



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

B R I T I S H C O L U M B I A

Long-Term Care Facilities Quick Facts Directory

2019

S U M M A R Y

Summary Highlights, 2018/19

Facility Characteristics:

- The *British Columbia Long-Term Care Quick Facts Directory* contains information on 294 Long-term care facilities that have 27,284 publicly-subsidized beds: 111 (8,962 beds) are operated directly by a health authority and 183 (18,322 beds) are operated by a contractor with funding from the health authorities. *Note: Cariboo Place opened in April 2019 and is included in the Directory but has no 2018/19 indicator data and is therefore excluded from provincial indicator calculations.*
- 88% of the rooms in long-term care are single-occupancy rooms, 8% are double-occupancy, and 4% are multi-bed rooms (3 or more beds).
- 76% of residents reside in single-occupancy rooms. In health authority owned facilities, 54% of residents reside in single-occupancy rooms compared to 87% in contracted facilities.

Resident Demographics and Care Needs:

- The average age of residents in long-term care facilities is 85 years, with 60% aged 85 or older and 5% younger than 65; 65% of residents are female.
- 31% of residents are totally dependent on staff for their activities of daily living (ADL 5+), such as bathing, getting dressed, and getting out of bed.
- 29% of residents have severe cognitive impairment (CPS 4+).
- 48% of residents score as "low" on the social engagement scale (ISE 0-2).
- The overall average length of stay in long-term care is 832 days; the length of stay was shorter in health authority owned facilities (737) and longer in contracted facilities (876).

Funding of Long-term Care Facilities

- On average, facilities were funded for 3.25 direct care hours per bed per day, a 3.8% increase over 2017/18. With 216 (73%) facilities receiving more funding for direct care hours in 2018/19, the number of facilities meeting the recommended provincial guideline of 3.36 hours per bed per day doubled from 15% the previous year to 30%. Funded direct care hours decreased at 7% of facilities and remained the same at 19% of facilities.

- The average actual raw food cost in B.C. increased 3.2% from the previous year to \$8.11 per bed per day with a range across all facilities of \$5.21 to \$19.88.
- The average per diem rate, which is the total funding provided per bed per day, was \$221.57 (a 4.6% increase), with a range across all contracted facilities of \$182.33 to \$272.35.

Care Services and Quality Indicators

- 11% of residents received physical therapy, 29% received recreation therapy, and 7% received occupational therapy. The provision of physical therapy and occupational therapy are on a decreasing five year trend and recreation therapy has increased.
- The proportion of residents taking antipsychotics without a supporting diagnosis of psychosis decreased 1.2% since 2017/18. While there was a slight increase in 2017/18, the overall rate has declined by 21.6% over the last five years.
- While the proportion of residents diagnosed with depression (23.4%) decreased by 2.5% in 2018/19, the proportion receiving antidepressant medication (48.5%) increased by 0.6%. Despite these recent small changes, there has been little variation in these rates over the last five years.
- The rate of residents with daily physical restraints (7%) is the same in 2018/19 as it was in 2017/18, but the five year trend shows a decline.

Inspections, Complaints and Reportable Incidents

- Inspection information was newly added to the Quick Facts Directory this year. Overall, there were 765 inspections performed in long-term care facilities in 2018/19 with 1,103 infractions found. Most of the infractions related to care & supervision (21%), records & reporting (19%), the physical environment (19%) and staffing (13%).
- There were 167 substantiated complaints in 2018/19, a 21% decline from 2017/18. The rate of substantiated complaints per 1,000 beds also dropped 20% from 7.4 to 5.9.
- Reportable incidents are best understood as a rate per 100 beds, since facilities range in size. The rate of reportable incidents increased slightly in 2018/19 (15.8 per 100 beds) compared to 2017/18 (15.6 per 100 beds) but was still lower than the two years previous to that.

Introduction

The Office of the Seniors Advocate (OSA) publishes the *British Columbia Long-term Care Facilities Quick Facts Directory* annually. It is designed to be a centralized resource for seniors, their caregivers and members of the public who are seeking information about individual publicly subsidized care homes in B.C. The Directory includes not only basic information such as room configuration, languages spoken by staff, information about where food is prepared and food costs, but also offers an opportunity to see how the care home is doing in terms of care quality indicators such as the use of medications, restraints and access to therapies. The Directory also includes results of the OSA's 2017 *Residential Care Survey*, which reflect the opinions of residents and their family members about their experience of care. (Note: Survey results are not discussed in this summary.)

Changes in the directory this year include:

- Cariboo Place in Interior Health is a new facility that opened in April 2019. It is included for searchability, but there is no 2018/19 indicator data.
- More detailed information on long-term care facility inspections, and licensing infractions have been added to the directory and are reported by fiscal year.
- Raw food costs, reported in the past as funded amounts at the beginning of the fiscal year, are now reported as actual expenditures by facilities on raw food supplies.

