

A Summary of Senior Friendly Care in North Simcoe Muskoka 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

In the summer of 2010, the Toronto Central Local Health Integration Network (TC LHIN) assembled a Senior Friendly Hospital Strategy Task Group to provide guiding steps toward the improvement of seniors' health and well-being by reducing their functional decline in hospitals. The efforts of this task group laid the groundwork for the Ontario Senior Friendly Hospital Strategy, and resulted in a summary report of senior friendly hospital care in the TC LHIN.¹ The report identified common themes, promising practices, and areas for improvement at the hospital and system levels.

In order to incorporate this work into the provincial strategy, the remaining thirteen LHINs in Ontario have conducted a similar process so that the provincial landscape of senior friendly hospital care may be surveyed.

Seniors Health has already been identified as one of five priorities in NSM LHIN's 2007-2010 Integrated Health Service Plan. In 2009, the NSM Seniors' Health Regional Action Group submitted a report to the LHIN outlining a vision for an integrated regional Seniors' Health Program in North Simcoe Muskoka. The document describes a conceptual framework and model for the development of an array of specialized geriatrics services embedded within a highly coordinated, LHIN-wide program. The end result for the community will be improved quality of life and independence, whilst for the NSM health system, the impact of an aging population will be reduced largely through better utilization of emergency departments and acute hospital beds. These goals run parallel with the Senior Friendly Hospital Strategy, in recognizing that a healthy seniors' population builds and sustains healthy communities. The care that seniors receive in hospitals, and the hospital experience itself, 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. preventing adverse events), and involve patients – along with 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 complete and 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 Ontario Senior Friendly Hospital Strategy will:

- Improve the health, well-being, and experience of seniors in Ontario hospitals, thereby supporting decreased lengths of stay

¹ 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.

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

The Regional Geriatric Program (RGP) of Toronto produced a background document titled *Senior Friendly Care in Toronto Central LHIN Hospitals*² as well as an accompanying *Self-assessment Template*. The latter document was subsequently modified and both were distributed by the LHINs to their member hospital organizations. The documents were based 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.

This summary report of North Simcoe Muskoka (NSM) LHIN hospital self-assessments represents a point in time snapshot of senior friendly hospital care in the LHIN. It identifies strengths as well as areas for improvement in NSM LHIN hospitals in an effort to help envision and build a system that promotes the independence of seniors and the provision of high quality care for older adults. It also identifies an array of practices and programs in NSM LHIN hospitals that are promoting senior friendly care. These could be considered as models for broader adoption.

Seniors utilize a significant portion of hospital resources in the NSM LHIN. The LHIN's hospital organizations report, on average, that 67% of their total hospital days are attributable to older patients. Moreover, they report that an average 84% of alternate level of care (ALC) days are attributable to seniors. A substantial body of evidence shows that the hospital stay itself puts seniors at risk of complications and loss of functional ability, thereby contributing to longer lengths of stay 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 unable to recover the function they lost.^{3,4}

The Ontario Senior Friendly Hospital Strategy is designed to inform hospitals' senior leaders about how to modify the organization and provision of care to older patients. Additionally, it is intended to emphasize the multiple dimensions of organizational change that are needed to improve health outcomes for seniors. In the next steps of the provincial strategy, an Ontario-wide survey of leading

² The Regional Geriatric Program of Toronto (2010). *Background Document: Senior Friendly Care in Toronto Central LHIN Hospitals*. Toronto: Toronto Central Local Health Integration Network.

³ Covinsky KE, RM Palmer, RH Fortinsky, SR Counsell, AL Stewart, D Kresevic, CJ Burant, and CS Landefeld (2003). Loss of independence in activities of daily living in older adults hospitalized with medical illnesses: increased vulnerability with age. *Journal of the American Geriatrics Society* 51: 451-458.

⁴ Sager MA, T Franke, SK Inouye, CS Landefeld, TM Morgan, MA Rudberg, H Sebens, and CH Winograd (1996). Functional outcomes of acute medical illness and hospitalization in older persons. *Archives of Internal Medicine* 156(6): 645-652.

practices, tied to best evidence on senior friendly hospital care, will guide the province and the LHINs in identifying specific areas of focus for improvement. The provincial report will also guide a task group assigned with the development of indicators to track improvements in senior friendly hospital care within the LHINs and across the province. The NSM LHIN will support its hospital organizations in adopting the Senior Friendly Hospital Framework and integrating measurable objectives into hospital service accountability agreements. This continuing work also provides concrete opportunities for hospitals to achieve their commitments within other overarching quality programs, and it will be important to consider alignment with indicators related to the Excellent Care for All Act, the Canadian Patient Safety Institute (CPSI), and accreditation processes.

Results from the North Simcoe Muskoka LHIN hospital self assessments reflect the degree to which senior friendly care is prioritized by its hospital organizations. Four hospital organizations in the LHIN have incorporated senior friendly goals within their strategic plans, and each has designated a senior executive lead to support related care of the elderly initiatives. A number of educational initiatives support the development of frailty focused skills in organizations' human resources. These include learning objectives for key geriatrics issues built into orientation programs for clinical staff and the fostering of in-house champions who provide leadership and peer-to-peer mentoring. The development of facility-wide orientation on the needs of seniors, offered to clinical and non-clinical staff, may be a significant investment in nourishing a senior friendly organizational culture. NSM LHIN hospitals utilize various methods to solicit community input in the planning and development of their services. Perhaps most notable is a Senior Friendly Advisory Council, which includes hospital leadership, clinical staff members, a volunteer, and several community members within its membership. Organizational leadership and commitment – demonstrated by the support of human resource skills development and the consultation of community partners in health service planning – are positive steps toward improved system integration that will better serve seniors and other frail populations.

The self-assessment analysis also examined clinical processes of care that are particularly relevant to seniors admitted to hospital. Falls, pressure ulcers, restraint use, adverse drug reactions, and pain management are the clinical areas most often reported to have developed protocols and/or formal monitoring. In contrast, delirium, continence, prevention of deconditioning, hydration/nutrition, pain, sleep management, elder abuse, and the management of dementia-related behaviours were the clinical areas least often managed with protocols or monitoring procedures. Successful practices most often include specialized transition support roles that assist in developing continuity in patient care plans when transferring from the hospital into the community. These practices not only support hospital discharges, they also facilitate knowledge transfer and capacity building in health system and community partners. Teamwork and partnership will be important enduring enablers required to support continuity in the health care system as a whole.

