

2015-16 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

Priority Rating	Hospitals are asked to prioritize each change that they have identified in their SFH improvement plan.
Objective	<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>
Change	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)
Measure	Hospitals are encouraged to identify outcome measures/process measures/indicators that will allow them to evaluate their achievement against an objective.
Barriers/ Resource Challenges	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 2015-16 Senior Friendly Hospital Plans into your respective Outreach Officer by **April 1st, 2015**. 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

2015-16 Senior Friendly Hospital Improvement Plan- Template

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	Reduce Functional Decline amongst seniors in hospital.	Continue to administer the KATZ assessment tool and develop a better linkage to the patient file for appropriate referrals.	Processes of care	All patients 65 and above in Weeneebayko General Hospital (WGH)/Fort Albany (FAH) & 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. Process measure # of patients assessed using the Katz screening tool	#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	In 2014-2015 we completed 30 KATZ assessments The completed assessments are included in the patient charts and assessments are done on a monthly basis.	75% of our patients 65 and above in WGH IPD have been assessed during April 1, 2015 to March 31, 2016		
1	Reduce Functional Decline amongst seniors in hospital.	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		
1	Reduce rates of and/or duration of delirium episodes amongst seniors in hospital.	Conduct screening audits for the 3 D's utilizing the PIECES program for patients who are admitted aged 65 and above who are admitted in the WGH, FAH and AH site.	Processes of Care	Number of inpatients diagnosed with delirium at WGH, FAH and AH	#1 - Number of inpatients 65 and above seen in IPD vs. # of assessments completed from start of project to end of project	Establish baseline data for future targets	75% of our patients 65 and above in WGH, FAH and AH have been assessed during April 1, 2015 to March 31, 2016		

#	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
	Reduce rates of and/or duration of delirium episodes amongst seniors in hospital.	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 nurses receiving training on the 3 D's and how to use the screening tools	#1 - Number of current nurses on staff vs. number of nurses 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		
	Reduce rates of and/or duration of delirium episodes amongst seniors in hospital.	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 Moosonee/Moose Factory – 63 medication reviews completed	75% of follow-up medication reviews completed for each community		
	To Provide a smooth Transition in care for seniors within the Organization and/or into the Community.	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 27 geriatric clinic patients	#1 – Number of follow-up clinical reviews conducted vs. 27 patients seen in Fort Albany clinic	In January 2013, 27 patients were seen in Fort Albany by geriatric specialists	To review and update 27 individualized care plans from the Fort Albany clinic		
	To Provide a smooth Transition in care for seniors within the Organization and/or into the Community.	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		
	To Provide a smooth Transition in	To hold a follow-up geriatrics specialty clinic in	Organizational support	Follow-up clinical reviews conducted for 63 geriatric clinic	#1 – Number of follow-up clinical reviews conducted	In February 2015, 63 patients were seen in Moosonee	To review and update 63 individualized care plans from the Moosonee and		

	care for seniors within the Organization and/or into the Community.	Moosonee/Moose Factory in collaboration with the Northeast Specialized Geriatrics Service (NESGS)	Processes of care Emotional and behavioural environment	patients	vs. 63 patients seen in Moosonee and Moose Factory clinic	and Moose Factory by a geriatric specialist or diabetes NP specialist	Moose Factory clinic		
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SFH Domain Legend

Organizational Support

Processes of Care

Emotional and Behavioural Environment

Ethics in Clinical Care and Research

Physical Environment