

Specialty Care in BC: A System in Distress

A Discussion Paper by BC's Physicians
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This paper was commissioned by the British Columbia Medical Association Board of Directors in response to growing concerns over the state of specialty health care in BC.

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In 2001, the BC Liberal Party issued “A New Era for British Columbia.” This “New Era” document lays out the public policy blueprint for the Liberal government. The following is an excerpt from that document as it relates to health care in BC.

“It’s time to put patient care first. To do that, we must renew public health care, through better management, adequate funding, proper staffing, and sound strategic planning... BC Liberals are dedicated to establishing a New Era of health care in BC, with a renewed public health care system. We are going to put people’s needs at the centre of health care again. We are going to make BC a place where health care professionals and caregivers know they are valued. We are going to be sure that people have the care they need, when they need it, where they live.”

Gordon Campbell

INTRODUCTION

This report is about the availability of, and access to, specialty care in British Columbia. The purpose of the research is to critically examine BC's health care system and move beyond newspaper headlines and anecdotes as the yardstick by which we measure its success or failure.

The information provided is a combination of quantitative data, compiled for a number of government and agency services, and qualitative material obtained from a comprehensive survey of physicians. The report is based on the most current data available and the analysis reflects the care environment as it existed in 2003. Although some things may have changed during the past year, we are confident that the major trends identified remain valid.

Information is provided for the province as a whole, for each regional health authority (HA) and for each health service delivery area (HSDA) within those regions¹. A glossary (Appendix A), contains a detailed description of many of the parameters in the report and, where applicable, cautionary notes relevant to interpretation of the parameter.

The use of the term "specialty care," as opposed to specialist care, is deliberate. Although the vast majority of specialized services are delivered by uniquely trained specialist physicians, many services are provided by highly skilled general practitioners. Family doctors, by choice or necessity, are frequently called upon to offer care where certified specialists are not available. While these occurrences are more familiar in small urban and rural settings, they are not exclusively so. This report captures those services of a specialized nature that are provided by GPs and, thus, represents as complete a review as possible as to what happens beyond the family practitioners' normal domain of care.

Lessons have been learned in the preparation of this paper. Physicians and other health care providers have repeatedly warned of the implications of the federal government's funding restraint programs of the nineties and, more recently, the BC government's three-year budget freeze for health care. Validation of these warnings was previously evident only where individual patients suffered the misfortune of being denied access to care. Now, through this report, the health care system can be examined in a relatively comprehensive fashion and on a region-by-region basis, utilizing both physician knowledge and health system data as key focal points.

What we have found is troubling.

¹ The Provincial Health Services Authority (PHSA) is not reported as a specific region in this report as it serves as a provincial resource. Where identifiable, data from the PHSA have been assigned to the area of the province where the service/program is provided; otherwise, they have been included in the Vancouver Coastal region.

PERFORMANCE FAILURE: A SYSTEM-WIDE REPORT CARD ON CAPACITY, ACCESS AND CARE

BC doctors are disillusioned with the province's health care system. We have discovered through the course of this review that there is little good that can be said about system performance. It is discouraging that the situation has deteriorated to its current state.

The availability of, and access to, specialty care service is inadequate.

Moreover, the morale of health care providers is suffering as a result. While specialists are positive concerning the potential for future technological advancements to enhance care, they are skeptical that those advancements will allow them to decrease their own personal workload or shorten patient waits for care.

Recently, the BC Ministry of Health released its "Report on Health Authority Performance Agreements, 2002/03." That document contains a number of stated goals and objectives for the health authorities within the context of promoting patient centered care in a sustainable, affordable public health system.

While we acknowledge the breadth of that task and understand the efforts that have been made by the health authorities in their first real year of operation, an objective look at the data contained in this report, both quantitative and qualitative, must conclude with criticism of a most serious nature.

BC doctors' assessment is summarized in Table 1. The health care system is failing British Columbians by virtually every measure, in every corner of the province.

The need for remedial action is immediate, with emphasis on the following:

- 1. halt further decreases in the per capita number of acute/rehabilitative care beds;*
- 2. increase operating room capacity by a minimum of 25% within the next two years and implement a strategy to see further expansion realized by 2008/09;*
- 3. introduce targeted resources to reduce the numbers of patients on surgical waitlists by one-half within the next 4 years;*
- 4. work with practising physicians to develop an effective strategy to reduce the length of time patients are waiting for referrals to specialists;*
- 5. provide the necessary resources to ensure that emergency rooms are capable of responding in compliance with the standards of the Canadian Association of Emergency Physicians;*
- 6. deliver upon the "New Era" commitment to provide 5000 new intermediate and long term care beds by 2006;*
- 7. deliver on the "New Era" commitment to provide better home support and home care services;*
- 8. increase recruitment efforts for medical and other health care personnel and ensure that BC remains a competitive and attractive place to work;*
- 9. deliver the "New Era" commitment to develop a structured, ten-year human resource plan, providing the necessary resources to carry it out;*
- 10. specifically address the pending physician shortages that will result from the significant number of specialists approaching retirement;*
- 11. address the serious equipment shortages that are identified in this report.*

TABLE 1
BC Report Card On Specialty Care

EVALUATION CRITERIA						
	Vancouver Island	Vancouver Coastal	Fraser	Interior	Northern	Province
Availability/Access to Hospital Beds	D	F	F	F	F	F
Availability/Access to Operating Rooms	D	F	F	F	D	F
ER Adequacy	F	F	F	F	D	F
Availability/Access to Advanced Diagnostic Equipment (eg: CT, MRI)	F	F	F	F	F	F
Availability/Access to Other Diagnostic Equipment (X-ray, ECG)	C	C	C	C	C	C
Availability/Access to Long-Term Care Beds	F	F	F	D	F	D
Availability/Access to Home and Community Care Programs	F	F	D	D	C	F
Waits for Referrals	D	D	F	D	D	F
Supply of Physicians and Other Health Professionals	B	C	C	F	F	F

The criteria applied to determine these grades is found in Appendix B.

ACCESS PROBLEMS: DISTURBING THEMES

Major access problems in the specialty care system are evident across all regions and health service delivery areas. These problems raise not only a concern for adequate patient care, but also inflict a significant toll on the morale of providers.

1. Bed Capacity and Community Support Services

Without exception, physicians in every area of the province advise that the numbers of both acute/rehabilitative and long-term care beds are inadequate. Moreover, they report that the situation is getting worse over time. The data support this view.

The acute/rehabilitative bed/1000 population ratio of 1.8 is well below the 2.75 recommended by the British Columbia Royal Commission on Health Care and Costs (1991) and remains well below the ratio in virtually all other OECD countries (OECD Health Data 2003, 3rd edition).

The shortfall from the Royal Commission recommendation translates into over 3900 beds, or a 35% deficiency. Only in the Vancouver HSDA, which serves as BC's provincial referral center, does the bed/population ratio exceed that recommended by the Royal Commission. This shortage is already staggering, but in fact the bed ratio is further declining annually in every area of the province, with the lone exception of the North Vancouver Island HSDA.

Governments have attempted to justify the reduction in beds per population on the basis that fewer beds would be required if patients were moved out of hospital. The approach has been to try to relocate patients to their homes or other extended care facilities where they could be cared for more appropriately.

However, while government has reduced costs by funding fewer beds, the necessary infrastructure to provide the alternative level of care has not materialized. On a province-wide basis, the number of long-term care beds decreased in both absolute terms, by 241 beds, and relative to the population 65 and older at a rate of -1.2% per year between 97/98 and 01/02.

Over approximately the same time period, the numbers of home support hours and direct care visits per 1000 population declined annually by 2.9% and 0.2% respectively. The availability of community and home care services was universally rated as inadequate by physicians across all health regions, with the only area reporting adequate services being the North Vancouver Island HSDA.

The combined result of these trends is that eligible patients cannot be discharged from hospital to alternative care sites simply because there is nowhere to go. The fewer available acute care beds are being occupied more and more by patients who deserve care in a different setting. Over 90% of the province's specialists report this as a significant problem.

The BC Nurses' Union reported similar concerns to us, noting particularly the lack of appropriate facilities to care for those elderly with advancing dementia, who frequently end up in hospital. Mental health care also remains a serious issue, where patients experience a revolving door of admission and discharge from hospital due to a lack of supportive housing and programs in the community.

Necessary care is simply not available and has led specialists in every health region to give a failing grade to the way patients in need of hospitalization or institutional care are being treated by their health care system. The government's strategy is not working. Until the community and long-term care infrastructure becomes sufficient, acute/rehabilitative bed reductions will continue to exacerbate the problem.

2. The Emergency Room

Bed reductions have also created a major problem in emergency rooms. In every region, the vast majority of emergency room physicians report excessive waits in the ER and difficulties in transferring emergent cases. The "best" regional ER situation exists in the Northern Health Authority where only 69% of physicians report excessive waits. In the Interior, 100% of emergency room doctors reported unacceptable waits. In all cases, a lack of acute care beds was the primary reason cited for the logjam.

As an example of just how serious the ER situation is in BC, consider that the Canadian Association of Emergency Physicians has set a standard of a maximum 6-hour wait in the ER for hospital admission. In comparison, physicians at the Royal Columbian Hospital have been forced to apply a 10-hour target as their goal for the coming year.

3. Waiting Times

Perhaps the most emotional measure of system adequacy is the length of time patients are waiting for care. In BC, waiting for treatment remains a very serious issue. The evidence shows that neither the provincial nor federal government can claim to be delivering on the "accessibility" principle found in the Canada Health Act.

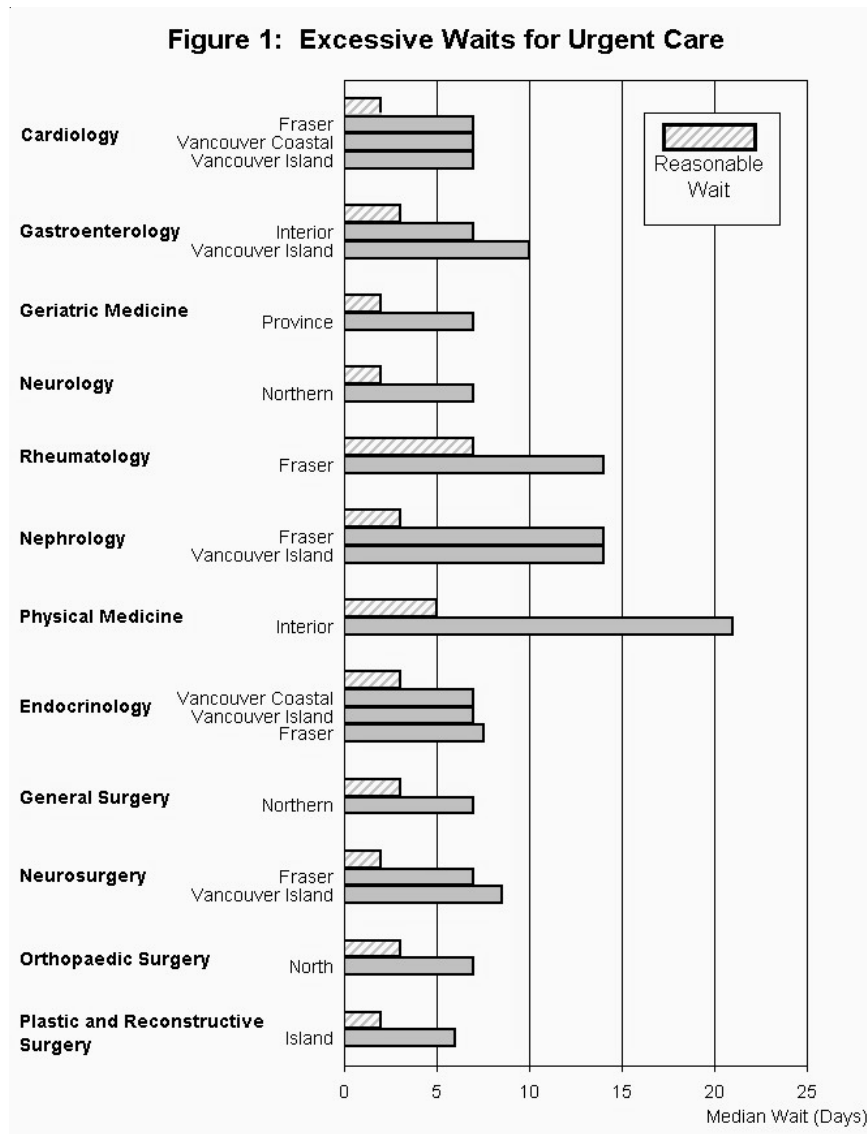
Recently, government has made data available to the public concerning various waits for surgery. Those data have clearly indicated a major problem in access. The number of people waiting for procedures has increased by more than 29,000, or 42%, in the past 2.5 years. Their median waits, once booked for surgery, are between 3.6 and 30.7 weeks.

In this document we provide two additional pieces of information:

- a) an assessment of the additional wait time between the GP referral and the specialist consultation, and
- b) an evaluation of the capacity of BC's hospitals to provide operating room time for required surgeries.

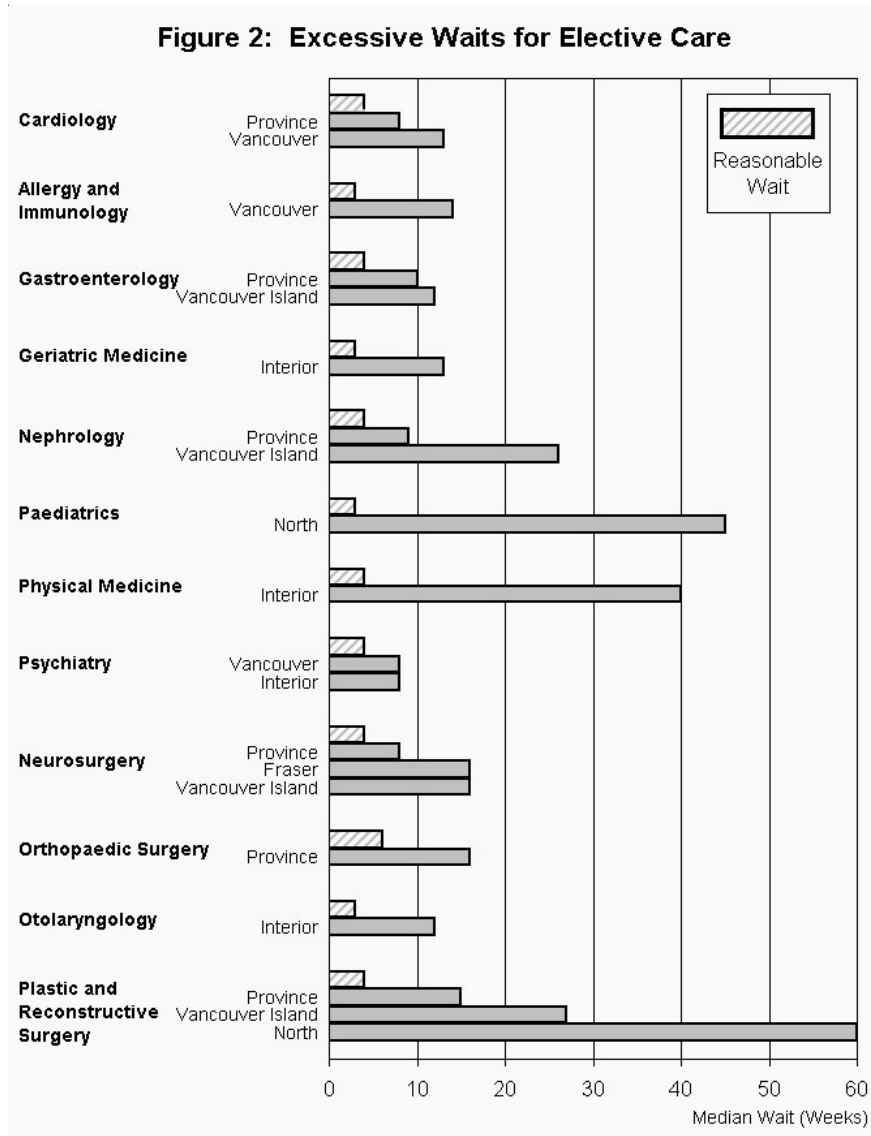
Our examination does not improve the outlook for those waiting for care.

Across BC, the length of time patients must wait to first see a specialist must improve. The overall median reported wait time is three days for urgent cases (those cases where there is not an immediate emergency but yet a risk to health exists). This is 50% longer than the two days considered reasonable by BC's specialists. This number masks some very serious situations in certain areas, such as the following median waits where referral of an urgent case from a GP to specialist is at least twice as long as recommended:



For elective cases, although there are a few bright spots where waits for referrals are within reasonable limits², the situation is equally serious. Overall, the median wait for medical referrals is 5 weeks (25% above a reasonable time frame of 4 weeks), while surgical referrals are 6 weeks long (50% above the 4 weeks considered reasonable).

In many cases the reported elective median waits for referral from GP to specialist are beyond twice that recommended. Consider:



² Wait times within reasonable limits:

- Vancouver Island - Internal Medicine, Physical Medicine, Respiriology, Urology
- Interior – Neurology, General Surgery, Chest Surgery
- Northern – Neurology, Urology
- Fraser – Geriatric Medicine, Paediatrics, Respiriology, General Surgery, Obstetrics/Gynaecology, Ophthalmology, Urology
- Vancouver – Dermatology, Paediatrics, Respiriology, General Surgery, Obstetrics/Gynaecology, Ophthalmology

Note that these reported waits represent only the length of time between the GP referral and the specialist consultation. Waiting for the actual procedure or surgery will be significantly longer than these reported times. To determine this total, the above referral times must be added to the government reported surgical waits.

The following total waits are provided as examples (times are approximate):

- 1) hip replacement in the Northern Region – up to 17 months;
- 2) neurosurgery on Vancouver Island – 7 months;
- 3) ear, nose and throat surgery in the Interior – 7 months.

Waiting for diagnostic and therapeutic procedures can add additional time between the visit to the specialist and surgery. These waits are also a cause for concern. Patients needing laboratory blood testing and analysis are well served by today's system, but for those requiring advanced investigative services such as CAT and MRI scans, waits will be lengthy.

Depending upon the region, accessing these services on an elective basis will take anywhere from two to eleven times longer than that considered reasonable by BC doctors, with waits stretching upwards of 245 days. Urgent cases fare somewhat better, but still reflect waits up to 10 times longer than reasonable in the worst-case situation of the Northern region.

With regard to other diagnostic/therapeutic services, patient access is generally viewed as acceptable although deteriorating, but there are many individual equipment gaps that have been identified throughout the province. Those gaps can be viewed by referring to the individual region and HSDA sections of this report.

4. Health Human Resources

One of the pieces in the wait-time puzzle is the state of specialist physician supply in the province. Although some regions are better off than others, no region is exempt from the pressure of too few specialists looking after too large a population. In eleven of the sixteen HSDAs physicians believe that their personal level of satisfaction from the practice of medicine will decrease over the next five years.

Generally speaking, on a province-wide basis, the number of medical and diagnostic specialists per capita has been growing over the 1998-2003 period, while the number of surgical specialists per capita has been declining. This pattern is repeated, in varying degrees, in each region. There are some notable problem areas.

Medical Specialists

Depending on the region, medical specialists reported working, on average, between 45 and 48 hours per week (excluding time on-call) and an unchanged or increasing number of hours since 1998. Most physicians reported a desired work week averaging approximately 40 hours.

Medical specialists also report that their routine daily care schedules are interrupted 3 times per week to deal with emergencies and that this frequency has increased since 1998.

GPs provide about 12% of all medical specialty care in the province, ranging from a low of 7% in the Vancouver Coastal region, to a high of 33% in the North. The involvement of GPs performing specialty work has been growing over time in all regions except the Fraser, where it has been declining.

Pending retirement plans pose an immediate threat to the medical specialist supply in certain areas. In the interior region, 30% of medical specialists have indicated their intention to retire within the next five years (as high as 40% in the Thompson/Cariboo and 43% in the East Kootenay areas), while the corresponding number is 25% in the South Vancouver Island area, 30% in the North Shore/Coast Garibaldi area, and 33% in the Northwest area of the province. These are areas that will require attention.

Surgical Specialists

The supply of surgical specialists is much more problematic. Their relative numbers are decreasing everywhere in the province and GPs do not appear to be able to pick up the workload. Although GPs do provide substantial amounts of surgical care in various parts of the province, their propensity to do so has decreased since 1998.

The average work week of a surgeon is reported to be between 47 and 52 hours (excluding on-call). This is 15% to 30% above what is generally desired and a number that is unchanged or increasing from 1998. Surgeons have their routine work schedules interrupted by emergencies 3.6 times per week, a frequency that has increased over the previous five years.

Pending retirement poses a more serious threat to surgical care availability. Retirement is a significant problem in the Vancouver Island region, with 38.5% of surgeons indicating an interest in retirement within the next five years (44% in the north island, 39% in the central area, and 37% in the south). Vancouver Coastal is also facing a future problem, with 25% of their surgeons looking at retirement before 2008. Other areas of specific concern are the South Fraser (24%), the Thompson/Cariboo (31%), and the Northern Interior (25%).

The most serious retirement issue facing the province relates to diagnostic specialists. Nearly one-third of these physicians province-wide are contemplating retirement; 42% on the Island, 36% in the North, and 33% in the Interior. This trend eclipses the slight increases in numbers that have occurred over the past five years.

Beyond the medical sphere there is near universal agreement among doctors about the need for other types of health personnel, with surgical and critical care nurses leading the list. More than 40% of all medical specialists and almost 50% of all surgical specialists report that three or more health professions are in inadequate supply.

Because Canada must compete for health personnel within a world-wide market shortage, the current and future supply of specialist physicians requires immediate attention by the provincial government and the regional authorities. While the provincial government has initiated new training programs, the beneficial aspect of those programs will not be felt soon enough. Other strategies will be required.

5. Self Sufficiency of Health Authorities

For the most part, the regions have performed well in providing specialty care physician services within their own boundaries, with only the Fraser and Northern Health Authorities demonstrating large-scale referrals out-of-area, at 35% and 28% respectively. While these referral levels may seem understandable in the North where physician supply issues are a dominant factor, they cannot be considered acceptable for an area that supports medical training and will soon be expanding its medical school role. Nor are they explainable in the Fraser region. Virtually all of Fraser's external care is received in the Vancouver region and while this may be relatively convenient for residents of the South Fraser and Simon Fraser HSDA, it is a greater problem for those residents of the Fraser Valley, where 16% of all specialist care was provided in Vancouver in 2002/03. Of equal concern is the fact that the proportion of care provided outside the Fraser Valley HSDA is growing at a faster rate than the rest of the region.

CONCLUSION

In the 2001 BCMA discussion document, *Turning the Tide – Saving Medicare for Canadians*, the following was noted:

“Government should, as a priority, invest in acute and chronic care services, including hospital, home care and long term care programs. A decade of inadequate funding allocations to these areas has left huge gaps in the system’s ability to respond to patient needs.”

Three years later, the situation has become worse.

The information contained in this report is compelling. The doctors of BC call upon the provincial government and the health authorities to collaborate with us in undertaking an urgent restoration initiative.

Plans and political promises must be followed by action.

A TECHNICAL NOTE ON THE DATA: CHALLENGES AND LIMITATIONS

In our 2001 discussion paper, *Turning the Tide*, the BCMA recommended that the federal and provincial governments act to ensure the public is provided with regular and factual information with respect to the cost and capacity of the health care system. To the extent that action has occurred, it remains inadequate.

Although there is a considerable body of data on the health care system that can be accessed:

- it is not available in a user-friendly form;
- analysis requires hours of complex computer programming;
- it is not maintained in a consistent manner over time, making temporal assessment extremely difficult; and,
- in many cases, it is so out-of-date as to be of little value.

Additionally, some fundamental pieces of data are simply not readily available to the public, such as an inventory of diagnostic and therapeutic equipment available within the regions.

It is also disturbing to discover just how difficult it was to piece together consistent information in a usable format. This is information that should be readily available to the people of British Columbia. Transparency and accountability must be important values for all of us.

Surprisingly, even a current regional count of practicing nurses, by type of nursing activity, was not readily available. With the assistance of the British Columbia Nurses' Union, we were able to obtain a total count of the BCNU active members by geographic area, but this reporting does not include all nurses in the province, nor could nurses' activity type be reliably determined.

Consequently, the doctors of British Columbia call once again on government to report quickly and regularly to the public on the capacity of BC's health care system and the availability of health care services.

This report represents an attempt to fill the information gap on an interim basis, but the limitations of the available data prevent a comprehensive review.

We have made every attempt to ensure that where yearly trends are indicated, they reflect the measurement of consistent data elements across time and, where expenditures are reported, they have been adjusted for inflationary effects so as to provide an accurate picture of changes in actual access and use of services.

While we have reported data on the basis of regional populations, we have not attempted to describe those populations beyond some very basic demographic characteristics, such as the proportion of First Nations and elderly individuals. We realize that this fails to capture some important considerations of those populations, such as the proportion of:

- industry workers
- smokers
- drug users
- HIV positive
- TB patients
- trauma cases
- unemployment
- crime
- children and youth at risk

These considerations are important to a more in-depth understanding of the data. For example, we know that these are extremely important issues in the Northern Health Authority, as they would be in other areas. However, they are beyond the scope of the current report. Those interested may find data on these population aspects in the 2002 Annual Report of the Provincial Health Officer.

With respect to the physician survey information contained herein, it reflects data obtained during the spring and summer of 2003 and, where opinions on trends were requested, the time reference specified was over the previous five years. Hence, we have compiled a unique set of both quantitative and qualitative data covering a roughly identical period of time that was previously unavailable.

The survey was mailed to 3468 BC physicians who provide specialty care services, of which 3081 were certified specialists and 387 were GPs who performed a significant volume of specialized services (e.g., anaesthesia). The survey instrument was 16 pages long and consisted of 39 questions, requiring between 45-60 minutes to complete. An overall response rate of 53% testifies to the significant importance that physicians afforded this project and permits conclusions to be drawn with a high degree of confidence at the provincial level and with considerable confidence at the regional level, as Table 2 illustrates. Table 3 provides the characteristics of the survey respondents.

Reliability of the survey data at the health service delivery area does drop off somewhat due to smaller sample sizes, but the margin of error is still 10% or below in 11 of the 16 HSDAs for all physicians. The highest margin of error occurred in the Northwest HSDA at 24% and the lowest at 3% in the Vancouver HSDA. Even in the five HSDA cases where the survey reliability is sub-par, we find the results instructive. To the extent that those results reflect the general trends throughout the province, the statistical measure of validity may understate the true relevance of the data. Nonetheless, interpretation of the material in these instances must be done with caution.

The data sources used for this report are as follows:

- a) BC Stats – published population data and projections;
- b) BC Nurses' Union – supply of nurses and access issues;
- c) Ministry of Health – financial, supply, and utilization data on physician, hospital, and community services; and
- d) BC Medical Association – mail survey of those physicians providing specialty care services.

The time period chosen for the review was the fiscal period 1997/98 to 2002/03. The choice of that particular period was dictated by:

- 2002/03 being the most current data available across all reported elements, and
- 1997/98 being the earliest year for which reasonably consistent comparisons could be made for some reported elements.

TABLE 2

SURVEY RESPONSE RATES AND MARGINS OF ERROR								
	All Specialties		Medical Specialties		Surgical Specialties		Diagnostic Specialties	
	Response Rate (%)	Margin of Error (%) ¹	Response Rate (%)	Margin of Error (%) ¹	Response Rate (%)	Margin of Error (%) ¹	Response Rate (%)	Margin of Error (%) ¹
BC	52.6	1.6	55.5	2.0	60.4	2.7	49.9	4.8
Fraser HA	53.5	3.5	57.8	4.4	55.8	6.1	54.3	10.0
Interior HA	52.3	4.6	54.5	6.2	56.9	7.7	50.0	13.5
Northern HA	59.4	8.3	54.3	15.4	75.0	9.6	84.6	12.1
Vancouver Coastal HA	41.3	2.9	42.7	3.7	53.7	4.9	37.6	9.0
Vancouver Island HA	48.6	4.1	51.7	5.2	58.9	6.5	47.9	12.0

¹ Established at the 95% confidence level.

TABLE 3

CHARACTERISTICS OF SURVEY RESPONDENTS		
	Percentage of Survey Respondents	Percentage of BC Specialist Population
Age		
Under 30 years	0.2%	0.6%
30-39 years	16.7%	19.8%
40-49 years	36.1%	33.1%
50-59 years	33.2%	28.8%
60-69 years	13.7%	14.5%
70 years or more	0.1%	3.3%
Gender		
Female	22.2%	22.0%
Male	77.8%	78.0%
Years in Practice		
0-5 years	20.1%	
6-10 years	20.8%	
11-20 years	30.6%	
21-30 years	2.4%	
More than 30 years	6.2%	
Place of Post-Graduate Training		
BC	41.3%	
Other Canadian province	36.8%	
United States	9.4%	
United Kingdom	6.9%	
Other European country	0.8%	
South Africa	2.9%	
Other	1.9%	

APPENDIX A**Glossary**

Acute/Rehabilitative Beds	Beds in hospitals and rehabilitative institutions. Bed counts are estimated from government's reported hospital data using an optimal occupancy rate of 85%.
Acute/Rehabilitative Days	Total patient days' stay reported by hospitals, where the patient is occupying an acute/rehabilitative bed and requires active rehabilitation or acute care.
Advanced Diagnostic Services	Includes CT, MRI, and PET scanning services.
All Diagnostic and Treatment Services	Fee-for-service payments for all direct patient services insured under the MSC.
Alternative Level of Care Days	Total patient days' stay reported by hospitals, where the patient is occupying a hospital bed and does not require active rehabilitation or acute care. These patients could generally be effectively cared for in a non-hospital facility.
Area	May refer to the province as a whole, a region, or a health service delivery area, depending on the relevant section of the report. The province is divided into 5 geographical health authorities which encompass 16 health service delivery areas.
Average Length of Stay	Number of in-patient days divided by in-patient cases.
Bedblockers	Patients who are inappropriately delayed discharge from hospital and must remain in hospital due to the unavailability of alternative levels of care.
Community or Home Care Programs	Health care and social support programs that enable individuals to live as independently as possible in the community.
Cost for Residents, Total, In, Out	Fee-for-service payments compiled by the patients' region or health service delivery area. In or out-of-area assignment is determined by the location of the physician who provides the service. Excludes surcharges, tray fees, rural retention allowance, and other premiums.
Diagnostic Services	Includes diagnostic tests, nuclear medicine services, and pathology services. Pathology services are not assigned to a patient's geographic area as laboratories are centrally located and receive test specimens from a wide variety of locations.

Diagnostic Specialties	Includes medical microbiology, nuclear medicine, pathology and radiology. Pathologists are not included in the FTE calculations as their methods of billing are not compatible with the methodology used (head counts were used instead).
Direct Care Programs	Includes home nursing care, physiotherapy, and occupational therapy. Data from the government's PURRFECT database includes direct care clients and visits.
Elective Case	A patient requires a procedure to improve his or her health or quality of life, but the condition is not considered immediately life threatening.
Excessive Wait Reports (ER Care)	The percentage of ER physicians (unless otherwise noted) who reported that ER patient wait times were too long in their hospital.
FFS - Fee-For-Service	Fee-for-service is the primary payment method used by the majority of BC physicians based on a fee per "item" of care delivered.
FTE - Full Time Equivalent	Based on Health Canada methodology, the workload of a "full time" physician is compared with the total care provided, providing a mathematical estimate of the number of "full time" physicians. Health Canada's standard methodology was modified to determine functional specialty and incorporate salary and sessional physicians. Service contracts were not available at the individual physician level and, therefore, estimates were derived from the negotiated payment ranges contained in the service contract.
GP FTEs - General Practice FTEs	Physicians registered as GPs who, based on FFS data, provided specialty type services.
HA - Health Authority	A defined geographic area within the province. There are 5 geographical health authorities (Interior, Fraser, Coastal, Island, and Northern) and 1 Provincial Health Authority (PHA). For this report, data for the PHA has been allocated to the appropriate geographical region wherever possible.
Home Support Programs	Includes personal care, extended care, and intermediate care. Data from the government's PURRFECT database includes home support clients and hours.
Hospitalisations	Hospital in-patient cases.

HSDA - Health Service Delivery Area	A defined geographical area within a health region. There are 16 regional HSDAs in the province.
Intensity Weighted Hospital Cases	Severity weighted hospital caseload (in-patient and day patient).
Isolation Allowance Premiums	Physicians billing fee-for-service in rural communities receive a premium on each fee item billed. Includes Northern Isolation Allowance and Rural Retention Premiums.
Long Term Care Beds	Beds in residential care facilities. Bed counts are estimated from the total number of government's reported residential care days by applying an optimal occupancy rate of 95%.
Major Surgical Intervention	Surgical intervention refers to the need for a major surgical procedure and is based on the service code embedded in the MSC claims data (non-minor surgery).
Medical Specialties	Includes Anaesthesia, Cardiology, Allergy and Immunology, Dermatology, Endocrinology, Emergency Medicine, Gastroenterology, Geriatric medicine, Hematology and Oncology, Internal Medicine, Medical Genetics, Nephrology, Neurology, Pediatrics, Physical Medicine, Psychiatry, Respiriology, Rheumatology, and Sports Medicine.
MSC (Medical Services Commission)	The body established by the legislature to direct and oversee the management of the medical care program.
N/A	Refers to data elements that were unavailable, unreported, or could not be calculated.
Non-Fee-for-Service Payments	Payments made via salary, sessional, or service contracts. These payments are collated based on program specialty. Service contract amounts are reallocated regionally from Regional Health Authorities to Health Service Delivery Areas.
Nurses	Nursing head counts from the BCNU membership database for nurses with valid BC residential postal codes registered as either full-time, part-time, or casual. Cross-regional comparisons are not overly reliable because the postal codes provided indicate a nurse's place of residence, not their place of work.
Other Diagnostic Services	Includes the following diagnostic procedures: mammography, ultrasound, bone densitometry, fluoroscopic procedures, fine needle/core biopsies, radiography, interventional procedures, biopsy procedures, vascular doppler, and echocardiography.

