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#### Telemedicine Is Medicine, Tele-ICU Is ICU, and Tele-Healthcare Is Healthcare

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Armaignac, Donna Lee, "Telemedicine Is Medicine, Tele-ICU Is ICU, and Tele-Healthcare Is Healthcare" (2019). *All Publications*. 3295. https://scholarlycommons.baptisthealth.net/se-all-publications/3295

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## Telemedicine is Medicine, Tele-ICU is ICU, and Tele-Healthcare is Healthcare

## Background

- Connected health technologies make healthcare more effective and efficient by electronically connecting clinicians and patients and providing clinicalsupport to clinicians
- Tele-healthcare:
  - affords advanced physiologic monitoring
  - strengthens integration of clinical services
  - increases access to care
  - decreases patient mortality, complications, readmissions, and length of stay (LOS)
- Objectives:
  - Outline persistent and emerging healthcare challenges
  - Provide examples of BHSF's telesolutions to aforementioned challenges

### **Persistent & Emerging** Challenges

- ICU and PCU acuity/bed utilization
- ED surge, patient experience and ICU patients in the ED
- LOS and cost
- Disaster preparedness
- See the forest through the trees

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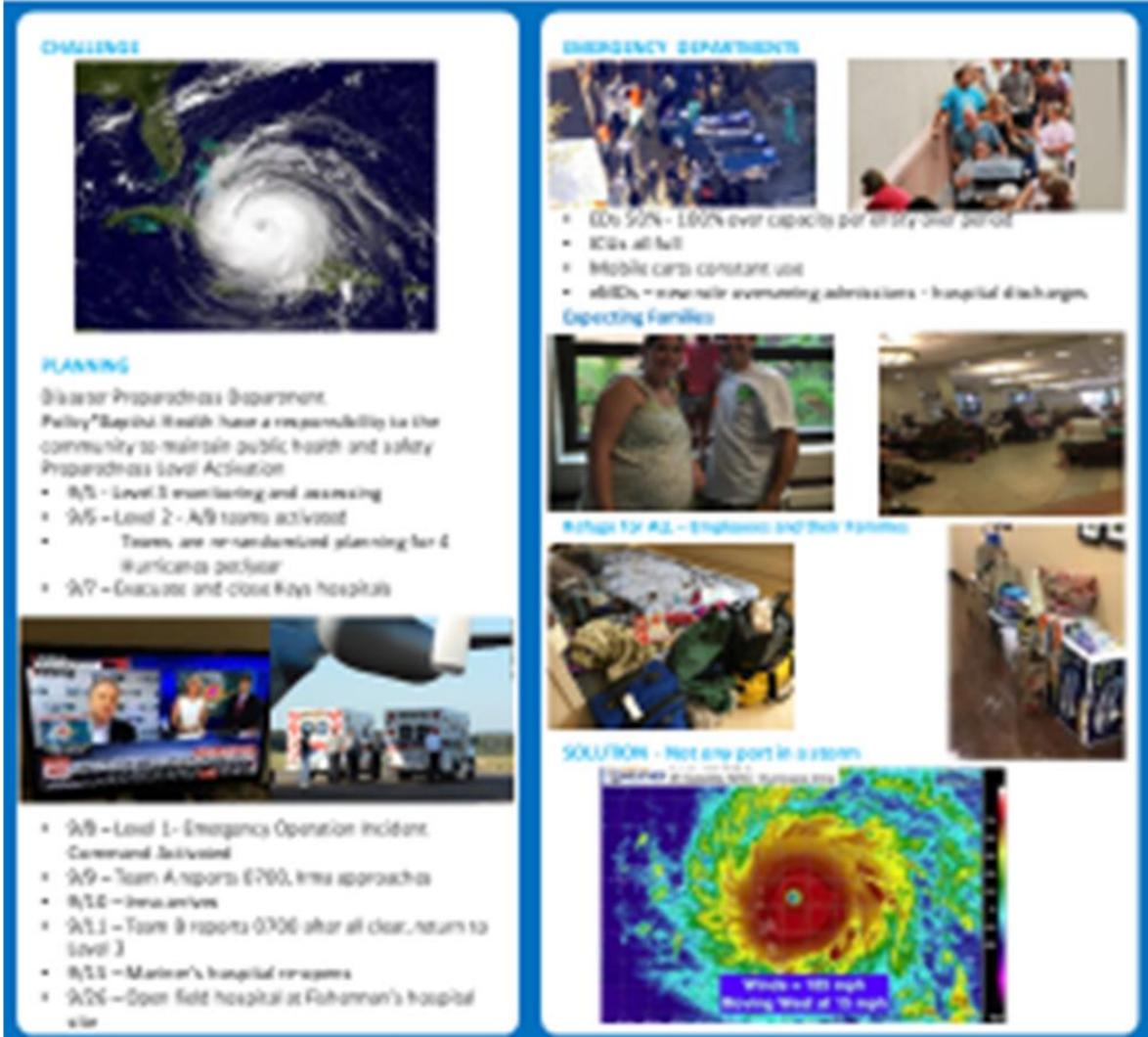
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#### **Tele-Solutions** Tele-Triage to provide real time solution for unexpected surges in the department Compared tele-triage group and regular triage group for door-to-doc: -triage significantly reduced time by: 25 min 45 min 20 min 30 min • No significant differences for door-to-dispo decision, except for subgroup • In chest pain patients, tele-triage group had a decision made 40 min sooner NUMBER OF A DESCRIPTION EADIN BY Sectors to see the next to the yourth for Ag. Finaing - Energyme was a Generalisi NUMBER AN INVESTIGATION - INVESTIGATION Dare and there a like and nee alike Vine 1 6.50 YOF CON IN MAR warden: during wooked of Final state bacilities, 03 painwring the barbar widge Office of the NISS facil planeters Pathod Trumports Trumbus \*27h pro starts 'b chaod two happed PSR SRUY SR-Secur Transportation of Istalf et al. phare bill-dear nonchorping volume. Which dog: wirst in-ditt and whon we cauld lend Volume of non-partners, in house the source michanically initial dependent. sources and bit's present home to se electrice WRITER SUCCESSION AND ADDRESS OF ADDRES #U MORELY COLON-WIR MEAGER FORCES 32P to inservit, and to installar Reinstance as sell arrying monawed field dishown Latitute sparse Crouter a televisionare V

