

Central East Senior Friendly Hospital Working Group



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Canadian Association on
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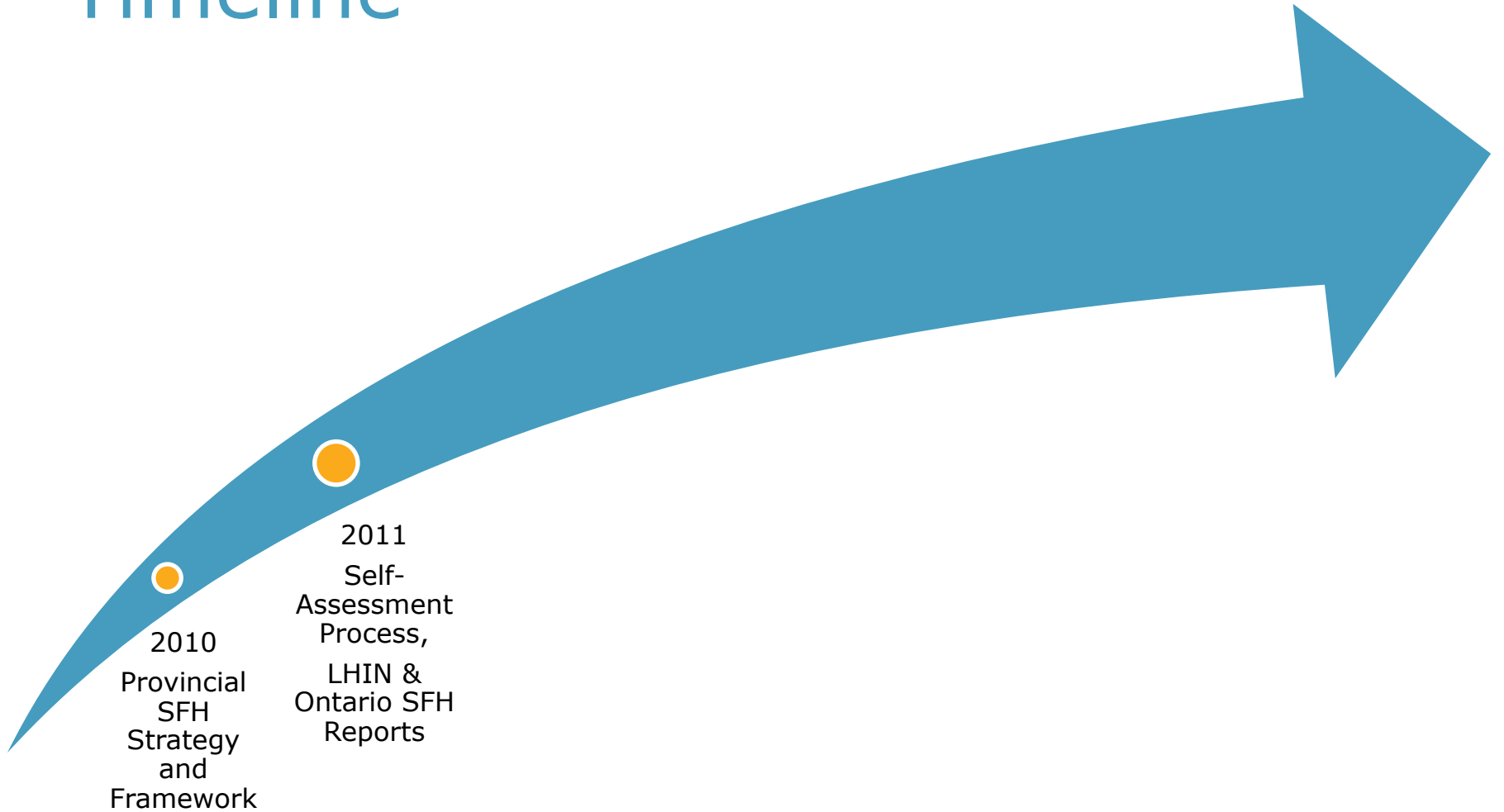
Provincial

SFH Strategy Vision

“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.”

