

## WAHA 2016-17 Senior Friendly Hospital Improvement Plan- Progress Report

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 audits 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 – Progress Report

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	2016-17 Performance Target	To achieving your targets.	Actual 2016-17 Performance
1	<b>Reduce Functional Decline amongst seniors in hospital.</b>	<p>WGH (Weeneebayko General Hospital): Use the Needs Assessment Record of Care (NARC)</p> <p>Fort Albany (FAH) &amp; Attawapiskat (AH) Hospitals: Use the Resident Assessment Instrument (RAI)</p> <p>Through use of the tools mentioned, each site will develop a better linkage to the patient file for appropriate referrals.</p>	Processes of care	<p>All inpatients 65 and above in WGH will be assessed for functional decline using the NARC</p> <p>All inpatients 65 and above Fort Albany (FAH) &amp; Attawapiskat (AH) Hospitals will be assessed for functional decline using the RAI</p>	#1 - Number of patients 65 and above seen in Inpatient Departments (IPD) vs. number of assessments completed from April 1, 2016 to March 31, 2017	<p>In 2015-2016, 100% performance was achieved during regular business hours at WGH as 258 patients were assessed using the KATZ tool in the IPD</p> <p>100% performance was achieved. WGH’s clinical staff used the NARC and/or a Northeast Specialized Geriatric Service (NESGC) Comprehensive Geriatric Assessment (CGA) form to assess 126 of inpatients aged 65 and above for functional decline.</p> <p>100% performance was achieved. FAH and AH clinical staff used the NESGS CGA and/or a Ministry of Health and Long Term Care application form to assess 17 inpatients aged 65 and above for functional decline.</p> <p>The completed assessments are included in the patient</p>	100% of our patients 65 and above in WGH, FAH and AH IPD have been assessed	Tracking of performance and compliance proved difficult this year as dedicated staff was not available to tabulate statistics	<p>The highest acuity inpatients aged 65 and above were assessed for functional decline using the NARC at WGH. The RAI was used in FAH and AH for all patients in the target group.</p> <p>All three hospitals admitted 167 inpatients aged 65 and above in total. AH and FAH also had 10 and 15 complex continuing care patients respectively this past year.</p> <p>WGH’s clinical staff also uses Comprehensive Geriatric Assessments (CGA) provided by the NESGC for clients who are part of the WAHA geriatric clinic program, to</p>

						charts			<p>update the status of inpatients within the target age group.</p> <p>FAH and AH clinical staff also complete a social and functional assessment tool for CCC patients and for those waiting for long-term care bed placements.</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 Regional Social Worker, the Physiotherapist 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</p>
--	--	--	--	--	--	--------	--	--	---

									<p>discuss their care plans and address any functional needs that the inpatient require assistance with</p> <p>In FAH and AH, Nursing Rounds sessions are done every day with the 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 and that the functional needs of patients are addressed.</p>
1	<b>Reduce Functional Decline amongst seniors in hospital.</b>	Create a standardized tracking tool and referral process (work in collaboration with physicians and nurses) to rehabilitative therapy upon admission of patients 65 yrs and above.	Processes of Care	All patients 65 and above in WGH, FAH and AH and IPD will be referred for a rehabilitative assessment upon admission.	#1 – Number of inpatients 65 and above who have been assessed vs. number of patients 65 and above admitted to IPD	The WAHA Rehabilitative Services Team (RST) used reports from the organization's electronic medical records systems to track the number of inpatients who received service in 2015-2016  105 inpatients from all three sites were assessed by the Team upon admission to WAHA IPD's out of a total of 143 admitted patients. This resulted in 73% of WAHA's total	78% of patients 65 and above in FAH and AH IPD have been assessed  At least 78% of patients 65 and above in WGH IPD have been assessed	Staffing shortages in the RST, along with the RST only being funded for one full-time physiotherapist this fiscal year, resulted in a marked decline for the # of inpatients 65 and above seen. The RST also experienced difficulty in making visits to FAH and AH given the reduced staffing complement.  A standardized tracking tool and	As mentioned above, inpatient reviews are done during Tuesday's Nursing rounds at WGH with the physiotherapist and occupational therapist present. Each patient's functional abilities are reviewed, including those aged 65 and above; supportive equipment or measures to assist

						inpatients being assessed by the Team.		referral process was not created due to staff shortages within the RST	the inpatients with their activities of daily living are provided  Nursing Rounds are also done each in the coastal sites and the needs of patients aged 65 and above are identified.  72 inpatients aged 65 and above from all three sites were assessed by the RST out of a total of 192 admitted patients in the target group. This resulted in 37% of WAHA's total inpatients for the target group being assessed by the RST
1	<b>Reduce rates of and/or duration of delirium episodes amongst seniors in hospital.</b>	Provide training supports to WAHA nursing and allied health staff for identification of the 3 D's (delirium, dementia and depression) using the Physical Intellectual Emotional Capabilities Environment Social (PIECES) PIECES program	Organizational support	Number of nurses and allied health staff receiving training on the 3 D's and how to use the screening tools	#1 - Number of nurses and allied health staff vs. number of nurses and allied health staff trained to use the screening tools	WAHA nurses and allied health staff were not trained on how to conduct screening audits using the PIECES program as the organization experienced challenges with scheduling a certified educator  For 2016-2017, WAHA will be recruiting a	At least 75% of WAHA nursing and allied health staff receive training on the 3 D's and how to use the screening tools from the PIECES program	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	Clinical and allied staff did not receive training and as a result, North East Specialized Geriatric Centre (NESGC) and North Bay Regional Health Centre have been contacted regarding the

