The development of cost-effective quality care for the patient with incontinence

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**ABSTRACT**

Proper skin care in the incontinent patient is vital to quality outcomes in the clinical environment. The primary impediments in the attainment of quality outcomes in incontinent patients are the lack of standardization, the need for multiple products, and increased costs to the patient. Therefore, there is a need for streamlining the process of incontinence care by standardizing practice and measuring the effect on patient outcomes and care costs.

A 323-bed community hospital conducted a process improvement, clinical product trial in 3 adult medical/surgical units. The patients were randomly assigned to each treatment group based on the last digit of their medical record number. Three incontinence cleanup processes were compared: (A) the current practice of cleansing spray, washcloth, skin protectant; (B) a disposable washcloth containing dimethicone skin protectant; (C) a disposable washcloth without skin protectant. The type of incontinence, cleanup process, and skin assessment were evaluated for each incontinent episode.

The Group C treatment arm was discontinued at 4 weeks because a proportionately greater number of skin problems (29%) developed per episode of incontinence. The proportion of skin problems in Groups A and B were similar at 10% and 8%, respectively. The average cost of incontinence cleanup per patient in Group B was $5.40, whereas the average cost in Group A was $6.13.

This study demonstrated that a streamlined cleansing and protectant washcloth produced similar outcomes in patients with incontinence to those produced by a multi-step cleansing and protectant process. The Group B process was adopted as the new standard for evidence-based incontinence clean-up care because of comparable skin outcomes and improved care costs.

**PROBLEM**

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**ACTION**

- Streamlining of incontinence cleansing processes needed
- Improvement in incontinence care costs desired
- Maintenance of quality outcomes vital
- Standardization of cleansing and protection processes wanted
- Significant staff dissatisfaction with current products

**RESULTS**

- Skin problem rates in Groups A and B were similar (10% and 8%, respectively)
- Group C arm was discontinued because of high rate (29%) of skin problems per incontinence episode
- Average cost of treatment per patient was lower for Group B ($5.40 versus $6.13 for Group A)
- Patient referrals for incontinence problems decreased after intervention (72 consults in 2003 versus 10 consults in 2004)

**INCONTINENCE CARE TRIAL**

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
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</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>28</td>
<td>35</td>
<td>31</td>
</tr>
<tr>
<td>Number of Incontinence Episodes</td>
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<td>223</td>
<td>236</td>
</tr>
<tr>
<td>Number of Skin Problems</td>
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<td>69</td>
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<tr>
<td>Number of Patients with Skin Problems</td>
<td>6</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

**IMPORTANCE**

- Incontinence care is seen as a quality indicator
- Directly affects patient comfort
- Contributes to patient’s overall health
- Staff satisfaction helps assure successful product implementation
- Cost reduction helpful in replacing current regimen

**INCONTINENCE CONSULTS 2003**

- Staff adopted Group B process for evidence-based incontinence care because of equivalent patient skin outcomes and improved care costs