Health Service Redesign

British Columbia is planning a health care system where high quality health care is available to everyone – where services are timely, affordable and sustainable, for today and future generations.

Since 2002, when government streamlined 52 health regions with competing or overlapping mandates into six health authorities, the province has been able to maximize the resources available for direct patient care. Five regional health authorities now have responsibility for planning and delivering local health services, such as public health, mental health, residential, home and hospital care. The Provincial Health Services Authority oversees provincial and highly-specialized health services, such as the BC Cancer Agency.

A strong economy and sound fiscal management have enabled the province to increase health care spending by $3.8 billion between 2001 and 2007. Strategic investments, based on best practices and innovative approaches to local challenges, are improving health authorities’ ability to respond to patients’ needs. As British Columbia moves forward into the 21st century, lifestyle choices – in nutrition, physical activity, non-smoking and responsible use of alcohol – will be the foundation of keeping our population healthy and our health care system sustainable.

Interior Health

Interior Health provides a full range of health care services to approximately 693,000 residents in the interior of British Columbia. Interior Health covers a region that stretches from Williams Lake to the U.S. border and from Kleena Kleene in the Chilcotin to the Alberta border.

Acute Care Services

Health authorities and the Provincial Health Services Authority are designing a network of acute care that includes centres of excellence for specialized services and community hospitals or treatment centres for basic emergency services.

Interior Health’s network of acute care facilities will give residents, including seniors and people with disabilities, better access to acute care services in their own region. This network will guide health authority decision making about capital investment, equipment location and staffing patterns.

Specialized acute services will be consolidated to provide a focus for specialists, along with the professional and technical resources needed to support patient access and quality care. E-health (electronic health) procedures, such as transmitting live photos of a patient’s condition to a practitioner at a major health care centre, will be used to bring quality care to those who live at a distance from larger communities.

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1 BC Vital STATS, B.C. Ministry of Management Services, PEOPLE 29 (July 1, 2004).
Delivering Acute Care Services in Interior Health

Interior Health implemented its “hospitals within a hospital system” and is making funding reinvestments to:

- increase MRI capacity;
- expand access to select surgical services; and
- implement utilization management tools.

Acute care initiatives include reviewing surgical services, emergency services and clinical support services to improve access and efficiencies. These reviews provided the health authority with a comprehensive assessment of acute care services.

Accomplishments since 2001 include:

Medical Technology

- Installed new CT scanners at:
  - East Kootenay Regional Hospital, Cranbrook;
  - Royal Inland Hospital, Kamloops;
  - Kelowna General Hospital;
  - Penticton Regional Hospital;
  - Kootenay-Boundary Regional Hospital, Trail; and
  - Vernon Jubilee Hospital.
- Installed a new MRI at:
  - Royal Inland Hospital; and
  - Kelowna General Hospital.
- Purchased a mobile MRI, delivered Aug. 30, 2005, to be shared by Cranbrook, Trail and Penticton, bringing services closer to home.
- Expanded electronic patient records to allow more physicians and clinical staff to have better access to their patients’ records, regardless of where they reside. This is resulting in better, faster service and improved patient care planning and clinical decision making.
Regional Initiatives

- Developed a network of hospital care (2002/03). Acute care services were consolidated in 22 hospital sites that support one another and provide a range of services — from tertiary services to outpatient health centres in an additional 17 sites. Those sites include community health centres, primary care centres and diagnostic and treatment centres.
- Invested $2.5 million to prevent acute admissions and improve appropriateness of services.
- Invested $2.3 million into repatriation of services from Alberta, mainly in the East Kootenay, and $2.5 million into tertiary services.
- Invested $1 million on programs and services to relieve seasonal acute bed pressures.
- Invested $10 million in surgery (over 2002/03 to 2003/04) to increase patient access to neurosurgery, general, thoracic, orthopaedic, vascular and plastic surgery and pediatric dentistry.
- Investing $10 million in 2004/05 on surgical services. A total of $1 million of this is to provide an additional 162 hip and knee replacements. The provincial government is providing funding for a further 253 hip and knee replacements.
- Additional funds were allocated to:
  - increase MRI capacity by about 75 per cent;
  - increase flu immunization services to staff, residents and the public;
  - provide nurse training; and
  - hire additional patient representatives.
- Starting in 2003/04, began redesigning laboratory and pharmacy systems to be more efficient and cost effective. The changes will improve the speed with which patients’ tests and drug needs are read and processed.
- Through investing in capital projects, Interior Health continues to enhance facility safety and improve hospital environments.
- Completed a review of surgical services in 2003/04. Interior Health is now implementing many of the recommendations from the surgical services review to ensure a standardized, seamless system, where patients will ultimately be able to choose where to have their surgery.
- Investing $12 million in 2004/05 and 2005/06 to expand the teleradiology-PACS (picture archiving and communications system) to the remaining three health services areas: Okanagan, East Kootenay and Kootenay Boundary. PACS allows physicians to access diagnostic images of patients, using a secure electronic communications network, from virtually anywhere in the region. Images are archived so they are quickly accessible for review and transfer to any site within Interior Health, at any time of the day or night.
- Investing $2.8 million in operating room instruments for surgical programs at 16 hospitals.
- Kelowna announced a partnership with Okanagan University College and the Workers’ Compensation Board to improve nurse education.
- Interior Health’s pre-surgical screening program is now in place and operating at several sites.
- Interior Health joined over 80 health care organizations across Canada to improve patient safety by enrolling in the Safer Healthcare Now! campaign.
- The Interior Health board approved $9.3 million to begin planning for redevelopment of health care facilities for the Okanagan and Shuswap.
- Undergraduate student nurses put their skills to use this summer. As part of a provincial pilot project, more than 150 undergraduate nurses worked throughout Interior Health.
- Invested $135,000 in reducing waitlists for diagnostic imaging, thus increasing access for a CT scan or MRI.

