



Interior Health



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# **East Kootenay - 011**

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A graphic consisting of two concentric grey circles. Inside the inner circle is a stylized grey figure of a person walking. The text "Health Service Area Profile" is centered over the graphic.

## **Health Service Area Profile**

March 2010

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Prepared on: March 16, 2010

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# 1. EXECUTIVE SUMMARY

## HEALTH STATUS:

<p><i>Low Birth Weight (2003-07):</i></p> <ul style="list-style-type: none"> <li>Low Birth Weight Rate of 47.39 per 1,000 Live Births (↑)</li> </ul>	<p><i>Life Expectancy (2005-09):</i></p> <ul style="list-style-type: none"> <li>Increased over the past 20 years (↑)</li> <li>Higher than IH; same as BC</li> </ul>
<p><i>Standardized Mortality Ratio (SMR) (2003-07):</i></p> <ul style="list-style-type: none"> <li>More deaths due to Motor Vehicle Accidents than expected*</li> </ul>	<p><i>Chronic Disease (2008/09):</i></p> <ul style="list-style-type: none"> <li>Depression/Anxiety prevalence rate of 18%, which is lower than IH and BC</li> <li>37% of residents with Congestive Heart Failure also have Ischemic Heart Disease</li> </ul>
<p><i>Leading Causes of Death (2003-07):</i></p> <ul style="list-style-type: none"> <li>31% of all deaths caused by Diseases of the Circulatory System</li> </ul>	<p><i>Health Behaviour (2008):</i></p> <ul style="list-style-type: none"> <li>59% of residents age 12 and older are active or moderately active</li> </ul>

In comparison to other Health Service Areas, East Kootenay residents rank favourably (Low Birth Weight, Life Expectancy) on key health status measures. East Kootenay ranks poorly on the Health Behaviour risk factor.

## HEALTH SYSTEM PERFORMANCE:

<p><i>Acute Care (2008/09):</i></p> <ul style="list-style-type: none"> <li>649.7 ED visits per 1,000 pop'n (↑)</li> </ul> <p><i>Age Standardized Rates:</i></p> <ul style="list-style-type: none"> <li>598.9 A/R days per 1,000 pop'n (↑)</li> <li>48.7 ALC days per 1,000 pop'n (↓)</li> <li>90.4 SDC cases per 1,000 pop'n (↓)</li> <li>34.9 IP Surgical cases per 1,000 pop'n (↑)</li> </ul>	<p><i>Home and Community Care:</i></p> <ul style="list-style-type: none"> <li>79.4 Residential Care &amp; Short Stay beds per 1,000 75+ pop'n for 2009/10 (↓)</li> <li>16.0 Assisted Living Units per 1,000 75+ pop'n for 2009/10 (↓)</li> <li>13,736 Home Support hours per 1,000 65+ pop'n for 2008/09 (↓)</li> </ul>
	<p><i>Acute Inpatient Referrals (2008/09):</i></p> <ul style="list-style-type: none"> <li>76.7% of East Kootenay resident inpatient acute cases were treated at East Kootenay hospitals. Another 16.6% were treated at hospitals in Alberta.</li> </ul>

In 2009/10 East Kootenay met established IH targets for Residential Care & Short Stay and Assisted Living crude bed rates. The age standardized Acute/Rehab (A/R) days rate is higher than the rate for Interior Health and BC, while the age standardized Alternate Level of Care (ALC) days rate is lower.

## HEALTH SERVICES:

<p><i>Services (2009):</i></p> <ul style="list-style-type: none"> <li>Service Area Level Hospital (East Kootenay Regional Hospital, Cranbrook) and 4 Community Level 1 Hospitals (Golden &amp; District; Invermere &amp; District; Elk Valley Hospital, Fernie; Creston Valley)</li> <li>A variety of public health, mental health, primary health care and home and community care services</li> </ul>
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\*Indicates statistical significance

(↑) Increased since previous year or aggregation of years

(↓) Decreased since previous year or aggregation of years

## 2. INTRODUCTION

This profile provides an overview of residents in the East Kootenay Health Service Area and highlights key characteristics in the following areas:

- Health status
- Health system performance
- Health services

The health indicators conceptual framework used within this document is based on a population health indicator framework developed by the Canadian Institute for Health Information (CIHI). This framework reflects the principle that health is not determined solely by medical care, but by a range of individual and population level, social and economic factors.

The Information Support Department produces a number of utilization and service reports. In addition to this HSA Profile, the following reports, relevant to the East Kootenay HSA, are also available on the Interior Health website: 2009 East Kootenay HSA Population Profile and 2009 Facility Profiles.

Additional information is available upon request from Interior Health's Information Support Department. Inquiries and comments should be addressed to:

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# 3. HEALTH STATUS

Health Status indicators focus on a range of measures such as health conditions, human function, well-being, and mortality. Please note much of the data in this section are aggregated over five year periods.

