

Ready to help – Reducing, avoiding demand for beds, clinical resource

We collaborated with our clinical customers (WOCNs, Patient Safety, Quality, Nursing leaders) to figure how we can best help you manage this extraordinary COVID-19 clinical workload. Our expertise is Pressure Injury (PI) prevention and resulting benefits, including reducing demand for beds and nursing staff. Our data show stopping patients' skin breaking through PI prevention releases **1%-6%** additional acute bed admissions capacity (depending on observed incidence rate) and frees up ~1.9 nurse FTEs/week/100 beds. For the 980k acute beds in the USA that is up to **~74,966 admissions per week** freed up capacity.

- *Why PIs now?* In ordinary times, PI patients are a leading driver of avoidable bed-utilization (4-7 days extended length of stay*). We anticipate increases in numbers of at-risk patients in all care settings, potentially to 100% given that acute respiratory symptoms of COVID-19 are also a PI risk factor. ~90% of treatment cost is nurse/specialist time.
- *What?* Our technology (SEM Scanner, FDA authorized) identifies at-risk anatomies earlier and with higher accuracy than any other method available, before any visible or tactile signs of damage. SEM data indicates where to treat and when; before the damage is done, before the skin breaks.
- *How?* The clinical strategy here is to keep patients' skin intact. Doing that substantially reduces or avoids time and resource demands from treating patients with broken skin.
- *Impact* Treating PI patients materially reduces available bed-stays/bed, nurse/specialist time. Use of the Scanner shows a >90% reduction in PI incidence in real-world usage.

Further Considerations of Nursing COVID-19 Patients

- Expect potentially 100% of admissions to be at high PI risk
- Use SEM data to know where to treat and when, before damage manifests. Use nurse assistants to do scanning. No need for nurses to do scanning
- Potentially use prophylactic dressings/heel boots/off-loading regimens
- Avoid a spike in long term treatment regimens for PI patients post COVID-19

Further Considerations of Nursing NON COVID-19 patients

- Typically, 41% of admitted patients are at risk of developing a PI*
- Use SEM data to know where to treat and when, before damage manifests. Use nurse assistants to do scanning. No need for nurses to do scanning
- In acute care prevent PIs to minimize delayed discharge. Reduce or avoid bed blocking
- When safe, discharge patients harm free into post acute care or to their own home
- Post-acute and in-home care – prevent PIs to minimize the need for hospital admissions
- Engage patients and their families in self-care
- Avoid a spike in long term treatment regimens for PI patients – now and post COVID-19
- Avoid the time needed for root cause analyses/other follow-up

Practical help

- No new staff needed. No new treatments. Use nurse assistants. Use existing treatments applied earlier, targeted to the right anatomy before damage manifests
- SEM Scanner equipment delivered to your doorstep with minimal interaction with staff
- Video-based training by BBI's Clinical Implementation team at no cost, at any time
- Staff training is very easy; ~15 minutes from no knowledge to being trained to use on patients
- Free placement of SEM Scanner hand units, we will only charge for the single-use sensors
- A PI prevention clinical algorithm illustrates who, when, where to scan and what to do with the results from the SEM Scanner. Every *new* user can benefit from prevention protocols developed by *existing* users, so immediately deployable

We are standing by to help. Contact us at +1 (310-268-9494) and info@bruinbiometrics.com. Alternatively contact me directly. Martin Burns, CEO (310-562-0052 mburns@bruinbiometrics.com)