

Doctors To Monitor ICU Patients Electronically Advertisement

By Megan Greenwell
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Six Maryland hospitals facing a shortage of emergency room doctors plan to use physicians in Delaware to electronically monitor intensive care patients, officials announced yesterday.

Under the program known as Maryland eCare, a critical care doctor, or intensivist, based at a command center in Wilmington will oversee overnight care for as many as 150 patients and provide guidance to on-site nurses. Officials said the collaboration with the hospitals, the first of its kind in the nation, is needed, especially in exurban and rural areas. Three of the six hospitals are in Southern Maryland.

The program, funded with a \$3 million grant, "allows us to provide the same high level of care at 2 in the morning as we provide at 2 in the afternoon," said Maryland eCare Director Marc T. Zubrow, director of critical care medicine at Wilmington's Christiana Care Health System, where the critical care doctors will be based. "It's about crisis prevention rather than crisis response."

A video camera and computer terminal positioned in a patient's room will send vital signs, test results and information about patient responsiveness to Wilmington, where a doctor and several nurses will view the data and photographs on high-resolution computer monitors.

If command center staff members see the patient's health deteriorating, they can communicate with nurses to provide medicine or additional tests.

Officials said the electronic program will drastically reduce response time during overnight hours in intensive care units, which generally rely on on-call doctors between 7 p.m. and 7 a.m. Instead of paging a staff physician and losing time waiting for a return call, the nurse can talk to an intensivist almost immediately, Zubrow said.

"It makes patient care safer and reduces the risk of errors," said Christine M. Stefanides, president of [Civista Medical Center](#) in La Plata, one of the hospitals involved in the project. "It makes nurses, other doctors and patients feel more secure that they're well cared for."

The technology, known as eICU, was developed by Baltimore-based Visicu, a medical technology company, and is used in about 200 hospitals throughout the country. Sentara Healthcare in Roanoke was the first hospital to use the system, and [Inova Fairfax Hospital](#) was another early adopter.

The Maryland eCare program will serve 71 patient beds in six hospitals by 2010, officials said, with at least four other hospitals considering participating. The Washington area hospitals are Civista, [Calvert Memorial Hospital](#) in Prince Frederick and St. Mary's Hospital in Leonardtown. Other participants include Peninsula Regional Medical Center and Atlantic General Hospital on the Eastern Shore and Washington County Health System in Western Maryland.

Hospital officials said the collaboration was formed in response to drastic shortages of critical care doctors. There are currently 6,000 intensivists in Maryland, Zubrow said, compared with a projected need of 35,000 in

the next 12 years.

"Telemedicine, of which this is a part, is a critical component of our health-delivery system in the face of physician shortages," said [House Majority Leader Steny H. Hoyer \(D-Md.\)](#), whose Southern Maryland jurisdiction includes three of the hospitals in the project and who spoke at a launch event in the District yesterday.

James Xinis, president of Calvert Memorial Hospital, said Maryland eCare would not supplant the need for on-site doctors and nurses but would aid them in decision making and allow them time off at night. The command center in Wilmington will operate between 7 p.m. and 7 a.m. weekdays and around the clock on weekends and holidays.

"This raises the level of care available locally," Xinis said. "Other hospitals who have used similar programs show a decrease in mortality rates by as much as 25 percent."

The program's first three years will be funded by a grant from Maryland [CareFirst](#), an insurance provider that is part of the [Blue Cross and Blue Shield](#) network. Once individual hospitals launch the program, they will be responsible for \$37,700 per intensive care bed each year.

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