Other Health Care Professionals	Includes the following health care professionals: medical/surgical nurses, critical care nurses, oncology nurses, operating room nurses, post anaesthetic nurses, emergency care nurses, ambulatory care nurses, maternity nurses, psychiatric nurses, pediatric nurses, dialysis nurses, rehabilitation nurses, long term care nurses, long term care staff, community health nurses, home care nurses, home care staff, diabetes educators, dieticians, physiotherapists, occupational therapists, chiropractors, massage therapists, orthotists, and psychologists.
Out-of-Hours Surcharges	Specific additional fee payments applying when services are provided outside of normal office hours.
Percent of Population Who Received Specialty Care	Patients within the defined area who received MSC-insured services (not considered to be General Practice or Pathology services), expressed as a percentage of the population of that area.
Population	Data obtained from BC Stats' P.E.O.P.L.E. 28 (Population Extrapolation for Organization Planning with Less Error, run cycle 28, August 2003).
Primary and Secondary Location	For services received outside a patient's area of residence, the primary and secondary locations reflect the HSDA or HA where patients are most likely to receive treatment if they did not receive it within their own geographical area. Fee-for-service data only.
Recommended Wait	The median length of time considered to be reasonable for a patient to wait for referrals, as reported by specialists across the province.
Relative to Region	For quantitative data elements, individual HSDA values were compared to the arithmetic average value of all HSDAs in the region. For data elements obtained from the survey, individual HSDA values were compared to the overall value for the entire region.
Relative to the Province	For quantitative data elements, individual regional values were compared to the arithmetic average value of all regions in the province. For data elements obtained from the survey, individual regional values were compared to the overall value for the province.
Schedule Adjustments to Deal with Emergencies	Cases where the physician's routine work schedule was interrupted to deal with a patient emergency.

Specialties Where Wait Exceeds Reasonable Standard	Specialties with reported median wait times that were longer than the overall provincial median time stipulated as reasonable (provided the survey data for the specialty and area was sufficiently reliable).
Surgical Specialties	Includes General Surgery, Neurosurgery, Obstetrics & Gynaecology, Ophthalmology, Orthopedic surgery, Otolaryngology, Plastic surgery, Chest surgery, Cardiac surgery, Urology, and Vascular surgery.
Total Additional OR Time Needed in Area per week	An estimated value calculated by multiplying the reported average additional OR time per surgeon (hrs/wk) by the total full time equivalents of surgeons in the area.
Total FFS and Non-FFS Paid to Physicians	Includes all payments to physicians for specialty services, regardless of the payment modality employed. BC totals may not equate to the sum of all regional totals due to certain inefficiencies and inaccuracies in some base data files.
Tray Fees	Tray fees are applicable under certain circumstances to cover the cost of medical materials when services are performed outside a funded facility. (e.g., not in a hospital, extended care facility, etc.)
Urgent case	A patient requires a procedure due to the risk to his or her health and can wait a short period of time if necessary. A patient classified as urgent must be closely monitored by his or her doctor during the wait and may be re-classified to emergency.
Waits for Referrals	The length of time a patient waits between a general practitioner office visit and the initial visit to a specialist. Anaesthesia and Emergency Medicine specialties are not included in these counts.

APPENDIX B

Decision Criteria For Grading Specialty Care Report

The grading system employed in this report is a five-point scale where:

- A is excellent
- B is good
- C is average
- D is below average
- F is a failing grade

The criteria applied to determine the actual grade within each category of evaluation is identified below.

Availability/Access to Hospital Beds

F: where each of the following factors apply:

- physician opinion on the question reflects both 'inadequate' and 'deteriorating' adequacy
- beds/capita are declining
- there are fewer hospital cases
- hospital case intensity is declining

D: where only three of the above listed factors apply

C: where only two of the above listed factors apply

B: where only one of the above listed factors apply

A: where none of the above listed factors apply

Availability/Access to Operating Room (OR)

F: where physician opinion is as follows:

- more than 75% report inadequate OR time
- OR time is decreasing
- More than 50% agree the hospital has no capacity to increase time

D: where physician opinion is as follows:

- 50%-75% report inadequate OR time
- OR time is decreasing
- More than 50% agree the hospital has no capacity to increase time

C: where physician opinion reflects only two of the factors listed in grade D

B: where physician opinion reflects only one of the factors listed in grade D

A: where physician opinion reflects none of the factors listed above

Emergency Room (ER) Adequacy

F: where physician opinion is as follows:

- more than 75% of physicians report excessive waits
- transfers are rated as 'difficult'

D: where physician opinion is as follows:

- 60%-75% of physicians report excessive waits
- transfers are rated as 'difficult'

C: where physician opinion is as follows:

- 40%-59% of physicians report excessive waits
- transfers are rated as 'difficult'

B: where physician opinion reflects only one of the factors listed in grade C

A: where physician opinion reflects none of the factors listed above

Availability/Access to Advanced Diagnostic Equipment

F: where all of the following factors apply:

- the 'all physician' category *and* the diagnostic physicians' category report adequacy/supply of equipment as 'inadequate'
- diagnostic physicians report access to have 'worsened' or as 'unchanged'
- reported wait times exceed the recommended wait by 100% or more for each of CT and MRI procedures, for either urgent or elective tests
- diagnostic physicians list at least one of MRI/CT/PET as a needed upgrade

D: where only three of the above listed factors apply, one of which must be that diagnostic physicians list at least one of MRI/CT/PET as a needed upgrade

C: where only two of the above listed factors apply

B: where only one of the above listed factors apply

A: where none of the above listed factors apply

Availability/Access to Other Diagnostic Equipment

F: where each of the following factors apply:

- each major specialty group reported inadequate supply
- each major specialty group reported deteriorating access
- each major specialty group reported that current access was unacceptable

D: where each of the following factors apply:

- two out of the three major specialty groups reported inadequate supply *and* deteriorating access
- at least two out of the three major specialty groups reported current access as unacceptable

C: where each of the following factors apply:

- at least two out of the three major specialty groups reported inadequate supply
- at least two out of the three major specialty groups reported unchanged or deteriorating access
- at least two out of three major specialty groups reported current access as acceptable

B: where each of the following factors apply:

- one out of the three major specialty groups reported inadequate supply
- at least two out of the three major specialty groups reported current access as acceptable

A: where each of the following factors apply:

- none of the three major specialty groups reported inadequate supply
- three out of the three major specialty groups reported current access as acceptable

Availability/Access to Long Term Care (LTC) Beds

F: where each of the following factors apply:

- physician opinion on the question of adequacy reflects both 'inadequate' *and* 'deteriorating'
- beds/capita are declining
- 75% or more of physicians reported 'bed blockers' as a problem

D: where each of the following factors apply:

- physician opinion on the question of adequacy reflects both 'inadequate' *and* 'deteriorating or unchanged'
- beds/capita are stable
- 75% or more of physicians reported 'bed blockers' as a problem

C: where each of the following factors apply:

- physician opinion on the question of adequacy reflects either 'inadequate but improving' or 'adequate and unchanged'
- beds/capita are increasing
- 75% or more of physicians reported 'bed blockers' as a problem

B: where each of the following factors apply:

- physician opinion on the question of adequacy reflects 'adequate'
- beds/capita are stable

A: where each of the following factors apply:

- physician opinion on the question of adequacy reflects 'adequate'
- beds/capita are increasing

Availability/Access to Home Care/Community Programs

F: where the following factors apply:

- physician opinion on the question of adequacy reflects 'inadequate' and 'deteriorating' for both programs
- service hours or volume of visits are decreasing in both categories

D: where the following factors apply:

- physician opinion on the question of adequacy reflects 'inadequate' and 'deteriorating' for both programs
- service hours or volume of visits are increasing in at least one category

C: where the following factors apply:

- physician opinion on the question of adequacy reflects 'inadequate' and 'unchanged'
- service hours or volume of visits are increasing in at least one category

B: where the following factors apply:

- physician opinion on the question of adequacy reflects 'adequate' for both programs
- service hours or volume of visits are increasing in one category

A: where the following factors apply:

- physician opinion on the question of adequacy reflects 'adequate' for both programs
- service hours or volume of visits are increasing in all categories

Waits For Referrals

F: where at least one of the following factors apply:

- more than 40% of the specialty groups available in the region report 'urgent' wait times that exceed a reasonable wait
- more than 50% of the specialty groups available in the region report 'elective' wait times that exceed a reasonable wait

D: where at least one of the following factors apply:

- 30%-40% of the specialty groups available in the region report 'urgent' wait times that exceed a reasonable wait
- 40%-50% of the specialty groups available in the region report 'elective' wait times that exceed a reasonable wait

C: where at least one of the following factors apply:

- 20%-29% of the specialty groups available in the region report 'urgent' wait times that exceed a reasonable wait
- 30%-39% of the specialty groups available in the region report 'elective' wait times that exceed a reasonable wait

B: where at least one of the following factors apply:

- 10%-19% of the specialty groups available in the region report 'urgent' wait times that exceed a reasonable wait
- 20%-29% of the specialty groups available in the region report 'elective' wait times that exceed a reasonable wait

A: where at least one of the following factors apply:

- fewer than 10% of the specialty groups available in the region report 'urgent' wait times that exceed a reasonable wait
- fewer than 20% of the specialty groups available in the region report 'elective' wait times that exceed a reasonable wait

Supply of Physicians/Other Health Professionals

The following factors were considered for each of the three major specialty groups: 1) change in per capita supply, 2) pending physician retirement, and 3) physician opinion with respect to shortages of health care personnel. Points were awarded if the per capita percentage change was positive, pending retirement was cited by fewer than 25% of the respondents and fewer than 40% of respondents indicated a shortage of health care personnel. Weighted percentages were then calculated.

A: 80% and above

B: 70% - 79%

C: 60% - 69%

D: 50% - 59%

F: less than 50%

Care Where You Live?

A Province-Wide Review

Specialty Care in British Columbia



KEY OBSERVATIONS

- 52% of BC residents received specialty care in 2002/2003. That percentage is unchanged from 1997/1998.
- The ratio of specialists to population is growing slowly, with proportionally fewer GPs providing specialty care services.
- 26% of surgeons and 33% of diagnostic physicians report that they are contemplating retirement within the next five years.
- Wait times for medical and surgical specialist referrals are frequently longer than recommended. Wait times for advanced diagnostic services are a notable problem.

- Physicians report inadequate a) acute and long term care beds, b) diagnostic/therapeutic equipment and c) community and home care support programs. In each case the situation has deteriorated over the last five years.
- The numbers of acute care and long term care beds per capita are declining significantly, in the face of an aging population.
- Correspondingly, hospitalisations per capita are decreasing, as are the numbers of acute and alternative level care days provided.
- The number of home support clients per 1000 population and corresponding hours of care are decreasing significantly.
- 91% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute care beds as the primary cause.
- 79% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 4835 hours of additional weekly OR time is required to provide more timely patient care.
- Significant shortages of health care personnel are reported.
- Most physicians believe that over the next five years the volume of patients they will see, their associated work time and waiting times for referrals will increase.
- Most physicians also believe that future technological changes in specialty care will improve the effectiveness and efficiency of the care delivered. While these changes will be cost neutral to the overall health care system, they will result in higher utilization rates and, therefore, higher total costs for specialty care services themselves.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	66.1	0.7%
GP FTEs included	7.8	0.7%
Non-FFS FTEs	7.8	-2.0%
Nurses	505.9	
Acute/rehab beds (est.)	179.5	-3.0%
LTC Beds (est.)*	4,984	-1.2%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	52%	Unchanged
Per capita cost of care	\$216	1.5%
Received in area	\$216	1.5%
Received out of area	n/a	n/a
Hospitalisations per 1,000 Pop	92.1	-4.2%
Average length of stay	6.9 days	1.4%
Emergency Room Care		
Excessive wait reports	91.3%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	7 days	
Surgical	5 days	
Longest Elective Wait (Median)		
Medical	10 weeks	
Surgical	16 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS		
	2002/2003	AV. ANN. GROWTH 97/98-02/03
DEMOGRAPHICS		
Total Population	4,141,272	0.9%
% 65 yrs +	13.3%	
% 80 yrs +	3.6%	
% First Nations (01/02)	3.8%	
Projected population in 2012	4,668,501	1.2%
% 65 yrs +	15.4%	
% 80 yrs +	4.3%	
Population density (persons/km ²)	4.33	0.9%
65 yrs +	0.58	2.0%
80 yrs +	0.15	4.9%
First Nations (01/02)	0.16	2.1%
% of population receiving specialty care	52%	Unchanged
PHYSICIAN REPORTED WAIT TIMES FOR CARE		
Med/Surg Specialties where median referral waits exceed reasonable standard		
Urgent referral wait (actual/recommended)		
Cardiology	7 days/2 days	
Endocrinology	7 days/3 days	
Gastroenterology	7 days/3 days	
Geriatric Medicine	7 days/2 days	
Internal Medicine	3 days/2 days	
Nephrology	4.5 days/3 days	
Neurology	4 days/2 days	
Obstetrics and Gynaecology	3 days/2 days	
Orthopaedic Surgery	5 days/3 days	
Otolaryngology	2.5 days/2 days	
Plastic Surgery	5 days/2 days	
Psychiatry	7 days/4 days	
Respirology	4 days/2 days	
Urology	3 days/2 days	
Elective referral wait (actual/recommended)		
Cardiology	8 wks/4 wks	
Chest Surgery	5 wks/3.5 wks	
Dermatology	4 wks/3 wks	
Endocrinology	6 wks/4.3 wks	
Gastroenterology	10 wks/4 wks	
Geriatric Medicine	4 wks/3 wks	
Nephrology	9 wks/4 wks	
Neurology	6 wks/4 wks	
Neurosurgery	8 wks/4 wks	
Orthopaedic Surgery	16 wks/6 wks	
Otolaryngology	6 wks/3 wks	
Physical Medicine and Rehab	5 wks/4 wks	
Plastic Surgery	15 wks/4 wks	
Psychiatry	7 wks/4 wks	
Urology	4.5 wks/3 wks	

POPULATION AND ACCESS INDICATORS - continued		
	2002/2003	AV. ANN. GROWTH 97/98-02/03
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)		
Referrals to diagnostic specialists (Radiology)		
Median wait/recommended wait for urgent case		
CT scan	7 days/3 days	
MRI	14 days/3 days	
All others	3 days/2 days	
Median wait/recommended wait for elective case		
CT scan	30 days/14 days	
MRI	115 days/21 days	
All others	14 days/12 days	
Emergency room care		
% ER physicians reporting excessive waits	91.3%	
Most significant contributor	lack of acute beds	
Ease of arranging emergent transfer	difficult	

CAPITAL RESOURCE AND PROGRAM INDICATORS		
	2002/2003	AV. ANN. GROWTH 97/98-02/03
BEDS		
Estimated number of acute/rehab beds/100,000 pop	179.5	-3.0%
Physician reported assessment of acute/rehab bed supply	inadequate	
Estimated number of longterm care beds/100,000 pop*	4,984	-1.2%
Physician reported assessment of LTC bed supply	inadequate	
SURGICAL CAPACITY		
% of surgeons reporting inadequate OR time	78.7%	
Surgeons OR time relative to 1998	decreased	
Reported additional OR time needed per surgeon (hrs/wk)	5.1	
Total additional OR time needed per week (est.)	4,835.0 hrs	
Physician reported assessment of hospital capacity to increase OR time		
% reporting hospital does not have the capacity to increase OR time	74.7%	
Cited reasons for hospital inability		
Supply of nurses	32.6%	
Supply of other professional staff	5.5%	
Funding	54.6%	
DIAGNOSTIC EQUIPMENT		
Assessment by medical specialists in area		
Overall supply of diagnostic/therapeutic equipment	inadequate	
Patient access to D/T equipment in area	acceptable	
Patient access relative to 1998	worsened	
Assessment by surgical specialists in area		
Overall supply of diagnostic/therapeutic equipment	inadequate	
Patient access to D/T equipment in area	acceptable	
Patient access relative to 1998	unchanged	
Assessment by diagnostic specialists in area		
Overall supply of diagnostic/therapeutic equipment	inadequate	
Patient access to D/T equipment in area	acceptable	
Patient access relative to 1998	worsened	

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued		
	2002/2003	AV. ANN. GROWTH 97/98-02/03
COMMUNITY BASED PROGRAMS		
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>		
Number of clients/1,000 population (01/02)	9.3	-6.1%
Number of Home Support Hours/1,000 population (01/02)	1,761.8	-2.9%
Average number of hours of care per client (01/02)	188.9	3.4%
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>		
Number of clients/1,000 population (01/02)	12.9	0.2%
Number of direct care visits/1,000 population (01/02)	218.0	-0.2%
Average number of direct care visits per client (01/02)	16.9	-0.5%
Physician reported assessment of community care programs	inadequate	
Physician reported assessment of home care support	inadequate	

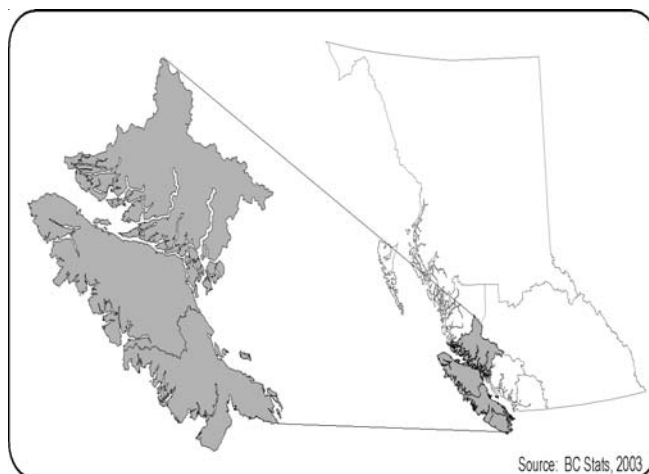
HUMAN RESOURCE INDICATORS		
	2002/2003	AV. ANN. GROWTH 97/98-02/03
Medical specialists		
Non fee-for-service FTE/100,000 population	7.3	-1.9%
Fee-for-service FTE/100,000 population	43.5	1.5%
GP FTE/100,000 population included in count	5.2	1.9%
Average weekly practice hours (excluding call)	46.5	
Weekly work time relative to 1998	unchanged	
Schedule adjustments to deal with emergencies (average frequency per week)	3.0	
Emergent schedule adjustments relative to 1998	increased	
% likely to retire within 5 years	21.7%	
Surgical specialists		
Non fee-for-service FTE/100,000 population	0.5	-3.4%
Fee-for-service FTE/100,000 population	22.6	-0.7%
GP FTE/100,000 population included in count	2.6	-3.0%
Average weekly practice hours (excluding call)	50.2	
Weekly work time relative to 1998	unchanged	
Schedule adjustments to deal with emergencies (average frequency per week)	3.6	
Emergent schedule adjustments relative to 1998	increased	
% likely to retire within 5 years	26.2%	
Diagnostic specialists		
Pathologists (Active head count)	210	n/a
Non fee-for-service radiology FTE/100,000 population	n/a	
Fee-for-service radiology FTE/100,000 population	6.1	2.8%
GP FTE/100,000 population included in count	0.0	
Average weekly practice hours (excluding call)	45.1	
Weekly work time relative to 1998	increased	
Schedule adjustments to deal with emergencies (average frequency per week)	8.6	
Emergent schedule adjustments relative to 1998	increased	
% likely to retire within 5 years	32.5%	
Nurses/100,000 population	505.9	
Physician reported shortages of other health care professionals		
Reported by medical specialists		
% reporting shortage in 3 or more professions	41.9%	
Most often mentioned profession	Critical care nurses	
Reported by surgical specialists		
% reporting shortage in 3 or more professions	49.6%	
Most often mentioned profession	Post anesthesia nurses	
Reported by diagnostic specialists		
% reporting shortage in 3 or more professions	25.1%	
Most often mentioned profession	Critical care nurses	

UTILIZATION INDICATORS		
	2002/2003	AV. ANN. GROWTH 97/98-02/03
All specialist services		
Total ffs cost for residents	\$892,867,363	2.4%
Per capita ffs cost for residents	\$215.60	1.5%
Total ffs and non-ffs paid to physicians	\$1,284,565,542	
Per capita ffs and non-ffs paid to physicians	\$310.19	
Per capita for:		
non fee-for-service payment plans	\$20.15	
all diagnostic and treatment services (ffs)	\$282.71	
isolation allowance premiums (ffs)	\$0.99	
out-of-hours surcharges (ffs)	\$5.23	
tray fees (est. ffs)	\$1.10	
Medical specialist services		
Total ffs cost for residents	\$425,097,507	2.6%
Per capita ffs cost for residents	102.65	1.7%
Total ffs and non-ffs paid to physicians in area	\$511,478,228	
Per capita ffs and non-ffs paid to physicians in area	\$123.51	
Per capita for:		
non fee-for-service payment plans	\$17.41	
all diagnostic and treatment services (ffs)	\$102.65	
isolation allowance premiums (ffs)	\$0.35	
out-of-hours surcharges (ffs)	\$2.98	
tray fees (est. ffs)	\$0.11	
Surgical specialist services (all types of service)		
Total cost for residents	\$309,789,553	0.8%
Per capita cost for residents	\$74.81	-0.1%
Total ffs and non-ffs paid to physicians	\$330,564,731	
Per capita ffs and non-ffs paid to physicians	\$79.82	
Per capita for:		
non fee-for-service payment plans	\$1.37	
all diagnostic and treatment services (ffs)	\$74.81	
isolation allowance premiums (ffs)	\$0.50	
out-of-hours surcharges (ffs)	\$2.18	
tray fees (est. ffs)	\$0.97	
Surgical specialist services (major surgical intervention only)		
Total cost for residents	\$172,648,433	1.8%
Per capita cost for residents	\$35.37	0.9%

UTILIZATION INDICATORS - continued		
	2002/2003	AV. ANN. GROWTH 97/98-02/03
Diagnostic specialist services		
Total ffs cost for residents	\$157,980,303	4.3%
Per capita ffs cost for residents	\$38.15	3.4%
Total ffs and non-ffs paid to physicians	\$441,571,027	
Per capita ffs and non-ffs paid to physicians	\$106.63	
Per capita for:		
non fee-for-service payment plans	\$1.37	
all diagnostic and treatment services (ffs)	\$105.26	
isolation allowance premiums (ffs)	\$0.13	
out-of-hours surcharges (ffs)	\$0.08	
tray fees (est. ffs)	\$0.02	
Hospitalisations		
Number of hospital cases	381,428	-3.3%
Cases per 1,000 population	92.1	-4.2%
Number of intensity weighted hospital cases	580,214.9	-0.8%
Weighted cases per 1,000 population	140.1	-1.7%
Total number of days stay	2,641,563	-1.9%
Acute care/rehabilitative days	2,305,895	-2.1%
Alternative level of care days	335,668	-1.0%
% of all specialists reporting "bedblocker" problem	90.2%	
Average length of stay (days) per weighted case	6.9	1.4%
% of all specialists reporting stay too short	29.5%	
% of all specialists reporting impact of short stay as:		
Increase in office visits	27.1%	
Increase in patient complications	28.3%	
Increase in re-admission rates	34.4%	

FUTURE CHALLENGES/ASSESSMENT	
	2002/2003
Physician reported impact of technological change over the next 5 years on:	
Utilization of services	increase
Accessibility to care	increase
Efficiency of care delivery	improve
Effectiveness of care	improve
Safety of care	improve
Length of stay in hospital	decrease
Overall cost to the system	neutral
Physician reported expectations of change over the next 5 years related to:	
The availability of specialist services in the area	neutral
Their personal workload	increase
The volume of patients they will see	increase
The length of time patients will wait for referral	increase
The frequency with which patients will require access to high tech equipment	increase
Their personal level of satisfaction from practice	neutral

Specialty Care in the Vancouver Island Health Authority



In Relation to the Province, the VIHA demonstrates:

- a higher proportion of elderly persons
- the highest per capita cost in the province
- a much lower proportion of care referred out-of-region
- more acute care beds, more hospitalizations per capita and of a greater intensity, with a longer length of stay
- more long term care beds per capita
- more direct/support home care clients/capita
- better wait times for advanced diagnostics (although still poor)
- a more significant physician retirement issue

KEY OBSERVATIONS

- 56% of the VIHA population received specialty services in 2002/03, an increase from 1997/98.
- Referral waiting times are a problem and tend to be worse than provincial norms. Waits for advanced diagnostic services are poor.
- 89% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- The per capita number of home support clients is decreasing relatively rapidly, while the number of hospital beds is declining, and average length of stay is increasing. 93% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- 67% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 1044 hours of additional weekly OR time are required to provide more timely patient care.
- The number of medical specialists is growing, while the number of surgical specialists is slowly declining. Roughly 40% of surgical and diagnostic specialists report they are contemplating retirement within 5 years.
- Significant shortages are reported for health care personnel, particularly critical care and OR nurses.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	71.6	2.3%
GP FTEs included	8.8	4.5%
Non-FFS FTEs	4.6	-1.8%
Nurses	596.2	
Acute/rehab beds (est.)	214.1	-0.4%
LTC Beds (est.)*	4,592	-0.6%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	unchanged
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	56%	Increasing
Per capita cost of care	\$238	2.4%
Received in area	\$218	2.5%
Received out of area	\$19	1.4%
Hospitalisations per 1,000 Pop	104.0	-2.6%
Average length of stay	7.4 days	2.0%
Emergency Room Care		
Excessive wait reports	88.9%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	14 days	
Surgical	8.5 days	
Longest Elective Wait (Median)		
Medical	26 weeks	
Surgical	27 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	695,942	0.2%		
% 65 yrs +	16.9%			greater
% 80 yrs +	4.9%			greater
% First Nations (01/02)	4.7%			greater
Projected population in 2012	750,691	0.8%		
% 65 yrs +	19.2%			greater
% 80 yrs +	5.6%			greater
Population density (persons/ km ²)	12.64	0.2%		greater
65 yrs +	2.13	1.5%		greater
80 yrs +	0.62	5.1%		greater
First Nations (01/02)	0.59	2.3%		greater
% of area population receiving specialty care (excl. laboratory tests)	56%	Increasing		greater
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Cardiology	7 days/2 days			same
Endocrinology	7 days/3 days			same
Gastroenterology	10 days/3 days			worse
General Surgery	4 days/3 days			worse
Nephrology	14 days/3 days			worse
Neurosurgery	8.5 days/2 days			worse
Plastic Surgery	6 days/2 days			worse
Psychiatry	4.5 days/4 days			better
Respirology	6 days/2 days			worse
Urology	2.5 days/2 days			worse
Elective referral wait (actual/recommended)				
Cardiology	5 wks/4 wks			better
Chest Surgery	12 wks/3.5 wks			worse
Dermatology	4 wks/3 wks			same
Endocrinology	9 wks/4.3 wks			worse
Gastroenterology	12 wks/4 wks			worse
General Surgery	8 wks/4 wks			worse
Nephrology	26 wks/4 wks			worse
Neurosurgery	16 wks/4 wks			worse
Obstetrics and Gynaecology	5 wks/4 wks			worse
Paediatrics	4 wks/3 wks			worse
Plastic Surgery	27 wks/4 wks			worse
Psychiatry	7 wks/4 wks			same
Vascular Surgery	7 wks/2 wks			worse

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
(continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	5 days/3 days			better
MRI	10 days/3 days			better
All others	2 days/2 days			better
Median wait/recommended wait for elective case				
CT scan	30 days/14 days			same
MRI	112.5 days/21 days			better
All others	14 days/12 days			same
Emergency room care within area				
% ER physicians reporting excessive waits	88.9%			lesser
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	214.1	-0.4%		greater
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	4,592	-0.6%		greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	67.1%			lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	6.3			greater
Total additional OR time needed in area per week (est.)	1,044.0 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	73.6%			
Cited reasons for hospital inability				
Supply of nurses	26.7%			
Supply of other professional staff	0.0%			
Funding	64.4%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. Nuclear Medicine 2. Fiber-optic intubation 3. Lab equipment using small amounts of blood 4. Ultrasound 5. Preoperative cardiac assessment			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years				
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. PET scan 2. Ultrasound 3. CT scan			

* 2001/02 data. Rate based only on population 65 years +.

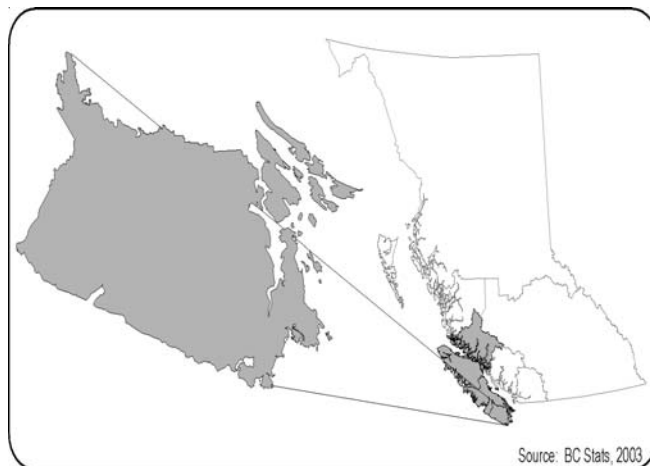
CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	11.0	-5.7%		greater
Number of Home Support Hours/1,000 population (01/02)	2,241.5	-7.6%		greater
Average number of hours of care per client (01/02)	204.0	-2.0%		greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	17.8	0.6%		greater
Number of direct care visits/1,000 population (01/02)	263.3	-2.0%		greater
Average number of direct care visits per client (01/02)	14.8	-2.6%		lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANNUAL GROWTH	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	4.5	-1.8%		
Fee-for-service FTE/100,000 population	47.9	3.6%		
GP FTE/100,000 population included in count	6.4	10.2%		
Average weekly practice hours (excluding call)	45.4			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	2.8			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	21.6%			better
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.1	-2.0%		
Fee-for-service FTE/100,000 population	23.7	-0.1%		
GP FTE/100,000 population included in count	2.3	-5.5%		
Average weekly practice hours (excluding call)	48.2			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.2			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	38.5%			worse
Diagnostic specialists				
Pathologists (Active head count)	27	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	7.6	3.8%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	41.7			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	7.9			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	42.4%			worse
Nurses/100,000 population	596.2			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	39.6%			better
Most often mentioned profession	Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	47.3%			better
Most often mentioned profession	OR nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	28.6%			worse
Most often mentioned profession	Critical care nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$165,289,339	2.6%		
Per capita ffs cost for residents of area	\$237.50	2.4%		greater
Received in area	\$218.42	2.5%		greater
Received out of area	\$19.09	1.4%		lower
% of services received out of area				
All locations/areas	8.0%			lower
Primary location/area (name and %)	Vancouver Coastal (6%)			
Secondary location/area (name and %)	Fraser Valley (1%)			
Total ffs and non-ffs paid to physicians in area	\$221,394,791			
Per capita ffs and non-ffs paid to physicians in area	\$318.12			
Per capita for:				
non fee-for-service payment plans	\$11.27			
all diagnostic and treatment services (ffs)	\$299.20			
isolation allowance premiums (ffs)	\$0.62			
out-of-hours surcharges (ffs)	\$5.79			
tray fees (est. ffs)	\$1.25			
Medical specialist services				
Total ffs cost for residents of area	\$79,362,081	3.7%		
Per capita ffs cost for residents of area	\$113.98	3.5%		greater
Received in area	\$103.83	3.6%		greater
Received out of area	\$10.15	3.0%		lower
% of services received out of area				
All locations/areas	8.9%			lower
Primary location/area (name and %)	Vancouver Coastal (7%)			
Secondary location/area (name and %)	Fraser (1%)			
Total ffs and non-ffs paid to physicians in area	\$85,860,683			
Per capita ffs and non-ffs paid to physicians in area	\$123.37			
Per capita for:				
non fee-for-service payment plans	\$10.53			
all diagnostic and treatment services (ffs)	\$109.24			
isolation allowance premiums (ffs)	\$0.25			
out-of-hours surcharges (ffs)	\$3.16			
tray fees (est. ffs)	\$0.19			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$56,691,384	0.4%		
Per capita ffs cost for residents of area	\$81.46	0.2%		greater
Received in area	\$74.36	0.3%		greater
Received out of area	\$7.10	-0.5%		lower
% of services received out of area				
All locations/areas	8.7%			lower
primary location/area (name and %)	Vancouver Coastal (7%)			
secondary location/area (name and %)	Fraser (2%)			
Total ffs and non-ffs paid to physicians in area	\$57,264,292			
Per capita ffs and non-ffs paid to physicians in area	\$82.28			
Per capita for:				
non fee-for-service payment plans	\$0.37			
all diagnostic and treatment services (ffs)	\$78.07			
isolation allowance premiums (ffs)	\$0.27			
out-of-hours surcharges (ffs)	\$2.53			
tray fees (est. ffs)	\$1.05			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$28,986,958	1.9%		
Per capita ffs cost for residents of area	\$41.65	1.7%		greater
Received in area	\$37.24	1.9%		greater
Received out of area	\$4.41	0.3%		lower
% of services received out of area				
All locations/areas	10.6%			lower
Primary location/area (name and %)	Vancouver Coastal (8%)			
Secondary location/area (name and %)	Fraser (2%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$29,271,874	4.7%		
Per capita ffs cost for residents of area	\$42.06	4.5%		greater
Received in area	\$40.22	4.7%		greater
Received out of area	\$1.84	0.2%		lower
% of services received out of area				
All locations/areas	4.4%			lower
Primary location/area (name and %)	Vancouver Coastal (3%)			
Secondary location/area (name and %)	Fraser (1%)			
Total ffs and non-ffs paid to physicians in area	\$78,289,816			
Per capita ffs and non-ffs paid to physicians in area	\$112.47			
Per capita for:				
non fee-for-service payment plans	\$0.37			
all diagnostic and treatment services (ffs)	\$111.89			
isolation allowance premiums (ffs)	\$0.10			
out-of-hours surcharges (ffs)	\$0.11			
tray fees (est. ffs)	\$0.01			
Hospitalisations				
Number of hospital cases in area	72,348	-2.5%		
Cases in area per 1,000 population	104.0	-2.6%		greater
Number of intensity weighted hospital cases in area	108,476.8	0.4%		
Weighted cases in area per 1,000 population	155.9	0.2%		greater
Total number of days stay in area	531,808	-0.5%		
Acute care/rehabilitative days	462,223	-0.3%		
Alternative level of care days	69,585	-2.3%		
% of all specialists in area reporting "bedblocker" problem	92.8%			greater
Average length of stay (days)	7.4	2.0%		greater
% of all specialists in area reporting stay too short	20.7%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	26.0%			
Increase in patient complications	31.3%			
Increase in re-admission rates	35.4%			

Specialty Care in the South Vancouver Island/ Capital Health Service Delivery Area



KEY OBSERVATIONS

- 66% of the SVIHSDA population received specialty services in 2002/03, unchanged from 1997/98.
- The vast majority of care is provided within the area.
- Referral waiting times are beyond those recommended for many specialties and are generally worse than provincial norms. Waits for advanced diagnostic services are poor.
- 92% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- Physicians report inadequate a) acute and long term care beds, b) access to diagnostic/therapeutic equipment and c) community and home care support programs.
- The per capita number of home support clients is decreasing rapidly, while the number of hospital beds is declining and average length of stay is increasing. 94% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- 71% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 771 hours of additional weekly OR time are required to provide more timely patient care.
- The number of medical specialists is growing, while the number of surgical specialists is slowly declining. 37% of surgical and diagnostic specialists report contemplating retirement within 5 years.
- Significant shortages are reported for health care personnel, particularly emergency and OR nurses.

