



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

2024

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

SUMMARY HIGHLIGHTS, 2023/24

LONG-TERM CARE FACILITIES

FACILITY CHARACTERISTICS

- The British Columbia Long-Term Care and Assisted Living Directory (the Directory) contains information on 298 long-term care facilities that have 28,364 publicly-subsidized beds, 112 facilities (9,250 beds) are operated directly by a health authority and 186 facilities (19,114 beds) are operated by a contractor (for profit or not-for-profit) with funding from a health authority.
- There were two more publicly-subsidized facilities and 373 more beds compared to the previous year; there has been an increase of three facilities and 932 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 a slight increase in single-occupancy compared to the previous year. Overall, in the last five years, there has been a 5% increase in the number of single occupancy rooms, 11% decrease in double and 27% decrease in multi-bed rooms.
- The current room configuration allows 79% of residents to live in single-occupancy rooms compared to 76% from five years ago. In health authority-owned facilities, 61% of residents live in single-occupancy rooms compared to 87% in contracted facilities.
- The average wait time for all new admissions for long-term care was 112 days, an 11% increase from last year, and ranged from a low of 59 days in Vancouver Coastal Health to a high of 300 days in Northern Health.
- The median wait time for all new admissions for long-term care ranged from a low of 20 days in Fraser Health to a high of 227 days in Northern Health.
- The average wait time for non-urgent admissions from community for long-term care was 233 days, ranging from a low of 159 days in Interior Health to 318 days in Vancouver Coastal 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 5% 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+) such as bathing, getting dressed and getting out of bed, meaning the majority of these residents are wheelchair bound (32% compared to 31% five years ago). The residents with

severe cognitive impairment at 27% today is relatively unchanged from five years ago when it was 29% of the resident population.

- 46% of residents were assessed as “low” on the index of social engagement scale (ISE 0-2) and scores have returned to pre-pandemic levels.
- The overall average length of stay in long-term care was 838 days, or 2.3 years, and has increased 2% over the past year and remain relatively constant from five years ago. The length of stay was shorter in health authority-owned facilities (811 days; 2.2 years) compared to contracted facilities (853 days; 2.3 years).
- The median length of stay is significantly shorter than the average and increased 3% last year and 2% five years ago. Currently, 50% of residents have been in long-term care for less than 494 days or 1.35 years. Median length of stay was shorter in health authority-owned facilities (453 days; 1.2 years) compared to contracted facilities (510 days; 1.4 years).

FUNDING OF LONG-TERM CARE FACILITIES

- For two consecutive years, 100% of facilities have been funded at the 3.36 care hours per bed per day provincial guideline. This is a significant improvement from five years ago, when only 50% of facilities were funded at the 3.36 guideline.
- On average, facilities were funded by government for 3.43 direct care hours per bed per day, a 0.3% increase over 2022/23 and 4.6% increase from five years ago.
- The B.C. average monthly resident rate (client fee) in long-term care was \$2,075 (1.8% increase). This reflects an approximate annual income of \$33,000.
- The average food cost increased 9% from last year to \$10.99 per bed per day with a range across all facilities of \$5.24 to \$24.11. Overall, average food cost has increased 31% from 2019/20.
- The average per diem rate, which is the base funding provided per bed to contracted facilities per day, was \$283.11, an 11% increase, with a range across all contracted facilities of \$227.20-\$371.69. This has increased 22% from 2019/20.

CARE SERVICES AND QUALITY INDICATORS

- 11% of residents received physical therapy, 32% received recreation therapy, and 5% received occupational therapy in 2023/24. This has remained stable from the previous year and compared to five years ago.
- 46% of residents were taking nine or more medications compared to 45% last year and 38% five years ago. A higher percentage of residents in health authority-owned sites (51%) take nine or more medications than residents in contracted facilities (44%).
- The proportion of residents taking antipsychotics without a diagnosis of psychosis was 28%, unchanged from the previous year and an increase of 17% compared to five years ago.

- The proportion of residents diagnosed with depression was 22%, a decrease of 4% compared to last year and five years ago. The proportion of residents receiving antidepressant medication was 52%, a slight increase from 51% last year and 49% compared to five years ago. Both the percent of residents diagnosed with depression and the percent receiving antidepressant medication is slightly higher in health authority facilities than contracted facilities.
- The percentage of residents with daily physical restraints was 6%, unchanged from last year and a 9% decrease over the past five years.
- The percentage of residents who experienced falls was 12%, representing a slight decrease of 8% over the past five years. The percentage of residents with worsened pressure ulcers (2%) has remained unchanged over the past five years.
- The percentage of residents with four or more emergency room visits was 1.1%, down from 1.4% in 2022/23, with health authority facilities (1.4%) being higher than contracted facilities (1.0%). Northern Health had the highest percentage of residents (4.8%) with four or more emergency visits compared to other health authorities.

IMMUNIZATIONS

- The rate of influenza vaccinations for residents decreased from 88% in 2022/23 to 84% in 2023/24.
- The rate of health care workers vaccinated in long-term care facilities decreased from 39% in 2022/23 to 35% 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.
- 75% of residents were vaccinated for the fifth dose of COVID-19. The proportion of residents vaccinated is slightly lower in health authority-owned facilities (73%) than in contracted facilities (76%).

INSPECTIONS, COMPLAINTS AND REPORTABLE INCIDENTS

- 96% of long-term care facilities had an inspection compared to 84% in 2019/20. Overall, there were 868 inspections conducted with 1,373 licensing infractions compared to 1,394 infractions in 2022/23. Most of the infractions found related to records and reporting (20%), care and supervision (18%), staffing (17%), physical environment (15%) and policies (11%).
- Overall, the average risk score for compliance and safety standards was within the low-risk band for both health authority-owned facilities (12, low) and contracted facilities (9, low), both showing a slight decrease from the previous year.
- There were 126 substantiated licensing complaints, a 2% decrease from last year and 35% decrease from five years ago. The rate of substantiated complaints per 1,000 beds in health authority-owned facilities was 31% lower than in contracted facilities.
- There were 17,718 reportable incidents, a 3% decrease from last year and a 1% decrease from five years ago. The rate of reported incidents per 100 beds in health authority-owned facilities was 4% higher than in contracted facilities.

SUMMARY HIGHLIGHTS, 2023/24

ASSISTED LIVING RESIDENCES

RESIDENCE CHARACTERISTICS

- The assisted living directory contains information on 133 residences that provide 4,341 publicly-subsidized assisted living units for seniors, four more units from last year.
- Of the total residences, seven (5%) were operated directly by a health authority with 180 (4%) units; 126 (95%) were operated by a for-profit or not-for-profit contractor with 4,161 (96%) units.

RESIDENT DEMOGRAPHICS AND CARE NEEDS

- The average age of residents in assisted living was 82 years; 47 % were 85 and older and 9% were under 65 years; 68% were female. Overall, ages ranged from 81 to 84 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 132 days, up 13% from 2022/23; the wait times varied widely across health authorities from 105 days in Fraser Health to 338 days in Northern Health.
- Over 90% of residents in assisted living reported feeling at ease when interacting with family, friends, and healthcare professionals. 26% indicated they felt lonely, this was higher in Interior Health (36%).
- The average length of stay was 1,222 days (3.3 years), slightly up from 1,209 days in 2022/23. Both the average and median lengths of stay were shortest in Interior Health (1,039 and 642 days, respectively) and longest in Vancouver Coastal Health (1,472 and 1,036 days, respectively).

FUNDING OF ASSISTED LIVING RESIDENCES

- The regulated minimum monthly rate for living in a publicly-subsidized assisted living residence was \$1,163.90 for a single person and \$1,772.90 for a couple.
- The average monthly resident rate was \$1,522 per month, a 3% increase from last year. The maximum monthly resident rate (determined by the health authority) for a single senior ranged from \$2,674 to \$5,107 per month.
- The average food cost increased 4.4% from 2022/23, from \$9.17 to \$9.57 per unit per day in 2023/24. These costs varied widely across residences ranging from a low of \$5.34 to a high of \$25.09 per unit per day.

CARE SERVICES AND QUALITY INDICATORS

- The percentage of residents with nine or more medications was 57%, slightly up from 56% in 2022/23 and ranged from 49% in Vancouver Coastal Health to 60% 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 (20%) and ranged from 17% in Northern Health to 22% in Interior Health. Both rates are similar to 2022/23.
- 20% of residents showed symptoms of depression, while 41% received antidepressant medication, both figures are similar to those from last year.
- The percentage of residents with 4 or more visits to the emergency room in one year was 14%, up from 11% in 2022/23, and varied considerably between health authorities from 7% in Vancouver Coastal to 20% in Northern Health.

IMMUNIZATIONS

- 84% of assisted living residents were vaccinated for influenza, the same as last year. This ranged from 77% to 90% across health authorities (excluding Northern Health).
- 77% of assisted living residents were vaccinated for five doses of COVID-19. This ranged from 66% in Interior Health to 85% in Vancouver Coastal Health.

LICENSING, COMPLAINTS AND REPORTABLE INCIDENT

- On average, B.C. had 3.9 inspections per 1,000 units, a 38% increase from 2022/23.
- There were 62 complaints involving assisted living residences, a 7% increase from 2022/23, of which 10 (16%) were substantiated, a 41% decrease from the previous year.
- There were 4,728 reportable incidents, an 18% increase from 2022/23, approximately 83.4 incidents per 100 units. These ranged from 52.3 incidents per 100 units in Northern Health to 128.6 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.

Content updates in this year's Directory include:

- The Directory now identifies when facilities have both publicly-subsidized long-term care beds and assisted living units at the same location.
- Wait time reporting online was updated for facilities in Interior Health Authority (IHA), Fraser Health Authority (FHA), Vancouver Coastal Health Authority (VCHA), and Vancouver Island Health Authority (VIHA). The new reporting focuses on wait times for new clients admitted from the community as non-urgent cases, rather than for all new admissions which includes both hospitals and the community.

Changes in the Directory this year include:

- Aurora Home, Casa Mia, Chénchenstway¹, and Silverstone Care Centre long-term care facilities opened and were added to the Directory.
- Shorncliffe, Totem Lodge - Sechelt Hospital and West Shore Laylum at Suncrest long-term care facilities closed and were removed from the Directory.
- Adanac Park Lodge long-term care facility was removed from the Directory as it primarily focuses on providing specialized long-term care services for younger adults aged 19 to 65.
- Osprey Court Villa opened and was added to Creekside Landing long-term care facility.
- Weatherby was combined with Dr. Al Hogg Pavilion and listed as Dr. Al Hogg/Weatherby pavilion.
- Fleetwood Villa became a fully private assisted living residence and was removed from the Directory.
- Kiwanis Suites and Kiwanis House were combined under the name of Kiwanis House.
- Marrion Village 1950 and Marrion Village 1980 were combined under the name of Marrion Village.

