Welcome to Promoting Continence Using Prompted Voiding; a webinar hosted by the Texas Department of Aging and Disability Services (DADS). My name is Tracy Fuller. I am a registered nurse in the Quality Monitoring Program in Quality Assurance and Improvement at DADS.

Objectives
Today we will be discussing evidence-based best practice guidelines regarding continence promotion. Participants will better understand and be able to define prompted voiding; one method used in behavior training for the caregiver to assist individuals in achieving continence. Participants will also be able to identify barriers and develop communication techniques. Afterwards, we will open the floor for questions and comments. Please take the time at the end of this webinar to take a short survey regarding this webinar. Your participation will help us improve future webinars.

Background
Urinary incontinence has been estimated to affect over 1.5 million individuals in nursing, institutional, and community settings.

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It can touch individuals at any stage of life but is more common in the elderly, and several studies confirm that over one-half of all individuals residing in nursing facilities are incontinent of urine.

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Family care providers of individuals who are incontinent report continence maintenance as burdensome, and urinary incontinence plays an important role in the decision to place family members in long-term care facilities. Despite its
prevalence, and estimated annual cost of more than 15 billion U.S. dollars, most people who are incontinent suffer in silence and do not seek help. It is expected that urinary incontinence will continue to be a significant healthcare problem, and will increase as the aging population continues to grow. As direct care providers, nurses and other caregivers are in a unique position to have an impact on the problem of incontinence in the community, acute-care, long-term care and chronic care settings.

**Guidelines of Prompted Voiding**

Guidelines should not be applied in a “cookbook” fashion but used as a tool to assist in decision making for individualized care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care. Nurses, other healthcare professionals and administrators who are leading and facilitating practice changes will find these guidelines valuable for the development of policies, procedures, protocols, educational programs, assessments and documentation tools. It is recommended that the nursing best practice guidelines be used as a resource tool. Nurses providing direct care will benefit from reviewing recommendations. It is highly recommended that practice settings or environments adapt these guidelines in formats that are user-friendly for daily use.

**Goals of Prompted Voiding**

Best practice guidelines are systematically developed statements to assist decision-making by healthcare practitioners and individuals about appropriate healthcare. The purpose of this guideline is to provide information on implementing a treatment program of prompted voiding for the treatment of urinary incontinence. The goals of prompted voiding are to:

- Reduce the frequency and severity of urinary incontinence episodes
- Prevent the complications associated with urinary incontinence
- Improve quality of life
This guideline has relevance to all areas of clinical practice including acute care, community care and long-term care.

**Prompted Voiding**
A behavioral intervention known as “prompted voiding” has shown to decrease the number of incontinent episodes per day and increase the number of continent voids. This intervention can be used with people who have physical or mental impairments or have little ability to determine how best to meet their own needs.

**Individualized Toileting**
The identification of individual voiding patterns is referred to as individualized toileting. Rather than routine toileting, which is usually every 2 hours, individualized toileting can promote the highest level of success with toileting and is supported by the highest level of evidence.

**Individuals Likely to Benefit from Prompted Voiding**
The following factors can relate to an individual’s responsiveness to prompted voiding:

- Recognizing the need to void
- Higher number of self-initiated requests to toilet
- Ability to void successfully when given toileting assistance
- Ability to ambulate independently
- More cognitively intact
- Higher completion of assigned prompted voiding sessions by care provider

The best predictor of an individual’s response to prompted voiding is his or her success during a trial of prompted voiding.

**Assessment**
The importance of assessment prior to determining specific interventions for urinary incontinence is consistently stressed in the literature, although there is
limited guidance available. Assessment should first identify the type of urinary incontinence, and must take into consideration the individual’s unique response to the condition. Findings from several studies indicate that a complete history and physical examination by a clinician will predict the actual diagnosis of incontinence with reasonable accuracy. In many cases, the clinician will then refer the individual to appropriate healthcare providers, such as nurses, to initiate the interventions for urinary incontinence. The challenge of interpreting assessment data requires an interdisciplinary approach, including healthcare providers, the individual and the caregivers. The history, obtained from the individual and/or the care provider, should include the onset and symptoms of the incontinence, as well as the use of containment products, such as pads or briefs.

**Collect Data**

Gather information on the amount, type and time of daily fluid intake, paying particular attention to the intake amount of caffeine and alcohol. The diuretic and irritative effects of caffeine and alcohol are well documented in literature. Eliminating these effects will reduce an individual’s symptoms of urgency and frequency and reduce the need for toileting. Constipation directly affects urinary incontinence, and during the assessment phase, fecal impaction must be removed. It is important to conduct a thorough medical and surgical history to determine the presence of other medical conditions, such as diabetes, stroke, or multiple sclerosis that may be a direct cause of urinary incontinence.

