

Improve Care. Reduce Cost.



FECAL
CONTAINMENT



WOUND
CARE



INFECTION
CONTROL

COLLECTION BAG

900 ml
800 ml
700 ml
600 ml
500 ml
400 ml
300 ml
200 ml
100 ml

conSure
MEDICAL

Qora™
Stool Management Kit

A safe and effective solution for
fecal management in bedridden
patients.

EXISTING COMPLICATIONS



It is estimated that an additional **\$0.6k-\$29k** is spent to manage each patient with HAPI, CDI, and CAUTI.^{1,2,3,4}

20% of FI patients become infected with **C. difficile**, resulting in diarrhea and colitis.⁵

FI patients are at **22 - 37.5X** higher odds of developing **HAPI**.⁷

Tripled length of stay and added non-reimbursable treatment cost up to **\$20k** per case of **HAPI**.⁶

21 - 42% of incontinent patients develop **IAD**.^{8,9}

Poor fecal containment can result in hospital-acquired complications like **HAPI** and life threatening infections including **CDI**, **CAUTI**, and **CLABSI**.

Direct and indirect costs of HACs from fecal bacteria cost hospitals up to **\$1.3 billion annually**.



CAUTI

Costs up to
\$1,006
per infection²



CDI

Costs up to
\$29,000
per infection³



CLABSI

Costs up to
\$23,242
per infection⁴



HAPI

Costs up to
\$21,410
per injury⁵

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

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

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

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

5. Jones S, et al. C. diff containment properties of a fecal management system: an in vitro investigation. Ostomy Wound Manage. 2011; 57(10):38-49

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

7. Maklebust J, Magnan MA. Risk factors associated with having a pressure ulcer: a secondary data analysis. Adv Wound Care. 1994;7(6):25-3

8. Campbell JL, et al. Incontinence-associated dermatitis: a cross-sectional prevalence study in the Australian acute care hospital setting. International Wound Journal 2014.

9. Junkin J, et al. Prevalence of Incontinence and Associated Skin Injury in the Acute Care Inpatient. JWOCN 2007;34(3):260-269

CAUTI - Catheter Associated Urinary Tract Infection

CDI - Clostridium difficile Infection

CLABSI - Central Line Associated Blood Stream Infection

FI - Fecal Incontinence

HACs - Hospital Acquired Complications

HAI - Hospital Acquired Infection

HAPI - Hospital Acquired Pressure Injury

IAD - Incontinence Associated Dermatitis

IBC - Intrarectal Balloon Catheter

EXISTING FECAL MANAGEMENT OPTIONS ARE INADEQUATE

Liquid stool incontinence affects 9-40%^{10,11} of all ICU patients and is linked to morbidity, mortality, and expensive penalties.

FECAL EXPOSURE LEADS TO INFECTION SPREAD



- **Open systems** like absorbent pads facilitate **cross-contamination**.
- ***C. difficile*** has become the **#1 hospital acquired infection**.
- Hand sanitizers do not kill *C. difficile* spores.

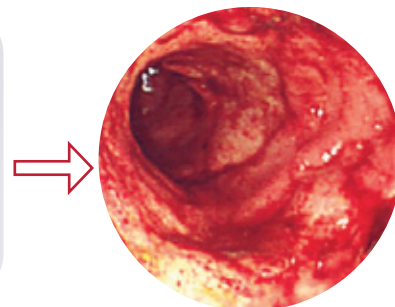
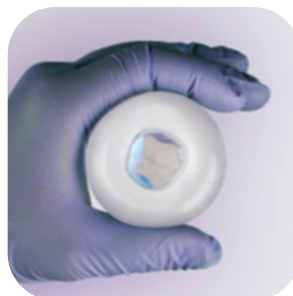
ABSORBENT PADS DO NOT CONTAIN FECAL EFFLUENTS



- Patients are **constantly exposed to fecal matter** which compromises skin integrity.
- Incontinence Associated Dermatitis (IAD) can develop if not managed properly.
- Managing patient hygiene is **time consuming and labor intensive**.

BALLOON CATHETERS CAN LEAD TO NEW COMPLICATIONS

- **High risk** of mucosal injury, bleeding, sphincter dysfunction, and anal erosion.^{3,4,5,6,7}
- Unhygienic **digital insertion**.
- Rigid and **narrow lumen** for fecal diversion is obstructed easily.



10. Garcia CB et al., Expert Recommendations for managing Acute Faecal Incontinence with Diarrhoea in the Intensive Care Unit. Journal of Intensive Care Society 2013;14(4 suppl):1-9.

