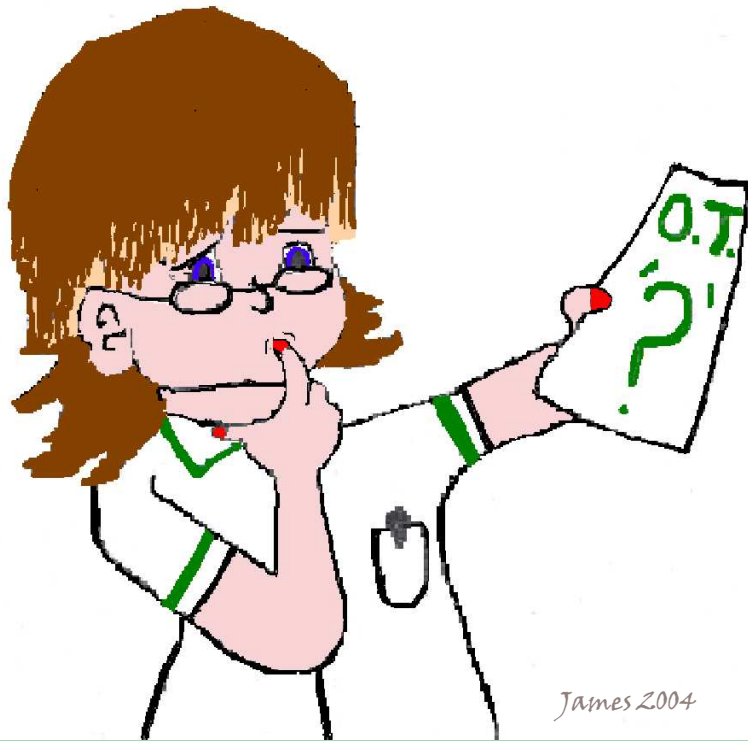


Julie Vickerman

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Continence
Service
Central Lancashire
PCT (Chorley
locality) /
PromoCon,
Manchester

The Role of the Occupational Therapist in Continence Promotion

- The role of the Occupational Therapist - theory & reality
- Aspects of functional assessment
- Practical considerations/ alternative solutions to toileting difficulties
- The future for OT's ?

Continence Services & the OT:

- Historically - no recorded specific involvement
- Evidence of **recognition** of OT skills re. Assessment & management

(AJOT 1982 - self catheterisation prog.)

(Hargreaves 1999 - imp. Bowel function with toilet modifications / aids)

Development for OT's :

- Pomfret (1999) - 88 % of CA believed OT's had a **crucial** role. 80% of OT managers felt there was a *potential* role.
- National survey of OT's (PromoCon 2000) identified skills appropriate to patient assessment (but not termed 'continence promotion')

- * Toilet transfers

- * Ability to manage clothing

- * Mobility

- * Balance

- * Manual dexterity

- * Cognition

- * Other functional skills integral to maintaining continence **BUT** interestingly none termed anything connected to 'continence' !!

D.O.H. 2000" Good Practice....."

- Aim to bring together professionals from many disciplines - GP's, nurses, Health visitor, midwives, physiotherapists..... **Multi professional approach advocated**
- Highlighted activities of daily living, access to toilet facilities & assessment of manual dexterity as **KEY AREAS** to consider.....
- Interestingly **OT's** are **NOT** specifically mentioned as being part of an integrated service

Doh ' Good Practice'

Why is a multi professional approach advocated ?

- ✚ Contenance problems have many causes
- ✚ No single professional group has the knowledge to deal with 'all' of the causes
- ✚ A more **holistic** service is achieved by using a multi professional approach
- ✚ Cohesive & integrated working reflects national drives

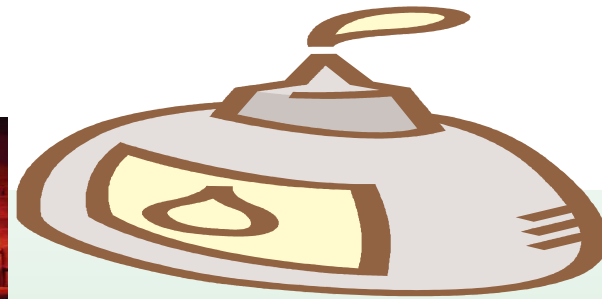
DoH 'Good Practice' cont :

- ✚ Assessment of function is a crucial aspect of continence promotion
- ✚ Interestingly **OT's** are **NOT** specifically mentioned as being part of this recommended integrated service
- ✚ Occupational Therapists have much to offer in terms of :

Assessing Function
and for people with
Functional Incontinence

Functional Incontinence - what is it ?

