

CLIENT SUCCESS STORY

The Benefits of TeleICU at Swedish Edmonds



The Challenge

Swedish Edmonds, a 217-bed suburban hospital with a 13-bed intensive care unit (ICU), identified an opportunity to increase support for their ICU overnight. Previously, Swedish Edmonds utilized a nocturnal support model consisting of phone-only remote intensivist consultations with the bedside team. This model was generating frustration on both sides, as remote clinicians felt uncomfortable advising on patients they could not see, and bedside teams did not feel fully supported.

Recognizing the value TeleICU can provide in terms of improving specialist access, staff satisfaction, and quality of care, Swedish Edmonds elected to implement and assess the impact of more robust remote support via TeleICU at night.

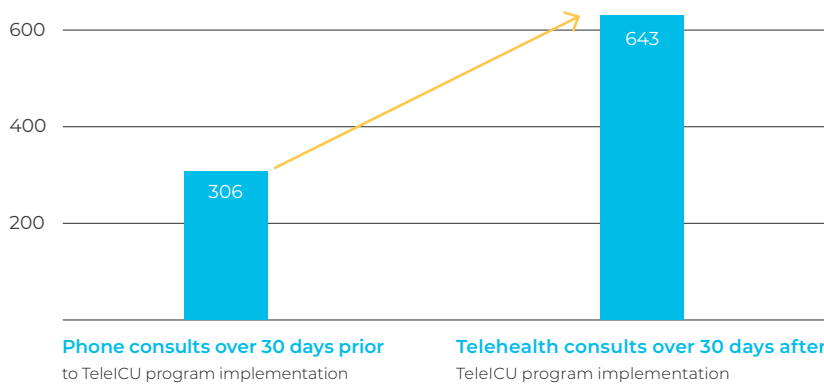
The Solution

Using a proactive monitoring care model, critical care physicians were able to beam into patients' ICU rooms throughout the night to actively look for potential complications, round with the bedside staff, and address issues needing immediate attention to prevent escalation. The remote intensivists provide nocturnal ICU coverage from 7pm-7am when the site does not have on-site intensivist coverage. By providing a more robust level of intensivist support at night with 24/7 intensivist coverage, Swedish Edmonds was able to meet a higher standard of critical care and ICU staffing.

Adding TeleICU oversight at night resulted in a 110% increase in utilization

“When patients are acutely sick/unstable, the lack of ability to see into the room limits my ability to gather enough information. This situation would feel much safer with a camera and audio connection to each room.” **Tele-Intensivist**

110% Increase in TeleICU Utilization



The Results

To measure success, the telehealth team evaluated effects of the TeleICU program at Swedish Edmonds against the Quadruple Aim framework:

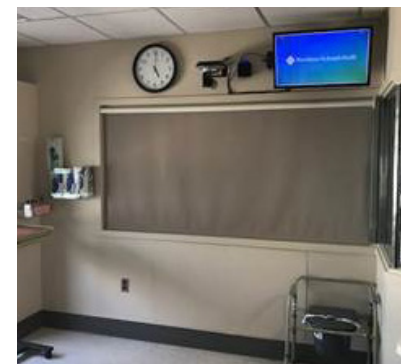
1. Access to care was evaluated by an increase in utilization of and engagement with the TeleICU service, assessed on a 30-day horizon
2. Quality of care was assessed by a decrease in ICU mortality, assessed on a 6-month horizon
3. Cost of care reduction was evaluated by a decrease in ICU length of stay (LOS), assessed on a 6-month horizon
4. Care experience was weighted with a qualitative survey before and after program launch, assessed on a 30-day horizon

30 days into the program, Swedish Edmonds had seen a dramatic increase in TeleICU utilization and clinician engagement, along with improvements to clinician satisfaction and workflow efficiency.

Additionally, by having a remote intensivist actively managing ICU patients, Swedish Edmonds noticed a downward trend in observed-to-expected (O/E) mortality in ICU patients. Having a remote intensivist available, ready to beam-in and consult via the TV Pro allowed tele-intensivists to safely and confidently manage ICU patients compared to phone consults.

The TeleICU service at Swedish Edmonds is a distinguished example of how to optimize use of scarce clinical resources to bridge gaps in intensivist coverage and provide access to critical care expertise 24 hours a day while driving quality care and increased collaboration between remote and local care teams.

The financial results have been equally notable. Since implementing the TeleICU program, there has been a downward trend in both ICU and overall hospital LOS for ICU patients.



100% of the Swedish Edmonds Hospitalist team¹

Agree or strongly agree that support from TeleICU increases patient safety

Are satisfied or very satisfied with the level of communication they have with the TeleICU physician

¹Blind survey

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