Summary of Senior Friendly Care in Champlain LHIN Hospitals

Submitted June 7, 2011 by C. Martell in collaboration with the Regional Geriatric Program of Eastern Ontario

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Executive Summary

The Integrated Health Service Plan 2010-2013 for the Champlain LHIN aspires to help residents reach their full potential and to "keep people healthy and at home." The IHSP includes three strategic directions intended to improve the health of Champlain residents, improve their experience with the health system, and improve the performance, accountability and sustainability of the health system. The IHSP is also aligned with provincial health system priorities to improve access to health services:

1) Reducing wait times in Emergency Departments;

2) Reducing the time people wait in Alternate Level of Care beds in Ontario's hospitals; and

3) Supporting the roll out of Ontario's Diabetes Strategy.

The Senior Friendly Hospital Framework, as a roadmap for quality improvement for the care of older patients, serves as a potential resource to achieve the identified priorities of the Champlain LHIN to reduce wait times in the ER and the amount of time people wait in ALC beds, as well as the implicit goal of achieving system level outcomes. A Senior Friendly Hospital is one in which the environment, including the organizational culture, accommodates and responds to seniors' physical and cognitive needs; promotes good health, is safe, and involves and supports all seniors, their families and caregivers to be full participants in their care. The aim is to enable seniors to regain their health after their acute care is completed, so that they can transition to the next level of care that best meets their needs.

The Senior Friendly Hospital Strategy, in applying an evidence-based framework to the development of age-appropriate hospital care, is therefore strongly aligned with both provincial and regional strategic objectives and outcomes. Building upon formative work initiated in Champlain LHIN, a Senior Friendly Hospital Strategy has been endorsed by the Ministry of Health and Long Term Care and the LHINs across the province. The first phase, an analysis of Senior Friendly Care, is intended to promote awareness of senior friendly hospital care, provide a baseline of current activity, and identify promising practices intended to improve the health status of hospitalized seniors in Ontario.

Organizational Support: Champlain hospitals have expressed a strong commitment to become more Senior Friendly, both in terms of their general intent and specified future plans. However, only 32% of hospitals have to date made an explicit commitment at the board level to become Senior Friendly. A regional approach was suggested to coordinate and add focus to the current diversity of senior friendly care initiatives identified within each hospital.

Processes of Care: Almost half of Champlain hospitals have established both protocols and monitoring practices for 13 risk factors associated with hospitalization of the elderly. Protocols with high levels of adoption, specifically falls and pressure ulcer prevention, demonstrated consistent improvements in reported outcomes across the region, illustrating the potential for coordinated regional strategies to improve clinical outcomes for older patients. A potential care gap has been identified between the rate of adoption of protocols to address high-risk factors such as de-conditioning and dementia –related behavior management. This is a serious concern as these factors contribute significantly to ALC pressures.

Emotional Behavioral Environment: While a majority of Champlain hospitals have integrated some degree of geriatric knowledge into their corporate training and orientation programs, most of these comprise skills based information related to fall prevention and other protocols. Additionally, most teaching centers in the Champlain region ensure medicine and family medicine residents and students experience rotations in geriatrics to ensure exposure to the culture of care for older persons. Only one hospital reported offering an orientation to the Senior Friendly Hospital Framework. Overall one might best describe efforts to counter ageism and promote more positive attitudes towards older patients and their caregivers in hospitals as being in the formative stages of development in Champlain.

Ethics in Clinical Care and Research: Complex issues arise daily when caring for older adults. Overall, there is a high degree of consistency in the understanding and approach of hospitals to ethical issues in care of the elderly. Virtually all hospitals report having access to an ethicist, and the vast majority have specific policies on Advance Directives. The region has excellent resources to advise and educate on matters related to competency and capacity assessments.

Physical Environment: Champlain hospitals report a high rate of utilization of evidence-based senior friendly design guidelines into their physical environment. Subsequent to the development of the initial RGP of Eastern Ontario guidelines in 2004, hospitals were able to take advantage of significant capital investment and undertake large scale capital projects designed in compliance with Senior Friendly Design Guidelines. Additionally, some hospitals report integrating geriatric specialists into their purchasing and accessibility committees. Despite this level of commitment, 70% of hospitals report the physical environment as a major barrier to senior friendly care, and have prioritized further improvements over the coming three years. Many of these improvements will enhance the safe mobilization of older patients, with the potential to reduce the risk of falls and prevent unnecessary de-conditioning. Some have also recognized the needs of patients with dementia in reducing environmental noise and improving way finding systems.

Looking Ahead:

Hospitals have identified an ambitious agenda for Senior Friendly Hospital Care for Champlain, comprising of more than 46 separate initiatives. The main outcomes which were cited for the proposed senior friendly care initiatives included:

- ❑ Improved safety and quality of care
- ❑ Improved hospital (ALC) diversion and utilization
- ❑ Increased geriatric capabilities
- ❑ Improved surveillance

However, hospitals also recognize that their collective efforts will not realize system-wide outcomes in the absence of a supported system-wide strategy. Standardized measurements and indicators, as well as equitable access to educational resources were also noted as important to promote change. It is therefore recommended that the Champlain LHIN consider a regional approach to senior friendly hospital care, in order to optimize system-wide outcomes aligned with the Integrated Health Services Plan 2010-2013 and beyond.

The Champlain LHIN Senior Friendly Hospital Strategy

Background:

The Champlain LHIN plans, funds, and coordinates the delivery of health services to more than 1.2M people living across more than 18,000 square kilometers. While the overall population is increasing at 0.9% annually, the population 65 years of age or more is growing at 3.5% each year. The population served by Champlain LHIN is a diverse mix of Anglophones, francophones, allophones and Aboriginal peoples, of which approximately one in five live in rural areas of the region. There is an investment of more than $1.5B supporting 20 hospitals, reflecting approximately 73% of the regional health system budget[1].

While the overall health of Champlain residents is comparable to that of the average Ontarian, they experience higher rates of lung and breast cancer. Champlain residents were also more likely to be referred to long term care, as of 2009[2].

The Integrated Health Service Plan 2010-2013 for the Champlain LHIN aspires to help residents reach their full potential and to "keeping people healthy and at home." The IHSP includes three strategic directions intended to improve the health of Champlain residents, improve their experience with the health system, and improve the performance, accountability and sustainability of the health system. The IHSP is also aligned with provincial health system priorities to improve access to health services:

1) Reducing wait times in Emergency Departments;

2) Reducing the time people wait in Alternate Level of Care beds in Ontario's hospitals; and

3) Supporting the roll out of Ontario's Diabetes Strategy.

The Champlain LHIN IHSP targets four populations including those living with complex chronic conditions requiring significant assistance with activities of daily living. This population includes an estimated 25% of the seniors in Champlain who require assistance with daily living[3], and who comprise the majority of persons designated Alternate Level of Care in our hospitals. The targeted outcomes the Champlain LHIN has identified for those with complex conditions include: a) optimizing their current state of health; b) receiving coordinated health services; and c) receiving the right level of care in the most appropriate setting.

The Senior Friendly Hospital Strategy, in applying an evidence-based framework to the development of age-appropriate hospital care, is therefore strongly aligned with both provincial and regional strategic objectives and outcomes. Building upon formative work

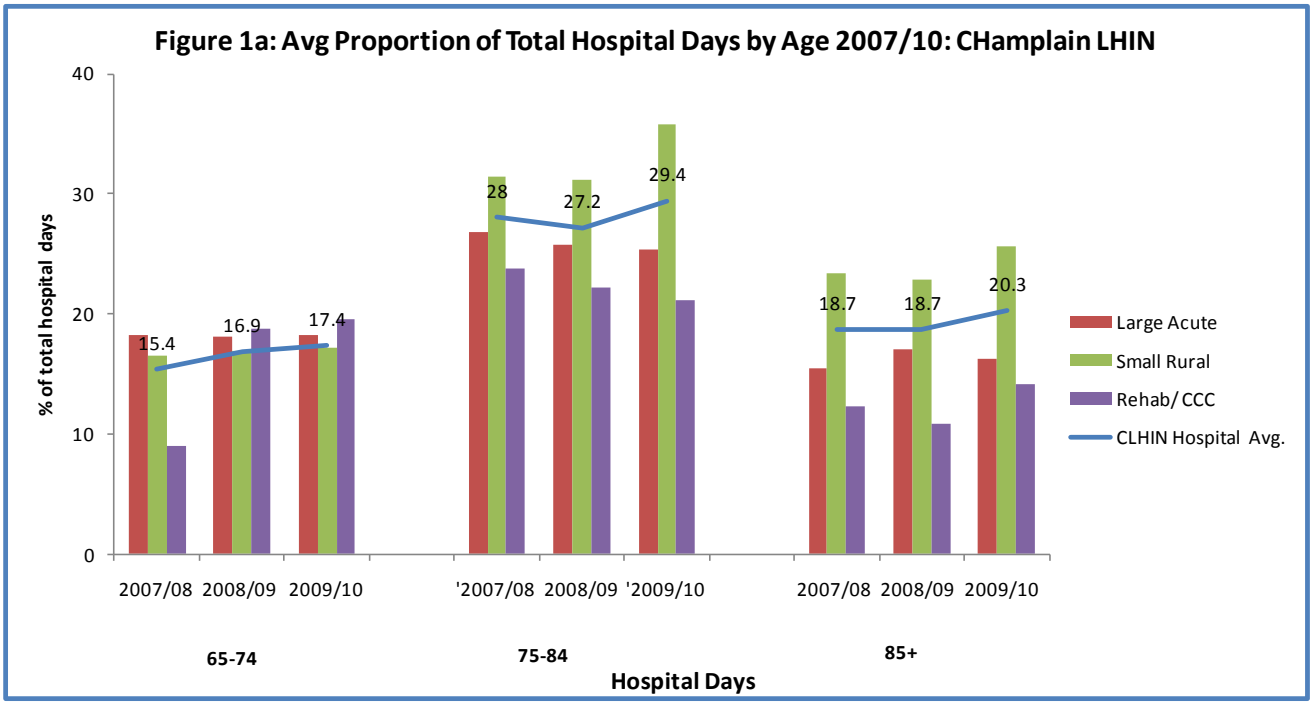
[1] *Transforming Health Care: One Person at a Time Integrated Health Service Plan 2010-2013*, Champlain LHIN 2009.
[2] The Champlain Balance of Care Project: Final Report, Balance of Care Research Group, University of Toronto, 2009
[3] Successful Aging Ottawa: 2004 Seniors Survey – Report of Results, Social Data Research, 2009

initiated in the Champlain LHIN, the Senior Friendly Hospital Framework was first integrated into the planning of the Toronto Central LHIN in 2010. It has subsequently been endorsed provincially by the Ministry of Health and Long Term Care who, in partnership with the LHINs, have launched a provincial Senior Friendly Hospital Strategy. The Toronto Central LHIN as the first to develop and implement a LHIN-wide strategy, and has been charged with coordinating the provincial initiative on behalf of the LHINs provincially.

The first phase, an analysis of Senior Friendly Care, is intended to promote awareness of senior friendly hospital care, provide a baseline of current activity, and identify promising practices intended to improve the health status of hospitalized seniors in Ontario.

CONTEXT

Seniors are the primary user of hospital services across the Champlain region. Champlain hospitals reported that older patients used 67% of hospitals days and 72% of ALC days in 2009/10[4]. Hospital performance and quality improvement therefore hinge heavily on a focused strategy to promote more age-appropriate care responding to the unique health needs of this patient population.



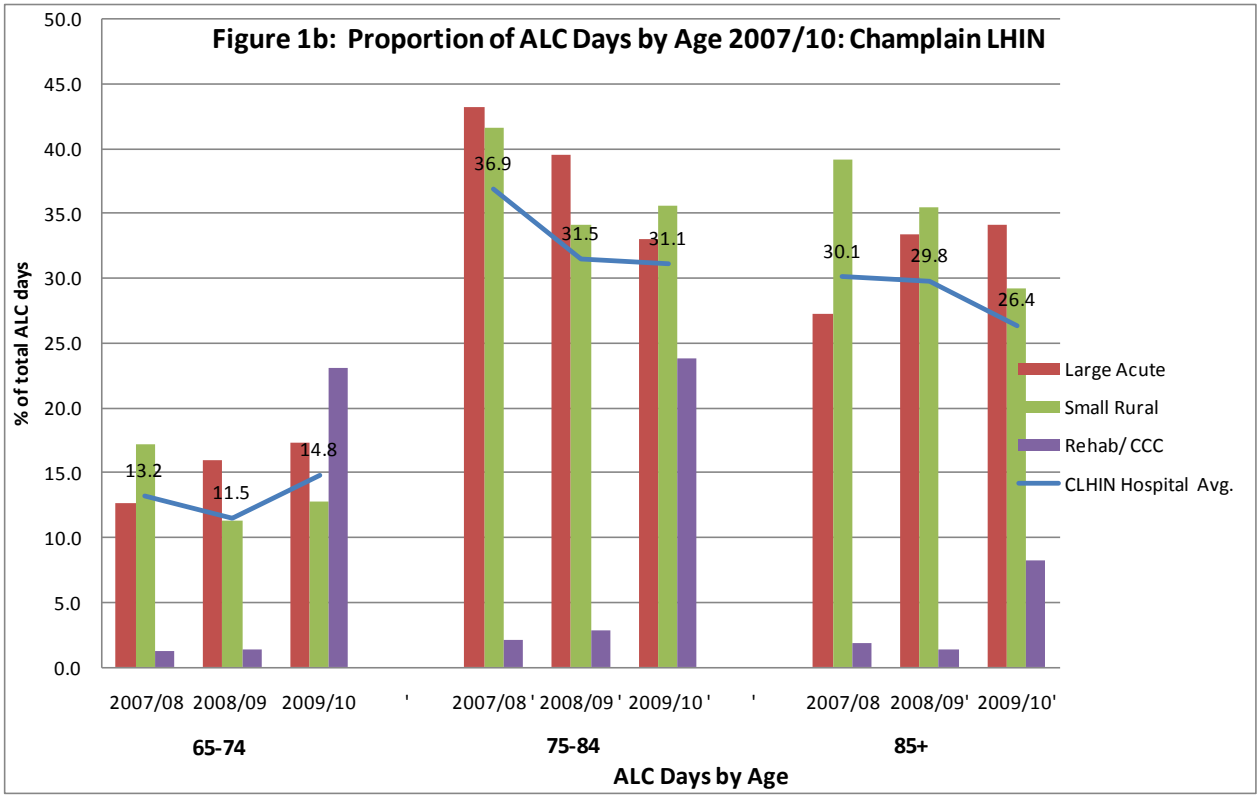
There are a number of interesting trends emerging from closer examination of this data. The overall increase in utilization reflects a 5% increase in hospital days over the three years from 2007-10, slightly less than half the rate of growth of the older population (10.5%). During this same period, the proportion of ALC days used by older patients

[4] Senior Friendly Care in Champlain Hospitals: Self Assessment 2011.

dropped 8%. This information reinforces our understanding that patterns of hospital utilization can, and have been influenced in Champlain region through the implementation of different strategies.

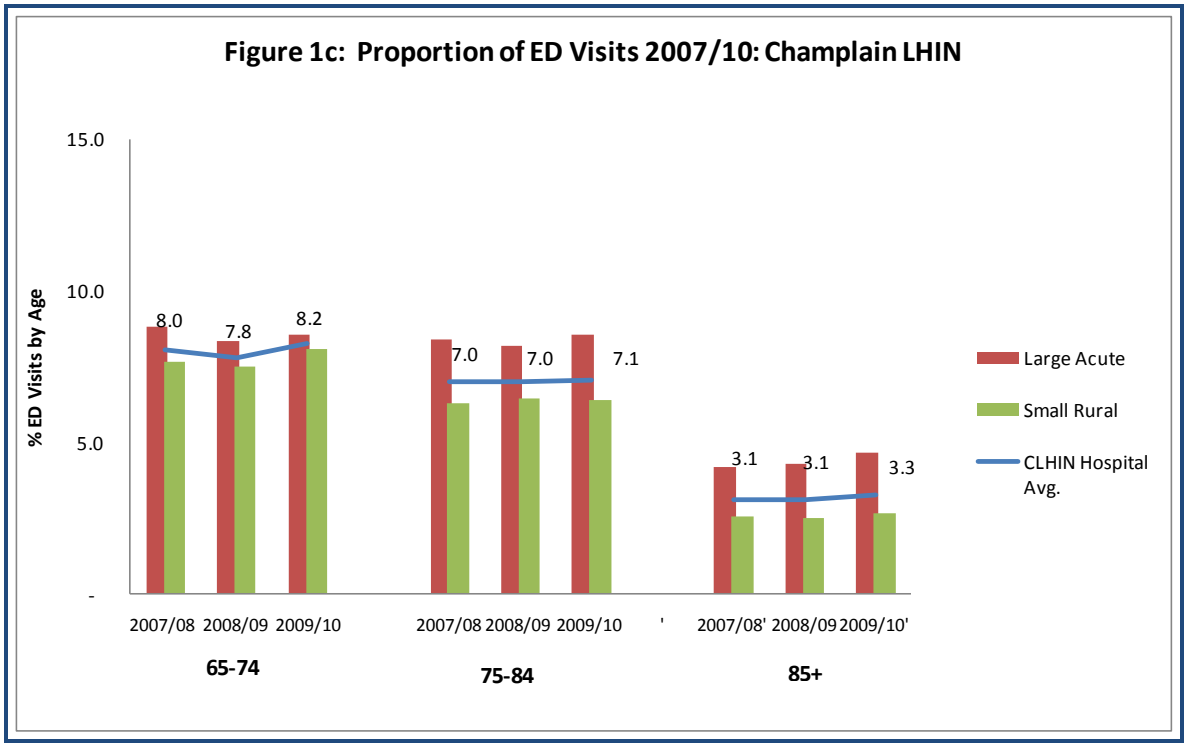
Variations in utilization between large acute hospital and small rural hospitals were noted. Most significantly, small rural hospital attributed 26% of hospital days to patients 85 years of age or more in 2010, compared to 16% for the large acute hospitals. Similarly, the proportion hospital days used by patients 65-74 years of age was stable over the 3 year period of the survey for large acute hospitals, with a decline in the 75-84 year age group, whereas the small rural hospitals reported a 5% increase. While this might reasonably be interpreted to reflect known population differences as well as issues around access to primary care, there may be implications for practice for small rural hospitals with older patient populations and limited access to geriatric services.

There were also differences noted in the proportion of ALC days between large acute and small rural hospitals. While moderate increases in hospital days are indicated for both, for patients 85 years of age or more, large acute hospital experienced an increased proportion of ALC (27-34%) used by this age group from 2007-2010, whereas small rural hospitals experienced a 10% decrease from 39-29%.



Comparable to other jurisdictions, seniors' utilization of Emergency Room services was approximately 18% in 2010, and was relatively stable across all three age cohorts from 2007-2010 in Champlain.

The Champlain LHIN's ED/ALC strategy specifically targets frail vulnerable seniors at risk of cognitive and functional decline, hospitalization and/or placement[5]. The Senior Friendly Hospital Strategy is similarly focused on this patient population. The Champlain LHIN's approach to implementing the 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 in order to improve health and utilization outcomes.



Conceptual Underpinning – The Senior Friendly Hospital Framework

Hospitalization as a Pivotal Event:

While older patients clearly benefit from hospital treatments, the experience of hospitalization presents risks for adverse events and functional loss which can have a significant impact on their post-discharge trajectory. The greater complexity of care needs of older adults increases the risk for preventable adverse outcomes, and complicates the transition out of hospital[6]. In addition to the normal physiological changes of aging, older patients may have multiple co-morbidities and experience the complex interaction of chronic conditions. The patterns of relapse and recurrence in frail older patients creates a set of complex physical, social and functional consequences that are not well-served by the episodic focus of acute care[7].

[5] Champlain LHIN Overarching ED/ALC Plan, Champlain LHIN 2008.
[6] Parke B, Chappell N. Transactions between older people and the hospital environment: A social ecological analysis. Journal of Aging Studies 24 (2010) 115-124.
[7] Fisher R. The Role of Specialized Geriatric Services in Acute Hospitals. Geriatrics and Aging, (2002) 5(5), 48-51.

It was in recognition of these risks that the Senior Friendly Hospital Framework was first proposed in 2004 though the Regional Geriatric Advisory Committee of Champlain, under the leadership of the Regional Geriatric Program of Eastern Ontario. It provides a comprehensive approach to be applied to organizational decision-making. The framework integrates evidence from acute care of the elderly with that of knowledge translation, weighted heavily upon the Ottawa Model for Research Use[8].

Developed initially under the guidance of senior hospital administrators at the Queensway-Carleton and Renfrew Victoria hospitals, the framework is intended to offer a systematic, evidence-based approach to the care of older patients. The Regional Geriatric Programs of Ontario have adopted the 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 frail patients*, thereby promoting safety, independence, and functional well-being.

[8] Innovations in Knowledge Transfer and Continuity of Care, Canadian Journal of Nursing Research 2004, vol.36, 89-103.

This Senior Friendly Hospital Framework provides a common pathway to engineer positive change in any hospital, and can be adapted to the unique context of the Champlain 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.

"No *single initiative or set of unaligned projects will likely be enough to produce system-level results.....the development of a system for execution of a portfolio of projects aligned with the strategy that produces and sustains results is a vital component.*" (Nolan, IHI 2007)

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 Champlain LHIN. Hospitals across the Champlain LHIN completed a self-assessment in early 2011. With questions structured around the Senior Friendly Hospital Framework, the *Self-assessment Template* gauged each organization's level of commitment, their efforts to date, as well as their perceived challenges and needs in becoming a senior friendly hospital. This first step in mapping senior friendly hospital efforts proved valuable in identifying promising practices across the LHIN, as well as some of the challenges in providing optimal care and the opportunities for improvement.

Prior to completion of the Self-Assessment Template, each hospital was provided a background document to provide context for the concept and rationale for senior friendly care.

Goals of the Self-assessment Summary

The purpose in conducting the self-assessment is fourfold:

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

Methods

Champlain LHIN CEOs received the above-mentioned background document along with the Self-Assessment Template in December 2010 through joint correspondence from the Champlain LHIN and the Regional Geriatric Program of Eastern Ontario. Responses from 6 large acute hospitals, 10 small rural hospitals, 2 rehabilitation/complex continuing care centers and 1 mental health centre were received in March 2011. It should be noted that the response from a third rehabilitation centre was integrated within that of The Ottawa Hospital.

Figure2: Senior Friendly Hospital Strategy Self-Assessment: Champlain LHIN Participating Hospitals		
Large Acute Hospitals*	Small Rural Hospital**	Rehabilitation/Complex Continuing Care & Mental Health Hospitals
Pembroke Regional Hospital Hôpital Montfort Queensway-Carleton Hospital Ottawa Hospital The Heart Institute Cornwall Community Hospital	Almonte General Hospital Arnprior & District Memorial Hospital Carleton Place & District Memorial Hospital Deep River & District Memorial Hospital St. Francis Memorial Hospital Renfrew Victoria Hospital Kemptville District Hospital Winchester District Memorial Hospital Hawkesbury & District General Hospital Glengarry Memorial Hospital	Bruyère Continuing Care St. Joseph's Continuing Care The Rehabilitation Centre*** Royal Ottawa Health Care Group
*Acute hospitals >100 beds	**Community hospital < 100 beds	***included within response of The Ottawa Hospital

An independent reviewer read and compiled the results from each response in a comprehensive database to aid in the analyses. A preliminary analysis for each hospital was conducted, which was in turn reviewed by clinical and administrative leaders within the Regional Geriatric Program of Eastern Ontario and the Champlain LHIN. Given the qualitative nature of some elements of the self-assessment, some degree of contextual familiarity of the services provided within each hospital was required. The joint review provided feedback regarding system-level initiatives and key enablers to help ensure the success of the Senior Friendly Hospital Strategy in meeting the physical, emotional and psychological needs of seniors in hospital.

The analysis, like the template, was structured upon the common elements of the Senior Friendly Hospital Framework in order to facilitate the identification of common areas of focus, strengths and opportunities for improvement.

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

Limitations of the Analysis

It is important to acknowledge the limitations of the current analysis of senior friendly hospital care within Champlain LHIN. Based upon a self-assessment survey, it was not developed to perform a detailed environmental scan or comprehensive comparison of

practices between hospitals. In highlighting their successes, hospitals may not have included all relevant activities and services that are worthy of mention. Additionally, the varied knowledge and experience with the Senior Friendly Hospital Framework contributed to some variation in responses. Notwithstanding these limitations, the effort and commitment to participate in this phase of strategy development was obvious on the part of all hospital leadership teams, and provides a solid basis for future collaborative planning

Findings

Part 1: ORGANIZATIONAL SUPPORT

Participating hospitals demonstrated a broad ranging commitment to further develop senior friendly care, with 90% identifying at least one priority for becoming Senior Friendly. The vast majority of priorities were focused on improved geriatric capabilities in designated hospital services, such as inpatient units, the Emergency Department or ambulatory and outreach programs. However, a comparable number of hospitals prioritized enhanced clinical guidelines or protocols.

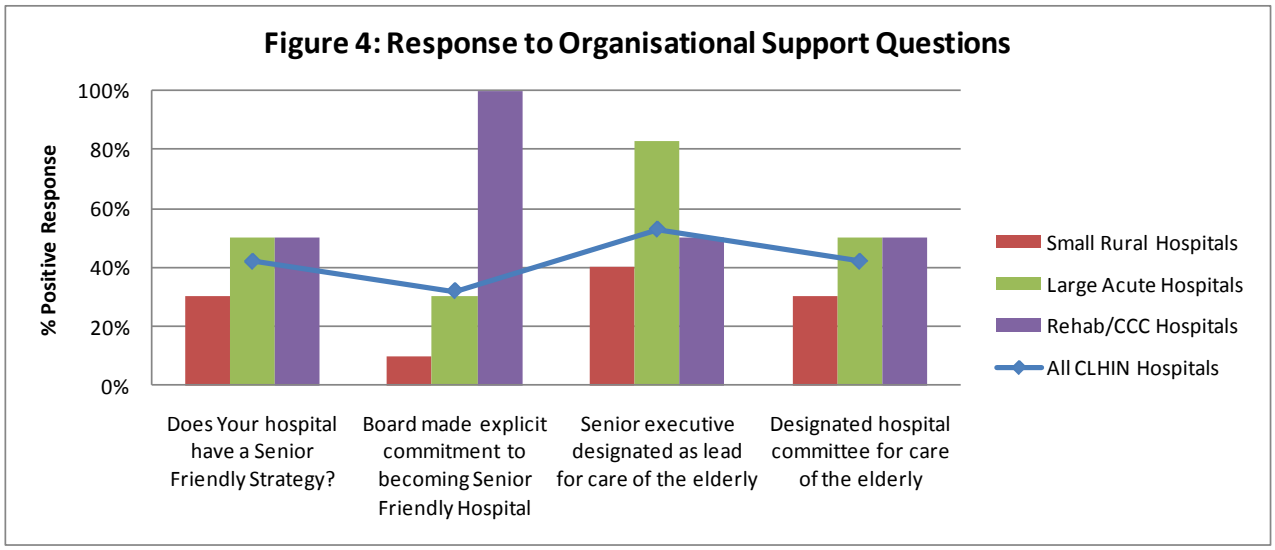
Figure 3: Frequency of Priority Areas for becoming Senior Friendly (A3)
Focus on Designated Clinical Program(8)
- Focus on Inpatient Units (3),
- Focus on ED,(3)
- Focus on Ambulatory/Community settings(2)
Physical Environment (7)
Protocols and metrics (7)
Collaboration among services (2)
SFH as strategic goal, (2)
Review programs (2)
Accountability Structure (2)
Education (2)
Elder Abuse (1)
Geriatric Psychiatry, Mental Health (1)
Functional Decline (1)
Chronic Disease Management (1)

Despite the history of the region with respect to development of Senior Friendly Design Guidelines where there has been strong uptake, many hospitals also prioritized further enhancements to the built environment. It is significant to note that, with the exception of two hospitals, the major risk factors identified as impacting ALC pressures, functional decline and cognitive function were not mentioned as priorities.

While hospitals demonstrated a strong commitment to enhance care of the elderly across the region, the commitment to a systematic, organizational response to an aging population can best be characterized as “emerging”. Only 32% of participating hospitals have made an explicit commitment to become a Senior Friendly Hospital at the Board level. The proportion is lower in small rural hospitals with older patient populations. This

appears to reflect a combination of the resource constraints experienced by smaller hospitals in developing more focused strategies. The need for more discussion of the Senior Friendly Hospital Framework at hospital leadership tables may also be a factor. Several hospitals also identify care of the elderly as their core business and not requiring a focused approach. Not surprisingly, Complex Continuing Care Centers embrace care of the elderly as central to their mission and mandate.

Access to geriatric knowledge and expertise has been identified by many, particularly the small rural hospitals as a major impediment to the development of senior friendly acute care. Human resource distribution reported by the hospitals reflects a significant imbalance, although simple 'ownership' of positions may not reflect those in designated regional roles. However, of 269 designated geriatric and care of the elderly positions, only 4 FTEs are identified as designated specifically to small rural hospitals. 126 are attached to large acute hospitals, 36 to complex continuing care, and 105 to mental health services through the Regional Geriatric Psychiatry Program.



The manner in which hospitals engage and solicit input from older patients and their caregivers is also a significant factor in their responsiveness to their unique needs. While the vast majority of hospitals report using satisfaction surveys to solicit input, not all of these are structured by age cohort. Encouragingly, a small number of hospitals are beginning to adopt a more structured approach to soliciting input from older patients and their caregivers, through the establishment of formal advisory and planning structures.

Figure 5: C1-3 Soliciting Input from Older Patients & Caregivers
Satisfaction Surveys (10)
Forums/Town Hall meetings (4)
Patient/Family Advisory Committees (3)
Patient Relations /Complaints Process (3)
Focus Groups (2)
Community Senior or Senior Friendly Committee (2)
Feedback from Partnering Agencies (1)
Patient Rounding (1)
Formal Community Consultation (1)

While governance and decision-making structures have a significant impact in shaping a Senior Friendly culture, the adoption of age-sensitive indicators is pivotal to performance management. 68% of hospitals reported using some degree of age-specific indicators. While the majority of these focused on the utilisation of hospitals services, a significant proportion of hospitals reported using at least some age-specific incident and quality reporting. The majority of incident reporting at this point appears focused on key nurse sensitive indicators such as falls and pressure ulcers, which are also designated as required organizational practices by Accreditation Canada. Notably only one hospital reported using functional decline as a performance management indicator.

Figure 6 Age Specific Indicators (C 1.5)
Utilization (16)
Geriatric Emergency Management visits and assessments (6)
ED utilization (3)
Specialized Geriatric program utilization (3)
Inpatient admissions by Age (2)
% day surgery 70+
ALC utilization
Incident reporting (6)
Pressure ulcers (2)
Fall incidents (1)
Fractured hip (1)
Medications reactions (1)
General incidents (1)
Other Quality Indicators (6)
Patient satisfaction by age (2)
Geriatric program scorecard (1)
Surgical & intensive care outcomes by age (1)
Functional decline (1)
Prevalence of catheters (1)
Other
Referrals to Home First/Going Home (2); RAI MH, GRASP

Summary Findings – Organizational Support

- ❑ 90% of hospitals report at least one priority for becoming Senior Friendly, with a focus of designated hospital services and the physical environment;
- ❑ Only 32% of hospitals have made an explicit commitment at the Board level;
- ❑ Improved understanding of the Senior Friendly Framework and access to expertise are cited as factors contributing to the uptake of the Framework;
- ❑ While many hospitals solicit patient feedback through satisfaction surveys, few review results by age cohort. Several have established dedicated structures and processes to capture the input of older patients and their caregivers;
- ❑ 68% of hospitals report using age-specific indicators, focused on utilisation and nurse-sensitive indicators. Several are beginning to look at outcomes by age cohort, including surgical outcomes, functional decline, catheter prevalence and discharge disposition.

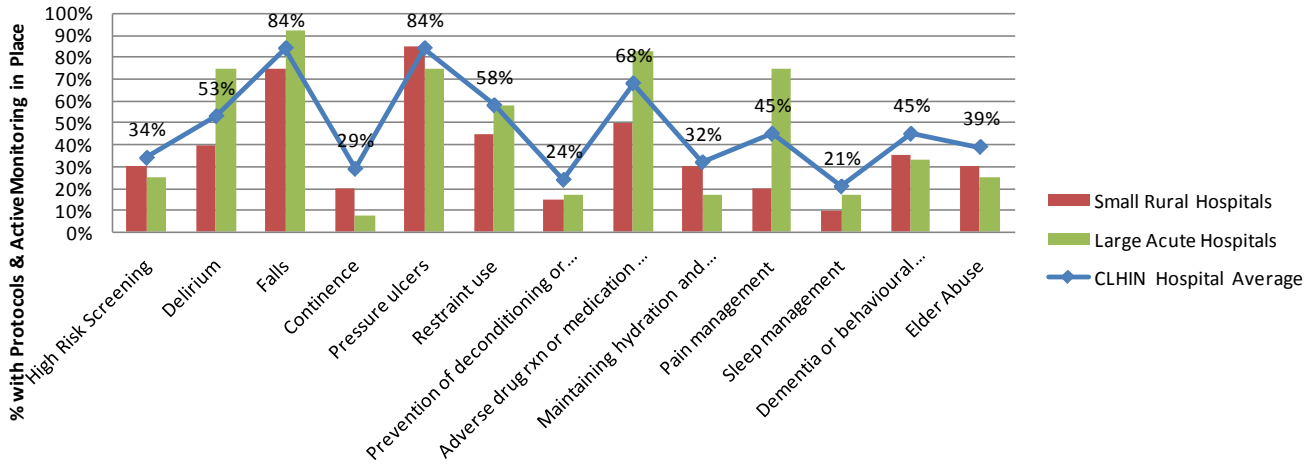
Promising Practices: Organizational Support

- ❑ *Designation of Geriatric Champions in small community hospitals*
- ❑ *Integrating senior friendly indicators into Balanced Score card*
- ❑ *CEO directly involved in strategic visioning and establishing hospital-wide geriatric committee.*
- ❑ *Board of Directors committing to become a Senior Friendly Hospital*
- ❑ *Establishing a position of Vice-President of Seniors' Health*
- ❑ *Using innovative partnerships to recruit and retain designated geriatric experts in small rural hospitals.*
- ❑ *Sponsoring collaborative model for a regional integrated geriatric emergency management program.*

Part 2: PROCESSES OF CARE

The Self-assessment Template listed a number of known clinical areas of risk for hospitalized seniors, and asked hospitals whether they have active protocols and/or metrics in these key clinical areas. In the Complex Continuing Care sector, there are mandatory reporting requirements for a number of clinical areas, including falls, incontinence, pressure ulcers, restraint use, pain, and behavioral problems. Analysis of the self-assessment submissions also highlighted that certain clinical issues have received more focus in the past compared to others. Traditional nurse sensitive indicators such as falls, pressure ulcers, restraint use, and pain management are clinical areas that were most frequently given the attention of a clinical protocol and monitoring procedure (Figure 7). In fact, 84% of Champlain LHIN hospitals reported having protocols and active monitoring for both falls and pressure ulcers. Conversely, the prevention of de-conditioning and dementia related behavior management, which are major risks factors for being designated ALC, were reported less frequently as having an active protocol and monitoring procedure in place. When combined with other known risk factors such as continence, nutrition and sleep, this suggests that there is a geriatric care gap[9] between existing clinical protocols and performance management. It is interesting to note that the two complex continuing care hospitals report having a higher than average proportion of protocols in place, due in part to mandatory reporting requirements in that sector.

Figure 7: % of Champlain LHIN Hospitals with Protocols and Active Monitoring in Place for Confirmed Senior Risk Factors (C.2.1)



As hospitals were not asked to report on the level of uptake for a given protocol across the organization, we should be cautious in our interpretation of these results. However, it is encouraging to note that for protocols with a high level of reported use, fall risk management and pressure ulcer prevention, hospitals reported a moderate but consistent

[9] Arora VM, Johnsons M, Olson J, et al. (2007) Using Assessing Care of Vulnerable Elders Quality Indicators to Measure Quality of Hospital Care for Vulnerable Elders. Journal of the American Geriatrics Society 55:1705-1711

improvement in the rate of these complications over the three years of reporting (2007-2010).

Hospitals were also asked to identify their most successful initiatives to improve clinical care for older patients. The level of response, with more than 55 initiatives, is both comprehensive and diverse. While many initiatives (24) focused on clinical protocols from fall risk reduction to pain management, 11 indicated substantive geriatric program development or expansion. These included expansion of existing specialized geriatric medicine and psychiatry services such as day hospitals and outreach to long term care, through to the integration of geriatric psychiatry into an ALC unit. The expansion of geriatric emergency management was identified by 7 hospitals, supported by enhanced community partnerships, including Home First and Going Home.

Given the challenges associated with transitions and sustainable discharges for older patients, the self-assessment asked hospitals to identify discharge planning practices to respond to the needs of older patients.

Figure 8: Discharge Planning Practices (C 2.5)
Partnership with CCAC, including Home First (9)
Partnerships with Community Support, including Going Home (7)
Discharge Rounds (6)
Discharge Planning Checklist (3)
GEM RN to complete geriatric assessment (3)
Outpatient Service (2)
Early needs /preference assessment (2)
Discharge Summary to Family Physician (1)
Adapted Apartment (1)
Home assessment with OT (1)

A majority of hospitals reported entering into formal relationships with the CCAC and community support services, with a particular emphasis on Home First and Going Home programs funded by the Champlain LHIN through the Aging at Home strategy. Many have also adopted a more structured approach to discharge planning, incorporating designated rounds, checklists and protocols for early discharge needs assessment. Several hospitals emphasize communication of discharge summaries to family physicians, home assessment, and pre-discharge training in adapted apartments.

Summary Findings – Processes of Care

- ❑ 47% of all hospitals have established both protocols and monitoring practices for the 13 risks factors associated with hospitalization of the elderly in the self-assessment. The proportion is much higher in complex continuing care (77%) which has mandatory reporting guidelines.
- ❑ Risk factors for falls and pressure ulcers, with higher levels of reporting have demonstrated consistent improvements in reported outcomes;
- ❑ There is a potential gap in hospital care of the elderly as the rate of adoption of protocols to address significant high risk factors such as de-conditioning and dementia related behavior management is low (24%-33% in acute care).
- ❑ Hospitals have demonstrated a strong commitment to enhance care of the elderly. A broad and diverse range of initiatives has been identified, from the establishment of geriatric emergency management programs (GEM), to the expansion of various specialized geriatric services and numerous community partnerships.
- ❑ A number of innovative, targeted discharge follow up programs have been successfully implemented for older patients, particularly those targeting older cardiac patients.

Promising Practices: Processes of Care

- ❑ *Integrating geriatric psychiatry services within an Alternate Level of Care program;*
- ❑ *The establishment of an Enhanced Care team to increase uptake of clinical practice guidelines;*
- ❑ *The development of geriatric rehabilitation and restorative care programs to support patients transferred from local hospitals;*
- ❑ *Multidisciplinary discharge summary sent to family physician;*
- ❑ *Establishing a mobile Geriatric Day Hospital in rural area supported by a Care of the Elderly family physician;;*
- ❑ *Establishing dementia program including Snoezelen, wandering person's surveillance, and dementia screening;*
- ❑ *Establishing specialized behavioral support unit in Long-Term Care;*
- ❑ *Automated post-discharge calling program for older Acute Cardiac Syndrome patients.*

Part 3: EMOTIONAL AND BEHAVIOURAL ENVIRONMENT

A majority (63%) of all hospitals report integrating geriatric knowledge into the hospital training and orientation program. Much of this emphasizes afore-mentioned clinical protocols such as fall prevention, delirium screening and intervention. Some hospitals, particularly those with access to geriatric psychiatry services, have introduced Gentle Persuasive Approaches which serve to enhance the culture and attitudes towards older patients.

Seven hospitals report using age-stratified patient satisfaction surveys to capture the input of older patients into quality management strategies. However, this includes those reporting limited to specific geriatric programs or units, with very few reporting a systematic application of age-stratification in their evaluation of patient satisfaction surveys.

A senior's experience in the hospital typically involves contact with clinical and non-clinical staff at various levels of the organization. Education of staff in all hospital roles helps to foster a senior friendly emotional and behavioral environment conducive to effective care and treatment. Hospitals were also asked to identify which formal mechanisms were used to help older persons feel involved and engaged in decisions affecting their care. While 84% identified such mechanisms, it is unclear to what extent these were adapted or tailored to the needs of older patients. The Tidal Model of Mental Health Recovery emphasizing empowerment, collaboration and relationship, and the Registered Nurses Association of Ontario (RNAO) Best Practice Guidelines on Therapeutic Relationships are of interest in their potential to promote patient-centered care. Additionally, the subject of disclosure of diagnoses and the implications for management of family conferences has been considered in at least some hospitals, and could be used to adapt such existing mechanisms to the needs of older patients and their caregivers.

Figure 9: Mechanisms to Inform and Involve older patients in decisions about their care (3.3)
Family conferences (9)
Patient Rounding (4)
Educational booklets (3)
RNAO BPG-Therapeutic Relationships, Tidal Model of Mental Health Recovery (2)
Patient education to involve them in decision-making (2)
Satisfaction surveys (1)
Ethical Program (1)
Audits for informed consent (1)

Hospitals reported several processes to support diversity among seniors and their families. Language translation was the process most frequently identified. However, unclear of the extent to which these were adapted to the unique experience of older persons was unclear. It was interesting to note that there was no mention of gender diversity training for older persons.

Figure 10: C3-4 Cultural Diversity (C 3.4)
Translation services (10)|
French Language Service Act (7)
Spiritual support. (2)
Aboriginal liaison and translation (2)
Diversity training (2)
Special diets (1)
Corporate diversity plan (1)

Twelve hospitals reported having formal programs in place to counter ageism and support appropriate attitudes and behaviors of health professional students and residents. Although this would appear to be framed for teaching centers, most hospitals also responded from the perspective of professional development for their personnel.

Six hospitals report integrating training rooted in geriatric psychiatry, such as PIECES and Gentle Persuasive Approaches into their staff orientations. Additionally, most teaching centers ensure medicine and family medicine residents and students experience rotations in geriatrics to ensure exposure to the culture of care for older persons. Others integrate skills-based training related to fall prevention and other protocols into their orientation for staff and other types of students. One hospital reported offering an orientation to the Senior Friendly Hospital Framework. Overall however, one might best describe efforts to counter ageism and promote more positive attitudes towards older patients and their caregivers as being in the formative stages of development in Champlain.

Summary Findings – Emotional and Behavioral Environment

- A majority of hospitals have now integrated some degree of geriatric knowledge into their corporate training and orientation programs;
- While age-stratified patient satisfaction measures are used in a number of hospitals to inform quality management programs, most of these are program specific;
- Family conferences and patient rounding are the main modalities reported to involve patients and their caregivers in decisions about their care. The extent to which these have been adapted or tailored to the needs of older patients is unclear.
- The vast majority of hospitals reporting diversity programs identify translation and French Language services as their primary mechanisms. Similar to above, it is unclear the extent to which any of these reflect the diversity challenges of the older patient population;
- Most teaching centres report mandatory rotations in geriatrics for medicine and family medicine students and residents. Several hospitals with access to geriatric psychiatry services, integrate a range of educational programs such as PIECES and Gentle Persuasive Approaches in to their orientation programs. One hospital reports general training specific to the Senior Friendly Hospital Framework.

Promising Practices: Emotional and Behavioral Support

- *Implementation of a Senior Friendly Hospital orientation program for clinical and non-clinical staff.*
- *Annual delivery of geriatric mental health education programs across community and LTC (Gentle Persuasive Approach, PIECES)*
- *Extend continuing interdisciplinary geriatric education province wide through combination of telehealth and curriculum development;*
- *The delivery of post-graduate medical education in care of the elderly;*

Part 4: ETHICS IN CLINICAL CARE AND RESEARCH

Complex ethical issues arise daily when caring for older patients. It is therefore important for hospitals to ensure structures and processes are in place that enable practitioners to take a thoughtful and consistent approach to these challenges that balances risk and benefits for older patients. Virtually all hospitals in Champlain reported being able to access an ethicist to advise in complex situations.

Hospitals demonstrate a high degree of consistency in the types of ethical issues that arise related to older adults in their care.

Figure 11: Ethical Issues (C4.1)
Capacity Assessments (8)
Advance Directives (7)
Competence to consent to treatment (7)
End of Life Care (5)
Conflict (4)
Substitute decision maker (2)
Restraint use (2)
Discharge: Balancing safety and autonomy (2)
Discharge: Placement decision-making (2)
Nutrition and Hydration (2)
Restraint use (1)

Similarly, 16 hospitals report having specific policies on Advance Care Directives. Although most hospitals report having access to an ethicist, this expertise is generally sought only in exceptional cases. Most rely principally on in-house human resources to advise staff and patients. The region has tremendous expertise and educational resources to consult on matters related to competency and capacity assessments. The self-assessments do not indicate to what extent education or decision-aids are available to assist with other complex issues. Another limitation of this self-assessment, similar to the instances of clinical protocols, is that one cannot determine the level of uptake an organization experiences even though it may have a policy in place. (e.g. for the 16 hospitals that have a policy on advance directives, it is unknown what proportion of patients have discussed and made determinations on future care options).

Although perhaps more problematic for ambulatory services, it is of interest to note that no hospitals specified driving safety assessments as a complex issue.

Summary Findings – Ethics in Clinical Care and Research

- ❑ There is a high degree of consistency in the understanding and approach of hospitals to ethical issues in care of the elderly;

Promising Practices: Ethics in Clinical Care and Research

- ❑ *Developing a capacity decision tree to integrate ethical decision making into clinical practice.*

Part 5: PHYSICAL ENVIRONMENT

Champlain hospitals report a high rate (68%) of utilization of evidence-based senior friendly design guidelines into their built environment. Subsequent to the publication of the initial Regional Geriatric Program of Eastern Ontario guidelines in 2004[10] hospitals were able to take advantage of a significant capital investment on the part of the provincial government to support hospital expansion and re-construction. Large scale capital projects such as the redevelopment of the Royal Ottawa, Winchester and Montfort hospitals integrated Senior Friendly Design Guidelines into their projects. Program level expansions such as the new wing at Queensway-Carleton and the Emergency Departments at the Ottawa Hospital were also supported by these guidelines. Since that time there have been significant improvements in the depth and scope of design guidelines. The Alzheimer Knowledge Exchange has collaborated with the RGPEO to adapt the guidelines to the needs of persons with dementia. Additionally, Belinda Parke, a pioneer in Elder Friendly Hospital Care in Canada, has collaborated with an interdisciplinary team of architects and health care providers to develop a comprehensive package of guidelines[11]. There is therefore a wealth of knowledge regarding senior friendly design characteristics, which go well beyond the basic accessibility requirements set forth in the Access to Ontarians with Disabilities Act. It is important that hospital staff involved in capital development and planning have training and access to resources on Senior Friendly Design. In this regard, a number of Champlain hospitals have integrated geriatric specialists into their Accessibility Committees. Others have gone the additional step of ensuring furniture and equipment acquisition is also compliant with senior friendly design guidelines.

Notwithstanding the manner in which Champlain hospitals have responded to the needs of older patients in capital projects and equipment acquisition, almost 70% report the physical environment as a significant barrier to age-appropriate care, largely in recognition of the age of many of our hospitals. All of these hospitals report plans to

[10] Okeefe J,(2004) Creating a Senior-Friendly Physical Environment in our Hospitals, Geriatrics Today: Journal of the Canadian Geriatrics 7 (2): 49-52

[11] Parke B, Chappell N. Transactions between older people and the hospital environment: A social ecological analysis. Journal of Aging Studies 24 (2010) 115-124.

enhance their physical environment in the next three years. While some hospitals are anticipating more capital expansion, many are planning incremental improvements within the limits of their current resources.

Figure 12: Improvements to Physical Environment in next 3 years (C 5.2)
Lighting (9)
Hallways/Doors (8)
Way finding (8)
Décor (7)
Washrooms (7)
Noise dampening (6)
Elevators (6)
Flooring/Walls (5)
Parking (4)
Equipment (4)
Bedrooms (3)
Handrails (3)
Walkways, ramps and stairways (3)
Furniture (3)

Many of these improvements will enhance the safe mobilization of older patients with the potential to reduce the risk of falls, and prevent unnecessary de-conditioning. It is also encouraging to note those hospitals which have recognized the importance of noise dampening, particularly with respect to older patients with dementia.

Summary Findings – Physical Environment

- ❑ Champlain hospitals have demonstrated a strong commitment to integrate senior friendly design characteristics into their capital projects;
- ❑ Notwithstanding these efforts, the physical environment is identified as a major barrier to senior friendly hospital care in Champlain;
- ❑ A number of hospitals have integrated senior friendly design expertise into ongoing capital planning and purchasing;
- ❑ Hospitals have planned significant design improvements through ongoing renovations undertaken within the limits of existing resources. These include improvements to flooring, doors, and hallways which will enhance the safe mobilisation of older patients;
- ❑ Some hospitals are responding to the needs of patients with dementia through enhancements to way finding and noise dampening acoustics.

Promising Practices: Physical Environment

- ❑ *Development and integration of Senior Friendly Hospital Design Guidelines into capital planning and purchasing.*
- ❑ *Major Capital expansion guided by Senior Friendly Hospital Design Guidelines*

Looking Ahead – Moving toward Senior Friendly Hospital Care in the Champlain LHIN

The Champlain LHIN Integrated Health Services Plan 2010-2013 aspires to help residents reach their full potential and to "keeping people healthy and at home." The alignment with provincial priorities to reduce wait times in Emergency Departments and reduce the time people wait in Alternate Level of Care beds in hospitals has led the Champlain LHIN to specifically target frail seniors at risk of functional or cognitive impairment.

Alternate Level of Care pressures in hospitals have long been recognized as a symptom or consequence of health systems inadequately aligned with the needs of an aging population. While much of the focus for resolving these pressures has quite rightly been placed on community and long term care sectors, it is also acknowledged that the hospital experience of older patients, in itself, can contribute to outcomes that constrain safe and sustainable discharges and precipitate ALC pressures. De-conditioning and dementia associated with other co-morbidities have been identified as major risk factors for sustainable discharges, and designation as ALC.

The Senior Friendly Hospital Framework, as a roadmap for quality improvement for the acute care of older patients serves as a potential resource to achieve the identified priorities of the Champlain LHIN to reduce wait times in the ER and the amount of time people wait in ALC beds, as well as the implicit goal of achieving system level outcomes. The completion of the self-assessment is a critical first step. The expressed commitment of the Champlain LHIN to support partner hospitals in this journey, and to mandate measurable objectives into their implementation plan will be essential to achieving system-wide outcomes.

95% of hospitals reported the self-assessment was important in renewing the importance and awareness of senior friendly hospital care. Many, as a result of the survey have made concrete plans to integrate senior friendly care into their corporate plans. More than 46 senior friendly initiatives were identified, reflecting an ambitious agenda for Senior Friendly Hospital Care for Champlain over the next three years.

Figure 12: *Champlain Hospital Plans for Senior Friendly Care (D.3)*
Clinical protocols (11) Pressure ulcer prevalence (3) Delirium protocol (2) Constipation BPGs (1) Focus on heart failure readmissions (1) Post-discharge phone calls (1) Leadership Academy project on de-conditioning (1) Dyspnea BPG (1) Best Practice Adoption (1)
Enhanced Accountability (8)
Assisted Living Program (5)
Care of the Elderly Program Development (5) CDU/Short Stay for the Elderly (1) Develop regional palliative care model (1) Restorative Care program (1) Transition to home program (1) Wandering patient surveillance system (1)
GEM (4)
Fall prevention (3)
Home First (3)
Capital Planning & renovation (3)
Improved Interprofessional training including designation of Geriatric Champions (2)
34 Interim LTC beds (April 2011) (1)
Community Engagement Plan for Primary care (1)

Hospitals identified specific monitoring plans and expected outcomes for each of these initiatives. The main outcomes which were cited for the proposed senior friendly care initiatives included:

- Improved safety and quality of care
- Improved hospital (ALC) diversion and utilization
- Increased geriatric capabilities
- Improved surveillance

However, Champlain hospitals also recognize that their collective efforts will not realize system-wide outcomes in the absence of a supported system-wide strategy. The need for a LHIN-wide approach to coordinate and align actions and areas of focus related to senior friendly care was suggested for the Champlain LHIN to consider.

Notwithstanding their demonstrated commitment to improve senior friendly care, Champlain hospitals were also realistic in their appraisal of barriers to progress. The physical design of older buildings and the need for financial resources to support the change process were consistently identified as key barriers to success.

Some suggested that educational resources were also important to promote change in relation to skills-based knowledge as well as the promotion of attitudinal and cultural change. Others suggested equitable access to specialized human resources were required. Additionally, standardized measurements and indicators using agreed upon benchmarks were identified as critical to achieving system-wide impact.

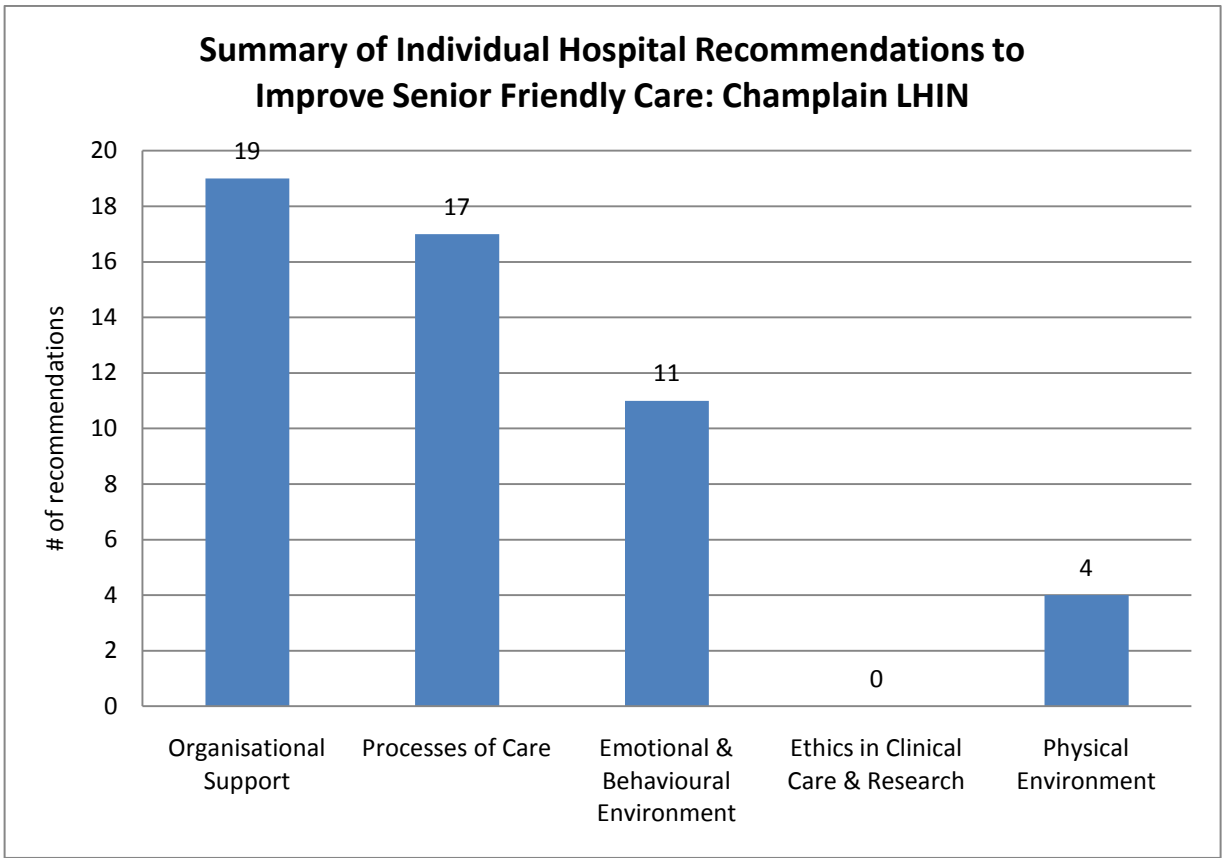
In recognition of these challenges, as well as the readiness of Champlain Hospitals to collaborate, it is recommended that the Champlain LHIN consider a regional approach to senior friendly hospital care in order to optimize system-wide outcomes aligned with the Integrated Health Services Plan 2010-2013 and beyond.

Appendix 1: Self-Assessment Aggregate Responses- Champlain LHIN

Question on Self-assessment Template	Aggregate Small Rural Hospital Response (10)	Aggregate Response Large Acute Hospitals (6)	Aggregate Response: Rehab /CCC (2)	Aggregate Response for All CLHIN Hospitals[1]
A1. Does your hospital have an explicit priority or goal for senior friendly care in its strategic plan?	**30%**	50%	50%	42% Yes
C1.1. Has the Board of Directors made an explicit commitment to become a Senior Friendly Hospital organization?	10%	30 %	100%	**32**% Yes
C1.2. Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	40%	83%	50%	53% 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)	30%	50%	50%	42% Yes
C2.1. These are areas of confirmed risk for seniors. Does your organization have protocols and monitoring metrics for care to address the following issues?	37%	46%	77%	47% of protocols with metrics are in place
C3.1. Do your staff orientation and education programs have defined learning objectives for senior care?	30%	100%	100%	63% Yes
C3.2. Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies?	30%	50%	50%	37% Yes
C3.3. What programs and processes do you have in place to help older patients feel informed and involved about decisions affecting their care?	80%	83%	100%	84%, Yes, in place
C3.4. What programs and processes do you have in place to support cultural diversity among seniors and their families?	60%	100%	100%	79% Yes, in place
C3.5. What programs and processes do you have in place to support appropriate attitudes and behaviors of health professional students and residents toward older patients?	70%	83%	50%	74% Yes, in place
C4.1. Does your staff have access to an ethicist to advise on ethical issues related to care of older patients?	90%	100%	100%	**95% Yes**
C4.2. Does your hospital have a specific policy on Advance Care Directives?	70%	100%	100%	**84% Yes**
C5.1. Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines (e.g. RGP audit, CodePlus or other)?	50%	100%	100%	**68% Yes**

[1] All LHIN Hospitals includes large acute care, small rural, complex continuing care, rehabilitation and mental health hospitals for a total of 19.

Appendix 2: Summary of Recommendations to Champlain Hospitals



Senior Friendly Hospital Strategy: Champlain Hospital Recommendations	
Organizational Support	
	1) An expressed commitment by the Board of Directors supported by the designation of either a new or existing committee to coordinate care of the elderly initiatives, which is inclusive of seniors.
	2) These structures could then be linked to the emerging age-sensitive indicators which are being used to leverage current Best Practice and Geriatric guidelines.
	3) Given the high proportion of seniors using hospital services, and the pool of expertise available through affiliated programs, consideration may be given to designating a committee to coordinate care of the elderly initiatives;
	4) Continued development of the Senior Friendly Hospital Framework as a strategic goal undertaken by senior leadership will provide clear direction to hospital personnel. There are ample local resources and expertise to support this planning should the hospital wish to take advantage of additional support.
	5) While the hospital has been monitoring age-specific utilization indicators across designated geriatric programs, the development and integration of a robust set of quality indicators into the hospitals performance management reporting would strengthen the profile and accountability for these services within the hospital.
	6) Given the scope of geriatric programs currently provided through the Hospital, consideration should be given to designating a care of the elderly committee to coordinate and optimize the impact of these various programs.
	7) The proposed establishment of an Elder Care Committee to coordinate Senior Friendly initiatives within the hospital is to be commended. It is suggested this be supported with appropriate recognition and accountability processes within the hospital reporting structure.
	8) As the XX will be participating in the XX Hospital Senior Friendly Hospital strategy, complementary coordinating structures and mechanisms should be designated to lead and support the transformation.
	9) Consider building on existing geriatric expertise within the hospital by making an explicit commitment to become Senior Friendly and enhancing staff training and orientation in acute care of the elderly.
	10) XX Hospital has developed a solid foundation for Senior Friendly Hospital care through partnership and programming in recent years. It is well positioned to adopt a more explicit strategic focus to become a Senior Friendly Hospital. There are a variety of regional resources that could be used to support this next phase should the hospital be motivated to strengthen its focus on Senior Friendly Hospital care.
	11) Given the unique health needs of francophone seniors and the foundation of expertise and clinical programs which the XX Hospital has developed in recent years, the hospital is well-positioned to consider a more strategic focus as a Senior Friendly Hospital.
	12) The establishment of a designated interdisciplinary committee to coordinate the planning and implementation of care of the elderly programs, with direct input from patient representatives, has been an effective means to build corporate engagement and support.

