

AGM Motion: 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.

¹ Home and Community Care Program, "Costing Assumptions #3 for the Proposed Staffing Framework for Residential Care Facilities," 11 August 2009, 1; and Home and Community Care Program, "Residential Care Staffing and Reporting Tool Frequently Asked Questions," internal document, 3.