¹ Fraser Health and Vancouver Coastal Health (via Providence Health Care) co-operate Chénchenstway.

LONG-TERM CARE FACILITIES

The Directory contains information on 298 care facilities that provide subsidized long-term care (LTC) for seniors, an increase of two facilities since last year. Of the 298 facilities, 112 facilities with 9,250 beds are operated directly by a health authority, while 186 facilities with 19,114 beds are operated by a contractor with funding from the health authority.

The total number of subsidized beds in B.C. is 28,364, an increase of 373 beds from 2022/23. Overall, 91% of rooms are single occupancy; 79% of residents live in single occupancy rooms. Overall, 61% of residents in health authority-owned facilities live in single occupancy rooms while 87% of residents in contracted facilities live in single rooms.

LONG-TERM CARE FACILITY DEMOGRAPHICS, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
NUMBER OF FACILITIES	295	296	293	296	298
NUMBER OF PUBLICLY-SUBSIDIZED BEDS*	27,432	27,858	27,628	27,991	28,364
% SINGLE OCCUPANCY ROOMS	89%	90%	90%	90%	91%
% DOUBLE OCCUPANCY ROOMS	7%	7%	7%	6%	6%
% MULTI-BED ROOMS	4%	4%	3%	3%	3%
% OF RESIDENTS IN SINGLE OCCUPANCY ROOMS	76%	77%	77%	77%	79%

NOTES: By 2018, Adanac Lodge transitioned its entire program to offer specialized LTC services for younger adults aged 19 to 65. As a result, it has been excluded from the Directory since 2019/20. Therefore, the numbers from 2019/20 to 2022/23 differ from those published last year. *The publicly subsidized bed number in Hilton Villa Seniors Community (Fraser Health) was corrected for 2012/2022, so the number for 2021/2022 differs from that published last year.

LONG-TERM CARE FACILITY DEMOGRAPHICS BY FACILITY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
NUMBER OF FACILITIES	112	184	296	112	186	298
NUMBER OF PUBLICLY-SUBSIDIZED BEDS	9,229	18,762	27,991	9,250	19,114	28,364
% SINGLE OCCUPANCY ROOMS	82%	94%	90%	83%	94%	91%
% DOUBLE OCCUPANCY ROOMS	9%	6%	6%	9%	5%	6%
% MULTI-BED ROOMS	9%	1%	3%	8%	1%	3%
% OF RESIDENTS IN SINGLE OCCUPANCY ROOMS	58%	86%	77%	61%	87%	79%

NOTES: Note: By 2018, Adanac Lodge transitioned its entire program to offer specialized LTC services for younger adults aged 19 to 65. As a result, it has been excluded from the Directory since 2019/20. Therefore, the numbers from 2019/20 to 2022/23 differ from those published last year.

WHO IS LIVING IN LONG-TERM CARE?

People who are admitted to long-term care are assessed at home or in hospital prior to their admission and then regularly throughout their residency. These assessments focus on a range of aspects for each person, including cognition (memory and judgment), how independently they can perform what are known as the activities of daily living (ADLs), such as toileting, bathing and dressing, and whether or not they display 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 this helps to inform their decisions about what facility may best suit their needs. The data below outlines the key characteristics of people living in long-term care in B.C. and highlights 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 2023/24. 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 (7%) compared to contracted facilities (4%). Almost two-thirds of residents in both ownership groups were female. The proportion of residents using a wheelchair has increased slightly each year, reaching 54% in 2023/24 for both ownership groups.

RESIDENT DEMOGRAPHICS IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
AVERAGE AGE	84	84	84	83	83
% OF RESIDENTS 85+	55%	54%	54%	53%	53%
% OF RESIDENTS <65	5%	6%	6%	5%	5%
% RESIDENTS THAT ARE FEMALE	65%	64%	63%	63%	63%
% RESIDENTS IN A WHEELCHAIR	52%	52%	53%	53%	54%

RESIDENT DEMOGRAPHICS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE AGE	82	84	83	82	84	83
% FACILITIES ABOVE B.C.	34%	64%	53%	29%	68%	53%
% FACILITIES BELOW B.C.	66%	36%	47%	71%	32%	47%
% OF RESIDENTS 85+	49%	55%	53%	48%	55%	53%
% FACILITIES ABOVE B.C.	32%	59%	48%	29%	65%	51%
% FACILITIES BELOW B.C.	68%	41%	52%	71%	35%	49%
% OF RESIDENTS <65	8%	4%	5%	7%	4%	5%
% FACILITIES ABOVE B.C.	57%	29%	39%	57%	29%	39%
% FACILITIES BELOW B.C.	43%	71%	61%	43%	71%	61%
% RESIDENTS THAT ARE FEMALE	63%	64%	63%	62%	64%	63%
% FACILITIES ABOVE B.C.	40%	57%	51%	38%	56%	49%
% FACILITIES BELOW B.C.	60%	43%	49%	62%	44%	51%
% RESIDENTS IN A WHEELCHAIR	54%	53%	53%	54%	54%	54%
% FACILITIES ABOVE B.C.	41%	52%	48%	43%	47%	46%
% FACILITIES BELOW B.C.	59%	48%	52%	57%	53%	54%

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. In order to ensure the clients who need immediate care have access in a timely manner, clients are classified into urgent and non-urgent groups based on their medical condition, level of care required, risk of harm, social support availability, current living situation, spousal reunification and an executive/policy exception under extenuating circumstances. Generally, non-urgent admissions may experience longer wait times than urgent admissions.

The table below shows the average wait time calculated for all residents, both urgent and non-urgent, newly admitted in 2023/24. Wait times are longer in contracted facilities (115 days) than in health authority-owned facilities (105 days), a pattern that has persisted over the past four years. The wait time varied significantly between health authorities. Vancouver Coastal Health had the lowest average wait time (59 days), while Northern Health had the highest average wait time (300 days). In most health authorities, wait times increased, apart from Vancouver Coastal Health. The increase ranged from a low of 7% in Interior Health (from 105 to 112 days) to a high of 23% in Vancouver Island Health (from 140 to 173 days). In contrast, the wait time in Vancouver Coastal Health decreased by 9% (from 65 to 59 days). Overall, the wait time for all new LTC admissions in 2023/24 increased 11%, from 101 days to 112 days.

AVERAGE WAIT TIME (DAYS) FOR ALL NEW LONG-TERM CARE ADMISSIONS BY HEALTH AUTHORITY, OWNERSHIP TYPE, 2022/23-2023/24

HEALTH AUTHORITY	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	83	125	105	86	136	112
FRASER HEALTH	48	83	75	58	93	85
VANCOUVER COASTAL HEALTH	61	67	65	46	65	59
VANCOUVER ISLAND HEALTH	116	152	140	168	175	173
NORTHERN HEALTH	273	307	278	304	287	300
B.C.	94	104	101	105	115	112

The table below reports the average wait time for all non-urgent (or routine) LTC admissions from the community, excluding Northern Health, in 2023/24. The average wait time was 233 days, more than double the overall average wait time of all LTC admissions. The wait times for community non-urgent LTC admissions were generally shorter in the health authority-owned facilities (172 days) compared to contracted facilities (267 days).

Wait times varied across health authorities, ranging from 159 days in Interior Health to 318 days in Vancouver Coastal Health, with approximately 300 days in Fraser Health and Vancouver Island Health. Notably, while Vancouver Coastal Health had the shortest overall average wait time for all LTC admissions, it had the longest wait time for community non-urgent LTC admissions, which was more than five times longer. The gap between the wait times for community non-urgent LTC admissions and all LTC admissions ranged from 47 days in Interior Health to 270 days in Vancouver Coastal Health.

AVERAGE WAIT TIME (DAYS) FOR ALL NEW NON-URGENT LONG-TERM CARE ADMISSIONS FROM COMMUNITY BY HEALTH AUTHORITY, OWNERSHIP TYPE, 2023/24

HEALTH AUTHORITY	2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	118	192	159
FRASER HEALTH	230	306	295
VANCOUVER COASTAL HEALTH	244	336	318
VANCOUVER ISLAND HEALTH	266	327	303
NORTHERN HEALTH*	n/a	n/a	n/a
B.C.	172	267	233

NOTES : Excludes urgent (priority) admissions such as from hospital. * Data is not available in Northern Health.

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 2023/24, 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 2023/24, health authority-owned facilities demonstrated a higher proportion of residents who require significant support in ADLs at 36% vs. 30% in contracted facilities.

COMPLEXITY OF RESIDENTS IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
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+)	31%	32%	32%	32%	32%

COMPLEXITY OF RESIDENTS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	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.	42%	40%	41%	36%	38%	37%
% FACILITIES BELOW B.C.	58%	60%	59%	64%	62%	63%
% OF RESIDENTS TOTALLY DEPENDENT IN ACTIVITIES OF DAILY LIVING (ADL 5+)	37%	30%	32%	36%	30%	32%
% FACILITIES ABOVE B.C.	61%	43%	50%	57%	44%	49%
% FACILITIES BELOW B.C.	39%	57%	50%	43%	56%	51%

The 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 2023/24, the proportion of residents with a high CPS score in health authority-owned facilities (28%) was slightly higher than in contracted facilities (26%). In contrast, contracted facilities continue to have a higher proportion of residents with dementia (64%) than health authority-owned facilities (57%).

