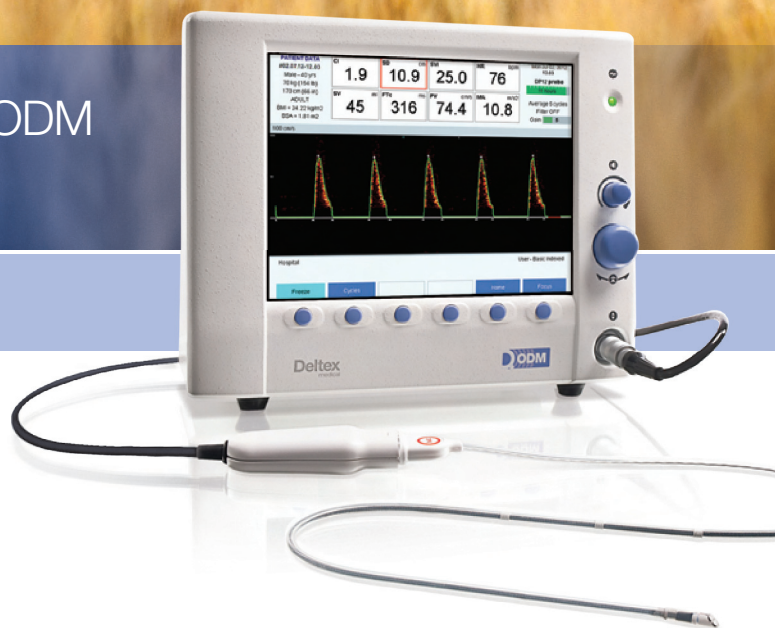




NICE Recommends CardioQ-ODM

30th March 2011

Where there's flow, there's life



NICE recommendations and conclusions:

- CardioQ-ODM specific recommendation
- Major and high-risk surgery
- Reduces post-operative complications
- Shortens length of stay
- Saves £1,100 per patient*
- The dominant intervention tool with both better outcomes and lower costs

*£1,100 is based on a 7.5-day hospital stay.

The National Institute for Health and Clinical Excellence (NICE) guidance states:

1. Recommendations

- 1.1** The case for adopting the CardioQ-ODM in the NHS, when used as described in 1.2, is supported by the evidence. There is a reduction in post-operative complications, use of central venous catheters and in-hospital stay (with no increase in the rate of re-admission or repeat surgery) compared with conventional clinical assessment with or without invasive cardiovascular monitoring. The cost saving per patient, when the CardioQ-ODM is used instead of a central venous catheter in the peri-operative period, is about £1,100 based on a 7.5-day hospital stay.
- 1.2** The CardioQ-ODM should be considered for use in patients undergoing major or high-risk surgery or other surgical patients in whom a clinician would consider using invasive cardiovascular monitoring.

2. Conclusions

The Committee concluded that the available data support a clinical benefit and a cost saving when the CardioQ-ODM is used in patients undergoing major or high-risk surgery or other surgical patients in whom a clinician would consider using invasive cardiac monitoring.

3. Clinical evidence

- 3.1** Clinical outcomes relevant to the use of the CardioQ-ODM are mortality, peri-operative complications, reductions in the use of central venous catheters, length of critical care and in-hospital stay and re-admission rates. Full details of all clinical outcomes considered by the Committee are available in the assessment report at <http://guidance.nice.org.uk/MT/80>

More information can be obtained from NICE;
<http://guidance.nice.org.uk/MTG3>



When fluid management really matters, think Doppler

Implementation Support

- This guidance from NICE's Medical Technology Advisory Committee, is a single technology recommendation based on an independent analysis of the available clinical evidence and economic impact.
- The recommendation is specifically for use of the CardioQ-ODM Oesophageal Doppler Monitor to guide fluid optimisation during surgery in over 800,000 surgical procedures in England annually.
- The CardioQ-ODM is the only technology with sufficient evidence-base to support such extensive recommendation and guidance. CardioQ-ODM is the dominant intervention tool, over PPWA, with both better outcomes and lower costs;
<http://www.nice.org.uk/nicemedia/live/13014/50988/50988.pdf>
- NICE implementation tools available at;
<http://guidance.nice.org.uk/MTG3/CostingTemplate/xls/English>
- NTAC **howtowhyto guide**; Doppler Guided Intra-operative Fluid Management
<http://www.ntac.nhs.uk/HowToWhyToGuides/DopplerGuidedIntraoperative/Doppler-Executive-Summary.aspx>
- CQUIN re-imbursement - CardioQ-ODM has specific Exemplar goals set out in the CQUIN framework;
www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

CQUIN Framework

Oesophageal Doppler Monitoring (ODM) is one of six national High Impact Innovations. All NHS bodies must satisfy Commissioners, by March 2013, of adequate compliance with High Impact Innovations to be eligible for any 2013/14 CQUIN income. "CQUIN for 2013/14 is set at a level of 2.5% value for all healthcare services commissioned through the NHS Standard Contract".

Exemplar goals for Oesophageal Doppler Monitoring have been issued through the Commissioning for Quality and Innovation framework CQUIN to support local quality programmes at:
www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

CQUIN has provided Exemplar goals for Enhanced Recovery (pages 41 to 43) where Oesophageal Doppler Monitoring is essential for individualised goal directed fluid management.

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