Senior Friendly Hospital Care in the Champlain Local Health Integration Network
Summary of Self-Assessment Responses

February 2015
In 2011, the Ontario Senior Friendly Hospital (SFH) Strategy was launched by Ontario’s Local Health Integration Networks (LHINs) and Regional Geriatric Programs (RGP). An environmental scan, informed by 155 hospital self-assessment surveys, highlighted promising practices within the five domains of the Ontario SFH framework: Organizational Support; Processes of Care; Emotional and Behavioural Environment; Ethics in Clinical Care and Research; and Physical Environment. The “Senior Friendly Hospital Care Across Ontario Summary Report 2011” identified delirium, functional decline, and transitions in care as priority areas for quality improvement across the province.

The current report summarizes an environmental scan conducted in the fall of 2014 using an updated version of the original self-assessment survey. The purpose of this report is to identify improvements made in SFH commitment and care since 2011; facilitate organization- and LHIN-level planning of SFH activities; highlight new and existing promising practices; and identify training needs to build capacity. Eighteen Champlain LHIN hospitals completed the self-assessment survey. These are: Arnprior Regional Health, Bruyère Continuing Care, Carleton Place and District Memorial Hospital, Cornwall Community Hospital, Deep River and District Hospital, Hawkesbury District General Hospital, Hôpital Glengarry Memorial Hospital, Hôpital Montfort, Hotel Dieu Hospital Cornwall – St. Joseph’s Continuing Care Centre, Kemptville District Hospital, The Ottawa Hospital, Pembroke Regional Hospital, Queensway Carleton Hospital, Renfrew Victoria Hospital, Royal Ottawa Health Care Group, St. Francis Memorial Hospital, University of Ottawa Heart Institute, and Winchester District Memorial Hospital.

While self-assessment can provide helpful and practical information, this approach does come with some limitations. For instance, detail and accuracy can be compromised due to different interpretations of the survey questions and inter-departmental communication. Even with explanatory notes, positive responses to dichotomous questions may lack sufficient detail about important factors such as intensity of uptake and fidelity to best practice. In the “Process of Care” domain, for example, hospitals reported the extent of implementation of practice across their organization, but not their compliance with these practices. Because several hospitals commented that compliance rates remain a significant area for improvement, the reported degree of implementation does not reflect robust adoption of practice. It is important to consider these limitations when reviewing the results in this summary.

Each section of this report summarizes responses within a domain of the SFH framework. A summary table lists the percentage of hospitals that have adopted key practices either across their entire organization or on specific units. The “Processes of Care” section reports the approximate degree to which delirium and functional decline practices are being implemented across organizations. Where possible, all sections include LHIN-level results for 2011, as well as current province-level results. In addition, each section describes overall levels of accomplishment and identifies promising practices. Note that the practices highlighted in this report may be occurring in a small number or even a single organization. Finally, each section of the report provides recommendations for ongoing organization- and LHIN-level planning.
In a Senior Friendly Hospital, leadership is committed to deliver an optimal experience for frail seniors as an organizational priority. This commitment empowers the development of human resources, policies and procedures, caregiving processes, and physical spaces that are sensitive to the needs of frail patients.

Accomplishments and Promising Practices

- The board of directors receives regular reports through the annual specialized geriatrics program quality report and the quarterly balanced scorecard.
- A SFH improvement plan is submitted annually to the Champlain LHIN. Measurable targets have been developed and are monitored regularly.
- A Falls Committee evolved into a Senior Friendly Committee and terms of reference were developed.
- A SFH committee meets monthly and has representation from various departments and professions. It is well supported by senior management.
- The hospital has staff champions for specific programs such as delirium and falls management.

Training and Education

- Geriatrics education includes: mandatory e-learning modules; orientation, workshops, and grand rounds. Subject matter includes delirium, depression, mobility, falls, medication, incontinence, restraints, Gentle Persuasive Approaches, Montessori care, and non-violent crisis intervention.
- All current clinical staff have been educated on the SFH strategy.
- Use of the Nurses Improving Care for Healthsystem Elders (NICHE) program as a resource for clinical education. Thirty-seven nurses have been trained as Geriatric Resource Nurses.

