

Interior Health Authority

**2010/11 – 2012/13  
SERVICE PLAN**

September 20<sup>th</sup>, 2010



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## Message from the Board Chair and Accountability Statement



On behalf of the Board of Directors, I am pleased to present Interior Health's three-year Health Service Plan. The Service Plan provides a summary of our current operating context, our priorities for the coming years, and the strategic initiatives by which we intend to achieve our goals. The Board is supportive of the direction that Interior Health has outlined in this Service Plan, particularly the emphasis on integration of health services across the care continuum, and the commitment to population needs based planning and care delivery.

The Service Plan has two intended audiences. Firstly, it is directed to IH's staff, physicians and volunteers, to whom it provides clearly stated priorities to guide the delivery of high quality health services. Secondly, the Service Plan serves as a key public accountability document. I invite our patients, our partners, and the Government to evaluate our success according to how we achieve the initiatives and targets identified in this document.

This Service Plan has been developed in the context of a number of trends that impact the delivery of health services, including economic realities, demographic changes and population needs. Many of our communities have felt the effects of the global economic downturn a consequence of which has been increasing scrutiny in the growth of health funding. Both our workforce and the people we serve are ageing. This means more people with greater health needs, particularly related to chronic diseases and complex care, along with increasing constraints placed on our health human resource capacity. We know that technologies and pharmaceuticals have provided amazing advances in healthcare, but they are also contributing to the rapidly increasing per capita costs of healthcare delivery.

In response to these ongoing pressures, the Service Plan reflects our clear commitment to provide high quality health services that meet the needs of our populations. To do this, we endeavour to understand our residents' health status and healthcare needs and ensure our services are oriented to meet these needs. We recognize that some of the people we serve, especially in our rural areas, face particular challenges in improving their health and accessing care; Aboriginal populations and the frail elderly are particularly at risk. We will make special efforts to address the health access challenges they face.

In order to better understand and meet the needs of our diverse communities, we are dedicated to community consultations that will inform our health service planning. Our ongoing plan is to continue engaging with communities in order to enhance quality and innovation. Our commitment to quality is also clear by our ongoing efforts to maintain Accreditation Canada's standards of excellence in health services.

Interior Health is in the process of improving its administrative efficiencies. Under the guidance of our new Chief Executive Officer, and with the full support of the Board of Directors, the organizational structure of Interior Health will shift to support the directions outlined in this plan. Our new organizational structure puts greater emphasis on integration, collaboration and learning within

each of our service streams, which will allow us to better support our staff and partners and be more responsive to the shifting landscape that defines healthcare delivery.

Finally, I will 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 Service 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 of Directors is accountable for the contents of the Service Plan.

A handwritten signature in black ink, appearing to read 'N. Embree', written in a cursive style.

Norman Embree  
Chairman of the Board, Interior Health  
July 6<sup>th</sup>, 2010

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# Organizational Overview

Interior Health (IH) is mandated by the *Health Authorities Act* to plan, deliver, monitor, and report on publicly funded health services for the people of the Southern Interior of British Columbia. Interior Health's Vision and Mission statements, Values, and Guiding Principles inform how it delivers on its legislated mandate. Health services are provided across three key service sectors:

- **Community** based services fall under the auspices of the Community Integration portfolio. This portfolio brings together primary care, community mental health and addictions, home and community care, rehabilitation services, Aboriginal services and population health and wellness.
- **Facility** based services are delivered in one of three portfolios. The first is Tertiary Services which includes Royal Inland Hospital (Kamloops) and Kelowna General Hospital. The second is Acute Services, including IH's 4 regional and 16 community hospitals. And the third is Residential Services which includes 39 sites plus 32 sites under contract.
- **Clinical and Corporate Supports** include portfolios that support the delivery of care such as lab services, diagnostic imaging, pharmacy, finance, human resources, professional practice, IMIT, medical administration, planning, housekeeping and others.

## 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

Across IH, service delivery is coordinated through a regional "network of care" that includes hospitals, community health centres, residential and assisted living facilities, supports for housing for people with mental health and substance abuse problems, primary health clinics, homes, schools, and other community settings. Health services are provided by IH staff or through contracted providers.

