



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Making Progress

Placement, Drugs and Therapy Update

November 2016



Message from the Seniors Advocate

November, 2016

In April 2015, my office issued a report *“Placement, Drugs and Therapy...We Can Do Better.”* The report focused on key quality indicators from the health assessment data of over 27,000 seniors who live in licensed residential care facilities in British Columbia. Data from 2013/14 showed that BC could be doing a better job in three specific areas. First, there needed to be increased focus on ensuring a residential care placement is appropriate as data supported that some residents living in residential care could be cared for in the community, either with home supports or in assisted living. Second, we could improve the level of physical, occupational, speech language and recreational therapies that we provided. Third, we could decrease our use of both antipsychotic and antidepressant medications, ensuring they were prescribed only for those with the appropriate clinical diagnosis.

The April 2015 report and its supporting data were provided to all health authorities and residential care facilities. The purpose of this update is to look at the most current data to determine if any change in practice has occurred since the release of the original report. I am pleased to report that, on many indicators, there appears to be progress, especially in the areas of antipsychotic use, the percentage of residents receiving physiotherapy and recreational therapies, and the number of seniors who are potentially placed in residential care prematurely. There does not appear to be much progress on the use of antidepressants or increases to speech therapy. The gains in physiotherapy appear to be offset by a decrease in occupational therapy. However, overall we do see evidence of positive gains.

While we are heading in the right direction, it is important to note that there is significant work ahead. We can still do more, but it is important to acknowledge progress and to offer encouragement to those working in our care facilities, most of who are committed to improving the experience of living in residential care. Frontline staff have the biggest impact on the quality of life for our seniors and evidence shows they are working hard to affect change. The challenge will be to sustain this momentum as the evidence also supports that, while we have improved, we can still do better. With the commitment I see and hear from all involved in the residential care system, I am optimistic that we will continue to see improvement and make BC the best place in which to age with dignity. Congratulations to hard-working care aides, nurses, therapists and administrators; this progress reflects their efforts. Together, we will continue to improve the quality of care for our most vulnerable seniors.

Sincerely,

Isobel Mackenzie
Seniors Advocate
Province of British Columbia

Introduction

Currently, in British Columbia, there are approximately 27,000 seniors living in residential care, most of whom have complex care needs. To determine an individual's needs and baseline function, a comprehensive assessment is done upon admission and repeated at least quarterly to track changes in health status over time. This assessment is the InterRAI Resident Assessment Instrument - Minimum Data Set 2.0 and is commonly known as the "RAI". There are specific health indicators that are captured in the RAI data. For the purposes of this report update, the OSA is focusing on three—access to rehabilitative therapies, the use of certain drugs, and potentially premature entry into residential care facilities. This report is a progress report on a more comprehensive *Office of the Seniors Advocate* report focusing on these issues that can be found here: <https://www.seniorsadvocatebc.ca/wp-content/uploads/sites/4/2015/09/PlacementReport.pdf>

Seniors in Residential Care – The Context

In order to understand trends in health assessment data, it is also important to understand the overall characteristics of seniors living in residential care. The table below outlines that, for the most part, seniors living in residential care have complex care needs. When looking at data since 2012, there has been relatively little change in the residential care population. We see slightly higher rates of dementia and use of wheelchairs, along with lower rates of instability in function and use of nine or more medications. Even with these variations, the overall frailty and complexity of the residential care population has not changed dramatically.

Snapshot of residential care population in B.C.	2012Q4	2016Q1
Average age	85	85
Female	65%	65%
85 or older	59%	60%
Married	24%	24%
Diagnosis of dementia	61%	63%
Primarily uses a wheelchair	50%	53%
Moderate to severe cognitive difficulties (memory, following direction)	64%	63%
Moderate to severe difficulties in independently performing daily living tasks	70%	70%
Instability in cognitive function, daily living functioning, mood or behaviour	44%	32%
Taking nine or more medications	51%	44%

Source: CIHI eReports, 2016Q1

Reduce Inappropriate Placement into Residential Care

As highlighted in the OSA report, *Placement, Drugs and Therapy*, there is concern that community services such as home support are not being fully exhausted before a move to residential care is made. Data from 2013/14 underscored that, in some cases, seniors may be moving to residential care when they don't need to, and may be entering residential care prematurely when compared to other provinces. In collaboration with InterRAI researchers from the University of Waterloo, the OSA developed three different profiles of seniors whose relatively light care needs would make placement in residential care potentially inappropriate. These categories are as follows:

Seniors with light physical and cognitive care needs

These are seniors who are not at risk of wandering, can manage their own activities of daily living (i.e., toileting, bathing and dressing), with minimal assistance, and have little to no cognitive impairments. This group has the potential to be cared for in the community with supports.

