Senior Friendly Hospital Working Group

Action Plan modeled upon "Senior Friendly Hospital Care Across Ontario: Summary Report and Recommendations"

1. Organizational Support
2. Processes of Care
3. Emotional and Behavioural Environment
4. Ethics in clinical Care and Research
5. Physical Environment

DRAFT

GOAL	TASKS	TARGET DATE	OUTCOME/DELIVERABLES	PRH LEAD
Part 1: Organizational Support:	• Establish a Senior Friendly Hospital Committee • Geriatric Medical Program that collocates geriatric patients with predominantly geriatric conditions on the same unit	Completed Completed	• Build capacity within the organization ….expertise in care of elderly	S. Mersmann
Part 2: Processes of Care **Priority #1: Functional Decline** • Screening	• Implement screening tool to identify risks for functional decline • Look at current risk stratification (fall risk, dementia quick screen, Braden scale, mini-mental) done on admission to determine if it is being followed and if follow-up is being done	Spring 2013	• Risk stratification early identification of patients at risk. • Measureable reduction in LOS and falls	E. Elliott L. L. Andrews K. Canning
• Mobilization/Ambulation	• Implement inter-professional early mobilization protocols across hospital departments to optimize physical function • Implement inter-professional early interventions in self-care	June 1, 2012	• Increase strength and endurance; higher level of independence and satisfaction • Conduct baseline audit • Target improvements • Ongoing audits to measure compliance	E. Elliott P. Gaudette M. Gauthier S. Dick P. Gaudette K. Hawkins

GOAL	TASKS	TARGET DATE	OUTCOME/DELIVERABLES	PRH LEAD
• Self Care	• Examine current practices		• Conduct baseline audit • Target improvements • Ongoing audits to measure compliance	
• Meals	• Foster independence with meals, and ensure clients are out of bed for most meals		• Conduct baseline audit • Target improvements • Ongoing audits to measure compliance	S. Biggs B. Miller K. Hawkins C. Patterson P. Gaudette
• Staff Education	• Participation in falls training • Online courses for functional decline	March 15, 2012		
Priority #2: Delirium • Screening	• Implement screening tool on admission and ongoing to identify risk for delirium • Identify where screening fits in priorities • Develop a screening tool that screens the patient on admission and at least every 24 hours after • Identify a pilot unit for screening	June 2012	• Reduction in length of stay, reduction in complications related to delirium such as falls and psychotropic drug use, reduction in adverse events	Dr. Tyler K. Canning L. Andrews
• Implementation of early recognition strategies and evidence based delirium management protocols	• Staff education given January 2012 on early recognition and treatment of Delirium	January 2012	• Education to staff to identify and treat early	Dr. Becker
	• Develop Delirium Self Learning package for hospital wide staff education	June 2012	• Education to staff to identify and treat early	S.Mersmann E. Elliott
Priority # 3: Transitions in Care • Early needs assessments, identification of transition issues and early engagement of client and families in goal setting and discharge planning	• Home First program addresses issues around transitions in care • Multidisciplinary discharge rounds	Ongoing	• Reduce length of stay; decrease in readmission rates; increased client satisfaction	P. Gaudette M. Gauthier S. Biggs M. Godsell
• Foster good communication from hospital to home (other facilities, CCAC, family) with the right information at the right time	• Review Transfer forms to other institutions • Pre Discharge Home Assessments with CCAC referral • Post discharge Telephone Calls			M. Gauthier P. Gaudette C. Marquardt

GOAL	TASKS	TARGET DATE	OUTCOME/DELIVERABLES	PRH LEAD
• Senior Friendly assessment in the ED	• GEM assessment and CCAC assessment with assist to return home; GDH referrals; Referrals to Geriatric Mental Health	Ongoing	• Assist the elderly during transition from emergency department to home	B. Lacroix K. Canning M. Godsell E. Elliott
Part 3: Emotional and Behavioral Environment	• Integrate Senior Friendly Hospital orientation program for clinical and non-clinical staff • Train or identify clinical geriatrics champions to act as peer resource and support practice and policy change across the organization • Ensure there is geriatric champion membership on working group • Commit to the training and development of human resources via seniors-focused skill development (Geriatric Refresher day; Regular participation in RGPEO rounds • PIECES training	Ongoing		E. Elliott S.Mersmann
Part 4: Ethics in Clinical Care and Research	• Make information re: end-of-life concerns available for families (e.g. legal issues, stages of dying, etc.) • Identify gaps in transition from hospital to palliative care Note: Ensure aligned with work of Ethics committee			Dr. Tyler
Part 5: Physical Environment	• Accessibility committee develops annual accessibility plan that includes senior friendly principles	Ongoing		Accessibility Committee

PARKED:

GENESIS (Geriatric Friendly Environment through Nursing Evaluation and Specific Interventions for Successful Healing)