



seniors care
network

Senior
Friendly
Care

Senior Friendly Philosophy, Values, Principles and Practices

Central East Senior Friendly Hospital
Working Group



Acknowledgements

The following was developed by members of the Senior Friendly Hospital Gerontological Infrastructure Task Group. This group is comprised of members of the Central East Senior Friendly Hospital Working Group, a diverse group representing 9 hospitals in the Central East LHIN, the Regional Geriatric Program (RGP) of Toronto, the Central East LHIN, and Seniors Care Network.

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Note:

The following document was adapted from the exemplary work of the Care of Older Australians Working Group, and report:

Age-Friendly Principles and Practices: Managing Older People in the Health Service Environment (2005). Melbourne, AU: Australian Health Ministers' Advisory Council [AHMAC], Victorian Government Department of Human Services. Available at: <http://www.health.vic.gov.au/index.htm>

Foreward

The population of seniors (65+) in the CE LHIN is expected to double over the next twenty years.¹ This segment of the population is the largest user of health services, which includes hospital, community, residential, and primary care health services.² In the CE LHIN, 15% of the 1.6 million residents are seniors, and they use almost half of the LHIN's health care resources.¹

In the hospital sector in particular, the health and well-being of these individuals can be negatively impacted by a hospital stay, and can lead to increased risk of morbidity and mortality.³ These adverse events, complications and inactivity can lead to increased health service usage across multiple sectors, in addition to reducing their chance of maintaining their independence thereby enabling them to return to their home environment.

“Older people receive treatment and care across the entire health service. It is therefore important that health services review their underlying principles and practices.”⁴

As an ongoing quality improvement initiative, the Provincial Senior Friendly Hospital (SFH) Strategy aims to promote organizational practices that better meet the physical, cognitive, and psychosocial needs of older adults.⁵ 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 improving the current status of senior friendly hospital care, in addition to all health service sectors where our seniors access care.

The following philosophy, values, principles and practices have been developed to provide an overarching framework to guide health care providers/organizations in their care of seniors, who they have the privilege to serve.

¹ Regional Specialised Geriatric Services in the Central East LHIN: A Need and Capacity Analysis Interim Report, 2013

² Health Care in Canada 2011: A Focus on Seniors and Aging, Canadian Institute for Health Information (CIHI), 2011.

³ Aminzadeh, F. & Dalziel, W.B. (2002). Older adults in the emergency department: A systematic review of patterns of use, adverse outcomes, and effectiveness of interventions. *Annals of Emergency Medicine*, 29, 238-247.

⁴ Age-friendly principles and practices, Managing older people in the health service environment, 2014

⁵ Senior Friendly Hospital Care Across Ontario Summary Report and Recommendations, 2011

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Senior Friendly Philosophy

1. Senior friendly care is everyone's responsibility.
2. The organization supports senior friendly education for all staff.
3. The organization endeavors to create a senior friendly environment.
4. The provision of senior friendly care is a journey, not a destination and should be woven into the fabric of the organization.
5. Foster a culture of seniors' care that includes improving attitudes, beliefs, perceptions and behaviours.
6. Changing a culture of senior friendly care requires the participation of all persons, including seniors and caregivers.

Values

Values	Definition
Respect	We value and understand each individual person's life experience while ensuring they are treated with dignity.
Compassion	We provide an exceptional care experience to seniors and their families with empathy, sensitivity and caring that fosters healing and wholeness.
Integrity	We foster trust, respect and compassion while acting in a professional and ethical manner.
Excellence	We are committed to achieving better outcomes through evidence-supported practice, collaboration and innovation.
Advocacy	We will utilize our expertise to advocate for the specialized needs of seniors.
Autonomy	We value the person in our care as an autonomous and unique individual.

Anticipated Impacts

1. Improvement in attitudes, beliefs and perceptions
2. Change in behaviours
3. Improved care delivery
4. Positive impact on care and experience
5. Positive impact on provider experience with care delivery

Principle 1

Health care for seniors is based on evidence-supported practices. This includes preventing deterioration, maintaining and/or improving functional status and quality of life.