(SFH Care Across Ontario, 2011)

Timeline

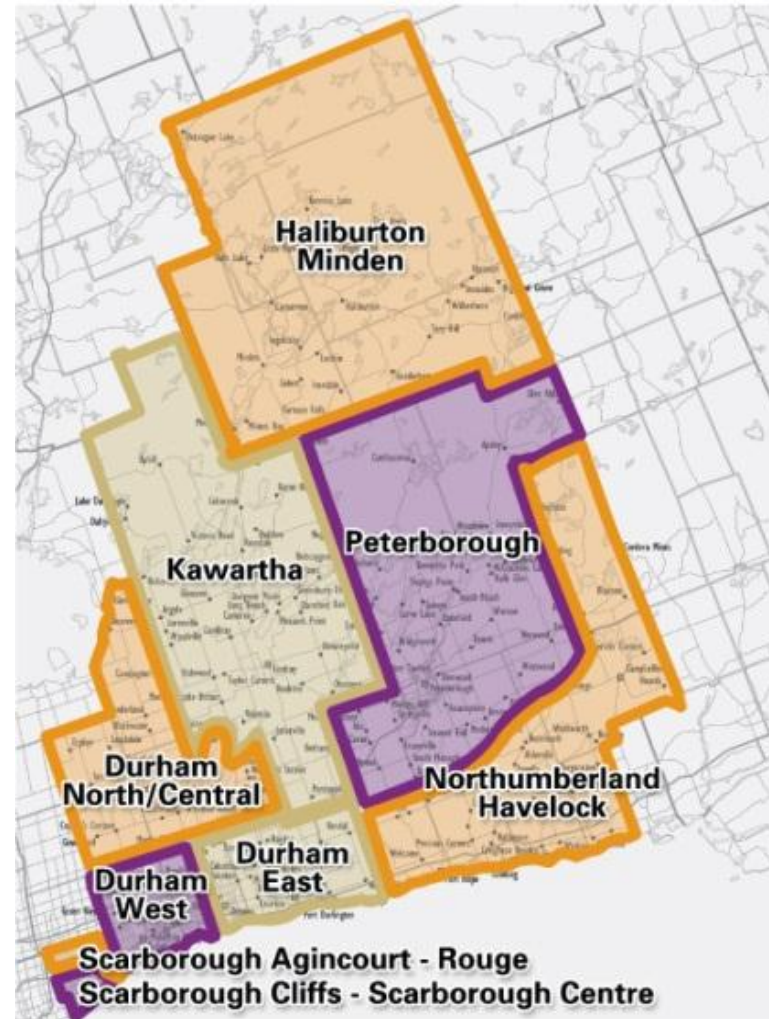


SFH Framework

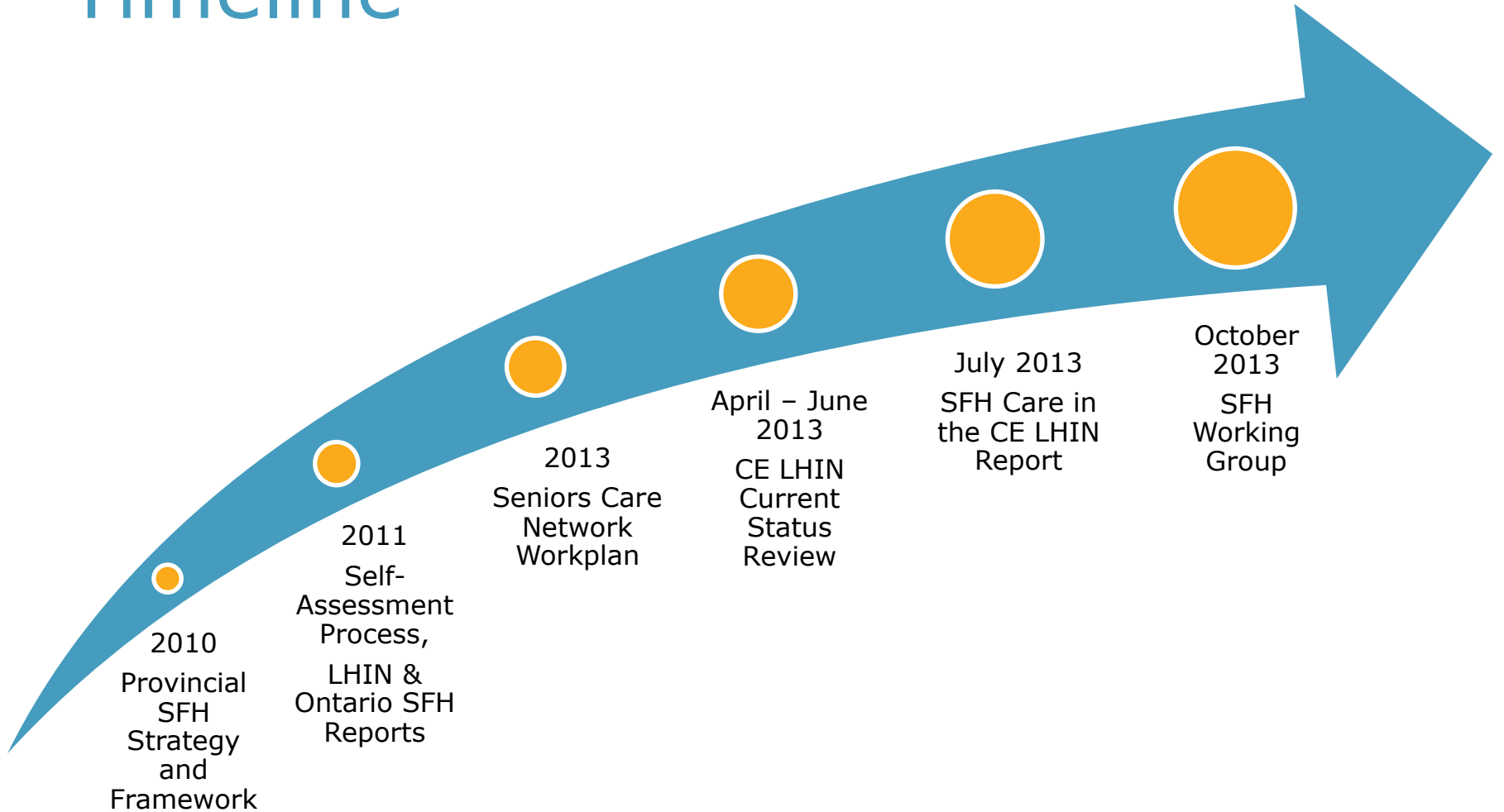
Five Domains

- Organizational Support
- Processes of Care
- Emotional and Behavioural Environment
- Ethics in Clinical Care and Research
- Physical Environment

Central East Local Health Integration Network (CE LHIN)



Timeline



Purpose

To promote and provide strategic direction and leadership for Senior Friendly Hospital care within the Central East Local Health Integration Network.

SFH Fabric

- Senior Friendly Hospital care is not an initiative, it's not just about implementing policies (e.g., falls prevention, skin and wound).
- The provision of Senior Friendly Hospital care is a journey, not a destination and should be woven into the fabric of the organization.

SFH as Culture Change

“Culture is an organic, on-going process that has the potential for change, growth and development.”

(Fagan, 2003, p. 138)

Membership

- Campbellford Memorial Hospital
- Central East LHIN
- Haliburton Highlands Health Services
- Lakeridge Health Organization
- Northumberland Hills Hospital
- Ross Memorial Hospital
- Peterborough Regional Health Services
- Rouge Valley Health System
- Ontario Shores Centre for Mental Health Sciences
- Regional Geriatric Program of Toronto
- Seniors Care Network
- The Scarborough Hospital

SFH Working Group Accomplishments

- CE SFH Initiatives Summary
- 2014 Workplan
- SFH Scorecard
- SFH Walkabout Framework
- Establishment of Gerontological Foundation Task Group & Ageism Task Group

