



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 Directory

2021

S U M M A R Y R E P O R T

Summary Highlights, 2020/21

Facility Characteristics

- The *British Columbia Long Term Care Directory* contains information on 297 long-term care facilities that have 27,931 publicly subsidized beds (2% increase from 2019/20); 109 (8,945 beds) are operated directly by a health authority and 188 (18,986 beds) are operated by a contractor with funding from a health authority.
- 90% of the rooms in long-term care are single-occupancy rooms (1% increase from 2019/20); 7% are double-occupancy, and 4% are multi-bed rooms (3 or more beds).
- 77% of residents reside in single-occupancy rooms (1% increase from 2019/20). In health authority owned facilities, 61% of residents reside in single-occupancy rooms compared to 85% in contracted facilities.
- The wait time for admission to long-term care ranged from 0 days to a maximum of 2096 days (5.7 years). Vancouver Coastal Health Authority had the lowest average wait time (21 days) and Vancouver Island Health had the highest average wait time (171 days).

Resident Demographics and Care Needs

- The average age of residents in long-term care facilities was 84 years old, with 54% aged 85 or older (1% decrease from 2019/20) and 6% younger than 65; 64% of residents were female.
- 32% of residents (1% increase from 2019/20) were totally dependent on staff for their activities of daily living (ADL 5+), such as bathing, getting dressed, and getting out of bed and means that the majority of these residents are wheelchair bound.
- 28% of residents had severe cognitive impairment (CPS 4+) which is a 1% decrease from last year.
- 50% of residents were assessed as “low” on the index of social engagement scale (ISE 0-2), a 2% increase from 2019/20.
- The overall average length of stay in long-term care was 900 days (2.5 years; 7% increase); the length of stay was shorter in health authority owned facilities (802 days; 2.2 years) compared to contracted facilities (949 days; 2.6 years). In 2020/21, the median length of stay was 555 days, an increase of 14% over last year.

Funding of Long-Term Care Facilities

- On average, facilities were funded for 3.37 direct care hours per bed per day in 2020/21, a 2.7% increase over 2019/20.
- The number of facilities now meeting the 3.36 guideline increased from 50% in 2019/20 to 83% in 2020/21 (a 33% increase); 100% of health authority owned facilities met the guideline and 73% of contracted facilities met this funding level in 2020/21.
- The average actual food cost in B.C. increased 6.1% from the previous year to \$8.87 per bed per day with a range across all facilities of \$5.79 to \$18.75.
- The average per diem rate, which is the total funding provided per bed to contracted facilities, per day, was \$242.90 (a 4.8% increase), with a range across all contracted facilities of \$206.60 to \$309.89.

Care Services and Quality Indicators

- 10% of residents received physical therapy (1% increase), 28% received recreation therapy (2% decrease), and 6% received occupational therapy. The five-year trend shows continuing reductions in the rate of physical, occupational and recreation therapy.
- After a decreasing trend since 2015/16, the proportion of residents taking antipsychotics without a diagnosis of psychosis increased 8% over the previous year.
- The proportion of residents diagnosed with depression (23%) and the proportion receiving antidepressant medication (51%) changed very little in 2020/21 from the previous year. Both continue to be slightly higher in health authority owned facilities than in contracted facilities.
- The rate of residents with daily physical restraints (7%) has remained unchanged for the past five years.
- The rate of residents with falls (13%) and the rate of residents with worsened pressure ulcer (2%) has remained unchanged for four years.

Immunizations

- The rate of influenza vaccinations for residents increased 4% in 2020/21 to 89%, while only 63% of health care workers were vaccinated (6% decrease).
- In 2020/21, 96% of residents were fully vaccinated for COVID-19. The proportion of residents vaccinated is similar in health authority owned facilities as in contracted facilities. Staff vaccination data are not included in this report as there is a public health order requiring that staff who work in long-term care to be vaccinated.

Inspections, Complaints and Reportable Incidents

- In 2020/21, 73% of long-term care facilities in B.C. had an inspection compared to 83% in 2019/20 (10% decrease). Overall, there were 746 inspections conducted with 819 licensing infractions found. Most of the infractions found related to records & reporting (22%), care & supervision (17%), the physical environment (15%), and staffing (14%).
- Overall, the average risk score for compliance and safety standards was similar in health authority owned facilities (14, medium) and contracted facilities (13, low).
- There were 149 substantiated complaints in 2020/21, a 24% decrease from 2019/20. Compared to 2019/20, the rate of substantiated complaints per 1,000 beds decreased 8% in health authority owned facilities (3.4) and decreased by 27% in contracted facilities (6.1).
- In 2020/21, the total number of reportable incidents (13,565) decreased by 24% and the reportable incidents per 100 beds (49.0) decreased by 26% from the previous year.

Introduction

The Office of the Seniors Advocate (OSA) publishes the *British Columbia Long-Term Care Directory* (formerly known as the 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 British Columbia Long-Term Care Directory (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 facility 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.)

New content in this year's Directory include:

- wait times to enter long-term care;
- more detailed direct care hours data;
- percent of residents in a wheelchair;
- additional quality indicators: percent of residents with falls and percent with a worsened pressure ulcer; and
- COVID-19 vaccination coverage for residents.

Changes in the Directory this year include:

- The Oak Bay Lodge and Mount Tolmie facilities closed and the residents were moved into a new facility, The Summit.
- Hamilton Village Care Centre opened.
- Weatherby Pavilion in Peace Arch Hospital closed, but Hogg Pavilion remains open and the facility's name changed to Peace Arch Hospital Long-Term Care.
- Peace Arch Hospital Foundation Lodge opened.
- Jubilee Multi Generational Housing Society facility name changed to Cascade Gardens.

