



GETTING STARTED TOOLKIT

Helping organizations across the continuum of care achieve the best possible health outcomes for older adults.



**REGIONAL GERIATRIC
PROGRAM OF TORONTO**

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About this toolkit

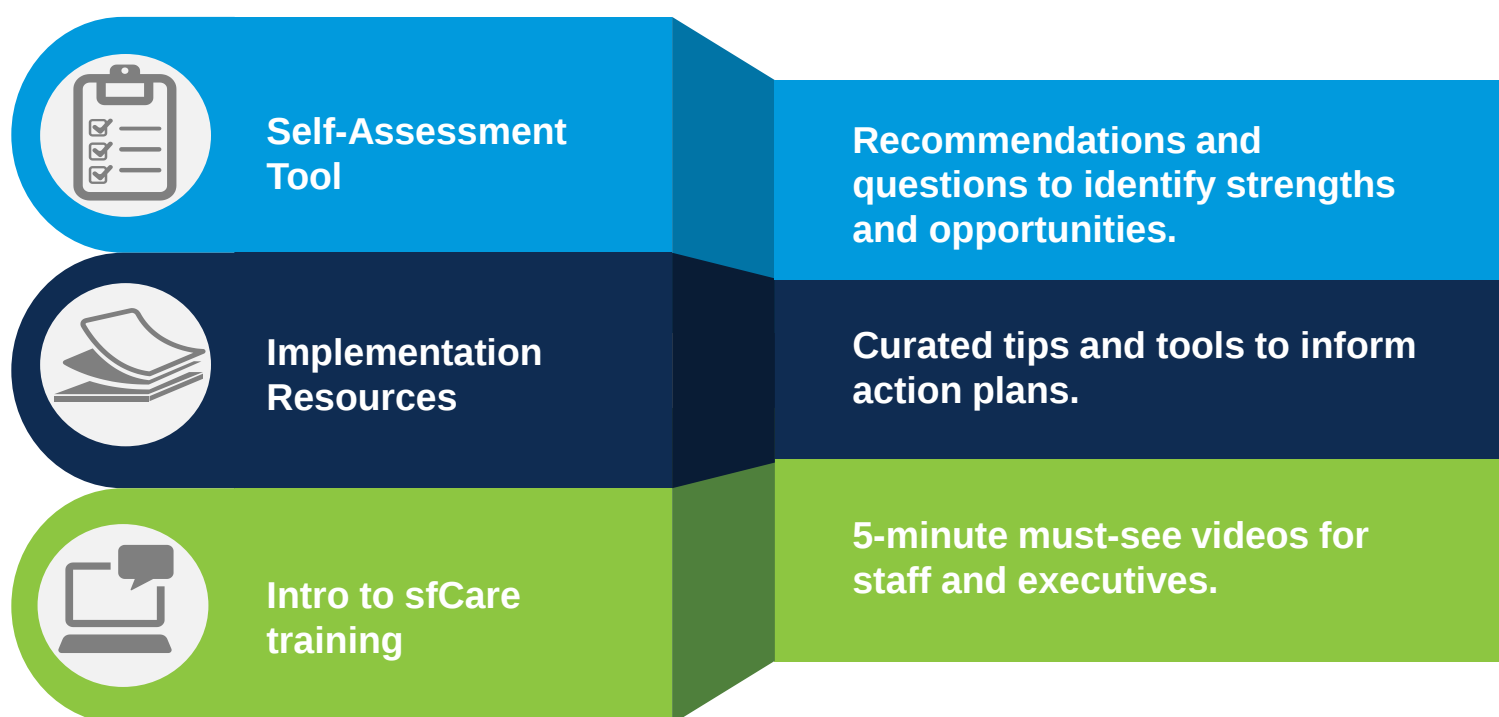
The Senior Friendly Care (sfCare) Getting Started Toolkit (“this Toolkit”) is a companion resource to the [sfCare Framework](#). It helps your healthcare organization assess where they are on their sfCare journey, and provides practical resources for implementing real change.

This toolkit helps answer questions like:

- How do we implement the sfCare Framework?
- How do we know how senior friendly our organization is, and what can we do to improve?
- How do we compare to other organizations like ours?
- What is a “senior friendly lens”?

The sfCare Framework provides a foundation for achieving the best possible outcomes for older adults. The Framework’s guiding principles and defining statements collectively describe what senior friendly care looks like, but it is not a “how to guide”. The Toolkit helps bring this foundational vision to life by providing actionable recommendations and resources.

The Senior Friendly Care Getting Started Toolkit includes:



The sfCare Getting Started Toolkit will be updated regularly with new tools and resources. [Click here for the most recent version of this toolkit.](#)

For notification on when the Toolkit is updated, as well as information on collaborative and innovative ways to help you achieve better health outcomes for older adults across the continuum, please [click here to subscribe to our monthly Senior Friendly Care Newsletter.](#)

10 Recommendations

The sfCare Getting Started Toolkit is based on 10 recommendations, which were developed from the sfCare Framework's 31 statements. These recommendations are comprehensive, action-based statements, which create the foundation for the sfCare Self-Assessment Tool and the Implementation Resources. The 10 recommendations are:

