PROVINCE OF BRITISH COLUMBIA

HOSPITAL INSURANCE ACT

Twelfth Annual Report

British Columbia Hospital Insurance Service

JANUARY 1ST TO DECEMBER 31ST

1960

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1961

VICTORIA, B.C., January 26th, 1961.

To Major-General the Honourable GEORGE RANDOLPH PEARKES,
V.C., P.C., C.B., D.S.O., M.C.,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Twelfth Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1960.

E. C. MARTIN,
Minister of Health Services and Hospital Insurance.

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., January 26th, 1961.

The Honourable E. C. Martin,
Minister of Health Services and Hospital Insurance,
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 1960.

D. M. COX, F.A.C.H.A.,
Deputy Minister of Hospital Insurance.

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE

The Honourable ERIC MARTIN, *Minister of Health Services and Hospital Insurance.*

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Twelfth Annual Report of the British Columbia Hospital Insurance Service

GENERAL INTRODUCTION

D. M. Cox, F.A.C.H.A., F.C.I., F.C.I.S.,
Deputy Minister of Hospital Insurance

1960 was the twelfth year of operation for the British Columbia Hospital Insurance Service. During the year the Service continued to ensure that the residents of British Columbia were provided with a good standard of hospital services by pursuing the four main functions carried out since its inception on January 1st, 1949: to safeguard the residents of the Province from the financial burden associated with hospitalization; to enable hospitals to improve substantially their services by assuring them of a steady income; to assist communities to provide adequate facilities by administering the grant-in-aid programme; and, finally, to help hospitals to establish and maintain high standards of patient-care by providing professional consultative services.

It is of interest to note that an estimated $340,000,000 has been paid on behalf of 2,788,000 hospital accounts incurred during the twelve-year period of operation. (Payments of hospital accounts to British Columbia hospitals in 1949, on a daily basis, were $50,000; during 1960 daily payments averaged $130,000.) In addition to this financial aid extended to hospitalized residents, grants for hospital construction and equipment have amounted to approximately $35,000,000. The Provincial Government pays 50 per cent of approved hospital construction costs (both acute and chronic) and 33-1/3 per cent of equipment purchases and building improvements and renovations.

At the present time 96 per cent of all patients in the Province's acute-care general hospitals receive coverage from the British Columbia Hospital Insurance Service. (This compares with an average of approximately 85 per cent coverage experienced during the years of compulsory premium payment, January, 1949, to April, 1954.) The remaining 4 per cent are primarily non-residents, workmen's compensation recipients, armed forces personnel, and veterans with pensionable disabilities.

A major development that took place in 1960 was the commencement of the Rehabilitation, Chronic Treatment, and Convalescent Care Plan, on September 1st (for further details regarding this plan *see* page 10). Reports relating to the activities of the various divisions of the Service appear elsewhere. It is not intended that the Annual Report cover all aspects of the *Hospital Insurance Act* and regulations in detail, and persons interested in a detailed study are advised to refer to the Act and regulations.

INTRODUCTION OF REHABILITATION, CHRONIC TREATMENT, AND CONVALESCENT CARE PLAN

On September 1st, 1960, the Province of British Columbia commenced a coverage programme for rehabilitation, chronic treatment, and convalescent care. The new plan is being administered by the British Columbia Hospital Insurance Service, and participation is limited to approved active-treatment chronic hospitals or active-treatment chronic units of general hospitals that present satisfactory evidence of ability and intention to provide a full chronic-treatment service.

The advice and guidance of the Canadian Medical Association (British Columbia Division) and the Faculty of Medicine of the University of British Columbia were sought in the development of the plan. The president, executive director, and members of the executive of the association and the Dean and members of the Faculty of Medicine very kindly consented to serve on an advisory committee. The Provincial Health Branch is also represented on the committee. The success that has been achieved in the initial stages of the plan reflects the expert medical guidance given by that profession, whose continued assistance will be most essential as the programme progresses.

Coverage is extended to the in-patient care of rehabilitation and convalescent patients who no longer require the intensive diagnostic and treatment services of an active-treatment general hospital, and who are certified by competent medical authority to be likely to benefit from rehabilitation treatment services to the extent that they may be returned to their homes or to foster homes and, if possible, to useful employment. A broad interpretation is placed on " rehabilitation," and it applies to all age-groups. A patient of 75 who can be improved sufficiently to enable him to return to his home, even for a few months, is considered to be a rehabilitation patient just as a youth of 19 who, with proper treatment, can take employment.

