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.

Vancouver Island Health Authority

Vancouver Island Health Authority provides a full range of health services to approximately 698,000 residents of Vancouver Island, the Gulf and Discovery Islands and to mainland residents located adjacent to the Mount Waddington and Campbell River areas.

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.

Vancouver Island Health Authority’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 STATS, B.C. Ministry of Management Services, PEOPLE 29 (July 1, 2004).
Delivering Acute Care Services in Vancouver Island Health Authority

Vancouver Island Health Authority has applied a new, regional perspective to its acute care system through a system of small community hospitals, treatment centres, larger regional referral centres and tertiary centres. A new, island-wide model of integrated services, focused on patient safety and quality standards and with direct physician input, will enable the health authority to deliver services more effectively and consistently. The focus is on patient safety and quality standards.

Accomplishments since 2001 include:

Medical Technology
- Reduced wait times for diagnostic procedures as a result of new MRI machines and CT scanners on South and Central Island.
- Installed CT scanners at:
  - Campbell River Hospital;
  - St. Joseph’s General Hospital, Comox;
  - Cowichan District Hospital, Duncan;
  - Nanaimo Regional General Hospital;
  - Royal Jubilee Hospital, Victoria; and
  - Saanich Peninsula Hospital, Victoria.
• The first 64-slice CT scanner in B.C., installed at Victoria General Hospital, improves diagnostic imaging for patients and enhances diagnostic imaging capacity.
• A second 64-slice CT scanner will be installed at Royal Jubilee Hospital. 64-slice scanners are more efficient, can handle more patients and will shorten wait times.
• Installed MRIs at:
  o Nanaimo Regional General Hospital; and
  o Royal Jubilee Hospital in Victoria.
• Two digital mammography machines have been installed at Victoria General Hospital.

Regional Initiatives
• Expanded regional capacity for specialized services, such as heart disease and services to children.
• Completed inventory of surgical services and initiated planning for system improvement.
• Repatriated laboratory testing from the mainland, standardized testing and products (equipment, service contracts, consumables) and consolidated some testing.
• Developed an intensive care unit (ICU) collaborative that integrates and standardizes services in all island ICUs.
• Recruited paediatric specialists, including a paediatric intensivist, so children and their families can get care without leaving Vancouver Island.
• Over the past two fiscal years, 51 emergency room nurses, 33 critical care nurses and 42 operating room nurses have completed, or are about to complete, their training.
• Established an island-wide trauma prevention co-ordinator, who has successfully implemented the PARTY (prevention of alcohol and risk related trauma in youth) program for all grade 10 students in the South Island.
• Planning for the curriculum and capital requirements of the new Island Medical Program. The first intake of students is scheduled for January 2005.

South Island
• Installed a new MRI scanner at Royal Jubilee Hospital. Capacity for MRI exams in the South Island increased by 4,000 exams or 56 per cent. Elective patient waiting time was reduced from an average of 40 to 13 weeks.
• Installed a CT scan in July 2003, opened a new emergency room in November 2003 and added 10 palliative care beds at Saanich Peninsula Hospital.
• Opened a new diagnostic and treatment centre at Royal Jubilee Hospital in May 2002.
• Opened a renal dialysis unit at Royal Jubilee Hospital in September 2002, with an expansion from 12 to 30 stations.
• Installed two new ultrasound machines at Royal Jubilee Hospital, three at Victoria General Hospital and one at Island Ultrasound in Victoria. The capacity of ultrasound exams increased by 23 per cent. The elective waiting list was reduced from an average of five to six weeks to two weeks.
• Completed implementation of picture archive communication systems (PACS) in the medical imaging departments at Royal Jubilee, Saanich Peninsula and Victoria General hospitals and at Lady Minto Hospital on Salt Spring Island. The health authority has eliminated film-based technology, with the exception of mammography. This initiative has decreased the turnaround time for image reporting and distribution and improved access to images for multiple uses by allowing images to be sent over electronic networks, as opposed to sending films by courier.
• Expanded surgical and palliative care capacity at Lady Minto Gulf Islands Hospital on Salt Spring Island.
• Implemented telehealth technology that connects Central Island cancer patients to South Island oncologists at the Vancouver Island Cancer Centre.
• An enhanced and more efficient booking model contributed to an increase in the number of angioplasties performed in South Island from 1,355 to 1,464 in 2003/04.
• Opened a new rehabilitation unit at Victoria General Hospital in June 2004 that is improving care and producing better health outcomes for patients recovering from strokes or brain injuries.
• Opened a new neurosciences stroke rapid assessment clinic at Royal Jubilee Hospital in November 2004 to help reduce the risk of patients suffering from minor strokes experiencing a full-blown stroke, with possible life-long disability.

