Senior Friendly Hospital Care in the Central East Local Health Integration Network

Summary of Self-Assessment Responses

February 2015

REGIONAL GERIATRIC PROGRAM OF TORONTO

Better health outcomes for frail seniors

Senior Friendly Hospitals
Hôpitaux adaptés aux aînés

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Overview

In 2011, the Ontario Senior Friendly Hospital (SFH) Strategy was launched by Ontario's Local Health Integration Networks (LHINs) and Regional Geriatric Programs (RGPs). An environmental scan, informed by 155 hospital self-assessment surveys, highlighted promising practices within the five domains of the Ontario SFH framework: Organizational Support; Processes of Care; Emotional and Behavioural Environment; Ethics in Clinical Care and Research; and Physical Environment. The "Senior Friendly Hospital Care Across Ontario Summary Report 2011" identified delirium, functional decline, and transitions in care as priority areas for quality improvement across the province.

The current report summarizes an environmental scan conducted in the fall of 2014 using an updated version of the original self-assessment survey. The purpose of this report is to identify improvements made in SFH commitment and care since 2011; facilitate organization- and LHIN-level planning of SFH activities; highlight new and existing promising practices; and identify training needs to build capacity. All Central East LHIN hospitals completed the self-assessment survey. These are: Campbellford Memorial Hospital, Haliburton Highlands Health Service, Lakeridge Health, Northumberland Hills Hospital, Ontario Shores Centre for Mental Health Sciences, Peterborough Regional Health Centre, Ross Memorial Hospital, Rouge Valley Health System, and the Scarborough Hospital.

While self-assessment can provide helpful and practical information, this approach does come with some limitations. For instance, detail and accuracy can be compromised due to different interpretations of the survey questions and inter-departmental communication. Even with explanatory notes, positive responses to dichotomous questions may lack sufficient detail about important factors such as intensity of uptake and fidelity to best practice. In the "Process of Care" domain, for example, hospitals reported the extent of implementation of practice across their organization, but not their compliance with these practices. Because several hospitals commented that compliance rates remain a significant area for improvement, the reported degree of implementation does not reflect robust adoption of practice. It is important to consider these limitations when reviewing the results in this summary.

Each section of this report summarizes responses within a domain of the SFH framework. A summary table lists the percentage of hospitals that have adopted key practices either across their entire organization or on specific units. The "Processes of Care" section reports the approximate degree to which delirium and functional decline practices are being implemented across organizations. Where possible, all sections include LHIN-level results for 2011, as well as current province-level results. In addition, each section describes overall levels of accomplishment and identifies promising practices. Note that the practices highlighted in this report may be occurring in a small number or even a single organization. Finally, each section of the report provides recommendations for ongoing organization- and LHIN-level planning.

Organizational Support

ORGANIZATIONAL SUPPORT – % of hospitals with practice/structure in place

	2011 Central East LHIN		2014 Central East LHIN	2014 Ontario
SFH Strategic Plan Commitments	89	↑	100	80
Regular Board Updates on SFH	n/a		78	63
SFH in ECFAA QIPs or LHIN QI Plans	n/a		78	75
Senior Leadership Lead for SFH	78	↑	89	93
SFH Committee/Working Group/Champion	22	↑	89	87
Clinical Training on "Geriatric Giant" Topics	44	↑	89	94
Formal Geriatrics Clinical Leads/Champions	78	↑	89	81

Extent of practice/structure in Central East LHIN hospitals (n=9)

	None	Unit/Dept Specific	Organization Wide
SFH Strategic Plan Commitments	0	1	8
Regular Board Updates on SFH	2	n/a	7
SFH in ECFAA QIPs or LHIN QI Plans	2	0	7
Senior Leadership Lead for SFH	1	n/a	8
SFH Committee/Working Group/Champion	1	1	7
Clinical Training on "Geriatric Giant" Topics	1	1	7
Formal Geriatrics Clinical Leads/Champions	1	3	5

Accomplishments and Promising Practices

- A region-wide SFH committee defines corporate short-term goals, long-term goals and work plans; implements and monitors initiatives; ensures sustainability of the initiatives; and liaises with external stakeholders to ensure alignment with LHIN and provincial priorities.
- A long-term vision and plan has been developed for SFH. The organization is currently in year two of this four-year action plan.
- Quality improvement plans and indicators have been developed for SFH and progress is reported monthly to the board as well as to front-line staff.

