

# A Summary of Senior Friendly Care in South East LHIN Hospitals

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This report was developed as part of the Ontario Senior Friendly Hospital Strategy



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## 1. Executive Summary

A healthy seniors' population builds and sustains healthy communities. The care that seniors receive in hospitals and their hospital experiences are among the key determinants in the health and well-being of older adults. Given that seniors receive care in virtually every area of the hospital, it is critical that continuous quality improvement plans 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 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 to be 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 Regional Geriatric Program (RGP) of Toronto produced a background document entitled *Senior Friendly Care in Toronto Central LHIN Hospitals* as well as an accompanying *Self-assessment Template*. The latter document was subsequently modified and both were distributed by each LHIN to its member hospital organizations. 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 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
- Result in a better use of health care dollars.

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 SE LHIN supports hospitals in adopting the Senior Friendly Hospital Framework and, specifically, in aligning needs and resources to achieve and integrate 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.

The first step in the Ontario Senior Friendly Hospital Strategy involved the completion of a self-assessment by hospitals and the generation of a regional and provincial summary report to identify promising senior friendly care initiatives, potential gaps, and opportunities for coordinated action.

**The following summary report of the South East LHIN (SE LHIN) hospital self-assessments represents a point-in-time snapshot of senior friendly hospital care in the LHIN.** It identifies the strengths and areas for improvement in SE 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 SE LHIN hospitals that are promoting senior friendly care and that should be considered for broader adoption.

**Organizational support:** Results from the SE LHIN hospital self-assessments indicate that the need for senior friendly care is well acknowledged within its hospital organizations. Hospital organizations are involved, although to different degrees, in the development of a component of a comprehensive Seniors Health System that aims to support residents of the LHIN. The ongoing consultation process involved in the evolution of these services also includes the LHIN, CCAC, primary care, community service agencies, LTC and hospitals (CSR Restorative Care). 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 patient populations.

In addition to the LHIN-wide priority of developing a comprehensive system of health services for seniors, two hospitals have declared it one of their strategic priorities and another two have it in progress.

**Clinical process of care:** The self-assessment analysis also provided an examination of the clinical processes of care that are particularly relevant to seniors admitted to hospital. Falls, restraint use and adverse medication events are the clinical areas that were most often reported to have developed protocols and/or formal monitoring in all hospitals. In contrast, sleep, elder abuse, and dementia-related behavior management were the clinical areas that were least often managed with protocols or monitoring procedures.

Practice models involved establishing an infrastructure to provide services where they are needed, such as geriatric screening in the emergency department, and access to specialized geriatric consultation within some sites hospital. Education and practice that emphasize inter-professional teamwork were also identified as enablers to help meet the complex needs of frail seniors. All organizations have invested in staff training with PIECES and Gentle Persuasive Approaches.

Creative partnerships and inter-organizational collaboration were often reported by hospitals, allowing 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 building continuity into the health care system as a whole.

Many of these desirable initiatives appear to be unit- or consultation- based, and it is important to recognize that seniors are patients in virtually every unit of the hospital. The challenge will be to adopt successful practices that 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.

**Emotional and behavioural environment:** The hospital care experience for seniors 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 regarding senior specific elements, the development of formal mechanisms to better engage patients and families in their own care, 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.

**Ethics in clinical care and research:** Not all hospitals in this survey reported having formal resources in place to address ethical challenges that arise during the provision of care. For instance, not all were equipped with the services of an ethicist for consultation on challenging situations. One organization reported the use of an Ad Hoc Ethics Committee that can be convened at any time necessary. Another reported the use of a bioethics committee co-chaired by a physician and staff member both educated in ethical principles and consultation.

**Physical environment:** 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 redevelopment of their existing infrastructure, one for the addition of new complex continuing care beds and the second in improved way-finding and functional layout. There is a significant body of information regarding senior friendly environmental design<sup>1,2</sup> 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 both 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 informed on senior friendly design will promote the ongoing development of a physical environment that meets the needs of seniors and other frail 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 SE LHIN includes many promising practices that have been partially implemented as well as recognition of important opportunities for improvement. Most hospitals identified the importance of health equity, patient-centred care, safety, medical 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. There is an opportunity to translate these core principles into specific strategies to more fully meet the needs of frail seniors.

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<sup>1</sup> Parke B, and K Friesen (2008). *Code Plus: Physical Design Elements for an Elder Friendly Hospital*. Fraser Health Authority

<sup>2</sup> 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.

## **Recommendations:**

- 1) SECHEF (South East LHIN CCAC & Hospital Executive Forum) should formally endorse the principle of advancing Senior Friendly Hospital Care as a Strategic Priority for SE Ontario.
- 2) Each hospital should create or be part of a Senior Friendly Hospital Steering Group which would examine, plan, prioritize, recommend and assist in initiating a systematic approach to the implementation of Senior Friendly Hospital Care within the organization.
- 3) Connection should be established between each Senior Friendly Hospital Steering Group to ensure communication, collaboration and sharing of ideas, opportunities and resources.
- 4) Specialized services for elderly (Geriatric Medicine and Geriatric Psychiatry) should support and act as a resource to the each Senior Friendly Hospital Steering Group as needed.
- 5) Organizations should support the transition to a SFH through incorporation of appropriate content within existing orientation, education and training programs. Consideration should be given to supporting opportunities for staff to obtain additional certification and qualification in gerontology.
- 6) Hospitals should consider a focus on adoptions of protocol and best practice targeting of common elder-sensitive issues within their quality improvement plans (delirium, continence, hydration/nutrition, sleep and elder abuse). Consideration should be give to implementing models of hospital practice such as the Hospital Elder Life Program.
- 7) Indicators for assessing progress in establishing Senior Friendly Care within hospital should be developed. It will also be important to consider alignment of these indicators with reporting requirements for overarching quality agendas such as those described by the Excellent Care for All Act, the Canadian Patient Safety Institute (CPSI) and accreditation processes.
- 8) Knowledge sharing between organizations will be an important process to continue empowering the adoption of successful practices, so that organizations do not continually “re-invent the wheel” within their individual environments.
- 9) There is an emerging opportunity for organizations to consider more comprehensive training and knowledge acquisition in senior friendly environmental design for staff involved in the planning, development, maintenance, and purchasing operations of the physical plant.
- 10) Support should be provided to innovative and cost-effective knowledge to practice strategies necessary to stimulate the attitudinal, cultural and care transformations consistent with a regional senior friendly strategy.

## **2. The Ontario Senior Friendly Hospital Strategy in the South East LHIN**

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 hospitals' capacity to meet the quality and safety improvements required under the Excellent Care for All Act.

A recent profile of Aging in Ontario<sup>3</sup> revealed that 21.0% of the SE LHIN's population is comprised of older adults above age 65. Seniors utilize a significant portion of hospital resources in the SE Ontario LHIN. The seven hospitals have been divided into 3 groups for the purposes of the report: acute/ambulatory, rehabilitation/complex continuing care and acute/other. The seven hospital organizations reported, on average, that 59% of their total hospital days are attributable to older patients. Moreover, they reported on average 76% of alternate level of care (ALC) days in SE Ontario 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 ALC. It has been estimated that one-third of frail seniors lose independent function as a result of hospital practices, half of whom are then unable to ever recover the function they lost.

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. Additionally, it is intended to emphasize the multiple dimensions of organizational change essential to achieve improved health outcomes for seniors. The SE LHIN, through the provincial Senior Friendly Hospital Strategy, will support hospitals in adopting the Senior Friendly Hospital Framework and specifically, to align needs and resources to achieve the framework and integrate 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 well-being, the senior friendly hospital provides 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 Regional Geriatric Programs 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,

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<sup>3</sup> Institute for Clinical Evaluative Sciences (2010). *Aging in Ontario: An ICES Chartbook of Health Service Use by Older Adults*. Toronto: Institute for Clinical Evaluative Sciences.

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 Behavioural 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 are conducted 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.

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 SE LHIN. While all five components of the Senior Friendly Hospital Framework are required for optimal outcomes, it is recognized that implementation of some of the elements in the framework are a long term undertaking – major updates to the physical environment, for instance – and that a staged approach to change is more feasible and practical in its implementation.

#### 4. RGP Background Document and Self-assessment Process

To guide work on this priority, the TC LHIN established a Senior Friendly Hospital Strategy Task Group in summer 2010 comprising representatives from acute, rehabilitation, and CCC hospitals, as well as the Community Care Access Centre. 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 included providing expert advice on the background document, *Senior Friendly Care in TC LHIN Hospitals*<sup>4</sup>, a senior friendly hospital self-assessment template, and a resulting summary report of senior friendly care in TC LHIN hospitals<sup>5</sup>. 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

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<sup>4</sup> The Regional Geriatric Program of Toronto (2010). *Background Document: Senior Friendly Care in Toronto Central LHIN Hospitals*. Toronto: Toronto Central Local Health Integration Network.

<sup>5</sup> 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.



environment. The senior friendly hospital self-assessment template document was subsequently modified and both were distributed by each LHIN to its member hospital organizations.

With questions structured around the framework, the *Self-assessment Template* gauged each organization's explicit level of commitment, their efforts to date, and their perceived challenges and needs in order to become a senior friendly hospital.

## 5. Goals of the Self-Assessment Summary

- To serve as a summary of the current state of senior friendly care in CW 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 December 2010 the background document *Senior Friendly Care in Toronto Central LHIN Hospitals* along with the *Self-assessment Template*, both structured around the RGP's Senior Friendly Hospital Framework, were delivered to the Chief Executive Officers of the hospital organizations in the SE LHIN (Figure 1). The hospital organizations were supported in completing the self assessments with a Frequently Asked Questions (FAQ) document prepared by the RGP of Toronto, as well as a series of three teleconference sessions held across the province to provide question and answer support. These teleconference sessions also provided a means for hospitals to provide anecdotal feedback on the data collection processes. In March 2011, the completed self-assessments were submitted to the SE LHIN and were subsequently forwarded to the Regional Geriatric Program for analysis.

Each self-assessment was read and analyzed by a data support consultant and two independent clinical reviewers from the Regional Geriatric Program. Quantitative data was aggregated and sorted by the data support consultant using Microsoft Excel 2003. Analysis and interpretation of the quantitative and qualitative data were performed by the clinical review team. Self-assessment submissions were examined by each reviewer independently, with regular discussion to reach consensus over the results.

Hospital responses were examined for common themes and innovative practices and, where appropriate, they were aggregated to provide a system-based view. Like the self-assessment template, the analysis was shaped around the Senior Friendly Hospital Framework, which provided a structured basis for 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 organization 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 the SE LHIN hospitals. The feedback also highlighted the hospital's innovative practices and opportunities for improvement in providing Senior Friendly Hospital Care in SE LHIN.

**Figure 1: Hospital Services in the LHIN**

Rehabilitation & Complex Continuing Care Services	Acute/Ambulatory Care	Other Acute Care
<ul style="list-style-type: none"> <li>▪ Providence Continuing Care Centre-St. Mary’s of-the-Lake site</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hotel Dieu Hospital</li> <li>▪ Kingston General Hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪ Brockville General Hospital,</li> <li>▪ Lennox and Addington County General Hospital</li> <li>▪ Perth and Smiths Falls District Hospital</li> <li>▪ Quinte Healthcare Corporation</li> </ul>

**Organization of Hospital Services in Central West LHIN Hospitals:** All hospital organizations participated in the SE LHIN Senior Friendly Hospital self-assessment analysis.

## 7. Limitations of the Analysis

It is important to acknowledge the limitations of the current analysis of senior friendly hospital care in the SE LHIN. Hospital organizations varied in their resources, data collecting infrastructure, reporting methodology, and ultimately in the ease with which they were 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 meant that both quantitative and qualitative data required 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. 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 SE LHIN hospital services for seniors. In highlighting their successes for instance, organizations may not have included all relevant activities, meaning that there are likely unreported services and activities that are worthy of mention.

## 8. Findings

### 8.1 Organizational Support

All hospital organizations in the SE LHIN demonstrate attention to seniors’ services, although to different degrees. Two of the hospitals indicated that their strategic plan specifically identified senior friendly care as a goal. Two others state that they are in the process of revising their strategic plans with view to incorporate these. The remaining three hospitals have not specifically mentioned senior friendly care in their strategic plans.

**Figure 2: Organizational Support Questions**

Query	Hospitals with “Yes” Response
Does your hospital organization have an explicit priority for senior friendly care in its strategic plan?	2 of 7
Has the Board of Directors made an explicit commitment to become a senior friendly hospital organization?	3 of 7
Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	5 of 7
Do you have a designated hospital committee for care of the elderly?	3 of 7

The way that an organization supports and leverages its human resources is one way of demonstrating commitment to meeting the complex health care needs of an older adult population. The two hospital organizations in the SE LHIN who indicated they do have an explicit SF strategy were both mixed community hospital serving a mostly rural population. Two other organizations indicated they were in process of establishing and explicit SF strategy.

There was limited availability reported of internal champions with expertise in gerontology outside the main teaching sites. One site had shown leadership in promoting access via videoconferencing to courses linked to the Canadian Nurses Association certification in gerontology.

The hospital organizations in the SE LHIN provide very different environments due to their function and communities served. All hospitals indicated that they solicited input from seniors, their families and relevant stakeholders on a consistent basis and the majority have a designated senior executive as the organizational lead for geriatric/care of the elderly initiatives. Many of the hospitals have incorporated senior friendly principles into their hospital recruitment and orientation processes and indicate this to be an opportunity for further development.

The organizational support domain also examines formal structures in place to solicit input from seniors, families, and partnering agencies in the development of hospital programs and services. Organizations in the SE LHIN solicit direct feedback from patients, using mechanisms such as focused consultation, satisfaction surveys, feedback forms, and patient relations processes. For example, one organization conducts an interactive family feedback session on a quarterly basis and prepares a newsletter following each session which is mailed to family members unable to attend.

***Organizational Support – Promising Practices***

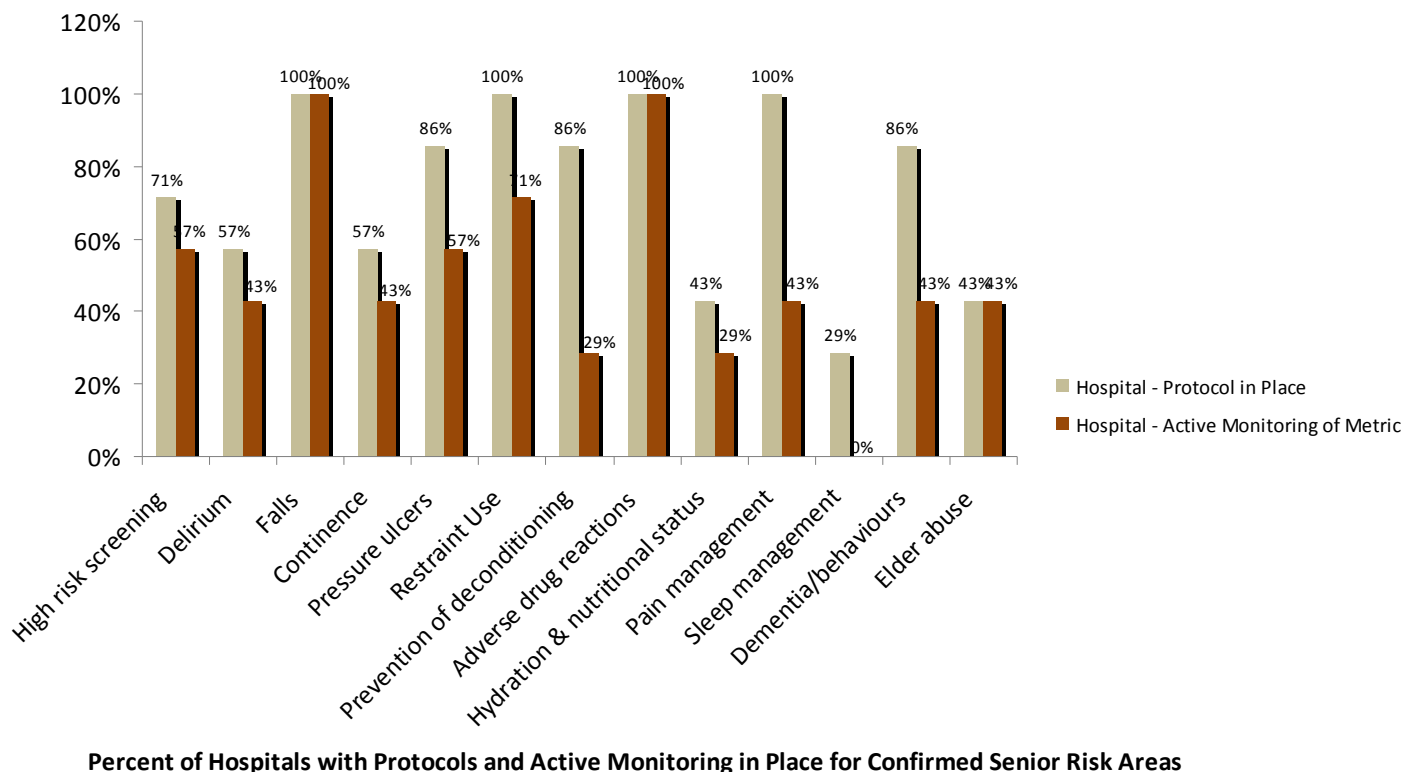
- *Comprehensive representation, including community members and health system partners, on hospital planning committees to help guide the development of seniors health system services across the LHIN*
- *Reaching out to stakeholders such as patients, family/caregivers, community partners, long term care homes, and the LHIN to incorporate the needs of the system and community into program and service development*
- *Encouraging human resources skills development by supporting education and certification in geriatrics*

## 8.2 Processes of Care

The *Self-assessment Template* listed a number of known clinical areas of vulnerability for hospitalized seniors, and asked hospitals whether they have protocols and/or monitoring procedures for these key areas of assessment and practice. Analysis of the self-assessment submissions highlighted that certain clinical issues have received more focus, in the form of protocols and monitoring procedures, compared to others. At present, falls and adverse drug reactions are the clinical areas where protocols and monitoring are most frequently in place (Figure 3). Conversely, continence, delirium, hydration and nutritional status, elder abuse and sleep management, are areas of clinical risk where protocols and monitoring are least frequent in practice.

While having a protocol or monitoring procedure is only an indirect indicator of quality of care, the observations in this self-assessment analysis may identify potential care gaps for common geriatric issues arising in hospital. It is important also to recognize that some protocols appear to be unit- or consultation- based rather than widely used throughout the organization.

Figure 3.



The self-assessment template also facilitated an examination of clinical metrics over three consecutive years for two indicators of care – fall rates and the acquisition of pressure ulcers. While all hospital organizations in the SE LHIN report having protocols to manage falls, not all organizations or sites demonstrate a noticeable trend toward improvement in these clinical outcome measures. It will be important to examine the factors for success in the organizations and/or sites that are able to measure improvement in these clinical areas. Whether they reflect positive features in the care processes, systems or protocols, environment, leadership support, human resources, organizational culture, or any other variable, the transfer of this knowledge to other organizations can benefit the hospital system as a whole.

Another aspect of data collection became apparent in the analysis of fall rates and acquired pressure ulcer detection. The range of data and the unit of reporting the data (e.g. fall rates were expressed as falls/1000 patient days and as percentages) varied significantly between hospital organizations, making it difficult to compare data between organizations. While the variance in the range of data may be partly affected by environment and demographic differences between the organizations, it is also likely to be due to differences in the data collection and reporting methods employed. In order for clinical metrics to provide data that will generate a meaningful system-level view, consistent definitions, methods, and units of expression will need to be established for any particular clinical area of focus. Once the identification of clinical priorities and suitable metrics are established, there will be

work ahead for hospitals to refine and to ensure compliance with successful clinical protocols so that improved outcomes in hospital care can be realized.

The self-assessment also inquired about senior friendly practices in the emergency department. Only one organization reported having access to Geriatric Emergency Management (GEM) nurse, although several identified presence of dedicated CCAC Case Manager who had some aspects of the role. Another innovative practice in two EDs involves use of high-risk screening tool (TRST) linked to the individuals CTAS score to guide early referral of high-risk individuals to community support services (CSS) coordinators and CCAC case managers (easier+). Nurse Led Outreach Teams were reported as being partnered with long term care homes so that residents can receive care within their living spaces and avoid unnecessary transports to hospital.

Access to specialized geriatric services both in direct service and planning was noted as limited outside the large teaching hospital settings.

Supportive transitions and discharge planning are key features of senior friendly hospital care and for this reason, hospitals were asked to report on their practices in these areas. Organizations identified collaboration with CCAC, regular inter-professional team rounds, and trial discharges/leave passes as being factors of success in discharge planning. Inter-organizational collaboration is also a key ingredient to innovative discharge and care transition models. Employing partnerships through the Home at last, Home First, SMILE and Aging at Home programs help patients return home to remain there or to await long term care. In addition, two organizations offer enhanced therapy to some specialty groups of discharged patients, e.g.. stroke, Day Hospital patients. Interdisciplinary rounds (“Bullet, Flow or Speed” rounds), including CCAC case managers, are seen to be particularly useful in early identification and action for discharge planning needs.

Collaboration and partnership both within the hospital and reaching outward into the community are key variables that ultimately empower successful patient transition strategies. Fostering skills in inter-organizational collaboration will strengthen these types of creative relationships and ultimately improve health system integration in order to help discharged seniors remain at home.

#### Figure 4: Senior Friendly Care Initiatives and Priorities

##### **Specialized Inter-Professional Geriatric Screening and Assessment across the Hospital:**

- risk assessment in the Emergency Department
- geriatrics consultation and screening available to inpatient units
- screening pathway for patients with fractured hips
- specialized inpatient units – Acute Care of the Elderly Unit (ACU), Psycho-Geriatric Unit

##### **Development of Clinical Protocols and Metrics**

- protocols drafted for delirium, continence, mobility/prevention of deconditioning, hydration/nutrition, pain, sleep, dementia behaviours, elder abuse, and depression
- monitoring and metrics being considered for delirium, restraint use, prevention of deconditioning, hydration/nutrition, pain, sleep, dementia behaviours, elder abuse, and depression

##### **Services to Support an Integrated Seniors Health System**

- Outpatient Geriatric Clinics, and specialized Outreach Teams to support the community and health system partners in the LHIN

##### **Physical Environment Updates and Hospital Site Redevelopment**

**Senior Friendly Care Initiatives and Priorities:** Hospitals were asked to describe their most successful Senior Friendly Care initiatives and their top priorities for ongoing development. Responses clustered into the above themes.

### ***Processes of Care – Promising Practices***

- *The identification of high risk individuals in ER and linking them early to CSS and CCAC services*
- *The fostering of creative and effective inter-organizational partnerships to expand the reach of specialized practice, to improve follow-up in the community, and to thereby enable system integration*
- *Increasing access to programs such as Home First, SMILE and Home at Last*
- *Use of modified HELP program to maintain physical and cognitive function*
- *Emerging role of existing CCC beds as “restorative” and part of solution to ALC*

### **8.3 Emotional and Behavioural Environment**

The emotional and behavioural environment of a hospital generates the atmosphere in which care and service are delivered, and this domain of the Senior Friendly Hospital Framework examines efforts in patient- and family-centredness, communication, diversity, satisfaction, and respect. Hospital organizations in the SE LHIN describe efforts to foster a patient-centred philosophy of care through educational programs targeted at all staff. Three of the seven organizations report implementing components of either PIECES or the Gentle Persuasive Approaches within their staff education programs.

Two of the organizations highlighted priority areas for becoming senior friendly. In one of these within the formal geriatrics program, a Program Priorities Task Force was developed and initially established an operational plan setting out goals and objectives to improve services for the geriatric population. This plan is reviewed and updated regularly by a reconvening of the task force. Another initiative is the recent opening of a complex continuing care ambulatory clinic, for “orphaned” patients over the age of 65 years, discharged from emergency, acute care or complex continuing care clinic and who have chronic diseases that require ongoing medical management to avoid readmissions. Most organizations offer interpretive services, employing a list of in-house staff who speak languages other than English, and access to a regional interpretive services. As the SE LHIN has a high population of French as first language, organizations are working to implement this as well in all of their communications.

### ***Emotional and Behavioural Environment – Promising Practices***

- *Development of patient information packages linked to Restorative care programs*
- *Encouraging communication and the involvement of patients and families in care through initiatives such as communication newsletters and by modifying clinical documentation processes*

## 8.4 Ethics in Clinical Care and Research

As highlighted in the senior friendly care background document, complex ethical issues frequently arise when caring for older patients. It is important for hospitals to have structures in place to support practitioners in taking a thoughtful approach to these challenges. Five of the seven hospital organizations in the SE LHIN reported having human resources and processes designed to deal with ethical challenges in hospital health care encounters. These organizations have available to them the services of an ethicist who can provide advice and consultations for complex ethical issues that emerge. The other two organizations use a corporate ethics committee to address concerns. There was a great deal of consistency cited in the ethical challenges related to the care of older adults that emerged in practice, the most common of which are listed below:

- End of life care issues
- Consent and capacity
- Restraints

Organizations have mechanisms in place to perform capacity examinations, employing social workers, occupational therapists, spiritual care advisors or discharge planners when needed. Referral to geriatric psychiatry was another avenue for assistance on occasion. Policies for advance directives are also either in place. Organizations in the SE LHIN demonstrate the resources and a suitable structure to respond to ethical challenges. They are encouraged to ensure that all clinical staff are appropriately educated on relevant issues, such as through regular ethics rounds that one organization offers, so that they have the capacity and support to leverage these resources in order to manage unique ethical situations as they arise in practice.

### *Ethics in Clinical Care and Research – Promising Practices*

- *The availability of a clinical ethicist, and regular learning opportunities so that staff are prepared to respond to unique ethical challenges when they arise in practice*

## 8.5 Physical Environment

When asked to identify barriers to senior friendly care, all organizations in the SE LHIN cited aspects of their physical environment. Existing facilities were not reported to be designed to senior friendly specification, and only two hospitals have conducted audits of the physical spaces using senior friendly physical guidelines. One organization was the research site where an occupational therapy student completed an audit of an inpatient unit resulting in the publication entitled “Development and Use of a Senior Friendly Audit Tool”.<sup>10</sup> Similarly, an intention to utilize senior friendly resources in the planning process of the redevelopment of hospital sites was reported.



There is a significant body of information regarding senior friendly environmental design<sup>6,7</sup> and these principles go beyond generalized guidelines such as building code requirements or accessibility guidelines set forth in the Access to Ontarians with Disabilities Act (AODA). Whether planning for retrofit projects or entire site redevelopment, there is opportunity to design and implement senior friendly physical features that can improve patient safety, comfort, and independence, while also boosting staff satisfaction and direct patient care time. Initial findings from implementing a comprehensive senior friendly physical design in a hospital organization in Victoria, British Columbia suggest that this can be a cost-neutral undertaking<sup>8</sup>. Recognizing that capital improvement projects and significant infrastructure renewals are an ongoing, long-term process, it is important that staff involved in capital development and physical infrastructure have training and access to resources on senior friendly environmental design, so the cumulative effect of physical upgrades is a senior friendly physical environment. There is an emerging opportunity for organizations to consider more comprehensive training and knowledge acquisition in senior friendly environmental design for staff involved in the development, maintenance, and purchasing operations of the physical plant.

#### *Physical Environment – Promising Practices*

- *The use of evidence-based senior friendly design resources in future capital planning and infrastructure renewal and redevelopment*

## **9. Looking Ahead – Moving toward Senior Friendly Hospital Care in the South East LHIN**

The Senior Friendly Hospital self-assessments and the ensuing analysis of the submissions have resulted in a summary of the current state of senior friendly hospital care in the SE LHIN. It has also helped to identify key enablers that will facilitate continuous improvement in the LHIN and across the broader health care system.

### **Recommendations:**

The need for senior friendly care is acknowledged by the SE LHIN and the hospital organizations in the LHIN play a role in advancing services for seniors. There appears to be an evolving commitment to Senior Friendly Hospital within leadership teams and the organizations but there are many competing priorities for time and resources with little spare capacity for additional effort for other than identified strategic priorities.

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<sup>6</sup> Parke B and K Friesen (2008). *Code Plus: Physical Design Elements for an Elder Friendly Hospital*. Fraser Health Authority

<sup>7</sup> 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.

<sup>8</sup> Vancouver Island Health Authority, Personal Communication

- 1) SECHEF (South East LHIN CCAC & Hospital Executive Forum) should formally endorse the principle of advancing Senior Friendly Hospital Care as a Strategic Priority for SE Ontario

It will be important that the lessons learned in clinical process, senior friendly culture, physical design, and health system partnership under development are carried forward more broadly to improve these aspects of care in all units of the hospital(s).

- 2) Each hospital should create or be part of a Senior Friendly Hospital Steering Group which would examine, plan, prioritize, recommend and assist in initiating a systematic approach to the implementation of Senior Friendly Hospital Care within the organization.
- 3) Connection should be established between each Senior Friendly Hospital Steering Group to ensure communication, collaboration and sharing of ideas, opportunities and resources.
- 4) Specialized services for elderly (Geriatric Medicine and Geriatric Psychiatry) should support and act as a resource to the each Senior Friendly Hospital Steering Group as needed.

Education on the needs of seniors, built into orientation and continuing education provided to leadership, clinical, non-clinical staff and volunteers, can be an effective way of influencing attitudes and practice that will support the achieving organization-wide of senior friendly goals. Education and practice that emphasize inter-professional teamwork has also identified as enablers to help meet the complex needs of frail seniors.

- 5) Organizations should support the transition to a SFH through incorporation of appropriate content within existing orientation, education and training programs. Consideration should be given to supporting opportunities for staff to obtain additional certification and qualification in gerontology.

Most organizations are familiar with published best practice guidelines. As an illustration, hospitals in the SE LHIN reported having protocols in place for falls and adverse drug reactions, two areas of practice for which there are well developed, evidence-based guidelines. The report also identified a number of clinical areas where there has been less thorough adoption of protocols and best practice.

Two broadly studied and implemented models of hospital practice where positive outcomes have been reported are the Acute Care for Elders (ACE) unit<sup>9</sup> and the Hospital Elder Life Program (HELP).<sup>10</sup> A key variable measured in both of these models was the degree to which functional decline of patients could be prevented as a result of the offered intervention. Functional decline can directly impact the

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<sup>9</sup> Landefeld CS, RM Palmer, DM Kresevic, RH Fortinsky and J. Kowal (1995). A randomized trial of care in a hospital medical unit especially designed to improve the functional outcomes of acutely ill older patients. *New England Journal of Medicine* 332: 1338-44.

<sup>10</sup> Inouye SK, ST Bogardus, DI Baker, L Leo-Summers, and LM Coonley (2000). The hospital elder life program: a model of care to prevent cognitive and functional decline in older hospitalized patients. *Journal of the American Geriatrics Society* 48(12): 1697-706.

ability of frail patients to return home safely, and this has a secondary but far-reaching effect on the health system, evident in emergency room congestion and ALC rates. Given this level of impact to the patient and to the health system, it is worthwhile to consider the implementation of clinical programs focused on the prevention of functional decline and, once in place, evaluate their impact on patient outcome and satisfaction.

- 6) Hospitals should consider a focus on adoptions of protocol and best practice targeting of common elder-sensitive issues within their quality improvement plans (delirium, continence, hydration/nutrition, sleep and elder abuse). Consideration should be given to implementing models of hospital practice such as the Hospital Elder Life Program.

One way to measure the improvement in the quality of care for seniors will be to establish clinically relevant senior friendly indicators. The issues in geriatric care require complex interventions – the challenge, therefore, will be to define meaningful indicators that all organizations can collect. An examination of falls and ulcers in this report illustrates this challenge. The range of data and the means of expressing the data were not consistent between organizations, making system-level analysis of limited utility. It will be necessary during the development of indicators to standardize definitions and reporting methods so that meaningful outcomes can be measured and evaluated across the hospital system.

- 7) Indicators for assessing progress in establishing Senior Friendly Care within hospital should be developed. It will also be important to consider alignment of these indicators with reporting requirements for overarching quality agendas such as those described by the Excellent Care for All Act, the Canadian Patient Safety Institute (CPSI) and accreditation processes.

The identification of senior friendly champions and best practices – early and successful adopters of senior friendly care – across the LHIN and eventually across the province, can be an impetus for knowledge exchange and the sharing of innovation. Providing a convenient forum for this knowledge exchange will encourage and enable all organizations across the system to hone their own policies and practices. This could take the form of a web-based informational resources and toolkits that has the facility for expansion and interaction, or periodic knowledge exchange workshops inviting local and international experts. Working as a ‘system of innovation’ by facilitating opportunities for fruitful dialogue will serve to strengthen the practice of all hospitals in the province.

It was reported that financial, personnel and aging facilities resources are a barrier to providing senior friendly care. The implementation of programs to influence and enhance organizational culture, to expand use of evidence-based clinical protocols, and to improve physical spaces are examples of work that require significant investment. It will be an ongoing challenge for organizations to find cost-effective solutions to progress toward a senior friendly state.

- 8) Knowledge sharing between organizations will be an important process to continue empowering the adoption of successful practices, so that organizations do not continually “re-invent the wheel” within their individual environments.

Working toward the physical environment component of a senior friendly hospital is another area where enhanced knowledge acquisition can realize cost efficiencies. By referencing senior friendly

design resources, new capital, building, and renovation expenditures can move an organization to a senior friendly physical environment over time by ensuring that regular procurement and design decisions are made considering the needs of seniors. These changes not only improve the quality of care and health outcomes, but also lower costs to hospitals and to the health system by reducing costly errors and adverse events, with the potential co-occurring benefit of reducing ALC days.

- 9) There is an emerging opportunity for organizations to consider more comprehensive training and knowledge acquisition in senior friendly environmental design for staff involved in the planning, development, maintenance, and purchasing operations of the physical plant.

In addition to financial challenges, perceived barriers in organizational attitude and culture were also identified and challenges in health human resources were evident. It is recognized that resources vary from organization to organization and that changes in accountabilities relating to senior friendly care may need to be phased in over a practical timeframe. Finding innovative and cost-effective ways to deliver organization- and even system-wide frailty-focused education is a worthwhile investment to help break down barriers in attitude and culture, whilst improving the tools and skills that employees will have at their disposal to better serve frail seniors. 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.

- 10) Support should be provided to innovative and cost-effective knowledge to practice strategies necessary to stimulate the attitudinal, cultural and care transformations consistent with a regional senior friendly strategy.

The successful flow of patients through the health system, particularly which of vulnerable seniors, depends on practices that promote high quality of care in every health care setting, along with fluid transitions that enable health system integration. The Senior Friendly Hospital Framework is a lens for organizations to use to apply toward these system pressures, and also includes principles to promote a culture of high-quality, person-centred care. Through its culture, its practices, and its collaborations, the senior friendly hospital will work as a partner in the health care system to allow older adults to maintain their function as best as possible and to age at home with independence, dignity, and respect.

## 10. Highlights of Innovative Practices across the SE LHIN

### ORGANIZATIONAL SUPPORT

#### Engagement in Comprehensive Consultation

- Comprehensive Consultation for Development of LHIN-wide Services and Programs within the Clinical Service Roadmaps in Restorative Care, ER and MHS
- Establishment of a Elder Friendly Steering Group by KGH linking clinical service, volunteers and partner organization

#### Priority setting

- Four out of seven organizations have or are in process of incorporating Senior Friendly principles within their Strategic Priorities

#### Support for Broad-based Education

- In last 2 years roll out of targeted eldercare education and training to targeted sites within SE Ontario primary care (GiiC), ER and acute care (easier+). LTC (Bridges to Care – LTC). These strategies were led and coordinated by Centre for Studies in Aging and Health at Providence Care.
- Creating Leaders In Eldercare Strategy as a KTP aimed to increase knowledge, awareness and practice, foster interprofessional and collaborative networking and improve outcomes for seniors (Providence Care)

#### Health Human Resources

- All organizations have invested in staff training with PIECES and Gentle Persuasive Approaches

### PROCESSES OF CARE

#### Specialized Units and Programs

- Preliminary work commenced in developing restorative roles within existing CCC beds (Quinte, Brockville General and Lennox and Addington Hospitals)

#### Clinical Care Protocols and Pathways

- Establishment of high risk screening tool in ER and linking to community and CCAC referrals (Quinte BGH site and KGH)
- Implementation of modified Hospital Elder Life Program aimed at maintaining physical and cognitive functioning (KGH)
- Falls Assessment and Adverse Medication Reactions Protocols and monitoring strategies are in place within all organizations

## Creative Partnerships

- Progressive rollout of Homes First Program by CCAC across SE Ontario with demonstrable impact on ALC rates

## **EMOTIONAL AND BEHAVIOURAL ENVIRONMENT**

- All organizations have invested in staff training with PIECES and Gentle Persuasive Approaches

## **PHYSICAL ENVIRONMENT**

- Development and implementation of a Senior Friendly Audit Tool which guided subsequent changes in physical environment (Providence Care)
- Incorporation of senior-friendly environmental design features in planning for new hospital (Providence Care)

## Appendix 1: Self Assessment Aggregate Reponses

Self-Assessment Question	Aggregate Response
A1. Does your hospital have an explicit priority or goal for senior friendly care in its strategic plan?	2 of 7 (2 in development)
B3. Do you have clinical staff who are formally recognized as geriatric champions within your hospital?	5 of 7
C1.1. Has the Board of Directors made an explicit commitment to become a Senior Friendly Hospital?	3 of 7
C1.2 Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	5 of 7
C1.4. Do you have a designated hospital committee for care of the elderly?	3 of 7
C1.5. Does your hospital monitor age-specific indicators of utilization and quality of care relevant to seniors at regular intervals?	3 of 6 (1 no response)
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?	All 7 Hospital were compliant in only 2 of the 13 confirmed risk areas (Falls and Adverse Medication Reactions)
C2.7. Does your hospital offer any specialized geriatric services for older patients?	4 of 7
C3.1. Do your staff orientation and education programs have defined learning objectives for senior care?	3 of 7
C3.2. Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies?	2 of 7
C3.3. What formal programs and processes do you have in place to help older patients feel informed and involved about decisions affecting their care?	2 of 7 (5 of 7 have some programs for all ages)
C3.4. What programs and processes do you have in place to support diversity among seniors and their families?	0 of 7 (6 of 7 have general programs for all ages)
C3.5. What programs and processes do you have in place to support appropriate attitudes and behaviours of health professional students and residents toward older patients?	2 of 7 have senior specific programs (4 of 7 have general programs, all ages)
C4.1. Does your staff have access to an ethicist to advise on ethical issues related to care of older patients?	5 of 7
C4.2. Does your hospital have a specific policy on Advance Care Directives?	6 of 7
C5.1. Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines?	2 of 6 (one no response)