

# **Grampians Region**

## **Continence Care in the Community**



# **A Practical Guide to Continence Services in the Grampians Region**

**June 2017**

**Developed by the Sector Support and Development Team in the Grampians Region with a thank you to all who participated in the development of the document**

This document is relevant to both Commonwealth Home Support Programme (CHSP) and the Home and Community Care Program for Younger People (HACC PYP) funded agencies.

## Grampians Region agencies who contributed to the Contenance Care in the Community Program:





## Grampians Region Continence Care in the Community

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## **Continence Care in the Grampians Region Community**

**The** Commonwealth Home Support Programme (CHSP) and Home and Community Care Program for Younger People (HACC PYP) provides a range of basic support services to frail older people and younger people with a disability and their carer's, who wish to continue living at home and need some support in managing daily tasks. People receiving funded services have diverse backgrounds and needs. Assessment and care planning is the foundation for individualised high-quality interventions, support and assisting people to navigate through CHSP/HAC PYP and the broader service system.

**The** Grampians Region CHSP and HACC PYP programs recognise the benefits of good continence care and individualized support for community members. The programs continue to strive to ensure that all eligible clients can access individualized continence support in a timely and effective manner.

**Continence** can affect any one of us, both personally and within our service provider role. Training has shown us the intrinsic value of using a strength-based partnership approach to develop individual solutions to optimise health and wellbeing.

**CHSP/HACC PYP** funded service providers most commonly engaged in providing continence support in the community are:

- Registered Nurses (Community Nursing Services)
- Continence Nurse Advisors/Consultants
- Community Support Workers
- CHSP and HACC PYP assessment officers

**This** resource manual has been developed to assist all staff to understand the dynamics of having a continence problem, how it affects people, who can assist and what type of resources are available to help. Whether you are a volunteer within an organization, a support worker assisting in the client's homes or a health clinician your understanding of what continence is /is not becomes crucial to your effective working relationships with clients.

**Further** information and useful website can be found on the CHSP and HACC PYP sections of the three Grampians Region PCP websites.

<http://wimmerapcp.org.au/hacc-and-community-aged-care/grampians-region/continence-strategy/>

## **Glossary:**

CNC = Continence Nurse Consultant – a Registered Nurse who has completed a post graduate qualification in continence care and has a level of experience and knowledge to meet the requirements of a Grade Four Registered Nurse

CNA = Continence Nurse Advisor – a Registered Nurse who has completed a post graduate qualification in continence care and has a level of experience and knowledge to meet the requirements of a Grade Three Registered Nurse.

CN = Community Nurses (CHSP/HACC PYP funded) – a Registered Nurse who has appropriate training, experience and knowledge to work independently in the community.

CRP = Continence Resource Person – a staff member who has completed an introduction to continence care course, has access to a CNC or CNA for support and advice, and provides coordination of access and distribution of continence aids and equipment within their organisation. This position may be filled by a Registered Nurse, an Enrolled Nurse or a Personal Care Worker. This position is a support role for community based clients and the CRP cannot undertake clinical assessments, diagnose, or make recommendations for a treatment plan or aids/equipment.

Appropriate Qualifications: this is not an exhaustive list of appropriate qualifications, just some samples

Post graduate training to be eligible to be a CHSP/HACC PYP funded CNA/CNC can include:

- Graduate Certificate in continence promotion and management – the BENCHMARK Group
- Master of Nursing specialising in urological and continence training – La Trobe University

### Continence services in the Grampians Region:

- Wimmera Health Care Group – Continence Service
- Grampians Regional Continence Service

### Commonwealth Home Support Program (CHSP):

Provides community based support to Australians over the age of 65 (over 50 years for Aboriginal and Torres Strait Islander people).

### Home and Community Care Program for Younger People (HACC PYP):

Provides community based support to Australians under the age of 65 (under 50 years for Aboriginal and Torres Strait Islander people).

### National Disability Insurance Scheme (NDIS):

Provides community based support for eligible Australians with a disability.

### Regional Assessment Services/Living at Home Assessments:

- Living at Home Assessment Officers (LAHA) funded by Victorian State Government to provide community based assessments to persons with a disability under 65 years of age
- Regional Assessment Services (RAS assessors) funded by the Commonwealth Government to provide community based assessments to people over 65 years of age (over 50 years of age for Aboriginals and Torres Strait Islanders).

- Community Support Workers

Staff funded by CHSP/HACC PYP who assist in delivering personal care services to clients in the community



## What is continence<sup>1</sup>?

📖 Continence is the capacity to pass urine or faeces in socially and hygienically acceptable circumstances

📖 Incontinence is the accidental or involuntary loss of urine from the bladder (urinary incontinence) or faeces or wind from the bowel (faecal or bowel incontinence)

📖 A normal bladder:

- Empties four to eight times each day (every three to four hours)
- Can hold up to 400-600 ml of urine (the sensation of needing to empty occurs at 200 to 300ml)
- May wake you up once at night to pass urine and twice if you are older
- Tells you when it is full, but gives you enough time to find a toilet
- Empties completely each time you pass urine and does not leak urine

📖 A normal bowel:

- Normal frequency for bowel motions varies greatly and can be within the range of three times a day, to once every three days
- Bowel motions are soft and formed
- You should not have to strain to empty your bowel
- You should not experience any accidental loss of faeces
- Bowel motions should not take more than a minute to completely evacuate
- You should not experience pain when emptying your bowel

📖 **Incontinence is not, and should not be, an expected outcome of older age**

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<sup>1</sup> Best care for older people everywhere - the toolkit, a Victorian Government Initiative, 2009, P123

