

PROVINCE OF BRITISH COLUMBIA
"HOSPITAL INSURANCE ACT"

Ninth Annual Report

British Columbia Hospital
Insurance Service

JANUARY 1ST TO DECEMBER 31ST

1957



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in right of the Province of British Columbia.

1958

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HOSPITAL INSURANCE ACT

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British Columbia Hospital Insurance Service

AND BY THE DEPT. OF HEALTH

1957

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VICTORIA, B.C., January 23rd, 1958.

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

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Ninth Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1957.

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

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., January 23rd, 1958.

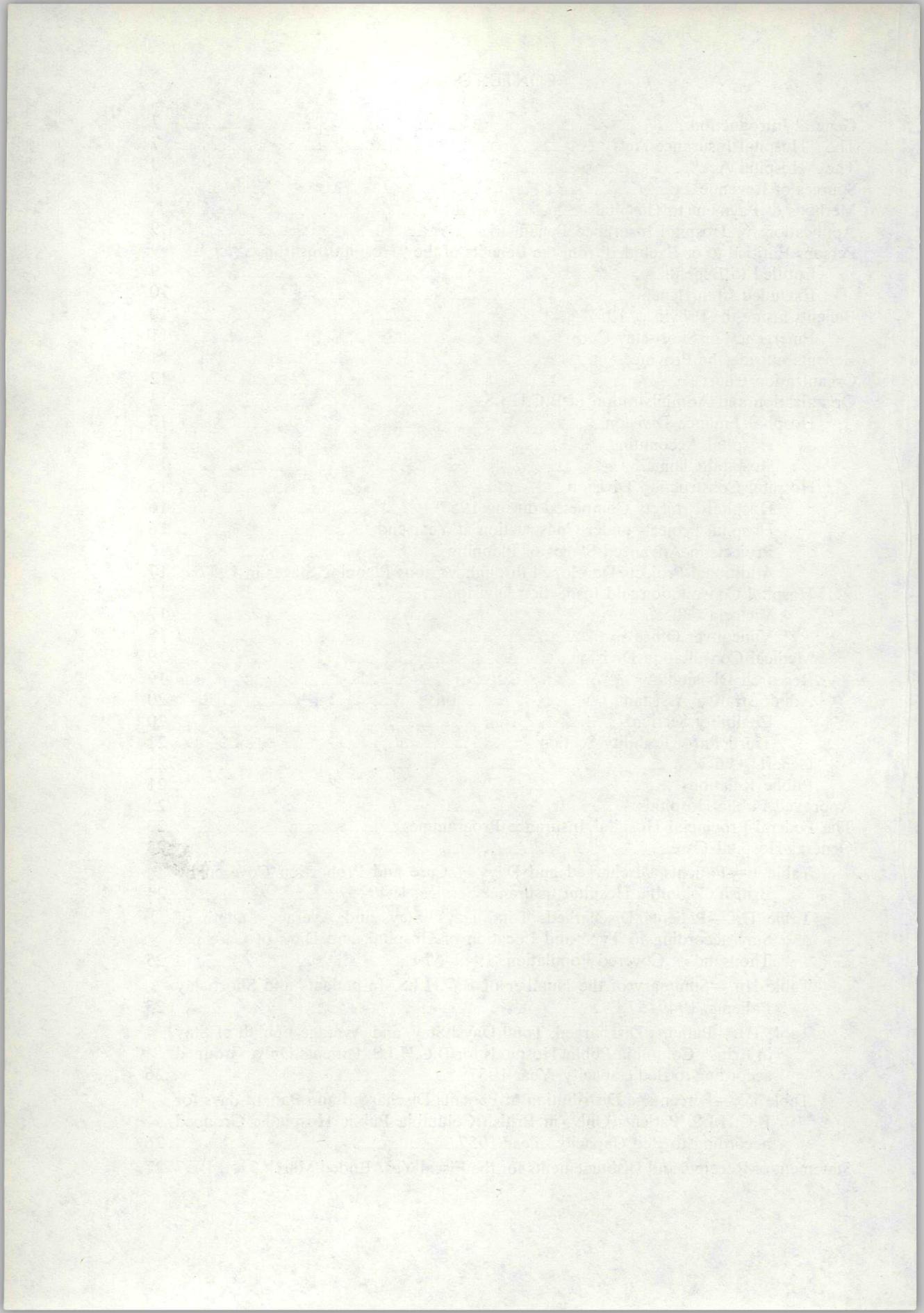
The Honourable E. C. Martin,
Minister of Health and Welfare,
Parliament Buildings, Victoria, B.C.

SIR,—I have the honour to present herewith the Report of the British Columbia Hospital Insurance Service covering the calendar year 1957.

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

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Ninth Annual Report of the British Columbia Hospital Insurance Service

GENERAL INTRODUCTION

The British Columbia Hospital Insurance Service completed its ninth year of operation on December 31st, 1957. The objective of this Provincial programme of comprehensive hospital insurance has been to ensure good and efficient hospital service for the people of British Columbia.

Since the establishment of the Service on January 1st, 1949, its four most important functions have been:—

To safeguard the residents of the Province from the financial burden associated with hospitalization. In so doing, it has helped to raise individual health standards by removing the financial barrier, which otherwise would prevent many people from seeking early hospital care for conditions that might seriously impair their health if neglected.

To enable hospitals to substantially improve their service to the public, by assuring them of a steady income and relieving them of a progressively increasing number of uncollectible accounts.

To assist communities in providing fully adequate facilities by paying 50 per cent of approved hospital-construction costs, which is the most generous rate of Provincial assistance in Canada.

To help hospitals in establishing and maintaining high standards of patient-care by providing professional consultative services.

Since the inception of the Service nine years ago, approximately \$210,000,000 has been paid toward 2,132,000 hospital accounts. In addition to this financial aid extended to hospitalized residents, grants for hospital construction and equipment have exceeded \$18,500,000. Of those persons in receipt of hospital insurance benefits, 1,900,000 were in-patients in British Columbia's acute-care public hospitals, 510,000 received benefits as emergency or short-stay out-patients, and 22,000 received benefits while hospitalized outside the Province.

At the present time, payments made to British Columbia hospitals by the Hospital Insurance Service are at the rate of over \$90,000 daily.

