Senior Friendly Hospital Walkabout Framework

Central East
Senior Friendly Hospital Working Group

Acknowledgements

The following was developed by members of the Senior Friendly Hospital Walkabout Task Group. This group is comprised of members of the Central East Senior Friendly Hospital Working Group, a diverse group representing 9 hospitals in the Central East LHIN, the Regional Geriatric Program (RGP) of Toronto, the Central East LHIN, and Seniors Care Network.

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- Rhonda Schwartz, Seniors Care Network

Introduction

The population of older adults (65+) in the CE LHIN is expected to double over the next twenty years.[1] This segment of the population accounts for a large proportion of hospital system usage and receives care in "virtually every area of the hospital".[2] The health and well-being of these individuals can be negatively impacted by a stay in the hospital. Adverse events, complications and inactivity can lead to longer hospital stays in addition to reducing their chance of maintaining their independence thereby enabling them to return to their home environment.

As an ongoing quality improvement initiative, the Provincial Senior Friendly Hospital (SFH) Strategy "aims to promote hospital practices that better meet the physical, cognitive, and psychosocial needs of older adults."[3]

In September 2010, the SFH Strategy was identified by the Local Health Integration Networks as a key provincial priority. The CE LHIN is committed to supporting the hospitals in the LHIN to improve the current status of SFH care.

A SFH Walkabout is a management tool that can be implemented to improve the patient experience and health outcomes of the older adults that we have the privilege to serve.

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[1] Regional Specialised Geriatric Services in the Central East LHIN: A Need and Capacity Analysis Interim Report, 2013

[2] A Summary of Senior Friendly Care in Central East LHIN Hospitals, 2011

[3] Senior Friendly Hospital Care Across Ontario Summary Report and Recommendations, 2011

Table of Contents

What is a Senior Friendly Hospital (SFH) Walkabout?

Management tool that:

- Demonstrates commitment to the provision of senior friendly hospital care (walking the talk) and to building a SFH culture
- Enables dedicated time for the members of the executive team and staff to engage and collaborate in areas where seniors may visit
- Establishes lines of communication between leaders and staff to discuss SFH concerns and agreed actions
- Provides an opportunity for staff and patients to identify SFH issues
- Facilitates shared learning experiences and knowledge transfer

Why are SFH Walkabouts Important?

- Fosters a shared philosophy and mindset for the provision of senior friendly care
- Heightens the awareness of the SFH strategy/framework/care at all levels of the organization
- Demonstrates executive level support and commitment to SFH care
- Can be instrumental in promoting and developing a SFH culture
- Enables the identification of opportunities for improving SFH care
- Nurtures a culture of collaboration, trust and open communication
- Contributes to the achievements of organizational requirements in the Quality Improvement Plan (QIP)
- Demonstrates leadership commitment through listening to and supporting staff when they raise concerns/issues
- Establishes lines of communication between leadership and staff regarding SFH care
- Encourages proactive reporting and resolution of SFH concerns/issues
- Establishes local SFH solutions to minimize risk
- Promotes a culture of patient-centred care

Critical Success Factors

- Administrative and clinical leadership commitment, support and endorsement
- Leaders not only have to 'talk the talk' but also have to 'walk the walk', meaning that they are fully engaged in process
- Walkabouts need to be incorporated into a rigorous, systematic process where the loop is closed on identified concerns/issues
- Walkabouts have to be viewed as a component of a continuous cycle of improvement, and not as a "one-off" isolated event

- Schedule (including date, time, location and Executive Lead) is agreed upon by all parties a significant time in advance (see Appendix 1 - Detailed Schedule)
- Be flexible – if the area of a scheduled Walkabout is extremely busy, reschedule
- Individuals are encouraged to voice their concerns/issues and to "think outside the box" (i.e. think creatively in aspirational ways)
- Listen actively
- Staff concerns/issues are not minimized
- Ask for suggestions to improve SFH care
- Document concerns/issues raised and develop an action plan
- Establish measureable outcomes

Ground Rules

- Walkabouts are to last an hour or less
- Walkabouts are a priority initiative and should not be cancelled
- Staff from all areas are supported and empowered to actively participate (e.g., allied health professionals, nurses, environmental services staff, dietary staff, and etc.) and are encouraged to speak freely and openly
- Staff are provided with feedback and praise during the process
- Others individuals are encouraged to join in a Walkabout if they are in area where it is being conducted (e.g., patients, volunteers, and etc.)
- Information discussed during the Walkabout should remain confidential, and not be discussed outside of this process

Where are SFH Walkabouts Conducted?

