Penn Medicine

Improving Transitions: Leveraging Unit Based Clinical Leadership & Project BOOST

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Penn Medicine

Penn Medicine

University of Pennsylvania Health System

Hospital of the University of Pennsylvania
#8 US News & World Report/ Magnet

Pennsylvania Hospital

Penn Presbyterian Medical Center

Home Care & Hospice Services

Good Shepherd Penn Partners

University of Pennsylvania Medical School

#2 NIH ranking

Faculty — 1,347

Med students — 741

Grad students — 1,079

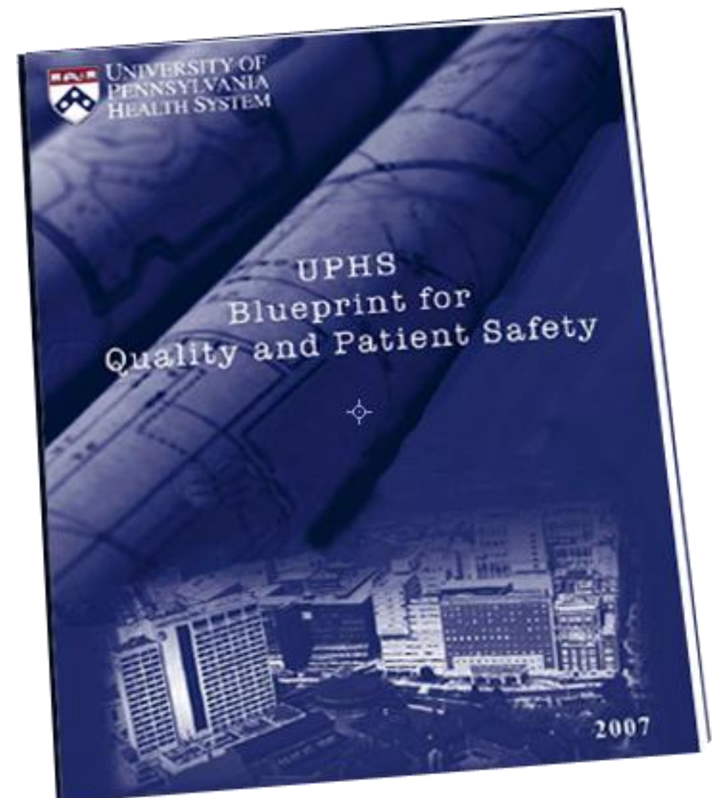
Residents/ Fellows — 978

Adult admissions — 77,500 Employees — 12,700

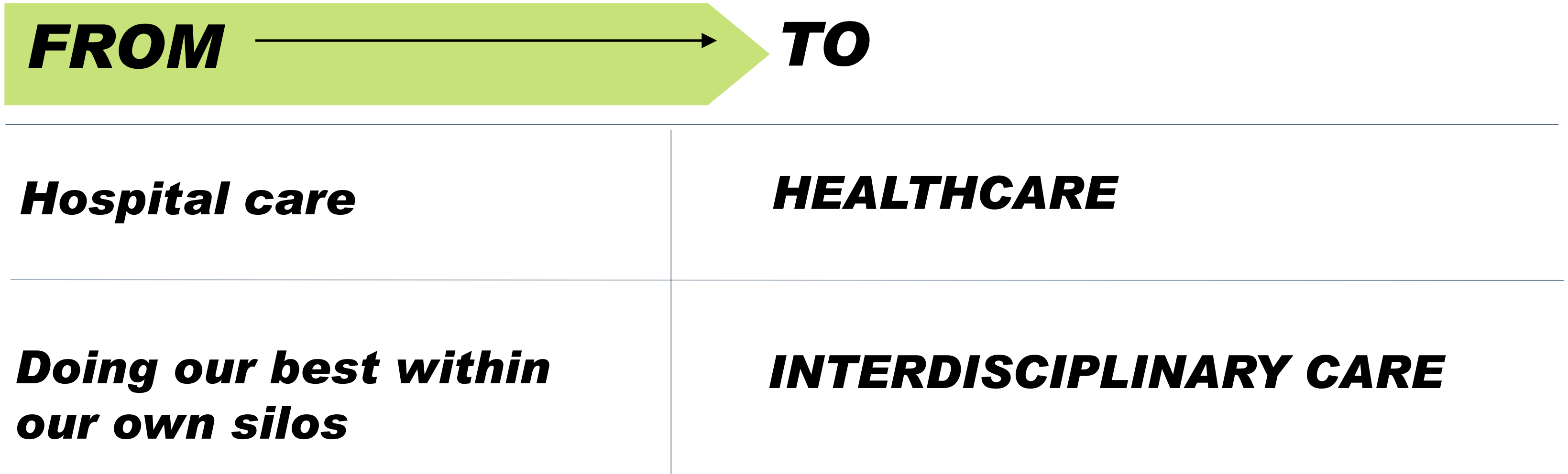
Transitions Is a Major Focus at Penn Medicine

