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- Use the background music to adjust your volume
- If you cannot hear sound, try the following:
  1. Check the “Hardware and Sound” folder in your computer’s “Control Panel” – check if you are muted, if the volume is set at a good level, and if your playback device is set to be the system’s “default”
  2. Close and restart the webinar
  3. Close and restart the webinar in a different browser (Internet Explorer vs. Google Chrome vs. Mozilla Firefox)
  4. Let us know if you need additional help by typing into the “Chat” box

**OPTION 2** – To listen with your telephone, click the “Dial-in” option and use the number and conference code above
- Once you’ve joined the conference, identify yourself by pressing “#”, then the unique 5-digit code displayed, and then “#” again
- Please do not un-mute your phone

A fast, wired internet connection is recommended
- Slow connections can cause video and/or audio delays

To interact with speakers during the webinar, type into the “Chat” box in the bottom right of the screen
The Senior Friendly Care Framework

Dr. Barbara Liu
Executive Director

Ada Tsang
Project and Quality Manager

November 9, 2017
Regional Geriatric Program of Toronto
Outline

• Ontario Senior Friendly Hospital (SFH) Strategy
• Evolution to the sfCare Framework
• sfCare Framework
• sfCare in the system
• What’s next?
14 LHINs

1 Senior Friendly Hospital (SFH) Strategy
Ontario Pan-LHIN SFH Strategy

2011-2014

Phase 1: Identify Current State
- Provincial/LHIN Environmental Scan
- Priority action areas identified

Phase 2: Develop Key Enablers
- SFH “Promising Practices” Toolkit
- Enhanced Delirium and Functional Decline Modules

Phase 3: Monitoring and Evaluation
- Delirium and Functional Decline Indicators Identification and Evaluation

2014-2017

Review SFH Progress
- Environmental Scan (2014)

Build Capacity Across Ontario
- SFH ACTION Program (2015-2017)

Monitoring and Evolution
- sfCare Framework Evolution

ONTARIO SFH COLLABORATIVE
Ontario Pan-LHIN SFH Strategy

**Phase 1: Identify Current State**
- Provincial/LHIN Environmental Scan
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---

**2011-2014**

**Review SFH Progress**
- Environmental Scan (2014)

**Build Capacity Across Ontario**
- SFH ACTION Program (2015-2017)

---

**2014-2017**

**Monitoring and Evolution**
- sfCare Framework Evolution

---

ONTARIO SFH COLLABORATIVE
### SFH Environment Scan — Key Queries

#### Organizational Support

<table>
<thead>
<tr>
<th>% of Hospitals with this Practice in 2011</th>
<th>% of Hospitals with this Practice in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>39%</td>
<td>80%</td>
</tr>
<tr>
<td>56%</td>
<td>93%</td>
</tr>
<tr>
<td>31%</td>
<td>87%</td>
</tr>
<tr>
<td>55%</td>
<td>94%</td>
</tr>
</tbody>
</table>

#### Processes of Care

<table>
<thead>
<tr>
<th>% of Hospitals</th>
<th>% of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRACTICES TO ADDRESS DELIRIUM: 62%</td>
<td>92%</td>
</tr>
<tr>
<td>PRACTICES TO ADDRESS FUNCTIONAL DECLINE: 49%</td>
<td>89%</td>
</tr>
</tbody>
</table>

#### Emotional and Behavioural Environment

<table>
<thead>
<tr>
<th>% of Hospitals</th>
<th>% of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENIORS-SENSITIVITY TRAINING: 55%</td>
<td>68%</td>
</tr>
<tr>
<td>SFH LENS APPLIED TO QUALITY IMPROVEMENT: 28%</td>
<td>74%</td>
</tr>
<tr>
<td>SFH LENS APPLIED TO CULTURE/DIVERSITY PRACTICES: 61%</td>
<td>77%</td>
</tr>
</tbody>
</table>

#### Ethics in Clinical Care and Research

<table>
<thead>
<tr>
<th>% of Hospitals</th>
<th>% of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHICS SERVICES AVAILABLE: 83%</td>
<td>93%</td>
</tr>
<tr>
<td>SUPPORT FOR ADVANCE CARE PLANNING: 78%</td>
<td>93%</td>
</tr>
</tbody>
</table>

#### Physical Environment

<table>
<thead>
<tr>
<th>% of Hospitals</th>
<th>% of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENVIRONMENTAL AUDITS USING SFH RESOURCES: 34%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Data from 2014 indicates significant improvement in all SFH domains since 2011, though hospitals require additional support to spread and sustain these practices.
Ontario Pan-LHIN SFH Strategy

