

A Summary of Senior Friendly Care in Toronto Central LHIN Hospitals

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**REGIONAL GERIATRIC
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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 help guide work on the LHIN's priority of improving seniors' health and wellbeing through reducing their functional decline in hospitals.

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 wellbeing 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, including the organizational culture, accommodates and responds to seniors' physical and cognitive needs; promotes good health (e.g., nutrition, activation); is safe (e.g., prevents adverse events); and involves and supports all seniors, their families and caregivers to be full participants in their care. The aim is to enable seniors to regain their health after their acute care is completed, so that they can transition to the next level of care that best meets their needs – whether it is post-acute care, home care, community care or long-term care. The Senior Friendly Hospital Strategy will:

- Improve the health, wellbeing and experience of seniors in Ontario hospitals, thereby supporting decreased lengths of stay;
- Improve the capacity for older adults to live independently and thereby reduce readmission rates; and
- Result in a better use of health care dollars.

The first step in the Senior Friendly Hospital Strategy in the TC LHIN included the completion of a self-assessment by hospitals to identify promising senior friendly care initiatives, 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* and a *Self-assessment Template* that were distributed to all hospitals in the TC LHIN. Both 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 the TC LHIN hospital self-assessments represents a point in time snapshot of senior friendly hospital care in the LHIN. It identifies the strengths and areas for improvement in TC LHIN hospitals to help realize a system that promotes the independence of seniors and the provision of high quality care for older adults. As well, it identifies an array of practices and programs

in individual TC LHIN hospitals that are promoting senior friendly care that should be considered for broader adoption.

Seniors utilize a significant portion of hospital resources in the TC LHIN. In fact, seniors account for 44% of all acute inpatient days in Ontario, and 78% of acute alternate level of care (ALC) days in the TC LHIN. In addition, a substantial body of evidence shows that the hospital stay itself makes seniors more vulnerable to complications and loss of functional ability, thereby contributing to longer hospitalizations and ALC. One-third of frail seniors lose independent function as a result of hospital practices, half of whom are then unable to ever recover the function they lost.

The TC LHIN's Senior Friendly Hospital Strategy is designed to inform senior leaders in hospitals on how to modify the way care is organized and provided to older patients. Additionally, it is intended to emphasize the multiple dimensions of organizational change essential to achieve improved health outcomes for seniors. The TC LHIN will support hospitals to adopt the Senior Friendly Hospital Framework, and specifically to align needs and resources to achieve the framework and integrate measurable objectives into the hospital service accountability agreements. Moreover, the Senior Friendly Hospital Strategy provides concrete opportunities for hospitals to achieve their commitments related to the Excellent Care for All Act. It will be particularly important to consider alignment of indicators with reporting requirements for Excellent Care for All Act, the Canadian Patient Safety Institute (CPSI) and accreditation processes.

Results from the TC LHIN hospital self-assessments indicate that the need for senior friendly care is generally well acknowledged among hospitals in the TC LHIN. This was more explicitly expressed in the acute care sector, whereas hospitals in the rehabilitation and complex continuing care (CCC) sectors tended to incorporate eldercare principles within organizational strategies that focus on disability and complex chronic disease. While there is an implicit focus on older adults by virtue of the high proportion of seniors in the patient populations in these facilities, this has often not translated into an explicit and comprehensive plan for senior friendly care throughout the organization from design to care delivery to evaluation. Moreover, seniors' needs are changing. Seniors are living longer, and there is a higher degree of frailty and greater diversity among seniors than in the past.

In the self-assessments, TC LHIN hospitals describe several promising practices in their organizations that are important to highlight and share. These include making senior friendly care a strategic priority, forming leadership structures that are empowered to champion senior friendly care, having formal processes to solicit input from patients and the community, and having human resources policies that encourage continuing development in frailty-focused skills. On the whole, hospitals reported that the process of completing the self-assessment increased their awareness of the need for senior friendly care and encouraged discussion within the organization.

The self-assessment also examined the clinical processes of care that are particularly relevant to seniors. Falls, pressure ulcers, restraint use, and pain management were the clinical areas that were most often reported to have specific protocols and formal monitoring. In contrast, elder abuse, sleep

management, prevention of deconditioning (or functional decline), nutrition/hydration, and dementia-related behaviour management were less likely to have active protocols or metrics. The prevention of deconditioning was reported to be an emerging priority for TC LHIN hospitals. Education and practice that emphasize inter-professional teamwork were also identified as enablers to help meet the complex needs of frail seniors. Furthermore, creative partnerships and inter-organizational collaboration were often reported by hospitals, which allow them to expand their practice and expertise into the community. This helps to sustain discharges and prevent avoidable readmissions. The themes of teamwork and partnership, which were present in many of the promising practices, will be important to continue building continuity into the health care system as a whole.

The hospital care experience is influenced by the emotional and behavioural climate of an organization. All hospitals reported support for patient-centred care and patient diversity. However, it was not always apparent if a senior friendly lens had been applied to these approaches. Some promising practices identified in this analysis were the development of formal mechanisms to better engage patients and families in their own care, and the provision of facility-wide education to both clinical and non-clinical staff on the needs of seniors.

All hospitals in this survey reported having resources in place to address ethical challenges that arise during the provision of care. For instance, all were equipped with the services of an ethicist for consultation on challenging situations. It is important to ensure that staff are appropriately educated and supported to recognize and respond to unique ethical situations as they arise.

The physical environment was the most frequently identified barrier to providing senior friendly care reported by TC LHIN hospitals. Also, many organizations reported using accessibility legislation as their guide for physical infrastructure planning. There is a significant body of information regarding senior friendly environmental design^{1,2} and these principles go well beyond the requirements set forth in the Access to Ontarians with Disabilities Act (AODA). Ensuring that teams involved in developing, purchasing, and maintaining elements of the physical facility are informed on senior friendly design will promote the ongoing development of a physical environment that meets the needs of seniors and other frail populations.

The current state of senior friendly hospital care in the TC LHIN includes many promising practices as well as important opportunities for improvement. All hospitals identified the importance of health equity, patient-centred care, safety, medical ethics, and accessibility in their organization. These foundational principles have been present in hospitals for many years, often through accreditation processes, and, in the case of accessibility, through legislation. There is an opportunity to translate these core principles into specific strategies to more fully meet the needs of frail seniors. The

¹ Parke B, and Friesen K (2008). *Code Plus: Physical Design Elements for an Elder Friendly Hospital*. Fraser Health Authority

² Frank C, Hoffman J, and Dickey D (2007). Development and Use of a Senior Friendly Hospital Environmental Audit Tool. *Canadian Journal of Geriatrics* 10(2): 44-52.

identification of senior friendly indicators will provide feedback to guide the development and continued refinement of care and service across the system. Teamwork and partnerships were frequently highlighted as enablers of success, and will serve to enhance system integration and performance. Key to achieving senior friendly care is developing and supporting avenues for knowledge sharing to ensure that hospitals across the TC LHIN and across the province can learn from each others' innovations and work collaboratively to improve the quality of care for seniors in acute care.

2. The Toronto Central LHIN Senior Friendly Hospital Strategy

BACKGROUND

The Toronto Central Local Health Integration Network's (TC LHIN) 2010-2013 Integrated Health Service Plan (IHSP-2) presents a focused strategy to improve local healthcare services and to help ensure consistent and coordinated services across the province. In the IHSP-2, 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 from the hospital 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 ALC beds. Moreover, a systematic approach to improving hospital processes and the environment for seniors will contribute to hospitals' 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 comprising of representatives from acute, rehabilitation and CCC hospitals as well as the Community Care Access Centre. The work of the Task Group incorporated feedback from the TC LHIN Seniors Advisory Panel and Health Professionals Advisory Committee. The core responsibility of this Task Group is to advise the TC LHIN on priorities and approaches to reduce the risk of seniors' functional decline while in hospital. This included providing expert advice on the background document, *Senior Friendly Care in TC LHIN Hospitals*³, a senior friendly hospital self-assessment template, and this summary report of senior friendly care in TC LHIN hospitals.

