Baptist Health South Florida Tele Health Programs

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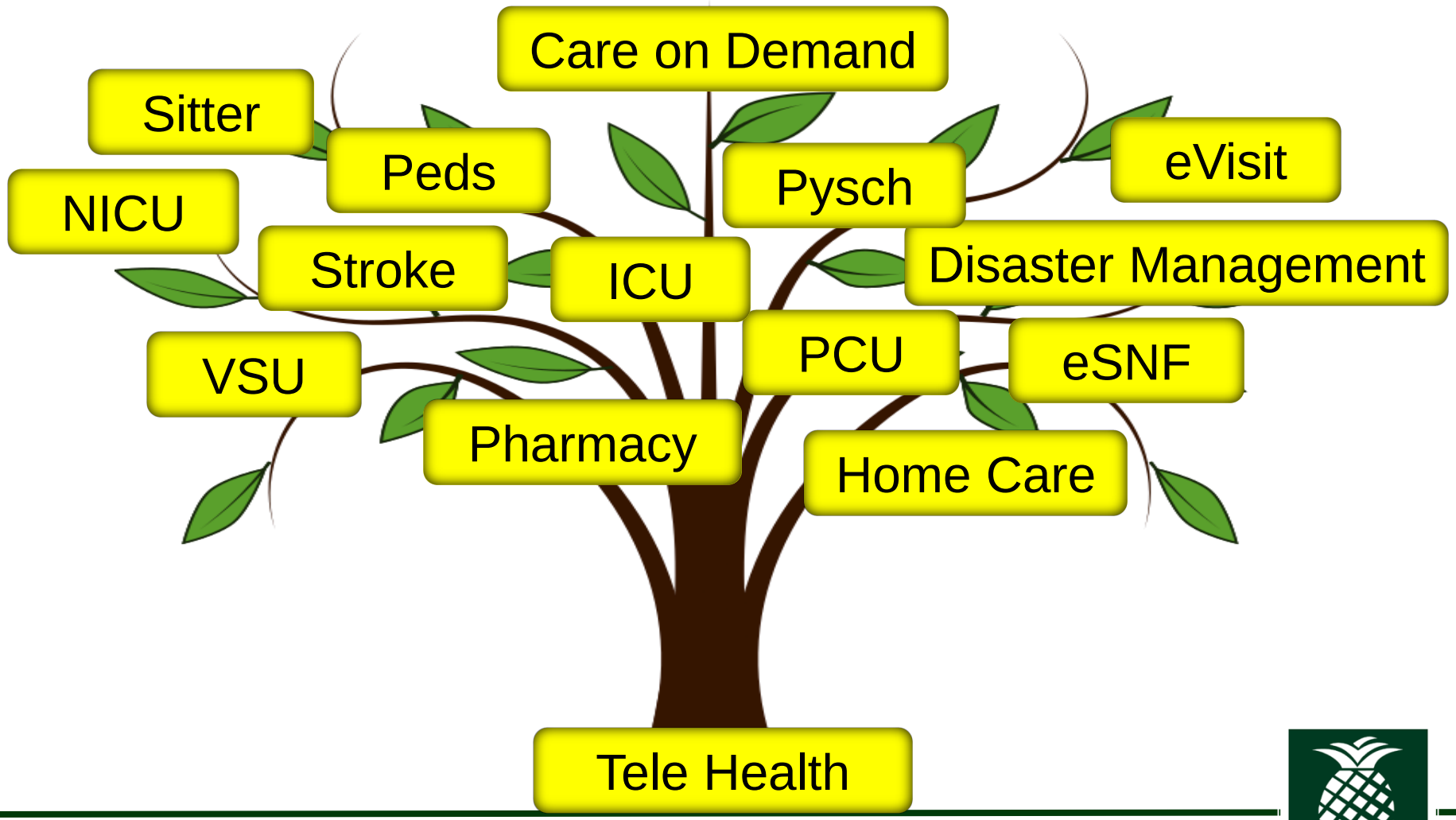
Goal & Intent

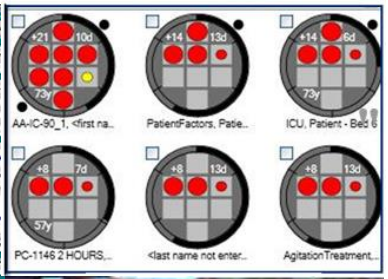
- Demonstrate cost efficient access to care leveraging Telehealth technology
- Develop and ensure continued growth of our telehealth programs
- Highlight the importance of integration along the continuum of care beyond traditional ‘brick and mortar’

Telehealth Programs



Baptist Health Tele-ICU Program

- Launched in December 2005
- High level surveillance of patients using 2-way video and advanced software with artificial intelligence
- 165 hardwired beds across 6 hospitals
  - Standard of Care for ALL patients in ICU
  - 35% of tele-ICU beds are in PCU
- 7 mobile carts – ED, PCU and dialysis
- 24/7 Intensivists
- 24/7 Critical Care Nurses
- Clinical ePharmacists – 7 days a week
- Proven Patient Outcomes
- Proven ROI



LEAPFROG staffing Savings

A Mixed Methods Study of Tele-ICU Nursing Interventions to Prevent Failure to Rescue of Patients in Critical Care

Conclusions:
Odds of Failure to Rescue for CM
Interventions

Lisa-Mae S. Williams, PhD, RN, (
Donna Lee Armaignac, PhD, APR
Lynne S. Nemeth, PhD, RN, FAA

[Original Research **Critical Care Medicine**]

CHEST

ICU Telemedicine Program Financial Outcomes

CrossMark

; Teresa Rincon, RN, BSN; Shawn E. Cody, PhD, MSN/MBA, RN;
ter FCCP; for the UMass Memorial Critical Care Operations Group

edicine improves access to high-quality critical care, has substantial
ancial outcomes. Detailed information about financial outcomes and
llowing ICU telemedicine implementation and after the addition of
as not been published to our knowledge.

ty of properly modified ICU telemedicine programs to increase case
high-quality critical care with improved annual direct contribution
ere is a financial argument to encourage the wider adoption of ICU

CHEST 2017; 151(2):286-297

Clinical outcomes after telemedicine intensive care unit implementation*

Beth Willmitch, RN, BSN; Susan Golembeski, PhD, RN, CHRC; Sandy S. Kim, MA, MEd; Loren D. Nelson, MD, FACS, FCCM; Louis Gidel, MD, PhD, FCCP Published: Critical Care Medicine Feb 2012

Objective: To examine clinical outcomes before and after implementation of a telemedicine program in the intensive care units of a five-hospital healthcare system.

