PROVINCE OF BRITISH COLUMBIA

"HOSPITAL INSURANCE ACT"

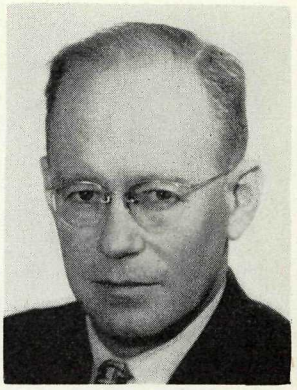
Fourth Annual Report

B.C. Hospital Insurance Service

JANUARY 1ST TO DECEMBER 31ST

1952

VICTORIA, B.C.
Printed by DON MCDIARMID, Printer to the Queen's Most Excellent Majesty
1953



E. C. Martin.

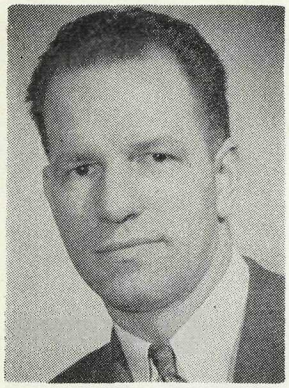
B.C. HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., February 3rd, 1953.

To His Honour CLARENCE WALLACE, C.B.E.,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Fourth Annual Report of the B.C. Hospital Insurance Service covering the calendar year 1952.

E. C. MARTIN,
Minister of Health and Welfare.



L. F. Detwiller.

B.C. Hospital Insurance Service,
Victoria, B.C., February 3rd, 1953.

The Honourable E. C. Martin,
Minister of Health and Welfare,
Parliament Buildings, Victoria, B.C.

Sir,—I have the honour to present herewith the Report of the B.C. Hospital Insurance Service covering the calendar year 1952.

Respectfully submitted.

L. F. DETWILLER,
Commissioner, B.C. Hospital Insurance Service.

CONTENTS

	PAGE
Introduction	7
Coverage and Eligibility	7
Premium Rates	7
Organization and Administration	7
Payroll Division	7
Central Accounts Division	8
Tabulating Division	8
Field Representative Division	9
Registration and Exemption Claims	10
Exemption Claims Section	10
Record Section	10
Dependency Claims Section	10
Soundex Index Section	10
Departmental Comptroller	10
Hospital Services Group—	
Hospital Claims Division	11
Hospital Accounting Division	11
Method of Payment to Hospitals	11
General Hospital Care	12
B.C.H.I.S. Patients and Patient-days, 1952	13
Hospital Consultation and Inspection Division, Victoria	13
Hospital Consultation and Inspection Division, Vancouver	13
Research Division	14
Hospital Construction Division	15
Statement of Revenue Receipts and Disbursements for the Fiscal Year Ended March 31st, 1952	16
Statement Showing Cash Reconciliation with the Public Accounts of the Province of British Columbia as at March 31st, 1952	17
Table IA.—Patients Discharged and Days of Care in B.C. Public Hospitals, 1949–52, and Proportion Covered by B.C. Hospital Insurance Service	18
Table IB.—Percentage of Patients Covered by B.C. Hospital Insurance Service during 1952	18
Table IIA.—Patients Discharged, Total Days' Stay, and Average Length of Stay According to Type and Location of Hospital, and Days of Care per Thousand of Covered Population for B.C.H.I.S. Patients Only, Years 1949 to 1952	18
Table IIB.—Summary of the Number of B.C.H.I.S. In-patients and Short-stay Patients, 1949 to 1952	19
Table III.—Patients Discharged, Total Days' Stay, and Average Length of Stay in B.C. Public Hospitals for B.C.H.I.S. Patients Only, Grouped According to Bed Capacity, Year 1952	19
Table IV.—Percentage Distribution of Patients Discharged and Patient-days for B.C.H.I.S. Patients Only, in B.C. Public Hospitals, Grouped According to Bed Capacity, Year 1952	19
Benefits in B.C. Hospitals, 1952	20
Classes of Persons Covered by or Excluded from the Benefits of the Hospital Insurance Service	21
Benefits in Hospitals outside British Columbia	21

Fourth Annual Report of the B.C. Hospital Insurance Service

INTRODUCTION

The most significant administrative change made in the Hospital Insurance Service during its fourth year of operation was the elimination of the quarterly cyclical method of premium billing and payment, and the reintroduction of the semi-annual system of billing and payment for all persons who pay premiums directly to the Service.

Other major changes affecting the administration of the plan included:—

(*a*) The broadening of the dependency regulations to allow persons to claim brothers and sisters as dependents.

(*b*) The elimination of previous co-insurance charges and the introduction of the dollar-a-day plan.

(*c*) A reduction of $3 per year in the premium rate for all persons.

(*d*) The suspension of premium arrears for the years 1949, 1950, and 1951.

During 1952 the Service paid 189,761 hospital bills on behalf of beneficiaries. Since the Hospital Insurance Service commenced operation on January 1st, 1949, 850,000 hospital bills have been paid, totalling more than $70,000,000.

Coverage and Eligibility

All residents of British Columbia must register for hospital insurance and must pay premiums, unless they have been granted an exemption. Every person who has registered and paid premiums, in the prescribed manner, is entitled to receive benefits under the "Hospital Insurance Act."

