



Interior Health



Okanagan - 013

Health Service Area Profile

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Information Support
#104 – 1815 Kirschner Road
Kelowna, BC, V1Y 4N7

Contact: Christine Hill
Geographic Information Analyst
☎ 250-770-3408
✉ Christine.Hill@interiorhealth.ca

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1. EXECUTIVE SUMMARY

HEALTH STATUS:

<p><i>Low Birth Weight (2003-07):</i></p> <ul style="list-style-type: none"> Low Birth Weight Rate of 53.08 per 1,000 Live Births (↓) 	<p><i>Life Expectancy (2005-09):</i></p> <ul style="list-style-type: none"> Increased over the past 20 years (↑) Higher than IH; same as BC
<p><i>Standardized Mortality Ratio (SMR) (2003-07):</i></p> <ul style="list-style-type: none"> More deaths due to Motor Vehicle Accidents than expected* 	<p><i>Chronic Disease (2008/09):</i></p> <ul style="list-style-type: none"> Depression/Anxiety prevalence rate of 26%, which is higher than IH and BC 45% of residents with Congestive Heart Failure also have Ischemic Heart Disease
<p><i>Leading Causes of Death (2003-07):</i></p> <ul style="list-style-type: none"> 33% of all deaths caused by Diseases of the Circulatory System 	<p><i>Health Behaviour (2008):</i></p> <ul style="list-style-type: none"> 64% of residents age 12 and older are active or moderately active

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

HEALTH SYSTEM PERFORMANCE:

<p><i>Acute Care (2008/09):</i></p> <ul style="list-style-type: none"> 372.3 ED visits per 1,000 pop'n (↓) <p><i>Age Standardized Rates:</i></p> <ul style="list-style-type: none"> 509.5 A/R days per 1,000 pop'n (↑) 60.3 ALC days per 1,000 pop'n (↓) 74.8 SDC cases per 1,000 pop'n (unchanged) 30.5 IP Surgical cases per 1,000 pop'n (↓) 	<p><i>Home and Community Care:</i></p> <ul style="list-style-type: none"> 82.1 Residential Care & Short Stay beds per 1,000 75+ pop'n for 2009/10 (↑) 14.2 Assisted Living Units per 1,000 75+ pop'n for 2009/10 (↓) 9,619 Home Support hours per 1,000 65+ pop'n for 2008/09 (↓)
	<p><i>Acute Inpatient Referrals (2008/09):</i></p> <ul style="list-style-type: none"> Over 90% of Okanagan resident inpatient acute cases were treated hospitals in the Okanagan HSA.

In 2009/10 the Okanagan met established IH targets for Residential Care & Short Stay and Assisted Living crude bed rates. The age standardized Acute/Rehab and Alternate Level of Care days rates are lower than the Interior Health and BC rates.

HEALTH SERVICES:

<p><i>Services (2009):</i></p> <ul style="list-style-type: none"> Tertiary Hospital (Kelowna General), 2 Service Area Hospitals (Vernon Jubilee; Penticton Regional) and 2 Community Level 1 Hospitals (Princeton General; South Okanagan General, Oliver) A variety of public health, mental health, primary health care and home and community care services
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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 Okanagan 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 Okanagan HSA, are also available on the Interior Health website: 2009 Okanagan 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:

Christine Hill
Information Support
Interior Health Authority
e-mail: christine.hill@interiorhealth.ca

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
Okanagan 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)	53.34	54.58	53.08
Standardized Mortality Ratio (All Causes of Death)	1.01	1.03	1.02

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 Okanagan rate of low birth weight infants is 53.08 per 1,000 live births, which is lower than 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. Okanagan 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 Okanagan is 1.02, which means there were slightly more 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 Okanagan 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
Okanagan HSA, 2003 to 2007

