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Insight ... not just news

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Technology

Virtual reality

How one Midwestern hospital is using the cutting-edge technology of telemedicine to improve patient care, job satisfaction, and retention.

Earlier this year, a patient was brought into the ED at St. Mary's Health Center in Jefferson City, MO, following an overdose. The patient, who was out of control and needed to be physically restrained with leather restraints, was eventually brought to the intensive care unit (ICU) for observation. Following the initial clinical assessment, the patient was stable and the restraints were secure, so the ICU nurse left the room to check on another patient. While she was gone, the patient somehow removed all but one of the restraints in an attempt to leave the hospital against medical advice.

Had the hospital not had eICU® technology in place—a service that connects critical care physicians and nurses to patients through remote computer monitoring—the patient may well have succeeded. But instead, an eICU nurse was keeping an eye on the patient from 100 miles away at a monitoring center in St. Louis. Through a camera placed in the patient's room, the eICU nurse saw the patient attempting to leave and called the unit staff to direct their attention to the patient before any injuries were sustained, says **Christina Longnecker, RN, BSN, CCRN, JD,** eICU manager at the St. Louis-based Advanced ICU Care, the company that provides the monitoring service to St. Mary's.

The use of such technology in ICU units is a growing trend in hospitals across the United States, and for good reason—according to a study published in a 2004 issue of *Critical Care Medicine*, the technology, known as telemedicine, has been credited with dramatically reducing hospital mortality rates for ICU patients (by 27%) and ICU length of stay (by 17%), while also providing significant cost savings. In addition, job satisfaction and retention rates have been shown to increase among hospital nurses working with an eICU, says Longnecker, who points out that

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keeping up with technological advances is a key factor in retention.

Marilyn Russell, RN, BSN, director of the ICU at St. Mary's, says her hospital is proof perfect of the positive effect that such technology can have on retention. The 167-bed hospital began using Advanced ICU Care's services in January.

"Last year, our turnover rate among nurses in the ICU was 20%," Russell says. "But from January through June of this year, we've had 0% turnover. A big reason for that is the new technology."

Keeping an electronic eye

Advanced ICU Care began monitoring ICU patients at two hospitals—St. Mary's and Saint Clare's Hospital in Weston, WI—in January of this year. The company provides 24-hour monitoring of patients by critical care physicians, known as intensivists, and ICU nurses, who keep track of patients' vital signs, medications, laboratory results, and general condition from the center in St. Louis. The Advanced ICU Care staff are connected to the hospital staff and patients through bedside cameras and microphones and rely on a technology platform developed by VISICU, a Baltimore-based technology company.(Disclaimer: eICU is a registered trademark of VISICU, Inc.)

Through the camera and microphone, the eICU nurse can see and speak with the patient, the patient's family, and staff at the hospital. To allow for privacy, however, the eICU nurse only activates camera viewing when conducting a clinical round, if there is a change in the patient's condition, or if the nurse is requested to do so by a clinician or patient, says Longnecker.

eICU staff are also able to have a private, face-to-face conference via video with staff/family members in a location outside the patient's room. This is particularly helpful if a staff nurse wants to seek counsel from the eICU nurse or physician, says Longnecker.

Who's behind the camera?

Advanced ICU Care currently employs 14 eICU nurses, who oversee a total of 22 beds—10 at St. Mary's and 12 at Saint Clare's. The nurses, who all work hands-on in the critical care setting (at other hospitals), typically work four 12-hour shifts per month at Advanced ICU Care, says Longnecker.

The hourly pay that eICU nurses receive is competitive with area hospitals, but unlike the clinical setting, eICU nurses don't have to engage in physical work. This aspect of the job may be one of the reasons that the company has a waiting list of nurses interested in employment. Although Longnecker says curiosity and word-of-mouth are what bring many of the nurses to the company's door, she believes that what keeps them there is the opportunity to do a job that they love—taking care of patients—in a way that doesn't leave them exhausted at the end of the day.

Advanced ICU Care is fortunate in that they are able to draw from a base of highly trained critical care medical professionals because there are two critical care fellowship programs in the area, says **David Schopp,** president and CEO of Advanced ICU Care.

The smaller hospitals that the company serves, however, aren't so fortunate and have had trouble recruiting ICU staff for two reasons. First, the nationwide shortage of intensivists and nurses has left medical professionals from both parties in short supply. According to data cited by Advanced ICU Care, intensivists are on staff at only 20% of ICU units across the country.

