

AHRQ Safety Program for Long-term Care: HAIs/CAUTI

Hydration Practices and Urinary Incontinence Care Planning

National Content Series for Facility Team Leads and Core Team Members

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Objectives

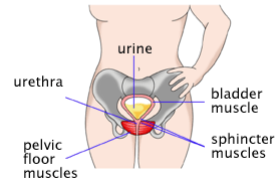
Upon completion of this training, participants will be able to:

- Identify evidence-based practices (EBP) relative to resident hydration and incontinence care planning;
- Review strategies to effectively implement changes in clinical and cultural practices to promote EBP in resident hydration and incontinence care planning;
- Demonstrate how resident hydration and incontinence care planning practices can reduce Indwelling Urinary Catheter use and CAUTI; and
- Explore strategies to engage clinicians, staff, residents and families in the development and implementation of resident hydration and incontinence care planning.

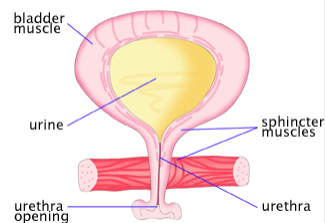
What is Urinary Incontinence (UI)?

- Loss of bladder control due to
 - Bladder muscle contractions
 - Weak pelvic floor and/or sphincter muscles
 - Blockage in the urethral opening
- About twice as common in women
- Both women and men can become incontinent from localized tumor/cancer, diabetes, neurological disorders and physical changes associated with aging
- In 2000, urinary incontinence cost the United States \$19.5 billion

Bladder Control System



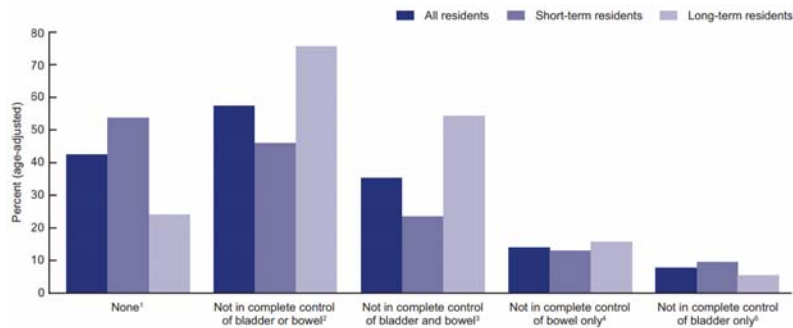
Bladder and Sphincter Muscles



Gornia et al. June 2014. Prevalence of Incontinence Among Older Americans. *Vital and Health Statistics*. CDC. http://www.cdc.gov/nchs/data/series/sr_03/sr03_036.pdf

How Common is UI in LTC?

- General Population: 43.8% of surveyed adults 65 and older reported urinary leakage
- Nursing home facilities
 - Short-term residents: 36.7% report urinary leakage
 - Long-term residents: 79.3% report urinary leakage



Gornia et al. June 2014. Prevalence of Incontinence Among Older Americans. *Vital and Health Statistics*. CDC. http://www.cdc.gov/nchs/data/series/sr_03/sr03_036.pdf

How Does UI Impact Emotional Well-being?

- Reduces social engagement
- Lowers participation in other activities
- Increases risk of reduced sensory stimulation
- Lowers quality of life
- Lowers levels of personal care

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CMS Cares: F-tag and Urinary Incontinence

F-tag 315:

(Rev. 70, Issued: 01-07-11, Effective: 10-01-10 Implementation: 10-01-10)

§483.25(d) Urinary Incontinence

- Based on the resident's comprehensive assessment, the facility **must** ensure that -
 - §483.25(d) (1) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and
 - §483.25(d) (2) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

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Incontinence Care Planning Challenges

What are your facility's challenges regarding incontinence care?

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Remember the "I" in C.A.U.T.I.

REMEMBER C.A.U.T.I. TO PREVENT CAUTI

C **A** **U** **T** **I**

Catheter Removal
 These often catheters in any of your residents. Are the catheters really necessary?
 Remove the catheter if there is an about infection for 1 (one hour).
 Every resident receives a change in the catheter from the infection-free.

Aseptic Insertion
 Only trained personnel should insert catheters. Use hand hygiene and insert using aseptic technique.
 Use the smallest catheter size that will work for the resident.
 Avoid contamination to the catheter.
 Use catheter securement devices.

Use Regular Assessments
 Insert new urinary catheters only when there is a good indication.
 Consider alternatives to using a urinary catheter.
 Use a bladder ultrasound to guide management.
 Implement a process to see whether residents need catheters.

Training for Catheter Care
 Train staff, residents, and family.
 Maintain a closed drainage system, and maintain unobstructed urine flow.
 Use routine hygiene. Be sure the perineal area with soap and water.
 Replace catheter changes, analysis, and catheter are not repeated.

