A Summary of Senior Friendly Care in Central West LHIN Hospitals

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

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Table of Contents

1. Executive Summary 3
2. The Ontario Senior Friendly Hospital Strategy in the Central West LHIN 8
   - 2.1 BACKGROUND – THE SENIOR FRIENDLY HOSPITAL STRATEGY IN THE TORONTO CENTRAL LHIN 8
   - 2.2 THE SENIOR FRIENDLY HOSPITAL STRATEGY IN THE CENTRAL WEST LHIN 8
3. Conceptual Underpinning – The Senior Friendly Hospital Framework 10
4. RGP Background Document and Self-assessment Process 11
5. Goals of the Self-assessment Summary 11
6. Methods 11
7. Limitations of the Analysis 12
8. Findings 13
   - 8.1 ORGANIZATIONAL SUPPORT 13
   - 8.2 PROCESSES OF CARE 14
   - 8.3 EMOTIONAL AND BEHAVIOURAL ENVIRONMENT 17
   - 8.4 ETHICS IN CLINICAL CARE AND RESEARCH 18
   - 8.5 PHYSICAL ENVIRONMENT 19
9. Looking Ahead – Moving toward Senior Friendly Hospital Care in the Central West LHIN 20
10. Highlights of Innovative Practices across the Central West LHIN 24

Appendix 1: Self Assessment Aggregate Reponses 26

Appendix 2: Suggested SFH Indicators by Central West LHIN Hospitals 27

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1. Executive Summary

In the summer of 2010, the Toronto Central Local Health Integration Network (TC LHIN) assembled a Senior Friendly Hospital Strategy Task Group to provide guiding steps toward the improvement of seniors' health and well-being 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 Central West LHIN (CW LHIN) hospital self-assessments represents a point in time snapshot of senior friendly hospital care in the LHIN. It identifies strengths as well as areas for improvement in CW 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 CW 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 CW LHIN. The LHIN's two hospital organizations report, on average, that 61% of their total hospital days are attributable to older patients. Moreover, they report that an average 78% 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 CW 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

[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, RM Palmer, RH Fortinsky, SR Counsell, AL Stewart, D Kresevic, CJ Burant, and CS Landefeld (2003). Loss of independence in activities of daily living in older adults hospitalized with medical illnesses: increased vulnerability with age. *Journal of the American Geriatrics Society* 51(4): 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.

important to consider alignment with indicators related to the Excellent Care for All Act, the Canadian Patient Safety Institute (CPSI), and accreditation processes.

Results from the CW LHIN hospital self assessments indicate that the need for senior friendly care is well acknowledged by the LHIN and its hospital organizations. Both hospital organizations are involved, albeit to different degrees, in the development of a comprehensive Seniors Health System that aims to support residents of the LHIN with an array of specialized geriatric services. An ongoing consultation process, which includes the LHIN, CCAC, primary care, community service agencies, and health care consumers, ensures the evolution of these services. The comprehensive multi-sector representation on this service planning committee is a positive step toward achieving improved health system integration that will better serve seniors and other frail patient populations.

In addition to the LHIN-wide priority of developing a comprehensive health services system for seniors, one of the CW LHIN's hospitals has committed to making the development of senior friendly services an organization-wide priority. The other has senior friendly goals within a number of its clinical units and maintains the ability to adopt successful practices in its other services. Both organizations describe a commitment to the development of services, training initiatives, and cultural and behavioural practices that address the needs of seniors. Many of these initiatives are unit- or consultation-based, and it is important to recognize that seniors are patients in virtually every unit of the hospital. The ongoing challenge will be to adopt successful practices across the organization so that they encompass all relevant hospital units and services, thereby reflecting a comprehensive plan for senior friendly care throughout the organization.

The self-assessment analysis also examined the 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, continence, sleep, elder abuse, and dementia-related behaviour management were the clinical areas least often managed with protocols or monitoring procedures. Practice models involved establishing an infrastructure to provide services where they are needed, such as geriatric screening in the emergency department and specialized geriatric consultation throughout the hospital. In some cases, specialized inter-professional teams were tasked with these functions, providing a comprehensive geriatric assessment expertise integrated with other hospital services. Education and practice that emphasize inter-professional teamwork were identified as enablers in meeting the complex needs of frail seniors. Hospitals also reported creative partnerships and inter-organizational collaboration, facilitating the expansion of practice and specialized knowledge into the community. This was most evident in hospital practices designed to sustain discharges and 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. Both hospitals indicated their support for patient-centred care and patient diversity, and in some cases it was evident that a senior friendly lens was used in the development of these approaches. Some promising practices identified in this analysis include: the provision of

organization-wide, patient-centred care training with senior specific elements; the development of formal mechanisms to better engage patients and families in their own care; the modification of documentation procedures to capture communication to patients and families; and diversity services that include dedicated patient navigators to assist those requiring additional attention to make the most of their hospital experience. It is important that these types of practices are designed and delivered in a manner that takes into account the unique needs of frail seniors, such as sensory and communication difficulties.

