

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

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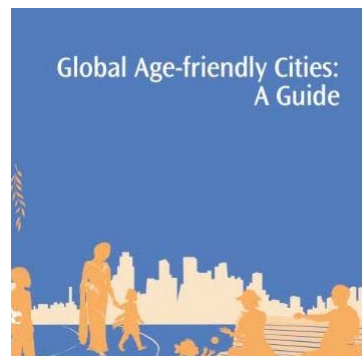
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Objectives

- 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.

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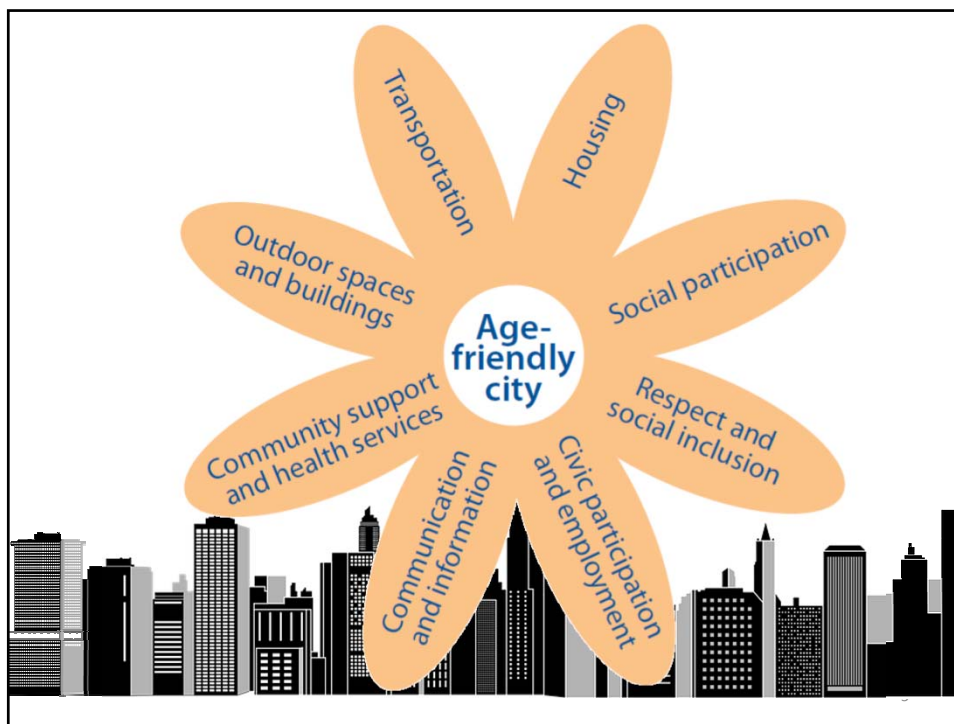
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- Encourages active ageing
- opportunities for health, participation and security
- to enhance quality of life as people age
- accessible to and inclusive of older people with varying needs and capacities
- www.who.int

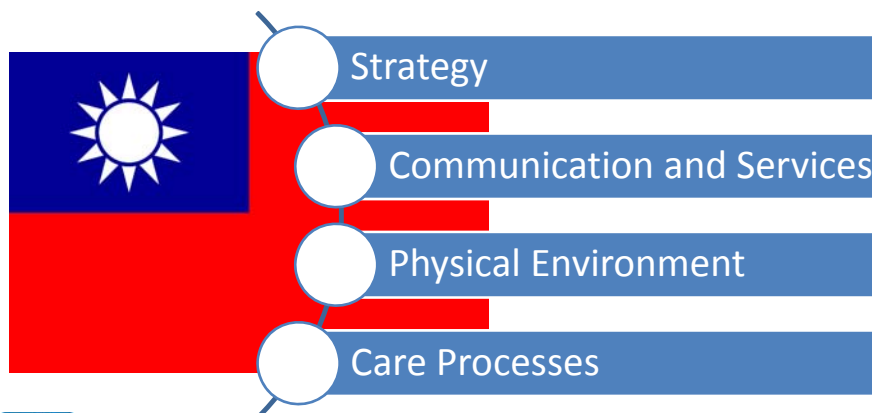
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Taiwan Age-Friendly Hospitals and Health Services

