OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

BRITISH COLUMBIA

Long-Term Care Facilities
Quick Facts Directory

November 2018

SUMMARY

Summary Highlights, 2017/18

Facility Characteristics

- The *British Columbia Long Term Care Quick Facts Directory* contains information on 293 Long term care facilities that have 27,028 publicly-subsidized beds: 111 (8,969 beds) are operated directly by a health authority and 182 (18,059 beds) are operated by a contractor with funding from the health authorities.
- 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 and operated 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.
- 30% of residents are 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 average length of stay in long term care is 831 days, a slight decrease from 844 days in the previous year.

Funding of Long Term Care Facilities

- On average, facilities are funded for **3.12 direct care hours per resident per day**. Overall, there was a 0.3% increase in funded hours of care and five additional facilities meeting the provincial guideline of 3.36 hours.
- The average funded raw food cost in B.C. was $7.73 per resident day with a range across all facilities of $5.39 to $20.10. There was a slight decline from $7.76 in the previous year.
- The average per diem rate, which is the total contracted funding per resident day, was $211.92 (a 3% increase), with a range across all facilities of $171.17 to $281.61.

Care Services and Quality Indicators

- 12% of residents received physical therapy, 29% received recreation therapy, and 7% receiving occupational therapy.
- 25% of residents are taking antipsychotics without a supporting diagnosis of psychosis.
- 48% of residents are taking antidepressants while only 24% have a recorded clinical diagnosis of depression.
- 7% of residents have daily physical restraints.

Incidents and Complaints

- Reportable incidents are best understood as a rate per 100 beds, since facilities range in size. The rate of reportable incidents decreased from 16.2 incidents per 100 beds in 2016/17 to **14.6 incidents per 100 beds** in 2017/18.
- There were **211 substantiated complaints** which is the highest level in three years.

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 *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.)

Long Term Care Facilities

The Directory contains information on 293 long term care facilities that provide long-term care for seniors. Of these facilities, 111 (8,969 beds) are operated directly by a health authority and 182 (18,059 beds) by a contractor with funding from the health authority for a total of 27,028 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 and operated facilities (76%) than in contracted facilities (92%). Only 54% of residents in health authority owned and operated facilities live in single occupancy rooms while 87% of residents in contracted facilities live in single rooms.

Long Term Care Facilities in B.C. by Ownership Type, 2017/18

	Health Authority Owned & Operated	Contracted	All Ownership Types
Number of facilities	111	182	293
Number of publicly subsidized beds	8,969	18,059	27,028
Percent of single occupancy rooms	76%	92%	88%
Percent of double occupancy rooms	11%	7%	8%
Percent of multi-bed rooms (3 or more beds)	12%	1%	4%
Percent of residents in single occupancy rooms	54%	87%	76%

Who is living in long term care?

People living in long term care have a wide range of abilities and disabilities. Some residents may be very capable physically, but have cognitive challenges, others may need significant assistance with physical needs and some may have both physical and cognitive challenges. 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 and operated sites and contracted sites.

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 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.

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 and operated facilities have more residents aged 65 or younger (6% vs. 4%). Almost two-thirds of residents in both ownership groups were female.

Resident Demographics by Ownership Type, 2017/18

Indicator	B.C.	Health Authority Owned & Operated			Contracted		
		Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.
Average Age	85	85	39%	61%	85	53%	47%
% of residents 85+	60%	59%	36%	64%	61%	48%	52%
% of residents <65	5%	6%	52%	48%	4%	29%	71%
% of residents that are female	65%	65%	46%	54%	65%	54%	46%

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 and operated 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 the 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 2017/18, health authority owned and operated facilities demonstrated a slightly more complex resident population, with an average CMI of 0.600 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 2017/18, health authority owned and operated facilities demonstrated a higher proportion of residents who require significant support in ADLs at 35% vs. 28% in contracted facilities.

Complexity of Residents by Ownership Type, 2017/18

Indicator	B.C.	Health Authority Owned & Operated			Contracted		
		Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.
Average Case Mix Index (CMI)	0.580	0.600	62%	38%	0.570	42%	58%
% of residents dependent in activities of daily living (ADL 5+)	30%	35%	67%	33%	28%	38%	62%

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 2017/18, the proportion of residents with a high CPS score in health authority owned and operated facilities (31%) 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 and operated 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 of Residents by Ownership Type, 2017/18

Indicator	B.C.	Health Authority Owned & Operated			Contracted		
		Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.
% of residents with severe cognitive impairment (CPS 4+)	29%	31%	58%	42%	29%	45%	55%
% of residents with dementia	64%	60%	46%	54%	66%	62%	38%

The **Index of Social Engagement** (ISE) is a measure of how connected or isolated a resident might be, taking into account 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. The average ISE score was slightly lower in health authority owned and operated facilities (2.67) than in contracted facilities (2.73). 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.

