

**AVERA HEALTH SYSTEM**  
**Sioux Falls, South Dakota**

**Research results**<sup>1,2,3</sup>

Research concluded that the eICU remote critical care program reduced severity-adjusted mortality and length of stay, as compared to one year prior to eICU implementation, saving the hospital system millions of dollars.

- 37 percent reduction in severity-adjusted mortality
- \$8 million cost savings from reduction of 6,824 ICU days and 821 hospital days
- \$1.25 million cost savings from 37.5 percent reduction in patient transfers
- Widespread acceptance of the program by intensive care staff and rural providers.

<sup>1</sup> *Based on severity-adjusted data from 7,784 patients taken 1 year before the eICU Program was adopted and 2.5 years post-implementation of the program.*

<sup>2</sup> *Impact of an Intensive Care Unit Telemedicine Program on a Rural Health Care System. Zawada, et al. Postgraduate Medicine. 2009; 121(3): 160-170*

<sup>3</sup> *Financial benefit of a tele-intensivist program to a rural health system. Zawada, et al. Chest. 2007;132(4):444.*

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**UNIVERSITY OF MASSACHUSETTS MEMORIAL MEDICAL CENTER**  
**Worcester, Massachusetts**

**Research results**<sup>1,2</sup>

Research concluded that the use of the eICU Program has led to measurable improvements in the delivery of care at their seven ICU's.

- Hospital length of stay was reduced by nearly four days
- Cost savings averaged \$5,000 per patient
- 309 lives were saved in 2007 alone
- More patients were discharged to home rather than to a post-acute facility

<sup>1</sup> *Based on severity-adjusted data from 6,422 patients taken one year prior to eICU Program adoption; follow-up measures taken one year post-implementation.*

<sup>2</sup> *TeleICU project with University of Massachusetts Memorial Medical Center. NEHI Research Update. November 17, 2008.*

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**UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM**  
**Philadelphia, Pennsylvania**

**Research results**<sup>1,2,3</sup>

Research concluded that the implementation of a remote eICU system within an academic surgical ICU is associated with improved clinical and financial outcomes:

- ICU mortality was reduced from 8.4% to 3.1%, a 64% reduction
- Hospital mortality was reduced from 11.1% to 6%, a 46% reduction
- ICU length of stay was reduced by 10% for a savings of \$706,272-\$941,697
- Floor length of stay was reduced by 20% for a savings of \$2,134,339-\$2,842,940

<sup>1</sup> *Based on severity-adjusted data from 2,811 patients taken one year before the eICU Program was adopted; follow-up measures taken three years post implementation of the program.*

<sup>2</sup> *Effect of telemedicine on mortality and length of stay in a university ICU. Kohl, Kim, et al. Crit Care Med. 2007;35(12):A22.*

<sup>3</sup> *Economic impact of eICU implementation in an academic surgical ICU. Kohl, Sites, et al. Crit Care Med. 2007;35(12):A26.*