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bright spot

cost | payment/incentives | care across settings

Penn Medicine: Blueprint for Quality and Patient Safety

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About our organization

The University of Pennsylvania Health System (UPHS) includes a network of hospitals and associated care facilities that serve Pennsylvania's Philadelphia County and the surrounding area. The health system provides emergency, primary, and long-term care services, as well as specialties including oncology, neurology, and cardiology.

The problem we were trying to solve/the challenge(s) we faced

By July 1, 2014, Penn Medicine will eliminate preventable deaths and preventable 30-day readmissions.

Our bright spot – the successful program, result, or process we want to share

In the Blueprint for Quality and Patient Safety, Penn Medicine has set 5 imperatives for its health system: 1) Accountability for Perfect Care, 2) Patient and Family Centered Care, 3) Transitions in Care/Coordination of Care, 4) Reducing Unnecessary Variations in Care, 5) Provider Engagement, Leadership and Advocacy. This medicine is driven by Penn Medicine priorities, but align with "Health Reform" – driven initiatives as well.

To bring clinical strategy to the frontline, we established "local leadership" on each hospital unit. Through the work of 3 person teams including a physician leader, nurse leader and project manager for quality, we implemented an integrated transitions process for our health system. This process included 1) risk stratification up admission using a screening tool and daily review of a real-time readmissions report, 2) interdisciplinary rounds where a plan of care looked ahead to post-discharge and referral to post-acute care was done as early as feasible, 3) patient and family education for post-discharge care and



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medication focused on self-management, medication readmission on discharge, and 4) comprehensive discharge communication. After the new process was implemented, observed to expected mortality improved by 5%, after 40% reduction from 2007-2010. Hospital associated pressure ulcers decreased by 40%, and urinary tract infections decreased by 30%. Since FY09, UPHS has prevented 959 deaths based on a reduction of observed mortality to expected mortality.

The biggest hurdle

There remain segments of Penn Medicine not yet conversant in the Blueprint for Quality – we are continuing to advance its objectives through the unit-based clinical leadership structure. In addition, there is opportunity to set more audacious goals, including target dates for achievement of targets and “elimination” of harm, rather than “reduction.”

Aha moment or lesson learned

Build each element of an integrated transitions process into the process as far “upstream” as possible – prior to admission where that makes sense.

To share generously (or steal shamelessly), what advice do you offer?

We created a UPHS-wide health-care acquired infection award to recognize units that have gone a significant period (e.g. 1,000 days) of time without: Central Line Bloodstream Infection, Ventilator Associated Pneumonia, and Urinary Tract Infection. We have found increasing the visibility and providing recognition for accomplishments to be a worthwhile effort. Many units have received this award since we began the recognition program.