Recommendations

- Hospitals are encouraged to provide regular board updates on SFH progress to obtain feedback and strengthen organizational commitment to implementation of the SFH strategy.
- Hospitals are encouraged to include SFH priorities in either the Excellent Care For All Act or LHIN quality improvement plans as doing so ensures a more formal commitment to achieving SFH quality targets such as regular monitoring of progress and reporting to stakeholders.
- Training in geriatrics remains a significant need and hospitals should continue to spread this education organization-wide to both clinical and non-clinical staff. LHIN-level collaboration and planning supported by local geriatrics expertise may help define and deliver a common core curriculum based on mutual learning needs.
In a Senior Friendly Hospital, care is designed from evidence and best practices that are mindful of the physiology, pathology and social science of aging and frailty. Care and service across the organization are delivered in a way that is integrated with the health care system and support transitions to the community.

**Processes of Care**

**Delirium – % of hospitals with any degree of implementation of indicated practice**

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<thead>
<tr>
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<th>2011 Champlain LHIN</th>
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<th>2014 Ontario</th>
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* Reported “Yes” to having a protocol/policy in place for delirium

**Progress toward organization-wide implementation in Champlain LHIN hospitals (n=18)**

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<td>Prevention and Management</td>
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<td>1</td>
<td>1</td>
<td>7</td>
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<tr>
<td>Monitoring and Evaluation</td>
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<td>1</td>
<td>1</td>
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**Number of Hospitals with Indicated Degree of Implementation (% of Patient Care Units)**

<table>
<thead>
<tr>
<th>Process</th>
<th>25%</th>
<th>50%</th>
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<td>Prevention and Management</td>
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<td>Monitoring and Evaluation</td>
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**Accomplishments and Promising Practices in Delirium**

Significant progress has been made in delirium practice across the Champlain LHIN. In 2011, 53% of Champlain LHIN hospitals reported having protocols/policies or monitoring process related to delirium. Currently, 94% of hospitals have these processes in place, and the majority have implemented them across at least 75% of inpatient units in their organizations. Specific promising practices include:

- **Screening of patients for delirium using the Confusion Assessment Method (CAM) early in admission and routinely afterwards.** Many organizations are tracking compliance rates. One organization reports 94% rate of screening within 24 hours of admission, and a 29% compliance rate with screening every 8 hours thereafter. Another organization reports that 87.6% of admissions receive screening with the CAM. Another reports an 80% compliance rate with delirium screening across the organization. A fourth organization reports an 87.93% compliance rate with delirium screening upon 24-48 hours of patient admission, and 96% compliance rate with delirium screening each shift.

- **The CAM is completed in the emergency department and in a pre-admission clinic. CAM results are embedded into a transfer-of-information form to ensure this data is carried over to inpatient units when patients are admitted.**

- **The CAM tool is being integrated into electronic health records. In some cases, they automatically trigger delirium order sets and management protocols.**

- **Rates of delirium are tracked in multiple ways. These include bi-annual prevalence audits and monitoring of incidence rates. In at least two organizations, the prevalence of delirium is reported at organization and unit levels to target improvement efforts.**

- **Organization-wide education on delirium.** In one organization, an e-learning module on delirium prevention and management is available to all staff. In another, all registered and non-registered nursing staff participate in mandatory annual training on SFH which includes delirium education.
In a Senior Friendly Hospital, care is designed from evidence and best practices that are mindful of the physiology, pathology and social science of aging and frailty. Care and service across the organization are delivered in a way that is integrated with the health care system and support transitions to the community.

Processes of Care

Current environmental scan results show significant progress in the Champlain LHIN with respect to functional decline practice. In 2011, 24% of hospitals reported having protocols/policies or monitoring processes for functional decline. Presently, 94% have implemented screening programs, and 89% have prevention, management, and monitoring processes in place. Most hospitals have spread these practices across at least half of their inpatient units. Specific promising practices related to functional decline include:

- An inter-professional protocol for the mobilization of hospitalized patients (called ProMo) based on the Mobilization of Vulnerable Elders in Ontario (MOVE ON) program. This has been implemented across many of the organization’s inpatient units, and compliance rates are tracked for successful mobilization of patients 3 times per day – these improved from 46.3% to 64.7% from January to September 2014.
- Implementation of the MOVE ON program. One organization performs monthly audits to track the compliance of mobility assessment and documentation within 24 hours and the completion of 3 mobility events per day. On implemented units, compliance rates are consistently above 75%.
- Medical units in one organization have an up-for-meals protocol and an “Operation Mobilization” program. One medical unit offers exercise classes.
- Exercise goals are written on patient bedside whiteboards. This has been implemented organization-wide.
- Chart audits show 78.9% compliance with assessment of falls risk at patient admission.
- A policy to remove indwelling catheters which are not indicated is in place with 91% compliance within 48 hours of identification.
- The Barthel Index has been implemented on a geriatric unit to monitor the functional status of patients. Another organization administers the Barthel Index on admission and discharge of patients.
- All registered and non-registered nursing staff receive mandatory annual SFH training which includes functional decline and falls prevention. Education pamphlets on the importance of mobilizing in hospital are provided to patients and families.

