Philips Azurion

Azurion data overview: St. Antonius Hospital Nieuwegein



17%₽

12%₹

28%ŧ

patient leaves the exam room

and start of the procedure

Reduction in procedure time

Average time of interventional procedures

Clinicians enabled to move quickly and confidently through

procedures with Azurion's intuitive user interface Allowed more accurate scheduling of patients

Reduction of in-lab preparation time Time period between a patient entering the lab

Supported by ProcedureCards that reduced time

and helped minimize preparation errors through preprogrammed settings, clinical protocols and checklists

Reduction in post-procedure lab time Time between when a procedure finishes and when the

independently and together so tasks can be completed

Instant Parallel Working allows staff to work

simultaneously, leading to faster exam turnover

First two-year study evaluating clinical imaged-guided workflow benefits of Philips' image-guided therapy platform Azurion



Key

findings

II.



At St. Antonius Hospital Nieuwegein in the Netherlands, the first in a series of global hospital studies

25% +

Reduction in **planned cases** finishing after normal working hours Resulting in higher employee satisfaction

29%

Reduction in staff traffic between exam and control room

TSM Pro and FlexVision Pro provides clinicians with instant access to patient data, resulting in less walking between exam and control room

Less walking can reduce the need for sterility breaks¹ and lower infection risk^{2,3}

Extra patient per day

Time saved from using Azurion gave St. Antonius the ability to treat one extra person per day - on an average



of 6 to 8 patients per day

Findings are significant because as demand increases for image guided therapy and more complex procedures, there is a need for:

- Hospitals and clinics to have more efficient models of care
- Standardized, easy-to-use settings and dose management

Procedures to **take less time** so more patients can be diagnosed and treated

Azurion?

Launched in 2017, Azurion is Philips' next-generation image-guided therapy platform that allows physicians to provide superior care for patients, easily and confidently perform procedures, while

What is



What does it do?

Developed in close collaboration with clinicians, a range of procedures can be performed via the platform from **PCI** (percutaneous coronary intervention) procedures to complex



Azurion can be used to diagnose and treat patients in hospitals or specialist clinics, providing image guidance in diagnostic, interventional and minimally invasive surgery across vascular, non-

Image-guided therapies, also known as minimally invasive therapies or

optimizing lab productivity. vascular perfusion exams.

vascular, cardiovascular and neuro procedures.

> Since its global introduction, 20,000 patients have been treated in 24 countries across the world

interventions, are usually performed by delivering a local treatment via catheters (thin, tube-shaped instruments), navigated through a small opening in the blood vessels, or needles through the skin. Medical imaging technologies involving X-rays, ultrasound, CT and MRI are used to enable and guide these procedures. The images produced provide the visual maps that allow the clinician to guide these instruments through the body to perform the therapy.

Results verified by NAMSA, independent third-party expert on study design and analytics.

Results are specific to the institution where they were obtained and may not reflect the results achievable at other institutions.

1 In a simulation study with over 60 users globally, results obtained during user tests performed in the period of November 2015-February 2016. The tests were designed and supervised by Use-Lab GmbH, an independent and objective usability testing engineering consultancy and user interface design company. The tests involved 31 US-based clinicians (16 physicians and 15 technicians) and 30 European-based clinicians (15 physicians and 15 technologists), who performed procedures using Azurion in a simulated interventional lab environment

2 Mangram AJ, Horan TC, Pearson ML, et al. The Hospital Infection Control Practices Advisory Committee. Guideline for Prevention of Surgical Site Infection, Am J Infect Control. 1999;27:97–134

3 Alexander JW, Solomkin JS, Edwards MJ. Updated Recommendations for Control of Surgical Site Infections. Annals of Surgery. 2011;253(6):1082-93

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