# NATIONAL QUALITY PERFORMANCE STANDARDS FOR ABSORBENT PRODUCTS

## Hypothesis / aims of study

The International Continence Society defines incontinence as the involuntary loss of bowel or bladder control. Urinary Incontinence (UI) affects 200 million people worldwide. [1] Based on expert opinion, 25 million adult Americans experience transient or chronic UI.[2] A broad range of conditions and disorders can cause incontinence including birth defects, pelvic surgery, cancer, injuries to the pelvic region or to the spinal cord, diabetes, neurological diseases, child birth, gastrointestinal syndromes, poliomyelitis, infection and degenerative changes associated with aging. The loss of bladder and bowel control isn't automatic within the aging process, but one-third of men and women ages 30-70 believe that aging and incontinence is something to accept.[3] However, the aging process is a risk factor that allows incontinence to occur.[4] This is seen from reduced bladder capacity, nocturia, enlarged prostate, weakened pelvic floor muscles, damage to the pelvic floor childbirth, reduced estrogen production, neurological conditions and lack of mobility all increasing as we age. Considering the risk factors for bladder and bowel control problems, the market for adult absorbent products for incontinence in developed countries with slow population growth is forecast to grow at rates of 8-10% in the next decade. [5]

Due to escalating health care costs in the United States and growing concerns with state and federal deficits, The Medicaid Nursing Home Waiver has been undertaken by states as a cost savings measure to reduce their long-term care expenditures. The Medicaid Nursing Home Waivers allow community-based, long-term care for the disabled and elderly living at or below the poverty level in lieu of care in a residential facility that is paid for by the state and federal governments under Medicaid. Three-fourths of those being cared for at home under such waivers likely have UI, with half experiencing fecal incontinence, just as residents living in nursing facilities. [6] The cost of caring for UI and overactive bladder in nursing facility patients is an estimated \$5.3 billion. [7]

There is little documented about the conditions of community-based, long-term care. The caregiver may be lacking in knowledge about the best care practices and medical products to be used on the patient.

# Study design, materials and methods

In December 2010, the National Association For Continence (NAFC) formed a council of experts with the objective of establishing national, independent quality performance standards for disposable adult absorbent products. The Council used the consensus method in order to establish national, independent quality standards for disposable adult absorbent products provided by states to Medicaid waiver recipients cared for in their private homes rather than as residents of state-funded nursing homes. [8] Represented on The Council, alongside NAFC, were the technical leadership of all major absorbent manufacturers in the US, the non-woven manufacturer's trade association, five state government agencies from all regions of the US, a recognized nurse educator in continence care and a representative family caregiver, appointed by the National Family Caregivers Association. The goals of this initiative were to: 1) create a single, national set of standards for adult absorbent products for all Americans allowing elimination in redundancy of effort among the 50 states; 2) clarify and communicate absorbent product characteristics needed by frail, elderly users who are incontinent so as to simplify and expedite the agency procurement process of sourcing products; 3) optimize value in absorbent product purchases by all states; 4) improve the quality of care of program participants and lower risks of adverse events such as skin breakdown from use of sub-standard products; and 5) establish a benchmark for continuous quality improvement over time.

The Council's recommendations were based upon technical and design performance of the absorbents products. [9] The recommendations used the international standards in incontinence product engineering for measuring the absorption capacities in the laboratory to insure the skin care needs of the patient were addressed. [10]

#### **Results**

After two years of meeting monthly by teleconference, The Council finalized its recommendations. The group identified desirable performance characteristics and established minimum test measures for those characteristics that could be quantified. In addition, step-by-step, standard laboratory testing procedures for each measure were agreed upon and included. Furthermore, a number of areas for cost saving and fraud prevention were identified and offered as additional recommendations. Following the public vetting period of 60+ days of a draft document accessible at NAFC's website, commentary has been considered by The Council and integrated into a final document for issuance and circulation. A letter summarizing all recommendations has been sent to all state governors as well as to the heads of the state health departments.

## Interpretation of results

The Council's National Quality Performance Standards for Absorbent Products will be of guidance to the state health departments in lowering costs, reducing fraud and bringing consistency to the quality of care in the community-based care environment. The recommendations will be of great interest to caregivers and health care professionals selecting products; organizations and states seeking to create standards; and absorbent product designers and manufacturers.

#### Concluding message

As the recommendations of The Council are implemented at the state level, research is needed as follow-up to evaluate the impact both on costs and quality of care for those affected by The Waiver to determine if further modifications are needed and as support for promoting their implementation and adherence.

- Vulker, R. International Group Seeks to Dispel Incontinence "Taboo", JAMA, 1998, No.11: 951-53.
  Resnick, NM, Improving treatment of urinary incontinence (commentary letter). JAMA. 1998;280 (23):2034-2035.
  Muller N. What Americans Understand How they Affected by Bladder Control Problems: Highlights of Recent Nationwide Consumer Research. Urologic Nursing. 2005:25(2): 109-115.

# **Disclosures**

Funding: There was no outside funding received. Clinical Trial: No Subjects: NONE