## Why is continence important<sup>2</sup>?

- 📖 37 percent of women (1 in 3) and 13 percent of men (1 in 10)<sup>3</sup> experience urinary incontinence. Seventy percent of people do not seek advice.
- 📖 12.9 percent of women (1 in 10) and 20 percent of men (1 in 5) experience faecal incontinence<sup>4</sup>
- 📖 More than 4.8 million Australians experience bladder or bowel problems
- 📖 Urinary and faecal incontinence may be a significant contributing factor to the decision to admit to residential aged care
- 📖 Promoting and encouraging continence can have a positive impact on an individual's dignity, self-esteem and wellbeing, often without time consuming or costly measures
- 📖 Continence issues can often be prevented with appropriate screening, assessment, prevention and management strategies, resulting in better quality of care and life for the person

At present continence is not always well promoted and continence issues are often not identified by CHSP/HACC PYP assessors or personal care support staff. It is important that we all play a part in discussing continence with clients and appropriate referrals for support should be made (by Assessment Officers and or Community Nursing) or feedback reports delivered to your supervisor (Community Support Worker) if incontinence is an issue identified by clients.

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<sup>2</sup> Best care for older people everywhere - the toolkit, a Victorian Government Initiative, 2009, Page123

<sup>3</sup> 2006, Australian Institute of health and welfare

<sup>4</sup> 2006, Australian Institute of health and welfare

## How does incontinence affect daily living?

### 📖 Social life and reduction in usual community activities

- Can lead to avoidance of friends and family
- Can lead to reduction in normal social activities

### 📖 Deliberate avoidance of some foods and liquids

- Can lead to inadequate diet
- Can lead to constipation and urinary infections

### 📖 Reduction in self esteem, dignity and value of self worth

- Can lead to depression and negative self view

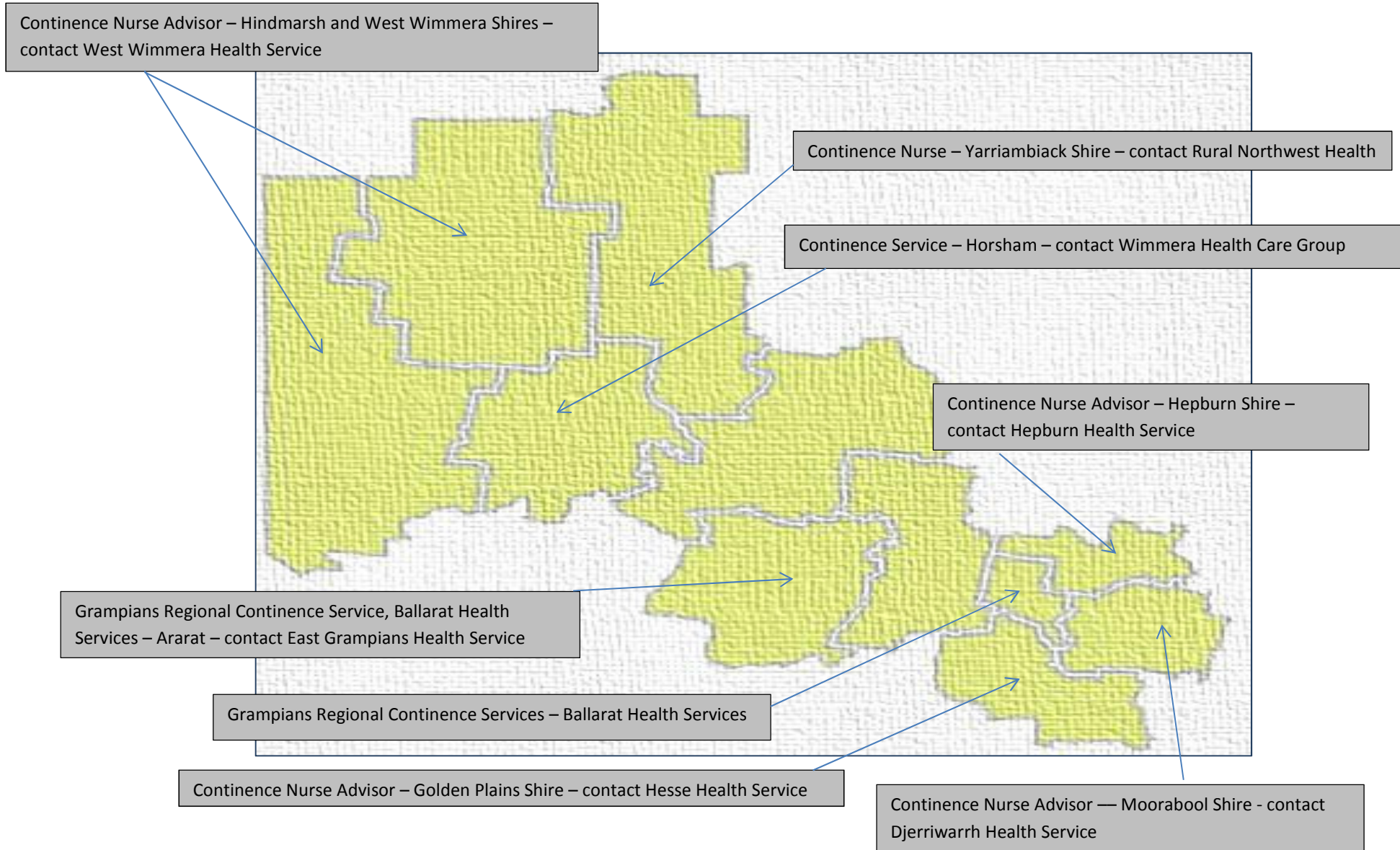
### 📖 Reduction in self care and managing health priorities

- Can lead to reduced attendance at normal healthy living activities
- Can lead to reduction in attention paid to other health concerns
- Can lead to problems with skin integrity and skin damage

### 📖 Reduction in general health and lifestyle choices

- Can lead to poor general health due to worry and broken sleep
- Can increase household costs (aids/equipment) and reduce discretionary spending on other activities

## Location of current continence services (2017) in Grampians Region



## **KEY ACTIVITIES**

### **CHSP/HACC PYP Funded Personal Care Providers and Community Support Workers (CSW)**

Community Support Workers are required, by the funding providers and their employing organisation to work within their 'scope of practice' – this means that they are only able to provide assistance where they are qualified to do so.

