

A Summary of Senior Friendly Care in Mississauga Halton LHIN Hospitals

June 2011

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This report was developed as part of the Ontario Senior Friendly Hospital Strategy



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ACKNOWLEDGEMENTS

The authors would like to thank Robyn Letson and Michelle Chu for their assistance in the preparation of this report. We also express thanks to Heather Willis for helpful comments and for assistance in requesting data clarification from MH LHIN hospitals.

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 wellbeing 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.

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
- 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.

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.

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 the Mississauga Halton LHIN (MH LHIN) hospital self-assessments represents a point in time snapshot of senior friendly hospital care in the LHIN. It identifies strengths and areas for improvement in MH 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 individual MH 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 MH LHIN. The LHIN's hospital organizations report, on average, that 60% of their total hospital days are attributable to older patients. Moreover, they report that an average 83% 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 for 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 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 MH 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.

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, Palmer RM, Fortinsky RH, et al. Loss of independence in activities of daily living in older adults hospitalized with medical illnesses: increased vulnerability with age. *J Am Geriatr Soc*. 2003;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.

Results from the MH LHIN hospital self-assessments reflect the degree to which senior friendly care is prioritized by its hospital organizations. All three organizations have designated one or more senior executive leads to support care of the elderly initiatives. One organization has committed to becoming a Senior Friendly Hospital, and has also been tasked as the lead organization for the development of LHIN-wide Specialized Geriatrics Services. These services are important resources within a health system delivering care to older patients, and serve as a means for capacity building. As seniors are patients in virtually all units of the hospital, an explicit and comprehensive plan throughout the organization from design to care delivery to evaluation is a necessary component of a Senior Friendly Hospital. One organization describes an ongoing educational initiative that empowers an increasing number of geriatric champions amongst its staff and that will enable widespread cultural change. Organizations in the MH LHIN also form service planning committees that include representation from other health system partners and, in at least one case, community members. Organizational leadership and commitment to develop human resource skills in geriatrics and to engage 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, and adverse medication events are the clinical areas most often reported to have developed protocols and/or formal monitoring. In contrast, high risk screening, continence, prevention of deconditioning, hydration/nutrition, sleep, and management of dementia-related behaviours were the clinical areas least often managed with protocols or monitoring procedures. Hospitals reported creative partnerships and inter-organizational collaboration in many promising practices. These practices were important to sustain discharges from hospital and also to facilitate the expansion of practice and specialized knowledge into the community, helping to prevent avoidable admissions. 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 team rounds and clinician transitions promoting patient and family engagement, volunteer-administered surveys to solicit real-time patient feedback, and dedicated settlement workers to assist patients of different cultural backgrounds. It is important that these types of practices are designed and delivered in a manner that takes into account unique needs of seniors, such as sensory and communication difficulties.

All MH LHIN hospitals reported having resources in place to address ethical challenges that arise during the provision of care. Two organizations have an ethicist on staff, and the third accesses an external consulting ethicist to help address challenging clinical situations. Regular educational resources, including ethics rounds, case discussions, and decision making frameworks, 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 all hospital organizations as creating barriers to

providing senior friendly care. However, organizations did not provide evidence of the use of senior friendly physical design resources in the audit of their physical spaces. Instead, there was an apparent reliance on building code standards and accessibility legislation. 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). One organization that is planning redevelopment projects has indicated the intention to utilize senior friendly design resources in the implementation of these projects. Since building improvements are long-term, 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 also 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 MH 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 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 MH 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.

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.

2. The Ontario Senior Friendly Hospital Strategy in the Mississauga Halton 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 contribute to 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.

