Senior Friendly Hospital Care in the North East
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. All North East LHIN hospitals completed the self-assessment survey. These are: Blind River District Health Centre; Chapleau Health Services; Englehart and District Hospital; Espanola Regional Hospital and Health Centre; Health Sciences North; Hearst Notre-Dame Hospital; Hornepayne Community Hospital; Kirkland and District Hospital; Lady Dunn Health Centre; Manitoulin Health Centre; Matheson, Iroquois Falls and Cochrane Group of Health Services (which includes the Anson General, Bingham Memorial, and Lady Minto Hospitals); Mattawa Hospital; North Bay Regional Health Centre; Sault Area Hospital; Sensenbrenner Hospital; Smooth Rock Falls Hospital; St. Joseph’s Continuing Care Centre; St. Joseph’s General Hospital Elliot Lake; Temiskaming Hospital; Timmins and District Hospital; Weeneebayko Area Health Authority; West Nipissing General Hospital; and West Parry Sound Health Centre.

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.

**Organizational Support**

<table>
<thead>
<tr>
<th>ORGANIZATIONAL SUPPORT – % of hospitals with practice/structure in place</th>
<th>2011 North East LHIN</th>
<th>2014 North East LHIN</th>
<th>2014 Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFH Strategic Plan Commitments</td>
<td>22</td>
<td>78</td>
<td>80</td>
</tr>
<tr>
<td>Regular Board Updates on SFH</td>
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<td>78</td>
<td>63</td>
</tr>
<tr>
<td>SFH in ECFAA QiPs or LHIN Qi Plans</td>
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<td>91</td>
<td>75</td>
</tr>
<tr>
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<td>93</td>
</tr>
<tr>
<td>SFH Committee/Working Group/Champion</td>
<td>26</td>
<td>83</td>
<td>87</td>
</tr>
<tr>
<td>Clinical Training on “Geriatric Giant” Topics</td>
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<td>87</td>
<td>94</td>
</tr>
<tr>
<td>Formal Geriatrics Clinical Leads/Champions</td>
<td>n/a</td>
<td>74</td>
<td>81</td>
</tr>
</tbody>
</table>

**Accomplishments and Promising Practices**

- Commitment from the board of directors to endorse a SFH strategy. This plan is reviewed regularly by the board’s Quality and Service Planning Subcommittee.
- A SFH working group engages front-line staff to identify priorities. The group’s SFH plan is reviewed quarterly with the Quality Council and board of directors.
- A commitment to establish a SFH culture by incorporating a senior-friendly lens in decision-making at the operational and planning levels.

**Training and Education**

- Signed a formal partnership with the North East Specialized Geriatrics Services Group to schedule regular planning meetings and educational opportunities.
- In-person (via grand rounds, corporate orientation, and conferences) and on-line education is available and includes “geriatric giant” topics such as falls prevention, adverse medication events, dementia, depression, and delirium.
- Staff participated in a one-week geriatric assessor course offered by the Regional Geriatric Program of Eastern Ontario.
- P.I.E.C.E.S. and Gentle Persuasive Approaches training is provided to all staff at a number of hospitals.

**Recommendations**

- All hospitals are encouraged to include SFH activities in their strategic plans and provide regular board updates on SFH to obtain feedback and strengthen their organizational commitment to becoming senior-friendly.
- Clinical training in geriatrics remains a significant need and hospitals should continue to spread this education organization-wide to both clinical and non-clinical staff. LHIN-level collaboration and planning, supported by local geriatrics expertise, may help define and deliver a common core curriculum based on mutual learning needs.
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.

**Processes of Care**

### DELIRIUM – % of hospitals with any degree of implementation of indicated practice

<table>
<thead>
<tr>
<th></th>
<th>2011 North East LHIN</th>
<th>2014 North East LHIN</th>
<th>2014 Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and Detection</td>
<td>30*</td>
<td>91</td>
<td>92</td>
</tr>
<tr>
<td>Prevention and Management</td>
<td>87</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>30</td>
<td>74</td>
<td>86</td>
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</tbody>
</table>

* Reported “Yes” to having a protocol/policy in place for delirium

### Accomplishments and Promising Practices in Delirium

In 2011, 30% of North East LHIN hospitals reported having a protocol/policy to address delirium. Currently, 91% of hospitals report having screening and detection processes in place, and 87% have implemented prevention and management procedures for delirium. Seventy-four percent of hospitals engage in monitoring and evaluation of delirium-related practice. The practice of screening for delirium has witnessed the greatest spread, with 14 North East LHIN hospitals having these practices in place across all inpatient units in their organizations. Specific promising practices related to delirium include:

- Implementation of early screening for delirium using the Confusion Assessment Method (CAM). In some sites, this occurs in the emergency department.
- Several hospitals track and report compliance rates with delirium screening at admission.
- Inclusion of CAM screening in standardized care documentation. In some hospitals, it has been included in electronic health records.
- Education is offered to staff on delirium. One hospital reports that all nursing staff completed on-line training modules on the 3-D’s offered at the Registered Nurses’ Association of Ontario.
- A Consultation for Older Adults with Compromised Health (COACH) team is made up of inter-professional staff trained as geriatric assessors. The team provides specialized assessment, consultation, discharge planning, and capacity building for frailty issues such as delirium.
- Development or implementation of prevention and management protocols triggered by positive CAM screens.
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.

Processes of Care

Current environmental scan results show that North East LHIN hospitals are paying significantly increased attention to practice addressing functional decline. In 2011, 20% of hospitals reported having a protocol/policy or monitoring of functional decline. Presently, 91% have implemented screening activities, and 87% have prevention and management processes in place. Eighty-three percent of hospitals have monitoring processes related to functional decline in place. Specific promising practices related to functional decline include:

- Early risk assessment in the emergency department, using standardized tools such as the Identification of Seniors At Risk (ISAR) screening tool.
- Falls risk assessment is conducted at patient admission, which automatically triggers referrals to physiotherapy.
- The use of standardized tools to measure changes in functional status, including the Katz Index, Barthel Index, Functional Independence Measure, and the Health Outcomes for Better Information and Care (HOBIC) ADL sections.
- A Consultation for Older Adults with Compromised Health (COACH) team is made up of inter-professional staff trained as geriatric assessors. The team provides specialized assessment, consultation, discharge planning, and capacity building for frailty issues such as functional decline.
- Prevention and management of functional decline using standard care plans which include assessment of mobility and early mobilization, reducing catheter use, and encouraging patients to be active in their self-care.
- Several hospitals track the rate of functional decline of patients from admission to discharge. A few hospitals note improvements in this rate.

Accomplishments and Promising Practices in Functional Decline

<table>
<thead>
<tr>
<th>Processes of Care</th>
<th>2011 North East LHIN</th>
<th>2014 North East LHIN</th>
<th>2014 Ontario</th>
</tr>
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<tbody>
<tr>
<td>Screening and Detection</td>
<td>20*</td>
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<tr>
<td>Prevention and Management</td>
<td>20</td>
<td>87</td>
<td>87</td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>20</td>
<td>83</td>
<td>84</td>
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</table>

* Reported “Yes” to having a protocol/policy in place for functional decline

Progress toward organization-wide implementation in North East LHIN hospitals (n=23)

<table>
<thead>
<tr>
<th>Process</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>2 4 3 1 13</td>
</tr>
<tr>
<td>Prevention and Management</td>
<td>3 4 5 3 8</td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>4 4 4 3 8</td>
</tr>
</tbody>
</table>

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

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:

- Standardized forms including discharge and transfer checklists, and medication reconciliation reports.
- Transfer of accountability procedures which include the involvement of the patient.
- Dedicated roles to optimize discharge planning such as “transitions” nurses, integrated CCAC/hospital discharge planners, and system navigators.
- Strong collaborations with community partners such as Community Care Access Centres (CCACs), community service agencies, Family Health Teams and primary care physicians, Health Links, Rapid Response Teams, Telehomecare services, Behavioural Supports Ontario resources, long-term care facilities, and North Shore Tribal case manager.
- A Consultation for Older Adults with Compromised Health (COACH) team is made up of inter-professional staff trained as geriatric assessors. The team provides specialized assessment, consultation, and discharge planning. It continues to follow complex patients when they are transferred between hospital units, and provides recommendations for community referrals on discharge.
- A LHIN-wide program, Priority Assistance to Transition Home (PATH), supports patient whose families are not available to bring them home. PATH workers provide an escort home, help pick up groceries and medications, assist with home set up, and link seniors to community services.
- Telephone follow-up of clients after they are discharged home or to another facility.
- Resource Matching and Referral projects in the LHIN include: direct referral to slow-paced rehabilitation for high-risk clients in the community, and enhanced referral processes to short-term assessment and treatment programs.
- Collaborative quality improvement involving community partners to optimize the flow of patients with responsive behaviours within hospital and from hospital to long-term care facilities.

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.

