PROVINCE OF BRITISH COLUMBIA

"HOSPITAL INSURANCE ACT"

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Eighth Annual Report

# British Columbia Hospital Insurance Service

JANUARY 1ST TO DECEMBER 31ST

1956

VICTORIA, B.C.
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1957

VICTORIA, B.C., February 7th, 1957.

*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 Eighth Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1956.

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

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., February 7th, 1957.

*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 1956.

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

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# Eighth Annual Report of the British Columbia Hospital Insurance Service

## GENERAL INTRODUCTION

On December 31st, 1956, the British Columbia Hospital Insurance Service completed eight years of operation. It was established as a protective measure and has two main objectives—to protect residents of the Province from the financial burden of hospitalization and to protect hospitals from a progressively increasing number of non-collectable accounts, which had ranged as high as 55 per cent.

Since the inception of the Service, 2,090,000 hospital accounts have been paid at an approximate total cost of $178,000,000. Of those persons in receipt of hospital insurance benefits, 1,639,000 were in-patients in British Columbia acute-care general hospitals, 431,000 received benefits as emergency or short-stay out-patients, and 20,000 received benefits while hospitalized outside the Province of British Columbia.

In addition to the financial assistance extended B.C. residents, the Hospital Insurance Service has provided a total of over $13,000,000 to B.C. hospitals toward construction and equipment costs. Since January 1st, 1949, the number of active-treatment beds in B.C. general hospitals has increased from 5,431 to 7,225. A further 606 new active-treatment beds will be available when projects are completed which were started or were already under way in 1956. At the present time, payments by the British Columbia Hospital Insurance Service to B.C. hospitals are made at the rate of over $80,000 each day.

From January 1st, 1949, to March 31st, 1954, eligibility for benefits was dependent upon individual premium payment, made under certain specified conditions. Effective April 1st, 1954, the premium payment plan was terminated and the registration of all residents was discontinued. Length of residence within British Columbia became the determining factor for eligibility.

All persons eligible for benefits receive comprehensive protection against the expense of acute in-patient care by being provided with substantially all available hospital services. Benefits consist of payment at the standard 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). Persons receiving hospital insurance benefits in a British Columbia hospital are required to pay $1 for each day's coverage by the Service.

## BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE HIGHLIGHTS FOR 1956

During 1956 the British Columbia Hospital Insurance Service paid approximately $30,000,000 on behalf of an estimated 250,000 hospitalized residents of the Province and paid over $2,000,000 toward the cost of hospital construction and equipment.

In addition, construction projects which started, or were already under way in 1956, will require a further $5,000,000 in Provincial grants before completion.

The average hospital account paid by the Service amounted to approximately $123, but several claims paid for acutely ill in-patients exceeded $5,000. Included in those receiving hospital benefits were over 2,000 British Columbians who received in excess of $160,000 toward hospital expenses incurred in various parts of the world, including Mexico, Ireland, Holland, Italy, Japan, and the British West Indies, as well as all Provinces in Canada and most States in the United States.

Effective May 1st, 1956, servicemen were permitted to voluntarily register their dependents for benefits under the "Hospital Insurance Act." The registration fee is $10 for a wife and $2.50 for each child, with a maximum fee of $20 per family. During the first eight months over 1,600 dependents registered, paying a total of approximately $7,900 in fees. They incurred an estimated 348 hospital claims, and British Columbia Hospital Insurance Service paid close to $25,000 on their behalf. During the twelve months covered by the fee, it is estimated that over $35,000 will be paid in hospital claims for servicemen's dependents.

Of the seven hospital projects completed during the year, the three largest were the 57-bed addition to Mount St. Joseph's, Vancouver, the radiology addition to the Vancouver General, and the new 24-bed Windermere District Hospital at Invermere, which opened November 17th. Four other projects were commenced during the year. These included new hospitals for Campbell River, Ladysmith, and New Westminster, and a new nurses' home at Invermere. In addition, a total of twenty other projects, including the new Queen Alexandra Solarium at Victoria, are in the advanced stages of planning, and nine others were proposed. The British Columbia Hospital Insurance Service pays one-half the cost of all hospital construction, one-third the cost of renovations, and one-third the cost of most hospital equipment.

B.C.H.I.S. research personnel completed a detailed survey of hospital bed requirements for Vancouver Island and reassessed the acute-care bed requirements on the North Shore of Burrard Inlet in connection with proposed new construction at the North Vancouver General Hospital.

Other staff consultants carried out hospital surveys and inspections and assisted with problems of an administrative or operational nature.

During 1956, licences were issued to nine new private hospitals, totalling 222 chronic and convalescent beds and 6 acute beds. Four of the hospitals are located in Greater Vancouver and one each at Victoria, Port Coquitlam, Comox, Whalley, and Cassiar.

It is estimated that 92 per cent of all patients admitted to acute-care B.C. hospitals are covered by the British Columbia Hospital Insurance Service.

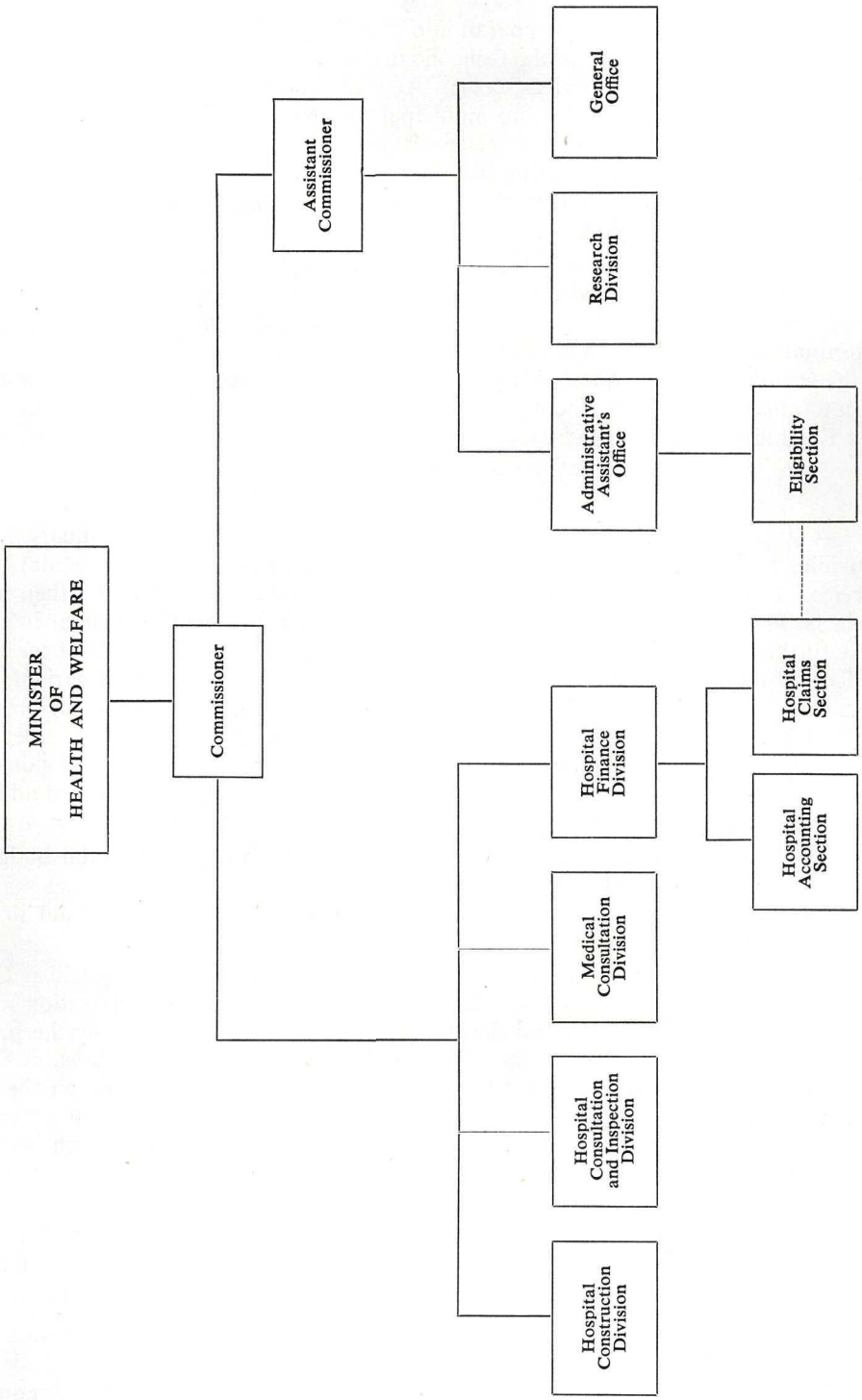
## PLANNING FOR CHRONIC TREATMENT AND CONVALESCENT CARE

At a Federal-Provincial Health Conference held in Ottawa during January, 1956, the Minister of Health and Welfare, assisted by the Deputy Minister of Health and the Commissioner of the Hospital Insurance Service, presented a brief to the Federal Government on British Columbia's recommendations for the introduction of a Federal health insurance plan. Although the Federal proposals had not yet been accepted by the required majority of Provinces, on February 1st, 1956, the Minister of Health and Welfare accepted the proposals on behalf of the Province but urged an expanded programme. On March 16th, 1956, the Minister announced that the Provincial Government would extend coverage to chronic sufferers who are receiving rehabilitative treatment or intensive corrective service, and expected that the plan would be in force in about one year.