**TABLE 1 Health Status Quick Stats**  
East Kootenay HSA, 2001 to 2005, 2002 to 2006, 2003 to 2007

Indicator / Measure	2001-2005	2002-2006	2003-2007
Low Birth Weight Live Birth Rate (per 1,000 live births)	37.56	42.98	47.39
Standardized Mortality Ratio (All Causes of Death)	1.00	1.03	1.01



Source: BC Vital Statistics Agency, Annual Report 2007

\*Indicates SMR with statistical significance






Low birth weight infants (< 2,500 grams) have increased risks of morbidity and premature death. The East Kootenay rate of low birth weight infants is 47.39 per 1,000 live births, which is lower than the IH (53.35) and BC (55.64) rates.






## Standardized Mortality Ratios

The Standardized Mortality Ratio (SMR) is the ratio of the number of deaths occurring to residents of a geographic area (e.g. East Kootenay HSA) to the expected number of deaths in that area based on provincial age-specific mortality rates. An SMR less than 1 indicates fewer observed deaths than expected while an SMR greater than 1 indicates more deaths than expected. The SMR (all causes of death) for East Kootenay is 1.01, which means there were slightly more, but not statistically significant, deaths than expected, given provincial rates.

Table 2 shows up to the five highest and five lowest **statistically significant** Standardized Mortality Ratios (SMR) for the East Kootenay HSA. For Health Service Areas with less than five, cells are left blank.  indicates more deaths than expected given provincial rates, while  indicates less deaths than expected given provincial rates. Colour scale indicates variance from the expected number of deaths; darkest colours represent the greatest variance.

**TABLE 2 Statistically Significant Standardized Mortality Ratios**  
East Kootenay HSA, 2003 to 2007

More deaths than expected	
Motor Vehicle Accidents	
Chronic Lung Disease	
Alcohol-Related Deaths	
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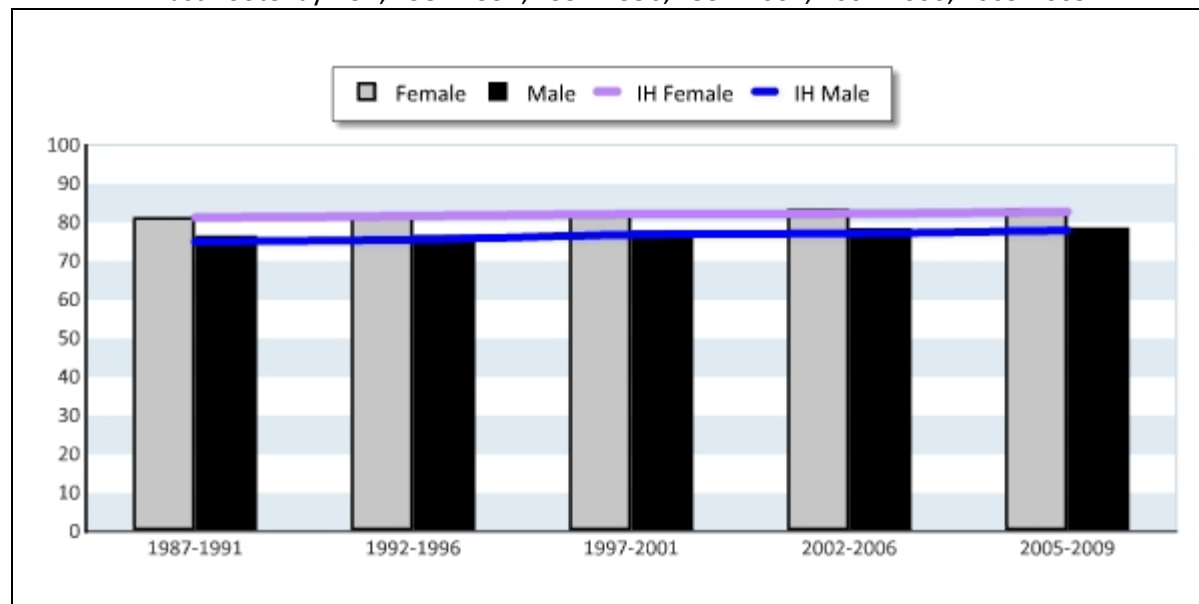
Less deaths than expected	
Pneumonia and Influenza	
Drug-Induced Deaths	
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--	

Source: BC Vital Statistics Agency, Annual Report 2007

## Life Expectancy

Figure 1 shows that females have a higher life expectancy than males in the East Kootenay HSA. Total life expectancy has increased from 79 in 1987-1991 to 81 in 2005-2009.

**FIGURE 1** Life Expectancy Trends by 5 year aggregations  
East Kootenay HSA, 1987-1991, 1992-1996, 1997-2001, 2002-2006, 2005-2009



Source: BC STATS, Ministry of Labour and Citizens' Services

For 2005-2009, East Kootenay residents' life expectancy at birth of 81 years is higher than that for IH (80) and the same as BC (81).

## Leading Causes Of Death

The five leading causes of death in the East Kootenay HSA over the period from 2003 to 2007 are presented in Table 3.