Blueprint for Quality &Patient Safety - Framework for Clinical Strategy

UPHS Blueprint for Quality and Patient Safety	
UPHS' ***overarching quality goal*** is to prevent the preventable — ***reduce mortality*** and ***reduce 30-day re-admissions.***	
Four Imperatives	***Priority Actions***
1. Transitions in care	◆ ***Transition planning*** ◆ **Medication management**
2. Reduce variations in practice	◆ **Reduce hospital-acquired infections** ◆ **Reduce medication errors**
3. Coordination of care	◆ **Interdisciplinary rounding**
4. Accountability	◆ **Unit based clinical leadership**



Transitions in Care — Where are we headed?



Penn Medicine Clinical Strategy →

to the Bedside

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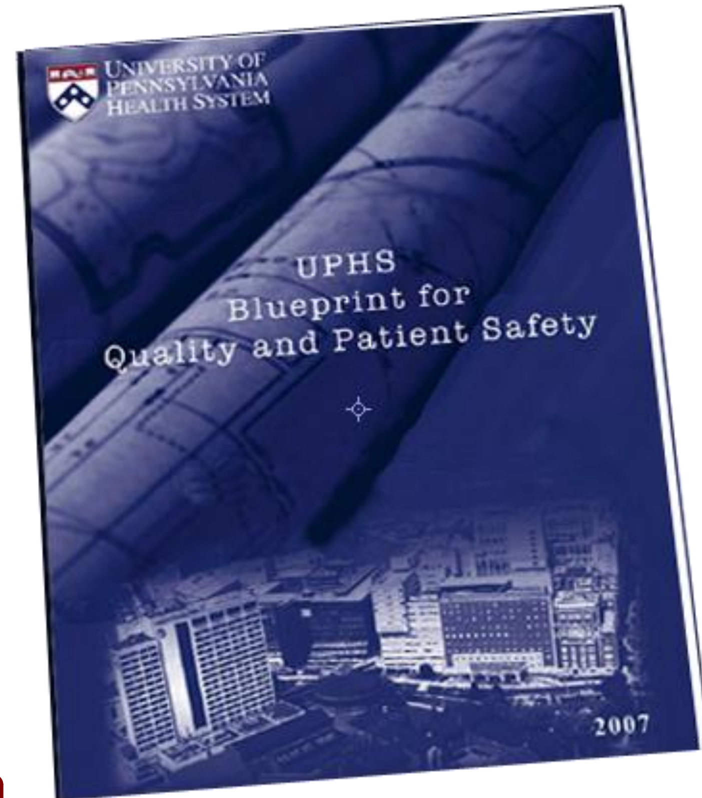
Reduce variations in practice	♦ **Reduce hospital-acquired infections** ♦ **Reduce medication errors**
Coordination of care	♦ **Interdisciplinary rounding**
Accountability	♦ ***Unit clinical leadership***



