



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Seniors at Home & in Long-Term Care

A 2017/18 Snapshot

September 2018

The Office of the Seniors Advocate (OSA) monitors a variety of different services and supports that are utilized by the 913,000 British Columbians aged 65 and older. While most seniors in B.C. are living independent, relatively healthy lives, about 3% of the population access home support services and another 3% access licensed, subsidized long-term care. This population tends to be older and, as expected, experiences significant health challenges.

Monitoring the population of frail seniors in B.C. is achieved in a variety of ways. The OSA annually reports on a number of indicators for long-term care and home care in the *Monitoring Seniors' Services* report and provides additional information on long-term care in the *Residential Care Facilities: Quick Facts Directory*.

The sources of data and information the OSA uses to monitor the frail elderly population are many, but the internationally recognized standard for examining the relative health of our home care and long-term care populations are the interRAI MDS HC (home care) and interRAI MDS 2.0 (long-term care) assessment tools. The interRAI assessments are completed for every resident in a publicly subsidized licensed care facility and every long-term home support client. These standardized assessments are mandatory in British Columbia and a growing number of other provinces. The OSA uses data from these assessments to monitor trends over time that are occurring within B.C.'s population of frail seniors, and in some instances to compare what is happening in B.C. with other provinces.

The Canadian Institute for Health Information (CIHI) has released the 2017/18 interRAI data mined from these two standardized assessment tools, and the OSA will use these data as well as information from other sources to inform our ongoing work and to identify areas where we might want further study. Highlights of the most recent CIHI national data are included in this report.

About the interRAI Assessments

The interRAI assessments are completed by trained clinicians and include functional, cognitive and interdisciplinary team assessments. In total, hundreds of data points are gathered and a robust picture of an individual's health and social well-being is developed. Long-term care facility staff complete these assessments when a resident is admitted and once per quarter thereafter. Home care clients are assessed when they enter the program and annually thereafter (more frequently if there is a significant change in health status). Assessments are submitted to the Canadian Institute for Health Information (CIHI) through the Continuing Care Reporting System (CCRS) for long-term care facilities and the Home Care Reporting System (HCRS) for clients in the community.

The interRAI MDS HC assessment is used in British Columbia, Alberta, Ontario, Newfoundland and Labrador, and Yukon. The interRAI MDS 2.0 assessment is used in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Newfoundland and Labrador, and Yukon.

Where we report a national average, it is based on the participating provinces for the respective assessment tool.

Home Care Population

In 2017/18, there were 31,775 assessments completed for B.C. seniors who lived at home and required assistance with their activities of daily living (ADLs). Activities of daily living include such things as dressing and grooming, bathing and medication management.

The CIHI data tell us that...

- The average age of a home care client in B.C. has remained unchanged at 80.5 years, and we are the **oldest in Canada** (the national average age is 78.7 years).
- B.C. home care clients are the most frail in Canada, with 57% of B.C. home care clients **assessed as having high or very high need** based on the MAPLe algorithm¹. This is **8.2% higher** than the Canadian average and has increased by 3% in B.C. in the last five years.
- Despite higher need, B.C. home care clients are more medically stable, with 32.4% showing no signs of health instability compared to 22.1% nationally.
- B.C. experienced a 2.1% decrease in the percentage of clients with a **diagnosis of dementia** compared to last year and a **4% decrease compared to five years ago**, but we still have the highest percentage of home care clients with a diagnosis of Alzheimer's disease or other dementia (35.1% compared to 27.7% as the national average). However, the severity of impairment caused by the disease does not appear to be as great in B.C. as in other jurisdictions. B.C. has a **19.7% lower rate of moderate to severe cognitive impairment** compared to the national average.
- B.C. clients are less physically impaired than the national average. In B.C., 50% of clients have no limitation in the performance of their activities of daily living (ADL) compared to the Canadian average of only 43%. B.C. has seen the percentage of home care clients with no ADL impairment increase 6% in the past five years.
- B.C. has a **45.1% higher rate (13.2%) of renal failure** as a diagnosis for clients receiving home care than the national average; this rate has **increased 15.8% in the last five years**.
- B.C.'s rate of **caregiver distress (30%)** among clients receiving home support has decreased 3.2% in the last year, but has demonstrated a 3.4% overall increase in the past five years and is the **second highest rate in Canada**.
- 14.3% of B.C. home care clients are **prescribed an antipsychotic; this is 17.2% above the Canadian average** and the second highest rate among all provinces. The rate of antipsychotic prescriptions among B.C. clients has remained relatively unchanged over the past five years.
- B.C.'s rate of clients showing **signs of depression has risen by 10.3% in the past five years** but it is still 13% lower than the national average. Signs of depression are found in 21.4% of B.C. clients versus 24.6% nationally.
- The rate of home care clients **experiencing pain** has risen 4.7% compared to five years ago, although our rate is **15.9% lower than the national average** (48.7% vs 57.9%).

