



Developing Evidence-Based Practice for Screening, Assessing and Managing Continence in Residential Aged Care

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Management Strategy**

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Background

O'Connell, B., [Day, K.*](#), [Hunt, S.*](#), [Jennings, H.*](#), [Ostaszkievicz, J.](#), [Crawford, S.](#) and [Hawkins, M.](#) (2005) Evaluation of resources for the promotion of continence in residential aged care, A national consultative approach, pp. 2-205, Deakin University, Australia

- > 76 continence resources evaluated
- > Either a suite of continence tools or were single documents
 - > continence assessment tools,
 - > bladder charts
 - > bowel charts
 - > protocols/guidelines and educational materials.



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ICI Criteria for Continence Assessment¹

Clinical Symptoms	
<input type="checkbox"/>	Voiding patterns and symptoms? (Bladder Chart) and Assessment tool
<input type="checkbox"/>	Bowel patterns and symptoms? (Bowel Chart) and Assessment tool
Bladder Chart	
<input type="checkbox"/>	Bladder chart for minimum of 3 days?
<input type="checkbox"/>	Times of voiding and/or incontinence?
<input type="checkbox"/>	Voided volumes? (small, medium, large)
<input type="checkbox"/>	Estimate of degree of leakage (incontinence)?
<input type="checkbox"/>	Number of pads/clothing changes?
<input type="checkbox"/>	Assessment of urgency?
<input type="checkbox"/>	Description of associated circumstances?
<input type="checkbox"/>	Times resident goes to bed and rises? (In bladder and bowel chart)
<input type="checkbox"/>	Fluid intake?
<input type="checkbox"/>	Clear instructions for charting?
Bowel Chart	
<input type="checkbox"/>	Bowel chart for 3 to 7 days?
<input type="checkbox"/>	Times of bowel motions and/or incontinence?
<input type="checkbox"/>	Size/amount of bowel motion/incontinence?
<input type="checkbox"/>	Type of faecal incontinence (solid/liquid/gas)?
<input type="checkbox"/>	Number of pad/clothing changes?
<input type="checkbox"/>	Assessment of faecal urgency?
<input type="checkbox"/>	Description of associated circumstances?
<input type="checkbox"/>	Description of effects on QOL?
<input type="checkbox"/>	Clear instructions for charting?
<input type="checkbox"/>	Bother and QOL issues (including impact on ADLs)?
<input type="checkbox"/>	Aids and appliances used?
<input type="checkbox"/>	Physical examination conducted by appropriately trained staff (prompts to refer prompts to assess skin)
<input type="checkbox"/>	Urinalysis/MSU investigations
<input type="checkbox"/>	Post-void residual investigations
Factors that Contribute to Incontinence	
<input type="checkbox"/>	Low fluid intake?
<input type="checkbox"/>	Low dietary fibre intake?
<input type="checkbox"/>	Impaired mobility?
<input type="checkbox"/>	Impaired dexterity?
<input type="checkbox"/>	Impaired cognition?
<input type="checkbox"/>	UTI-current/recurrent?
<input type="checkbox"/>	Constipation and/or faecal loading?
<input type="checkbox"/>	Prolapse and atrophic vaginitis?
<input type="checkbox"/>	Enlarged prostate?
<input type="checkbox"/>	General pain?
<input type="checkbox"/>	Sleep disturbance?
<input type="checkbox"/>	Other co-morbid conditions and past surgical history of relevance (e.g., arthritis, diabetes, abdominal or pelvic surgery)?
<input type="checkbox"/>	Relevant medicines in use?
<input type="checkbox"/>	Skin condition?
<input type="checkbox"/>	Toilet access and environmental barriers?

¹Fonda, et al. (2002)

Findings

None of the resources evaluated referred to all 43 criteria recommended by the ICS.

Less than half of the resources included cues that would assist with diagnosis, management and evaluation of resident care.

A small number of resources contained more than half of the ICS criteria.