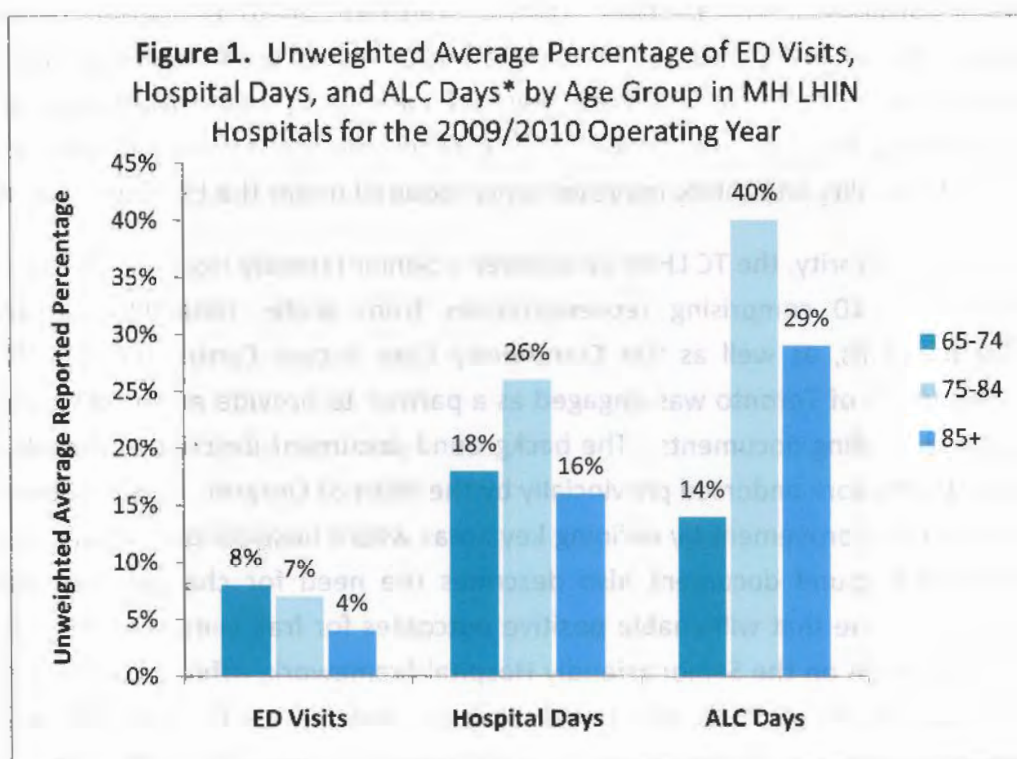
2.2 THE SENIOR FRIENDLY HOSPITAL STRATEGY IN THE MISSISSAUGA HALTON LHIN

The Mississauga Halton LHIN (MH LHIN) has a rapidly growing and aging population. And while its population projections follow province-wide trends, growth rates in the MH LHIN are significantly higher. Between the years 2010 to 2035, the population within the 65-74 age group is expected to increase by 153%, while the population over 75 increases by 204%. It is also estimated that by 2031, the over 65 age group will account for one fifth of the population of the LHIN, representing an increase of 170%.⁷ Enhanced seniors care is already one of five health care priorities in the MH LHIN,

⁷ Mississauga Halton LHIN

providing ample rationale for the Senior Friendly Hospital Strategy to function as an enabler of healthy communities in Mississauga Halton region.

A 2007-2008 profile of Aging in Ontario⁸ estimated that 13.4% of the MH 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. The three hospital organizations report, on average, that 19% of ED visits, 60% of total hospital days, and 83% of ALC days are attributed to older adults (Figure 1). Considering the projected growth rate of the seniors' population in the MH LHIN, pressures that exist now in managing hospital length of stay and ALC rates will increase significantly unless mitigating strategies are implemented.



* data for ED visits, hospital days, and ALC days were reported as an aggregate of all hospital services in 2 of the hospital organizations and for acute inpatients only in 1 organization

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 MH 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.

⁸ 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.

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's 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 MH 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 MH LHIN. The three hospital organizations across the MH 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 MH 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* and the *Self-assessment Template* – both structured upon the RGP's Senior Friendly Hospital Framework – were delivered to the Chief Executive Officers of the three hospital organizations in the MH 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 MH 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 MH LHIN hospitals. The feedback also highlighted the hospital’s innovative practices and opportunities for improvement in providing Senior Friendly Hospital Care in MH LHIN.