WHO Health Promoting hospitals

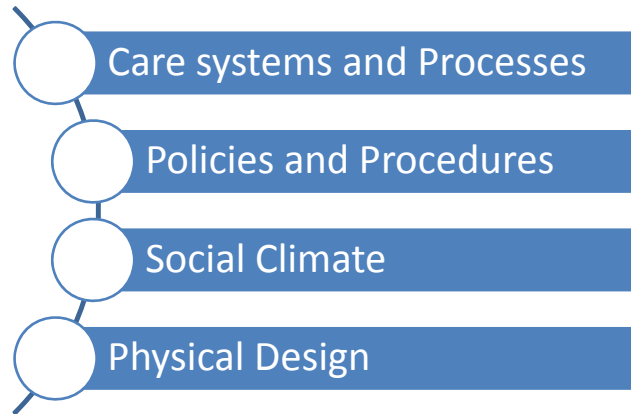


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Elder Friendly Hospital

Belinda Parke



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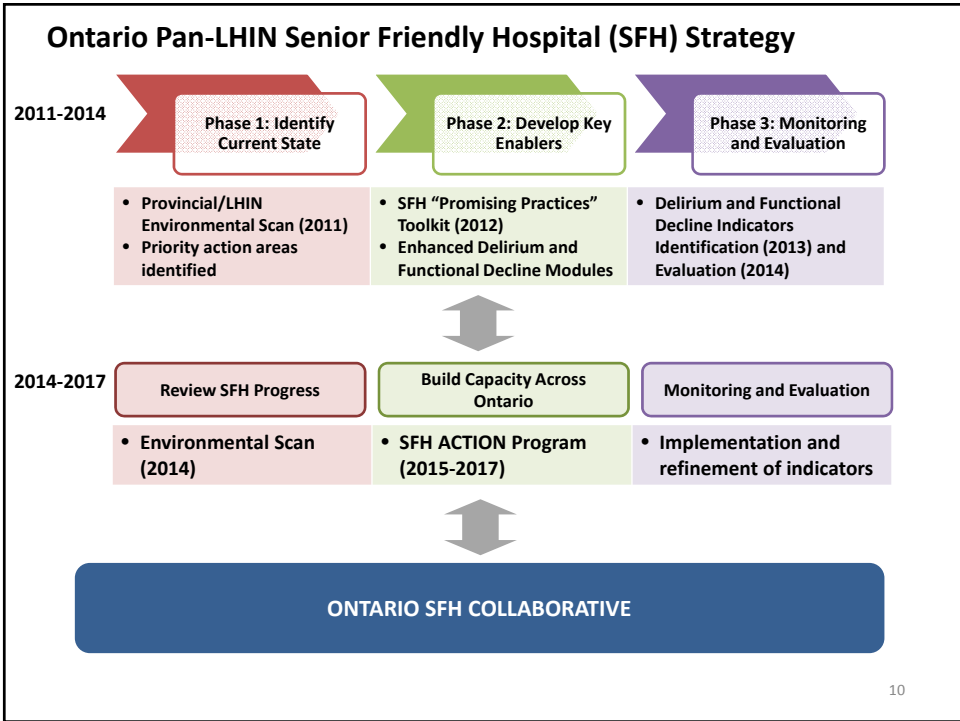
RGP Senior Friendly Hospital Framework



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Taiwan	Elder Friendly Hospital	Senior Friendly Hospital
Care processes	Care systems and processes	Processes of care
Strategy	Policies and procedures	Organizational support
Communication and services	Social Climate	Emotional and Behavioural Environment
Physical environment	Physical Design	Physical environment
		Ethics in clinical care and research

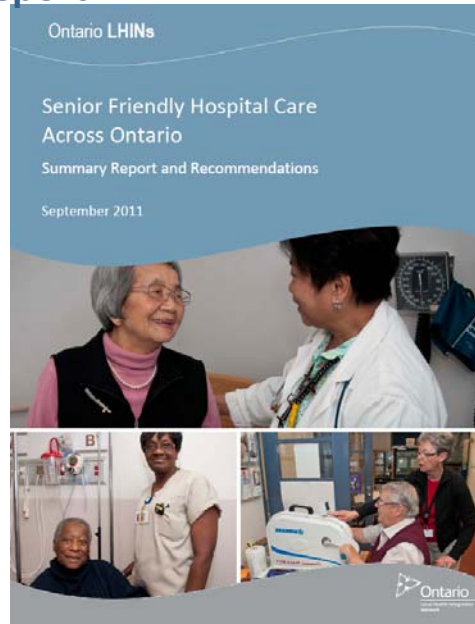
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Provincial Summary Report

