The Senior Friendly Care Framework

October 2017
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1. Introduction

The Regional Geriatric Program (RGP) of Toronto, in collaboration with provincial stakeholders, has developed a Senior Friendly Care (sfCare) Framework. The Framework development began in April 2016, and culminated with its launch in October 2017. The development of the framework was guided by a Steering Committee and an Expert Panel, and benefited from the input of hundreds of older adults and their caregivers and care providers.

The goal of senior friendly care is to achieve the best possible health outcomes for older adults. The sfCare Framework provides the foundation for achieving this goal through guiding principles and defining statements which are intended to foster improvements in care across the system and inspire greater collaboration between older adults and their caregivers, care providers, and organizations.

How to use this document
This document introduces the sfCare Framework, and its context by providing highlights of the development process as well as a preview of the next phase of work which will facilitate implementation.

Administrators and care providers in healthcare organizations across the continuum (hospitals, long term care, primary care, and community care) are encouraged to reflect on the current structures they have in place for the care of older adults, and how they align with the Framework. Older adults and their caregivers are encouraged to reflect on the care they receive, and how it aligns with the principles and statements in the Framework.

While most readers will be familiar with the terminology used in the framework, a few select terms have been included in the glossary for those seeking clarification. See Appendix A – Glossary of Terms.

Purpose and Scope of the Framework
The sfCare Framework comprises seven guiding principles, and five domains encompassing 31 defining statements. It is intended to serve as a blueprint for what senior friendly care should look like across the healthcare system. The principles and statements are intentionally broad. The framework will provide the foundation for the development of implementation tools and resources that will focus on providing collaborative senior friendly care, wherever care is needed.

Use of the terms “older adult” and their “caregivers” in the Framework
The framework applies to all older adults, especially those with frailty. For the purpose of this framework, an older adult is considered to be 65 years or older, with the understanding that adults with complex age-related conditions may be younger than this and also benefit from senior friendly care. Caregivers are people who are involved in an older adult’s care, but who are not paid, such as family or friends. Older adults are partners in care, as are their caregivers, when identified as such by the older adult. In the context of this Framework, caregivers and family are assumed to be included in all of the statements, where applicable.
Use of the terms “care provider” and “care” in the Framework
The framework applies to care providers, who are paid to provide healthcare as well as to volunteers. This includes clinical professionals and non-clinical service providers. Care includes care and services provided in all healthcare settings by care providers, caregivers, and those providing non-clinical services (for example, appointment scheduling or meal delivery). In the context of the Framework, it is assumed that the older adult is a partner in care, and that something is not being done to or for them, but rather with them.

2. Background

Evolution from Senior Friendly Hospital to sfCare
The sfCare Framework builds upon several years of work focused on senior friendly hospital (SFH) care. This work includes two province-wide environmental scans, the identification of clinical priorities and a complex knowledge-to-practice intervention and provincial collaborative – SFH ACTION (Accelerating Change together in Ontario) - involving 87 hospitals.

The Senior Friendly Care (sfCare) Framework is an evolution of the Senior Friendly Hospital (SFH) Framework (2004), which has proven to be very valuable in stimulating change in hospitals to improve care for older adults. Building on this success, the framework has been re-envisioned as one that will be applicable wherever healthcare is delivered, not just in hospitals. See Appendix B – SFH Provincial Strategy and Appendix C – SFH Framework for more details.

Relevance to the World Health Organization’s Age-Friendly City Framework
Our vision for sfCare is aligned with the World Health Organization’s (WHO’s) Age-Friendly City Framework, with a focus on the “community support and health services” domain. This focus guided our literature review and qualitative data analysis.

Figure 1 The WHO's Age-Friendly City Framework
3. The Framework Development Process

The framework development included a literature search, qualitative data analysis, and a modified Delphi process. Work was guided by a Steering Committee and an Expert Panel, and hundreds of stakeholders were engaged to provide input. See Appendix D – Project Team for details about the team who led this work.

Literature Review Process

A literature search was conducted for published articles and grey literature reports related to care frameworks or the organization of healthcare systems for older adults. The search was limited to articles published between 1990 and 2016, written in English, and those with an available abstract. Articles were excluded if they were not related to healthcare, or if they were randomized controlled trials of interventions, demographic studies, or an assessment of risk factors.

Two team members independently reviewed the abstracts and articles, where necessary to reach consensus on the inclusion of 57 published articles and 25 reports from the grey literature. See Appendix E – Literature Review Process and Appendix G – References for more details.