The classes of patients entitled to coverage are:—

(*a*) Those persons who will obviously benefit from rehabilitation procedures; and

(*b*) The test or observation group comprising patients who appear to be those who can benefit by rehabilitation, but whose rehabilitation potential can be established only after a trial period of intensive rehabilitative treatment.

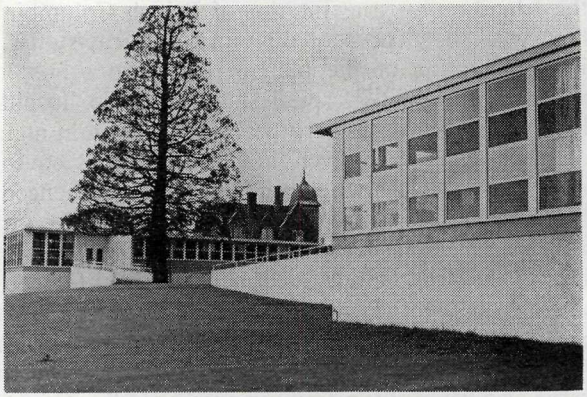
The cost to the patient is $1 per day. Coverage in rehabilitation, chronic treatment, and convalescent hospitals does not include hospitalization outside the Province.

Benefits do not include treatment of tuberculosis, mental disease, or alcoholism or the provision of out-patient service, " take home " drugs, prescriptions, or appliances.

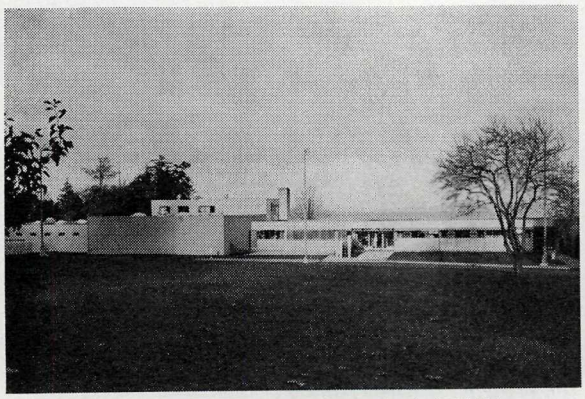
This entire coverage programme has been designed to fit properly within the scope of the Federal-Provincial hospital insurance programme. Due to the fact that there is a very limited background of experience, it has not been possible to define policies and procedures as clearly as in the acute general hospital field. Therefore, coverage limitations will be subject to review from time to time as experience is gained in this new programme.

In July the Hospital Insurance Service was fortunate to obtain the services of Dr. B. M. Fahrni on a part-time basis. Dr. Fahrni, Associate Professor of Medicine and head of the Department of Geriatrics at the University of British Columbia, is serving in an advisory capacity. The Medical Consultant and Dr. Fahrni, accompanied by the Managers of the Hospital Construction Division and Hospital Consultation and Inspection Division, formed a team whose members visited hospitals on

the Island and in the Interior of British Columbia. Explanatory discussions were held with the boards of directors, medical staffs, and medical societies regarding implementation of the plan in the various hospitals. Owing to such factors as scarcity of trained hospital staff, available hospital space, and other related and limiting problems, an early start on the plan in many of the hospitals is not immediately possible. However, in those hospitals equipped to handle chronic care and rehabilitation of patients, treatment has commenced and is progressing satisfactorily. Planning and study are continuing, and expansion of the plan will take place as soon as it becomes feasible. In order to further such expansion, a request was made to Dr. T. D. Bain, Senior Treatment Medical Officer, Shaughnessy Hospital, for permission to use the training facilities available at this hospital. The Service was gratified to learn from Dr. Bain that approval had been received from the Director-General of Treatment Services, Dr. J. N. Crawford, to have Shaughnessy Hospital serve as a centre for a training programme. This will be of great value in supplying trained personnel, which are so necessary in the carrying-out of treatment under the Rehabilitation, Chronic Treatment, and Convalescent Care Plan.



Gorge Road Hospital, Victoria.



Queen Alexandra Solarium for Crippled Children, Victoria.

