

# RFID JOURNAL LIVE!

**17** ANNUAL  
CONFERENCE  
AND  
EXHIBITION

APR. 2-4  
**2019**

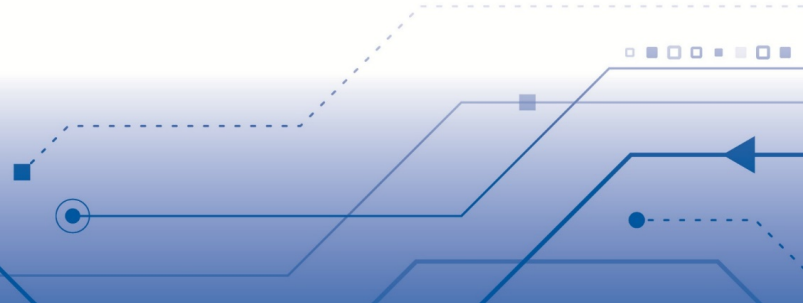
PHOENIX  
CONVENTION  
CENTER  
**PHOENIX,  
ARIZ.**

# RFID JOURNAL LIVE! 2019

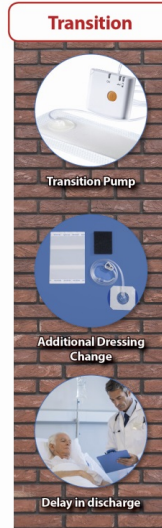
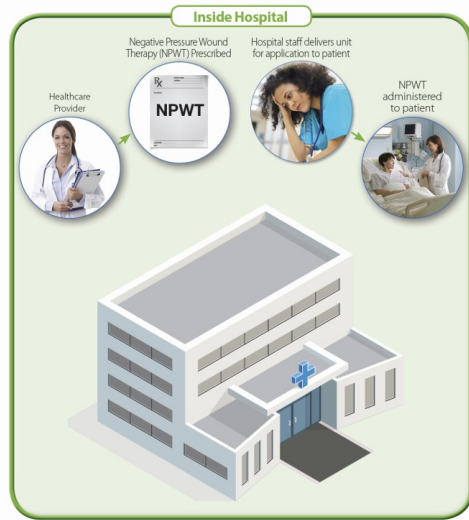