The Grampians Region Personal Care Protocol (2009) advises that clients with loss of bowel or bladder control are considered to have complex care and/or unstable health needs. Support specific to bowel or bladder care can only be offered by a personal care provider once the client has been assessed by a health professional. The health professional then determines if it is appropriate for a CSW to undertake bowel or bladder care tasks for the client and provides a written task list and client specific training where it is required<sup>5</sup>.

An expected part of the role of a Community Support Worker is to observe clients for possible continence concerns and report these concerns to their supervisor. The CSW is only able to assist clients with bowel/bladder tasks as specified by the clients' support (care) plan. If the activity is not listed on the support (care) plan the CSW is not approved to do it. Should a client/their family request assistance with a task that is not on the support (care) plan the CSW should explain to them that they must ask their supervisor to contact them to discuss this request for further support. It is not the role of the CSW to advise clients on their condition or recommend specific aids/equipment – this is the role of the health professional.

The following are some of the tasks considered appropriate for the Community Support Worker to undertake:

- ❖ Emptying a catheter bag/changing a catheter bag/washing out the overnight bag
- ❖ Prompting and where appropriate assisting with some continence medication (must be reported on your medication 'sign off' tool)
- ❖ Having input into bowel and bladder measurement charts as requested
- ❖ Changing of continence aids, e.g. bed/chair protection, pads/continence pants, commodes, urinals
- ❖ Prompting and assisting clients with hydration – as determined by the health professional
- ❖ Prompting and assisting with toileting

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<sup>5</sup> Grampians Region Personal Care Protocol, 2009, Pages 6,7

- ❖ Observing clients for possible continence concerns and reporting to their supervisor using the appropriate client incident/concern form

All tasks must be listed on the client support/care plan. If the CSW is unsure how to carry out a task they must contact their supervisor – they should not undertake tasks which they do not understand, or have the skills to complete. Some tasks will require client specific training before the CSW can undertake them – the health professional and personal care provider supervisor will determine what tasks may/may not be done and ensure any required training is completed prior to the CSW undertaking the task.

## **KEY ACTIVITIES**

### **CHSP funded Home Support Assessors and HACC PYP funded Living at Home Assessment Officers**

Continence issues can be treated, prevented or improved with appropriate screening, assessment and management strategies.

#### **It is an expectation that Assessment Officers will have an understanding of:**

- ❖ The importance of continence in independent living
- ❖ The affects that incontinence can have on individuals and their families in relation to:
  - General health and wellbeing
  - Feelings of independence and control
  - Social functioning
  - Mental health wellbeing
  - Family dynamics and their ability to acknowledge a problem; financial hardship experienced by some; and the effective ability to seek assistance
- ❖ The types of continence problems likely to be experienced
- ❖ The types of aids and equipment available to support individuals
- ❖ Client referral pathways for further investigation and support

#### **The role of the Assessment Officer should include:**

- ❖ Being skilled in asking personal and intimate questions – developing an appropriate rapport with the client so that continence can be discussed
- ❖ Exploring with the client/family any continence concerns that may be identified and develop strategies to assist
- ❖ Requesting a secondary consultation with continence specific services to develop a clearer understanding of the specific concerns, the supports available and how to access them
- ❖ Having clear and effective referral pathways (with client consent) for the client to access a continence assessment and diagnostic services (General Practitioners, Continence Clinic, Continence Nurse Advisor/Consultant), aids and equipment, counselling and personal support
- ❖ Working effectively with other service providers to share appropriate information and strategies for minimising the impact of incontinence

- ❖ Development of a Client Support (Care) plan that is inclusive of continence needs
- ❖ The ability to effectively transfer information and communicate clearly with other service providers working with the client – eg needs of the client in relation to support with continence



## **KEY ACTIVITIES**

### **CHSP/HACC PYP Funded Registered Nurse/Community Nurse**

It is acknowledged that this is not an exhaustive list of the activities that Registered Nurses undertake when working with clients – it is a list that addresses key concerns identified from the Registered Nurse survey undertaken in April 2015/2016.

#### **1. Provision of continence care assessment, support and education**

- ❖ Provide a holistic nursing assessment inclusive of any specific continence concerns, and a report which refers to continence care strategies where appropriate. Where needed undertake a continence specific assessment and determine what level of support is required. If appropriate provide this support OR refer to a Continence specific service such as a Continence Nurse Advisor/Consultant or hospital based continence service – a copy of the Community Nursing assessment should accompany the referral
- ❖ Develop and participate in the implementation of client support (care) plans which are inclusive of any strategies relating to continence support
- ❖ Provision (immediate needs) and recommendation of appropriate continence aids and future purchasing options
  - ❖ Client education, health promotion and prevention
- ❖ Training and support of other health professionals and community based support agencies
- ❖ Secondary Consultation – Community Nursing Services provide advice, support and guidance

#### **2. Provision of clinical care procedures**

- ❖ Insertion and monitoring of urinary catheters for males and females
- ❖ Urinary condom drainage
- ❖ Urinalysis
- ❖ Undertake bladder scan (when equipment and knowledge on how to use the equipment is available)
- ❖ Initiate Bowel/Bladder charts

#### **Please Note:**

Further definition of the above key activities is to be found in Appendix A.

