Senior Friendly Hospital Care in the South 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 South East LHIN hospitals completed the self-assessment survey. These are: Brockville General Hospital, Hotel Dieu Hospital, Kingston General Hospital, Lennox and Addington County General Hospital, Perth and Smith Falls District Hospital, Providence Care, and Quinte Health Care.

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.

Accomplishments and Promising Practices

- The board of directors endorses the five-domain SFH framework. This framework provides structure to the hospital’s SFH improvement planning process. The board is updated regularly on progress.
- A steering group is accountable for developing and implementing a SFH improvement plan.
- A hospital’s SFH improvement plan is part of their accountability agreement with the LHIN.

Training and Education

- Geriatrics training is offered in staff orientation, on-line education modules, in-services, and through workshops on ‘geriatric giants’ topics such as dementia, delirium, falls, least restraints, and Montessori approaches.
- Gentle Persuasive Approaches training is offered twice yearly – 250 staff have been trained to date.
- Assess and Restore funding was used to train hospital staff to enhance their ability to care for frail seniors with functional and/or cognitive impairments.
- Geriatricians and Care of the Elderly physicians provide educational workshops.

Recommendations

- All hospitals are encouraged to designate senior leadership to champion the implementation of a SFH strategy across the organization.
- Seventy-one percent of South East LHIN hospitals have included SFH commitments in formal quality improvement plans. Including SFH priorities in either the Excellent Care For All Act or LHIN quality improvement plans is encouraged for all hospitals as it ensures a more formal commitment to achieving SFH quality targets such as regular monitoring of progress and reporting to stakeholders.
- 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 South East LHIN</th>
<th>2014 South East LHIN</th>
<th>2014 Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and Detection</td>
<td>57*</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>Prevention and Management</td>
<td>86</td>
<td>88</td>
<td></td>
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<tr>
<td>Monitoring and Evaluation</td>
<td>43</td>
<td>86</td>
<td>86</td>
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* Reported “Yes” to having a protocol/policy in place for delirium

#### Accomplishments and Promising Practices in Delirium

In 2011, 57% of South East LHIN hospitals reported having a protocol/policy to address delirium. Currently, all hospitals report having screening and detection processes in place, and six hospitals have implemented prevention, management, and monitoring procedures for delirium. South East LHIN hospitals have not yet implemented these practices organization-wide. Specific promising practices related to delirium include:

- Education sessions on delirium recognition, prevention, and management are provided to nursing and inter-professional staff.
- Screening of all newly admitted patients with the Confusion Assessment Method (CAM) tool.
- A Six-Item Screener (SIS) for cognitive impairment is used in the emergency department and triggers CAM screening for delirium when positive.
- Implementation of the HANDOVER delirium prevention tool (adopted from a Toronto Central LHIN hospital) along with CAM screening.
- Education and implementation of delirium screening has triggered clinical care changes which include increased hydration and continence protocols.
- Implementation of the Hospital Elder Life Program (HELP) in medicine and orthopaedics units.
- The Beer’s criteria, used to identify high-risk medications, is embedded in all patient records as a reference. Since its implementation, which included physician education, benzodiazepine use has decreased by 50%.
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

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

<table>
<thead>
<tr>
<th></th>
<th>2011 South East LHIN</th>
<th>2014 South East LHIN</th>
<th>2014 Ontario</th>
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<tbody>
<tr>
<td>Screening and Detection</td>
<td>86*</td>
<td>86</td>
<td>89</td>
</tr>
<tr>
<td>Prevention and Management</td>
<td>86</td>
<td>86</td>
<td>87</td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>29</td>
<td>71</td>
<td>84</td>
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* Reported “Yes” to having a protocol/policy in place for functional decline

**Progress toward organization-wide implementation in South East LHIN hospitals (n=7)**

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<td>H</td>
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<tr>
<td>Prevention and Management</td>
<td>H</td>
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<tr>
<td>Monitoring and Evaluation</td>
<td>H</td>
<td>H</td>
<td>H</td>
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**Number of Hospitals with Indicated Degree of Implementation (% of Patient Care Units)**

- **Screening and Detection**: 1 (25%), 2 (50%), 1 (25%), 1 (25%)
- **Prevention and Management**: 1 (25%), 2 (50%), 2 (50%), 2 (50%)
- **Monitoring and Evaluation**: 2 (50%), 2 (50%), 1 (25%), 2 (50%)

**Accomplishments and Promising Practices in Functional Decline**

Current environmental scan results show that South East LHIN hospitals continue to pay significant attention to practice addressing functional decline. In 2011, 86% of hospitals reported having a protocol/policy for functional decline. Presently, the same number have implemented screening, prevention and management activities, and four hospitals have spread these practices across at least 50% of their organization. Seventy-one percent of hospitals have monitoring processes for functional decline compared to 29% in 2011. Specific promising practices related to functional decline include:

- The Blaylock Discharge Risk Assessment Tool is used to screen patients upon admission for high risk of discharge complications.
- “Enhanced Activation” and “Restorative Care” programs identify risk early and trigger inter-professional activation and restorative care.
- Implementation of the Mobilization of Vulnerable Elders in Ontario (MOVE ON) program to drive early mobilization, coupled with the “Falling Star” falls risk program.
- A “Restorative Ambulation Program” which encourages mobilization 2-3 times a day and documentation of distance ambulated and assistance required.
- A Tai Chi program offered in rehabilitation and restorative care programs to improve strength, balance, and overall well-being.
- The addition of personal support workers to provide activation therapies for acute care and alternate-level-of-care patients.
- A “Lunch Bunch” initiative (adapted from a South West LHIN hospital) which encourages nutrition intake and socialization during mealtimes.
- A “Keep your mind and body active” brochure given to patients and families to encourage self-maintenance of function while in hospital.
- Use of standardized tools such as the Barthel Index to track patients’ functional status at admission, monthly, and at discharge.
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:

- Addition of a Care Navigator role to support healthcare teams.
- A Flow and Access Committee has been convened to oversee and improve patient flow activities.
- An Integrated Community Assessment Referral Team (iCART) made up of emergency physicians, Community Care Access Centre (CCAC) coordinators, and community support services staff. This team identifies high-risk patients and coordinates an inpatient care plan to optimize function along with appropriate community supports after discharge.
- Standardized forms and checklists for internal and inter-hospital patient transfers.
- A standard hospital to long-term care transfer-of-care package supports information transfer and continuity of care.
- A brochure and checklist to prepare for patient visits circulated to nearby retirement and long-term care homes.
- Collaboration with community partners for inpatient rounds and discharge planning. The participating partners include CCAC, Family Health Teams, Health Links partners, Behavioural Supports Ontario teams, mobile response teams, and long-term care homes.
- Patient satisfaction surveys include questions regarding preparation for transition to discharge destination.
- Follow-up telephone calls within 24 hours of discharge to ensure needed supports are in place.
- Collaborating with the CCAC for screening and direct admission of patients to a Seniors’ Rehabilitation Day Program without the need for a physician referral.
- The hospital is working with the LHIN to create access to an inter-professional team to support family physicians in managing complex patients in the community.

**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

Hospitals in the South East LHIN are showing improved commitment in providing a senior-friendly emotional and behavioural environment. Four hospitals offer seniors-sensitivity training, and six hospitals have worked to apply a senior-friendly lens to quality, patient-centred care, and diversity practices. Specific promising practices include:

- Seniors-sensitivity training is offered to staff. An ongoing education program entitled “Enhancing Our Relationships – Person and Family-Centred Care” is provided.
- “Heart” training to improve communication and engagement with staff, patients, and families.
- Family-centred care standards include: patient-led feedback forums; bedside communication whiteboards updated each nursing shift; hourly rounds with staff introductions at shift changes; and staff identification badges with large print.
- Inter-professional rounds are conducted at the bedside to involve the patient.
- Occupational therapists assist patients who have vision or communication difficulties in completing feedback and satisfaction surveys.
- A Patient and Family Advisory Committee contributes feedback to SFH initiatives.
- Integration of Patient Experience Advisors in improvements and organizational development.
- A “Partnering with our Patients and Families” information booklet was developed with consultation from older adult consumers.

Accomplishments and Promising Practices

<table>
<thead>
<tr>
<th></th>
<th>2011 South East LHIN</th>
<th>2014 South East LHIN</th>
<th>2014 Ontario</th>
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<tbody>
<tr>
<td>Seniors Sensitivity Training</td>
<td>43</td>
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<tr>
<td>SFH Lens Applied to Quality Improvement</td>
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<td>86</td>
<td>74</td>
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<tr>
<td>SFH Lens Applied to Patient-Centred Care/ Diversity Practices</td>
<td>29</td>
<td>86</td>
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Recommendations

- Seniors-sensitivity training remains an important educational need for both clinical and non-clinical staff. All hospitals should offer this 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.

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

<table>
<thead>
<tr>
<th></th>
<th>2011 South East LHIN</th>
<th>2014 South East LHIN</th>
<th>2014 Ontario</th>
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<tr>
<td>Ethicist or Ethics Consultation Service</td>
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<td>86</td>
<td>93</td>
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<tr>
<td>Processes for Capacity and Consent</td>
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<td>100</td>
<td>97</td>
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<td>Processes for Advance Care Planning</td>
<td>86</td>
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<tr>
<td>Processes for Elder Abuse</td>
<td>n/a</td>
<td>71</td>
<td>87</td>
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**Extent of practice/structure in South East LHIN hospitals (n=7)**

<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>
<td>1</td>
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<td>6</td>
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<tr>
<td>Processes for Capacity and Consent</td>
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<tr>
<td>Processes for Elder Abuse</td>
<td>2</td>
<td>0</td>
<td>5</td>
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</table>