A detailed description of persons who are entitled to claim exemption from premium payment is contained on page 21, and a full description of the benefits is given on page 20.

Premium Rates

Up until June 30th, 1952, premium rates were $30 per annum for single persons and $42 per annum for the head of a family with one or more dependents. After June 30th the premium rates were reduced to $27 for single persons and $39 for the head of a family.

There are two principal methods of premium payment:—

(1) *Payroll Deduction.*—The premiums of persons employed by firms participating in the Payroll Deduction Plan are deducted each month from their wages.

(2) *Direct Payment.*—Persons paying premiums direct are billed from Victoria and pay premiums on a semi-annual basis.

ORGANIZATION AND ADMINISTRATION

The activities and achievements of the Service's various departments are recorded in the succeeding paragraphs.

Payroll Division

On December 31st, 1952, 3,700 firms were registered for payroll deductions and making monthly salary deductions of the premiums of their employees. Two hundred and five thousand registrants are now paying their premiums monthly through the Payroll Deduction Plan. Employers on the plan are billed monthly for standard deductions, for

any premium arrears owing by their employees, and for any amounts required to prepay their employees' premiums six months in advance.

A special staff of payroll field representatives, in Vancouver, continued to advise and assist employers in the administration of the Payroll Deduction Plan and to register new firms for payroll deductions.

Regional representatives, located strategically throughout the Province, maintained local contact with employers in their areas and spent a large proportion of their time on work for the Payroll Division.

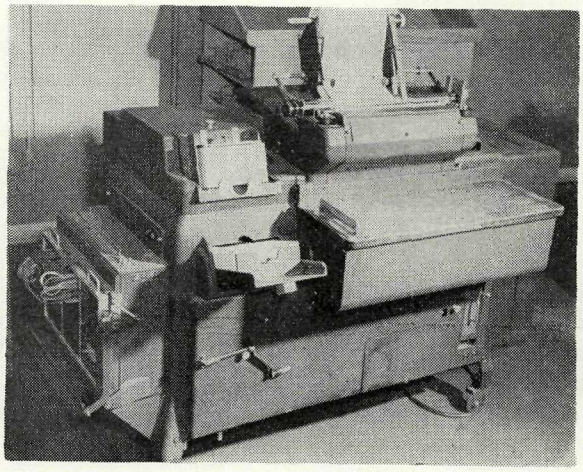
Central Accounts Division

In January, 1952, Direct Payment Division held 130,000 accounts on a three-month-cycle billing basis, and Central Accounts Division held 180,000 accounts on a six-month billing basis.

During April, 1952, these accounts were merged for administrative purposes into one Central Accounts Division. The two billing systems operated side by side until June, when the major task of converting the 130,000 quarterly billing accounts to a six-month billing basis commenced. This task was completed in October, and now the 310,000 accounts held in the Division are billed on a standard six-month basis. All of these accounts were billed during November, 1952, for the six-month period January 1st, 1953, to June 30th, 1953.

Other major tasks undertaken by the Division during the year included the adjustment of all accounts brought about by the reduction in premium rates, which, during August, was made retroactively effective to July 1st, 1952, and the suspension of outstanding 1949, 1950, and 1951 premium arrears.

A total of 2,000,000 billings, letters, and remittances was processed during the year.



Tabulating Division

This Division operates I.B.M. electric accounting equipment employing punch-cards. During the year the following regular work was performed:—

The preparation of monthly group billings for 205,000 registrants on payroll deduction.

The maintenance of controls and the processing of 75,000 cash and journal entries per month for 310,000 registrants whose accounts are held in Central Accounts Division.

The preparation of two complete semi-annual billings for direct-paying registrants and two arrears billings for delinquents.

The weekly preparation of hospital remittance lists, billings to municipalities for the *per diem* grant, and statements to patients for income-tax purposes, for a total of 189,761 hospital accounts submitted during the year. Statistical reports covering these accounts were prepared on a monthly basis.

In addition, the following major projects were completed:—

More than 900,000 cards, representing registrants and dependents, were coded, punched, and verified by the key-punch section at the beginning of the year. These cards were sorted to the order of the Russell Soundex Code and then listed on individual strips for the Soundex Index.

The 130,000 quarterly cyclical accounts held on punched cards by Direct Payment Division were transferred to Central Accounts Division semi-annual billing system over a three-month period.

The premium rates for nearly 500,000 accounts held by both Central Accounts Division and Payroll Division were changed by the accounting-machines when the premium rate was reduced in August.

Arrears prior to 1952 were suspended. The machines scanned some 310,000 accounts and calculated the amount of arrears to be suspended for each delinquent registrant.

Two hundred thousand name and address cards were prepared for all Payroll Division registrants, and these were added to the master address file.

Field Representative Division

Effective January 1st, 1952, the entire field organization of the Service was consolidated for administrative purposes into the Field Division.

Under the Provincial Field Supervisor, Victoria, who is responsible for the supervision and direction of all field offices and collection agencies, and the issuance of all deduction orders pursuant to the "Hospital Insurance Act," this Division is organized as follows:—

City collection offices: The Service maintains collection offices where premiums may be paid in Vancouver, New Westminster, Chilliwack, and Victoria.

Twelve regional representatives are located throughout the Province. Each representative works within a designated territory and inspects firms on payroll deduction, carries out collection proceedings for persons in arrears, and handles public inquiries, complaints, and conducts investigations as directed.