Both CW LHIN hospitals describe the resources they have in place to address ethical challenges that arise during the provision of care. For instance, both are equipped with the services of an ethicist for consultation on challenging situations. One organization conducts regular ethics case study discussion rounds, acknowledging 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 both hospital organizations as creating barriers to the provision of senior friendly care. However, neither organization reported using senior friendly physical design resources in the development of their existing infrastructures. There is a significant body of information regarding senior friendly environmental design[5,6] with principles that go beyond generalized building code requirements or the legislation outlined in the Accessibility for Ontarians with Disabilities Act (AODA). It is promising that both hospital organizations indicate plans to use senior friendly design resources in retrofit and redevelopment projects moving forward. Since building improvements are long-term and 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 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 CW LHIN includes several 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 to 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

[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.

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 CW LHIN – and across the province – can learn from one another and work collaboratively to improve the quality of care for seniors across the hospital system.

2. The Ontario Senior Friendly Hospital Strategy in the Central West 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 strengthen 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. 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 to older adults – 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.

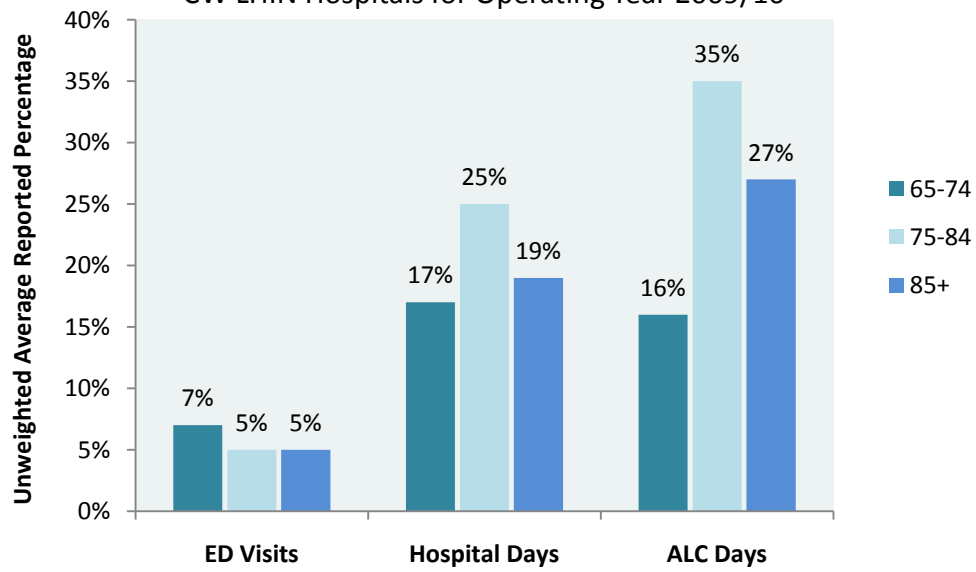
2.2 THE SENIOR FRIENDLY HOSPITAL STRATEGY IN THE CENTRAL WEST LHIN

While the proportion of seniors in the Central West LHIN (CW LHIN) is presently less than the Ontario average, it has been projected to increase by 68% between 2007 and 2019, demonstrating the fastest growth rate in the province and eventually placing the CW LHIN amongst the LHINs with the highest proportion of seniors.[7] Moreover, improving the services to seniors is one of five health care areas identified by community residents and health care providers as being important to people in central west Ontario, providing ample rationale for making the Senior Friendly Hospital Strategy a priority to support healthy communities in the Central West LHIN.