**TABLE 3** Top 5 Cause of Death Categories  
East Kootenay HSA, 2003 to 2007

Cause of Death Category	Number of Deaths	% of Total Deaths	% of Category Deaths < 75 Years of Age
Diseases of Circulatory System	908	31.39%	25.11%
All Cancer Sites	835	28.86%	56.17%
Diseases of Respiratory System	288	9.96%	30.21%
Endocrine Diseases	127	4.39%	37.80%
Diseases of Digestive System	108	3.73%	37.96%
Sub Total	2,266	78.33%	38.53%
All Causes of Death	2,893	100.00%	40.37%

Source: BC Vital Statistics Agency, Annual Report 2007

Diseases of the Circulatory System were the leading cause of death in the East Kootenay HSA and accounted for 31.39% of the total deaths in the East Kootenay HSA. Of the 908 deaths due to Diseases of the Circulatory System, 25.11% occurred in those under the age of 75.

## Chronic Disease

Chronic health conditions affect many residents of the Interior Health Authority and the numbers of people affected are expected to increase as our population ages. These conditions impact health and well-being and represent a significant, and growing, healthcare and economic burden.<sup>1</sup>

**TABLE 4 Chronic Disease Prevalence Rates**  
East Kootenay HSA, 2008/09

Chronic Disease Category	EKHS	IHA	BC
Depression/ Anxiety	17.9%	24.5%	22.6%
Asthma	8.7%	10.9%	11.1%
COPD	6.0%	6.8%	5.3%
Diabetes Mellitus	5.9%	6.6%	6.9%
Cardiovascular Disease	5.4%	6.2%	5.0%
Ischemic Heart Disease	2.5%	3.7%	3.2%
Congestive Heart Failure	2.2%	2.6%	2.0%

Sources: Primary Health Care registry (DAD); Discharge Abstract Database (DAD), Medical Services Plan (MSP), 2008/09.

Of the conditions reported here, Depression/Anxiety is the most prevalent chronic disease among residents of the East Kootenay HSA, with a rate of 17.9%. This is lower than the rate of Depression/Anxiety for IHA and BC.

It is common for patients with a chronic condition, to suffer from multiple conditions or co-morbidities. For example, Table 5 shows that 16% of Interior Health residents with Asthma also have Depression, Anxiety or Neuroses and that 4% of residents with Depression, Anxiety or Neuroses also have Asthma.

**TABLE 5 Percentage of Residents with Combinations of Co-morbidities**  
East Kootenay HSA, 2008/09

Chronic Disease Category	Total Cases	Depression, Anxiety, Neuroses	Asthma	Ischemic Heart Disease	Congestive Heart Failure	Diabetes Mellitus (Type 1 or 2)	COPD, Emphysema, Chronic Bronchitis
Depression, Anxiety, Neuroses	8,255		4%	4%	2%	7%	3%
Asthma	2,017	16%		5%	3%	7%	11%
Ischemic Heart Disease	2,117	17%	4%		22%	31%	16%
Congestive Heart Failure	1,274	16%	5%	37%		32%	26%
Diabetes Mellitus (Type 1 or 2)	4,156	13%	4%	16%	10%		8%
COPD, Emphysema, Chronic Bronchitis	1,614	18%	14%	21%	20%	21%	

Sources: Primary Health Care registry (DAD); Discharge Abstract Database (DAD), Medical Services Plan (MSP), 2008/09.

<sup>1</sup> Broemeling, A.M., Watson, D.E., Prebtani, F. Population Patterns of Chronic Health Conditions, Co-Morbidity & Healthcare Use in Canada: Implications for Policy and Practice. Healthcare Quarterly, 2008; 11(3): 70-76.

## Health Behavior Statistics

**TABLE 7** Health Behavior Indicators  
EKHSA, 2008

Indicator / Measure	EKHSAs	IHA	BC	Canada
Leisure Time Physical Activity (proportion of 12+ population active or moderately active)	59.2%	63.4%	58.7%	50.6%
Healthy Eating (proportion of 12+ population eating 5+ servings of fruit and vegetables per day )	42.2%	38.7%	42.4%	43.7%
Overweight / Obesity (proportion of 18+ population)	57.2%	49.1%	45.1%	51.1%
Tobacco Use (proportion of 15+ population who are daily or occasional smokers)	22.2%	23.4%	18.6%	21.4%

Note: Data not available at the HSA level; Source: Canadian Community Health Survey, Statistics Canada, 2008.

East Kootenay HSA residents have a higher percentage of population who report being active or moderately active when compared to the provincial and national rates, but a lower percentage than the Interior Health rate. Of interest, a higher percentage of East Kootenay residents reported being either overweight or obese when compared to the Interior Health, provincial and Canadian rates.

**Leisure-Time Physical Activity** - Regular physical activity reduces the risk of developing chronic diseases, helps to control weight and promotes psychological well-being.

**Healthy Eating** - 30% of cancer and diabetes cases and 20% of cardiovascular disease can be attributed to poor nutrition<sup>2</sup>.

**Overweight/Obesity** - Obesity is a major risk factor for many chronic illnesses, including cardiovascular diseases, type 2 diabetes and some types of cancer.