REHABILITATION, CHRONIC TREATMENT, AND CONVALESCENT CARE HOSPITALS

Also

Holy Family Hospital, Vancouver.
Pearson Hospital (Poliomyelitis Pavilion), Vancouver.
Shaughnessy Hospital (Military), Vancouver.
Veterans' Hospital (Military), Victoria.

G. F. Strong Rehabilitation Centre, Vancouver.

THE HOSPITAL INSURANCE ACT

This is the Statute which authorizes British Columbia's hospital insurance plan and under which the British Columbia Hospital Insurance Service is established. Its main provisions may be summarized as follows:—

(1) Generally speaking, every permanent resident who has made his home in British Columbia for at least three consecutive months prior to going to hospital is entitled to benefits under the Act.

(2) Approved hospitals are paid an all-inclusive *per diem* rate for the acute hospital care rendered to qualified persons. In addition, the plan was expanded on September 1st, 1960, to provide active care for persons requiring rehabilitative procedures or those suffering from a chronic illness or disability. The payment made to a hospital by the British Columbia Hospital Insurance Service amounts to $1 less than the *per diem* rate approved for the particular hospital, and the patient is responsible for paying the remaining dollar. The Provincial Government pays the dollar-a-day charge on behalf of Provincial social welfare recipients.

(3) The benefits provided under the Act include standard ward accommodation, food and necessary nursing services, the use of the operating-room, caseroom, anæsthetic equipment and supplies, routine surgical supplies, almost all drugs, and all other services that are provided by the hospital.

(4) In addition to acute in-patient care, qualified persons are entitled to the use of a hospital's out-patient facilities for emergency care within twenty-four hours of an accident or for minor surgery for a nominal charge of $2 for each visit.

(5) Qualified persons who are temporarily absent from British Columbia are entitled to the benefits described elsewhere in this Report during the first three months following their departure from the Province.

THE HOSPITAL ACT

One of the important functions of the British Columbia Hospital Insurance Service is the administration of the *Hospital Act*. The Deputy Minister of Hospital Insurance is also the Chief Inspector of Hospitals for British Columbia under this Statute.

The *Hospital Act* controls the organization and operation of hospitals, which are classified as follows:—

(1) Public hospitals—non-profit hospitals caring for acutely ill persons.

(2) Private hospitals—generally privately owned and profit-making units. This category includes:—

(*a*) Small general hospitals, most of which are operated in remote areas by industrial concerns primarily for their employees.

(*b*) Nursing homes, most of which are operated for profit by private operators or companies. Several are operated as non-profit organizations by religious and other groups.

(3) Rehabilitation, chronic, and convalescent hospitals—these are non-profit hospitals approved under Part III of the *Hospital Act,* primarily for the treatment of persons who will benefit from intensive rehabilitative care.

PERSONS ENTITLED TO OR EXCLUDED FROM THE BENEFITS UNDER THE HOSPITAL INSURANCE ACT

Entitled to Benefits

A person is entitled to benefits if he qualifies as a beneficiary under the *Hospital Insurance Act.* Generally speaking, a person is a beneficiary if he proved to the satisfaction of the Deputy Minister of Hospital Insurance that:—

(*a*) He is the head of a family, or a single person, who has made his home in the Province and has lived continuously therein during the preceding three 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, and provided also that the provision of hospital-care benefits is a medical necessity.

During the three-month residence qualification period, a person is permitted to be temporarily absent from British Columbia for a total of one month without suffering any postponement of the date on which he becomes a beneficiary.

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.

Generally speaking, 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.

The foregoing general description may be varied somewhat by the special arrangements that are in effect regarding persons who move to British Columbia from another Province which has a Federal-Provincial hospital insurance plan in effect.

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; or

(*b*) A resident who leaves British Columbia temporarily and fails to return and re-establish residence within twelve months, or who establishes his home elsewhere; or

(*c*) An inmate of a Federal penitentiary; or

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

(*e*) Persons entitled to receive hospital treatment from the Government of Canada or any other government; for example members of the armed forces or Royal Canadian Mounted Police.

HOSPITAL BENEFITS AVAILABLE IN BRITISH COLUMBIA

In-patient Benefits

In addition to standard ward accommodation with meals and general nursing services, a beneficiary may receive any of the other services available in the hospital, which may include:—

Laboratory and X-ray services.
Drugs, biologicals, and related preparations (with certain exceptions).
Use of operating-room and caseroom facilities.
Use of anæsthetic equipment, supplies, and routine surgical supplies.
Use of radiotherapy and physiotherapy facilities where available. Active treatment of chronic illness, with particular emphasis on patients whose rehabilitation potential has been established. Other approved services rendered by employees of the hospital.