The hospital care experience is influenced by the emotional and behavioural climate of the organization. All hospitals indicated their support for patient-centred care and patient diversity. Some promising practices identified in this analysis include: bedside communication boards, care

conferences promoting patient and family engagement, and diversity education provided to staff to promote cultural awareness. It is important that these types of practices are designed and delivered in a manner that takes into account the unique needs of frail seniors, such as sensory and communication difficulties.

NSM LHIN hospitals describe the resources they have in place to address ethical challenges that arise during the provision of care. Four organizations have access to a clinical ethicist, either on-site or by external consultation. All organizations describe policies to address advance care directives, and procedures for consent and capacity issues. Regular educational opportunities, including formal education sessions, lunch and learn presentations, and invited speakers, acknowledge the importance of ensuring that staff members are appropriately informed and supported in recognizing and responding to unique ethical situations as they arise in practice.

Aspects of the physical environment were cited by nearly all NSM LHIN hospital organizations as creating barriers to the provision of senior friendly care. Many hospitals rely on building code standards and accessibility legislation to guide design and development of physical structures. There is a significant body of information regarding senior friendly environmental design^{5,6} with principles that go beyond generalized building code requirements or disability legislation outlined in the Accessibility for Ontarians with Disabilities Act (AODA). Three organizations have conducted audits of their physical spaces utilizing senior friendly resources or have audits planned. These audits often lead to the implementation of design and equipment features that promote enhanced safety and comfort for older patients and visitors. Since building improvements are long term and costly undertakings, teams involved in developing, purchasing, and maintaining the physical facility should be informed on senior friendly design to promote the ongoing development of physical environments that meet the needs of seniors and other frail populations. This, in turn, will result in improved patient safety, comfort, and independence. If well implemented, redevelopment projects may bring about work design efficiencies that allow staff to dedicate more time to direct patient care.

The current state of senior friendly hospital care in the NSM LHIN includes many promising practices as well as important opportunities for improvement. Hospitals in the LHIN identified the importance of health equity, patient-centred care, safety, medical ethics, and accessibility. These foundational principles have been present in hospitals for many years, often implemented in response to accreditation standards and, in the case of accessibility, through legislation. There is an opportunity to translate these core principles into specific strategies that will more fully meet the needs of frail seniors. Identifying senior friendly care indicators will provide feedback to guide the development and continued refinement of care and service across the system. Teamwork and partnerships were

⁵ Parke B, and K Friesen (2008). *Code Plus: Physical Design Elements for an Elder Friendly Hospital*. Fraser Health Authority

⁶ 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.

frequently highlighted as enablers of success, and will serve to enhance system integration and performance. Another key to achieving senior friendly care is the facilitation of knowledge sharing opportunities, so that hospitals across the NSM LHIN – and across the province – can learn from each others’ innovations and work collaboratively to improve the quality of care for seniors across the hospital system.

2. The Ontario Senior Friendly Hospital Strategy in the North Simcoe Muskoka (NSM) LHIN

2.1 BACKGROUND – THE SENIOR FRIENDLY HOSPITAL STRATEGY IN THE TORONTO CENTRAL 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. The Toronto Central Local Health Integration Network (TC LHIN) first supported local implementation of a Senior Friendly Hospital initiative as part of its commitment to enhancing the care of seniors within hospitals. In its Integrated Health Service Plan (IHSP-2) for 2010-2013, the TC LHIN identified a priority to reduce functional decline in seniors admitted to hospital. Enhancing the care of seniors in hospitals to increase their ability to transition safely back 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 hospitals' environments and processes for seniors will strengthen their capacity to meet the quality and safety improvements required under the Excellent Care for All Act.

To guide work on this priority, the TC LHIN established a Senior Friendly Hospital Strategy Task Group in the summer of 2010 comprising representatives from acute, rehabilitation, and complex continuing care hospitals, as well as the Community Care Access Centre (CCAC). The Regional Geriatric Program (RGP) of Toronto was engaged as a partner to provide expert clinical consultation and to produce two guiding documents. The background document describes a five-domain Senior Friendly Hospital framework endorsed provincially by the RGPs of Ontario. This framework serves as a roadmap for quality improvement by defining key areas where hospital care of older adults can be optimized. The background document also describes the need for change, to ensure that the hospital experience is one that will enable positive outcomes for frail seniors. The self-assessment template, also structured on the Senior Friendly Hospital Framework, offers hospitals the chance to reflect on their environment, culture, and service delivery – and the role that all staff members share, from top level leadership to front line service and support staff. This self-assessment process resulted in a summary report, which helped to identify common themes in Senior Friendly Hospital care across the LHIN, including promising practices and opportunities for organization and system level improvement.

2.2 THE SENIOR FRIENDLY HOSPITAL STRATEGY IN THE NORTH SIMCOE MUSKOKA LHIN

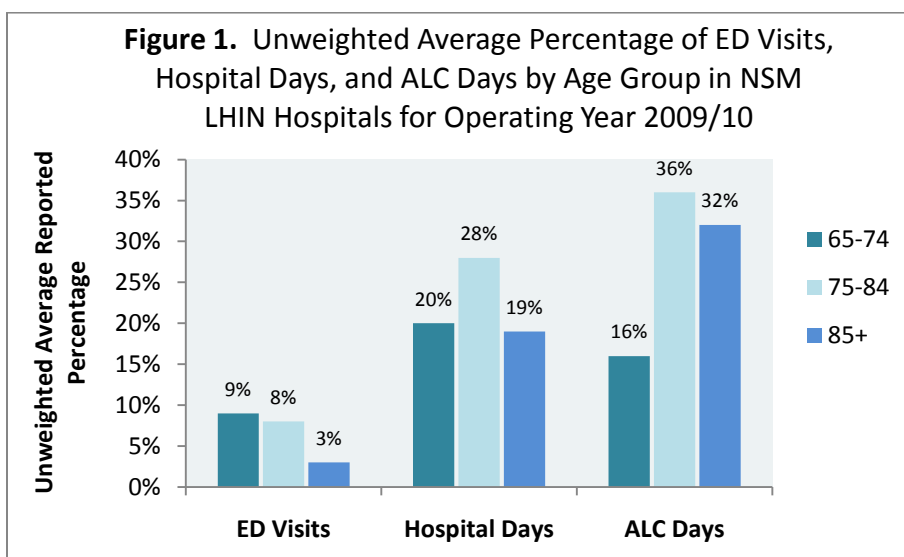
When compared with the rest of Ontario, the North Simcoe Muskoka (NSM) LHIN has a higher proportion of seniors in its population. In 2008, the proportion of older adults above the age of 65 in Ontario was 16.8% while the proportion of this age group in the NSM LHIN was 19.6%.⁷ Over the next two decades, the numbers of seniors in the NSM LHIN is expected to grow at more than twice

