



Smart systems, saving lives

eICU Program

By the numbers

- 27%** Improvement in the severity-adjusted hospital mortality rate at eICU Program sites when compared to the national average
- 22%** Severity-adjusted mortality rate reduction in the ICU with the eICU Program
- 23%** Severity-adjusted length-of-stay reduction in the ICU with the eICU Program
- 300+** Hospitals where an eICU Program is implemented
- 4000+** Miles separating one particular eICU Center from its closest monitored hospital
- 400,000** Patients receiving care through an eICU Program each year

“Studies reveal that at least one in ten patients who die in ICUs every day would survive if dedicated intensivists were present in the ICU and managing their care.”

— **The Leapfrog Group**

With fewer than 6,000 intensivists practicing in the United States, optimal coverage in the ICU is too often just a dream. With access to critical care itself often in critical condition, the healthcare community has a responsibility to address this dilemma and provide the best possible care for its sickest patients.

The eICU Program

More than just technology, the eICU Program clinically transforms the ICU, using a proactive care model—taking advantage of clinical expertise, patented processes, and cutting-edge technologies—to leverage scarce intensivist resources and dramatically improve quality of care. The Program is clinically proven to reduce severity-adjusted¹ mortality rates,^{2,3,4,5,6,7,8,9} resulting in more lives saved. But, eICU benefits are not limited to patient care. The eICU Program has been shown to reduce severity-adjusted

length-of-stay,^{2,3,4,5,6,7,8,9} helping hospital systems reduce costs and increase revenue.

Evidence

Published abstracts and articles featuring health systems with an eICU Program demonstrate the clinical and financial benefits achieved by eICU Program customers. Aggregated data from across eICU hospitals show a severity-adjusted hospital mortality rate 27% lower than the national average for ICU patients.¹⁰ In addition, fewer complications have led to a reduction greater than 23% in severity-adjusted length-of-stay for the average eICU Program.¹⁰

For more information, read *Clinical and Financial Evidence for Improving the Quality and Safety of Your ICU Practice*, a compilation of published clinical abstracts detailing results generated by the eICU Program.

PHILIPS
sense and simplicity

eICU Program

Components

The Philips eICU Program combines clinical expertise, proprietary software, and proven processes to help health systems improve the quality of care in their ICUs. eICU Program components include:

eCareManager – Proprietary software serves as the backbone for the eICU Program.

Remote care tools – Telemedicine technology—including 2-way audio and video— enables concurrent monitoring across multiple sites.

Daily management reports – Up-to-date, clinical status on all ICU patients supports evidence-based care.

Smart Alert prompts – Advanced algorithms enable improved care through earlier intervention.

The Source – Point-of-care decision support system adds another resource for clinicians.

Transformation services – Quarterly benchmarks, optimized workflow, and periodic assessment sustains clinical and financial improvements.

Additionally, optional components are available to enhance eICU Program performance:

- eCareMobile unit removes barriers to higher quality care.
- eSearch ad hoc data analysis and reporting identifies and leverages important data relationships and gives clinicians critical information to improve patient care.

Clinical Transformation

The eICU Program:

- Saves lives^{2,3,4,5,6,7,8,9}
- Reduces severity-adjusted mortality^{2,3,4,5,6,7,8,9}
- Reduces severity-adjusted length-of-stay^{2,3,4,5,6,7,8,9}
- Improves quality of care
- Reduces patient complications
- Improves ICU throughput
- Increases clinician satisfaction
- Helps avoid capital expenditures
- Reduces staffing turnover
- Supports pro-fee billing

Interoperability

Philips Healthcare takes an open, standards-based approach to interoperability, enabling the eICU Program to interface with virtually any device, EMR or other hospital information system.

About the eICU Program

The eICU Program is clinically proven to reduce severity adjusted mortality and length of stay in the ICU^{2,3,4,5,6,7,8,9,10}. The solution provides a sustainable acute care model for 24x7 support of patients in health system ICUs and beyond – leveraging scarce clinical resources and improving patient care through advanced technology and proven processes. The end result: greater access to clinical specialists, improved patient outcomes, and reduced healthcare costs. Currently more than 300 hospitals serving over 400,000 patients annually have implemented eICU Programs.

- 1 “Severity-adjustment” compares health outcomes after adjusting for patient factors, so that outcome differences are attributed to healthcare interventions, not differences between populations.
- 2 Hospital Mortality, Length of Stay, and Preventable Complications Among Critically Ill Patients Before and After Tele-ICU Reengineering of Critical Care Processes. Lilly et al. JAMA; 2011;305(21):doi:10.1001/jama.2011.697
- 3 Impact of an Intensive Care Unit Telemedicine Program on a Rural Health Care System. Zawada, et al. Postgraduate Medicine, 2009; 121(3):160-170.
- 4 Tele-ICU: Experience To Date. Lilly et al. Journal of Intensive Care Medicine, September 13, 2009; 1-7
- 5 Effect of Telemedicine on Mortality and Length of Stay in a University ICU. Kohl et al. Crit Care Med. 2007;35(12):A22
- 6 Improved Screening and Management of Severe Sepsis (SS): Combining an integrated multidisciplinary Team and Technology. Jenkins et al. Crit Care Med. 2009 Vol. 37, No.12 (suppl):738
- 7 Remote ICU Care Correlates with Reduced Health System Mortality and Length of Stay Outcomes. Howell et al. Chest. 2007;132(4):443b-444b.
- 8 Savings in RN Staffing Costs Pre and Post eICU Implementation. Goran et al. Data provided by MaineHealth, November 2008
- 9 Effect of a Telemedicine Facilitated Program on ICU Length of Stay (LOS) and Financial Performance. Norman, et al. Crit Care Med. 2009 Vol. 37, No.12 (suppl):32
- 10 Based on aggregated patient stay data from customer eICU Programs since when compared to the national average

Please visit www.philips.com/eICU



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