

Applying the SFH Framework – From Silos to Regional Action



seniors care
network

Senior
Friendly
Care

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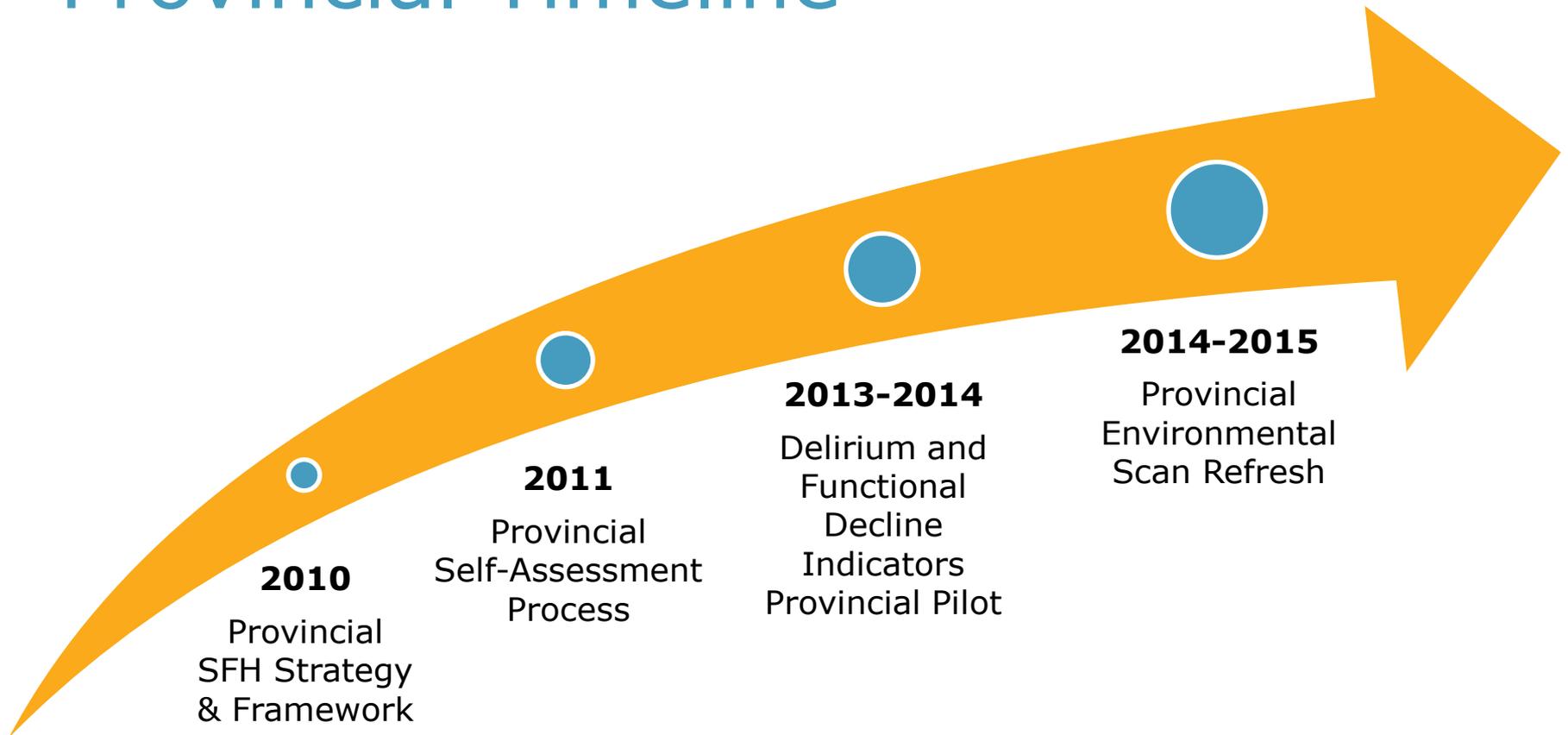
Provincial



Vision of the SFH Strategy

“To enable seniors to maintain optimal health and function while they are hospitalized so that they can transition successfully home or to the next appropriate level of care.”