(NOTE.—Private or semi-private rooms cost more to maintain than standard wards, and a patient is required to pay extra for such accommodation.)

EMERGENCY SERVICES AND MINOR SURGERY

The following benefits are also provided in British Columbia public hospitals to beneficiaries who do not require in-patient care:—

Emergency treatment rendered within twenty-four hours of being accidentally injured.
Operating-room or emergency-room services for minor surgery, including application and removal of casts.

The hospital charges beneficiaries $2 for each visit. The remainder of the cost is paid by the British Columbia Hospital Insurance Service. However, if the patient receives treatment from a private physician, he is responsible for paying for the doctor's services, as such charges are not payable by the Hospital Insurance Service. Non-beneficiaries are required to pay the full hospital charge for such services.

APPLICATION FOR HOSPITAL INSURANCE BENEFITS

At the time of admission to hospital, a patient wishing to apply for coverage under the hospital insurance programme is required to make an application for benefits. The hospital is responsible for verifying the patient's statements regarding length of residence, etc., to determine if the patient is a qualified resident as defined under the *Hospital Insurance Act* and regulations. Payment of the account is then requested by the hospital from the British Columbia Hospital Insurance Service, which may reject any account where either the patient's status as a qualified resident or the medical necessity for his receiving hospital care benefits has not been established. (*See* Eligibility Section, page 30.)

HOSPITAL BENEFITS AVAILABLE OUTSIDE BRITISH COLUMBIA

Benefits are available anywhere in the world to a beneficiary under British Columbia's plan, when admitted to an approved general hospital for medically necessary in-patient care for an acute illness or condition within the first three months after leaving British Columbia. This applies both to beneficiaries who are temporarily absent from the Province and those who have moved elsewhere. The maximum period during which coverage can be provided is three months, and this applies only to in-patient benefits; emergency services and minor surgery rendered to out-patients are excluded.

If hospitalization takes place in another Province that has a Federal-Provincial hospital insurance plan, the British Columbia Hospital Insurance Service will pay the hospital at the standard ward rate approved by the Provincial authority concerned, less $1 per day. If the daily rate includes a capital charge related to the cost of hospital buildings or equipment, it is payable by the patient, because such items are

not included in the rates charged by British Columbia hospitals. Elsewhere, payment will be made at a rate not exceeding $12 per day ($4 for new-born infants).

A written application for benefits must be received by the British Columbia Hospital Insurance Service within six months of the date of admission to hospital.