Strategy 1. Assessment and management recommendations

That a suite of user-friendly standards tools to assess, plan and evaluate continence care of residents be developed based on ICS standards and within the provisions of the Aged Care Act 1997.

That the suite of standard tools be trialled and evaluated to ensure that they assist all levels of staff within RACFs with clinical decision-making and improve resident outcomes

1. Update Database of Continence Screening and Assessment Tools

Method

- A review of literature
- A search of the internet websites of peak bodies that provide continence services
- A search of the websites of companies that sell continence products

Findings

No new tools were identified

2. Update Tool Evaluation Checklist

ICI recommendations on continence assessment and management for the care of the frail elderly (Fonda et al., 2005).

DoHA Residential Care Manual (2005)

USA, Minimum Data Set (2002) - Change in urinary continence

American Medical Directors Association, (2006) - Resident preferences

Expert Advisory Panel

3. Evaluate Continence Screening and Assessment Tools

- The top 10 tools from the O'Connell et al. (2005) report and those items identified by the outcomes measurement experts were evaluated against the updated checklist criteria.
- None of the tools met all of the updated evaluation checklist criteria. Items could be drawn, however, from the 10 highest ranking continence tools (O'Connell et al. 2005) and the selection of continence outcome measurement items to cover all the updated checklist criteria.

4. Develop draft Standard Tools and Consult with Key Stakeholders

- Several iterations
 - > Consultation with the key stakeholder advisory group
 - > Consultation with the Australian Health Outcomes Collaboration "Continence Outcomes Measurement Suite".
 - > 5 instruments were identified with items potentially suitable for inclusion
 - > Wexner Faecal Incontinence Symptom Scoring System (Jorge & Wexner, 1993)
 - > Bristol Female Lower Urinary Tract Symptom Questionnaire (Jackson et al., 1996)
 - > King's Health Questionnaire (Kelleher, Cardozo, Khullar, & Salvatore, 1997)
 - > Incontinence Severity Index (Sandvik et al., 1993)
 - > Urogenital Distress Inventory (Shumaker et al., 1994)

Wexner Faecal Incontinence Symptom Scoring System (Jorge & Wexner, 1993)

Wexner version

Do you leak, have accidents or lose control with solid stool?

- 0 Never
- 1 Rarely (< 1 x in past 4 weeks)
- 2 Sometimes (< 1 x week, but more than once in the past 4 weeks)
- 3 Often or usually (< once a day but more than once a week)
- 4 Always (more than once a day)

Modified version

In the past four weeks, does the resident leak, have accidents or lose control with solid stool/bowel motion?

- Never
- Rarely (< 1 x month)
- Sometimes (< 1 x week/ ≥ 1 x month)
- Usually (< 1 x day / ≥ 1 x day)
- Always (every day)

Bristol Female Lower Urinary Tract Symptom Questionnaire (Jackson et al., 1996)

BFLUTs version

How often do you leak urine?

- Never
 - Once or less per week
 - 2-3 times per week
 - Once per day
 - Several times per day
- How much of a problem is this for you?
 - Not a problem
 - A bit of a problem
 - Quite a problem
 - Severe problem

Modified version

- If the resident is experiencing a bladder problem, how much of a problem is this for them?
 - No problem
 - A bit of a problem
 - Quite a problem
 - Severe problem
- If the resident is experiencing a bowel problem, how much of a problem is this for them?
 - No problem
 - A bit of a problem
 - Quite a problem
 - Severe problem

* These are additional optional questions

King's Health Questionnaire (Kelleher, Cardozo, Khullar, & Salvatore, 1997)

KHQ version

- Does your bladder problem affect your sleep?
 - Never
 - Sometimes
 - Often
 - All the time

Modified version

- Does the incontinence and/or need to pass urine disturb the resident's sleep?
 - Never
 - Sometimes
 - Often
 - All the time

Incontinence Severity Index (Sandvik et al., 1993)