- 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

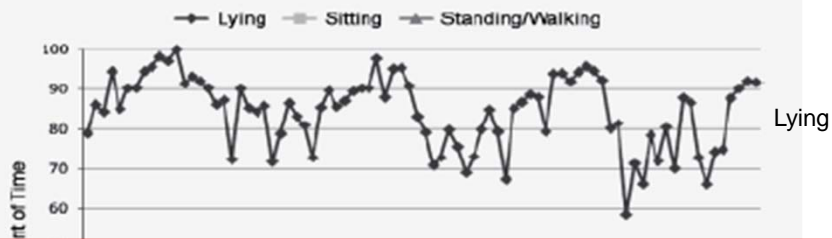




- Without mobilization, older patients lose 1 to 5% of muscle strength each day

(Annals Int Med 1993;118:219-23)

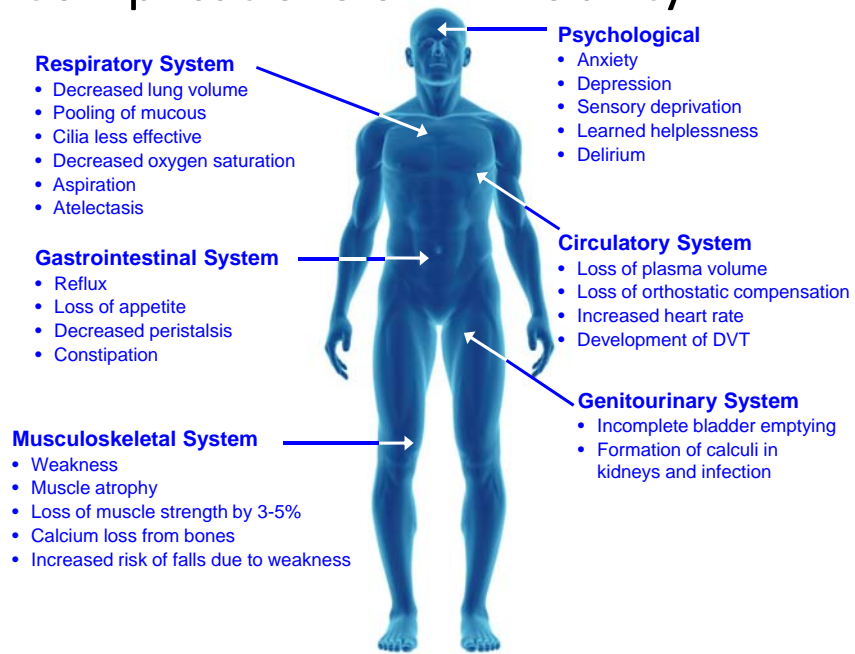




- 83% of measured hospital stay spent in bed
- Median time spent standing or walking = 43 minutes or 3% of day

Brown, C et al JAGS 2009;57:1660

Complications of Immobility



Benefits of Early Mobilization

(Age Ageing 2007;36:219-22; J Gerontol 1998;53:307-12; Lancet 2009;373:1874-82.)

- ↓ 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.

CAHO



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Setting and subjects

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

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St. Michael's
Inspired Care.
Inspiring Science.



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Tailored Educational Interventions

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



moveON

Shared Enabling Tools

Mobility Care Plan

Mobility level (A,B,C)	Staff Role	Volunteer Role
A1 Ambulate independently	Ambulate 3x/day or more	Ambulate with patient
A2 Ambulate with assistance	Ambulate 3x/day or more with assist/spot aid if appropriate	Simple Paerfect
B Bed to Chair Transfers	Ensure up to chair 3x/day Up to commode chair Aidice ROM	Simple Exercises
C Cannot stand to transfer	Encourage to participate in care upright for meals Aidice/pressure ROM 3x/day Aidice with turns Transfer to chair 3x/day	Simple Exercises

Assessment Algorithm

- Can they respond to verbal stimuli?
- Can they roll side to side?
- Can they sit at edge of bed?
- Can they straighten one or both legs?
- Can they stand?
- Can they transfer to a chair?
- Can they walk a short distance?

