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Key Components and Strategies to Operationalize an Elder Friendly Hospital

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Geriatric Refresher Day
March 21, 2012

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Joseph and Wolf Lebovic Health Complex

Workshop Objectives

- Identify some of the key components and strategies employed within one organization to support the development of a truly elder friendly hospital.
- Understand the application of these principles in establishing our ACE Unit.
- Share with others the strategies and components you have found integral to furthering this agenda within your own organization.

Mount Sinai Hospital Today

- MSH is a 472 Bed Academic Tertiary Care Centre
- 1/3 of all Admissions are by patients over 65 years
- ~ 50,000 Emergency visits in 2011/2012
- 3 General Acute Medical Units (80 beds) @ 100% Capacity
  - 2/3 of Medical Inpatients are over 65 years
  - One Unit converted to an ACE Unit in April 2011
- Geriatric Medicine and Psychiatry Inpatient and Outpatient Consultation Services & ED Geriatrics APNs
- NICHE Member Hospital that prioritizes corporate capacity building in geriatrics.

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Geriatrics at Mount Sinai Hospital

- In 2010, Mount Sinai made Geriatrics one of its core strategic priorities.
- Our ACE Strategy is being operationalized through the implementation of a comprehensive and integrated strategic delivery model that utilizes an interprofessional team-based approach to patient care.
- Our Strength relies on the development of internal and external partnerships.

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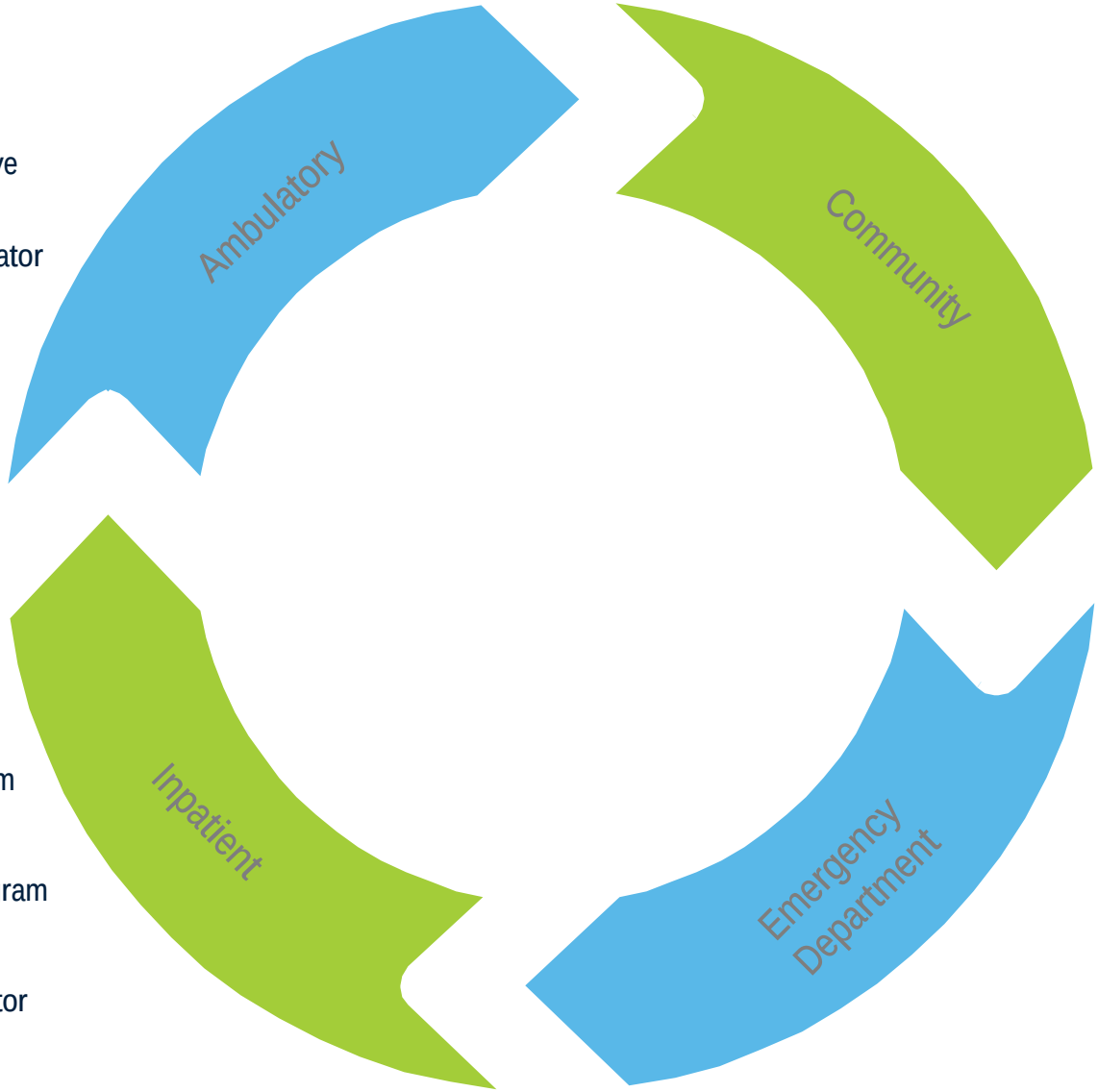
The Mount Sinai Geriatrics Continuum