ISI version

- How often is urine loss experienced?
 - Never
 - Less than once a month
 - Once or several times a month
 - One or several times a week
 - Every day and/or night
- How much urine is lost each time?
 - Drops or little
 - More

Modified version

- How often does the resident experience urine leakage?
 - Never
 - Once every few days
 - Once a day
 - Several times a day
 - Most or every time

Urogenital Distress Inventory (Shumaker et al., 1994)

Urogenital Distress Inventory version (short form UDI-6)

- Do you experience urine loss related to the feeling of urgency?
 - Yes
 - No
- If so, how much are you bothered by it?
 - Not at all
 - Slightly
 - Moderately
 - Greatly

Modified version

- Does the resident experience urine loss related to the feeling of urgency?
 - Yes
 - No
- If yes, how much are they bothered by it?
 - Not at all
 - Slightly
 - Moderately
 - Greatly

* These are additional optional questions

Factors that were considered in the adaptation to RACF

- > The context of RAC: workforce education levels/skill mix
- > The nature and functionality of frail elderly residents
- > The need to avoid duplication with ACFI
- > The design and language

Hurdles Experienced

- Reliance on self-report – limited for residents with cognitive impairment
- Lack of valid proxy items
- Subjective interpretation of classification measures (i.e. proxy evaluation of impact)

A Final Set of Draft Standard Tools for the Screening and Assessment of Incontinence in RACFs

- Four draft standard tools for continence screening and assessment in RAC
 - > Initial Standard Continence Screening Form for Residential Aged Care
 - > Standard Bladder Chart for Residential Aged Care
 - > Standard Bowel Chart for Residential Aged Care
 - > Standard Continence Assessment and Care Plan Form for Residential Aged Care
- > A Continence Care Flow Chart to accompany the draft standard tools.

Initial standard continence screening form for Residential Aged Care

To be completed within 48 hours of admission. If the resident is unable to answer these questions, please complete using your observations or by asking a family member or other staff member.

patient identification label

bladder health

- Does the resident go to the toilet more than 6 times in the day to pass urine? yes no don't know
- Does the resident get up more than once during the night to pass urine? yes no don't know
- Does the resident leak urine? yes no
- Does the resident have any other bladder problems (i.e. difficulties passing urine and/or pain)? yes no

bowel health

- Has the resident lost control of or leaked bowel motions? yes no
- Does the resident have any other bowel difficulties (i.e. constipation or diarrhoea)? yes no

pad usage

- Does the resident wear pads? yes no
- Does the resident have to change his/her underclothes or wear protection because of bladder or bowel leakage or soiling? yes no

If you ticked **yes** or **don't know** to any of the questions please:

- > Immediately start the Standard Bladder and Bowel Charts for Residential Aged Care,
- > Conduct a full continence assessment using the Standard Continence Assessment Tool for Residential Aged Care form as soon as possible (within 28 days).
- > Ensure that the interim care plan attends to the residents continence care needs.

Standard Bladder Chart for Residential Aged Care

Please complete details for each time the resident passes urine.
Complete each day for 3 complete days (identify which day)

Day _____ Date ____/____/____

ID label

Urine passed	Drinks	Assistance required?	Continent void	Incontinent void	Number of pad/ clothing changes	Comments
Time	Time, type and amount	(see levels below)	(i.e. voided in toilet) Yes / No	Yes / No (Estimate volume) S = Small, M = Medium, L = Large		Associated circumstances Effects on daily activities
Example	8:00 am cup of tea	Yes - D (Hoist)	No	Yes - L (large)	One change of pads	Unable to find toilet
Waking to morning tea						
Morning tea to lunch						
Lunch to afternoon tea						
Afternoon tea to dinner						
Dinner to bed						
Overnight						

¹ Levels of assistance required

A = Independent B = Requires supervision or prompting (describe) C = Requires physical assistance (describe) D = Requires lifting equipment (list type)

Standard Bowel Chart for Residential Aged Care

Please complete details for each time the resident has a bowel movement.
Complete each day for 7 complete days (identify which day)

