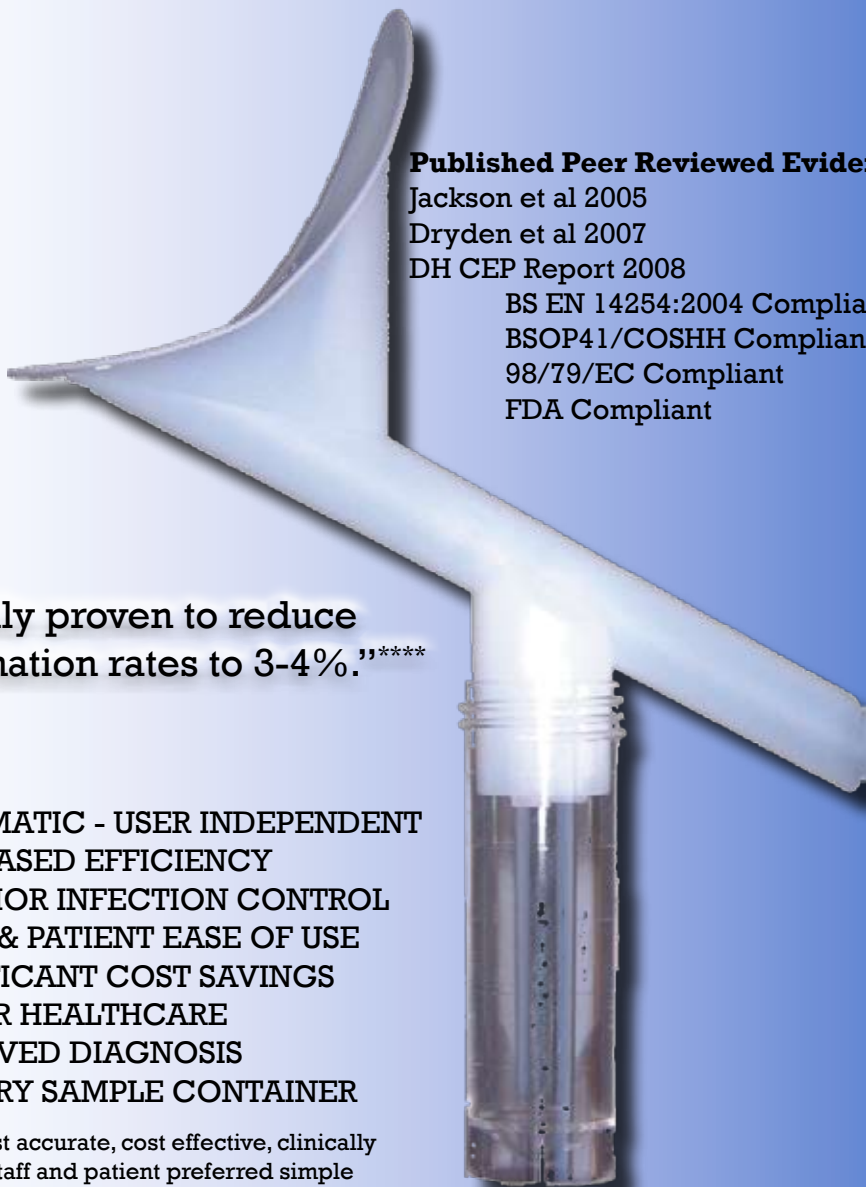




whiz

Cleancatch[®] Midstream[™]

for when health calls



Published Peer Reviewed Evidence

Jackson et al 2005

Dryden et al 2007

DH CEP Report 2008

BS EN 14254:2004 Compliant

BSOP41/COSHH Compliant

98/79/EC Compliant

FDA Compliant

“Clinically proven to reduce contamination rates to 3-4%.”****

- ✓ AUTOMATIC - USER INDEPENDENT
- ✓ INCREASED EFFICIENCY
- ✓ SUPERIOR INFECTION CONTROL
- ✓ STAFF & PATIENT EASE OF USE
- ✓ SIGNIFICANT COST SAVINGS
- ✓ BETTER HEALTHCARE
- ✓ IMPROVED DIAGNOSIS
- ✓ PRIMARY SAMPLE CONTAINER

“The most accurate, cost effective, clinically proven, staff and patient preferred simple solution to urine collection.”