## **KEY ACTIVITIES**

### **CHSP/HACC PYP Funded Continence Nurse Advisor and Consultant**

It is acknowledged that this is not an exhaustive list of the activities that funded Continence Nurse Advisors undertake when working with clients – it is a guide only for the purpose of education and developing referral pathways. This activity list was developed with the support of Position Descriptions from the following agencies: Ballarat Health Services; Djerrivarrh Health Service; Wimmera Health Care Group; Ballarat District Nursing and Healthcare Group.

A Continence Nurse Advisor is a Registered Nurse who has completed a post graduate qualification in continence care and has a level of experience and knowledge to meet the requirements of a Grade Three Registered Nurse.

#### **Provision of continence specific assessment, treatment, support and education**

##### Assessment and Care Planning:

- ❖ Using applied knowledge, skills and evidence based guidelines undertake a holistic assessment of bladder and bowel dysfunction within a client centred model of engagement which respects and focuses on the values and preferences of the client and ensures optimal outcomes for clients who have continence issues
- ❖ Provide assessment in an appropriate setting, either in the clinic or client's place of residence or an outreach venue
- ❖ Develop and implement appropriate clinical treatment plans and where appropriate ensure that the client support needs are referred to another health professional for implementation or ongoing support
- ❖ Develop a client support (care) plan that engages the client in their own care and documents involvement of others who will assist in implementation of the plan
- ❖ Utilise the expertise of other health and wellbeing professionals in the development of enhanced health outcomes opportunities and the support (care) plan
- ❖ Utilise the expertise of other health and wellbeing professionals through collaboration with and referral to other specialist continence service providers or community care providers. Manage the facilitation of case conferencing and support reviews as appropriate/required
- ❖ Ensure that all client support plans include reference to a 'clinical emergency plan' for relevant situations such as an indwelling catheter, supra pubic catheter, etc. The clinical emergency plan should include specific timeframes, equipment requirements and any special instructions.

For Example: if a client has a problem with their indwelling catheter there should be clear instructions as to the timeframe within which the issue should be addressed, the type and size of catheter required and any special instructions for replacement of the catheter

### Education and Training:

- ❖ Provide education and clinical expertise to clients/carers/family incorporating opportunities to facilitate health promotion and illness prevention
- ❖ Provide education and clinical expertise to other healthcare professionals, community wellbeing professionals and Community Support Workers
- ❖ Act as a clinical role model and resource for agencies
- ❖ Assist in the provision of training programs for CHSP/HACC PYP staff and provide client specific training and undertake clinical reviews (as needed) when including Community Support Workers as part of the client support team
- ❖ To improve community awareness of the importance of good continence, the role that continence service providers play and promote positive attitudes to continence and continence management options

### Provision of clinical procedures

- ❖ Provide clinical assessment and treatment of the presenting (and any underlying) problem using advanced Continence Nurse Advisor level skills such as:
  - Urinalysis,
  - Bladder ultrasound,
  - Catheterisations,
  - Voiding flow rates,
  - Vaginal/rectal examinations, etc
- ❖ Ensure that clients have access to all funding opportunities to support the cost of aids and equipment

## **Other health professionals who may have a specialist role in working with people who have continence concerns include:**

### **📖 General medical practitioners**

General practitioners (GPs) can assess, diagnose and treat incontinence. GPs have varying levels of knowledge on incontinence. They may therefore choose to refer the person to a continence health professional rather than diagnose and treat the condition themselves.

### **📖 Geriatricians<sup>6</sup>**

Are the medical practitioners devoted to the medical problems and care of elderly persons. It is related to the science of gerontology, which is the study of the aging process in all its aspects, social as well as biological.

### **📖 Continence Nurse Advisors and Continence Services**

A Continence Nurse Advisor is a registered nurse with a postgraduate certificate and extensive experience in continence assessment and management. They are able to assess people and work with them to develop a management plan suited to their needs. Continence Nurse Advisors may use both home visits and clinic visits to best determine the level and type of treatment required. Continence services usually have access to a range of equipment and specialist advice which promote a broad based assessment for more complex conditions.

### **📖 Continence Physiotherapists**

Continence physiotherapists who have appropriate qualifications in continence and/or women's health can assess pelvic floor function and tailor an exercise program to meet specific needs. They can also prescribe other treatment options and discuss relevant lifestyle factors which may be affecting continence.

General physiotherapists can also assess and treat limiting factors such as mobility and pain which can cause a person to suffer from functional incontinence.

### **📖 Occupational Therapists**

Occupational therapists can assist with home assessments relating to ease of access within the house and toilet/bathroom areas. These therapists can also do functional assessments which may improve a person's capacity to dress/undress and get in and out of bed/chairs. Therapists can also assist with home modifications and equipment such as commodes and toilet aids.

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<sup>6</sup> Encyclopaedia and Dictionary of Medicine and Nursing, Miller-Keane, 1972

## **Surgeons<sup>7</sup>**

A specialist in the branch of medicine which treats disease by manual and operative procedures. Some urologists are also surgeons whose specialty focus is on bladder and bowel.

## **Urologist<sup>8</sup>**

A specialist in the branch of medicine dealing with the urinary system in the female and the genitourinary system in the male.

## **Gynaecologist<sup>9</sup>**

A medical specialist in the branch of medicine dealing with diseases of the reproductive organs of the female.

## **Memory and retraining specialists**

Some people with memory problems can be assisted with simple strategies such as notes on the walls to remind them to go to the toilet on a regular basis, to remind people to drink fluids, to remind people to eat certain foods, etc. There are specialists in the community that can help work out a management plan with individual clients and their families.

