

Facility Assessment of Incontinence Management

This is a series of self-assessment checklists for nursing home staff to use to assess processes related to incontinence management in the facility, in order to identify areas that need improvement. You will find the checklists most useful if you need to look at your current practice more critically.

Directions

- These checklists are designed for completion by a director of nursing (DON) or other team leader who knows the facility.
- The person completing the checklist should consult with appropriate staff and resident's medical records to ensure the most accurate information.

Use these checklists as the starting point for a quality improvement project guided by the Quality Improvement Worksheets. When answering questions on the checklists, if you are not sure or answer "no" to one of the questions, see Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.

Topics Included

Checklists on the following incontinence-related topics are included:

- Incontinence Policies
- Evaluation
- Incontinence Care Plans
- Incontinence Management and Care
- Incontinence Monitoring
- Staff Education and Training

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Checklist: Incontinence Policies

Does your facility have a policy for assessment and management of incontinence?

_____ **No.** If no, this is an area for improvement. Use this checklist and current accepted clinical guidelines to create your facility's policy.

_____ **This is an area we are working on.** Our target date for implementing or revising our policy is: _____. If needed, use this checklist, current accepted clinical guidelines and the Quality Improvement Worksheets to guide your revision and implementation of your facility's policy.

_____ **Yes.** Please continue to the questions below.

Does your facility's policy for incontinence include the elements below?

	Yes	No	Person Responsible:	Comment:
1. Does your facility's policy and procedure include a statement regarding your facility's commitment to the management of incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does your facility's policy include evaluation, management, treatment and monitoring of residents with incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does your facility's policy include the goals of incontinence management programs such as:				
a. Prompt assessment and diagnosis of incontinence	<input type="checkbox"/>	<input type="checkbox"/>		
b. Specification of plans for toileting or continence care	<input type="checkbox"/>	<input type="checkbox"/>		
c. Steps to be taken in order to monitor treatment effectiveness	<input type="checkbox"/>	<input type="checkbox"/>		
d. Use of clinically-accepted guidelines for incontinence	<input type="checkbox"/>	<input type="checkbox"/>		
e. Improving the resident's well being by increasing comfort and reducing depression and anxiety	<input type="checkbox"/>	<input type="checkbox"/>		
f. Optimize the resident's ability to perform ADLs and participate in activities?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Incontinence Policies (cont.)

	Yes	No	Person Responsible:	Comment:
4. Does your facility's policies address who, how and when incontinence program effectiveness should be monitored and evaluated?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does your facility's policy address a protocol for ongoing monitoring of incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does your facility's policy address a protocol for communication of reporting of incontinence to the designated MDS personnel to ensure correct coding?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your policy for incontinence are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: Evaluating Incontinence (cont.)

	Yes	No	Person Responsible:	Comment:
4. When a comprehensive evaluation is done, are all these elements completed and recorded on your evaluation form?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is the evaluation completed by an RN, or by an LPN and reviewed by an RN?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is the evaluation used to identify the (potentially reversible) causes of incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Is the evaluation used to identify residents appropriate for retraining/scheduled toileting?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Are nursing assistant involved in ongoing evaluations for incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Does the evaluation identify residents who may be at risk for incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your process for completing comprehensive incontinence evaluations are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care, please continue to another checklist.

Checklist: Developing Incontinence Care Plans

Does your facility have a process for developing and implementing a care plan for residents who have been found to be incontinent or at risk for incontinence?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for developing a care plan for incontinence.

_____ **This is an area we are working on.** Our target date for implementing a process for developing a care plan for incontinence is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does the plan of care for incontinence address all of the areas below?

	Yes	No	Person Responsible:	Comment:
1. Does the care plan use data from the incontinence evaluation?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is the input of family members and/or the resident sought in selecting a treatment program for incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the plan of care address potentially reversible conditions of incontinence (use of restraints, ADL impairment, and medications)?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does the plan specify when an incontinence reevaluation will be completed?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does the plan consider assisted toileting (prompted voiding program) or bladder retraining programs?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does the plan provide for monitoring of a resident's response to toileting program?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does the plan for toileting consider use of a bladder relaxant medication?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your process for care planning for incontinence are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care please continue to another checklist.