QUALITY SAMPLE = QUALITY DIAGNOSIS = QUALITY PATIENT CARE

THE PROBLEMS

CONVENTIONAL MSU COLLECTION – SOME OF THE RISKS

- HIGH CONTAMINATION RATES
- POOR QUALITY OF SAMPLE
- UNNECESSARY PRESCRIPTION OF ANTIBIOTICS
- INCORRECT DIAGNOSES
- SERIOUS HEALTH RISKS IF UTIs REMAIN UNDETECTED IN NEO-NATAL CASES
- INFECTION RISK FOR CLINICAL STAFF
- PATIENTS DISLIKE PROCESS
- LONG TERM MEDICAL PROBLEMS
- LONG TERM FINANCIAL IMPLICATIONS
- PATIENT HEALTH JEOPARDISED BY USE OF NON REGULATORY UNSTERILE EQUIPMENT***

MEDICO-LEGAL & COST IMPLICATIONS OF POOR COLLECTION

BSOP41 – UK HEALTH PROTECTION AGENCY

This clearly states that MSUs should be taken without stopping and starting
 “The first part of voided urine is discarded and without interrupting the flow, approximately 10ml is collected into a sterile container.

The remaining urine is discarded.* (see also BSOP 41)

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH REGULATIONS (COSHH)

These guidelines recommend that the risk of nurse contact with patients’ body fluid should be minimised

World Health Organisation (WHO) has identical requirements

THE SOLUTION

The Cleancatch® Midstream™ lowers contamination rates to 3-4%****

THE CLEANCATCH – BEST PRACTICE

CLINICAL BENEFITS OF THE CLEANCATCH® MIDSTREAM™:

SIGNIFICANTLY REDUCES:

- General contamination in GPs surgeries by 73%****
- Heavy mixed growth by 60%*
- General contamination by 31%*
- Urine spillage by 41%*
- Re--test rates by 28%*

IMPROVES:

- Identification of UTIs by 6%*
- Number of clinically non-significant cultures by 5%*
- Quality of sample
- Accuracy of diagnosis
- Staff working conditions and practices

SATISFIED CLINICAL PROFESSIONALS

- 100% Staff approval rating
- It significantly reduces contact with urine - Primary collection system means direct collection from patient to 30ml or 10ml bottles therefore no need to transfer samples.
- No time consuming instructions need to be given
- Confidence in urine sample, whether given at home or in presence of doctor/nurse
- Standardises urine collection practice

PUBLIC & PRIVATE FINANCIAL BENEFITS OF THE CLEANCATCH® MIDSTREAM™

The reduction in the number of re-tests and associated costs create considerable financial benefits to the healthcare provider. The potential savings to the NHS on microbiological samples alone would be a minimum of £23 million**, with total savings of some £40-60 million p.a. Whiting et al 2006 – a major NHS cost study gives (p.116) the cost of a urine test at £25.00 in GP environment and £100 plus in a hospital environment. At national average contamination rates of 31% and at a clinically proven 4% Cleancatch rate, this is a minimum saving of £15.84 per test from GP’s and £93.84 per test in the hospital environment when paying £1.12 per unit for the Cleancatch and only 7p for the non-sterile universal. ***** See also CEP Report #07004 and associated professional comments at <http://www.whizproducts.co.uk/en/downloads.aspx>.

The Cleancatch results in lower staff costs in collection centres. Lower cleaning costs in both time and materials. Lower contamination rates mean: less time spent on microscopy, fewer full cultures, fewer direct sensitivity tests, less time spent analysing results. Fewer false positives. Better detection of UTIs. Less coldroom and bench space required. Faster, more accurate services.

