The Business Case for Pulsara

Transforming Stroke Care and Your Bottom Line



Fragmented communication is a drain on your hospital's finances. Wasted time, unnecessary team activations, and patient diversions all represent tangible losses. Pulsara is a strategic investment that changes the playing field because, unlike internal communication solutions, it improves your financial health by coordinating care across organizations.

Pulsara's unique ability to adapt to complexity and perform reliably in unpredictable situations for distributed care teams across organizations gives you a competitive advantage that helps you provide superior care and improve your bottom line.

The Financial Value of Time From Hard Savings to Revenue Growth

Every moment of delay in stroke treatment has a direct and significant financial impact. Communication breakdowns are the primary drivers of these delays, leading to stood-down activation teams, idle CT scanners, longer lengths of stay, and preventable complications.

Reduced treatment times with Pulsara directly translate to hard cost savings and new revenue opportunities. Research demonstrates that every 10-minute reduction in treatment time increases the Net Monetary Benefit (NMB) of care by over \$10,000.

More Effective Treatment Costs Less

The investment in Pulsara is modest against the significant financial returns driven by:

Hard savings from avoided activations, complications, and reduced length of stay.

Revenue lift from increased tPA/EVT volumes and captured admissions.

Quality protection on HVBP, OQR, and stroke center certification.

Faster, coordinated care saves brain—and dollars—while strengthening your hospital's stroke market position.

How Pulsara Reduces Other Costs & Drives Revenue

1 Prevents Costly False Activations

Real-time field communication ensures only the right teams activate. Avoids unnecessary costs ranging from \$1,200-\$1,500+ per event.

Improves Staff Productivity & Satisfaction

Shared situational awareness reduces wasted calls/pages, easing burnout and turnover costs.

3 Drives Higher Reimbursement Through Faster Treatment

Meeting Door-to-Needle and Door-to-Reperfusion benchmarks raises thrombolysis rates, driving ~\$6,000 per case in MS-DRG uplifts.

4 Stops Patient Leakage & Protects High-Acuity Revenue

Seamless EMS and facility handoffs prevent diversion of high-acuity patients (e.g., EVT candidates worth \$35,000-\$50,000 per admission).

5 Reduces Length of Stay (LOS) & Complication Costs

Better coordinated care lowers LOS by 0.5–1.0 days. Avoidable complication costs include:

- Aspiration pneumonia: \$20,000/event
- VTE: \$13,000/event
- sICH: \$24,000/event
- ICU days (\$4,300) and ward days (\$3,000) savings compound systemwide.
- 6 Ensures Patients Receive the Right Treatment

Research shows that Pulsara improves <60-minute thrombolysis rates from 18% to 85%, ensuring more patients access life-saving care.

7 Lowers Post-Acute Care Costs for ACOs

For LVO patients, faster treatment prevents disabilities—saving ~\$1M per patient per decade of nursing home care.

8 Mitigates the Risk of Readmissions

Reduce costly readmissions by improving patient outcomes through faster treatment times.

Accountability & Transparency

Pulsara provides a transparent and timestamped record of every action, enabling care teams to instantly see who has acknowledged alerts and is responding.

10 Adaptability & Scalability

A single update on a unified channel provides immediate, simultaneous visibility to the entire care team, allowing for rapid, cohesive adaptation to changing patient conditions.



Amplify Value in EMS & Transfer Patients

It's a common misconception that Pulsara is an "either/or" alternative to your internal Clinical Communication & Collaboration (CC&C) solution. In reality, Pulsara is a complementary tool that enhances your existing systems and provides unique value.

External Communication

While your internal system works within your walls, Pulsara connects your facility with EMS and other hospitals during patient transfers.

Productivity Gains

Pulsara extends streamlined communication across organizations, eliminating external silos and bottlenecks that internal tools can't address.

Focused Connections

Pulsara connects you to referral partners at the right level and only for the duration of a specific patient movement event for efficient communication.



- On average, how many clinician "person-hours" are spent coordinating a typical stroke case from first alert to definitive treatment? How much of that is pure communication overhead?
- What is our estimated patient "leakage" rate? How many patients do we lose to competitors annually due to ambulance diversions or communication failures during inter-facility transfers?
- How would a consistent 15-minute reduction in our DTN times impact our hospital's public reputation, quality scores, and reimbursement modifiers?

Customer-Reported Savings

- Research shows a 156% improvement in DTN < 60 minutes with Pulsara.
- One comprehensive stroke center was able to replace its telemedicine system with Pulsara and saved over \$500,000 in the first year.
- The same facility saw an 18% and 22% improvement in Door-to-Needle and Door-to-Puncture times, respectively, within the first six months of utilization.
- One medical center cut average door-to-CT time from ~30 minutes to under 6 minutes (an 80% decrease) by having the CT staff on standby and ready via Pulsara.
- Another large medical center cut their door-in-door-out time by 42%



Financial Analysis*

Cost Savings Opportunities with Pulsara

Factor	Annual Volume	Unit Cost	Annual Cost	Impact	Savings
Avoided Angio Suite Idle Time (1 idle hr, IR room & equipment)	22	\$3,500	\$77,000	60%	\$46,200
Avoided Lost Productivity: Other Stroke Team Members	100	\$500	\$50,000	60%	\$30,000
Freed Up High-Cost Resources via Reduced LOS (0.5 days)	75	\$1,500	\$112,500	100%	\$112,500
Avoided Unnecessary Transfers	25	\$27,000	\$675,000	50%	\$337,500
Reduced SNF/Rehab Costs (ACOs/Bundled Payment Model)	150	\$24,000	\$3,600,000	6%	\$216,000
Avoided 30-Day Readmissions (ACOs/Bundled Payment Model)	50	\$10,000	\$500,000	20%	\$100,000
Reduced Turnover/Improved Staff Satisfaction (Per)	1	\$40,000	\$40,000	100%	\$40,000
Avoided Aspiration Pneumonia	50	\$20,000	\$1,000,000	30%	\$300,000
Avoided Deep Vein Thrombosis/Pulmonary Embolism	10	\$13,000	\$130,000	30%	\$39,000
Avoided Symptomatic Intracerebral Hemorrhage	25	\$24,000	\$600,000	30%	\$180,000

Annual Total Cost Savings Opportunity \$1,401,200

Increased Revenue Opportunities with Pulsara

Factor	Increase	Annual Volume	Unit Revenue	Potential Revenue
Reimbursement Gain from Timely Metrics	30%	150	\$1,200	\$180,000
Increased EMS/Hosp. Referrals: Ischemic, no EVT	5%	18	\$30,000	\$540,000
Increased EMS/Hosp. Referrals: Ischemic, w/ EVT	5%	4	\$45,000	\$180,000
Increased EMS/Hosp. Referrals: Hemmorrhagic + SAH	5%	1	\$50,000	\$50,000
Increase in Patients Eligible for Lytics	8%	40	\$6,000	\$240,000
Increase in Patients Eligible for Lytics: Endovascular	2%	10	\$20,000	\$200,000

Annual Total Revenue Increase Opportunity

\$1,390,000

Sample Pulsara ROI Calculation Framework

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Results Summary					
Sub-Total Annual Cost Savings	\$1,401,200				
Sub-Total Annual Revenue Gains	\$1,390,000				
Total Annual Financial Impact	\$2,791,200				
Annual Pulsara Investment	\$80,000				
Net Annual Benefit	\$2,711,200				
Annual Return on Investment	3 389%				

Build Your Custom Pulsara Business Case



Use this editable version of the analysis above to build your custom business case.



^{*}Analysis based on 500 stroke cases per year.