

Excellent Care  
For All.



2013/14

# Quality Improvement Plan for Ontario Hospitals

(Short Form)

**MOUNT SINAI HOSPITAL**  
Joseph and Wolf Lebovic Health Complex



**April 1, 2013**

This document is intended to provide public hospitals with guidance as to how they can satisfy the requirements related to quality improvement plans in the *Excellent Care for All Act, 2010* (ECFAA). While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, hospitals are free to design their own public quality improvement plans using alternative formats and contents, provided that they comply with the relevant requirements in ECFAA, and provided that they submit a version of their quality improvement plan to HQO in the format described herein.

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## Overview

Mount Sinai Hospital (MSH) has a longstanding commitment to excellence in patient care, teaching and research. The Hospital's 2013/14 Quality Improvement Plan (QIP) reflects the organization's values of providing patient-centered care using a collaborative approach and focusing on continuous improvements in the areas of quality and safety, the patient experience, access and efficiency, and financial health. Our focus on **Putting Patients First** means that these values underscore every aspect of our service delivery. We are committed to providing a supportive environment where staff, volunteers and physicians can provide safe care of the highest quality to every patient and to all patients.

## Focus

Promoting patient safety and quality of care is integrated into every aspect of Mount Sinai's day to day operations and care delivery. We have focused on minimizing the occurrence of avoidable complications and on providing rapid access to care for our patients. We continue to strive for excellence in these areas to ensure that Mount Sinai is a leader in the field. Investing in quality improvement allows us to optimize the organization's financial health by aligning resource allocation with implementation of best practices to achieve the best possible clinical outcomes.

The Hospital is organized around five clinical Centres of Excellence:

- Daryl A. Katz Centre for Urgent and Critical Care
- Frances Bloomberg Centre for Women's and Infants' Health
- Christopher Sharp Centre for Surgery and Oncology
- Centre for Inflammatory Bowel Disease
- Centre for Musculoskeletal Disease

Every year, key improvement initiatives are identified by each Centre of Excellence and these form the foundation of the QIP. The QIP was further informed by feedback received from our external community, input from physicians and our employees collected through surveys, and careful analysis of information collated through our safety and quality processes and critical incident reviews. At the centre of this are the reflections of our patients found through the results of the standardized patient satisfaction tool which is used throughout the hospital in our core clinical areas.

In 2013/14, Mount Sinai Hospital will build on sustaining the improvement work we prioritized and achieved for 2012/13 as well as spreading existing and new best practices. We will continue to focus on promoting safe, patient-centred and effective care, assuring continued organizational financial health, improving access to services and working with our external partners to ensure that patients are receiving the care they need in the right setting.

## Alignment

The QIP is well aligned with Mount Sinai Hospital's vision and current clinical priorities. This ensures that all projects harmonize with and support the core business and operating strategies and that we are consistently using best practices to achieve desired goals. The organization's plan also takes into account standards and required organizational safety practices by Accreditation Canada. All initiatives



align with our key areas of focus: access and efficiency, quality and safety, the patient experience and financial health of the organization. In addition, targets that include decreasing avoidable readmissions to hospital, wait times in the Emergency Department and alternate level of care days are some of the priorities being targeted by the Toronto Central LHIN and are part of our Hospital Service Accountability Agreements.

## Integration and Continuity of Care

Mount Sinai is focused on patient-centred integration beyond the care delivered in the hospital. Over the past couple of years, in key clinical areas Mount Sinai has introduced innovative programs, processes and tools to enhance and improve integration and continuity of care including our Patient Navigator Program, notification of admission to primary care provider, enhancing the Discharge Summary and our post-discharge phone call initiative all aimed at supporting transitions of care and preparing patients for discharge. As such, we have identified monitoring indicators such as patient satisfaction (continuity of care) and improvement indicators including re-admissions rates and planned discharge rates. Weekly meetings to review ALC cases and development of care plans have been an effective method in transitioning patients out of hospital and safely into the community. Continued partnerships with CCAC are being explored to support specific patient populations.

## Health System Funding Reform

Mount Sinai has adopted a comprehensive corporate-wide Health System Funding Reform (HSFR) strategy. Cross-functional Quality Based Procedure (QBP) teams are reviewing peer hospital practices, aligning care pathways with best evidence and ensuring patients are receiving appropriate and high quality care. Parallel to this, we are using case costing data to drive efficiencies and improve our cost structures. Key outcomes to date include an innovative hip and knee replacement model with lower lengths of stay, numerous improvement initiatives for our obstetrical patients, and a focus on improving outcomes while lowering length of stay for various medical QBPs.

We are also aligning HSFR (QBPs and Health Based Allocation Model) with our annual budgeting process, embedding the quality and efficiency focus in all areas of the organization. Through a relentless focus on both improving quality and lowering costs, Mount Sinai is actively contributing to a more sustainable system that provides better outcomes for patients.

## Challenges and Risks

Mount Sinai has strong planning, recording and monitoring mechanisms in place that support consistent performance reporting processes throughout the organization and with our Board of Directors and Committees. These processes ensure that the executive team has a clear line of sight to progress in the areas of quality and safety, the patient experience, access and efficiency, and financial health. Through regular reviews and shared performance reporting of key initiatives and indicators, the team is able to recognize risks early and can intervene to resolve issues in a timely fashion. Mount Sinai's QIP has been developed and approved by multiple stakeholders, and will be integrated into this monitoring process.



We will continue to use robust change management and education strategies to improve performance in all targeted areas. Our front line clinicians will be supported by rigorous data and organizational practice optimization to reach the evidence-based goals they have set.

Improvement in patient flow and access to services are reliant not only on internal hospital processes but also on funding opportunities and relationships with other agencies. Mount Sinai will continue to build and strengthen relationships with organizations within the Toronto Central LHIN to ensure that our patients receive excellent care at the right time and in the most appropriate setting.

## Link to Performance-based Compensation

At Mount Sinai Hospital, performance-based compensation for Executives has been standard practice to promote accountability and continuous improvement in quality of care. The Pay for Performance Incentive Plan is based on the achievement of key organizational metrics as well as personal performance. This year, the complement of indicators includes the following priority one performance indicators as outlined in our QIP. These are key indicators that will allow the Hospital to achieve its goal of providing the highest quality and safest care to the patients served:

### Safety

- Hand Hygiene Adherence
- Medication Reconciliation at Admission for Targeted Populations

### Effectiveness

- Total Margin

### Integrated

- 30 Day Readmission Rate for Congestive Heart Failure and Chronic Obstructive Pulmonary Disease

## Accountability Sign-off

I have reviewed and approved our organization's Quality Improvement Plan and attest that our organization fulfills the requirements of the *Excellent Care for All Act*.

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Mr. Mark Wiseman  
Quality Committee Co-Chair

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Dr. Brenda Zimmerman  
Quality Committee Co-Chair

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Mr. Jay Hennick  
Board Chair

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Mr. Joseph Mapa  
Chief Executive Officer

## Our Improvement Targets and Initiatives