Long-term Care Facilities

The Directory contains information on 294 care facilities that provide long-term care for seniors. Of these facilities, 111 (8,962 beds) are operated directly by a health authority and 183 (18,322 beds) by a contractor with funding from the health authority for a total of 27,284 subsidized beds. Overall, 88% of rooms are single occupancy, but there is a difference in room configurations with fewer single occupancy rooms in health authority owned facilities (76%) than in contracted facilities (92%). Only 54% of residents in health authority owned facilities live in single occupancy rooms while 87% of residents in contracted facilities live in single rooms.

Long-term Care Facility Demographics by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Number of facilities	111	182	293	111	183	294
Number of publicly subsidized beds	8,969	18,059	27,028	8,962	18,322	27,284
Percent single occupancy rooms	76%	92%	88%	76%	92%	88%
Percent double occupancy rooms	11%	7%	8%	11%	7%	8%
Percent multi-bed rooms	12%	1%	4%	12%	1%	4%
Percent of residents in single occupancy rooms	54%	87%	76%	54%	87%	76%

Who is living in care?

People who are admitted to long-term care are assessed at admission and regularly throughout their residency. These assessments focus on a range of aspects for each individual, including cognition (memory and judgment), how independently they are able to perform what are known as the activities of daily living (ADLs) such as bathing and dressing, and whether or not the individual displays challenging behaviours (wandering, aggression). Data from these assessments is used to develop care plans and builds a picture of the health care needs of an individual resident or a group of residents in areas such as frailty and cognitive impairment.

Understanding the resident population is important information for government, health authorities and facility operators for budgeting and planning purposes. Understanding the needs of a group of residents provides opportunity to determine staffing models, recreation activities and even improvements to the building and furnishings to best meet the needs of the residents. For seniors and their caregivers, it is important to understand the differences in populations as they are considering what facility may best suit their needs. The data below outline the key characteristics of people living in long-term care in B.C. and highlight some differences between resident populations in health authority owned sites and contracted sites.

Resident Demographics

Overall, there is little difference in the average age of people in long-term care, but contracted facilities have more residents aged 85 or older (61% vs. 59%) while health authority owned facilities have more residents aged 65 or younger (6% vs. 4%). Almost two-thirds of residents in both ownership groups were female.

Resident Demographics in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Age	85	85	85	85	86	85
% facilities above B.C.	39%	53%	48%	36%	48%	43%
% facilities below B.C.	61%	47%	52%	64%	52%	57%
% of residents 85+	59%	61%	60%	59%	61%	60%
% facilities above B.C.	36%	48%	43%	35%	49%	43%
% facilities below B.C.	64%	52%	57%	65%	51%	57%
% of residents <65	6%	4%	5%	6%	4%	5%
% facilities above B.C.	52%	29%	38%	49%	29%	37%
% facilities below B.C.	48%	71%	62%	51%	71%	63%
% residents that are female	65%	65%	65%	64%	65%	65%
% facilities above B.C.	46%	54%	51%	42%	54%	50%
% facilities below B.C.	54%	46%	49%	58%	46%	50%

Care Needs of Residents

There are several measures that can be used to determine the complexity and frailty of the resident population. This summary highlights three different indicators: Case Mix Index, the Activities of Daily Living scale, and the Cognitive Performance Scale. Regardless of which indicator is used, there is a consistent theme that health authority owned facilities care for more complex and frail residents than do contracted facilities.

The **Case Mix Index (CMI)** is a standardized method for calculating the intensity of resources required to meet the needs of a resident and reflects a measure of clinical complexity of the resident population as a whole. A higher score indicates that a greater intensity of resources is required to meet the needs of the resident population. In 2018/19, health authority facilities demonstrated a slightly more complex resident population, with an average CMI of 0.590 vs. 0.570 in contracted facilities.

The **Activities of Daily Living (ADLs)** refer to essential self-care tasks, such as bathing, dressing, and going to the bathroom. Impairment in ADLs is measured on a seven point scale, where a higher score indicates greater degrees of impairment. In 2018/19, health authority owned facilities demonstrated a higher proportion of residents who require significant support in ADLs at 35% vs. 29% in contracted facilities.

Complexity of Residents in Long-term Care, 2016/17-2018/19

Indicator	2016/17 (Oct-Sep)	2017/18	2018/19
Average Case Mix Index (CMI)	0.575	0.580	0.580
Percent of residents dependent in activities of daily living (ADL 5+)	30%	30%	31%

Complexity of Residents in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Case Mix Index (CMI)	0.600	0.570	0.580	0.590	0.570	0.580
% facilities above B.C.	46%	33%	38%	41%	34%	37%
% facilities below B.C.	54%	67%	62%	59%	66%	63%
Percent of residents dependent in activities of daily living (ADL 5+)	35%	28%	30%	35%	29%	31%
% facilities above B.C.	64%	39%	48%	59%	42%	48%
% facilities below B.C.	36%	61%	52%	41%	58%	52%

The **Cognitive Performance Scale (CPS)** is a seven point scale that measures a person's cognitive status based on several indicators, including daily decision making and short-term memory. A higher score indicates greater impairment, which may be a result of dementia, an acquired brain injury or other conditions. In 2018/19, the proportion of residents with a high CPS score in health authority owned facilities (30%) was greater than in contracted facilities (29%). Overall, 20% of residents have no cognitive impairment, 51% have mild to moderate cognitive impairment, and 29% have severe cognitive impairment. In health authority owned sites, 22% of residents have no cognitive impairment, 47% have mild to moderate impairment, and 31% have severe impairment. In comparison, in contracted facilities, 18% have no cognitive impairment, 53% have mild to moderate impairment and 29% have severe impairment.