Design: Observational study with the baseline period of 1 yr before the start of a telemedicine intensive care unit program implementation at each of 5 hospitals. The post periods are 1, 2, and 3 yrs after telemedicine intensive care unit program implementation at each hospital.

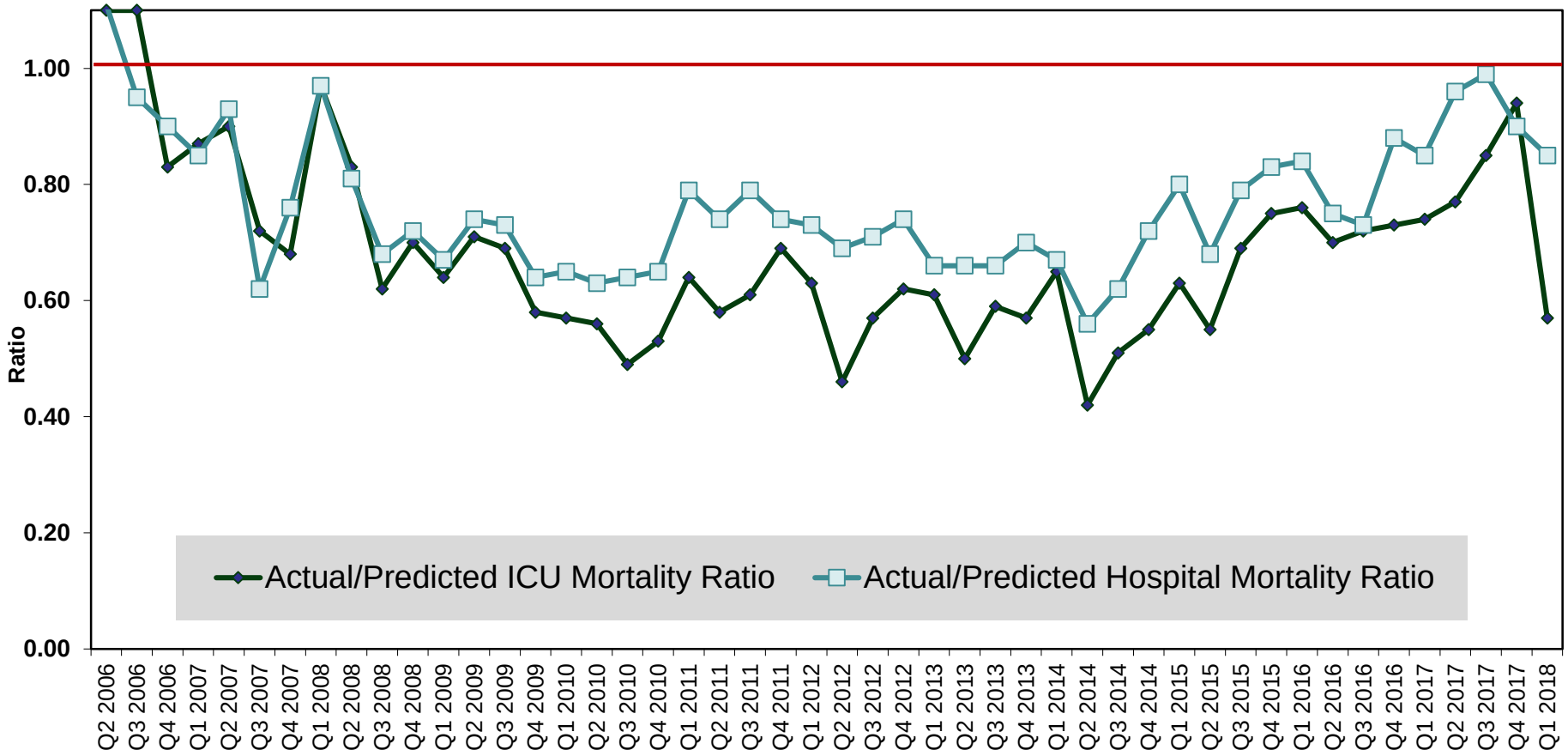
Setting: Ten adult intensive care units (114 beds) in five community hospitals in south Florida. A telemedicine intensive care unit program with remote 24/7 intensivist and critical care nurse electronic monitoring was implemented by a phased approach between December 2005 and July 2007.

Measurements and Main Results: Records from 24,656 adult intensive care unit patients were analyzed. Hospital length of stay, intensive care unit length of stay, hospital mortality, and Case Mix Index were measured. Severity of illness using All Patient Refined-Diagnosis Related Groups scores was used as a covariate. From the baseline year to year 3 postimplementation, the severity-adjusted hospital length of stay was lowered from 11.86 days (95% confidence interval [CI] 11.55–12.21) to 10.16 days (95% CI 9.80–10.53; $p < .001$), severity-adjusted intensive care unit length of stay was lowered from 4.35 days (95% CI 4.22–4.49) to 3.80 days (95% CI 3.65–3.94; $p < .001$), and the relative risk of hospital mortality decreased to 0.77 (95% CI 0.69–0.87; $p < .001$).