- 1** Commitments to the sfCare framework are included in the organization's strategic plan, operating plan, and/or corporate goals and objectives.
- 2** Guiding documents (such as policies, standards, procedures, guidelines, care pathways etc.) reflect senior friendly values and principles; promote older adult's health, autonomy, dignity and participation in care; and ensure that an older adult will not be denied access to care or the opportunity to participate in research based solely on their age.
- 3** Education and/or training is provided to all staff on senior friendly topics.
- 4** Care delivery partners from all sectors have been identified, and collaborative processes exist to ensure information sharing and seamless transitions for older adults across the healthcare continuum.
- 5** Interprofessional assessment and care is guided by evidence-informed practice to optimize the physical, psychological, functional, and social abilities of older adults.
- 6** The older adult/caregivers are provided with information to let them know what to expect in their care, help them make decisions, and better self-manage their conditions.
- 7** The care plan, goals, and expected results of care are developed in collaboration with all members of the care team and the older adult/caregivers and aligned with the older adult's preferences.
- 8** A system is in place to measure the experience and outcomes of older adults and make improvements based on the results.
- 9** An approach is in place to support care providers and the older adult/caregivers in challenging ethical situations.
- 10** Structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of older adults and promotes safety, comfort, functional independence and well-being.

Legend: Coloured numbers correspond with the sfCare Framework domains:





The sfCare Self-Assessment Tool

The Self-Assessment Tool is a way for healthcare organizations in any sector to implement the sfCare Framework. The Self-Assessment Tool comprises 10 recommendations. Questions for each recommendation provide a way for organizations to assess how far along they are in meeting the recommendation.

How to prepare for the assessment

- ✓ Select the assessors. It is preferable to have 2 people complete the assessment together: a leader in the organization who has been designated as responsible for senior friendly care, and a clinician who provides care to older adults.
- ✓ Prepare the assessors by reviewing the sfCare Framework and the Getting Started Toolkit (this Toolkit) with them. [Click here for “Introduction Slides – sfCare Framework + Getting Started Toolkit”](#).
- ✓ Create a list of all areas/units in the organization that provide care to older adults.
- ✓ Ensure assessors have access to:
 - staff in clinical care areas who provide care to older adults
 - guiding documents (such as policies, standards, procedures, guidelines, care pathways, etc.)
 - staff training/education
 - strategic/operating plans or corporate goals/objectives
- ✓ Print the Self-Assessment Tool (pages 6-18 of this document)

How to complete the assessment

1. Document the assessment on the printed version of this tool. Take notes during the assessment, as these will be helpful in creating action plans.
2. Enter assessment results in the online version of this tool. [Click here for the online Self-Assessment Tool](#)
3. Once you click “Done” in the online tool, your results will be submitted, and a report card will be generated and emailed to you.

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

Print this tool (pages 6- 18) and use it to document your assessment

This self-assessment tool is part of the sfCare Getting Started Toolkit. It turns the 31 statements in the sfCare Framework into 10 actionable recommendations, and provides a way for healthcare organizations in all sectors to identify achievements and opportunities in their provision of senior friendly care.

How the Beta Version works

The beta version means that further revisions and additions will be made to the tool once the beta testing period ends on Sept 30, 2018.

What the Beta tool offers:

- A customized report - the information that you enter in this tool will be reviewed by the RGP of Toronto, and a customized report card will be sent to you which identifies your organization's strengths and opportunities. The report card will also include a comparison of your sector across your LHIN and Ontario. We will not identify to others that you have completed the tool, and we will not share your results with others, except in an anonymized aggregate form (that is, a report on results by sector or LHIN). [Click here for a sample report card.](#)
- An opportunity to contribute to the further refinement of the tool by providing valuable feedback. Please note that your anonymous comments may also be used for educational, research and/or promotional purposes; for example, in reports, journals, presentations, websites, marketing materials, and social media.

The sfCare Self-Assessment Tool - Beta

Organization Name:

Date of Assessment:

Email Address:

Assessors:

Which Sector are you in:

- | | |
|---|---------------------------------------|
| ☐ Hospital | ☐ Primary Care |
| ☐ Long Term Care | ☐ Home Care |
| ☐ Community Care | |
| ☐ Community Support Services | |
| ☐ Community Health Centres | |
| ☐ Community Mental Health and Addictions | |
| ☐ Community – Other (specify) | |
| ☐ Other - specify | |

Which LHIN are you in:

- | |
|---|
| ☐ Central |
| ☐ Central East |
| ☐ Central West |
| ☐ Champlain |
| ☐ Erie St. Clair |
| ☐ Hamilton Niagara Haldimand Brant |
| ☐ Mississauga Halton |
| ☐ North East |
| ☐ North West |
| ☐ North Simcoe Muskoka |
| ☐ South East |
| ☐ South West |
| ☐ Toronto Central |
| ☐ Waterloo Wellington |

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

- * **1 - Commitments to the sfCare framework are included in the organization's strategic plan, operating plan, and/or corporate goals and objectives.**

Select all statements that apply

- ☐ Senior friendly care is not currently an organizational priority
- ☐ Our organization is currently implementing at least one senior friendly quality improvement project
- ☐ Our organization has a standing committee/team that implements senior friendly improvement work on an ongoing basis
- ☐ There is a member of the senior leadership team that is responsible for the work of the senior friendly improvement committee/team
- ☐ A coordinated plan or strategy for senior friendly care is in place, which aligns / prioritizes senior friendly initiatives across the organization
- ☐ Our organization's senior leadership team receives regular reports on senior friendly improvement work and actively monitors the work to ensure it aligns with the strategic goals/priorities of the organization
- ☐ Senior friendly qualifications are incorporated into human resources processes when applicable (such as hiring and performance)

