

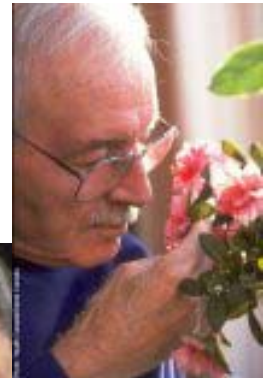
Regional Geriatric Programs of Ontario



The Senior Friendly Hospital Strategy :
A systematic approach to acute care for older patients

Presentation to the Elder Health Steering Committee

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The Elder Care Imperative



- Responding to the needs of an aging population will likely be the single most significant challenge facing our health system, and is cited as a major factor in health system restructuring
- Seniors account for 43% of total health expenditures in Ontario *(Conference Board of Canada, 2000)*
- Population 65+ will increase 72% by 2020 in Ottawa, *(75+ increase by 50%)*
- HSRC recommended all hospitals take measures to further develop their geriatric capabilities

Seniors & Acute Care



- Seniors are high users of acute care services
 - » 63% of all hospital days in Ontario
- Their health needs are different
 - » Atypical presentation of illness
 - » Multiple co-morbidities
 - » Most staff have little training in care of the elderly
- Seniors are more vulnerable to adverse events and iatrogenic complications
 - » Two-fold risk of adverse events
 - » Hospital –acquired delirium is a disease of the elderly
 - » Common geriatric syndromes associated with increased mortality are preventable
- An Acute hospitalisation is often a crucial and pivotal event in a seniors life
 - » 1/3 of frail seniors lose independent function as a result of hospital practices
 - » Loss of functional ability as a result of acute hospitalization increases the likelihood of placement post discharge

Vulnerability



- Seniors are more vulnerable to adverse events and iatrogenic complications than the general patient population
 - Highest users of prescription medications
 - Highest risk of falls and injury due to falls
 - 77% of pressure ulcer population
 - 2x surgical complication rates, $\frac{1}{2}$ of all surgical emergencies and $\frac{3}{4}$ of all operative deaths
 - Being 65+ places patients at a 2 fold risk of adverse events

Safety



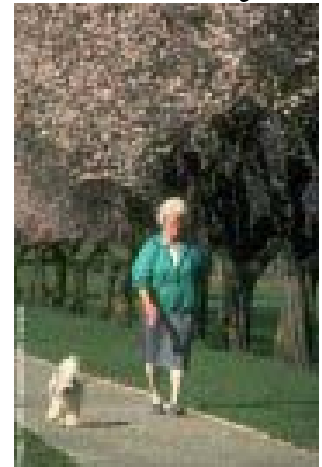
- Current focus not specific to seniors
- Aging and medical errors are associated
- Adverse events in seniors include drugs, falls, procedure related events
- Reasons for vulnerability
 - More diseases
 - Reduced reserves and resistance to stressors



A Quality Agenda for Older Patients in Acute Care (2005)



- Endorse CMA Principles for Medical Care of Older Persons
- Integrate RNAO BPGs for care of the elderly into the Senior Friendly Hospital Strategy
- Develop and monitor age-sensitive performance indicators for TOH
- Recognise RGP as ‘centre of excellence’ in care of the elderly



What is the Senior Friendly Hospital Strategy?



- A systematic approach, consistent with the CMA principles on Care of the Elderly, that promotes evidence-based practices in geriatric care in acute hospital settings.
- Intended to improve patient outcomes, reduce inappropriate use of acute care resources and improve patient and family satisfaction.
- It consists of 5 inter-related elements:
 - Physical Environment
 - Processes of Care
 - Emotional and Behavioural Environment
 - Ethics in Clinical care & Research
 - Organisational Support

Senior Friendly Hospital

Process of Care

- Assessment and diagnosis with special emphasis on age related changes (RNAO BPGs)
- Planning emphasis on avoiding hazards of hospitalization
- Implementation-use of aids to compensate for sensory losses
- Evaluation - consider response to hospitalization, impact of treatment

