

# Ascenda<sup>®</sup>

Transfer from lying to standing. Effortlessly.

Ascenda is a **'riser-bed'** designed to facilitate effortless transfers from lying to standing, enabling individuals to maintain dignity and mobility at home while reducing care package requirements.



Accora

# Key features



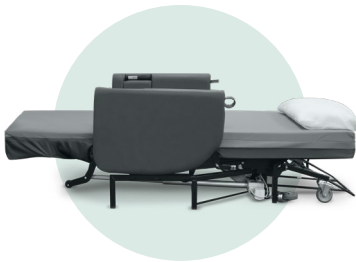
## Tilt-in-space mechanism

Enhances the individual's sense of safety when transitioning to a sleeping position.



## Rise function

Rise function to assist with sit-to-stand transfers, with integrated handles for stability.



## Sleeping position

Ascenda gently lowers to a fully horizontal position for sleeping.



## Depth-adjustable

Adjust the seat depth to 400 mm, 450 mm or 500 mm.



## Pillow clips

Clips on the bed keep pillows and cushions securely positioned during movement.



## Handset

Compact handset with intuitive interface.

# A CASE STUDY

## Overview.

'Mary' is a 76 year old lady who lives with her husband, 'Martin', who is her main carer.

Mary was diagnosed with Parkinson's Disease (PD) in 2022, she has scoliosis, polyarthritis, IHD and ME. This affects her mobility and balance. She is able to mobilise with a four wheeled walker with standby assistance.

This case study highlights the difficulties Mary has experienced during transferring to bed, the alternatives recommended by her OT, and the eventual introduction of our solution, the Ascenda.

## Main issue.

Mary is faced with a number of issues, most pressing being her inability to get her legs into bed independently. She struggles to lift them, and also has poor lateral movement.

As a result of her Parkinson's, she is also unable to turn the top half of her body.

Martin has been assisting Mary by physically lifting her legs and at the same time positioning her top half. This is physically demanding for Martin who has to complete this manoeuvre 3 to 5 times every day as Mary has toileting needs during the night, which has an impact on both their long-term needs.

## Alternative solutions.

The OT involved tried alternative solutions such as bed management systems, a profiling bed, and leglifters, however Martin was still having to provide physical assistance for Mary's transfer needs.

## Long term implications.

- Unsustainable for Martin to continue with the current level of physical assistance, increasing the likelihood of developing his own physical health concerns.
- Increased pain and lack of comfort for Mary.
- Need for formal care if Martin became injured or unable to assist Mary, resulting in increased care costs. This may have ended up around £322 per week for 2 carers (at £23 per hour in the morning and the evening).
- Mary would also have to go to bed at a time suitable to the carer's timetable, rather than her own choice. There are very few night carers so her nighttime needs would not be met.

## Summary.

- Difficulty getting legs onto bed due to inability lifting legs and lateral movement.
- Unable to turn upper half of the body due to Parkinson's.
- Physical assistance required from husband, risk of injury to both client and carer.
- Ascenda has reduced the physical assistance required of a carer, and increased dignity for the client.

Fundamentally, the Ascenda has made a positive difference to both Mary and Martin's lives for a number of reasons. Not only has it reduced the manual handling demands and risks on Martin, but also it's improved the independence and dignity of them both, especially Mary.



## Current cost

£23

Cost per hour

2hrs

Hours required per day

£16,192

Annual cost of carers

## Admission avoidance cost

£2,750

Cost of Ascenda

£0

New yearly carer cost

£13,442

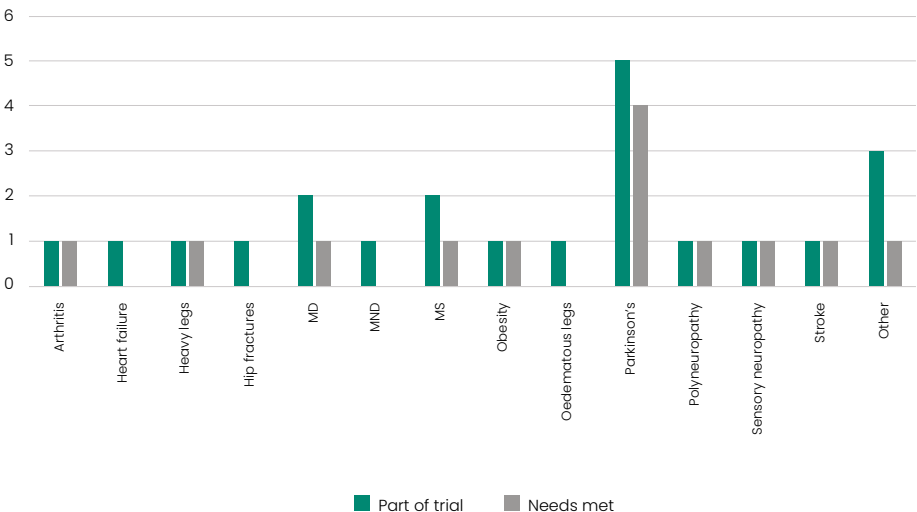
Annual savings

## Clinical trials

We took the Ascenda out to clients in the community who had been identified by OTs as potentially benefitting from our solution. Data was gathered on the condition they were living with, and their main problem with transferring.

Wimmers (1992) states that 66% of people with Parkinson's report a difficulty with bed mobility.

Ascenda was trialled on 22 clients, with 13 finding it met their needs

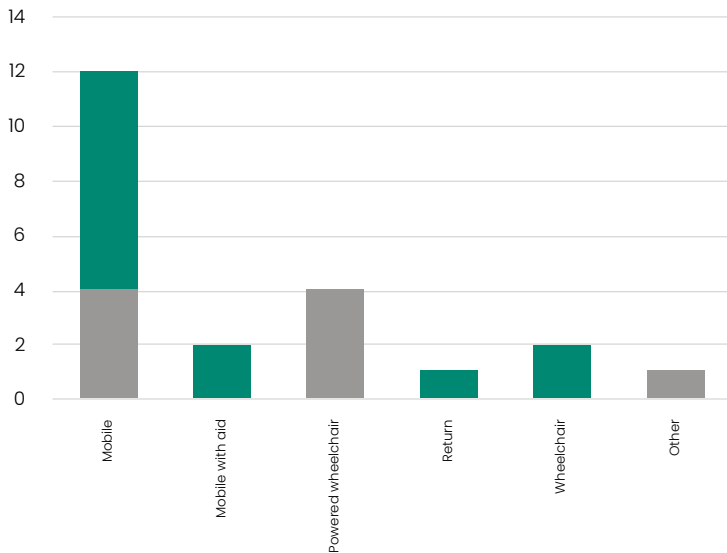


Through activity analysis we are aware that bed transfers are “a complex sequential motor skill that has many subcomponents” (Morris, 2000).

### The main problems people reported with bed transfers:

- Unsafe transfer
- Cannot lift legs
- Need rise function
- No access to carers
- Effortful transfer
- Carer manual handling risk
- Unable to get in and out
- Needed assistance

This graph shows the level of mobility of those individuals in the trial in relation to success with the Ascenda (green).



# Accora

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#### References:

Wimmers, R.H. (1992). Problematic activities of daily living in patients with Parkinson's disease: An inventory. Internal Report for the Dutch Society of Parkinson Patients and Dutch Society Physiotherapy.

Morris, M.E. (2000). Movement disorders in people with Parkinson disease: A model for physical therapy. *Physical Therapy*, 80 (6), 578–597.