



## Prompted Voiding Yields Results

*CNAs are key to the success of a pilot study that reduced urinary incontinence for residents of one Illinois nursing facility.*

**A**LTHOUGH INCONTINENCE IS NOT a normal part of the aging process, nearly half of all residents living in long term care facilities are afflicted with it, and it affects women more than it does men. In many cases, residents who live in nursing facilities already feel a loss of control in many aspects of their lives, and urinary incontinence can exacerbate this sense of loss.

Among the numerous benefits of alleviating urinary incontinence are improved quality of life, minimized sleep disruption, maintenance of skin integrity, and minimized psychosocial complications such as depression.

Some of the risk factors for urinary incontinence include the following diagnoses: stroke; arthritis of the knees, hips, and spine; constipation; prostate cancer; atrophic vaginitis; or urethritis. Inadequate access to the toilet, restrictive clothing, and inappropriate assistive devices are also risk factors. Medications such as antihistamines, narcotics, and anticholinergics may contribute to incontinence as well.

Incontinence issues are also common after hospitalization, especially if the patient has had a catheter-associated urinary tract infection (UTI).

In an effort to reduce and prevent incontinence among its residents, the Hallmark House Nursing Center, a 70-bed nursing facility in Pekin, Ill., recently participated in a pilot study that utilized prompted voiding—a behavioral intervention that uses prompts and positive reinforcement to help residents become aware of their own bodily functions.

■ Among the benefits are improved quality of life and minimized sleep disruption.



Rae Wheeler, left, and Rebecca Howell.

According to the Hallmark's Clinical Compliance Coordinator Cheryl Carlson, RN, unfortunately, it is not uncommon for newly admitted nursing facility residents to be put in an adult diaper and in a wheelchair.

### The Research

According to the Borun Center for Gerontological Research at the University of California, Los Angeles, prompted voiding programs are among the most extensively evaluated toileting assistance intervention for nursing facility residents. Prompted voiding can result in a 40 to 50 percent overall reduction in the frequency of daytime urinary

incontinence, according to the research. In addition, between 25 and 40 percent of residents with incontinence will respond to prompted voiding, with a reduction in their incontinence frequency from three to four episodes per day to one per day.

As part of the study, participating residents were tracked between January and August of 2008 while data were collected on their performance in the program. Approximately 15 to 20 Hallmark residents participated in the study at any given time, with an average census of 65 residents. Hallmark House staff also participated in monthly teleconference education sessions.

The study, entitled "Incontinence Management in Nursing Homes," was coordinated by the Vanderbilt University Center for Quality

Aging, Nashville. A total of 14 nursing facilities in nine states participated.

Hallmark staff followed a protocol that entailed assessing residents for a history of previous incontinence and monitoring of toileting habits. Certified nurse assistants (CNAs) played a crucial role in this study, says Rae Wheeler, RCNA, rehabilitation coordinator at Hallmark House. "The study would not have worked if the CNAs had not been on board with it," she says.

Residents with Alzheimer's and dementia were not excluded from the

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along with previous interventions, and whether they were successful. After the assessment was completed, the RN and the rehab coordinator initiated the prompted voiding schedule.

Once on the program, residents were prompted by a CNA every two hours to use the bathroom. The CNAs also asked residents at bed check if they wanted to get up and go to the bathroom. The consistent and repeated prompting helped residents become aware of their own bodily functions, especially for those residents with cognitive impairments.

According to Carlson, most of the participating residents would void



**Cheryl Carlson with Rebecca Howell.**

when they sat on the toilet. “Even if a resident did not void at that time, it’s important to maintain the schedule,” says Carlson. “It’s like retraining the bladder.”

### **Regular Assessments**

Hallmark also developed a comprehensive plan of care for each resident. In some cases, it was a matter of simply adjusting a resident’s choice of beverage from caffeinated to decaffeinated coffee.

An assessment of all residents was conducted at the end of the month to determine whether any schedule changes were necessary. Any resident who exhibited a change in toileting activity was tracked for two days so staff could determine if the individual might benefit from the prompted voiding or scheduled voiding—a similar intervention that sets a schedule for urinating as

determined by the resident’s personal habits. A quarterly evaluation of each participating resident was conducted by the RN coordinator for any necessary changes.

Although prompted voiding was successful for most residents, some were taken off the program due to lack of

success with all attempts. Residents that had been continent and then become incontinent were tracked for two days to determine if there was an underlying condition, such as a UTI. The same protocol was followed for residents who had been sent to the hospital and returned to the facility.

Another component of the incontinence management program entailed physical exercise for those who were able to participate in regular classes. According to Carlson, exercise helps to train the mind as well as the body.

Residents were asked to squeeze a small ball between their legs—much

like a Kegel exercise. This exercise helps to strengthen the muscles in the pelvic floor, which can lead to better bladder control.

### The Results

The program helped some residents regain complete or nearly complete

control of their bladders. For example, one permanent resident had been in the hospital, and when he returned to the center, he was weak and frequently incontinent. After six months on the program, he became continent during the day and incontinent only occasionally overnight when very tired.

A resident who had spent three months on the program after arriving at Hallmark became continent and independent in toileting.

Hallmark's participation in the Vanderbilt study ended in August 2008. Since the prompted voiding program

■ Exercise helps to train the mind as well as the resident's body.

has proven so successful for its clients, the center will continue its use.

Carlson notes that an invaluable part of the Vanderbilt study was participation in teleconferences where topics included how individuals become incontinent and a review of the different types of incontinence (*see box, page 42*). Understanding the details of incontinence can help staff better address residents' issues and determine who might be most responsive to a prompted voiding program.

As a result of the program, the cost of incontinence care products was reduced dramatically.

The CNAs were pleased to be changing less clothing and bed linens, despite having to spend additional time prompting and taking residents to the bathroom.

Reduced clothing and linen changes also led to less laundry to wash, which meant less expense for the residents' families and the facility.

In addition, keeping residents continent helps tremendously with skin breakdowns and cost of creams, and it restores dignity to the residents. ■