



February 27th, 2020
3.45 – 4.45 pm



UT Southwestern
Pediatric Specialists

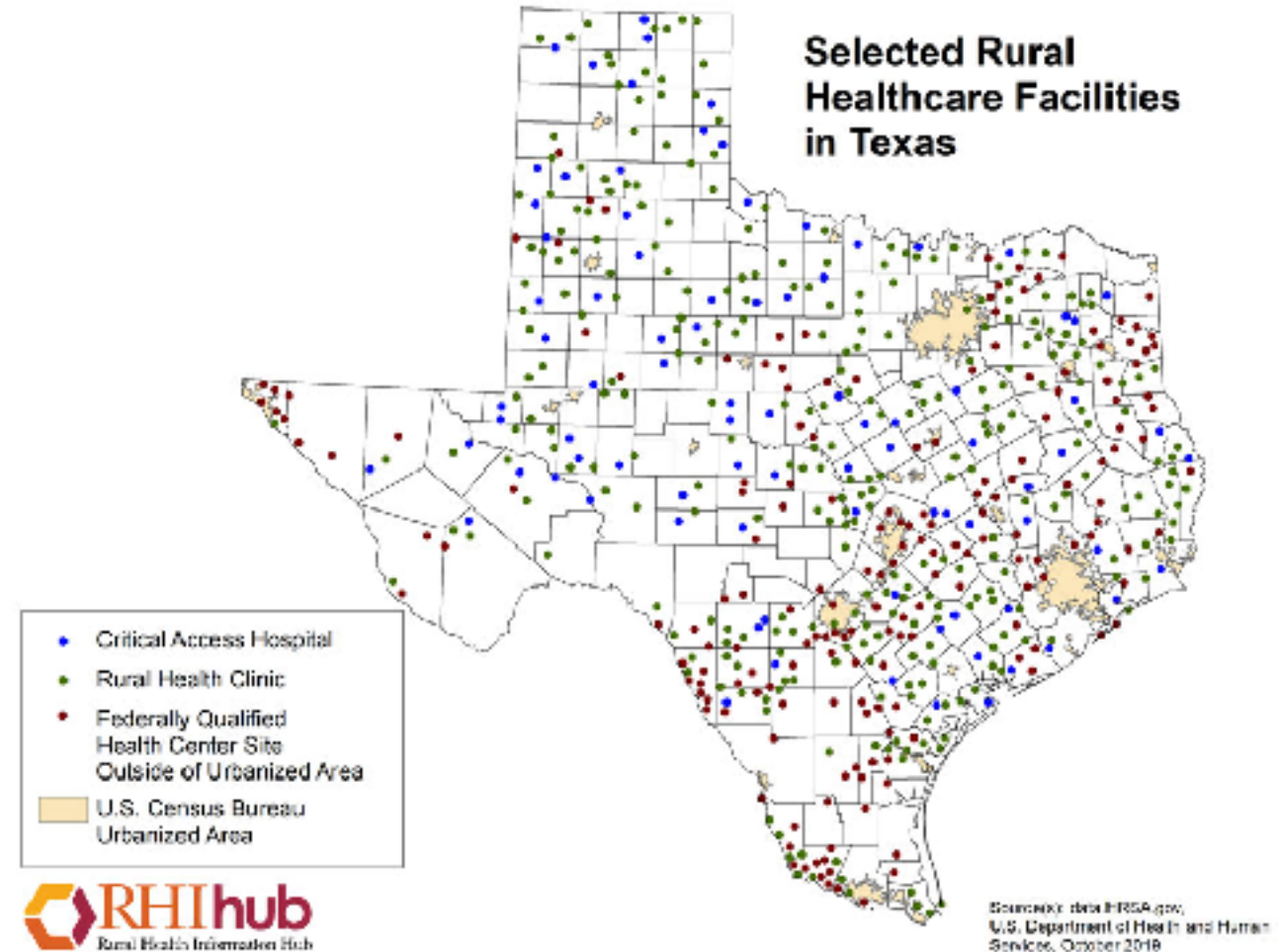
Panel Discussion: Innovations in Care