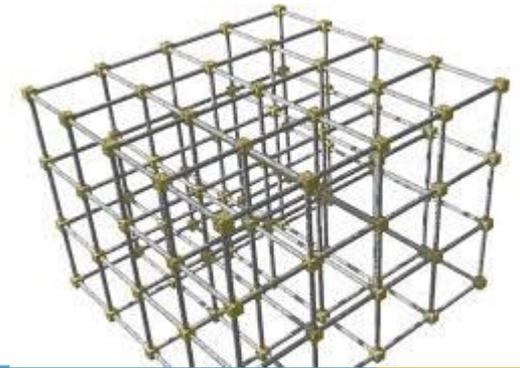
Provincial Timeline



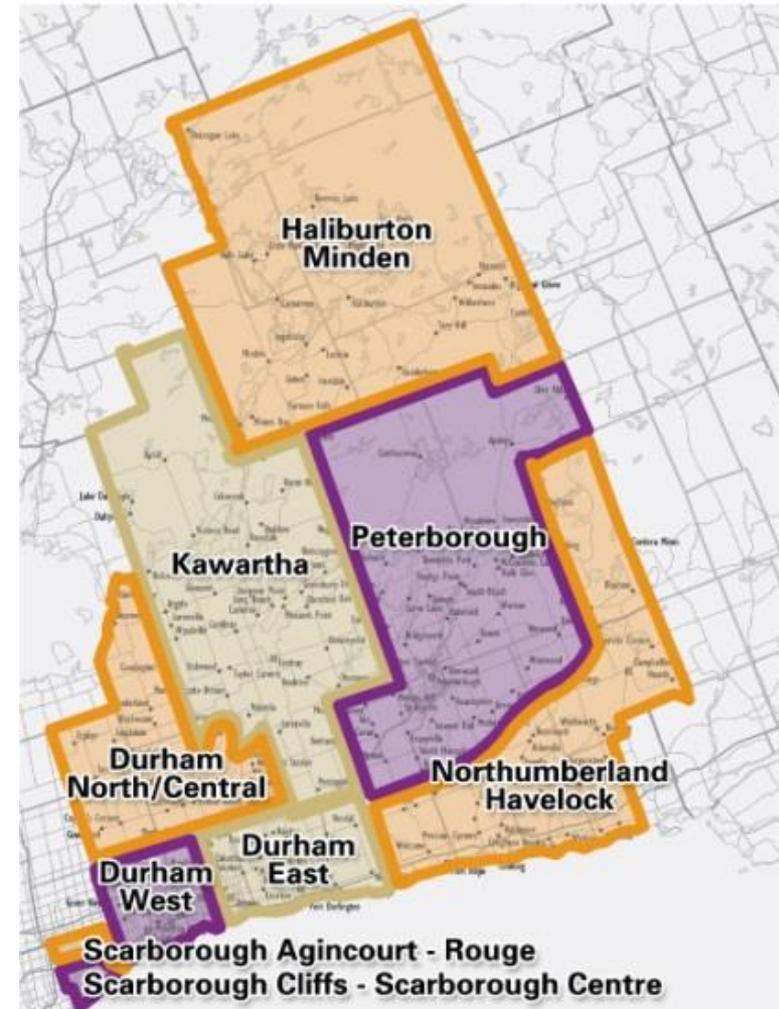
SFH Framework

Five Domains

- Organizational Support
- Processes of Care
- Emotional and Behavioural Environment
- Ethics in Clinical Care and Research
- Physical Environment



Central East Local Health Integration Network



Hospitals

| Hospital Classification | # in CE LHIN |
|------------------------------------------------------|---------------------|
| Group A - Teaching Hospitals | 0 |
| Group B - General Hospitals (100+ beds) | 6 |
| Group C - General Hospitals (fewer than 100 beds) | 2 |
| Designated Psychiatric Hospital | 1 |