Long-Term Care Facilities

The Directory contains information on 297 care facilities that provide long-term care for seniors. Of these facilities, 109 (8,945 beds) are operated directly by a health authority and 188 (18,986 beds) by a contractor with funding from the health authority for a total of 27,931 subsidized beds. Overall, 90% of rooms are single occupancy, but 77% of residents live in single occupancy rooms. There is a difference in room configurations with fewer single occupancy rooms in health authority owned facilities than in contracted facilities; only 61% of residents in health authority owned facilities live in single occupancy rooms while 85% of residents in contracted facilities live in single rooms.

Long-Term Care Facility Demographics, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Number of facilities	293	293	293	296	297
Number of publicly subsidized beds	27,142	27,028	27,214	27,505	27,931
Percent single occupancy rooms	87%	88%	88%	89%	90%
Percent double occupancy rooms	9%	8%	8%	7%	7%
Percent multi-bed rooms	4%	4%	4%	4%	4%
Percent of residents in single occupancy rooms	72%	72%	73%	76%	77%

Long-Term Care Facility Demographics by Facility Ownership Type, 2019/20-2019/20

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Number of facilities	109	187	296	109	188	297
Number of publicly subsidized beds	8,918	18,587	27,505	8,945	18,986	27,931
Percent single occupancy rooms	79%	93%	89%	81%	93%	90%
Percent double occupancy rooms	10%	6%	7%	8%	6%	7%
Percent multi-bed rooms	11%	1%	4%	10%	1%	4%
Percent of residents in single occupancy rooms	57%	85%	76%	61%	85%	77%

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 are used to develop care plans and build 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 was little difference in the average age of people in long-term care, but contracted facilities had more residents aged 85 or older (56% vs. 50%) while health authority owned facilities had more residents aged under 65 (7% vs. 5%). Almost two-thirds of residents in both ownership groups were female. Health authority owned facilities had slightly more residents in a wheelchair (54% vs 51%).

Resident Demographics in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Average Age	84	84	84	84	84
% of residents 85+	56%	56%	56%	55%	54%
% of residents <65	5%	5%	6%	6%	6%
% residents that are female	65%	65%	65%	64%	64%
% residents in a wheelchair	52%	52%	52%	52%	52%

Resident Demographics in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Age	83	84	84	82	84	84
% facilities above B.C.	30%	54%	45%	40%	66%	56%
% facilities below B.C.	70%	46%	55%	60%	34%	44%
% of residents 85+	51%	57%	55%	50%	56%	54%
% facilities above B.C.	36%	59%	51%	35%	61%	51%
% facilities below B.C.	64%	41%	49%	65%	39%	49%
% of residents <65	7%	5%	6%	7%	5%	6%
% facilities above B.C.	50%	27%	35%	50%	28%	36%
% facilities below B.C.	50%	73%	65%	50%	72%	64%
% residents that are female	64%	65%	64%	63%	64%	64%
% facilities above B.C.	45%	57%	52%	41%	55%	50%
% facilities below B.C.	55%	43%	48%	59%	45%	50%
% residents in a wheelchair	55%	51%	52%	54%	51%	52%
% facilities above B.C.	45%	46%	46%	45%	41%	43%
% facilities below B.C.	55%	54%	54%	55%	59%	57%

Wait Time

The wait time is the time it took for the resident to be placed into a facility and is measured from the time a resident is accepted for service until they are admitted to the facility. Many factors affect individual wait times, including the client's specific needs, size of the facility, number of facilities in the community and the number of people waiting. The wait time is calculated for all residents that were admitted within the fiscal year 2020/21. The wait time ranged from 0 days to a maximum of 2096 days (5.7 years). Vancouver Coastal Health Authority had the lowest average wait time (21 days) and Vancouver Island Health had the highest average wait time (171 days).

Average Wait Time (days) in Long Term Care by Facility Ownership Type, 2020/21

Indicator	2020/21		
	Health Authority	Contracted	All Facilities
Interior Health	43	75	59
Fraser Health	40	68	62
Vancouver Coastal Health	30	18	21
Vancouver Island Health	125	193	171
Northern Health	162	176	165

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. A higher score indicates that a greater intensity of resources is required to meet the needs of the resident population. In 2020/21, health authority owned facilities demonstrated a slightly more complex resident population, with an average CMI of 0.59 vs. 0.57 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 2020/21, health authority owned facilities demonstrated a higher proportion of residents who require significant support in ADLs at 37% vs. 31% in contracted facilities.

Complexity of Residents in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Average Case Mix Index (CMI)	0.58	0.58	0.58	0.58	0.58
Percent of residents totally dependent in activities of daily living (ADL 5+)	30%	30%	30%	31%	32%

Complexity of Residents in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Case Mix Index (CMI)	0.59	0.57	0.58	0.59	0.57	0.58
% facilities above B.C.	41%	32%	36%	43%	30%	35%
% facilities below B.C.	59%	68%	64%	57%	70%	65%
Percent of residents totally dependent in activities of daily living (ADL 5+)	36%	29%	31%	37%	31%	32%
% facilities above B.C.	55%	41%	46%	59%	40%	47%
% facilities below B.C.	45%	59%	54%	41%	60%	53%

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 2020/21, the proportion of residents with a high CPS score in health authority owned facilities (30%) was slightly higher than in contracted facilities (28%). In contrast, contracted facilities have a higher proportion of residents with dementia (66%) than health authority owned facilities (59%).

