



**Senior Friendly Care in North West Local Health
Integration Network (LHIN) Hospitals - Summary Report**

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Report Written By: Regional Geriatric Program of Eastern Ontario (Cal Martell, Consultant; Kelly Milne, Program Director; Stephanie Amos, Program Evaluator) and the North West LHIN.



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1.0. Executive Summary

The Integrated Health Services Plan (IHSP) for the North West Local Health Integration Network (LHIN) includes four strategic directions intended to improve the health of North West LHIN residents, promote continuous quality improvement in health care delivery, improve access to health care as close to home as possible, supported by the effective and sustainable management of health care resources

The IHSP is also aligned with provincial health system priorities to improve access to health services including:

- 1) Reducing wait times in Emergency Departments;
- 2) Reducing the time people wait in Alternate Level of Care beds in Ontario's hospitals; and
- 3) Supporting the roll out of Ontario's Diabetes Strategy.

A senior friendly hospital is one in which the environment, including the organizational culture, accommodates and responds to seniors' physical and cognitive needs; promotes good health, is safe and involves and supports all seniors, their families and caregivers to be full participants in their care. The aim is to enable seniors to regain their health after their acute care is completed, so that they can transition to the next level of care that best meets their needs.

A Senior Friendly Hospital (SFH) Strategy has been endorsed by the Ministry of Health and Long Term Care and the 14 LHINs. The Strategy, in applying an evidence-based framework to the development of age-appropriate hospital care, is strongly aligned with both provincial and regional strategic objectives and outcomes. The first phase, an analysis of senior friendly care, is intended to promote awareness of senior friendly hospital care, provide a baseline of current activity, and identify promising practices intended to improve the health status of hospitalized seniors in Ontario.

Organizational Support: 92% of hospitals in the North West LHIN report a priority for becoming senior friendly, with the focus of supporting an integrated seniors' health system, age-friendly education, and enhanced clinical care. Most hospitals have formal processes for engaging seniors in organizational planning and decision-making, including representation in governance and standing committees. There is also a strong cultural orientation towards Aboriginal cultures and populations in many of the small rural hospitals. Several have undertaken comprehensive strategic planning focused on the needs of older patients and their families. However, due to uncertainty and concern about the implications of the Senior Friendly Hospital Strategy, there is a need to discuss and clarify how the senior friendly framework can be adapted to the unique role of rural northern hospitals.

Processes of Care: North West LHIN hospitals have demonstrated a strong commitment to improve clinical care for older patients. Every hospital cited the North West LHIN-Wide Falls Injury Prevention Collaborative as a success, reflecting their commitment to regional approaches to senior friendly care. Hospitals have established both protocols and monitoring practices for many of the risk factors associated with hospitalization of the elderly in the self-assessment. However, there are potential care gaps for common geriatric issues arising in hospital, such as de-conditioning and dementia related behaviours. While a number of

innovative, targeted discharge programs have been successfully implemented for older patients, there is a concern that access to home and community care in the rural north impacts the safety and sustainability of discharges for older patients. There is a need to refine reporting requirements associated with designated clinical protocols in order that improved outcomes for hospital care can be realized.

Emotional Behavioural Environment: A majority of hospitals in the North West LHIN promote a patient-centred philosophy of care. Family conferences and educational resources are the primary mechanisms to engage patients and caregivers in decisions about care. One hospital reported on the development of decision-aids to facilitate the participation of older patients in decisions about their care. There is a rich and diverse range of programs in place to respond to the needs of Elders, particularly in the rural hospitals. Limited access to geriatric knowledge and expertise is a constraint on the extent to which training and education regarding the unique needs of older patients can be delivered across the North West LHIN.

Ethics in Clinical Care and Research: Complex issues arise daily when caring for older adults. Overall, there is consistency in the understanding and approach of hospitals to ethical issues in care of the elderly. Most hospitals report having access to an ethicist, and have established specific policies on advance directives. Advance directives and end of life care, competency to consent to treatment and to some extent intimacy and sexuality were identified as common issues for which ethics consultation might be arranged.

Physical Environment: The physical environment is identified as a barrier to senior friendly care by seven hospitals in the North West LHIN. Hospitals have planned significant design improvements through ongoing renovations undertaken within the limits of existing resources. These include improvements to flooring, doors, and hallways which will enhance the safe mobilization of older patients. There is an opportunity to integrate evidence-based senior friendly design guidelines into hospital capital planning.

1.1. Looking Ahead

Despite the apparent uncertainties regarding the Senior Friendly Hospital Strategy, and its implications for small rural hospitals in the North West LHIN, 85% of hospitals reported the self-assessment was important in renewing the importance and awareness of senior friendly hospital care. More than 19 senior friendly initiatives were identified, reflecting an ambitious agenda for senior friendly hospital care for the North West LHIN over the next three years. Key themes for these improvements were to optimize senior friendly care in the emergency department (ED), promote age-friendly education and organizational culture, and to optimize designated clinical processes for older patients.

The main outcomes which were cited for the proposed senior friendly care initiatives include:

- 1) Improved hospital diversion and utilization;
- 2) Improved ED capacity (reduce visits & readmissions);
- 3) Increased geriatric capabilities; and
- 4) Improved safety and quality of care; including Chronic Disease Prevention and Management.

However, hospitals also recognize that their collective efforts will not realize system-wide outcomes in the absence of a supported system-wide strategy. The need for a regional approach to adapt the *Senior Friendly Hospital Framework* to the unique needs of the rural north was suggested for the North West LHIN to consider. Standardized measurements and indicators, as well as equitable access to educational resources were also noted by providers as important to promote change.

2.0. The North West LHIN Senior Friendly Hospital Strategy

2.1. Background

The North West LHIN plans, funds, and integrates the delivery of health services to more than 232,00 people living across more than 458,000 square kilometres, representing almost half of the land mass of the province of Ontario. While the overall population is decreasing at approximately 1% annually¹, the population 65 years of age or more is growing. Between 2010 and 2030 the 65-74 age group is projected to increase by 82% and the 75 and over age group to increase by 62%. It is significant to note that only 28% of seniors perceive their health as very good or excellent compared to 53%² for the overall population. While the health of North West LHIN residents is comparable in some respects to that of the average Ontarian, they experience a lower life expectancy, higher rates of hospitalization and increased mortality associated with diabetes. In 2010/2011 there was an investment of approximately \$412.4M supporting 13 hospitals, reflecting approximately 70% of the regional health system budget³.

The North West LHIN is home to one-third of the on-reserve Aboriginal population in Ontario, one-quarter of the off-reserve population, and just over half of all Indian Reserves and Indian Settlements, representing 19.2% of the total population of the region.

The Integrated Health Services Plan (IHSP) 2010-2013 for the North West LHIN includes four strategic directions intended to improve the health of North West LHIN residents, promote continuous quality improvement in health care delivery, improve access to health care as close to home as possible, supported by the effective and sustainable management of health care resources.

The 2010-2013 IHSP is also aligned with provincial health system priorities to improve access to health services:

- 1) Reducing wait times in Emergency Departments (EDs);
- 2) Reducing the time people wait in Alternate Level of Care (ALC) beds in Ontario's hospitals; and

¹ Ontario Population Projections Update, 2010- 2036. Ontario Ministry of Finance, Spring 2011.

² North West LHIN Environmental Scan, 2010 (Source: Statistics Canada. 2008. 2007- Indicator profiles from the Canadian Community Health Survey (CCHS), by age and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups).

