At our annual National Conference on Incontinence in Hobart in October, I had the pleasure of hearing presentations from leading experts in bladder, bowel and pelvic health as well as speaking with a range of health professionals who are on an exciting new career path to help Australians with incontinence. One of those is scholarship recipient, Stephanie Boadle who in this edition of Bridge Magazine shares with us her challenges and rewards working in the outback region of Alice Springs.

There was also the announcement of the 2018 Continence Carer of the Year which was awarded to a Far North Queensland grandmother, foster mother and carer with a heart of gold, Susanna Harrison. You can read about Susanna and the joy she has bought to a young disabled girl over the past 15 years on page 4.

Carers are often the unsung heroes who provide essential physical and emotional support to incontinence sufferers on a daily basis. In addition to the 2.8 million unpaid carers in Australia today, there is around 250,000 in-home professional personal care workers with estimates that those figures will dramatically increase over the next few years with the continuing rollout of the NDIS and My Aged Care home packages. To help support those carers, we have created a free online pocket guide to continence care that can be easily accessed on a smart phone, tablet, laptop or desktop computer (see page 11 to find out more about Continence Support Now).

We also speak with the Minister for Senior Australians and Aged Care, the Hon. Ken Wyatt AM about the Australian Government announcement of a Royal Commission into the care of elderly and staffing levels of aged care facilities (page 8).

And if you have an inspiring story of your own to share, we would love to hear from you.

Enjoy your summer reading.

Jodie Harrison, Editor
Janie Thompson is the immediate past President of the Continence Nurses Society Australia and has over 20 years experience as a Nurse Continence Specialist. She works for Alfred Health Continence Service in Melbourne.

How did you become interested in the field of continence?
I was working as a district nurse and undertook a Graduate Diploma in Gerontology as I have always been passionate about caring for older people. I had gorgeous grandparents who I adored. I was then offered a continence promotion course which sat very well with my interest in gerontology. This lead to a role as a Clinical Nurse Consultant in Aged and Continence and ultimately to a wonderful career in the area of continence nursing.

I have worked in many different areas of continence nursing including in a major metropolitan hospital, a rehabilitation hospital and now in an outpatient/community service.

I am privileged to be able to improve the lives of people with continence issues on a daily basis. I am always thrilled when a person comes back for a review appointment and tells me how much better they are.

What are some of the ways the field has developed, or approaches within it changed, in your 20 years as a Nurse Continence Specialist?
The people we see now are so much better informed about their health. The older clients lead more active lives and are more socially engaged. While I have always had a holistic approach to continence care, this has added a new dimension. You need to work through all a client’s activities and make sure they have the skills and continence advice that allows them to continue doing what they enjoy.

There have also been major changes in technology related to incontinence. We now have access to ultrasound to view bladders and observe pelvic floor movement. Continence products have also greatly evolved. For example, 20 years ago there were few options for continence pads and their construction was quite basic. Today, continence products are highly developed and are highly absorbent without being bulky, are more comfortable to wear and kinder to skin.

Could you tell us a little bit about the Continence Nurses Society Australia (CoNSA)?
CoNSA is the special interest group for nurses and midwives in Australia who have specialised knowledge and skills in continence care, with branches across all states and territories. We provide education at a state level to our members. We promote continence nursing care and are the advocates and professional voice on continence related issues impacting on nurses and midwives.

What do you think are the most effective ways to educate people about continence?
Continence education needs to come from many different directions and be present in many different ways. People learn in different ways and, therefore, continence promotion needs to be presented to accommodate this. I think the most important way to educate people, is to make them aware help is available and incontinence or continence issues are not normal. This should come from primary health care via GPs, the media and community education.
Susanna Harrison—
Opening her heart and home

The Continence Foundation’s 2018 Carer of the Year Award recipient is Susanna Harrison, from Mareeba in Far North Queensland.

It began almost on a whim. Susanna Harrison had seen on the TV that with the number of kids on the streets, the demand for foster carers was high.