11. Garcia CB., Prevalence, management and clinical challenges associated with acute faecal incontinence in the ICU and critical care settings: the first cross-sectional descriptive survey. Intensive Crit Care Nurs 2012;28(4):242-50

SUPERIOR **BALLOON-FREE** TECHNOLOGY

Wider Use

3X more patients are eligible to use

Improved Safety

No incidences of necrosis or tissue erosion

Odorless

Provides end-to-end malodor containment



Qora™

- Advanced technology replacing high risk balloon catheters.
- Effective use regardless of sphincter tone.
- Large lumen accommodates varying stool consistencies.
- Safe for high acuity patients.



Balloon Catheters

- Higher rates of leakage and expulsions lead to increased stool exposure.
- Balloon pressures create significant risks to rectal mucosa & sphincters.
- They rely on sphincter muscles to anchor in the anorectal junction.

REDEFINING CONTAINMENT OF DIARRHEA

Introducing

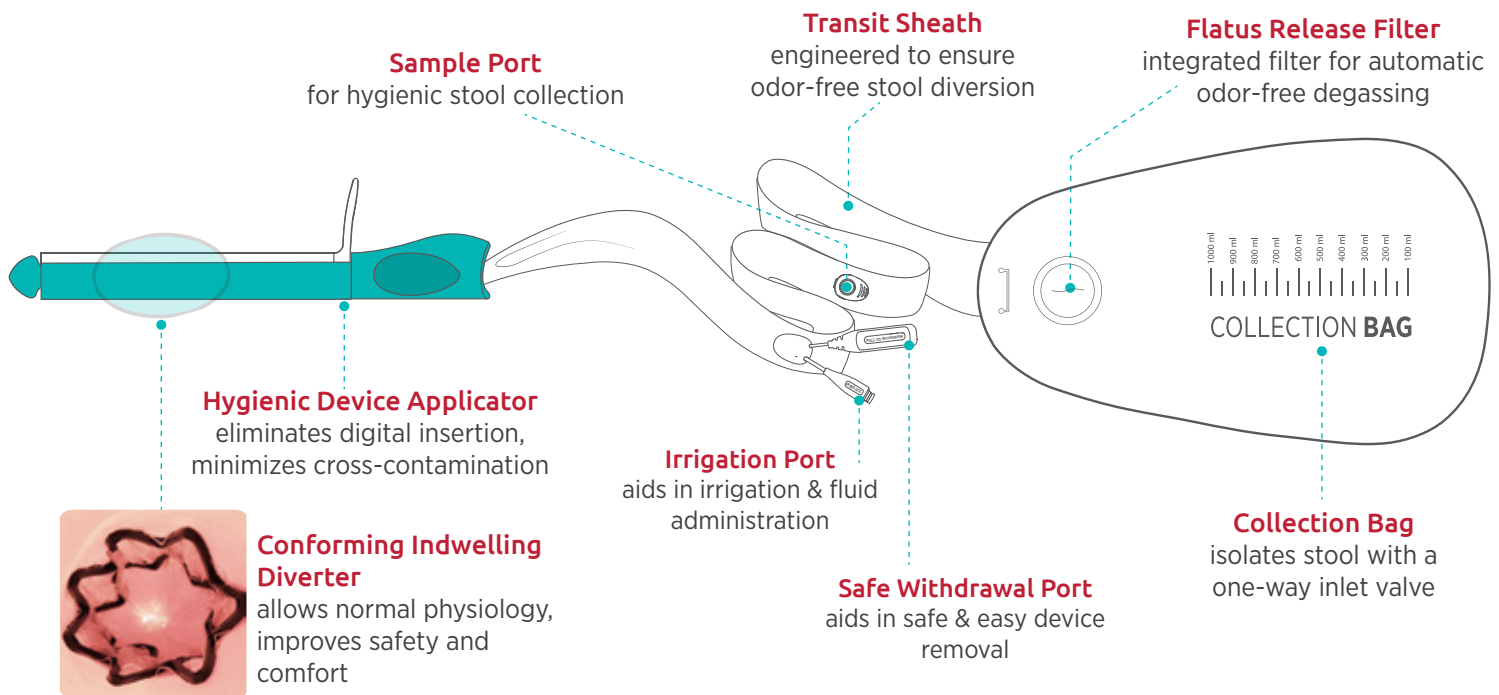
Qora™
Stool Management Kit

Advanced features for patient
& caregiver safety

Prevent Skin Breakdown

Step-up Infection Control

Expedite Recovery



CONTAIN

fecal effluents to reduce
spread of hospital
acquired infections

PROTECT

patients and healthcare
workers from fecal
contamination

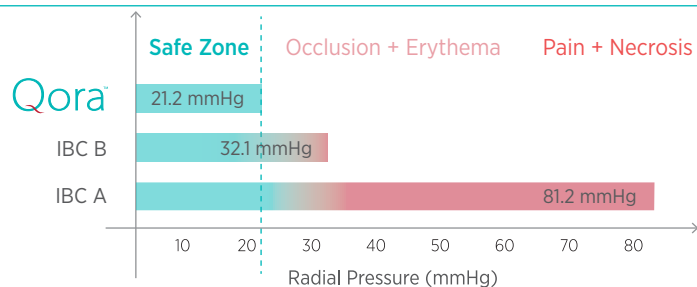
SAVE

money by avoiding
costly fines due to
HACs

IMPROVING HEALTHCARE THROUGH EVIDENCE-BASED GUIDANCE

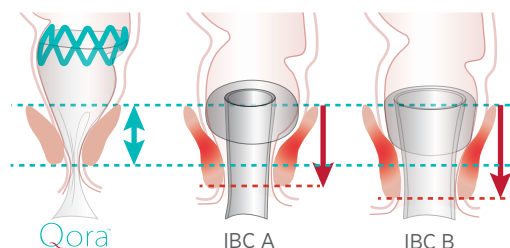
Calibrated Radial Pressure

- 74% lower pressure on the rectal mucosa.
- Reduces risk of mucosal impairment and rectal bleeding.¹²



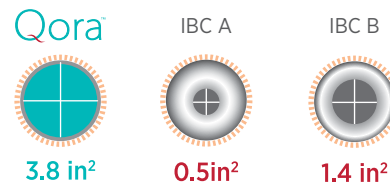
