

with Phyllis Gotlib, Founder & Chief Executive Officer, iMDsoft

We have been hearing a lot about the Remote Intensive Care Unit (rICU), in large part developed in response to the shortage of intensivists. Can you explain the concept of the rICU and expand upon the forces driving this trend?

When first hearing the term "remote ICU" one may envision a critical care unit run exclusively by care givers located far away from their patients. We believe that relying only on remote care could be challenging regardless of how good the technology supporting it. That said, as care complexity and costs grow, smaller multi-disciplinary clinical teams are forced to share their time looking after more complicated patients in different points of care. Consequently, important decisions are made by providers not present at their patient's bed, exposed to partial and sometimes misleading information. Moreover, even when at the bedside, providers need to analyze more data in less time.

Troubled by this reality, organizations like Leapfrog published guidelines to ensure sufficient care provider attention during critical care admission ("The Intensivist model"). Current challenges also drive the development of modern clinical information systems like MetaVision that offer better automated data collection and analysis supporting clinicians in their critical decisions and workflow regardless of their physical location.

Effective automated data collection and rule-based alerts make it possible to share critical patient information with remote clinical monitoring centers (also known as "remote ICUs"), staffed by experts who can assist in earlier detection of hazards, validate and standardize care strategies, as well as expedite treatment. It is essential that the system utilized by such remote providers allow for comprehensive data disclosure virtually replicating the bedside environment and not just communicating with it. If implemented correctly, more patients can benefit from high-end supervision augmenting but not replacing traditional bedside follow-up.

How does an rICU differ from a hospital central station monitoring system?

A central station allows nurses to monitor a small subset of their patient's data (typically vital signs) away from the bedside. Modern clinical information systems collect rich data set comprised not only from all bedside devices but also from any other health information source

including lab results, orders, care plans, imaging studies and clinical assessments. Leveraging advanced data analysis and rule-based decision support tools, clinical information systems like MetaVision can use the broad data set to help clinicians better assess the patient status and react sooner. "Smart alarms" cannot only invoke sophisticated algorithms with high predictive yield, but also promptly alert targeted specialists to take action. Because this process is highly automated, a small number of care providers in the rICU can help monitor large numbers of patients, reducing the load on their peers near the bedside

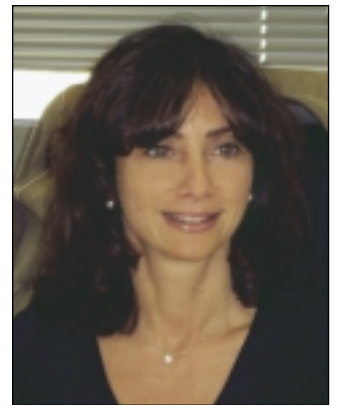
How widespread is the adoption of the rICU and what is the feedback from users?

Independent rICU vendors initially showed disappointing results and faced significant rejection. They interpreted the rICU concept as an intensivist replacement tool leveraging a basic communication platform that was not sufficient to facilitate high quality decision making remotely.

The new generation of rICU solutions extend from robust and comprehensive clinical information systems that make the rICU much more effective. As we collect more factual results from successful implementations of these clinical information system (CIS)-extended rICUs, we could see strong market endorsement by the end of 2004.

Looking into the future, what role do you see the rICU playing in the management of critically ill patients? In particular, how will it impact patient safety, care pathways and the nursing shortage?

As care complexity and costs increase, bedside availability of trained professionals decreases and the need to standardize care grows, more hospitals and delivery networks will seek to benefit from rICUs. By augmenting traditional care with rICUs we will be able to extend high quality decision making to any critical care unit including smaller and more remote facilities. This could help contain the cost of care, contribute to patient safety, improve outcomes and assist in retaining and attracting trained clinical staff. ACI



A seasoned entrepreneur in the healthcare industry, Ms. Phyllis Gotlib is the CEO of iMDsoft. Prior to her responsibilities as CEO, she served as COO (2001-2003) and as Director & Vice President of Implementation (1996). She also served as CEO of Ifis Investments Ltd. (1994-1996) and at PS Gluck Ltd. (1986-1994).

For More Information

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