continencesupportnow.com.au: a pocket guide for care workers providing bladder and bowel support

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Introduction

The Continence Foundation of Australia is the national peak body promoting bladder and bowel health and the Foundation's vision is to have a community free of the stigma of incontinence. One strategy to help achieve this vision is the provision of information and education to the health workforce engaged in the prevention and management of incontinence.

Incontinence affects over 5 million Australians[1] and, if not well managed, a person with incontinence may experience feelings of rejection, dependency, loss of independence and social isolation. The term incontinence describes the accidental or involuntary loss of urine, faeces or wind from the bowel and ranges in severity from just the occasional small leak to the complete loss of bladder or bowel control.[2]

Urinary incontinence affects up to 37% of Australian women and 13% of Australian men[3] and approximately 70% of people with some form of incontinence do not seek advice or treatment.[4] Faecal incontinence affects up to 12.9% of women and 20% of men[3] and is one of the three major reasons that older Australians are admitted into residential aged care. Severe incontinence is defined as requiring assistance with bladder or bowel control and/or the use of products.[3]

Two key workforce groups engaged in the provision of community and in-home continence care are Disability Support Workers (DSW) and aged care Personal Care Workers (PCW). There has been a rapid increase in the numbers of both workforce groups due to changes in the way Government funds the provision of services in these sectors. While support and care workers (hereafter referred to collectively as care workers) can and do work in the residential care setting (with the supervision and support provided as part of an organizational structure) many now also work in the community/home setting (hereafter referred to as in-home). While the provision of in-home support is often managed by an organisation, the day to day work of the DSW and PCW is undertaken in the client's home, independent of in-situ supervision.

Care workers delivering support within the in-home setting may have less access to direct supervision, support and clinical resources than those in the residential care setting. As a result, care workers need to have the skills to be able to adapt service delivery to meet individual client need and most importantly they need to know how to identify 'red flags' and know when, who, and where

to refer a client if required. Care workers in the in-home setting need to be able to accommodate the existing environmental and resource restraints of a client's own home and consider any modifications that may need to be made to ensure that care can be comprehensively delivered.

Education opportunities

Initial research undertaken by the Foundation identified that workforce issues such as high staff turnover and the casualisation of the aged care and disability support workforce groups presented a range of challenges for employer groups trying to provide appropriate training to this cohort. There has also been a demise in the availability of suitable accredited continence training programs (across all education levels) which has contributed to a decline in the provision of education and training opportunities across the sector.

While many care workers have undertaken some accredited training, current qualifications such as Cert III Individual Support and Certificate IV in Disability do not include a specific Unit of Competency that addresses incontinence. There are some Units of Competency that could potentially address continence however they are very broad units on personal care and healthy body systems and the degree to which continence care and management is specifically addressed will vary widely depending on the expertise and approach of the individual course facilitator. There are no Units of Competency in any current Training Package qualification that specifically focuses on continence.[11,12] This means that students undertaking current courses designed for care workers will potentially have limited or no specific continence education prior to commencing work as either a DSW or aged care PCW.

Care workers may be the first person to be aware that a client is experiencing bladder and bowel health issues. In terms of key roles and responsibilities related to continence care and support, DSW read, follow and implement care plans where they exist, and implement behavioural strategies as required. If necessary, they refer to their team leader/manager for assistance (if working for a disability support agency) or alternatively, they refer directly to the clients GP or continence service. Personal care workers identify issues and refer to the case manager/manager (if this role exists) and they read, follow and implement care plans as appropriate. This still means however, that the provision of in-home care and support will be varied and dependent on the individual knowledge and skills that each care worker brings to that role.

The project brief

This project's overarching aims were to improve continence care for people receiving disability support services in the community and older people receiving in-home and community based aged care services. To help achieve these broad aims it was hypothesised that the development of a mobile-optimised, easy to search online web app with brief practical information on continence care and broader education modules, could improve the knowledge and skills of care workers providing continence care and support to their clients.

Development of Continence Support Now (CSN) was guided by the principles of a person-centred or consumer directed care (CDC) model which aims for every person to be actively involved in meaningful activities and social relationships to maximise choice and control over their lives regardless of their functional limitations. These principles represent best practice in disability and aged care support and are the guiding principles of the National Disability Insurance Scheme (NDIS) and the Australian Commonwealth Government's aged care reforms. [5,6]

The project workforce cohort

When this project began in 2016 the NDIS had just been introduced and workforce projections indicated DSW employment would increase by at least 100,000 (from the then 115,600 workers[7]) by the end of the NDIS rollout in 2019. The Australian Jobs Occupation Matrix 2018[8] shows the upward trend in employment data across two occupational categories; Aged and disabled carers and Nursing support and personal care workers (see Table 1: Occupation Matrix Data as at November 2017) which reinforces the veracity of these employment projections.

