Glytec

Cost Savings Case Study:
eGMS® Return on Investment

Savings estimates for hospitals and health systems with 5,000 beds

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eGMS Cost Savings Summary

From both a medical and business perspective, eGMS isn't just a nice-to-have — it's a must-have.

Improving glycemic management in the hospital results in better and safer care for patients[1-3]. In a perfect world, that would be all you need to know. But there's a cost associated with improvement, and that cost must be justified.

Thankfully, improving glycemic care using Glytec's eGlycemic Management System® (eGMS) doesn't just enhance patient safety[4-6] — it can also dramatically reduce costs.[7] It's easy to do the math and see how the savings could result in positive, scalable ROI.

*Projected outcomes + savings summary for a 5,000-bed hospital or healthcare system**

Outcome	*Savings*
5,067 fewer severe hypoglycemia (<40 mg/dL) events per year	**$14,866,578**
85,500 fewer point-of-care blood glucose tests per year	**$384,750**
1,500 CABG procedures with a lower cost of care	**$5,481,000**
3,900 additional open ICU bed-days per year	**$2,145,000**

*Projected based on conservative estimates using real data

Total projected annual savings with eGMS®

$22,877,328

UP NEXT: HYPOGLYCEMIA REDUCTION AND POC BG TEST REDUCTION

Hypoglycemia Reduction

Hypoglycemia events are a major financial drain for hospitals,[8] in addition to its impact on patient safety and outcomes. By replacing outdated and dangerous paper protocols and sliding scale monotherapy[9], and using guided workflows with safety guardrails that decrease errors[6] and improve administration, eGMS can reliably reduce the incidence of hypoglycemia in your health system.[5]

At a 5,000-bed hospital or healthcare system, we anticipate that reduction in severe hypoglycemia will result in **$14,866,578 in savings** annually.

How we got here...

We reached this projection by taking an estimated number of severe hypoglycemia events per year at a hospital of this size (**5,630**) and calculating a **90% reduction** in incidence of severe hypoglycemia (a conservative estimate based on our research, in which we see up to 99% reduction[10]). We then multiplied the reduced number of incidents by a proven cost per severe hypoglycemia event from a peer-reviewed study.[7]

Reduced point-of-care blood glucose tests

Every point-of-care blood glucose test performed costs nurses' time and the hospital money. By reducing time-to-target blood glucose[11] and length of stay,[7] the use of eGMS results in fewer POC blood glucose tests.[12]

At a 5,000-bed hospital or healthcare system, we anticipate that reduction in point-of-care blood glucose tests will result in **$384,750 in savings** annually.

How we got here...

We reached this projection by taking an estimated number of POC BG tests per year at a hospital of this size (**1,710,000**) and calculating a **5% reduction** (a conservative estimate based on our research, which ranges from 20% to 47% reduction[6,12,13]). We then multiplied the number of tests avoided by an estimated $4.50 excess cost per test.

UP NEXT: CABG OUTCOMES AND OPEN ICU BEDS

Better glycemic management following CABG

Glycemic complications following CABG procedures can be very costly. eGMS reduces the cost per procedure by reducing complications, shortening hospital stays and reducing resource utilization across ICU, pharmacy, radiology, lab and consultation services.[14]

At a 5,000-bed hospital or healthcare facility, we anticipate that improved glycemic management of CABG patients will result in **$5,481,000 in savings** annually.

How we got here...

We reached this projection by taking an estimated number of CABG procedures per year at a hospital of this size **(2,000)** and estimating that **75% of these patients will need IV insulin**. We then multiplied the estimated number of IV insulin-requiring CABG patients by a proven cost savings from a study comparing intensive to conservative glucose control.[14]

New open ICU bed-days

eGMS gets insulin-requiring patients into target range[15] and out of the ICU faster,[16] opening up beds for other patients in need.

At a 5,000-bed hospital or healthcare facility, we anticipate that increasing open ICU bed days as a result of eGMS usage will result in **$2,145,000 in savings** annually.

How we got here...

We reached this projection by taking an estimated number of insulin-requiring patients in the ICU per year at a hospital of this size (**15,000**) and calculating an **0.26 day reduction** in ICU length of stay per patient (a conservative estimate based on our research, which ranges from 0.26 to 3.18 days reduction[7,17]). We then multiplied the number of additional open bed days by a conservative estimated throughput value of **$550**.

UP NEXT: REAL HOSPITAL COST SAVINGS AND HOW MUCH CAN YOU SAVE?

Real Hospital Cost Savings

While the savings in this guide are projections, real hospitals have saved millions using eGMS.

Kaweah Delta
MORE THAN MEDICINE. LIFE.

Kaweah Delta, a 610-bed medical center in California, realized $7.1 million in annual savings using eGMS.[7]

"The standardization of care . . . anytime you can do that, you're going to decrease the variation, and as a result, we've been able to reduce our length of stay by approximately two days. What's really exciting is the 74% reduction we have seen in severe hypoglycemic events less than 40, because we know those can be very catastrophic and the potential savings is in the millions of dollars."

Rose Newsom RN, MSN, NE-BE, Director of Nursing Practice at Kaweah Delta Health Care District.

Throughout this cost-savings guide, we've used conservative estimates to illustrate how Glytec's eGMS isn't just the right thing to do to achieve optimal patient safety: it's also a smart investment.

Reach out for a personal consultation to receive a personalized projected cost savings using your institution's data points.

Learn More About The Return on Investing in Glytec's eGMS

Reach out for a personal consultation

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The eGlycemic Management System® is a modularized solution for glycemic management across the care continuum that includes Glucommander™. Glucommander™ is a prescription-only software medical device for glycemic management intended to evaluate current as well as cumulative patient blood glucose values coupled with patient information including age, weight and height, and, based on the aggregate of these measurement parameters, whether one or many, recommend an IV dosage of insulin, glucose or saline or a subcutaneous basal and bolus insulin dosing recommendation to adjust and maintain the blood glucose level towards a configurable physician- determined target range. Glucommander™ is indicated for use in adult and pediatric (ages 2-17 years) patients. The measurements and calculations generated are intended to be used by qualified and trained medical personnel in evaluating patient conditions in conjunction with clinical history, symptoms, and other diagnostic measurements, as well as the medical professional's clinical judgement. No medical decision should be based solely on the recommended guidance provided by this software program.

Glucommander™ is only available for use in the United States.

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Customer service: (888) 458-2683