

BACKGROUND

- Rural hospitals often face challenges such as limited access to specialists leading to avoidable transfers and financial constraints.
- For critically ill patients, these factors lead to: > Delays in care >Worsened outcomes >Increased strain on families

Although Tele-ICU's have been in use for over two decades, there is paucity of data on its utilization and benefits for small, rural hospitals, especially in the South.

AIM

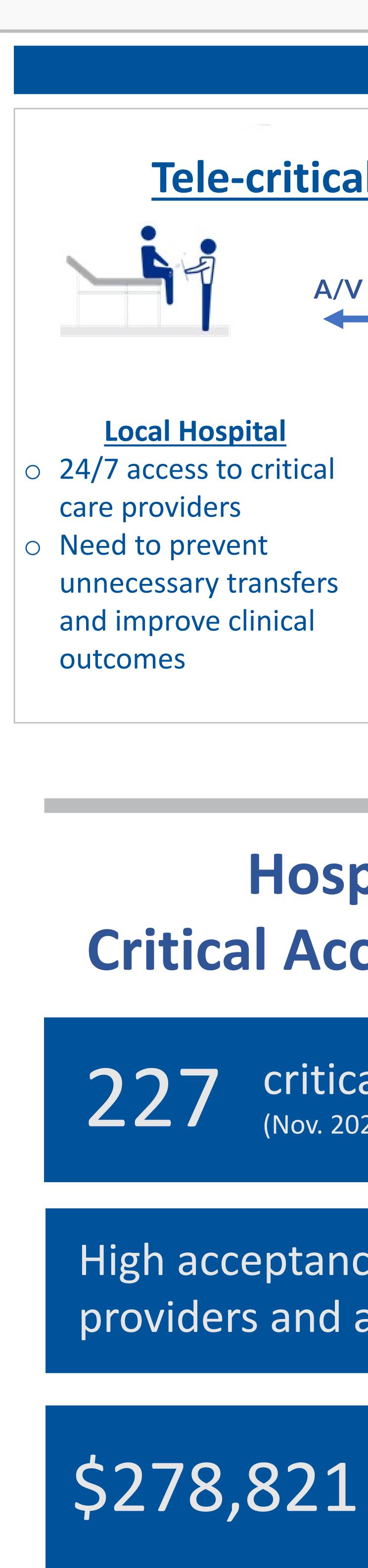
Implement Tele-critical care pilot (TCCP) program at two rural hospitals in Mississippi to address disparity in access to critical care services.

Use consultative models with mobile carts to connect bedside providers with critical care specialists.

This allows intensivists to support non-critical care physicians and advanced practice providers, improving patient care.

Implementation of a Tele-critical Care Program in Two Rural Mississippi Hospitals

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METHODS AND RESULTS

Tele-critical Care Program

A/V Communication



Remote out of state providers ✓ Access to EMR ✓ Access to PACS ✓ 24/7 schedule

Hospital 1: Critical Access Hospital

critical care consults (Nov. 2023 – October 2024)

High acceptance by bedside providers and administrators

direct financial impact, 6 mo.

High acceptance by bedside providers and administrators.

Many patients remained at local facility, increasing reimbursement capture.

Implementing a TCCP in rural Hospitals has the potential to significantly enhance the ability of local healthcare providers to deliver high-quality care to their patients.

By enabling real-time expert support, the program can reduce unnecessary transfers, optimize care delivery, and improve clinical outcomes for patients in rural and underserved areas.

TCCP has the potential to serve as a <u>cost-</u> effective model for extending the reach of specialized care to rural populations.

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Hospital 2: Small rural hospital

critical care consults (March 2023 – October 2024)

DISCUSSION