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<sup>7</sup> Encyclopaedia and Dictionary of Medicine and Nursing, Miller-Keane, 1972

<sup>8</sup> Encyclopaedia and Dictionary of Medicine and Nursing, Miller-Keane, 1972

<sup>9</sup> Encyclopaedia and Dictionary of Medicine and Nursing, Miller-Keane, 1972

## **Referral process from the Continence Nurse Advisor/Consultant to Community Nursing Service (CNS)**

Referrals should be made via My Aged Care for clients over 65 years (and Aboriginal and Torres Strait Islanders over 50 years).

Referrals should be made via Connectingcare for clients under 65 years (and Aboriginal and Torres Strait Islanders under 50 years).

### **Recommended Reference and Tools:**

- Copy of assessment tool including clinical emergency plan if appropriate
- Grampians Region Service Provider Home Safety Checklist

### **Information to be included in the referral from CNA/C to CNS:**

- Reason for Referral – what is happening and why refer now
- Clarification of the role of the Community Nurse in treatment/care
- Medication list and regime
- Copy of client assessment report (client information, identification and history of the problem)
- Summary of:
  - What strategies have already been tried and success of same
  - Copies of tests or diagnostic results
  - Any aids recommended and where future purchases can be made from
- Treatment/Management plan to be attached to referral inclusive of:
  - Bowel Plan if relevant:
    - Aperient/enema regime
    - Any other clinicians involved in the plan, eg dietitian
    - Diet/fluid management plan
  - Bladder Plan if relevant:
    - Catheter care regime (if relevant) with planned catheter change timelines and Order for Catheter change
    - Where to source catheter supplies, (size/type), who will source the catheter
- Catheter Clinical Emergency Plan (if relevant):
  - Where to go, who to call, when to seek help
- Review date for the client to return to the Continence Nurse Advisor

## **Referral Process from the Community Nursing Service to the General Practitioner, Continence Nurse Advisor/Consultant**

Referrals should be made via My Aged Care for clients over 65 years (and Aboriginal and Torres Strait Islanders over 50 years).

Referrals should be made via Connectingcare for clients under 65 years (and Aboriginal and Torres Strait Islanders under 50 years).

### **Recommended Reference and Tools:**

- Community Nursing Bladder and Bowel screening tool OR
- Copy of continence specific nursing assessment
- Copy of nursing assessment
- Grampians Region Service Provider Home Safety Checklist

### **Community Nursing (CN) Role:**

- CN use bladder/bowel screening tool
  - Bowel concerns – treat according to agency policy and make a timely referral if unable to resolve
  - Bladder concerns – treat according to agency policy and make a timely referral if unable to resolve
  - Complete three day urine and bowel charts as appropriate

### **Information to be included in the referral from CN to CNA/C:**

- Reason for Referral
- Medication list and regime
- Copy of bowel/bladder charts as appropriate
- Urinalysis results
- Confirmation that good bowel/bladder habits advice given
- Document any strategies implemented and success of same
- Daily exercise/activity
- Tests carried out and tools used, can include bladder scan results if relevant/completed
- Document state of skin integrity
- Falls risk assessment if completed
- Completed bowel and bladder chart
- Copy of Assessment tool and Continence Checklist
- Any referrals sent to other clinicians relevant to continence
- Identified need for SWEPS funding application

## **Referral Process from a Community Nursing Service and Continence Nurse Advisor/Consultant to a Personal Care Provider**

Referrals should be made via My Aged Care for clients over 65 years (and Aboriginal and Torres Strait Islanders over 50 years).

Referrals should be made via Connectingcare for clients under 65 years (and Aboriginal and Torres Strait Islanders under 50 years).

### **Recommended Reference and Tools:**

- Grampians Region Personal Care Protocol – Service Handover Plan
- Grampians Region Service Provide Home Safety Checklist
- Role of Community Care Support Worker in Continence Care

### **Service handover plan should be completed including:**

- Confirmation of suitability of tasks being handed over and arrangements to provide any client specific training required by the Community Support Worker
- Any assistance required with:
  - Monitoring and prompting fluid intake and an action plan should this change
  - Monitoring/assisting to maintain a dietary plan and an action plan should this change
- Who to contact if concerns are identified
- Document any referrals made to other clinicians if relevant to continence service
- Clinical indications of a Urinary Tract Infection such as:
  - Client has an elevated temperature
  - Mood changes
  - Dark urine
  - Decreased output
  - Who to advise of concerns and appropriate contact details
- Clinical emergency plan and instructions relevant to client needs



## **Referral Process from personal care provider to Community Nursing Service, Continence Nurse Advisor/Consultant, Continence Clinic**

### **Clients over 65 years (over 50 years for Aboriginal and Torres Strait Islanders)**

Referrals for continence assessment must go via My Aged Care portal to the originating assessment service for reassessment (either Aged Care Assessment Service or Regional Assessment Service).

### **Clients under 65 years (under 50 years for Aboriginal and Torres Strait Islanders)**

Referrals for continence assessment must go via Connectingcare or similar secure messaging service.