The Regional Geriatric Program (RGP) of Toronto produced the aforementioned background document that describes a five-domain framework for senior friendly hospitals endorsed provincially by the RGPs of Ontario. The framework serves as a roadmap to quality improvement, defining the key areas for attention in order to optimize the care of older adults in hospital. 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.

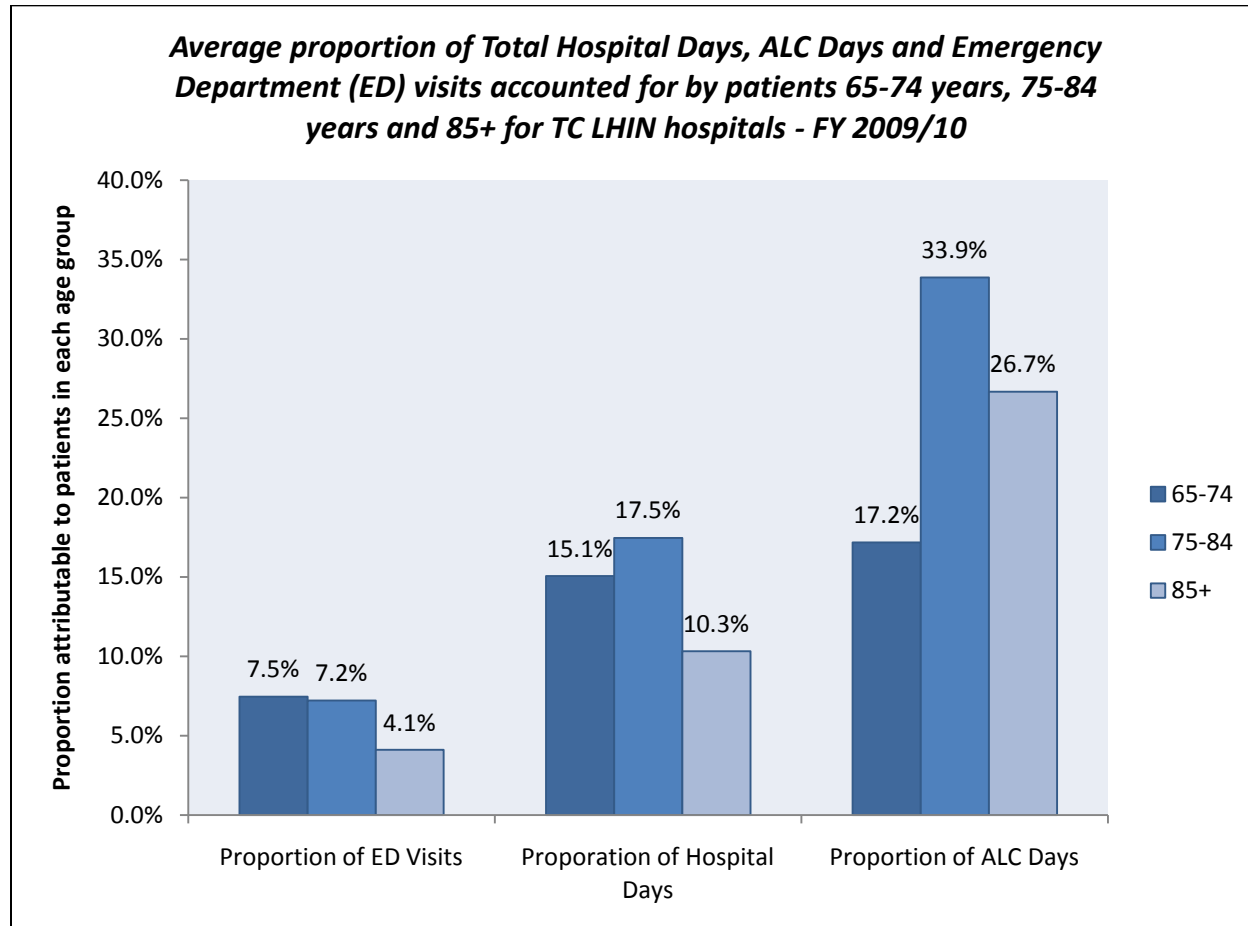
CONTEXT

The proportion of seniors in the TC LHIN and this population's frequent hospital usage is one reason that the Senior Friendly Hospital Strategy is imperative in producing healthy communities. Data from Intellihealth Ontario indicates that close to 19% of TC LHIN's ED visits are attributable to seniors. In addition, seniors account for 44% of acute hospital days, and 78% of acute ALC days in the TC LHIN (Figure 1). Closer examination of this data reveals other age-related patterns of utilization. When comparing the rate of ED visits in those aged 65 to 74 years, 75 to 84 years, and 85 years and older, the largest proportion of ED visits is accounted for by the youngest group of seniors (Figure 1). In contrast, a higher proportion of hospital days and ALC days are attributable to the older age groups (Figure 1). Among seniors, the older age groups are projected to have the fastest rate of population

³ The Regional Geriatric Program of Toronto (2010). *Background Document: Senior Friendly Care in Toronto Central LHIN Hospitals*. Toronto: Toronto Central LHIN.

growth in the province⁴. This suggests that the pressures existing now in managing hospital length of stay and ALC rates will increase significantly unless mitigating strategies are implemented.

Figure 1



The TC LHIN’s Senior Friendly Hospital Strategy is designed to inform senior leaders in hospitals on how to modify the way care is organized and provided to older patients. Additionally, it is intended to emphasize the multiple dimensions of organizational change essential to achieve improved health outcomes for seniors. TC LHIN will support hospitals to adopt the Senior Friendly Hospital Framework, and specifically to align needs and resources to achieve the framework and integrate measurable objectives into the hospital service accountability agreements. Moreover, the Senior Friendly Hospital Strategy provides concrete opportunities for hospitals to achieve their commitments in the Excellent Care for All Act.

⁴ Ontario Ministry of Finance (2010). *Ontario Population Projections Update: 2009-2036 Ontario and its 49 Census Divisions*. Toronto: Queen’s Park Printer for Ontario

3. Conceptual Underpinning – The Senior Friendly Hospital Framework

The Senior Friendly Hospital Framework describes a comprehensive approach that is to be applied to organizational decision making. Recognizing the complexity of frailty, and the vulnerability of seniors to the unintended consequences of hospitalization that may compromise their function and well-being, the senior friendly hospital has 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 Regional Geriatric Programs 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. The 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 is respectful of the unique needs of the patient and their caregivers, thereby maximizing satisfaction and the quality of the hospital experience.
- 4) **Ethics in Clinical Care and Research** – Care provision and research is provided in a hospital environment which possesses the resources and the 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 which 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 TC LHIN. While all five components of the Senior Friendly Hospital Framework are required for optimal outcomes, it is recognized that a staged approach to change may be more feasible and practical in its implementation.

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 care in TC LHIN. Hospital across TC LHIN completed a self-assessment on how senior friendly their hospital is. With questions structured around the Senior Friendly Hospital Framework, the *Self-assessment Template* gauged each organization's level of commitment, their efforts to date, and their perceived challenges and needs in becoming a senior friendly hospital. This first step in mapping senior friendly hospital efforts proved valuable in identifying promising practices across the LHIN, as well as some of the challenges in providing optimal care and the opportunities for improvement.

