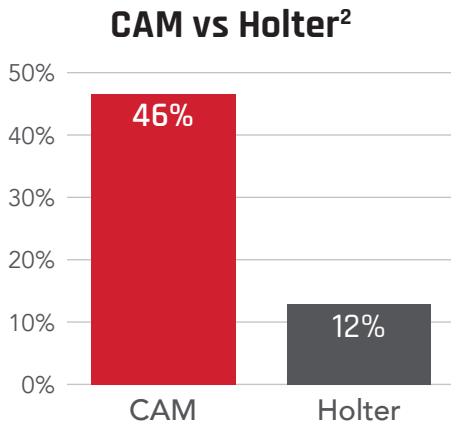


Improving clinical efficiency through diagnostic accuracy¹ and flexible workflow



Accurate LT-ECG monitor¹⁻⁴ and reliable clinical services⁵ matter to care quality

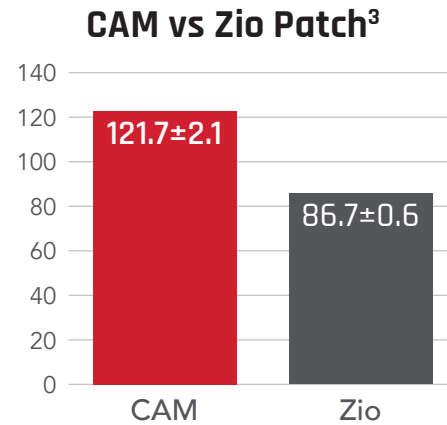
The **CAM** has 96.82% sensitivity, 99.86% specificity, and 99.79% positive predictivity for detecting 30 seconds of AF or longer¹ and is a solution that reports subtypes of SVT. Every **CAM** report is analyzed by at least two US-based certified ECG technicians, and our report has a >99.5% physician agreement rate.⁵ Evidence below shows that the **CAM** Patch provided more clinically significant data compared to other devices, enabling different and more informed clinical decisions.²⁻⁴



Percent of patients with clinically significant arrhythmias (n=50, p<0.001)

3.8X

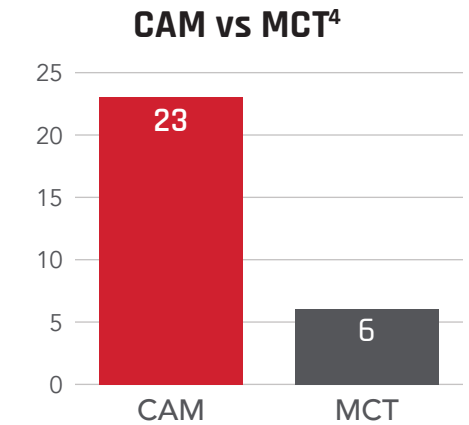
MORE PATIENTS PRESENTED CLINICALLY SIGNIFICANT INFORMATION²



Count of arrhythmias from CAM and Zio reports (n=29, p<0.001)

41%

OF PATIENTS IN WHICH A DIFFERENT CLINICAL DECISION WOULD HAVE BEEN MADE BY THE MANAGING PHYSICIAN³



Number of patients diagnosed with significant arrhythmias (n=29)

2X

AS MANY PATIENTS WERE DIAGNOSED WITH SIGNIFICANT ARRHYTHMIAS⁴

The CAM solution offers a customizable workflow for a variety of clinical environments

What are your clinical obstacles?

- Workflow flexibility & scalability
- Staff shortages & job satisfaction
- Patient quality of care
- Device ease-of-use
- Report turnaround time
- Data accessibility
- EMR integration
- Low inventory
- Diagnostic accuracy

Call us today at (844) 77P-WAVE to learn about how CAM's flexible workflow solution can help.