⁷ 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.

the rate of the LHIN's overall population. In only ten years' time, one in four North Simcoe Muskoka area residents will be above the age of 65, placing increasing demands on the health care system.⁸

Seniors Health has already been identified as one of five priorities in NSM LHIN's 2007-2010 Integrated Health Service Plan. In 2009, the NSM Seniors' Health Regional Action Group submitted a report to the LHIN outlining a vision for an integrated regional Seniors' Health Program in North Simcoe Muskoka. The document describes a conceptual framework and model for the development of an array of specialized geriatrics services embedded within a highly coordinated, LHIN-wide program. The proposal recognizes the need for leadership and capacity building through knowledge transfer. Service and program development is staged and linked with priority clinical needs and coordinated infrastructure plans. The end result for the community will be improved quality of life and independence, whilst for the NSM health system, the impact of an aging population will be reduced largely through better utilization of emergency departments and acute hospital beds. These goals run parallel with the Senior Friendly Hospital Strategy, providing ample rationale for making it a companion in the work to support healthy communities in the NSM LHIN.

A 2007-2008 profile of Aging in Ontario⁹ estimated that 19.6% of NSM LHIN's population is comprised of older adults above age 65. This age cohort accounts for a significant proportion of hospital system usage in the LHIN. Hospital organizations across the LHIN report, on average, that 20% of ED visits, 67% of total hospital days, and 84% of ALC days are attributed to older adults (Figure 1). Considering the projected growth rate of the seniors' population in the NSM LHIN, the pressures that exist now in managing hospital length of stay and ALC rates will increase significantly unless mitigating strategies are implemented.



⁸ North Simcoe Muskoka Local Health Integration Network (2010). Annual Report 2009-2010. Orillia: North Simcoe Muskoka Local Health Integration Network

⁹ 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.

The Senior Friendly Hospital Strategy is designed to inform senior leaders in hospitals about modifying the way care is organized and provided to older patients. Additionally, it is intended to emphasize the multiple dimensions of organizational change essential to achieving improved health outcomes for seniors. The NSM LHIN, through the provincial Senior Friendly Hospital Strategy, will support hospitals in adopting the Senior Friendly Hospital Framework and integrating measurable objectives into hospital service accountability agreements. Moreover, the Senior Friendly Hospital Strategy provides concrete opportunities for hospitals to achieve commitments within the Excellent Care for All Act that are relevant to seniors.

3. Conceptual Underpinning – The Senior Friendly Hospital Framework

The Senior Friendly Hospital Framework describes a comprehensive approach that can be applied to organizational decision making. Recognizing the complexity of frailty and the vulnerability of seniors to 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 RGP 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, 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. 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 respects the unique needs of patients 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 that possesses the resources and 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 that 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 NSM LHIN. While all five components of the Senior Friendly Hospital Framework are required for optimal outcomes, it is recognized that implementing some of the framework’s elements – major updates to the physical environment, for instance – is a long-term undertaking, and that a staged approach to change is more feasible and practical in its implementation.

4. RGP Background Document and Self-assessment Process

The first step in the Senior Friendly Hospital Strategy is to gain an understanding of the current state of senior friendly hospital care in the North Simcoe Muskoka LHIN. The six hospital organizations in the LHIN completed a self-assessment that facilitated reflection on structures and practices as they pertain to the RGP Senior Friendly Hospital Framework. With questions based on the framework, the *Self-assessment Template* gauged each organization’s explicit level of commitment, its efforts to date, its perceived challenges, and its specific needs in order to become a senior friendly hospital. Mapping senior friendly hospital efforts proved to be a valuable first step in identifying promising practices across the LHIN, as well as some of the challenges and opportunities for improvement in providing optimal care to older adults.

5. Goals of the Self-assessment Summary

The self-assessment summary report aims to:

- Review the current state of senior friendly hospital care in the North Simcoe Muskoka LHIN
- Acknowledge innovative practices in senior friendly hospital care
- Identify hospital and system-level improvement opportunities
- Promote knowledge sharing of innovative practices

6. Methods

In January 2010, the background document *Senior Friendly Care in Toronto Central LHIN Hospitals* along with the *Self-assessment Template* – both structured upon the RGP’s Senior Friendly Hospital Framework – were delivered to the Chief Executive Officers of the six hospital organizations in the North Simcoe Muskoka LHIN (Figure 2). The hospital organizations were supported in completing the self assessments with a Frequently Asked Questions (FAQ) document prepared by the RGP of Toronto, along with three teleconference sessions held across the province to provide question and answer support. The teleconference sessions also provided a means for hospitals to provide direct

verbal feedback on data collection processes. In March 2011, the completed self-assessments were submitted to the NSM LHIN and were subsequently forwarded to the RGP of Toronto for analysis.

Each self-assessment was read and analyzed by a data support consultant and two independent clinical reviewers from the RGP of Toronto. Quantitative data was aggregated and sorted by the data support consultant using Microsoft Excel 2007. Analysis and interpretation of the quantitative and qualitative data were performed by the clinical review team. QSR NVivo 9 qualitative data analysis software was used in applicable cases. 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, 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 and the aggregate responses of the NSM LHIN hospitals. The feedback also highlighted the hospital’s innovative practices and opportunities for improvement in providing Senior Friendly Hospital Care in the NSM LHIN.