From January 1st, 1949, to March 31st, 1954, eligibility for hospital insurance benefits was contingent 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. One year's residence within British Columbia became the determining factor for eligibility.

THE "HOSPITAL INSURANCE ACT"

The "Hospital Insurance Act" is the law that controls the operation of the Hospital Insurance Service. Its main aspects may be summarized as follows:—

- (1) Generally speaking, all persons who have resided in British Columbia for the year prior to going to hospital are entitled to hospital benefits.
- (2) Payment of hospital accounts covers acute hospital care. This includes the acute phase of any illness, including chronic conditions requiring in-patient care in approved public hospitals.

- (3) Benefits include standard ward accommodation, the use of the operating-room, case-room, almost all drugs and dressings, and in fact practically all services that are provided by the hospital.
- (4) The patient is required to pay \$1 per day (except Welfare recipients).
- (5) In addition to in-patient care, the use of out-patient facilities required within twenty-four hours of an accident, or for minor surgery, are provided as benefits. (The patient pays a nominal charge of \$2.)
- (6) The residents of British Columbia are entitled to limited out-of-Province hospital insurance benefits if hospitalized during their first three months' absence.

THE "HOSPITAL ACT"

One of the important functions of the Hospital Insurance Service is the administration of the "Hospital Act." This is actually quite apart from the "Hospital Insurance Act," but for convenience and efficiency it was assigned to the British Columbia Hospital Insurance Service. The Commissioner of the Hospital Insurance Service is also the Chief Inspector of Hospitals for British Columbia.

The "Hospital Act" controls the organization and operation of hospitals and specifies three different types, as follows:—

- (1) Public hospitals—operated by non-profit organizations for acute care.
- (2) Private hospitals—generally privately owned and profit-making units.
- (3) Chronic and convalescent hospitals—these are non-profit hospitals approved under Part III of the "Hospital Act," and are operated primarily for the treatment and rehabilitation of chronic patients.

The "Hospital Act," among other things, enables the Provincial Government to make grants to non-profit hospital organizations to assist in the construction and equipping of non-profit hospitals. The 50-per-cent grants for hospital construction and fixed equipment, made by the Government of British Columbia, are the most generous Provincial grants in Canada. Grants of one-third are also available on movable depreciable equipment purchased by general hospitals and chronic public hospitals.

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 public 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."

METHODS OF PAYMENT TO HOSPITALS

A system of firm budgets for hospitals, which has been in use since January 1st, 1951, provides for a review of hospitals' estimates by the Rate Board of the Hospital Insurance Service. Under the firm-budget procedure, hospitals are required to operate within their approved budgets, with the exception of fluctuation in days' treatment and other similar items. They are further advised that deficits incurred through expenditures in excess of the approved budget will not be met by the Provincial Government. The value of variable supplies used in patient-care has been determined. When the number of days' treatment provided by the hospital differs from the estimated occupancy, the budgets are increased or decreased by the number of days' difference multiplied by the

patient-day value of the variable supplies. Individual studies and additional budget adjustments are made in those instances where large fluctuations in occupancy involve additions or reductions in stand-by costs.

The majority of hospital accounts are the responsibility of the British Columbia Hospital Insurance Service (a small percentage are workmen's compensation recipients, non-residents, etc.). Every month the Service pays each hospital 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 1957 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 terminating the premium-payment programme on March 31st, 1954.

APPLICATION FOR HOSPITAL INSURANCE BENEFITS

When admitted to an acute-care public 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.)

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 British Columbia 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—for example, members of the armed forces, etc.

BENEFITS INSIDE THE PROVINCE, 1957

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.