<table>
<thead>
<tr>
<th>Emotions and Behavioural Environment</th>
<th>% of hospitals with practice/structure in place</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2011 North East LHIN</td>
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<tr>
<td>Seniors Sensitivity Training</td>
<td>48</td>
</tr>
<tr>
<td>SFH Lens Applied to Quality Improvement</td>
<td>13</td>
</tr>
<tr>
<td>SFH Lens Applied to Patient-Centred Care/Diversity Practices</td>
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</table>

Extent of practice/structure in North East LHIN hospitals (n=23)

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Unit/Dept Specific</th>
<th>Organization Wide</th>
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</thead>
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<tr>
<td>Seniors Sensitivity Training</td>
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<td>6</td>
<td>8</td>
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<tr>
<td>SFH Lens Applied to Quality Improvement</td>
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<td>4</td>
<td>13</td>
</tr>
<tr>
<td>SFH Lens Applied to Patient-Centred Care/Diversity Practices</td>
<td>6</td>
<td>6</td>
<td>11</td>
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</tbody>
</table>

Accomplishments and Promising Practices

Hospitals in the North East LHIN are showing improved commitment in providing senior-friendly emotional and behavioural environment. Sixty-one percent of hospitals offer senior-sensitivity training, and 74% have processes to incorporate a senior-friendly lens to quality, patient-centred care, and diversity practices. Specific promising practices include:

- Senior-sensitivity training is provided during corporate orientation, skills fairs, and dedicated education sessions. In one hospital, a Masters degree student reviewed senior-sensitivity training and research to support the development of an education program now offered to staff.
- Senior Friendly Committees which include community partners such as Public Health and aboriginal elders.
- A Patient/Family Advisory Council provides a seniors’ lens to hospital improvement initiatives.
- Bedside communication boards and care conferences early in admission promote patient and family engagement, education, and empowerment.
- Development of a Traditional Healing Program and a patient navigator who supports the provision of services in the Cree language.

Recommendations

- Senior-sensitivity training remains an important educational need for both clinical and non-clinical staff. All hospitals should spread such training organization-wide to build an awareness of seniors’ needs. Collaborative planning across the LHIN may help determine specific educational needs and build on existing and impactful training to promote shared learning in this domain of senior-friendly hospital care.
- Hospitals should work toward incorporating a senior-friendly lens and awareness of seniors’ needs in all quality, patient-centred care, and diversity practices. Sharing of resources and strategies at the LHIN level may support this.
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.

**Accomplishments and Promising Practices**

Some progress has been made since 2011 in policies and structures supporting ethical issues. Presently, 91% of North East LHIN hospitals report having processes for capacity and consent; 74% have an ethicist or ethics consultation service; and 83% have support for advance care planning and procedures to address suspected elder abuse. Specific promising practices include:

- An Ethics Committee has representation from hospital staff, the community, and the hospital board.
- A clinical bioethicist on staff provides education and consultation to support care providers, patients, and families.
- The hospital is focused on improving the number of patients with completed advance directives when admitted to hospital. Education is provided and audits performed to improve compliance.
- Level of Treatment Orders are used to solicit patient and family input on advance care planning.
- The implementation of interdisciplinary rounds, one-on-one coaching, and family meetings has helped increase awareness, reporting, and intervention for elder abuse and for observing the rights of patients in determining their wishes.

**Recommendations**

- While many ethical supports are in place, ethical issues in patient care can be extremely complex. All hospitals are encouraged to provide continued education such as case presentations and lunch-and-learns to help staff remain mindful of potentially challenging situations and of appropriate actions when these issues arise.
- LHIN-wide sharing of ethics procedures implemented by hospitals, such as elder abuse and advance care planning protocols, may improve practice in this domain and support appropriate referral and access to ethics resources in the region.

### Extent of practice/structure in North East LHIN hospitals (n=23)

<table>
<thead>
<tr>
<th></th>
<th>2011 North East LHIN</th>
<th>2014 North East LHIN</th>
<th>2014 Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethicist or Ethics Consultation Service</td>
<td>52</td>
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<tr>
<td>Processes for Capacity and Consent</td>
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<td>97</td>
</tr>
<tr>
<td>Processes for Advance Care Planning</td>
<td>78</td>
<td>83</td>
<td>93</td>
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<tr>
<td>Processes for Elder Abuse</td>
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<td>87</td>
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<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Unit/Dept Specific</th>
<th>Organization Wide</th>
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<tr>
<td>Ethicist or Ethics Consultation Service</td>
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<td>1</td>
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<tr>
<td>Processes for Capacity and Consent</td>
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<td>17</td>
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<tr>
<td>Processes for Advance Care Planning</td>
<td>4</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Processes for Elder Abuse</td>
<td>4</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>
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