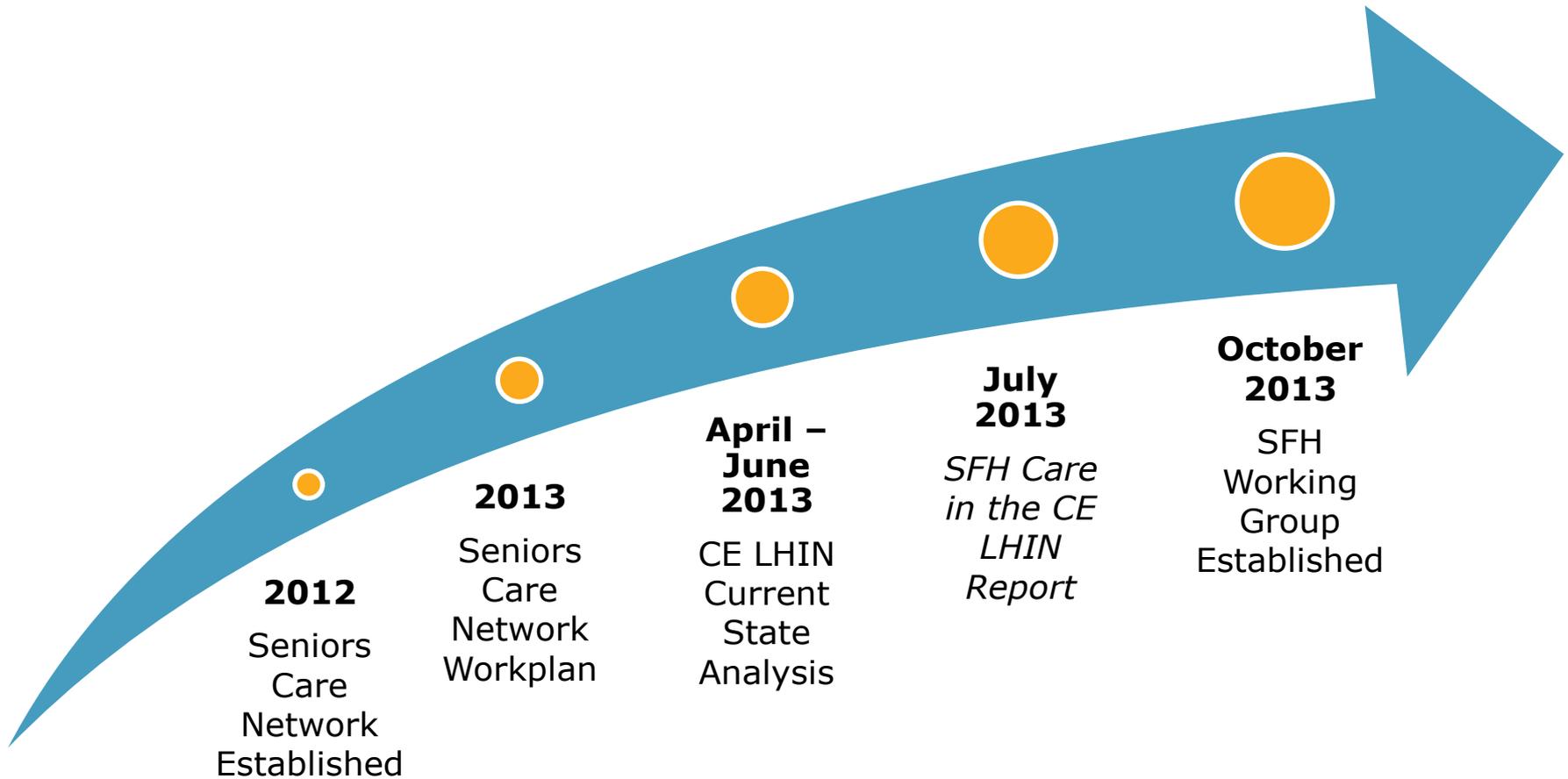


Seniors
Care
Network

Seniors Care Network

- Responsible for improving the organization, coordination and governance of specialized geriatric services for frail seniors in the Central East LHIN
- Five core SGS programs
 - Geriatric Assessment & Intervention Network (GAIN)
 - Geriatric Emergency Management (GEM)
 - Behavioural Supports Ontario (BSO)
 - Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)
 - Senior Friendly Care

