The development of senior friendly health care goes beyond having large print signs and literature, non glare lighting and wheelchair accessible washrooms. It requires a shift in the way we think, act, feel, build, train and lead the development towards becoming a more senior friendly healthcare system. It requires a major cultural shift. In conjunction with the Regional Geriatric Programs (RGP’s) of Ontario, the RGP Network in Toronto is developing a toolkit to help healthcare professionals and administrators to achieve this shift. A network task force guides the development of the toolkit using a framework comprising five domains: Processes of Care, Physical Environment, Emotional and Behavioral Environment, Ethics in Clinical Care and Research, and Organizational Support. This poster will provide an overview of the project, the network’s senior friendly activities. The challenges in effecting change and the impact such changes will have on the lives of seniors, on health care organizations, and on care providers.

Five Key Principles of a Senior Friendly Hospital

1. Care Processes that are evidence based
2. A context that is respectful, caring and informed
3. Senior friendly ethics and research
4. Organizational support for senior friendly initiatives
5. A senior friendly physical plant

Seniors and Hospitals

> The population of Canadian seniors is growing. In 2003, 12.3% of the Canadians were seniors. In 2013 this will increase to 19% and by 2041 the proportion will increase to 25%.
> Seniors are the greatest consumers of health care services. In 2003 seniors accounted for 1/3 of all acute care admissions, 50% of hospital days, 75.5% of drug expenditures 16% of emergency room visits and 27.3% of physician costs.
> When admitted to hospitals seniors experience twice the rate of adverse events than younger Canadians. These include delirium, falls, medication errors, nosocomial infections, pressure sores, surgical and post-operative complications, functional decline and diagnostic errors.
> In a more senior friendly health care system unnecessary hospitalizations can be avoided, many adverse events can be prevented and seniors’ independence and well-being can be preserved.

What is a Senior Friendly Toolkit?

> The toolkit will contain practical instruments, guidelines, templates and policies to support the development of senior friendly hospitals.
> The tools were developed by RGP Network members or guided by the toolkit.
> The nature of the evidence supporting the materials will be indicated.
> Contact information will be provided for users to learn more about the materials.
> Materials will be easy to access through the RGP website at http://rgp.toronto.on.ca/

Some Reference Materials

> NICHE: Nurses improving care for health system elders, available online at http://www.hartford.org

To find the RGP Senior Friendly Toolkit visit our website at: http://rgp.toronto.on.ca/
Abstract

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Processes of Care

Care Processes throughout the Hospital

- Falls and Least Restraint
- High Risk Screening
- Priority Express Admission Team (PEAT)
- Sip and Go
- Communication
- Pain Management
- Medication Education
- Mealtime Assistance
- Patient Safety
- Discharge Escort Services
- Sensory Support Strategies

- Mobilization
- Quick Response Program (QRP)
- Swallowing
- Skin/Wound Care
- Continence Protocols
- Mouth Care Protocols
- Mental Health Screening
- Routine Ordering
- Bowel Routines
- Delirium Prevention and Management
Falls and Least Restraint

**Screening Tools**
Morse Falls Risk Assessment Tool (Morse, et al 1989 )
Heslin Falls Scale (Heslin, et al 1992)
STRATIFY, (Oliver, et al,1997)

**Prevention Resources**
Fall Prevention in the Elderly (RNAO)
Smart Moves (Smart Risk, 2006)

**Assessment Tools and Management Resources**
Fall Risk Reduction protocol / Post fall Clinical Assessment
Timed Up and Go
Berg Balance Scale
Tinetti Balance Scale

**Patient Self-management Materials**
Risk Reductions Brochure for Inpatients
Fall Prevention Strategies for Caregiver Brochure
Fall Prevention Checklist (Health Canada)

**Self-directed Learning Resources for Staff**
Fall Prevention and Least Restraint curriculum for new staff orientation
Falls, Least Restraint and Delirium education program
Fall Prevention-Building the Foundation for Patient Safety- Self Learning package (RNAO)