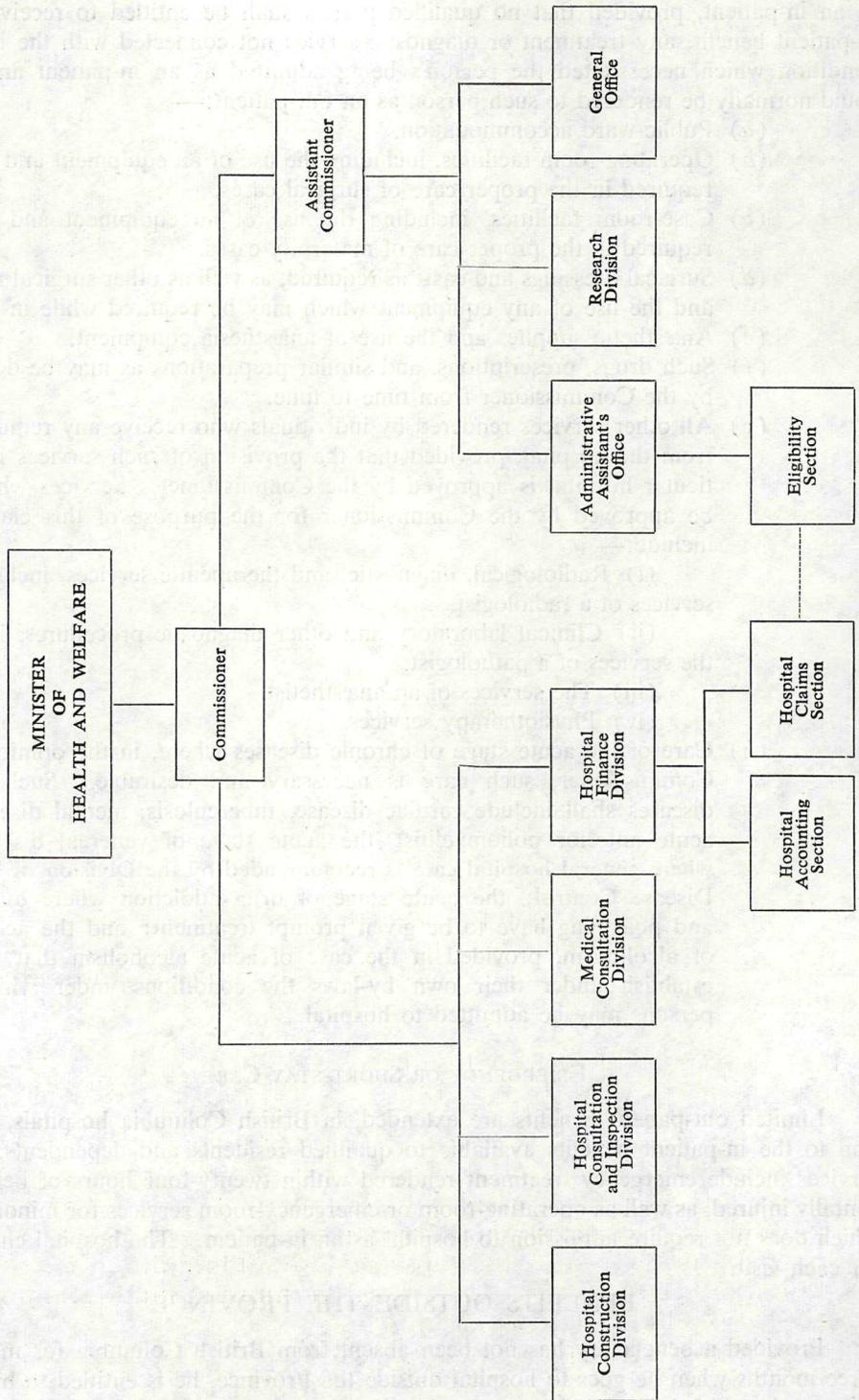
EMERGENCY OR SHORT-STAY CARE

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

ORGANIZATION CHART OF THE BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, 1957



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.

ORGANIZATION AND ADMINISTRATION OF B.C.H.I.S.

The Hospital Insurance Service operates as a branch of the Department of Health and Welfare under the Minister of Health and Welfare. It is administered by a Commissioner, who has the status of a Deputy Minister. In this manner the policies of the Hospital Insurance Service and the amount of funds allocated to hospital care are controlled by the elected representatives of the people.

The main administrative divisions of the Hospital Insurance Service and their functions are as follows:—

- (1) The Hospital Finance Division inspects hospital records, assists hospitals in maintaining accounting and statistical records, and pays hospital accounts, amounting to over 2½ million dollars each month.
- (2) The Hospital Construction Division reviews all plans for new hospitals and provides a consultative service to hospitals and their architects.
- (3) Qualified hospital administrators in the Hospital Consultation and Inspection Division assist hospitals with problems of an administrative and operational nature.
- (4) The Medical Consultant is responsible for reviewing all hospital claims to ensure that hospitalization charged to the Service complies with the medical requirements set forth in the "Hospital Insurance Act" and regulations.
- (5) Staff consultants in the Research Division conduct detailed surveys to establish the need for acute-care hospital bed requirements.

HOSPITAL FINANCE DIVISION

W. J. Lyle, Manager

The Hospital Finance Division performs two main functions—hospital accounting and payment of hospital claims. Other responsibilities include the control of hospital requests for grants in connection with capital expenditures for equipment and recommending approval for payment. It also supervises the appropriation covering long-term pædiatric care.

The following is a brief outline of the methods by which the Division's main functions are carried out.

Hospital Accounting

The Hospital Accounting staff is concerned with hospital financial operations in relation to the budgets approved by the Hospital Rate Board. This work entails frequent inspectional visits to hospitals to review financial, statistical, and accounting records, and eighty-two of the approved public hospitals were visited at least once during the year. When the smaller public hospitals in the Province require accounting aid and instructions, assistance is provided by the staff, upon request.

Other functions performed by the Hospital Accounting staff include:—

- (1) Checking and amending financial and statistical reports prepared by hospitals for the Dominion Bureau of Statistics.
- (2) Auditing accounts, in collaboration with Federal Treasury officials, relating to hospital-construction projects.

- (3) Assisting the Provincial Social Welfare Branch in establishing rates to be paid for the care of Social Welfare patients by carrying out accounting studies in nursing homes and chronic hospitals.
- (4) Collating statistical reports and revenue and expenditure statements received from hospitals on a monthly basis, with the approved budget.
- (5) Calculating cash advances forwarded semi-monthly to hospitals.

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 or hospital additions were prepared with economical and efficient operation in mind, a system of pre-construction operating budgets is used. The procedure requires a hospital to 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 construction plans to ensure efficient and economical operation. 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 continuing increase in planning for hospital construction during 1957, 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.

As in previous years, this office prepared the Annual Report on Hospital Statistics for 1956.

Hospital Claims

The Hospital Claims staff is responsible for screening and, where applicable, approving for payment all admission-discharge records which hospitals submit in respect of every patient. Every claim is checked by this office, whether it is charged to this Service, to the patient, or to some other responsible agency. Approximately 1,200 claims are processed daily.

This office comprises a number of sections, each having responsibility for a particular phase of screening and processing claims.

The *Admission Control Section* reviews each Application for Benefits made by patients who claim to be qualified for benefits under the "Hospital Insurance Act." Details of residence and employment provided by the patient are checked with the verifying documents attached to the claim by the hospital. This Section works closely with the Eligibility Division Inspectors. Advice and assistance are given to hospital admitting staffs regarding proper completion of admission-discharge records and methods of obtaining proof of the patient's residence.

The *Accounts Payment Section* verifies the total charges made to this Service and ensures that all information shown on the claim is completed for statistical purposes. This Section screens each claim to determine that the account has been charged to the correct agency—that is, British Columbia Hospital Insurance Service, Workmen's Compensation Board, Department of Veterans' Affairs, etc. A monthly reconciliation of accounts is carried out with each hospital. In addition, this office screens all claims which may involve third-party liability and, where necessary, obtains further data. During the year a total of 257,956 accounts were paid, compared with 253,001 in 1956 and 242,034 in 1955.

The *Social Welfare Records Section* maintains a complete alphabetical file of all medical identity cards issued to Welfare recipients for this Province. Hospital accounts incurred by Welfare recipients are checked against this file to determine eligibility for hospital benefits, including the dollar-a-day charge. Information regarding medical identity numbers is provided on request to Welfare authorities, doctors' offices, and certain other agencies.

The *Vouchering and Key-punch Sections* are responsible for batching and vouchering fully checked accounts, in order to determine the total amounts payable to each hospital and to prepare I.B.M. punch-cards recording statistical, financial, and medical data. Approximately 1,500 punch-cards are processed daily and form the basis from which this office prepares tabulated listings of accounts paid to hospitals and listings of *per diem* charges to municipalities.

