Clinical Excellence Division

How older person friendly are Queensland hospitals?

A statewide survey of older person friendly principles and practices by the SOPHCN Acute Care Working Group 2016

Queensland Government

How older person friendly are Queensland hospitals?

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Disclaimer:

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Executive summary

Australians aged over 65 are the largest hospital users and are at high risk of complications related to illness/injury and hospitalisation. Evidence-based care practices and well designed systems and ward environments can reduce these hazards, make hospitals more 'older person friendly', and improve clinical and system outcomes. This survey of older person friendly principles and practices by the acute care working group of the Statewide Older Person's Health Clinical Network summarises information from 71 clinical and executive leaders in 23 Queensland public hospitals, highlighting strengths and opportunities for improvement. Findings summarised below will inform strategy and policy development at state and HHS level to support clinician-led improvements in older person health care delivery across the state.

CLINICAL & EXECUTIVE LEADERSHIP	• Developing clinical leadership • Limited executive leadership • Limited coordination (eg planning, monitoring, linkages).
RESPECTED & INVOLVED CONSUMERS	• Established systems for protecting decision making and advance care planning • Limited involvement of OP in care planning and feedback.
SKILLED AND COMPASSIONATE STAFF	• Limited training of hospital staff in care of older people • Limited graduate education across all disciplines.
EVIDENCE-BASED ASSESSMENT & MANAGEMENT	• Established systems for PI, falls, ADR, malnutrition • Developing systems for integrated assessment, care planning and discharge planning • Limited systems for functional decline, delirium.
CONNECTED SYSTEMS	• Established systems for referral to subacute, post-acute care • Limited connections with emergency departments and residential aged care.
WELL-DESIGNED PHYSICAL ENVIRONMENTS	• Developing use of OP friendly design principles in specialist units • Limited use at organisational level.

Why should hospitals be older person friendly?

Australians aged 65 and older account for 50% of acute hospital bed use, with an increased rate of hospitalisation and longer stays compared to younger people (1). Hospitalisation is a pivotal turning point for many older people, from independence to needing help, or from living at home to requiring care (2). Because of accumulated multi-morbidity and frailty, older people are at much greater risk of hospital-related harm, including falls, pressure injuries, and adverse drug events (3). One third will experience delirium, and up to half will require additional assistance in basic self-care following hospitalisation (4-7). Evidence clearly shows that harms can be reduced by better designing hospital wards and care processes to meet older people's needs (2, 8-11). While this evidence may be implemented in specialist geriatric services, the big challenge is spreading these principles to all wards caring for older patients (12). This requires clinical and executive leadership across the whole hospital and systems to support staff, older patients and their carers.

Engaging consumers in their health care is now recognised as a central pillar of quality care, but meaningfully involving older people in planning and managing care may offer special challenges due to issues such as cognitive impairment, physical impairments, complex health needs, and fear of criticising a system they depend on. Older people may be more reliant on others to help with their care, and need to balance goals for length and quality of life. An older person friendly hospital needs systems for involving older people in decisions as far as their capacity allows; supporting involvement of families and carers as the older person wishes; and encouraging older people to participate in planning and evaluation of relevant services.

High quality care also requires a work-force sensitive to challenges such as frailty, multi-morbidity, social isolation, financial limitations and cognitive impairment, and how these impact on planning and providing care across the continuum. Hospital alternatives for clinical problems which can be managed in the ambulatory setting for patients living in the community or residential care may help to reduce hospital-associated disability, but they need to be well integrated with other services. For those older people requiring hospital admission, clinical staff working on all wards caring for older people need to recognise, prevent and manage common geriatric syndromes. Staff need to be supported by good systems for integrated assessment and care planning from the point of entry, good team communication within the hospital, and access to post-acute services for older people requiring additional recovery time beyond the acute episode. Effective and safe transition back to primary and community care is founded on principles such as prompt discharge summaries, careful medication reconciliation, clear patient-held instructions and scheduled follow-up(13, 14).

The hospital physical environment can also contribute to hospital-related harm. Features such as noise, light, access to outside, views of nature, floor surfaces, fittings and furniture, visual contrast and toilet design can all contribute to risks of falls, delirium, incontinence and other geriatric syndromes. There are now clear evidence-based design principles which improve the quality and safety of the environment for those with cognitive disabilities(15).

Methods

The survey

In 2015, the Statewide Older Person's Health Clinical Network (SOPHCN) received support from the Healthcare Improvement Unit to undertake a survey of older person friendly principles and practices in Queensland public hospitals. The survey was based on work undertaken by the Regional Geriatrics Programs in Ontario, Canada, as part of the Senior Friendly Hospitals Initiative (see www.seniorfriendlyhopitals.ca), with their permission and collaboration (16). Surveys were adapted to the Australian context by the acute care working group of the SOPHCN. This included review of the 2004 AHMAC Age-friendly Principles and Practices, and proposed new National Safety and Quality in Health Care Standards. The survey is included as Appendix 1.

Queensland public hospitals were approached to participate if they had more than 6,000 acute admissions aged 70 years and older per annum. Surveys were sent via the Hospital and Health Service (HHS)-specific email address to senior geriatric, medical, nursing, surgical, allied health and corporate services stakeholders in 26 hospitals in March 2016. Follow-up included two reminder emails, prior to and following the closing date. There were 180 survey forms distributed, and 71 (39%) individuals contributed to 43 individual or team responses. At least one response was received from 23 (88%) of hospitals (Appendix 2).

The forum

Collated results were drafted by the project team, reviewed by the acute care working group, and fed back to an open stakeholder forum held on June 7, 2016 in the Skills Development Centre, Herston, Brisbane. The forum was attended by representatives from participating hospitals and/or HHS, consumer representatives, and representatives from several Queensland Health Divisions (Appendix 3).

The project team identified a number of examples of innovative practice in the hospital responses, and focussed on areas where there were identified opportunities for improvement. Teams from a range of hospitals were invited to present these innovations to help foster discussion, and several of these are highlighted within the report as illustrative examples of clinician-led improvement. These only represent a selection of the innovations reported.

The report

Feedback from the attendees at the forum has informed development of this report. It summarises responses across the state, with each completed survey considered one response (although some were completed by a team of respondents). The data are displayed using bar graphs, with x axis displaying the percentage of respondents providing a favourable response (either 'established' or 'all/most', depending on question type) for each question (displayed as the y axis). We consider domains with >60% respondents responding positively as 'established' practice; those with 40-60% as 'developing'; and those with <40% as 'limited'. Individual hospital reports will be distributed as an appendix to the main report to relevant stakeholders.

