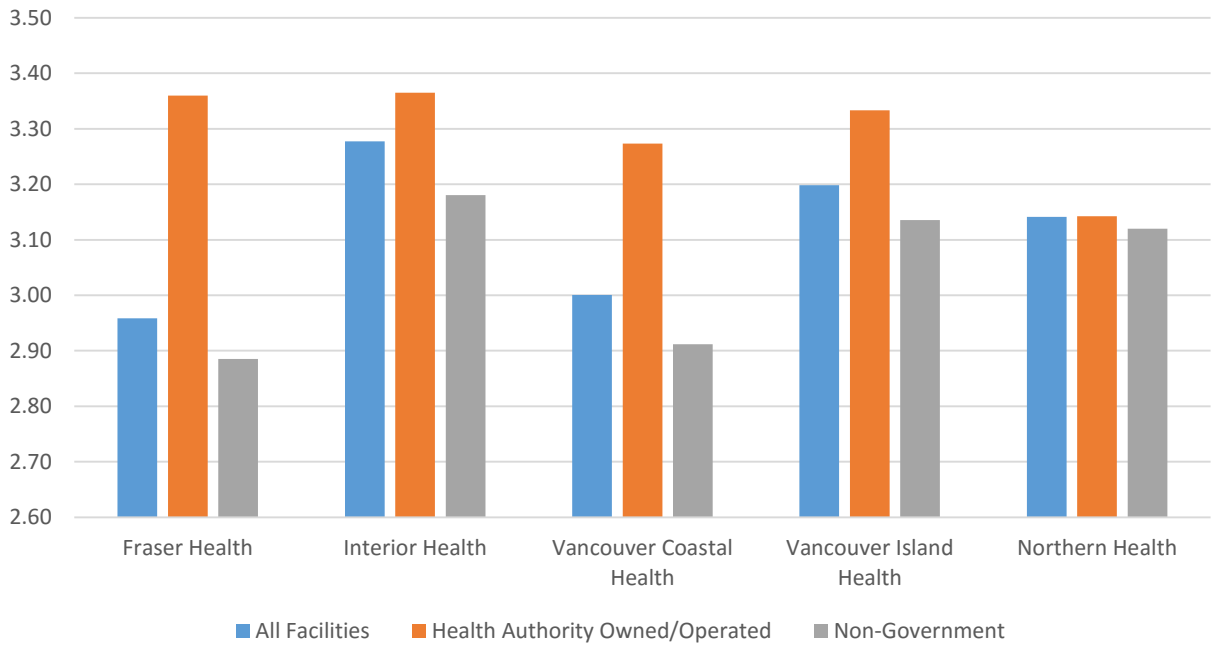
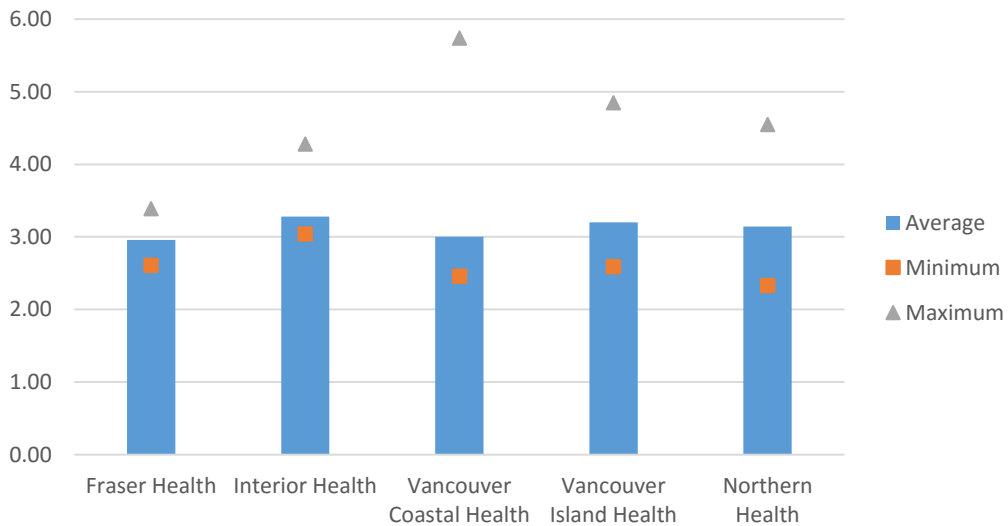


Figure 1: Average Direct Care Hours by Ownership Type in BC Health Authorities



Source: Adapted from the Office of the Seniors Advocate, *British Columbia Residential Care Facilities Quick Facts Directory*, January 2016.

Figure 2: Range and Average of Direct Care Hours by BC Health Authorities



Source: Adapted from the Office of the Seniors Advocate, *British Columbia Residential Care Facilities Quick Facts Directory*, January 2016.

