



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 and Assisted Living Directory

2023

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

SUMMARY HIGHLIGHTS, 2022/23

LONG-TERM CARE FACILITIES

FACILITY CHARACTERISTICS

- The British Columbia Long Term Care and Assisted Living Directory (the Directory) contains information on 297 long-term care facilities that have 28,064 publicly subsidized beds, 113 facilities (9,032 beds) are operated directly by a health authority and 184 facilities (18,762 beds) are operated by a contractor (for profit or not-for-profit) with funding from a health authority.
- In the last year, there has been an increase in both the number of publicly subsidized facilities (3 more) and the number of subsidized beds (362 more) for a total increase of 4 facilities and 850 beds over the past five years.
- 91% of the rooms in long-term care were single-occupancy, 6% double occupancy and 3% multi-bed rooms (3 or more beds); there was an increase in single-occupancy rooms compared to the previous year and a continuing decline of double-occupancy rooms. Overall, in the last five years, there has been a 3% increase in the proportion of single occupancy rooms, 19% decrease in double and 24% decrease in multi bed rooms.
- The current room configuration allows 77% of residents to live in single-occupancy rooms compared to 73% from five years ago. In health authority owned facilities, 58% of residents live in single-occupancy rooms compared to 86% in contracted facilities.
- The average wait time to access a long-term care bed in B.C. was 101 days, ranging from a low of 65 days in Vancouver Coastal Health to a high of 278 days in Northern Health. Overall, average wait times have increased 166% in the past five years (38 days).
- In 2022/23, the median wait time to access a long-term care bed ranged from a low of 15 days in Fraser Health and Vancouver Coastal Health to a high of 211 days in Northern Health.

RESIDENT DEMOGRAPHICS AND CARE NEEDS

- The average age of residents in long-term care was 83 years; 53% were 85 years or older and 6% were under 65 years; 63% were female. Overall, residents are younger than five years ago. The average age and proportion of residents over 85 has declined while the proportion under 65 has remained constant.
- Overall, the complexity of residents as measured by the case mix index (CMI) has remained relatively unchanged over the past five years.
- A small increase was found in residents who were totally dependent on staff for their activities of daily living (ADL 5+) (32% compared to 30% five years ago) such as bathing, getting dressed and getting out of bed, meaning the majority of these residents are wheelchair bound while severe cognitive impairment at 28% today is relatively unchanged from five years ago when it was 29% of the resident population.



- 48% of residents were assessed as “low” on the index of social engagement scale (ISE 0-2) and has returned to pre-pandemic levels.
- The overall average length of stay in long-term care was 827 days or 2.3 year; it decreased 3% over the past year and is down 4% from five years ago.. The length of stay was shorter in health authority owned facilities (807 days; 2.2 years) compared to contracted facilities (837 days; 2.3 years).
- The median length of stay is significantly shorter than the average but has also decreased year over year (3% decrease last year, 2% decrease five years ago). Currently, 50% of residents are in long term care for less than 482 days or 1.3 years. Median length of stay was shorter in health authority owned facilities (437 days; 1.2 years) compared to contracted facilities (509 days; 1.4 years).

FUNDING OF LONG-TERM CARE FACILITIES

- The number of facilities funded at the 3.36 provincial guideline increased from 84% to 100% in 2022/23 for the first time. This is a significant improvement from five years ago when only 30% of facilities were funded. On average, facilities were funded by government for 3.42 direct care hours per bed per day, a 0.9% increase over 2021/22 and 5.2% increase from five years ago.
- The B.C. average monthly resident rate (client fee) in long-term care was \$2,039 (5.8% increase). This reflects an average annual income of \$32,500.
- The average food cost increased 9% from the previous year to \$10.12 per bed per day with a range across all facilities of \$6.68 to \$26.92. Overall, average food cost has increased 25% from 2018/19.
- The average per diem rate, which is the base funding provided per bed to contracted facilities per day, was \$255.76 (3.0% increase), with a range across all contracted facilities of \$204.25 to \$312.15. This has increased 15% from 2018/19. Overall funding which includes the per diem base has increased by more than 23% since 2018/19.

CARE SERVICES AND QUALITY INDICATORS

- 11% of residents received physical therapy, 30% received recreation therapy, and 6% received occupational therapy. This has remained stable from the previous year and from five years ago.
- 45% of residents were taking nine or more medications compared to 42% last year and 40% five years ago. A higher percentage of residents in health authority owned sites (50%) take nine or more medications than those in contracted facilities (42%).
- The proportion of residents taking antipsychotics without a diagnosis of psychosis was 28%, an increase of 3.7% over the previous year and 16.7% over five years ago.
- The proportion of residents diagnosed with depression (23%) remained unchanged last year and five years ago and the proportion receiving antidepressant medication (51%) remained unchanged last year but increased slightly from five years ago (49%). While the percent of those diagnosed with depression is the same for both health authority owned and contracted

facilities, the percent receiving antidepressant medication is higher in health authority facilities (53%) than contracted facilities (50%).

- The percent of residents with daily physical restraints (6.0%) decreased 6.3% from last year and 10.4% over the last five years.
- The percent of residents with falls (13%) and the percent of residents with worsened pressure ulcer (2%) has remained unchanged over the past years.
- The percent of residents with four or more emergency room visits in one year was 1.4%, with health authority facilities (1.7%) being higher than contracted facilities (1.2%). Northern Health had the highest percent of residents (4%) with four or more emergency visits compared to other health authorities.

IMMUNIZATIONS

- The rate of influenza vaccinations for residents decreased from 90% in 2021/22 to 88% in 2022/23. The rate of health care workers vaccinated in long-term care facilities decreased from 54% in 2021/22 to 39% last year, the lowest since the influenza prevention policy was enacted in 2012. Lower staff vaccination rates are attributed to lower compliance of self-reporting by health care workers in long-term care since the pandemic.
- In 2022/23, 84% of residents were vaccinated for four doses of COVID-19. The proportion of residents vaccinated is slightly lower in health authority owned facilities (82%) than in contracted facilities (85%). Staff vaccination data are not included in this report as there is a public health order requiring staff who work in long-term care to be vaccinated against COVID-19.

INSPECTIONS, COMPLAINTS AND REPORTABLE INCIDENTS

- 86% of long-term care facilities had an inspection compared to 89% in 2018/19. Overall, there were 857 inspections conducted with 1,394 licensing infractions found, a decrease from 1,478 in 2021/22. Most of the infractions found related to care and supervision (20%), staffing (19%), records and reporting (18%), the physical environment (14%) and policies (11%).
- Overall, the average risk score for compliance and safety standards was similar in health authority owned facilities (13, low) and contracted facilities (10, low). This was relatively unchanged from previous year.
- There were 128 substantiated licensing complaints, a 12% decrease from last year and 23% decrease from five years ago. The rate of substantiated complaints per 1,000 beds in health authority owned facilities was 20% lower than in contracted facilities.
- There were 18,221 reportable incidents, a 4% decrease from last year but a 5% increase from five years ago. The rate of reported incidents per 100 beds in health authority owned facilities was 4.2% lower than in contracted facilities.



SUMMARY HIGHLIGHTS, 2022/23

ASSISTED LIVING RESIDENCES

RESIDENCE CHARACTERISTICS

- The assisted living directory contains information on 135 residences that provide 4,337 publicly subsidized assisted living units for seniors.
- Of these residences, 7(5%) were operated directly by a health authority with 180 (4%) units; 128 (95%) were operated by a for-profit or not-for-profit contractor with 4,157 (96%) units.
- The number of residences remained the same as last year while the number of publicly subsidized units increased by 3 units from last year and the number of contracted units decreased by 11 units.

RESIDENT DEMOGRAPHICS AND CARE NEEDS

- The average age of residents in assisted living ranged from 80 to 83 years in four health authorities but is slightly lower in Interior Health at 77 years .
- The average wait time for admission to assisted living was 117 days; the wait times varied widely across health authorities from 75 days in Vancouver Coastal Health to 408 days in Northern Health.
- The percentage of residents with ADL 3+ was 16% and ranged from 8% in Vancouver Coastal Health to 28% in Fraser Health.
- The percentage of residents with IADL 3+ was 77% and ranged from 83% to 97% in four health authorities but was significantly lower in Vancouver Island Health at 33%.
- The percentage of residents with MAPLe 4+ was 49% and relatively consistent across health authorities, ranging from 42% in Vancouver Island Health to 57% in Northern Health.
- The percentage of residents with CPS 3+ was 12%, while in the Interior Health, Vancouver Coastal Health and Vancouver Island Health was 10% or below while it was almost 20% in Fraser Health and Northern Health.
- Over 90% of residents living in assisted living reported they felt at ease when they interact with family, friends and health professionals, however, 27% of residents said or indicated they were lonely.
- The average length of stay was 1,209 days. The average length of stay was the shortest in Interior Health (950 days) compared to Vancouver Coastal Health (1,487 days).

FUNDING IN ASSISTED LIVING RESIDENCES

- For 2023, the regulated minimum monthly rate for a single senior living in a publicly subsidized assisted living residence was \$1,093.50 and \$1,665.60 for a couple per month.
- In B.C., the average monthly resident rate was \$1,484 per month, a 3% increase from last year. The maximum monthly resident rate (determined by the health authority) for a single senior ranged from \$2,418 to \$5,046 per month.
- The average food cost increased 7.5% from 2021/22, from \$8.53 to \$9.17 per unit per day in 2022/23.

CARE SERVICES AND QUALITY INDICATORS

- The percentage of residents with 9 or more medications was 56% and ranged from 45% in Northern Health to 61% in Vancouver Island Health.
- The percentage of residents taking antipsychotic drugs without a diagnosis of psychosis was 6% and was relatively stable across the province ranging between 5% and 7%. The percentage of residents taking antipsychotic drugs with or without a diagnosis is higher (19%) and ranged from 16% in Northern Health to 22% in Interior Health.
- The percentage of residents with symptoms of depression varied from 13% in Vancouver Coastal Health to 28% in Interior Health, with a corresponding range of people receiving antidepressant medications from 31% of residents in Vancouver Coastal Health up to 45% in Interior Health.
- The percentage of residents with 4 or more visits to the emergency room in one year was 11% and varied considerably between health authorities from 3% in Vancouver Coastal to 20% in Northern Health.

IMMUNIZATIONS

- 84% of assisted living residents were vaccinated for influenza. This ranged from 81% to 87% across health authorities (excluding Northern Health).
- 86% of assisted living residents were vaccinated for four doses of COVID-19. This ranged from 77% in Interior Health to 92% in Vancouver Coastal Health.



LICENSING, COMPLAINTS AND REPORTABLE INCIDENT

- Northern Health had the highest number of inspections per 1,000 units at 6.6; more than double the B.C. average of 2.8 per 1,000 units.
- There were 58 complaints in assisted living residences of which 17 (29%) were substantiated.
- The lowest number of substantiated complaints were filed in Vancouver Coastal Health and Northern Health, and the highest number were in Interior Health and Fraser Health.
- There were 4,005 reportable incidents, approximately 70.2 incidents per 100 units ranging from 28.9 incidents per 100 units in Northern Health to 111.5 incidents per 100 units in Vancouver Island Health.



INTRODUCTION

The Office of the Seniors Advocate (OSA) has published the British Columbia Long-Term Care and Assisted Living Directory annually. The Directory is designed to be a centralized resource for seniors, caregivers and the public seeking information about individual publicly subsidized care homes and assisted living residences in B.C.