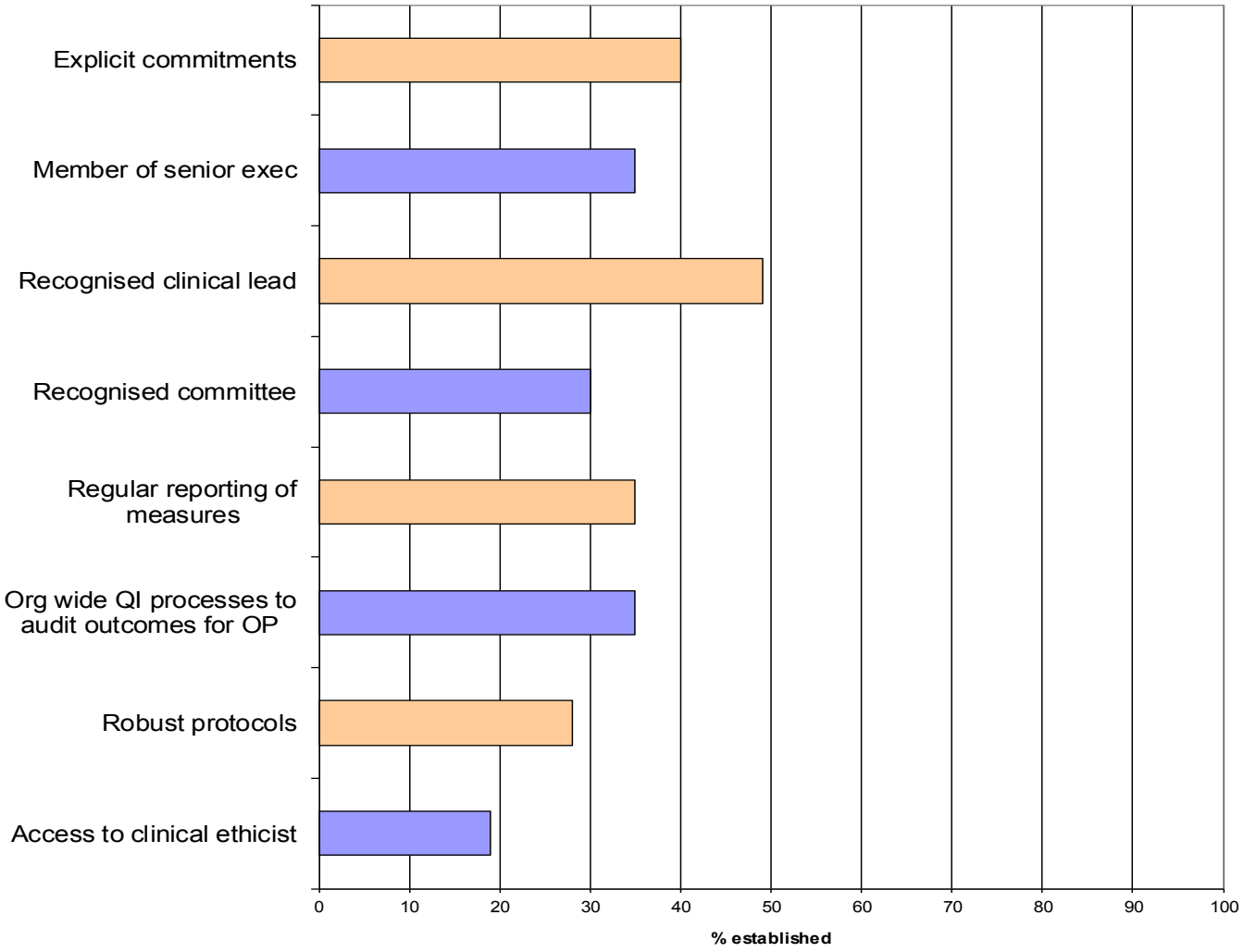
Results

Clinical and executive leadership

An older person friendly hospital will have:

- Strategic commitments to care of the older person.
- Clinical leaders who advocate for older people across the organization.
- Executive level planning, monitoring and accountability for care of the older person.
- Robust links with relevant community organisations and residential aged care facilities to facilitate transitions between hospital and community.

Figure 1: Percentage of respondents reporting established processes of clinical and executive leadership.



Half of respondents reported that there was an individual or team considered to be a clinical lead for care of the older person in hospital. Usually this person or team was part of a specialist geriatric or nursing service.

Senior executive support was limited, and included a wide range of executive positions. Establishment of an older person specific committee with clear commitments and regular reporting and review was reported by less than one third of respondents.

Innovation example: a strategic approach at Townsville hospital

Dr Ola Otaiku outlined how an Older Person Strategy with executive and clinical leadership and business management support brought together a range of multidisciplinary work groups to link work in hospital avoidance, in-hospital pathways, and discharge pathways. The Strategy has provided a useful platform for geriatric service development in a region with a rapidly growing older population.

The area with the most reported developmental work was the development of robust protocols and agreements with primary and community care and residential aged care (RAC) providers to enhance linkages. Few respondents reported access to a clinical ethicist for difficult clinical decisions.

Innovation example: CARE-PACT at Metro South HHS

Dr Ellen Burkett outlined the Comprehensive Aged Residential Emergency and Partners in Assessment, Care and Treatment (CARE-PACT) model which has been developed as a collaboration between the Metro South HHS, Brisbane South Primary Health Network and residential aged care facilities. The service provides a single point of referral for RACF staff, paramedics, community health workers and GPs for RACF residents, and provides both in-reach for hospital inpatients to assist with care and discharge planning back to the RACF, as well as out-reach to assist RACFs provide care that can avoid a hospitalisation. The service has developed extensive referral and treatment guides and provides education within the hospital, primary care and RACFs. It is being evaluated in a 2 year project funded by the Queensland Health Innovation Fund.

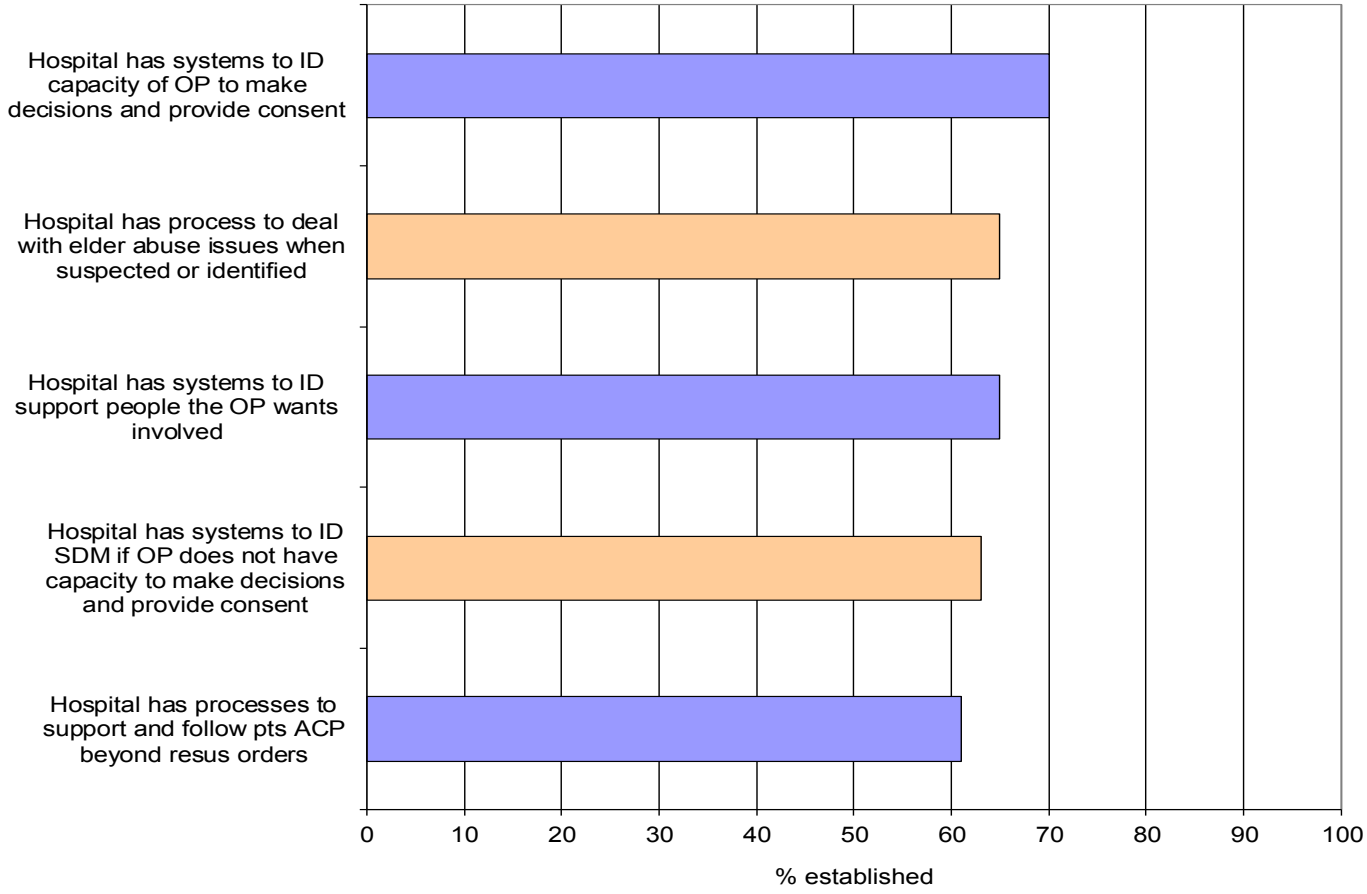
More information can be found at www.health.qld.gov.au/metrosouth/specialty/care-pact.asp

Respected involved consumers

An older person friendly hospital will have:

- Systems to support older people in decision making and care planning, and include those support people the older person wants involved in their care and decision making.
- Systems to identify impaired capacity in decision making and identify and involve substitute decision makers where required.
- Systems to identify and follow older people's advance care plans.
- Systems to identify and deal with suspected elder abuse.
- Opportunities for older people to provide feedback about their care.
- Opportunities for older people to be involved in planning and monitoring care.

