INNOSIGHT
STRATEGY AND INNOVATION AT HURON

Tiger Teams: Driving Margin Growth by Eliminating Hospital Bottlenecks

By James Kehoe and KC Loder

Key Takeaways

- Margin pressure has become a constant, yet many health systems hesitate to pursue growth as a short-term solution.
- Tiger Teams show how hospitals can target operational efficiencies to generate near-term impact while limiting investment.
- This approach helps systems improve performance today while staying aligned with broader transformation goals.

Pressure on hospital margins is now a constant. This is the new reality. However, leaders rarely pursue growth initiatives as a short-term financial solution, believing they require multiple levels of approvals for new investments that take too long to deliver results. Instead, systems default to their cost containment plans, deferring capital projects, renegotiating vendor contracts, freezing hiring, and cutting staff and services.

Tiger teams prove that growth doesn't have to wait. These small, cross-functional groups target operational constraints to unlock near-term gains. By combining frontline insight with data-driven analysis and fast decision-making, they deliver quick wins in care delivery that generate returns on investment without new capital. This approach helps organizations better balance their cost and growth initiatives while advancing broader transformation goals and navigating disruption.

Precision Strikes for Rapid ROI

Huron and Innosight have adapted the tiger team model, originally developed in the aerospace industry, and shaped it to fit the needs of our

healthcare clients, focusing squarely on high-potential interventions that can drive impact within 90 days.

The Origin of Tiger Teams

NASA originated the model when it assembled a group of experts to save the Apollo 13 crew after an oxygen tank explosion. The team devised solutions such as a carbon dioxide scrubber using only materials on board. This showed how cross-functional teams can act quickly on critical problems. The model has been adopted in other high-stakes environments to break through organizational inertia and deliver results under pressure.

The process begins with an evaluation of the system's care services using metrics like market share and referral network efficiency. We work with system leaders to identify signs of unmet demand, like long waitlists, as well as operational barriers, like high patient cancellation rates. Typically, we will identify around 20 areas where performance could be improved and scaled quickly.

These opportunities often exist at the intersection of strategic growth areas and operational friction points. In many systems, services with strong market demand are held back by barriers that are easily overlooked. Tiger teams are especially effective in surfacing pockets of latent demand, where targeted interventions unlock capacity and margin. Their strength lies in rapidly diagnosing root causes and designing workarounds using existing resources.

The next step is to identify a small number of targeted, rapid ROI interventions, such as adjusting scheduling policies or improving referral handoffs, that address the root causes of the performance gap. Each lever is evaluated for how quickly a practical solution can be implemented and the potential impact on margins using available data and input from frontline staff.

After identifying three to five of the most promising opportunities, small, multidisciplinary teams are created and launched in quick succession to design and implement solutions. A group focused on OR access, for example, might include a nurse leader, a finance executive, an IT scheduling software expert, and a key physician. Because teams operate within the organization's existing reporting and resource structures, they can begin making changes within weeks, far faster than traditional efforts that require new approvals or structures.

Tiger teams complement broader transformation efforts by removing immediate execution barriers that prevent areas of service from reaching their full potential. In some cases, they may implement a temporary fix, then later replace it with a more permanent system-wide solution. The following three case studies show how these teams accomplish their goals.

Optimizing OR Access to Increase High-Demand Surgeries

A nonprofit health system's spine OR was at full capacity. Its only advanced suite, equipped with imaging and navigation technology, was used for all types of spine cases, including routine ones that didn't require specialized equipment. As a result, the system couldn't prioritize the most complex, high-value procedures.

A tiger team with leaders from surgery, perioperative operations, finance, and IT reviewed case volumes by surgeon and site to better

understand the bottlenecks. They examined how block time was allocated and how scheduling policies contributed to delays. They focused on identifying lower-complexity cases that could be handled at secondary sites and how to incentivize surgeons to shift cases.

OR operators worked with service leaders to revise schedules and connect hospital teams with ambulatory surgery centers. Medical group leadership and finance engaged surgeons to redesign incentives and support new case flows. Strategy and finance partnered to build the business case for shifting volume. The team also proposed adjusting a seven-day financial clearance rule that made it difficult to add cases after late cancellations.

In less than two months, the hospital restructured scheduling and began shifting routine cases to other sites. Expanded access led to more than $5 million in margin growth and reestablished the flagship as the site for high-acuity spine care. Based on that success, the system invested $100,000 to equip a second OR with the same advanced technology, allowing surgeons to alternate between two suites, doubling capacity.