Thirty-seven Government Agencies accept premium payments from the public and deal with inquiries of a general nature.

Seven commission agencies operating on a commission basis—six located in Fraser Valley communities and one at Trail—accept premium payments from the public and deal with inquiries of a general nature.

During the year two new collection procedures were developed:—

(1) Arrears settlement and suspension procedure: This procedure provides a uniform method of granting benefits upon payment of the current premium:—

(*a*) While outstanding premium is being paid by monthly instalments; or

(*b*) By the full suspension of arrears, where the registrant is unable to pay more than the current premium.

(2) Non-payroll procedure: This procedure provides:—

(*a*) A method of identifying employed and delinquent registrants in places of employment; and

(*b*) A system of issuing deduction orders to the employers pursuant to the "Hospital Insurance Act."

Registration and Exemption Claims

This Division contains four sections: Soundex Index, Exemption Claims, Records Files, and Dependency Claims.

The most important change in the Division was the creation of a 1,000,000-line index, in which the names of all persons registered for British Columbia hospital insurance are filed according to the Russell-Soundex coding system.

Exemption Claims Section

During the year this Section approved 49,902 claims for exemption. The number of exemptions granted under the various classifications is as follows:—

Social assistance	28,384
Department of Veterans' Affairs	6,781
Royal Canadian Mounted Police and armed services	8,036
Provincial institutions	1,538
Christian Scientists	1,633
Exempted areas	301
General exemptions	147
Telephone Employees' Medical Services Association of British Columbia	3,900
Canadian Pacific Employees' Medical Association of British Columbia	14,000
Total	64,720

Record Section

This Section is responsible for the filing and maintenance of 657,342 original registration forms and the recording of births, deaths, marriages, cancellations, changes of status and employment on these registration forms. During the year 445,580 changes were recorded.

Dependency Claims Section

This Section reviews all applications received from registrants claiming relatives who are financially dependent on the registrant by reason of physical or mental infirmity. A total of 2,338 applications was received during 1952.

Soundex Index Section

In April, 1952, this Section assumed responsibility for maintaining and operating the new Soundex Index, through which all unidentified correspondence, forms, etc., are channelled for identification by registration number.

During the nine months since its introduction, 116,891 items were checked to the Soundex Index, and adjustments to it necessitated by marriages, deaths, and new registrations averaged 11,000 per month.

A total of 48,938 new applications for registration under the " Hospital Insurance Act " was received during the year.

DEPARTMENTAL COMPTROLLER

All revenue is channelled through this Division, where it is checked, audited, and allocated to control accounts. The Division controls, audits, and analyses expenditures. An internal audit of the Service and of collection agencies was undertaken during 1952.

The Departmental Comptroller's office is also responsible for the receipt, dispatch, and distribution of mail; the preparation of statements of revenue and expenditure,

hospital payments, personnel, and exemptions; the supervision of the accounting operations for the three Provincial Infirmaries and the financial transactions of the " Hospital Construction Act " and Fund; and the operation of the Equipment and Supplies Section, which maintains furniture and equipment inventories as well as inventories of forms, stationery, and other supplies.

HOSPITAL SERVICES GROUP

Hospital Claims Division

The main functions of this Division are to advise hospitals of patients' eligibility and to process hospital accounts for payment. Approximately 750 admission notices and an equal number of hospital accounts are received daily for checking and processing.

Admission forms are screened for diagnosis, and the patient's eligibility status is then determined. Advice is sent to hospitals on each admission received with regard to B.C.H.I.S. responsibility for the patient's account.

During the year 189,761 hospital accounts were approved for payment. Included in this total were 2,943 out-of-Province accounts, paid on behalf of beneficiaries admitted to hospitals in all parts of Canada, United States, Central and South America, and the majority of European countries.

This Division also controls the billing and collection of municipal *per diem* grants. Individual hospital accounts were checked to determine the municipality responsible, and billings were subsequently dispatched to each municipality showing the total amount due.

The previous year's records—over 600,000 documents—were microfilmed, to effect a considerable savings in filing space and equipment.

During past years, hospital-insurance premiums for persons in receipt of welfare funds were paid to B.C. Hospital Insurance Service by the Welfare Branch of the Provincial Department of Health and Welfare. From April 1st, 1952, the Claims Division paid hospital accounts for this group and then billed and recovered the actual cost from the Welfare Branch.

Hospital Accounting Division

This Division is primarily concerned with hospital budgets, maintaining close working relations with the hospitals, and the inspection of hospital accounting records. Frequent inspections are made of hospital financial and statistical records. Where smaller hospitals have changes in accounting staff, and local assistance is not available, this Division has, upon request, sent accountants to write up the hospital's books and to train new staff.

Monthly statistical reports and statements of revenue and expenditure are received from hospitals and compared with the approved budgets, and advance payments are calculated and made semi-monthly.

The Annual Hospital Report and annual statistical and financial reports, as well as reports required by the Dominion Bureau of Statistics, are prepared by this Division. In addition, requests for payment of grants in connection with capital expenditures made by hospitals for equipment are studied and recommended for approval. Audits of accounts relating to hospital-construction projects are carried out by this Division in collaboration with Dominion Treasury officials.

