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*CENTERS FOR MEDICARE & MEDICAID SERVICES*

**SUPERIOR HEALTH**  
**Quality Alliance**

# STREAM Program: Strategies Targeting Resident Elimination and Management

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# STREAM Program

Strategies Targeting Resident Elimination and  
Management

Presented by:

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Executive Director

# Who is Empira?

Empira is a non-profit collaborative quality improvement organization.

## **Mission**

Collectively, know and do better to challenge, strengthen and inspire the aging experience

## **Vision**

A future where aging is better tomorrow than it is today



Saint Therese





STREAM

**Empowering people to live full, dignified, quality lives.**

# Objectives:

- Challenge the status quo surrounding traditional nursing home practices.
- Learn the importance of root cause analysis of incontinence before creating a plan.



# Empira Approaches

Fall Prevention/ Management 2008-2011	Restorative Sleep 2011-2014	Behavioral Expressions 2014-2017	ResoLute (Work of Aging) 2018-2021	<b>STREAM 2020-2023</b>
Identified internal, external and operational causation and interventions	Identified and addressed top 10 sleep disturbances	Started as a grant to influence sleep/dementia and decrease “sun downing”	Addresses developmental milestones in older adults	<b>Technology to understand incontinence</b> <ul style="list-style-type: none"> <li>• Actigraphy watch</li> <li>• Smart brief</li> </ul>
<ul style="list-style-type: none"> <li>• Falls per 1000 resident days decreased by 14%</li> <li>• Incidence of Depression – decreased 20%</li> <li>• Incidence Worsened ROM/ Move – decreased 12%</li> <li>• Incidence Worsened ADLs – decreased 17%</li> <li>• Prevalence of Falls decreased by 31%</li> </ul>	<ul style="list-style-type: none"> <li>• Noise</li> <li>• Light</li> <li>• Sleep environment</li> <li>• Napping</li> <li>• Pain</li> <li>• Contenance needs</li> <li>• Positioning</li> <li>• Activity/ Inactivity</li> <li>• Diet</li> <li>• Medications</li> </ul>	Redefined behaviors as communication	7 domains to explore: <ul style="list-style-type: none"> <li>• Life story</li> <li>• Relationships</li> <li>• Purpose</li> <li>• Spirituality</li> <li>• End of Life</li> <li>• Legacy</li> <li>• Condition</li> </ul>	<b>Aligned and streamlined assessment process for a holistic review of the resident (mind, body and spirit)</b>
		QI – Goal 10% improvement. Worsening Behavior and Long Stay Pain	<ul style="list-style-type: none"> <li>• Conversations</li> <li>• Medication Alignment</li> <li>• Peer and family groups</li> <li>• Connect resources to need</li> </ul>	<b>In-depth elimination education to ALL STAFF</b>
	CMS sleep manual – coming soon	Collectively trending at a 47% improvement rate	Journals to guide exploration	<b>In-depth elimination education to ALL STAFF</b>
Moved MN towards becoming alarm free	Hard time influencing sleep in those with dementia	QOL: Goal 4% improvement. Activities of interest and staff know the resident currently shows 6.3% improvement rate	Avg # of medication - ↓ 7%	<ul style="list-style-type: none"> <li>• <b>Better skin</b></li> <li>• <b>↑ Q.O.L</b></li> <li>• <b>↓Product cost</b></li> </ul>
# 1 reason for falls was fragmented sleep		Top 5 reasons for “behaviors” <ul style="list-style-type: none"> <li>• Physical and emotional pain</li> <li>• Boredom</li> <li>• Lack of companionship</li> <li>• Need for purposeful engagement</li> <li>• Loss of identity</li> </ul>	QOL – no data (done yearly) LS Hosp – no current data	<ul style="list-style-type: none"> <li>• <b>Incidence of Worsening/ Serious Bladder Incontinence</b></li> <li>• <b>Prevalence of Occ to Full Bladder Incontinence w/o a Toileting Plan</b></li> <li>• <b>Prevalence of Occ to Full Bowel Incontinence w/o a Toileting Plan</b></li> </ul>

**“Do the best you can until you know better. Then when you know better, do better.”**

–Maya Angelou



Myth:

Incontinence is a normal  
part of aging.



# Did you know?

 Incontinence is **NOT** a normal part of aging.

**BUSTED**

Incontinence is common in care centers, it affects an average of 70% of residents.

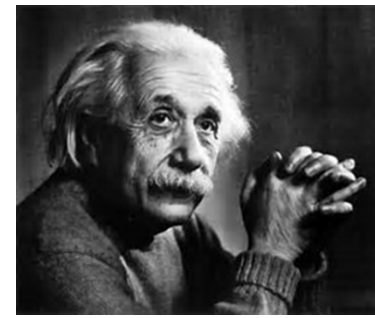
It is common ... but not NORMAL.

