

PHILIPS

ECG Solutions

Extended Holter –
ePatch

**Simple. Actionable.
Efficient.**



Extended Holter monitoring made easy



Philips Extended Holter – ePatch provides 3-14 day extended Holter monitoring that is simple, actionable, and efficient.

Powered by Philips medical-grade AI and flexible wear options, ePatch is designed to deliver comprehensive, actionable reports quickly based on your prescribed study length – every time.

ePatch is:

Simple

- 99% patient compliance for 14-day prescribed wear time¹
- Application with flexible wear options to maximize patient comfort
- Design with no charging required

Actionable

- Reports with easy-to-read summary and infographics
- Results available anytime, anywhere
- Data powered by Philips medical-grade AI

Efficient

- 24-48 hour report turnaround² once report is received by Philips
- Expedited return shipping or in-office upload
- Enrollment in Philips portal or EMR, and EMR integration workflow to interpret and sign reports

Simplicity is more than a single patch

- Maximize the patient experience with comfortable and flexible wear options that require minimal skin preparation
- Your study won't end when a patch falls off—get up to 14 days of recording with 99% compliance¹
- Patients can shower³, sleep, or exercise while wearing ePatch



Patch
Single-channel
up to 14 days or
Three-channels 3-5 days



Flex Adapter
Single-channel
up to 14 days



Lead Wire Adapter
Three-channels
3-5 days only


“From a patient satisfaction, a provider satisfaction and an access perspective, ePatch is great.”

Anas Daghestani, MD,
ARC President & CEO

Easy to read reports with actionable details
powered by Philips medical-grade AI

200
million+

ECG processed by Philips Medical
Grade AI.⁵



Philips Medical Grade AI **detects more than 20 types of events**, including the main arrhythmias: Pause, Atrioventricular Block second-degree and third-degree (complete), Atrial Fibrillation or Atrial Flutter, and Ventricular Tachycardia⁴

PHILIPS

Holter
Monitoring Report

MRN:
Device ID:

Patient: **John Doe** - 00/00/0000 (00 yrs.)
Enrollment period: ~ (11/01/23 to 11/08/23) · Analyzable time: **7d 51min 37sec**

Gender: **Male**

Referring Physician:
Dr. Referring

Diagnosis (ICD10): **Chest Pain**
Ordering Physician:
Dr. Ordering

Pacemaker: **No**
Location:
Cardiology Center

HEART RATE SUMMARY

Overall

Max **142bpm**
11/01/23

Avg **68bpm**

Min **47bpm**
11/03/23

Sinus

Max **109bpm**
11/07/23

Min **47bpm**
11/03/23

BURDEN

Sinus Tachycardia

Burden

Count

HR > 100bpm

1.6%

165

Sinus Bradycardia

HR < 60bpm

<1.0%

37

AFib/Flutter

≥ 10 sec

1.2%

9

ECTOPICS

SVE

Burden

Count

Total SVEs

2.9%

19,834

Isolated

2.7%

18,868

Couplets

<1.0%

352

VE

Burden

Count

Total VEs

2.2%

14,798

Isolated

2.1%

14,554

Couplets

<1.0%

122

Bigeminy

<1.0%

684

Trigeminy

<1.0%

178

Morphologies

15

PATIENT TRIGGERED EVENTS

Count

Total

5

AFib/Flutter

2

SV Arrhythmia

1

Pause

-

AV Block

-

Ventricular Arrhythmia

-

Sinus Tachycardia

-

Sinus Bradycardia

-

No Related Arrhythmia

2

PRELIMINARY FINDINGS:

Analysis date: 01/18/24 - by -
Patient monitored for 7d starting on 2023/11/01 16:41.

