

# Evidence-Based Clinical Assessment Toolkit

## Quick Guide for Continence



[www.aacs.com.au](http://www.aacs.com.au)

## COPYRIGHT

© 2016 Applied Aged Care Solutions Pty Ltd ABN 46 083 264 359

All rights reserved. Applied Aged Care Solutions Pty Ltd (**AACS**):

- ❖ invests significant time and resources in creating its original products;
- ❖ protects its copyright material;
- ❖ will enforce its rights in copyright material;
- ❖ reserves its legal rights to claim its loss and damage or an account of profits made resulting from infringements of its copyright.

Except as otherwise set out, AACS owns all copyright in this pack (“product”). AACS grants **Barwon Health** and the **Department of Health Victoria** a non-exclusive, perpetual, irrevocable, non-transferable, worldwide and royalty free licence to use the materials. Except as permitted by the Copyright Act 1968 (Cth) or unless you have obtained the specific written permission of AACS, Barwon Health, or the Department of Health Victoria, **you must not**, whether by electronic, mechanical or graphical means, or by hand or by any other means:

- reproduce or copy this product in whole or in part;
- modify or adapt this product;
- use this product for training purpose without licence;
- publish this product in whole or in part;
- cause this product in whole or in part to be transmitted;
- store this product in whole or in part in a retrieval system including a computer;
- record this product in whole or in part either electronically or mechanically; or
- resell this product in whole or in part.

## DISCLAIMER

Applied Aged Care Solutions Pty Ltd (**AACS**) and its authors are not responsible for the results of any action taken on the basis of any information in this publication or for any error in or omission from this publication. This publication contains information of a general nature that may not be suitable to your own circumstances. It is your responsibility to satisfy yourself as to its suitability for your circumstances.

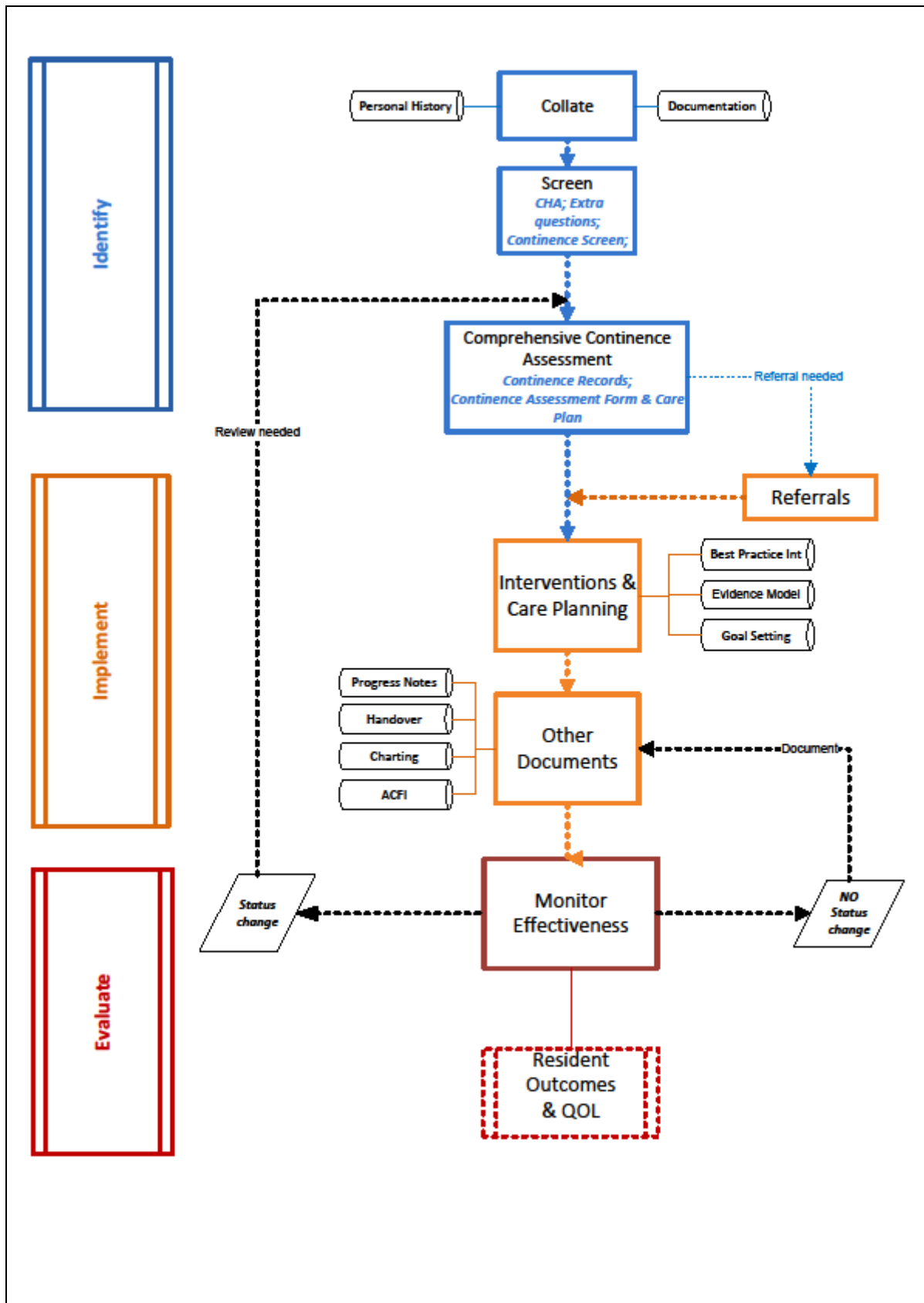
he publication has been compiled from information provided by third parties and other sources. There may be technical inaccuracies, typographical errors or unsuitable material for you. If you have any concerns about such third party content, you should refer to those sources for more specialist information and advice. Attribution to such sources appears in the text of this publication.