East Kootenay

- Established community health centres in Sparwood and Kimberley.
- East Kootenay Regional Hospital in Cranbrook is now a regional centre of services for the East Kootenays. This has resulted in greater success in recruiting and retraining physicians. As of April 2005, 12 specialists had been recruited to East Kootenay Regional Hospital over the past three years.
- Increased the number of dialysis machines in Creston to four.
- Began a $31 million renovation and expansion at East Kootenay Regional Hospital.
Kootenay Boundary

- Established community health centres on hospital sites in Kaslo, Castlegar and New Denver.
- Through one-time funding of $100,000 by Weyerhauser and $95,000 by the Provincial Health Services Authority and Interior Health, enhanced the maternity skills of Kootenay Boundary physicians.
- Provided increased capital funding to enhance maternity services at Kootenay Lake Hospital.
- As a direct result of the redesign and reorganization, Interior Health was able to recruit five new specialists to the Kootenay Boundary Regional Hospital in Trail, including two general surgeons, one plastic surgeon, one anaesthetist and one radiologist.

Okanagan

- Established community health centres on hospital sites in Summerland and Armstrong.
- Increased the number of dialysis machines in Kelowna and Penticton to a total of 12 in each community.
- Expanded surgical capacity in Kelowna General Hospital by increasing surgical beds by 14 and critical care beds by 2.6. Operating theatre times were increased for neurosurgery, thoracic surgery and general surgery. As well, the addition of a new permanent MRI will provide diagnostic care for up to 20 patients a day.
- Installation of the $14 million, regionwide picture archiving and communications system in Interior Health was successfully completed throughout the Okanagan.
- Changes in pathology service delivery in the Okanagan continue to provide safe, quality care to patients.
- Patients at Vernon Jubilee Hospital are reaping the rewards of new operating room equipment, part of the $2.7 million Interior Health allocated to upgrade surgical instruments at 16 sites.
- The emergency department at Kelowna General Hospital implemented a number of initiatives to more efficiently deliver emergency room service to patients. The department was profiled in provincial media as a national leader in emergency care.

Thompson Cariboo Shuswap

- Established community health centres on hospital sites in Lytton and Ashcroft.
- The teleradiology-PACS (picture archiving and communications system) got underway in the Thompson Cariboo Shuswap health service area, with $5 million from Health Canada, Interior Health and local hospital foundations.
- Opened a new emergency and diagnostic imaging department at Royal Inland Hospital in Kamloops in December 2004. Interior Health invested $26 million to double and modernize the emergency room and medical imaging departments (a new MRI scanner was installed in October 2004) and renovate numerous outpatient service areas.
- As of February 2004, there were 18 more physicians and 10 more specialists throughout the Thompson Cariboo Shuswap health service area.
- Funding the annual operating cost of $450,000 for a CT scanner at Cariboo Memorial Hospital in Williams Lake. The scanner is being purchased by the Cariboo Foundation Hospital Trust and the Cariboo Chilcotin Regional Hospital District. Installation will begin in fall 2005.
- Signed a unique protocol agreement April 4 between the Williams Lake Indian Band, Williams Lake RCMP and Interior Health. The agreement pledges to improve communication, co-operation and procedures in working with “street troopers,” or homeless people, in Williams Lake. The agreement is the result of a three-year process and investigation into the death of Paul Alphonse, who died in RCMP custody in 2000 and was the subject of a coroner’s inquest.
- Celebrated the rollout of the electronic health records system in the Thompson Cariboo Shuswap. The health region will eventually become part of an Interior Health-wide electronic health records system, providing instant patient information at any site in the health authority.
- Shuswap Lake General Hospital in Salmon Arm will benefit from the purchase of a new C-Arm and surgical equipment. Health Minister George Abbott made the announcement.
- Installed picture archiving and communications system at Shuswap Lake General Hospital in Salmon Arm and at Queen Victoria Hospital in Revelstoke.
Mental Health and Addiction Services