Following the announcement, conferences were held between the British Columbia Hospital Insurance Service staff, the Federal Deputy Minister of Health, and other members of the health services from the Federal Government.

The results of those studies were collated by a committee consisting of senior staff members of the Hospital Insurance Service, with a steering committee comprising the Medical Consultant, the Manager of the Hospital Finance Division, and the Manager of the Hospital Consultation and Inspection Division. At the year-end, their brief was being discussed and finished, under the chairmanship of the Commissioner, with all Hospital Insurance Service divisions participating. This brief was designed for submismission to a representative group from all parts of the Province at a meeting held in Vancouver early in January, 1957.

ORGANIZATION CHART OF THE BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, 1956



## SOURCES OF REVENUE

Government funds for the operation of the Hospital Insurance Service are provided by an amount transferred from the Consolidated Revenue Fund pursuant to the "Hospital Insurance Act" (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 20).

## 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 1956; however, hospital budgets were established on the basis of 1955 salary rates. For those hospitals where wage agreements were not in existence in 1955, salaries were accepted up to the level paid in 1955 in near-by comparable hospitals with union contracts.

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 1956 approximately 92 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 SERVICES

The group of staff consultants who share the responsibility of maintaining high standards of patient-care are organized into the following divisions: Hospital Finance, Hospital Consultation and Inspection, Medical Consultation, Hospital Construction, Research, Administrative Assistant, and the General Office.

The work of the Service is such that several specialists may have to be consulted on a particular problem, and often two or more divisions may therefore be involved.

## Hospital Finance Division

W. J. Lyle, Manager

### *Hospital Accounting Section*

This Section is primarily concerned with hospital financial operations in relation to the budgets approved by the Hospital Rate Board. As a part of this function, frequent inspections are made of hospital financial, statistical, and accounting records. When the 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.

The Annual Report on Hospital Statistics for 1955 was also prepared.

Experience during the first few years' operation of the Hospital Insurance Service indicated that operating costs required serious consideration when planning new hospitals and additions to existing hospitals. In order to ensure that plans for new hospitals and (or) hospital additions were prepared with economical and efficient operation in mind, a system of pre-construction operating budgets was set up. The procedure is that a hospital prepare an estimate of staff and other costs based upon a reasonable occupancy for the new areas. These estimates are submitted to the Hospital Insurance Service and are reviewed by the Hospital Rate Board in the same manner as normal operating estimates. It is essential that the estimated operating costs of the new hospital, or new wing, be one that compares favourably with other hospitals actually in operation. Where the hospital's pre-construction operating estimates do not indicate a reasonable operating cost, it is necessary for them to revise their plans to bring about the desired situation. Once a satisfactory pre-construction operating estimate has been agreed upon by the hospital officials and the Hospital Insurance Service, the hospital boards are required to provide written guarantees relative to the projected operating cost. With the large increase in planning for hospital construction during 1956, the amount of work, correspondence, and meetings with hospital officials in connection with pre-construction operating estimates increased. It is considered that this method of approaching the operating picture for proposed hospital facilities will help ensure more satisfactory planning, efficient use of hospital personnel, and an economical operation.

### *Hospital Claims Section*

The Hospital Claims Section is responsible for screening the admission-discharge records that are submitted by hospitals in respect of every patient admitted, whether the account is charged to the Service, to the patient, or to some other agency. Over 1,000 accounts are screened daily for statistical and accounting purposes.

In addition, this Section reviews every Application for Benefits made under the "Hospital Insurance Act" where the patient claims to be a resident. Each hospital account charged to British Columbia Hospital Insurance Service is carefully checked

before the account is approved for payment to ensure the charges are correct. All hospital accounts are checked for possible third-party liability when the hospital care resulted from accidental injury. During 1956 a total of 251,038 accounts were paid, compared with 242,034 in 1955 and 229,735 in 1954.

In addition to the above duties, this Section also administers the billing and collection of municipal *per diem* grants, and all hospital accounts are checked individually to determine correct municipal responsibility. During the year approximately $1,070,000 was collected through *per diem* grants.

In the Hospital Claims Section all admission-discharge records are reviewed to determine responsibility for payment. Mr. J. A. M. Moir, Section Supervisor, is pictured at the desk of his assistant, Mr. W. J. Wade.

A complete alphabetic file of all recipients of Social Welfare assistance in the Province is maintained. Hospital accounts incurred by Social Welfare patients are checked against this file in order to determine eligibility for hospital benefits, including the dollar-a-day charge. Information regarding medical identity numbers allotted to recipients is provided at the request of Welfare authorities, doctors' offices, etc.

A key-punch section is responsible for punching I.B.M. cards which record the statistical, financial, and medical data shown on each admission-discharge record. Nearly 1,300 cards are punched daily and are used to provide tabulated listings of accounts paid to hospitals and of individual charges billed to municipalities in respect of *per diem* grants. The punched cards are also used to provide statistical data required by the Research Division.

In addition to the payments made to hospitals located in British Columbia, 2,246 accounts, totalling $162,387, were paid on behalf of B.C. residents who were hospitalized in other Provinces of Canada, the United States, Alaska, Hawaii, Mexico, British West Indies, the United Kingdom, Ireland, France, Holland, West Germany, Italy, and Japan.

Close co-operation is maintained with the Medical Consultant's Division in screening of hospital accounts for both in-Province and out-of-Province patients.

Patients' records for the previous year were again microfilmed by the Central Microfilm Bureau of the Provincial Library. Approximately 720,000 documents were processed, using 23,000 feet of film. This work was completed over a period of three months.

## Hospital Consultation and Inspection Division

J. W. Mainguy, Manager

### *Victoria Office*

Hospital inspection and administrative assistance have always been regarded as the main function of this office. However, it also plays an active part in the financial arrangements between the Hospital Insurance Service and the public hospitals. During 1956, as in 1955, there was more emphasis on work connected with hospital operating estimates. In addition to this, there was increased work connected with operating estimates submitted by groups planning new hospital construction. Work performed by this Division involves reviewing these pre-construction estimates to ensure that new buildings, when constructed, can be staffed economically. This work is carried out in conjunction with the Hospital Finance Division.

Administrative assistance in respect to particular problems was given to numerous hospitals—in some cases by mail, in others by a visit by a member of the staff. A management survey of the operation of one hospital was completed and required the services of two consultants, for over two weeks each, at the hospital. An intensive survey of another hospital was almost completed at the year-end. One member of the staff of this office assisted the Vancouver office in nursing studies in private hospitals and also in a special study made into the type of service rendered in certain unlicensed buildings in Vancouver.

Studies in connection with the proposed chronic treatment and convalescent coverage programme were made by this office, and members of the staff participated in the conferences held concerning this programme.

Concentration on the work connected with estimates, intensive surveys, studies in connection with the chronic treatment and convalescent coverage programme, plus the additional work with private hospitals reduced the number of regular inspections of general hospitals below the level achieved in the past.

This office continued its work of processing draft by-laws of hospital societies in conjunction with the Administrative Assistant. Reviews of complete revisions for twelve societies were handled, as well as numerous amendments. Model by-laws for hospital societies were distributed to a number of hospitals for their guidance. Standard reference material was provided to hospitals whose medical staffs were active in reviewing their by-laws. Assistance was given with drafts of medical-staff by-laws sent in for review.

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.

Nutrition consultants and the Technical Supervisor, Clinical Laboratory Services, all of the Health Branch, worked closely with this office in connection with certain problems. At the request of hospitals, nutrition consultants visited eleven hospitals to give assistance with dietary problems. As in the past, liaison was maintained with hospitals and the Health Branch in the reporting and follow-up of infections in hospitals. Instructions were given to many hospitals regarding technique in handling infectious cases.

