PROVINCE OF BRITISH COLUMBIA

"HOSPITAL INSURANCE ACT"

Seventh Annual Report

British Columbia Hospital Insurance Service

JANUARY 1ST TO DECEMBER 31ST

1955

VICTORIA, B.C.
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1956

VICTORIA, B.C., January 17th, 1956.

To His Honour FRANK MACKENZIE ROSS, C.M.G., M.C.,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Seventh Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1955.

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

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., January 17th, 1956.

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 British Columbia Hospital Insurance Service covering the calendar year 1955.

D. M. COX, F.A.C.H.A.,
Commissioner, British Columbia Hospital Insurance Service.

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Seventh Annual Report of the British Columbia Hospital Insurance Service

GENERAL INTRODUCTION

The British Columbia Hospital Insurance Service completed seven years of operation on December 31st, 1955. The programme was established as a protective measure and has two main objectives—to protect residents of the Province from the financial burden associated with hospitalization and to protect hospitals of the Province from non-collectable accounts, which had ranged as high as 55 per cent. During 1955 approximately 93 per cent of all patients admitted to British Columbia acute-care general hospitals had coverage with the Service.

When the Service first commenced operations, eligibility for benefits was dependent upon premium payment under certain specified conditions. Effective April 1st, 1954, the premium-payment plan was terminated and residency became the determining factor for eligibility. This new concept made benefits available to qualified residents (*see* Classes of Persons Entitled to or Excluded from the Benefits of the "Hospital Insurance Act," page 17). All persons eligible for benefits receive comprehensive protection against the expense of acute in-patient care by being provided with substantially all of the hospital's services. Benefits consist of payment at the standard public-ward level for treatment that can be obtained only in an acute-care general hospital, payments for emergency treatment (short-stay benefits), and payments for treatment in hospitals outside British Columbia (out-of-Province benefits). For details on benefits refer to page 16. Persons receiving hospital insurance benefits in British Columbia are required to pay $1 for each day's coverage by the Service.

The two main functions of the Hospital Insurance Service are Financial and Hospital Services.

FINANCIAL (*a*)

Revenue

Government funds for the operation of the Hospital Insurance Service and all Provincial Government social welfare services are provided by a 5-per-cent social services tax. Another source of revenue for the Hospital Insurance Service is Provincial and municipal *per diem* grants. The Provincial Government pays the Hospital Insurance Service 70 cents for each day's treatment in acute-care general hospitals in British Columbia. City and district municipalities pay 70 cents for each day's treatment provided to those persons defined as "municipal residents" under section 32 of the "Hospital Act."

When admitted to an acute-care general hospital, a patient wishing coverage with the Hospital Insurance Service is required to complete an application for benefits. The hospital is responsible for verifying the statements regarding length of residence, to determine if the patient is a resident as defined under the Act and regulations. Payment of the account is then requested from the Hospital Insurance Service, which reserves the right to reject any account where statements regarding residence do not meet requirements. (*See* Eligibility Section, page 11.)

FINANCIAL (*b*)

Claims and Accounting

The second part of the financial function of the Service is hospital payments. Payment of qualified patients' hospital expenses is calculated on the basis of *per diem* rates established under the budget system *see* page 8.

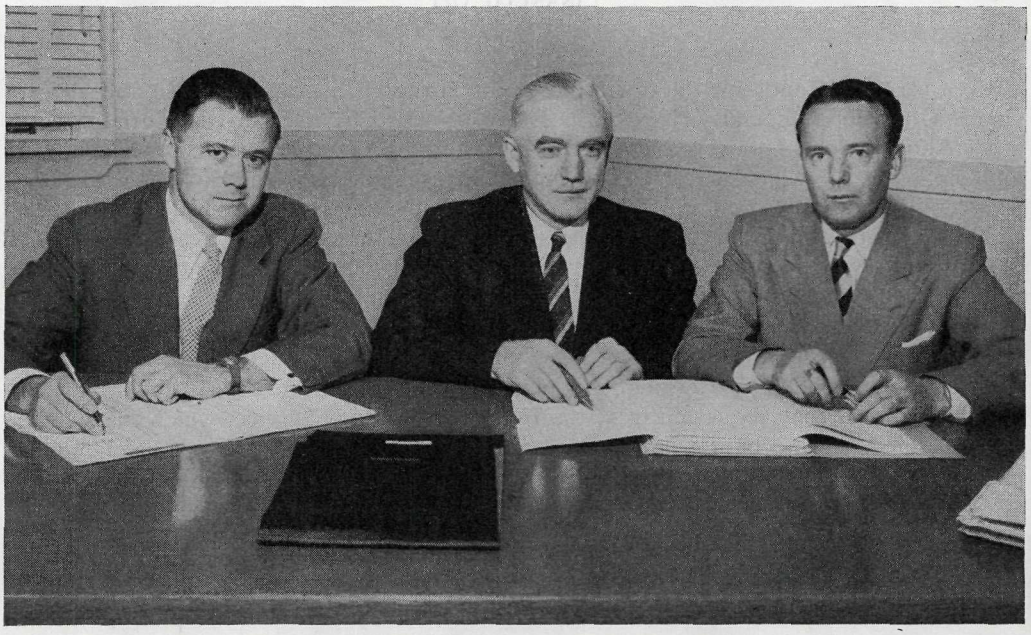
Methods of Payment to Hospitals

A system of firm budgets for hospitals was introduced effective January 1st, 1951, providing for a review of hospitals' estimates by the Rate Board of the Hospital Insurance Service. Hospitals were advised they would be required to operate within their approved budgets, with the exception of fluctuation in days' treatment and other similar items. They were further advised that deficits incurred through expenditures in excess of the approved budget would not be met by the Provincial Government. The value of variable supplies used in patient-care was calculated. When the number of days' treatment provided by the hospital differed from the estimate, the budgets were subject to the number of days' difference multiplied by the patient-day value of the variable supplies. Individual studies were made in those instances where large fluctuations in occupancy involved additions or reductions in stand-by costs, and budget adjustments were made.

The firm budget procedure was followed in 1955; however, hospital budgets were established on the basis of 1954 salary rates plus increments within salary ranges previously in effect in hospitals, rather than on 1955 rates where hospitals granted salary increases for 1955.

The majority of hospital accounts are the responsibility of the British Columbia Hospital Insurance Service (a small percentage are Workmen's Compensation recipients, non-qualified residents, etc.), and the Service pays each hospital monthly the proportion of one-twelfth of the yearly budget represented by B.C.H.I.S. insured days, as compared to the total days' treatment. By the month's end each hospital is advanced the approximate amount required to cover B.C.H.I.S. patients, including those remaining in hospital at the end of the month. Qualified patients are charged $1 per day, which is deductible when calculating payments due hospitals from the Service. Non-qualified residents are charged the hospitals' established *per diem* rates.

In 1955 approximately 93 per cent of all patients were covered by the Service. This compares with an average of approximately 85 per cent coverage experienced prior to the introduction of new policies on April 1st, 1954.



Hospital Rate Board: Mr. J. M. Mainguy, M.H.A., Manager, Hospital Consultation and Inspection Division; Mr. D. M. Cox, F.A.C.H.A., Commissioner; and Mr. W. J. Lyle, Manager, Hospital Finance Division.

Hospital Services

The second main function of the Hospital Insurance Service is maintaining high standards of patient care (*see* Hospital Services Group, page 12). The group of staff consultants who share this responsibility are organized into the following divisions:—

Hospital Finance: To assist hospitals in problems dealing with accounting, finance, and the purchase of equipment, and to review hospital accounting and financial records.

Hospital Consultation and Inspection: To advise hospitals on problems of an administrative or operational nature, and to ensure that proper standards of patient-care are maintained.

Medical Consultation: To check all hospital accounts before passing for payment, to supply technical knowledge to all divisions, and to review medical policies and regulations under the advice and guidance of the Medical Review Board.

Hospital Construction: To render an advisory service to hospitals planning construction and improvements and to process applications for construction grants.

Research: To conduct studies relating to hospital occupancy, and to prepare medical and financial information pertaining to the hospital bed requirements of the Province.

Administrative Assistant: To assist in the formation of hospital districts in areas where no municipal organization exists, and to give guidance in the review of hospital by-laws and related problems.

