W3: Shifting the Incontinence paradigm from cure to care: What to offer when medical interventions fail

Workshop Chair: Paul van Houten, Netherlands
03 September 2019 08:00 - 09:30

Start	End	Topic	Speakers
08:00	08:20	1 An international comparative analysis of recommendations for the management of incontinence with containment products	Adrian Wagg
08:20	08:40	2. Prescribing containment products with respect to optimal use in daily circumstances	Marco Blanker
08:40	09:00	3. Standardized assessment; Which questions to ask for a toileting and containment strategy?	Paul van Houten
09:00	09:20	4. Development of quality outcome indicators to improve the quality of urine and fecal continence care	Joan Ostaszkiewicz
09:20	09:30	Discussion	Paul van Houten Marco Blanker Adrian Wagg Joan Ostaszkiewicz

Aims of Workshop

-To show that not a lot of guidance is given for the daily management of continence care with containment products in clinical guidelines
-To explain a model/ approach developed in the Netherlands to have GP's/continence nurse prescribe or recommend containment product types that make the best possible match between needs/preferences and supplied product
-Which questions to ask for a toileting and containment strategy .
-Incontinence among other problems in frail elderly. The role of the holistic care plan in multi problem cases: loneliness, pain, nutrition, oral health, exercise, continence care.
-Which outcomes (KPI's) are we looking for in the daily management of incontinence with a toileting and containment strategy?

Learning Objectives

1. How to assess the needs and preferences for continence care and containment
2. How to match needs and preferences in toileting and containment
3. What are good KPI's for containment and toileting strategies

Target Audience

People interested in conservative Management

Advanced/Basic

Basic

Suggested Learning before Workshop Attendance

Alzheimer Europe. Improving continence care for people with dementia living at home. https://www.alzheimer-europe.org/Publications/Alzheimer-Europe-Reports
Gray M, Kent D, Ermer-Seltun J, McNichol L. Assessment, Selection, Use, and Evaluation of Body-Worn Absorbent Products for Adults with Incontinence: A WOCN Society Consensus Conference. J Wound Ostomy Continence Nurs. 2018 May/Jun;45(3):243-264. doi: 10.1097/WON.0000000000000431.
Kanerva Rice S1, Pendrill L, Petersson N, Nordlinder J, Farbrot A. Rationale and Design of a Novel Method to Assess the Usability of Body-Worn Absorbent Incontinence Care Products by Caregivers. J Wound Ostomy Continence Nurs. 2018 Sep/Oct;45(5):456-464. doi: 10.1097/WON.0000000000000462.
Wagg A., Gove D., Leichsenring K., Ostaszkiewicz J. Development of quality outcome indicators to improve the quality of urinary and faecal continence care. International Urogynecology Journal. 2019 Jan;30(1):23-32. doi: 10.1007/s00192-018-3768-2. Epub 2018 Oct 16.
Wijk H, Corazzini K, Kjellberg IL, Kinnander A, Alexiou E, Swedberg K. Person-Centered Incontinence Care in Residential Care Facilities for Older Adults with Cognitive Decline: Feasibility and Preliminary Effects on Quality of Life and Quality of Care. J Gerontol Nurs. 2018 Nov 1;44(11):10-19. doi: 10.3928/00989134-20181010-04.

1 Adrian Wagg, Geriatrician Canada

Urinary and faecal incontinence are associated with considerable stigma and a negative impact on mental and physical health, and quality of life [1]. Many older persons view incontinence as an inevitable consequence of normal ageing and cope with the problem on their own rather than seeking health care advice [2]. Up to 77% of women manage incontinence with containment products on a daily basis despite receiving other treatments [3]. Patients managing incontinence with containment may require a wide variety of products, individually tailored to meet their needs [4], but there is a lack of expert advice and support in the selection of products [5]. Over recent years, there has been a proliferation of evidence-informed guidelines on the diagnosis, assessment and management of both UI and FI. Clinical guidelines set out detailed treatment approaches, but typically say less about the use of containment products and other devices to support social continence. In order to identify gaps in recommendations for supportive management of continence care, we sought to identify to what extent containment products are included in guidelines for the management of incontinence in a range of countries, to what extent guidelines specify their use and to identify areas for future exploration.