Figure 2. Hospital Organizations in the North Simcoe Muskoka LHIN

Hospital	Inpatient Services Provided			
	Acute Care	Mental Health	Rehabilitation	Complex Continuing Care
Collingwood General and Marine Hospital	✓			
Georgian Bay General Hospital Midland Site Penetanguishine Site	✓		✓	✓
Muskoka Algonquin Healthcare Huntsville District Memorial Hospital Site South Muskoka Memorial Hospital Site	✓ ✓			✓ ✓
Orillia Soldier’s Memorial Hospital	✓	✓	✓	✓
Royal Victoria Hospital	✓	✓	✓	
Waypoint Centre for Mental Health Care		✓		

Hospital Organizations in the North Simcoe Muskoka LHIN: Six hospital organizations participated in the NSM LHIN Senior Friendly Hospital self-assessment analysis. A summary of their sites and service categories is provided above.

7. Limitations of the Analysis

It is important to acknowledge the limitations of the current analysis of senior friendly hospital care in the NSM 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 has proven to be 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. 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; therefore, this report is not intended to be a comprehensive comparison of all NSM LHIN hospital services for seniors. For instance, in highlighting their successes, organizations may not have included all relevant activities, meaning that there are likely unreported services and activities worthy of mention.

8. Findings

8.1 ORGANIZATIONAL SUPPORT

There is a growing commitment to senior friendly care by hospital organizations in the North Simcoe Muskoka LHIN. Four of six organizations have incorporated senior friendly goals within their strategic plans, and these same organizations have designated a senior executive to lead the development of geriatrics initiatives. One hospital’s board of directors is presently exploring the concept of a senior friendly hospital to help determine whether it should be made into an organization-wide commitment. Two other hospital boards have made commitments toward the improvement of geriatric care. At present, one organization has a formal committee empowered to guide care of the elderly initiatives, while another is in the process of forming one. These are positive first steps in establishing leadership and planning structures that will bring about improved care and service for frail older patients.

Figure 3. Organizational Support Questions

Query	Hospitals with “Yes” Response
Does your hospital organization have an explicit priority for senior friendly care in its strategic plan?	4 of 6
Has the Board of Directors made an explicit commitment to become a senior friendly hospital organization?	2 of 6 (1 in development)
Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	4 of 6
Do you have a designated hospital committee for care of the elderly?	1 of 6 (1 in development)

The way that an organization supports and leverages its human resources can demonstrate its commitment to meeting the complex health care needs of an older adult population. One significant avenue of support is the provision of education to hospital staff on clinical and service needs of older

patients – this helps to nurture a facility-wide senior friendly culture. Three hospitals in the NSM LHIN have incorporated geriatrics content in their staff orientation programs. In one of these organizations, a more comprehensive geriatrics curriculum was offered to staff in 2010, and content continues to be available through a web-based resource. More often, NSM hospitals rely on staff members identified as geriatrics champions to provide peer-to-peer clinical training and help empower frailty focused skills across each organization. In one organization, a number of nursing staff have been trained as trainers in comprehensive skill development programs such as P.I.E.C.E.S., Gentle Persuasive Approach (GPA), and Geriatrics Inter-professional and Inter-Organizational Collaboration (GiiC). In total, five of six organizations in the LHIN have identified key staff members with experience in geriatrics, who provide both formal education and informal mentorship to other staff members, help in the development of hospital policies and procedures, present at external meetings, and participate in regional and provincial service planning initiatives.

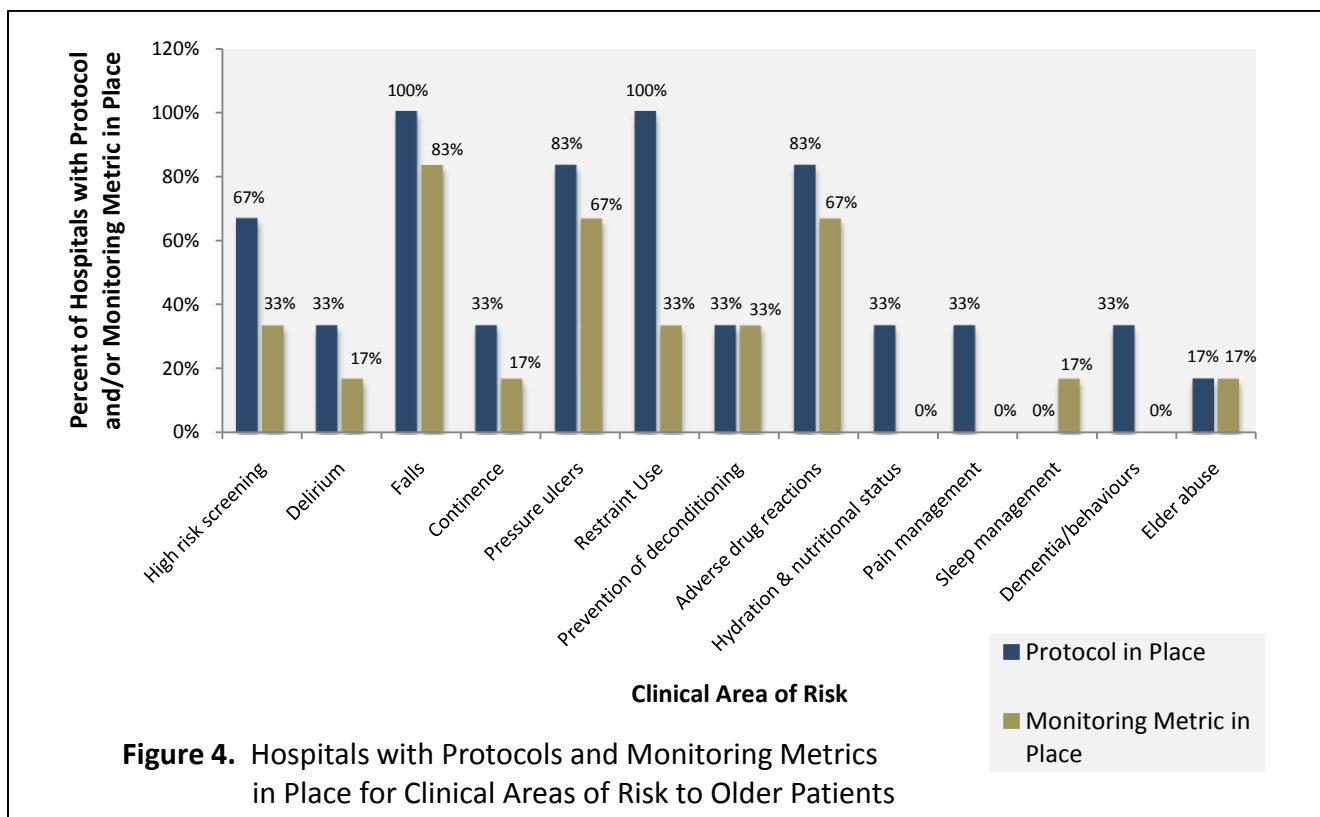
The organizational support domain of the Senior Friendly Hospital Framework also examines formal structures for soliciting input from patients, families, and health system partners to guide the development of hospital programs and services. These efforts often go beyond generalized patient feedback mechanisms such as satisfaction surveys and patient relations processes. One example is the inclusion of community representation on durable hospital committees tasked with planning ongoing services. One organization in the NSM LHIN describes a Senior Friendly Advisory Council, whose membership includes hospital leadership, clinical staff members, a volunteer, and several community members. This organization also holds community engagement initiatives through a dedicated committee. Another organization has formed a Patient/Client and Family Council to create a formal feedback process that guides its activities. A third organization meets quarterly with long term care homes in its region to discuss process improvement. Focus groups and specialized patient surveys are also employed to solicit patient and community feedback. Hospitals participate in LHIN-wide activities, gaining relevant community and stakeholder input in the process. The needs of frail seniors are multi-dimensional and complex. Therefore, service planning that seeks broad and diverse input is best suited to guide the development of programs that meet the needs of older patients. Formal and comprehensive consultation with stakeholders and partners has the potential to improve integration and collaboration across the system as new services are developed and existing services are refined. This, in turn, may improve patient and family satisfaction with hospital services.