### *Vancouver Office*

The primary activity of this office is the inspection of private hospitals and consultation with their owners. Annual visits were made to all hospitals to appraise the plant,

equipment, and quality of care. During the summer an intensive study into nursing care in private hospitals in the Vancouver area was made in conjunction with a member of the staff of the Victoria office. In addition to the licensing and inspection of private hospitals, information was given to eighty-four persons who inquired about requirements for establishing a private hospital.

As of December 31st, 1956, there were sixty-two licensed private hospitals, varying in size from 2 beds to 95 beds, the average size being 20 beds. Three private hospitals closed and nine new hospitals opened during the year. The total beds increased to 1,597, or about 16.5 per cent over 1955. Of the total beds, 1,464 were for nursing-home-type patients and 133 were for acutely ill patients. The majority of the latter beds were in hospitals operated by mining or other industrial concerns who have established hospitals in remote areas primarily to look after their employees.

The next most important activity of this office is in the field of hospital clearance. Hospital clearance is a method of moving welfare patients from acute general hospitals to suitable facilities when these patients no longer require the specialized services of an acute general hospital but still need some form of care and cannot be sent home. The work is carried out by the Social Welfare Branch upon request by this office. During 1956 there were 150 referrals from acute general hospitals asking for assistance in the removal of problem cases, of which 139 were placed.

The third task of this office is to make special investigations, as required by the Chief Inspector, into various aspects of hospital care in the Lower Mainland area. In the past year thirteen problems were investigated. Studies were carried out in connection with the proposed new chronic treatment and convalescent coverage programme.

In co-operation with the metropolitan health authorities, an investigation was made into the type of service being rendered in unlicensed homes which appeared to offer nursing-home-type services in the Shaughnessy area of the City of Vancouver.

## Medical Consultation Division

### Dr. W. A. Fraser, Medical Consultant

The principal function of the Medical Consultant and his staff is to review all admission and discharge records from the standpoint of medical qualification prior to processing for payment.

In this field, trends of admissions and types of care are reviewed. When necessary, certain recommendations are made to the departments concerned. This Division also provides a source of technical knowledge for use by all branches of the Service.

Hospital claims are reviewed for length of stay and other pertinent data, with particular attention being given the claims of short-stay and chronic patients. Out-of-Province claims are reviewed to comply with the out-of-Province regulation, and the hospitals concerned are checked to ensure they meet the required standards.

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. In this regard, approximately 1,000 discharge notices are reviewed daily.

Close liaison is maintained with the Research Division in the compilation of the morbidity studies.

This Division has been pleased to assist and provide some in-service training for the students of the Medical Record Librarians' School, Royal Columbian Hospital, New Westminster.

During the year the Medical Consultant attended exercises at the Civil Defence headquarters in an advisory capacity, and in November, 1956, was an observer at the Civil Defence operation " Dogwood." This was the first time-motion study of the evacuation of a Canadian hospital.

The Medical Consultation Division reviews the medical qualifications of all admission and discharge records prior to being processed for payment. Assistant Mrs. E. McFadden, R.N., is shown (above) at the desk of Dr. W. A. Fraser, Medical Consultant.

## Hospital Construction Division

A. W. E. Pitkethley, Manager

The primary function of this Division is to assist hospitals and architects in providing new hospital facilities or renovations or additions to existing ones. The design and layout of a hospital can have a marked influence on the efficient and economical operation of the hospital and, to a degree, on the standard of care that can be rendered.

With the co-operation of other divisions of the Service, a high-quality consultation service is provided to hospital boards throughout the Province. The various branches of the Health Department, including Environmental Management, the Consultant in Nutrition, and Clinical Laboratory Services, as well as the Department of Pædiatrics under the Faculty of Medicine, are all consulted in relation to any new plans where it is felt they can contribute. The Federal Government, through the Chief of the Hospital Design Division, also assists in an advisory capacity.

The other main function of this Division is the processing of all applications for grant assistance toward the cost of capital construction and improvements, other than equipment, and, in addition, preparing applications for submission to the Federal Government for Federal grants toward the cost of purchases that qualify within their regulations.

As an indication of the activity of the Division, it is interesting to note that during 1956 in excess of 100 meetings were held with delegations comprising architects and board members.

The following is further evidence of the activity of this Division throughout the calendar year 1956:—

*Projects Commenced during 1956*

*Campbell River and District Hospital, Campbell River.*—This hospital building, which was commenced early in 1956, will be a reinforced-concrete structure of three stories, in addition to a full-basement floor. The building has been structurally designed to allow for future expansion by the addition of a fourth floor for patient accommodation. Initially, the hospital will contain 58 active-treatment beds and 22 regular nursery bassinets for new-born. Certain patient accommodation area in the building is planned to be left in an unfinished stage of completion. This arrangement permits a ready increase

The Hospital Construction Division assists hospital boards and architects in planning new facilities, renovations, and additions. Mr. A. W. E. Pitkethley, Manager (right), and his assistant, Mr. E. M. Browning, are shown reviewing hospital plans.

in bed capacity when warranted. The Campbell River and District Hospital will be the first hospital to come into operation in British Columbia featuring the so-called " double corridor " design. The estimated cost of the project is approximately $910,000 and is expected to be completed during the summer of 1957.

*St. Mary's Hospital, New Westminster.*—This is a reinforced-concrete building of 150 beds designed in the shape of a " T." The stem contains four floor levels which will be largely for service areas and the bar crossing the stem to have patient accommodation made up for five floors, plus a ground floor, in addition to a basement, and sub-basement for further services. The top floor will have living accommodation for staff. The estimated cost of the project is $2,480,000 and is expected to be completed early in 1958. It will replace the existing obsolete hospital of 63 beds.

*Ladysmith General Hospital, Ladysmith.*—This will be a one-story 32-bed building of frame construction on reinforced-concrete floors, plus generous basement area, the

exterior to be of stucco finish. The existing hospital of 31 beds will be torn down when the new building is completed early in 1957. The new building is situated on the site in such a way that it was necessary to tear down and temporarily patch up a portion of the existing hospital. The estimated cost is $273,600.

*Windermere District Hospital Nurses' Home.*—This is a small one-story frame-constructed nurses' home, expected to be completed early in 1957. The estimated cost is $26,400.

*Projects Completed during 1956*

*Windermere District Hospital, Invermere.*—This 24-bed hospital is a frame building with a concrete floor. Part of the slab is on grade and the remainder is over reinforced-concrete basement. The exterior is mainly stucco. The estimated cost was $271,280.

*Stewart General Hospital, Stewart.*—The Stewart Hospital of 9 beds is probably the smallest hospital building constructed in British Columbia for some years. It is a one-story frame building on a concrete slab. The estimated cost was $86,832.

*Mount St. Joseph's Hospital, Vancouver—Addition.*—The addition to this hospital provided 33 active-treatment beds and also 24 chronic beds. This four-story addition is of reinforced-concrete construction, brick-veneer exterior. The project included alterations to the existing buildings, plus the construction of a hospital chapel. The estimated cost was $738,474.

*Royal Jubilee, Victoria—Psychiatric Unit.*—This 9-bed unit is the second addition to the Psychiatric Unit at the Royal Jubilee Hospital, Victoria. The unit is a separate building on the hospital-site and is a reinforced-concrete structure. The estimated cost was $31,466.

*Lady Minto Hospital, Ashcroft—Addition.*—The addition to the building, which provides 17 beds, also provides a new operating and delivery suite on the ground floor and new kitchen and laundry in the basement. This addition will form the nucleus of an entirely new building at some future date. The estimated cost was $65,140.

*Vancouver General Hospital, Vancouver—Addition.*—This reinforced-concrete addition to the existing radiology department will provide approximately 3,800 square feet of floor area. The estimated cost was $171,920.

*Golden General Hospital Nurses' Home, Golden.*—This is a single-story frame structure with a partial basement and an exterior surface of wood siding. The estimated cost was $26,000.

*Project Commenced during 1955 and Under Way in 1956*

*Vancouver General Hospital 504-bed Acute Unit, Vancouver.*—The construction of the Vancouver General Acute Unit continued through 1956, and it is now expected that this building will be complete some time in 1958. When these 504 beds come into operation, the Vancouver General Hospital will be one of the largest hospitals in Canada. Construction on the Acute Unit commenced in 1955. The estimated cost is $7,974,530.