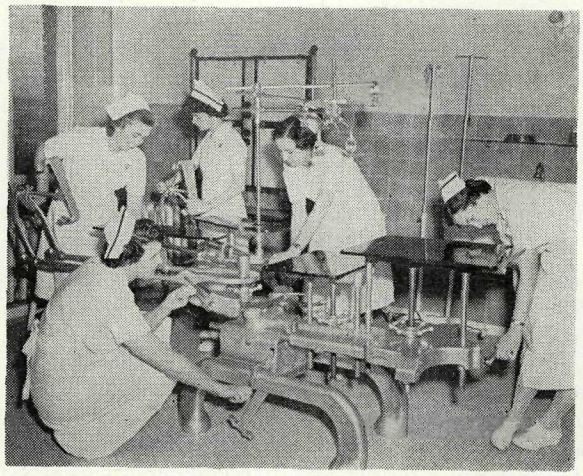
Method of Payment to Hospitals

Effective January 1st, 1951, a system of fixed or firm budgets was instituted. Under this system, hospital budgets submitted were reviewed by the Rate Board of the Hospital Insurance Service, and after such adjustments as were found necessary, the resulting budgets were established. A similar procedure was followed in 1952. Hospitals were

advised that, with the exception of certain items (particularly fluctuation in days' treatment), they would be required to live within their approved budgets, and that deficits which were incurred through expenditures, in excess of the approved budget, would not be met. Calculations were made to determine the value of variable supplies used in the care of patients. The budgets were subject to adjustment upward or downward by the number of days by which the actual experience differed from the estimate, multiplied by the patient-day value of the variable supplies. In the relatively few instances where the fluctuations were sufficiently great to entail additions to or reductions in stand-by costs, individual studies were made and budget adjustments established.

Due to the fact that all hospitals treat a certain number of non-B.C.H.I.S. patients (Workmen's Compensation Board, transients, non-insured individuals, and persons exempt from hospital-insurance coverage by reason of membership in the Canadian Pacific Railway and B.C. Telephone medical plans), the Service is not responsible for the entire patient-load. The Service, therefore, pays to each hospital each month the portion of one-twelfth of the yearly budget that is represented by the B.C.H.I.S. insured days as compared to the total days' treatment. Remittances to hospitals are made twice monthly. At the end of any month each hospital has been paid the approximate amount of its earnings to date by B.C.H.I.S. patients, including those remaining in hospital at the end of the month. Effective August 9th, 1952, all insured patients were required to pay $1 for each day's hospitalization. The co-insurance charges of $2 to $3.50 a day, for the first ten days' hospitalization of a family unit during a year, were at the same time cancelled. The $1 a day collectable from insured persons is deducted in calculating payments due to hospitals from the Service.

Hospitals collect from non-insured persons at established *per diem* rates.



GENERAL HOSPITAL CARE

Statistical data dealing with the volume of hospital care provided to the population of British Columbia by the Service are presented in the tables on the following pages. Seventy-eight public hospitals are approved to accept B.C.H.I.S. patients. In addition, a proportion of care has been given in the Province's licensed private hospitals, including company-operated hospitals in remote areas. The private-hospital classification in the tables also includes Red Cross outpost units and the veterans' hospitals at Vancouver and Victoria.

The 1952 data given have been prepared from preliminary unrevised reports submitted by the hospitals of the Province and are subject to minor revision.

B.C.H.I.S. Patients and Patient-days, 1952

The average length of stay of B.C.H.I.S. adult and children patients in British Columbia public hospitals increased from 9.77 days in 1951 to 10.16 days in 1952. The total adult and children days covered by B.C. Hospital Insurance Service in British Columbia public hospitals were 1,568,740 during 1952, an increase of 101,638 or 7 per cent over 1951.

A total of 154,353 B.C.H.I.S. adult and children patients was discharged from British Columbia public hospitals during 1952, an increase of 4,237 or 2.8 per cent over 1951.

Hospital Consultation and Inspection Division, Victoria

During 1952 this Division continued its efforts to help hospitals with their administrative problems and to assist the other divisions of the Service. Staff members made a number of regular visits to hospitals, of from one day to one week in duration. Several special visits were made at the request of hospitals.

The personnel advisory service to hospitals, formerly provided by the Personnel Office, was established in the Division, and information on personnel matters was distributed to hospitals.

A dietary consultant service for hospitals was arranged with the Health Branch. In response to requests, the nutrition consultants of the Health Branch made several visits during the year.

A medical-record manual, intended especially for use by hospitals that do not have a trained medical-record librarian, was compiled. The manual was put into use in one hospital on a test basis and will be reproduced for general distribution as soon as it has proved to be satisfactory.

This Division helped with the review of hospital estimates and was represented on the Rate Board. The staff also helped with the study of hospital plans, requests for equipment grants, and examination of revised by-laws submitted by hospital societies.

Information on the day-to-day utilization of beds in the Greater Vancouver and New Westminster areas was assembled throughout the year.

Hospital Consultation and Inspection Division, Vancouver

A hospital consultation and inspection service, the licensing and inspection of private hospitals, the hospital-clearance programme, and screening applications for admission to the Provincial Infirmary were carried on by the Vancouver office during 1952. The same close liaison was maintained with the Social Welfare Branch. Investigations were made and service given in matters referred to other divisions of the Hospital Insurance Service.

