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## Dreams Do Come True: Telemonitoring for Critical Care Patients

✖ Hospitals have been utilizing on-site remote patient monitoring for many years. This typically consists of monitor technicians sitting in front of multiple EKG displays continuously observing the patients EKG wave forms and alerting the proper individuals of any changes or problems. This type of continuous patient monitoring still occurs but what if it could be taken to a higher level? This might look like improvements such as real time access to the patient's clinical data, ability to observe and communicate with the

patient and staffing 24/7 by advanced critical care personnel. It may seem like a dream but for many hospitals this is a reality.

The timing could not be better to investigate telemonitoring in light of:

- The aging population that increase critical care needs
- National patient safety standards emphasizing the importance of “intensivists” managed intensive care units
- National quality initiatives of pay for performance

Telemonitoring can assist hospitals in meeting the above listed demands. Remote critical care specialists add an additional layer of protection for the critically ill. The intent is not to reduce the current number of nurses or physicians staffing the intensive care units but provide continuous monitoring, trending of patient data and continuous access to critical care specialists. Patient data trending has been successful at detecting subtle patient changes facilitating early interventions to avoid life-threatening emergencies. Hospitals utilizing advanced telemonitoring list impressive improvements averaging:

- 25% reduction in mortality
- 15% reduction in ICU stay
- 35% reduction in expenditures

The financial return is obtained from improved patient outcomes and not from reimbursable services. Literature suggests that there are approximately 6,000 intensivists actively practicing in the United States enough to cover just 13% of ICU beds. It is predicted that due to the aging population four times as many intensivists will be needed. It is conservatively estimated that intensivist managed ICUs would save 53,850 lives each year in United States. This is significant since most telemonitoring services provide

intensivist-led care.

The rewards of advanced telemonitoring for intensive care patients are realized in both tertiary centers and community based hospitals. Tertiary centers provide care to the highest acuity patients who benefits from data trending with continuous access to critical care specialists. Community based hospitals reap the same rewards while access to critical care specialists builds confidence in providing care to the critically ill. In both settings a technology infrastructure is needed to offer these remote services.

Reimbursement incentives termed pay for performance are directed at improving patient outcomes. Organizational reimbursement is anticipated to be tied to the hospitals' compliance with established quality care standards. Cardiology measures are timing of reperfusion, percentage of aspirin, beta blocker and ace inhibitors given to acute myocardial infarction patients. Constant surveillance and data trending by the critical care specialist for acute cardiology patients should increase compliance with these established standards of practice.

Providing 24/7 access to critical care specialists for your critical care patients and staff may seem unobtainable but today's technology can make it a reality and one worthy of investigating.

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