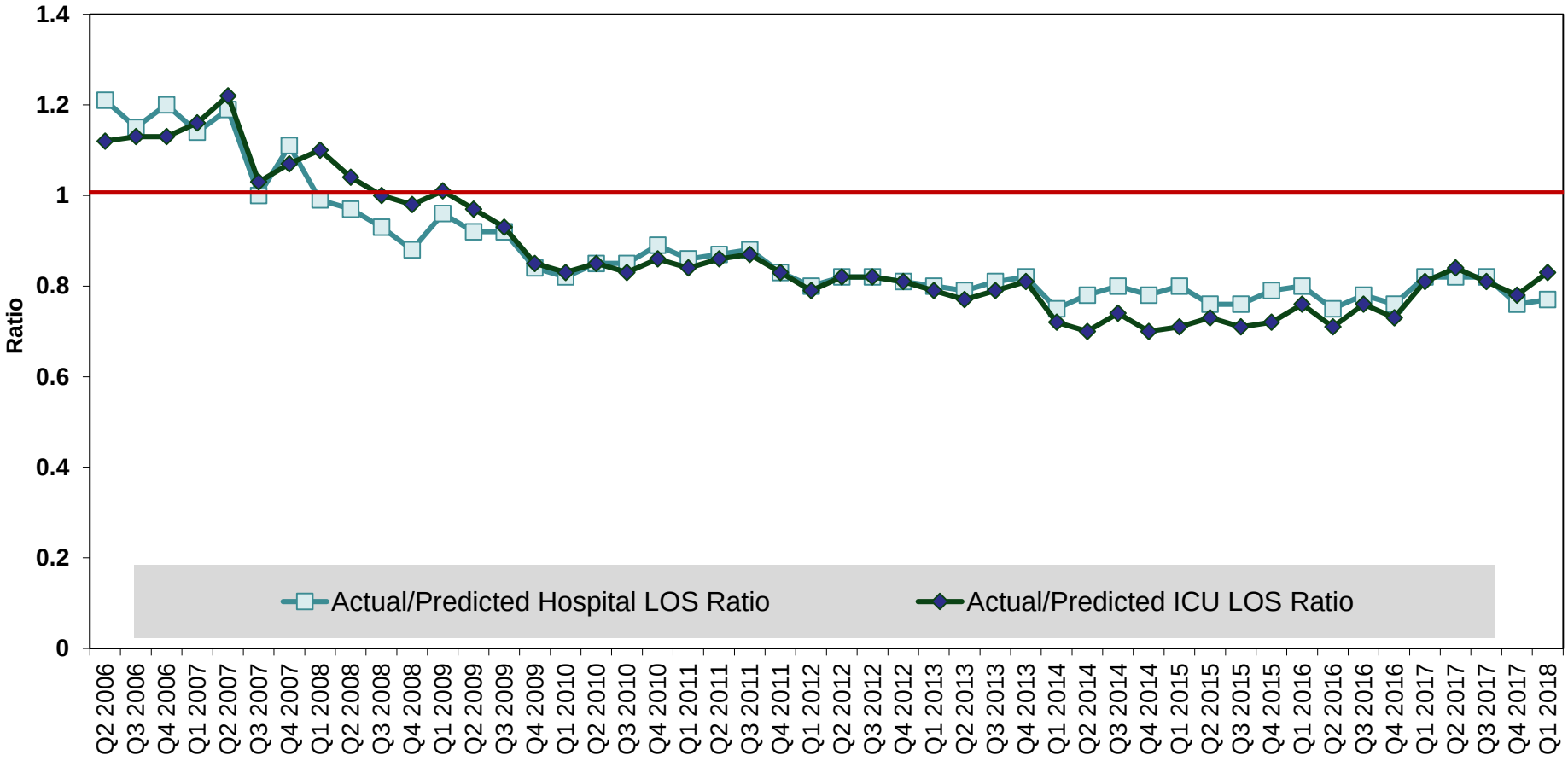
Conclusions: After 3 yrs of deployment of a telemedicine intensive care unit program, this retrospective observational study of mortality and length of stay outcomes included all cases admitted to an adult intensive care unit and found statistically significant decreases in severity-adjusted hospital length of stay of 14.2%, intensive care unit length of stay of 12.6%, and relative risk of hospital mortality of 23%, respectively, in a multihospital healthcare system. (Crit Care Med 2012; 40:450–454)