In Relation to the VIHA, the SVIHSDA demonstrates:

- a higher proportion of elderly persons, more densely populated
- the highest percentage of resident access in the province
- higher utilization rates
- more acute care beds and hospitalisations per capita and of a greater intensity, with a longer length of stay
- more long term care beds per capita
- more direct/support home care clients/capita
- greater reported shortage of health care personnel

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	98.8	1.6%
GP FTEs included	9.0	4.2%
Non-FFS FTEs	7.5	-1.5%
Nurses	784.5	
Acute/rehab beds (est.)	261.3	-0.9%
LTC Beds (est.)*	5,916	0.5%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	66%	Unchanged
Per capita cost of care	\$287	1.7%
Received in area	\$267	1.5%
Received out of area	\$21	3.3%
Hospitalisations per 1,000 Pop	114.6	-2.9%
Average length of stay	8.2 days	2.3%
Emergency Room Care		
Excessive wait reports	92.3%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	14 days	
Surgical	8.5 days	
Longest Elective Wait (Median)		
Medical	26 weeks	
Surgical	16 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	340,585	0.3%		
% 65 yrs +	17.6%		greater	greater
% 80 yrs +	5.9%		greater	greater
% First Nations (01/02)	3.8%		lower	same
Projected population in 2012	359,416	0.5%		
% 65 yrs +	19.4%		greater	greater
% 80 yrs +	5.9%		greater	greater
Population density (persons/km ²)	62.07	0.3%	greater	greater
65 yrs +	10.94	0.2%	greater	greater
80 yrs +	3.66	3.8%	greater	greater
First Nations (01/02)	2.35	2.5%	greater	greater
% of area population receiving specialty care (excl. laboratory tests)	66%	Unchanged	greater	greater
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Cardiology	7 days/2 days		same	same
Endocrinology	7 days/3 days		same	same
Gastroenterology	10 days/3 days		same	worse
General Surgery	7 days/3 days		worse	worse
Nephrology	14 days/3 days		same	worse
Neurosurgery	8.5 days/2 days		same	worse
Plastic Surgery	7 days/2 days		worse	worse
Respirology	6 days/2 days		same	worse
Urology	3 days/2 days		worse	worse
Elective referral wait (actual/recommended)				
Cardiology	6.5 wks/4 wks		worse	better
Chest Surgery	12 wks/3.5 wks		same	worse
Dermatology	4 wks/3 wks		same	same
Endocrinology	9 wks/4.3 wks		same	worse
Gastroenterology	12 wks/4 wks		same	worse
General Surgery	10 wks/4 wks		worse	worse
Nephrology	26 wks/4 wks		same	worse
Neurosurgery	16 wks/4 wks		same	worse
Obstetrics and Gynaecology	6.5 wks/4 wks		worse	worse
Psychiatry	7 wks/4 wks		same	same
Vascular Surgery	7 wks/2 wks		same	worse

POPULATION AND ACCESS INDICATORS - continued

	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	5 days/3 days		same	better
MRI	12 days/3 days		worse	better
All others	2 days/2 days		same	better
Median wait/recommended wait for elective case				
CT scan	30 days/14 days		same	same
MRI	120 days/21 days		worse	worse
All others	14 days/12 days		same	same
Emergency room care within area				
% ER physicians reporting excessive waits	92.3%		greater	greater
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	261.3	-0.9%	greater	greater
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop *	5,916	0.5%	greater	greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	70.5%		greater	lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	7.3		greater	greater
Total additional OR time needed in area per week (est.)	770.9 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	74.4%			
Cited reasons for hospital inability				
Supply of nurses	37.0%			
Supply of other professional staff	0.0%			
Funding	59.3%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. Fiber-optic intubation 2. Nuclear Medicine 3. Ultrasound 4. Angiogram			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years				
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. PET scan 2. Ultrasound 3. CT scan			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued

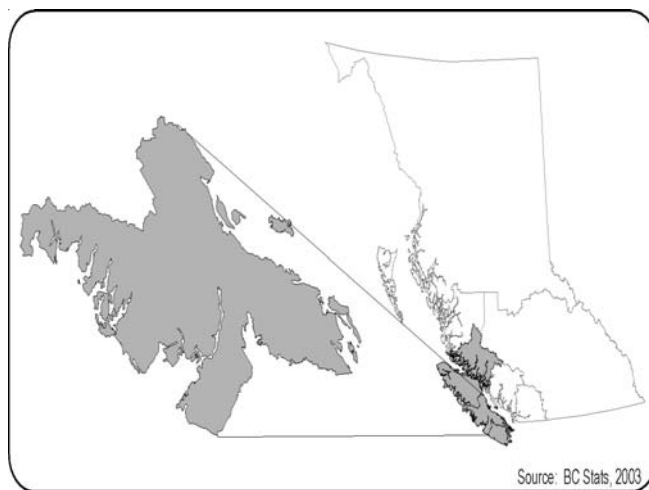
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	14.3	-6.0%	greater	greater
Number of Home Support Hours/1,000 population (01/02)	2,909.5	-9.6%	greater	greater
Average number of hours of care per client (01/02)	203.1	-3.9%	lower	greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	20.9	-1.4%	greater	greater
Number of direct care visits/1,000 population (01/02)	300.7	-5.8%	greater	greater
Average number of direct care visits per client (01/02)	14.4	-4.5%	lower	lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	7.3	-1.8%		
Fee-for-service FTE/100,000 population	67.9	2.7%		
GP FTE/100,000 population included in count	5.8	9.4%		
Average weekly practice hours (excluding call)	45.7			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	2.6			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	25.2%		worse	worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.2	-3.1%		
Fee-for-service FTE/100,000 population	30.9	-0.5%		
GP FTE/100,000 population included in count	3.1	-2.7%		
Average weekly practice hours (excluding call)	50.5			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.4			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	37.3%		better	worse
Diagnostic specialists				
Pathologists (Active head count)	18	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	9.4	2.6%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	42.0			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	6.4			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	37.9%		better	worse
Nurses/100,000 population	784.5			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	41.4%		worse	better
Most often mentioned profession	Emergency care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	57.6%		worse	worse
Most often mentioned profession	OR nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	25.8%		better	worse
Most often mentioned profession	OR nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$97,886,003	2.0%		
Per capita ffs cost for residents of area	\$287.41	1.7%	greater	greater
Received in area	\$266.72	1.5%	greater	greater
Received out of area	\$20.69	3.3%	lower	lower
% of services received out of area				
All locations/areas	7.2%		lower	lower
Primary location/area (name and %)	Vancouver (4%)			
Secondary location/area (name and %)	Central Vancouver Is (1%)			
Total ffs and non-ffs paid to physicians in area	\$155,489,080			
Per capita ffs and non-ffs paid to physicians in area	\$456.54			
Per capita for:				
non fee-for-service payment plans	\$18.48			
all diagnostic and treatment services (ffs)	\$428.59			
isolation allowance premiums (ffs)	\$0.10			
out-of-hours surcharges (ffs)	\$7.73			
tray fees (est. ffs)	\$1.63			
Medical specialist services				
Total ffs cost for residents of area	\$48,902,833	2.9%		
Per capita ffs cost for residents of area	\$143.58	2.6%	greater	greater
Received in area	\$132.32	2.5%	greater	greater
Received out of area	\$11.26	4.2%	lower	lower
% of services received out of area				
All locations/areas	7.8%		lower	lower
Primary location/area (name and %)	Vancouver (4%)			
Secondary location/area (name and %)	Central Vancouver Is (2%)			
Total ffs and non-ffs paid to physicians in area	\$60,940,440			
Per capita ffs and non-ffs paid to physicians in area	\$178.93			
Per capita for:				
non fee-for-service payment plans	\$17.25			
all diagnostic and treatment services (ffs)	\$157.13			
isolation allowance premiums (ffs)	\$0.05			
out-of-hours surcharges (ffs)	\$4.20			
tray fees (est. ffs)	\$0.30			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$32,326,101	-0.3%		
Per capita ffs cost for residents of area	\$94.91	-0.6%	greater	greater
Received in area	\$88.43	-0.7%	greater	greater
Received out of area	\$6.49	0.1%	lower	lower
% of services received out of area				
All locations/areas	6.8%		lower	lower
primary location/area (name and %)	Vancouver (4%)			
secondary location/area (name and %)	Central Vancouver Is (1%)			
Total ffs and non-ffs paid to physicians in area	\$36,937,432			
Per capita ffs and non-ffs paid to physicians in area	\$108.45			
Per capita for:				
non fee-for-service payment plans	\$0.61			
all diagnostic and treatment services (ffs)	\$103.09			
isolation allowance premiums (ffs)	\$0.04			
out-of-hours surcharges (ffs)	\$3.40			
tray fees (est. ffs)	\$1.31			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$16,843,746	1.6%		
Per capita ffs cost for residents of area	\$49.46	1.2%	greater	greater
Received in area	\$45.18	1.1%	greater	greater
Received out of area	\$4.28		lower	lower
% of services received out of area		3.2%		
All locations/areas	8.6%		lower	lower
Primary location/area (name and %)	Vancouver (5%)			
Secondary location/area (name and %)	Central Vancouver Is (1%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$16,657,069	4.0%		
Per capita ffs cost for residents of area	\$48.91	3.7%	greater	greater
Received in area	\$45.97	3.5%	greater	greater
Received out of area	\$2.94	8.0%	lower	lower
% of services received out of area				
All locations/areas	6.0%		greater	lower
Primary location/area (name and %)	Vancouver (2%)			
Secondary location/area (name and %)	Central Vancouver Is (1%)			
Total ffs and non-ffs paid to physicians in area	\$57,611,208			
Per capita ffs and non-ffs paid to physicians in area	\$169.15			
Per capita for:				
non fee-for-service payment plans	\$0.61			
all diagnostic and treatment services (ffs)	\$168.37			
isolation allowance premiums (ffs)	\$0.01			
out-of-hours surcharges (ffs)	\$0.14			
tray fees (est. ffs)	\$0.02			
Hospitalisations				
Number of hospital cases in area	39,036	-2.6%		
Cases in area per 1,000 population	114.6	-2.9%	greater	greater
Number of intensity weighted hospital cases in area	66,160.8	0.8%		
Weighted cases in area per 1,000 population	194.3	0.5%	greater	greater
Total number of days stay in area	319,294	-0.3%		
Acute care/rehabilitative days	276,097	-0.6%		
Alternative level of care days	43,197	1.9%		
% of all specialists in area reporting "bedblocker" problem	94.1%		greater	greater
Average length of stay (days)	8.2	2.3%	greater	greater
% of all specialists in area reporting stay too short	19.9%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	25.8%			
Increase in patient complications	30.3%			
Increase in re-admission rates	36.4%			

Specialty Care in the Central Vancouver Island Health Service Delivery Area



In Relation to the VIHA, the CVIHSDA demonstrates:

- a higher proportion of elderly and First Nations persons
- higher per capita costs
- fewer acute and long term care care beds per capita
- fewer hospitalizations per capita and of a lesser intensity
- fewer home support clients and hours of care
- a significant physician retirement issue

KEY OBSERVATIONS

- The CVIHSDA is projected to have a significant increase in the very elderly population over the next decade.
- 57% of the CVIHSDA population received specialty services in 2002/03, an increase from 1997/98.
- 30% of care is provided outside the area, predominantly in the South Island HSDA.
- CVIHSDA has a high utilization rate of specialty services.
- Referral waits are a concern for some specialties. Waits for advanced diagnostic services are sub-par.
- 80% of emergency room physicians report excessive waiting times in The ER, citing a lack of acute beds as the primary cause.
- Physicians report inadequate a) acute and long term care beds and b) community and home care support programs.
- The per capita number of home support clients is decreasing rapidly, as are the hours of care but the number of direct home care clients per capita and service hours is increasing significantly. 89% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- 71% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 287 hours of additional weekly OR time are required to provide more timely patient care.
- 39% of surgical and 50% of diagnostic specialists report contemplating retirement within 5 years.
- Significant shortages are reported for health care personnel.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	58.2	3.0%
GP FTEs included	9.4	1.7%
Non-FFS FTEs	2.3	-1.9%
Nurses	519.9	
Acute/rehab beds (est.)	173.4	-0.1%
LTC Beds (est.)*	3,845	-1.6%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	acceptable	unchanged
Community care services	inadequate	deteriorating
Home care services	inadequate	unchanged

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	57%	Increasing
Per capita cost of care	\$233	3.4%
Received in area	\$163	3.2%
Received out of area	\$71	3.9%
Hospitalisations per 1,000 Pop	92.3	-1.9%
Average length of stay	6.5 days	-0.1%
Emergency Room Care		
Excessive wait reports	80.0%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	3 days	
Surgical	8.5 days	
Longest Elective Wait (Median)		
Medical	16 weeks	
Surgical	30 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	240,991	0.3%		
% 65 yrs +	17.8%		greater	greater
% 80 yrs +	4.4%		lower	greater
% First Nations (01/02)	5.2%		greater	greater
Projected population in 2012	269,477	1.1%		
% 65 yrs +	20.3%		greater	greater
% 80 yrs +	6.0%		greater	greater
Population density (persons/ km ²)	21.91	0.3%	lower	greater
65 yrs +	3.89	2.7%	lower	greater
80 yrs +	0.96	7.3%	lower	greater
First Nations (01/02)	1.15	2.2%	lower	greater
% of area population receiving specialty care (excl. laboratory tests)	57%	Increasing	greater	greater
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Dermatology	3 days/1 day		worse	worse
Neurology	3 days/2 days		same	better
Orthopaedic Surgery	8.5 days/3 days		better	worse
Plastic Surgery	6 days/2 days		same	worse
Elective referral wait (actual/recommended)				
Dermatology	5.5 wks/3 wks		worse	worse
Neurology	6 wks/4 wks		same	same
Orthopaedic Surgery	19 wks/6 wks		worse	worse
Paediatrics	6 wks/3 wks		worse	worse
Plastic Surgery	30 wks/4 wks		worse	worse
Rheumatology	16 wks/5.5 wks		same	worse

POPULATION AND ACCESS INDICATORS - continued

	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	11.5 days/3 days		worse	worse
MRI	5 days/3 days		better	better
All others	2.5 days/2 days		worse	better
Median wait/recommended wait for elective case				
CT scan	100 days/14 days		worse	worse
MRI	60 days/21 days		better	better
All others	17 days/12 days		worse	worse
Emergency room care within area				
% ER physicians reporting excessive waits	80.0%		lesser	lesser
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	173.4	-0.1%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop *	3,845	-1.6%	lower	greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	71.4%		greater	lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	5.6		lesser	greater
Total additional OR time needed in area per week (est.)	286.5 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	76.2%			
Cited reasons for hospital inability				
Supply of nurses	14.3%			
Supply of other professional staff	0.0%			
Funding	64.3%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. Lab equipment using small amounts of blood 2. Ultrasound			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years				
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	unchanged			
Equipment required within the next two years				

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued

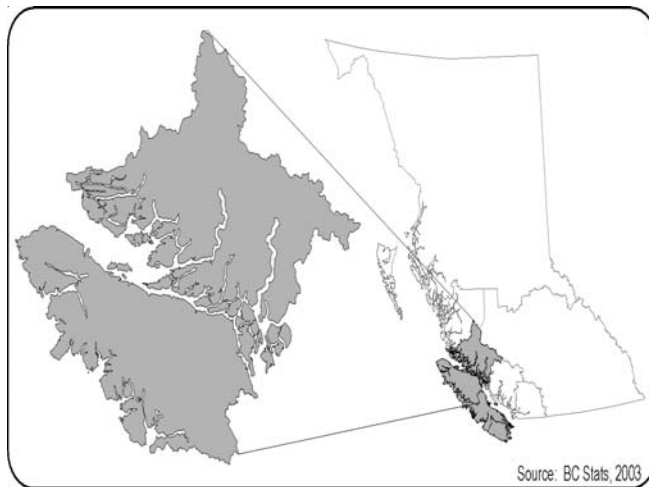
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	9.7	-4.8%	greater	greater
Number of Home Support Hours/1,000 population (01/02)	1,850.7	-3.3%	lower	greater
Average number of hours of care per client (01/02)	190.3	1.6%	lower	greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	18.3	4.1%	greater	greater
Number of direct care visits/1,000 population (01/02)	281.8	4.4%	greater	greater
Average number of direct care visits per client (01/02)	15.4	0.2%	greater	lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	2.3	-2.1%		
Fee-for-service FTE/100,000 population	36.9	4.6%		
GP FTE/100,000 population included in count	7.8	5.5%		
Average weekly practice hours (excluding call)	45.0			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.6			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	10.8%		better	better
Surgical specialists				
Non fee-for-service FTE/100,000 population	<0.05	4.9%		
Fee-for-service FTE/100,000 population	21.3	-0.1%		
GP FTE/100,000 population included in count	1.6	-10.0%		
Average weekly practice hours (excluding call)	46.0			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	2.5			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	39.1%		worse	worse
Diagnostic specialists				
Pathologists (Active head count)	6	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	7.1	5.4%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	28.0			
Weekly work time relative to 1998	decreased			
Schedule adjustments to deal with emergencies (average frequency per week)	15.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	50.0%		worse	worse
Nurses/100,000 population	519.9			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	34.2%		better	better
Most often mentioned profession	multiple			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	20.0%		better	better
Most often mentioned profession	Med/Surg nurses; Critical care nurses; Post anesthetic nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	50.0%		worse	worse
Most often mentioned profession	multiple			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$56,239,382	3.7%		
Per capita ffs cost for residents of area	\$233.37	3.4%	greater	greater
Received in area	\$162.79	3.2%	greater	greater
Received out of area	\$70.58	3.9%	greater	greater
% of services received out of area				
All locations/areas	30.2%		greater	lower
Primary location/area (name and %)	South Vancouver Is (17%)			
Secondary location/area (name and %)	Vancouver (8%)			
Total ffs and non-ffs paid to physicians in area	\$56,049,560			
Per capita ffs and non-ffs paid to physicians in area	\$232.58			
Per capita for:				
non fee-for-service payment plans	\$5.82			
all diagnostic and treatment services (ffs)	\$219.31			
isolation allowance premiums (ffs)	\$1.15			
out-of-hours surcharges (ffs)	\$5.28			
tray fees (est. ffs)	\$1.03			
Medical specialist services				
Total ffs cost for residents of area	\$25,455,680	5.3%		
Per capita ffs cost for residents of area	\$105.63	4.9%	greater	greater
Received in area	\$68.67	4.7%	lower	lower
Received out of area	\$36.96	5.2%	greater	greater
% of services received out of area				
All locations/areas	35.0%		greater	lower
Primary location/area (name and %)	South Vancouver Is (20%)			
Secondary location/area (name and %)	Vancouver (9%)			
Total ffs and non-ffs paid to physicians in area	\$21,658,046			
Per capita ffs and non-ffs paid to physicians in area	\$89.87			
Per capita for:				
non fee-for-service payment plans	\$5.44			
all diagnostic and treatment services (ffs)	\$80.84			
isolation allowance premiums (ffs)	\$0.46			
out-of-hours surcharges (ffs)	\$3.01			
tray fees (est. ffs)	\$0.12			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$20,466,545	1.3%		
Per capita ffs cost for residents of area	\$84.93	1.0%	greater	greater
Received in area	\$59.38	0.1%	greater	greater
Received out of area	\$25.54	3.2%	greater	greater
% of services received out of area				
All locations/areas	30.1%		greater	lower
primary location/area (name and %)	South Vancouver Is (16%)			
secondary location/area (name and %)	Vancouver (9%)			
Total ffs and non-ffs paid to physicians in area	\$17,833,709			
Per capita ffs and non-ffs paid to physicians in area	\$74.00			
Per capita for:				
non fee-for-service payment plans	\$0.19			
all diagnostic and treatment services (ffs)	\$70.21			
isolation allowance premiums (ffs)	\$0.51			
out-of-hours surcharges (ffs)	\$2.18			
tray fees (est. ffs)	\$0.91			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$10,170,465	2.6%		
Per capita ffs cost for residents of area	\$42.20	2.3%	greater	greater
Received in area	\$27.05	1.7%	greater	greater
Received out of area	\$15.15	3.3%	greater	greater
% of services received out of area				
All locations/areas	35.9%		greater	greater
Primary location/area (name and %)	South Vancouver Is (18%)			
Secondary location/area (name and %)	Vancouver (11%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$10,317,156	5.7%		
Per capita ffs cost for residents of area	\$42.81	5.4%	greater	greater
Received in area	\$34.74	6.6%	greater	greater
Received out of area	\$8.08	0.8%	greater	lower
% of services received out of area				
All locations/areas	18.9%		greater	lower
Primary location/area (name and %)	South Vancouver Is (12%)			
Secondary location/area (name and %)	Vancouver (3%)			
Total ffs and non-ffs paid to physicians in area	\$16,557,805			
Per capita ffs and non-ffs paid to physicians in area	\$68.71			
Per capita for:				
non fee-for-service payment plans	\$0.19			
all diagnostic and treatment services (ffs)	\$68.25			
isolation allowance premiums (ffs)	\$0.18			
out-of-hours surcharges (ffs)	\$0.09			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	22,235	-1.6%		
Cases in area per 1,000 population	92.3	-1.9%	lower	greater
Number of intensity weighted hospital cases in area	28,583.4	-0.5%		
Weighted cases in area per 1,000 population	118.6	-0.8%	lower	lower
Total number of days stay in area	143,954	-1.7%		
Acute care/rehabilitative days	129,616	0.2%		
Alternative level of care days	14,338	-12.8%		
% of all specialists in area reporting "bedblocker" problem	88.7%		lesser	lesser
Average length of stay (days)	6.5	-0.1%	lower	lower
% of all specialists in area reporting stay too short	21.6%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	24.0%			
Increase in patient complications	32.0%			
Increase in re-admission rates	36.0%			

Specialty Care in the North Vancouver Island Health Service Delivery Area



KEY OBSERVATIONS

- A low population density creates unique delivery challenges.
- Only 27% of the NVIHSDA population received specialty services, an increase from 1997/98.
- Over 50% of care is provided outside the area, predominantly in the Central and South Island HSDAs.
- GPs provide a significant component of the specialty services.
- Referral waiting times are generally good.
- 60% of emergency room physicians report excessive ER wait times.
- The per capita number of home support clients is decreasing rapidly, as are the hours of care. Although the number of acute care beds is increasing, 92% of physicians still report significant difficulties in discharging hospitalised patients to long term care facilities.
- 38% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 19 hours of additional weekly OR time are required to provide more timely patient care.
- The number of medical and surgical specialists is growing, although 44% of surgical and 100% of diagnostic specialists report they are contemplating retirement within 5 years.
- Significant shortages are reported for health care personnel.

In Relation to the VIHA, the NVIHSDA demonstrates:

- a higher proportion of First Nations persons
- the lowest percentage of resident access in the province
- lower per capita costs
- better referral wait times
- fewer acute and long term care beds per capita
- fewer hospitalizations per capita and of a lesser intensity
- fewer home support clients and hours of care
- a significant physician retirement issue

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	18.8	5.4%
GP FTEs included	6.8	18.8%
Non-FFS FTEs	0.6	-12.5%
Nurses	195.9	
Acute/rehab beds (est.)	159.3	1.0%
LTC Beds (est.)*	1,194	-0.2%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	unchanged
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	acceptable	improving
Community care services	acceptable	unchanged
Home care services	acceptable	unchanged

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	27%	Increasing
Per capita cost of care	\$98	3.5%
Received in area	\$48	2.9%
Received out of area	\$50	4.0%
Hospitalisations per 1,000 Pop	96.9	-3.2%
Average length of stay	6.2 days	4.8%
Emergency Room Care		
Excessive wait reports**	60%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	4 days	
Surgical	n/a	
Longest Elective Wait (Median)		
Medical	5 weeks	
Surgical	24 weeks	

*2001/02 data. Rate based only on population 65 years +.

** Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	114,366	-0.6%		
% 65 yrs +	12.8%		lower	lower
% 80 yrs +	2.9%		lower	lower
% First Nations (01/02)	6.1%		greater	greater
Projected population in 2012	121,798	0.6%		
% 65 yrs +	16.4%		lower	greater
% 80 yrs +	3.7%		lower	lower
Population density (persons/ km ²)	2.97	-0.6%	lower	lower
65 yrs +	0.38	3.6%	lower	lower
80 yrs +	0.09	7.6%	lower	lower
First Nations (01/02)	0.18	2.0%	lower	greater
% of area population receiving specialty care (excl. laboratory tests)	27%	Increasing	lower	lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Cardiology	4 days/2 days		better	better
Elective referral wait (actual/recommended)				
General Surgery	4.5 wks/4 wks		better	worse
Orthopaedic Surgery	12 wks/6 wks		better	better
Otolaryngology	4 wks/3 wks		better	better
Paediatrics	5 wks/3 wks		worse	worse
Plastic Surgery	24 wks/4 wks		better	worse

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	5 days/ 3 days		same	better
MRI	n/a		n/a	n/a
All others	7 days/2 days		worse	worse
Median wait/recommended wait for elective case				
CT scan	16.5 days/14 days		better	better
MRI	n/a		n/a	n/a
All others	21 days/12 days		worse	worse
Emergency room care within area				
% ER physicians reporting excessive waits*	60.0%			
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

* Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	159.3	1.0%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop *	1,194	-0.2%	lower	lower
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	37.5%		lesser	lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	2.3		lesser	lesser
Total additional OR time needed in area per week (est.)	18.9 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	62.5%			
Cited reasons for hospital inability				
Supply of nurses	0.0%			
Supply of other professional staff	0.0%			
Funding	100.0%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years				
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years				
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	worsened			
Equipment required within the next two years				

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued

	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	3.7	-9.3%	lower	lower
Number of Home Support Hours/1,000 population (01/02)	1,063.6	-5.4%	lower	lower
Average number of hours of care per client (01/02)	285.7	4.3%	greater	greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	7.2	-0.3%	lower	lower
Number of direct care visits/1,000 population (01/02)	112.8	1.9%	lower	lower
Average number of direct care visits per client (01/02)	15.7	2.2%	greater	lower
Physician reported assessment of community care programs	acceptable			
Physician reported assessment of home care support	acceptable			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	0.6	-12.5%		
Fee-for-service FTE/100,000 population	11.5	5.8%		
GP FTE/100,000 population included in count	5.3	67.3%		
Average weekly practice hours (excluding call)	39.3			
Weekly work time relative to 1998	decreased			
Schedule adjustments to deal with emergencies (average frequency per week)	1.7			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	n/a		n/a	n/a
Surgical specialists				
Non fee-for-service FTE/100,000 population	<0.05	-7.9%		
Fee-for-service FTE/100,000 population	7.3	4.7%		
GP FTE/100,000 population included in count	1.5	-9.6%		
Average weekly practice hours (excluding call)	38.9			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.6			
Emergent schedule adjustments relative to 1998	unchanged			
% likely to retire within 5 years	44.4%		worse	worse
Diagnostic specialists				
Pathologists (Active head count)	3	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	3.3	6.2%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	51.0			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	20.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	100.0%		worse	worse
Nurses/100,000 population	195.9			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	33.3%		better	better
Most often mentioned profession	multiple			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	55.6%		worse	worse
Most often mentioned profession	OR nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	50.0%		worse	worse
Most often mentioned profession	multiple			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$11,163,953	2.9%		
Per capita ffs cost for residents of area	\$97.62	3.5%	lower	lower
Received in area	\$47.84	2.9%	lower	lower
Received out of area	\$49.77	4.0%	greater	lower
% of services received out of area				
All locations/areas	51.0%		greater	greater
Primary location/area (name and %)	Central Vancouver Is (23%)			
Secondary location/area (name and %)	South Vancouver Is (14%)			
Total ffs and non-ffs paid to physicians in area	\$9,856,152			
Per capita ffs and non-ffs paid to physicians in area	\$86.18			
Per capita for:				
non fee-for-service payment plans	\$1.25			
all diagnostic and treatment services (ffs)	\$82.22			
isolation allowance premiums (ffs)	\$1.05			
out-of-hours surcharges (ffs)	\$1.10			
tray fees (est. ffs)	\$0.56			
Medical specialist services				
Total ffs cost for residents of area	\$4,967,568	3.5%		
Per capita ffs cost for residents of area	\$43.44	4.1%	lower	lower
Received in area	\$19.67	2.7%	lower	lower
Received out of area	\$23.77	5.3%	lower	lower
% of services received out of area				
All locations/areas	54.7%		greater	greater
Primary location/area (name and %)	Central Vancouver Is (21%)			
Secondary location/area (name and %)	South Vancouver Is (17%)			
Total ffs and non-ffs paid to physicians in area	\$3,262,197			
Per capita ffs and non-ffs paid to physicians in area	\$28.52			
Per capita for:				
non fee-for-service payment plans	\$1.25			
all diagnostic and treatment services (ffs)	\$26.49			
isolation allowance premiums (ffs)	\$0.41			
out-of-hours surcharges (ffs)	\$0.37			
tray fees (est. ffs)	\$0.00			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$3,898,737	1.4%		
Per capita ffs cost for residents of area	\$34.09	1.9%	lower	lower
Received in area	\$14.52	2.6%	lower	lower
Received out of area	\$19.57	1.5%	greater	lower
% of services received out of area				
All locations/areas	57.4%		greater	greater
primary location/area (name and %)	Central Vancouver Is (31%)			
secondary location/area (name and %)	South Vancouver Is (13%)			
Total ffs and non-ffs paid to physicians in area	\$2,493,152			
Per capita ffs and non-ffs paid to physicians in area	\$21.80			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$20.10			
isolation allowance premiums (ffs)	\$0.47			
out-of-hours surcharges (ffs)	\$0.67			
tray fees (est. ffs)	\$0.56			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$1,972,747	1.4%		
Per capita ffs cost for residents of area	\$17.25	2.0%	lower	lower
Received in area	\$7.51	4.1%	lower	lower
Received out of area	\$9.74	0.5%	greater	lower
% of services received out of area				
All locations/areas	56.5%		greater	greater
Primary location/area (name and %)	Central Vancouver Is (25%)			
Secondary location/area (name and %)	South Vancouver Is (16%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$2,297,648	4.7%		
Per capita ffs cost for residents of area	\$20.09	5.4%	lower	lower
Received in area	\$13.66	4.1%	lower	lower
Received out of area	\$6.43	8.2%	greater	lower
% of services received out of area				
All locations/areas	32.0%		greater	greater
Primary location/area (name and %)	Central Vancouver Is (14%)			
Secondary location/area (name and %)	South Vancouver Is (10%)			
Total ffs and non-ffs paid to physicians in area	\$4,100,802			
Per capita ffs and non-ffs paid to physicians in area	\$35.86			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$35.63			
isolation allowance premiums (ffs)	\$0.17			
out-of-hours surcharges (ffs)	\$0.05			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	11,077	-3.7%		
Cases in area per 1,000 population	96.9	-3.2%	lower	greater
Number of intensity weighted hospital cases in area	13,732.5	0.1%		
Weighted cases in area per 1,000 population	120.1	0.7%	lower	lower
Total number of days stay in area	68,560	0.9%		
Acute care/rehabilitative days	56,510	0.5%		
Alternative level of care days	12,050	3.2%		
% of all specialists in area reporting "bedblocker" problem	92.3%		lesser	greater
Average length of stay (days)	6.2	4.8%	lower	lower
% of all specialists in area reporting stay too short	27.3%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	40.0%			
Increase in patient complications	40.0%			
Increase in re-admission rates	20.0%			

Specialty Care in the Vancouver Coastal Health Authority



In Relation to the Province, the VCHA demonstrates:

- a younger population
- higher per capita costs for specialty care
- less care referred out-of-area
- greater reports of a shortage of OR time
- more intense hospital cases with a higher, and increasing, average length of hospital stay
- more home support clients per capita, but fewer hours per client

KEY OBSERVATIONS

- 52% of the VCHA population received care, unchanged from 1997/98.
- Although 90% of care was provided within the VCHA, more care is provided outside the VCHA than previously.
- Physicians report inadequate: a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and community and home care support programs.
- Wait times for referrals are a problem although they tend to be shorter than in other areas of the province.
- 87% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 1,801 hours of additional weekly OR time are required to provide more timely patient care.
- 83% of emergency room physicians report excessive waiting in the ER, citing a lack of acute care beds as the primary cause.
- Surgical and diagnostic specialists report an increasing amount of work time since 1998; 26% and 25% respectively indicate they are likely to retire within the next five years.
- The number of acute care beds/capita is decreasing, as are hospitalisations and direct/supportive home care services.
- 86% of all specialists cite significant difficulties in discharging hospitalised patients to long term care facilities.
- Significant shortages are reported for critical care and post anaesthetic nurses.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	104.9	0.5%
GP FTEs included	7.2	1.5%
Non-FFS FTEs	13.3	-3.7%
Nurses	505.9	
Acute/rehab beds (est.)	223.4	-4.1%
LTC Beds (est.)*	5,783	-1.3%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	52%	Unchanged
Per capita cost of care	\$228	1.2%
Received in area	\$205	1.0%
Received out of area	\$22	3.1%
Hospitalisations per 1,000 Pop	97.4	-5.1%
Average length of stay	7.8 days	0.9%
Emergency Room Care		
Excessive wait reports	83.3%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	7 days	
Surgical	5 days	
Longest Elective Wait (Median)		
Medical	14 weeks	
Surgical	16 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	1,035,101	1.2%		
% 65 yrs +	12.7%			lower
% 80 yrs +	3.6%			same
% First Nations (01/02)	2.5%			lower
Projected population in 2012	1,138,842	1.0%		
% 65 yrs +	13.9%			lower
% 80 yrs +	3.9%			lower
Population density (persons/ km ²)	19.00	1.2%		greater
65 yrs +	2.41	1.7%		greater
80 yrs +	0.68	3.9%		greater
First Nations (01/02)	0.48	1.3%		greater
% of area population receiving specialty care (excl. laboratory tests)	52%	Unchanged		same
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Allergy and Immunology	5.5 days/3.5 days			worse
Cardiology	7 days/2 days			same
Endocrinology	7 days/3 days			same
Obstetrics and Gynaecology	3.5 days/2 days			worse
Orthopaedic Surgery	5 days/3 days			same
Otolaryngology	3 days/2 days			worse
Plastic Surgery	5 days/2 days			same
Psychiatry	7 days/4 days			same
Respirology	3.5 days/2 days			better
Elective referral wait (actual/recommended)				
Allergy and Immunology	14 wks/3 wks			worse
Cardiology	13 wks/4 wks			worse
Endocrinology	6 wks/4.3 wks			same
Neurosurgery	6 wks/4 wks			better
Orthopaedic Surgery	16 wks/6 wks			same
Otolaryngology	4 wks/3 wks			better
Plastic Surgery	14 wks/4 wks			better
Psychiatry	8 wks/4 wks			worse
Rheumatology	8 wks/5.5 wks			same
Sports Medicine	4 wks/2 wks			worse