The Directory includes not only basic information such as room configuration, languages spoken by staff, and information about food costs, but also offers an opportunity to see how the facility or residence is doing in terms of care quality indicators. For example, in the long-term care section, we report the use of medications, restraints and access to therapies; in the assisted living section, we report medication use, caregiver distress and emergency room visits. As part of our commitment to reconciliation, the Directory also includes the First Nations territory in which a long-term care facility or assisted living residence operates.

New content in this year's Directory includes:

- Information about the long-term care resident monthly rates, residents who take more than nine medications, and residents who have four or more emergency room visits in one year have been added.
- The results of the 2023 Long-Term Care Resident and Visitor Survey have been added for each care home. People can view how residents' and frequent visitors' survey results compared to the B.C. average and to the results from the previous survey in 2017. They surveys gathered information regarding the experiences and quality of life in almost 300 of B.C.'s publicly subsidized long-term care homes.
- More information about residents living in publicly subsidized assisted living residences including resident monthly rates, care needs and quality indicators such as clinical indicators (i.e., ADL, IADL, MAPLe, RUG and CPS scores), medication use, antipsychotic and antidepressant use, depression, dementia, caregiver distress and emergency room visits.
- Long-term care facilities and assisted living residences that are co-located are identified.

Changes in the Directory this year include:

- Ocean Front Village, McGivney Manor and the Vineyards Residence long-term care facilities opened and were added to the Directory.
- Haro Park Centre, Riverside Place and Nick Grosse assisted living residences were added to the Directory; they were missing from last year's Directory due to a delay in registration.
- Adanac Park Lodge, Little Mountain Place and Windermere Care Centre have shifted from contracted to health authority owned sites.



LONG-TERM CARE FACILITIES

The Directory contains information on 297 care facilities that provide subsidized long-term care for seniors, an increase of 3 facilities since last year. Of the 297 facilities, 113 facilities with 9,302 beds are operated directly by a health authority and 184 facilities with 18,762 beds are operated by a contractor with funding from the health authority. The total number of subsidized beds in B.C. is 28,064, an increase of 362 beds from 2021/22. Overall, 91% of rooms are single occupancy; 77% of residents live in single occupancy rooms. Overall, 58% of residents in health authority owned facilities live in single occupancy rooms while 86% of residents in contracted facilities live in single occupancy rooms.

LONG-TERM CARE FACILITY DEMOGRAPHICS, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
NUMBER OF FACILITIES	293	296	297	294	297
NUMBER OF PUBLICLY SUBSIDIZED BEDS	27,214	27,505	27,931	27,702	28,064
% SINGLE OCCUPANCY ROOMS	88%	89%	90%	90%	91%
% DOUBLE OCCUPANCY ROOMS	8%	7%	7%	7%	6%
% MULTI-BED ROOMS	4%	4%	4%	3%	3%
% OF RESIDENTS IN SINGLE OCCUPANCY ROOMS	73%	76%	77%	77%	77%

LONG-TERM CARE FACILITY DEMOGRAPHICS BY FACILITY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
NUMBER OF FACILITIES	109	185	294	113	184	297
NUMBER OF PUBLICLY SUBSIDIZED BEDS	8,925	18,777	27,702	9,302	18,762	28,064
% SINGLE OCCUPANCY ROOMS	81%	93%	90%	82%	94%	91%
% DOUBLE OCCUPANCY ROOMS	9%	6%	7%	9%	6%	6%
% MULTI-BED ROOMS	10%	1%	3%	9%	1%	3%
% OF RESIDENTS IN SINGLE OCCUPANCY ROOMS	57%	86%	77%	58%	86%	77%

WHO IS LIVING IN LONG-TERM 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 an 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 no change in the average age of people in long-term care, with the average age remaining at 83 years in 2022/23. The average age in health authority owned facilities (82) is lower than in contracted facilities (84). Contracted facilities had more residents aged 85 or older (55%) compared to health authority owned facilities (48%) while health authority owned facilities had more residents under age 65 (8%) compared to contracted facilities (4%). Almost two-thirds of residents in both ownership groups were female. Health authority owned facilities had slightly more residents in a wheelchair (54% vs 53% in contracted).

RESIDENT DEMOGRAPHICS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
AVERAGE AGE	84	84	84	83	83
% OF RESIDENTS 85+	56%	55%	54%	53%	53%
% OF RESIDENTS <65	6%	6%	6%	6%	6%
% RESIDENTS THAT ARE FEMALE	65%	64%	64%	63%	63%
% RESIDENTS IN A WHEELCHAIR	52%	52%	52%	53%	53%



RESIDENT DEMOGRAPHICS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE AGE	82	84	83	82	84	83
% FACILITIES ABOVE B.C.	38%	68%	56%	34%	66%	54%
% FACILITIES BELOW B.C.	62%	32%	44%	66%	34%	47%
% OF RESIDENTS 85+	49%	56%	53%	48%	55%	53%
% FACILITIES ABOVE B.C.	32%	59%	49%	30%	61%	49%
% FACILITIES BELOW B.C.	68%	41%	51%	70%	39%	51%
% OF RESIDENTS <65	8%	5%	6%	8%	4%	6%
% FACILITIES ABOVE B.C.	49%	26%	35%	56%	28%	39%
% FACILITIES BELOW B.C.	51%	74%	66%	44%	73%	62%
% RESIDENTS THAT ARE FEMALE	62%	64%	63%	62%	64%	63%
% FACILITIES ABOVE B.C.	40%	58%	51%	39%	58%	51%
% FACILITIES BELOW B.C.	60%	42%	49%	61%	42%	49%
% RESIDENTS IN A WHEELCHAIR	55%	52%	53%	54%	53%	53%
% FACILITIES ABOVE B.C.	49%	46%	47%	41%	52%	48%
% FACILITIES BELOW B.C.	51%	54%	53%	59%	48%	52%

WAIT TIME

The wait time is the time it takes for the resident to be placed into a facility and is measured from the time a resident is accepted for placement 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 newly admitted in 2022/23. The wait time ranged from 0 days to a maximum of 1,743 days (4.8 years). Wait times are longer in contracted facilities than in health authority owned facilities, but they vary considerably between health authorities. Vancouver Coastal Health had the lowest average wait time (65 days) and Northern Health had the highest average wait time (278 days). The wait times have increased in every health authority since 2021/22, ranging from a low of 5% increase in Northern Health (from 266 to 278 days) to a high of 53% increase in Fraser Health from 49 to 75 days.

AVERAGE WAIT TIME (DAYS) IN LONG-TERM CARE BY HEALTH AUTHORITY, OWNERSHIP TYPE, 2021/22-2022/23

HEALTH AUTHORITY	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	74	103	87	83	125	105
FRASER HEALTH	33	55	49	48	83	75
VANCOUVER COASTAL HEALTH	45	63	57	61	67	65
VANCOUVER ISLAND HEALTH	78	129	111	116	152	140
NORTHERN HEALTH	266	275	266	273	307	278
B.C.	n/a	n/a	n/a	94	104	101

NOTES: B.C. data is only available for 2022/23.

CARE NEEDS OF RESIDENTS

Several measures can be used to determine the complexity and frailty of the resident population. This summary highlights three different indicators: Case Mix Index (CMI), the Activities of Daily Living (ADLs) Scale, and the Cognitive Performance Scale (CPS). 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 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 a greater intensity of resources is required to meet the needs of residents. In 2022/23, health authority owned facilities continued to demonstrate a slightly more complex resident population, with an average CMI of 0.59 vs. 0.58 in contracted facilities.

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 2022/23, health authority owned facilities demonstrated a higher proportion of residents who require significant support in ADLs at 37% vs. 30% in contracted facilities.

COMPLEXITY OF RESIDENTS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
AVERAGE CASE MIX INDEX (CMI)	0.58	0.58	0.58	0.58	0.58
% OF RESIDENTS TOTALLY DEPENDENT IN ACTIVITIES OF DAILY LIVING (ADL 5+)	30%	31%	32%	32%	32%



COMPLEXITY OF RESIDENTS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE CASE MIX INDEX (CMI)	0.59	0.58	0.58	0.59	0.58	0.58
% FACILITIES ABOVE B.C.	45%	40%	42%	42%	40%	41%
% FACILITIES BELOW B.C.	55%	60%	58%	58%	60%	59%
% OF RESIDENTS TOTALLY DEPENDENT IN ACTIVITIES OF DAILY LIVING (ADL 5+)	37%	30%	32%	37%	30%	32%
% FACILITIES ABOVE B.C.	60%	37%	46%	60%	42%	49%
% FACILITIES BELOW B.C.	41%	63%	54%	40%	58%	51%

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 2022/23, the proportion of residents with a high CPS score in health authority owned facilities (29%) was slightly higher than in contracted facilities (27%). In contrast, contracted facilities continue to have a higher proportion of residents with dementia (65%) than health authority owned facilities (58%).

COGNITIVE IMPAIRMENT IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
% OF RESIDENTS WITH SEVERE COGNITIVE IMPAIRMENT (CPS 4+)	29%	29%	28%	28%	28%
% OF RESIDENTS WITH DEMENTIA	64%	64%	64%	63%	63%

COGNITIVE IMPAIRMENT IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENTS WITH SEVERE COGNITIVE IMPAIRMENT (CPS 4+)	29%	27%	28%	29%	27%	28%
% FACILITIES ABOVE B.C.	54%	39%	45%	50%	41%	44%
% FACILITIES BELOW B.C.	46%	61%	55%	50%	59%	56%
% OF RESIDENTS WITH DEMENTIA	59%	66%	63%	58%	65%	63%
% FACILITIES ABOVE B.C.	44%	63%	56%	44%	60%	54%
% FACILITIES BELOW B.C.	56%	37%	45%	56%	40%	46%

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 2022/23, average ISE scores per facility ranged from 0.5 to 5.4 across all facilities. The average ISE score was slightly higher this year in health authority owned facilities (2.73) than in contracted facilities (2.72). Almost half (48%) of all residents had a low sense of social engagement; residents living in a communal environment may still feel isolated and lonely. The lower average ISE during the COVID-19 pandemic has now recovered to pre-pandemic levels.

SOCIAL ENGAGEMENT IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
AVERAGE INDEX OF SOCIAL ENGAGEMENT (ISE)	2.72	2.70	2.63	2.67	2.72
% OF RESIDENTS WITH LOW ISE (0-2)	48%	48%	50%	49%	48%



SOCIAL ENGAGEMENT IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE INDEX OF SOCIAL ENGAGEMENT (ISE)	2.66	2.68	2.67	2.73	2.72	2.72
% FACILITIES ABOVE B.C.	44%	45%	45%	46%	44%	44%
% FACILITIES BELOW B.C.	56%	55%	55%	55%	56%	56%
% OF RESIDENTS WITH LOW ISE (0-2)	50%	49%	49%	48%	48%	48%
% FACILITIES ABOVE B.C.	51%	49%	50%	46%	52%	50%
% FACILITIES BELOW B.C.	49%	51%	50%	54%	48%	50%

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 decreased slightly in 2022/23 to 8%. It was higher in contracted facilities (9%) vs health authority owned facilities (6%).