COGNITIVE IMPAIRMENT IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
% OF RESIDENTS WITH SEVERE COGNITIVE IMPAIRMENT (CPS 4+)	29%	28%	28%	28%	27%
% OF RESIDENTS WITH DEMENTIA	64%	64%	63%	63%	62%

COGNITIVE IMPAIRMENT IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENTS WITH SEVERE COGNITIVE IMPAIRMENT (CPS 4+)	29%	27%	28%	28%	26%	27%
% FACILITIES ABOVE B.C.	51%	40%	45%	44%	39%	41%
% FACILITIES BELOW B.C.	49%	60%	55%	56%	61%	59%
% OF RESIDENTS WITH DEMENTIA	58%	65%	63%	57%	64%	62%
% FACILITIES ABOVE B.C.	43%	59%	53%	39%	55%	49%
% FACILITIES BELOW B.C.	57%	41%	47%	61%	45%	51%

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 2023/24, average ISE scores per facility ranged from 1.0 to 5.7 across all facilities. The average ISE score was slightly higher this year in health authority-owned facilities (2.80) than in contracted facilities (2.79). Almost half (46%) 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, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
AVERAGE INDEX OF SOCIAL ENGAGEMENT (ISE)	2.70	2.63	2.68	2.73	2.80
% OF RESIDENTS WITH LOW ISE (0-2)	48%	50%	49%	48%	46%

SOCIAL ENGAGEMENT IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE INDEX OF SOCIAL ENGAGEMENT (ISE)	2.73	2.73	2.73	2.80	2.79	2.80
% FACILITIES ABOVE B.C.	45%	44%	44%	50%	42%	45%
% FACILITIES BELOW B.C.	55%	56%	56%	50%	58%	55%
% OF RESIDENTS WITH LOW ISE (0-2)	48%	48%	48%	46%	46%	46%
% FACILITIES ABOVE B.C.	47%	52%	50%	46%	52%	50%
% FACILITIES BELOW B.C.	53%	48%	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 percentage of residents exhibiting physically abusive behaviour remained at 8%. It was higher in contracted facilities (9%) vs health authority-owned facilities (6%).

PHYSICALLY ABUSIVE BEHAVIOUR IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
% OF RESIDENTS WITH PHYSICALLY ABUSIVE BEHAVIOUR	9%	9%	9%	8%	8%

PHYSICALLY ABUSIVE BEHAVIOUR IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23- 2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENTS WITH PHYSICALLY ABUSIVE BEHAVIOUR	6%	9%	8%	6%	9%	8%
% FACILITIES ABOVE B.C.	21%	52%	40%	25%	46%	38%
% FACILITIES BELOW B.C.	79%	48%	60%	75%	54%	62%

LENGTH OF STAY

In 2023/24, the average length of stay was 838 days (2.3 years) and has increased since last year by 1.8%. The average length of stay was shorter in health authority-owned facilities (811 days; 2.2 years) than in contracted facilities (853 days; 2.3 years). It varied across health authorities, ranging from 711 days (1.9 years) in Interior health to 1,095 days (3.0 years) in Vancouver Coastal Health.

AVERAGE LENGTH OF STAY (DAYS) IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	764	764	765	758	711	-6.2%
FRASER HEALTH	832	909	834	779	802	3.0%
VANCOUVER COASTAL HEALTH	1,026	1,123	994	1,000	1,095	9.5%
VANCOUVER ISLAND HEALTH	759	783	799	768	777	1.2%
NORTHERN HEALTH	1,067	1,032	1,114	1,002	1,010	0.8%
B.C.	842	900	850	823	838	1.8%

AVERAGE LENGTH OF STAY (DAYS) IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23- 2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE LENGTH OF STAY	790	841	823	811	853	838
% FACILITIES ABOVE B.C.	47%	51%	50%	40%	49%	46%
% FACILITIES BELOW B.C.	53%	49%	50%	60%	51%	54%

In 2023/24, the median length of stay was 494 days and increased by 3% over last year. The largest decrease in median length of stay was in Interior Health (-11%), while the largest increase in was in Vancouver Coastal Health (22%). Median length of stay was shorter in health authority-owned facilities (453 days; 1.2 years) than in contracted facilities (510 days; 1.4 years).

MEDIAN LENGTH OF STAY (DAYS) IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	446	450	463	461	408	-11%
FRASER HEALTH	453	595	476	444	465	5%
VANCOUVER COASTAL HEALTH	623	690	547	525	639	22%
VANCOUVER ISLAND HEALTH	459	475	463	476	477	0%
NORTHERN HEALTH	798	805	754	714	667	-7%
B.C.	485	556	493	480	494	3%

MEDIAN LENGTH OF STAY (DAYS) IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23- 2023/24

INDICATOR	2021/22			2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
MEDIAN LENGTH OF STAY	430	511	480	453	510	494
% FACILITIES ABOVE B.C.	56%	63%	60%	49%	50%	49%
% FACILITIES BELOW B.C.	44%	38%	40%	51%	50%	51%

FUNDING OF 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 (client fees). 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.

The Office of the Seniors Advocate 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 delivering greater or fewer hours than the number of funded hours.

In 2023/24, the average funded direct care hours for all facilities was 3.43 hours per bed per day from 3.42 hours in 2022/23. Contracted facilities (3.37 hours) still lag behind facilities owned by the health authorities (3.54 hours). Funded direct care hours by facility range from a low of 3.36 hours in certain facilities to a high of 7.67 hours in others.

All the health authority operated and contracted facilities were funded to meet the guideline of 3.36 average direct care hours per resident per day, the same as last year. Funding for direct care hours increased at 44 (14.8%) facilities, decreased at 16 (5.4%) facilities and remained the same at 229 (76.8%) facilities.

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

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	3.35	3.37	3.37	3.39	3.39	0.0%
FRASER HEALTH	3.25	3.37	3.38	3.41	3.42	0.3%
VANCOUVER COASTAL HEALTH*	3.22	3.38	3.43	3.47	3.47	0.0%
VANCOUVER ISLAND HEALTH	3.29	3.37	3.38	3.40	3.42	0.6%
NORTHERN HEALTH**	3.45	3.45	3.45	3.46	3.49	0.9%
B.C.	3.28	3.37	3.39	3.42	3.43	0.3%

NOTES: * Vancouver Coastal Health: Bella Coala General Hospital and Áuxválásúilas Heiltsuk Hospital don't report data because the amounts are difficult to separate from global budgets. Silverstone Care Centre is a new facility in 2023/24; therefore, no data in 2023/24. Some data for 2022/23 were corrected, so the numbers for VCHA and B.C. differ from those published last year. ** Northern Health: Aurora Home is a new facility in 2023/24; therefore, no data in 2023/24.

FACILITIES FUNDED TO THE LEVEL OF PROVINCIAL DIRECT CARE HOURS GUIDELINE BY FACILITY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR		2022/23			2023/24		
		HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH*	AVERAGE FUNDED DIRECT CARE HOURS	3.42	3.36	3.39	3.43	3.36	3.39
	NUMBER OF FACILITIES REPORTING	39	40	79	40	40	80
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%
FRASER HEALTH	AVERAGE FUNDED DIRECT CARE HOURS	3.58	3.36	3.41	3.62	3.36	3.42
	NUMBER OF FACILITIES REPORTING	15	64	79	16	63	79
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%
VANCOUVER COASTAL HEALTH**	AVERAGE FUNDED DIRECT CARE HOURS	3.64	3.38	3.47	3.66	3.38	3.47
	NUMBER OF FACILITIES REPORTING	17	36	53	15	37	52
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%
VANCOUVER ISLAND HEALTH***	AVERAGE FUNDED DIRECT CARE HOURS	3.49	3.37	3.40	3.52	3.37	3.42
	NUMBER OF FACILITIES REPORTING	17	41	58	17	42	59
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%
NORTHERN HEALTH****	AVERAGE FUNDED DIRECT CARE HOURS	3.47	3.37	3.46	3.51	3.39	3.49
	NUMBER OF FACILITIES REPORTING	22	2	24	22	2	24
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%
B.C.	AVERAGE FUNDED DIRECT CARE HOURS	3.52	3.37	3.42	3.54	3.37	3.43
	NUMBER OF FACILITIES REPORTING	110	183	293	110	184	294
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%

NOTES: * Interior Health: McGivney Manor is a new facility in 2022/23; therefore, no data in 2022/23. ** Vancouver Coastal Health: Bella Coola General Hospital and ʔuxwálásúilias Heiltsuk Hospital don't report data because the amounts are difficult to separate from global budgets. Silverstone Care Centre is a new facility in 2023/24; therefore, no data in 2023/24. Some data for 2022/23 were corrected, so the numbers for VCHA and B.C. differ from those published last year. *** Vancouver Island Health: Ocean Front Village is a new facility in 2022/23; therefore, no data in 2022/23. ****Northern Health: Aurora Home is a new facility in 2023/24; therefore, no data in 2023/24.

NUMBER OF FACILITIES WHERE FUNDED DIRECT CARE HOURS CHANGED BETWEEN 2022/23 AND 2023/24

INDICATOR	INCREASE IN DCH	DECREASE IN DCH	NO CHANGE IN DCH	UNKNOWN CHANGE IN DCH*	TOTAL FACILITIES
INTERIOR HEALTH	0	3	76	1	80
FRASER HEALTH	7	4	67	1	79
VANCOUVER COASTAL HEALTH	13	6	31	5	55
VANCOUVER ISLAND HEALTH	16	2	40	1	59
NORTHERN HEALTH	8	1	15	1	25
B.C.	44	16	229	9	298

NOTES: *Unknowns include the following facilities: IHA: McGivney Manor is a new facility in 2022/23; therefore, no comparison data for 2022/23. FHA: Chénchenstway is a new facility in 2023/24; therefore, no comparison data for 2022/23. VCHA: Bella Coola General Hospital and Áuxválásúilas Heiltsuk Hospital do not report direct care hours because the amounts are difficult to separate from global budgets. Chénchenstway, Casa Mia and Silverstone Care Centre are new facilities in 2023/24; therefore, no comparison data for 2022/23. Some data for 2022/23 were corrected, so the numbers for VCHA and B.C. differ from those published last year. VIHA: Ocean Front Village is a new facility in 2022/23; therefore, no comparison data for 2022/23. NHA: Aurora Home is a new facility in 2023/24; therefore, no comparison data for 2023/24. Fraser Health and Vancouver Coastal Health (via Providence Health Care) co-operate Chénchenstway.

MONTHLY RATE (CLIENT FEES)

Residents in publicly-subsidized long-term care pay 80% of their after-tax income as a monthly fee up to a maximum of \$3,974.10 per month in 2024 with a minimum of \$325 left per month for personal expenses. The minimum rate is calculated using the maximum amount of Old Age Security (OAS) and Guaranteed Income Supplement (GIS) 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 2023/24, the average monthly rate paid by residents in long-term care was \$2,075 with the highest in Vancouver Island Health (\$2,185) and lowest in Northern Health (\$1,991). The average monthly rate in contracted facilities was slightly higher at \$2,100 than health authority operated facilities at \$2,022 per month.