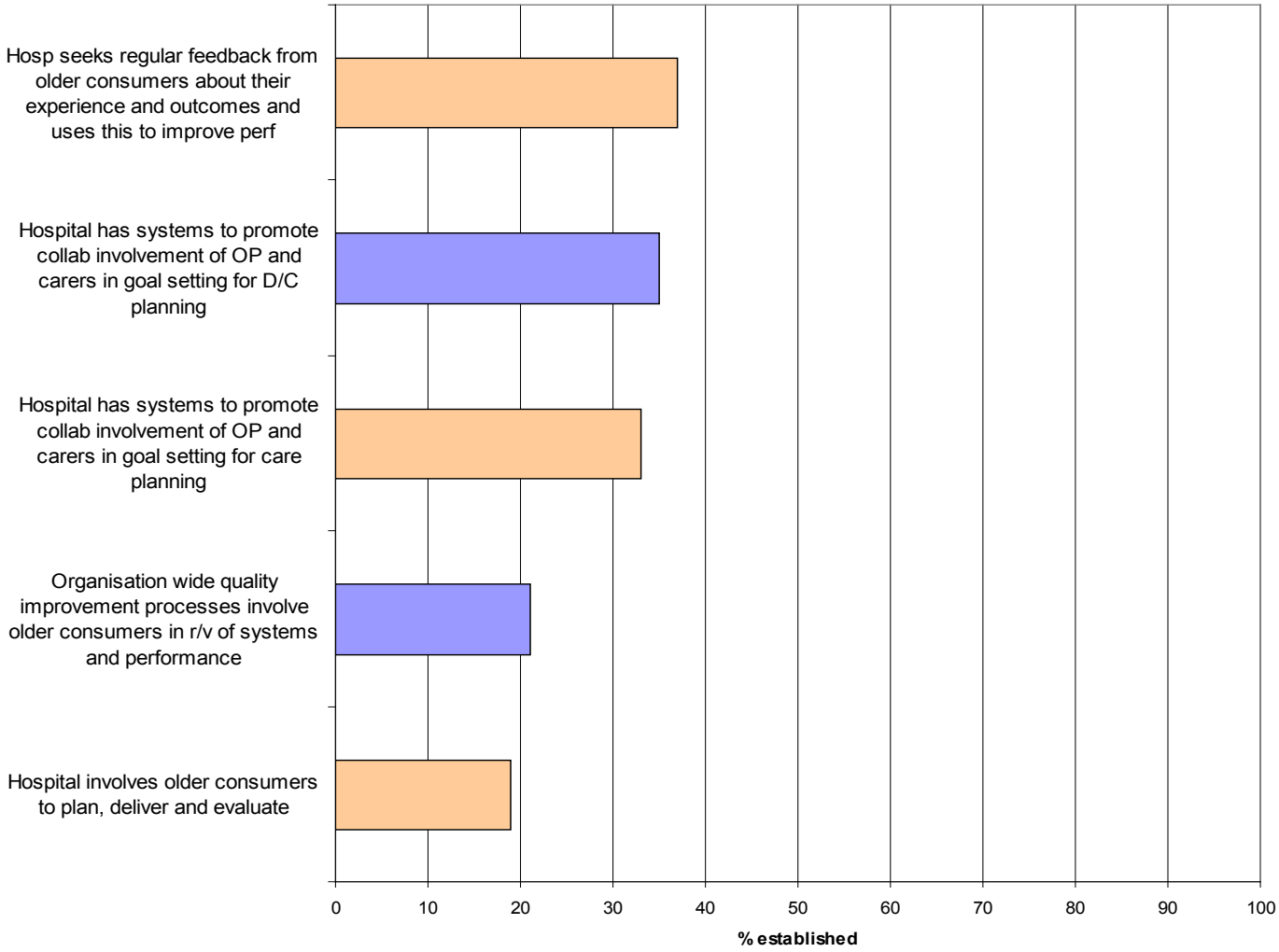
Figure 2: Percentage of respondents reporting established consumer involvement in their own care decisions.



Most respondents believed their hospital had processes in place to assess capacity, identify substitute decision makers and include these people in decisions about health care. The processes to support advance care planning and deal with elder abuse are also established, with many sites reporting developmental work in advanced care planning.

However consumer involvement in collaborative goal setting for care and discharge planning is reported to be limited. Although many respondents identified developing consumer engagement in system design, review and feedback, this was not specific to the older person. Few sites reported specifically involving older people at system level in planning or monitoring systems of care.

Figure 3: Percentage of respondents reporting established consumer involvement in organisation wide planning.



Innovation example: Consumer surveys at Gympie hospital

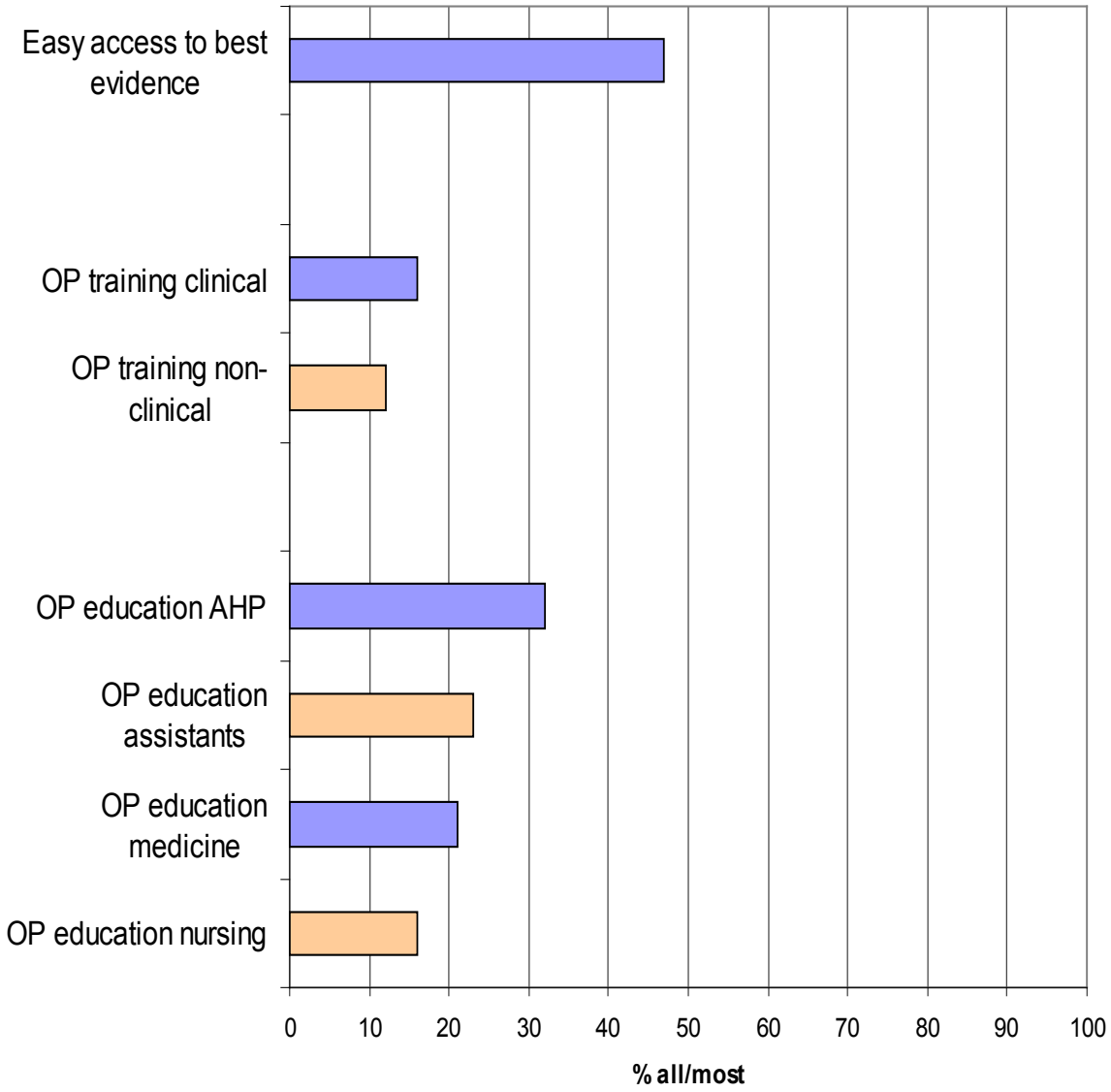
Patricia Rogers outlined the broad consumer engagement approach being taken by SCHHS, but also described how consumers at Gympie hospital have been trained to undertake patient experience surveys, providing an additional consumer dimension and genuinely involving consumers in monitoring services. She noted that comments to the consumer assessors may be less guarded, and that the consumer surveyors may be skilful at developing rapport with interviewees.