Central East LHIN Timeline



The logo consists of a large white speech bubble shape on a blue background. Inside the white shape is a smaller blue circle. The text "SFH Working Group" is written in white inside the blue circle.

SFH
Working
Group

SFH Working Group

- Established to operationalize the provincial Senior Friendly Hospital Strategy
- Embodies the collective desire for a regional approach to SFH care and the need for action beyond another "initiative" to an enduring "movement" that makes a senior friendly approach simply the way we do business in our region

Purpose

To promote and provide strategic direction and leadership for Senior Friendly Hospital care within the Central East Local Health Integration Network.

Objectives

- Promote excellence in SFH care
- Develop and monitor documents
- Engage and support organizations
- Generate potential solutions
- Share learnings and spread promising practices
- Establish a network/community of practice
- Provide SF care expertise
- Liaise with external stakeholders
- Plan, implement and/or coordinate education
- Advocate for adoption of standardized SFH indicators

Membership

- Campbellford Memorial Hospital
- Central East LHIN
- Haliburton Highlands Health Services
- Lakeridge Health Organization
- Northumberland Hills Hospital
- Ontario Shores Centre for Mental Health Sciences
- Peterborough Regional Health Services
- Regional Geriatric Program of Toronto
- Ross Memorial Hospital
- Rouge Valley Health System
- Seniors Care Network
- The Scarborough Hospital



Accomplishments

- Annual SFH Workplan with Timelines
- Annual SFH Scorecard
- CE SFH Initiatives Summary
- SFH Walkabout Framework
- *SF Philosophy, Values, Principles and Practices Document* (available online at <http://seniorscarenetwork.ca/wpcontent/uploads/2015/08/Principles-July-28-2015-v6.pdf>)
- Ageism Literature Review
- Surplus Funding Allocations



2015/16 Workplan

| Seniors Care Network Strategic Direction | SFH Framework Domain | Goals | Objectives | Actions/Activities |
|----------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Increasing Awareness Of Age Related Needs | Organizational Support | Leadership & support is in place to make senior friendly care an organizational priority | Hospital leadership committed to senior friendly care empowers the development of human resources, policies & procedure, care-giving processes, & physical spaces that are sensitive to the needs of frail patients | 1. Include SFH initiatives in the annual corporate plan, goals & objectives, &/or Quality Improvement Plan (QIP) |
| | | | | 2. Implement SFH Walkabouts |
| | | | | 3. Implement a gerontological infrastructure for seniors' care to support broader capacity for senior friendly care |
| | | | | 4. Develop a SFH general orientation presentation |
| Fostering Excellence | Processes of Care | The provision of hospital care is founded on evidence & best practices that acknowledge the physiology, pathology & social science of aging & frailty | Care is delivered in a manner that ensures continuity within the health care system & in the community so that the independence of seniors is preserved | 5. Recognize reversible de-conditioning & implement strategies to address |
| | | | | 6. Implement inter-professional delirium screening, prevention & management protocols across hospital departments to optimize cognitive function |
| | | | | 7. Provide training/education to support individuals presenting with responsive behaviours |
| | | | | 8. Collaborate with NPSTAT to develop a process for transferring patients/residents between LTC & acute care |
| | | | | 9. Develop a gerontological giant learning module |
| Improving Care | Emotional & Behavioural Environment | The hospital delivers care & service in a manner that is free of ageism & respects the unique needs of patients & caregivers | Care & services are delivered in a manner that maximizes satisfaction & the quality of the hospital experience | 10. Develop communication/awareness strategies for staff surrounding ageism |
| Increasing Awareness Of Age Related Needs | Ethics in Clinical Care & Research | Care provision & research are conducted in a hospital environment that possesses the resources & capacity to address unique ethical situations as they arise | The autonomy of patients & the interests of the most vulnerable are protected in the provision of care & when conducting research | 11. Develop a high level ethics framework |
| | | | | 12. Develop communication/awareness strategies for staff surrounding elder abuse |
| Improving Care, Fostering Excellence & Increasing Awareness Of Age Related Needs | Physical Environment | Hospital's structures, spaces, equipment, & facilities provide an environment that minimizes the vulnerabilities of frail patients | Promote the safety, independence, & functional well-being of frail patients | 13. Create an environment that is conducive to SFH care based on Code Plus - Physical Design Components For An Elder Friendly Hospital |