Outpatient Geriatric Medicine, Geriatric Psychiatry and Palliative Medicine Clinics

CCAC – Clinic Coordinator



Home-Based Geriatric Primary/Specialty Care Program: House Calls

Temmy Latner Home-Based Palliative Care Program

CCAC – Integrated Client Care Project (ICCP) Site

Reitman Centre for Alzheirmer's Support and Caregiver Training

Seniors Wellness

Community and Staff Education Programs

Geriatric Medicine, Geriatric Psychiatry and Palliative Medicine Consultation Services

Orthogeriatrics Program

ICU Geriatrics Program

MAUVE Volunteer Program

ACE Unit

CCAC – ACE Coordinator

ISAR Screening

Geriatric Emergency Management (GEM) Nurses

ED Geriatric Mental Health Program

Allow us to Qualify…

- We are 6 years into our endeavour
- Organizations are Unique
- Models may be helpful in informing action and driving change
- Different roads can lead to the same place…

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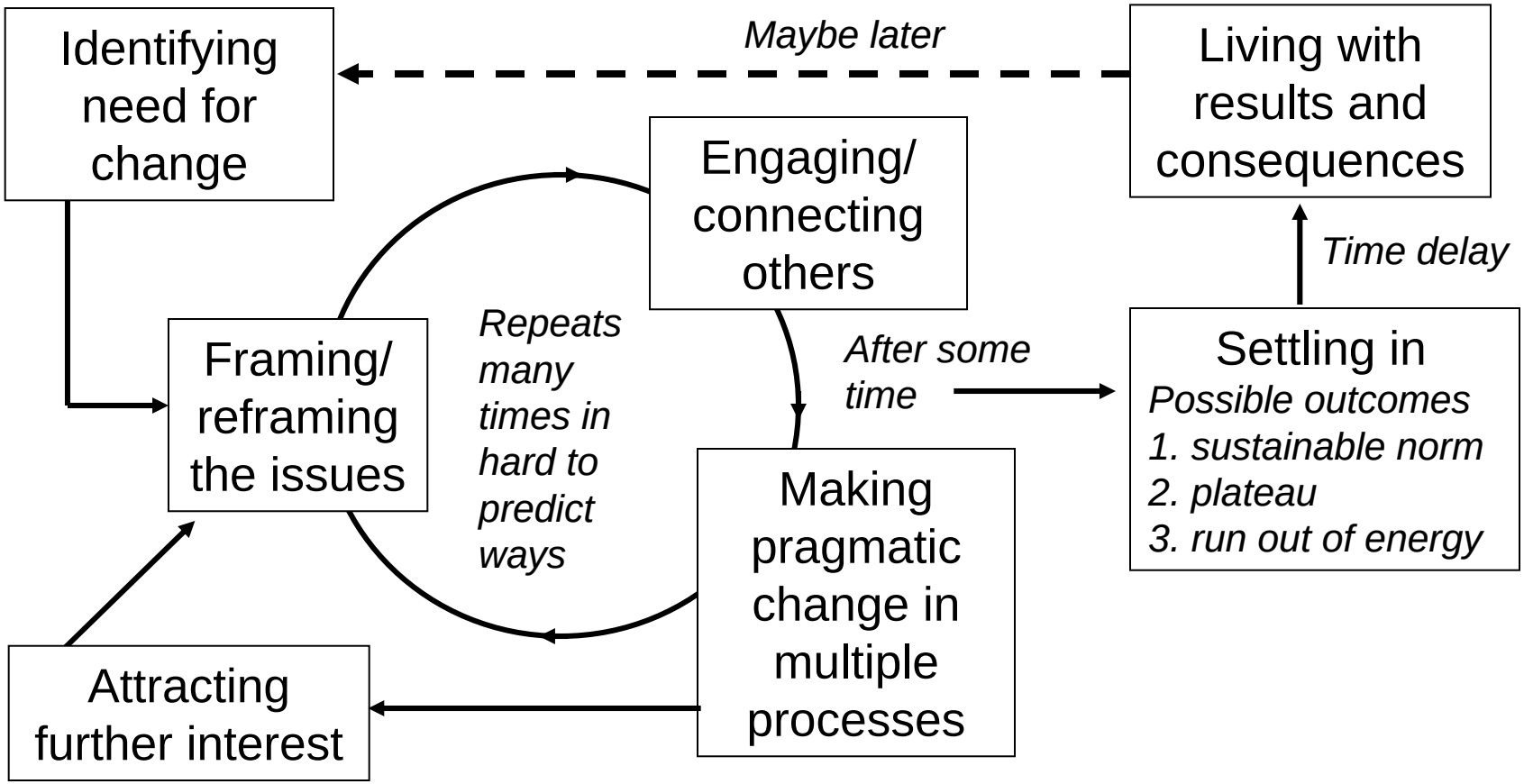
NHS Emerging Model of Large Scale Change