Cognitive Impairment in Long-term Care, 2016/17-2018/19

Indicator	2016/17 (Oct-Sep)	2017/18	2018/19
Percent of residents with severe cognitive impairment (CPS 4+)	30%	29%	29%
Percent of residents with dementia	63%	64%	64%

Cognitive Impairment in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Percent of residents with severe cognitive impairment (CPS 4+)	31%	29%	29%	30%	29%	29%
% facilities above B.C.	58%	45%	50%	55%	46%	49%
% facilities below B.C.	42%	55%	50%	45%	54%	51%
Percent of residents with dementia	60%	66%	64%	59%	66%	64%
% facilities above B.C.	46%	62%	56%	46%	60%	55%
% facilities below B.C.	54%	38%	44%	54%	40%	45%

The **Index of Social Engagement (ISE)** is a measure of how connected or engaged a resident might be, considering things like interacting with others, engaging in planned or structured activities, and taking part in group activities. Higher scores indicate a higher level of social engagement and lower scores indicate potential social isolation. In 2018/19, average ISE scores ranged from 0.95 to 5.27 across all facilities. The average ISE score was slightly higher in health authority owned facilities (2.73) than in contracted facilities (2.71). Almost half of all residents had a low sense of social engagement; even though residents are living in a communal environment, they may still feel isolated and lonely.

Social Engagement in Long-term Care, 2016/17-2018/19

Indicator	2016/17 (Oct-Sep)	2017/18	2018/19
Average Index of Social Engagement (ISE)	2.70	2.71	2.72
Percent of residents with low ISE (0-2)	48%	48%	48%

Social Engagement in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Index of Social Engagement (ISE)	2.67	2.73	2.71	2.73	2.71	2.72
% facilities above B.C.	51%	49%	50%	51%	49%	50%
% facilities below B.C.	49%	51%	50%	49%	51%	50%
Percent of residents with low ISE (0-2)	49%	47%	48%	48%	48%	48%
% facilities above B.C.	48%	49%	49%	48%	48%	48%
% facilities below B.C.	52%	51%	51%	52%	52%	52%

The scale used for **physically abusive behaviour** is: not present, easily altered, not easily altered and comatose. The percent of residents exhibiting physically abusive behaviour (either easily altered or not easily altered) was 9% in 2018/19. It was slightly higher in contracted facilities (10%) vs health authority owned facilities (7%).

Physically Abusive Behaviour in Long-term Care, 2016/17-2018/19

Indicator	2016/17 (Oct-Sep)	2017/18	2018/19
Percent of residents with physically abusive behaviour	8%	9%	9%

Physically Abusive Behaviour in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Percent of residents with physically abusive behaviour	8%	9%	9%	7%	10%	9%
% facilities above B.C.	32%	48%	42%	29%	47%	40%
% facilities below B.C.	68%	52%	58%	71%	53%	60%

In 2018/19, the **average length of stay** was 832 days remaining almost the same as the previous year; it was shorter in health authority owned facilities (737 days) than in contracted facilities (876 days).

Average Length of Stay (days) in Long-term Care, 2016/17-2018/19

Indicator	2016/17	2017/18	2018/19	% Change from last year
Fraser Health	841	792	797	0.6%
Interior Health	751	722	707	-2.1%
Northern Health	1,096	1,009	1,084	7.4%
Vancouver Coastal Health	989	1,025	1,050	2.4%
Vancouver Island Health	769	786	783	-0.4%
B.C.	844	831	832	0.1%

Average Length of Stay (days) in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Length of Stay	736	876	831	737	876	832
% facilities above B.C.	39%	55%	49%	39%	55%	49%
% facilities below B.C.	61%	45%	51%	61%	45%	51%

Funding in Long-term Care Facilities

Subsidized long-term care facilities in B.C. receive funding from health authorities to provide care for people with complex care needs who can no longer live independently. Funding amounts include Health Authority funding and resident co-payment. The Quick Facts Directory reports on funding for direct care hours, raw food costs and per diem rates.

