Better Care or Cost Savings? CHOOSE BOTH.

REDUCE



Cost of consumables



Nursing time and cost



Costly <u>complications</u> due to fecal matter exposure

Increased Overall Cost Savings \$

Qora[®] is a safe and cost-effective solution for fecal containment.

Invest in Qora. Save Money.



Daily Cost Savings





Annual Cost Savings

CDI associated diarrhea increases hospital costs by 40% per case²

Tripled length of stay and added non-reimbursable treatment cost up to \$20k per case of HAPI³

Qora [®]can reduce daily costs up to 79% over traditional methods.1

> **\$0.6K-\$29K** in added cost per case managing HACs: CDI, HAPI, CAUTI, and sepsis^{4,5,6,7}

Qora® can significantly reduce annual costs associated with complications and fines due to mismanagement of fecal incontinence.

Calculate your facility's savings!

Enter your facility's data and find out how Qora[®] can help you achieve your financial performance targets.

Diarrhea patients per month		Cost of Management per admitted patient ⁸		Months		Annual Cost of Diarrhea Patients	
	X	\$763	X	12	=		Inefficiency in clinical care results in additional costs
Infectious patients per month		Cost of HAI (Avg. of CDI, CAUTI, BSI) ⁵		Months		Annual Cost of HAI patients	
	X	\$29,000	X	12	=		Never Event and loss in CMS reimbursement results in additional costs
Grade III & IV Pressure Injury patients per month		Cost of HAPI⁴		Months		Annual Cost of HAC patient	
	X	\$18,125	X	12	=		LOS increases if the patient is mismanaged and results in additional costs
				TOTAL ANNUA	AL COST		but the true cost is much higher

For a detailed mapping of your facility's cost savings visit

www.consuremedical.com

Request a free trial today!

- 1. Langill M, et al. 'A budget impact analysis comparing use of a modern fecal management system to traditional fecal management methods in two Canadian hospitals'. Ostomy Wound Manage. 2012; 58(10): 25-33.

 2. Pecci, A. W. (2016). C. Diff. Infection Rasies Hospital Costs by 40% Per Case. HealthLeaders Media

 3. O'Malley, M., Brown, A. G. & Comers, J. M. (2009). Healthcare Acquired Pressure Ulcres (HAPU): Clinical Alert, Vol. 6, No. 3

 4. Spetz, J. Aydrin, C. Brown DS, et al. The value of reducing hospital-acquired pressure ulcre prevalence: an illustrative analysis. JONA. 2013; 43(4): 235-241

 5. Lipp MJ, et al., Impact of hospital-acquired Clostridium difficile. Journal of Gastroenterology and Heaptology. 2012;27(11):1733-1737

 6. Stone PW, Economic Burden of healthcare-associated infections: an American perspective Expert Rev Pharmacoccon Outcomes Res. 2009;9(5):417-422

 7. Anderson DJ, et al., Underresourced Hospital Infection Control and Prevention Programs: Penny Wise, Pound Foolish? Infection control and Hospital Epidemiology. 2007;28(7)

 8. Durnal AP, et al. Budget Impact of Adopting a Fecal Management System in a Hospital Intensive Care Unit: A Single Center Experience. Poster presented at: 23rd Annual Symposium on Advanced Wound Care and Wound Hwaling Society Meeting: April 17-20, 2010; Orlando, Florida.

BSI - Blood Stream Infection
CAUTI - Catheter Associated Uriniary Tract Infection
CDI - Clostridium difficile Infection
CMS - Centers for Medicare and Medicaid Services
HAC - Hospital Acquired Complications
HAI - Hospital Acquired Infection
HAPI - Hospital Acquired Pressure Injury
LOS - Loseph 65 State LOS - Length of Stay