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	4.5 days/3 days			better
MRI	7 days/3 days			better
All others	2 days/2 days			better
Median wait/recommended wait for elective case				
CT scan	28 days/ 14 days			better
MRI	60 days/21 days			better
All others	14 days/12 days			same
Emergency room care within area				
% ER physicians reporting excessive waits	83.3%			lesser
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	223.4	-4.1%		greater
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	5,783	-1.3%		greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	86.7%			greater
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	5.5			greater
Total additional OR time needed in area per week (est.)	1,801.4 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	81.1%			
Cited reasons for hospital inability				
Supply of nurses	38.1%			
Supply of other professional staff	4.4%			
Funding	50.4%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Laboratory 2. Minimally invasive procedures 3. Pulmonary function test 4. Immuno microscope; Trans-cranial Doppler 5. Pre-operative cardiac assess.			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Sleep lab 2. Specialized disposable endoscopes 3. Image guided systems for sinus surgery 4. 3D CT scan 5. Endometrial ablation			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. PET scan 2. Ultrasound 3. Fluoroscopy 4. MRI 5. CT Scan			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	10.9	-5.1%		greater
Number of Home Support Hours/1,000 population (01/02)	1,988.5	-1.1%		greater
Average number of hours of care per client (01/02)	182.9	4.2%		lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	12.9	-1.8%		lower
Number of direct care visits/1,000 population (01/02)	208.3	-0.1%		lower
Average number of direct care visits per client (01/02)	16.2	1.8%		lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	12.8	-3.3%		
Fee-for-service FTE/100,000 population	73.4	1.1%		
GP FTE/100,000 population included in count	4.9	3.9%		
Average weekly practice hours (excluding call)	48.3			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies				
(average frequency per week)	2.8			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	19.9%			better
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.4	<0.05%		
Fee-for-service FTE/100,000 population	31.5	-0.7%		
GP FTE/100,000 population included in count	2.3	-2.7%		
Average weekly practice hours (excluding call)	51.9			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies				
(average frequency per week)	3.3			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	26.2%			same
Diagnostic specialists				
Pathologists (Active head count)	102	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	8.8	3.7%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	47.5			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies				
(average frequency per week)	9.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	25.4%			better
Nurses/100,000 population	505.9			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	38.9%			
Most often mentioned profession	Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	50.0%			
Most often mentioned profession	Post anesthetic nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	20.5%			
Most often mentioned profession	Critical care nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$235,657,950	2.4%		
Per capita ffs cost for residents of area	\$227.67	1.2%		greater
Received in area	\$205.29	1.0%		greater
Received out of area	\$22.38	3.1%		lower
% of services received out of area				
All locations/areas	9.8%			lower
Primary location/area (name and %)	Fraser Valley (8%)			
Secondary location/area (name and %)	Vancouver Island (1%)			
Total ffs and non-ffs paid to physicians in area	\$430,931,405			
Per capita ffs and non-ffs paid to physicians in area	\$416.32			
Per capita for:				
non fee-for-service payment plans	\$33.81			
all diagnostic and treatment services (ffs)	\$373.36			
isolation allowance premiums (ffs)	\$0.18			
out-of-hours surcharges (ffs)	\$7.24			
tray fees (est. ffs)	\$1.72			
Medical specialist services				
Total ffs cost for residents of area	\$121,040,403	2.8%		
Per capita ffs cost for residents of area	\$116.94	1.6%		greater
Received in area	\$107.47	1.6%		greater
Received out of area	\$9.47	1.7%		lower
% of services received out of area				
All locations/areas	8.1%			lower
Primary location/area (name and %)	Fraser (7%)			
Secondary location/area (name and %)	Interior (1%)			
Total ffs and non-ffs paid to physicians in area	\$216,291,791			
Per capita ffs and non-ffs paid to physicians in area	\$208.96			
Per capita for:				
non fee-for-service payment plans	\$31.62			
all diagnostic and treatment services (ffs)	\$172.48			
isolation allowance premiums (ffs)	\$0.07			
out-of-hours surcharges (ffs)	\$4.58			
tray fees (est. ffs)	\$0.21			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$75,360,801	0.8%		
Per capita ffs cost for residents of area	\$72.81	-0.3%		lower
Received in area	\$64.96	-0.7%		greater
Received out of area	\$7.84	2.8%		lower
% of services received out of area				
All locations/areas	10.8%			lower
primary location/area (name and %)	Fraser (9%)			
secondary location/area (name and %)	Interior (2%)			
Total ffs and non-ffs paid to physicians in area	\$114,619,346			
Per capita ffs and non-ffs paid to physicians in area	\$110.73			
Per capita for:				
non fee-for-service payment plans	\$1.10			
all diagnostic and treatment services (ffs)	\$105.49			
isolation allowance premiums (ffs)	\$0.10			
out-of-hours surcharges (ffs)	\$2.59			
tray fees (est. ffs)	\$1.45			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$32,719,290	1.5%		
Per capita ffs cost for residents of area	\$31.61	0.4%		lower
Received in area	\$28.07	0.1%		lower
Received out of area	\$3.54	3.1%		lower
% of services received out of area				
All locations/areas	11.2%			lower
Primary location/area (name and %)	Fraser (9%)			
Secondary location/area (name and %)	Interior (2%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$39,256,746	4.4%		
Per capita ffs cost for residents of area	\$37.93	3.2%		greater
Received in area	\$32.85	2.7%		greater
Received out of area	\$5.07	7.0%		lower
% of services received out of area				
All locations/areas	13.4%			lower
Primary location/area (name and %)	Fraser (10%)			
Secondary location/area (name and %)	Interior (2%)			
Total ffs and non-ffs paid to physicians in area	\$100,020,268			
Per capita ffs and non-ffs paid to physicians in area	\$96.63			
Per capita for:				
non fee-for-service payment plans	\$1.10			
all diagnostic and treatment services (ffs)	\$95.39			
isolation allowance premiums (ffs)	\$0.01			
out-of-hours surcharges (ffs)	\$0.07			
tray fees (est. ffs)	\$0.06			
Hospitalisations				
Number of hospital cases in area	100,787	-4.0%		
Cases in area per 1,000 population	97.4	-5.1%		greater
Number of intensity weighted hospital cases in area	183,996.8	-1.4%		
Weighted cases in area per 1,000 population	177.8	-2.5%		greater
Total number of days stay in area	781,715	-3.1%		
Acute care/rehabilitative days	717,502	-3.0%		
Alternative level of care days	64,213	-4.1%		
% of all specialists in area reporting "bedblocker" problem	86.4%			lesser
Average length of stay (days)	7.8	0.9%		greater
% of all specialists in area reporting stay too short	35.9%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	29.0%			
Increase in patient complications	27.2%			
Increase in re-admission rates	34.0%			

Specialty Care in the Vancouver Health Service Delivery Area



Source: BC Stats, 2003

In Relation to the VCHA, the VHSDA demonstrates:

- higher cost per capita for specialty care
- a low proportion of care received outside the HSDA
- more acute and long term care beds per capita
- more hospital cases, of greater intensity with a longer length of stay
- greater reductions in clients per capita for home and direct care support programs (relative to the entire province as well)
- more favourable referral times for diagnostic specialists

KEY OBSERVATIONS

- 51% of the VHSDA received specialty care, unchanged from 1997/98.
- VHSDA residents receive the vast majority of their care within the HSDA, with only 15% of care received outside.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- The number of home support and direct care clients per 1,000 population is decreasing significantly.
- 90% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- 87% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 1,382 hours of additional weekly OR time are required to provide more timely patient care.
- 28% of surgeons report that they are contemplating retirement within the next five years.
- Almost 80% of specialties report referral waits that exceed recommended times.
- The numbers of acute and long term care beds per capita are decreasing as are the number of home support and direct care clients.
- 85% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- Shortages of health care personnel exist, particularly critical care and post anaesthetic nurses.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	143.0	0.9%
GP FTEs included	6.8	-0.3%
Non-FFS FTEs	21.7	-2.1%
Nurses	513.7	
Acute/rehab beds (est.)	298.7	-4.1%
LTC Beds (est.)*	6,847	-1.4%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	51%	Unchanged
Per capita cost of care	\$232	1.1%
Received in area	\$196	1.3%
Received out of area	\$37	0.6%
Hospitalisations per 1,000 Pop	121.9	-5.0%
Average length of stay	8.2 days	0.9%
Emergency Room Care		
Excessive wait reports	90.0%	
Emergent Transfer		difficult
Longest Urgent Wait (Median)		
Medical	14 days	
Surgical	7 days	
Longest Elective Wait (Median)		
Medical	14 weeks	
Surgical	22.5 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	591,607	1.2%		
% 65 yrs +	12.5%		lower	lower
% 80 yrs +	3.6%		greater	same
% First Nations (01/02)	2.3%		lower	lower
Projected population in 2012	650,755	1.0%		
% 65 yrs +	12.3%		lower	lower
% 80 yrs +	3.6%		lower	lower
Population density (persons/ km ²)	4,481.69	1.2%	greater	greater
65 yrs +	559.03	1.1%	greater	greater
80 yrs +	161.90	2.6%	greater	greater
First Nations (01/02)	104.21	1.2%	greater	greater
% of area population receiving specialty care (excl. laboratory tests)	51%	Unchanged	lower	lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Allergy and Immunology	5.5 days/3.5 days		same	worse
Cardiology	7 days/2 days		same	same
Endocrinology	7 days/3 days		same	same
General Surgery	7 days/3 days		worse	worse
Obstetrics and Gynaecology	4.5 days/2 days		worse	worse
Ophthalmology	2 days/1 day		worse	worse
Orthopaedic Surgery	4.5 days/3 days		better	better
Otolaryngology	3 days/2 days		same	worse
Plastic Surgery	5 days/2 days		same	same
Psychiatry	9 days/4 days		worse	worse
Respirology	5 days/2 days		worse	worse
Rheumatology	14 days/7 days		same	same
Sports Medicine	3 days/2 days		same	worse
Elective referral wait (actual/recommended)				
Allergy and Immunology	14 wks/3 wks		same	worse
Cardiology	12 wks/4 wks		better	worse
Endocrinology	6 wks/4.3 wks		same	same
Neurosurgery	6 wks/4 wks		same	better
Orthopaedic Surgery	22.5 wks/6 wks		worse	worse
Otolaryngology	6 wks/3 wks		worse	same
Plastic Surgery	11.5 wks/4 wks		better	better
Psychiatry	8 wks/4 wks		same	worse
Rheumatology	6 wks/5.5 wks		better	better
Sports Medicine	5 wks/2 wks		worse	worse
Vascular Surgery	5 wks/2 wks		same	same

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
(continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	2.5 days/3 days		better	better
MRI	7 days/3 days		same	better
All others	2 days/2 days		same	better
Median wait/recommended wait for elective case				
CT scan	23 days/14 days		better	better
MRI	60 days/21 days		same	better
All others	10 days/12 days		better	better
Emergency room care within area				
% ER physicians reporting excessive waits	90.0%		greater	lesser
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	298.7	-4.1%	greater	greater
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	6,847	-1.4%	greater	greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	87.3%		greater	greater
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	5.5		greater	greater
Total additional OR time needed in area per week (est.)	1,381.5 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	79.8%			
Cited reasons for hospital inability				
Supply of nurses	39.8%			
Supply of other professional staff	6.0%			
Funding	44.6%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Lab. 2. Minimally invasive procedures 3. Preoperative cardiac assessment 4. Treadmill compartment testing 5. Pulmonary function test			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Specialized disposable endoscopes 2. Sleep lab 3. Image guided systems for sinus surgery 4. 3D CT			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. PET 2. Ultrasound			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	13.1	-4.7%	greater	greater
Number of Home Support Hours/1,000 population (01/02)	2,290.8	-1.4%	greater	lower
Average number of hours of care per client (01/02)	174.9	3.5%	lower	lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	13.4	-3.6%	greater	greater
Number of direct care visits/1,000 population (01/02)	224.6	-0.6%	greater	lower
Average number of direct care visits per client (01/02)	16.8	3.1%	greater	lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	21.1	-2.1%		
Fee-for-service FTE/100,000 population	101.4	1.6%		
GP FTE/100,000 population included in count	4.4	1.6%		
Average weekly practice hours (excluding call)	49.1			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	2.7			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	19.4%		better	better
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.6	-2.5%		
Fee-for-service FTE/100,000 population	41.6	-0.8%		
GP FTE/100,000 population included in count	2.4	-3.1%		
Average weekly practice hours (excluding call)	52.8			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.3			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	28.2%		worse	worse
Diagnostic specialists				
Pathologists (Active head count)	92	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	9.3	4.3%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	47.7			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	7.8			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	22.2%		better	better
Nurses/100,000 population	513.7			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	36.6%		better	better
Most often mentioned profession	Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	47.3%		better	better
Most often mentioned profession	Post anesthetic nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	17.9%		better	better
Most often mentioned profession	Critical care nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$137,399,032	2.4%		
Per capita ffs cost for residents of area	\$232.25	1.1%	greater	greater
Received in area	\$195.60	1.3%	greater	greater
Received out of area	\$36.65	0.6%	lower	lower
% of services received out of area				
All locations/areas	15.8%		lower	lower
Primary location/area (name and %)	Simon Fraser (7%)			
Secondary location/area (name and %)	North Shore/Garibaldi (3%)			
Total ffs and non-ffs paid to physicians in area	\$335,366,071			
Per capita ffs and non-ffs paid to physicians in area	\$566.87			
Per capita for:				
non fee-for-service payment plans	\$54.81			
all diagnostic and treatment services (ffs)	\$500.15			
isolation allowance premiums (ffs)	\$0.17			
out-of-hours surcharges (ffs)	\$9.55			
tray fees (est. ffs)	\$2.19			
Medical specialist services				
Total ffs cost for residents of area	\$73,348,446	2.9%		
Per capita ffs cost for residents of area	\$123.98	1.7%	greater	greater
Received in area	\$107.10	2.1%	greater	greater
Received out of area	\$16.89	-0.6%	lower	greater
% of services received out of area				
All locations/areas	13.6%		greater	lower
Primary location/area (name and %)	Simon Fraser (6%)			
Secondary location/area (name and %)	North Shore/Garibaldi (3%)			
Total ffs and non-ffs paid to physicians in area	\$175,064,285			
Per capita ffs and non-ffs paid to physicians in area	\$295.91			
Per capita for:				
non fee-for-service payment plans	\$51.68			
all diagnostic and treatment services (ffs)	\$237.84			
isolation allowance premiums (ffs)	\$0.06			
out-of-hours surcharges (ffs)	\$6.07			
tray fees (est. ffs)	\$0.26			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$42,154,580	0.6%		
Per capita ffs cost for residents of area	\$71.25	-0.6%	lower	lower
Received in area	\$59.75	-0.8%	greater	greater
Received out of area	\$11.50	0.6%	lower	lower
% of services received out of area				
All locations/areas	16.1%		greater	lower
primary location/area (name and %)	Simon Fraser (8%)			
secondary location/area (name and %)	Richmond (2%)			
Total ffs and non-ffs paid to physicians in area	\$88,221,013			
Per capita ffs and non-ffs paid to physicians in area	\$149.12			
Per capita for:				
non fee-for-service payment plans	\$1.56			
all diagnostic and treatment services (ffs)	\$142.23			
isolation allowance premiums (ffs)	\$0.10			
out-of-hours surcharges (ffs)	\$3.40			
tray fees (est. ffs)	\$1.82			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$17,444,130	1.4%		
Per capita ffs cost for residents of area	\$29.49	0.2%	lower	lower
Received in area	\$24.39	0.1%	greater	greater
Received out of area	\$5.09	0.3%	lower	lower
% of services received out of area				
All locations/areas	17.3%		greater	greater
Primary location/area (name and %)	Simon Fraser (9%)			
Secondary location/area (name and %)	North Shore/Garibaldi (3%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$21,896,006	4.2%		
Per capita ffs cost for residents of area	\$37.01	2.9%	lower	lower
Received in area	\$28.75	2.8%	greater	greater
Received out of area	\$8.26	3.2%	lower	lower
% of services received out of area				
All locations/areas	22.3%		greater	lower
Primary location/area (name and %)	Simon Fraser (9%)			
Secondary location/area (name and %)	Richmond (5%)			
Total ffs and non-ffs paid to physicians in area	\$72,080,773			
Per capita ffs and non-ffs paid to physicians in area	\$121.84			
Per capita for:				
non fee-for-service payment plans	\$1.56			
all diagnostic and treatment services (ffs)	\$120.09			
isolation allowance premiums (ffs)	\$0.01			
out-of-hours surcharges (ffs)	\$0.08			
tray fees (est. ffs)	\$0.10			
Hospitalisations				
Number of hospital cases in area	72,138	-3.8%		
Cases in area per 1,000 population	121.9	-5.0%	greater	greater
Number of intensity weighted hospital cases in area	142,988.8	-1.4%		
Weighted cases in area per 1,000 population	241.7	-2.6%	greater	greater
Total number of days stay in area	588,948	-3.0%		
Acute care/rehabilitative days	548,265	-2.9%		
Alternative level of care days	40,683	-3.3%		
% of all specialists in area reporting "bedblocker" problem	85.2%		lesser	lesser
Average length of stay (days)	8.2	0.9%	greater	greater
% of all specialists in area reporting stay too short	38.9%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	29.5%			
Increase in patient complications	27.4%			
Increase in re-admission rates	33.9%			

Specialty Care in the Richmond Health Service Delivery Area



In Relation to the VCHA, the RHSDA demonstrates:

- a relatively young population, but a high density of elderly residents
- lower cost per capita for specialty care
- a high rate of care received outside of the area
- fewer acute and long term care beds percapita
- fewer hospital cases, of lesser intensity and a shorter length of stay
- fewer direct and home care support services
- greater reported shortages of health personnel

KEY OBSERVATIONS

- 49% of the RHSDA received specialty care, unchanged from 1997/98.
- 50%-60% of specialty services are routinely received outside of the HSDA, mainly in the Vancouver and Simon Fraser areas.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- 100% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 155 hours of additional weekly OR time are required to provide more timely patient care.
- 100% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- Physicians report significant health personnel shortages, particularly hospital based nurses.
- The number of acute and long term care beds are decreasing. 91% of all specialists cite significant difficulties in discharging hospitalised patients to long term care facilities.
- The number of home and direct care clients per capita are decreasing, but home support hours are increasing.
- The per capita number of specialists has decreased slightly since 1998. It would appear that at least some of the specialty work previously performed by specialists has been picked up by GPs.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	45.9	-1.8%
GP FTEs included	5.5	12.1%
Non-FFS FTEs	1.5	-27.2%
Nurses	478.8	
Acute/rehab beds (est.)	102.0	-5.7%
LTC Beds (est.)*	3,480	-2.0%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	49%	Unchanged
Per capita cost of care	\$200	0.5%
Received in area	\$87	-1.2%
Received out of area	\$113	1.9%
Hospitalisations per 1,000 Pop	57.3	-7.0%
Average length of stay	6.1 days	1.0%
Emergency Room Care		
Excessive wait reports	100.0%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	7 days	
Surgical	18 days	
Longest Elective Wait (Median)		
Medical	8 weeks	
Surgical	14 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	174,617	1.8%		
% 65 yrs +	11.7%		lower	lower
% 80 yrs +	3.1%		lower	lower
% First Nations (01/02)	0.4%		lower	lower
Projected population in 2012	193,757	1.0%		
% 65 yrs +	15.2%		greater	lower
% 80 yrs +	4.1%		same	lower
Population density (persons/ km ²)	1,417.10	1.8%	greater	greater
65 yrs +	165.34	3.6%	greater	greater
80 yrs +	44.14	7.6%	greater	greater
First Nations (01/02)	6.36	2.6%	greater	greater
% of area population receiving specialty care (excl. laboratory tests)	49%	Unchanged	lower	lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Neurology	7 days/2 days		worse	worse
Obstetrics and Gynaecology	6 days/2 days		worse	worse
Orthopaedic Surgery	14 days/3 days		worse	worse
Otolaryngology	5 days/2 days		worse	worse
Plastic Surgery	18 days/2 days		worse	worse
Elective referral wait (actual/recommended)				
Dermatology	4 wks/3 wks		worse	same
Obstetrics and Gynaecology	9 wks/4 wks		worse	worse
Ophthalmology	4.5 wks/4 wks		worse	worse
Plastic Surgery	14 wks/4 wks		same	better
Rheumatology	8 wks/5.5 wks		same	same

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
(continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	7 days/3 days		worse	same
MRI	n/a		n/a	n/a
All others	2 days/2 days		same	better
Median wait/recommended wait for elective case				
CT scan	36.5 days/14 days		worse	worse
MRI	n/a		n/a	n/a
All others	14 days/12 days		same	same
Emergency room care within area				
% ER physicians reporting excessive waits	100.0%		greater	greater
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	102.0	-5.7%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	3,480	-2.0%	lower	lower
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	100.0%		greater	greater
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	5.8		greater	greater
Total additional OR time needed in area per week (est.)	154.6 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	93.8%			
Cited reasons for hospital inability				
Supply of nurses	41.7%			
Supply of other professional staff	0.0%			
Funding	58.3%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	worsened			
Equipment required within the next two years				
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. Endoscopy			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Ultrasound 2. CT scan 3. Fluoroscopy 4. Digital radiography			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	7.6	-1.6%	lower	lower
Number of Home Support Hours/1,000 population (01/02)	1,363.4	4.6%	lower	lower
Average number of hours of care per client (01/02)	180.5	6.2%	lower	lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	11.2	-1.5%	lower	lower
Number of direct care visits/1,000 population (01/02)	180.1	-0.5%	lower	lower
Average number of direct care visits per client (01/02)	16.1	1.0%	greater	lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	1.5	-27.4%		
Fee-for-service FTE/100,000 population	30.7	-1.5%		
GP FTE/100,000 population included in count	4.0	25.5%		
Average weekly practice hours (excluding call)	45.5			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	2.9			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	12.0%		better	better
Surgical specialists				
Non fee-for-service FTE/100,000 population	<0.05	-1.0%		
Fee-for-service FTE/100,000 population	15.2	-2.2%		
GP FTE/100,000 population included in count	1.6	-3.3%		
Average weekly practice hours (excluding call)	49.3			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.2			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	6.7%		better	better
Diagnostic specialists				
Pathologists (Active head counts)	3	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	9	-1.7%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	48.6			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	18.1			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	30.0%		worse	better
Nurses/100,000 population	478.8			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	60.0%		worse	worse
Most often mentioned profession	Medical/surgical nurses; Emergency care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	75.0%		worse	worse
Most often mentioned profession	Post anesthetic nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	40.0%		worse	worse
Most often mentioned profession	OR nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$34,997,577	2.3%		
Per capita ffs cost for residents of area	\$200.42	0.5%	lower	lower
Received in area	\$87.23	-1.2%	lower	lower
Received out of area	\$113.20	1.9%	greater	greater
% of services received out of area				
All locations/areas	56.5%		greater	greater
Primary location/area (name and %)	Vancouver (44%)			
Secondary location/area (name and %)	Simon Fraser (6%)			
Total ffs and non-ffs paid to physicians in area	\$33,654,535			
Per capita ffs and non-ffs paid to physicians in area	\$192.73			
Per capita for:				
non fee-for-service payment plans	\$4.98			
all diagnostic and treatment services (ffs)	\$183.65			
isolation allowance premiums (ffs)	\$0.01			
out-of-hours surcharges (ffs)	\$3.05			
tray fees (est. ffs)	\$1.04			
Medical specialist services				
Total ffs cost for residents of area	\$17,612,926	2.1%		
Per capita ffs cost for residents of area	\$100.87	0.4%	lower	lower
Received in area	\$43.30	0.2%	lower	lower
Received out of area	\$57.57	0.5%	greater	greater
% of services received out of area				
All locations/areas	57.1%		greater	greater
Primary location/area (name and %)	Vancouver (46%)			
Secondary location/area (name and %)	South Fraser (4%)			
Total ffs and non-ffs paid to physicians in area	\$14,819,978			
Per capita ffs and non-ffs paid to physicians in area	\$84.87			
Per capita for:				
non fee-for-service payment plans	\$4.76			
all diagnostic and treatment services (ffs)	\$78.26			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$1.72			
tray fees (est. ffs)	\$0.13			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$11,353,423	1.1%		
Per capita ffs cost for residents of area	\$65.02	-0.6%	lower	lower
Received in area	\$26.11	-2.9%	lower	lower
Received out of area	\$38.90	1.1%	greater	greater
% of services received out of area				
All locations/areas	59.8%		greater	greater
primary location/area (name and %)	Vancouver (51%)			
secondary location/area (name and %)	Simon Fraser (4%)			
Total ffs and non-ffs paid to physicians in area	\$8,546,464			
Per capita ffs and non-ffs paid to physicians in area	\$48.94			
Per capita for:				
non fee-for-service payment plans	\$0.11			
all diagnostic and treatment services (ffs)	\$46.64			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$1.28			
tray fees (est. ffs)	\$0.91			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$4,871,866	1.5%		
Per capita ffs cost for residents of area	\$27.90	-0.3%	lower	lower
Received in area	\$11.15	-2.2%	lower	lower
Received out of area	\$16.75	1.1%	greater	greater
% of services received out of area				
All locations/areas	60.1%		greater	greater
Primary location/area (name and %)	Vancouver (50%)			
Secondary location/area (name and %)	Simon Fraser (4%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$6,031,228	5.2%		
Per capita ffs cost for residents of area	\$34.54	3.3%	lower	lower
Received in area	\$17.81	-1.4%	lower	lower
Received out of area	\$16.73	10.2%	greater	greater
% of services received out of area				
All locations/areas	48.4%		greater	greater
Primary location/area (name and %)	Vancouver (27%)			
Secondary location/area (name and %)	Simon Fraser (15%)			
Total ffs and non-ffs paid to physicians in area	\$10,288,093			
Per capita ffs and non-ffs paid to physicians in area	\$58.92			
Per capita for:				
non fee-for-service payment plans	\$0.11			
all diagnostic and treatment services (ffs)	\$58.75			
isolation allowance premiums (ffs)	\$0.01			
out-of-hours surcharges (ffs)	\$0.04			
tray fees (est. ffs)	\$0.01			
Hospitalisations				
Number of hospital cases in area	10,005	-5.4%		
Cases in area per 1,000 population	57.3	-7.0%	lower	lower
Number of intensity weighted hospital cases in area	13,788.7	-2.3%		
Weighted cases in area per 1,000 population	79.0	-3.9%	lower	lower
Total number of days stay in area	61,236	-4.5%		
Acute care/rehabilitative days	55,280	-4.1%		
Alternative level of care days	5,956	-7.7%		
% of all specialists in area reporting "bedblocker" problem	90.9%		greater	greater
Average length of stay (days)	6.1	1.0%	lower	lower
% of all specialists in area reporting stay too short	15.2%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	37.5%			
Increase in patient complications	25.0%			
Increase in re-admission rates	37.5%			

Specialty Care in the North Shore/Coast Garibaldi Health Service Delivery Area



KEY OBSERVATIONS

- 55% of the NS/CGHSDA received specialty care, unchanged from 1997/98.
- 42% of care is received outside the HSDA, primarily in Vancouver.
- 67% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- 75% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 256 hours of additional weekly OR time are required to provide more timely patient care.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- Acute beds and hospitalisations per capita are decreasing, as are the numbers of acute and alternative level care days provided. The number of home support clients/capita is decreasing significantly.
- Reported weekly work time has risen since 1998 for surgical and diagnostic specialists. It is unchanged for medical specialists. 43% of diagnostic specialists contemplate retirement within the next five years.
- Referral times exceed recommended waits for some specialties.
- Significant shortages of health care personnel are reported, particularly emergency care nurses and occupational therapists.

In Relation to the VCHA, the NS/CGHSDA demonstrates:

- a relatively older population that will remain so in the future
- higher per capita costs for specialty care
- an above average proportion of care received outside the HSDA
- fewer acute and long term care beds per capita
- fewer numbers of clients per capita for home and direct care support programs.
- fewer hospitalizations, of lesser intensity and a lower average length of hospital stay.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	59.3	0.2%
GP FTEs included	9.3	1.3%
Non-FFS FTEs	2.2	-1.2%
Nurses	506.6	
Acute/rehab beds (est.)	136.6	-3.6%
LTC Beds (est.)*	4,909	-0.1%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	55%	Unchanged
Per capita cost of care	\$235	1.9%
Received in area	\$137	1.1%
Received out of area	\$98	3.1%
Hospitalisations per 1,000 Pop	69.3	-4.4%
Average length of stay	7.1 days	0.6%
Emergency Room Care		
Excessive wait reports	66.7%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	14 days	
Surgical	n/a	
Longest Elective Wait (Median)		
Medical	16 weeks	
Surgical	7 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	268,877	0.6%		
% 65 yrs +	13.8%		greater	greater
% 80 yrs +	3.7%		greater	greater
% First Nations (01/02)	4.2%		greater	greater
Projected population in 2012	294,330	0.9%		
% 65 yrs +	16.6%		greater	greater
% 80 yrs +	4.5%		greater	greater
Population density (persons/ km ²)	4.96	0.6%	lower	greater
65 yrs +	0.69	1.8%	lower	greater
80 yrs +	0.18	4.8%	lower	greater
First Nations (01/02)	0.21	1.4%	lower	greater
% of area population receiving specialty care (excl. laboratory tests)	55%	Unchanged	greater	greater
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Geriatric Medicine	4.5 days/2 days		better	better
Haematology	7 days/3 days		worse	worse
Respirology	4 days/2 days		worse	same
Rheumatology	14 days/7 days		same	same
Elective referral wait (actual/recommended)				
Geriatric Medicine	7.5 wks/3 wks		worse	worse
Haematology	16 wks/3 wks		worse	worse
Neurosurgery	7.1 wks/4 wks		worse	better
Respirology	5 wks/4 wks		worse	worse
Rheumatology	8 wks/5.5 wks		same	same

POPULATION AND ACCESS INDICATORS - continued

	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	30 days/3 days		worse	worse
MRI	n/a		n/a	n/a
All others	3 days/2 days		worse	same
Median wait/recommended wait for elective case				
CT scan	145 days/14 days		worse	worse
MRI	n/a		n/a	n/a
All others	7 days/12 days		better	better
Emergency room care within area				
% ER physicians reporting excessive waits	66.7%		lesser	lesser
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	136.6	-3.6%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	4,909	-0.1%	lower	greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	75.0%		lesser	lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	4.7		lesser	lesser
Total additional OR time needed in area per week (est.)	255.8 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	79.2%			
Cited reasons for hospital inability				
Supply of nurses	27.8%			
Supply of other professional staff	0.0%			
Funding	72.2%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. CT scan 2. MRI			
Assessment by surgical specialists in area	inadequate			
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	worsened			
Patient access relative to 1998	1. MRI			
Equipment required within the next two years	2. Endoscopy 3. Endometrial ablation 4. CT			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	adequate			
Patient access relative to 1998	worsened			
Equipment required within the next two years				

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued

	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	8.3	-7.8%	lower	lower
Number of Home Support Hours/1,000 population (01/02)	1,727.8	-2.7%	lower	lower
Average number of hours of care per client (01/02)	208.4	5.6%	greater	greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	12.9	2.5%	greater	lower
Number of direct care visits/1,000 population (01/02)	190.4	1.5%	lower	lower
Average number of direct care visits per client (01/02)	14.8	-1.0%	lower	lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	2.0	-2.9%		
Fee-for-service FTE/100,000 population	39.5	-0.5%		
GP FTE/100,000 population included in count	6.8	2.6%		
Average weekly practice hours (excluding call)	42.9			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	2.6			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	29.7%		worse	worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.2	31.2%		
Fee-for-service FTE/100,000 population	19.8	0.1%		
GP FTE/100,000 population included in count	2.5	-1.6%		
Average weekly practice hours (excluding call)	48.6			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	3.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	26.9%		worse	worse
Diagnostic specialists				
Pathologists (Active head count)	7	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	7.5	7.0%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	44.3			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	5.3			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	42.9%		worse	worse
Nurses/100,000 population	506.6			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	45.9%		worse	worse
Most often mentioned profession	Emergency care nurses; Occupational therapists			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	50.0%		same	worse
Most often mentioned profession	Emergency care nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	14.3%		better	better
Most often mentioned profession	multiple			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$63,261,342	2.5%		
Per capita ffs cost for residents of area	\$235.28	1.9%	greater	greater
Received in area	\$136.96	1.1%	lower	lower
Received out of area	\$98.32	3.1%	greater	greater
% of services received out of area				
All locations/areas	41.8%		greater	greater
Primary location/area (name and %)	Vancouver (32%)			
Secondary location/area (name and %)	Simon Fraser (3%)			
Total ffs and non-ffs paid to physicians in area	\$61,910,798			
Per capita ffs and non-ffs paid to physicians in area	\$230.26			
Per capita for:				
non fee-for-service payment plans	\$6.34			
all diagnostic and treatment services (ffs)	\$217.58			
isolation allowance premiums (ffs)	\$0.32			
out-of-hours surcharges (ffs)	\$4.88			
tray fees (est. ffs)	\$1.15			
Medical specialist services				
Total ffs cost for residents of area	\$30,079,032	2.9%		
Per capita ffs cost for residents of area	\$111.87	2.3%	lower	greater
Received in area	\$61.57	2.2%	lower	lower
Received out of area	\$50.29	2.4%	greater	greater
% of services received out of area				
All locations/areas	45.0%		greater	greater
Primary location/area (name and %)	Vancouver (37%)			
Secondary location/area (name and %)	Simon Fraser (3%)			
Total ffs and non-ffs paid to physicians in area	\$26,407,527			
Per capita ffs and non-ffs paid to physicians in area	\$98.21			
Per capita for:				
non fee-for-service payment plans	\$4.92			
all diagnostic and treatment services (ffs)	\$89.85			
isolation allowance premiums (ffs)	\$0.13			
out-of-hours surcharges (ffs)	\$3.14			
tray fees (est. ffs)	\$0.16			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$21,852,798	1.0%		
Per capita ffs cost for residents of area	\$81.27	0.4%	greater	greater
Received in area	\$47.62	-1.0%	greater	lower
Received out of area	\$33.66	2.7%	greater	greater
% of services received out of area				
All locations/areas	41.4%		greater	greater
primary location/area (name and %)	Vancouver (31%)			
secondary location/area (name and %)	Simon Fraser (4%)			
Total ffs and non-ffs paid to physicians in area	\$17,851,869			
Per capita ffs and non-ffs paid to physicians in area	\$66.39			
Per capita for:				
non fee-for-service payment plans	\$0.71			
all diagnostic and treatment services (ffs)	\$62.89			
isolation allowance premiums (ffs)	\$0.15			
out-of-hours surcharges (ffs)	\$1.67			
tray fees (est. ffs)	\$0.98			

