



Media Backgrounder

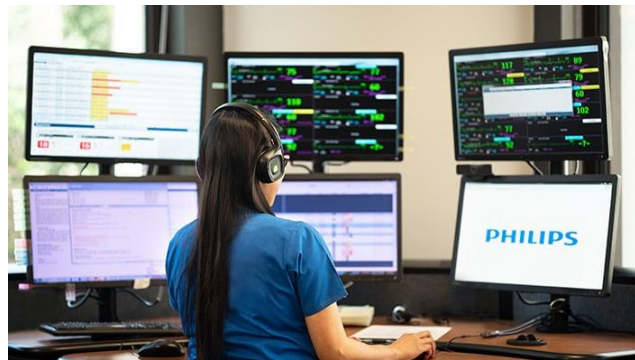
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Telehealth (Philips eICU)

From small rural hospitals to large academic medical centers, there is a clear need for health systems to integrate tools that will help them optimize resources and take care of as much of the patient population as possible.

Telehealth allows for resources to stretch far beyond its physical boundaries to deliver remote care.

The Philips eICU program is a transformational critical care tele-ICU program that combines A/V technology, predictive analytics, data visualization and advanced reporting capabilities, delivered by Philips experts with more than 15 years of proven success.



Why is it important?

Tele-ICUs such as the the [Philips eICU](#) enables clinicians to interact with staff at the bedside and consult on individual care – even from offsite. This means one centralized specialized critical care team can manage large number of ICU locations, and exchange health information electronically, in real time, where they can be responsible for 50–500 remote ICU beds.

It is not a replacement for the bedside team, but rather a support system to continuously advance the established plan of care.

What is innovative about it?

Tele-ICU positively impacts the full healthcare system. Having a centralized remote patient monitoring center provides the ability to consolidate and standardize care, reduce transfers while maximizing bed utilization, and support onsite staff.

Over the past decade and a half, more than 4.25 million¹ patient stays have been monitored by Philips eICU program.

¹ Data are rounded figures based on a query of the Philips eICU archive database conducted in November 2017.

Did you know?

A 2017 study in the journal CHEST took one of the broadest looks yet at the efficacy of the tele-ICU model, examining more than 51,000 patients across seven adult ICUs. While tele-ICUs have previously been associated with improving mortality rates and length of stay, this study is the first to address the financial outcomes in depth.²

The results show:

- An ICU managed by a tele-ICU improved case volume by 21% over traditional models.
- A centralized tele-ICU model improved contribution margins by 376% (\$37.7 million compared to \$7.9 million) due to increased case volume, shorter lengths of stay and higher case revenue relative to direct costs.
- A tele-ICU, when co-located with a logistical center (to improve bed utilization), improved case volume 38% over traditional models.
- A tele-ICU with added logistical center and quality care standardization improved contribution margins by 665% (\$60.6 million compared to \$7.9 million).
- This care delivery model allowed recovery of the initial capital costs of the ICU telemedicine program in less than 3 months.

Find out more

- [What is the value of a tele-ICU investment?](#) Download our whitepaper on demonstrated operational, financial and clinical ROI.
- [Customer reference video](#)

For further information, please contact:

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About Royal Philips

Royal Philips (NYSE: PHG, AEX: PHIA) is a leading health technology company focused on improving people's health and well-being, and enabling better outcomes across the health continuum – from healthy living and prevention, to diagnosis, treatment and home care. Philips leverages advanced technology and deep clinical and consumer insights to deliver integrated solutions. Headquartered in the Netherlands, the company is a leader in diagnostic imaging, image-guided therapy, patient monitoring and health informatics, as well as in consumer health and home care. Philips generated 2020 sales of EUR 17.3 billion and employs approximately 78,000 employees with sales and services in more than 100 countries. News about Philips can be found at www.philips.com/newscenter.

² Lilly CM, et al. ICU Telemedicine Program Financial Outcomes. CHEST. 2017; 151(2):286-297