

Products to Improve Incontinence Management

For many residents, the loss of bladder control or urinary incontinence (UI) is an ever-growing concern. To begin searching for UI solutions, long-term care facilities should, first and foremost, take into account residents' cognitive and ambulatory status and the facility's environment. In certain long-term care settings, such as skilled-nursing facilities, a UI screen is mandated, whereas there are no requirements in other settings. Before initiating any urinary continence program, determine the baseline number of residents experiencing UI. The total costs of managing UI can vary. Direct cost variables include evaluation, diagnosis, and treatment, as well as the indirect costs that stem from related infections and skin ulcers. All of these variables should factor into the decision-making process when launching programs to promote urinary continence.

Resident Status and Environmental Concerns

To choose the appropriate incontinence solutions for your facility's residents, include physicians, nursing, rehabilitation, direct care staff, the resident, and family members in the discussion, considering the physical or cognitive limitations that may impede the resident from reaching the bathroom or toilet in time. For instance, harder-to-manage clothing with zippers or buttons can be a contributing factor to incontinence episodes. Easy-to-manage, looser-fitting pants with elastic waists can be manipulated more quickly and, therefore, may be an effective alternative. Your facility's environment may also impact a resident's ability to remain continent. Inadequate lighting, excessive distance to toilets, or physical barriers, such as narrow doors that impede toilet access by people in wheelchairs, can make it difficult for the resident to use the toilet. Changes to your facility's physical plant may be necessary to reduce instances of UI.

Interventions to Prevent Incontinence

Once any external issues are addressed, consider interventions aimed at minimizing the occurrence of UI. There is a range of non-invasive approaches to managing UI, from bladder-retraining exercise programs and behavioral therapy programs to medication management to electrical stimulation. The latter, administered by trained healthcare professionals, can promote pelvic floor muscle strength through temporary, strategically placed electrodes on the outside of the body.

Incontinence Technologies

Technological solutions, including urethral inserts, penile clamps, voiding reminders, biofeedback devices, enuresis alarms, and bladder scanners, are available to improve your facility's incontinence management program. When selecting these technologies for use in resident care, it is important to consider how the residents' privacy, dignity, and functional independence will be impacted by the technology. Aesthetics and the appearance of incontinence products can be a deciding factor. Also consider how the design of the product impacts the amount of caregiver assistance the resident will require. Does the product enable the resident to keep a continence schedule as independently as possible? If the resident requires caregiver assistance during toileting, does the product facilitate this with as much dignity and as little effort as possible? Furthermore, will the physical comfort of the product impact the resident's desire for continued use?



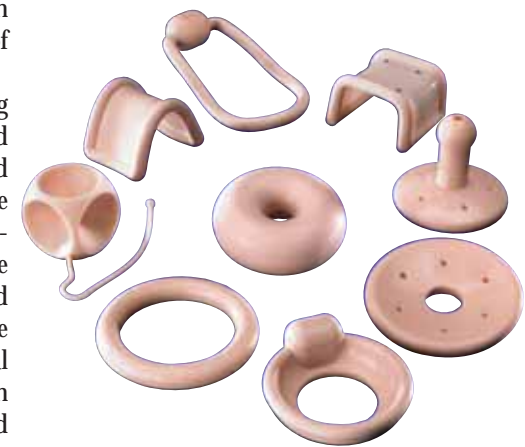
Enuresis alarms, alert the resident or caregiver to an incontinent event with audible alerts or flashing lights.

Pessaries: Internal and external devices are available for both men and women. Urethral plugs for women, also known as "pessaries", can be effective for residents with the manual dexterity and cognitive level to manage the insertion of the device. Typically made of rubber or a synthetic material, pessary devices of varying shapes can be inserted into a woman's vagina. Options for men include clamps or compression rings that squeeze the urethra shut when properly fitted over the penis. When used properly these devices can limit UI episodes. However, drawbacks of pessaries and clamps can include discomfort, irritation, or pain with improper fit for men or urinary tract infections in women.

Alert Systems: Audible and vibrating alert systems are typically activated at the first sign of moisture. Enuresis alarms immediately alert the resident or caregiver to an incontinent event with audible alerts or flashing lights. These systems usually consist of a moisture-detecting sensor connected to an alerting device. During the nighttime hours, when incontinent episodes may occur, audible alert systems can help staff respond immediately to the situation. For residents capable of using the toilet independently, but typically unaware when an incontinent episode begins, vibrating alert systems can be helpful. In many home-like facility environments, audible alerts may disrupt other residents and not be consistent with the overall philosophy of care, as they can detract from a resident's sense of dignity.

Voiding Reminders: Voiding reminders, such as specialized watches, pagers, or pocket-sized devices, may be used to improve resident habits related to continence, reminding them to use the bathroom at predetermined times via vibration or audible alarm. These devices are helpful for residents who require an external cue as a reminder and those who are not able to self-initiate the act of recalling toileting patterns. Habit training helps residents avoid incontinent episodes by encouraging them to urinate on a set schedule, i.e. in two-hour intervals or at specified times, regardless of the need to void. Habit training can be useful to residents with functional incontinence secondary to cognitive and physical limitations. Voiding reminders can also be used for bladder retraining, a process through which residents urinate on a set schedule in an effort to decrease incidents of urge incontinence.