UTILIZATION INDICATORS - continued

	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$10,403,293	1.9%		
Per capita ffs cost for residents of area	\$38.69	1.2%	greater	greater
Received in area	\$22.53	-0.4%	greater	lower
Received out of area	\$16.16	3.8%	greater	greater
% of services received out of area				
All locations/areas	41.8%		greater	greater
Primary location/area (name and %)	Vancouver (31%)			
Secondary location/area (name and %)	Simon Fraser (4%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$11,329,512	4.6%		
Per capita ffs cost for residents of area	\$42.14	4.0%	greater	greater
Received in area	\$27.77	2.9%	greater	greater
Received out of area	\$14.37	6.2%	greater	greater
% of services received out of area				
All locations/areas	34.1%		greater	lower
Primary location/area (name and %)	Vancouver (24%)			
Secondary location/area (name and %)	Central Vancouver Is (3%)			
Total ffs and non-ffs paid to physicians in area	\$17,651,402			
Per capita ffs and non-ffs paid to physicians in area	\$65.65			
Per capita for:				
non fee-for-service payment plans	\$0.71			
all diagnostic and treatment services (ffs)	\$64.84			
isolation allowance premiums (ffs)	\$0.03			
out-of-hours surcharges (ffs)	\$0.06			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	18,644	-3.8%		
Cases in area per 1,000 population	69.3	-4.4%	lower	lower
Number of intensity weighted hospital cases in area	27,219.4	-1.3%		
Weighted cases in area per 1,000 population	101.2	-1.9%	lower	lower
Total number of days stay in area	131,531	-3.2%		
Acute care/rehabilitative days	113,957	-3.0%		
Alternative level of care days	17,574	-4.5%		
% of all specialists in area reporting "bedblocker" problem	93.5%		greater	greater
Average length of stay (days)	7.1	0.6%	same	greater
% of all specialists in area reporting stay too short	25.5%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	22.9%			
Increase in patient complications	25.7%			
Increase in re-admission rates	34.3%			

Specialty Care in the Fraser Health Authority



In Relation to the Province, the FHA demonstrates:

- a younger population
- fewer acute and long term care beds and fewer hospitalisations/capita
- longer average length of stay in hospital
- higher per capita cost for specialty care
- a higher proportion of care referred out-of-region
- poorer access to OR time

KEY OBSERVATIONS

- 51% of the FHA population received specialty care, a decrease from 1997/98. More than one-third of all specialty care is provided outside the region, almost entirely in the Vancouver Coastal area.
- Referral waiting times are a problem, with waits exceeding the recommended time for a large number of specialties.
- Reported weekly work time is increasing for all specialist groups. 27% of diagnostic specialists are likely to retire within the next five years.
- A significant portion of the in-region specialty care is provided by general practitioners.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- 79% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 1,028 hours of additional weekly OR time are required to provide more timely care.
- 96% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- 94% of all physicians cite significant difficulties in discharging hospitalised patients to long term care facilities. The number of hospital beds and cases per capita is decreasing, while the number of non-acute care days provided in hospital is increasing.
- Significant shortages are reported for critical care and OR nursing personnel.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	45.8	-0.3%
GP FTEs included	6.4	-4.0%
Non-FFS FTEs	2.8	11.1%
Nurses	481.6	
Acute/rehab beds (est.)	138.2	-2.6%
LTC Beds (est.)*	5,018	-1.4%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	51%	Decreasing
Per capita cost of care	\$212	0.8%
Received in area	\$138	0.8%
Received out of area	\$74	1.0%
Hospitalisations per 1,000 Pop	75.2	-4.2%
Average length of stay	7.0 days	2.5%
Emergency Room Care		
Excessive wait reports	95.8%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	14 days	
Surgical	7 days	
Longest Elective Wait (Median)		
Medical	11 weeks	
Surgical	16 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	1,421,216	1.8%		
% 65 yrs +	11.6%			lower
% 80 yrs +	3.1%			lower
% First Nations (01/02)	1.6%			lower
Projected population in 2012	1,697,876	1.8%		
% 65 yrs +	13.7%			lower
% 80 yrs +	3.8%			lower
Population density (persons/ km ²)	90.31	1.8%		greater
65 yrs +	10.51	2.5%		greater
80 yrs +	2.79	5.6%		greater
First Nations (01/02)	1.40	3.4%		greater
% of area population receiving specialty care (excl. laboratory tests)	51%	Decreasing		lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Cardiology	7 days/2 days			same
Endocrinology	7.5 days/3 days			worse
General Surgery	5 days/3 days			worse
Haematology	5 days/3 days			worse
Internal Medicine	3 days/2 days			same
Nephrology	14 days/3 days			worse
Neurosurgery	7 days/2 days			worse
Obstetrics and Gynaecology	2.5 days/2 days			better
Ophthalmology	1.5 days/1 days			worse
Orthopaedic Surgery	4 days/3 days			better
Plastic Surgery	5 days/2 days			same
Psychiatry	7 days/4 days			same
Respirology	3.5 days/2 days			better
Rheumatology	14 days/7 days			same
Elective referral wait (actual/recommended)				
Cardiology	6 wks/4 wks			better
Dermatology	4 wks/3 wks			same
Endocrinology	9 wks/4.3 wks			worse
Internal Medicine	4 wks/3 wks			worse
Nephrology	11 wks/4 wks			worse
Neurosurgery	16 wks/4 wks			worse
Orthopaedic Surgery	14 wks/6 wks			better
Physical Medicine and Rehab	11 wks/4 wks			worse
Psychiatry	6 wks/4 wks			better
Rheumatology	11 wks/5.5 wks			worse
Vascular Surgery	3 wks/2 wks			better

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	9 days/3 days			worse
MRI	14 days/3 days			same
All others	3 days/2 days			same
Median wait/recommended wait for elective case				
CT scan	50 days/ 14 days			worse
MRI	240 days/21 days			worse
All others	14 days/12 days			same
Emergency room care within area				
% ER physicians reporting excessive waits	95.8%			greater
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	138.2	-2.6%		
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	5,018	-1.4%		
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	78.8%			
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	4.1			
Total additional OR time needed in area per week (est.)	1,028.3 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	71.8%			
Cited reasons for hospital inability				
Supply of nurses	35.5%			
Supply of other professional staff	9.7%			
Funding	46.8%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Minimally invasive procedures 2. Preoperative cardiac assessment 3. Evoked potential recording 4. Angiogram 5. EMG/NCS			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. Operating microscopes 2. Endometrial ablation 3. Endoscopy 4. Specialized disposable endoscopes			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Digital radiograph 2. MRI 3. Ultrasound 4. Fluoroscopy			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	7.2	-6.0%		lower
Number of Home Support Hours/1,000 population (01/02)	1,445.8	0.5%		lower
Average number of hours of care per client (01/02)	199.9	6.8%		greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	9.6	-1.0%		lower
Number of direct care visits/1,000 population (01/02)	157.8	0.9%		lower
Average number of direct care visits per client (01/02)	16.4	1.9%		lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	2.7	10.9%		
Fee-for-service FTE/100,000 population	28.2	0.2%		
GP FTE/100,000 population included in count	4.0	-3.0%		
Average weekly practice hours (excluding call)	45.8			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	3.4			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	21.4%			better
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.1	17.2%		
Fee-for-service FTE/100,000 population	17.6	-1.0%		
GP FTE/100,000 population included in count	2.4	-1.2%		
Average weekly practice hours (excluding call)	47.8			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	3.7			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	21.2%			better
Diagnostic specialists				
Pathologists (Active head count)	52	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	4.0	1.9%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	43.0			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	7.8			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	27.5%			better
Nurses/100,000 population	481.6			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	44.4%			worse
Most often mentioned profession	Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	45.3%			better
Most often mentioned profession	OR nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	27.3%			worse
Most often mentioned profession	Medical/surg nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$300,826,341	2.6%		
Per capita ffs cost for residents of area	\$211.67	0.8%		greater
Received in area	\$137.51	0.8%		lower
Received out of area	\$74.16	1.0%		greater
% of services received out of area				
All locations/areas	35.0%			greater
Primary location/area (name and %)	Vancouver Coastal (34%)			
Secondary location/area (name and %)	Vancouver Island (1%)			
Total ffs and non-ffs paid to physicians in area	\$380,440,471			
Per capita ffs and non-ffs paid to physicians in area	\$267.69			
Per capita for:				
non fee-for-service payment plans	\$7.15			
all diagnostic and treatment services (ffs)	\$255.35			
isolation allowance premiums (ffs)	\$0.01			
out-of-hours surcharges (ffs)	\$4.22			
tray fees (est. ffs)	\$0.96			
Medical specialist services				
Total ffs cost for residents of area	\$139,015,864	2.5%		
Per capita ffs cost for residents of area	\$97.81	0.8%		lower
Received in area	\$60.82	0.8%		lower
Received out of area	\$36.99	0.6%		greater
% of services received out of area				
All locations/areas	37.8%			greater
Primary location/area (name and %)	Vancouver Coastal (36%)			
Secondary location/area (name and %)	Interior (1%)			
Total ffs and non-ffs paid to physicians in area	\$110,051,093			
Per capita ffs and non-ffs paid to physicians in area	\$77.43			
Per capita for:				
non fee-for-service payment plans	\$6.57			
all diagnostic and treatment services (ffs)	\$68.58			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$2.22			
tray fees (est. ffs)	\$0.07			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$107,865,373	1.7%		
Per capita ffs cost for residents of area	\$75.90	0.0%		greater
Received in area	\$53.67	-0.3%		lower
Received out of area	\$22.23	0.5%		greater
% of services received out of area				
All locations/areas	29.3%			greater
primary location/area (name and %)	Vancouver Coastal (28%)			
secondary location/area (name and %)	Interior (1%)			
Total ffs and non-ffs paid to physicians in area	\$89,880,665			
Per capita ffs and non-ffs paid to physicians in area	\$63.24			
Per capita for:				
non fee-for-service payment plans	\$0.29			
all diagnostic and treatment services (ffs)	\$60.13			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$1.94			
tray fees (est. ffs)	\$0.89			

UTILIZATION INDICATORS - continued

	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services				
(major surgical intervention only)				
Total ffs cost for residents of area	\$48,396,628			
Per capita ffs cost for residents of area	\$34.05	2.8%		lower
Received in area	\$23.60	1.0%		lower
Received out of area	\$10.45	0.8%		greater
% of services received out of area		1.6%		
All locations/areas	30.7%			greater
Primary location/area (name and %)	Vancouver Coastal (29%)			
Secondary location/area (name and %)	Interior (1%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$53,945,104			
Per capita ffs cost for residents of area	\$37.96	5.0%		lower
Received in area	\$23.02	3.1%		lower
Received out of area	\$14.93	3.4%		greater
% of services received out of area		2.8%		
All locations/areas	39.3%			greater
Primary location/area (name and %)	Vancouver Coastal (38%)			
Secondary location/area (name and %)	Interior (1%)			
Total ffs and non-ffs paid to physicians in area	\$180,508,713			
Per capita ffs and non-ffs paid to physicians in area	\$127.01			
Per capita for:				
non fee-for-service payment plans	\$0.29			
all diagnostic and treatment services (ffs)	\$126.65			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$0.07			
tray fees (est. ffs)	\$0.01			
Hospitalisations				
Number of hospital cases in area	106,834			
Cases in area per 1,000 population	75.2	-2.5%		lower
Number of intensity weighted hospital cases in area	161,181.8	-4.2%		
Weighted cases in area per 1,000 population	113.4	0.9%		lower
Total number of days stay in area	748,826	-0.8%		
Acute care/rehabilitative days	609,515	-0.1%		
Alternative level of care days	139,311	-0.9%		
% of all specialists in area reporting "bedblocker" problem	94.2%	3.9%		greater
Average length of stay (days)	7.0			greater
% of all specialists in area reporting stay too short	26.6%	2.5%		
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	27.0%			
Increase in patient complications	29.1%			
Increase in re-admission rates	30.4%			

Specialty Care in the Simon Fraser Health Service Delivery Area



In Relation to the FHA, the SFHSDA demonstrates:

- a younger population
- lower cost per capita for specialty care
- a greater proportion of out-of-area care
- more acute and long term care beds per capita
- more hospital cases/capita, with a longer average length of stay

KEY OBSERVATIONS

- 50% of the HSDA population received specialty care, a decrease from 1997/98.
- Close to half of all specialty services are provided out-of-area, primarily in Vancouver.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- Referral waiting times are generally a problem, with several specialties experiencing waits that exceed recommended times. Wait times for diagnostic services are poor.
- 100% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- 95% of all specialists cite significant difficulties in discharging hospitalised patients to long term care facilities. Since 1997/98 the number of alternative level of care days provided in hospital has risen rapidly, averaging 7.4% per year. The number of home support clients/capita is decreasing rapidly.
- 88% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 452 hours of additional weekly OR time are required to provide more timely patient care.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	51.8	-0.6%
GP FTEs included	4.4	-4.3%
Non-FFS FTEs	5.8	16.8%
Nurses	497.9	
Acute/rehab beds (est.)	159.8	-3.5%
LTC Beds (est.)*	6,001	-2.6%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	50%	Decreasing
Per capita cost of care	\$208	0.7%
Received in area	\$112	0.6%
Received out of area	\$96	0.9%
Hospitalisations per 1,000 Pop	82.7	-4.6%
Average length of stay	7.3 days	2.6%
Emergency Room Care		
Excessive wait reports	100.0%	
Emergent Transfer		difficult
Longest Urgent Wait (Median)		
Medical	14 days	
Surgical	7 days	
Longest Elective Wait (Median)		
Medical	12 weeks	
Surgical	16 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	552,574	1.9%		
% 65 yrs +	11.0%		lower	lower
% 80 yrs +	3.0%		lower	lower
% First Nations (01/02)	1.0%		lower	lower
Projected population in 2012	664,175	1.9%		
% 65 yrs +	12.4%		lower	lower
% 80 yrs +	3.4%		lower	lower
Population density (persons/ km ²)	240.69	1.9%	greater	greater
65 yrs +	26.45	2.3%	greater	greater
80 yrs +	7.11	4.8%	greater	greater
First Nations (01/02)	2.50	3.4%	greater	greater
% of area population receiving specialty care (excl. laboratory tests)	50%	Decreasing	lower	lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Dermatology	2 days/1 day		worse	worse
Endocrinology	10 days/3 days		worse	worse
Neurosurgery	7 days/2 days		same	worse
Obstetrics and Gynaecology	3 days/2 days		worse	same
Orthopaedic Surgery	7 days/3 days		worse	worse
Physical Medicine and Rehab	11.5 days/5 days		same	worse
Plastic Surgery	6.5 days/2 days		worse	worse
Respirology	2.5 days/2 days		better	better
Rheumatology	14 days/7 days		same	same
Elective referral wait (actual/recommended)				
Dermatology	4 wks/3 wks		same	same
Endocrinology	12 wks/4.3 wks		worse	worse
Haematology	8 wks/3 wks		worse	worse
Neurosurgery	16 wks/4 wks		same	worse
Orthopaedic Surgery	16 wks/6 wks		worse	same
Plastic Surgery	11.1 wks/4 wks		worse	better
Rheumatology	11 wks/5.5 wks		same	worse
Vascular Surgery	5 wks/2 wks		worse	same

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	7 days/3 days		better	same
MRI	14 days/3 days		same	same
All others	2 days/2 days		better	better
Median wait/recommended wait for elective case				
CT scan	38 days/14 days		better	worse
MRI	240 days/21 days		same	worse
All others	14 days/12 days		same	same
Emergency room care within area				
% ER physicians reporting excessive waits	100.0%		greater	greater
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	159.8	-3.5%	greater	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	6,001	-2.6%	greater	lower
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	88.0%		greater	greater
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	3.9		lesser	lesser
Total additional OR time needed in area per week (est.)	451.9 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	78.4%			
Cited reasons for hospital inability				
Supply of nurses	48.5%			
Supply of other professional staff	6.1%			
Funding	42.4%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Evoked potential recording 2. Preoperative cardiac assessment 3. Electromyography and nerve conduction studies 4. Angiogram 5. Physiotherapy			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. Endometrial ablation 2. Endoscopy 3. MRI			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	adequate			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Fluoroscopy 2. Digital radiography 3. MRI 4. CT scan 5. Ultrasound			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	6.7	-9.0%	lower	lower
Number of Home Support Hours/1,000 population (01/02)	1,466.8	0.7%	lower	lower
Average number of hours of care per client (01/02)	183.1	6.7%	greater	greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	10.2	-1.0%	greater	lower
Number of direct care visits/1,000 population (01/02)	190.2	1.5%	lower	lower
Average number of direct care visits per client (01/02)	14.1	1.2%	greater	greater
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	5.7	16.8%		
Fee-for-service FTE/100,000 population	31.1	-0.1%		
GP FTE/100,000 population included in count	2.2	-5.7%		
Average weekly practice hours (excluding call)	47.0			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	3.3			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	20.2%		better	better
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.1	16.9%		
Fee-for-service FTE/100,000 population	20.7	-1.4%		
GP FTE/100,000 population included in count	2.2	-2.7%		
Average weekly practice hours (excluding call)	47.1			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	4.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	19.6%		better	better
Diagnostic specialists				
Pathologists (Active head count)	32	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	4.6	3.3%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	41.6			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	5.5			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	30.1%		worse	worse
Nurses/100,000 population	497.9			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	42.4%		better	worse
Most often mentioned profession	Medical/surgical nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	48.2%		worse	better
Most often mentioned profession	OR nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	16.7%		better	better
Most often mentioned profession	multiple			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$115,172,581	2.6%		
Per capita ffs cost for residents of area	\$208.43	0.7%	lower	lower
Received in area	\$112.01	0.6%	lower	lower
Received out of area	\$96.42	0.9%	greater	greater
% of services received out of area				
All locations/areas	46.3%		greater	greater
Primary location/area (name and %)	Vancouver (32%)			
Secondary location/area (name and %)	North Sore Garibaldi (5%)			
Total ffs and non-ffs paid to physicians in area	\$219,809,292			
Per capita ffs and non-ffs paid to physicians in area	\$397.79			
Per capita for:				
non fee-for-service payment plans	\$14.13			
all diagnostic and treatment services (ffs)	\$377.72			
isolation allowance premiums (ffs)	\$0.01			
out-of-hours surcharges (ffs)	\$4.47			
tray fees (est. ffs)	\$1.47			
Medical specialist services				
Total ffs cost for residents of area	\$52,765,279	2.4%		
Per capita ffs cost for residents of area	\$95.49	0.5%	lower	lower
Received in area	\$48.08	0.6%	lower	lower
Received out of area	\$47.41	0.3%	greater	greater
% of services received out of area				
All locations/areas	49.6%		greater	greater
Primary location/area (name and %)	Vancouver (38%)			
Secondary location/area (name and %)	South Fraser (4%)			
Total ffs and non-ffs paid to physicians in area	\$52,184,212			
Per capita ffs and non-ffs paid to physicians in area	\$94.44			
Per capita for:				
non fee-for-service payment plans	\$13.21			
all diagnostic and treatment services (ffs)	\$78.99			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$2.15			
tray fees (est. ffs)	\$0.09			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$41,396,952	1.7%		
Per capita ffs cost for residents of area	\$74.92	-0.1%	lower	greater
Received in area	\$45.31	-0.8%	lower	lower
Received out of area	\$29.60	1.0%	lower	greater
% of services received out of area				
All locations/areas	39.5%		greater	greater
primary location/area (name and %)	Vancouver (29%)			
secondary location/area (name and %)	South Fraser (4%)			
Total ffs and non-ffs paid to physicians in area	\$42,032,632			
Per capita ffs and non-ffs paid to physicians in area	\$76.07			
Per capita for:				
non fee-for-service payment plans	\$0.46			
all diagnostic and treatment services (ffs)	\$71.96			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$2.27			
tray fees (est. ffs)	\$1.38			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$18,324,364	2.5%		
Per capita ffs cost for residents of area	\$33.16	0.6%	lower	lower
Received in area	\$19.91	-0.5%	greater	lower
Received out of area	\$13.25	2.3%	greater	greater
% of services received out of area				
All locations/areas	40.0%		greater	greater
Primary location/area (name and %)	Vancouver (28%)			
Secondary location/area (name and %)	North Shore Garibaldi (5%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$21,010,350	5.5%		
Per capita ffs cost for residents of area	\$38.02	3.5%	greater	lower
Received in area	\$18.62	4.9%	lower	lower
Received out of area	\$19.40	2.3%	greater	lower
% of services received out of area				
All locations/areas	51.0%		greater	greater
Primary location/area (name and %)	Vancouver (23%)			
Secondary location/area (name and %)	Richmond (13%)			
Total ffs and non-ffs paid to physicians in area	\$125,592,449			
Per capita ffs and non-ffs paid to physicians in area	\$227.29			
Per capita for:				
non fee-for-service payment plans	\$0.46			
all diagnostic and treatment services (ffs)	\$226.78			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$0.04			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	45,674	-2.8%		
Cases in area per 1,000 population	82.7	-4.6%	greater	lower
Number of intensity weighted hospital cases in area	75,647.4	1.2%		
Weighted cases in area per 1,000 population	136.9	-0.5%	lower	lower
Total number of days stay in area	333,994	0.7%		
Acute care/rehabilitative days	273,938	0.4%		
Alternative level of care days	60,056	7.4%		
% of all specialists in area reporting "bedblocker" problem	94.9%		greater	greater
Average length of stay (days)	7.3	2.6%	greater	greater
% of all specialists in area reporting stay too short	27.4%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	29.0%			
Increase in patient complications	24.2%			
Increase in re-admission rates	29.0%			

Specialty Care in the South Fraser Health Service Delivery Area



In Relation to the FHA the SFHSDA demonstrates:

- a younger but faster aging population
- higher cost per capita for specialty care
- a higher proportion of care received out-of-area
- fewer acute and long term care beds/capita
- fewer home support and direct care services
- fewer hospital cases/capita, of lower intensity, with a higher average length of stay

KEY OBSERVATIONS

- 53% of the HSDA residents received specialty care, unchanged from 1997/98.
- About 50% of the specialty care is received out-of-area, primarily in Vancouver, but a significant component is received in the Simon Fraser HSDA.
- Referral waits are problematic for a number of specialties. Waits for diagnostic services are generally poor.
- 90% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- The number of hospital cases/capita is decreasing and the number of alternative level of care days in hospital is rising faster than acute care days. 96% of physicians report significant difficulty in discharging hospitalised patients to long term care facilities.
- 74% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 502 hours of additional weekly OR time are required to provide more timely patient care.
- The South Fraser HSDA has the fastest growing elderly population in the Fraser Health Authority and will have the greatest proportion of elderly by 2012. The infrastructure does not appear to be there to support this growth.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	40.5	0.3%
GP FTEs included	6.7	-1.8%
Non-FFS FTEs	0.9	-1.7%
Nurses	500.8	
Acute/rehab beds (est.)	121.5	-1.4%
LTC Beds (est.)*	4,363	0.3%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	53%	Unchanged
Per capita cost of care	\$217	0.9%
Received in area	\$108	1.4%
Received out of area	\$109	0.5%
Hospitalisations per 1,000 Pop	62.5	-4.0%
Average length of stay	7.6 days	3.0%
Emergency Room Care		
Excessive wait reports	90.0%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	14 days	
Surgical	5 days	
Longest Elective Wait (Median)		
Medical	8 weeks	
Surgical	8 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	614,382	1.8%		
% 65 yrs +	11.4%		lower	lower
% 80 yrs +	3.0%		lower	lower
% First Nations(01/02)	1.0%		lower	lower
Projected population in 2012	733,786	1.8%		
% 65 yrs +	14.6%		greater	lower
% 80 yrs +	4.1%		greater	lower
Population density (persons/ km ²)	727.86	1.8%	greater	greater
65 yrs +	82.84	3.0%	greater	greater
80 yrs +	21.84	6.7%	greater	greater
First Nations(01/02)	7.15	5.6%	greater	greater
% of area population receiving specialty care (excl. laboratory tests)	53%	Unchanged	greater	greater
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Cardiology	7 days/2 days		same	same
Gastroenterology	14 days/3 days		worse	worse
General Surgery	5 days/3 days		same	worse
Geriatric Medicine	2.7 days/2 days		worse	better
Haematology	6 days/3 days		worse	worse
Neurology	5 days/2 days		worse	worse
Respirology	5.5 days/2 days		worse	worse
Vascular Surgery	5 days/1 day		worse	worse
Elective referral wait (actual/recommended)				
Cardiology	8 wks/4 wks		worse	same
Dermatology	7 wks/3 wks		worse	worse
Gastroenterology	8 wks/4 wks		better	better
Obstetrics and Gynaecology	8 wks/4 wks		worse	worse
Ophthalmology	7.5wks/4 wks		worse	worse
Respirology	4.5 wks/4 wks		worse	worse
Vascular Surgery	3 wks/2 wks		same	better

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	10.5 days/3 days		worse	worse
MRI	6 days/3 days		better	better
All others	3 days/2 days		same	same
Median wait/recommended wait for elective case				
CT scan	60 days/14 days		worse	worse
MRI	180 days/21 days		better	worse
All others	14 days/12 days		same	same
Emergency room care within area				
% ER physicians reporting excessive waits	90.0%		lesser	lesser
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	121.5	-1.4%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	4,363	0.3%	lower	lower
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	73.7%		lesser	lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	5.4		greater	greater
Total additional OR time needed in area per week (est.)	502.4 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	69.4%			
Cited reasons for hospital inability				
Supply of nurses	9.5%			
Supply of other professional staff	14.3%			
Funding	57.1%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years				
Assessment by surgical specialists in area	acceptable			
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	unchanged			
Patient access relative to 1998	1. Endometrial ablation			
Equipment required within the next two years				
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Digital radiography 2. Ultrasound 3. MRI			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	6.8	-3.8%	lower	lower
Number of Home Support Hours/1,000 population (01/02)	1,237.6	2.7%	lower	lower
Average number of hours of care per client (01/02)	183.1	6.7%	lower	lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	9.1	-2.2%	lower	lower
Number of direct care visits/1,000 population (01/02)	127.7	-1.1%	lower	lower
Average number of direct care visits per client (01/02)	14.1	1.2%	lower	lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	0.8	-3.0%		
Fee-for-service FTE/100,000 population	25.6	0.4%		
GP FTE/100,000 population included in count	4.7	-2.0%		
Average weekly practice hours (excluding call)	44.4			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.6			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	21.8%		worse	worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.1	20.5%		
Fee-for-service FTE/100,000 population	14.9	0.0%		
GP FTE/100,000 population included in count	2.0	-1.3%		
Average weekly practice hours (excluding call)	49.6			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	3.4			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	24.4%		worse	better
Diagnostic specialists				
Pathologists (Active head count)	12	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	3.4	0.5%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	44.1			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	9.2			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	9.1%		better	better
Nurses/100,000 population	500.8			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	44.3%		better	worse
Most often mentioned profession	Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	43.2%		better	better
Most often mentioned profession	Critical care nurses; Emergency care nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	30.8%		worse	worse
Most often mentioned profession	Medical/surgical nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$133,285,470	2.7%		
Per capita ffs cost for residents of area	\$216.94	0.9%	greater	greater
Received in area	\$107.78	1.4%	lower	lower
Received out of area	\$109.16	0.5%	greater	greater
% of services received out of area				
All locations/areas	50.3%		greater	greater
Primary location/area (name and %)	Vancouver (27%)			
Secondary location/area (name and %)	Simon Fraser (13%)			
Total ffs and non-ffs paid to physicians in area	\$110,259,355			
Per capita ffs and non-ffs paid to physicians in area	\$179.46			
Per capita for:				
non fee-for-service payment plans	\$3.12			
all diagnostic and treatment services (ffs)	\$171.64			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$4.05			
tray fees (est. ffs)	\$0.65			
Medical specialist services				
Total ffs cost for residents of area	\$62,527,096	2.5%		
Per capita ffs cost for residents of area	\$101.77	0.7%	greater	lower
Received in area	\$49.94	1.5%	lower	lower
Received out of area	\$51.83	-0.1%	greater	greater
% of services received out of area				
All locations/areas	50.9%		greater	greater
Primary location/area (name and %)	Vancouver (29%)			
Secondary location/area (name and %)	Simon Fraser (12%)			
Total ffs and non-ffs paid to physicians in area	\$40,317,565			
Per capita ffs and non-ffs paid to physicians in area	\$65.62			
Per capita for:				
non fee-for-service payment plans	\$2.62			
all diagnostic and treatment services (ffs)	\$60.80			
isolation allowance premiums (ffs)	<\$0.005			
out-of-hours surcharges (ffs)	\$2.15			
tray fees (est. ffs)	\$0.06			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$47,191,844	2.1%		
Per capita ffs cost for residents of area	\$76.81	0.3%	greater	greater
Received in area	\$42.23	0.5%	lower	lower
Received out of area	\$34.58	<0.05%	greater	greater
% of services received out of area				
All locations/areas	45.0%		greater	greater
primary location/area (name and %)	Vancouver (24%)			
secondary location/area (name and %)	Simon Fraser (14%)			
Total ffs and non-ffs paid to physicians in area	\$32,730,708			
Per capita ffs and non-ffs paid to physicians in area	\$53.27			
Per capita for:				
non fee-for-service payment plans	\$0.25			
all diagnostic and treatment services (ffs)	\$50.59			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$1.84			
tray fees (est. ffs)	\$0.59			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$20,982,077	3.4%		
Per capita ffs cost for residents of area	\$34.15	1.5%	lower	lower
Received in area	\$17.59	2.1%	lower	lower
Received out of area	\$16.56	1.0%	greater	greater
% of services received out of area				
All locations/areas	48.5%		greater	greater
Primary location/area (name and %)	Vancouver (25%)			
Secondary location/area (name and %)	Simon Fraser (15%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$23,566,531	5.0%		
Per capita ffs cost for residents of area	\$38.36	3.1%	greater	greater
Received in area	\$15.61	3.7%	lower	lower
Received out of area	\$22.75	2.7%	greater	greater
% of services received out of area				
All locations/areas	59.3%		greater	greater
Primary location/area (name and %)	Vancouver (26%)			
Secondary location/area (name and %)	Simon Fraser (14%)			
Total ffs and non-ffs paid to physicians in area	\$37,211,082			
Per capita ffs and non-ffs paid to physicians in area	\$60.57			
Per capita for:				
non fee-for-service payment plans	\$0.25			
all diagnostic and treatment services (ffs)	\$60.25			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$0.06			
tray fees (est. ffs)	\$0.01			
Hospitalizations				
Number of hospital cases in area	38,396	-2.2%		
Cases in area per 1,000 population	62.5	-4.0%	lower	lower
Number of intensity weighted hospital cases in area	58,297.2	1.2%		
Weighted cases in area per 1,000 population	94.9	-0.5%	lower	lower
Total number of days stay in area	290,258	0.7%		
Acute care/rehabilitative days	231,566	0.4%		
Alternative level of care days	58,692	2.1%		
% of all specialists in area reporting "bedblocker" problem	96.2%		greater	greater
Average length of stay (days)	7.6	3.0%	greater	greater
% of all specialists in area reporting stay too short	25.3%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	29.0%			
Increase in patient complications	33.9%			
Increase in re-admission rates	29.0%			

Specialty Care in the Fraser Valley Health Service Delivery Area



In Relation to the FHA, the FVHSDA demonstrates:

- a more elderly population
- a lower cost per capita for specialty care
- less out-of-area care
- fewer acute care beds per capita
- better OR access (although still inadequate)
- more hospital cases and of lower intensity
- more long term care beds/capita (although still inadequate)

KEY OBSERVATIONS

- 52% of the FVHSDA population received specialty care, unchanged from 1997/98.
- More than one-third of all specialty care is provided outside the HSDA, split between Vancouver and Simon Fraser.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- 100% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- Referral wait times are problematic for a number of specialties. Wait times for diagnostic referrals are poor.
- 24% of medical specialists are contemplating retirement within the next 5 years.
- 62% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 95 hours of additional weekly OR time are required to provide more timely patient care.
- Acute care beds/capita are decreasing, as is home support. 87% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- Significant health care personnel shortages are reported in several occupations.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	45.8	-0.6%
GP FTEs included	10.1	-1.3%
Non-FFS FTEs	0.6	-7.2%
Nurses	400.0	
Acute/rehab beds (est.)	131.9	-3.0%
LTC Beds (est.)*	4,630	-1.2%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	unchanged
Home care services	inadequate	unchanged

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	52%	Unchanged
Per capita cost of care	\$206	0.9%
Received in area	\$129	0.2%
Received out of area	\$77	2.2%
Hospitalisations per 1,000 Pop	89.5	-3.7%
Average length of stay	5.5 days	1.1%
Emergency Room Care		
Excessive wait reports	100.0%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	5 days	
Surgical	5 days	
Longest Elective Wait (Median)		
Medical	16 weeks	
Surgical	10 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	254,260	1.4%		
% 65 yrs +	13.7%		greater	greater
% 80 yrs +	3.6%		greater	same
% First Nations (01/02)	4.0%		greater	greater
Projected population in 2012	299,915	1.7%		
% 65 yrs +	14.4%		greater	lower
% 80 yrs +	4.2%		greater	lower
Population density (persons/ km ²)	20.18	1.4%	lower	greater
65 yrs +	2.76	1.8%	lower	greater
80 yrs +	0.73	5.1%	lower	greater
First Nations (01/02)	0.82	2.2%	lower	greater
% of area population receiving specialty care (excl. laboratory tests)	52%	Unchanged	same	same
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Endocrinology	5 days/3 days		better	better
Ophthalmology	2 days/1 day		worse	worse
Plastic Surgery	5 days/2 days		same	same
Urology	3 days/2 days		better	worse
Elective referral wait (actual/recommended)				
Dermatology	11 wks/3 wks		worse	worse
Endocrinology	6 wks/4.3 wks		better	same
General Surgery	6 wks/4 wks		worse	worse
Neurology	16 wks/4 wks		worse	worse
Otolaryngology	8 wks/3 wks		worse	worse
Plastic Surgery	10 wks/4 wks		same	better
Urology	3.5 wks/3 wks		worse	better

