

A large, multi-story, light-colored stone building with many windows and a central arched entrance. The words "EMORY UNIVERSITY HOSPITAL" are visible on the upper part of the facade. In the foreground, there is a black wrought-iron lamp post and a set of stairs leading up to the entrance.

PHILIPS

Customer
partnership

Emory Healthcare
achieves:

\$1,486
reduction in
average Medicare
spending per
patient

\$ \$ \$ \$ \$ \$

Savings of an
estimated

\$4.6
million
over 15 months

Who/where

Emory Healthcare, Georgia, USA

Challenge

- Aging population of patients
- Prevalence of chronic diseases
- Need for high-quality, timely critical care
- Shortage of skilled ICU professionals

Solution

Emory and Philips together implemented an eICU program that allowed for better clinical and financial outcomes

Results

- Saved an estimated \$4.6M over 15 months
- 4.9% increase in discharges to home healthcare
- 6.9% decline in discharges to long-term care hospitals
- 2.1% decrease in 60-day inpatient readmission

Expanding access to critical care services

Across the U.S., the need for high-quality, timely critical care is greater than ever before. However, managing the growing number of ICU patients is increasingly challenging due to a nationwide shortage of highly skilled critical care nurses and intensivists.¹

Confronted by similar challenges, Emory Healthcare turned to Philips to expand access to critical care services. By providing remote monitoring of ICU patients on a continuous basis, Emory's eICU program helps care teams quickly recognize and respond to changes in patients' vital signs, labs or other physiologic factors and allows critical care to be provided where and when it is needed most.



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These independent findings verify that our innovative approach to addressing a highly variable, complex patient population – those in the critical care unit – improves patient outcomes.

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**Dr. Timothy Buchman –
Director Critical Care Center,
Emory Healthcare**

Results of an independent audit conducted by Abt Associates highlight Emory’s success. The three-year audit analyzed financial and clinical outcomes for Emory’s eICU monitored patients and nine comparable healthcare institutions in the region that did not have eICU monitoring services.

Due to the level of high-quality and consistent care at Emory, patients felt healthier when they were discharged and had fewer readmissions for 60 days following their inpatient stay. Emory discharged more patients to home settings than long-term care or skilled nursing facilities, and patient satisfaction for those patients who received care at Emory was more favorable than the comparison hospitals.

Emory Healthcare, with more than 16,000 employees, is a comprehensive, academic health system in Georgia. Emory Healthcare has \$3 billion in annual net revenue and provides \$72.3 million in charity care. System-wide, it has 1,976 licensed patient beds.

The solution

Delivering more timely critical care for better outcomes

Emory embarked on an effort to optimize operational resources and ensure the timely delivery of appropriate treatment in the ICU. They used a \$10.7 million grant from CMS to launch the Philips eICU program to monitor critical care patients 24/7 and provide intensivist physician oversight and support on the night and weekend shifts. Their goal was to improve quality of care, shorten ICU lengths of stay, and discharge patients in a better state of recovery, potentially reducing Medicare spending.

A cost-effective productivity improvement

The findings at Emory confirm direct and favorable effects on patient outcomes and costs of care. This has special significance for accountable care organizations that are taking on more financial risk and must pay for similarly high-cost patients while adhering to high-quality standards.

Emory’s remote monitoring team, through the use of Philips technology, was credited with providing more timely interventions to bedside caregivers and ensuring patients received care for issues that may have otherwise gone undetected. The result was that patients received more consistent care in the hospital, allowing them to recover in the home setting more often.

Results at a glance

Emory achieved the following results across its 136 beds at five hospital sites:

- Discharged more patients to home healthcare (+4.9%) rather than nursing homes or long-term care hospitals (-6.9%)
- Improved continuity of care and increased adherence to quality guidelines

Saved an estimated **\$4.6M** over 15 months (a \$1,486 reduction in average Medicare spending per patient)



Decreased **60-day inpatient** readmission (-2.1%)



Looking forward

Emory continues to address the challenge of providing comprehensive critical care to a growing number of critically ill patients. They piloted a new program, referred to as “Turning Night into Day.” This unique program aimed to improve clinician quality of life and work efficiency by relocating those care providers to an offsite center at Macquarie University’s MQ Health in Sydney Australia. This allowed the clinicians to deliver night time care to their patients in the Emory eICU program during day light hours while they were in Sydney. This program operated simultaneously with the onsite staff in Atlanta ensuring 24/7 coverage with staff on both sides of the world.