The day-to-day operations of IH 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/>

# Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations, services and groups that work together to provide valuable health services for patients, the public and taxpayers. The key challenge facing us is ensuring a high performing, sustainable health system from prevention through to end-of-life care, within the context of significant growth in demand.

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 in IH's health service planning include the mix of rural and urban communities, population characteristics, the increasing incidence of chronic diseases, advances in technology and pharmaceuticals, shortfalls in human resources, and infrastructure demands. While these trends are largely outside of IH'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 centres alongside a large number of small, rural and remote communities. Only 11 of the 58 incorporated communities in the health authority have a population of 10,000 or more<sup>1</sup>. Interior Health is also home to 55 First Nations communities, the majority of which are rurally located. Many incorporated rural and First Nations communities may be geographically isolated, and cannot support the same number or types of services available in larger 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). The challenge for IH is to identify and provide the right mix of services within each community, and to consider how these services will link across the health authority to provide integrated and coordinated care.

## Population Characteristics

In 2010, the total population of IH is forecast to be 736,000 residents and by 2015, it is projected that just over 771,000 people will be living within IH's boundaries (an increase of 4.7% from 2010). Interior Health's overall population is not only growing, it is also ageing. In 2010, 19% of the population (139,568 people) are aged 65+ years. By 2015, it is expected this will rise to 21.4% of the total population (165,343 people)<sup>2</sup>. As people age, they are more likely to experience one or more chronic conditions requiring diagnosis, treatment and ongoing monitoring. For instance, in 2006/07 people over 65 made up 14% of the B.C. population, but used 33 % of physician services, 48% of acute care services, 49% of PharmaCare expenditures, 74% of home and community care services and

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<sup>1</sup> Demographic Analysis Section, BC Stats, Ministry of Citizens' Services

<sup>2</sup> PEOPLE34, BC Stats, Ministry of Citizens' Services

93% of residential care services.<sup>3</sup> The population over age 85 is also growing and presents the health system with an increased need to provide appropriate care for those with frailty or dementia, unable to live independently at home.

In 2006, there were 44,900 Aboriginal people living in the Interior Health region, constituting 6.7% of the overall population (BC's overall rate is 4.8%).<sup>4</sup> While improvements in overall mortality and increasing life expectancy in the Aboriginal population have been made, significant gaps in health status between Aboriginal and non-Aboriginal populations still exist. For instance, the Aboriginal population in B.C. experiences a disproportionate rate of chronic diseases and injuries compared to other B.C. residents.<sup>5</sup>

Within Interior Health, there are notable variations in health status and other social determinants of health. Premature mortality has been generally accepted as a good measure of health status and health needs in the population. Vital Statistics data for potential years of life lost index (PYLLI) indicate significant variation in premature mortality across IH Local Health Areas (LHAs), with Summerland having very low ranking on the index and South Cariboo, Lillooet, 100 Mile House, Kamloops, Keremeos and Merritt having high premature mortality. Provincial socio-economic risk indices highlight the relatively low socio-economic status for Cariboo Chilcotin and South Cariboo LHAs. Rural areas are often at increased risk of poorer health outcomes and socio-economic risk measures.

## **A Rising Burden of Chronic Disease**

Circulatory system diseases, cancer, and respiratory diseases are the leading causes of death in Interior Health, and the prevalence of these and other chronic conditions is increasing. Not surprisingly, chronic disease accounts for a significant proportion of health care services used by IH's population. We know that people with chronic conditions represent approximately 34% of the B.C. population and consume approximately 80% of the combined physician payment, PharmaCare and acute (hospital) care budgets.<sup>6</sup> As IH's population ages, the burden of chronic conditions will increase.

## **Advances in Technology and Pharmaceuticals**

New treatments, drugs, technology and evidence to support business and clinical decision making are constantly emerging. Drugs were the fastest growing expenditures in health care, having increased by about 136% since 1998. There is a growing need to apply information management/technology

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<sup>3</sup> Health System Planning Division, Ministry of Health Services; using MSP Expenditures 2006/07; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2006/07; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2006/07.

