Scheduled Toileting Program in Long-Term Care

Background

Residents living in long-term care often have difficulty going to the washroom without assistance because of cognitive impairment or a lack of mobility. Therefore, caregivers must clean residents in bed, an activity that can be demeaning for the resident and involves risk of injury for the caregiver.

Caregivers are at risk of musculoskeletal injury (MSI) when cleaning residents in bed because this requires static awkward postures of the shoulder and lower back while applying manual force to maneuver and clean residents. The use of proper body mechanics is also difficult due to limited space.

In addition, close proximity to residents, invasion of their personal space, and elevated agitation during cleaning increases the vulnerability of staff to acts of aggression.

A scheduled toileting plan is a strategy in which residents are regularly transferred to a toilet, based on individual habits. Scheduled toileting has been shown to:

- Reduce nursing home costs
- Decrease urinary incontinence
- Improve resident hygiene and skin care
- Improve resident dignity and well-being
- Reduce resident frustration, agitation, and violence towards care staff

Key Points

- The toileting program reduced staff injuries related to resident handling
- The toileting program reduced resident agitation expressed as verbal behaviours and emotional upset
- The change in practice increased the mental and physical workload of care staff
- Clear communication, mentoring, and monitoring throughout the toileting program were crucial for its success

Project Objectives

OHSAH assisted in examining the effectiveness of a comprehensive toileting program in a long-term care facility. The objectives of the project were to:

- Determine if meeting resident toileting needs could decrease resident aggression
- Determine if the change in work practices would alter the risk of MSI to care providers
- Explore the ergonomic and work organization implications of the toileting program
Methods

A 75-bed unit in a long-term care facility participated in the study, with another unit in the same hospital acting as the control group. Each resident was put on a personalized toileting schedule, based on an assessment of their needs.

Injury data related to MSIs and to resident aggression were collected eight months prior to the introduction of the toileting schedule, as well as eight months after it had been put in place. Resident agitation levels were assessed using a Resident Agitation Checklist, which documented physical and verbal behaviours, as well as emotional upset. Residents were assessed on a scale of 1 to 7, with 1 representing “no observed” behaviour, and 7 representing behaviour “observed hourly” (Figures 1-3). Staff also responded to a questionnaire about perceived resident behaviour. Risk of MSI to staff was measured using workload assessment, incident reports, and a staff questionnaire.

Results

Resident Behaviour and Agitation

- 68% of staff perceived that resident agitation decreased as a result of the toileting program.
- The toileting program appeared to reduce agitation expressed as either verbal behaviour or emotional upset.

Staff Cognitive Demands

- Staff required a period of adjustment to become comfortable with the new toileting schedule.
- The new procedures required staff to coordinate other tasks around timed toileting, which increased cognitive demands on staff.

Workload

- The new toileting schedule increased the total amount of time spent on toileting.
- The time required to transfer residents to and from the toilet was longer than the time required to clean residents in bed.
Physical Risk of Injury

- Staff working in the unit with the new toileting schedule showed a significantly lower perception of risk of injury to the head and neck than staff in the control unit.
- The number of MSIs related to handling residents decreased after the introduction of the new program.
- Resident aggression in both units decreased during the study period.

Discussion

Using a mechanical lift to toilet residents not only reduced the physical demands associated with handling residents, but also increased the physical distance between the worker and the resident. Staff were better able to anticipate aggression and get out of the way of pending physical aggression, thereby reducing the ability of a resident to physically harm a worker during an aggressive episode. In addition, the likelihood of a resident becoming agitated appeared to be reduced by the toileting program.

Using mechanical lifts to toilet residents allowed staff to adopt safer working postures and spend less time in the static awkward postures required when cleaning a resident in bed. Along with the reduced need to clean residents in bed, the toileting program contributed to a reduction in total resident handling incidents.

The observed positive outcomes are likely a result of the combined effects of the scheduled toileting program, changes to clinical practice, and agitation awareness training provided to staff midway through the project. Therefore, it is difficult to clearly distinguish the specific influence of the toileting program on resident agitation or injury incidence.

It was found that implementing a successful toileting program in a long-term care facility requires clear and open communication between both workers and management, with provisions to support changes in work practice.

Conclusion

The program resulted in an increased number of toileting transfers and a reduced frequency of resident cleaning in bed. Exposure to potential physical harm was also reduced through the use of mechanical lifts and less direct physical contact while cleaning residents in bed. The toileting program was found to increase mental workload as staff were required to multi-task while monitoring an additional aspect of scheduled care. The increase in time required to transfer residents to and from the toilet instead of cleaning in bed was perceived to contribute to an increase in workload.

This project demonstrated that a toileting program, intended primarily to improve the quality of clinical care, can also have positive impact on the well-being of staff by reducing risk of MSI and risk of injury due to violence.
Further Information

A toileting program should consider main elements of clinical care, as well as systems to support scheduled toileting. This includes:

1. Assessment of resident needs
2. Staff resources and knowledge
3. Quality systems to track program implementation
4. Availability of mechanical lifts to transfer residents

What Makes a Toileting Program Successful?

- The toileting schedule must be constantly reassessed and adjusted to meet each resident’s needs
- Continuous mentoring and monitoring of the care team to ensure that toileting results are documented and interpreted consistently
- Regularly updated toileting schedules must be visibly placed for each team to ensure staff know when residents are to be toileted.
- Staff must receive awareness education to ensure that they understand the reasons why resident care should be changed
- Staff input into the design and implementation of the program, particularly during the resident assessment phase when creating toileting schedules
- Clear and open communication between management and members of the care team is critical to ensure decision-makers consider the best course of action for each specific resident
- Communication at shift change and a team effort between nurses and care aides
- Availability of adequate supplies, assistive devices, and number of staff are critical to maintaining schedules

Related Research