“So my husband and I said to each other, let’s take in some kids,” said Susanna.

In Cairns in 2002, Susanna spoke to a woman working for Child Safety who told her about Rhonda, a three-year-old Aboriginal girl with physical and intellectual disabilities, who had spent much of her young life in a hospital on the Atherton Tablelands.

“When I went in, I just fell in love with her. I said, ‘come to Mama’, and she came straight to me, even though I wasn’t her mother. I was so emotional, crying,” Susanna said.

She was told Rhonda didn’t have long to live and the goal was to give her the happiest life possible.

“The doctor said I shouldn’t get too attached but how could I not? From the time we took her in, she became part of the family.”

That was 15 years ago. Today, Rhonda is a happy teenager in her final year of high school thanks to the love and nurturing Susanna and her family have provided.

Rhonda’s health issues significantly impact her continence, mobility and communication. She initially suffered from major seizures although these became less frequent as she got older.

While Susanna worked as a nurse with the mission back home in Manam Island, Papua New Guinea, she still felt some uncertainty when first caring for Rhonda.

“When I first took her for her check ups, the doctor saw a lot of changes in Rhonda and said: ‘whatever you’re doing, keep doing it’. I was just trying to do my best,” Susanna said.

Susanna loved nursing, and she cares deeply for Rhonda - just as she has innately cared for all those around her. Surrounded by eight of her own children, who have also gone on to have their own kids. She has always wanted grandchildren.

“I was brought up in a big family and I guess taking in Rhonda was a normal thing to do. Within my family, we also took in other kids to care for. It’s what my parents did and that stays with you.”

That caring nature Susanna has passed down to the next generation. In Papua New Guinea on weekends, Susanna would take her young children along to visit patients from remote areas and bring them home-cooked meals when they had no one else to care for them. Actions really do speak louder than words as two of her Susanna’s daughters have followed in her footsteps to become nurses.

Susanna said that her children also welcomed Rhonda with open arms; she loves going with them to the beach and on the quad bike, and they drive her and Susanna to medical appointments.

“We’re all very close and I think having Rhonda has brought us closer together, because she’s an amazing kid,” said Susanna’s daughter, Diane.

It hasn’t been without struggles though: determining what should be future living arrangements, worries about Rhonda’s health, Susanna getting older, as well as navigating the Queensland health system and NDIS.

“Last night I said, ‘oh Rhonda, I took you in to give you a better home and love and care, now I have to deal with all the paperwork,’ and then we laughed and laughed. ‘Mama, shush,’ she said.”

The Continence Foundation’s Carer of the Year Award is proudly sponsored by Hartmann.
Physiotherapist Stephanie Boddle intended to return to Melbourne after a four-month rotation in Alice Springs in September 2017, but she loved it so much she has decided to stay. Stephanie was one of 10 recipients of the 2018 National Conference on Incontinence Rural and Remote Scholarships. She’s seen the impact of incontinence and is passionate about continuing to help people in this area.

“While a dialogue around continence is improving in Australia, it has historically been a topic that has been surrounded with quite a lot of social stigma and shame.”

“The impact of incontinence on independence and social engagement can be really significant and I think a lot of women who experience incontinence feel deeply isolated at times,” she said.

As the top scholarship winner, Stephanie undertook an observation day at Royal Hobart Hospital in October. Her time at the Women’s Health Services in Hobart sparked lots of inspiration to take back to Alice Springs. She hopes to use these ideas to develop a physiotherapy service for Women’s Health at Alice Springs Hospital. Stephanie strongly believes in the benefits that such a service could have for the Central Desert region.

“Being able to provide education and exercise programs for women can enable them to reinstate their confidence and dramatically improve their quality of life,” said Stephanie.

People living in rural and remote areas of Australia often need to travel long distances or relocate to attend health services or receive specialised treatment. This creates ongoing challenges for Aussies living in the bush as well as health professionals working in the field of continence care. But it has also produced some innovative solutions.

