

Improving CT workflow
in a busy, subspecialty
emergency room using
a novel power injector
technology¹

CT *motion*™



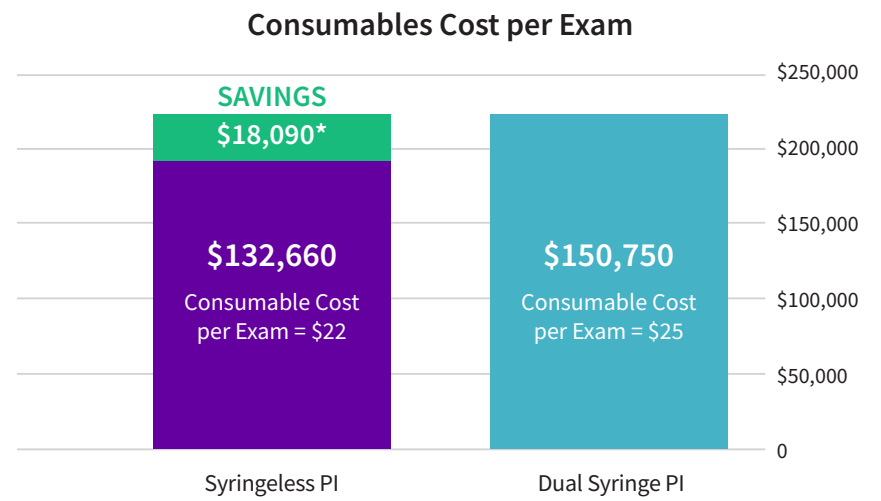
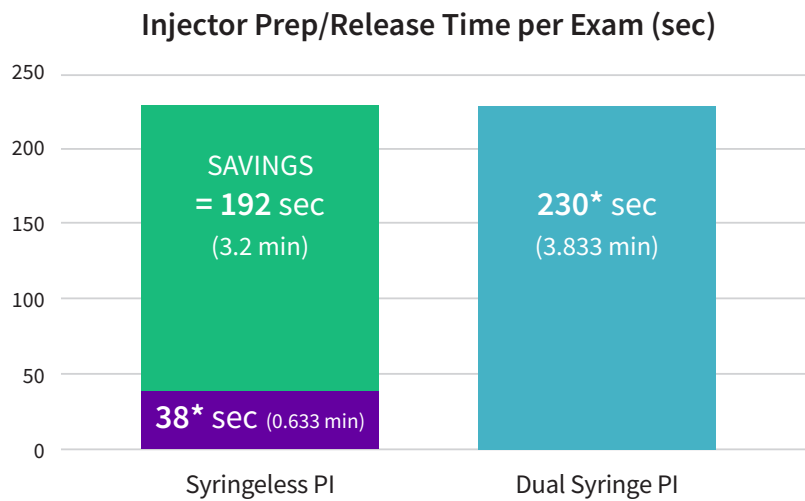
Reference: 1. Mattinson T, et al. Improving CT workflow and in a busy subspecialty emergency room using a novel power injector technology. In RSNA; Nov. 27- Dec. 1, 2022; Chicago, IL.



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This study compared the performance efficiency, technologists' satisfaction and operational costs of the CT motion™ syringeless power injector versus a dual syringe power injector (PI). This observational study prospectively enrolled 6030 patients in the Emergency Department.¹

Quantitative results¹



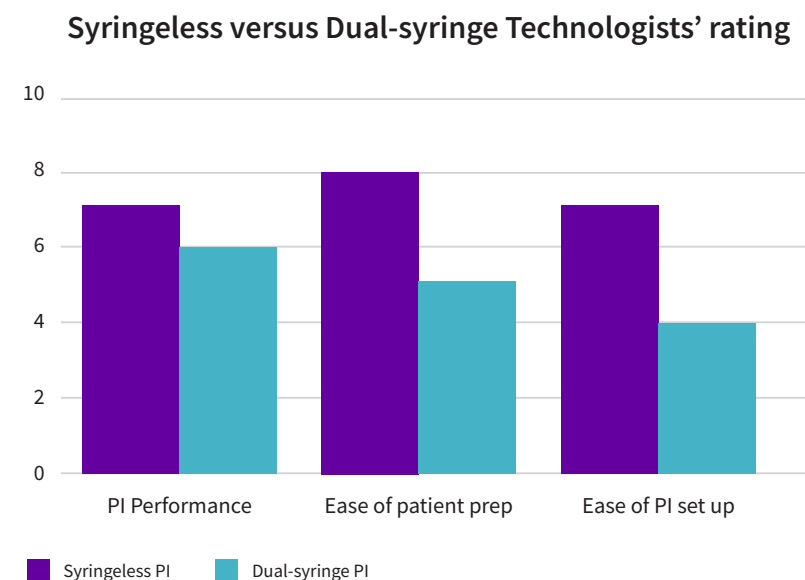
* Projected savings calculated by \$150,750 less 132,660

A total of 90 minutes were saved a day in each CT suite using the syringeless injector. This translated into 6 additional CT exams per day.¹

*These numbers represent the mean total preparation and releasing time
Average cost of contrast media per millilitre \$0.12/mL based on the purchase price of 500mL bottles
CT, Computed Tomography; PI, Power Injector.

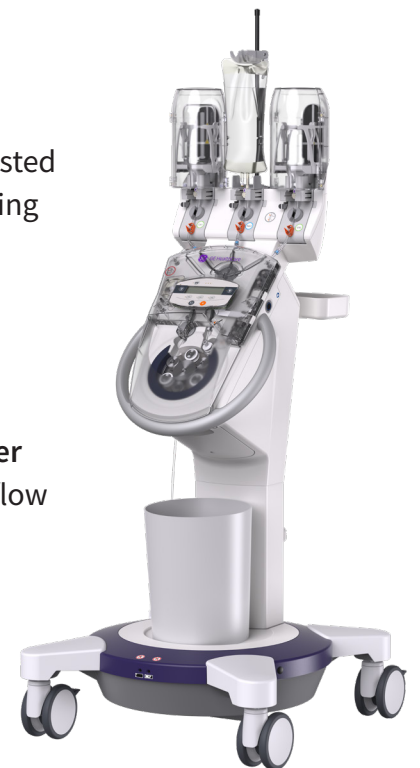
No contrast media (CM) wastage (0 mL) occurred with the syringeless power injector, whereas an average 30 mL CM wastage per examination was observed for the dual-syringe PI. **This resulted in a saving of 27,912 mL CM saving, with an estimated cost saving of \$3,349¹**

Qualitative results¹



Compared with the dual syringe injector, the syringeless power injector offers:

- Simplified contrast delivery
- Reduced cost of consumables
- Reduced volume of contrast wasted leading to cost savings when using imaging bulk packaging (~30 mL saved per procedure)
- Time saving per exam
- Technologist satisfaction
- Syringeless injector is more user friendly and improves CT workflow



Technologist's satisfaction and safety concerns with the use of the PI were rated on a 10-point scale. CT interpretations were reviewed for any mention of the image quality in the report.

These outcomes were taken from an accepted abstract and reflect an ongoing study.

Results are unique to University of Washington's clinical trial and may not be extrapolated or generalized to other settings.

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