Primary rhythm was Sinus Rhythm. Average heart rate was 68 bpm, Minimum heart rate was 47 bpm on Day 3 / 12:45:53, Max heart rate was 142 bpm on Day 1 / 23:01:31
Atrial Fibrillation or Flutter: Burden was 1.25 %, longest event 29min 14s on Day 8 / 07:17:56, fastest rate 135 bpm on Day 8 / 08:18:45.
SVE(s): Burden was 2.89 %, max count per 24 hours 2858
SVT (AT, RT): 49 events, longest event 31 beats on Day 1 / 23:01:27, fastest event 142 bpm on Day 6 / 20:23:44
PVC(s): Burden was 2.15 %, max count per 24 hours 2132, 15 disparate morphologies
Ventricular Tachycardia: 0 events, longest event 0 s at --, fastest rate -- bpm at --
Patient recorded 5 events during the monitoring period

PHYSICIAN COMMENTS:

SIGNATURE

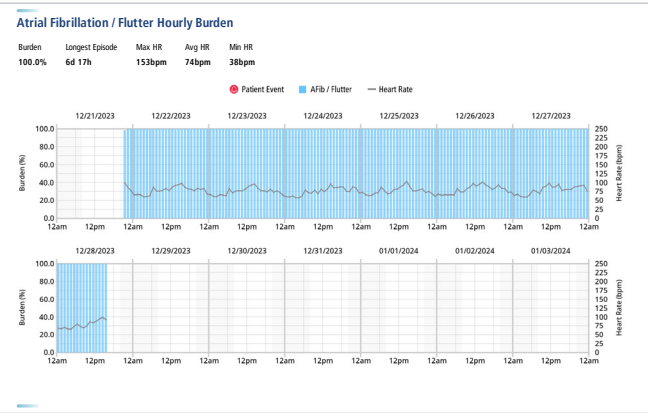
DATE

Page 1 of 13

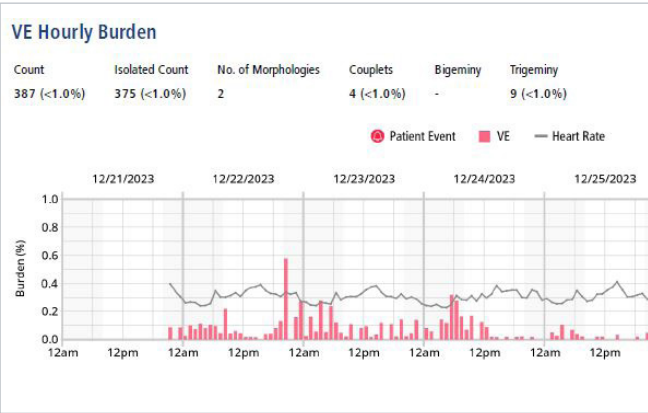
- 1 Heart Rate Summary divided into Overall (arrhythmia-inclusive) and Sinus categories.
- 2 AF burden section with definitions for Tachycardia (>100 bpm) and Bradycardia (<60 bpm).
- 3 Ectopics beat table combines Supraventricular Summary and Ventricular Summary for easier comparison.
- 4 Sun (8am-10p) & Moon (10p-8am) iconography provides an easy reference to what time of day the event occurred.
- 5 Patient Triggered Events (PTE) section includes associated arrhythmias — those occurring in the 3 minutes before the PTE.