British Columbia is reforming mental health and addiction services to improve the health and functioning of people with mental disorders and/or problematic substance use, their families and the communities in which they live. Mental health reform will:

- encourage the use of best practices based on reviews from other Canadian institutions and around the world;
- bring together community supports to better serve clients; and
- provide provincial tertiary services for those who require hospital or specialized care.

The recent alignment of addiction services with mental health services offers new opportunities for improving access and responsiveness of care.

Mental Health and Addictions Services in Interior Health

Interior Health’s mental health strategic plan 2003/04 to 2005/06:

- recognizes the integration of addiction services with mental health services; and
- takes into account the interrelationships of mental health and addiction services with other health care sectors.

Accomplishments since 2001 include:

Regional Initiatives

- Developed a mental health services strategic development plan, which co-ordinates mental health and addictions services within the context of affordable and effective service delivery. The plan takes into account the interrelationships of emergency care, acute care, community support services, self-care and other Interior Health services.
- Allocated $3 million in 2002/03 to enhance mental health and addictions services. Enhancements include increased funding for telepsychiatry and establishing standardized criteria for access and shared usage of telepsychiatry with other health professionals and service providers.
- Established a standardized client advocacy process.
- Completed development of a single information system for mental health and addictions clients.
- Staff have been involved in developing closer linkages with aboriginal health to align mental health and addictions services with the needs of aboriginal people.
- Began implementing best practice standards for clinical care throughout the region.
- Began developing access strategies for people with concurrent mental health disorders.
- In 2005/06, Interior Health began a campaign to increase both internal and public awareness of mental health issues and services.
- Construction of the Interior Health adolescent psychiatry unit is well underway, with completion scheduled for late fall 2005. The unit will help young people 12 to 17 from throughout Interior Health with their special mental health needs.

East Kootenay

- Opened one tertiary rehabilitation and one specialized residential geriatric bed at Dr. F.W. Green Memorial Home in Cranbrook.
- Opened seven tertiary residential/rehabilitation beds at Tamarack Cottage in Cranbrook.

Kootenay Boundary

- Opened three tertiary residential beds and three tertiary rehabilitation beds at Harbour House in Trail.
Okanagan
- Expanded Kelowna’s alcohol and drug clinic hours and enhanced its outreach program to provide more timely access for clients in crisis.
- Opened eight tertiary residential beds in Osoyoos and seven tertiary residential beds at Aberdeen/Okanagan House in Vernon.
- Outreach health services were relocated in downtown Kelowna.

Thompson Cariboo Shuswap
- Opened two new 20-bed psychiatric rehabilitation units at South Hills Tertiary Psychiatric Rehabilitation Centre in Kamloops in April 2003. The units will enable more Interior Health residents to receive care in their own region, rather than travelling to the Lower Mainland for care.
- Began construction on a 44-bed tertiary facility in Kamloops, which will open in 2005/06.
- In partnership with the Canadian Mental Health Association, opened an eight-unit supportive living home in Salmon Arm for people living with mental illness.
- Announced that Cariboo Lodge in Williams Lake will become the future home of mental health and addiction services. The lodge will accommodate the future growth of health care needs in the community.
- Opening 10 temporary residential care beds in the vacant, former residential care facility Heritage House, in Williams Lake, to meet the immediate needs of seniors in the community. The residential care beds will operate until 33 recently announced, new residential care beds are built in the city, at which time Heritage House will be converted into tertiary beds.

Home and Community Care

Seniors and people with disabilities want to live as independently as possible, for as long as possible. Today’s seniors are healthier and living longer than ever before. They want more choices for housing and care that respect their independence.

As British Columbia’s population grows and ages, health authorities are modernizing home and community care services to:
- provide clients living at home with services that enable them to remain independent and in their own homes;
- reduce wait times for residential care – average waits are now 60 to 90 days, compared to up to a year or more in past;
- make residential care available to seniors and people with disabilities with the most complex health care needs;
- provide affordable living options, such as assisted living and supportive housing, for independent clients who can manage in the community with supports; and
- provide sensitive, compassionate end-of-life care.

