

Novaerus Study Summary Report

Overview

Edgehill Nursing and Rehab Center (ENRC), a 60-bed SNF, implemented Novaerus technology in July 2014. This technology controls airborne infections by eradicating viruses, bacteria, mold, and allergens as well as harmful contaminants such as MRSA, C-Diff, Norovirus and influenza. This study (which is not a clinical study) compares the nosocomial (facility acquired) infection rates related to respiratory etiologies before and after the implementation of Novaerus technology.

Methodology

A 24-month review was performed on ENRC to evaluate the results that the CEO stated that his facility had benefitted from. A Nurse Risk Manager Consultant visited the facility for two days to pull the facility information and to review the following data:

- Admission, transfer, and discharge data for all residents,
- Monthly infection control records, reports, and surveillance,
- Individual resident infection control examination results (x-rays, cultures, etc.), and
- A map of the facility, which displays selected areas where the Novaerus system implemented.

The period selected for this study compares the August 2013 thru April 2014 timeframes (prior to Novaerus implementation) and August 2014 thru April 2015 period after implementation. Comparison of like periods pre and post implementation reduces the risk of skewed data related to seasonal variances that might occur with infection rates. This study tallies and compares the nosocomial infection occurrences related to respiratory etiologies pre and post implementation of the Novaerus technology.

Conclusion

Prior to implementation of Novaerus technology the facility sum total of nosocomial infections related to respiratory etiologies tallied 30. In the period after Novaerus implementation the facility sum total of nosocomial infections related to respiratory etiologies in Novaerus installed rooms tallied 24, **which is a decline of 20%**. (Please see the attached graph). Clearly, implementation of the Novaerus technology has contributed significantly to the infection control as well as quality improvement efforts at ENRC. The attached graph illustrates this comparison.