4. Goals of the Self-assessment Summary

- To serve as a summary of the current state of senior friendly care in TC LHIN
- To acknowledge innovative practices in senior friendly care
- To identify hospital and system-level improvement opportunities
- To promote knowledge sharing of innovative practices

5. Methods

In the summer of 2010, TC LHIN hospital CEOs received the background document, *Senior Friendly Care in Toronto Central LHIN Hospitals*, along with the *Self-assessment Template*, both built on the structure of the RGP's Senior Friendly Hospital Framework. Within three months of delivery, self-assessments from six general acute care hospitals, seven Rehabilitation/CCC hospitals, one ambulatory care-focused hospital and one mental health hospital were submitted to the TC LHIN (Figure 2).

Each self-assessment was read and analyzed by three independent reviewers (two from the Regional Geriatric Program of Toronto, one from the TC LHIN). The exploratory nature of this report required qualitative self-assessment responses which, in turn, necessitated subjective interpretation. This called for some degree of contextual familiarity with the services provided within the system in which the organizations perform. Although the self-assessment submissions were examined by each reviewer independently, consensus was reached without difficulty.

Hospital responses were examined for common themes and innovative practices, and where appropriate, they were aggregated to provide a system view. Like the self-assessment template, the analysis was structured on the Senior Friendly Hospital Framework, which facilitated the identification of common areas of focus, strengths, and opportunities for improvement. The Senior Friendly Task Force reviewed the aggregate results of the self-assessment analysis and provided feedback on system-level initiatives and key enablers to help ensure success of the Senior Friendly Hospital Strategy in meeting the physical, emotional and psychological needs of seniors in hospital.

In addition to the system-level promising practices and opportunities for improvement that this report highlights, each hospital received an individualized feedback letter. This letter included a summary of the hospital’s responses, the aggregate responses of hospitals in their sector, and the aggregate responses of all TC LHIN hospitals. The feedback also highlighted the hospital’s innovative practices and opportunities for improvement in providing Senior Friendly Hospital Care in TC LHIN.

Figure 2

<i>Senior Friendly Hospital Strategy Self-Assessment: TC LHIN Participating Hospitals</i>		
Acute Care Hospitals*	Rehabilitation & CCC Hospitals*	Mental Health & Ambulatory Hospitals*
Mount Sinai Hospital St. Joseph’s Health Centre St. Michael’s Sunnybrook Health Sciences Centre Toronto East General Hospital University Health Network	Baycrest Bridgepoint Health Providence Healthcare Runnymede Healthcare Centre Toronto Grace Health Centre Toronto Rehab West Park Healthcare Centre	Centre for Addiction and Mental Health Women’s College Hospital
*Throughout report: Acute Care & Mental Health & Ambulatory Hospital figures indicated as Acute/Other in green, Rehabilitation & CCC Hospital figures indicated as Rehab/CCC in purple, All Hospital figures indicated in blue.		

6. Limitations of the Analysis

It is important to acknowledge the limitations of the current analysis of senior friendly hospital care in the TC LHIN. First, the self-assessment template was not developed to perform a detailed environmental scan; and therefore, this report is not intended to be a comprehensive comparison of all TC LHIN hospital services for seniors. In highlighting their successes, organizations may not have included all relevant activities; there are likely unreported services and activities that, with respect to senior friendly care, are worthy of mention. As above, the heterogeneous areas of focus of TC LHIN hospitals (acute care, complex continuing care, rehabilitation, ambulatory care, mental health and geriatric care) added a layer of complexity to aggregating self-assessment data while maintaining clarity on the role each organization plays in the hospital sector.

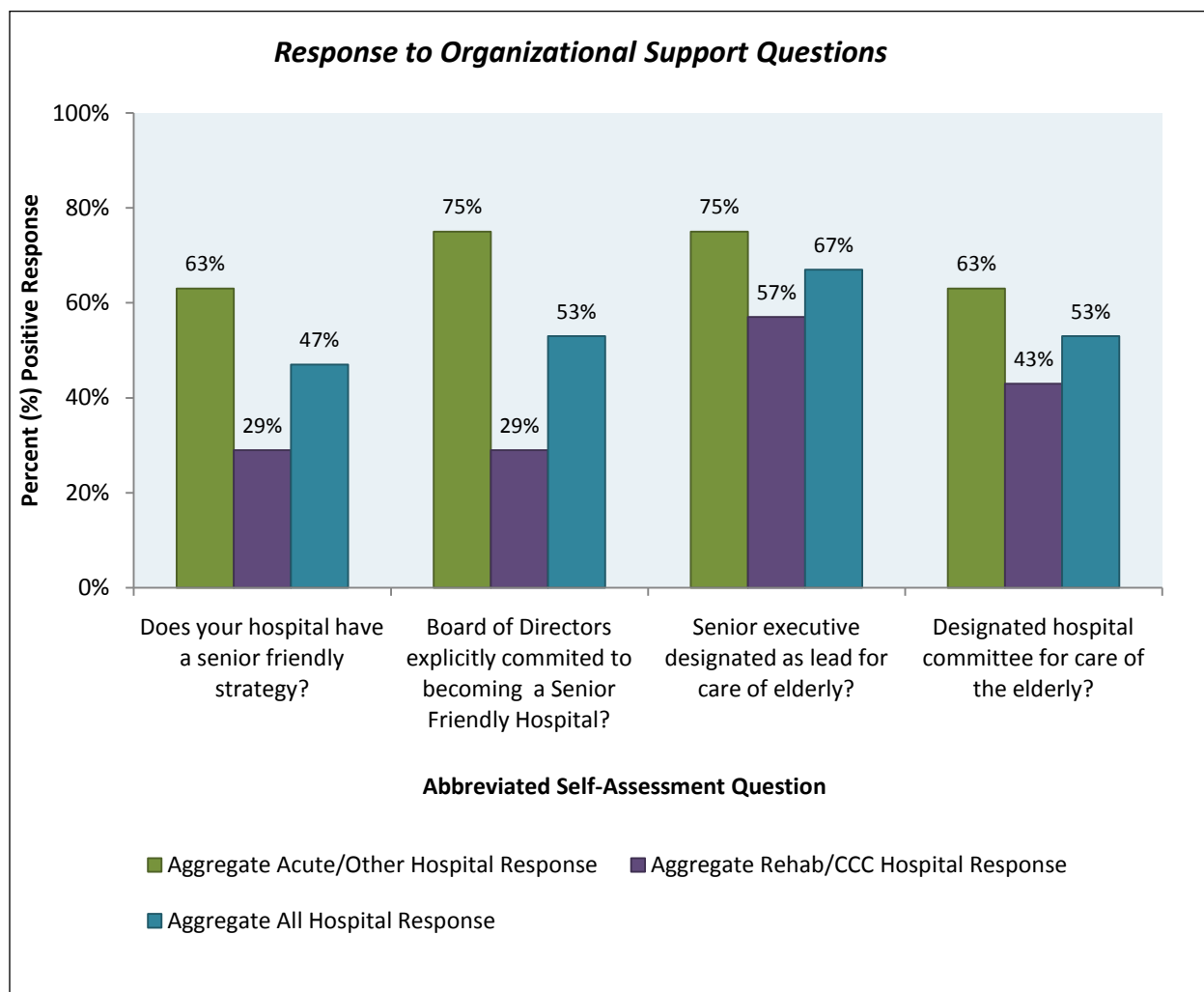
7. Findings

7.1: ORGANIZATIONAL SUPPORT

There exists broad commitment among TC LHIN hospitals to become senior friendly. Most acute care hospitals have endorsed a senior friendly strategy and have established, or are in the process of establishing, a leadership structure to support this goal (Figure 3 and Appendix 2). The majority of hospitals in the rehabilitation/CCC/ambulatory care sector indicated that eldercare principles are

embedded in their organization’s priorities as a result of the high proportion of seniors in their clinical caseloads. However, not all of these hospitals have adopted an explicit senior friendly strategy or have enabling structures, such as executive leadership champions or senior friendly designated committees, to support senior friendly care (Figure 3 & Appendix 2). It became evident that having implied eldercare priorities, by virtue of the patient population, did not necessarily ensure that comprehensive senior friendly practices were in place.