KEY WORDS: ICU outcomes; tele-ICU; telemedicine

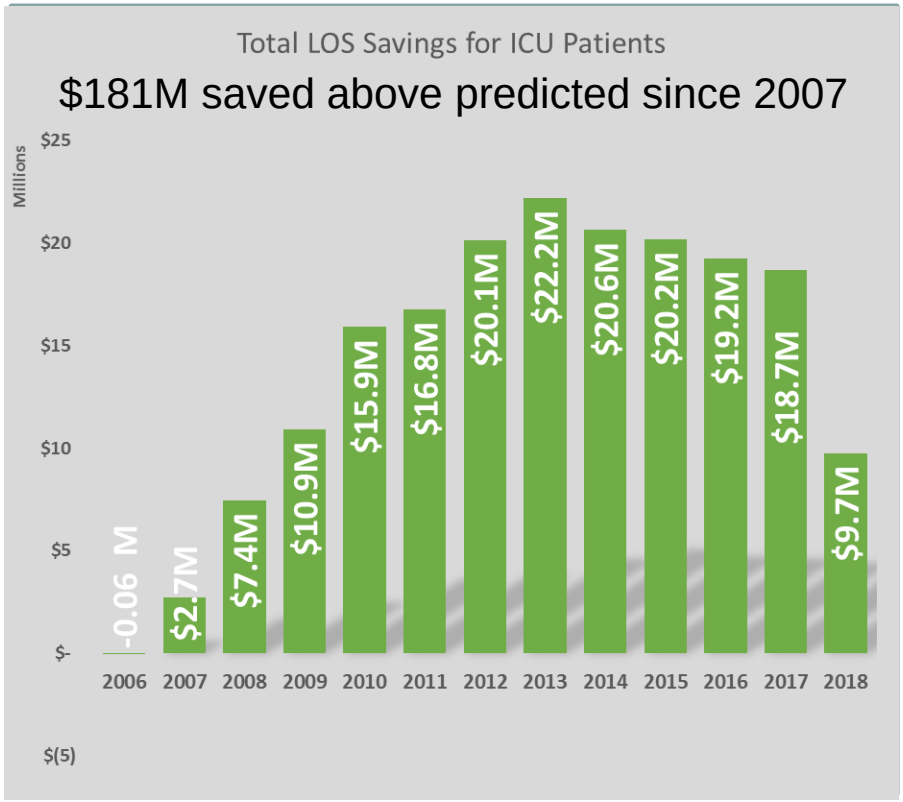
Actual/Predicted Mortality Ratios

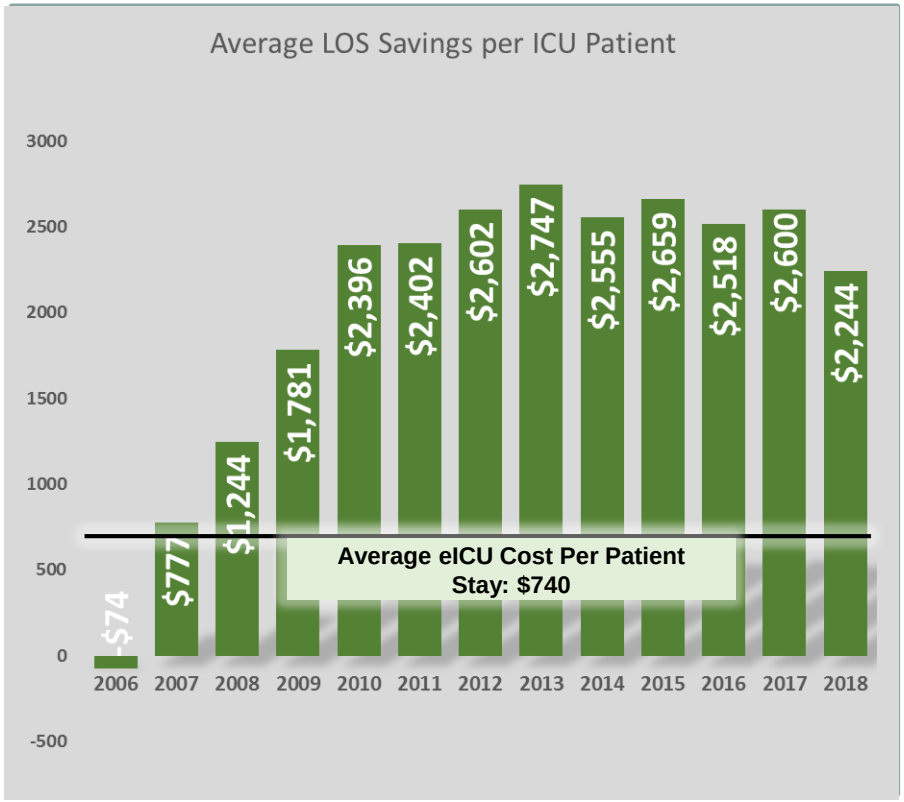


Actual/Predicted LOS Ratios

