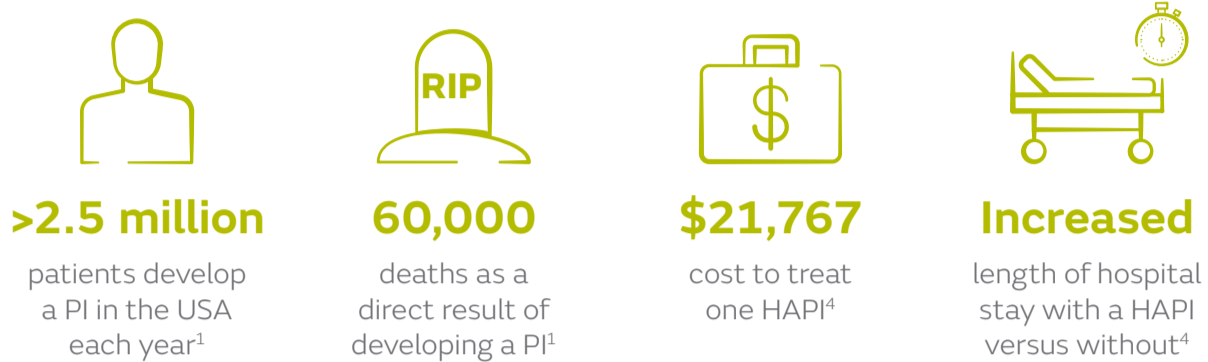


+ Evidence in focus

LEAF[◇] Patient Monitoring System is a cost effective alternative to standard care for prevention of hospital-acquired pressure injuries (HAPIs)

..... **HAPIs are a considerable problem**

Pressure injuries (including HAPIs) are largely considered preventable with regular patient turning, as recommended by most recent guidelines.¹⁻⁴ However, **low adherence to turning protocols²** in clinical practice mean:



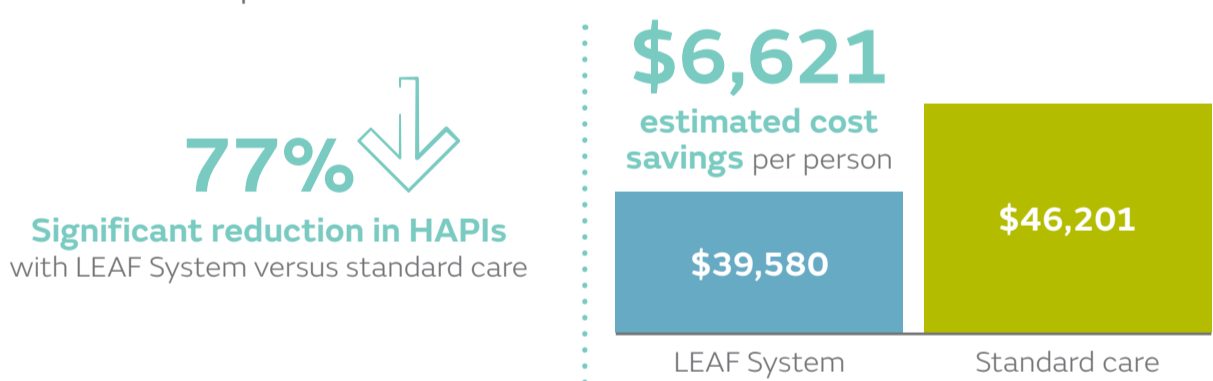
Previously, a **43% improvement** in turning practices ($p < 0.001$) and **73% reduction** in HAPI rates ($p = 0.012$) has been shown with implementation of the LEAF System compared with standard care in a randomized controlled trial (RCT) of 1,312 patients⁵

Aim: To expand on previous clinical studies by demonstrating the cost effectiveness of the LEAF System in the prevention of HAPIs in acutely ill patients versus standard care alone²

.... **Cost effectiveness of the LEAF System**

An economic evaluation was conducted using data from a number of previous studies, including the RCT,⁵ to compare the effect of the LEAF System with standard care²

The LEAF System has been projected to improve clinical benefits compared with standard care in the form of **reduced HAPI incidence and increased quality-adjusted life years with reduced overall costs** over a 52-week period²



For 1,000 patients an estimated:
203 HAPIs avoided, **\$6,621,113** cost reduction per year

..... **Conclusions**



The LEAF System helped to reduce the incidence of HAPIs and was cost saving compared with standard care. The authors note that hospitals and payers would benefit financially, clinically, and reputationally should they choose to implement the LEAF System.²

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

References: 1. Berlowitz D, Lukas CV, Parker V, et al. Agency for healthcare research and quality. Preventing pressure ulcers in the hospitals. A toolkit for improving care. <https://www.ahrq.gov/sites/default/files/publications/files/putoolkit.pdf>. Accessed: 20 June 2021. 2. Nherera L, Laarson B, Cooley A, Reinhard P. An economic analysis of a wearable patient sensor for preventing hospital-acquired pressure injuries among the acutely ill patients. *Int J Health Econ Manag*. 2021 Apr 9;[Epub ahead of print]. 3. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide. Emily Haesler (Ed). EPUAP/NPIAP/PPPIA: 2019. 4. Wassel CL, Delhougne G, Gayle JA, Dreyfus J, Larson B. Risk of readmissions, mortality, and hospital-acquired conditions across hospital-acquired pressure injury (HAPI) stages in a US National Hospital Discharge database. *Int Wound J*. 2020;17(6):1924-1934. 5. Pickham D, Berte N, Pihulic M, Valdez A, Barbara M, Desai M. Effect of a wearable patient sensor on care delivery for preventing pressure injuries in acutely ill adults: A pragmatic randomized clinical trial (LS-HAPI study). *Int J Nurs Stud*. 2018;80:12-19.