PHYSICALLY ABUSIVE BEHAVIOUR IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
% OF RESIDENTS WITH PHYSICALLY ABUSIVE BEHAVIOUR	9%	9%	9%	9%	8%

PHYSICALLY ABUSIVE BEHAVIOUR IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22- 2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENTS WITH PHYSICALLY ABUSIVE BEHAVIOUR	7%	10%	9%	6%	9%	8%
% FACILITIES ABOVE B.C.	29%	53%	43%	21%	53%	41%
% FACILITIES BELOW B.C.	71%	48%	57%	79%	47%	59%

LENGTH OF STAY

In 2022/23, the average length of stay was 827 days (2.3 years) and has decreased since last year by 3.0%. Average length of stay was shorter in health authority owned facilities (807 days; 2.2 years) than in contracted facilities (837 days; 2.3 years).

AVERAGE LENGTH OF STAY (DAYS) IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	714	764	762	763	759	-0.5%
FRASER HEALTH	857	833	911	843	790	-6.3%
VANCOUVER COASTAL HEALTH	1,060	1,032	1,130	1,000	1,007	0.7%
VANCOUVER ISLAND HEALTH	822	760	784	801	767	-4.2%
NORTHERN HEALTH	1,088	1,026	1,028	1,083	989	-8.7%
B.C.	861	843	902	853	827	-3.0%

AVERAGE LENGTH OF STAY (DAYS) IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22- 2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE LENGTH OF STAY	798	883	853	807	837	827
% FACILITIES ABOVE B.C.	46%	55%	52%	48%	50%	49%
% FACILITIES BELOW B.C.	54%	45%	48%	52%	50%	51%



In 2022/23, the median length of stay was 482 days and decreased by 3% over last year. The largest decrease in median length of stay was in Fraser Health (-8%). Median length of stay was shorter in health authority owned facilities (437 days; 1.2 years) than in contracted facilities (509 days; 1.4 years).

MEDIAN LENGTH OF STAY (DAYS) IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	404	446	449	463	461	0%
FRASER HEALTH	505	455	597	491	449	-8%
VANCOUVER COASTAL HEALTH	610	627	692	548	525	-4%
VANCOUVER ISLAND HEALTH	465	459	475	465	476	2%
NORTHERN HEALTH	860	727	780	735	707	-4%
B.C.	493	485	556	497	482	-3%

MEDIAN LENGTH OF STAY (DAYS) IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22- 2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
MEDIAN LENGTH OF STAY	451	524	497	437	509	482
% FACILITIES ABOVE B.C.	51%	64%	59%	57%	63%	60%
% FACILITIES BELOW B.C.	49%	36%	41%	43%	37%	40%

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 sets a guideline that residents in long-term care facilities should receive an average of at least 3.36 hours of direct care daily. As of this year, all facilities are funded to 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. Individual facilities may be actually delivering greater or fewer hours than the number of funded hours. 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 2022/23, the average funded direct care hours for all facilities increased 0.9% over the previous year to 3.42 hours per bed per day. Contracted facilities (3.37) still lag behind facilities owned by the health authorities (3.52). Funded direct care hours by facility range from a low of 3.36 hours in certain facilities to a high of 6.62 hours in others.

The number of facilities funded for 3.36 average direct care hours per resident increased from 84% to 100% in 2022/23 – the first time both health authority operated and contracted facilities were all funded to meet this guideline. Funding for direct care hours increased at 76 (25.6%) facilities, decreased at 14 (4.7%) facilities and remained the same at 200 (67.3%) facilities.

AVERAGE FUNDED DIRECT CARE HOURS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23	% CHANGE FROM LAST YEAR
INTERIOR HEALTH*	3.31	3.35	3.37	3.37	3.39	0.6%
FRASER HEALTH	3.23	3.25	3.37	3.38	3.41	0.9%
VANCOUVER COASTAL HEALTH**	3.18	3.22	3.38	3.43	3.46	0.9%
VANCOUVER ISLAND HEALTH***	3.24	3.29	3.37	3.38	3.40	0.6%
NORTHERN HEALTH	3.47	3.45	3.45	3.45	3.46	0.3%
B.C.	3.25	3.28	3.37	3.39	3.42	0.9%

NOTES: *Interior Health: McGivney Manor is a new facility in 2022/23, therefore there is no data available. **Vancouver Coastal Health: Bella Coola General Hospital and R. W. Large Memorial Hospital do not report data because the amounts are difficult to separate from global budgets. ***Vancouver Island Health: Ocean Front Village is a new facility in 2022/23, therefore there is no data available.



FACILITIES FUNDED TO THE LEVEL OF PROVINCIAL DIRECT CARE HOURS GUIDELINE BY FACILITY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23			
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	
INTERIOR HEALTH*	AVERAGE FUNDED DIRECT CARE HOURS	3.42	3.33	3.37	3.42	3.36	3.39
	NUMBER OF FACILITIES REPORTING	39	39	78	39	40	79
	PERCENT OF FACILITIES MEETING GUIDELINE	100%	54%	77%	100%	100%	100%
FRASER HEALTH*	AVERAGE FUNDED DIRECT CARE HOURS	3.59	3.32	3.38	3.58	3.36	3.41
	NUMBER OF FACILITIES REPORTING	15	64	79	15	64	79
	PERCENT OF FACILITIES MEETING GUIDELINE	100%	83%	86%	100%	100%	100%
VANCOUVER COASTAL HEALTH**	AVERAGE FUNDED DIRECT CARE HOURS	3.67	3.33	3.43	3.62	3.38	3.46
	NUMBER OF FACILITIES REPORTING	14	38	52	17	36	53
	PERCENT OF FACILITIES MEETING GUIDELINE	100%	74%	81%	100%	100%	100%
VANCOUVER ISLAND HEALTH***	AVERAGE FUNDED DIRECT CARE HOURS	3.45	3.34	3.38	3.49	3.37	3.40
	NUMBER OF FACILITIES REPORTING	17	40	57	17	41	58
	PERCENT OF FACILITIES MEETING GUIDELINE	100%	80%	86%	100%	100%	100%
NORTHERN HEALTH	AVERAGE FUNDED DIRECT CARE HOURS	3.46	3.37	3.45	3.47	3.37	3.46
	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	3.51	3.33	3.39	3.52	3.37	3.42
	NUMBER OF FACILITIES REPORTING	107	183	290	110	183	293
	PERCENT OF FACILITIES MEETING GUIDELINE	100%	74%	84%	100%	100%	100%

NOTES: *Interior Health: McGivney Manor is a new facility in 2022/23, therefore there is no data available. **Vancouver Coastal Health: Bella Coola General Hospital and R. W. Large Memorial Hospital do not report data because the amounts are difficult to separate from global budgets. ***Vancouver Island Health: Ocean Front Village is a new facility in 2022/23, therefore there is no data available.

NUMBER OF FACILITIES WHERE FUNDED DIRECT CARE HOURS CHANGED BETWEEN 2021/22 AND 2022/23

INDICATOR	INCREASE IN DCH	DECREASE IN DCH	NO CHANGE IN DCH	UNKNOWN CHANGE IN DCH*	TOTAL FACILITIES
INTERIOR HEALTH	20	0	58	2	80
FRASER HEALTH	12	4	63	0	79
VANCOUVER COASTAL HEALTH	19	4	29	3	55
VANCOUVER ISLAND HEALTH	18	2	37	2	59
NORTHERN HEALTH	7	4	13	0	24
B.C.	76	14	200	7	297

NOTES: *Unknowns include the following facilities: IHA: The Vineyards Residence and McGivney Manor are new facilities in 2022/23; therefore, there is no comparison data for 2021/22. VCHA: 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. Creekstone Care Centre is a new facility in 2021/22; therefore, there is no comparison data for 2021/22. VIHA: The Hamlets at Duncan is a new facility in 2021/22; therefore, there is no comparison data for 2021/22. Ocean Front Village is a new facility in 2022/23; therefore, there is no data in 2022/23.

MONTHLY RATE (CLIENT FEES)

For the first time in 2023, we are reporting the average monthly fees paid by residents living in long-term care facilities. Residents in publicly funded long-term care pay 80% of their after-tax income as a monthly fee up to a maximum of \$3,847.20 per month in 2023 with a minimum of \$325 left per month for personal expenses. The minimum rate is calculated using the maximum amount of Old Age Security and Guaranteed Income Supplement as of July 1 of the previous year minus a \$3,900 deduction (\$325 x 12 months). The maximum monthly fee is adjusted every year to inflation. Residents can apply to their health authority for a temporary rate reduction if the assessed monthly rate would cause financial hardship.

In 2022/23, the average monthly rate paid by residents in long-term care was \$2,039 with the highest in Interior Health (\$2,118) and lowest in Northern Health (\$1,846). The average monthly rate in contracted facilities was slightly higher at \$2,060 than health authority operated facilities at \$1,994 per month.

RESIDENT MONTHLY RATE (\$) FOR PUBLICLY FUNDED LONG-TERM CARE BED BY HEALTH AUTHORITY, 2021/22-2022/23

INDICATOR	2021/22		2022/23	
	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE
INTERIOR HEALTH	\$2,006	\$1,582	\$2,118	\$1,615
FRASER HEALTH	\$1,839	\$1,532	\$1,956	\$1,580
VANCOUVER COASTAL HEALTH	\$1,955	\$1,490	\$2,066	\$1,530
VANCOUVER ISLAND HEALTH	\$1,966	\$1,633	\$2,096	\$1,722
NORTHERN HEALTH	\$1,946	\$1,576	\$1,846	\$1,495
B.C.	\$1,928	n/a	\$2,039	n/a



RESIDENT MONTHLY RATE (\$) FOR PUBLICLY FUNDED LONG-TERM CARE BED BY OWNERSHIP, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE MONTHLY RATE	\$1,894	\$1,944	\$1,928	\$1,994	\$2,060	\$2,039
% FACILITIES ABOVE B.C.	46%	56%	52%	31%	56%	47%
% FACILITIES BELOW B.C.	54%	44%	48%	69%	44%	53%

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 2022/23, the actual food cost increased 9% from the previous year to \$10.12 per bed. There was significant variation among facilities, ranging from an overall low of \$6.68 to a high of \$26.92 per bed per day. Health authority owned facilities spent more on average (\$10.55) than contracted facilities (\$9.91).

AVERAGE ACTUAL FOOD COSTS PER BED PER DAY IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	\$8.20	\$8.39	\$9.03	\$9.85	\$10.93	11%
FRASER HEALTH	\$7.66	\$8.06	\$8.07	\$8.74	\$9.37	7%
VANCOUVER COASTAL HEALTH	\$8.00	\$8.35	\$9.21	\$8.96	\$9.48	6%
VANCOUVER ISLAND HEALTH	\$8.12	\$8.20	\$8.84	\$9.38	\$10.50	12%
NORTHERN HEALTH	\$11.26	\$11.07	\$12.38	\$12.19	\$13.00	7%
B.C.	\$8.11	\$8.39	\$8.88	\$9.30	\$10.12	9%

NOTES: IHA and FHA updated their data in 2021/22, therefore, the numbers for IHA, FHA and B.C. were updated.