2011-2014

Phase 1: Identify Current State
- Provincial/LHIN Environmental Scan
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Phase 2: Develop Key Enablers
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- SFH ACTION Program (2015-2017)

Monitoring and Evolution
- sfCare Framework Evolution

ONTARIO SFH COLLABORATIVE
Value of Senior Friendly Hospital ACTION

- Senior Friendly Care
- Quality Improvement
- Change Leadership

• 87 hospitals | 90 SFH improvement projects

• 450 staff, patients/family, trainees
QI Targets

- Delirium: 39%
- Mobilization: 30%
- Other: 26%
- Responsive Behaviours: 5%
Phase 1: Identify Current State
- Provincial/LHIN Environmental Scan
- Priority action areas identified

Phase 2: Develop Key Enablers
- SFH “Promising Practices” Toolkit
- Enhanced Delirium and Functional Decline Modules

Phase 3: Monitoring and Evaluation
- Delirium and Functional Decline Indicators Identification and Evaluation

2011-2014
- Review SFH Progress
- Build Capacity Across Ontario
- Monitoring and Evolution

2014-2017
- Environmental Scan (2014)
- SFH ACTION Program (2015-2017)
- sfCare Framework Evolution

ONTARIO SFH COLLABORATIVE
Leadership is committed to deliver an optimal experience for frail seniors as an organizational priority. This commitment empowers the development of human resources, policies and procedures, caregiving processes, and physical spaces that are sensitive to the needs of frail patients.
Care is designed from evidence and best practices that are mindful of the physiology, pathology and social science of aging and frailty. Care and service across the organization are delivered in a way that is integrated with the health care system and support transitions to the community.
Ontario SFH Framework

Care and service are provided in a way that is free of ageism and respects the unique needs of patients and their caregivers. This maximizes quality and satisfaction with the hospital experience.
Care is provided and research designed in a way that protects the autonomy, choice, and diversity of the most vulnerable of patients.
Ontario SFH Framework

The structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of frail patients, promoting safety, comfort, independence, and functional well-being.
Framework /ˈfreɪmwəːk/

NOUN

- An essential supporting structure of a building, vehicle, or object.
- A basic structure underlying a system, concept, or text.

(Oxford dictionary)
sfCare Framework Purpose

The framework is intended to be used by healthcare providers, with the goal of achieving the **best possible health outcomes for older adults** by fostering improvements in care across the system and inspiring greater **collaboration between older adults and their caregivers, care providers, and organizations**.
Evolution of SFH into the sfCare Framework

**Literature Review**
- 974 articles retrieved, 57 included
- 25 grey literature reports

**Qualitative Analysis and Theming**
- Themes identified and synthesized into statements
- Overarching sfCare principles identified

**Delphi Panel**
- Experts representing Ontario’s communities and healthcare settings
- Ranking and feedback to include, eliminate, or refine drafted statements

**Stakeholder Engagement**
- Engaging stakeholders and the community for thoughtful input
Qualitative Analysis and Theming

Organizational Support
- Monitoring indicators outcomes
- Information Systems
- Professional skills required
- Partnerships w/ academic institutions
- Person/family centred care
- Relation -centred care
- Informed patients

Emotional & Behavioral Environment
- Safe/confident in care
- Shared decision making
- Staff support
- Quality of Life
- Space design -accessibility
- Signage
- Equipment and furnishing
- Respect
- Knowing the person/diversity
- Ageism/stigma
- Caregiver engagement
- Family
- Social connections

Processes of Care
- Care coordination
- Integrated care
- Health promotion
- Knowing the services
- Communication between professionals
- Shared care w/ family & pt
- Relational practice
- Care coordination intersectoral care
- Age friendly policy
- Adm. Procedures
- Health + social integration
- Health promotion
- Self Care approach
- Comprehensive geriatric assessment
- Integrated care
- Knowing the services
- Transitions
- Care coordination
- Continuity of care

Ethics in Clinical Care & Research
- Informed patients
- Staff support
- Shared decision making
- Person empowerment
- Person/family centred care
- Informed pts and family as a team member
- Care coordination intersectoral care
- Communication between professionals
- Shared care w/ family & pt
- Relational practice
- Care coordination
- Integrated care
- Health promotion
- Self Care approach
- Comprehensive geriatric assessment
- Integrated care
- Knowing the services
- Transitions
- Care coordination
- Continuity of care