CE SFH Initiatives - Summary

	TSH	RVHS	LH	OS	PRHC	RMH	NHH	CMH	HHHS	Total
Organizational Support										
1 Elder/SFH Care Steering Committee	X		X		X	X		X		5
2 Clinical Manager Senior Services				X		X				2
3 Education	X		X	X		X		X		5
4 Building of gerontological expertise		X	X	X		X	X			5
5 Inventory of SFH initiatives			X		X					2
6 Seniors Newsletter	X			X		X				3
Processes of Care										
7 Delirium	X		X	X		X		X		5
8 Functional Decline	X				X	X	X	X		5
9 GAIN	X	X	X		X			X (OTN)		5
10 GAIN Community Outreach Team	X	X			X	X		X		5
11 GEM	X	X	X		X	X	X			6
12 Acute Care for Elders (ACE) unit	X									1
13 Geriatric Activation Programme (GAP)	X					X				2
14 GERI Unit						X				1
15 Integrated Care of the Elderly Unit		X								1
16 Geriatric Assessment and Behavioural Unit (GABU)					X					1
17 Geri Acute	X					X				2
18 Alternate Level of Care (ALC) Programme	X									1
19 Safe Mobility Pilot (Move and Walk Program)							X			1
20 Mobilization of Vulnerable Elders in Ontario (MOVE ON)					X	X				2
21 Recreation Program		X			X	X		X		4
22 Continence (e.g., Catheter-Associated Urinary Tract Infection, Catheter Out Program, Acquired UTI Protocol)	X	X	X			X				4
23 Falls	X	X	X	X	X	X		X	X	8
24 Least Restraint	X	X	X	X	X	X			X	7

2014/15 Workplan

SFH Framework Components	Goals	Objectives	Actions/Activities	Measures	Current Status	Target
Organizational Support	<ul style="list-style-type: none"> Leadership and support is in place to make senior friendly care an organizational priority 	<ul style="list-style-type: none"> Hospital leadership committed to senior friendly care empowers the development of human resources, policies and procedure, care-giving processes, and physical spaces that are sensitive to the needs of frail patients 	1. Establish a structure to provide oversight for SFH care	1. % of hospitals with a structure to provide oversight for SFH care	67%* (6/9)	100%
			2. Include SFH initiatives in the annual corporate plan, goals and objectives, and/or Quality Improvement Plan (QIP)	2. % of hospitals with the provincial priorities of delirium and/or functional decline included in the annual corporate plan, goals and objectives, and/or Quality Improvement Plan (QIP)	67%** (6/9)	100%
			3. Convene a working group to create a framework/format for SFH Walkabouts (engage environmental services staff)	3. % of hospitals that have implemented SFH Walkabouts	0%* (0/9)	80%
			4. Investigate the development of a gerontological foundation/infrastructure for seniors' care to support broader capacity for senior friendly care			
			5. Developmental - Create a CE regional gerontological community of practice and knowledge exchange to share learnings and spread leading/promising practices throughout the region where appropriate			
Processes of Care	<ul style="list-style-type: none"> The provision of hospital care is founded on evidence and best practices that acknowledge the physiology, pathology and social science of aging and frailty 	<ul style="list-style-type: none"> Care is delivered in a manner that ensures continuity within the health care system and in the community so that the independence of seniors is preserved 	1. Implement inter-professional early mobilization protocols across hospital departments to optimize physical function	1. % of hospitals that have implemented protocols to optimize physical function	56%* (5/9)	80%
			2. Implement inter-professional delirium screening, prevention and management protocols across hospital departments to optimize cognitive function	2. % of hospitals that have implemented delirium screening, prevention and management protocols	56%* (5/9)	80%

* Current status based on CE RSGS Senior Friendly Hospital Care in the Region of the CE LHIN Report, July 2013

