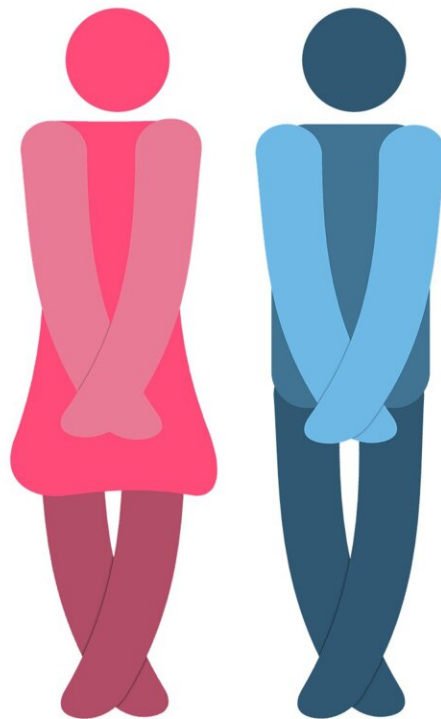


Incontinence and incontinence-associated dermatitis found to have serious negative health and financial outcomes

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Higher cost of care and worse patient outcomes are associated with incontinence and incontinence-associated dermatitis (IAD) in acute care

settings, according to analysis published in the *Journal of Wound, Ostomy, and Continence Nursing*.

Incontinent and IAD patients have [longer hospital stays](#), higher readmission rates, higher rates of sacral pressure injuries, and overall higher total [costs](#) of care compared to continent patients, according to new analysis by Susan A. Kayser, Ph.D., researchers at Hillrom Holdings, a leader in medical device technology development, and Dr. Mikel Gray at the University of Virginia Charlottesville. Results of the analysis appear in the November/December issue of the *Journal of WOCN*.

Understanding economic costs and healthcare resources are critical for effective treatment

Urinary and [fecal incontinence](#) is common in hospitalized patients. Traditionally seen as an inevitable consequence of acute illness and hospitalization, findings from this article demonstrate that incontinence leads to more immediate problems including incontinence associated irritant contact dermatitis higher risk for sacral pressure injuries. Urinary incontinence has also been linked to frailty, an increased risk of falls, and urinary tract infections.

"Yet, incontinence continues to be treated as a hygienic challenge rather than a serious comorbid condition," Kayser and her colleagues point out. In this study, they looked at specific health and economic indicators of patients demonstrating incontinence and IAD.

Based on data from the Premier Healthcare Database of 15.79 million adult patient admissions from 937 US hospitals collected between January 1, 2016, and December 31, 2019, the analysis reveals an incontinence prevalence of 1.5% and an IAD prevalence of 0.7% among

incontinent patients. Classification of incontinence and IAD was based on ICD -10-CM (International Classification of Diseases) codes and the use of dermatology products to treat IAD.

Average length of stay for incontinent patients was 6.4 compared to 4.4 for continent patients and the 30-day readmission rate was 12.8% for incontinent patients compared to 8.8% for continent patients.

Incontinent patients were 4.7 times more likely to have a sacral area pressure injury upon admission, 5.1 times more likely to acquire a sacral area pressure injury while in the hospital, and 5.8% more likely to see an increase in severity during their stay. Finally, total hospital costs were \$17,020 vs \$13,713, a difference of \$3,307.

The study is the first of its kind to measure total cost of care when examining the economic effects of incontinence and IAD. Past analyses often did not consider labor costs or costs associated with longer lengths of stay or readmissions. Nor did those analyses encompass secondary conditions such as pressure injuries resulting from IAD.

Significantly, the study's incontinence and IAD prevalence rates of just 1.5% and 0.7%, respectively, are far below those of previous studies, which range from 18% to 46%. Kayser and her co-authors believe this points to insufficient screening and the lack of a precise (ICD -10-CM) code for IAD—reasons why these conditions are likely underreported.

Underreporting can exacerbate the detrimental impact that—as these findings demonstrate—incontinence and IAD have on patients' health outcomes as well as the financial costs to a hospital or hospital system. "Strategies to manage incontinence and IAD involve a variety of products and require substantial nursing time," Kayser and her coauthors add. They argue that these findings can serve as a "call to action" for clinicians and hospital administrators to view [incontinence](#) and IAD as serious conditions that "require consistent assessment, prevention,

treatment, and management practices, including documentation in the patients' medical records."

More information: Susan A. Kayser et al, Incontinence and Incontinence-Associated Dermatitis in Acute Care, *Journal of Wound, Ostomy & Continence Nursing* (2021). [DOI: 10.1097/WON.0000000000000818](https://doi.org/10.1097/WON.0000000000000818)

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