The province is adding 2,762 new care beds and units by December 2006 and will meet its commitment to develop 5,000 new care spaces by 2008. They include a mix of residential care beds and independent living options.

New residential care beds are being developed where needed and outdated residential care facilities upgraded to meet modern care standards for British Columbians who require 24/7 professional nursing care.

To respond to the demand for more choices, new independent living options are also being created. Assisted living units are being developed for seniors who can direct their own care, but require regular assistance with daily living activities. Supportive housing units with home support are being provided for seniors who need a lower level of support. Home care and home support services are being enhanced across the province for seniors who live at home.
Research and feedback from seniors’ care experts, and seniors themselves, support B.C.’s approach – today’s seniors want options besides traditional nursing homes as they age. These changes will ensure care services for seniors and people with disabilities are sustainable, value consumers’ needs and expectations and provide the right care in the right setting.

Home and Community Care Services in Interior Health

Accomplishments since 2001 include:

Regional Initiatives
- Awarded contracts to private operators for the development of 490 new seniors’ care beds in Interior Health. The announcement was made by Health Minister George Abbott at a news conference in Salmon Arm Aug. 2, 2005. The construction of the beds is to start this fall and will make a significant contribution towards the government’s goal of developing 5,000 new seniors’ care beds and units by 2008.
- Augmented home- and community-based services.
- Allocated $5.1 million in 2002/03 and an additional $5 million in 2004/05 to increase residential care facility per diems to improve the ability to care for residential clients with complex care needs. Staff also received specialized training on managing complex care clients.
- Implemented the new provincial access policy for residential care facilities across the region in 2002/03.
- Standardized home support service delivery across the region in 2002/03.
- Allocated an additional $400,000 for high care needs clients in 2002/03.
- Reinvested $3.76 million in home and community care services in 2002/03 to prevent acute care admissions and support people to remain living in their homes. Palliative care services, adult day programs, home nursing, community rehabilitation, home support services, meal programs and volunteer support were enhanced.
- Developed a regional palliative care strategy that identifies core services and practice standards to provide consistency across the region and to support local service planning.
- Developed strategies for clients requiring dementia care and for clients with a brain injury.
- Dedicated $20 million to upgrading 10 residential care facilities.
- Allocated $14.8 million in 2004/05 to increase services to seniors at home and in facility care as follows:
  - increasing funding to respiratory, physiotherapy and occupational therapy to prevent acute and residential admissions;
  - increasing capacity for brain injury services in both the East Kootenay and Kootenay Boundary health service areas; and
  - developing new assisted living residences throughout the region.
- Completed implementation of the home care assessment tool and integrating it with their existing information system.
- During 2004/05 and next year, more than 400 new assisted living apartments will be developed throughout the interior.
- Okanagan University College has developed an eight-month program that allows home support/resident care attendants to fast track to a career as a licensed practical nurse. This program improves access and increases learning opportunities for students and will also help to address the shortage of practical nurses in the health care system.

East Kootenay
- Investing in renovations to upgrade the following facilities to accommodate complex care clients and provide a better and safer environment for seniors’ care:
  - $492,000 at Henry Durand Manor in Golden;
  - $1.5 million at Kimberley Special Care Home;
  - $4.2 million at Swan Valley Lodge in Creston, which includes redevelopment of 30 resident rooms and general mechanical and other building upgrades; and
  - $3.8 million at Columbia House in Invermere, which includes the addition of 15 residential care rooms and shelling in another five rooms for future need.
- Adding 20 spaces to adult day programs.
• Opened 50 new residential care beds and 10 assisted living units at Rocky Mountain Village in Fernie.
• Opened eight assisted living units in Invermere in June 2005.
• Developing eight assisted living units in Golden.
• Twenty-one assisted living units will open in Creston in September 2005.

Kootenay Boundary
• Opened five new residential care beds at the Victorian Community Health Centre in Kaslo.
• Opened 15 new assisted living units at Castle Wood Village in Castlegar and developing 29 units in Nelson.
• Opened 30 new residential care beds and 26 assisted living units at Rose Wood Village in Trail.
• Investing in upgrades to the following facilities to accommodate complex care clients and provide a better and safer environment for seniors’ care:
  o $323,000 at Victorian Hospital in Kaslo; and
  o $2 million at Columbia View Lodge in Trail.
• Developing a nine-bed convalescent care program in Trail.
• Opening new assisted living residences in Grand Forks (17 units) and Nakusp (eight units) in 2005/06.
• Providing seniors and people with disabilities with more options for affordable housing and personal care services in Grand Forks through the conversion of Boundary Lodge into 17 assisted living apartments.