In 2017, Dr Kate Gray started the first Mobile Incontinence and Urodynamics Assessment Clinic, run by a urologist, in Queensland. The clinic removes the geographical barriers to care for people living outside south-eastern Queensland.

Before the mobile clinic, Dr Gray had found that encouraging people to come for an assessment was difficult enough due to embarrassment and myths about incontinence. The challenge increased even more with the distance factor, which meant that patients were forced to take time from work, family and other commitments to travel.

Bathurst-based continence nurse practitioner Louise Linke, who works
in remote and rural New South Wales, said poorer access to health professionals and services meant greater difficulties for carers.

“In rural areas there is a lack of specialised continence services, GPs and allied health workers to help manage people with incontinence. This often means these people can miss out on a continence assessment and management strategies that can help improve their incontinence and quality of life.”

“Simple steps such as managing constipation, reviewing medications and monitoring fluid intake can often help. Just ‘padding up’ is not the only solution to managing incontinence,” Ms Linke said.

Developments in technology now mean virtual and telehealth consultations are possible from anywhere with an Internet connection.

A 2016 study of women with incontinence conducted in rural West Australia found that telehealth may be an effective solution to the lack of health professionals in rural areas. The research found that benefits of telehealth include lower costs, such as travel and accommodation, less inconvenience in time spent getting to appointments as well as earlier assessment and treatment.

Whilst video-conferencing consultations are now being conducted by health professionals via SKYPE, Facetime and other phone and Internet apps, private health insurers and the Medicare Benefits Schedule do not currently provide a rebate for these services.

NATIONAL CONTINENCE HELPLINE

A free service staffed by continence nurses providing:
• Confidential advice about bladder and bowel control problems, local referrals and product information
• Resources for consumers and clinicians

Bladder and bowel problems can be helped or cured. Call the National Continence Helpline

1800 33 00 66

Supported by funding from the Australian Government under the National Continence Program
continence.org.au
The Aged Care sector is embarking on a period of major change with new quality standards coming in next year, as well as the revelations, reflections and internal reviews by residential care operators prompted by the Royal Commission.

Minister Wyatt said that the Royal Commission is a critical forum for Australians to tell their stories about aged care.

“It is also critical for our nation to understand how we can meet the challenges and the opportunities of delivering sustainable aged care services now and into the future. Crucial to this is helping to build a national culture of respect for ageing and senior Australians,” said Minister Wyatt.

While submissions are not yet open, the stories from Australians are expected to flood in. Public consultation on the Terms of Reference received over 5,000 submissions, including from the Continence Foundation of Australia.

“The Terms of Reference give the Royal Commission a broad scope to inquire into all forms of Commonwealth-funded aged care, regardless where those services are delivered. The Royal Commission will look at the sector as a whole, without bias,” said Minister Wyatt.

The Governor-General has appointed the Honourable Justice Joseph McGrath, a West Australian Supreme Court Judge, and former CEO of Medicare, Ms Lynelle Briggs AO as Royal Commissioners.

Already the Royal Commission has written to the nation’s top 100 aged care operators compelling them to self-report by January on their individual operations, explain how complaints from residents and their families were acted upon and their staffing quality and levels. Operators have been warned not to interfere with the massive information-gathering underway, nor to intimidate or fire staff who they fear may become whistle blowers. Smaller operators will be asked to also respond in coming months.

The Royal Commission is Australia-wide and expects to conduct hearings and/or round table discussions in the capital city of each state and territory, and in some regional centres.

It is based in Adelaide, where the Oakden Nursing Home was closed in 2017 after stories of abuse and mistreatment. We aren’t just hearing these saddening stories through our TVs and newspapers - many Australians have a personal connection to someone who has been affected by aged care quality.

Minister Wyatt said the Royal Commission will not halt current improvements to the sector.

“The health, safety and wellbeing of senior Australians is a top priority. Our Government’s wide-ranging reform program will continue delivering aged care improvements.”