PATIENT BENEFITS

- 74% first time users, 100% second time users preferred Cleancatch to conventional techniques
- More comfortable, simple to perform and quicker to execute
- Less messy, less hassle and less complicated
- No need to stop/start
- 70.39%* users rated Cleancatch improvement over conventional methods

PATIENT RESPONSE

- “No uncomfortable pauses or wet hands”
- “Clean and simple”
- “Easy ... very practical”
- “No weeing on hands and down bottle”
- “Why don’t doctor’s surgeries use these?”
- “No mess, no spillages, no stop and start”

GENERAL HEALTHCARE BENEFITS

- Standardisation of mid-stream urine collection
- Improved working environment for staff
- Adherence to BSOP41 and COSHH Guidelines
- Removal of dependence on the patient to provide a good MSU
- Represents best medical practice

GENERAL PRACTITIONERS

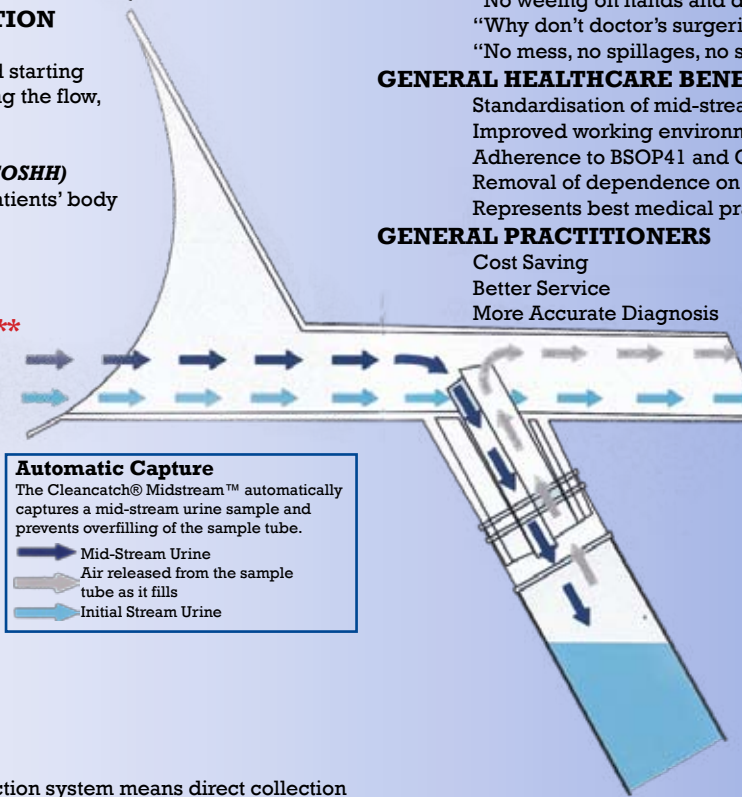
- Cost Saving
- Better Service
- More Accurate Diagnosis

COMMENTS FROM MEDICAL PROFESSIONALS

“Use of the device represents best medical practice and the significant benefits resulting there from, cannot be ignored.”
Snr. Consultant, Microbiology

“The Cleancatch is highly attractive to clinician and patient alike; it significantly lowered contamination rates and hence the need to repeat urinalysis. My patients were pleased to use this simple and hygienic device.” **Head of Obstetrics and Gynaecology**

“My patients benefited from using the Cleancatch – it was easier to use than our current methods and for the staff it was an effective way of saving time.”
Outpatients Manager, Woman’s Centre



Automatic Capture
 The Cleancatch® Midstream™ automatically captures a mid-stream urine sample and prevents overfilling of the sample tube.

- Mid-Stream Urine
- Air released from the sample tube as it fills
- Initial Stream Urine

THE CLEANCATCH® MIDSTREAM™ - HOW DOES IT WORK?

