



Set a
new standard
of clinical
excellence

PRESSURE INJURY PREVENTION

Early & Targeted Intervention Kit

arjo

This is Arjo

FOUNDED:

1957

HEADQUARTERS:

Malmö, Sweden

EMPLOYEES:

>6,000

GLOBAL REACH:

>100



Solutions to healthcare challenges:



Preventing immobility
acquired conditions



Aiding the return
to mobility



Reducing work-related
injuries



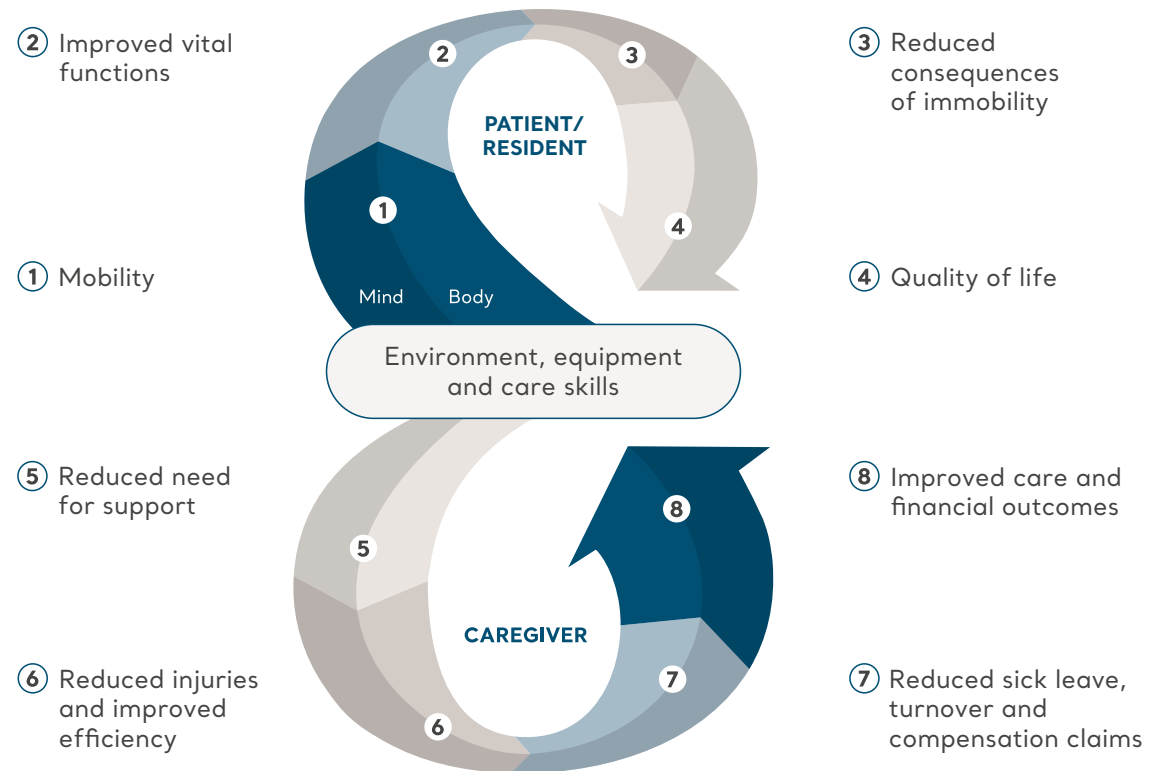
A better quality of
care & quality of life



Improved cost
and efficiency

Positive effects of the right environment, equipment and care skills

- A work environment that enables efficient care processes.
- Suitable equipment to support patient mobility and reduce caregiver injury.
- Application of the best practice care skills and agreed working processes.



The Arjo Positive Eight philosophy

The right **environment, equipment and care skills** need to be in place to allow the benefits of the Positive Eight to flow

Which patients or residents are in your care?

ACUTE CARE



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LONG-TERM CARE

ALBERT

Ambulatory

Fully self supporting, stimulating mobility is important.

BARBARA

Mobile with some assistance

Mostly self supporting in transfers and hygiene or only guidance needed. Stimulating mobility is important.