ACTUAL FOOD COSTS PER BED PER DAY IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22 - 2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$9.19	\$10.43	\$9.85	\$10.89	\$10.97	\$10.93
RANGE	\$7.54-\$10.92	\$7.44-\$21.64	\$7.44-\$21.64	\$7.48-\$12.86	\$7.09-\$24.84	\$7.09-\$24.84
FRASER HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$8.72	\$8.74	\$8.74	\$8.27	\$9.67	\$9.37
RANGE	\$8.20-\$10.89	\$6.07-\$23.09	\$6.07-\$23.09	\$6.99-\$10.12	\$6.68-\$26.92	\$6.68-\$26.92
VANCOUVER COASTAL HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$9.12	\$8.90	\$8.96	\$8.93	\$9.72	\$9.48
RANGE	\$8.58-\$12.16	\$6.59-\$12.59	\$6.59-\$12.59	\$7.24-\$10.93	\$6.79-\$15.21	\$6.79-\$15.21
VANCOUVER ISLAND HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$11.12	\$8.61	\$9.38	\$12.46	\$9.67	\$10.50
RANGE	\$8.87-\$14.81	\$6.05-\$19.26	\$6.05-\$19.26	\$11.74-\$15.39	\$6.98-\$16.45	\$6.98-\$16.45
NORTHERN HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$12.86	\$8.08	\$12.19	\$13.63	\$8.49	\$13.00
RANGE	\$10.17-\$16.85	\$7.49-\$14.72	\$7.49-\$16.85	\$11.81-\$18.02	\$8.30-\$10.56	\$8.30-\$18.02
B.C.						
AVERAGE ACTUAL FOOD COSTS	\$9.87	\$9.02	\$9.30	\$10.55	\$9.91	\$10.12
RANGE	\$7.54-\$16.85	\$6.05-\$23.09	\$6.05-\$23.09	\$6.99-\$18.02	\$6.68-\$26.92	\$6.68-\$26.92

NOTES: IHA and FHA updated their data in 2021/22, therefore, the numbers for IHA, FHA and B.C. were updated.

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 included. Per diem rates are not reported by health authority owned facilities at this time because it is challenging to separate long-term care costs from global budgets.



In 2022/23, the average per diem rate increased 3% over the previous year to \$255.76. Interior Health had the lowest average per diem (\$237.59) and Vancouver Island Health (\$272.49) had the highest average per diem. Interior Health and Vancouver Island Health had the largest increase (both at 5%) over the previous year. The average per diem rate ranged from \$204.25 to \$312.15 across all facilities in 2022/23.

AVERAGE PER DIEM RATES FOR CONTRACTED LONG-TERM CARE FACILITIES, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	\$210.98	\$219.83	\$225.12	\$225.46	\$237.59	5%
FRASER HEALTH	\$222.89	\$232.49	\$243.11	\$249.66	\$257.70	3%
VANCOUVER COASTAL HEALTH	\$220.19	\$232.04	\$247.58	\$254.32	\$251.44	-1%
VANCOUVER ISLAND HEALTH	\$229.57	\$240.63	\$252.27	\$260.25	\$272.49	5%
NORTHERN HEALTH	\$229.59	\$235.40	\$243.64	\$247.35	\$255.10	3%
B.C.	\$221.57	\$231.76	\$242.90	\$248.70	\$255.76	3%

RANGE OF PER DIEM RATES FOR CONTRACTED LONG-TERM CARE FACILITIES, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
INTERIOR HEALTH	\$195.75-\$225.19	\$202.93-\$235.98	\$206.60-\$242.32	\$206.60-\$242.32	\$222.57-\$290.84
FRASER HEALTH	\$198.37-\$266.69	\$207.15-\$261.10	\$210.75-\$269.71	\$215.93-\$275.65	\$223.44-\$308.83
VANCOUVER COASTAL HEALTH	\$207.70-\$248.86	\$218.37-\$299.36	\$221.83-\$309.89	\$229.36-\$316.25	\$204.25-\$312.15
VANCOUVER ISLAND HEALTH	\$190.75-\$263.11	\$199.79-\$275.15	\$212.09-\$286.77	\$227.23-\$294.47	\$250.48-\$300.02
NORTHERN HEALTH	\$224.88-\$229.84	\$230.68-\$235.76	\$237.90-\$244.08	\$241.58-\$247.86	\$247.49-\$255.80
B.C.	\$190.75-\$266.69	\$199.79-\$299.36	\$206.60-\$309.89	\$206.60-\$316.25	\$204.25-\$312.15

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 (LTC) and Assisted Living Directory includes information on several of these indicators for LTC, 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 and walkers, are properly fitted. 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 2022/23, the proportion of residents receiving physical therapy (11%), recreational therapy (30%) and occupational therapy (6%) remained unchanged from the previous year. The five-year trend has remained relatively the same in physical, recreation and occupational therapy.

THERAPIES IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
PHYSICAL THERAPY	11%	11%	10%	11%	11%
RECREATION THERAPY	29%	30%	28%	30%	30%
OCCUPATIONAL THERAPY	7%	6%	6%	6%	6%



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

THERAPIES IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
PHYSICAL THERAPY	10%	11%	11%	10%	12%	11%
% FACILITIES ABOVE B.C.	24%	30%	28%	23%	32%	29%
% FACILITIES BELOW B.C.	76%	70%	72%	77%	68%	72%
RECREATION THERAPY	29%	31%	30%	29%	31%	30%
% FACILITIES ABOVE B.C.	37%	45%	42%	35%	40%	38%
% FACILITIES BELOW B.C.	63%	55%	58%	66%	60%	62%
OCCUPATIONAL THERAPY	10%	4%	6%	9%	4%	6%
% FACILITIES ABOVE B.C.	33%	17%	23%	28%	16%	21%
% FACILITIES BELOW B.C.	67%	83%	77%	72%	84%	79%

MEDICATION USE

The use of antipsychotics and antidepressants continues to be monitored in the Directory, with the new addition of the percent of residents taking 9 or more medications. The use of multiple medications, commonly referred to as polypharmacy, is more common among older adults to help manage acute and chronic health conditions. Taking too many medications can lead to safety concerns including harmful side effects and drug interactions.

In 2022/23, 45% of residents were taking 9 or more medications, a 7% increase from the previous year. A higher percentage of residents in health authority owned sites (50%) take 9 or more medications than residents in contracted facilities (42%).

MEDICATION USE IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
% OF RESIDENT TAKING NINE OR MORE MEDICATIONS	40%	38%	40%	42%	45%

MEDICATION USE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT TAKING NINE OR MORE MEDICATIONS	48%	40%	42%	50%	42%	45%
% FACILITIES ABOVE B.C.	69%	41%	52%	63%	43%	50%
% FACILITIES BELOW B.C.	32%	59%	48%	37%	57%	50%

ANTIPSYCHOTIC AND ANTIDEPRESSANT USE

In 2022/23, the proportion of residents taking antipsychotics without a diagnosis of psychosis increased 3.7%. The rate in health authority operated facilities was higher (31%) than in the contracted facilities (27%). The proportion of residents taking antipsychotics with or without a diagnosis of psychosis increased 2.9% over the previous year. The use of antipsychotics in long-term care has continued to rise since 2018/19.

USE OF ANTIPSYCHOTICS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
% TAKING ANTIPSYCHOTICS WITHOUT A DIAGNOSIS OF PSYCHOSIS	24%	24%	26%	27%	28%
% TAKING ANTIPSYCHOTICS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	30%	31%	32%	34%	35%



USE OF ANTIPSYCHOTICS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% TAKING ANTIPSYCHOTICS WITHOUT A DIAGNOSIS OF PSYCHOSIS	30%	26%	27%	31%	27%	28%
% FACILITIES ABOVE B.C.	59%	37%	45%	56%	42%	48%
% FACILITIES BELOW B.C.	41%	63%	55%	44%	58%	52%
% TAKING ANTIPSYCHOTICS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	35%	34%	34%	36%	35%	35%
% FACILITIES ABOVE B.C.	51%	45%	47%	48%	47%	48%
% FACILITIES BELOW B.C.	49%	55%	53%	52%	53%	52%

The proportion of residents diagnosed with depression remained unchanged at 23% in 2022/23 and the proportion that received antidepressant medication also remained at 51%. More than twice as many residents were on antidepressants than those with a recorded clinical diagnosis of depression. Both those diagnosed with depression and the use of antidepressant medication remained stable in both contracted and health authority owned facilities.

DEPRESSION INDICATORS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
% DIAGNOSED WITH DEPRESSION	23%	23%	24%	23%	23%
% RECEIVING ANTIDEPRESSANT MEDICATION	49%	49%	50%	51%	51%

DEPRESSION INDICATORS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% DIAGNOSED WITH DEPRESSION	24%	23%	23%	23%	23%	23%
% FACILITIES ABOVE B.C.	42%	48%	46%	50%	46%	47%
% FACILITIES BELOW B.C.	58%	52%	54%	50%	55%	53%
% RECEIVING ANTIDEPRESSANT MEDICATION	53%	50%	51%	53%	50%	51%
% FACILITIES ABOVE B.C.	60%	54%	56%	57%	52%	54%
% FACILITIES BELOW B.C.	41%	46%	44%	43%	48%	46%

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 percentage of residents with daily physical restraints decreased to 6%. The proportion of residents with daily physical restraints is higher for health authority owned facilities (8%) than for contracted facilities (5%).

DAILY PHYSICAL RESTRAINTS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
% OF RESIDENT WITH DAILY PHYSICAL RESTRAINTS	6.7%	6.6%	6.5%	6.4%	6.0%

DAILY PHYSICAL RESTRAINTS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT WITH DAILY PHYSICAL RESTRAINTS	9%	5%	6%	8%	5%	6%
% FACILITIES ABOVE B.C.	60%	30%	41%	46%	34%	39%
% FACILITIES BELOW B.C.	40%	70%	59%	55%	66%	62%

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 continues to be higher for contracted facilities (14%) than for health authority owned facilities (11%).

PERCENT OF RESIDENTS WITH FALLS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
% OF RESIDENT WITH FALLS	13%	13%	13%	13%	13%

PERCENT OF RESIDENTS WITH FALLS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT WITH FALLS	11%	14%	13%	11%	14%	13%
% FACILITIES ABOVE B.C.	31%	52%	44%	36%	55%	47%
% FACILITIES BELOW B.C.	69%	48%	56%	65%	46%	53%



WORSENE D 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, including neurological diseases such as 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 WORSENE D PRESSURE ULCER IN LONG-TERM CARE, 2018/19- 2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
% OF RESIDENT WITH WORSENE D PRESSURE ULCER	2%	2%	2%	2%	2%

PERCENT OF RESIDENTS WITH WORSENE D PRESSURE ULCER IN LONG-TERM CARE BY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT WITH WORSENE D PRESSURE ULCER	3%	2%	2%	3%	2%	2%
% FACILITIES ABOVE B.C.	60%	35%	44%	49%	34%	40%
% FACILITIES BELOW B.C.	41%	65%	56%	51%	66%	60%

EMERGENCY ROOM VISITS

Given the complexity of many residents' care needs, it is reasonable to assume that a trip to the emergency department is to be expected. Sometimes urgent health issues arise that cannot be managed within the long-term care facility, necessitating a transfer to an emergency room visit.

The percent of residents with four or more emergency room visits in one year was 1.4%, with health authority facilities (1.7%) being higher than contracted facilities (1.2%). Northern Health had the highest percent of residents who had four or more visits per year (4%) compared to Interior Health, Fraser Health and Vancouver Island Health with the lowest (1%).

