



Insulin management, optimized.

Glytec's eGlycemic Management System® enhances patient safety, improves quality outcomes and decreases costs throughout the continuum of care.

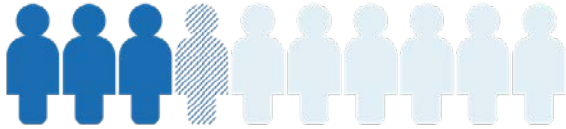
FIND INSIDE:

- What's wrong with the insulin management status quo?
- What is Glytec's eGlycemic Management System® (eGMS)?
- What does Glytec do for health systems?
- How does the use of eGMS impact clinical and financial outcomes?

THE PROBLEM

Glucose control must be a top priority...

Uncontrolled blood glucose is a key driver of patient risk and costly clinical outcomes like prolonged length of stay and high readmission rates.



30-40% of inpatients (with or without diabetes) require insulin therapy during their stay.¹⁻³



Hypoglycemia is the third-most common adverse drug event among Medicare patients.⁴



Insulin is involved in 16.3% of medication error reports for high-alert medications, more than any other medication type.¹⁴



Hypoglycemia is associated with increased in-hospital mortality, longer hospital stays and higher medical costs.⁵⁻⁸

...but therapeutic inertia keeps patients at risk.

Despite a long history of evidence demonstrating its potential dangers, the majority of healthcare providers still treat patients using solely sliding scale insulin therapy (SSI) rather than managing insulin with the safer and more effective basal-bolus insulin therapy (BBI).

In addition, many hospitals have no regular reporting of glycemic metrics, meaning the extent of the problem goes unrecognized.

“Use of only a sliding scale insulin regimen in the inpatient hospital setting is strongly discouraged.”

— American Diabetes Association, 2020 ⁹

THE SOLUTION

eGMS: A tech-driven method for improving glucose control

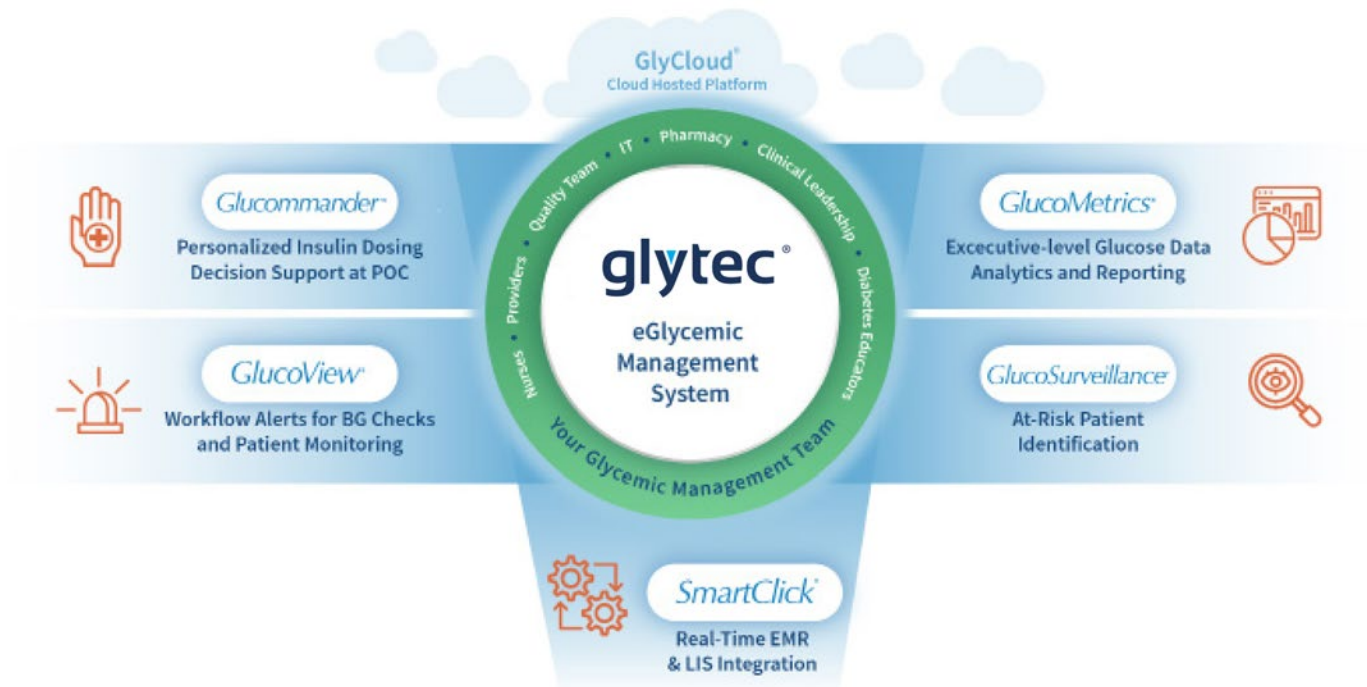
Glytec's eGlycemic Management System™ has been proven to help hospitals overcome therapeutic inertia and drive the adoption of basal-bolus insulin therapy among providers.

