Senior Friendly Hospital Care in the Central West Local Health Integration Network
Summary of Self-Assessment Responses

February 2015
In 2011, the Ontario Senior Friendly Hospital (SFH) Strategy was launched by Ontario’s Local Health Integration Networks (LHINs) and Regional Geriatric Programs (RGP). An environmental scan, informed by 155 hospital self-assessment surveys, highlighted promising practices within the five domains of the Ontario SFH framework: Organizational Support; Processes of Care; Emotional and Behavioural Environment; Ethics in Clinical Care and Research; and Physical Environment. The “Senior Friendly Hospital Care Across Ontario Summary Report 2011” identified delirium, functional decline, and transitions in care as priority areas for quality improvement across the province.

The current report summarizes an environmental scan conducted in the fall of 2014 using an updated version of the original self-assessment survey. The purpose of this report is to identify improvements made in SFH commitment and care since 2011; facilitate organization- and LHIN-level planning of SFH activities; highlight new and existing promising practices; and identify training needs to build capacity. Both hospitals in the Central West LHIN completed the self-assessment survey: Headwaters Health Care Centre, and William Osler Health System.

While self-assessment can provide helpful and practical information, this approach does come with some limitations. For instance, detail and accuracy can be compromised due to different interpretations of the survey questions and inter-departmental communication. Even with explanatory notes, positive responses to dichotomous questions may lack sufficient detail about important factors such as intensity of uptake and fidelity to best practice. In the “Process of Care” domain, for example, hospitals reported the extent of implementation of practice across their organization, but not their compliance with these practices. Because several hospitals commented that compliance rates remain a significant area for improvement, the reported degree of implementation does not reflect robust adoption of practice. It is important to consider these limitations when reviewing the results in this summary.

Each section of this report summarizes responses within a domain of the SFH framework. A summary table lists the percentage of hospitals that have adopted key practices either across their entire organization or on specific units. The “Processes of Care” section reports the approximate degree to which delirium and functional decline practices are being implemented across organizations. Where possible, all sections include LHIN-level results for 2011, as well as current province-level results. In addition, each section describes overall levels of accomplishment and identifies promising practices. Note that the practices highlighted in this report may be occurring in a small number or even a single organization. Finally, each section of the report provides recommendations for ongoing organization- and LHIN-level planning.
In a Senior Friendly Hospital, 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.

- An Elder Life Specialist role was created to implement the Hospital Elder Life Program (HELP).
- Geriatrician leads and geriatric/SFH champions are implementing SFH programs such as a delirium stewardship policy.
- All program development planning is conducted through a senior-friendly lens.
- Seniors Advisory Council and Nurses Improving Care of Healthsystem Elders (NICHE) steering committees.
- Achieved NICHE level 3 status and committed to attaining level 4 status in 2014/15.

**Training and Education**

- Staff training on the use of Montessori methods for patients with dementia; a subject matter expert is on staff and available for ongoing support.
- Knowledge of Gentle Persuasive Approaches is a required skill for all nursing positions on acute and CCC units and included on the role profiles.
- A delirium stewardship policy is being implemented along with appropriate education.

**Recommendations**

- Both Central West LHIN hospitals have now included SFH commitments in their strategic plans. One hospital includes SFH commitments in either the Excellent Care For All Act or LHIN Quality Improvement Plans (QIPs). Including SFH priorities within QIPs is encouraged, as it ensures a more formal commitment to achieving SFH quality targets, including regular monitoring of progress and reporting to stakeholders.
In 2011, one hospital in the Central West LHIN reported a protocol/policy addressing delirium. Presently, both organizations report screening, prevention, management, and monitoring processes for this clinical priority. In one organization these processes have been implemented in approximately half of inpatient units. Specific promising practices related to delirium practice include:

- Routine screening for delirium using the Confusion Assessment Method (CAM) on multiple units, including the emergency department, orthopaedics, Acute Care for Elders, rehabilitation, and intensive care.
- A delirium screening tool, policy, clinical protocol, and order set are in development or approval stages.
- The Hospital Elder Life Program (HELP) and a delirium stewardship and education program are being implemented.
- Staff on a complex continuing care unit are knowledgeable in recognizing the signs and symptoms of delirium, though this knowledge level is not consistent across the organization.
- Adverse drug events are reviewed monthly by a Medication Safety Committee.
Processes of Care

FUNCTIONAL DECLINE – % of hospitals with any degree of implementation of indicated practice