Rashmin C. Savani, MBChB

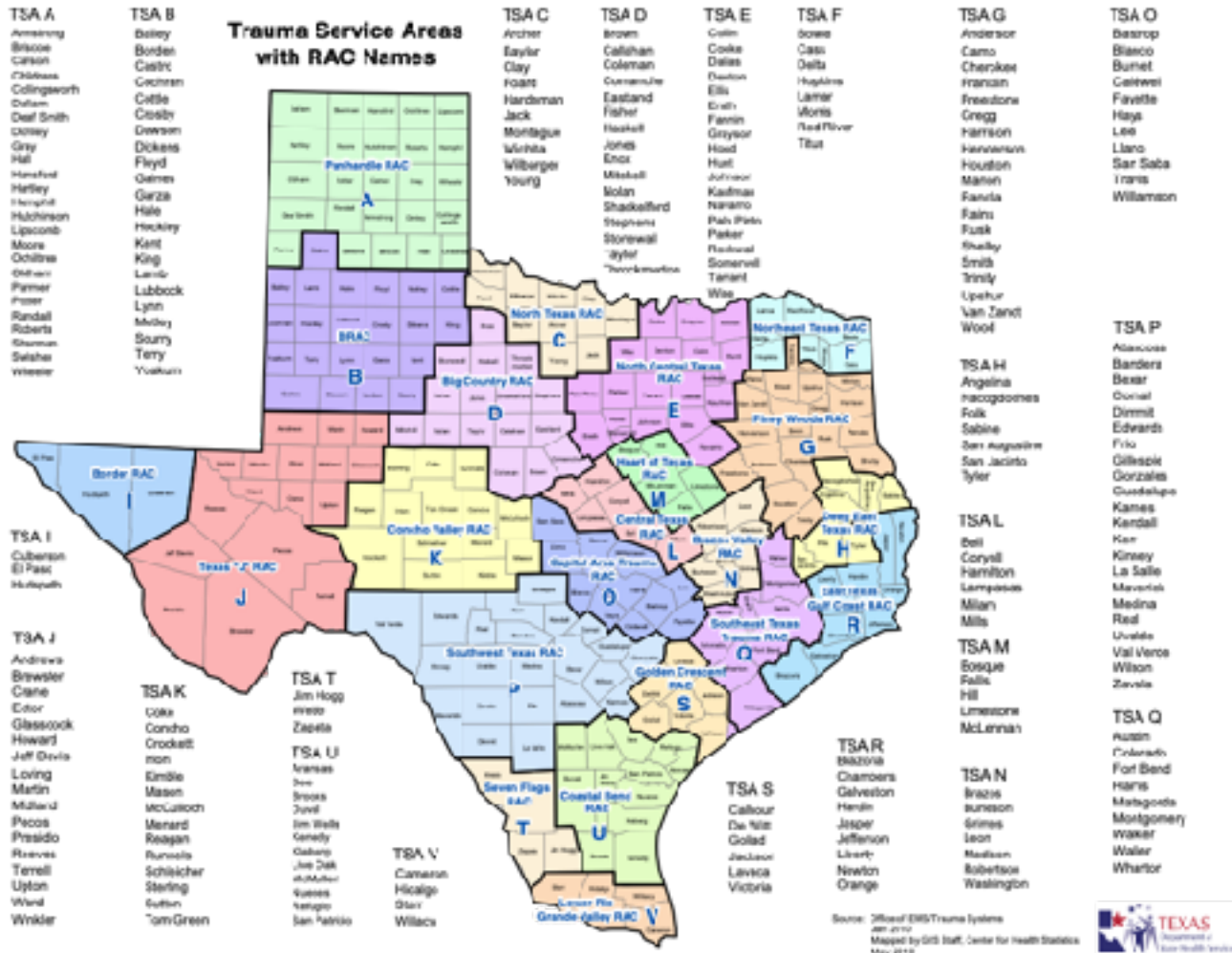
Chief, Division of Neonatal-Perinatal Medicine
University of Texas Southwestern Medical Center