During the year 1952 there were 408 problem cases referred by general hospitals throughout the Province, for whom request for removal from hospital was made and which involved referral to and investigation by the Social Welfare Branch.

There were 138 applications for admission to the Provincial Infirmary received and considered. Of these, 128 were recommended for Infirmary admission.

There were forty-three inquiries made regarding the establishment of private hospitals. Of these, one was with respect to a private mental hospital. There were five new private-hospital licences issued and four private hospitals closed during the year. One private-hospital licence was revoked.

There were sixty-four inquiries received which concerned situations where hospitals or persons were requesting service as to procedure involving other departments of the Government, but which did not pertain to either hospital clearance or private hospitals. While some of these inquiries were directed to the Hospital Insurance Service, they were not, upon investigation, necessarily hospital-insurance problems and were therefore, in turn, referred to the agency or department responsible for the case-handling.

An annual visit of an inspectional nature was made to all licensed private hospitals. In addition, complaints received with respect to the operations of any private hospital were thoroughly investigated. Interpretation and guidance were given to private hospitals upon request, and, as a result, a large number of the private hospitals were visited a number of times during the year. There have been more visits made to the office of the Inspector of Hospitals by owners of private hospitals this year than heretofore.

These visits have been for the purpose of discussing proposed alterations and improvements and higher standards of care, diversional programmes, and administrative practices generally.

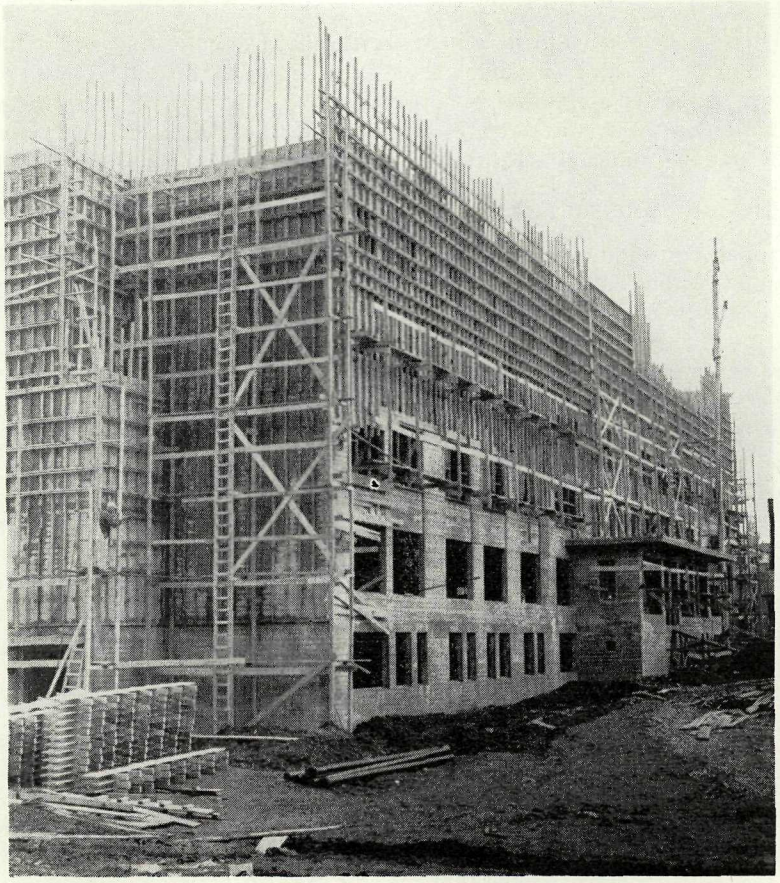
This Division continued to administer the " Mental Hospitals Act," sections 6 and 7.

Research Division

This past year the Division maintained monthly progress reports, compiled statistics concerning hospitalization experience, and conducted special studies on matters related to the Service.

In addition, data were made available to various branches of the Service to aid in answering queries from the public and to assist in dealing with routine operational problems.

During the year the groundwork was laid for the preparation of analytical studies in the medical-statistics field. The first major project, an analysis of morbidity statistics, is scheduled for 1953, and the Division is planning to devote more of its time to conducting research in this field.



Hospital Construction Division

The primary function of this Division is to render an advisory or consulting service to hospitals or hospital groups contemplating building improvements, reconstruction, additions to existing structures, or the construction of a new hospital. Reference material on the planning and construction of hospitals is available, and is loaned upon request to interested groups.

In 1951 an effort was made to secure up-to-date plans of all the hospitals in the Province, and plans for the majority of the hospitals in the Province are now available in Victoria. Reviews of plans have been completed, and detailed reports made to the hospitals for nine major projects and seventeen projects involving improvements and alterations.

During the year, payments based upon progress certificates submitted by hospitals undertaking construction projects amounted to $3,357,160, which would represent a gross expenditure of approximately $5,372,400.

The Division also advises hospitals and hospital groups of the financing formulæ of the Federal and Provincial Governments and outlines in detail the conditions that are attached to their financial assistance. Federal and Provincial grants became available to hospitals only following the approval of the project in principle and a detailed review of the plans by the Hospital Insurance Service. The review is made with particular attention being paid to ensuring that the design will permit quality of care, efficient and economical operation, and adequate provision for expansion. Specifications and contract documents are also submitted to this Service for review.