Unit Based Clinical Leadership [UBCL] Imperative

A new take on accountability

- Tapping into people's ***passions and interests***
- Developing the ***everyday work practices — large and small*** — that make it possible for people to take responsibility

A new take on innovation

- **Helping the organization *learn from itself* and look for places where pockets of innovation are *already beginning to emerge***
- **The leader's job is to develop the *strategic radar* to identify weak signals and amplify them**

UBCL →
A Versatile 'Tool'

Interdisciplinary Partnership
Manages Quality

Nurse, Quality
& Physician Leadership

- Clinician Leaders Are Paired at Unit Level
- Project Manager for Quality & Safety Provides Support by Clinical Cohorts

project BOOST

Better Outcomes for Older adults through Safe Transitions

Unit-Based Clinical Leadership [UBCL] in Action
Project BOOST – Improving the Discharge Process

Emmanuel King, MD, FHM

Director of Clinical Operations, Section of Hospital Medicine

Physician Leader – Silverstein 11

Hospital of the University of Pennsylvania

Hospital Discharge

“Random events connected to highly variable actions with only a remote possibility of meeting implied expectations.”

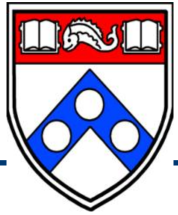
-Institute for Healthcare Improvement, 2006

Preparation for Discharge

"We foster complacency and dependency while the patient is in the hospital, and then sometime between 7 and 13 minutes before discharge, there is this *abrupt shift to everything being the patient's responsibility*."

-- Eric Coleman, M.D. (Geriatrician at University of Colorado, author of Care Transitions Intervention)

Baseline Concerns With Hospital Discharges at HUP



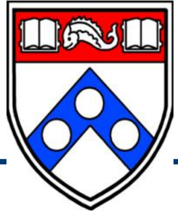
- Variable or no risk assessment
- No consistent point of contact for patients with questions post discharge
- Discharge Document (Pt Instruction Sheet) not very patient friendly or easy to read
- Not enough medication counseling (new meds, med rec, side effects)
- Discharge Summaries rarely reach PMDs prior to first post-hospital visit

Sound familiar??

Introducing Project BOOST

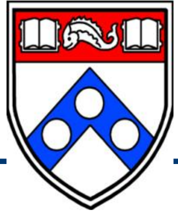
- “Better Outcomes for Older Adults through Safe Transitions”
- Funded by the John A Hartford Foundation
- Grant to the Society of Hospital Medicine
- Mentored implementation project
- BOOST rolled out at HUP Oct 2008
- Penn was 1 of 6 pilot sites, now 1 of 30

The setting…



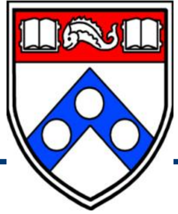
- **40 bed medical unit (Silverstein 11 at HUP)**
- **30+ beds reserved for geographic non-teaching hospitalist service**
  - Attending physicians provide frontline care
  - Nurse practitioner supported
  - No residents involved in care
- **Unit Based Clinical Leadership Model**
  - *Nurse & Physician Leaders - Unit Based*
  - *Quality Leader - Clinical Cohorts*

HUP's BOOST Team



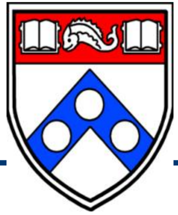
- 3 Physicians
- Nurse Practitioner
- Nurse Manager
- Clinical Nurse Specialist
- 2 RNs
- Clinical Pharmacist
- Quality Data Specialist
- Patient Service Representative
- 4 Unit Secretaries
- 2 Clinical Resource Coordinators
- 1 Social Worker
- *No new staff hired*

BOOST Rollout at Penn



- **Team priorities:**
  - Patient-centered tools/education
  - Risk assessment for re-hospitalization
  - Risk-specific discharge planning activities and interventions