Figure 2. Hospital Organizations in the Mississauga Halton LHIN

Credit Valley Hospital	Trillium Health Centre	Halton Healthcare Services
Acute Care Services (289 beds) Rehabilitation/CCC Services (80 beds) Mental Health Services (26 beds)	Mississauga Site: Acute Care Services (464 beds) Rehabilitation/CCC Services (94 beds) Mental Health Services (50 beds) West Toronto Site: Rehabilitation/CCC Services (181 beds)	Oakville-Trafalgar Memorial Hospital Site: Acute Care Services (187 beds) Rehabilitation/CCC Services (81 beds) Mental Health Services (46 beds) Milton District Hospital Site: Acute Care Services (43 beds) CCC Services (20 beds) Georgetown Hospital Site: Acute Care Services (33 beds) CCC Services (20 beds)

Hospital Services in the Mississauga Halton LHIN: Three hospital organizations participated in the MH LHIN Senior Friendly Hospital self-assessment analysis – Credit Valley Hospital, Trillium Health Centre, and Halton Healthcare Services. All provide acute care, rehabilitation, complex continuing care (CCC), and mental health services. A summary is provided above listing each organization’s services and sites.

7. Limitations of the Analysis

It is important to acknowledge the limitations of the current analysis of senior friendly hospital care in the MH 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 MH 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 toward Senior Friendly Care by the hospital organizations in the MH LHIN. All hospitals have designated one or more members of its senior leadership team to have accountability in care of the elderly initiatives, and describe significant activities which aim to promote Senior Friendly care. One organization has made the explicit commitment to become a Senior Friendly Hospital, and leads the development of LHIN-wide Specialized Geriatric Services. Two of three hospitals have outlined specific priorities for Senior Friendly care within their strategic plans, while the third has achieved designation as a Nurses Improving Care for Healthsystem Elders (NICHE)⁹ member organization.

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?	2 of 3
Has the Board of Directors made an explicit commitment to become a senior friendly hospital organization?	1 of 3
Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	3 of 3
Do you have a designated hospital committee for care of the elderly?	1 of 3 (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. All three hospitals in the MH LHIN have identified geriatric champions within their organizations who act as capacity builders through informal practice-level mentorship and through formal mechanisms such as in-service education, professional association workshops, and intranet resources. A significant example is described by one organization which has achieved designation as a Nurses Improving Care for Healthsystem Elders (NICHE) partner. An important objective of the NICHE program is to improve the capacity to care for the elderly population in an organization by utilizing broad-based education and evidence-based resources. By developing and supporting a modest number of "Safer Elder Care" mentors through train-the-trainer internship programs, the organization has in turn empowered these leaders to train over 100 staff members in geriatrics best practices and encourage them to act as unit- and service- based champions. This hospital further articulates the understanding that an

⁹ Boltz M, J Taylor, E Capezuti, and T Fulmer eds. (2009). *NICHE Planning and Implementation Guide*. New York: Hartford Institute for Geriatric Nursing.

ongoing commitment toward this project is necessary to affect long term cultural change across the organization. MH LHIN organizations have embedded elder care best practices in their corporate orientation processes, although the content is mostly clinical in focus, and is not currently offered to all staff. Older adults are patients and customers in virtually all units and services of the hospital. The recognition that senior friendly practice and culture needs to be embodied throughout the entire organization, in clinical and non-clinical areas, is one that will advance an environment that is truly supportive of older adults.

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. For example, one organization engages the community in focus group interviews prior to health system planning and regularly conducts public telephone polls. There is also a clinical staff member with the designated role of “Partnership Council Coordinator, Patient Care Projects,” who conducts patient interviews to solicit information. To help plan its services, one hospital is in the midst of forming a Seniors Health Core Team, with representation from different sectors of the health system. This committee has roles across multiple dimensions of Senior Friendly care including medical and mental health priorities as well as physical features of the facility. In addition, a leadership team at another organization guides the Safer Elder Care program, and this committee includes inter-professional clinical team members, senior leadership, and community representatives. Directly engaging health system partners such as the CCAC, the Alzheimer’s Society, and local Elder Abuse Committees is another reported method of soliciting valuable community input. 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 MH LHIN

- *Organization-wide education, such as that based on Nurses Improving Care of Healthsystem Elders (NICHE) concepts, to train geriatrics champions, empower ongoing capacity building, and affect long term cultural change across the organization*
- *Core planning committees with comprehensive representation, including community members and health system partners, to help guide the development of seniors health services*
- *Formal mechanisms to solicit the patient and community perspective, through focus groups, polls, and dedicated staff with roles in patient partnership*

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 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 MH LHIN hospitals, falls, pressure ulcers, and adverse drug reactions are the clinical areas where protocols and monitoring are most frequently in place (Figure 4). Conversely, high risk screening, continence, prevention of deconditioning, hydration/nutrition, sleep management, and dementia-related behaviour management are clinical areas where protocols and monitoring are least frequent in practice (Figure 4).

