

## **Integrating Interventions to Improve Fecal Incontinence**

Fecal incontinence (FI) is a common and costly problem among this country's 1.5 million nursing home (NH) residents. There is strong evidence that four separate behavioral protocols (prompted voiding, Functional Incidental Training exercise; and graduated feeding assistance protocols provided either during meals; or between meals) will improve chronic health problems that are risk factors for FI and constipation in the NH population. However, these protocols have not been integrated and adequately tested for effects on fecal outcomes. Integrating these labor-intensive protocols is practical because they have two common components: 1) they require consistent resident contact and prompting to engage in specific behaviors throughout the day and 2) residents must be provided with social reinforcement and physical assistance to complete the behaviors. This study evaluates the cost-effectiveness of such an integrated intervention in a randomized controlled trial with comprehensive clinical effectiveness measures including urinary and FI, mobility, and food and fluid intake. Since the intervention is expected to be more labor intensive than usual care conditions, its effect on consumer perceived quality and their willingness to pay for the intervention will also be assessed to facilitate policy decisions relevant to translating this intervention into practice. In this regard, specific technology transfer products including software to organize the assessment data consistent with practice guidelines and to project staffing resources necessary to provide the intervention will be developed to supplement the cost-effectiveness data. Together, these technology transfer products and the cost effectiveness data should facilitate the transfer of the intervention into daily care even when the variable staffing resources in nursing homes are considered.