Penn BOOST Flowchart



Risk Assessment Upon Admission with 7P/GAP Tools

Disease Education For Select Patients (RN)

Medication Counseling For Select Patients (PharmD)

Patient-Centered Discharge Document

Discharge Folder with Following Components

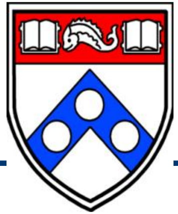
- Selected Hospital Test Results
- MedAction Plan

SCM generated DC Summary

Post-Discharge Phone Call

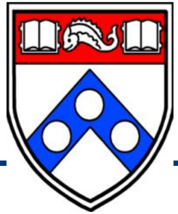
= All Patients (gray)

= Selected Patients based on Tool and MD/NP input (green)



- **As a Unit-Based Clinical Leadership team, an opportunity to:**
  - Reflect and take inventory re: Project BOOST within transitions of care efforts in UPHS
  - Revitalize the RN's role in the DC process on Silverstein 11

RN Role in DC



- **Patients with clinical education needs flagged on discharge planning rounds**
  - RNs deliver disease or medication specific education
  - Not always using standard method or materials
- **Desired Outcomes**
  - Silverstein 11's nursing staff will:
    - Be pioneers in defining the nursing role in the discharge process
    - Set a new standard for Penn's nurses to be the final safety net for patients as they transition to home or post-acute care.

Nursing Survey Results

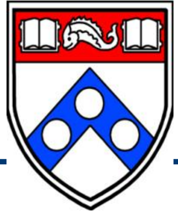
Only __40%__ Feel They Have A 'Good' Understanding of BOOST *after 2 years*

56% Feel that *Housestaff* Communicate the Discharge Plan *Poorly*

56% *Need* Assistance With Teaching Patients With Low *Health Literacy*

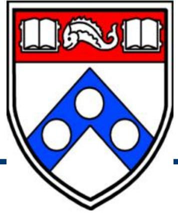
93% Felt they *Do NOT Need* Improvement With Patient Education

Game plan



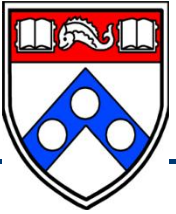
- **Teach the teacher**
  - Explore educational DVDs, web-based resources to instruct on “teachback”
  - Pilot of targeted education on high-risk medications (Lasix, Warfarin, Insulin) by RNs
  - Updates on BOOST/transitions of care pilots to nursing staff
- **Develop new housestaff orientation**
  - Emphasis on Interdisciplinary Communication

Keys to early traction



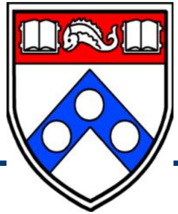
- **Engage key stakeholders early on**
- **Rely on feedback from frontline staff**
- **"Rapid-cycle PDSA"**
  - Small trials of various tools
  - Don't overextend!!
  - Don't be afraid to scrap trials that fizzle
  - Reassess with process and outcomes data