[Comment/Feedback](#)

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

- * **2 - Guiding documents (such as policies, standards, procedures, guidelines, care pathways etc.) reflect senior friendly values and principles; promote older adult's health, autonomy, dignity and participation in care; and ensure that an older adult will not be denied access to care or the opportunity to participate in research based solely on their age.**

Select the 1 statement that fits best

- ☐ Our organization has NOT YET reviewed guiding documents to ensure that they fully support the inclusion and unique needs of older adults
- ☐ Our organization has reviewed SOME of the applicable guiding documents to ensure that they fully support the inclusion and unique needs of older adults
- ☐ Our organization has reviewed MOST of the applicable guiding documents to ensure that they fully support the inclusion and unique needs of older adults

Comment/Feedback

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

* 3 - Education and/or training is provided to all staff on senior friendly topics

We provide training to all staff on seniors' sensitivity - i.e. communication, general awareness on aging and the special needs of frail older adults, and training on how to recognize ageism and how it affects our attitudes and behaviour in our work.

Select the 1 statement that fits best

- ☐ We do not provide this training
- ☐ This training is optional
- ☐ This training is mandatory and is provided one time only (e.g. such as in orientation)
- ☐ This training is mandatory and must be completed on a regular cycle (refresher training required periodically)

We provide training for clinical professionals on clinical topics, such as the Senior Friendly 7 (cognition/delirium, continence, mobility/falls, nutrition, pain, polypharmacy, social engagement).

Select the 1 statement that fits best

- ☐ We do not provide this training
- ☐ This training is optional
- ☐ This training is mandatory and is provided one time only (e.g. such as in orientation)
- ☐ This training is mandatory and must be completed on a regular cycle (refresher training required periodically)

Comment/Feedback

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

- * **4 - Care delivery partners from all sectors have been identified, and collaborative processes exist to ensure information sharing and seamless transitions for older adults across the healthcare continuum.**

Select the 1 statement that fits best

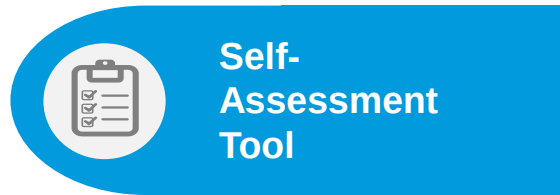
- ☐ We are **AWARE** of our organization's care delivery partners (Aware = aware of each other but work independently)
- ☐ We **COMMUNICATE** with our organization's care delivery partners (Communicate = active information sharing as we work towards our own goals)
- ☐ We **COOPERATE** with our organization's care delivery partners (Cooperate = active information sharing, adjust plans to work in complementary ways)
- ☐ We **COLLABORATE** with our organization's care delivery partners (Collaborate = active information sharing, plan and work together towards shared goals)

We have a process in place which ensures seamless transitions for: (Select the 1 statement that fits best)

- ☐ **NONE** of our older adult patients
- ☐ **SOME** of our older adult patients
- ☐ **MOST** of our older adult patients
- ☐ **ALL** of our older adult patients

Comment/Feedback

The sfCare Self-Assessment Tool - Beta



- * **5 - Interprofessional assessment and care is guided by evidence- informed practice to optimize the physical, psychological, functional, and social abilities of older adults.**

Across how many of the relevant areas of the organization are these practices implemented and sustained. (Select all statements that apply)

<u>Delirium</u>	Across NONE	Across SOME	Across MOST	Across ALL
Screening	☐	☐	☐	☐
Prevention	☐	☐	☐	☐
Management	☐	☐	☐	☐
Monitoring	☐	☐	☐	☐

<u>Functional Decline</u>	Across NONE	Across SOME	Across MOST	Across ALL
Screening	☐	☐	☐	☐
Prevention	☐	☐	☐	☐
Management	☐	☐	☐	☐
Monitoring	☐	☐	☐	☐

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

5 (continued) - Interprofessional assessment and care is guided by evidence- informed practice to optimize the physical, psychological, functional, and social abilities of older adults.

Do you have another process of care initiative you are working on corporately?

☐ Yes

☐ No

Name of process of care initiative:

Across how many of the relevant areas of the organization are these practices implemented and sustained for your process of care initiative. (Select all statements that apply)

<u>Process of Care Initiative</u>	Across NONE	Across SOME	Across MOST	Across ALL
Screening	☐	☐	☐	☐
Prevention	☐	☐	☐	☐
Management	☐	☐	☐	☐
Monitoring	☐	☐	☐	☐

Comment/Feedback

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

- * **6 - The older adult/caregivers are provided with information to let them know what to expect in their care, help them make decisions, and better self-manage their conditions.**

Select all statements that apply

- ☐ Our organization provides verbal information to the older adult/caregivers related to the care plan, including self-care.
- ☐ Our organization provides practical written information to the older adult/caregivers related to the care plan, including self-care
- ☐ Our organization provides referrals or recommendations to applicable community resources specific to older adults (such as exercise programs, social programs, or specialized geriatric outpatient services)

Comment/Feedback

- * **7 - The care plan, goals, and expected results of care are developed in collaboration with all members of the care team and the older adult/caregivers and aligned with the older adult's preferences.**

Across how many of the relevant areas of the organization are these practices implemented and sustained (Select the 1 statement that fits best)

- ☐ Across NONE of the organization
- ☐ Across SOME of the organization
- ☐ Across MOST of the organization
- ☐ Across ALL of the organization