¹ The Method for Assigning Priority Levels (MAPLe) algorithm calculates a client's risk for admission to long-term care based on a variety of indicators assessing physical and cognitive impairment, ability to live independently, and suitability of home environment.

- 75.5% of B.C. clients are diagnosed with a heart/circulation disease, similar to the Canadian average (76%) and almost unchanged compared to five years ago.
- B.C. home care clients have a **17.6% lower rate of arthritis** at 42.7% compared to the national average of 51.8%; the rate in B.C. has increased by 1.9% in five years.
- Almost one quarter (23.7%) of home care clients have diabetes; this is a similar rate to other provinces, and almost unchanged to five years ago.
- A total of 31,775 British Columbians received a home care assessment in 2017/18, which is a 7.6% decrease in volume from the previous year.

While this is just a snapshot of some of the available data, it provides context for understanding the frail elderly population who are living independently in the community. For some indicators, B.C.'s home care population appears healthier than the national average. For example, higher ADL function, lower rates of depression, less severe cognitive impairment, less daily pain, with similar rates of diabetes and heart disease. However, the statistically significant higher rate of renal failure, the slightly higher rate of dementia (including Alzheimer's) diagnosis, the older age of our clients and the higher MAPLe scores tell us that our residents are frail and the caregiver distress number, the second highest in Canada, tells us the challenges that exist in caring for this population.

An important aspect of allowing seniors to remain in the community is the ability of their informal caregivers—their children and spouses, typically—to meet their day-to-day needs. The phenomenon of caregiver distress is common for caregivers. While B.C.'s rate of caregiver distress has improved, it remains to be seen if this is a reversal of the five year trend that shows B.C.'s rate of caregiver distress among caregivers to home support clients has risen. The OSA has previously produced two reports on this topic, and this latest report confirms that B.C. family caregivers have their hands full caring for the oldest and most frail home care clients in the country. Recent announcements by the Ministry of Health of funds targeted to increasing respite services are an important step in meeting the needs of the dedicated sons, daughters, spouses, neighbours and friends who provide many hours each week caring for loved ones. The impact of these additional funds is not reflected in the current data.



The CIHI data on the prevalence of dementia combined with the data from the cognitive functional assessments tell us that, while B.C. has a higher percentage of home care clients diagnosed with dementia relative to the national average, we have a lower percentage experiencing moderate to severe dementia. The higher rate of dementia in its early stages may point to the success of campaigns to encourage earlier diagnosis. It's difficult to know if the slight reduction in the prevalence of dementia may develop into a trend over time; however, there are emerging studies that show a potential drop in the rate of dementia (although the absolute numbers will continue to increase as our population continues to age).

B.C. has one of the highest rates of prescribed antipsychotics for seniors living independently in the community (which may contribute to our also having one of the highest rates for long-term care). While our higher rates of dementia may account for some of the difference in rates of prescribing antipsychotic medication, it cannot account for it all. The OSA is interested in further understanding the issue of medication prescribing in the long-term care population, and we have embarked on a review of this issue. These most recent data confirm the importance of the project and the OSA hopes to issue a report on the issue in 2019.

Overall, there is certainly evidence that we are managing to support seniors in the community at fairly advanced levels of need; however, how successfully we are achieving this in terms of quality of life for the senior and their family members cannot be measured from these data.

