

# Improve Care. Reduce Cost.



SCAN ME



FECAL  
CONTAINMENT



WOUND  
CARE



INFECTION  
CONTROL



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.<sup>1,2,3,4</sup>

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

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

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

**21 - 42%** of incontinent patients develop **IAD**.<sup>8,9</sup>

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 infection<sup>2</sup>



CDI

Costs up to  
**\$29,000**  
per infection<sup>3</sup>



CLABSI

Costs up to  
**\$23,242**  
per infection<sup>4</sup>



HAPI

Costs up to  
**\$21,410**  
per injury<sup>5</sup>

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%<sup>10,11</sup> 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.

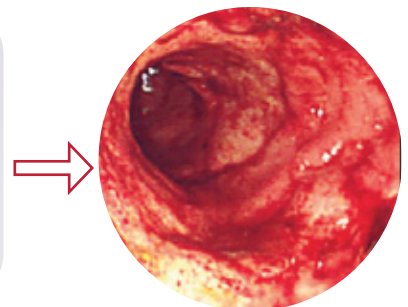
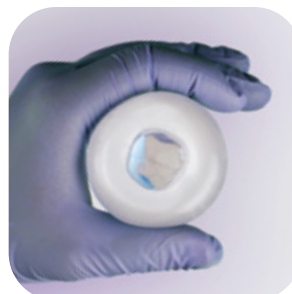
## ABSORBENT PADS DO NOT CONTAIN FECAL EFFLUENTS



- 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.<sup>3,4,5,6,7</sup>
- 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