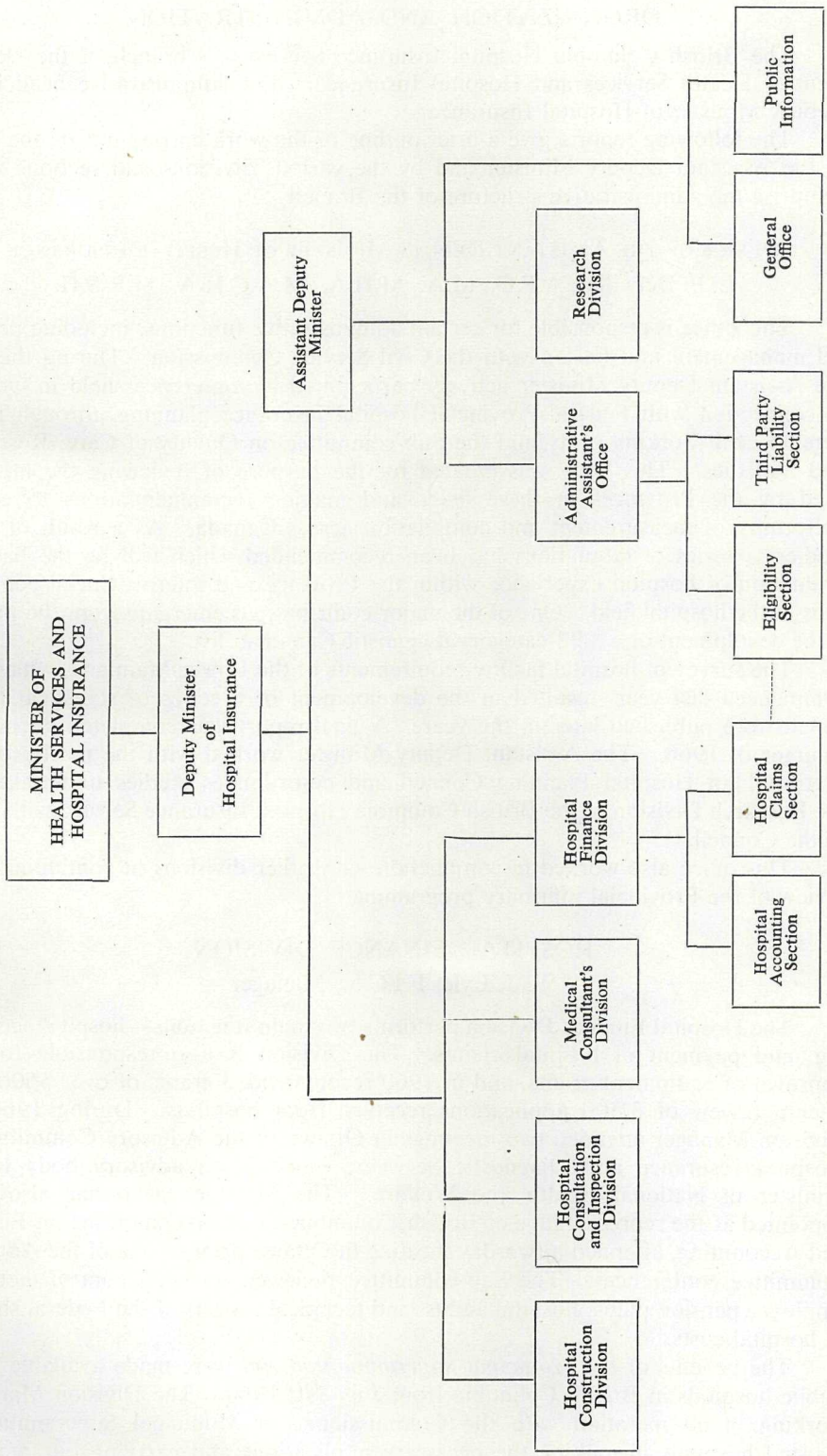
THE HOSPITAL RATE BOARD AND METHODS OF PAYMENT TO HOSPITALS

The Hospital Rate Board, appointed by Order in Council in January, 1951, is composed of the Deputy Minister of Hospital Insurance, the Hospital Finance Manager, and the Hospital Consultation and Inspection Manager. The purpose of the Board is to advise the Deputy Minister in regard to the rates of payments 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. Under a 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. It is generally recognized that the addition of a few more patient-days does not add proportionately to patient-day costs, because certain overhead expenses (such as heating, etc.) are not affected. However, some additional supplies will be consumed, and it is the cost of these variable supplies which 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 (approximately 96 per cent) are the responsibility of the British Columbia Hospital Insurance Service. 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, which are all-inclusive; that is, the daily rate covers the cost of all the regular hospital services, such as X-ray, laboratory, operating-room, etc., provided to patients, in addition to bed, board, and nursing care.

ORGANIZATION CHART



ORGANIZATION AND ADMINISTRATION

The British Columbia Hospital Insurance Service is a branch of the Department of Health Services and Hospital Insurance. The administrative head is the Deputy Minister of Hospital Insurance.

The following reports give a brief outline of the work carried out by the office of the Assistant Deputy Minister and by the various divisions and sections which comprise the administrative structure of the Branch.

Office of the Assistant Deputy Minister of Hospital Insurance

L. F. Detwiller, A.F.C., M.A., M.H.A., M.A.C.H.A., M.R.S.H.

This office is responsible for certain administrative functions, including personnel management and liaison with the Civil Service Commission. During the year the Assistant Deputy Minister actively participated in conferences held in Ottawa, in connection with Federal-Provincial hospital insurance planning, through membership on a working party and the Sub-committee on Quality of Care, Research, and Statistics. This body was created for the purpose of reviewing the methods used by the Provinces in these fields and making recommendations to ensure uniformity of measurement and compilation across Canada. As a result of these studies, a series of tabulations has been recommended which will be the basis of evaluation of hospital experience within the Province and interprovincial comparisons in the hospital field. One of the major contributions emerging from the project is the devolpment of a " 98-category diagnostic Canadian list."