The *Out-of-Province Section* administers the screening and payment of accounts incurred in hospitals outside British Columbia. This Section is responsible for obtaining an Application for Benefits and for checking to ensure that the patient is entitled to receive out-of-Province benefits. During 1957 a total of 2,259 accounts, in the amount of \$158,763.89, were paid on behalf of qualified residents who were hospitalized in other Provinces of Canada, the United States, Alaska, Hawaii, Mexico, British West Indies, the United Kingdom, Eire, Australia, France, Holland, West Germany, Norway, Sweden, Hong Kong, and Japan.

The *Filing Section* sorts and files an average of 3,800 forms and letters daily. Patients' records for the year 1956 were microfilmed by the Central Microfilm Bureau of the Provincial Library, and 783,708 documents were processed, using 25,700 feet of film.

The Hospital Claims office continues to maintain close co-operation with the Medical Consultant's Division, which provides technical advice to the various sections and also screens medical data on all in-Province and out-of-Province claims.

HOSPITAL CONSTRUCTION DIVISION

A. W. E. Pitkethley, Manager

This Division has three main responsibilities:—

- (1) Assisting hospitals and their architects when planning new hospital facilities, or renovations and additions to existing buildings.
- (2) Processing all applications for Provincial grant assistance toward the cost of capital construction and improvements, other than movable equipment, and preparing applications for submission to the Federal Government for Federal grants toward the cost of construction projects that qualify within their regulations.
- (3) The administrative supervision of the Marpole Provincial Infirmary in Greater Vancouver and the two branches in Victoria and Haney. (The manager of this Division serves as secretary of the Provincial Infirmary Board of Management.) These institutions have a total bed capacity of 298 beds, and during the year had an average occupancy of 86.8 per cent.

A great deal of time is spent reviewing plans of proposed new facilities, forwarded by hospitals throughout the Province. Special attention is given to the design and layout of a building to ensure that it can provide efficient and economical operation, a good standard of patient-care, and adequate facilities for potential future expansion. With the co-operation of other divisions of the Service, hospital boards are provided with excellent consultative services. These services are augmented by various branches of the Health Department, including Environmental Management, the Consultant in Nutrition, and Clinical Laboratory Services, as well as the Department of Pædiatrics of the Faculty of Medicine of the University of British Columbia and the offices of the Steam-boiler Inspector and

Electrical Energy Inspector, which assist in examining heating and electrical plans. The Federal Government, through the Chief of the Hospital Design Division, also assists in an advisory capacity.

The following résumé of construction is evidence of the activity of this Division throughout the calendar year 1957. It is interesting to note that, on an average, the Division held two meetings a week with hospital delegates.

(a) *Hospital Projects Completed during 1957*

Ladysmith General Hospital, Ladysmith.—A new hospital replaced the old building and provides 32 active-treatment beds, 2 recovery, 1 labour, and 8 bassinets.

Royal Jubilee Hospital, Victoria.—Physiotherapy Department alterations and improvements. The alterations provide a net gain of approximately 800 square feet for this Department.

Campbell River and District General Hospital, Campbell River.—A new hospital, containing 56 beds, 2 labour beds, 2 recovery beds, and 12 regular bassinets in nurseries. The Lourdes Hospital at Campbell River, which had been operated by the Sisters of St. Ann since 1926, ceased to operate when the new hospital opened its doors for patients. A staff residence of 15 beds was also constructed by the Campbell River and District General Hospital.

Terrace and District Hospital, Terrace.—A temporary addition, providing 12 additional beds.

Vancouver General Hospital, Vancouver.—Alterations to existing areas.

Windermere District Hospital, Invermere.—A new nurses' residence provides accommodation for eight staff members.

(b) *Hospital Projects under Construction at Year-end*

- Vancouver General Hospital, Vancouver: Acute unit, 504 beds.
- St. Mary's Hospital, New Westminster: 150 beds, 47 bassinets.
- Fraser Canyon Hospital, Hope: 26 beds, 8 bassinets.
- Surrey Memorial Hospital, North Surrey: 62 beds, 17 bassinets.
- Maple Ridge Hospital, Haney: 63 beds, 14 bassinets.
- Burnaby General Hospital, Burnaby: Addition, 122 beds, 41 bassinets.
- Lady Minto Gulf Islands Hospital, Ganges: 21 beds, 6 bassinets.
- Lady Minto Gulf Islands Hospital, Ganges: 8 nurses' beds in separate residence.
- Castlegar and District Hospital, Castlegar: 33 beds, 10 bassinets.
- St. Paul's Hospital, Vancouver: Interns' residence, 23 beds (interns).
- Queen Alexandra Solarium for Crippled Children, Victoria: 64 beds.
- Chilliwack General Hospital, Chilliwack: Addition, 97 beds, 15 bassinets.
- Chilliwack General Hospital, Chilliwack: 30 nurses' beds in separate residence.
- Vancouver Preventorium, Vancouver: Addition, 70-bed chronic hospital.
- St. John Hospital, Vanderhoof: 14-bed nurses' residence.
- Kootenay Lake General Hospital, Nelson: 95 beds, 30 bassinets.
- Prince Rupert General Hospital, Prince Rupert: Alterations and improvements to provide additional beds and improved service departments.
- Lillooet District Hospital, Lillooet: New 17-bed hospital plus nurses' residence.

(c) *Projects in Advanced Stages of Planning and for Which Working Drawings Have Been Prepared*

- Prince George and District Hospital, Prince George: 154 beds plus staff beds.
- Kitimat General Hospital, Kitimat: 119 beds plus nurses' beds.
- Grace Hospital, Vancouver: Addition, 30 beds, 32 bassinets.

(d) Additional Projects Developed through Various Planning Stages in 1957

Royal Columbian Hospital, New Westminster: Nurses' home and training school, 214 nurses' beds.

Salmon Arm General Hospital, Salmon Arm: 50 beds.

Kimberley and District General Hospital, Kimberley (McDougall Memorial): 60 beds.

Golden General Hospital, Golden: 22 beds.

Burns Lake Hospital, Burns Lake: 36 beds.

St. Joseph's General Hospital, Dawson Creek: 60 beds.

Providence Hospital, Fort St. John: 60 beds.

Langley Memorial Hospital, Murrayville: 75 beds.

Nanaimo General Hospital, Nanaimo: 158 beds.

