

# Tele-ICU MDs and Traditional Care Show Similar Outcomes in ICU Length of Stay

*Tele-ICU rounds by intensivists did not reduce ICU length of stay or improve patient outcomes, stressing the importance of direct bedside care for ill patients*

SANTA BARBARA , CA, UNITED STATES, January 3, 2025 /EINPresswire.com/ -- “Daily

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*Greg Vigna, MD, JD*

multidisciplinary rounds conducted by a board-certified intensivist through telemedicine did not reduce ICU LOS in critically ill adult patients,” states Adriano J. Pereira, MD, PhD, Brazilian Research in Intensive Care Network, San Paulo, Brazil.

[Greg Vigna, MD, JD](#), national malpractice attorney, states, “There are various points of care critical to rendering safe and effective care in the hospital setting. Clearly, bedside care in the intensive care unit (ICU) is paramount to providing a safe place for the patient. A board-certified remote intensivist (tele-ICU) has no impact on the length of

stay when leading multidisciplinary rounds and monthly audit and feedback meetings”.

What did Dr. Pereira report in “Effect of Tele-ICU on Clinical Outcomes of Critically Ill Patients The TELESCOPE Randomized Clinical Trial” published in JAMA. 2024; 332(21): 1798-1807?:

“The primary outcome was ICU LOS (length of stay) at the patient level. Secondary outcomes included ICU efficiency, in-hospital mortality, incidence of central line-associated bloodstream infections, ventilator-associated events, catheter-associated urinary tract infections, ventilator-free days at 28 days, patient-days receiving oral or enteral feeding, patient-days under light sedation, and rate of patients with oxygen saturation values under that of normoxia (normal oxygen level).

Mean ICU LOS, adjusted for baseline assessment, did not differ significantly between the tele-critical care and usual care groups days... Results were similar in sensitivity analyses and pre-specified subgroups. There were no statistically significant differences in other secondary or exploratory outcomes.”

Read Dr. Pereira's article:

<https://jamanetwork.com/journals/jama/article-abstract/2824927>

Dr. Vigna adds, "Experience matters, and hands-on bedside care by a physician matters. Physicians who practice in ICUs have a significant stake in the care when they practice in an ICU setting and physically see and examine the patient, and are available for head-to-toe physical examinations to ensure the bedside care is safe for patients."

Dr. Vigna concludes, "Tele-ICU efforts are a guise for hospitals to cut costs and have nurse practitioners (NPs) provide the primary care responsibilities of an ICU, which is not appropriate or safe. The American Medical Association has published a comparison of experience and training for an NP vs. Physician:

- 1) Physicians complete between 12,000 and 16,000 hours of total patient care hours. NPs provided 500-750 hours.
- 2) Years of Residency/Fellowship training: Physicians: 3-7 years, NPs are not required."

Read "What's the difference between physicians and nurse practitioners" published by AMA: <https://www.ama-assn.org/practice-management/scope-practice/whats-difference-between-physicians-and-nurse-practitioners>

Dr. Vigna explains, "Physicians are required at bedside daily for hospitalized patients to ensure that the patient is safe. They need to examine their patients. Nurse Practitioners who are flooding the workforce with the lack of real-life patient care are dangerous. Stage III and Stage IV decubitus ulcers are 'Never Events' and are caused by a breakdown in care at the bedside. If bedside care is broken, everything else is likely broken too."

Greg Vigna, MD, JD, is a national malpractice attorney and expert in wound care, sepsis, and neurological injury. Dr. Vigna is available for legal consultation for families and patients who have suffered severe injuries due to hospital-related negligence. The Vigna Law Group, along with Ben C. Martin, Esq., of the [Ben Martin Law Group](#), a Dallas, Texas national pharmaceutical injury law firm, jointly prosecute hospital malpractice and nursing home neglect cases nationwide.

To learn more, visit the [Decubitus Ulcer Help Desk](#).



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