

Appendix A: Budget 2024-25, Ministry of Health Estimates

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Long-Term Care

LONG-TERM CARE FUNDING

Aging with Dignity Bilateral Agreement

See [Wednesday, April 3, 2024, Afternoon Sitting](#) @5:55 pm – 6:05 pm

- MLA Bond inquired about where the funding from the Aging with Dignity bilateral agreement is reflected in the B.C. budget, noting that \$295 million appears to be missing.
- Minister Dix outlined the key aspects of the bilateral agreement for LTC, including funding for licensing oversight, infection prevention, recruitment and retention efforts, and the long-term care at home pilot project, among other initiatives.

“Starting in 2024, the ministry and the government will use \$288 million, the federal funds, to build on the success of these initiatives, to support the stabilization and the recruitment, retention and professional development of a diverse, skilled and engaged workforce, which is, of course, critical in long-term care.”

Wage Levelling

See [Wednesday, April 3, 2024, Afternoon Sitting](#) @6:15 pm

- Minister Dix noted that the provincial government has spent \$163 million on wage levelling in LTC/AL last year.

“Importantly, wage levelling—which, in the most recent fiscal year, was \$163 million—really allowed the for-profit and not-for-profit long-term care sector, people who are outside of the HEABC agreement, to continue to recruit there. We also provided incremental overtime and agency staffing and other COVID cost pressures and other supports to the long-term care sector.”

Long-Term Care Funding Model

See [Wednesday, April 3, 2024, Afternoon Sitting](#) @6:25 pm – 6:30 pm & 6:45 pm -6:55 pm

- MLA Bond noted that the government is very behind their timelines in terms of completing the funding model work, noting that last year the minister said work on the first phase of the funding model, the direct care funding envelope, would be completed by June 2023; the second phase, the operating expenditures, by spring of 2024; and the remaining work on the capital funding envelope would follow.

- Minister Dix spoke to the principles behind the funding model, and that the work is being undertaken in collaboration with key stakeholders, including BCCPA, DHA, HEU, BCGEU, BCNU, and others.

“Our desire, and our intended outcome of the model, is to be consistent, to be fair, to be equitable and to have a transparent approach to funding in the area.”

- Minister Dix outlined that PricewaterhouseCoopers (PwC) in supporting the project management of the funding model work, including developing an evidence-informed recommendation for the capital aspect, and direct care funding. The cost of the contract is now up to \$1.5 million for work undertaken.
- The Minister noted that the funding model being developed is based on the envelope approach and outlined new timelines for the completion of this work, culminating in spring 2025.

“The LTC funding model is targeted to be delivered in three phases: phase 1, direct care funding envelope, to be completed by the end of Q2 2024-25; phase 2, remaining operating expenditure categories, to be completed by fall 2024, along with policy work related to the capital funding envelope; and phase 3, completion of the capital funding envelope, by spring 2025.”

- The Minister outlined that they will implement the new funding model as it is developed, starting with the direct care funding envelope.

LTC Financial Monitoring Tool

See [Wednesday, April 3, 2024, Afternoon Sitting @6:40 pm](#)

- The Minister reported that the Ministry’s insight into funding on direct care hours has been improved through the use of the new LTC financial monitoring tool, which 88% of care homes are now in compliance with.

Interest Rates

See [Tuesday, April 9, 2024—Afternoon Sitting @ 2:25 pm](#)

- MLA Bond cited the Aging with Dignity Agreement in Alberta, noting that they are using the federal funds to address the high-interest rates being experienced by non-profit long-term care providers.
- Minister Dix stated that he is actively looking for opportunities to support non-profits with capital investments and RFPs, and that this idea is not off the table. However, he noted that BC took much quicker action than other jurisdictions to make significant investments in the LTC/AL sector during the pandemic, including initiatives like wage levelling and the EquipCare BC program.

“Secondly, how do we support not-for-profits who are facing very significant bills and, in some cases, are different not-for-profits than they were when the care home was established? It's frequently not the people on the boards of directors and so on, not dealing with projects that could potentially run tens, even hundreds of millions of dollars in terms of costs. So I think it is a legitimate thing to look at in terms of capital costs.”

IHA Funding (Per Diems)

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 2:35 pm

- MLA Bond asked the Minister why there are disparities in HA funding, noting that the per diems provided in IHA are well below the provincial average.
- Minister Dix acknowledged that there are historical issues with IHA funding below the provincial average but contends that wage-levelling has significantly addressed the funding gap between HA regions.
- The Minister noted that disparities in funding would be addressed as part of the funding model work and acknowledged that his staff had received a letter from BCCPA on the issue and that he would be meeting with Terry Lake on the issue in the coming days.