Cognitive Impairment in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Percent of residents with severe cognitive impairment (CPS 4+)	30%	29%	29%	29%	28%
Percent of residents with dementia	63%	64%	64%	64%	64%

Cognitive Impairment in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Percent of residents with severe cognitive impairment (CPS 4+)	30%	28%	29%	30%	28%	28%
% facilities above B.C.	54%	43%	47%	54%	43%	47%
% facilities below B.C.	46%	57%	53%	46%	57%	53%
Percent of residents with dementia	59%	66%	64%	59%	66%	64%
% facilities above B.C.	39%	61%	53%	46%	58%	53%
% facilities below B.C.	61%	39%	47%	54%	42%	47%

Socialization

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 2020/21, average ISE scores per facility ranged from 0.60 to 5.20 across all facilities. The average ISE score was slightly lower this year in health authority owned facilities (2.60) than in contracted facilities (2.65). 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, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Average Index of Social Engagement (ISE)	2.71	2.71	2.72	2.70	2.63
Percent of residents with low ISE (0-2)	48%	48%	48%	48%	50%

Social Engagement in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Index of Social Engagement (ISE)	2.67	2.71	2.70	2.60	2.65	2.63
% facilities above B.C.	49%	45%	47%	49%	45%	46%
% facilities below B.C.	51%	55%	53%	51%	55%	54%
Percent of residents with low ISE (0-2)	49%	47%	48%	51%	49%	50%
% facilities above B.C.	47%	46%	47%	49%	50%	49%
% facilities below B.C.	53%	54%	53%	51%	50%	51%

The measure used for physically abusive behaviour of residents looks for this type of behaviour occurring at least once in the seven days prior to assessment. The percent of residents exhibiting physically abusive behaviour was 9% in 2020/21. It was slightly higher in contracted facilities (9%) vs health authority owned facilities (7%).

Physically Abusive Behaviour in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Percent of residents with physically abusive behaviour	8%	9%	9%	9%	9%

Physically Abusive Behaviour in Long-Term Care by Facility Ownership Type, 2019/20- 2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Percent of residents with physically abusive behaviour	7%	10%	9%	7%	9%	9%
% facilities above B.C.	30%	50%	43%	28%	48%	41%
% facilities below B.C.	70%	50%	57%	72%	52%	59%

Length of Stay

In 2020/21, the average length of stay was 900 days (2.5 years), and has increased over the last five years with a 6.5% increase over last year. Average length of stay was shorter in health authority owned facilities (802 days; 2.2 years) than in contracted facilities (949 days; 2.6 years).

Average Length of Stay (days) in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21	% change from last year
Interior Health	706	721	664	765	763	-0.3%
Fraser Health	823	826	820	834	911	9.3%
Vancouver Coastal Health	914	984	999	1,038	1,132	9.1%
Vancouver Island Health	727	761	829	760	774	1.8%
Northern Health	1,088	1,039	1,066	1,029	1,024	-0.5%
B.C.	798	822	828	845	900	6.5%

Average Length of Stay (days) in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Length of Stay	768	889	845	802	949	900
% facilities above B.C.	46%	52%	50%	41%	48%	46%
% facilities below B.C.	54%	48%	50%	59%	52%	54%

In 2020/21, the median length of stay was 555 days and increased 14.4% over last year. The largest increase in median length of stay was in Fraser Health (31.2%). Median length of stay was shorter in health authority owned facilities (444 days; 1.2 years) than in contracted facilities (608 days; 1.7 years).

Median Length of Stay (days) in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21	% change from last year
Interior Health	402	375	341	445	448	0.8%
Fraser Health	484	456	468	455	597	31.2%
Vancouver Coastal Health	523	570	562	634	702	10.7%
Vancouver Island Health	424	423	436	459	471	2.5%
Northern Health	782	841	902	743	779	4.8%
B.C.	460	452	446	485	555	14.4%

Median Length of Stay (days) in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Median Length of Stay	383	547	485	444	608	555
% facilities above B.C.	50%	60%	56%	47%	64%	58%
% facilities below B.C.	50%	40%	44%	53%	36%	42%

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 contributions (co-payments). The Directory reports on funding for direct care hours, food costs and per diem rates.

Direct Care Hours

Direct care hours are delivered by nursing staff, care aides, and allied health care workers, such as physical, occupational or recreational therapists, speech language pathologists, social workers and dietitians. The Ministry of Health set a guideline that residents in long-term care facilities should receive at least 3.36 hours of direct care daily. Currently, some facilities are funded at levels that may not meet this guideline. The Office of the Seniors Advocate (OSA) reports on the funded direct care hours but cannot validate if the funded hours are the same as the actual hours delivered. Note that Bella Coola General Hospital (VCHA), and R.W. Large Memorial Hospital (VCHA) do not report direct care hours as it is difficult to separate long-term care amounts from acute care budgets at these small hospitals.

In 2020/21, the average funded direct care hours increased 2.7% over the previous year to 3.37 hours per bed per day. Contracted facilities (3.32) still lag those owned by the health authorities (3.49). Funded direct care hours by facility range from a low of 3.00 hours in Fraser Health and Vancouver Island Health to a high of 7.65 hours in Northern Health.

The number of facilities now meeting the 3.36 guideline increased from 50% in 2019/20 to 83% in 2020/21; 100% of health authority owned facilities met the guideline and 73% of contracted facilities met this funding level. Funding for direct care hours increased at 155 (52%) facilities, decreased at 15 (5%) facilities and remained the same at 121 (41%) facilities across the province.

