HARRISONMILLER
INNOVATIONS

EMERGENCY & CRITICAL CARE SERVICE

A PRACTICAL, SCALABLE GROWTH STRATEGY FOR PROGRESSIVE HOSPITALS

Emergency, Critical Care & Acute Care Management

Building
safer hospitals.

Supporting
better decisions.

Saving
critical time.

Harrison Miller Innovations

Two areas quietly define hospital strength

Why ? Emergency & Critical Care Matter

In every hospital, two areas quietly define its true strength, the Emergency Department (ED) and the Critical Care Unit (ICU).

The emergency room is the first point of trust for patients and families during the most anxious moments of their lives. Speed of response, clinical decisions, and communication here create a lasting impression.

The ICU reflects a hospital's real clinical capability, its readiness to manage life-threatening situations with confidence.

Together, these two departments shape hospital reputation, patient confidence, footfall, and long-term sustainability, far beyond marketing or infrastructure alone.

The Ground Reality

Most peripheral and mid-sized hospitals face similar challenges:

- Limited availability of full-time Emergency Physicians and Intensivists
- Dependence on junior or casualty doctors during high-risk situations
- Early referrals or incomplete stabilisation of critical patients
- Loss of public confidence over time

This is rarely due to lack of intent. It is a combination of manpower constraints, system gaps, coordination challenges, and financial feasibility.

The result is avoidable referrals, under-utilised ICUs, revenue leakage, and a perception that serious cases cannot be handled locally.

Critical Care Is More Than an ICU

Critical care does not stop at the ICU door.

Post-operative complications, post-delivery emergencies, and sudden ward deteriorations are inevitable in any hospital. When structured critical care support is available, these situations are identified early and managed effectively.

This strengthens every department, improves patient safety, reduces avoidable referrals, and builds confidence amongst surgeons, physicians, and obstetricians.

Critical care is not just a service.
It is a foundation for hospital growth.

harrisonmiller.co.in

Who We Are ?

Harrison Miller Innovations

Harrison Miller Innovations Private Limited is a clinician-led organisation with over a decade of hands-on experience in Emergency Medicine and Critical Care

We specialise in building integrated acute care systems, where Emergency and ICU services function as one coordinated unit. Rather than copying large tertiary-care models,

we design solutions that are:

- **Practical**
- **Scalable**
- **Financially viable**

Our focus is on patient safety, clinical outcomes, and sustainable hospital growth.

Our Core Services

Hospitals can choose one service, combine multiple services, or adopt a phased approach.

On-Site Clinical Services

- ICU management with intensivist-led care
- Emergency department staffing and restructuring
- Integrated ICU–ED acute care models
- Anaesthesia and OT support services
- Clinical governance, SOPs, audits, and training

Remote & Hybrid Care Services

- HM Tele-Emergency (Tele-ED)
- HM Tele-ICU
- Combined Tele-ED + Tele-ICU models

HM Tele-Emergency (Tele-ED)

HM Tele-Emergency ensures expert decision-making is available round the clock, without the cost of full-time on-site specialists.

What We Provide

- 24×7 access to experienced Emergency Physicians
- Live audio-video connection with the ED
- Rapid triage and stabilisation guidance
- Golden-hour decision support
- Investigation and treatment planning
- Disposition guidance, discharge, admission, or referral
- Structured emergency documentation

Benefits

- Improves patient safety
- Supports casualty doctors and nurses
- Reduces unnecessary referrals
- Enhances ED credibility and confidence

Harrison Miller Innovations

HM Tele-ICU

ICU patients can deteriorate at any time. HM Tele-ICU provides continuous specialist oversight, supporting bedside teams remotely.

