

# Senior Friendly Hospital Care in the Champlain LHIN

## Summary of Self-Assessment Responses 2014

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*Event: Champlain LHIN, Rehabilitation Network of Champlain and the Regional Geriatric Advisory Committee  
Senior Friendly Hospital Steering Committee*

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**Ontario**

Local Health Integration  
Network

Réseau local d'intégration  
des services de santé

# Environmental Scan - 2014


## Purpose:

- Identify improvements made in SFH commitment and care since 2011;
- Facilitate organization and LHIN level planning in SFH activities;
- Highlight new and existing promising practices; and
- Identify training needs to build capacity.


## Five domains of the Ontario SFH framework:

1. **Organisational support**
2. **Process of Care**
3. **Emotional and Behavioural Environment**
4. **Ethics in Clinical Care and Research**
5. **Physical Environment**

## Champlain LHIN Hospital Findings

- 18 of 19 hospitals completed the self-assessment survey.
- Provincial and LHIN-level summary reports are available at:  
 <http://seniorfriendlyhospitals.ca/reports-and-publications>
- Each hospital received hospital level-report.

# Champlain LHIN findings<sup>1</sup>: Organizational Support


ORGANIZATIONAL SUPPORT – % of hospitals with practice/structure in place				
	2011 Champlain LHIN		2014 Champlain LHIN	
SFH Strategic Plan Commitments	42	↑	89	80
Regular Board Updates on SFH	n/a		61	63
SFH in ECFAA QIPs or LHIN QI Plans	n/a		89	75
Senior Leadership Lead for SFH	53	↑	100	93
SFH Committee/Working Group/Champion	42	↑	89	87
Clinical Training on “Geriatric Giant” Topics	63	↑	100	94
Formal Geriatrics Clinical Leads/Champions	n/a		83	81

Extent of practice/structure in Champlain LHIN hospitals (n=18)			
	None	Unit/Dept Specific	Organization Wide
SFH Strategic Plan Commitments	2	3	13
Regular Board Updates on SFH	7	n/a	11
SFH in ECFAA QIPs or LHIN QI Plans	2	3	13
Senior Leadership Lead for SFH	0	n/a	18
SFH Committee/Working Group/Champion	2	1	15
Clinical Training on “Geriatric Giant” Topics	0	1	17
Formal Geriatrics Clinical Leads/Champions	3	3	12

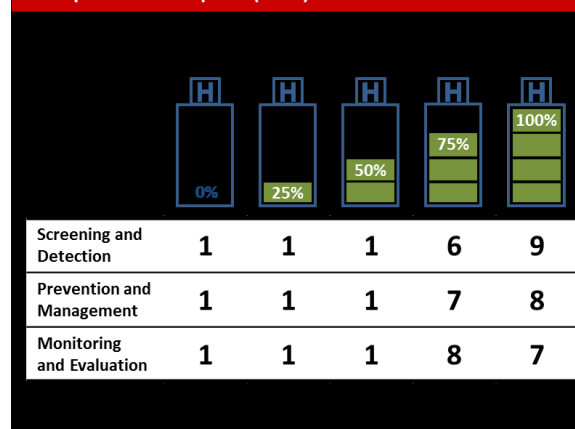
<sup>1</sup>Senior Friendly Hospital Care in Champlain Local Health Integration Network, Regional Geriatric Program of Toronto, February 2015.

# Champlain LHIN Findings<sup>1</sup>

## Processes of Care – Delirium

DELIRIUM – % of hospitals with any degree of implementation of indicated practice				
	2011 Champlain LHIN		2014 Champlain LHIN	
Screening and Detection	53*	↑	94	92
Prevention and Management		↑	94	88
Monitoring and Evaluation	53	↑	94	86

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




<sup>1</sup>Senior Friendly Hospital Care in Champlain Local Health Integration Network, Regional Geriatric Program of Toronto, February 2015.

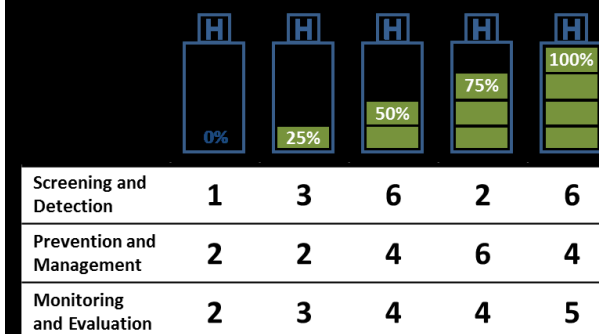
# Champlain LHIN Findings<sup>1</sup>

## Processes of Care – Functional Decline

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

	2011 Champlain LHIN		2014 Champlain LHIN	
Screening and Detection	24*	↑	94	89
Prevention and Management		↑	89	87
Monitoring and Evaluation	24	↑	89	84


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



<sup>1</sup>Senior Friendly Hospital Care in Champlain Local Health Integration Network, Regional Geriatric Program of Toronto, February 2015.