³ 2010/11 North West LHIN Allocations Listings

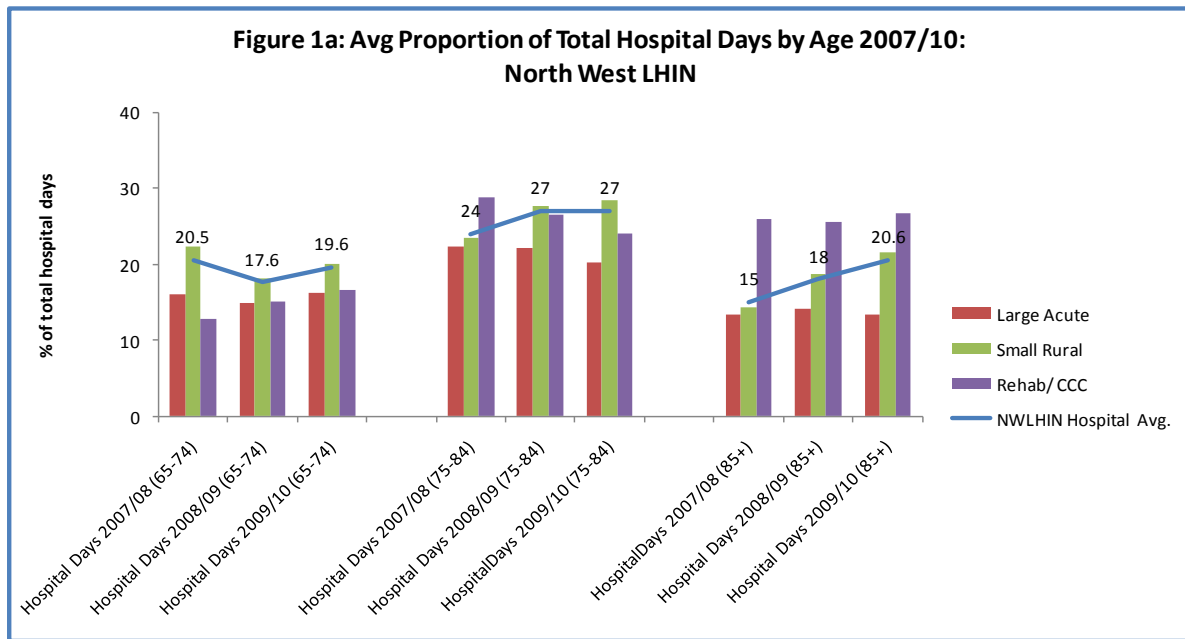
3) Supporting the roll out of Ontario’s Diabetes Strategy.

The Senior Friendly Hospital Strategy, in applying an evidence-based framework to the development of age-appropriate hospital care, is therefore strongly aligned with both provincial and regional strategic objectives and outcomes. Building upon formative work initiated in the Champlain LHIN, the *Senior Friendly Hospital Framework* was first integrated into the planning of the Toronto Central LHIN in 2010. It has since been endorsed by the Ministry of Health and Long Term care and the 14 LHINs. The first phase, an analysis of senior friendly care, is intended to promote awareness of senior friendly hospital care, provide a baseline of current activity, and identify promising practices intended to improve the health status of hospitalized seniors in Ontario.

2.2. Context

The proportion of the population 65 years of age or more in the North West LHIN, at 14.3%, is slightly higher than the provincial average of 13.6 %, and is likely to increase more rapidly than the rest of the province, given the decline in the younger age groups.

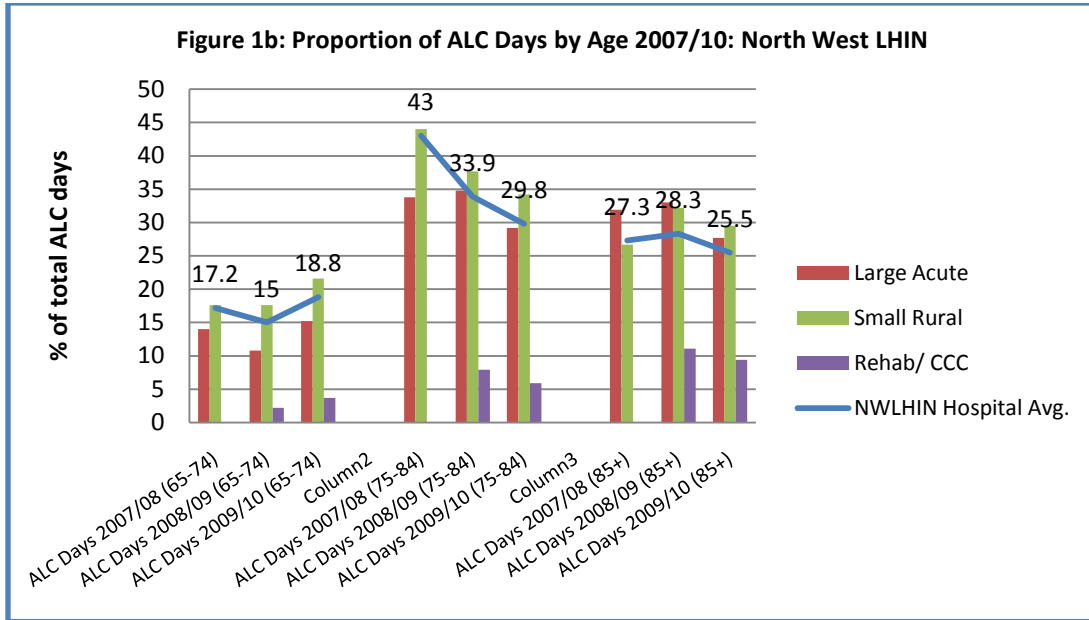
Seniors are the primary users of hospital services across the North West LHIN region. North West LHIN hospitals reported older patients used 67.2% of hospital days (Figure 1.a) and 74.1% of ALC days (Figure 1.b) in 2009/10⁴. Hospital performance and quality improvement therefore hinges heavily on a focused strategy to promote more age-appropriate acute care responding to the unique health needs of this patient population.



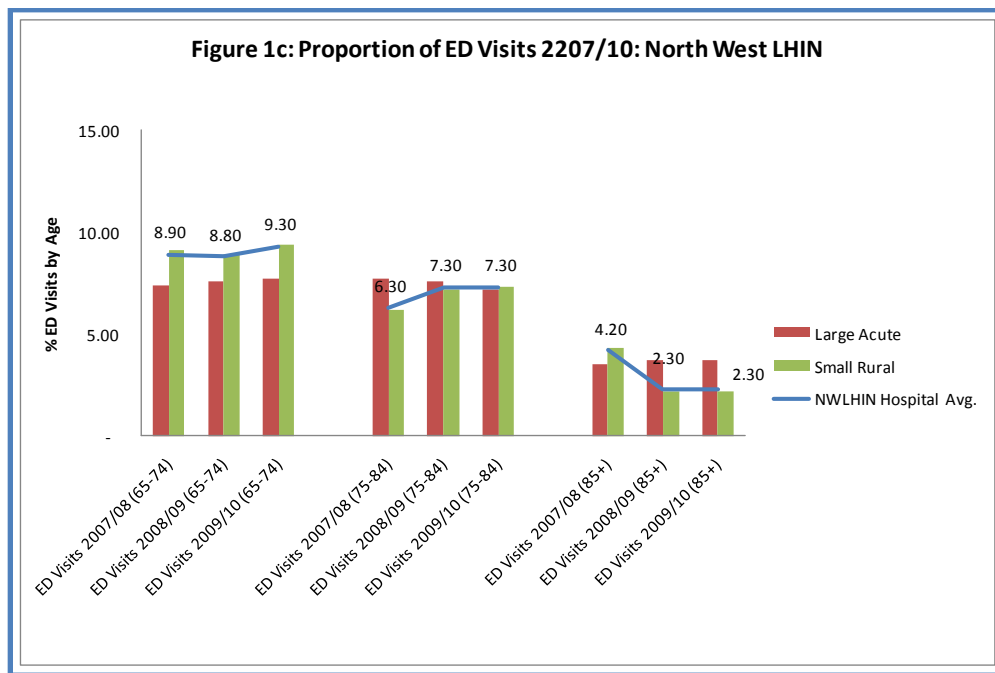
There are a number of interesting trends emerging from closer examination of this data. The overall increase in utilization, shown in Figure 1a, reflects an increase in the proportion of

⁴ Senior Friendly Care in North West LHIN Hospitals: Self Assessment 2011.

hospital days over the three years from 2007-10, consistent with population trends in the North West LHIN. As illustrated in Figure 1.b, hospitals reported a decrease in the proportion of ALC days used by older patients. This information reinforces our understanding that patterns of hospital utilization can, and have been influenced in the North West LHIN region.