ORGANIZATION AND ADMINISTRATION

Administrative Assistant

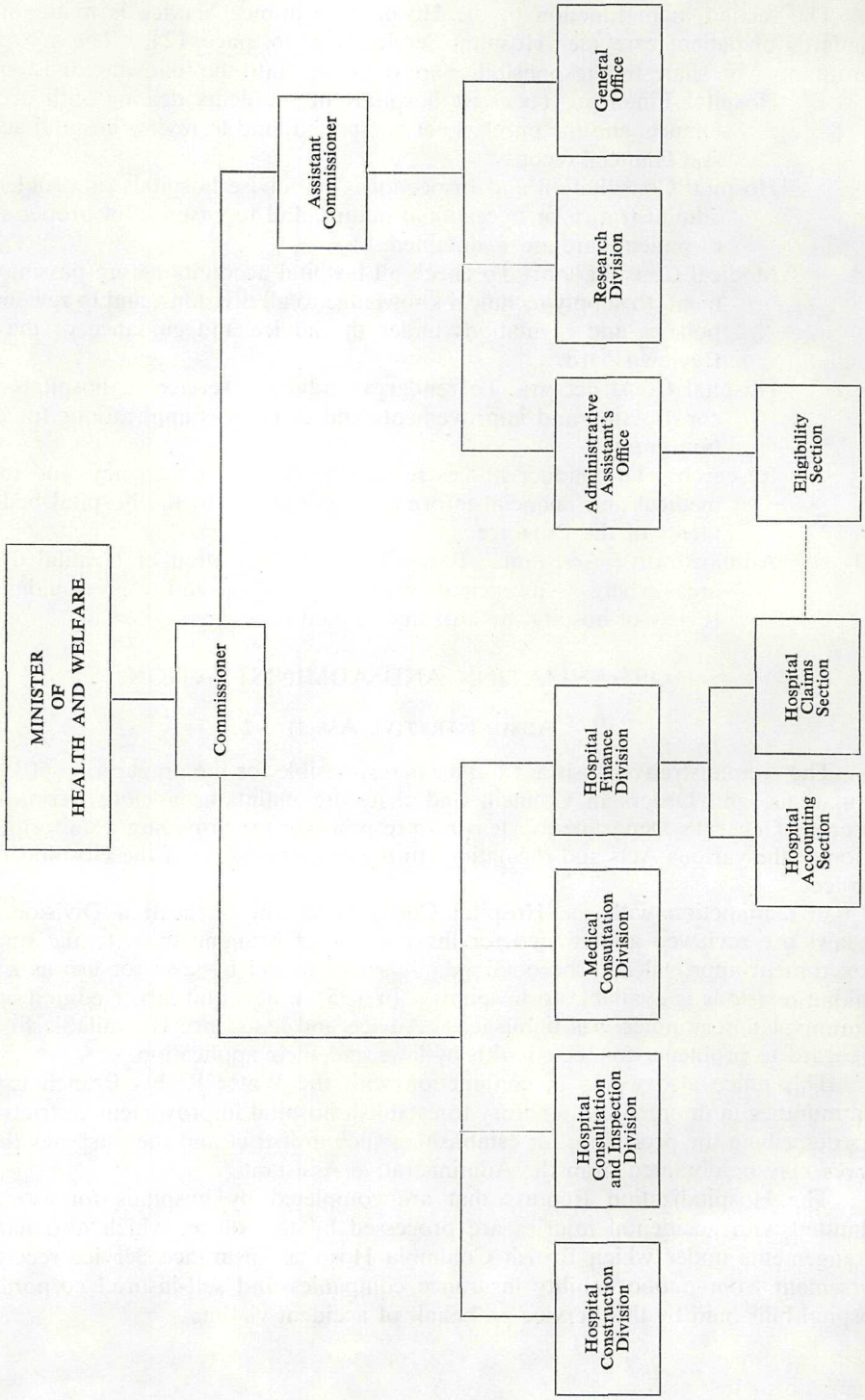
The Administrative Assistant's office is responsible for the preparation of legislation, regulations, and Orders in Council, and therefore maintains a close liaison with the Attorney-General's Department. It is also responsible for providing a uniform interpretation of the various Acts and regulations to the other divisions of the Hospital Insurance Service.

In conjunction with the Hospital Consultation and Inspection Division, hospital by-laws are reviewed and revised for the purpose of bringing them to the stage where Government approval may be obtained. A set of model by-laws for use as a guide in making revisions is available to hospitals. In 1955 a new and larger edition containing many explanatory notes was published. Advice and assistance is available to hospitals in regard to problems connected with by-laws and their application.

This office also works in conjunction with the Water Rights Branch in assisting communities in unorganized territory to establish hospital improvement districts. Circulars describing the procedure for establishing such a district and the purposes the district serves may be obtained from the Administrative Assistant.

The Hospitalization Reports that are completed by hospitals for every patient admitted with accidental injuries are processed by this office, which also handles the arrangements under which British Columbia Hospital Insurance Service receives reimbursement from public liability insurance companies and self-insured corporations for hospital bills paid by this Service on behalf of accident victims.

ORGANIZATION CHART OF THE B.C. HOSPITAL INSURANCE SERVICE, 1955



Eligibility Section

In order to ensure that only those applicants who qualify, in accordance with the Act and regulations, receive benefits, field representatives review and audit all Applications for Benefits. Representatives are located in Victoria, Vancouver, Prince George, Kelowna, Kamloops, and Nelson.

General Office

This office is responsible for the general administration of all receipts and expenditures incurred in the operation of the Service. It also has custody and control of all records which were maintained, prior to reorganization of the Service in April, 1954, by the former Payroll and Central Accounts Divisions and Revenue Control. Personnel and staff payroll duties are included in its responsibilities.

The general office administers the requisitioning and inventory of supplies, furniture, and equipment, and handles mail distribution to and from the various offices. A duplicating service is operated for internal use, and a teletype service is maintained between Victoria and Vancouver for use by all Civil Service offices in the Victoria and Greater Vancouver areas.

Public relations duties included editing instructional circulars distributed to all acute-care hospitals, printing information of a general nature intended for public use, and preparation of the Seventh Annual Report. A library of 16-mm. sound film of an educational nature is also maintained for the use of hospital staffs and other interested groups.

Research Division

The three main functions of this Division are as follows:—

(1) To tabulate, compile, and analyse morbidity statistics from data found in the admission-discharge records forwarded to the Service from British Columbia acute-care hospitals for all in-patients.

(2) To study geographic areas within the Province relative to determining the need and size of new hospital construction.

(3) To assist the administration and other agencies with compilations of data which are not directly available from other divisions within the Service.

In discharging the first function during 1955, a detailed study entitled " Morbidity in British Columbia Hospitals " was completed and published in July. This report revealed the occurrence by age and sex of those conditions listed in the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death in institutions providing general hospital services in the Province. Incidence of hospitalization by geographic area and institutional size were also presented.

Four reports dealing with hospital bed requirements for acute care in ten school districts were also completed. These studies covered Trail-Nelson-Castlegar, Dawson Creek-Fort St. John-Pouce Coupe, Burns Lake-Vanderhoof-Prince George, and Campbell River. Each report was compiled from comprehensive study of the population size and characteristics, access to existing hospital centres, climatological factors, sources of income, and potential development, in addition to the analysis of previous and existing incidence of hospitalization.

A regional survey of Vancouver Island which has been designed to determine the quantity and location of additional hospital facilities was also commenced. Fifteen organized and twelve unorganized school districts will be reviewed before analysis is attempted in this project.

In addition to the planning of tabulation runs for the above-mentioned surveys, outlines of tabulation requirements dealing with hospital insurance material were drafted for use in the British Columbia submission to the Federal-Provincial Conference.

Special statistical series and compilations were also initiated for the information of the Department of National Health and Welfare, the Indian Affairs Branch of the Department of Citizenship and Immigration, and the Royal Commission on Canada's Economic Prospects.

A second edition of the Geographical Listing of British Columbia was prepared to enable more accurate coding of the residence location of Indians.

Study of the causes of variation in average periods of hospitalization was also continued during the year.

Hospital Services Group

Hospital Finance Division

Hospital Claims Section.—The main responsibilities of this Section are to screen patients' Applications for Benefits and to authorize the payment of hospital accounts. The number of accounts paid by this Service has continued to increase. During the year 241,873 accounts have been paid, as compared to 229,735 in 1954 and 208,530 in 1953. Included in the year's total were 2,150 out-of-Province accounts paid on behalf of qualified persons admitted to hospitals in other Provinces of Canada, the United States, Central America, Hawaii, Europe, and Australia. Approximately 1,000 admission notices were received each working-day and screened for diagnosis in conjunction with the Medical Consultation Division. An equivalent number of hospital accounts were also checked for statistical data and for B.C.H.I.S. responsibility.