“We received a letter from Terry Lake, the head of the care providers, on some of these questions, I think, last week. It's our intention to sit down and take him through the material as well. Some of the material I'm going to take the member through now.”

Funding Delays to Care Providers

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 2:45 pm

- MLA Bond asked the Minister about delays in funding to care providers, noting that some organizations waited for up to two years to be reimbursed for pandemic-related expenses, such as IPAC and overtime expenses.
- Minister Dix responded that the Ministry staff meet regularly with BCCPA and DHA to address the issues as they arise. He noted that the Ministry works with care homes if they should be in a precarious financial situation, and that these issues are thoroughly investigated every time they are brought forward.
- MLA Bond emphasized the need to address this as a systemic issue, rather than as a one-off issue. Bond urged the Minister to ensure that concrete steps are in place to ensure prompt payment to care partners.

Food Costs

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 2:50pm

- MLA Bond inquired about the funding provided to care providers for food and nutrition, noting that BC spends only \$10 per day per resident on average, which compares less favourably to Ontario (\$12 per resident per day).
- Minister Dix acknowledged the importance of this issue, and outlined that the Ministry provided significant increases in non-wage inflationary funding to affiliate care providers in the last 2 years and noted that food costs are part of the funding model work.
- The Minister cited the Feed BC Program, and provided statistics on how much the regional HAs have spent on food in recent years.
- MLA Bond emphasized the need to look at LTC funding for food costs in other jurisdictions.

“We did some significant — and this was really focused on food — non-wage inflation funding in the two years immediately preceding this year, which had a significant effect. Inflation has come down somewhat, although food inflation is high. We took specific action for non-wage inflation”

QUALITY

Hours Per Resident Day

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 3:00 pm – 3:05 pm

- MLA Bond inquired about the government’s plan to increase hours per resident day in light of the new national standards (4.1 HPRD), and Alberta/Ontario’s commitments to increase care hours.
- Minister Dix reports that BC currently delivers an average of 3.57 HPRD across all HA regions, with some variance between regions. Noted historic investment of \$240 million to meet the 3.36 HPRD standard, which primarily benefited the affiliate care sector.
- The Minister reported that there are no specific funds in budget 2024/25 to increase care hours, but reported that the Ministry is accessing the cost of further targeted increases. He also noted that, in addition to budgeted funding, this would need to be paired with a staffing plan to ensure that there are sufficient workers to provide increased care hours.

Palliative Care

See [Wednesday, April 3, 2024, Afternoon Sitting](#) @6:10 pm

- The Minister outlined that the budget will provide \$13 million per year, for 4 years, for palliative care, and outlined that he would be willing to look into opportunities to expand the hospice at home program, a la Prince George.

“Let me just come back to the question I think the member had. The most recent time we toured together, with Donna Flood, the hospice in Prince George.... The work we're doing around Hospital at Home has been extremely successful. We'll have an opportunity, perhaps, to discuss the pilot program later in estimates...I would not draw the conclusion that we're not supportive of that program, which I think would be a very interesting pilot.”

Wait Times for Long-Term Care

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 3:10 pm

- When asked about wait times for long-term care, Minister Dix reported that wait times from hospital have gone down (from 38 to 36 days on average), but have gone up in the community (from 80 to 134 days); this data is only for Q1 2023/24.

“Average wait times for admission to long-term care. We look at it two ways. From hospital, the number of days has reduced, from 2019-20 to '23-24, by two days. This does reflect a challenge, I think, that we have, as well, in the hospital. It's reflecting the need to address alternate level of care days in the hospital. It's gone from 38 to 36 days from hospital. From the community, in that same period, it has increased from 80 to 134 days.”

Antipsychotics

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 4:20 pm

- MLA Bond noted that the government had not met its target from last year to reduce the use of antipsychotics in long-term care.
- Minister Dix acknowledged the importance of this issue and outlined that the government has a working group looking at the problem. The Minister referenced the LTC Quality Framework, the provincial policy on the use of antipsychotics, funding to support PIECES education, quality improvement collaborations with HQBC, and funding research.

“What we are putting in place in our long-term-care quality framework, which I think we'll be providing soon, is a strengthening of the monitoring and oversight of the use of antipsychotics in long-term-care settings, which is critically important...”

Respite Care & Caregiver Distress

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 4:35 pm

- Minister Dix noted that the government has doubled funding for the family caregivers of BC, re-opened adult day programs after the pandemic, and is looking at ways to offer more respite care in existing long-term care homes.

Rural Seniors

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 4:00 pm

- Citing the OSA report on rural seniors, MLA Bond inquired about the Minister’s plan to increase home health supports to rural seniors.
- Minister Dix was unable to outline specific items in the budget relating to home health supports for rural seniors, but emphasized other investments in the budget, including overall investments in home health, the new physician funding model, and provincial HHR strategy, among others.