#### **Recommended Reference and Tools:**

- Grampians Region Service Provide Home Safety Checklist

#### **Referral should be completed including:**

- Reason for referral – what the problem is, how long since it started, how much impact is it having on the client's life
- What has been tried up to now
- Who should be contacted for further information if needed

## **Referral process from a Regional Assessment Service or HACC Assessment Service to: General Practitioner, continence service or nursing service.**

- Regional Assessment Service (RAS) assessors will complete their referral using the My Aged Care Portal
- HACC Assessment Service assessors will complete their referral using Connectingcare or similar secure messaging service

### **Recommended Reference and Tools:**

- RAS Assessors: National Assessment and Screening Tool
- HACC PYP Assessors: Victorian HACC Assessment Tool
- Grampians Region Personal Care Protocol
- Grampians Region Service Provider Home Safety Checklist
- Assessment Officer Continence Checklist

### **Referral should be completed including:**

- Reason for referral – what the problem is, how long since it started, how much impact is it having on the client's life
- What has been tried up to now
- What other clinicians have been involved
- Who should be contacted if further information is needed

## **Appendix A**

### **Detailed recommended role of CHSP/HACC PYP Registered Nurses/Community Nurses in Continence Care in the Community**

#### **1. Provision of continence care assessment, support and education**

**Provide a holistic nursing assessment inclusive of any specific continence concerns, and a report which refers to continence care strategies where appropriate**

This assessment should be person centred and include reference to continence in relation to:

- The client's current situation, their goals and nominated priority issues
- The clinical needs of the client and any clinical recommendations
- Recommendation for any continence aids/equipment, referrals for specific continence support
- Medication list including any complementary medicines
- Any continence specific diagnostic tests or procedures completed and the results
- Any other continence specialists they have seen previously
- Is there already a continence support plan in place – include reference and a copy
- Recommendations on agreed client continence support and monitoring of the recommendations
- The identification of any continence education needs of the client/carer/family.

**Develop and participate in the implementation of client support (care) plans which are inclusive of any strategies relating to continence support**

This includes:

- Clear strategies for the client and/or other health professionals or community support workers to follow
- Client goals and preferred outcomes that are of importance to them in relation to continence and other matters identified in the assessment
- Strategies for the implementation of any client/carer/family educational recommendations

- Ensuring that the support plan includes review dates and documentation that identifies when the review took place
- Ensuring that a Clinical Emergency plan is included for those clients who have specific needs that may require urgent attention. This includes a client with an indwelling catheter that may need replacing – what time frame for response is required, eg immediately, within 24 hours, etc
- Ensuring that the Client Support (car) Plan is shared with relevant health professionals, and community based service providers that may have a role in this client's support. Ensuring client consent has been given prior to sharing this information
- When a client is referred to Community Nursing with a Continence Support (Care) plan ensure you understand the plan provided and discuss any concerns with the client and the Continence Nurse Consultant/Advisor

### **Provision (immediate needs) and recommendation of appropriate continence aids.**

Community Nursing services are expected to have current knowledge to advise clients/carers/families on the appropriate aid to suit the concern identified. The services should also have access to a range of continence aids to show clients and provide written information on the different options and where they can be purchased

Registered Nurses, in some instances have approval to complete continence funding forms, order aids and equipment and support clients to access their own where possible. Registered Nurses refer to other clinicians such as Occupational Therapists for recommendations on equipment such as commodes and toilet frames

### **Client education, health promotion and prevention**

Client (carer and family) education and health promotion/prevention are a part of the Registered Nurses role. This can include:

- Self help education to manage a range of conditions, symptoms and treatment
- Promotional education to pre-empt some conditions through better health management
- Client/carers/family education on specific topics such as skin care, falls risk, nutrition, showering techniques, use of aids/equipment, etc
- Education and information in relation to continence management – what is normal, what needs investigation and how to manage better bladder and bowel health

Information and Brochures are available on a range of topics on the internet – these include:

- Continenence Foundation of Australia [Continenence Foundation of Australia](http://www.continencefoundation.org.au/)
- Continenence Foundation of Australia – Victoria  
<http://continencevictoria.org.au/>

For further specific topics use your internet browser search engine and enter the key words

### **Training and support of other health professionals and community based support agencies**

Training includes education talks, provision of education material and clinical hands on training for other staff (client specific training) who will be engaged in providing a specific support service to the client. All staff training should be provided in collaboration with the Continenence Nurse Advisor/Continenence Nurse Consultant, where possible, to ensure consistent messaging and skill development.

This would include:

- Community support workers
- Enrolled Nurses
- Living at Home Assessment Officers/Home Support Assessment Officers
- Volunteers and other agency team members

### **Secondary Consultation – District Nursing Services provide advice**

Secondary consultation is a process designed to assist staff in developing a clear and comprehensive understanding of their clients, based on the history of each client. Secondary consultation may contribute to development of a treatment plan or review of an existing plan.

Community based agencies, clients/carers and families can make contact with their local Community Nursing service to discuss concerns relating to a continence issue. Registered Nurses can provide a generic phone support service for guidance and problem solving relating to continence care concerns. Registered Nurses are not expected to offer diagnoses or treatment options for someone they have not previously assessed. The secondary consultation may result in the nurse advising clients/families who are not currently their service users to talk to their General Practitioner, a hospital emergency department, the nurse on call phone line or a continence specialist. The CHSP/HACC PYP programs support and recommend a secondary consultation process between its service providers – it does not expect treatment or diagnosis to be part of the conversation rather it would suggest that the

clinician guide the service provider to an appropriate service provider or suggests a joint assessment if this would be beneficial.

## **2. Provision of clinical care procedures**

### **❖ Insertion and monitoring of urinary catheters for males and females**

#### **Urethral catheters**

Where appropriately requested insert or replace a urethral catheter for a client as defined by your organisations policy/procedure.

Requests for insertion/replacement of a urethral catheter would generally be made by a General Practitioner/Medical Specialist or as part of the continence support plan as nominated by a CNC or CNA.