PERCENT OF RESIDENTS WITH 4 OR MORE EMERGENCY ROOM VISITS IN LONG-TERM CARE BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENT WITH FOUR OR MORE EMERGENCY ROOM VISITS	1%	1%	2%	1%	4%

PERCENT OF RESIDENTS WITH 4 OR MORE EMERGENCY ROOM VISITS IN LONG-TERM CARE BY OWNERSHIP, 2022/23

INDICATOR	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT WITH FOUR OR MORE EMERGENCY ROOM VISITS	1.7%	1.2%	1.4%
% RESIDENCES ABOVE B.C.	40%	38%	38%
% RESIDENCES BELOW B.C.	60%	62%	62%



VACCINATIONS IN LONG-TERM CARE

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 seniors is to vaccinate them and everyone close to them against influenza. In long-term care, this includes the residents and the health care workers that are caring for them. B.C. has had an influenza prevention policy in health care facilities including long-term care since 2012, requiring all health care workers to be vaccinated against influenza or wear a mask in patient care areas throughout the influenza season. All B.C. health care workers employed by a health authority and medical staff (i.e. physicians) are expected to report what they do to prevent flu – whether they have chosen to be vaccinated or wear a mask in patient care areas.

In 2022/23, 87% of facilities reported statistics on influenza vaccinations for residents and 79% of facilities reported statistics on vaccinations for health care workers. Overall, for facilities reporting in 2022/23, 88% of residents and 39% of health care workers were vaccinated for influenza. This rate decreased for residents by 2.2% and decreased for staff by 27.8% from 2021/22. The influenza vaccination rate is the lowest for health care workers since the influenza prevention policy was enacted in 2012; however, this largely attributed to lower self-reporting by health care staff since the pandemic.

There were lower proportion of residents vaccinated in health authority facilities than in contracted facilities, but higher proportion of health care workers vaccinated in health authority facilities than in contracted facilities. Facilities with staff or resident counts less than 20 are not included in these calculations.

INFLUENZA VACCINATION COVERAGE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2018/19- 2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
% RESIDENTS VACCINATED FOR INFLUENZA	87%	85%	89%	90%	88%
% HEALTH CARE WORKERS VACCINATED FOR INFLUENZA	74%	69%	63%	54%	39%

INFLUENZA VACCINATION COVERAGE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2021/22- 2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% RESIDENTS VACCINATED FOR INFLUENZA	91%	90%	90%	87%	88%	88%
% FACILITIES ABOVE B.C.	54%	68%	63%	51%	64%	59%
% FACILITIES BELOW B.C.	46%	32%	37%	50%	36%	41%
% HEALTH CARE WORKERS VACCINATED FOR INFLUENZA	54%	54%	54%	42%	37%	39%
% FACILITIES ABOVE B.C.	40%	56%	43%	53%	46%	49%
% FACILITIES BELOW B.C.	60%	44%	57%	47%	54%	51%

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 people who are older and those with certain chronic health conditions. It is recommended that adults 65 and over receive the COVID-19 vaccine to prevent severe illness, hospitalization and death. To get the most effective protection against serious cases of COVID-19, initial vaccination series dose and ongoing booster doses are recommended. Staff vaccination data are not included as there is a public health order requiring all staff who work in long-term care to be vaccinated against COVID-19. In 2022/23, 82% of residents in health authority owned sites and 85% in contracted facilities received four doses of COVID-19 vaccine.

RESIDENT COVID-19 VACCINATION (4 DOSES) COVERAGE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2022/23

INDICATOR	2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	81%	80%	80%
FRASER HEALTH	78%	85%	84%
VANCOUVER COASTAL HEALTH	85%	86%	86%
VANCOUVER ISLAND HEALTH	85%	87%	87%
NORTHERN HEALTH	75%	83%	76%
B.C.	82%	85%	84%



LONG-TERM CARE LICENSING

INSPECTIONS

All 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, another agency or 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 when they receive complaints.

In 2022/23, 86% of long-term care facilities in B.C. had an inspection, compared to 79% in 2021/22. Overall, there were 857 inspections conducted with 1,394 licensing infractions found. This is a decrease in the number of licensing infractions from last year (1,478 infractions) but still a significant increase from 2020/21 during the pandemic. 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 in facilities inspected. The provincial average was 54 infractions per 1,000 beds, with Vancouver Island and Northern Health being the lowest at 43 per 1,000 beds and Interior Health having the most infractions per 1,000 beds at 82. Most of the infractions found related to care and supervision (20%), staffing (19%), records and reporting (18%), the physical environment (14%), and policies and procedures (11%).

FACILITY INSPECTIONS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
PERCENT OF FACILITIES INSPECTED	89%	84%	73%	79%	86%
NUMBER OF INSPECTIONS	765	687	746	756	857
NUMBER OF LICENSING INFRACTIONS FOUND	1,103	1,175	819	1,478	1,394
INFRACTION PER 1,000 BEDS IN FACILITIES INSPECTED	42	46	36	62	54

FACILITY INSPECTIONS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23			
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	
INTERIOR HEALTH	NUMBER OF FACILITIES	39	39	78	40	40	80
	% OF FACILITIES INSPECTED	49%	72%	60%	65%	85%	75%
	NUMBER OF INSPECTIONS	24	57	81	41	58	99
	NUMBER OF LICENSING INFRACTIONS FOUND	93	128	221	228	158	386
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	79	50	59	144	51	82
FRASER HEALTH	NUMBER OF FACILITIES	15	64	79	15	64	79
	% OF FACILITIES INSPECTED	100%	100%	100%	100%	100%	100%
	NUMBER OF INSPECTIONS	56	230	286	75	241	316
	NUMBER OF LICENSING INFRACTIONS FOUND	110	463	573	91	379	470
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	61	61	61	51	50	50
VANCOUVER COASTAL HEALTH	NUMBER OF FACILITIES	16	39	55	19	36	55
	% OF FACILITIES INSPECTED	81%	100%	95%	95%	100%	98%
	NUMBER OF INSPECTIONS	53	233	286	121	232	353
	NUMBER OF LICENSING INFRACTIONS FOUND	90	276	366	117	205	322
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	53	56	55	54	45	48
VANCOUVER ISLAND HEALTH	NUMBER OF FACILITIES	17	41	58	17	42	59
	% OF FACILITIES INSPECTED	24%	63%	52%	29%	83%	68%
	NUMBER OF INSPECTIONS	5	30	35	7	40	47
	NUMBER OF LICENSING INFRACTIONS FOUND	42	170	212	14	157	171
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	73	68	69	23	47	43



INDICATOR	2021/22			2022/23			
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	
NORTHERN HEALTH	NUMBER OF FACILITIES	22	2	24	22	2	24
	% OF FACILITIES INSPECTED	100%	100%	100%	95%	100%	96%
	NUMBER OF INSPECTIONS	61	7	68	40	2	42
	NUMBER OF LICENSING INFRACTIONS FOUND	103	3	106	45	0	45
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	102	23	92	50	0	43
B.C.	NUMBER OF FACILITIES	109	185	294	113	184	297
	% OF FACILITIES INSPECTED	67%	86%	79%	75%	93%	86%
	NUMBER OF INSPECTIONS	199	557	756	284	573	857
	NUMBER OF LICENSING INFRACTIONS FOUND	438	1040	1478	495	899	1394
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	70	59	62	70	48	54

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 authorities reported data for 77% of facilities and of those facilities, the average risk score was 11 (low). The average risk score was higher in health authority owned facilities (13) than contracted facilities (10).

AVERAGE RISK SCORE IN LONG-TERM CARE, 2021/22 - 2022/23

HEALTH AUTHORITY	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	11	11	11	14	10	12
FRASER HEALTH	13	10	11	10	9	10
VANCOUVER COASTAL HEALTH	12	8	9	14	8	10
VANCOUVER ISLAND HEALTH	n/a	n/a	n/a	12	13	13
NORTHERN HEALTH	12	n/a	n/a	15	8	14
B.C.	12	10	10	13	10	11

NOTES: 1) For 2022/23: data is not available for Hospital Act facilities in Interior Health, Vancouver Island Health and Northern Health and therefore only includes facilities licensed under the Community Care and Assisted Living Act (CCALA) 2) For 2021/22: data is not available for Hospital Act facilities in Interior Health and therefore only includes facilities licensed under the Community Care and Assisted Living Act (CCALA); data is not available for Hospital Act facilities in Vancouver Island Health and also not available for the facilities licensed under the Community Care and Assisted Living Act (CCALA) due to system transition; only 2 out of 12 facilities under Hospital Act in Northern Health reported risk score and 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 identify any licensing infractions. Note that Northern Health does not report complaints for facilities licensed under the Hospital Act; Interior Health also does not report substantiated complaints but does include the count of complaints.

In 2022/23, there were 461 licensing complaints of which 128 (28%) were substantiated and resulted in some type of licensing violation. The number of complaints increased 13% compared to the previous year, while the number of substantiated complaints decreased 12%. Both the total complaints and the substantiated complaints per 1,000 beds in Vancouver Island Health (40.2 and 10.7 respectively) were above the provincial rates per 1,000 beds (16.5 and 4.6 respectively).



LICENSING COMPLAINTS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
TOTAL COMPLAINTS	467	580	499	408	461
TOTAL SUBSTANTIATED COMPLAINTS	167	195	149	146	128
COMPLAINTS PER 1,000 BEDS	17	20	17	15	16.5
SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	5.9	7.1	5.3	5.3	4.6

NOTES: Complaints are only available for facilities licensed under CCALE for Interior Health and Northern Health.

LICENSING COMPLAINTS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2021/22- 2022/23

INDICATOR	2021/22			2022/23			
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	
INTERIOR HEALTH	TOTAL COMPLAINTS	4	22	26	8	48	56
	TOTAL SUBSTANTIATED COMPLAINTS	1	11	12	2	12	14
	% SUBSTANTIATED COMPLAINTS	25%	50%	46%	25%	25%	25%
	COMPLAINTS PER 1,000 BEDS	2.7	6.3	5.2	5.4	13.4	11.1
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	0.7	3.2	2.4	1.4	3.3	2.8
FRASER HEALTH	TOTAL COMPLAINTS	16	83	99	32	80	112
	TOTAL SUBSTANTIATED COMPLAINTS	6	17	23	9	19	28
	% SUBSTANTIATED COMPLAINTS	38%	20%	23%	28%	24%	25%
	COMPLAINTS PER 1,000 BEDS	8.9	10.9	10.5	17.8	10.5	11.9
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	3.3	2.2	2.4	5.0	2.5	3.0
VANCOUVER COASTAL HEALTH	TOTAL COMPLAINTS	12	33	45	20	28	48
	TOTAL SUBSTANTIATED COMPLAINTS	5	12	17	8	14	22
	% SUBSTANTIATED COMPLAINTS	42%	36%	38%	40%	50%	46%
	COMPLAINTS PER 1,000 BEDS	6.7	6.7	6.7	9.3	6.2	7.2
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	2.8	2.4	2.5	3.7	3.1	3.3

INDICATOR	2021/22			2022/23			
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	
VANCOUVER ISLAND HEALTH	TOTAL COMPLAINTS	42	183	225	42	195	237
	TOTAL SUBSTANTIATED COMPLAINTS	13	73	86	11	52	63
	% SUBSTANTIATED COMPLAINTS	31%	40%	38%	26%	27%	27%
	COMPLAINTS PER 1,000 BEDS	24.5	45.1	39.0	24.7	46.5	40.2
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	7.6	18.0	14.9	6.5	12.4	10.7
NORTHERN HEALTH	TOTAL COMPLAINTS	11	2	13	6	2	8
	TOTAL SUBSTANTIATED COMPLAINTS	7	1	8	1	0	1
	% SUBSTANTIATED COMPLAINTS	64%	50%	62%	17%	0%	13%
	COMPLAINTS PER 1,000 BEDS	13.4	100.0	15.4	6.9	100.0	8.9
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	8.5	50.0	9.5	1.1	0.0	1.1
B.C.	TOTAL COMPLAINTS	85	323	408	108	353	461
	TOTAL SUBSTANTIATED COMPLAINTS	32	114	146	31	97	128
	% SUBSTANTIATED COMPLAINTS	38%	35%	36%	29%	27%	28%
	COMPLAINTS PER 1,000 BEDS	11.2	16.1	14.7	13.5	17.7	16.5
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	4.2	5.7	5.3	3.9	4.9	4.6

NOTES: Complaints are only available for facilities licensed under CCALA for Interior Health and Northern Health.

