

WAHA 2017-18 Senior Friendly Hospital Improvement Plan- Progress Update

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

If you are submitting your 2017-18 Senior Friendly Hospital Plan using this template please submit it to Jenn.Osesky@LHINS.on.ca with a copy to your respective Outreach Officer by **April 1st, 2017**. Please see Outreach Officer listing included below:

Sub-Region	Hospital	Outreach Officer	Email
Algoma	North Shore Health Network	Jennifer McKenzie	Jennifer.Mckenzie@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	Robin Joannis	Robin.Joannis@LHINS.ON.CA
Coast	Weeneebayko Area Health Authority	Carol Philbin Jolette	Carol.PhilbinJolette@LHINS.ON.CA
Cochrane	Services de santé Chapleau Health Services	Christine Leclair	Christine.Leclair@LHINS.ON.CA
	Lady Minto Hospital	Christine Leclair	Christine.Leclair@LHINS.ON.CA
	Hôpital Notre Dame Hospital (Hearst)	Christine Leclair	Christine.Leclair@LHINS.ON.CA
	Anson General Hospital	Christine Leclair	Christine.Leclair@LHINS.ON.CA
	Sensenbrenner Hospital	Christine Leclair	Christine.Leclair@LHINS.ON.CA
	Bingham Memorial Hospital	Christine Leclair	Christine.Leclair@LHINS.ON.CA
	Smooth Rock Falls Hospital	Christine Leclair	Christine.Leclair@LHINS.ON.CA
	Timmins and District Hospital	Christine Leclair	Christine.Leclair@LHINS.ON.CA
Nipissing-Temiskaming	Englehart and District Hospital	Megan Waque	Megan.Waque@LHINS.ON.CA
	Kirkland and District Hospital	Megan Waque	Megan.Waque@LHINS.ON.CA
	Hôpital de Mattawa Hospital	Megan Waque	Megan.Waque@LHINS.ON.CA
	West Nipissing General Hospital/Hôpital General de Nipissing Ouest	Megan Waque	Megan.Waque@LHINS.ON.CA
	Temiskaming Hospital	Megan Waque	Megan.Waque@LHINS.ON.CA
		Marc Demers	Marc.Demers@LHINS.ON.CA
North Bay Regional Health Centre	Marc Demers	Marc.Demers@LHINS.ON.CA	
Sudbury-Manitoulin	Espanola General Hospital	Nancy Lacasse	Nancy.Lacasse@LHINS.ON.CA
	Manitoulin Health Centre	Nancy Lacasse	Nancy.Lacasse@LHINS.ON.CA
	West Parry Sound Health Centre	Nancy Lacasse	Nancy.Lacasse@lhins.on.ca
	Health Sciences North	Marc Demers	Marc.Demers@LHINS.ON.CA
	St. Joseph's Continuing Care Centre of Sudbury	Nancy Lacasse	Nancy.Lacasse@LHINS.ON.CA
	St. Joseph's General Hospital	Jennifer Wallenius	Jennifer.Wallenius@LHINS.ON.CA

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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	2016-2017 Current Performance	2017-18 Performance Target	To achieving your targets.	Actual 2017-18 Performance
1	Reduce Functional Decline amongst seniors in hospital.*	WAHA's Regional Discharge Planning (RDP) Department and Regional Social Worker will be working together, linking with resources in each community, to offer mobility based programming (walking, games, exercise) to encourage physical activity for elderly inpatients in Weeneebayko General Hospital (WGH), Fort Albany Hospital (FAH) and Attawapiskat Hospital (AH)	Emotional and behavioural environment Processes of Care	All inpatients 65 and above will be encouraged to participate in the programming developed through this initiative	#1 - Number of inpatients 65 and above who participate in WAHA's social inpatient activities divided by the total number of inpatients admitted from April 1, 2017 to March 31, 2018	WAHA does not currently have regularly scheduled physical education programming available for its inpatients	WAHA will collect baseline data to develop future performance targets	<p>More volunteers are needed to offer this full program for a whole year, WAHA had access to volunteers for the summer months which was helpful but full year coverage is needed.</p> <p>WAHA will be looking to recruit volunteers for assistance with running the program, offering activities to the elders and to outreach with community based programs. WAHA will also be encouraging family members/friends to help with running activities.</p> <p>Staff shortages in the regional discharge planning department and physiotherapy department made it difficult to conduct this program for the whole year throughout all sites</p>	<p>Elders from WGH are accompanied to the Moose Factory complex, to attend the Elder craft and bake sales conducted at the end of selected months</p> <p>Student volunteers, family members, the occupational therapist and physiotherapist were taking elders for walks in the WGH</p> <p>Inpatients in Attawapiskat and Fort Albany participated in an Aboriginal Day barbecue and goose cooking</p> <p>Patients in Fort Albany and Attawapiskat are brought from their rooms to sunrooms, to all their meals together, promoting mobility and socialization opportunities for inpatients</p> <p>Moose Factory's</p>