[7] Central West Local Health Integration Network

A 2007-2008 profile of Aging in Ontario[8] estimated that 12.2% of the CW 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 two hospital organizations report, on average, that 17% of ED visits, 61% of total hospital days, and 78% of ALC days are attributed to older adults (Figure 1). More specifically, acute care services report an average 52% of hospital days accountable to seniors, while rehabilitation services attribute an average 73% of hospital days to seniors. Higher proportions of seniors in rehabilitation may be reflective of the greater complexity of illness in this population and the increased likelihood of functional decline while in acute care. Considering the projected growth rate of the seniors' population in the CW LHIN, pressures that exist now in managing hospital length of stay and ALC rates will increase significantly unless mitigating strategies are implemented.

Figure 1. Unweighted Average Percentage of ED Visits, Hospital Days, and ALC Days by Age Group in CW LHIN Hospitals for Operating Year 2009/10



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 achieve improved health outcomes for seniors. The CW 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 their 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 RGPs 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 CW LHIN. While all five components of the Senior Friendly Hospital Framework are required for optimal outcomes, it is recognized that implementing of 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 CW LHIN. The two hospital organizations across the CW 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 Central West 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 two hospital organizations in the CW 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. These teleconference sessions also furnished a means for hospitals to provide direct verbal feedback on data collection processes. In March 2011, the completed self-assessments were submitted to the CW 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, providing 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 CW LHIN hospitals. The feedback also highlighted the hospital's innovative practices and opportunities for improvement in providing Senior Friendly Hospital Care in CW LHIN.

Figure 2. Hospital Organizations in the Central West LHIN

Hospital	Inpatient Services Provided		
	Acute Care	Rehabilitation	Complex Continuing Care
Headwaters Health Care Centre	✓		✓
William Osler Health System			
Brampton Civic Hospital Site	✓	✓	✓
Etobicoke General Hospital Site	✓	✓	✓

Hospital Organizations in the Central West LHIN: Two hospital organizations participated in the CW LHIN Senior Friendly Hospital self-assessment analysis. William Osler Health Centre has two sites – Brampton Civic Hospital and Etobicoke General Hospital – each providing acute care, rehabilitation, and complex continuing care services. Headwaters Health Care Centre is a smaller community hospital with mixed acute care beds and a smaller complex continuing care unit providing palliative care and low intensity rehab.

7. Limitations of the Analysis

It is important to acknowledge the limitations of the current analysis of senior friendly hospital care in the CW 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 information is accurate and credible. The exploratory nature of this report meant that both quantitative and qualitative data required a degree of subjective interpretation based on 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 CW 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

Both hospital organizations in the CW LHIN demonstrate attention to seniors' services, although to different degrees. One of the hospitals has specifically articulated the development of a seniors' health system as a priority within their strategic plan, while the other hospital functions as an extended partner within this initiative to help identify priority areas of service development for the LHIN. Although this hospital does not have its own organization-wide senior friendly strategy, it identifies being senior friendly as a goal within its rehabilitation and complex continuing care services, and has committed to adopting successful senior friendly practices in its emergency and medicine departments. The knowledge sharing that these practices encourage can enable better integration within the hospital services of the CW LHIN.

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?	**1 of 2**
Has the Board of Directors made an explicit commitment to become a senior friendly hospital organization?	**1 of 2**
Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	**2 of 2**
Do you have a designated hospital committee for care of the elderly?	**0 of 2 (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. The two hospital organizations in the CW LHIN provide contrasting environments – one is a multi-site organization with multiple specialized services, and the other is a small, mixed-use, community hospital serving a mostly rural population. Their human resources differ both in quantity and in the degree to which roles have been specialized. In both environments however, the evolution of similar services and activities are observed. One shared principle involves having the right service in the right place in the hospital. For instance, the capacity to perform geriatric screening in the emergency department, whether it is supported by a single specialized nurse clinician or by an inter-professional team, is an important component of senior friendly care that both organizations have made efforts to address. The ability to provide specialized consultation for geriatric issues throughout hospital units has also been established in both organizations, in one case by an inter-professional consultation team, and in the other by leveraging skilled staff on specific units to provide consultation throughout the hospital. Both organizations, to varying degrees, have identified one or

more geriatric champions, who act as capacity builders within their organizations. Both also identify human resources recruitment processes that screen for experience in geriatric care, and one encourages ongoing professional development by offering support and funding for the Canadian Nurses Association certification in gerontology. Older adults are patients and customers in virtually all units and services of the hospital, warranting educational initiatives that build core competencies in all hospital staff. 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 in the Senior Friend 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. Both organizations in the CW LHIN solicit direct feedback from patients using mechanisms such as satisfaction surveys, feedback forms, and patient relations processes. In one organization, the patient relations infrastructure includes a community advisory council comprised of community members. Organizations also learn about the needs of their stakeholders by participating externally in meetings with seniors' groups, long term care (LTC) homes, and system-level committees such as the Community Care Access Centre (CCAC) LTC Network, and a Seniors Core Action Group at the LHIN. Finally, one organization has convened a Seniors Health System advisory council whose membership includes external partners such as the CW LHIN, CCAC, primary care, community support agencies, and clients. 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 Central West LHIN