# Champlain LHIN Findings<sup>1</sup>

## Emotional and Behavioural Environment


EMOTIONAL AND BEHAVIOURAL ENVIRONMENT – % of hospitals with practice/structure in place				
	2011 Champlain LHIN		2014 Champlain LHIN	
Seniors Sensitivity Training	63	↑	78	68
SFH Lens Applied to Quality Improvement	37	↑	83	74
SFH Lens Applied to Patient-Centred Care/ Diversity Practices	84	↓	83	77

Extent of practice/structure in Champlain LHIN hospitals (n=18)			
	None	Unit/Dept Specific	Organization Wide
Seniors Sensitivity Training	4	4	10
SFH Lens Applied to Quality Improvement	3	3	12
SFH Lens Applied to Patient-Centred Care/ Diversity Practices	3	3	12

<sup>1</sup>Senior Friendly Hospital Care in Champlain Local Health Integration Network, Regional Geriatric Program of Toronto, February 2015.

# Champlain LHIN Findings<sup>1</sup>

## Ethics in Clinical Care and Research

ETHICS IN CLINICAL CARE AND RESEARCH – % of hospitals with practice/structure in place				
	2011 Champlain LHIN		2014 Champlain LHIN	
Ethicist or Ethics Consultation Service	95	↓	94	93
Processes for Capacity and Consent	n/a		100	97
Processes for Advance Care Planning	84	↑	94	93
Processes for Elder Abuse	n/a		83	87


Extent of practice/structure in Champlain LHIN hospitals (n=18)			
	None	Unit/Dept Specific	Organization Wide
Ethicist or Ethics Consultation Service	1	0	17
Processes for Capacity and Consent	0	1	17
Processes for Advance Care Planning	1	0	17
Processes for Elder Abuse	3	1	14

<sup>1</sup>Senior Friendly Hospital Care in Champlain Local Health Integration Network, Regional Geriatric Program of Toronto, February 2015.



# Champlain LHIN Findings<sup>1</sup>

## Physical Environment

PHYSICAL ENVIRONMENT – % of hospitals with practice/structure in place				
	2011 Champlain LHIN		2014 Champlain LHIN	
SFH Environmental Audits	68	▲	78	64
SFH Incremental Environmental Upgrades	n/a		89	82
SFH in Planning of Large Constructions	n/a		94	79
SFH in Capital/Small Equipment Purchases	n/a		83	82
SFH in Environmental Maintenance	n/a		78	73

Extent of practice/structure in Champlain LHIN hospitals (n=18)			
	None	Unit/Dept Specific	Organization Wide
SFH Environmental Audits	4	3	11
SFH Incremental Environmental Upgrades	2	3	13
SFH in Planning of Large Constructions	1	0	17
SFH in Capital/Small Equipment Purchases	3	0	15
SFH in Environmental Maintenance	4	1	13

<sup>1</sup>Senior Friendly Hospital Care in Champlain Local Health Integration Network, Regional Geriatric Program of Toronto, February 2015.

## Recommendations

- Hospitals are encouraged to provide regular board updates.
- Training in geriatrics remains a significant need and hospitals should continue to spread this education organization-wide to both clinical and non-clinical staff.
- Hospitals should continue to spread delirium care & functional decline practices to all relevant clinical areas. This includes the emergency department where early detection and intervention might be achieved.

## Recommendations (Cont'd)

- 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.
- Seniors-sensitivity training remains an important educational need and should be offered across organizations to all clinical and non-clinical staff.

## Recommendations (Cont'd)

- All hospitals should work toward incorporating a senior-friendly lens and awareness of seniors' needs in all quality, patient-centred care, and diversity practices.
- 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.
- 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.

## System-wide planning- Identified Opportunities

- Hospitals request support and funding to ensure that dedicated resources are available to develop, implement, and evaluate SFH initiatives.
- To promote a senior-friendly health system, hospitals expressed the need to increase community support for the frail elderly.
- 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.

## Where do we go from here?

- Strong, committed SFH Senior Friendly Hospital Steering Committee
  - Review and address recommendations that have a regional focus
  - Further dissemination of successful strategies
  - Influence provincial practices as appropriate
  - Continue to work on implementation of process and outcome indicators for functional decline and delirium.