CARL

Partially weight bearing

Able to manage standing and hygiene tasks with support. Stimulating mobility is important.

DORIS

Non weight bearing

Dependent upon carer for transfer and hygiene tasks. Unable to sit unsupported. Stimulating function is important.

EMMA

Completely immobile

Fully dependent upon carer for all transfers and hygiene tasks. Stimulating function is not a primary goal.



People are made to move

When an individual's ability to reposition independently becomes compromised, the impact can be life threatening.

Pressure injuries are one of the most common and devastating complications as a consequence of immobility.

A burden across the pathway of care



PATIENT¹

- Reduced quality of life
- High levels of pain
- Loss of independence
- Reduced mobility
- May lead to life-threatening complications



FACILITY²

- Longer length of patient stay
- Increased cost of treatment and nursing time
- Litigation risk

References:

1. AHRQ (2017) Preventing Pressure Ulcers in Hospitals: A toolkit for improving quality. <https://www.ahrq.gov/sites/default/files/publications/files/putoolkit.pdf>. Accessed December 2020. 2. Dealey C, Posnett J, Walker A. (2012) The cost of pressure ulcers in the UK. *Journal of Wound Care*, 21 (6): 261-266.



Pressure injuries are one of the largest unsolved healthcare challenges today

International pressure injury prevalence rates are estimated to be between:

IN ACUTE
CARE¹⁻³

5-27%

IN LONG-TERM
ACUTE CARE³

~27%

IN LONG-
TERM CARE⁴

3-32%

IN THE US ALONE:



2.5 million

Patients in acute care will develop a pressure injury every year.³

+6%

Increase in the number of healthcare-acquired pressure injuries (HAPIs) between 2014-2017, while most other hospital acquired conditions have decreased.⁵

References:

1. Li Z, Lin F, Thalib L, Chaboyer W. Global prevalence and incidence of pressure injuries in hospitalised adult patients: A systematic review and meta-analysis. *Int J Nurs Stud.* 2020 May. **2.** Moore Z, Avsar P, Conaty L, Moore D.H, Patton D, & O'Connor T (2019) The prevalence of pressure ulcers in Europe, what does the European data tell us? *Journal of Wound Care.* **3.** Berlowitz D, Lukas CV, Parker V, Niederhauser A, Silver J, Logan C et al. Preventing pressure ulcers in hospitals: a toolkit for improving quality of care [Internet]. Rockville (MD): Agency for Healthcare Research and Quality; 2014 [cited 2018 Oct 2]. **4.** Anthony, D. M., Alosoumi, D., and Safari, R. (2019). 'Prevalence of pressure ulcers in long term care: A global review', *Journal of Wound Care*, 28(11), pp. 1-7. DOI: 10.12968/jowc.2019.28.11.702. **5.** AHRQ National Scorecard on Hospital-Acquired Conditions Final Results for 2014-2017 accessed on 26/01/21 at https://www.ahrq.gov/data/infographics/hac-rates_2019.html

Why are pressure injuries difficult to prevent?

As pressure damage can occur quickly and become evident on the skin only days after development, **risk assessment tools are key** in the prevention of pressure injuries. However, **these come with limitations.**⁴



RAPID

Injuries can develop quickly with irreversible damage occurring in vulnerable patients within a matter of hours.¹⁻²



INVISIBLE

Inflammatory changes in the skin and underlying tissues may begin 3 to 10 days before becoming visible.³

References:

1. Gefen A (2018) The future of pressure ulcer prevention is here: Detecting and targeting inflammation early. EWMA Journal 2018, 19(2):7-13. 2. Gefen, A (2008). How much time does it take to get a pressure ulcer? Integrated evidence from human, animal and invitro studies. Ostomy Wound Manage. 2008b; 54(10): 26-8,30-5. 3. Moore Z, Patton D, Rhodes SL, O'Connor T. Subepidermal moisture and bioimpedance: a literature review of a novel method for early detection of pressure-induced tissue damage (pressure ulcers). Int Wound J 2017; 14:331-337. 4. Moore ZEH, Patton D. Risk assessment tools for the prevention of pressure ulcers. Cochrane Database of Systematic Reviews 2019, Issue 1. Art No.:CD006471.DOI:10.1002/14651858.CD006471.Pub4.

