

NEWS RELEASE

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Advocate finds premature placement in residential care, overuse of drugs and lack of rehabilitative therapy for seniors in residential care

Seniors Advocate Isobel Mackenzie released a report today: *Placement, Drugs and Therapy... We Can Do Better.* The report documents findings from the Advocate's review of health assessment records from B.C.'s 25,000 seniors in residential care and 29,000 seniors receiving home care. These assessment records, called the Resident Assessment Instrument (RAI), have never before been gathered, analyzed and reported on at the provincial level. The Advocate was also able to compare records for residential care with two other provinces, Alberta and Ontario.

"In my first high-level review of these data I have found three systemic issues that are of immediate concern," said Mackenzie.

Firstly, assessments indicate that up to **15 per cent of B.C. seniors who are living in residential care may be incorrectly housed**, with assisted living or community care being more appropriate options.

"This is troubling on a couple of fronts," said Mackenzie, who worked in home care for 20 years. "Most seniors would prefer to live independently than in residential care and so we want to ensure all supports and alternative living arrangements are exhausted before we move someone to residential care."

In addition, the Advocate points to the scarcity of residential care beds, which is particularly acute in some parts of the province. "If we are filling even 5 per cent of these scarce beds with folks who could live independently, that is 1500 beds that could open up province-wide," Mackenzie said.

The second issue that the data highlights is the overuse of medication, particularly antipsychotics. Thirty-four per cent of residential care clients are being prescribed antipsychotic medication, yet only 4 per cent have a diagnosis of a psychiatric disorder. About **47 per cent of residential care clients are being prescribed antidepressant medications, while only 24 per cent of these clients have actually been assessed as having depression.** "This is a sizeable gap between diagnosis and prescription," said Mackenzie. "We should be asking serious

questions, given the side-effects of these drugs, as to whether they are the most appropriate for the seniors in question."

The third issue is the significant lack of rehabilitative therapies in B.C.'s residential care facilities compared to Alberta and Ontario.

"Getting seniors moving properly and keeping them moving is absolutely key to maintaining function and independence. The downward spiral can begin very quickly if a frail senior is immobilized in bed for a week or more and having trained staff to work with them in recovery and building back strength is fundamental," said Mackenzie. "For this reason I was really very disappointed to see how far B.C. lags in this area."

The number of seniors who received physiotherapy, for example, was 12 per cent in B.C. as compared to 25 per cent in Alberta and 58 per cent in Ontario.

"Equally important is on-going recreational therapy that ensures seniors in residential care are engaged in activities and experience meaningful social engagement," continued Mackenzie, who noted that **only 22 per cent of seniors received any recreational therapy in the last seven days, when they were assessed, compared to 42 per cent in Alberta**.

The Office of the Seniors Advocate will be addressing these, and other emerging systemic issues that affect seniors in several upcoming reports. The Advocate's review of seniors' housing in the province will be released in late spring. A systemic review of home and community care is underway. The Office is also currently planning the first independent survey of residential care clients in the province, the results of which will help inform an in-depth review of residential care in British Columbia.

Learn more: View the Placement, Drugs and Therapy report at www.seniorsadvocatebc.ca

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