Applications for Benefits are checked individually before the account is approved for payment. In many cases, applications are referred to the field representatives of the Eligibility Section for further investigation, where necessary.

This Section also administers the billing and collection of municipal *per diem* grants, and individual hospital accounts are checked to determine the municipality responsible. During this year approximately $1,055,000 was collected through municipal *per diem* grants.

Hospital Claims Section. This Section receives approximately 1,000 hospital admission notices daily. An equivalent number of hospital accounts are checked for B.C.H.I.S. responsibility.

An alphabetical file is maintained of all recipients of Social Welfare assistance in the Province of British Columbia. All hospital accounts incurred by Social Welfare patients are checked against the file in order to determine eligibility for the dollar-a-day charge (*see* page 7). Information relative to the medical identity numbers allotted to recipients is given upon request to Welfare Department authorities and doctors' offices.

A Key-punch Section is responsible for punching I.B.M. punch-cards which record the financial, statistical, and medical data shown on each discharge record. An average of 1,200 cards were punched daily and used to provide listings of accounts paid to hospitals, listings of individual charges payable by municipalities in respect to *per diem* grants, and to provide the statistical data required by the Research Division.

Patients' records for the previous year were again microfilmed by the Central Microfilm Bureau of the Provincial Library. Over 740,000 documents were processed, using 23,600 feet of film. This work was completed over a period of three months.

Hospital Accounting Section.—Primarily concerned with hospital budgets, this Section maintains close working relationships with hospitals. Frequent inspections are made of hospital financial, statistical, and accounting records. When smaller hospitals require accounting assistance, this Section, upon request, provides accounting aid and instruction.

This Section also checks and amends financial and statistical reports prepared by hospitals for the Dominion Bureau of Statistics; studies and recommends for approval requests made by hospitals for payment of grants in connection with capital expenditures for equipment; audits accounts relating to hospital construction projects, in collaboration with Federal Treasury officials; carries out accounting studies in nursing homes and chronic hospitals, at the request of the Provincial Social Welfare Branch, to assist in establishing rates to be paid for the care of Social Welfare patients; collates with the approved budget statistical reports and revenue and expenditure statements received from hospitals on a monthly basis; calculates cash advances forwarded to hospitals semi-monthly.

This Section prepared the Annual Report on Hospital Statistics for 1954.

Hospital Construction Division

The primary function of this Division is to recommend for approval grants-in-aid for capital construction and improvements, other than equipment.

This Division also provides a consultation service to hospitals, hospital societies or groups, contemplating either new hospital construction, improvements to existing buildings, major additions, or reconstruction. Close liaison is maintained with Federal authorities in order to ensure that Federal standards of construction are met and that maximum Federal assistance may be obtained for the project.

Reference material on planning and hospital designing and information on the cost of hospitals built since the inception of the Hospital Insurance Service, are available on request. Proposed site locations are inspected when possible, and assistance is provided to hospital planning groups in the appraisal of sites.

Matters pertaining to sanitation and nutrition are referred to the Provincial Health Branch.

The following is a list of projects that were completed during the year 1955:—

(1) Quesnel General Hospital, Quesnel—replacement of existing hospital and construction of a nurses' residence, resulting in 47 new active-treatment beds, 3 recovery beds, 1 labour bed, 17 bassinets, and 16 nurses' beds.

(2) Bulkley Valley District Hospital, Smithers—construction of an addition to the existing building; net gain in beds, 39.

(3) St. Paul's Hospital, Vancouver—construction of an addition to the nurses' home, which included 87 nurses' beds. Additional operating-rooms were

also included in the new addition to the hospital, as well as a main kitchen and a nurses' dining-room, together with 14 post-operative recovery beds.

(4) St. Vincent's Hospital, Vancouver—construction of new main building addition to existing hospital; net gain in beds, 136, plus 6 recovery beds and 26 bassinets.

(5) Skidegate Inlet General Hospital, Queen Charlotte City—construction of new hospital building, replacing the old hospital. New beds, 20; labour bed, 1; bassinets, 8; nurses' beds, 8.

(6) Golden General Hospital, Golden—construction of nurses' residence, which provided accommodation for 8 nurses.

(7) Vancouver General Hospital, Vancouver—addition to radiology department.

(8) Lady Minto Hospital, Ashcroft—construction of an addition and alterations to provide 14 beds and an operating and delivery theatre.

(9) War Memorial Hospital, Williams Lake—extension of existing hospital to provide a net gain of 11 beds and 5 bassinets.

In 1955, construction was also commenced on the following projects:—

(1) 504-bed acute unit at the Vancouver General Hospital.

(2) 20-bed hospital at Invermere.

(3) Addition to the Mount St. Joseph's Hospital, Vancouver, to provide 33 additional active-treatment beds, 24 chronic beds, and 9 nurses' beds.

St. Mary's Hospital, New Westminster, B.C. (architect's drawing). Construction on this new hospital commenced in December, 1955.

Hospital Consultation and Inspection Division

Victoria Office.—Hospital inspection and administrative assistance are regarded as the main functions of this office. It also plays a part in the financial arrangements between the Hospital Insurance Service and the public hospitals. The Division is represented on the Hospital Rate Board. During 1955 there was emphasis on work connected with hospital estimates and on intensive surveys of the operation of individual hospitals. Much of the work was carried on in conjunction with the Hospital Finance Division. Administrative assistance in respect to particular problems was given to numerous hospitals, in many instances by a direct visit by one of the staff.

Many hospitals requested intensive surveys, and the staff was able to complete seven of these. The surveys involved more than one staff member and required a period of

from seven to thirteen days at each hospital surveyed. As a result of these intensive surveys, and because of fewer staff, regular inspections of general hospitals were reduced in number from previous years.

This office continued its work of processing draft by-laws of hospital societies in conjunction with the Administrative Assistant. Reviews of complete revisions for eighteen societies were handled, as well as numerous amendments. A new set of model by-laws was made available by the Service during the year. Reference material was also provided to hospitals whose medical staffs were active in reviewing their by-laws.

Information on personnel matters was distributed to hospitals.

The office assisted other divisions of the Service in such matters as reviews of hospital plans, requests for equipment grants, and surveys of hospital bed requirements.

Health Branch nutrition consultants and the newly appointed technical supervisor (clinical laboratory services) worked closely with the office in connection with hospital problems. As in the past, liaison was maintained with hospitals and the Health Branch in the reporting and follow-up of staphylococcal and other infections in hospitals. Instructions were given to hospitals regarding recording and reporting of infections.

Vancouver Office.—The activities of this office are primarily directed to hospital clearance and to the licensing and inspection of private hospitals, most of which are of a type often referred to as " nursing homes." However, the office is becoming increasingly active in consulting with clients and architects on plans for new private hospitals. The office is a clearing-house for questions of all types relating to the care of patients.

Hospital clearance is the process by which suitable placement is found for patients in general hospitals who no longer need the specialized services of such hospitals but who do need some form of care. Most hospitals in the Province do not have a social service department, and so it falls upon the Social Welfare Branch, through its field service staff, to assist in finding placement for such problem cases. During 1955 there were 151 referrals by general hospitals throughout the Province asking for help in the removal of such cases. These were in turn referred to the field staff of the Social Welfare Branch for action. Eleven referrals were received which did not require the services of Welfare and did not constitute true hospital clearance cases. Eighty-six inquiries were made regarding the establishment of private hospitals. Three private hospitals closed and six were opened.

An annual visit was made to the private hospitals. Such inspections are conceived to be something more than seeing the physical plant, equipment, the housekeeping, and provisions for safety. The inspector is also interested in the quality and spirit of owners and personnel and the condition of patients and their reaction to the care they receive.

Several complaints were received with respect to the operation of private hospitals. These were thoroughly investigated.

Many private hospitals sought advice for improving conditions and service facilities. Many improvements were instituted. In some instances diversional and recreational programmes were established.

At December 31st, 1955, there were fifty-six licensed private hospitals in operation. These hospitals varied in size from 2-bed facilities to some with more than 85 beds. The average facility had 18 to 20 patients. Altogether, beds in private hospitals totaled 1,371 beds. This included 170 beds in private acute-care general hospitals, most of which were established by mining or other industrial concerns.