Central Island
• Opened a community dialysis clinic in Nanaimo in July 2002, with an expansion from four to 12 stations.
• Increased diagnostic medical capacity with the addition of MRI services at Nanaimo Regional General Hospital. Around 2,500 scans will be performed annually, providing patients with an alternative to travel to Victoria or Vancouver for service.
• Construction of a new state-of-the-art surgical suite at Nanaimo Regional General Hospital is improving surgical services and creating a better work environment for health care staff. The addition of a new perinatal wing, scheduled to be completed in 2006, will improve maternity care in Central and North Island.
• Established a common formulary for antibiotics for Central Island hospitals and introduced a clinical pharmacist specialist to provide support to physicians and other clinicians.

North Island
• Implemented the interdisciplinary resident program in Mount Waddington in July 2002. The collaborative program, developed by UBC and the BC Academy of Health Sciences, places professionals in rural communities to shadow each other so they may better understand each other’s respective disciplines, while completing their own practicum hours. Occupations include physiotherapy, occupational therapy, nursing, physician, laboratory, social work and pharmacy.
• Reconfigured site services in the Mount Waddington area to better meet needs, ensure physician availability and sustain quality of care. As a result, low-risk maternity service is again available to families in the Mount Waddington area.
• Hired a full-time infection control practitioner for the North Island in September 2003.
• Opened the Sointula Health Centre, offering expanded services to a remote population on Malcolm Island (September 2004). Programs include community nursing services (home care and public health nursing), mental health and addictions counselling and physician visits each Monday and two Wednesdays a month.
• Increased surgical capacity by over 600 annual surgeries, including a planned 196 additional hip and knee replacements in 2004/05.
• Established a consistent, two-day-a-week, physician outreach service to Tahsis from Gold River.
• Signed an affiliation agreement with St. Joseph’s General Hospital in Comox.
• Providing ongoing care services for the 600 residents of Port Alice, on northern Vancouver Island. Besides a resident physician, the health authority provides outreach addictions services and a local health centre, staffed eight hours a day, seven days a week, with on call service after hours. Health centre staff, who have level five CTAS (Canadian Triage Assessment) training, support palliative care in the community 24/7, on an on-call basis.

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 Addiction Services in Vancouver Island Health Authority

Vancouver Island Health Authority’s redesign of mental health and addiction services has shifted the focus of care from largely institutional settings to community-based services. Regional initiatives were developed following consultation with a wide variety of community and stakeholder groups and individuals. Accomplishments since 2001 include:

**Regional Initiatives**
- Allocated $6.47 million in new funding to support community mental health and addictions services, reducing the need for emergency intervention or hospitalization and allowing people to remain as independent as possible in their day-to-day lives.
- Implemented a comprehensive crisis services network in North and Central Island to provide 24/7 access to services. The network includes community-based crisis lines and a tele-nurse support line; mobile crisis response outreach teams; withdrawal management continuum of services (medical, residential and home withdrawal management); walk-in access and crisis stabilization services (no appointment necessary); psychiatric nurse consultation to general hospitals and partnerships with the RCMP, child and youth mental health and addictions services; and other relevant community services.
- Developed a respite support program for family caregivers and mental health family care home providers.
- Adopted best practices in recognizing and treating concurrent disorders of mental illness and addictions, including extensive training and orientation of staff and other care providers.
- Developed and pilot tested a standardized tool for integrated clinical screening and assessment of people with mental health disorders and problematic substance use.
- Established a regional mental health and housing team, which takes referrals for individuals who are hardest to house, usually due to mental health or substance use problems. This initiative has successfully housed 75 individuals. Eighty per cent of these individuals are successfully maintaining their housing.
- Implementing a CCISC (comprehensive, continuous integrated system of care) for people with concurrent mental health and addictions disorders, through a quality improvement program that includes training mental health and addictions workers to understand, recognize and provide basic treatment for people with concurrent disorders. This promotes earlier intervention for the non-presenting problem.

