

Remote Presence rounds prove safe and provide higher patient satisfaction

Three prominent medical centers, Johns Hopkins Hospital, UC Davis Medical Center and Eastern Virginia University, conducted a trial comparing safety and patient satisfaction with robotic-assisted telerounds versus standard inpatient rounds during the immediate post-operative period of hospitalization.

270 patients scheduled for urologic surgery were prospectively randomized to receive either traditional attending rounds or robotic-assisted telerounds. A questionnaire was provided at the time of discharge. Data was evaluated for overall patient satisfaction, as well as any morbidity and mortality events.



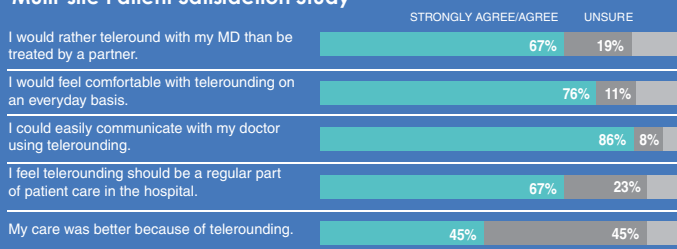
BENEFITS OF REMOTE PRESENCE

- Robotic telerounds are a safe and feasible adjunct to traditional attending rounds.
- Patients preferred to see their attending physician via robotic telerounds rather than be visited in person by another physician.
- There was no statistically significant difference in the way either group rated their physician's concern and care, skill, communication, awareness, personal attention, and availability.
- 45% either strongly agreed or agreed that their care was better because of telerounds. 67% of patients felt that telerounding should become a regular part of patient care.
- No morbidity events were related to the type of rounding and no mortality events were experienced.
- Satisfaction, morbidity and mortality events were equivalent between those patients who received traditional attending rounds and those who received robotic telerounds.

JOHNS HOPKINS
MEDICINE

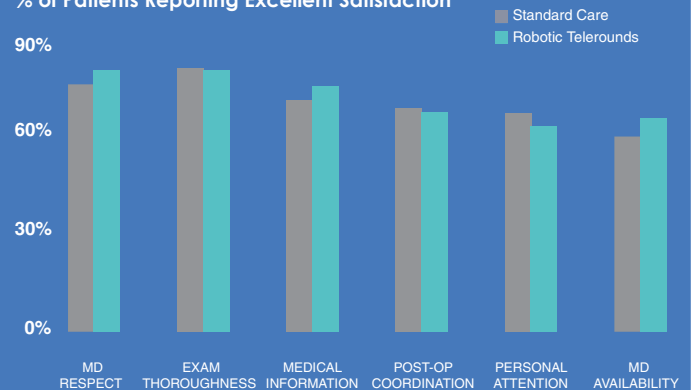
BENEFITS OF REMOTE PRESENCE

Multi-site Patient Satisfaction Study



	Telerounds	Standard Rounds	P value
Overall Morbidity (%)	16.7	15.9	0.88
Major	2.1	4.3	0.82
Minor	13.5	14.6	0.39
Mortality (%)	0	0	—

% of Patients Reporting Excellent Satisfaction



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