<table>
<thead>
<tr>
<th></th>
<th>2011 Central West LHIN</th>
<th>2014 Central West LHIN</th>
<th>2014 Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and Detection</td>
<td>50*</td>
<td><strong>100</strong></td>
<td><strong>89</strong></td>
</tr>
<tr>
<td>Prevention and Management</td>
<td><strong>100</strong></td>
<td><strong>87</strong></td>
<td></td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>0</td>
<td><strong>100</strong></td>
<td><strong>84</strong></td>
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* Reported “Yes” to having a protocol/policy in place for functional decline

Progress toward organization-wide implementation in Central West LHIN hospitals (n=2)

<table>
<thead>
<tr>
<th></th>
<th>Number of Hospitals with Indicated Degree of Implementation (% of Patient Care Units)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and Detection</td>
<td>0% 25% 50% 75% 100%</td>
</tr>
<tr>
<td>Prevention and Management</td>
<td>0 0 1 1 0</td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>0 0 1 1 0</td>
</tr>
</tbody>
</table>

** Excludes patient care units that do not include older adults (e.g., neonatal, maternity)

Accomplishments and Promising Practices in Functional Decline

In 2011, one organization in the Central West LHIN reported having a policy or protocol for functional decline. Presently, both hospitals report practices addressing functional decline. Screening and detection occurs in half of the units in both hospitals, while prevention and monitoring of functional decline occurs in approximately half of inpatient units in one organization and approximately three-quarters of inpatient units in the other. Promising practices include:

- An early mobility task force has led the implementation of an “In Motion” early mobilization program on medicine, Acute Care for Elders, and intensive care units. The task force is expanding this training and implementation will extend across the organization.

- Responsibility for mobilization is shared amongst the inter-professional team, though a formal protocol has not been put in place.

- “Bed Rest” orders have been removed from all patient order sets.

- Non-skid socks are available for patients who are at risk of falls.

In a Senior Friendly Hospital, 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.
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**Processes of Care**

**Promising Practices in Transitions in Care**

While standardized best practices to optimize transitions in care are not yet fully defined, many promising practices supporting care transitions have been implemented. These include the following specific initiatives or general practices:

- A transfer of care form is being revised with the goals of improving information transfer and the patient experience.
- A Transition Case Coordinator, a CCAC position created with shared funding, facilitates collaborative discharge planning and patient flow.
- Daily bullet rounds to promote discharge include the hospital inter-professional team, CCAC coordinators, and representation from Family Health Teams where appropriate. Health Links patients are identified during this process and community care plans are initiated while the patient is still in hospital.
- The Geriatric Emergency Management (GEM) nurse reviews visits of vulnerable patients daily and makes appropriate referrals to community services.
- A plan is in place to increase referrals to a Geriatric Outreach Team to manage vulnerable patients in the community.
- A Nurse Led Outreach Team (NLOT) works with long-term care facilities and co-manages patients who are at risk of hospital admission.
- A psychogeriatric nurse supports transitions of patients from hospital to long-term care facilities.
- A telehealth program is being expanded to offer geriatric consultation for vulnerable elderly residents living in long-term care.

**Recommendations**

- The majority of delirium care practices are not yet implemented organization-wide. Continued spread of these practices to all relevant clinical areas is recommended. This includes the emergency department where early detection and intervention might be achieved.
- Hospitals should embed documentation of delirium in care records to support compliance, monitoring, and transfer of information during transitions across the organization.
- Hospitals should continue to monitor compliance and accuracy of delirium screening.
- Implementing indicators across the system would help support the continued monitoring and evaluation of practice addressing delirium.
- The majority of practices for preventing functional decline, such as early mobilization strategies, are not yet implemented organization-wide. Continued spread to all relevant clinical areas – including the emergency department – is recommended.
- Further system-wide planning to develop indicators for functional decline practice in acute care is needed for ongoing monitoring and compliance.
- Standardized education on delirium and functional decline should be available to all hospital staff. Resources and tools should be shared at the LHIN and provincial levels.
In a Senior Friendly Hospital, 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.

Emotional and Behavioural Environment

Since 2011, hospitals in the Central West LHIN have demonstrated increased commitment to a senior-friendly emotional and behavioural environment. Currently, both hospitals apply a senior friendly lens to quality improvement and to patient-centred care and diversity policies. One hospital in the region continues to offer seniors-sensitivity training to its workforce. Specific promising practices include:

- Geriatrics champions, including the GEM nurse, are involved in hospital program planning.
- Senior-friendly initiatives are piloted on specialized geriatrics services such as Acute Care for Elders units and then replicated in other inpatient units across the organization.
- Hospital-wide care rounding includes seniors-specific sensitivities.
- Senior leadership is updated regularly and provides input on SFH-related quality improvement plans.

