

DIRECT CARE HOURS (DCH) BC LONG TERM-CARE

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 are 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.

OSA:

Direct care hours – This statistic reflects the number of hours of care services that health authorities fund each long-term care facility per resident, per day. It does not include hospitality services such as meals, laundry, or housekeeping. It includes nursing care and allied health hours:

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- Nursing care hours include registered nurse, licensed practical nurse and care aide hours.
- Allied health includes physical, occupational, recreation, speech and language therapies, social work services and dieticians.

DCH is broken down into DCH Nursing and DCH Allied support (explained in DCH instructions)

<https://www.seniorsadvocatebc.ca/long-term-care-directory/> (this update was published Dec 14, 2021)

OSA

In the [Billion more reason to care report](#) one of her recommendations is:

IMPROVE ACCURACY AND TRANSPARENCY OF MONITORING AND REPORTING FOR COMPLIANCE WITH PUBLICLY FUNDED CARE HOURS.

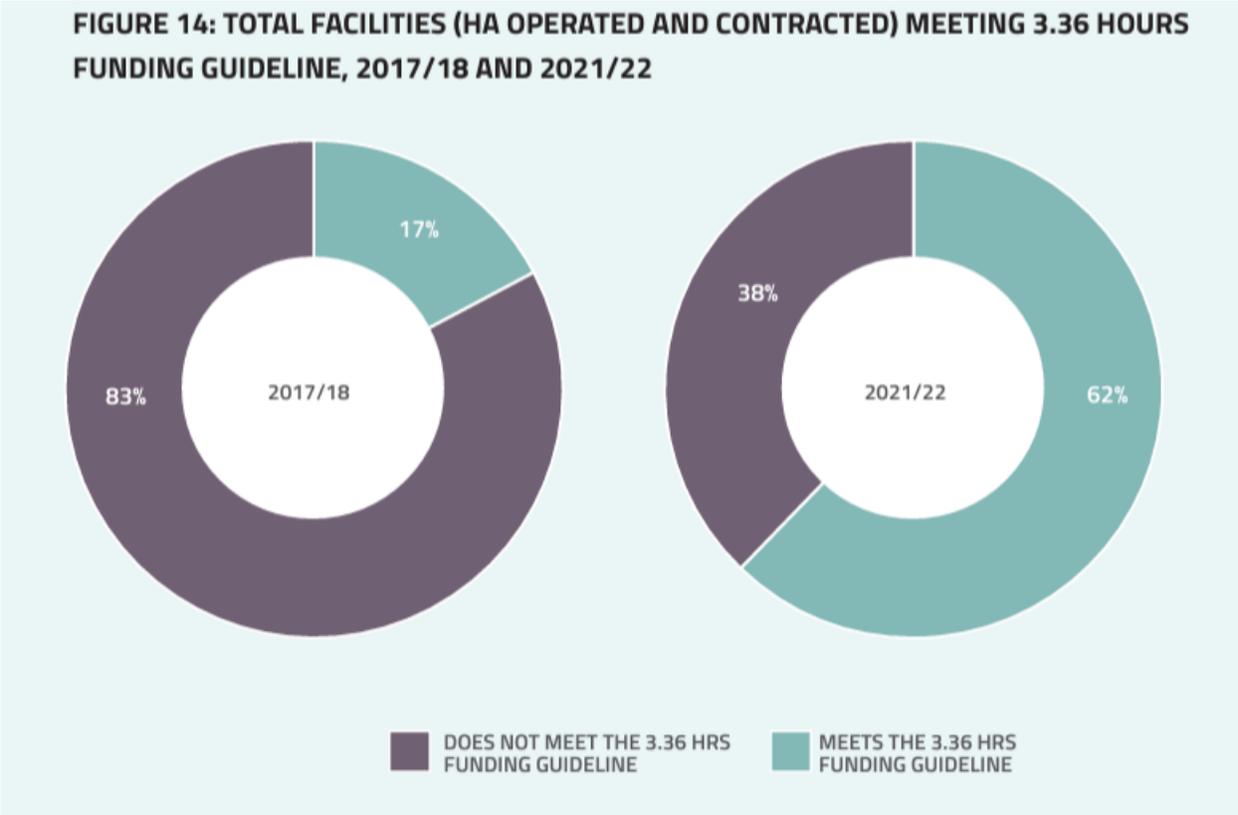
The current self-reporting of care hours is vulnerable to inaccuracies. Multi-skilled workers, who provide both direct care and indirect care (i.e., a care aide who also provides food services or housekeeping) could be counted as direct care hours.

