



## OSA Survey of Seniors to be released in September



The OSA's public release of the provincial results of its landmark survey of more than 23,000 individuals living in 292 care facilities across the province is now scheduled for September 15<sup>th</sup>. To celebrate the incredible commitment of over 800 volunteers who ensured that the voices of BC's most vulnerable voices were heard, events will be held across the province. The main event, highlighting the provincial results of the survey, will be held in Vancouver at the Italian Cultural Centre from 11:30am to 1:30pm. Satellite events will be held in Kelowna, Prince George and Victoria. Attendees at the satellite locations will be able to watch the presentation via webcast. Those not able to attend, will be able to take part in the event via webcast or teleconference. Invitations with more details will be sent out the week of August 14<sup>th</sup>.

## BCPSLS releases improved system for tracking adult abuse and neglect

Working with the OSA, the BC Patient Safety & Learning System (BCPSLS) recently released its upgraded reporting system that helps designated responders track cases of adult abuse and neglect across all Health Authority Designated Agencies. The upgraded system, called *BCPSLS re:act*, is intended to be used by all Health Authorities to systematically and consistently report cases of adult abuse and neglect. Vancouver Coastal Health's ReAct Adult Protection Program was instrumental in helping develop the original BCPSLS tool. The Office of the Seniors Advocate plans to work with the Health Authorities to access components of these data in the coming year for the purposes of analysis and informing recommendations. You can read more about this initiative on the [BC PSLs blog](#).




## New Minister of Health/ Parliamentary Secretary for Seniors

The Office of the Seniors Advocate is looking forward to working with the new government on seniors' issues, both Honourable Adrian Dix, Minister of Health and Anne Kang, the province's new Parliamentary Secretary for Seniors.

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## New report echoes OSA research into residential care placement

In April 2015, (updated in November 2016) the OSA published a report that examined health care data to determine how many seniors living in residential care could potentially live in the community or assisted living with the appropriate supports. Our study, *Placement, Drugs and Therapy: We Can Do Better*, showed that up to 15% (reduced to 11% in 2017) of seniors living in residential care in BC, did not have the level of care complexity to warrant residential care. Recently, the Canadian Institute of Health Information (CIHI) released a pan-Canadian study, *Seniors in Transition*, that asked a similar question and found evidence that supports the OSA's findings.

While the OSA report looked at one year of comparative data and included the total population of residents in care, the CIHI report examined three years of data and focused only on the data from the assessment at the time of admission to residential care. The CIHI report determined that 15% of home care clients assessed as MAPLe 1-3 (relatively light care needs) were admitted to residential care. The threshold for admission to a licensed care facility is generally a MAPLe 4 or 5 (more acute needs). A closer look at the CIHI data also supports OSA research that shows the rate for potentially inappropriate admissions for BC is higher than the rate for Alberta and Ontario. Why BC has a higher rate may link to the data showing decreases in home support services and no growth in subsidized assisted living in British Columbia.

In addition to the placement data, CIHI also presented data on the alternate level of care (ALC) length of stay in acute care. ALC days accrue when a hospital patient is no longer in need of acute care services but cannot be discharged because they need supports typically found in homecare, assisted living or residential care. Often, a patient will remain in hospital while waiting for a residential care bed to become available. BC has one of the longest wait times with 32 days compared to 28 for Ontario and 27 for Alberta.

The OSA will continue to examine this issue in both the updated Caregivers Distress report coming out in late August and the Home Support Report report to be released in the fall. The premise is that both clients and their caregivers should be supported to live in the community and only after all supports such as home support, adult day programs and respite care have been exhausted will they need to move to residential care.



## OSA to release new report on Caregiver Distress

The Office of the Seniors Advocate is preparing to publicly release later in August an update to our September 2015 report *Caregivers in Distress: More Respite Needed*. As detailed in that report, we found that 29% of people providing care to home support clients were assessed as being "in distress". The report also highlighted that only a fraction of home support clients were accessing additional services that might help relieve their caregivers. Our forthcoming update examines new service and clinical data gathered over the past two years in order to understand what changes have taken place and what progress has been made by health authorities to better address the needs of caregivers in B.C.



## Translating Research into Elder Care (TREC) celebrates ten-year anniversary

At their recent Annual General Meeting, TREC celebrated its 10<sup>th</sup> anniversary and the OSA, who have been participating in TREC for the past two and half years, was on hand to hear updates on past and current research and to participate in shaping research over the next decade. TREC is a pan-Canadian research program based at the University of Alberta under the leadership of Dr. Carole Estabrooks. TREC utilizes the expertise of 34 researchers based in Canada (BC, AB, SK, MB, ON, and NS), the US and Sweden and 20 core knowledge users and decision makers from six jurisdictions across the western provinces and Nova Scotia who focus their work on over 90 nursing homes with more than 40 care homes in BC. Some of the work of TREC has included:

- ◆ Caregiver burnout. An upcoming study will focus on how staff burnout affects resident outcomes. TREC is conducting a systematic review to see what research has already been done in this area and will follow up with a study using TREC data on staff (nursing and care aide) and residents.
- ◆ *Improving Nursing Care through Feedback on Performance*. This study is looking at the effectiveness of timely feedback from nursing staff (e.g. care managers) to front line care aides as a method for improving quality. The results of this study support the hypothesis that care managers can improve performance by feedback at the unit level.
- ◆ *SCOPE (Safe Care for Older People)*. This randomized control study looks at improving quality by empowering care aides to take the lead on improvement strategies at the unit level.
- ◆ *SALTY (Seniors Adding Life to Years)*. This study looks at potentially inappropriate practices at the end of life.

