ICU
MANAGEMENT & PRACTICE

Best Practices Established for Expanding Tele-ICUs Implementation

As stated in a recently published report by the national health policy institute NEHI entitled 'Emerging Best Practices for Tele-ICU Care Nationally', the use of tele-medicine in intensive care units is about to undergo significant transformation with emerging best practices driving scalability, diversity and competition and providing valuable precedents and guidelines for the wider implementation of tele-ICUs across the US.

With the potential to make the technology more scalable and accessible in a variety of new settings including county, public, rural and critical access, recent tele-ICU models have incorporated variations in hospital practices. In the past few years, NEHI said, new product and provider options have emerged, as well as new efficiencies, which together are likely to drive broader adoption of these networks of audio-visual communication for monitoring ICU patients remotely.

NEHI president Wendy Everett explains that the use of tele-ICU care is entering a second phase of adoption, and with a higher number of tele-ICUs being implemented, the need for best practices to guide this expansion increases significantly.

For a successful country-wide implementation of tele-ICUs the NEHI report identified six critical best practices:

Establish pre-coverage benchmarks prior to tele-ICU implementation.
By gathering baseline data six months before tele-ICU initiation, as John Muir Health did in California, executives can better assess where improvements have been achieved post tele-ICU and where more implementation work is needed.

Extend coverage to hospitals unaffiliated with the monitoring center.
A number of monitoring centers, including the University of Wisconsin Health and Christiana Care Health System, have used creative practices to support the care directed by clinicians in a different health system.

Rotate clinicians through bedside and monitoring center shifts.
This practice of rotating clinicians through both ICUs and the support centers limits opportunities for "us versus them" friction among staff, improves their clinical skills and broadens their perspectives.

Cover critical access and rural hospitals.
Tele-ICUs offer a potential solution to the lack of coverage for public and safety-net hospitals around the country, as Avera Health and Maine Medical Center have proven.

Extend coverage outside of the ICU through wired beds and mobile carts.
Using the tele-ICU monitoring center to extend coverage to seriously ill patients in other departments of the hospital and to post-discharge settings is an approach being used around the country to support both small, isolated hospitals and crowded urban hospitals.

Make a business of "renting" tele-ICU coverage to hospital clients.
Several vendors have pioneered using tele-ICU coverage as a contract service to third party hospitals and medical centers.

This new report is the latest in a series of NEHI research projects assessing the clinical and financial benefits of tele-ICUs. In 2010, NEHI published the groundbreaking work, Critical Care, Critical Choices, the Case for Tele-ICUs in Intensive Care.

Source: National Health Policy Institute NEHI

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