MARKETPLACE COLUMNS

Solving clinical, economic problems related to heavy adult incontinence in senior living communities



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SHARE



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Case studies that were led by directors of nursing (with executive directors'/facility administrators' oversight and involvement) using a new extreme absorbency category of products (defined as being approximately 200% to 300% greater absorbency than current state-of-the-art heavy absorbency adult incontinence briefs/pull-ons) that were conducted in 2021 and 2022 have shown promising results.

These were two clinical outcome studies rather than being purely commercially motivated studies, although beneficial economic outcomes also were documented during the studies. Residents enrolled in the studies all had diagnoses of uncontrolled, heavy incontinence before, during and after the trials, and they required nursing care and assistance on a 24-hour-a-day basis.

No outside representative (such as personnel from the manufacturer or from a distributor) interacted with any caregiver or resident, except in rare instance when a director of nursing occasionally might provide direct nursing care for a resident — for example, to cover a staff shortage. Notwithstanding the foregoing infrequent exception, the interaction with the company representative was limited to the initial pre-study meetings with facility management (that is, the director of nursing and executive director) to include provision of use instructions for the incontinence products used in the trials, and sizing of the residents, which entailed using residents' hip and waist measurements and mapping of residents' heights and weights onto the manufacturer's sizing chart.

The DONs and/or EDs conveyed the use instructions to the staffs, and 17,100 data points were recorded by staff members and analyzed by the studies' researchers over the combined two months of the trials.

The same extreme absorbency brand of adult briefs and protective underwear was used in both case studies (NorthShore brand by NorthShore Care Supply [NSC] based in Green Oaks, IL).

Results

Regarding incontinence-associated dermatitis, 99.3% of study participants had healthy skin throughout the trial. Through clinicians' use of a five-level skin assessment scale in the Facility 2 trial, use of the trials' extreme absorbency products in accordance with the manufacturer's use instructions resulted in 98.6% of the trial residents' skin condition being recorded at the most favorable level (healthy, no irritation). There was no evidence that the infrequent changes of products (eight-hour protective underwear, 12-hour adult briefs) had any harmful effect on residents' skin. There was no skin damage.

Regarding urinary tract infections, there were no new UTI diagnoses among the trial residents during the trial period. So although a eight-hour protective underwear and a 12-hour adult brief fall beyond the traditional paradigms of "two-hour check and change" or other clinical perspectives on the presence of urine and stool being causative for IAD or UTI, use of the trials' extreme absorbency products did not fit with these traditional paradigms and clinical opinions.

Sleep

There was a five-fold increase in number of uninterrupted nights of sleep between the hours of 10 p.m. through 5 a.m. On average, each resident experienced four to five nights of uninterrupted sleep in each week of the trial compared with zero nights of uninterrupted sleep during the baseline data collection week.

Laundry/linen utilization

There was a complete elimination of linen changes and associated laundering of linens that were in use during the case study data collection period.

Labor

Extrapolating the trial data on reduced time associated with fewer incontinence product changes, it can be seen that in a facility with 50 residents who match the clinical presentation of the case study residents (that is, diagnoses of uncontrolled, heavy incontinence before, during and after the trials, and requiring nursing care and assistance on a 24-hour-a-day basis), the labor impact for the facility would be 1,000 hours per month saved (possibly redeployed to other caregiving activities using these freed-up hours, or creating a reduced need for labor while keeping caregiving activities unchanged). With 70 residents, this would equate to nine fewer full-time equivalents needed per week.

Economics

Through a combination of product use reduction and labor reduction, the annual financial effect for facilities was determined to be $8,467 in cost reduction per resident. Adding the savings from reduced laundry, reduced adjunctive skin therapies, reduced mortality and co-morbidities would add additional financial benefit for a facility.

Conclusion

Following the upcoming publishing of the full studies in a peer-reviewed clinical journal, it can be anticipated that one or more large-scale randomized controlled trials of the newly emergent product class of extreme absorbency adult incontinence products (as defined in this article) will be launched to further validate the results shown in these two small case studies.

With external research including a sufficiently large sample size, statistically significant and clinically significant findings can be documented on this emerging category of adult incontinence products and its implications for IAD, UTI, clinical labor/staffing levels, clinical labor utilization, laundry/linen utilization, improved sleep for residents and its associated clinical benefits, reduced occurrence of resident falls, improved resident hydration during overnight hours, and other dynamics associated with caring for incontinent residents in senior living settings.

James Bogner, PhD, MBA, MA, has 35 years of medical industry experience in 50 U.S. states and more than 40 countries, 25 of which have included his being employed by three different adult incontinence industry manufacturers. He earned his PhD and MA from the Fielding Graduate University and his MBA from the University of California, Los Angeles. Bogner is vice president of corporate strategy for NorthShore Care Supply, the company whose products were used in the case studies. Bogner had no interaction with or relationship with the case study facilities or study participants before or during the trials.

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