

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

- ▶ 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

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

ACTION

- ▶ Streamline incontinence care by standardizing practice
- ▶ Measure effect on patient outcomes and care costs
- ▶ Conducted process improvement, clinical product trial on 3 adult medical/surgical units
- ▶ Assigned patients randomly to 3 different treatment groups

Interventions:

Group (A) Current practice: cleansing spray, washcloth, skin protectant

Group (B) Disposable washcloth containing dimethicone skin protectant

Group (C) disposable washcloth without skin protectant

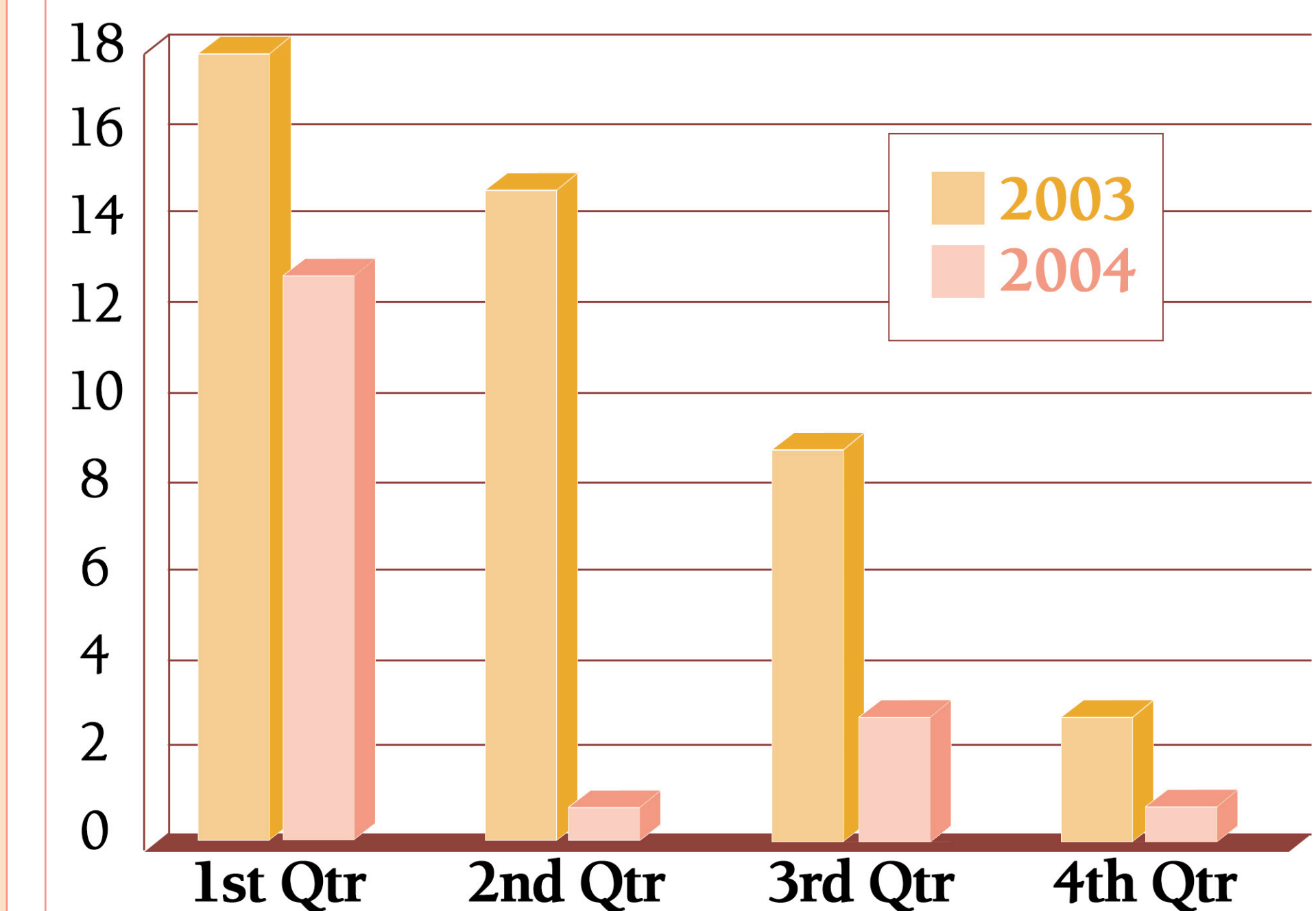
Incontinence Care Trial

	Group A	Group B	Group C
Number of Patients	28	35	31
Number of Incontinence Episodes	148	223	236
Number of Skin Problems	14	18	69
Number of Patients with Skin Problems	6	7	9

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 incontinent 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)

Incontinent Consults 2003



• Please note there were 13 consults in the first quarter of 2004 before the incontinent trial began.

• The number of patient referrals for incontinence problems decreased from 72 consults in 2003 to 10 consults in 2004 following the implementation of the group B process.

• 2003 consults = 72
• 2004 consults = 18

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