Incontinence Care Planning
 Consider alternatives to urinary catheter care such as intermittent catheterization, absorbent briefs, and pads.
 Consider resident and family preferences.
 Remember: No catheter means no CAUTI!

Appropriate Indications for a Urinary Catheter
 Assist healing of stage III or stage IV pressure ulcers and anal wounds in incontinent residents.
 Chronic and acute urinary retention or obstruction.
 Hospice or palliative care associated with intractable pain.

Would you like to know more? Participation in the AHRQ Safety Program for Long-Term Care: CAUTI gives you access to informative resources and events such as educational webinars and state-level training sessions that will help you to provide safer care for your residents. Talk to the project lead in your facility, or visit www.healthys.org (login and password: healthys).

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Medical Indications for Catheter Insertion

Appropriate Catheter Use

- ✓ Urinary retention, including bladder outlet obstruction
- ✓ To assist in healing perineal /sacral wounds
- ✓ Prolonged immobilization
- ✓ End of life comfort

Inappropriate Catheter Use

- X Urinary incontinence
- X Immobility



For more information about catheter types, catheter care and catheter alternatives please review the [June 2015 LTC Content Webinar](#) *Faikh MG et al. AJIC 2014;5223-5229.*

Clinical indicators for Catheters (2009): <http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf>

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Prompted Voiding

Evidence-based Practice (EBP)



Target group

- Cognitively and/or physically impaired

Procedure

- Verbal prompt to ask the residents if they are wet or dry and if they need toilet assistance
- Physical assistance to reach the bathroom
- Positive reinforcement

Outcome

- Self-initiated requests
- Number of incontinent episodes

Comments

- Labor intensive, requires staff buy-in and consistent adherence

Prompted Voiding for Management of Urinary Incontinence Among Older Adults. *Annals of Long-Term Care*.
<http://www.annalsoflongtermcare.com/news/prompted-voiding-urinary-incontinence-older-adults>
 Ouslander JG, Schnelle JF, Uman G, et al. Predictors of successful prompted voiding among incontinent nursing home residents. *JAMA*. 1995;273:1366-137

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Habit Training

Evidence-based Practice (EBP)

Target group

- All

Procedure

- Identify resident's natural voiding pattern
- Create an individualized toileting schedule

Outcome

- Number of incontinent episodes
- Pad change due to incontinence in 24 hours

Comments

- Requires early planning, staff buy-in and consistent adherence

CMS Manual System. June 2005. Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS)
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r8som.pdf>

Timed Voiding

Evidence-based Practice (EBP)

Target group

- Residents not capable of independent toileting; usually cognitively impaired

Procedure

- Fixed intervals between toileting assistance

Outcome

- Number of incontinent episodes
- Pad change due to incontinence in 24 hours
- Maintenance of skin integrity

Comments

- Consider passive toileting assistance programs; requires staff adherence

CMS Manual System. June 2005. Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS)
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r8som.pdf>

Other UI Management Strategies

Treatment Medications

- Oxybutynin
- Tolterodine
- Trospium
- Darifenacin
- Solifenacin
- Fesoterodine

Absorbent Pads

- Mainstay for UI containment
- Should be based on resident's needs and preferences
- F-tag 315: Should only occur after an appropriate evaluation and after alternatives are considered

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Incontinence Care Planning

Which of these solutions have you tried?

- Prompted Voiding
- Habit Training
- Timed Voiding
- UI Medications
- Absorbent Pads
- Other

What other strategies have you used?

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HYDRATION PRACTICES

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Dehydration: Definition and Causes

- Abnormal depletion of body fluids
- Causes
 - Increased fluid loss as a result of
 - Acute illness
 - Medications
 - Environment
 - Decreased fluid intake as a result of
 - Decreased thirst perception
 - Inability to obtain fluids, difficulty swallowing
 - Intentional decrease in intake to prevent incontinence



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Risk Factors for Dehydration

- Diets (restricted, enteral nutrition, thick liquids)
- Communication problems
- Medications
- Functional impairment (e.g., hand dexterity)
- Cognitive impairment/Dementia
- Chronic diseases (kidney, diabetes, cardiovascular)
- Depression
- Fever/Infection
- Vomiting/Diarrhea



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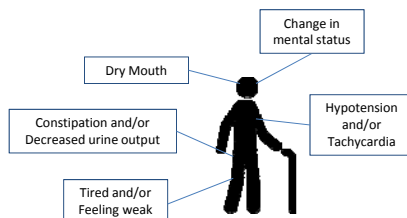
Signs and Symptoms of Dehydration

Signs

- Decreased urine output
- Hypotension
- Constipation
- Change in mental status
- Tachycardia

Symptoms

- Thirsty
- Dry, sticky mouth
- Tired, feeling weak



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Hydration Challenges

What challenges do you face related to hydration practices?

