



## Low Risk Incontinence = High Risk for a Facility

If you ask most families who have made the difficult decision to place a loved one in a nursing facility, the majority of them would likely site incontinence as the final and determining factor. Incontinence is a complex thing to manage because of the widespread effects it can have on a person's well being. There is no more private area in our culture than our "private area" which can make for hard conversations around how to be successful in caring for a person who is incontinent. Likewise, incontinence as a diagnosis is widely misunderstood. There are both physical and emotional reasons that a person can present with these symptoms, and identifying the reasons is a critical piece of the puzzle when considering how to manage the problem.

In terms of the Minimum Data Set, a facility is judged on effective incontinence management against the incidents of incontinence in Low Risk residents. In other words, when a resident is at High Risk for incontinence, the facility does not get "penalized" for having high episodes of incontinence, it is expected. That does not mean that these residents should not be care planned, they absolutely should, there is just recognition that even the most robust care plan has little potential to contain the problem. When a resident is considered Low Risk and presents with incontinence, the facility will be scrutinized on how effective any of the approaches to deal with the issue have been.

### High Risk residents include:

- Residents with severe cognitive impairment
- Residents totally dependent in mobility Activities of Daily Living
- Residents who are comatose
- Residents with an indwelling catheter
- Residents with an ostomy

The High Risk resident list is short, and therefore, the facility must have a plan around proper identification of the potential for incontinence upon admission or a change in status. Education and training to care givers about how incontinence is likely to occur and how to prevent it has to be a key component of required in-services. Policies that address how staff is expected to manage incontinence as well as leadership confirmation that policies are in fact the facility practice will help in decreasing confusion about what is expected from care givers. Regular educational in-services from pharmacy providers about the effects of medication on a person's potential for incontinence can be extremely helpful. Working with the physical or occupational therapy department on pelvic floor therapies can also provide a nice supplemental option to help improve a resident's condition. Audit the MDS to determine that residents are being properly identified as Low or High Risk. Regular MDS audits are critical to increase your quality scores, increase your reimbursement and get a "feel" for what is going on in your facility when it comes to resident care.

Ultimately, incontinence management can be one of the biggest issues for a facility. It can increase labor needs, decrease a resident's quality of life and increase a resident's risk for other potentially debilitating problems. Understanding what you are expected to do to manage incontinence from the Resident Assessment Plan document, the MDS, can help you build a comprehensive program around this complex issue.