

SmartHeart[®] Hospital Readmission Reduction Program

Reduce readmission rates, improve outcomes and patient satisfaction with 12-lead ECG technology that delivers hospital-level care to cardiac patients **anytime**, **anywhere**.



Hospital-Level Cardiac Care Delivered Anytime, Anywhere

SmartHeart[®] hospital grade, 12-lead ECG technology and 24/7 cardiologist network provides a safe, reliable and clinically proven means of capturing and expediting diagnosis of cardiovascular complications following hospital discharge.

- Reduce unnecessary ER visits, readmissions & costs
- **Expedite** diagnosis and treatment of cardiac complications
- Improve patient outcomes, engagement & satisfaction

SmartHeart[®] Clinical Advantage

Reduce Readmission Rates & Lower Mortality Improve Outcomes.

Increase Patient Satisfaction.

Lower Costs.

20% **3.5X** Reduced 30-Day Readmissions¹ 9.7% 4.7%

No Monitoring

Monitored with SmartHeart[®] No Monitoring Monitored with SmartHeart[®]

Lower Mortality²

> In patients monitored with SmartHeart[®] 1 year following MI



Patients contacted as part of an early follow-up program for acute conditions report higher satisfaction and fewer 30-day readmissions.³

SmartHeart coordinates post-acute care, which enhances patient engagement, avoids unnecessary costs and leads to better outcomes.

1 in 5 Patients are readmitted following a cardiac event^{4,5}

SmartHeart alleviates the challenges that unplanned readmissions place on hospitals and staff, while improving patient satisfaction and outcomes.

Your Remote ECG Assistant

The SmartHeart at-home patient monitoring solution is intuitive and user-friendly, delivering rapid results for quick clinical decision making.





Portable

Compact, lightweight (~1 lb.) system for use at home or on-the-go.

Easy to Use

Fully integrated system eliminates the need for shaving, gels or sticky adhesives.

Rapid Results

Pairs with any smart device for rapid results in <30 seconds.

SmartHeart[®] Clinical Workflow



Patient enrolls and is discharged from hospital with SmartHeart. Patient receives scheduled monitoring or experiences a symptom while at home. ECG performed & transmitted in <30 seconds. Preliminary results provided by a highly trained cardiac technician. Results transmitted to SmartHeart care platform & patient provider. Full interpretation completed by a SmartHeart Cardiologist.



Experienced Cardiologists Available 24/7

1+ Million

ECGs performed remotely Our network of licensed, credentialed, and board-certified cardiologists are available around-the-clock to alert you if a patient is experiencing life threatening cardiac symptoms.

SmartHeart[®] Closely Connects Patients to Clinicians Following:

- Acute Myocardial Infarction
- Coronary Artery Bypass Graft Surgery
- Cardiac Surgery
- Percutaneous Coronary Intervention
- TAVR



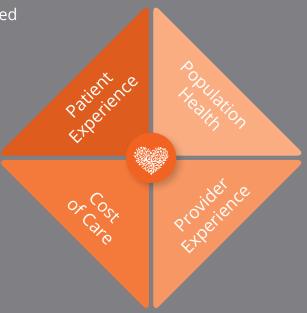
Secure, Encrypted Patient Data Communication

SHL securely transmits minimal patient health information via a HIPAA-compliant, U.S.-based portal, ensuring your patient's sensitive data is always protected.

We Partner with Hospitals to Reduce Readmissions

SHL Telemedicine believes that a performance-based partnership is critical to helping hospitals achieve greater control of cardiac readmissions. We partner with you to better manage the economics and quality of cardiac care following discharge, supporting the Quadrupled Aim framework – while sharing in your success.

Contact us today to learn more. www.smartheartpro.com



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- 1. Ben-Assa, Shacham, et al. Is Telemedicine an Answer to Reducing 30-Day Readmission Rates Post-Acute Myocardial Infarction. TELEMEDICINE and e-HEALTH. Sept 2014. Vol. 20.
- 2. Roth, Malov, et al. Telemedicine for Post-MI Patients: An Observational Study. Telemedicine and eHealth Vol 15: Jan/Feb 2009.
- 3. https://www.kindredhospitals.com/resources/blog-kindred-continuum/2021/09/07/the-importance-of-post-discharge-follow-up-in-patient-outcome
- $4.\ https://www.cardiologyresearchjournal.com/articles/acute-myocardial-readmission-reduction-program-never-discharge-a-patient.html.$
- 5. https://www.ahajournals.org/doi/10.1161/JAHA.119.012059



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