More deaths than expected	
Motor Vehicle Accidents	
Drug-Induced Deaths	
Lung Cancer	
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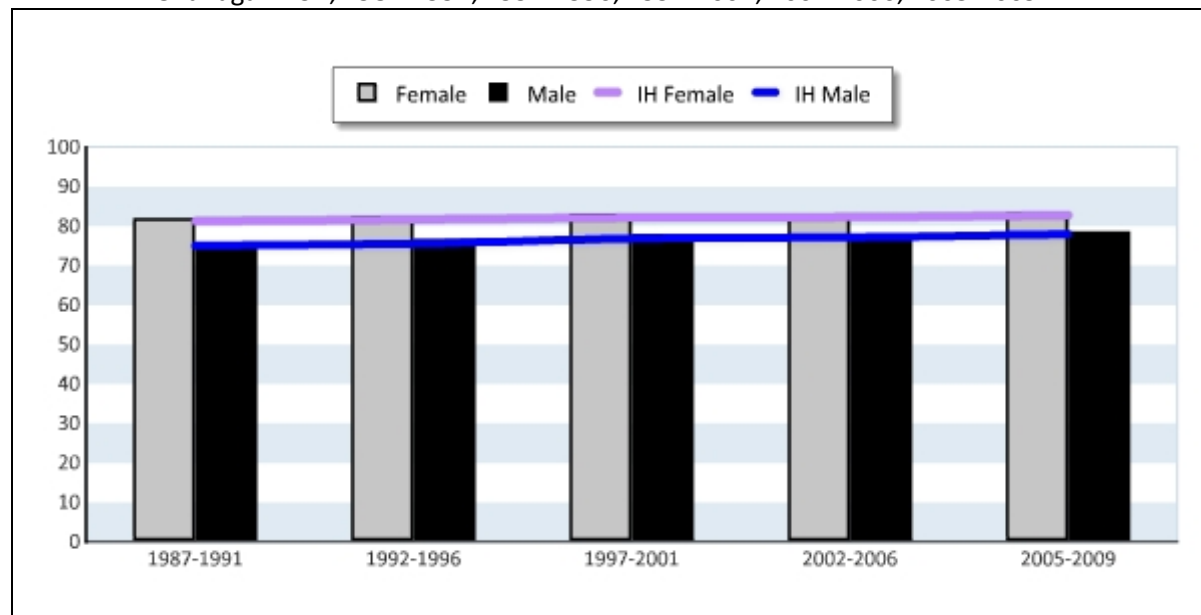
Less deaths than expected	
Ischemic Heart Disease	
--	
--	
--	
--	

Source: BC Vital Statistics Agency, Annual Report 2007

Life Expectancy

Figure 1 shows that females have a higher life expectancy than males in the Okanagan 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
Okanagan HSA, 1987-1991, 1992-1996, 1997-2001, 2002-2006, 2005-2009



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

For 2005-2009, Okanagan's 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 Okanagan HSA over the period from 2003 to 2007 are presented in Table 3.

TABLE 3 Top 5 Cause of Death Categories
Okanagan 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	5,261	32.69%	22.01%
All Cancer Sites	4,543	28.23%	46.40%
Diseases of Respiratory System	1,732	10.76%	17.38%
Endocrine Diseases	632	3.93%	32.28%
Diseases of Digestive System	614	3.82%	38.76%
Sub Total	12,782	79.43%	31.36%
All Causes of Death	16,092	100.00%	33.21%

Source: BC Vital Statistics Agency, Annual Report 2007

Diseases of the Circulatory System were the leading cause of death in the Okanagan HSA and accounted for 32.69% of the total deaths in the Okanagan HSA. Of the 5,261 deaths due to Diseases of the Circulatory System, 22.01% 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.¹

TABLE 4 Chronic Disease Prevalence Rates
Okanagan HSA, 2008/09

Chronic Disease Category	OHSA	IHA	BC
Depression/ Anxiety	26.3%	24.5%	22.6%
Asthma	11.0%	10.9%	11.1%
COPD	7.1%	6.8%	5.3%
Cardiovascular Disease	6.8%	6.2%	5.0%
Diabetes Mellitus	6.7%	6.6%	6.9%
Ischemic Heart Disease	4.0%	3.7%	3.2%
Congestive Heart Failure	2.6%	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 Okanagan HSA, with a rate of 26.3%. This is higher 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 24% of Okanagan residents with Asthma also have Depression, Anxiety or Neuroses and that 6% of residents with Depression, Anxiety or Neuroses also have Asthma.

TABLE 5 Percentage of Residents with Combinations of Co-morbidities
Okanagan 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	56,297		6%	6%	3%	8%	5%
Asthma	13,650	24%		9%	5%	10%	15%
Ischemic Heart Disease	15,255	23%	8%		20%	27%	17%
Congestive Heart Failure	6,954	23%	9%	45%		29%	27%
Diabetes Mellitus (Type 1 or 2)	21,581	20%	7%	19%	9%		9%
COPD, Emphysema, Chronic Bronchitis	9,921	26%	21%	26%	19%	20%	

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

¹ 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.

Data for Table 6 to be included at a later date.

TABLE 6 Proportion of Home and Community Care Clients by Grouping
Okanagan HSA, 2008/09

Health Behavior Statistics

TABLE 7 Health Behavior Indicators
OHSA, 2008

Indicator / Measure	OKHSA	IHA	BC	Canada
Leisure Time Physical Activity (proportion of 12+ population active or moderately active)	64.0%	63.4%	58.7%	50.6%
Healthy Eating (proportion of 12+ population eating 5+ servings of fruit and vegetables per day)	38.7%	38.7%	42.4%	43.7%
Overweight / Obesity (proportion of 18+ population)	41.2%	49.1%	45.1%	51.1%
Tobacco Use (proportion of 15+ population who are daily or occasional smokers)	23.7%	23.4%	18.6%	21.4%

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

Okanagan HSA residents have a higher percentage of population who are physically active in their leisure time, and a lower percentage of people who are overweight or obese when compared to the Interior Health, BC provincial and national rates. Okanagan residents report higher rates of tobacco use than British Columbians and Canadians.

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 nutrition².

