



Tampa General Hospital improves intensive care unit (ICU) operations using an intensivist-led model

Tampa General Hospital's (TGH) ICU provider coverage allowed for variations in patient safety, quality, and experience along with variations in throughput, critical care appropriateness, excess days, and ICU capacity management.

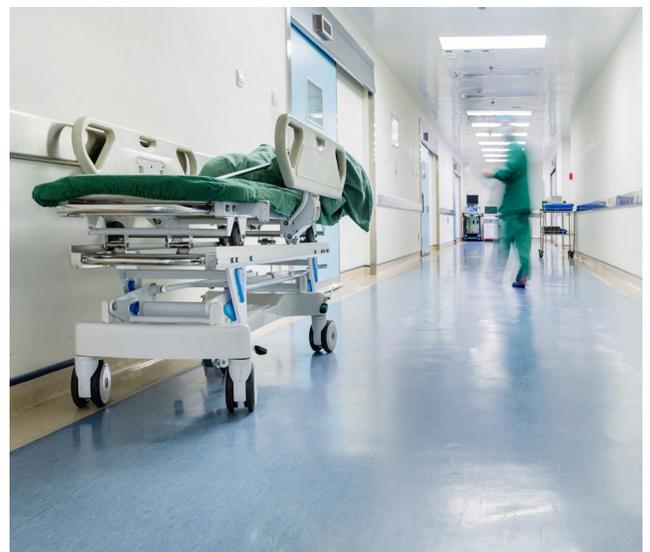
Through the implementation of a 24-hour, intensivist-led ICU model, daily safety huddles, a patient placement matrix, and a multidisciplinary progression of care rounds, TGH has seen a dramatic improvement in patient and provider experiences and throughput, seeing decreased ICU length of stay (LOS) and potential excess days.

Challenge: Addressing safety, intensivist optimization, and leadership consistency

To optimize the intensive care units, several challenges needed to be addressed, including the safety culture in the ICU, the undervaluing of intensivists, the lack of a consistent leadership structure, and inconsistent change management efforts.

In brief

- Huron worked with Tampa General Hospital's executive vice president (EVP), chief physician executive, and chief medical officer (CMO), in addition to physician and nursing leaders to optimize the ICUs.
- The team achieved a \$27M ROI by implementing an intensivist-led ICU model
- Tampa General reduced patient critical care days by 7.5% and inpatient days by 5.6%.



Approach: Fostering cross-collaboration to implement an intensivist-led model

Huron worked with TGH's executive vice president (EVP), chief physician executive, and chief medical officer (CMO), physician leaders, and nursing leaders to optimize the ICUs. These partnerships, plus the regular coordination with GE, Palantir, and TGH IT, laid the foundation for implementing an intensivist-led model. These collaborations were key to TGH's success, including the following components:

Provider operating model: The team developed the ICU operating model to support intensivist-led ICUs, including physician and advanced practice provider coverage requirements, provider schedules, and accountability structure. An ICU governance committee was also established to align all ICUs with shared performance improvement goals.

Patient placement: Evidence-based ICU admission criteria were established, followed by standardized criteria-based geographic placement of patients.

Multidisciplinary rounds: The team standardized daily, intensivist-led, multidisciplinary team discussions for patient progression. The focus being on each patient's goals for the day and stay, with proactive transition of care planning in the ICUs.

Quality and safety: High-reliability, start-of-shift safety huddles were implemented in the ICUs to support zero harm safety hospital-wide. ICU leadership was engaged in safety culture action planning to support a safety-grade improvement plan.

Change management: A change network of cross-functional leaders, clinicians, and staff representatives was established to help TGH ensure success. Huron also held a 3-part series on "Leading through Change," "Managing Resistance to Change," and "Fostering Psychological Safety" to equip ICU leaders and providers to successfully implement and sustain change.

Coordinated efforts: Huron partnered and worked collaboratively with GE and Palantir, which are partnering with TGH on various initiatives. These efforts helped create innovative solutions to support the ICU excellence work.

Results: Optimizing ICU operations yields significant ROI

More than 60 leaders from across the hospital attended three change management and leadership training courses. The actual benefit for length of stay and level of care during 2023 exceeded approximately \$16 million, with an annualized benefit of approximately \$27 million. Tampa General also reduced patient critical care days by 7.5% and inpatient days by 5.6%.

"This is the best project I've had in over 30+ years. I truly view [Huron] as partners and part of our organization...At times, working with the Huron team, it felt like autopilot. All these arduous, painful things to implement just happened seamlessly. [Huron] just worked directly with our teams and got it done!"

— Dr. Peggy Duggan
EVP, chief physician executive, CMO



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