Figure 3



To become senior friendly, TC LHIN hospitals universally expressed an interest in recruiting and/or developing staff with high levels of training and skill in the geriatrics competencies. TC LHIN hospitals also expressed a number of common challenges regarding health human resources planning. The challenges included: an aging workforce and the resulting anticipated retirements, a multi-generational workforce that poses challenges for inter-professional collaboration, and an overall shortage of geriatricians and other health professionals with specialty training in geriatrics. For instance, one organization estimated that 40% of their program nursing staff would be eligible for

retirement within three to five years. Strategies that have been implemented or that are needed to mitigate these challenges include: supporting in-house or external training programs, providing additional tools for caring for older adults, implementing volunteer-based programs, reallocating roles to better conform with the patient population (e.g., shifting therapeutic recreation to include evening and weekend hours), and promoting collaboration and inter-professional practice.

Organizational policies and procedures, including human resource practices, demonstrate the commitment of a hospital to meeting the needs of this population. Hospitals reported examining and revising human resources practices as a mechanism to advance senior friendly care in their organization. For instance, hospitals can help to ensure that all staff provide high quality service to seniors by updating employee job descriptions and performance review processes to include applicable senior friendly care elements. This could include reflection on the provision of senior friendly care or a requirement for continuing education in eldercare. One organization indicated that they are updating clinical job descriptions to include a responsibility to provide appropriate and sensitive care to older patients. In adopting these practices, it should be recognized that the intention is not to create silos of practice that exclude other patient populations but, rather, to bring knowledge and benefit to the work of caring for all patients who present with frailty and significant care needs.

The organizational support domain also examines the formal structures in place to solicit input from seniors, families, and partnering agencies in the development of hospital programs and services. A number of hospitals in the TC LHIN utilize formal processes to accomplish this, which range from durable committee structures, to periodic information gathering through patient forums or interviews, to written patient satisfaction surveys (Figure 4). Notably, six of 15 hospitals reported that they engaged community groups and partners to help define their strategic directions. For instance, the senior leadership team of one organization liaises with a population panel that includes hospital leaders, community service providers, and community seniors, to guide program and strategy development. However, it was also evident that there was a tendency to rely on clinical processes, such as family meetings and direct conversations, to solicit feedback. Establishing formal processes to solicit community feedback is an encouraging practice, and the resulting processes should be evaluated with respect to their impact on patient and stakeholder satisfaction.

Figure 4

<i>Various Methods Reported by Hospitals for Soliciting Input from Older Patients</i>	
Method for Soliciting Input from Older Patients	Number of Hospitals That Reported Using Method
Satisfaction Surveys	11
Consultation/Interview	9
Durable Committee Structures	8
Patient Relations	3
Feedback from Partnering Agencies	2
Discharge Phone Call Program	1
Town Hall Meetings	1

Organizational Support – Promising Practices

- *Cross-program task groups/steering committees with meaningful influence to guide organizational strategic direction and carry out senior friendly care initiatives*
- *Educating all staff, including senior leadership, on the needs of older patients in order to create an organizational culture that empowers senior friendly care*
- *Innovative programs for human resource development including education support and actual mechanisms to encourage geriatrics skills development in job descriptions and performance reviews*
- *Inviting stakeholders such as patients, family/caregivers, and community partners to committees or information sharing sessions that provide input to hospital committees on program development*

7.2: PROCESSES OF CARE

The *Self-assessment Template* listed a number of known clinical areas of risk for hospitalized seniors, and asked hospitals whether they have active protocols and/or metrics in these key clinical areas. In the CCC sector, there are mandatory reporting requirements for a number of clinical areas, including falls, incontinence, pressure ulcers, restraint use, pain, and behavioural problems. This may explain, at least in part, why the self-assessment data for rehabilitation/CCC facilities indicated active monitoring of clinical variables, namely continence and dementia-related behaviours, in the absence of having a clinical protocol in place (Figure 5b). Analysis of the self-assessment submissions also highlighted that certain clinical issues have received more focus in the past compared to others. Falls, pressure ulcers, restraint use, and pain management are clinical areas that were most frequently given the attention of a clinical protocol or monitoring procedure (Figure 5a, 5b, 5c). In fact, 100% of TC LHIN hospitals reported having protocols for both falls and pressure ulcers (Figure 5a, 5b and 5c). Conversely, elder abuse, sleep management, prevention of deconditioning, nutrition/hydration, and dementia-related behaviour management were reported less frequently as having an active protocol or monitoring procedure in place (Figures 5a, 5b and 5c).