The '**Super Glue**' Principle !

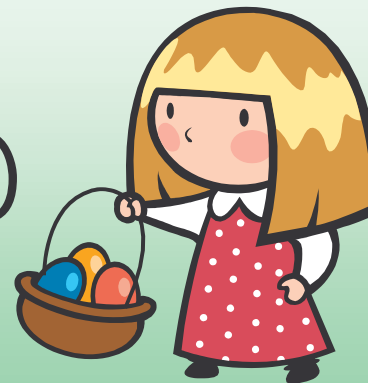


Functional Incontinence - what is it ?

- ✚ Often a failure of environmental & social provision, rather than actual physiological cause
- ✚ Major problem - espec for older people



- ✚ Many people 'at risk'
(no age or gender bar)



Contributing factors :

+ impaired mental functioning



+ impaired mobility



impaired dexterity



unsupportive environment



availability of assistance



Falls - Impact on toileting and continence

- Falls and toileting are linked (Downton. 1993)
- ‘Fear of falling may be linked with incontinence. Studies have shown that a higher degree of self efficacy equates to a higher degree of physical functioning’ (Tinetti et al 1994)

Falls cont

- Landmark paper by Tinetti (1995) stated that the risk factors that are associated with falls and incontinence are also associated with **functional dependence**
- Individuals with daily urge urinary incontinence are at even greater risk of falling
- 'Treatments, including exercise for elderly adults reduce the risk of falls' (Province et al 1995)

Falls cont.

- Removing hazards from the home does not always result in a reduction of falls. Grab rails have been found to be useful in fall prevention.'

(Sattin et al 1998)

- Barrett (2001) followed a group of fallers from A & E 21% had reduced functional ability for more than 6 weeks what does that say about **potential for incontinence** ?

Occupational Therapist's approach to continence care?

- **ONE** approach is that of **REHABILITATION** this aims to resolve the problem, not mask it.
- It focuses on the **function** of the individual therefore linking into aspects of Functional incontinence
- The solution may not be true 'continence' but should enable the individual to deal with their continence and toileting with **independence and confidence**

Rehabilitation cont.

- Improving function and mobility generally will reduce the *potential* for incontinence
- Mobility and physical functioning have been shown to be linked to frequency of incontinence, slower mobility leading to more frequent episodes of incontinence (*Palmer et al 1991; Wyman et al 1993*)

Crucial that a **Functional Assessment** completed :

May include:

- Height of toilet, chair, bed
- location of toilet
- lighting - toilet, 'journey route'
- accessibility of toilet (day & night variances)
- space available in toilet
- Supportive equipment ?
- Bed- size, layout of room
- Bedding
- mobility
- Flooring
- clothing
- footwear
- medication
- fluid intake
- eyesight
- orientation
- need / availability of help

Toilet Support Equipment



**Combined
Raised Frame**



Raised Toilet Seat

Mattress Elevator

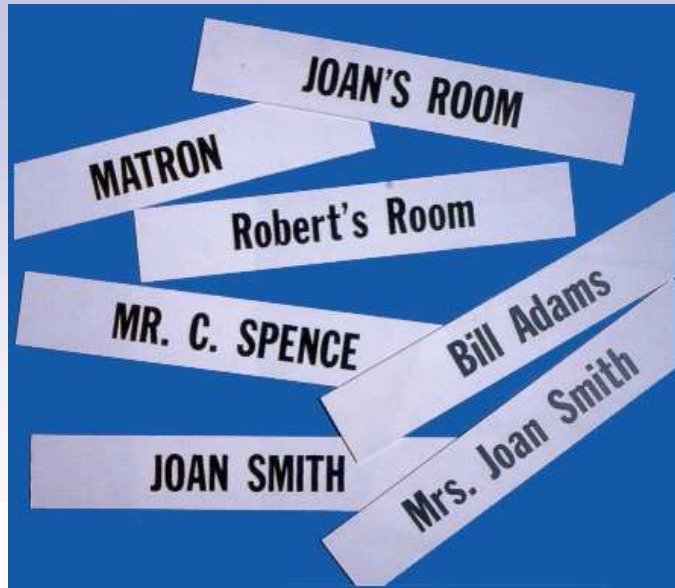


Enables correct positioning for urinal use

Bed attached commode



Enables safe side transfer



Orientation

Who?