The State of Texas

- 261,797 square miles
- Population: ~29,000,000
- Rural Population: ~3,000,000
- 170 of 254 counties are rural
- 35 counties have no physician
- 58 counties have no surgeon
- 147 counties have no OB/Gyn
- Outside of urbanized areas,
 - 87 Critical Access Hospitals
 - 299 Rural Health Centers
 - 96 Short Term Hospitals
- High rate of rural hospital closures

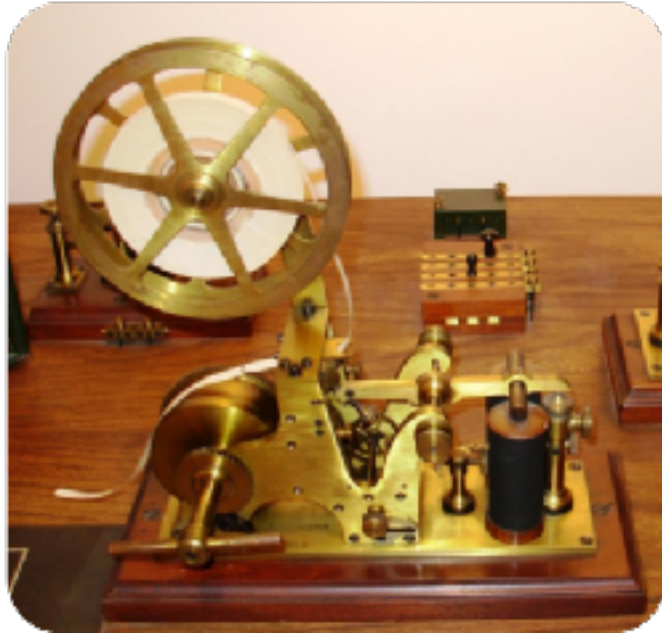


Perinatal Care Regions



- The Texas Legislature passed HB15 in 2013 setting up the Perinatal Advisory Council with a goal to implement designation of maternal and neonatal levels of care
- The PAC has developed rules that define designations by TX DSHS
- Mandate inter-institutional agreements for collaboration and referral to higher levels of care and back transports
- Perinatal RAC subcommittees under trauma organization
- Telemedicine is one possible solution to provide care to communities with less access

