RESULTS/OUTCOMES

<table>
<thead>
<tr>
<th>Results (n=29)</th>
<th>Late Consult (n=17)</th>
<th>Early Consult (n=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Vent-Days</td>
<td>7.58</td>
<td>3.59</td>
</tr>
<tr>
<td>Vent-Days Post Consult</td>
<td>2.42</td>
<td>3</td>
</tr>
</tbody>
</table>

LESSONS LEARNED

- Early consult with the Tele-ICU program drastically lowers the amount of time patients spend on mechanical ventilation, lowering risk of ventilator-associated issues such as diaphragmatic dysfunction, ventilator associated pneumonia, sepsis, and others.
- Consultation also lowers probability of unnecessary transfer to ECUHMC, as mechanical ventilation can be adequately managed at regional hospitals through utilization of Tele-ICU services.

PROJECT DESIGN/STRATEGY

Mechanical ventilation data collected via retrospective chart review and data screening tool was analyzed comparing ventilator length-of-stay, or “vent-days,” of patients receiving early Tele-ICU consult and than those receiving late Tele-ICU consult.

Results (n=29)

\*Early consult = consultation within 48 hours of ICU admission. Late consult = consultation after 48 hours of ICU admission.

ACKNOWLEDGEMENTS

- ECU Health Tele-ICU consult team