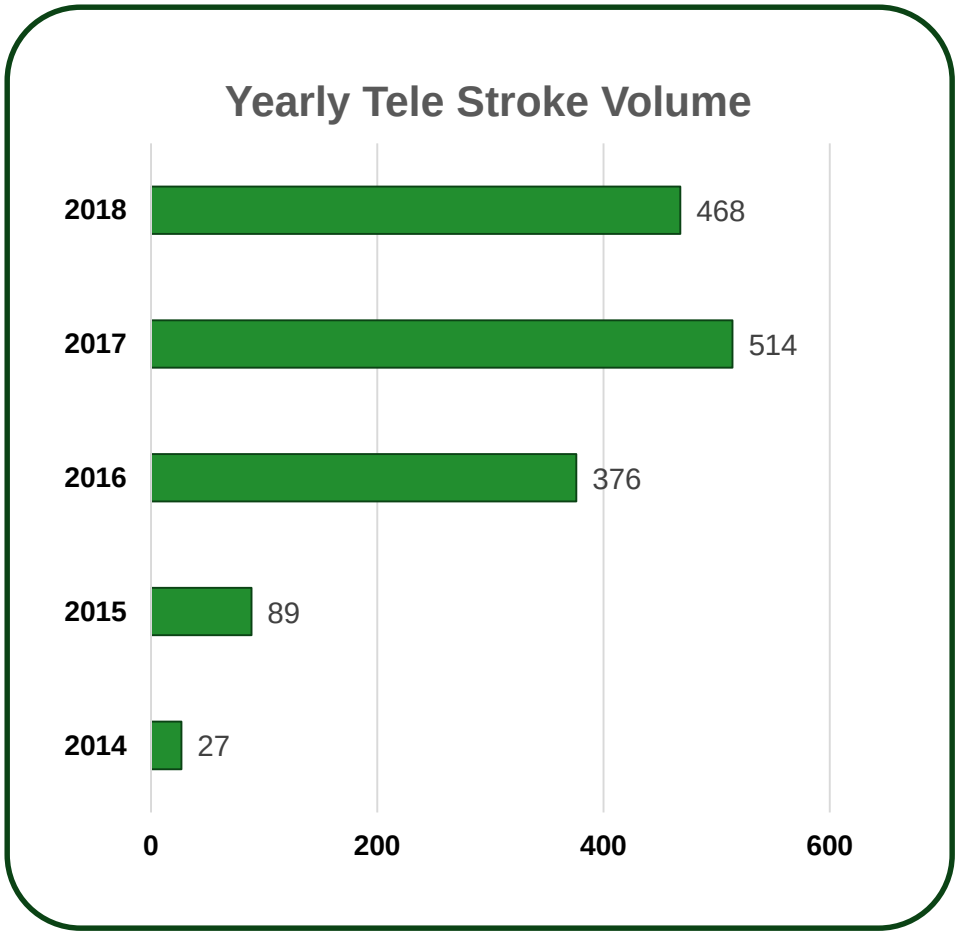


Total and Per Patient LOS Savings vs. APACHE Predicted All ICU Patients





Tele - Stroke



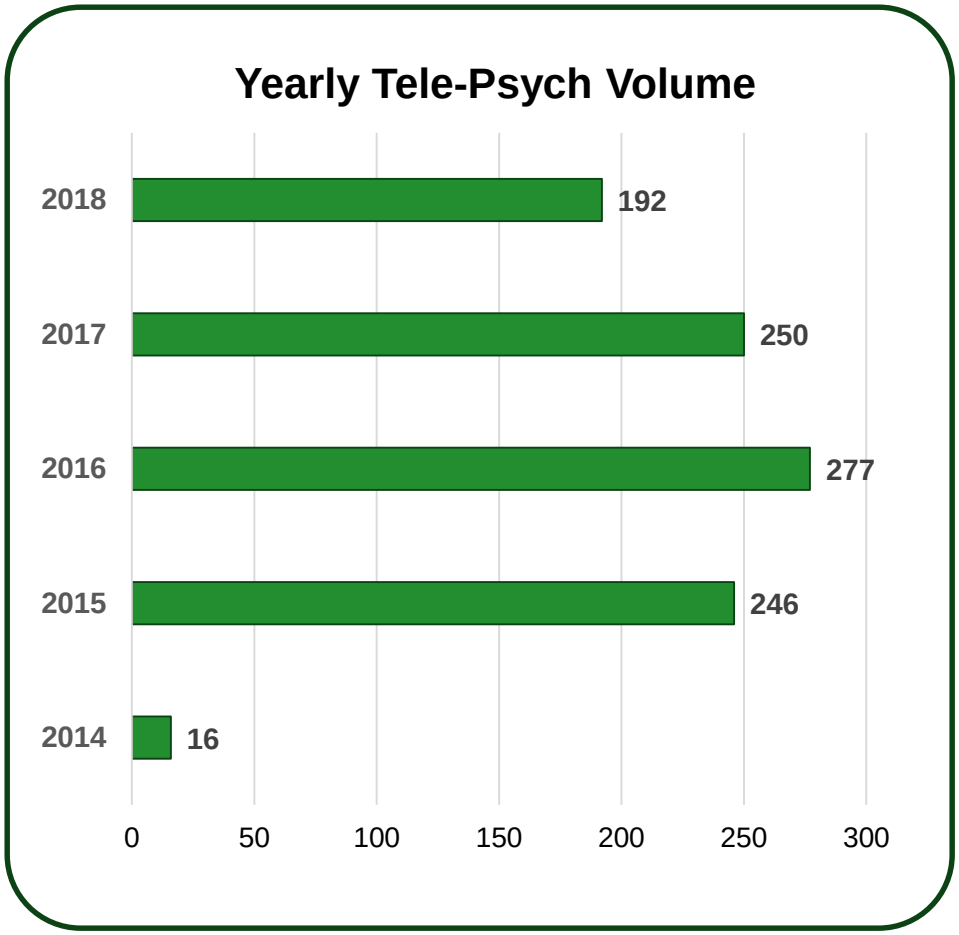
Total Volume

1,474

At bedside with the patient

