



Preparing for Health Care Reform

Sinai Health System

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About Mount Sinai Hospital

- Deeply Rooted in the Tradition of Tikkun Olam, to “Heal The Universe”
- 432 Bed teaching, research and tertiary-care facility
- Provider of health services to Chicago’s West Side Communities (North and South Lawndale)
- Level I Trauma Center, Level III Perinatal Center
- >700,000 residents. >90% African-American or Latino.
- > 48% live below poverty level. >60% did not graduate HS.



Mission and Vision

- Mission
 - To improve the health of the individuals and communities we serve
- Vision
 - Sinai Health System will become the national model for the delivery of urban healthcare
- Quality Core Value
 - We will continue to improve our services as measured by the best practices in the industry

Quality Provisions

- Process of Care (Core Measures)
- HCAHPs (Patient Satisfaction)
- Reduced Payment Events
- Readmissions (HF, Pneumonia, AMI + more to come)
- Patient Safety Indicators (PSI)
- Inpatient Quality Indicators (IQI)



“You should not use an old map to
explore a new world”

Albert Einstein

National Association of Public Health Hospitals

Tina Spector

Director of Quality

Mount Sinai Hospital

Chicago, Illinois



(2008)

Today's Presentation

- Mount Sinai Hospital's Participation in the CMS/Premier Demonstration Project
- Preparing for P4P
- Idea Exchange

CMS/Premier Demonstration Project

Initial Project-10/1/2003 to 9/30/2006 (Years 1,2,3)

- Clinical areas and measures
 - 5 clinical conditions (AMI, HF, CAP, CABG, Hip and Knee Replacement)
- Payment Structure
 - Hospitals ranked and top 10th and 20th percentile performers receive incentive payments
 - Adjusted payment thresholds (defined by the lowest 2 deciles) established in Year 1
 - Any hospital falling below threshold in Year 3 would have financial penalty



Initial Project Results-Years 1,2,3

- Overall (approximately 260 hospitals-year 2)
 - \$8.7 million awarded in incentive payments to 115 hospitals that ranked in the top 20%
 - 11.7% improvement from year one to year two (average all hospitals)
- Mount Sinai
 - No incentive monies awarded
 - Results show improvement from year 1 to year 3



Mount Sinai Composite Results Initial Project

	AMI	CHF	Pneumonia
Year One 10/03 to 9/04	84%	69%	58%
Year Two 10/04 to 9/05	80%	50%	65%
Year Three 10/05 to 9/06	91%	83%	75%



CMS/Premier Extension Project 10/1/2006 to 9/30/2006 (Years 4,5,6)

- Clinical Areas and Measures
 - Year 4-
 - Continue with existing measures
 - Added test measures (AHRQ Patient Safety Indicators composite, 30 day mortality for AMI and HF, 30 day readmission)
 - Year 5 and 6-
 - Add all SCIP measures
 - Test measures

CMS Extension Project-Years 4,5,6 cont.

- **Payment Structure-Financial Incentives**

- Attainment Award
 - Attain/exceed median level performance, as measured in Year 2 for each clinical area, will receive 40% of the total quality incentive payment
- Top Performer Award
 - Top 20% of hospitals in each clinical area will receive an additional incentive payment
- Improvement Award
 - Hospitals that achieve attainment and are among the top 20% of hospitals with the largest quality improvements will receive an additional incentive payment
 - Calculated based on the change in the hospital Composite Quality Score in the performance year compared to two years prior (e.g. from Year 2 to Year 4)
- Penalty provisions exist as well



