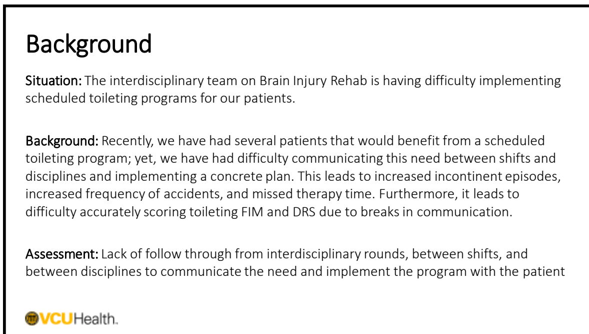
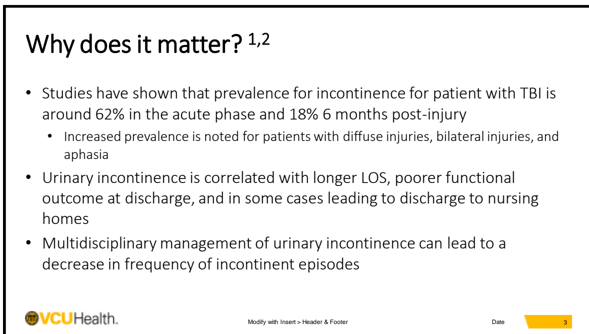
Interdisciplinary Approach for Scheduled Toileting Program

Carter Read, PT, DPT; Nicole Brownyard, PT, DPT; Darcy Loveland OTR/L; Mary Donovan CCC-SLP; Mary Goonan, BSN, RN

Date





Recommendation

- Polled the interdisciplinary team during weekly team meeting
- Develop a Scheduled Toileting Task Force
  - Consisted of 2 OT's, 3 PT's, 1 SLP, and 1 RN
- Presented the plan to the interdisciplinary team during weekly team meeting for feedback
- Provided Education Blitz to Care Partners and Nursing staff
- Communicated barriers/successes with Supervisors in Transdisciplinary Committee meeting

Modify with Insert > Header & Footer   Date   4

Step One: Identifying Appropriate Patients

Following RN report in initial rounds, the scheduled toileting auto-text will be used to start the discussion to determine if the patient is appropriate and develop the frequency and method of toileting

Patient presents with:
- [_] Impaired ability to express wants/needs
- [_] Impaired initiation/motor planning
- [_] Frequent episodes of incontinence/accidents

DME:
- [_] Bed pan
- [_] Urinal
- [_] BSC
- [_] Standard Toilet

Transfer:
- [_] MaxiMove
- [_] Sara Plus
- [_] Sara Stedy
- [_] Other: _

Frequency:
- [_] Q2
- [_] Q3
- [_] Q4
- [_] Other: _

Date

Step Two: Adding it to the Schedule

Once the patient is identified for the scheduled toileting, the team will designate a person to put the times into the Master schedule/Electronic Scheduling Board

- On the Master Schedule: the blocks will be outlined in colored pencil to allow space to write in therapy times
- On Electronic Scheduling Board: the abbreviation "BR" will be used

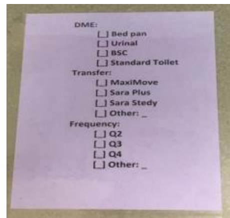
6

Step Three: Who will perform the toileting?

- The first toileting of the day should be offered at the end of night shift (approx. 6 am) prior to shift change
- When scheduled toileting occurs during therapy, the therapist will complete the toileting
- When scheduled toileting occurs outside of therapy, the Care Partner or RN will complete the toileting
- If a patient requests to use the bathroom or is incontinent outside of the toileting window, then we would still offer toileting at the next scheduled toileting time in order to not disrupt the schedule.

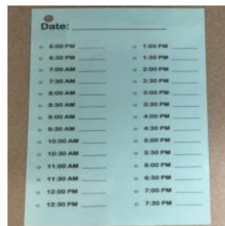
Step Four: How will we communicate it?

- The room sign will be placed by the communication board in the patient's room to show the frequency and method of toileting
  - OT will be responsible for updating the method of toileting



Step Four: How will we communicate it?

- The wheelchair sign will be filled out with the frequency and method and attached to the w/c for tracking
  - OT will be responsible for updating the method of toileting



Step Four: How will we communicate it?

- Staff member who completes the toileting will fill out the card on the w/c for RN to use for documentation
  - "C" - continent
  - "I" - incontinent
  - "A" - accident
  - ① - bladder
  - ② - bowel
- At the end of day shift, the RN will use the chart on the w/c to chart the "outs" during the day and will wipe the card clean

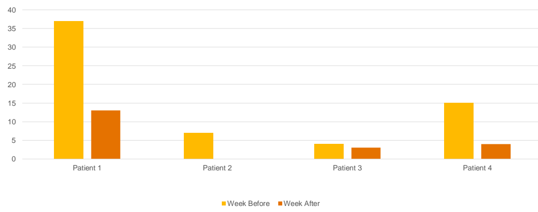
VCUHealth. Modify with Insert > Header & Footer Date 10

Step Five: How to track success?

- Chart Reviews
  - Reviewed number of bladder incontinence episodes prior to toileting program
  - Start date of toileting program
  - Reviewed number of bladder incontinence episodes incontinent episodes the week before discharge
- Collecting Blue Cards and comparing to iView

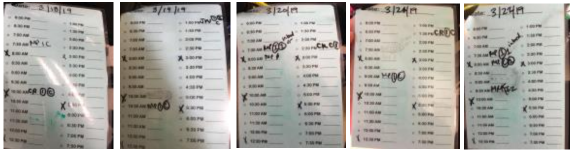
VCUHealth. Modify with Insert > Header & Footer Date 11

Frequency of Incontinent Episodes



VCUHealth. Modify with Insert > Header & Footer Date 12

Patient 4



What are the Barriers?

- Inadequate Staffing
- High Census
- Orientation of Staff Members
- Inconsistent documentation on blue chart and in Cerner
- Difficult Patient Transfers or Lift policy
- Time
- Staff and Patient/Family Compliance
- Inconsistency in daily schedule
- Communication shift to shift

Solutions

- Orientation Booklets
  - Created for supplemental or new staff members
- Emails to PRN staffing
- Consistency in schedule
- Chart Audits
- Patient selection (maxi move, too low level, how long to trial program)

Work In Progress…

VCUHealth. Modify with Insert > Header & Footer Date 16

References

1. Chua, K., Chuo, A., & Kong, K. H. (2003). Urinary incontinence after traumatic brain injury: incidence, outcomes and correlates. *Brain injury*, *17*(6), 469-478.

2. Leary, S. M., Liu, C., Cheesman, A. L., Ritter, A., Thompson, S., & Greenwood, R. (2006). Incontinence after brain injury: prevalence, outcome and multidisciplinary management on a neurological rehabilitation unit. *Clinical rehabilitation*, *20*(12), 1094-1099.

3. Emmons, K. R., DrNP, CRNP, & Robinson, J. R., PhD, RN. (2014). The Impact of Urinary Incontinence on Older Adults and Their Caregivers. *Journal of Aging*.

VCUHealth. Modify with Insert > Header & Footer Date 17