Table 1   **Occupation Matrix Data as at November 2017 (adapted from Employment Data – Occupational Matrix, Department of Jobs and Small Business)**

Job classification	Employment November 2017	5-year change to November 2017	5-year change to November 2017 (%)	Projected employment change (%)
Aged and disabled carers	174.000	49,800	41.1	47.3
Nursing support and personal care workers	92,600	3,500	3.9	14.3

This upward trend in employment projections continues with a 27.4% increase in labour projection figures to 2023[9] for those employed as Personal careers and assistants (see Table 2: Labour Projection Data as at May 2018).

Table 2   **Labour Projection Data as at May 2018 (adapted from Labour Market Projections, Department of Jobs and Small Business)**

Job classification	Employment November 2019	Projected employment level to May 2023	Projected employment growth five years to May 2023	Projected employment growth five years to May 2023 (%)
Personal carers and assistants	301,700	384,200	82,500	27.4

Both the disability and aged care sectors are experiencing rapid expansion in the numbers of people accessing care resulting in increasing demand for care workers. The Department of Jobs and Small Business states that this employment sector has had the second largest rise in employment growth out of 474 occupation categories of 9.5% (against the whole of Australian workforce growth which at the same time was 1.6%). If we single out the disability sector, growth is occurring at 11.1% per annum with a pronounced trend towards casual employment with nearly 47% employed as a casual as at March 2017. The shift to casual employment is much less in the aged care sector with around 14% employed on a casual basis.[8,10]

Project consultation process

As well as conducting a grey literature review and undertaking desk top research the Foundation engaged in a comprehensive consultation process between August – November 2016 that included formal and informal meetings, surveys and email questions and responses. The types of organisations directly consulted included:

- disability organisations

- peak disability bodies / disability support worker organisations

- people with disabilities organisations

- providers of short course training

- registered training organisations

- individual DSW and PCWs

- Continence Foundation of Australia members

- aged care organisations

- peak aged care bodies.

The themes and sub-themes to emerge during the consultation phase are captured in Table 3: Emerging themes from the consultation process.

Table 3   Emerging Themes from the Consultation Phase

Theme	Sub-Themes
Training	- Limited training opportunities - Employers looking for more effective ways to provide training to staff - Many DSW have no training in continence management although it is a required job function - Continence management no longer included in VET qualifications - Can't train in work hours (no backfill) - On the job training is patchy - High casualisation and high turnover of workforce reduces organisational expenditure and engagement with staff training - Worker mobility and number of workers mean face-to-face education not possible - DSW and PCW understand they have limited knowledge and need to improve client care in continence management - Increase in the use of *Just in Time Training* (JITT) - Staff are set in their ways and not willing to engage in new approaches 23.4% of older Australians are placed into residential care settings due to incontinence (AIHW 2017)
Online Learning	- Workforce interested in accessing training online - Many organizations already utilize online training for OH&S, induction and reporting
Accreditation	DSW and PCW no AHPRA accredited so no incentive to undertake professional development
Introduction of NDIS	- Unaware that continence can be covered in an NDIS plan - Can have continence management assessment leading - Can access products and aids through NDIS plan

The consultation process also revealed the types of continence care activities aged care PCW and DSW are asked to undertake as part of a client's continence care plan. The list of continence related tasks is found in Table 4: continence care tasks undertaken by DSW and aged care PCW.

Table 4   Continence care tasks undertaken by DSWs and aged care PCWs

Task List	Types of Activities
Catheters	• In-dwelling catheter checks & management, • intermittent catheters • Attaching, removing and changing catheter bags
Hydration requirements	• Ensuring clients maintain appropriate fluid levels
Toileting clients	• Taking clients to the toilet • Prompting/reminding clients to go to the toilet • Monitoring toileting habits, • Maintaining toileting programs • Assisting clients to recognise when they need to go to the toilet • Timed toileting • Managing non-verbal clients
Bowels	• Constipation • Medication for constipation • Preventing constipation through monitoring bowel habits • Urinary incontinence caused by withholding stool • Managing medication side effects
Continence aids	• Changing continence aids/pads, maintaining hygiene • Cleaning clients after toileting, correct wiping technique • Cleaning after accidents • Supporting clients to choose appropriate products • Uridome and sheath application
Documentation	• Bowel and fluid charts • Completing documentation
Mobility Issues	• Managing continence for clients with mobility issues
Behaviours	• Managing difficult toileting behaviours • Clients going to the toilet in inappropriate places • Faecal smearing • Implementing behavioural strategies