Average Funded Direct Care Hours in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21	% change from last year
Interior Health	3.18	3.18	3.31	3.35	3.37	0.6%
Fraser Health	3.05	3.05	3.23	3.25	3.37	3.7%
Vancouver Coastal Health	3.02	3.08	3.18	3.22	3.38	5.0%
Vancouver Island Health	3.19	3.16	3.24	3.29	3.37	2.4%
Northern Health	3.37	3.50	3.47	3.45	3.45	0.0%
B.C.	3.11	3.13	3.25	3.28	3.37	2.7%

Facilities Meeting Provincial Direct Care Hours Guideline by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health						
Average funded direct care hours	3.41	3.30	3.35	3.41	3.33	3.37
Number of facilities reporting	39	40	79	39	40	79
Percent of facilities meeting guideline	100%	10%	54%	100%	53%	76%
Fraser Health						
Average funded direct care hours	3.50	3.18	3.25	3.56	3.32	3.37
Number of facilities reporting	14	66	80	15	66	81
Percent of facilities meeting guideline	100%	38%	49%	100%	82%	85%
Vancouver Coastal Health						
Average funded direct care hours	3.53	3.10	3.22	3.55	3.31	3.38
Number of facilities reporting	14	39	53	14	38	52
Percent of facilities meeting guideline	100%	21%	42%	100%	68%	77%
Vancouver Island Health						
Average funded direct care hours	3.45	3.21	3.29	3.47	3.34	3.37
Number of facilities reporting	18	40	58	16	40	56
Percent of facilities meeting guideline	100%	5%	34%	100%	80%	86%
Northern Health						
Average funded direct care hours	3.46	3.37	3.45	3.47	3.37	3.45
Number of facilities reporting	22	2	24	22	2	24
Percent of facilities meeting guideline	100%	100%	100%	100%	100%	100%
B.C.						
Average funded direct care hours	3.47	3.19	3.28	3.49	3.32	3.37
Number of facilities reporting	107	187	294	106	186	292
Percent of facilities meeting guideline	100%	22%	50%	100%	73%	83%

Notes:

2019/20: Peace Arch Hospital Foundation Lodge was a new facility with no data in 2019/20.

2020/21: West Vancouver Care Centre was removed from analysis as it was not provided additional funding for direct care since it was scheduled to close in fiscal year 2020/21.

2019/20 and 2020/21: Bella Coola General Hospital and R.W. Large Memorial Hospital do not report direct care hours because the amounts are difficult to separate from global budgets. Due to the pandemic, Hamilton Village Care Centre and The Summit delayed opening.

Number of Facilities Where Funded Direct Care Hours Changed between 2019/20 and 2020/21

Indicator	Increase in DCH	Decrease in DCH	No Change in DCH	Unknown Change in DCH*	Total Facilities
Interior Health	21	0	58	0	79
Fraser Health	51	3	26	1	81
Vancouver Coastal Health	38	5	9	4	56
Vancouver Island Health	34	2	20	1	57
Northern Health	11	5	8	0	24
B.C.	155	15	121	6	297

Notes: *Unknowns include the following facilities:

FHA: Peace Arch Hospital Foundation Lodge is a new facility in 2020/21 with no data in 2019/20.

VCHA: Bella Coala General Hospital and R.W. Large Memorial Hospital do not report direct care hours because the amounts are difficult to separate from global budgets. Due to the pandemic, Hamilton Village Care Centre delayed opening and was not at full capacity at March 31, 2021. West Vancouver Care Centre was removed as it was not provided additional funding for direct care since it was scheduled to close in fiscal year 2020/21.

VIHA: Due to the pandemic, The Summit delayed opening and residents transitioned to the Summit in July 2020.

Food Costs

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. Facilities may spend more on food than they are funded for. Amounts reported in the Directory are actual expenditures.

In 2020/21, the actual food cost increased 6.1% from the previous year to \$8.87 per bed per day. There was significant variation among facilities, ranging from an overall low of \$5.79 to a high of \$18.75. Health authority owned facilities spend more on average (\$9.33) than contracted facilities (\$8.65).

Average Actual Food Costs per Bed per Day in Long-Term Care, 2018/19-2020/21

Indicator	2018/19	2019/20	2020/21	% change from last year
Interior Health	\$8.20	\$8.39	\$9.03	7.6%
Fraser Health	\$7.66	\$8.06	\$8.07	0.1%
Vancouver Coastal Health	\$8.00	\$8.35	\$9.21	10.3%
Vancouver Island Health	\$8.12	\$8.20	\$8.78	7.1%
Northern Health	\$11.26	\$11.07	\$12.38	11.8%
B.C.	\$8.11	\$8.36	\$8.87	6.1%

Actual Food Costs per Bed per Day in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health						
Average actual food costs	\$8.67	\$8.18	\$8.39	\$8.85	\$9.17	\$9.03
Range	\$6.71-\$10.43	\$5.19-\$14.13	\$5.19-\$14.13	\$7.19-\$12.11	\$6.89-\$15.46	\$6.89-\$15.46
Fraser Health						
Average actual food costs	\$8.43	\$7.99	\$8.06	\$7.07	\$8.34	\$8.07
Range	\$6.97-\$9.63	\$4.34-\$11.44	\$4.34-\$11.44	\$6.71-\$7.88	\$5.79-\$18.75	\$5.79-\$18.75
Vancouver Coastal Health						
Average actual food costs	\$8.76	\$8.16	\$8.33	\$9.56	\$9.07	\$9.21
Range	\$8.24-\$11.69	\$6.25-\$10.72	\$6.25-\$11.69	\$8.54-\$12.51	\$6.40-\$13.30	\$6.40-\$13.30
Vancouver Island Health						
Average actual food costs	\$9.58	\$7.70	\$8.20	\$10.04	\$8.22	\$8.78
Range	\$8.49-\$13.57	\$5.16-\$10.32	\$5.16-\$13.57	\$8.78-\$14.14	\$6.13-\$11.80	\$6.13-\$14.14
Northern Health						
Average actual food costs	\$11.60	\$7.26	\$11.07	\$13.04	\$7.69	\$12.38
Range	\$9.86-\$17.22	\$6.85-\$12.59	\$6.85-\$17.22	\$10.19-\$17.41	\$7.24-\$13.59	\$7.24-\$17.41
B.C.						
Average actual food costs	\$9.18	\$8.00	\$8.36	\$9.33	\$8.65	\$8.87
Range	\$6.71-\$17.22	\$4.34-\$14.13	\$4.34-\$17.22	\$6.71-\$17.41	\$5.79-\$18.75	\$5.79-\$18.75

Note: The following facilities did not report food costs in 2020/21: Bella Coola General Hospital, R. W. Large Memorial Hospital, Brentwood House, and Suncrest Retirement Community.