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&Arrayid=105-0501

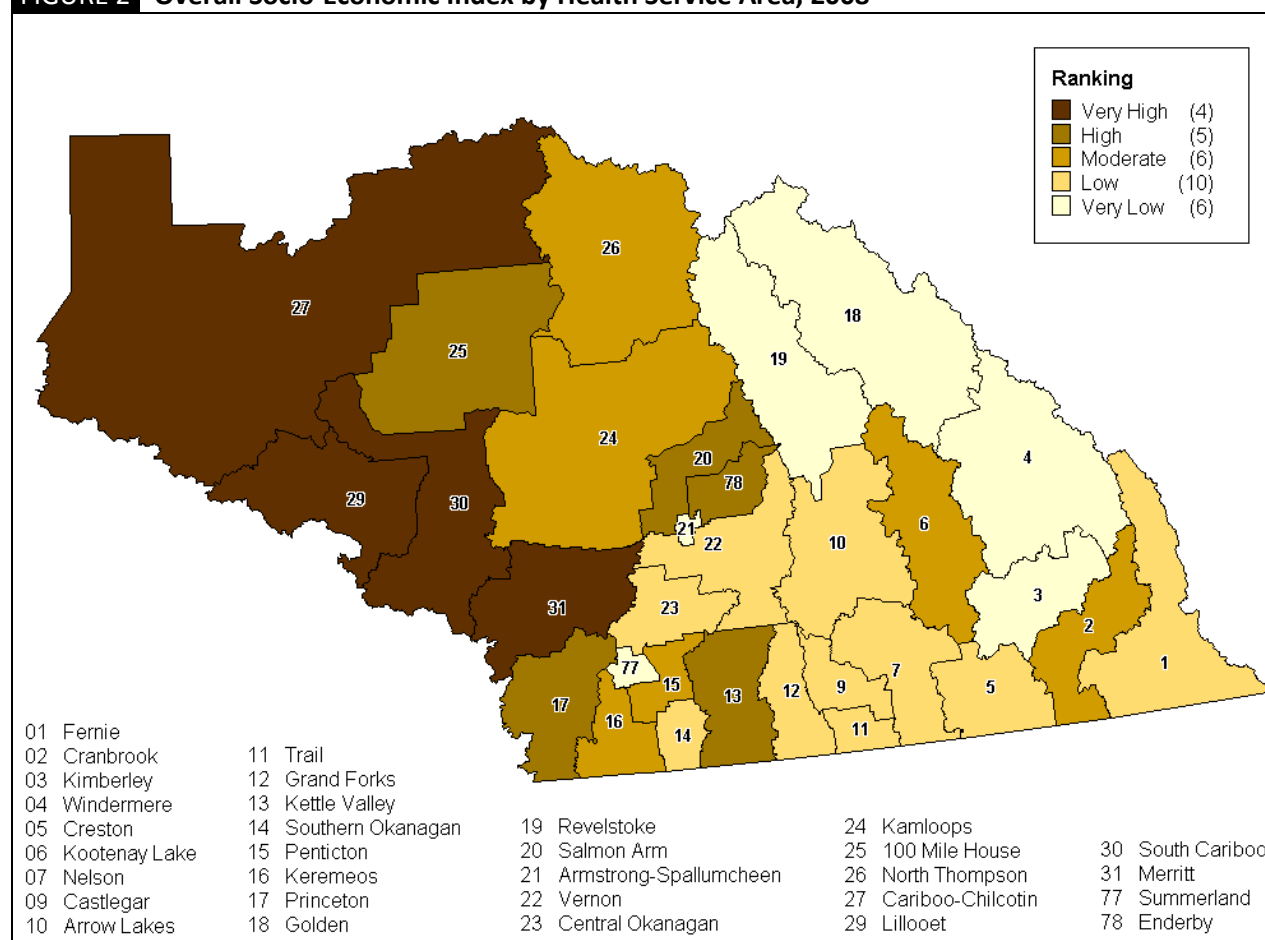
² http://www.health.gov.bc.ca/prevent/healthy_eating.html

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 Okanagan HSA contains LHAs ranked Very Low (2), Low (3), Moderate (2) and High (2).

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

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
Okanagan HSA, 2008/09

Indicator / Measure	OHSA	IH	BC
Age Standardized - Acute/Rehab Days (per 1,000 Population) †	509.5	528.5	570.3
Age Standardized - Alternate Level of Care (ALC) Days (per 1,000 Population) †	60.3	73.3	72.7
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) †	30.5	31.8	27.6
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) †	74.8	86.6	81.7
Emergency Department Visits (per 1,000 Population)*	372.3	472.0	--
Home Support Clients/1,000 Pop'n. 65+ Ω	52	55	--
Adult Day Service Clients/1,000 Pop'n 65+ Ω	20	18	--
Home Support Hours/1,000 Pop'n. 65+ Ω	9,619	10,697	--
Adult Day Services Days/1,000 Pop'n. 65+ Ω	526	542	--
Residential Care Days/1,000 Pop'n 75+ ℓ	29,680	30,371	--
Assisted Living Days/1,000 Pop'n 75+ ℓ	4,982	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+.

Okanagan residents have age standardized Inpatient acute/rehab, ALC days and Inpatient surgical case rates are lower than Interior Health rates. The age standardized Surgical Day Care case rate is lower than IH and B.C.