<sup>4</sup> BC Stats. Statistical Profile of Aboriginal Peoples 2006, Interior Health Authority – 1.

<sup>5</sup> British Columbia Provincial Health Officer (2009). Pathways to Health and Healing – 2<sup>nd</sup> Report on the Health and Well-being of Aboriginal People in British Columbia. Provincial Health Officer's Annual Report 2007. Ministry of Healthy Living and Sport.

<sup>6</sup> Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

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 consumer demand, staff training, healthcare infrastructure, and change management processes.

### **Human Resources and Health System Infrastructure**

Anticipated retirements by physicians and clinical staff in the coming five to ten years are expected to contribute additional challenges for health service delivery. Approximately 24% of Interior Health staff are of retirement age (55 years or older).<sup>7</sup> Physician shortages are exacerbated by the fact that younger cohorts of physicians generally work fewer hours compared with older cohorts.<sup>8</sup> This is often compounded in rural areas, where difficulty recruiting and retaining physicians and clinical staff can limit sustainability of services. Clearly, the healthcare workforce must change in response to the trends and challenges outlined in this section. The World Health Organization, for instance, has highlighted the need for different skills and experience to meet the challenge of delivering chronic care services to the population, including the need for team-based care.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure, which is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.

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<sup>7</sup> Source: MediTech payroll data as of July 31, 2009.

<sup>8</sup> Watson DE, Katz A, Reid RJ, Bogdanovic B, Roos N, Heppner P. *Canadian Medical Association Journal*. 2004 August 17; 171(4):339-342.

# Goals, Objectives and Strategic Initiatives

## Goal 1: Improve health and wellness

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

### Strategic Initiatives

- Provide evidence based public health services as per the Core Public Health Functions, including the development, implementation and monitoring of performance improvement plans.
- Develop chronic disease prevention strategies through involvement in the ActNow BC initiative.
- 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 monitor health outcomes.

## 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.

***Objective 2.1: Ensure the people of Interior Health have the majority of their health needs met by high quality community based services and supports.***

### Strategic Initiatives

- Work with family physicians and other key stakeholders in priority communities across IH to develop and implement integrated community care models and decision making structures that support and address the health needs of target populations.
- Develop and implement strategies to enhance community based supports for the adult population (19+) in order to ensure the most appropriate use of residential beds and assisted living resources.
- Expand Telehealth services to support care in local communities, particularly remote and First Nations communities, including Chronic Disease Management, Cardiology, Emergency Medicine, TeleStroke, and Primary Care Services.

***Objective 2.2: Ensure the people of Interior Health have access to high quality acute care services when they need them.***

**Strategic Initiatives**

- Establish clear and consistent standards and guidelines for the delivery and monitoring of acute care services across the health authority, including services provided by level of care, standards required to maintain level of care, coordination of services across levels, and performance monitoring.
- Improve patient transport services. This includes establishing High Acuity Response Teams to provide high acuity inter-facility ground transfers, and working with BC Ambulance Service to improve both pre-hospital emergency care services and the utilization of paramedic skills.
- Improve access by implementing priority clinical guidelines across acute care settings.
- Enhance efficiencies to allow for increased volumes of elective surgery by working with clinicians to identify procedures that can be shifted from an inpatient to a day care or outpatient setting as clinically appropriate.
- Provide clinicians with more comprehensive wait time data and give patients better information on their surgical options by participating in and implementing joint provincial initiatives including the Surgical Patient Registry and the new Provincial Cardiac Registry.
- Provide training and education to support staff to deliver quality safe care with a focus on rural perinatal and emergency care as a priority.
- Improve quality and provide equitable access to diagnostic services by implementing pilot projects and clinical guidelines, establishing and monitoring performance measures, standardizing scanning protocols, and consolidating to a single electronic database.
- 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 access by increasing the number and more even distribution of physicians in BC by working with our partner, the UBC Southern Medical Program, to provide medical students and physician residents with required clinical education experiences in the network of IH tertiary, acute, and integrated community settings.