**Review Medications**

Medications most often cited in the literature that have an impact on incontinence are:

- Diuretics
- Sedatives
- Hypnotics
- Anticholinergics
- Opioid analgesics
Antidepressants

For the person with incontinence, recognizing and reducing the side effects of medications that can have a direct or indirect impact on bladder function is an important step in treatment.

**Side Effects of Anticholinergics**

Some pharmacological treatments have anticholinergic properties including:

- Dry skin
- Blurred vision
- Nausea
- Constipation
- Xerostomia (dry mouth)
- Dizziness
- Postural hypotension
- Weakness
- Fatigue
- Urinary retention
- Insomnia

There is further evidence that diuretics contribute to urgency and frequency, and sedatives and hypnotics can reduce the awareness of the urge to void.

**Identify Individual Ability**

There is strong evidence that those persons most likely to develop urinary incontinence have mobility or cognitive impairments. It is often stated, however, that cognitive impairment should not be considered a barrier to using prompted voiding. People who are homebound and/or cognitively impaired respond to prompted voiding and this intervention can be readily adapted in practice. The individual’s ability to be toileted is highly dependent on his/her level of self-care, ability to understand, ability to process information, and ability to respond accordingly.
Identify Barriers
Caregiver attitudes toward urinary incontinence are a barrier to the treatment of urinary incontinence. Attitudes of caregivers have also been identified as a factor in promoting continence. There is limited research on the impact of environmental barriers on successful toileting, although expert opinion strongly supports this recommendation. The number and size of bathrooms affect the ease of toileting, and individuals in wheelchairs present yet another consideration. The use of restraints appears to significantly impede the success of toileting. One obvious barrier cited in the literature is the time and availability of nurses and care providers to assist with the toileting. It takes more time to assist a person to the toilet than it does to change a urine-soaked pad. Caregiver compliance will be discussed further under the Education and Organizational and Policy Recommendations.

Rule Out Other Causes of Incontinence
A baseline assessment for urinary incontinence should include testing for a urinary tract infection. This procedure should be done according to facility policy and procedure. If a urinary tract infection is present, the nurse should refer to the appropriate clinician for treatment. Ensure that fecal impaction is removed. Preventing and reducing constipation is viewed to be a key intervention in the prevention and management of urinary incontinence. Literature supports the contention that water intake among individuals residing in nursing facilities is inadequate. The consequences of dehydration clearly affect cognition, impairment, and functional decline. Proper hydration is a concern often expressed by care providers, but often overlooked in nursing practice. There is some evidence, although inconclusive, that nurses are more likely to initiate interventions for fluid intake when individuals are dependent in care, than when assisting individuals who are less dependent.
Individual Perception
Individuals who respond well to prompted voiding can be identified during a 3-day trial intervention. The 3-day trial will be the best predictor of an individual’s response to prompted voiding management. A voiding record or bladder record is essential when trying to establish an individual’s voiding and fluid intake patterns, and to help determine whether the individual is likely to succeed after the intervention.

Interventions
Prompted voiding differs from other methods, in that it is the care provider’s, rather than the individual who is incontinent, response to urinary incontinence that is changed. Rather than relying on an incontinence aid or clothing, the caregiver will intervene prior to the undesired bladder voiding. An individualized prompted voiding schedule is determined using a 3-day voiding record that is based on the person’s normal pattern of voiding and/or incontinence. Prompted voiding is used for the treatment of urinary incontinence in people with physical and/or cognitive deficits, requiring timely reminders to toilet from caregivers. This intervention has been used successfully to treat urinary incontinence in acute and long-term care, as well as in home care settings. Each time prompted voiding is initiated, the caregiver uses three primary behaviors:

Monitoring
One behavior is “Monitoring”. Monitoring involves asking, at regular intervals, the individual who is incontinent, if he or she needs to void. The caregiver may look for behaviors that the individual needs to void, such as restlessness, agitation, or disrobing; and take the individual to the toilet at regular intervals specific to their individualized schedule, rather than routinely every two hours.
**Prompting**
Another caregiver behavior is “Prompting”: This process includes prompting the person to use the toilet at regular intervals, and encourages the maintenance of bladder control between prompted voiding sessions.

**Praising**
The third caregiver behavior is “Praising”: This important step is the positive reinforcement of dryness and appropriate toileting, and is the response from the caregiver to the individual’s success with maintaining bladder control.

