OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

BRITISH COLUMBIA

Residential Care Facilities
Quick Facts Directory

2018

SUMMARY

Summary Highlights

Characteristics of facilities:

- Overall, 87% of the rooms in residential care are single-occupancy rooms, 9% are double-occupancy, and 4% are multi-bed-rooms (3 or more beds).
- Overall, **73% of residents reside in single-occupancy rooms**. In health authority owned and operated facilities, 54% of residents reside in single-occupancy rooms compared to 82% in contracted facilities.
- This Directory contains information on 293 residential care facilities that have 27,142 publicly-subsidized beds. Of these facilities, 110 (8,814 beds) are operated directly by a health authority and 183 (18,328 beds) are operated by a contractor with funding from the health authorities.
- There are some differences between facilities based on ownership type. Health authority owned and operated facilities, on average, have higher funded direct care hours, higher rates of therapy, fewer single-occupancy rooms, more complex and physically-dependent residents, and fewer reportable incidents and substantiated complaints compared to contracted facilities.

What we know about residents:

- The average age of residents in long term care facilities is **85 years**, with **59% aged 85 or older** and **5% younger than 65**; 65% of residents are female.
- 30% of residents are almost totally or totally dependent on staff for their Activities of Daily Living (ADLs), such as bathing, getting dressed, and getting out of bed.
- 30% of residents have severe cognitive impairment.
- The average length of stay in residential care in 2016/17 is 871 days.
- Social engagement is a measure we newly reported on for 2016/17. On average, across all facilities, **48% of residents** score as "low" on the social engagement scale.

What we know about funded direct care hours:

- Overall, facilities in B.C. are funded at an average of **3.14** direct care hours per resident per day. Contracted facilities were funded for an average of **3.01** direct care hours and the health authority owned and operated facilities averaged **3.35** direct care hours.
- In 2016/17, **15%** of facilities meet or exceed the provincial guideline of 3.36 hours of direct care. This is an improvement over 2015/16, when only **9%** were meeting this guideline. In 2016/17, just **4%** of contracted facilities—compared to **33%** of health authority owned and operated facilities—meet or exceed the guideline.

Medication use in residential care

- In 2016/17, **25%** of residents are prescribed antipsychotic medications without a diagnosis of psychosis, which is a decrease of 7% from 2015/16.
- In B.C. **24%** of residents are diagnosed with depression and **48%** of residents are prescribed antidepressant medication, both of which are similar to previous years.

Use of physical restraints in residential care:

- In 2016/17, **8%** of residents have daily physical restraints, a decrease from 9% in 2015/16.

Incidents and complaints in residential care:

- Reportable incidents are best understood as a rate per 100 beds, since facilities range in size. The rate of reportable incidents decreased from **17.5 incidents per 100 beds** in 2015/16 to **17.4 incidents per 100 beds** in 2016/17.
- Between 2015/16 and 2016/17, **substantiated complaints fell by 13%**, from 207 to 181. In 2016/17, there are **1.6** substantiated complaints per 1,000 beds involving health authority owned and operated facilities, and **8.9** per 1,000 beds in contracted facilities.

Food in residential care:

- Data on the average funded food costs per resident, per day, were collected for the first time in 2016/17. The average funded food cost in B.C. in 2016/17 is **$8.00 per resident per day.** However, there is significant variation among facilities ranging from an overall **low of $4.92** to a **high of $18.44** per resident per day.
- Overall, **24%** of facilities contract out food services, and **87%** of facilities have their food prepared on site, either by a contractor or directly by the facility.

Who is living in residential care?

People living in residential care have a wide range of abilities and disabilities. Some residents may be very capable physically, but have cognitive challenges, while others may need significant assistance with physical needs. The data below outline the key characteristics of people living in residential care in B.C. and highlights some differences between resident populations in health authority owned and operated sites and contracted sites.

