

ADDRESSING THE VOID

What Providers Don't Know Can Hurt

Article Two

The title of this article, "What Providers Don't Know Can Hurt", was coined from the concept of "the void" and how it has become even more necessary for senior service operators to be more in tune to what they provide; where, when, and how with regards to incontinence. Being a gerontologist, one of the largest misnomers of aging is incontinence. It is not a normal process of aging and usually has an origin or at least factors that lead to it. One thing is for certain, every service provided to older adults anywhere on the globe requires managing incontinence in some form or fashion. Whether or not it is a formal process or something that is "just done", incontinence is a major part of caring for another living being. In fact, [a study published by Dr Richard Stefanacci](#) found that over 56% of each C.N.A.'s shift in long term care consisted of incontinence care AND it contributed to around 60% of the participant's frontline staff's turnover. What a profound insight!

While you may know exactly how your service providers handle incontinence management, I challenge you to go to the frontlines of the caregiving team to shadow them and/or verbally walk through their processes with regards to incontinence. You may be shocked to find out that there are MANY iterations of what happens with the older adult that your procedures may not even outline, or they do, and the staff have veered away from the guidelines. This process is not to be punitive or for blame, but to really find out what exactly is happening to then determine what opportunities exist to fix any operational misunderstandings. It is only then that you can determine areas of needed improvement or change. In my line of work, I frequently see the observation stage of an intervention skipped as providers may feel that they know how operations are completed in all areas of providing care. Trust, but verify.

I recently interviewed Dr Richard Stefanacci who is an expert on efficient and effective care delivery systems with over 500 publications and delivering more than 1,000 lectures both nationally and internationally. He is a well-known expert in the role of incontinence and the health care delivery system as well as the importance of "addressing the void". I appreciate his wisdom of how the modern environment of senior services will need to transform into a thriving status versus a surviving post pandemic mindset. He states, "As we shift our focus from care measures to broader resident needs, now is an opportune time to prioritize and enhance our approach to incontinence care. Given its potential to improve all aspects of the Quadruple Aim, directing attention to incontinence management is imperative."

Regarding the trust, but verify method, Dr Stefanacci weighed in stating "It is crucial to recognize that successfully improving incontinence management requires understanding the

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‘why’ behind the need for change, identifying the "what" can be done to enhance outcomes, and implementing an execution plan that integrates seamlessly into existing workflows.”

As we continued to discuss the pillars of quality care and the concept of the [Quadruple Aim](#) that he mentions in his work often, incontinence continued to rise to the top as a foundational aspect of improvement in care. As Dr Stefanacci puts it, and I wholeheartedly agree, that ***“Incontinence care presents a significant opportunity for senior care providers to improve resident health and quality of life while reducing costs and caregiver burden, aligning with the Quadruple Aim. However, research shows it is often overlooked or suboptimally managed. Assessing and addressing gaps through evaluation, training, care coordination and appropriate products can yield impactful benefits.”***

I asked Dr Stefanacci from his experience what specific aspects of incontinence care operators may be unaware of that could improve financial and clinical outcomes. He shared 5 areas of opportunity that are mostly unrecognized today by many service providers.

1. *Underdiagnosis and Undertreatment*

"By improving the diagnosis and management of incontinence, operators can potentially reduce the incidence of incontinence-related complications, such as urinary tract infections and skin breakdown, leading to better clinical outcomes and cost savings."

Many studies have shown a lack of urological consultation within long term care. Many studies led to many different reasons stating things such as prior authorization challenges, reimbursement concerns, transportation hardships, frailty of the resident and other reasons to name a few.

2. *Tailored Care Plans*

"Operators can benefit from developing individualized plans of care that address the specific needs of each resident rather than a simple general approach. This may include a combination of behavioral interventions, scheduled toileting, appropriate use of absorbent products, and medical treatments when necessary and appropriate." I also want to throw in here that this may take thinking in ways we have not approached care planning in the past. This may involve digging deep and finding new tools or technologies that can assist in data collection to assist in providing insights on how to address problems in new ways and with less burden.