Case Study Summary – Hospital A

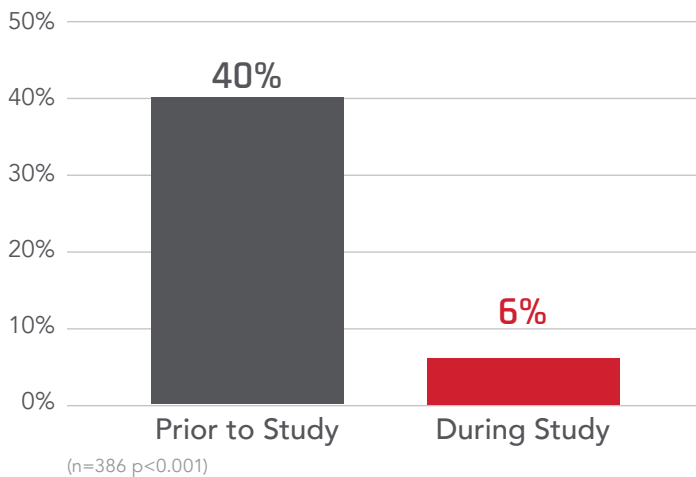
Reducing Emergency Department readmission rates and time to diagnosis⁶

Implementation of an ECG patch monitoring solution into an ED system. Patients with suspected arrhythmias were discharged with a **CAM** Patch providing an alternative to hospital admission, while decreasing time to diagnosis, reducing ED readmissions, and closing the loop in Cardiology care.⁶

The study took over 2 years, where 433 patients were discharged with the **CAM** Patch and 386 (89%) were returned to the clinic. Report findings, time to diagnosis, and ED readmission rates within 30 days of initial visits were then categorized.

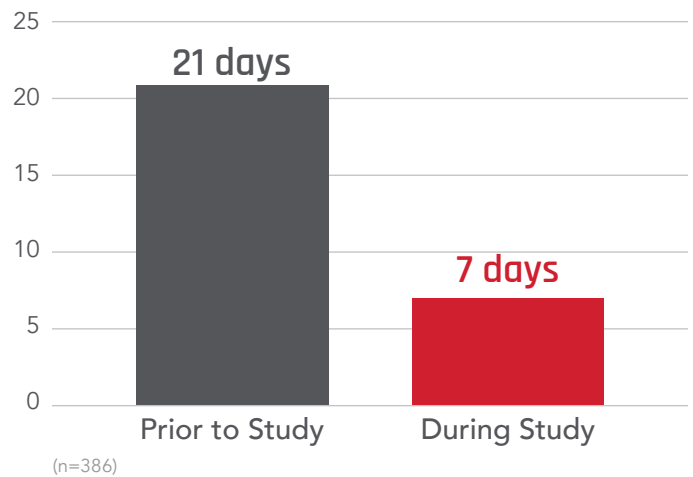
85% reduction in ED readmission rates⁶

with CAM implementation for same type cardiac complaints



66% reduction in time to diagnosis⁶

with CAM implementation



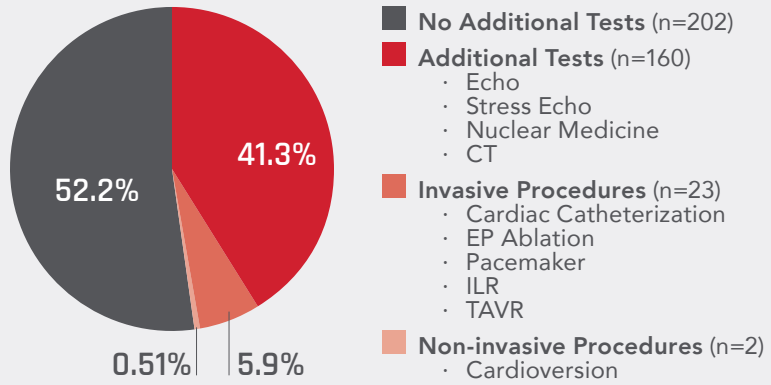
Impact on new referrals and additional procedures of implementing the CAM Patch into an ED system

- Of the 386 patients who returned a **CAM** Patch, 220 (57%) had no prior cardiology care resulting in new referrals to the cardiology/EP departments.⁶
- 184 patients were identified to have significant arrhythmias prompting additional testing or procedures rather than potential ED readmissions or hospitalizations.⁶

