

## Long-Term Care Survey Alert

### Quality Improvement: Connect The Dots Between Incontinence-Related QIs

**Otherwise, you'll miss the big survey picture.**

Remember those quizzes in school that asked you to group related concepts or objects? That same skill can go a long way in keeping you from getting an F (tag) in the survey world.

For example, "incontinence and skin condition definitely go together," says **Janet Feldkamp, RN, BSN, LNHA, JD**, an attorney with **Benesch, Friedlander Coplan & Aronoff, LLP** in Columbus, OH. But incontinence is also linked to the resident's mental status, including depression and behaviors, as well as cognitive abilities, she adds.

Depression can be both a cause and effect of urinary incontinence, comments **Rena Shephard, RN, MHA, RAC-C, FACDONA**, a consultant in San Diego. "Poor hygiene and decreased energy go along with depression so the person may not be motivated to use the toilet." Conversely, you might expect to see a resident's mood, self-esteem and social interactions improve as he regains bladder control.

Check out these other key relationships among QIs:

1. Dehydration, UTIs and pressure ulcers. "Dehydration can cause UTIs," says Feldkamp. "And very concentrated urine exacerbates [urinary] incontinence and skin problems."
2. Dehydration, UTIs and catheter use. Residents with catheters are at risk for UTI, which can flag a potential problem with catheter management. "And adequate hydration that flushes the bladder can help prevent UTI" in a resident with a catheter," says **James Marx, RN, MS, CIC**, with **Broad Street Solutions** in San Diego, CA.
3. Falls and incontinence. A resident with urge incontinence or who requires assistance to toilet may try to get up on her own and fall - or slip in urine on the floor if she has an accident due to urge incontinence.

Most falls related to urinary incontinence occur at night when the resident walks to the bathroom, said **Diane Newman, RN, MSN, CNRP, FAAN**, in a presentation at the March 2005 **American Association of Nurse Assessment Coordinators'** annual conference. Thus, facilities need a nighttime toileting plan, she stressed.

**Tip:** Expect surveyors to view incontinence more often as a quality of life issue - especially if they think the facility could do more to improve a person's bladder control or incontinence management, cautions Feldkamp.