Challenges

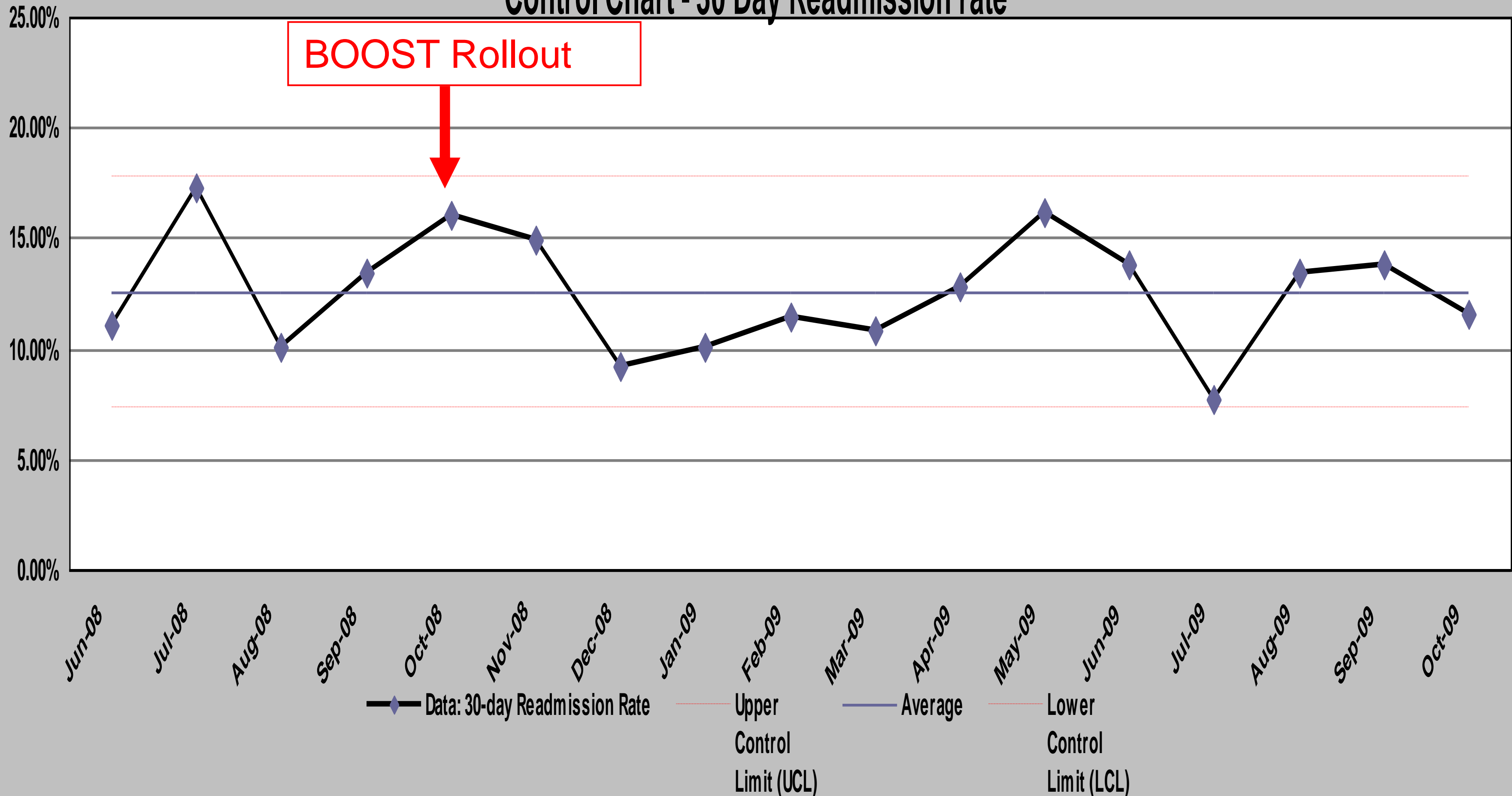


- **Maintaining momentum**
- **Accountability**
  - *Goals to Expand Frontline Participation*
- **Traction with groups that don't have a set role in original BOOST toolkit**
  - RNs
- **Resource allocation**
  - Pharmacists

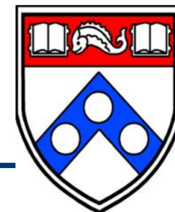
Keys to maintenance



- **Core workgroups meets frequently for “nuts and bolts” brainstorming sessions**
  - Twice a month, 30 minutes
  - UBCL team
  - S11 nursing reps
  - Rotating guests (PharmDs, CRCs…)


Hospital of the University of Pennylvania
Silverstein 11 BOOST Unit
Control Chart - 30 Day Readmission rate
BOOST Rollout
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Jun-08
Jul-08
Aug-08
Sep-08
Oct-08
Nov-08
Dec-08
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Data: 30-day Readmission Rate
Upper Control Limit (UCL)
Average
Lower Control Limit (LCL)

