Improving Documentation of Bowel Health in Elderly Inpatients: A Quality Improvement Project

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BACKGROUND

Constipation is common in older inpatients due to immobility, illness, dietary changes, and dehydration. Poor bowel health can result in pain, faecal impaction, urinary retention, and even bowel obstruction. Daily stool-chart documentation supports early detection and management, but compliance is often poor.

AIM

To improve daily stool-chart documentation in a geriatric ward by 10%.

METHODS

Weekly retrospective reviews of stool charts were undertaken. Compliance = (stool-chart entries ÷ total admission days). Interventions were introduced using PDSA methodology:

- Day 0: Baseline
- Day 7: Verbal reminders during handovers
- Day 14: Electronic reminders to ward staff
- Day 28: Visual reminders via posters on wards

RESULTS

Compliance improved by 6.8% compared with baseline. Electronic and visual reminders had the greatest impact. Hockley Ward achieved the highest overall compliance, while Stambridge Ward achieved the greatest relative improvement.

Figure 1: Trend of Bowel Chart Recording Over Time

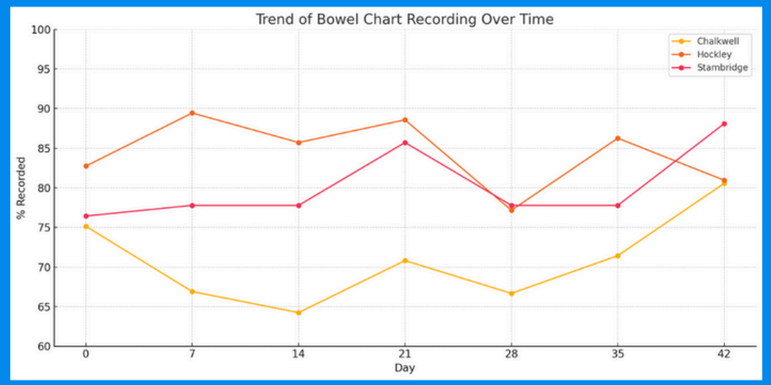

Figure 2: Recording % by Ward over Time with Total Trend Line

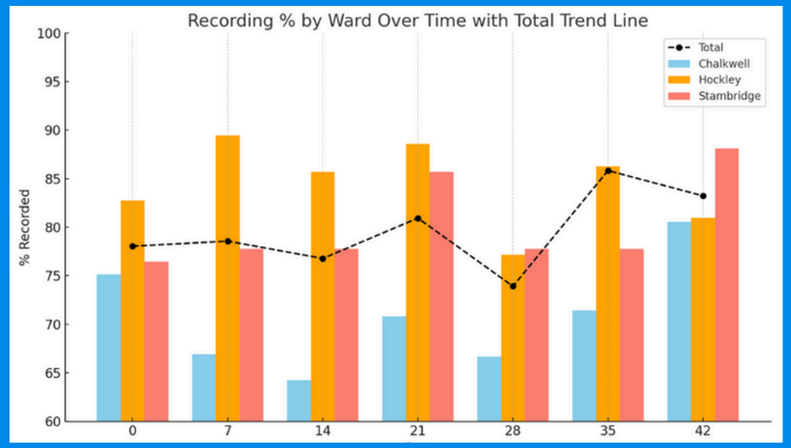

Figure 3: Visual reminder poster promoting bowel chart completion

STRENGTHS & LIMITATIONS

Simple, quick, and repeatable, allowing earlier recognition of constipation and opportunities for education. Limitations included small sample (3 wards, 88 patients), variable staff exposure to interventions, and lack of patient-level outcome data.

NEXT STEPS

Further cycles following teaching sessions and incorporating stool charts into Nervecentre to improve sustainability.

CONCLUSION

Targeted reminders improved stool-chart documentation in elderly inpatients. Integration into electronic systems may enhance sustainability and reduce constipation-related complications.