

Senior Friendly Hospital Advanced Leadership Training Program

We are pleased to announce that the Senior Friendly Hospital Advanced Leadership Training Program was one of the successful recipients of the MOHLTC's Health System Research Fund Capacity Awards. This award will support a three-year project developing and delivering two rounds of a 3-day train-the-trainer program for hospitals to develop staff champion(s) with advanced SFH coaching skills including application of the SFH framework, team



building, change management, and quality improvement methodologies. The training will support development of an SFH change idea proposed by the participating hospitals. This

proposal was endorsed by all LHIN CEOs and its ultimate aim is to build enhanced SFH capacity and collaboration across the province.

SFH Indicators Feasibility Evaluation

In November 2013, a LHIN-led provincial working group identified Senior Friendly Hospital Indicators to drive continued improvement in the care of frail hospitalized seniors. In January 2013, 44 hospitals across 10 LHINs volunteered to implement the SFH indicators, focused on

hospital-acquired delirium and functional decline. The evaluation of this feasibility testing is being completed and will share success factors, challenges, and recommendations for broader implementation. The report on this evaluation will be released in Fall 2014.



SFH Environmental Scan Refresh

An SFH environmental scan was first conducted in 2011. Planning is currently underway to create a simplified template and conduct an updated SFH environmental scan of SFH quality improvement across the province. The updated findings will help to meaningfully guide SFH capacity building activities in the future.

Featured on Healthy Debates

A recent Healthy Debate article entitled "How far along are we in making hospitals more 'senior friendly'?" highlighted the need for senior friendly hospital care and discussed the progress that has been made in Ontario and Alberta. A live poll on the article website reveals that

96% of readers support the notion of provincially mandated quality improvement indicators for senior friendly hospital care.

“We are looking for stickiness, we want this to be the standard of care going forward – this shouldn't be considered add on and should just be core practice.”

-Dr. Barbara Liu.

You may view the article on [Healthy Debates](#).

Provincial SFH Leads Steering Committee

A Provincial SFH Leads Steering Committee meets bimonthly to support and steer the provincial SFH activities and ensure alignment with other system priorities. This committee consists of representatives from the RGP of Ontario, 14 Ontario LHINs, Health Quality Ontario, and Registered Nurses' Association of Ontario.

SFH Case Vignette: West Parry Sound Health Centre



Sunny day outside of West Parry Sound Health Centre

West Parry Sound Health Centre is a community hospital in the North East LHIN. In July 2013, its 14-bed mixed inpatient unit (5 rehabilitation and 9 acute beds) implement-

ed the SFH indicators for functional decline, utilizing the Barthel Index administered by its physiotherapy staff. Debbie Junk-Lloyd, Manager of Clinical Services and lead

of the SFH implementation, reports a number of key successes, notably an improvement in teamwork and better recognition of clients' functional changes by front-line providers. In an innovative extension of this work, the team at West Parry Sound will be implementing a one-month post-discharge functional assessment utilizing the Barthel Index administered over the telephone to provide support and follow-up for patients' transitions into the community.

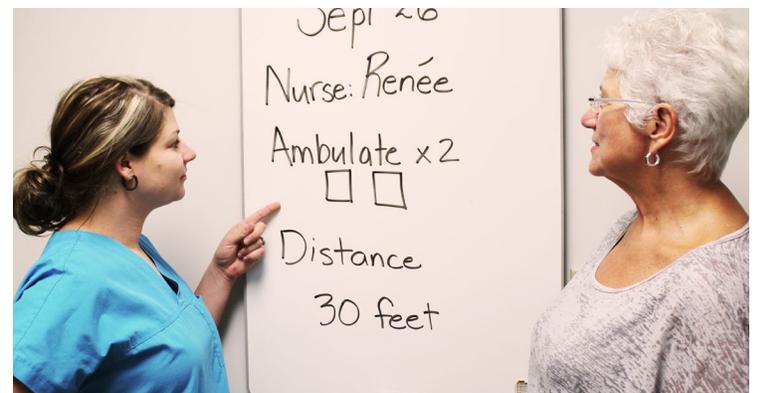
SFH Case Vignette: Blind River District Health Centre

Blind River District Hospital is a small community hospital in the North East LHIN. Three years ago, its 16-bed acute care unit adopted a philosophy of restorative care, and reviewed the Senior Friendly Hospital toolkit on the Regional Geriatric Program of Toronto's website. Informed by its resources, Blind River's SFH Strategy was rolled out, and included a physical environment audit, early mobilization strategy, falls risk assessments, medication reviews, delirium screening and a tailored implemen-

tation of the Hospital Elder Life Program. Blind River also participated in the provincial SFH indicators feasibility testing, and trained its front-line staff to administer the Barthel Index to monitor functional status of older patients. Since implementing its SFH strategy, Blind River reports an improvement in its readmission rate from 11% to 5.5%, and an improvement in patient satisfaction from 85% to 97-99% of clients who state they would recommend Blind River to friends and family. Mary Ellen Luu-

konen, Chief Nursing Officer and lead of Blind River's SFH strategy, cites its strong inter-professional team as a key success factor. She has encouraged a bottom-up, care-focused

approach, remarking that "staff bought into the philosophy and the use of the standardized care plans because they were allowed to build them and own the work."



Nurse Renee explaining to a family member the restorative care program and the day's routine for the patient.

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