Go Green Dashboard

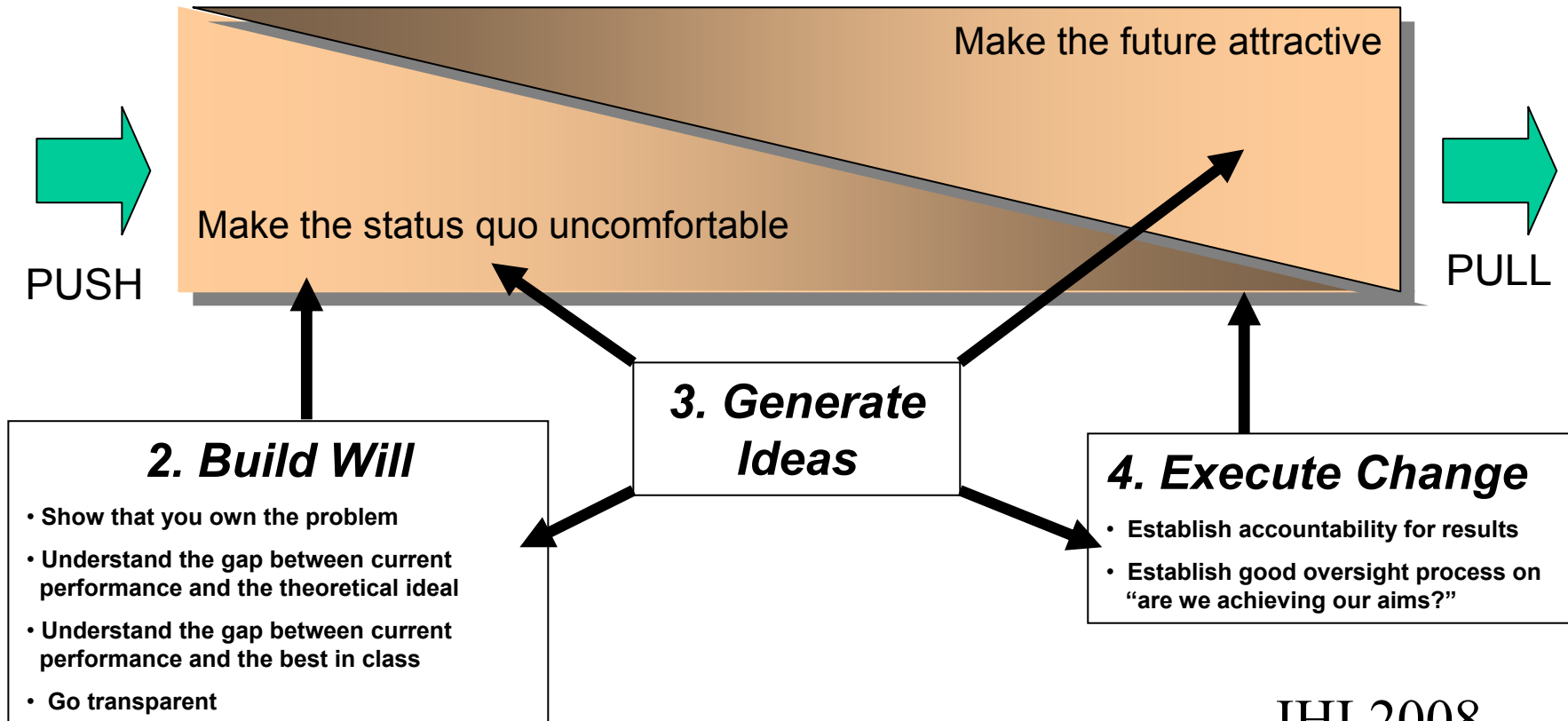


Go Green Dashboard Current

What Are The Most Prominent Challenges?

- • **Resources**
- • Hardwiring Changes/Sustaining Results
- • Competing Initiatives
- • Changing Housestaff
- • **Leadership**
- • **Planning for the Future**

Framework: Leadership of Quality





Leadership-The Sinai Framework!!!

- Board
- Executive Team
- Medical Staff
 - Chairs
 - Quality Liaisons
- Middle Management Team

Quality Strategic Plan Planning for the Future

- Approved by the Quality and Operations Committee of the Board of Directors
- Annually Updated
- Drives Areas of Focus
- Medical Staff Plans Flow From the Plan

Quality University- Build the Will

- Senior Leaders, Middle Managers and Medical Staff Chairs training
- Introduction to Quality, Two Quality Classes, Dashboards, and Statistical Process Control

Measurement-Understand the Difference Between Performance and Best in Class Dashboards Everywhere!

- Board Quality Dashboard
- Medical Staff Dashboard
- Clinical Department Dashboards
- Hospital Department Dashboards
- Physician Dashboards



Board Quality Dashboard



Clinical Quality Committee Dashboard



Departmental Dashboard



Physician Profile

Multiple Communication and Monitoring Systems In Place

- Go Green Review(core measures results)
 - Monthly Manager's Meeting
 - Medical Executive Committee
 - Tied to Incentive Compensation
- PSI Review
 - Medical Staff Peer Review/Clinical Quality Committee
- Process to Check ICD9 Coding

P4P Dashboard

- Value Based Purchasing Guide
- Components
 - Hospital Acquired Events
 - Core Measures/HCAHPs Scores Modeled
 - PSIs/IQIs
 - Analysis

Simply the Best-HCAHPs

- COO and VP/Patient Care Developed
- 80+⁰% of caregivers and physicians trained
- 6 hour training class in Customer Service

Project RED

- AHRQ Funded
- Mount Sinai Hospital 1st in Illinois to Pilot (Began 7/2010)
- Heart Failure Readmission Rate > Expected
- Managing HF Patient Across the Continuum
 - Providing Timely Access to Care
 - Medication Reconciliation
 - Post-Discharge Contact with Patient
 - Patient Centered
- Early Results Very Promising
- Focus of CMS

Triple AIM

- IHI Triple AIM Site
- Triple AIM
 - Improve the health of the population;
 - Enhance the patient experience of care (including quality, access, and reliability); and
 - Reduce, or at least control, the per capita cost of care.
- Move out of the Sinai Health System Walls
- Engaging New Partners



Six Sigma

- Training for 20 Leaders
- Green Belt Projects Underway
- Consideration of Lean Training and Certification

Patient Safety

- Event Huddles
- Active RCA Process Led by Medical Staff Chairs (Cut Root Cause Analysis completion time in half)
- UIC Patient Safety Grant
- Internally Designed Occurrence Reporting System Software

Zero Defect Teams

- Reducing Central Line Infections Outside of the ICU
- Ventilator Acquired Pneumonia
- Reducing Anticoagulation Adverse Drug Events
- Elective Inductions (C-Sections) Less Than 39 Weeks



And More!



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Questions?

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