

## Novaerus Study Summary Report

### Overview

Page Rehabilitation and Healthcare Center (PRHC) implemented Novaerus technology on October 2012. 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 nosocomial (facility acquired) infection rates of respiratory etiologies at PRHC before and after the implementation of Novaerus technology.

### Methodology

In a prior review that was completed by this consulting firm (dated December 3, 2013) we found that the average monthly rate of nosocomial infections of respiratory etiologies was 20.25 prior to Novaerus implementation (over the four-month data period under review). This prior study also observed that the average monthly rate of nosocomial infections of respiratory etiologies decreased to 5.00 in the same four-month period after implementation of Novaerus technology. This (follow up) current study tallies the monthly rate of nosocomial infections of respiratory etiologies over a 29-month period (from November 2013 thru March 2016), averages this period to a monthly rate, then compares this monthly rate to the monthly averages prior to and directly after implementation of the Novaerus technology.

For this (current) study, a twenty-nine-month review was performed on PRHC to evaluate the results that the CEO stated that his facility continued to benefit 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, and
- Individual resident infection control examination results (x-rays, cultures, etc.).

### Conclusion

As indicated on the attached graphs, the average monthly rate of nosocomial infections of respiratory etiologies was 4.17 in the current study's 29-month review period. **Compared to the four-month period prior to Novaerus implementation (20.25), this represents a 75.31% decline in the monthly infection rate.** Further, **when comparing the average monthly rate of nosocomial infections of respiratory etiologies of the current study to the prior study's rate (after implementation of Novaerus), this represents an additional decline of 16.60%.** The attached graphs illustrate these comparisons. Clearly, PRHC's infection quality control program continues to benefit significantly as result of Novaerus technology implementation.