Each client with a urethral catheter should have an 'clinical emergency plan' developed in case catheter problems arise between pre-determined (Best Practice) changes. This plan should include relevant details of the catheter and any specific requirements. Referrals to a Community Nursing service should be accompanied by an 'clinical emergency catheter plan'. If a client with a catheter is referred to the Community Nursing service without a clinical emergency plan contact should be made with the referring party to have this plan developed.

In some instances the Registered Nurse may not have a current competency to insert/replace a catheter OR the client's level of health/functional complexity may require additional skills to complete the task. In this instance the Nurse could seek assistance from a continence clinical specialist such as a CNC or CNA, the clients General Practitioner or the emergency department at their local hospital. It is also recommended that:

- The organisation take all opportunities to enable their Registered Nurses to work with clients with catheters
- The organisation include refresher training for urinary catheters in their mandatory training program – this could be done through a 'mentoring' arrangement with the local hospital or continence service

## **Supra-pubic catheter changes**

Where appropriately requested replace a supra-pubic catheter for a client as defined by your organisations policy/procedure.

Requests for replacement of a supra-pubic catheter would generally be made by a General Practitioner/Medical Specialist or as part of the continence support plan as nominated by a CNC or CNA.

Each client with a supra-pubic catheter should have a 'clinical emergency plan' developed in case catheter problems arise between pre-determined (Best Practice) changes. This plan should include relevant details of the catheter and any specific requirements. Referrals to a Community Nursing service should be accompanied by a 'clinical emergency supra-pubic catheter plan'. If a client with a catheter is referred to the Community Nursing service without a clinical emergency plan contact should be made with the referring party to have this plan developed.

In some instances the Registered Nurse may not have a current competency to replace a catheter OR the client's level of health/functional complexity may require additional skills to complete the task. In this instance the Nurse could seek assistance from a continence clinical specialist such as a CNC or CNA, the clients General Practitioner or the emergency department at their local hospital. It is also recommended that:

- The organisation take all opportunities to enable their Registered Nurses to work with clients with supra-pubic catheters
- The organisation include refresher training for supra-pubic catheters in their mandatory training program – this could be done through a 'mentoring' arrangement with the local hospital or continence service

## **Insertion of urinary catheters intermittently**

Intermittent catheterisation is considered to be a successful treatment option for some medical conditions. A Registered Nurse may undertake this treatment under the orders of an appropriate health professional as part of a client's support (care) plan. Requests for insertion of a catheter intermittently would generally be made by a General Practitioner/Medical Specialist or as part of the continence support plan as nominated by a CNC or CNA. A written treatment plan detailing the required tasks and timeframes would be required.

As with all catheterisations the Registered Nurse must have evidence of a recent competency in catheterisation.

## **Catheter flushes**

A Registered Nurse may undertake this treatment under the orders of an appropriate health professional as part of a client's support (care) plan. Requests for catheters to be flushed would generally be made by a General Practitioner/Medical Specialist or as part of the continence support plan as nominated by a CNC or CNA. A written treatment plan (including a clinical emergency plan) detailing the required tasks and specific triggers for undertaking the catheter flush would be required.

As with all catheterisations the Registered Nurse must have evidence of a recent competency in catheterisation. Secondary consultations with an appropriately qualified health professional are an option if an emergency situation is encountered.

## **❖ Other clinical care procedures**

### **Urinary Condom Drainage**

For males a condom drainage apparatus may be an appropriate solution – but it is not always the best or only solution. As a Registered Nurse it is recommended that you refer the client to a continence specialist for investigation into the cause and best treatment options. Requests for application for a condom drainage apparatus would generally be made by a General Practitioner/Medical Specialist or as part of the continence support plan as nominated by a CNC or CNA.

### **Urinalysis**

Registered Nurses are able to undertake some basic urinalysis (as guided by their organisations policy and procedure protocols). This is generally done using prepacked 'test sticks' – Registered Nurses should ensure that they know how to use these tools, interpret the results and when to refer on for further diagnostic work. The same applies to such things as stool samples – Registered Nurses can collect and label the samples but they then need to be referred on for analysis and reporting to the General Practitioner.

Requests for assistance with diagnostic testing/specimen collection would generally be made by a General Practitioner/Medical Specialist or as part of the continence support plan as nominated by a CNC or CNA. If the Registered Nurse is concerned about a client's bladder or bowel health they should contact the continence specialists for a secondary consultation and development of a pathway to further investigation – in these instances the completion of at least a 'test stick' test result would assist the discussion.



## **Undertake bladder scan**

Where access is available to a bladder scanner this procedure can be undertaken by an appropriately skilled Registered Nurse. It is the responsibility of the Registered Nurse and their employing agency to ensure that if a bladder scanner is available within the organisation then nurses require:

- Training/refreshers to use the scanner
- An understanding of the results they are reading and
- How to plan the next step for referral if the scan outcomes require it

## **Initiate Bowel/Bladder charts**

If a bowel or bladder concern is identified in the nursing assessment a bowel or bladder chart can be initiated by the Registered Nurse. The Registered Nurse should be competent in understanding:

- The reason for initiating such a chart
- Education requirements for the client/carer/family on how to use the chart
- How to summarise and interpret the outcomes of the chart
- How and when to make an effective referral to a continence specialist (eg what language is used and chart outcomes are best to include)

Requests for assistance with initiating a bladder and bowel chart would generally be made by a General Practitioner/Medical Specialist or as part of the continence support plan as nominated by a CNC or CNA. If the Registered Nurse is referring to a CNA/CNC it is recommended that they consider the initiation of a bladder/bowel chart for the client to take with them when they attend their appointment.

It is acknowledged that this is not an exhaustive list of the key activities that Registered Nurses undertake when working with clients – it is a list that addresses key concerns identified from the Registered Nurse survey undertaken in April 2015/2016.

