

# Self-Assessment Template: Senior Friendly Hospital Care

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Originally created by the Regional Geriatric Program of Toronto (July 9, 2010)



**Section A: Priority Setting and Planning**

- A1. Does your hospital organization have an explicit priority or goal for senior friendly care in its strategic plan?  Yes  No  
 If “Yes”, please describe. If “No”, please answer question A2.

- A2. If you answered “No” to question A1: Which, if any, programs within your organization identify senior friendly care as a focus?

- A3. Please outline your hospital’s priorities for becoming senior friendly. Through what process did your hospital select these (e.g. those involved, environmental factors, community engagement, who took leadership, etc.)? Include site specific information if applicable.

- A4. What percent of hospital days, ALC days, and Emergency Room visits in your hospital is accounted for by patients between 65-74 years, between 75-84 years, and over 85 years? Please report the percentages non-cumulatively (e.g. 65-74, 75-84, >85) rather than cumulatively (e.g. >65, >75, >85). If possible, please include percentages for fiscal years 2007-08, 2008-09 and 2009-10. Please provide this information by individual site (copy and paste a table for each site within your hospital organization) if applicable.

Site name	Hospital Days			ALC Days			ER Visits		
	2007-2008	2008-2009	2009-2010	2007-2008	2008-2009	2009-2010	2007-2008	2008-2009	2009-2010
65-74 years									
75-84 years									
85+ years									

- A5. What percentage of your readmissions within 30 days is accounted for by patients between 65-74 years, between 75-84 years, and over 85 years? Please report the percentages non-cumulatively (e.g. 65-74, 75-84, >85) rather than cumulatively (e.g. >65, >75, >85). If possible, please include percentages for fiscal years 2007-08, 2008-09 and 2009-10. Please provide this information by individual site (copy and paste a table for each site within your hospital organization) if applicable.

Site name	Percent Readmissions within 30 days		
	2007-2008	2008-2009	2009-2010
65-74 years			
75-84 years			
85+ years			

**Section B: Hospital Health Human Resources**

- B1. Describe the health human resources in your organization that are dedicated to the care of older patients. These are staff who are specifically dedicated (full or partial FTE) to serve older patients as a special population. This does not include staff who serve a large number of seniors by virtue of the general population profile (e.g. General internal medicine units). Please provide this information by individual site if applicable.

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- B2. Outline the FTEs dedicated to the care of elder patients (e.g. FTE has discrete role in geriatrics). Please provide this information by individual site (copy and paste a table for each site in your hospital organization) if applicable.

Role <insert site name>	FTEs	Comments
APN gerontology:		
Geriatric Emergency Management RNs:		
Allied professionals:		
Physician resources:		
Other:		
Other:		

- B3. Do you have clinical staff who are formally recognized as geriatric champions within your hospital organization?  Yes  No  
If yes, please describe their role and the site they are located at (if applicable).

- B4. Describe how the expertise of the staff outlined in questions B2 and B3 is leveraged to disseminate geriatric-specific knowledge and skills throughout the organization.

- B5. Describe how your corporate health human resources plan takes into account the needs of an aging patient population.

### **Section C: Senior Friendly Hospital Domains**

**Part 1: Organizational Support:** Specific supports are needed to achieve the senior friendly hospital mandate. This domain of the framework reflects how the organization shows its support for being a Senior Friendly Hospital through its organizational leadership, structures, policies and procedures.

- C1.1. Has the Board of Directors made an explicit commitment to become a Senior Friendly Hospital organization?  Yes  No  
Please describe briefly.

C1.2. Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?  Yes  No  
If yes, please identify.

C1.3 How does your organization solicit input from seniors, their families, and other relevant stakeholders?

C1.4. Do you have a designated hospital committee for care of the elderly?  Yes  No  
If yes, please describe its roles and responsibilities.

C1.5. Does your hospital monitor age-specific indicators of utilization and quality of care relevant to seniors at regular intervals?  Yes  No  
If yes, please specify indicators.

**Part 2: Processes of Care:** The clinical care of older patients in hospital takes into account research and evidence regarding the physiology and pathology of aging, as well as social science research.

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? Check all that apply.  
 \*note: please indicate if this information is site specific within your hospital organization and indicate the site.

	Protocol in place	Active monitoring of metric (specify metric)
High risk screening	<input type="checkbox"/>	<input type="checkbox"/>
Delirium	<input type="checkbox"/>	<input type="checkbox"/>
Falls	<input type="checkbox"/>	<input type="checkbox"/>
Continence	<input type="checkbox"/>	<input type="checkbox"/>
Pressure ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Restraint use	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of deconditioning or loss of function	<input type="checkbox"/>	<input type="checkbox"/>
Adverse drug reactions/Medication errors	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining hydration and nutritional status	<input type="checkbox"/>	<input type="checkbox"/>
Pain management	<input type="checkbox"/>	<input type="checkbox"/>
Sleep management	<input type="checkbox"/>	<input type="checkbox"/>
Dementia/behavioural disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Elder abuse	<input type="checkbox"/>	<input type="checkbox"/>
Other – specify	<input type="checkbox"/>	<input type="checkbox"/>
Other – specify	<input type="checkbox"/>	<input type="checkbox"/>

C2.2 What was the rate of in-hospital falls (falls per 1000 patient days) for each of the following fiscal years: 2007-08, 2008-09 and 2009-10? Please provide this information by individual site (copy and paste a table for each site in your hospital organization) if applicable.

Site name	2007-08	2008-09	2009-10
Fall rate			

C2.3 What was the percentage of patients who acquired decubitus skin ulcers (pressure ulcers) in your hospital for each of the following fiscal years: 2007-08, 2008-09 and 2009-10? Please provide this information by individual site (copy and paste a table for each site in your hospital organization) if applicable.

