

THE VALUE OF AN EMERGENCY ROOM (ER) AFIB TREATMENT PATHWAY

Optimizing an ER AFib pathway to streamline atrial fibrillation (AFib) care can reduce diagnosis to ablation time (DAT), unnecessary hospitalizations and potentially minimizes morbidity and mortality among patients.¹

Patients who have longer DAT experience higher rates of transient ischemic attacks (TIA), stroke and mortality, as compared to patients who receive ablation earlier.



60%
**LOWER RATE OF TIA/
CVA EVENTS WITH
SHORTER DAT**

Patients receiving an ablation with a **shorter DAT had a 60% lower rate of TIA/CVA events** compared to patients with a longer DAT.*²

*Relative reduction from the comparison of 244 patients with DAT of ≤ 11 months versus 250 patients with a DAT of ≥ 71 months at 5-year follow-up ($p < 0.001$)



UP TO 52%
**LOWER RATE OF
MORTALITY WITH
SHORTER DAT**

When catheter ablation was performed earlier, a **52% lower mortality rate** was seen within one year post-ablation, compared to patients with delayed catheter ablation.*³

*Relative reduction from the comparison of 1152 patients with a DAT of 1-6 months versus 1201 patients with a DAT of > 5 years at a mean follow-up for 3.2 years ($p = 0.001$)

The implementation of an ER AFib pathway is associated with a shorter DAT and time to EP evaluation, which may result in lower hospital admissions and healthcare utilization.



127 DAYS
**SHORTER TIME TO
EP EVALUATION**

Results from a multi-center, prospective, observational study found that time to **EP evaluation was 1-day for those with an ER AFib pathway versus 128 days** for those without.*¹

*Time to first EP evaluation median 1 day (range 1-24 days) versus median 128 days (range 30-340 days) ($p = 0.001$)

**70% DECREASE
IN TIME TO ABLATION**



Time to ablation was reduced by up to 70% with an ER AFib pathway based on results from a multi-center, prospective, observational study.*¹

*Time to ablation in ER2EP (N = 200) versus control group (N = 200) was 52.8 days versus 180.6 days ($p < 0.001$)



UP TO 55%
**DECREASE IN AFIB-
RELATED INPATIENT
ADMISSIONS AND
ER VISITS**

A retrospective study including 3,077 patients found that healthcare utilization significantly decreased 12-months post-ablation among persistent AFib patients. This included a **55% decrease in AFib-related inpatient admissions and a 52% decrease in ER visits.***⁴

*Statistically significant, $p < 0.0001$

An ER AFib pathway may help reduce unnecessary hospitalizations for patients.



59% DECREASE
IN LENGTH OF
HOSPITAL STAY

A multi-center, prospective, observational study found that the length of **hospital stay for patients at a facility with an ER AFib pathway was 3.49 days shorter.**^{*1}

*Length of hospital stay was 2.35 days in the ER2EP group (N =200), versus 5.84 days in the control group (N =200) (p<0.001)



3.7 FOLD
REDUCTION IN
ADMISSION RATE

Results from a prospective study found that **admission rates decreased by 3.7-fold*** and **average length of hospital stay was reduced by 1.6-fold[†]** for patients in a facility with an ER AFib pathway.⁵

*Admission rates were 15% with AFib pathway versus 55% without (p<0.001)
†Length of stay was 64 hours with AFib pathway versus 105 hours without (p=0.01)



24% INCREASE
IN ER DISCHARGE

Evidence shows that with the implementation of an ER AFib pathway, **same day ER discharge rates increased from 19% to 43%.**^{*6}

*Statistically significant, p<0.001

AFib is the most common type of primary arrhythmia presenting to ERs, which may cause a burden on the facility.⁷



537K
ER VISITS/YEAR
ATTRIBUTED TO AFIB⁸



2/3 OF ER VISITS
LEADING TO AN AFIB DIAGNOSIS
RESULT IN A HOSPITAL ADMISSION⁸



> 460K HOSPITALIZATIONS
OCCUR EACH YEAR WITH AFIB AS THE
PRIMARY DIAGNOSIS⁹

Refereneces

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