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 care, the observations in this self-assessment analysis may identify potential care gaps for common geriatric issues arising in hospital. An innovative protocol that is being piloted in one organization is the Hospital Elder Life Program (HELP), which has been shown in studies to improve physical function and decrease the incidence of delirium in older hospitalized patients.¹¹

Figure 4. Protocols and Monitoring of Clinical Areas of Risk for Hospitalized Seniors

Clinical Area	Organizations with Protocol in Place	Organizations with Monitoring Procedure in Place
High Risk Screening	0 of 3 (1 in development)	0 of 3
Delirium	3 of 3	0 of 3
Falls	3 of 3	3 of 3
Continence	0 of 3 (1 in development)	1 of 3
Pressure Ulcers	3 of 3	3 of 3
Restraint Use	3 of 3	0 of 3
Prevention of Deconditioning	0 of 3 (1 in development)	1 of 3
Adverse Drug Reactions	3 of 3	3 of 3
Hydration/Nutrition	1 of 3	0 of 3
Pain Management	2 of 3	2 of 3
Sleep Management	1 of 3	1 of 3
Dementia/Behavioural Disturbances	1 of 3	1 of 3
Elder Abuse	3 of 3	1 of 3

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.

¹¹ 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.

Protocols and Monitoring of Clinical Areas of Risk for Hospitalized Seniors: Hospitals were asked to report on their use of protocols and formal monitoring mechanisms for the above listed clinical areas which reflect potential vulnerabilities in hospitalized seniors. In addition to these areas of practice, hospitals reported protocols and monitoring procedures to address hip fractures and Clostridium difficile associated diseases. There were also reported protocols and monitoring for hospital operations like unnecessary hospital readmissions, unnecessary time spent in acute care, and emergency department wait times.

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 three hospital organizations in the MH LHIN report having protocols to manage these clinical challenges, only a 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. Both the range of data and the technical definition of the data that was reported demonstrated some degree of variability. 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 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.

The self-assessment also inquired about senior friendly practices in the emergency department (ED). Initiatives by MH LHIN hospitals clustered into three key themes – provision of specialized clinical services to address the vulnerabilities of seniors in the ED, education to build capacity in the care of older adults, and supportive discharge planning for high risk patients. Specialized clinical services in the ED include the implementation of high risk screening, delirium protocols, elder abuse screening, swallowing assessment, pressure ulcer care, and medication reconciliation. One hospital emergency department provides communication kits to support patients with hearing, vision, and language impairments, and also provides activity boxes for the elderly to reduce boredom and possibly minimize delirium. All hospital organizations also utilize in-house or referral-based services in their emergency departments which may include physiotherapy, geriatric psychiatry, crisis teams, geriatric assessment clinics, and geriatric outreach services. A number of education initiatives are described to support the care of older patients in the ED. These include in-house orientation sessions and annual workshops on eldercare topics facilitated by Geriatric Emergency Management (GEM) nursing

staff. Two organizations describe the capacity to support partnered long-term care homes in order to build relevant geriatrics skill sets in these settings. Another measure utilized in the emergency departments of the MH LHIN is specialized discharge planning and case management services, available seven days per week. These may be offered as a part of internal hospital services, such as a Quick Response Program described by one organization, or in partnership with the CCAC.

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. A key strategy is the provision of discharge planning and patient navigation services that, in many cases, operate during expanded weekend and evening hours. These services focus on early intervention, often beginning in the emergency department, to assess clients' needs, supports, and relevant complexities impacting safe and timely discharge from hospital. In one organization, discharge planners meet regularly with partners including the LHIN and community service agencies to stay informed of community support programs, to engage in mutual problem solving of complex cases, and to inform system level changes.