**Tobacco Use** - Cigarette smoking is the primary risk factor for the top three causes of death in Canada: diseases of the circulatory system, cancers and respiratory diseases.

To access many other Canadian Community Health Survey indicators, please visit this link:

[http://cansim2.statcan.gc.ca/cgi-win/cnsmcgl.exe?Lang=E&RootDir=CII/&Detail=1&ResultTemplate=CII/CII\\_&TblDetail=1&C2SUB=HEALTH&Array\\_Pick=1&Arravid=105-0501](http://cansim2.statcan.gc.ca/cgi-win/cnsmcgl.exe?Lang=E&RootDir=CII/&Detail=1&ResultTemplate=CII/CII_&TblDetail=1&C2SUB=HEALTH&Array_Pick=1&Arravid=105-0501)

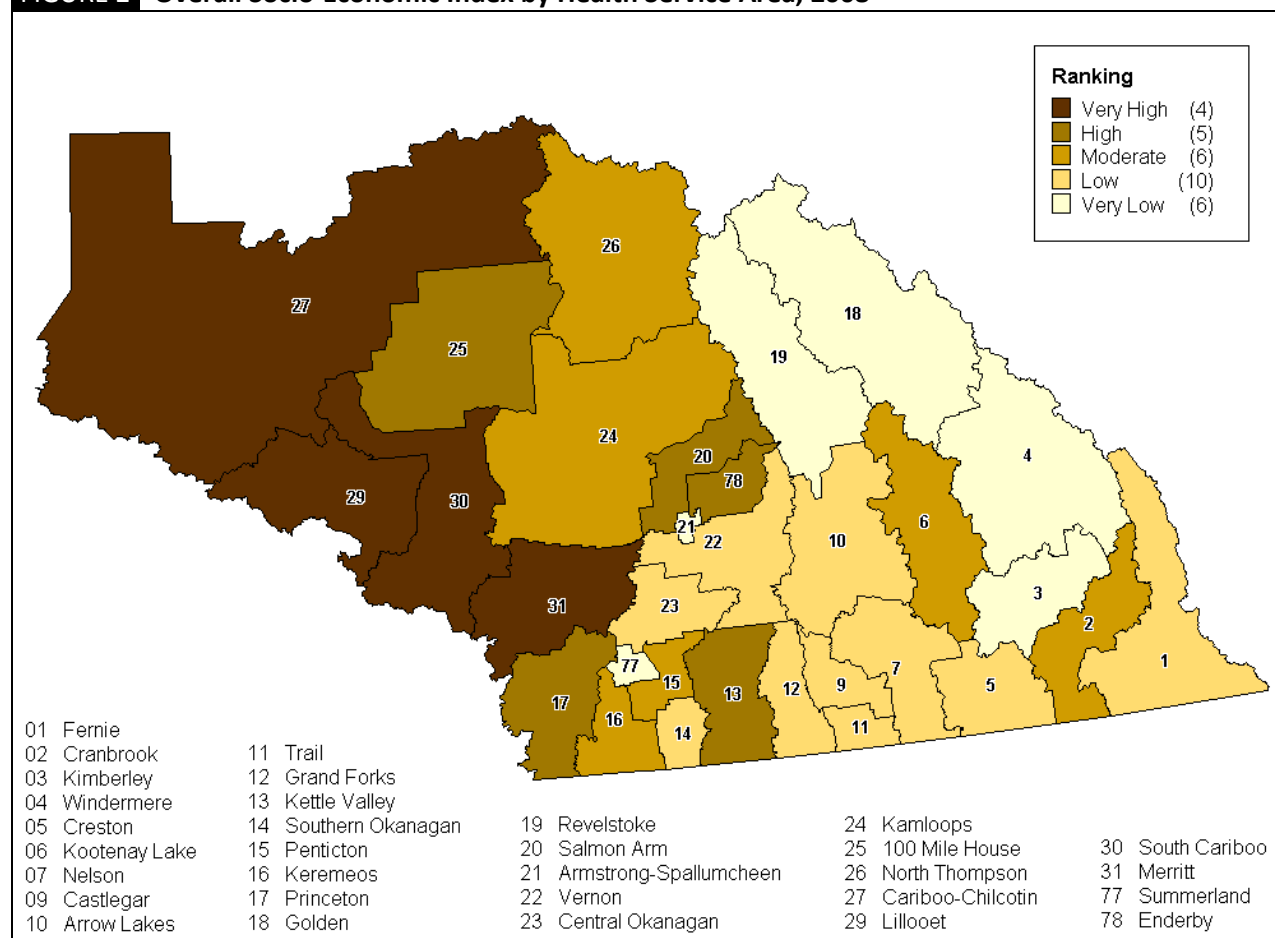
<sup>2</sup> [http://www.health.gov.bc.ca/prevent/healthy\\_eating.html](http://www.health.gov.bc.ca/prevent/healthy_eating.html)

## Overall Regional Socio-Economic Index

The purpose of the Overall Regional Socio-Economic Index is to summarize the results of the six composite indices by providing an overall weighted average of Economic Hardship, Crime, Health Problems, Education Concerns, Children at Risk, and Youth at Risk.

