

# Improving the Quality of Bowel Care on Geriatric Wards by Increasing Compliance of Daily Documentation of Bowel Motions.

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## INTRODUCTION

Bowel health is affected in acutely admitted patients due to illness, change in diet, dehydration, and reduced mobility. Constipation is common, and older patients are particularly at risk of constipation due to reduced bowel transit speed. Bowel motion monitoring can help improve bowel health and reduce complications including delirium, faecal impaction, and urinary retention which can prolong hospital admission.

To increase the detection of constipation, a quality improvement project was carried out in the Department of Medicine for the Elderly at Southend Hospital, with aims to increase compliance of daily stool chart entries. Early detection will prompt patient review, investigation, and treatment of constipation, thereby managing symptoms and preventing complications.

## METHOD

Stool charts of patients across the geriatric wards were reviewed weekly for daily entries up to the last 7 days of their admission. Baseline compliance was determined on day 0 by dividing total days of stool chart entries over total days of admission (up to 7 days). Patients newly admitted or transferred to the ward on the day of stool chart review were excluded from the data. Interventions included:

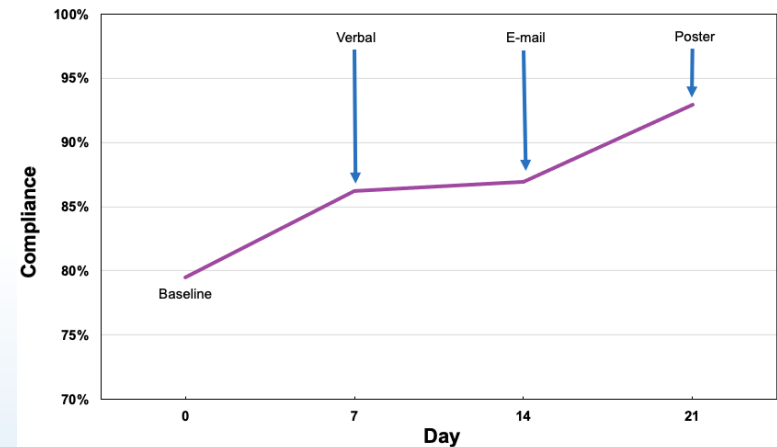
- Verbal reminders to stakeholders (nurses, HCAs, doctors) at morning handovers
- An electronic reminder with emails to stakeholders
- A visual reminder with copies of a poster around the ward.

Interventions were implemented separately on a weekly basis to quantify their effectiveness on compliance through further stool charts reviews on days 7, 14 and 21, and compared to baseline data.

## RESULTS

Initial data collected on Day 0 (baseline) showed that compliance was 79.49% across both wards. Following the first intervention of verbal reminders at handovers, compliance improved to 86.21%. Compliance increased marginally following the email forwarded to staff to 86.96%. The final intervention of the poster significantly improved compliance to 92.92%.

Overall compliance increased by 16.9% by the end of the project, and the largest improvement was seen in response to the poster. Patients who were found to be at risk of complication were flagged to the managing team.



## CONCLUSION

The Quality Improvement Project was time and resource efficient, helping to identify constipation early and flag patients at risk for treatment. It is also easily repeatable and similar principles can be applied across other wards and specialties.

## REFERENCES

Jackson, R., Cheng, P., Moreman, S., Davey, N. and Owen, L., 2016. "The constipation conundrum": Improving recognition of constipation on a gastroenterology ward. *BMJ Quality Improvement Reports*, 5(1), pp.u212167.w3007.