								and to track participation when events occurred. WAHA is currently only staffed with 1 physiotherapist and a part-time occupational therapist, which makes it challenging for them to meet the demands for rehabilitation services at all our sites	Tourism department hosted a fish cookout and 6 inpatients from WGH attended
		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 at WGH	Processes of Care	All inpatients 65 and above in WGH 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 the WGH 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 2016-2017 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	At least 66% of patients 65 and above in the WGH IPD have been assessed	WAHA is currently only staffed with 1 physiotherapist and a part-time occupational therapist, which makes it challenging for them to meet the demands for rehabilitation services at all our sites Shortages in clinical staff make it difficult to develop a standardized tracking tool and referral process	As was done last year, 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 the inpatients with their activities of daily living are provided Organization wide last year, 81 inpatients aged 65 and above from all three sites were assessed by the RST out of a total of 205 admitted

						<p>aged 65 and above; supportive equipment or measures to assist the inpatients with their activities of daily living are provided</p> <p>Organization wide last year, 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</p>			<p>patients in the target group. This resulted in 39.51% of WAHA's total inpatients for the target group being assessed by the RST</p>
	<p>WGH (Weeneebayko General Hospital): Use the Needs Assessment Record of Care (NARC)</p> <p>Fort Albany (FAH) & 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) & 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, 2017 to March 31, 2018	<p>The highest acuity inpatients aged 65 and above were assessed for functional decline using the NARC at WGH.</p> <p>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.</p>	At least 66% of patients 65 and above in the WGH IPD have been assessed	WAHA has not been in a position to track the % of assessments conducted at each site and will endeavor to do so in 2018-2019	<p>The highest acuity inpatients aged 65 and above were assessed for functional decline using the NARC at WGH.</p> <p>The RAI was used in FAH and AH for all patients in the target group.</p> <p>All three hospitals admitted 205 inpatients aged 65 and above in total.</p>	

