STOP PRESS !!!

InteleICU™ completes 5,000 continuous hours of patient care through TeleICU up to 31st December 2013.

The quarter October to December 2013 witnessed the addition of 2 more hospital ICU’s in Andhra Pradesh to the InteleICU™ network. The total number of ICU beds in the InteleICU™ network has reached 25 ICU beds with 4 Client Hospitals at Trichy & Chengalpet in Tamil Nadu and Waranagal and Karim Nagar in Andhra Pradesh.

First TeleICU Consultation at Aditya Hospital
Dr. R. Senthil Kumar conducting the 1st TeleICU consultation with Dr. Rakesh Reddy at Aditya Hospital Waranagal.

Aditya Hospital Waranagal has 6 ICU beds as part of the InteleICU™ solution

“We are extremely happy to join the InteleICU network which provides quality Critical care expertise to our ICU patients at Aditya Hospital, Warangal” states Dr. Rakesh Reddy, CEO of Aditya Hospital - Warangal.
First TeleICU Consultation at Surya Hospital

Dr. Babu Abraham conducting the 1st TeleICU consultation with Dr. Vishnuvardhan Reddy at Surya Hospital Karim Nagar.

Surya Hospital Karim Nagar has 6 ICU beds as part of the InteleICU™ solution

Dr. Vishnuvardhan Reddy CEO of Surya Hospital, Karim Nagar states that “We are confident that with the support of the InteleICU™ solution for Surya Hospital Karim Nagar, local patients will benefit from the clinical expertise and round the clock monitoring “

MOU Signing with Philips Healthcare

Mr. Michael S Mancuso - Executive Vice President & CEO of Philips Healthcare USA exchanging the strategic partnership MOU with Dr. N. Ramakrishnan MD & CEO of InteleICU.

“The InteleICU™ solution helps to bridge the gap between healthcare access, where hospitals and healthcare systems can expand in critical care even if they don’t have adequate number of trained Intensivists” states Mr. A. Krishnakumar - CEO of Philips Healthcare South Asia.

Client Hospital Feedback

“Our Patients are extremely happy with the services provided by InteleICU team & we look forward to increasing the number of ICU beds covered by InteleICU very shortly” – Dr. Anand Rengaswamy MD, Gitanjali Medical Centre - Trichy

“The InteleICU Solution has helped us to provide quality Critical care to our ICU Patients” – Dr. K. P Pichumani, CEO of Sree Renga Hospital - Chengalpet
**Excerpts of Indian Medical Times Interview**

India Medical Times interviewed Dr. N. Ramakrishnan and following are the highlights

Please check the link below to read the full interview:

http://www.indiamedicaltimes.com/2014/01/17/interview-dr-n-ramakrishnan-ceo-inteleicu/

Q : Critical Healthcare Systems are still underdeveloped in India. How do you think technology can help in dealing with it?

A: While Telemedicine is increasingly being used for episodic consultations in outpatient based specialties, continuous monitoring with real time data to manage critically ill patients could help save several lives in areas that lack specialists.

Our experience in providing such remote critical care management several thousand miles away and across several oceans and continents encouraged us to explore the possibility of a similar model for hospitals and healthcare institutions in India.

Using decision support systems and embedding algorithms, protocols will help standardize and deliver the highest level of evidence-based care beyond geographic borders.

Q : What challenges did you face in the introduction of the service?

A : While the concept and implementation process has taken over a year, the operation of InteleICU (www.inteleicu.com) started only in June 2013. It has been a challenge to convince the healthcare institutions that we are not replacing the bedside clinical team and in fact, would like to strongly collaborate with them. In fact, I discourage the use of the term “Command Centre” and prefer that we call it a “Remote Monitoring Centre”. We are offering extra pair of eyes to increase the vigilance, be more proactive to prevent crisis and also react at the right time to provide an overall safer environment to critically ill patients.

Although we had several years of experience providing TeleICU services for hospitals in US, we realized early that the model required significant customization and changes to adapt to our country. This is because the penetration of technology is limited in several of our hospitals, which may not have robust hospital information systems, lab information systems or direct access to digital images. We have collaborated with Philips and come up with some simple, user-friendly innovations to meet these challenges.
Q: What is your customer base? How wide is the operation?

A: We are confident that technology-based solutions will be the way of the future in healthcare and TeleICU services will be increasingly necessary and accepted. However, we owe our special appreciation to the early adapters who believed in us and the technology. Gitanjali Medical Centre in Trichy and Sree Renga Hospital in Chengalpattu, both located in Tamil Nadu were our first clients. We have subsequently extended our customer base to the neighboring state of Andhra Pradesh (Warangal and Karim Nagar) and now monitor 25 ICU beds.

Q: How is the service model of InteleICU™ different from other similar operators in the field?

A: InteleICU™ is the only free-standing TeleICU service in India offering ‘Continuous’ remote monitoring solution to any hospital or healthcare institution irrespective of the location, brand or size.

