

Bladder or Bowel Incontinence Critical Element Pathway

Use this pathway for a resident identified with concerns related to bladder or bowel incontinence.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C, G, and H.
- ☐ Physician's orders (e.g., incontinence or restorative program, medications affecting continence).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., scheduled toileting or restorative program based on the type of incontinence [retraining, habit training, scheduled voiding, prompted voiding, toileting devices], environment or assistive devices, promotes choice and dignity, psychosocial concerns [social withdrawal or embarrassment], skin integrity, UTI prevention, incontinence products, hydration/nutrition needs).

Observations (if a resident is incontinent of bowel or bladder or is on a program to maintain continence, determine the following):

- ☐ Whether staff uses appropriate hand hygiene and Personal Protective Equipment (PPE) when providing toileting and incontinence care;
- ☐ Whether the staff implements care plan interventions to maintain continence or improve incontinence, and whether staff informs the resident about the incontinence care before providing it;
- ☐ Whether staff maintains the resident's privacy, dignity, and respect during incontinence care. If not, describe. If the resident appears embarrassed or humiliated, how does staff respond?
- ☐ How staff respond to requests for assistance to the bathroom;
- ☐ Whether staff provide timely assistance to the resident to maintain continence (e.g., prompting, assisting to transfer, or stand-by assist to ambulate); and
- ☐ Whether staff provides sufficient fluids based upon the resident's assessed needs?
- ☐ If the resident had an incontinent episode:
 - How long the resident was in wet, soiled clothing, incontinent briefs, or linens before staff changed the resident;
 - The condition of the resident's skin (e.g., reddened, macerated, or irritated);
- ☐ Whether the resident expressed pain or discomfort, and if so, how staff respond;
- ☐ Whether hygiene measures were used (e.g., cleansing, rinsing, drying, applying protective moisture barriers) to prevent skin breakdown and to prevent UTIs; and
- ☐ Whether absorbent products or protective clothing was used to address leakage, odor and enhance socialization and dignity.
- ☐ Whether environmental accommodations have been made to promote continence, such as:
 - Placing the call bell within reach and responding to the call bell promptly;
 - Maintaining a clear pathway and ready access to bathroom facilities;
 - Providing adaptive equipment or devices, based on resident identified needs, such as elevated toilet seats, grab bars, urinals, bedpans, or commodes; and
 - Assuring adequate lighting and assistance as needed to use devices such as urinals, bedpans and commodes.

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Resident or Resident Representative, or Family Interview:

- ☐ How long have you had (bladder and/or bowel) incontinence? Do you know what may have caused it?
- ☐ Describe how you were involved in developing your care plan for improving or maintaining continence. Do you believe the plan reflects your preferences and choices?
- ☐ Do you know what the plan is to improve your continence, and what type of interventions are being provided?
- ☐ Do you know if the incontinence is getting better or worse, and if worse, do you know why?
- ☐ Do you have any problems with skin integrity related to the incontinence and if so, please describe and explain what is being done for these problems?
- ☐ Has your incontinence impacted your involvement in activities, mood, or ability to function?
- ☐ What type of assistive devices are provided? Have staff given you instructions on how to use them?
- ☐ What happens when you request staff assistance to go to the bathroom? How do staff respond to you if you have can't make it to the bathroom in time?
- ☐ Do you have a UTI, or a history of UTIs? If so, what interventions are in place to prevent these from occurring, to the extent possible?
- ☐ Do you know if staff have addressed environmental issues that may affect continence (e.g., improved lighting, use of a bedside commode or urinal, reducing the distance to the bathroom if possible, use of grab bars etc.)? Please describe.
- ☐ For surveyor: If you are aware that the resident has declined care to restore continence, what interventions were declined and whether alternatives were suggested?

Nursing Aide Interviews: Interview the nurse aide assigned to provide care to the resident to determine:

- ☐ Can you tell me about the resident's incontinence (e.g., type, whether there is a pattern of incontinence episodes).
- ☐ What interventions are used (restorative/management programs):
 - How often assistance to go to the bathroom is provided;
 - How much assistance the resident requires; and
 - How the resident's participation, to the extent possible, is encouraged.
- ☐ Are there problems with the resident's skin related to incontinence? If so, when it began, whether it was reported, and how it is being addressed?
- ☐ Has the resident declined any interventions to improve or maintain continence? If so, what interventions were declined and why? Do you know what changes have been put in place if the resident declines interventions?
- ☐ Has there been a decline in the resident's continence? If so, who did you report it to, and when? Do you know if care plan interventions have been revised to address the decline, and if so, what was changed?
- ☐ What, when, and to whom do you report changes in status (e.g., hydration status, urine characteristics, and complaints of urinary-related symptoms)?
- ☐ What training have you received on continence programs, skin care, or the use of assistive devices?