The design of the various indices is intended to provide cross-sectional analysis at *a point in time*. The developed indices are not designed for temporal analysis. For example, a drop in an index value for a particular region from 0.50 to 0.30 does not necessarily mean an improvement in conditions within the region. The change may be due to other areas becoming relatively worse off. The higher the Socio-Economic Index value, the greater the socio-economic stress within that region. It should be noted that although only the Interior Health region is shown, these rankings are based on Index values for *all Health Service Areas within British Columbia*.

**FIGURE 2 Overall Socio-Economic Index by Health Service Area, 2008**



Source: BC Stats, Socio-Economic Indices, 2008

The following four IH LHAs ranked 'Very High' (worst off) on this measure relative to other British Columbia HSAs: Cariboo-Chilcotin, Merritt, South Cariboo and Lillooet. Conversely, the following six IH HSAs ranked 'Very Low' (best off) on this measure relative to other BC HSAs: Summerland, Revelstoke, Armstrong, Windermere, Kimberley and Golden. The East Kootenay HSA contains LHAs ranked Very Low (3), Low(2) and Moderate(1).

For individual values for all of the Socio-Economic Indices and methods for index development, please visit the BC Stats website at: [http://www.bcstats.gov.bc.ca/data/sep/i\\_HSA/HSA\\_main.asp](http://www.bcstats.gov.bc.ca/data/sep/i_HSA/HSA_main.asp)

## 4. HEALTH SYSTEM PERFORMANCE

Health indicators that fall under the Health System Performance category measure various aspects of the quality of health care, such as access, efficiency and utilization.

Age Standardized Utilization Rates are hypothetical rates that are calculated to allow comparisons of health care service use across geographic areas, by adjusting for differences in the age mixes of regions. They are the rates that would be expected in a region if the region's population experienced the same age specific utilization rates as the province as a whole. Tables 8 and 10 report age standardized utilization rates for Acute/Rehab days, ALC days, Inpatient Surgery cases and Surgical Day Care cases.

**TABLE 8 Health System Quick Stats**  
East Kootenay HSA, 2008/09

Indicator / Measure	EKHSА	IH	BC
Age Standardized - Acute/Rehab Days (per 1,000 Population) †	598.9	528.5	570.3
Age Standardized - Alternate Level of Care (ALC) Days (per 1,000 Population) †	48.7	73.3	72.7
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) †	34.9	31.8	27.6
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) †	90.4	86.6	81.7
Emergency Department Visits (per 1,000 Population)*	649.7	472.0	--
Home Support Clients/1,000 Pop'n. 65+ Ω	72	55	--
Adult Day Service Clients/1,000 Pop'n 65+ Ω	21	18	--
Home Support Hours/1,000 Pop'n. 65+ Ω	13,736	10,697	--
Adult Day Services Days/1,000 Pop'n. 65+ Ω	790	542	--
Residential Care Days/1,000 Pop'n 75+ ℓ	31,172	30,371	--
Assisted Living Days/1,000 Pop'n 75+ ℓ	5,965	5,199	--

Sources: † Healthideas Summary Reports, Ministry of Health; \*Admissions Universe, 2008/09, Interior Health; Ω HCC Universe Business Objects, 2008/09; ℓ MIS/General Ledger.

Notes: Age Standardized Rates are age-standardized per 1,000 population using the indirect method and have been calculated using PEOPLE 34 population data (no newborns); Rates for ED visits and HCC indicators are crude rates per 1,000 population and have been calculated using PEOPLE34 data. Total for ED visits does not include scheduled visits; Home Support includes LT, ST, EOL & CISL for 65+.

EKHSА residents had a higher age standardized Inpatient Surgical case rate than Interior Health and B.C. Residents in 2008/09. This same pattern is reported for age standardized Surgical Day Care case rates. EKHSА Surgical Day Care rates may be understated due to unavailability of data for use of services in Alberta.

East Kootenay residents have a higher crude rate of Home Support clients and hours per 1,000 65+ population than IH. Adult Day Service clients and days rates for East Kootenay are higher compared to IH rates. The East Kootenay Residential Care Days rate was slightly higher than rates for IH (30,371), while the Assisted Living Days rate is higher than rates for IH (5,199).

Details on age standardized Acute/Rehab and Alternate Level of Care days are provided in Figures 3 and 4.

Interior Health has a Residential Care & Short Stay bed target of 79 beds per 1,000 75+ population and an Assisted Living unit target of 14 beds per 1,000 75+ population. The East Kootenay HSA meets these Home and Community Care bed rate targets, and has a higher Assisted Living unit rate than IH and BC.