This Division acts on behalf of the Federal Government to ensure that its minimum standards are met. This includes ensuring that the plans satisfy the Provincial Fire Marshal, and that minimum floor areas, corridor-widths, and adequate services exist.

STATEMENT OF REVENUE RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31ST, 1952

Revenue receipts—			
Premiums—			
General		$15,302,705.79	
Social assistance		1,406,551.75	
			$16,709,257.54
Municipal *per diem* grants		$933,370.73	
Provincial *per diem* grants		1,427,094.20	
			2,360,464.93
			$19,069,722.47
Cash disbursements—			
Administration—			
Salaries		$1,385,695.98	
Advisory Council		247.29	
Advertising and publicity		49,193.93	
Tabulating rentals, equipment, etc.		82,080.69	
Automobiles and accessories		14,445.72	
Hospital surveys	$9,929.61		
Less recovered	28,074.03		
		18,144.42*	
Office supplies and general		141,735.74	
Office furniture and equipment		92,940.68	
Postage		46,747.05	
Rentals and maintenance		71,258.91	
Travelling expenses		31,021.12	
Upkeep of automobiles		11,353.15	
			$1,908,575.84
Payments to hospitals—claims			17,114,825.31
			19,023,401.15
Excess of revenue receipts over disbursements for the fiscal year ended March 31st, 1952			$46,321.32

* Credit.

The Statement of Revenue Receipts and Disbursements for the fiscal year ended March 31st, 1952, together with the Statement Showing Cash Reconciliation with the Public Accounts of the Province of British Columbia as at March 31st, 1952, show the cash transactions only of the Hospital Insurance Fund for the period according to the books of the Province.

J. A. CRAIG, C.A.,
Comptroller-General, Province of British Columbia.

STATEMENT SHOWING CASH RECONCILIATION WITH THE PUBLIC ACCOUNTS OF THE PROVINCE OF BRITISH COLUMBIA AS AT MARCH 31ST, 1952

Period ended March 31st, 1949 (Public Accounts, page 215)		$5,305,908.18	
Less financed by Provincial loans and grants—			
Hospital Insurance Stabilization Fund	$50,000.00		
"Amusements Tax Act"	1,445,573.40		
		1,495,573.40	
Operating receipts over disbursements			$3,810,334.78*
Fiscal year ended March 31st, 1950, disbursements over receipts (Public Accounts, page 147)		$4,550,580.32	
Add financed by Provincial loans and grants—			
Hospital Insurance Stabilization Fund	$1,950,000.00		
"Revenue Surplus Appropriation Act, 1950"	2,500,000.00		
	$4,450,000.00		
"Amusements Tax Act" (fiscal year 1949 above)	1,445,573.40		
		3,004,426.60	
Operating disbursements over receipts			7,555,006.92
Fiscal year ended March 31st, 1951, disbursements over receipts (Public Accounts, page 144)			5,118,697.76
Fiscal year ended March 31st, 1952, receipts over disbursements, fiscal year 1951–52 (Public Accounts, page 99)			46,321.32*
Operating disbursements over receipts, 1949–52			$8,817,048.58
Add balance at March 31st, 1952—			
Amount adjusted on advance to hospitals		$2,552,803.57†	
Credit balance, Hospital Insurance Fund		4,781,450.99	
			2,228,647.42
			$11,045,696.00
Financed by Provincial loans and grants—			
Hospital Insurance Stabilization Fund—			
Public Accounts 1948–49, page 210		$50,000.00	
Public Accounts 1949–50, page 134		1,950,000.00	
			$2,000,000.00
"Revenue Surplus Appropriation Act, 1950" (Public Accounts, 1949–50, page 134)			2,500,000.00
Amount voted under Vote 118, 1950–51			2,545,696.00
"Revenue Surplus Appropriation Act, 1951" (Public Accounts, 1950–51, page 144)			1,500,000.00
Amount voted under Vote 124, 1951–52 (Public Accounts 1951–52, page 99)			2,500,000.00
			11,045,696.00

* Credits. † 1950–51, $1,934,062.62; 1951–52, $618,740.95.

TABLE IA.—PATIENTS DISCHARGED AND DAYS OF CARE IN B.C. PUBLIC HOSPITALS, 1949–52, AND PROPORTION COVERED BY B.C. HOSPITAL INSURANCE SERVICE

	Total Hospitalized			Covered by B.C.H.I.S.[1]		
	Adults and Children	New-born	Total	Adults and Children	New-born	Total
Patients discharged—						
1949	164,964	26,272	191,236	140,168	24,640	164,808
1950	172,225	26,195	198,420	144,959	23,943	168,902
1951[2]	181,709	27,062	208,771	150,116	24,172	174,288
1952	187,856	28,511	216,367	154,353	25,013	179,366
Percentage of total, patients discharged—						
1949				84.9	93.8	86.2
1950				84.1	91.4	85.1
1951[2]				82.6	89.3	83.5
1952				82.2	87.7	82.9
Patient-days—						
1949	1,682,196	213,874	1,896,070	1,430,646	200,585	1,631,231
1950	1,763,722	212,979	1,976,701	1,476,615	193,307	1,669,922
1951[2]	1,811,219	214,037	2,025,256	1,467,102	187,891	1,654,993
1952	1,926,168	214,494	2,140,662	1,568,740	184,780	1,753,520
Percentage of total, patient-days—						
1949				85.0	93.8	86.0
1950				83.7	90.8	84.5
1951[2]				81.0	87.8	81.8
1952				81.4	86.1	81.9

[1] B.C.H.I.S. excludes Workmen's Compensation Board patients and days.
[2] Amended as per final reports received from hospitals.