Physical Environment
- Seniors sensitivity
- Respect
- Knowing the person/diversity
- Ageism/stigma
- Caregiver engagement
- Family
- Social connections

Self Care approach
- Comprehensive geriatric assessment
- Integrated care
- Knowing the services
- Transitions
- Care coordination
- Continuity of care

Partnerships w/
academic institutions
- Person/family centred care
- Relation -centred care
- Informed patients

Research approach
- Decision making
- Research approach
- Care coordination
- Integrated care
- Health promotion
- Self Care approach
- Comprehensive geriatric assessment
- Integrated care
- Knowing the services
- Transitions
- Care coordination
- Continuity of care
Delphi Panel – Rating Statements on 3 Criteria

**IMPORTANCE**
- Is the statement important for senior friendly care?

**CLARITY**
- Is the statement clear?

**FIT**
- Does the statement fit into the assigned domain?
Evolution of SFH into the sfCare Framework

Literature Review
• 974 articles retrieved, 55 included
• 23 grey literature reports

Qualitative Analysis and Theming
• Themes identified and synthesized into statements within each domain
• Overarching sfCare principles identified

Delphi Panel
• Experts representing Ontario’s communities and healthcare settings
• Ranking and feedback to include, eliminate, or refine drafted statements

Stakeholder Engagement
• Engaging stakeholders and the community for thoughtful input
  ✓ Seniors Fairs
  ✓ Patient and Family Advisory Councils
  ✓ SFH ACTION showcase event
  ✓ Social Media / Website / Newsletter
The Senior Friendly Care Framework

1. Supporting resilience, independence and quality of life
2. Compassion and respect
3. Informed and empowered older persons and families
4. Person- and relationship-centred partnerships
5. Safety and security
6. Timely equitable and affordable
7. Evidence-informed

Guiding Principles

5 Domains
- Organizational Support
- Processes of Care
- Emotional and Behavioural Environment
- Ethics in Clinical Care and Research
- Physical Environment

31 Defining Statements across the domains
1. Senior friendly care is an organizational priority
2. At least one leader in the organization is responsible for senior friendly care
3. There is organizational commitment to recruit and develop human resources with the knowledge, skills, and attitude needed to care for older adults
4. The values and principles of senior friendly care are evident in all relevant organizational policies and procedures
5. The organization has a senior friendly policy that values and promotes older adults’ health, dignity and participation in care
6. The organization demonstrates commitment to all domains of the Senior Friendly Care Framework - organizational support, processes of care, emotional and behavioural environment, ethics in clinical care and research, and the physical environment
7. The organization collaborates with system partners to meet the needs of older adults
8. The organization implements standards and monitors indicators relevant to the care of older adults
9. Assessment is holistic and identifies opportunities to optimize the physical, psychological, functional, and social abilities of older adults

10. Care addresses the physical, psychological, functional, and social needs of older adults

11. Care is guided by evidence-informed practice

12. An interprofessional model of care is preferred especially when older adults are frail

13. Care is integrated and provides continuity especially during transitions

14. Goals of care may include recovery from illness, maintenance of functional ability and preservation of the highest quality of life as defined by the individual

15. Older adults are partners with the care team

16. Care is flexible and aligned with an individual's preferences

17. Communications and clinical and administrative processes are adapted to meet the needs of older adults

18. Older adults are provided information in a way that makes it easy to understand so that they can make informed decisions
19. The care provided is free of ageism and respectful of the unique needs of older adults

20. Care providers are able to identify and address issues of elder abuse and older adults' safety

21. The care of older adults is planned and delivered in alignment with their personal goals

22. Care providers demonstrate competency providing care to an older population with diversity in all its many forms

23. Care providers respect each individuals' breadth of lived experience, relationships, unique values, preferences and capabilities

24. Care is provided in a way that enables the older adult to feel confident in their care providers

25. Care is compassionate and sensitive to the needs of older adults

26. Family and other caregivers are valued and supported as care partners

27. Social connections are recognized as an important contributor to the health and wellbeing of older adults
28. Autonomy, choice and dignity of older adults are protected in care processes and research.

29. Care is delivered in a way that protects the rights of older adults especially those who are vulnerable.

30. An older adult will not be denied access to care or the opportunity to participate in research based solely on their age.