Training and Education

- Education initiatives include: conferences; workshops; staff orientation; lunch and learns; grand rounds; and webinars on topics such as geriatric activation, Gentle Persuasive Approaches, P.I.E.C.E.S., Montessori methods, falls prevention, wound care, least restraints, and delirium.
- Clinical training for falls is offered corporate-wide. This program is reviewed and revised regularly using a quality improvement framework.
- Education on dementia and approaches to responsive behaviours is offered to non-clinical staff, including housekeeping, food service, maintenance, and laboratory technicians.
- 15 participants including physicians and front-line staff attended Palliative & Therapeutic Harmonization (PATH) training and learned to perform comprehensive geriatric assessment.

Recommendations

- Including SFH priorities in QIPs is encouraged for all hospitals as it ensures a more formal commitment to achieving SFH quality targets such as regular monitoring of progress and reporting to stakeholders.
- Education and capacity building remains a significant need across the region, and approaches vary between different organizations. LHIN-level collaboration supported by local geriatrics expertise can help define and deliver a common core curriculum based on mutual learning needs.

In a Senior Friendly Hospital, leadership is committed to deliver an optimal experience for frail seniors as an organizational priority. This commitment empowers the development of human resources, policies and procedures, caregiving processes, and physical spaces that are sensitive to the needs of frail patients.

Processes of Care

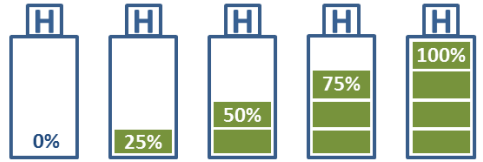
DELIRIUM – % of hospitals with any degree of implementation of indicated practice

	2011 Central East LHIN		2014 Central East LHIN	2014 Ontario
Screening and Detection	56*	↑	89	92
Prevention and Management		↑	89	88
Monitoring and Evaluation	44	↑	89	86

* Reported "Yes" to having a protocol/policy in place for delirium

Progress toward organization-wide implementation in Central East LHIN hospitals (n=9)

Number of Hospitals with Indicated Degree of Implementation (% of Patient Care Units)**



	0%	25%	50%	75%	100%
Screening and Detection	1	4	1	2	1
Prevention and Management	1	4	2	1	1
Monitoring and Evaluation	1	5	0	2	1

** Excludes patient care units that do not include older adults (e.g. neonatal, maternity)

Accomplishments and Promising Practices in Delirium

Since 2011, progress has been made in care processes related to delirium. In 2011, 56% of Central East LHIN hospitals reported having a protocol/policy to address delirium. Currently, 8 hospitals report having screening, prevention, management, and monitoring processes for delirium. However, there are still significant gaps. Only 1 of 9 hospitals in the Central East LHIN has corporate-wide implementation of delirium care processes. While it is clinically important to distinguish delirium and dementia, care approaches for behavioural symptoms secondary to either condition are closely related. Specific accomplishments and promising practices listed here relate to both in delirium and behaviour management:

- Use of multiple complementary educational programs to enhance the management of behaviour and build capacity. This education includes use of Gentle Persuasive Approaches, Montessori methods, U-First, and P.I.E.C.E.S. training.
- Inclusion of geriatrics training in staff orientation. Unit orientations also include 3Ds and P.I.E.C.E.S. training.
- Geriatrics mental health modules are completed by all staff in emergency department.
- Incorporation of the Confusion Assessment Method on daily flow sheets and implementation of monthly chart audits.
- Novel methods to convey care information regarding patients with behaviours that respects patient privacy and reduces stigma. Examples include the "Forget-me-not" and yellow triangle signage.

Processes of Care

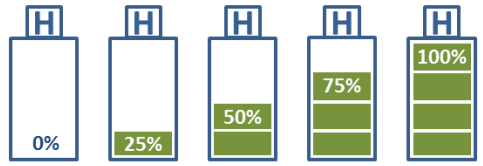
FUNCTIONAL DECLINE – % of hospitals with any degree of implementation of indicated practice

	2011 Central East LHIN		2014 Central East LHIN	2014 Ontario
Screening and Detection	56*	↑	89	89
Prevention and Management		↑	100	87
Monitoring and Evaluation	44	↑	89	84

* Reported "Yes" to having a protocol/policy in place for functional decline

Progress toward organization-wide implementation in Central East LHIN hospitals (n=9)

Number of Hospitals with Indicated Degree of Implementation (% of Patient Care Units)**