Long-Term Care Population

In 2017/2018 in B.C. there were 34,251 residents of publicly funded long-term care homes assessed using the interRAI MDS 2.0 assessment. Residents in long-term care in B.C. who received an interRAI assessment in 2017/18, while older than the national average, are not the oldest population in long-term care in Canada, and they are less frail than the national average on a number of measurements. Despite this, B.C. has one of the highest rates of antipsychotic use in its long-term care homes; this rate is well above the national average.

The CIHI data tell us...

- Residents living in B.C.'s long-term care homes are slightly older than the national average, with an average age of 85, but they are not the oldest (Nova Scotia, average age of 90).
- B.C. residents have a **3.9% higher rate of dementia** (64.4% of residents in B.C. have a diagnosis of dementia compared to the national average 62%); the rate of dementia in B.C. care homes has increased by 4.8% compared to five years ago.
- Despite higher rates of dementia in B.C. care homes, the rate of **moderate to severe cognitive impairment is 3.8% lower in B.C.** (63%) compared to the national average (65.4%), and is almost unchanged compared to five years ago.
- Care home residents in B.C. have an **11.2% lower rate of moderate to severe physical limitations** compared to the Canadian average (72.4% vs 81.5%), but the rate of moderate to severe impairment in B.C. long-term care homes has risen 5.5% in the last five years.

- B.C. residents have a **16.9% lower rate of aggressive behaviour** than the national average (34.4% vs 41.4%), although B.C.'s rate has increased by 2.1% over five years.
- Residents in B.C.'s care homes are **16.1% more likely to be assessed as having limited or no social engagement** than the national average (50.6% vs 43.6%), although B.C.'s rate of limited or no social engagement has decreased by 4.9% over the past five years.
- B.C. care homes have **8.2% and 11.4% lower rates, respectively, of both bladder and bowel incontinence** among residents compared to the national average (69% vs 75.2% for bladder and 49.8% versus 56.2% for bowel); in B.C., the rates of bladder and bowel incontinence have increased by 6.2% and 13.7%, respectively, over the past five years.
- B.C. care homes, across a wide range of health measures, appear to have healthier residents compared to the national average, although the time trend indicates there has been an increase in B.C. over the past five years across many of these measures:
 - **12.5% lower rate of health instability²** (51% in B.C. vs 58.3% national average)
 - 5.2% decrease in B.C. compared to five years ago
 - **24.8% lower rate of signs of depression** (19.7% vs 26.2%)
 - 10% decrease in B.C. compared to five years ago
 - **19.4% lower rate of psychiatric and mood disorders** (30.7% vs 38.1%)
 - 3% increase in B.C. compared to five years ago
 - **18.5% lower rate of hypertension** (48% vs. 58.9%)
 - 6.4% increase in B.C. compared to five years ago
 - **16.3% lower rate of heart and circulation disease** (59.4% vs 71%)
 - 3.8% increase in B.C. compared to five years ago
 - **19.5% lower rate of diabetes** (20.6% vs 25.6%)
 - 1.9% increase in B.C. compared to five years ago
 - **33.2% lower rate of arthritis** (26.3% vs 39.4%)
 - 5.1% decrease in B.C. compared to five years ago
- The rate of **prescription of antipsychotic medications without a supporting diagnosis is 19.3% higher in B.C.** compared to the national average (25.3% vs 21.2%), although the rate in B.C. has decreased by 31.2% compared to five years ago. The national rate has dropped 32.7% over the same time period.
- Residents in B.C. care homes are **70.8% less likely to be on oxygen therapy** (2.1% of the population in B.C. versus 7.2% nationally); the rate in B.C. has decreased by 30% compared to five years ago.
- B.C. care homes are **72.1% less likely to have residents monitored for an acute condition** (8% versus national average of 28.7%); compared to five years ago, residents in B.C. are 35.5% less likely to be monitored.