Telemedicine has been around a long time



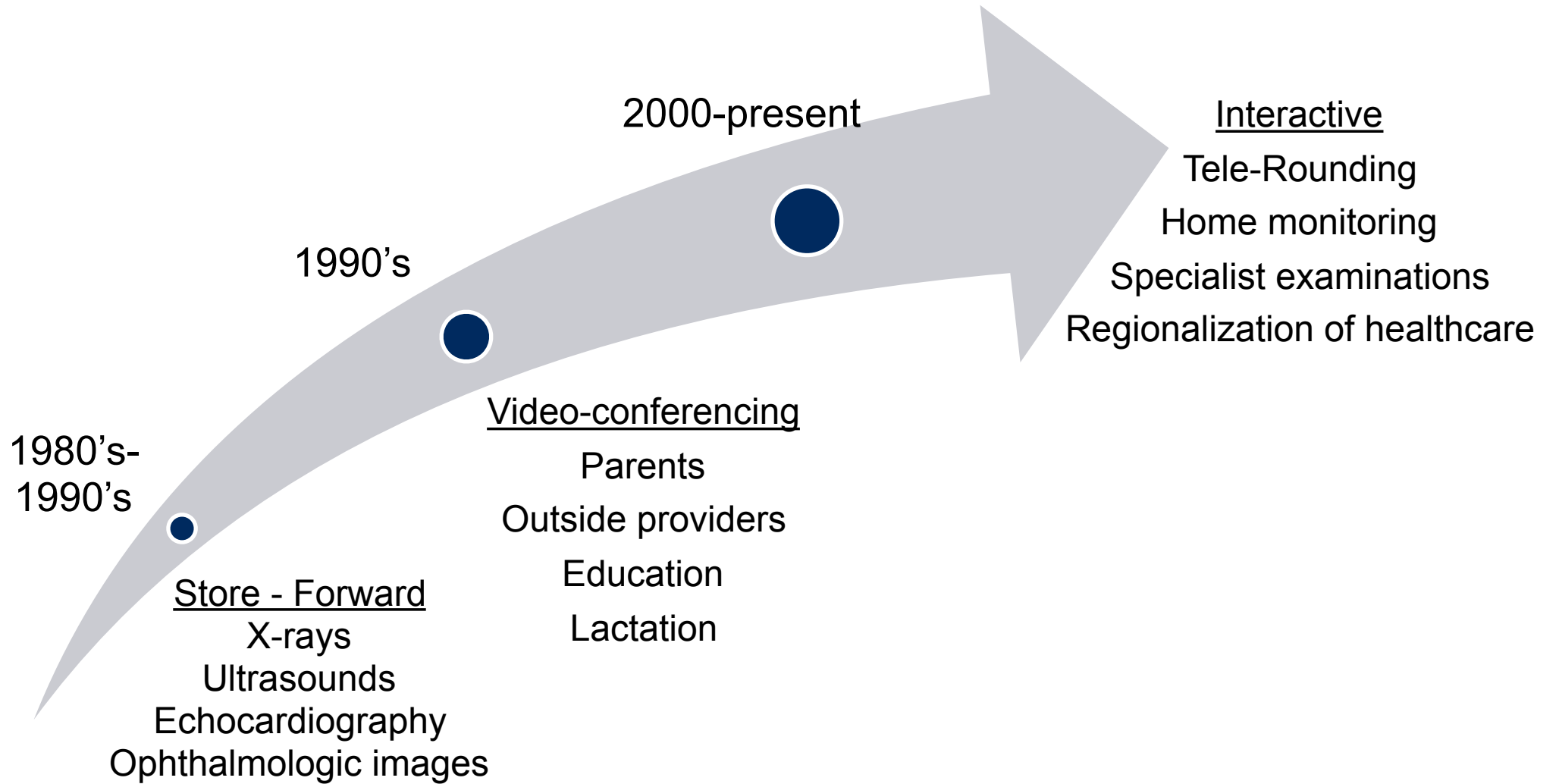
The Telegraph – The Victorian Internet

Sept 7th, 2001: First transatlantic telesurgery - (endoscopic cholecystectomy) surgeon in NYC and patient in Strasbourg, France



Yuriy Gagarin - December 4th, 1961

Evolution of neonatal telemedicine



TeleNICU: The Vision

- Keep newborns close to where they live
- Allow participating hospitals to safely retain patients when appropriate
- Reduce healthcare costs
- Improve communications and collaboration between referring and referral hospitals

