SEM Scanner™ is the first hand-held, portable wound assessment device to detect early-stage pressure ulcers and deep tissue injury (DTI).

SEM Scanner™ assesses changes in sub-epidermal moisture (SEM) – a biophysical marker associated with localised edema in the inflammatory phase. SEM has been found to indicate tissue damage 3-10 days before visual skin damage or ulceration.
Better Information, Better Quality of Care

Accuracy of Pressure Ulcer Detection

<table>
<thead>
<tr>
<th>Anatomical Site</th>
<th>True Positive</th>
<th>True Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacrum</td>
<td>91%</td>
<td>86%</td>
</tr>
<tr>
<td>Heel</td>
<td>83%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Unsurpassed Accuracy
- Unsurpassed accuracy of detecting early pressure ulcers
- Effective even in cases with uncertain visual symptoms
- Applicability across all skin tones

Real-Time Tissue Health Status
- Speeds time to detection, prior to ulceration
- Real-time insight to monitor tissue health status (even when risk scores remain constant)

Time to Detection

Inter-Operator and Inter-Device Reliability

<table>
<thead>
<tr>
<th>Anatomical Site</th>
<th>Operator ICC</th>
<th>95% CI</th>
<th>Device ICC</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sternum</td>
<td>0.96</td>
<td>0.995-0.967</td>
<td>0.96</td>
<td>0.950-0.963</td>
</tr>
<tr>
<td>Sacrum</td>
<td>0.89</td>
<td>0.870-0.900</td>
<td>0.88</td>
<td>0.862-0.894</td>
</tr>
<tr>
<td>Right Heel</td>
<td>0.85</td>
<td>0.834-0.872</td>
<td>0.84</td>
<td>0.814-0.857</td>
</tr>
</tbody>
</table>

Consistent & Reproducible Results
Reproducible readings of tissue status, regardless of user’s prior level of experience

Empowering New Best Practices
- Earlier Intervention
- Unambiguous Cases
- More Time to Treat
- Seamless Integration into Clinical Workflow

ON ADMISSION
Determine Presence on Admission and establish patient baseline

DURING STAY
Monitor at regular intervals to detect changes in tissue health

AT DISCHARGE
Assess upon discharge to coordinate care across settings

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1“The Relationship Between Nurses’ Assessment of Early Pressure Ulcer Damage and Sub-Epidermal Moisture Measurement: A prospective explorative study” Study data presented at EPUAP 2015 Conference in Ghent, Belgium by Gillian O’Brien, Royal College of Surgery in Ireland
Cost-Savings Solution

Immediate ROI—pays for itself by preventing just a few pressure ulcers

- Lower cost of care from targeted intervention, reduced incidence and severity
- Focus resources on only true pressure ulcers

Reduced HAPU penalties and liability

- Presence on Admission detection
- Support for Harm Free Care, Safety Thermometer, and CQUIN Payments

£2.1 BILLION
Annual cost to the UK healthcare system (largely borne by hospitals and providers)

£4.5 MILLION
Annual NHS payout to patients for PU litigation

350 MILLION
HRG paid reimbursement claims for PU care

6-10 DAYS
Additional hospital days per inpatient stay due to PUs

£1,214
Average incremental direct cost of a stage 1 pressure ulcer during a single hospital admission

£14,108
Average incremental direct cost of a stage 4 pressure ulcer during a single hospital admission

Easy to Learn, Easy to Use

 Designed by a clinician for clinicians

High-ratings for ease of use

91% of users were able to use the SEM Scanner™ correctly with only 10 minutes of training

Usability Score

1 = Low, 5 = High

- Troubleshooting Guide
- Ease of Charging
- Battery Life Indicator
- Ease of Cleaning
- Clarity of Pressure Indicator Bar
- Screen Layout and Visibility
- Device Comfort
- IFU Completeness
- IFU Clarity

1 Posnet et al 2009
2 Deloitte “Do Healthcare Systems Promote the Prevention of Pressure Ulcers?”, 2014
3 Bennett, Dealey, and Posnett, “The cost of pressure ulcers in the UK”, Age & Ageing 2004
4 NHS Litigation Authority, “NHS shells out £13million in compo over 3 years for patients who suffered bedsores in hospital beds”, The Mirror January 2014