NHS Institute, 2011

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Getting Started

- Understand the population your hospital serves and its overall needs.
- Demonstrate how improved care of older patients contributes to/aligns with the organizational, regional and provincial mission, vision and priorities.
- Demonstrate the potential and actual organizational impact using compelling evidence rather than just compelling anecdotes.
- Position Elder Care as a Solution to the challenges the organization is experiencing…*ie LOS, ALC, Readmissions*

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Developing and Implementing Your Plan

- Develop, Articulate and Share Your Plan through a collaborative process with other leaders/allies.
- Identify and recruit the support of Champions at all levels of the Organization and within the System (WIIFM).
- Demand that Care of the Elderly be deemed a corporate strategic priority with meaningful support
- Think about partnerships within and beyond the hospital
- Communicate your accomplishments.
- Establish a multi-year Workplan and a corresponding working group that supports the development and sustainability of initiatives.

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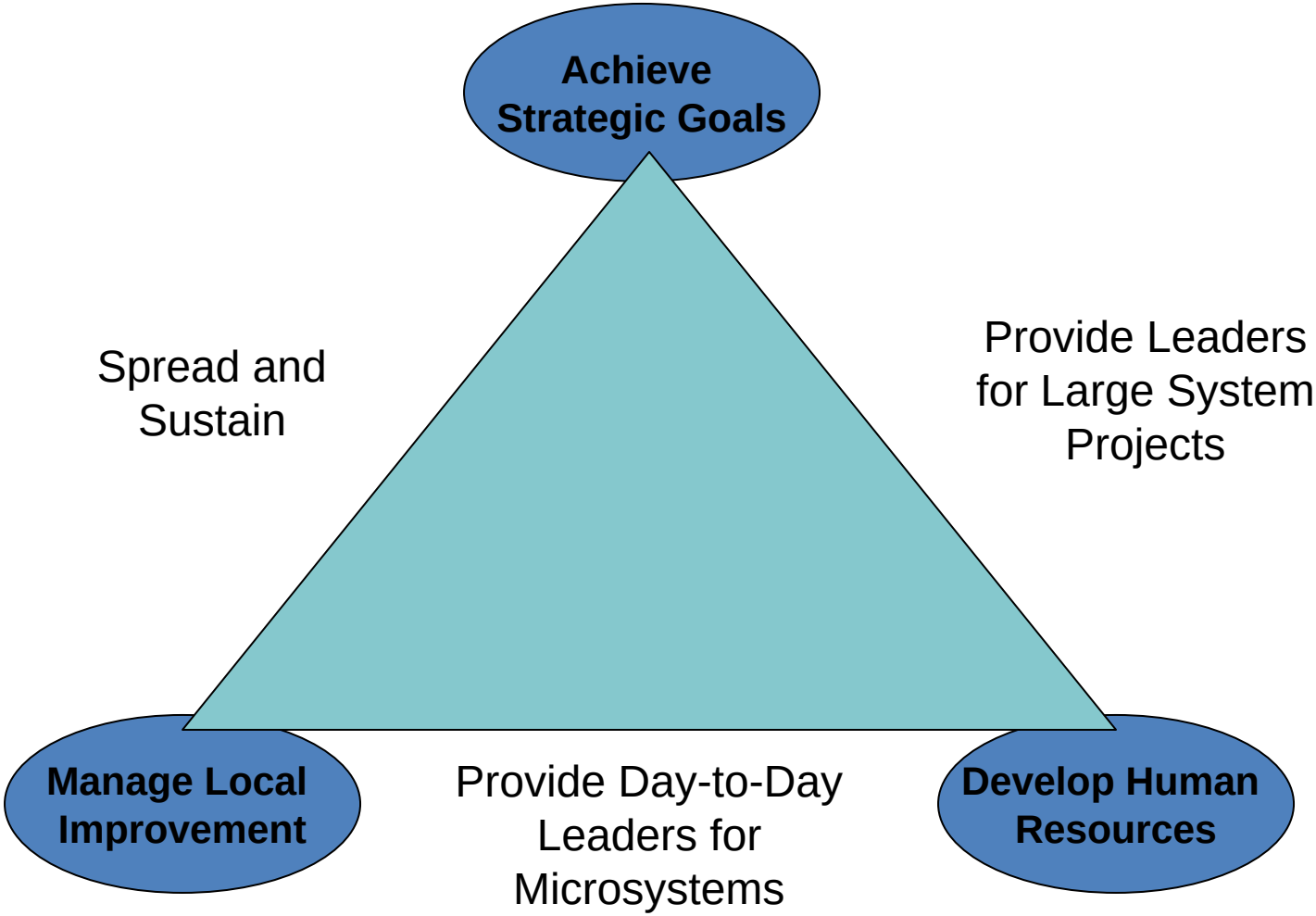
Framework for Execution of Strategic Improvement Initiatives



