Relationship Between Toileting Programs and Geriatric Falls in Long-Term Care Facilities

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Relationship Between Toileting Programs and Geriatric Falls in Long-Term Care Facilities

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<table>
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<tr>
<th>Study</th>
<th>Description</th>
<th>Results</th>
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<td>“Developing a Self-Reported Tool on Fall Risk Based on Toileting Responses in Hospital Falls” By Anita Ko et al. (2012)</td>
<td>Identify factors of fall occurrence and the factors that contribute to elderly patients falling in the hospital setting. Researchers gave patients a two-question survey to determine fall risk based on using the restroom without assistance.</td>
<td>Patients who reported “no” or an unfitting response to being asked if they would ask for help when using the toilet were 17 times more probable to fall than those who answered that they would ask for help. People who said they were afraid of falling did not have a higher chance of falls but had unfitting answers to this question had a 14 times higher chance of falling.</td>
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<td>“Clinical Burden and Nonpharmacologic Management of Nursing Facility Residents with Overactive Bladder and/or Urinary Incontinence” By Barbra J. Zarowitz et al. (2012)</td>
<td>Determine the presence of comorbid conditions with urinary incontinence or overactive bladder and patient responses based on a toileting program</td>
<td>Participants with urinary incontinence and overactive bladder had a higher rate of falls and injuries than the comparison group. However, the individuals with higher rates of urinary incontinence and overactive bladder also had several comorbid conditions or were prescribed more medications that could cause falls.</td>
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<tr>
<td>“Urinary incontinence and behavioral symptoms are independent risk factors for recurrent and injurious falls, respectively, among residents in long-term care facilities” By Jun Hasegawa, Masafumi Kuzuya and Akihisa Iguchi (2009)</td>
<td>Examine the relationships between urinary incontinence and behavioral conditions and the presence of single or multiple falls and falls associated with injury or not associated with injury in 13 randomly selected long term care facilities.</td>
<td>Urinary incontinence was found to correlate with multiple falls but not injury associated falls. However, when compared to those who do not fall, incontinence is correlated with injury associated falls as well as multiple falls.</td>
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<td>“Use of a Continence Nurse Specialist in an Extended Care Facility” By Martha Klay and Kim Marfyak (2005)</td>
<td>Determine if an individualized continence program would reduce incidences of incontinence in the geriatric female population residing in a long-term care center.</td>
<td>Number of falls was reduced by 50% although incidences of incontinence increased. The patients were followed over a year, in which time their urinary incontinence may have progressed as they continued to age.</td>
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Analysis:
- It was discovered that there are many factors that lead to both urinary incontinence and falls.
- There is a lack of evidence on use of specific toileting programs and their impact on fall risk in the geriatric population residing in long-term care facilities.
- The articles that were reviewed did not completely answer the specific PICOT question, therefore, the researchers are unable to answer the question. Further research would need to be conducted to accurately assess the relationship between incontinence, implementing toileting programs and falls.

Clinical Application:
- Based on the research, there needs to be more investigation conducted on specific toileting interventions and their relationship to fall risk in the geriatric population.
- Nurses need to be aware of their patient’s fall risk and factors that contribute to falls in order to reduce injury in any patient care setting. Information on a patient’s fall risk and presence of incontinence can be utilized to create an individualized care plan that will include toileting parameters that may lead to reduced falls.

Background:
- Research indicates that “continence checks” is the more common term referring to two-hour toileting programs as it is more individualized to the older adult. For the purpose of this brief we will be using the term continence checks as well as toileting programs in place of “two-hour toileting” that is used in the PICOT question.
- Older adults who reside in long term care facilities have a higher incidence of falls and hospitalizations related to falls than those who live in their own homes (Lavareda Baixinho, Rodrigues Dixe, & Henriques, 2017)
- In total, approximately 2.8 million older adults are seen in the emergency room for fall-related injuries (CDC, 2017). The most common fall related injuries include head injuries and hip fractures.
- Urinary incontinence in long-term care facilities is seen in 60-78% of females and 45-72% in males and can contribute to negative outcomes such as, “anxiety, depression, negative self-image, isolation, skin ulceration, urinary tract infections, sleep disturbance, fatigue, falls, and fractures” (Zarowitz et al. 2012, p.533)