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 and inspect facilities as necessary. Note that reportable incidents are not available for Vancouver Island Health Hospital Act facilities, but they did report 15 adverse events. These are not comparable to reportable incidents as described in the regulation. In 2022/23, the number of reportable incidents decreased 4.4% to 18,221 from 19,056 in 2021/22 but did not return to pre-pandemic levels. The incidents per 100 beds also decreased from 69.4 in 2021/22 to 65.8 in 2022/2023, down 5.2%.



The incidents per 100 beds are the highest in Interior Health (70.2) and lowest in Northern Health (55.5). In B.C. overall, rates of reportable incidents per 100 beds are higher in contracted facilities (66.6) compared to health authority owned facilities (63.8).

TOTAL INCIDENTS IN LONG-TERM CARE, 2018/19-2022/23

INDICATOR	2018/19	2019/20	2020/21	2021/22	2022/23
TOTAL INCIDENTS	17,339	17,909	13,565	19,056	18,221
TOTAL INCIDENTS PER 100 BEDS	64.9	66.1	49.0	69.4	65.8

NOTES: 1) Data is not available for Hospital Act facilities in Vancouver Island Health and therefore only includes facilities licensed under CCALE. 2) The total incidents per 100 beds in 2018/19 was updated to be consistent with the reporting methodology for Vancouver Island Health in 2019/20 and onward.

REPORTABLE INCIDENTS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2021/22-2022/23

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH						
TOTAL INCIDENTS	2,206	3,636	5,842	1,908	2,517	4,425
TOTAL INCIDENTS PER 100 BEDS	84.7	101.5	94.5	72.9	68.3	70.2
FRASER HEALTH						
TOTAL INCIDENTS	1,079	4,585	5,664	1,125	5,009	6,134
TOTAL INCIDENTS PER 100 BEDS	59.8	60.4	60.3	62.5	66.0	65.3
VANCOUVER COASTAL HEALTH						
TOTAL INCIDENTS	972	3,247	4,219	1,265	3,221	4,486
TOTAL INCIDENTS PER 100 BEDS	54.2	66.2	63.0	58.7	71.4	67.3
VANCOUVER ISLAND HEALTH						
TOTAL INCIDENTS	384	2,396	2,780	350	2,173	2,523
TOTAL INCIDENTS PER 100 BEDS	66.7	69.3	69.0	60.8	60.5	60.5
NORTHERN HEALTH						
TOTAL INCIDENTS	469	82	551	568	85	653
TOTAL INCIDENTS PER 100 BEDS	46.3	62.1	48.1	55.4	56.7	55.5
B.C.						
TOTAL INCIDENTS	5,110	13,946	19,056	5,216	13,005	18,221
TOTAL INCIDENTS PER 100 BEDS	65.6	70.9	69.4	63.8	66.6	65.8

NOTES: Data is not available for Hospital Act facilities in Vancouver Island Health and therefore only includes facilities licensed under CCALE.

ASSISTED LIVING RESIDENCES

Assisted living residences provide housing, hospitality services and personal care services for adults who can live semi-independently and make decisions on their own behalf but require assistance with daily activities due to physical and functional health challenges.

All registered assisted living residences provide the following basic services:

- a private housing unit with a lockable door
- two nutritious meals per day, one of which is the main meal
- access to basic activity programming such as games, music and crafts
- weekly housekeeping
- laundering of towels and linen
- access to laundry equipment for personal use
- heating or cooling as necessary to maintain the safety and basic comfort level of the residence
- a 24-hour emergency response system

In addition, assisted living residences provide one or more of the following services:

- support with activities of daily living (such as eating, meals and snacks, mobility, dressing, grooming, and bathing or personal hygiene)
- assistance with managing medication
- therapeutic diet support
- safekeeping of money and other person property
- behavior management support
- psychosocial (or programming) supports

There is no limit on the number of these services a residence can offer but most assisted living residences offer support with activities of daily living and medication management.



The Directory contains information on 135 publicly subsidized residences that provide assisted living services for seniors. There are assisted living residences which are entirely private pay and are not included in this directory. Of the publicly subsidized residences, 7 residences with 180 units are operated directly by a health authority, 3 more units compared to last year; 128 residences are operated by a contractor with funding from the health authority with 4,157 units, 11 units fewer than last year. There are a total of 4,337 publicly subsidized units, 8 fewer units than last year.

PUBLICLY SUBSIDIZED ASSISTED LIVING RESIDENCE BY OWNERSHIP AND HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
RESIDENCES	38	31	18	31	17	135
HEALTH AUTHORITY			1		6	7
PRIVATE NOT FOR PROFIT	17	18	13	20	9	77
PRIVATE FOR PROFIT	21	13	4	11	2	51
PUBLICLY SUBSIDIZED UNITS	926	1,325	843	950	293	4,337
HEALTH AUTHORITY			30		150	180
PRIVATE NOT FOR PROFIT	524	851	669	612	107	2,763
PRIVATE FOR PROFIT	402	474	144	338	36	1,394

PUBLICLY SUBSIDIZED ASSISTED LIVING RESIDENCE BY OWNERSHIP, 2021/22-2022/23

HEALTH AUTHORITY	2021/22*			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
PUBLICLY SUBSIDIZED RESIDENCES	7	128	135	7	128	135
PUBLICLY SUBSIDIZED UNITS	177	4,168	4,345	180	4,157	4,337

NOTES: *Nick Grosse Assisted Living Residence, Riverside Place and Haro Park Centre were not included in the 2022 Directory due to a delay in registration; the numbers in this table for 2021/22 were updated by including these three residences.

WHO IS LIVING IN ASSISTED LIVING?

Assisted living residents in publicly subsidized residences are distinguished from residents living in long-term care or independently in their own homes by several significant factors, including:

- They do not require, on a regular basis, unscheduled professional health services
- They can make decisions on their own behalf that will allow them to function safely (or have a spouse who can make these decisions for them)
- They are at significant risk in remaining in their current living environment
- They require both hospitality and personal assistance services

In publicly subsidized assisted living, residents must participate in a Residential Assessment Instrument (RAI-HC) assessment at admission, annually and/or when there is a change in their health condition. Health authority clinicians use this tool to measure overall health status and clinical and functional needs to ensure personal service plans are developed according to the resident's specific needs.

RESIDENT DEMOGRAPHICS

The average age of residents in assisted living ranged from 80 to 83 years in four health authorities, while it is slightly lower in the Interior Health at 77 years due to the higher proportion of residents below age 65 in the region. The percent of residents over age 85 in the remaining health authorities ranged from 44% in Northern Health to 55% in Vancouver Coastal Health.

The percentage of female residents is fairly consistent across the province, ranging from 64% in Vancouver Coastal Health to 70% in Fraser Health. The percentage of residents in a wheelchair are at similar levels for Interior Health, Fraser Health and Northern Health (18% and 19%) with the lowest in Vancouver Coastal Health (12%) and Vancouver Island Health (14%).



RESIDENT DEMOGRAPHICS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22-2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.**
AVERAGE AGE						
2021/2022	77	83	83	82	85	n/a
2022/2023	77	83	83	81	80	81
% OF RESIDENTS 85+						
2021/2022	34%	57%	54%	48%	62%	n/a
2022/2023	36%	54%	55%	46%	44%	47%
% OF RESIDENTS <65						
2021/2022	19%	7%	7%	9%	5%	n/a
2022/2023	19%	6%	7%	8%	11%	10%
% RESIDENTS THAT ARE FEMALE						
2021/2022	68%	70%	66%	69%	64%	n/a
2022/2023	68%	70%	64%	69%	68%	68%
% OF RESIDENTS IN A WHEELCHAIR*						
2022/2023	19%	19%	12%	14%	18%	17%

NOTES: *Data collection began in 2022/23; ** B.C. data only available for 2022/23.

WAIT TIME

The wait time in assisted living is the time it takes for the client to be placed into a residence and is measured from the time a client is assessed to be accepted for service until they are admitted. Factors affecting wait times include the client's preferred residence, the number of people waiting and the number and size of residences in the community. The wait time is calculated for all residents that were newly admitted within the fiscal year 2022/23.

The average wait time was 117 days; across the province, the wait time ranged from 0 days to a maximum of 1,590 days (4.4 years). Northern Health Authority had the longest average wait time (408 days) and Vancouver Coastal Health had the shortest average wait time (75 days). The median wait time refers to the number of days that half of residents waited before being admitted. Health authority median wait times ranged from 51 days in Vancouver Coastal Health to 246 days in Northern Health.

WAIT TIME (DAYS) IN ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22-2022/23

HEALTH AUTHORITY	2021/22		2022/23	
	AVERAGE WAIT TIME	MEDIAN WAIT TIME	AVERAGE WAIT TIME	MEDIAN WAIT TIME
INTERIOR HEALTH	131	51	110	59
FRASER HEALTH	83	75	91	66
VANCOUVER COASTAL HEALTH	81	51	75	51
VANCOUVER ISLAND HEALTH	97	76	121	95
NORTHERN HEALTH	488	410	408	246
B.C.	n/a	n/a	117	n/a

NOTES: The average wait time in B.C. is only available for 2022/23.

CARE NEEDS OF RESIDENTS

InterRAI has developed several standardized outcome scales to measure the complexity and frailty of the long-term care and assisted living resident population. This summary highlights four different indicators: the Activities of Daily Living Self-Performance Hierarchy Scale, Instrumental Activities of Daily Living Difficulty Scale, Method for Assigning Priority Levels and the Cognitive Performance Scale. Regardless of which indicator is used, there is a consistent theme that health authority owned residences care for more complex and frail residents than do contracted residences.

The Activities of Daily Living Self-Performance Scale (ADL) uses a seven-point scale to measure the level of independence with respect to various activities of daily living including personal hygiene, toilet use, movement and eating. A higher ADL score indicates a greater degree of dependence in performing these essential activities. For example, ADL 3+ includes the range from residents who need limited assistance in toilet use or personal hygiene to those who are completely dependent on others to perform these activities.

The Instrumental Activities of Daily Living Difficulty Scale (IADL) measures the resident's ability to complete the tasks such as meal preparation, housework, managing finances and phone use with a seven-point scale. A higher score indicates greater difficulty in completing IADLs. IADL 3+ includes residents who have some to great difficulty in performing all of the three IADLs.

The Method for Assigning Priority Levels (MAPLe) uses a five-point scale to assign priority levels for residents needing community or facility-based services; this is a powerful predictor of admission to long-term care or increased home support/personal care services. In most cases, residents with MAPLe 4 or 5 have complex conditions and at high risk for long-term care placement.



The Cognitive Performance Scale (CPS) is a seven-point scale used to assess a resident's cognitive status based on a number of indicators such as short-term memory, making decisions and solving problems. The CPS score ranges from 0 (intact) to 6 (very severe impairment). CPS 3+ describes the range of residents with moderate, severe or very severe cognitive impairments.

