Senior Friendly Hospital Care in the North 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. Twelve North West LHIN hospitals completed the self-assessment survey. These are: Atikokan General Hospital, Dryden Regional Health Centre, Geraldton District Hospital, Lake of the Woods District Hospital, Margaret Cochenour Memorial Hospital, The McCausland Hospital, Nipigon District Memorial Hospital, Riverside Health Care Facilities Inc., Sioux Lookout Meno Ya Win Health Centre, St. Joseph’s Care Group, Thunder Bay Regional Health Sciences Centre, and Wilson Memorial General Hospital.

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.
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 West LHIN</th>
<th>2014 North West LHIN</th>
<th>2014 Ontario</th>
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</thead>
<tbody>
<tr>
<td>Screening and Detection</td>
<td>15*</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>Prevention and Management</td>
<td>83</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>15</td>
<td>92</td>
<td>86</td>
</tr>
</tbody>
</table>

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

#### Progress toward organization-wide implementation in North West LHIN hospitals (n=12)

- **Screening and Detection**
  - 0%
  - 25%
  - 50%
  - 75%
  - 100%

- **Prevention and Management**
  - 2
  - 3
  - 4
  - 2
  - 1

- **Monitoring and Evaluation**
  - 1
  - 4
  - 4
  - 1
  - 2

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

#### Accomplishments and Promising Practices in Delirium

In 2011, 15% of North West LHIN hospitals reported having a protocol/policy and monitoring procedures for delirium. Currently, all responding hospitals have screening and detection processes in place; 83% have prevention and management procedures; and 92% monitor practice related to delirium. This is great progress, although only a minority of hospitals have spread these practices across their inpatient areas organization-wide. Specific promising practices related to delirium include:

- Implementation of early screening for delirium. In some sites, this occurs in the emergency department.
- Compliance rates with delirium screening are monitored.
- In several organizations, delirium screening with the Confusion Assessment Method (CAM) has been integrated into electronic health records. In an intensive care unit, the CAM-ICU is used for daily screening and triggers pre-printed delirium order sets.
- Following implementation of delirium indicators in a provincial SFH evaluation, quality improvement methods were applied to standardize delirium assessments and build capacity across the organization.
- Piloting of the Hospital Elder Life Program (HELP) for delirium prevention.
- Staff receive mandatory education on delirium.
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.

Current environmental scan results show that North West LHIN hospitals are significantly attentive to the issue of functional decline. In 2011, 38% of hospitals reported having a protocol/policy or monitoring of functional decline. Presently, all responding organizations have implemented screening and monitoring activities, and 92% have prevention and management processes for functional decline in place. Similar to delirium practice, only a few hospitals have spread these processes across their entire organization. Specific promising practices related to functional decline include:

- Early risk screening using standardized tools such as the Blaylock Discharge Planning Risk Assessment and LACE (Length of stay, Acuity of admission, Comorbidites, and Emergency department visits) tool.
- Falls risk assessment tools trigger early involvement of physical or occupational therapists.
- In an organization piloting the Hospital Elder Life Program (HELP), the Barthel Index is used to monitor the functional status of patients. Changes in functional status during hospitalization are tracked and reported.
- Implementation of the Mobilization of Vulnerable Elders in Ontario (MOVE ON) program to promote early and frequent mobilization of patients in several inpatient units.
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

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:

- Dedicated roles to assist in transitions planning, such as Rapid Response Nurses.
- Bedside shift change reports which involve patients and families.
- Standardized forms for the transfer of information when patients transition to different facilities.
- Strong collaborations with community partners which include: Family Health Teams and primary care physicians; community pharmacies; the Community Care Access Centre (CCAC); regional Tribal Health Authorities; community counselling services and older adult health programs; community Geriatric Mental Health clinicians; community housing. In some hospitals, community partners are invited to participate in patient rounds.
- A Joint Discharge Operations Team, which includes hospital and community partners, meets weekly to plan appropriate transitions for alternate-level-of-care patients. A Coalition of Care Continuum Committee at another organization performs a similar role in connecting hospitals and community services in collaborative planning.
- An Age-friendly System Integration Group plans for the needs of community seniors and their caregivers.
- Use of electronic referral pathways to community services such as the CCAC Strata system.
- Post-discharge contact, often by telephone or telemedicine technology, to follow-up on vulnerable patients. In one facility, analysis of these contacts has revealed that support for medications is frequently needed after discharge.
- Convalescent care beds were created in a long-term care unit to provide slow-paced rehabilitation to support eventual discharge home.
- Expansion of Nurse-Led Outreach Teams to provide assessment and capacity building services in supportive housing.