**Accomplishments and Promising Practices in Functional Decline**

**FUNCTIONAL DECLINE – % of hospitals with any degree of implementation of indicated practice**

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<thead>
<tr>
<th></th>
<th>2011 Champlain LHIN</th>
<th>2014 Champlain LHIN</th>
<th>2014 Ontario</th>
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<td><strong>Prevention and Management</strong></td>
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</tr>
<tr>
<td><strong>Monitoring and Evaluation</strong></td>
<td>24</td>
<td>89</td>
<td>84</td>
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</table>

* Reported “Yes” to having a protocol/policy in place for functional decline

**Progress toward organization-wide implementation in Champlain LHIN hospitals (n=18)**

- **Screening and Detection**:
  - 0% (0 hospitals)
  - 25% (4 hospitals)
  - 50% (2 hospitals)
  - 75% (2 hospitals)
  - 100% (6 hospitals)

- **Prevention and Management**:
  - 0% (0 hospitals)
  - 25% (2 hospitals)
  - 50% (4 hospitals)
  - 75% (6 hospitals)
  - 100% (2 hospitals)

- **Monitoring and Evaluation**:
  - 0% (0 hospitals)
  - 25% (4 hospitals)
  - 50% (4 hospitals)
  - 75% (4 hospitals)
  - 100% (6 hospitals)

**Excludes patient care units that do not include older adults (e.g. neonatal, maternity)**
In a Senior Friendly Hospital, care is designed from evidence and best practices that are mindful of the physiology, pathology and social science of aging and frailty. Care and service across the organization are delivered in a way that is integrated with the health care system and support transitions to the community.

Promising Practices in Transitions in Care

While standardized best practices to optimize transitions in care are not yet fully defined, many promising practices supporting care transitions have been implemented. These include the following specific initiatives or general practices:

- Dedicated flow coordinators whose role is to optimize transitions planning.
- Standardized documentation and checklists for transfer of accountability, information exchange, and patient discharge. One organization uses the acronym SAFE (Story, Assessment, Follow-up, Evaluation) to ensure completeness of information during care transfers. Another organization utilizes a standard transfer of accountability form in Situation, Background, Assessment, and Recommendations (SBAR) format – SFH metrics such as delirium, falls, and mobility are part of this documentation.
- Procedures to conduct transfer of accountability at the bedside and involve patients and families have been piloted.
- Clinician-to-clinician handoffs, verbal reports, and information that travels with the patient support continuity of care.
- Collaboration with community partners in discharge planning and implementation of programs to offer community support. Examples include the Community Care Access Centre, Red Cross, the Regional Cancer Centre and Psycho-oncology Program, the Maplesoft Survivorship Program, community support services, Health Links, and the Home First program.
- Collaboration with a community health clinic to facilitate access to primary care for patients without family physicians.
- Rapid Response Nurses provide quick post-discharge follow-up of eligible patients.
- Behavioural Supports Outreach and Geriatric Psychiatry Outreach services provide follow-up support to patients in long-term care homes and in rural communities.
- Post-discharge telephone calls and a telehome monitoring program provide support to patients after leaving hospital.
- Integrated electronic documentation for nursing and allied health supports communication between members of the inter-professional healthcare team.

Recommendations

- Many hospitals have implemented delirium care practices across the majority of their organization. Hospitals should continue to spread these practices to all relevant clinical areas. This includes the emergency department, where early detection and intervention might be achieved.
- All hospitals should embed documentation of delirium in care records to support compliance, monitoring, and transfer of information during transitions across the organization.
- Hospitals should monitor the accuracy of delirium screening and reporting.
- Implementing indicators across the system would support continued monitoring and evaluation of practice addressing delirium.
- In some organizations, practices to prevent functional decline, such as early mobilization, are not yet implemented organization-wide. Continued spread to all relevant clinical areas – including the emergency department – is recommended.
- Further system-wide planning to develop indicators for functional decline practice in acute care is needed for ongoing monitoring and compliance.
- Standardized education on delirium and functional decline should be available to all hospital staff in the LHIN.
- Many hospitals have implemented protocols to report compliance with practices addressing delirium and functional decline. These strategies and related tools should be shared at the LHIN and provincial levels.
In a Senior Friendly Hospital, care and service are provided in a way that is free of ageism and respects the unique needs of patients and their caregivers. This maximizes quality and satisfaction with the hospital experience.