Mobility Level: C, B, A

Corporate Specialist of Practice

Early Mobilization Assessment Algorithm

Benefits of getting out of bed

- Prevents hospital-acquired pneumonia
- Prevents hospital-acquired infections
- Prevents hospital-acquired pressure ulcers
- Prevents hospital-acquired blood clots
- Prevents hospital-acquired falls
- Prevents hospital-acquired delirium
- Prevents hospital-acquired depression
- Prevents hospital-acquired anxiety
- Prevents hospital-acquired stress
- Prevents hospital-acquired fatigue
- Prevents hospital-acquired weakness
- Prevents hospital-acquired muscle atrophy
- Prevents hospital-acquired bone loss
- Prevents hospital-acquired skin breakdown
- Prevents hospital-acquired dehydration
- Prevents hospital-acquired constipation
- Prevents hospital-acquired urinary retention
- Prevents hospital-acquired urinary tract infections
- Prevents hospital-acquired sepsis
- Prevents hospital-acquired death

Have You MOVED TODAY? You are Mobility Level A2

Strategies: Sit up for all your meals, Sit up in a chair when you have a, Walk around the unit either with help or if able, Do bed exercises on your own through

If you are not sure what you are safe to do, ask a nurse

Have You MOVED TODAY?

Have You MOVED TODAY? You are Mobility Level A2

Have You MOVED TODAY? You are Mobility Level A2

KEEP MOVING

Myths & Facts about Being Active in the Hospital

Harvest of Immobility

Mobility ABCs Assessment Algorithm

- Can they respond to verbal stimuli?
- Can they roll side to side?
- Can they sit at edge of bed?
- Can they straighten one or both legs?
- Can they stand?
- Can they transfer to a chair?
- Can they walk a short distance?

Mobility Level

C

B

A

Develop an individualized mobility care plan

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

"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."

- ✓ Dispelling "sick, in-bed culture"

"...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 be 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