Finding ways to bridge services with the community is a key ingredient in innovative discharge and care transition models. A Seniors Resource Directory is updated yearly and provided to discharged patients and families to help them identify and contact appropriate community services. Hospital organizations work closely with the CCAC, utilizing the Home First and Wait at Home programs to provide enhanced support for discharged patients. One hospital facilitates collaboration between its own specialized services, linking inpatient teams with its Seniors Health Internal Consult Team and Seniors Health Outreach Program, to ensure appropriate referral and community follow-up for discharged patients. All MH LHIN hospital organizations also describe partnerships with retirement homes, the Alzheimer's Society, and other community facilities to provide respite services to those needing additional support to return to the community. 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-

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 of Clinical Services and Protocols:

- Developing specialized geriatric assessment clinics
- Equipping Psychiatry Unit with Geriatric beds for specialized practice
- Enhancing Geriatric Outreach services
- Implementing the Hospital Elder Life Program (HELP)
- Streamlining Seniors Health and Seniors Mental Health Services
- Clinical protocols and pathways for falls, hip fractures, delirium, depression and anxiety, catheter usage and urinary tract infections, continence, skin and wound care, and early mobilization

Hospital Strategic Planning and Leadership Committees

- Creating a regional Specialized Geriatrics Services Program steering committee
- Forming a Seniors Advisory Committee with patient and family representation
- Developing a Senior's Strategy for organizational structure, funding, and human resources
- Establishing a Seniors' Health Research Chair

Education Initiatives

- Ongoing education of staff with NICHE-based protocol and Institute for Healthcare Improvement (IHI) programs

Physical Environment Updates and Hospital Site Redevelopment

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 MH LHIN

- *The identification of priorities in clinical practice amongst MH LHIN hospitals will be a catalyst for the development and implementation of innovative protocols and metrics, such as a pilot of the Hospital Elder Life Program (HELP)*
- *Regular meetings between hospital discharge planning services, the LHIN, and community service agencies to encourage inter-organizational collaboration in challenging scenarios and to validate a systems approach to support patient transitions*
- *Fostering creative and effective inter-organizational partnerships to expand the reach of specialized practice and build capacity in health system partners, such as Nurse Practitioner outreach to LTC homes*

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. All MH LHIN hospitals include senior-specific education components in staff orientation training, although much of this content focuses on clinical issues and, in at least one organization, is not offered to all staff. All organizations in the MH LHIN articulate the value of patient- and family-focused collaborative care, measure patient satisfaction, and conduct inter-disciplinary family meetings in care planning. A number of described initiatives also go beyond these generalized practices. One organization is piloting an initiative whereby shift-to-shift reports are conducted at the patient bedside so that patients are more thoroughly engaged in their own care and communication during rotation of clinical staff is improved. In addition, weekly inter-professional team rounds in rehabilitation services are conducted at the bedside with patients and families included, promoting purposeful interaction in treatment planning and goal setting. To augment existing systems that measure patient satisfaction, one organization leverages volunteers in an initiative called Caring Rounds. Volunteers conduct weekly surveys with patients so that hospital staff can receive timely feedback and respond to any concerns that might arise during a patient's stay. Respecting the diversity of the population in the MH LHIN, its hospital organizations describe a number of initiatives to enhance the provision of care to people of different cultures. All organizations utilize a language line to provide over-the-phone interpretation by certified medical interpreters. Settlement workers are also employed by one hospital to provide interpretation, cultural support, and information on community resources. Diversity services at another organization also include a range of food options to reflect the preferences of different cultures, and a Spoken Menu service whereby a staff member visits to assist patients in various languages.

Emotional and Behavioural Environment – Promising Practices in the MH LHIN

- *Staff orientation programs that incorporate senior-specific education – these initiatives could be expanded to include both clinical and non-clinical issues, and provided to all staff in the organization to promote a senior friendly culture*
- *Bedside rounds and caregiver transition procedures that involve patients and families in the communication process and in care planning*
- *Leveraging the volunteer workforce to conduct patient satisfaction surveys at the bedside so that staff have access to timely feedback to address patient and family concerns*
- *Staff dedicated to diversity and patient comfort, such as Settlement Workers and Spoken Menu support staff*

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. All hospital organizations in the MH LHIN demonstrated awareness of common challenges and the need to have processes designed to deal with ethical challenges in hospital health care encounters. Two organizations have an ethicist on staff, while the third consults with an external ethicist as needed. There was a significant level of consistency in the ethical challenges related to the care of older adults that emerged in practice, the most common of which are listed below:

- End of life care issues
- Consent and capacity
- Substitute decision maker issues
- Advance care planning
- Decision making around discharge planning
- Living at risk

MH LHIN organizations have mechanisms in place to examine capacity and decision making. All three turn to in-house staff members such as social workers, geriatricians, psychiatrists, or occupational therapists, before consulting external bodies like the Public Guardian Treatment and Decision Unit or Capacity Assessors. Policies for advance care directives and end-of-life care are also in place. Organizations are encouraged to ensure that all clinical staff members are routinely educated on relevant ethical issues, so that they continue to be aware of how to utilize existing resources to manage unique ethical situations as they arise in practice. Some ways that this is being done in the MH LHIN include formal decision-making frameworks, case studies, ethics rounds, and written information including web-based materials.

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

- *The availability of a clinical ethicist, and regular learning opportunities, such as case studies and lunch an learns, so that staff are prepared to respond to unique ethical challenges when they arise in practice*

8.5 PHYSICAL ENVIRONMENT

When asked to identify barriers to senior friendly care, all three organizations in the MH LHIN cited aspects of their physical environment. Many older physical structures were built at a time when the majority of patients were younger and when building guidelines did not emphasize universal access. Two organizations have conducted audits of their physical spaces; however, there appears to be reliance on building codes and on technical guidelines outlined in Access to Ontarians with Disabilities Act (AODA) legislation. There is a significant body of information regarding senior friendly environmental design^{12,13} and these principles go beyond generalized guidelines for disability and accessibility. 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. Whether planning retrofit projects or entire site redevelopment, there are opportunities to design and implement senior friendly physical features that can improve patient safety, comfort, and independence, while also boosting staff satisfaction and direct patient care time. 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.¹⁴ 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 MH LHIN

- *The use of evidence-based senior friendly design resources incorporated into future capital planning and infrastructure renewal and redevelopment*

¹² Parke B and K Friesen (2008). *Code Plus: Physical Design Elements for an Elder Friendly Hospital*. Fraser Health Authority

¹³ 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.

¹⁴ Vancouver Island Health Authority, Personal Communication

9. Looking Ahead – Moving toward Senior Friendly Hospital Care in the Mississauga Halton 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 MH LHIN. This process has 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 acknowledged in the MH LHIN, as all hospital organizations have identified geriatric champions amongst staff members at both the senior leadership and the clinical level. One organization has stated an explicit goal to become a senior friendly hospital, while two have specific goals within their strategic plans to advance senior friendly care. All hospitals identified inherent gaps in organizational attitude and culture that pose an obstacle to providing senior friendly care. This illustrates the need for organization-wide education on the needs of seniors, both clinical and non-clinical, to break down barriers in culture and ageist attitudes. One hospital has been designated as a Nurses Improving Care for Healthsystem Elders (NICHE) member organization. With ongoing recognition in the value of education, it is increasing the number of its staff members who can act as geriatric champions across the organization and, in time, bring about positive cultural change. Another way that an organization can demonstrate commitment toward senior friendly care is the consultation process it undertakes when it develops its programs and services. One organization is in process of forming a Seniors Core Health Team, which includes representation from health system partners. Another organization has an elder care planning committee that includes senior leadership, clinical team members, and representation from the community. Seeking comprehensive community consultation on service planning committees 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, all three hospitals in the MH LHIN have protocols in place for falls, pressure ulcers, and adverse medication events – areas of practice for which there are well developed evidence-based guidelines. The self assessment 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 high risk screening, continence, prevention of deconditioning, hydration/nutrition, sleep, and 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) unit¹⁵ and the Hospital Elder Life Program (HELP).¹⁶ A key variable measured in both of these models is the degree

¹⁵ 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.

¹⁶ 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.

to which functional decline of patients 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 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. One organization is currently piloting the HELP program on one of its clinical units, with the vision of expanding the initiative to hospital-wide implementation. As improved outcomes are realized, it will be worthwhile to consider broader implementation of these programs and protocols across the LHIN.