North Vancouver General Hospital, North Vancouver: 283 beds.

Powell River General Hospital, Powell River: Diagnostic areas.

Terrace and District Hospital, Terrace: 40 beds.

Royal Jubilee Hospital, Victoria: 64 beds.

St. Joseph's Hospital, Victoria: 31 beds.

War Memorial Hospital, Williams Lake: 70 beds.

Tofino General Hospital, Tofino: 10 staff beds.

Royal Jubilee Hospital, Victoria: Radiotherapy Department.

St. Paul's Hospital, Vancouver: Laboratory.

Kootenay Lake General Hospital, Nelson: Nurses' residence.

Prince George and District Hospital, Prince George: Nurses' residence.

Bulkley Valley District Hospital, Smithers: Addition to staff quarters.

HOSPITAL CONSULTATION AND INSPECTION DIVISION

J. W. Mainguy, M.H.A., Manager

Victoria Office

Hospital inspection and administrative assistance have always been regarded as the main functions of this office. However, it also plays an active part in the financial arrangements between the Hospital Insurance Service and public hospitals. Considerable time is spent on work connected with hospital operating estimates, and during the last two years there has been a steadily increasing amount of work done on operating estimates submitted by groups planning new hospital construction. These pre-construction estimates are reviewed to ensure that new buildings can be staffed economically after they have been constructed. The work on all operating estimates is carried out in conjunction with the Hospital Finance Division.

Administrative assistance on a variety of problems was given to hospitals during inspectional visits by members of the staff and through the mail. A management survey of the operation of one hospital was made during the year, which required the services at the hospital of three consultants for over eight days each. A similar survey of another hospital which was started in 1956 was completed during the year. A member of the staff of this office assisted the Vancouver office in a special study made into the type of service rendered in certain unlicensed buildings in Vancouver. Inspectional visits were made to hospitals in all parts of the Province.

This office continued its work in processing draft by-laws in conjunction with the Administrative Assistant. By-law revisions for eleven societies were reviewed and suggestions made for their improvement. 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, and assistance was given in drafts of medical-staff by-laws sent in for review.

Information on personnel matters was distributed to hospitals.

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

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.

The Nutrition Consultant and the Technical Supervisor, Clinical Laboratory Services, both of the Health Branch, worked closely with this office in connection with certain problems. At the request of hospitals, the Nutrition Consultant visited fourteen hospitals to give assistance with dietary problems. As in the past, liaison was maintained with hospitals and the Health Branch on the problems of aseptic technique and the handling of infectious cases.

In June the Faculty of Pharmacy of the University of British Columbia, in co-operation with this Service, commenced a survey of pharmacy services in the hospitals in this Province.

Vancouver Office

The primary activity of this office is the administration of Part II of the "Hospital Act," dealing with private hospitals. One hundred and twenty visits were made to private hospitals to assess the quality of care and the adequacy of buildings and equipment. A special survey to assess the quality of food service in licensed private hospitals was carried out by a consultant dietician under general direction from this office. The final report of this survey will not be available until after the year-end.

During the year a second intensive study was made into the type of service being rendered in buildings in Vancouver which were not licensed by this office, but which were being used possibly to care for persons who were patients as defined under the "Hospital Act." The study was made jointly by the Metropolitan Health Department and members of the staff of both the Victoria and Vancouver offices of this Division. As a result of this survey, two persons were charged under the "Hospital Act" for operating private hospitals without a licence. One of these persons was found guilty in Police Court; the trial of the second person charged had not taken place by the year-end.

A second major activity of this office is in the field of hospital clearance. Hospital clearance is a method of moving, from acute public hospitals to suitable facilities, Welfare patients who no longer require the specialized services of an acute public 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 1957 there were 137 referrals from acute public hospitals asking for assistance in the removal of problem cases, of which 130 were placed.

Working in close co-operation with the Victoria office and other divisions of the Service, this office was able to revise several of the records and procedures used in its work. A new patients' register for private hospitals was introduced, which will establish a uniform method of compiling data on patients in these hospitals, and additional visits were made to hospitals in connection with its use. A new private-hospital licence was designed and utilized. The form "Report of Social Problem Cases in Hospital" was completely revised. The new form has proved to be easier to complete and more useful as a source of information than the previous form.

Seventy-six inquiries, including one from Italy, were received and answered as to the requirements for the establishment of licensed private hospitals in British Columbia. Two new private hospitals were licensed—one at Nelson and one at Victoria. Several of the existing hospitals added new accommodations to their buildings. At the year-end there were sixty-four licensed private hospitals in British Columbia.

MEDICAL CONSULTATION DIVISION

Dr. W. A. Fraser, O.B.E., E.D., M.D.C.M., F.A.C.S., Medical Consultant

The main functions of the Medical Consultant and his staff are to review all hospital admission and discharge records, and to recommend, from the medical aspect, that portion of the patient's length of stay which may be approved for payment by British Columbia Hospital Insurance Service.

The number of records being processed by this Division has continued to increase, and in 1957 over 1,200 were reviewed daily, as compared to 1,000 in 1956. Particular attention is given to those accounts which either exceeded or were less than the average length of hospital stay. Trends of admission and types of patient-care were noted, and medical coders made a careful study of discharge diagnoses and other pertinent data, which were coded in accordance with the Manual of International Statistical Classification of Diseases, Injuries, and Causes of Death. Close liaison was maintained with the Research Division, particularly in respect to morbidity studies and related statistics.

This Division continued to provide a source of in-service training for the students of the Medical Record Librarians' School, Royal Columbian Hospital, New Westminster, and for the hospital administrators in training at the University of British Columbia.

RESEARCH DIVISION

Mrs. G. E. Whelen, B.Comm., Director

The main functions of this Division are as follows:—

- (1) To survey geographic areas within the Province, in order to determine the need and size of new hospital construction.
- (2) To tabulate, compile, and analyse morbidity statistics, noted in the admission-discharge records forwarded to the Service from British Columbia acute-care hospitals in respect to all in-patients.
- (3) To assist the administration of the Service and other agencies with compilations of data which are not directly available from other divisions within the Service.

