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Best Practices to Reduce Falls Associated with Toileting

August 18, 2021, 12:00 PM – 1:00 PM

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Welcome Back Dr. Quigley

Dr. Patricia Quigley, is a Nurse Consultant, Nurse Scientist, Retired Associate Director, and VISN 8 Patient Safety Center of Inquiry. She is both a Clinical Nurse Specialist and a Nurse Practitioner in Rehabilitation, and her contributions to patient safety, nursing and rehabilitation are evident at a national level – with emphasis on clinical practice innovations designed to promote elders' independence and safety. She is nationally known for her program of research in patient safety, particularly in fall prevention.

The falls program research agenda continues to drive research efforts across health services and rehabilitation researchers.

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My Goals

- Challenge and inspire you to add precision to your patient safety practices, fall prevention and toileting clinical practices to ***maximize safe and individualized toileting*** and improve health and function.

My Hope

- *Change your practice* beyond an over-reliance on universal toileting precautions and approaches applied to all patients.
- Implement individualized/population-specific care planning to **safe toileting** and fall prevention in bathrooms.

Our Webinar Schedule After Today

- Coaching Session: Best Practices to Reduce Falls Associated with Toileting - **September 1**
- Webinar 3: Redesigning Post Fall Management - **September 15**
  - Coaching Session: **September 29**
- Webinar 4: Program Evaluation: Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability – **October 13**
  - Coaching Session: **October 27**

Objectives

- Profile trends of falls associated with toileting over the years
- Examine patient and environmental fall risk factors
- Generate strategies to redesign a population-based approach for scheduled and assisted toileting while creating an environment for safe toileting.

Falls associated with toileting refer to:

- The activities specific to navigating the physical environment to use the toilet
- The physical act of elimination
- The environmental design of the bathroom
- Staffing assistance

They are complex and interactive.

One of the top 10 patient safety concerns in hospitals (ECRI, 2014)

Early Findings: Where Falls Happen

- Some 3-20 percent of inpatients fall at least once during their hospitalization.
- Around 80-90% of falls that occur in hospitals are ***unwitnessed***
- About 50-70% occur from bed, bedside chair, or while transferring between the two, **while 10-20% occur in toilets or bathrooms** (a disproportionally large number given the short amount of time patients spend there).

(Inouye, et al, 2009; Oliver et al, 2010)

Prevalence of Inpatient Falls Associated with Toileting (2010)

- Qualitative Study – Michigan Hospital
- Archived falls over 3-year period; 4 inpatient units
- 547 falls July 2005-2008
- 45.2% of all falls related to toileting
- *Most common theme* – falling on way from the bed or chair to the bathroom
- Nurses: ***focus on safe patient transfers***
- **Develop individualized prevention plan of care**

Toileting-related Inpatient Falls (2012)

- Archived falls over 3-year period; 4 inpatient units
- 547 falls July 2005-2008
- 247 (45.2%) associated with toileting
- 87 (15.9%) on the way from bed or bedside chair to the bathroom or back
- 70 (12.8%) getting out of or back to bed
- 55 (10.1%) slipped off the toilet or bedside commode
- 27 (5.0%) moving from bed to bedside commode or back
- 8 (1.4%) using urinal while standing or sitting on edge of bed or chair

Toileting-related Falls at Night (2019)

- Describe prevalence and characteristics of toileting-related falls in hospitalized older adults
- Retrospective analysis of falls related to night-time toileting in patients 60 years and older over 1-yr period
- 34% of falls related to toileting with at least 44% occurring during the night
- Peaked 11pm-1am, maximum supine-induced diuresis
- About 50% of night falls occurred at bedside
- Half had no strategies for toileting documented in care plan

Individualized Toileting Your Staff Must Consider

- Patients' individual toileting needs
- The activities specific to navigating the physical environment to use the toilet
- The physical act of elimination
- The environmental design of the bathroom
- Staffing assistance

They are complex and interactive.

Urinary Symptoms Linked to Falls

- Urgency
- Urgency Incontinence
- Stress Urinary Incontinence
- Daytime and Nocturnal Urinary Frequency

Individual Toileting Needs

- Cognition
- Mobility
- Continence
- Frequency
- Level of Assistance
- Medications

Incontinence

- Existing research suggests that the causes and consequences of some falls, rather than the falls themselves, can lead to incontinence issues.
- The need for frequent toileting and/or urgency to void increases risk of falls by 26% and bone fractures by 34%

Causes of Falls

- Impairment of lower and upper extremities,
- Vision and hearing loss
- Problems with emotion regulation
- Dementia
- Medications – **Diuretics**
- Decrease fluid intake
- **Urinary Tract Infection**

Consequences

- Limit mobility – dependency in toileting
- Injuries – dependency in toileting
- Strength impairment
- Onset or worsening of bladder incontinence

Incontinence

- Per wound ostomy care nurses, incontinence suffers from stigma and low reporting
- Approximately 80% of people affected by urinary incontinence can be cured or improved
- Incontinence is not a lost cause
- The battle should be fought continually

