TODAY’S PANELISTS

- Cori Johnson Maegley, BS, MS, MBA
  - Director of Clinical and Portfolio Sales and Outcomes Pledge Program Director
  - Medtronic

- Mary Jo Valentine, MSN, RN, OCN
  - Director of Nursing Professional Development and Magnet Program Director
  - Methodist Hospitals

- Jeff Ollis, MD
  - Cardiac Anesthesiologist
  - Parkwest Medical Center
MEDTRONIC MISSION

ALLEVIATE PAIN
RESTORE HEALTH
EXTEND LIFE
Our broad portfolio of solutions spans the continuum of care to support minimally-invasive treatment by reducing complications and accelerating patient recovery.
INTRODUCING THE MEDTRONIC OUTCOMES PLEDGE PROGRAM

VALUE-BASED HEALTHCARE STARTS WITH IMPROVING OUTCOMES
FACILITIES PARTICIPATING IN THE PHASES OF THE PROGRAM WILL COLLABORATE WITH MEDTRONIC TO TARGET...

**OPTION 1**

20% Reduction

In events related to respiratory compromise on the medical surgical floor

When implementing a program using Microstream® Capnography for adult patients receiving sedatives and/or opioids/PCA on the Medical Surgical Floor.

**OPTION 2**

20% Reduction

In cardiac surgical complications associated with Major Morbidity and Operative Mortality

When implementing a program using INVOSTM Regional Oximetry for adult cardiac surgery patients.
OPTION #1: RESPIRATORY COMPROMISE
MICROSTREAM CAPNOGRAPHY

“Respiratory Compromise is a state in which there is a high likelihood of decompensation into respiratory insufficiency, respiratory failure or death, but in which specific interventions (continuous monitoring and therapies) might prevent or mitigate decompensation.”

- Respiratory Compromise Institute
  www.respiratorycompromise.org

Common, Costly and Deadly:
• Nearly 30% of post-operative patients and approximately 7% of all Medicare patients\(^1\)
• Patients with respiratory compromise that originates on the medical surgical floor are 29 times more likely to die compared to those in other areas of the hospital.\(^2\)
• Cost projected to exceed $37 billion by 2019.\(^3\)

Name: Amanda Abbiehl
Age: 18
Diagnosis: Severe pain from throat infection
Monitoring: Intermittent SpO\(_2\) and vitals
www.promisetoadmanda.org/amandas-story

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Microstream™ Capnography

End-tidal carbon dioxide (etCO$_2$):

- Noninvasive continuous measurement of CO2 concentration
- Helps clinicians detect signs of respiratory compromise earlier, so they may intervene sooner
- Normal range: 35-45mmHg*

*http://globalrph.com/abg_analysis.htm
OPTION #1: MEDICAL SURGICAL FLOOR

Program Targeted Goal

20% Reduction

Respiratory Compromise*

- Code Blue Incidents
- Naloxone Reversal Agent Administration
- Unplanned Intubations
- ICU transfers from GCF

Total
# of Adverse Events

# of Qualifying Patients*

* For purposes of this program, Respiratory Compromise is defined as respiratory arrest, insufficiency or failure as assessed by the following four metrics: Code Blue Incidents, Naloxone Reversal Agent Administrations, Unplanned Intubations due to Respiratory Compromise, and Intensive Care Unit (ICU) Transfer from the Medical Surgical floor.

** ** Adult patients receiving sedatives and/or opioids/PCA on the Medical Surgical Floor
**Outcomes Pledge Program Structure**

**Respiratory Compromise**

**Pledge:** 20% Reduction in adverse events

**Time Required:** Measurement Period

12 months (maintain in Years 2-5)

**Rebate:** If program requirements met, but outcomes not achieved

50% rebate on Microstream® capnography sampling lines
OPTION #2: MAJOR MORBIDITY AND OPERATIVE MORTALITY
INVOS REGIONAL OXIMETRY

Cerebral Desaturation is Common, Costly and Debilitating:

- 60-75% of high risk cardiac surgery patients experience cerebral desaturation\(^1\)
- CABG patients with prolonged desaturation have 3x greater risk for prolonged hospital stay >6 days,\(^2\) costing up to $31,000\(^3\)
- CABG surgery patients with prolonged desaturation have higher rates of MMOM than CABG patients without prolonged desaturation\(^4\)

The INVOS™ system provides real-time monitoring of changes in regional oxygen saturation (rSO\(_2\)) of blood in the brain or other body tissues beneath the sensor for effective oxygen monitoring in adults.

3. Cleveland Clinic Patient Price Information List. 16-CCC-237.
OPTION #2: OPERATING ROOM

Program Targeted Goal

20% Reduction

Major Morbidity and Operative Mortality (MMOM)*

Cardiac Surgical Patients Exhibiting MMOM*

# Qualifying Patients**

* Major Morbidity and Operative Mortality is a composite endpoint defined as having one or more of the following six complications: permanent stroke, reoperation for any reason, renal failure, prolonged ventilation > 24 hours, mediastinitis or death (per STS version 2.81).

** Adult Cardiac Surgery patients.
**OUTCOMES PLEDGE PROGRAM STRUCTURE**

**MAJOR MORBIDITY AND OPERATIVE MORTALITY**

**PLEDGE:** 20% Reduction in adverse events

Major Morbidity and Operative Mortality (MMOM)

**TIME REQUIRED:** Measurement Period

12 months (maintain in Years 2-5)

**REBATE:** If program requirements met, but outcomes not achieved

50% rebate on INVOSOS Consumables
## Expectations of Participating Customers

### Outcomes Pledge Program Requirements

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<thead>
<tr>
<th>1</th>
<th>Measurement &amp; Reporting</th>
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<tbody>
<tr>
<td>• Identify appropriate Clinical Sponsor and Program Manager</td>
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<td>• Provide 24 month historical aggregated baseline data</td>
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<td>• Kickoff Meeting and regular progress check-ins during implementation</td>
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<td>• Quarterly Outcomes Review with Medtronic</td>
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<th>2</th>
<th>Protocol</th>
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<td>• Adopt clinical protocol(s) governing use of applicable technology on qualifying patients</td>
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<tr>
<td>• Draft written protocol and approve via standard hospital process</td>
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<th>3</th>
<th>Implement Technology</th>
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<tr>
<td>• Ensure necessary equipment is ordered and installed</td>
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<tr>
<td>• Ensure consumables are ordered and stocked</td>
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<th>4</th>
<th>Training &amp; Education</th>
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<tr>
<td>• Training required for all Staff Members on participating units</td>
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<tr>
<td>• Online Module and Live Training required for at least 80% of staff</td>
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<tr>
<td>• Documentation and quarterly attestations required, to ensure training requirements are maintained</td>
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OUTCOMES PLEDGE PROGRAM
IMPLEMENTATION APPROACH

Implementation Period
- Establish baseline measurement
- Create policy/protocol
- Implement technology
- Train relevant staff

Measurement Period
- Quarterly outcome reviews
- Ongoing training and education to maintain required competency

Maintenance / Expansion
- Maintain outcomes improvements
- Expand program to other facilities within a system
OUTCOMES PLEDGE PROGRAM METRICS & REPORTING

DASHBOARD OVERVIEW

Clinical Outcomes

Financial Outcomes
Option 1 - Respiratory Compromise

Mary Jo Valentine, MSN, RN, OCN
Director of Nursing Professional Development
Methodist Hospitals
Gary and Merrillville, Indiana
Option 2 - Major Morbidity & Operative Mortality

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