**TABLE 9 Bed Rates**

East Kootenay HSA, 2009/10

Indicator / Measure	EKHSAs	IH	BC*
Residential Care & Short Stay beds/1,000 Pop'n 75+ <sup>o</sup>	79.4	81.8	85.4
Assisted Living Units/1,000 Pop'n 75+ <sup>o</sup>	16.0	14.7	14.8

Sources: <sup>o</sup> HCC Resl & AL beds September 2008, Interior Health: \* Bed Changes - September 2009 Update submissions from Health Authorities, HAD and HSPD, BC Ministry of Health Services

Notes: Values reported for RC beds and AL units are funded beds and/or units as at September, 2009

**TABLE 10 Health System Quick Stats Trends**

East Kootenay HSA, 2006/07, 2007/08, 2008/09

Indicator / Measure	2006/07	2007/08	2008/09
Age Standardized – Acute/Rehab Days (per 1,000 Population) τ	615.0	594.4	598.9
Age Standardized – Alternate Level of Care (ALC) Days (per 1,000 Population) τ	65.2	57.8	48.7
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) τ	35.0	34.5	34.9
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) τ	81.2	93.9	90.4
Emergency Department Visits (per 1,000 Population)*	629.7	643.2	649.7
Home Support Clients/1,000 Pop'n. 65+ Ω	71	71	72
Adult Day Service Clients/ 1,000 Pop'n 65+ Ω	26	22	21
Home Support Hours/1,000 Pop'n. 65+ Ω	12,879	13,880	13,736
Adult Day Services Days/1,000 Pop'n. 65+ Ω	922	806	790
Residential Care Days/1,000 Pop'n 75+ ℓ	30,065	31,108	31,172
Assisted Living Days/1,000 Pop'n 75+ ℓ	4,902	5,956	5,965

See notes from Table 8

Since 2007/08, the age standardized Inpatient Surgical case rate increased and the Surgical Day Care case rate decreased for East Kootenay residents. EKHSAs Surgical Day Care rates may be understated due to unavailability of data for use of services in Alberta. The ED crude rate per 1,000 population has increased each year since 2006/07.

The rate of Home Support clients in East Kootenay slightly increased from the previous year, while the rate of Home Support hours slightly decreased. Adult Day Service client and hours rates have decreased since 2006/07.

The East Kootenay Assisted Living days rate and Residential Care days rate have both increased each year since 2006/07.

Trending details on age standardized Acute/Rehab and Alternate Level of Care days are provided in Figures 3 and 4.

**TABLE 11 Bed Rate Trends**

East Kootenay HSA, 2006/07, 2007/08, 2008/09, 2009/10

Indicator / Measure	2006/07	2007/08	2008/09	2009/10
Residential Care & Short Stay beds/1,000 Pop'n 75+ <sup>o</sup>	77.4	79.2	81.8	79.4
Assisted Living Units/1,000 Pop'n 75+ <sup>o</sup>	14.1	17.7	16.5	16.0

Sources: <sup>o</sup> HCC Resl & AL beds September 2008, Interior Health

Notes: Values reported for RC beds and AL units are funded beds and/or units as at October 2006, September 2007, September 2008, September 2009

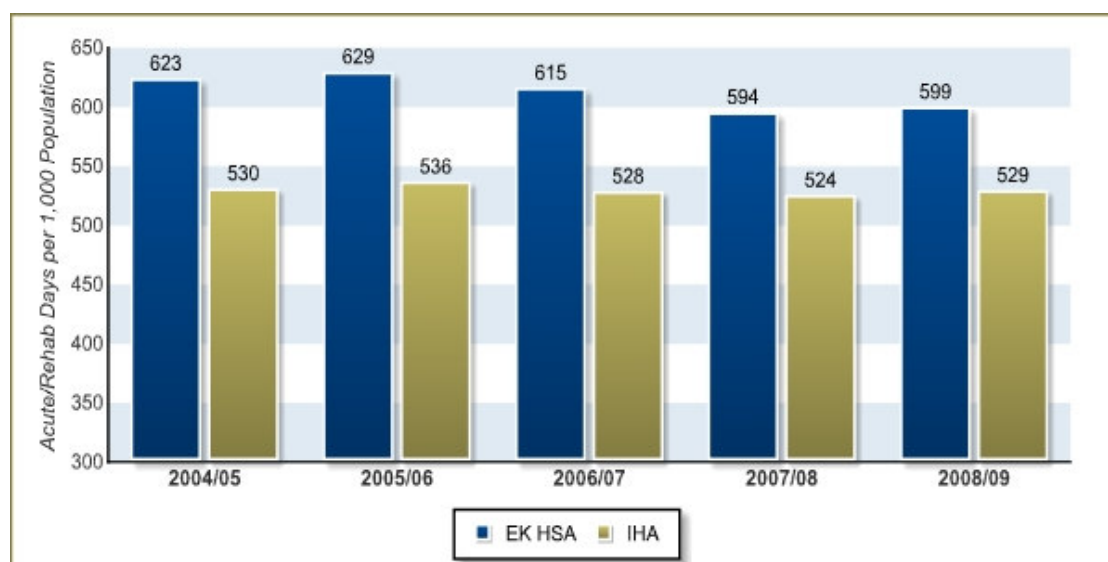
The Residential Care & Short Stay bed rate increased each year from 2006/07 to 2008/09 and dropped to 2009/10. The Assisted Living Unit rate increased from 2006/07 to 2007/08 and has dropped each year since.