We believe in first doing a site visit and needs assessment to understand the requirements of our client hospital. Personal interaction with the clinical team and management of the hospital provides us an insight to create a solution that would be appropriate for them. We facilitate any requirement of equipment and technology. More importantly we focus on training the local personnel, which is a key factor to subsequent implementation of standards of care. They need to walk and talk the same language and be competent effectors of the treatment plans suggested by the Tele-Intensivist. While some of the training happens onsite during our initial visits, most of our training can be done during our interactions from the remote monitoring centre.

Q: What are your plans to expand the services of InteleICU across the country?

A: We are truly excited about enquiries from hospitals and practitioners in several states and even from some other countries in the region. Our goal is to cover 100 ICU beds in the first year of operation and over 1,000 ICU beds in five years. As we grow, we will need to create regional hubs primarily to engage skilled healthcare professionals. We are keen on fine-tuning the processes first and being respected...
leaders in TeleICU. We are likely to soon roll out some additional services using the technology.

Q: What are the major challenges that still remain while fully deploying innovative healthcare solutions in India?

A: Skepticism in using technology and belief that nothing could replace personal interaction between a physician and a patient. While it is ideal to have specialists available for care at all times to manage critically ill patients it is certainly not a realistic option. We are proud to be a first mover and face the challenges and are committed to meet the critical needs of sick patients.

Q: What are your future plans? Any other innovative concept in the offing?

A: Emergencies can happen anytime, anywhere and Critical Care as a specialty should not be restricted to four walls. We would like our services to be available wherever there is a need for a critical care specialist — be it at home, during pre-hospital transport (ambulance), day care centres or in the hospital wards which may not have the same level of staffing as an ICU. We are also in the process of using the technology for structured virtual training and also for providing supplementary services and episodic specialist services.

TeleICU CME Program at Pudhukota
A CME programme oriented towards doctors practising in the communities around Pudhukotai, Tamil Nadu was conducted in November 2013 by our Client Hospital, Gitanjali Medical Centre – Trichy and was attended by 40 doctors.

Dr. N. Ramakrishnan, MD & CEO of InteleICU addressing the participants of the Pudhukotai CME program.

Critical Care CME Program at Chengalpet
Our Client hospital, Sree Renga Hospitals organized a CME program for the Chengalpet Clinical Society on 18th December 2013.

Dr. R. Senthil Kumar Executive Director of InteleICU made an excellent lecture demo on ‘Non-Invasive Ventilation’ which was highly appreciated by the Society including Senior Doctors from Chengalpet Medical College Hospital.
An elderly gentleman with diabetes, hypertension and coronary artery disease and moderate LV dysfunction was admitted with complaints of acute onset breathlessness and oliguria. On routine monitoring, the Intele-Physician noticed on the monitor that this patient was hypoxic, tachypneic and tachycardic with extremely high blood pressure. Immediate video assessment confirmed that the patient was in frank pulmonary edema from the accelerated hypertension. The bedside physician and the InteleICU™ physician collaborated and devised the appropriate treatment strategy. Non-invasive ventilation, intravenous nitroglycerin, diuretics and antihypertensive measures were promptly initiated. Bladder outlet obstruction was thought to be the precipitating event for this episode of pulmonary edema and hence urinary catheter placement suggested immediately by the InteleICU™ team. With the above interventions, the patient improved and intubation was avoided. After stabilization and medical optimization, patient was transferred to an outside facility for a coronary angiogram. This Clinical vignette clearly underlines the value of constant monitoring by trained eyes, early identification of problems, collaboration with bedside team and timely and appropriate interventions.

In another instance, on video monitoring it was noticed that the ICU patient was extremely dyssynchronous with the ventilator and was very uncomfortable. The Intele-Physician quickly zoomed into the ventilator settings, identified the problem, and walked the ICU staff at the Client Hospital through the proper ventilator and alarm settings. The Patient’s breathing became synchronous and comfortable within minutes of these changes. Patient-ventilator dyssynchrony is a very common problem and most times manifests as patient agitation in the ICU. Suboptimal ventilator settings are often overlooked and the patient is sedated and or paralyzed to counter agitation. This practice however prolongs number of patient days on the ventilator and increases complications associated with the use of mechanical ventilation. By swiftly identifying the problem and helping the bedside nurses to trouble shoot common ventilator alarms, the InteleICU™ team was able to avoid unnecessary sedation of the patient and at the same time were able to educate the bedside staff.

These two Clinical Vignettes point to the easy availability of timely intervention from an expert Intensivist through the InteleICU™ program which leads to improved patient outcomes at a place and time where expert clinical work force was otherwise limited. In the coming months, we aim to expand the InteleICU™ program to many more hospitals and will continue to augment bedside care by 24X7 remote monitoring and constant titration of care. We are excited with this new venture and sincerely believe we can make a positive impact to the quality of ICU care provided across the country.