# A Summary of Senior Friendly Care in Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) Hospitals

***June 10, 2011***

Report written by: Ms. Anne Pizzacalla BScN MHSc and Dr. Sharon Marr BSc MD FRCPC Med Regional Geriatric Program (RGP) Central and the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network

This report was developed with the support of and as part of the HNHB LHIN Senior Friendly Hospital Strategy. This report acknowledges the contributions of Dr. Barbara Lieu MD FRCPC and Ken Wong BScPT MSc from the Regional Geriatric Program of Toronto.

---

Ontario
Hamilton Niagara Haldimand Brant
Local Health Integration Network

RGP central
Regional Geriatric Program central
Hamilton
Affiliated with McMaster University

sfH
Senior Friendly Hospitals

## ACKNOWLEDGEMENTS

This report was developed with the support of and as part of the HNHB LHIN Senior Friendly Hospital Strategy**.** The HNHB LHIN/ Geriatric Access and Integration Network (GAIN) Senior Friendly Hospital Task Force Working Group membership includes:

**Ms. Mary Burnett**, Chief Executive Officer, Alzheimer Society of Brant, Haldimand, Norfolk, Hamilton, and Halton

**Ms. Emily Christoffersen,** Senior Consultant, Strategic Projects, Hamilton Health Sciences, St. Peter's Hospital Site

**Ms. Trish Corbett,** Clinician Nurse Specialist, Joseph Brant Memorial Hospital

**Ms. Jennifer Hansen,** Clinical Manager, Complex Continuing Care and Seniors Health, Hotel Dieu Shaver Health and Rehabilitation Centre

**Mr. David Jewell,** Director, Regional Geriatric Program (RGP), Central

**Dr. Sharon Marr,** Chair, Regional Geriatric Program (RGP), Central and Head, Division of Geriatric Medicine, McMaster University.

**Dr. Carrie McAiney,** Assistant Professor, Dept. Of Psychiatry and Behavioral Neurosciences and Evaluator, Geriatric Psychiatry Service, St. Joseph's Healthcare, Hamilton.

**Ms. Shirley Stewart,** Advisor, Health System Transformation, Hamilton, Niagara, Haldimand, and Brant (HNHB) Local Health Integration Network (LHIN)

**Mr. Ed Ziesmann,** Director, Rehabilitation and Complex Continuing Care and Director, Mental Health, Joseph Brant Memorial Hospital

**Special thanks to**:

LHIN Student Contributors: Ms. Elizabeth Erent and Jennifer Gallant

RGP Project Assistant: Ms. Anisha Chouhan and Ms. Natasha Voogd

# TABLE OF CONTENTS

## 1. EXECUTIVE SUMMARY

In the winter of 2011, the Hamilton, Niagara, Haldimand, and Brant (HNHB) and Local Health Integration Network (LHIN) assembled a Senior Friendly Hospital Strategy Task Group to help guide work on the LHINs priority of improving seniors' health through a model of Senior Friendly Hospital care. Based on the Senior Friendly Hospital model developed through the Toronto Central (TC) LHIN and Regional Geriatric Program (RGP) of Toronto[1], the HNHB LHIN participated with the remaining provincial LHINs in the Ontario Senior Friendly Hospital Strategy to identify common themes, promising practices, and areas for improvement at the hospital and system level. By June 2011, all fourteen LHINs in Ontario will have conducted a similar process so that the provincial landscape of Senior Friendly Hospital care may be surveyed and the development of a province-wide Senior Friendly Hospital strategy can commence.

A healthy seniors' population builds and sustains healthy communities. The care that seniors receive in hospitals, and the hospital experience itself, are among the key determinants in the health and wellbeing of older adults. Hospitalized seniors have higher rates of adverse events, surgical complications, and hospital acquired infections compared with younger people in hospital. Seniors are also at greater risk for hospital-acquired delirium, longer length of stay, re-admission and loss of the capacity for independent living.[2,3,4] One third of hospitalized seniors develop a disability in an activity of daily living during hospitalization and half of these are unable to recover function.[4] Given that seniors receive care in virtually every area of the hospital, it is crucial that continuous quality improvement plans be developed and include a comprehensive, coordinated approach to protecting and responding to the needs of a growing and increasingly diverse seniors' population. A Senior Friendly Hospital is one in which the environment, organizational culture, and care giving processes accommodate and respond to

[1] The Regional Geriatric Program of Toronto (2010). *A Summary of Senior Friendly Care in Toronto Central LHIN Hospitals.* Toronto: Toronto Central Local Health Integration Network.
[2] Gorbien MJ, Bishop J, Beers MH, et al. Iatrogenic illness in hospitalized elderly people. *J Am Geriatr Soc* 1992; 40 (10):1031-1042.
[3] Inouye SK, Schlesinger MJ, Lydon TJ. Delirium: A symptom of how hospital care is failing older persons and a window to improve quality of hospital care. Am J Med 1999; 106:565–573.
[4] Sager MA, Franke T, Inouye SK et al. Functional outcomes of acute medical illness and hospitalization in older persons. Arch Intern Med 1996; 156:645–652.

seniors' physical and cognitive needs, promote good health (e.g. nutrition and functional activation), maximize safety (e.g. prevents adverse events), and involve patients, their families, and caregivers as full participants in their care. The aim is to enable seniors to regain their health after their hospital stay is completed, so that they can transition to the next level of care that best meets their needs – whether it is post-acute care, community care or long term care.

The Ontario Senior Friendly Hospital Strategy will:

- Improve the health, well-being and experience of seniors in Ontario hospitals, thereby supporting decreased lengths of stay;
- Improve the capacity for older adults to live independently and thereby reduce hospital readmission rates and;
- Result in a better use of health care dollars.

Mirroring the process already conducted in the TC LHIN, the initial step in the Ontario Senior Friendly Hospital Strategy involved the completion of a self-assessment by hospitals. Hospitals received a background document entitled *"Backgrounder: Senior Friendly Care in HNHB LHIN LHIN Hospitals"* as well as an accompanying Self-assessment Template developed by the RGP of Toronto - both were distributed to participating hospitals by the HNHB LHIN. The documents were based in concept on the RGPs of Ontario endorsed Senior Friendly Hospital Framework, which is composed of five interrelated domains: organizational support, process of care, emotional and behavioural environment, ethics in clinical care and research, and physical environment. The HNHB LHIN Senior Friendly Hospital survey contained additional questions on strategies to avoid hospitalization and improving transitions between hospital and community services for seniors.

This summary report of all the HNHB hospital self-assessments can be found in Appendix A and represents a point in time snapshot of Senior Friendly Hospital care in the LHIN. It identifies the strengths and areas for improvement in the HNHB LHIN hospitals to help realize a system that promotes the independence of seniors and the provision of high quality care for older adults.

As well, it identifies an array of practices and programs in individual HNHB LHIN hospitals that are promoting senior friendly care and that should be considered for broader adoption.

Seniors utilize a significant portion of hospital resources in the HNHB LHIN. The ten hospital corporations in the HNHB LHIN report that seniors on average represent 20% of Emergency Department (ED) visits, and 63 % of total hospital days are attributable to older patients. In addition, the ten hospital corporations reported 83% of alternate levels of care (ALC) days in the HNHB LHIN hospitals are attributable to seniors. A substantial body of evidence shows that the hospital stay itself makes seniors more vulnerable to complications and loss of functional ability, thereby contributing to longer hospitalizations and more seniors being designated as ALC. It has been estimated that one-third of frail seniors lose independent function as a result of hospital practices, such as bed rest, half of whom are then unable to ever recover the function they lost.[5,6]

Results from the HNHB LHIN hospital self-assessments indicate that the need for senior friendly care is acknowledged by the LHIN and its hospital organizations. All ten hospital corporations are involved, although to different degrees, in enhancing a seniors health system that aims to support residents of the HNHB LHIN with an array of specialized geriatric services (i.e. geriatric medicine and geriatric psychiatry consultation). The ongoing consultation process involved in the evolution of these services also includes the LHIN, CCAC, primary care, community service agencies, and health care consumers. This comprehensive representation on service planning committees is a positive step toward achieving improved health system integration that will better serve seniors and other frail and medically complex patient populations. In addition to the LHIN wide priority of developing a comprehensive system of health services for seniors, five hospital corporations (50%) in the HNHB LHIN have committed to an organization wide priority to develop senior friendly services. Almost all hospitals describe a commitment toward the development of services, training initiatives, and cultural and behavioural practices that address

[5] Creditor MC. Hazards of hospitalization of the elderly. Ann Intern Med 1993;118;219-23.
[6] Inouye SK, Wagner DR, Acampora D et al. A controlled trial of a nursing-centred intervention in hospitalized elderly medical patients. J Am Ger Soc 1993;41:1353-60.

the needs of seniors. Many of these initiatives are unit or consultation based, and it is important to emphasize and recognize that seniors are patients in virtually every unit of the hospital. The challenge will be to adopt successful practices so that they encompass all relevant hospital units and services, thereby reflecting an explicit and comprehensive plan for senior friendly care throughout the organization from design to care delivery to evaluation. This is necessary because seniors' health care needs are changing. Seniors are living longer, and there is a greater degree of frailty, complexity, and diversity among seniors than ever before.

The self-assessment analysis also provided an examination of the clinical processes of care that are particularly relevant to seniors admitted to hospital. Falls, pressure ulcers, and adverse medication events are the clinical areas that were most often reported to have developed protocols. Formal monitoring procedures were less robust and occurred infrequently for these clinical risk problems. Continence, sleep, elder abuse, and dementia-related behavior management were the clinical areas that were least often managed with protocols or monitoring procedures.

Specialized geriatric programs established an infrastructure to provide services where they were needed, such as geriatric screening in the emergency department, and specialized geriatric consultation throughout units of the hospital. In some cases, specialized inter-professional teams carried out these functions, and provided the ability to deliver comprehensive expertise that would integrate with other hospital services. Education and practice that emphasize inter-professional teamwork were also identified as enablers to help meet the complex needs of frail seniors. Furthermore, creative partnerships and inter-organizational collaboration were often reported by hospitals as facilitating the expansion of practice and specialized knowledge into the community. This was most often evident in hospital practices designed to sustain discharges and to prevent avoidable admissions. The themes of teamwork and partnership, present in many of the promising practices, will be important to continue when building continuity into the health care system as a whole.

The hospital care experience is influenced by the emotional and behavioural climate of an organization. All hospitals reported support for patient-centred care and patient diversity. However, it was not always apparent if a senior friendly lens had been applied to these approaches. Some promising practices identified in this analysis were the provision of organization-wide patient-centred care training that had senior specific elements, the development of formal mechanisms to better engage patients and families in their own care (e.g. personhood profile), the modification of documentation procedures to capture communication to patients and families, and diversity services that include dedicated patient navigators to assist those who require additional attention to make the most of their hospital experience.

All hospitals in this survey reported having resources in place to address ethical challenges that arise during the provision of care. For instance, all were equipped with the services of an ethicist for consultation on challenging situations. One organization reported conducting regular ethics case discussion rounds and acknowledging the importance of ensuring that staff are appropriately educated and supported so that they can recognize and respond to unique ethical situations as they arise in practice.

Aspects of the physical environment were cited by all hospital organizations as creating barriers to providing senior friendly care. Two organizations reported using senior friendly physical design resources in the development of their existing infrastructures. There is a significant body of information regarding senior friendly environmental design[7,8] and these principles go beyond generalized building code requirements or disability legislation outlined in the Access to Ontarians with Disabilities Act (AODA). A promising development is the indication by a few hospital organizations of the plan to use senior friendly design resources in retrofit and redevelopment projects moving forward. Ensuring that the teams involved in developing, purchasing, and maintaining elements of the physical facility are knowledgeable and skilled on senior friendly design will promote the ongoing development of a physical environment that

[7] Parke B and K Friesen (2008). *Code Plus: Physical Design Elements for an Elder Friendly Hospital*. Fraser Health Authority.

[8] Frank C, J Hoffman and D Dickey (2007). Development and Use of a Senior Friendly Hospital Environmental Audit Tool. *Canadian Journal of Geriatrics* 10(2): 44-52.

meets the needs of seniors and other vulnerable populations. This, in turn, will result in improved patient safety, comfort and independence, and if well implemented, may bring about work design efficiencies that will allow staff to dedicate more time to direct patient care.

The current state of senior friendly hospital care in the LHIN includes many promising practices as well as important opportunities for improvement. All hospitals identified the importance of health equity, patient-centred care, safety, medical ethics, and accessibility in their organization. These guiding principles have been present in hospitals for many years, often through accreditation processes, and in the case of accessibility, through legislation. There is an opportunity to translate these core principles into specific strategies to fully meet the needs of seniors who are identified as frail and/or complex. The identification of senior friendly indicators will provide feedback to guide the development and continued refinement of care and service across the system. Teamwork and partnerships were frequently highlighted as enablers of success, and will serve to enhance system integration and performance. Another key point to achieving senior friendly care is developing and supporting avenues of knowledge sharing to ensure that hospitals across the HNHB LHIN and across the province can learn from each others' innovations and work collaboratively to improve the quality of care for seniors across hospital systems.

In summary, the Ontario Senior Friendly Hospital Strategy is designed to inform senior leaders in hospitals on how to modify the way care is organized and provided to older patients. Additionally, it is intended to emphasize the multiple dimensions of organizational change essential to achieve improved health outcomes for seniors. The HNHB LHIN is well-positioned to encourage hospitals to adopt the Senior Friendly Hospital Framework by integrating measurable objectives into hospital service accountability agreements. The Senior Friendly Hospital Strategy also provides concrete opportunities for hospitals to achieve their commitments related to the Excellent Care for All Act. It will be particularly important to consider alignment of indicators with reporting requirements for Excellent Care for All Act, the Canadian Patient Safety Institute (CPSI) and accreditation processes.

## 2.0 THE ONTARIO SENIOR FRIENDLY HOSPITAL STRATEGY IN THE HNHB LHIN

### 2.1 BACKGROUND - THE ONTARIO SENIOR FRIENDLY HOSPITAL STRATEGY

The Ontario Senior Friendly Hospital Strategy is an ongoing improvement initiative that aims to promote hospital practices that better meet the physical, emotional, and psychosocial needs of older adults. Enhancing the care of seniors in hospitals to increase their ability to transition safely from the hospital to the community is an essential component of an integrated, system-wide effort to reduce the time people spend waiting in emergency departments (ED) and alternate level of care (ALC) beds. Moreover, a systematic approach to improving hospital processes and the environment for seniors will contribute to each hospital's capacity to meet the quality and safety improvements required under the Excellent Care for All Act.

The Toronto Central (TC) LHIN established a Senior Friendly Hospital Strategy Task Group in the summer of 2010 comprising representatives from acute, rehabilitation, and continuing care (CC) hospitals, as well as the Community Care Access Centre to consult and guide the work on this priority. The work of the task group incorporated feedback from the TC LHIN Seniors Advisory Panel and Health Professionals Advisory Committee toward the core responsibility of advising the TC LHIN on priorities and approaches to reduce the risk of seniors' functional decline while in hospital. This process included providing expert advice on the background document, *Senior Friendly Care in TC LHIN Hospitals*[9], a senior friendly hospital self-assessment template, and a resulting summary report of senior friendly care in TC LHIN hospitals[10].

The Regional Geriatric Program (RGP) of Toronto was engaged as a partner in this process to provide expert clinical consultation and to produce the aforementioned documents. The Senior Friendly Hospital Care in TC LHIN document describes a five-domain Senior Friendly Hospital framework endorsed provincially by the RGPs of Ontario. This framework served as a roadmap to quality improvement by defining the key areas for attention in order to optimize the care of older adults in hospital. The background document also describes the need for change, to

[9] The Regional Geriatric Program of Toronto (2010). *Background Document: Senior Friendly Care in Toronto Central LHIN Hospitals*. Toronto: Toronto Central Local Health Integration Network.

[10] The Regional Geriatric Program of Toronto (2010). *A Summary of Senior Friendly Care in Toronto Central LHIN Hospitals.* Toronto: Toronto Central Local Health Integration Network.

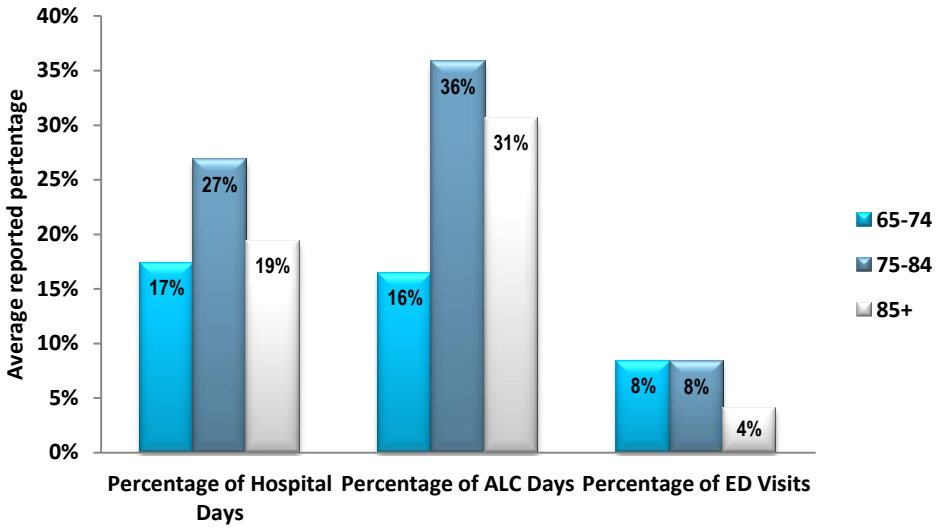
ensure that the hospital experience is one that will enable positive outcomes for frail seniors. The self-assessment template, also structured on the Senior Friendly Hospital framework, provided a means for hospitals to reflect on their environment, culture and service delivery to older adults and the role that all staff share from top level leadership to front line service and support staff. This self-assessment process resulted in a summary report, which helped to identify common themes in Senior Friendly Hospital care across the TC LHIN, including promising practices and opportunities for organization and system level improvement.

## 2.2 THE SENIOR FRIENDLY HOSPITAL STRATEGY IN THE HNHB LHIN

The proportion of seniors (19.4%) in the HNHB LHIN is presently higher than the Ontario average (16.9%). The HNHB LHIN has the highest number of older adults (over 200,000) of any LHIN in the province. Looking ahead, the number of seniors aged 65 and over in Ontario is projected to more than double from 1.8 million or 13.7% of the population in 2009, to 4.2 million or 23.4 % of the population by 2036.[11] The hospital organizations in the HNHB LHIN report that seniors account for an average 20% of ED visits, 63% of total hospital days, and 83% of their ALC days (Figure 1). Frailty rates of those over age 65 in Ontario are estimated to be 8% and rise to 20% in those age 85 and older. While seniors over 85 represent only 4% of hospital ED visits, they account for 27% of hospital days and 36% of ALC days (Fig. 1). This high utilization rate is thought to reflect the higher prevalence of frailty and complexity in this age group. Considering the projected growth rate of the population of seniors, the pressures existing now in managing hospital length of stay and ALC rates will increase significantly unless mitigating strategies are implemented.

[11] Institute for Clinical Evaluative Sciences (2010). *Aging in Ontario: An ICES Chart Book of Health Service Use by Older Adults.* Toronto: Institute for Clinical Evaluative Sciences.

**Figure 1: Average Proportion of Total Hospital Days, ALC Days and Emergency Department (ED) visits accounted for by patients 65-74 years, 75-84 years and 85+ HNHB LHIN hospitals 2009/2010**




The provision of healthcare for seniors also represents financial and service challenges. In 2008, the latest available year for data broken down by age group, provincial and territorial governments spent on healthcare an average of $10,742 per Canadian age 65 and older, compared to $2,097 on those between age 1 and 64.[12] Within the senior population, spending varies widely by age group, with health care expenditure on seniors age 80 and older, at an average of $18,160 per capita, more than three times higher than for seniors younger than age 70 ($5,828 per person on average).[6] With the large proportion of seniors in the HNHB LHIN, this population's frequent hospital usage and the complications of hospitalization are reasons that the Senior Friendly Hospital Strategy is imperative in producing healthy communities.

The Senior Friendly Hospital Strategy is designed to inform senior leaders in hospitals on how to modify the way care is organized and delivered to older patients. Additionally, it is intended to emphasize the multiple dimensions of organizational change essential to achieve improved

[12] Canadian Institute for Health Information. October 28, 2010. http://www.cihi.ca/CIHIextportal/internet/en/Document/spending+and+health+workforce/spending/RELEASE_28OCT10, Accessed May15, 2011

health outcomes for seniors. The HNHB LHIN, through the provincial Senior Friendly Hospital Strategy, is well-positioned to encourage hospitals to adopt the Senior Friendly Hospital Framework by integrating measurable objectives into hospital service accountability agreements. Moreover, the Senior Friendly Hospital Strategy provides concrete opportunities for hospitals to achieve their commitments within the Excellent Care for All Act.

## 3. CONCEPTUAL UNDERPINNING – THE SENIOR FRIENDLY HOSPITAL FRAMEWORK

The Senior Friendly Hospital Framework describes a comprehensive approach that is to be applied to organizational decision-making. Recognizing the complexity of frailty and the vulnerability of seniors to the unintended consequences of hospitalization that may compromise their function and wellbeing, the senior friendly hospital has an environment of care giving and service that promotes safety, independence, autonomy, and respect. As vulnerable seniors typically require health services across the continuum of care, a senior friendly hospital functions as a partner within the health care system, providing a continuity of practice that optimizes the ability of seniors to live independently in the community.

To help hospitals take a systematic, evidence-based approach, the RGPs of Ontario have developed a Senior Friendly Hospital Framework, with five domains designed to improve outcomes, reduce inappropriate resource use, and improve client and family satisfaction:

1. **Organizational Support –**There is leadership and support in place to make senior friendly care an organizational priority. When hospital leadership is committed to senior friendly care, it empowers the development of human resources, policies and procedures, care-giving processes, and physical spaces that are sensitive to the needs of frail patients.

2. **Processes of Care –** The provision of hospital care is founded on evidence and best practices that acknowledge the physiology, pathology, and social science of aging and frailty. The care is delivered in a manner that ensures continuity within the health care system and with the community, so that the independence of seniors is preserved.

3. **Emotional and Behavioral Environment –** The hospital delivers care and service in a manner that is free of ageism and is respectful of the unique needs of the patient and their caregivers, thereby maximizing satisfaction and the quality of the hospital experience.

4. **Ethics in Clinical Care and Research –** Care provision and research is provided in a hospital environment which possesses the resources and the capacity to address unique ethical situations as they arise, thereby protecting the autonomy of patients and the interests of the most vulnerable.

5. **Physical Environment –** The hospital's structures, spaces, equipment, and facilities provide an environment, which minimizes the vulnerabilities of older frail patients, thereby promoting safety, independence, and functional wellbeing.

This Senior Friendly Hospital Framework provides a common pathway to engineer positive change in any hospital, and has been adapted in the current process to the unique context of the HNHB LHIN. While all five components of the Senior Friendly Hospital Framework are required for optimal outcomes, it is recognized that a staged approach to change may be more feasible and practical in its implementation.

## 4. RGP BACKGROUND DOCUMENT AND SELF-ASSESSMENT PROCESS

The first step in the Senior Friendly Hospital Strategy is to gain an understanding of the current state of senior friendly care in the HNHB LHIN. Hospitals across the HNHB LHIN completed a self-assessment on how senior friendly their hospital is. With questions structured around the Senior Friendly Hospital Framework, the *Self-assessment Template* gauged each organization's level of commitment, their efforts to date, and their perceived challenges and needs in becoming a senior friendly hospital. This first step in mapping senior friendly hospital efforts proved invaluable in identifying promising practices across the LHIN, as well as some of the challenges in providing optimal care and the opportunities for improvement.

## 5. GOALS OF THE SELF-ASSESSMENT SUMMARY

- To serve as a summary of the current state of senior friendly care in HNHB LHIN;
- To acknowledge innovative practices in senior friendly care;
- To identify hospital and system-level improvement opportunities;
- To promote knowledge sharing of innovative practices.

## 6. METHODS

In the winter of 2011, HNHB hospital CEOs received the background document, *Senior Friendly Care in HNHB LHIN Hospitals,* along with the *Self-assessment Template*, both built on the structure of the RGPs Senior Friendly Hospital Framework. Within three months of delivery, self-assessments from ten hospital corporations representing twelve general acute care hospitals, five Rehabilitation/Complex Continuing Care (CC) hospitals, four ambulatory care-focused hospitals and one mental health hospital were submitted to the HNHB LHIN (Table 1, page 15). Each self-assessment was read and analyzed by three independent reviewers from the HNHB Senior Friendly Hospital Working Group. The exploratory nature of this report required qualitative self-assessment responses, which in turn, necessitated subjective interpretation. This review called for some degree of contextual familiarity with the services provided within the system in which the organizations perform. Although each reviewer examined the self-assessment submissions independently, consensus was reached without difficulty.

Hospital responses were examined for common themes and innovative practices, and where appropriate, they were aggregated to provide a system wide view. Like the self-assessment template, the analysis was structured on the Senior Friendly Hospital Framework, which facilitated the identification of common areas of focus, strengths, and opportunities for improvement. The Senior Friendly Task Force comprised of members of the HNHB LHIN, the RGP Central and Geriatric Access and Integration Network (GAIN) reviewed the aggregate results of the self-assessment analysis and provided feedback on system-level initiatives and key enablers to help ensure success of the Senior Friendly Hospital Strategy in meeting the physical, emotional and psychological needs of seniors in hospital.

In addition to the system-level promising practices and opportunities for improvement that this report highlights, each hospital receives an individualized feedback letter. This letter includes a summary of the hospital's responses, the aggregate responses of hospitals in their sector, and the aggregate responses of all HNHB LHIN hospitals. The feedback also highlights the hospital's innovative practices and opportunities for improvement in providing Senior Friendly Hospital Care in HNHB LHIN.

## 7. LIMITATIONS OF THE ANALYSIS

It is important to acknowledge the limitations of the current analysis of senior friendly hospital care in the HNHB LHIN. Hospital organizations vary in their resources, data collecting infrastructure, reporting methodology, and ultimately in the ease with which they are able to retrieve and report the data requested in the self-assessment. This resulted in variations in the quality and consistency of information, particularly the numerical data that was returned for analysis. Self-assessment methodology is most helpful in determining training, self-improvement, and coaching needs. However, as with all data collection, care must be taken to ensure that the information is accurate and credible. The exploratory nature of this report means that both quantitative and qualitative data requires a degree of subjective interpretation requiring clinical and contextual familiarity with the health system and the types of services discussed in the reports. Having multiple clinical reviewers helped to minimize the effect of this limitation and consensus amongst the reviewers was reached without difficulty. The HNHB LHIN hospitals are also heterogeneous in both size and focus, covering sites from 600 to less than 50 beds with acute care, rehabilitation, CC, ambulatory care and mental health specialization. Twenty-two individual hospitals that are part of 10 larger hospital systems were involved in this survey and many survey questions are responded to at the cumulative, hospital system level rather than the individual site level. Finally, the self-assessment template was not developed to perform a detailed environmental scan and therefore, this report is not intended to be a comprehensive comparison of all HNHB hospital services for seniors. In highlighting their successes for instance, organizations may not have included all relevant activities and that

there is the possibility of underreporting of services and activities that are worthy of mention as well as, over reporting of activities.

## 8.0 FINDINGS

The 22 participating hospitals of HNHB are listed in Table 1. The results are presented within the corresponding headings of the RGPs of Ontario five-domain SFH Framework.

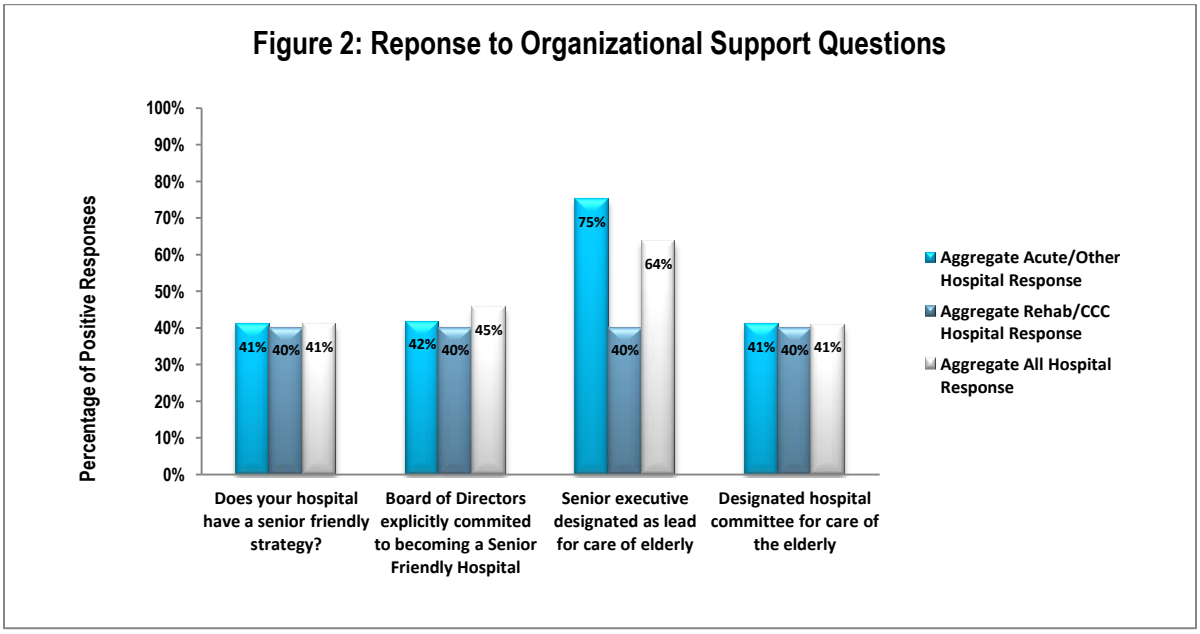
***Table 1: Senior Friendly Hospital Strategy Self-Assessment: LHIN 4 Participating Hospitals***

| Acute Care Hospitals | Rehabilitation & CC Hospitals | Mental Health* & Ambulatory Hospitals |
|---|---|---|
| • St Catherine's General<br>• Welland County<br>• Greater Niagara General<br>• Hamilton General Hospital<br>• Juravinski Hospital & Cancer Centre<br>• McMaster University Medical Centre<br>• St Joseph's Healthcare<br>• Joseph Brant Memorial<br>• Brantford General<br>• West Lincoln Memorial<br>• Norfolk General<br>• Haldimand War Memorial<br>• West Haldimand General | • Port Colborne General<br>• Douglas Memorial<br>• Niagara-on-the-Lake<br>• St Peter's Hospital<br>• Hotel Dieu Shaver | • Niagara Ontario Street<br>• Chedoke Hospital<br>• St Joseph's King St Campus<br>• Willet<br>• St Joseph's West 5th Campus* |

### 8.1. ORGANIZATIONAL SUPPORT

The hospitals of HNHB LHIN have begun to invest in the establishment of a Senior Friendly Hospital system. Fifty percent of the 10 hospital systems in HNHB LHIN have a formal commitment from their board to adopt a senior friendly framework and this is in progress in one additional site. Four of these sites have established a leadership structure to support this goal. This is a new commitment for three of the hospital boards and reflects the early stage of dissemination of the Senior Friendly Hospital model in the HNHB LHIN. Seventy per cent of systems identified a senior executive who is the designated lead for senior's care initiatives and 86% of sites could identify a senior friendly champion. As hospitals enhance their recognition

for the care of seniors as their core business, administrative and corporate structures will be necessary for the development of a Senior Friendly Hospital culture (Fig. 2).

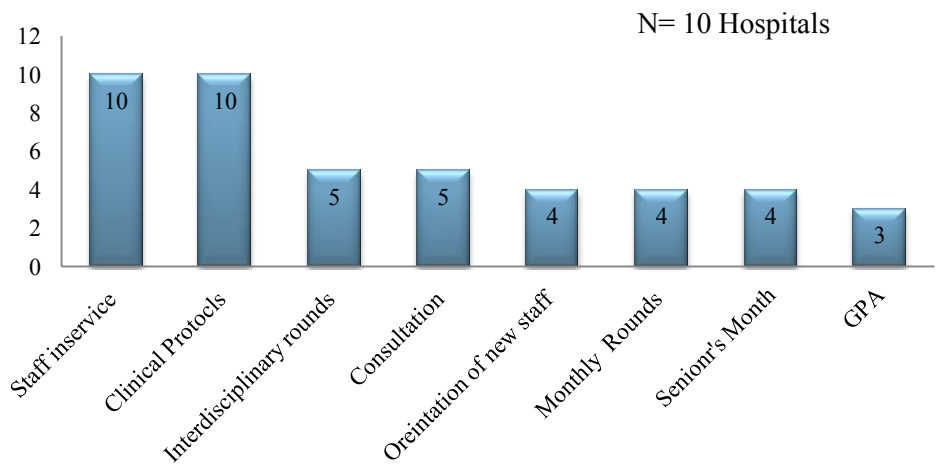



Human resource practices in hospitals demonstrate the commitment of a hospital to meeting the needs of the older population. Eighty-six percent of the 22 hospitals have staff dedicated to care of older adults and these same hospitals have geriatric champions. The fulltime equivalent (FTE) positions range from 0.04 to 13.8 (includes advanced practice nurses, RNs, allied health and physicians). However, it should be noted that many of the FTE positions have scholarly, administrative and/or research activities in addition to their clinical responsibilities. All hospitals expressed a strong interest in recruiting/developing staff with specialized competencies in geriatric care. Of those hospitals without staff in a discrete role in geriatrics, one of the rehabilitation and CC centre, reports and assumes that "all of their staff focus" on the needs of the elderly since the average age of patients is 75. There are no geriatric emergency nurses (GEM) roles in the HNHB LHIN and several sites noted that the role for their site would be advantageous. Two hospitals identified hiring practices that screen for prior experience with older adults when hiring for front line positions. Small hospitals in particular expressed a need for assistance in recruitment of specialized staff as well as the resources and strategies to raise the knowledge and skills of all staff across the organization. There are several

examples of physician specialists from larger centers providing consultation to smaller hospitals and also offering video conferencing consultations. However, no hospital identified a comprehensive human resources strategy to address the needs of an aging population.

Specialized staff is leveraged to provide education in the care of older adults to the whole hospital. In-services are the chief strategies for the dissemination of geriatric knowledge, skills, and attitude (KSA). Clinical protocols and interdisciplinary rounds are also mentioned as educational tools but the effectiveness of such activities to develop geriatric KSA is not yet known. Four sites provide geriatric specific orientation to new staff through a one hour in-service. Two rehabilitation hospitals have made Gentle Persuasive Approaches mandatory for all new staff and three acute care sites are currently in the process of introducing this behavioural management program for patients with dementia. Monthly geriatric rounds and seniors' month education are also widely offered (Fig. 3).

**Figure 3: Strategies for Disseminating Geriatric Expertise**




***Promising Practices for Disseminating Geriatric Expertise:***

- *The training of clinicians and volunteers within acute care hospitals to develop their specialized geriatric knowledge, skills, and attitudes;*
- *Sharing of human resources between academic and rural hospitals to build capacity;*
- *Gentle Persuasive Approaches in CC and acute care to prevent and manage responsive behaviors in patients with dementia.*

The organizational support component of the Senior Friendly Hospital framework also examines the structures in place to solicit input from seniors, families and other stakeholders. All hospitals identified strategies for soliciting feedback from individual patients and community partners. Most hospitals cited formal consultation with community partners through regular meetings with partnering agencies and some formal use of focus groups. Input from patients was achieved through widespread use of the PICKER survey, patient relations and individual feedback from patients and family during the course of hospitalization. While 50% of hospitals identified themselves as having age sensitive satisfaction measures, senior specific surveys or interviews are few and limited to pockets of seniors' only services in three acute care settings. One of these hospitals will introduce a more widely administered senior satisfaction survey in 2011.

Several slow stream rehabilitation and CC sites serve older populations and their use of generic survey results such as the PICKER does reflect senior's input. In the near future, other promising senior focused strategies include patient experience mapping, focus groups with partner agencies as well as patients and families. Senior specific patient satisfaction measures with an internal process for administrative review of the findings would present an opportunity for hospitals to evaluate their programs formally and align their practices with stakeholder input (Table 2).

***Table 2: Various Methods Reported by Hospitals for Soliciting Input from Older Patients (N = 10 Hospital Corporations)***

| Method for Soliciting Input from Older Patients | Number of Hospitals That Reported Using Method (n=?) |
|---|---|
| Satisfaction Surveys (Picker) | 10 |
| Senior Specific Patient Surveys | 3 |
| Patient Relations | 10 |
| Feedback from Partnering Agencies | 10 |
| Clinical feedback –Individual Patients | 10 |
| Community forums | 4 |
| Patient experience mapping | 1 |
| Seniors on accreditation survey | 1 |

Hospitals report a broad range of strategies to help patients avoid hospitalization and improve transitions home. Many high level partnerships support existing systems level solutions including the LHIN and CCAC. A complex case resolution committee is an example cited by two hospital systems. One hospital system has a director position with joint responsibilities with primary care and this director is expected to enhance communication between hospital and family practices. Most hospitals have multiple partnerships with service agencies to support programs such as wellness, falls prevention, and wound care.

Hospitals outlined multiple ways in which community-based providers could help seniors avoid hospitalization and improve patient transitions. They include:

- increase volume and timeliness of community supports;
- enhance communication and planning;
- increase access to medical assessments for seniors from LTC by physicians along with their medical trainees (i.e. residents), and employing nurse practitioners;
- enhance end of life care planning and resources in both LTC and the community;
- develop a patient passport with updated medication records;
- enhance primary care chronic disease management;
- develop case finding systems and increase services for isolated and at risk seniors;
- develop home visiting practitioners and;
- Increase “211” promotions.

Other suggested strategies focused on the care of patients with dementia including enhancing both family and LTC capacity to manage challenging behaviors as well as providing increased respite for care givers and caregiver education.

Age specific indicators of quality care are also collected in most settings. Restraints, falls, pressure ulcers, medications and catheters are automatically collected in all five Rehabilitation and CC sites as part of required reporting. Two sites do not collect age specific indicators unless they receive specific internal requests.

***Organizational Support – Promising Practices***

- *Cross-site task groups/steering committees with meaningful influence to guide organizational strategic direction and carry out senior friendly care initiatives;*
- *Educating all staff, including senior leadership, on the needs of older patients in order to create an organizational culture that empowers senior friendly care;*
- *Innovative programs for human resource development including education support and actual mechanisms to encourage geriatrics skills development in job descriptions and performance reviews e.g. RNAO fellowship opportunities, geriatric placements;*
- *Inviting stakeholders such as patients, family/caregivers, and community partners to committees or information sharing sessions that provide input to hospital committees.*

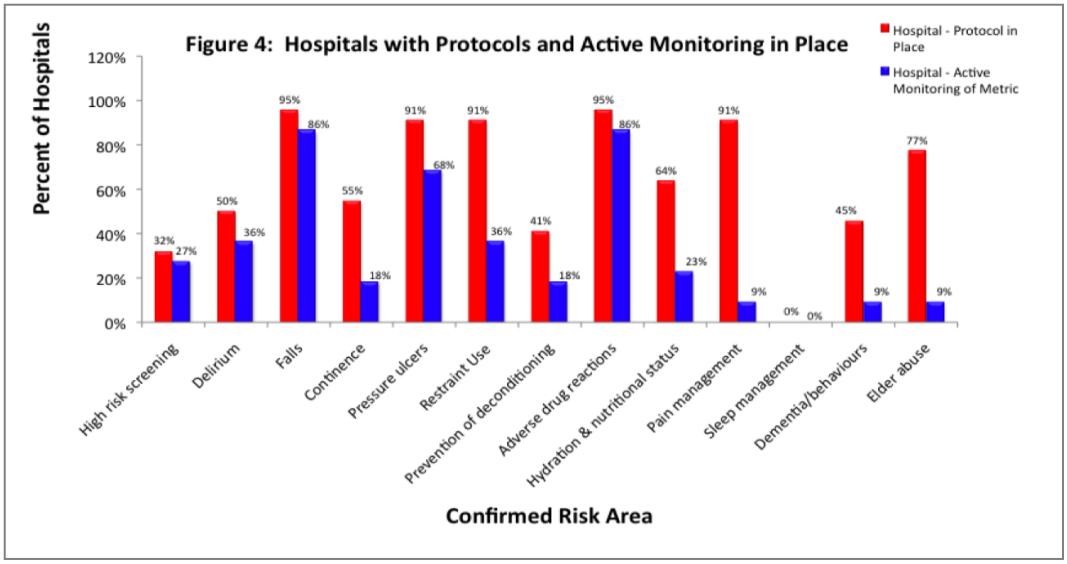
**8.2 PROCESSES OF CARE**

Hospitals reported on the clinical areas that receive the most attention as reflected in the presence of an active protocol and monitoring procedure. Many sites (80% to 95%) endorsed the use of RNAO Best Practice Guidelines Protocols for falls, pressure ulcers, pain management, restraints and adverse drug reactions. These guidelines are also required organizational practices of Accreditation Canada.

However, monitoring the compliance with and effectiveness of other common protocols such as delirium, dementia and behaviours, functional decline, nutrition and hydration, continence and elder abuse was less robust, occurring less than 50% of the time. These conditions are also common and create serious problems for hospitalized older adults resulting in increased morbidity and mortality, longer hospital stays and increased risk of nursing home placement. A promising practice in one hospital was the mobilization of newly admitted older patients still waiting in the ED and with this focus of early mobilization continuing for those admitted to medicine on the acute care wards. Another site uses the Health Outcomes for Better Information and Care (HOBIC), an electronic scale supported by the Ministry of Health and LTC which nurses use to score patients on functional and symptom status, safety outcomes and

therapeutic self-care. No hospital has a protocol or metric for sleep management, although one rehabilitation site will be introducing a sleep enhancement protocol in 2011 (Fig. 4).

The HNHB LHIN is the first LHIN to become an RNAO Best Practice Spotlight Organization. The RNAO Best Practice Guidelines (BPG) target many health conditions common to older adults and each BPG includes evidence based practice, education, evaluation tools and organization/policy recommendations. Hospitals also collect data using different metrics making it difficult to examine performance across the LHIN. The development of consistent metrics across hospitals would enable the evaluation of both hospital and LHIN wide progress across these high-risk clinical areas.




Hospitals were asked to report on their most successful initiatives to improve care of seniors (Table 4). Clinical protocols were reported most often with falls and pressure ulcers most likely to have wide dissemination and measurement. Enhancing accessibility and physical environment was the next most common priority for 50 % of systems. Other reported priorities included staff education, influencing culture, relationship centered care and strategic planning. Programs and initiatives such as Hospital Elder Life Program (HELP), risk screening in the ED, Interdisciplinary ED assessment, and Geriatric Assessment Clinics were also offered as success stories.

| *Table 3: Most Successful initiatives to Improve Care of Seniors reported by HNHB LHIN Hospitals* | |
|---|---|
| **Successful Initiative** | **Number of Hospitals Reporting This Initiative (N=22)** |
| Falls prevention | 8 |
| Pressure ulcer reduction | 4 |
| Restraint reduction | 2 |
| Medication reconciliation | 2 |
| Gentle persuasive approaches | 2 |
| Hospital Elder Life Program | 2 |
| Environmental assessment | 3 |
| Geriatric education | 1 |

Hospital systems universally reported early identification of needs and community partnerships as the most important initiatives and strategies for discharging older adults in a smooth and timely fashion. Interdisciplinary team planning and discharge specialists role were also reported as important processes for ensuring efficient and effective discharges. In the ED, CCAC was considered a chief partner to support the safe return of patients to the community.

Hospitals reported other successful initiatives such as patient care protocols for falls, and two have implemented cognitive screening for at risk individuals. One hospital has changed its menu and offers senior friendly food choices. Five sites have made changes to the ED physical environment and/or equipment specifically to accommodate seniors.

***Promising Practices in ED:***

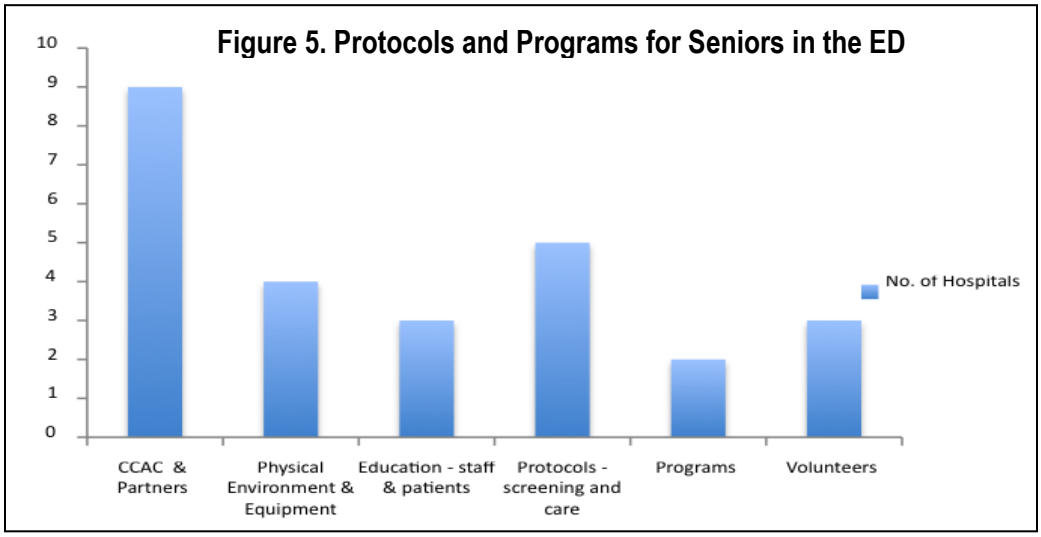
- *Geriatric Assessment / Intervention Team in the Emergency (GAITE) Clinic;*
- *HELP in the ED;*
- *Cognitive Screening in the ED for high risk individuals;*
- *Hi-lo stretchers that convert to a chair and have pressure relieving surfaces;*
- *Education for staff and patients on community resources.*

### 8.3 DISCHARGE PLANNING PRACTICES

All hospitals reported partnerships with community organizations at both the client and systems level for both individual referrals for older patients as well as harmonizing processes and resolving barriers. Discharge specialists are also commonly used to anticipate and support difficult discharges and link to community agencies. Issues affecting discharge are commonly screened for in the ED or early on after admission. Rehabilitation, assess and restore beds, mental health referrals, inpatient discharge planning processes and specialists and outpatient services were seen as valuable for effective and timely discharges.

Several hospitals have begun to adapt their EDs to meet the needs of seniors (Fig. 5). CCAC is the universal community partner in ED for care of seniors**.** Four hospitals ED programs screen for seniors at risk and identify problems such as elder abuse, impaired cognition. One ED routinely screens all older adults using the Triage Risk Screening Tool (TRST), which identifies patients with functional decline and higher health services utilization who may benefit from additional referrals. Four hospitals have also made changes in the ED equipment and the physical environments to enhance seniors' care including changing the wall color and signage and providing high-low stretchers. An ED specific volunteer role is present in two sites. Other ED strategies include maintaining partnerships with community services such as homeless shelters and Catholic Family Services.

While there are no GEM nurses in the HNHB LHIN, one hospital has designed a protocol for identifying and responding to seniors at risk of functional decline and increased service utilization. In this hospital, ED nurses routinely screen for seniors at risk using the TRST. Those individuals identified as at risk are seen by the nurse practitioner that assesses, treats and refers the seniors to the appropriate community service. These same patients may also be seen by the NP led outpatient clinic for further follow-up. Patients being admitted to this same hospital may also be enrolled in the Hospital Elder Life Program to decrease their risk of delirium and functional decline.




Hospitals were asked to describe their specialized Geriatric Services. Outpatient geriatric medicine assessment clinics are the most common form of specialized geriatric care. Five of 22 hospitals also offer inpatient geriatric assessment consultations. Geriatric psychiatry is provided in four hospital sites and one site of the four has an outreach geriatric psychiatry program. Two sites offer inpatient behavioural assessment specifically for seniors. Only one-day hospital remains in the LHIN.

### 8.4 EMOTIONAL AND BEHAVIOURAL ENVIRONMENTS

This domain reflects an organizational culture where seniors are valued and respected. Interpersonal interactions with seniors and their families are carried out in a supportive and caring way. A seniors experience in hospital involves contact with both clinical and nonclinical staff. One hospital is developing senior's champions across all departments to foster a senior friendly emotional and behavioral environment. Eighteen of 22 sites offer staff orientation with defined learning objectives for senior's care. Falls and restraint use are a common focus with most presentations limited to one hour. Two rehabilitation sites have made Gentle Persuasive Approaches (GPA) mandatory for all new staff and three acute sites are introducing GPA. The four sites not offering any orientation for geriatric issues are among the smallest in the system and describe resources as limited.

Five hospital systems have a patient centred care philosophy or program in place that supports patient involvement. Hospitals most commonly described the discharge planning process as the most common point of engaging patients and families in their care. Two CC sites have Patient Councils in place. Written educational materials were also seen as a means of informing patients. End of life care practices were identified as important for clarifying goals and building a shared plan of care.

All hospitals have programs in place that promote cultural diversity. Translation through interpreters, language texts and cultural support from chaplaincy were common. One rehabilitation site celebrates all major holidays through a recreation therapy program. Two sites have a program for aboriginal advocacy and one organization has a diversity specialist. While widespread, the nature of the cultural programs does not appear to be senior-specific.

Senior Friendly Hospitals need to influence the many students who move through their system to develop appropriate attitudes and behaviours towards older adults. Six of the ten hospital systems orient students to their hospital mission, values and policies. Geriatric placements at three hospital systems offered opportunities to role model and explicitly influence student and resident attitudes and behaviour through their clinical training.

### 8.5 ETHICS IN CLINICAL CARE AND RESEARCH

Ethical issues are common when caring for older adults and nine hospital corporations have access to an ethicist and the tenth is recruiting one. A policy on Advance Directives is in place in eight hospital corporations and the remaining two are finalizing theirs this year. Common ethical issues include competency, substitute decision - making, end of life treatment, living at risk and inter-professional conflict. In addition to the ethicist, hospitals call upon the Capacity and Consent Review Board, the Public Guardian & Trustee Office, capacity assessors, hospital interdisciplinary teams, psychiatry, geriatric medicine, and their own internal policies to resolve ethical issues. Ethical challenges are common in these settings and Senior Friendly Hospitals require appropriate structures with educated and trained staff to respond effectively and efficiently.

### 8.6 PHYSICAL ENVIRONMENT

All hospitals, regardless of their size or age, reported their physical environment as a challenge. The cost of retrofitting older sites, inadequate equipment and an absence of standards and strategies were some of the barriers cited. The Accessibility for Ontarians with Disabilities Act is the current standard that most HNHB hospitals adhere to. Only two hospital corporations, representing seven hospital sites, reported completion of environment audits using CODE Plus, an evidence based tool for examining hospital built environments for senior friendly attributes. Enhancing parking lots, signage, way finding with volunteers and lighting were common ways identified to improve existing structures. Nineteen of the 22 hospitals are either in the process of making changes or planning changes over the next three years to their physical environment. These changes could provide an important opportunity to introduce Senior Friendly Hospital design standards at the organizational level for these hospitals.

## 9. LOOKING AHEAD – MOVING TOWARD SENIOR FRIENDLY HOSPITAL CARE IN THE HNHB LHIN

Completing the hospital self-assessments and the ensuing analysis of the submissions has resulted in a summary of the current state of Senior Friendly Hospital care in the HNHB LHIN. It has also helped to identify key enablers that will facilitate continuous improvement in the LHIN and across the broader health care system. The need for senior friendly care is generally acknowledged among hospitals in the HNHB LHIN, although an explicit organizational commitment was not consistent across the hospital systems.

Fifty percent of hospitals have or are forming leadership structures to guide the development of senior friendly services. Even when a formal organizational strategy to become senior friendly was not reported, all hospitals recognized the importance of providing care that is sensitive to the needs of seniors. Independent of the improvement initiatives to come, the process of completing the self-assessment alone was reported to benefit the hospitals. The review of internal processes stimulated internal discussion and increased awareness of the existing capacities and challenges in delivering senior friendly care. Two hospitals have already chosen to adopt this specific Senior Friendly Hospital framework. Hospital organizations are

familiar with published best practice guidelines and the HBHN LHIN is an "RNAO Best Practice Spotlight" organization. Since 2009, the LHIN has supported the uptake of BPGs on "Prevention of Falls and Fall Injuries in the Older Adult", "Risk Assessment and Prevention of Pressure Ulcers", and "Embracing Cultural Diversity in Health Care: Developing Cultural Competence". It is also important to highlight that best practice guidelines incorporates evidence-based medicine into Senior Friendly Hospitals.

Protocols in place for falls, wound-care, medication reconciliation and supports for cultural diversity are almost universally reported in the self-assessment surveys. However, evaluating the effectiveness of these protocols remains an area of significant challenge for many hospitals. Similarly, the adoption of uniform evaluation methods across the LHIN would be valuable but could be a challenge to develop and incorporate. There has been less widespread adoption of protocols and monitoring in the areas of sleep, nutrition and hydration, management of dementia-related behaviors, and prevention of functional decline.

It will be essential to establish senior friendly performance indicators to measure the improvement in the quality of care for seniors in our LHIN. The issues in geriatric care require complex interventions and the challenge will be to define meaningful indicators that all organizations can identify, collect, analyze, and utilize. In addition, it will be imperative to align these performance indicators with the reporting requirements for overarching quality agendas such as those described by the Excellent Care for All Act, Canadian Patient Safety Institute (CPSI) and hospital accreditation processes. All hospitals recognize the need for staff with specialized geriatric knowledge, skills, and attitudes as well as the need to enhance the knowledge and skill level of all clinical and non-clinical staff. Sharing resources both clinical and educational are important strategies to meet this need.

All organizations identified the importance of patient-centred care, safety, ethics, and accessibility in their organization. These foundational principles have been present in hospitals for many years, often through accreditation processes and, in the case of accessibility, through legislation. Often, these general guidelines are insufficient to fully meet the needs of frail seniors. There is an opportunity to benefit all seniors in particular marginalized and frail senior

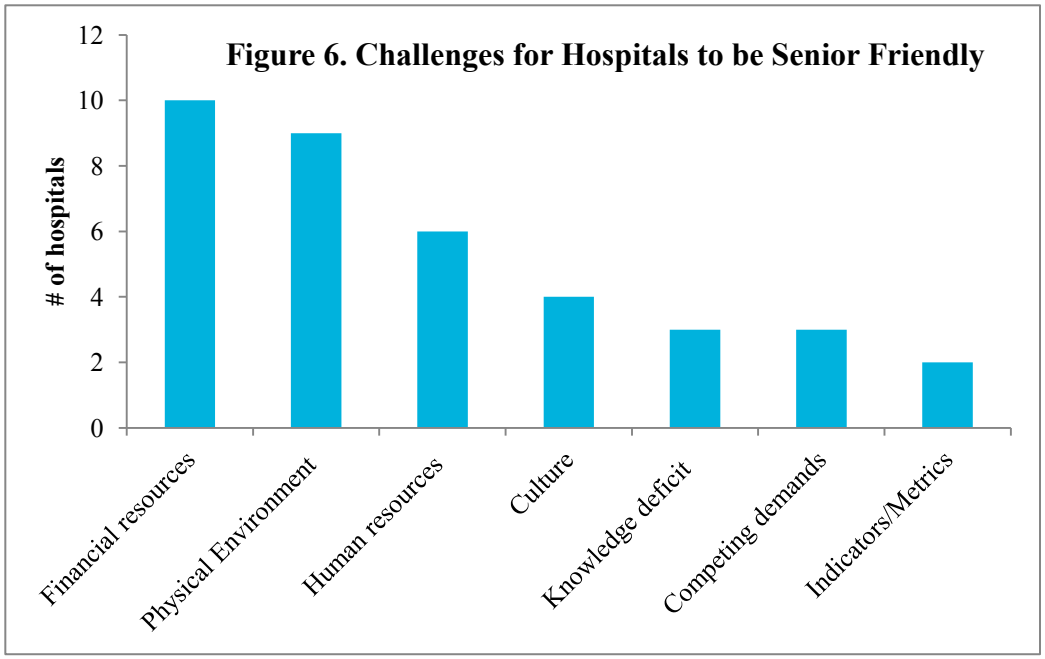
populations using these principles – health equity, patient and family-centred care, patient safety, medical ethics, and physical accessibility – by incorporating senior friendly care principles into this body of principles. Building code or accessibility regulations are examples of areas where guidelines on the needs of frail seniors may be of considerable utility, as seniors are clients in organizations throughout the community, not just in hospitals. As the hospital system becomes more robust in its senior friendly processes, its role within the entire health care continuum, and within our communities in general should be examined.

All hospitals reported that financial resources and the physical environment are barriers to providing senior friendly care. Working toward the physical environment component of a senior friendly hospital could require new capital, building and renovation expenditures (e.g. external surfaces/crosswalks, speed bumps, furniture and signage). However, it is important to note that hospitals can also move toward providing senior friendly environments over time by ensuring that regular procurement and design decisions are made considering the needs of seniors. Where additional investments are made, the return on investment is the creation of a physical hospital environment that not only accommodates the needs of seniors, but also is friendly for people of all ages and disability levels. These changes not only improve the quality of seniors' care and seniors' health outcomes, but also reduces costs to hospitals and the health system through lowering ALC and costly errors and adverse events.

Additionally, perceived barriers in attitude and culture were identified and challenges in health human resources were evident (Fig. 6, next page). Resources in the HNHB hospitals vary widely and changes in accountabilities relating to senior friendly care may need to be phased in over a practical timeframe. However, hospitals reported innovations in frailty-focused education, as potentially helpful in breaking down the barriers in attitude and culture. Additionally, improved inter-professional collaboration and greater confidence in building effective cross-sector partnerships will foster innovation and possibly uncover unrealized efficiencies in the health system, helping to mitigate resource barriers.

The flow of patients through the health system, particularly the flow of vulnerable seniors, depends on practices that promote high quality of care in every health care setting, fluid

transitions, and health system integration. The Senior Friendly Hospital Framework is a lens for organizations to use to address these system pressures, which includes a culture that promotes high-quality, person-centered care. Through its culture, practice, and collaborations, the Senior Friendly Hospital will work as a partner in the healthcare system to allow older adults to maintain their function and to age at home as independently as possible.




Participating in the Senior Friendly Hospital assessment led to heightened awareness for all participants. The process of self-assessment encouraged hospitals to identify their strengths and deficits. Several hospitals plan to use the Senior Friendly Hospital framework to guide or realign their strategic priorities and provide direction for planning.

The HNHB hospitals described a variety of goals and plans to enhance senior friendly care over the next three years. All are addressing at least one or more common clinical risk areas with accompanying staff education and monitoring plan. There are plans to enhance human resources including recruitment of external specialists and further development of in house champions. Four hospitals are beginning or continuing to address physical environment issues. Several hospitals identify culture, patient experience and person-centered care as future

priorities. Hospitals also recommend a number of indicators for inclusion in the HSAA with falls and a variety of health care utilization rates at the top of the list. Other indicators include restraint use, pressure ulcers and continence, education rates, physical environment audits and community engagement (Appendix B).

**9.1 RECOMMENDATIONS:**

1. **Organizational Support -** There is a need for an explicit commitment from all hospital boards with the designation of senior executive role(s) and the development of a committee structure to develop, adopt, and implement the goals and strategies for a Senior Friendly Hospital.

2. **Processes of Care –** The HNHB LHIN should request that hospital corporations clearly state in their quality improvement plans how and when they will establish evidence based best practice guidelines, protocols, and measurement tools that are needed for a Senior Friendly Hospital. Common performance indicators, measurement tools and monitoring methods should be standardized across all HNHB LHIN hospital corporations.

The HNHB LHIN should also request that the Geriatric Access and Integration Network (GAIN) with membership from the RGP Central, HNHB LHIN hospitals, community organizations and LHIN representatives identify and establish evidence based best practices and foster the uptake of these practices within the HNHB LHIN hospitals and community through collaboration and partnerships. This process would then promote senior friendly care with respect to the transition, navigation, and access to specialized geriatric care within a Senior Friendly Hospital and the community.

3. **Emotional and Behavioural Environment -** All hospitals should have a comprehensive human resource plan that anticipates and plans for the future needs of seniors, including education of all hospital staff who care for older adults. Academic health science centres, universities and colleges need to collaborate with hospitals to ensure that their students are educated and trained on senior-specific problems and needs.

Support for cultural diversity for seniors is present in some form in all hospitals. However, the nature of the program's senior-specific aspects and unique needs should be explicitly defined. There is a need for evidence based educational initiatives that educate and sensitize all hospital staff to the needs of frail and medically complex seniors.

4. **Ethics in Clinical Care and Research –** Hospital staff require timely access to ethical expertise (i.e. ethicist) and processes to respond effectively and efficiently to manage ethical dilemmas. Capacity building is strongly recommended to ensure that hospital staff provide ethical clinical care and research within the hospital setting.

**5. Physical Environment -** The Health Capital Investment Branch of the Ministry of Health and Long-Term Care should incorporate the Code Plus design guidelines into their capital planning guidelines as well as into the Facility Condition Assessment process now underway.

All HNHB LHIN hospitals should conduct senior friendly environmental audits of their physical space on a regularly scheduled basis. Senior Friendly Hospital design guidelines (i.e. Code Plus) should be disseminated to the appropriate staff (i.e. capital development or other) to ensure that planned renovations and equipment acquisitions are suitable for seniors.

## 10. HIGHLIGHTED INNOVATIONS ACROSS THE HNHB LHIN

**ORGANIZATIONAL SUPPORT:**

- *A Master Aging Plan for Brantford and the County of Brant (Brant Community Healthcare System)* - A "roadmap" for the delivery of a comprehensive and coordinated set of community services to older adults who have a wide range of needs. The focus is not just on health services, but also encompasses transportation, housing, recreation, safety and other community services.
- *Senior Friendly Care Strategy planning day with community partners (Brant Community Healthcare System).*
- *Enhancing Lives and Optimizing Healthcare for Seniors (Hamilton Health Sciences*) - A board supported corporate initiative to transform HHS to a senior friendly hospital.

- *Corporate Geriatric Planning and Advisory Committee (St. Joseph's Healthcare)* – A committee that supports and guides the hospitals mission to develop a senior friendly hospital.

**Health Human Resources**

- *Geriatrics Champions Amongst Leadership and Clinical Roles (St Joseph's Healthcare, Hamilton Health Sciences)* – a strong focus on geriatrics amongst leadership and clinical staff provide a structure to empower the development of high quality of care for seniors.
- *Geriatric Medicine and Geriatric Psychiatry Outreach Programs* - From academic centres to smaller community hospitals and long term care facilities.

**PROCESSES OF CARE:**

**Specialized Units and Programs**

- *Geriatric Outpatient Assessment Clinics* - Across many sites
- *Hospital Elder Life Program (HELP) (Joseph Brant Memorial Hospital, Hamilton Health Sciences)* - A targeted evidence based risk reduction program to prevent delirium and functional decline in hospitalized older adults.

**Clinical Care Protocols and Pathways**

- *HNHB RNAO Best Practice Spotlight Organization* – LHIN wide dissemination and implementation of falls and pressure ulcers Best Practice Guidelines
- *Customer Service Strategy (Brant Community Healthcare System)* - Senior specific
- *Emergency Department Triage Risk Screening tool (Brant Community Healthcare System, Joseph Brant Memorial Hospital)* – Identification of older adults at risk of functional decline and increased service utilization leading to the initiation of community referrals.
- *The Geriatric Assessment/Intervention Team in the Emergency (GAITE)* - A Joseph Brant Memorial Hospital pilot program with a nurse practitioner led multidisciplinary team that provides a patient/family - centred team evaluation of general health and functioning of older adults. This team works with patients to develop a plan to improve health, safety and independence in daily activities and with the patient's current healthcare providers including their family doctor and others within the community.

- *Inter-professional Practice Model across the system (Niagara Health System)* – This program is currently being introduced into the health system.
- *Health Outcomes for Better Information and Care (Norfolk General Hospital)* - This program measures function, symptom management and self-care on all patients and reports by age group.

**Creative Partnerships**

- *Live Well Partnership with the YMCA* – Hospitals within Hamilton, Burlington and Brantford and McMaster University to deliver community based programs for bone and joint health, stroke rehabilitation and cancer recovery.
- *Annual Geriatric Education Day for all staff provided by the Alzheimer's Society (West Lincoln Memorial Hospital)*
- *Continence Clinics (Hotel Dieu Shaver, Norfolk General)*

**EMOTIONAL AND BEHAVIOURAL ENVIRONMENT:**

- *Aboriginal Advocacy Services (Brant Community Healthcare System)*
- Creating a *Person Centered Care Culture (Hotel Dieu Shaver)* – This environmental action plan is being developed and includes 24-hour visitation, primary nursing care model and Inter-professional Unit Councils with input from former patients.
- *Patient Experience Mapping (Hamilton Health Sciences)* – Patients going to rehabilitation from an acute care ward are interviewed about their hospital journey to enhance understanding and improve the hospital experience.
- *Annual Senior's Month Education (Joseph Brant Memorial Hospital, St Joseph's Healthcare, Hamilton Health Sciences, Niagara Health System, Hotel Dieu Shaver)* – Education is offered as joint effort.
- *Development of Geriatric Champions amongst front line staff across multiple units (St. Joseph's Healthcare System, Hamilton Health Sciences)*

- *Gentle Persuasive Approaches (Hotel Dieu Shaver, Joseph Brant Memorial Hospital, Brant Community Healthcare System, Hamilton Health Sciences)* – This educational curriculum to enhance staff competencies to manage responsive behavior in patients with dementia.

**ETHICS IN CLINICAL CARE AND RESEARCH**

- Regular *Ethical Rounds* (Hamilton Health Sciences) – regular case discussions to help keep staff aware of ethical issues and able to respond to unique situations as they arise.

**PHYSICAL ENVIRONMENT**

- *Use of Code Plus to guide the audit of current environment and use of guidelines in future renovation and redevelopment projects (St Joseph's Healthcare, Hamilton Health Sciences)*

## Appendix A: Self-Assessment Aggregate Responses
## Senior Friendly Hospital Self Assessment- HNHB LHIN

| Self-Assessment Question | Aggregate Rehab/CC Hospital Response | Aggregate Acute Hospital Response | Aggregate Other Hospital Response | Aggregate All Hospital Response[13] |
|---|---|---|---|---|
| A1. Does your hospital have an explicit priority or goal for senior friendly care in its strategic plan? | 40% Yes | 33% Yes | 60% Yes | 41% Yes |
| C1.1. Has the Board of Directors made an explicit commitment to become a Senior Friendly Hospital? | 40% Yes | 42% Yes | 60% Yes | 45% Yes |
| C1.2. Has a senior executive been designated as the organizational lead for geriatric care of the elderly initiatives? | 40% Yes | 75% Yes | 60% Yes | 64% Yes |
| C1.4. Do you have a designated hospital committee for care of the elderly? (does not include committees for a specific senior friendly initiative) | 40% Yes | 33% Yes | 60% Yes | 41% Yes |
| C2.1. Does your organization have protocols and monitoring metrics for care to address? | 49% of protocols and metrics are in place for confirmed senior risk areas | 50% of protocols and metrics are in place for confirmed senior risk areas | 44% of protocols and metrics are in place for confirmed senior risk areas | 48% of protocols and metrics are in place for confirmed senior risk areas |
| C3.1. Do your staff orientation and education programs have defined learning objectives for senior care? | 100% Yes | 67% Yes | 80% Yes | 77% Yes |
| C3.2. Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies? | 80% Yes | 50% Yes | 20% Yes | 50% Yes |
| C3.3. Do you have programs and processes in place to help older patients feel informed and involved about decisions affecting their care? | 100% Yes, in place | 100% Yes, in place | 80% Yes, in place | 95%, Yes, in place |
| C3.4. Do you have programs and processes in place to support cultural diversity among seniors and their families? | 100% Yes, in place | 100% Yes, in place | 80% Yes, in place | 95% Yes, in place |
| C3.5. Do you have programs and processes in place to support appropriate attitudes and behaviours of health professional students and residents toward older patients? | 100% Yes, in place | 75% Yes, in place | 80% Yes, in place | 82% Yes, in place |
| C4.1. Does your staff have access to an ethicist to advise on ethical issues related to care of elderly patients? | 100% Yes | 75% Yes | 80% | 82% Yes |
| C4.2 Does your hospital have a specific policy on Advance Care Directives? | 40% Yes | 58% Yes | 20% Yes | 45% Yes |
| C5.2. Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines (e.g. Regional Geriatric Program audit, CodePlus or other)? | 20% Yes | 25% Yes | 60% Yes | 32% Yes |

[13] All Hospital includes rehabilitation, complex continuing care, acute and mental health hospitals

## Appendix B: List of clinical indicators recommended by HNHB LHIN hospitals

1. Falls rate

2. Hospital Acquired Delirium

3. Pressure Ulcers

4. Health Outcomes for Better Information and Care

5. Restraint use

6. Hospital Acquired Incontinence

7. ER visits by age group

8. Admissions and readmissions (7day, 30day) by age groups

9. ALC days

10. Diverted Admissions rate

11. Length of Stay by age group

12. Biannual physical environment audit using evidence based tool

13. Staff Education rates on seniors issues

14. Number of seniors in advisory positions