Comparable to other jurisdictions, seniors' utilization of emergency department services was 18.9% in 2009/2010 (Figure 1.c).



The North West LHIN's Emergency Department/Alternate Level of Care (ED/ALC) Strategy responds in part, to the needs of frail vulnerable seniors at risk of cognitive and functional decline, hospitalization and/or placement⁵. Enhanced discharge planning, First Link™⁶, as well as the North West LHIN-Wide Falls Injury Prevention Collaborative, implemented in combination with other Aging at Home funded programs are elements of this strategy.

The Senior Friendly Hospital Strategy is similarly focused on this patient population. It is intended to emphasize the multiple dimensions of organizational change essential to achieve improved health outcomes for seniors. The North West LHIN, through the provincial Senior Friendly Hospital Strategy, will support hospitals in adopting the *Senior Friendly Hospital Framework* and integrating measurable objectives into hospital service accountability agreements. Moreover, the Senior Friendly Hospital Strategy provides concrete opportunities for hospitals to achieve their commitments within the Excellent Care for All Act.

3.0. Conceptual Underpinning – The Senior Friendly Hospital Framework

3.1. Hospitalization as a Pivotal Event

While older patients clearly benefit from hospital treatments, the experience of hospitalization presents risks for adverse events and functional loss which can have a significant impact on their post-discharge trajectory. The greater complexity of care needs of older adults increases the risk for preventable adverse outcomes, and complicates the transition out of hospital⁷. In addition to the normal physiological changes of aging, older patients may have multiple co-morbidities and experience the complex interaction of chronic conditions. The patterns of relapse and recurrence in frail older patients creates a set of complex physical, social and functional consequences that are not well-served by the episodic focus of acute care.⁸

It was in recognition of these risks that the *Senior Friendly Hospital Framework* was first developed in 2004, in collaboration with the Regional Geriatric Program of Eastern Ontario. To help hospitals take a systematic, evidence-based approach, the framework consists of five domains, (outlined in Table 1) designed to improve outcomes, reduce inappropriate resource use, and improve client and family satisfaction.

⁵ North West LHIN Emergency Department (ED) / Alternate Level of Care (ALC) Strategy.

⁶ First Link™ is an innovative program involving collaborations among primary care providers, Alzheimer Societies, and other health professionals. The program aims to support persons with Alzheimer's and related diseases after the diagnosis is made and to link them with support services earlier in the disease course (McAiney C et al. First Link: Strengthening Primary Care Partnerships for Dementia Support. Canadian Journal of Community Mental Health (2008) 27(2), 117-127.

⁷ Parke B, Chappell N. Transactions between older people and the hospital environment: A social ecological analysis. Journal of Aging Studies, (2010) 24,115-124.

⁸ Fisher R. The Role of Specialized Geriatric Services in Acute Hospitals. Geriatrics and Aging, (2002) 5(5), 48-51.

The framework integrates evidence from both acute care of the elderly with that of knowledge translation, based heavily upon the Ottawa Model for Research Use⁹. It has subsequently been endorsed provincially by both the Regional Geriatric Programs of Ontario and more recently, the Ministry of Health and Long Term Care who, in partnership with the 14 LHINs, have launched a provincial Senior Friendly Hospital Strategy. The Toronto Central LHIN was the first to develop and implement a LHIN-wide strategy, and has been charged with coordinating the provincial initiative on behalf of the 14 LHINs.

“No single initiative or set of unaligned projects will likely be enough to produce system-level results.....the development of a system for execution of a portfolio of projects aligned with the strategy that produces and sustains results is a vital component.” (Nolan, IHI 2007)

The *Senior Friendly Hospital Framework* describes a comprehensive approach that is to be applied to organizational decision making. Recognizing the complexity of frailty, and the vulnerability of seniors to the unintended consequences of hospitalization that may compromise their function and well-being, the senior friendly hospital provides an environment of care-giving and service that promotes safety, independence, autonomy, and respect. As vulnerable seniors typically require health services across the continuum of care, a senior friendly hospital functions as a partner within the health care system, providing a continuity of practice that optimizes the ability of seniors to live independently in the community.

Table 1. Five Domains of the Senior Friendly Hospital Framework

- 1) Organizational Support** – *There is leadership and support in place to make senior friendly care an organizational priority. When hospital leadership is committed to senior friendly care, it empowers the development of human resources, policies and procedures, care-giving processes, and physical spaces that are sensitive to the needs of frail patients.*
- 2) Processes of Care** – *The provision of hospital care is founded on evidence and best practices that acknowledge the physiology, pathology, and social science of aging and frailty. The care is delivered in a manner that ensures continuity within the health care system and with the community, so that the independence of seniors is preserved.*
- 3) Emotional and Behavioural Environment** – *The hospital delivers care and service in a manner that is free of ageism and is respectful of the unique needs of the patient and their caregivers, thereby maximizing satisfaction and the quality of the hospital experience.*
- 4) Ethics in Clinical Care and Research** – *Care provision and research is provided in a hospital environment which possesses the resources and the capacity to address unique ethical situations as they arise, thereby protecting the autonomy of patients and the interests of the most vulnerable.*

⁹ Innovations in Knowledge Transfer and Continuity of Care, Canadian Journal of Nursing Research, (2004) 36, 89-103.

5) Physical Environment – *The hospital’s structures, spaces, equipment, and facilities provide an environment which minimizes the vulnerabilities of frail patients, thereby promoting safety, independence, and functional well-being.*

This *Senior Friendly Hospital Framework* provides a common pathway to engineer positive change in any hospital, and can be adapted to the unique context of the North West LHIN. While all five components of the Senior Friendly Hospital Framework are required for optimal outcomes, it is recognized that a staged approach to change may be more feasible and practical in its implementation.

In recognition of the unique role of rural hospitals in the North West LHIN, there is significant potential to adapt or tailor the implementation of the strategy to reflect their role in the delivery of a more integrated and coordinated continuum of care for older patients.

4.0. Regional Geriatric Program (RGP) Background Document and Self-Assessment Process

The first step in the Senior Friendly Hospital Strategy is to gain an understanding of the current state of senior friendly care in the North West LHIN. Hospitals across the North West LHIN completed a self-assessment on how senior friendly their hospital is. With questions structured around the *Senior Friendly Hospital Framework*, the self-assessment template gauged each organization’s level of commitment, their efforts to date, and their perceived challenges and needs in becoming a senior friendly hospital. This first step in mapping senior friendly hospital efforts proved valuable in identifying promising practices across the LHIN, as well as some of the challenges in providing optimal care and the opportunities for improvement.

Prior to completion of the self-assessment template, each hospital was provided a copy of the *Background Document: Senior Friendly Care in North West LHIN Hospitals* to provide background on the concept and rationale for senior friendly acute care.

4.1. Goals of the Self-Assessment Summary

The purpose in conducting the self-assessment is fourfold:

- To serve as a summary of the current state of senior friendly care in the North West LHIN.
- To acknowledge innovative practices in senior friendly care.
- To identify hospital and system-level improvement opportunities.
- To promote knowledge sharing of innovative practices.

4.2. Methods

In December 2010, a background document on senior friendly care, along with the self-assessment template, both structured around the Regional Geriatric Program’s *Senior Friendly*

Hospital Framework, were delivered to the Chief Executive Officers of hospital organizations in the North West LHIN (Figure 2). The hospital organizations were supported in completing the self assessments with a frequently asked questions (FAQ) document prepared by the Regional Geriatric Program of Toronto, as well as a series of three teleconference sessions held across the province to provide question and answer support. These teleconference sessions also provided a means for hospitals to provide anecdotal feedback on the data collection processes. The North West LHIN also provided support to hospitals in the completion of their self assessments. In March 2011, the completed self-assessments were submitted to the North West LHIN and were subsequently forwarded to the Regional Geriatric Program of Eastern Ontario for analysis.