Okanagan
• Opened 100 new residential care beds (40 are in four dementia cottages) at the Village by the Station in Penticton.
• Upgraded 37 existing residential care beds and added 13 new beds to provide a total of 50 residential care beds and 26 assisted living units at Heritage Square in Vernon.
• Opened four new hospice beds at Moog and Friends Hospice House in Penticton and three hospice beds in Vernon.
• Opening 75 new residential care beds in Summerland in 2005/06.
• Interior Health is investing in upgrades to the following facilities to accommodate complex care clients and provide a better and safer environment for seniors’ care:
  o $2.7 million at Noric House in Vernon; and
  o $2.8 million at The Gateby in Vernon.
• Developing an eight-bed home support unit, 12-bed alternative level of care unit, five palliative care beds and three hospice beds in the Okanagan health service area.
• Opened new assisted living units:
  o 37 at Mountain View in Kelowna;
  o 20 at Pioneer Square in Armstrong;
  o 38 at Joseph Benjamin in Kelowna;
  o 35 at Village by the Station in Penticton;
  o 23 at Heritage Square in Vernon;
  o 33 in Oliver at Heritage House; and
  o 18 in Summerland.
• Opening additional assisted living residences in 2005/06: 30 units in Penticton, 13 in Keremeos, 40 in Westbank, 52 in Kelowna, 25 in Lake Country and 38 in Vernon.
• Opened three community ambulatory clinics in the Kelowna area.
• Established a 24/7 emergency assessment and stabilization project in Kelowna to address the frail elderly presenting in emergency who do not require acute care.
• Invested $55,000 to install Vocola Communications System at Brookhaven Care Centre to streamline staff communications and improve resident care and safety.
• 75 new residential care beds will be developed in Penticton in the next 18 to 24 months.
Thompson Cariboo Shuswap

- Opened new residential care beds:
  - seven at Ashcroft Extended Care;
  - 21 at Dr. Helmcken Hospital in Clearwater;
  - 100 at Kamloops Seniors Village; and
  - 66 at Williams Lake Seniors Village.
- Converting to assisted living those residential care sites that no longer meet the needs of clients requiring residential care:
  - Pioneer Lodge in Salmon Arm (30 beds).
- Opened new assisted living units:
  - 20 at Parkside Estates in Chase;
  - 12 at Carefree Manor in 100 Mile House;
  - 15 at Williams Lake Seniors Village;
  - eight at Barriere;
  - eight at Ashcroft; and
  - 76 at Kamloops.
- Opened six new hospice beds at Marjorie Wiloughby Snowden Memorial Hospice Home in Kamloops.
- Investing in upgrades at the following facilities to accommodate complex care clients and provide a better and safer environment for seniors’ care:
  - $875,000 at Ashcroft Extended Care; and
  - $980,000 at Coquihalla Gillis House in Merritt.
- Developing a 48-bed transition unit, including an eight-bed convalescent unit, 12 beds for respite and a six-bed hospice home in the Thompson Cariboo Shuswap health service area.
- Enhanced palliative care services.
- Initiated a pilot telehealth wound care program in Kamloops, Revelstoke and 100 Mile House. Community nurses are equipped with digital cameras and computer technology to share images of patients’ wounds with specialists who can provide immediate, knowledgeable feedback.
- Expanding respite care in Kamloops from six to eight beds with the transition of the respite program from Liberty Manor to a unit in Ponderosa Lodge. The expansion will include the development of four new emergency respite beds, bringing the total to 12. Liberty House will be renamed Hilltop House and will house seven tertiary residential care beds. In addition, a new six-bed unit at Overlander residential care facility will be created for the acquired brain injury program.
- Began development planning for four new beds at the Ashcroft Health Centre, adding two residential and two convalescent care beds. The total number of residential care beds is now 25, including a secure, 11-bed care unit for dementia clients, a nine-bed complex care unit, four convalescent beds and one palliative care bed.
- The province forgave $532,870 in debt on Moberly Manor in Revelstoke, allowing the facility to be transferred to BC Housing. BC Housing will finalize plans to develop 11 assisted living units at the site.
- Celebrated the grand opening of Kamloops Seniors Village, a 142-unit seniors’ home. Interior Health has contracts for 100 residential beds at the new facility.
- Released an independent review of Williams Lake Seniors Village. The 46-page report, which was made public and presented to Williams Lake city council, makes a number of key recommendations, which the operators have pledged to uphold.
- Released recommendations from an independent review into the care provided to a former resident of Overlander residential care in Kamloops. The report concludes appropriate care was provided to the resident, based on the resident’s condition. It outlined recommendations for improvements, including increased communication between families, residents and staff and improved charting of patient behaviour.
- Announced a $5.3 million contract has been awarded to develop two, new 15-bed residential cottages at the Queen Victoria Hospital site in Revelstoke. Work is to begin immediately.
Primary Health Care Services

Primary health care is the foundation of the health system. Primary health care is where the majority of British Columbians receive their care in any year. General practitioners most often provide the care and are the gatekeepers to networks of other health care services, specialist care and community resources.