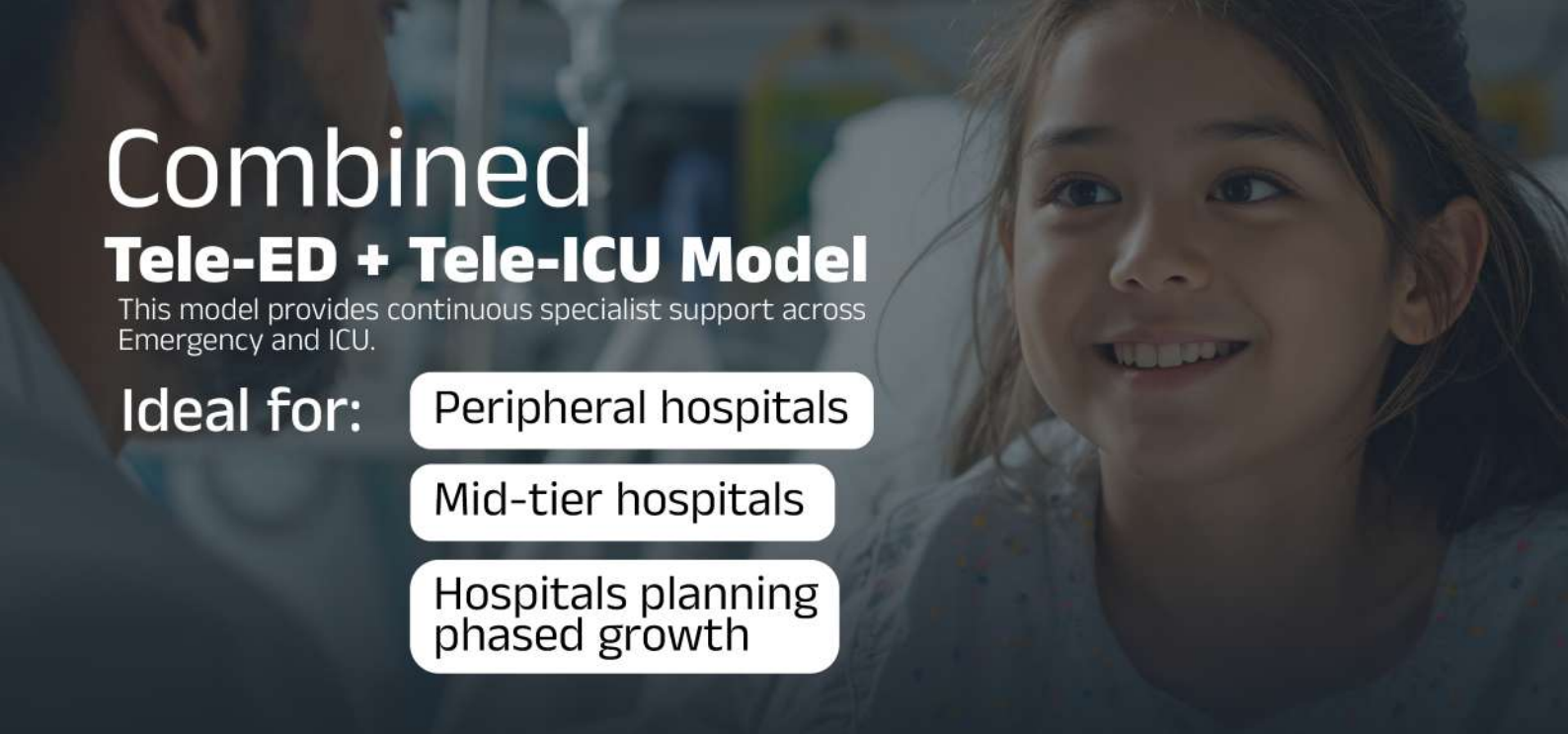
What We Provide

- 24×7 remote intensivist support
- Real-time monitoring of vitals, labs, and imaging
- Structured ICU admission assessment
- Daily remote ICU rounds
- Emergency deterioration support
- Step-down, transfer, and handover guidance

Benefits

- Enhances patient safety
- Supports junior doctors and ICU nurses
- Reduces avoidable transfers
- Cost-effective alternative to full-time intensivists

Tele-ICU can be implemented independently or integrated with on-site ICU services.



Combined

Tele-ED + Tele-ICU Model

This model provides continuous specialist support across Emergency and ICU.

Ideal for:

- Peripheral hospitals
- Mid-tier hospitals
- Hospitals planning phased growth

Choose What Fits Your Hospital

Service Model	On-Site Specialists	Remote Specialist Support	Cost Level	Best Suited For
Full On-Site ED + ICU	Yes	No	High	Large, high-volume hospitals
Integrated ICU-ED Model	Yes	Optional	Moderate	Mid-sized hospitals
On-Site ED Only	Yes	No	Moderate	Hospitals with low ICU load
HM Tele-Emergency (Tele-ED)	No	Yes (24x7)	Low	Small to mid-sized hospitals
HM Tele-ICU	No	Yes (24x7)	Low	ICUs with limited manpower
Tele-ED + Tele-ICU	No	Yes (24×7 both)	Low-Moderate	Peripheral & growing hospital
Hybrid (On-site + Tele)	Partial	Yes	Flexible	Phased growth models

Hospitals can start with tele-services and scale to on-site services as volume and revenue increase.

Leadership Team
Clinician-Led. Outcome-Focused.

Dr. Rafeeque P.A
Consultant Critical Care Medicine

Dr. Azhar Mubarak
Consultant Critical Care Medicine

Dr. Jeslin James
Consultant Critical Care Medicine

Dr. Shahana M.P
Consultant Critical Care Medicine

The Way Forward

Every hospital should ideally manage serious and time-sensitive conditions locally.

Our role is to help you:

01 Assess your current setup

02 Choose the right service model

03 Implement it without financial strain

04 Scale safely as your hospital grows

+91 9539 77 2252

harrisonmiller.co.in