

## MDS Alert

### Quality Improvement: Ensure Your Urinary Incontinence QIs Are Free From Error

**Check out this facility's quality improvement approach.**

If you're looking for a surefire way to improve the quality of your facility's continence care and eliminate recurrent UTIs, a nurse practitioner's services may be just the ticket.

That strategy has paid off in spades for one rehab facility, which has a certified nurse practitioner specializing in urology come to the facility every other week to evaluate and treat its residents with incontinence.

The nurse practitioner assesses and treats residents following the F315 (urinary incontinence/catheters) survey guidelines and incontinence RAP.

The nurse practitioner's professional services are covered by Medicare Part B even for Part A patients. The NP uses ultrasound bladder scans as part of his assessment to identify the resident's type of urinary incontinence and also urinary retention that may be causing UTI.

The NP also coaches CNAs on how to teach cognitively intact residents with stress or urge incontinence to do pelvic floor muscle training (PFMT) contractions, which were formerly known as Kegel exercises. Studies show that women can treat or prevent UI by doing as few as 30 PFMT contractions a day (10 seconds each performed 10 seconds apart). Look for improvement in the resident's incontinence in about 12 to 14 weeks.

A recent study showed that postmenopausal women (ages 55 to 80) who participated in a behavioral program that include PFMT and training to learn to hold urine longer and schedule trips to the bathroom had less incontinence a year later than those who received no treatment.

The nurse practitioner also treats female residents who have atrophic vaginitis, a common post-menopausal condition that can cause or aggravate urinary incontinence. To treat the atrophic vaginitis, the nurse practitioner orders vaginal estrogen cream or a transvaginal estrogen ring.