The high rate of Provincial population growth and the fact that there is almost universal coverage of the people living in British Columbia (96 per cent) have been largely responsible for the direction of the research undertaken in this Division during 1957. The increasing numbers of people in the Province have, in many areas, placed a strain on existing hospital accommodation, and it has been necessary to further concentrate the resources of this office on the assessment of the need for new hospital beds.

To produce forecasts of bed requirements and make subsequent recommendations, it was necessary to study extensively the economic and population growth within the areas concerned. The findings were related to the volume of hospitalized illness, which was determined through tabulation of the patient data contained in the admission-discharge records processed for all in-patients treated in British Columbia acute-care hospitals.

Four regional studies, covering sixteen school districts and adjacent non-school district territory, were therefore undertaken during the past twelve months. These studies will be used as administrative guides in determining the amount of hospital construction to be undertaken during the next five years in the following regions: Kamloops-Revelstoke and North Okanagan, Cariboo, Terrace, and Golden. Summarized, the recommendations which were made foresee a need to increase the hospital facilities within the regions specified by a total ranging from 225 to 255 beds. If implemented,

these proposals will represent a 44- to 50-per-cent increase in the over-all current bed capacity of the four regions. It was also recommended that approximately 35 per cent of the existing beds be replaced.

Preliminary survey work on hospital bed needs was also commenced on a section of the Province which has been designated for study purposes as the Central Border and South Okanagan region. The terms of reference of this study were designed to evaluate the requirements in eight school districts covering an area of some 8,000 square miles.

Recommendations made by this office in previous years were reviewed and opinions reaffirmed or adjusted in line with more recent population data and the local or community developments in the Langley, Surrey, Burns Lake, Fort St. John, and Mission areas.

During 1957 the annual production of data relevant to in-patients involved revision of coding series, including checking procedures and reorganization of tabulation schedules and redesigning of tabulation instructions. Particular emphasis was given to the fact that the current tabulations would relate to the official Canadian census data, and thus provide valuable demographic material relative to morbidity or other social studies.

Material was gathered and summarized in connection with Provincial participation in the implementation of the Federal "Hospital Insurance and Diagnostic Services Act," and studies were made dealing with the proposed chronic treatment and convalescent coverage programme.

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 1957 there were seventeen such districts in operation and a number of others in the process of formation. Descriptive material outlining the procedures for establishing such a district is supplied to interested groups by the office of the Administrative Assistant, upon request. In addition, this official is responsible for over-all supervision of the Eligibility and Third Party Liability Sections.

Eligibility Section

In order to ensure that only qualified British Columbia residents receive hospital insurance benefits, the staff of the Eligibility Section review the Application for Benefits made by patients at the time of admission to hospital. In addition to investigating doubtful applications, Eligibility Inspectors visit hospitals regularly to see that B.C.H.I.S. eligibility procedures are being properly carried out. Inspectors are located at Victoria, Vancouver, Prince George, Kelowna, Kamloops, and Nelson and perform their duties under the direction of the Eligibility Supervisor in Victoria.

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. The Senior Eligibility Inspector in Vancouver is also responsible for maintaining a third-party liability clearing-house for the convenience of solicitors and insurance adjusters in the Greater Vancouver area. Up-to-date information regarding the hospitalization of accident victims is available through this branch office, and negotiations may be carried out in person or by telephone, thus avoiding the necessity of corresponding with the head office in Victoria.

GENERAL OFFICE

W. H. Parker

The main responsibility of the General Office is the recording and accounting of all receipts and expenditures incurred in the administration and operation of the Hospital Insurance Service. Accounting responsibilities also include an internal audit and preparation of the annual estimates. Other duties comprise the handling of personnel matters; the requisitioning and maintenance of supplies, furniture, and equipment; the sorting and distribution of mail; and the shipment of forms to hospitals.

This office also processes requisitions, vouchers, and credits with respect to the Provincial Infirmaries (Marpole in Vancouver, Mount St. Mary in Victoria, and Allco in Haney), and distributes the \$5 Comfort Fund payment to the patients at Mount St. Mary. During this year, amendments were made in respect to the control of patients' pension cheques, resulting in greater safety of their handling.

This office is responsible for the administration of Hospital Insurance Regulation 8, whereby armed forces personnel may voluntarily register their dependents for hospital insurance benefits. During the year 720 servicemen registered over 1,900 dependents, paying approximately \$10,200 in registration fees. For the same period the Hospital Insurance Service paid \$41,000 toward the hospital expenses incurred by 576 registered dependents.

The supervisor of this office acts as Building Warden and Civil Defence Officer for the Service, and in this capacity conducted surveys on hospital disaster planning for the Provincial Civil Defence Co-ordinator.

PUBLIC RELATIONS

R. H. Thompson

This section is primarily concerned with maintaining liaison with the eighty-two approved public hospitals in the Province and assisting them wherever possible with their public relations programmes. In this regard a Public Relations Guide for Hospitals was prepared during the year and will be published early in 1958. It is a comprehensive pamphlet dealing with the hospital's various publics (medical staff, employees, patients, visitors, community organizations, etc.) and is intended to assist hospitals when planning a formal programme of public relations.

As in previous years, the B.C.H.I.S. Bulletin was published on a regular basis and distributed to all public hospitals. It is an advisory circular clarifying changes in those B.C.H.I.S. policies and procedures which affect hospital administration. During the year several articles on the Service were also prepared for publication in British Columbia newspapers and a national hospital magazine.

Extensive revisions were made to the Hospital Insurance Service display in the Department's exhibit at the Pacific National Exhibition in order to incorporate a Centennial theme in conjunction with the Province's 100th birthday celebrations. In this regard, historical material was loaned to the Service by many hospitals and microfilm copies were made by the office of the Provincial Archivist, to be used as a valuable addition in recording the permanent history of British Columbia public hospitals. At the request of the executive of the British Columbia Hospitals' Association, a display was prepared for use during the association's fortieth annual convention, held in Vancouver in October.

A library of 16-mm. sound films of an educational and instructional nature, covering such subjects as the occurrence of fire within a hospital, was maintained for use by hospitals and other interested organizations. This office also compiled and edited the Ninth Annual Report.