² As measured by the Changes in Health, End-Stage Disease and Signs and Symptoms (CHESS) scale

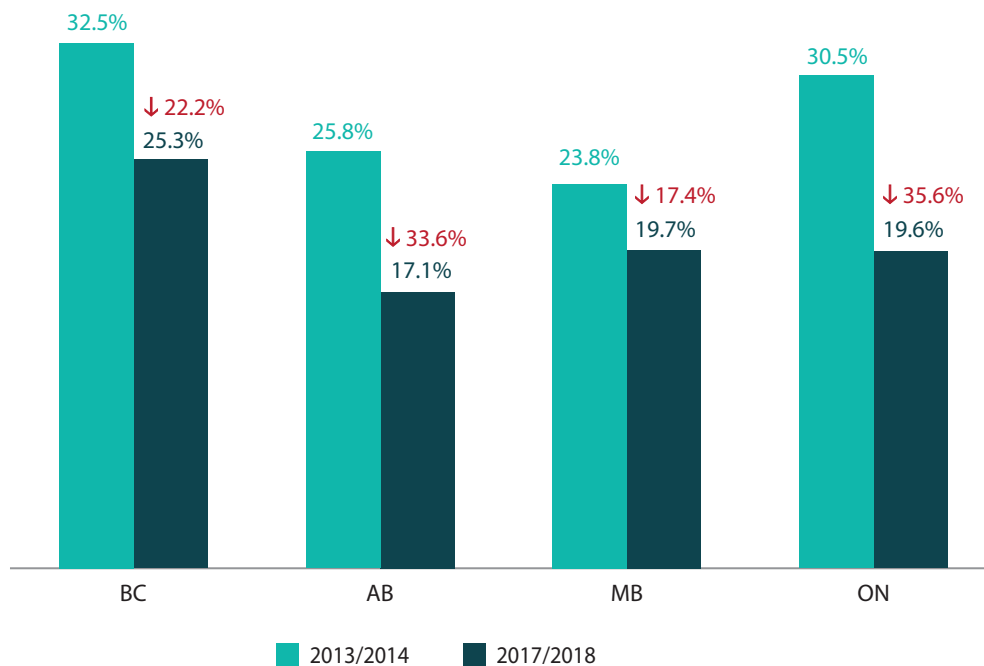
- B.C. residents are **33.3% more likely to experience daily pain** compared to the national average (13.6% versus 10.2%), although the rate in B.C. has decreased by 35.5% in comparison with five years ago.
- B.C. care home residents are:
 - **68% less likely to receive physical therapy** (10.4% in B.C. vs 32.5% nationally)
 - 8% decrease in B.C. compared to five years ago
 - **62.2% more likely to receive occupational therapy** (7.3% vs 4.5%)
 - 2.8% increase in B.C. compared to five years ago
 - **Twice as likely to receive recreational therapy** (25.3% vs 12.7%)
 - 13.5% increase in B.C. compared to five years ago

Residents in B.C. care homes appear to have less acute care needs than the national average. However, for many of the indicators, although we are lower than the national average, the trend line is showing increases over the past five years. As with the home care data, we see a higher percentage of seniors diagnosed with Alzheimer’s disease or other dementias, but they are experiencing less severe symptoms of the disease. Also similar to home care, B.C. has a higher than average use of antipsychotics and our efforts to reduce the number of potentially inappropriately prescribed drugs appears to have stopped.



Over the past four years, we have seen significant reductions in the rate of antipsychotic prescription without a diagnosis of psychosis in long-term care homes across the country, including in B.C. However, progress has stalled in the last year, with B.C. remaining virtually unchanged and the national average actually tipping slightly upward. The graph below compares B.C. with Alberta, Manitoba, and Ontario for the past four years. In that time period, B.C. has reduced the rate of antipsychotic prescriptions without a diagnosis of psychosis by 22.2%. During this same time frame, despite having a lower baseline rate than B.C., Alberta reduced their rate by 33.6% and Ontario reduced by 35.6%. Manitoba, with the lowest baseline rate in 2013/14, reduced their rate by a further 17.4%.

