

THE REAL COST OF GLYCEMIC EVENTS

APPROXIMATELY
25%
OF ALL HOSPITALIZED PATIENTS REQUIRE INSULIN

5.5 DAYS
IS THE NATIONWIDE AVERAGE HOSPITAL LENGTH OF STAY (LOS) FOR PATIENTS WITH DIABETES

38-40%
OF TOTAL PATIENT POPULATIONS SHOW A PREVALENCE OF HYPERGLYCEMIA

70-80%
OF CRITICALLY ILL AND CARDIAC SURGERY PATIENTS SHOW A PREVALENCE OF HYPERGLYCEMIA

While inpatient glycemic management remains challenging, glycemic events are continuing to directly impact your clinical team's workflow complexity, and your system's quality measures and bottom line.

IMPACTS OF HYPERGLYCEMIA

12X

Increased surgical site infection likelihood for patients with post-op glucose levels above 220 mg/dL

1 DAY

Average time added to LOS for each 50mg/dL increase in blood glucose levels above 150mg/dL in cardiac surgery patients

While the treatment of hyperglycemia is crucial, using paper protocol to provide insulin doses aimed at bringing a patient back into their target blood glucose range can be challenging, lengthy, and puts the patient in risk of severe low blood sugar.

IMPACTS OF HYPOGLYCEMIA

Hypoglycemia can occur when selecting insulin doses for patients without taking patient-specific factors (like food intake, steroid presence and kidney functions) into consideration.

+1 DAY

Hypoglycemia cases with blood glucose levels of 70 mg/dL or under can add an additional hospital day to the patients stay

The relationship between abnormal blood sugar levels and mortality is u-shaped, meaning there is an increased risk of death at both extremes.

GLYCEMIC EVENTS COST BOTH THE PATIENT AND THE HOSPITAL SYSTEM

\$102B X6

\$102 Billion is spent on inpatient diabetes care each year

43%

The average cost increase per day for treating a hyperglycemic event compared to standard critical care day cost.

\$4,312 \$600M

43% of the overall cost associated with diabetes care comes from hospitalization expenses

Average marginal cost of adverse drug events involving a hypoglycemic agent

\$600,000,000 is wasted on hospital insulin errors each year

WHAT YOU CAN EARN WITH ENDOTOOL

EndoTool IV, a leading electronic glucose management system (eGMS), allows for precise insulin recommendations based on patented algorithms that adjust to 11 patient-specific factors to model, predict and adapt dosing to each patient's physiological and individual response.

ENDOTOOL IV ADAPTS DOSING FOR:

- BLOOD GLUCOSE LEVEL
- DIABETES MELLITUS DIAGNOSIS
- AGE
- SEX
- HEIGHT
- WEIGHT
- sCr
- eGFR
- CARBOHYDRATE INTAKE
- STEROID PRESENCE
- ESTIMATED RESIDUAL EXTRACELLULAR INSULIN (EREI)

95%

REDUCTION IN HYPOGLYCEMIC EVENTS

0.4%

HYPOGLYCEMIC EVENTS REDUCED TO LESS THAN 0.4%

1 DAY

AVERAGE DEDUCTION IN LOS

98.4%

OF PATIENTS ACHIEVE GLYCEMIC CONTROL

<3 HOURS

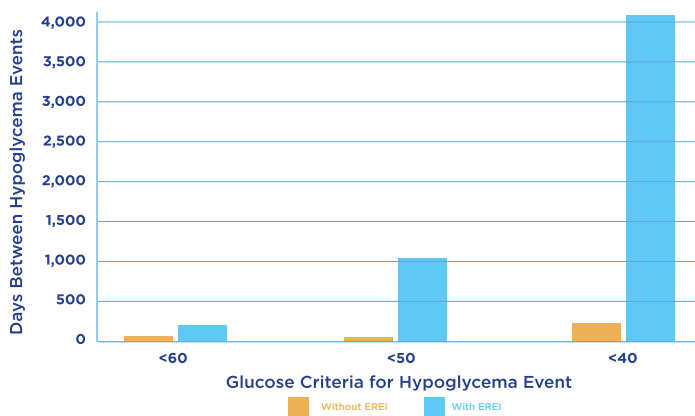
TIME IT TAKES PATIENTS TO ACHIEVE CONTROL

\$3,380

AMOUNT SAVED PER PATIENT BY REDUCING LOS BY ONE DAY

By predicting and adjusting for residual insulin with the patented EREI feature, EndoTool delivers adjusted doses based on kidney function and response to prevent subsequent hypoglycemia, significantly improving IV insulin dosing. Analysis from systems using supplemental CHO dosing and EREI with timely glucose determinations has revealed that severe hypoglycemia was seen roughly every thirteen years of therapeutic IV insulin treatment, leading to a 92% reduction in hypoglycemia.

Days Between Hypoglycemia Events



EndoTool streamlines glycemic management care, mitigates nursing and physician deviation, and improves safety measures, patient outcomes, quality scores, and a hospital's return on investment.

To learn more, visit MonarchMedTech.com/EndoTooliv