- Example solution to ED surge, patient experience and ICU patients in the ED:
  - and improve 'door-to-doc' time and 'door-to-dispo-decision'

Cases vs. Control	Tele-
Overall	
Chest pain patients	
Abdominal pain patients	
Other pain patients	

- comprised of chest and epigastric pain.
  - than the regular triage group
- Example solution to disaster preparedness: ICU without borders



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## Discussion

To fulfill the promises of health information technology, we need to maximize positive patient care expertise, and provide solutions to persistent and emerging healthcare challenges

- BHSF's tele-critical care huband-spoke model of care delivery promotes optimized access to evidence-based, patient-centered care
- BHSF's Center for Advanced Analytics applies predictive analytics to the data from teleapplications

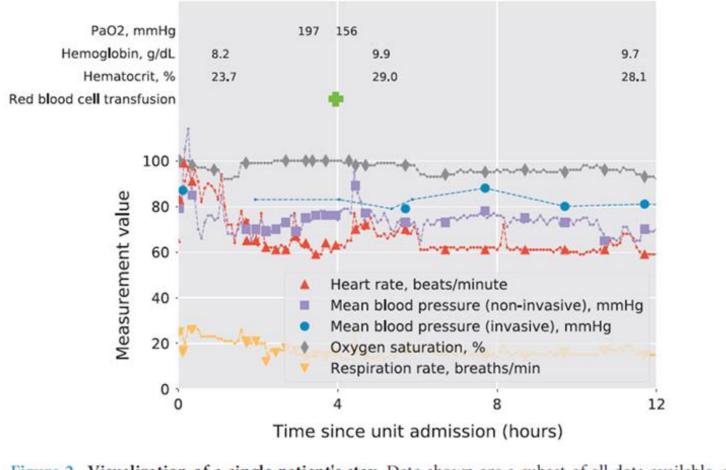


Figure 2. Visualization of a single patient's stay. Data shown are a subset of all data available, and include: high granularity vital signs (dashed lines, sourced from vitalPeriodic and vitalAperiodic), nurse validated vital signs (solid markers, sourced from nurseCharting), blood product administration (green cross, sourced from intakeOutput), and laboratory measurements (sourced from lab).

Source: <u>www.nature.com/sdata</u>

#### References

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