Figure 5a

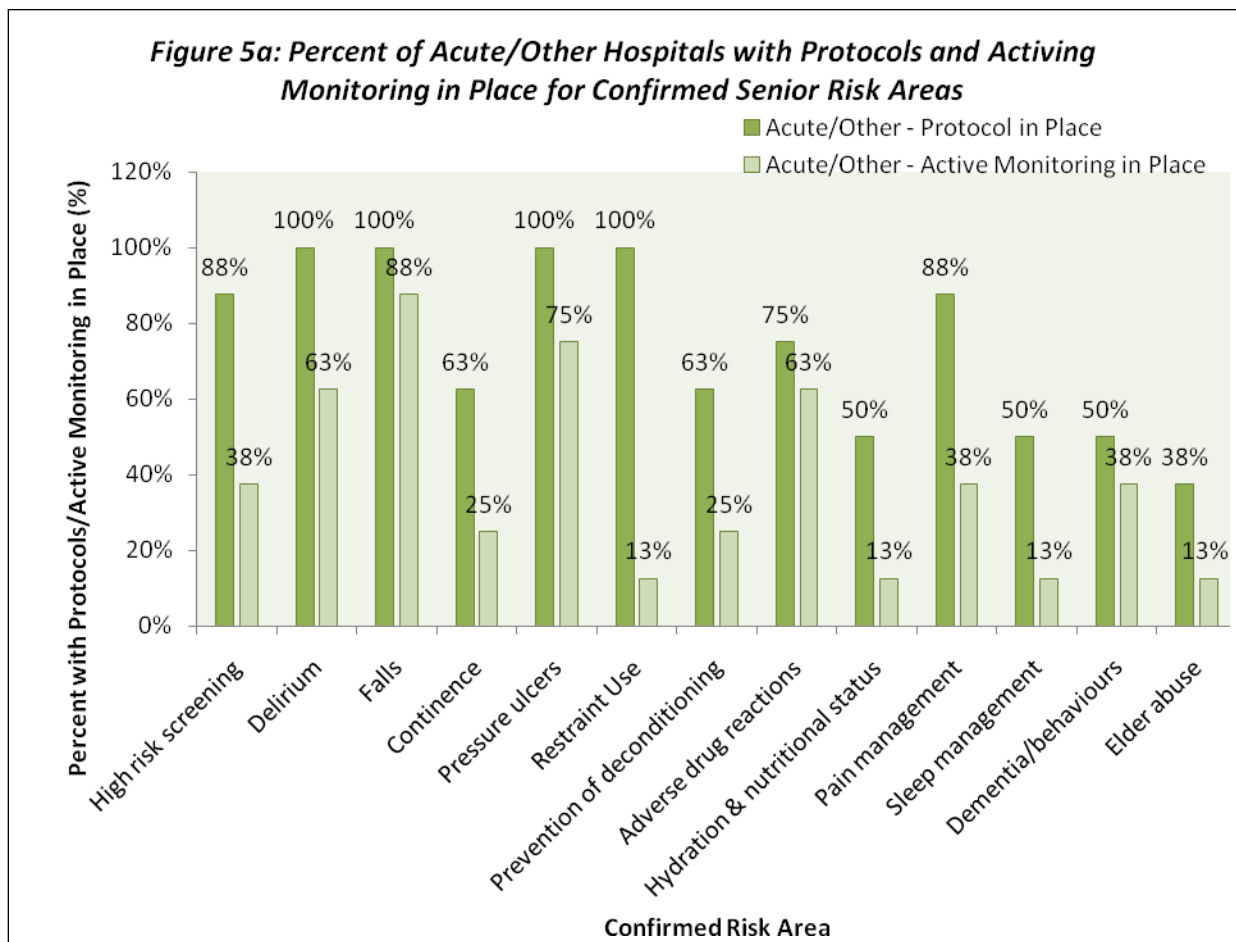


Figure 5b

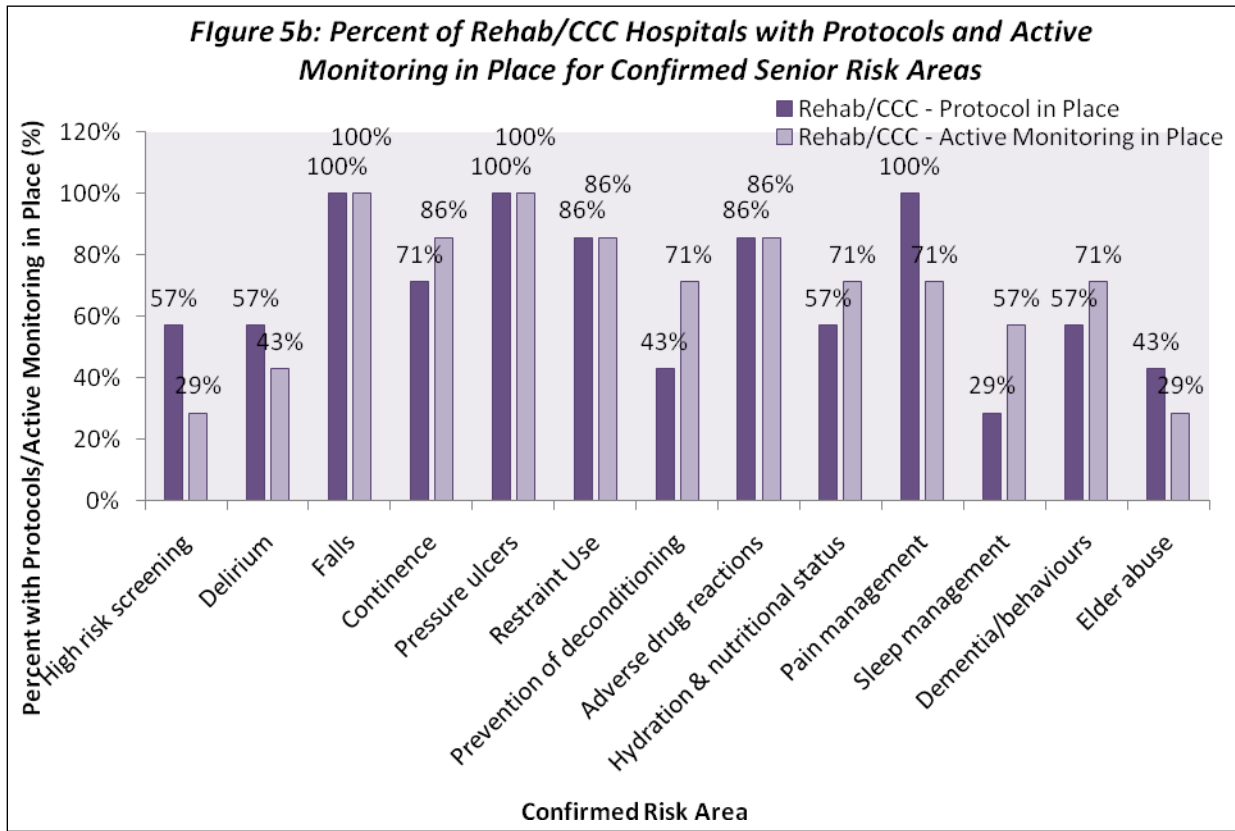
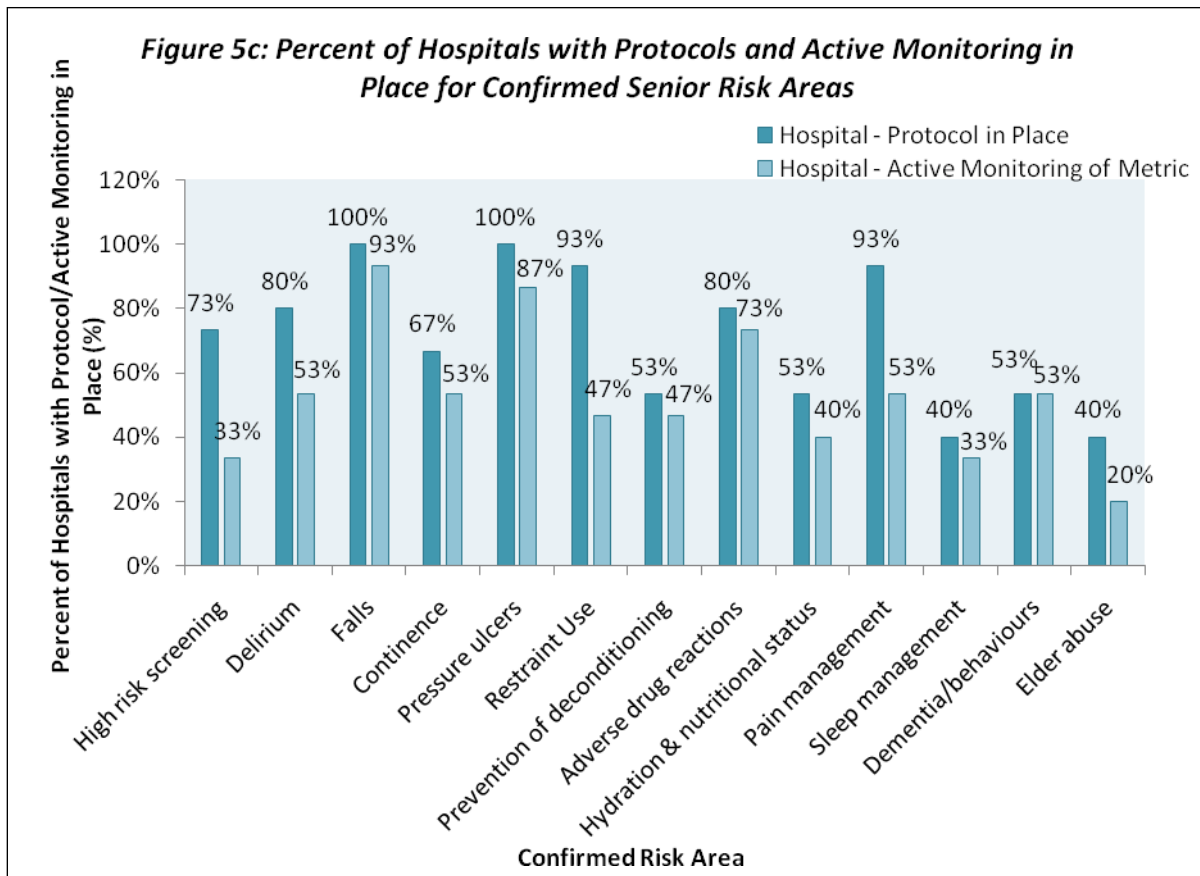


Figure 5c



This observation is consistent with a recent study of geriatric ‘quality indicators’ for hospital care⁵. In the study, there was a significantly higher rate of compliance with quality indicators for general medical care (e.g., pain, venous thromboembolism, nutrition and discharge planning) versus geriatric-specific care indicators (e.g. delirium, dementia, pressure ulcers and physical function). This identified a care gap for common geriatric issues arising in hospital.

