



DIRECT CARE HOURS DEFINED

Family Councils are trying to determine how much leverage individual care homes have to acquire more hours of support based on the acuity of their general resident population.

The best guide we have found is that from Vancouver Island. At this point, there is not similar guide for VCH

The following information has been confirmed correct by Carla Filippone, Regional Lead, Long-term Care, Assisted Living, and Supported Housing

She said: VCH follows all Ministry of Health guidelines as they are established and updated so any information you receive from Heather Cook is always the most accurate and up-to-date!

This material covers the answers to:

- Is it still a MoH minimum standard for an RN to be on site 24 hours per day 7 days per week?
- Is it still that Professional Care Hours must meet a minimum standard of 20 percent?

From:

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- **The VIHA document (July 18, 2014)** is correct and current, with the exception that the Hours Per Resident Day (HPRD) have increased to a minimum of 3.36 HPRD, with 3.0 hours provided by the nursing family (RN, LPN, HCA) and 0.36 provided by the allied health family (PT/OT, SW, activity worker, recreation therapist, recreation assistant, rehab assistant).

- **Registered Nurse:** On site 24 hours per day 7 days per week.

- The Ministry standard of a minimum of one RN on site 24/7 has not changed. However, we are aware that the international shortage of RNs creates challenges for achieving this standard. LTC Home Operators are required to have a strategy to provide RN clinical oversight on shifts that they cannot achieve an RN onsite as an interim measure until they can achieve the standard. This can occur in a variety of ways, including RNs providing virtual coverage.

- Professional care hours (nursing) must represent 20% of the 3.0 HPRD provided by the nursing family. Professional nursing includes RN, RPN, LPN roles.

- **Direct Nursing Care Hours:** 3.0 worked hours per resident day (this includes nursing and non-professional direct care staff).
- **Professional Care Hours (nursing):** The minimum standard is 20 percent of all nursing care hours to be provided by a nursing professional (RN, RPN, LPN).
- **Allied Therapist:** 0.36 worked hours per resident day (this includes professional, and non-professional allied therapists as outlined above).
- **Total Direct Care Hours:** 3.36 worked hours per resident per day. Total direct care hours include care provided by the multidisciplinary team, which includes nursing care and care provided by allied health professional staff.

Despite the above allocation of time and resources there is still a lack of funding and inconsistency of funding between care homes (some of this attributable to regional cost differences and resident acuity)

More information on direct care hours:

1. [Billion More Reasons to Care: Office of the Seniors Advocate](#)

The report identified:

- significant differences between care facilities in the funding allocated to direct care, the number of funded care hours provided, the wages and benefits paid to care staff and the amount spent on capital building costs.
- there were different financial reporting systems in each of the health authorities and an overall lack of clarity, transparency, and public reporting.
- the report found differing patterns of spending depending on whether a care facility was operated by a for-profit company or a not-for-profit society

2. **The new HSO LTC standards** recommend a MINIMUM of 4.1 DCH (however that includes both the nursing and allied staff components – but doesn't break it down into nursing and allied) .

3. National Library of

Medicine: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7328494/#:~:text=Research%20studies%20on%20minimum%20staffing,harm%20or%20jeopardy%20to%20residents.> (this article states **4.1 DCH Nursing** recommended by US experts in 2001. It does not mention what the recommended DCH Allied support should be)

4. **Our current BC recommendation is 3.0 DCH Nursing + .36 DCH Allied Support = 3.36 total DCH**

5. **ARRC report** recommends **4.1 DCH Nursing + .50 DCH Allied Support = 4.6 total DCH** For the staffing mix see below in green

Staffing Levels and Mix recommended in the ARRC report:

- the MOH set a standard of actual **direct care nursing** hours worked per resident per day as **4.1 hours**
- the MOH set a minimum standard **.5 direct care hours worked by allied professions** per resident per day

There must be access to:

- o **Physical and occupational therapist** hours based on performance indicators that support the goal of maintaining physical independence
- o **Speech-Language Pathologists (SLPs)** hours for the assessment and management of communication and swallowing disorders (dysphagia).
- o **Registered dietitian** hours for nutrition care/resident/month based on acuity levels of residents in the facility
- o **Recreation staffing** sufficient for day, evening, and weekend programming, and for one-one activities
- o **A social worker** fully integrated into the care team, for each facility, to support person-centred care, address emotional and mental health needs of families, and to provide support to care giving staff.