ADDRESSING THE VOID

An Unexpected Target
Article Three

An Unexpected Target - Incontinence at the Root of Effective Infection Control Programs (ICPs)

While reading the well-known children's book "The Wide-Mouthed Frog" to my daughter the other day, I found myself contemplating the concept behind my series of articles titled 'Addressing the Void." As the wide mouthed frog went from animal to animal, asking what they ate, it encountered an unassuming crocodile stating he ate wide-mouthed frogs. This encounter prompted me to contemplate the connection between incontinence and infection control. In this analogy, incontinence represents the wide-mouthed frog, while infection control symbolizes the crocodile. The frog found itself unexpectedly confronted with the decision to change its perspective or risk being eaten. The wide-mouthed frog manages to evade the crocodile unharmed by transforming into the "little-mouthed frog." Just as the frog navigated the challenge that was before him by being resourceful, cunning, and nimble. Providers too must embrace these qualities to shift from surviving to thriving.

The crocodile, symbolizing infection control, had the option to simply consume the frog and move on to other frogs. However, in this instance, the frog's approach altered his destiny. Similarly, incontinence possesses the capacity to influence the trajectory of infection control programs. In fact, my analysis of all 2023 deficiencies cited in the CMS public dataset reveals that approximately 43% of the deficiencies among nursing homes in the United States in 2023 were in areas or f-tags that could have been impacted by how well incontinence programs are managed.

When you hear the words "infection control", the mind effortlessly thinks of COVID, Influenza, Norovirus, C Diff, MRSA, and all the other critters out there that we are so very much aware of. What is not so obvious is the magnitude of influence incontinence care can have on the Infection Control Program (ICP) within any long-term care setting. Sepsis kills nearly 270,000 people each year, is a leading cause of death in hospitals, 1 in 3 patients who die in hospitals have sepsis and 87% of all sepsis cases start with the infection causing sepsis prior to the hospitalization. Nearly 25% of all sepsis cases originate from the urogenital tract. This means individuals dealing with incontinence not only face a heightened risk of infections but also have a notable susceptibility to developing sepsis. These statistics underscore the critical importance of prioritizing incontinence management within any Infection Control Program (IPC).

While infection control certainly involves sepsis prevention, it also encompasses many conditions and processes that are impacted largely by incontinence. According to the Office of Inspector Generals (OIG), the pandemic revealed an unidentified crisis within the scope of infection control especially in For-Profit nursing homes, yielding an "extremely high infection rate" in 75% or more of America's nursing homes. While regulators are trying to complete focused surveys and require education at all levels, providers are just trying to catch up with all the new requirements, the new challenges, the staffing, and PPE shortages, as well as the lack of hours in a day to complete it all.

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The exposure of the shortcomings in infection control was not limited to the context of COVID; it extends to assessments, processes, policies, systems, documentation, and data utilization, each presenting its own complexities. In the world of incontinence, UTI prevention and management, hydration, patient/resident hygiene and identifying changes are among some of the top concerns for infection control programs. So, to say incontinence and infection control go hand in hand is a completely valid perspective.

Infection control in the long-term care setting is an evolving term. Factors such as new infections, pandemics, evolving vaccination strategies, regulatory changes, reimbursement variations, diagnostic methodologies, educational needs and staffing levels contribute to its complexity, making it a tricky concept. Over half of all nursing homes in the US received a deficiency in the way of infection control in 2023 and it was listed as the second, out of the top ten deficiencies, received by all nursing homes in 2023. To delve deeper into this topic, I spoke with Heather Hutson, a seasoned expert in Infection Prevention and a Board-Certified Infection Preventionist and RN. With vast experience in long term care and a passion for working with older adults, Heather is the owner of PreventionID, a company leading the prevention of citations in any of the areas of infection control. This has helped her gain experience in remote IP surveillance, making her a fantastic expert in ICPs. Through her work, she has witnessed firsthand the detrimental effects that poorly managed or subpar incontinence care has on Infection Control Programs and the healthcare workforce that we so heavily rely on. Notably, incontinence management is implicated in over half of the IC F-tags, making it an "unexpected target" within infection control protocols.

