

## WAHA 2016-17 Senior Friendly Hospital Improvement Plan- Instructions

Room for growth in providing Senior Friendly care exists for all partners in the healthcare system. To encourage ongoing quality improvement in seniors' care, Ontario hospitals are required to develop Senior Friendly Hospital (SFH) Improvement Plans. In developing these plans, hospitals are encouraged to consult the following resources:

- 1) The Senior Friendly Hospital Promising Practice Toolkit available at <http://seniorfriendlyhospitals.ca/senior-friendly-hospital-toolkit>.

### Key Considerations

|                                      |   |
|--------------------------------------|---|
| <b>Priority Rating</b>               | Hospitals are asked to prioritize each change that they have identified in their SFH improvement plan.  |
| <b>Objective</b>                     | <p>The objectives related to functional decline and delirium have been identified as common provincial objectives. These were selected based on the findings from the Senior Friendly Hospital Care Across Ontario provincial report. Hospitals are required to identify improvement initiatives that support these two objectives. Improvement initiatives that are currently being actively implemented can be included.</p> <p>Hospitals are encouraged to identify additional objectives that fall outside of these two priority areas to address key opportunities for improvement in relation to smooth care transitions for seniors.</p> |
| <b>Change</b>                        | Hospitals are asked to identify improvement initiatives that support the achievement of an identified objective. Each improvement initiative should be linked to a domain within the SFH framework (see a description of recommended activities within these domains listed below as outlined in the Senior Friendly Hospital Care Across Ontario report)   |
| <b>Measure</b>                       | Hospitals are encouraged to identify outcome measures/process measures/indicators that will allow them to evaluate their achievement against an objective.  |
| <b>Barriers/ Resource Challenges</b> | If hospitals are having difficulty achieving set targets for identified changes, they are asked to indicate any barriers and/ or resource challenges that are impeding the change. They are also asked to identify mitigating factors that explain why it has been difficult to achieve their target.   |

### Senior Friendly Domains and Recommendations

#### Organizational Support

- 1) Establish board and/or strategic plan commitments for a Senior Friendly Hospital
- 2) Designate a senior executive/medical leader in the hospital to lead and be responsible for senior friendly initiatives across the organization
- 3) Train and empower a clinical geriatrics champion(s) to act as a peer resource and to support practice and policy change across the organization
- 4) Commit to the training and development of human resources via seniors-focused skill development

#### Processes of Care

- 5) Implement inter-professional protocols across hospital departments to optimize the physical, cognitive, and psychosocial function of older patients – these processes should include high risk screening, prevention measures, management strategies, and monitoring/evaluation processes
- 6) Support transitions in care by implementing practices and developing partnerships that promote inter-organizational collaboration with community and post-acute services

#### Emotional and Behavioural Environment

- 7) Provide all staff, clinical and non-clinical, with seniors sensitivity training to promote a senior friendly culture throughout the hospital's operations
- 8) Apply a senior friendly lens to patient-centered care and diversity practices, so that the hospital promotes maximal involvement of older patients and families/caregivers in their care consistent with their personal values (e.g. cultural, linguistic, spiritual)

## Ethics in Clinical Care and Research

- 9) Provide access to a clinical ethicist or ethics consultation service to support staff, patients, and families in challenging ethical situations
- 10) Develop formal practices and policies to ensure that the autonomy and capacity of older patients are observed

## Physical Environment

- 11) Utilize senior friendly design resources, in addition to accessibility guidelines, to inform physical environment planning, supply chain and procurement activities, and ongoing maintenance
- 12) Conduct regular reviews of the physical environment and implement improvements informed by senior friendly design principles and by personnel trained on the clinical needs of frail populations

## Deadlines

Please have your 2016-17 Senior Friendly Hospital Plans into your respective Outreach Officer by **April 1<sup>st</sup>, 2016**. Please see Outreach Officer listing below:

| Region                | Hospital   | Outreach Officer        | Email                              |
|-----------------------|--|-------------------------|------------------------------------|
| Algoma                | Blind River District Health Centre                                 | Natalie Atkinson        | Natalie.Atkinson@LHINS.ON.CA       |
|                       | St. Joseph's General Hospital                                      | Natalie Atkinson        | Natalie.Atkinson@LHINS.ON.CA       |
|                       | Hornepayne Community Hospital                                      | Jennifer McKenzie       | Jennifer.Mckenzie@lhins.on.ca      |
|                       | Lady Dun Health Centre   | Jennifer McKenzie       | Jennifer.Mckenzie@lhins.on.ca      |
|                       | Sault Area Hospital  | Jennifer Wallenius      | Jennifer.Wallenius@lhins.on.ca     |
| Coast                 | Weeneebayko Area Health Authority                                  | Martha Auchinleck       | Martha.Auchinleck@LHINS.ON.CA      |
| Cochrane              | Services de santé Chapleau Health Services                         | Jennifer McKenzie       | Jennifer.Mckenzie@lhins.on.ca      |
|                       | Lady Minto Hospital  | Christine Leclair       | Christine.Leclair@LHINS.ON.CA      |
|                       | Hôpital Notre Dame Hospital (Hearst)                               | Sylvie Guenther         | Sylvie.Guenther@LHINS.ON.CA        |
|                       | Anson General Hospital   | Christine Leclair       | Christine.Leclair@LHINS.ON.CA      |
|                       | Sensenbrenner Hospital   | Sylvie Guenther         | Sylvie.Guenther@LHINS.ON.CA        |
|                       | Bingham Memorial Hospital  | Christine Leclair       | Christine.Leclair@LHINS.ON.CA      |
|                       | Smooth Rock Falls Hospital   | Sylvie Guenther         | Sylvie.Guenther@LHINS.ON.CA        |
|                       | Timmins and District Hospital                                      | Christine Leclair       | Christine.Leclair@LHINS.ON.CA      |
| Nipissing-Temiskaming | Englehart and District Hospital                                    | Lise Anne Boissonneault | LiseAnne.Boissonneault@LHINS.ON.CA |
|                       | Kirkland and District Hospital                                     | Lise Anne Boissonneault | LiseAnne.Boissonneault@LHINS.ON.CA |
|                       | Hôpital de Mattawa Hospital  | Carol Philbin Jolette   | Carol.PhilbinJolette@LHINS.ON.CA   |
|                       | West Nipissing General Hospital/Hôpital General de Nipissing Ouest | Carol Philbin Jolette   | Carol.PhilbinJolette@LHINS.ON.CA   |
|                       | Temiskaming Hospital   | Lise Anne Boissonneault | LiseAnne.Boissonneault@LHINS.ON.CA |
|                       | North Bay Regional Health Centre                                   | Carol Philbin Jolette   | Carol.PhilbinJolette@LHINS.ON.CA   |
| Sudbury-Manitoulin    | Espanola General Hospital  | Kristen Taus            | Kristen.Taus@lhins.on.ca           |
|                       | Manitoulin Health Centre   | Kristen Taus            | Kristen.Taus@lhins.on.ca           |
|                       | West Parry Sound Health Centre                                     | Nancy Lacasse           | Nancy.Lacasse@lhins.on.ca          |
|                       | Health Sciences North  | Martha Auchinleck       | Martha.Auchinleck@LHINS.ON.CA      |
|                       | St. Joseph's Continuing Care Centre of Sudbury                     | Sherry Frizzell         | sherry.frizzell@lhins.on.ca        |

### WAHA 2016-17 Senior Friendly Hospital Improvement Plan Template (2015-2016 Progress Update)

| Priority Rating | Aim   | Change  |                               | Measure  |  |   |   | Barriers/Resource Challenges   | Progress  |
|-----------------|---|---|-------------------------------|--|--|---|---|--|---|
| #               | Objective   | Please include a brief description for each change  | SFH Framework Domain Targeted | Internal Measure Definition  | Formula  | Current Performance   | 2015-16 Performance Target  | To achieving your targets.   | Actual 2015-16 Performance  |
| 1               | <b>Reduce Functional Decline amongst seniors in hospital.</b> | Continue to administer the KATZ assessment tool and develop a better linkage to the patient file for appropriate referrals. | Processes of care             | <p>All patients 65 and above in Weeneebayko General Hospital (WGH)/Fort Albany (FAH) &amp; Attawapiskat (AH) Hospitals will be assessed for functional decline using the Katz Index of Independence in Activities of Daily Living while staying in the IPD unit.</p> <p>Process measure # of patients assessed using the KATZ screening tool</p> | #1 - Number of patients 65 and above seen in Inpatient Department (IPD) vs. number of assessments completed from April 1, 2015 to March 31, 2016 | <p>In 2014-2015 30 KATZ assessments were completed</p> <p>The completed assessments are included in the patient charts and assessments are done each month.</p> | 75% of our patients 65 and above in WGH IPD have been assessed using the KATZ tool from April 1, 2015 to March 31, 2016 | <p>Weekend coverage to complete KATZ assessments at WGH was a problem due to staff availability</p> <p>The KATZ assessment tool was not used in FAH and AH due to staff availability</p> | <p>The regional discharge department took the lead on delivering the KATZ assessments at WGH</p> <p>100% performance was achieved during regular business hours, as 258 inpatients aged 65 and above was assessed using the KATZ tool in the WGH IPD.</p> <p>WGH's clinical staff also used a Needs Assessment Record of Care (NARC) and/or Comprehensive Geriatric Assessments (CGA) provided by the NESGS to update the status of inpatients within the target age group.</p> <p>FAH and AH clinical staff used a</p> |