Glucommander, our FDA-cleared insulin management software, delivers decision support at the point of care, accounting for a range of variables to provide personalized insulin dosing recommendations while maximizing workflow efficiency for doctors and nurses.

Our technology has been implemented at nearly 300 hospitals and has been repeatedly proven to increase patient safety, decrease length of stay, reduce readmissions and drive down overall cost of care. Glytec's eGMS also enables detailed reporting of glycemic management metrics like incidence of hyperglycemia and hypoglycemia, time to target, patient utilization, blood glucose ranges and more.

Glytec solutions are available across the continuum of care. We support intravenous, subcutaneous, and outpatient insulin management as well as the transitions between these stages.

eGMS Insulin Management Software Includes:



CAPABILITIES

What can Glytec eGMS do for your health system?



Support basal-bolus insulin dosing decisions across the continuum of care, including IV, SubQ and outpatient



Integrate directly with your EMR to support one-click access and reduce redundant data entry



Monitor and identify patients at risk for hyperglycemia, and alert staff



Facilitate coordination of insulin therapy within clinical teams, especially during shift changes

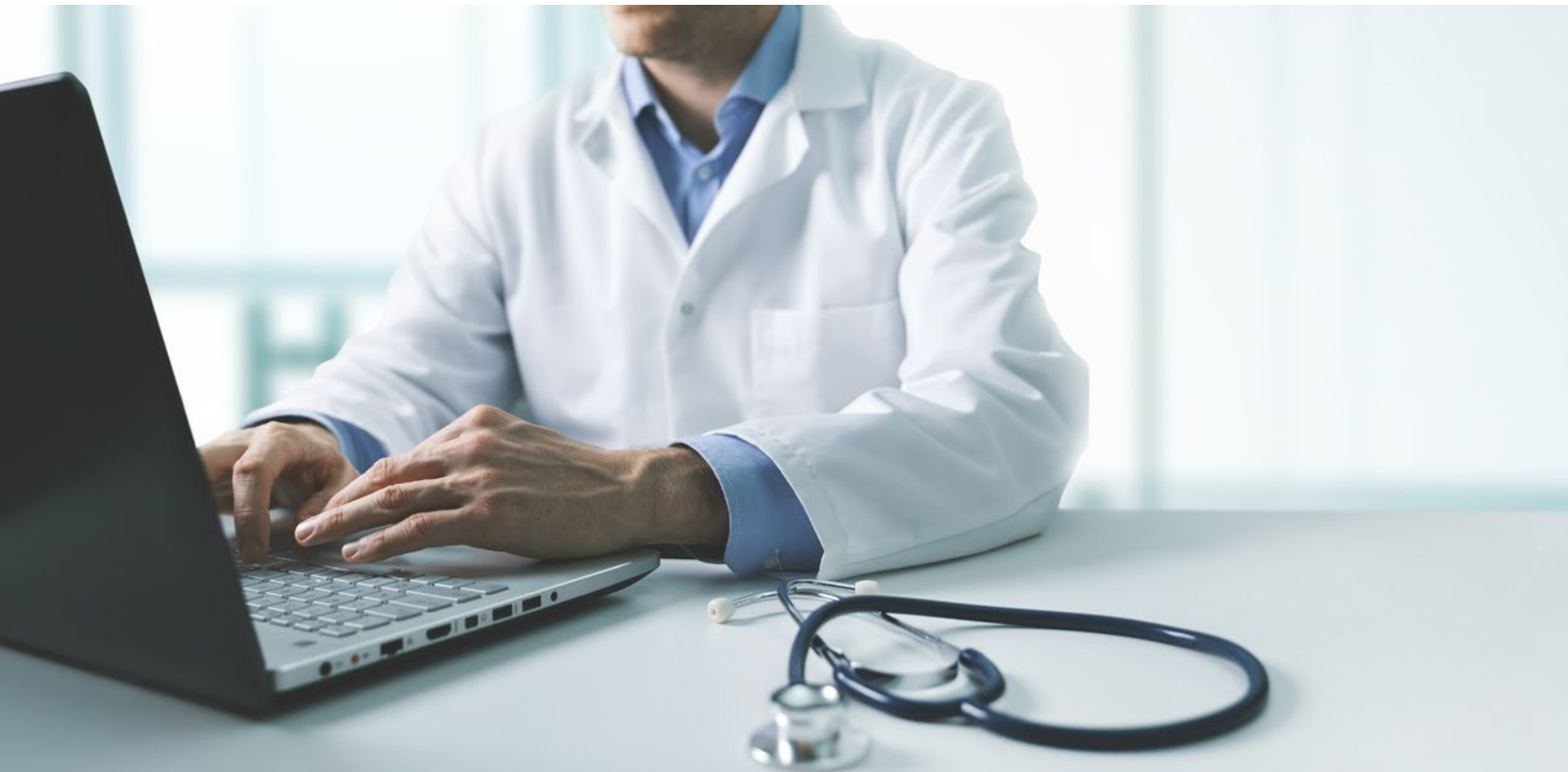


Track glucose control KPIs with built-in reporting and analytics



Facilitate hospital-to-home discharge recommendations

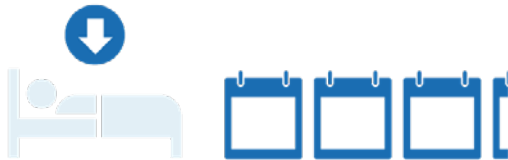
Glytec also offers a range of professional services to help you achieve effective glucose control, including assistance with change management, user training and ongoing reporting.



RESULTS

Glytec's eGMS: proven to make a difference.

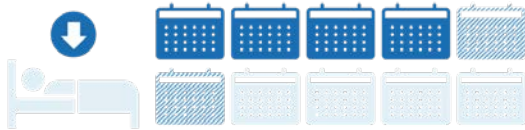
Hospitals using Glytec's eGMS have achieved the following results:



3.2 days reduction in average length of stay¹⁰



Time savings of 30 minutes per provider per shift compared to manual basal-bolus titration¹³



36-68% reduction in 30-day readmissions for AMI, CHF and CABG patients¹¹



\$9.7 million in savings in the first year at a 610-bed regional medical center¹³



99.8% reduction in frequency of severe hypoglycemia¹²

We're here for you.

Contact Glytec to schedule a demo or discuss next steps.