Skilled, compassionate staff

An older person friendly hospital will:

- Train all hospital staff in older person sensitivities.
- Provide easy access to clinical evidence on care of older patients.
- Provide opportunities for education on geriatric topics for all clinical staff.

Figure 4: Percentage of respondents reporting training and education of all or most staff in older person friendly care.



Responses reveal very limited older person friendly training for clinical and non-clinical staff commencing within Queensland Hospitals. Education about care of older people is provided to a limited number of staff from all disciplines.

Innovation examples: improving staff training at Cairns hospital and Redlands hospital

Dr Eddie Strivens from Cairns hospital described how a training package designed for and delivered to nursing assistants to help them manage behaviours often observed in patients with dementia and delirium has also been successfully delivered to security officers who are often called if the behaviour escalates but may not understand that it is a feature of the underlying medical condition. This helps to foster a consistent and compassionate approach.

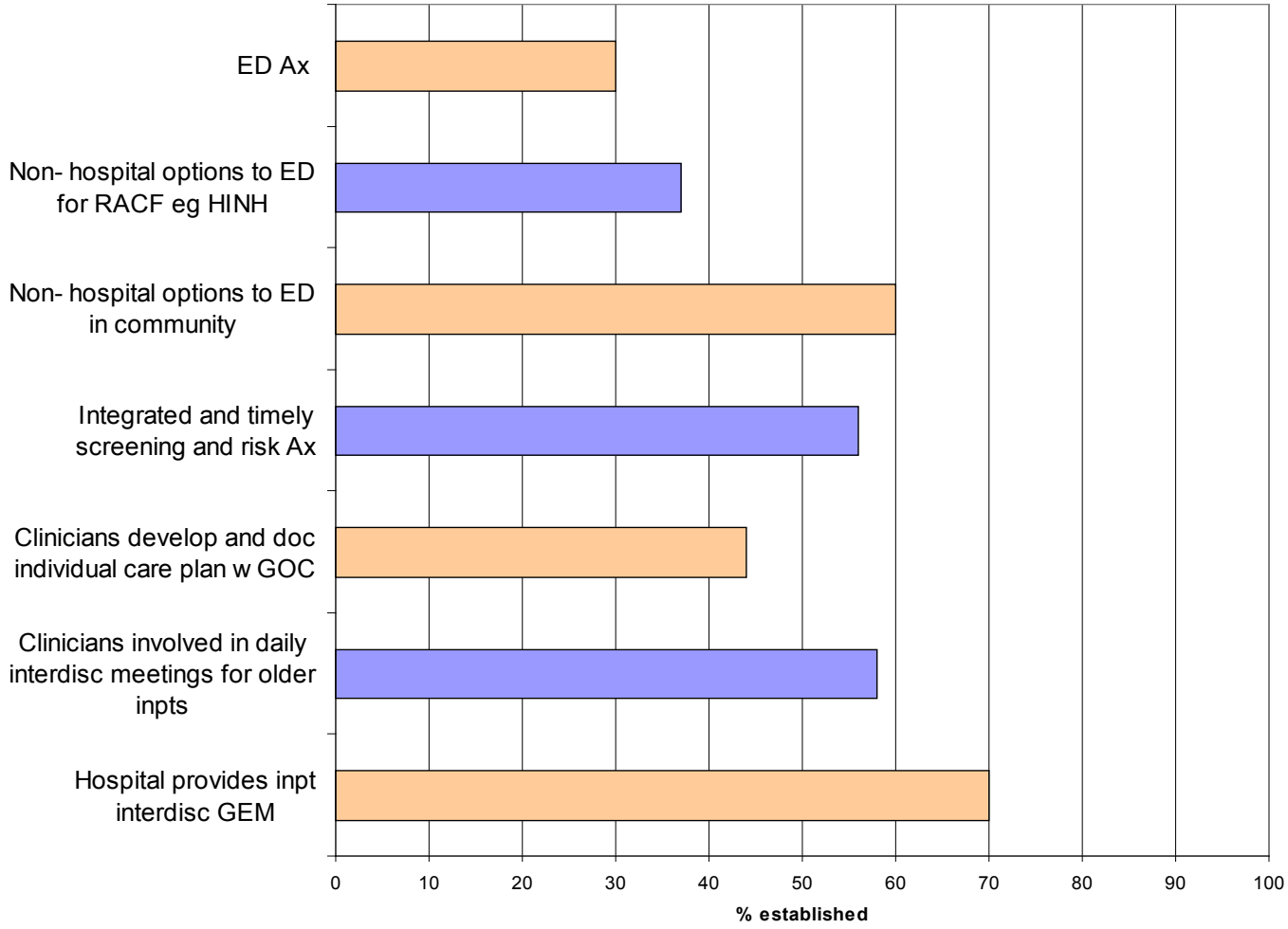
Mr Ben Stuart from Redlands hospital described how elder abuse training has been successfully incorporated into mandatory training for all allied health professionals at Redlands Hospital in order to ensure competent coverage of the associated RACF; benefits have been greater awareness of this problem in acute care for all team members.

Evidence based assessment and management

An older person friendly hospital will:

- Provide integrated assessment of the older person at the point of entry to the hospital (e.g. emergency department).
- Use assessment to inform a team-based plan of care, including consideration of non-hospital options.
- Screen, prevent, manage and monitor geriatric syndromes, including delirium, functional decline, malnutrition, incontinence, adverse drug events, depression, falls and pressure injuries.
- Provide high quality transition processes back to community providers.

Figure 5: Percentage of respondents reporting established assessment and care planning processes.