RESIDENT MONTHLY RATE (\$) FOR PUBLICLY FUNDED LONG-TERM CARE BED BY HEALTH AUTHORITY, 2022/23-2023/24

INDICATOR	2022/23		2023/24	
	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE
INTERIOR HEALTH	\$2,118	\$1,615	\$2,068	\$1,682
FRASER HEALTH	\$1,956	\$1,580	\$2,033	\$1,676
VANCOUVER COASTAL HEALTH	\$2,066	\$1,530	\$2,054	\$1,548
VANCOUVER ISLAND HEALTH	\$2,096	\$1,722	\$2,185	\$1,793
NORTHERN HEALTH	\$1,846	\$1,495	\$1,991	\$1,616
B.C.	\$2,039	n/a	\$2,075	n/a

RESIDENT MONTHLY RATE (\$) FOR PUBLICLY FUNDED LONG-TERM CARE BED BY OWNERSHIP, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE MONTHLY RATE	\$1,994	\$2,060	\$2,039	\$2,022	\$2,100	\$2,075
% FACILITIES ABOVE B.C.	31%	56%	47%	29%	56%	46%
% FACILITIES BELOW B.C.	69%	44%	53%	71%	44%	54%

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. Some facilities may spend more on food than others as there is no ministry-defined minimum spend. Amounts reported in the Directory are actual expenditures.

In 2023/24, the average actual food cost increased 9% from the previous year to \$10.99 per bed per day. There was significant variation among facilities, ranging from an overall low of \$5.24 to a high of \$24.11 per bed per day. Health authority-owned facilities spent more on average (\$11.99) than contracted facilities (\$10.51).

AVERAGE ACTUAL FOOD COSTS PER BED PER DAY IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	\$8.39	\$9.03	\$9.85	\$10.93	\$11.54	5.6%
FRASER HEALTH*	\$8.06	\$8.07	\$8.74	\$9.31	\$10.00	7.4%
VANCOUVER COASTAL HEALTH	\$8.35	\$9.21	\$8.96	\$9.48	\$10.51	10.9%
VANCOUVER ISLAND HEALTH	\$8.20	\$8.84	\$9.38	\$10.50	\$11.64	10.9%
NORTHERN HEALTH	\$11.07	\$12.38	\$12.19	\$13.00	\$14.91	14.7%
B.C.	\$8.39	\$8.88	\$9.30	\$10.10	\$10.99	8.8%

NOTES: * FHA updated their data for 2022/23, therefore, the numbers for FHA and B.C. are revised in the above table.

ACTUAL FOOD COSTS PER BED PER DAY IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23- 2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$10.89	\$10.97	\$10.93	\$11.78	\$11.36	\$11.54
RANGE	\$7.48-\$12.86	\$7.09-\$24.84	\$7.09-\$24.84	\$9.13-\$14.47	\$8.55-\$23.88	\$8.55-\$23.88
FRASER HEALTH*						
AVERAGE ACTUAL FOOD COSTS	\$8.27	\$9.60	\$9.31	\$8.94	\$10.28	\$10.00
RANGE	\$6.99-\$10.12	\$6.68-\$13.78	\$6.68-\$13.78	\$5.37-\$13.93	\$5.73-\$15.62	\$5.37-\$15.62

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
VANCOUVER COASTAL HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$8.93	\$9.72	\$9.48	\$10.73	\$10.42	\$10.51
RANGE	\$7.24-\$10.93	\$6.79-\$15.21	\$6.79-\$15.21	\$8.68-\$15.17	\$7.07-\$15.82	\$7.07-\$15.82
VANCOUVER ISLAND HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$12.46	\$9.67	\$10.50	\$14.81	\$10.29	\$11.64
RANGE	\$11.74-\$15.39	\$6.98-\$16.45	\$6.98-\$16.45	\$13.25-\$20.67	\$6.43-\$16.04	\$6.43-\$20.67
NORTHERN HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$13.63	\$8.49	\$13.00	\$15.75	\$9.18	\$14.91
RANGE	\$11.81-\$18.02	\$8.3-\$10.56	\$8.3-\$18.02	\$12.35-\$24.11	\$5.24-\$11.85	\$5.24-\$24.11
B.C.						
AVERAGE ACTUAL FOOD COSTS	\$10.55	\$9.88	\$10.10	\$11.99	\$10.51	\$10.99
RANGE	\$6.99-\$18.02	\$6.68-\$24.84	\$6.68-\$24.84	\$5.37-\$24.11	\$5.24-\$23.88	\$5.24-\$24.11

NOTES: * FHA updated their data for 2022/23, therefore, the numbers for FHA and B.C. are revised in the above table.

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 (client fees). 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 expenses. 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 2023/24, the average per diem rate increased 11% over the previous year to \$283.11. Interior Health had the lowest average per diem (\$250.70) and Northern Health (\$311.54) had the highest average per diem. Northern Health (22%) and Vancouver Coastal Health (20%) had the largest increase over the previous year. The average per diem rate ranged from \$227.20 to \$371.69 across all facilities in 2023/24.

AVERAGE PER DIEM RATES FOR CONTRACTED LONG-TERM CARE FACILITIES, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	\$219.83	\$225.12	\$225.46	\$237.59	\$250.70	6%
FRASER HEALTH	\$232.49	\$243.11	\$249.66	\$257.70	\$279.29	8%
VANCOUVER COASTAL HEALTH	\$232.04	\$247.58	\$254.32	\$251.44	\$300.68	20%
VANCOUVER ISLAND HEALTH	\$240.63	\$252.27	\$260.25	\$272.49	\$297.76	9%
NORTHERN HEALTH	\$235.40	\$243.64	\$247.35	\$255.10	\$311.54	22%
B.C.	\$231.76	\$242.90	\$248.70	\$255.76	\$283.11	11%

RANGE OF PER DIEM RATES FOR CONTRACTED LONG-TERM CARE FACILITIES, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
INTERIOR HEALTH	\$202.93-\$235.98	\$206.60-\$242.32	\$206.60-\$242.32	\$222.57-\$290.84	\$227.20-\$314.72
FRASER HEALTH	\$207.15-\$261.10	\$210.75-\$269.71	\$215.93-\$275.65	\$223.44-\$308.83	\$259.18-\$337.35
VANCOUVER COASTAL HEALTH	\$218.37-\$299.36	\$221.83-\$309.89	\$229.36-\$316.25	\$204.25-\$312.15	\$234.75-\$371.69
VANCOUVER ISLAND HEALTH	\$199.79-\$275.15	\$212.09-\$286.77	\$227.23-\$294.47	\$250.48-\$300.02	\$273.55-\$327.97
NORTHERN HEALTH	\$230.68-\$235.76	\$237.90-\$244.08	\$241.58-\$247.86	\$247.49-255.80	\$264.98-\$317.38
B.C.	\$199.79-\$299.36	\$206.60-\$309.89	\$206.60-\$316.25	\$204.25-\$312.15	\$227.20-\$371.69

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 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 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 services.

In 2023/24, the proportion of residents receiving physical therapy (11%) and occupational therapy (5%) remained unchanged from the previous year, while the proportion of residents receiving recreational therapy increased to 32%, up from 30% from last year. Overall, the proportions of residents receiving physical, occupational, and recreational therapy have remained relatively stable over the past five years.

THERAPIES IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
PHYSICAL THERAPY	11%	10%	11%	11%	11%
RECREATION THERAPY	30%	28%	30%	30%	32%
OCCUPATIONAL THERAPY	6%	6%	6%	5%	5%

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 more physical and recreational therapy.

THERAPIES IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
PHYSICAL THERAPY	10%	12%	11%	9%	12%	11%
% FACILITIES ABOVE B.C.	23%	31%	28%	27%	32%	30%
% FACILITIES BELOW B.C.	77%	69%	72%	73%	68%	70%
RECREATION THERAPY	29%	31%	30%	31%	32%	32%
% FACILITIES ABOVE B.C.	35%	39%	38%	39%	43%	41%
% FACILITIES BELOW B.C.	65%	61%	62%	61%	57%	59%
OCCUPATIONAL THERAPY	9%	4%	5%	9%	4%	5%
% FACILITIES ABOVE B.C.	29%	17%	21%	35%	17%	24%
% FACILITIES BELOW B.C.	71%	83%	79%	65%	83%	76%

MEDICATION USE

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 2023/24, 46% of residents were taking nine or more medications, a trend that has been steadily increasing over the past five years. A higher percentage of residents in health authority-owned sites (51%) take nine or more medications compared to residents in contracted facilities (44%).

MEDICATION USE IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
% OF RESIDENT TAKING NINE OR MORE MEDICATIONS	38%	39%	42%	45%	46%

MEDICATION USE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT TAKING NINE OR MORE MEDICATIONS	50%	42%	45%	51%	44%	46%
% FACILITIES ABOVE B.C.	61%	43%	50%	59%	45%	50%
% FACILITIES BELOW B.C.	39%	57%	50%	41%	55%	50%

ANTIPSYCHOTIC AND ANTIDEPRESSANT USE

In 2023/24, the proportion of residents taking antipsychotics without a diagnosis of psychosis remained at 28%, the same as last year, but a 16.7% increase compared to 2019/20. The rate was higher in health authority-owned facilities (30%) than in contracted facilities (27%). The proportion of residents taking antipsychotics with or without a diagnosis of psychosis remained at 35%, unchanged from last year. Overall, the use of antipsychotics in long-term care has been on an upward trend since 2019/20.

USE OF ANTIPSYCHOTICS IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
% TAKING ANTIPSYCHOTICS WITHOUT A DIAGNOSIS OF PSYCHOSIS	24%	26%	27%	28%	28%
% TAKING ANTIPSYCHOTICS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	30%	32%	34%	35%	35%

USE OF ANTIPSYCHOTICS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% TAKING ANTIPSYCHOTICS WITHOUT A DIAGNOSIS OF PSYCHOSIS	30%	27%	28%	30%	27%	28%
% FACILITIES ABOVE B.C.	57%	42%	48%	50%	44%	46%
% FACILITIES BELOW B.C.	43%	58%	52%	50%	56%	54%
% TAKING ANTIPSYCHOTICS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	35%	35%	35%	35%	35%	35%
% FACILITIES ABOVE B.C.	49%	48%	48%	42%	47%	45%
% FACILITIES BELOW B.C.	51%	52%	52%	58%	53%	55%

The proportion of residents diagnosed with depression decreased slightly to 22%, while the proportion of residents receiving antidepressant medication increased to 52%. More than twice as many residents were on antidepressants compared to residents with a recorded clinical diagnosis of depression. Both the rate of depression diagnoses and the use of antidepressant medication were slightly higher in health authority-owned facilities compared to contracted facilities.

