

Interior
Health Authority

**2009/10 – 2011/12
SERVICE PLAN**

September 1st, 2009



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Message from the Board Chair and Accountability Statement



On behalf of the Board of Directors of Interior Health I am pleased to present the 2009/10-2011/12 Service Plan. The Plan provides an overview of our organization and describes the challenging environment we are currently operating in. It describes Interior Health's goals, how we will achieve these goals, and how we will measure our success. The Service Plan will be used to guide the activities of our staff, to communicate our direction to partners including physicians, community organizations and other health authorities, and to provide the basis by which our stakeholders and Government can evaluate our success.

A key aspect of our service planning is ensuring alignment with Provincial Government priorities. To this end, our goals reflect our responsibilities to promote health and wellness, deliver quality care, foster health and engagement among our employees, and operate in a sustainable manner. The strategic initiatives identified in this Plan specify our three-year commitments towards these goals. As Interior Health implements its Service Plan, our aim (as described in IH's Vision) is *to set new standards of excellence in the delivery of health services in the Province of British Columbia*.

This Plan was developed during a time when many clear challenges facing our healthcare system and our region. Wildfires are affecting the wellbeing of several Interior communities, and restricting access to local healthcare services. We have put pandemic planning into action in response to the worldwide H1N1 flu virus outbreak and are expecting a stronger second wave of the outbreak this fall. All of our communities have been impacted by the global economic downturn, hitting especially hard in resource-based and single industry towns. The aging of our workforce, our residents, and our infrastructure is putting particular strain on the capacity of the healthcare system. At the same time, healthcare costs continue to mount in a trend that is clearly unsustainable.

With these many pressures comes the necessity for innovation – a challenge that Interior Health will embrace. We are committed to integrating services within and across our key service sectors in order to ensure positive patient experiences and outcomes, and have already made strides in this direction. We are enhancing our networks of care across the health authority in order to serve all residents more appropriately – a leading example of this is the Kelowna General Hospital Transformation project, which will substantially enhance our tertiary care services and medical training facilities. We will support evidence-based programs to stem and manage the tide of chronic disease among our residents. We will focus on the quality of our services, recognizing that sustainability is an integral part of the quality equation.

It would be difficult to overstate the importance of our staff, physicians and partners in leading innovation within Interior Health. We will emphasize leadership development, staff and physician engagement, and healthy workplaces, ultimately in support of quality patient care. It is this attention to quality – across our geography, and across healthcare settings – that will focus our efforts in the next three years.

I would like to note that this Service Plan was prepared under the Board's direction in accordance with the Health Authorities Act and the BC Reporting Principles. The Plan is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health Services' goals, objectives and strategies. Interior Health's Board is accountable for the contents of the Plan.

A handwritten signature in black ink, appearing to read 'Norm Embree', with a stylized flourish at the end.

Norm Embree
Chairman of the Board, Interior Health
August 25th, 2009

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Organizational Overview

Interior Health (IH) is mandated by the *Health Authorities Act* to plan, deliver, monitor, and report on health services for the people of the Southern Interior of British Columbia. IH's Vision and Mission statements, Values, and Guiding Principles inform the manner in which the health authority delivers on its legislated mandate.

Health services are provided across four key service sectors that collectively span the continuum of care:

- **Acute Care** refers to urgent care and treatment for rapidly progressing conditions, typically delivered in hospital settings or health centres.
- **Community Integrated Health Services (CIHS)** is a collaborative network that supports community health services across Mental Health & Addictions, Primary Health Care, and Home & Community Care.
- **Public Health** services are directed to health promotion, prevention of illness and injury, protection of the environment, and improving population health.
- **Corporate Supports** are non-clinical portfolios that support the delivery of care, such as Human Resources, and Information Management / Information Technology.

IH is organized into four geographic health service areas: Thompson Cariboo Shuswap; Okanagan; Kootenay Boundary; and East Kootenay with the latter two sharing the same administrative structure. Within and between each health service area, service delivery is coordinated through a complex regional “network of care” that includes hospitals, community health centres, residential and assisted living facilities, mental health housing, primary health clinics, homes, schools, and other community settings. Health services are provided by IH staff or through contracted service providers.