Seniors with dementia care needs

These are seniors with mild dementia who need some assistance with activities of daily living, but otherwise manage well with some direction and support. These seniors could do well in assisted living with monitoring, or could live at home with home support.

Seniors with moderate physical needs, but cognitively intact

These are seniors who need assistance with activities of daily living because of their physical frailty, but they are stronger mentally and self-directing. These are seniors who have the potential to be cared for at home or assisted living.

As can be seen from the chart below, over the past 18 months, there has been some reduction in what are known as “light care” placements—seniors who could potentially be cared for in an environment outside of residential care. The Seniors Advocate is encouraged by the targeted work health authorities are doing to understand and mitigate potentially inappropriate placements.

RAI Client Profiles	Percentage of residential care client population			
	Year	B.C.	AB	ON
Light physical and cognitive care needs	2013/14	6.1%	2.3%	5.6%
	2015/16	5.4%	*	*
Dementia care needs	2013/14	5.4%	0.9%	1.8%
	2015/16	5.4%	*	*
Higher physical care needs	2013/14	4.7%	1.0%	3.0%
	2015/16	4.2%	*	*

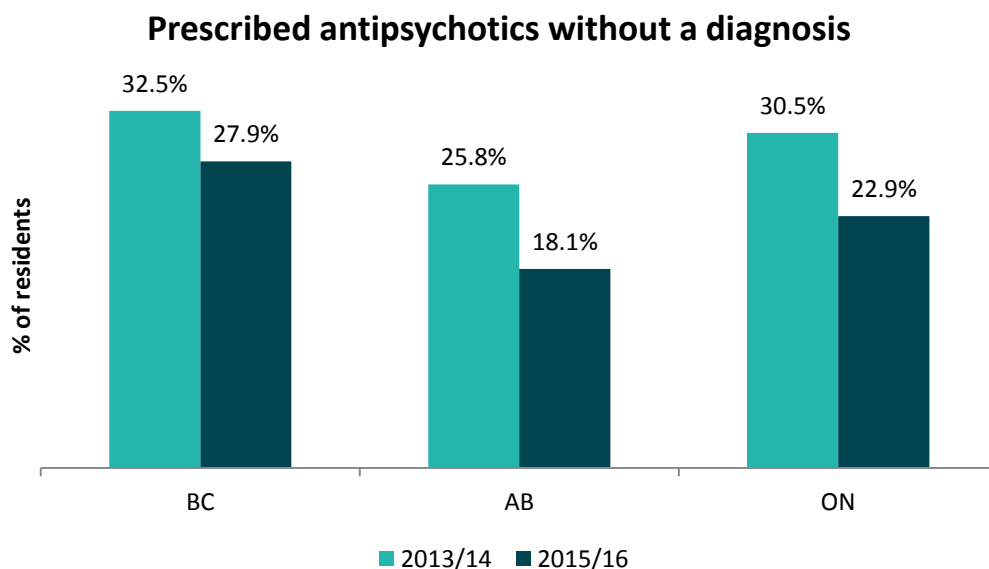
Source: Ministry of Health Healthideas database; CCRS data set

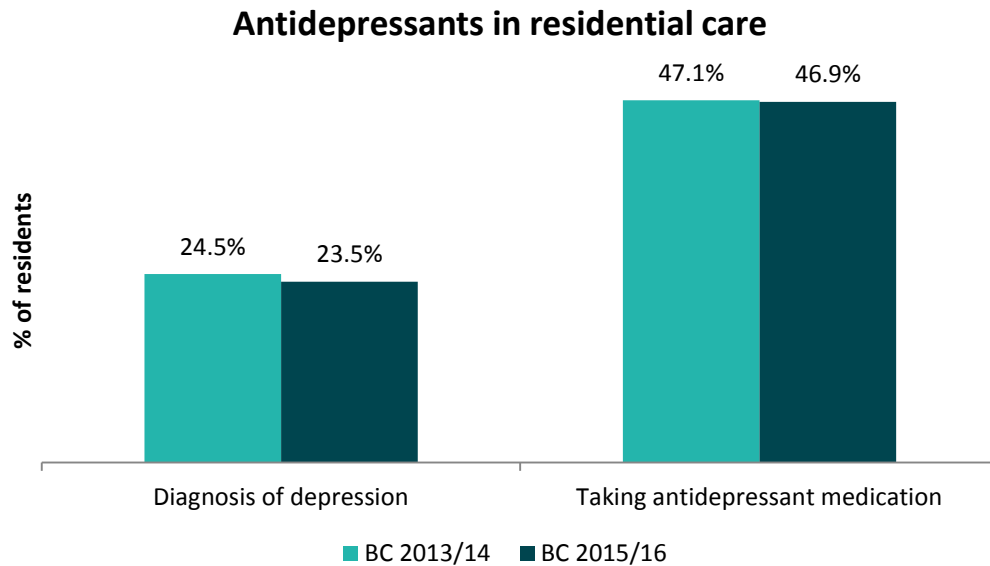
*AB and ON numbers not available for 2015/16