To the fullest extent permitted by law, AACS and its authors will be under no liability to any person in respect of any loss or damage (including consequential loss or damage) which may be suffered or incurred or which may arise directly or indirectly from or in connection with any use of this publication or the information contained in it.

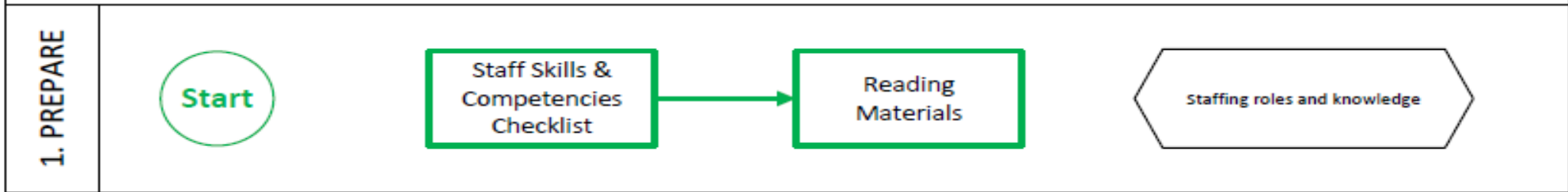
To the fullest extent permitted by law, all express or implied warranties are hereby excluded. Warranties or guarantees implied by statute which cannot be excluded will apply, however the liability of AACS and its authors for a breach of such implied terms will be limited, at the option of AACS, to any one or more of the following:

- replacement of the product supplied or supply of an equivalent product;
- payment of the cost of replacing the product or of acquiring an equivalent product;
- payment of the cost of having the product rectified;
- and in no circumstances extends to consequential, indirect or special loss or damage.

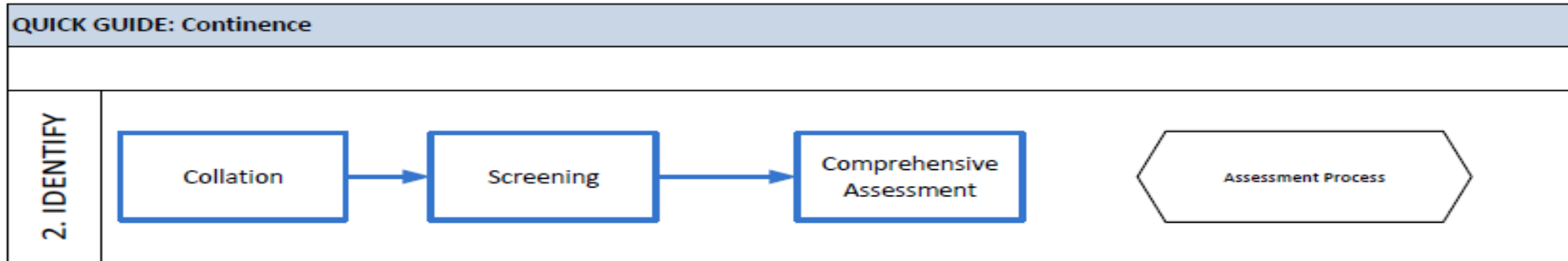
# Contenance Summary: Steps and Information Flow