Comment/Feedback

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

- * **8 - A system is in place to measure the experience and outcomes of older adults and make improvements based on the results.**

We use the following feedback mechanisms: (Select all statements that apply)

- ☐ We do not measure the experience of older adults
- ☐ Online/paper survey
- ☐ Focus groups/interviews
- ☐ Advisory committee
- ☐ Comment cards or other

Our feedback mechanisms: (Select all statements that apply)

- ☐ Include caregivers (family, friends)
- ☐ Allow us to analyze results stratified by age group (i.e. we can analyze our feedback to identify feedback from people over 65)
- ☐ Are offered to older adults / caregivers in a way that makes it easy for them to complete them (e.g. volunteers assisting with completion, or phone surveys)

Our organization reviews feedback: (Select the 1 statement that fits best)

- ☐ Never
- ☐ Annually
- ☐ Semi annually
- ☐ Quarterly

In the last year, we have created and implemented an improvement plan based on feedback from older adults and/or their caregivers: (Select the 1 statement that fits best)

- ☐ Not this year
- ☐ Yes

Comment/Feedback

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

- * **9 - An approach is in place to support care providers and the older adult/caregivers in challenging ethical situations.**

Select all statements that apply

- ☐ We do not have an approach in place for challenging ethical situations
- ☐ We have an approach in place for challenging ethical situations (for example a framework or process), which our care providers know about
- ☐ We make older adults/caregivers aware of our approach in case they ever need to identify an issue

Comment/Feedback

- * **10 - Structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of older adults and promotes safety, comfort, functional independence and well-being.**

Select all statements that apply

- ☐ We have not formally reviewed our structures, spaces, equipment, and furnishings to assess whether or not they are senior friendly
- ☐ We routinely review proposed physical environment purchases and changes made to physical spaces to ensure they meet the needs of older adults in our organization.
- ☐ We conduct regular audits of the physical environment (at a minimum once a year) to ensure it meets the needs of older adults in our organization.
- ☐ We have a plan to address senior friendly issues in the physical environment

Comment/Feedback

The sfCare Self-Assessment Tool - Beta



Self-Assessment Tool

We would appreciate your feedback on the self-assessment tool

Was this tool easy to use?

☐ Yes

☐ No

Comments:

Was the language used applicable to your sector?

☐ Yes

☐ No

Comments:

Did this self-assessment take a reasonable amount of time to complete?

☐ Yes

☐ No

Comments:

Any additional comments/feedback?

Please enter your results and feedback in the [online Self-Assessment Tool](#)

sfCare Implementation Resources



Implementation Resources

There are many resources available to support senior friendly care initiatives. The sfCare Implementation Resources are a curated selection of tips and practical tools which can be used to create an action plan.

How to use the resources

After completing the sfCare Self-Assessment, organizations are encouraged to identify their priorities and create an action plan. Some organizations will prefer mapping out a multi-year plan to accomplish all recommendations, while others may start by creating a plan to implement a quick win. There is no right or wrong way to create an action plan. Every step taken towards becoming a more senior friendly organization is an excellent step.

The resources are made up of 2 components:

1. Suggested tips, or steps you can take in order to implement the recommendation
2. Links to practical online resources

Has your organization developed or discovered a great resource?

Share it with us so that we can consider adding it to the next version of this Toolkit! Email great tools to: info@rgptoronto.ca

sfCare Implementation Resources



Implementation Resources

Recommendation 1 – Commitments to the sfCare framework are included in the organization's strategic plan, operating plan, and/or corporate goals and objectives.

Tips:

- Designate an individual or group within the organization who will be responsible for senior friendly care. The senior friendly care leadership structure should be established in a way that best fits your organization. At a minimum, it is recommended to have someone at the executive level of the organization designated as the person responsible for senior friendly care. You may also have 1 or more front line staff designated as champions and/or a steering committee who guide improvement initiatives.
- Review the sfCare Framework and the Getting Started Toolkit (this Toolkit) with senior friendly teams (including champions, steering committees, working groups etc.).

Resource 1

- Engage senior leaders/the board by providing information on senior friendly care.

Resources 1-3

- Encourage senior leaders to do walkabouts in the areas of the organization where care is provided to older adults. **Resource 4**
- Align senior friendly care initiatives in the organization. This should be included in the organization's strategic plan, operating plan, and/or corporate goals and objectives (such as a Quality Improvement Plan).
- Where appropriate, include skills and experience in the care of older adults in job postings and performance reviews.

Resources:

1. Introduction Slides – sfCare Framework + Getting Started Toolkit
<https://www.rgptoronto.ca/resources/search/?key=introduction%20slides>
2. Senior Friendly Care 101 Presentation for Executive Leaders
<https://www.rgptoronto.ca/resources/search/?key=a%20primer%20for%20executives>
3. sfCare Framework Handout
<https://www.rgptoronto.ca/wp-content/uploads/2018/02/The-Senior-Friendly-Care-Framework-11x17-Handout.pdf>
4. Seniors Care Network's Senior Friendly Hospital Walkabout Framework
<http://seniorscarenetwork.ca/wp-content/uploads/2015/06/SFH-Walkabout-Framework-April-1-2015-v3.pdf>

sfCare Implementation Resources



Implementation Resources

Recommendation 2 – Guiding documents (such as policies, standards, procedures, guidelines, care pathways etc.) reflect senior friendly values and principles; promote older adult's health, autonomy, dignity and participation in care; and ensure that an older adult will not be denied access to care or the opportunity to participate in research based solely on their age.

