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FEATURE ARTICLES

Effect of a mu program on c paradigm for

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and Critical Care Healthcare, Norfolk, New York, NY orfolk, VA (GY); the Medicine,

ng financial analysis.

Address requests for reprints to: Michael J. Breslow, MD, VISICU, 2400 Boston Street, Suite 302, Baltimore, MD 21224. E-mail: mbreslow@visicu.com.

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 | with performance

before the intervention.

Measurements ar

Hospital mortality for I risk, 0.73; 95% confider 3.21–4.04] vs. 4.35 days (from increased case vo

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6 vs. 12.9%; relative 3.63 days [95% CI, 10spital revenues

Conclusions

The addition of a supple improved clinical outco similar to those reporte staffing models; howeve contributed to the obserfocus on ICU performar multiple-site program, i

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provements was ted intensivist g may have nd the increased this on-going at telemedicine may

provide a means for hospitais to achieve quanty improvements associated with intensivist care using fewer intensivists.

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