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Licensed Nurse, DON or Rehabilitative Staff Interviews, as appropriate, to determine:

- ☐ When was the resident's incontinence identified and what was the frequency of the resident's incontinence episodes?
- ☐ Was the resident assessed for risks, causes, types, patterns of incontinence, and potential treatments to address or reverse the incontinence? If not, describe.
- ☐ What physical or cognitive limitations have been identified that may influence potential improvement or maintenance of continence? If so, describe.
- ☐ Was the resident or resident representative involved in care plan development, including identifying choices and preferences for treatment of incontinence? If not, why not?
- ☐ What types of interventions have been attempted to promote continence (e.g., special clothing, devices, types and frequency of assistance, change in toileting schedule, environmental modifications)?
- ☐ What program was developed and implemented to improve, maintain, or correct, to the extent possible, the incontinence? If this was not done, how was it determined that the resident would not benefit from a program?
- ☐ Whether the resident's continence is declining and if so, what changes have been made, implemented and evaluated?
- ☐ Whether a therapy program is in place, as appropriate, (e.g., balance, muscle strengthening, or transfers) to assist in a continence management program.
- ☐ If on a rehabilitative program, the resident's response to the program, including understanding instructions to help improve or maintain continence.
- ☐ Has the resident experienced complications related to incontinence (e.g., skin integrity issues, infections, hydration issues)? If so, how were these addressed?
- ☐ Has the resident been identified to be at risk for UTIs? If so, what are the risk factors and are the risks addressed?
- ☐ Has the resident declined an intervention? What alternatives were offered and put in place?
- ☐ Who monitors staff implementation of the continence program and the impact of the interventions on resident continence status?

Record Review:

- ☐ Does the facility adequately identify the resident's continence history (e.g., nursing or therapy notes, pharmacist reports, lab reports, and flow sheets)?
- ☐ Does the assessment reflect the status of the resident, specifically:
 - Patterns of incontinent episodes, daily voiding/elimination patterns or prior routines;
 - Fluid intake/hydration status, skin integrity and cognitive status;
 - Clinical conditions that may affect continence;
- ☐ Does the care plan identify incontinence interventions, programs, resident choices and preferences? Has the care plan has been revised to reflect any changes?
- ☐ Has there been a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was the MDS significant change comprehensive assessment conducted?

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- Medications that may affect continence that could reflect adverse drug reactions;
 - Symptoms for bladder incontinence, including the type of incontinence (stress, urge, overflow, mixed, functional, or transient incontinence), potential reversible/irreversible causes and risks;
 - Symptoms and type of bowel incontinence including the type, frequency, and amount of stool, potential reversible/irreversible causes and, risks;
 - Factors contributing to chronically recurring or persistent UTIs;
 - Functional status including balance, muscle strength, transfer and ambulation ability, and the type, frequency and amount of physical assistance necessary to facilitate toileting; and
 - Adaptive equipment or accommodations to maintain continence, such as access to the toilet, call bell, type of clothing or continence products, ambulation devices (walkers, canes).
- ☐ How does the facility manage continence if the resident has disabilities or pain, such as due to cancer, arthritis, post-surgical care, fractures, contractures, neurological impairments?
 - ☐ How does staff recognize and assess potential evidence of symptomatic UTI, and notify the attending practitioner?
 - ☐ What adjustments were considered for medications affecting continence, if possible, (e.g., medication cessation, dose reduction, selection of an alternate medication, or change in time of administration)?
 - ☐ How has the resident's condition and effectiveness of the interventions been monitored and revised as necessary?
 - ☐ What is the resident's level of participation in, and response to, the continence program?
 - ☐ Has the resident had a decline or lack of improvement in continence status? If so, were interventions revised?
 - ☐ If concerns are identified, review policies and procedures related to continence care and services.

Critical Element Decisions:

- 1) Did the facility ensure that the resident received treatment and care in accordance with professional standards of practice, the resident's comprehensive, person-centered care plan, and the resident's choice in order to maintain continence to the extent possible, prevent urinary tract infections, and restore bladder incontinence and/or bowel function to the extent possible?
If No, cite F690
- 2) Did the facility use appropriate hand hygiene practices and PPE, if needed, when providing incontinence care?
If No, cite F880
- 3) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
If No, cite F655
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

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- 4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?
If No, cite F636
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.
- 5) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
If No, cite F637
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.
- 6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
If No, cite F641
- 7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
If No, cite F656
NA, the comprehensive assessment was not completed.
- 8) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary, to meet the resident's needs?
If No, cite F657
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised

Other Tags, Care Areas (CA) and Tasks (Task) to Consider: Dignity (CA), Right to be Informed Make Treatment Decisions F552, Notification of Change F580, Accommodations of Needs or Resident Call System (Environment Task), Choices (CA), Right to Refuse F578, Pressure Ulcer (CA), Nutrition (CA), Hydration (CA), Sufficient and Competent Staffing (Task), Medical Director F841, QAA/QAPI (Task).