British Columbia health authorities have received $48 million of a $73.5 million allocation from Health Canada’s primary health care transition fund. Interior Health’s portion of these funds is $8.29 million over a four-year period.

The fund has been used to initiate the renewal and sustainability of the province’s primary health care system. Renewal will improve appropriate patient access to care, achieve optimal patient health outcomes and enhance health care practitioners’ professional satisfaction.

Over the past four years, health authorities have focused on:
- working with family practitioners to develop modern primary health care delivery models and networks;
- improvements in chronic disease management by using structured collaboratives, technology-enabled decision support and patient registries;
- the development of standards for electronic medical summaries and the electronic chronic disease management toolkit;
- an increase in the application of evidence-based prevention in primary health care, based upon the principles of the Canadian Task Force on Preventive Health Care; and
- training patient leaders, who then teach self-management to other patients who live with chronic conditions.

Designing Primary Care Services in Interior Health

Interior Health is committed to renewing primary health care through a number of important initiatives that are changing the way health care is delivered. These initiatives will ultimately help people live healthier lives by:
- increasing access to health care;
- increasing emphasis on health promotion, prevention and chronic disease management;
- establishing integrated, interdisciplinary health care teams; and
- facilitating co-ordination and integration with other health services.

Interior Health is developing primary health care organizations in rural communities throughout the region. Services will address the health status and priorities of populations in specific communities.

Accomplishments since 2001 include:

Regional Initiatives
- Interior Health was allocated $8.29 million over four years (2002 to 2006) from the federal primary health care transition fund (PHCTF) to develop five primary health care organization sites, as well as enhance primary health care delivery, address regional challenges and expand sustainable primary health care services.
- Developed a primary health care operational policy framework for the region. The framework broadens the scope of primary health care activities beyond the five original sites. Primary health care centres are open for business in eight Interior Health communities – seven in rural communities and one in downtown Kamloops. Each of these centres has an interdisciplinary health care team that provides a range of services in a single site. This co-ordinated approach to health care delivery ensures that clients receive the right care by the right provider, when and where they need it. There is also an important link with the community, so that the services being offered in each health care centre reflect the unique needs of the particular community.
• Expanded electronic patient records to allow more physicians and clinical staff to have better access to their patients' records, regardless of where they reside. This is resulting in better, faster service and improved patient care planning and clinical decision making.
• Purchased rights to eMedicaLibrary, a comprehensive collection of patient education resources and drug information that includes access to the latest research data developed at Stanford University.
• Supported the development of chronic disease health improvement networks (CDHIN) throughout the region to help manage the care of people with chronic health conditions. There are currently six CDHINs at different stages of development in the following communities: Kamloops, Vernon, Kelowna, Penticton, Nelson and Cranbrook. These networks are characterized by a multiple disease orientation, an interdisciplinary team and the provision of patient education while promoting self-management skills.
• A web-based chronic disease management toolkit is being promoted throughout Interior Health.
• Developed an overarching strategic communication plan (2005/06) to communicate primary health care (PHC) and chronic disease management (CDM) concepts to Interior Health’s board of directors, senior executive team, health service area senior leadership teams, staff, as well as to physicians and the public. Execution of the recommended communication tactics is underway.
• Completed an overarching evaluation framework for primary health care. In addition, an evaluation framework has been developed for primary health care networks and chronic disease health improvement networks. Evaluation frameworks are also being developed for other primary health care and chronic disease management models underway across Interior Health.
• Working toward the development of an Interior Health-wide primary health care obstetrical model. A contractor has been hired to build on the work of the maternal/child accreditation team and map preconception, prenatal, perinatal and postnatal services across the Interior Health region, including government sectors outside of health, as well as non-governmental organizations. A reference group of healthy pregnancy experts across Interior Health has been assembled to guide the work of the contractor.

East Kootenay
• Officially opened Sparwood Primary Health Care Centre, to serve residents of Elk Valley and area, Jan. 25, 2005, following completion of $400,000 in renovations.
• Officially opened a primary health care centre in Kimberley April 28, 2005, after completion of over $300,000 in renovations.

