



FOR IMMEDIATE RELEASE

Eagle Telemedicine Launches TeleHospitalist Program at Jersey Community Hospital Facility “Took Bold Step to Do Something Different” to Solve Physician Staffing Challenges, Improve Patient Retention

ATLANTA (Sept. 24, 2019) — Eagle Telemedicine announced today that it has begun a TeleHospitalist/TeleNocturnist program at Jersey Community Hospital (JCH) in Jerseyville, Ill. The rural hospital about an hour north of St. Louis now joins the more than 150 hospitals nationwide that use Eagle’s TeleHospitalist and TeleSpecialty services.

“We are pleased to welcome JCH to the Eagle family,” said Talbot “Mac” McCormick, MD, president and CEO of Eagle Telemedicine. “JCH was at a turning point, the kind of thing a lot of hospitals face today. When the private physicians were in their offices seeing patients and a full load of work in front of them, calls from the hospital encountered constant interruption, delays, and disconnect in communication. JCH took a bold step to do something different.”

JCH had faced challenges like those of many rural hospitals. Licensed for under 50 beds, it was unable to sustain a full-time onsite hospitalist program and was putting too great a strain on local physicians to share rounding and emergency calls, especially at night and on weekends. Patient retention was suffering. When its part-time hospitalist announced plans to begin semi-retirement, the hospital’s leadership knew it had to try a different approach, something that was a long-term solution.

NPs and Telehospitalists Work Collaboratively

Now with Eagle, JCH has implemented a model where onsite nurse practitioners (NPs) work collaboratively with Eagle telemedicine physicians, who provide support and guidance whenever they are needed.

“We have NPs who are the boots-on-the-ground on the medical floor,” said Michael McNear, M.D., JCH’s chief medical officer. “They are here seven days a week and are the touchpoint with the Eagle telephysicians.” Now the facility is no longer struggling to compete for physicians with larger hospitals in St. Louis and has greatly eased the burden on primary care physicians practicing in Jerseyville.

Most of the physicians on the Eagle team are in Kansas and are part of a Great Plains consortium founded to help rural hospitals in critical access areas solve staffing challenges.

Patient Transfers Already Reduced

Though it’s too early to have metrics showing the positive contribution of the Eagle program—it went live May 13—Dr. McNear says it’s clear the program has reduced the number of patients JCH was transferring to other hospitals.

“We had seen a general movement of more patients being transferred from our Emergency Room (ER) to other hospitals for several reasons, including the fact that our physicians just weren’t comfortable

caring for a higher level of patients. With Eagle’s telemedicine physicians handling our admissions and our coverage, we have eliminated that. They are very experienced and comfortable with hospital medicine and caring for critically ill patients.”

Program Well-Accepted

Patients and staff have adapted well to the new program, according to Julie Smith, RN, JCH’s chief nursing officer. “After the announcement of the program at JCH, we had a lot of questions about rolling a computer robot into patient rooms,” she said. “But when the telemedicine physicians appeared on the monitor and talked with us, everyone was really impressed. When we finally went live, the patients were easily happy with the situation. There weren’t any naysayers left after the first week.”

Erin Kochan, population health director for JCH, had worked with Eagle at her previous position at HSHS St. Elizabeth’s Hospital in O’Fallon, Ill., which has a TeleStroke/TeleNeurology program managed by Eagle. She helped JCH make the initial connection with Eagle.

“Fifteen years ago, before I got into administration, I probably would have said that telemedicine will never work,” said Dr. McNear. “But over the last 10 years, you start to see the bigger picture. These kinds of programs absolutely can work. The main thing the patient wants is to be treated well and be listened to. Wherever that comes from, they’re going to be happy.”

About ETM

Eagle Telemedicine provides technology enabled care. 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—designing, managing and operating telemedicine programs to acute care hospitals, micro hospitals 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 patient census. Multiple specialties include Hospitalist Medicine, Stroke and Acute Neurology, Psychiatry, Critical Care, Cardiology, Infectious Disease and a range of other specialties in a wide variety of service models. Eagle is truly differentiated in the marketplace and focuses on delivering care through small pods of telemedicine providers that become long-term members of a hospital’s medical staff family. For more information, visit www.eagletelemedicine.com.

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Media Contact:

Jan Sisko

Carabiner Communications

Email: jsisko@carabinercomms.com

Phone: 678.461.7438