**QUICK GUIDE: Continence**

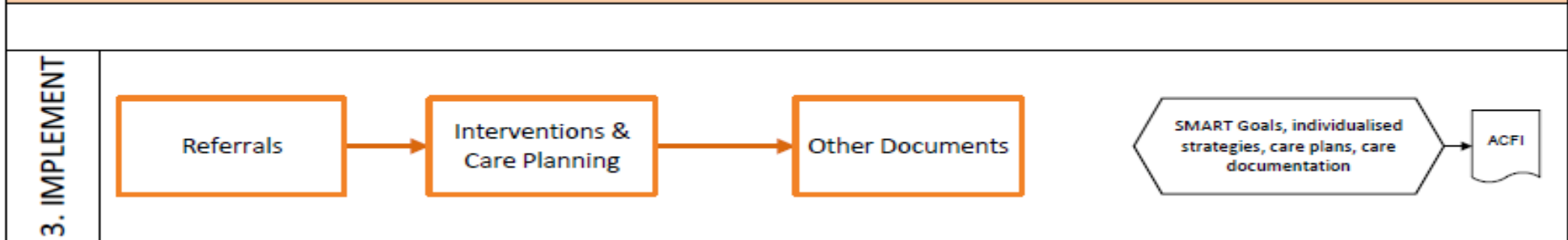


Step	Action	Outcomes
<b>Staff Skills &amp; Competencies Checklist</b>	<input type="checkbox"/> Determine the skills or competencies required to complete each activity	Due diligence is applied to the process
	<input type="checkbox"/> Identify staff or staff type competent to complete each activity	Management have identified the staff that fit the required skill set to complete activities within the process. It assists to select staff and determine the roles of staff to ensure the process can be completed, and assists to identify training and education needs
<b>Reading Material</b>	<input type="checkbox"/> Reading materials or summaries from the recommended resources are provided for each topic	Introduces basic information staff should understand about the topic. Discusses the interaction with other domains.



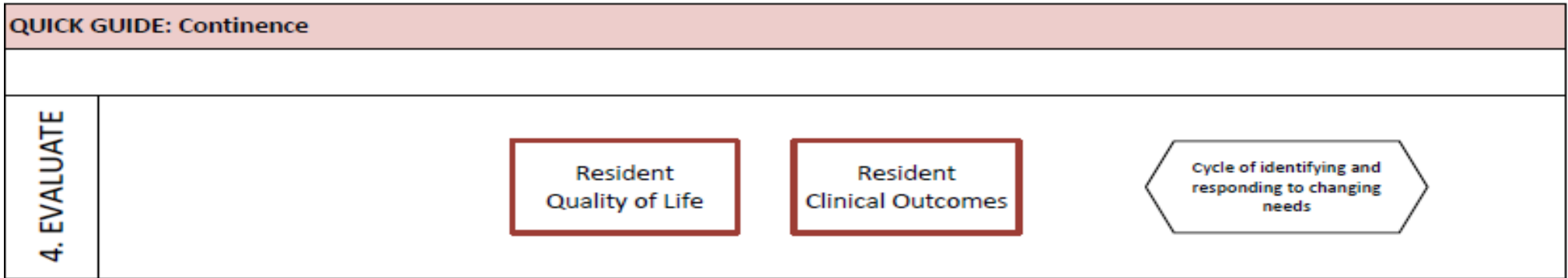
Step	Action	Outcomes
<b>Collation</b>	<input type="checkbox"/> Gathering the history from the resident and family	Preferences (related to the care, social and environmental aspects), pleasant events, what has been tried, what works for the family. Involving the resident and family in their care underpins the principles of Person Centred Care.
	<input type="checkbox"/> Gathering diagnoses, clinical information, personal history from file note (ACCR, CMA, AHP)	Diagnoses and events associated to continence care needs, dehydration, UTI's, toileting self-care status, aids, assistance required with care activities, information about other domains that may interact e.g. cognition, sensory, physical functioning etc
<b>Screening</b>	<input type="checkbox"/> Comprehensive Health Assessment (CHA) items	CHA can inform on the screening process and parts of the comprehensive assessment (i.e. can inform on impact from other domains). CHA covers continence items : Continence status, urine analysis, toileting self care issues, catheter, condom drainage, stoma, aperients, bowel habits
	<input type="checkbox"/> Continence Screening Form	Bladder health (frequency day/night, leakage, status, other associated issues) Bowel health (status, constipation, diarrhoea) Pad usage
	<input type="checkbox"/> Extra screen questions	Diagnoses, use of suppositories and enemas
<b>Comprehensive Assessment</b>	<input type="checkbox"/> 3 day Bladder Chart	Records: frequency, fluid intake, impact of incontinence on underwear/clothing
	<input type="checkbox"/> 7 day Bowel Chart	Records: frequency, type of stool and impact of incontinence on underwear/clothing
	<input type="checkbox"/> Continence Assessment Form & Care Plan	Records: relevant information on nutrition, mobility, toileting self care, detailed continence questions and links the outcomes to care planning actions
	<input type="checkbox"/> Clinical Risk Management	System level monitoring; Constipation, Dehydration Risk
	<input type="checkbox"/> Clinical Reasoning	Includes the awareness of the impact of other impairments e.g. cognition, sensory

