implement	Toolbox
Review medications	<ul style="list-style-type: none"> <li>Reconcile medications</li> <li>Review medications to identify those that may have an impact on continence</li> <li>Review medication changes at incontinence huddles</li> <li>Establish processes for communicating changes in the care plan and making requests for the regulated nursing staff to change the care plan (e.g., changing the resident's voiding products, medication changes)</li> </ul>	<ul style="list-style-type: none"> <li>Drugs That May Cause or Worsen Urinary Incontinence  <a href="http://www.merckbooks.com/mmha/pdf/table2_excerpt.pdf">http://www.merckbooks.com/mmha/pdf/table2_excerpt.pdf</a>, Merck Manual</li> </ul>

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Review Medications

**Type of Evidence:** I (High)

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**Avoid caffeine, alcohol to improve continence and ensure adequate fluid intake**

**Make Change**

Evidence-Informed Best Practice	How To Implement	Toolbox
<p><b>Avoid caffeine, alcohol to improve continence and ensure adequate fluid intake</b></p>	<ul style="list-style-type: none"> <li>• Obtain detailed history about the amount, type and time of daily fluid intake</li> <li>• Limit intake amount of caffeine and alcohol</li> <li>• Ensure adequate level of fluid intake (1500-2000 ml per day)</li> <li>• Establish processes for communicating changes in the care plan and making requests for the RN to change the care plan (e.g., changing the resident's voiding products, medication and fluid intake changes)</li> </ul>	<ul style="list-style-type: none"> <li>• Beverage Intake Questionnaire  <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911642/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911642/</a>                      (see Figure 1)</li> </ul>

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Avoid caffeine, alcohol and ensure adequate fluid intake

**Type of Evidence:** II (Medium)

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## Promoting continence by using pelvic floor muscle training exercises (“Kegel Exercises”)

### Make Change

Evidence-Informed Best Practice	How To Implement	Toolbox
Promoting continence by using Pelvic floor muscle training exercises (“Kegel Exercises”)	<ul style="list-style-type: none"> <li>• Incorporate exercise into care plan</li> <li>• Facilitate regular exercise into daily routine</li> <li>• Establish training sessions to train staff on the physiology of the bladder, kegel exercises, and working with vendors on product education</li> </ul>	<ul style="list-style-type: none"> <li>• Kegel Exercises [<a href="http://www.nafc.org/kegel">http://www.nafc.org/kegel</a>] National Association for Continence</li> </ul>

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Promoting continence by using pelvic floor muscle training exercises

**Type of Evidence:** I (High)

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# Measurement

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Updated on December 02, 2015

“Some is not a number, soon is not a time.”

Don Berwick, former CEO and President of IHI, December 2004, at launch of the 100,000 Lives Campaign

How will we know if a change is an improvement? Measurement is one of the critical steps in a quality improvement (QI) initiative that assesses the impact of your tests of change. **Quality indicators** are used to measure how well something is performing. There are three types of quality indicators used to measure your QI efforts: **outcome** (indicators that capture clinical outcomes and or system performance), **process** (indicators that track the processes that measure whether the system is working as planned), and **balancing** indicators (indicators that ensure that changing one part of the system does not cause new problems in other parts of the system).

Type of Indicator	Indicator of Quality Improvement	How to Calculate:  $\frac{\text{numerator}}{\text{denominator}}$	Targets/ Benchmarks	How is This Indicator Used?
<b>Outcome</b>	Percentage of residents with worsening bladder control during a 90-day period	Residents with a greater value for bladder incontinence on their target assessment than on their prior assessment  <hr/> Residents with valid assessments whose bladder continence could worsen (did not have maximum score on prior assessment)	Targets: As low as possible (set by individual homes)  <u>Provincial benchmarks:</u> 12%	Quality improvement  QIP indicator  Publicly reported by HQO

## Run Charts

Collected measures can be presented graphically by plugging the monthly results into [run chart](#).



# Tools & Resources

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## Tools

### Continence Tools

- [Continence & Constipation: Best Practices Toolkit](http://tctoolkit.mao.ca/clinical-topics/continence-constipation) [<http://tctoolkit.mao.ca/clinical-topics/continence-constipation>]  
*Registered Nurses' Association of Ontario (RNAO)*
- [Continence Care and Bowel Management Program](http://www.oanhss.org/oanhssdocs/MembersOnly/FullMembersOnlyPages/GovernmentAndMediaRelations/LTC%20HomesAct/Continence%20Care%20and%20Bowel%20Mgmt_PP_Training_Package.pdf) [[http://www.oanhss.org/oanhssdocs/MembersOnly/FullMembersOnlyPages/GovernmentAndMediaRelations/LTC Homes Act/Continence Care and Bowel Mgmt\\_PP\\_Training\\_Package.pdf](http://www.oanhss.org/oanhssdocs/MembersOnly/FullMembersOnlyPages/GovernmentAndMediaRelations/LTC Homes Act/Continence Care and Bowel Mgmt_PP_Training_Package.pdf)]  
*See Continence Assessment Tool, Appendix A, p.12. Ontario Association of Non-Profit Homes & Services for Seniors (OANHSS).*
- [Promoting Continence Using Prompted Voiding](http://mao.ca/sites/mao-ca/files/Promoting_Continence_Using_Prompted_Voiding.pdf) [[http://mao.ca/sites/mao-ca/files/Promoting\\_Continence\\_Using\\_Prompted\\_Voiding.pdf](http://mao.ca/sites/mao-ca/files/Promoting_Continence_Using_Prompted_Voiding.pdf)]  
*Registered Nurses' Association of Ontario (RNAO)*
- Restoring and Promoting Continence [Change Package](http://www.hqontario.ca/portals/0/Documents/qi/rf-change-package-continence-en.pdf) [<http://www.hqontario.ca/portals/0/Documents/qi/rf-change-package-continence-en.pdf>], [Poster](http://www.hqontario.ca/portals/0/Documents/qi/rf-poster-continence-en.pdf) [<http://www.hqontario.ca/portals/0/Documents/qi/rf-poster-continence-en.pdf>], and [Change Table](http://www.hqontario.ca/portals/0/Documents/qi/rf-change-table-continence-en.pdf) [<http://www.hqontario.ca/portals/0/Documents/qi/rf-change-table-continence-en.pdf>]  
*Residents First, Health Quality Ontario*