*Projects in Advanced Stages of Planning*

Working drawings and specifications were in the process of being developed or were completed during 1956 for the following hospitals, and it is anticipated that construction will get under way in 1957. Intensive study was given to these projects during the year, and many reviews were completed by the Hospital Construction Division. The total estimated cost of all projects is $18,000,000.

| | Number of Beds |
|---|---|
| Maple Ridge Hospital, Haney | 63 |
| Queen Alexandra Solarium, Cobble Hill | 64 |
| Lady Minto Gulf Islands Hospital, Ganges | 17[1] |
| Chilliwack General Hospital, Chilliwack (addition and nurses' home) | 96[2] |
| Vancouver Preventorium, Vancouver | 70 |
| Fraser Canyon Hospital, Hope | 20 |
| Surrey Memorial Hospital, Surrey | 63 |
| Prince George and District Hospital, Prince George | 151 |
| Kootenay Lake General Hospital, Nelson | 94 |
| Kimberley and District General Hospital, Kimberley | 62 |
| Castlegar and District Hospital, Castlegar | 35 |
| Kitimat General Hospital, Kitimat | 100 |
| Burnaby General Hospital, Burnaby (addition) | 125 |
| Queen Victoria Hospital, Revelstoke (addition) | 32 |
| Lillooet District Hospital, Lillooet | 12 |
| Campbell River and District Hospital (nurses' home), Campbell River | 15 |
| Grace Hospital, Vancouver (addition) | 65 |
| St. Joseph's General Hospital, Dawson Creek | 50 |
| Salmon Arm General Hospital, Salmon Arm | 55 |
| Prince Rupert General Hospital, Prince Rupert (alterations) | 15 |
| Powell River General Hospital, Powell River (chronic addition) | 40 |
| St. John Hospital, Vanderhoof (nurses' residence) | 14 |

[1] Plus nurses' residence.
[2] Plus 36 nurses' beds.

Plans for the following projects were also being developed and preliminary drawings studied during 1956:—

New Westminster: Royal Columbian Hospital Nurses' Home.
North Vancouver: New hospital.
Nanaimo: New hospital.
Duncan: Addition or new hospital.
Fort St. John: New hospital.
Kamloops: Addition.
Burns Lake: New hospital.
Terrace: New hospital.

## Research Division

Mrs. G. E. Whelen, Director

The principal research undertaken by this office during the year 1956 resulted in a two-volume report entitled "A Study of the Hospital Bed Requirements for Care of the Acute-sick on Vancouver Island, British Columbia," which delineated those factors influencing the need for, and location of, new general hospital accommodation and made suggestions as to the optimum bed size of proposed construction in the extensive area examined. The report recommended that the amount of general hospital accommodation on Vancouver Island be increased by some 255 beds and that, in addition, 229 of the existing beds be replaced with more modern facilities through construction to commence prior to 1961. These recommendations were made primarily as guides to the administration of the Hospital Insurance Service and to local hospital authorities but were not statements of Government policy.

To enable forecasts of the size of future accommodation, methods had to be devised to project the population of small areas and to examine the results in light of present and proposed economic development. While these projections were in themselves studies of some magnitude, they could only serve as the foundation for estimates of future patient loads on Vancouver Island. The crux of the study was the correlation of the population projections with estimates of future rates of individual hospital utilization which is governed initially by the location of facilities, the patients' choice of hospitals, and by the amount of sickness evident in the communities which form the hospital catchments. A special tabulation which related the age of patients with the type of illness experienced in the Vancouver Island hospitals, from which comparisons could be drawn with the Provincial average experienced in 1954, assisted in this correlation.

The Research Division conducts studies relating to hospital occupancy and prepares medical and financial data pertaining to hospital bed requirements. Shown above is Mrs. G. E. Whelen, Director (left), and her assistant, Miss M. Martinson.

Although smaller in scope and less time-consuming, studies of a nature similar to that described above were undertaken and completed to determine the need and size of proposed hospital facilities in North and West Vancouver, Lillooet, Salmon Arm, Prince George, Burns Lake, and Vanderhoof. Reassessments of studies completed in previous years concerning the Langley, Surrey, Trail, Nelson, Castlegar, Fort St. John, and Dawson Creek areas were undertaken to align recommendations with current population growth and community action. As a preliminary to intensive study of general hospital bed requirements, a field-trip was made during December in the catchment areas of the hospitals located at Golden, Revelstoke, Salmon Arm, Armstrong, Enderby, Vernon, Kamloops, and Williams Lake. Data gathered at this time will be incorporated into a regional study similar to that completed on Vancouver Island.

Of prime importance, and as a concomitant with the actual research attempted, have been the annual collection, tabulation, and compilation of series of statistical data derived from information contained in the admission-discharge record completed for each patient treated in a British Columbia hospital. More than a quarter of a million records were processed this year to disclose sex, age, morbidity, length of stay, residence, and other patient characteristics. New codes were utilized to produce information concerning the use of hospitals by residents of municipalities as well as school districts. Special series were inaugurated concerning social assistance recipients. Geographical codes were constantly amended and extensive cross-checks placed on tabulation procedures.

Extensive compilations were completed to produce facts concerning the periods of hospitalization of various classifications of Provincial welfare cases, Indians, and the general self-supporting population in relation to age, sex, and marital status.

Material was gathered for presentation to the Royal Commission on Canada's Economic Prospects and to the Department of National Health and Welfare and other interested agencies.

Unfortunately, the shortage of trained staff and the rapid turnover in personnel during the year greatly hindered the progress of hospital morbidity studies. Summer assistants were hired to assist in clerical procedures developed from tabulation series, but the pressure for completion of bed requirement studies necessitated delay of the analysis of the causes of illness and death in British Columbia hospitals.

## Administrative Assistant

K. G. Wiper

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, advice and assistance are given to hospitals in regard to problems connected with by-laws and their application. Changes in hospital by-laws are reviewed 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.

This office collaborates with the Water Rights Branch of the Department of Lands and Forests in assisting communities in unorganized territory to establish hospital improvement districts for the purpose of raising funds by money by-laws for improving hospital facilities in the area. At the end of 1956 there were fifteen such districts in operation and a number of others in the process of formation. Descriptive material outlining the procedures for establishing such a district are supplied to interested groups by the office of the Administrative Assistant.

### *Third Party Liability Section*

The hospitalization reports that are completed by hospitals for every patient admitted with accidental injuries are processed by the Third Party Liability Section. This Section also handles the arrangements under which the 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.

### *Eligibility Section*

In order to ensure that only qualified B.C. residents receive hospital insurance benefits, the staff of the Eligibility Section review the Application for Benefits made by

each patient at the time of admission to hospital. In addition to investigating doubtful applications, field representatives visit hospitals periodically to see that B.C.H.I.S. eligibility procedures are being properly carried out. Representatives are located at Victoria, Vancouver, Prince George, Kelowna, Kamloops, and Nelson.

## General Office

### W. H. Parker, Supervisor

In addition to general administrative functions, the General Office is responsible for recording and accounting for all receipts and expenditures of the Service. It is responsible for all supplies, furniture, and equipment, and handles the distribution of mail and shipment of express. The custody and control of all records since the inception of the Service is a further responsibility of this office.

The General Office, in addition to general administrative functions, which include the recording and accounting for all receipts and expenditures, also handles the distribution of all mail. Incoming mail is shown being opened in the above photograph.

This office processes requisitions, vouchers, and credits with respect to the Provincial infirmary branches at Mount St. Mary, Marpole, and Allco, and pays the comfort fund to the Mount St. Mary Infirmary patients in Victoria. During the year the new system of accounting was drawn up by the General Office in conjunction with the Comptroller-General, creating a new trust fund for infirmary patients.

Effective May 15th, 1956, the Hospital Insurance Service extended coverage, on a voluntary basis, to the dependents of armed forces personnel posted to British Columbia. The General Office administers the registration of servicemen, whereby duly certified applications are processed, receipts issued, and hospital records maintained. During the first eight months of 1956, 650 servicemen registered over 1,600 dependents, paying a

total of approximately $7,900 in fees. The British Columbia Hospital Insurance Service paid $25,000 on behalf of 348 hospitalized dependents, and it is estimated that a total of $35,000 will be paid during the twelve-month period covered by those registering up to December 31st, 1956.

A new duplicating-machine and a copying-machine were purchased for use in this office, the latter resulting in a considerable saving in time in the typing of statements, documents, forms, and out-of-Province receipts.

