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FEATURE ARTICLES

Effect of a mu program on c paradigm for

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The addition of a supplemental, telemedicine-based, remote intensivist program was associated with improved clinical outcomes and hospital financial performance.

Critical Care Medicine [32\(1\):p 31-38, January 2004.](#) | DOI: 10.1097/01.CCM.0000104204.61296.41

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Abstract

Objective

To examine whether a supplemental remote intensive care unit (ICU) care program, implemented by an integrated delivery network using a commercial telemedicine and information technology system, can improve clinical and economic performance across multiple ICUs.

Design

Before-and-after trial to assess the effect of adding the supplemental remote ICU telemedicine program.

Setting

Two adult ICUs of a large tertiary care hospital.

Patients

A total of 2,140 patients receiving ICU care between 1999 and 2001.

Interventions

The remote care program used intensivists and physician extenders to provide supplemental monitoring and management of ICU patients for 19 hrs/day (noon to 7 am) from a centralized, off-site facility (eICU). Supporting software, including electronic data display, physician note- and order-writing applications, and a computer-based decision-support tool, were available both in the ICU and at the remote site. Clinical and economic performance during 6 months of the remote intensivist program was compared with performance before the intervention.

Measurements and Methods

Hospital mortality for ICU patients was 6.6% vs. 12.9% (absolute risk, 0.73; 95% confidence interval [CI], 3.21–4.04] vs. 4.35 days (from increased case volume).

Conclusions

The addition of a supplemental monitoring and management team improved clinical outcomes and resource utilization similar to those reported for other ICU staffing models; however, the additional cost contributed to the observed increase in hospital costs. The focus on ICU performance in a national, multiple-site program, including the use of intensivists, may provide a means for hospitals to reduce the cost of ICU care by using fewer intensivists.

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6 vs. 12.9%; relative risk reduction, 3.63 days [95% CI, 3.21–4.04] days; hospital revenues

associated with improvements was not tested intensivist staffing may have found the increased cost of this on-going program at telemedicine may reduce the cost of ICU care using fewer intensivists.

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