The day-to-day operations of Interior Health are led by the Chief Executive Officer and a team of senior executives. This Senior Executive Team is responsible for leading strategic and operational services for the health authority. IH is governed by a Board of Directors appointed by and responsible to the Provincial Government. The primary responsibility of the Board is to foster Interior Health's short and long-term success while remaining aligned with its responsibility to Government and stakeholders.

Further information about IH's service sectors, Senior Executive Team, and key board policies that may be of interest to stakeholders (as identified in the *Disclosure Report on Governance Policies and Practices* submitted to the Province's Board Resourcing and Development Office) can be accessed at <http://www.interiorhealth.ca/information.aspx>

Vision

To set new standards of excellence in the delivery of health services in the Province of British Columbia

Mission

Promote healthy lifestyles and provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards

Values

- Quality
- Integrity
- Respect
- Trust

Guiding Principles

- Innovative
- Clear and respectful communication
- Continual growth and learning
- Teamwork
- Equitable access
- Evidence-based practice

Strategic Context

This Service Plan reflects Interior Health's responsibility to ensure publicly funded health services are provided to the people of the Southern Interior, as well as our obligation to be aligned with Government priorities. The Plan defines the organization's strategic direction over the next three years, and serves as the key reference for other major planning activities in the health authority.

The Service Plan is based on an understanding of IH's current operations, and of trends and challenges that may impact delivery of healthcare services into the future. Like other health authorities in British Columbia and other healthcare organizations globally, IH faces a number of trends and challenges in ensuring the provision of sustainable, quality healthcare services. Major trends and challenges that are considered when determining IH's direction are outlined below, including the rural/urban mix, the aging population, the increasing incidence of chronic diseases, advances in technology and pharmaceuticals, shortfalls in human resources, and infrastructure needs. While these trends are largely outside of Interior Health's control, specific actions are outlined in this Service Plan to influence their impact or outcome.

The Rural / Urban Mix

Interior Health serves larger, urban centers alongside a large number of small, isolated communities. Only 11 of the 58 incorporated communities in the health authority have a population of 10,000 or more. Interior Health is also home to 55 First Nations communities, the majority of which are rurally located. These small communities may be geographically isolated, and cannot support the same number or types of services available in larger urban centres. On the other end of the spectrum, there are several large, growing cities in the health authority that accommodate higher population density and diversity. Urban centers are more complex environments that often have large concentrations of populations with specific health concerns (like isolated seniors or unemployed youth). High population densities can contribute to stress and associated physical and mental health issues and social isolation. The challenge for IH is to identify and provide the right mix of services within each unique community, and to consider how these services will link across the health authority.

The Aging Population

Low fertility rates, longer life expectancy and the effects of the baby boom generation are among the factors contributing to the aging of the population, a trend that will accelerate over the next two decades across Canada. Currently, 18% of Interior Health's population is 65 years or older, with high concentrations of seniors residing in the Okanagan Valley. The percentage of seniors is expected to increase to 24% by 2020.¹ The aging population indicates that demand for healthcare services will grow significantly, particularly impacting acute (hospital) care, residential care and assisted living services.

While our demographics will age overall, this trend does not fully reflect our Aboriginal populations. While 27% of the non-Aboriginal population in BC is over 55 years of age, this is true of only 13% of the Aboriginal population.² This youthful population profile reflects a higher fertility rate and lower

¹ Source: BC Stats Ministry of Labour and Citizens' Services (2008). PEOPLE33.

² Source: British Columbia Provincial Health Officer (2009). Pathways to Health and Healing – 2nd Report on the Health and Well-being of Aboriginal People in British Columbia. Provincial Health Officer's Annual Report 2007. Victoria, BC.

life expectancy than the non-Aboriginal population. However, life expectancy of Aboriginal people is improving slowly, and a two-fold increase of Aboriginal seniors in Canada is expected by 2017.³

A Rising Burden of Chronic Disease

Chronic diseases account for the majority of deaths in Interior Health's population. The major contributors to mortality are cardiovascular, cancer, and respiratory diseases, followed by digestive diseases and endocrine / metabolic diseases.⁴ With increasing age, people are more likely to experience one or more chronic conditions, and individuals with multiple chronic conditions are particularly heavy users of healthcare services. We can anticipate that the aging population trend will place significant demands on healthcare services due to chronic disease. Stemming this tide will involve attention to primary healthcare, chronic disease management and chronic disease prevention.