## C<sup>o</sup>NTINUUM®

### NPWT



# NPWT Multi Unit Problem



## Hospital – 1<sup>st</sup> Pump

- \$50-125 per day per pump
- Lost pumps
- Inconsistent billing

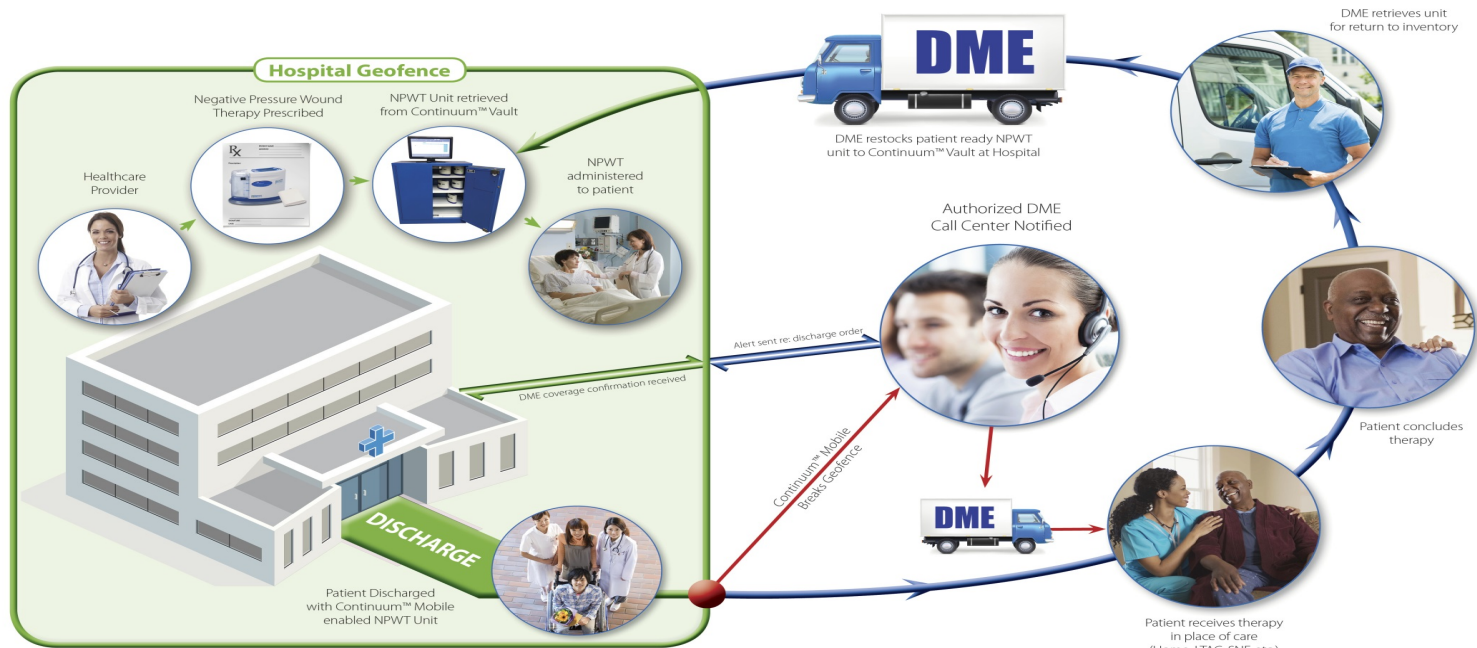
## Transition – 2<sup>nd</sup> pump

- Transition Pump (\$600-900)
- Additional dressing change
- Delay in Discharge (\$800-5000 per night)
  - 3 hrs – 3 days

## Post Acute – 3<sup>rd</sup> pump

- Device Change

# NPWT Single Pump Solution



# Case Study: Level 1 Trauma Center

Prior to start of Continuum NPWT implementation:

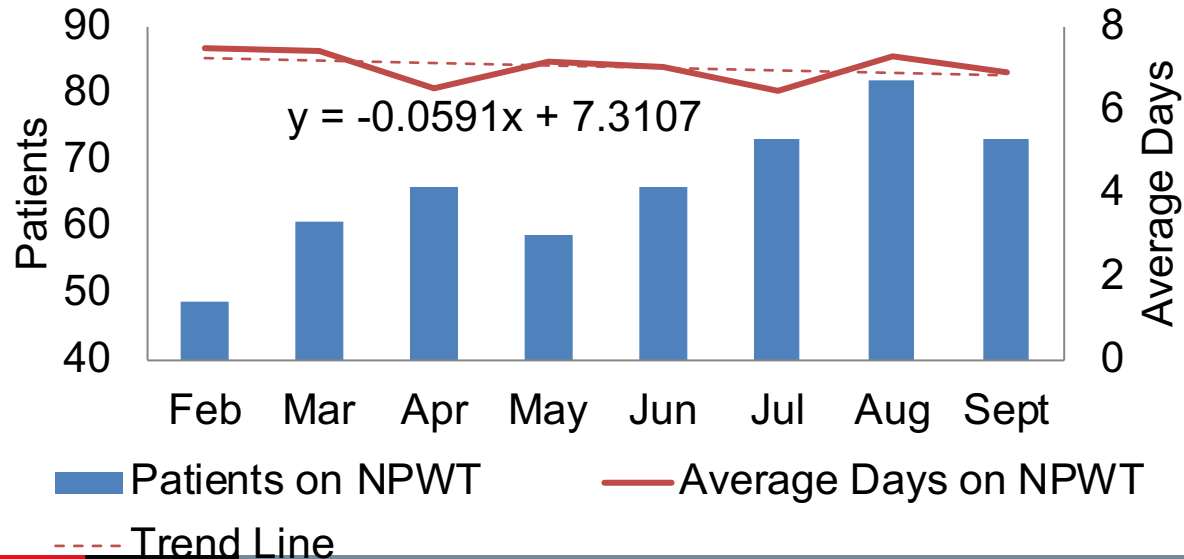
- NPWT treatment logs maintained on a hand-written log for vendor billing purposes (i.e. daily billing per unit)
- Units in one location to reduce potential lost units (although some were still lost)
- Discharges limited when dressing changes required
  - 90% of patients required dressing changes due to unit “switch” at discharge
- No visible chain of custody between units/NPWT kits/patients
- Limited ability to find DME partners accepting Medicaid

# In-Practice Savings and Solutions

- Reduced discharge time by an estimated 28 minutes per patient due to elimination of paperwork
- Eliminated 90% of “extra” dressing changes due to system allowing use of one unit per patient throughout treatment
- Increased ability to release patients with hard to match Insurance
  - 14 Medicaid patients would have previously stayed in-hospital until the conclusion of NPWT treatment - all were able to be released
- Eliminated extending hospital stays due to “waiting” on units
  - 40% of patients released after hours or on non-dressing change days due to unit staying with patient
- 2 units that were “lost” were recovered – saving the hospital approximately \$20,000 in charges (GPS enabled devices)
- 529 patients received NPWT during the 8-month trial (~ 7.0 days each). Due to the Continuum system, unit availability increased automatically as needs increased.

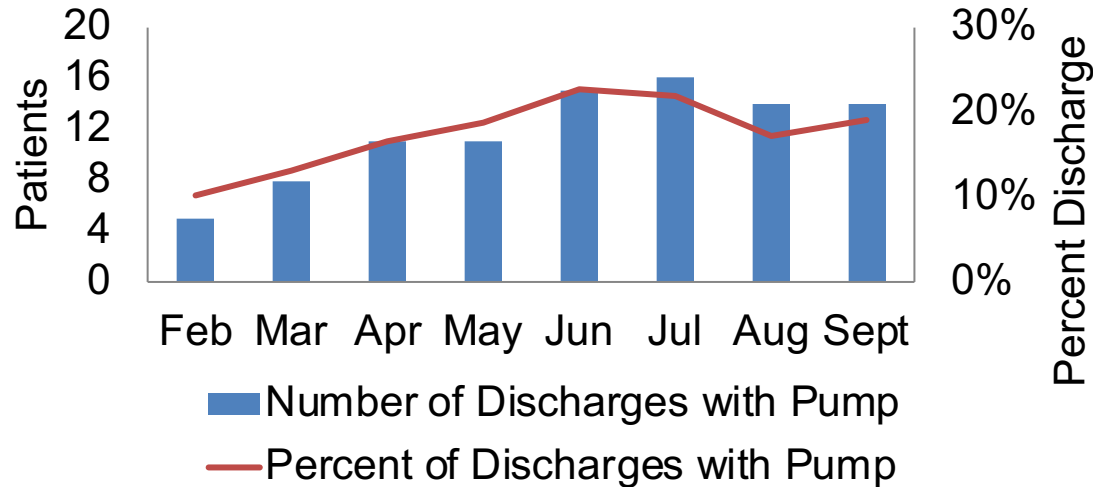
# Hospital Utilization of NPWT

While the hospital **increased patient utilization by 25.1%** it was able to reduce the patients' average days on rent in the hospital by 2.9%; over the course of a year this small reduction saves the hospital nearly \$8,000 (based on \$50/day)



# Patient Discharge

The hospital saw a **69% increase in the ability to discharge patients with a pump** when comparing the first four months to the 2<sup>nd</sup> four months of the trial. Additionally, they increased days saved by 171%, allowing patients to be discharged at any time, instead of when their dressings needed to be changed.





# Annual Impacts 50 NPWT Units

	Single Time Cost	Monthly Occurrences	Annual Savings in Dollars
Avg. Cost per day for Non-Profit Hospital <sup>1</sup>	\$2,289	16	\$439,488
Capital Equipment Loss <sup>2</sup>	\$10,000	0.3	\$36,000
Reduction in Rental Days	\$50/day	13	\$7,800
Dressing Changes <sup>3</sup>	\$119.24	14	\$20,032

	Time Reduction in Minutes	Monthly Occurrences	Monthly Minutes Saved	Annual Savings in Time
Discharge Time	28	15	420 minutes	84 hours
Dressing Change Time	45	14	630 minutes	126 hours
<b>Total Annual Time Savings</b>				<b>210 Hours</b>

1. Rappleye, Emily. (2015) Average cost per inpatient day across 50 states. Accessed 5/10/2017: <http://www.beckershospitalreview.com/finance/average-cost-per-inpatient-day-across-50-states.html>

2. Data provided by the VHA Inc.

3. Kim, J. J., Franczyk, M., Gottlieb, L. J., & Song, D. H. (2017). Cost-effective Alternative for Negative-pressure Wound Therapy. *Plastic and Reconstructive Surgery Global Open*, 5(2), e1211. <http://doi.org/10.1097/GOX.0000000000001211>

# Outcomes

Hospital Savings:  
\$10,060 per unit  
per year

- Reduced Costs
  - Reduced nursing time
  - Reduced hospital bed time
  - Fewer dressing changes
  - Decreased unit replacement costs due to “misplacement” or theft
  - Decreased opportunity for mismanagement of patient (i.e. the DME does not service that plan/area, etc.)
- Increased Continuity of Care
  - Patients and their equipment can be kept together – with little need for secondary equipment
  - Patients and caretakers are trained on devices used in the hospital
  - Instant checks to assure the DME of choice is “in plan”
  - No down-time (i.e. wet dressing) while a patient waits for a device

10

# Contact Us

## Website

<http://DeRoyal.com/Continuum>

## Jaimebeth Galinis

Director of Wound Care Marketing

[jgalinis@deroyal.com](mailto:jgalinis@deroyal.com)

## Ryan McBee

Continuum Technology Manager

[rmcbee@deroyal.com](mailto:rmcbee@deroyal.com)



# THANK YOU

**RFID**  
JOURNAL  
**LIVE!**

# 2019