Institute for Healthcare Improvement (2007)

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How to Measure Progress

- The Balanced Scorecard is a widely accepted framework for evaluation within health care organizations
- Choose Measures that you can meaningfully impact…
  - *Quality and Safety*
  - *Access and Efficiency*
  - *Patient and Provider Experience*
  - *Financial Health*
- Choose Meaningful Benchmarks

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Business Unit:	Geriatrics
Reporting Period:	FY 11/12

#	Objectives/Metrics	Baseline FY 09/10	FY 10/11	FY11/12 Performance					Target	Benchmark
				Q1	Q2	Q3	Q4	YTD		
Access and Efficiency • Initiative 1: Full integration of a comprehensive and integrated ACE Model that supports patients across the ER, Inpatient & Outpatient settings. • Initiative 2: Early identification of functional decline, early mobilization strategies, management of transitions of care.										
1	ALOS to ELOS ratio (typical/acute)	94.7	84.6	89.7	88.1	87.5 Nov	-	88.6 Nov	<TC LHIN 10/11 (81.3)	83.4
1	Length of Stay age 65+ (Acute Typical)	8.0	7.5	6.8	6.4	6.1 Nov	-	6.5 Nov	<TC LHIN 10/11 (6.8)	6.7
2	Return to Preadmit Destination (%)	75.9	79.2	81.7	76.4	77.0 Nov	-	78.4 Nov	>TC LHIN 10/11 (70.9)	70.9
Quality & Safety • Initiative 1: Identifying and implementing strategies to prevent the insertion or facilitate the removal of catheters, and promote urinary continence. • Initiative 2: The ACE strategy promotes early discharge planning focussed on promoting durable discharges supported with the necessary follow-up beyond the acute visit.										
3	Catheter Utilization Ratio	56	23.0	17.0	21.0	19.0	-	19.0	TBD	NA
4	Readmission within 30 days anywhere within TC LHIN (%) - GIM only	14.4	13.8	10.2	14.4	NA	-	12.5	<TC LHIN 10/11 (9.1)	9.1
The Experience • Initiative 1: The Acute Care for Elderly (ACE) Strategic Delivery Model is working to improve the overall patient experience being provided for older patients. • Initiative 2: Expanding programs to provide further educational and clinic support for those caring for geriatric patients.										
5	Patient Satisfaction: Overall Care Received	95.9	95.4	94.2	95.0 Prelim	NA	-	94.6 Prelim	>TC LHIN	93.5
6	Geriatric Institutional Assessment Profile (GIAP)	63.0	66.9	Annually reported					>CDN Peers	56.2

Meets/Exceeds Target
Below Target, but within Performance Threshold*
Below Performance Threshold*
* Performance Threshold: 0%-3% variance from baseline or target

Notes:

- LOS is based on cases age 65+ GIM team only. Benchmark available via CIHI Portal using primary provider service of Medicine.
MSH value using primary provider service FY 10/11 = 7.5; FY 11/12 Sept = 7.5
- Return to Preadmit Destination (%) based on primary provider service of Medicine in MSH DAD; Includes patients who came from home & discharge to home/home with HC; or those patient with institution from = institution to. Benchmark from CIHI Portal.
- Catheter Utilization ratio is based on Cerner data linked with DAD Team Assignment, Med CoE only. FY 09/10 baseline is from Oct '09 to Mar '10.
- Readmission is based on primary provider service of Medicine (CIHI Portal). Readmissions for discharges of the last reported month are not reflected until posting of the next quarter on CIHI Portal.
- Patient Satisfaction - Overall Care received is based on Corporate peer comparator all ages. Benchmark is Toronto Central LHIN 12 month period previous. Q2 data is preliminary.
- Geriatric Institutional Assessment Profile (GIAP): Evaluates the effectiveness of staff intervention. MSH 09/10 response rate 69.4% (336 surveys). MSH 10/11 response rate 54.1% (292 surveys). The addition of ICU with large RN numbers and suboptimal response rate, significantly impacted total response rate. Benchmark is based on Canadian Peers.

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Why Establish an ACE Unit?

- Large % of older medical patients have complex health and social care needs in a setting that focuses on single issues.
- Consultative Services have their *limitations*.
- Establishing an ACE Unit could allow *needs to be matched with dedicated resources* for those who would benefit most.
- An ACE Unit could *provide an environment* from where best practices could be tested and disseminated.
- An ACE Unit could support internal and external *profile development* and *fundraising* initiatives.

ACE Unit Implementation Strategy

PEOPLE, PLACE AND PROCESSES

- Determine Actual Staffing Resource Needs
- Prepare the Staff through Engagement and Education
- Prepare the Environment – ie *Furnishings and Equipment*
- Develop the Essential Policies and Processes – ie *Care Plans and Pathways, Post-DC Activities.*
- Develop Communication Materials – ie *Patient Guide, Whiteboard, Kardex*
- Develop an Ongoing Monitoring and Evaluation Processes
- Develop Partnerships

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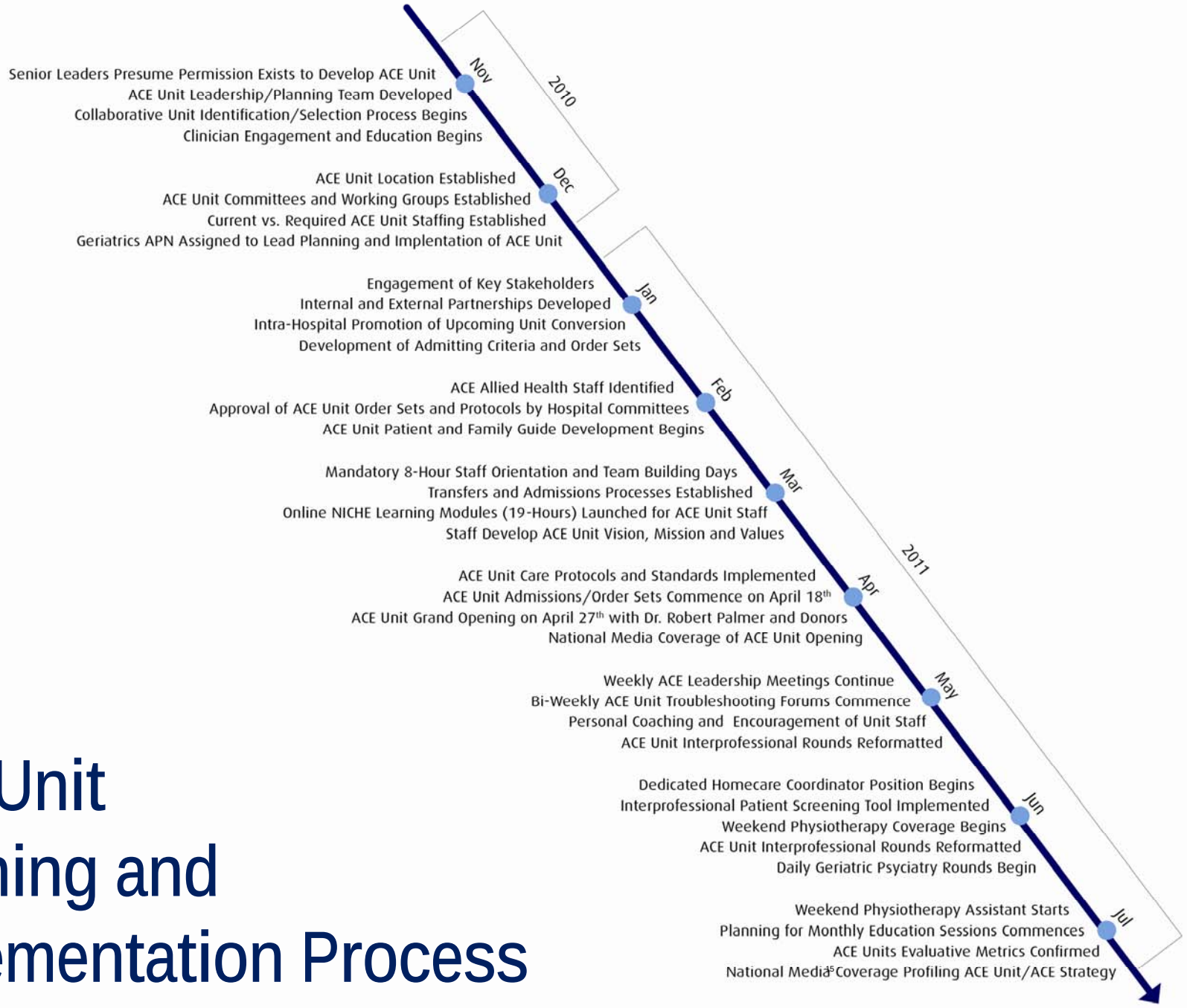
ACE Unit Planning and Implementation Process