Qualitative Data Analysis

Two reviewers used the five domains of the Senior Friendly Hospital (SFH) Framework as an a priori framework to code the content of the articles for themes related to senior friendly care. The coded content was then sorted into themes. The thematic analysis validated existing themes in the original SFH framework, and identified 16 new ones. A coding key was used for clustering the themes into the domains. Statements were then drafted for each domain. A third reviewer participated in further clustering of themes for consistency as well as in the drafting of statements.

Figure 2 Qualitative Analysis Process

Expert Panel Delphi Consensus

Defining statements and guiding principles were incorporated into a modified Delphi consensus process and underwent four rounds of review and revision by the Expert Panel. The 30-member Expert Panel was selected through the Steering Committee to represent the breadth and diversity of health care practice and geographic regions of Ontario. See Appendix F – Expert Panel Delphi for panel members.
Stakeholder Engagement
Older adults, their caregivers, and healthcare providers were engaged throughout the development process. Strategic opportunities for input were provided as follows:
- On the guiding principles at two seniors fairs, and at the SFH ACTION showcase event (attended by over 400 people)
- On the draft framework and its implementation, through: email distribution, social media, newsletters, and on the RGP of Toronto website, and through in person engagement with two community-based patient and family advisory councils.

4. The Senior Friendly Care Framework
The sfCare Framework comprises seven guiding principles, and five domains encompassing 31 defining statements.

![The Senior Friendly Care Framework](image)

*Figure 3 The Senior Friendly Care Framework*

NOTE – A larger, printable version of the framework can be found on the last page of this document
The 7 Guiding Principles at the Core of the Framework

During the development process, it became clear that there were important overarching fundamentals which should be applied across the domains. As a result, seven guiding principles were identified.

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

Figure 4 The 7 Guiding Principles

The 5 Domains and 31 Defining Statements of the Framework

The framework comprises 5 domains encompassing 31 defining statements.

Organizational Support

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

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

11. Care is guided by evidence-informed practice.

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

13. Care is integrated and provides continuity especially during transitions.

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

15. Older adults are partners with the care team.

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

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

18. Older adults are provided information in a way that makes it easy to understand so that they can make informed decisions.

19. The care provided is free of ageism and respectful of the unique needs of older adults.

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

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

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

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

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

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

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

27. Social connections are recognized as an important contributor to the health and well-being of older adults.
Ethics in Clinical Care and Research

28. Autonomy, choice and dignity of older adults are protected in care processes and research

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

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

Physical Environment

31. The structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of older adults and promotes safety, comfort, functional independence, and well-being

5. Next Phases of Work

In order for the sfCare Framework to be effectively applied as a holistic template for quality improvement and practice change, additional supporting work must be considered. As part of their mandate, the Steering Committee will be creating the sfCare Strategy, which will include the development of tools and resources for implementation. Work that is currently underway includes:

- Creation of the sfCare Strategy
- Recruitment for expert panels to guide the development of:
  - a self-assessment tool to determine areas of priority for an organization
  - an implementation kit for one priority area across the sectors
  - standards and indicators
- The development of the Senior Friendly 7 Toolkit. Research suggests that interventions in seven areas promise significant individual and often additive benefits in the lives of frail older adults. The SF7 Toolkit will comprise resources on Cognition/Delirium, Mobility, Nutrition, Polypharmacy, Continence, Pain, and Social Engagement. The toolkit would be tailored to the care provided across the healthcare system, and also include self and family-focused care.
<table>
<thead>
<tr>
<th>Word or phrase</th>
<th>Meaning and use in the framework</th>
</tr>
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<tbody>
<tr>
<td><strong>Administrative processes</strong></td>
<td>Includes the scheduling of appointments and the provision of written or verbal instructions (for example, for tests or medications).</td>
</tr>
<tr>
<td><strong>Ageism</strong></td>
<td>“Ageism is the stereotyping and discrimination against individuals or groups on the basis of their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.” (The World Health Organization).</td>
</tr>
<tr>
<td><strong>Evidence-informed practice</strong></td>
<td>Evidence-informed practice brings together the best available evidence from research, with local experience and expertise, and takes into consideration the older adult’s preferences and values.</td>
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<tr>
<td><strong>Integrated care</strong></td>
<td>Care providers work together across organizations, as partners in care with older adults and their caregivers, to coordinate and deliver services.</td>
</tr>
<tr>
<td><strong>Interprofessional model of care</strong></td>
<td>Different types of care providers actively working together to provide coordinated care for the older adult.</td>
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Appendix B – SFH Provincial Strategy

Ontario Pan-LHIN Senior Friendly Hospital (SFH) Strategy

2011-2014

Phase 1: Identify Current State
- Provincial/LHIN Environmental Scan (2011)
- Priority action areas identified