## Appendix B

### Continence Checklist for use by Community Nurses

| Agency Logo  |  | GRAMPIANS REGION CONTINENCE PROGRAM<br>COMMUNITY NURSING BLADDER AND BOWEL SCREENING TOOL |                                      |  |
|--|--|---|--------------------------------------|--|
| Client Name:   |  | Client ID or Address:   |                                      |  |
| Date of Assessment:  |  | Name of District Nurse:   |                                      |  |
| BLADDER HEALTH   |  | What would they like to do about this?  |                                      |  |
| Do you have any problems controlling your urine?                               | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you sometimes find your underwear gets wet when you cough, sneeze or laugh? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you have trouble holding on to urine before reaching the toilet?            | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you need to go to the toilet more than 6 times a day to pass urine?         | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you need to get up more than once through the night to pass urine?          | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Does your urine ever leak out unexpectedly?                                    | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you have difficulty passing urine?  | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you feel any pain or burning when you pass urine?                           | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you ever wear continence aids (pads) to protect your clothing?              | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| How long has this been a problem for you?                                      |  | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Are you currently receiving any assistance with this—or have done in the past  | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/>  | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |

\*Commonwealth Home Support Programme/Home and Community Care Program for Younger People, Grampians Region

Screening Tool, Developed May 2016.

| BOWEL HEALTH   |  | What would they like to do about this? |                                      |  |
|--|--|--|--------------------------------------|--|
| Do you have problems keeping control of your bowels?   | YES <input type="checkbox"/> NO <input type="checkbox"/>                       | Nothing <input type="checkbox"/>       | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| How often would you generally use your bowels? More or less than three times a week?   | More than 3? <input type="checkbox"/><br>Less than 3? <input type="checkbox"/> | Nothing <input type="checkbox"/>       | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you get constipated?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                       | Nothing <input type="checkbox"/>       | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| What does your stool usually look like? (Bristol Stool Chart)  |  | Nothing <input type="checkbox"/>       | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you feel any pain or see any blood when you pass stools?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                       | Nothing <input type="checkbox"/>       | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Do you ever use pads or tissues to protect your clothing?  | YES <input type="checkbox"/> NO <input type="checkbox"/>                       | Nothing <input type="checkbox"/>       | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| How long has this been a problem?  | Months? <input type="checkbox"/><br>Years? <input type="checkbox"/>            | Nothing <input type="checkbox"/>       | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Are you currently receiving any assistance with this—or have done in the past?   | YES <input type="checkbox"/> NO <input type="checkbox"/>                       | Nothing <input type="checkbox"/>       | Want Advice <input type="checkbox"/> | Need Assistance <input type="checkbox"/> |
| Was a continence issue identified? YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |  |                                      |  |
| What issues were identified that need intervention? _____<br>_____<br>_____  |  |  |                                      |  |
| <b>Recommendation (s):</b>   |  |  |                                      |  |
| Complete a District Nursing Continence Assessment: YES <input type="checkbox"/> NO <input type="checkbox"/> Date for District Nursing Continence Assessment: _____ |  |  |                                      |  |
| <b>Then undertake a:</b>   |  |  |                                      |  |
| District Nurse managed continence plan: YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |                                      |  |
| <b>OR</b> Refer to a Continence Nurse Advisor/Consultant: YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |                                      |  |
| <b>OR</b> Refer to the General Practitioner YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |                                      |  |

## Appendix C

### Continence Checklist for use by CHSP/HACC PYP Assessment Officers

Agency Logo

GRAMPIANS REGION CONTINENCE PROGRAM

CHSP Home Support Assessors/HACC PYP Living at Home Assessors :BLADDER AND BOWEL SCREENING TOOL

Client Name:

Client ID or Address:

Date of Assessment:

Name of District Nurse:

| BLADDER HEALTH   |  | What would they like to do about this?   |
|--|--|--|
| Do you have any problems controlling your urine?                               | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you sometimes find your underwear gets wet when you cough, sneeze or laugh? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you have trouble holding on to urine before reaching the toilet?            | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you need to go to the toilet more than 6 times a day to pass urine?         | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you need to get up more than once through the night to pass urine?          | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Does your urine ever leak out unexpectedly?                                    | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you have difficulty passing urine?  | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you feel any pain or burning when you pass urine?                           | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you ever wear continence aids (pads) to protect your clothing?              | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| How long has this been a problem for you?                                      |  | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Are you currently receiving any assistance with this—or have done in the past  | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |

| BOWEL HEALTH   | Was it identified  | What would they like to do about this?   |
|--|--|--|
| Do you have problems keeping control of your bowels?                                 | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| How often would you generally use your bowels? More or less than three times a week? | More than 3? <input type="checkbox"/>                    | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you get constipated?  | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| What does your stool usually look like? (Bristol Stool Chart)                        |  | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you feel any pain or see any blood when you pass stools?                          | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Do you ever use pads or tissues to protect your clothing?                            | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| How long has this been a problem?  |  | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |
| Are you currently receiving any assistance with this—or have done in the past?       | YES <input type="checkbox"/> NO <input type="checkbox"/> | Nothing <input type="checkbox"/> Request Advice <input type="checkbox"/> Request Assistance <input type="checkbox"/> |

Was a continence issue identified? By Client: YES  NO  By Staff Member: YES  NO

Was client VERBAL / WRITTEN (circle) consent received to refer to continence support?:

\_\_\_\_\_

**Recommendation / Referral (s):**

Refer to District Nursing YES  NO

Refer to Continence Nurse Advisor/Consultant YES  NO

Refer to General Practitioner YES  NO

Other: \_\_\_\_\_ YES  No

Refer to Community Support Staff if appropriate: Yes  No