*Public Relations*

The main responsibility of the Public Relations Section was the preparation of advisory bulletins which were distributed to hospitals. The information was primarily an administrative aid which clarified changes in B.C.H.I.S. policies and procedures, but on occasion it also included articles on isolation techniques and other general information and data. This Section also arranged for the preparation of pre-admission slips for use in elective hospital admission, whereby residency information could be noted on the slip prior to hospital admission, resulting in a saving of time and effort on the part of hospital admitting clerks. Out-patient Benefit slips were also prepared and distributed to hospitals to assist them in explaining minor surgery and emergency-treatment benefits to out-patients. Bulletin-board notices and individual kits containing an Application for Registration, a return addressed envelope, and a General Information pamphlet were prepared for use by the armed forces to assist service personnel in registering their dependents for hospital insurance protection. A new General Information pamphlet was also prepared and printed. An exhibit was designed for use at the Western Canada Institute for Hospital Administrators and Trustees held in June in Vancouver. Revisions were made to the Hospital Insurance Service display in the Department's exhibit at the Pacific National Exhibition. A library of 16-mm. sound films of an educational nature was also maintained for use by hospitals and other interested groups. This section also compiled and edited the Eighth Annual Report.

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

### Entitled to Benefits

*A*

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 preceding twelve consecutive months; or

(*b*) Having 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 residential status as of the date of their arrival.

*B*

Servicemen not qualified as residents of British Columbia under the "Hospital Insurance Act," who are posted to this Province for purposes other than discharge, short-term inspectional, instructional, or other special duties, may qualify their dependents for hospital insurance benefits. An application for registration, completed and certified by a unit officer in the prescribed manner, together with the required registration fee, must be received by the Commissioner within twenty-one days of the serviceman's most recent date of arrival in British Columbia. The registration fee is $10 for the spouse and $2.50 for each dependent child, with a maximum fee of $20 for a family. Benefits become available from the date the application is certified.

(*a*) Dependents arriving more than twenty-one days after the serviceman, and who are not already registered, may be registered for half the standard registration fee any time within six months of the serviceman's arrival. The dependents then become eligible as soon as the serviceman has been in British Columbia for six months.

(*b*) If a serviceman marries a non-resident during his first year in British Columbia, he may register his wife by making application for registration within three weeks of the date of marriage. Benefits become available from the date the application is certified.

(*c*) If a serviceman stationed in British Columbia is unable to make application because of temporary duty outside of Canada or in an isolated area, his spouse or dependent child may register on his behalf in the manner outlined above.

(*d*) Hospital benefits are available only in approved B.C. public hospitals.

(*e*) When the registered dependents of a serviceman permanently leave British Columbia within a year of the serviceman's arrival, a portion of the registration fee will be refunded, provided an application for refund is made within one month of departure, and provided none of the dependents have received benefits under the "Hospital Insurance Act."

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 patient 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.

## BENEFITS INSIDE THE PROVINCE 1956

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, provided that no qualified person shall be entitled to receive, as an in-patient benefit, any treatment or diagnostic service not connected with the illness or condition which necessitated the person's being admitted as an in-patient and which could normally be rendered to such person as an out-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 out-patient benefits are extended, in British Columbia hospitals, 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 accidentally injured, as well as 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 OUTSIDE THE PROVINCE

Provided a beneficiary has not been absent from British Columbia for more than three months when he goes to hospital outside the Province, he is entitled to have payment made on his behalf at the rate fixed by the Commissioner, in relation to the public-ward charge made by the hospital. Payment by the Hospital Insurance Service is made only

to hospitals approved by the Commissioner, and cannot exceed $3.50 per day for newborns 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.

## 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-two 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, R.C.A.F. Station hospitals, Indian Health Services hospitals, and in company-operated hospitals in remote areas.

Data for the year 1956 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 10.04 days in 1955 to an estimated 9.87 days in 1956. Total adult and children days covered by the Service in British Columbia general hospitals during 1956 was 2,042,590, an increase of 37,425 or approximately 2 per cent over 1955.

During 1956 a total of 207,028 B.C.H.I.S. adult and children patients were discharged from British Columbia public hospitals, an increase of 7,254 or approximately 3.6 per cent over 1955.

On pages 30 to 35, 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 1955.

## HOSPITALS

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.
Esperanza General Hospital, Ceepeecee.
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 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 General Hospital, Nanaimo.
Nicola Valley General Hospital, Merritt.
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 Charlotte Islands General Hospital, Queen Charlotte City.
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.
Red Cross Outpost Nursing Station, Masset.
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.
Slocan Community Hospital, New Denver.
Squamish General Hospital, Squamish.
Stewart General Hospital, Stewart.
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 District Hospital, White Rock.
Windermere District Hospital, Invermere.
Wrinch Memorial Hospital, Hazelton.

## TABLE I.—PATIENTS DISCHARGED AND DAYS OF CARE IN BRITISH COLUMBIA GENERAL HOSPITALS, 1949–56, 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 | 206,992 | 31,984 | 238,976 | 189,713 | 29,483 | 219,196 |
| 1955[3] | 216,743 | 33,190 | 249,933 | 199,774 | 31,515 | 231,289 |
| 1956[4] | 226,236 | 34,425 | 260,661 | 207,028 | 32,476 | 239,504 |
| 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 | ---------- | ---------- | ---------- | 91.7 | 92.2 | 91.7 |
| 1955[3] | ---------- | ---------- | ---------- | 92.2 | 95.0 | 92.5 |
| 1956[4] | ---------- | ---------- | ---------- | 91.5 | 94.3 | 91.9 |
| 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 | 2,162,002 | 226,031 | 2,388,033 | 1,954,823 | 213,587 | 2,168,410 |
| 1955[3] | 2,198,863 | 227,674 | 2,426,537 | 2,005,165 | 212,514 | 2,217,679 |
| 1956[4] | 2,240,420 | 233,975 | 2,474,395 | 2,042,590 | 218,019 | 2,260,609 |
| 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 | ---------- | ---------- | ---------- | 90.4 | 94.5 | 90.8 |
| 1955[3] | ---------- | ---------- | ---------- | 91.2 | 93.3 | 91.4 |
| 1956[4] | ---------- | ---------- | ---------- | 91.2 | 93.2 | 91.4 |

[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, 1956.

## 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, 1949–56.

| | 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 | 199,974 | 29,761 | 189,713 | 29,483 | 7,602 | 199 | 2,659 | 79 |
| 1955[2] | 209,999 | 32,035 | 199,774 | 31,515 | 8,313 | 361 | 1,912 | 159 |
| 1956[3] | 217,953 | 33,085 | 207,028 | 32,476 | 8,875 | 450 | 2,050 | 159 |
| **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 | 2,046,087 | 215,507 | 1,954,823 | 213,587 | 66,960 | 1,251 | 24,304 | 669 |
| 1955[2] | 2,100,386 | 215,980 | 2,005,165 | 212,514 | 75,599 | 2,271 | 19,622 | 1,195 |
| 1956[3] | 2,142,078 | 221,799 | 2,042,590 | 218,019 | 79,325 | 2,750 | 20,163 | 1,030 |
| **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 | 10.23 | 7.24 | 10.30 | 7.24 | 8.81 | 6.29 | 9.14 | 8.47 |
| 1955[2] | 10.00 | 6.74 | 10.04 | 6.74 | 9.09 | 6.29 | 10.26 | 7.52 |
| 1956[3] | 9.83 | 6.70 | 9.87 | 6.71 | 8.94 | 6.11 | 9.84 | 6.48 |

[1] New-born totalled separately.
[2] Amended as per final reports received from hospitals.
[3] Estimated, based on hospital reports to November 30th, 1956.

Estimated days per thousand of population covered by British Columbia Hospital Insurance Service: 1949, 1,528; *1950, 1548; 1951, 1,496; 1952, 1,545; 1953, 1,638; 1954, 1,786; 1955, 1,782; 1956, 1,747.* (*1954* and subsequent years calculated on basis of total B.C. population (estimated) covered by British Columbia Hospital Insurance Service.)

## TABLE IIB.—SUMMARY OF THE NUMBER OF B.C.H.I.S. IN-PATIENTS AND SHORT-STAY PATIENTS, 1949–56

| | 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 | 229,735 | 63,621 | 293,356 |
| 1955[1] | 242,034 | 70,553 | 312,587 |
| 1956[2] | 251,038 | 76,375 | 327,413 |
| Totals | 1,658,782 | 431,056 | 2,089,838 |

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to November 30th, 1956.

