

**DIAGNOSTIC
ULTRASOUND**

**Financial Benefit Worksheet
Scheduled Toileting Program—CANADIAN DOLLARS**

Facility Name: _____ Typical 100 Bed Facility _____

I. Savings on Adult Contenance Devices (ACD).

A. Average daily population with Urinary Incontinence <small>(50% average. Ouslander JG, et al, JAMA 1992; 248: 1194-1198)</small>	<u>50</u>
B. Daily cost of Adult Contenance Devices (ACD) per patient <small>\$.11 per patient, per day--Frenchman IB, Clinical Geriatrics (Jan 1995)</small>	<u>\$2.11</u>
C. Indicated cost ACD used per year (<u>A</u> x <u>B</u> x 365).	<u>\$38,507.50</u>
D. Daily cost of ACD post-implementation of scheduled toileting program <small>(assumes 20% reduction* from pre-implementation costs)</small>	<u>\$1.68</u>
E. Indicated cost of ACD per year (A x D x 365) post-implementation	<u>\$30,660.00</u>
F. Annual savings per year (E - C x 365).	<u>\$7,847.50</u>
G. 5 year Adult Contenance Devices benefit (F x 5)	<u>\$39,237.50</u>

II. Savings on Laundry

H. Total annual laundry costs (\$12.15 x A x 365) <small>\$12.15 per incontinent patient per day-- Frenchman IB, Clinical Geriatrics (Jan 1995)</small>	<u>\$221,737.00</u>
I. Estimated annual savings in laundry costs post-implementation <small>(assumes 10% reduction*)</small>	<u>\$22,173.70</u>
J. 5 year laundry benefit (K x 5)	<u>\$110,868.50</u>

K. TOTAL 5 Year benefit	<u>\$149,926.00**</u>
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Purchase price of the BladderScan® w/Program of Excellence <small>(BladderScan BVI6100 with 5 year Total Reliability Plan / Warranty)</small>	\$18,066.00 <small>(<\$385/month, 60 mos. Lease)</small>
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Canadian Contenance Foundation urinary incontinence (UI) guidelines state that a post-void residual (PVR) measurement is a standard component of a patient's basic UI evaluation. Diagnostic Ultrasound's BladderScan™ offers a non-invasive alternative to urinary catheterization for PVR assessment.

*Clinical trials indicate a toileting program may reduce incontinence episodes by up to 70%. (1) "Cost-effectiveness of training incontinent elderly in nursing homes", Hu TW, et al, JAMA 1989; 26:2656-62; (2) "Noninvasive techniques to Manage Urinary Incontinence Among Care-Dependent Persons", JWCON; Nov 1996; and (3) Agency for Health Care Policy and Research. Clinical Practice Guideline 2, 1996 Update. Pub 96-0682, Rockville, MD.

**Degree of financial benefits depends on staff involvement and direction from program directors. Some protocols suggest addition of patient lifts. Savings does not include additional reported benefits:

- decreased topical medications,
- reduced urinary tract infection / antibiotics use
- minimized patient falls and re-hospitalization
- lowered patient aggression levels