Heather shared that when determining the root cause of infections, including Urinary Tract Infections, in individuals with incontinence, there are several common missing links in documentation that should be completed routinely. These missing links can hinder a comprehensive understanding of the factors contributing to infections. These include incontinence assessments, documentation of hygiene practices, details on voiding habits, assessment of mobility and accessibility, documentation of response to non-pharmaceutical interventions, and documentation of resident and family education. "*By consistently documenting and monitoring these crucial elements, practitioners can enhance the analysis of potential root causes for infections. Comprehensive documentation provides a clear picture of the resident's condition, facilitating more accurate decision-making, targeted interventions, and effective infection prevention strategies.*"

So, who does this surveillance, right? Well, this would be part of the role of your Infection Preventionist (IP), which, I must admit, is easier said than done. While there are so many confusing aspects to the requirements of this role, I discussed with Heather how providers can tackle the challenges in their own programs.

"*The IP should begin by first assessing the existing infection prevention policies and protocols to ensure no gaps are noted. Policies related to Urinary Tract Infections (UTI), incontinence management, catheter use, hygiene practices and staff education should be present. Additionally, they should review all resident*

assessment practices to ensure comprehensive identification of UTI risk factors. Hygiene practices, including incontinence care, should be evaluated for effectiveness and adherence. Catheter utilization and care practices should also be examined. Identifying environmental factors contributing to UTIs is crucial. Data analysis and surveillance can provide insight into UTI rates and trends. Based on the assessment findings, the IP should develop targeted improvement initiatives, monitor outcomes, and make necessary adjustments to continually enhance UTI prevention in the nursing home."

I'm not sure why the education to meet the regulations for IP's have been so elusive and not promoted more to nurses as a viable career path. However, I've compiled some resources here for providers and professionals to begin improving their IPCs immediately. Here is a list with links and costs:

- CDC Infection Preventionist Training-FREE-*Most recommended and endorsed by many accrediting agencies and governmental entities for the basics of IP*
- NADONA IP Certification Courses-$300-450
- AHCA/NCAL IPC Training Course-$450-650
- LTC IPC Certification Course through APIC $695-795

While education and leadership are large puzzle pieces here, Heather highlights how incontinence is also a driving factor in a facility's Antibiotic Stewardship Program, given that UTIs (Urinary Tract Infections) are a major component of any effective IPC. Incontinence plays this crucial role in antibiotic stewardship programs focused on by CMS. It achieves this by effectively managing incontinence through strategies such as timely toileting, scheduled bladder emptying, and proper hygiene practices. By focusing on these recommended practices, the occurrence of UTIs can be minimized, thereby achieving compliance and enhancing the quality of care related to Urinary Tract Infections and overall antibiotic use. An area that often gets overlooked in most long-term care communities is the diagnostic criteria, which is imperative to identify infections early, and to determine and implement an appropriate treatment plan. Providers may also sometimes become complacent with infections, especially UTIs, according to Heather. *"Accurate and timely documentation of symptoms that may indicate a resident has a UTI-such as a change in vital signs, dysuria, frequency, urgency, or changes in mental status, are essential for proper diagnosis and treatment. However, SNFs may sometimes fail to document these symptoms thoroughly or promptly, leading to delays in identifying or managing UTIs. In addition, adherence to facility adopted diagnostic criteria, such as McGeer or Loeb, may not be consistently followed, potentially resulting in misdiagnosis of UTIs. Ensuring proper training and ongoing education for staff on UTI documentation and diagnostic guidelines is imperative to improve compliance in this area and to facilitate appropriate care for residents."*

Heather and I both believe that incontinence management plays a crucial role in IPCs. This reduction in UTIs helps decrease the unnecessary use of antibiotics. Furthermore, by differentiating between UTIs and incontinence-related symptoms, appropriate antibiotic prescribing can be ensured, thus avoiding

unnecessary antibiotic use. Comprehensive incontinence management also aids in preventing recurrent infections, further contributing to the overall goal of reducing antibiotic resistance.