** Current status based on an April 2014 survey of the nine hospitals in the CE LHIN

2014/15 Workplan

Component		Activities	2013		2014								2015				
			Q4		Q1			Q2			Q3		Q4				
			Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	
Organizational Support	1	Establish a structure to provide oversight for SFH care.	→														
	2	Include SFH initiatives in the annual corporate Quality Improvement Plan (QIP)	→														
	3	Convene a working group to create a framework/format for SFH Walkabouts (engage environmental services staff)			→												
	4	Conduct SFH Walkabouts (including an audit of the physical environment)						→									
	5	Investigate the development of a gerontological foundation/infrastructure for seniors' care to support broader capacity for senior friendly care			→												
Processes of Care	6	Implement inter-professional early mobilization protocols across hospital departments to optimize physical function	→														
	7	Implement inter-professional delirium screening, prevention and management protocols across hospital departments to optimize cognitive function	→														
Emotional and Behavioural Environment	8	Convene a working group to develop communication/awareness strategies for staff surrounding ageism								→							
	9	Convene a working group to develop communication/awareness strategies for staff surrounding elder abuse								→							
Physical Environment	10	Convene a working group to develop a high level physical environment checklist (engage environmental services and building services staff) (to be included as part of #3)			→												
	11	Conduct a SFH environmental audit (as part of the SFH Walkabout)						→									

2014/15 Scorecard

SFH Framework Components	Actions/Activities	Measures	TSH	RVHS	LH	OS	PRHC	RMH	NHH	CMH	HHHS	Current Status	Target
Organizational Support	1. Establish a structure to provide oversight for SFH care	1. % of hospitals with a structure to provide oversight for SFH care	X		X	X	X	X		X		67%* (6/9)	100%
	2. Include SFH initiatives in the annual corporate plan, goals and objectives, and/or Quality Improvement Plan (QIP)	2. % of hospitals with the provincial priorities of delirium and/or functional decline included in the annual corporate plan, goals and objectives, and/or Quality Improvement Plan (QIP)	X		X			X	X	X	X	67%** (6/9)	100%
	3. Convene a working group to create a framework/format for SFH Walkabouts (engage environmental services staff)	3. % of hospitals that have implemented SFH Walkabouts										0%* (0/9)	80%
Processes of Care	1. Implement inter-professional early mobilization protocols across hospital departments to optimize physical function	1. % of hospitals that have implemented protocols to optimize physical function	X				X	X	X	X		56%* (5/9)	80%
	2. Implement inter-professional delirium screening, prevention and management protocols across hospital departments to optimize cognitive function	2. % of hospitals that have implemented delirium screening, prevention and management protocols	X		X	X		X		X		56%* (5/9)	80%
Physical Environment	1. Conduct a SFH environmental audit	1. % of hospitals that have conducted environmental audits		X	X	X			X			44%* (4/9)	80%
			4	1	4	3	2	4	3	4	1		

* Current status based on CE RSGS Senior Friendly Hospital Care in the Region of the CE LHIN Report, July 2013

** Current status based on an April 2014 survey of the nine hospitals in the CE LHIN

May 20, 2014



SFH Working
Group
Perspectives

Perspectives of SFH Leads

“The ED just completed their first SFH Walkabout! It was amazing! I cant believe how pumped everyone got with it. Way better than I expected. It was actually a bit emotional because there are so many improvement that can be made...[but] we had great representation and have come up with some quick wins.”

Perspectives of SFH Leads

“Being part of the Seniors Care Network SFH WG has created a platform of supportive leadership. It has assisted me in my vision to build excellence of care for seniors within my hospital. Seniors Care Network has created a network of expertise that our willing to share knowledge to implement change to enhance senior friendly care.”

Perspectives of SFH Leads

“Belonging to the working group has helped us re-design our focus for our Geriatrics Operations and Performance Team, encouraged use of best practice for environmental design when ordering items like new chairs, commodes etc. as we have used the Code Plus document. It allows us to share practices with our peers in other hospitals in the LHIN.”

References

- Davies, H.T.O., Nutley, S.M. & Mannion, R. (2000). Organisational culture of quality of health care. *Quality in Health Care*, 9, 111-119.
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- Wong, K., Ryan, D. & Liu, B. (2011). Senior Friendly Hospital Care Across Ontario: Summary Report and Ontario Recommendations September 2011. Toronto, ON: Ontario Local Health Integration Network.

Thank You

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