What?



Where ?



Orientation / Society challenges



Chair Raisers



**Making rising from
a chair much easier**

Theory into practice

How Chorley & South
Ribblesdale Primary Care
Trust used the
supporting evidence

Background to Chorley service :

- Historically has been a nurse-led service
- 1987 - District Continence service started
- 1995 (Jan) Rest Home service started
- 1995 (Dec) Nurse led continence clinics started . Ceased in Sept 1997
- 1997 Continence assessment nurse started
- 1999 - Rest Home service stopped
- **Early 2000 - District CA only !**
- Service reconfiguration needed - based on local review and national guidelines work

The launch of the OT service :

- Began in June 2000
- One day per week (7.5 hours)
- Initial 12 month pilot project
- To include an interim & end of project audit & report

Aims of Occupational Therapy Service :

*To establish a specialist
Occupational Therapy
continence service for people
with*

Functional Incontinence

Objectives of Chorley OT Service

- Assessment : -

- clients living in residential care
- community clients

- Treatment / Intervention :

- achieve, restore or maintain continence

- Education : Residential homes, carers, clients, other Health Care professionals

Referral Process :

- Open referral - inc . Self referral residential homes, carers other HCP's.
- **MUST** have had a nursing assessment and any necessary treatment / intervention (does vary)
- **FUNCTIONAL IMPAIRMENT** or **psychosocial** aspect to the presenting incontinence

Clinical work :

Examples include :

- clients with dexterity problems, unable to unfasten clothes to use the toilet
 - clothing adaptations , advice re. style of clothing most appropriate
- Clients having difficulty transferring in/ out of bed to toilet at night
 - attached bed commode,
 - hand held urinals.

- Giving advice to carers of people with dementia re. products available, toileting programmes, etc
- Residents of residential homes with 'unexplained' incontinence - charting to determine patterns of behaviour, leading to development of individualised toileting programmes.

Chorley Urinal Library :

- 1st in the UK
- Established November 2001
- Initially a small range of female urinals available for 'try before you buy' basis
- OT initial assessment
- Urinal (s) left for assessment period
- OT evaluation / review
- Urinal prescription / purchase
- Unsuitable urinals cleaned by Community Equipment Service

- Library extended April 2003 (more female and now some male)
 - Lots of national interest in the scheme
 - Audit to be completed - Quality of Life
 - **Recent developments :**
 - urinals available from CES (limited range, non FP10)
 - extend into Acute Services (local and national).
- Pilot project CDH Rehab Unit - barriers to change (another presentation in itself!!)

Female Urinals

- Valuable aid for bladder emptying, reducing stressenhancing **QUALITY OF LIFE.**
- Useful within the house and outdoors eg. travelling
- Means for client to be **independent**
- Means for carers to manage **without lifting**
- Way of managing severe immobilising pain

Urinals cont:

- Useful for clients with reduced mobility
- Useful to use during the night - reduces risk of falls, need for carer input, etc.
- Many professionals know little about their usefulness or undervalue the benefits (McIntosh 1998)



Female Urinals on Prescription



Saddle Pan - Beambridge Medical



Bridge Urinal with Handle - Beambridge Medical



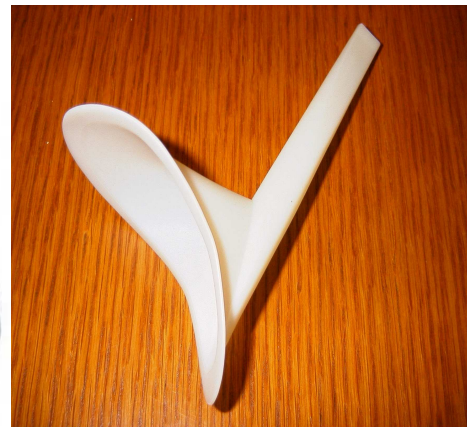
Urifem - Manfred Sauer



Lady Jug
Beambridge Medical



for ladies
Uribag F
Manfred Sauer



Whiz- JBOL



Lady Funnel -
Beambridge Medical

Male Urinals on prescription



Beambridge Draining Jug
Beambridge Medical



Beambridge Funnel
Beambridge Medical



Uribag -
Manfred
Sauer



Mini funnel (Beambridge
Medical)



Payne's male urinal

Vernagel - Super absorbent powder (available on prescription)