Figure 2: Hospital Services in the North West LHIN

Acute Care Services	Rehabilitation & Complex Continuing Care Services	Rural Hospital
Thunder Bay Regional Health Sciences Centre	St. Joseph’s Care Group	Atikokan General Hospital Dryden Regional Health Centre Riverside Health Care Facilities Inc. Geraldton District Hospital Lake of the Woods District Hospital Manitouwadge General Hospital Wilson Memorial General Hospital Nipigon District Memorial Hospital Red Lake Margaret Cochenour Memorial Hospital Sioux Lookout Meno Ya Win Health Centre The McCausland Hospital

Organization of Hospital Services in North West LHIN Hospitals: Thirteen hospital organizations participated in the Senior Friendly Hospital Self-Assessment in the North West LHIN. A significant proportion of the rural hospitals offered a mix of acute, continuing and long-term care beds in their communities.

An independent reviewer read and compiled the results from each self-assessment in a comprehensive database to aid in the analyses. A preliminary analysis for each hospital was provided, which was in turn reviewed by clinical and administrative leaders within the Regional Geriatric Program of Eastern Ontario, along with the North West LHIN. Given the qualitative nature of some elements of the self-assessment, some degree of contextual familiarity of the services provided within each hospital was required. The joint review provided feedback regarding system-level initiatives and key enablers to help ensure the success of the Senior Friendly Hospital Strategy in meeting the physical, emotional and psychological needs of seniors in hospital. The analysis, like the template, was structured upon the common elements of the *Senior Friendly Hospital Framework* in order to facilitate the identification of common areas of focus, strengths and opportunities for improvement.

In addition to the system-level promising practices and opportunities for improvement, which this report highlights (see Appendix 2 for summary of promising practices), each hospital received an individualized feedback letter. This letter included a summary of the hospital's responses, the aggregate responses of hospitals in their sector, and the aggregate responses of all North West LHIN hospitals. Appendix 1 illustrates aggregate responses by hospital sector, and for all North West LHIN hospitals. The feedback also highlighted the hospital's innovative practices and opportunities for improvement in providing senior friendly hospital care in the North West LHIN.

4.3. Limitations of the Analysis

Self assessment methodology is most helpful in determining training, self-improvement, and coaching needs. It is important to acknowledge the limitations of the current analysis of senior friendly hospital care in the North West LHIN. Hospital organizations varied in their resources, data collecting infrastructure, reporting methodology, and ultimately in the ease with which they were able to retrieve and report the data requested in the self-assessment. This resulted in variations in the quality and consistency of information, particularly the numerical data that was returned for analysis.

Finally, the self-assessment template was not developed to perform a detailed environmental scan and therefore, this report is not intended to be a comprehensive comparison of all North West LHIN hospital services for seniors. In highlighting their successes for instance, organizations may not have included all relevant activities, meaning that there are likely unreported services and activities that are worthy of mention.

Additionally, the varied knowledge and experience with the *Senior Friendly Hospital Framework* contributed to some variation in responses. Notwithstanding these limitations, the effort and commitment to participate in this phase of strategy development was obvious on the part of all hospital leadership teams, and provides a solid basis for future collaborative planning.

5.0. Findings

5.1. Part 1 - Organizational Support

The *Senior Friendly Hospital Framework* as a concept had not been widely disseminated across the North West LHIN prior to the adoption of a provincial Senior Friendly Hospital Strategy. A number of participating hospitals expressed uncertainty how the framework could be adapted to the needs of small rural hospitals. Others expressed concern about the impact of a population-based strategy focused on seniors, on their over-arching orientation towards patient and family centred care.

Nonetheless, participating hospitals in the North West LHIN demonstrated a broad ranging commitment to further develop senior friendly care, with 92% identifying priorities to become senior friendly (Figure 3). A majority of priorities, perhaps reflective of the unique role of small rural hospitals, were focused on the need for improved integration of seniors' health services. However, a significant number of hospitals prioritized enhanced clinical care, and a comparable number indicated a need to promote a culture and approach more reflective of the unique needs of older persons.

Figure 3: North West LHIN Senior Friendly Care Priorities (Question A.3)

Support an Integrated Seniors Health System (9 hospitals)

e.g. Collaboration among services, Aging in Place Strategy with Family Health Team (FHT)(2), Coordinated Discharge Planning, Elder care continuum, Equitable access to services for seniors (3), Supportive Housing

Promoting Age-Friendly Education and Culture (6 hospitals)

e.g. Community Engagement with seniors(2), Education/Senior friendly culture (2), Age friendly network (2)

Optimising Senior Friendly Care (6 hospitals)

e.g. Respiratory Rehabilitation, Chronic Disease management, North West LHIN-Wide Falls Injury Prevention Collaborative (4)

Focus on Designated Clinical Programs (5 hospitals)

e.g. Centre for Education and Research on Aging & Health (CERAH) education, Focus on ED, Palliative Care Room, Focus on Ambulatory/Community settings, Effective programming in long term care

Physical Environment (3 hospitals)

While hospitals demonstrated a strong commitment to enhance acute care of the elderly across the region, the commitment to a systematic, organizational response is just emerging, as is illustrated in Figure 4. None of the participating hospitals have made an explicit commitment to become a senior friendly hospital at the board level, and only one has established relevant coordinating structures or processes. However, 38% of hospitals have identified a senior executive lead for senior friendly care. This appears to reflect, at least to some extent, the resource constraints experienced by smaller hospitals in developing more focused strategies. The need for more discussion of the *Senior Friendly Hospital Framework* at hospital leadership tables may also be a factor. Several hospitals also identify care of the elderly as their core business and not requiring a focused approach.

Figure 4: North West LHIN Organizational Support Questions

Query	Hospitals with “Yes” Response
Does your hospital organization have an explicit priority for senior friendly care in its strategic plan?	5 of 13
Has the Board of Directors made an explicit commitment to become a senior friendly hospital organization?	0 of 13
Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	5 of 13
Do you have a designated hospital committee for care of the elderly?	1 of 13

Despite the challenges faced by small rural hospitals, many are in unique positions to influence the delivery of more integrated and coordinated seniors' health services. It was apparent in the review of their responses that there is significant potential to leverage other services, from primary to continuing care, in order to develop expertise and clinical programs focused on the needs of older patients. Indeed, several hospitals have undertaken major commitments within their communities in this regard.

Access to geriatric knowledge and expertise has been identified by many, as a major impediment to the development of senior friendly acute care. Human resource distribution reported by the hospitals reflects a significant imbalance, although the reported 'ownership' of positions may not reflect the broader scope of those working in designated regional roles. However, of 53.4 positions reported, which are designated geriatric and care of the elderly positions, only 2 full time equivalents (FTEs) are identified as designated specifically to small rural hospitals. The remainder are located in centres in Thunder Bay.

The manner in which hospitals engage and solicit input from older patients and their caregivers is also a significant factor in their responsiveness to this population (see Figure 5). While many hospitals report using satisfaction surveys to solicit input, not all of these are structured by age cohort. However, the extent to which rural hospitals in particular involve seniors in governance and formal decision-making structures is significant. These represent important mechanisms through which hospitals establish and maintain responsiveness to the needs of older members of their communities.

Figure 5: North West LHIN – How hospital organizations solicit input from seniors/family members (question C 1.3)

Satisfaction Surveys (5 of 13)

Governance (5 of 13)

Board Representation, Patient representative on Quality Committee, Patient/Family Advisory Committees

Community Advisory Committees (4 of 13)

Formal Community Consultation (4 of 13)

Complaints Process (2 of 13)

Elder Council

Client / Family Conferences

Patient /Family Centred Care

While governance and decision-making structures have a significant impact in shaping a senior friendly culture, the adoption of age-sensitive indicators is pivotal to performance management. Although the scope and level of senior focused performance management is limited, 62% of hospitals reported using some degree of age-specific indicators. Figure 6 highlights the age specific indicators by frequency of reporting. The majority of these indicators focused on age-sensitive incident and quality reporting, such as falls and pressure ulcers, which are identified as required organizational practices by Accreditation Canada.