Site name	2007-08	2008-09	2009-10
Percent patients who acquired in-hospital pressure ulcers			

C2.4. Briefly describe up to five of your most successful initiatives to improve clinical care of seniors in your hospital organization. Please provide this information by individual site if applicable. Include information on:

a) How the target population is identified?

b) How widely the initiative has been implemented in the hospital (e.g. medical units, surgical units, emergency department, rehabilitation, ambulatory settings)?

c) How are you measuring success of the initiative? Please outline your high-level findings demonstrating success.

C2.5. Describe any special discharge planning practices that have been developed to support safe and sustainable discharges for older patients, how they address the unique needs of seniors, and the expected impact on bed utilization. This may include formal relationships with transitional or community-based programs. Please provide this information by individual site if applicable.

C2.6. What protocols or programs do you have in the emergency department to help address the needs of seniors? Describe how these will contribute to reduce ER demand and/or increase ER capacity and performance. Please provide this information by individual site if applicable.

C2.7. Does your hospital offer any specialized geriatric services for older patients? (This may include an acute geriatric unit, geriatric consultation team, day hospital, geriatric rehabilitation unit, or specialized outpatient clinics for geriatric issues).  Yes  No  
If yes, please describe. Please provide this information by individual site if applicable.

**Part 3: Emotional and Behavioural Environment:** Interpersonal interactions with seniors and their families are carried out in a supportive and caring way. This domain reflects an organizational culture where seniors are valued and respected.

C3.1. Do your staff orientation and education programs have defined learning objectives for senior care?  Yes  No  
Please describe.

C3.2. Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies?  Yes  No  
Briefly state how these age-sensitive patient satisfaction measures are included in your hospital quality management strategies.

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 (e.g. client-centred care programs)? Please describe briefly. Please provide this information by individual site if applicable.



C3.4. What formal programs and processes do you have in place to support diversity among seniors and their families (e.g. cultural and linguistic needs)? Please describe briefly. Please provide this information by individual site if applicable.

C3.5. What formal programs and processes do you have in place to support appropriate attitudes and behaviours of health professional students and residents toward older patients? Please describe briefly. Please provide this information by individual site if applicable.

**Part 4: Ethics in Clinical Care and Research:** Care providers, educators, and researchers ensure that ethical issues are fully addressed with older patients and research subjects.

C4.1. Does your staff have access to an ethicist to advise on ethical issues related to care of older patients?  Yes  No  
What type of ethical issues specific to geriatrics are usually referred to the bioethicist?

C4.2. Does your hospital organization have a specific policy on Advance Care Directives?  Yes  No  
Please describe briefly and when the policy was last revised.

C4.3. How does your organization address challenging situations in capacity assessment and decision-making?

**Part 5: Physical Environment:** The physical structure of the hospital and its surroundings are designed and equipped to support the abilities of older patients and visitors.

C5.1. Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines (e.g. RGP audit, CodePlus or other)?  Yes  No  
 If yes, please describe the results, indicate the scope of the audit and when it was performed (e.g. hospital-wide or unit/area-specific). Please provide this information by individual site if applicable.

C5.2. Is your hospital planning any physical environment changes in the next three years? Please select from the list below (see Backgrounder Appendix for specific items) and describe how seniors' needs are being considered in these changes. Please provide this information by individual site (copy and paste a table for each site in your hospital organization) if applicable.

Items <insert site name>	Scope	Comments
<input type="checkbox"/> Lighting	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Décor/Colour	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	

Items <insert site name>	Scope	Comments
<input type="checkbox"/> Noise dampening/ Acoustics	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Flooring/Walls	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Hallways/Doors	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Bedrooms	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Washrooms	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Handrails	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Walkways, Ramps, and Stairways	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Wayfinding, Signage, and Orientation	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Parking/Accessibility	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Equipment	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	

Items <insert site name>	Scope	Comments
<input type="checkbox"/> Furniture	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Elevators	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Other – specify	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	
<input type="checkbox"/> Other – specify	<input type="checkbox"/> Hospital-wide <input type="checkbox"/> Site: _____ <input type="checkbox"/> Unit: _____	

C5.3. All hospitals must comply with the Accessibility for Ontarians with Disabilities Act (AODA). How is your hospital accessibility plan reaching beyond the AODA in addressing the needs of seniors (e.g. parking, way-finding, functional layout of clinical and non-clinical areas, equipment)? Please provide this information by individual site if applicable.

**Section D: Hospital Senior Friendly Care Improvement Plan**

D1. What are some of the barriers/challenges to making your hospital organization more senior friendly (attitudinal/cultural, financial, physical, other)?

D2. How has the process of performing this self assessment affected your organization’s approach to its senior friendly activities and priorities?

D3. Describe goals and plans to enhance senior friendly care in your organization over the next three years. Describe the initiative, plans for monitoring impact and expected outcomes. Describe how the plan will reduce ER wait times, increase ER capacity and performance, improve bed utilization, and improve quality or patient safety. Please provide this information by individual site (copy and paste a table for each site in your hospital organization) if applicable.

Name of initiative and description	Indicator or monitoring plan	Expected outcomes. Impact on ER wait times, ER capacity, improved bed utilization, quality or safety

**Section E: Potential Roles for the LHIN**

E1. Does your hospital organization have specific requests, actions, or comments that the LHIN should consider to ensure a system-wide approach to improving senior friendly care?

E2. What indicator(s) do you recommend for inclusion in the hospital service accountability agreements (HSAA) related to senior friendly care?

**Section F: Contact and Authorization**

Name	
Title	President and Chief Executive Officer
Hospital	
LHIN	
Address	
Phone	
Email	
Administrative Assistant	
AA E-mail	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_