

The Senior Friendly Care Framework An Invitation for Input

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**REGIONAL GERIATRIC
PROGRAM OF TORONTO**

Better health outcomes for frail seniors

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1. Introduction

The Regional Geriatric Program (RGP) of Toronto is developing a Senior Friendly Care (sfCare) Framework, and is seeking input to validate the work to date.

What is a framework?

A framework is a set of ideas, rules, or beliefs from which something is developed, or on which decisions are based (Cambridge Dictionary). The sfCare Framework comprises 5 domains encompassing 31 defining statements. It is this structure, or framework that will define what senior friendly care looks like, across the entire healthcare system.

How will this framework be used?

The sfCare framework is intended to be used by healthcare organizations, with the goal of achieving the best possible health outcomes for older adults by fostering improvements in care across the system and inspiring greater collaboration between older adults and their caregivers, care providers, and organizations.

The sfCare Framework will provide the foundation for the development of implementation tools and resources that will focus on providing collaborative senior-friendly care, wherever care it is needed.

How can you add value to this work?

At the end of this document is a link to a survey where you will be able to provide feedback on our work to date. As you read through this document we encourage you to keep the 5 survey questions in mind:

1. The sfCare framework is intended to be used by healthcare providers, with the goal of achieving the best possible health outcomes for older adults by fostering improvements in care across the system and inspiring greater collaboration between older adults and their caregivers, care providers, and organizations. Is the intent of the framework clear?
2. Do you think the implementation of the framework will have an impact on the way care is provided for older adults?
3. What types of tools or resources would support the implementation of the framework?
4. What do you think the barriers will be to implementing the framework across the healthcare system?
5. What is the best way to let people know about the framework?

2. Context

To help you put the framework into context, the following provides a brief background on the work to date, the framework's guiding principles, and an explanation of words and phrases that are used in the framework.

Understanding the work to date

The Senior Friendly Care (sfCare) Framework is an evolution of the Senior Friendly Hospital (SFH) Framework, which since 2011 has proven to be very valuable in stimulating change in hospitals to improve care for older adults. Building on this success, we are now re-imagining this framework as one that will be applicable wherever healthcare is delivered, not just in hospitals.

The framework development has included an extensive literature search, and has been guided by a Steering Committee and an Expert Panel. The framework has also benefited from the input of hundreds of additional healthcare providers and older adults.

The 7 Guiding principles at the core of the framework

- 1 • Supporting resilience, independence and quality of life
- 2 • Compassion and respect
- 3 • Informed and empowered older persons and families
- 4 • Person – and relationship- centred partnerships
- 5 • Safety and security
- 6 • Timely, equitable and affordable
- 7 • Evidence - informed

Terminology

This table defines specific words or phrases used in the framework and provides explanations for how these terms apply within the context of the framework.

Word or phrase	Meaning and use in the framework
<i>Administrative processes</i>	Includes the scheduling of appointments and the provision of written or verbal instructions (for example, for tests or medications).
<i>Ageism</i>	“Ageism is the stereotyping and discrimination against individuals or groups on the basis of their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.” (The World Health Organization).
<i>Care</i>	Includes all care and services provided in all healthcare situations and settings by care providers, caregivers, and those providing non-clinical services (for example, appointment scheduling or meal delivery). In the context of the framework, it is assumed that the older adult is a partner in care, and that something is not being done to or for them, but rather with them.
<i>Caregivers</i>	People involved in an older adult’s care who are not paid. Caregivers may be family or friends, and are also considered care partners. In the context of the framework, caregivers and family are assumed to be included in all of the statements, where applicable.
<i>Care providers</i>	People who are paid to provide healthcare. This includes clinical professionals and non-clinical.
<i>Evidence-informed practice</i>	Evidence-informed practice brings together the best available evidence from research, with local experience and expertise, and takes into consideration the older adult’s preferences and values.
<i>Frail</i>	“A state of increased vulnerability, with reduced physical reserve and loss of function across multiple body systems”. (The Canadian Frailty Network) The framework applies to all older adults, especially those with frailty.
<i>Integrated care</i>	Care providers work together across organizations, as partners in care with older adults and their caregivers, to coordinate and deliver services.
<i>Interprofessional model of care</i>	Different types of care providers actively working together to provide coordinated care for the older adult.
<i>Older adults</i>	It is commonly accepted that an older adult is 65 years or older, with the understanding that adults with complex age-related conditions may be younger than this and also benefit from senior-friendly care.