“What we see in Budget 2024 is \$227 million in incremental funding over three years to hire home support workers. There is a real focus, for the reason the member has expressed, in the delivery of home support services, which are materially affected by geographic and the associated costs involved and delivering home support services in rural and remote communities — in particular, the investment of the investment in community programs.”

CAPITAL INVESTMENTS

Long-Term Care Capital Investments

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 3:15 pm

- MLA Bond asked the Minister about his plans to meet the needs of B.C.’s seniors population, and demand for long-term care beds, noting that a significant portion of the \$2 billion capital plan has already been spent, at very high cost per bed (\$1 million).
- Minister Dix responded that the government will be investing \$3.2 billion over the next ten years in long-term care for the development of 4,078 beds (2,235 net new and 1,843 replacement beds).

“This is an exceptional investment in long-term care capital that's taking place right now — a historic one. And the reason it doesn't feel as historic is that it involves, when all of the things are under consideration, 4,078 beds — 2,235 of those are net new beds, and 1,843 are replacing but giving us new beds, old and outdated beds, both of which are necessary”

Interior Health RFPs

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 3:30 pm

- In response to MLA Bond’s question about the RFP beds in the Interior, Minister Dix reported that:

“The 90 beds in Vernon opened in February 2024. The 140 beds in Kelowna are scheduled for July of 2024, so in a couple of months. Contracts are in place for that. The beds in Nelson

will be open in September 2024, and Kamloops in 2025.”

- Minister Dix reported that there had been no successful RFP bid in Penticton.

Redevelopment Fund for Non-Profits

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 3:40 pm

- MLA Bond asked if the Minister would consider investing in a renovation fund to help non-profit long-term care homes to meet the enhanced HSO national standards and IPAC design guidelines.
- Minister Dix responded that he would be willing to look at strategies to help non-profits with their capital needs, both for redevelopments and to be successful during RFPs.
- Minister Dix also noted that investments have already been made in non-profits via the EquipCare BC program. Dix also noted the recent investment in New Vista’s specialized care wing for the Korean Community.

ALC Patients

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 3:50 pm

- MLA Bond requested specific statistics on ALC patients, and Minister Dix committed to providing these numbers in writing.
- Minister Dix noted that they have increased the number of base and surge beds to address the ALC patient issue, as well as to increase the supply of long-term care beds.

Home Health

Investments in Home Health

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 4:55 pm – 5:05 pm

- Minister Dix outlined that the Budget contains \$345 million to expand home and community care supports, including expanding the number of clients served, improving care management and care coordination, expanding hours of services, and increasing the flexibility and coverage of home support services.
- The Minister confirmed that he would be open to revisiting the CSIL program, to provide clients with more choice over their own care.

Client Rates for Home Health

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 5:10 pm

- The Minister reported that, while there are no funds available within Budget 2024-25, the provincial government ultimately aims to eliminate the client fee for publicly subsidized home health clients.
- The Minister reported that 67% of home health clients pay no fee, with the remaining 33% paying at least some fee for services.

Aging in Place Tax Credit

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 5:15 pm

- When asked about implementing a Quebec-style tax credit to increase the affordability of family-funded home health supports, the Minister did not rule out looking at similar approaches.

The Quebec proposal is interesting. I just note that most of the other jurisdictions like Alberta and Ontario don't have that approach. But when someone engages in something, I think it will be worthwhile to assess it, study it and decide if that's a good way to go forward, as against what this government's doing, which is a very significant investment in home support.

Home Health Surge Contract Rates

See [Wednesday, April 10, 2024—Afternoon Sitting](#) @ 5:00 pm

- MLA Bond asked about the measures is the government considering to ensure that contracts with family-paid home support providers are structured in a way that aligns with

the actual cost of delivering care services and making sure that we have long-term sustainability of those providers.

- The Minister committed to looking at the surge contracts and making sure that they are appropriate so as to ensure quality care .

“With respect to the surge funding, which relates more directly to these estimates and this thing, we will take a look at the contracts for our surge providers to make sure that they compare appropriately with health authorities.”

Assisted Living

Assisted Living Review

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 5:25 pm

- Minister Dix reported that the Assisted Living review was conducted in August to December of 2023, and included a broad spectrum of stakeholders, including the regional health authorities, assisted living providers, Providence Health, BC Housing, and others.
- Feedback was organized into themes, including the assisted living registry; investigations and compliance; eligibility and access; and data and information.
- Several actions were identified as a result of the review:
 1. Implementation of a new assisted living registry, to improve data accuracy and efficiency, to be launched in April 2024.
 2. Creation of a provincial best practices table to share innovative ideas, and to support a consistent approach to assisted living operations across the province; first meeting to be held in April 2024.
 3. Increased proactive assisted living investigations, including hiring two net new dedication positions.