200 million+ ECG processed by Philips Medical Grade AI.⁵

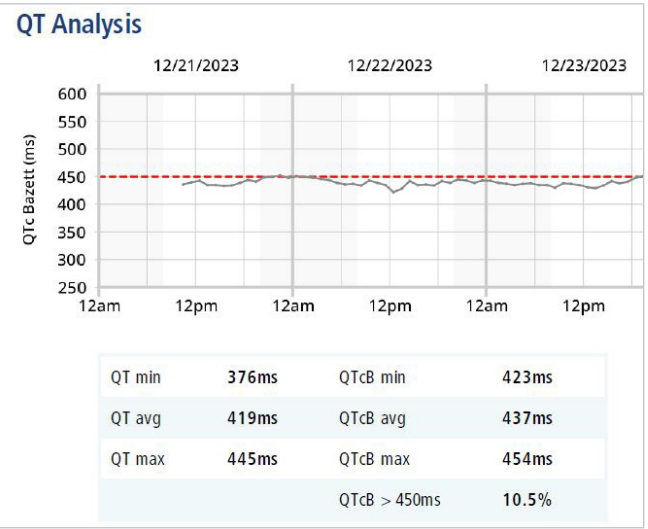
Atrial Fibrillation / Flutter Burden



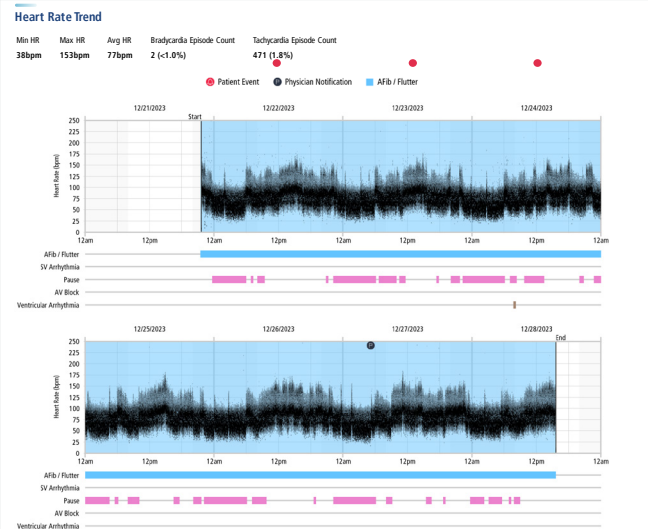
VE / SVE Burden



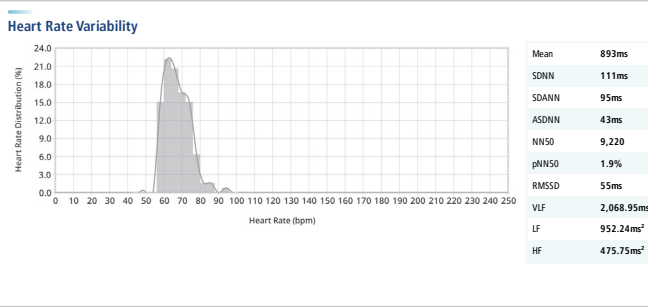
QT Analysis



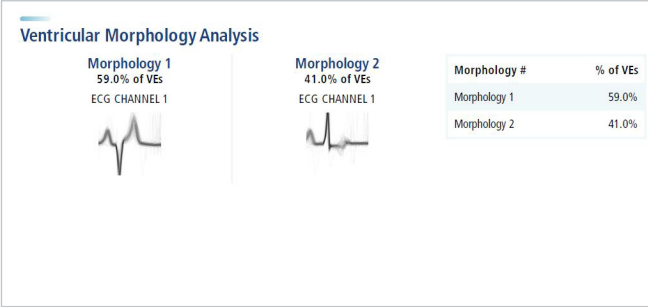
Heart Rate Trend



Heart Rate Variability



PVC Morphology



“Philips met with us to give us a summary page that is actually useful.”

Parul M. Desai, MD, ARC Chief Cardiology

Efficient end-to-end workflow

Easy enrollment and application

Order ePatch in Philips portal or your EMR
Apply in-office or choose mail to patient option



Simple and fast return

Pre-paid return packaging accelerates report availability
In-office upload allows results to be available in 24 hours