## Age Standardized Days Rates

Figure 3 provides the age-standardized acute/rehab days per 1,000 population for residents of the East Kootenay compared to Interior Health overall for the period from 2004/05 to 2008/09. The East Kootenay days rate has been above the Interior Health days rate per 1,000 population for each of the last five fiscal years. This tells us that East Kootenay residents used inpatient resources at a higher rate per 1,000 population than IHA residents.

**FIGURE 3 Trends in the Acute/Rehab Days Rate**

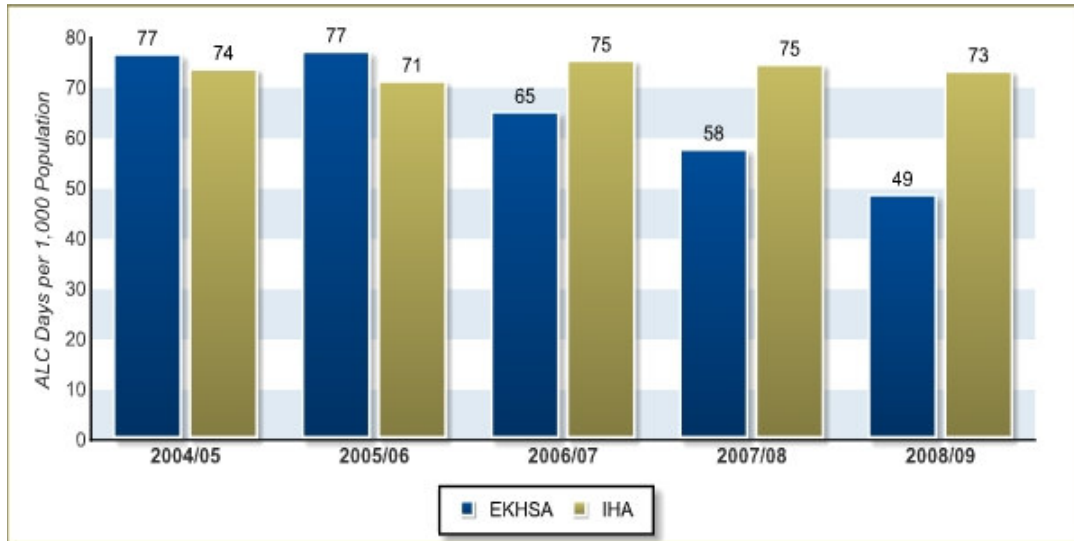
East Kootenay HSA, 2004/05 – 2008/09



Source: Healthideas Summary Reports, Ministry of Health.

An important indicator of appropriateness of acute care resources is the number of alternate level of care (ALC) days. ALC days are the days that a patient spends in hospital after their acute care needs have been met, due to the unavailability of alternate care options such as placement in an appropriate setting. Figure 4 provides the standardized ALC days per 1,000 population for residents of the East Kootenay HSA over the period from 2004/05 to 2008/09. The ALC days rate for the East Kootenay HSA has decreased each year since 2005/06 and has been lower than the provincial rate for the past three years.

**FIGURE 4 Trends in the ALC Days Rate**  
East Kootenay HSA, 2004/05 – 2008/09

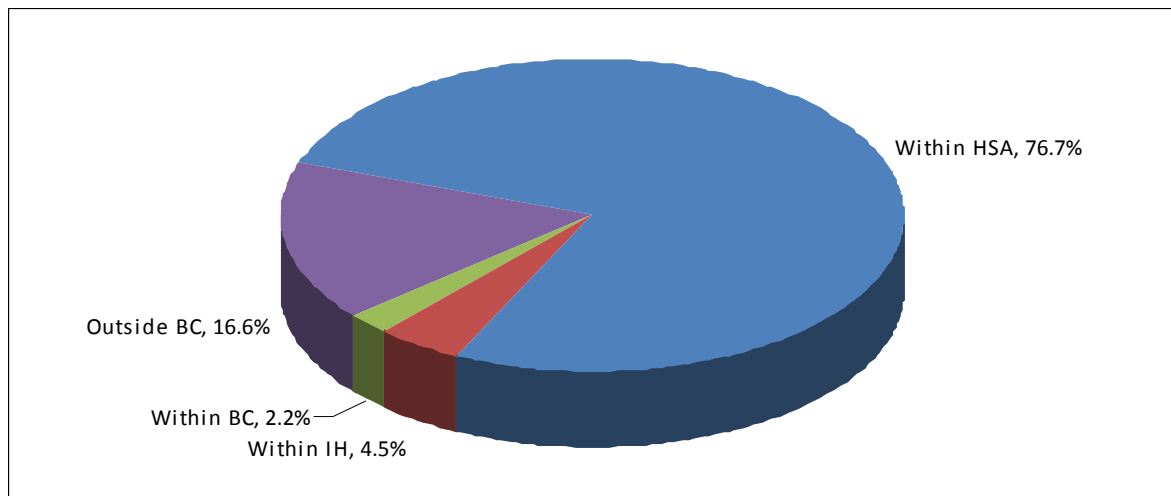


Source: Healthideas Summary Reports, Ministry of Health.