Okanagan residents have a lower crude rate of Home Support clients and hours per 1,000 65+ population than IH. Adult Day Service Client rate for the Okanagan is slightly higher compared to IH rates, while the Adult Day Service Days rate is lower than IH. The Okanagan Residential Care Days rate was lower than rates for IHA (30,371). The Okanagan Assisted Living Days rate is lower 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 Okanagan HSA meets these Home and Community Care bed rate targets and has a slightly higher Residential Care & Short Stay bed rate than IH.

TABLE 9 Bed Rates
Okanagan HSA, 2009/10

Indicator / Measure	OHSA	IH	BC*
Residential Care & Short Stay beds/1,000 Pop'n 75+ ^o	82.1	81.8	85.4
Assisted Living Units/1,000 Pop'n 75+ ^o	14.2	14.7	14.8

Sources: ^o 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
Okanagan 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	496.4	492.1	509.5
Age Standardized – Alternate Level of Care (ALC) Days (per 1,000 Population) τ	57.4	64.8	60.3
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) τ	32.0	31.1	30.5
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) τ	74.6	74.8	74.8
Emergency Department Visits (per 1,000 Population)*	366.9	374.7	372.3
Home Support Clients/1,000 Pop'n. 65+ Ω	53	53	52
Adult Day Service Clients/ 1,000 Pop'n 65+ Ω	20	18	20
Home Support Hours/1,000 Pop'n. 65+ Ω	11,078	10,254	9,619
Adult Day Services Days/1,000 Pop'n. 65+ Ω	599	498	526
Residential Care Days/1,000 Pop'n 75+ ℘	27,820	29,177	29,680
Assisted Living Days/1,000 Pop'n 75+ ℘	3,784	4,827	4,982

See notes from Table 8

The age standardized Inpatient Surgical case rate decreased from the previous year for Okanagan residents. The Surgical Day Care case rate remained unchanged during that time period. The ED crude rate per 1,000 population has decreased slightly from 2007/08.

The rate of Home Support clients in the Okanagan remained unchanged between 2006/07 and 2007/08 and slightly decreased from 2007/08 to 2008/09. The rate of Home Support hours decreased each year since 2006/07. The Adult Day Service client and days rates increased from the previous year.

The Okanagan Assisted Living days rate and Residential Care days rates 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
 Okanagan 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+ ^o	72.3	77.1	77.7	82.1
Assisted Living Units/1,000 Pop'n 75+ ^o	11.1	14.0	14.4	14.2

Sources: ^o HCC Resl & AL beds September 2008, Interior Health

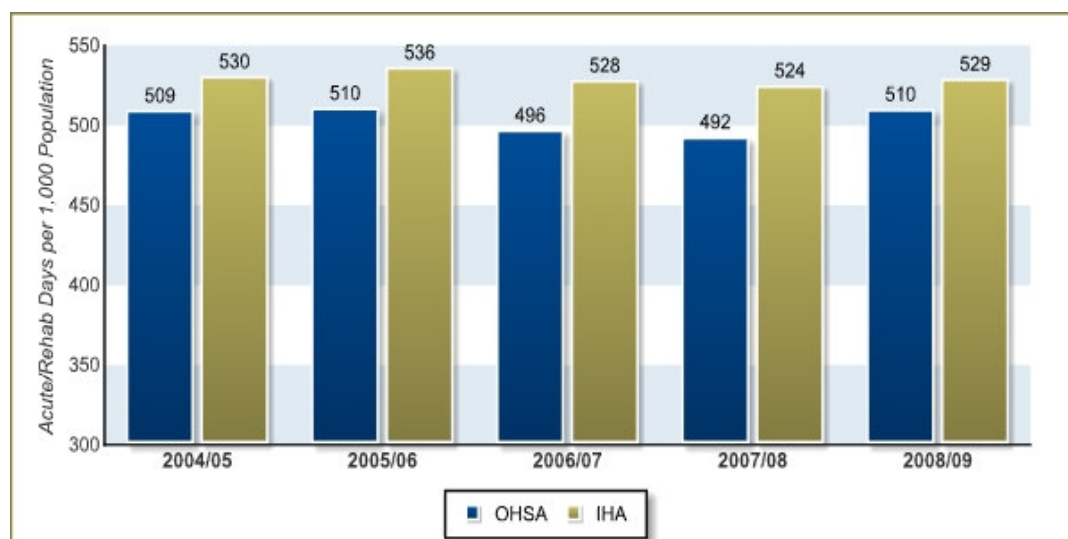
Notes: Values reported for RC beds and AL units are funded beds and/or units as at October 2006, September 2007, September 2008, September 2009