At home or office with the Neurologist

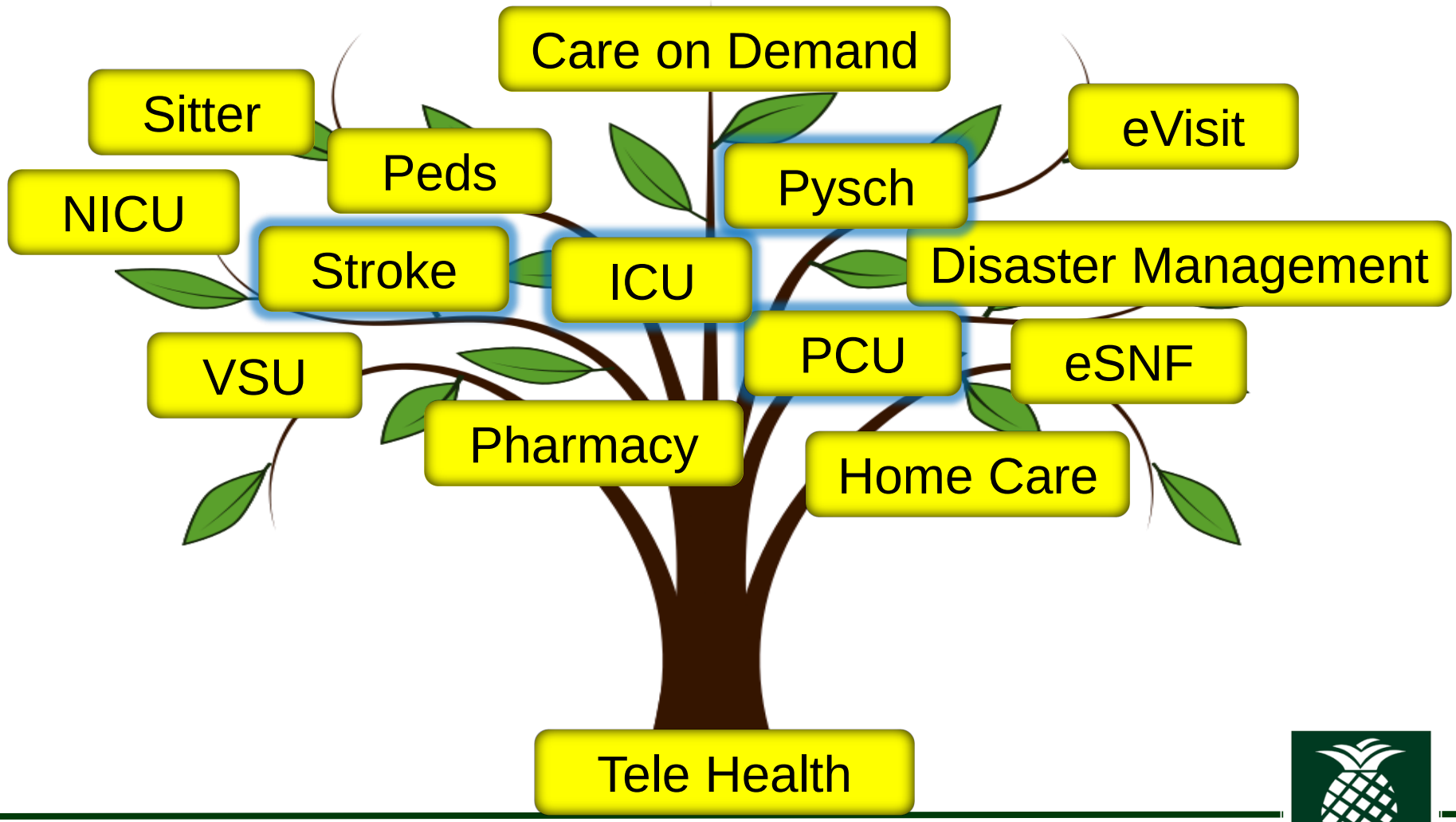
Tele Psych



Total Volume

981

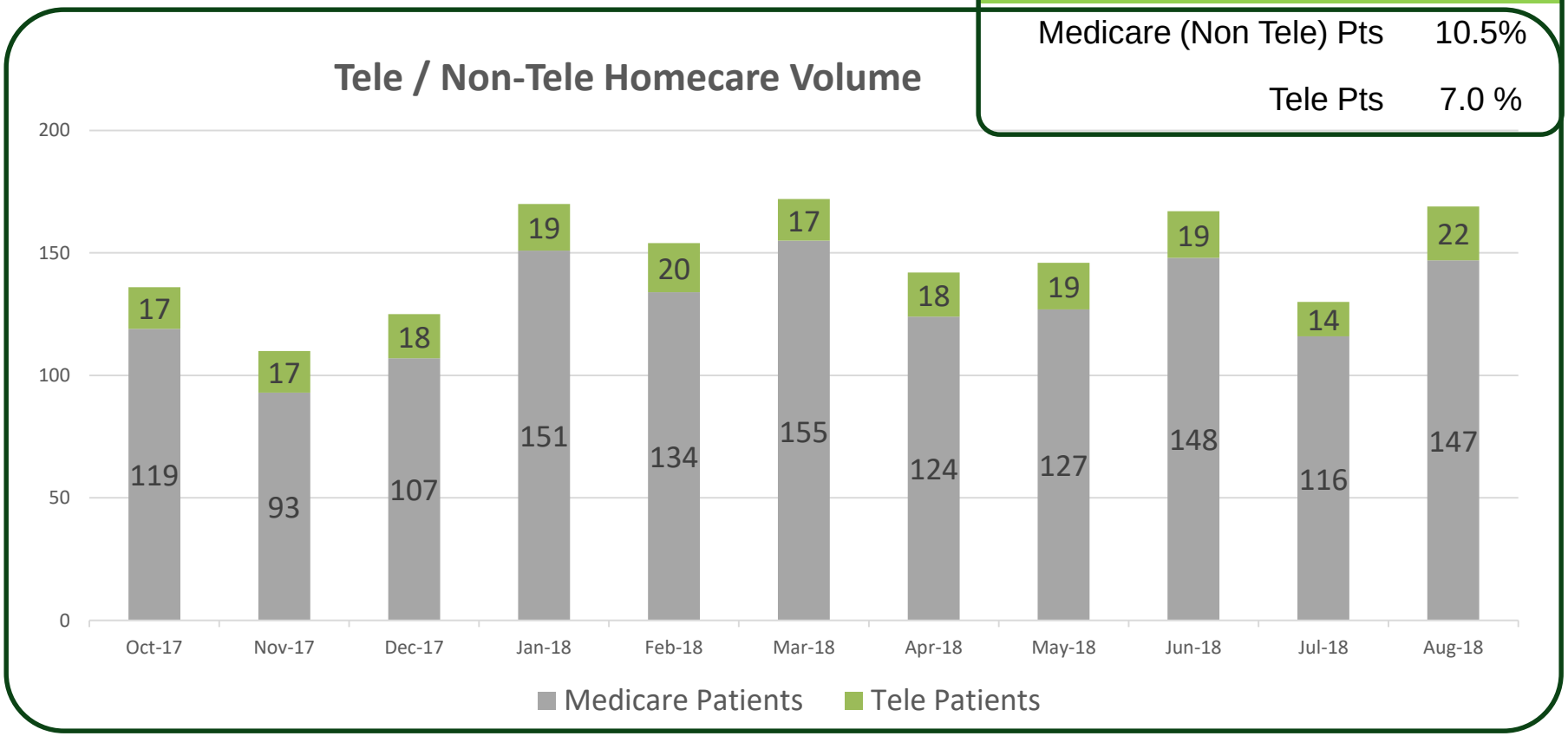
Tele Health Programs



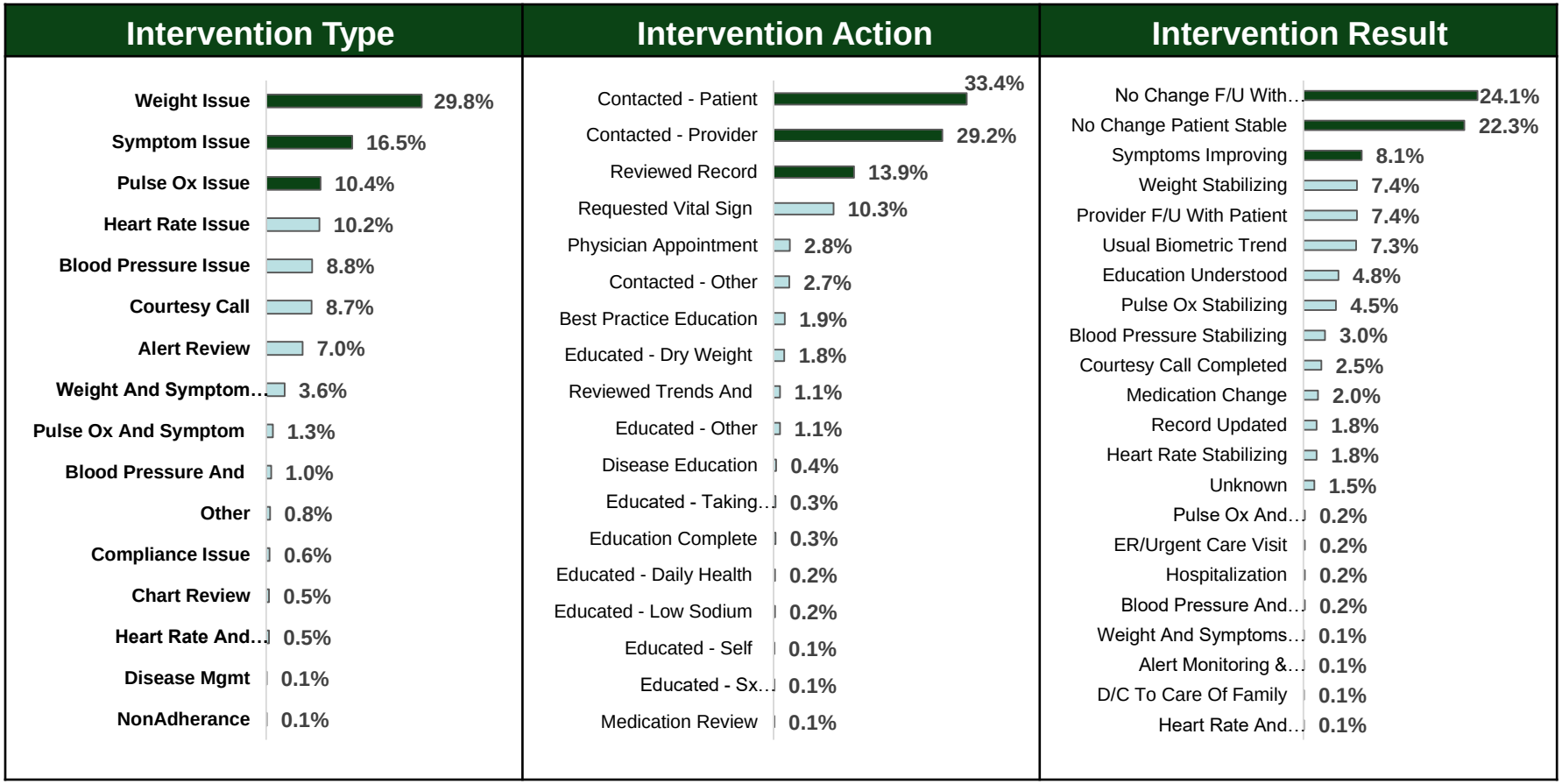