TABLE IB.—PERCENTAGE OF PATIENTS COVERED BY B.C. HOSPITAL INSURANCE SERVICE DURING 1952

	Per Cent
Patients charged to agencies—Workmen's Compensation Board, approved insurance plans, and Federal Government	8.2
Self-responsible—non-B.C. residents	1.1
Subject to B.C.H.I.S. coverage	90.7
	100.0
B.C.H.I.S. patients hospitalized (82.9 per cent of total, *see* Table IA) in relation to proportion of patients subject to insurance coverage (90.7 per cent, *see* Table IB)	91.4

TABLE IIA.—PATIENTS DISCHARGED, TOTAL DAYS' STAY, AND AVERAGE LENGTH OF STAY ACCORDING TO TYPE AND LOCATION OF HOSPITAL, AND DAYS OF CARE PER THOUSAND OF COVERED POPULATION FOR B.C.H.I.S. PATIENTS ONLY, YEARS 1949 TO 1952.

	Total		B.C. Public Hospitals		B.C. Private Hospitals		Institutions outside B.C.	
	Adults and Children	New-born	Adults and Children	New-born	Adults and Children	New-born	Adults and Children	New-born
Patients discharged—								
1949	149,280	24,989	140,168	24,640	7,093	151	2,019	198
1950	154,643	24,336	144,959	23,943	7,617	173	2,067	220
1951[1]	159,739	24,587	150,116	24,172	7,308	171	2,315	244
1952	164,252	25,509	154,353	25,013	7,277	175	2,622	321
Patient-days—								
1949	1,498,121	203,197	1,430,646	200.585	45,960	1,146	21,515	1,466
1950	1,564,222	196,333	1,476,615	193,307	65,326	1,288	22,281	1,738
1951[1]	1,551,954	190,948	1,467,102	187,891	62,771	1,155	22,081	1,902
1952	1,661,471	188,809	1,568,740	184,780	68,782	1,086	23,949	2,943
Average days of stay—								
1949	10.03	8.13	10.21	8.14	6.48	7.59	10.66	7.40
1950	10.11	8.07	10.19	8.07	8.58	7.44	10.78	7.90
1951[1]	9.71	7.76	9.77	7.77	8.59	6.75	9.54	7.79
1952	10.11	7.40	10.16	7.39	9.45	6.20	9.13	9.17

[1] Amended as per final reports received from hospitals.
Estimated days per thousand of population covered by B.C. Hospital Insurance Service: 1949, 1,540; 1950, 1,566; 1951, 1,500; 1952, 1,542.

TABLE IIB.—SUMMARY OF THE NUMBER OF B.C.H.I.S. IN-PATIENTS AND SHORT-STAY PATIENTS, 1949–52

	1949	1950	1951[1]	1952	Total
Total adults, children, and new-born in-patients	174,269	178,979	184,326	189,761	727,245
Estimated number of short-stay patients	29,000	44,502	47,656	44,097	165,255
Total receiving benefits	203,269	223,481	231,982	233,858	892,500

[1] Amended as per final reports received from hospitals.

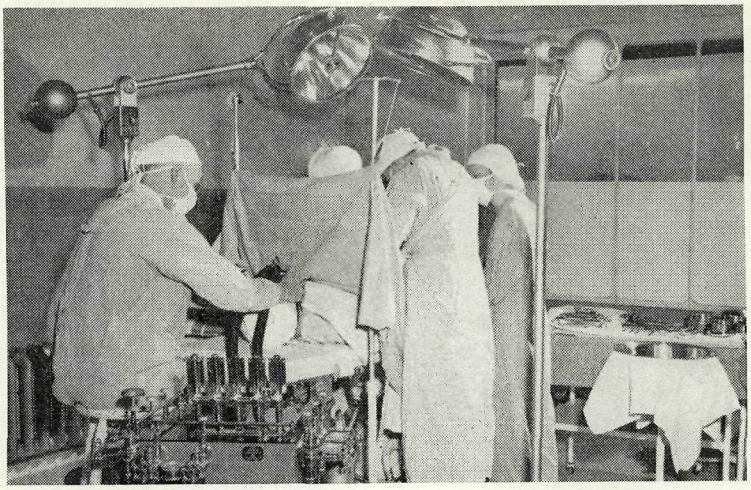
TABLE III.—PATIENTS DISCHARGED, TOTAL DAYS' STAY AND AVERAGE LENGTH OF STAY IN B.C. PUBLIC HOSPITALS FOR B.C.H.I.S. PATIENTS ONLY, GROUPED ACCORDING TO BED CAPACITY, YEAR 1952.