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 1956.[1]

| | Bed Capacity | | | | | | |
|---|---|---|---|---|---|---|---|
| | Total | 250 and Over | 100 to 249 | 50 to 99 | 25 to 49 | Under 25 | Special |
| Patients discharged— | | | | | | | |
| Adults and children | 207,028 | 78,247 | 39,612 | 44,839 | 28,206 | 10,710 | 5,414 |
| New-born | 32,476 | 10,082 | 7,081 | 9,676 | 3,765 | 1,476 | 396 |
| Patient-days— | | | | | | | |
| Adults and children | 2,042,590 | 948,393 | 367,568 | 379,027 | 219,064 | 80,706 | 47,832 |
| New-born | 218,019 | 75,680 | 47,465 | 60,138 | 23,254 | 9,138 | 2,344 |
| Average days of stay— | | | | | | | |
| Adults and children | 9.87 | 12.12 | 9.28 | 8.45 | 7.77 | 7.54 | 8.83 |
| New-born | 6.71 | 7.51 | 6.70 | 6.22 | 6.18 | 6.19 | 5.92 |

[1] Estimated, based on hospital reports to November 30th, 1956.

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 1956.[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 | 37.80 | 19.13 | 21.66 | 13.62 | 5.17 | 2.62 |
| New-born | 100.00 | 31.05 | 21.80 | 29.79 | 11.59 | 4.55 | 1.22 |
| Patient-days— | | | | | | | |
| Adults and children | 100.00 | 46.43 | 18.00 | 18.56 | 10.72 | 3.95 | 2.34 |
| New-born | 100.00 | 34.71 | 21.77 | 27.58 | 10.67 | 4.19 | 1.08 |

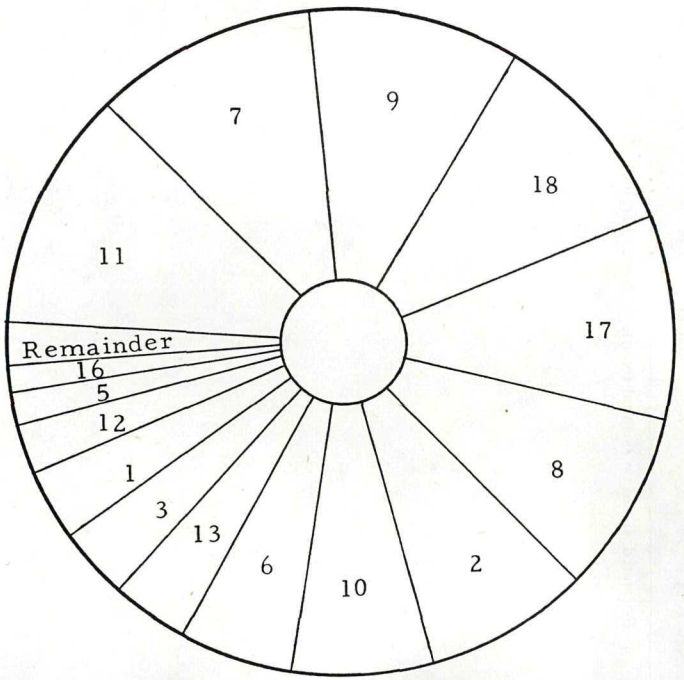
[1] Estimated, based on hospital reports to November 30th, 1956.