Advances in Technology and Pharmaceuticals

New treatments, drugs, technology and evidence to support business and clinical decision making are constantly emerging. There is a growing need to apply information management/technology solutions in healthcare, including an e-Health record and telehealth (for which IH is recognized as a provincial and national leader for its telehealth network reach, range, and utilization). Technology can often provide improved care and services but is also contributing to the rapidly increasing per capita costs of delivering health care because of its implications for training, infrastructure, and change management processes. On an ongoing basis, IH must determine if and/or how to incorporate these advances into operations.

Human Resources and Health System Infrastructure

Projections indicate that IH will increasingly face health human resource shortages driven by growing demand, tightening of supply, aging of the workforce, and a concentration of the workforce (including physicians) in urban centres. Human resource shortages may be felt most markedly in rural communities, but also in our urban centres. Interior Health has approximately 19,500 permanent and casual employees, and approximately 27% of our permanent workforce is currently 50 years of age or older. By next year (2010), 24% of Interior Health staff will be of retirement age (55 years or older).⁵ Interior Health will need to manage the loss of institutional knowledge and clinical skills of its retiring staff, while recruiting and retaining needed professionals.

Over the last two years, Interior Health has invested over \$288 million in new equipment, new facilities, and expansions or upgrades to existing facilities.⁶ Even with this investment however, many of IH's capital assets are approaching the end of their useful life and additional resources will be required to ensure these facilities continue to support safe and comfortable delivery of patient care.

³ Source: Statistics Canada (2006). A Portrait of Seniors in Canada.

⁴ Source: BC Vital Statistics (2006). Statistical Summaries by Health Authority, Health Service Delivery Area, Local Health Area and Community.

⁵ Source: Meditech payroll data as of July 31, 2009.

⁶ Source: IH audited financial statements.

Goals, Strategies and Performance Measures

This section presents IH's goals, strategies, and performance measures for 2009/10 – 2011/12.

Goal 1: Promote Health and Wellness

Interior Health will work at the environmental, policy and individual levels to protect the health of the population, reduce health inequities, and enable people to live healthier lives.

Strategies

- Help people to live healthy lives by providing evidence based public health services as per the Core Public Health Functions and Accreditation standards.
- Prevent disease, illness, and injury through increased health screening (with a focus on early childhood), and by providing other prevention services.
- Keep people healthy and safe during major public health risks and emergencies, such as infectious diseases or pandemics, by maintaining and strengthening plans and Interior Health's ability for effective emergency response.
- Inform decision-making through increased use of health surveillance and further development of public health information systems.
- Meet the needs of First Nations and Aboriginal communities by collaborating with them and the Aboriginal Health and Wellness Advisory Committee to plan and deliver culturally sensitive health care services and to monitor health outcomes.
- Take action on climate change by implementing IH's Carbon Neutral Action Report, continuing to engage staff in green solutions, and partnering with BC public sector organizations to pursue joint initiatives.

Goal 2: Deliver Quality Patient Care

Interior Health will provide services that are safe, client-centered, population focused, accessible, continuous, efficient, effective, and that support wellness in the work environment.

Strategies

- Enhance quality, improve access to care, and develop health human resource capacity as Interior Health moves forward with the implementation of the UBC medical school and work with the Provincial Health Services Authority to implement the Coronary Revascularization Transition Plan and develop a business case for the Interior Health Heart and Surgical Centre.
- Improve access to hip, knee, and cataract surgeries through internal initiatives and by participating in joint provincial initiatives.

