

TELE-INTENSIVE CARE UNITS (ICU)

IMPROVING THE EFFICIENCY OF ICUs THROUGH TELEMEDICINE

THE CHALLENGE:

Critical care providers are a scarce resource. Many hospitals lack critical care physician coverage, particularly at night. Care provided by an intensivist significantly improves outcomes including mortality and length of stay. The lack of appropriate ICU provider staffing was accentuated during the COVID pandemic. Since then, the problem has persisted due to clinician burnout. Hospital systems need 24 hours a day of critical care coverage but struggle to find cost effective ways to deliver that level of staffing.

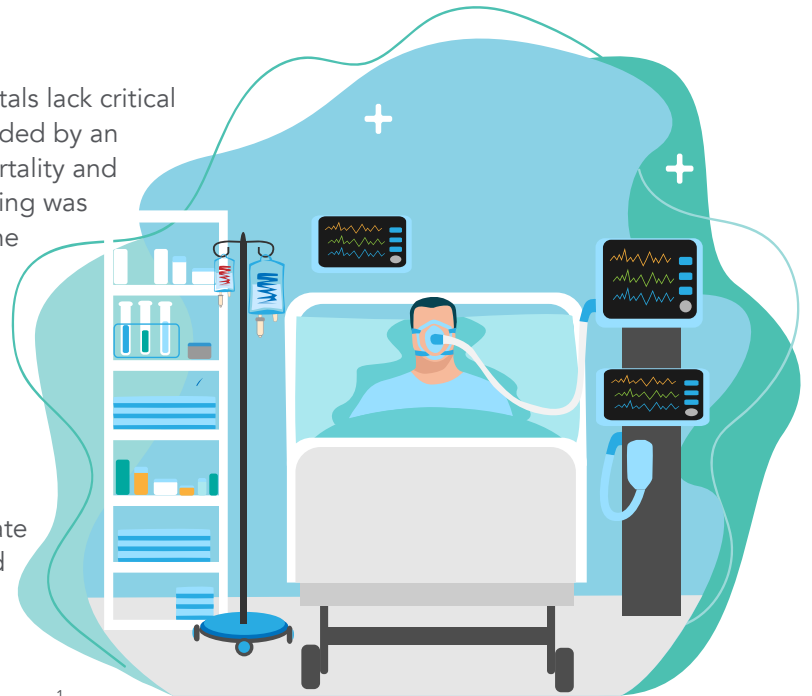
THE SOLUTION:

A critical care physician through tele-ICU can provide state of the art care to many more patients than in-person and to patients at different facilities that are geographically remote. Tele-ICU coverage is not a novel solution. It has been used for decades in health systems across the US. Data has shown improved outcomes with such coverage.¹

The care is provided using two-way communication with on-site staff and video conferencing with the patient and on-site providers. Tele-ICU can be a 24/7 model or a night-only model, depending on the need and resources of the hospital. It is particularly helpful in lower volume sites. On-site staff (e.g. nurses and advanced practice providers) can contact the critical care physician for evaluation and treatment recommendations. Physicians are fully credentialed with the hospital system and possess active state licenses, allowing for full chart access and ability to place orders.

THE RESULT:

USACS has launched Tele-ICU in multiple hospitals in Texas, Ohio, and Utah and is rapidly expanding. Through a recent launch at a large institution in Ohio, USACS provides critical care support overnight. The program is also facilitated by HIPAA-compliant texting and video conferencing between the physician and on-site staff to allow the Tele-ICU physician to attend to new admissions and any emergencies. Staff and patient testimonials have been extremely positive, with wide excitement and smooth integration of overnight critical care coverage, which had previously been unavailable. The healthcare system overall has also benefited, with ICU coverage being applied to a wide array of patients across multiple sites for a significantly lower cost.



¹ Young LB, et al. Impact of telemedicine intensive care unit coverage on patient outcomes: a systematic review and meta-analysis. Arch Intern Med. 2011;171(6):498-506.