- *Comprehensive representation, including community members and health system partners, on hospital planning committees to help guide the development of seniors' health system services across the CW LHIN*
- *Reaching out to stakeholders such as patients, family/caregivers, community partners, long term care homes, and the LHIN to incorporate the needs of the system and community into program and service development*
- *Encouraging human resources skills development by supporting education and certification in geriatrics*

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 in place 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 CW LHIN hospitals, falls, adverse drug reactions, and pressure ulcers are the clinical areas where protocols and monitoring are most frequently in place (Figure 4). Conversely, continence, sleep management, dementia-related behaviour management, and elder abuse are clinical areas where protocols and monitoring are least frequent in practice (Figure 4).

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	**1 of 2**	**1 of 2**
Delirium	**1 of 2 (1 in development)**	**0 of 2 (1 in development)**
Falls	**2 of 2**	**2 of 2**
Continence	**0 of 2 (1 in development)**	**0 of 2**
Pressure Ulcers	**2 of 2**	**1 of 2 (1 in development)**
Restraint Use	**2 of 2**	**0 of 2 (1 in development)**
Prevention of Deconditioning	**1 of 2 (1 in development)**	**0 of 2 (1 in development)**
Adverse Drug Reactions	**2 of 2**	**2 of 2**
Hydration/Nutrition	**1 of 2 (1 in development)**	**0 of 2 (1 in development)**
Pain Management	**1 of 2 (1 in development)**	**0 of 2 (1 in development)**
Sleep Management	**0 of 2 (1 in development)**	**0 of 2 (1 in development)**
Dementia/Behavioural Disturbances	**0 of 2 (1 in development)**	**0 of 2**
Elder Abuse	**0 of 2 (1 in development)**	**0 of 2**

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, one hospital noted that a protocol and monitoring process for depression is under development.

This observation is consistent with a recent study of geriatric 'quality indicators' for hospital care.[9] 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.

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 both hospital organizations in the CW LHIN report having protocols to manage these clinical challenges, sites do not demonstrate a consistent trend toward improvement in outcome measures. It will be important to examine the factors for success in the organizations and/or sites across the

[9] 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.

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 unit of reporting varied significantly between hospital organizations. These variations may be affected by environmental and demographic differences between organizations, or by differences in the technical definitions, monitoring, data collection, and reporting methods employed by each organization. Verbal feedback provided by hospitals during provincial 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 in the CW LHIN demonstrated two key themes – harnessing inter-professional practice in the ED, and building community links by collaborating with health system partners. One such initiative involves an inter-professional team in the ED, comprised of a Geriatric Emergency Management (GEM) nurse, an ED primary nurse, a physiotherapist, a social worker, and a CCAC case manager, with the available support of a speech-language pathologist, a dietician, a crisis worker, an occupational therapist, a geriatrician, and a geriatric psychiatrist as needed. This team is empowered to perform specialized screening in the ED. Its members provide evidence-based and patient-centred care in the often chaotic environment of the ED, while employing a common documentation process that reduces duplication in assessment. Another innovative practice in the ED involves partnerships with the CCAC and long-term care facilities to provide wound care and

Figure 5. Senior Friendly Care Initiatives and Priorities

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:

Specialized Inter-Professional Geriatric Screening and Assessment across the Hospital:

- risk assessment in the Emergency Department
- geriatrics consultation and screening available to inpatient units
- screening pathway for patients with fractured hips
- specialized inpatient units – ACE Unit, Psycho-Geriatric Unit

Development of Clinical Protocols and Metrics

- protocols drafted for delirium, continence, mobility/prevention of deconditioning, hydration/nutrition, pain, sleep, dementia behaviours, elder abuse, and depression
- monitoring and metrics under consideration for delirium, restraint use, prevention of deconditioning, hydration/nutrition, pain, sleep, dementia behaviours, elder abuse, and depression

Services to Support an Integrated Seniors Health System

- Outpatient Geriatric Clinics and specialized Outreach Teams to support the community and health system partners in the CW LHIN

Physical Environment Updates and Hospital Site Redevelopment

intravenous antibiotic treatment in a specialized clinic. Patients receive assessment and an initial treatment in the ED, but are able to transition quickly back to their long-term care homes to resume treatment with the support of CCAC. Similarly, a Nurse-Led Outreach Team reaches out to provide assessment and capacity building in partnered long-term care homes so that residents can receive care within their living spaces and avoid unnecessary transfers to the hospital.

