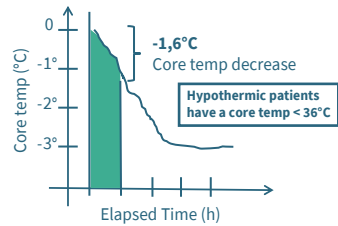


Perioperative Hypothermia Prevention

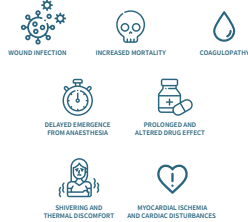
Why?

Patient Core temperature drop during anesthesia



Sessler DI, Perioperative Heat Balance, Anesth. V92, N°2, Février 2000

Leading to severe complications



References: 1 Madrid E. The Cochrane Library. 2016. 2. Sessler DI. Lancet. 2016. 3. Frank SM. JAMA. 1997; 277(14):1127-1134. 4. Kurz A. NEJM. 1996 May 9;334(19):2209-22. 5. Rajagopalan S. Anesth. Jul 2000;108(11):171-77. 6. Schmiedl H. Lancet. 1996; 347(28):92. 7. Lehnhardt, et al. Anesth. 1997;98(6):1318-1323. 8. Sessler DI. NEJM. 1997; 336(24):1730-1737. 9. Just B, et al. Anesth. 1992;76:60-64.

Situation in France in 2015/2016

92%
Are warmed intra-operatively

54%
Patients hypothermic at arrival in the recovery room

Bekka S, Belloeil H, Aegerter P, Saidji NY, Alfonsi P. Enquête sur la prévalence de l'hypothermie périopératoire en France. Résultats préliminaires. SFAR 2016/MED-1944. 2016.

Identification of the need at HCL Lyon - Pilot site

HCL
HOSPICES CIVILS DE LYON

54% patients are hypothermic after surgery

- Patient care not optimized
- Surgery path not optimized
- Current heating system not efficient
- Global cost unknown

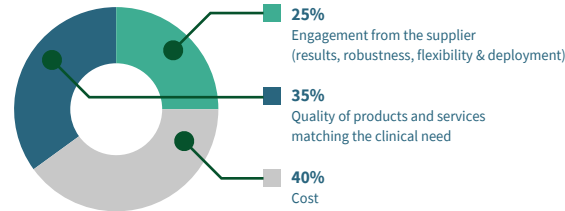
Need ?
IMPROVE PATIENT NORMOTHERMIA RATE

How? Procurement procedure by competitive dialogue

Recommendations SFAR 2018

 Keep Patient Core Temperature **Above 36,5°C** Along the peri-operative process

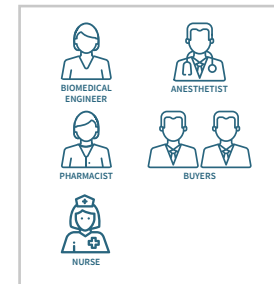
Evaluation criteria



Inspiration of MedTech

Maintaining patients normothermic is **valued** compared to the cost of complications avoided. VALUE BASED PROCUREMENT

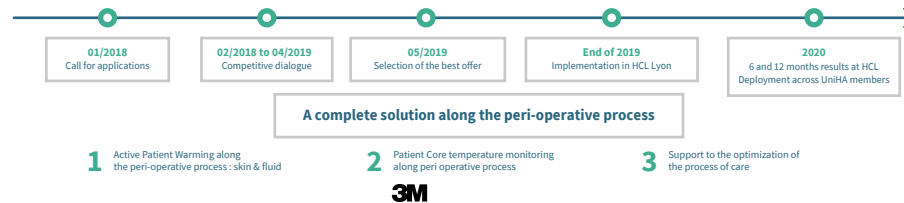
Multi-disciplinary Team



KPIs



Timeline



WIN WIN WIN

PATIENT
COMPANY
HOSPITAL

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