Development of Continence Support Now

Following on from the consultation process the development of a native app was considered particularly for the rural and remote workforce where internet access may be an issue. However, the cost of developing a native app as well as costs associated with ongoing content development and maintenance were prohibitive. It was decided that for the initial release of CSN it was preferable to develop a web app with the potential to re-develop the content within a native app once the value of CSN in the marketplace and any barriers to its uptake were identified. The CSN web app was however designed to be as 'light' as possible on mobile data usage.

CSN was developed to allow care workers to access Just-in-Time (JIT) information to assist in the provision of immediate continence care to their clients. Just-in-Time provides the user with the information they need to answer an immediate need, perform a specific task or refresh their

knowledge in-situ. The choice to utilise the JIT approach was predicated on the independent work environment and varying nature of the work that is undertaken by DSW and PCW on any given day.[13]

The strengths of using JIT is that is provides information for a specific application in-situ without the retention issues that are often associated with training i.e.: time gap between the learning and the application of the knowledge. The learning is predicated on the learner's own motivation and at their own discretion leaving the what, when and where of the learning entirely in the learner's own control. By adding JIT learning topics to a mobile device or tablet provides an even greater level of accessibility to the learning by the care worker and provided the learner has access to Wi-Fi they can access the learning on desktop, laptop, mobile phone or tablet.

The current JIT topic selections for Continence Support Now are shown in Table 5: Just-in-Time Topics.

Table 5   Just-in-Time Topics

Topics	Sub-Topics
Skin Care	Cleaning after going to the toilet – bowel
	Cleaning after going to the toilet – urine
	Cleaning the perineum
	Correct use of skin care products
	Skin has a rash
Products and Equipment	Bed protection demonstration
	Belted all-in-one pads and toileting
	Changing all-in-one pads
	Changing belted all-in-one pads
	Changing pad and pant system
	Changing pads
	Changing pull-up pants
	Disposal of used pads and pants
	Frequently needing to change pads
	Pads leaking urine
	Waterproof doona cover demonstration
Catheters	Adding a night bag
	Attaching a leg bag using a net stocking
	Catheter is pulling out
	Detaching an overnight drainage bag
	Emptying a leg bag into a measuring jug
	Emptying a night drainage bag
	Urine isn't draining

Topics	Sub-Topics
Bladder	Bad smelling urine (UTI)
	Bulge or lump in the vagina
	Having to pass urine often (urinary frequency)
	How to use a urinary sheath
	Leaking when coughing or sneezing
	Pain or stinging when urinating (UTI)
	Reduced urine flow – men
	Reduced urine flow – women
	Smell of urine
	Unable to urinate
	Urgent need to pass urine (urgency)
	Waking up in the night to urinate
	Wetting the bed
Bowel	Autonomic dysreflexia
	Change in bowel habits
	Constipation
	Loose bowel motions
	Lumps around the anus
	Unable to hold bowel motions
Care Plans	Continence assessment
	Following a continence care plan
	How to fill out a bladder diary
	How to fill out a bowel diary
	Toileting plans
Diet and Exercise	Fluid intake
Mobility and Toileting	Unstable on the toilet

There are some disadvantages to the use of online JIT which includes the isolation of learning on-the-job (in-situ) and the absence of immediate guidance or support however these were largely mitigated by providing a direct link to the Foundation's National Continence Helpline (staffed by Continence Nurse Advisors) and text boxes that allow care workers to forward questions to the Foundation's education unit.

Under the umbrella of a CSN reference group, a multidisciplinary clinical group with cross sectoral experience, the JIT and education modules were developed by continence experts, reviewed and validated (by organisations that were representative of both the disability and in-home aged care sectors) and reviewed by an independent literacy panel to ensure language accessibility. Finally, beta testing was undertaken on the completed CSN Version 1 prior to the pilot phase of the project.