Direct Care Hours

Direct care hours may be delivered by nursing staff, care aides, or allied health care workers, such as physical, occupational or recreational therapists, speech language pathologists, social workers and dietitians. The Ministry of Health has set a guideline that residents in long-term care facilities should receive 3.36 hours of direct care daily. Currently, facilities are funded at levels that may not meet this guideline. This office reports on the funded direct care hours but cannot validate if the funded hours are the same as the actual hours delivered. Note that Delta View Habilitation Centre (FHA) did not report direct care hours in 2017/18, and Bella Coola General Hospital (VCHA), and R.W. Large Memorial Hospital (VCHA) did not report direct care hours in either year as it is difficult to separate long-term care amounts from global hospital budgets.

In 2018/19, the average **funded direct care hours** increased 3.8% over the previous year to 3.25 hours per bed per day. Contracted facilities still lag those owned by the health authorities. Funding for direct care hours increased at 216 (73%) facilities across the province. The largest improvements were in Northern Health where 100% of facilities met the guideline in 2018/19, in Interior Health where 38% of health authority owned facilities met the guideline compared to 10% the previous year and in Fraser Health where 34% of contracted facilities met the guideline compared to only 5% in the previous year. Funding decreased at 7% of facilities and remained the same at 19% of facilities. The number of facilities meeting the 3.36 guideline increased from 7 to 33 among health authority owned facilities and from 36 to 54 among contracted facilities.

Average Funded Direct Care Hours in Long-term Care, 2016/17-2018/19

Indicator	2016/17	2017/18	2018/19	% change from last year
Fraser Health	3.05	3.05	3.23	5.9%
Interior Health	3.18	3.18	3.30	3.8%
Northern Health	3.37	3.50	3.47	-0.9%
Vancouver Coastal Health	3.02	3.08	3.19	3.6%
Vancouver Island Health	3.19	3.16	3.24	2.5%
B.C.	3.11	3.13	3.25	3.8%

Number of Facilities Where Funded Direct Care Hours Changed between 2017/18 and 2018/19

Indicator	Increase in DCH	Decrease in DCH	No Change in DCH	Unknown Change in DCH	Total Facilities
Fraser Health	62	4	13	1	80
Interior Health	55	3	18	0	76
Northern Health	14	10	0	0	24
Vancouver Coastal Health	43	2	10	2	57
Vancouver Island Health	42	3	14	0	59
B.C.	216	22	55	3	296*

Notes:

* Special care units at Berkley Care Centre, Harmony Court Care Centre and Fair Haven - Vancouver are not counted separately in overall facility counts, they are counted separately for this direct care hours analysis.

Unknowns: Delta View Habilitation Centre (FHA), Bella Coola General Hospital (VCHA), and R.W. Large Memorial Hospital (VCHA)

Direct care hours are rounded to the second decimal place. The impact of rounding could result in minor variances affecting the increase or decrease in direct care hours.

Facilities Meeting Provincial Direct Care Hours Guideline by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Average funded direct care hours	3.45	2.94	3.05	3.44	3.18	3.23
Number of facilities reporting	15	64	79	15	64	79
Percent of facilities meeting guideline	60%	5%	15%	60%	34%	39%
Interior Health						
Average funded direct care hours	3.23	3.15	3.18	3.33	3.28	3.30
Number of facilities reporting	39	37	76	39	37	76
Percent of facilities meeting guideline	10%	0%	5%	38%	5%	22%
Northern Health						
Average funded direct care hours	3.55	3.12	3.50	3.48	3.38	3.47
Number of facilities reporting	22	2	24	22	2	24
Percent of facilities meeting guideline	68%	0%	63%	100%	100%	100%
Vancouver Coastal Health						
Average funded direct care hours	3.37	2.97	3.08	3.40	3.11	3.19
Number of facilities reporting	15	40	55	15	40	55
Percent of facilities meeting guideline	27%	10%	15%	27%	15%	18%
Vancouver Island Health						
Average funded direct care hours	3.30	3.10	3.16	3.32	3.20	3.24
Number of facilities reporting	19	40	59	19	40	59
Percent of facilities meeting guideline	21%	0%	7%	21%	3%	8%
B.C.						
Average funded direct care hours	3.35	3.02	3.13	3.38	3.18	3.25
Number of facilities reporting	110	183	293	110	184	294
Percent of facilities meeting guideline	33%	4%	15%	49%	18%	30%

Food Services

For this release of the Quick Facts Directory, we have changed how we report raw food costs. Previously we reported funded amounts per bed per day at the beginning of the fiscal year. Now we report actual costs per bed per day over the fiscal year. Many facilities spend more on raw food than they are funded for which was the motivation behind the decision to make this change. With this reporting change, only two years of data have been restated. The raw food cost includes the daily food and dietary supplements for the residents of care facilities and is calculated per bed per day. The cost of preparing and serving the food is not included. Note that Delta View Habilitation Centre (FHA) did not report actual food costs in 2017/18, and Elim Village – The Harrison / Harrison West did not report actual food costs in 2018/19.

In 2018/19, the **actual raw food cost** increased 3.2% from the previous year to \$8.11 per bed per day. There was significant variation among facilities, ranging from an overall low of \$5.21 to a high of \$19.88. Health authority owned facilities spend more on average (\$8.98) than contracted facilities (\$7.68). This pattern is true for all health authorities and in both years where the actual food costs have been reported to this office.

