Senior Friendly Strategies in Healthcare - the Challenge and the Opportunity Hospitals in Canada

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Objectives

- Identify common elements of senior friendly hospital frameworks from Canada and abroad
- Describe how senior friendly hospital frameworks have been effectively used to promote quality improvement, using the MOVE initiative as an example
- Identify challenges in implementation and sustaining senior friendly care in hospitals and strategies to address those challenges
- Identify opportunities to apply senior friendly framework strategies across the healthcare system.

World Health Organization

- Encourages active ageing
- Opportunities for health, participation and security
- To enhance quality of life as people age
- Accessible to and inclusive of older people with varying needs and capacities

www.who.int
Taiwan Age-Friendly Hospitals and Health Services
WHO Health Promoting hospitals

- Strategy
- Communication and Services
- Physical Environment
- Care Processes
Elder Friendly Hospital
Belinda Parke

Care systems and Processes
Policies and Procedures
Social Climate
Physical Design

RGP

RGP Senior Friendly Hospital Framework

Processes of Care
Emotional & Behavioural Environment
Ethics in Clinical Care & Research
Organizational Support
Physical Environment

What we do
How
Who
Why
Where

RGP
### Taiwan Elder Friendly Hospital vs Senior Friendly Hospital

<table>
<thead>
<tr>
<th>Taiwan Elder Friendly Hospital</th>
<th>Senior Friendly Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care processes</td>
<td>Processes of care</td>
</tr>
<tr>
<td>Strategy</td>
<td>Organizational support</td>
</tr>
<tr>
<td>Communication and services</td>
<td>Emotional and Behavioural Environment</td>
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<tr>
<td>Physical environment</td>
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</tbody>
</table>

### Ontario Pan-LHIN Senior Friendly Hospital (SFH) Strategy

**Phase 1: Identify Current State**
- Provincial/LHIN Environmental Scan (2011)
- Priority action areas identified

**Phase 2: Develop Key Enablers**
- Enhanced Delirium and Functional Decline Modules

**Phase 3: Monitoring and Evaluation**
- Delirium and Functional Decline Indicators Identification (2013) and Evaluation (2014)

**2011-2014**

**2014-2017**
- Environmental Scan (2014)
- SFH ACTION Program (2015-2017)

**ONTARIO SFH COLLABORATIVE**
- Implementation and refinement of indicators
- Monitoring and Evaluation
- Build Capacity Across Ontario
- Review SFH Progress
Based on 155 hospital self assessments
Describes existing state of SFH care in Ontario
Identifies promising practices
Recommends priority areas for action

3 Provincial SFH Action Priorities

- **Functional Decline**
  - Implement interprofessional early mobilization protocols across hospital departments to optimize physical function

- **Delirium**
  - Implement inter-professional delirium screening, prevention, and management protocols across hospital departments to optimize cognitive function

- **Transitions In Care**
  - Implement practices and developing partnerships that promote interorganizational collaboration with community and post-acute services
Without mobilization, older patients lose 1 to 5% of muscle strength each day
(Annals Int Med 1993;118:219-23)
83% of measured hospital stay spent in bed

Median time spent standing or walking = 43 minutes or 3% of day

Brown, C et al JAGS 2009;57:1660

Complications of Immobility

**Respiratory System**
- Decreased lung volume
- Pooling of mucus
- Cilia less effective
- Decreased oxygen saturation
- Aspiration
- Atelectasis

**Gastrointestinal System**
- Reflux
- Loss of appetite
- Decreased peristalsis
- Constipation

**Musculoskeletal System**
- Weakness
- Muscle atrophy
- Loss of muscle strength by 3-5%
- Calcium loss from bones
- Increased risk of falls due to weakness

**Psychological**
- Anxiety
- Depression
- Sensory deprivation
- Learned helplessness
- Delirium

**Circulatory System**
- Loss of plasma volume
- Loss of orthostatic compensation
- Increased heart rate
- Development of DVT

**Genitourinary System**
- Incomplete bladder emptying
- Formation of calculi in kidneys and infection
Benefits of Early Mobilization

- ↓ duration of delirium (median of 2 days versus 4 days)
- ↓ rate of depression (odds ratio 0.14)
- ↑ functional status (odds ratio 2.7)

- ↑ Increases rate of discharge to home (NNT =16)
- ↓ length of stay (1.1 days)
- ↓ hospital costs by $300/day

Mobilization of Vulnerable Elders in Ontario (MOVE ON)

Core messages
1. Mobilization should occur three times daily;
2. Mobilization should be progressive and scaled;
3. Assessment for mobilization status should begin within 24 hours of admission and be reassessed daily.
Setting and subjects

- 14 teaching hospitals
- Eligible subjects were over 65 years old
- Exclusions: palliative; bed rest ordered for neurosurgical or orthopedic reasons
- 1° outcome
  - the rate of patients being out of bed three times daily, on twice-weekly visual audits.

Tailored Educational Interventions

- Interprofessional group education/in-service
- 1:1 knowledge-to-practice coaching
- Huddles
- Fairs
- Education days
- E-modules
Shared Enabling Tools

Mobility ABCs Assessment Algorithm

1. Can they respond to verbal stimuli?
2. Can they roll side to side?
3. Can they sit at edge of bed?
4. Can they straighten one or both legs?
5. Can they stand?
6. Can they transfer to a chair?
7. Can they walk a short distance?

