Patient satisfaction is tied to hospital reimbursement. In 2012, 30% of Medicare reimbursement will be attributed to patient satisfaction scores, with a first-year calculation estimated at $850M going to hospitals with the highest scores.¹

Patient satisfaction can decrease due to the high level of asynchrony that is exhibited in 25% of the mechanically ventilated patients in the ICU.²

MECHANICAL VENTILATION FACTS — ASYNCHRONY

- Ineffective triggering is associated with patient sleep impairment, discomfort, anxiety, and fear.³
- Diaphragmatic dysfunction is common in mechanically ventilated patients and is a likely cause of weaning failure.⁴
- Patient discomfort increases with asynchrony.⁵

NAVA reduces trigger delays by 61% to 65%.⁶

NAVA (Neurally Adjusted Ventilatory Assist) helps improve synchrony for mechanically ventilated patients. By monitoring diaphragmatic electrical activity (Edi), NAVA therapy with Edi Monitoring has been shown to improve patient/ventilator synchrony — even in complicated patient cases.⁶

NAVA THERAPY FACTS – IMPROVED SYNCHRONY AND ENHANCED MONITORING

- NAVA is associated with improved patient/ventilator synchrony.⁷
- NAVA improves sleep quality compared to pressure support ventilation (PSV) with regard to REM sleep.⁸
- Edi monitoring provides assurance that diaphragm disuse is minimized, which may potentially reduce the risk of ventilator-induced diaphragmatic dysfunction (VIDD).
- “Monitoring diaphragm electrical activity comes closest to representing the ideal in ventilator monitoring.”⁹
- NAVA improves patient comfort.¹⁰
References