There was an increasing interest in constructing new buildings with the very latest ideas for chronic care. At the year-end eight new private hospitals were being constructed. Other plans were on the drawing-boards and under discussion. The improvement in the standard of care is most gratifying. However, the emphasis must still be placed on adding " life to the patients' years, not just years to their life."

Medical Consultation Division

The main function of the Medical Consultant and his staff is to review all admission and discharge records from the standpoint of medical qualification before passing them for payment. This Division also provides a source of technical knowledge for use by all branches of the Service.

Hospital claims are checked for length of stay, and particular attention is given the claims of chronic and short-stay patients. Out-of-Province claims are reviewed and the hospitals concerned checked to ensure they meet the required standards.

The Medical Consultant and the Commissioner represent the Hospital Insurance Service on the Medical Review Board which, by its advice and guidance, helps maintain good relationships among the Service, the medical profession, and the hospitals. The remaining three members of the Board are physicians designated by the College of Physicians and Surgeons of British Columbia.

A further responsibility of the Division entails a careful study of discharge diagnoses which are coded in accordance with the Manual of International Statistical Classification of Diseases, Injuries, and Causes of Death.

BENEFITS IN BRITISH COLUMBIA HOSPITALS, 1955

The general hospital services, to be provided to a qualified person pursuant to the Act, shall include such of the following services as are recommended by the attending physician and as are available in or through the hospital to which the person is admitted as an in-patient:—

(*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*) Such drugs, prescriptions, and similar preparations as may be designated by the Commissioner from time to time:

(*g*) 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 clause may include:—

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

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

(iii) The services of an anæsthetist:

(iv) Physiotherapy services:

(*h*) Care of the acute stage of chronic diseases where, in the opinion of the Commissioner, such care is necessary and desirable. Such chronic diseases 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.

Emergency or Short-stay Care

Limited B.C.H.I.S. benefits are extended, in British Columbia hospitals only, in addition to the in-patient benefits available to qualified residents and dependents. These services include emergency treatment rendered within twenty-four hours of being injured and operating-room or emergency-room services for minor surgery which does not require admission to hospital as an in-patient. The hospital charges $2 for each visit.

BENEFITS IN HOSPITALS OUTSIDE BRITISH COLUMBIA

Provided a beneficiary has not been absent from British Columbia in excess of three months, he is entitled to payment made on his behalf at a rate fixed by the Commissioner, in relation to the public-ward charge made by the hospital. Payment from the Hospital Insurance Service is made only to hospitals approved by the Commissioner, and shall not exceed $3.50 per day for new-borns and $8 per day for other beneficiaries, for a period of time determined by the Commissioner, and in any event not exceeding thirty days unless authorized by the Minister of Health and Welfare.

CLASSES OF PERSONS ENTITLED TO OR EXCLUDED FROM THE BENEFITS OF THE "HOSPITAL INSURANCE ACT"

A. Entitled to Benefits

A person is considered entitled to benefits if he qualifies as a "resident of the Province" under the "Hospital Insurance Act." Generally speaking, a person is qualified if he proves to the satisfaction of the Hospital Insurance Commissioner that:—

(*a*) He is the head of a family or a single person who is living within the Province and has lived continuously therein during the preceeding twelve consecutive months; or

(*b*) Having been qualified under item (*a*), he leaves the Province and returns after an absence of less than twelve months and resumes residence within the Province; or

(*c*) He is living within the Province and is a dependent of a resident of the Province; or

(*d*) He is a person who has been certified by the Deputy Minister of Welfare to be a person entitled to health services.

During the one-year residence qualification period a person is permitted to be temporarily absent from British Columbia for a total of less than three months without suffering any postponement of the date on which he becomes a qualified resident.

With regard to item (*c*) above, a dependent is either the spouse of the head of a family or a child under 21 years of age who is mainly supported by the head of a family.

If a man's wife and dependent children arrive in British Columbia after he does, they are entitled to assume his residental status as of the date of their arrival.

B. Excluded from Benefits

Some of the main classes of persons either permanently or temporarily excluded from benefits are as follows:—

(*a*) A person who works full or part time in British Columbia but who resides outside the Province:

(*b*) A resident who leaves British Columbia and fails to return and re-establish residence within twelve months; or

(*c*) A patient or inmate of a Provincial or Federal institution, or a person committed to a gaol or penitentiary; or

(*d*) A person in a Provincial tuberculosis sanatorium; or

(*e*) A resident who receives hospital treatment provided under the "Workmen's Compensation Act" or the "Canada Shipping Act," or a war veteran who receives treatment for a pensionable disability; or

(*f*) Persons entitled to receive hospital treatment from the Government of Canada, or any other government; e.g., members of the armed forces, etc.

GENERAL HOSPITAL CARE

Statistical data compiled by the Hospital Finance Division are presented in the tables on the following pages. The data deal with the volume of hospital care provided to the people of British Columbia through the Hospital Insurance Service. Eighty-one general hospitals were approved to accept B.C.H.I.S. patients. In addition, a proportion of care was given in Red Cross outpost units, veterans' hospitals in Victoria and Vancouver, private hospitals, and in company-operated hospitals in remote areas.

Data for the year 1955 have been prepared from preliminary unrevised reports submitted by hospitals, and consequently are subject to minor revision.

The average length of stay of B.C.H.I.S. adult and children patients in British Columbia general hospitals decreased from 10.3 days in 1954 to 10.04 days in 1955. Total adult and children days covered by the Service in British Columbia general hospitals during 1955 was 2,012,303, an increase of 57,480 or approximately 3 per cent over 1954.

During 1955 a total of 200,510 B.C.H.I.S. adult and children patients were discharged from British Columbia public hospitals, an increase of 10,797 or approximately 5.7 per cent over 1954. The number of admissions shows a progressive increase at a rate faster than the increase in population.

On pages 22 to 27 graphs, prepared by the Research Division of the British Columbia Hospital Insurance Service, depict data compiled from the individual admission-discharge record received for each person hospitalized for acute care in British Columbia during 1954.

TABLE I.—PATIENTS DISCHARGED AND DAYS OF CARE IN BRITISH COLUMBIA GENERAL HOSPITALS, 1949–55, AND PROPORTION COVERED BY BRITISH COLUMBIA 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[2]
Patients discharged—						
1949	164,964	26,272	191,236	140,168	24,640	164,808
1950	172,645	26,205	198,850	144,959	23,943	168,902
1951	181,160	27,096	208,256	150,116	24,172	174,288
1952	188,355	28,675	217,030	154,336	25,023	179,359
1953	200,893	30,712	231,605	169,167	27,830	196,997
1954[3]	206,992	31,984	238,976	189,713	29,483	219,196
1955[4]	217,274	31,951	249,225	200,510	30,283	230,793
Percentage of total, patients discharged—						
1949	.....	.....	.....	84.9	93.8	86.2
1950	.....	.....	.....	84.0	91.4	84.9
1951	.....	.....	.....	82.9	89.2	83.7
1952	.....	.....	.....	81.9	87.3	82.6
1953	.....	.....	.....	84.2	90.6	85.1
1954[3]	.....	.....	.....	91.7	92.2	91.7
1955[4]	.....	.....	.....	92.3	94.8	92.6
Patient-days—						
1949	1,682,196	213,874	1,896,070	1,430,646	200,585	1,631,231
1950	1,766,680	212,979	1,979,659	1,476,615	193,307	1,669,922
1951	1,795,438	214,285	2,009,723	1,467,102	187,891	1,654,993
1952	1,916,486	214,701	2,131,187	1,569,974	184,160	1,754,134
1953	2,041,615	220,208	2,261,823	1,712,878	197,100	1,909,978
1954[3]	2,162,002	226,031	2,388,033	1,954,823	213,587	2,168,410
1955[4]	2,201,696	227,092	2,428,788	2,012,303	212,510	2,224,813
Percentage of total, patient-days—						
1949	.....	.....	.....	85.0	93.8	86.0
1950	.....	.....	.....	83.6	90.8	84.4
1951	.....	.....	.....	81.7	87.7	82.3
1952	.....	.....	.....	81.9	85.8	82.3
1953	.....	.....	.....	83.9	89.5	84.4
1954[3]	.....	.....	.....	90.4	94.5	90.8
1955[4]	.....	.....	.....	91.4	93.6	91.6

[1] British Columbia Hospital Insurance Service excludes Workmen's Compensation Board patients and days.
[2] New-born total included.
[3] Amended as per final reports received from hospitals.
[4] Estimated, based on hospital reports to November 30th, 1955.