### Emotional and Behavioural Environment

Hospitals in the Champlain LHIN are reporting improved commitment toward a senior-friendly emotional and behavioural environment. Seniors-sensitivity training is offered by 78% of organizations. Eighty-three percent of hospitals incorporate a senior-friendly lens to quality, patient-centred care, and diversity practices. Specific promising practices include:

- In multiple organizations, seniors-sensitivity training or presentations on SFH principles are offered to all clinical and non-clinical staff. All clinical staff receive further training in Gentle Persuasive Approaches.
- A senior-friendly lens is applied to patient-centred care and quality improvement initiatives through multiple committees – namely, the Elder Care and Rehabilitation, Internal Quality, Patient Safety, and Utilization Committees.
- A new Quality Framework along with support structures is being developed to help incorporate a senior-friendly lens to the organization’s quality improvement work.
- A Seniors’ Coordinator provides input to help incorporate a senior-friendly lens to quality initiatives.
- Older adults are recruited as patient advisors for review and feedback of hospital initiatives.

### Accomplishments and Promising Practices

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<thead>
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<th>Practice</th>
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<td>77</td>
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<tr>
<td>Diversity Practices</td>
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### Recommendations

- Seniors-sensitivity training remains an important educational need and should be offered across organizations to all clinical and non-clinical staff. Collaborative planning across the LHIN may help determine specific educational needs and build on existing and impactful training to promote shared learning in this domain of senior-friendly hospital care.
- All hospitals should work toward incorporating a senior-friendly lens and awareness of seniors’ needs in all quality, patient-centred care, and diversity practices.
In a Senior Friendly Hospital, care is provided and research is designed in a way that protects the autonomy, choice, and diversity of the most vulnerable of patients.

**Ethics in Clinical Care and Research**

Progress has been made since 2011 in policies and structures supporting ethical issues. All hospitals report having procedures for capacity and consent, and 17 hospitals have an ethicist or ethics consultation service and support for advance care planning. Fifteen hospitals have a formal process to address suspected elder abuse. Specific promising practices in the ethics domain include:

- Updates to policies and procedures in multiple hospitals in the following areas: capacity and consent, advance care planning, and elder abuse.
- The hospital previously had an ethicist on contract for 2 days per month. At present, the hospital accesses clinical ethics services through the Champlain Centre for Healthcare Ethics.
- An updated ethics brochure is available in different versions tailored to support staff or patients and families.
- An admission assessment form includes questions which specifically address advance care directives and identify appropriate substitute decision makers.

**Recommendations**

- While many ethical supports are in place, ethical issues in patient care can be extremely complex. All hospitals are encouraged to provide continued education such as case presentations and lunch-and-learns to help staff remain mindful of potentially challenging situations and of appropriate actions when these issues arise.
- LHIN-wide sharing of ethics procedures implemented by hospitals, such as elder abuse protocols, may improve practice in this domain and support appropriate referral and access to ethics resources in the region.

**Extent of practice/structure in Champlain LHIN hospitals (n=18)**

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<table>
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<td>2014 Ontario</td>
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In a Senior Friendly Hospital, the structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of frail patients, promoting safety, comfort, independence, and functional well-being.

**Physical Environment**

Significant improvement has been made in the Physical Environment domain. In 2011, 68% of Champlain LHIN hospitals conducted periodic environment audits using Senior Friendly design resources. Presently 78% of hospitals have conducted such audits, and most have incorporated SFH design resources into aspects of their physical environment planning. Specific promising practices include:

- The Patient Safety Coordinator, nursing supervisors, and rehabilitation manager are members of the Procurement Committee. They provide senior-friendly consultation in purchases of capital and small equipment.
- An SFH environment working group consisting of plant services, environmental services, printing, planning, and specialized geriatrics program staff conducted physical environment audits and developed plans to address deficiencies. Completed upgrades include: wider hallways with handrails; improved lighting; larger elevators; de-cluttering of hallways; rest areas on long travel corridors; new patient room furniture; and a review of floor finishes.
- Community seniors conduct a walk-through of the hospital and provide feedback on high priority areas for improvement.
- External consultation for wayfinding, incorporating a senior-friendly lens, was completed in 2013.
- A low sheen, non-skid wax is used on flooring in ambulatory care clinics and is being considered on other campuses.
- Patient bathrooms have been renovated and patient rooms have been de-cluttered.