Summary



- Transitions in care are a critical time for our patients
- Improving this process is a team effort
- *Unit-Based Clinical Leadership* models play a key role in the success of all our initiatives - regardless of scope or focus

Action Learning in PMLF

The purpose of PMLF is to develop leadership skills …

… and apply them to a strategic UPHS effort — Transitions in Care

- *Innovation*
- *Strategic orientation*
- *Execution*
- *Relationship management*

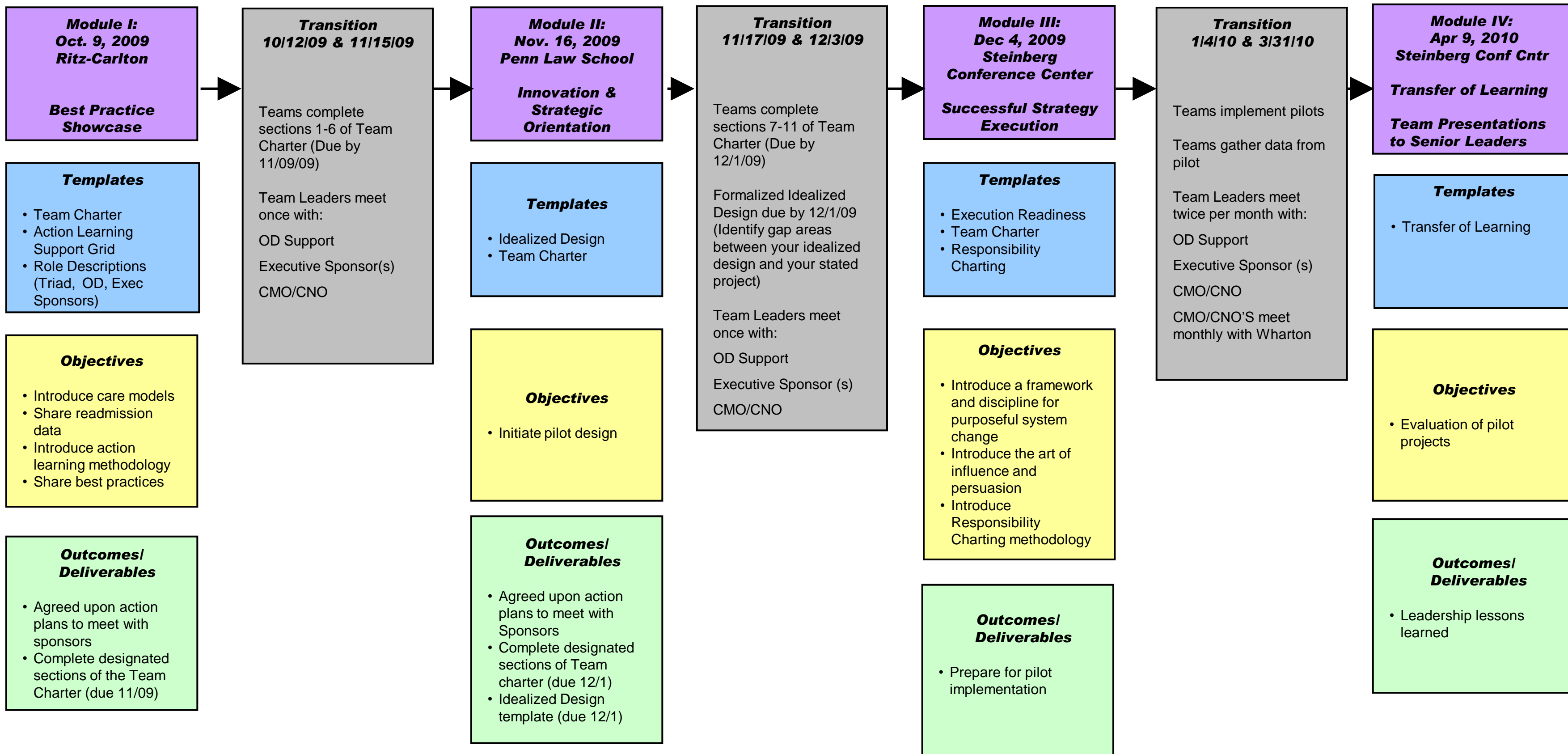
Guidelines for the Transitions projects

UPHS Transitions Model — Seven "Levers"