Assisted Living Funding

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 5:30 pm

- When asked about increased funding for Assisted Living, the Minister reported that the government will be looking at both the AL funding model and infrastructure.
- The Minister confirmed that additional funding for equipment will continue to be provided through EquipCare BC.

“Well, in terms of our review, that's why we've engaged with 80 assisted living operators and engaged with B.C. Housing as well... The actions in terms of both funding model and infrastructure are issues. Once the first phase of actions are completed, we'll be moving on to those actions.”

Health Human Resources

Emergency Preparedness & Wildfire Season

See [Tuesday, April 9, 2024—Afternoon Sitting](#) @ 6:20 pm

- When asked about creating a temporary emergency registration class for Health Care Assistants, the Minister committed to looking at creating this with the BC Care Aide and Community Health Worker Registry before the start of the fire season.

Supply of Nurses

See [Thursday, April 11, 2024—Afternoon Sitting](#) @4:00 pm

- Minister Dix outlined recent efforts to increase the supply of nurses throughout the province, outlining that the province has added over 6,500 nurses over the past year:
- Of the 6,567 newly registered nurses,
 - 2,506 were new B.C. graduates;
 - 1,172 were new Canadian graduates;
 - 701 were internationally educated nurses;
 - 1,005 were reinstated nurses, so they left the health care system and are returning;
 - 1,184 are previous nurses returning.
- The Minister also reported an increase in the number of employed student nurses (1,969 employed student nurses), and that 785 internationally educated nurses were hired.
- In terms of head-count nurses, we have 40,139 RNs/RPNs working for health authorities, and that's 28,090 FTEs. Head count 10,518 LPNs, and that amounts to 6,798 FTEs.

Internationally Educated Nurses

See [Thursday, April 11, 2024—Afternoon Sitting](#) @4:35 pm

- MLA Bond asked about the supply of internationally educated nurses in BC, noting that BC has 12 IENs per 100,000 population, whereas Ontario and Alberta have 42 and 34, respectively. The Premier committed to adding 2,000 additional IENs in 90 days.
- Minister Dix reported that 1,963 internationally educated nurses have received a registration decision from the B.C. College of Nurses and Midwives, as of February 2024. Of those, 911 are fully registered, and the remaining 1,000 are somewhere in the process. Approximately 150 have registered as health care assistants.

“The remainder: remaining 1,000, essentially. Some have received a provisional registration. Some require a year of training, and we've created positions and bursaries to support that. Some have registered as health care assistants. About 150 have registered as health care assistants, so they're

contributing in the health care system in that way as they build out their skills. Some just require a couple of courses, so we're assisting them in that. It's 1,963 IENs have received a registration decision. This is as of February 29 of the year. And 911 have received full registration."

- In terms of Employment, 785 IENs and 90 internationally educated HCAs were hired by health authorities and province health.

Agency Nursing

See [Thursday, April 11, 2024—Afternoon Sitting](#) @4:45 pm — 5:00 pm

- Minister Dix acknowledged that the use of agency nursing has increased substantially, with \$220.51 million spent by the health authorities in the last fiscal year, including:
 - Fraser \$14.0 million
 - Interior \$63.85 million
 - Northern \$43.33 million
 - Coastal \$38.25 million
 - Providence \$2.5 million
 - Island \$57.5 million
 - PHSA \$1.08 million
- In the fiscal year 2022-23, \$28.1 million in funding was allocated to private and affiliate long-term care employers for incremental agency staffing costs, including:
 - PFP affiliate \$22.8 million
 - PNP affiliate \$5.0 million
 - Fully private \$0.9 million
- The Minister reported that a moratorium was placed on adding new staffing agencies, although one additional agency was added to address specific needs in Prince George's. Since the moratorium was placed, over 20 agencies have expressed interest in being added to the list.
- Minister Dix confirmed that the government is looking to take additional measures to reduce churn into private agencies, such as prohibiting employment of new grads, and limiting a nurse's ability to simultaneously work for both HAs and staffing agencies.

We're looking at things that other jurisdictions have done, including not allowing people to work both for the agency and for the health authority, to stop agencies from taking on new nurses and so on as part of our contract provisions.

In terms of the contract, we're also including terms to reduce churn into private agencies. An agency must wait a period of six months from an employee's last day of work with any health authority prior to assignment to any health authority site. That includes Providence Health Care. Agency staff must not simultaneously be an employee a health authority on-call list and on-call list of an agency — and significant steps like that that are practical.