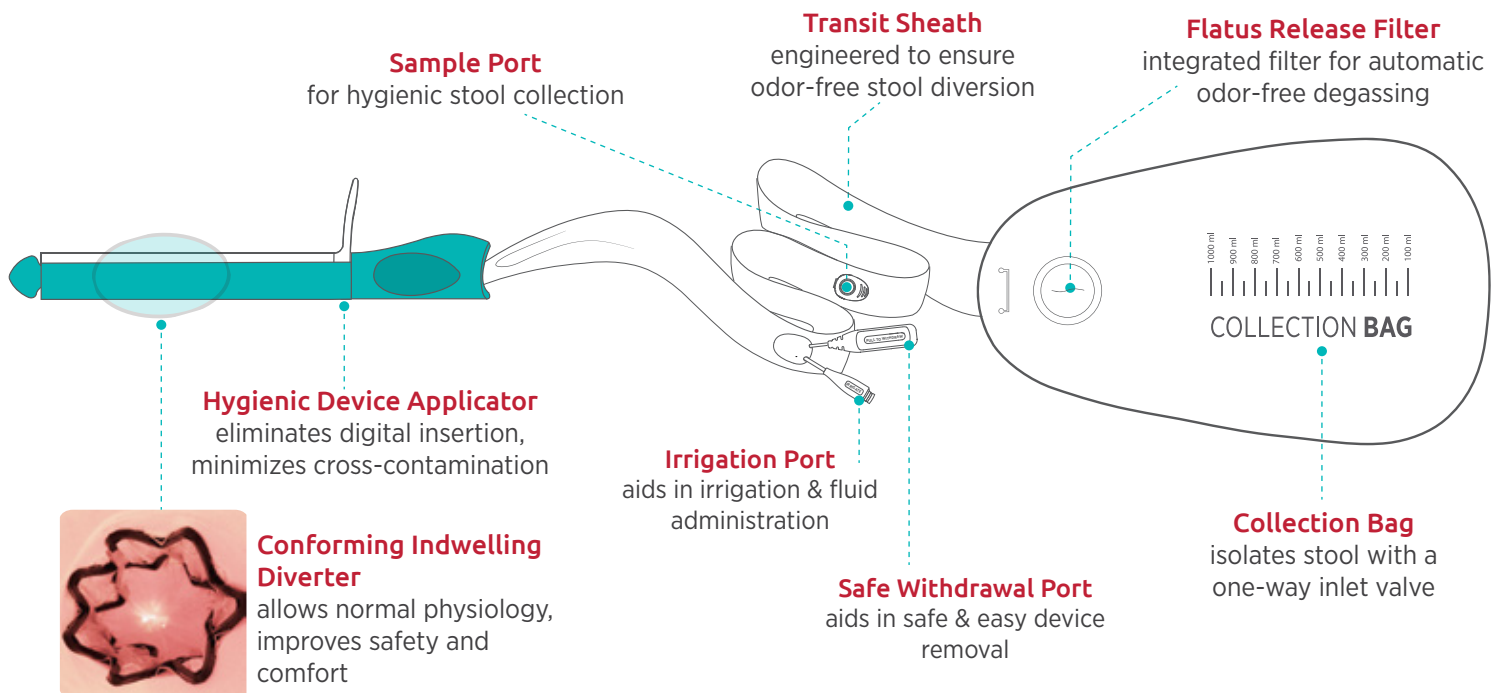
**Qora™**  
Stool Management Kit

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

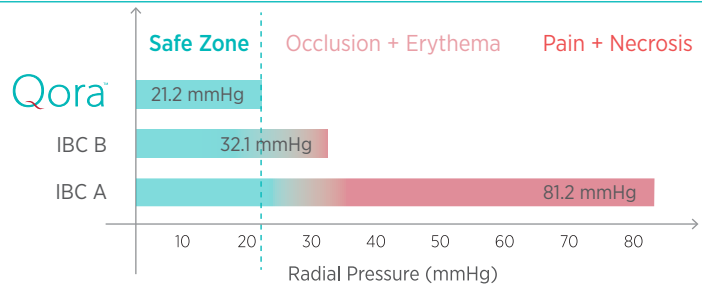
## SAVE

money by avoiding costly fines due to HACs

# IMPROVING HEALTHCARE THROUGH EVIDENCE-BASED GUIDANCE

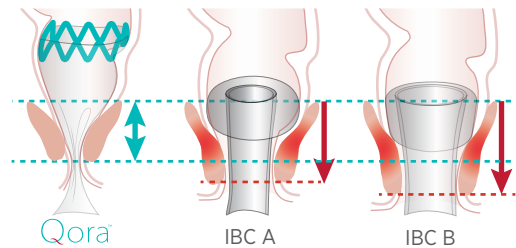
## Calibrated Radial Pressure

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



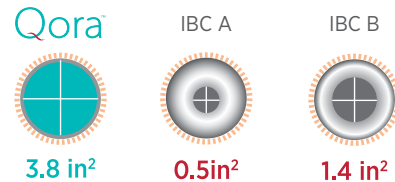
## Preserved Sphincter Tone

- Novel, low-profile stool diverter avoids constant strain on sphincters.
- Long-term use of IBCs weakens sphincter tone.<sup>13,14</sup>



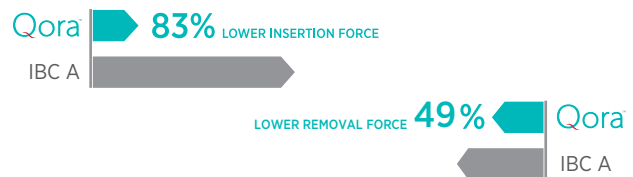
## Large Lumen Size

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



## Safer Insertion & Removal Force

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



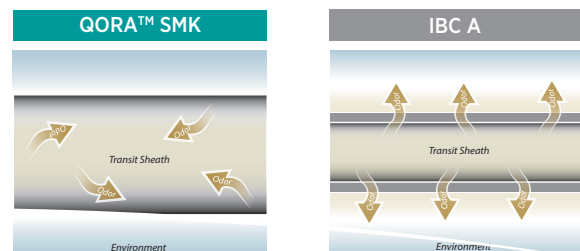
## Wider Patient Eligibility

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



## Odorless System

- Specialty-engineered polymers provide complete containment of foul odor which means reduced work stress and medical errors while improving patient recovery environment<sup>18</sup>



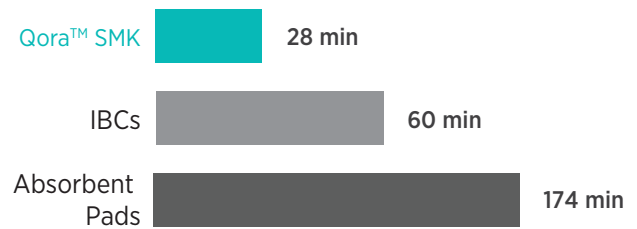
12. MSM-024B-02, Qora Advantage Abstract  
 13. Whiteley I, et al., A Retrospective Review of Outcomes Using a Fecal Management System in Acute Care Patients, Ostomy Wound Management 2014;60(12):37-43.  
 14. Garcia CB, et al., Expert recommendations for managing acute faecal incontinence with diarrhoea 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