The limitations of risk assessment tools

Semi-quantitative risk assessment tools (RATs) have been the standard of care in pressure injury prevention. However, many of the RATs in clinical use have low predictive value and do not always lead to effective prevention in at-risk patients.¹

Visual skin and tissue assessment can lack reliability and is based upon the subjective interpretation of the individual inspecting the skin.²



KEY LIMITATIONS OF RISK ASSESSMENT TOOLS¹

- Subjective interpretation
- Low predictive value
- Do not always lead to effective pressure injury prevention


References:

1. Moore ZEH, Patton D. Risk assessment tools for the prevention of pressure ulcers. Cochrane Database of Systematic Reviews 2019, Issue 1. Art No.:CD006471.DOI:10.1002/14651858.CD006471.Pub4. 2. Samuriwo R. & Dowding D (2014) Nurses' pressure ulcer related judgements and decisions in clinical practice: A systematic review. Int J Nurs. 51(12):1667-85.



A multi-faceted organisational challenge¹

- Pressure injury prevention is not only a nursing challenge, but a structural challenge requiring alignment across different stakeholders and disciplines at an organisational level.
- Many care providers are dealing with different competing priorities and often lack a clear and proven investment strategy to achieve sustainable outcomes in pressure injury prevention.
- Care providers today are facing high levels of staff shortages and turnover, which may negatively impact patient care.



High turnover
in nursing staff

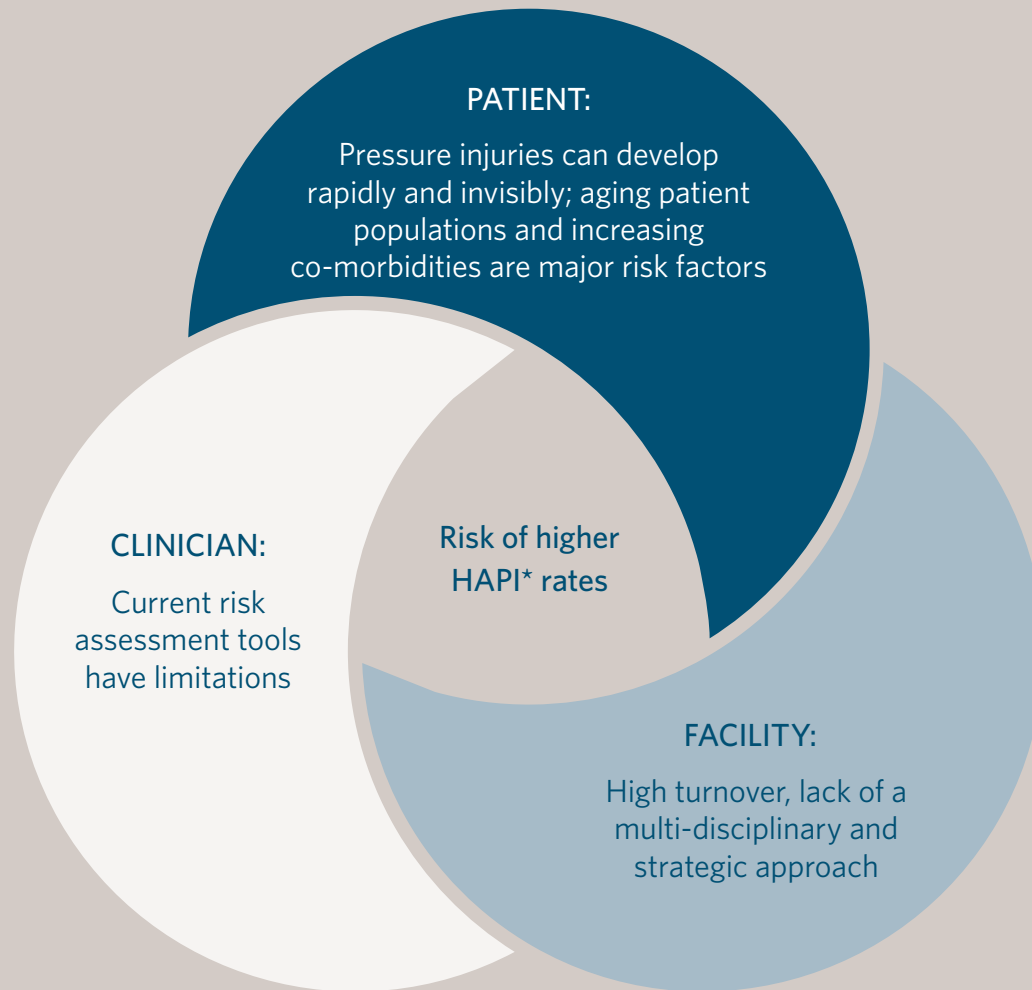
A structural
challenge, requiring
a multi-disciplinary
approach

