
Leading Nephrology Care Center in India Adopts Masimo Technologies Across Continuum of Care



Masimo announced today that NU Hospitals, a leading nephrology care center in India, has standardized on Masimo technologies across the continuum of care. NU Hospitals have entered into a strategic partnership with Masimo to adopt technologies in their operating rooms (ORs), intensive care units (ICUs), dialysis beds, and general wards at both of their facilities in Bangalore.

"We have been evaluating various technologies that could help our clinicians improve patient safety and at the same time help reduce the cost of care. Masimo, with its innovative range of solutions – including remote monitoring systems, depth of sedation monitoring, and noninvasive monitoring of hemoglobin and fluid responsiveness – will help us accomplish these twin objectives," said Dr. Prasanna Venkatesh, Pediatric Urologist & Managing Director, NU Hospitals.

NU Hospitals' ORs will be equipped with Masimo Root® Patient Monitoring and Connectivity Hubs and Radical-7® Pulse CO-Oximeters®. The monitors will include noninvasive, continuous hemoglobin monitoring (SpHb®), a Masimo rainbow® parameter, and, via Masimo Open Connect® (MOC-9®) technology, SedLine® brain function monitoring.

In critical care areas and general wards, patients at NU Hospitals will now also be continuously monitored using a variety of bedside devices such as Root with Noninvasive Blood Pressure and Temperature and Rad-97™ Pulse CO-Oximeters. Measurements will include SpHb, SET® Measure-through Motion and Low Perfusion™ pulse oximetry, vital signs such as blood pressure and temperature, and, for dialysis patients, pleth variability index (PVi®) monitoring to assist in optimizing fluid management.

The bedside devices will be connected to Masimo Patient SafetyNet™*, a supplemental remote monitoring and clinician notification system which allows patient monitoring data to be accessed from a central viewing station. When changes occur in measured values that may indicate deterioration in a patient's condition, Patient SafetyNet automatically sends wireless alerts directly to clinicians, wherever they may be, allowing clinicians to respond quickly to patients in potential distress. In addition, Patient SafetyNet will automate the transfer of patient data, including vital signs, early warning scores (EWS), and other physiological parameters, directly to NU Hospitals' electronic medical record (EMR) system.

Dr. Venkatesh Krishnamoorthy, Chairman and Sr. Consultant Urologist, NU Hospitals, commented, "We believe that every hospital patient should be continuously monitored. The automatic integration of data into our EMR and reduction in the manual recording of patient vitals will help us reduce transcription errors, build efficiency, and improve workflow."

"We are excited to work with NU Hospitals and help them take better care of their patients with our advanced monitoring technologies," said Jon Coleman, President of Worldwide Sales, Professional Services, and Medical Affairs, Masimo. "We applaud NU Hospitals for advancing the standard of care in their region."

Bharat Monteiro, Country Manager for Masimo in India, added, "We are hopeful that more hospitals in India will adopt such advanced technologies across the continuum of care to help improve patient safety and reduce the cost of care."

References

1. Castillo A et al. Prevention of Retinopathy of Prematurity in Preterm Infants through Changes in Clinical Practice and SpO2 Technology. *Acta Paediatr.* 2011 Feb;100(2):188-92.
2. de-Wahl Granelli A et al. Impact of pulse oximetry screening on the detection of duct dependent congenital heart disease: a Swedish prospective screening study in 39,821 newborns. *BMJ.* 2009;Jan 8;338.
3. Taenzer AH et al. Impact of Pulse Oximetry Surveillance on Rescue Events and Intensive Care Unit Transfers: A Before-And-After Concurrence Study. *Anesthesiology.* 2010; 112(2):282-287.

4. Taenzer AH et al. Postoperative Monitoring – The Dartmouth Experience. *Anesthesia Patient Safety Foundation Newsletter*. Spring-Summer 2012.
5. McGrath SP et al. Surveillance Monitoring Management for General Care Units: Strategy, Design, and Implementation. *The Joint Commission Journal on Quality and Patient Safety*. 2016 Jul;42(7):293-302.
6. Estimate: Masimo data on file.
7. <http://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

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