HEALTHCARE OPTIMIZATION CONSULTING

We partner with leading-edge healthcare systems to design and optimize care pathways and protocols that help expand patient access and improve the cost effectiveness of healthcare delivery.

Whether it’s building a new program or refining an existing one, we are here to help.

Take a self assessment to identify the specific challenges at your hospital or clinic that a healthcare optimization engagement may be able to help you improve.

TAKE A SELF ASSESSMENT
Combining proven methodologies with extensive change management expertise, we work directly with your healthcare administration leaders and care teams to find solutions to the unique challenges at your site impacting operational efficiency, patient and staff satisfaction, and patient access.

**DESIGN**
Master Black Belts in Lean Six Sigma can help you assess gaps in the care pathway and reimagine the patient experience in order to build innovative programs from the ground up.

**REFINE + OPTIMIZE**
These change acceleration experts can help you redesign care pathways and optimize workflows for efficiency and sustainable impact.

50+ YEARS OF EXPERIENCE IN THE CARDIOVASCULAR SPACE

90+ YEARS OF EXPERIENCE IN PROCESS IMPROVEMENT

120+ ENGAGEMENTS ACROSS 50+ SYSTEMS
“Always in pursuit of efficient operations and optimized systems that produce enhanced outcomes, PRO|CV helps our customers navigate their continuous improvement journey to convert goals into results across any site of service, service line, disease state, or care pathway.”

### POTENTIAL RETURN ON YOUR INVESTMENT

<table>
<thead>
<tr>
<th>ACCELERATE CHANGE</th>
<th>IMPROVE PATIENT ACCESS</th>
<th>INCREASE EFFICIENCIES &amp; REDUCE COSTS</th>
<th>OTHER OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improve capabilities of existing teams</td>
<td>• Improve access for appropriately indicated patients</td>
<td>• Design optimizable processes</td>
<td>• Improve care coordination</td>
</tr>
<tr>
<td>• Drive collaboration to achieve solutions that span providers and care settings</td>
<td>• Optimize protocols to accelerate patient access to procedures from time of diagnosis</td>
<td>• Reduce unprofitable activities (e.g., emergency department utilization, missed appointments, etc.)</td>
<td>• Increase staff satisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduce readmissions</td>
<td>• Improve the patient experience</td>
</tr>
</tbody>
</table>

**AVERAGE CUSTOMER SATISFACTION RATING**
(Scale of 1-10)

9.5

**OF CUSTOMERS FELT THEIR ENGAGEMENT WAS WORTH THE TIME AND EFFORT**
(Score of 7/10 or higher)

98.4%

**OF CUSTOMERS WOULD RECOMMEND PARTNERING WITH MEDTRONIC**
(Score of 7/10 or higher)

98.5%
PRO|CV collaborates with leading-edge healthcare providers to convert goals into results across any site of service, service line, disease state, or care pathway. Here are some of the results we’ve achieved in many cardiovascular areas.

1. **Device Clinic Overcomes Capacity Barriers to Serve New Patients**
   A regional medical center in Michigan increased device clinic capacity by 29% without additional resources.

2. **Medical Center Improves Collaborative Care for Atrial Fibrillation Patients**
   By building collaboration between specialties and improving efficiencies, this medical center now provides earlier intervention and treatment for AF patients.

3. **EP Lab Reduces Late Days and Improves Financial Performance**
   By optimizing the patient flow for EP procedures, the medical center not only improved care for heart patients and the financial performance of the EP labs, but also potentially impacted their staff’s satisfaction and quality of life.

Important: The case studies provided in this presentation are for general information purposes only. Your institution’s results will vary. At all times it is the professional responsibility of the practice to exercise independent clinical judgment in a particular situation.

MEDTRONIC DOES NOT MAKE ANY REPRESENTATIONS OR WARRANTIES IN CONNECTION WITH THE INFORMATION PRESENTED HEREIN.
PRO|CV™ CASE STUDY
DEVICE CLINIC OVERCOMES CAPACITY BARRIERS TO SERVE NEW PATIENTS

KEY PROBLEMS IDENTIFIED & ADDRESSED
- Physician signature wait time
- Duplication of records
- Interruptions & inefficient use of staff time

ENGAGEMENT RESULTS
- Lead time* for in-office device checks decreased 93%
- Lead time* for remote device checks decreased 83%
- In-office clinic capacity increased 29% for a forecasted revenue benefit of $34,500 per year
- Remote clinic improvements estimated to result in a forecasted revenue benefit of $109,200 per year†
- Total potential revenue impact of approximately $144,000

Device Clinic Lead Time* Improvements Drive 29% Clinic Capacity Growth†

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
<th>REDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-office Check Lead Time</td>
<td>78 hrs</td>
<td>5.6 hrs</td>
<td>93%</td>
</tr>
<tr>
<td>Remote Check Lead Time</td>
<td>163 hrs</td>
<td>27 hrs</td>
<td>83%</td>
</tr>
</tbody>
</table>

Clinic Capacity
- From 34 Patients to 44
- 29% CAPACITY GROWTH

Clinic Capacity Growth Drives $143,700 Potential Revenue Growth†

<table>
<thead>
<tr>
<th></th>
<th>In-office</th>
<th>Remote</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$34,500</td>
<td>$109,200</td>
<td>$143,700</td>
</tr>
</tbody>
</table>

* Lead time for both in-office and remote started when the schedule was printed and ended when the chart was sent to medical records.
† Operational, clinical, and financial impact calculations provided by McLaren Bay Region Hospital. Used with permission.
‡ Medtronic data on file.
THE CHALLENGES
Initial analyses revealed, on average, it took 272 days for AF patients to progress from initial diagnosis to ablation; with three main barriers to an efficient clinical pathway:
- Patient access
- Procedure scheduling
- Lab efficiency

THE RESULTS*1
- 87% reduction from time of initial AF diagnosis to first EP consult
- 73% reduction in time from ablation order to procedure completion
- Time from AF diagnosis to catheter ablation went from an average of 272 days down to 40 days, representing an 85% improvement

* Operational and clinical impact calculations provided by the Medical Center. Used with permission.
1 Medtronic data on file.
PROCV™ CASE STUDY
EP LAB REDUCES LATE DAYS AND IMPROVES FINANCIAL PERFORMANCE

KEY PROBLEMS IDENTIFIED & ADDRESSED
- Procedure on-time starts
- Room turnover times
- Redundant communication
- Overly long days in the lab

ENGAGEMENT RESULTS*1
- Late days, defined as two teams staying past 5:30 p.m., dropped from 47%† to 14%**
- Late days defined as two teams staying past 5:45 p.m., dropped from 16%†† to 7%*** by the end of the project
- Procedure volume increased 6.5% (from 1,062 to 1,136)
- Contribution margin of EP lab procedures improved by 13.7% (from $13.5M to $15.6M)

Staff Late Days Dropped While Procedure Volume Increased

Contribution Margin Improved by 13.7%

*Operational, clinical, and financial impact calculations provided by the EP Lab. Used with permission.
†30 late days out of 64 total days.
**11 late days out of 76 total days.
††10 late days out of 64 total days.
***5 late days out of 76 total days.
CONTACT US
MEDTRONIC HEALTHCARE OPTIMIZATION
CONSULTING FOR CARDIOVASCULAR SERVICES

Our Master Black Belts in Lean Six Sigma can help you build a new program or refine an existing one.
Contact your local program manager for more information.

PROGRAM MANAGERS:

Jennifer McCready
jennifer.mccready@medtronic.com

Lynn Hennen
lynn.hennen@medtronic.com