

Resident-related – Triggered

Home Name: _____ Inspection Number: _____ (*hard copy use only*)
Date: _____
Inspector ID: _____

Definition / Description

- Constipation:** The difficulty in passing stools or incomplete or infrequent passage of hard stools. (Mosby Medical, 2002, Nursing & Allied Health Dictionary)
- Continence:** The ability to control bladder or bowel function. (Mosby Medical, 2002, Nursing & Allied Health Dictionary)
In RAI-MDS, continent is defined as complete control. This includes the use of indwelling catheter, or ostomy device that does not leak urine or stool.
- Incontinence:** The inability to control urination or defecation. (Mosby Medical, 2002, Nursing & Allied Health Dictionary).
In RAI-MDS, incontinent is defined as inadequate control of bowel all or almost all of the time; and for bladder multiple daily episodes of incontinence.
- Toileting:** The process of encouraging the client to use some type of containment device in which to void or defecate. The containment device may be the toilet, commode, urinal, bedpan, or some other type of receptacle, but does not include briefs. Toileting is for the purpose of voiding and not for just changing of briefs.
(RNAO,2005, Nursing Best Practice Guideline- Promoting continence using prompted voiding)

Use

This is a resident-related triggered IP, used to review continence care and bowel management during the annual inspection of the LTC home for a sampled resident who:

- is incontinent
- has a symptomatic urinary tract infection, or
- has an indwelling catheter.

The inspector may also select and complete this IP when a concern(s) related to continence care and bowel management is raised while conducting any type of inspection.

The inspection focuses on the licensee's obligations to provide a continence care and bowel management program that must, at a minimum, provide for the following:

- Treatments and interventions to promote continence
- Treatments and interventions to prevent constipation, including nutrition and hydration
- Toileting programs, including protocols for bowel management
- Strategies to maximize residents' independence, comfort, and dignity
- Annual evaluation of residents' satisfaction with the range of continence care products.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains two (2) parts:

- Part A: Resident Risk and Care Outcomes
- Part B: Contributing Factors

During the Annual Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. All applicable questions in Part A must be completed unless not applicable to the specific resident's condition.
3. If non-compliance is identified in Part A, the inspector(s) will proceed to Part B and complete the applicable questions.
4. If there is no non-compliance identified in Part A, Part B is not required to be completed unless other concerns related to continence care and bowel management have been identified.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

PART A: Resident Risk and Care Outcomes**Initial Record Review****Relevant documents for review include:**

MDS assessment:

- Section B (cognitive patterns) B1-B6
- Section G (physical functioning and structural problems) e.g. G1b (transfer); G1i (toilet use); G6 (modes of transfer)
- Section H (continence in last 14 days) H1a - H4
- 12k (urinary tract infection)
- J1d (insufficient fluid)
- O4e (diuretic)
- P9 (abnormal lab values)

The history, physical assessment, plan of care, physician orders, progress notes, pharmacist reports, lab reports and any flow sheets, intake and output records, MAR and TAR.

			Information Gathering	
			Initial Record Review	
Notes				

Resident/Substitute Decision-Maker Interview				
<p>Interview the resident, family or responsible party to determine:</p> <ul style="list-style-type: none"> • Whether the continence and /or catheter care is provided in accordance with the individual needs of the resident • Concerns related to continence and bowel management care • Whether timely and appropriate assistance is provided for toileting needs and personal hygiene • Whether staff have appropriate equipment, supplies and transfer devices. 				
			Information Gathering	
			Resident / SDM Interview	
Notes				

Staff Interviews				
<p>Interview staff on various shifts when concerns about continence and bowel care have been identified, to determine:</p> <ul style="list-style-type: none"> • Whether staff are aware of the resident-specific continence and/or catheter care interventions • The types of interventions that have been attempted to promote continence (special clothing, devices, and frequency of assistance, change in toileting schedule, change in diet/hydration, and environmental modifications) • Access to equipment, supplies and transfer devices. 				
			Information Gathering	
			Staff Interviews	
Notes				

Assessment			
Determine whether the continence care and bowel assessment includes, as applicable: <ul style="list-style-type: none"> • Type and frequency of physical assistance necessary to facilitate toileting • Patterns of incontinent episodes, daily patterns or prior routines • Type of incontinence and contributing factors affecting the resident's urinary/ bowel function, including incontinence and/or retention, specific conditions, causes and / or problems • Rationale for catheter use • Medication use and effect on continence, potential adverse drug reactions or impact • Environmental / risks factors or conditions that may affect continence. 			
		Information Gathering	
		Assessment	
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident who is incontinent received an assessment that: <ul style="list-style-type: none"> • includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and • is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence where the condition or circumstances of the resident require? 	r. 51 (2) (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other?	s. 6 (4) (a)
Notes					