**Accomplishments and Promising Practices**

**Recommendations**

- SFH design can be executed with cost-neutral impact and with benefit to patient safety and comfort. All hospitals should continue to incorporate SFH design resources in addition to accessibility and building code when planning new and incremental upgrades to their physical environment.
In their self-assessment responses, hospitals identified a number of LHIN- or system-wide supports needed to enable SFH care in the region.

All hospitals in the Champlain LHIN value participating in a LHIN-wide SFH network through a standing agenda item with the Regional Geriatric Advisory Committee. They use this opportunity to share best practices, resources, and optimize their quality improvement plans. These discussions have driven SFH practice, particularly in functional decline. A SFH Symposium offered in the region also facilitates networking and the sharing of successful SFH implementations.

Hospitals request support and funding to ensure that dedicated resources are available to develop, implement, and evaluate SFH initiatives. Specific areas in need of funding support include updates to physical environments and strategies to address gaps in human resources (e.g., for a Geriatric Psychiatry Program and for rural areas). In addition, support is needed to sustain of impactful initiatives such as delirium screening, the Hospital Elder Life Program, and Mobilization of Vulnerable Elders in Ontario.

To promote a senior-friendly health system, hospitals expressed the need to increase community support for the frail elderly. Community resources such as nurse practitioner-led outreach services, the Community Care Access Centre, community support service agencies, and care navigators support hospital discharges and prevent unnecessary hospitalizations.

A suggestion was made to integrate SFH improvement plans within the Excellent Care For All Act Quality Improvement Plans. Appropriate SFH targets may also be embedded into Health-Based Allocation Model funding formulae.

Education and capacity building remain important needs in the region. The most immediate educational needs were identified as: geriatric giants training (e.g., delirium, dementia, incontinence, pain, mobility, and falls); capacity and consent procedures; skills to manage responsive behaviours (e.g., Gentle Persuasive Approaches and crisis intervention training); seniors-sensitivity training, and quality improvement methods. Several hospitals suggested that standardized education offerings should be available across the LHIN. For instance, LHIN-wide training on delirium offered by the Regional Geriatric Program in 2013-2014 created regional champions who helped drive hospital practice in delirium. System-wide planning, supported by local geriatrics expertise, may help avoid redundancy while identifying and delivering education on common learning needs across the region’s hospitals.
Hospitals in the Champlain LHIN have made good progress in their commitment towards SFH care since 2011, though significant work remains to be accomplished.

Compared to the environmental scan results of 2011, Champlain LHIN hospitals are reporting increased uptake of practices and structures in all five domains of the SFH framework. All hospitals have corporate leadership to champion SFH implementation, and offer clinical training on geriatrics to some degree. Most hospitals have also made SFH commitments in their strategic plans or in formal quality improvement plans. Most significantly, hospitals have demonstrated increasing attention toward the clinical priorities of delirium and functional decline. Presently, 94% of hospital organizations in the LHIN report having practices that address delirium and functional decline.

Much progress has been made in these clinical practices, with a number of hospitals reporting organization-wide implementation. Still, progressing delirium and functional decline related practices to organization-wide implementation with high levels of compliance remains an important target for improvement. Standardized education and LHIN-wide collaboration to share knowledge, resources, and impactful strategies is encouraged. Implementing SFH indicators for delirium across the system can help monitor continued uptake and compliance with practice.

Hospitals are encouraged to review the recommendations included under each domain in this report. Becoming a senior-friendly organization requires more than implementing a series of initiatives. It is a long-term commitment that integrates each of the five domains of the senior-friendly hospital framework. Senior-friendly hospitals deliver care that maximizes the potential for older patients to transition safely through the continuum of care and return to their homes. By providing an optimal care experience while improving health outcomes, senior-friendly hospitals are a key enabler in Ontario’s health care system.
Acknowledgements

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