COMPLEXITY OF RESIDENTS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENT DEPENDENT IN ACTIVITIES OF DAILY LIVING (ADL 3+)	12%	28%	8%	10%	19%	16%
% OF RESIDENT DEPENDENT IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL 3+)	83%	95%	86%	33%	97%	77%
% OF RESIDENT WITH MAPLe SCORE (MAPLe 4+)	51%	52%	45%	42%	57%	49%

The proportion of residents with IADL 3+ in B.C. was 77% and ranged from 83% to 97% in four health authorities while it is significantly lower in Vancouver Island Health at 33%. The proportion of residents with ADL 3+ in B.C. was 16% and ranged from 8% in Vancouver Coastal Health to 28% in Fraser Health. The proportion of residents with MAPLe 4+ in B.C. was 49% and was relatively consistent across health authorities, ranging from 42% in Vancouver Island Health to 57% in Northern Health.

COGNITIVE IMPAIRMENT IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS WITH MODERATE TO SEVERE COGNITIVE IMPAIRMENT (CPS 3+)	10%	20%	9%	7%	18%	12%
% OF RESIDENTS WITH DEMENTIA	22%	26%	24%	19%	28%	23%

The proportion of residents with CPS 3+ was 12%, with Interior Health, Vancouver Coastal Health and Vancouver Island Health at 10% or below compared to around 20% in Fraser Health and Northern Health. The proportion of residents with dementia in B.C. was 23% with Northern Health with the highest percent of residents with dementia (28%) and Vancouver Island Health with the lowest (19%).

SOCIALIZATION

Over 90% of residents in assisted living feel at ease when they are interacting with family, friends and health professionals. Nearly one in four residents say or indicate that they are lonely in Fraser Health, Vancouver Coastal Health and Vancouver Island Health, compared to one in three residents in Interior Health and Northern Health.

SOCIAL INTERACTION IN ASSISTED LIVING BY OWNERSHIP, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS AT EASE INTERACTING WITH OTHERS	94%	95%	96%	94%	92%	94%
% OF RESIDENTS SAYING OR INDICATING THAT THEY ARE LONELY	34%	25%	21%	26%	35%	27%

Some residents may exhibit problematic behaviours which are potentially harmful or disruptive to others. This indicator includes four behaviours: verbally abusive behaviours (i.e., threatened, screamed at or cursed at others), physically abusive behaviours (i.e., hit, shoved, scratched or sexually abused others), socially inappropriate/disruptive behaviours (i.e., disruptive sounds or behaviour causing distress to others) and care resistance (i.e., resist taking medications/ injections or resist assistance in eating or changes in position). The percentage of residents with problem behaviour in B.C. was 8% and ranged from 5% in Vancouver Island Health to 14% in Northern Health.

PROBLEM BEHAVIOUR IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS WITH PROBLEM BEHAVIOUR	9%	8%	7%	5%	14%	8%

LENGTH OF STAY

The length of stay is the period of time from the admission date to an assisted living residence to the discharge or deceased date of the resident. The average length of stay in B.C. was 1,209 days (3.3 years). Compared to last year, the average length of stay increased in four health authorities except for Fraser Health. It was the shortest in Interior Health (950 days) and the longest in Vancouver Coastal Health (1,487 days).

AVERAGE LENGTH OF STAY (DAYS) IN ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22-2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
2021/22	942	1,208	1,322	1,328	916	N/A
2022/23	950	1,171	1,487	1,354	1,157	1,209

NOTES: B.C. data is only available for 2022/23.



FUNDING IN ASSISTED LIVING RESIDENCES

Residences with subsidized assisted living units receive funding from government through health authorities and resident contributions (client fees). Assisted living residents pay a monthly rate based on 70% of after-tax income, subject to a minimum monthly rate set by the Ministry of Health. For 2023, the minimum monthly rate for a single senior was \$1,093.50 and \$1,665.60 for a couple. The maximum client rates are determined by each health authority and are based on a combination of the market rent for housing and hospitality services for the geographic area and the actual cost of the personal care services requested by the client.

The average monthly rate increased 3% from \$1,442 to \$1,484 and varied across health authorities ranging from \$1,379 in Interior Health to \$1,554 in Northern Health. The maximum monthly rate across the province ranged from \$2,418 to \$5,046 for a single senior and from \$2,661 to \$8,112 for a couple depending on the location, type of accommodation and amount of personal care.

RESIDENT MONTHLY RATE (\$) FOR PUBLICLY SUBSIDIZED ASSISTED LIVING UNIT BY HEALTH AUTHORITY, 2021/22 – 2022/23

HEALTH AUTHORITY	2021/22		2022/23	
	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE
INTERIOR HEALTH	\$1,343	\$1,244	\$1,379	\$1,280
FRASER HEALTH	\$1,490	\$1,298	\$1,527	\$1,336
VANCOUVER COASTAL HEALTH	\$1,446	\$1,224	\$1,500	\$1,244
VANCOUVER ISLAND HEALTH	\$1,408	\$1,273	\$1,444	\$1,324
NORTHERN HEALTH	\$1,485	\$1,294	\$1,554	\$1,390
B.C.	\$1,442	n/a	\$1,484	n/a

MAXIMUM RESIDENT MONTHLY RATE (\$) FOR PUBLICLY SUBSIDIZED ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22-2022/23

HEALTH AUTHORITY	2021/22		2022/23	
	SINGLE	COUPLE	SINGLE	COUPLE
INTERIOR HEALTH	\$3,190-\$4,673	\$3,690-\$7,929	\$3,243-\$4,765	\$3,743-\$8,112
FRASER HEALTH*	\$3,308-\$4,138	\$4,638	\$3,839-\$4,465	\$4,990
VANCOUVER COASTAL HEALTH	\$2,246-\$4,779	\$2,489-\$5,032	\$2,418-\$5,046	\$2,661-\$5,299
VANCOUVER ISLAND HEALTH**	\$3,250	\$3,750-\$4,750	\$3,250	\$3,750-\$4,750
NORTHERN HEALTH	\$2,658-\$3,548	\$4,316-\$5,206	\$2,732-\$3,622	\$4,464-\$5,354
B.C.	\$2,246-\$4,779	\$2,489-\$7,929	\$2,418-\$5,046	\$2,661-\$8,112

NOTES: *The maximum monthly rate for couple does not vary; **The maximum monthly rate for single seniors doesn't vary by type of accommodation.

FOOD COSTS

Food costs include the daily food and dietary supplements for residents in publicly subsidized assisted living. The cost of preparing and serving the food is not included. Amounts reported in the Directory are actual expenditures. In 2022/23, the average actual food cost increased 7.5% from the previous year to \$9.17 per unit per day. This varied considerably among assisted living residences from a low of \$5.02 per unit per day to a high of \$22.61. The average actual food cost increased the most in Interior Health (11.7%) followed by Vancouver Coastal Health (10.5%) compared to the previous year.

ACTUAL FOOD COSTS PER UNIT PER DAY IN ASSISTED LIVING BY HEALTH AUTHORITY, 2020/21- 2022/23

INDICATOR	2020/21	2021/22	2022/23	% CHANGE FROM LAST YEAR
INTERIOR HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	\$7.72	\$8.41	\$9.39	11.7%
RANGE	\$4.83-\$10.45	\$4.87-\$11.3	\$6.1-\$14.43	
FRASER HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	\$7.63	\$8.15	\$8.36	2.6%
RANGE	\$4.73-\$13.16	\$5.24-\$16.81	\$5.02-\$16.91	
VANCOUVER COASTAL HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	\$8.14	\$8.41	\$9.29	10.5%
RANGE	\$5.72-\$14.23	\$6.52-\$15.79	\$6.51-\$17.38	
VANCOUVER ISLAND HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	n/a	n/a	n/a	n/a
RANGE	n/a	n/a	n/a	n/a
NORTHERN HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	\$12.98	\$13.47	\$14.50	7.6%
RANGE	\$7.69-\$24.3	\$9.33-\$22.39	\$9.90-\$22.61	
B.C.				
AVERAGE ACTUAL RAW FOOD COSTS	\$8.25	\$8.53	\$9.17	7.5%
RANGE	\$4.73-\$24.3	\$4.87-\$22.39	\$5.02-\$22.61	

NOTES: 1) Food cost data was not submitted by Vancouver Island Health in 2020/21, 2021/22 and 2022/23. 2) Food cost was not available for contracted residences in Northern Health in 2021/22 and 2022/23. 3) Some residences in Interior Health updated their food cost in 2021/22, so the numbers for Interior Health and B.C. are different from the numbers posted last year.



CARE SERVICES AND QUALITY INDICATORS

MEDICATION USE

The use of multiple medications, commonly referred to as polypharmacy, by residents living in publicly subsidized assisted living who take 9 or more medications was 56%. This rate was higher among residents in Vancouver Island Health (61%) followed by Fraser Health (60%) and was the lowest among residents in Northern Health (45%).

MEDICATION USE IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENT TAKING 9 OR MORE MEDICATIONS	54%	60%	51%	61%	45%	56%

ANTIPSYCHOTIC AND ANTIDEPRESSANT USE

In 2022/23, the proportion of residents taking antipsychotic drugs without a diagnosis of psychosis was 6%. Across the province, it was relatively stable ranging between 5% and 7%. However, the proportion of residents taking antipsychotic drugs with or without a diagnosis was much higher (19%) and ranged from 16% in Northern Health to 22% in Interior Health.

USE OF ANTIPSYCHOTICS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS TAKING ANTIPSYCHOTIC DRUGS WITHOUT A DIAGNOSIS OF PSYCHOSIS	6%	7%	5%	7%	7%	6%
% OF RESIDENTS TAKING ANTIPSYCHOTIC DRUGS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	22%	18%	18%	21%	16%	19%

In 2022/23, the percent of residents with depression symptoms was 20% and ranged from a low of 13% in Vancouver Coastal Health to a high of 28% in Interior Health. The percent of residents receiving antidepressant medication was 40%, with slightly higher utilization among residents in the Interior Health (45%), Vancouver Island Health (42%) and Fraser Health (41%).

DEPRESSION INDICATORS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENT WITH DEPRESSION SYMPTOMS	28%	19%	13%	15%	27%	20%
% OF RESIDENTS RECEIVING ANTIDEPRESSANT MEDICATION	45%	41%	31%	42%	34%	40%

FALLS

No matter where seniors live, whether it is in the community, long-term care or assisted living, they are often vulnerable to falls. Risk factors which increase their likelihood of a fall include changes in medication, a previous history of falling or tripping hazards in the home. The percent of residents with falls are consistent across health authorities ranging from 33% in Vancouver Coastal Health to 35% in Interior Health, Fraser Health and Vancouver Island Health.

PERCENT OF RESIDENTS WITH FALLS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENT WITH FALLS	35%	35%	33%	35%	34%	35%



CAREGIVER DISTRESS

Even though their loved ones live in assisted living, family members and close friends can still feel the stress of being a caregiver. Many caregivers are still very much involved in the daily lives of the assisted living residents and may help with many activities as they would if their loved one still lived in the community. The percent of residents with a caregiver in distress was 17%, however, caregiver distress was much higher in Fraser Health (20%) and Northern Health (19%).

PERCENT OF RESIDENTS HAVING A CAREGIVER IN DISTRESS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS HAVING A CAREGIVER IN DISTRESS	14%	20%	12%	17%	19%	17%

EMERGENCY ROOM VISITS

Assisted living residences do not provide medical care on site and residents access care at doctor’s offices, clinics, hospitals and emergency rooms similar to the rest of the population. The percent of residents with 4 or more visits to the emergency room in the last year was 11%. This ranged from a low of 3% in Vancouver Coastal to a high of 20% in Northern Health.