Figure 6

Top 5 Senior Friendly Care Priority Areas*
Optimizing Clinical Processes Composed of: <ul style="list-style-type: none"> ▪ Functional Decline (5) ▪ Falls (3) ▪ Delirium (3) ▪ Other: Dementia, Skin/Wound Care, Hospital-acquired Health Problems, Mental Health, Holistic/Recovery Focus, Depression, End of Life Care
Collaborative Inter-professional and Inter-Service care
Physical Environment and Accessibility
Accountability and Metrics
Ambulatory/Community Settings
<i>*The number in parenthesis indicates the number of hospitals, out of 15 total hospitals, that reported a given priority area</i>

The prevention of functional decline, a priority outlined in the TC LHIN’s IHSP-2, is a clinical area that is emerging as a priority among TC LHIN hospitals. When asked to report on senior friendly care priorities, optimization of clinical processes was one of the two most frequent themes and, of these processes, the prevention of deconditioning was reported most often (Figure 6). This suggests recognition of a need to implement safe, early mobilization and functional activation protocols, and to measure hospital efforts in the prevention of functional decline. While the identification of clinical priorities is an important step, there is work ahead for hospitals to continue to ensure compliance with these and other protocols so that clinical processes of care will continue to be refined and improved outcomes will continue to be realized.

Supportive transitions and discharge planning are key features of senior friendly hospital care and consequently, hospitals were asked to report on their practices in these areas. TC LHIN hospitals reported a number of practices as enablers of successful transitions for seniors. Initiating discharge planning early on in admission, often with the help of inter-professional rounds, was reported to be a success factor. More significant; however, was the creation of formal partnerships – often with associated community service agencies – to enable innovative discharge strategies. Another exciting

⁵ Arora VM, Johnson M, Olson J, 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.

new initiative was the development of ‘virtual ward’ programs, which provide follow-up services in the community to prevent hospital readmissions. A focus on partnerships to provide community follow-up and to protect the integrity of hospital discharge plans was clearly evident across the TC LHIN hospital sector. Fostering skills in 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.

The self-assessment also inquired about senior friendly practices in the ED. The successful practices that were reported tended to cluster into themes. First, hospitals reported practices involving the availability of specialized expertise in the ED. In addition to having access to geriatric emergency management (GEM) nurses, having the capacity for mental health assessments and physiotherapy and/or occupational therapy assessments were valued commodities in the ED. Ongoing educational initiatives, in mental health and in the prevention of delirium for instance, are important capacity builders and highlight the skill sets that are needed in the ED. Formal partnerships emerged once again with two main purposes: (1) to avert unnecessary admissions by allowing ED screening and assessment expertise to expand into the community (e.g., long-term care home outreach teams) and (2) to enable supported discharge home from the ED (e.g., Home First, Home at Last, community care partnerships, virtual ward collaborations).

Processes of Care – Promising Practices

- *The identification of converging priorities in clinical practice amongst TC LHIN hospitals, such as the prevention of deconditioning, will be a catalyst for the development and implementation of innovative protocols*
- *The provision of inter-professional education and practice initiatives to facilitate knowledge sharing, promote individual skill sets, and improve team performance in order to better manage the complexities of frail seniors in geriatric clinical practice*
- *The fostering of creative and effective inter-organizational partnerships to expand the reach of specialized practice, to improve follow-up in the community, and to thereby enable system integration*

7.3: EMOTIONAL AND BEHAVIOURAL ENVIRONMENT

All hospitals reported having programs in place that promote client-centred care and cultural diversity. However, the nature of the programs appeared to be general, as there was infrequent mention of the program's senior-specific aspects, or mention of whether the programs were developed to include elements that address the unique needs of seniors. Nine of 15 hospitals indicated that there were senior-specific components within their patient satisfaction questionnaires – a practice that may help to identify specific opportunities for improvement in the patient experience. One organization described an assessment used upon admission to determine a patient's preference for being involved in their own care. Another reported early interaction between patients and families with unit managers to mutually determine care expectations and family supports and involvement. Optimizing the engagement of patients (and their families) in their own care is a practice associated with improved health outcomes and patient satisfaction⁶. Consequently, hospitals may be able to achieve improved outcomes by implementing initiatives that help hospital staff identify and use mechanisms that optimize the participation of older patients and their families in their care.

A senior's experience in the hospital typically involves contact with clinical and non-clinical staff at various levels of the organization. Education of staff in all hospital roles helps to foster a senior friendly emotional and behavioural environment, as described in the senior friendly care backgrounder. Across the TC LHIN there are a number of promising practices for broad-based education that can help create an organization-wide, senior friendly environment. One organization described a multi-tiered education program adapted from the Nurses Improving Care of Health system Elders (NICHE) program at Hartford University. In this model, non-clinical staff are educated to increase their awareness of the needs of older adults in staff-patient interactions. All clinical staff are trained on the physiological changes associated with aging and on the hazards of hospitalization, while a smaller number of clinical staff are furnished with a more comprehensive curriculum to develop into front-line geriatric clinical leaders. There is also a training component for hospital volunteers who interact with seniors. Another organization listed an education initiative that was inclusive of clinical and non-clinical staff, as well as senior leadership. These organization-wide initiatives are commended for their broad inclusiveness, as it is essential for a senior friendly culture to be well ingrained from the top levels of leadership to front-line service and support staff.

⁶ Brown J (2004). *Patient-Centred Collaborative Practice*. Ottawa: Health Canada.

Emotional and Behavioural Environment – Promising Practices

- *Incorporating senior-specific elements into quality programs, such as satisfaction surveys, client-centred care initiatives and diversity programs in order to optimize care and service practices in a manner that is inclusive of seniors*
- *Implementing educational initiatives across the entire organization that focus both on clinical and non-clinical aspects of elder care and service*
- *Having processes early in admission that help staff find opportunities to optimize the engagement of older patients and families in their own care*

7.4: ETHICS IN CLINICAL CARE AND RESEARCH

As highlighted in the senior friendly care backgrounder, complex ethical issues arise daily when caring for older patients; therefore, it is important for hospitals to ensure structures are in place that enable practitioners to take a thoughtful and consistent approach to these challenges. All hospitals across the TC LHIN reported having appropriate human resources and processes designed to deal with ethical challenges in hospital health care encounters. For instance, all organizations have available to them the services of an ethicist who can provide advice and consultations for complex ethical issues that emerge. There was also a great deal of consistency in the ethical challenges identified by hospitals that are related to the care of older adults; these are listed below in order of the frequency in which they were reported:

- Capacity assessments – competence to consent to treatment
- End of life care issues
- Discharge issues – balancing safety and autonomy
- Conflicts arising with substitute decision making
- Advance directives

Other issues mentioned less frequently include nutrition/hydration challenges, abusive or aggressive situations, alternate level of care issues, intimacy/sexuality issues, and inter-professional decision making. While organizations across the TC LHIN demonstrate the resources and an appropriate structure to respond to ethical challenges, they are encouraged to ensure that staff are appropriately educated on relevant issues and are given the capacity and support to leverage these resources and manage unique ethical situations as they arise.