1 or 2 sachets placed into a urinal prevents spillage & increases capacity

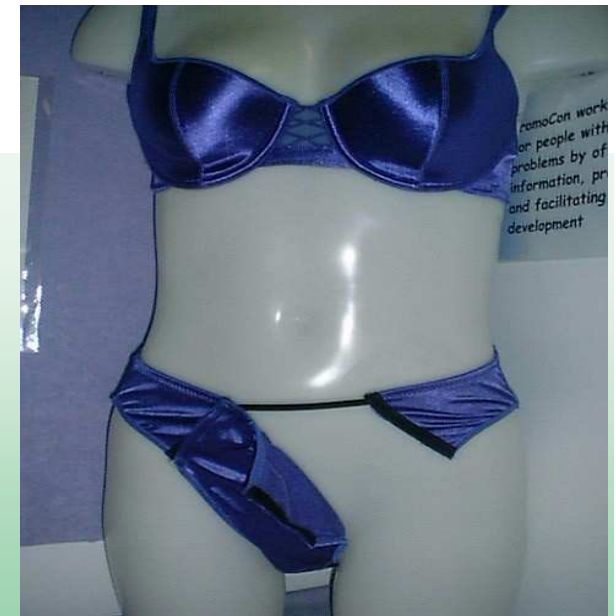
Remember
dispose of in the toilet !!

Clothing issues in continence promotion :

Need to be easy to manage ...

- wrap over skirts (front / back wrap)
- split crotch / drop front/ side opening underwear (adapt own / purchase)
- French knickers
- hold-up stockings/ crotchless tights
- extended fly in trousers
- drop front trousers

Adapted Underwear :



Drop front trousers - side seams open with Velcro



enable independent
use of urinal , change
pad, change ostomy
bag, ISC etc





Adapted front
opening skirt - extra
long
zip inserted

..... Allows easy
use of urinal from a
seated position



Message

- Why compromise **FASHION** and **CHOICE** ?
- Specially designed clothing for people with disabilities → expensive
- Disability should not dictate choice of clothing style

Clothing adaptations ?

- **Source your local area** - tailors, dry cleaners, small shops who alter clothes, replace zips, etc
- **PromoCon, Disabled Living, Manchester** can provide information re :
How to do the adaptation
How to find local services
www.promocon.co.uk
- **Clothing Advisors**, Disabled Living Centres
(50+ in UK)

OT post developments :

- March 2002 : Secondment from clinical post to PromoCon , to complete 'Education and Integration' project
- to raise the **NATIONAL** profile of OT's in continence care, including development of training for under and post graduate therapists

(2007 Still there - a very long 10 months !!)

'Education and Integration'

- Part of **PromoCon** - Promoting Continence and Product awareness (National charity)
- Based at Disabled Living, Manchester
- In collaboration with The University of Salford
- National project funded by Department of Health Section 64 Grant (initially 3 years)

Education

- Training for undergraduate OT's piloted at the University of Salford
- Good evaluation > inclusion in all levels of training
- Included in NW OT training (3 Uni's)
- Other UK OT training on ad-hoc basis

- Post Graduate training modules run from Manchester & offered 'in house'
- Good evaluation > aim to gain formal accreditation from professional bodies (COT, RCN, etc)
- National conferences, regional meetings, local initiatives re. Project
- Recent launch of E-learning package for health and social care employers

Integration

- **DLC Model of Practice** - standard for integration of continence care into DLC's across the country
- **Integrated Care Pathway** - form the basis of part of the DLC model. Development of a standardised assessment for OT's to use (COPM based)
- **Special Interest Group** - Multi professional members (110 to date). Any professional interested in functional continence issues.

Functional Toileting Assessment

- Developed from the **standardised assessment** framework used by Occupational therapists
Canadian Occupational Performance Measure (COPM)
- Def: COPM is an individualized measure, designed for use by OT's to detect change in a client's self perception or occupational performance over time
- Designed as an **outcome measure** - administered at the beginning of a therapy intervention & again at appropriate intervals
- Functional Toileting Assessment tool

Final thoughts Use and Promote your OT service !

- Promoting independence in all activities of daily living is the OT's arena (**all** OT's NOT just continence specialists !)
- Independence → restores dignity & self esteem

- Occupational Therapists have a crucial but often **HIDDEN** role to play in promoting continence
- Thorough functional assessment crucial for any treatment to be successful
- Many more OT services are developing their role in continence care - 2 other UK OT's working within a continence service, many others developed stronger links & incorporating continence into their work
- BUT a long process of change

Thank you for your time

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