

CASE STUDY

Aligning supply and demand: Hospital of the University of Pennsylvania redesigns its care model to meet community needs

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<https://www.chartis.com/client-results/aligning-supply-and-demand-hospital-university-pennsylvania-redesigns-its-care-model>

The vision

The Hospital of the University of Pennsylvania faced increasing inpatient demand and insufficient hospital medicine provider capacity. This resulted in excessive emergency department (ED) backlogs and daily challenges accommodating transfers, ICU downgrades, and observation upgrades. Leaders knew they needed more providers and new care team models to meet demand and provide a superior practice and learning environment.

Co-creating the solution

The health system partnered with Chartis to create a vision and roadmap for a patient-centric care model. The team created a data-driven demand model to support capacity planning, including variations in daily and seasonal demand. Leaders surveyed 10 peer institutions to learn how the organization of similar hospital medicine programs enabled them to balance clinical and academic missions while improving patient throughput and care team experience. The team designed, tested, and implemented changes—including an ED-based admitting team, innovative provider coverage models, and geo-cohorted teams. In-person multidisciplinary rounds also improved communication, collaboration, and satisfaction.

Believe in better

Hospital medicine and health system leaders are now aligned on a vision and implementation roadmap. Actionable strategies will expedite care progression for ED admits and enable flexing during peak census. Alignment across enterprise and physician leadership is enabling key decisions for coverage models and workforce deployment—supporting sustained transformation that effectively meets community needs.

Meaningful outcomes

As a result of its clinical care redesign, the Hospital of the University of Pennsylvania achieved the following:

1

day reduction in observed (absolute) LOS for patients of geo-cohorted teams

1.6

hours reduction in average ED admit-to-provider time

100 %

of patients receiving care from geo-cohorted teams among initial units

Building to better

To redesign clinical care models with community needs in mind, academic health systems should:

- Address communication gaps between key stakeholders
- Balance dual missions of patient care and teaching
- Consider multi-source demand for accurate capacity planning

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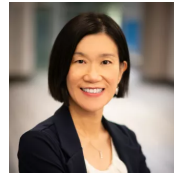
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