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. Both organizations identify early assessment of patient discharge needs, regular inter-professional team rounds, and in-hospital collaboration with CCAC case managers as factors in successful discharge planning. Inter-organizational collaboration is also a key enabler to building innovative discharge and care transition models. CW LHIN hospitals employ partnerships through the Wait at Home, Home First, and Rehabilitation at Home programs to help patients return home to remain, or to await long term care. In addition, one organization partners with a local retirement home to provide transitional care beds, whilst the other organization partners with a community service agency to provide supportive care and help patients transition home. 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-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 Central West LHIN

- *Identification of priorities in clinical practice amongst CW LHIN hospitals will be a catalyst for the development and implementation of innovative protocols and metrics*
- *Provision of inter-professional practice initiatives to deliver geriatric screening and consultation abilities across units and departments of the hospital, so that teams throughout the organization can better manage the complexities of frail seniors. Robust team composition and performance are important assets.*
- *The fostering of creative and effective inter-organizational partnerships to expand the reach of specialized practice, to improve follow-up in the community, and to thereby enable system integration*

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. Both hospital organizations in the CW LHIN describe efforts to foster a patient-centred philosophy of care through educational programs targeted at all staff. In one organization this includes senior specific elements in its education program, focusing on communication with seniors and those with cognitive

impairment. Another initiative involves modifying clinical documentation processes to include a record of communication with patients and families. Nursing bedside checks, patient and family conferences, communication whiteboards in patient rooms, and formal processes to involve family members in a patient's care are other ways that organizations in the CW LHIN focus on the unique needs of patients and their families – although it should be noted that some of these activities are provided only on specialized geriatric units of the hospital. Both organizations offer interpretation services; one uses a list of in-house staff who speak languages other than English, and the other has developed a comprehensive diversity program that features dedicated patient navigators, interpretation and written translation services, and improved access for those with hearing or vision difficulties.

Emotional and Behavioural Environment – Promising Practices in the Central West LHIN

- *Incorporating senior-specific elements into quality programs – such as organization-wide education in communication with seniors and with patients who have cognitive impairment – so that care and service in the organization can be optimized in a way that includes seniors and other vulnerable populations*
- *Encouraging communication and the involvement of patients and families in care through initiatives such as communication whiteboards, family care provision programs, and by modifying clinical documentation processes – these initiatives should be considered for organization-wide implementation, as seniors are to be found in virtually all hospital units*
- *Dedicated patient navigators to assist those with communication and orientation difficulties*

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. Both hospital organizations in the CW LHIN reported having human resources and processes designed to deal with ethical challenges in hospital health care encounters. For instance, both organizations have the services of an ethicist available to them, providing advice and consultation for complex ethical issues. Hospitals reported similar types of ethical situations related to the care of older adults, the most common of which are listed below:

- Consent and capacity
- End of life care issues
- Decision making around discharge planning
- Substitute decision maker issues
- Advance directives
- Patient choices and family dynamics

Both organizations also have mechanisms in place to perform capacity examinations, employing social workers, occupational therapists, or discharge planners. Policies for advance directives are also either in place or being drafted. Both organizations in the CW LHIN describe resources and a suitable structure to respond to ethical challenges. They are encouraged to ensure that all clinical staff members are appropriately educated on relevant issues, so that they continue to be aware of how to leverage these resources to manage unique ethical situations as they arise in practice. Such training can be done, for instance, through the regular ethics rounds that one organization offers, or by case study discussions and lunch and learn sessions..