### **Goal 3: Ensure sustainable healthcare by improving innovation, productivity, and efficiency**

Interior Health will promote new ways of working to provide better services and control costs.

#### **Strategic Initiatives**

- Achieve administrative cost savings through shared services organization and consolidation.
- Apply quality improvement approaches such as LEAN to program streams in order to facilitate process improvement.
- Optimize workforce utilization in community and acute services by enhancing roles and new ways of working, and encouraging health human resources to work to their full scope of practice.
- Develop acute care service benchmarks to monitor cost efficiency and productivity of similar programs across multiple sites in order to ensure resources are used more effectively and efficiently.
- Improve the efficiency and effectiveness of care through the implementation of CONNEX (a comprehensive and fully integrated clinical information system that supports the delivery of care), and through integration with other electronic care delivery solutions and Provincial eHealth initiatives.
- Inform the ongoing planning and delivery of care and maintain long term partnerships by engaging in community consultations on health issues and healthcare planning.

### **Goal 4: Cultivate a healthy workplace and an engaged workforce**

Interior Health will cultivate a healthy workplace, where the culture, climate and practices create an environment that promotes the health and safety of our employees, physicians and volunteers. Our workplace is owned and embraced by Interior Health and its people, and is predicated on shared responsibility for personal and organizational success.

#### **Strategic Initiatives**

- Support initiatives targeting improvements to health and well being of employees, physicians and volunteers; the healthiness of the workplace environment and the sustainability of the health care system.
- Provide an environment where employees, physicians, and volunteers can participate and work collaboratively in promoting health and wellness in their workplace. This goes beyond absences of illness, injury and disease to include: leading a balanced life, developing one's potential, making a meaningful contribution to the organization and having a say in decision-making.

- Commit to a systems approach that supports ongoing quality improvement in health, safety and workplace wellness through knowledge exchange and evaluation.
- Integrate healthy workplace strategies into overall business plans, processes and performance measures in recognition that good health and safety performance supports patient care.
- Extend health and safety efforts beyond the workplace by working collaboratively with our community partners and educational institutions on related initiatives.

# Performance Measures and Targets

## Performance Measure 1: Access to surgery in priority areas

Performance Measure	Benchmarks*	2009/10 Actual	2010/11 Target	2011/12 Target	2012/13 Target
<b>Waiting times for surgery:</b> <b>a) Percentage of cataract surgeries waiting more than 16 weeks</b>	10%	17%	Maintain at or below 10%	Maintain at or below 10%	Maintain at or below 10%
<b>b) Percentage of knee replacement cases waiting more than 26 weeks</b>	10%	10%	Maintain at or below 10%	Maintain at or below 10%	Maintain at or below 10%
<b>c) Percentage of hip replacement cases waiting more than 26 weeks</b>	10%	8%	Maintain at or below 10%	Maintain at or below 10%	Maintain at or below 10%
<b>d) Percentage of hip fracture fixations completed within 48 hours</b>	95%	88%*	Maintain at or above 95%	Maintain at or above 95%	Maintain at or above 95%

**Data Source:** SWTp, Management Information Branch, Health System Planning Division, Ministry of Health Services. Patients waiting on March 31, 2010.

Hip fracture fixations: Discharge Abstract Database, Management Information Branch, Health System Planning Division, Ministry of Health Services (based on Feb. 2010 CIHI tape).

\* The surgery wait times benchmarks were developed in accordance with the First Ministers' 10 year Plan to Strengthen Health Care, September 2004.

## Performance Measure 2: Emergency department patient experience

Performance Measure	2009/10 Actual*	2010/11 Target	2011/12 Target	2012/13 Target
<b>Patient Satisfaction: percentage of emergency department patients reporting satisfaction with emergency department experience</b>	Large facilities = 81% Medium facilities = 90%	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 Patient Experience Survey, Ministry of Health Services.

\*2009/10 based on survey results from July 1, 2009 to Sept. 30, 2009 for large and medium facilities only. Results for all facilities only for final 2009/10 data which are currently not available.