**Communication Techniques**
Communication techniques for use with prompted voiding include:
Approach the person at a prescribed time. This establishes a trusting relationship and reinforces the desired toileting behavior.
Greet the individual by name and introduce yourself, “Hello, Mr. Roberts. I am Jane, your caregiver.”
State the purpose of your interaction, “I am here to help you get to the bathroom.”
Provide information, “It is 2:00 – the time we agreed to meet so I could help you. I am here to help you get to the toilet”.
Determine how the person informs others of the need to toilet, “Your call light is on – do you need to use the toilet?”
Provide visual cues in the environment to promote desired toileting behavior:
- Use a picture of a toilet on the bathroom door rather than abstract symbols.
- Leave the bathroom door ajar when not in use.
- Use clocks with large numbers near restrooms to remind caregivers of toileting schedules.
- Post toileting schedule where caregivers will see it; to remind them of the need to maintain assigned prompted voiding schedules.
Communication Techniques
Provide for privacy, “Let’s go into the bathroom to check your clothing for dryness” or “I will wait outside the restroom while you empty your bladder”.
Ask for permission prior to performing continence checks, “Can I help you find out if your clothing is still dry?” or “I want to check your underclothes to see if they are wet - is that okay with you?”
Determine person’s awareness of continence status, “Can you tell me if you feel wet or dry right now?”
Ask if person feels the need to void. This encourages the individual to re-learn bladder sensations, “Does your bladder feel full?” or “Do you feel pressure in your lower abdomen?”
Prompt the individual to use the toilet, “It is time for you to use the bathroom.” Repeat prompt as necessary and modify prompts to fit the individual’s need.
Use language that is familiar to the individual for toileting behavior, “Do you need to empty your bladder/urinate/pee/make water/use the toilet/etc?” Be consistent with your language.
Offer toileting assistance, “Can I help you on to the toilet or bedpan? I will leave the urinal with you so you can empty your bladder” or “Can I help you clean up or adjust your clothing?”

Communication Techniques
Give positive feedback at an adult level, “Yes, you are dry. You’re doing a good job with this new plan” or “Thanks for reminding me when to help you in the bathroom.”
Refrain from using negative feedback or treating the individual like a child. This promotes self-esteem and builds a trusting relationship.
Provide frequent reminders about desired behaviors, “If you feel the urge to go to the toilet, let me know and I will help you” or “Try to hold your urine until our appointment at 4:00. If you need to use the toilet before then, please do so. I will help if you need it.”
Inform the individual of the next scheduled prompted voiding session, “I will help you use the toilet at 4:00. That is 2 hours from now.”

Follow-up
There is some evidence to suggest that individuals unable to maintain urinary continence with at least an every 2-hour toileting schedule after a thorough trial (4 to 7 weeks) of prompted voiding, are not likely to respond. If an individual needs prompting to use the toilet more often than every 2 hours, nurses are advised not to proceed with prompted voiding. Nurses are encouraged to explore other methods of continence promotion that will be acceptable to the individual. We will discuss resources later in this presentation.

Implement an Educational Program
Various research surveys have been conducted on nurses’ educational preparation and knowledge concerning continence care. Studies concluded that there is a lack of sufficient knowledge about incontinence. It is important to develop a continence educational program to enhance nursing practice and quality of continence care. Such programs should include standards of continence care, caregiver assessment skills, and caregiver sensitivity to continence training in all educational programs. Other research suggests the importance of education on the myths of incontinence and aging, definition of continence and incontinence, and strategies to manage aggressive behaviors in promoting continence.

Identify Barriers of Caregivers
Caregiver management is a crucial factor for the success of prompted voiding. Barriers perceived by caregivers include:

- Inadequate supervision and support
- Insufficient monitoring techniques
- Inadequate availability of caregivers
- Failure to select individuals most likely to benefit from prompted voiding
• Failure to complete regular re-assessments of individuals using prompted voiding
• Inadequate initial education
• Lack of ongoing in-service education about the program

Empower Your Nurses
Nurses need to be familiar with and maintain knowledge about available community resources in order to support the individuals served. Please see the slide at the end of this webinar, titled Resources, for further information regarding this subject.

Empower Your Caregivers
Successful implementation of prompted voiding is best done through a gradual implementation, recommending that only one or two individuals at a time be chosen to participate. Choose an individual with relatively good comprehension, the ability to cooperate, and an interest in addressing the issue of incontinence.

