Clinical effectiveness

A SURVEY INTO TOILET FACILITIES ACCORDING TO NATIONAL AND LOCAL SAFETY STANDARDS IN A DISTRICT GENERAL HOSPITAL

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Background: Falls in hospitals are common, 152,000 occur per year. They account for increased mortality, morbidity, length of stay, rate of placement into 24 hour care and cost. Via our multi-disciplinary falls forum, we noticed that a high proportion of falls take place in toilets and bathrooms. The aim of the survey was to assess toilets in all wards at Trafford General. Standards were devised from Department of Health building standards, alongside local standards devised in collaboration an Occupational Therapist.

Sampling methods: Data was collected by a team who assessed a sample of in-patient toilets in one day. Four toilets were assessed on each ward, apart from wards where either there were fewer toilets or where it was not possible for clinical reasons.

Results: 80% of standards were achieved (410 of 516). The poorest performing standard was the number of frames over toilets, with 95% (41 of 43) failing this standard. There was also a high number of toilets that could not be negotiated in a wheelchair, 28% (12 of 43). Finally 23% (10 of 43) did not have call bells accessible when seated. The remaining results were proportionally spread.

Conclusion: The majority of toilets met our standards. However a significant minority did not, contributing towards the risk of falls. The authors believe that in some instances adaptations could be made that would increase adherence to standards and be cost neutral. For example there were a number of toilets where the call bell cord was very long and thus in itself a falls risk. Therefore to reduce this the cord was effectively deactivated by wrapping it round the side of the toilet. This cord could easily be trimmed thus solving the problem.

We have discussed the results at our multi-disciplinary falls forum and intend to make adaptations and re-audit.