Organizations in the MH 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. In measuring patient satisfaction for instance, one organization goes beyond generalized surveying methods and engages volunteers to conduct live surveys while the patient is in the hospital. This may be one way to garner real-time feedback to ensure that the delivery of service continues to be refined in a manner that considers the unique needs of seniors. The use of senior friendly design resources in physical infrastructure planning and development is another way to address the needs of vulnerable seniors, by incorporating measures that assist with vision, communication, cognitive, and dexterity barriers. When senior friendly principles are applied to some of the hospitals' ongoing foundational activities in health equity, patient- and family-centred care, patient safety, medical ethics, and physical accessibility, care for seniors and other vulnerable populations will be enhanced.

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 MH LHIN cited limitations in financial resources as a barrier 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. The ongoing challenge will be 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 to continue empowering the adoption of successful practices. Innovative and cost-effective delivery of system-wide, frailty-focused education adds enduring value by breaking down attitude and cultural 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 to 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 Mississauga Halton LHIN

ORGANIZATIONAL SUPPORT

Support for Education to Foster a Senior Friendly Organizational Culture

- *Nurses Improving Care for Healthsystem Elders (NICHE, Halton Healthcare Services)* – adoption of a model of education which empowers a growing number of staff to act as geriatric champions and affect cultural change across the organization
- *Annual Seniors Conference (Trillium Health Centre)* – hosting national and international speakers to facilitate high quality knowledge exchange in geriatric care

Collaborative Service Planning Committees

- *Safer Elder Care Committee (Halton Healthcare Services)* – a committee involved in geriatrics focused service planning that includes inter-professional clinical staff, senior leadership, and community members; it also interfaces with other groups in the organization involved in patient safety, documentation, accreditation

Soliciting Feedback from the Community and Health System Partners

- *Annual Focus Groups and Bi-Annual Telephone Polls (Trillium Health Centre)* – a mechanism to solicit community input prior to health system planning
- *Partnership Council Coordinator, Patient Care Projects (Trillium Health Centre)* – a dedicated Clinical Nurse Specialist conducts patient interviews to capture the patient's perspective

PROCESSES OF CARE

Specialized Services and Programs

- *Development of LHIN-wide Specialized Geriatric Services (Trillium Health Centre)* – a comprehensive array of consultative services, ambulatory clinics, outreach services, and regional programs for seniors with a vision to developed a common intake and referral protocol
- *All-Inclusive Seamless Services for Independence of Seniors' Today and Tomorrow (ASSIST, LHIN-wide Initiative)* – a streamlined intake and referral process to help community dwelling seniors access appropriate geriatric services, including Specialized Geriatric Services; all three hospitals in the LHIN are partners in this initiative
- *Hospital Elder Life Program (HELP, Trillium Health Centre)* – a program being piloted that leverages volunteers to engage older inpatients with the aim of reducing delirium and functional decline in hospital

Clinical Care Protocols and Pathways

- *Identification of Delirium in Medical/Surgical Units (Halton Healthcare Services)* – implementation of tools and education that has increased appropriate diagnosis of delirium across the organization
- *Catheter Management Protocols (Halton Healthcare Services, Trillium Health Centre)* – at Halton Healthcare Services, the use of a tool, order sets, and education to prompt clinicians to remove catheters has resulted in a 70 percent compliance rate; at Trillium Health Centre a nurse-led protocol has significantly reduced unnecessary catheter use
- *Elimination of restraint use in the organization (Trillium)*

- *Active monitoring of clinical outcomes of related to senior care protocols and pathways (Trillium)*
- *Modification of general medical protocols to incorporate pathophysiological changes in older patients (eg. Fever protocol for temperature of 37.5 °C)*

Creative Partnerships to Improve Health System Integration

- *Nurse Practitioners Supporting Teams and Averting Transfers (NPSTAT, Credit Valley Hospital, Trillium Health Centre)* – a LHIN-wide initiative linking all LTC facilities with Nurse Practitioner support to provide outreach assessment, build capacity within the homes, and avert unnecessary ED transfers
- *Discharge Planning Team Meetings (Halton Healthcare Services)* – discharge planners engage in twice weekly meetings with hospital management, LHIN representation, and community service partner agencies to work together as a system in planning complex discharges, whilst identifying gaps in service provision and improving advocacy for system-level changes
- *Respite Care Partnerships (Credit Valley Hospital, Trillium Health Centre)* – partnerships with local retirement homes and the Alzheimer’s Society for respite care beds to provide appropriate transitional care