The main topic themes are presented on the CSN home page as button icons and once opened include a list of specific sub-themes that are presented as a mix of text, resource links and videos. It also includes a glossary, direct link to the National Continence Helpline and links to the education modules. Importantly there are also 'red flags' which advise the support worker when a client's presentation needs to be referred to a supervisor/manager or the patient's own GP. The web app is flexible so that information can be amended and enhanced in the future to increase the scope of topics and ensure the information remains evidence based and current. Education modules can be

accessed via the JIT modules but can also be accessed separately. As more education modules are produced, they will segue into other online learning programs the Foundation is currently developing.

Initial CSN pilot

The initial CSN pilot feedback reinforced organisational need for easily accessible information and education for care workers and included some surprising 'value-adds'. One group of support workers worked with clients who had a range of substance abuse issues and as a result client compliance was a very real issue. The support workers said that the 'red alerts' component of the JIT provided them with a tangible mechanism to demonstrate to clients the need to take their continence issue(s) seriously. Some participants felt that they already knew all that they needed to know about continence care and as a result they did not access the JIT information although they did search through the education components when they had time i.e. during a lunch break and found these to be of value. This response is an example of the 'illusion of explanatory depth'.[14] In recognition of this response from staff one pilot organisation decided that they would use CSN as an induction tool and as part of their compulsory staff upskilling program.

Feedback from another pilot participant group raised the issue of care workers not wanting to use their own mobile phones to access JIT (the organisation did not issue staff mobiles) and did not want to use their own internet data to open and use the website. Any future redevelopment of CSN into a native app will hopefully rectify some of these staff concerns.

Second pilot

The Foundation decided to expand the promotion of the resource as a 'pocket guide' rather than just a JIT resource and undertook a second pilot across two states. This pilot targeted the original stakeholder organisations and the larger disability support and aged care support organisations and included an invitation to complete an online survey to enable further feedback to be gathered.

Usage figures from the second pilot showed that 863 users accessed the site between 26 November 2018 and 17 January 2019. Eighty percent of those users were new to the site while the remaining 20 percent were returning visitors. The users completed 1,252 individual sessions and there were 6,205-page views.

Data gathered from the 137 completed CSN user surveys showed that the largest occupational group that accessed CSN were Registered Nurses (who were not part of the original project target audience). DSW and PCW made up 18.25% of those occupations that accessed the website. This may be due to RNs being senior staff members within their organisations and therefore more likely to open an email and, in this case, access the promoted resource.

Eighty-five percent of care workers who completed the survey opened CSN via their mobile phone while 71.43% of registered nurses who accessed CSN opened it via their desktop computer. This data reinforces the original project tenet of the value of a mobile-optimised resource.

The very positive views of survey respondents across multiple organisational settings and organisational roles, reinforced the perceived value of CSN with more than 99% of survey respondents saying they would use CSN again or recommend it to others. The survey data shows a high participation rate of registered nurses (working in community aged care) although this cohort had not been an original target group for CSN promotion in the past. The promotion of CSN to this

cohort will be considered in future promotional activities particularly as registered nurses are able to promote CSN to their PSW and DSW staff members.

Survey feedback also included suggestions for additional CSN topics including paediatrics, comorbidities, and dementia and incontinence. Other CSN suggestions included a brief instruction guide to help navigate the site, additional instructional skills videos, development of the content into a native app and the provision of content in languages other than English. These suggestions will be considered in future versions of CSN.

Conclusion

The Foundation continues to see a growing demand for information and education related to the provision of continence care to individuals with a disability and older Australians requiring in-home services. The rapid increase in the employment rate of DSW and aged care PCW is aligned to changes in the way funding is provided to support more Australians remaining in their own homes for as long as possible.

The benefit of CSN as an information and education resource for care workers has been strongly supported by those who have accessed it and users continue to find new and innovative ways that they can utilise CSN with their staff. User feedback has also provided suggestions for its continued improvement which will be undertaken by the Foundation moving forward.

Continence Support Now forms part of a broader education strategy that the Foundation is undertaking to provide information and education to those working in the health workforce sector providing continence care and support.

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Presenter

Bronwyn Robinson has been the Education Manager at the Continence Foundation of Australia for the past 18 months. She has worked in diverse educational settings including nine years as the Learning and Teaching Advisor at the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and seven years at RMIT University working as a Learning and Teaching Development Manager across both the higher education and TAFE sectors. Each work experience has provided engagement with diverse stakeholder groups, challenged and enhanced Bronwyn's concepts of effective educational practice and informed her educational philosophy, which places the learner at the centre of the process while providing authentic learning and assessment experiences.