TeleNICU: The Overview

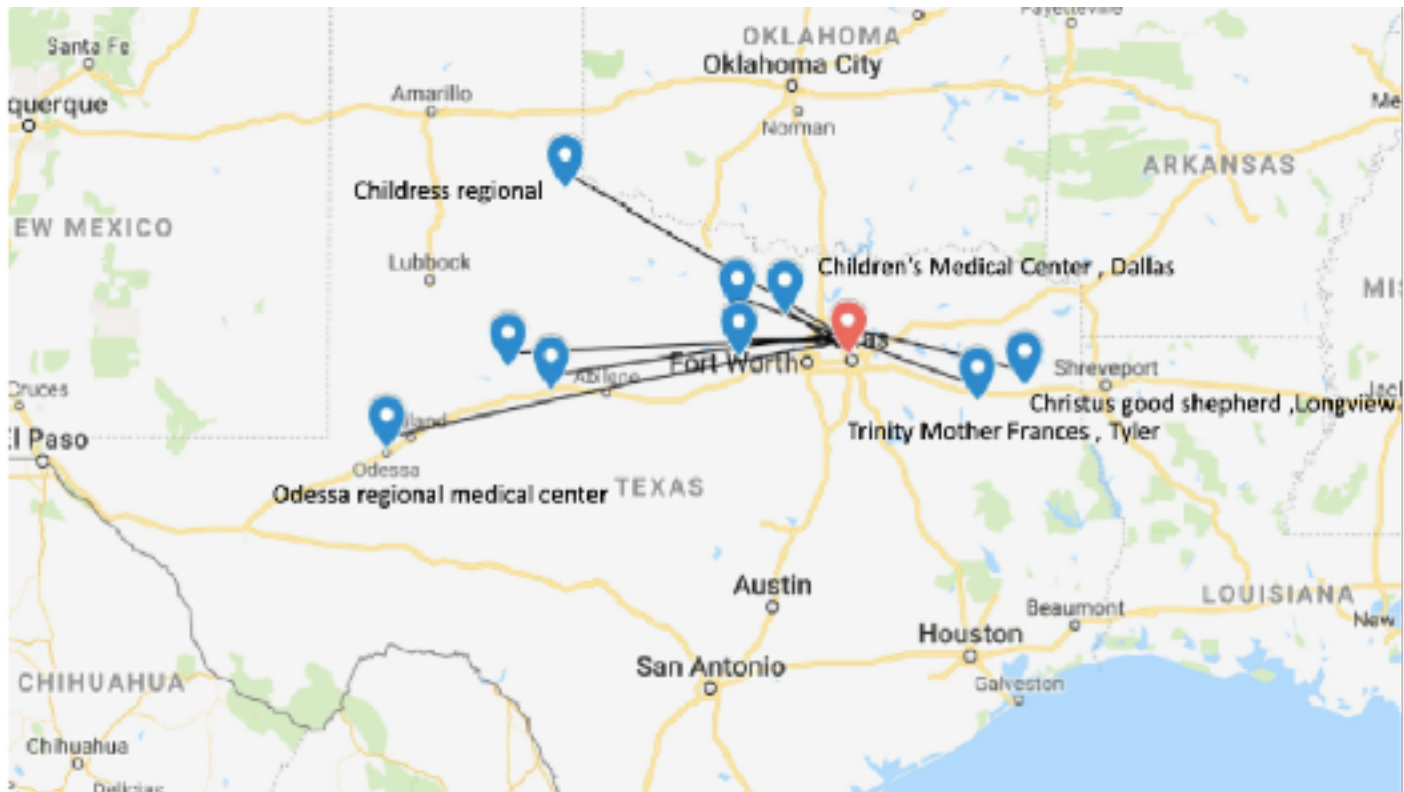
- First in Texas and among the most sophisticated nationally
- 24 / 7 / 365 real-time two-way access utilizing broadband transmission
- Facilitates face-to-face connection among physicians, clinical staff, and parents
- Accommodates transmission of video, audio, and diagnostic information and remote access to electronic medical record
- Provision of education and sharing of protocols
- Single piece of equipment needed at participating hospital



TeleNICU: The Benefits

- **Patients and families**
 - Keeps newborns close to home whenever possible
 - Provides families with confidence in care plan
- **Participating hospitals**
 - Safely retain patients through consultation with a Level IV NICU
 - Facilitates more timely transfer of patients who require higher level of care
 - Promotes true family-centered care
- **Children's Health/UT Southwestern**
 - Widens the ability to provide advanced level care
 - Leverages scarce resources through a broader network of participating hospitals
- **Texas Department of State Health Services**
 - Reduction in healthcare costs
 - Facilitates the establishment of regionalized perinatal care to improve outcomes