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	9 days/3 days		same	worse
MRI	88 days/ 3 days		worse	worse
All others	5 days/2 days		worse	worse
Median wait/recommended wait for elective case				
CT scan	45 days/ 14 days		better	worse
MRI	88 days/21 days		better	better
All others	21 days/12 days		worse	worse
Emergency room care within area				
% ER physicians reporting excessive waits	100.0%		greater	greater
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	131.9	-3.0%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	4,630	-1.2%	greater	lower
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	62.5%		lesser	lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	2.1		lesser	lesser
Total additional OR time needed in area per week (est.)	95.2 hrs			
Physician reported assessment of hospital capacity to increase OR time	56.3%			
% reporting hospital does not have the capacity to increase OR time				
Cited reasons for hospital inability				
Supply of nurses	50.0%			
Supply of other professional staff	12.5%			
Funding	37.5%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. MRI 2. ECT			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. X-ray 2. Endoscopy 3. Ultrasound			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. Ultrasound			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	9.7	-4.2%	greater	greater
Number of Home Support Hours/1,000 population (01/02)	1,904.5	-2.8%	greater	greater
Average number of hours of care per client (01/02)	197.0	1.5%	greater	greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	9.8	1.8%	greater	lower
Number of direct care visits/1,000 population (01/02)	160.0	3.6%	greater	lower
Average number of direct care visits per client (01/02)	16.3	1.7%	greater	lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	0.6	-7.2%		
Fee-for-service FTE/100,000 population	28.2	0.3%		
GP FTE/100,000 population included in count	6.4	-2.7%		
Average weekly practice hours (excluding call)	45.2			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.1			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	24.1%		worse	worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	<0.05	-9.3%		
Fee-for-service FTE/100,000 population	17.6	-1.9%		
GP FTE/100,000 population included in count	3.7	1.2%		
Average weekly practice hours (excluding call)	45.4			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.7			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	18.8%		better	better
Diagnostic specialists				
Pathologists (Active head count)	8	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	4.3	1.7%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	45.4			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	12.2			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	16.7%		better	better
Nurses/100,000 population	400.0			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	51.7%		worse	worse
Most often mentioned profession	Medical/surgical nurses; Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	41.2%		better	better
Most often mentioned profession	OR nurses; Post anesthetic nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	57.1%		worse	worse
Most often mentioned profession	OR nurses; Physiotherapists			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$52,368,290	2.3%		
Per capita ffs cost for residents of area	\$205.96	0.9%	lower	lower
Received in area	\$129.17	0.2%	greater	lower
Received out of area	\$76.79	2.2%	lower	greater
% of services received out of area				
All locations/areas	37.3%		lower	greater
Primary location/area (name and %)	Vancouver (16%)			
Secondary location/area (name and %)	Simon Fraser (11%)			
Total ffs and non-ffs paid to physicians in area	\$50,371,824			
Per capita ffs and non-ffs paid to physicians in area	\$198.11			
Per capita for:				
non fee-for-service payment plans	\$1.70			
all diagnostic and treatment services (ffs)	\$191.68			
isolation allowance premiums (ffs)	\$0.01			
out-of-hours surcharges (ffs)	\$4.12			
tray fees (est. ffs)	\$0.60			
Medical specialist services				
Total ffs cost for residents of area	\$23,723,489	3.0%		
Per capita ffs cost for residents of area	\$93.30	1.5%	lower	lower
Received in area	\$55.42	1.0%	greater	lower
Received out of area	\$37.88	2.3%	lower	greater
% of services received out of area				
All locations/areas	40.6%		lower	greater
Primary location/area (name and %)	Vancouver (20%)			
Secondary location/area (name and %)	Simon Fraser (10%)			
Total ffs and non-ffs paid to physicians in area	\$17,549,317			
Per capita ffs and non-ffs paid to physicians in area	\$69.02			
Per capita for:				
non fee-for-service payment plans	\$1.70			
all diagnostic and treatment services (ffs)	\$64.75			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$2.53			
tray fees (est. ffs)	\$0.05			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$19,276,577	0.9%		
Per capita ffs cost for residents of area	\$75.81	-0.5%	lower	greater
Received in area	\$51.18	-1.3%	greater	lower
Received out of area	\$24.64	1.4%	lower	greater
% of services received out of area				
All locations/areas	32.5%		lower	greater
primary location/area (name and %)	Vancouver (14%)			
secondary location/area (name and %)	Simon Fraser (10%)			
Total ffs and non-ffs paid to physicians in area	\$15,117,325			
Per capita ffs and non-ffs paid to physicians in area	\$59.46			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$57.45			
isolation allowance premiums (ffs)	\$0.01			
out-of-hours surcharges (ffs)	\$1.45			
tray fees (est. ffs)	\$0.55			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$9,090,186	2.1%		
Per capita ffs cost for residents of area	\$35.75	0.7%	greater	greater
Received in area	\$23.20	0.1%	greater	lower
Received out of area	\$12.55	1.7%	lower	greater
% of services received out of area				
All locations/areas	35.1%		lower	greater
Primary location/area (name and %)	Vancouver (16%)			
Secondary location/area (name and %)	Simon Fraser (11%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$9,368,224	4.0%		
Per capita ffs cost for residents of area	\$36.85	2.5%	lower	lower
Received in area	\$22.57	1.9%	greater	lower
Received out of area	\$14.27	3.4%	lower	greater
% of services received out of area				
All locations/areas	38.7%		lower	greater
Primary location/area (name and %)	Simon Fraser (13%)			
Secondary location/area (name and %)	South Fraser (12%)			
Total ffs and non-ffs paid to physicians in area	\$17,705,182			
Per capita ffs and non-ffs paid to physicians in area	\$69.63			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$69.47			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$0.15			
tray fees (est. ffs)	\$0.01			
Hospitalisations				
Number of hospital cases in area	22,764	-2.3%		
Cases in area per 1,000 population	89.5	-3.7%	greater	lower
Number of intensity weighted hospital cases in area	27,237.2	-0.2%		
Weighted cases in area per 1,000 population	107.1	-1.6%	lower	lower
Total number of days stay in area	124,574	-1.3%		
Acute care/rehabilitative days	104,011	-1.6%		
Alternative level of care days	20,563	0.6%		
% of all specialists in area reporting "bedblocker" problem	86.5%		lesser	lesser
Average length of stay (days)	5.5	1.1%	lower	lower
% of all specialists in area reporting stay too short	27.5%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	16.7%			
Increase in patient complications	29.2%			
Increase in re-admission rates	37.5%			

Specialty Care in the Interior Health Authority



In Relation to the Province, the IHA demonstrates:

- a higher proportion of elderly persons
- lower per capita costs of specialty care
- fewer acute care beds, but more hospitalizations per capita with a shorter length of stay
- more long term care beds per capita
- more direct and support home care clients per capita
- a much lower proportion of care referred out-of-region
- better reported access to surgical services (although still inadequate)
- a more significant physician retirement problem

KEY OBSERVATIONS

- Lower population densities present some unique delivery challenges.
- 52% of the IHA population received specialty care, an increase from 1997/98.
- The vast majority of care is provided within the region. Out-of-region care is provided predominantly in Vancouver.
- Overall, referral waiting times are generally poor with significant numbers of specialties demonstrating waits beyond those recommended. Waits for diagnostic services are very poor.
- 100% of emergency room physicians report excessive waiting in the ER, citing a lack of acute beds as the primary cause.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- The per capita number of home support clients is decreasing relatively rapidly, as is the number of hospital beds. 90% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- 75% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 606 hours of additional weekly OR time are required to provide more timely patient care.
- GPs provide a significant component of the specialty services in the region.
- Significant shortages are reported for health care personnel, particularly critical care nurses.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	56.5	1.2%
GP FTEs included	9.0	1.8%
Non-FFS FTEs	1.5	0.3%
Nurses	459.3	
Acute/rehab beds (est.)	177.3	-3.4%
LTC Beds (est.)*	4,462	-1.0%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	52%	Increasing
Per capita cost of care	\$205	1.4%
Received in area	\$180	1.6%
Received out of area	\$25	-0.1%
Hospitalisations per 1,000 Pop	105.0	-3.8%
Average length of stay	5.8 days	0.1%
Emergency Room Care		
Excessive wait reports	100.0%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	21 days	
Surgical	5 days	
Longest Elective Wait (Median)		
Medical	40 weeks	
Surgical	16 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	688,246	0.3%		
% 65 yrs +	16.6%			greater
% 80 yrs +	4.2%			greater
% First Nations (01/02)	4.6%			greater
Projected population in 2012	756,242	0.9%		
% 65 yrs +	19.2%			greater
% 80 yrs +	5.5%			greater
Population density (persons/ km ²)	3.21	0.3%		lower
65 yrs +	0.53	2.1%		lower
80 yrs +	0.13	5.1%		lower
First Nations (01/02)	0.15	2.1%		lower
% of area population receiving specialty care (excl. laboratory tests)	52%	Increasing		same
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Dermatology	2.5 days/1 day			worse
Gastroenterology	7 days/3 days			same
Obstetrics and Gynaecology	4 days/2 days			worse
Ophthalmology	1.5 days/1 day			worse
Orthopaedic Surgery	5 days/3 days			same
Physical Medicine and Rehab	21 days/5 days			worse
Psychiatry	7 days/4 days			same
Respirology	3 days/2 days			better
Urology	2.5 days/2 days			worse
Elective referral wait (actual/recommended)				
Dermatology	4.1 wks/3 wks			worse
Gastroenterology	8 wks/4 wks			better
Geriatric Medicine	13 wks/3 wks			worse
Obstetrics and Gynaecology	6.5 wks/4 wks			worse
Ophthalmology	9 wks/4 wks			worse
Orthopaedic Surgery	16 wks/6 wks			same
Otolaryngology	12 wks/3 wks			worse
Physical Medicine and Rehab	40 wks/4 wks			worse
Psychiatry	8 wks/4 wks			worse
Respirology	6 wks/4 wks			worse
Urology	6.2 wks/3 wks			worse

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	7 days/3 days			same
MRI	30 days/3 days			worse
All others	5 days/2 days			worse
Median wait/recommended wait for elective case				
CT scan	60 days/14 days			worse
MRI	240 days/21 days			worse
All others	21 days/12 days			worse
Emergency room care within area				
% ER physicians reporting excessive waits	100.0%			greater
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	177.3	-3.4%		lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	4,462	1.0%		greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	75.4%			lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	4.1			lesser
Total additional OR time needed in area per week (est.)	605.7 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	58.5%			
Cited reasons for hospital inability				
Supply of nurses	8.8%			
Supply of other professional staff	8.8%			
Funding	76.5%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Pulmonary function test 2. EMG/NCS 3. Preoperative cardiac assessment 4. MRI			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Endometrial ablation equipment 2. Holmium laser 3. Nuclear medicine imaging 4. MRI 5. Photodynamic therapy			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. MRI 2. Digital radiography 3. Ultrasound 4. Automated antigen/antibody 5. Fluoroscopy			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	11.0	-8.5%		greater
Number of Home Support Hours/1,000 population (01/02)	1,888.5	-4.3%		greater
Average number of hours of care per client (01/02)	172.0	4.6%		lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	16.1	4.0%		greater
Number of direct care visits/1,000 population (01/02)	309.7	0.3%		greater
Average number of direct care visits per client (01/02)	19.2	-3.6%		greater
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

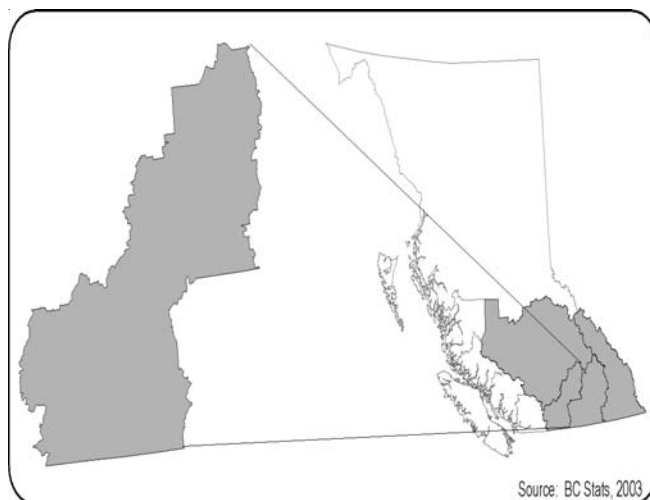
HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	1.4	-0.6%		
Fee-for-service FTE/100,000 population	35.1	2.2%		
GP FTE/100,000 population included in count	6.0	4.7%		
Average weekly practice hours (excluding call)	44.7			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.3			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	30.0%			worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.1	18.6%		
Fee-for-service FTE/100,000 population	21.4	-0.3%		
GP FTE/100,000 population included in count	3.0	-2.9%		
Average weekly practice hours (excluding call)	51.2			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	4.7			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	20.3%			better
Diagnostic specialists				
Pathologists (Active head count)	22	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	5.6	1.6%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	48.1			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	8.9			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	33.3%			worse
Nurses/100,000 population	459.3			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	47.4%			worse
Most often mentioned profession	Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	41.4%			better
Most often mentioned profession	Critical care nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	14.8%			better
Most often mentioned profession	Medical/surgical nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$140,788,061	1.7%		
Per capita ffs cost for residents of area	\$204.56	1.4%		lower
Received in area	\$179.52	1.6%		greater
Received out of area	\$25.04	-0.1%		lower
% of services received out of area				
All locations/areas	12.2%			lower
Primary location/area (name and %)	Vancouver Coastal (9%)			
Secondary location/area (name and %)	Fraser Valley (2%)			
Total ffs and non-ffs paid to physicians in area	\$175,134,066			
Per capita ffs and non-ffs paid to physicians in area	\$254.46			
Per capita for:				
non fee-for-service payment plans	\$4.46			
all diagnostic and treatment services (ffs)	\$243.41			
isolation allowance premiums (ffs)	\$1.14			
out-of-hours surcharges (ffs)	\$4.81			
tray fees (est. ffs)	\$0.64			
Medical specialist services				
Total ffs cost for residents of area	\$64,162,824	2.2%		
Per capita ffs cost for residents of area	\$93.23	1.8%		lower
Received in area	\$80.42	2.1%		greater
Received out of area	\$12.80	0.5%		lower
% of services received out of area				
All locations/areas	13.7%			lower
Primary location/area (name and %)	Vancouver Coastal (10%)			
Secondary location/area (name and %)	Fraser (2%)			
Total ffs and non-ffs paid to physicians in area	\$62,774,176			
Per capita ffs and non-ffs paid to physicians in area	\$91.21			
Per capita for:				
non fee-for-service payment plans	\$3.58			
all diagnostic and treatment services (ffs)	\$84.53			
isolation allowance premiums (ffs)	\$0.46			
out-of-hours surcharges (ffs)	\$2.60			
tray fees (est. ffs)	\$0.04			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$51,472,256	0.4%		
Per capita ffs cost for residents of area	\$74.79	0.1%		greater
Received in area	\$65.33	0.1%		greater
Received out of area	\$9.46	-0.4%		lower
% of services received out of area				
All locations/areas	12.6%			lower
primary location/area (name and %)	Vancouver Coastal (9%)			
secondary location/area (name and %)	Fraser (2%)			
Total ffs and non-ffs paid to physicians in area	\$49,719,666			
Per capita ffs and non-ffs paid to physicians in area	\$72.24			
Per capita for:				
non fee-for-service payment plans	\$0.44			
all diagnostic and treatment services (ffs)	\$68.44			
isolation allowance premiums (ffs)	\$0.63			
out-of-hours surcharges (ffs)	\$2.12			
tray fees (est. ffs)	\$0.61			

UTILIZATION INDICATORS - continued

	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$27,186,635	1.7%		
Per capita ffs cost for residents of area	\$39.50	1.4%		greater
Received in area	\$34.46	1.8%		greater
Received out of area	\$5.04	-1.2%		lower
% of services received out of area				
All locations/areas	12.8%			lower
Primary location/area (name and %)	Vancouver Coastal (9%)			
Secondary location/area (name and %)	Fraser (2%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$25,152,981	3.7%		
Per capita ffs cost for residents of area	\$36.55	3.4%		lower
Received in area	\$33.77	3.8%		greater
Received out of area	\$2.78	-1.5%		lower
% of services received out of area				
All locations/areas	7.6%			lower
Primary location/area (name and %)	Vancouver Coastal (5%)			
Secondary location/area (name and %)	Fraser (1%)			
Total ffs and non-ffs paid to physicians in area	\$62,640,223			
Per capita ffs and non-ffs paid to physicians in area	\$91.01			
Per capita for:				
non fee-for-service payment plans	\$0.44			
all diagnostic and treatment services (ffs)	\$90.43			
isolation allowance premiums (ffs)	\$0.06			
out-of-hours surcharges (ffs)	\$0.08			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	72,278	-3.5%		
Cases in area per 1,000 population	105.0	-3.8%		greater
Number of intensity weighted hospital cases in area	93,897.4	-2.4%		
Weighted cases in area per 1,000 population	136.4	-2.7%		lower
Total number of days stay in area	421,513	-3.4%		
Acute care/rehabilitative days	378,505	-3.1%		
Alternative level of care days	43,008	-5.9%		
% of all specialists in area reporting "bedblocker" problem	90.3%			greater
Average length of stay (days)	5.8	0.1%		lower
% of all specialists in area reporting stay too short	26.0%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	23.9%			
Increase in patient complications	28.4%			
Increase in re-admission rates	40.9%			

Specialty Care in the Okanagan Health Service Delivery Area



Source: BC Stats, 2003

In Relation to the IHA, the OHSDA demonstrates:

- a higher proportion of elderly and extreme elderly persons
- more acute and long term care beds per capita
- more hospitalizations per capita and of a greater intensity
- more direct and support home care clients per capita
- a much lower proportion of care referred out-of-area
- better wait times for diagnostic cases
- fewer physicians contemplating retirement

KEY OBSERVATIONS

- A growing elderly population.
- 55% of the OHSDA population received specialty care, an increase from 1997/98.
- The vast majority of care is provided within the area. Out-of-area care is provided predominantly in Vancouver, with some in the Thompson Cariboo area.
- Referral waiting times are very poor for many specialties, with waits exceeding those recommended. Waits for diagnostic services are poor.
- 100% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- The per capita number of home support clients is decreasing rapidly. At the same time the number of hospital beds is declining and 89% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- 90% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 423 hours of additional weekly OR time are required to provide more timely care.
- Significant shortages are reported for health care personnel, particularly OR and critical care nurses.
- 25% of medical specialists report their intention to retire within the next five years.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	73.1	1.7%
GP FTEs included	7.4	-0.6%
Non-FFS FTEs	1.3	-1.3%
Nurses	455.9	
Acute/rehab beds (est.)	200.7	-2.9%
LTC Beds (est.)*	4,265	-0.1%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	55%	Increasing
Per capita cost of care	\$232	1.5%
Received in area	\$204	1.7%
Received out of area	\$28	0.6%
Hospitalisations per 1,000 Pop	116.5	-1.9%
Average length of stay	5.8 days	-2.0%
Emergency Room Care		
Excessive wait reports	100.0%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	21 days	
Surgical	10 days	
Longest Elective Wait (Median)		
Medical	40 weeks	
Surgical	36 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	311,878	0.7%		
% 65 yrs +	19.8%		greater	greater
% 80 yrs +	5.3%		greater	greater
% First Nations (01/02)	2.7%		lower	lower
Projected population in 2012	356,423	1.3%		
% 65 yrs +	21.0%		greater	greater
% 80 yrs +	6.5%		greater	greater
Population density (persons/ km ²)	14.63	0.7%	greater	greater
65 yrs +	2.89	2.0%	greater	greater
80 yrs +	0.78	5.4%	greater	greater
First Nations (01/02)	0.39	2.7%	greater	greater
% of area population receiving specialty care (excl. laboratory tests)	55%	Increasing	greater	greater
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Dermatology	3 days/1 day		worse	worse
Neurology	3 days/2 days		same	better
Ophthalmology	2 days/1 day		worse	worse
Otolaryngology	5 days/2 days		worse	worse
Paediatrics	3 days/1 day		same	worse
Physical Medicine and Rehab	21 days/5 days		same	worse
Plastic Surgery	10 days/2 days		same	worse
Psychiatry	7 days/4 days		same	same
Respirology	3 days/2 days		same	better
Elective referral wait (actual/recommended)				
Dermatology	4.3 wks/3 wks		worse	worse
Geriatric Medicine	13 wks/3 wks		same	worse
Obstetrics and Gynaecology	5 wks/4 wks		better	worse
Ophthalmology	10 wks/4 wks		worse	worse
Orthopaedic Surgery	10 wks/6 wks		better	better
Otolaryngology	12 wks/3 wks		same	worse
Paediatrics	6 wks/3 wks		same	worse
Physical Medicine and Rehab	40 wks/4 wks		same	worse
Plastic Surgery	36 wks/4 wks		worse	worse
Psychiatry	10.5 wks/4 wks		worse	worse
Respirology	6 wks/4 wks		same	worse
Urology	6 wks/3 wks		better	worse

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
(continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	6 days/3 days		better	better
MRI	14 days/3 days		better	same
All others	5 days/2 days		same	worse
Median wait/recommended wait for elective case				
CT scan	30 days/ 14 days		better	same
MRI	120 days/21 days		better	worse
All others	14 days/12 days		better	same
Emergency room care within area				
% ER physicians reporting excessive waits	100.0%		same	greater
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	200.7	-2.9%	greater	greater
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	4,265	-0.1%	greater	greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	89.5%		greater	greater
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	5.2		greater	greater
Total additional OR time needed in area per week (est.)	423.0 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	52.6%			
Cited reasons for hospital inability				
Supply of nurses	5.9%			
Supply of other professional staff	5.9%			
Funding	82.4%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. EMG/NCS			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Endometrial ablation 2. Diagnostic angiography 3. Endoscopy			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	adequate			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Digital radiography 2. Ultrasound 3. Fluoroscopy 4. MRI 5. Automated antigen/antibody equipment			

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	11.6	-9.9%	greater	greater
Number of Home Support Hours/1,000 population (01/02)	1,856.4	-7.0%	lower	greater
Average number of hours of care per client (01/02)	160.5	3.2%	lower	lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	18.6	3.4%	greater	greater
Number of direct care visits/1,000 population (01/02)	302.1	3.0%	lower	greater
Average number of direct care visits per client (01/02)	16.3	-0.3%	lower	lower
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	1.2	-1.4%		
Fee-for-service FTE/100,000 population	47.1	2.7%		
GP FTE/100,000 population included in count	4.9	0.9%		
Average weekly practice hours (excluding call)	45.8			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.2			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	25.4%		better	worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.1	-0.4%		
Fee-for-service FTE/100,000 population	26.0	-0.1%		
GP FTE/100,000 population included in count	2.6	-3.1%		
Average weekly practice hours (excluding call)	49.9			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	4.2			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	16.7%		better	better
Diagnostic specialists				
Pathologists (Active head count)	12	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	6.7	4.8%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	51.6			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	6.8			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	18.2%		better	better
Nurses/100,000 population	455.9			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	42.5%		better	worse
Most often mentioned profession	Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	36.6%		better	better
Most often mentioned profession	OR nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	14.3%		better	better
Most often mentioned profession	LTC staff; Home care nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$72,489,361	2.3%		
Per capita ffs cost for residents of area	\$232.43	1.5%	greater	greater
Received in area	\$203.98	1.7%	greater	greater
Received out of area	\$28.45	0.6%	lower	lower
% of services received out of area				
All locations/areas	12.2%		lower	lower
Primary location/area (name and %)	Vancouver (7%)			
Secondary location/area (name and %)	Thompson Cariboo (2%)			
Total ffs and non-ffs paid to physicians in area	\$101,417,355			
Per capita ffs and non-ffs paid to physicians in area	\$325.18			
Per capita for:				
non fee-for-service payment plans	\$4.08			
all diagnostic and treatment services (ffs)	\$313.97			
isolation allowance premiums (ffs)	\$0.06			
out-of-hours surcharges (ffs)	\$6.16			
tray fees (est. ffs)	\$0.90			
Medical specialist services				
Total ffs cost for residents of area	\$34,686,008	2.7%		
Per capita ffs cost for residents of area	\$111.22	1.9%	greater	greater
Received in area	\$96.74	2.0%	greater	greater
Received out of area	\$14.48	1.3%	lower	lower
% of services received out of area				
All locations/areas	13.0%		lower	lower
Primary location/area (name and %)	Vancouver (7%)			
Secondary location/area (name and %)	Thompson Cariboo (2%)			
Total ffs and non-ffs paid to physicians in area	\$37,857,337			
Per capita ffs and non-ffs paid to physicians in area	\$121.39			
Per capita for:				
non fee-for-service payment plans	\$3.65			
all diagnostic and treatment services (ffs)	\$114.08			
isolation allowance premiums (ffs)	\$0.03			
out-of-hours surcharges (ffs)	\$3.58			
tray fees (est. ffs)	\$0.05			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$25,748,563	0.9%		
Per capita ffs cost for residents of area	\$82.56	0.2%	greater	greater
Received in area	\$71.24	0.0%	greater	greater
Received out of area	\$11.32	1.8%	lower	lower
% of services received out of area				
All locations/areas	13.7%		greater	lower
primary location/area (name and %)	Vancouver (7%)			
secondary location/area (name and %)	Thompson Cariboo (2%)			
Total ffs and non-ffs paid to physicians in area	\$27,217,834			
Per capita ffs and non-ffs paid to physicians in area	\$87.27			
Per capita for:				
non fee-for-service payment plans	\$0.22			
all diagnostic and treatment services (ffs)	\$83.73			
isolation allowance premiums (ffs)	\$0.03			
out-of-hours surcharges (ffs)	\$2.44			
tray fees (est. ffs)	\$0.86			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$13,165,544	2.1%		
Per capita ffs cost for residents of area	\$42.21	1.3%	greater	greater
Received in area	\$36.05	1.4%	greater	greater
Received out of area	\$6.16	0.8%	lower	lower
% of services received out of area				
All locations/areas	14.6%		lower	lower
Primary location/area (name and %)	Vancouver (8%)			
Secondary location/area (name and %)	Thompson Cariboo (3%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$12,054,790	4.3%		
Per capita ffs cost for residents of area	\$38.65	3.6%	greater	greater
Received in area	\$36.00	4.7%	greater	greater
Received out of area	\$2.65	-6.5%	lower	lower
% of services received out of area				
All locations/areas	6.9%		lower	lower
Primary location/area (name and %)	Vancouver (3%)			
Secondary location/area (name and %)	Thompson Cariboo (2%)			
Total ffs and non-ffs paid to physicians in area	\$36,342,184			
Per capita ffs and non-ffs paid to physicians in area	\$116.53			
Per capita for:				
non fee-for-service payment plans	\$0.22			
all diagnostic and treatment services (ffs)	\$116.17			
isolation allowance premiums (ffs)	\$0.00			
out-of-hours surcharges (ffs)	\$0.14			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	36,333	-1.2%		
Cases in area per 1,000 population	116.5	-1.9%	greater	greater
Number of intensity weighted hospital cases in area	48,494.8	-1.9%		
Weighted cases in area per 1,000 population	155.5	-2.6%	greater	greater
Total number of days stay in area	212,145	-3.2%		
Acute care/rehabilitative days	194,243	-2.2%		
Alternative level of care days	17,902	-11.0%		
% of all specialists in area reporting "bedblocker" problem	88.8%		lesser	lesser
Average length of stay (days)	5.8	-2.0%	same	lower
% of all specialists in area reporting stay too short	27.4%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	20.8%			
Increase in patient complications	28.3%			
Increase in re-admission rates	43.4%			

Specialty Care in the Thompson Cariboo Health Service Delivery Area



In Relation to the Interior Health Authority, the TCHSDA demonstrates:

- a younger population
- fewer acute and long term care beds per capita
- fewer hospitalizations per capita and of a lesser intensity
- fewer direct and support home care clients and hours/visits per capita
- a higher per capita cost of specialty services
- a serious physician retirement problem

KEY OBSERVATIONS

- Lower population densities present some unique delivery challenges.
- 52% of the TCHSDA population received specialty care, an increase from 1997/98. GPs provide a significant component of the specialty services.
- 30% of specialty care is provided out-of-area, split between the Okanagan and Vancouver.
- 100% of emergency room physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- The per capita number of home support clients is decreasing rapidly. At the same time the number of hospital beds is declining and 98% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- 79% of surgeons report inadequate levels of OR time and that OR time has decreased over the past five years. 251 hours of additional weekly OR time are required to provide more timely care.
- 40% of medical, 56% of diagnostic and 31% of surgical specialists report their intent to retire within 5 years.
- Significant shortages are reported for health care personnel, particularly critical care, emergency and home care nurses.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	49.8	1.8%
GP FTEs included	11.5	4.6%
Non-FFS FTEs	1.3	4.0%
Nurses	438.2	
Acute/rehab beds (est.)	159.9	-3.2%
LTC Beds (est.)*	3,843	-2.1%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	52%	Increasing
Per capita cost of care	\$198	1.8%
Received in area	\$140	1.0%
Received out of area	\$58	4.1%
Hospitalisations per 1,000 Pop	93.2	-5.3%
Average length of stay	6.0 days	2.2%
Emergency Room Care		
Excessive wait reports	100.0%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	n/a	
Surgical	8.5 days	
Longest Elective Wait (Median)		
Medical	17.5 weeks	
Surgical	32 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	216,584	<0.05%		
% 65 yrs +	13.4%		lower	greater
% 80 yrs +	2.8%		lower	lower
% First Nations (01/02)	9.4%		greater	greater
Projected population in 2012	233,945	0.8%		
% 65 yrs +	17.1%		lower	greater
% 80 yrs +	4.3%		lower	same
Population density (persons/ km ²)	1.82	<0.05%	lower	lower
65 yrs +	0.24	3.0%	lower	lower
80 yrs +	0.05	5.9%	lower	lower
First Nations (01/02)	0.17	1.7%	greater	greater
% of area population receiving specialty care (excl. laboratory tests)	52%	Increasing	same	same
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Urology	8.5 days/2 days		worse	worse
Elective referral wait (actual/recommended)				
Dermatology	4 wks/3 wks		better	same
Gastroenterology	17.5 wks/4 wks		worse	worse
Otolaryngology	32 wks/3 wks		worse	worse
Plastic Surgery	12 wks/4 wks		better	better
Urology	22 wks/3 wks		worse	worse

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	30 days/3 days		worse	worse
MRI	31 days/3 days		worse	worse
All others	7 days/2 days		worse	worse
Median wait/recommended wait for elective case				
CT scan	210 days/ 14 days		worse	worse
MRI	255 days/21 days		worse	worse
All others	32.5 days/12 days		worse	worse
Emergency room care within area				
% ER physicians reporting excessive waits	100.0%		same	greater
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	159.9	-3.2%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	3,843	-2.1%	lower	lower
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	78.6%		greater	lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	6.1		greater	greater
Total additional OR time needed in area per week (est.)	251.4 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	78.6%			
Cited reasons for hospital inability				
Supply of nurses	0.0%			
Supply of other professional staff	10.0%			
Funding	90.0%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. MRI 2. ECG lab 3. Fluoroscopy 4. Ultrasound			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. MRI 2. Ultrasound 3. Endoscopy			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	adequate			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Automated antigen/antibody 2. MRI 3. Routine hematology analyzer 4. Automated culture and sensitivity equipment			

*2001/02 data. Rate based only on population 65 years +.

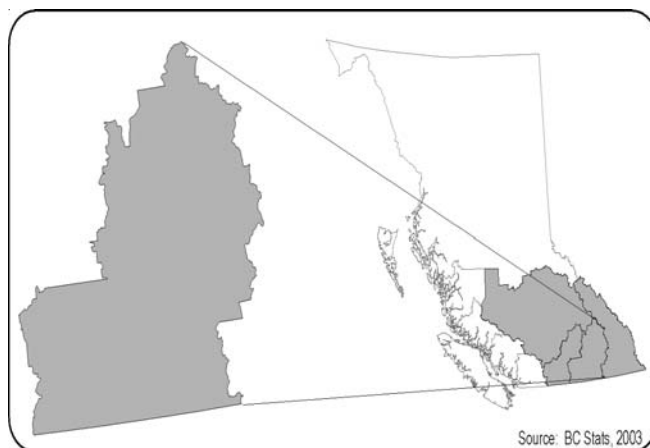
CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	8.7	-5.6%	lower	lower
Number of Home Support Hours/1,000 population (01/02)	1,508.4	-0.7%	lower	lower
Average number of hours of care per client (01/02)	172.7	5.2%	lower	lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	14.3	5.7%	lower	greater
Number of direct care visits/1,000 population (01/02)	340.0	3.6%	greater	greater
Average number of direct care visits per client (01/02)	23.8	-2.1%	greater	greater
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	1.2	4.4%		
Fee-for-service FTE/100,000 population	30.8	3.0%		
GP FTE/100,000 population included in count	8.9	8.0%		
Average weekly practice hours (excluding call)	42.8			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.8			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	40.0%		worse	worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	<0.05	-3.3%		
Fee-for-service FTE/100,000 population	18.9	-0.1%		
GP FTE/100,000 population included in count	2.6	-3.7%		
Average weekly practice hours (excluding call)	53.6			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	4.6			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	31.3%		worse	worse
Diagnostic specialists				
Pathologists (Active head count)	7	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	4.0	-4.1%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	45.9			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	12.3			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	55.6%		worse	worse
Nurses/100,000 population	438.2			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	48.1%		worse	worse
Most often mentioned profession	Emergency care nurses; Home care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	56.3%		worse	worse
Most often mentioned profession	Critical care nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	11.1%		better	better
Most often mentioned profession	multiple			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$42,870,177	1.9%		
Per capita ffs cost for residents of area	\$197.94	1.8%	greater	lower
Received in area	\$139.64	1.0%	lower	lower
Received out of area	\$58.30	4.1%	greater	lower
% of services received out of area				
All locations/areas	29.5%		greater	lower
Primary location/area (name and %)	Okanagan (13%)			
Secondary location/area (name and %)	Vancouver (10%)			
Total ffs and non-ffs paid to physicians in area	\$43,770,476			
Per capita ffs and non-ffs paid to physicians in area	\$202.09			
Per capita for:				
non fee-for-service payment plans	\$3.50			
all diagnostic and treatment services (ffs)	\$192.80			
isolation allowance premiums (ffs)	\$1.11			
out-of-hours surcharges (ffs)	\$4.38			
tray fees (est. ffs)	\$0.31			
Medical specialist services				
Total ffs cost for residents of area	\$19,815,407	2.9%		
Per capita ffs cost for residents of area	\$91.49	2.9%	greater	lower
Received in area	\$64.59	2.8%	greater	lower
Received out of area	\$26.90	3.2%	greater	lower
% of services received out of area				
All locations/areas	29.4%		greater	lower
Primary location/area (name and %)	Okanagan (12%)			
Secondary location/area (name and %)	Vancouver (11%)			
Total ffs and non-ffs paid to physicians in area	\$17,169,950			
Per capita ffs and non-ffs paid to physicians in area	\$79.28			
Per capita for:				
non fee-for-service payment plans	\$2.93			
all diagnostic and treatment services (ffs)	\$73.68			
isolation allowance premiums (ffs)	\$0.48			
out-of-hours surcharges (ffs)	\$2.14			
tray fees (est. ffs)	\$0.04			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$15,940,766	0.1%		
Per capita ffs cost for residents of area	\$73.60	0.1%	greater	lower
Received in area	\$52.25	-0.6%	lower	greater
Received out of area	\$21.35	2.0%	greater	lower
% of services received out of area				
All locations/areas	29.0%		greater	lower
primary location/area (name and %)	Okanagan (11%)			
secondary location/area (name and %)	Vancouver (10%)			
Total ffs and non-ffs paid to physicians in area	\$13,570,055			
Per capita ffs and non-ffs paid to physicians in area	\$62.65			
Per capita for:				
non fee-for-service payment plans	\$0.28			
all diagnostic and treatment services (ffs)	\$59.33			
isolation allowance premiums (ffs)	\$0.58			
out-of-hours surcharges (ffs)	\$2.19			
tray fees (est. ffs)	\$0.27			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$8,548,491	1.1%		
Per capita ffs cost for residents of area	\$39.47	1.0%	greater	greater
Received in area	\$28.17	0.8%	lower	greater
Received out of area	\$11.30	1.7%	greater	greater
% of services received out of area				
All locations/areas	28.6%		greater	greater
Primary location/area (name and %)	Okanagan (12%)			
Secondary location/area (name and %)	Vancouver (10%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$7,114,005	3.2%		
Per capita ffs cost for residents of area	\$32.85	3.2%	lower	lower
Received in area	\$22.80	0.2%	lower	lower
Received out of area	\$10.05	113.1%	greater	lower
% of services received out of area				
All locations/areas	30.6%		greater	lower
Primary location/area (name and %)	Okanagan (21%)			
Secondary location/area (name and %)	Vancouver (4%)			
Total ffs and non-ffs paid to physicians in area	\$13,030,471			
Per capita ffs and non-ffs paid to physicians in area	\$60.16			
Per capita for:				
non fee-for-service payment plans	\$0.28			
all diagnostic and treatment services (ffs)	\$59.79			
isolation allowance premiums (ffs)	\$0.05			
out-of-hours surcharges (ffs)	\$0.04			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	20,185	-5.3%		
Cases in area per 1,000 population	93.2	-5.3%	lower	greater
Number of intensity weighted hospital cases in area	27,334.3	-2.2%		
Weighted cases in area per 1,000 population	126.2	-2.2%	lower	lower
Total number of days stay in area	120,487	-3.2%		
Acute care/rehabilitative days	107,470	-3.1%		
Alternative level of care days	13,017	-3.7%		
% of all specialists in area reporting "bedblocker" problem	97.8%		greater	greater
Average length of stay (days)	6.0	2.2%	greater	lower
% of all specialists in area reporting stay too short	31.0%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	29.0%			
Increase in patient complications	29.0%			
Increase in re-admission rates	35.5%			

Specialty Care in the Kootenay Boundary Health Service Delivery Area



In Relation to the IHA, the KBHSDA demonstrates:

- better reported access to surgical services, though still inadequate
- fewer acute, but more long term care care beds per capita
- more hospitalizations per capita
- more home care support clients per capita, but fewer direct care clients and fewer care hours/visits
- fewer reported shortages of health care personnel

KEY OBSERVATIONS

- A stable population with a high proportion of very elderly residents.
- Lower population densities present some unique delivery challenges.
- 49% of the KBHSDA population received specialty care, which is increased from 1997/98. A significant portion of care is provided by GPs.
- More than a third of specialty care is provided outside the HSDA, split between the Okanagan and Vancouver.
- Referral waiting times are generally good.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- Although overall ER capacity was viewed as acceptable, 64% of physicians reported excessive ER waits.
- The number of hospitalizations and the intensity of cases is decreasing, while the average length of hospital stay is rising slightly.
- The per capita number of home support clients is decreasing relatively rapidly. At the same time the number of hospital beds is declining and 83% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- 43% of surgeons report inadequate levels of OR time. 77 hours of additional weekly OR time are required to provide more timely care.
- The number of specialists is decreasing, as is the number of GPs providing specialty care. 29% of medical specialists are contemplating retirement in the next five years.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	42.1	-1.2%
GP FTEs included	6.5	-8.3%
Non-FFS FTEs	4.0	-1.6%
Nurses	581.8	
Acute/rehab beds (est.)	175.2	-4.8%
LTC Beds (est.)*	6,269	-0.4%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	acceptable	unchanged
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	unchanged
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	49%	Increasing
Per capita cost of care	\$192	1.0%
Received in area	\$128	-0.3%
Received out of area	\$64	3.9%
Hospitalizations per 1,000 Pop	105.1	-5.9%
Average length of stay	5.8 days	2.3%
Emergency Room Care		
Excessive wait reports**	63.6%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	7 days	
Surgical	2.5 days	
Longest Elective Wait (Median)		
Medical	n/a	
Surgical	14.5 weeks	

*2001/02 data. Rate based only on population 65 years +.

**Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	79,576	-0.5%		
% 65 yrs +	16.0%		lower	greater
% 80 yrs +	4.3%		greater	greater
% First Nations (01/02)	1.6%		lower	lower
Projected population in 2012	82,230	0.3%		
% 65 yrs +	19.2%		same	greater
% 80 yrs +	5.4%		lower	greater
Population density (persons/ km ²)	2.74	-0.5%	lower	lower
65 yrs +	0.44	1.0%	lower	lower
80 yrs +	0.12	3.1%	lower	lower
First Nations (01/02)	0.04	3.3%	lower	lower
% of area population receiving specialty care (excl. laboratory tests)	49%	Increasing	lower	lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Internal Medicine	7 days/2 days		worse	worse
Obstetrics and Gynaecology	2.5 days/2 days		better	better
Psychiatry	5 days/4 days		better	better
Elective referral wait (actual/recommended)				
Obstetrics and Gynaecology	4.1 wks/4 wks		better	worse
Ophthalmology	14.5 wks/4 wks		worse	worse
Urology	4 wks/3 wks		better	better

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
(continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	n/a		n/a	n/a
MRI	n/a		n/a	n/a
All others	2 days/2 days		better	better
Median wait/recommended wait for elective case				
CT scan	n/a		n/a	n/a
MRI	n/a		n/a	n/a
All others	17.5 days/12 days		better	worse
Emergency room care within area				
% ER physicians reporting excessive waits*	63.6%			
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

*Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	175.2	-4.8%	greater	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	6,269	-0.4%	greater	greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	42.9%		lesser	lesser
Surgeons OR time relative to 1998	unchanged			
Reported additional OR time needed per surgeon (hrs/wk)	5.5		greater	greater
Total additional OR time needed in area per week (est.)	77.3 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	57.1%			
Cited reasons for hospital inability				
Supply of nurses	0.0%			
Supply of other professional staff	25.0%			
Funding	75.0%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years				
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years				
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	worsened			
Equipment required within the next two years				

*2001/02 data. Rate based only on population 65 years +.

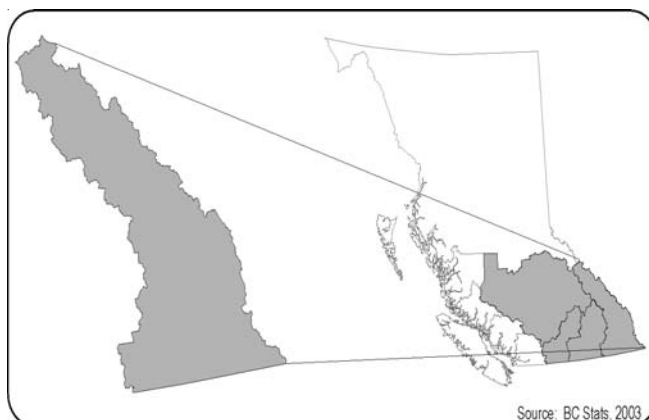
CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	13.8	-8.3%	greater	greater
Number of Home Support Hours/1,000 population (01/02)	2,678.7	-4.6%	greater	greater
Average number of hours of care per client (01/02)	194.8	4.0%	greater	greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	15.3	3.6%	greater	greater
Number of direct care visits/1,000 population (01/02)	355.6	-4.6%	greater	greater
Average number of direct care visits per client (01/02)	23.3	-7.9%	greater	greater
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	3.3	-5.0%		
Fee-for-service FTE/100,000 population	25.2	-1.4%		
GP FTE/100,000 population included in count	2.7	-6.3%		
Average weekly practice hours (excluding call)	47.1			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	2.9			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	28.6%		better	worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	0.7	55.6%		
Fee-for-service FTE/100,000 population	16.9	-0.9%		
GP FTE/100,000 population included in count	3.8	-9.5%		
Average weekly practice hours (excluding call)	50.0			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	6.6			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	14.3%		better	better
Diagnostic specialists				
Pathologists (Active head count)	2	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	5.3	2.5%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	42.0			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	15.0			
Emergent schedule adjustments relative to 1998	unchanged			
% likely to retire within 5 years	n/a		n/a	n/a
Nurses/100,000 population	581.8			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	57.1%		worse	worse
Most often mentioned profession	multiple			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	14.3%		better	better
Most often mentioned profession	multiple			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	0.0%		better	better
Most often mentioned profession	n/a			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$15,301,905	0.5%		
Per capita ffs cost for residents of area	\$192.29	1.0%	lower	lower
Received in area	\$128.03	-0.3%	lower	lower
Received out of area	\$64.27	3.9%	greater	lower
% of services received out of area				
All locations/areas	33.4%		greater	greater
Primary location/area (name and %)	Okanagan (17%)			
Secondary location/area (name and %)	Vancouver (10%)			
Total ffs and non-ffs paid to physicians in area	\$17,726,861			
Per capita ffs and non-ffs paid to physicians in area	\$222.77			
Per capita for:				
non fee-for-service payment plans	\$11.37			
all diagnostic and treatment services (ffs)	\$204.58			
isolation allowance premiums (ffs)	\$3.38			
out-of-hours surcharges (ffs)	\$3.11			
tray fees (est. ffs)	\$0.33			
Medical specialist services				
Total ffs cost for residents of area	\$6,785,725	0.4%		
Per capita ffs cost for residents of area	\$85.27	0.9%	greater	lower
Received in area	\$52.49	-0.5%	lower	lower
Received out of area	\$32.78	3.5%	greater	greater
% of services received out of area				
All locations/areas	38.4%		greater	greater
Primary location/area (name and %)	Okanagan (20%)			
Secondary location/area (name and %)	Vancouver (10%)			
Total ffs and non-ffs paid to physicians in area	\$5,656,780			
Per capita ffs and non-ffs paid to physicians in area	\$71.09			
Per capita for:				
non fee-for-service payment plans	\$7.00			
all diagnostic and treatment services (ffs)	\$60.93			
isolation allowance premiums (ffs)	\$1.31			
out-of-hours surcharges (ffs)	\$1.84			
tray fees (est. ffs)	\$0.00			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$5,571,808	-0.5%		
Per capita ffs cost for residents of area	\$70.02	<0.05%	greater	lower
Received in area	\$46.95	-1.1%	lower	lower
Received out of area	\$23.07	2.6%	greater	greater
% of services received out of area				
All locations/areas	32.9%		greater	greater
primary location/area (name and %)	Okanagan (18%)			
secondary location/area (name and %)	Vancouver (10%)			
Total ffs and non-ffs paid to physicians in area	\$4,938,809			
Per capita ffs and non-ffs paid to physicians in area	\$62.06			
Per capita for:				
non fee-for-service payment plans	\$2.18			
all diagnostic and treatment services (ffs)	\$56.56			
isolation allowance premiums (ffs)	\$1.76			
out-of-hours surcharges (ffs)	\$1.23			
tray fees (est. ffs)	\$0.33			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$3,115,608	<0.05%		
Per capita ffs cost for residents of area	\$39.15	0.5%	greater	greater
Received in area	\$25.22	-0.9%	lower	greater
Received out of area	\$13.93	3.5%	greater	greater
% of services received out of area				
All locations/areas	35.6%		greater	greater
Primary location/area (name and %)	Okanagan (20%)			
Secondary location/area (name and %)	Vancouver (11%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$2,944,372	2.8%		
Per capita ffs cost for residents of area	\$37.00	3.3%	greater	lower
Received in area	\$28.58	1.8%	lower	greater
Received out of area	\$8.42	9.9%	greater	lower
% of services received out of area				
All locations/areas	22.7%		greater	lower
Primary location/area (name and %)	Okanagan (9%)			
Secondary location/area (name and %)	Vancouver (7%)			
Total ffs and non-ffs paid to physicians in area	\$7,131,272			
Per capita ffs and non-ffs paid to physicians in area	\$89.62			
Per capita for:				
non fee-for-service payment plans	\$2.18			
all diagnostic and treatment services (ffs)	\$87.09			
isolation allowance premiums (ffs)	\$0.31			
out-of-hours surcharges (ffs)	\$0.03			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	8,362	-6.3%		
Cases in area per 1,000 population	105.1	-5.9%	greater	greater
Number of intensity weighted hospital cases in area	9,931.6	-4.3%		
Weighted cases in area per 1,000 population	124.8	-3.9%	lower	lower
Total number of days stay in area	48,753	-4.1%		
Acute care/rehabilitative days	43,261	-5.2%		
Alternative level of care days	5,492	8.8%		
% of all specialists in area reporting "bedblocker" problem	83.3%		lesser	lesser
Average length of stay (days)	5.8	2.3%	same	lower
% of all specialists in area reporting stay too short	18.2%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	25.0%			
Increase in patient complications	25.0%			
Increase in re-admission rates	50.0%			

Specialty Care in the East Kootenay Health Service Delivery Area



In Relation to the Interior Health Region, the EKHSDA demonstrates:

- fewer acute and long term care beds per capita
- more home care support clients per capita, but fewer direct care clients
- better reported access to surgical services
- a serious looming retirement problem
- more severe shortages of health care personnel

KEY OBSERVATIONS

- Data exclude care for patients referred to Alberta. Interpretation of the data is affected.
- Lower population densities present some unique delivery challenges.
- 45% of the EKHSDA population received specialty care, unchanged from 1997/98. GPs provide a significant component of the services.
- 75% of care is provided within the HSDA, however, more than 40% of medical specialty care is provided out-of-area. Out-of-area care is split between the Kootenay Boundary area, the Okanagan and Vancouver.
- Referral waiting times are serious in only a few specialties.
- 100% of emergency room physicians report excessive waiting times in the ER, citing an allocation of ER resources as the primary cause.
- Physicians report inadequate a) acute and long term care beds, with deteriorating status and b) community and home care support programs.
- OR capacity and the supply of diagnostic equipment are generally viewed as acceptable, although deteriorating.
- The per capita number of home support clients and hospital beds are decreasing rapidly. 83% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- The number of specialists is decreasing. Some specialty services are being increasingly provided by GPs.
- 43% of medical specialists and 50% of diagnostic specialists report their intention to retire within the next five years.
- Significant shortages are reported for a wide range of health care personnel.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	24.4	-3.4%
GP FTEs included	10.5	12.6%
Non-FFS FTEs	0.8	13.2%
Nurses	407.7	
Acute/rehab beds (est.)	134.7	-5.1%
LTC Beds (est.)*	5,082	-2.5%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	unchanged
OR capacity	acceptable	deteriorating
Equipment (Diag/Ther)	acceptable	deteriorating
Community care services	inadequate	unchanged
Home care services	inadequate	unchanged

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	45%	Unchanged
Per capita cost of care	\$126	-1.2%
Received in area	\$95	-1.8%
Received out of area	\$31	0.8%
Hospitalisations per 1,000 Pop	92.2	-5.9%
Average length of stay	5.4 days	1.4%
Emergency Room Care		
Excessive wait reports	100.0%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	7.5 days	
Surgical	14 days	
Longest Elective Wait (Median)		
Medical	10 weeks	
Surgical	17 weeks	

*2001/02 data. Rate based only on population 65 years +.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	80,208	0.3%		
% 65 yrs +	13.6%		lower	greater
% 80 yrs +	3.3%		lower	lower
% First Nations (01/02)	1.6%		lower	lower
Projected population in 2012	83,644	0.4%		
% 65 yrs +	17.3%		lower	greater
% 80 yrs +	4.5%		lower	greater
Population density (persons/ km ²)	1.77	0.3%	lower	lower
65 yrs +	0.24	1.8%	lower	lower
80 yrs +	0.06	4.4%	lower	lower
First Nations (01/02)	0.03	3.4%	lower	lower
% of area population receiving specialty care (excl. laboratory tests)	45%	Unchanged	lower	lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
Gastroenterology	7.5 days/3 days		worse	worse
Orthopaedic Surgery	14 days/3 days		worse	worse
Psychiatry	7 days/4 days		same	same
Elective referral wait (actual/recommended)				
Gastroenterology	4 wks/4 wks		better	better
Orthopaedic Surgery	17 wks/6 wks		worse	worse
Otolaryngology	8.6 wks/3 wks		better	worse
Psychiatry	10 wks/4wks		worse	worse

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	3 days/3 days		better	better
MRI	n/a		n/a	n/a
All others	3 days/2 days		better	same
Median wait/recommended wait for elective case				
CT scan	60 days/14 days		same	worse
MRI	n/a		n/a	n/a
All others	30 days/12 days		worse	worse
Emergency room care within area				
% ER physicians reporting excessive waits	100.0%		same	greater
Most significant contributor	Use of ER for Specialist outpatient clinics			
Ease of arranging emergent transfer	difficult			

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	134.7	-5.1%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	5,082	-2.5%	lower	greater
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	16.7%		lesser	lesser
Surgeons OR time relative to 1998	unchanged			
Reported additional OR time needed per surgeon (hrs/wk)	n/a		n/a	n/a
Total additional OR time needed in area per week (est.)	n/a			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	50.0%			
Cited reasons for hospital inability				
Supply of nurses	66.7%			
Supply of other professional staff	0.0%			
Funding	0.0%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	unchanged			
Equipment required within the next two years				
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years				
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	unchanged			
Equipment required within the next two years				

*2001/02 data. Rate based only on population 65 years +.

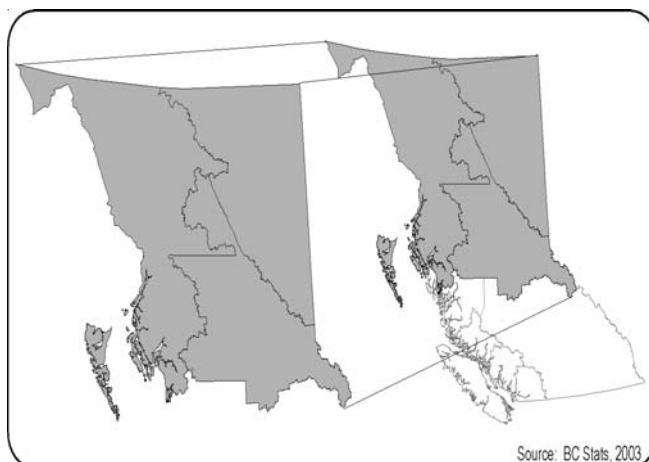
CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	12.0	-9.0%	greater	greater
Number of Home Support Hours/1,000 population (01/02)	2,245.7	-0.6%	greater	greater
Average number of hours of care per client (01/02)	187.7	9.2%	greater	lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	12.2	2.2%	lower	lower
Number of direct care visits/1,000 population (01/02)	210.7	-12.1%	lower	lower
Average number of direct care visits per client (01/02)	17.2	-14.0%	lower	greater
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	0.8	13.0%		
Fee-for-service FTE/100,000 population	10.1	-5.5%		
GP FTE/100,000 population included in count	5.6	17.5%		
Average weekly practice hours (excluding call)	37.9			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	2.8			
Emergent schedule adjustments relative to 1998	unchanged			
% likely to retire within 5 years	42.9%		worse	worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	<0.05	19.2%		
Fee-for-service FTE/100,000 population	14.3	-1.7%		
GP FTE/100,000 population included in count	4.9	8.1%		
Average weekly practice hours (excluding call)	55.0			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	6.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	20.0%		better	better
Diagnostic specialists				
Pathologists (Active head count)	1	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	5.5	0.5%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	40.0			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	5.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	50.0%		worse	worse
Nurses/100,000 population	407.7			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	85.7%		worse	worse
Most often mentioned profession	Emergency care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	66.7%		worse	worse
Most often mentioned profession	Oncology nurses; Orthotists			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	50.0%		worse	worse
Most often mentioned profession	Post anaesthesia nurses; Occupational therapist; Radiology technologist			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$10,126,618	-0.9%		
Per capita ffs cost for residents of area	\$126.25	-1.2%	lower	lower
Received in area	\$95.09	-1.8%	lower	lower
Received out of area	\$31.17	0.8%	lower	lower
% of services received out of area				
All locations/areas	24.7%		lower	lower
Primary location/area (name and %)	Kootenay Boundary (11%)			
Secondary location/area (name and %)	Vancouver (5%)			
Total ffs and non-ffs paid to physicians in area	\$12,219,373			
Per capita ffs and non-ffs paid to physicians in area	\$152.35			
Per capita for:				
non fee-for-service payment plans	\$1.71			
all diagnostic and treatment services (ffs)	\$144.20			
isolation allowance premiums (ffs)	\$3.24			
out-of-hours surcharges (ffs)	\$2.36			
tray fees (est. ffs)	\$0.84			
Medical specialist services				
Total ffs cost for residents of area	\$2,875,684	-3.7%		
Per capita ffs cost for residents of area	\$35.85	-3.9%	lower	lower
Received in area	\$21.22	-6.3%	lower	lower
Received out of area	\$14.64	0.3%	lower	lower
% of services received out of area				
All locations/areas	40.8%		greater	greater
Primary location/area (name and %)	Kootenay Boundary (16%)			
Secondary location/area (name and %)	Okanagan (10%)			
Total ffs and non-ffs paid to physicians in area	\$2,090,109			
Per capita ffs and non-ffs paid to physicians in area	\$26.06			
Per capita for:				
non fee-for-service payment plans	\$1.71			
all diagnostic and treatment services (ffs)	\$22.35			
isolation allowance premiums (ffs)	\$1.22			
out-of-hours surcharges (ffs)	\$0.76			
tray fees (est. ffs)	\$0.02			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$4,211,120	-1.1%		
Per capita ffs cost for residents of area	\$52.50	-1.4%	lower	lower
Received in area	\$43.73	-1.1%	lower	lower
Received out of area	\$8.77	-2.4%	lower	lower
% of services received out of area				
All locations/areas	16.7%		lower	lower
primary location/area (name and %)	Kootenay Boundary (7%)			
secondary location/area (name and %)	Okanagan (3%)			
Total ffs and non-ffs paid to physicians in area	\$3,992,968			
Per capita ffs and non-ffs paid to physicians in area	\$49.78			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$45.42			
isolation allowance premiums (ffs)	\$1.98			
out-of-hours surcharges (ffs)	\$1.56			
tray fees (est. ffs)	\$0.82			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$2,356,991	4.1%	lower	
Per capita ffs cost for residents of area	\$29.39	3.8%	lower	lower
Received in area	\$24.57	5.4%	lower	greater
Received out of area	\$4.82	-2.8%	lower	lower
% of services received out of area				
All locations/areas	16.4%		lower	lower
Primary location/area (name and %)	Kootenay Boundary (7%)		lower	
Secondary location/area (name and %)	Okanagan (3%)		greater	
Diagnostic specialist services				
Total ffs cost for residents of area	\$3,039,814	3.1%		
Per capita ffs cost for residents of area	\$37.90	2.8%	greater	lower
Received in area	\$30.14	1.9%	greater	greater
Received out of area	\$7.76	6.9%	greater	lower
% of services received out of area				
All locations/areas	20.5%		greater	lower
Primary location/area (name and %)	Kootenay Boundary (11%)			
Secondary location/area (name and %)	Vancouver (6%)			
Total ffs and non-ffs paid to physicians in area	\$6,136,297			
Per capita ffs and non-ffs paid to physicians in area	\$76.50			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$76.43			
isolation allowance premiums (ffs)	\$0.04			
out-of-hours surcharges (ffs)	\$0.03			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	7,398	-5.6%		
Cases in area per 1,000 population	92.2	-5.9%	lower	greater
Number of intensity weighted hospital cases in area	8,136.7	-3.8%		
Weighted cases in area per 1,000 population	101.4	-4.0%	lower	lower
Total number of days stay in area	40,128	-4.3%		
Acute care/rehabilitative days	33,531	-4.8%		
Alternative level of care days	6,597	-1.0%		
% of all specialists in area reporting "bedblocker" problem	83.3%		lesser	lesser
Average length of stay (days)	5.4	1.4%	lower	lower
% of all specialists in area reporting stay too short	0.0%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	n/a			
Increase in patient complications	n/a			
Increase in re-admission rates	n/a			

Specialty Care in the Northern Health Authority



In Relation to the Province, the NHA demonstrates:

- a younger population
- largest proportion of First Nations persons
- fastest growing elderly population
- lower utilization rates for specialty services
- a greater proportion of care referred out-of-region
- fewer acute and long term care beds per capita
- more hospitalizations per capita
- fewer home care and direct care support clients per capita
- more critical shortages of health care personnel

KEY OBSERVATIONS

- Data exclude care for patients referred to Alberta. Interpretation of the data is affected.
- A generally stable, younger population with a high First Nations component. Lower population densities present unique delivery challenges.
- 47% of the NHA population received specialty care, which is increased from 1997/98. A significant portion of specialty care is provided by GPs.
- The region is served by a single secondary/tertiary care hospital that also supports medical training. However, 28% of all specialty care is provided outside the region, split between Vancouver Coastal and the Interior regions.
- Referral waiting times relative to the recommended period are frequently below provincial norms.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- 69% of physicians report excessive waiting times in the ER, citing a lack of acute beds as the primary cause.
- The number of acute care beds per capita has dropped markedly, as has the number of hospitalizations. 93% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- 64% of surgeons report inadequate levels of OR time. 257 hours of additional weekly OR time are required to provide timely patient care.
- Significant shortages are reported for health care personnel, particularly critical care, medical and surgical nurses.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	37.2	0.1%
GP FTEs included	11.6	-0.3%
Non-FFS FTEs	3.2	16.2%
Nurses	382.4	
Acute/rehab beds (est.)	148.1	-3.9%
LTC Beds (est.)*	4,793	-2.2%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	unchanged
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	47%	Increasing
Per capita cost of care	\$160	1.0%
Received in area	\$115	0.1%
Received out of area	\$45	3.5%
Hospitalisations per 1,000 Pop	97.0	-4.7%
Average length of stay	5.4 days	1.0%
Emergency Room Care		
Excessive wait reports**	69.4%	
Emergent Transfer		difficult
Longest Urgent Wait (Median)		
Medical	7 days	
Surgical	7 days	
Longest Elective Wait (Median)		
Medical	45 weeks	
Surgical	60 weeks	

*2001/02 data. Rate based only on population 65 years +.

** Response rates reflect all physicians within this HA as no registered ER physicians responded to this question.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	300,767	-0.7%		
% 65 yrs +	7.8%			lower
% 80 yrs +	1.5%			lower
% First Nations (01/02)	14.8%			greater
Projected population in 2012	324,850	0.8%		
% 65 yrs +	11.2%			lower
% 80 yrs +	2.3%			lower
Population density (persons/ km ²)	0.49	-0.7%		lower
65 yrs +	0.04	3.2%		lower
80 yrs +	0.01	5.5%		lower
First Nations(01/02)	0.07	1.7%		lower
% of area population receiving specialty care (excl. laboratory tests)	47%	Increasing		lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
General Surgery	7 days/3 days			worse
Neurology	7 days/2 days			worse
Ophthalmology	2 days/1 day			worse
Orthopaedic Surgery	7 days/3 days			worse
Paediatrics	3.5 days/1 day			worse
Elective referral wait (actual/recommended)				
General Surgery	7 wks/4 wks			worse
Obstetrics and Gynaecology	4.4 wks/4 wks			worse
Ophthalmology	6 wks/4 wks			worse
Orthopaedic Surgery	12 wks/6 wks			better
Paediatrics	45 wks/3 wks			worse
Plastic Surgery	60 wks/4wks			worse

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	7 days/3 days			same
MRI	30 days/3 days			worse
All others	5 days/2 days			worse
Median wait/recommended wait for elective case				
CT scan	27 days/14 days			better
MRI	245 days/21 days			worse
All others	14 days/12 days			same
Emergency room care within area				
% ER physicians reporting excessive waits*	69.4%			
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

* Response rates reflect all physicians within this HA as no registered ER physicians responded to this question.

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	148.1	-3.9%		lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	4,793	-2.2%		lower
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	64.0%			lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	5.6			greater
Total additional OR time needed in area per week (est.)	256.7 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	88.0%			
Cited reasons for hospital inability				
Supply of nurses	35.3%			
Supply of other professional staff	5.9%			
Funding	52.9%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. MRI			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. MRI 2. Angiogram 3. Endoscopy			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Tissue processor 2. Ultrasound 3. Routine hematology analyzer; Coagulation analyzer; Blood gas analyzer; Automated culture and sensitivity; Microscope 4. CT 5. Digital radiography			

*2001/02 data. Rate based only on population 65 years +.

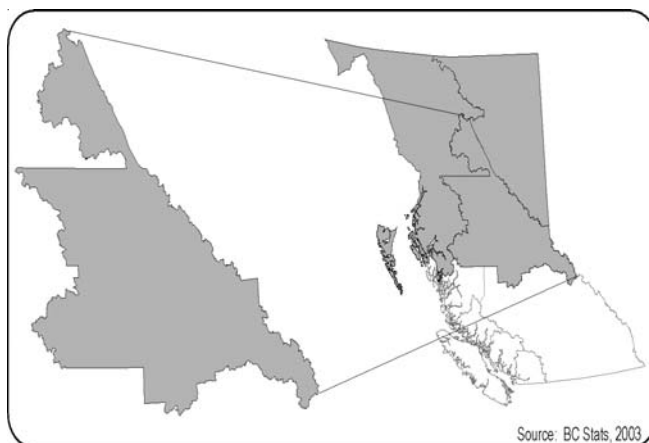
CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	6.3	-2.2%		lower
Number of Home Support Hours/1,000 population (01/02)	1,051.6	0.4%		lower
Average number of hours of care per client (01/02)	166.7	2.7%		lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	10.7	2.2%		lower
Number of direct care visits/1,000 population (01/02)	216.3	1.3%		lower
Average number of direct care visits per client (01/02)	20.3	-0.9%		greater
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	3.2	18.2%		
Fee-for-service FTE/100,000 population	22.0	2.2%		
GP FTE/100,000 population included in count	7.1	3.2%		
Average weekly practice hours (excluding call)	46.3			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.6			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	21.1%			better
Surgical specialists				
Non fee-for-service FTE/100,000 population	n/a	-28.9%		
Fee-for-service FTE/100,000 population	15.1	-2.5%		
GP FTE/100,000 population included in count	4.5	-4.2%		
Average weekly practice hours (excluding call)	47.1			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	4.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	23.1%			better
Diagnostic specialists				
Pathologists (Active head count)	7	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	4.5	0.8%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	45.8			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	8.6			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	36.4%			worse
Nurses/100,000 population	382.4			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	73.7%			worse
Most often mentioned profession	Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	85.2%			worse
Most often mentioned profession	Critical care nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	54.5%			worse
Most often mentioned profession	Medical/surg nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$48,222,837	0.3%		
Per capita ffs cost for residents of area	\$160.33	1.0%		lower
Received in area	\$115.42	0.1%		lower
Received out of area	\$44.91	3.5%		greater
% of services received out of area				
All locations/areas	28.0%			greater
Primary location/area (name and %)	Vancouver Coastal (19%)			
Secondary location/area (name and %)	Interior (4%)			
Total ffs and non-ffs paid to physicians in area	\$50,969,661			
Per capita ffs and non-ffs paid to physicians in area	\$169.47			
Per capita for:				
non fee-for-service payment plans	\$7.56			
all diagnostic and treatment services (ffs)	\$149.98			
isolation allowance premiums (ffs)	\$8.89			
out-of-hours surcharges (ffs)	\$2.71			
tray fees (est. ffs)	\$0.32			
Medical specialist services				
Total ffs cost for residents of area	\$20,454,262	1.3%		
Per capita ffs cost for residents of area	\$68.01	2.0%		lower
Received in area	\$45.27	1.0%		lower
Received out of area	\$22.74	4.3%		lower
% of services received out of area				
All locations/areas	33.4%			greater
Primary location/area (name and %)	Vancouver Coastal (23%)			
Secondary location/area (name and %)	Interior (4%)			
Total ffs and non-ffs paid to physicians in area	\$18,273,449			
Per capita ffs and non-ffs paid to physicians in area	\$60.76			
Per capita for:				
non fee-for-service payment plans	\$7.47			
all diagnostic and treatment services (ffs)	\$48.81			
isolation allowance premiums (ffs)	\$2.98			
out-of-hours surcharges (ffs)	\$1.48			
tray fees (est. ffs)	\$0.02			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$17,769,330	-1.6%		
Per capita ffs cost for residents of area	\$59.08	-0.9%		lower
Received in area	\$43.13	-1.8%		lower
Received out of area	\$15.95	1.8%		greater
% of services received out of area				
All locations/areas	27.0%			greater
primary location/area (name and %)	Vancouver Coastal (17%)			
secondary location/area (name and %)	Interior (5%)			
Total ffs and non-ffs paid to physicians in area	\$15,445,438			
Per capita ffs and non-ffs paid to physicians in area	\$51.35			
Per capita for:				
non fee-for-service payment plans	\$0.05			
all diagnostic and treatment services (ffs)	\$45.35			
isolation allowance premiums (ffs)	\$4.47			
out-of-hours surcharges (ffs)	\$1.19			
tray fees (est. ffs)	\$0.30			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services				
(major surgical intervention only)				
Total ffs cost for residents of area	\$8,847,166	-0.7%		
Per capita ffs cost for residents of area	\$29.42	0.0%		lower
Received in area	\$20.37	-7.3%		lower
Received out of area	\$9.05	13.0%		greater
% of services received out of area				
All locations/areas	30.8%			greater
Primary location/area (name and %)	Vancouver Coastal (20%)			
Secondary location/area (name and %)	Interior (6%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$9,999,244	2.2%		
Per capita ffs cost for residents of area	\$33.25	2.9%		lower
Received in area	\$27.03	2.4%		lower
Received out of area	\$6.22	5.2%		greater
% of services received out of area				
All locations/areas	18.7%			greater
Primary location/area (name and %)	Vancouver Coastal (12%)			
Secondary location/area (name and %)	Fraser (4%)			
Total ffs and non-ffs paid to physicians in area	\$17,250,774			
Per capita ffs and non-ffs paid to physicians in area	\$57.36			
Per capita for:				
non fee-for-service payment plans	\$0.05			
all diagnostic and treatment services (ffs)	\$55.83			
isolation allowance premiums (ffs)	\$1.44			
out-of-hours surcharges (ffs)	\$0.04			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	29,181	-5.4%		
Cases in area per 1,000 population	97.0	-4.7%		greater
Number of intensity weighted hospital cases in area	32,662.1	-4.1%		
Weighted cases in area per 1,000 population	108.6	-3.4%		lower
Total number of days stay in area	157,701	-4.5%		
Acute care/rehabilitative days	138,150	-4.6%		
Alternative level of care days	19,551	-3.3%		
% of all specialists in area reporting "bedblocker" problem	92.5%			greater
Average length of stay (days)	5.4	1.0%		lower
% of all specialists in area reporting stay too short	12.5%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	33.3%			
Increase in patient complications	22.2%			
Increase in re-admission rates	33.3%			

Specialty Care in the Northern Interior Health Service Delivery Area



In Relation to the NHA, the NIHSDA demonstrates:

- an older population
- higher average cost per capita
- a lesser proportion of care referred out-of-area
- more acute, but fewer long term care beds per capita
- a greater problem of access to the OR
- fewer hospitalisations per capita with a greater intensity of cases

KEY OBSERVATIONS

- Data exclude care for patients referred to Alberta. Interpretation of the data is affected.
- A generally stable population with a high First Nations component. Lower population densities present unique delivery challenges.
- 49% of the NIHSDA population received specialty care, which is increased from 1997/98. A significant proportion of care continues to be provided by GPs.
- 28% of specialty care is provided out-of-area, primarily in Vancouver.
- Referral waiting times for several specialties are problematic. Referrals for diagnostic tests are generally poor.
- Physicians report inadequate a) acute and long term care beds and b) community and home care support programs.
- 83% of physicians report excessive waiting times in the ER, citing a lack of acute care beds as the primary cause.
- The number of acute care beds per capita has dropped markedly, as has the number of hospitalisations. The per capita number of home support clients is decreasing and 88% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- 81% of surgeons report inadequate levels of OR time. 155 hours of additional weekly OR time are required to provide more timely care.
- Significant shortages are reported for health care personnel, particularly hospital based nurses.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	47.5	0.6%
GP FTEs included	12.7	2.1%
Non-FFS FTEs	2.5	9.7%
Nurses	378.1	
Acute/rehab beds (est.)	163.0	-4.0%
LTC Beds (est.)*	4,408	-2.6%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	acceptable	unchanged
Community care services	inadequate	unchanged
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	49%	Increasing
Per capita cost of care	\$173	0.8%
Received in area	\$125	-0.5%
Received out of area	\$48	4.7%
Hospitalisations per 1,000 Pop	93.7	-5.3%
Average length of stay	5.9 days	1.2%
Emergency Room Care		
Excessive wait reports**	83%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	7 days	
Surgical	14 days	
Longest Elective Wait (Median)		
Medical	45 weeks	
Surgical	60 weeks	

*2001/02 data. Rate based only on population 65 years +.

** Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	151,269	-0.7%		
% 65 yrs +	8.1%		greater	lower
% 80 yrs +	1.5%		same	lower
% First Nations (01/02)	9.3%		lower	greater
Projected population in 2012	161,571	0.7%		
% 65 yrs +	11.7%		greater	lower
% 80 yrs +	2.3%		same	lower
Population density (persons/ km ²)	0.89	-0.7%	greater	lower
65 yrs +	0.07	3.3%	greater	lower
80 yrs +	0.01	5.7%	same	lower
First Nations (01/02)	0.08	2.3%	greater	lower
% of area population receiving specialty care (excl. laboratory tests)	49%	Increasing	greater	lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
General Surgery	14 days/3 days		worse	worse
Neurology	7 days/2 days		same	worse
Obstetrics and Gynaecology	3 days/2 days		worse	same
Ophthalmology	3 days/1 day		worse	worse
Orthopaedic Surgery	14 days/3 days		worse	worse
Paediatrics	3.5 days/1 day		same	worse
Elective referral wait (actual/recommended)				
General Surgery	8 wks/4 wks		worse	worse
Internal Medicine	4 wks/3 wks		same	worse
Obstetrics and Gynaecology	4.4 wks/4 wks		same	worse
Ophthalmology	28 wks/4 wks		worse	worse
Orthopaedic Surgery	26 wks/6 wks		worse	worse
Paediatrics	45 wks/3 wks		same	worse
Plastic Surgery	60 wks/4wks		same	worse

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	7 days/3 days		same	same
MRI	30 days/3 days		same	worse
All others	3 days/2 days		better	same
Median wait/recommended wait for elective case				
CT scan	27 days/14 days		same	better
MRI	245 days/21 days		same	worse
All others	14 days/12 days		same	same
Emergency room care within area				
% ER physicians reporting excessive waits*	82.9%		greater	
Most significant contributor	lack of acute beds			
Ease of arranging emergent transfer	difficult			

* Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	163.0	-4.0%	greater	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	4,408	-2.6%	lower	lower
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	81.3%		greater	greater
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	6.0		greater	greater
Total additional OR time needed in area per week (est.)	154.8 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	87.5%			
Cited reasons for hospital inability				
Supply of nurses	27.3%			
Supply of other professional staff	9.1%			
Funding	54.5%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. MRI			
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. Angiogram			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	adequate			
Patient access relative to 1998	worsened			
Equipment required within the next two years				

*2001/02 data. Rate based only on population 65 years +.

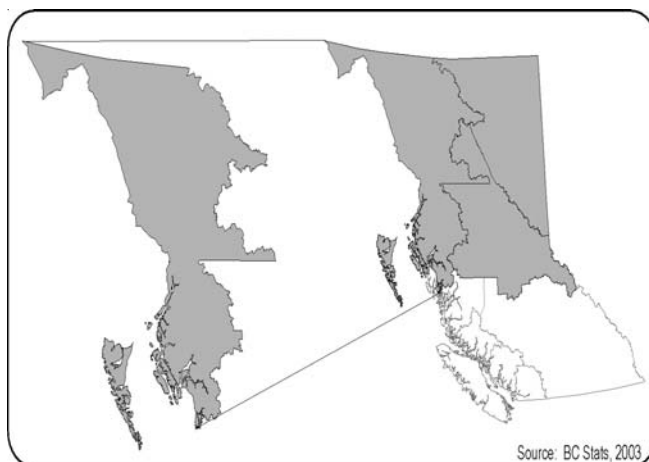
CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	6.9	-1.6%	greater	lower
Number of Home Support Hours/1,000 population (01/02)	1,147.8	1.9%	greater	lower
Average number of hours of care per client (01/02)	166.7	3.6%	lower	lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	9.4	1.4%	lower	lower
Number of direct care visits/1,000 population (01/02)	206.9	3.4%	lower	lower
Average number of direct care visits per client (01/02)	21.9	1.9%	greater	greater
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	2.5	10.1%		
Fee-for-service FTE/100,000 population	30.5	3.1%		
GP FTE/100,000 population included in count	9.1	5.6%		
Average weekly practice hours (excluding call)	47.3			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.7			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	20.0%		better	better
Surgical specialists				
Non fee-for-service FTE/100,000 population	n/a	-4.7%		
Fee-for-service FTE/100,000 population	17.0	-3.2%		
GP FTE/100,000 population included in count	3.7	-4.2%		
Average weekly practice hours (excluding call)	46.7			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	3.1			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	25.0%		worse	better
Diagnostic specialists				
Pathologists (Active head count)	6	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	3.9	-2.6%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	46.0			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	7.3			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	25.0%		better	better
Nurses/100,000 population	378.1			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	66.7%		better	worse
Most often mentioned profession	Medical/surgical nurses; Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	93.8%		worse	worse
Most often mentioned profession	Critical care nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	37.5%		better	worse
Most often mentioned profession	Medical/surgical nurses; OR nurses; Emergency care nurses			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$26,163,258	0.1%		
Per capita ffs cost for residents of area	\$172.96	0.8%	greater	lower
Received in area	\$125.35	-0.5%	greater	lower
Received out of area	\$47.61	4.7%	lower	lower
% of services received out of area				
All locations/areas	27.5%		lower	lower
Primary location/area (name and %)	Vancouver (13%)			
Secondary location/area (name and %)	Thompson Cariboo (3%)			
Total ffs and non-ffs paid to physicians in area	\$30,348,935			
Per capita ffs and non-ffs paid to physicians in area	\$200.63			
Per capita for:				
non fee-for-service payment plans	\$6.13			
all diagnostic and treatment services (ffs)	\$185.47			
isolation allowance premiums (ffs)	\$4.52			
out-of-hours surcharges (ffs)	\$4.04			
tray fees (est. ffs)	\$0.47			
Medical specialist services				
Total ffs cost for residents of area	\$11,989,356	1.8%		
Per capita ffs cost for residents of area	\$79.26	2.5%	greater	lower
Received in area	\$56.04	1.6%	greater	lower
Received out of area	\$23.22	4.9%	lower	lower
% of services received out of area				
All locations/areas	29.3%		lower	lower
Primary location/area (name and %)	Vancouver (17%)			
Secondary location/area (name and %)	Thompson Cariboo (2%)			
Total ffs and non-ffs paid to physicians in area	\$11,617,064			
Per capita ffs and non-ffs paid to physicians in area	\$76.80			
Per capita for:				
non fee-for-service payment plans	\$6.13			
all diagnostic and treatment services (ffs)	\$66.29			
isolation allowance premiums (ffs)	\$2.04			
out-of-hours surcharges (ffs)	\$2.31			
tray fees (est. ffs)	\$0.03			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$9,436,985	-2.2%		
Per capita ffs cost for residents of area	\$62.39	-1.5%	greater	lower
Received in area	\$45.70	-2.7%	greater	lower
Received out of area	\$16.69	2.4%	lower	lower
% of services received out of area				
All locations/areas	26.7%		lower	lower
primary location/area (name and %)	Vancouver (11%)			
secondary location/area (name and %)	Thompson Cariboo (4%)			
Total ffs and non-ffs paid to physicians in area	\$8,409,120			
Per capita ffs and non-ffs paid to physicians in area	\$55.59			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$51.48			
isolation allowance premiums (ffs)	\$1.99			
out-of-hours surcharges (ffs)	\$1.69			
tray fees (est. ffs)	\$0.43			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$4,730,033	-0.6%		
Per capita ffs cost for residents of area	\$31.27	0.1%	greater	lower
Received in area	\$21.51	-1.3%	greater	lower
Received out of area	\$9.76	3.8%	lower	lower
% of services received out of area				
All locations/areas	31.2%		lower	lower
Primary location/area (name and %)	Vancouver (13%)			
Secondary location/area (name and %)	Thompson Cariboo (5%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$4,736,917	1.3%		
Per capita ffs cost for residents of area	\$31.31	1.9%	lower	lower
Received in area	\$23.61	0.0%	lower	lower
Received out of area	\$7.70	10.0%	greater	lower
% of services received out of area				
All locations/areas	24.6%		greater	lower
Primary location/area (name and %)	Vancouver (8%)			
Secondary location/area (name and %)	Richmond (4%)			
Total ffs and non-ffs paid to physicians in area	\$10,322,750			
Per capita ffs and non-ffs paid to physicians in area	\$68.24			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$67.70			
isolation allowance premiums (ffs)	\$0.49			
out-of-hours surcharges (ffs)	\$0.04			
tray fees (est. ffs)	\$0.01			
Hospitalisations				
Number of hospital cases in area	14,181	-6.0%		
Cases in area per 1,000 population	93.7	-5.3%	lower	greater
Number of intensity weighted hospital cases in area	17,457.3	-4.4%		
Weighted cases in area per 1,000 population	115.4	-3.7%	greater	lower
Total number of days stay in area	84,234	-4.9%		
Acute care/rehabilitative days	76,518	-4.7%		
Alternative level of care days	7,716	-7.0%		
% of all specialists in area reporting "bedblocker" problem	88.0%		lesser	lesser
Average length of stay (days)	5.9	1.2%	greater	lower
% of all specialists in area reporting stay too short	10.7%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	14.3%			
Increase in patient complications	28.6%			
Increase in re-admission rates	42.9%			

Specialty Care in the Northwest Health Service Delivery Area



KEY OBSERVATIONS

- A slightly declining, younger population, with a high First Nations component. Lower population densities present unique delivery challenges.
- 49% of the NWHSDA population received specialty care, which is increased from 1997/98. A significant proportion of care is provided by GPs.
- More than one-third of all specialty care is provided outside the area, primarily in Vancouver, with relatively little provided in the Northern Interior area. 52% of medical services are out-of-area.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- 50% of physicians report excessive waits in the ER, citing a lack of acute care beds and misuse of the ER as problems.
- The number of acute care beds per capita has dropped dramatically, as has the number of hospitalisations. 100% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities.
- One-third of medical specialists are contemplating retirement over the next five years.
- Significant shortages are reported for health care personnel, particularly critical care nurses.

In Relation to the NHA, the NWHSDA demonstrates:

- a younger population, including more First Nations persons.
- more satisfactory OR access (although still inadequate)
- lower per capita cost for specialty services
- a greater proportion of care referred out-of-area
- fewer acute and long term care beds per capita
- fewer home support and direct care clients per capita
- more hospitalizations per capita with a greater intensity of cases
- more critical shortages of health care personnel

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	30.3	-2.3%
GP FTEs included	10.6	-2.4%
Non-FFS FTEs	5.7	18.2%
Nurses	343.3	
Acute/rehab beds (est.)	131.9	-3.2%
LTC Beds (est.)*	4,569	-0.7%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	inadequate	deteriorating
OR capacity	inadequate	unchanged
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	deteriorating
Home care services	inadequate	deteriorating

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	49%	Increasing
Per capita cost of care	\$173	0.8%
Received in area	\$109	<0.05%
Received out of area	\$64	2.3%
Hospitalisations per 1,000 Pop	103.7	-4.0%
Average length of stay	4.9 days	2.0%
Emergency Room Care		
Excessive wait reports**	50%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	n/a	
Surgical	n/a	
Longest Elective Wait (Median)		
Medical	n/a	
Surgical	48 weeks	

*2001/02 data. Rate based only on population 65 years +.

** Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	84,482	-1.3%		
% 65 yrs +	7.6%		lower	lower
% 80 yrs +	1.4%		lower	lower
% First Nations (01/02)	29.8%		greater	greater
Projected population in 2012	91,144	0.8%		
% 65 yrs +	11.3%		greater	lower
% 80 yrs +	2.2%		lower	lower
Population density (persons/ km ²)	0.32	-1.3%	lower	lower
65 yrs +	0.02	3.0%	lower	lower
80 yrs +	<0.005	5.9%	lower	lower
First Nations (01/02)	0.10	1.1%	greater	lower
% of area population receiving specialty care (excl. laboratory tests)	49%	Increasing	greater	lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)	n/a			
Elective referral wait (actual/recommended)				
Ophthalmology	6 wks/4 wks			worse
Orthopaedic Surgery	48 wks/6 wks			better

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	3 days/3 days		better	better
MRI	n/a		n/a	n/a
All others	n/a		n/a	n/a
Median wait/recommended wait for elective case				
CT scan	60 days/14 days		worse	worse
MRI	n/a		n/a	n/a
All others	n/a		n/a	n/a
Emergency room care within area				
% ER physicians reporting excessive waits*	50.0%		lesser	
Most significant contributor	lack of acute beds/patient use of ER for minor ailments			
Ease of arranging emergent transfer	difficult			

* Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	131.9	-3.2%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	4,569	-0.7%	lower	lower
Physician reported assessment of LTC bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	20.0%		lesser	lesser
Surgeons OR time relative to 1998	unchanged			
Reported additional OR time needed per surgeon (hrs/wk)	n/a		n/a	n/a
Total additional OR time needed in area per week (est.)	n/a			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	80.0%			
Cited reasons for hospital inability				
Supply of nurses	66.7%			
Supply of other professional staff	0.0%			
Funding	33.3%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	worsened			
Equipment required within the next two years				
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years	1. CT scan			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	worsened			
Equipment required within the next two years				

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	4.6	-2.6%	lower	lower
Number of Home Support Hours/1,000 population (01/02)	1,033.4	0.1%	greater	lower
Average number of hours of care per client (01/02)	223.4	2.8%	greater	greater
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	9.5	2.0%	lower	lower
Number of direct care visits/1,000 population (01/02)	170.3	-2.1%	lower	lower
Average number of direct care visits per client (01/02)	17.8	-4.1%	lower	greater
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	5.7	22.0%		
Fee-for-service FTE/100,000 population	15.1	-2.8%		
GP FTE/100,000 population included in count	5.6	-0.2%		
Average weekly practice hours (excluding call)	38.3			
Weekly work time relative to 1998	decreased			
Schedule adjustments to deal with emergencies (average frequency per week)	3.7			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	33.3%		worse	worse
Surgical specialists				
Non fee-for-service FTE/100,000 population	n/a	-65.2%		
Fee-for-service FTE/100,000 population	15.2	-1.6%		
GP FTE/100,000 population included in count	4.9	-4.6%		
Average weekly practice hours (excluding call)	44.8			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	6.2			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	20.0%		better	better
Diagnostic specialists				
Pathologists (Active head count)	0	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	5.7	3.8%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	28.0			
Weekly work time relative to 1998	decreased			
Schedule adjustments to deal with emergencies (average frequency per week)	20.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	n/a		n/a	n/a
Nurses/100,000 population	343.3			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	100.0%		worse	worse
Most often mentioned profession	Critical care nurses			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	83.3%		better	worse
Most often mentioned profession	Critical care nurses			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	100.0%		worse	worse
Most often mentioned profession	multiple			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$14,622,368	-0.6%		
Per capita ffs cost for residents of area	\$173.08	0.8%	greater	lower
Received in area	\$108.68	<0.05%	greater	lower
Received out of area	\$64.41	2.3%	greater	lower
% of services received out of area				
All locations/areas	37.2%		greater	greater
Primary location/area (name and %)	Vancouver (23%)			
Secondary location/area (name and %)	Northern Interior (5%)			
Total ffs and non-ffs paid to physicians in area	\$12,406,478			
Per capita ffs and non-ffs paid to physicians in area	\$146.85			
Per capita for:				
non fee-for-service payment plans	\$12.90			
all diagnostic and treatment services (ffs)	\$117.33			
isolation allowance premiums (ffs)	\$14.88			
out-of-hours surcharges (ffs)	\$1.48			
tray fees (est. ffs)	\$0.27			
Medical specialist services				
Total ffs cost for residents of area	\$5,738,380	-1.3%		
Per capita ffs cost for residents of area	\$67.92	0.1%	greater	lower
Received in area	\$32.88	-3.6%	lower	lower
Received out of area	\$35.04	4.4%	greater	lower
% of services received out of area				
All locations/areas	51.6%		greater	greater
Primary location/area (name and %)	Vancouver (33%)			
Secondary location/area (name and %)	Northern Interior (7%)			
Total ffs and non-ffs paid to physicians in area	\$4,484,043			
Per capita ffs and non-ffs paid to physicians in area	\$53.08			
Per capita for:				
non fee-for-service payment plans	\$12.58			
all diagnostic and treatment services (ffs)	\$35.21			
isolation allowance premiums (ffs)	\$4.53			
out-of-hours surcharges (ffs)	\$0.76			
tray fees (est. ffs)	\$0.00			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$5,517,605	-1.1%		
Per capita ffs cost for residents of area	\$65.31	0.2%	greater	lower
Received in area	\$44.25	-0.1%	greater	lower
Received out of area	\$21.06	1.0%	greater	lower
% of services received out of area				
All locations/areas	32.2%		lower	lower
primary location/area (name and %)	Vancouver (19%)			
secondary location/area (name and %)	Northern Interior (5%)			
Total ffs and non-ffs paid to physicians in area	\$4,765,562			
Per capita ffs and non-ffs paid to physicians in area	\$56.41			
Per capita for:				
non fee-for-service payment plans	\$0.16			
all diagnostic and treatment services (ffs)	\$47.08			
isolation allowance premiums (ffs)	\$8.21			
out-of-hours surcharges (ffs)	\$0.69			
tray fees (est. ffs)	\$0.27			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$2,698,134	-0.3%		
Per capita ffs cost for residents of area	\$31.94	1.1%	greater	lower
Received in area	\$19.92	1.0%	greater	lower
Received out of area	\$12.01	1.3%	greater	greater
% of services received out of area				
All locations/areas	37.6%		greater	greater
Primary location/area (name and %)	Vancouver (22%)			
Secondary location/area (name and %)	Northern Interior (6%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$3,366,383	2.2%		
Per capita ffs cost for residents of area	\$39.85	3.6%	greater	lower
Received in area	\$31.54	5.6%	greater	greater
Received out of area	\$8.30	-2.2%	greater	lower
% of services received out of area				
All locations/areas	20.8%		greater	lower
Primary location/area (name and %)	Vancouver (13%)			
Secondary location/area (name and %)	Northern Interior (3%)			
Total ffs and non-ffs paid to physicians in area	\$3,156,873			
Per capita ffs and non-ffs paid to physicians in area	\$37.37			
Per capita for:				
non fee-for-service payment plans	\$0.16			
all diagnostic and treatment services (ffs)	\$35.04			
isolation allowance premiums (ffs)	\$2.13			
out-of-hours surcharges (ffs)	\$0.04			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	8,762	-5.2%		
Cases in area per 1,000 population	103.7	-4.0%	greater	greater
Number of intensity weighted hospital cases in area	9,278.6	-3.6%		
Weighted cases in area per 1,000 population	109.8	-2.3%	greater	lower
Total number of days stay in area	43,160	-3.3%		
Acute care/rehabilitative days	34,560	-4.5%		
Alternative level of care days	8,600	2.5%		
% of all specialists in area reporting "bedblocker" problem	100.0%		greater	greater
Average length of stay (days)	4.9	2.0%	lower	lower
% of all specialists in area reporting stay too short	16.7%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	100.0%			
Increase in patient complications	0.0%			
Increase in re-admission rates	0.0%			

Specialty Care in the Northeast Health Service Delivery Area



Source: BC Stats, 2003

In Relation to the NHA, the NEHSDA demonstrates:

- a younger population
- better ER and OR access (although OR still inadequate)
- lower utilization of specialty services
- a greater proportion of surgical interventions referred out-of-area
- fewer acute, but more long term care beds per capita
- more home support and direct care clients per capita
- fewer hospitalisations per capita with a lesser intensity of cases

KEY OBSERVATIONS

- Data exclude care for patients referred to Alberta. Interpretation of the data is affected.
- A generally stable, younger population. Lower population densities present unique delivery challenges.
- 41% of the NEHSDA population received specialty care, which is increased from 1997/98. A significant proportion of care is provided by GPs.
- One-third of all care is provided outside the area, primarily in Vancouver. Relatively little care is provided in the Northern Interior area.
- Physicians report inadequate a) acute and long term care beds, b) supply of diagnostic/therapeutic equipment and c) community and home care support programs.
- Waiting times in the ER are not reported as a significant problem. ER capacity is acceptable.
- The number of acute care beds per capita has dropped markedly, as has the number of hospitalisations. 100% of physicians report significant difficulties in discharging hospitalised patients to long term care facilities, even though the number of long term care beds is increasing.
- 50% of surgeons report inadequate levels of OR time. 48 hours of additional weekly OR time are required to provide more timely care.
- 100% of diagnostic specialists are contemplating retirement in the next five years.
- Significant shortages are reported for health care personnel, particularly psychologists, occupational therapists and home care nurses.

SUMMARY DATA

HUMAN AND CAPITAL RESOURCES		
	2002/2003	TREND 97/98-02/03
Rates per 100,000 Population		
Specialist FTEs (ffs)	22.2	3.3%
GP FTEs included	10.1	-3.5%
Non-FFS FTEs	1.6	106.0%
Nurses	443.0	
Acute/rehab beds (est.)	134.2	-4.7%
LTC Beds (est.)*	6,087	-2.7%
Reported Adequacy		
Acute/rehab beds	inadequate	deteriorating
LTC beds	inadequate	deteriorating
ER capacity	acceptable	unchanged
OR capacity	inadequate	deteriorating
Equipment (Diag/Ther)	inadequate	deteriorating
Community care services	inadequate	unchanged
Home care services	inadequate	unchanged

ACCESS AND UTILIZATION		
	2002/2003	TREND 97/98-02/03
Residents accessing care	41%	Increasing
Per capita cost of care	\$114	2.7%
Received in area	\$77	3.3%
Received out of area	\$37	1.4%
Hospitalisations per 1,000 Pop	95.9	-4.2%
Average length of stay	4.9 days	-0.6%
Emergency Room Care		
Excessive wait reports**	17%	
Emergent Transfer	difficult	
Longest Urgent Wait (Median)		
Medical	n/a	
Surgical	4.5 days	
Longest Elective Wait (Median)		
Medical	n/a	
Surgical	12 weeks	

*2001/02 data. Rate based only on population 65 years +.

** Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

DETAILED TABLES

POPULATION AND ACCESS INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
DEMOGRAPHICS				
Total Population	65,016	<0.05%		
% 65 yrs +	7.4%		lower	lower
% 80 yrs +	1.5%		same	lower
% First Nations (01/02)	8.0%		lower	greater
Projected population in 2012	72,135	1.0%		
% 65 yrs +	10.0%		lower	lower
% 80 yrs +	2.2%		lower	lower
Population density (persons/ km ²)	0.35	<0.05%	lower	lower
65 yrs +	0.03	3.1%	lower	lower
80 yrs +	0.01	4.5%	same	lower
First Nations (01/02)	0.03	3.0%	lower	lower
% of area population receiving specialty care (excl. laboratory tests)	41%	Increasing	lower	lower
PHYSICIAN REPORTED WAIT TIMES FOR CARE				
Med/Surg Specialties where median referral waits exceed reasonable standard				
Urgent referral wait (actual/recommended)				
General Surgery	4.5 days/3 days		better	worse
Elective referral wait (actual/recommended)				
General Surgery	9.5 wks/4 wks		worse	worse
Orthopaedic Surgery	12 wks/6 wks		same	better

POPULATION AND ACCESS INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
PHYSICIAN REPORTED WAIT TIMES FOR CARE (continued)				
Referrals to diagnostic specialists (Radiology)				
Median wait/recommended wait for urgent case				
CT scan	5 days/3 days		better	better
MRI	n/a		n/a	n/a
All others	7.5 days/2 days		worse	worse
Median wait/recommended wait for elective case				
CT scan	14 days/14 days		better	better
MRI	n/a		n/a	n/a
All others	22.5 days/12 days		worse	worse
Emergency room care within area				
% ER physicians reporting excessive waits*	16.7%		lesser	
Most significant contributor	lack of physicians			
Ease of arranging emergent transfer	difficult			

* Response rates reflect all physicians within this HSDA as no registered ER physicians responded to this question.

CAPITAL RESOURCE AND PROGRAM INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
BEDS				
Estimated number of acute/rehab beds/100,000 pop	134.2	-4.7%	lower	lower
Physician reported assessment of acute/rehab bed supply	inadequate			
Estimated number of long term care beds/100,000 pop*	6,087	-2.7%	greater	lower
Physician reported assessment of ltc bed supply	inadequate			
SURGICAL CAPACITY				
% of surgeons in area reporting inadequate OR time	50.0%		lesser	lesser
Surgeons OR time relative to 1998	decreased			
Reported additional OR time needed per surgeon (hrs/wk)	6.8		greater	greater
Total additional OR time needed in area per week (est.)	47.9 hrs			
Physician reported assessment of hospital capacity to increase OR time				
% reporting hospital does not have the capacity to increase OR time	100.0%			
Cited reasons for hospital inability				
Supply of nurses	33.3%			
Supply of other professional staff	0.0%			
Funding	66.7%			
DIAGNOSTIC/THERAPEUTIC EQUIPMENT				
Assessment by medical specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	worsened			
Equipment required within the next two years				
Assessment by surgical specialists in area				
Overall supply of diagnostic/therapeutic equipment	acceptable			
Patient access to D/T equipment in area	acceptable			
Patient access relative to 1998	unchanged			
Equipment required within the next two years	1. Endoscopy			
Assessment by diagnostic specialists in area				
Overall supply of diagnostic/therapeutic equipment	inadequate			
Patient access to D/T equipment in area	poor			
Patient access relative to 1998	worsened			
Equipment required within the next two years				

*2001/02 data. Rate based only on population 65 years +.

CAPITAL RESOURCE AND PROGRAM INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
COMMUNITY BASED PROGRAMS				
Home Support Programs <i>(e.g. - extended care, intermediate care, personal care)</i>				
Number of clients in area/1,000 population (01/02)	7.2	-3.3%	greater	lower
Number of Home Support Hours/1,000 population (01/02)	847.6	-3.3%	lower	lower
Average number of hours of care per client (01/02)	118.2	0.0%	lower	lower
Direct Care Programs <i>(e.g. - home nursing, physiotherapy, occupational therapy)</i>				
Number of clients in area/1,000 population (01/02)	15.1	3.3%	greater	greater
Number of direct care visits/1,000 population (01/02)	299.4	0.5%	greater	lower
Average number of direct care visits per client (01/02)	19.8	-2.7%	same	greater
Physician reported assessment of community care programs	inadequate			
Physician reported assessment of home care support	inadequate			

HUMAN RESOURCE INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Medical specialists				
Non fee-for-service FTE/100,000 population	1.6	119.4%		
Fee-for-service FTE/100,000 population	11.4	8.7%		
GP FTE/100,000 population included in count	4.5	-1.0%		
Average weekly practice hours (excluding call)	55.0			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	2.0 unchanged			
Emergent schedule adjustments relative to 1998	unchanged			
% likely to retire within 5 years			n/a	n/a
Surgical specialists				
Non fee-for-service FTE/100,000 population	n/a	-3.9%		
Fee-for-service FTE/100,000 population	10.9	-1.0%		
GP FTE/100,000 population included in count	5.6	-5.3%		
Average weekly practice hours (excluding call)	51.2			
Weekly work time relative to 1998	unchanged			
Schedule adjustments to deal with emergencies (average frequency per week)	4.8			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	20.0%		better	better
Diagnostic specialists				
Pathologists (Active head count)	1	n/a		
Non fee-for-service radiologist FTE/100,000 population	n/a			
Fee-for-service radiologist FTE/100,000 population	4.1	5.2%		
GP FTE/100,000 population included in count	0.0			
Average weekly practice hours (excluding call)	54.0			
Weekly work time relative to 1998	increased			
Schedule adjustments to deal with emergencies (average frequency per week)	5.0			
Emergent schedule adjustments relative to 1998	increased			
% likely to retire within 5 years	100.0%		worse	worse
Nurses/100,000 population	443.0			
Physician reported shortages of other health care professionals				
Reported by medical specialists				
% reporting shortage in 3 or more professions in area	100.0%		worse	worse
Most often mentioned profession	Home care nurses; Psychologists; Occupational therapists			
Reported by surgical specialists				
% reporting shortage in 3 or more professions in area	60.0%		better	worse
Most often mentioned profession	multiple			
Reported by diagnostic specialists				
% reporting shortage in 3 or more professions in area	100.0%		worse	worse
Most often mentioned profession	multiple			

UTILIZATION INDICATORS				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
All specialist services				
Total ffs cost for residents of area	\$7,437,210	2.7%		
Per capita ffs cost for residents of area	\$114.39	2.7%	lower	lower
Received in area	\$77.03	3.3%	lower	lower
Received out of area	\$37.36	1.4%	lower	lower
% of services received out of area				
All locations/areas	32.7%		greater	greater
Primary location/area (name and %)	Vancouver (16%)			
Secondary location/area (name and %)	Northern Interior (5%)			
Total ffs and non-ffs paid to physicians in area	\$8,214,249			
Per capita ffs and non-ffs paid to physicians in area	\$126.34			
Per capita for:				
non fee-for-service payment plans	\$3.94			
all diagnostic and treatment services (ffs)	\$109.87			
isolation allowance premiums (ffs)	\$11.29			
out-of-hours surcharges (ffs)	\$1.21			
tray fees (est. ffs)	\$0.03			
Medical specialist services				
Total ffs cost for residents of area	\$2,726,526	5.5%		
Per capita ffs cost for residents of area	\$41.94	5.5%	lower	lower
Received in area	\$24.45	10.1%	lower	lower
Received out of area	\$17.48	0.5%	lower	lower
% of services received out of area				
All locations/areas	41.7%		lower	greater
Primary location/area (name and %)	Vancouver (19%)			
Secondary location/area (name and %)	Northern Interior (9%)			
Total ffs and non-ffs paid to physicians in area	\$2,172,342			
Per capita ffs and non-ffs paid to physicians in area	\$33.41			
Per capita for:				
non fee-for-service payment plans	\$3.94			
all diagnostic and treatment services (ffs)	\$25.80			
isolation allowance premiums (ffs)	\$3.15			
out-of-hours surcharges (ffs)	\$0.52			
tray fees (est. ffs)	\$0.00			
Surgical specialist services (all types of service)				
Total ffs cost for residents of area	\$2,814,740	-0.3%		
Per capita ffs cost for residents of area	\$43.29	-0.4%	lower	lower
Received in area	\$27.77	-1.0%	lower	lower
Received out of area	\$15.53	0.7%	lower	lower
% of services received out of area				
All locations/areas	35.9%		lower	greater
primary location/area (name and %)	Vancouver (22%)			
secondary location/area (name and %)	Northern Interior (4%)			
Total ffs and non-ffs paid to physicians in area	\$2,270,756			
Per capita ffs and non-ffs paid to physicians in area	\$34.93			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$28.85			
isolation allowance premiums (ffs)	\$5.37			
out-of-hours surcharges (ffs)	\$0.67			
tray fees (est. ffs)	\$0.03			

UTILIZATION INDICATORS - continued				
	2002/2003	AV. ANN. GROWTH 97/98-02/03	RELATIVE TO REGION	RELATIVE TO PROVINCE
Surgical specialist services (major surgical intervention only)				
Total ffs cost for residents of area	\$1,418,999	-1.9%		
Per capita ffs cost for residents of area	\$21.83	-1.9%	lower	lower
Received in area	\$13.53	-3.5%	lower	lower
Received out of area	\$8.30	1.0%	lower	lower
% of services received out of area				
All locations/areas	38.0%		greater	greater
Primary location/area (name and %)	Vancouver (24%)			
Secondary location/area (name and %)	Northern Interior (4%)			
Diagnostic specialist services				
Total ffs cost for residents of area	\$1,895,944	4.6%		
Per capita ffs cost for residents of area	\$29.16	4.6%	lower	lower
Received in area	\$24.81	4.0%	lower	lower
Received out of area	\$4.35	8.1%	lower	lower
% of services received out of area				
All locations/areas	14.9%		lower	lower
Primary location/area (name and %)	Central Vancouver Is (8%)			
Secondary location/area (name and %)	Vancouver (2%)			
Total ffs and non-ffs paid to physicians in area	\$3,771,151			
Per capita ffs and non-ffs paid to physicians in area	\$58.00			
Per capita for:				
non fee-for-service payment plans	\$0.00			
all diagnostic and treatment services (ffs)	\$55.22			
isolation allowance premiums (ffs)	\$2.77			
out-of-hours surcharges (ffs)	\$0.02			
tray fees (est. ffs)	\$0.00			
Hospitalisations				
Number of hospital cases in area	6,238	-4.1%		
Cases in area per 1,000 population	95.9	-4.2%	lower	greater
Number of intensity weighted hospital cases in area	5,926.2	-4.1%		
Weighted cases in area per 1,000 population	91.2	-4.2%	lower	lower
Total number of days stay in area	30,307	-4.8%		
Acute care/rehabilitative days	27,072	-4.6%		
Alternative level of care days	3,235	-5.9%		
% of all specialists in area reporting "bedblocker" problem	100.0%		greater	greater
Average length of stay (days)	4.9	-0.6%	lower	lower
% of all specialists in area reporting stay too short	16.7%			
% of all specialists in area reporting impact of short stay as:				
Increase in office visits	100.0%			
Increase in patient complications	0.0%			
Increase in re-admission rates	0.0%			