Day _____ Date ____/____/____

ID label

Bowel movements	Type of bowel movement	Assistance required?	Leakage?	Number of pad/ clothing changes	Comments	The Bristol Stool Form Scale
Time	(Refer to Bristol Stool Form Scale)	(see levels below)	Yes/No	(Identify pads or clothing)	Associated circumstances/ Effects on daily activities	
Example	Type 7	Yes - D (Hoist)	Yes	One change of pads	Uses hoist at night	
Waking to morning tea						
Morning tea to lunch						
Lunch to afternoon tea						
Afternoon tea to dinner						
Dinner to bed						
Overnight						

¹ Levels of assistance required

A = Independent B = Requires supervision or prompting (describe) C = Requires physical assistance (describe) D = Requires lifting equipment (list type)

Standard Continence Assessment and Care Plan for Residential Aged Care

This assessment tool is designed to help you assess a resident for bladder and/or bowel problems and to provide quality continence care. If you cannot answer any of the questions, talk with the resident's doctor, a Continence Nurse Advisor or ring the National Continence Helpline free call number on 1800 33 00 66. Have you:

- 1. checked with the resident and/or family what their preferences are for bladder and bowel assessment?
- 2. completed a Bladder (3 day) and bowel Chart (7 day)?

Use the information from these charts and your observations to help you to complete this form.

Assessment Assessment of toileting, cognition and mobility for continence care	Management Plan Consider these care options
1. Can the resident tell you where the toilet is? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> show the resident where the toilet is (eg. leave door open, use a familiar sign, leave toilet light on) <input type="checkbox"/> place the resident closer to familiar toilets <input type="checkbox"/> other _____
2. Does the resident know when they want to go to the toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> try to identify behaviours showing that the resident may need to go to the toilet (eg. restlessness) <input type="checkbox"/> remind the resident to go to the toilet at regular times (ie. 2-4 hourly) or at times that are based on the resident's usual pattern of voiding <input type="checkbox"/> other _____
3. Can the resident walk to the toilet by themselves (ie. either with or without a mobility aid)? <input type="checkbox"/> Yes — Independently <input type="checkbox"/> No — Requires supervision <input type="checkbox"/> No — Requires physical assistance <input type="checkbox"/> No — Requires lifting <input type="checkbox"/> No — Confined to bed	<input type="checkbox"/> help the resident walk to the toilet <input type="checkbox"/> make sure lifting equipment is available promptly for use <input type="checkbox"/> ensure staff are available to help <input type="checkbox"/> if the resident is confined to bed, offer urinal/bedpan 2-4 hourly <input type="checkbox"/> if the resident is unable to use the toilet, urinal or bedpan, aim for the resident to be dry with regular changes of pads <input type="checkbox"/> other _____
4. Can the resident get on and get off the toilet independently? <input type="checkbox"/> Yes — Independently <input type="checkbox"/> No — Requires supervision <input type="checkbox"/> No — Requires physical assistance <input type="checkbox"/> No — Requires lifting	<input type="checkbox"/> help the resident to get on and off the toilet <input type="checkbox"/> encourage the resident to use toilet handrails <input type="checkbox"/> make sure the toilet seat is the right height for the resident <input type="checkbox"/> use appropriate lifting equipment if necessary <input type="checkbox"/> other _____
5. Does the resident experience pain that restricts their toileting, restricts clothing adjustment and hygiene? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> check that the resident is getting their pain medication as ordered <input type="checkbox"/> limit the resident's movement until after they have had their pain medication as ordered <input type="checkbox"/> use a flexible commode rather than walking to the bathroom until pain is relieved <input type="checkbox"/> other _____