- In all areas where seniors may visit (e.g., patient care units, cafeteria, volunteer areas, gift shops, diagnostic imaging, and etc.)
- Walkabout discussions can be held in any location that meets the team's needs (e.g., nurses station, meeting room, open general area, and etc.)
- Ideally Walkabouts should take place as close to the working environment as possible, in order to:
    - minimize staff inconvenience
    - allow for time to tour the area
    - allow for access to additional information if required
    - enable the Walkabout team to better understand a concern/issue through observation

Who is involved?

The "Walkabout Team" should be comprised of the following individuals (at minimum):

- Executive team member
- SFH Lead
- Director of unit/area
- Manager of unit/area
- Unit/area staff (e.g., allied health professionals, nurses, environmental services staff, dietary staff, and etc.)
- Environmental Services management lead
- Building/Facilities Services management lead
- Patient/caregiver - optional (if in area where Walkabout is being conducted and would like to participate)

Roles & Responsibilities

Executive Team

- Promotes a culture of SFH care
- Leads the Walkabout discussion, which results in the identification of specific, actionable items (see Appendix 2 - Speaking Notes and Appendix 3 - Sample SFH Questions)
- Listens to and support staff when concerns/issues are raised
- Helps lead discussions away from counter-productive or irrelevant topics, not specific to SFH
- When discussions begin to move outside the scope of SFH, re-focus the discussion by posing individual questions to team members (e.g., "how do you think this might affect care for seniors in your area?")
- Reassures staff that all information discussed will remain strictly confidential
- Thanks team members for their participation, and signs the Letter of Recognition (see Appendix 4 – Sample Letter of Recognition)
- Monitors the status of the action plan
- Assures that direct reports are accountable for completion of the action plan

Director

- Participates directly in Walkabouts
- Promotes a culture of SFH care
- Monitors the status of the action plan

- Assures that direct reports are accountable for completion of the action plan

Manager

- Participates directly in Walkabouts
- Communicates to, and prepares staff for SFH Walkabouts
- Identifies a location for the Walkabout discussion
- Ensures staff participation in Walkabouts
- Promotes a culture of SFH care
- Identifies action items and prioritizes the top three, in collaboration with the team
- Inputs information into the action plan template (see Appendix 5 - Action Plan Template)
- Forwards completed action plan to the SFH Lead
- Monitors the status of the action plan
- Assures that direct reports are accountable for completion of the action plan
- Provides SFH Lead with updates re: action items
- Provides staff with updates on the progress of the action plan

Staff (Point of Care and Support Staff)

- Participates directly in Walkabouts
- Contributes to the SFH discussion and development of the action plan
- Identifies action items and prioritizes the top three, in collaboration with the manager
- Promotes a culture of SFH care

SFH Lead

- Establishes an annual Walkabout schedule (see Appendix 1 – Detailed Schedule)
- Participates directly in Walkabouts, including briefing the team with relevant information (e.g., purpose of SFH Walkabouts, incident reports, patient satisfaction data, and etc.), and taking notes during the process
- Thanks team members for their participation, and sends the Letter of Recognition to the respective unit/area manager (see Appendix 4 – Sample Letter of Recognition)
- Compiles notes and comments collected during the Walkabout, and summarizes
- Monitors the status of the action plan
- Provides the Executive Team, directors, and managers with updates on the progress of the action plan re: action items

- Analyzes data, summarizes and provides reports, where necessary

Environmental Services and Building/Facilities Services Management Lead

- Participates in Walkabouts
- Promotes a culture of SFH care
- Documents concerns/issues that are related to the physical environment
- Monitors completion of identified actions
- Holds direct reports accountable

Patient/Caregiver

- provides patient/caregiver perspective
- suggests possible solutions

Scheduling

- SFH Lead compiles a list of all potential areas to be visited
- Conduct SFH Walkabouts in one area per month (at a minimum)
- Annual plan is agreed between executive and area leadership

Format

A conversation with the SFH Team and the individuals from the identified area can be structured in various ways, including:

- Conversation with all individuals in a hallway, specified room or nurses station
- Individual conversations in succession
- Conversations with employees in a specific type function or job

Pre-Walkabout Preparation

- SFH Lead to confirm one week prior
- Contact the manager the day of the Walkabout to reassure and answer final questions
- Manager introduces SFH Walkabout format to staff (see Appendix 6 - Staff Information)

During SFH Walkabout

- Welcome and introductions
- Discuss the 'ground rules'
- Allow both open dialogue and set questions
- Document concerns/issues identified
- Identify the top 3 priorities for action

- Develop action plan (including the responsible individual and timeline)
- Empower team to deliver on the action plan
- Closing remarks - executive lead summarizes visit, provides feedback
- Thank you

After the SFH Walkabout/Follow Up

- Forward Letter of Recognition (see Appendix 4 – Sample Letter of Recognition) to the manager of the Walkabout area
- Action plan is developed and forwarded to the appropriate individuals (e.g., area manager, director, VP, and etc.) within 4 days
- Monitoring progress of action plan by all appropriate individuals
- Reports provided to the Executive and Leadership Teams

Evaluation

Aims

All staff, including clinical and non-clinical, will contribute to a culture of SFH care.