**Accomplishments and Promising Practices**

Some progress has been made since 2011 in policies and structures supporting ethical issues. All hospitals now report having processes for capacity and consent; six have an ethicist or ethics consultation service; and five offer support for advance care planning and have procedures to address suspected elder abuse. Though fewer hospitals are reporting processes for advance care planning, the current self-assessment survey revised this question to include only those advance care plans that were more comprehensive than resuscitation orders. Specific promising practices include:

- Integrated elder abuse and domestic violence screening has been implemented on an electronic admission database in the emergency department for patients from long-term care.
- Policies on consent and capacity have been revised recently in accordance with current mental health legislation. The “Consent to Treatment” and “Officer in Charge” policies have been updated and approved.
- Developed a new policy and procedure for advance care planning and a “Goals of Care” designation.
- Education for substitute decision makers has been piloted and hospital-wide roll-out is planned.

**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.

- Two of seven hospitals in the region have yet to develop processes for advance care planning and for elder abuse. LHIN-wide sharing of these protocols implemented by hospitals in the region may improve practice in this domain and support appropriate referral and access to ethics resources in the region.
**Physical Environment**

**Multi-choice question:**

Which of the following are benefits of a Senior Friendly Hospital (SFH) environment?

- Promotes safety, comfort, independence, and functional well-being.
- Minimizes vulnerabilities of frail patients.
- Supports patient-centered care.

**Table: Physical Environment – % of hospitals with practice/structure in place**

<table>
<thead>
<tr>
<th>Practice</th>
<th>2011 South East LHIN</th>
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<th>2014 Ontario</th>
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<tbody>
<tr>
<td>SFH Environmental Audits</td>
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<td>64</td>
</tr>
<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>
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<td>100</td>
<td>79</td>
</tr>
<tr>
<td>SFH in Capital/Small Equipment Purchases</td>
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<td>86</td>
<td>82</td>
</tr>
<tr>
<td>SFH in Environmental Maintenance</td>
<td>n/a</td>
<td>86</td>
<td>73</td>
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**Accomplishments and Promising Practices**

significant improvement has been made in the Physical Environment domain. In 2011, 33% of South East LHIN hospitals conducted periodic environment audits using Senior Friendly design principles. Presently 57% of hospitals have conducted such audits, and all have incorporated SFH design resources into aspects of their physical environment planning. Specific promising practices include:

- An integrated Quality, Risk, Utilization, and Patient Safety Committee serves as a venue to ensure that senior-friendly principles are being considered with all initiatives, including environmental assessments. Physical renovations have representation from clinical and non-clinical departments including Occupational Health Services and Staff Development.

- A new wayfinding strategy is being implemented to support a patient-centred approach to physically navigating the hospital.

- Patient Experience Advisors are included in decision-making processes regarding the physical environment.

- SFH design resources are reviewed regularly to identify opportunities for improvement. These include: rest stops throughout the hospital; low-glare flooring; high-contrast signage; large wall clocks; raised toilet seats; and non-skid shower floors.

**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 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.
In their self-assessment responses, hospitals identified a number of LHIN- or system-wide supports needed to enable SFH care in the region.

All hospitals in the South East LHIN expressed interest or are already participating in a LHIN-based SFH network to share and, where possible, standardize best practices, tools, and resources. Hospitals also suggested a forum to share strategies and resources across organizations and healthcare sectors.

Hospitals requested support and funding to ensure that dedicated resources are available to develop, implement, and evaluate SFH initiatives and education. A specific example is support for hospitals to implement the Hospital Elder Life Program. Another hospital suggested that standards and practices should be developed for a senior-friendly ambulatory care environment.

Education and capacity building remain important needs in the region. The most immediate educational needs were identified as: geriatric giants training (e.g., delirium, dementia, incontinence, pain, mobility, and falls); capacity and consent procedures; skills to manage responsive behaviours (e.g., Gentle Persuasive Approaches and crisis intervention training); seniors-sensitivity training, change management, and quality improvement methods. System-wide planning and, where possible, standardization of education curriculum may help avoid redundancies while addressing these common learning needs.
Hospitals in the South 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, South East LHIN hospitals are reporting increased uptake of practices and structures in all five domains of the SFH framework. Six hospitals have established committee structures for SFH implementation, and the same number have strategic plan commitments and regular board updates on SFH progress. Five hospitals have either clinical or administrative leadership for senior-friendly care, and there are increasing levels of commitment to geriatrics training and capacity building. Most significantly, hospitals have demonstrated increasing attention toward the clinical priorities of delirium and functional decline. Presently, all hospital organizations in the LHIN report having some degree of practice to address delirium, and six 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.
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SENIOR FRIENDLY HOSPITAL 2014 ENVIRONMENTAL SCAN WORKING GROUP

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