Ethics in Clinical Care and Research – Promising Practices in the Central West LHIN

- *The availability of a clinical ethicist, and regular learning opportunities to ensure 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, both CW LHIN organizations cited aspects of their physical environments. Both organizations reported that existing facilities were not designed to senior friendly specification, and audits of the physical spaces using senior friendly physical guidelines have not been conducted to date. One organization described a gradual refitting of physical characteristics such as flooring, lighting, wall clocks, furniture, and wayfinding features, guided by senior friendly principles. Similarly, the intention to utilize senior friendly resources in the planning process of hospital redevelopment was reported. There is a significant body of information regarding senior friendly environmental design[10,11] 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 – important considerations when planning retrofit projects or site redevelopment. 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.[12] 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

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

[11] 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.

[12] Vancouver Island Health Authority, Personal Communication

senior friendly environmental design for staff involved in the development, maintenance, and purchasing operations of the physical plant.

Physical Environment – Promising Practices in the Central West LHIN

- *The use of senior friendly design resources in future capital planning and infrastructure renewal and redevelopment*

9. Looking Ahead – Moving toward Senior Friendly Hospital Care in the Central West 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 Central West 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 by the CW LHIN, and both of its hospital organizations play a role in advancing services for seniors. For example, a Seniors Health System is currently in development to provide a comprehensive array of specialized geriatrics services to residents of the CW LHIN. Considerable consultation has and continues to take place in order to determine the priorities for this system. Partners include the two hospital organizations, the LHIN, CCAC, primary care, community service agencies, and consumers. Involving such comprehensive representation on service planning committees may enable better service integration across the health system and ultimately, improve health outcomes for frail seniors who frequently need to access health services from multiple sectors. One organization in the CW LHIN has articulated a corporate-wide senior friendly strategy, while the other has senior friendly goals embedded in a number of its services. While unit- or consultation-based specialized geriatric services are important in a senior friendly hospital, the implementation of *organization*-wide practices is equally important given that seniors are patients in virtually all units of the hospital. It was reported by one organization that recruiting staff with geriatrics skill sets and bringing about behaviour change among inter-professional teams are challenges to the implementation of new evidence-based protocols. One well studied model of geriatric care, the Nurses Improving Care of Healthsystem Elders (NICHE) model, aims to affect organizational culture and to improve the care of seniors through broad based education, organizational strategies, and knowledge sharing initiatives.[13] Education on the needs of seniors, built into orientation programs and delivered to all clinical and non-clinical staff can empower an organizational culture that supports the attainment of senior friendly goals.

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

Most organizations are familiar with published best practice guidelines. For instance, both hospitals in the CW LHIN have protocols in place for falls and pressure ulcers – two 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 sleep, continence, 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) unit[14] and the Hospital Elder Life Program (HELP).[15] A key variable measured in both of these models is the degree to which patients' functional decline 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 this 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.

Both organizations in the CW 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. One hospital reported its intention to incorporate customized senior specific elements into NRC Picker patient satisfaction survey protocols. This may be one way to generate feedback and ensure that quality programs are refined in a manner that respects the unique needs of seniors. The use of senior friendly design resources in physical infrastructure planning and development is another way to accommodate 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 significant variability between organizations, limiting the utility of system-level

[14] 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.

[15] 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.

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 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 practice of all hospitals in the province.

Both organizations in the CW LHIN reported that limitations in financial resources are 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 is 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 culture 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 practices, 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 Central West LHIN

ORGANIZATIONAL SUPPORT

Collaborative Consultation for the Development of LHIN-wide Services and Programs

- *Seniors Health System Advisory Council (William Osler Health System)* – membership includes both hospital organizations, the CW LHIN, CCAC, primary care, community support agencies, and health care consumers; comprehensive consultation to develop specialized geriatrics services for the LHIN and to improve health system integration

Support for Broad-based Education

- *Patient Centred Care Workshop (William Osler Health System)* – a program targeting all staff that includes curriculum on communication with seniors and people with cognitive impairment
- *Community Education Partnership (William Osler Health System)* – a one year project working with community providers to provide education on caring for seniors with Alzheimer's Disease; resources have been consolidated into an information booklet

Health Human Resources

- *Geriatrics Champions Amongst Leadership and Clinical Roles (William Osler Health System)* – a strong focus on geriatrics amongst leadership and clinical staff provide a structure to empower the development of high quality of care for seniors
- *Leveraging Limited Human Resources to Act as Organization-wide Geriatrics Resources (Headwaters Health Care Centre)* – nursing and occupational therapy personnel act as geriatrics resources for programs across the organization
- *Financial Support for Continuing Education (William Osler Health System)* – to support ongoing skills development and certification (e.g. CNA certification in gerontology)