Metrics

- # walkabouts conducted
- % walkabouts completed
- % identified concerns/issues completed
- % improvement of positive responses to a staff SFH cultural survey
- % increase in the reporting of SFH concerns/issues

Appendix 1 - Detailed Schedule

Date	Time	Location	Team Members					
			Executive	Director	Manager	Environ-mental Services	Building/ Facilities Services	SFH Lead

Appendix 2 - Speaking Notes

- Welcome the team and invite everyone to introduce themselves
- Introductory message:
  - Thank you for participating in today's SFH Walkabouts.
  - Acknowledge the existing SFH work that is in progress/has been completed in the area.
  - State that SFH care is an organizational priority here at_____ and that it is intended to improve the care and experience of the seniors who we serve.
  - Your team will be identifying SFH action items during the Walkabouts, and then prioritizing the top three, in order to develop an action plan.
  - Our discussions today will remain confidential, so I encourage you all to speak freely and openly about any concerns/issues.
- Concluding message:
  - Thank you again for taking time out of your day to participate in today's SFH Walkabouts.
  - Your commitment to SFH care is very much appreciated.

Appendix 3 - Sample SFH Questions

- Has anything happened today, yesterday or recently that you think is an obstacle in providing SFH care?
- When you observe the environment from a SFH perspective, what parts of this environment do you think are likely to lead to harm?
- What work behaviours/attitudes/beliefs have you developed to help you improve the care that you provide to older adults?
- What SFH practices or initiatives on your unit are you most proud of?
- Did you provide SFH care to your patients today? If not, why?
- Do you feel comfortable reporting issues related to SFH care? If not, why?
- Are there SFH concerns/issues that keep you up at night?
- What can you do to improve SFH care in the area that you work in?
- How are you actively promoting a SFH culture?
- Can you think of a way in which the system fails older adults on a consistent basis?
- What would make SFH Walkabouts more effective?

Additional questions aligned to the SFH Components

Domain	Possible Questions
Organizational Support	- Is a senior friendly culture discussed? - Is senior friendly care a priority in your area? - Do you feel that issues surrounding SFH care are addressed? - Do you feel you are supported to provide SFH care? - Are there any specific interventions from leadership that would help you to provide SFH care? - What do you do when you have a concern regarding your ability to provide SFH care? - Do you feel comfortable in reporting issues related to SFH care? If not, why? - What would make SFH walkabouts more effective? - Are there any polices/procedures surrounding SFH care that are difficult to follow because you do not have the right resources? - Are you aware if your organization has a committee for elder care? - Can you name some of the 'hazards of hospitalization' that seniors are at high risk for?

Domain	Possible Questions
Processes of Care	- What do you do to ensure you provide SFH care? - Is there a recent experience you have had with a senior that stayed with you? - What improvements could be made to provide more SFH care? - How does the communication between caregivers on your unit enhance SFH care? - Were you able to provide SFH care for your patients today? If not, why? - Has anything happened today, yesterday or recently that you think is an obstacle in providing SFH care? - What SFH practices or initiative on your unit are you most proud of? - What can you do in this area to improve SFH care? - How are you actively promoting a SFH culture? - Can you think of a way in which the system fails older adults on a consistent basis? - Do you have any standard work-arounds to provide SFH care? - Do your patients/families express that they feel they are in a SFH environment? - Are you aware of support outside your organization that contributes to SFH care? - Are you aware of geriatric expertise within your organization? - Tell me about a time where your area succeeded in SFH care? - Tell me about a time where your area struggled to provide SFH care? - Can you provide examples of how your area works as a team to provide SFH care? - What senior friendly best practices are utilized in your area? Example: falls prevention - Do you transitions in care incorporate SFH principles? If yes how? - How do you incorporate SFH principles when discharging seniors? - How do you identify discharge barriers early? - How are volunteers utilized in your area for SFH care?