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 2020/21, the average per diem rate increased 4.8% over the previous year to \$242.90. While Vancouver Island Health (\$252.27) had the highest average per diem, Vancouver Coastal Health had the largest increase (6.7%) over the previous year. The average per diem rate ranged from \$206.60 to \$309.89 across all facilities in 2020/21.

Average Per Diem Rates for Contracted Long-Term Care Facilities, 2017/18-2020/21

Indicator	2017/18	2018/19	2019/20	2020/21	% change from last year
Interior Health	\$203.58	\$210.98	\$219.83	\$225.12	2.4%
Fraser Health	\$209.98	\$222.89	\$232.49	\$243.11	4.6%
Vancouver Coastal Health	\$212.58	\$220.19	\$232.04	\$247.58	6.7%
Vancouver Island Health	\$221.28	\$229.57	\$240.63	\$252.27	4.8%
Northern Health	\$216.96	\$229.59	\$235.40	\$243.64	3.5%
B.C.	\$211.92	\$221.57	\$231.76	\$242.90	4.8%

Range of Per Diem Rates for Contracted Long-Term Care Facilities, 2018/19-2020/21

Indicator	2018/19	2019/20	2020/21
Interior Health	\$195.75-\$225.19	\$202.93-\$235.98	\$206.60-\$242.32
Fraser Health	\$198.37-\$266.69	\$207.15-\$261.10	\$210.75-\$269.71
Vancouver Coastal Health	\$207.70-\$248.86	\$218.37-\$299.36	\$221.83-\$309.89
Vancouver Island Health	\$190.75-\$263.11	\$199.79-\$275.15	\$212.09-\$286.77
Northern Health	\$224.88-\$229.84	\$230.68-\$235.76	\$237.90-\$244.08
B.C.	\$190.75-\$266.69	\$199.79-\$299.36	\$206.60-\$309.89

Care Services and Quality Indicators

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

Therapies

Residents in long-term care have access to a range of therapies such as, physical therapy, occupational therapy, and recreational therapy. 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 therapy helps residents with activities of daily living such as bathing, dressing and eating to improve and maintain independence; it also ensures equipment, such as wheelchairs, are properly fitted. Recreational therapy is different from the daily recreational activities provided for entertainment and engagement. 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 2020/21, the proportion of residents receiving

- physical therapy decreased from the previous year from 11% to 10%,
- recreation therapy decreased to 28% from 30% the previous year, and
- occupational therapy remained the same at 6%.

The five-year trend demonstrates continuing reductions in physical, occupational and recreation therapy.

Therapies in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Physical Therapy	12%	12%	11%	11%	10%
Recreation Therapy	29%	29%	29%	30%	28%
Occupational Therapy	8%	7%	7%	6%	6%

A comparison by facility ownership demonstrates that a greater proportion of residents in health authority owned facilities received physical and occupational therapy while the residents in contracted facilities received slightly more recreation therapy.

Therapies in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Physical Therapy	13%	9%	11%	11%	10%	10%
% facilities above B.C.	39%	19%	27%	35%	18%	24%
% facilities below B.C.	61%	81%	73%	65%	82%	76%
Recreation Therapy	29%	30%	30%	28%	29%	28%
% facilities above B.C.	61%	51%	54%	58%	52%	54%
% facilities below B.C.	39%	49%	46%	42%	48%	46%
Occupational Therapy	11%	4%	6%	10%	4%	6%
% facilities above B.C.	52%	42%	46%	58%	41%	47%
% facilities below B.C.	48%	58%	54%	42%	59%	53%

Antipsychotic and Antidepressant Use

In 2020/21, the proportion of residents taking antipsychotics without a diagnosis of psychosis increased 8% over the previous year. The rate had declined from 2017/18 to 2018/19. The rate in health authority owned facilities was slightly higher (29%) than in contracted facilities (24%).

Use of Antipsychotics in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
% taking antipsychotics without a diagnosis of psychosis	25%	25%	24%	24%	26%

Use of Antipsychotics in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% taking antipsychotics without a diagnosis of psychosis	27%	23%	24%	29%	24%	26%
% facilities above B.C.	35%	44%	40%	37%	47%	44%
% facilities below B.C.	65%	56%	60%	63%	53%	56%

The proportion of residents diagnosed with depression remained relatively stable at 23% in 2020/21 and the proportion that received antidepressant medication increased slightly to 51%. More than twice as many residents were on antidepressants than those with a recorded clinical diagnosis of depression. In contracted facilities, the proportion diagnosed with depression remained stable at 23% and the proportion that received antidepressants increased to 50%. In health authority owned facilities, the proportion diagnosed with depression remained stable at 24% and the proportion that received antidepressants increased from 50% to 52%.

Depression Indicators in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
% diagnosed with depression	24%	24%	23%	23%	23%
% receiving antidepressant medication	48%	48%	49%	49%	51%

Depressions Indicators in Long-Term Care by Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% diagnosed with depression	24%	23%	23%	24%	23%	23%
% facilities above B.C.	55%	46%	50%	50%	48%	49%
% facilities below B.C.	45%	54%	50%	50%	52%	51%
% receiving antidepressant medication	50%	48%	49%	52%	50%	51%
% facilities above B.C.	49%	38%	42%	55%	32%	40%
% facilities below B.C.	51%	62%	58%	45%	68%	60%

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 remained the same at 7%. The proportion of residents with daily physical restraints is higher for health authority owned facilities (10%) than for contracted facilities (5%), and more health authority owned facilities are higher than the B.C. average.