Average Actual Raw Food Costs per Bed per Day in Long-term Care, 2017/18-2018/19

Indicator	2017/18	2018/19	% change from last year
Fraser Health	\$7.72	\$7.66	-0.8%
Interior Health	\$7.69	\$8.22	6.9%
Northern Health	\$10.44	\$11.26	7.9%
Vancouver Coastal Health	\$7.77	\$8.00	3.0%
Vancouver Island Health	\$7.82	\$8.12	3.8%
B.C.	\$7.86	\$8.11	3.2%

Actual Raw Food Costs per Bed per Day in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Average actual raw food costs	\$7.79	\$7.70	\$7.72	\$8.01	\$7.56	\$7.66
Range	\$6.49-\$9.00	\$3.92-\$29.54	\$3.92-\$29.54	\$6.67-\$9.87	\$5.21-\$11.74	\$5.21-\$11.74
Interior Health						
Average actual raw food costs	\$8.03	\$7.41	\$7.69	\$8.69	\$7.84	\$8.22
Range	\$5.76-\$9.88	\$4.51-\$11.35	\$4.51-\$11.35	\$6.40-\$10.63	\$5.95-\$12.93	\$5.95-\$12.93
Northern Health						
Average actual raw food costs	\$10.95	\$6.64	\$10.44	\$11.82	\$7.00	\$11.26
Range	\$7.92-\$20.10	\$5.62-\$6.70	\$5.62-\$20.10	\$9.95-\$19.88	\$6.84-\$9.98	\$6.84-\$19.88
Vancouver Coastal Health						
Average actual raw food costs	\$8.40	\$7.52	\$7.77	\$8.57	\$7.78	\$8.00
Range	\$7.86-\$16.85	\$5.92-\$11.48	\$5.92-\$16.85	\$8.02-\$18.69	\$5.93-\$10.59	\$5.93-\$18.69
Vancouver Island Health						
Average actual raw food costs	\$8.88	\$7.34	\$7.82	\$9.20	\$7.64	\$8.12
Range	\$7.65-\$12.57	\$5.90-\$10.92	\$5.90-\$12.57	\$8.16-\$13.16	\$5.93-\$12.35	\$5.93-\$13.16
B.C.						
Average actual raw food costs	\$8.56	\$7.52	\$7.86	\$8.98	\$7.68	\$8.11
Range	\$5.76-\$20.10	\$3.92-\$29.54	\$3.92-\$29.54	\$6.40-\$19.88	\$5.21-\$12.93	\$5.21-\$19.88

Per Diem Rates

Per diem rates reflect the funding directed to contracted facilities by health authorities. The per diem is a per bed, per day value and includes resident client contributions (co-payments). The per diem rates include items such as staffing costs, food and supply costs, administration, repair and maintenance, housekeeping and landscaping services, property costs and capital. The per diem rate may not represent a contracted facility's total operating revenue. For example, private pay revenue or contributions from an auxiliary fund are not captured. Per diem rates are not reported by health authority owned facilities at this time, as it is challenging to separate long-term care costs from global budgets.

In 2018/19, the average **per diem rate** increased 4.6% over the previous year to \$221.57. While Northern Health (\$229.59) and Island Health (\$229.57) had the highest average per diems, Fraser Health had the largest increase (6.1%) over the previous year. The average per diem rate range narrowed from the previous year ranging from \$182.33 to \$272.35 across all facilities in 2018/19.

Weighted Average Per Diem Rates for Contracted Long-term Care Facilities, 2016/17-2018/19

Indicator	2016/17	2017/18	2018/19	% change from last year
Fraser Health	\$204.36	\$209.98	\$222.80	6.1%
Interior Health	\$199.53	\$203.58	\$210.78	3.5%
Northern Health	\$210.98	\$216.96	\$229.59	5.8%
Vancouver Coastal Health	\$205.72	\$212.58	\$220.19	3.6%
Vancouver Island Health	\$215.95	\$221.28	\$229.57	3.7%
B.C.	\$206.35	\$211.92	\$221.57	4.6%

Range of Per Diem Rates for Contracted Long-term Care Facilities, 2017/18-2018/19

Indicator	2017/18	2018/19
Fraser Health	\$171.17-\$239.27	\$182.33-\$266.69
Interior Health	\$190.28-\$216.83	\$195.75-\$225.19
Northern Health	\$216.51-\$216.98	\$224.88-\$229.84
Vancouver Coastal Health	\$199.74-\$281.61	\$207.70-\$272.35
Vancouver Island Health	\$181.85-\$243.60	\$190.75-\$263.11
B.C.	\$171.17-\$281.61	\$182.33-\$272.35

Care Services and Quality Indicators

The Canadian Institute of Health Information (CIHI) collects data from long-term care facilities on a range of care and quality indicators. The OSA's *British Columbia Long-term Care Facilities Quick Facts Directory* includes information on several of these indicators, including access to rehabilitative therapies, the use of restraints and the use of antipsychotic and antidepressant medications.