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, 1949–55.

	Total[1]		B.C. General 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	159,739	24,587	150,116	24,172	7,308	171	2,315	244
1952	164,379	25,492	154,336	25,023	7,431	161	2,612	308
1953	180,149	28,381	169,167	27,830	8,173	229	2,809	322
1954[2]	199,974	29,761	189,713	29,483	7,602	199	2,659	79
1955[3]	211,194	30,679	200,510	30,283	8,745	233	1,939	163
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	1,551,954	190,948	1,467,102	187,891	62,771	1,155	22,081	1,902
1952	1,663.149	187,923	1,569,974	184,160	68,892	974	24,283	2,789
1953	1,814,344	200,738	1,712,878	197,100	75,518	1,353	25,948	2,285
1954[2]	2,046,087	215,507	1,954,823	213,587	66,960	1,251	24,304	669
1955[3]	2,110,918	215,122	2,012,303	212,510	78,792	1,449	19,823	1,163
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	9.71	7.76	9.77	7.77	8.59	6.75	9.54	7.79
1952	10.12	7.37	10.17	7.36	9.27	6.05	9.29	9.06
1953	10.07	7.07	10.13	7.08	9.24	5.91	9.24	7.10
1954[2]	10.23	7.24	10.30	7.24	8.81	6.29	9.14	8.47
1955[3]	10.00	7.01	10.04	7.02	9.01	6.25	10.22	7.13

[1] New-born totalled separately.
[2] Amended as per final reports received from hospitals.
[3] Estimated, based on hospital reports to November 30th, 1955.

Estimated days per thousand of population covered by British Columbia Hospital Insurance Service: 1949, 1,528; *1950, 1,548; 1951, 1,496; 1952, 1,545; 1953, 1,638; 1954, 1,786; 1955, 1,782.*

TABLE IIB.—SUMMARY OF THE NUMBER OF B.C.H.I.S. IN-PATIENTS AND SHORT-STAY PATIENTS, 1949–55

	Total Adults, Children, and New-born In-patients	Estimated Number of Short-stay Patients	Total Receiving Benefits
1949	174,269	29,000	203,269
1950	178,979	44,502	223,481
1951	184,326	47,656	231,982
1952	189,871	46,767	236,638
1953	208,530	52,582	261,112
1954[1]	229,735	63,621	293,356
1955[2]	241,873	76,163	318,036
Totals	1,407,583	360,291	1,767,874

[1] Amended as per final reports from hospitals.
[2] Estimated, based on hospital reports to November 30th, 1955.

TABLE III.—PATIENTS DISCHARGED, TOTAL DAYS' STAY, AND AVERAGE LENGTH OF STAY IN BRITISH COLUMBIA GENERAL HOSPITALS FOR B.C.H.I.S. PATIENTS ONLY, GROUPED ACCORDING TO BED CAPACITY, YEAR 1955.[1]

	Bed Capacity						
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25	Special
Patients discharged—							
Adults and children	200,510	75,514	39,096	45,045	26,647	9,944	4,264
New-born	30,283	9,910	6,121	8,981	3,581	1,375	315
Patient-days—							
Adults and children	2,012,303	937,266	372,677	379,821	206,771	73,225	42,543
New-born	212,510	74,072	44,346	60,061	23,174	8,879	1,978
Average days of stay—							
Adults and children	10.04	12.41	9.53	8.43	7.76	7.36	9.98
New-born	7.02	7.47	7.24	6.69	6.47	6.46	6.28

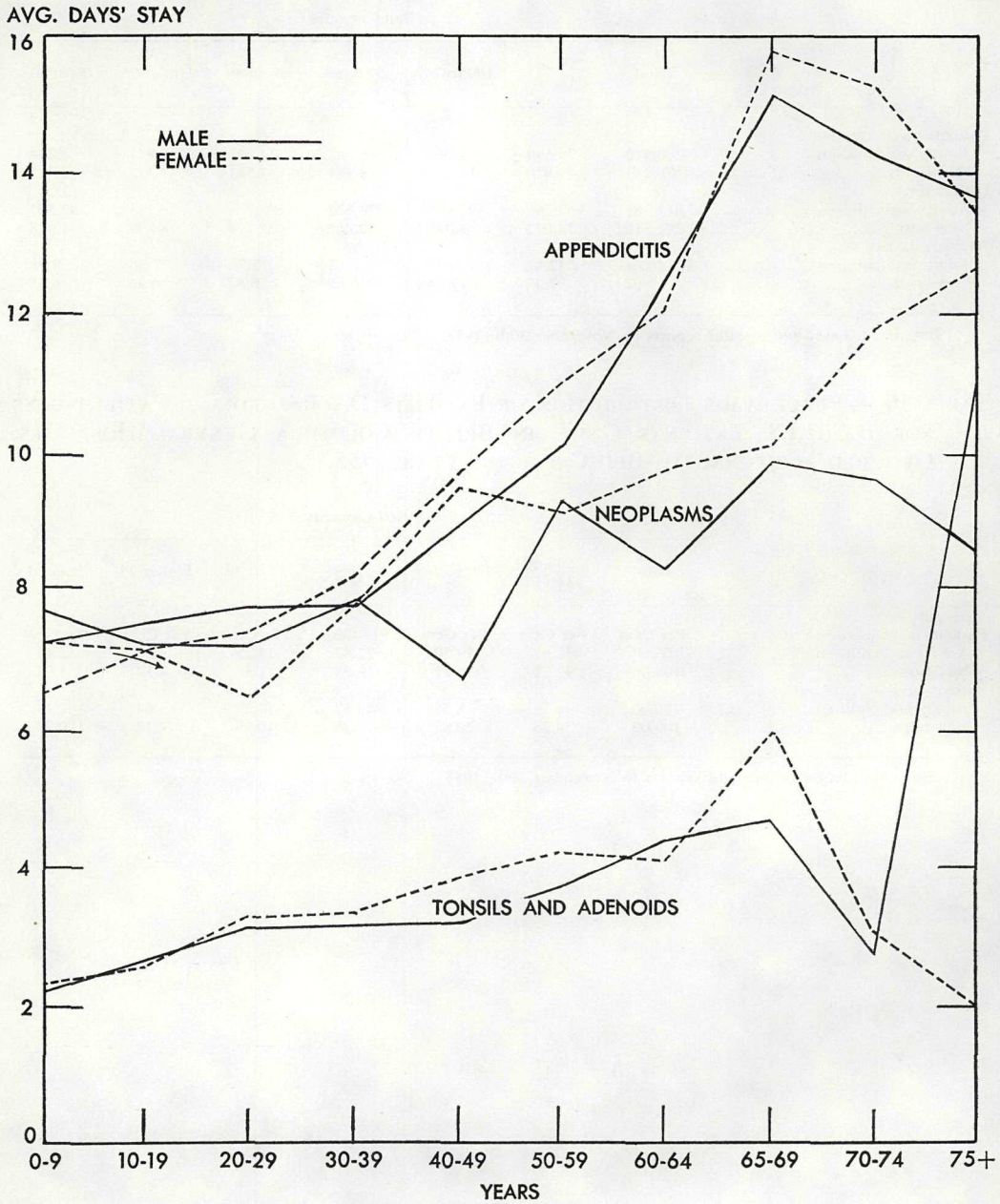
[1] Estimated, based on hospital reports to November 30th, 1955.