DEPRESSION INDICATORS IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
% DIAGNOSED WITH DEPRESSION	23%	24%	23%	23%	22%
% RECEIVING ANTIDEPRESSANT MEDICATION	49%	50%	51%	51%	52%

DEPRESSION INDICATORS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% DIAGNOSED WITH DEPRESSION	23%	23%	23%	23%	22%	22%
% FACILITIES ABOVE B.C.	50%	45%	47%	47%	43%	44%
% FACILITIES BELOW B.C.	50%	55%	53%	53%	57%	56%
% RECEIVING ANTIDEPRESSANT MEDICATION	53%	50%	51%	53%	51%	52%
% FACILITIES ABOVE B.C.	56%	52%	53%	59%	52%	55%
% FACILITIES BELOW B.C.	44%	48%	47%	41%	48%	45%

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 remained at 6%, the same as last year. 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, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
% OF RESIDENT WITH DAILY PHYSICAL RESTRAINTS	6.6%	6.5%	6.3%	6.0%	6.0%

DAILY PHYSICAL RESTRAINTS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT WITH DAILY PHYSICAL RESTRAINTS	8%	5%	6%	8%	5%	6%
% FACILITIES ABOVE B.C.	45%	34%	38%	46%	31%	37%
% FACILITIES BELOW B.C.	55%	66%	62%	54%	69%	63%

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 percentage of residents who experienced falls decreased slightly to 12% from 13% in 2022/23. The proportion of residents with falls continues to be higher for contracted facilities (13%) than for health authority-owned facilities (11%).

PERCENT OF RESIDENTS WITH FALLS IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
% OF RESIDENT WITH FALLS	13%	13%	13%	13%	12%

PERCENT OF RESIDENTS WITH FALLS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT WITH FALLS	11%	14%	13%	11%	13%	12%
% FACILITIES ABOVE B.C.	35%	52%	46%	40%	51%	47%
% FACILITIES BELOW B.C.	65%	48%	54%	60%	49%	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 disease, and improper nutrition or hydration.

The percentage of residents with worsened pressure ulcers remained unchanged at 2% over the past five years. The proportion of residents with worsened pressure ulcers is slightly higher in health authority-owned facilities (3%) compared to contracted facilities (2%).

PERCENT OF RESIDENTS WITH WORSENE D PRESSURE ULCER IN LONG-TERM CARE, 2019/20- 2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
% 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, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	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.	50%	35%	41%	51%	35%	41%
% FACILITIES BELOW B.C.	50%	65%	59%	49%	65%	59%

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 and the resident must be transferred to an emergency department.

The percentage of residents with four or more emergency room visits in one year decreased to 1.1%, down from 1.4% in 2022/23. Northern Health had the highest percentage of residents with four or more visits per year (4.8%), while the other four health authorities had similar rates, ranging from 0.6% in Interior Health to 1.3% in Vancouver Coastal Health. The rate in health authority facilities (1.4%) was higher than in contracted facilities (1.0%).

PERCENT OF RESIDENTS WITH 4 OR MORE EMERGENCY ROOM VISITS IN LONG-TERM CARE BY HEALTH AUTHORITY, 2022/23-2023/2024

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENT WITH FOUR OR MORE EMERGENCY ROOM VISITS						
2022/23	1.0%	1.3%	1.7%	0.9%	4.3%	1.4%
2023/24	0.6%	1.0%	1.3%	1.0%	4.8%	1.1%

PERCENT OF RESIDENTS WITH 4 OR MORE EMERGENCY ROOM VISITS IN LONG-TERM CARE BY OWNERSHIP, 2022/23-2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
PERCENT OF RESIDENT WITH FOUR OR MORE EMERGENCY ROOM VISITS	1.7%	1.2%	1.4%	1.4%	1.0%	1.1%
% RESIDENCES ABOVE B.C.	40%	38%	38%	40%	33%	36%
% RESIDENCES BELOW B.C.	60%	62%	62%	60%	67%	64%

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 is to vaccinate vulnerable seniors 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 which requires 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 2023/24, 96% of facilities reported statistics on influenza vaccinations for residents, while 74% reported data for health care workers. Overall, among facilities reporting in 2023/24, 84% of residents and 35% of health care workers were vaccinated for influenza. This represents a 4% decrease for residents and a 10.5% decrease for staff compared to 2022/23.

The influenza vaccination rate for health care workers is the lowest since the influenza prevention policy was enacted in 2012; however, this is largely attributed to lower self-reporting by health care staff since the pandemic. A new immune status reporting requirement for health care workers in B.C., effective July 26, 2024, is expected to lead to a higher reporting rate for health care workers.

In 2023/24, the proportion of residents vaccinated in health authority facilities was the same as in contracted facilities, while a higher proportion of health care workers were vaccinated in contracted facilities compared to health authority facilities. Facilities with fewer than 20 staff or residents are not included in these calculations.

INFLUENZA VACCINATION COVERAGE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2019/20 - 2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
% RESIDENTS VACCINATED FOR INFLUENZA	85%	89%	90%	88%	84%
% HEALTH CARE WORKERS VACCINATED FOR INFLUENZA	69%	63%	54%	39%	35%

INFLUENZA VACCINATION COVERAGE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2022/23 - 2023/24

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% RESIDENTS VACCINATED FOR INFLUENZA	87%	88%	88%	84%	84%	84%
% FACILITIES ABOVE B.C.	51%	64%	59%	55%	62%	59%
% FACILITIES BELOW B.C.	50%	36%	41%	45%	38%	41%
% HEALTH CARE WORKERS VACCINATED FOR INFLUENZA	42%	37%	39%	34%	36%	35%
% FACILITIES ABOVE B.C.	53%	46%	49%	37%	52%	45%
% FACILITIES BELOW B.C.	47%	54%	51%	63%	48%	55%

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/or be at risk of death. Serious illness is more common in older people 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 in this report because there was a public health order requiring all staff who work in long-term care to be vaccinated against COVID-19. Effective July 2024, staff are also required to report their immunization status for COVID-19 in addition to influenza. In 2023/24, 73% of residents in health authority-owned sites and 76% in contracted facilities received five doses of COVID-19 vaccine. The rate varied across health authorities, ranging from 60% in Northern Health to 80% in Vancouver Island Health.

RESIDENT COVID-19 VACCINATION (5 DOSES) COVERAGE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24

INDICATOR	2022/23		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	71%	70%	70%
FRASER HEALTH	73%	78%	77%
VANCOUVER COASTAL HEALTH	75%	74%	74%
VANCOUVER ISLAND HEALTH	80%	81%	80%
NORTHERN HEALTH	60%	62%	60%
B.C.	73%	76%	75%

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 if they receive care quality complaints from residents or family members.

In 2023/24, 96% of long-term care facilities in B.C. had an inspection, compared to 86% in 2022/23, which had the highest inspection rate in the past five years. Overall, there were 868 inspections conducted with 1,373 licensing infractions found. While the rate represents a decrease in infractions compared to the previous year (1,394 infractions), it still shows a significant infraction rate increase compared to 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 48 infractions per 1,000 beds, with Fraser Health being the lowest at 29 per 1,000 beds, and Interior Health having the most infractions per 1,000 beds at 78. Most of the infractions found related to records and reporting (20%), care and supervision (18%), staffing (17%), the physical environment (15%), and policies and procedures (11%). In B.C., more infractions per 1,000 beds were found in inspected health authority-owned sites (65) compared to the inspected contracted facilities (40).

FACILITY INSPECTIONS IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
PERCENT OF FACILITIES INSPECTED	84%	73%	79%	86%	96%
NUMBER OF INSPECTIONS	687	746	756	857	868
NUMBER OF LICENSING INFRACTIONS FOUND	1,175	819	1,478	1,394	1,373
INFRACTION PER 1,000 BEDS IN FACILITIES INSPECTED	46	36	62	54	48

FACILITY INSPECTIONS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR		2022/23			2023/24		
		HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	NUMBER OF FACILITIES	40	40	80	40	40	80
	% OF FACILITIES INSPECTED	65%	85%	75%	90%	98%	94%
	NUMBER OF INSPECTIONS	41	58	99	53	72	125
	NUMBER OF LICENSING INFRACTIONS FOUND	228	158	386	308	169	477
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	144	51	82	127	46	78
FRASER HEALTH	NUMBER OF FACILITIES	15	64	79	16	63	79
	% OF FACILITIES INSPECTED	100%	100%	100%	100%	100%	100%
	NUMBER OF INSPECTIONS	75	241	316	67	267	334
	NUMBER OF LICENSING INFRACTIONS FOUND	91	379	470	39	237	276
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	51	50	50	21	31	29
VANCOUVER COASTAL HEALTH	NUMBER OF FACILITIES	19	36	55	17	38	55
	% OF FACILITIES INSPECTED	95%	100%	98%	88%	100%	96%
	NUMBER OF INSPECTIONS	121	232	353	84	235	319
	NUMBER OF LICENSING INFRACTIONS FOUND	117	205	322	107	184	291
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	54	45	48	57	40	45
VANCOUVER ISLAND HEALTH	NUMBER OF FACILITIES	17	42	59	17	42	59
	% OF FACILITIES INSPECTED	29%	83%	68%	88%	90%	90%
	NUMBER OF INSPECTIONS	7	40	47	16	44	60
	NUMBER OF LICENSING INFRACTIONS FOUND	14	157	171	40	204	244
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	23	47	43	24	53	44
NORTHERN HEALTH	NUMBER OF FACILITIES	22	2	24	22	3	25
	% OF FACILITIES INSPECTED	95%	100%	96%	100%	100%	100%
	NUMBER OF INSPECTIONS	40	2	42	27	3	30
	NUMBER OF LICENSING INFRACTIONS FOUND	45	0	45	76	9	85
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	50	0	43	74	57	72
B.C.	NUMBER OF FACILITIES	113	184	297	112	186	298
	% OF FACILITIES INSPECTED	75%	93%	86%	93%	97%	96%
	NUMBER OF INSPECTIONS	284	573	857	247	621	868
	NUMBER OF LICENSING INFRACTIONS FOUND	495	899	1,394	570	803	1,373
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	70	48	54	65	40	48

RISK

Licensing officers conduct risk assessments periodically which 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) risk rating.

The health authorities reported data for 77% of facilities and of those facilities, the average risk score was 10 (low). The average risk score was higher in health authority-owned facilities (12) than contracted facilities (9). The average risk was within the low-risk band for all health authorities, with Fraser Health having the lowest scores at 7.

AVERAGE RISK SCORE IN LONG-TERM CARE, 2022/23 - 2023/24

HEALTH AUTHORITY	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	14	10	12	12	10	11
FRASER HEALTH	10	9	10	7	7	7
VANCOUVER COASTAL HEALTH	14	8	10	15	9	11
VANCOUVER ISLAND HEALTH	12	13	13	13	13	13
NORTHERN HEALTH	15	8	14	12	12	12
B.C.	13	10	11	12	9	10

NOTES: 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).