- Improve the quality and safety of care across the continuum by implementing IH's Quality Improvement and Patient Safety strategy including development and support of quality leaders, a region wide quality network, and a safety culture, as exemplified by the implementation of the BC- Patient Safety Learning System which will enable IH to more effectively learn from and respond to adverse events trends, concerns and complaints.
- Improve access to comprehensive community based care through improved integration of primary health care and chronic disease management, home and community care, and mental health and addictions services.
- Continue to refine the current Integrated Health Networks and build on this approach to coordinate services and provide a more patient centered experience that supports the role of patients in improving their health, staying healthy and managing their condition(s), particularly for those with complex health care issues and high health care utilization, including chronic diseases.
- Engage and support Family Practitioners through the Practice Support Program, and by collaborating with Family Practitioners in the development of Divisions of Family Practice.
- Expand options for the delivery of IH renal services in collaboration with the Provincial Health Services Authority by improving the efficiency and effectiveness of existing services including promoting patient self management, standardizing nursing practice and clinical protocols, collaborating with First Nations to enhance kidney services in the South Okanagan, and initiating an IH wide renal pharmacy program.
- Provide quality emergency care that meets residents' needs by implementing the use of best practice standardized emergency guidelines and initiatives to improve access and the flow of patients to appropriate services.
- Improve the coordination of primary care and specialized programs for people with mental health and addictions challenges to improve the quality of care and lessen the need to access emergency hospital services.
- Provide best-practice mental health and addictions services including the use of evidence based therapies.
- Improve residents' mental health and wellness by delivering integrated services with a particular focus on housing supports, services for Aboriginal people, a full and seamless continuum of treatment options for youth with substance abuse disorders, and seniors with dementia.
- Provide high quality residential and community care by: continuing to expand capacity in residential, assisted living beds and supportive housing environments; improving integration across health services; supporting seniors to live independently at home; and, developing tools and standards to continue to improve efficiency, accessibility and timeliness of care.
- Provide appropriate and respectful end of life care services in accordance with the Provincial Palliative Care Framework.

Performance Measures

Performance Measure 1: Access to surgery in priority areas

Performance Measure	2007/08 Baseline	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Waiting times for surgery: a) Percentage of hip replacement cases waiting longer than 26 weeks	39%	23%	10%	Maintain at or below 10%	Maintain at or below 10%
b) Percentage of knee replacement cases waiting longer than 26 weeks	45%	35%	10%	Maintain at or below 10%	Maintain at or below 10%
c) Percentage of hip fracture fixation completed within 48 hours	90%	91%*	95%	Maintain at or above 95%	Maintain at or above 95%
d) Percentage of cataract surgeries waiting longer than 16 weeks	32%	30%	10%	Maintain at or below 10%	Maintain at or below 10%

Data Source: SWIFT, Management Information Branch, Health System Planning Division, Ministry of Health Services
Hip fracture fixations: Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services.

* 2008/09 partial year data based on the March 2009 tape from CIHI.

Performance Measure 2: Emergency department patient experience

Performance Measure	2007/08* Actual	2009/10 Target	2010/11 Target	2011/12 Target
Patient Satisfaction: percentage of emergency department patients reporting satisfaction with emergency department experience	87%	Improvement toward long-term target of 90%	Improvement toward long-term target of 90%	Improvement toward long-term target of 90%

Data Source: Emergency Department (ED) Patient Experience Survey, Ministry of Health Services.

* An annual summary for 2008/09 is not available. Partial year survey results for ED visits from April 1, 2008 to June 30, 2008: 89% for large facilities and 87% for medium facilities. In 2007/08, all facilities (large, medium, small and extra-small) are included in annual results.

Performance Measure 3: Chronic disease management (diabetes)

Performance Measure	2007/08* Actual	2009/10 Target	2010/11 Target	2011/12 Target
Diabetes management: percentage of patients with diabetes who undergo at least two A1C tests per year	52%	60%	65%	70%

Data Source: Primary Health Care (PHC) registry, extracted November 2008.

* 2008/09 not available.

Performance Measure 4: Coordinate mental health treatment

Performance Measure ¹	2007/08 Baseline	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Number of housing units with supports for people with a mental disorder and/or substance addiction	939	1000	Maintain or increase over previous year	Maintain or increase over previous year	Maintain or increase over previous year

Data Source: Mental Health and Addictions Housing inventory – March 31, 2009, Mental Health and Addictions Branch, Ministry of Health Services.

¹ Bed Inventory includes residential care facilities, family care homes, supported housing units, low barrier housing units, BC Housing units and rental subsidies.

Goal 3: Ensure Sustainable, Affordable Healthcare

Interior Health will work with our partners to build a health system that reaches its objectives and that can be maintained over the long-term, within collective financial means.