Preserved Sphincter Tone

- Novel, low-profile stool diverter avoids constant strain on sphincters.
- Long-term use of IBCs weakens sphincter tone.^{13,14}



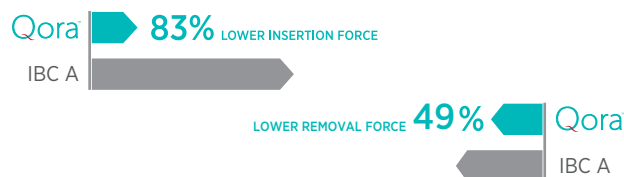
Large Lumen Size

- 2.7x - 7.6x larger cross sectional lumen area.
- Reduces work stress and medical errors while improving patient recovery environment.¹⁵



Safer Insertion & Removal Force

- Hygienic Applicator avoids digital insertion.
- Lower force reduces pain and discomfort for the patient.¹⁶



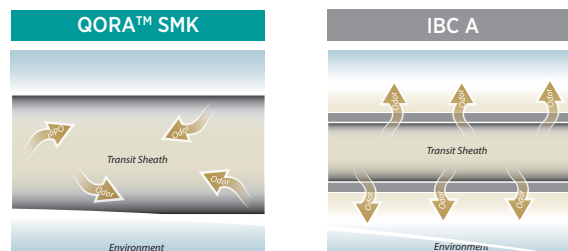
Wider Patient Eligibility

- 29.6% of FI patients exhibit adequate sphincter tone.
- Designed for both tonic and atonic sphincter, providing 3x patient eligibility.¹⁷



Odorless System

- Specialty-engineered polymers provide complete containment of foul odor which means reduced work stress and medical errors while improving patient recovery environment¹⁸



12. MSM-024B-02, Qora Advantage Abstract

13. Whitley I, et al., A Retrospective Review of Outcomes Using a Fecal Management System in Acute Care Patients, Ostomy Wound Management 2014;60(12):37-43.

14. Garcia CB, et al., Expert recommendations for managing acute faecal incontinence with diarrhoea in the intensive care unit. J Int Care Society 2013;14(4 suppl).

15. MSM-024D-01, Qora Advantage Abstract

16. MSM-024C-02, Qora Advantage Abstract

17. MSM-024A-01, Qora Advantage Abstract

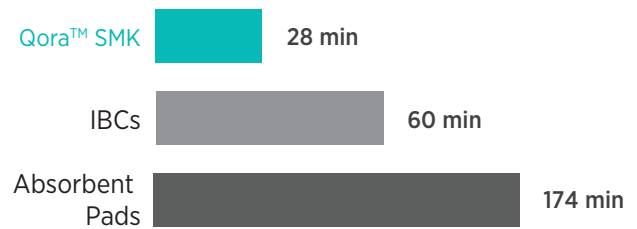
18. Horiguchi M, et al., Nurse odor perception in various Japanese hospital settings, International Journal of Nursing Sciences 2015;(2):355-360