(864) 370-3297

glytecs.com

info@glytec.com

References

1. The United States Pharmacopeial Convention, National Coordinating Council for Medication Error Reporting and Prevention. Institute for Safe Medication Practices Medication Errors Reporting Program.
2. Hellman R. A systems approach to reducing errors in insulin therapy in the inpatient setting. *Endocr Pract.* 2004 Mar-Apr;10 Suppl 2:100-8.
3. Institute for Safe Medication Practices. High-Alert Medications in Acute Care Settings. July 2014. <https://www.ismp.org/recommendations/high-alert-medications-acute-list>.
4. Office of the Inspector General. (2010). Adverse events in hospitals: national incidence among Medicare beneficiaries. OIG. Retrieved from <http://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf>.
5. Curkendall, S. M., Natoli, J. L., Alexander, C. M., Nathanson, B. H., Haidar, T., & Dubois, R. W. (2009). The economic and clinical impact of inpatient diabetic hypoglycemia. *Endocr Pract*, 15(4), 302- 312.
6. Krinsley, J. & Grover, A. (2007). Severe hypoglycemia in critically ill patients: risk factors and outcomes. *Critical Care Medicine*, 35(10), 2262-2267.
7. Turchin, A., Matheny, M. E., Shubina, M., Scanlon, J. V., Greenwood, B., & Pendergrass, M. L. (2009). Hypoglycemia and clinical outcomes in patients with diabetes hospitalized in the general ward. *Diabetes Care*, 32(7), 1153-1157.
8. Krinsley, J., Schultz, M. J., Spronk, P. E., van Braam Houckgeest, F., van der Sluijs, J. P., Melot, C., & Preiser J. (2011). Mild hypoglycemia is strongly associated with increased intensive care unit length of stay. *Annals of Intensive Care*, 1(49).
9. Diabetes Care in the Hospital: Standards of Medical Care in Diabetes—2020. American Diabetes Association *Diabetes Care* Jan 2020, 43 (Supplement 1) S193-S202; DOI:2337/dc20-S015
10. Safely Converting an Entire Academic Medical Center From Sliding Scale to Basal Bolus Insulin via Implementation of the eGlycemic Management System. *Journal of Diabetes Science and Technology*, Jan 2018.
11. Relationship Between Glycemic Control Using eGMS and Readmission Rates in Cardiovascular Patients Hospitalized with AMI, CHF or Undergoing CABG During the Implementation of a System Wide Glycemic Initiative. *Diabetes Technology Meeting*, Nov 2016.
12. Risk of Hypoglycemia During Insulin Infusion Directed by Paper Protocol Versus Electronic Glycemic Management System in Critically Ill Patients at a Large Academic Medical Center. *Journal of Diabetes Science and Technology*, Jan 2018.
13. Safely Converting From Sliding Scale to Basal Bolus Insulin Across an Entire Medical Center via Implementation of the eGlycemic Management System. American Diabetes Association Scientific Sessions, June 2017.
14. Pennsylvania Patient Safety Authority. Focus on high-alert medications. *Pa Patient Saf Advis.* 2004;1(3):6. Available at: http://patientsafety.pa.gov/ADVISORIES/Pages/200409_06.aspx.

The eGlycemic Management System® is a modularized solution for glycemic management across the care continuum that includes Glucomander™. Glucomander™ is a prescription-only software medical device for glycemic management intended to evaluate current as well as cumulative patient blood glucose values coupled with patient information including age, weight and height, and, based on the aggregate of these measurement parameters, whether one or many, recommend an IV dosage of insulin, glucose or saline or a subcutaneous basal and bolus insulin dosing recommendation to adjust and maintain the blood glucose level towards a configurable physician- determined target range. Glucomander™ is indicated for use in adult and pediatric (ages 2-17 years) patients. The measurements and calculations generated are intended to be used by qualified and trained medical personnel in evaluating patient conditions in conjunction with clinical history, symptoms, and other diagnostic measurements, as well as the medical professional's clinical judgement. No medical decision should be based solely on the recommended guidance provided by this software program.

Glucomander™ is only available for use in the United States.

This content is only intended for use in the United States.