Table 1: DCH Requirements by Health Authority	
Health Authority	Breakdown
Fraser Health	Professional: 20% Allied Professional: N/A Non-Professional: 80% Total 100%
Vancouver Island Health	Professional 20% Allied Professional N/A Non-Professional 80% Total 100%
Interior Health	Professional 89% Allied Professional 7% Non-Professional 4% Total 100%
Vancouver Coastal	Professional 75% Allied Professional N/A Non-Professional 25% Total 100%
Northern Health	No information

Table 1a: Differences in DCH among Health Authorities

Health Authority	DCH Range	Breakdown	Included in HA DCH Calculation: (Yes/No/Inconsistent/No information)		Designated as Professional/Non-Professional/Other
Fraser Health Authority	2.61 – 3.39 DCH (includes 24/7 RN coverage)	20% Professional 80% Non-Professional	DOC (Clinical Hours)	Inconsistent (i.e. varies among Care Homes)	Professional (where included)
			ADOC / Clinical Coordinators	Inconsistent	Professional
			RN	Yes	Professional
			LPN	Yes	Professional
			Care Aide	Yes	Non-Professional
			Rehab Aide	Yes	Non-Professional
			Activity Aide	Yes	Non-Professional
			Dietician	Yes	Professional
			Recreational Therapist	Yes	Non-Professional
			Occupational Therapist	Yes	Professional
			Physiotherapist	Yes	Professional
			Music Therapist	Yes	Inconsistent
			Chaplain	Yes	Non-Professional
			Social Worker	Yes	Professional
Dental	Yes	Non-Professional			
Vancouver Island Health Authority	2.81 to 4.98 DCH (includes 24/7 RN coverage)	20% Professional 80% Non-Professional	DOC (Clinical Hours)	No	N/A
			ADOC/ Clinical Coordinators	Inconsistent	Professional
			RN	Yes	Professional
			LPN	Yes	Professional
			Care Aide	Yes	Non-Professional
			Rehab Aide	Yes	Non-Professional
			Activity Aide	Yes	Non-Professional
			Dietician	Yes	Professional
			Recreational Therapist	Yes	Non-Professional
			Occupational Therapist	Yes	Professional
			Physiotherapist	Yes	Professional
			Music Therapist	Yes	Inconsistent
			Chaplain	Yes	Non-Professional
			Social Worker	Yes	Professional
Dental	Yes	Non-Professional			
			DOC (Clinical Hours)	Yes (60%)	Professional

Interior Health Authority	3.04 to 4.28 DCH (includes 24/7 RN coverage)	89% Direct Care* 4% Allied Professional 7% Allied Non-Professional	ADOC / Clinical Coordinators	Inconsistent	Professional
			RN	Yes	Professional
			LPN	Yes	Professional
			Care Aide	Yes	Non-Professional
			Rehab Aide	Yes	Allied Non-Professional
			Activity Aide	Yes	Allied Non-Professional
			Dietician	Yes	Allied Professional
			Recreational Therapist	Yes	Allied Professional
			Occupational Therapist	Yes	Allied Professional
			Physiotherapist	Yes	Allied Professional
			Music Therapist	Yes	Allied Professional
			Chaplain	No info.	No info.
			Social Worker	Yes	Allied Professional
Dental	No info.	No info.			
Vancouver Coastal Health	2.50 to 3.21 DCH (includes 24/7 RN coverage)	25% Professional 75% Non-Professional	DOC (Clinical Hours)	No	N/A
			ADOC / Clinical Coordinators	No info.	N/A
			RN	Yes	Professional
			LPN	Yes	Professional
			Care Aide	Yes	Non-Professional
			Rehab Aide	Yes	Non-Professional
			Activity Aide	Yes	Non-Professional
			Dietician	Yes	Professional
			Recreational Therapist	Yes	Non-Professional
			Occupational Therapist	Yes	Professional
			Physiotherapist	Yes	Professional
			Music Therapist	Yes	Non-Professional
			Chaplain	No info.	No info.
Social Worker	No info.	No information			
Dental	Yes	Professional			
Northern Health Authority	N/A	N/A	N/A	N/A	N/A
<p>*Including 18% Professional (i.e. RN/LPN) and 71% Non-Professional (i.e. care aides etc.) Inconsistent = BCCPA received differing or varying information across care homes No info. = BCCPA was not able to obtain any information on this role</p>					

Table 2: BCCPA AGM Motion on Direct Care Hours

WHEREAS significant disparities exist in British Columbia (BC) with respect to Direct Care Hours (DCH) among care homes within and between Health Authorities, and such disparities make it difficult to provide equal and consistent levels of care leaving some residents at a disadvantage over others; and

WHEREAS the funding of direct care hours for seniors with similar medical conditions varies widely between Health Authorities, within a health authority or a campus of care; and

WHEREAS the BC Ministry of Health has indicated 3.36 hours of direct care provided per day per resident (3.00 hours nursing, and 0.36 allied, or supporting care) as a guide for health authorities;¹ and

WHEREAS moving to a more consistently applied DCH will require a better understanding with regards to how services are delivered, by whom, at what time of the day, the client load of the staff, the quality, and training level of the service provider, the BCCPA recommends:

- Health Authorities provide greater transparency on how DCH for residential care are determined, including outlining how changes are derived as part of any funding model and involving operators in the process, so they are prepared well in advance of any changes.
- That the required DCH provided per resident be reviewed at a minimum on an annual basis across all health authorities to ensure greater consistency among care homes and fairness in the provision of care to clients across the sector.
- As staffing levels fluctuate throughout the fiscal year, care operators be given the flexibility to manage their DCH over a reasonable period of time, namely annually as opposed to quarterly.
- Any increases in DCH requirements be fully funded by the Health Authorities, and as outlined in the 2015 BCCPA's Policy Paper *Quality, Innovation, Collaboration*, some of the funding redirected from acute care to home and community care go directly to care homes, including new Continuing Care Hubs to meet current and future DCH requirements.
- Where feasible, the province move towards a standard of 3.36 hours of care per resident per day and that any necessary staffing increases to meet this requirement be fully funded by Health Authorities and/or Ministry of Health.
- That there should be a standard definition for DCH that includes RNs, LPNs, Care Aides as well as other allied health professionals and activity staff, and that clinical support provided by Directors of Care (DOC), assistant DOC, and clinical coordinators be included consistently in the calculation of DCH. In particular, the professional support component of DCH should include those occupations outlined in the Health Professions Act.