|  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  | <p>Ministry of Health Long Term Care form and/or CGA's provided by the NESGS to update the status of inpatients within the target age group.</p> <p>At WGH, the IPD Charge Nurse hosts a Nursing Rounds session each Tuesday and every inpatient's care requirements are discussed during this meeting. The Regional Discharge Planner, the Social Worker, the two Physiotherapists and the Occupational Therapist all attend this meeting. The Charge Nurse and the health care team also meet with the families of inpatients when requested to discuss their care plans.</p> <p>In FAH and AH, Nursing Rounds sessions are done every day with the</p> |
|--|--|--|--|--|--|--|--|--|---|

|   |   |   |                   |   |   |  |   |   |   |
|---|---|---|-------------------|---|---|--|---|---|---|
|   |   |   |                   |   |   |  |   |   | Director of Patient Care (DPC) to make each inpatient's care plan is discussed. The DPC speaks with the Nurse Practitioner to make care plans are updated.  |
| 1 | <b>Reduce Functional Decline amongst seniors in hospital.</b> | Create a standardized referral process (work in collaboration with physicians) to rehabilitative therapy upon admission of patients 65 yrs and above. | Processes of Care | All patients 65 and above in WGH IPD will be referred for a rehabilitative assessment upon admission. | #1 – Number of patients 65 and above who have been assessed vs. number of patients 65 and above admitted to IPD | Establish baseline data for future targets | 75% of our patients 65 and above in WGH IPD have been assessed during April 1, 2015 to March 31, 2016 | Staff turnover impacted progress, leading to delays in the creation of a standardized process | <p>The IPD Charge Nurse identifies inpatients requiring physiotherapy services as part of a nursing report created each day. This information is sent to the Regional Discharge Planner, the Social Worker, the two Physiotherapists and the Occupational Therapist to make sure patient needs are met.</p> <p>At WGH, the IPD Charge Nurse hosts a Nursing Rounds session each Tuesday and every inpatient's care requirements are discussed during this</p> |

|   |   |  |                          |  |  |   |  |   |  |
|---|---|--|--------------------------|--|--|---|--|---|--|
|   |   |  |                          |  |  |   |  |   | <p>meeting (same as noted in another section above).</p> <p>105 inpatients from all three sites were assessed by the Team upon admission to WAHA IPD out of a total of 143 admitted patients. This resulted in 73% of WAHA's total inpatients being assessed by the Team.</p>  |
| 1 | <p><b>Reduce rates of and/or duration of delirium episodes amongst seniors in hospital.</b></p> | <p>Conduct screening reviews for the 3 D's utilizing the Physical Intellectual Emotional Capabilities Environment Social (PIECES) program for patients who are admitted aged 65 and above to the WGH, FAH and AH site.</p> | <p>Processes of Care</p> | <p>Number of inpatients diagnosed with delirium at WGH, FAH and AH</p> | <p>#1 - Number of inpatients 65 and above seen in IPD's vs. # of assessments completed from start of project to end of project</p> | <p>Establish baseline data for future targets</p> | <p>75% of our patients 65 and above in WGH, FAH and AH have been assessed during April 1, 2015 to March 31, 2016</p> | <p>Staff turnover within clinical positions, impacted this process as many of the staff who received PIECES training in 2014-2015 are no longer with WAHA</p> | <p>WGH's clinical staff uses a NARC and/or Comprehensive Geriatric Assessments (CGA) provided by the NESGS for those aged 65 and above</p> <p>FAH and AH clinical staff used a Ministry of Health Long Term Care form and/or CGA's provided by the NESGS to update the status of inpatients for those aged 65 and above</p> <p>2 inpatients were</p> |