#### Accomplishments and Promising Practices

Significant improvement has been made in the Physical Environment domain. In 2011, 22% of North East LHIN hospitals conducted periodic environment audits using Senior Friendly design principles. Presently 61% of hospitals have conducted such audits, and over half are incorporating SFH design resources into aspects of their physical environment planning. Specific promising practices include:

- Environmental audits were conducted across three hospital sites. Improvement priorities were identified and strategies for their implementation were recommended to the building services team.
- The Elder Friendly Design Resource Collaboration – an on-line resource hosted by the Regional Geriatric Program Central – was accessed for guidance in decisions around flooring, seating, bathing, colours, and wandering prevention devices.
- Purchase of chair alarms, pocket talkers, non-slip socks, walkers and wheelchairs.
- A hydrosound tub was purchased to improve patients’ bathing experience.
- The use of loud equipment and overhead paging was reduced to decrease noise disturbance in patient rooms.
- Floor tiling was repaired and carpeting removed to help reduce falls.
- Extra seating was created in the patient registration area.
- An outdoor courtyard was redesigned to be wheelchair accessible.

#### PHYSICAL ENVIRONMENT – % of hospitals with practice/structure in place

<table>
<thead>
<tr>
<th></th>
<th>2011 North East LHIN</th>
<th>2014 North East LHIN</th>
<th>2014 Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFH Environmental Audits</td>
<td>22</td>
<td>61</td>
<td>64</td>
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<tr>
<td>SFH Incremental Environmental Upgrades</td>
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<td>83</td>
<td>82</td>
</tr>
<tr>
<td>SFH in Planning of Large Constructions</td>
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<td>61</td>
<td>79</td>
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<tr>
<td>SFH in Capital/Small Equipment Purchases</td>
<td>n/a</td>
<td>70</td>
<td>82</td>
</tr>
<tr>
<td>SFH in Environmental Maintenance</td>
<td>n/a</td>
<td>57</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 continue to incorporate SFH design resources in addition to accessibility and building code when planning new and incremental upgrades to their physical environment.
In their self-assessment responses, hospitals identified a number of LHIN- or system-wide supports needed to enable SFH care in the region.

Hospitals in the North East LHIN are participating in a LHIN-based SFH network to share and, where possible, standardize best practices, tools, and resources. They value this network for its ability to facilitate knowledge-sharing and collaboration. A number of hospitals suggested that specific SFH priorities for the region should be defined, and other organizations further suggested that common SFH metrics should be established to measure progress in senior-friendly care.

Hospitals requested support and funding to ensure that dedicated resources are available to develop, implement, and evaluate SFH initiatives. In particular, physical environment upgrades, additional geriatrics-focused human resources, and improved data systems for the reporting of clinical data were identified as the most urgent needs.

With insufficient numbers of geriatrics-prepared health providers, education and capacity building remains important to the region. The most immediate educational needs were identified as: geriatric giants training (e.g., delirium, dementia, incontinence, pain, mobility, falls, and sleep management); capacity and consent procedures; skills to manage responsive behaviours (e.g., Gentle Persuasive Approaches and crisis intervention training); senior-sensitivity training, and quality improvement methods. System-wide planning and, where possible, standardization of educational curriculum may help avoid redundancies while addressing these common learning needs. Several hospitals expressed interest in shared educational offerings across the LHIN, as well as common implementation resources for SFH improvements.

To promote a senior-friendly health system, hospitals expressed the need to increase community support for the frail elderly. Specific examples include: quicker access to long-term care and community services; increased Community Care Access Centre case managers to meet the high demand for community assessments; and additional home care services to help seniors stay in the community.
Hospitals in the North East 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, North East LHIN hospitals are reporting increased uptake of practices and structures in all five domains of the SFH framework. Presently, 96% of hospitals have established an administrative lead for SFH implementations, and 91% have made formal SFH commitments in either LHIN or Excellent Care For All Act quality improvement plans. There are fewer organizations who have designated SFH clinical champions, perhaps highlighting the need for additional geriatrics-prepared clinicians in the region. The LHIN should examine ways to increase the availability of geriatrics training and capacity building. Significantly, hospitals have demonstrated increased attention toward the clinical priorities of delirium and functional decline. Presently, 91% of hospitals in the LHIN report having some degree of practice addressing delirium, and the same number report practices addressing 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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