



# Reduce Risk. Reduce Cost.

## Men's Liberty Acute External Catheter

The Men's Liberty Acute (MLA) external catheter is a completely external, noninvasive solution to urinary incontinence. Its design simplifies incontinence care, directing urine away from the patient to prevent moisture related skin damage and dermatitis. MLA utilizes a hydrocolloid adhesive that provides an occlusive seal around the urinary meatus while promoting comfort and longevity. MLA may be used as an alternative to an indwelling urinary catheter or traditional incontinence products for some patients.<sup>2,5</sup>

## Cost of Unnecessary Catheterizations

Approximately 16% to 24% of acute care patients experience incontinent episodes.<sup>1-3</sup> Of these incontinent patients, approximately 25% are treated with an indwelling urinary catheter.<sup>2,3</sup>

Each urinary catheter introduces the risk of developing a catheter-associated urinary tract infection (CAUTI). CAUTIs are associated with increased morbidity and mortality. In 2016 U.S. dollars, the reported attributable costs of CAUTIs are \$7,670 (inpatient and outpatient costs to Medicare).<sup>4</sup>

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Medicare per CAUTI occurrence<sup>4</sup>

## Case Study: MLA Reduces Unnecessary Catheterizations<sup>5</sup>

### Background

This quality improvement initiative took place in a 107 bed long-term acute care facility. Data were collected for 17 months.

### Intervention

As part of a comprehensive CAUTI prevention bundle, MLA was utilized as an alternative to indwelling urinary catheters in all patients unless contraindicated.

### Results

There was a decrease in indwelling urinary catheter utilization by 19.2% as well as CAUTI rate during the intervention period.

### Conclusion

The MLA catheter reduced the number of indwelling urinary catheter days. Furthermore, CAUTI rates decreased to zero during this intervention. Using MLA as an alternative to indwelling urinary catheters may reduce the risk of CAUTI, which may reduce overall costs.

| Indwelling Urinary Catheter Utilization*<br>(Percent of total urinary device days) |              |
|--|--------------|
| Pre-Intervention   | Intervention |
| 91.3%  | 72.1%        |

| Male Patient CAUTI Rate**<br>(CAUTIs/1000 catheter days) |              |
|--|--------------|
| Pre-Intervention   | Intervention |
| 2.39   | 0            |

\*Pre-intervention Period: 5 months,  
Intervention Period: 12 months

\*\*Pre-intervention Period: 2 months,  
Intervention Period: 12 months

REFERENCES: 1. Campbell JL, Coyer FM. Incontinence-associated dermatitis: a cross-sectional prevalence study in the Australian acute care hospital setting. *Int Wound J*. 2016;13:403-411. 2. Johansen E, Bakken LN, Duvaland E et al. Incontinence-Associated Dermatitis: Prevalence and associated factors in 5 hospitals in Southeast Norway. 3. Bootsma AM, Buurman BM. Urinary Incontinence and Indwelling Urinary Catheters in Acutely Admitted Elderly Patients: Relationship With Mortality, Institutionalization, and Functional Decline. *JAMDA*. 2013;14:147.e7-147.e12. 4. Kandilov AMG, Coomer NM, Dalton K. The impact of hospital-acquired conditions on Medicare program payments. *Medicare & Medicaid Research Review*. 2014;4(4):E1-E23. Available at: [https://www.cms.gov/mmrr/Downloads/MMRR2014\\_004\\_04\\_a01.pdf](https://www.cms.gov/mmrr/Downloads/MMRR2014_004_04_a01.pdf). Accessed March 19, 2019. 5. Quayle BL. Taking the next steps for patient safety and excellence in CAUTI prevention. Poster Presented at: APIC 44th Annual Conference. June 2017. Portland, Oregon, United States.