The Mount Sinai Hospital ACE Unit

- 28 Bed General Medicine Unit – Converted to an ACE Unit on April 18, 2011.
- Unit-Based Nursing and Allied Health Staff with advanced training in Geriatrics w/ Daily PT Coverage.
- 4 GIM Teaching Teams remain the MRPs and select patients for admission with the Geriatric Medicine and Psychiatry Services providing Consultative support.
- Protocolized Order Sets standardizes care provided to ACE Patients on or off the ACE Unit – with a focus on ***function***.
- Dedicated ACE-CCAC Coordinator provides unique added supports for patients.

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MSH ACE Unit Admission Criteria

- 65+ with an Acute Medical Illness + any THREE or more of the following:
  - A recent decline in functional abilities
  - A recent change in cognition or behaviour
  - Problems common to older adults (falls, incontinence, polypharmacy, adverse drug reactions, acute or chronic pain, delirium etc.)
  - Complex Social Issues
  - ISAR Score ≥ 2

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Evaluating the ACE Unit at MSH

Urinary Catheter Use
- Benchmark FY 10/11 = 19%
- YTD = 17%

Delirium Incidence
- Benchmark FY 10/11 = 1.4%
- YTD = 3.1%

Pressure Ulcer Incidence
- Benchmark FY 10/11 = 2.4%
- YTD = 2%

ALOS/ELOS Ratio
- Benchmark FY 10/11 = 92.5%
- YTD = Pending

% Return to Pre-Admit Location
- Benchmark FY 10/11 = 45.4%
- YTD = 61%

30 Day Readmissions
- Benchmark FY 10/11 = 15.3%
- YTD = 7.6%

Overall Care Received
- Benchmark = 95.4%
- Q1 FY 10/11 = 100%

Patient/Family Presence Supported
- Benchmark = 94.4%
- Q1 FY 10/11 = 100%

Received Enough Discharge Info
- Benchmark 65.2%
- Q1 FY 10/11 = 62.5%

Please Note: *YTD = Q1 + Q2 FY10/11*

Things to Consider

- Communicate Early and Often…and Repeat.
- Staff at all Levels Need to be Supported through this Change Initiative.
- Ensure Organizational Support is in Place
  - Be Selective with ASKs – IT Support, Planning, Human Resources etc.
  - Reallocate when possible
  - Pilot testing
- Engage as many Internal and External Partners as possible.

Things to Consider

- Frequent Leadership/Development Meetings
- Don't let Perfection Be the Enemy of the Good
- Continue to Demonstrate the Initiatives' Benefits
- Building Confidence and Commitment in Initiatives without alienating Others
- Building Systems that are not Person Dependent
- Managing Expectations of Internal and External Stakeholders
- Sharing Innovations and Best Practices with Others Efficiently

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Questions?

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