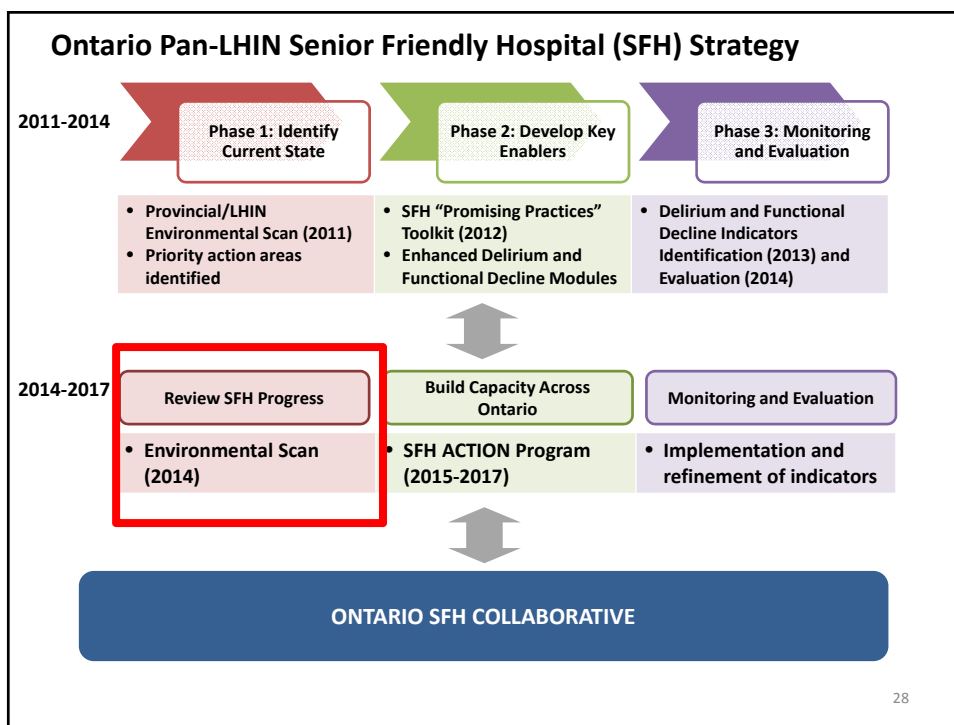
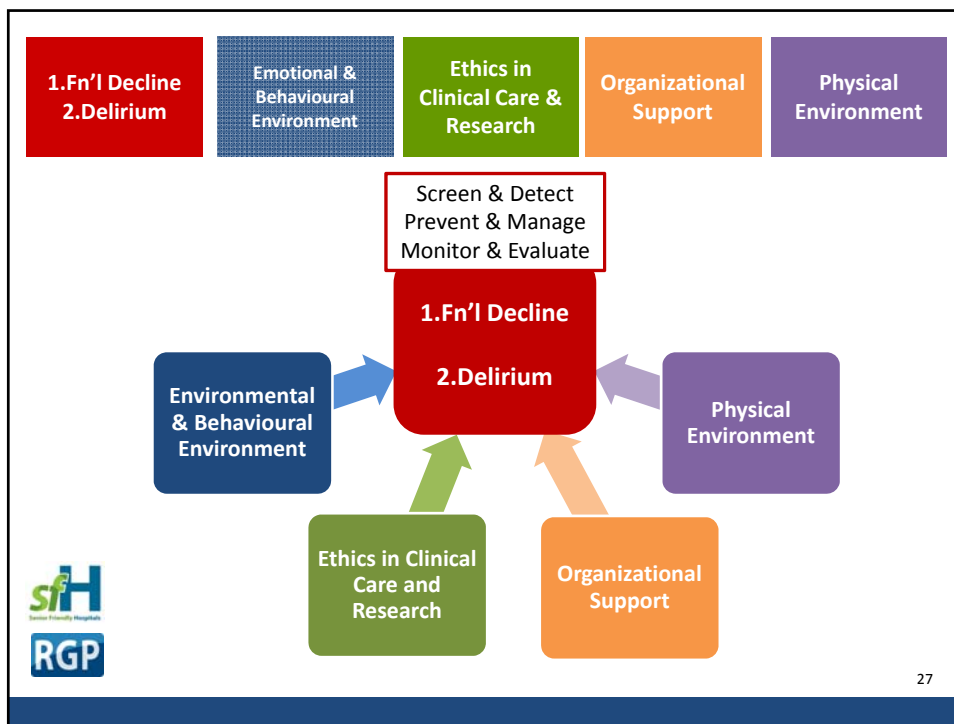
Emotional & Behavioural Environment

Ethics in Clinical Care & Research

Organizational Support

Physical Environment







**Organizational
Support**

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.



**Organizational
Support**

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%.





Processes
of Care

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.



Processes
of Care

Delirium

92% of hospitals in Ontario report having practices related to delirium.

In 2011, this number was 62%.

Delirium: progress toward organization-wide implementation of practice in Ontario hospitals (n=133)

2014

Number of Hospitals with Indicated Degree of Implementation (% of Patient Care Units)*



	0%	25%	50%	75%	100%
Screening and Detection	11	30	22	24	48
Prevention and Management	16	26	33	29	31
Monitoring and Evaluation	19	34	26	29	27

* excludes patient care units that do not include older adults (e.g. neonatal, maternity)



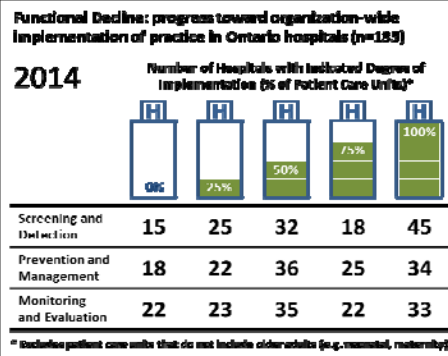


Processes of Care

Functional Decline

89% of hospitals in Ontario report having practices related to functional decline.

In 2011, this number was 49%.



Emotional and Behavioural Environment

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.





Ethics in
Clinical Care
and Research

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.



Physical
Environment

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.





Physical Environment

64%

of hospitals in Ontario have conducted environmental audits using senior-friendly design resources.

In 2011, this number was 34%.