The Hon. Ken Wyatt AM MP
One of these reforms is the new Aged Care Quality and Safety Commission (not to be confused with the Royal Commission), which is a new, independent entity being established from 1 January 2019. It will integrate what is now the Aged Care Complaints Commissioner and the Australian Aged Care Quality Agency, as well as take on the Department of Health’s aged care compliance responsibilities from January 2020.

Minister Wyatt said that this move is aimed at creating a “one-stop shop” for concerns and questions around aged care. Associate Professor Michael Murray, Continence Foundation Board President and Medical Director of Continuing Care and Head of Geriatric Medicine at Austin Health, was announced as the interim Chief Clinical Advisor to the Aged Care Quality and Safety Commission.

“We commend Associate Professor Michael Murray for contributing his significant knowledge and experience in the field of ageing and are sure his insight will be immensely valuable to the work of the new Commission,” said CEO of the Continence Foundation of Australia, Rowan Cockerell.

Difficulty managing incontinence is among the top three reasons Australians cite as behind their decision to enter residential aged care facilities. The Continence Foundation of Australia is preparing a submission to the Royal Commission into Aged Care Quality and Safety and we invite you to have your say by emailing us at advocacy@continence.org.au.

What is a royal commission?

It is the highest form of inquiry on matters of public importance, the most recent being Misconduct in the Banking, Superannuation and Financial Services sector.

What power does it have?

Members of a Royal Commission have the ability to summon people to give evidence and/or produce documents. These summonses are enforceable by imprisonment unless a ‘reasonable excuse’ can be provided.

What are its aims?

The purpose is to investigate and find the truth in a matter, as well as provide recommendations to improve it. Prime Minister Scott Morrison has emphasised the goal of truth-seeking, saying: “Whether there is a crisis in aged care or not is to be determined.”

What will it cover?

The Royal Commission will be inquiring into the sector as a whole, including facilities that are for profit, not for profit, all sizes and from all regions. The Commission will cover topics including the quality of aged care services provided to Australians, extent of mistreatment, and ensuring aged care services are person-centred and sustainable.

When is it happening?

The Commissioners are required to provide an interim report by 31 October 2019, and a final report by 30 April 2020, detailing their recommendations.

Have your say

Email us at advocacy@continence.org.au
TOILET TACTICS: EVERY KID DESERVES TO GO

You hear it too often: kids being suspected of trying to miss class if they ask to go to the toilet, unclean bathrooms with no privacy, or bullying happening within them.

To combat this and promote healthy toilet habits that can last a lifetime, the Continence Foundation of Australia has developed the Toilet Tactics program for primary schools. More than two million children, from over 6,000 primary schools across the country, have their health and ability to learn compromised if they’re taught to ‘hold on’ or provided with inadequate toilets.

Toilet Tactics is an online program for primary schools that makes learning about bladder and bowel health fun and interactive. Teachers will also appreciate the content designed to boost their knowledge around tricky topics like bullying in bathrooms and how to manage the needs of children with continence issues.

Already 2,200 schools have signed up to take the Toilet Tactics challenge with staff, students and parents all benefiting from better bladder and bowel health education. Toilet Tactics is a free resource that can make a big difference. Check with your local primary school whether they’ve signed up for the Toilet Tactics Challenge.

Schools can register online at: continence.org.au/toilet-tactics

Skincare Lotion

With age, the skin changes and can become dry, which can cause irritation. Moisturising twice a day helps to maintain skin integrity.

The Abena Skincare Lotion is a gentle, effective product suitable for daily care of the skin. The lotion contains both nourishing ingredients that moisturise the skin, and stearates that increase the speed of absorption. Assists with regenerating the skin’s own defence system, and assists with skin elasticity.

- CLINICALLY PROVEN*
- Skin neutral pH
- 16% fat content
- Nordic Swan certified
- Dermatologically tested

*The effectiveness of a twice-daily skin-moisturising regimen for reducing the incidence of skin tears Carville K et al (2014) International Wound Journal ISSN 1742-4801

Distributed exclusively by Bunzl Australasia
Continence Support Now, an online continence pocket guide, is now available to help improve the care that thousands of Australians receive in their homes.

