

By The Numbers

Leading Partner

More than **1,800** Hospitals are receiving LIFEPAK® data and more than **50,000** LIFEPAK devices are connected.

Improves team coordination for Stroke care

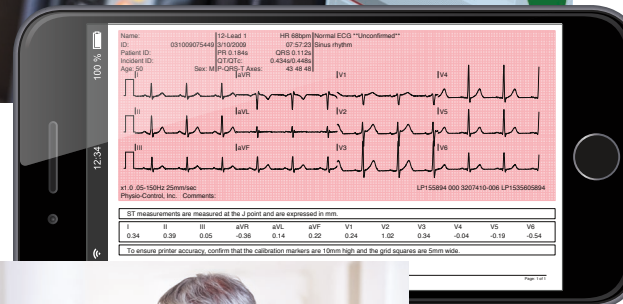
The combination of LIFENET Alert, OnePush, Consult, and Time Stamp helps hospitals to support **nine** AHA/ASA stroke recommendations. The LIFENET System enables single-call stroke team notification by EMS, which gives teams the head start to prep for a patient. LIFENET reports can aid in delivering prompt data feedback.

Manage an entire fleet of devices from one dashboard

Using simple views, LIFENET Asset provides a quick overview of device readiness, usage, and inspection status.

Trusted and Reliable

99.99% system uptime!¹



Reduced False Cath Lab Activations

False cath lab activation rates have doubled since 2007 and have been reported at nearly **50%** of all activations.^{2,3,4} LIFENET Consult enables remote physician consultation within seconds, providing a savings of approximately **\$700** per reduced false activation.^{4,5}

Proven System

+1,000,000 transmissions monthly. Over **10 years** transmitting EMS data via the **6th generation** of LIFENET System.

Improved STEMI outcomes

LIFENET System supports **six** STEMI strategies enabling decreased in-hospital STEMI mortality rates by **50%**.⁶ Treat almost **70%** more STEMI patients within **90 minutes** of first medical contact.⁷

The LIFENET System offers much more than simple 12-lead ECG transmission.

OnePush automatically activates protocols for many emergent care needs, such as Stroke, STEMI, sepsis or trauma. Events are timestamped and all of this can be initiated in seconds by prehospital EMS transmission.

Makes lifesaving easier

References:

1. Annual uptime as of October 2017
2. Barnes G, Beach J, Desmond J, et al. Trends in False Activation of the Cardiac Catheterization Laboratory for Acute Myocardial Infarction. *J Am Coll Cardiol*. 2012;59(13s1):E358. doi:10.1016/S0735-1097(12)60359-3.
3. Barnes G, Katz A, Desmond J, et al. False Activation of the Cardiac Catheterization Laboratory for Primary PCI. *Am J Manag Care*. 2013;19(8):671-675.
4. Retrieved January 28, 2016 from <https://www.advisory.com/research/cardiovascular-roundtable/cardiovascular-rounds/2013/01/cutting-door-to-balloon-time-but-at-what-cost>
5. Mixon T, Suhr E, Caldwell G, et al. <http://circoutcomes.ahajournals.org/content/5/1/62.long>. Retrieved January 28, 2016 from <http://circoutcomes.ahajournals.org/content/5/1/62.long>
6. Le May MR, So DY, Dionne R, et al. A citywide protocol for primary PCI in ST-segment elevation myocardial infarction. *N Engl J Med*. 2008;358:231–40. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2761463/>)
7. Rokos IC, French WJ, Koenig WJ, et al. Integration of pre-hospital electrocardiograms and ST-elevation myocardial infarction receiving center (SRC) networks: impact on door-to-balloon times across 10 independent regions. *JACC Cardiovasc Interv*. 2009;2:339–46. (<http://interventions.onlinejacc.org/article.aspx?articleid=1096877>)

For further information, please contact Stryker at 800 442 1142 (U.S.), 800 668 8323 (Canada) or visit our website at strykeremergencycare.com

Emergency Care

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GDR 3335568_B
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