Emotional and Behavioural Environment

- Respect/courtesy of staff
- Information sharing/listening
- Individualized approach to patient
- Culturally/gender sensitive

Ethics in Clinical Care and Research

- Confirm patient's understanding of informed consent
- Use of Advanced Directives
- Thoughtful discussion of treatment options/palliative care options

Organizational Support

- Relevant policies/procedures
- Inclusion into program development
- Recruitment, orientation, ongoing education
- Membership/TOR for committees dealing with patient outcomes

Physical Environment

- Visual aspects
- Physical space: external surfaces/crosswalks, speed bumps, sidewalks/grounds
- Sensory Comfort
- Furniture

Progress Report (1)



Framework endorsed provincially through the RGPs of Ontario

- Physical Environment
 - Published evidence-based guidelines for environmental design
 - Integrated into hospital Capital Projects & Accessibility Plans (6 including TOH)
 - Developed and provide Senior Friendly environmental audits to hospitals in region. (3, 1 in progress)
- Processes of Care
 - Strongly aligned with nursing professional practice*
 - Falls : Risk screening & prevention program developed
 - Adverse Drug Events: ?
 - Delirium, Dementia, Depression: Look, Screen & Intervene Program developed – Implementation 2006.
 - Deconditioning: Mobility Protocol developed – not implemented
 - Geriatric Emergency Management (GEM) program to trialed (business case)

Progress Report (2)



- Emotional and Behavioural Environment
 - Analysis of Patient Satisfaction by Age Cohort (75+)
(continuity & transition, involvement in decisions)
- Ethics in Clinical Care & Research
 - Use of Advance Directives (under review @ TOH)
 - SFH Protocol under development
- Organisational Support
 - Regional, provincial & national interest, collaboration
 - Acknowledged at TOH, integrated into Accessibility Plan
 - Endorsed by QCH
 - Endorsement of CMA Principles of Care of the Elderly ?

Regional Implications:



- Annual Updates to CEOs
- Strong uptake from regional hospitals
- Lever for System Integration re safe, sustainable discharges (HAPS, Regional ALC Strategies, RISC, Geriatric Emergency Management)
- Organised response to predominant investment of LHIN resources
- Identified in planning with LHIN CEO
- Responds to Recommendations in recent Coroners Report

Monitoring Our Performance



Access to Care (Timeliness)

- Utilisation by age cohort
- % 65+ referred to geriatric care

Satisfaction with Care e.g.

- Continuity & Transition 75+
- Enough say about treatment 75+

Organisational Support

- Endorsement of CMA Principles of Care of the Elderly
- Commitment to become Senior Friendly Hospital
- Geriatric expertise on corporate quality / safety committees
- Appoint SFH Coordinator

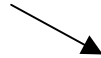
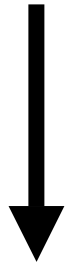
Appropriateness of Care (Effective & Efficient)

- Compliance with best practice guidelines (audits)
- Fall prevention
- Delirium
- Pressure Ulcers
- % Change in Discharge Destination
- Rates of readmission 75+
- Length of Stay 75+

Safety of Care

- Falls – # serious injuries
- Adverse Drug Events
- Delirium, dementia
- Deconditioning (audit muscle strength)
- Restraint (audit)

PATIENT CARE



Benefits of SFH



- Increased Patient Safety and Satisfaction
- Hospitals realize reduced costs and inappropriate use of resources
- Reduced L.O.S. benefits provider and patient
- Care providers note increased job satisfaction and morale thus retention
- Stimulus for Integration

Leading the Way in Acute Care for Older Patients !



- Endorse the CMA Principles on Care of Older Patients
- Commit to becoming a Senior Friendly Hospital
- Evaluate existing utilisation & quality indicators by age cohort to monitor effectiveness and quality of care for older patients
- Support development of evidence-based age-appropriate quality indicators (*practice audits, system automation*)