Phase 2: Develop Key Enablers
- Enhanced Delirium and Functional Decline Modules

Phase 3: Monitoring and Evaluation
- Delirium and Functional Decline Indicators Identification (2013) and Evaluation (2014)

2014-2017

Review SFH Progress

Build Capacity Across Ontario
- Environmental Scan (2014); Summaries completed March 2015
- SFH ACTION Program (2015-2017)

Sustain and Evolve
- Sustain SFH Collaborative
- Develop Senior Friendly Care Framework

ONTARIO SFH COLLABORATIVE
- RGP of Toronto (coordination), RGPs of Ontario, regional geriatrics leadership, and hospital in-house SFH leads
- Promote collaborative, system-wide action toward identified SFH priorities
- Provide a knowledge exchange network that disseminates successful SFH practices and advances quality improvement
Appendix C – SFH Framework

THE SENIOR FRIENDLY HOSPITAL FRAMEWORK
An evidence-informed framework applied organization-wide to help hospitals achieve better outcomes for frail seniors

Organizational Support
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.

Processes of Care
In a Senior Friendly Hospital, care is designed based on 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 supports transitions to the community.

Emotional and Behavioural Environment
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.

Ethics in Clinical Care and Research
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.

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.
Appendix D – Project Team

EXECUTIVE SPONSOR
RGP of Toronto
Dr. Barbara Liu, Chair

STEERING COMMITTEE MEMBERS
Dr. Barbara Liu, RGP of Toronto
Marlene Awad, RGP of Toronto
Dr. David Ryan, RGP of Toronto
Linda Jackson, St. Michael’s Hospital
Valerie Scarfone, NESGC
Rhonda Schwartz, Seniors Care Network

EXPERT PANEL
30 members across sectors, across Ontario

PROJECT COORDINATORS
Jesika Contreras
Ken Wong
Wendy Zeh
Appendix E – Literature Review Process

Senior Friendly Care Literature Search Flow Diagram PRISMA 2009

Identification

- Records identified through database searching EMBASE, MEDLINE & CINAHL (n=1337)
- Additional records identified through other sources (GOOGLE search, our own files) (n=67)

Screening

- Records after duplicates removed (n=1041)

Eligibility

- Records screened (n=1041)
- Records excluded (n=583)

- Full-text articles assessed for eligibility (n=458)
- Full-text articles excluded, with reasons (n=375)
  - Not describing a framework n= 122
  - Not healthcare related n= 106
  - Program evaluation n= 67
  - Focused on a specific component of the system n= 52
  - Risk identification n= 25
  - Duplicate n= 4

Included

- Studies included in qualitative synthesis (n=82)

Appendix F – Expert Delphi Panel

Marlene Awad
Director of Operations, RGP of Toronto

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Community Health Worker, North Lanark Community Health Centre

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Manager, Toronto Central LHIN

Trish Corbett
Clinical Nurse Specialist Geriatrics and HELP, Joseph Brant Hospital

Jayne Coyle
Director of Health Services, Lanark Renfrew Health and Community Resources

Gail Dobell
Director, Performance Measurement, Health Quality Ontario

Mark Edmonds
Director, Health System Integration, Central West LHIN

Alan Ernst
Manager, Policy, Accountability & Agency Relations, Ontario Seniors Secretariat

Jim Grieve
Executive Director, Retired Teachers of Ontario

Vinita Haroun
Director of Research and Knowledge Translation, Ontario Long Term Care Association

Carol Holmes
Program Manager, LTC Best Practices Program, RNAO (Retired)

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Executive Director, Family Health Team, St. Michael’s Hospital

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Senior Consultant, Policy Development, Ontario Seniors Secretariat

Charissa Levy
Executive Director
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Program Director, Geriatric Medicine Postgraduate Residency Program, University of Toronto
Geriatrician, Sunnybrook Health Sciences Centre

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Rhonda Schwartz
Director - System Planning, Implementation & Quality, Seniors Care Network

Dallas Seitz
Division Head, Geriatric Psychiatry
Associate Professor, Department of Psychiatry Queen's University Providence Care - Mental Health Services

Deborah Simon
CEO, Ontario Community Support Association

Cathy Sturdy-Smith
Manager, Specialized Geriatric Service, Canadian Mental Health Association

Ross Upshur
Head, Division of Clinical Public Health at University of Toronto

Kevin Young
Physician Lead, North Simcoe Muskoka Specialized Geriatric Services Program
Appendix G – References


66. Citing a PDF that is not provided in the text.


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