Assessment Assessment of toileting, cognition and mobility for continence care	Management Plan Consider these care options
6. Can the resident manage to undress and dress themselves before and after toileting? <input type="checkbox"/> Yes — Independently <input type="checkbox"/> No — Requires supervision <input type="checkbox"/> No — Requires physical assistance	<input type="checkbox"/> make sure clothing is as easy as possible to manage (ie elastic, washed pants with no zips) <input type="checkbox"/> talk or help the resident through all of the steps involved in (dressing/undressing for toileting) <input type="checkbox"/> other _____
7. Can the resident use toilet paper and wipe themselves? <input type="checkbox"/> Yes — Independently <input type="checkbox"/> No — Requires supervision <input type="checkbox"/> No — Requires physical assistance	<input type="checkbox"/> help the resident get the toilet paper ready <input type="checkbox"/> help with wiping <input type="checkbox"/> explain each of the steps involved in toileting and hand washing <input type="checkbox"/> prompt the resident to wash hands <input type="checkbox"/> other _____
8. Is the resident able to carry out each step involved in toileting in the right order? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> try to find out which specific steps the resident needs help with and assist with these <input type="checkbox"/> encourage the resident to participate in each of the steps <input type="checkbox"/> other _____
9. Does the resident co-operate with staff when they assist with toileting or changing? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ask the RN, CNA or GP about the care required <input type="checkbox"/> explain each of the steps involved in toileting / changing tasks / continence care <input type="checkbox"/> repeat information as indicated <input type="checkbox"/> find ways to reassure and calm the resident <input type="checkbox"/> keep the residents and/or family's preferences for continence care in mind (ie. do they prefer pads or toileting?) <input type="checkbox"/> other _____
10. Does the resident do any physical activities such as walking or stretching? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> discuss with resident and RN ways of increasing the resident's activity levels <input type="checkbox"/> encourage the resident to move regularly within safe limits <input type="checkbox"/> other _____
11. Does the incontinence and/or need to pass urine, disturb the resident's sleep? <input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> all the time	<input type="checkbox"/> consider appropriate pad usage at night (discuss this with the resident, their family members and/or the RN) <input type="checkbox"/> consider other options that the resident may prefer such as an absorbent sheet, condom drainage, wake for toileting <input type="checkbox"/> other _____

Bladder assessment (see 3-day bladder chart)	
12. Urine test (dipstick) done in past 28 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	if urine dip-stick is positive for blood, nitrites, leucocytes or has a pH = 8 or above ask the RN, CNA or GP about the care required
13. During the day, how many times does the resident have to pass urine/ go to the toilet on average from 7am - 7pm? <input type="checkbox"/> every 4 hours or more <input type="checkbox"/> every 3 hours <input type="checkbox"/> every 2 hours <input type="checkbox"/> hourly	Aim for the resident to be continent with either: <input type="checkbox"/> regular fixed interval toileting (eg. 2-4 hourly) <input type="checkbox"/> individualised toileting (based on their usual voiding pattern or on behavioural indicators) <input type="checkbox"/> if the resident is unable to use the toilet, urinal or bedpan, aim for the resident to be comfortable and have dry skin with regular changes of pads <input type="checkbox"/> other _____
14. During the night, how many times does the resident have to get up to pass urine on average from 7pm - 7am? <input type="checkbox"/> none <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three <input type="checkbox"/> four or more	
15. How often does the resident experience urine leakage? <input type="checkbox"/> never <input type="checkbox"/> once every few days <input type="checkbox"/> once a day <input type="checkbox"/> several times a day <input type="checkbox"/> most or every time	
16. If the resident has urine leakage, what time of day does this usually occur? (may tick more than one) <input type="checkbox"/> mornings <input type="checkbox"/> afternoons & evenings <input type="checkbox"/> night time <input type="checkbox"/> no predictable times	