Efficient report reading and accessibility

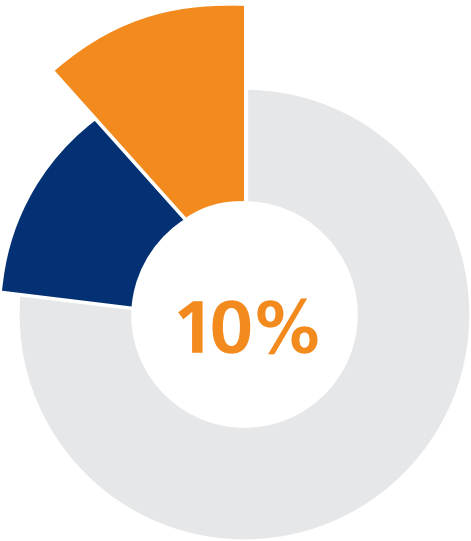
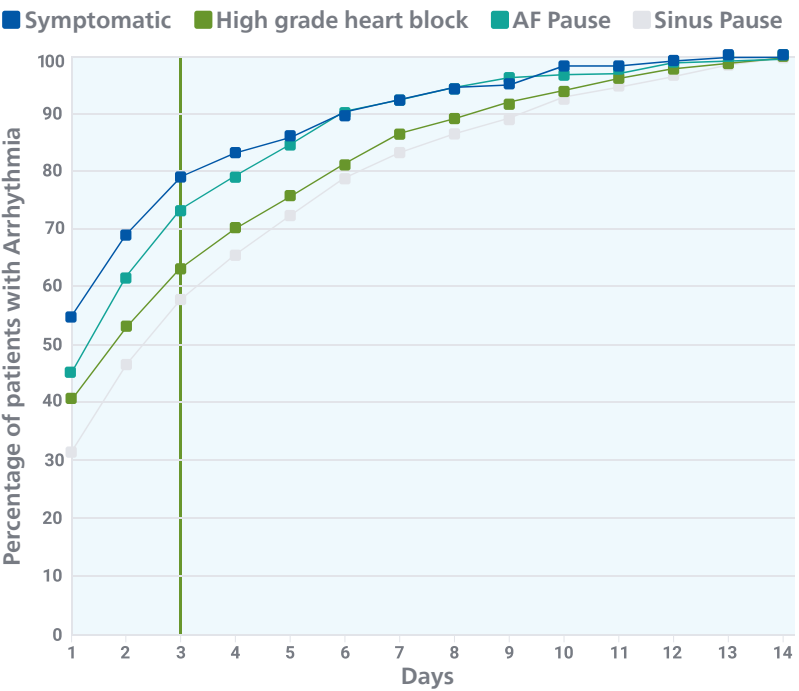
Easy-to-read reports for fast diagnosis
Access patient data plus interpret and sign reports in Philips portal or your EMR



CPT Codes ⁶	3-7 days	7+ days
Global	93241	93245
Hook-Up	93242	93246
Technical	93243	93247
Professional	93244	93248

Going beyond traditional patient care with extended Holter monitoring

What are you missing with 24-48 hour monitoring?
ePatch gives you more diagnostic yield in a single test.



>10% with extra day

By extending Holter monitoring from 48 hours to 3 days, evidence shows a 10% greater yield in potentially high-risk arrhythmia detection.⁸

3x greater findings

When comparing physician notifications of traditional Holter at 24 hours with ePatch at 14 days.⁷

Prescribe ePatch today for a complete diagnostic solution that is simple, actionable, and efficient.



**For sales and inquiries or to schedule a demo,
visit philipsepatch.com or scan the QR code.**

1. Based on median wear time, data on file.
2. Internal data on file. Based on the average processing time in 2022 after Holter files are uploaded to Cardiologs.
3. Patch only. Flex and LWA needs to be taken off for showering.
4. Data on file, Philips 2023.
5. Data on file, Philips 2023.
6. Information contained in this publication is not to be construed as legal or billing advice. CPT® is a registered trademark of the American Medical Association. All CPT® information provided in this publication is intended for illustration purposes only, and should be independently verified prior to billing application.
7. Internal data on file, supplied to Clinical Affairs as of 2021.
8. Reiffel JA, Schwarzbarg R, Murry M. Comparison of autotriggered memory loop recorders versus standard loop recorders versus 24-hour Holter monitors for arrhythmia detection. *Am J Cardiol.* 2005 May 1;95(9):1055-9. doi:10.1016/j.amjcard.2005.01.025. PMID: 15842970.

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