

Telemedicine tied to faster ER care in rural areas

19 January 2018



for all telemedicine patients. However, emergency department length of stay was 22.1 minutes shorter among patients transferred to other hospitals.

"Future work will focus on the clinical impact of more timely rural emergency department care," write the authors.

Three study authors are employed by the Avera eCARE, which provides [emergency](#) department-based telemedicine services.

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

Copyright © 2018 [HealthDay](#). All rights reserved.

(HealthDay)—Telemedicine cuts emergency department door-to-provider time in rural hospitals, according to a study published online Jan. 2 in *Telemedicine and e-Health*.

Nicholas M. Mohr, M.D., from the University of Iowa in Iowa City, and colleagues measured the impact of emergency department-based [telemedicine](#) on the timeliness of care in [rural hospitals](#), as measured by door-to-provider time. They performed a [cohort study](#) involving 2,857 emergency department patients who consulted telemedicine and were matched (2:1) to non-telemedicine controls based on age, diagnosis, and hospital.

The researchers found that door-to-provider time was six minutes shorter in telemedicine patients. In 41.7 percent of the encounters, a telemedicine provider was the first to see the patient. In these cases, telemedicine occurred 14.7 minutes earlier than care by local providers. Overall, emergency department length of stay was 40.2 minutes longer

APA citation: Telemedicine tied to faster ER care in rural areas (2018, January 19) retrieved 1 May 2021 from <https://medicalxpress.com/news/2018-01-telemedicine-tied-faster-er-rural.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.