### QI Tools

- Communications Plan: [Instructions](#), [Tool](#)
- Fishbone Template: [Instructions](#), [Tool](#)
- Five Whys: [Instructions](#), [Tool](#)
- Measurement Plan Template: [Instructions](#), [Tool](#)
- Pareto Chart: [Instructions](#), [Tool](#)
- [PDSA Template](#)
- [Project Charter](#)
- [Tree Diagram Worksheet](#)

For a more comprehensive list of tools and resources, visit the following links on our HQO website:

- [HQO Tools and Resources](http://www.hqontario.ca/quality-improvement/tools-and-resources/) [<http://www.hqontario.ca/quality-improvement/tools-and-resources/>]

## Resources

### Continence Resources

- [Drugs That May Cause or Worsen Urinary Incontinence](http://www.merckbooks.com/mmha/pdf/table2_excerpt.pdf) [[http://www.merckbooks.com/mmha/pdf/table2\\_excerpt.pdf](http://www.merckbooks.com/mmha/pdf/table2_excerpt.pdf)]  
*Merck Manual*

### QI Resources

- [Interpreting Run Charts](#)  
*Health Quality Ontario*
- [Model for Improvement \(Clip 1\)](http://www.youtube.com/watch?v=SCYghxtioIY) [<http://www.youtube.com/watch?v=SCYghxtioIY>]  
*Institute for Healthcare Improvement*
- [Model for Improvement \(Clip 2\)](http://www.youtube.com/watch?v=6MIUqdulNwQ&feature=relmfu) [<http://www.youtube.com/watch?v=6MIUqdulNwQ&feature=relmfu>]  
*Institute for Healthcare Improvement*

- [PDSA Cycle Video \(Part 1\)](http://www.youtube.com/watch?v=-ceS9Ta820&feature=youtu.be) [<http://www.youtube.com/watch?v=-ceS9Ta820&feature=youtu.be>]  
*Institute for Healthcare Improvement*
- [PDSA Cycle Video \(Part 2\)](http://www.youtube.com/watch?v=eYoJxjmv_QI&feature=relmfu) [[http://www.youtube.com/watch?v=eYoJxjmv\\_QI&feature=relmfu](http://www.youtube.com/watch?v=eYoJxjmv_QI&feature=relmfu)]  
*Institute for Healthcare Improvement*
- [The run chart: a simple analytical tool for learning from variation in healthcare processes](http://www.ncbi.nlm.nih.gov/pubmed/?term=%E2%80%A2%09The+run+chart%3A+a+simple+analytical+tool+for+learning+from+variation+in+healthcare+processes) [[http://www.ncbi.nlm.nih.gov/pubmed/?term=%E2%80%A2%09The run chart%3A a simple analytical tool for learning from variation in healthcare processes](http://www.ncbi.nlm.nih.gov/pubmed/?term=%E2%80%A2%09The+run+chart%3A+a+simple+analytical+tool+for+learning+from+variation+in+healthcare+processes)]  
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# Background

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Updated on December 02, 2015

## Issue

**Urinary incontinence (UI)** is a significant health and quality of life issue for many seniors.<sup>1</sup> As well, those who suffer from urinary incontinence are susceptible to rashes, urinary tract infections, and pressure sores.<sup>2</sup> Examining 932 long-term care homes in Canada in 2011-2012 showed that nearly 1 in 5 (19%) of long-term care resident's bladder incontinence worsened over a 90-day period.<sup>3</sup>

The causes of incontinence can vary considerably, and yet urinary continence can be improved in certain circumstances. The *Long-Term Care Homes Act, 2007*, requires all homes in Ontario to have a continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.<sup>4</sup> To help implement these programs effectively, best practices in long-term care homes aim to promote and improve urinary continence by addressing the root causes of the problem at the individual and long-term care home level.

## Call to Action

Ontario is the first jurisdiction in Canada that publicly reports quality indicators for long-term care homes. Measuring and monitoring efforts is essential in quality improvement. The tools and information provided in this resource focus on the process of quality improvement for long-term care homes however, the ultimate goal is to provide residents with the best possible care.

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