**Performance Measure 3: Health human resources**

Performance Measure	2009/10 Actual	2010/11 Target	2011/12 Target	2012/13 Target
Sick Leave: <b>sick leave hours as a per cent of productive hours</b>	5%	Improvement over previous year	Improvement over previous year	Improvement over previous year
<b>Vacancy Rates:</b> vacancies in “difficult to fill” positions, nurses and allied health professionals*	Nurses = 1% AHP = 1%	Maintain or below 2%	Maintain or below 2%	Maintain or below 2%
<b>Overtime:</b> overtime hours as a per cent of productive hours, nurses and allied health professionals	Nurses = 4% AHP = 2%	Nurses: maintain or below 5% AHP: maintain or below 4%	Nurses: maintain or below 5% AHP: maintain or below 4%	Nurses: maintain or below 5% AHP: maintain or below 4%

**Data Source:** Health Sector Compensations Information System (HSCIS), Health Employers Association of British Columbia (HEABC). Provided by Management Information Branch, Health System Planning Division, Ministry of Health Services.

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

# Financial Summary

(\$ millions)	2009/10 Actual	2010/11 Budget	2011/12 Plan	2012/13 Plan
<b>Provincial government sources</b>	1,480.0	1,545.4	1,602.0	1,675.6
<b>Non-provincial government sources</b>	132.5	114.6	118.8	118.7
<b>Total Revenue:</b>	1,612.5	1,660.0	1,720.8	1,794.3
<b>Acute Care</b>	857.4	897.7	923.0	953.2
<b>HCC – Residential</b>	317.8	335.1	356.0	379.2
<b>HCC – Community</b>	142.1	158.7	173.2	189.0
<b>Mental Health &amp; Addictions</b>	86.2	92.1	94.1	96.6
<b>Population Health &amp; Wellness</b>	57.1	56.1	57.5	59.1
<b>Corporate</b>	140.2	120.3	117.0	117.2
<b>Total Expenditures:</b>	1,600.8	1,660.0	1,720.8	1,794.3
<b>Surplus (Deficit)</b>	11.7	NIL	NIL	NIL
<b>CAPITAL SUMMARY</b>				
<b>Funded by Provincial Government</b>	114.6	126.3	83.8	58.8
<b>Funded by Foundations, Regional Hospital Districts, and other non-government sources</b>	126.1	133.0	62.7	20.1
<b>Total Capital Spending</b>	240.7	259.3	146.5	78.9

# Capital Project Summary

The following table lists capital projects currently underway that have a project budget more than \$2 million. Some of these projects commenced prior to the 2009/10 fiscal year, some are substantially complete (e.g. Hardy View Lodge Residential Care Addition), while others will be constructed over the next few years such as the Kelowna/Vernon Hospitals Project.

Community Name	Facility location	Project Name	Total Project Cost (\$ million)
<b>Facility Projects</b>			
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 <sup>9</sup>
Kelowna	Kelowna General Hospital	Interior Heart and Surgical Centre	381.6 <sup>9</sup>
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
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
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	4.1
West Kelowna	Health Centre	Land Acquisition	3.8
Nakusp	Arrow Lakes Health Centre	Residential Care Addition – 10 beds	3.3
Vernon	Vernon Jubilee Hospital	Surface Parking Upgrade	2.4
Kamloops	Leasehold	Mental Health/Public Health Renovation	2.1
<b>Medical &amp; Diagnostic Equipment Projects</b>			
Kamloops	Royal Inland Hospital	CT Scanner	3.0
Penticton	Penticton Regional Hospital	CT Scanner	2.5
<b>Information Management/Information Technology Projects</b>			
Various communities	Various facilities	Scanning/Archiving & Data Repository	6.8
Various communities	Various facilities	Physician Care Manager	2.2

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<sup>9</sup> Including planning costs

## 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/>

Ministry of Healthy Living and Sport - <http://www.gov.bc.ca/hls/>

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

Fraser Health Authority - [www.fraserhealth.ca](http://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](http://www.healthlinkbc.ca)