Strategies

- Enhance the efficiency and sustainability of the healthcare system through an integrated Electronic Health Record and CONNEX (an information system used to support the delivery of clinical services).
- Provide information and data to support evidence based decision making, planning, and improved quality of service delivery through a robust, secure, and reliable information infrastructure, measures to ensure data quality, and reliable performance reporting.
- Improve utilization rates for our acute care facilities in order to use resources most effectively, efficiently, and appropriately.
- Use available resources appropriately to accomplish corporate strategies.

Performance Measures

Performance Measure 5: Balanced budget

Performance Measure	2008/09 Actual	2009/10 Target	2010/11 Target	2011/12 Target
Balanced budget	Deficit of \$0.83 million	The health authority will have a balanced budget for the fiscal year	The health authority will have a balanced budget for the fiscal year	The health authority will have a balanced budget for the fiscal year

Data Source: Ministry of Health Services.

Goal 4: Cultivate a Healthy Workplace and an Engaged Workforce

Interior Health will create work environments where culture, climate, and practices promote health and safety for our staff, physicians, and volunteers and will encourage and facilitate engagement and ownership to fulfill the goals of the organization.

Strategies

- Create safe work environments by managing physical and safety hazards in IH workplaces.
- Enhance the quality of the individual’s work life and facilitate the reduction of sick time and overtime by promoting programs that support healthy lifestyle choices and work-life balance.
- Identify talent and develop a more robust succession plan for leadership positions throughout Interior Health.
- Enhance the existing Leadership Development initiatives including through program development and delivery of management skills and expertise.
- Build an enabling and supportive organization by: valuing and encouraging positive interpersonal relationships and open communications; clearly articulating roles, responsibilities, accountabilities and sponsorships; supporting learning and development; developing strategies and initiatives to ensure human resource needs are met; and, developing rewards and recognition strategies.
- Further implement the staff performance evaluation and development system.
- Develop and implement an annual human resources plan that addresses the key success factors and organizational enablers required to support and sustain human resource initiatives in the long run, and defines what needs to happen within IH to ensure a positive impact on the effectiveness of people and the organization as a whole.

Performance Measures

Performance Measure 6: Health human resources

Performance Measure	2008/09* Actual	2009/10 Target	2010/11 Target	2011/12 Target
Sick leave: sick leave hours as a percent of productive hours	5.7%	Improvement over previous year	Improvement over previous year	Improvement over previous year
Vacancy rates: vacancies in "difficult to fill" ⁷ positions, nurses and allied health professionals (AHP)	Nurses: 1.7% AHP: 1.7%	Maintain or below 2%	Maintain or below 2%	Maintain or below 2%
Overtime: overtime hours as a percent of productive hours, nurses and allied health professionals	Nurses: 4.7% AHP: 2.8%	Nurses: maintain or below 5% AHP: maintain or below 3.5%	Nurses: maintain or below 5% AHP: maintain or below 3.5%	Nurses: maintain or below 5% AHP: maintain or below 3.5%

Data Source: Health Sector Compensations Information System (HSCIS). Provided by Management Information Branch, Health System Planning Division, Ministry of Health Services.

* Data reported by 2008 Calendar year. Vacancy rates data as reported at quarter 4 (January 1 to December 31).

⁷ A difficult to fill vacancy is a job that remains unfilled after three months of active recruitment.

Financial Summary

(\$ millions)	2008/09 Actual	2009/10 Budget	2010/11 Budget	2011/12 Budget
OPERATING SUMMARY				
Provincial government sources	1,424.3	1,471.4	1,562.9	1,640.3
Non-provincial government sources	127.6	142.2	148.0	159.5
Total Revenue:	1,551.9	1,613.6	1,710.9	1,799.8
Acute Care	820.3	841.7	889.4	927.3
Home and Community Care – Residential	305.4	338.1	367.3	395.3
Home and Community Care – Community	144.0	147.6	154.2	160.3
Mental Health & Addictions	84.3	86.5	90.4	94.1
Population Health & Wellness	67.5	69.1	72.2	75.1
Corporate	131.2	130.6	137.4	147.7
Total Expenditures:	1,552.7	1,613.6	1,710.9	1,799.8
Surplus (Deficit)	(0.8)	(0.0)	(0.0)	(0.0)
CAPITAL SUMMARY				
Funded by Provincial Government	82.5	85.5	97.1	48.3
Funded by Foundations, Regional Hospital Districts, and other non-government sources ⁸	97.0	142.7	110.6	53.1
Total Capital Spending	179.5	228.2	207.7	101.4