Homecare
Volume & Readmission Rates

Average % of Tele Volume: **12.5%**

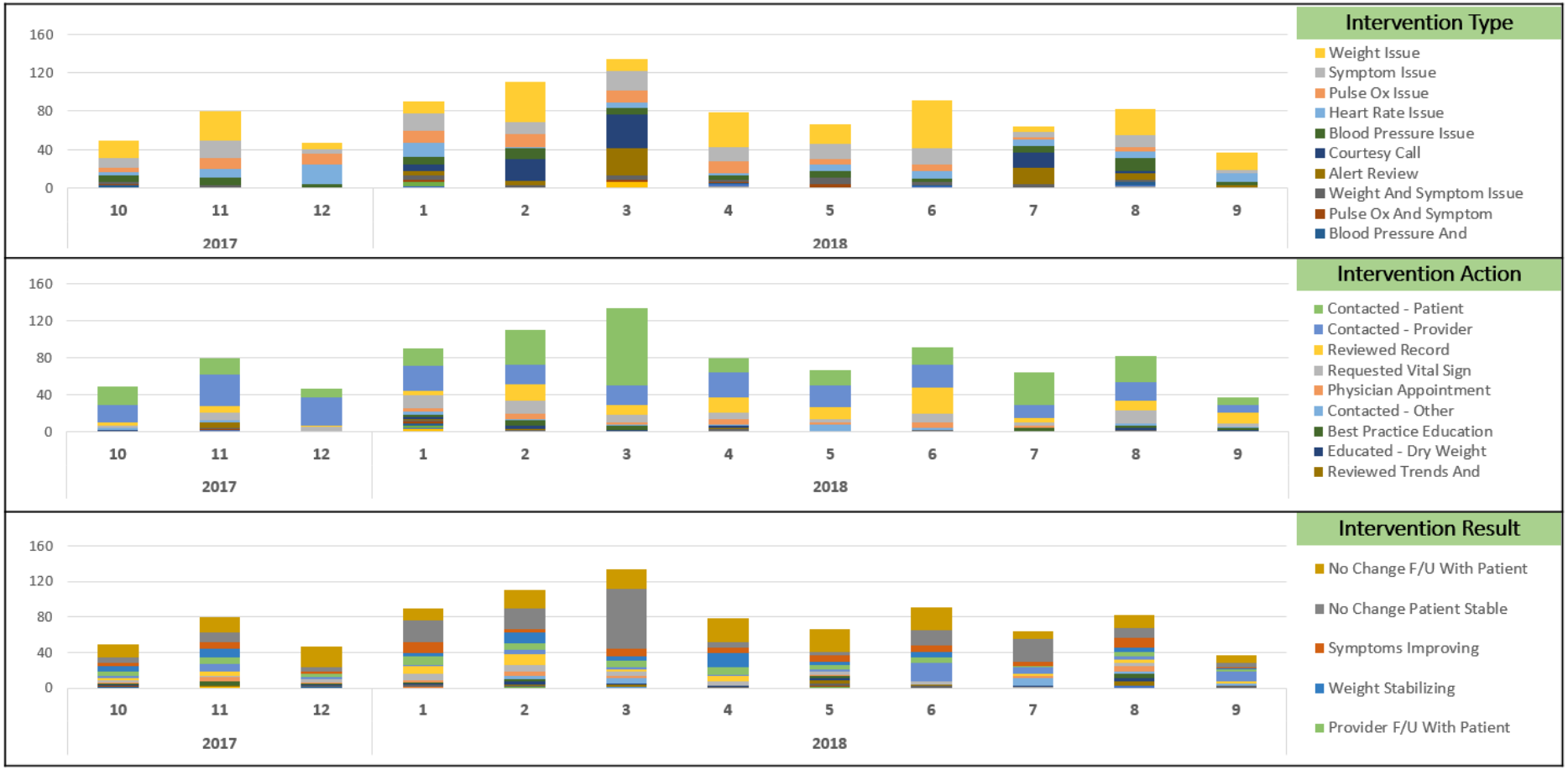
Average Readmission Rate	
Medicare (Non Tele) Pts	10.5%
Tele Pts	7.0 %