Tips:

- Use a “senior friendly lens” to ensure that person-centred principles are applied and that stereotypes about aging and the ability of older adults don't lead to discriminatory treatment. **Resource 5**

To apply a “senior friendly lens”, ask the following questions:

- Do the words portray older adults in a positive light? **Resource 6**
- Do the words presume that older adults are capable and competent, while accommodating for frailty, or limitations and disabilities (such as cognitive deficits, mobility needs, or sensory deficits) in a respectful way? **Resource 6**
- Is the policy/procedure/guideline free from age restrictions (for treatment or research) where there is no clinical evidence to support such a restriction?

Resources:

5. Kingston General Hospital's Policies Supporting Patient and Family Centred Care https://www.rgptoronto.ca/wp-content/uploads/2017/12/KGH_Policies_for_Supporting_Patient_and_Family_Centred_Care.pdf Provides 3 policy examples which illustrate the use of language that is inclusive of patients, families and their needs and perspectives.
6. Alzheimer Society's Person-Centred Language http://alzheimer.ca/sites/default/files/Files/national/Culture-change/culture_person_centred_language_2012_e.pdf Provides a list of words that are commonly used by those who provide care to older adults living with dementia; explains why these aren't the best words to use; and suggests person-centred language to use instead.

sfCare Implementation Resources



Implementation Resources

Recommendation 3 – Education and/or training is provided to all staff on senior friendly topics.

Tips:

- Ensure that all staff complete sfCare introductory training during orientation. At a minimum, this would include an overview of the sfCare Framework, and older adult sensitivity training (such as communication and a general awareness on aging and the special needs of frail older adults). **Resource 7**
- Determine which staff require additional education and create a learning plan for each health profession. Consider providing care providers with education on the Senior Friendly 7 – seven areas that are essential in the care of frail older adults or those at risk of frailty: cognition/delirium, continence, mobility/falls, nutrition, pain, polypharmacy, social engagement. **Resources 8-10**

Resources:

7. Senior Friendly Care 101 Presentation for Staff
<https://www.rgptoronto.ca/resources/search/?key=Top%20tips>
8. SF7 toolkits (coming soon! – fall 2018)
Provides guidance across the sectors, as well as self and family care for older adults/caregivers.
9. Registered Nurses' Association of Ontario (RNAO) learning resources (online training, webinars and guides) on senior friendly topics
<https://www.rgptoronto.ca/resources/search/?key=rnao>
10. The Regional Geriatric Programs of Ontario's Competency Framework for Interprofessional Comprehensive Geriatric Assessment.
<http://seniorscarenetwork.ca/wp-content/uploads/2017/10/2017-CGA-Competencies-Framework-Report-FINAL.pdf> This Framework helps health professionals prepare themselves to deliver interprofessional comprehensive geriatric assessments and interventions, and work effectively in a specialized geriatrics environment.



Recommendation 4 – Care delivery partners from all sectors have been identified, and collaborative processes exist to ensure information sharing and seamless transitions for older adults across the healthcare continuum.

Tips:

- Create a standardized process for transitions which clearly defines roles and responsibilities and provides templated documents for information sharing. To do this:
- Create a table which identifies:
 - the organization's primary care delivery partners (from primary care, acute care, home and community care, long term care, and palliative/hospice care)
 - transition points (admission, referral, transfer, handover, discharge) for each care delivery partner
 - information required for each transition point for each care delivery partner, as well as older adults / caregivers
- Connect with each care delivery partner and with older adults / caregivers to collaborate on information required (such as contact information for older adult/caregivers and care providers, medical history, medication reconciliation, assessments, test results, care plan), in what time frame the information should be shared (for example, within 24 hours post discharge), by what route (mail, fax, phone, electronic record etc.), and who is responsible for sending, receiving, and following up on the information.
- Create written guidelines and templates for information sharing based on the information collected above. Resources **11-14**
- Evaluate the transition process by actively soliciting feedback from staff and older adults/caregivers. **Resource 12**

Resources:

11. Canadian Medical Protective Association's (CMPA) Handovers – Transferring Care to Others <https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Handovers/handovers-e.html> This good practices guide provides strategies for improving handovers and examples of structured communication tools that can be used for transitions such as handovers.
12. The Change Foundation's Interventions and measurement tools related to improving the patient experience through transitions in care: A summary of key literature http://www.hqontario.ca/portals/0/Modals/qi/en/processmap_pdfs/resources_links/Care%20Transitions%20Literature%20Review.pdf Pages 12-15 provide examples of evaluation questions to use for measuring effectiveness of transitions.
13. Health Quality Ontario's (HQP) Evidence Informed Improvement Package for Transitions of Care <http://www.hqontario.ca/Portals/0/documents/qi/health-links/bp-improve-package-transitions-en.pdf>
14. RNAO's Best Practice Guidelines for Care Transitions http://rnao.ca/sites/rnao-ca/files/Care_Transitions_BPG.pdf

sfCare Implementation Resources



Implementation Resources

Recommendation 5 – Interprofessional assessment and care is guided by evidence-informed practice to optimize the physical, psychological, functional, and social abilities of older adults.