People who come into residential 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, while there is little difference in the average age of people in residential care, contracted facilities have more residents aged 85 or older (60% vs. 56%) while health authority owned and operated facilities have more residents aged 65 or younger (7% vs. 4%). Almost two-thirds of residents in both ownership groups were female.

Resident Demographics by Ownership Type, 2016/17 (October to September)

Indicator	B.C.	Ownership Type		% of Facilities Above and Below B.C. Average			
		HA*	Contracted	HA*		Contracted	
				Above	Below	Above	Below
Average age	85	84	85	48%	52%	60%	40%
% of residents 85 or older	59%	56%	60%	35%	65%	52%	48%
% of residents 65 or younger	5%	7%	4%	47%	53%	28%	72%
% of residents that are female	65%	64%	65%	51%	49%	54%	46%

* Health authority owned and operated facilities

Care Needs of Residents

There are several measures that can be used to determine the complexity and frailty of the resident population. We have chosen to highlight 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 a greater intensity of resources are required to meet the needs of the resident population. In 2016/17, health authority owned and operated facilities demonstrated a slightly more complex resident population, with an average CMI of 0.596 vs. 0.565 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. Health authority owned and operated facilities demonstrated a higher proportion of residents who require significant support in ADLs at 34% vs. 28% in contracted facilities.

Complexity of Residents by Ownership Type, 2016/17 (October to September)

Indicator	B.C.	Ownership Type		% of Facilities Above and Below B.C. Average			
		HA	Contracted	HA		Contracted	
				Above	Below	Above	Below
Average case mix index (CMI)	0.575	0.596	0.565	59%	41%	43%	57%
% of residents dependent in activities of daily living (ADL 5+)	30%	34%	28%	58%	43%	37%	63%

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 2016/17, the proportion of residents with a high CPS score in health authority owned and operated facilities (31%) was higher than in contracted facilities (29%).

Overall, 19% of residents have no cognitive impairment, 51% have mild to moderate cognitive impairment, and 30% 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, 2016/17 (October to September)

Indicator	B.C.	Ownership Type		% of Facilities Above and Below B.C. Average			
		HA	Contracted	HA		Contracted	
				Above	Below	Above	Below
% of residents with severe cognitive impairment (CPS 4+)	30%	31%	29%	53%	47%	48%	52%
% of residents with dementia	63%	59%	65%	49%	51%	62%	38%

The **Index of Social Engagement** (ISE) is a measure of a resident's social engagement or involvement. This is one way that we are able measure how connected or isolated someone might be by looking at things like interacting with others, engaging in planned or structured activities, and taking part in group activities. While the average ISE score was similar among facilities of both ownership types, 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, 2016/17 (October to September)

Indicator	B.C.	Ownership Type	
		HA	Contracted
Average ISE	2.70	2.65	2.72
% of residents with low ISE (0-2)	48%	49%	47%

Range of Average ISE Scores for Facilities in 2016/17

Overall, in B.C., the **average length of stay** is 871 days; it is shorter in health authority owned and operated facilities (816 days) than in contracted facilities (898 days). The range within this average varies greatly, from 128 days to 6,325 days.

Length of Stay in Residential Care by Ownership Type, 2016/17 (October to September)

Indicator	B.C.	Ownership Type	
		HA	Contracted
Average length of stay (days)	871	816	898

Direct care hours

Direct Care Hours (DCH)

Subsidized residential care facilities in B.C. receive funding from health authorities to provide residential care. The Ministry of Health has set a guideline that residents should receive 3.36 hours of direct care daily. 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, 85% of facilities are below the provincial guideline of 3.36 direct care hours per resident, per day. This is an improvement over last year, when the OSA found that 91% were not meeting the provincial standard.