PERCENT OF RESIDENTS WITH 4 OR MORE EMERGENCY ROOM VISITS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENT WITH FOUR OR MORE EMERGENCY ROOM VISITS	16%	10%	3%	12%	20%	11%

VACCINATIONS IN ASSISTED LIVING

INFLUENZA VACCINATIONS

Seniors 65 years and older and residents of any age living in residential care, assisted living or other group facilities are at higher risk of serious illness, hospitalization and death from influenza. To increase protection of vulnerable individuals, they and people close to them, such as other residents and health care workers, are encouraged to get vaccinated against influenza. Note that influenza vaccination information is not available for staff in assisted living residences and data is not available for Northern Health. Overall, 84% of assisted living residents were vaccinated for influenza; this rate ranges from 81% to 87% across four health authorities.

RESIDENT INFLUENZA VACCINATION COVERAGE IN ASSISTED LIVING, 2021/22-2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
2021/2022	80%	80%	88%	87%	n/a	83%
2022/2023	82%	81%	86%	87%	n/a	84%

COVID-19 VACCINATIONS

Seniors in congregate living, such as assisted living, are particularly vulnerable to severe outcomes from COVID-19. Public health officials recommend adults 65 and over receive the COVID-19 vaccine to prevent severe illness, hospitalization and death. To get the most effective protection against serious cases of COVID-19, initial vaccination series dose and ongoing booster doses are recommended. Staff vaccination data are not included as there is a public health order requiring all staff who work in assisted living residences to be vaccinated. Overall, 86% of assisted living residents were vaccinated for four doses of COVID-19. This rate ranges from 77% in Interior Health to 92% in Vancouver Coastal Health.

RESIDENT COVID-19 VACCINATION (4 DOSES) COVERAGE IN ASSISTED LIVING, 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% RESIDENTS VACCINATED FOR COVID-19	77%	89%	92%	84%	84%	86%



ASSISTED LIVING LICENSING

INSPECTIONS

Assisted living services in B.C. are regulated under the Community Care and Assisted Living Act (CCALA) and the Assisted Living Regulation. The legislation and regulation are in place to promote and protect the health, safety and well-being of all residents. The Assisted Living Registry carries out the statutory work of the assisted living registrar under the CCALA. All assisted living residences in B.C. must be registered with the Assisted Living Registry, regardless of the form of ownership or funding. The Assisted Living Registry functions include registering assisted living residences, establishing and administering health and safety standards and administrative policies and procedures, investigating complaints and inspecting residences.

In 2022/23, there were a total of 16 inspections in 15 (11%) assisted living residences which was approximately one-third of the total inspections (45) completed in 2021/22. This drop is attributed to a shortage in investigators in the province to conduct site inspections. Northern Health had the highest number of inspections per 1,000 units at 6.6; more than double the B.C. average of 2.8 per 1,000 units. It's worth noting that a residence can be inspected more than once per year if needed.

INSPECTIONS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22 - 2022/23

HEALTH AUTHORITY	2021/22		2022/23	
	TOTAL INSPECTIONS	TOTAL INSPECTIONS PER 1,000 UNITS	TOTAL INSPECTIONS	TOTAL INSPECTIONS PER 1,000 UNITS
INTERIOR HEALTH	9	6.4	3	2.1
FRASER HEALTH	7	3.9	3	1.7
VANCOUVER COASTAL HEALTH	3	3.3	5	5.3
VANCOUVER ISLAND HEALTH	23	18.4	3	2.4
NORTHERN HEALTH	3	10.6	2	6.6
B.C.	45	8.0	16	2.8

COMPLAINTS

The Assisted Living Registrar monitors complaints to ensure that they protect the health and safety of residents. If a complaint is substantiated, the registrar will report it on their website together with a detailed explanation of their findings. In 2022/23, there were 58 complaints in assisted living residences of which 17 (29%) were substantiated. This is equivalent to 10.2 complaints per 1,000 units and 3 substantiated complaints per 1,000 units. The lowest number of substantiated complaints were filed in Vancouver Coastal Health and Northern Health and the highest number were in Interior Health and Fraser Health.

COMPLAINTS IN ASSISTED LIVING RESIDENCES BY HEALTH AUTHORITY, 2021/22 - 2022/23

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
TOTAL COMPLAINTS						
2021/22	15	25	10	16	9	75
2022/23	13	11	9	20	5	58
TOTAL SUBSTANTIATED COMPLAINTS						
2021/22	1	9	4	0	2	16
2022/23	5	5	2	3	2	17
% SUBSTANTIATED COMPLAINTS						
2021/22	7%	36%	40%	0%	22%	21%
2022/23	38%	45%	22%	15%	40%	29%
COMPLAINTS PER 1,000 BEDS						
2021/22	10.6	14.1	10.9	12.8	31.8	13.3
2022/23	9.3	6.1	9.6	16.0	16.4	10.2
SUBSTANTIATED COMPLAINTS PER 1,000 BEDS						
2021/22	0.7	5.1	4.4	0.0	7.1	2.8
2022/23	3.6	2.8	2.1	2.4	6.6	3.0



REPORTABLE INCIDENTS

A reportable incident is an event in which a resident has been seriously injured, becomes seriously ill or has been adversely affected while receiving assistance or services in assisted living. Under the Assisted Living Regulation, certain serious incidents must be reported within 24 hours to the Assisted Living Registrar. In 2022/23, there were 4,005 reportable incidents, approximately 70.2 incidents per 100 units ranging from 28.9 incidents per 100 units in Northern Health to 111.5 incidents per 100 units in Vancouver Island Health. Among these incidents, 1,869 (47%) were illness related and 1,614 (40%) were falls.

TOTAL INCIDENTS IN ASSISTED LIVING RESIDENCES BY HEALTH AUTHORITIES, 2021/22 - 2022/23

HEALTH AUTHORITY	2021/22		2022/23	
	TOTAL INCIDENTS	TOTAL INCIDENTS PER 100 UNITS	TOTAL INCIDENTS	TOTAL INCIDENTS PER 100 UNITS
INTERIOR HEALTH	1,015	71.7	996	71.1
FRASER HEALTH	841	47.4	964	53.2
VANCOUVER COASTAL HEALTH	425	46.5	566	60.1
VANCOUVER ISLAND HEALTH	1,173	93.6	1,391	111.5
NORTHERN HEALTH	125	44.2	88	28.9
B.C.	3,579	63.4	4,005	70.2

CONCLUSION

The 2023 British Columbia Long-term Care and Assisted Living Directory is the ninth edition of information about long-term care homes and the second edition of information about assisted living residences available to the public. With the addition of 2022/23 data, improvements continue to be seen with an increase in funded direct hours with 100% of facilities funded at the provincial guideline of at least 3.36 of direct care per resident per day, increased expenditures on food, and increased funded per diems. However, the use of antipsychotics without a diagnosis of psychosis and the use of antidepressant medication has changed little in the past two years. In other areas, such as the use of therapies, there has been little progress; the percent of residents receiving physical and recreational therapy has increased only slightly and the percent receiving occupational therapy has remained the same. The information about influenza vaccinations in long-term care shows that while the rate has remained high for clients, the rate for health care workers has significantly declined. Both the number of licensing infractions and total number of reportable incidents remain higher than pre-pandemic levels.

This year, the Directory expanded to include more information about residents living in publicly subsidized assisted living residences, including data on care needs and quality indicators. While changes in indicators over time is not available yet due to a limited set of information, it is possible to see variations between health authorities for some measures. For example, the cognitive impairment and activities of daily living of residents, the wait times for admission and average length of stay all vary across health authorities.

The Directory provides an objective, standardized statement for a variety of measures related to quality in B.C. long-term care homes and assisted living residences. To make meaningful improvements, we need to identify systemic themes and measure progress. The Directory provides health authorities with the information needed to undertake improvements and provides transparency to the public which is essential for British Columbians to have confidence in the publicly subsidized continuing care system. With the new data reported in the Directory this year, including the second province-wide results of the 2023 Long-Term Care Resident and Visitor Survey, more information is available to the public regarding the options available in long-term care and assisted living for themselves and their loved ones.

In order to be compiled, this Directory requires all care homes and assisted living residences to submit and review data and requires staff at health authorities, the Ministry of Health, the Canadian Institute for Health Information (CIHI) and the BC Centre for Disease Control (BCCDC) to provide detailed information. Without their contributions, the Directory would not be possible. On behalf of all British Columbians, we sincerely thank them all for their efforts.



APPENDIX 1

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

APPENDIX 2

Regulation categories for assisted living under the Community Care and Assisted Living Act.

PART 1 – DEFINITIONS, CLASSES AND EXEMPTIONS

- Definitions
- Classes of assisted living residences
- Personal representatives
- Exempted residences

PART 2 – REGULATION

- Qualifications for registrants
- Application and registration fees
- Notice to registrar of changes
- Waiver or modification of change requirements
- Expiry of registration
- Requirements for registration
- Display of registration
- Notice generally of changes
- When registration ceases to be valid
- Registration renewal

PART 3 – STANDARDS OF OPERATIONS

DIVISION 1 – HOUSING

- If more than one class or non-residents
- Physical requirements
- Safety
- Restrictions on housing
- Furniture and equipment

DIVISION 2 – EMPLOYEES

- Must have sufficient employees
- Character and skill requirements
- Continuing obligations
- Employee plan
- Additional requirements for Supportive Recovery class

DIVISION 3 – EMERGENCY PREPAREDNESS

- Emergency response plan
- First aid
- Emergency measures
- Opioid overdoses

DIVISION 4 – START OF RESIDENCY

- Admission screening
- Residency agreement
- Personal service plan
- Information to prospective resident
- Short-term service plan



DIVISION 5 – RESIDENTS

- Implementation of personal service plan
- Rights of residents
- Respect for personal decisions
- Monitoring residents
- Resident satisfaction
- Resident concerns and complaints
- Review of personal service plan
- Medication policy
- Respect for resident privacy
- Visitors and communicating with non-residents

DIVISION 6 – END OF RESIDENCY

- End of residency
- Unplanned end of residency
- Planned end of residency

DIVISION 7 – RESIDENT HEALTH AND SAFETY

- General health and hygiene
- Food safety
- Reportable incidents
- Health and safety plan
- Tobacco, vapour products and cannabis
- Duties respecting abuse and neglect
- Missing residents

DIVISION 8 – PROVIDING HOSPITALITY SERVICES

- Service provision generally
- Providing meals
- Laundry services
- Personal emergency response system
- Menu plan
- Housekeeping services
- Social and recreational opportunities

DIVISION 9 – PROVIDING ASSISTED LIVING SERVICES

- Service provision generally
- Managing medication defined
- Safekeeping medication
- Administering medication
- Safekeeping money and property
- Behaviour management
- Activities of daily living
- Managing medication generally
- Distributing medication
- Safekeeping money and property defined
- Managing therapeutic diets
- Psychosocial supports

PART 4 – ADMINISTRATIVE MATTERS

- General duties
- Protection of confidentiality
- Employee records
- Giving records to the registrar
- Collecting personal information
- Resident records
- Length of time records must be kept

PART 5 – OTHER MATTERS

- Publishing information on official website
- Appeals to the board
- Telewarrants
- [Repealed]





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