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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

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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 Main Results

Hospital mortality for ICU patients was 12.9% (95% CI, 10.6 vs. 15.2); relative risk, 0.73; 95% confidence interval [CI], 3.21–4.04] vs. 4.35 days (from increased case volume).

Conclusions

The addition of a supply of intensivists to a hospital improved clinical outcomes similar to those reported in other studies of telemedicine staffing models; however, the program also contributed to the observed increase in focus on ICU performance. This multiple-site program, if widely adopted, may provide a means for hospitals to increase the number of intensivists.

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6 vs. 12.9%; relative risk, 0.73; 95% CI, 3.21–4.04] vs. 4.35 days [95% CI, 3.21–4.04] vs. 4.35 days

associated with improvements was not statistically significant. Telemedicine staffing may have contributed to the increased focus on ICU performance. This on-going program may provide a means for hospitals to increase the number of intensivists.

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