Daily Physical Restraints in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
% of resident with daily physical restraints	8%	7%	7%	7%	7%

Daily Physical Restraints in Long-Term Care by Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% of resident with daily physical restraints	9%	6%	7%	10%	5%	7%
% facilities above B.C.	55%	30%	39%	53%	30%	39%
% facilities below B.C.	45%	70%	61%	47%	70%	61%

Falls

Falls are the leading cause of injury for seniors and contribute to a significant burden on the health care system. Residents are at a higher risk of falling if they have a history of falls or are taking certain medications. Preventing falls increases the safety and quality of care of residents.

The percent of residents with falls remained the same at 13%. The proportion of residents with falls is slightly higher for contracted facilities (13%) than for health authority owned facilities (12%).

Percent of Residents with Falls in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
% of resident with falls	13%	13%	13%	13%	13%

Percent of Residents with Falls in Long-Term Care by Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% of resident with falls	11%	13%	13%	12%	13%	13%
% facilities above B.C.	39%	30%	33%	32%	29%	30%
% facilities below B.C.	61%	70%	67%	68%	71%	70%

Worsened Pressure Ulcer

Pressure ulcers can happen when a resident sits or lies in the same position for a long period of time. Immobility may be due to many physical and psychological factors, neurological diseases like Alzheimer’s and improper nutrition or hydration.

The percent of residents with worsened pressure ulcer remained the same at 2%. The proportion of residents with worsened pressure ulcer is slightly higher for health authority owned facilities (3%) than for contracted facilities (2%).

Percent of Residents with Worsened Pressure Ulcer in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
% of resident with worsened pressure ulcer	2%	2%	2%	2%	2%

Percent of Residents with Worsened Pressure Ulcer in Long-Term Care by Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% of resident with worsened pressure ulcer	3%	2%	2%	3%	2%	2%
% facilities above B.C.	36%	44%	41%	32%	41%	37%
% facilities below B.C.	64%	56%	59%	68%	59%	63%

Vaccinations

Influenza Vaccinations

With diminished immune systems and often multiple co-existing chronic conditions, residents in long-term care are at a high risk of influenza-related complications. One of the ways to increase protection for vulnerable individuals is to vaccinate them against influenza as well as everyone that is close to them. In long-term care, this includes the residents and the health care workers that are caring for them. In 2020/21, 61% of facilities included in the Directory reported statistics on influenza vaccinations for residents and 71% reported statistics on vaccinations for health care workers. Facilities with staff or resident counts less than 20 are suppressed and are not included in these calculations. In 2020/21, 4% of facilities had their resident vaccination data suppressed and less than 1% had their staff vaccination data suppressed.

Overall, for those facilities that reported in 2020/21, 89% of residents and 63% of health care workers were vaccinated for influenza. This rate increased for residents and decreased for staff from 2019/20. There were more residents and staff vaccinated in contracted facilities than in health authority owned.

Influenza Vaccination Coverage in Long-Term Care by Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% residents vaccinated for influenza	84%	86%	85%	88%	89%	89%
% facilities above B.C.	56%	63%	60%	43%	67%	58%
% facilities below B.C.	44%	37%	40%	57%	33%	42%
% health care workers vaccinated for influenza	72%	68%	69%	63%	64%	63%
% facilities above B.C.	65%	55%	59%	52%	62%	57%
% facilities below B.C.	35%	45%	41%	48%	38%	43%

COVID-19 Vaccinations

COVID-19 is an infection of the airways and lungs caused by the SARS-CoV-2 coronavirus. While some people with COVID-19 may have no symptoms or only mild symptoms, others can require hospitalization and may die. Serious illness is more common in those who are older and those with certain chronic health conditions. Staff vaccination data are not included as there is a public health order requiring that staff who work in long-term care to be vaccinated.

Overall, in 2020/21, 96% of residents were fully vaccinated for COVID-19. The percent of residents vaccinated is similar in health authority owned facilities as in contracted facilities.

Resident COVID-19 Vaccination Coverage in Long-Term Care by Ownership Type, 2020/21

Indicator	2020/21		
	Health Authority	Contracted	All Facilities
Interior Health	94%	94%	94%
Fraser Health	95%	97%	96%
Vancouver Coastal Health	96%	96%	96%
Vancouver Island Health	95%	96%	96%
Northern Health	94%	97%	94%
B.C.	95%	96%	96%

Licensing

Inspections

Long-term care facilities in B.C. are regulated and licensed under the *Community Care and Assisted Living Act (CCALA)* 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 licenses 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 2020/21, 73% of long-term care facilities in B.C. had an inspection compared to 83% in 2019/20. Overall, there were 746 inspections conducted with 819 licensing infractions found. On average, there were just over one infraction 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 had the most infractions per 1,000 beds at 100. Most of the infractions found related to records & reporting (22%), care & supervision (17%), the physical environment (15%), and staffing (14%).

Facility Inspections in Long-Term Care, 2018/19-2020/21

Indicator	2018/19	2019/20	2020/21
Number of inspections	765	687	746
Number of licensing infractions found	1,103	1,175	819
Infraction per 1,000 beds	38	40	28

Facility Inspections in Long-Term Care by Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health						
Number of inspections	32	69	101	12	55	67
Number of licensing infractions found	118	168	286	33	196	229
Infractions per 1,000 beds	46	46	46	13	54	37
Fraser Health						
Number of inspections	44	275	319	44	141	185
Number of licensing infractions found	66	352	418	52	143	195
Infractions per 1,000 beds	37	46	44	27	19	21
Vancouver Coastal Health						
Number of inspections	39	133	172	66	299	365
Number of licensing infractions found	46	121	167	12	90	102
Infractions per 1,000 beds	25	26	26	7	18	15
Vancouver Island Health						
Number of inspections	18	36	54	4	42	46
Number of licensing infractions found	64	163	227	12	165	177
Infractions per 1,000 beds	38	41	40	7	41	31
Northern Health						
Number of inspections	40	1	41	79	4	83
Number of licensing infractions found	69	8	77	106	10	116
Infractions per 1,000 beds	68	54	66	105	66	100
B.C.						
Number of inspections	173	514	687	205	541	746
Number of licensing infractions found	363	812	1,175	215	604	819
Infractions per 1,000 beds	41	40	40	24	30	28

Risk

Licensing officers conduct risk assessments periodically and these assessments are calculated based on a facility's inspections. The risk assessment uses a non-biased method for classification of infractions observed during routine inspections. The infractions observed during routine inspections are assessed to determine the degree of potential harm. The facility risk rating is based on the risk assessment score and is measured at a low (3-13), medium (14-20) or high (21-40).