						<p>AH and FAH also had 10 and 15 complex continuing care patients respectively who were admitted this past year.</p> <p>WGH and FAH'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 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</p>			<p>AH and FAH also had 1 and 4 complex continuing care patients respectively who were admitted this past year.</p> <p>WGH and FAH'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 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 Social Worker, the Physiotherapist and the Occupational</p>
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						<p>requirements are discussed during this meeting. The Regional Discharge Planner, the 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 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>			<p>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 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>
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	<p>Reduce rates of and/or duration of delirium episodes amongst seniors in hospital.*</p>	<p>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</p>	<p>Organizational support</p>	<p>Number of nurses and allied health staff receiving training on the 3 D's and how to use the screening tools</p>	<p>#1 - Number of nurses and allied health staff vs. number of nurses and allied health staff trained to use the screening tools</p>	<p>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</p> <p>For 2017-2018, WAHA will be recruiting a certified educator to deliver this training from either the North East Specialized Geriatric Centre or the North Bay Regional Health Centre</p>	<p>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</p>	<p>Availability of educators and number of education sessions makes it difficult for 75% of WAHA Health Care Providers to participate in training opportunities. WAHA will have to revise this goal in the development of its 2018-2019 SFH Strategy.</p>	<p>Stephanie Bolduc, Psychogeriatric Resource Consultant from the NBRHC – delivered 1 Gentle Persuasive Approaches (GPA) in Care sessions at WGH for nurses and clinical staff in 2017-2018. The GPA training offers education with a focus on how to care for patients with dementia and also included education on how to identify and provided care for situations where patients develop delirium and depression. Stephanie as our regional PRC also provided case base education on North East Behavioral Supports referred patients. Staff from WAHA also participated in the NE BSO Indigenous PIECES of my personhood focus group. WAHA nurse clinicians and discharge planning team also attended bi-monthly NE BSO regional Best practices/Knowledge and Capacity webinars</p>
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									<p>that focused on the 3'ds, Geriatric Mental Health Diagnosis, Palliative care and dementia etc.</p> <p>Our PRC also conducted and case base education for Attawapiskat and Fort Albany inpatients where WAHA submitted a referral for Behavioural Supports Ontario assistance. The case based educational opportunities were conducted on the following dates: May 23rd and 24th (case based in person education in Moose Factory) 32 staff participated in GPA training. June 14th, Attawapiskat case based education session was conducted. September 25-29th NE BSO collaborative trip with WAHA to Fort Albany and Moose Factory (trip included case base learnings in Fort Albany and Moose Factory), in person consults with Geriatric Psychiatry, a regional OTN session on cultural sensitivity</p>
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									to our Geriatric care partners and a MAC meeting attended by our Geriatric Psychiatrist and clinician – approximately 15 physicians/residents in attendance. These above dates do not include all OTN clinic appointments with referred patients and non-pharmalogical interventions at each session.
		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. No inpatients were diagnosed with delirium, dementia or depression at AH 1 inpatient was	At least 70% of our inpatients aged 65 and above in WGH, FAH and AH have been assessed	WAHA has not been in a position to track the % of assessments conducted at each site and will endeavor to do so in 2018-2019	WAHA in partnership with NE BSO would provide in the moment education for all referrals patient with dementia, mental health diagnosis or reoccurring delirium etc) and on proper best practice screening tools (Delirium Observation Scale, Confusion Assessment Method, Cornell etc). PRC encouraged all registered staff to attend and become a registered PIECES in house resource person. NE BSO and WAHA also collaborated and

						<p>diagnosed with delirium, and 1 patient with depression at FAH</p> <p>1 inpatient was diagnosed with delirium, 1 was diagnosed with depression and 1 was diagnosed with dementia at WGH</p>			<p>encouraged case reviews for all older adults accessing NBRHC mental health tertiary beds, specifically the Dementia inpatient unit and Seniors Mental Health in-patient units at North Bay Regional Health Centre.</p> <p>Screening reviews were done in WGH, AH, FAH to identify those diagnosed with the 3 D's.</p> <p>3 inpatient(s) were diagnosed with depression, 2 with dementia and none with delirium at AH.</p> <p>1 inpatient was diagnosed with delirium, 1 with dementia and 2 with depression at FAH.</p> <p>No inpatients were diagnosed with delirium, 1 inpatient was re-diagnosed with depression and 1 inpatient was newly diagnosed with dementia, with 2 also re-diagnosed as having dementia at WGH.</p>
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		<p>WAHA’s Regional Social Worker is currently speaking with an elder outreach worker in Moose Factory and community elders in Fort Albany and Attawapiskat to develop a program where designated elders and volunteers would visit elderly inpatients in each community, and conduct activities such as (social tea events, listen to and exchange stories with elders, community walks and feasts bringing elders together, etc.) to engage elderly inpatients aged 65 and over at Weeneebayko General Hospital (WGH), Fort Albany Hospital (FAH) and Attawapiskat Hospital (AH)</p>	<p>Emotional and Behavioural Environment</p> <p>Processes of Care</p>	<p>All inpatients 65 and above will be encouraged to participate in the programming developed through this initiative</p>	<p>#1 - Number of inpatients 65 and above who participate in WAHA inpatient activities divided by the total number of inpatients admitted from April 1, 2017 to March 31, 2018</p>	<p>WAHA does not currently have regularly scheduled social programming available for its inpatients</p>	<p>WAHA will collect baseline data to develop future performance targets</p>	<p>The number of inpatients participating in activities was not tracked this past year and a formalized process will be put in place to measure performance</p>	<p>1 Labrador tea and bannock event was hosted at WGH in conjunction with the WAHA Traditional Healing Program and this was well received – staff are looking to conduct more of these events in 2018-2019</p> <p>3 elder bingos at were conducted in 2017-18 at WGH in Moose Factory, with inpatients and these were hosted by student volunteers</p> <p>A musician from the Cree Baptist Church comes to WGH to sing church hymns to inpatients</p> <p>Reverend Norm Wesley hosts Anglican church hosts mass at WGH, 4 pm every Sunday – he also visits palliative patients upon request</p> <p>A patient comfort fund has been created in Moose Factory and Christmas gifts were purchased by the hospital for inpatients</p>