Following the roll-out of the National Disability Insurance Scheme and My Aged Care home packages, the in-home personal care workforce is one of the fastest growing sectors in Australia.

Today, there are around 250,000 personal care workers with estimates that those figures will dramatically increase over the next few years.

For those being cared for, incontinence plays a big role in your emotional and physical wellbeing. The inability to manage it is among the top three reasons for people moving from their homes to residential aged care facilities.

CEO of the Continence Foundation of Australia, Rowan Cockerell, said a greater understanding of bladder and bowel health has many positive effects.

“We know that poorly managed continence greatly reduces a person’s quality of life and prevents them from living independently in their own homes. This isn’t how it has to be.

There are often ways to better manage or treat bladder and bowel issues,” Mrs Cockerell said.

Continence Support Now is a concise, mobile device-friendly website that can be easily accessed on smart phones, tablets, laptop or desktop computers.

It covers basic information on skin care, products, equipment, catheters, bladder, bowel, diet, exercise, nutrition, mobility, toileting and care plans.

Try continencesupportnow.com and complete a short survey for your chance to win an Apple iPad.

* Survey Prize Draw will be held on 17 January 2019
Getting through prostate cancer truly seems hard enough, but many men find urine leakage is the biggest challenge they must cope with during the recovery process. The loss of self-esteem and stigma attached to incontinence stops them from seeking help and discussing it with people in their lives—including family and friends.

In most cases, bladder control improves with time and they will be fully recovered within six to 12 months. During this important time, it’s recommended to learn to control and strengthen the pelvic floor muscles through exercises, which may even help speed up the recovery process. In fact, the sooner the exercises are started, the better. Starting pelvic floor muscle exercises four to six weeks prior to surgery helps get them ingrained in everyday routines.

The free Prostate and Continence booklet aims to provide helpful ways of improving and managing continence for those who have had transurethral resection of the prostate (TURP) surgery or prostate cancer.

It lists clear signs to assess progress and see how the pelvic floor muscle exercises are helping to get better bladder control.

The booklet was made possible with the input of Andrology Australia, Movember Foundation/TrueNTH and the Prostate Cancer Foundation of Australia.

Access the booklet online by searching ‘prostate surgery’ at continence.org.au/resources.php or order a copy to be sent to you by calling the National Continence Helpline 1800 33 00 66.

References:
Research study to focus on Indigenous women

Continence Foundation member and Brisbane researcher, Dr Prabha Lakhan, has received an Australian Bladder Foundation grant to conduct the study: Aboriginal and Torres Strait Islander women attending an Indigenous primary healthcare clinic and their experiences of management of urinary incontinence.

The extent of urinary incontinence experienced by Aboriginal and Torres Strait Islander peoples is largely unknown. With this new research, Dr Lakhan hopes to address the gap in knowledge of the experiences of Aboriginal and Torres Strait Islander women.

The proposed research was presented to the local Aboriginal and Torres Strait Islander Community Jury for Health Research, which comprises of members of the community who assess and approve the research based on its potential benefits and relevance.

The study will invite Aboriginal and Torres Strait Islander women who are experiencing urinary incontinence, and are aged 40 years or older, to describe their experiences of managing incontinence. Suggestions for better management of urinary incontinence at the primary healthcare clinic will also be considered to improve patient care.

Dr Lakhan hopes that the study will produce positive change for the Indigenous female population.

“We’d like to help GPs find ways to manage it better in a safe and culturally appropriate environment, as well as to enable them to talk about it with patients,” Dr Lakhan said.

Dr Lakhan said that the initial presentation to the Community Jury kickstarted a conversation about incontinence.

“The presentation helped increase awareness of incontinence as ‘not a normal’ part of ageing and childbirth and challenged the myth that nothing could be done about it,” Dr Lakhan said.