Accomplishments and Promising Practices

<table>
<thead>
<tr>
<th>Practice</th>
<th>2011 Central West LHIN</th>
<th>2014 Central West LHIN</th>
<th>2014 Ontario</th>
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<tbody>
<tr>
<td>Seniors Sensitivity Training</td>
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<td>68</td>
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<tr>
<td>SFH Lens Applied to Quality Improvement</td>
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<td>100</td>
<td>74</td>
</tr>
<tr>
<td>SFH Lens Applied to Patient-Centred Care/Diversity Practices</td>
<td>50</td>
<td>100</td>
<td>77</td>
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</table>

Recommendations

- Many SFH principles have been incorporated throughout quality and patient experience initiatives. However, Central West LHIN hospitals continue to report that SFH care and seniors-sensitivity training remain important educational needs. Collaborative planning across the LHIN to determine specific educational needs and to build upon existing training curricula may promote shared learning in this domain of senior-friendly hospital care.
In a Senior Friendly Hospital, care is provided and research is designed in a way that protects the autonomy, choice, and diversity of the most vulnerable of patients.

**ETHICS IN CLINICAL CARE AND RESEARCH – % of hospitals with practice/structure in place**

<table>
<thead>
<tr>
<th></th>
<th>2011 Central West LHIN</th>
<th>2014 Central West LHIN</th>
<th>2014 Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethicist or Ethics Consultation Service</td>
<td>100</td>
<td>100</td>
<td>93</td>
</tr>
<tr>
<td>Processes for Capacity and Consent</td>
<td>n/a</td>
<td>100</td>
<td>97</td>
</tr>
<tr>
<td>Processes for Advance Care Planning</td>
<td>50</td>
<td>100</td>
<td>93</td>
</tr>
<tr>
<td>Processes for Elder Abuse</td>
<td>n/a</td>
<td>100</td>
<td>.87</td>
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</table>

**Extent of practice/structure in Central West LHIN hospitals (n=2)**

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Unit/Dept Specific</th>
<th>Organization Wide</th>
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<tbody>
<tr>
<td>Ethicist or Ethics Consultation Service</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Processes for Capacity and Consent</td>
<td>0</td>
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**Accomplishments and Promising Practices**

As in 2011, policies and structures supporting ethical issues are largely in place across the region. All hospitals report the availability of an ethicist or ethics consultation team; processes for capacity and consent; support for advance care planning; and formal processes to address suspected elder abuse.

Specific promising practices include:

- A policy for elder abuse was developed by the clinical excellence team and social work professional practice group, and is in the process of being revised.
- Staff work with the Elder Abuse Prevention Network and a community-based Seniors at Risk Coordinator to establish appropriate care plans when elder abuse is suspected.
- The occupational therapist and/or Geriatric Emergency Management (GEM) nurse assesses patient capacity and if there are concerns the Consent and Capacity Board is contacted to conduct a formal assessment.

**Recommendations**

- While many ethical supports are in place, ethical issues in patient care can be extremely complex. Continued education such as case presentations and lunch and learns are encouraged to help staff remain mindful of potentially challenging situations and of appropriate actions when they arise.
- LHIN-wide sharing of elder abuse protocols implemented by hospitals may improve practice in this domain and support appropriate referral and access to ethics resources in the region.
In a Senior Friendly Hospital, the structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of frail patients, promoting safety, comfort, independence, and functional well-being.

**Physical Environment**

Incremental improvements have been made in the Physical Environment domain – Central West LHIN hospitals are now beginning to incorporate SFH design resources into their physical space planning. Notably, one organization has conducted environmental audits using Senior Friendly design principles, a practice that had not occurred in 2011. Specific promising practices include:

- SFH design principles have been incorporated into the following improvements: wayfinding and signage; hallway paint colours; hallway seating for rest stops; cushioned, non-skid and non-glare flooring; and lighting improvements.
- New spaces and buildings will incorporate SFH design principles.
- The emergency department has two newly designed senior-friendly rooms.

