SUMMARY REPORT

Improving the toileting experience for older people in nursing homes

Dementia Collaborative Research Centre
Assessment and Better Care

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Disclaimer
The views expressed in this work are the views of its author/s and not necessarily those of the Australian Government.

Further study and Grants
Meredith Gresham has been accepted as a PhD candidate at the Faculty of Health Sciences, Sydney University to further the research the clinical utility of the bidet in aged and dementia care. The provisional title of the PhD “An investigation of the clinical utility of the electronic bidet for Australian nursing home residents and staff”

Australian Unity Foundation awarded $46,167 on 1st October, 2014. This open competitive grant will support the clinical utility trial of the electronic bidet, focussing on effects of the bidet on urinary tract infection rates.
Improving the toileting experience for older people in nursing homes

Study aims

This study aimed to examine the feasibility of novel electronic toilet-top bidets in dementia-specific residential aged care. In addition, it aimed to develop measures and trial: acceptance of the bidet by residents, including changes to behaviours of concern during toileting; the ability of the bidet to effectively clean post voiding; to explore the role of the bidet as adjunct to managing incontinence; and changes in incontinence pad use. Additionally staff acceptance of the bidet and ease of use in routine care was investigated.

Material and methods

A mixed-methods, non-randomised, single arm study was devised. Eight Coway BA8 electronic bidets were installed in a 14-place dementia-specific residential facility. Staff recorded observations after each toileting episode. Measures were: For residents, the ability of the bidet to clean and dry after voiding; acceptance of the bidet; associated behaviours of concern; time spent in toileting activities. For staff, ease of use and difficulties experienced. Staff focus groups were conducted to discuss overall impressions; issues with installation and maintenance; expenditure on incontinence pads pre and post trial.

Results

Seven staff-selected residents commenced the trial and data was gathered on an additional 7 residents over the 12-week trial. Average duration of trial was 58.2 days (range 21-99). Reasons for inclusion included recurrent urinary tract infections, malodour, behavioural issues during toileting, poor mobility. Reasons for leaving the trial were hospitalisation or move to a higher level of care. All 14 residents had a dementia, were incontinent and dependent in toileting. Bidets were well accepted by residents. On a 5-point likert scale, resident acceptance improved from an average score of 1.9 to 4.5 (higher is better) irrespective of the length of trial. Successful cleaning was recorded in 79% of 1,320 episodes of voiding bowels and 94% of 1,285 episodes of voiding bladder. Overall, behaviours of concern did not change or tended to decrease during toileting. No issues were reported concerning installation or maintenance. No clinically adverse effects were reported. At 12-week focus group, staff reported significant timesaving in continence management. Facility expenditure on incontinence pads decreased by $2,198 over the trial period compared with the same period of the previous financial year.

Conclusions

The bidet appears to be a promising and well-accepted technology. Some staff had initial resistance to change in practice but at 12-weeks there was consensus that the bidet was beneficial. Residents were cleaner and staff reduced time spent in managing incontinence. The facility demonstrated reduced costs associated with incontinence products. The bidet was durable and reliable. Limitations were that the length of time taken to dry the user resulted in staff rarely using the dry function. A larger trial to confirm results and test the effect of the bidet on the incidence of urinary tract infection is planned.