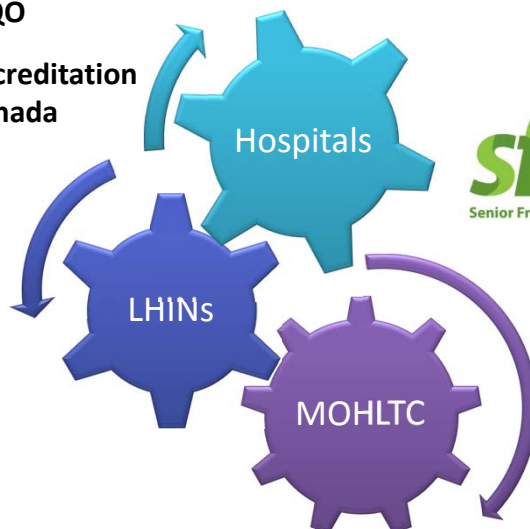
82%

of hospitals in Ontario use senior-friendly design resources when planning physical environment upgrades.



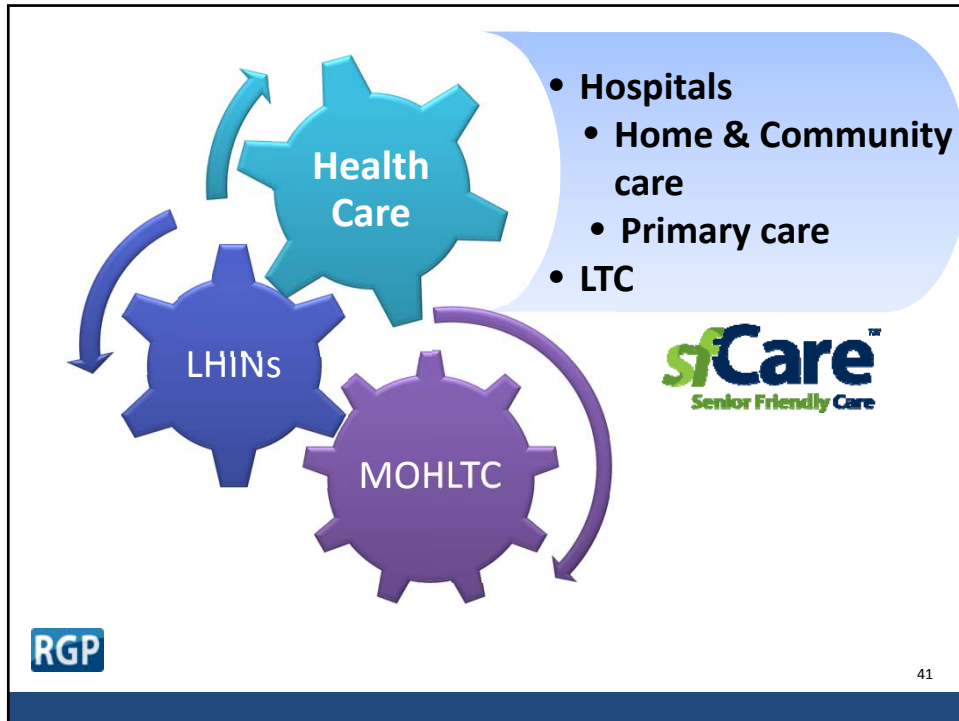
HQO

Accreditation
Canada



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Evolution of the Framework from Senior Friendly Hospitals to Senior Friendly Care

<p>Processes of Care</p>	<p>Emotional & Behavioural Environment</p>	<p>Ethics in Clinical Care & Research</p>	<p>Organizational Support</p>	<p>Physical Environment</p>
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- What should be added/changed to make the framework relevant across all sectors of healthcare?

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Sustainability challenges



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Initiative fatigue	<ul style="list-style-type: none"> Streamline priorities Look for alignments Seek out and nurture productive collaborations
Low hanging fruit has been picked	<ul style="list-style-type: none"> Stay focused on making small improvements Avoid the temptation to question the method of measurement Manage expectations This is a long term journey
Top down versus bottom up	<ul style="list-style-type: none"> Corporate support is an enabler Avoid the temptation to rely on it as a driver Ensure that interventions are contextualized
Context is always evolving	<ul style="list-style-type: none"> Re-examine context

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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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Acknowledgements



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www.rgp.toronto.on.ca

www.seniorfriendlyhospitals.ca

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Thank you