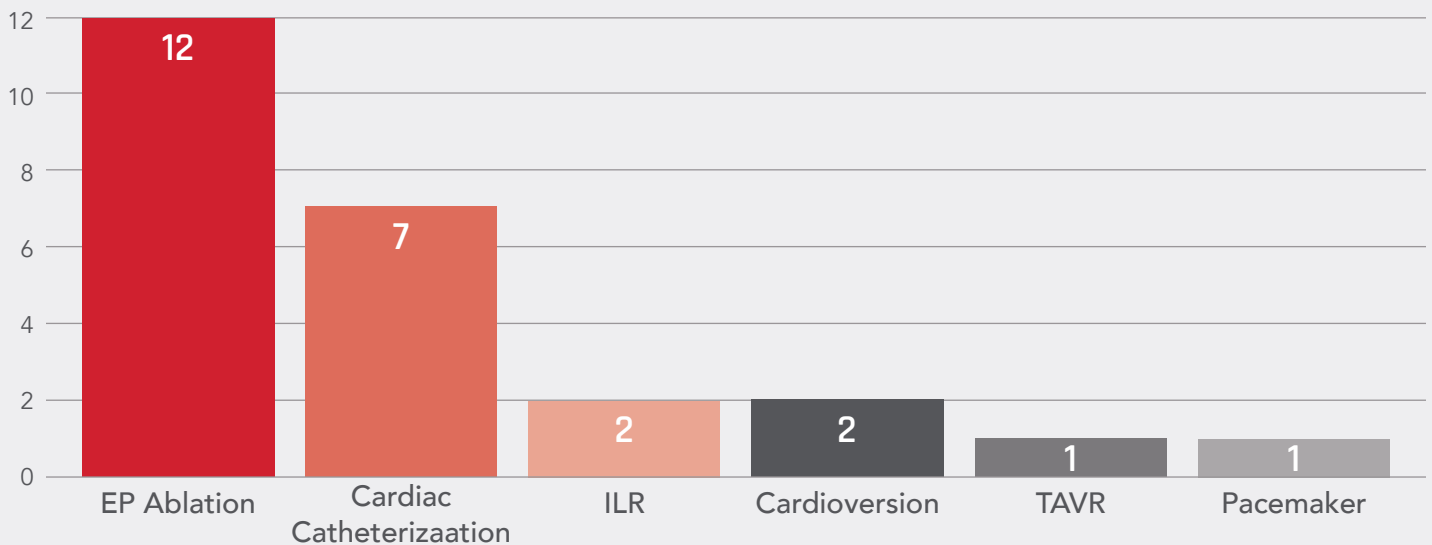
50% of patients discharged from the ED with CAM patches became new Cardiology and EP referrals⁶



Of the 386 returned patches, 184 patients were identified as having significant arrhythmias, (48%) potentially creating follow-up tests or procedures⁶



CAMs placed in the ED during the study generated 25 potential procedures⁶



The Carnation Ambulatory Monitor is intended for ambulatory collection of ECG data. Rx only. For safe and proper use of the products mentioned herein, please refer to the Instructions for Use.

Sources:

1. Paris D., et al. Atrial Signal Clarity Is Critical If Artificial Intelligence (AI) Is To Be Used To Distinguish Atrial Fibrillation (AF) From Rhythms That Mimic AF. *European Journal of Arrhythmia & Electrophysiology*. Abstr38, 2020
2. Smith WM., et al. Comparison of diagnostic value using a small, single channel, P-wave centric sternal ECG monitoring patch with a standard 3-lead Holter system over 24 hours. *American Heart Journal* 2017;185:67-73. doi:10.1016/j.ahj.2016.11.006
3. Rho R., et al. Comparison of 2 ambulatory patch ECG monitors: The benefit of the P-wave and signal clarity. *American Heart Journal*. 2018;203:109-117. doi:10.1016/j.ahj.2018.03.022
4. Willcox ME, Compton SJ, Bardy GH. Continuous ECG monitoring versus mobile telemetry: A comparison of arrhythmia diagnostics in human-versus algorithmic-dependent systems. *Heart Rhythm O2*. 2021 Oct 2;2(6Part A):543-559. doi: 10.1016/j.hroo.2021.09.008. PMID: 34988499; PMCID: PMC8703156.
5. Internal data on file
6. Yabut, Marie. "ACCELERATING PROPER EVALUATION OF EMERGENCY DEPARTMENT PATIENTS FOR ARRHYTHMIA CONCERNS WITH DISCHARGE USE OF ECG PATCH MONITORS." *Heart Rhythm Society*, vol. 18, no. 8, 2021, <https://doi.org/doi.org/10.1016/j.hrthm.2021.06.183>.

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