Review of Toileting Related Fall Data and Proposed Toileting Plan on TSU

An Evidence Based Practice Project

Denise Estephan RN
Wendy Lebron BSN RN CMSRN
Identification of Problem

- Ongoing effort to decrease falls on TSU
  - When were most falls occurring?
  - Why were our residents falling?
  - What type of residents were falling?
  - How could we prevent these falls?
Evidence on TSU

- Percentage of TSU falls related to toileting in Calendar Year 2012 = 43%
- Greater number of falls between 0400 and 0500
TSU: Number of Falls/Time CY12

Number of Falls R/T Toileting

Time of Day

Evidence on TSU
Is Problem Topic a PRIORITY?

- 2.3 to 7 falls occur per 1000 patients (Halfon, Eggli, Van Melle, & Vagnair, 2001)
- 30% of falls result in injury (Ash, MacLeod, & Clark)
- 30% of injuries from falls are serious (Hendrich, 2006)
- In 2000, falls among older adults cost the US health care system over $1.9 billion (CDC, 2012)
Importance to LVHN

- Rate of falls from 2011 to 2013:
  - Cedar Crest (including TSU) = 2.5
  - Muhlenberg = 2.8

- Number of falls with serious injury (2011 to 2013):
  - Cedar Crest (including TSU) = 13
  - Muhlenberg = 4
Purpose

- To decrease the early morning falls related to toileting in TSU residents by instituting an early morning toilet plan.
PICO Question

- Are TSU residents, who have been toileted in the early morning, at a decreased risk for falls than those who are not?
Nursing Evidence Supports our PICO Question!!!

- 45.2% of falls are toileting related (Tzeng, 2010)
- 50% of falls were elimination related (Hitcho, 2004)
- 30% of patients who fell were attempting to toilet (Alcee, 2000)
- 44.5% of geriatrics fall due to altered elimination (Schwendimann, 2008)
- Nurses perceive that toileting needs are a low priority when assessing risk for falls (14/20) (Tzeng, 2013)
- Benefit to identifying icons/signage related to toileting needs (Hurley, 2009)
- Nurses “need to know their patient is safe” (Rush, 2008)
Project Plan

▪ “Toileting preference” questionnaire on admission
▪ Icons created for doorframes of those who would like to be awakened and toileted between 0400 and 0700 in the morning
▪ Staff education on plan
▪ Staff documentation on hourly rounding that toileting has been performed
▪ Data collection
▪ Monitoring of staff compliance by other staff
Data Collection

- **Early morning call bell counts**
  - 0630 to 0745
  - 84% of requests were for toileting

- **Staff survey**
  - 100% of staff agree that quicker call light response time and toileting a resident in a timely manner could prevent a fall
  - 83% of staff agree that call lights during AM shift change are toileting related
  - 83% of staff also believe that proactive toileting of residents could decrease the volume of call lights
  - 42% of staff felt adequate resources are not available to carry out a proactive toileting plan on TSU
Implementation

- Getting staff “on board” via education and incentives
- Implementation of project on the TSU
- Ongoing staff education and awareness of findings
- Continuous data collection and analysis of falls
- Compliance monitoring
- Staff post-survey
<table>
<thead>
<tr>
<th></th>
<th>CY 2012</th>
<th>CY 2013</th>
<th>CY 2014 (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of TSU falls that</td>
<td>43%</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>were toileting related</td>
<td></td>
<td>(1 fall r/t toileting from Oct to Dec)</td>
<td></td>
</tr>
</tbody>
</table>
Discussion

- Decrease in toileting related falls. Due to:
  - Project education and staff awareness of problem OR
  - Implementation of toileting project

- Data to be collected in near future
  - Call bell counts
  - Evaluation of whether any participants in the “early morning toileting plan”, had an actual fall
  - Post implementation staff satisfaction survey

- Barriers
  - Staff documentation of toileted participants on rounding sheets
  - Staffing ratios on night shift
Benefits of the EBP FellowS2 Program

- Brings EBP to the bedside
- Staff involvement is essential, encourages use of EBP in practice
- Energizes and empowers staff and teams to optimize care
- Teaches EBP to the staff nurse
References

Questions?