APPROVED PUBLIC 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. | Ocean Falls General Hospital, Ocean Falls. |
| Arrow Lakes Hospital, Nakusp. | Penticton Hospital, Penticton. |
| Bella Coola General Hospital, Bella Coola. | Pouce Coupe Community Hospital, Pouce Coupe. |
| Bulkley Valley District Hospital, Smithers. | Powell River General Hospital, Powell River. |
| Burnaby General Hospital, Burnaby. | Prince George and District Hospital, Prince George. |
| Burns Lake Hospital, Burns Lake. | Prince Rupert General Hospital, Prince Rupert. |
| Campbell River and District General Hospital, Campbell River. | Princeton General Hospital, Princeton. |
| Chemainus General Hospital, Chemainus. | Providence Hospital, Fort St. John. |
| Children's Hospital, Vancouver. | Queen Alexandra Solarium for Crippled Children, Cobble Hill. |
| Chilliwack General Hospital, Chilliwack. | Queen Charlotte Islands General Hospital, Queen Charlotte City. |
| Creston Valley Hospital, Creston. | Queen Victoria Hospital, Revelstoke. |
| Cumberland General Hospital, Cumberland. | Quesnel General Hospital, Quesnel. |
| Enderby and District Memorial Hospital, Enderby. | Red Cross Outpost Nursing Station, Alexis Creek. |
| Esperanza General Hospital, Ceepeecee. | Red Cross Outpost Nursing Station, Atlin. |
| Fernie Memorial Hospital, Fernie. | Red Cross Outpost Nursing Station, Bamfield. |
| Golden General Hospital, Golden. | Red Cross Outpost Nursing Station, Blue River. |
| Grace Hospital, Vancouver. | Red Cross Outpost Nursing Station, Edgewood. |
| Grand Forks Hospital, Grand Forks. | Red Cross Outpost Nursing Station, Hudson Hope. |
| Kelowna General Hospital, Kelowna. | Red Cross Outpost Nursing Station, Kyuquot. |
| Kimberley and District General Hospital (McDougall Memorial), Kimberley. | Red Cross Outpost Nursing Station, Lone Butte. |
| King's Daughters' Hospital, Duncan. | Red Cross Outpost Nursing Station, Masset. |
| Kootenay Lake General Hospital, Nelson. | Rest Haven Hospital and Sanitarium, Sidney. |
| Lady Minto Hospital, Ashcroft. | Royal Columbian Hospital, New Westminster. |
| Lady Minto Gulf Islands Hospital, Ganges. | Royal Inland Hospital, Kamloops. |
| Ladysmith General Hospital, Ladysmith. | Royal Jubilee Hospital, Victoria. |
| Langley Memorial Hospital, Murrayville. | R. W. Large Memorial Hospital, Bella Bella. |
| Lillooet District Hospital, Lillooet. | St. Bartholomew's Hospital, Lytton. |
| McBride and District Hospital, McBride. | St. Eugene Hospital, Cranbrook. |
| Mater Misericordiae Hospital, Rossland. | St. George's Hospital, Alert Bay. |
| Matsqui, Sumas, and Abbotsford General Hospital, Abbotsford. | St. John Hospital, Vanderhoof. |
| Michel Hospital, Michel. | St. Joseph's General Hospital, Comox. |
| Mission Memorial Hospital, Mission City. | St. Joseph's General Hospital, Dawson Creek. |
| Mount St. Joseph's Hospital, Vancouver. | St. Joseph's Hospital, Victoria. |
| Nanaimo General Hospital, Nanaimo. | St. Martin's Hospital, Oliver. |
| Nicola Valley General Hospital, Merritt. | St. Mary's Hospital, Garden Bay. |
| North Vancouver General Hospital, North Vancouver. | 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.

THE FEDERAL-PROVINCIAL HOSPITAL INSURANCE PROGRAMME

During 1957 senior officials of the British Columbia Hospital Insurance Service made an intensive study of the Federal Government's proposals for development of a Federal-Provincial hospital insurance programme.

Representatives of the Department of National Health and Welfare visited the Service to discuss the Federal Act and the draft regulations. Subsequently, a nine-Province conference was held in September, in Toronto, attended by officials of the Service. In December a Federal-Provincial technical conference was convened in Ottawa, at which the policies of the British Columbia Hospital Insurance Service were outlined fully, and definite recommendations were made in respect to certain phases of the Federal programme which were considered unsatisfactory.

Throughout the year, representatives of other Provinces visited the Hospital Insurance Service to study this Province's programme of comprehensive hospital insurance, and numerous inquiries were received from nine of the Provinces in Canada.

GENERAL HOSPITAL CARE

The tables on the following pages present statistical data compiled by the Hospital Finance Division. The data deal with the volume of hospital coverage provided to the people of British Columbia through the Hospital Insurance Service. Eighty-two public hospitals were approved to accept B.C.H.I.S. patients. In addition, care was given in nine Red Cross Outpost Nursing Stations, two veterans' hospitals in Vancouver and Victoria, three private hospitals, two R.C.A.F. Station hospitals, three Indian Health Service hospitals, and six company-operated hospitals. Data for the year 1957 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 public hospitals increased from 9.80 days in 1956 to 9.91 days in 1957. Total adult and children days covered by the Service in British Columbia public hospitals during 1957 was 2,078,978, an increase of 37,124 over 1956. A total of 209,706 B.C.H.I.S. adult and children patients were discharged from British Columbia public hospitals, an increase of 1,413 over 1956.

TABLE I.—PATIENTS DISCHARGED AND DAYS OF CARE AND PROPORTION COVERED BY BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, 1949-57

	B.C. Public Hospitals					
	Total Hospitalized			Covered by B.C.H.I.S.		
	Adults and Children	New-born	Total	Adults and Children	New-born	Total
Patients discharged—						
1949	164,964	26,272	191,236	140,168	24,640	164,808
1950	172,645	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	216,743	33,190	249,933	199,774	31,515	231,289
1956 ¹	227,359	35,118	262,477	208,293	33,174	241,467
1957 ²	229,292	37,310	266,602	209,706	34,860	244,566
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	-----	-----	-----	92.2	95.0	92.5
1956 ¹	-----	-----	-----	91.6	94.5	92.0
1957 ²	-----	-----	-----	91.5	93.4	91.7
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	2,198,863	227,674	2,426,537	2,005,165	212,514	2,217,679
1956 ¹	2,239,646	233,402	2,473,048	2,041,854	217,252	2,259,106
1957 ²	2,278,330	240,596	2,518,926	2,078,978	221,997	2,300,975
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	-----	-----	-----	91.2	93.3	91.4
1956 ¹	-----	-----	-----	91.2	93.1	91.3
1957 ²	-----	-----	-----	91.3	92.3	91.3

¹ Amended as per final reports received from hospitals.² Estimated, based on hospital reports to November 30th, 1957.

