

Managing Cardiac Arrest

Clinical excellence through telemedicine. On-call service for more than 1 million patients.

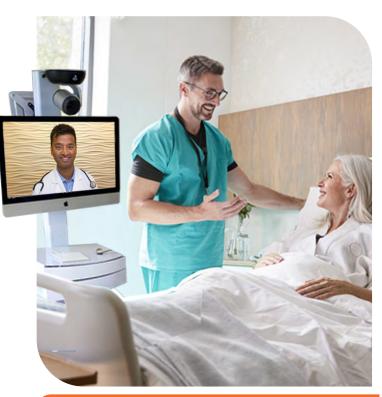
Access TeleCare pioneered the development and use of Code Blue telemedicine programs for patients experiencing cardiac arrest in 2015.

These programs have reduced relative mortality rates by 17 percent and absolute mortality rates by 1.8 percent. Since the inception of the Code Blue programs, Access TeleCare has provided on-call cardiac arrest management for more than 1 million patients.

A Higher Standard Of Care. Better Outcomes.

Deployed in hospitals across the nation, these cutting-edge programs:

- Reduce time to effective resuscitation and mortality.
- Align care delivery with clinical guidelines.
- Elevate the standard of care for nurses, respiratory therapists and other healthcare professionals



The Access TeleCare Results

- Time to effective resuscitation is reduced from 7-10 minutes to 90 seconds.
- Relative mortality rates are reduced by 17 percent and absolute mortality rates by 1.8 percent.

Clinical guidelines from the American Heart Association for cardiac arrest stipulate that the physician in charge of managing the event should not also perform the associated procedures, i.e. airway device placement or defibrillation. However, in traditional Code Blue programs, that person is one and the same, meaning critical time is lost as each procedure must be done in a series rather than parallel.

About Access TeleCare

Access TeleCare is the nation's leading acute, multispecialty telemedicine group that combines clinical workflows, peer-referenced specialists, and a world-class telemedicine experience supported with a clinical sense of urgency. Access TeleCare builds and sustains custom telemedicine programs that work for hospitals, patients, physicians, and nurses. Our core service lines are: hospitalist, psychiatry, cardiology, cardiac arrest management, general neurology and acute stroke, pulmonary and critical care, infectious disease, and maternal-fetal medicine.



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