Figure 6: North West LHIN Age Specific Indicators by Frequency of reporting (questions C 1.5)

Incident reporting (17)
Pressure ulcers (6)
Fall incidents(5)
Restraint (4)
Medications reactions (2)
Utilization (4)
ED utilization
Long term care wait times, Alternate Level of Care (ALC)

77% of North West LHIN hospitals report having established organizational policies and practices reflective of the diversity of their communities. While these include interpretation and other services comparable to those of other hospitals in Ontario, a significant proportion of hospitals have adopted policies on traditional healing and smudging. The use of First Nations friendly visiting, patient navigators, and the inclusion of Elders in health care planning are some of the mechanisms used by hospitals in the North West LHIN to respond to the cultural needs of Aboriginal patients. Telehealth is also in place as a means of visitation by Elders in some hospitals.

5.2. Summary Findings – Organizational Support

Key findings of the self assessment with regard to organization support are summarized below.

- There is a need to further discuss and clarify how the *Senior Friendly Hospital Framework* can be adapted to the realities of rural northern hospitals.
- 92% of hospitals report a priority for becoming senior friendly, with the focus of supporting an integrated seniors’ health system, age-friendly education, and enhanced clinical care.
- Access to geriatric knowledge and expertise has been identified as a barrier to the further development of senior friendly hospital care.
- 100% of hospitals have formal processes for engaging seniors and family members in organizational planning and decision-making. This includes involvement in governance with representation of seniors /Elders as members of the board, and standing committees.
- No hospitals in the North West LHIN have made an explicit commitment to become a senior friendly hospital at the board level;
- 77% of hospitals report having policies and practices in place to reflect the diversity of their communities. More than half of these are oriented toward Aboriginal cultures and populations.
- 62% of hospitals report using age-specific indicators, focused on utilization and nurse-sensitive indicators. Several are beginning to look at utilization by age cohort.

Promising Practices: Organizational Support

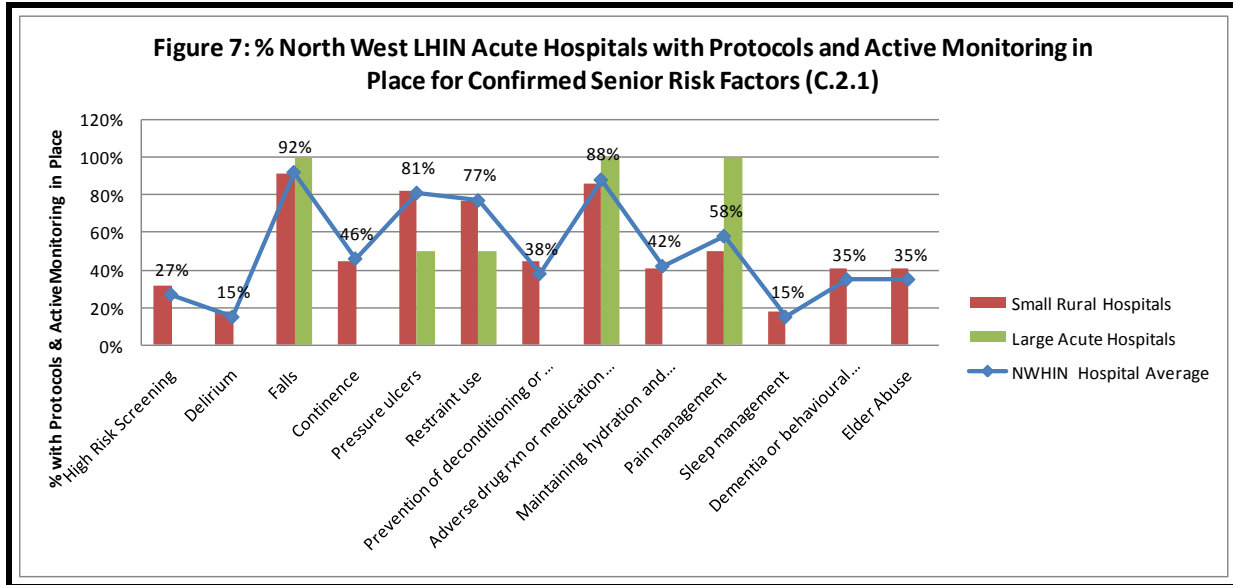
- Representation of older persons on the Board of Directors and other governance bodies.
- Leading the planning and development of a *Rural and Northern Model for Aging in Place*, with inclusion of seniors in the planning process.
- Conducting an *Elder Care Continuum Project* to assess health status and integrate feedback from Elders in remote northern communities.
- Integration of a senior-specific focus into overall strategic planning for the hospital.
- Making an explicit commitment to the needs of older patients and providing leadership to develop community care and support.
- Integration of an Elder Council into the governance of one organization.
- Development of an action plan to become senior friendly.
- Supporting joint planning for a new Centre for Excellence in Seniors Services (CEISS), with significant participation of seniors and their caregivers.
- Nominating a Vice-President to participate on a community-wide age friendly steering committee.

5.3. Part 2: Processes of Care

The self-assessment template listed a number of known clinical areas of risk for hospitalized seniors, and asked hospitals whether they have active protocols and/or metrics in these key clinical areas. In the long term care (LTC) and complex continuing care (CCC) sectors, there are mandatory reporting requirements for a number of clinical areas, including falls, incontinence, pressure ulcers, restraint use, pain, and behavioural problems. Analysis of the self-assessment submissions also highlighted that certain clinical issues have received more focus in the past compared to others.

Traditional nurse sensitive indicators such as falls, pressure ulcers, restraint use, and adverse drug reactions are clinical areas that were most frequently given the attention of a clinical protocol and monitoring procedure. Figure 7 illustrates these findings. In fact, 81% of North West LHIN hospitals reported having protocols and active monitoring for both falls and pressure ulcers. Conversely, the prevention of de-conditioning and dementia related behaviour management, which are major risks factors for being designated ALC, were reported less frequently as having an active protocol and monitoring procedure in place. This observation is consistent with a recent study of geriatric ‘quality indicators’ for hospital care¹⁰. In the study, there was a significantly higher rate of compliance with quality indicators for general medical care (e.g. pain, venous thromboembolism, nutrition and discharge planning) versus geriatric-specific care indicators (e.g. delirium, dementia, pressure ulcers and physical function). While having a protocol or monitoring procedure is only one aspect of providing care, the observations in this self-assessment analysis may identify potential care gaps for common geriatric issues arising in hospital.

¹⁰ Arora VM, M Johnson, J Olson, et al. (2007). Using Assessing Care of Vulnerable Elders Quality Indicators to Measure Quality of Hospital Care for Vulnerable Elders. *Journal of the American Geriatrics Society* 55: 1705-1711.



The self-assessment also requested hospitals review clinical indicators for the past three years for two areas of practice – fall risk prevention and hospital acquired pressure ulcers. These are to be measured through the rate of in-hospital falls/1000 patient days, and the percentage of patients who acquired decubitus skin ulcers in the previous three years. 38% of hospitals were able to report fall rates and 31% for pressure ulcers.

In order for clinical metrics to provide data that will generate a meaningful system-level view, consistent definitions, methods, and units of expression will need to be established for any particular clinical area of focus. Once the identification of clinical priorities and indicators are established, there will be work ahead for hospitals to refine and to ensure compliance with successful clinical protocols so that improved outcomes in hospital care can be realized.