TeleNICU – The Statistics



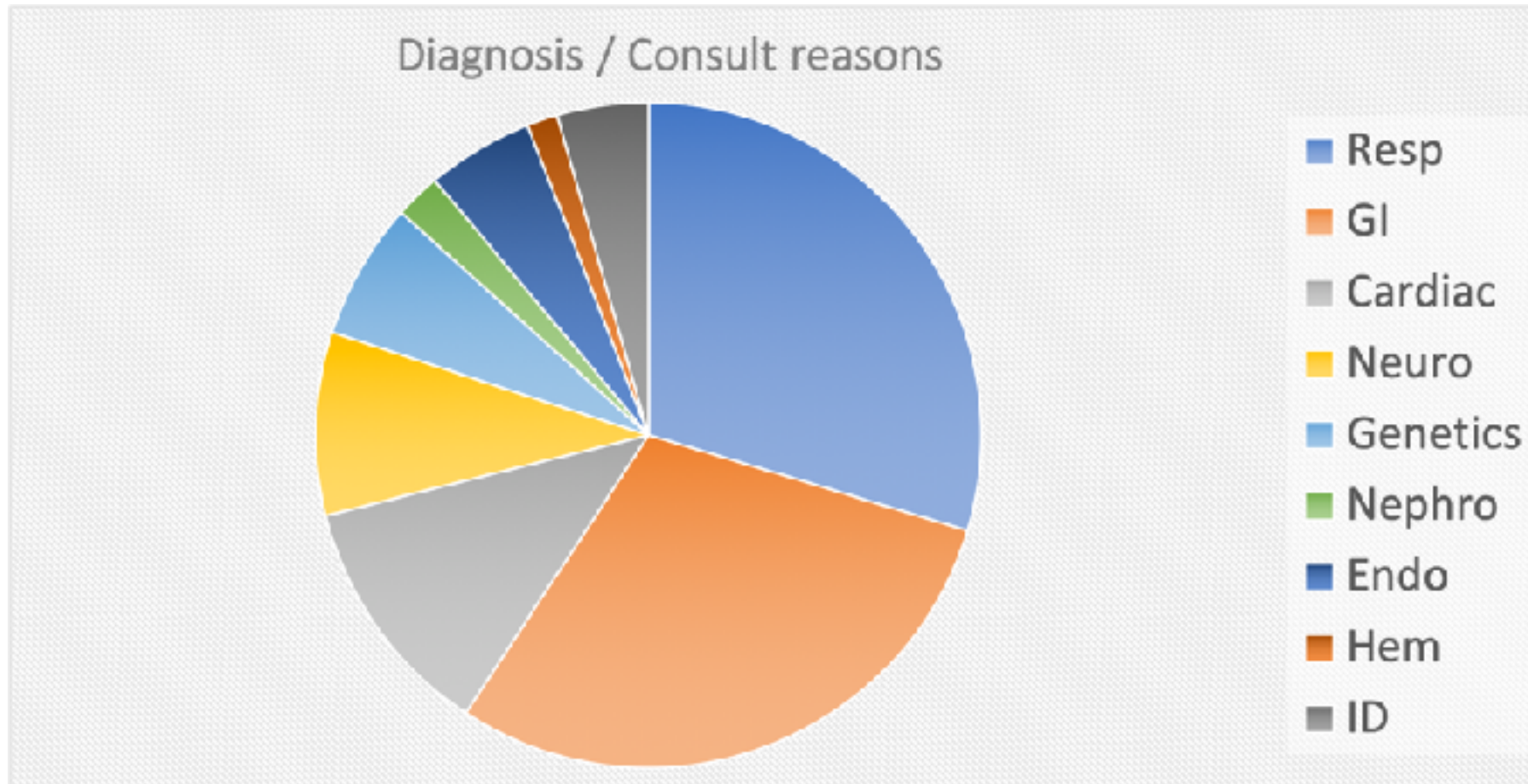
- Childress Regional Medical Center – Childress ,TX
- CHRISTUS Good Shepherd Medical – Longview, TX
- CHRISTUS Trinity Mother Frances – Tyler, TX
- Cogdell Memorial Hospital – Synder, TX
- Coon Memorial – Dalhart, TX
- Faith Community Hospital – Jacksboro, TX
- Navarro Regional Hospital – Corsicana, TX
- Odessa Regional Medical Center – Odessa, TX
- Wise Regional - Decatur, TX

