

Can you reformulate the cardiac equation?



More than 8 million patients with chest pain suggestive of myocardial ischemia visit Emergency Departments (EDs) annually.¹

After initial clinical and ECG evaluation, approximately 75% of chest pain patients lack objective evidence of unstable coronary syndrome.² The lack of objective evidence has generated significant challenges in the acute-care setting.

Over the next several decades, the number of patients presenting to the ED with chest pain will undoubtedly escalate substantially, as more than 70 million baby boomers enter government-supported programs.

Unless care is delivered differently, the economic impact will be staggering.

Accelerated diagnostic protocols using biochemical markers and near-patient testing strategies help reduce hospital stays and resultant costs in the management of both ACS-positive and ACS-negative patients.³

The implementation of near-patient cardiac care in the ED is imperative to:

- Identify at risk patients more quickly
- Manage patients more appropriately
- Scale back unnecessary — and unreimbursed — treatment

“The value of the cost savings demonstrated... couldn’t be more important in a health care delivery environment that has increasingly limited resources.”

Fred Apple, PhD
Medical Director of Clinical Laboratories
Hennepin County Medical Center

Stratus® CS Acute Care™ Diagnostic System:
Reliable answers to critical questions

Answers for life.

SIEMENS

Appropriate deployment of technology can significantly decrease hospital spending

A study at Hennepin County Medical Center in Minneapolis found that high-sensitivity troponin I testing in the coronary care and cardiac short-stay units with the Stratus® CS Acute Care™ Diagnostic System, demonstrated a 25 percent† decrease in total patient costs compared to testing done in the central laboratory. The Stratus CS System also decreased mean turnaround time of the troponin results by nearly an hour.

The study followed 671 patients of the center who presented with symptoms of a coronary event. For those tested by the Stratus CS System, boarding costs were reduced by 21%, pharmacy costs by 28%, lab costs by 22% and cardiac procedural costs by 14%.⁴

| Category | Routing Testing Charges | POC Testing Charges | %Δ |
|----------------------|-------------------------|---------------------|-------------|
| Boarding | \$5,454 | \$4,329 | -21% |
| Pharmacy | \$1,542 | \$1,112 | -28% |
| Labs | \$2,076 | \$1,637 | -22% |
| Cardiac Procedures | \$3,159 | \$2,722 | -14% |
| Emergency Department | \$730 | \$748 | +2% |
| Total | \$17,163 | \$12,882 | -25% |

For more information, please contact your Siemens representative or call 1-800-242-3233, option 3, 2.

† Based on mean percentage reduction among all charge variables.

References

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"The healthcare plan of tomorrow will focus on 'Next Generation Cardiology' techniques that will utilize aggressive diagnostic testing and treatment therapies aimed at earlier intervention, shadowing the new population of early presenters."

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and President/Founder
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Product availability may vary from country to country and is subject to varying regulatory requirements. Please contact your local representative for availability.

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