



New Jersey Poison Information and Education Services NJPIES Data Facts

- **Public Demand for Services** – During the 27 years of existence, NJPIES handles an average of 74,074 calls a year, or approximately 200 calls a day.
- **Hospital Demand for Services** - From 2000 – 2009, NJPIES has experienced a 32% increase in calls originating from hospitals, growing from 7,829 in 2000 to 10,319 in 2009.
- **Emergency Department Demand for Service** – Of all hospital based calls received from 2000- 2009, there has been a 25% increase in the number of calls to NJPIES by a physician in an emergency department – growing from 3,457 in 2000 to 4, 331 in 2009.
- **Expertise** - The average ER doctor may see one or two poison cases a year and generally, when treating a case, defers to the NJPIES specialists who, together, handle dozens of poisoning calls a day. NJ has been a leader in poison control services nationally and should remain so.
- **Financial Efficiencies** –
 - Federal studies show for every \$1 invested, \$7 in savings are realized.¹
 - The state only supports 20% of the total NJPIES budget but receives 100% of the benefits. The rest comes from federal and private grants.
 - A typical ambulance transport cost \$475. An initial ER fee is \$500. For every call serviced in the home and averted from using more aggressive emergency response services, NJPIES saves the state and hospital system money. It takes 80,000 calls each year, with 80% of the calls coming from outside hospitals and diverted from every using more expensive emergency services.
 - National data shows that for 70% of the calls received in Poison Control Centers, treatment guidance can be provided over the phone, thereby reducing ER visits, ambulance use, and hospital admissions.
 - A conservative estimate from a 2002 study on New Jersey hospitals found that the NJ Poison Control center saved \$9.5 million annually from patients not admitted to hospitals, and \$15.2 million in savings from hospital admissions that resulted in stays being reduced by just one day from aggressive and appropriate early intervention. Savings are likely much higher as many times hospital stays were reduced by much more than one day.

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration