CENTRAL EAST
REGIONAL SPECIALIZED GERIATRIC SERVICES

SENIOR FRIENDLY HOSPITAL CARE
IN THE REGION OF THE
CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK

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PROVINCIAL PLAN

Overview

In Ontario, older adults comprise 14.6% of the population. Over the next two decades, this segment of the population (65 years and older) is expected to double. This population accounts for 20% of all visits to the emergency department, 40.4% of all hospitalizations and 58.8% of all hospital days.[1] Hospitalization can have a severe impact on the health and overall well-being of those age 65 and over. Evidence has shown that a systematic strategic approach to delivering hospital care to older adults is essential to maximize the health outcomes for both individuals and the health system as a whole.

The Local Health Integration Networks (LHIN) across Ontario identified the Senior Friendly Hospital (SFH) Strategy as a priority for implementation in September 2010. This systematic initiative was intended to improve the experience and outcomes of older adults when they are hospitalized by preventing their physical and mental decline.

"The overall vision of the SFH Strategy is to enable seniors to maintain optimal health and function while they are hospitalized so that they can transition successfully home or to the next appropriate level of care."[2]

The aims of the SFH Strategy are to:[3,4]

- improve the health and well-being, as well as the care experience of seniors when in hospital
- improve the ability of seniors to live independently thereby reducing the need for hospital admissions
- improve the utilization of dollars in the health care system
- aid in the reduction of ALC through enabling smooth transitions to the appropriate discharge destination following a hospital stay
- promote quality improvement initiatives that can be included in hospital Quality Improvement Plans as part of Excellent Care for All

It is anticipated that implementation of the recommendations identified in the SFH Strategy will assist hospitals in achieving established goals such as reducing wait times in the emergency departments and alternative level of care, as well as achieving excellent care for all.

SFH care was also emphasized as an area of focus in the provincial *Living Longer, Living Well Report (December 2012)*. Various evidence-based interventions were highlighted in addition to identifying specific recommendations.

Pilot

In the summer of 2010, the Toronto Central LHIN (TC LHIN) engaged the Regional Geriatric Program (RGP) of Toronto to provide expert clinical consultation to the SFH Strategy Task Group

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[1] Sinha, Living Longer, Living Well, 2012 from Government of Ontario. Ministry of Health and Long-Term Care, Health System Information Management and Investment Division, Health Analytics Branch. 2012. *MOHLTC Data Request Regarding Current ED Utilization Rates among Seniors*. Email dated November 21, 2012.

[2] Senior Friendly Hospital Care Across Ontario, Summary Report and Recommendations, 2011

[3] A Summary of Senior Friendly Care in Central East LHIN Hospitals, 2011

[4] Central East Local Health Integration Network, Senior Friendly Hospital Strategy, Frequently Asked Questions, 2011

as well as to produce two documents: a background document which outlined a SFH Framework and a self-assessment template.

The SFH Framework incorporates evidence-based practices into a comprehensive approach for the care of seniors that can be utilized throughout a hospital. It was endorsed by the RGPs of Ontario and is comprised of the following five components:

- organizational support
- processes of care
- emotional and behavioural environment
- ethics in clinical care and research
- physical environment

The questions in the self-assessment template were based on the SFH Framework. The information obtained from the self-assessment process was utilized to gain an understanding of the current state of senior friendly hospital care throughout the province, identify improvement opportunities and innovative practices, and to promote knowledge exchange.

The TC LHIN piloted the self-assessment process in the Fall of 2010. The responses from fifteen hospitals were utilized to inform a summary report. The process was then rolled-out throughout the province in January 2011.

Implementation

The completed assessment templates from 155 hospitals across Ontario were submitted to their respective LHINs and then forwarded to the RGPs of Ontario. The affiliated RGPs then worked with each of the 14 LHINS to analyze the information and generate LHIN specific summary reports which were completed in June 2011. The summary reports informed the *Senior Friendly Hospital Care Across Ontario Summary Report and Recommendations, September 2011*. This summary report describes the current state of senior friendly care across the province, identifies promising practices and provides recommendations to both the hospitals and LHINs. The following clinical priority areas for action were also identified: functional decline, delirium and transitions in care.

Two provincial working groups were then established by the LHINs. The SFH "Promising Practices" Toolkit Working Group developed web-based modules for delirium and functional decline. Through a modified delphi panel-consensus meeting protocol, the SFH Indicators Working Group identified a process and outcome indicator for both delirium and for functional decline. These indicators are currently being piloted throughout the province.

Forty hospitals in nine LHINs are participating in evaluating the two indicators, with 41 units evaluating the delirium indicator and 27 units evaluating the functional decline indicator. The objectives of the indicator pilot are to:[5]

- explore the feasibility of implementing the proposed indicators for accountability purposes
- identify implementation success factors and challenges

The participating hospitals are currently in the preparation phase of the pilot. This phase includes various activities such as, forming an implementation team, signing of the data transfer agreements, acquiring REB approval (if required), conducting pre-implementation surveys and finalizing actions plans.

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[5] The Ontario Senior Friendly Hospital Strategy, Delirium and Functional Decline Indicators, 2012

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK (CE LHIN)

Overview

Over 14% of the population in the CE LHIN is 65 years of age or older.[6] "The 65-74 and 75-84 age groups are projected to have the fastest growth in numbers relative to the LHIN's overall population, and are also expected to have the highest utilization of health care resources."[7] Hospitals in the LHIN report that on average older patients account for 23% of ED visits, 58% of total hospital days and 81% of alternate level of care days.[8]

Implementation

Early in 2011, the CE LHIN forwarded a SFH self-assessment template to each of its nine hospital CEOs. The completed templates were submitted to the CE LHIN in March 2011 and then forwarded to the RGP of Toronto for analysis and generation of the summary report, *A Summary of Senior Friendly Care in Central East LHIN Hospitals, June 2011*. This report identifies strengths and areas for improvement, in addition to a range of existing practices and programs in providing SFH care. Each hospital received an individualized feedback letter which included a summary of their organization's responses, highlights of innovative practices, opportunities for improvement and the aggregate responses of the hospitals in the CE LHIN. A summary of the findings in the CE LHIN compared to the provincial findings can be found in Appendix 1 - Summary of CE LHIN 2011 Findings.

Detailed results of the nine 2011 CE LHIN SFH self-assessments are contained in *A Summary of Senior Friendly Care in Central East LHIN Hospitals, June 2011*. Examples of the results include:[9]

Organizational Support

- all hospitals either had or were in the processes of developing senior friendly goals to be included in their strategic plan
- seven hospitals had designated a member of the executive team to lead senior friendly care activities
- two hospitals had formal committees to provide leadership/oversight for senior friendly services and two additional hospitals were in the process of establishing similar committees
- there were a number of educational initiatives to support seniors-focused skill development, e.g., orientation to clinical staff, more comprehensive elder friendly training provided organization-wide to both clinical and non-clinical employees

Processes of Care

- falls, restraint use and pain management were clinical areas most frequently identified to have protocols and/or formal monitoring in place
- continence, hydration/nutrition, sleep management, elder abuse and management of dementia-related behaviours were the clinical areas where protocols and/or formal monitoring were least often in place
- creative partnerships and inter-organizational collaboration were described in many promising practices, e.g., GEM, GAIN, ACE units

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[6] CE LHIN, Community First Integrated Health Service Plan 2013-2016, 2012
[7] A Summary of Senior Friendly Care in Central East LHIN Hospitals, 2011
[8] A Summary of Senior Friendly Care in Central East LHIN Hospitals, 2011
[9] A Summary of Senior Friendly Care in Central East LHIN Hospitals, 2011

- many hospitals utilized a geriatric management nurse (GEM) in the ED to identify individuals experiencing geriatric health issues and then make appropriate referrals

Emotional and Behavioural Environment

- patient-centred care and patient diversity was supported by all hospitals
- many of the hospitals incorporated or were in the process of incorporating education programs on geriatric issues into staff orientation
- hospitals utilized various strategies to solicit and also engage patients/families in planning care, e.g., care conferences, white boards, satisfaction surveys

Ethics in Clinical Care and Research

- six hospitals indicated that they had an ethicist on staff, one hospital had indicated that obtaining access to an ethicist was a priority while two hospitals had access to an ethics committee/consultation service to provide ethical expertise
- six hospitals reported that advance care directives were observed either by procedures or policies

Physical Environment

- almost all of the hospitals identified aspects of the physical environment as barriers to providing senior friendly care
- building code standards and accessibility legislation tended to guide both the design and development of the physical structure of many of the hospitals
- four hospitals had either conducted or were planning to conduct a physical plant audit utilizing senior friendly resources

Current Status of Senior Friendly Hospital Care in the CE LHIN

Central East Regional Specialized Geriatric Services (CE RSGS) identified SFH care as a component of its 2013/2014 workplan. During the month of June 2013, designated SFH leads in the nine CE LHIN hospitals were interviewed to determine the current status of SFH care in their respective organizations. The interviews consisted of 1) questions focused on the recommendations for hospitals outlined in the *Senior Friendly Hospital Care Across Ontario Summary Report and Recommendations, September 2011*, 2) information on how senior friendly care is being operationalized, 3) a modified SWOT analysis of senior friendly hospital care in their organization and 4) information regarding the current status of the implementation of the delirium and functional decline indicators provincial pilot initiative. The following information in this report is not intended to provide an extensive report on SFH care in the CE LHIN but rather to present a high level current status from the perspective of the SFH leads and to inform options for CE RSGS-led activities to strengthen the implementation of the SFH Framework.

A summary of the responses to the interview questions focused on the recommendations for hospitals is contained in Appendix 2 - Summary of Recommendations for Hospitals 2013. All of hospitals have implemented activities focused in each of the five components of the SFH Framework - organizational support, processes of care, emotional and behavioural environment, ethics in clinical care and research, and physical environment.

Eight of the nine hospitals identified that there was an explicit priority or goal for SFH care in its strategic plan while one organization was currently in the process of a strategic plan refresh. The priorities/goals identified include:

- “excel in elder care”
- “establish a more seniors-friendly environment to address the specific needs of our aging population”
- “commitment to creating a centre of excellence in geriatrics”

- “develop and implement a senior-friendly hospital plan”
- "enhance the continuum of care options for seniors based on partnerships with other key providers"
- “capitalizing on our existing expertise to grow geriatrics as a specialized focus in the context of a hospital-wide senior-friendly environment”
- “further grow our subspecialties in adolescents, geriatrics and forensics”
- “sustain and enhance Geri-Acute Service”

A majority of hospitals also identified that they had a SFH care action plan and that there was: 1) a commitment from the Board to become a SFH, 2) a designated senior executive and/or medical lead responsible for SFH care and 3) a commitment to geriatric education (either through geriatrics champions or senior-focused clinical skill development). In addition to utilizing training for the development of clinical skills, one hospital highlighted its focus on building a gerontology foundation/infrastructure for staff so that senior friendly care was not viewed as an “add-on” but rather embedded in how care was provided.

Each of the nine hospitals had either fully or partially implemented inter-professional protocols across the organization to optimize the physical, cognitive and psychosocial function of older patients to varying degrees. Falls, restraints, pain and continence were the clinical areas where initiatives were most commonly implemented. Monitoring of these initiatives was although inconsistent. Transitions in care were supported by practices and partnerships either fully or partially in all of the hospitals.

The majority of hospitals supported SFH initiatives through the provision of seniors training to staff through orientation and/or ongoing training. Patients/caregivers were enabled to be involved in care that was consistent with their personal values through the application of patient-centred care and diversity practices.

All hospitals indicated that there was an ethicist on staff or that there was access to either an ethics committee or ethics consultation when required. Formal practices and policies regarding the autonomy and capacity of older adults have been developed and fully implemented in all but one organization.

In the CE LHIN, physical environment was the one component of the SFH Framework that was consistently identified as a barrier to senior friendly hospital care due to limited capital resources. For the most part, there was reliance by hospitals on standards in the building code and/or disability legislation in the Ontarians with Disabilities Act when designing or renovating physical structures or in the procurement and maintenance processes. However, some senior friendly improvements have been made in all of the hospitals, e.g., flooring, wayfinding, lighting, low beds and font size in printed documents. Less than half of the hospitals indicated that audits of the physical plant environment had been conducted through a senior friendly lens. Implemented improvements were informed by SFH design principles in five of the hospitals.

Operationalization of Senior Friendly Hospital Care

Most of the hospitals reported that they had structures in place to provide oversight for SFH care within their organizations, ranging from the unit to Board level. Six of the hospitals reported having a designated hospital committee for the care of the elderly where the focus was providing leadership/oversight for senior friendly services. Additional examples of these structures include: department/program committees/councils, corporate quality committees, quality committees of the

Board, reports to the Board and reporting of SFH care indicators in their provincial Quality Improvement Plans (QIP). Each of the nine hospitals included at least one SFH measure/indicator in their 2013-2014 QIP. The measures/indicators included in the QIPs aligned with either the quality dimension/attribute of safety, patient-centred, access, effectiveness or integration. One hospital specifically included functional decline and delirium as two of its QIP indicators.

SFH Care Modified SWOT Analysis

Each hospital SFH lead had the opportunity to identify its organization's SFH strengths, weaknesses/barriers/challenges, opportunities and lessons learned. Highlights of the results of the modified SWOT analysis include:

Strengths

- organizational commitment
- staff engagement
- pockets of excellence within the organization and LHIN
- heightened awareness/focus of SFH care
- implementation of more programs that target seniors
- GEM, GAIN in organizations where they exist

Weaknesses/Barriers/Challenges

- aspects of the physical environment
- access to care
- transition points
- internal and external silos of care delivery
- limited resources with geriatric expertise

Opportunities

- building geriatric expertise and capacity
- improving access to care
- reducing silos in care delivery through increased opportunities for collaboration/cooperation
- improving transitions between providers
- a desire for CE RSGS to:
    - provide more organization/structure for SFH in the CE LHIN
    - develop a regional SFH plan
    - develop and implement a CE LHIN SFH scorecard and hold hospitals accountable

Lessons Learned

- implementation of initiatives is a journey that requires allowing for differences when spreading
- SFH care is the right thing to do, we need to do it, it will just take time
- a sustainability plan for senior friendly initiatives is essential
- senior friendly care is not an initiative, it has to be “woven” into how care is provided
- funding from various sources is protected and does not allow for innovation

During the interviews, the SFH leads also identified a number of promising practices such as: Geriatric Emergency Management (GEM), Geriatric Assessment and Intervention Network (GAIN), Post-Acute Care Transitional Restorative Care Program (TRCP), Acute Care for Elders (ACE) units, Hospital Elder Life Program (HELP), Geriatric Engagement and Reintegration (GERI) Acute Service, Better Outcomes for Older Adults through Safe Transitions (BOOST), Home at Last, Home First, and Fractured Hip Rapid Assessment and Treatment (FHRAT).

Implementation of the Delirium and Functional Decline Indicators Provincial Pilot Initiative

In the CE LHIN, seven hospitals indicated that they were participating in the provincial SFH indicators pilot initiative: 3 participating in both delirium and functional decline, 2 in delirium only and 2 in functional decline only. Potential barriers that have been identified include: lack of physician engagement, staff feeling overwhelmed due to competing priorities and paper-based data collection.

The CE LHIN has identified $100,000 in one-time funding to support those hospitals participating in the pilot initiative. Funding, from $10,000 - $20,000, was allocated to the six hospitals that applied.

The RGP of Toronto has created a permission-based collaboration portal which contains indicator definitions, templates and forms for the evaluation, teleconference schedules and minutes along with contact information. Monthly collaboration webcasts have also been established to provide updates and to facilitate knowledge exchange for those participating in the initiative.

Once the pilot initiative has been completed, the process and outcome data will be analyzed. The results of this analysis will be utilized to inform the development of appropriate standards of practice for both of these clinical priorities.

NEXT STEPS

As mentioned earlier in this report, all of hospitals in the CE LHIN have implemented activities focused in each of the five components of the SFH Framework: organizational support, processes of care, emotional and behavioural environment, ethics in clinical care and research, and physical environment. Physical environment was the one component of the SFH Framework that was consistently identified as a barrier to senior friendly hospital care in the CE LHIN due to limited capital resources. The majority of hospitals have either partially or fully implemented each of the twelve recommendations from the *Senior Friendly Hospital Care Across Ontario, Summary Report and Recommendations, September 2011* with the exception of two recommendations that are related to the physical environment. (see Appendix 2 - Summary of Recommendations for Hospitals 2013)

Through the interview process, the SFH lead at each of the hospitals often described their organization's approach to senior friendly care through highlighting specific, discrete initiatives rather than as a comprehensive, coordinated approach to seniors' care. Training was often described as a clinically focused component of these discrete initiatives. One hospital highlighted its focus on building a gerontology foundation/infrastructure for staff so that senior friendly care was not viewed as an "add-on" but rather embedded in how care was provided.

To build on the existing work that is currently underway throughout the CE LHIN and to foster a culture where senior friendly care is woven into the fabric of an organization, thereby avoiding a task (checklist) approach to senior friendly care, it is recommended that the next steps include:

1. establishing a Senior Friendly Hospital Working Group with representation from the nine CE LHIN hospitals initially and then expand to include representation from other health care providers (September 2013)
2. CE RSGS participating in the SFH Provincial LHIN Leads meetings (August 2013)

Initial activities of the working group would be to explore opportunities to:

1. engage and support organizations in the implementation of senior friendly hospital care initiatives including the provincial delirium and functional decline indicator pilot study
2. share learnings and spread leading/promising practices throughout the region (hospitals and other health care providers) where appropriate
3. develop a gerontological foundation/infrastructure for seniors' care through the establishment of norms of practices (core competencies), as well as build staff capacity, thereby enhancing the knowledge, skills, attitudes, values and beliefs of individuals caring for seniors
4. establish a network and/or a community of practice to support gerontology
5. advocate for adoption of additional SFH indicators to be included in the annual Quality Improvement Plans and in the Hospital Service Accountability Agreements of the organizations in the CE LHIN

SUMMARY

The population of older adults (65+) in the CE LHIN is expected to double over the next twenty years.[10] This segment of the population accounts for a large proportion of hospital system usage and receives care in "virtually every area of the hospital".[11] The health and well-being of these individuals can be negatively impacted by a stay in the hospital. Adverse events, complications and inactivity can lead to longer hospital stays in addition to reducing their chance of maintaining their independence and returning to their home environment.

As an ongoing quality improvement initiative, the Senior Friendly Hospital Strategy "aims to promote hospital practices that better meet the physical, cognitive, and psychosocial needs of older adults."[12] The SFH Framework incorporates evidence-based practices into a comprehensive approach for the care of seniors that can be utilized throughout an organization.

In September 2010, the SFH Strategy was identified by the Local Health Integration Networks as a key provincial priority. The CE LHIN is committed to supporting the hospitals in the LHIN to improve the current status of SFH care.