Kootenay Boundary
• Opened primary health care centres in Kaslo and New Denver (2004). Renovations to the Kaslo centre cost $560,000. Renovations to the New Denver centre cost $40,000.
• On Nov. 30, 2004, computerized patient registration was implemented in Kaslo and New Denver primary health care sites. This is the first implementation step for patients, physicians and employees using and working at these sites to benefit from an integrated patient electronic health record.
• Supported the Boundary integrated service model (BISM). BISM provides service delivery for children and families through seven resource centres in Grand Forks and area. The primary health care intersectoral network involves collaboration between three ministries, as well as non-governmental organizations.

Okanagan
• Opened the South Okanagan primary maternity clinic at Penticton Regional Hospital. The clinic was developed in response to the significant reduction of family practitioners practicing maternity care.
• Co-ordinated IT billing, scheduling and registration go-live implementation at the Enderby Community Health Centre Jan. 20, 2005.
• Held a grand opening for the Enderby Community Health Centre Feb. 4, 2005. This facility provides a range of services to help meet the health care needs of the community by using an innovative integrated team approach. Cost of renovations was $190,000.
• Introduced the integrated care management model in the North Okanagan in June 2005. This model links family practitioners with an integrated care co-ordinator (ICC), who supports physicians and patients by navigating them through health care services. Ten new integrated care co-ordinators have been hired and are supporting physicians and complex care patients in Vernon, Armstrong, Enderby and Spallumcheen.
• Officially opened the integrated health clinic in Penticton on Aug. 11, 2005. The new, integrated clinic incorporates the diabetes, healthy heart and renal health clinics in a single site and is part of Interior Health's efforts to offer holistic health care by providing shared services to clients with chronic conditions.
• Began operations for the Vernon Health Improvement Network in June 2005 and began offering chronic disease education and support to residents of the North Okanagan. Currently, the network is focused on the prevention and management of diabetes, hypertension, congestive heart failure, asthma and chronic lung disease.
• Opened the Kelowna General Hospital hep C clinic in 2001 to keep people with chronic disease healthy.

**Thompson Cariboo Shuswap**
• Continued funding for the Clinton Health and Wellness Centre was announced.
• Opened the Kamloops Downtown Health Centre in November 2004.

**Population Health and Public Health Services**

Effective health promotion, disease prevention and public health services are vital to a population’s well-being. British Columbia is striving to improve public health care and lead the way in healthy living and physical fitness in North America.

Health authorities are participating with the Ministry of Health in defining a core set of prevention and protection programs government will provide. The project will also identify best practices that support population health and wellness. Consultations beginning in 2002/03 have resulted in government developing a list of priorities for protection and prevention programs.

Population health focuses on improving people’s health through prevention of disease, injury and disability. Prevention is key to the health system’s sustainability. Public health services protect the public from health or safety risks to their self, food, water and environment.

**Public Health Care Services in Interior Health**

Accomplishments since 2001 include:

**Regional Initiatives**
• Interior Health focused on consolidation of service and administrative functions and clinical efficiencies in 2002/03. Six public health units were amalgamated to achieve a single regional public health department.
• Invested $675,000 in early childhood programs, chronic disease prevention and management and injury prevention in 2002/03.
• Introduced a strategy in 2002/03 for early identification of vision/hearing problems among young children.
• Developed the *IH Population Health Strategic Plan* and *Aboriginal Health and Wellness Plan*.
• In 2002/03, $416,000 of the aboriginal health initiatives program funding was awarded to aboriginal communities for community capacity development, aboriginal health enhancement and health promotion/disease prevention.
• Developed a tobacco reduction action plan in 2002/03.
• Held a two-day population health conference in Kelowna in November 2002. The conference brought together partners in health care to discuss how to work together to improve quality of life by preventing illness and promoting good health.
• Invested almost $1 million in 2003/04 to ensure clean drinking water, with better monitoring and faster resolution of water system problems. The project will help reduce water-borne diseases and improve health.
• Invested $1.4 million in 2003/04 in health promotion programs, such as a falls prevention programs and programs to manage illnesses in people with chronic illness.
Began implementation of the hearts@work program. The program is an interactive, mobile education service designed to help people, many of whom did not know they were at risk, to identify their heart health risks. The program will educate clients about those risks and refer them to programs and professionals that can help them move toward healthy lifestyle choices.

Monthly news releases were issued on a variety of health promotion topics. Topics covered in 2005 include tobacco cessation, heart health, nutrition, dental health, speech and language, immunization, West Nile Virus, seniors’ falls prevention and summer safety. This fall, topics will include school nutrition, flu vaccines, hand washing and managing stress.

