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?

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.

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...
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.

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

Conclusion
ADM’s 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.

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