In the next 10 years TREC hopes to continue the important work of looking at pan-Canadian data as it relates to the care of seniors in residential care settings and finding practical solutions to improve quality of life, quality of end of life of residents and quality of work life of care providers.



## Transportation stakeholder engagement is underway

The Office of the Seniors Advocate is spending the summer speaking with stakeholders from a variety of backgrounds, and from across the province, as part of the OSA's first comprehensive review of transportation issues for seniors. The purpose of the project is to identify current issues, gaps, and opportunities in transportation for seniors and provide recommendations to help meet the transportation needs and preferences of seniors now and in the future. While 92% of seniors aged 65-69 hold an active drivers licence, this decreases to 34% for seniors aged 85 and older, meaning the majority of our oldest seniors are relying on alternative forms of transportation to get around. Our report will explore the availability, appropriateness and affordability of alternative services for seniors as well as challenges and opportunities for senior drivers. If you are involved in the delivery or planning of transportation services for seniors and would like to be considered for involvement in the stakeholder engagement process, please send your name and a brief description of your experience with seniors' transportation issues to [info@seniorsadvocatebc.ca](mailto:info@seniorsadvocatebc.ca).





## New initiative to help link seniors with key subsidies and supports

The OSA is working with PovNet which offers online resources for poverty-related issues in BC, to develop an online training program aimed at training volunteers to assist seniors to access key subsidies and supports, including how to fill out government forms. This tool will be based on the highly successful Community Volunteer Income Tax Program. In BC, more than 50,000 seniors are helped each year to fill out their income tax returns. The OSA's 2015 survey *Bridging the Gaps* found that many seniors are not aware of key subsidies and supports available to them. Data highlighted:

- ◆ Only **40%** of senior homeowners with household incomes below \$30,000 are aware of the Property Tax Deferral Program
- ◆ Only **39%** of seniors are aware of MSP Premium Assistance
- ◆ Less than **50%** of senior renters over 75 are aware of the Shelter Aid for Elder Renters (SAFER) subsidy

## Canada's new dementia strategy

On June 22<sup>nd</sup>, 2017 Canada passed Bill C-233, enacting a national strategy for Alzheimer's disease and other dementias. The Government of Canada will be conducting work to systematically address the scale, impact and cost of dementia and ensure access to key supports. This is a significant achievement for the many groups across Canada, including the Alzheimer Society of Canada, who have been advocating for a national dementia strategy. Canada will be formally joining a strong international network of nations as efforts are coordinated to support care for today and a cure for tomorrow.

## New wandering resources

The Alzheimer Society of B.C. has recently released two resources focused on wandering and dementia. One guide is designed for caregivers and the other for people living with dementia. Both resources provide a variety of practical strategies to minimize the risk of wandering and offer information on how to be prepared should an incident occur. Links to the reports can be found [here](#).

## Seniors at risk during wildfire state of emergency

On July 7<sup>th</sup> the province declared a state of emergency in response to the BC wildfires and activated the Provincial Emergency Command Centre (PECC) at level 3. In quick succession the Health Emergency Command Centre (HECC) was also activated at level 3. The HECC is focused on ensuring the safety of those citizens (including over 100,000 BC seniors) who are patients in a hospital, residents in a care facility or living independently with home care. Monitoring air quality and evacuation orders, the HECC ensures province wide co-ordination in re-locating frail and vulnerable seniors (indeed, any frail and vulnerable citizen). Examples of this include the situation in Williams Lake where a decision to evacuate the hospital and care facilities required finding alternative locations in other parts of the province and deploying equipment, such as beds to the new location. Organizing the transportation of hundreds of frail seniors requires co-ordination between PECC, who might order roads closed and HECC who requires those roads open to transport patients and residents. Ensuring homecare staff are available to cope with additional clients housed temporarily can require re-locating and housing staff from regions such as the lower mainland. Anyone who might have a concern about the safety of seniors under evacuation orders would be impressed to see the level of organization and readiness demonstrated in both the HECC and the PECC which are fully operational 7 days a week. OSA staff have been invited, along with other Ministry of Health staff to actively participate in the HECC and we are all re-assured of the safety of our citizens as emergency plans are operationalized. At one point just over 40,000 British Columbians were under evacuation order. This number has receded as residents are able to return to their homes. In some cases, decisions to return patients and care facility residents is delayed in anticipation that evacuation orders may be re-activated. Safety is a paramount and while relocation is disruptive, we know it is temporary. This is the worst fire season in BC since 1958 and to date no direct fatalities although many have suffered tremendous loss of property and livestock. Our thoughts are with all those who have been affected.