Incontinence

- More prevalent with age, but not a natural part of aging
- Comprehensive, person-centric assessments
- Interprofessional approach to care planning
- Set goal to reduce number of incontinence per day or
- Restore continence

WHO Evidence Profile: Urinary Incontinence 2017

- Prompted voiding for management of urinary incontinence can be offered for older people with cognitive impairment
- Using continence products should be considered for older people who are bedridden or experiencing severe declines in mental and/or physical capacities

Incontinent Briefs

- One brief does not work for all
- If not changed once soiled, causes skin irritation, UTI, discomfort, odor
- Used in combination with toileting program
- Fitted for each resident
- Staff must change frequently

Incontinence Products

- Fitting Protocol
- Absorbent pad to keep skin dry
- Serve a skin barrier function / reduce skin irritation/ UTIs
- Reduce frequency of clothing and linen changes
- Decrease agitation / restlessness
- Increase resident sleep duration

Where Do Your Falls Occur?

Residents'

- Room
- Bathroom
- Hallways
- Congregate Areas

Needs for Assisted Mobility Vary

Patient Assessment

- Cognitive status
- Balance – sitting, standing
- Ambulatory status (level of assistance)
- Assisted mobility (contact guard vs standby assist)
- Sensory neuropathy
- Continence
- Orthostasis

(If falls due to intrinsic fall risk factors, anticipated physiological falls)

Environmental Assessment

- Bed height
- Safe exit side (bed transfer side)
- Pathway to the bathroom
- Toilet access and placement
- Toilet height
- Grab bars
- Bedside commode vs. raised toilet seat
- Footwear

(If fall due to environmental extrinsic factors, is accidental fall)

Interaction Effect: Patient and Environment

Fall prevention involves:

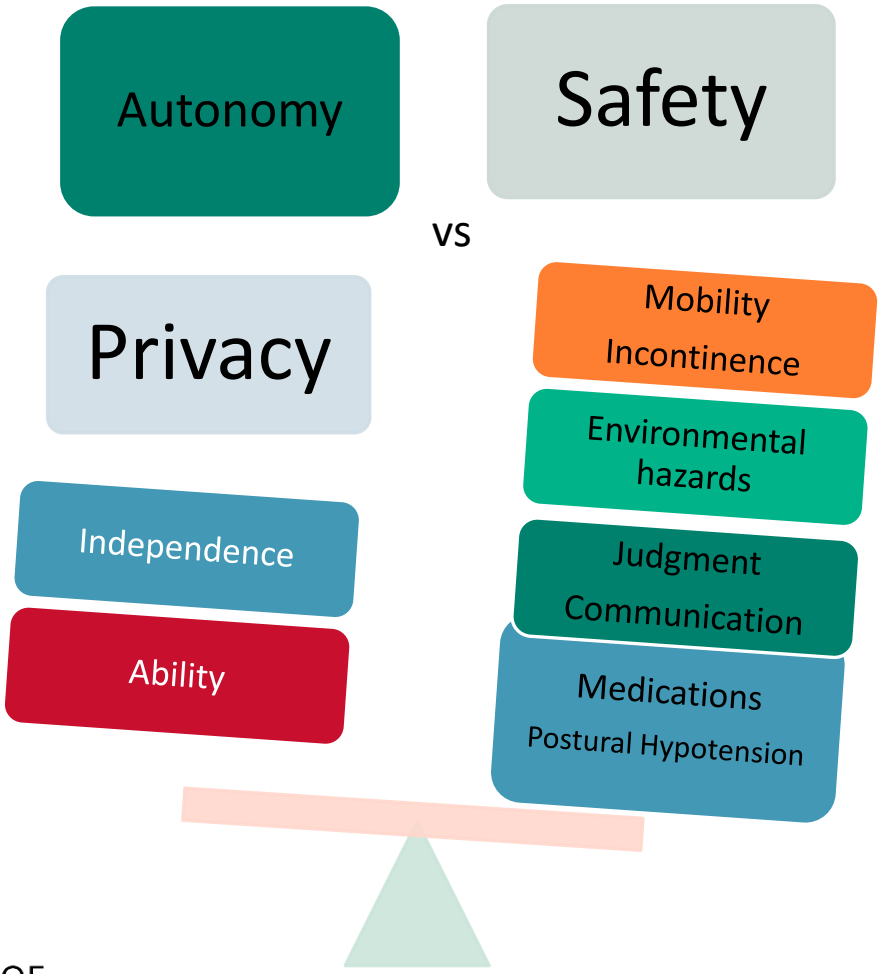
- managing a patient‘s underlying fall risk factors (e.g., problems with walking and transfers, medication side effects, confusion, frequent toileting needs) and
- optimizing the hospital‘s physical design and environment (toilet height, grab bars, mobility devices). (Ganz, et al, 2013)
- Safe mobility – individualized care planning
- Modified environment and scheduled, assisted toileting

Interaction Effect: Person and Environment

Fall prevention involves:

- Managing a patient‘s underlying fall risk factors, and
- Optimizing the physical design and environment safe mobility – individualized care planning
- Modified environment
- *Scheduled, assisted toileting*

Consider the Balance to Maximize Toileting Safety



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Why Not This?