PERCENTAGE DISTRIBUTION

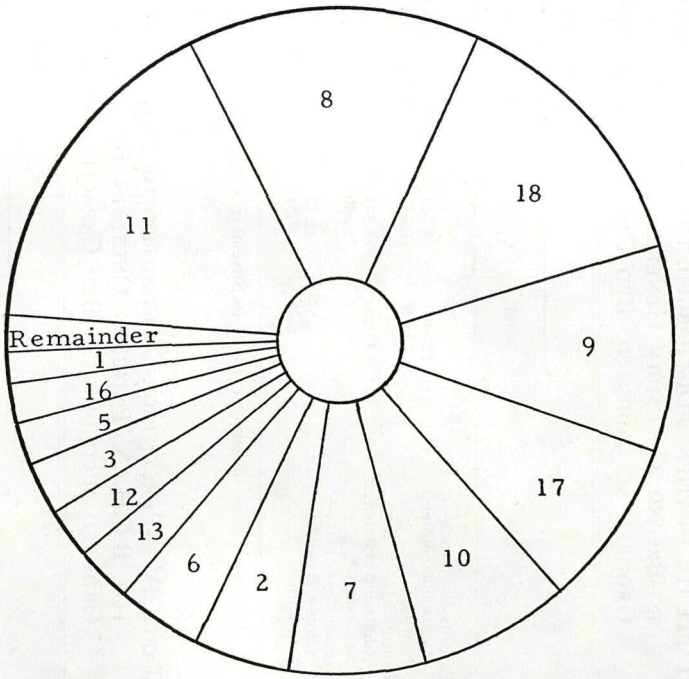
OF DISCHARGED CASES AND PATIENT DAYS BY MAJOR DIAGNOSTIC CATEGORIES OF ILLNESS

1955

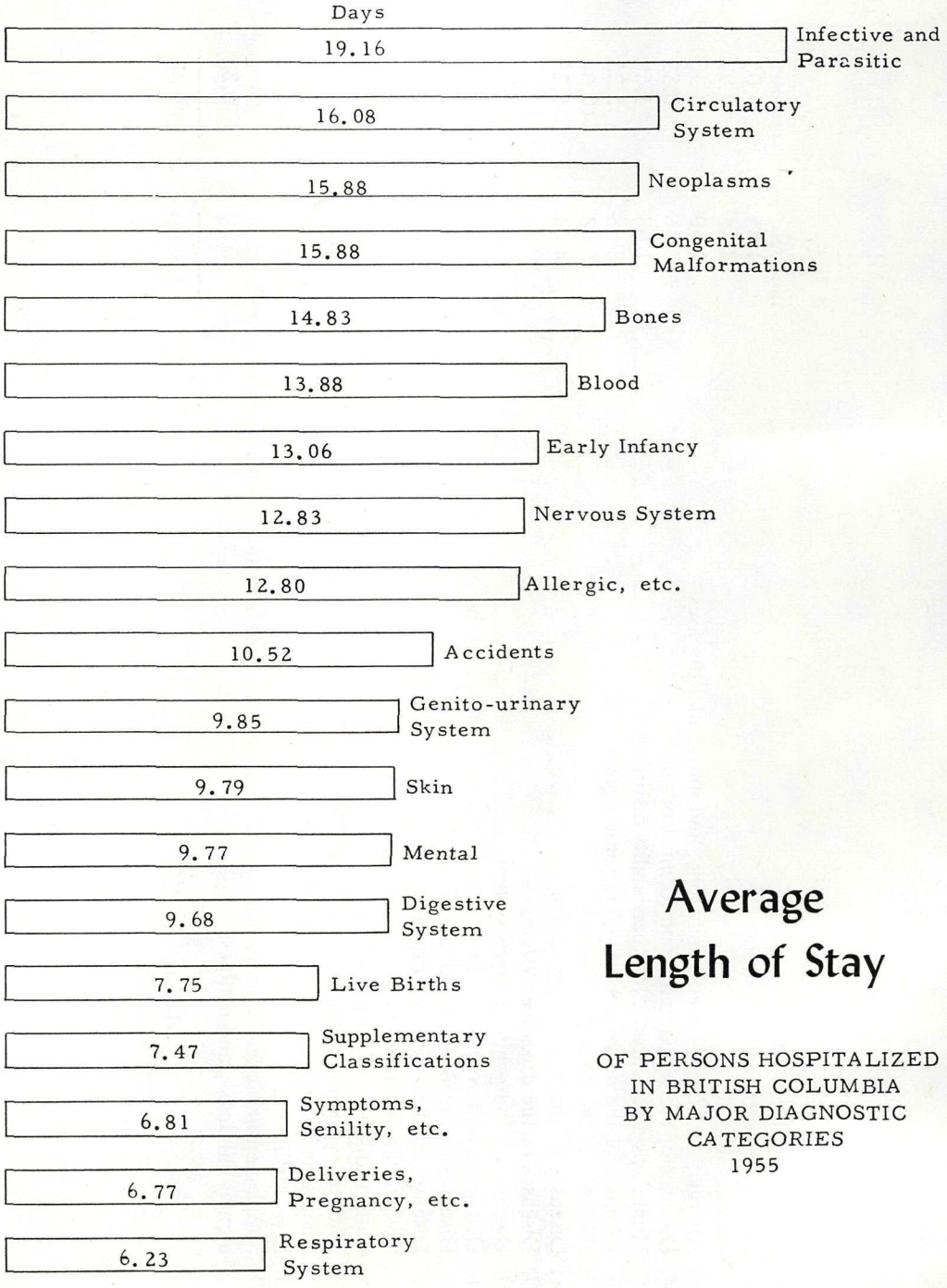
PATIENT DAYS




DISCHARGES

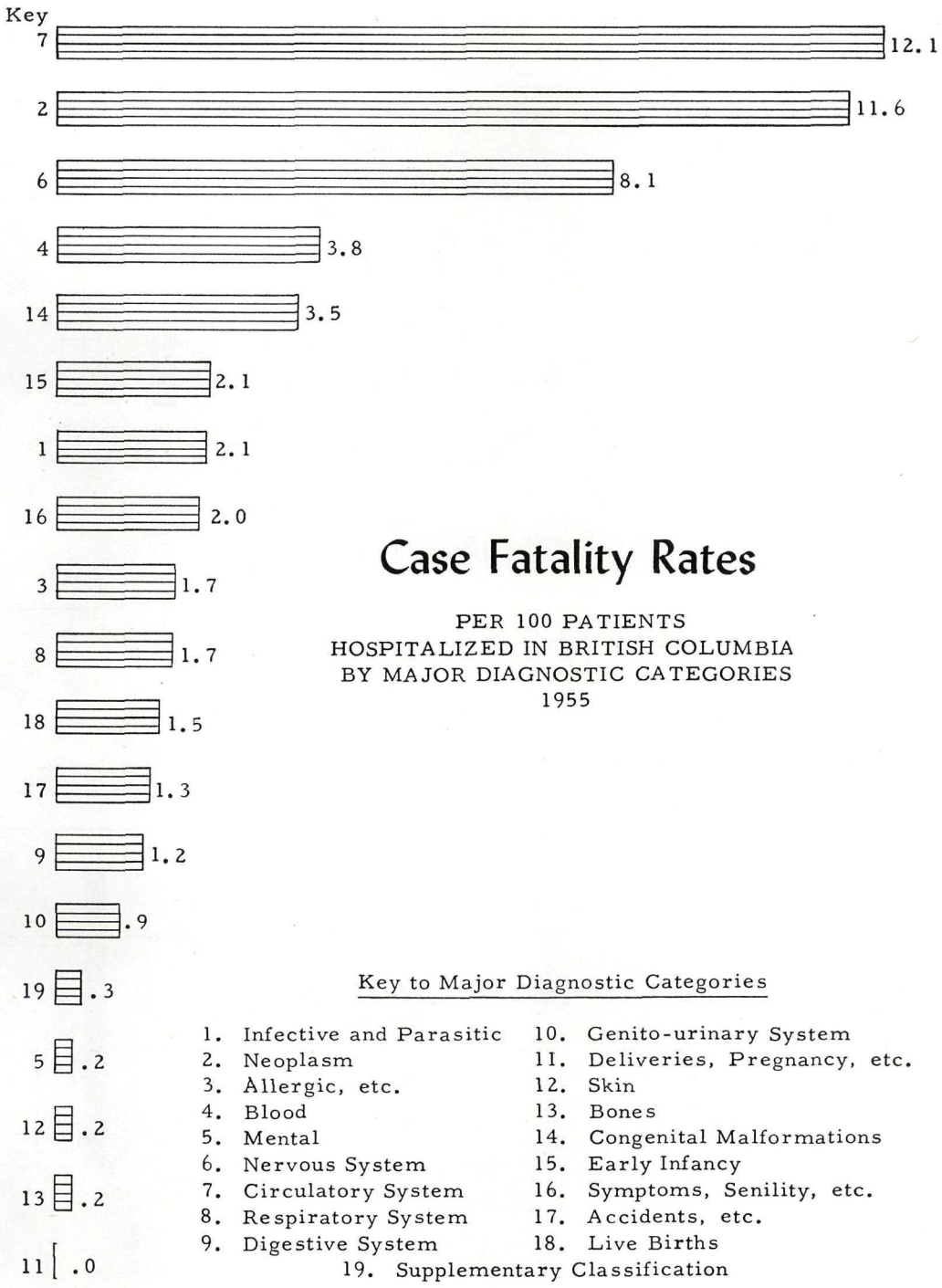


| Major Diagnostic Categories | Percentage of Discharges | Percentage of Patient-days |
|---|---|---|
| 1. Infective and parasitic diseases | 1.55 | 3.05 |
| 2. Neoplasms | 4.85 | 7.92 |
| 3. Allergic, endocrine system, metabolic, and nutritional diseases | 2.50 | 3.30 |
| 4. Diseases of the blood and blood-forming organs | 0.36 | 0.52 |
| 5. Mental, psychoneurotic, and personality disorders | 1.68 | 1.68 |
| 6. Diseases of the nervous system and sense organs | 3.98 | 5.25 |
| 7. Diseases of the circulatory system | 6.43 | 10.64 |
| 8. Diseases of the respiratory system | 14.44 | 9.25 |
| 9. Diseases of the digestive system | 10.35 | 10.32 |
| 10. Diseases of the genito-urinary system | 6.85 | 6.94 |
| 11. Deliveries and complications of pregnancy, childbirth, and the puerperium | 17.24 | 12.01 |
| 12. Diseases of the skin and cellular tissue | 2.40 | 2.41 |
| 13. Diseases of the bones and organs of movement | 2.62 | 3.99 |
| 14. Congenital malformations | 0.58 | 0.95 |
| 15. Certain diseases of early infancy | 0.24 | 0.32 |
| 16. Symptoms, senility, and ill-defined conditions | 1.70 | 1.19 |
| 17. Accidents, poisonings, and violence | 8.93 | 9.67 |
| 18. Live births | 13.01 | 10.37 |
| 19. Supplementary classifications for special admissions, prophylactic inoculations, impairments, blindness, and deafness | 0.29 | 0.22 |
| Totals | 100.00 | 100.00 |




