

Choice matters

Explore how the intubation techniques and tools you choose every day can affect your facility's costs and patient outcomes.

The financial impact of difficult intubations

If and when challenges arise, there may be associated costs.

Difficult intubations can occur unexpectedly:

93%

of difficult intubations[†] are unanticipated[†]

55%

of adverse airway events occur in patients with ASA I or II ratings²

Adding increasing costs for facilities:

+\$14K

in average hospital costs when patients experienced a difficult vs. non-difficult intubation³

+\$4K

in ICU costs when patients experienced a difficult vs. non-difficult intubation³

And prolonging patient length of stay (LOS).

+3.8 days

in the hospital on average when patients experienced a difficult vs. non-difficult intubation³

+2 days

in the ICU on average when patients experienced a difficult vs. non-difficult intubation³

Difficult intubation[†] (DI), which increases the number of laryngoscopic attempts during tracheal intubation, is linked to a variety of complications³.

† >3 attempts

Using data from the Premier Healthcare Database, this analysis included inpatient surgical admissions from January 2016 to December 2018 that were classified into cohorts of DI and non-DI adult patients using International Classification of Diseases, Tenth Edition, Clinical Modification (ICD-10-CM) diagnosis codes.³

The benefits of video laryngoscopy over direct laryngoscopy

The device you choose can make all the difference.

Decreased inpatient costs^{4,‡}

Reduced odds for postoperative ICU admission^{4,§}



Video laryngoscopy may lead to

Fewer complications^{4,Ω}

Shorter length of stay^{4,‡}

A retrospective study revealed improved economic health outcomes in patients receiving video laryngoscopy vs. direct laryngoscopy in an inpatient surgical setting.

Using data from the Premier Healthcare Database from 2016 to 2018, the study included adult patients who underwent elective surgery in an inpatient setting with at least one hour of general anesthesia and tracheal intubation.⁴

‡ In 8 of 10 MDC groups when video laryngoscopy was used versus direct laryngoscopy.
§ Across all 10 MDC groups when video laryngoscopy was used versus direct laryngoscopy.
Ω In multiple MDC groups when video laryngoscopy was used versus direct laryngoscopy.

The financial rewards for getting it right

Discover how the McGrath™ MAC laryngoscope can lower your overall cost.

Lower equipment and blade costs

65% higher cost for equipment and blade purchases for competitor video laryngoscope vs. McGrath™ MAC video laryngoscope⁵

Lower overall cost

55% lower overall cost for McGrath™ MAC video laryngoscope vs. competitor over 24-month period⁵

A retrospective cohort study assessed cost differences between the McGrath™ MAC video laryngoscope and GlideScope Core™ video laryngoscope. In this cost comparison (non-head-to-head) study, cost information was calculated for equipment, blades, batteries, and repairs, and subsequent analysis was performed to determine cost differences.

Performed June 2018 to May 2020, this study examined 52 hospital locations within a single, large university hospital. The evaluation used Electronic Medical Records to assess demographic data and information related to endotracheal intubation procedures, with monthly breakdowns between McGrath™ MAC video laryngoscope and GlideScope Core™ video laryngoscope. Funding was provided by the Department of Anesthesiology at Thomas Jefferson University.⁵

“We have been able to directly cut departmental expenses by using a more efficient and cost-effective device for intubations, without compromising safety and efficacy.”⁵

The intubation investment that pays off

Ready to know more about the clinical and economic benefits of the McGrath™ MAC video laryngoscope?

Get the details:
Visit medtronic.co.uk/mcgrath-mac-vl



References:

1. Nørskov AK, Rosenstock CV, Wetterslev J, Astrup G, Afshari A, Lundstrøm LH. Diagnostic accuracy of anaesthesiologists' prediction of difficult airway management in daily clinical practice: a cohort study of 188,064 patients registered in the Danish Anaesthesia Database. *Anaesthesia*. 2015;70(3):272-281.
2. Cook TM, Woodall N, Frerk C. Major complications of airway management in the UK: results of the Fourth National Audit Project of the Royal College of Anaesthetists and the Difficult Airway Society. Part 1: anaesthesia. *British Journal of Anaesthesia*. 2011;106(5):617-631.
3. Moucharite MA, et al. Factors and economic outcomes associated with documented difficult intubation in the United States. *Clinicoecon Outcomes Res*. 2021;13:227-239.
4. Zhang J, Jiang W, Urdaneta F. Economic analysis of the use of video laryngoscopy versus direct laryngoscopy in the surgical setting. *J Comp Eff Res*. Jul 2021;10(10):831-844.
5. Thaler A, Mohamod D, Toron A, Torjman MC. Cost comparison of 2 video laryngoscopes in a large academic center. *Journal of Clinical Outcomes Management*. 2021 July;28(4):174-179.