Organizational Support – Promising Practices in the NSM LHIN

- *Organization-wide education and programs to support geriatrics champions throughout the organization, helping to build the capacity of its workforce to serve older adults and foster a Senior Friendly organizational culture*
- *Care planning committees with comprehensive representation, including community members and health system partners, to help guide the ongoing development of seniors' health services*

8.2 PROCESSES OF CARE

The *Self-assessment Template* listed a number of clinical areas known to pose potential risk for vulnerable hospitalized seniors. Hospitals were asked whether or not they have protocols and monitoring procedures in place for these key areas of assessment and practice. Analysis of the self-assessment submissions revealed that certain clinical issues have received more attention than others. In NSM LHIN hospitals, falls, pressure ulcers, restraint use, adverse drug reactions, and pain management are the clinical areas where protocols and monitoring are most frequently in place (Figure 4). Conversely, delirium, continence, prevention of deconditioning, hydration/nutrition, pain, sleep management, elder abuse, and the management of dementia-related behaviours are clinical areas where protocols and monitoring are least frequent in practice (Figure 4). Other areas of practice where protocols or metrics are in place or being developed are urinary catheter use, suicide risk, and transitional discharges.



This observation is consistent with a recent study of geriatric ‘quality indicators’ for hospital care.¹⁰ One of the results of this study revealed a significantly higher rate of compliance with quality indicators for general medical care when compared with those for geriatric-specific issues. While having a protocol or monitoring procedure is only one aspect of providing clinical care, the observations in this self-assessment analysis may identify potential care gaps for common geriatric issues arising in hospital.

¹⁰ Arora VM, M Johnson, J Olson, et al. (2007). Using Assessing Care of Vulnerable Elders Quality Indicators to Measure Quality of Hospital Care for Vulnerable Elders. *Journal of the American Geriatrics Society* 55: 1705-1711.

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 NSM LHIN report having protocols for falls, and all but one for pressure ulcers, few sites demonstrate a noticeable trend toward improvement in outcome measures. It will be important to examine the factors for success in organizations and/or sites across the LHIN and the province 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.

A further observation was made about the data collection practices in the reporting of falls and acquired pressure ulcers. There were significant variations in the type and range of data returned for analysis, and in a number of cases data was unavailable. These variations may be affected by environmental and demographic differences between organizations, or by differences in technical definitions, monitoring, data collection, and reporting methods employed by each organization. Verbal feedback provided by hospitals during provincial teleconference support sessions confirmed that organizations employ different definitions and procedures in the collection of this data. In order for clinical metrics to provide meaningful data for any particular area of clinical performance, consistent definitions, methods, and reporting standards will need to be established. Once the identification of clinical priorities and suitable metrics are determined, 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.

Figure 5. Senior Friendly Care Priority Initiatives

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

Implementation or Expansion of Clinical Services and Protocols:

- Implementing or enhancing programs and models of care – geriatric acute care unit, urgent geriatric clinics, transitional bed program, Home First and Home at Last partnerships, Nurse Practitioner-led outreach to LTC homes, Collaborative Care on Aging and Dual Diagnosis (CADD)
- Clinical protocols and pathways for falls, hip fractures, least use of restraints, medication reconciliation, pressure ulcers, cognitive screening, suicide risk, discharge and transitions
- Volunteer programs for mobility, meal assistance, recreation and activation

Hospital Strategic Planning and Leadership Committees

- Continue building on work of Senior Friendly Advisory Committee
- Develop a corporate strategy for a Senior Friendly Hospital
- Improve data collection and reporting processes for utilization and quality of care metrics

Human Resources Development

- Ongoing staff education
- Clinical Educator Geriatrics role
- Emergency Access Nurse with focus on geriatrics

Physical Environment Updates and Hospital Site Redevelopment

- Accessibility initiatives
- Emergency Department functional redevelopment
- Senior Friendly equipment procurement

The self-assessment also inquired about senior friendly practices in the emergency department (ED). A number of hospitals in the NSM LHIN describe specialized roles within the ED that support the needs of frail seniors. These include an Emergency Access Nurse who has a clinical focus on older patients, and a CCAC client care coordinator who provides assistance with discharge planning and community support. A significant initiative utilized by NSM LHIN hospitals is the LHIN-wide Regional Falls Program. Patients who are identified to be at risk of falls can be assessed in the ED and have appropriate community follow-up arranged. High risk clients with frailty issues may also be referred to an Urgent Geriatric Clinic, where a physician and nurse practitioner provide appropriate assessment and intervention. Hospitals also report partnerships with the Home First and Home at Last programs, both utilized by emergency departments – as well as inpatient units – to provide transitional support that helps older adults return home to stay or await other needed services.