Holding the Cleancatch® Midstream™ comfortably against the body, the patient is required to urinate normally. “The urine collection device employed is not simply a funnel, but incorporates a flow-sensitive sampling channel and diverter which, using urodynamic principles, excludes the initial low-flow portion of the urine stream, thus discarding the contaminated early stream volume and automatically collects the midstream volume without interruption of the stream.”*

This is automatic and independent of any interference from the patient. As there is no spillage or over-fill, neither the patient nor the staff member handling the sample experience wet hands, wet clothes or soiled bottles. It is the most efficient MSU collector available and the only one that complies with COSHH regulations.

Extract from instructions on package (6 languages available - ENG/FRA/GER/ITA/SPA/POR):

Procedure for use Mode d'emploi Gebrauchsanleitung	Istruzioni per l'uso Procedimiento de uso Procedimento de utilização
ENG Attach Bottle	Hold Cleancatch against body
Pass urine normally, do not stop and start	
Twist off to detach bottle, twist on bottle cap	

External Use Only
 Réservé à un usage externe
 Nur für den externen Gebrauch
 Exclusivamente para uso externo
 Apenas para uso externo

Results

	Conventional collection	Contaminated	Whiz Cleancatch® Midstream System	Contaminated
Site 1	230	28 (12%)	576	25 (4.3%)
Site 2	400	118 (30%)	400	21 (5.25%)
Site 3	50	6 (12%)	44	2 (4.5%)
Site 4	19	9 (47%)	17	2 (11.7%)
Site 5	N/A	N/A	N/A	N/A
Site 6	6000	1800 (30%)	6000	240 (4%)

Table 2: Comparison of conventional versus Whiz Cleancatch® Midstream system at 6 sites

Conclusions

- The Whiz urine collection device significantly reduced contamination rates in urine samples in women in family care, confirming previous results in hospital clinics (2).
- It improved the predictive value of the urine culture in a manner acceptable to patients and staff. This is valuable both clinically and economically to family practices
- Changing the urine testing method to a Whiz UCD with a dipstick screen followed by microbiology testing of a screen-positive samples made substantial reductions in the number of retests and costs in family practice.

References:

1. Lifshitz, E. and L. Kramer, Outpatient urine culture: does collection technique matter? Arch Intern Med, 2000. 160(16): p. 2537-40.
 2. S. Jackson, M. Dryden, P. Gillett, P. Kearney and R. Weatherall A novel midstream urine collection device improves contamination rates in urine cultures. British Journal of Urology 2005 96:360-364
- * The abstract has been selected to receive an ICAAC Program Committee Award

* "A novel midstream urine collection device reduces contamination rates in urine cultures amongst women" - Jackson et al - BJU Int. August 2005, 96 pp 360-364

** University of Oxford, Saïd Business School - Health Economic Model - MBA Programme

*** Failure to comply could lead to medico/legal action. In 2003 the NHS paid £450M in claims and currently holds a provision of £8B for future claims. Professor Sir Ara Darzi - Synaptiq

**** "Improving the quality of mid-stream urine samples with a collection device" Dryden et al - Poster (ICAAC Program Committee Award), ICAAC Sept 2007, Chicago.

***** "Department of Health, Centre for Evidence based Purchasing Report #07004", January 2008

Full product specifications and regulatory compliance available from www.whizproducts.co.uk/downloads.aspx

Five Easy Ways to Order your Cleancatch

Go direct to NHS Logistics PASA and order via the online catalogue

Visit our Secure Online Order Form at www.whizaway.com

Contact our Sales Team on +44 (0) 1865 240572 or via info@jbol.co.uk

Fax us on +44 (0) 1865 246565

Write to us: Jbol Ltd., 1 Folly Bridge, Oxford OX1 4LB U.K.

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Patents Granted:

GB2362577, GB2396819, GB23855276

UK Reg. Design: 2100623, 2103229

International Patent Application:

01/74275, PCT/GB2003/000472

Further patents pending

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