2015/16 Timeline

| Seniors Care Network Strategic Direction | Component | Activities | 2015 | | | | | | | | | 2016 | | | | |
|----------------------------------------------------------------------------------|-------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----|------|------|------|-------|------|------|------|------|------|------|---|---|
| | | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | | |
| | | | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | | |
| Increasing Awareness Of Age Related Needs | Organizational Support | 1 | Include SFH initiatives in the annual corporate plan, goals & objectives, &/or QIP | | | | | | | → | | | | | | |
| | | 2 | Implement SFH Walkabouts | | → | | | | | | | | | | | |
| | | 3 | Implement a gerontological infrastructure for seniors' care to support broader capacity for senior friendly care | | | | | | | | | | | | | → |
| | | 4 | Develop a SFH general orientation presentation | | | | | | | | | | | | | → |
| Fostering Excellence | Processes of Care | 5 | Recognize reversible de-conditioning & implement strategies to address | | → | | | | | | | | | | | |
| | | 6 | Implement inter-professional delirium screening, prevention & management protocols across hospital departments to optimize cognitive function | | → | | | | | | | | | | | |
| | | 7 | Provide training/education to support individuals presenting with responsive behaviours. | | → | | | | | | | | | | | |
| | | 8 | Collaborate with NPS IAI to develop a process for transferring patients/residents between LTC & acute care | | | | | | | | | | | | | → |
| | | 9 | Develop a gerontological giant learning module | | | | | | | | | | | | | → |
| Improving Care | Emotional & Behavioural Environment | 10 | Develop communication/awareness strategies for staff surrounding ageism | | | | | | | | | | | | → | |
| Increasing Awareness Of Age Related Needs | Ethics in Clinical Research | 11 | Develop a high level ethics framework | | | | | | | | | | | | → | |
| | | 12 | Develop communication/awareness strategies for staff surrounding elder abuse | | | | | | | | | | | | → | |
| Improving Care, Fostering Excellence & Increasing Awareness Of Age Related Needs | Physical Environment | 13 | Create an environment that is conducive to SFH care based on Code Plus | | → | | | | | | | | | | | |