Bowel assessment (see 7-day bowel chart)	
17. In the past four weeks, does the resident have accidents or lose control with solid stool/ bowel motion? <input type="checkbox"/> never <input type="checkbox"/> rarely (i.e. 1 x month) <input type="checkbox"/> sometimes (i.e. 1 x week / a 1 x month) <input type="checkbox"/> usually (i.e. 1 x day / a 1 x week) <input type="checkbox"/> always (every day)	<input type="checkbox"/> ensure that the resident has an adequate intake of food and fluid (see questions 21 and 22) <input type="checkbox"/> provide opportunities for the resident to use bowels in toilet (regular time each day and following a warm meal or drink, eg. within 10 minutes after breakfast) <input type="checkbox"/> if the resident is unable to use the toilet or bedpan to use bowels, aim for the resident to be clean and dry with changes of pads soon after bowel motions to avoid skin problems <input type="checkbox"/> other _____
18. In the past four weeks, does the resident lose, have accidents or lose control with liquid stool/ bowel motion? <input type="checkbox"/> never <input type="checkbox"/> rarely (i.e. 1 x month) <input type="checkbox"/> sometimes (i.e. 1 x week / a 1 x month) <input type="checkbox"/> usually (i.e. 1 x day / a 1 x week) <input type="checkbox"/> always (every day)	
19. Has the resident got any of the following symptoms when they use their bowels? <input type="checkbox"/> pain & discomfort <input type="checkbox"/> straining <input type="checkbox"/> bleeding <input type="checkbox"/> hard, dry motions <input type="checkbox"/> very fluid bowel motions	<input type="checkbox"/> aim for soft, formed, continent bowel motions that are easy for the resident to pass <input type="checkbox"/> ask the RN, CNA or GP about the care required
Skin integrity assessment	
20. Does the resident's skin around their buttocks, groin and perineal area appear to: <input type="checkbox"/> be normal (eg. not broken) <input type="checkbox"/> be very thin <input type="checkbox"/> be reddened <input type="checkbox"/> be unusually pale <input type="checkbox"/> broken, ulcerated, have a rash or have rashes and blotches <input type="checkbox"/> have a discharge <input type="checkbox"/> have a foul or bad smell <input type="checkbox"/> other (specify) _____	<input type="checkbox"/> change wet pads and clothing promptly <input type="checkbox"/> use quality continence products if applicable <input type="checkbox"/> use a non-irritating soap for washing <input type="checkbox"/> use a soft toilet paper or 'wet ones' for wiping if skin very sensitive <input type="checkbox"/> ask the RN, CNA or GP about the care required <input type="checkbox"/> other _____

Assessment of diet, fluids & exercise for continence care

21. Check 3-day bladder chart for number of cups consumed per day

the resident has less than 5 cups per day

the resident has between 5 and 10 cups per day

the resident has more than 10 cups per day

22. Does the resident eat cereal, vegetable or fruit daily?

Yes No

aim for between 5-10 cups of fluid per day unless otherwise indicated by the GP (offer small preferred drinks, see relatives to assist with drinks)

encourage resident to eat cereal and fruit

offer small snacks regularly, if eating is a problem

check on nutritional assessment with RN if there are reasons why resident might not be eating or drinking normally

offer fluid alternative such as jellies and ice-blocks

other _____

Aids and appliances currently used

23. Is the resident using an aid or appliance to manage their incontinence?

Yes No

If yes, what type:

Disposable pads: Day time Night time

Wearable pads: Day time Night time

Commodes: Day time Night time

Washable bed sheets: Day time Night time

Random change: Daytime Night time

Urinary catheter: Yes No

24. Are these products keeping the resident dry and comfortable?

Yes No

25. Does the resident/family want to continue with these?

Yes No

keep the resident/family's preferences for continence care in mind

match the aid/appliance to the resident's frequency and severity of incontinence

change wet pads, linen and clothing promptly

use high quality continence products

if a urinary catheter is used, ask the RN, CNA or GP about the care required

other _____

Medical history

26. Does the resident have any known medical conditions and/or medications that may be affecting their continence status?