Checklist: Incontinence Management and Care

For residents identified as incontinent, does your facility have a systematic, consistent way to manage incontinence?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for managing incontinence.

_____ **This is an area we are working on.** Our target date for implementing a process for managing incontinence is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility's process for managing incontinence include these components?

	Yes	No	Person Responsible:	Comment:
1. Are behavioral interventions considered as a first line response to incontinence to promote normal urinary function?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does your facility have established protocols for bladder training, prompted voiding to change incontinence patterns?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does your facility foster a team approach to continence care?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does your facility have established procedures for continence care (changing schedules, soap and water washing, drying, use of barrier cream, repositions, catheter care)?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are portable bladder scanners used to assess bladder volume?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does your facility individually tailor therapeutic programs associated with clinical evaluation for residents with incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Are nursing assistants included in shift report to give/get reports on resident mobility, functional status, status of incontinent episodes?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Incontinence Management and Care (cont.)

	Yes	No	Person Responsible:	Comment:
8. Are toileting forms easy to use and readily available for CNAs?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Are staff to staff communication procedures in place to elicit and receive feedback?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your facility's education and training program for urinary incontinence and management are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.

Checklist: Monitoring Incontinence

For residents who are being treated for incontinence, does your facility have a process for monitoring on at least a daily basis?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for monitoring incontinence.

_____ **This is an area we are working on.** Our target date for implementing a process for monitoring urinary in continence is:_____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility’s process for monitoring urinary incontinence include these components?

	Yes	No	Person Responsible:	Comment:
1. Are toileting programs monitored?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are simple forms available for staff to record assisted/prompted toileting?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are dryness rates (or number of wet/dry episodes) tracked?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is follow-up performed for residents with constipation and bowel incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are nursing rounds used to determine resident wetness/dryness?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is feedback from CNAs elicited regarding problems with incontinence programs?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does the QI Committee track incontinence prevalence rates or audit other aspects of the incontinence management process (e.g. complete evaluations, number of residents on toileting programs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Do you have a QI team working to reduce incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Monitoring Incontinence

If any of the above elements in your process for monitoring incontinence are missing:

Choose *one* element to focus your quality improvement effort on first.

- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's policy, please continue to another checklist.

Checklist: Assessing Staff Education and Training

Does your facility have initial and ongoing education on incontinence management for both nursing and non-nursing staff?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to improve your processes and or staff education on evaluation and management of incontinence.

_____ **This is an area we are working on.** Our target date for implementing an education program on evaluation and management of incontinence is: _____. If needed, use this checklist, current accepted clinical guidelines and the Quality Improvement Worksheets to guide your facility's education program.

_____ **Yes.** Please continue to the questions below.

Does your facility's education program for incontinence management include the following components?

	Yes	No	Person Responsible	Comments
1. Are all new staff oriented in incontinence evaluation and management?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are current staff provided with ongoing education on the principles of incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does education staff provide discipline-specific education for incontinence evaluation and management (ex. Activities, Rehab, Social Services, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does education incorporate clinical guidelines in incontinence evaluation and management? Does this include behavioral interventions such as prompted voiding and bladder training?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does education address common misperceptions about incontinence and aging?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does education address use of incontinent products?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does education teach staff how to recognize warning signs of incontinence (constipation, decreased fluid intake, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Assessing Staff Education and Training (cont.)

	Yes	No	Person Responsible	Comments
8. Does education assess treatment/care for residents with bowel incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Is hands on coaching provided for staff through a clinical expert/mentor for incontinence issues?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is the education provided at the appropriate level for the learner (i.e. Can vs. RN)?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does the education include staff training on documentation methods related to incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Does your facility's education program include family education on incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Does your facility's education program include resident education on incontinence?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the preceding elements in your facility's education and training program for incontinence evaluation and management are missing:

- Choose *one* element to focus your quality improvement effort on first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

