

THE CLINICAL UTILITY OF A SUITE OF CONTINENCE ASSESSMENT TOOLS FOR USE IN RESIDENTIAL AGED CARE FACILITIES

Hypothesis / aims of study

According to the Institute of Medicine of the National Academies, 80% of direct care in nursing homes in the USA is provided by workforce that has least formal education about patient care (1). This situation is echoed in Australian residential aged care facilities where the day-to-day management is largely provided by unregulated workers (i.e. nursing assistants, personal carers and nursing aides) and is overseen by registered nurses. Some facilities additionally have access to expert advice from continence nurse advisors. In order to assist the residential aged care workforce to provide continence care that is evidence-based, a team of researchers developed and trialled a suite of continence assessment tools that were mainly targeted to unregulated workers. This paper presents information on the development of the tools (Stage 1) and on their evaluation (Stage 2).

Study design, materials and methods

Stage 1:

The suite of evidence-based continence assessment tools was developed based the following sources:

- ❖ The International Consultation on Incontinence (2).
- ❖ The Australian Government Department of Health and Ageing.
- ❖ The Centers for Medicare and Medicaid Services.
- ❖ The Continence Outcomes Management Suite of Instruments (3).
- ❖ A national evaluation of continence resources in residential aged care facilities undertaken by the project team.
- ❖ A key stakeholder advisory group.

In addition, attention was given to developing these tools so that they were user-friendly and accommodated the different levels of staff in residential aged care facilities. Draft versions went through an iterative process involving members of a key stakeholder advisory group, outcomes measurement experts, and staff of the Department of Health and Ageing.

Stage 2:

To trial the suite of tools, unregulated workers, registered nurses and continence nurse advisors from a purposively selected and representative sample of 17 residential aged care facilities across three states in Australia were invited to review the tools and trial them on a mix of new and established residents as part of usual care. Additional implementation strategies included:

- ❖ the employment of a local champion at each site to oversee the trial,
- ❖ a one-to-two hour workshop convened by the project team, and
- ❖ site visits from the project team.

The clinical utility of the tools was evaluated on the basis of feedback from participants on the helpfulness and clarity of the tools and on the clinical relevance and meaningfulness of the information that it provided. Data were derived from one-on-one interviews with managers and local champions and from a series of focus groups conducted with participating staff.

Results

Stage 1: The development stage resulted in a screening form, a bladder chart, a bowel chart, a continence assessment and care plan form and a review form. In addition, an education resource was developed which provided information on how to use the tools and further information on screening, assessing and managing incontinence in residential aged care facilities. The assessment and care plan consisted of both assessment questions and cues for treatment and management options

Stage 2:

Pre trial data revealed that conducting a continence assessment in residential aged care facilities was a highly regulated activity that was characterised by different aspects of the activity being undertaken by different staff with different levels of knowledge and skill and over a number of days and shifts. Specifically, completing bladder and bowel forms was undertaken by unregulated workers or other staff involved in day-to-day direct care and conducting a continence assessment was undertaken by registered nurses, continence nurse advisors or external consultants.

Post trial feedback revealed that the introduction of the tool and staff's participation in the trial challenged existing staff roles and responsibilities as it enabled unregulated workers to complete the continence assessment and care plan form in addition to the bladder and bowel forms. Unregulated workers who participated in the trial reported an increased awareness of the care planning process and a greater commitment to completing bladder and bowel forms and to adhering to resident toileting programs. The tools also 'provided staff with direction that helped them to develop continence care plans'. Registered Nurses and Continence Nurse Advisors reported that they tools provided them with baseline information that assisted them to conduct more comprehensive assessments for selective residents.

Interpretation of results

The findings revealed that the suite of continence tools developed by the project team were suitable for use by unregulated workers in Australian residential aged care facilities. Their use enhanced their participation in assessing incontinence and in developing and implementing continence care plans.

Concluding message

The International Consultation on Incontinence recommendations for the management of urinary incontinence in frail older people require a basic assessment of incontinence that identifies all potential contributing factors (2). As providing continence care in residential aged care facilities relies on a team approach in which the skill, knowledge and roles of different staff members is required, the suite of continence assessment tools devised by the project provide a means by which all levels of residential aged care staff can participate in the continence care planning process and provide evidence-based continence care.

References

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2. Fonda, D., DuBeau, C.E., Harari, D., Ouslander, J.G., Palmer, M. & Roe, B. (2005). Incontinence in the frail elderly. In P. Abrams, K.E. Andersson, L. Brubaker., L. Cardoza., A. Cottenden., L. Denis., J. Donovan, et al., (Eds). 3rd International Consultation on Incontinence: Recommendations of the International Scientific Committee. (pp. 1163-1239). Plymouth
3. Thomas, S., Nay, R., Moore, K., Fonda, D., Hawthorne, G., Marosszeky, N., & Sansoni, J. (2006). Continence Outcomes measurement suite project (Final report). Canberra, Australia: Australian Government Department of Health and Ageing

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| <i>Specify source of funding or grant</i> | This project was funded by the Australian Government Department of Health and Ageing as part of the National Continence Management Strategy |
| <i>Is this a clinical trial?</i> | No |
| <i>What were the subjects in the study?</i> | HUMAN |
| <i>Was this study approved by an ethics committee?</i> | Yes |
| <i>Specify Name of Ethics Committee</i> | Deakin University Human Research Ethics Committee (EC00213), Ballarat Health Services & St John of God Health Care Ethics Committee (EC00207), Barwon Health Research and Ethics Advisory Committee (EC00208), Southern Health Human Research Ethics Committee A (EC00382) and Committee B (EC00383) and Royal Hobart Hospital Ethics Committee. |
| <i>Was the Declaration of Helsinki followed?</i> | Yes |
| <i>Was informed consent obtained from the patients?</i> | Yes |