Socialization of Residents by Ownership Type, 2017/18

Indicator	B.C.	Health Authority Owned & Operated			Contracted		
		Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.
Average ISE	2.71	2.67	51%	49%	2.73	49%	51%
% of residents with low ISE (0-2)	48%	49%	48%	52%	47%	49%	51%

Range of Average ISE Scores for Facilities in 2017/18

Overall, in B.C., the **average length of stay** is 831 days; it is shorter in health authority owned and operated facilities (736 days) than in contracted facilities (876 days). The range within this average varies greatly, from 76 days to 6,325 days. With such extreme outliers, the median length of stay may be a more accurate measure. In the four quarters of 2017/18, the median length of stay ranged between 426 and 489 days in B.C.

Average Length of Stay in Long Term Care by Health Authority, 2016/17-2017/18

Health Authority	2016/17	2017/18	% Change
Fraser	841	792	-5.8%
Interior	751	722	-3.9%
Northern	1,096	1,009	-7.9%
Vancouver Coastal	989	1,025	3.6%
Vancouver Island	769	786	2.2%
B.C.	844	831	-1.5%

Average Length of Stay in Long Term Care by Ownership Type, 2017/18

Indicator	B.C.	Health Authority Owned & Operated			Contracted		
		Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.
Average length of stay (days)	831	736	39%	61%	876	55%	45%

Funding in Long Term Care Facilities

Direct Care Hours

Subsidized long term care facilities in B.C. receive funding from health authorities to provide long term care. The Ministry of Health has set a guideline that residents should receive 3.36 hours of direct care daily. Currently we can only accurately report on funded direct care hours and cannot validate if the funded hours are the same as the actual hours delivered. 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 or dietitians. In total, only 14% of facilities met the provincial guideline of 3.36 hours although there were five additional facilities that achieved the guideline in 2017/18.

Direct Care Hours Meeting Provincial Guideline, 2016/17-2017/18

Indicator	2016/17*	2017/18
Average direct care hours	3.11	3.12
Number of facilities above or equal to 3.36	36	41
Number of facilities below 3.36	254	251

Note: *While differences would be small, 2016/17 is not directly comparable due to methodology changes in Fraser and Northern Health.

Range of Direct Care Hours for Facilities in 2017/18

Facilities Meeting Provincial Guideline by Health Authority and Ownership Type, 2017/18

Health Authority	Health Authority Owned & Operated		Contracted		All Ownership Types	
	Average DCH	% Facilities Meeting Guideline	Average DCH	% Facilities Meeting Guideline	Average DCH	% Facilities Meeting Guideline
Fraser	3.45	60%	2.94	5%	3.05	15%
Interior	3.23	10%	3.15	0%	3.18	5%
Northern	3.55	68%	3.12	0%	3.50	63%
Vancouver Coastal	3.37	21%	2.97	10%	3.08	13%
Vancouver Island	3.25	16%	3.09	0%	3.14	5%
B.C.	3.34	31%	3.01	4%	3.12	14%

Food Services

The funded raw food cost includes the daily food and dietary supplements for the residents of care facilities and is calculated per resident per day. The cost of preparing and serving the food are not included.

The **average funded raw food cost** in B.C. in 2017/18 was $7.73 per resident per day, a very slight decline from $7.76 in 2016/17. However, there was significant variation among facilities, ranging from an overall low of $5.39 to a high of $20.10. Fraser, Interior and Vancouver Island have standardized funding for all contracted facilities that is lower than the average for health authority owned and operated facilities.

Average Funded Raw Food Costs per Resident Day by Health Authority, 2016/17-2017/18

Health Authority	2016/17	2017/18	
	Average	Average	Range
Fraser	$7.40	$6.99	$6.49-$9.00
Interior	$7.54	$7.54	$5.39-$9.88
Northern	$10.32	$10.78	$5.95-$20.10
Vancouver Coastal	$7.77	$7.90	$6.03-$16.85
Vancouver Island	$8.05	$8.22	$7.65-$12.57
B.C.	$7.76	$7.73	$5.39-$20.10