Therapies

Residents in long-term care have access to a range of therapies (physical therapy, occupational therapy, recreational therapy, etc.). Therapies available in each facility are determined by the facility based on an assessment of needs and on the availability of therapists. Physical therapy promotes mobility and function and helps residents with issues such as muscle strengthening and balance. Occupational therapists help residents with activities of daily living such as bathing, dressing and eating to improve and maintain independence; they also ensure equipment such as wheelchairs are properly fitted. Recreational therapy is different from daily recreation programs. Recreational therapists design group activities and programming for a facility, and may also provide individualized recreation-based treatments. These professionals are supported by assistants who help deliver service.

In 2018/19, the percent of residents receiving

- **physical therapy** decreased from the previous year by one percentage point to 11%,
- **recreation therapy** remained the same at 29%, and
- **occupational therapy** remained the same at 7%.

The five year trend demonstrates reductions in physical and occupational therapy and increases in recreation therapy.

Therapies on Long-term Care, 2014/15-2018/19

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18	2018/19
Physical Therapy	14%	13%	12%	12%	11%
Recreation Therapy	25%	28%	29%	29%	29%
Occupational Therapy	9%	8%	8%	7%	7%

A comparison by facility ownership demonstrates that a greater proportion of residents in health authority owned facilities received physical, recreational and occupational therapy than residents in contracted facilities.

Therapies in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Physical Therapy	16%	10%	12%	15%	9%	11%
% facilities above B.C.	40%	28%	33%	40%	29%	33%
% facilities below B.C.	60%	72%	67%	60%	71%	67%
Recreation Therapy	31%	28%	29%	32%	28%	29%
% facilities above B.C.	42%	38%	40%	42%	41%	41%
% facilities below B.C.	58%	62%	60%	58%	59%	59%
Occupational Therapy	13%	4%	7%	14%	4%	7%
% facilities above B.C.	41%	16%	26%	37%	15%	23%
% facilities below B.C.	59%	84%	74%	63%	85%	77%

Antipsychotic and Antidepressant Use

The proportion of residents taking **antipsychotics without a supporting diagnosis of psychosis** decreased 1.2% since 2017/18. While there was a slight increase in 2017/18, the overall rate has declined by 21.6% over the last five years. Health authority owned facilities are slightly higher (26.1%) than contracted facilities (23.5%). The distribution of facilities above and below the B.C. value varies by ownership type with more health authority owned facilities being above the B.C. average.

Use of Antipsychotics in Long-term Care, 2014/15-2018/19

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18	2018/19
% taking antipsychotics without a diagnosis of psychosis	31.0%	26.9%	24.5%	24.6%	24.3%

Use of Antipsychotics in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% taking antipsychotics without a diagnosis of psychosis	25.4%	24.2%	24.6%	26.1%	23.5%	24.3%
% facilities above B.C.	53.8%	45.8%	49.0%	56.3%	45.6%	49.7%
% facilities below B.C.	46.2%	54.2%	51.0%	43.8%	54.4%	50.3%

In 2018/19, the proportion of **residents diagnosed with depression** (23.4%) decreased 2.5% and the proportion **receiving antidepressant medication** (48.5%) increased by 0.6%. More than twice as many residents are on antidepressants than those with a recorded clinical diagnosis of depression. In contracted facilities, the proportion diagnosed with depression (23.2%) decreased 2.9% while the proportion receiving antidepressants (48.1%) increased by 1.1%. In health authority owned facilities, the proportion diagnosed with depression (23.7%) decreased 2.5% while the proportion receiving antidepressants (49.5%) increased by 0.2%.

Depression Indicators in Long-term Care, 2014/15-2018/19

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18	2018/19
% diagnosed with depression	23.9%	23.9%	24.0%	24.0%	23.4%
% receiving antidepressant medication	47.8%	47.8%	48.8%	48.2%	48.5%

Depressions Indicators in Long-term Care by Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% diagnosed with depression	24.3%	23.9%	24.0%	23.7%	23.2%	23.4%
% facilities above B.C.	50.9%	45.1%	47.3%	49.1%	45.3%	46.8%
% facilities below B.C.	49.1%	54.9%	52.7%	50.9%	54.7%	53.2%
% receiving antidepressant medication	49.4%	47.6%	48.2%	49.5%	48.1%	48.5%
% facilities above B.C.	57.1%	51.1%	53.4%	53.6%	51.4%	52.2%
% facilities below B.C.	42.9%	48.9%	46.6%	46.4%	48.6%	47.8%

Daily Physical Restraints

Physical restraints are sometimes used in long-term care to help residents stay safe and reduce the risk of falls. Restraints include limb and trunk restraints and use of a reclining chair from which a resident cannot rise.