The Residential Care & Short Stay bed rate has increased each year from 2006/07 to 2009/10. The Assisted Living unit rate increased each year from 2006/07 to 2008/09 and then decreased slightly.

Age Standardized Days Rates

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

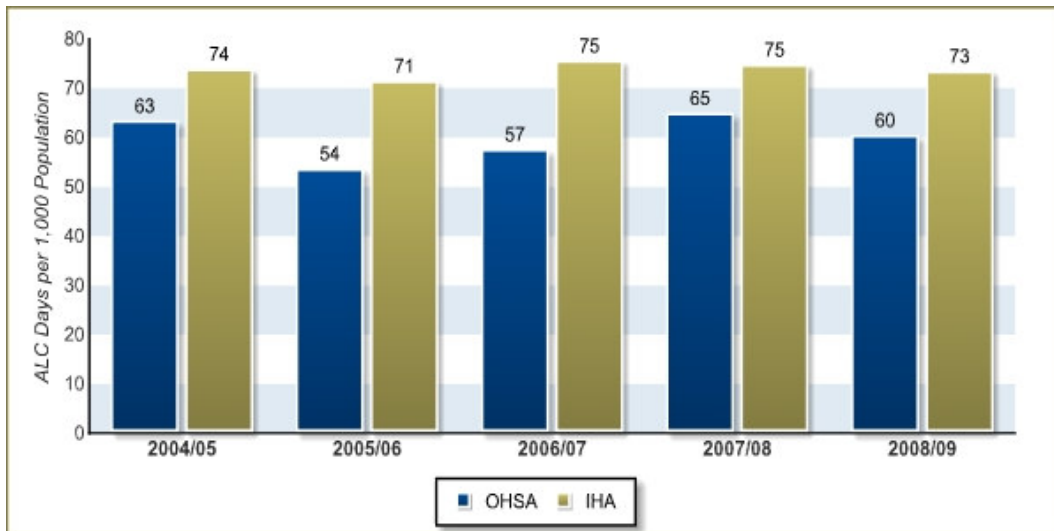
FIGURE 3 Trends in the Acute/Rehab Days Rate
 Okanagan HSA, 2004/05 – 2008/09



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 Okanagan HSA over the period from 2004/05 to 2008/09. The ALC days rate for the Okanagan HSA has decreased from the previous year and has been lower than the provincial rate for each of the past five fiscal years.