The survey of hospital facility requirements of the Lower Mainland, which was commenced last year, resulted in the development of a series of statistical tables which were published later in the year. A final report was completed during the summer of 1960. The Assistant Deputy Minister worked with the newly formed Metropolitan Hospital Planning Council and co-ordinates studies undertaken by the Research Division of the British Columbia Hospital Insurance Service with those of the Council.

This office also worked in conjunction with other divisions in continuing their review of the Provincial infirmary programme.

HOSPITAL FINANCE DIVISION

W. J. Lyle, F.I.C.S., Manager

The Hospital Finance Division performs two main functions—hospital accounting, and payment of hospital claims. The Division is also responsible for the approval of equipment grants, and in 1960 recommended grants of over $600,000, after a review of 3,500 applications received from hospitals. During 1960 the Division Manager attended two meetings in Ottawa of the Advisory Committee on Hospital Insurance and Diagnostic Services, which is an advisory body to the Minister of National Health and Welfare. The Manager, who has also been appointed as the representative of British Columbia on a Sub-committee on Finance and Accounting, attended a two-day meeting in Ottawa prior to one of the Advisory Committee conferences. The Sub-committee reviewed financial control methods, employee pension plans, hospital audits, and technical aspects of the Federal sharing of hospital costs.

The benefits of the *Municipal Superannuation Act* were made available to all public hospitals in British Columbia from July 1st, 1960. The Division Manager, working in co-operation with the Commissioner of Municipal Superannuation, assisted hospitals in making the necessary applications and carrying out required

documentation relative to the past service of hospital employees. To provide as broad a pension coverage and benefits as considered reasonable, policies were established by the Provincial Government so that any employee of a hospital, at the commencement date, who could complete ten years' pensionable service in public hospitals in British Columbia before reaching retirement age would be eligible, and pension credits would be allowed for all years of prior service (except for the first twelve month's employment). The hospital employee was not required to contribute to the cost of providing a pension for years of service prior to July 1st, 1960.

The Division Manager continued to perform duties as a member, and secretary, of the Hospital Rate Board, and to represent the British Columbia Hospital Insurance Service on the Radiological Advisory Council, which acts in an advisory capacity on the development of radiology services and purchase of equipment by general hospitals.

The following is an outline of the duties, activities, and responsibilities of the two sections of the Finance Division.

Hospital Accounting

G. L. Morris, C.A., Supervisor

The Hospital Accounting staff is concerned with hospital financial operations in relation to the budgets approved by the Hospital Rate Board. This entails visits to hospitals to review financial and statistical records and procedures. These visits, extending from three days to four weeks, were made to eighty-seven public hospitals during 1960. Accounting assistance and instruction were also provided on request to smaller public hospitals in the Province.

Other functions performed by the Hospital Accounting staff included:—

(*a*) The tabulation of monthly statistical and financial reports from hospitals and the correlating of these with the approved budgets.

(*b*) The determination of the semi-monthly cash advances to be made to hospitals.

(*c*) Checking and amending annual financial and statistical reports prepared by hospitals for the Dominion Bureau of Statistics and the Department of National Health and Welfare.

(*d*) The carrying-out of accounting reviews and cost studies of nursing homes upon the request of the Social Welfare Department for welfare payment purposes.

(*e*) The auditing of accounts of hospital construction projects to determine the amount of construction grants payable by the Province.

During 1960 sixteen completed construction projects, involving expenditures in excess of $18,500,000, were audited and the required statements prepared for the Federal Government, in order that the Federal construction grants could be claimed by the hospitals.

As a result of the introduction from September 1st, 1960, of the Rehabilitation, Chronic Treatment, and Convalescent Care Plan, investigations of financial and statistical records of certain designated hospitals were made to determine the bases of payment on behalf of British Columbia Hospital Insurance Service patients covered in such hospitals. With the anticipated extension of the number of approved hospitals providing this type of care, a considerable increase is expected during 1961 in the volume of work of this nature to be undertaken by this Section.

Experience during the first few years' operation of the British Columbia 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 are 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 area. These estimates are submitted to the British Columbia 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 addition compare 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 the hospital board to revise its 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 British Columbia Hospital Insurance Service, the hospital boards are required to provide written guarantees relative to the projected operating cost. It is considered that this method of approaching the operating picture for proposed hospital facilities ensures more satisfactory planning, efficient use of hospital personnel, and an economical operation.