The current reporting system tells us how many people the facility has classified as direct care staff, how much they were paid and how many hours they worked.

There is not a similar level of detail for non-direct care staffing and the system cannot accurately capture if there is a shifting of direct care staff to non-direct

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care jobs.



The OSA monitors and reports on the funded direct care hours in our Long-Term Care and Assisted Living Directory for all publicly subsidized care homes in the province. In 2017/18, the average number of funded direct care hours was 3.13 per resident per day. In 2021/22, the average funded direct care hours were 3.39 across the province, with 74% of contracted facilities and 100% of health authority operated facilities meeting the 3.36 funding guideline.¹⁴

The care hours reported represent an average number for the entire facility, not how many hours of care each resident receives. The decision to fund care hours is made by the health authority, not the individual facility.

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Average Funded Direct Care Hours in Long-Term Care, 2016/17-2020/21

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21	% change from last year
Interior Health	3.18	3.18	3.31	3.35	3.37	0.6%
Fraser Health	3.05	3.05	3.23	3.25	3.37	3.7%
Vancouver Coastal Health	3.02	3.08	3.18	3.22	3.38	5.0%
Vancouver Island Health	3.19	3.16	3.24	3.29	3.37	2.4%
Northern Health	3.37	3.50	3.47	3.45	3.45	0.0%
B.C.	3.11	3.13	3.25	3.28	3.37	2.7%

MoH guidelines to health authorities (HA) should include positions classified as professional and non-professional. Minimum requirements for having an RN on site, minimum standard percentage of professional care hours required.

Each HA is prescribed their direct care hours (DCH) by the HA. The owned and operated LTCHS in every region usually have a DCH in excess of 3.36 and some of the Private for Profit and No-For Profit publicly subsidized facilities are still less than 3.36. Looking at the 2022 [OSA annual summary reports \(LTC directory\)](#) breaks this down and shows comparisons between health authorities.

The current DCH target across BC is currently 3.36. In 2012 the VIHA DCH target was 3.24 (see attached). Would you please take the attached document and create a document to that provides details based on today's DCH at 3.36 hprd (3.0 direct care nursing and .36 Direct Care allied).

Does MOH now have a standardized DCH definition for all the health authorities to have to follow so they are all using the same format? What is that definition?

Answer: – The Health Authorities are required to report HPRD as per Ministry of Health policy for all publicly funded long-term care beds. The Health Authority direct care hour definition will align with the Ministry of Health definition:

Direct Care Worked Hours – are a subset of worked hours (as defined below) and include only the hours worked by staff or contracted service providers (including RN, RPN, LPN, Care Aides, and Allied Care) in the direct delivery of services to residents.

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Direct care consists of one-to-one/first level of care interactions with residents (i.e. hands-on” patient care) and other clinical related interactions (e.g. with family members and physicians) and includes care coordination, assessment, planning, and delivery/treatment.

Allied care includes both professional and non-professional direct care providers.

The MOH DCH per resident per day target for each care home is 3.36. Most care homes...since 2021 are now assigned this 3.36 DCH accountability or higher in some cases.

The 3.36 per resident per day is an average. So, for example you may have one resident who only requires 2 hrs of direct care per day while another resident may require 5 hrs of direct care per day (So just these two residents ...would bring that average to 3.5 direct care hours per resident per day).

Pastoral care and volunteer coordinators are not considered to be direct allied care providers.

Direct care worked hours do not include hours worked by nurses who are administrators or provide clinical support, volunteers and positions paid for by donations or grants.

In addition, tasks performed by care aides such as plating food, setting up the dining room for a meal or cleaning up after a meal, light housekeeping, and other laundry duties are also excluded.

Worked Hours – hours actually worked by an employee and/or contract service provider (productive time) including:

Regular worked hours

- Statutory holiday hours worked
- Overtime hours worked
- Call back hours worked
- Relief hours worked
- “Coffee” break
- Meal Break- 30-minute break included where RN is working without professional back-up i.e. “on-call”.