Domain	Possible Questions
Emotional and Behavioural Environment	• What work behaviours/ attitudes/beliefs have you developed to help you improve the care that you provide to older adults? • What does ageism mean to you? • Do you have any examples of patient-centered senior friendly practices? Such as communication boards in patient rooms? • How are seniors 'given a voice' in your area? • How have you changed your practice to incorporate SFH care? • How does your area involve seniors in the plan of care? • Are you aware of resources available to you surrounding ethical issues in SFH care? • Are you aware of any senior specific training available to your area? • Are you interested in education in regards to SFH care? If yes, specifically what area?
Ethics in Clinical Care and Research	• Have you ever been in an ethical situation involving SFH care? • What supports are available to you for ethical issues surrounding seniors? • What supports are available to you for end-of-life care? • What keeps you awake at night? • Are advance care directives incorporated into the plan of care? • What processes or programs do you have in place to support diversity among seniors and their families? • How to you ensure a senior is giving informed consent? • How would you access translation services in your area?
Physical Environment	• When you observe the environment, what parts of our environment do you think support SFH care? What parts could lead to an obstacle to providing SFH care? • Does the design of the area allow you to provide SFH care? (For details of various SFH design elements, please see the Elder Friendly Checklist and/or the Code Plus: Physical Design Components for an Elder Friendly Hospital on the RGP of Toronto website)

Appendix 4 - Sample Letter of Recognition

To: The …. Team
Date:
From:

<u>SUBJECT: Thank you - Senior Friendly Hospital (SFH) Walkabout</u>

Thank you for your participation/involvement/contributions in/to the SFH Walkabout on _____. It was an opportunity for individuals from various areas of the hospital to come together to collaborate to enhance/advance/improve SFH care.

The collective wisdom of all that participated enabled us to identify concerns/issues as well as to develop an action plan that will contribute to enhancing/advancing/improving the provision of SFH care in your area. The action plan that was collaboratively developed will act as a roadmap for your team to make ongoing improvements in the provision of SFH care.

You are continuing to improve the culture of SFH care here at _____, which will enable continued improvement in the experience of those seniors who we are privileged to serve. Your ongoing commitment to SFH care is very much appreciated.

Sincerely/With Gratitude/With Appreciation,
cc:

Appendix 5 - Action Plan Template

SFH Walkabout Action Plan

Date:		Area:	
Executive:		Director:	
Manager:		Environmental Services:	
Building/Facilities Service:			
# of Staff Present:			

	Priority Action Items	SFH Component*	Identified Action	Individual Responsible	Target Completion Date	Date Completed	Current Status
1							
2							
3							
	Other Action Items						
4							
5							
6							

Comments:

* OS - Operational Support, PC - Processes of Care, EBE - Emotional & Behavioural Environment, ECCR - Ethics in Clinical Care & Research, PE - Physical Environment

Appendix 6 - Staff Information

Introduction

Providing SFH care is a strategic priority at _____.

What is a SFH Walkabout?

A SFH Walkabout is a Management tool that:
- Demonstrates commitment to the provision of senior friendly hospital care (walking the talk) and to building a SFH culture
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Who will be involved?

The "Walkabout Team" consists of:
- Executive team member
- SFH Lead
- Director of unit/area
- Manager of unit/area
- Staff (e.g., allied health professionals, nurses, environmental services staff, dietary staff, and etc.)
- Environmental Services management lead
- Building/Facilities Services management lead
- Patient/caregiver - optional (if in area where Walkabout conducted & want to participate)

When do SFH Walkabouts start?

Walkabout sessions are scheduled once per month for this fiscal year (_____)
- Starts: _____ (date)
- One hour (60 minutes) in length

Where are SFH Walkabouts held?

Walkabout discussions can be held in any location that meets the team's needs (e.g., nurses station, meeting room, open general area, and etc.)

What does a SFH Walkabout involve?

1) Pre-Walkabout Preparation
   - SFH Lead to confirm one week prior
   - Contact the manager the day of the Walkabout to reassure and answer final questions
   - Manager introduces SFH Walkabout format to staff (see Appendix 6 - Staff Information)
2) During SFH Walkabout
   - Welcome and introductions

- Discuss the 'ground rules'
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3) After the SFH Walkabout/Follow Up
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Bibliography

Baycrest (2011). *Safety Walkabouts*. Toronto, ON: Baycrest.

Cavanagh, P. & Hulme, A. (2009). *Leadership for Safety: Supplement 1, Patient Safety Walkrounds* (version 1.2). London, UK: Patient Safety First!, National Health Service (NHS).

Dana Farber Cancer Institute (2011). *Patient Safety Rounds Toolkit*. Boston, MA: Dana Farber Cancer Institute. Retrieved from: http://www.dana-farber.org/Adult-Care/Treatment-and-Support/Care-Quality-and-Patient-Safety.aspx

Frankel, A. (2004). *Patient Safety Leadership WalkRounds^{TM}*. Boston, MA: Institute for Healthcare Improvement (IHI).

Frankel, A., Graydon-Baker, E., Neppl, C., Simmonds, T., Gustafson, M., & Gandhi, T.K. (2003). Patient Safety Leadership WalkRounds. *Joint Commission Journal on Quality & Safety*, 29(1), 16-26.