									<p>at WGH, the expansion of this program is currently being discussed for FAH and AH.</p> <p>Birthdays are celebrated in AH and FAH. All elders on the ward in Attawapiskat also take part in holiday celebrations ie. Christmas, Halloween etc. when carolers and youth come into the hospital to entertain the elders.</p> <p>FAH conducts a Bingo Afternoon for elders in the cafeteria once a month on the last Thursday of the month. The staff and volunteers from Peetabeck Health Services organize it, and contribute snacks, drinks and a meal for all attendees. Elders from the community come in for the event and have opportunity to socialize with our ward patients. FAH also has a visiting pastor twice a week that comes in and offers conversation with prayer to the seniors who look</p>
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									<p>forward to seeing him. A Health Care Aide (HCA) is also scheduled to come in at least twice a month to spend time with the elders, activities include just talking with them, playing cards or games or at times organizing their belongings in the room. This is often a HCA who is on staff and known to them. As previously mentioned FAH also celebrates birthdays with their elders with coffee/tea and cake available for the occasion in the cafeteria.</p> <p>The FAH Director of Patient Care also touches base with elders on the ward once a week, to talk to each elder about their care or their concerns.</p>
	<p>To Provide a smooth Transition in care for seniors within the Organization and/or into the Community.</p>	<p>To hold a follow-up geriatrics specialty clinic in Moose Factory in collaboration with the Northeast Specialized Geriatrics Centre (NESGC)</p>	<p>Organizational support</p> <p>Processes of care</p> <p>Emotional and behavioural environment</p>	<p>Follow-up clinical reviews conducted for geriatric clinic patients aged 55 and above</p> <p>New patients aged 55 and above will be pre-assessed to determine need for a</p>	<p>#1 – Number of follow-up clinical reviews conducted vs. Number of patients that are currently part of the geriatrics specialty clinic</p>	<p>Patient reviews are conducted with all those that are part of the Moose Factory WAHA Geriatric Clinic program every 3 to 4 months by NESGC</p>	<p>To review and update individualized care plans for Moose Factory geriatric patients</p> <p>To develop individualized care plans for new patients identified as being high risk in Moose</p>		<p>A follow-up clinic was conducted in Moose Factory from September 11 – 13, 2017. 15 scheduled assessments were completed, with 10 patients being seen in their home and 5 seen</p>

				comprehensive geriatric assessment	program for Moose Factory	geriatricians	Factory		as inpatients in WGH.
		To hold a geriatrics specialty clinic in Attawapiskat First Nation in collaboration with NESGC	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 Attawapiskat #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	Staff turnover made it difficult to coordinate a clinic in 2017-2018	A clinic was not conducted due to significant staff turnover

* These are the two priority areas supported by the toolkit as identified by the LHINs and the Regional Geriatric Programs of Ontario.

SFH Domain Legend

Organizational Support

Processes of Care

Emotional and Behavioural Environment

Ethics in Clinical Care and Research

Physical Environment