LICENSING COMPLAINTS

Licensing offices in each health authority receive complaints about care and services in facilities and conduct investigations to determine whether the complaint is substantiated and identify any licensing infractions.

In 2023/24, there were 409 licensing complaints, of which 126 (31%) were substantiated, resulting in some form of licensing violation. The number of complaints and substantiated complaints decreased by 11% and 2%, respectively.

Both the total number of complaints and substantiated complaints per 1,000 beds were higher in Vancouver Island Health (33.6 and 9.3, respectively) and Northern Health (20 and 8.9, respectively) compared to the provincial averages per 1,000 beds (14.6 and 4.5, respectively). In B.C., the rate of both complaints and substantiated complaints per 1,000 beds was higher in contracted facilities (10.2 and 3.4, respectively) compared to health authority-owned facilities (16.3 and 4.9, respectively).

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.

LICENSING COMPLAINTS IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21*	2021/22*	2022/23	2023/24
TOTAL COMPLAINTS	580	538	409	461	409
TOTAL SUBSTANTIATED COMPLAINTS	195	162	146	128	126
COMPLAINTS PER 1,000 BEDS	20.2	18.5	14.8	16.5	14.6
SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	7.1	5.8	5.3	4.6	4.5

NOTES: Complaints are only available for facilities licensed under CCALA for Interior Health and Northern Health. * Numbers were updated for 2020/21 and 2021/22, therefore, the numbers may not exactly match previous publications.

LICENSING COMPLAINTS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2022/23- 2023/24

INDICATOR		2022/23			2023/24		
		HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	TOTAL COMPLAINTS	8	48	56	7	52	59
	TOTAL SUBSTANTIATED COMPLAINTS	2	12	14	2	13	15
	% SUBSTANTIATED COMPLAINTS	25%	25%	25%	29%	25%	25%
	COMPLAINTS PER 1,000 BEDS	5.4	13.4	11.1	4.7	14.1	11.4
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	1.4	3.3	2.8	1.4	3.5	2.9
FRASER HEALTH	TOTAL COMPLAINTS	32	80	112	15	59	74
	TOTAL SUBSTANTIATED COMPLAINTS	9	19	28	7	10	17
	% SUBSTANTIATED COMPLAINTS	28%	24%	25%	47%	17%	23%
	COMPLAINTS PER 1,000 BEDS	17.8	10.5	11.9	8.2	7.8	7.9
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	5.0	2.5	3.0	3.8	1.3	1.8
VANCOUVER COASTAL HEALTH	TOTAL COMPLAINTS	20	28	48	16	44	60
	TOTAL SUBSTANTIATED COMPLAINTS	8	14	22	8	23	31
	% SUBSTANTIATED COMPLAINTS	40%	50%	46%	50%	52%	52%
	COMPLAINTS PER 1,000 BEDS	9.3	6.2	7.2	8.2	9.5	9.1
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	3.7	3.1	3.3	4.1	4.9	4.7
VANCOUVER ISLAND HEALTH	TOTAL COMPLAINTS	42	195	237	25	173	198
	TOTAL SUBSTANTIATED COMPLAINTS	11	52	63	3	52	55
	% SUBSTANTIATED COMPLAINTS	26%	27%	27%	12%	30%	28%
	COMPLAINTS PER 1,000 BEDS	24.7	46.5	40.2	14.7	41.4	33.6
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	6.5	12.4	10.7	1.8	12.4	9.3
NORTHERN HEALTH	TOTAL COMPLAINTS	6	2	8	17	1	18
	TOTAL SUBSTANTIATED COMPLAINTS	1	0	1	7	1	8
	% SUBSTANTIATED COMPLAINTS	17%	0%	13%	41%	100%	44%
	COMPLAINTS PER 1,000 BEDS	6.9	100.0	8.9	19.5	37.0	20.0
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	1.1	0.0	1.1	8.0	37.0	8.9

INDICATOR		2022/23			2023/24		
		HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
B.C.	TOTAL COMPLAINTS	108	353	461	80	329	409
	TOTAL SUBSTANTIATED COMPLAINTS	31	97	128	27	99	126
	% SUBSTANTIATED COMPLAINTS	29%	27%	28%	34%	30%	31%
	COMPLAINTS PER 1,000 BEDS	13.5	17.7	16.5	10.2	16.3	14.6
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	3.9	4.9	4.6	3.4	4.9	4.5

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 30 adverse events. These are not comparable to reportable incidents as described in the regulation.

In 2023/24, the number of reportable incidents decreased 2.8% to 17,718 from 18,221 in 2022/23. The incidents per 100 beds also decreased from 65.8 in 2022/23 to 63.8 in 2023/2024, down 3%. The incidents per 100 beds are the highest in Interior Health (77.3) and lowest in Fraser Health (52.6). Overall, rates of reportable incidents per 100 beds are higher in health authority-owned facilities (65.8) compared to contracted facilities (63.0).

TOTAL INCIDENTS IN LONG-TERM CARE, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/2024
TOTAL INCIDENTS	17,909	13,565	19,056	18,221	17,718
TOTAL INCIDENTS PER 100 BEDS	66.1	49.0	69.4	65.8	63.8

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

REPORTABLE INCIDENTS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2022/23-2023/24

INDICATOR		2022/23			2023/24		
		HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH							
TOTAL INCIDENTS		1,908	2,517	4,425	2,116	2,833	4,949
TOTAL INCIDENTS PER 100 BEDS		72.9	68.3	70.2	81.0	74.8	77.3
FRASER HEALTH							
TOTAL INCIDENTS		1,125	5,009	6,134	989	3,961	4,950
TOTAL INCIDENTS PER 100 BEDS		62.5	66.0	65.3	53.8	52.4	52.6

INDICATOR	2022/23			2023/24		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
VANCOUVER COASTAL HEALTH						
TOTAL INCIDENTS	1,265	3,221	4,486	1,013	3,026	4,039
TOTAL INCIDENTS PER 100 BEDS	58.7	71.4	67.3	51.7	65.0	61.1
VANCOUVER ISLAND HEALTH						
TOTAL INCIDENTS	350	2,173	2,523	492	2,539	3,031
TOTAL INCIDENTS PER 100 BEDS	60.8	60.5	60.5	85.4	70.9	72.9
NORTHERN HEALTH						
TOTAL INCIDENTS	568	85	653	664	85	749
TOTAL INCIDENTS PER 100 BEDS	55.4	56.7	55.5	64.8	54.1	63.4
B.C.						
TOTAL INCIDENTS	5,216	13,005	18,221	5,274	12,444	17,718
TOTAL INCIDENTS PER 100 BEDS	63.8	66.6	65.8	65.8	63.0	63.8

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

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, toileting, mobility, dressing, grooming, bathing, and personal hygiene)
- assistance with managing medication
- therapeutic diet support
- safekeeping of money and other personal 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 133 publicly-subsidized assisted living residences; fully private pay assisted living residences are not included. Of the publicly-subsidized residences, seven residences with 180 units are operated directly by a health authority, the same as last year; 126 residences with 4,161 units are operated by a contractor with funding from the health authority, four units more than last year. There are a total of 4,341 publicly-subsidized units in B.C.

PUBLICLY-SUBSIDIZED ASSISTED LIVING RESIDENCE DEMOGRAPHICS BY OWNERSHIP AND HEALTH AUTHORITY, 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
RESIDENCES	38	30	18	30	17	133
HEALTH AUTHORITY			1		6	7
PRIVATE NOT FOR PROFIT	17	20	13	19	9	78
PRIVATE FOR PROFIT	21	10	4	11	2	48
PUBLICLY-SUBSIDIZED UNITS	926	1,326	847	949	293	4,341
HEALTH AUTHORITY			30		150	180
PRIVATE NOT FOR PROFIT	524	939	673	611	107	2,854
PRIVATE FOR PROFIT	402	387	144	338	36	1,307

NOTES: * Kiwanis House and Kiwanis Suites are combined under Kiwanis House although they are registered separately in the Assisted Living Registry. Marrion Village 1950 and Marrion Village 1980 are combined as Marrion Village although they are registered separately in the Assisted Living Registry.

PUBLICLY-SUBSIDIZED REGISTERED ASSISTED LIVING RESIDENCE BY OWNERSHIP, 2022/23-2023/24

INDICATOR	2022/23			2023/24*		
	HEALTH AUTHORITY	CONTRACTED	ALL RESIDENCES	HEALTH AUTHORITY	CONTRACTED	ALL RESIDENCES
PUBLICLY-SUBSIDIZED RESIDENCES	7	128	135	7	126	133
PUBLICLY-SUBSIDIZED UNITS	180	4,157	4,337	180	4,161	4,341

NOTES: * Kiwanis House and Kiwanis Suites are combined under Kiwanis House although they are registered separately in the Assisted Living Registry. Marrion Village 1950 and Marrion Village 1980 are combined as Marrion Village although they are registered separately in the Assisted Living Registry.

WHO IS LIVING IN ASSISTED LIVING?

People in publicly-subsidized assisted living residences are distinguished from residents living in long-term care because they:

- do not require, on a regular basis, unscheduled professional health services,
- 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),
- are at significant risk in remaining in their current living environment, and
- require both hospitality and personal assistance services.

In publicly-subsidized assisted living, residents must participate in a Residential Assessment Instrument (RAI-HC) assessment prior to 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 was 82 years; 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 percentage of residents over age 85 in the remaining health authorities ranged from 44% in Vancouver Island Health to 53% in Fraser Health and Vancouver Coastal Health. The average age increased across all health authorities except for Interior Health and Vancouver Island Health.

The percentage of female residents is fairly consistent across the province, with similar levels in Interior Health, Fraser Health, Vancouver Island Health and Northern Health (68% and 69%), and slightly lower in Vancouver Coastal Health (63%). The percentage of residents in a wheelchair ranged from 17% to 20% in four health authorities, with the lowest rate in Vancouver Coastal Health at 11%.

RESIDENT DEMOGRAPHICS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23-2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
AVERAGE AGE						
2022/2023	77	83	83	81	80	81
2023/2024	77	84	84	81	81	82
% OF RESIDENTS 85+						
2022/2023	36%	54%	55%	46%	44%	47%
2023/2024	36%	53%	53%	44%	45%	47%

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS <65						
2022/2023	19%	6%	7%	8%	11%	10%
2023/2024	18%	6%	6%	9%	10%	9%
% RESIDENTS THAT ARE FEMALE						
2022/2023	68%	70%	64%	69%	68%	68%
2023/2024	69%	69%	63%	69%	68%	68%
% OF RESIDENTS IN A WHEELCHAIR						
2022/2023	19%	19%	12%	14%	18%	17%
2023/2024	19%	20%	11%	17%	18%	17%

WAIT TIME

The wait time for assisted living is the time it takes for a senior to be placed into a residence and is measured from the time they are 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 2023/24.