	Bed Capacity						
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25	Special
Patients discharged—							
Adults and children	154,353	68,937	17,750	40,059	14,835	8,840	3,932
New-born	25,013	9,813	2,664	8,441	2,286	1,473	336
Patient-days—							
Adults and children	1,568,740	822,596	172,235	347,508	120,714	63,043	42,644
New-born	184,780	79,346	18,681	58,264	16,148	10,206	2,135
Average days of stay—							
Adults and children	10.16	11.93	9.70	8.67	8.14	7.13	10.85
New-born	7.39	8.09	7.01	6.90	7.06	6.93	6.35

TABLE IV.—PERCENTAGE DISTRIBUTION OF PATIENTS DISCHARGED AND PATIENT-DAYS FOR B.C.H.I.S. PATIENTS ONLY, IN B.C. PUBLIC HOSPITALS, GROUPED ACCORDING TO BED CAPACITY, YEAR 1952.

	Bed Capacity						
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25	Special
Patients discharged—	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent
Adults and children	100.00	44.66	11.50	25.95	9.61	5.73	2.55
New-born	100.00	39.23	10.65	33.75	9.14	5.89	1.34
Patient-days—							
Adults and children	100.00	52.44	10.98	22.15	7.69	4.02	2.72
New-born	100.00	42.94	10.11	31.53	8.74	5.52	1.16

In Tables III and IV those public hospitals in which B.C. Hospital Insurance Service does not cover certain types of hospitalization have been shown under the heading "Special." The figures, however, include only B.C.H.I.S. patients.



BENEFITS IN B.C. HOSPITALS, 1952

The general hospital services to be provided shall include such of the following services as are recommended by the attending physician and as are available in the hospital to which the person is admitted as an in-patient and when there is definite medical necessity for in-patient care:—

(*a*) Public-ward accommodation:

(*b*) Operating-room facilities, including the use of all equipment and material required in the proper care of surgical cases:

(*c*) Case-room facilities, including the use of all equipment and material required in the proper care of maternity cases:

(*d*) Surgical dressings and casts as required, as well as other surgical materials and the use of any equipment which may be required while in hospital:

(*e*) Anæsthetic supplies and the use of anæsthesia equipment:

(*f*) All other services rendered by individuals who receive any remuneration from the hospital, provided that the provision of such services in a particular hospital is approved by the Commissioner. Services which may be approved by the Commissioner for the purpose of this section may include:—

(1) Radiological, diagnostic, and therapeutic services, including the services of a radiologist:

(2) Clinical laboratory and other diagnostic procedures, including the services of a pathologist:

(3) Physiotherapy services:

(*g*) Care of the acute stage of chronic diseases where, in the opinion of the Commissioner, such care is necessary and desirable. Such chronic disease shall include cardiac disease, tuberculosis, mental disease, and acute anterior poliomyelitis, the acute stage of venereal disease only where general hospital care is recommended by the Division of Venereal Disease Control; the acute stage of drug addiction where overdosage and poisoning have to be given prompt treatment; and the acute stage of alcoholism, provided in the case of acute alcoholism that hospitals establish under their own by-laws the conditions under which such persons may be admitted to hospital:

(*h*) Such drugs and related preparations listed in the British Columbia Formulary and such other preparations as the Commissioner may from time to time prescribe.

CLASSES OF PERSONS COVERED BY OR EXCLUDED FROM THE BENEFITS OF THE HOSPITAL INSURANCE SERVICE

A. Covered by the Plan upon Payment of the Required Premium

Every person who is a resident of the Province, except persons classified in Groups B and C hereunder. Participation in the plan is compulsory, except for those in the far northern areas, who may voluntarily pay premiums and be entitled to benefits.

B. Covered by the Plan by the Provincial Government

1. Those old-age security recipients and recognized dependents who were in receipt of an old-age pension on December 31st, 1951, together with those persons who apply to the Provincial Department of Health and Welfare and who are granted free health services.
2. Old-age assistance cases, blind pensioners, and their dependents.
3. Mothers' Allowance cases, and their dependents.
4. Social Allowance cases to which the Provincial Government contributes financially.
5. Child Welfare cases (wards only).

C. Excluded from the Operation of the Plan

1. Members of the Canadian Armed Forces (but not their dependents).
2. Members of the Royal Canadian Mounted Police (but not their dependents).
3. Students in training under the Department of Veterans' Affairs (but not their dependents).
4. Veterans in receipt of war veterans' allowance (but not their dependents).
5. Members of the Christian Science Church and residents in certain far northern regions of the Province who have claimed, and been granted, exemption. Such persons, if they pay premiums voluntarily, are entitled to the benefits under the Act.
6. A person who is a patient or an inmate of an institution maintained by the Province.
7. Persons in a Provincial T.B. sanatorium.
8. Employees of the Canadian Pacific Railway and B.C. Telephone Company, who operate the only private plans approved under the Act.
9. Persons committed to a gaol or penitentiary.

BENEFITS IN HOSPITALS OUTSIDE BRITISH COLUMBIA

Payments for hospital services rendered by hospitals outside the Province of British Columbia to persons who are beneficiaries under the Act shall be made on the basis of not more than $8 per day (new-borns, $3.50 per day) and for a period of time not to exceed thirty days. Payments for a longer period of time than thirty days may be authorized by the Commissioner where he is satisfied that further care of a type provided for under the Act is required.

Where a beneficiary produces receipts showing that he has himself paid an account to a hospital situated outside the Province, he may be reimbursed within the limitations and subject to the conditions provided in the regulations under the Act.

VICTORIA, B.C.
Printed by Don McDiarmid, Printer to the Queen's Most Excellent Majesty
1953

970-253-9838