Hospitals were also asked to identify their most successful initiatives to improve clinical care for older patients. Figure 8 summarizes these initiatives. The level of response, with more than 31 initiatives, is both comprehensive and diverse. Every hospital cited their participation in the North West LHIN-Wide Falls Injury Prevention Collaborative as a success. This would appear to reflect both their willingness to collaborate to achieve system-level improvements, as well as the manner in which this strategy was developed by the LHIN.

Given the challenges associated with sustainable discharges for older patients,

Figure 8: North West LHIN Most Successful Initiatives (C2.4)
North West LHIN-Wide Falls Injury Prevention Collaborative (13)
Medication Incident reporting (5)
Pressure Ulcer Awareness (4)
GEM: Nurse-led Outreach (2)
Aging in Place strategy
Patient navigator Pilot Project
Regional total knee arthroplasty (TKA) (chemotherapy, dialysis)
End of life /Palliative Care
24/7 interpreting program
Least Restraint; Geriatrics, Interprofessional Practice and Interorganizational Collaboration (GiiC)

the self-assessment included a question which prompted hospitals to identify discharge planning practices to support the needs of older patients. Figure 9 outlines the discharge planning practices reported.

Figure 9: North West LHIN Discharge Planning Practices (C2.5)
Multidisciplinary Discharge rounds with community partners (10)
Partnership with Community Care Access Centre (CCAC), including Home First (5)
Occupational Therapy Home assessments (3)
Discharge Planning Checklist (2)
Seniors Mental Health follow-up
Fall Prevention
Outpatient Services
Partnership with Family Health Teams

A majority of hospitals reported using discharge planning rounds, often including community partners. Many have also adopted a structured approach to discharge planning, including checklists and protocols for discharge to outpatient services and primary care. Several hospitals expressed concern that the limited access to home and community care across the region impacts the safety and sustainability of their discharge planning.

5.4. Summary Findings – Processes of Care

Key findings of the self assessment in regard to processes of care are summarized below.

- North West LHIN Hospitals have demonstrated a strong commitment to improve clinical care for older patients. Every hospital cited the North West LHIN-Wide Falls Injury Prevention Collaborative as a success, reflecting their commitment to regional approaches to senior friendly care.
- Hospitals have established both protocols and monitoring practices for 50% of the 13 risk factors associated with hospitalization of the elderly in the self-assessment. However, there are potential care gaps for common geriatric issues arising in hospital, such as de-conditioning and dementia related behaviours (38% and 35%).
- There is a need to refine reporting requirements associated with designated clinical protocols in order that improved outcomes for hospital care can be realized.
- A number of innovative, targeted discharge programs have been successfully implemented for older patients. However, there is a concern that limited access to home and community care in the rural north impacts the safety and sustainability of discharges for older patients.

Promising Practices: Processes of Care

- Participation in the North West LHIN-wide Falls Injury Prevention Collaborative.

- Initiating high-risk screening, e.g. Identification of Seniors At Risk (ISAR) tool in the emergency department.
- The integration of senior-specific elements into the admission history for patients to inform age-appropriate care from the point of admission.
- The implementation of an Activities of Daily Living (ADL) assessment room to address mobility and functional loss associated with de-conditioning.
- The development of a special service for older patients with responsive behaviours.
- Adopting a high proportion of protocols to mitigate risk factors for the hospitalization of older patients.
- The application of a Tandberg unit in the ED to reduce transfers from long term care.
- Demonstrating a high level of uptake for the fall risk prevention protocols and achieving consistent improvement in outcomes.

5.5. Part 3: Emotional and Behavioural Environment

The emotional and behavioural environment of a hospital generates the atmosphere in which care and service are delivered, and this domain of the *Senior Friendly Hospital Framework* examines efforts in patient and family-centeredness, communication, diversity, satisfaction, and respect.

Figure 10: North West LHIN - Hospital Processes to Inform and Involve Older Patients (C3.3)

Educational booklets (6)
Family conferences (3)
Pharmacy history and education (3)
Patient education to involve them in decision-making (3)
White boards in rooms (2)
LTC Resident Councils, (2)
Admission Package
Anishinabe Patient Navigator
Interpreter List
Audits for informed consent

92% of hospitals reported strategies to inform and involve older patients and their families in decisions about their care (Figure 10). Patient and family conferences, communication whiteboards in patient rooms, and formal processes to involve families in a patient’s care are other ways that organizations in the North West LHIN focus on the unique needs of patients and their families. While many of these appear to reflect processes geared to the overall patient population, several hospitals, particularly those co-located with long-term or continuing care, have developed senior-focused mechanisms such as advisory councils. One hospital reported on the development of decision-aids to facilitate patient participation in decisions about their care.

Figure 11 outlines how hospitals support cultural diversity in the North West LHIN. Most hospitals in the North West LHIN offer translation services; several also offer diversity training as well as spiritual care. There is a rich and diverse range of programs in place to respond to the needs of Elders, particularly in rural hospitals. In addition to visitation programs a number of hospitals have adopted policies to support traditional healing. Recent innovations have also introduced telehealth visitation as a means to connect with Elders.

Figure 11: North West LHIN - Cultural Diversity Programs (C 3.4)
Aboriginal Cultural Programs & Services (10) First Nation visiting volunteers; Smudging Policy; Elder visitation with telehealth technology; Anishinabe patient navigators, Traditional Native Healer
Translation Services (8)
Spiritual and religious care(3)
French Language Services Act (FLSA) (3)
Accessibility for Ontarians with Disabilities Act (AODA) Compliant (2)
Cultural sensitivity committee
Diversity training

A majority of hospitals in the North West LHIN describe efforts to foster a patient-centred philosophy of care through educational programs targeted at all staff. Three hospitals reported having formal programs in place to address senior friendly care on topics ranging from elder abuse to the management of behaviour for persons with dementia, and aging in place.

Many hospitals identified limited access to geriatric knowledge and expertise as a constraint in regards to the extent to which training and education regarding the unique needs of older patients can be delivered. Strategies to address this concern and promote positive attitudes towards older patients and their caregivers will be important to the further development of a Senior Friendly Hospital Strategy for the North West LHIN.

Irrespective of programs and processes, small rural hospitals, where community members serve their communities, are well-positioned to champion patient and family-centred care fundamental to the *Senior Friendly Hospital Framework*.

5.6. Summary Findings – Emotional and Behavioural Environment

Key findings of the self assessment, in regard to emotional and behavioural environment are summarized below.

- Family conferences and educational resources are the primary mechanisms to engage patients and caregivers in decisions about care. One hospital reported on the development of decision-aids to facilitate the participation of older patients in decisions about their care.

- There is a rich and diverse range of programs in place to respond to the needs of Elders, particularly in the rural hospitals. In addition to visitation programs a number of hospitals have adopted policies to support traditional healing.
- A majority of hospitals in the North West LHIN promote a patient-centred philosophy of care. Three hospitals reported having formal programs in place to address senior friendly care on topics ranging from elder abuse to the management of behaviour for persons with dementia, and aging in place.
- Limited access to geriatric knowledge and expertise is a constraint on the extent to which training and education regarding the unique needs of older patients can be delivered across North West LHIN.

Promising Practices: Emotional and Behavioural Environment

- The inclusion of a Native Healer and Care Coordinator within the staff complement to focus on the cultural needs of First Nations Elders and the overall population
- The adoption of a philosophy of Patient and Family- Centred Care to engage older persons and their families in decisions about their care and treatment
- The development of a Comfort Care room to offer patients quality end-of-life care
- Implementing a Patient Navigator role
- Adopting policies to support the practice of smudging and First Nations Friendly Volunteers to reflect the cultural needs of patients

5.7. Part 4 - Ethics in Clinical Care and Research

Complex ethical issues arise daily when caring for older patients. It is important to ensure structures and processes are in place to enable practitioners to take a thoughtful and consistent approach to these challenges. Ten hospitals in the North West LHIN reported being able to access an ethicist to advise in complex situations.