TABLE IV.—PERCENTAGE DISTRIBUTION OF PATIENTS DISCHARGED AND PATIENT-DAYS FOR B.C.H.I.S. PATIENTS ONLY, IN BRITISH COLUMBIA GENERAL HOSPITALS, GROUPED ACCORDING TO BED CAPACITY, YEAR 1955.[1]

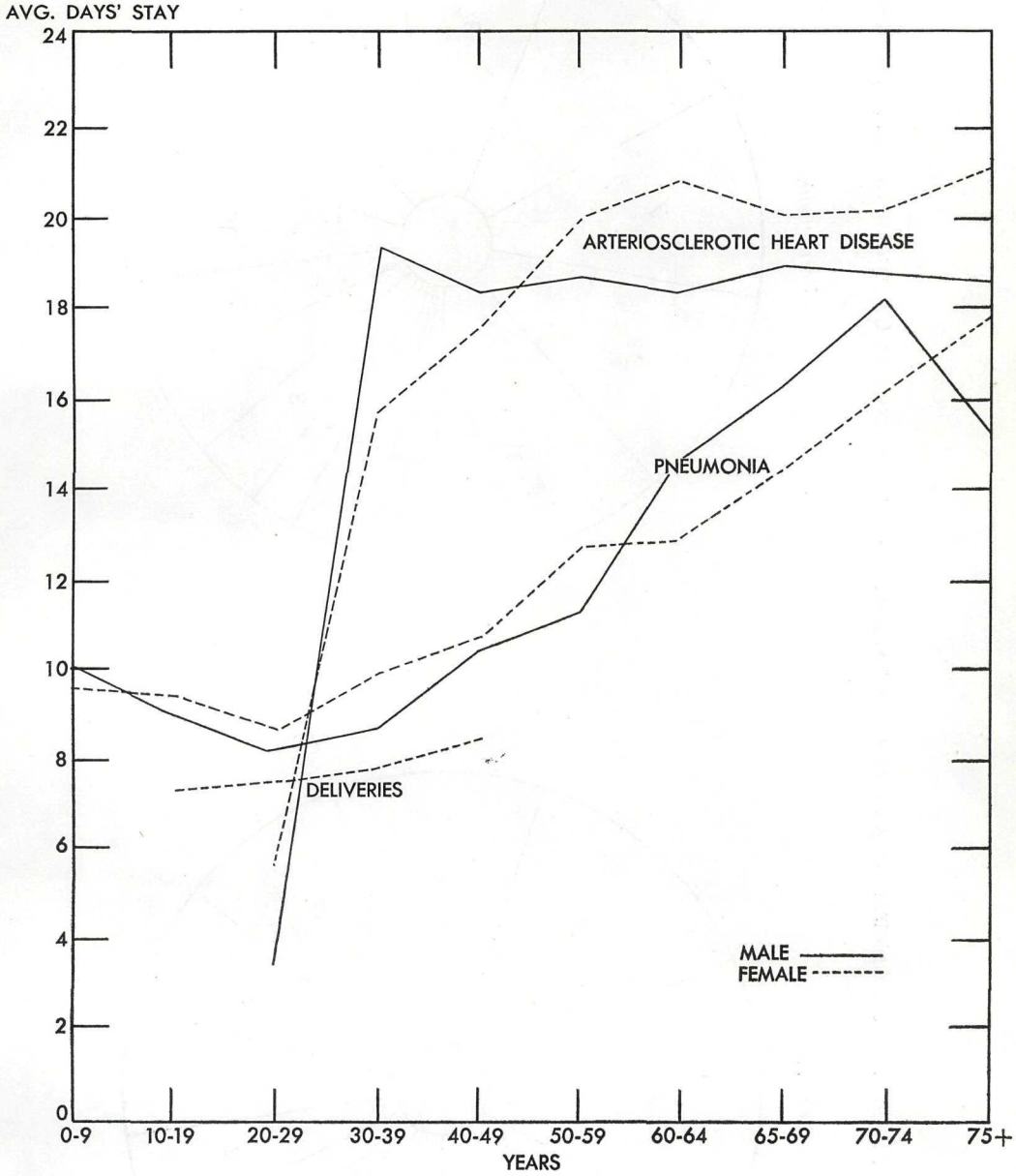
	Bed Capacity						
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25	Special
Patients discharged—	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent
Adults and children	100.00	37.65	19.50	22.47	13.29	4.96	2.13
New-born	100.00	32.72	20.21	29.66	11.83	4.54	1.04
Patient-days—							
Adults and children	100.00	46.58	18.52	18.87	10.28	3.64	2.11
New-born	100.00	34.86	20.87	28.26	10.90	4.18	0.93

[1] Estimated, based on hospital reports to November 30th, 1955.

GRAPH SHOWING APPENDICITIS, NEOPLASMS, AND TONSILS AND ADENOIDS, WHICH WERE AMONG THE LEADING CAUSES OF HOSPITALIZATION IN BRITISH COLUMBIA IN 1954, BY AGE OF PATIENTS AND LENGTH OF STAY.

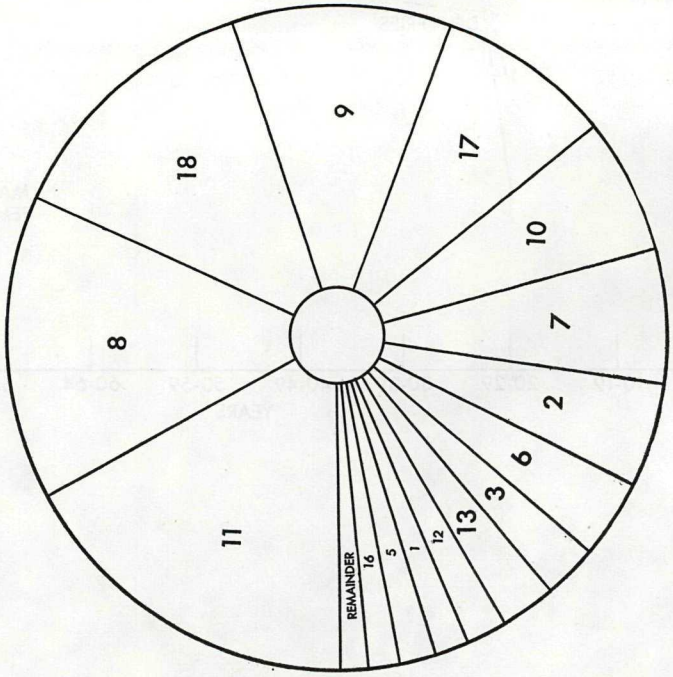


GRAPH SHOWING ARTERIOSCLEROTIC HEART DISEASE, PNEUMONIA, AND DELIVERIES, WHICH WERE AMONG THE LEADING CAUSES OF HOSPITALIZATION IN BRITISH COLUMBIA IN 1954, BY AGE OF PATIENTS AND LENGTH OF STAY.