PROCESSES OF CARE

Specialized Units and Programs

- *Acute Care for the Elderly Unit (William Osler Health System)* – a specialized inpatient unit resourced to provide comprehensive inter-professional care for seniors
- *Seniors Multidisciplinary Assessment Response Team in Emergency, or SMART-E (William Osler Health System)* – an inter-professional team empowered to provide comprehensive geriatric screening and intervention in the emergency department
- *Outpatient Falls Prevention and Continence Programs (William Osler Health System)* – specialized services for patients in the community

Clinical Care Protocols and Pathways

- *Falls Protocol Initiated in the Emergency Department (William Osler Health System)* – screening for falls risk upon admission to hospital
- *Fractured Hip Pathway (William Osler Health System)* – all patients in surgical units who present with fractured hips are screened for cognitive issues, falls risk, and skin breakdown
- *Delirium Screening (Headwaters Health Care Centre)* – implemented in the emergency department and in development on the complex continuing care unit

Creative Partnerships

- *Nurse Practitioners in Long Term Care (William Osler Health System)* – through Aging at Home and Nurse Led Outreach Team initiatives, nurse practitioners are available to partnered LTC homes to provide assessment and capacity building and to minimize avoidable ED transfers
- *Community Service Partnerships (William Osler Health System, CANES Community Services)* – a partnership with a community service agency to support seniors with the transition home
- *Transitional Care Partnerships (Headwaters Health Care Centre)* – partnership with a local retirement home to provide transitional care beds to assist seniors to return home

EMOTIONAL AND BEHAVIOURAL ENVIRONMENT

- *Diversity Services (William Osler Health System)* – offering patient navigators, interpretation and written translation services, and improved access for the hearing and vision impaired
- *Formal Process on ACE Unit to Involve Patient Families in Patient's Plan of Care (William Osler Health System)* – engaging patients and families in their own care has shown positive outcomes in the literature; this program should be evaluated and considered for organization-wide implementation
- *Communication and Documentation to Support Patient/Family Involvement (William Osler Health System)* – white boards in patient rooms on the ACE unit, modified documentation processes to report on patient/family communication; these programs as well should be evaluated and considered for organization-wide operation
- *Annual Patient-centred Care Education Offered to All Staff (Headwaters Health Care Centre)*

ETHICS IN CLINICAL CARE AND RESEARCH

- *Monthly Ethics Rounds (Headwaters Health Care Centre)* – regular case discussions to help keep staff aware of ethical issues and able to respond to unique situations as they arise

PHYSICAL ENVIRONMENT

- *Use of Senior Friendly Physical Environment Guidelines in Future Renovation and Redevelopment Projects (William Osler Health Centre, Headwaters Health Care Centre)* – the ongoing use of senior friendly guidelines is strongly encouraged

Appendix 1: Self Assessment Aggregate Reponses

Self-Assessment Question	Aggregate Response
A1. Does your hospital have an explicit priority or goal for senior friendly care in its strategic plan?	1 of 2
B3. Do you have clinical staff who are formally recognized as geriatric champions within your hospital?	2 of 2
C1.1. Has the Board of Directors made an explicit commitment to become a Senior Friendly Hospital?	1 of 2
C1.2. Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	2 of 2
C1.4. Do you have a designated hospital committee for care of the elderly?	0 of 2 (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 2 (1 in development)
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?	37% penetration of protocols and metrics for listed clinical areas of risk
C2.7. Does your hospital offer any specialized geriatric services for older patients?	1 of 2
C3.1. Do your staff orientation and education programs have defined learning objectives for senior care?	1 of 2
C3.2. Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies?	0 of 2
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?	1 of 2 (2 of 2 have generalized programs for all ages)
C3.4. What programs and processes do you have in place to support diversity among seniors and their families?	0 of 2 (2 of 2 have generalized programs for all ages)
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?	1 of 2 have programs 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?	2 of 2
C4.2. Does your hospital have a specific policy on Advance Care Directives?	1 of 2 (1 in development)
C5.1. Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines?	0 of 2

Appendix 2: Suggested SFH Indicators by Central West LHIN Hospitals

System Utility	Safety
• ALC rates for seniors • ED visits and ED length of stay for seniors • Patient length of stay for seniors • Readmission rates by • Discharge disposition from ED and inpatient areas for seniors	• Adverse events – falls, pressure ulcers, restraint usage