



Minister's Medal Honouring Excellence in Health Quality and Safety

Team-based Initiative/Program

Acute Care for Elders (ACE) Strategy at Mount Sinai Hospital

Mount Sinai's ACE Strategy was launched in 2010 to **improve how care to older patients is delivered**. The hospital, under this strategy, implemented a series of evidence-informed but tailored interventions (i.e., ISAR, GEM, ACE, Orthogeriatrics, HELP, NICHE, ICCP, etc.). The strategy links these interventions to create a more seamless, integrated delivery model spanning the continuum of care through strong partnerships with the Toronto Central CCAC and Community Support Services Agencies. This strategy is enabled by an **interprofessional, team-based approach** to care as well as technological innovations with a focus on **maintaining the independence of older adults** in our community for as long as possible.

The strategy includes a multi-year action plan to evaluate progress and make refinements using a balanced scorecard and a benchmarking system that allows for quarterly, regional performance comparators to identify areas of improvement.

In comparing 2013-14 vs. 2009-10 ACE Strategy performance data, a 37% overall increase in annual admissions of patients 65 and older was observed (principally due to climbing ED Volumes with a maintained ED to Admit Ratio). Despite the increased volumes of patients, a 27.8% decrease in total length of stay, 23.8% decline in the Average Length of Stay/Estimated Length of Stay (ALOS/ELOS) ratio, and a 13.4% decline in readmissions was observed. This permitted a 13.6% reduction of general medicine beds in operation over this time period. A recent study examining the use of our House Calls Program as a post-discharge intervention for homebound patients in need of ongoing home-based primary care after an index hospital admission demonstrated a 50% reduction in 30-day re-admission rates, a 50% reduction in year over year hospital visits and an associated 70% reduction in hospital bed days for those admitted to this program.

*The information provided above is taken directly from 2013 Minister's Medal applications –
Facts and information herein have been updated in 2015 but have not been verified for accuracy.*

The incidence of post-admit nosocomial pressure ulcers has been reduced by 93%. We have seen significant decreases in falls and a reduction of urinary catheter use of 50%. In addition to an overall drop in Alternate Level of Care (aka bed blocker) days per patient of 20%, patients are now more likely to go directly home versus a nursing home or rehab center after an admission (79% vs. 71%), and are more satisfied with their care. Staff satisfaction has further increased while staff turnover has significantly declined.

With the achievement of an average reduction of direct costs of care of 22.7% or \$3,248 per patient, the net calculated savings achieved in 2013-14 through the ACE Strategy was \$6.76M (savings in 2012/13 was \$6.4M).

In 2015, Mount Sinai became the first hospital in Canada to achieve the international MAGNET Recognition for Nursing Excellence and Patient Care with the ACE Strategy recognized as one of its leading models of care. MAGNET Status has only been achieved by 7% of US Hospitals.

The Mount Sinai Hospital ACE Strategy is featured in the following video:
<https://www.youtube.com/watch?v=9AiVSkD20Ng>.

Contact Info:

Samir Sinha, Director of Geriatrics, Mount Sinai Hospital, ssinha@mtsinai.on.ca

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