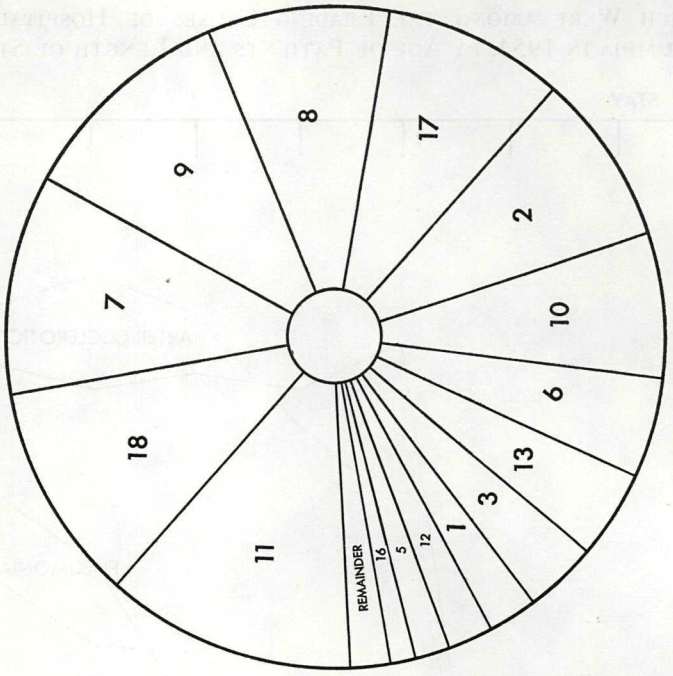


PERCENTAGE DISTRIBUTION OF ADMISSIONS AND PATIENT-DAYS BY MAJOR DIAGNOSTIC CATEGORIES OF ILLNESS, 1954

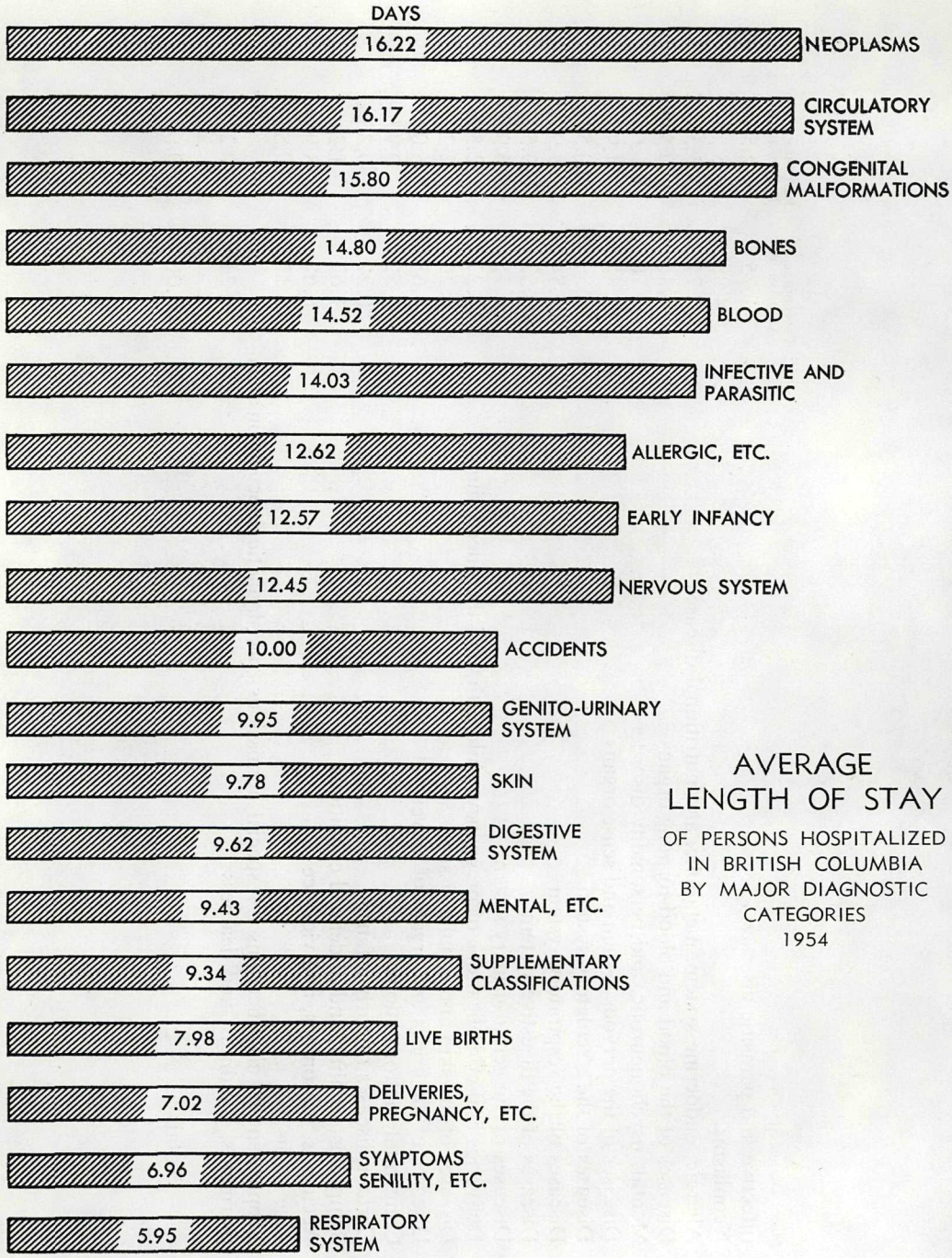
Admissions



Patient-days

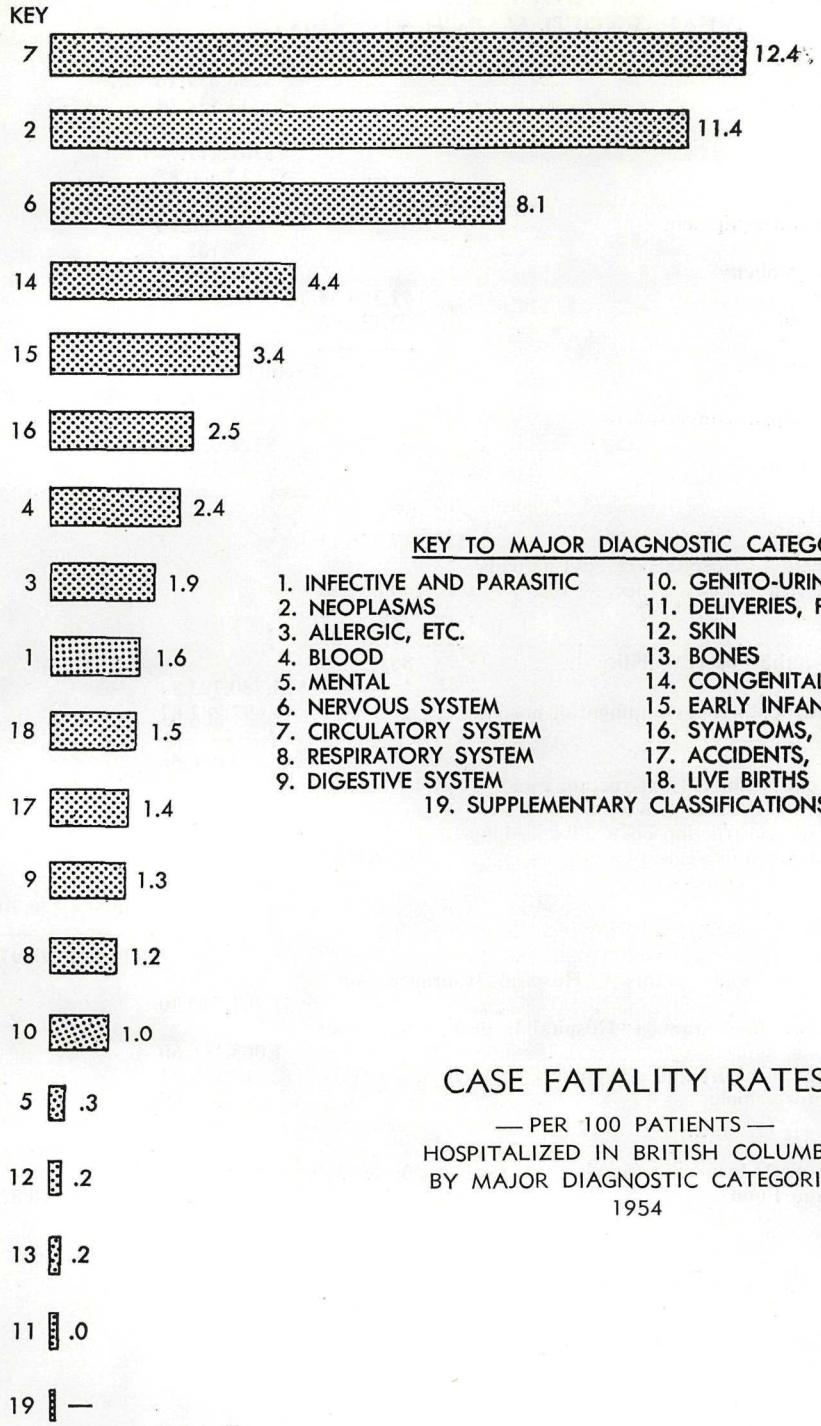


Major Diagnostic Categories	Percentage of Admissions	Percentage of Patient-days
1. Infective and parasitic diseases	1.75	2.54
2. Neoplasms	4.89	8.23
3. Allergic, endocrine system, metabolic, and nutritional diseases	2.71	3.55
4. Diseases of the blood and blood-forming organs	0.36	0.54
5. Mental, psychoneurotic, and personality disorders	1.70	1.66
6. Diseases of the nervous system and sense organs	3.83	4.95
7. Diseases of the circulatory system	6.31	10.59
8. Diseases of the respiratory system	14.54	8.98
9. Diseases of the digestive system	10.52	10.50
10. Diseases of the genito-urinary system	6.75	6.97
11. Deliveries and complications of pregnancy, childbirth, and the puerperium	17.27	12.58
12. Diseases of the skin and cellular tissue	2.26	2.29
13. Diseases of the bones and organs of movement	2.63	4.04
14. Congenital malformations	0.59	0.97
15. Certain diseases of early infancy	0.27	0.35
16. Symptoms, senility, and ill-defined conditions	1.67	1.21
17. Accidents, poisonings, and violence	8.62	8.96
18. Live births	13.12	10.88
19. Supplementary classifications for special admissions, prophylactic inoculations, impairments, blindness, and deafness	0.21	0.21
Totals	100.00	100.00



AVERAGE LENGTH OF STAY

OF PERSONS HOSPITALIZED IN BRITISH COLUMBIA BY MAJOR DIAGNOSTIC CATEGORIES 1954



KEY TO MAJOR DIAGNOSTIC CATEGORIES

1. INFECTIVE AND PARASITIC
2. NEOPLASMS
3. ALLERGIC, ETC.
4. BLOOD
5. MENTAL
6. NERVOUS SYSTEM
7. CIRCULATORY SYSTEM
8. RESPIRATORY SYSTEM
9. DIGESTIVE SYSTEM
10. GENITO-URINARY SYSTEM
11. DELIVERIES, PREGNANCY, ETC.
12. SKIN
13. BONES
14. CONGENITAL MALFORMATIONS
15. EARLY INFANCY
16. SYMPTOMS, SENILITY, ETC.
17. ACCIDENTS, ETC.
18. LIVE BIRTHS
19. SUPPLEMENTARY CLASSIFICATIONS.