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, 1949-57.

	B.C.H.I.S. Patients							
	Total		B.C. Public Hospitals		B.C. Private Hospitals		Institutions outside B.C.	
	Adults and Children	New-born	Adults and Children	New-born	Adults and Children	New-born	Adults and Children	New-born
Patients discharged—								
1949	149,280	24,989	140,168	24,640	7,093	151	2,019	198
1950	154,643	24,336	144,959	23,943	7,617	173	2,067	220
1951	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	209,999	32,035	199,774	31,515	8,313	361	1,912	159
1956 ¹	219,218	33,783	208,293	33,174	9,473	457	2,050	159
1957 ²	222,268	35,688	209,706	34,860	10,485	646	2,077	182
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	2,100,386	215,980	2,005,165	212,514	75,599	2,271	19,622	1,195
1956 ¹	2,141,445	221,022	2,041,854	217,252	79,428	2,740	20,163	1,030
1957 ²	2,189,817	228,359	2,078,978	221,997	92,390	4,865	18,449	1,497
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	10.00	6.74	10.04	6.74	9.09	6.29	10.26	7.52
1956 ¹	9.77	6.54	9.80	6.55	8.38	6.00	9.84	6.48
1957 ²	9.85	6.40	9.91	6.37	8.81	7.53	8.88	8.23

¹ Amended as per final reports received from hospitals.

² Estimated, based on hospital reports to November 30th, 1957.

Estimated patient-days (including new-born days) per thousand of population covered by British Columbia Hospital Insurance Service: 1949, 1,528; 1950, 1,548; 1951, 1,496; 1952, 1,527; 1953, 1,600; 1954, 1,733; 1955, 1,720; 1956, 1,688; 1957 1,626. (1954 and subsequent years based on assumption that total population is covered by British Columbia Hospital Insurance Service.) Population figures adjusted to 1956 Census.

TABLE IIB.—SUMMARY OF THE NUMBER OF B.C.H.I.S. IN-PATIENTS AND SHORT-STAY PATIENTS, 1949-57

	Total Adults, Children, and New-born In-patients	Estimated Number of Emergency and Minor-surgery 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	242,034	70,553	312,587
1956 ¹	253,001	76,375	329,376
1957 ²	257,956	83,530	341,486
Totals	1,918,701	514,586	2,433,287

¹ Amended as per final reports from hospitals.

² Estimated, based on hospital reports to November 30th, 1957.

TABLE III.—PATIENTS DISCHARGED, TOTAL DAYS' STAY, AND AVERAGE LENGTH OF STAY IN BRITISH COLUMBIA PUBLIC HOSPITALS FOR B.C.H.I.S. PATIENTS ONLY, GROUPED ACCORDING TO BED CAPACITY, YEAR 1957.¹

	Bed Capacity						
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25	Special Hospitals
Patients discharged—							
Adults and children.....	209,706	79,098	39,782	45,870	28,159	11,236	5,561
New-born.....	34,860	11,290	7,249	10,113	4,081	1,532	595
Patient-days—							
Adults and children.....	2,078,978	969,275	368,100	387,143	215,730	85,887	52,843
New-born.....	221,997	77,209	46,503	61,292	24,138	9,422	3,433
Average days of stay—							
Adults and children.....	9.91	12.25	9.25	8.44	7.66	7.64	9.50
New-born.....	6.37	6.84	6.42	6.06	5.91	6.15	5.77

¹ Estimated, based on hospital reports to November 30th, 1957.

TABLE IV.—PERCENTAGE DISTRIBUTION OF PATIENTS DISCHARGED AND PATIENT-DAYS FOR B.C.H.I.S. PATIENTS ONLY, IN BRITISH COLUMBIA PUBLIC HOSPITALS, GROUPED ACCORDING TO BED CAPACITY, YEAR 1957.¹

	Bed Capacity						
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25	Special Hospitals
	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent
Patients discharged—							
Adults and children.....	100.0	37.72	18.97	21.87	13.43	5.36	2.65
New-born.....	100.0	32.39	20.79	29.01	11.71	4.39	1.71
Patient-days—							
Adults and children.....	100.0	46.62	17.71	18.62	10.38	4.13	2.54
New-born.....	100.0	34.78	20.95	27.61	10.87	4.24	1.55

¹ Estimated, based on hospital reports to November 30th, 1957.

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE
FISCAL YEAR ENDED MARCH 31ST, 1957

Administration—			
Salaries (permanent)		\$313,081.68	
Temporary assistance		10,223.14	
		\$323,304.82	
Office expense		22,171.53	
Travelling expense		20,158.97	
Office furniture and equipment		279.48	
Printing and publications		13,322.89	
Tabulating and rentals		1,680.00	
Incidentals and contingencies		347.84	
			\$381,265.53
Payments to hospitals—			
Claims		\$29,703,986.02	
Vancouver General Hospital <i>re</i> out-patients ("Hospital Insurance Act," sec. 35 (30))		178,022.86	
		\$29,882,008.88	
<i>Less</i> collections, third-party liability		121,549.59	
			29,760,459.29
Grants in aid of construction and equipment of hospitals		\$2,224,094.21	
<i>Less</i> payable from Hospital Construction Fund	\$1,426,421.14		
<i>Less</i> stand-by services, Vancouver General Hospital	11,148.82		
		1,437,569.96	
			786,524.25
			\$30,928,249.07
<i>Less</i> Provincial <i>per diem</i> grants ("Hospital Act," sec. 4 (1))		\$1,763,604.50	
<i>Less</i> municipal <i>per diem</i> grants ("Hospital Act," sec. 32 (1))		1,116,377.91	
<i>Less</i> registration fees ("Hospital Insurance Act," Reg. 8)		9,451.65	
			2,889,434.06
Total, Hospital Insurance Service			\$28,038,815.01

Certified correct and in accordance with the Public Accounts for the fiscal year ended March 31st, 1957.

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