Average Funded Raw Food Costs per Resident Day by Ownership Type, 2017/18

Health Authority	Health Authority Owned & Operated		Contracted	
	Average	Range	Average	Range
Fraser	$7.79	$6.49-$9.00	$6.77	$6.77-$6.77
Interior	$8.02	$5.39-$9.88	$7.14	$7.14-$7.14
Northern	$11.31	$9.72-$20.10	$6.79	$5.95-$6.84
Vancouver Coastal	$8.40	$7.86-$16.85	$7.70	$6.03-$10.82
Vancouver Island	$8.88	$7.65-$12.57	$7.92	$7.92-$7.92
B.C.	$8.59	$5.39-$20.10	$7.31	$5.95-$10.82

Per Diem Rates

Per Diem rates reflect the total contracted funding per bed per day for the provision of care and service at each contracted long term care facility. Funding amounts include Health Authority funding and resident co-payment. 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. Per diem rates are not reported by health authority owned and operated facilities at this time, as it is challenging to separate costs from global budgets.

Per Diem Rates for Contracted Facilities, 2016/17-2017/18

Health Authority	2016/17	2017/18	
	Average	Average	Range
Fraser	$204.36	$209.98	$171.17-$239.27
Interior	$199.53	$203.58	$190.28-$216.83
Northern	$210.98	$216.96	$216.51-$216.98
Vancouver Coastal	$205.72	$212.58	$199.74-$281.61
Vancouver Island	$215.95	$221.28	$181.85-$243.60
B.C.	$206.35	$211.92	$171.17-$281.61

In 2017/18, the average per diem rate was $211.92, a 3% increase over 2016/17. Vancouver Island was the highest at $9.36 over the B.C. average.

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. This year's data show that progress is being made in some of these areas, but there are still opportunities for improvement.

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 with assistants who help deliver service.

In 2017/18, an average of **12% of residents received physical therapy** (unchanged from 2016/17), **29% of residents received recreation therapy** (unchanged from 2016/17), and **7% of residents received occupational therapy** (a slight decrease from the 8% in 2016/17). The four year trend demonstrates reductions in physical and occupational therapy and increases in recreation therapy.

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

Percent of Residents Receiving Therapy, 2014/15-2017/18

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

Percent of Residents Receiving Therapy by Ownership Type, 2017/18

Indicator	Health Authority Owned & Operated			Contracted		
	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.
Physical therapy	16%	40%	60%	10%	28%	72%
Recreation therapy	31%	42%	58%	28%	38%	62%
Occupational therapy	13%	41%	59%	4%	16%	84%

Antipsychotic and Antidepressant Use

Use of antipsychotics and antidepressants are reported to determine whether the resident has a documented diagnosis that aligns with the use of these medications. Although there was no change this year, there has been an encouraging trend in previous years showing a reduction in the use of antipsychotic medications for residents where an appropriate diagnosis is not evident.

The use of **antipsychotics without a diagnosis of psychosis** decreased in each year from 31% in 2014/15 to 25% in 2016/17 and remained at 25% in 2017/18. Health authority owned and operated facilities are slightly higher (26%) than contracted facilities (24%). The distribution of facilities above and below the B.C. value varies by ownership type with more health authority owned and operated facilities being above the B.C. average.

Percent of Residents Taking Antipsychotics without a Diagnosis of Psychosis, 2014/15-2017/18

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18
% taking antipsychotics without a diagnosis of psychosis	31%	27%	25%	25%

Percent of Residents Taking Antipsychotics without a Diagnosis of Psychosis by Ownership Type, 2017/18

Indicator	Health Authority Owned & Operated			Contracted		
	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.
% taking antipsychotics without a diagnosis of psychosis	26%	55%	45%	24%	45%	55%

Both the **percent of residents diagnosed with depression** and the **percent receiving antidepressant medication** have remained constant, at 24% and 48% respectively, over the four years from 2014/15 to 2017/18. There are twice as many residents on antidepressants than those with a recorded clinical diagnosis of depression. There are slightly more residents receiving antidepressant medication in health authority owned and operated facilities and more health authority owned and operated facilities that are higher than the B.C. average.

Percent of Residents with Depression Indicators, 2014/15-2017/18

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18
% diagnosed with depression	24%	24%	24%	24%
% receiving antidepressant medication	48%	48%	48%	48%

Percent of Residents with Depression Indicators by Ownership Type, 2017/18

Indicator	Health Authority Owned & Operated			Contracted		
	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.
% diagnosed with depression	24%	51%	49%	24%	45%	55%
% receiving antidepressant medication	49%	57%	43%	48%	51%	49%

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. The proportion of residents with daily physical restraints is slightly higher for health authority owned and operated facilities (8%) than for contracted facilities (7%), and more health authority owned and operated facilities are higher than the B.C. average.