Triage — identify patients at greatest risk	Real-time readmissions feedback to actively manage patients	Interdisciplinary care planning — with clear accountabilities	Links to homecare, rehab and other post-acute follow-up services	Primary care follow up	Medication mgmt across the continuum	Education & red flag mgmt

- ***Focus on the four priorities circled above*** — The first four "levers" are UPHS' priorities for this year.
- ***Workable pilot*** — Tackle a small "bite" of the model, don't take on the entire framework.
- ***Interdisciplinary*** — Take an interdisciplinary approach to your project, including discharge planners, post-acute care providers, and others as it makes sense
- ***UBCLs and other PMLF participants work together*** — Organize the project around a particular UBCL, and draw on other PMLF participants.
- ***No additional staffing*** — Find creative ways to use the resources you have.
- ***Integrate what you're already doing*** — If your UBCL is already doing a Transitions project, you might focus on that one, Don't overload the unit with projects.

Penn Medicine Leadership Forum



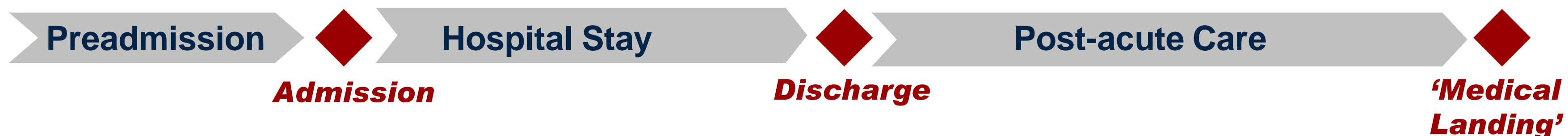
Transitions in Care — What UPHS is trying to do

The aim is to keep patients safe and stable and give them a safe 'medical landing'.

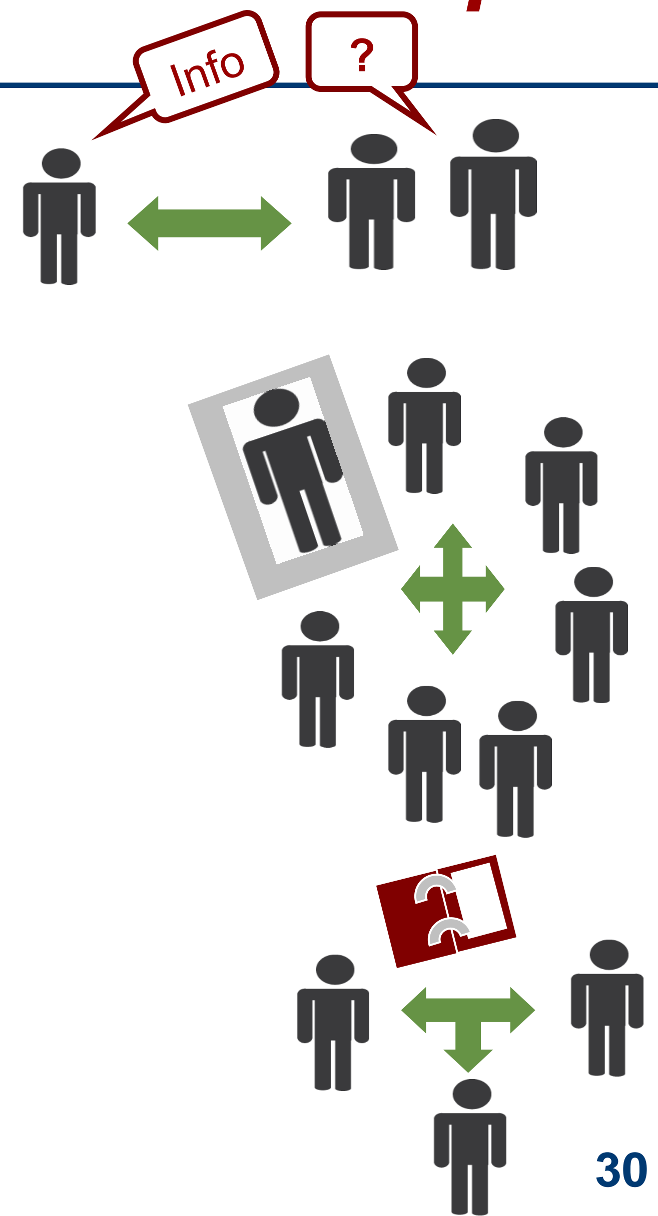
From the patient's perspective, this means:

