

# Are your patients being admitted to the right unit with the right diagnosis?



**In the United States, more than 5.3 million patients present to emergency departments each year. Of these, 1.4 million patients are hospitalized for UA and NSTEMI.<sup>1</sup>**

Studies have demonstrated that troponin elevations can detect myocardial necrosis and are directly associated with an increased risk of mortality.<sup>2</sup> Use of the Stratus® CS Acute Care™ Diagnostic System and the high-sensitivity troponin I method\* in an acute care setting can reduce test turnaround time which can contribute to more swift diagnosis and treatment, and thus have the potential for reducing the continuation of heart damage among patients presenting symptoms of acute myocardial infarction (AMI).

The use of a high-sensitivity troponin I method\* can also lead to enhanced efficiency. In a study conducted by AJ Singer, et al, it was found that the use of point-of-care troponin I testing decreased the overall ED length of stay by approximately 2 hours, thus leading to enhanced efficiency.<sup>3</sup>

*"The advantages of the Stratus CS Acute Care System are two-fold. It can greatly reduce critical time needed to effectively identify patients (STEMI and NSTEMI) who are having or are suspected of having a cardiovascular event, therefore optimizing clinical outcomes.*

*It can also impact hospital operations by initiating front-end compliance to help meet quality indicators while potentially improving economic viability."*

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\* Defined as an imprecision level of 10% at the 99th percentile of a normal population by the joint ESC/ACC committee.

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Reliable answers to critical questions**

Answers for life.

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## Case Study<sup>4</sup>

The lab at West Houston Medical Center needed as much as an hour and a half to process and analyze blood samples for acute chest pain patients. In keeping with its efforts to raise standards and minimize risk, emergency services needed faster results.

West Houston Medical Center contracted Siemens Healthcare Diagnostics for its Stratus CS Acute Care Diagnostic System. Now samples are processed in 15 to 28 minutes. The ED physician can rapidly risk-stratify to rule out emergent conditions. Patients are admitted to the right unit with the right diagnosis. Or not admitted at all.

"With the Stratus CS system, we can rule out cardiac risk and discharge some patients. Others with elevated risk factors are admitted to a 24-hour observation unit," says Lori Litzinger, RN, CEN, emergency services director.

Because the 220-bed hospital runs at capacity, risk stratification is a vital function that helps reserve beds for the critically ill. "Before point-of-care service with the Stratus, patients were admitted with an LOS of greater than 72 hours."

- Decreased TAT from 90 minutes to <20 minutes
- Mean length of stay decreased from 2.35 days to 2.16 days
- ED volume increased by 11.8%
- Detection of ED NSTEMI patients increased by 500% with the use of high-sensitivity troponin I\*
- Patient satisfaction (HCA ranking) increased by 59%

With more effective patient management, profits have improved, according to Suzanne Frahm, director of medical records. "We're much better able to capture reimbursement of our services."

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

### References

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\* Defined as an imprecision level of 10% at the 99th percentile of a normal population by the joint ESC/ACC committee.

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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