Direct Care Hours Distribution, 2014/15 to 2016/17

Direct Care Hours	2014/15	2015/16	2016/17
Facility average	3.11	3.09	3.14
Number of facilities above or equal to 3.36	50	26	43
Number of facilities below 3.36	231	254	247

Range of Direct Care Hours for Facilities in 2016/17

Average Direct Care Hours by Ownership Type, 2016/17

Health Authority	HA	Contracted
Fraser Health	3.51	2.90
Interior Health	3.23	3.15
Northern Health	3.51	2.96
Vancouver Coastal	3.28	2.94
Vancouver Island	3.32	3.13
B.C.	3.35	3.01

Facilities Meeting Provincial Guideline for Direct Care Hours by Health Authority, 2014/15 to 2016/17

Health Authority	2014/15		2015/16		2016/17		Percentage Point Difference in Guideline Met
	Total # Facilities	Guideline Met	Total # Facilities	Guideline Met	Total # Facilities	Guideline Met	
Fraser Health	77	33%	76	17%	78	19%	2%
Interior Health*	75	25%	75	7%	76	4%	-3%
Northern Health	17	18%	17	18%	24	71%	53%
Vancouver Coastal	52	10%	53	6%	53	9%	3%
Vancouver Island*	60	8%	59	3%	59	5%	2%
B.C.	281	18%	280	9%	290	15%	6%

*Data cannot be compared across years for Interior and Island Health. See footnote[1].

Percent of Residential Care Facilities Meeting the Provincial Guideline by Ownership Type, 2016/17

Health Authority	HA			Contracted		
	Total # Facilities	Guideline Met	Guideline not Met	Total # Facilities	Guideline Met	Guideline not Met
Fraser Health	15	80%	20%	63	5%	95%
Interior Health	39	8%	92%	37	0%	100%
Northern Health	22	77%	23%	2	0%	100%
Vancouver Coastal	13	8%	92%	40	10%	90%
Vancouver Island	19	16%	84%	40	0%	100%
B.C.	108	33%	67%	182	4%	96%

Average Direct Care Hours by Accreditation Status, 2016/17

Health Authority	Accredited*		Not Accredited	
	# Facilities	Average	# Facilities	Average
Fraser Health	63	3.04	15	2.93
Interior Health	72	3.19	--	--
Northern Health	22	3.49	1	2.8
Vancouver Coastal	39	3.06	18	2.95
Vancouver Island	49	3.20	10	3.12
B.C.	246	3.16	44	2.97

*Direct care hours are not known for six of the accredited facilities. Accreditation status is not known for six facilities.

1 For contracted facilities, Interior Health reported actual hours as reported by each facility in 2014/15 and funded base line hours for 2015/16. For owned and operated sites, Interior Health and Island Health reported care hours ***included*** convalescent and specialty beds in 2014/15 and ***excluded*** these types of beds in 2015/16. In 2016/16, Island Health ***excluded*** convalescent beds but ***included*** specialty beds.

Access to therapies and medication use

The Canadian Institute of Health Information (CIHI) collects data from residential care facilities on a range of care and quality indicators. The OSA's *British Columbia Residential 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 highlight that we are making significant progress in some areas, while there are still opportunities for improvement in others.

Therapies

Residents in residential 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 in addition may provide individualized recreation-based treatments. These professionals are supported with assistants who help deliver service.

Between October 2016 and September 2017, on average in B.C. subsidized residential care facilities 12% of residents received physical therapy (an 8% decrease from 2015/16), 29% of residents received recreation therapy (a 4% increase from 2015/16), and 8% of residents received occupational therapy (unchanged from 2015/16). The three year trend demonstrates reductions in physical therapy and increases in recreation therapy.

Therapy data can also be compared across ownership of facilities. Comparisons below are made between health authority owned and operated facilities and contracted facilities. Between October 2016 and September 2017 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 by Ownership Type, 2016/17 (October to September)

Therapy	B.C.	Ownership Type		% of Facilities Above and Below B.C. Average			
		HA	Contracted	HA		Contracted	
				Above	Below	Above	Below
Physical therapy	12%	16%	10%	54%	46%	37%	63%
Recreation therapy	29%	30%	29%	49%	51%	45%	55%
Occupational therapy	8%	13%	5%	58%	42%	31%	69%

*Data are a weighted average of four quarters: Q3 of earlier year to Q2 of the more recent year

Antipsychotic and Antidepressant Use

Antipsychotic and antidepressant medications are monitored in residential care to determine whether there is a diagnosis that aligns with the use of these medications. Overall, there is an encouraging trend where we see a marked 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 has decreased 7% from 27% to 25%.