The Whole Team
The interdisciplinary care approach to incontinence is needed to address this health issue. The members of the team may include: nurses, physical therapists, occupational therapists, behavioral experts, clinical pharmacists, registered dietitians, unlicensed healthcare personnel (nursing assistants, caregivers, housekeeping, maintenance, etc.), social workers, attending physicians and specialists. Recognizing overlap in some roles, it is important that the team work together to help each individual maintain the highest level of continence possible while promoting independence and self-esteem. Physical therapists assess mobility, transfers, balance and strength. Occupational therapists assess physical and social environments, including each individual’s ability to perform the activities of daily living, such as managing clothing and toileting. Clinical pharmacists will assist with the medication review to identify medications that may be contributing to incontinence. Registered dietitians will advise regarding
dietary modifications to fluid intake, caffeine intake and fiber intake. Social workers may address the emotional aspects of incontinence which include: assisting with financial planning for supplies and other services. Unlicensed healthcare personnel are the people who assist the individual in using the toilet, hygiene and managing incontinence. They are often the first ones to identify problems with incontinence. Registered nurses may do initial assessments and develop a plan of care. Nurse Continence Advisors may do comprehensive second level assessments and develop a plan of care. Attending physicians may refer to any of the above allied health professionals with assistance in managing incontinence. Once an assessment has been completed, individuals may require further assessment and/or treatment. Communication between health professionals is essential to identify and manage this health issue.

**Implementation Strategies**

1. Have at least one dedicated person such as a clinical resource nurse who will provide support, clinical expertise and leadership. The individual should also have good interpersonal, facilitation and project management skills.

2. Conduct an organizational needs assessment related to promotion of continence using prompted voiding to identify current knowledge base and further educational requirements.

3. Initial needs assessment may include an analysis approach, survey and questionnaire, group format approaches, such as focus groups, and critical incidents.

4. Establish a steering committee comprised of key stakeholders, interdisciplinary team members, and caregivers committed to lead the change initiative. Identify short-term and long-term goals. Keep a work plan to track activities, responsibilities and timelines.

5. Create a vision to help direct the change effort and develop strategies for achieving and sustaining the vision.

6. Program design should include:
a. Target population
b. Goals and objectives
c. Outcome measures
d. Required resources (human resources, facilities, equipment)
e. Evaluation activities

7. Provide educational sessions and ongoing support for implementation. Educational sessions should review the problem of incontinence and the role of prompted voiding. The education session should draw on the recommendation contained in this guideline. The education sessions may consist of presentations, facilitator’s guide, handouts, and case studies. Binders, posters and pocket cards may be used as ongoing reminders of the training. Plan education sessions that are interactive, include problem solving, address issues of immediate concern and offer opportunities to practice new skills.

8. Provide organizational support such as having the structures in place to facilitate the implementation. For example, hiring additional caregivers to fill in during times of education sessions. Participants appreciate an organizational philosophy that reflects the value of best practice through policies and procedures.


10. Implement this guideline with one or two individuals at a time.

11. Identify and support designated best practice champions on each unit to promote and support implementation.

12. Celebrate milestones and achievements, acknowledging work well done.

13. Organizations implementing this guideline should adopt a range of self-learning, group learning, mentorship and reinforcement strategies that will, over time, build the knowledge and confidence of nurses and caregivers in implementing this guideline.

14. Teamwork, collaborative assessment and planning for care with the individual and family and through interdisciplinary work are beneficial. It is essential to be cognizant of and to tap the resources that are available in
Prompted Voiding Algorithm
This portion of our presentation will share and illustrate some of the tools that have been discussed or created to aid in the process of promoting continence. All of these tools can be accessed from the Quality Monitoring Program section of www.texasqualitymatters.org. The first tool is the prompted voiding algorithm. This resource offers a one page snap-shot of the steps used in prompted voiding.

3-Day Voiding Trial
Next, we have an example of a 3-Day Voiding Trial. This resource can be found at the Registered Nurses' Association of Ontario (RNAO) and is a necessary tool used in assessing and evaluating voiding patterns and success of prompted voiding.

3-Day Voiding Trial
Here is another example of a 3-Day voiding trial

Promote Continence Poster
The Quality Monitoring Program at DADS has also created a poster to remind caregivers and individuals of the benefits of continence promotion and some quick tips to achieve continence.

Daily Bladder Diary
The Daily Bladder Diary has been adapted, with permission from the National Institute of Diabetes and Digestive and Kidney Diseases. This resource allows individuals to participate in their own care by logging intake and output patterns and gives individuals the opportunity to share this information with healthcare providers.
Resources
As discussed earlier, here is a list of additional resources caregivers may find helpful in continuing education regarding continence and continence promotion. (Read slide

References
This concludes the presentation portion of Promoting Continence Using Prompted Voiding. Material for this presentation came form the Registered Nurses' Association of Ontario Best Practice Guidelines, the Texas Department of Aging and Disability Services Quality Monitoring Program, and the National Institute of Diabetes and Digestive and Kidney Diseases.

Contact
If you would like to contact us, please visit www.TexasQualityMatters.org.

The End
This webinar has been recorded and will soon be available at www.texasqualitymatters.org. We will now open the floor for any questions or comments you may have. Please remember to take a few moments to participate in the satisfaction survey, immediately following the Q & A portion of this webinar.