						certified educator to deliver this training			possibility of providing the training in 2017-2018
<b>1</b>	<b>Reduce rates of and/or duration of delirium episodes amongst seniors in hospital.</b>	Conduct reviews for the 3 D's using the PIECES program for patients who are admitted aged 65 and above to the WGH, FAH and AH sites.	Processes of Care	Number of inpatients aged 65 and above diagnosed with delirium at WGH, FAH and AH	#1 - Number of inpatients aged 65 and above seen in IPD's vs. # of assessments completed from start of project to the end	As mentioned above, WAHA clinical and allied health staff was not trained on how to conduct reviews using the PIECES program. However, screening reviews were done in WGH, AH, FAH to identify those diagnosed with the 3 D's.  2 inpatients were diagnosed with delirium and 4 were diagnosed with dementia and depression at AH  No inpatients were diagnosed with delirium, 2 inpatients were diagnosed with dementia and 2 were diagnosed with depression at FAH  3 inpatients were diagnosed with delirium, 5 were diagnosed with depression and 18 were diagnosed with dementia at WGH  Establish baseline data for future targets at WGH, FAH and AH	At least 70% of our inpatients aged 65 and above in WGH, FAH and AH have been assessed	As mentioned above, reviews for the 3D's using the PIECES program were not done due to challenges in scheduling a certified educator	No inpatients were diagnosed with delirium, dementia or depression at AH  1 inpatient was diagnosed with delirium, and 1 patient with depression at FAH  1 inpatient was diagnosed with delirium, 1 was diagnosed with depression and 2 were diagnosed with dementia at WGH
<b>1</b>	<b>Reduce rates of and/or duration</b>	Conduct follow-up medication reviews as	Processes of care	Number of follow-up medication reviews	#1 – Number of follow-up	Fort Albany – 100% performance, 20	100% of follow-up medication reviews	Availability of funding limited the number of	Geriatric specialty clinics were not

	<b>of delirium episodes amongst seniors in hospital.</b>	part of the geriatrics specialty clinics in Moosonee, Moose Factory and Fort Albany		conducted in Moosonee, Moose Factory and Fort Albany	medication reviews conducted vs. number of patients seen as part of the specialty clinics in each community	medication reviews completed  Moosonee/Moose Factory – 100% performance, 51 medication reviews completed	completed for each community	clinics that were offered this fiscal year, with clinics being conducted in two communities: Peawanuck and Moosonee	conducted in Moose Factory and Fort Albany but medication reviews are conducted with all patients that are part of the WAHA Geriatric Clinic program every 3 to 4 months by NESGC geriatricians.  A clinic was hosted in Moosonee the week of March 20, 2017 and 6 patients who were previously seen in past clinics participated in medication reviews. All other patients have their medications reviewed every 3 to 4 months by NESGC geriatricians
<b>1</b>	<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  Processes of care  Emotional and behavioural environment	Follow-up clinical reviews conducted for 26 geriatric clinic patients aged 55 and above	#1 – Number of follow-up clinical reviews conducted vs. 26 patients seen in Fort Albany clinic	100% performance has been achieved as all 20 patients from the first clinic in 2014 have participated in clinical reviews. 6 other patients have been discharged from the list due to status changes.  6 new patients	To review and update 26 individualized care plans for Fort Albany geriatric patients	As noted above, availability of funding limited the number of clinics that were conducted in the communities this fiscal year and a clinic was not offered in Fort Albany	As previously noted, medication reviews are conducted with all patients, including those from Fort Albany that are part of the WAHA Geriatric Clinic program every 3 to 4 months by



						participated in the 2015 Fort Albany clinic			NESGC geriatricians.
1	<b>To Provide a smooth Transition in care for seniors within the Organization and/or into the Community.</b>	To hold a geriatrics specialty clinic in Peawanuck First Nation in collaboration with NESGS	Organizational support  Processes of care  Emotional and behavioural environment	All patients aged 55 and above will be pre-assessed to determine need for a comprehensive geriatric assessment	#1 – Number of patients receiving a pre-assessment in Peawanuck  #2 – Number of comprehensive geriatric assessments completed by geriatricians	Establish baseline data for future targets	100% of patients aged 55 and above are pre-assessed  100% of patients deemed as high risk receive a comprehensive geriatric assessment	Communication to patients for confirmation of participation in the clinic proved difficult due to other major regional based events occurring in the same time as the geriatrics specialty clinic in August of 2017	This past August, a NESGC Geriatrician and Geriatric Nurse Clinician presented to the community. Prior to the Clinic, 9 patients participated in Comprehensive Geriatric Assessments and were scheduled to be seen. 6 of the 9 patients were seen during the Clinic
1	<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  Processes of care  Emotional and behavioural environment	Follow-up clinical reviews conducted for 73 geriatric clinic patients aged 55 and above	#1 – Number of follow-up clinical reviews conducted vs. 73 patients seen in Moosonee and Moose Factory clinic	100% performance has been achieved as all 51 patients from the first clinic in 2015 have participated in clinical reviews. 12 other patients have been discharged from the list due to status changes.  22 new patients participated in the 2016 Moosonee/Moose Factory clinic	To review and update 73 individualized care plans for Moosonee and Moose Factory geriatric patients	Scheduling a clinic for Moosonee and Moose Factory proved to be difficult due to the large number of eligible patients in each community. Moosonee was selected to host this year's clinic, with a few Moose Factory patients being seen during this visit.	19 new patients were seen in the Moosonee clinic and 6 patients from past clinics were also followed up. 2 new patients and 2 follow-up patients were seen in Moose Factory.

**SFH Domain Legend**

Organizational Support

Processes of Care

Emotional and Behavioural Environment

Ethics in Clinical Care and Research

Physical Environment