# Average Length of Stay

OF PERSONS HOSPITALIZED IN BRITISH COLUMBIA BY MAJOR DIAGNOSTIC CATEGORIES 1955

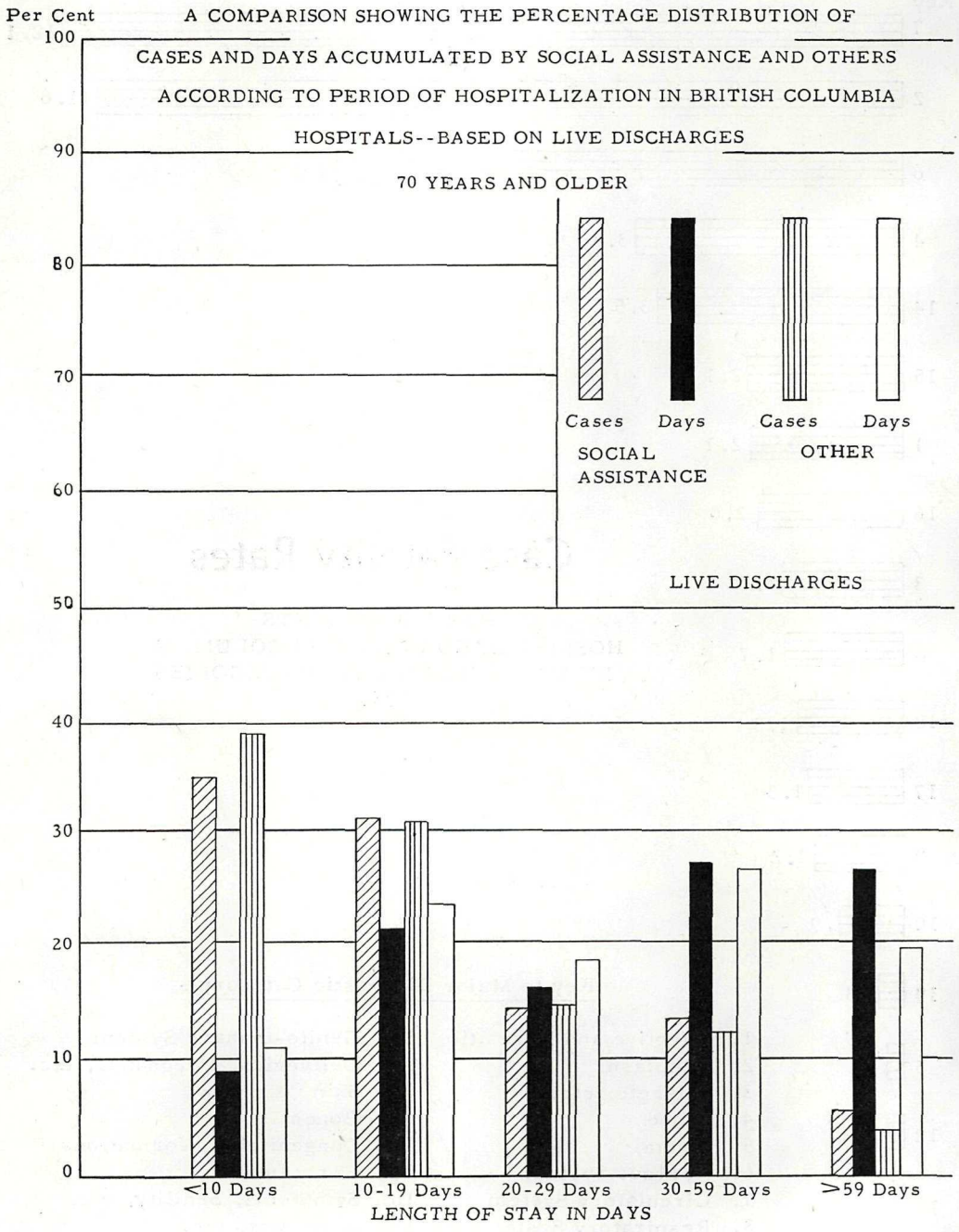


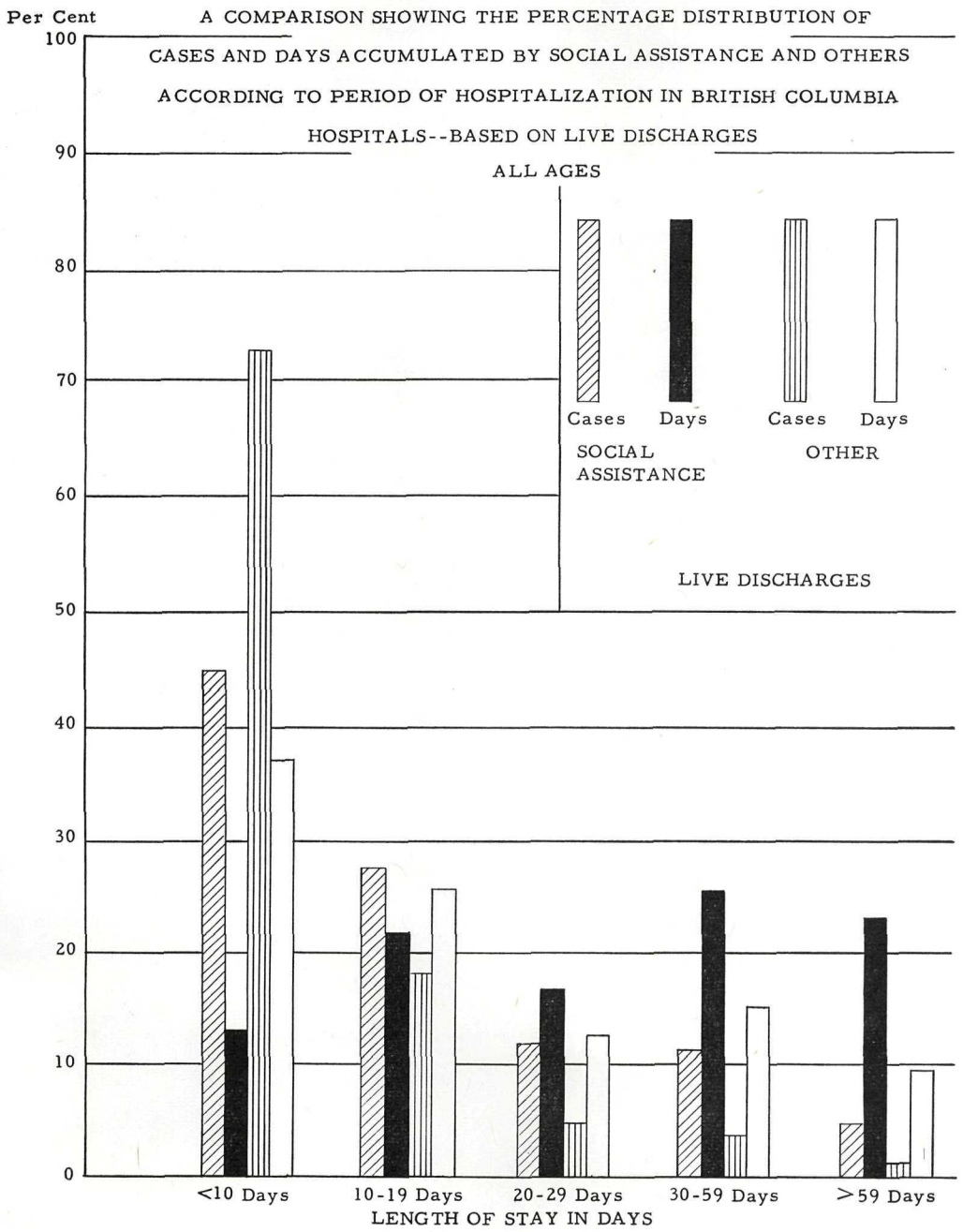

# Case Fatality Rates

PER 100 PATIENTS
HOSPITALIZED IN BRITISH COLUMBIA
BY MAJOR DIAGNOSTIC CATEGORIES
1955

Key to Major Diagnostic Categories

1. Infective and Parasitic
2. Neoplasm
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 Classification


Per Cent
A COMPARISON SHOWING THE PERCENTAGE DISTRIBUTION OF
CASES AND DAYS ACCUMULATED BY SOCIAL ASSISTANCE AND OTHERS
ACCORDING TO PERIOD OF HOSPITALIZATION IN BRITISH COLUMBIA
HOSPITALS--BASED ON LIVE DISCHARGES
70 YEARS AND OLDER
100
90
80
70
60
50
40
30
20
10
0
Cases
Days
Cases
Days
SOCIAL ASSISTANCE
OTHER
LIVE DISCHARGES
<10 Days
10-19 Days
20-29 Days
30-59 Days
>59 Days
LENGTH OF STAY IN DAYS


Per Cent
A COMPARISON SHOWING THE PERCENTAGE DISTRIBUTION OF
CASES AND DAYS ACCUMULATED BY SOCIAL ASSISTANCE AND OTHERS
ACCORDING TO PERIOD OF HOSPITALIZATION IN BRITISH COLUMBIA
HOSPITALS--BASED ON LIVE DISCHARGES
ALL AGES
100
90
80
70
60
50
40
30
20
10
0
Cases
Days
Cases
Days
SOCIAL ASSISTANCE
OTHER
LIVE DISCHARGES
<10 Days
10-19 Days
20-29 Days
30-59 Days
>59 Days
LENGTH OF STAY IN DAYS

# STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31ST, 1956

| | | | |
|---|---|---|---|
| Administration— | | | |
| Salaries | | | $280,834.94 |
| Temporary assistance | | | 17,306.32 |
| | | | $298,141.26 |
| Office expense | | | 33,650.53 |
| Travelling expense | | | 21,702.69 |
| Office furniture and equipment | | | 1,398.21 |
| Rental and services, Kelowna | | | 630.79 |
| Tabulating and rentals | | | 2,453.49 |
| | | | $357,976.97 |
| Payments to hospitals— | | | |
| Claims | | $28,696,392.82 | |
| Vancouver General Hospital *re* out-patients ("Hospital Insurance Act," sec. 35 (30)) | | 157,617.01 | |
| | | $28,854,009.83 | |
| *Less* collections, third-party liability | | 100,826.87 | |
| | | | 28,753,182.96 |
| Grants in aid of construction and equipment of hospitals | | $1,605,664.28 | |
| *Less* payable from Hospital Construction Fund | $1,337,167.89 | | |
| *Less* recovery from Federal Government of Federal share of construction costs advanced by Province in previous years | 35,189.17 | | |
| | | 1,372,357.06 | |
| | | | 233,307.22 |
| | | | $29,344,467.15 |
| *Less* Provincial *per diem* grants ("Hospital Insurance Act," sec. 40 (1)) | | $1,714,230.70 | |
| *Less* municipal *per diem* grants ("Hospital Insurance Act," sec. 40 (2)) | | 1,086,705.60 | |
| | | | 2,800,936.30 |
| Total, Hospital Insurance Service | | | $26,543,530.85 |

Certified correct and in accordance with the Public Accounts for the fiscal year ended March 31st, 1956.

C. J. FERBER, C.A.,
*Comptroller-General.*

VICTORIA, B.C.
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1957

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