The percent of **residents with daily physical restraints** declined in each year from 11% in 2014/15 to 7% in 2017/18 and remained at 7% in 2018/19. The proportion of residents with daily physical restraints is slightly higher for health authority owned facilities (8%) than for contracted facilities (6%), and more health authority owned facilities are higher than the B.C. average.

Daily Physical Restraints in Long-term Care, 2014/15-2018/19

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18	2018/19
% of resident with daily physical restraints	11%	9%	8%	7%	7%

Daily Physical Restraints in Long-term Care by Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% of resident with daily physical restraints	8%	7%	7%	8%	6%	7%
% facilities above B.C.	52%	41%	45%	54%	40%	46%
% facilities below B.C.	48%	59%	55%	46%	60%	54%

Licensing

Inspections

Long-term care facilities in B.C. are regulated and licensed under the *Community Care and Assisted Living Act* or the *Hospital Act*, whether they receive funding from a health authority or another agency or whether clients pay privately. The Health Authority Community Care Facility Licensing programs issue licences and conduct regular health and safety inspections to make sure facilities are providing safe care to residents. They may conduct additional inspections required because of complaints received.

In 2018/19, there were 765 inspections conducted at long-term care facilities across B.C. with 1,103 licensing infractions found. On average, there were less than two infractions found per inspection. Since there is such variation in the number and size of facilities across health authorities, it is more meaningful to compare rates per 1,000 beds. Northern Health and Interior Health had the most infractions per 1,000 beds at 119.6 and 43.0 respectively. Most of the infractions found related to care & supervision (21%), records & reporting (19%), the physical environment (19%), and staffing (13%).

Facility Inspections in Long-term Care, 2018/19

Indicator	2018/19		
	Health Authority	Contracted	All Facilities
Fraser Health			
Number of inspections	30	240	270
Number of licensing infractions found	54	253	307
Infractions per 1,000 beds	29.3	33.8	32.9
Interior Health			
Number of inspections	23	69	92
Number of licensing infractions found	89	169	258
Infractions per 1,000 beds	34.9	49.0	43.0
Northern Health			
Number of inspections	39	2	41
Number of licensing infractions found	132	10	142
Infractions per 1,000 beds	127.4	66.2	119.6
Vancouver Coastal Health			
Number of inspections	30	130	160
Number of licensing infractions found	63	116	179
Infractions per 1,000 beds	34.1	24.8	27.4
Vancouver Island Health			
Number of inspections	45	157	202
Number of licensing infractions found	58	159	217
Infractions per 1,000 beds	34.3	39.9	38.3
B.C.			
Number of inspections	167	598	765
Number of licensing infractions found	396	707	1,103
Infractions per 1,000 beds	44.2	35.8	38.4

Licensing Complaints

Licensing offices in each health authority receive complaints about care and services in facilities. They conduct investigations to determine whether the complaint is substantiated and to identify any licensing infractions. Note that Northern Health does not report complaints for facilities licensed under the *Hospital Act*.

In 2018/19, there were 467 licensing complaints of which 167 (36%) were substantiated resulting in some type of licensing violation. Complaints increased by 33% compared to the previous year while substantiated complaints decreased by 21%. Vancouver Island Health continues to have the highest number of complaints (253). However, while the total complaints have increased in this health authority, the substantiated complaints have decreased. Both the total complaints and the substantiated complaints per 1,000 beds in Island Health (44.6 and 17.1 respectively) are above the provincial averages (16.5 and 5.9 respectively).

Health authority owned facilities have lower rates of substantiated complaints per 1,000 beds than contracted facilities, 3.5 vs. 7.0 but the gap is smaller than last year.

Licensing Complaints in Long-term Care, 2015/16-2018/19

Indicator	2015/16	2016/17	2017/18	2018/19*
Total complaints	563	432	352	467
Total substantiated complaints	207	181	211	167
Complaints per 1,000 beds	21.6	16.2	12.3	16.5
Substantiated complaints per 1,000 beds	7.9	6.8	7.4	5.9

Note: *Data for *Hospital Act* facilities in Northern Health are not available and therefore only includes facilities licensed under the *Community Care and Assisted Living Act (CCALA)*.

Licensing Complaints in Long-term Care by Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Total complaints	10	108	118	19	110	129
Total substantiated complaints	3	32	35	5	29	34
% substantiated complaints	30%	30%	30%	26%	26%	26%
Complaints per 1,000 beds	5.4	14.5	12.7	10.3	14.7	13.8
Substantiated complaints per 1,000 beds	1.6	4.3	3.8	2.7	3.9	3.6
Interior Health						
Total complaints	4	51	55	4	43	47
Total substantiated complaints	2	18	20	1	17	18
% substantiated complaints	50%	35%	36%	25%	40%	38%
Complaints per 1,000 beds	1.6	15.4	9.4	1.6	12.7	7.9
Substantiated complaints per 1,000 beds	0.8	5.4	3.4	0.4	5.0	3.0