Plan of Care			
Review the plan of care to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan of care addresses: <ul style="list-style-type: none"> • Type of urinary incontinence and bases the plan of care on the resident's voiding/elimination patterns • Quantifiable, measurable objectives with re-assessment timeframes • Interventions with clear instructions to guide the provision of care, services and treatment such as: <ul style="list-style-type: none"> ➢ Promotion of dignity and respect ➢ Based upon resident choices and preferences and interdisciplinary expertise ➢ Prevention of skin breakdown from prolonged exposure to urine and stool ➢ Minimizing risk of infection (personal hygiene measures and catheter/tubing/bag care) ➢ Potential impact of medication and irritants (e.g., caffeine) in foods and beverages on continence ➢ Environmental approaches and devices needed to promote independence in toileting and to maintain continence, and to maximize independent functioning ➢ Degree of assistance needed based upon the resident's medical/health condition and level of functioning ➢ Prevention of catheter-related injury, pain, accidental removal or obstruction of urine outflow and infection. 			
		Information Gathering	
		Plan of Care	
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident's plan of care based on an interdisciplinary assessment of the resident's continence, including bladder and bowel elimination?	r. 26 (3) 8
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care set out clear directions to staff and others who provide direct care to the resident?	s. 6 (1) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident, SDM, if any, and any other persons designated by the resident/SDM been given an opportunity to participate fully in the development and implementation of the plan of care?	s. 6 (5)

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No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff and others who provide direct care to a resident, kept aware of the contents of the plan of care and have convenient and immediate access to it?	s. 6 (8)

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Observations / Provision of Care					
Observe the resident to determine whether staff: <ul style="list-style-type: none"> • Respond to incontinent episodes such as odour or wetness • Implement interventions consistent with resident needs and condition • Recognize and address risks or contributing factors • Provide care with respect, dignity and privacy • Implement appropriate infection control practices and hygiene measures to prevent skin breakdown • Have access to equipment, supplies and transfer devices. 					
			Information Gathering		
			Observations / Provision of Care		
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide treatments and interventions to prevent constipation, including nutrition and hydration protocols?	r. 51 (1) 2

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No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident who is incontinent have an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, and is that plan implemented?	r. 51 (2) (b)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident who is unable to toilet independently some or all of	r. 51 (2) (c)

				the time receive assistance from staff to manage and maintain continence?	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident, who is incontinent and has been assessed as being potentially continent or continent some of the time, receive the assistance and support from staff to become continent or continent some of the time?	r. 51 (2) (d)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the resident who requires continence care products have sufficient changes to remain clean, dry and comfortable?	r. 51 (2) (g)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the care set out in the plan of care provided to the resident as specified in the plan?	s. 6 (7)
Notes					

Monitoring/ Evaluation/ Revision					
Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the plan of care based on the resident's response, outcomes, and needs. Both the RAI outcome scale and the quality indicators are evidence of the effectiveness of care interventions.					
Information Gathering					
Monitoring / Evaluation/ Revision					
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary?	s. 6 (10) (b)

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No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the resident is being reassessed and the plan of care reviewed and revised because the care set out in the plan has not been effective, have different approaches been considered in the revision of the plan of care?	s. 6 (11) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions, are documented?	r. 30 (2)
Notes					

PART B: Contributing Factors
(Complete applicable questions if non-compliance is identified in Part A)
Continence Care and Bowel Management Program

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide the treatments and interventions to promote continence?	r. 51 (1) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for toileting programs, including protocols for bowel management?	r. 51 (1) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for strategies to maximize the resident's independence, comfort and dignity, including equipment, supplies, devices and assistive aids?	r. 51 (1) 4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program include an annual resident satisfaction evaluation of continence care products in consultation with residents, substitute decision-makers and direct care staff? Does the licensee take into account the evaluation when making purchasing decisions, including when vendor contracts are negotiated or renegotiated?	r. 51 (1) 5
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that continence care products are not used as an alternative to providing assistance to toilet?	r. 51 (2) (e)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes?	r. 51 (2) (f)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are residents provided with a range of continence care products based on their individual assessed needs?	r. 51 (2) (h) (i)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are residents provided with a range of continence care products that promote resident comfort, ease of use, dignity and good skin integrity?	r. 51 (2) (h) (iii)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are residents provided with a range of continence care products that properly fit the residents?	r. 51 (2) (h) (ii)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are residents provided with a range of continence care products that promote continued independence wherever possible?	r. 51 (2) (h) (iv)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are residents provided with a range of continence care products that are appropriate for: <ul style="list-style-type: none"> • the time of day, and • the individual resident's type of incontinence? 	r. 51 (2) (h) (v)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee developed an interdisciplinary continence care and bowel program that: <ul style="list-style-type: none"> • promotes continence, and • ensures that residents are clean, dry and comfortable? 	r. 48 (1) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for assessment and reassessment instruments?	r. 48 (2) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee provided training related to continence care and bowel management to all staff who provide direct care to residents: <ul style="list-style-type: none"> • on either an annual basis, or • based on the staff's assessed training needs? 	r. 221 (1) 3
Notes					

Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee of the home ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is:	r. 8 (1) (a) (b)

				a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) complied with?	
Notes					

General Requirements For Programs

No.	Yes	No	N/A	Question	Act/Reg.
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee of the home ensure for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its: <ul style="list-style-type: none"> • goals and objectives • relevant policies, procedures, and protocols • methods to reduce risk • methods to monitor outcomes, and • protocols for referral of residents to specialized resources where required? 	r. 30 (1) 1
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Continence Care and Bowel Management, for example:

- Admission Process
- Dignity, Choice and Privacy
- Falls Prevention
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Reporting and Complaints
- Responsive Behaviours
- Skin and Wound Care
- Training and Orientation