

Making a difference in seniors' lives

The Sf7 Toolkit is helping seniors in Canada receive the health care and assistance they need.

by **Ylva Van Buuren**

As our population ages, there's a growing need for integrated and sensitive approaches to care for seniors. "Without it, a frail senior's quality of life will decline rapidly, and the burden on family and the health-care system will multiply," says David Patrick Ryan, a clinical psychologist and director of education and knowledge processes at the Regional Geriatric Program of Toronto (RGP).

A leader in frailty-focused care for 25 years, RGP created the Senior Friendly 7 (Sf7) Toolkit following extensive literature reviews and consultations with experts, older adults and their caregivers, and frontline health-care providers. The toolkit identifies seven areas of care that help prevent frailty and preserve quality of life and independence of older adults. It details each area of care — delirium, mobility, continence, nutrition, pain, medication management and social engagement — and provides clinical best practices and intervention guidance for health-care providers.

Now, with funding from the RTO/ERO Foundation, the toolkit is also being customized for specific care providers on the health-care continuum. One initiative supported by the Foundation grant will help refine the Sf7 Toolkit for home and community care service co-ordinators and personal support workers (PSWs) in supportive housing, adult day programs and home-based care.

"The RTO/ERO Foundation chose this project for funding out of a number of applications because it's based on strong evidence and input directly from seniors," says Jo-Anne Sobie, the executive director of the Foundation. "In addition, it focuses on developing skills in PSWs, who are often excluded from traditional health-care training programs."

"Customization of information and tools is important because the things a PSW can do in detection and treatment are different compared to what a primary care



doctor, for example, can do," says Ryan, who is the lead on toolkit refinements and co-creating more specific tools and resources. "While there are things that PSWs intuitively understand, they have never been engaged in a formal way."

Ryan points to preserving functional mobility during personal care tasks and helping seniors who are socially isolated. The future plan is to further customize the Sf7 Toolkit for other care providers, too, in acute and emergency department care, primary care, long-term care and self/family care.

Senior Friendly Care is an evolution of the Senior Friendly Hospital Framework that was created to improve care for older adults in hospitals. "At the heart of both of them is an approach to organizing care at

an organizational level that can improve things for older people, in particular frail older people," says Barbara Liu, the RGP's executive director, a geriatrician at Sunnybrook Hospital and an associate professor at University of Toronto.

The framework is a way to guide improvements and actions in the health-care system to enhance care. "But it's not just quantity of care," adds Liu, "it's also the way the care is planned and designed, and the quality of that care." The goal is to weave senior-friendly care into everything being done in the health-care system. "It should become part of the fabric of care we provide and how services are organized," says Liu, "and it should be a continuous cycle of improvement." ■



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—
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The Sf7 Toolkit in Action

AFTER ATTENDING AN SF7 WORKSHOP, A CARE TEAM WAS BETTER ABLE TO ASSIST AN OLDER PATIENT LIVING AT HOME

The patient, despite having home and community care services, kept ending up in the emergency department of a local hospital. The personal support worker and her supervisor determined that the patient was repeatedly unstable because medications weren't being taken appropriately. They also discovered that the patient enjoyed meeting with the staff in the emergency department, especially the pharmacist.

With information from the Sf7 workshop on loneliness and social engagement in mind, the care team wondered whether they could improve medication use and reduce the need for unnecessary emergency department visits by enhancing social-engagement strategies in the care plan, and that's what they did. It worked. Thanks to Sf7 innovation and improved social engagement, the client's medication compliance began to improve and the hospital visits stopped.

Inside the Sf7 Toolkit

While the Sf7 Toolkit isn't meant to replace the advice of qualified health-care providers, it does provide a framework for assessment, prevention and treatment strategies.

- **Delirium:** This is an acute disturbance in mental abilities resulting in confusion and a risk factor for several negative outcomes, including falls, escalating severity of disease symptoms and cognitive impairment. Delirium is preventable but often goes undetected.
- **Mobility:** Being able to get around and do things when you're older is important to function and for independence. Even small amounts of activity can make a difference. Building movement into daily activities is one simple strategy.
- **Nutrition:** Research shows that nutritional risk increases with age, and missing important nutrients can severely affect mood, muscles and bones, the heart, immunity and gastrointestinal health. Malnutrition is preventable.
- **Pain:** Common in older adults, pain is under-reported. Two in five older Canadians experience chronic pain, and it's one of the most frequent causes of emergency department visits. Pain can be managed with medication as well as non-pharmacological approaches such as meditation and body therapies.
- **Polypharmacy:** Multiple medications may be appropriate for a patient, but it's important to identify when medications are inappropriate and may put the patient at an increased risk of adverse reactions. Research shows that 66 per cent of older adults take five or more medications, which increases risk.
- **Contenance:** The prevalence of urinary incontinence increases with age, and it can have an enormous impact on quality of life. The good news is that it can be treated and managed.
- **Social engagement:** Loneliness and social isolation have a direct and sometimes severe impact on physical and mental health. Research has shown that one in five Canadians, mainly older adults, experience some degree of loneliness.

To access a copy of the Sf7 Toolkit, visit rgptoronto.ca/new-sfcare-resource-the-sf7-toolkit.