EMOTIONAL AND BEHAVIOURAL ENVIRONMENT

- *Bedside Shift Changes and Rehabilitation Rounds (Halton Healthcare Services)* – clinician transitions and team rounds in rehabilitation take place at the patient’s bedside to involve the patient and family in communication and care planning decisions
- *Caring Rounds (Halton Healthcare Services)* – volunteers administer patient satisfaction surveys while the patient is on the ward, enabling the organization to respond quickly to patient feedback and concerns
- *Settlement Workers (Credit Valley Hospital)* – staff dedicated to the support of multicultural patients, offering interpretation, cultural support, and information on community resources
- *Language Line (all MH LHIN Hospital Organizations)* – over-the-phone interpretation service using Certified Medical Interpreters, providing access to over 170 languages, 24 hours per day, 365 days per year

ETHICS IN CLINICAL CARE AND RESEARCH

- *Consent and Capacity Education Provided to All Staff (Credit Valley Hospital)*

PHYSICAL ENVIRONMENT

- *Use of Senior Friendly Physical Design Guidelines in Upcoming Redevelopment Projects (Halton Healthcare Services)* – the ongoing use of senior friendly guidelines is strongly encouraged
- *Use of wireless communication devices to reduce noise in clinical areas (Trillium)*

Appendix 1: Self Assessment Aggregate Responses

Self-Assessment Question	Aggregate Response (Number of Hospitals Responding "Yes")
A1. Does your hospital have an explicit priority or goal for senior friendly care in its strategic plan?	2 of 3
B3. Do you have clinical staff who are formally recognized as geriatric champions within your hospital?	3 of 3
C1.1. Has the Board of Directors made an explicit commitment to become a Senior Friendly Hospital?	1 of 3
C1.2. Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	3 of 3
C1.4. Do you have a designated hospital committee for care of the elderly?	1 of 3 (1 in development)
C1.5. Does your hospital monitor age-specific indicators of utilization and quality of care relevant to seniors at regular intervals?	1 of 3
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?	51% penetration of protocols and metrics for listed clinical areas of risk
C2.7. Does your hospital offer any specialized geriatric services for older patients?	3 of 3
C3.1. Do your staff orientation and education programs have defined learning objectives for senior care?	3 of 3
C3.2. Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies?	0 of 3
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?	3 of 3 (programs are not senior specific)
C3.4. What programs and processes do you have in place to support diversity among seniors and their families?	3 of 3 (programs are not senior specific)
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?	2 of 3 (1 with senior specific considerations)
C4.1. Does your staff have access to an ethicist to advise on ethical issues related to care of older patients?	3 of 3 (1 accesses an external consultant)
C4.2. Does your hospital have a specific policy on Advance Care Directives?	3 of 3
C5.1. Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines?	0 of 3

Appendix 2: Suggested SFH Indicators by MH LHIN Hospitals

System Utility	Safety
<ul style="list-style-type: none"> • stroke, hip and knee replacements, cardiac events, surgical cases, hip fractures, utilization patterns/physician/service • ALC days and cases • length of stay <ul style="list-style-type: none"> ○ number of patients (over total number of patients) who have LOS greater than 30 days, and the % of hospital bed days these patients represent (i.e. 4% of patients occupy 50% of inpatient bed days) • readmission rates <ul style="list-style-type: none"> ○ unnecessary readmissions ○ readmissions within 30 days for selected CMGs to any facility • % change in discharge destination • resource intensity weights • % of admitted emergency department patients treated within 8 hours or less • service volumes of geriatric services 	<ul style="list-style-type: none"> • nosocomial infections • falls • delirium • functional decline • pressure ulcers <ul style="list-style-type: none"> ○ Incidence of hospital acquired, stage 2 or higher • adverse drug event rates
Satisfaction	Quality
<ul style="list-style-type: none"> • satisfaction survey by age specific rates • patient satisfaction (e.g. “Do you think that the hospital staff did everything they could to help control your pain?”) 	<ul style="list-style-type: none"> • nutrition • sleep pattern • documentation of prior capable expressed wishes at time of admission (e.g. advance directives, power of attorney for personal care, wishes related to CPR) • documentation of substitute decision-maker at time of admission • early assessment, early identification of community supports, early indicators of re-admission