Antipsychotics without a diagnosis of psychosis

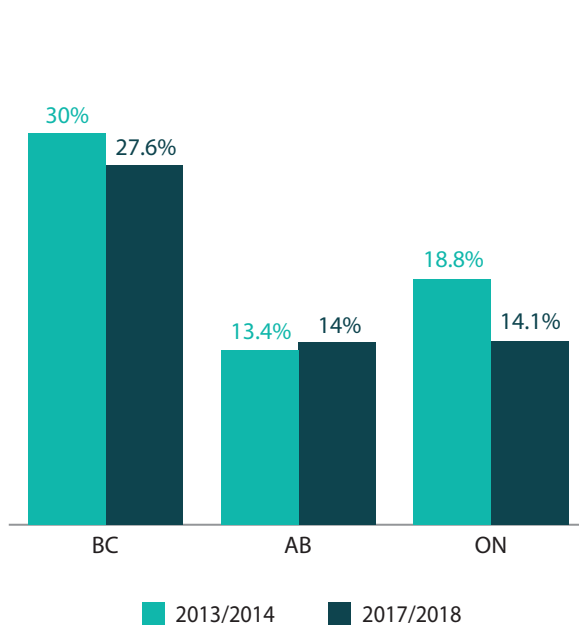


The OSA has raised the issue of appropriateness of placement in a long-term care home in three separate reports. The data continue to support that potentially 15-20% of the population living in long-term care homes could be accommodated in the community with home support and/or with assisted living accommodation. B.C. has higher functioning residents, both physically and cognitively, in long-term care than either Ontario or Alberta. The data suggest that people with limited need for physical assistance—which would be someone with an ADL score of 2 or less—and those with minor cognitive impairment—which would be a person with CPS score of 2 or less—may be able to be accommodated with home support or assisted living services.

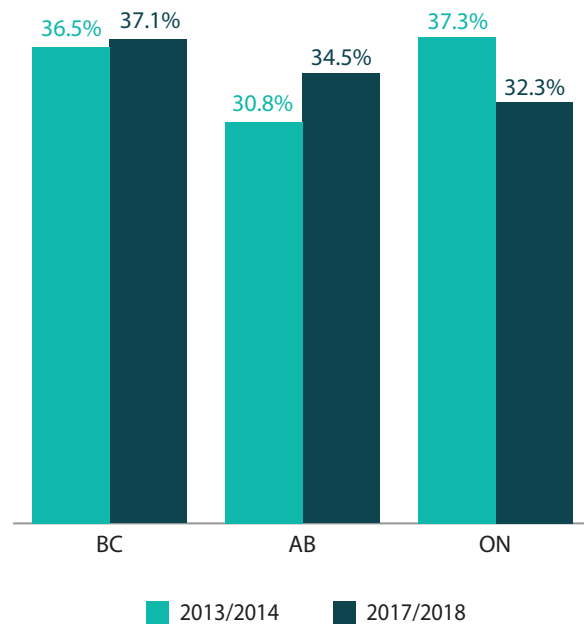
In 2016, the provincial government responded to this issue by enacting changes to the *Community Care and Assisted Living Act*; unfortunately, these changes have not yet taken effect as the regulations supporting the act have not been proclaimed.

The need for the changes has not diminished. The data below demonstrated B.C.'s performance relative to Alberta and Ontario on percentage of residents with ADL 2 or less or CPS 2 or less. These two measures suggest there exists a sizable population of people whose needs may be able to be met in the community, and likely do not require the level of service and support provided by our limited long-term care resources.

ADL 2 or less



CPS 2 or less



Summary

The interRAI data is just one piece of the puzzle we put together when developing an overall picture of frail seniors. However, it does give us an objective, comparable analysis of who we are caring for and why. Looking at the data and the trend lines, we know that B.C. has many of the same challenges as the rest of Canada; however, we do have some unique areas that need to be addressed. Some of the questions raised by the data, in comparison with national data, include:

- Why is our use of antipsychotics so high?
- Why do we have higher rates of renal failure?
- Why do we see higher functioning seniors in long-term care?
- Why do we have significantly lower rates of monitoring of acute conditions?
- Why do we have such a high rate of caregiver distress?
- Why do residents in care facilities experience much higher rates of daily pain while clients in the community experience much lower rates?
- Why do we have lower rates of social engagement in our care facilities?

These are just a few of the questions these data raise. The OSA will continue to monitor and report on interRAI data and report to the public.



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