



FOR IMMEDIATE RELEASE

Telemedicine's Value to the ICU Demonstrated in Rural Georgia Hospital

Fewer Transfers, Better Leapfrog Scores, Reduced Stress for Onsite Intensivists among Many Benefits to Meadows Regional Medical Center

ATLANTA—May 17, 2018—Eagle Telemedicine, a leading provider of telemedicine physician services to acute care hospitals, microhospitals, and long-term acute care hospitals (LTACHs), has partnered with Meadows Regional Medical Center and achieved significant gains in the first nine months of a Tele-ICU program. The facility, a 57-bed hospital with an eight-bed intensive care unit (ICU) in Vidalia, Ga., was highlighted in a recent [case study](#), where the improvements include:

- Though previously Meadows Regional was not hitting some of its marks in quality reviews by the Leapfrog Group, it is now, as evidenced by a Leapfrog safety grade that went from “C” to “A” in a year’s time. Leapfrog is a nonprofit organization that promotes hospital transparency and quality of care and recognizes telemedicine as a valuable option for meeting intensivist requirements in the ICU.
- Ventilator days increased from 44.3 to 49.6, a clear measure that the hospital is transferring fewer ventilator patients.
- Average length of stay (ALOS) in the ICU dropped from 4.7 to 4.5, an indication that the hospital is more efficiently weaning patients off ventilators, helping decrease risk factors such as ventilator-associated pneumonia.

An effective response to increased ICU patient acuity

Prior to the telemedicine program at Meadows Regional, ICU patient acuity at the rural hospital had steadily increased. More patients needed ventilators and were staying on them longer. In addition, high utilization over flu season often resulted in as many as five to six patients on ventilators in the ICU; the average had been one to three. As a result, the facility was frequently transferring patients to tertiary facilities in Savannah and Macon—90 miles away—or Augusta—100 miles away.

The hospital chose Eagle Telemedicine to provide a core team of tele-intensivists to share ICU patient care management with two onsite pulmonary intensivists. The team covers the night and weekend gaps in ICU staffing, shares patient care management with the onsite team, and is available to assist with patient diagnosis and treatment via a cart with a videoconferencing monitor.

More satisfied staff and patients

“I have been happy about the camaraderie between our nursing staff and the intensivists they interact with on the video monitors,” said Karen McColl, MD, vice president for medical affairs and chief medical officer at Meadows Regional. “We had a concern that we would be credentialing 20 intensivists and we’d be seeing a different one each time we signed on, but that hasn’t been the case. We have a core

team of three to four tele-intensivists we see regularly.” She also appreciates the fact that Eagle is led by physicians. “They truly understand the issues we have to deal with. I find them easy to work with.”

Dr. McColl also praised Eagle’s methodology to round in the morning and again in the evening. This not only improves throughput by doubling the opportunity for patients to leave the ICU, but also gives night nurses stronger direction and added confidence as they attend to patients on their shift.

In addition, onsite ICU intensivists have greater flexibility, and a comfort level knowing they leave their patients in the best possible hands when they take time off. Employee satisfaction scores have increased, especially among nighttime nursing staff.

“We are very pleased with the success of our Tele-ICU program at Meadows Regional,” said Talbot “Mac” McCormick, MD, president and CEO of Eagle Telemedicine. “The improvements cited by Dr. McColl are a testament to the facility’s commitment to meet challenges head-on, and to find sensible, sustainable solutions through our telemedicine program.”

About ETM

Eagle Telemedicine was one of the first companies to emerge in the telemedicine physician service arena, and is still pioneering the industry a decade later, providing telemedicine programs to acute care hospitals, microhospitals and long-term acute care hospitals (LTACHs). Eagle’s solutions help facilities offer specialized care to underserved communities, eliminate locum support costs, prevent burnout, manage coverage gaps, reduce unnecessary transfers, and increase census. Multiple specialties include Hospitalist Medicine, Stroke and Acute Neurology, Psychiatry, Critical Care and Cardiology. Standard services include NP/PA Backup, Nocturnist Coverage, Cross-Coverage Support and Surge Protection. For more information, visit www.eagletelemedicine.com.

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