It is important to also note that after highlighting the issue of premature placement to residential care in two previous reports, the Seniors Advocate recommended that the *Community Care and Assisted Living Act* be amended to allow seniors to be accommodated in assisted living settings longer thus delaying or deferring placement in residential care. While changes to the legislation have been passed, the regulations supporting the changes are still in the process of being developed. Once those changes are put into place, we expect to see even more decreases in premature placement in residential care.

Reduce Inappropriate Use of Medication

Medication use is high in residential care. Forty-four percent of residents in BC care facilities are taking nine or more different prescribed medications. While it is important to highlight that many of the medications that seniors take in residential care are prescribed and administered effectively, there are clearly ongoing concerns around medication use, particularly the use of antidepressants and antipsychotics. The charts below highlight that, although some progress is being made on antipsychotic use, there has been little progress on antidepressants. Additionally, while BC has experienced a 14% decrease in the rate of potential misuse of antipsychotics, our numbers are still higher than many provinces.





Source: CIHI Quick Stats 2013/14 and 2015/16

The issue of potential overprescribing of medications for seniors continues to be of concern to the Seniors Advocate. Following the OSA's initial *Placement, Drugs and Therapy* report released in April 2015, the OSA began working with the Ministry of Health PharmaCare branch to look at patterns of prescribing. The PharmaCare branch examined data for 30,237 seniors admitted to licensed residential care over a five-year period (January 2011 to December 2015). These data show that 75% of all admissions had no history of antipsychotic use, yet 32% of these residents were prescribed antipsychotics within 180 days of admission, 70% of which occurred within the first 7 days. Similarly, 52% of seniors newly admitted received an antidepressant within 180 days of admission. Of those with no prior history of use, 29% were prescribed an antidepressant within 180 days of admission, 52% of these within the first 7 days. The PharmaCare branch also looked at the prescribing of benzodiazepines, which are on the Beers list of medications that should not be used in the elderly. These data show that 51% of newly admitted residents received a benzodiazepine within 180 days of admission. Among seniors with no history of previous use, 37% were prescribed this medication within 180 days and 66% of these prescriptions were given within 7 days of admission. The OSA will be continuing to work with the Ministry of Health on the issue of prescribing in residential care.

Increase access to Rehabilitative Therapies

Seniors living in residential care are entitled to the provision of a range of therapies, including physiotherapy, occupational therapy, speech therapy and recreational therapy. The benefits of these therapies on both cognition and physical function are well documented. Occupational therapists play a key role in helping seniors maintain and improve their ability to perform daily tasks—from identifying the most comfortable seating positions in a wheelchair to helping a senior use a walker properly. This support can make a critical difference between optimal functioning as opposed to continued frustration

and chronic pain. Similarly, physical therapy is critical in keeping seniors as mobile and active as possible, for as long as possible. Speech therapy is a key service for seniors who have suffered strokes and is also important for individuals who have swallowing disorders. Recreational therapy is critical in ensuring seniors are engaged socially which has a significant impact on both physical and mental well-being. The chart below outlines that, while we are making progress in the provision of some of these therapies in residential care, there is clearly more work that can be done when we compare BC to other provinces.

Senior received therapy in last 7 days	Percentage of residential care client population			
	Year	B.C.	AB	ON
Physiotherapy	2013/14	11.6%	25.2%	57.7%
	2015/16	12.5%	23.7%	50.0%
Occupational therapy	2013/14	8.9%	22.2%	1.8%
	2015/16	7.4%	18.7%	1.6%
Speech/language therapy	2013/14	0.2%	0.6%	0.4%
	2015/16	0.2%	0.3%	0.3%
Recreational therapy	2013/14	21.8%	42.3%	6.8%
	2015/16	24.1%	33.0%	6.1%

Source: CIHI Quick Stats 2013/14 and 2015/16

Conclusion

The Office of the Seniors Advocate is encouraged by the results of current data for key quality indicators in residential care, but recognizes continued efforts are needed, as room to improve still exists. The OSA will continue to provide annual updates on these specific indicators. In addition, given the new information from the Ministry of Health's PharmaCare branch, the OSA will continue work on addressing the potential misuse of medication in residential care and will issue periodic public updates on this issue.