7.5: PHYSICAL ENVIRONMENT

When asked to identify barriers to senior friendly care, the most frequent response across the TC LHIN was the hospital physical environment. While many organizations reported elements of senior friendly design in existing facilities and new capital developments, less than half of the 15 hospitals had completed a senior friendly environmental audit that utilize evidence-based resources. There is a significant body of information regarding senior friendly environmental design^{7,8} and these principles go well beyond the requirements set forth in the Access to Ontarians with Disabilities Act (AODA). Recognizing that capital improvement projects and significant infrastructure renewals are an ongoing, long-term undertaking, it is important that staff involved in capital development and physical infrastructure have training and access to resources on senior friendly environmental design, so the cumulative effect of capital decisions is a senior friendly hospital physical environment. There is also an emerging 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

- The use of evidence-based senior friendly design principles in auditing the physical environment and in future capital planning and infrastructure developments

⁷ Parke B and Friesen K (2008). *Code Plus: Physical Design Elements for an Elder Friendly Hospital*. Fraser Health Authority
⁸ Frank C, Hoffman J, and Dickey D (2007). Development and Use of a Senior Friendly Hospital Environmental Audit Tool. *Canadian Journal of Geriatrics* 10(2): 44-52.

8. Looking Ahead – Moving toward Senior Friendly Hospital Care in the Toronto Central LHIN

Completing the hospital self-assessments and the ensuing analysis of the submissions has resulted in a summary of the current state of senior friendly hospital care in the TC LHIN. It has also helped to identify key enablers that will facilitate continuous improvement in the LHIN and across the broader health care system.

The need for senior friendly care is generally well acknowledged among hospitals in the TC LHIN, although an explicit organizational commitment was not consistent across the hospital system. Most hospitals in the acute care sector have or are forming leadership structures to guide the development of senior friendly services. Even when a formal organizational strategy to become senior friendly was not specifically reported, rehabilitation and CCC hospitals recognized, for the most part, the importance of providing care that is sensitive to the needs of seniors. Independent of the improvement initiatives to come, the process of completing the self-assessment alone was reported to benefit the hospitals. In more than one case, it was said to “re-ignite” the review of internal processes that affect senior friendly care. In fact, a member of senior leadership at one organization was designated as the hospital eldercare lead soon after completing this self-assessment process. On the whole, organizations reported that the self-assessment was a helpful exercise that allowed them to reflect on their strengths as well as on their areas for improvement.

Most organizations are familiar with published best practice guidelines. As an illustration, 100 percent of hospitals in the TC LHIN reported having protocols in place for falls and wound care, two areas of practice for which there are well developed, evidence-based guidelines. The report also identified a number of clinical challenges where there has been less thorough adoption of protocols and best practice. Further opportunities exist to hone practice in the areas of sleep, nutrition and hydration, management of dementia-related behaviours, and prevention of functional decline as well as to measure improved outcomes in safety and quality of care once appropriate processes are in place.

To measure the improvement in the quality of care for seniors, it will be important to establish senior friendly indicators. The issues in geriatric care require complex interventions; therefore, the challenge will be to define meaningful indicators that all organizations can collect. It will be important to consider alignment of these indicators with reporting requirements for overarching quality agendas such as those described by the Excellent Care for All Act, the Canadian Patient Safety Institute (CPSI) and accreditation processes.

All organizations identified the importance of health equity, patient-centred care, safety, medical ethics, and accessibility in their organization. These foundational principles have been present in hospitals for many years, often through accreditation processes and, in the case of accessibility, through legislation. Often, these general guidelines are insufficient to fully meet the needs of frail seniors. For instance, one hospital reported having members of its Elder Care Committee involved in formal organizational structures responsible for accessibility planning. There is an opportunity 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 senior friendly care principles into this body of principles.

The identification of senior friendly champion organizations – early and successful adopters of senior friendly care – across the LHIN and eventually across the province, can be an impetus for knowledge exchange and the sharing of innovation. Providing a convenient forum for this knowledge exchange will encourage and enable all organizations across the system to hone their own policies and practices. This could take the form of a web-based toolkit that has the facility for expansion and interaction, or periodic knowledge exchange workshops inviting local and international experts. Working as a ‘system of innovation’ by facilitating opportunities for fruitful dialogue will serve to strengthen the practice of all hospitals in the province.

An additional benefit of system-level collaboration in the context of senior friendly care is that the system-level efforts can more readily focus on expanding partnerships with health quality and advocacy organizations or other regulatory groups, helping to create synergies that drive quality of care. Building code or accessibility regulations are examples of areas where 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.

Several hospitals reported that financial resources are a barrier to providing senior friendly care. Working toward the physical environment component of a senior friendly hospital could require new capital, building and renovation expenditures (e.g., external surfaces/crosswalks, speed bumps, furniture and signage). However, it is important to note that hospitals can also move toward providing senior friendly environments over time by ensuring that regular procurement and design decisions are made considering the needs of seniors. Where additional investments are made, the return on investment is the creation of a physical hospital environment that not only accommodates the needs of seniors, but is also friendly for people of all ages and disability levels. These changes not only improve the quality of seniors’ care and seniors’ health outcomes, but also reduce costs to hospitals and the health system through lowering ALC and costly errors and adverse events.

Additionally, perceived barriers in attitude and culture were identified and challenges in health human resources were evident. 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. However, hospitals reported innovations in frailty-focused education, which can serve to break down the barriers in attitude and culture. Additionally, improved inter-professional collaboration and greater confidence in building effective cross-sector partnerships will foster innovation and possibly uncover unrealized efficiencies in the health system, helping to mitigate resource barriers.

The flow of patients through the health system, particularly the flow of vulnerable seniors, depends on practices that promote high quality of care in every health care setting, fluid transitions, and health system integration. The Senior Friendly Hospital Framework is a lens for organizations to use to address these system pressures, which includes a culture that promotes high-quality, person-centred care. Through its culture, practice, and collaborations, the senior friendly hospital will work as a partner in the health care system to allow older adults to maintain their function and to age at home as independently as possible.