Hospitals demonstrate a high degree of consistency in the types of ethical issues identified related to the care of older adults. Advance directives and end of life care, competency to consent to treatment and to some extent intimacy and sexuality were identified as common issues for which ethics consultation might be arranged.

Similarly, 10 of 13 hospitals report having specific policies on advance care directives. Although most hospitals as noted above, are able to access the support of an ethicist, many report this is considered in exceptional cases only, and most rely principally on in-house resources to advise staff and patients.

5.8. Summary Findings – Ethics in Clinical Care and Research

The following is concluded with regard to ethics in clinical care and research:

- There is an adequate degree of consistency in the understanding and approach of hospitals to ethical issues in care of the elderly.

5.9. Part 5: Physical Environment

When asked to identify barriers to senior friendly care, seven hospitals in the North West LHIN cited aspects of their physical environment. While hospitals report using environmental audits to inform capital planning, most referenced the *Accessibility for Ontarians with Disabilities Act* (AODA) design guidelines. There is a significant body of information regarding senior friendly design;^{11,12} these principles go beyond generalized guidelines such as building code requirements or accessibility guidelines set out forth in the AODA. Whether planning for retrofit projects or entire site redevelopment, there is opportunity to design and implement senior friendly physical features that can improve patient safety, comfort, and independence, while also boosting staff satisfaction and direct patient care time. It is therefore important that hospital staff involved in capital development and planning have training and access to resources on senior friendly design.

While some hospitals are anticipating more capital expansion, many are planning incremental improvements within the limits of their current resources (Figure 12). Both provide an opportunity to implement senior friendly design guidelines.

Figure 12: North West LHIN - Improvements to the physical environment (next 3 years) (C5.2)

Wayfinding (5)
Washrooms (5)
Lighting (4)
Flooring/Walls (4)
Equipment (4)
Hallways/Doors (3)
Walkways, ramps and stairways (3)
Elevators (2)
Parking (2)
Handrails (2)
Furniture (2)

¹¹ Parke B and K Friesen (2008). *Code Plus: Physical Design Elements for an Elder Friendly Hospital*. Fraser Health Authority.

¹² Hoffman F.C.J and D Dickey (2007). Development and Use of a Senior Friendly Hospital Environmental Audit Tool. *Canadian Journal of Geriatrics* 10(2): 44-52.

Many of these improvements will enhance the safe mobilization of older patients with the potential to reduce the risk of falls and prevent unnecessary de-conditioning.

5.10. Summary Findings – Physical Environment

Key findings of the self assessment in regard to the physical environment are summarized below.

- The physical environment is identified as a barrier to senior friendly hospital care by several hospitals in the North West LHIN.
- Hospitals have planned significant design improvements through ongoing renovations undertaken within the limits of existing resources. These include improvements to flooring, doors and hallways which will enhance the safe mobilization of older patients.
- There is an opportunity to integrate evidence-base senior friendly design guidelines into hospital capital planning.

Promising Practices: Physical Environment

- Conducting a senior friendly environmental audit to inform ongoing facility improvements.
- Integrating new accessibility features into hospital redevelopment and/or design.

6.0. Looking Ahead – Moving Toward Senior Friendly Hospital Care in the North West LHIN

Alternate Level of Care (ALC) pressures in hospitals have long been recognized as a symptom or consequence of health systems inadequately aligned with the needs of an aging population. While much of the focus for resolving these pressures has quite rightly been placed on community and long term care sectors, it is also acknowledged that the hospital experience of older patients, in itself, can contribute to outcomes that constrain safe and sustainable discharges and precipitate ALC pressures.

The *Senior Friendly Hospital Framework*, as a roadmap for quality improvement for the acute care of older patients, serves as a potential resource to achieve the identified priorities of the North West LHIN to reduce wait times in the ED and the amount of time people wait in ALC beds, as well as the implicit goal of achieving system level outcomes. The completion of the senior friendly hospital self-assessment is a critical first step. The expressed commitment of the North West LHIN to support partner hospitals in this journey and to include measurable objectives in their implementation plan will be essential to achieving system-wide outcomes.

Despite the apparent uncertainties regarding the Senior Friendly Hospital Strategy and its implications for small rural hospitals in the North West LHIN, 85% of hospitals reported the self-assessment was important in renewing the importance and awareness of senior friendly hospital care. Many, as a result of the survey, have made concrete plans to integrate senior friendly care into their corporate plans. More than 19 senior friendly initiatives were identified, (see Figure 13) reflecting an ambitious agenda for senior friendly hospital care for the North West LHIN over the next three years.

Figure 13: North West LHIN - Senior Friendly Care Priorities (A.3)

Optimizing Senior Friendly Care in the ED (6)

e.g. Identification of Seniors At Risk (ISAR) & Systematic Evaluation and Intervention for Seniors At Risk (SEISAR) tools in the ED; Post ED discharge follow-up with Elders; Tandberg unit in LTC to consult ED physician; ED protocol for repeat visits; Social Worker in ED; ED risk-screening tool.

Promoting Age-Friendly Education and Culture (4)

e.g. Education to promote senior friendly hospitals, promote geriatric champions, recruit or develop staff with skills in geriatrics, revise human resources policies to advance senior friendly care.

Focus on Designated Clinical Processes (5)

e.g. Community discharge planning process; patient navigator; Flo collaborative, respiratory rehabilitation.

Hospitals identified specific monitoring plans and expected outcomes for each of the initiatives identified in Figure 13.

The main outcomes which were cited for the proposed senior friendly care initiatives include:

- Improved hospital diversion and utilization
- Improved ED capacity (reduce visits & readmissions)
- Increased geriatric capabilities;
- Improved safety and quality of care; including Chronic Disease Prevention and Management.

A number of clinical areas have been identified where there has been less thorough adoption of protocols and best practice. Functional decline can directly impact the ability of frail patients to return home safely, and this has a secondary but far-reaching effect on the health system, evident in emergency room congestion and ALC rates. Given this level of impact to the patient and to the health system, it is worthwhile to consider the implementation of clinical programs focused on the prevention of functional decline and, once in place, evaluate their impact on patient outcome and satisfaction.

Hospitals recognize that their collective efforts will not realize system-wide outcomes in the absence of a supported system-wide strategy. However, the self-assessment prompted a diverse range of perspectives on the possibility of such an approach. Almost half of the hospitals expressed some level of uncertainty or reservation about how the framework could be feasibly integrated into the context of rural northern hospitals. On the other hand, others expressed great enthusiasm and readiness to move forward, and have already undertaken major planning initiatives related to senior friendly care.

Limited access to specialized geriatric knowledge and expertise, as well as designated human resources, were identified as significant barriers. The development of the Centre for Excellence in Seniors Services (CEISS) presents significant potential as a resource for developing geriatric capabilities across the region.

The North West LHIN and its partner hospitals have demonstrated significant capacity for regional collaboration and mobilization, most recently with the North West LHIN-Wide Falls Injury Prevention Collaborative. Combined with the unique role of many rural hospitals providing a continuum of care to older patients, they are well-positioned to further develop their capacities for Senior Friendly Hospital care.

The successful flow of patients through the health system, particularly that of vulnerable seniors, depends on practices that promote a high quality of care in every health care setting, along with fluid transitions that enable health system integration. The *Senior Friendly Hospital Framework* is a lens for organizations to apply toward these system pressures, and also includes principles to promote a culture of high-quality, person-centred care. Through its culture, its practices, and its collaborations, the senior friendly hospital will work as a partner in the health care system to allow older adults to maintain their function as best as possible and to age at home with independence, dignity, and respect.