Tips:

- Implement a standardized process for interprofessional DELIRIUM screening, prevention, management, and monitoring. **Resources 15-16**
- Implement a standardized process for interprofessional FUNCTIONAL DECLINE screening, prevention, management, and monitoring. **Resources 17-19**

Resources:

15. SFH Delirium Toolkit
<https://www.rgptoronto.ca/resources/search/?key=delirium%20sfh%20toolkit> Provides guidance for screening, prevention, management and monitoring. Designed for hospitalized older adults, but many resources are applicable or adaptable across sectors.
16. SF7 Toolkit – Cognition/Delirium (coming soon! – fall 2018) Provides guidance across the sectors, as well as self and family care for older adults/caregivers.
17. SFH Functional Decline Toolkit
<https://www.rgptoronto.ca/resources/search/?key=Functional%20Decline%20SFH%20Toolkit> Provides guidance for screening, prevention, management and monitoring. Designed for hospitalized older adults, but many resources are applicable or adaptable across sectors.
18. Mobilization of Vulnerable Elders' (MOVE)
<http://movescanada.ca/> A portal (free registration required for access) which provides tools such as print ready posters and pamphlets as well as training materials to promote early mobilization of hospitalized older adults.
19. SF7 Toolkit – Mobility/Falls (coming soon! – fall 2018) Provides guidance across the sectors, as well as self and family care for older adults/caregivers.

sfCare Implementation Resources



Implementation Resources

Recommendation 6 – The older adult/caregivers are provided with information to let them know what to expect in their care, help them make decisions, and better self-manage their conditions.

Tips:

There are 3 elements to consider:

1. The older adult's goals of care are well understood
2. The information provided to older adults is complete and aligns with their goals
3. Communication methods are appropriate (verbal and written)

To do this:

- Ensure that there is a process in place for goal setting with the patient. Review goals regularly (such as when there is a change in health status). **Resource 20**
- Ensure that verbal communication is respectful and effective for information exchange. **Resource 21**
- Ensure that information about appropriate programs and services are well known by care providers and appropriately shared with older adults/caregivers:
 - Identify where care providers can find up-to-date information on programs and services for older adults in the vicinity of your organization. **Resources 22-23**
 - Review which services or programs may be helpful to the older adult to self-manage their conditions and achieve their goals, and identify with the older adult which ones they would like to participate in.
 - Facilitate linkage in a way that best supports the older adult – make the referral, call for information or registration if needed, or provide written information (including contact information) for the older adult to review and follow up on as they would like.
 - Review programs and services regularly with older adults/caregivers, especially when there is a change in health status – are they using the programs/services? Do they like them? Do they need or want additional programs or services?

Resources:

20. Health Links' Developing Patient Goals
<http://www.centraleastlin.on.ca/~media/sites/ce/Primary%20Navigation/Goals%20and%20Achievements/HealthLinks/eLearning%20Resources/26,-d-%20Developing%20Patient%20Goals%20May%202017.docx?la=en> Provides practical guidance for care providers in setting goals with patients.
21. National Institute on Aging's Talking With Your Older Patient
<https://www.nia.nih.gov/health/understanding-older-patients> Tips for communicating with older patients in ways that are respectful and effective for information exchange.
22. LHIN Healthline <http://www.thehealthline.ca/> Provides listings of local health and community services (including specialized geriatric services) across Ontario.
23. Ontario Government's: Information for Seniors
<https://www.ontario.ca/page/seniors-connect-your-community> and 211 Helpline
<https://211ontario.ca/211-ontario-services-blog/211-ontario-help-seniors-find-community-supports-and-financial-assistance/> Provides connection to Ontario's community and social services (including support for financial, legal, food, housing, healthcare, social, recreation, education etc. needs).

sfCare Implementation Resources



Implementation Resources

Recommendation 6 (continued) – The older adult/caregivers are provided with information to let them know what to expect in their care, help them make decisions, and better self-manage their conditions.

Tips:

- Evaluate all of the printed materials your organization has available for older adults, and ensure the resources are available to all care providers, and to older adults/caregivers where applicable:
 - Assess whether there are any gaps in printed information, and create a plan to fill these gaps. Ask care providers, older adults and caregivers if there is information that is typically requested or provided for which a printed resource does not exist in your organization.
 - Consider having patient handouts available for the Senior Friendly 7 – seven areas that are essential in care of frail older adults or those at risk of frailty (cognition/delirium, mobility/falls, continence, nutrition, pain, polypharmacy, and social engagement). **Resource 24**
 - Review each document (including business cards, letterhead, appointment reminders, patient information sheets etc.) to ensure it is senior friendly (font size is large enough, wording is easy to understand, and the information provided is complete). **Resources 25-26**

Resources:

24. SF7 Toolkits – Self and Family Care (coming soon! – fall 2018) Provides ready to use handouts for older adults/caregivers on seven areas of care (cognition/delirium, mobility/falls, continence, nutrition, pain, polypharmacy, and social engagement).
25. Canadian National Institute of the Blind's (CNIB) Clear Print Accessibility Guidelines <http://www.cnib.ca/en/services/resources/Clearprint/Documents/CNIB%20Clear%20Print%20Guide.pdf> Provides guidelines for visual legibility of printed materials.
26. National Institute On Aging's (NIA) Making Your Printed Health Materials Senior Friendly <http://memoryworks.org/PUBS/NIA/Making%20Your%20Printed%20Health%20Materials%20Senior%20Friendly.pdf> Provides guidance for visual legibility as well as appropriate language for print materials.

sfCare Implementation Resources



Implementation Resources

Recommendation 7 – The care plan, goals, and expected results of care are developed in collaboration with all members of the care team and the older adult/caregivers and aligned with the older adult's preferences.