31. The structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of older adults and promotes safety, comfort, functional independence, and well-being.
PATIENTS FIRST
A PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO
• Access
• Home and community
• Primary care
• Transitions
• Caregivers
• Dementia Strategy
World Health Organization Age-Friendly Cities

Global Age-friendly Cities: A Guide

Age-friendly city
- Transportation
- Outdoor spaces and buildings
- Community support and health services
- Communication and information
- Civic participation and employment
- Social participation
- Respect and social inclusion

age-friendly in practice
By local communities, for local communities
Senior Friendly Care Framework applicable across sectors
USA - Creating Age Friendly Health System Initiative

**Collective Aim**

A social movement which results in 1000 Age-Friendly health care facilities by 2020:
- Older adults get the best care possible;
- Healthcare-related harms to older adults are dramatically reduced and approaching zero;
- Older adults are satisfied with their care; and
- Value is optimized for everyone.

$3.19 million grant from The John A. Hartford Foundation over 42 months (announced Dec 2016)

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx;

**Initial Partners**
# Creating Age Friendly Health System Initiative

<table>
<thead>
<tr>
<th><strong>4Ms</strong></th>
<th><strong>9 High-level Interventions</strong></th>
</tr>
</thead>
</table>
| **What Matters** | 1. Know what matters; health outcomes goals and care preferences for current and future care, including end of life  
2. Act on what matters |
| **Mobility** | 3. Implement an individualized mobility plan  
4. Create an environment that enables mobility |
| **Medications** | 5. Implement standard process for age-friendly medication reconciliation  
6. De-prescribe and adjust doses to be age-friendly |
| **Mentation** | 7. Ensure adequate nutrition and hydration, sleep and comfort  
8. Engage and orient to maximize independence and dignity  
9. Identify, treat and manage dementia, delirium and depression |

How can you apply this framework?

<table>
<thead>
<tr>
<th>Reflect on current structures in place for the care of older adults, and how they align with the Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older adults and their caregivers are encouraged to reflect on the care they receive, and how it aligns with the principles and statements in the Framework</td>
</tr>
<tr>
<td>sfCare can serve as an underpinning for organizational or collaborative QIPs</td>
</tr>
</tbody>
</table>
# Senior Friendly Care Strategy – What’s Next?

<table>
<thead>
<tr>
<th>Models of Care</th>
<th>Capacity Building</th>
<th>Implementation Tools</th>
</tr>
</thead>
</table>
| • sfCare framework guides development of new models of care for frail seniors across all sectors | • Webinars, conferences/workshops  
• sfCare collaboration portal and community of practice  
• sfCare ACTION / IDEAS | • sfCare online toolkit and training modules  
• “Senior Friendly 7” toolkit for patients and caregivers  
• “Getting Started with Senior Friendly Care” implementation package |

<table>
<thead>
<tr>
<th>Standards</th>
<th>Indicators</th>
<th>Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A suite of sfCare clinical standards to support quality improvement activities</td>
<td>• sfCare quality indicators to support quality improvement activities and benchmarking across organizations</td>
<td>• sfCare recognition program that encourages and recognizes organizations that offer an optimal level of care to seniors</td>
</tr>
</tbody>
</table>
Interested in Getting Involved?

Join our mailing list for regular updates

http://rgp.toronto.on.ca/ under “Quick Links”

Express your interest to join a working group

https://www.surveymonkey.com/r/sfCareworkinggroup
sfCare Framework Development & Acknowledgements

### Steering Committee
- Marlene Awad
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- David Ryan
- Valerie Scarfone
- Rhonda Schwartz

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- Ada Tsang
- Ken Wong
- Wendy Zeh

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- Mark Edmonds
- Michael Campo
- Alan Ernst
- Melusine Klein
- Ross Upshur
- Gail Dobell
- Carol Holmes
- Charissa Levy
- Trish Corbett
- Jayne Coyle
- Sarah Byrne
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- Mary Schulz
- Cathy Sturdy-Smith
- Dallas Seitz
- Vinita Haroun
- Deborah Simon
- Jim Grieve
- Jose Morais

www.rgptoronto.ca
www.seniorfriendlyhospitals.ca
www.SFHAction.ca

Multiple provincial working groups
Thank you

Questions?
Thank you for attending this webinar!

You will receive a quick evaluation survey by email – please share your suggestions and topics for future sessions.

A link to presentation slides and a recording will be provided after completing the evaluation.

Please join us at our next webinar **Tuesday December 12 2017, 12–1pm**

**Patient and Family Engagement in the Co-design of Senior Friendly Care**

Dr. Jacobi Elliott, St. Joseph’s Health Centre, U. of Waterloo
Kimberly Chetwynd, Sunnybrook Health Sciences Centre

If you have additional questions, contact ken.wong@sunnybrook.ca

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www.seniorfriendlyhospitals.ca
www.SFHAction.ca