COST- EFFECTIVE SOLUTION

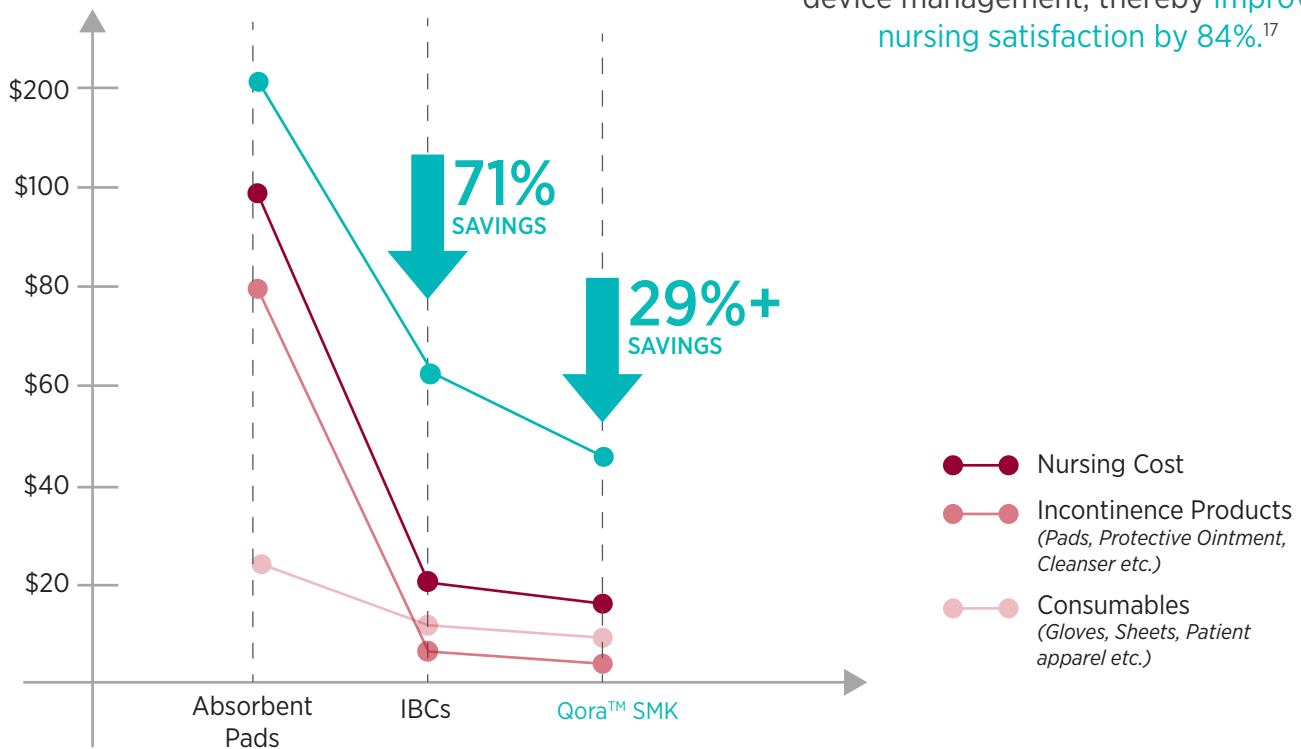
Direct Daily Cost Savings

	Absorbent Pads	IBCs	Qora™ SMK
Material and Containment Cost	\$110.37	\$43.13	\$35.25
Nursing Cost	\$105.00	\$19.80	\$9.33
Total Cost	\$215.37	\$62.93	\$44.58

Reduced Patient Management Time



Qora™ requires minimal nursing time for device management, thereby **improving nursing satisfaction by 84%.**¹⁷



Nurses Are More Satisfied



Hygienic Deployment

Safe deployment requiring no digital insertion, ensuring patient and caregiver safety.



Odorless System

A closed system preventing cross-contamination, ensuring a safe and pleasant work environment.



Patient Safety

Superior design maximizing patient eligibility and preventing both necrosis and tissue erosion.



Avoid HACs

like CDI, CAUTI, CLABSI,
HAPI & prevent CMS
penalties



Improve Clinical Outcomes

with enhanced infection
control and wound
management



Enhance Patient Safety

by reducing infections
across the facility



Increase Savings

by reducing complications
and costly penalties
due to fecal bacteria
exposure.

Qora™
Stool Management Kit

PRODUCT ORDERING INFORMATION

	Catalog Number	Duration of Use	Quantity/Box	Minimum Order Quantity
Qora® (Stool Management Kit)	MG-22014-002	29 days	10 Kits/Box	1 Box
Qora® Collection Bags (Odor Neutral)	MG-62015-001	-	10 Bags/Box	1 Box

CONTACT US

CM Technologies, Inc. email: sales@consuremedical.com
Lewisville, TX www.consuremedical.com

MSM-060-01 © CM Technologies, Inc.
All Rights Reserved.