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How to Prevent Dehydration

- Involve the dietary and nutrition teams
- Provide foods high in water content
- Provide liquids before and with meals
- Provide liquids between meals and with medication passes
- Encourage each resident to drink fluids and offer fluid preferences
- Develop targeted care plans to prevent dehydration/re-hydrate
- Ensure good mouth care
- Track and review fluid intake

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Practical Hydration Practices

What are other strategies you can use to make sure residents stay hydrated?

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KNOWLEDGE & SKILLS TRANSFER

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Veterans' Healthcare Administration

Beth King

Remember the "I" in C.A.U.T.I.

Infections are a leading cause of illness and death in nursing homes. These infections include catheter-associated urinary tract infections (CAUTIs).

REMEMBER C.A.U.T.I. TO PREVENT CAUTI!

- Catheter Removal**: These catheters are not necessary. Do you really need them? Remove the catheter if there is an about 24-hour window for a "dry" period. A change in the catheter can be catheter-free.
- Aseptic Insertion**: Only trained personnel should insert catheters. Use hand hygiene and insert using aseptic technique. Use the smallest catheter size that will work for the resident. Avoid contamination to the catheter. Use catheter securement devices.
- Use Regular Assessments**: Insert new urinary catheters only when there is a good indication. Consider alternatives to using a urinary catheter. Use a bladder ultrasound to guide management. Implement a process to see whether residents need catheters.
- Training for Catheter Care**: Train staff, residents, and family. Maintain a closed drainage system, and maintain unobstructed urine flow. Use routine hygiene. Be clear the perineal area with soap and water. Replace catheter changes, analysis, and cultures are not required.
- Incontinence Care Planning**: Consider alternatives to using a urinary catheter such as prompted voiding, placement of absorbent briefs, and scheduled toileting. Remember: No catheter means no CAUTI!

Appropriate Indications for a Urinary Catheter

- Wound healing of stage III or stage IV perineal and anal wounds in incontinent residents.
- Obvious and acute urinary retention or obstruction.
- Hospice or palliative care associated with intractable pain.

Would you like to know more? Participation in the AHRQ Safety Program for Long-Term Care: CAUTI gives you access to informative resources and events such as educational webinars and state-level training sessions that will help you to provide safer care for your residents. Talk to the project lead in your facility, or visit www.healthysite.org (login and password: healthysite).

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Educating Staff on Hydration Practices and Urinary Incontinence

- Provide staff with education
- Assess residents at risk for dehydration and urinary incontinence (UI)
- Integrate UI and hydration assessments in CAUTI assessment
- Include UI and hydration as topics in safety discussions
- Train volunteers and family members to support hydration and incontinence care planning
- Celebrate often and serve refreshments to residents!

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Stay Updated with Useful Resources

1. [AHRQ Safety Program for Long-term Care: HAIs/CAUTI Project Website](#)
Login information
Username: Itcsafety
Password: Itcsafety
2. [TeamSTEPPS® for Long-term Care](#)
3. [LTC Safety Toolkit](#)
4. [Learn From Defects Tool](#)
5. [National Content Webinar: Training LTC Facility Staff on Catheter Insertion & Maintenance to Prevent CAUTIs](#)
6. [Bowel and Bladder Elimination Toolkit](#) – Mountain-Pacific Quality Health

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References

Centers for Disease Control and Prevention. Healthcare Infection Control Practices Advisory Committee (HICPAC) approved guidelines for the Prevention of catheter-associated urinary tract infections, 2009. Available at <http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf>.

Centers for Disease Control and Prevention. Identifying Healthcare-associated Infections (HAI) for NHSN Surveillance (online). Accessible at: http://www.cdc.gov/nhsn/PDFs/pscManual/2PSC_IdentifyingHAIs_NHSNcurrent.pdf.

Clinical indicators for Catheters (2009): <http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf>

Faikh MG et al. *AJIC* 2014;52:223-229

Gornia et al. June 2014. Prevalence of Incontinence Among Older Americans. *Vital and Health Statistics*. CDC. http://www.cdc.gov/nchs/data/series/sr_03/sr03_036.pdf

National Healthcare Safety Network (NHSN). [Long-term Care Facility \(LTCF\) Component Healthcare Associated Infection Surveillance Module: UTI Event Reporting \[online\]](#).

Prompted Voiding for Management of Urinary Incontinence Among Older Adults. *Annals of Long-Term Care*. <http://www.annalsoflongtermcare.com/news/prompted-voiding-urinary-incontinence-older-adults>

Ouslander JG, Schnelle JF, Uman G, et al. Predictors of successful prompted voiding among incontinent nursing home residents. *JAMA*. 1995;273:1366-137.

Stone ND, Ashraf MS, Calder J. Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. *Infect Control Hosp Epidemiol* 2012;33(10):965-977.

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Event Evaluation

QUESTIONS?

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