Dr Lakhan has worked in research for the last 20 years, spanning many topics including health literacy, hepatitis C and prevalence of visual impairment.

She started her career as a secondary school teacher, then became a Registered Nurse and now works as a Senior Researcher at the Primary Health Care Clinic where this study will be conducted.

Findings from the study will be available in 2020.
I’m in my late 60’s and have been told that I need to have surgery on my prostate. The urologist referred me to the National Continence Helpline for advice about my pelvic floor. I’ve only just found out about my prostate, now I must learn about my pelvic floor muscles. Please help me, confused.

A First, I just have to say that men have a prostate gland, as in the diagram shown, which is the size of a walnut. The prostate gland is located just below the bladder and its main function is for male reproduction. It is best to start your pelvic floor exercises sooner rather than later - if you are having prostate surgery. There is an excellent booklet called Prostate and Continence – A guide for men undergoing prostate surgery. This booklet goes through what the prostate is, where in the body it is located and how to do pelvic floor exercises. Another great website is pelvicfloorfirst.org.au. There you can view videos on how to tend to your pelvic floor muscles.

I’ve been told by my neighbor that I may be able to get help with funding my pads. What is this and where do I apply for it?

A There are many different funding schemes available to eligible people with incontinence. The Continence Aids Payment Scheme (CAPS) is a federally-funded program. The eligibility criteria is available at bladderbowel.gov.au/caps. Another federal program is for people under 65 years of age whose incontinence is a result of their disability. If this is you, then you can ask to have your continence products and funding for a Continence Nurse Advisor assessment be included in your NDIS plan. For further information...

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**Are you entering the NDIS or renewing your plan?**

BrightSky Australia supports people with disability and their NDIS needs by providing healthcare products and claiming directly with the portal or working with plan managers so you are not out-of-pocket or over budget.

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- **Website:** www.brightsky.com.au

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please go to continence.org.au/pages/national-disability-insurance-scheme-ndis. You cannot be on any other funding if you are receiving your continence products through your NDIS plan. If you live in New South Wales, Queensland, Victoria or Western Australia, you may be eligible for a state government funding scheme.

Phone the National Continence Helpline on 1800 33 00 66 and speak with our staff about CAPS, NDIS or the state funding schemes. You can also ask for a CAPS application form to be posted to you and the details for your closest continence service.

You can be on both the federal and state funded schemes at the same time if you meet the eligibility criteria. For more information, go to: continence.org.au/pages/financial-assistance

Q My wife has Parkinson’s disease and is incontinent of both urine and poo. She has a rash that comes and goes and I’m not sure how to manage it. Please help.

A A skin rash can cause considerable discomfort and I’d advise you to seek help from a healthcare professional. Do not try putting anything on a skin rash to treat it unless it is recommended by the GP or another health care professional.

There could be several explanations for why a rash has been developing. These could include continence pads not fitting properly and rubbing against the skin, urine leaking onto skin, or using new personal care items like new washing powder or soap.

There are a few signs to watch out for in case the rash is a skin infection rather than a rash:

- hot or painful skin
- swelling or oozing fluid
- bad smell
- fever

In these cases, seek help from a health professional.

For further information, speak to your doctor or a continence nurse advisor on the free and confidential National Continence Helpline on 1800 33 00 66, or visit continence.org.au

Dr Marg Sherburn spoke with ABC Radio Hobart about the 27th National Conference on Incontinence and took the listeners through a pelvic floor workout.

Link Magazine ran continence features for their October issue on products and aids, bladder Botox treatments, our National Foundation members Dr Irminia Nahon and the inspiring story of our spokesperson Greg Ryan.

The ABC TV Four Corners investigative story on elderly mistreatment and understaffing in aged care homes prompted a frenzy of media stories across the country, many focused on poor continence care, and the announcement of a Royal Commission into Aged Care (see our story on page 8).
For your free sample please visit our website www.ontexhealthcare.com.au or contact customer service on 1300 788 872