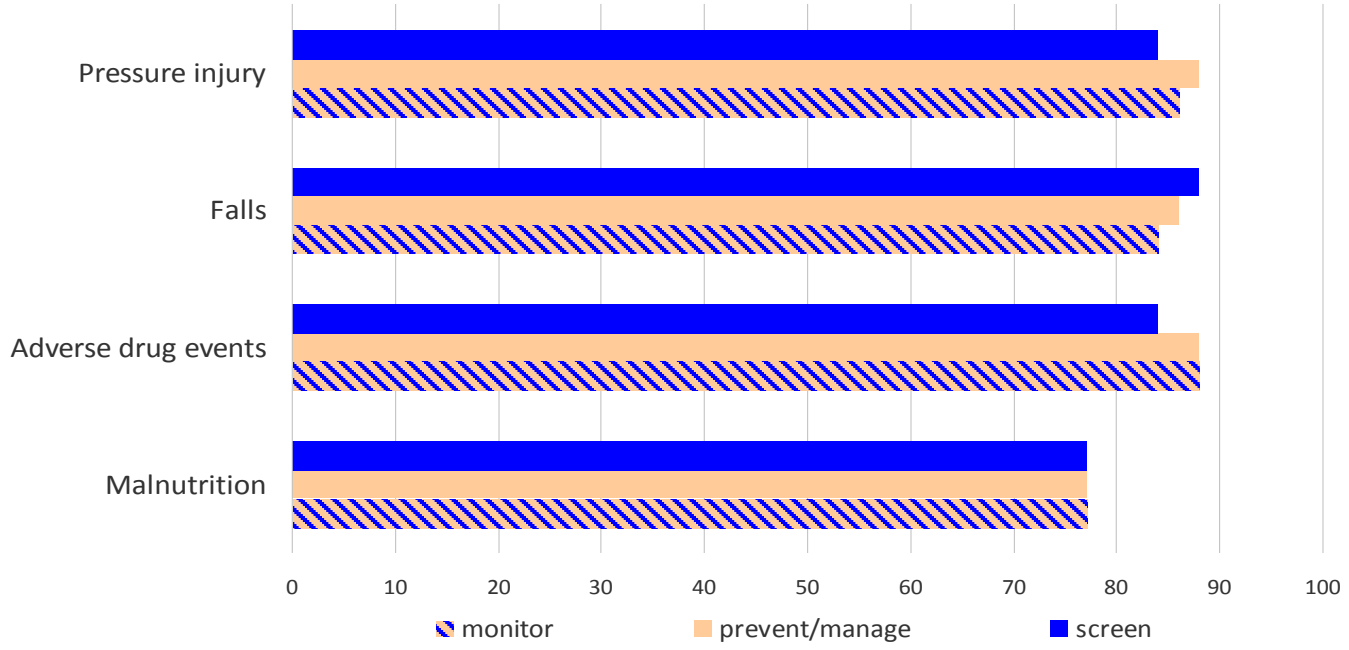


Inpatient geriatric evaluation and management services were well established, and non-hospital options for community-living patients to avoid inpatient admission were also established (e.g. hospital in the home). Integrated risk assessments, daily interdisciplinary team meetings, and individualised care plans including patient goals of care were developing. However, systems for older person specific assessments commencing in the emergency department were limited, and most respondents reported limited options for non-hospital care of those from residential care.

Innovation example: GEDI program, Nambour hospital

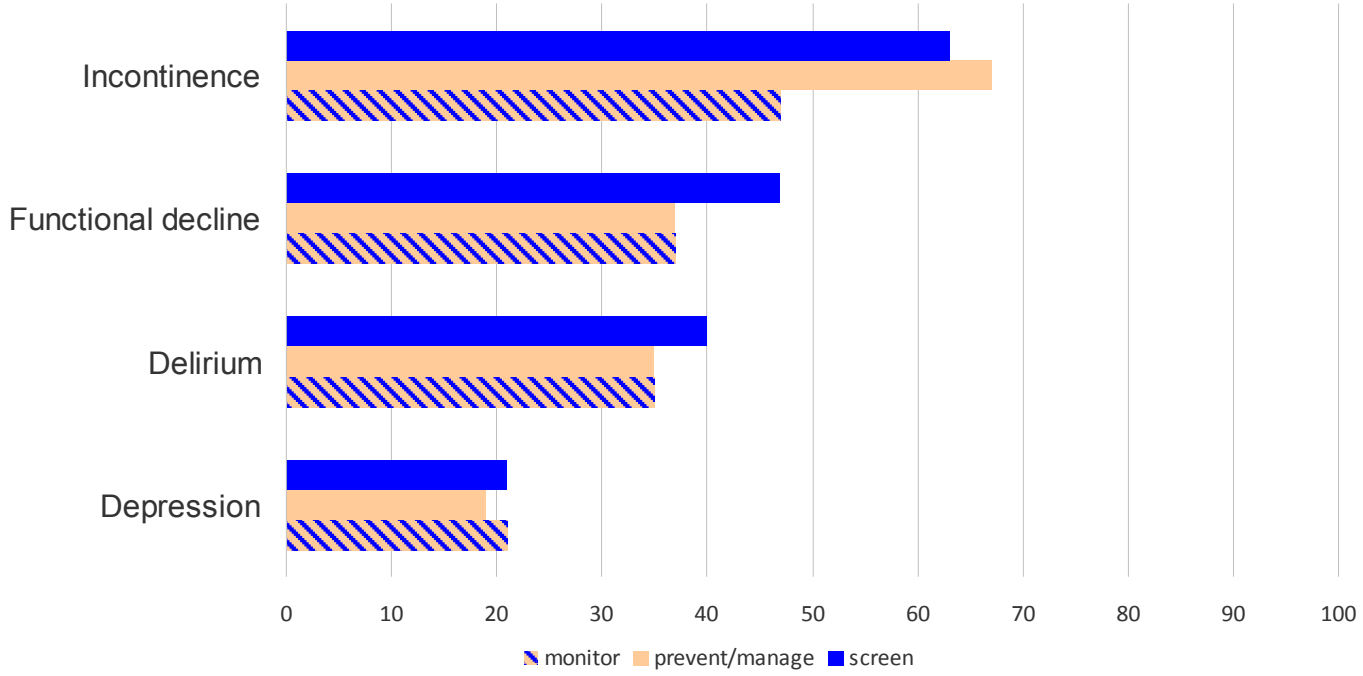
Dr Elizabeth Marsden and CNC Andrea Taylor presented the Geriatric Emergency Department Intervention (GEDI) implemented in Nambour hospital. Specially trained GEDI nurses are a single point of contact for elderly (age 70+) patients and undertake structured comprehensive assessment for those presenting to ED. This allows development of shared plans for avoiding hospitalisation, or liaison with inpatient units to streamline hospital admission if required, with the GEDI nurse providing an advanced care coordination role. This minimises unnecessary long waits in the ED, an unsuitable environment for older people. The program is being evaluated as part of the CEDRIC project in collaboration with the Sunshine Coast University, with Commonwealth funding.

Figure 6: Percentage of respondents reporting established screening, management and monitoring processes implemented in all or most units.



Most respondents reported that their hospital has implemented inter-professional processes to optimise the functioning of older inpatients in all or most wards in the areas of pressure injuries, falls, adverse drug events and malnutrition (figure 6). However, processes for incontinence, functional decline, delirium and depression were reported to be less well established (figure 7).

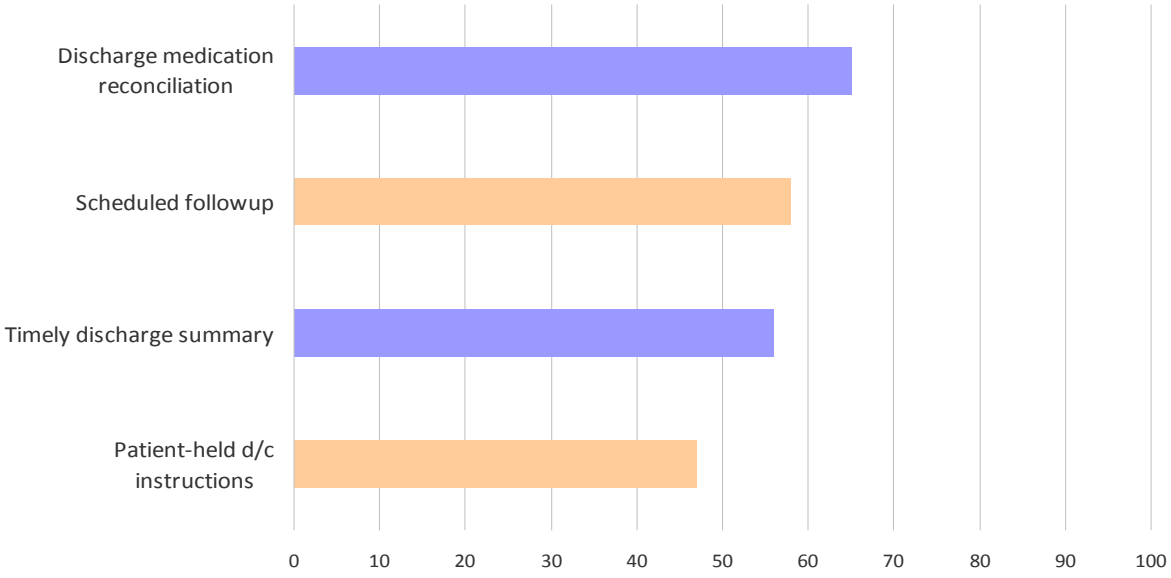
Figure 7: Percentage of respondents reporting established screening, management and monitoring processes implemented in all or most units.