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. Services and practices within the hospital help contribute to successful discharge planning. Early assessment and intervention addressing delirium and mobility, for instance, serve to maximize safety, function, and readiness to return home. Where additional care is needed, transitional care beds in one organization are accessed to provide therapy and support. A number of specialized clinical roles to facilitate transitions and continuity in care are utilized by NSM LHIN hospitals. Transitional Care Coordinators merge the roles of hospital discharge planners and CCAC case managers. They work with patients from the point of admission to hospital, helping coordinate appropriate community services on discharge that will meet patients' needs. Patients discharged from mental health services are accompanied by a transitional support nurse, who travels to the receiving facility and ensures the transfer of information and care strategies. A telephone call within 48 hours and a follow-up visit two weeks after discharge help to ensure successful transitions. The Wendat Transitional Service provides a more comprehensive transition plan, involving two to six weeks of in-person follow-up by a transitional care worker, for patients with a psychiatric assessment moving from hospital to a LTC home. NSM LHIN organizations also utilize a Palliative Care Network Resource Nurse to provide transitional support for appropriate clients. Ambulatory services are often utilized to provide appropriate follow-up care for patients after discharge from hospital. These include an Urgent Geriatric Clinic, disease-focused ambulatory care programs, and partnered Family Health Team services. Collaboration and partnership within the hospital and reaching outward to the community are key variables that ultimately facilitate successful patient transition strategies. Fostering skills in inter-professional care and 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.

Processes of Care – Promising Practices in the NSM LHIN

- *The identification of priorities in clinical practice amongst NSM LHIN hospitals will be a catalyst for the development and implementation of clinical protocols and metrics*
- *Early identification of risk issues impacting discharge prompt early intervention by inter-professional team members, such as physiotherapy and occupational therapy to support mobility and function*
- *Programs that leverage volunteers to provide orientation in the emergency department, and mobility, meal assistance, recreation, and activation activities in the hospital*
- *Transitional care services that provide hands-on support within receiving facilities help to ensure continuity in patient care plans and promote inter-organizational collaboration*

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. The majority of practices in NSM LHIN hospitals that promote these aspects of care and service focus on improving communication with patients and families. These measures include in-person care conferences to set mutual goals, and bedside whiteboards to prompt communication and collaboration between patients and caregivers during daily care planning. To enhance the provision of care for diverse cultures, a number of hospitals enlist staff to provide interpretation services. There are also services to promote aboriginal cultural awareness, including access to an aboriginal healer, linkages to community resources, accommodations for spiritual rituals, and diversity education for staff to promote awareness of aboriginal cultures. Education initiatives with geriatrics content are also described by NSM LHIN organizations. These programs focus on specific clinical issues and are offered to cohorts of clinical staff. One organization has created a new Clinical Educator role, and is developing education programs for staff orientation. There may be an opportunity to consider the implementation of learning objectives on the care and service needs of seniors that are relevant to both clinical and non-clinical staff – an initiative that will help empower a senior friendly culture across the organization.

Emotional and Behavioural Environment – Promising Practices in the NSM LHIN

- *Bedside communication boards and care conferences to facilitate communication and involve patients and families in care planning*
- *Diversity education provided to all staff to promote cultural awareness; senior friendly learning objectives in the orientation of all staff may be of comparable benefit*

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 that support practitioners in approaching these challenges thoughtfully. Four hospital organizations in the NSM LHIN have access to a clinical ethicist – two have an ethicist on staff and two consult externally for ethics services. Another organization has established a multidisciplinary ethics committee to provide assistance in challenging situations, and to build awareness and capacity across the organization through education. Hospitals reported similar types of ethical situations related to the care of older adults, the most common of which are listed below:

- End-of-life care issues
- Substitute decision maker issues
- Consent and capacity
- Advance care planning
- Resuscitation decisions
- Feeding tube issues

Additionally, NSM LHIN organizations have procedures in place to observe advance care directives – all report policies for advance care directions that undergo regular update and revision. These policies range in scope from guidelines for resuscitation decisions to thorough procedures guiding patients and staff members in the consideration and communication of treatment wishes. In one organization, coloured wristbands are used to provide ready communication of a patient’s wishes to not be given resuscitative efforts. Organizations in the NSM LHIN also report procedures to address consent and capacity issues, utilizing the expertise of the on-site clinical team before consulting external resources such as the office of the Public Guardian and Trustee or the Consent and Capacity Board. With these resources and procedures in place, organizations need to ensure that all clinical staff members receive relevant and appropriate education on ethical issues, so that they continue to be aware of how to leverage these resources to manage unique ethical situations as they arise in practice. Some ways that this is being done in the NSM LHIN include formal ethics rounds, lunch and learn sessions, and invited speakers.

Ethics in Clinical Care and Research – Promising Practices in the NSM LHIN

- *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*
- *The use of wrist bands to readily identify patients’ resuscitation wishes*