"*Another commonly overlooked intervention or insight related to UTIs and infection prevention is the importance of non-antibiotic strategies and preventive measures. While antibiotics are commonly used to treat UTIs, focusing solely on antibiotic treatment without addressing underlying risk factors and implementing preventative measures can lead to recurring infections and antibiotic resistance."*

When addressing the goal to reduce antibiotic use and mitigating complications in older adults concerning UTIs and incontinence, Heather emphasizes, "*By developing individualized care plans, promoting proper hygiene practices, and implementing scheduled toileting, long term care communities can effectively manage incontinence and reduce the risks of UTIs, thereby minimizing the need for antibiotics. Ongoing education and staff training on incontinence management and UTI recognition can improve early interventions and reduce unnecessary antibiotic prescriptions. Utilizing non-antibiotic strategies, such as increasing fluid intake, can further contribute to reducing antibiotic use and associated complications in SNF populations."*

Hydration plans have been overlooked and underrated when considering the importance of aging and wellbeing. As we age, our bodies don't process water like we used to as spring chickens. In later years, people require diverse methods for increased hydration to maintain their health and prevent complications. Fresh fruit, popsicles, dairy products, and smoothies are just a few examples of options that can be incorporated into seniors' daily routines to help them stay properly hydrated. If you are walking around within your community and you see people coughing, excessively clearing their throats, having a hard time speaking clearly, have chapped lips or outside of their rooms for long periods of time, it may be a sign they need more hydration and could be on a dangerous path.

If you haven't fully read F-tag 690 (revised 02/2023 replacing F315) on incontinence as part of your CQAPI action plans for quality of care improvement actions, I urge you to do so. As you read it, form a checklist of things that you feel you A) need to check to see if you are complying B) things you know you are not in compliance with and C) action items that need to be taken with priorities listed. While incontinence is a hidden, unexpected target we should all have with our responsibility in caring for others, it is no secret that the expectations of regulators and families are already high and robust.

Heather is no stranger to these regulations. *"Long term care facilities are required by CMS (Centers for Medicare and Medicaid Services) to have comprehensive infection prevention and control programs in place that encompass various aspects of care, including incontinence management as a foundation. They are required to develop individualized care plans, offer prompt toileting assistance, maintain resident dignity and privacy while performing incontinence care and ensuring that hygiene practices prevent infection."*

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Out of all the information that the 20-page regulation states (yes, 20 pages!), I want to point out that the regulation states, today, that we must ENSURE that "a resident who is incontinent of bladder receives appropriate treatment and services to PREVENT urinary tract infections and to RESTORE continence to the extent possible." It's worth noting that there are NO level 1 deficiencies in F-tag 690. Instead, all deficiencies are considered to have some level of harm, with over half of these deficiencies related to incontinence cited in 2023 (63%), subject to the substandard of care distinction. The previous F-tag 315 provided surveyors with specific areas to investigate regarding the impact of the incontinence management program. Out of all deficiencies cited nationwide in 2023, these corresponding F-tags represent 24%, just under a quarter of all violations for the year.

As we conclude, I encourage you to reflect on this question: How many residents in your care are participating in continence restoration programs or have yearly documentation from your interdisciplinary team indicating that their condition "is or has become such that continence is not possible to maintain?" (F-tag 690 investigation procedures)

I would be remiss if I did not mention that Heather's organization, PreventionID, has a proven record of helping organizations to assess ICPs, provides robust training for IP's, monitor documentation for red flags and/or assist with writing policies and procedures related to IC. While I have no connection to her organization and do not earn any commission of any sort, I feel it is important to mention such a gem of a resource for providers as an external resource that could be invaluable as staffing concerns and lower budgets for staffing, especially designated IP's, continue to a huge hurdle in the industry. Learn more about how she can help you by reaching out to Heather via email at heatherd223@yahoo.com or connecting with her on LinkedIn here. Heather is also a member of the GAIL.