Percent of Residents with Daily Physical Restraints, 2014/15-2017/18

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18
Daily physical restraints	11%	9%	8%	7%

Percent of Residents with Daily Physical Restraints by Ownership Type, 2017/18

Indicator	Health Authority Owned & Operated			Contracted		
	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.	Indicator Value	% Facilities Above B.C.	% Facilities Below B.C.
Daily physical restraints	8%	52%	48%	7%	41%	59%

Incidents and Complaints

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.

Both the total number of **reportable incidents** (4,163) and the **reportable incidents per 100 bed**s (14.6) have decreased since 2016/17. Reportable incidents per 100 beds are highest in Interior Health (22.9) and lowest in Fraser Health (11.2). In B.C. overall, rates of reportable incidents per 100 beds are higher in contracted facilities (15.8) compared to health authority owned and operated facilities (12.0). This same pattern is seen in Fraser, Interior, Vancouver Coastal, and Vancouver Island.

Reportable Incidents, 2015/16-2017/18

Indicator	2015/16	2016/17	2017/18
Reportable Incidents	4,579	4,631	4,163
Reportable Incidents per 100 beds	17.5	16.2	14.6

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

Reportable Incidents by Health Authority and Ownership Type, 2017/18

Health Authority	Health Authority Owned & Operated		Contracted		All Ownership Types	
	Incidents	Incidents per 100 beds	Incidents	Incidents per 100 beds	Incidents	Incidents per 100 beds
Fraser	106	5.7	941	12.6	1,047	11.2
Interior	545	21.7	792	23.8	1,337	22.9
Northern	177	17.1	15	9.9	192	16.2
Vancouver Coastal	136	7.3	804	17.1	940	14.3
Vancouver Island	108	6.4	539	13.6	647	11.5
B.C.	1,072	12.0	3,091	15.8	4,163	14.6

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

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 violations. Across B.C., there were 352 licensing complaints resulting in 211 substantiated complaints in 2017/18. Overall, 60% of licensing complaints were substantiated and resulted in some type of licensing violation.

Between 2016/17 and 2017/18, **licensing complaints** decreased from 432 to 352 (19%) and substantiated complaints increased from 181 to 211 (17%). Vancouver Island Health continues to have the highest number of complaints (150), the highest percent of substantiated complaints (99%) and has both total and substantiated complaints per 1,000 beds above the provincial average (26.6 and 26.4 respectively).

Health authority owned and operated facilities have much lower rates of substantiated complaints per 1,000 beds than contracted facilities, 3.1 vs. 9.3.

Licensing Complaints, 2015/16-2017/18

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

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

Licensing Complaints by Health Authority, 2017/18

Health Authority	Complaints		Complaints per 1,000 Beds		% Substantiated
	Total	Substantiated	Total	Substantiated	
Fraser	118	35	12.7	3.8	30%
Interior	55	20	9.4	3.4	36%
Northern	0	0	0.0	0.0	n/a
Vancouver Coastal	29	7	4.4	1.1	24%
Vancouver Island	150	149	26.6	26.4	99%
B.C.	352	211	12.3	7.4	60%

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

Licensing Complaints by Ownership Type, 2017/18

Health Authority	Complaints		Complaints per 1,000 Beds		% Substantiated
	Total	Substantiated	Total	Substantiated	
Health Authority Owned & Operated	45	28	5.0	3.1	62%
Contracted	307	183	15.7	9.3	60%

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

Conclusion

When the data in this year's Directory are examined over time, it is clear that progress has been made in some areas but that rates of change are slowing or stalling altogether. For example, there was little improvement in the overall funded direct care hours last year despite the fact that five more facilities met the provincial guideline of 3.36 hours per resident, per day. In discussion with the Ministry of Health, the apparent lack of progress may be a time disparity between the data reported here and the timing of the new funding released in 2017/18. Therefore, increased direct care hours should be measureable in next year's update. While positive progress was made on reducing the use of antipsychotic medications for residents who have no supporting diagnosis last year, there was no further change this year. The percent of residents receiving therapies also remains essentially unchanged from last year. Data highlighting a wide range of funded raw food costs and funded per diem rates for residents highlights the need to examine how services are funded and how the public can be assured that facilities are spending funded dollars appropriately. The Office of the Seniors Advocate will be more closely examining a number of these trends in future reports and will continue to update the *British Columbia Long Term Care Facilities Quick Facts Directory* by adding new data points each year.