

Reduce sepsis mortality

across the health system

Case Study

It's the most common cause of death in intensive care units today.

Sepsis is a threat to patient safety, quality, and the bottom line at every health care institution in the US. The CDC says this threat is only growing with rising rates of antibiotic resistance, and your doctors are waiting 2 days or longer to know if their initial choices for antibiotic therapy will fail.

Improve quality outcomes with faster sepsis interventions

University Health Care System of Augusta, GA demonstrates a combined strategy for rapid intervention for patients with bloodstream infections, the leading cause of sepsis in acute care settings. Read about their experience published in *Becker's Hospital Review*.

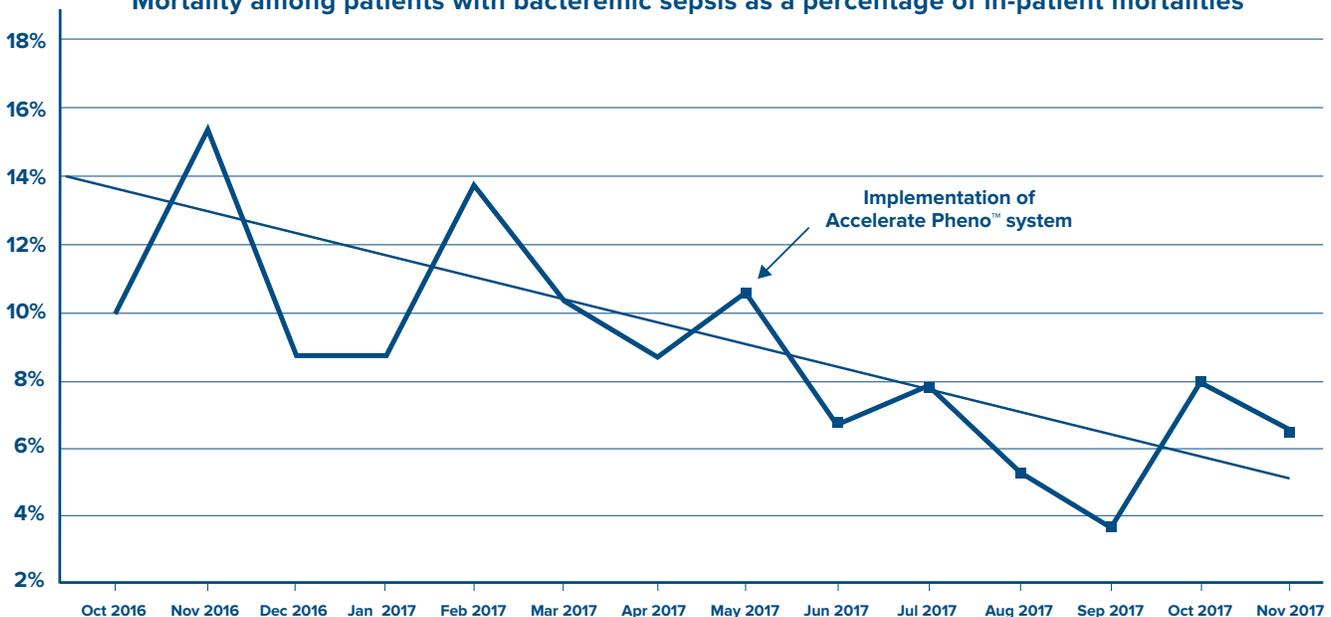
Septicemia is now the most expensive condition treated in your hospital¹

Common infections your team regularly treats can now lead to severe sepsis²

1 out of every 5 severe sepsis cases are readmitted within 30 days³

Sepsis hospitalizations account for a higher proportion of unplanned 30-day readmissions than those for heart attack, COPD, and pneumonia⁴

Mortality among patients with bacteremic sepsis as a percentage of in-patient mortalities





We never had the capability before to get susceptibility results the same day as the blood draw. Physicians must be prepared to act.

- William Farr, MD, Chief Medical Officer, UHCS



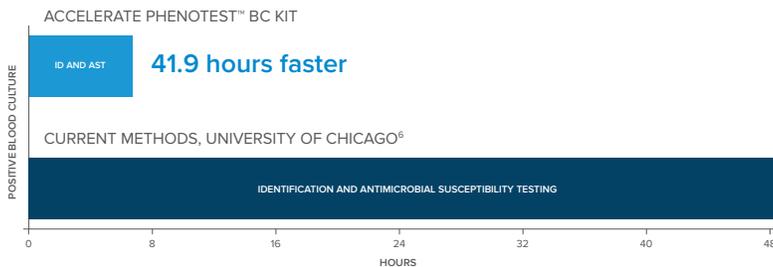
Who we are

Accelerate Diagnostics offers a unique approach to the challenge of bloodstream infections, the leading cause of sepsis. We empower clinicians to make timely sepsis interventions with fast antibiotic susceptibility results.

We support your team by identifying gaps in the delivery of timely infection intelligence to your clinicians, streamline methods to adjust therapy for patients in your critical care units, and implement process changes that drive quality of care metrics for patients.

Fast sepsis interventions require fast antibiotic susceptibility results⁵

Standardized delivery of optimal antibiotic therapy translates to improved patient outcomes, reduced cost of care, and lower sepsis mortality rates. We help hospitals improve financial performance by ensuring that patients with serious infections and sepsis receive optimal, individualized care as quickly as possible.



FASTER SUSCEPTIBILITY RESULTS ENABLE

Rapid sepsis interventions that prevents onset of septic shock

Standardized practices that reduce clinical variation

Higher quality outcomes that reduce subsequent HACs

Personalized medicine that promotes community health

Evidence suggests broad impact on clinical efficiency and quality of care

Stewardship interventions paired with rapid diagnostic results have shown significant reduction in ICU LOS⁷. The Accelerate Pheno system offers promise to further reduce ICU LOS through stabilizing patients with timely, targeted antibiotic therapy, clinical interventions that can get more patients into intermediate (step-down) care beds.

Length of ICU stay



Pre-Intervention (n = 256)

14.9 ± 24.2

Post-Intervention (n = 245)

8.3 ± 9.0

Length of hospitalization and ICU stay were defined as time from blood culture positivity to discharge. Adapted from Huang et al.

- 1 Torio and Moore. National Inpatient Hospital Costs (2016)
- 2 CDC. Data & Reports (2018)
- 3 Donnelly, J P, et al. Crit Care Med (2015)
- 4 Mayr, F B, et al. JAMA (2017)
- 5 Pardue, C. Presented Data (2018)
- 6 Charnot-Katsikas A, et al. J Clin Microbiol (2017)
- 7 Huang, A M, et al. Clin Infect Dis (2013)