Innovation example: Eat Walk Engage program, Royal Brisbane and Women's hospital

Ms Prue McRae presented the multidisciplinary Eat Walk Engage program which has been implemented on 8 wards at RBWH. This model uses a trained facilitator working with the local ward teams to support early mobility, adequate nutrition and meaningful activities for older inpatients. Pilot evaluations on a medical and surgical ward have shown reduced length of stay, decreased need for continuing hospital/institutional care, and a reduction in geriatric syndromes including delirium and falls, reduce length of stay, and increase the likelihood of discharge home. The Eat Walk Engage is being evaluated in a 4-site randomised controlled trial (CHERISH) funded by a Queensland Accelerate Partnership Grant.

Figure 8: percentage of respondents reporting evidence-based discharge processes for all or most inpatients.

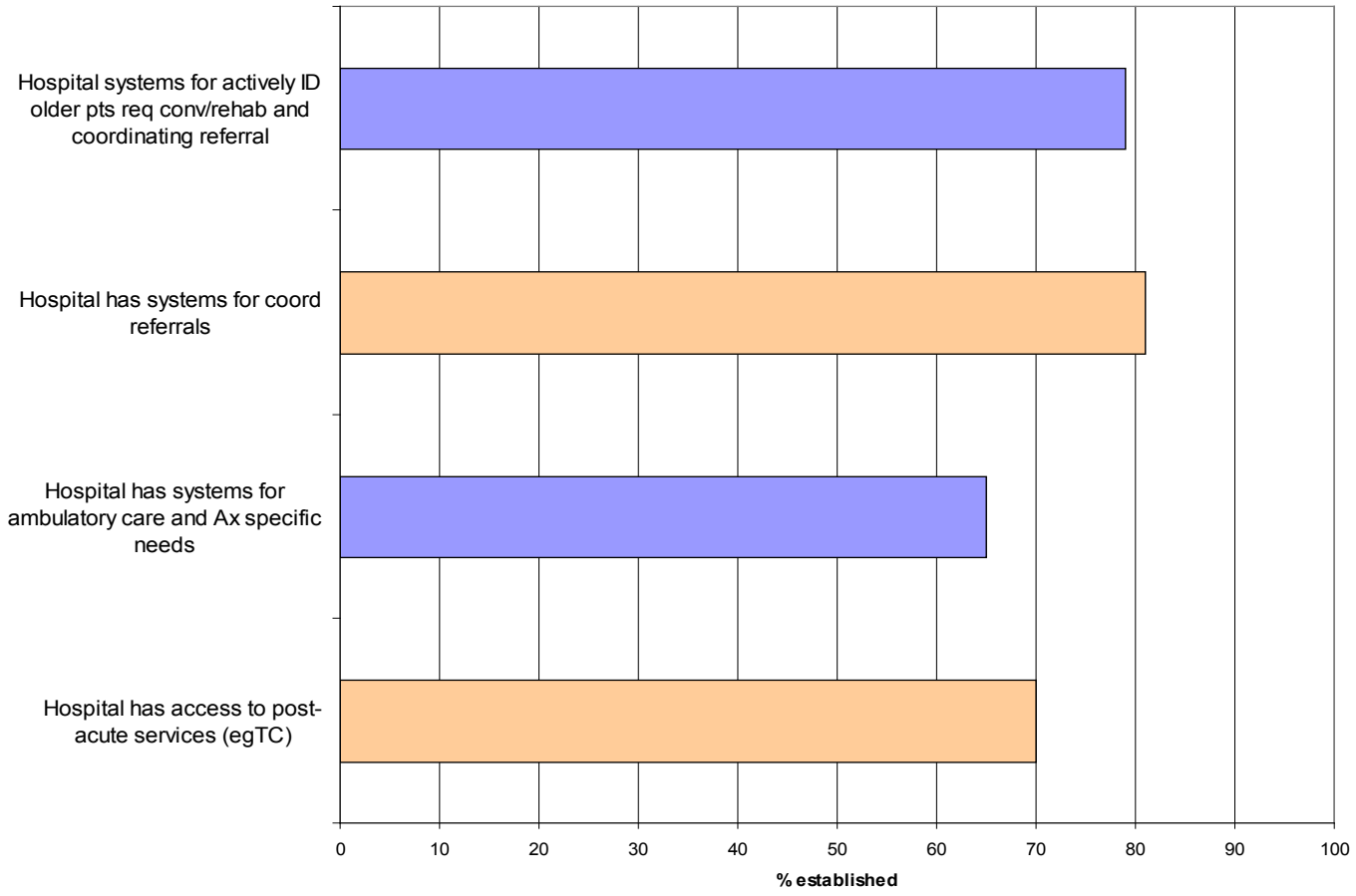


Two thirds of respondents reported that all or most older patients have discharge medications reconciled. More than half reported that most or all older patients have a follow up appointment scheduled and a discharge summary sent to the primary care provider. Fewer than half reported regular provision of patient-held discharge instructions.

Connected systems

An older person friendly hospital will:
• Identify and coordinate referral for older people requiring additional inpatient, outpatient or ambulatory care following the acute episode. • Provide access to community-based post-acute services adapted to the needs of older people (e.g. Transition Care). • Provide access to specialist assessment and management services specific to the needs of older people in the outpatient/ambulatory setting.

Figure 9: Percentage of respondents reporting established processes of connection to older person services following hospitalisation.