Yes No

Potentially reversible conditions (ie. delirium, infection, atrophic vaginitis, pharmaceuticals, psychological, excess fluids, restricted mobility, stool/constipation)

Review the resident to assess how treatment is progressing (Date: ./. /)

Other medical conditions (eg. enlarged prostate, arthritis, diabetes, abdominal or pelvic surgery) (if so, specify) _____

Current medications (if so, specify) _____

Known allergies (if so, specify) _____

Laxative use (if so, specify) _____

Additional optional questions measuring resident outcomes or improvements

Level of bother with bladder problem

27. If the resident is experiencing a bladder problem, how much of a problem is this for them? *

no problem a bit of a problem quite a problem severe problem

Level of bother with bowel problem

28. If the resident is experiencing a bowel problem, how much of a problem is this for them? *

no problem a bit of a problem quite a problem severe problem

Urinary urgency

29. Does the resident experience urine loss related to the feeling of urgency?†

Yes No

30. If yes, how much are they bothered by it?†

not at all slightly moderately greatly

Faecal urgency

31. Does the resident experience faecal loss related to the feeling of urgency?†

Yes No

32. If yes, how much are they bothered by it?†

not at all slightly moderately greatly

Staff member completing this assessment: _____ Date: ./. /

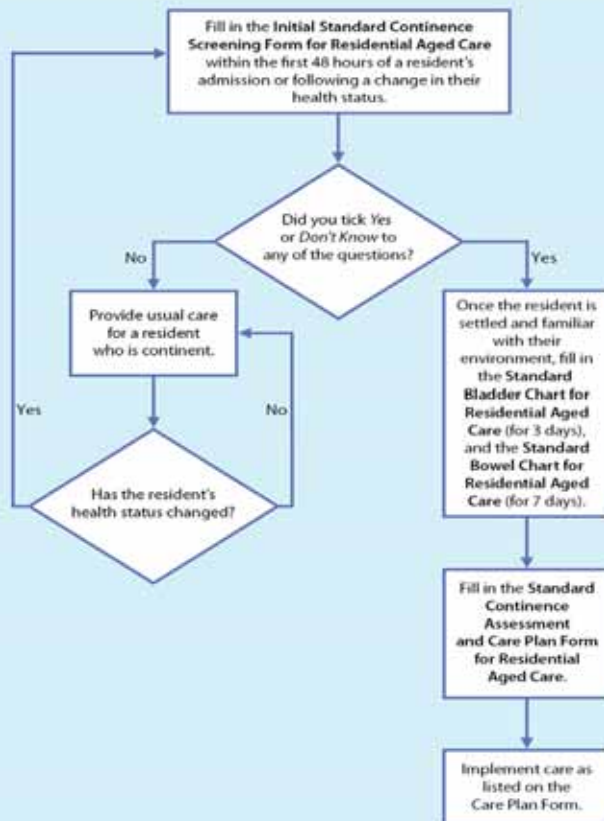
Staff member endorsing this assessment: _____ Date: ./. /

Assessment review date: _____ Date: ./. /

(Please indicate the resident if their continence condition changes)

1. High Health Continence Institute (HCCI) resident
2. Incontinence experts (with staff shared experience)
3. Secure Faecal Incontinence Leakage Scoring System (modified by resident)
4. News (based on) published on World Health Organization (WHO) website (Continence and related for women)
5. Hospital of Geriatrics (HGI) (Short Falls) modified by resident

Standard Continence Care Flow Chart for Residential Aged Care



Recommendations

- > The draft standard tools should be trialled and evaluated
- > Implementing the draft standard tools should be underpinned by a national coordinated education program for the assessment, management, and promotion of continence in RAC.
- > The draft standard tools should be recommended for use as a matter of routine in RAC settings.
- > The draft standard tools should be made available to RAC facilities in electronic form.

Trial of the Evidence Based Tools

- Diverse residential aged care settings in Victoria, South Australia and Tasmania
- Provided with 1 Educational Materials + Phone support
 - 2 Educational Materials + Didactic Session & Phone Support
- Evaluate Staff attitude and knowledge cont mgt
- Clinical usefulness of the educational programs and suite of tools