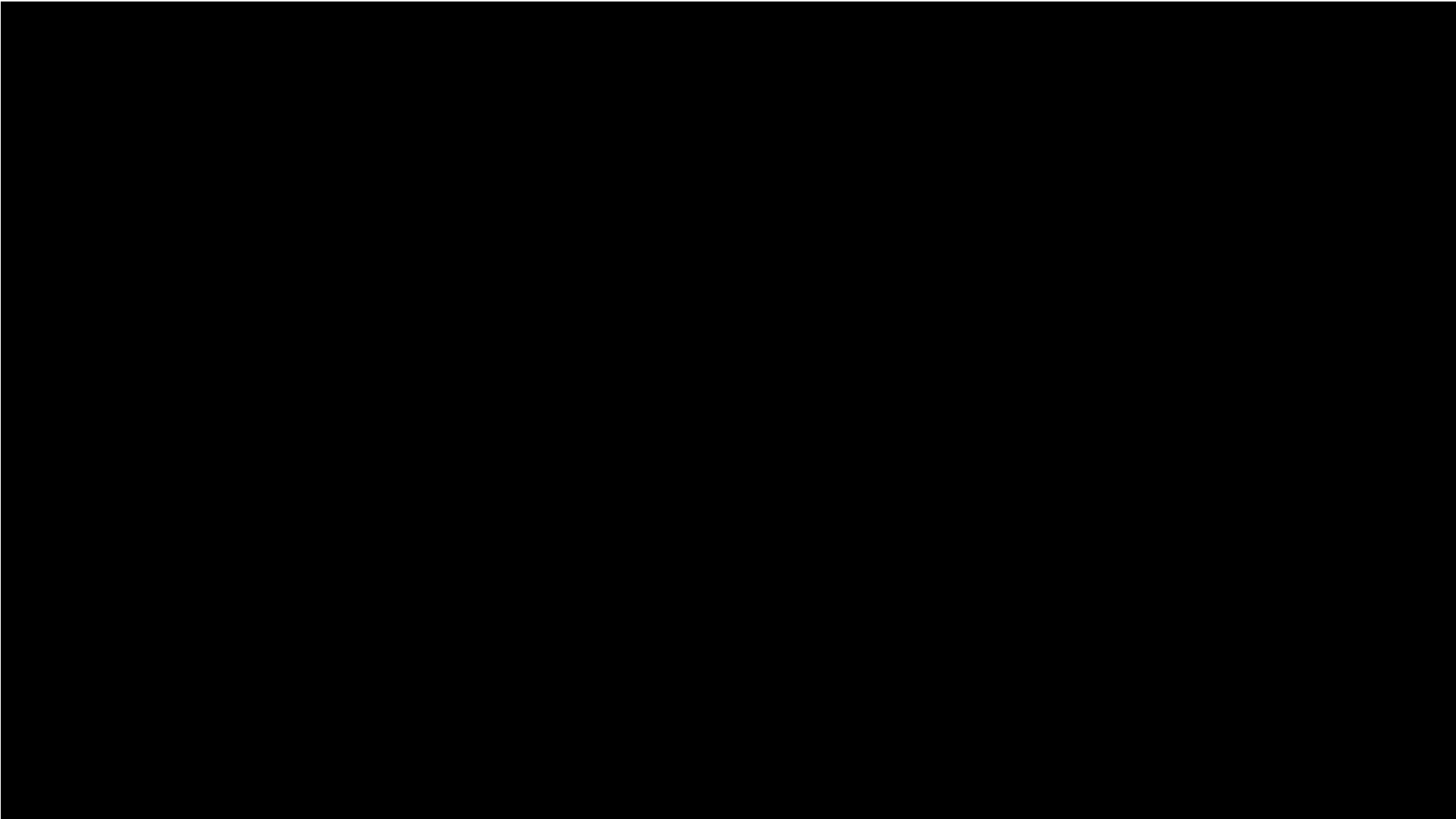
Demographics & Outcomes 2013 - 2018

GA (wks) (Mean ± SD)	32.7 ± 5.8
BW (g) (Mean ± SD)	2246 ± 1192
Gender	
Male (%)	72 (62)
Female (%)	45 (38)
Race	
White (%)	70 (53)
Black (%)	8 (6)
Others/Unknown (%)	54 (41)
Ethnicity	
Hispanic (%)	22 (16)
Non-Hispanic (%)	63 (47)
Unknown (%)	47 (37)

	Transferred (n=61)	Retained (n=71)	P Value *
GA (wks)	33.7 ± 5.7	32.7 ± 5.7	NS
BW (grams)	2285 ± 1158	2128 ± 1229	NS
Male (%)	31 (51)	41 (58)	NS
Female	30 (49)	30 (42)	NS
Diagnoses			
Medical (%)	30 (49)	63 (89)	*p<0.01
Surgical (%)	25 (41)	8 (11)	*p<0.01
Medical & Surgical (%)	6 (10)	0 (0)	*p<0.01

Reasons for Consults





Panel Discussion

Thank you!