The average wait time across the province was 132 days, 16 days longer than last year. Wait times ranged from zero days to a maximum of 1,430 days (3.9 years). Northern Health Authority had the longest average wait time at 338 days, followed by Vancouver Island Health at 171 days. The other three health authorities had similar wait times, ranging from 105 to 110 days. The median wait time is the number of days that half of the residents waited before being admitted. Health authority median wait times ranged from 49 days in Interior Health to 160 days in Northern Health.

WAIT TIME (DAYS) IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23-2023/24

HEALTH AUTHORITY	2022/23		2023/24	
	AVERAGE WAIT TIME	MEDIAN WAIT TIME	AVERAGE WAIT TIME	MEDIAN WAIT TIME
INTERIOR HEALTH	110	59	110	49
FRASER HEALTH	91	66	105	82
VANCOUVER COASTAL HEALTH	75	51	107	78
VANCOUVER ISLAND HEALTH	121	95	171	148
NORTHERN HEALTH	408	246	338	160
B.C.	117	n/a	132	n/a

CARE NEEDS OF RESIDENTS

InterRAI measures 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 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, ordinary housework, 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 are 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 several 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 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS DEPENDENT IN ACTIVITIES OF DAILY LIVING (ADL 3+)						
2022/2023	12%	28%	8%	10%	19%	16%
2023/2024	13%	27%	9%	13%	23%	17%
% OF RESIDENTS DEPENDENT IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL 3+)						
2022/2023	83%	95%	86%	33%	97%	77%
2023/2024	85%	94%	87%	30%	98%	77%
% OF RESIDENTS WITH MAPLE SCORE (MAPLE 4+)						
2022/2023	51%	52%	45%	42%	57%	49%
2023/2024	53%	51%	40%	44%	57%	48%

The proportion of residents with ADL 3+ in B.C. was 17%, a slight increase from 16% in 2022/23, and ranged from 9% in Vancouver Coastal Health to 27% in Fraser Health. The proportion of residents with IADL 3+ in B.C. remained steady at 77%, with rates ranging from 85% to 98% across four health authorities. However, the rate in Vancouver Island Health was significantly lower at 30%. The proportion of residents with MAPLe 4+ in B.C. was 48%, down slightly from 49% in 2022/23, and was relatively consistent across health authorities, ranging from 40% in Vancouver Island Health to 57% in Northern Health.

COGNITIVE IMPAIRMENT IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

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+)						
2022/2023	10%	20%	9%	7%	18%	12%
2023/2024	10%	18%	9%	6%	17%	12%
% OF RESIDENTS WITH DEMENTIA						
2022/2023	22%	26%	24%	19%	28%	23%
2023/2024	23%	29%	21%	18%	29%	23%

The proportion of residents with CPS 3+ was 12%, unchanged from 2022/23. The rate was 10% or below in Interior Health, Vancouver Coastal Health, and Vancouver Island Health, compared to 18% in Fraser Health and 17% in Northern Health. The proportion of residents with dementia in B.C. remained at 23%, the same as last year, with rates ranging from 18% in Vancouver Island Health to 29% in Fraser Health and Northern Health.

SOCIALIZATION

Majority (95%) of residents in assisted living feel at ease when interacting with family, friends and health professionals, slightly up from 94% in 2022/23. Nearly one in four residents say or indicate that they are lonely in Fraser Health and Vancouver Island Health, compared to one in three residents in Interior Health and Northern Health. Vancouver Coastal Health had the lowest percentage of residents (15%) who reported feeling lonely.

SOCIAL INTERACTION IN ASSISTED LIVING BY OWNERSHIP, 2022/23 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS AT EASE INTERACTING WITH OTHERS						
2022/2023	94%	95%	96%	94%	92%	94%
2023/2024	92%	96%	97%	94%	90%	95%
% OF RESIDENTS SAYING OR INDICATING THAT THEY ARE LONELY						
2022/2023	34%	25%	21%	26%	35%	27%
2023/2024	36%	23%	15%	24%	33%	26%

Some residents may exhibit problematic behaviours which are potentially harmful or disruptive to others. This indicator includes four behaviours: verbally abusive (i.e., threatened, screamed at or cursed at others), physically abusive (i.e., hit, shoved, scratched or sexually abused others), socially inappropriate/disruptive (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 behaviours in B.C. remained at 8%, the same as last year, and ranged from 5% in Vancouver Island Health to 15% in Northern Health.

PROBLEM BEHAVIOUR IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS WITH PROBLEM BEHAVIOUR						
2022/2023	9%	8%	7%	5%	14%	8%
2023/2024	11%	8%	5%	7%	15%	8%

LENGTH OF STAY

The length of stay refers to the period of time from a resident's admission to an assisted living residence until they are discharged or pass away. The average length of stay in B.C. was 1,222 days (3.3 years), slightly up from 1,209 days in 2022/23. Both the average and median lengths of stay were shortest in Interior Health (1,039 and 642 days, respectively) and longest in Vancouver Coastal Health (1,472 and 1,036 days, respectively).

LENGTH OF STAY (DAYS) IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

HEALTH AUTHORITY	2022/23		2023/24	
	AVERAGE LENGTH OF STAY	MEDIAN LENGTH OF STAY	AVERAGE LENGTH OF STAY	MEDIAN LENGTH OF STAY
INTERIOR HEALTH	950	n/a	1,039	642
FRASER HEALTH	1,171	n/a	1,177	728
VANCOUVER COASTAL HEALTH	1,487	n/a	1,472	1,036
VANCOUVER ISLAND HEALTH	1,354	n/a	1,389	877
NORTHERN HEALTH	1,157	n/a	1,152	898
B.C.	1,209	n/a	1,222	n/a

NOTES: Median length of stay is only available for 2023/24.

FUNDING OF 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 2024, the minimum monthly rate for a single senior was \$1,163.90 and \$1,772.90 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 \$1,484 to \$1,522 and varied across health authorities ranging from \$1,454 in Interior Health to \$1,600 in Northern Health. The maximum monthly rate across the province ranged from \$2,674 to \$5,107 for a single senior and from \$3,200 to \$8,799 for a couple depending on the location, type of accommodation and amount of personal care.

RESIDENT MONTHLY RATE (\$) FOR PUBLICLY-SUBSIDIZED ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 – 2023/24

HEALTH AUTHORITY	2022/23		2023/24	
	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE
INTERIOR HEALTH	\$1,379	\$1,280	\$1,454	\$1,354
FRASER HEALTH	\$1,527	\$1,336	\$1,597	\$1,421
VANCOUVER COASTAL HEALTH	\$1,500	\$1,244	\$1,474	\$1,295
VANCOUVER ISLAND HEALTH	\$1,444	\$1,324	\$1,495	\$1,384
NORTHERN HEALTH	\$1,554	\$1,390	\$1,600	\$1,452
B.C.	\$1,484	n/a	\$1,522	n/a

MAXIMUM RESIDENT MONTHLY RATE (\$) FOR PUBLICLY-SUBSIDIZED ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23-2023/24

HEALTH AUTHORITY	2022/23		2023/24	
	SINGLE	COUPLE	SINGLE	COUPLE
INTERIOR HEALTH	\$3,243-\$4,765	\$3,743-\$8,112	\$3,260-\$5,107	\$3,840-\$8,799
FRASER HEALTH*	\$3,839-\$4,465	\$4,990	\$4,031-\$4,640	\$5,165-\$7,346
VANCOUVER COASTAL HEALTH	\$2,418-\$5,046	\$2,661-\$5,299	\$2,700-\$3,530	\$3,200-\$4,030
VANCOUVER ISLAND HEALTH**	\$3,250	\$3,750-\$4,750	\$3,250	\$3,750-\$4,750
NORTHERN HEALTH	\$2,732-\$3,622	\$4,464-\$5,354	\$2,674-\$3,564	\$4,349-\$5,239
B.C.	\$2,418-\$5,046	\$2,661-\$8,112	\$2,674-\$5,107	\$3,200-\$8,799

NOTES: *The maximum monthly rate for a couple does not vary in 2022/23. **The maximum monthly rate for single seniors does not vary by type of accommodation.

FOOD COSTS

Food costs cover the daily meals and dietary supplements provided for residents in publicly-subsidized assisted living, but do not include the costs associated with food preparation and service. The amounts reported in the Directory are actual expenditures on the food itself. In 2023/24, the average food cost per unit per day increased to \$9.57, marking a 4.4% rise from 2022/23 and a 16% increase compared to 2020/21. These costs varied widely across assisted living residences, ranging from a low of \$5.34 to a high of \$25.09 per unit per day. The largest increase in average actual food costs was at Northern Health (15.7%), while Fraser Health experienced the smallest increase at 0.8% compared to the previous year.

ACTUAL FOOD COSTS PER UNIT PER DAY IN ASSISTED LIVING BY HEALTH AUTHORITY, 2020/21- 2023/24

INDICATOR	2020/21	2021/22	2022/23	2023/24
INTERIOR HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	\$7.72	\$8.41	\$9.39	\$9.77
RANGE	\$4.83-\$10.45	\$4.87-\$11.3	\$6.1-\$14.43	\$5.87-\$16.17
FRASER HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	\$7.63	\$8.15	\$8.36	\$8.43
RANGE	\$4.73-\$13.16	\$5.24-\$16.81	\$5.02-\$16.91	\$5.34-\$17.51
VANCOUVER COASTAL HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	\$8.14	\$8.41	\$9.29	\$9.86
RANGE	\$5.72-\$14.23	\$6.52-\$15.79	\$6.51-\$17.38	\$6.46-\$16.82
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	\$16.78
RANGE	\$7.69-\$24.3	\$9.33-\$22.39	\$9.90-\$22.61	\$11.02-\$25.09
B.C.				
AVERAGE ACTUAL RAW FOOD COSTS	\$8.25	\$8.53	\$9.17	\$9.57
RANGE	\$4.73-\$24.3	\$4.87-\$22.39	\$5.02-\$22.61	\$5.34-\$25.09

NOTES: * Food cost data was not submitted by Vancouver Island Health Authority. ** Food cost was not available for contracted residences in Northern health in 2021/22, 2022/23 and 2023/24.

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 nine or more medications was 57% in 2023/24, slightly up from 56% in 2022/23. This rate was higher among residents in Vancouver Island Health (60%) followed by Fraser Health (59%), and the lowest among residents in Vancouver Coastal Health (49%).