Central East Regional Specialized Geriatric Services (CE RSGS) identified SFH care as a component of its 2013/2014 workplan. During the month of June 2013, the designated senior friendly lead in each of the CE LHIN hospitals was interviewed to determine the current status of SFH care. There was overwhelming commitment to senior friendly care in each of the nine hospitals. Although all of hospitals have implemented activities focused in each of the five components of the SFH Framework - organizational support, processes of care, emotional and behavioural environment, ethics in clinical care and research, and physical environment - they also indicated that they are aware that there is still a long way to go to truly become a senior friendly hospital. Each hospital was committed to continuing the journey to improve the patient experience and health outcomes of the seniors that they have the privilege to serve.

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[10] Regional Specialised Geriatric Services in the Central East LHIN: A Need and Capacity Analysis Interim Report, 2013

[11] A Summary of Senior Friendly Care in Central East LHIN Hospitals, 2011

[12] Senior Friendly Hospital Care Across Ontario Summary Report and Recommendations, 2011

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Summary of CE LHIN 2011 Findings (n=9) **Appendix 1**

		CE LHIN	ON
Organizational Support			
1	Does your hospital have an explicit priority or goal for senior friendly care in its strategic plan?	89%	39%
2	Has the Board of Directors made an explicit commitment to become a SFH?	44%	30%
3	Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	78%	56%
4	Do you have a designated hospital committee for care of the elderly?	22%	31%
5	Do your staff orientation and education programs have defined learning objectives for senior care?	44%	55%
Processes of Care			
6	Does your organization have protocols and monitoring metrics for care to address areas of confirmed risk for seniors?	53%	49%
Emotional and Behavioural Environment			
7	Do you have programs and processes in place to help older patients feel informed and involved about decisions affecting their care?	11%	61%
8	Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies?	33%	28%
Ethics in Clinical Care and Research			
9	Does your staff have access to an ethicist to advise of ethical issues related to care of older patients?	67%	83%
10	Does your hospital have a specific policy on Advance Care Directives?	67%	78%
Physical Environment			
11	Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines?	33%	34%

Summary of Recommendations for Hospitals 2013 (n=9) **Appendix 2**

		No	Partial	Yes
Organizational Support				
1	Has the Board of Directors made an explicit commitment to become a SFH?	33% (3)	0	67% (6)
2	Has a senior executive/medical leader in the hospital been designated to lead and be responsible for SF initiatives across the organization?	11% (1)	0	89% (8)
3	Have clinical geriatrics champion(s) been trained and empowered to act as a peer resource and to support practice and policy change across the organization?	11% (1)	22% (2)	67% (6)
4	Has the hospital committed to the training and development of human resources via seniors-focused skill development?	11% (1)	0	89% (8)
Processes of Care				
5	Are inter-professional protocols implemented across hospital departments to optimize the physical, cognitive, and psychosocial function of older patients?	0	22% (2)	78% (7)
6	Are transitions in care supported by implementing practices and developing partnerships that promote inter-organizational collaboration with community and post-acute services?	0	22% (2)	78% (7)
Emotional and Behavioural Environment				
7	Are all clinical and non-clinical staff provided with seniors sensitivity training to promote a SF culture throughout the hospital's operations?	22% (2)	22% (2)	56% (5)
8	Is a SF lens applied to patient-centred care and diversity practices, so that the hospital promotes maximal involvement of older patients and families/caregivers in their care consistent with their personal values?	0	11% (1)	89% (8)
Ethics in Clinical Care and Research				
9	Is access to a clinical ethicist or ethics consultation service to support staff, patients, and families in challenging ethical situations provided?	0	0	100% (9)
10	Have formal practices and policies been developed to ensure that the autonomy and capacity of older patients are observed?	0	11% (1)	89% (8)
Physical Environment				
11	Are SF design resources, in addition to accessibility guidelines, utilized to inform physical environment planning, supply chain and procurement activities, and ongoing maintenance?	11% (1)	44% (4)	44% (4)
12a	Are regular audits of the physical environment conducted?	56% (5)	0	44% (4)
12b	Are implemented improvements informed by SF design principles and by personnel trained on the clinical needs of frail populations?	33% (3)	11% (1)	56% (5)