9. Highlights of Innovations Across the TC LHIN

ORGANIZATIONAL SUPPORT

Organization-Wide Education

- *Geriatric Learning Series (Toronto East General Hospital)* – a hospital-wide education program to address the needs of the elderly
- *Interprofessional Geriatric Education Program (Mount Sinai Hospital)* – a NICHE (Nurses Improving Care of Healthsystem Elders) adapted education program tailored for 3 areas of hospital staff (non-clinical, clinical, and front-line clinical resource staff) and volunteers

Health Human Resources

- *Staff role profiles (Runnymede Health Centre)* – job descriptions and performance review processes are revised to include reflection and continuing skills development in geriatrics

Consultation for Development of Strategy and Programs

- *Seniors Population Panel (St. Joseph's Health Centre)* – assists in hospital program development and includes members of partner agencies, patient and family representatives, hospital staff, and physicians

PROCESSES OF CARE

Clinical Care Protocols and Pathways

- *Driving and Low Vision Assessments (Toronto Rehab)*
- *Fractured Hip Rapid Assessment and Treatment (FHRAT) rehab program (Toronto Rehab, West Park Healthcare, Bridgepoint Health)* – program is inclusive of cognitively impaired patients
- *Implementation of Releasing Time to Care™ Process (St. Joseph's Health Centre)* – a process developed by the NHS Institute (UK) designed to increase clinicians' direct patient care time across all departments, which is emerging as an enabler to senior friendly care
- *Inter-Professional Prevention of Delirium (IPPOD) in the ED (Sunnybrook Health Sciences Centre)* – an education initiative to address delirium in the ED
- *SPICCES Risk Screening Tool (Sunnybrook Health Sciences Centre)* – a screening tool employed within eight hours of admission to general medicine
- *“Stoplight” Discharge Planning pilot project (Mount Sinai Hospital)* – a planning and communication system designed to predict and prepare patients for discharge
- *24- hour pain and symptom management (Toronto Grace Hospital)* – by providing access to palliative care physicians

Creative Partnerships

- *Community Consultation Support for Discharged Patients (Toronto East General Hospital and Community Care East York)* – a program to help link discharged patients with available community support resources
- *Community Hip and Knee Assessments (Mount Sinai Hospital and Scadding Court Community Centre)*
- *Emergency Mobile Nurse Service (University Health Network and 23 long term care homes)* – provides assessment and capacity building in long-term care homes to avert ED admissions
- *Geriatric Mental Health Outreach Partnerships (Baycrest, Toronto Rehab, Centre for Addiction and Mental Health (CAMH), University Health Network, Sunnybrook Health Sciences Centre, St. Michael's Hospital, and long term care homes)* – provide geriatric psychiatry and mental health clinician assessments for patients in partnered long term care homes
- *Geriatric Wellness Centre (Mount Sinai Hospital, Yee Hong Centre for Geriatric Care, and Hong Fook Mental Health)* – providing ethnocultural mental health assessment and early intervention
- *LHIN-wide centralized intake/referral service for geriatric psychiatry (Mount Sinai Hospital, Toronto Rehab, Baycrest, and CAMH)*
- *Stepping Stone Project (CAMH, St Joseph's Health Centre, and LOFT Community Services)* – providing transitional care beds

Specialized Units and Programs

- *Acute Care Transition Unit (Baycrest)* – provides assessment and intervention to elderly patients with sub-acute or chronic disabilities coming from local partners
- *Maximizing Aging Using Volunteer Engagement (MAUVE – Mount Sinai Hospital)* – volunteers are trained and provide bedside assistance to older adults to maintain function and quality of life while in hospital
- *Seniors Mental Health Service (West Park Healthcare)* – provide mental health education and consultation in hospital and through the community
- *Virtual Ward (Women's College Hospital, St Michael's, University Health Network, and Toronto East General Hospital)* – provide follow up to discharged patients who may need additional support to transition home
- *WISE Team (Women's College Hospital)* – an inter-professional team that provides support, resources, and education to community living older adults and their families

Innovative Use of Technology

- *Balance, Mobility, and Falls Clinic (Toronto Rehab)* – incorporating research technology into clinical practice
- *Using SKYPE to connect patients and families (Baycrest)*

EMOTIONAL AND BEHAVIOURAL ENVIRONMENT

- *Care Partnering Screening Tool (West Park Healthcare)* – multi-dimensional assessment performed upon admission to determine patient and family preferences over involvement in their own care
- *Living With/Living Well education series (Toronto Rehab)* – relevant high quality education for the public
- *Partners in Veteran’s Care (Sunnybrook Health Sciences Centre)* – a program to encourage the engagement of patients and families
- *Patient and Family Engagement Rounds (St. Joseph’s Health Centre)* – early interaction between patients and families with unit managers to determine care expectations, family support, and involvement with care
- *Patient Bundle Protocol (Toronto East General Hospital)* – four components (hourly checks, daily inter-professional ‘minute’ rounds, shift exchange measures, and a discharge follow-up phone call) to improve continuity of care
- *Soup available 24/7 in ED (Mount Sinai Hospital)*

Appendix 1: TC LHIN Senior Friendly Hospital Task Group Members

Dr. Barbara Liu (Co-chair), Executive Director
Regional Geriatric Program of Toronto

Jocelyn Bennett (Co-chair), Senior Director, Acute and Chronic Medicine and Nursing
Mount Sinai Hospital

Monica Codjoe, Vice President, Patient Services
The Salvation Army Toronto Grace Health Centre

Catherine Cotton, Administrative Director, Medicine, Ambulatory and Seniors' Health Program
St. Joseph's Health Centre

Mary Kay McCarthy, Clinical Director, Emergency, Medicine, Family & Community Health, Toronto Western
Hospital, University Health Network

Paula Cripps-McMartin, Manager, Allied Health, Respiratory Therapy Department
Toronto Western Hospital, University Health Network

Lisa Dess, Vice President, Clinical Programs
Runnymede Healthcare Centre

Charissa Levy, Executive Director, GTA Rehab Network

Jane Merkley, Vice President, Programs, Services, and Professional Affairs
Bridgepoint Health

Carol Millar, Director, Hospital Transitions and Relationships
Toronto Central Community Care Access Centre

Jim O'Neil, Executive Director, Community and Health Services Partnerships, and Program Director, Inner City
Health Program, St. Michael's Hospital

Carol Ross, Director, Complex Continuing Care
Toronto East General Hospital

Susan VanDeVelde-Coke, Executive VP Programs, Chief Health Professions and Nursing Executive
Sunnybrook Health Sciences Centre

Dr. Karima Velji, Vice President, Clinical and Residential Programs and Chief Nursing Executive
Baycrest

Josie Walsh, Vice President, Programs and Chief Nursing Executive
Providence Healthcare

Rose Cook, Senior Consultant (Staff Lead)
Toronto Central LHIN

Vania Sakelaris, Director Program Development (Executive Lead)
Toronto Central LHIN

Appendix 2: Self Assessment Aggregate Reponses

Self-Assessment Question	Aggregate Rehab/CCC Hospital Response	Aggregate Acute/Other Hospital Response	Aggregate All Hospital Response ⁹
A1. Does your hospital have a senior's friendly strategy?	29% Yes	63% Yes	47% Yes
C1.1. Has the Board of Directors made an explicit commitment to become a Senior Friendly Hospital?	29% Yes	75% Yes	53% Yes
C1.2. Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	57% Yes	75% Yes	67% Yes
C1.4. Do you have a designated hospital committee for care of the elderly? (does not include committees for a specific senior friendly initiative)	43% Yes	63% Yes	53% Yes
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?	69% of protocols and metrics are in place for confirmed senior risk areas	56% of protocols and metrics are in place for confirmed senior risk areas	62% of protocols and metrics are in place for confirmed senior risk areas
C3.2. Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies?	57% Yes	50% Yes	53% Yes
C3.3. What programs and processes do you have in place to help older patients feel informed and involved about decision affecting their care?	29% Yes, in place	57% Yes, in place	40%, Yes, in place
C3.4. What programs and processes do you have in place to support cultural diversity among seniors and their families?	0% Yes, in place	38% Yes, in place	20% Yes, in place
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?	14% Yes, in place	63% Yes, in place	40% Yes, in place
C4.1. Does your staff have access to an ethicist to advise on ethical issues related to care of older patients?	100% Yes	100% Yes	100% Yes
C4.2 Does your hospital have a specific policy on Advance Care Directives?	100% Yes	57% Yes	79% Yes
C5.2. Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines (e.g. RGP audit, CodePlus or other)?	57% Yes	38% Yes	47% Yes

⁹ All Hospital includes rehabilitation, complex continuing care, acute and ambulatory hospitals