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## Philips Introduces Graphical Dashboard for ICU Management

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Royal Philips Electronics has launched its IntelliSpace eCareManager 3.9 health care platform, powered by orb, during the Healthcare Information and Management Systems Society (HIMSS) 2013 conference and exhibition. Included in Philips' latest offering to its eICU program is orb, a new graphical dashboard that is actuated by over 100 clinical rules, to analyze, process and visualize complex clinical data in real time and tell a better story about what is going on with that specific patient, and in a visually digestible form.

Currently, Philips eICU customers have oversight for nearly 7,000 ICU beds, with approximately 150 patients being monitored in an average Tele-ICU simultaneously, with larger sites caring for over 400 patients on any given day. To present data to support proactive patient interaction, a new type of population-based representation is needed.

Orb's ability to integrate practical data with visual technology helps clinicians to prioritize patient needs and streamline in-hospital care. The dashboard features circles that represent individual patients and their health status. By viewing these circles, clinicians can determine, at a glance, important patient or population-level information, such as which patients are in need of immediate care versus others who might be ready for hospital discharge. It also helps clinicians prioritize information that was previously unavailable due to the massive amount of data created by a single patient, whether they are providing care at the bedside, from the nurses' station, or hundreds of miles away from a remote, centralized telehealth care team.

"Health reform places priority on improving the quality of patient care, and key performance indicators such as patient mortality, length of stay, hospital-acquired infections, and hospital readmissions across health system enterprises," said Lori Lazzara, vice president and general manager, Connected Care Solutions, Philips Healthcare. "Philips eICU Program customers monitor more than 350,000 ICU patients every year and orb demonstrates our commitment to connected care, giving clinicians the flexibility to manage a large population of patients without losing the individualized treatment needs of each person."

Hospital systems participating in peer-reviewed studies on Tele-ICU programs have shown a reduction in mortality of 20% and length of stay by 30%,<sup>1,2,3</sup> and cost reductions in one of the highest cost areas for any hospital. Showcasing its commitment in this space, the Philips eICU program solution seamlessly blends medicine, transformative services and technology to address ICU physician and nurse shortages, increase access to care and dramatically improve quality of care. The Philips eICU program has been shown to reduce mortality and LOS at those levels.<sup>1,2</sup>

Key functions and customer benefits of the IntelliSpace eCareManager health care platform, powered by orb:

- Enables proportional population management to leverage scarce resources
- Provides proactive management of patients to avoid complications
- Visualizes key physiologic indicators for overall patient health/progression
- Optimizes existing care-provider staff
- Incorporates single-point visualization of data otherwise fragmented across many systems

Philips telehealth technology is an example of the company's commitment to helping patients and healthcare system manage transitions between hospital and home. Philips' Hospital to Home solutions aim to help manage and treat chronic disease, reduce hospital readmission rates, control costs, and increase efficiencies. Philips draws on deep experience in the hospital and in the home to offer a breadth of innovative solutions designed to empower care teams and patients in their quest to maintain continuity at every stage and each transition.

To learn more, visit: <http://www.healthcaresolutions.philips.com/ecaremanager-himss>

References:

1. Lilly C.M. et al., Hospital mortality, length of stay, and preventable complications among critically ill patients before and after tele-ICU reengineering of critical care processes," Journal of the American Medical Association, vol. 305, no. 21, pp. 2175–2183, 2011.
2. Lilly C.M. et al. TeleICU: Experience to Date, Journal of Intensive Care Medicine, September 13, 2009; 1-7
3. New England Healthcare Institute, Critical Care: Critical Choices: The Case for Tele-ICUs in Intensive Care. December. 2010.

Source: [Philips](#)

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