8.5 PHYSICAL ENVIRONMENT

When asked to identify barriers to senior friendly care, nearly all NSM LHIN organizations cited aspects of their physical environments. Older hospital structures were built at a time when the

majority of patients were younger and when building guidelines did not emphasize universal access. There is a significant body of information regarding senior friendly environmental design^{11,12} and these principles go beyond generalized guidelines for disability and accessibility. A majority of the hospitals in the NSM LHIN have taken steps to incorporate senior friendly design principles in their infrastructure planning, going above and beyond building code requirements and Accessibility for Ontarians with Disabilities Act (AODA) legislation. Three organizations in the NSM LHIN have conducted, or are planning to conduct, reviews of their physical spaces utilizing senior friendly resources. One of these organizations is implementing a new emergency department, involving a clinical champion and senior friendly resources in the process. Another has recently completed a redevelopment project utilizing a design team with expertise in health care implementation. This has resulted in numerous senior friendly design and equipment features to promote safety and comfort, including colour schemes, lighting, flooring finishes, furniture, and memory boxes for reminiscence and personalization in the rooms of complex continuing care patients. A well implemented senior friendly physical environment incorporates building features that maximize safety and comfort, and engineers work design efficiencies to improve the ability of staff to monitor and interact with patients – important considerations when planning retrofit projects or site redevelopment. The implementation of a comprehensive senior friendly physical design in a hospital organization in Victoria, British Columbia suggests that this can be a cost-neutral undertaking when appropriate clinical knowledge guides design decisions.¹³ Capital improvement projects and significant infrastructure renewals are ongoing, long-term, and costly processes. Recognizing this, it is important that staff involved in these projects have training and access to resources on senior friendly environmental design so that the cumulative effect of physical upgrades is a senior friendly physical environment. There is an 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 in the NSM LHIN

- *Using senior friendly design resources and clinical consultation in physical upgrades, reviews, and redevelopment, leading to the implementation of design and equipment features that promote the safety, comfort, and function of frail seniors*

¹¹ Parke B and K Friesen (2008). *Code Plus: Physical Design Elements for an Elder Friendly Hospital*. Fraser Health Authority

¹² 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.

¹³ Vancouver Island Health Authority, Personal Communication

9. Looking Ahead – Moving toward Senior Friendly Hospital Care in the NSM LHIN

The Senior Friendly Hospital self-assessments and the ensuing analysis of submissions provide a summary of the current state of senior friendly hospital care in the North Simcoe Muskoka (NSM) LHIN. This process has helped identify key enablers that will facilitate continuous improvement in the LHIN and across the broader health care system.

The six hospital organizations in the NSM LHIN demonstrate a growing commitment to senior friendly care. Four have integrated goals pertaining to senior friendly care within their strategic plans, and have designated a senior executive to lead these initiatives. Orientation programs at a number of organizations include specific learning goals in geriatrics, although these are generally only offered to clinical staff. The development of geriatrics content within facility-wide corporate orientations that include clinical and non-clinical staff is a potential opportunity to promote a senior friendly organizational culture. NSM LHIN organizations support and foster geriatrics champions amongst clinical staff, who deliver formal education sessions as well as peer-to-peer mentorship in order to broaden the ability of clinical team members to provide frailty focused practice. Community consultation occurs through committee structures, focus groups, and customized surveys, so that feedback from patients, families, and health system partners can be incorporated into hospital service planning. These practices may enable better service integration across the health system and, ultimately, better health outcomes for frail seniors who frequently need to access health services from multiple sectors.

Most organizations are familiar with published best practice guidelines. For instance, nearly all of the hospitals in the NSM LHIN have protocols in place for falls and pressure ulcers – two areas of practice for which there are considerably 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. Further opportunities exist to hone clinical practice in the areas of delirium, continence, prevention of deconditioning, hydration/nutrition, pain, sleep management, elder abuse, and the management of dementia-related behaviours. Two well studied models of hospital practice, for which positive outcomes have been reported, are the Acute Care for Elders (ACE) unit¹⁴ and the Hospital Elder Life Program (HELP).¹⁵ A key variable measured in both of these models is the degree to which patients' functional decline is prevented as a result of the intervention. Functional decline can directly impact the 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

¹⁴ 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.

¹⁵ 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.

the level of impact on the patient and 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. Two organizations report the implementation of a “Patients in Motion” program, with goals to improve the functional mobility of patients with the help of volunteers. As improved outcomes are realized, it will be worthwhile to consider broader implementation of these programs and protocols across the LHIN.

Organizations in the NSM LHIN identified practices that address diversity, patient-centred care, safety, medical ethics, and physical accessibility. These foundational principles have been present in hospitals for many years, often implemented in response to accreditation standards and, in the case of accessibility, through building code and disability legislation. These generalized guidelines, however, do not often go far enough to fully meet the needs of frail seniors. Supportive practices are demonstrated by an organization that educates its staff on communication techniques that more effectively address seniors. The use of senior friendly design resources in physical infrastructure planning and development is another way to accommodate the needs of vulnerable seniors, by incorporating measures that assist with vision, communication, and dexterity barriers. There are opportunities to benefit marginalized and frail populations using these principles – health equity, patient- and family-centred care, patient safety, medical ethics, and physical accessibility – by incorporating elements that ensure the needs of seniors will be incorporated into this body of principles.

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; it will therefore be necessary to define meaningful indicators that all organizations can collect. The analysis of falls and pressure ulcer rates that was facilitated in this report illustrates this challenge. The range of data displayed a degree of variability between organizations, which limited the utility of system-level analysis. In developing indicators, it will be necessary to standardize definitions and reporting methods so that meaningful outcomes can be measured and evaluated across the hospital system. This will become ever more significant in the next steps of the Ontario Senior Friendly Hospital Strategy. A province-wide summary of leading practices, tied to best evidence on senior friendly hospital care, will guide the province and the LHINs in identifying specific areas of focus for improvement. The provincial report will also guide a task group assigned with the development of indicators to track improvement in senior friendly hospital care to be adopted by the province or by clusters of LHINs. In this evolving work, it will also be important to consider alignment with indicators associated with overarching quality agendas such as the Excellent Care for All Act, the Canadian Patient Safety Institute (CPSI), and accreditation processes.

The recognition of early and successful adopters of senior friendly care among organizations within the LHIN and eventually across the province can be a catalyst for innovation and knowledge exchange. Providing a convenient forum for this knowledge exchange will encourage and enable all organizations across the system to hone their policies and practices. This could include a web-based toolkit that has the facility for expansion and interaction, and periodic knowledge exchange

workshops with local and international experts. Working as a ‘system of innovation’ by facilitating opportunities for fruitful dialogue will serve to strengthen the senior friendly practice of all hospitals across the province.

