

# CONTINENCE CARE IN CARE HOMES for ICS Nurses' Forum 2014

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## 1. Statistics about residents and staff in care homes

- Residents' characteristics
- Residents' continence status
  - 60-78% of female residents have UI (Shamliyan et al, 2007)
  - 23-72% of male residents have UI (Shamliyan et al, 2007)
  - Overall 43-77% have UI (Offermans et al, 2009)
  - 46.1% of short-term/75.8% of long-term residents had UI or FI (Gorina et al, 2014)
  - 33 to 65% have FI (Brocklehurst et al, 1999; Markland et al, 2010; Nelson & Furner, 2005; Nelson et al, 1998, 2001)
  - Nocturia (Bosch & Weiss, 2010)
  - Constipation - 55.3% receive regular laxatives (Hosia-Randell et al, 2007)
- The Care Home Workforce characteristics

## 2. The impact of incontinence on residents

Depression (Dugan et al, 2000; Engberg et al, 2001)

Falls (Chiarelli et al, 2009)

Bacteruria (Hedin et al, 2002; Nicolle 2000)

Perineal dermatitis (Bliss et al, 2006)

Worse QoL (DuBeau et al, 2006)

Comfort, containment, restful sleep, and making do (O'Dell et al, 2008)

Shame/guilt, dependence/independence, insecurity/security, discomfort/comfort (Bjurbrant Birgersson et al, 1993)

Attempt to protect physical, psychological, and social integrity (Robinson, 2000)

Themes: Shattering the silence, the physical implications of UI, an institutional culture of UI (MacDonald, & Butler, 2007)

Physical and socio-cultural challenges to continence (Sacco Peterson & Borell, 2004)

## 3. Guidelines/systematic reviews/reports

### • *Guidelines*

- Fantl et al, (1996)
- Wagg et al, (2013)
- Wagg et al, (2014)

### • *Reports*

- Gorina, Y., et al. (2014)

### • *Systematic reviews*

- Flanagan et al, (2014)
- Roe et al, (2011)
- Roe et al, (2013)
- Shamliyan et al, (2007)

## 4. ICI recommendations about assessing incontinence in frail older adults / care homes

- Conduct a comprehensive and individualised assessment to identify potential modifiable or reversible factors
- Conduct a basic assessment then a specialised assessment
- Consider the multifactorial nature of incontinence in older people
- Adopt a minimally invasive approach & consider life expectancy, quality of life, and the realistic outcome possibilities (Wagg et al, 2013, 2014)

## 5. Continence assessments in care homes in the UK & UK

- Brandeis et al, (1997), Watson et al, (2003), Wagg et al, (2008)

## 6. ICI recommendations about managing incontinence in frail older adults / care homes

Ensure equitable access to the full range of options, i.e. Surgery, Medication, Lifestyle (i.e. weight loss), Continence products, Behavioural (i.e. toileting assistance programmes)(Wagg et al, 2013, 2014)

## 7. Use of toileting assistance programmes in care homes

- No toileting programmes for residents with incontinence: USA (22.8%), Italy (12.3%), Denmark (6.6%), France (5.3%), Japan (4.3%), Sweden (2.7%), and Iceland (2.6%) (Sgadari et al, 1997)
- Toileted 0.5 times per 12 hours (range 0-1) based on observations (Schnelle et al, 1995)

## 8. Research about nurses' knowledge, beliefs and attitudes

18 studies about nurses' knowledge / 11 report knowledge outcomes

- Education improves knowledge (Campbell et al, 1991; Collette et al, 2009; Collette et al, 2003; Henderson et al, 2000; Karlowicz, 2009; Kincade et al, 2003; Lekan-Rutledge, 2000; Palmer, 1995; Stevens et al, 1998; Vinsnes et al, 2007).
- Education increases knowledge, but does not alter practice (Campbell et al, 1991; Lekan-Rutledge, 2000; Stevens et al, 1998)
- Education + mentoring/clinical support is helpful
- Relationship of knowledge, beliefs and attitudes about UI to practice (Henderson, 1996; Henderson & Kashka, 2000)
- Experiential learning alters attitudes that impact self-reported UI practice (Karlowitz, 2009)

## 19 Barriers to active continence care in care homes

Staff lack of knowledge

Poor staff attitudes

Inadequate staffing /Nursing staff absenteeism/Nursing staff resignation

Excessive workloads/Increased workload

Limited RN leadership /admin support

Inconsistent cooperation/Lack of teamwork

Inconsistent communication

Cost of continence aids

The burden of care

Difficulty documenting care

Inconsistent assignments

A lack of involvement of licenced staff and staff lack of ownership, conflicting beliefs and goals

Difficulty or unwillingness to alter routines

(Booth, Kumlien, Zang, Gustafsson, & Tolson, 2009; Funderburg Mather & Bakas, 2002; Gibb & Riggs, 1991; Harke & Richgels, 1992; Lekan-Rutledge et al., 1998; MacDonald & Butler, 2007; O'Connell et al., 2005; Remsberg, Palmer, Langford, & Mendelson, 1999; Resnick et al., 2006; Sacco-Peterson & Borell, 2004; Salisbury-Lyons, 2010; Tannenbaum, Labrecque, & Lepage, 2005; Taunton, Swagerty, & Lasseter, 2005; Wong & Chueng, 1992; Wright, McCormack, Coffey, & McCarthy, 2007).

Family members' expectations

Lack of familiarity with the intervention

Insufficient educational resources, programs and resources for residents and their families

Lack of appropriate documentation systems (standardised tools)

Limited access to continence services/experts

Resident characteristics

Lack of equipment

A lack of evidence-based practice guidelines and algorithms

Resident characteristics

Limited ability to identify improvements in residents' continence status

## 20 A new theory about providing continence care in care homes

## 21 Discussion – what recommendations should we make?

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