Sunnybrook Health Sciences Centre
a member of the MOVE ON Collaboration
Qualitative Analysis

- Positive attitudes
- Perceived impact on staff behaviour
- Sense of shared responsibility for mobilization
- Communication and collaboration
- Dispelling “sick, in-bed culture”

“I get a lot of social workers and dieticians and pharmacists asking me to come in and just get the patient up so they can sit down and talk to them, and I have no problem doing that so it’s really good to see that they’re engaged in the mobility aspect of the patient as well as, you know, their role on the team as well.”

“...it brought to forefront the mobility thing, when you think of people in hospital typically you think of people laying in the bed, but it changed that whole perception that, ‘Well, do they have to by laying in a bed?’ type. It’s like, you know, it’s the old-school thinking of what a hospital environment is.”

1.Fn’l Decline
2.Delirium
Emotional & Behavioural Environment
Ethics in Clinical Care & Research
Organizational Support
Physical Environment

26
Ontario Pan-LHIN Senior Friendly Hospital (SFH) Strategy

2011-2014

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2014-2017

Review SFH Progress
- Environmental Scan (2014)

Build Capacity Across Ontario
- SFH ACTION Program (2015-2017)

Monitoring and Evaluation
- Implementation and refinement of indicators

ONTARIO SFH COLLABORATIVE
In a Senior Friendly Hospital, leadership is committed to deliver an optimal experience for frail seniors as an organizational priority. This commitment empowers the development of human resources, policies and procedures, caregiving processes, and physical spaces that are sensitive to the needs of frail patients.

In Ontario’s hospitals

- **80%** have made senior-friendly hospital commitments within their strategic plans.  
  *In 2011, this number was 39%*

- **87%** have a committee or champion to coordinate initiatives to enhance senior-friendly care.  
  *In 2011, this number was 31%.*

- **94%** offer some degree of clinical geriatrics training to develop frailty-focused skills in their workforce.  
  *In 2011, this number was 55%.*
In a Senior Friendly Hospital, care is designed from evidence and best practices that are mindful of the physiology, pathology and social science of aging and frailty. Care and service across the organization are delivered in a way that is integrated with the health care system and support transitions to the community.

92% of hospitals in Ontario report having practices related to delirium. In 2011, this number was 62%.
89% of hospitals in Ontario report having practices related to functional decline.

In 2011, this number was 49%.

<table>
<thead>
<tr>
<th>Functional Decline: progress toward organization-wide implementation of practices in Ontario hospitals (n=135)</th>
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<tbody>
<tr>
<td>2014</td>
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<td>Screen and Selection</td>
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<td>Prevention and Management</td>
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<td>Monitoring and Evaluation</td>
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* Includes/greater than that do not include older adults (e.g., winter, Medicare)

In a Senior Friendly Hospital, care and service are provided in a way that is free of ageism and respects the unique needs of patients and their caregivers. This maximizes quality and satisfaction with the hospital experience.
Emotional and Behavioural Environment

68% of hospitals in Ontario report offering seniors-sensitivity training to its employees. 
*In 2011, this number was 55%.*

74% of hospitals in Ontario report incorporating SFH principles in quality improvement projects. 
*In 2011, this number was 28%.*

Ethics in Clinical Care and Research

In a Senior Friendly Hospital, care is provided and research is designed in a way that respects autonomy, choice and diversity, while also protecting the interests of vulnerable patients.
93% of hospitals in Ontario report offering the services of an ethicist or ethics consultation team. 

In 2011, this number was 83%.

93% of hospitals in Ontario offer support for advance care planning that addresses care issues beyond “DNR” orders.

In a Senior Friendly Hospital, the structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of frail patients, promoting safety, comfort, independence, and functional well-being.
64% of hospitals in Ontario have conducted environmental audits using senior-friendly design resources. In 2011, this number was 34%.

82% of hospitals in Ontario use senior-friendly design resources when planning physical environment upgrades.
Evolution of the Framework from Senior Friendly Hospitals to Senior Friendly Care

- What should be added/changed to make the framework relevant across all sectors of healthcare?
Sustainability challenges

<table>
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<tr>
<th>Initiative fatigue</th>
<th>Streamline priorities</th>
<th>Look for alignments</th>
<th>Seek out and nurture productive collaborations</th>
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<tbody>
<tr>
<td>Low hanging fruit has been picked</td>
<td>Stay focused on making small improvements</td>
<td>Avoid the temptation to question the method of measurement</td>
<td>Manage expectations</td>
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<tr>
<td>Top down versus bottom up</td>
<td>Corporate support is an enabler</td>
<td>Avoid the temptation to rely on it as a driver</td>
<td>Ensure that interventions are contextualized</td>
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<tr>
<td>Context is always evolving</td>
<td>Re-examine context</td>
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Summary and Lessons Learned

- Senior Friendly Hospital frameworks from various jurisdictions have common elements
- SFH framework can guide improvement targeting early mobilization and delirium in Ontario
- Implementation should be contextualized
- Balancing top-down and bottom-up approaches
- Multi-year journey involving complex interventions
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www.rgp.toronto.on.ca
www.seniorfriendlyhospitals.ca
www.SFHAction.ca
www.MOVES.ca

Thank you