Lack of an
investment strategy
with proven ROI
and sustainable
outcomes


Reference:

1: Samuriwo, Ray. (2012). Pressure ulcer prevention: The role of the multidisciplinary team. *British Journal of nursing* (Mark Allen Publishing). 21. S4, S6, S8 passim. 10.12968/bjon.2012.21.Sup3.S4.

Summary: three challenging key areas in pressure injury prevention



*Hospital-acquired pressure injury



Do you know your
facility pressure injury
baseline rate?

Have you identified a
goal for improvement?

Would you consider
changing your current
pressure injury prevention
and management
strategy?

The 2019 guidelines represent an international perspective of best practice from EPUAP, NPIAP and PPPIA*



KEY COMPONENTS FOR PRESSURE INJURY PREVENTION:

Risk
assessment

Skin and
tissue assessment

Support
surfaces

Repositioning
and mobility

Preventive
skin care

Nutrition
management

Measuring pressure injury rates and implementing best practice
in clinical settings at an organisational level

Set a new standard of clinical excellence in pressure injury prevention

For the past 30 years, we have continually been improving pressure injury prevention for all patients through innovation and best practice sharing.

Arjo empowers you with the ability to elevate the pressure injury prevention pathway in your care environment, equipping you with the knowledge, skills and tools to act on a new standard of clinical excellence and deliver measurable outcomes in the early identification, prevention and management of pressure injuries.

Early & objective risk identification

+

Timely and targeted intervention & management

=

Better outcomes & true prevention

arjo
Auralis 200

Early & Targeted Intervention Kit (ETIK)

SUPPORTS YOU IN ALIGNING TO THE LATEST INTERNATIONAL GUIDELINES



Objective and early risk assessment with **Provizio® SEM Scanner**



Comprehensive **therapeutic support surfaces** portfolio



Targeted **repositioning** and enhanced **mobilisation**



Clinical consultancy delivering measurable and sustainable outcomes

EARLY

Ensure a 5-day^{*1} window of opportunity to deploy preventative intervention.

TARGETED

Targeted interventions guided by objective and anatomically-specific risk assessment.

INTERVENTION

Comprehensive and clinically proven interventions ranging from support surfaces, to repositioning and mobilisation.

KIT

Multi-component intervention kit, including clinical consultancy, supporting customer implementation.

* Median.

Reference:

1: Okonkwo H, Bryant R, Milne J et al. A blinded clinical study using subepidermal moisture biocapacitance measurement device for early detection of pressure injuries. Wound Repair & Reg 2020;1-11.

Provizio® SEM Scanner

Provizio® SEM Scanner empowers you with the ability to deliver objective and anatomically-specific pressure injury (PI) risk assessment, ensuring a 5-day*¹ window of opportunity to deploy a targeted and tailored PI prevention strategy that helps minimise PI incidence and reduce overall cost and time to care.



1

Objective PI risk assessment on admission and 5 days*¹ earlier, regardless of skin tone.²

2

Enable timely, anatomically-specific and targeted interventions.