Untangling Hidden Delays in Behavioral Health Care

A multi-hospital system in the Midwest faced growing strain in its behavioral health services, which was affecting system-wide capacity. Patients remained in beds for extended periods despite no longer needing hospital-level care, with much of that care not reimbursed. Others waiting for admission faced authorization delays. The estimated cost of these inefficiencies was more than $15 million a year.

A tiger team made up of clinical and administrative leaders analyzed discharges and found there was no consistent process to monitor long-stay patients or coordinate next steps needed to leave the hospital. They also found that intake authorizations

Tiger Teams in Action: A 90-Day Model for Rapid Impact

1. Spot the Opportunity

Use data and frontline input to identify around 20 areas with signs of unmet demand, inefficiency, or friction.

2. Prioritize and Launch

Select three to five high-potential targets. Form small, cross-functional teams with authority to act.

3. Diagnose Root Causes

Teams analyze workflows, surface operational bottlenecks, and define fast, practical interventions.

4. Test and Implement Fixes

Launch solutions using existing resources. Track progress weekly and adjust as needed.

5. Scale What Works

Report early results to system leaders. Embed wins into daily operations and expand proven fixes across the enterprise.

were handled by a team that lacked access to the electronic systems insurers use to process and confirm coverage, preventing staff from submitting documentation in real time or monitoring approval status.

To improve care management, the team began using electronic hospital records to flag when patients remained in beds beyond a defined threshold. They worked with clinical and administrative leaders to identify what was preventing transitions. When barriers involved legal or guardianship issues, they helped connect patients with appropriate outside contacts. When cases stalled, they escalated them to leadership.

In parallel, an analysis showed that more than a quarter of patient denials could be avoided by shifting authorizations from the existing intake team to a department with direct access to insurer systems and experience managing benefit approvals. Staff were added to support this transition.

By better utilizing inpatient capacity and reducing delays around intake and discharge, the tiger team delivered significant efficiency gains, estimated at around 10% margin improvement for the department. More crucially, it improved the level of patient care across the spectrum of services.

Fixing Scheduling Breakdowns to Reduce GI Backlog

A Northeastern regional healthcare organization was struggling to manage its endoscopy suite capacity, producing a backlog of more than 5,000 GI cases. Daily schedules were managed by multiple departments using separate dashboards and systems. There was no single point of accountability for how rooms were used or patients scheduled.

A tiger team with leaders from GI, scheduling, and operations was formed, supported by finance and strategy, while reporting to a steering group that included the COO, CFO, and senior physicians. It focused on the system's 10 endoscopy suites, where delays of 40 minutes or more were common, disrupting schedules and limiting volume. The main hospital was averaging 41% on-time starts. The industry average was 85%.

Lack of leadership visibility into the department's operations, such as on-time start data, was the first barrier addressed. The team consolidated scheduling data from three departments, creating dashboards and a systemwide picture of daily operations – when rooms were booked and where delays were happening.

To address the next bottleneck, the team replaced a monthly GI scheduling forum with a smaller weekly working group of functional leaders. Using new data insights, this group restructured how cases were assigned, coordinating directly with frontline

Tiger Team Imperatives for Delivering Results

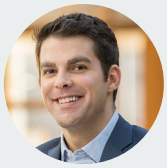
- **Target solvable problems.** Focus where fixes deliver progress fast, even if they aren't perfect or permanent.
- **Apply frontline insight to uncover root causes.** Use clinical experience and data to identify root causes and workarounds.
- **Build teams with authority to act.** Include decision-makers who can resolve issues in real time.
- **Work in short, structured cycles.** Move fast, but follow defined phases to avoid missing critical steps.

schedulers to align appointments with capacity and resolving staffing mismatches on a case-by-case basis.

Within weeks, the team was executing changes that improved daily performance and began chipping away at the thousands of backlogged cases. The approach also inspired other departments to look into resolving scheduling bottlenecks and improving coordination.

Tiger teams offer a significant new strategic approach for hospital systems. Instead of thinking of growth initiatives as a system-wide effort that takes substantial time to deliver results, leaders can apply this lens to tackle operational barriers and produce almost immediate return on investment. We adapted this concept in partnership with hospital systems as a response to the persistent operational challenges in healthcare delivery. For systems under pressure to rapidly improve performance with limited capital investment, Tiger Teams offer a practical way to begin optimizing healthcare operations while staying aligned with long-term goals.

ABOUT THE AUTHORS



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ABOUT INNOSIGHT

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