Worked hours do not include:

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- Non-paid hours
- Un-worked hours earned, taken or paid for or in lieu of:
 - o Statutory holidays
 - o Annual vacation
 - o Sick time
 - o Staff development/ education/ orientation
 - o Any other purpose
- Any or all “Premium” (the list below is not intended to be exhaustive), such as payments based on hours for working:
 - o An overtime hour
 - o A named or statutory holiday
 - o Shift differential premium for working an evening, night or weekend shift
 - o On-call premium/ Stand-by pay

OTHER DETAILS

<https://bccare.ca/wp-content/uploads/2019/03/Filling-the-Gap-March-2019.pdf>

IN 2018 BCCPA came out with a report: Filling the gap - Determining appropriate staffing and care levels for quality long term care. This reviews each province. Keep in mind this report is "somewhat" biased towards For Profit LTCHs as this is the preponderance of membership of BCCPA

BCCPA 2016

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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
*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					

See Appendix A: Staffing Requirements in Canadian Care Homes by Province

While the *Act* and the *Regulations* are not in themselves prescriptive, the Ministry of Health and regional Health Authorities (HAs) do provide guidelines and oversight regarding staffing levels and composition. Each care home is funded to provide specific numbers of care hours, and the care home is then held accountable for these hours by the Health Authority.

Table 1 – Direct Care Hours by Health Authority Region, 2017/18

Health Authority	Average HPRD	% Below / Above Average	Range
Fraser Health	2.99	59% / 41%	2.73 - 4.05
Vancouver Coastal Health	3.08	89% / 11%	2.50 – 5.68
Interior Health	3.26	32% / 68%	3.15 - 4.24
Island Health	3.19	32% / 63%	2.73 - 4.74
Northern Health	3.50	58% / 42%	2.78 – 5.26
B.C.	3.16	28% / 47%	2.50 – 5.68

Source: Fraser Health, Interior Health, Northern Health, Vancouver Coastal Health, Vancouver Island Health.

The whole measure is reactive: *Residents are assessed on admission, if there is a significant change in their status, and on a regular quarterly basis, using the*

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Resident Assessment Instrument – Minimum Data Set (RAI-MDS). This assessment puts the resident into a clinically similar group. These groups are believed to consume a similar set of resources and, by extension, have similar costs. Each group is associated with a CMI, which is a relative measure of the expected resource consumption intensity of any group.

According to the OSA 2018 quick facts: The average length of stay in residential care in 2016/17 is 871 days (2.39 years). You can imagine how quickly change occurs in residents often requiring more attention beyond prescribed.

<https://bccare.ca/2017/02/the-case-for-minimum-direct-care-hours-per-site/> “In BC, like most provinces, there are no specific provincial requirements for a number of DCH that must be provided on average to each resident per day. Likewise, there are no specific requirements for the type or mix of staff that must be on duty. Instead, there are, however, some outcome-based staffing standards, which are contained in the Community Care and Assisted Living Act (CCALA) and accompanying residential care regulations”

Vancouver Island Health Authority in 2012

These are the direct care hour staffing categories:

Professional Direct Care Hours, Nursing includes: Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses as defined by the Health Professions Act (see www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01).

Professional Allied Therapists includes: Physiotherapists, Occupational Therapists, Social Workers, Speech and Language Pathologists and Dieticians also as defined by the Health Professions Act. Social Workers are also included in this category, although they are not included in the Health Professions Act.

Non-Professional Direct Care Hours includes: Resident Care Attendants, Activation Aides etc.

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Non-Professional Allied Therapists includes: Activity Workers, Rehabilitation Assistants and Chaplains.

The following guidelines and standards had been established for Direct Care Hours and remain the stated target for VIHA based on available funding:

Registered Nurse: On site 24 hours per day 7 days per week (this is the minimum standard).

Direct Nursing Care Hours: 2.88 worked hours per resident day (this includes nursing and non-professional direct care staff).

Allied Therapist: 0.36 worked hours per resident day (this includes professional and non-professional allied therapists as outlined above).

Professional Care Hours: The minimum standard is 20 percent.

Total Direct Care Hours: 3.24 worked hours per resident, per day. Total direct care hours include care time provided by the multidisciplinary team, which includes nursing care and care provided by allied health professional staff.