**Accomplishments and Promising Practices**

<table>
<thead>
<tr>
<th>SFH Environmental Audits</th>
<th>2011 Central West LHIN</th>
<th>2014 Central West LHIN</th>
<th>2014 Ontario</th>
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<tbody>
<tr>
<td>SFH Incremental Environmental Upgrades</td>
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<td>100</td>
<td>82</td>
</tr>
<tr>
<td>SFH in Planning of Large Constructions</td>
<td>n/a</td>
<td>50</td>
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<tr>
<td>SFH in Capital/Small Equipment Purchases</td>
<td>n/a</td>
<td>100</td>
<td>82</td>
</tr>
<tr>
<td>SFH in Environmental Maintenance</td>
<td>n/a</td>
<td>50</td>
<td>73</td>
</tr>
</tbody>
</table>

**Recommendations**

- SFH design can be executed with cost-neutral impact and with benefit to patient safety and comfort. All hospitals should incorporate SFH design resources in addition to accessibility and building code when planning, auditing, and maintaining their physical environment.

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<td>2</td>
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<tr>
<td>SFH in Planning of Large Constructions</td>
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<td>0</td>
<td>1</td>
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<tr>
<td>SFH in Capital/Small Equipment Purchases</td>
<td>0</td>
<td>1</td>
<td>1</td>
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<tr>
<td>SFH in Environmental Maintenance</td>
<td>1</td>
<td>1</td>
<td>0</td>
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In their self-assessment responses, hospitals identified a number of LHIN- or system-wide supports needed to enable SFH care in the region.

One hospital currently participates in a Seniors Core Action Group. However, both organizations express interest in being involved in a LHIN-based SFH working group or committee to share and, where possible, standardize best practices, tools, and resources. The need for equitable resource allocation related to senior friendly activities was highlighted. Collaborative planning across the LHIN could support this. Hospitals would like a unified approach Senior Friendly Hospital priorities with common expectations and commitments across the LHIN.

Given that the two hospitals in the Central West LHIN are quite different in size and scale, there may be great benefit in collaboration across LHINs to promote networking and shared learning from hospitals with similar practice environments. Participation in formal structures such as provincial SFH collaboratives to foster relationships for this knowledge sharing is recommended.

Support and funding was requested to ensure that dedicated resources are available to develop, implement, and evaluate SFH initiatives. Some of the specific needs that would require funding include education to build SFH capacity and human resources, and increasing the availability of successful practices such as Geriatric Emergency Management nurses and Nurse Led Outreach Teams.

Central West LHIN hospitals identified the most immediate educational needs as: SFH principles and how to incorporate them into practice; seniors sensitivity; geriatric certification; delirium; early mobilization training; and skills building for managing patients with dementia such as the P.I.E.C.E.S., U-First, and Gentle Persuasive Approaches curricula. System-wide planning to define and possibly deliver common education curricula may help avoid redundancy while addressing these common learning needs.
Hospitals in the Central West LHIN have made good progress in their commitment towards SFH care since 2011, though significant work remains to be accomplished.

Compared to the environmental scan results of 2011, Central West LHIN hospitals are reporting increased uptake of practices and structures in all five domains of the SFH framework. Both hospitals have made strategic plan commitments for SFH and have identified in-hospital leads for SFH implementations. SFH principles have also been embedded into quality improvement, patient experience, and physical environment planning. Most importantly, hospitals have focused more attention on the clinical priorities of delirium and functional decline. At present, both hospitals in the Central West LHIN are reporting practices addressing hospital-acquired delirium and functional decline.

While these clinical practices have been initiated across the LHIN, there remains significant opportunity for spread and scale of successful implementations within organizations. The progression to organization-wide implementation and high levels of compliance with delirium and functional decline practices remains an important target for improvement. Standardized education and LHIN-wide collaboration to share knowledge, resources, and successful implementation strategies is encouraged. Implementing SFH indicators for delirium across the system can help monitor continued uptake and compliance with practice.

Hospitals are encouraged to review the recommendations included under each domain in this report. Becoming a senior-friendly organization requires more than implementing a series of initiatives. It is a long-term commitment that integrates each of the five domains of the senior-friendly hospital framework. Senior-friendly hospitals deliver care that maximizes the potential for older patients to transition safely through the continuum of care and return to their homes. By providing an optimal care experience while improving health outcomes, senior-friendly hospitals are a key enabler in Ontario’s health care system.
Acknowledgements

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SENIOR FRIENDLY HOSPITAL 2014 ENVIRONMENTAL SCAN WORKING GROUP

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