

SPOTLIGHT ON STAKEHOLDER SUCCESS



PATIENT

IMPROVED EXPERIENCE

“The new reference interval for pediatrics allows me to safely rule out cardiac problems in children, reducing the pain of multiple blood draws in children and alleviating the anxiety of parents.”

- Yanjie Ding M.D., Neonatologist, Director of Neonatology, Vice Director of Pediatrics

IMPROVED PATIENT DIAGNOSIS

The safe exclusion of myocardial injury increased from 52.62% to 82.88% in patients from birth to two days of age, from 55.46% to 96% in patients aged 2 - 7 days, and from 59.96% to 82.59% for patients from 7 days - 2 months of age.



CLINICIAN

IMPROVED CLINICIAN CONFIDENCE

93.3% of survey respondents indicated that the new pediatric reference interval improved their confidence in making clinical decisions.

INCREASED CLINICAL SATISFACTION

“When evaluating pediatric cardiac health problems, it is not appropriate to use the adult hs-cTnI reference interval. The newly established pediatric reference interval is more reliable for pediatric patients. As a pediatric physician, it is very satisfying to have appropriate reference ranges to safely rule out myocardial injury in more of my patients.”

-Guangyu Zhou, Pediatrician, Director of Pediatrics, Chief Physician



HEALTH SYSTEMS / ADMINISTRATION

IMPROVED REPUTATION

“We are the first hospital in China that used laboratory big data to establish reference intervals of hs-cTnI for children. We shared the practice in many important national academic forums on multidisciplinary cooperation in the laboratory and clinical practices, including Laboratory Medicine for Cardiovascular Diseases, China (Beijing), China Association of Medical Equipment Laboratory Medicine Branch (Suzhou), and Shanghai Oriental Laboratory Annual Conference (Shanghai). Inspired by this, several other hospitals in China have also initiated the practice. We believe that more children will benefit from this practice.”

- Chenming Sun M.D., Director of Laboratory Center, Chief Laboratory Technician, Laboratory Expert, Doctoral Supervisor of Shandong University, Member of Clinical Laboratory Management Group, Chinese Medical Association Laboratory Branch

ENHANCED RESOURCE UTILIZATION

After implementation, the hospital realized an 84% reduction in the number of blood samples drawn for cardiac marker tests in neonatal and pediatric medicine departments and fewer outpatient visits for children, optimizing the hospital's limited medical, nursing, and testing resources.



PAYOR

DECREASED HEALTHCARE COSTS

Rule out myocardial injury (MI) in pediatric patients using age-specific hs-cTnI reference ranges mitigates the need for additional testing such as echocardiograms, electrocardiograms, and additional biomarker testing. The early rule-out of MI also removes the unnecessary cost of prophylactic nutritional myocardial drug therapies. Mitigating these unnecessary costs saves an estimated \$248.35 US dollars per patient who has MI safely ruled out.