Biofeedback: Biofeedback is a procedure to help with urge and stress incontinence. When combined with pelvic floor muscle-strengthening (Kegel) exercises, biofeedback treatments use specialized pressure transducers inserted into the vagina to reinforce the correct contraction and release of pelvic muscles, which can be difficult for residents to recognize and isolate. Specialized staff and equipment are required to deliver effective biofeedback treatments, which are usually performed



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over the course of several weeks for residents with the cognitive awareness to initiate control over the pelvic floor region. Options to lease or buy biofeedback equipment are widely available, and those costs should be equated when weighing upfront costs versus payments over time. The projected length of a resident's stay — short-term versus long-term — will effect your decision to use biofeedback devices, as this treatment can take several weeks to become effective.

Cost Considerations and Regulatory Concerns

When determining whether or not to purchase incontinence technologies, weigh the cost of one-time-use urethral inserts and absorbent products against the price of the technology to determine what you might ultimately save by implementing a more advanced product. Enuresis alarms and voiding reminders cost relatively little in comparison to high-tech biofeedback devices. Psychosocial factors can have an impact on quality-of-life issues for a resident if UI contributes to feelings of embarrassment or frustration or self-imposed isolation from others, all of which, in turn, can place extra burdens on staff. When appropriate products are identified to meet the comfort, safety, and personal preferences of a resident and are successfully implemented, direct labor can be minimized.

In addition, different approaches to incontinence management may raise different types of regulatory concerns. It may be appropriate to speak with your state survey officials to discuss the solution your facility would like to implement.

Change Management

Adopting new approaches and technologies can involve varying degrees of change within an organization. As with any effort to augment existing care practices, it is important to get the buy-in of all staff members who will be impacted. Start by assessing the extent of the problem at your facility and what your current practices are. Then invite one or two people from each affected department to work together as a team to determine if there are alternative strategies you should consider

implementing. To increase buy-in, it is helpful if the decisions are made by the people who will be implementing them—often the direct-care staff. Have the team pull together information about the different options, and present these options to the rest of the staff. Several Web-based resources are available to help you perform this research. A government-sponsored website, www.techforltc.org provides useful information on a range of incontinence products and the issues to consider when selecting the right option for your facility. The National Association for Continence Resource Guide also provides tools for selecting and applying products that absorb or collect urine, such as briefs and pads, and can be found online at www.nafc.org.ⁿ

Stacey Biddle, COTA/L, is a research project manager for IDEAS Inc., working on grants from the National Institute of Aging and the Alzheimer's Association. Biddle is involved with the website www.techforltc.org, which provides purchasing guidance for a variety of products.

WHERE TO FIND IT Pessaries and Urethral Occlusion Devices:	
Vendor	Reader Service Number
C. R. Bard, Inc.	66
Milex Products, Inc.	67
Rochester Medical Corporation	68
SRS Medical Systems, Inc.	70
Enuresis Alarms:	
Alimed, Inc.	53
Anzacare, Ltd.	54
Care Electronics, Inc.	55
Enabling Devices	56
Koregon Enterprises, Inc.	57
The Stay-Dri Continence Management System	58
Urocare	59
Voiding Reminders:	
B Independent, Inc.	60
Cadex Products, Inc.	61
e-pill, LLC	62
Global Assistive Devices, Inc.	63
Time Now Corp.	64
WatchMinder	65
Biofeedback Technologies:	
Biolifedynamics, Inc.	71
Neotonus	72
NeuroDyne Medical Corp.	73
Prometheus Group	74
Thought Technology, LTD	75

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Photo courtesy of MTS Medication Technologies

Some ADMs can store medication punch cards instead of unit dose packages.

walk your nurses through the basics of the machines, and provide additional in-services and troubleshoot the devices as needed. The director of nursing should identify all of the nurses that will be granted access to the ADMs, as well as the CII controlled substances that require a second witness for dispensing. ADMs can also be programmed to allow varying levels of access to specified nurses, in order to further increase medication security and control.

Conclusion

ADMs can provide long-term care facilities with significant benefits. These relatively easy-to-use systems can be implemented with little hassle for your facility and noteworthy returns in terms of improved drug inventory management and billing accuracy.ⁿ

Nancy Burns, RN, currently serves as the vice president of client services for Woodhaven Health Services, a role she has held for almost five years. A registered nurse for over 25 years, Burns has spent a majority of her career in long-term care.

WHERE TO FIND IT Automated Dispensing Cabinets:		
Vendor	Reader Service Number	Website
AmerisourceBergen Technology Group	80	www.amerisourcebergen.com
Cardinal Health	81	www.cardinal.com
McKesson Corporation	82	www.mckesson.com
medDISPENSE	83	www.med-dispense.com
MTS Medication Technologies	84	www.mts-mt.com
Omniceil, Inc.	85	www.omnicell.com