### Context and Problem

**Context:**
On an older peoples’ mental health assessment ward, it was noticed that many patients, particularly patients with Alzheimer's type dementias, had difficulty in finding the toilets. It was theorised that some incidents of apparent incontinence on the ward could be due to patients not being able to locate the toilet.

**Assessment of the Problem:**
- Signs for the toilets were situated high up on the walls, not at a height where patients could easily see them.
- There was little difference in appearance between toilet doors and other doors on ward. Patients would often try multiple doors before arriving at the correct one. Evidence suggests that a lack of variation in the ward environment makes wayfinding difficult, particularly for patients with dementia.
- Toilet seats were often white - indistinct against the wall and floor. Evidence suggests that Alzheimer's disease can affect perception of colour and spatial awareness to the effect that sufferers are sometimes unable to distinguish similarly coloured objects from their surroundings.

### Proposed Changes

- Toilet doors should be distinguished by large, high contrast signs in primary colours that incorporate both text and pictures. Signs of this type have been shown to be effective in helping people with dementia to locate toilet rooms. The signs should be positioned at slightly below head height, to remain in patients' line of sight.
- Toilet seats should be bright red, to distinguish them from their surroundings. Red was chosen as there is evidence to suggest that the red part of the colour spectrum is most easily perceived by people with Alzheimers type dementia.

### Strategy for Change

The changes are being introduced as part of a PDSA (Plan, Do, Study, Act) Cycle.

The changes form the 'Do' part of the cycle. Evaluation of their effectiveness will be the 'Study'.

If the changes prove effective, then there may be potential to implement similar changes in other areas. This is the 'Act' part of the cycle.

### Intended Outcome

It is hoped that the proposed changes will lead to a reduction in episodes of apparent incontinence and inappropriate urination on the ward. The changes are currently being implemented, so it is too early to say whether or not this will be achieved.

Once the improvements have been fully implemented, their effectiveness will be assessed objectively by comparing data on daily occurrences of incontinence and/or inappropriate urination in the weeks before and after the intervention. A qualitative assessment will also be carried out via the use of staff surveys.

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