**Policy**
Least Restraint and Monitoring Device Policy
Least Restraint Management

BETTER HEALTH OUTCOMES FOR FRAIL SENIORS
Delirium 

Screening Tools  
Confusion Assessment Method (CAM), (Inouye, S K et al 1993)  
NEECHAM confusion scale, (Neelon et al, 1996)  

Prevention Resources  
Hospital Elder Life Program (Inouye, 2000)  
IPPOD - Delirium prevention in the ED  
Caregiving Strategies for Older Adults with Delirium Dementia and Depression, (RNAO 2003)  

Assessment Tools and Management Resources  
Delirium algorithm  
Perceptual and Cognitive Enhancement protocol  
Screening for Delirium, Dementia and Depression in Older Adults, (RNAO, 2003)  
National Guidelines for Seniors Mental Health: The Assessment and Treatment of Delirium, (Canadian Coalition for Seniors Mental Health, 2006)  

Patient/Family Self-management Materials  
Delirium Watch  
Recognizing Delirium- Health Fact Sheets  (RNAO)  
IPPOD delirium checklist  

Self-directed Learning Resources for Staff  
Delirium in the Older person: A Medical Emergency: video  (Vancouver Island health Authority)  
Delirium Resource Manual, (SHCERP Delirium project)  

Policy  
Delirium Management of Patients at Risk or Suspected  

BETTER HEALTH OUTCOMES FOR FRAIL SENIORS
Senior Friendly
Emotional and Behavioral Environment

Model of Care
Patient centered care planning
Seven day a week services
‘Pace-of-care’ initiatives
Caregiver continuity initiatives
Care-coordination focus

Quality of Life Issues
“Normal Life” Initiatives
Dignified dining
Relaxation services
Prescriptive reminiscence opportunities
Engagement of families

Communication to Support Care
Communication aid resources
Pictorial staff identification aids
Patient/family friendly information resources
Communications in multiple media

Culture and Diversity
Diversity support services
Chaplaincy
Communications in multiple languages
Physical Environment

Environmental Assessment
Senior friendly environmental audit tool (RGP)
ER senior friendly audit (Macanuel, Saber, Weeks, 2004)

Common senior friendly environmental modifications
Dementia specific environments
Elevators modifications
Hallway modifications
Doorway modifications
Lighting recommendations

Access Concerns
Accessible transportation and wheelchair services
Disability parking and street to hospital accessibility
Signage and way finding augmentation
Electronic monitoring systems

Comfort and Functional Issues
Senior friendly suppliers and purchasing
Accessible orientation aids
Pressure reduction mattresses
Senior Safe Beds
Seating and table design
Organizational Support

**Corporate/Organization Commitment**
Care for Elderly as an organizational mission and goals
Identified senior services champions at every level of administration
Seniors’ champion(s) on hospital boards
Readiness to commit to a senior friendly accreditation
Organizational support for inter-professional practice
Hospital wide working groups and committees on key geriatric issues (Delirium, Pain Management, Emergency Department Care, Falls Least Restraints, Skin Care, Patient Education, Infection Control, Patient Safety, Accessibility, Diversity etc.)
Seniors elements to emergency preparedness policies

**Development of Clinical Expertise**
Geriatric Resource Nurse on every unit
Awards/recognition of staff for their care of the elderly/geriatric care
Seniors sensitivity training for all new staff
Corporate Gerontologist

**Technology to support seniors health care**
Seniors sensitivity among medical record and coding staff
Integrated medical records and interagency information sharing

**BETTER HEALTH OUTCOMES FOR FRAIL SENIORS**
Ethics in Clinical Care and Research

Research and Teaching
Age segregated data in all clinical research protocols
Representative ageing focus in teaching rounds and training
Routine patient safety rounds

Care Directives
Respect for the capacity to inform care
Respect for the right to make a ‘wrong’ decision
Respect for advanced directives
Informed policy on DNR, tube feeding, restraint, CPR and elder abuse
Access to care unrestricted by age

BETTER HEALTH OUTCOMES FOR FRAIL SENIORS


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