

WakeMed 😫

 WakeMed Health & Hospitals
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 Raleigh Campus
 • Cary Hospital
 • North Family Health & Women's Hospital
 • Apex Healthplex
 • Brier Creek Healthplex

 Garner Healthplex
 • Clayton Medical Park
 • Raleigh Medical Park
 • WakeMed Outpatient Rehabilitation Facilities

 Home Health
 • WakeMed Physician Practices
 • Capital City Surgery Center

WakeMed eICU® Service: Extra Assurance for You

We understand that having a loved one in a WakeMed Critical Care Unit can be stressful. You may wish that a doctor or nurse could sit at the bedside with you and your critically ill loved one 24 hours a day, watching to make sure he or she is okay.

The WakeMed *e*ICU Service is designed to enhance the safe, high-quality care we already provide and to ease some of your worry in the process.

What is the eICU Service?

Critically ill patients are cared for at the bedside by intensivists (physicians who specialize in critical care) and specially trained critical care nurses. At WakeMed, critically ill patients are also monitored by intensivists and critical care nurses who are located in a different building (the *e*ICU Service Clinical Operations Room). By using computers, cameras, microphones and sophisticated software, these off-site providers are a "second set of eyes" for providers in the critical care unit. They monitor patients' vital signs, view lab and imaging results and visually check on patients (via cameras) to support the nurses and physicians working at the bedside.

How is the eICU Service good for patients?

- Patients are monitored by critical care specialists located in the unit and by camera and computer two teams working together to watch over critically ill patients.
- Remote providers watch for trends in patients' conditions to catch any problems before they become serious.

• The technology has been used in U.S. hospitals for since 2000. It is proven to decrease the length of time patients stay in the hospital by 25 to 35 percent, and more importantly, increase a critically ill patient's chance of survival by an average of 28 percent.

How is the patient's doctor involved?

The patient's doctor continues to be in charge of his or her care and care plan. The patient's doctor and members of the bedside care team discuss the patient's medical condition and care plan every day. When the patient's doctor is not present, the *e*ICU physician may need to make decisions to ensure the patient receives the best care possible in a timely manner.

How do the cameras work? Are they on the patient all the time?

The nurses and physicians in the unit conduct rounds directly at the bedside and are the patient's and family member's primary point of contact.

The *e*ICU doctors and nurses only view patients by camera when they need to physically see how they are doing. They may do these "virtual rounds" hourly, every two hours, etc. depending on the patient's condition. Otherwise, they monitor patient vital signs and other care factors by computer.

A camera is mounted on the wall of each critical care patient room. When the camera is off, it faces the wall. When the camera comes on, a bell rings and the camera lens turns to the patient. Unit staff, patients and family members can talk with *e*ICU nurses and physicians when the camera is on. The room is wired for sound. They can also communicate by phone.

Protecting our patients' privacy

- The cameras and microphones do not record people or voices in the room.
- Sharing patient information between the critical care unit and the *e*ICU off-site location occurs over private connections.
- Only staff members who have authorization can view patient information.

Questions?

WakeMed is the first hospital in the Triangle to use *e*ICU technology. Because it is new and different, we realize that patients and family members may have questions. Our staff members in the critical care units at both WakeMed Raleigh Campus and WakeMed Cary Hospital and the WakeMed *e*ICU nurses and physicians welcome your questions.