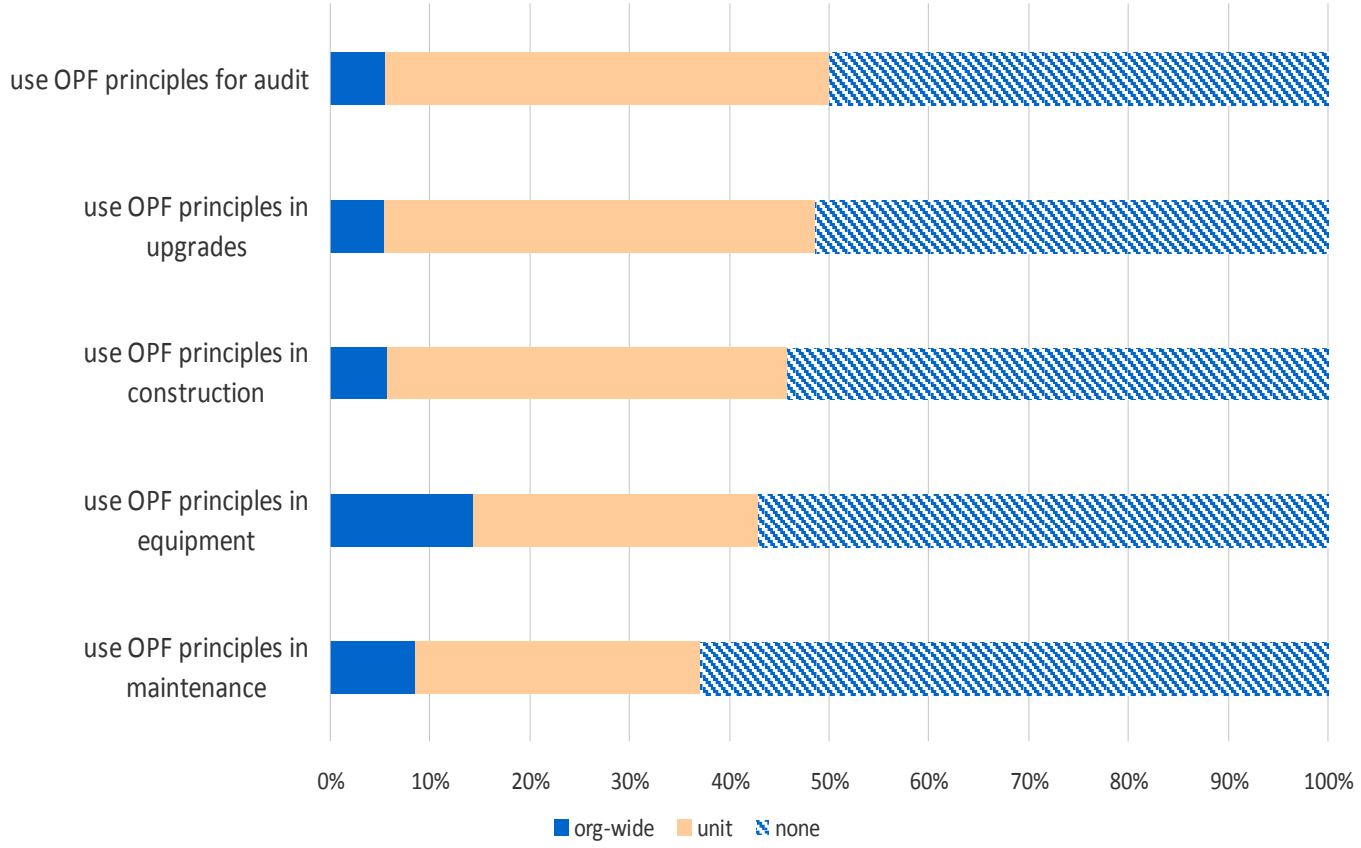


Most respondents reported that their hospital has established processes for identifying a patient requiring subacute services, and coordinating referrals to these services. More than 60% of respondents reported that their hospital provides smooth transitions to sub acute, post acute, ambulatory care and assessment.

Well designed physical environments

An older person friendly hospital will:
• Assess the physical environment (wards and public spaces) using evidence-based older person friendly design principles. • Design and maintain improvements to the environment based on these design principles. • Procure equipment for wards caring for older people based on these design principles.

Figure 10: Percentage of respondents reporting use of older person friendly design principles in hospital construction, refurbishment and equipment.



Although about one third of respondents identified that specific units or wards are adopting older person friendly principles in review, construction, refurbishment or maintenance of specialist geriatric units, less than 10% reported use of these principles more broadly in hospital construction or supply.

Barriers identified

Respondents identified a number of barriers to improvement including:

- Lack of clear policies and guidance
- Lack of regular age-stratified reporting
- Negative attitudes to ageing
- Lack of access to skilled staff
- Costs of staff training
- Poor cooperation between departments
- Unsuitable physical environments.

Discussion of findings

Engagement of senior medical, surgical, nursing, allied health and corporate services leaders across Queensland hospitals in this survey reflects a high degree of interest in improving care of older people in hospital. Many respondents were able to report innovative approaches to care occurring locally.

Most respondents reported availability of specialised services for older people, such as geriatric evaluation and management units, ortho-geriatric services, and geriatric clinics within the hospital, and these services often provided clinical leadership for older person care. There were also good connections to post-acute community providers. Legal and ethical principles to protect older persons' autonomy were reported to be well established. Processes for screening, prevention and management of important complications including falls, pressure injuries, adverse drug events and malnutrition were also well established, perhaps reflecting the focus of National Safety and Quality Standards. Some specialist geriatric units were beginning to use older person friendly design principles in building and refurbishment.

However there was also widespread recognition that many principles and practices were not being applied across all areas of the hospital caring for older patients, and there was often a lack of clear hospital-level leadership around these issues. Although most hospitals reported working toward greater consumer engagement, it was unclear how many of these efforts were specific to the older person. Few sites were able to articulate specific monitoring strategies for older person care beyond throughput and incident reporting measures, or for involving older consumers in design or monitoring of care. There were major gaps in reported staff training and graduate education in older person care. There was still progress to be made in integrated assessment and management across the continuum of care especially early consistent assessment in EDs and communication with RACFs where the most frail elders reside.

Findings from this survey indicate that areas with significant opportunities for improvement in Queensland Hospitals are:

- Providing clinical and executive leadership including systems to plan and monitor care of older people across all hospital areas caring for older people.
- Engagement and collaboration with consumers in planning and evaluating older person friendly health care, as well as ensuring older people and family are involved in their individual care and discharge planning.
- Orientation and training of all clinical and non-clinical staff in care of the older person, and continuing education opportunities for all clinical staff.
- Improving the screening, management and monitoring of functional decline, delirium and depression.
- Developing closer links with residential aged care and community services to improve communication and provide alternative care pathways.
- Integrated risk assessment and team-based care planning for all older people, commencing in the emergency department.
- Use of older person friendly design principles in construction, refurbishment and equipment purchases for all hospital areas caring for older people.

Conclusions and next steps

Older person friendly hospitals are an important component of an age-friendly community. The Queensland Age Friendly Communities Action Plan highlights the importance of local innovation, supported by a clear shared vision, consistent leadership, and engagement of the whole community. Responding to the opportunities for improvement highlighted by the survey will require a coordinated response by government, health services, health professionals and health consumers.

High level leadership is vital. Results of the survey will be provided to healthcare decision makers, including Queensland Health Strategy Policy and Planning Division and the Clinical Excellence Division, as well as Health Consumers Queensland.

But equally important is grass roots involvement at the clinical level, and the survey has highlighted some excellent, clinician led initiatives. Health services need to support and share these improvements, and make sure they are embedded beyond specialist geriatric units. Participating hospitals and their associated HHS will receive this report as well as local reports on their own survey performance to inform local improvement plans. The SOPHCN should continue to play an active role in sharing innovations within and beyond network membership, and advocating for successful programs to be implemented at scale. Hospitals, health services and clinical networks also need to engage with educators to address training needs.

Improvement will need to be underpinned by working genuinely at all levels with older consumers and their carers to ensure that their experience and advocacy inform design of our spaces, services and policies to be truly person centred.

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Appendix 1 - Statewide Older Persons Health Clinical Network survey

Hospital name:	
Organisational role: (Please complete)	

Please answer every question and provide only one response to each question. Add any clarifications in comments boxes provided.

Organisational Support

To what extent does your hospital leadership team provide support and governance to monitor and improve outcomes for older people accessing your hospital?

	Not at this time	Developmental	Established
a. There are explicit commitments to care of the older person in the hospital strategic plan.			
Briefly describe			
b. There is a member of the senior executive team responsible for care of the older person.			
Briefly describe			
c. There is a recognised clinical leader/ champion (s) responsible for care of the older person across the hospital?			
Briefly describe			
d. There is a recognised committee responsible for monitoring and improving care of the older person.			
Briefly describe			
e. There is regular reporting of measures of care of the older person to the senior executive team.			
Briefly describe			
f. There are robust protocols and agreements in place with primary and community care and residential aged care providers to enhance linkages			
Briefly describe			

Processes of care

To what extent does your hospital provide older person friendly services across the continuum?

	Not at this time	Developmental	Established
The emergency department has systems for older person specific structured assessments in the ED			
Briefly describe			
The hospital/emergency department has systems for actively providing non-hospital care options for older patients from residential care (eg HINH)			
Briefly describe			
The hospital/emergency department has systems for actively providing alternative non-hospital care options for older patients in the community (eg HITH)			
Briefly describe			
The hospital has systems for integrated and timely screening and risk identification for older inpatients			
Briefly describe			
Clinicians develop and document an integrated and individualised plan of care for older inpatients which includes clearly articulated goals for the episode of care			
Briefly describe			
Clinicians participate in daily interdisciplinary meetings to develop and review the plan of care of older inpatients			
Briefly describe			
The hospital provides inpatient interdisciplinary geriatric evaluation and management services for older patients			
Briefly describe			
The hospital has systems for actively identifying older patients requiring convalescent or rehabilitation care			
Briefly describe			
The hospital has systems for coordinating referrals of older patient requiring convalescent or rehabilitation care			

Briefly describe			
The hospital has systems for ambulatory care and assessment specific to the needs of frail older patients (eg dementia assessment, out-patient rehabilitation)			
Briefly describe			
The hospital has adequate access to post-acute services specific to the needs of frail older patients (eg Transition Care)			
Comments			

To what extent has your hospital implemented inter-professional processes to optimise the functioning (physical, cognitive, and psychosocial) of older adult patients while they are acute inpatients? You may exclude patient units in which older person friendly hospital processes are not applicable (eg. neonatal, maternity, youth and adolescent patient care units)

Clinical Area		Please check the box that best approximates the extent of implementation across your organisation (of patient units)				
		nil	one	some	most	all
Pressure injuries	Screening and Detection					
	Prevention and Management					
	Monitoring and Evaluation					
Falls	Screening and Detection					
	Prevention and Management					
	Monitoring and Evaluation					
Delirium	Screening and Detection					
	Prevention and Management					
	Monitoring and Evaluation					
Functional Decline	Screening and Detection					
	Prevention and Management					
	Monitoring and Evaluation					
Malnutrition	Screening and Detection					
	Prevention and Management					
	Monitoring and Evaluation					
Incontinence	Screening and Detection					
	Prevention and Management					
	Monitoring and Evaluation					
Depression	Screening and Detection					
	Prevention and Management					
	Monitoring and Evaluation					

Adverse drug events	Screening and Detection					
	Prevention and Management					
	Monitoring and Evaluation					
Comments						

To what extent does your hospital provide evidence-based interventions for improving transitions to community or another place of care for older patients?