A second trouble spot that small hospitals encounter is finding candidates who are willing to live and work in the area.

"It's not [as though] we're totally provincial, but we don't have the draw of a big metropolitan area like St. Louis or Kansas City either," Russell says.

St. Mary's signs on

After many unsuccessful attempts to fill intensivist vacancies in the ICU unit, St. Mary's turned to Advanced ICU Care for help. The hospital decided to equip 10 of its 16 ICU beds with the technology, because the daily average census of occupied beds was around that number, Russell says.

The total price of putting the technology in place cost the hospital an estimated $450,000, but an outside donor helped fund about 80% of the cost, says Russell.

The hospital activated the service in January and within three days of going live, they saw results.

"We had a patient who came into the ICU who was confused and wasn't getting enough oxygen, so we had to put an oxygen mask on her," Russell says. "She kept trying to pull the mask off because she felt like she was getting less oxygen with it on, but we

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didn't want to tie her hands down because we were worried that it would make her more agitated and therefore she'd use more oxygen."

To help calm the patient and keep her mind off the mask, on-site staff asked the eICU nurse if she could keep talking to the patient.

"She talked to the patient for an hour, and sure enough, her oxygenation came up and she calmed down," Russell says. "A staff nurse wouldn't have had the time to do that."

Staff and patient quality of life

Russell says quality of care is just one of the many areas that has improved since St. Mary's implemented Advanced ICU Care's services.

"We just had our employee opinion survey for the hospital, and 78% of our employees said they were satisfied or more than satisfied with their employment. That was increase of 6% from last year," Russell says.

In the ICU, the technology has lead to better collaboration between physicians and nurses, mainly because the staff nurses can now contact the eICU physicians instead of the on-call physician.

"The eICU physicians have more time to spend talking because they're not seeing patients in the clinical setting, so if a nurse has a question, she can ask [the eICU physician] instead of calling the hospital physician in the middle of the night," Russell says.

Another benefit of having remote physicians and nurses is that they are always available, so staff don't have to wait for a callback or to get an order filled. Because of this, Russell says she has been able to get patients in and out of the ICU faster.

Nurse reaction

Nurses at St. Mary's also appreciate the support provided by eICU nurses. According to Longnecker, the average eICU nurse has 20 years of experience working in the critical care setting, so he or she is used to fulfilling the roles of mentor and educator.

"The bedside nurses know that they're talking to nurses here with years of experience who have been in the same situation," Longnecker says. "It definitely gives them a mentor that maybe the hospital can't provide all the time."

For experienced nurses, the technology provides them with an additional resource if they need it. **Angela Chapman, RN, BSN,** who has worked at St. Mary's for seven years, says she was wary of the eICU service at first, but has since found it to be a convenient resource.

"It's great to have somebody there to call and say 'Do you see what I see?' " Chapman says. "You don't have to page anybody, you don't have wait for anyone to call you back. They're just sitting there waiting to help you."

In terms of recruitment and retention

The additional support that Advanced ICU Care provides has been the impetus behind the hospital's significant drop in turnover, Russell says. Since January, when the technology was activated, there has been 0% turnover among the 32-nurse ICU unit.

The technology has also proved advantageous in recruiting candidates.

"When I give a tour or interview a new nurse, I let them know that we have this and most of them ooh and ahh over it," Russell says. "I've had no problems recruiting new nurses to the ICU who haven't initially wanted to work [there]. I can see that I have an edge."

Consider this

Longnecker stresses that facilities interested in using telemedicine must understand that the care that eICU staff provide should be seen as an extra level of support.

"The intention is not to replace the bedside staff, but to work with the staff to take care of the patients as a team," she says. Yet some groups are wary that such technology may be adopted without careful consideration of and concern for the issues at hand.

"Significant business practice changes occur whenever such a program is incorporated into an existing practice setting," says **Carol J. Bickford, PhD, RN, BC,** senior policy fellow at the American Nurses Association.

Therefore, before putting such a program in place, facilities must ask themselves, "Could similar outcomes be gained by increased on-site staffing, care delivery process redesign initiatives, and a robust information system solution?" she says.

If after exploring these concerns, the program still seems like a good fit, the facility and contractor must spend time working out the details of the actual implementation. During this time, Bickford recommends addressing issues such as accountability, whose orders override whose, the content of standing orders and protocols, the reporting chain, and what care delivery will be done by less-qualified clinicians.

"Such clarification of responsibilities must be completed to reduce the risk and liability for the facility and its clinical staff," Bickford says. ■

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