2015/16 Scorecard

| SFH Framework Domain | Actions/Activities | Measures | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Q1 April - June 2015 | Q2 July - Sept. 2015 | Q3 Oct. - Dec. 2015 | Q4 Jan. - Mar. 2016 | Target | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|----------------------|----------------------|---------------------|---------------------|--------|------|
| Organizational Support Increasing Awareness Of Age Related Needs | 1. Include SFH initiatives in the annual corporate plan, goals & objectives, &/or Quality Improvement Plan (QIP) | 1. % of hospitals with the provincial priorities of delirium &/or functional decline included in the annual corporate plan, goals & objectives, &/or QIP | X | X | X | | X | X | X | X | X | 89% | 89% | 89% | | 100% | |
| | 2. Implement SFH Walkabouts | 2. % of hospitals that have implemented SFH Walkabouts | | | | | | | X | X | X | 22% | 33% | 33% | | 100% | |
| | 3. Implement a gerontological infrastructure | 3. % of hospitals that have implemented a gerontological infrastructure | X | X | X | X | X | X | X | X | X | 100% | 100% | 100% | | 100% | |
| Processes of Care Fostering Excellence | 4. Recognize reversible de-conditioning & implement strategies to address | 4. % of hospitals that have implemented protocols to optimize physical function | X | X | X | X | X | X | X | X | X | 89% | 100% | 100% | | 100% | |
| | 5. Implement inter-professional delirium screening, prevention & management protocols across hospital departments | 5. % of hospitals that have implemented delirium screening, prevention & management protocols | X | | | X | X | X | X | X | X | 67% | 78% | 78% | | 100% | |
| | 6. Provide training/education to support individuals presenting with responsive behaviours | 6. % of organizations that have provided training/education to support individuals presenting with responsive behaviours | X | X | X | X | X | X | X | X | X | 89% | 100% | 100% | | 100% | |
| Physical Environment Improving Care, Fostering Excellence & Increasing Awareness Of Age Related Needs | 7. Create an environment that is conducive to SFH care based on Code Plus | 7. % of hospitals that have conducted an environmental audit | | | X | X | X | X | | | X | X | 33% | 67% | 67% | | 100% |

Central East Senior Friendly Hospital Initiatives - Summary - July 2015

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Total |
|-------------------------------|----------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|-------|
| Organizational Support | | | | | | | | | | | |
| 1 | Elder/SFH Care Steering Committee or SFH focus on various committees | X | X | X | | X | X | X | X | | 7 |
| 2 | SFH Clinical Manager/Lead | X | X | X | X | X | X | X | X | | 8 |
| 3 | Education to build gerontological expertise/practice | X | X | X | X | X | X | X | X | | 8 |
| 4 | Inventory of SFH initiatives | X | X | X | X | X | X | X | X | | 8 |
| 5 | Health promotion materials focused on seniors | X | X | | X | X | X | X | X | | 7 |
| Processes of Care | | | | | | | | | | | |
| 6 | Provincial Initiatives | | | | | | | | | | |
| | Delirium | X | | X | X | X | X | X | X | | 7 |
| | Functional Decline | X | X | | | X | X | X | X | | 6 |
| 7 | GAIN | X | X | X | X | X | X | X | X | X | 9 |
| 8 | GEM | X | X | X | | X | X | X | | | 6 |
| | Specialized Geriatrics Units | | | | | | | | | | |
| 9 | Acute Care for Elders (ACE) unit | X | | | | | | | | | 1 |
| 11 | GERI Unit | | | | | | X | | | | 1 |
| 12 | Integrated Care of the Elderly Unit | | X | | X | X | | | | | 3 |
| 13 | Geriatric Assessment and Behavioural Unit (GABU) | | | | X | X | | | | | 2 |
| 14 | Integrated Behavioural Unit | | X | | | | | | | | 1 |
| 15 | Interim LTC program/CCC and Functional Enhancement Unit | | | | | X | X | | | | 2 |
| | IP Programs | | | | | | | | | | |
| 16 | Geriatric Activation Programme (GAP) | X | | | | | | | | | 1 |
| 17 | Geri Acute | | | | | | X | | | | 1 |
| 18 | Alternate Level of Care (ALC) Programme | X | | X | | X | X | | | | 4 |

Senior Friendly Hospital Walkabout Framework

Central East
Senior Friendly Hospital Working Group

March 2015 v2

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Next Steps

Development of:

- communication/awareness strategies for staff surrounding ageism and elder abuse
- a high level ethics framework
- a SFH overview for general orientation
- a process for transferring patients/residents between LTC & acute care in collaboration with Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)
- a gerontological “giant” learning module



Success Factors

- Shared passion and common vision
- Multidisciplinary
- Representation from various levels of organizations
- Focus on what is achievable
- Documents generated
- Work applicable to point-of-care staff and management
- Standard administrative processes/formats
- Executive communication



SFH Fabric

- Senior Friendly Hospital care is not an initiative, it's not just about implementing policies (e.g., falls prevention, skin and wound).
- The provision of Senior Friendly Hospital care is a journey, not a destination and should be woven into the fabric of the organization.