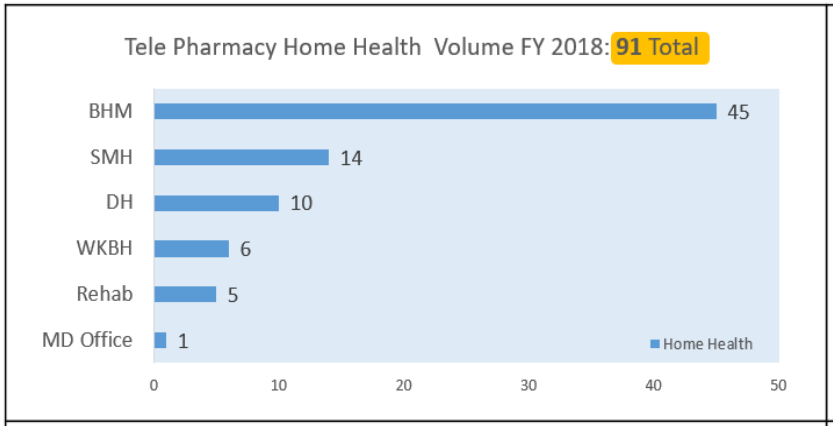
Telehealth Intervention Rollup

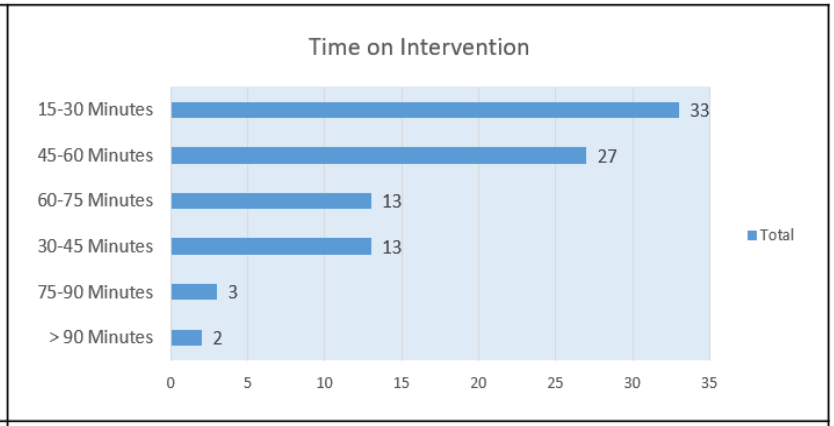


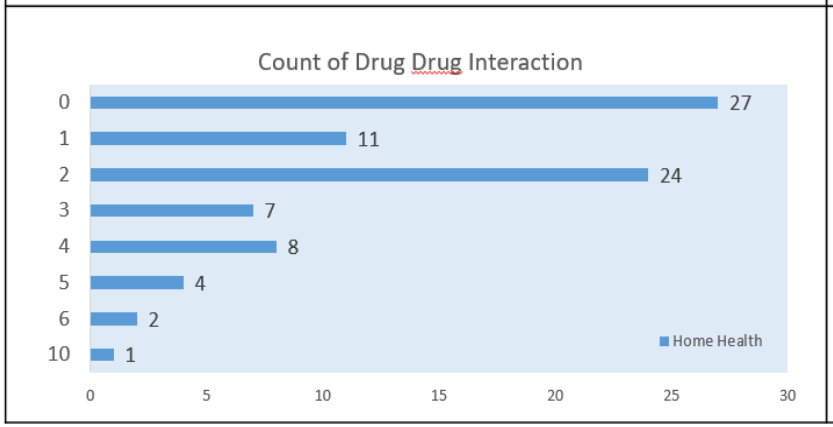
Telehealth Intervention Type, Action & Result

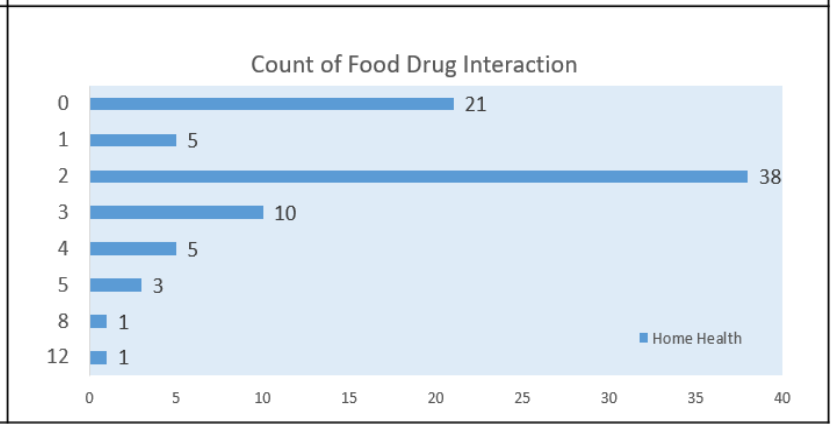


Tele Pharmacy Data









Thank You