	0%	25%	50%	75%	100%
Screening and Detection	1	3	2	1	2
Prevention and Management	0	3	2	2	2
Monitoring and Evaluation	1	2	3	1	2

** Excludes patient care units that do not include older adults (e.g. neonatal, maternity)

Accomplishments and Promising Practices in Functional Decline

Progress has been made since 2011, with more hospitals in the Central East LHIN having care processes to address functional decline. However the majority of hospitals have these care processes in half or less of their patient care units. Some specific accomplishments and promising practices include:

- Use of the SPPICES (Stability, Polypharmacy, Pain, Incontinence, Confusion, Eating and nutrition, Skin breakdown) screening tool.
- Development of initiatives to promote early mobilization. Several hospitals are implementing the Mobilization of Vulnerable Elders in Ontario (MOVE ON) program. Similarly, a "Move and Walk" initiative is implemented in the emergency department and acute care units.
- The "Spring up for Meals" initiative.
- Recruitment of a geriatrician and launch of a new geriatric consultation service.
- Geriatric Activation Program.
- Education on nutrition throughout hospital.
- Use of structured rounding to increase patient satisfaction, decrease wounds, and reduce falls.

Processes of Care

Promising Practices in Transitions in Care

While standardized best practices to optimize transitions in care are not yet fully defined, many promising practices supporting care transitions have been implemented. These include the following specific initiatives or general practices:

- Integration with community-based programs. Examples include: Geriatric Assessment Intervention Network (GAIN) community teams; linkages with Behavioural Supports Ontario teams; Health Links; Community Care Access Centres; coordination of care at the point of discharge; virtual wards; Home First; Home at Last; psychogeriatric outreach teams; and the Psychogeriatric Assessment Program.
- Emergency department initiatives, including a patient navigator; inter-professional huddles to meet the care needs of seniors who are at high risk of admission for social reasons; and direct admissions from emergency to an Acute Care for Elders unit.
- The Better Outcomes for Older adults through Safe Transitions (BOOST) program, which supports safe discharges through standardized procedures, exchange of information, and follow-up telephone contact.
- Assess and restore models of service delivery.
- The Palliative and Therapeutic Harmonization (PATH) collaboration with community partners to improve transitions and enhance capacity for comprehensive geriatric assessment.
- The Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) program throughout the LHIN.
- Call Ahead Volunteer Assistance (CAVA) allows patients to arrange volunteer support in advance of appointments.
- Mobile and web-based technology that allows seniors to manage their own health information.
- The “Care After The Care in Hospital” (CATCH) program supports discharges to home by providing follow-up on risk factors and reconditioning to prevent readmission to the hospital.

Recommendations

- The majority of delirium care practices are not yet implemented organization-wide. Continued spread of these practices to all relevant clinical areas is recommended. This includes the emergency department where early detection and intervention might be achieved.
- Hospitals should embed documentation of delirium in care records to support compliance, monitoring, and transfer of information during transitions across the organization.
- Hospitals should continue to monitor compliance and accuracy of delirium screening.
- Implementing indicators across the system would help support the continued monitoring and evaluation of practice addressing delirium.
- The majority of practices for preventing functional decline, such as early mobilization strategies, are not yet implemented organization-wide. Continued spread to all relevant clinical areas – including the emergency department – is recommended.
- Further system-wide planning to develop indicators for functional decline practice in acute care is needed for ongoing monitoring and compliance.
- Standardized education on delirium and functional decline should be available to all hospital staff. Resources and tools should be shared at the LHIN and provincial levels.

Emotional and Behavioural Environment

EMOTIONAL AND BEHAVIOURAL ENVIRONMENT – % of hospitals with practice/structure in place

	2011 Central East LHIN		2014 Central East LHIN	2014 Ontario
Seniors Sensitivity Training	44	↑	100	68
SFH Lens Applied to Quality Improvement	33	↑	100	74
SFH Lens Applied to Patient-Centred Care/ Diversity Practices	11	↑	89	77

Extent of practice/structure in Central East LHIN hospitals (n=9)

	None	Unit/Dept Specific	Organization Wide
Seniors Sensitivity Training	0	2	7
SFH Lens Applied to Quality Improvement	0	1	8
SFH Lens Applied to Patient-Centred Care/ Diversity Practices	1	0	8

Accomplishments and Promising Practices

Since 2011, hospitals in the Central East LHIN have demonstrated significant improvement in this domain. Presently, most hospitals in the Central East LHIN have corporate-wide seniors-sensitivity training for staff and incorporate a senior-friendly lens in quality improvement. Specific promising practices include:

- A senior-friendly approach is weaved throughout the corporation, identifying its commitment to seniors' care.
- The "Communicate with Heart" and "Start with Heart" programs, adapted from the Cleveland Clinic. This customer service training focuses on skills and tools that apply a behavioural standard to all patient and family interactions and conflict resolution. Staff members can more effectively address patient concerns and prevent escalation of conflict. The program empowers staff to communicate with their colleagues, patients, and families in a caring and compassionate manner.
- Use of equipment to assist in communication with seniors such as pocket talkers.
- Removal of visiting hour restrictions.
- Real-time patient satisfaction in the emergency department facilitated by a caregiver advocate.
- Seniors and caregivers are actively involved in experience-based co-design.

Recommendations

- Many SFH principles have been incorporated throughout quality and patient experience initiatives. Central East LHIN hospitals are encouraged to continue incorporating a senior friendly lens to patient-centred care, culture, diversity, and equity strategies to ensure that the needs and wishes of seniors are met. Collaborative planning across the LHIN may promote shared learning in this domain of senior-friendly hospital care.

Ethics in Clinical Care and Research

ETHICS IN CLINICAL CARE AND RESEARCH – % of hospitals with practice/structure in place

	2011 Central East LHIN		2014 Central East LHIN	2014 Ontario
Ethicist or Ethics Consultation Service	67	↑	89	93
Processes for Capacity and Consent	n/a		100	97
Processes for Advance Care Planning	67	↑	89	93
Processes for Elder Abuse	n/a		89	87

Extent of practice/structure in Central East LHIN hospitals (n=9)

	None	Unit/Dept Specific	Organization Wide
Ethicist or Ethics Consultation Service	1	1	7
Processes for Capacity and Consent	0	1	8
Processes for Advance Care Planning	1	1	7
Processes for Elder Abuse	1	2	6

Accomplishments and Promising Practices

As in 2011, policies and structures supporting ethical issues are largely in place across the region. All hospitals report having processes for capacity and consent, and most have and support for advance care planning and processes to address suspected elder abuse. Eight hospitals have an available ethicist or ethics service. Specific promising practices include:

- Region-wide collaboration for victims of abuse and difficult social situations includes victims services, Geriatric Emergency Management, Community Care Access Centres, crisis services, retirement homes, the Elder Abuse Network, and a 72-hour stopover program.
- Reviewed "Do Not Resuscitate" orders and have included future medical decisions as part of our advance directive based on Palliative & Therapeutic Harmonization (PATH) training. Currently working with the Ontario Network for the Prevention of Elder Abuse (ONPEA) and the Ontario Provincial Police to develop a policy/procedure based on best practices.
- An ethicist helps the team use value language to understand the meaning behind issues encountered by patients/families and the health team. When the values of these individuals are considered and understood it becomes easier to reach consensus.

Recommendations

- While many ethical supports are in place, ethical issues in patient care can be extremely complex. Continued education such as case presentations and lunch-and-learns are encouraged to help staff remain mindful of potentially challenging situations and of appropriate actions when these issues arise.
- LHIN-wide sharing of ethics procedures implemented by hospitals – such as advance care planning and elder abuse protocols – may improve practice in this domain and support appropriate referral and access to ethics resources in the region.

In a Senior Friendly Hospital, care is provided and research is designed in a way that protects the autonomy, choice, and diversity of the most vulnerable of patients.

Physical Environment

PHYSICAL ENVIRONMENT – % of hospitals with practice/structure in place

	2011 Central East LHIN		2014 Central East LHIN	2014 Ontario
SFH Environmental Audits	33	↑	56	64
SFH Incremental Environmental Upgrades	n/a		67	82
SFH in Planning of Large Constructions	n/a		56	79
SFH in Capital/Small Equipment Purchases	n/a		78	82
SFH in Environmental Maintenance	n/a		67	73

Extent of practice/structure in Central East LHIN hospitals (n=9)

	None	Unit/Dept Specific	Organization Wide
SFH Environmental Audits	4	2	3
SFH Incremental Environmental Upgrades	3	2	4
SFH in Planning of Large Constructions	4	1	4
SFH in Capital/Small Equipment Purchases	2	1	6
SFH in Environmental Maintenance	3	1	5

Accomplishments and Promising Practices

Incremental improvements have been made in the Physical Environment domain. In 2014, 56% of Central East LHIN hospitals conducted periodic environment audits using senior-friendly design principles, compared to 33% three years ago. Specific promising practices include:

- Montessori equipment is available on all acute and post-acute units, including the emergency department.
- Low gloss floor finishes have been implemented to minimize perceptual challenges caused by glare.
- Environmental adaptations on an inpatient unit with a high volume of exit-seeking patients. Exit doors are decorated as part of a wall mural to redirect patients away from leaving the unit.
- A senior-friendly environmental scan is used when ordering equipment such as chairs, beds, and commodes so that they meet standards appropriate for older patients.
- Emergency department upgrades include: a geriatric drawer stocked with hearing devices and visual aids; large clocks located strategically around the department to promote orientation; new equipment such as a bariatric wheelchair, walkers, commodes, quad canes, and geri-chairs; and the availability of snacks and beverages to prevent dehydration and delirium.
- The purchase of 250 new beds that have senior-friendly attributes including: low height; bed exit alarms; and pressure relieving surfaces.

Recommendations

- Hospitals in the Central East LHIN have made progress in the physical environment domain since 2011, although incorporation of SFH design principles remains below the provincial average. SFH design can be executed with cost-neutral impact and with benefit to patient safety and comfort. All hospitals should incorporate SFH design resources in addition to accessibility and building code when planning both new and incremental upgrades to their physical environment.

In a Senior Friendly Hospital, the structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of frail patients, promoting safety, comfort, independence, and functional well-being.

System-wide Planning

In their self-assessment responses, hospitals identified a number of LHIN- or system-wide supports needed to enable SFH care in the region.

All hospitals in the Central East LHIN value participating in the Seniors' Care Network SFH working group, where they engage in mutual planning and sharing of SFH resources. Hospitals would like ongoing support from the LHIN through this working group – participating members report that this support has been valuable in furthering senior-friendly care in their hospitals.

Hospitals request support and funding to ensure that dedicated resources are available to develop, implement, and evaluate SFH initiatives, as well as SFH-specific education. The most immediate educational needs were identified as: geriatric giants training (e.g., delirium, dementia, nutrition, pain management, polypharmacy, mobility, and falls); capacity and consent procedures; responsive behaviours training (e.g. Gentle Persuasive Approaches and crisis intervention); seniors-sensitivity training; change management; and quality improvement methods. System-wide planning and, where possible, standardization of education curriculum may help avoid redundancies while addressing these common learning needs.

Sustaining funding to community supports and services such as Assess and Restore care models and Behavioural Supports Ontario resources is important to help seniors age in place. Hospitals also requested increased resources for community programs such as pharmacy support through the Community Care Access Centre and Home First. The LHIN should also work to develop models of transitions for better continuity of care in the community.

More geriatricians and geriatric psychiatrists are needed in the region. Hospitals would like assistance to explore an alternate funding model for nurse practitioners to act as primary care providers in complex continuing care so as to maintain high levels of care without being cost prohibitive.

Finally, technology and data support was identified as an important need. Hospitals would like the LHIN`s support to upgrade their information technology capabilities. This will support improved data collection and analysis, and better information exchange between the hospital and community services.

Summary

Hospitals in the Central East LHIN have made good progress in their commitment towards SFH care since 2011, though significant work remains to be accomplished.

Compared to the environmental scan results of 2011, Central East LHIN hospitals are reporting increased uptake of practices and structures in all five domains of the SFH framework. All have SFH commitments in their strategic plans and nearly all have administrative and clinical leadership for SFH care. Most importantly, hospitals have focused more attention on the clinical priorities of delirium and functional decline. Presently, eight hospitals in the Central LHIN report practices that address delirium, and all are developing focused practices to address functional decline.

While these clinical practices have been initiated across the LHIN, there remains significant opportunity for spread and scale of successful implementations within organizations. The progression to organization-wide implementation and high levels of compliance with delirium and functional-decline practices remains an important target for improvement. Standardized education and LHIN-wide collaboration to share knowledge, resources, and successful implementation strategies is encouraged. Implementing SFH indicators for delirium across the system can help monitor continued uptake and compliance with practice.

Hospitals are encouraged to review the recommendations included under each domain in this report. Becoming a senior-friendly organization requires more than implementing a series of initiatives. It is a long-term commitment that integrates each of the five domains of the senior-friendly hospital framework. Senior-friendly hospitals deliver care that maximizes the potential for older patients to transition safely through the continuum of care and return to their homes. By providing an optimal care experience while improving health outcomes, senior-friendly hospitals are a key enabler in Ontario's health care system.

Acknowledgements

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