MEDICATION USE IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS TAKING 9 OR MORE MEDICATIONS						
2022/2023	54%	60%	51%	61%	45%	56%
2023/2024	56%	59%	49%	60%	55%	57%

ANTIPSYCHOTIC AND ANTIDEPRESSANT USE

In 2023/24, 6% of residents in publicly-subsidized assisted living were prescribed antipsychotic drugs without a diagnosis of psychosis, unchanged from 2022/23. This proportion remained relatively stable across health authorities, ranging from 5% to 7%. However, the proportion of residents taking antipsychotic drugs with or without a diagnosis was higher at 20%, up from 19% in 2022/23. This rate varied across regions, from 17% in Northern Health to 22% in Interior Health.

USE OF ANTIPSYCHOTICS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

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						
2022/2023	6%	7%	5%	7%	7%	6%
2023/2024	6%	7%	6%	6%	5%	6%
% OF RESIDENTS TAKING ANTIPSYCHOTIC DRUGS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS						
2022/2023	22%	18%	18%	21%	16%	19%
2023/2024	22%	19%	19%	21%	17%	20%

In 2023/24, 20% of residents showed symptoms of depression, the same as in 2022/23. The prevalence varied across regions, from a low of 10% in Vancouver Coastal Health to a high of 30% in Interior Health. The proportion of residents receiving antidepressant medication was 41%, slightly up from 40% in 2022/23. Notably, the number of residents on antidepressants was roughly twice as high as the number with depression symptoms. The rate of antidepressant use was highest in Interior Health and Vancouver Island Health (45%) and lowest in Vancouver Coastal Health (31%).

DEPRESSION INDICATORS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS WITH DEPRESSION SYMPTOMS						
2022/2023	28%	19%	13%	15%	27%	20%
2023/2024	30%	19%	10%	17%	26%	20%
% OF RESIDENTS RECEIVING ANTIDEPRESSANT MEDICATION						
2022/2023	45%	41%	31%	42%	34%	40%
2023/2024	45%	41%	31%	45%	35%	41%

FALLS

No matter where seniors live, whether it is in the community, long-term care or assisted living, they are vulnerable to falls. Risk factors increasing their likelihood of a fall include changes in medication, a previous history of falling or tripping hazards in the home. In 2023/24, 34% of residents fell, slightly down from 35% in 2022/23. The percentage of residents with falls are consistent across health authorities ranging from 29% in Vancouver Coastal Health to 37% in Fraser Health and Northern Health.

PERCENT OF RESIDENTS WITH FALLS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS WITH FALLS						
2022/2023	35%	35%	33%	35%	34%	35%
2023/2024	35%	37%	29%	33%	37%	34%

CAREGIVER DISTRESS

Even though their loved ones reside 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 assisted living residents and may help with many activities as they would if their loved one still lived in the community. In 2023/24, the percentage of residents with a caregiver in distress remained at 17%, unchanged from 2022/23. The rate was lowest in Vancouver Coastal Health at 9%, while the other four health authorities had similar rates, ranging from 17% to 21%.

PERCENT OF RESIDENTS HAVING A CAREGIVER IN DISTRESS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS HAVING A CAREGIVER IN DISTRESS						
2022/2023	14%	20%	12%	17%	19%	17%
2023/2024	17%	21%	9%	18%	17%	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. In 2023/24, 13% of residents had four or more visits to the emergency room, up from 11% in 2022/23. The percentage varied across regions, ranging from a low of 7% in Vancouver Coastal Health 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 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS WITH 4 OR MORE EMERGENCY ROOM VISITS						
2022/2023	16%	10%	3%	12%	20%	11%
2023/2024	19%	11%	7%	13%	20%	13%

VACCINATIONS IN ASSISTED LIVING

INFLUENZA VACCINATIONS

Seniors 65 years and older and people 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, vulnerable people and those close to them, such as other residents and health care workers, are encouraged to get vaccinated against influenza.

Overall, 84% of assisted living residents were vaccinated for influenza in 2023/24, unchanged from 2022/23. The vaccination rate varied across health authorities, ranging from 77% to 90%. Note that influenza vaccination information is not available for staff in assisted living residences and data is not available for Northern Health.

RESIDENT INFLUENZA VACCINATION COVERAGE IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS VACCINATED FOR INFLUENZA						
2022/2023	82%	81%	86%	87%	n/a	84%
2023/2024	83%	77%	90%	87%	n/a	84%

NOTES: Northern Health data is not available as they do not submit data to RAI-HC.

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 was a public health order requiring all staff who work in assisted living residences to be vaccinated. Effective July 26, 2024, staff are required to report their immunization status for COVID-19. Overall, 77% of assisted living residents were vaccinated for five doses of COVID-19. This rate ranges from 66% in Interior Health to 85% in Vancouver Coastal Health.

RESIDENT COVID-19 VACCINATION (5 DOSES) COVERAGE IN ASSISTED LIVING, 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS VACCINATED FOR COVID-19	66%	79%	85%	80%	69%	77%

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. 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 2023/24, there were 22 inspections conducted in 19 assisted living residences (14% of all residences), a 38% increase from 2022/23, less than half the number of inspections conducted in 2021/22. The decrease is largely due to a shortage of investigators in the province available to carry out site inspections. Interior Health had the highest number of inspections per 1,000 units at 5.0, followed by Vancouver Island Health at 4.8, both exceeding the provincial rate. It's also important to note that a residence may be inspected more than once per year if necessary.

INSPECTIONS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23 - 2023/24

HEALTH AUTHORITY	2022/23		2023/24	
	TOTAL INSPECTIONS	TOTAL INSPECTIONS PER 1,000 UNITS	TOTAL INSPECTIONS	TOTAL INSPECTIONS PER 1,000 UNITS
INTERIOR HEALTH	3	2.1	7	5.0
FRASER HEALTH	3	1.7	6	3.4
VANCOUVER COASTAL HEALTH	5	5.3	2	2.1
VANCOUVER ISLAND HEALTH	3	2.4	6	4.8
NORTHERN HEALTH	2	6.6	1	3.3
B.C.	16	2.8	22	3.9

COMPLAINTS

The Assisted Living Registrar monitors complaints to help ensure they protect the health and safety of residents. A complaint is substantiated if there is evidence to confirm the operator contravened licensing standards or regulations. The Registrar will report substantiated complaints on their website with a detailed explanation of their findings. In 2023/24, there were 62 complaints filed in assisted living residences, four more than the previous year. Of these, 10 (16%) were substantiated. This represents 10.9 complaints per 1,000 units, a slight increase from 10.2 in 2022/23, and 1.8 substantiated complaints per 1,000 units, a 40% decrease from the previous year. Notably, no substantiated complaints were filed in Vancouver Coastal Health in 2023/24.

COMPLAINTS IN ASSISTED LIVING RESIDENCES BY HEALTH AUTHORITY, 2022/23 - 2023/24

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
TOTAL COMPLAINTS						
2022/23	13	11	9	20	5	58
2023/24	22	17	5	14	4	62
TOTAL SUBSTANTIATED COMPLAINTS						
2022/23	5	5	2	3	2	17
2023/24	2	3	0	3	2	10
% SUBSTANTIATED COMPLAINTS						
2022/23	38%	45%	22%	15%	40%	29%
2023/24	9%	18%	0%	21%	50%	16%
COMPLAINTS PER 1,000 UNITS						
2022/23	9.3	6.1	9.6	16.0	16.4	10.2
2023/24	15.6	9.7	5.3	11.2	13.2	10.9
SUBSTANTIATED COMPLAINTS PER 1,000 UNITS						
2022/23	3.6	2.8	2.1	2.4	6.6	3.0
2023/24	1.4	1.7	0.0	2.4	6.6	1.8

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 support or services. Under the Assisted Living Regulation, certain serious incidents must be reported within 24 hours to the Assisted Living Registrar. In 2023/24, there were 4,728 reportable incidents, an 18% increase from 2022/23. This equates to approximately 83.4 incidents per 100 units, with rates ranging from 52.3 incidents per 100 units in Northern Health to 128.6 incidents per 100 units in Vancouver Island Health. Of these incidents, 2,540 (54%) were illness-related, and 1,571 (33%) were falls.

TOTAL INCIDENTS IN ASSISTED LIVING RESIDENCES BY HEALTH AUTHORITY, 2022/23 - 2023/24

HEALTH AUTHORITY	2022/23		2023/24	
	TOTAL INCIDENTS	TOTAL INCIDENTS PER 100 UNITS	TOTAL INCIDENTS	TOTAL INCIDENTS PER 100 UNITS
INTERIOR HEALTH	996	71.1	1,171	83.0
FRASER HEALTH	964	53.2	1,185	67.3
VANCOUVER COASTAL HEALTH	566	60.1	605	64.2
VANCOUVER ISLAND HEALTH	1,391	111.5	1,608	128.6
NORTHERN HEALTH	88	28.9	159	52.3
B.C.	4,005	70.2	4,728	83.4

CONCLUSION

The 2024 British Columbia Long-term Care and Assisted Living Directory is the tenth edition of information about long-term care homes and the third edition of information about assisted living residences available to the public. With the addition of 2023/24 data, continued improvements are evident in long-term care facilities and assisted living residences. These include an increase in funded direct care hours, with 100% of long-term care facilities funded to meet the provincial guideline of at least 3.36 hours of direct care per resident per day, increased funded per diems for long-term care, and higher expenditures on food in both long-term care homes and assisted living residences.

However, the use of antipsychotics without a diagnosis of psychosis and the use of antidepressant medication in long-term care and assisted living have shown little change over the past two years. In other areas, such as the use of therapies in long-term care, progress has been limited. The percentage of residents receiving physical and occupational therapy has remained unchanged, while the percentage receiving recreational therapy has increased slightly.

Influenza vaccination data shows that while the vaccination rate remains high among clients in long-term care and assisted living, the rate for healthcare workers in long-term care has significantly declined largely due to under-reporting. Additionally, the number of licensing infractions in long-term care facilities remains higher than pre-pandemic levels, while the total number of reportable incidents has returned to pre-pandemic levels.

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 transparency to the public which is essential for British Columbians to have confidence in the publicly-subsidized continuing care system. The information in the Directory provides the public with valuable knowledge about the available options in long-term care and assisted living for themselves and their loved ones.

This Directory was developed using data obtained from all long-term care homes and assisted living residences, as well as health authorities, the Ministry of Health, the Canadian Institute for Health Information (CIHI) and the BC Centre for Disease Control (BCCDC). 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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