Tips:

- Ensure that there is a process in place for goal setting with the patient. **Resource 27**
- Ensure that there is a process in place for creating a written coordinated care plan (CCP) which includes care providers across the healthcare continuum. **Resource 28**
- Ensure that the plan is readily accessible (either in electronic or printed format) to the older adult/caregivers and all care providers across the healthcare continuum.

Resources:

27. Health Links' Developing Patient Goals Overview

<http://www.centraleastlin.on.ca/~media/sites/ce/Primary%20Navigation/Goals%20and%20Achievements/HealthLinks/eLearning%20Resources/26.-d-.%20Developing%20Patient%20Goals%20May%202017.docx?la=en> Provides practical guidance for care providers in setting goals with patients.

28. Health Links' Coordinated Care Planning (CCP) Tools:

How to Document a CCP

<http://www.hqontario.ca/Portals/0/documents/qi/health-links/ccm-care-coordination-tool-en.pdf>

CCP User's Guide

<http://www.hqontario.ca/Portals/0/documents/qi/health-links/ccm-coordinated-care-plan-user-guide-en.pdf>

CCP Template

<http://www.hqontario.ca/portals/0/documents/qi/health-links/ccm-coordinated-care-plan-v2-en.docx>



Recommendation 8 – A system is in place to measure the experience and outcomes of older adults and make improvements based on the results.

Tips:

- Create feedback mechanisms which:
 - Measure outcomes for provincial quality standards which relate to the care of older adults, such as Behavioural Symptoms of Dementia (Care for Patients in Hospitals and Residents in Long-Term Care Homes), Dementia (Care for People Living in the Community), Hip Fracture, Palliative Care, and Pressure Injuries. **Resource 29**
 - Measure outcomes that matter most to older adults. **Resource 30**
 - Are easy for older adults/caregivers and care providers to use: ensure the mechanisms are readily available, in a variety of format options (online, paper, verbal), and not burdensome to complete (i.e. not too lengthy). For online tools, allow questions to be skipped.
- Ensure a process is in place to regularly review feedback.
- Create improvement plans to address feedback. **Resource 31**
- Create opportunities for older adults/caregivers to actively participate in system and process redesign. Resources **32-33**

Resources:

29. HQO's Quality Standards
<http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards>
30. International Consortium for Health Outcomes Measurement's (ICHOM) Standard Set of Outcome Measures for Older Person
<http://www.ichom.org/medical-conditions/older-person/>
31. HQO's Getting Started Guide: Putting Quality Standards Into Practice
<http://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/getting-started-guide-en.pdf>
32. HQO's Engaging with Patients and Caregivers About Quality Improvement
<http://www.hqontario.ca/portals/0/documents/qi/qip/patient-engagement-guide-1611-en.pdf>
33. The Change Foundation's Rules of Engagement Tools
<http://www.changefoundation.ca/rules-of-engagement/> These tools provide recommendations to help ensure that patient engagement initiatives deliver results for organizations, and also make participants feel valued and respected in the process.

sfCare Implementation Resources



Recommendation 9 – An approach is in place to support care providers and the older adult/caregivers in challenging ethical situations.

Tips:

- Ensure that an approach (such as a framework or process) is identified which outlines how to identify and work through ethical issues, and that caregivers, older adults and caregivers know how to access those resources. **Resource 34**

Resources:

34. Trillium Health Partners' IDEA: Ethical Decision-Making Framework.
<https://trilliumhealthpartners.ca/aboutus/Documents/IDEA-Framework-THP.pdf> An example of one organization's framework and worksheet to work through ethical issues.

sfCare Implementation Resources



Implementation Resources

Recommendation 10 – Structures, spaces, equipment, and furnishings provide an environment that minimizes the vulnerabilities of older adults and promotes safety, comfort, functional independence and well-being.

Tips:

- Use or adapt a checklist of essential physical environment requirements which meet the needs of older adults in the context of your organization. Use this list to review proposed physical environment purchases or changes as well as to conduct a yearly audit of the physical spaces in your organization. **Resources 35-37**

Resources:

35. The World Health Organization's Age-Friendly Primary Health Care Centres Toolkit http://www.who.int/ageing/publications/AF_PH_C_Centretoolkit.pdf Provides design guidelines and audit checklist for the physical environment, including signage, on pages 98-110.
36. The Center for Health Design's Designing for Age-Related Changes Among Older Adults https://www.healthdesign.org/system/files/res_files/ExecSummary-Design%20for%20Age-2015_1.pdf Summarizes common changes that occur with aging and offers design strategies that can help older adults maximize independence.
37. Fraser Health's Code Plus Physical Design Components for an Elder Friendly Hospital <https://www.rgptoronto.ca/wp-content/uploads/2017/12/CodePlus-Final2-April-2015.pdf> Guidelines for the physical design in hospitals which focus on preserving functional ability and safety of older adults admitted to hospital. Many of the design principles can be applied to other healthcare organizations.