⁸ Including internal funding sources

Capital Project Summary

The following table lists capital projects currently underway that are greater than \$2 million. Some of these projects commenced prior to the 2009/10 fiscal year, some are substantially complete (East Kootenay Regional Hospital), while others will be constructed over the next few years such (Kelowna Vernon Hospitals Project).

Community Name	Facility location	Project Name	Total Project Cost (\$ million)
Facility Projects			
Kelowna/Vernon	Kelowna General Hospital / Vernon Jubilee Hospital	Kelowna General Hospital – Patient Care Tower UBCO Clinical Academic Campus Vernon Jubilee Hospital – Patient Care Tower	433.8 ⁹
Cranbrook	East Kootenay Regional Hospital	Upgrade & Emergency Room/Ambulatory Care Addition	28.7
Kelowna	Kelowna General Hospital	Coronary Revascularization – Transition Plan	21.1
Salmon Arm	Shuswap Lake Hospital	Redevelopment Phase 1	20.4
Nelson	Kootenay Lake Hospital	Emergency Department Redevelopment & CT Scanner	15.3
Grand Forks	Hardy View Lodge	Residential Care Addition	12.9
Kamloops	Royal Inland Hospital	Intensive Care Unit Renovation	11.0
Armstrong	Pleasant Valley Manor	Residential Care Addition – 42 beds	10.2
Lytton	St.Bartholomew's Health Centre / Chief David Spintlum Lodge	Health Centre/Assisted Living Unit	8.7
100 Mile House	Fischer Place/Mill Site Lodge	Residential Care Addition	7.2
Kelowna	Central Okanagan Hospice	New 24 Bed In-Patient Hospice Facility	7.0
Revelstoke	Mt.Cartier	Residential Care Addition – 30 beds	6.2
Invermere	Invermere Hospital	Redevelopment & Emergency Department Expansion	4.3
Kamloops	Royal Inland Hospital	Electrical Upgrade	4.1
Keremeos	South Similkameen Health Centre	Residential Care Addition – 10 beds	3.8
West Kelowna	Health Centre	Land Acquisition	3.8
Nakusp	Arrow Lakes Health Centre	Residential Care Addition – 10 beds	3.2
Kamloops	Royal Inland Hospital	Cancer Clinic Renovations – 8 th Floor	3.0
Vernon	Vernon Jubilee Hospital	Surface Parking Upgrade	2.4
Kamloops	Leasehold	Mental Health/Public Health Renovation	2.1
Medical & Diagnostic Equipment Projects			
Kamloops	Royal Inland Hospital	CT Scanner	4.0

⁹ Including planning costs

Interior Health Authority

Community Name	Facility location	Project Name	Total Project Cost (\$ million)
Information Management/Information Technology Projects			
Various communities	Various facilities	Scanning/Archiving & Data Repository	6.8
Various communities	Various facilities	Residential InterRai Implementation	5.6
Various communities	Various facilities	Provincial Lab Information System Health Authority Uptake	2.9
Various communities	Various facilities	Meditech Upgrade – Servers & Storage	2.9
Various communities	Various facilities	Physician Care Manager	2.2

Contact Information

For more information about Interior Health and the services it provides, visit <http://www.interiorhealth.ca> or contact

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Hyperlinks to Additional Information

Ministry of Health Services – <http://www.gov.bc.ca/health/>

Interior Health Authority - <http://www.interiorhealth.ca/>

Fraser Health Authority - www.fraserhealth.ca

Northern Health Authority – <http://www.northernhealth.ca/>

Provincial Health Services Authority - <http://www.phsa.ca/default.htm>

Vancouver Coastal Health Authority - <http://www.vch.ca/>

Vancouver Island Health Authority - <http://www.viha.ca/>

HealthLink BC – www.healthlinkbc.ca