**South Island**
- Victoria’s Seven Oaks Tertiary Adult Psychiatric Rehabilitation Facility was re-opened with 26 additional beds in 2002, bringing the total number to 38.
- Hired additional mental health support workers in Victoria to provide psychosocial rehabilitation support activities, for people in their homes or other places of daily activity, through mobile community outreach.
- Provided more housing options for adults with serious and persistent mental illness by opening 21 new supported apartments in Victoria.
- Reconfigured adult detox, stabilization and supported housing for adults with problematic substance use to improve access to services and promote longer-term recovery for clients.
- Opened an Adult Sobering and Assessment Centre in Victoria in February 2004 to serve the vulnerable, downtown population.
- Expanded a specialized youth detox facility to address increased concern about youth with substance dependencies.
- Opened 46 tertiary geriatric residential and rehabilitation beds in November 2004 in the former Sandringham Hospital in Victoria.
- Opened a new psychiatric emergency service (PES) at Royal Jubilee Hospital in October 2004. The new unit, made possible through the fundraising efforts of the Courtinall brothers and the Together We Care Campaign, will better address the needs of people experiencing emergency mental health crisis. A major component of the unit is the integrated services structure, involving mental health emergency nurses, psychiatrists and social workers.
Central Island
- Opened Bob Currie Place, a six-bed transition home in Nanaimo. An additional 18 supported living apartments opened in Nanaimo in March 2005.
- Provided four family care beds in Duncan and Nanaimo for young adults experiencing their first episode of psychosis.
- Enhanced mental health support worker services on the west coast of Vancouver Island.
- Integrated mental health and addiction services to provide a “single entry,” so that people are seen by the first service they enter, regardless of the presenting problem.
- Opened transitional and emergency housing for adults in Port Alberni and Parksville. An additional 16 supported living apartments in Port Alberni opened in fall 2004.

North Island
- Opened 12 supported living apartments in Courtenay for adults with serious and persistent mental illness.
- Provided staffing and service enhancements to social, rehabilitation and vocational training in all North Island communities.
- Integrated mental health and addiction services to provide a “single entry,” so that people are seen by the first service they enter, regardless of the presenting problem.
- Enhanced multidisciplinary staffing and service delivery to outer islands and remote areas.
- Planning for addictions family care homes and beds for women with addictions.
- Opened a six-bed community crisis residence in Port Hardy.

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; 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 and supportive housing units with home support for seniors who need a lower level of care. 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 Vancouver Island Health Authority**

Home and community care services are being refocused to promote independence and self-care by
providing a range of community alternatives. Vancouver Island Health Authority’s goals for change are to:
- assist individuals to live in the community as long as they are able and wish to do so;
- provide high-quality, complex facility care, for those who require it, in a home-like environment
  that respects privacy, dignity and choice;
- enhance client choice and reduce reliance on acute care resources by offering a network of care options,
  including assisted living, to support independence; and
- develop community capacity by partnering with housing and community groups to improve their ability
  to support clients who need assistance.

Home and community care redesign is a step-by-step process that involves:
- upgrading residential care beds to replacing aging facilities and provide new beds where needed
  for clients with complex health care needs;
- converting some residential care beds to other services such as respite care;
- developing independent housing options, such as assisted living or supportive housing with home
  support; and
- expanding adult day programs and community bathing services.

New funds are being invested in these expanded services.

Accomplishments since 2001 include:

**South Island**
- Amalgamated home support agencies, resulting in significant savings.
- There are a total of 29 units of shared care for younger people with physical disabilities.
- Opened 200 complex care beds at Mount St. Mary, a net addition of 74 beds.
- Reallocated funds to support respite beds, assisted living units, an “acuity lift” (increased funding based
  on the complexity of residents’ care needs) for facilities accommodating complex care clients, geriatric
  evaluation and management and sub acute programs.
- Developed 56 assisted living units in Esquimalt, Brentwood Bay and Sidney in spring
  and summer 2004.
- Expanded overnight short-term facility stays, community bathing and adult day programs.
- Broke ground for the new Hillside Terrace centre in Victoria in September 2004. This project will combine
  45 units of affordable supportive seniors’ housing, a primary health centre for seniors and a 12-bed respite
  hotel. The project includes a medical clinic, wellness centre with caregiver support and other services such as
  education, counselling and a bathing spa for seniors and their families. Hillside Terrace is scheduled
  for completion in late 2005.
- Broke ground in March 2005 on construction of the Wellesley, a 40-unit assisted living facility for lower-
  income seniors. Services include hospitality and personal care, such as meals, housekeeping and laundry
  services, recreational opportunities, assistance with medications, mobility and other care needs, as well
  as a 24-hour response system.
- There are a further 154 assisted living units under construction, with an additional 70 units to be started
  in fall 2005.
- Renovated and opened the complex neuro/respiratory unit at the Aberdeen site.
- Developed and implemented the functional enhancement program at the Aberdeen site.
Central Island
- Upgraded intermediate care level beds to accommodate complex care and transitional care needs in Cowichan.
- Opened 75 assisted living units in Nanaimo in spring 2004.
- Partnering with the Cowichan Band Housing Society to develop assisted living units for the Duncan area.
- Opened 16 assisted living units in Ladysmith in June 2003. Construction is commencing on a replacement facility, adjacent to the future primary health centre, to accommodate 75 complex care residents and 12 mental health patients from Riverview. The new facility replaces two outdated sites in Ladysmith.
- Established a community bathing program in Port Alberni to meet the bathing needs of high care clients living at home.
- Enhanced staffing in Port Alberni to provide additional home care nursing hours, as well as to provide social work support to community clients (palliative care, frail elderly).
- Completed the conversion of Kiwanis Village Lodge in Nanaimo through redesign with a 75-bed replacement facility (August 2003) and by renovating the existing intermediate care building to provide 45 assisted living units (May 2004).
- Construction began on a facility replacement project in Qualicum Beach. A new aging-in-place campus, that includes 85 complex care beds, 30 assisted living units and private pay accommodation, will replace Arranglen Gardens. Target date for completion is December 2005.
- Completing construction of Arrowsmith Lodge, a 75-bed replacement facility in Parksville that will increase capacity by 16 complex care beds. The vacated facility will be renovated to accommodate 30 assisted living units by March 2006.

North Island
- Opened 12 temporary assisted living units in 2003/04 at the Ramada Inn in Campbell River. These will be closed when a new 54-unit assisted living residence is constructed [see information below on Yucalta Lodge, (Ironwood site)].
- Developed 13 assisted living units in 2003/04 at Casa Loma in the Comox Valley.
- Announced an additional 75 assisted living units for the Comox Valley.
- Adult day program spaces were increased at Glacier View Lodge in Comox, Cumberland Lodge and Campbell River adult day program.
- Commenced renovation of 10 intermediate care rooms to complex care in Cumberland.
- Established a contract with Nuu-Chah-Nulth Tribal Council whereby registered nurses from Gold River Health Care Clinic will provide home care nursing support to the Tsaxana Reserve near Gold River.
- Replacing the outmoded 48-bed Sunshine Lodge in Campbell River with a new facility at Yucalta Lodge. In addition, 54 new assisted living units will be built at the site of the former Yucalta Lodge (Ironwood site).

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. Vancouver Island Health Authority’s portion of these funds is $11.06 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.

Accomplishments since 2001 include:

**Regional Initiatives**

- Implemented an advance directives program – *Let Me Decide* – that encourages people to document their wishes for future health care. Since 2004, the program has distributed educational material to all general practitioners on Vancouver Island, responded to public requests for this material and provided over 200 information and education sessions to more than 5,000 individuals, including health care providers, volunteers and the public.
- Developing an aboriginal health plan that addresses both day-to-day effectiveness in services and developing strategic approaches to health issues.
- A component of Vancouver Island Health Authority’s increased focus on aboriginal health includes the addition of aboriginal hospital liaison nurses, who focus on ensuring the needs of aboriginal patients and their families are met.
- A chronic kidney disease project is underway to enhance early detection of kidney disease.