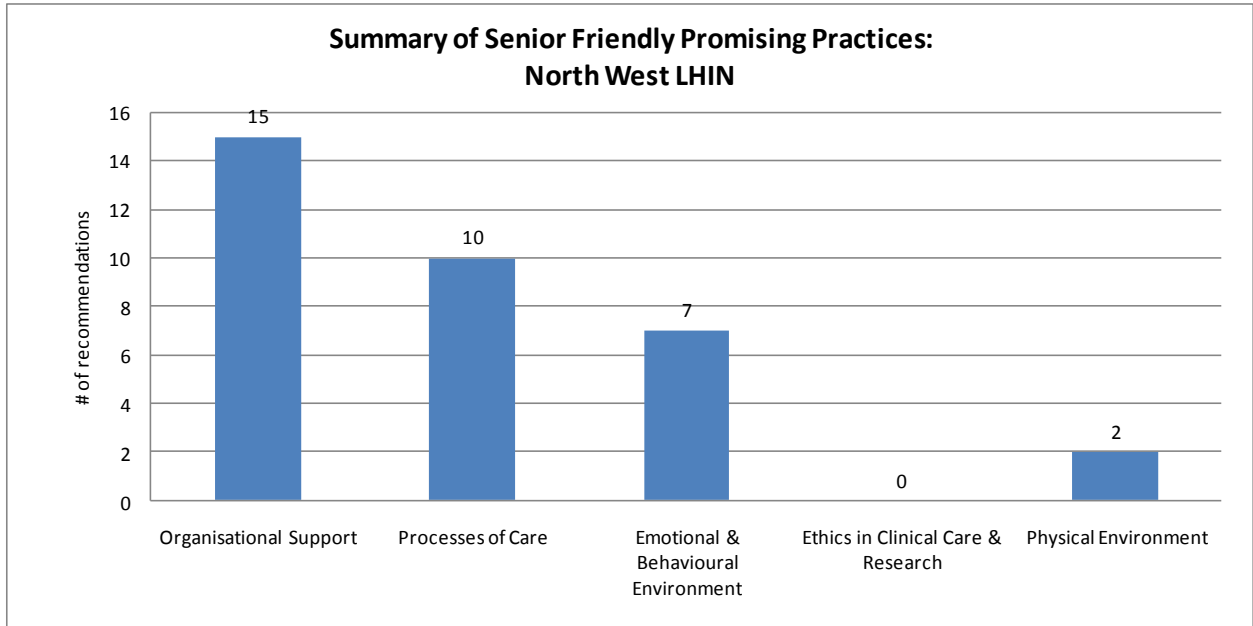
The identification of senior friendly champion organizations – early and successful adopters of senior friendly care – across the North West LHIN and eventually across the province, can be an impetus for knowledge exchange and the sharing of innovation. Providing a convenient forum for this knowledge exchange will encourage and enable all organizations across the system to hone their own policies and practices. This could take the form of a web-based toolkit that has the capacity for expansion and interaction, or periodic knowledge exchange workshops inviting local and international experts. Working as a ‘system of innovation’ by facilitating opportunities for fruitful dialogue will serve to strengthen the practices of all hospitals in the province.

Appendix 1: North West LHIN Responses to the Senior Friendly Hospital Self Assessment

Question on Self-assessment Template	Response Rehab/CCC	Response Large Acute Care	Aggregate Response Small Rural Hospitals	Aggregate Response for All NWLHIN Hospitals ¹
A1. Does your hospital have an explicit priority or goal for senior friendly care in its strategic plan?	No	No	45%	38%
C1.1. Has the board of directors made an explicit commitment to become a Senior Friendly Hospital organization?	No	No	0%	0%
C1.2. Has a senior executive been designated as the organizational lead for geriatric/care of the elderly initiatives?	No	No	45%	38%
C1.4. Do you have a designated hospital committee for care of the elderly? (does not include committees for a specific senior friendly initiative)	No	No	9%	8%
C2.1. These are areas of confirmed risk for seniors. Does your organization have protocols and monitoring metrics for care to address the following issues?	54%	31%	51%	50%
C3.1. Do your staff orientation and education programs have defined learning objectives for senior care?	Yes	No	18%	23%
C3.2. Are age-sensitive patient satisfaction measures incorporated into hospital quality management strategies?	No	No	18%	15%
C3.3. What programs and processes do you have in place to help older patients feel informed and involved about decisions affecting their care?	Yes	Yes	81%	85%
C3.4. What programs and processes do you have in place to support cultural diversity among seniors and their families?	Yes	Yes	91%	92%
C3.5. What programs and processes do you have in place to support appropriate attitudes and behaviours of health professional students and residents toward older patients?	Yes	No	69%	77%
C4.1. Does your staff have access to an ethicist to advise on ethical issues related to care of older patients?	Yes	Yes	62%	77%
C4.2. Does your hospital have a specific policy on advance care directives?	Yes	Yes	73%	77%
C5.1. Has your hospital conducted any senior friendly environmental audits of physical space using peer-reviewed guidelines?	Yes	No	36%	38%

¹ All LHIN Hospitals includes large acute care, small rural, complex continuing care, rehabilitation and mental health hospitals for a total of 13 hospital organizations.

Appendix 2: Summary of Senior Friendly Hospital Promising Practices in the North West LHIN



Appendix 2 continued

Summary of Promising Practices for Senior Friendly Care in the North West LHIN, by care domain.	
	Promising Practices
Organizational Support	
	1) Representation of older persons on the board of directors and other governance bodies.
	2) Leading community program development in fall prevention and supportive housing.
	3) Integration of a senior-specific focus into overall strategic planning for the hospital.
	4) Engaging seniors in ongoing planning and quality improvement.
	5) Recognition of the unique needs of older patients by hospital leadership.
	6) Leading the planning and development of a <i>Rural and Northern Model for Aging in Place</i> , with inclusion of seniors in the planning process.
	7) Designating leadership role for geriatric screening and follow up.
	8) Making an explicit commitment to the needs of older patients and providing leadership for to develop community care and support.
	9) Enhancing geriatric capabilities through the use of direct and telehealth geriatric consultations.
	10) Development of an action plan to become senior friendly.
	11) Supporting joint planning for a new Centre for Excellence in Seniors Services (CEISS), with significant participation of seniors and their caregivers.
	12) Nominating a Vice-President to participate on a community-wide age friendly steering committee.
	13) Making a strategic commitment to support the development of a continuum of seniors' health services.
	14) Integration of an Elder Council into the governance of organization.
	15) Conducting an <i>Elder Care Continuum Project</i> to assess health status and integrate feedback from Elders in remote northern communities.
Processes of Care	
	1) Adopting a high proportion of protocols to mitigate risk factors for the hospitalization of older patients.
	2) The application of a Tandberg unit in the ED to reduce transfers from long term care.
	3) The integration of senior-specific elements into the admission history for patients to inform age-appropriate care from the point of admission.
	4) Participation in the North West LHIN-Wide Falls Injury Prevention Collaborative.
	5) The implementation of an Activities of Daily Living (ADL) assessment room to address mobility and functional loss associated with de-conditioning.
	6) Introducing routine assessment of strength, balance and endurance for

	older patients.
	7) Demonstrating a high level of uptake for the fall risk prevention protocols and achieving consistent improvement in outcomes.
	8) Initiating high-risk screening (e.g. <i>Identification of Seniors at Risk- ISAR</i>) in the emergency department.
	9) The development of a special service for older patients with responsive behaviours.
	10) Integrating senior friendly care and geriatric emergency management in the emergency department.
Emotional & Behavioural Environment	
	1) Implementing a patient navigator role.
	2) The development of a comfort care room to offer patients quality end-of-life care.
	3) The inclusion of a native healer and care coordinator within the staff complement to focus on the cultural needs of First Nations Elders and the overall population.
	4) Adopting policies to support the practice of smudging and First Nations friendly volunteers to reflect the cultural needs of patients.
	5) Introducing a community coordinator role to promote the development of home and community care essential to safe, sustainable discharges.
	6) The adoption of a philosophy on patient and family centred care to engage older persons and their families in decisions about their care and treatment.
Ethics in Clinical Care and Research	
	1) Consistency in the understanding and approach of hospitals to ethical issues in care of the elderly.
Physical Environment	
	1) Integrating new accessibility features into hospital redevelopment.
	2) Conducting a senior friendly environmental audit to inform ongoing facility improvements.