Percent of residents taking antipsychotics, 2014/15 - 2016/17 (October to September)

Indicator	2014/15*	2015/16*	2016/17*	% Change from 2015/16
% Taking antipsychotics without a diagnosis of psychosis	31%	27%	25%	-7%

*Data are a weighted average of four quarters: Q3 of earlier year to Q2 of the more recent year

As can be seen from the data below, antidepressant use and the proportion of residents diagnosed with depression continues to stay relatively constant.

Percent of Residents with Depression Indicators, 2014/15 - 2016/17 (October to September)

Indicator	2014/15*	2015/16*	2016/17*	% Change from 2015/16
% Diagnosed with depression	24%	24%	24%	0%
% Receiving antidepressant medication	48%	48%	48%	0%

*Data are a weighted average of four quarters: Q3 of earlier year to Q2 of the more recent year

The proportion of residents diagnosed with depression is similar for health authority owned and operated facilities and contracted facilities. The difference between the proportion of those diagnosed with depression and the proportion of those on depression medication is slightly higher for health authority owned and operated facilities (25%) than contracted facilities (23%).

Percent of Residents with Depression Indicators by Ownership Type, 2016/17 (October to September)

Indicator	B.C.	Ownership Type		% of Facilities Above and Below B.C. Average			
		HA	Contracted	HA		Contracted	
				Above	Below	Above	Below
% Diagnosed with depression	24%	24%	24%	48%	52%	47%	53%
% Receiving antidepressant medication	48%	49%	47%	55%	45%	51%	50%
Difference	24%	25%	23%				

*Data are a weighted average of four quarters: Q3 of earlier year to Q2 of the more recent year

Daily Physical Restraints

Physical restraints are sometimes used in residential 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.

Between October 2016 and September 2017, in B.C. subsidized residential care facilities, 8% of residents had daily physical restraints, which is an 11% decrease in the proportion from the previous year. The proportion of residents with daily physical restraints is slightly higher for health authority owned and operated facilities (8%) than for contracted facilities (7%).

Percent of Residents with Daily Physical Restraints, 2014/15 - 2016/17 (October to September)

Indicator	2014/15*	2015/16*	2016/17*	% Change from 2015/16
Daily physical restraints	11%	9%	8%	-11%

*Data are a weighted average of four quarters: Q3 of earlier year to Q2 of the more recent year

Incidents and Complaints

Reportable Incidents

Licensed residential care facilities are required to report incidents as defined under the provincial Residential Care Regulation. Health authority licensing officers respond to these reports and inspect the facility as necessary. Reportable incidents include falls with injury, resident to resident aggression, abuse or neglect, disease outbreak and missing and wandering residents.

The total number of reported incidents has increased since 2015/16; however, on a per bed basis, the number of incidents has decreased. Reportable incidents per 100 beds are highest in Island Health (22.3) and lowest in Fraser Health (14.9). Island and Interior Health have rates of incidents per 100 beds higher than the provincial average.

In B.C. overall, rates of reportable incidents per 100 beds are higher in non-accredited compared to accredited residential care facilities (21.1 vs. 16.5, respectively). Rates of reportable incidents per 100 beds are higher in contracted facilities compared to health authority owned and operated facilities (18.4 vs. 14.8).