The health authority reported data for 45% of facilities and of those facilities, the average risk score was 13 (a risk rating of low). The average risk score was similar in health authority owned facilities and contracted facilities, with health authority owned and operated being slightly higher (14) than contracted (13). Northern Health had the highest risk score and Vancouver Coastal Health had the lowest.

Average Risk Score in Long-Term Care, 2020/21

Indicator	2020/21		
	Health Authority	Contracted	All Facilities
Interior Health	12	14	13
Fraser Health	15	13	14
Vancouver Coastal Health	10	11	11
Vancouver Island Health	9	13	13
Northern Health	19	n/a*	n/a*
B.C.	14	13	13

* Only one Northern Health contracted facility reported risk score and therefore the value has been suppressed.

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* and Interior Health does not report substantiated complaints for facilities licensed under the *Hospital Act* but does include the count of complaints.

In 2020/21, there were 499 licensing complaints of which 149 (30%) were substantiated and resulted in some type of licensing violation. The number of complaints decreased by 14% compared to the previous year, while the number of substantiated complaints decreased by 24%. Both the total complaints and the substantiated complaints per 1,000 beds in Vancouver Island Health (46.9 and 17.7 respectively) were above the provincial averages (17.1 and 5.3, respectively). Northern Health also had a higher rate of complaints (28.7) and substantiated complaints (8.4) than the provincial average.

Health authority owned facilities have lower rates of substantiated complaints per 1,000 beds than contracted facilities, 3.4 vs. 6.1, respectively. The rate in health authority owned facilities decreased 8% and decreased 27% in contracted facilities.

Licensing Complaints in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Total complaints	432	352	467	580	499
Total substantiated complaints	181	211	167	195	149
Complaints per 1,000 beds	16.2	12.3	16.5	20.2	17.1
Substantiated complaints per 1,000 beds	6.8	7.4	5.9	7.1	5.3

Notes:

Interior Health: Complaints are only available for facilities licensed under the CCALA.

Northern Health: Complaints are only available for facilities licensed under the CCALA.

Licensing Complaints in Long-Term Care by Facility Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health*						
Total complaints	61	106	167	5	76	81
Total substantiated complaints	4	26	30	2	12	14
% substantiated complaints	7%	25%	18%	40%	16%	17%
Complaints per 1,000 beds	23.8	29.3	27.0	2.0	20.9	13.1
Substantiated complaints per 1,000 beds	2.8	7.4	6.0	1.4	3.4	2.8
Fraser Health						
Total complaints	20	108	128	17	94	111
Total substantiated complaints	8	42	50	4	16	20
% substantiated complaints	40%	39%	39%	24%	17%	18%
Complaints per 1,000 beds	11.1	14.1	13.5	9.4	12.3	11.7
Substantiated complaints per 1,000 beds	4.4	5.5	5.3	2.2	2.1	2.1
Vancouver Coastal Health						
Total complaints	8	20	28	2	11	13
Total substantiated complaints	1	8	9	1	5	6
% substantiated complaints	13%	40%	32%	50%	0%	46%
Complaints per 1,000 beds	4.3	4.3	4.3	1.1	2.2	1.9
Substantiated complaints per 1,000 beds	0.5	1.7	1.4	0.5	1.0	0.9

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Vancouver Island Health						
Total complaints	36	210	246	58	212	270
Total substantiated complaints	8	90	98	12	90	102
% substantiated complaints	22%	43%	40%	21%	42%	38%
Complaints per 1,000 beds	21.3	52.2	43.0	33.9	52.4	46.9
Substantiated complaints per 1,000 beds	4.7	22.4	17.1	7.0	22.3	17.7
Northern Health**						
Total complaints	10	1	11	23	1	24
Total substantiated complaints	7	1	8	7	0	7
% substantiated complaints	70%	100%	73%	30%	0%	29%
Complaints per 1,000 beds	12.2	52.6	13.1	28.2	47.6	28.7
Substantiated complaints per 1,000 beds	8.5	52.6	9.5	8.6	0.0	8.4
B.C.						
Total complaints	135	445	580	105	394	499
Total substantiated complaints	28	167	195	26	123	149
% substantiated complaints	21%	38%	34%	25%	31%	30%
Complaints per 1,000 beds	15.5	22.2	20.2	12.0	19.4	17.1
Substantiated complaints per 1,000 beds	3.7	8.4	7.1	3.4	6.1	5.3

Notes:

* Interior Health: Complaints are only available for facilities licensed under the CCALA.

** Northern Health: Complaints are only available for facilities licensed under the 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. Note that reportable incidents are not available for Vancouver Island Health *Hospital Act* facilities, but they did report 29 adverse events. These are not comparable to reportable incidents as described in the regulation.

In 2020/21, the total number of reportable incidents (13,565) decreased by 24% and the reportable incidents per 100 beds (49.0) decreased by 26% from the previous year. The incidents per 100 beds are the highest in Vancouver Island Health (59.6) and are lowest in Interior Health (40.5). In B.C. overall, rates of reportable incidents per 100 beds are higher in contracted facilities (51.5) compared to health authority owned facilities (43.6). This same pattern is seen in all health authorities except for Interior Health.