SFH
Working
Group
Perspectives

Perspectives of SFH Leads

“The ED just completed their first SFH Walkabout! It was amazing! I can’t believe how pumped everyone got with it. Way better than I expected. It was actually a bit emotional because there are so many improvements that can be made...[but] we had great representation and have come up with some quick wins.”



Perspectives of SFH Leads

“Being part of the Seniors Care Network SFH WG has created a platform of supportive leadership. It has assisted me in my vision to build excellence of care for seniors within my hospital. Seniors Care Network has created a network of expertise that our willing to share knowledge to implement change to enhance senior friendly care.”



Perspectives of SFH Leads

“Belonging to the working group has helped us re-design our focus for our Geriatrics Operations and Performance Team, encouraged use of best practice for environmental design when ordering items like new chairs, commodes etc. as we have used the Code Plus document. It allows us to share practices with our peers in other hospitals in the LHIN.”





Applying the SFH Framework

| SFH Framework Recommendations | Considerations |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organizational Support | |
| Board of Director commitment | <ul style="list-style-type: none"> • Board level commitment to becoming a SF organization • Executive commitment to SF care |
| Senior Executive lead | <ul style="list-style-type: none"> • Explicit goals related to SF care within the strategic plan, operational plan and/or QIP • Structure to provide oversight for SF care [e.g., SF and/or Quality/Safety committee(s)] |
| Geriatrics champions | <ul style="list-style-type: none"> • Executive lead for projects/initiatives • Executive commitment to corporate enablers to support SF projects/initiatives (e.g., IT, decision support, etc.) |
| HR development | <ul style="list-style-type: none"> • Staff with geriatric expertise • Seniors focused formal education |

| SFH Framework Recommendations | Considerations |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Processes of Care | |
| <p>Interprofessional protocols implemented across hospital departments</p> | <ul style="list-style-type: none"> • Evidence informed practices • Enhance efficiencies of clinical processes • Interprofessional protocols across the organization • Interprofessional communication/documentation strategies |
| <p>Transitions supported by partnerships that promote inter-organizational collaboration</p> | <ul style="list-style-type: none"> • Shared responsibility (e.g., nursing, dietary services, environmental services) • Processes for prevention, screening, management, monitoring/evaluation, sustaining • Transitions in care (internal & inter-organization collaboration) |

| SFH Framework Recommendations | Considerations |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emotional & Behavioural Environment | |
| Seniors sensitivity training | <ul style="list-style-type: none"> • Sensitivity training for all staff, clinical and non-clinical, on aging, person-focused care, and/or cultural competency • Age appropriate communication strategies (font, format, lang.) • Mechanisms to engage patient/family/caregiver |
| Senior Friendly person-centred & diversity practices | <ul style="list-style-type: none"> • Flexibility to meet unique needs of patient • Consideration of diversity (e.g., culture, language, religion, dietary) • Patient experience measures (e.g. satisfaction surveys, etc.) |

| SFH Framework Recommendations | Considerations |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ethics in Clinical Care and Research | |
| Ethics services available | <ul style="list-style-type: none"> • Access to ethics services (e.g., staff ethicist, ethics committee or ethics consultation, etc.) • Ethics training • Protocol to identify appropriate power of attorney/substitute decision maker for all patients • Communication strategy to obtain informed consent from appropriate decision maker when patients are unable to provide informed consent |
| Policies for autonomy and consent/capacity | |
| Physical Environment | |
| SF design resources used in addition to accessibility guidelines | <ul style="list-style-type: none"> • SF design resources to inform physical environment, planning, supply chain & procurement activities, & ongoing maintenance • Physical environment audits conducted utilizing evidence-informed resources (e.g., Code Plus, accessibility guidelines) |
| Physical environment audit & improvements | |



Thank You



Contact:
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