





G R A N D E R O N D E HOSPITAL

Using Telemedicine to Keep Care Closer to Home in Oregon A Critical Access Hospital Case Study

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Grande Ronde Hospital At a Glance

Grande Ronde Hospital is a private, not-for-profit, critical access hospital (CAH).



Organization Facts & Figures

Employees	762	Service Lines
Employed Providers	76	Ambulatory Clinics
Telemedicine Providers	95	RHC/Medical Home
Gross Revenue	\$162M	Service Area Popula
Ambulatory/Outpatient Revenue	\$130M = 80%	Service Area Square

G R A N D E R O N D E H O S P I T A L

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Remote Presence Health System



ICU Tele-intensivist Experience 10 Years: CY2008-CY2018

- **138 ICU Patient Transfers Were Avoided**
- \$4,934,041 Estimated Transfer Cost Savings
- 138 ICU Patients Admitted Instead of Transferred
- 1,030 Additional ICU & MedSurg Days
- Significant Impact on Medicare Cost to Charge Ratio
- ➢ 64.6% Medicare ~





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Tele-oncology

• The circumference of the earth at the equator is:

24,901 miles

• Every 18 months our Tele-oncology program saves patients one trip around the earth.

25,434 miles

In just the first nine days of April:

19 patients received chemotherapy
5,384 travel miles saved,
87 hours of travel time saved, and
\$3,042 in travel expenses saved!



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Virtual Visits



Insurers Covering Virtual Visits

- United HealthCare
- Providence
- Aetna





Remote Home Monitoring

Patients with CHF and diabetes chronic conditions
They connect daily via remote monitoring
Remote services are delivered via tablet device

Vitals are collected and stored in the cloud ~



Potential Monitored Conditions

CHF/Coronary Artery Disease/Atrial Fibrillation

Ortho (Hip/Knee)

- COPD
- **Diabetes**
- Asthma
- **Hypertension**
- **Post-Transplant/Surgical**
- **Home Dialysis**
- Hyperlipidemia
- Pneumonia
- Depression and Behavioral Health
- Comorbidities
- **Adults/Pediatrics**

Our Future Plans for Telehealth

Expand in-home monitoring program beyond congestive heart failure and diabetes

> Expand teleneurology for deep brain stimulation monitoring and device adjustment

Develop outbound ambulatory services: clinics, workplace, home





Physician Locations

Tega Cay, South Carolina

✤ Lawrence, Kansas

Warner Robbins, Georgia

Bet Shemesh, Israel

Paris, France







"Telemedicine is most effective when applied where physician resources are scarce and patient care is time sensitive. And it is providing hope to rural hospitals in an era when closure is a very real possibility unless new models of care are deployed." -Dr. McCormick

PHYSICIAN'S



Using Telemedicine to Keep Care Closer to Home



- to determine the types of telemedicine programs that are truly needed
- charge nurses
- surges



• How to evaluate their critical-access facilities

• Steps for implementing telenocturnist care using remote physicians and on-site night-

• How to develop tele-cross coverage between nighttime rounding and ED admissions during

 Best practices for establishing collaborative care between remote physicians and NP/PAs



Telenocturnists eliminate toxicity innight coverage, a problem most critical access hospitals face.



- The traditional approach to night coverage is using day hospitalists to take night calls. However, this often leads to burnout, physician attrition, and makes nurses hesitant to call.
- The other alternative is hiring a full-time nocturnist. Recruiting and retaining a nocturnist is difficult, not to mention expensive. With salary and benefits, a full-time nocturnist can cost in excess of \$600,000.

THE SOLUTION



Three Models for Success:

- **Telenocturnists:** Patients receive real-time diagnoses and treatment at night from expert telenocturnists who are "beamed in" to the hospital via videoconferencing technology
- Tele-Cross Coverage: Take the burden of floor calls off your nocturnist team with face-to-face consults via videoconferencing technology.
- NP/PA Backup: Telenocturnists participate in rounds via live videoconferencing, and are available 24/7 as a part of your clinical team.

TELENOCTURNIST PROGRAMS FOR



Implementing a Telenocturnist Program



- Test (and retest) technology
- Orientation sessions for staff
- Mock run
- Hands on deck for Go-Live
- Regular communication
 - Weekly communication leading up to Go-Live
 - o Continuous dialogue during Go-Live
 - Weekly communication through the first month
 - Tweak processes

IMPLEMENTATION



How to develop tele-cross coverage between night ime rounding and ED admissions during surges



Reduce Burnout, Increase Performance: In the nighttime care domain, telemedicine provides balance, easing the load for existing staff and ensuring that your standard of quality extends around the clock. It's a seamless solution to the physician shortage that Eagle Telemedicine innovated, and one that is reducing toxicity of night coverage for our hospital partners today.

Surge Protection: Hospitalist overload and ED bottlenecks can happen at any time, but with Eagle, your hospital can access expert telehospitalists whenever you need assistance with patient admits.

SURGE



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Thank you for your interest!

Dr. "Mac" McCormick

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