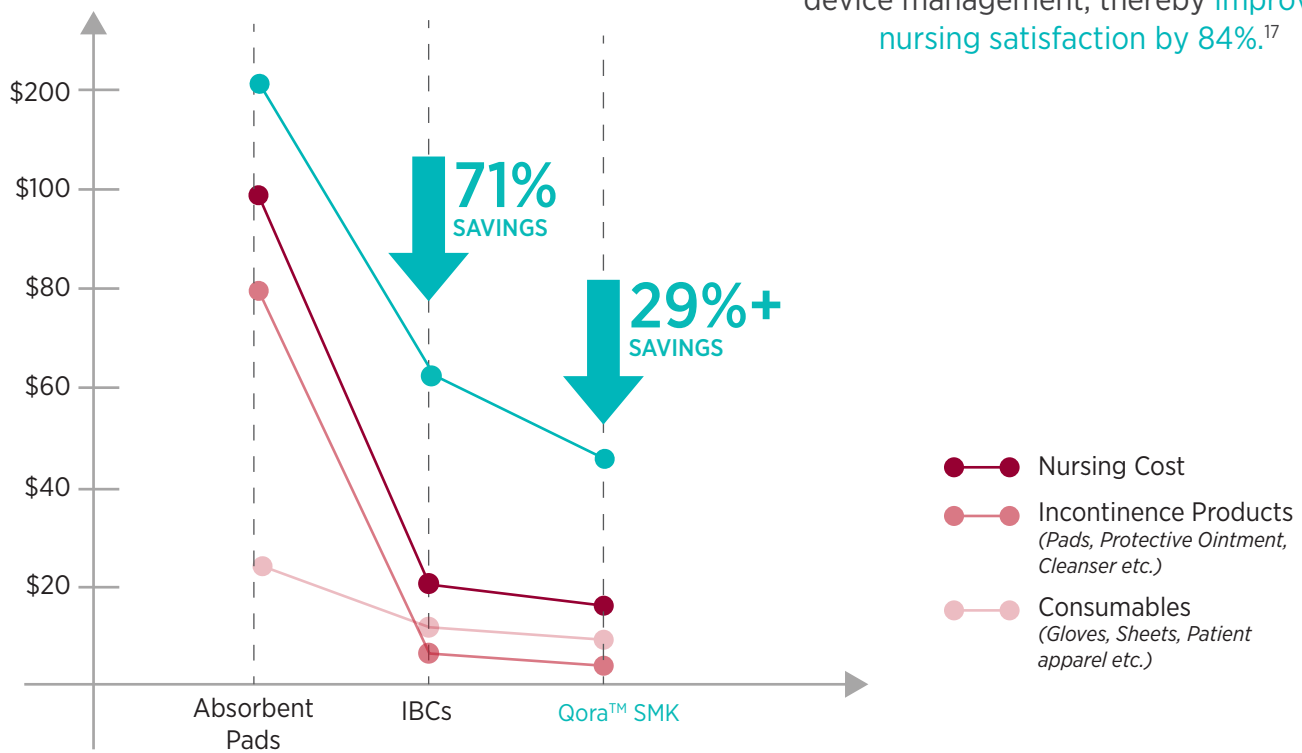
## Direct Daily Cost Savings

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

## Reduced Patient Management Time



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



## 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.



# iMEDicare

*Pelvic Health Naturally...*



NHSSC	NPC	MPC	Brand	Base Description	Secondary Description	UOI Desc	UOI Units
YES	FUQ85046	MG-62015-001-10	Qora Collection Bags	Bowel management accessory	1L Collection bags x 10	Box	10
YES	FUQ85045	MG-62015-001-100	Qora Collection Bags	Bowel management accessory	1L Collection bags x 100	Case	100
YES	FUQ85050	MG-62015-001-300	Qora Collection Bags	Bowel management accessory	1L Collection bags x 300	Pack	300
YES	FUQ85048	MG-12015-003-10	Qora Aeon™ Stool Management Kit	Bowel management system	Pre-loaded faecal diverter x 1 Odour-barrier collection bag x 1 Fluid retention clamp x 1 Collection bag hanger x 1 (x10)	Case	10
YES	FUQ85047	MG-12015-003-30	Qora Aeon™ Stool Management Kit	Bowel management system	Pre-loaded faecal diverter x 1 Odour-barrier collection bag x 1 Fluid retention clamp x 1 Collection bag hanger x 1 (x30)	Pack	30

Distributed By

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