**Thompson Cariboo Shuswap**
- Introduced a new program in 2002/03 to combat cardiovascular disease in aboriginal communities. The program assists clients to access appropriate treatments and resources.
- Officially launched Kamloops as a designated safe community of the Canadian Safe Communities network, locally known as the Kamloops Injury Prevention Network (KIPN). A total of $8,000 from the Safe Communities Foundation was received by the KIPN to support the community’s ambitious injury reduction plan over the next year.

**Okanagan**
- Held public education sessions on prevention of seniors’ falls in Princeton.
- To provide the convenience of community services in one location and make use of available space, Oliver Community Health Centre, home and community care and the speech/language pathologist were relocated to the south wing of South Okanagan General Hospital.

**Health Care Professionals**
- Interior Health had 791 general practitioners and 429 specialists in 2003/04.\(^2\)

**Corporate Support Services**

Accomplishments since 2001 include:

- Interior Health has committed to modernizing an outdated health care infrastructure to provide better care, more choices of care and improved access to services. A total of $200 million was allocated, over 2002/03 to 2004/05, to modernize outdated health care infrastructure by investing in new equipment, facilities and information technology.
- Corporate services were streamlined and restructured to achieve efficiencies and improve service delivery. Annual expenditures in support and administrative services will be reduced by seven per cent over the three years from 2002/03 to 2004/05.
- Invested $11 million in staff safety.
- Invested $21 million in information technology for clinical expansion.
- Implemented one administrative system in 2002/03 for financial and material management to replace 19 systems. The savings were used for direct patient care.
- Completed a review of laundry services and introduced changes.
- Established 30 video-conferencing sites and installed equipment for administration, teaching and telehealth projects.
- Began a review of clinical support services (pharmacy, lab and diagnostics) in 2002/03 to examine operations, financing, management and contracting issues and realign these services.

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Implemented a shared food production and distribution service in acute and residential care sites in 2003/04. The amalgamated food service is undergoing an operational review this year to determine how well the service is working and whether the food served is nutritious and good tasting.

Installed 20 computer servers to support new business and clinical systems.

Interior Health joined over 80 health care organizations across Canada to improve patient safety by enrolling in the Safer Healthcare Now! campaign.

“Green health care initiatives” undertaken or ongoing include:
  o In 2003, established a green committee to spearhead activities.
  o Incorporating the LEED building standard into capital projects. The 44-bed tertiary acute psychiatric facility in Kamloops is being built to LEED Gold. All other major renovations are being done to LEED Silver and all partnerships with private providers for assisted living and residential care facilities are being built to LEED Bronze standards.
  o In March 2005, announced $7.6 million for energy conservation projects in 15 facilities. Through reduced water and energy consumption, Interior Health’s investment will be paid back in about 10 years.
  o Reviewing purchasing and products from a green perspective: environmentally friendly cleaning products, piloting microfibre mops and the waterless urinal system.
  o Committed to using recycled paper and to reuse paper wherever possible.
  o Purchased eight hybrid vehicles and two Smart cars.
  o Carried out a mercury thermometer exchange program that collected three kilograms of mercury, including over 4,500 fever thermometers.
  o Eliminating use of pesticides for cosmetic purposes.
  o Replacing ethylene oxide sterilizers and computer monitors.

Continued to provide comprehensive information for the public through the Interior Health website. As an example, eMedicaLibrary is a research tool available through the website. It consists of a comprehensive collection of medical reference tools that provide quick access to current medical information.

Completed a food services review and put an action plan in place to implement the recommendations.

Received the highest score in a provincial housekeeping audit, with a score of 90.36 per cent averaged across 52 sites.

Awarded accreditation status by the Canadian Council for Health Services Accreditation, confirming Interior Health’s services are meeting national standards for quality in health care.

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**GENERAL CONTACTS**

1 866 215-4700 Toll-free in B.C.
1 866 889-4700 Deaf and hearing impaired, toll-free in B.C.
604 215-4700 In Greater Vancouver

**Dial-a-Dietician**  [www.dialadietitian.org](http://www.dialadietitian.org)
1 800 667-3438 Toll-free in B.C.
604 732-9191 In Greater Vancouver

**BC Smoker’s Helpline**  [www.healthservices.gov.bc.ca/tobctrl/reduction.html#help](http://www.healthservices.gov.bc.ca/tobctrl/reduction.html#help)
1 877 455-2233

Please note the Ministry of Health website address will be changing to: [www.health.gov.bc.ca](http://www.health.gov.bc.ca). If you are unable to locate the above websites, please try the new address.
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The numbers in this document reflect the latest available data as of printing.
Please note data changes daily as the planning and delivery of health care services progresses.