We used a two stage approach; data on product use, and references to their use in national and international guidelines were sought and synthesised. This was followed by qualitative interviews from which data were used to confirm and enrich the obtained information from the initial phase. International, national and regional guidelines for the care of UI and FI in community dwelling adults covering Canada, Germany, The Netherlands, Poland, Spain, Sweden, and UK were examined. A structured search of guideline hosting databases was undertaken in addition to local searches in the selected countries for guidelines with relevant focus. All were compared to a reference standard, ISO 15621 [7] to provide a systematic analytical framework. A series of interviews was held with expert clinicians to identify any further guidelines and to gain insight into the use of guidelines with respect to product use. Experts were recruited by the snowball technique, Although the study concentrated on national guidelines, regional and local guidelines were included if they were reported to have a significant influence on practice.

Forty-four guidelines referring to the use of containment products for incontinence were identified in the seven countries. The need for a standardised clinical approach was the main driver for guideline development. Improvement of patient quality of life was an important driver for guideline development in Poland and The Netherlands. Most countries recommended a detailed assessment process, individualised to the patient. Compared to the reference standard ISO 15621 [6] factors such as individual preferences, priorities and circumstances, and a wide assortment of absorbent products from which to choose were variably covered in national guidelines. Despite containment being a core component of care for many patients with either urinary or faecal incontinence, there remained an unmet need for evidence-informed guidance as to the use and individualization of, and assessment of outcomes with, containment products. Individualised assessment of patient and caregiver needs for containment products, especially in those with co-morbidities, along with the provision of emotional support to patients and caregivers, and face-to-face active questioning by healthcare professionals is consistent with the framework of person-centred nursing. A number of factors which could be included in guidelines to address gaps in the assessment for, and selection of, an appropriate containment product exist and will be presented and discussed

1. Patrick DL, Martin ML, Bushnell DM, Yalcin I, Wagner TH, Buesching DP. Quality of life of women with urinary incontinence: further development of the incontinence quality of life instrument (I-QOL). Urology. 1999;53(1):71-6.
2. Shaw M, Galloway S. To be or not to be: the challenge of urinary continence in older adults. Perspectives. 1998;22(4):18-22.
3. McClish DK, Wyman JF, Sale PG, Camp J, Earle B. Use and costs of incontinence pads in female study volunteers. Continence Program for Women Research Group. J Wound Ostomy Continence Nurs. 1999;26(4):207-8, 10-3.
4. Fader MJ, Cottenden AM, Gage HM, Williams P, Getliffe K, Clarke-O'Neill S, et al. Individual budgets for people with incontinence: results from a 'shopping' experiment within the British National Health Service. Health Expect. 2014;17(2):186-96.
5. Smith N, Hunter KF, Rajabali S, Milsom I, Wagg A. Where do women with urinary incontinence find information about absorbent products and how useful do they find it? J Wound Ostomy Continence Nurs. 2019 Jan/Feb;46(1):44-50
6. ISO 15621:2017 - Urine-absorbing aids -- General guidelines on evaluation [Internet]. Iso.org. 2017 [cited 11 March 2019]. Available from: https://www.iso.org/standard/65740.html

2 Marco Blanker, General practitioner Netherlands
Prescribing containment products with respect to optimal use in daily circumstances

In the Netherlands pharmacist, medical specialty stores and nation-wide operating companies deliver containment products to patients with incontinence. Materials are fully reimbursed in case incontinence lasts for more than two months and patients experience considerable burden. Patients annually pay the first 385 Euro’s of the costs. A prescription from a general practitioner (GP) or specialist is needed for the reimbursement. Health insurance companies determine who may deliver the products.

A recent survey showed quite shocking results with GPs admitting that they hardly provide additional care when a patient requests for a prescription of containment products for urinary incontinence. Although this doesn't mean that GPs don't provide adequate incontinence care in others, for those requesting a prescription, this care is at least suboptimal.
To improve incontinence care, patient advocates have initiated a working group that included governmental representatives, health insurance companies, pharmacists and deliverers of containments products. This has led to the incontinence care module. In this module, a detailed description is given what continence care should be like. Three patient groups are defined; those who use continence products at own initiative, and patients from primary care, or secondary care. Caregivers should be involved in the identification of incontinence, formulating a care request, and especially in formulating a care plan.
This care plan should include adequate care, aimed at lessening the burden of incontinence by ways of providing curative treatment. For the period until treatment is effective, and in patients for whom no active treatment is available, containment products should me provided.