Discharge process	Please check the box that best approximates the extent to which these processes are completed for discharged older patients in your organisation			
	nil	some	most	all
Discharge summary to primary care provider within 48 hours				
Discharge medication reconciliation by clinical pharmacist				
Patient-held discharge instructions, including advice for emergency re-presentation to health provider				
Scheduled follow-up appointment				
Comments				

Older person friendly culture and training

To what extent does your hospital provide education and training to staff regarding care of older people?

	Please check the box that best approximates the extent to which these processes exist for staff working in your organisation			
	nil	some	most	all
The hospital provides older person sensitivity training to non-clinical support staff commencing in the organisation				
The hospital provides older person sensitivity training is provided to clinical staff commencing in the organisation				
Comments				
The hospital provides regular education for graduate medical staff working outside specialist geriatric areas regarding problems and management of older patients				
The hospital provides regular education for graduate nursing staff working outside specialist geriatric areas regarding problems and management of older patients				
The hospital provides regular education for graduate allied health staff regarding problems and management of older patients				

The hospital provides regular education for health care and nursing assistants regarding problems and management of older patients				
Comments				
The hospital provides systems to support easy access to best available evidence for care of older patients				
Comments				

To what extent does your hospital have policies and systems to ensure involvement of older people in planning, monitoring and improvement of health services?

	Not at this time	Developmental	Established
The hospital involves older consumers in partnership to plan, deliver and evaluate care for the older patient			
The hospital has systems to promote collaborative involvement of older patients (and carers) in goal setting for care planning			
The hospital has systems to promote collaborative involvement of older patients (and carers) in goal setting for discharge planning			
Comments			
The hospital has organisation-wide quality improvement processes that are used to audit clinical performance and outcomes in older patients			
The hospital seeks regular feedback from older consumers about their experience and outcomes, and uses this information to improve performance			
The hospital has organisation-wide quality improvement systems that involve older consumers in the review of systems and performance			
Comments			

To what extent does your hospital ensure protection of older patient autonomy and participation in care?

	Not at this time	Developmental	Established
The hospital provides access to a clinical ethicist or consultation service for staff, patients, and families to help manage complex ethical challenges			

The hospital has systems to identify capacity of the older patient to make decisions about their own care and provide consent			
The hospital has systems to identify a substitute decision maker if an older consumer does not have capacity to make decisions for themselves			
The hospital has systems to identify support people the older consumer wants involved in communication and decision making about their care			
The hospital has processes to support and follow patients' advance care planning beyond resuscitation orders			
The hospital has processes to deal with elder abuse issues when they are suspected or identified			
Comments			

Physical environment

To what extent does your hospital use older person friendly environment design principles (beyond the standard building code requirements) to inform audit, equipment and capital works?

	Not at this time	Organisation wide	Specific to program/ unit/department (please comment)
The hospital has undertaken formal environmental auditing using an older person friendly audit process			
The hospital explicitly uses older person friendly design principles in incremental environmental upgrades (e.g. painting, flooring)			
The hospital explicitly uses older person friendly design principles in planning of large scale capital upgrades/constructions			
The hospital explicitly uses older person friendly design principles in capital and small equipment purchases			
The hospital uses older person friendly design principles in environmental services/maintenance			
Comments			

Becoming older person friendly

1. Please describe any particularly successful initiatives you have instituted to improve care of older inpatients in your hospital, including target group, aims and measures of success.

2. Please describe your hospital's identified priorities for improving care of older persons, and how these priorities have been/would be decided (e.g. patients, staff, leaders, policies, other).

3. Please describe barriers to achieving your priority improvements for older persons (eg cultural, financial, skills, personnel, measurement).

4. Please suggest how the Statewide Older Person's Health Care Network could assist hospitals achieving priority improvements for older persons (eg education, resources, workshops, advocacy).

5. Please describe how you would measure success in improving care of older persons in your hospital.

Thankyou very much for completing the survey.

Please return by:

Post	Statewide Older Persons Health Care Network Survey Level 1, Albert Sakzewski Building (C28), RBWH, Butterfield St Herston Qld 4029
Email	Xanthe.Sansome@health.qld.gov.au
Fax	(07) 3646 0896

Appendix 2 - Hospitals responding to survey

- Atherton
- Bundaberg
- Caboolture
- Cairns
- Gold Coast
- Gympie
- Hervey Bay
- Innisfail
- Ipswich
- Logan
- Mackay
- Mareeba
- Maryborough
- Nambour
- Princes Alexandra
- Redlands
- Robina
- Rockhampton
- Royal Brisbane and Women's
- The Prince Charles
- Toowoomba
- Townsville
- Warwick

Appendix 3 - Forum attendees

First name	Surname	Organisation	Comments
Kana	Appadurai	MNHHS	
Patricia	Avey	QH Strategy, Policy and Planning	
Rebecca	Brazier	DDHHS	Attendance via videoconference (VC)
Frances	Brewster	SCHHS	Attendance via VC
Ellen	Burkett	MSHHS	
Margaret	Cahill	MNHHS	
Seana	Clarke	MHHS	Attendance via VC
Michael	Creen	SCHHS	Attendance via VC
Emily	Cross	QH Strategy, Policy and Planning	
Caroline	Facer	WBHHS	Attendance via VC
Deepa	Gajjor	MNHHS Strategy and Planning	
Michele	Gardner	WBHHS	Attendance via VC
Megan	Giles	SCHHS	Attendance via VC
Samantha	Gollan	DDHHS	Attendance via VC
Tanya	Grant	SCHHS	Attendance via VC
Jo	Hack	MHHS	Attendance via VC
Lesley	Harris	CHHHS	Attendance via teleconference
Amanda	Henderson	Griffith University	
Rebecca	Hitchcock	MNHHS	
Dimitti	Huxley	QH Strategy, Policy and Planning	
Lisa	Kelly	MSHHS	
Debbie	Leahy	MNHHS	
Karen	Lee-Steere	MNHHS	
EJ	Marsden	SCHHS	
Monica	McCarron	DDHHS	Attendance via VC
Prue	McRae	MNHHS	
Alison	Mudge	MNHHS	
Deborah	Murray	SCHHS	Attendance via VC
Ola	Otaiku	THHS	Attendance via VC
Rebekah	Park	DDHHS	Attendance via VC
Patricia	Rogers	WBHHS	
Toni	Salmond	DDHHS	Attendance via VC
Xanthe	Sansome	MNHHS	
Carmel	Sheehan	Healthcare Improvement Unit	
Eddy	Strivens	CHHHS	Attendance via VC
Ben	Stuart	MSHHS	
Margaret	Sugden	Council of the Ageing Qld	
Christine	Sullivan	DDHHS	Attendance via VC

First name	Surname	Organisation	Comments
Andrea	Taylor	SCHHS	
Mark	Tucker-Evans	Council of the Ageing Qld	
Cathy	Urquhart	Healthcare Improvement Unit	
Paul	Varghese	MSHHS	
Michael	Watter	MNHHS Strategy and Planning	
Lillian	Wong	MSHHS	Attendance via VC

How older person friendly are Queensland hospitals?

For more information contact:
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