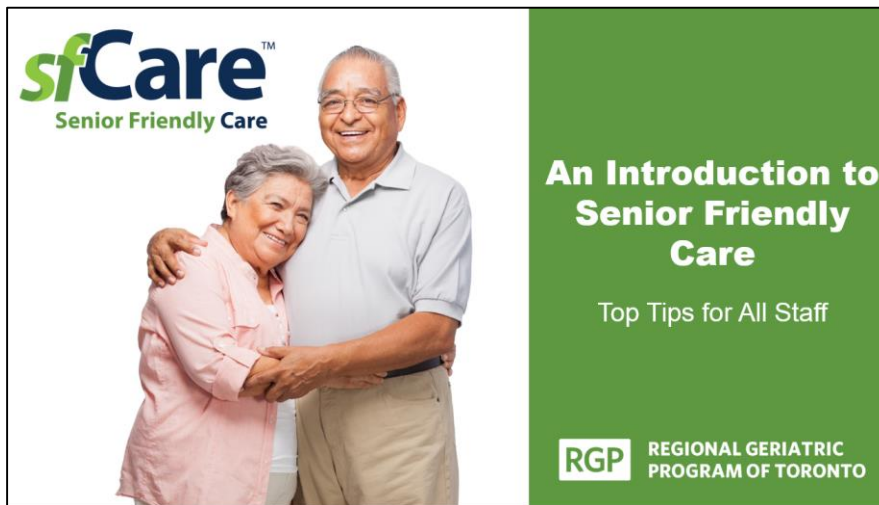


Intro to sfCare Training

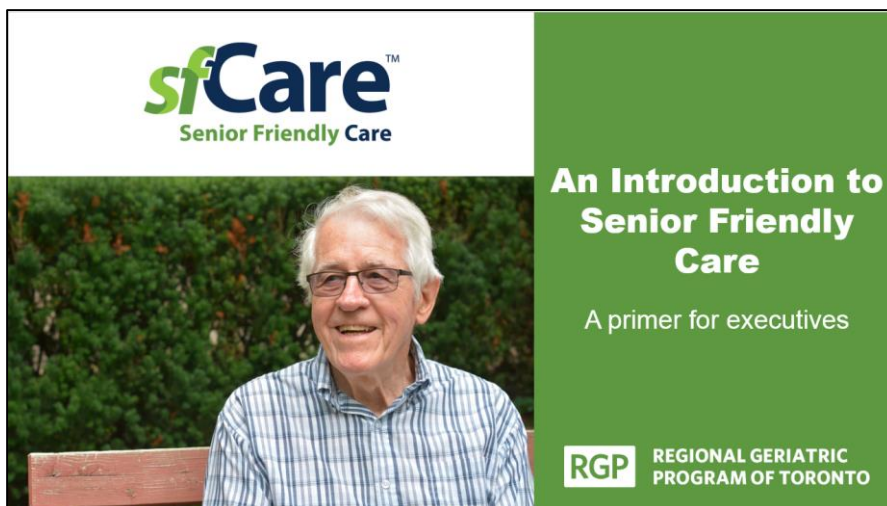
Providing staff and executives with basic information, such as what senior friendly care is, why it's important, the needs of older adults, and what they can do to make a difference creates a great foundation for senior friendly care in your organization.

How to use the resources

This training is available in video and PowerPoint formats. Use them as is, or incorporate some or all of their content into your organization's training resources (please remember to acknowledge where the content came from!)



[Click here](#) for copies of the video and PowerPoint versions of "Tips for all staff".



[Click here](#) for copies of the video and PowerPoint versions of "A primer for executives".

APPENDIX A – Terms used in this document and the sfCare Framework

An **Older adult** is considered to be 65 years or older, with the understanding that adults with complex age-related conditions may be younger than this and also benefit from senior friendly care.

Caregivers are people who are involved in an older adult's care, who are not paid, such as family or friends. Older adults are partners in care, as are their caregivers, when identified as such by the older adult. In the context of the sfCare Framework and sfCare Getting Started Toolkit, caregivers and family are assumed to be included in all of the recommendations where applicable.

Care providers include staff who are paid to provide healthcare as well as students and volunteers. This includes clinical professionals and non-clinical service providers.

Care includes care and services provided in all healthcare settings by care providers, caregivers, and those providing non-clinical services (for example, appointment scheduling or meal delivery). It is assumed that the older adult is a partner in care, and that something is not being done to or for them, but rather with them.

APPENDIX B – The Senior Friendly Care Framework

The Senior Friendly Care Framework



The goal of senior friendly care is to achieve the best possible health outcomes for older adults. The sfCare Framework provides the foundation for achieving this goal through guiding principles and defining statements which are intended to foster improvements in care across the system and inspire greater collaboration between older adults and their caregivers, care providers, and organizations.

7 Guiding Principles

- 1 Supporting resilience, independence, and quality of life
- 2 Compassion and respect
- 3 Informed and empowered older persons and families
- 4 Person- and relationship-centred partnerships
- 5 Safety and security
- 6 Timely, equitable, and affordable
- 7 Evidence-informed

5 Domains



31 Defining Statements across the domains

APPENDIX C – Acknowledgements

This toolkit was developed by the RGP of Toronto, under the guidance of the sfCare Steering Committee and sfCare project coordinators:

sfCare Steering Committee

Dr. Barbara Liu

Marlene Awad

Dr. David Ryan

Rhonda Schwartz

Linda Jackson

Valerie Scarfone

sfCare Project Coordinators

Jesika Contreras

Wendy Zeh

Ken Wong

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 - Carefirst Seniors and Community Services Association
 - St. Joseph's Health Centre

Driving system change to advance the quality of care for older adults living with frailty. Innovating bold solutions to complex care problems.



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