Total Incidents in Long-Term Care, 2018/19-2020/21

Indicator	2018/19	2019/20	2020/21
Total incidents	17,339	17,909	13,565
Total incidents per 100 beds	60.4	66.1	49.0

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

Reportable Incidents in Long-Term Care by Ownership Type, 2019/20-2020/21

Indicator	2019/20			2020/21		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health						
Total incidents	2,325	3,149	5,474	1,065	1,449	2,514
Total incidents per 100 beds	90.8	87.0	88.6	41.6	39.8	40.5
Fraser Health						
Total incidents	999	4,608	5,607	866	3,924	4,790
Total incidents per 100 beds	55.4	60.2	59.3	47.6	51.2	50.5
Vancouver Coastal Health						
Total incidents	867	3,102	3,969	772	2,637	3,409
Total incidents per 100 beds	47.0	66.1	60.7	41.8	52.9	49.9
Vancouver Island Health*						
Total incidents	333	2,146	2,479	298	2,083	2,381
Total incidents per 100 beds	67.8	65.9	66.2	51.7	60.9	59.6
Northern Health						
Total incidents	327	53	380	407	64	471
Total incidents per 100 beds	32.2	35.6	32.6	40.3	42.4	40.6
B.C.						
Total incidents	4,851	13,058	17,909	3,408	10,157	13,565
Total incidents per 100 beds	62.9	67.4	66.1	43.6	51.5	49.0

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

Conclusion

The *2021 Long-Term Care Directory* is the seventh edition of information about long-term care homes available to the public. With the addition of 2020/21 data, improvements continue to be seen with increased funded direct care hours, increased expenditures on food, and increased funded per diems. However, the use of antipsychotics without a diagnosis of psychosis has increased and the use of antidepressant medication is slowly increasing. In other areas, such as the use of therapies, there has been little progress; the percent of residents receiving physical and occupational therapy has been declining over the last five years. The influenza vaccinations have increased for residents, but decreased for health care workers.

The Directory provides 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 Directory provides 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, the Ministry of Health, the Canadian Institute for Health Information (CIHI) and the B.C. Centre for Disease Control (BCCDC) to provide detailed information. Without their contributions, the Directory would not be possible and we thank them all for their efforts.

Appendix

Regulation categories for long-term care facilities under the *Community Care and Assisted Living Act*.

Part 1 – Definitions, Exemptions and Other Matters

- Definitions
- Types of Care
- Exemptions by medical health officer
- Variations from prior approvals
- Applications under this regulation

Part 2 – Licensing

- Applying for a licence
- Continuing duty to inform
- Notice of change of operation
- Liability insurance
- Posting licence and inspection record
- Investigation or inspection

Part 3 – Facility Requirements

Division 1 – General Physical Requirements

- Directional assistance
- Accessibility
- Windows
- Temperature and lighting
- Water temperature
- Telephones
- Monitoring, signaling and communication
- Emergency equipment
- Equipment and furnishings
- Maintenance
- Smoking and use of vapour products
- Weapons

Division 2 – Bedrooms

- Bedroom occupancy
- Physical requirements of bedrooms
- Bedroom floor space
- Bedroom windows
- Bedroom furnishings

Division 3 – Bathroom Facilities

- Physical requirements of bathrooms
- Bathrooms in facilities other than long-term care facilities
- Bathrooms in long-term care facilities

Division 4 – Common Areas and Work Areas

- Dining areas
- Lounges and recreation facilities
- Designated work areas
- Outside activity areas

Part 4 – Staffing Requirements

Division 1 – General Staffing Requirements

- Character and skill requirements
- Additional criminal record checks
- Continuing health of employees
- Continuing monitoring of employees

Division 2 – Coverage and Necessary Staff

- Management and supervisory staff
- Staffing coverage
- Employee trained in first aid
- Food services employees
- Employee responsible for activities

Part 5 – Operations

Division 1 – Admission and Continuing Accommodation

- Prohibited service
- Admission screening
- Advice on admission
- Other requirements on admission
- Continuing accommodation

Division 2 – General Care Requirements

- Emergency preparations
- Harmful actions not permitted
- Privacy
- General health and hygiene
- Program of activities
- Identification of persons in care off-site
- Access to persons in care
- Release or removal of persons in care
- Family and resident council
- Dispute resolution
- Self-monitoring of community care facility

Division 3 – Nutrition

- Menu planning
- Food preparation and service
- Food service schedule
- Participation by persons in care
- Individual nutrition needs
- Eating aids and supplements

Division 4 – Medication

- Medication safety and advisory committee
- Packaging and storage of medication
- Administration of medication
- Changes to directions for use of medication
- Return of medication to pharmacy

Division 5 – Use of Restraints

- Restrictions on use of restraints
- When restraints may be used
- Reassessment

Division 6 – Matters That Must Be Reported

- Notification of illness or injury
- Reportable incidents

Part 6 – Records

Division 1 – Records for Each Person in Care

- Records for each person in care
- Records respecting money and valuables of persons in care
- Short-term care plan on admission
- Care plan needed if more than 30 day stay
- Implementation of care plans
- Nutrition plan
- Use of restraints to be recorded in care plan

Division 2 – Additional Records

- Policies and procedures
- Repayment agreements
- Records respecting employees
- Food services record
- Record of minor and reportable incidents
- Record of complaints and compliance
- Financial records and audits

Division 3 – General Requirements Respecting Records

- Currency and availability of records
- How long records must be kept
- Confidentiality

Part 7 – Transitional

- Transitioned facilities
- Unacceptable threat to health or safety
- Transition – Criminal record check