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Northern Health						
Total complaints	0	0	0	5	0	5
Total substantiated complaints	0	0	0	5	0	5
% substantiated complaints	n/a	n/a	n/a	100%	n/a	100%
Complaints per 1,000 beds	0.0	0.0	0.0	5.9	0.0	5.8
Substantiated complaints per 1,000 beds	0.0	0.0	0.0	5.9	0.0	5.8
Vancouver Coastal Health						
Total complaints	12	17	29	8	25	33
Total substantiated complaints	5	2	7	2	11	13
% substantiated complaints	42%	12%	24%	25%	44%	39%
Complaints per 1,000 beds	6.4	3.6	4.4	4.3	5.3	5.1
Substantiated complaints per 1,000 beds	2.7	0.4	1.1	1.1	2.3	2.0
Vancouver Island Health						
Total complaints	19	131	150	65	188	253
Total substantiated complaints	18	131	149	18	79	97
% substantiated complaints	95%	100%	99%	28%	42%	38%
Complaints per 1,000 beds	11.2	33.1	26.6	38.4	47.2	44.6
Substantiated complaints per 1,000 beds	10.6	33.1	26.4	10.6	19.8	17.1
B.C.						
Total complaints	45	307	352	101	366	467
Total substantiated complaints	28	183	211	31	136	167
% substantiated complaints	62%	60%	60%	31%	37%	36%
Complaints per 1,000 beds	5.0	15.7	12.3	11.5	18.7	16.5
Substantiated complaints per 1,000 beds	3.1	9.3	7.4	3.5	7.0	5.9

Note: *Data for *Hospital Act* facilities in Northern Health are not available and therefore only includes facilities licensed under the *Community Care and Assisted Living Act (CCALA)*.

Reportable Incidents

Licensed long-term care facilities are required to report incidents as defined under the provincial *Residential Care Regulation*. Health authority licensing officers respond to these reports inspecting facilities as necessary. Reportable incidents include disease outbreak, abuse or neglect, falls with injury, food or other poisoning, medication errors with adverse event, missing and wandering residents, other injuries, and resident to resident aggression. Note that Island Health does not report on these incidents at their *Hospital Act* facilities.

Both the total number of **reportable incidents** (4,225) and the **reportable incidents per 100 beds** (15.8) have increased slightly since 2017/18. Reportable incidents per 100 beds are the highest in Island Health (21.9) and Interior Health (21.3) and are lowest in Northern Health (8.8). In B.C. overall, rates of reportable incidents per 100 beds are higher in contracted facilities (17.1) compared to health authority owned facilities (12.9). This same pattern is seen in all health authorities, except Island Health.

Reportable Incidents in Long-term Care, 2015/16-2018/19

Indicator	2015/16	2016/17	2017/18	2018/19
Reportable incidents	4,579	4,631	4,163	4,225
Reportable incidents per 100 beds	17.5	16.2	15.6	15.8

Note: *Hospital Act* facilities in Vancouver Island Health are not included across all years.

Reportable Incidents in Long-term Care by Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Reportable incidents	106	941	1,047	149	980	1,129
Reportable incidents per 100 beds	5.7	12.6	11.2	8.1	13.1	12.1
Interior Health						
Reportable incidents	545	792	1,337	498	764	1,262
Reportable incidents per 100 beds	21.7	23.8	22.9	19.5	22.6	21.3
Northern Health						
Reportable incidents	177	15	192	90	15	105
Reportable incidents per 100 beds	17.1	9.9	16.2	8.7	9.9	8.8
Vancouver Coastal Health						
Reportable incidents	136	804	940	143	776	919
Reportable incidents per 100 beds	7.3	17.1	14.3	7.8	16.6	14.1
Vancouver Island Health						
Reportable incidents	108	539	647	120	690	810
Reportable incidents per 100 beds	22.0	16.8	17.5	24.4	21.5	21.9
B.C.						
Reportable incidents	1,072	3,091	4,163	1,000	3,225	4,225
Reportable incidents per 100 beds	13.8	16.4	15.6	12.9	17.1	15.8

Note: *Hospital Act* facilities in Vancouver Island Health are not included across all years.

Conclusion

With the release of the 2019 Quick Facts Directory (QFD) we now have five years of trend data for all publicly funded long-term care homes. Improvements can be seen over time. Most notably over the last two years there has been improvement in the funded direct care hours. In areas, such as the use of antipsychotics significant progress was made a few years ago but has stalled in recent years, and in other areas such as the use of therapies there has not been much progress over the past five years.

Most significantly what the QFD provides is an objective, standardized statement for a variety of measures related to quality in B.C. long term care homes. To make meaningful improvements we need to identify systemic themes and measure progress. The QFD is providing the health authorities with the ability to achieve this and it is providing openness and transparency to the public which is the foundation needed for seniors and their loved ones to have confidence in their public long-term care system.

This directory requires all care homes to submit and review data and requires staff at the health authorities and the Ministry of Health to provide detailed data and calculations. Without their contribution of time the QFD would not be possible and we thank them all for efforts.