3. *Staff education and training*

"Incontinence Management requires knowledge and skills that may not be adequately provided during staff training." While this seems like an easy task, there are some

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important and already provided free resources for communities to use to make sure the content is up to date, relevant and thorough. This is a great start. My favorite top 10 free resources to date:

1. [NADONA Fact Sheet on OAB](#)
2. [NIH Facts here](#)
3. [Sepsis Screening Tool from NADONA](#)
4. [CMS Urinary Incontinence Critical Element Document](#)
5. [AHRQ's Incontinence in Women Resources from EvidenceNOW program](#)
6. [Selection of resources from Texas Health and Human Services](#)
7. [MedlinePLUS resources to include Spanish speaking resources](#)
8. [The Simon Foundation for Continence training content](#)
9. [2021 training document from AAPACN](#)
10. And not to forget the emotional and social aspects, [here is a resource from the Family Caregiver Alliance](#)

4. *Collaboration with Urology Specialists*

"By establishing partnerships or consultation services with urology specialists, operators can enhance their clinical outcomes and ensure optimal management of incontinence." This so often goes unexplored due to the perspective of some that older patients are "too old" to put through assessments and treatments. While that can be the case some of the time, we should not limit the potential to try and enhance anyone's quality of life due to their age, a concept that borders ageism in its truest form. Everyone is different and they should be given the information they need to make their own determinations with their care.

5. *Cost effective product selection.*

"Operators may overlook the potential cost savings that can be achieved through appropriate product selection and utilization. By implementing efficient product management practices, operators can improve their financial outcomes while still providing quality care for older adults."

Examples of actions long term care providers can take for this is to start with understanding what your incontinence policies and procedures are and what is being operationalized. A couple of examples here would be to

- Evaluate the products used for quality by making sure no reported rashes have been attributed at your community due to the materials used in briefs, determine if pull ups or tabbed briefs are the most appropriate for safety reasons, ensure that they trap and wick moisture away from the resident's skin effectively and by

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making sure the products are available and easy to size appropriately as this can contribute to skin breakdown and costly leakage.

- Using the 2-hour rule standard that is used around the country, there could be a lot of waste. Staff will most likely not only check the resident every 2 hours, but they will start the “timer” of the 2 hours over each check, whether the resident is wet, resulting in costly product overuse. It is no fault of the staff. You can’t blame them for not having to come back and check multiples times which can be a challenge especially in memory care settings and disruptive. Toileting schedules can be tough, but worth the effort in reducing cost and increasing the quality of the incontinence care provided. New tools are emerging in the industry to help make this a simple process from documents to help track voiding days and times ([3-day voiding log here](#) from THHS) to sensor technology that can spit out the toileting schedule with minimal labor involved.

Dr Stefanacci weighed in on the most recent innovation of smart briefs for long term care: “Smart briefs can benefit personnel at all levels in the senior care industry. Firstly, they can promptly alert staff when a resident experiences incontinence, reducing the duration of urine skin contact. Secondly, information on the frequency and timing of incontinence incidents can enhance staff management of toileting schedules and enable healthcare providers to make more timely diagnoses and treatment decisions.”

- Distributors of incontinence products will work with companies to get better pricing from the manufacturers, all you have to do is ask. If you are still not finding pricing that is acceptable, shop around. There are so many options for what and where to get products from, you can find pricing to fit all types of budgets. One good place to start to get some information from the perspective of the resident [here at NAFC’s Trusted Partners providing products.](#)

Even with his expansive experience in the industry, Dr Stefanacci can still be surprised during his research. Finding the magic bullet of incontinence underlying the multitude of chronic conditions and adverse effects that are so often focused on alone has motivated his call to action for senior care providers to prioritize and revolutionize incontinence care to improve all aspects of the [Quadruple Aim](#). Further, “Enhancing the patient experience, improving population health, reducing costs of care, and increasing provider satisfaction are all critical goals. Incontinence care represents a unique opportunity to achieve significant improvements in all four aspects, benefiting LTC residents’ health, quality of life, and staff workload. He called the opportunity for incontinence to help with this improvement via new technology, “significant” and given the challenges faced by LTC facilities today, he and I share the

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perspective that prioritizing incontinence care should be a shared passion for all those who care about the well-being of older adults.