There are many ways to prevent, reduce, and manage this problem.

**We will not accept it as something you just have to deal with as part of being old.**



# Root Cause Analysis



If I had an hour to solve a problem and my life depended on it. I'd spend 55 minutes thinking about the problem and 5 minutes thinking about the solutions.

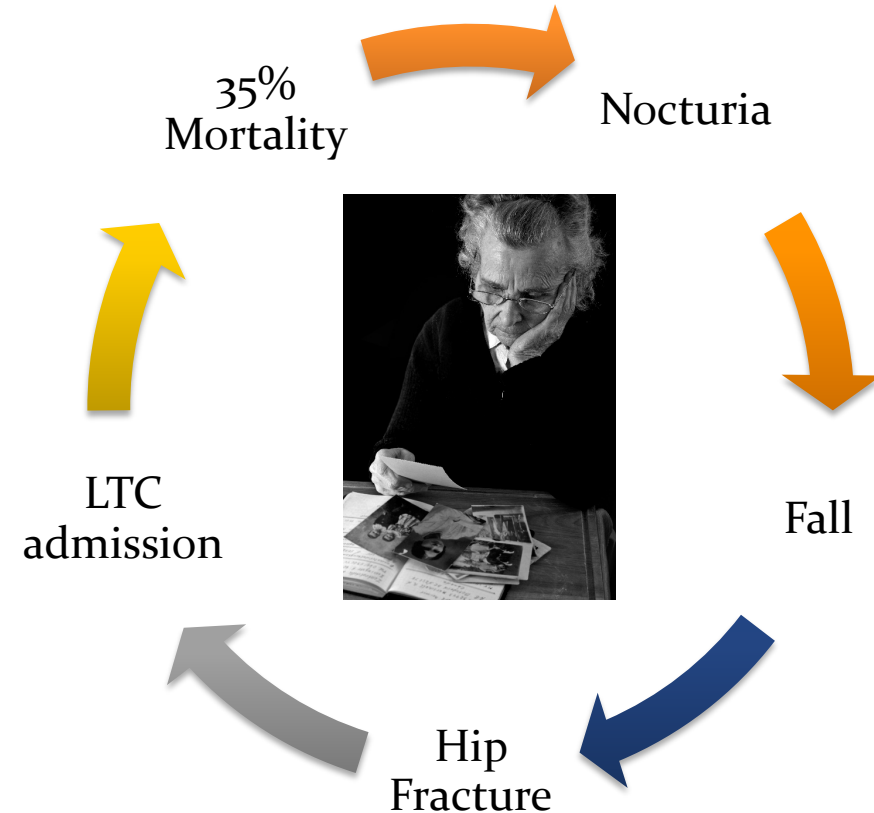
-Albert Einstein

Incontinence is not a diagnosis, but rather a Symptom of an underlying problem.

-Dr. Rosemary Laird

# Why is this an important symptom?

- Anxiety
- Depression
- Falls
- Increased care support
- Skin Breakdown
- Isolation



# Step 1: Investigate

Don't work on the interventions or solutions until you've determined the causes of incontinence.

What is the real problem we're trying to solve?

**Gather Clues, Evidence, Data**



# Step 2: Identify Cause(s)

What type of incontinence is this? \_\_\_\_\_

What are contributing factors?

**What is the root cause(s) of the incontinence?**



This is a symptom of what underlying issues?

# Step 3: Align Intervention

- Reflect the resident's goals
- Standard intervention lists can exacerbate the problem!
- Match causation and intervention
- Choose interventions to directly target the causes of incontinence
- Individualize the plan



# Step 4: Evaluation

- Monitor on a routine basis, the interventions and expected outcomes
- To identify if the problem is worse, continues, or improved
- Measure what you expect to improve
  - Example: measure number of suppositories per month given before and after implementing high fiber apple juice



# What else we learned.....

- Plan is driven by the resident's goal
- Complete a comprehensive assessment, including a resident interview and visual assessment, and do this early upon admission
- Functional urinary incontinence is the number one sub-type in our 25 LTC's, mixed was our second highest
- Knowing the sub-types of urinary and bowel incontinence, and aligning interventions
- Education of resident, family, care team, about the sub-type and intervention
- Using your resources- IDT approach (PT/OT, Dieticians, Therapeutic recreation, etc.)
- Timely evaluation of individual plans and overall evaluation of performance outcomes
- Residents who have been able to go from a full brief to underwear (liner)



# Gift of the STREAM Toolkit



Includes:

- Implementation Guide
- Staff Education
- Audits
- Best Practices
- Quality Data impacts



**Thank you**

# References

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- Dr. Rosemary Laird, Laird Elder Group, FL
- <https://www.medicalnewstoday.com/articles/316706>
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# SUPERIOR HEALTH

## Quality Alliance

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