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

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<tr>
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<th>2011 North West LHIN</th>
<th>2014 North West LHIN</th>
<th>2014 Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors Sensitivity Training</td>
<td>23</td>
<td>33</td>
<td>68</td>
</tr>
<tr>
<td>SFH Lens Applied to Quality Improvement</td>
<td>15</td>
<td>50</td>
<td>74</td>
</tr>
<tr>
<td>SFH Lens Applied to Patient-Centred Care/ Diversity Practices</td>
<td>85</td>
<td>67</td>
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### Accomplishments and Promising Practices

Hospitals in the North West LHIN are showing improvements in some areas contributing to a senior-friendly emotional and behavioural environment. Thirty-three percent of hospitals offer seniors-sensitivity training, and over half have processes to incorporate a senior-friendly lens to quality, patient centred care, and diversity practices. Specific promising practices include:

- An “Improving the Patient Experience” brochure is provided to patients and families within admission information packages, and a post-discharge telephone call is made to solicit feedback on the patients’ experience while in hospital.
- An interpreter service is offered through the local multi-cultural association.
- Patient and family advisors are involved in hospital board meetings, strategic planning, senior management councils, client-centred care committees, client relations, and hospital program and service development.
- The hospital board of directors interacts with seniors’ organizations through community engagement sessions.
- An organization serving many first nations communities has developed an Elder’s Care Continuum, with input from an Elder’s Council, to promote service coordination between the hospital and the community. This program also provides access to two Elders-in-residence to support patients.

### Recommendations

- Seniors-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.

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

Specific promising practices in the ethics domain include:

- A corporate-wide Ethics Consultation Committee includes representation from all service areas of the organization.
- The development of an ethics framework which utilizes the "medicine wheel", an important concept in the approach to healing among first nations populations. This framework supports staff in resolving unique ethical situations for first nations elders.
- An extensive update of the Cardiopulmonary Resuscitation and Advanced Life Sustaining Treatment Code Policy. This policy now includes information on tools that can be used to assist families in comprehensive advance care planning.

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 protocols, 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

**Accomplishments and Promising Practices**

Some improvements have been made in the Physical Environment domain. In 2011, 38% of North West LHIN hospitals conducted periodic environment audits using Senior Friendly design principles. Presently 42% of hospitals have conducted such audits, and at least 75% are incorporating SFH design resources into aspects of their physical environment planning. Specific promising practices include:

- A Senior-Friendly Steering Committee has conducted a review of best practices for Senior-Friendly Environmental Design and has created an action plan for improvements to the physical environment.
- Training is being developed for managers across the organization to guide improvements to the physical environment based on best available evidence and practice.
- SFH principles have been incorporated into a master plan for construction and for purchasing processes.
- A checklist has been developed for senior-friendly environmental audits.
- New patient wandering systems have been implemented. They allow for increased mobility and freedom while maintaining the safety of patients and residents.
- Paint colours were changed to promote a more senior-friendly environment.
- Low beds were purchased to support the safety of clients with dementia and mobility issues.

### 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.

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

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<thead>
<tr>
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<th>2011 North West LHIN</th>
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<td>SFH Environmental Audits</td>
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<tr>
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<td>SFH in Planning of Large Constructions</td>
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<td>SFH in Capital/Small Equipment Purchases</td>
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<tr>
<td>SFH in Environmental Maintenance</td>
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### Extent of practice/structure in North West LHIN hospitals (n=12)

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<th>None</th>
<th>Unit/Dept</th>
<th>Specific</th>
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<tr>
<td>SFH Environmental Audits</td>
<td>7</td>
<td>1</td>
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<tr>
<td>SFH Incremental Environmental Upgrades</td>
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<td>2</td>
<td>7</td>
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<tr>
<td>SFH in Planning of Large Constructions</td>
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<td>1</td>
<td>8</td>
<td></td>
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<tr>
<td>SFH in Capital/Small Equipment Purchases</td>
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<td>1</td>
<td>9</td>
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<td>3</td>
<td>1</td>
<td>8</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.

Eleven of the twelve North West LHIN hospitals indicated a strong interest in participating in a LHIN-based, SFH network to share and, where possible, standardize best practices, tools, and resources.

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); consent and capacity procedures; skills to manage responsive behaviours (e.g., Gentle Persuasive Approaches); seniors-sensitivity training, SFH physical environment design guidelines, and quality improvement methods. System-wide planning and, where possible, standardization of education curriculum may help avoid redundancies while addressing these common learning needs.

To promote a senior-friendly health system, hospitals expressed the need to increase community support for the frail elderly. Quicker access to long-term care and community services can decrease unnecessary time that frail patients remain in hospital, and help support maximal health and independence of seniors living in the community.
Hospitals in the North 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, North West LHIN hospitals are reporting increased uptake of practices and structures in nearly all domains of the SFH framework. Presently, all responding hospitals have identified an administrative lead for SFH implementations. However, fewer organizations have designated SFH clinical champions or SFH committees, 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. Hospitals should also consider making SFH commitments in their strategic plans or in board of director reports to strengthen their momentum toward becoming senior-friendly. Most significantly, hospitals have demonstrated increased attention toward the clinical priorities of delirium and functional decline. Presently, all responding hospitals in the LHIN have developed some degree of practice addressing both 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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<td>Simmy Wan</td>
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<td>Mary Kay McCarthy</td>
<td>University Health Network</td>
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## NORTH WEST LHIN SENIOR FRIENDLY HOSPITAL LEAD

Heli Mehta