3

Digitally enhance the PI care pathway and outcome.

* Median

References:

1. Okonkwo H, Bryant R, Milne J et al. A blinded clinical study using subepidermal moisture biocapacitance measurement device for early detection of pressure injuries. *Wound Repair & Reg* 2020;1-11. 2. Bates-Jensen BM, McCreath HE, Pongquan V. Sub-epidermal moisture is associated with early pressure ulcer damage in nursing home residents with dark skin tones: pilot findings. *J Wound Ostomy Continence Nurs.* 2009;36(3):277-284

Top 100

Listed as one of the
top 100 inventions in 2020
by Time Magazine

Provizio[®] SEM Scanner is supported by an extensive body of clinical research relating to device functionality and improved outcomes

More than 85 supporting publications to date¹

1

Systematic
review

4

Health economic
studies

>45

Scientific congress
posters presented

>35

Peer reviewed
publications

Reference:

1. Arjo.Provizio SEM Scanner bibliography.1.0.INT.EN (2021).

Achieve significant reductions across care settings

Real-world evidence gathered via a number
of evaluations across markets¹

47%
In hospice
settings¹

90%
In acute care
settings^{*1}

27%
For community
care¹

* Weighted average

Reference:

1. Burns M (2020). Real World Evidence Accepted and presented at EWMA Conference.



Therapeutic surfaces

A comprehensive portfolio combining a range of therapies to accommodate all patient profiles with solutions for every risk level.

- Reactive surfaces
- Active surfaces
- Hybrid surfaces
- Microclimate management
- Seat cushions
- Bariatric solutions

Reactive surfaces



Pentaflex®
high specification
foam mattress



Therakair®
Visio Low Air Loss
System

Active surfaces



Citadel® C200
Integrated bed/
mattress system



Auralis®
Alternating Pressure
System



Nimbus® Professional
Alternating Pressure
System

Hybrid surfaces



AtmosAir®
Hybrid System

Microclimate management



Skin IQ® MCM
coverlet with
NAT*



Therakair®
Visio Low Air Loss
System

Seat cushions



Pentaflex® Foam
Cushion



AtmosAir® Hybrid
Cushion



Auralis® Alternating
Pressure Cushion

Bariatric solutions



AtmosAir® Plus
Hybrid System



Auralis® Plus
Alternating Pressure
System



Skin IQ® 1000
MCM bariatric
coverlet

*Negative Airflow Technology



Repositioning and mobility

As a global leader in patient handling, we provide a complete solution to safely reposition, lift, transfer and mobilise your patients at risk of pressure injury, promoting mobility and helping to safeguard fragile skin from friction and shear.

- Prone positioning solutions
- Patient repositioning
- Standing and Raising Aids
- Positioning in bed
- Early Mobilisation

Prone positioning solutions



Nimbus® Professional

Patient repositioning



Maxi® Slide - Sliding sheets



Maxi® Transfer Sheet

Standing and Raising Aids



Sara® Steady



Sara® Plus



Sara® Flex

Positioning in bed



Citadel®



Enterprise® 9000

Early Mobilisation



Total Lift bed®



Sara® Combilizer

Clinical consultancy

GUIDELINE IMPLEMENTATION

Arjo outcome programs and audit solutions provide healthcare facilities with a pressure injury monitoring and improvement service, implementing a long-lasting culture of best practices to ensure you can optimally:



1

Assess and maximise the availability and quality of equipment and standards of use¹.

2

Develop and implement a structured, tailored and multi-faceted quality improvement program, at an organisational level².

3

Regularly monitor, analyse and evaluate performance against quality³.