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

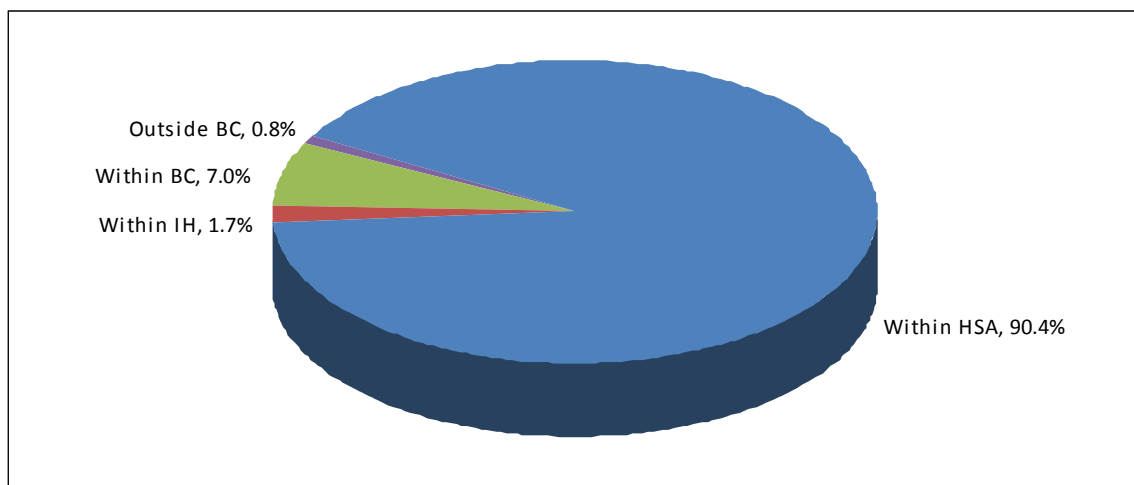


Source: Healthideas Summary Reports, Ministry of Health.

Inpatient Referral Patterns

As shown in Figure 5, over 90% of Okanagan inpatients received treatment at hospitals within the Okanagan HSA. Overall, more than 92% of Okanagan HSA inpatient cases were treated at Interior Health hospitals.

FIGURE 5 Inpatient Referral Patterns
Okanagan 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 Okanagan Health Service Area.

TABLE 12 Health Services
Okanagan 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 / Community Health Centre	Armstrong, Kelowna, West Kelowna, Enderby, Penticton, Princeton, Oliver, Osoyoos, Summerland, Lumby, Vernon
Integrated Health Network	Armstrong, Kelowna, Peachland, West Kelowna, Penticton, Oliver, Osoyoos, Vernon
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	Armstrong, Kelowna, Lake Country, West Kelowna, Keremeos, Penticton, Oliver, Osoyoos, Summerland, Vernon
Residential Care	Armstrong, Kelowna, Lake Country, West Kelowna, Enderby, Keremeos, Penticton, Princeton, Oliver, Osoyoos, Summerland, Vernon
Short Stay	Kelowna, West Kelowna, Keremeos, Penticton, Princeton, Oliver, Osoyoos, Summerland, Vernon
Adult Day Services	Kelowna, Lake Country, Peachland, West Kelowna, Enderby, Keremeos, Penticton, Princeton, Oliver, Summerland, Vernon

Acute Care	
Type of Service	Available
Community Health Centre with Urgent Care	Keremeos
Hospital	--
Community Level 1	Princeton, Oliver
Community Level 2	N
Service Area	Penticton, Vernon
Tertiary	Kelowna

Mental Health & Addictions Services	
Type of Service	Available
Mental Health Centre	Armstrong, Kelowna, Lake Country, Peachland, West Kelowna, Enderby, Keremeos, Penticton, Princeton, Oliver, Osoyoos, Summerland, Lumby, Vernon
Addictions Programs & Services	Armstrong, Enderby, Keremeos, Penticton, Princeton, Oliver, Osoyoos, Vernon
Supported Housing	Kelowna, Penticton, Vernon
Residential Care	Kelowna, Penticton, Osoyoos, Vernon

Tertiary Mental Health	
Type of Service	Available
Acute Adult/Youth	Kelowna
Residential/Rehab	Penticton, Osoyoos, Vernon

** 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

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.

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 31 HSAs which roll up into 4 Health Service Areas.

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.

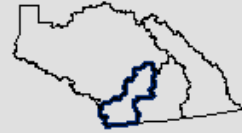
Standardized Mortality Ratio

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.