## Inpatient Referral Patterns

As shown in Figure 5, over three-quarters (76.7%) of East Kootenay inpatients received treatment at East Kootenay hospitals. It is important to note that a large percentage (16.6%) of the East Kootenay inpatients received treatment at Alberta hospitals.

**FIGURE 5 Inpatient Referral Patterns**  
East Kootenay HSA, 2008/09



Source: Discharge Abstract Database (DAD), 2008/09, Ministry of Health

## 5. HEALTH SERVICES

This section provides a high level snap shot of the types of services available within the East Kootenay Health Service Area.

**TABLE 12 Health Services**  
East Kootenay HSA, 2009

Public Health/ Prevention Services	
Type of Service	Available
Public Health Programs	Y
Health Protection Services	Y

Primary Health Care	
Type of Service	Available
Nursing Outpost	N
Primary Health Care Centre / Health Centre	Cranbrook, Creston, Elkford, Fernie, Golden, Kimberley, Invermere
Integrated Health Network	Cranbrook, Kimberley
Family/General Practitioner Services	Y*

Home and Community Care	
Type of Service	Available
Home Support	Y
Home Nursing Care	Y
Community Rehab	Y
Assisted Living	Cranbrook, Creston, Fernie, Golden, Kimberley, Invermere
Residential Care	Cranbrook, Creston, Fernie, Golden, Kimberley, Invermere
Short Stay	Cranbrook, Creston, Fernie, Golden, Kimberley, Invermere
Adult Day Services	Cranbrook, Creston, Fernie, Golden, Kimberley, Invermere

\* GP services data are reported at the LHA level, therefore we are unable to report on specific communities

Y - indicates services are offered in all communities

Acute Care	
Type of Service	Available
Community Health Centre with Urgent Care Hospital	Sparwood
Community Level 1	--
Community Level 2	Creston, Fernie, Golden, Invermere
Service Area	N
Tertiary	Cranbrook

Mental Health & Addictions Services	
Type of Service	Available
Mental Health Centre	Cranbrook, Creston, Elkford, Fernie, Sparwood, Golden, Kimberley, Invermere
Addictions Programs & Services	Cranbrook, Creston, Fernie, Golden, Invermere
Supported Housing	Cranbrook
Residential Care	Cranbrook

Tertiary Mental Health	
Type of Service	Available
Acute Adult/Youth Residential/Rehab	N
	Cranbrook

## 6. GLOSSARY

### Glossary of Terms

**Acute/Rehab (A/R)**

Inpatient cases and days designated as Acute Care indicating the patient is acutely or seriously ill, requiring professional care and daily medical attention or special diagnostic and treatment procedures in an acute care hospital.

**Alternate Level of Care (ALC)**

Inpatient cases and days where a patient has finished the acute care phase of his/her treatment but remains in an acute care bed.

**Age Standardized Utilization Rate**

Hypothetical rates that are calculated to allow comparisons of health care service use across geographic areas, by adjusting for differences in the age mixes of regions.

**Canadian Institute for Health Information (CIHI)**

A not-for-profit federally chartered organization to which hospitals are required to submit predefined information on each inpatient and selected day patients at the time of their discharge

**Case (Inpatient)**

A discharge from hospital (not an individual). Hence, a patient may be represented more than once.

**Case (Surgical Day Care)**

A case where a patient is not admitted to an inpatient bed, and on whom is performed an elective surgical or endoscopic procedure, and who is released on the same day.

**Discharge Abstract Database (DAD)**

A database maintained by CIHI which contains demographic, administrative and clinical data for hospital discharges and surgical day care cases across Canada. Data is based on the patient's discharge date and reflects the entire stay in hospital.

**Health Service Area (HSA)**

Geographic units of analysis. HSA boundaries were redefined in December 2001 to accord with the newly created Health Authorities. Interior Health is made up of 4 HSAs.

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**P.E.O.P.L.E.**

Population Extrapolation for Organizational Planning with Less Error. Methodology employed by the BC Statistics Agency incorporating fertility, mortality and migration assumptions to estimate and project populations at various geographies for BC.

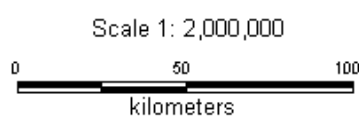
**Standardized Mortality Ratio**

The ratio of the number of deaths occurring to residents of a geographic area (e.g., HSA) to the expected number of deaths in that area based on provincial age-specific mortality rates. The SMR is a good measure for comparing mortality data that are based on a small number of cases or for readily comparing mortality data by geographical area. SMR is an internationally recognized health status indicator.

**Unscheduled Emergency Department Visits**

An unscheduled direct personal exchange between a patient and a health professional for the purpose of seeking care and receiving personal health services.

# East Kootenay Health Service Area



Produced by Strategic Information July 11, 2005  
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\* Includes place type: District Municipality, City, Town & Village as defined by BC Stats