CASE FATALITY RATES

— PER 100 PATIENTS —
HOSPITALIZED IN BRITISH COLUMBIA
BY MAJOR DIAGNOSTIC CATEGORIES
1954

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31ST, 1955

Administration—			
Salaries		$288,677.16	
Temporary assistance		13,534.58	
		$301,211.74	
Office expense		32,440.85	
Travelling expense		19,958.67	
Office furniture and equipment		33.70	
Tabulating		9,183.27	
Advertising and publicity		456.50	
Hospital surveys	$1,306.55		
Less recovered	3,129.76		
		(Credit) *1823.21*	
			$362,461.52
Contingencies (cost of plan conversion)—			
Salaries		$128,030.42	
All other expenditure		94,528.73	
			222,559.15
Payments to hospitals—			
Claims	$28,717,316.13		
Vancouver General Hospital *re* out-patients (" Hospital Insurance Act," sec. 35 (30))	149,831.10		
	$28,867,147.23		
Less collections, third-party liability	86,353.39		
		$28,780,793.84	
Grants in aid of construction and equipment of hospitals		1,692,282.82	
		$30,473,076.66	
Less payable from Hospital Construction Fund	$1,451,402.21		
Less recovery from Federal Government of Federal share of construction costs advanced by Province in previous years	367,404.15		
		1,818,806.36	
			28,654,270.30
			$29,239,290.97
Less Provincial *per diem* grants (" Hospital Insurance Act," sec. 40 (1))		$1,701,710.30	
Less municipal *per diem* grants (" Hospital Insurance Act," sec. 40 (2))		1,003,166.60	
Less sale of office furniture and equipment		14,125.25	
Less sale of motor-vehicle		310.00	
			2,719,312.15
Total, Hospital Insurance Service, charged to Vote 319, Consolidated Revenue Fund			$26,519,978.82

Hospital Insurance Fund

Credit balance at March 31st, 1954	$6,489,471.92
Add sale of office furniture and equipment	21,479.25
	$6,510,951.17
Less refunds of premiums	3,887,136.23
	$2,623,814.94
Less balance transferred to Refunds of Expenditure out of Income	2,623,814.94
Balance at March 31st, 1955	*Nil*

Hospital Construction Fund

Balance at March 31st, 1954	*Nil*
Add amusements tax paid into Fund pursuant to sec. 16 of "Amusements Tax Act" (*see* Vote 133)	$1,451,402.21
Less payment of grants in aid of construction and equipment of hospitals, chargeable to Fund under sec. 7 of "Hospital Construction Act": Transfer—Vote 319, Hospital Insurance Service	1,451,402.21
Balance at March 31st, 1955	*Nil*

Certified correct and in accordance with the Public Accounts for the fiscal year ended March 31st, 1955.

C. J. Ferber, C.A.,
Comptroller-General.

APPROVED HOSPITALS IN BRITISH COLUMBIA

The following hospitals are designated under the Act as hospitals required to furnish the general hospital services provided under the Act, or such of them as are available in the hospital:—

Armstrong and Spallumcheen Hospital, Armstrong.
Arrow Lakes Hospital, Nakusp.
Bella Coola General Hospital, Bella Coola.
Bulkley Valley District Hospital, Smithers.
Burnaby General Hospital, Burnaby.
Burns Lake Hospital, Burns Lake.
Chemainus General Hospital, Chemainus.
Children's Hospital, Vancouver.
Chilliwack General Hospital, Chilliwack.
Creston Valley Hospital, Creston.
Cumberland General Hospital, Cumberland.
Enderby and District Memorial Hospital, Enderby.
Fernie Memorial Hospital, Fernie.
Golden General Hospital, Golden.
Grace Hospital, Vancouver.
Grand Forks Hospital, Grand Forks.
Kelowna General Hospital, Kelowna.
Kimberley and District General Hospital (McDougall Memorial), Kimberley.
King's Daughters' Hospital, Duncan.
Kootenay Lake General Hospital, Nelson.
Lady Elizabeth Bruce Memorial Hospital, Invermere.
Lady Minto Hospital, Ashcroft.
Lady Minto Gulf Islands Hospital, Ganges.
Ladysmith General Hospital, Ladysmith.
Langley Memorial Hospital, Murrayville.
Lillooet District Hospital, Lillooet.
Lourdes Hospital, Campbell River.
McBride and District Hospital, McBride.
Mater Misericordiae Hospital, Rossland.
Matsqui, Sumas, and Abbotsford General Hospital, Abbotsford.
Michel Hospital, Michel.
Mission Memorial Hospital, Mission City.
Mount St. Joseph's Hospital, Vancouver.
Nanaimo Hospital, Nanaimo.
Nicola Valley General Hospital, Merritt.
Nootka Mission General Hospital, Ceepeecee.
North Vancouver General Hospital, North Vancouver.
Ocean Falls General Hospital, Ocean Falls.
Penticton Hospital, Penticton.
Pouce Coupe Community Hospital, Pouce Coupe.
Powell River General Hospital, Powell River.
Prince George and District Hospital, Prince George.
Prince Rupert General Hospital, Prince Rupert.
Princeton General Hospital, Princeton.
Providence Hospital, Fort St. John.
Queen Alexandra Solarium for Crippled Children, Cobble Hill.
Queen Victoria Hospital, Revelstoke.
Quesnel General Hospital, Quesnel.
Red Cross Outpost Nursing Station, Alexis Creek.
Red Cross Outpost Nursing Station, Atlin.
Red Cross Outpost Nursing Station, Bamfield.
Red Cross Outpost Nursing Station, Blue River.
Red Cross Outpost Nursing Station, Edgewood.
Red Cross Outpost Nursing Station, Hudson Hope.
Red Cross Outpost Nursing Station, Kyuquot.
Red Cross Outpost Nursing Station, Lone Butte.
Rest Haven Hospital and Sanitarium, Sidney.
Royal Columbian Hospital, New Westminster.
Royal Inland Hospital, Kamloops.
Royal Jubilee Hospital, Victoria.
R. W. Large Memorial Hospital, Bella Bella.
St. Bartholomew's Hospital, Lytton.
St. Eugene Hospital, Cranbrook.
St. George's Hospital, Alert Bay.
St. John Hospital, Vanderhoof.
St. Joseph's General Hospital, Comox.
St. Joseph's General Hospital, Dawson Creek.
St. Joseph's Hospital, Victoria.
St. Martin's Hospital, Oliver.
St. Mary's Hospital, Garden Bay.
St. Mary's Hospital, New Westminster.
St. Paul's Hospital, Vancouver.
St. Vincent's Hospital, Vancouver.
Salmon Arm General Hospital, Salmon Arm.
Skidegate Inlet General Hospital, Queen Charlotte City.
Slocan Community Hospital, New Denver.
Squamish General Hospital, Squamish.
Summerland General Hospital, Summerland.
Terrace and District Hospital, Terrace.
Tofino General Hospital, Tofino.
Trail-Tadanac Hospital, Trail.
University Health Service Hospital, University of British Columbia, Vancouver.
Vancouver General Hospital, Vancouver.
Vernon Jubilee Hospital, Vernon.
Victorian Hospital, Kaslo.
War Memorial Hospital, Williams Lake.
West Coast General Hospital, Port Alberni.
White Rock Hospital, White Rock.
Wrinch Memorial Hospital, Hazelton.

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