- Staying out of the hospital or the ED
- Connecting to a primary care physician
- Having the right pharmaceuticals
- Knowing what to do after discharge

We're focused, for now, on the ***transitions in and out of the hospital.***



PMLF – Innovation & Enhanced Leadership



UBCL job is to lead change

“The primary role of leaders in health care is to ***influence their followers to develop behaviors, habits, processes, and technologies*** that result in dramatically improved performance.”

—Institute for Healthcare Improvement
Feb. 2008

Knitting With Hard Wire

Advancing the Strategies of the Blueprint for Quality

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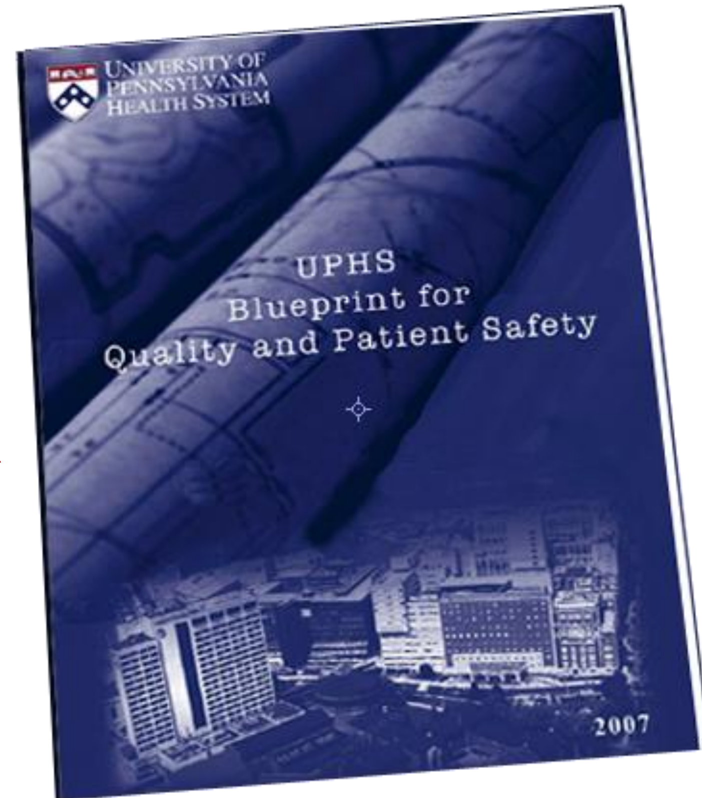
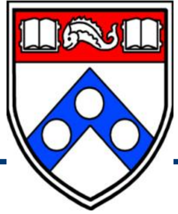


Resources



- **Society of Hospital Medicine/Project BOOST**
  - www.hospitalmedicine.org
  - → QI resource rooms, Project BOOST