**QUICK GUIDE: Continence**



Step	Action	Outcomes
<b>Referrals</b>	<input type="checkbox"/> Management to complete Referral Tables	Completed Referral Tables based on a due diligence approach (see below)
	<input type="checkbox"/> Referral Process	Provide a protocol and process that provides a documentation trail for the referral process, is there -a referral request template; - an information pack prepared for the Health Professional you refer out to; - an outcomes template for the Health Professional to report the outcomes to you; - a current log of Health Professionals (and their expertise) to refer out to.
	<input type="checkbox"/> Occupational Therapist	Assessment and aids to assist mobility and transfers, and self-care activities
	<input type="checkbox"/> Physiotherapist	Assessment and best practice interventions e.g. mobility, transfers, pain
	<input type="checkbox"/> Dietitian	Nutrition Assessment and best practice interventions e.g. diet modification
	<input type="checkbox"/> Continence Nurse/ Specialist	Comprehensive assessment and best practice interventions for continence care
	<b>Interventions</b>	<input type="checkbox"/> Nutritional needs
<input type="checkbox"/> Mobility needs		To improve functional incontinence outcomes
<input type="checkbox"/> Continence aids		To improve stress incontinence outcomes
<input type="checkbox"/> Toileting self-care ability		To improve self-care activities, independence, self esteem
<input type="checkbox"/> Staff / family education		To improve knowledge, co-operation and understanding of interventions
<input type="checkbox"/> Physical Environment		Could be use of commode chair next to bed

Step	Action	Outcomes
Goal Setting	<input type="checkbox"/> Specific	State exactly what it to be accomplished (Who, What, Where, Why)
	<input type="checkbox"/> Measurable	How will you demonstrate if the goals were met?
	<input type="checkbox"/> Action-oriented	What is the action to be completed?
	<input type="checkbox"/> Realistic / Relevant	Ensure the changes are feasible and affordable
	<input type="checkbox"/> Time-based	Date or elapsed time to complete the goal
	<input type="checkbox"/> Consumer focus	Consumer has participated in the process, and have listened to the resident view on their Quality of Life (enjoyment of life)
Care Planning	<input type="checkbox"/> Documentation	Recording care needs, strategies, goals and the evaluation of the goals and the care. Consumer participation in the process and feedback is to be sought.
	<input type="checkbox"/> Communication	Provides information about care needs in an accessible format. Congruent with other documentation.
	<input type="checkbox"/> Consumer focus	Consumer has participated in the process. Involving the resident and family in their care underpins the principles of Person Centred Care (PCC) .
Linking the Evidence	<input type="checkbox"/> Diagnosis and symptoms	Relevant to continence care needs e.g. incontinence, arthritis, sensory impairment
	<input type="checkbox"/> Impact on body structure/function	Link a diagnosis to a body structure/function e.g. arthritis affects knee and wrist causing balance issue and pain and impacts on ability to self care
	<input type="checkbox"/> Activity Limitation	Link the body structure/function impact to the activity that is impacted e.g. arthritis impacts mobility ( reduced ability to move around) with leads to functional incontinence
	<input type="checkbox"/> Strategies (actions) to improve enjoyment of life and participation	Document how the interventions address the activity limitation e.g. pain management put in place to improve self care participation
Other documents	<input type="checkbox"/> Progress Notes	Document new observations, assessments, strategies, and changes made to the care plan. Care plan, progress notes and assessments to be congruent with each other. Provide clear and consistent communication to staff and other Health Professionals.
	<input type="checkbox"/> Handover	Use Handover to update Progress Notes and Care Plan.
	<input type="checkbox"/> Charting	Update Charting information
	<input type="checkbox"/> Complete the ACFI	Use the assessment outcomes and the evidence links to determine and support the claims.



Step	Action	Outcomes
<b>Quality of Life Outcomes</b>	<input type="checkbox"/> Repeat Quality of Life questionnaire (if suitable)	Objectively evaluate Quality of Life goals as relevant to the topic Learning about the resident and their views on their life. Involving the resident in their care underpins the principles of Person Centred Care (PCC).
	<input type="checkbox"/> Seek feedback from the resident and/or family	Involving the resident and family in their care underpins the principles of Person Centred Care (PCC).
	<input type="checkbox"/> Seek staff feedback	Identify any incongruence between staff and consumer views; this may identify education opportunities for staff and/or family.
<b>Resident Care Outcomes</b>	<input type="checkbox"/> Evaluate Care Goals	Objectively evaluate care goals as relevant to the topic.
	<input type="checkbox"/> Monitor Incident Forms	Update risk assessments and strategies
	<input type="checkbox"/> Monitor Standardised Care Processes	Monitor system level clinical issues
	<input type="checkbox"/> Monitor Resident File documents	Ensuring the Resident File documentation is current and congruent. Ensuring the communication to care staff and other Health Professionals is congruent. This would include all Progress Notes (by nursing/ AHP/Medical Practitioners etc), new assessments and Care Plans