Reportable Incidents by Health Authority, 2015/16 to 2016/17

Health Authority	2015/16			2016/17			% Change in Incidents / 100 Beds
	# Beds**	Total Incidents	Incidents per 100 Beds	# Beds**	Total Incidents	Incidents per 100 Beds	
Fraser Health	9,013	1,195	13.3	9,366	1,399	14.9	12%
Interior Health	5,732	1,255	21.9	5,850	1,201	20.5	-5%
Northern Health	1,181	234	19.8	1,180	203	17.2	-13%
Vancouver Coastal	6,570	1,074	16.3	6,599	1,016	15.4	-6%
Vancouver Island*	3,612	821	22.7	3,634	810	22.3	-2%
B.C.	26,108	4,579	17.5	26,629	4,629	17.4	-1%

* Does not include *Hospital Act* facilities
** Subsidized and non-subsidized beds included in bed count

Reportable Incidents by Accreditation Status*, 2016/17

Accreditation Status	Beds*	Incidents	Incidents per 100 Beds*
Accredited	21,488	3,540	16.5
Non-accredited	4,482	990	21.1

* Does not include *Hospital Act* facilities
** Subsidized and non-subsidized beds included in bed count

Reportable Incidents Ownership Type, 2016/17

Health Authority	HA			Contracted		
	# Beds	Total Incidents	Incidents per 100 Beds	# Beds	Total Incidents	Incidents per 100 Beds
Fraser Health	1,870	218	11.7	7,496	1,181	15.8
Interior Health	2,543	475	18.7	3,307	726	22.0
Northern Health	1,031	170	16.5	149	33	22.1
Vancouver Coastal	1,680	148	8.8	4,919	868	17.6
Vancouver Island*	490	115	23.5	3,144	695	22.1
B.C.	7,614	1,126	14.8	19,015	3,503	18.4

* Does not include *Hospital Act* facilities
** Subsidized and non-subsidized beds included in bed count

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 432 licensing complaints resulting in 181 substantiated complaints in 2016/17. Overall, 42% of licensing complaints were substantiated and resulted in some type of licensing violation.

Licensing Complaints*	2014/15	2015/16	2016/17	% Change
Total complaints	273	563	432	-23%
Total substantiated complaints	169	207	181	-13%
Complaints per 1,000 beds	14.4	21.6	16.2	-25%
Substantiated complaints per 1,000 beds	8.9	7.9	6.8	-14%

* Includes only *Community Care and Assisted Living* (CCALA) facilities for 2014/15, and CCALA & *Hospital Act* facilities for 2015/16 and 2016/17; excludes *Hospital Act* facilities for Island Health.

Between 2015/16 and 2016/17, substantiated complaints fell by 13%, from 207 to 181. The number of substantiated complaints decreased in Fraser, Interior and Vancouver Coastal Health, while Northern and Island Health experienced an increase. Island Health facilities had a higher rate of complaints and substantiated complaints than other health authorities (71.8 and 34.7 per 1,000 beds, respectively).

Licensing Complaints by Health Authority, 2016/17

Health Authority	# Beds**	# Complaints		Complaints per 1,000 Beds		% Substantiated
		Total	Substantiated	Total	Substantiated	
Fraser Health	9,366	66	22	7.0	2.3	33%
Interior Health	5,850	71	20	12.1	3.4	28%
Northern Health	1,171	10	2	8.5	1.7	20%
Vancouver Coastal	6,588	24	11	3.6	1.7	46%
Vancouver Island*	3,634	261	126	71.8	34.7	48%
B.C.	26,609	432	181	16.2	6.8	42%

* Does not include *Hospital Act* facilities in Island Health or facilities where complaints have been suppressed due to a small number of beds
** Subsidized and non-subsidized beds included in bed count

Licensing Complaints by Health Authority, 2015/16

Health Authority	# Beds**	# Complaints		Complaints per 1,000 Beds		% Substantiated
		Total	Substantiated	Total	Substantiated	
Fraser Health	9,013	78	26	8.7	2.9	33%
Interior Health	5,732	180	59	31.4	10.3	33%
Northern Health	1,181	5	0	4.2	0.0	0%
Vancouver Coastal	6,570	47	21	7.2	3.2	45%
Vancouver Island*	3,612	253	101	70.0	28.0	40%
B.C.	26,108	563	207	21.6	7.9	37%