Continence nurses, and pharmacist assistants, are involved in the search for the most adequate product to be used. For this, the PES-plus-structure is applied. PES refers to Problem, Aetiology, Symptoms. Plus refers to the daily functioning of the patient. Patients, who are wheelchair-bound or otherwise inactive, have other needs than patients who are mobile and very active. Intended functioning, objectives and human related intended use (HRIU) are than defined and matching materials are chosen. In this way, containment products should be optimised for daily circumstances. From 2019 onwards, this module should be followed. It appeared, however, that many pharmacists are not known with this. The shift towards the delivery of containments products by nation wide operating companies may also impair the implementation of this module, as personal and trusting contact seems a necessity for this.

3 Paul van Houten, Specialist elderly care, Netherlands
Standardized assessment; Which questions to ask for a toileting and containment strategy?

In the Netherlands there is a growing awareness that quality instruments that are only based on evidence, quality indicators and fill in lists are doing to little for the perceived quality of care. When there is evidence for a specific program concerning a single care problem (for instance prompted voiding for demented people with urinary incontinence) this program is implemented but it is very difficult to maintain in the long run. There are several reasons for this: other programs for other care problems are being introduced also, staffing problems, too much paper work. Most programs end up with a lot of paper work for the care staff and the reason why the program was started is not as clear anymore. Because the care needs are very different and the care process is complex, now the emphasis is back to what the client and his/her family finds important. This awareness leads to a program that sets the needs of the client central. A new quality framework was developed alongside a budget increase aimed to have more nursing staff. This program has the following assumptions: A client is a person with caring needs and his own history, future, goals, context and loved ones. The care plan must reflects this. The focus of the personnel must be on learning and trust. The quality of the learning process is very important for transparency and supervision of government and payers. In this context, continence care is one of the issues that can be important for a client, but must be regarded in the context of personal goals and other issues. So there is not a bold continence framework anymore with a program that must be available for all clients but individual toileting and containment goals. In setting these goals, the needs and preferences of the client are important but also the craftsmanship of the caring staff. This gives the need for an individualized toileting and containment decision tool that can be used in all kind of care settings, in an institution but also at home. This tool must enhance the knowledge of nurses and nursing aids. Therefor a multidisciplinary international expert panel was convened to identify the input for a decision support tool. This tool will assist health care professionals who are not specialized in incontinence care to assess individuals with urinary and/or fecal incontinence and recommend appropriate person-centred management options. Because incontinence is strong related to toileting abilities it is important to take in account options to improve those abilities or to give proper aid. When there is a goal in the field of long lasting incontinence and there is a focus on self-management, than this implies that certain products types work better for certain groups of people, e.g. example of pants type in people with mild to moderate dementia. In the workshop is explained how this tool is constructed.

4 Joan Ostaszkiewicz, Nurse, Australia
Development of quality outcome indicators to improve the quality of urine and fecal continence care

Toileting and containment strategies are integral to protecting the dignity of people with incontinence. The combined use of containment products and toileting can prevent, improve and/or manage incontinence, promote a person's independence and autonomy, and is equally beneficial and important for people with UI and FI, all ages, across all diagnoses and conditions. Despite this, there is a marked lack of auditable quality standards for this approach[1]. To address this gap, an international expert panel was established to conduct a scoping review, stakeholder engagement, and expert consensus. The consultative process resulted in 14 key performance indicators (KPIs) that offer guidance with respect to toileting and containment strategies for people who are independent as well as dependent[2]. This presentation describes the KPIs and presents a set of factors that healthcare practitioners need to consider when recommending a toileting and containment strategy. Not every medical intervention will work for incontinence. Supporting people to live with incontinence involves shifting the incontinence paradigm

from cure to care and helping people cognitively and psychologically adjust. Toileting and containment strategies are central to living well with incontinence.

References

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