Organizations in the NSM LHIN frequently cited limitations in financial resources as barriers to the broad execution of senior friendly activities. A commitment to allocate resources to implement programs that enhance organizational culture, operationalize evidence-based protocols, and improve physical spaces is an investment that will realize improved patient safety and staff productivity. It will be an ongoing challenge for organizations to find cost-effective solutions to progress toward a senior friendly state. Working toward the physical environment component of a senior friendly hospital, for example, is an 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 toward a senior friendly physical environment over time by ensuring that regular procurement and design decisions consider the needs of seniors. The case for “spending well” rather than “spending more” is well justified when the return on investment is the creation of a physical hospital environment that not only accommodates the needs of seniors, but also supports patients and visitors of all ages and disability levels. Knowledge sharing between organizations will be another important process in continuing to empower the adoption of successful practices. Innovative and cost-effective delivery of system-wide, frailty-focused education adds enduring value by breaking down attitude and culture barriers, whilst improving the tools and skills of the hospital workforce to better serve frail seniors. Additionally, improved inter-professional collaboration and greater confidence in building effective cross-sector partnerships will foster innovation and may even reveal unexpected efficiencies in the health system. 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. These changes, however, will improve the quality of care and health outcomes, and also lower costs for hospitals and the health system by reducing errors and adverse events, with the potential co-occurring benefit of lowering wait times and ALC days.

An additional benefit of system-level collaboration in the context of senior friendly care is that system-level efforts can more readily focus on expanding partnerships with health quality and advocacy organizations or other regulatory groups, creating synergies that drive quality of care. Building code or accessibility regulations are examples of areas where enhanced guidelines on the needs of frail seniors may be of considerable utility, as seniors are clients in organizations throughout the community, not just in hospitals. As the hospital system becomes more robust in its senior friendly processes, its role within the entire health care continuum – and within our communities in general – should be examined.

The successful flow of patients through the health system, particularly of vulnerable seniors, depends on practices that promote high quality care in every health care setting, along with fluid transitions that enable health system integration. The Senior Friendly Hospital Framework is a lens through which organizations can examine system pressures; its principles promote a culture of high-quality,

person-centred care. Through its culture, its practice, and its collaboration, 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 NSM LHIN

ORGANIZATIONAL SUPPORT

Human Resources Development

- *Clinical Educator Geriatrics (Georgian Bay General Hospital)* – a newly created role to facilitate education, informal leadership, and service planning of geriatrics services in the hospital

Collaborative Service Planning Committees

- *Senior Friendly Advisory Council (Collingwood General and Marine Hospital)* – a hospital service planning committee that includes community members in its membership

PROCESSES OF CARE

Specialized Services and Programs

- *Patients in Motion Program (Collingwood General and Marine Hospital, Muskoka Algonquin Healthcare)* – using volunteers to help keep patients active and improve their function and mobility while in hospital
- *Transitional Care Coordinators (Muskoka Algonquin Healthcare)* – integrating discharge planner with CCAC case manager roles to improve continuity of care
- *Transitional Discharge Model (Collingwood General and Marine Hospital and Waypoint Centre for Mental Health Care partnered with Wendat Community Programs)* – transitional support clinicians visit receiving facilities to ensure transfer of information and care plans at the new facility
- *Urgent Geriatric Clinic (Royal Victoria Hospital)* – a physician and nurse practitioner receive referrals to see high risk older adult patients

Creative Partnerships to Improve Health System Integration

- *Geriatric Outreach Partnership (Muskoka Algonquin Healthcare and the Algonquin Family Health Team)* – partnership with Outreach service in Family Health Team to provide follow-up for discharged patients

EMOTIONAL AND BEHAVIOURAL ENVIRONMENT

- *Bedside Communication Boards (Muskoka Algonquin Health Centre, Royal Victoria Hospital)*
- *Diversity Training (Waypoint Centre for Mental Health Care)* – promoting cultural awareness amongst staff
- *Friendly Faces Program (Orillia Soldier's Memorial Hospital)* – utilizing volunteers to provide recreation and social stimulation

ETHICS IN CLINICAL CARE AND RESEARCH

- *Consent and Capacity Algorithm (Orillia Soldier's Memorial Hospital)*

PHYSICAL ENVIRONMENT

- *Senior Friendly Environmental Audits (Collingwood General and Marine Hospital, Georgian Bay General Hospital, Royal Victoria Hospital)* – recommendations have included the implementation of design and equipment features to promote the safety, comfort and function of elderly patients

Appendix 1: Self Assessment Aggregate Responses

Self-Assessment Question	Aggregate Response (Percent of Hospitals Responding “Yes”)
A1. Does your hospital have an explicit priority or goal for senior friendly care in its strategic plan?	67%
B3. Do you have clinical staff who are formally recognized as geriatric champions within your hospital?	83%
C1.1. Has the Board of Directors made an explicit commitment to become a Senior Friendly Hospital?	33% (50% including those in progress)
C1.2. Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	67%
C1.4. Do you have a designated hospital committee for care of the elderly?	17% (33% including those in progress)
C1.5. Does your hospital monitor age-specific indicators of utilization and quality of care relevant to seniors at regular intervals?	50%
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?	40% penetration of protocols and metrics for listed clinical areas of risk
C2.7. Does your hospital offer any specialized geriatric services for older patients?	83%
C3.1. Do your staff orientation and education programs have defined learning objectives for senior care?	67%
C3.2. Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies?	0%
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?	17% (83% including those with generalized programs for all ages)
C3.4. What programs and processes do you have in place to support diversity among seniors and their families?	0% (83% have generalized 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?	33%
C4.1. Does your staff have access to an ethicist to advise on ethical issues related to care of older patients?	67%
C4.2. Does your hospital have a specific policy on Advance Care Directives?	100%
C5.1. Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines?	33% (50% including those in progress)

Appendix 2: Suggested SFH Indicators by NSM LHIN Hospitals

System Utility	Safety
<ul style="list-style-type: none"> • number of specialized geriatric programs – number of visits/referrals • number of seniors supported in their own home • number of seniors who return to their own home on discharge with a new CCAC referral or increased services 	<ul style="list-style-type: none"> • pressure ulcer prevalence • pressure ulcer incidence • falls incidence, falls severity/harm
Satisfaction	Quality
	<ul style="list-style-type: none"> • medication reconciliation • partnerships with external stakeholders in terms of implementation of senior friendly initiatives like the Home First program