* Does not include *Hospital Act* facilities in Island Health or facilities where complaints have been suppressed due to a small number of beds
** Subsidized and non-subsidized beds included in bed count

On average, health authority owned and operated facilities have lower rates of complaints per 1,000 beds than contracted facilities (Island Health does not report these data). In 2016/17, there were 5.7 complaints (1.6 substantiated) per 1,000 beds involving health authority owned and operated facilities, and 20.5 (8.9 substantiated) per 1,000 beds in contracted facilities. This trend holds true for substantiated complaints as well.

Complaints per 1,000 beds are lower in accredited facilities than non-accredited facilities across the province. In 2016/17, there were 13.5 licensing complaints per 1,000 beds for accredited facilities compared to 30.8 complaints per 1,000 beds in non-accredited facilities. When looking at substantiated complaints, the same pattern arises (5.3 substantiated complaints for accredited facilities vs. 14.7 for non-accredited facilities, per 1,000 beds).

Food services

Data on the funded average raw food cost per resident, per day was collected for the first time in 2016/17. It is important to note that funded raw food costs describe the amount of funding provided for the groceries for the facility as a per person, per day calculation. This amount does not include the funding for preparing or serving the food. The average funded raw food cost in B.C. in 2016/17 was $8.00 per resident per day. However, there was significant variation among facilities, ranging from an overall low of $4.92 to a high of $18.44. Interior and Island Health have standardized funding for all contracted facilities that is lower than the average for health authority owned and operated facilities.

Overall, 24% of facilities contract out the delivery of food services, and 87% of facilities have their food prepared on site. Among health authority owned and operated facilities, 27% use a contractor for food services and 96% prepare food on site. Among contracted facilities, 23% use a contractor for food service and 71% prepare food on site.

Funded Raw Food Costs by Ownership Type, 2016/17

Health Authority	Food Cost	All	HA	Contracted
Fraser Health	Average	$7.40	$7.28	$7.43
	Range	$4.92 - $11.64	$6.43 - $8.51	$4.92 - $11.64
Interior Health	Average	$7.54	$7.99	$7.07
	Range	$5.36 - $9.99	$5.36 - $9.99	$7.07 - $7.07
Northern Health	Average	$11.52	$11.52	*
	Range	$6.74 - $18.44	$6.74 - $18.44	*
Vancouver Coastal	Average	$7.97	$9.37	$7.45
	Range	$5.92 - $16.85	$7.86 - $16.85	$5.92 - $11.48
Vancouver Island	Average	$8.12	$8.72	$7.84
	Range	$7.57 - $11.28	$7.57 - $11.28	$7.84 - $7.84
B.C.	Average	$8.00	$8.91	$7.45
	Range	$4.92 - $18.44	$5.36 - $18.44	$4.92 - $11.64

* Data on funded food costs was not submitted by Northern Health Authority for contracted facilities.

Conclusion

The OSA's *British Columbia Residential Care Facilities Quick Facts Directory* is designed as 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 how residents' access to therapies. This year, 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 during the survey period.

When the data in this year's Directory are examined in conjunction with the two previous years of data, we start to see the emergence of trends. Positive progress, for example, is being made on reducing the use of antipsychotic medications for residents who have no corresponding diagnosis. We also see that access to recreation therapy is gradually improving. In addition, more facilities than last year are meeting the provincial guideline for funded direct care hours of 3.36 per resident, per day, although 85% of facilities still do not meet this target, demonstrating that improvements are still required in this area. Data highlighting a wide range of funded raw food costs for residents also highlights the need to examine how food is budgeted and to better understand residents' experience of food in residential care. 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 Residential Care Facilities Quick Facts Directory* by adding more information as it becomes available.