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.
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.

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.

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%)