**South Island**

- Established a primary health centre (Health Point Care Centre) in Victoria designed to support the health needs of adults over age 55 who cannot find a family physician. This health centre will become part of the Hillside Terrace project (see Home and Community Care Services – South Island).
- Contracted with the Cool-Aid Society to deliver comprehensive primary health care services for the inner-city population.
- Vancouver Island Health Authority’s chronic disease management care program was launched in September 2003 to improve the identification and management of diabetes, congestive heart failure and depression for some 4,000 patients. The program won the prestigious national 3M Health Care Quality Award in the non-acute care facilities category.
- Contracted with the University of Victoria to deliver primary health care services to students.

**Central Island**

- The first phase of the conversion of Ladysmith and District General Hospital into a comprehensive primary health centre was undertaken in September 2004. When complete in 2006, the primary health centre will include a full range of primary and urgent care, diagnostics and residential care services. Transforming the hospital into a primary health centre will give individuals and families a wider range of services in their own community, while taking pressure off acute and emergency care facilities.

**North Island**

- Created two aboriginal liaison nurse positions, one each in Campbell River and Port Hardy, to improve communication with the aboriginal population and Vancouver Island Health Authority staff around access issues.
- Opened the Cormorant Island Community Health Centre in April 2002.
- Established a youth clinic, including physician and nursing services, in Port Hardy in September 2004.
- Implemented 24-hour palliative outreach services in Port Alice to support people who choose to spend their remaining time at home.
• Established an interdisciplinary care team as part of a project serving Port McNeill and surrounding communities.
• Introduced a new North Island liver service that will provide comprehensive assessment, education, treatment and care management services for persons at risk of contracting viral hepatitis or for those suffering from viral hepatitis.
• Opened the Sointula Health Centre on Malcolm Island in September 2004.
• Through Health Canada primary health care transition funding, and in partnership with the Pallium Project, brought palliative care education to Port Hardy with the delivery of Learning Essential Approaches to Palliative and End-of-Life Care (LEAP). The course is specifically designed for rural physicians, registered nurses and pharmacists who work together on the delivery of palliative care in rural community and hospital settings.

Population Health and Wellness

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.

Accomplishments since 2001 include:

Regional Initiatives
• Developed island-wide health protection, health promotion and disease prevention services to ensure public health and safety and to shift the focus from treating to preventing illness.

South Island
• Accomplishments in the realm of smoking control were highlighted in a plenary session at the Pan American Health Association’s 100th anniversary conference on health promotion in 2002/03. A compliance rate of 98 per cent was maintained for the clean air bylaw, which bans smoking in all indoor public places in the South Island.
• Piloted the aboriginal mentorship program to deal with high-risk youth who are not yet heavily abusing substances. The project, which involves Vancouver Island Health Authority, school district 61, Camosun College and the University of Victoria, has decreased risk-taking behaviours and increased protective factors, such as positive adult role models, bonding to school, opportunities for useful roles for youth, demonstrating restraint, hopefulness about the future, self-esteem, social skills and decision-making skills.

Central Island
• In March 2005, the Vancouver Island west school district and the Vancouver Island Health Authority agreed on a community-based system for developing early childhood development services in the region to create a community-based focus on promotion and prevention and optimize the development of young children.
North Island
- An aboriginal primary care initiative in Port Hardy improves the cultural responsiveness of health services to aboriginal people. This included hiring aboriginal hospital liaison nurses at Port Hardy and at Campbell River.

Health Care Professionals
- Vancouver Island Health Authority had 929 general practitioners and 622 specialists in 2003/04.²

Corporate/Administrative/Labour Support Services
Accomplishments since 2001 include:
- As a result of the addition of overhead lifts and electrical beds, along with increased training for employees, Vancouver Island Health Authority has reduced injury rates among staff by 15 per cent (2003/04).
- Changes are creating an environment where medical professions want to stay and work. For example, a 2003 study found 94 per cent of registered nurses who graduate from Camosun College, 74 per cent from the University of Victoria and 53 per cent from Nanaimo Malaspina University College remain on the island to work.
- Vancouver Island Health Authority introduced new safety-engineered (‘stick proof’) needles to better protect health care providers and other front-line health care workers in accidental needle stick injuries. The program launched on the north island in April 2005 and will finish on the south island in November 2005.

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
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
1 877 455-2233

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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.