	13) Collaborate with regional and provincial partners to develop benchmarks for designated processes of care, in cases where they do not already exist, and use these to drive change in age-appropriate care;
	14) As XX has positioned itself as a leader for seniors health in the community, consideration should be given to developing a specific strategic focus for seniors' health.
	15) While the XX Hospital has supported the development and expansion of age-appropriate care within its specialized geriatric services, it is encouraging to note that strategic and clinical planning will consider a more explicit integration of Senior Friendly care into its Strategic and Clinical Planning over the next three years.
	16) The ongoing strategic planning and emerging partnerships present a potential for both for increased integration and critical mass for Senior Friendly care. The hospital should be encouraged to consider a Senior Friendly component to this plan as it progresses.
	17) : While one must acknowledge that Senior Friendly Care is imbedded into many of the organizational structures and processes with the Centre, consideration should be given to identifying geriatric champions to further promote a culture of excellence in geriatric care.
	18) The commitment of XX Hospital to develop an overarching Senior Friendly Hospital strategy is commendable and will certainly be supported by the proposal to develop a Senior Friendly Hospital Steering Committee to oversee implementation. The integration of age-sensitive indicators into the Quality Plan will also help drive the transformation process.
	19) The development of a pool of staff and expertise dedicated to care of the elderly will be critical to the fulfillment of the hospitals' vision. The proposed recruitment of a GEM RN and a designated Vice President of Seniors Health will be an important first step. The recruitment and development of further designated champions and experts should be considered, including the potential for a Care of the Elderly trained family physician.
Processes of Care	
	1) The implementation and monitoring of processes of care related to fall prevention, delirium, pressure ulcer management and advance directives which is proposed will provide a solid foundation in clinical practice for hospital patients.
	2) Although XX has an excellent core of geriatric focused programs, given the overall diversity of the patient population, consideration could be given to tracking a set of age-stratified satisfaction and quality indicators.
	3) In addition to the implementation of planned best practices related to acute care of the elderly, and the designation of Geriatric Champions, consideration should be given to the adoption of indicators and monitoring processes to drive improvements in care. The adoption of the Home First approach will provided added benefits to care and utilization.
	4) The hospital has already demonstrated a significant commitment to implement practice guidelines to mitigate the risks of hospitalization for older patients. However, there is opportunity to further expand and support these protocols with more aggressive monitoring and performance management. Continence care and de-conditioning are suggested as possible risk factors for consideration.
	5) Consolidation and enhanced monitoring of indicators for designated processes of care

	which have been established, such as pressure ulcers, will continue to improve the quality of care of the elderly within the hospital.
	6) While several protocols for seniors' risk factors are in place, there are opportunities to expand the scope of best practice guidelines to mitigate the effects of hospitalization on older patients. These should be supported with a rigorous performance management approach supported by relevant age-sensitive indicators.
	7) To further develop and integrate indicators to support implementation of designated protocols in areas of risk for acute care of the elderly;
	8) While the hospital has undertaken a comprehensive approach to implementing age-sensitive care protocols, the adoption of performance measures to be integrated into the new incident software system will assure effective uptake and implementation over time.
	9) The Hospital is to be commended for the level of planning and precision that has been detailed in the roll out of designated clinical practice guidelines. The adoption and integration of age-sensitive indicators into hospital performance management would support continued progress in achieving improved clinical and utilization outcomes.
	10) : Further development and implementation of quality indicators to monitor implementation of practice guidelines will enhance a culture of quality and accountability in relation to the Senior Friendly Hospital strategies;
	11) Work with internal and external partners to deepen the uptake of Processes of Care critical to achieve hospital wide impact on quality and utilization outcomes;
	12) Significant efforts have been made to roll out a range of best practice guidelines related to care of the elderly. Consideration should be given to enhancing the set of age-sensitive indicators which can be used to track and assess organizational performance.
	13) The acute care needs of persons with dementia, particularly those with behavioral support needs has been identified as an area in which seniors in acute care are undertreated, and a contributing factor to ALC pressures. It is hoped that the knowledge and expertise of the XX Hospital can, in collaboration with their partners in acute care, contribute to a coordinated regional response to these needs. This would enhance the capacity for Senior Friendly acute care across the region and contribute to improved quality and utilization outcomes.
	14) It is suggested the hospital expand upon the recent experience with the fall management program and implement a broader range of elder care protocols, supported by performance indicators and tracking.
	15) De-conditioning of more frail older patients is a major risk factor for community discharges. The suggested enhancement and possible expansion of the restorative care program provides an excellent opportunity for partnership with acute care hospitals to reduce the risk of placement.
	16) The recommendation of the hospital to improve the level of uptake for clinical practice guidelines in its non-specialized geriatric services to achieve hospital-wide outcomes should be encouraged.
	17) The proposal to recruit a GEM RN creates a strong potential for integrating high risk screening processes into the admission planning process as well as the ED. This can be a useful strategy to effectively target inpatient care to the assessed levels of risk.

Emotional Behavioral Environment	
	1) The hospital has a goal of identifying clinical partnerships to address the needs of the aging population. We would reinforce such partnerships as an effective and critical strategy to further strengthen geriatric expertise both within the hospital and the surrounding community.
	2) A coordinated education and training program for all levels of hospital personnel could begin to address the cultural and attitudinal factors affecting acute care of the elderly noted in the self-assessment.
	3) It is suggested that potential educational partnerships with regional resources be explored to strengthen the awareness and understanding of the unique health needs of the hospital's primary inpatient population.
	4) A comprehensive training and orientation program on Senior Friendly Hospital care would strengthen the pool of expertise within the hospital and could be seen to complement the establishment of Geriatric Manager role.
	5) Although the XX has a strong track record for patient centered care, an enhanced training and education program emphasizing the unique health needs of older patients would serve to further strengthen the orientation towards age-appropriate care.
	6) The development of a multifaceted and targeted educational strategy for all hospital personnel has the potential to spread the knowledge and expertise in care of the elderly from the designated experts to all facets of clinical and non-clinical team.
	7) Continue to promote the Senior Friendly education program developed by XX. Consideration could be given to a layered educational strategy which as noted, in combination with the already demonstrated organizational leadership within XX, will promote the appropriate cultural changes which were suggested;
	8) As suggested by the hospital in the self-assessment, on-going priority should be given to providing continuing education and training to staff in geriatric care. Although, similar to other small rural hospitals, the in-house pool of expertise is quite limited, there are numerous regional resources that could be accessed to enhance geriatric training and education across the organization.
	9) As the hospital proceeds with its strategic planning process, it might consider broadening the base of education and training it currently provides. Various regional partnerships with well-developed expertise may be a useful resource in this regard.
	10) Given the complexities of managing change in a large Academic Health Science Centre, consideration might be given to the development of a more structured approach to expand both the knowledge and culture of senior friendly acute care.
	11) Subsequent to the recruitment of the new Vice President, support should be solicited to develop a comprehensive educational program to be integrated into the training and orientation of all hospital personnel, including clinical and non-clinical roles. This will serve as an important foundation for establishing a senior friendly culture of care.
Ethics in Clinical Care and Research:	

Physical Environment	
	1) The Hospital has made a concerted effort to renovate and redevelop in accordance with current accessibility standards. With the major expansion of designated geriatric programs such as the Day Hospital, and the pending development of the Village, XX has the potential to become a model for Senior Friendly Designed environments. Careful consideration of senior specific design guidelines, in addition to AODA compliance, is recommended.
	2) While the XX has undertaken environmental audits in compliance with AODA, it is unclear if Senior Friendly Design Guidelines have been considered. In light of the future capital planning underway, consideration should be given to integrating such guidelines into future capital planning.
	3) Proceed with a Senior Friendly Environmental Audit to support capital development, as suggested;
	4) The completion of a major capital expansion would appear to have addressed many basic accessibility features relevant to staff and patients alike. The hospital is encouraged to consider senior friendly design guidelines such as those developed through the RGP or CodePlus to ensure future renovations and facility planning are tailored to the unique needs of the older patient population.