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What's the Matter with This?

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Redesigned for Patient Safety

Bathroom: SAFE DESIGN (2014)

- Minnesota Hospital Association, the "***Creating a Safe Environment to Prevent Toileting Related Falls"*** *report* (2014) includes guidance for hospitals for creating a safer environment that supports patient safety while accessing and using the toilet.

https://www.mnhospitals.org/Portals/0/Documents/ptsafety/falls/CreatingASafeEnvironmenttoPreventToiletingRelatedFallsReport.pdf

Minnesota Hospital Association Finding

- Over the years of data review, 2010-2013, 40% of falls that resulted in serious harm or death involved toileting, including getting out of bed to go to the bathroom, falling on the way, or falling in the bathroom.
- So SAFE from FALLS program further enhanced to reflect knowledge related to preventing toileting-related falls
- Implemented practice strategies (within arms' reach, hourly rounding, additional injury risk) impact leveled off
- Commission research project to better inform environmental factors and generate recommendations for safer bathrooms - 2014

Curbell Medical, Inc. Toileting Solutions

Wireless Motion Sensor

- Will alarm to notify staff if the patient enters the toileting area unattended or can be positioned to be used when a patient is getting off the toilet without assistance
  - Cordless solution
  - Mounts to wall or can be set on a shelf
  - Replaces traditional toilet seat sensors
  - Aligned to Nurse Call Systems when paired with Curbell's BC600 monitor




You Must Go Beyond Universal Approaches

- Universal approaches to patient toileting programs fail to address the unique toileting needs of each patient.
- Clinical practice standards require that rehabilitation nurses use clinical judgment to determine each patient's specific toileting needs and schedule.
- Rehabilitation nurses utilize clinical expertise to maximize each patient's functional ability to toilet and increase functional independence

Patient – Population Specific Toileting

- Reconsider the value of a scheduled toileting protocol for each patient.
- Discern which patient populations require a scheduled toileting retraining program and /or assistance for toileting
  - stroke patients (right vs. left brain stroke patients)
  - those with lower extremity weakness;
  - frail elders on diuretics
- Redesign a population-based approach
  - post-op patients
  - cognitively impaired vs. intact patients

Patient Characteristics

Cognitive Status

- Impaired
- Visual Neglect (to the left or right visual field)
- Confusion/Memory Deficits

Altered Bladder Continence

- Frequency
- Urgency
- Retention
- Infection
- Medications /Treatments [IVs, Diuretics]

Altered Bowel Continence

- Laxatives
- Suppositories
- Diarrhea, other

Mobility Deficits

- General Weakness: (level of assistance: 1 or 2 person)
- Gait Deficits (Shuffling Gait, Foot Drop)
- Hemiparesis/Hemiplegia (left-side or right-side weakness)
- Balance deficits (Sitting, Standing)

Functional Level:

- Dependent
- Weight Bearing
- Caregiver Assistance

Toileting: Dependent

- Toileting slings with dependent lifts
  - Larger access area
  - Different selection criteria than standard dependent slings
- Use of sit-stands for balance
- Consider caregiver access vs patient access

Toileting: Weight Bearing

- Standing and raising aids
  - Battery operated
  - Non-battery operated
- Considerations
  - Assistance to stand
  - Ability to access perineum for self hygiene
  - Ability to manage clothing up and down
  - Ability to get to and from the toilet

Toileting: Caregiver Assistance

- Level of assist (Minimum, Moderate, Maximum – 1 vs 2 person)
- Mobility aides: standing and raising aids: battery powered
  - Lift provides support while caregiver can provide hygiene
  - Some lifts allow patient to participate in hygiene
  - Patient still gets weight bearing
  - Patient can assist pulling to stand up some

Take-Aways

- Toileting needs / schedules must be individualized
- Safe toileting mobility requires that nurses have the physical assessment skills to evaluate a patient's ability to manage toileting
- Physical assessment skills involve patient handling (i.e. transfers, ambulation, toileting) and activities of daily living tasks (i.e., clothing management, personal hygiene toileting, grooming) for individualized care planning.
- The nurse must consider each patient's functional level of dependence/independence, weight-bearing status, need for caregiver assistance, additional fall risk factors (orthostasis, centrally acting medications, diuretics).

Next Steps…..

- What is universal? All care must be individualized! That includes toileting… bathroom safety
- Select 2-3 ideas for change
- Use Small Tests of Change
- Implement with commitment to succeed
- Keep track of your journey

To Change Practice is Not for the Faint of Heart!

But…You can change your care management!

Thank You and Please Share More!

- See you on **September 1st** for our follow-up coaching session – please join me!
- Thank you for attending, be a champion for change, and keep me posted – I am here for you!
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I hope this helps!

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