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 Incontinence Care **TENA** with Skin Sense.
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focuson Incontinence

Preparing for CMS's continence care revisions

How to get a head start on the new requirements in this key area **BY RETA A. UNDERWOOD, ADC**

On March 10, 2005, Thomas E. Hamilton, the Centers for Medicare & Medicaid Service's (CMS) director of survey and certification, issued a memorandum to state agency directors informing them of the expected revisions of F315 and F316—Catheter Use and Bladder Care, respectively. While providers anxiously await the long overdue revisions of F315 and F316 (which may have been issued by the time you read this), many are wondering what they might do to get a jump on compliance.

It is worth noting, for starters, that OSCAR data from 2004 indicate that F316 Bladder Care was cited in 10.11% of surveys and made CMS's top 20 list of most-cited deficiencies. F315 Catheter Use was number 75, with only 1.43% of facilities cited. However, revisions to both will require careful attention by facilities wanting to meet current standards of care.

So, how to "get ahead of the game"? A good place to start is becoming knowledgeable of your residents' specific continence care needs and classification. Data show, for example, a very high rate of incontinence in apparently low-risk residents, who lose control of bowel and/or bladder function at a rate of 47% after admission to a facility. This indicates that most urinary retention strategies and restorative toileting programs are proving ineffective, or at the very least they are not providing the level of success one would expect. Nor are toilet-prompting (or prompted voiding) programs being developed and used sufficiently. In fact, a good remedial action to start with is to check on the facility's compliance with the "toileting every two hours" standard. That may soon prove to be outdated—new technology and closer attention to toileting schedules tend to obviate it—but it is a positive approach.

Additionally, reflect on your facility's bladder and bowel assessment practices. A cross-comparison of the facility's quality indicators against resident care performance, as reported by the caregivers, can be very enlightening. Determine whether incontinence risk assessments are in fact completed for each resident. If not, start doing them now.

If a resident has the ability to be transferred onto the toilet and has good trunk control, a scheduled toileting or prompted voiding program should be used. Bladder retraining programs are effective but require the resident to have cognitive processing ability, along with the ability to discern urge sensation and to toilet independently or with assistance. In general, facility-wide implementation of restorative programs would increase tremendously the number of residents receiving needed care *and* would contribute to the facility's financial bottom line, considering that continence care programs such as these are acknowledged in RUG-III case-mix classifications. But such recognition has responsibilities—therefore, expect the forthcoming revisions to



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include restorative care and toilet program outcome measurements.

Accurate assessment is important because causal factors and treatment options vary from type to type. Accurately determining your resident classifications will allow you to be able to introduce alternative care measures and treatment programs with confidence. Classify residents for urinary incontinence by the following:

- *Urge*, defined as involuntary loss of urine associated with a strong sensation of urinary urgency.
- *Stress*, defined as urethral sphincter failure, usually associated with increased intraabdominal pressure.
- *Mixed*, defined as a combination of urge and stress urinary incontinence.
- *Overflow*, defined as a result of bladder overdistension.
- *Functional*, defined as caused by chronic impairments of physical or cognitive functioning.
- *Unconscious or reflex*, defined as the result of neurologic dysfunction.

Attention to staff training is imperative. Scheduled and prompted voiding programs often are viewed as a headache by caregivers because of their perception that they will face added documentation requirements and frequent interruptions in their schedules. Providing caregiver education regarding time management as it relates to continence care and, if possible, designating a routinely scheduled restorative/toileting staff will contribute to effective continence care programming and resident success.

New products and services are available for today's incontinence care. By embracing the use of technology, providers have available an increasing number of options. The Web site www.techfortc.org has information on some of these innovative products. For additional information regarding restorative continence care programs, visit www.cltcinc.com.

With a well thought out assessment and treatment program in place, the new survey requirements for urinary incontinence will pose few worries for you.■

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Barrier Cream

DawnMist Barrier Cream from Donovan Industries protects the skin by using an effective yet gentle formula that allows the skin to breathe naturally. Formulated with aloe, lanolin, and petrolatum, it allows the air transmission to the dermal layer, unlike other zinc-based formulas.

Lindsey Lindsey, Donovan Industries,
800.334.4404,
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Fluid-Proof Cushions

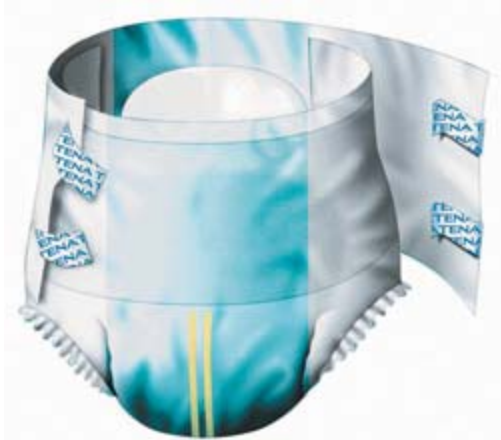
Direct Supply's Panacea wheelchair cushions have the same fluid-proof feature found in its Panacea mattresses so they, too, give residents the support and comfort they need and the fluid protection caregivers desire. Panacea cushions feature a fluid-proof, high-urethane cover that's soft to the touch, antibacterial, and easy to clean. Plus, all cushions are designed to provide residents with superior positioning, pressure relief, and support.

Anita Braun, Direct Supply, 414-358-7391, abraun@directs.com

Incontinence Management System

SCA has introduced the TENA® InstaDri Skin-Caring System™, employing wicking technology that keeps residents drier to help maintain skin integrity. The InstaDri Skin-Caring System promotes good skin health through better incontinence management.

The system's technology consists of three components designed specifically to keep residents' skin drier and more comfortable: A transfer layer allows fluid to almost instantly enter the dual core, helping to promote skin dryness; the Dry-Fast Dual Core™ rapidly wicks fluid away from the skin, trapping it in the lower core; and strategic placement of superabsorbent polymers improves fluid absorption.



Melissa DeMarinis, SCA Personal Care, 610-499-3426, melissa.demarinis@sca.com



In-Bed Bathing

The BodySpa from BodyVac Products, Inc., is a safe, efficient way of bathing that meets "no-lift" requirements. Residents who have limited or no movement can be fully bathed while remaining in bed. It is especially helpful for incontinence cleanup and helps to prevent pressure ulcers.

The BodySpa's warm, therapeutic soap-and-water spray gently cleans and nourishes the skin, returning the used water to a convenient holding tank for disposal. Optional attachments for genital washing and urine collection, as well as personal kits to prevent cross-contamination, are available.

Greg Pearson, BodyVac Products, Inc., 877-263-9500, greg@bodyvacproducts.com

Rash Care

Pinxav (pronounced "pink salve") from



Emjay Labs is used to treat incontinent rashes, bedsores, heat rashes, minor burns, cuts, scrapes, and chafing. Older skin is harder to moisturize because there are fewer glands to secrete oil.

Pinxav is available in 4-oz tubes or 16-oz tubs. A free 4-oz tube of Pinxav is available from Emjay Labs.

Gregg Steiner, Emjay Labs, 888-474-6928, gregg@pinxav.com



Disposable Washcloths

Donovan Industries' DawnMist disposable washcloths and baby wipes are made of thick spunlace material. They are alcohol-free and contain moisturizers that leave the skin clean and refreshed. The disposable washcloths and baby wipes are soft and resistant to tearing.

Lindsey Lindsey, Donovan Industries, 800.334.4404,
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