Practices:

1. Effective care for seniors is based on a social model of care, which includes consideration of an individual's physical, social, psychological, and environmental needs.
2. Health service providers employ evidence-supported practice, in order to prevent functional decline. This includes but is not limited to:
 - minimize risk of falls
 - avoid loss of skin integrity
 - improve nutrition and hydration
 - identify and manage delirium
 - manage dementia and/or cognitive impairment
 - manage depression, grief and isolation
 - improve medication management
 - manage urinary and/or fecal incontinence
 - manage pain
 - manage chronic conditions
 - manage sensory impairment
 - promote independence and self-care
 - promote social inclusion

Principle 2

Health care providers recognize the complex health needs of seniors and provide individualized care and treatment to meet these needs.

Practices:

1. Appropriate screening is undertaken to identify seniors at risk of adverse health outcomes.
2. Seniors with complex needs have access to an interprofessional, geriatric assessment which will address each domain, including:
 - functional status
 - physical health status
 - psychological status
 - social and environmental status
3. An interprofessional care plan is developed collaboratively following a geriatric assessment, which takes into account any pre-existing care plans, and includes input from:
 - a range of health professionals
 - the primary care service provider
 - the senior
 - the senior's caregiver/family
4. Health care providers initiate discussions regarding advanced care directives when appropriate.

Principle 3

Health care providers recognize and respect seniors' individual choices and preferences.

Practices:

1. Seniors and their caregivers/families are actively involved in the planning and development of their individualized care plans. This means that the seniors' input is valued by the interprofessional team, and may drive the development of specific and attainable health goals.
2. Health care providers are responsive to individual's specific needs, with regard to diverse language requirements, cultural backgrounds, place of residence (i.e. rural, urban, and remote), and socioeconomic status.
3. Health care providers will advocate on behalf of the senior and their caregivers/families' choices and preferences, as required.
4. Health care providers will ensure that seniors' plan of care and their treatment options are explained and understood by the senior and their caregivers/families.
5. The needs and abilities of caregivers/families are respected by health care providers and are considered in the development of the plan of care.
6. Senior's health care and treatment wishes are respected within prevailing legal constraints.



Principle 4

Health care providers deliver care and treatment to seniors in a coordinated and timely manner across diverse settings.

Practices:

1. Care transitions include internal and cross sectoral collaboration, such as:
 - linking with primary care and community services providers in order to reduce duplication and fill service gaps
 - identifying care needs early to avoid delays in accessing services
 - working with patient/client and caregiver/family to co-facilitate transition planning
2. Senior's care and treatment are managed in a way that minimizes delays in receiving care and services.

Principle 5

Seniors have access to geriatric expertise in the Emergency Department, and there are pathways to avoid unnecessary admissions.

Practices:

1. Geriatric resources are available in the Emergency Department to assist in assessment and care pathways. This might include:
 - evidence supported risk screening and assessment tools
 - awareness of the specialized geriatric services available to seniors in the surrounding community
 - referral pathways and processes in place to link seniors with specialized geriatric services in the community
 - advanced clinical expertise to provide advice on geriatric conditions
 - utilization of senior friendly resources, principles and practices
 - promotion of a senior friendly environment
 - consultation with referring general practitioners, service providers and caregiver/family

Principle 6

All clinical and non-clinical staff contribute to a culture of senior friendly care.

Practices:⁶

1. There is leadership and support in place to make senior friendly care an organizational priority. Organizational leadership committed to senior friendly care empowers the development of human resources, policies and procedures, care-giving processes, and physical spaces that are sensitive to the needs of seniors.
2. The provision of care is founded on evidence supported gerontological best practices. Internal improvements and application of senior friendly practices and processes are critiqued from a critical gerontological perspective.
3. Care and service are delivered in a manner that is free of ageism and respects the unique needs of patients/clients and their caregivers, thereby maximizing satisfaction and the quality of the care experience.
4. Care provision and research are conducted in an environment that possesses the resources and capacity to address unique ethical situations as they arise, thereby protecting the autonomy of patients/clients and the interests of the most vulnerable.
5. The structures, spaces, equipment, and facilities provide an environment that minimizes the vulnerabilities of senior patients/clients, thereby promoting safety, independence, and functional well-being.

⁶ The following principles are derived from: Senior Friendly Hospital Care Across Ontario Summary Report and Recommendations, September 2011