|   |  |   |                        |   |   |   |  |   |  |
|---|--|---|------------------------|---|---|---|--|---|--|
|   |  |   |                        |   |   |   |  |   | <p>diagnosed with delirium and 4 were diagnosed with dementia and depression at AH</p> <p>2 inpatients were diagnosed with dementia and 2 others were diagnosed with depression at FAH</p>                                 |
| 1 | <b>Reduce rates of and/or duration of delirium episodes amongst seniors in hospital.</b> | Provide training supports to WGH clinical and allied health staff for identification of the 3 D's (delirium, dementia and depression) | Organizational support | Number of clinical and allied health staff training on the 3 D's and how to use the screening tools | #1 - Number of current clinical and allied health staff vs. number of clinical and allied health staff trained to use the screening tools | Establish baseline data for future targets  | 75% of WGH clinical and allied health staff receive training on the 3 D's and how to use the screening tools | WAHA clinical and allied health staff were not trained on how to conduct screening reviews using the PIECES program this year as the organization experienced challenges with scheduling a certified educator | Training was not offered to clinical or allied health staff  |
| 1 | <b>Reduce rates of and/or duration of delirium episodes amongst seniors in hospital.</b> | Conduct follow-up medication reviews as part of the geriatrics specialty clinics in Moosonee, Moose Factory and Fort Albany           | Processes of care      | Number of follow-up medication reviews conducted in Moosonee, Moose Factory and Fort Albany         | #1 – Number of follow-up medication reviews conducted vs. number of patients seen as part of the specialty clinics in each community      | Fort Albany – 27 medication reviews completed<br><br>Moosonee/Moose Factory – 63 medication reviews completed | 75% of follow-up medication reviews completed for each community   | No issues noted   | <p>WAHA's clinical team worked with the NESGS and completed medication reviews on 100% the patients initially assessed in 2014-2015 in Fort Albany and in Moosonee/Moose Factory</p> <p>Some of the patients were seen</p> |

|  |  |   |  |   |  |  |   |  |  |
|--|--|---|--|---|--|--|---|--|--|
|  |  |   |  |   |  |  |   |  | in the follow-up clinics done in Fort Albany, Moosonee and Moose Factory for 2015-2016 and medication reviews were completed for 100% of patients. For those follow-up patients not seen, the WAHA nurses conducted regular care plan reviews, including medication reviews. WAHA's physician team also reviews the geriatrician recommendation reports to make sure recommendations are followed. |
|  | <b>To Provide a smooth Transition in care for seniors within the Organization and/or into the Community.</b> | To hold a follow-up geriatrics specialty clinic in Fort Albany in collaboration with the Northeast Specialized Geriatrics Service (NESGS) | Organizational support<br><br>Processes of care<br><br>Emotional and behavioural environment | Follow-up clinical reviews conducted for 26 geriatric clinic patients | #1 – Number of follow-up clinical reviews conducted vs. 26 patients seen in Fort Albany clinic | In January 2014, 26 patients were seen in Fort Albany by geriatric specialists | To review and update 26 individualized care plans from the Fort Albany clinic | Limited geriatric services are available within the region – many referrals for more specialized services will need to be conducted externally | 100% performance was achieved and 20 patients from 2014 have updated care plans. 6 other patients from 2014 have been discharged from this initiative list due to status changes.  |
|  | <b>To Provide a smooth</b>   | To hold a geriatrics specialty clinic in  | Organizational support   | All patients aged 55 and above will be pre-                           | #1 – Number of patients receiving a  | Establish baseline data for future   | 100% of patients aged 55 and above are pre-                                   | Weather issues forced the cancellation of this   | The clinic was not completed but   |



|  |  |  |  |   |  |   |   |  |  |
|--|--|--|--|---|--|---|---|--|--|
|  | <b>Transition in care for seniors within the Organization and/or into the Community.</b>                     | Peawanuck First Nation in collaboration with NESGS   | Processes of care<br><br>Emotional and behavioural environment                               | assessed to determine need for a comprehensive geriatric assessment   | pre-assessment in Peawanuck<br><br>#2 – Number of comprehensive geriatric assessments completed by geriatricians | targets   | assessed<br><br>100% of patients deemed as high risk receive a comprehensive geriatric assessment | clinic   | plans for re-scheduling of the clinic are being made   |
|  | <b>To Provide a smooth Transition in care for seniors within the Organization and/or into the Community.</b> | To hold a follow-up geriatrics specialty clinic in Moosonee/Moose Factory in collaboration with the Northeast Specialized Geriatrics Service (NESGS) | Organizational support<br><br>Processes of care<br><br>Emotional and behavioural environment | Follow-up clinical reviews conducted for 63 geriatric clinic patients | #1 – Number of follow-up clinical reviews conducted vs. 63 patients seen in Moosonee and Moose Factory clinic    | In February 2015, 63 patients were seen in Moosonee and Moose Factory by a geriatric specialist or diabetes NP specialist | To review and update 63 individualized care plans from the Moosonee/Moose Factory clinic          | Limited geriatric services are available within the region – many referrals for more specialized services will need to be conducted externally | 100% performance was achieved and 51 patients from 2015 have updated care plans. 12 other patients from 2015 have been discharged from this initiative list due to status changes. |

**SFH Domain Legend**

Organizational Support

Processes of Care

Emotional and Behavioural Environment

Ethics in Clinical Care and Research

Physical Environment