3. The Senior Friendly Care Framework

The framework comprises 5 domains encompassing 31 defining statements. It is important to note that the defining statements are high-level, and as such, they may not be “actionable” or “measurable” on their own. Tools and resources to support the implementation of the framework will be developed in the next phase of work.

NOTE - Words or phrases that are **highlighted** are included in the terminology table, above. Clicking on these words will take you to their definition. “Older adults” and “care”, are included in the terminology table but not highlighted as these are fundamental terms used frequently throughout the statements.

Organizational Support



1. Senior friendly care is an organizational priority
2. At least one leader in the organization is responsible for senior friendly care
3. There is organizational commitment to recruit and develop human resources with the knowledge, skills, and attitude needed to care for older adults
4. The values and principles of senior friendly care are evident in all relevant organizational policies and procedures
5. The organization has a senior friendly policy that values and promotes older adults’ health, dignity and participation in care
6. The organization demonstrates commitment to all domains of the Senior Friendly Care Framework - organizational support, processes of care, emotional and behavioural environment, ethics in clinical care and research, and the physical environment
7. The organization collaborates with system partners to meet the needs of older adults
8. The organization implements standards and monitors indicators relevant to the care of older adults

Processes of Care



9. Assessment is holistic and identifies opportunities to optimize the physical, psychological, functional, and social abilities of older adults
10. Care addresses the physical, psychological, functional, and social needs of older adults
11. Care is guided by **Evidence-informed practice**

Processes of Care (continued)

12. An **Interprofessional model of care** is preferred especially when older adults are **Frail**
13. **Integrated care** and provides continuity especially during transitions
14. Goals of care may include recovery from illness, maintenance of functional ability and preservation of the highest quality of life as defined by the individual
15. Older adults are partners with the care team
16. Care is flexible and aligned with an individual's preferences
17. Communications and clinical and **Administrative processes** are adapted to meet the needs of older adults
18. Older adults are provided information in a way that makes it easy to understand so that they can make informed decisions

Emotional and Behavioural Environment



19. The care provided is free of **Ageism** and respectful of the unique needs of older adults
20. **Care providers** are able to identify and address issues of elder abuse and older adults' safety
21. The care of older adults is planned and delivered in alignment with their personal goals
22. **Care providers** demonstrate competency providing care to an older population with diversity in all its many forms
23. **Care providers** respect each individuals' breadth of lived experience, relationships, unique values, preferences and capabilities
24. Care is provided in a way that enables the older adult to feel confident in their **Care providers**
25. Care is compassionate and sensitive to the needs of older adults
26. Family and other **Caregivers** are valued and supported as care partners
27. Social connections are recognized as an important contributor to the health and wellbeing of older adults

Ethics in Clinical Care and Research



28. Autonomy, choice and dignity of older adults are protected in care processes and research
29. Care is delivered in a way that protects the rights of older adults especially those who are vulnerable
30. An older adult will not be denied access to care or the opportunity to participate in research based solely on their age

Physical Environment



31. The structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of older adults and promotes safety, comfort, functional independence, and well-being

4. Your Feedback

We value your feedback. Your input will be an important component in preparing for the next phases of work which will support implementation. If you would like to stay informed about this work, please sign up for our Senior Friendly Care mailing list (included in the survey link) or visit our [website](#) for updates.

When you are ready to provide your input, please click this survey link

<https://www.surveymonkey.com/r/SeniorFriendlyCareInput> and **complete by October 6, 2017**

For any questions please contact: Wendy Zeh, Project & Quality Manager, RGP of Toronto

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5. About the RGP of Toronto

The RGP of Toronto supports healthcare professionals who care for frail older adults through the delivery of specialized geriatric services. As a trusted authority on the needs of frail older adults, the RGP is also involved in research and evaluation, influencing policy, and translating and transferring best practices across the health care system.

For more information, please visit our website: www.rgp.toronto.on.ca

sfCare™

Senior Friendly Care
Soins adaptés aux aînés

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GiiC geriatrics interprofessional
interorganizational collaboration

GEM geriatric emergency
management network

PRCP psychogeriatric resource
consultation program of toronto

sfH senior friendly
hospitals