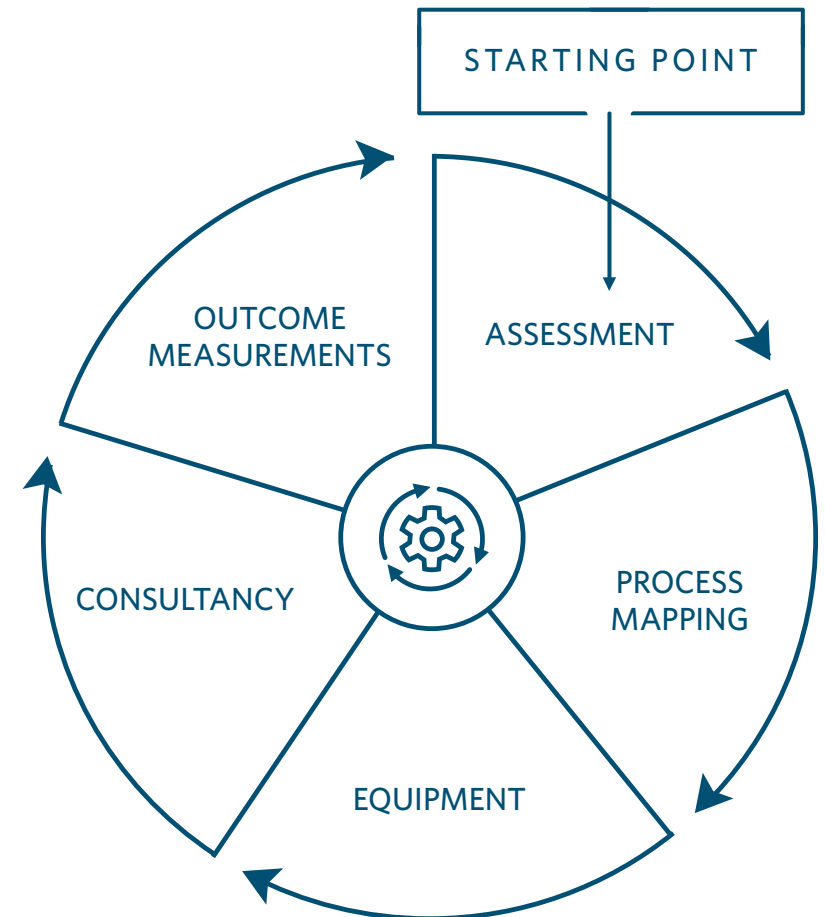
The references listed below by page number, refer to direct statements appearing in the full version of the European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline, Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA:2019.

Reference:

1: Section 24: Implementing Best Practice in Clinical Settings. Recommendation 20.4 Attitudes and Cohesion. Page 325

2: Section 24: Implementing Best Practice in Clinical Settings. Recommendation 20.5 Quality Improvement Initiatives. Page 326

3: Section 24: Implementing Best Practice in Clinical Settings. Recommendation 20.11 Quality Improvement Initiatives. Page 334



Elevate the pressure injury prevention pathway in your care environment



- Ensure early and targeted risk assessment
- Deliver the appropriate intervention for your vulnerable patients
- Drive clinical excellence and best practice

Book a Provizio®
SEM Scanner
evaluation today

The Arjo Portfolio

Products



Patient handling



Hygiene and wellness



Pressure injury prevention



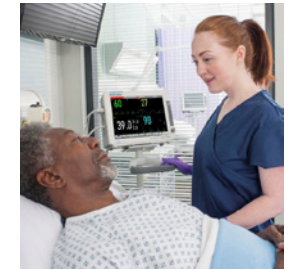
Medical beds



VTE prevention

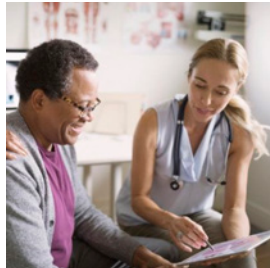


Disinfection



Diagnostics

Services



Clinical consulting



Arjo Care



Rental & financing



Early mobilisation



Elderly care & dementia



Bariatric care



Architects and planners

Solutions

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At Arjo, we believe that empowering movement within healthcare environments is essential to quality care. Our products and solutions are designed to promote a safe and dignified experience through patient handling, medical beds, personal hygiene, disinfection, diagnostics, and the prevention of pressure injuries and venous thromboembolism. With over 6000 people worldwide and 60 years caring for patients and healthcare professionals, we are committed to driving healthier outcomes for people facing mobility challenges.

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