Masimo SET and PVi

Reduce Costs and Improve the Process of Care



"Implementation of surveillance with pulse oximetry was associated with a reduced need for patient rescue and intensive care unit transfer."

Andreas Taenzer, MD

Dartmouth-Hitchcock Medical Center, United States

Studies have shown efficiency gains following the implementation of Masimo SET* pulse oximetry and PVi (Pleth Variability Index) in a variety of clinical settings

With Masimo SET® Pulse Oximetry

Includes reductions in sensor usage, arterial blood gas testing, oxygen requirements, and false alarms

34% Reduction in arterial blood draws in critically ill patients¹

40% Reduction in oxygen requirements in the ICU setting²

93% Reduction in false alarms with higher specificity³

With Masimo Patient SafetyNet™* Continuous Monitoring System

Based on a 36-Bed Orthopedic Unit

65% Reduction in rapid-response rescues with implementation of patient surveillance monitoring $system^{4,\,5}$

48% Reduction in ICU transfers following piloting of Patient SafetyNet in the general ward 4,5

With Masimo PVi

Based on 198 surgical patients

32% Reduction in patient length of stay (from 6.8 days to 4.6 days) when using PVi as part of an enhanced recovery after surgery (ERAS) protocol⁶

¹ Durbin C.G. Jr., Rostow S.K. More Reliable Oximetry Reduces the Frequency of Arterial Blood Gas Analyses and Hastens Oxygen Weaning after Cardiac Surgery: A Prospective, Randomized Trial of the Clinical Impact of a New Technology. Crit Care Med. 2002 Aug;30(8):1735-40. ² Patel D.S., Rezkalla R. Weaning protocol possible with pulse oximetry technology. Advance for Resp Care Managers. 2000: 9(9):86. ³ Shah N., Ragaswamy H.B., Govindugari K., Estanol L. Performance of Three New-Generation Pulse Oximeters During Motion and Low Perfusion in Volunteers. J Clin Anesth. 2012;24(5):385-91. ⁴ Teanzer A.H., Pyke J.B., McGrath S.P., Blike G.T. Impact of pulse oximetry surveillance on rescue events and intensive care unit transfers: a before-and-after concurrence study. Anesthesiology. 2010:112(2):282-287. ⁵ Teanzer A.H., Blike G.T. APSF Newsletter 2012. Available at: http://www.apsf.org/newsletters/html/2012/spring/01_postop.htm. Accessed June 14, 2012. ⁵ Thiele RH et al. Standardization of Care: Impact of Enhanced Recovery Protocl on Lenoth of Stay. Complications, and Direct Costs After Colorectal Surgery. J Am Coll Surg. 2015 Apr;20(4):430-443.

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Pasta J.F., et al. Daily cost of an intensive care unit day: the contribution of mechanical ventilation. *Crit Care Med.* 2005 Jun;33(6):1266-71.
**Bunsch H. et al. ICU Occupancy and mechanical ventilator use in the United States. *Crit Care Med.* 2013 Dec;41(12):2712-9.
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Potential for Reduced Costs with Implementation of Masimo Solutions

Potential Annual Cost Savings with Masimo SET® Pulse Oximetry, Patient SafetyNet, and PVi	
Reduction in arterial blood gas testing ¹ (Masimo SET* compared to conventional pulse oximetry)	\$77,520 [†]
Reduction in ventilator time ^{2,7,8} (Masimo SET* compared to conventional pulse oximetry)	\$266,450 [†]
False alarm distraction productivity savings ³ (Masimo SET [®] compared to conventional pulse oximetry)	\$180,180 [†]
Reductions in ICU transfers in 36-bed step-down unit due to continuous surveillance monitoring with Patient SafetyNet, including SET* pulse oximetry4.5	\$1,479,012
Reduction in length of stay due to using PVi in an enhanced recovery after surgery (ERAS) protocol ⁶	\$777,061
Total Potential Annual Cost Savings	\$2,780,223

Masimo SET® + Patient SafetyNet + PVi:

More than \$2.5 Million in Potential Annual Cost Savings