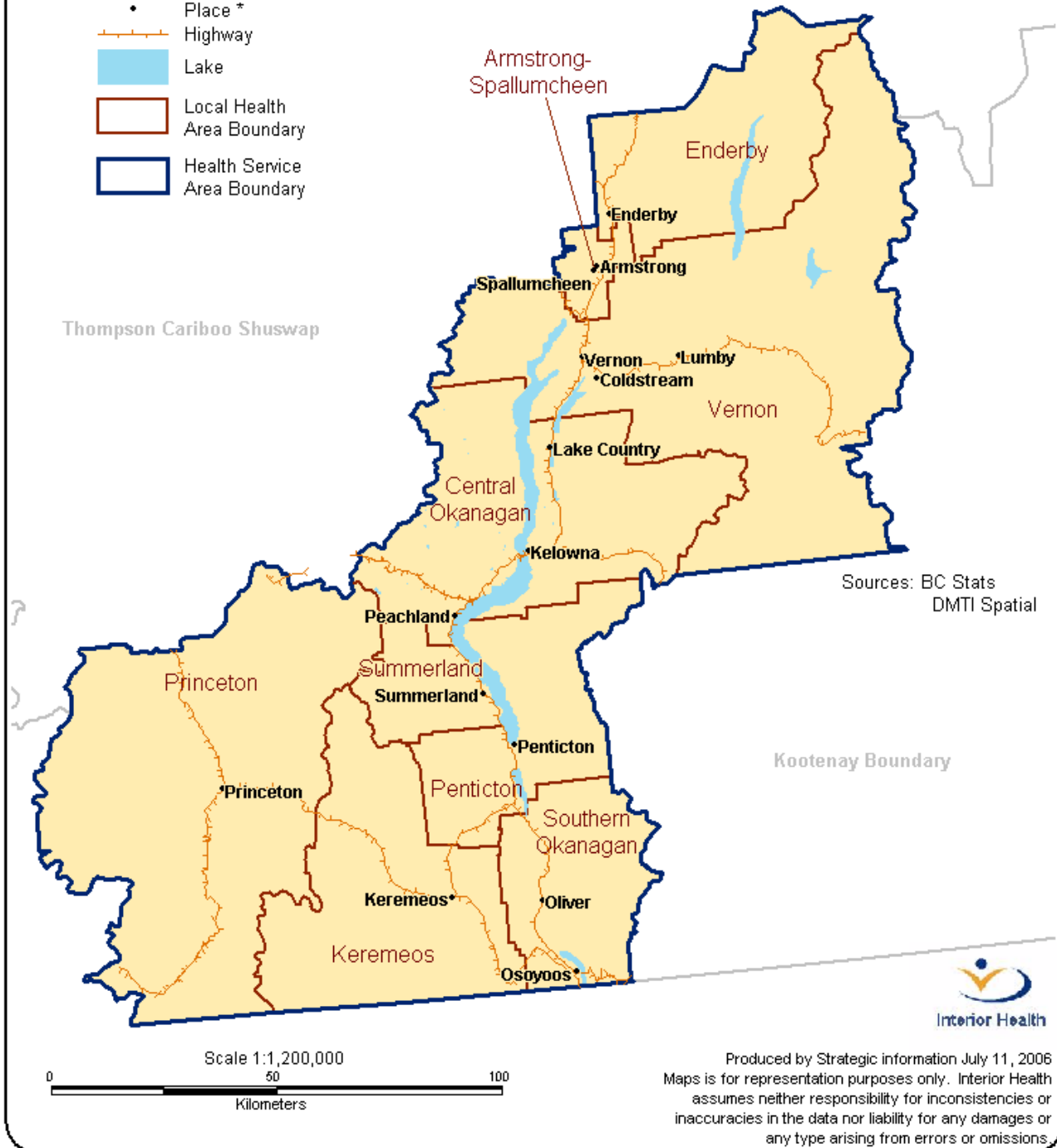
Unscheduled Emergency Department Visits

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

Okanagan Health Service Area



- Place *
- Highway
- Lake
- ▭ Local Health Area Boundary
- ▭ Health Service Area Boundary



* Includes place type: District Municipality, City, Town & Village as defined by BC Stats