Under the terms of the Federal *Hospital Insurance and Diagnostic Services Act,* whereby the Federal Government has been sharing in the costs of in-patient care in this Province from July 1st, 1958, monthly cash advances are made to the Province by Ottawa, based on payments made by the Province during the previous month. These advances are later taken into account when the total amount payable by the Federal Government is determined for the calendar year. The final calculation for the year is based on the annual audited financial reports of each public hospital, after the hospitals' records have been inspected by accountants from this Section and approved by Federal Treasury auditors. Compilation of the necessary data required by the Federal authorities for purposes of the final settlement involved a considerable amount of additional work, before agreement on the amount shareable in respect of the first period (July 1st to December 31st, 1958) was reached in the early months of 1960. Some changes in procedures are in effect for the second period (calendar year 1959), but with the entry into the Federal-Provincial scheme of Ontario and three other Provinces in 1959 no earlier settlement of the final shareable costs for that year can be anticipated, since agreement on the costs of all participating Provinces has first to be reached before the national shareable costs can be determined.

The Annual Report on Hospital Statistics, issued by the Department of Health Services and Hospital Insurance and covering the administration of the *Hospital Act* for the preceding year, is prepared by this office.

Hospital Claims

W. J. Wade, Supervisor

Hospital Claims is responsible for processing all admission-discharge records (accounts) which hospitals submit for each patient, and approving for payment all acceptable claims. Every claim is checked by this office, whether it is payable by the British Columbia Hospital Insurance Service or by the patient or other agency. Approximately 1,300 claims were processed each working-day during 1960, and, in addition, an average of over 400 emergency-service or minor-surgery accounts were handled each day.

In addition to the normal processing of hospital claims, as outlined in subsequent paragraphs, improvements were made in internal procedures to facilitate the processing of a greater volume of accounts resulting from the increase in the number

of hospital beds and the expansion of coverage to chronic units. Close co-operation was continued with the Medical Consultation Division for advice on the medical aspects of claims, and for the control of the daily volume of work.

The introduction in October, 1959, of the British Columbia Hospital Insurance Service manual for hospitals has resulted in an improvement in hospital procedures. This was most noticeable in the year-end cut-off of accounts, with this phase of the work being completed at an early date by most hospitals. The co-ordination of the designing and planning for the introduction of a new admission-discharge form and I.B.M. statistical card was carried out, with the object of commencing new procedures by January 1st, 1961. This revision resulted from a desire for standardization by all Provinces participating under the Federal-Provincial agreement.

The sections participating in this work and a brief outline of their duties follows.

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 are checked with the verifying documents, and discrepancies referred back to the hospital or to the Eligibility Inspectors. Over 6,000 hospital claims or some 2 per cent of the total received from hospitals were returned for further information. Advice and assistance were given to hospital admitting staffs on the proper methods of admission and discharge affecting the patient's residential qualifications. This was carried out by correspondence, by actual visit to the hospital, or by attendance at a hospital regional meeting.

The *Accounts Payment Section* verifies the charges made to the British Columbia Hospital Insurance Service and ensures that all information shown on each claim is completed for statistical purposes and that it is charged to the correct agency, such as the British Columbia Hospital Insurance Service, Workmen's Compensation Board, Department of Veterans' Affairs, or another Province which has a plan of its own. During the year an average of 400 queries per month were addressed to British Columbia hospitals on accounting matters. In 1960 a total of 300,991 accounts were paid, compared to 287,685 in 1959 and 272,262 in 1958. The increase in accounts paid was mainly due to an increase in beds within the acute-care hospitals and a further increase in claims accepted for D.V.A. hospitals under the Federal-Provincial agreement, plus some Rehabilitation, Chronic Treatment, and Convalescent Care cases.

The *Social Welfare Records Section* continues to maintain the alphabetical file of all health services identity cards issued to welfare recipients in this Province. Welfare hospital accounts are checked to this file to determine eligibility for hospital benefits. This file is used by the Department of Social Welfare as a source of information.

The *Voucher and Key-punch Sections* are responsible for batching and vouchering the checked accounts, in order to determine the amounts payable to each hospital and for the punching of an I.B.M. card for each account. The cards are punched daily to record statistical, financial, and medical data, and are also used to tabulate remittance listings of payments due to hospitals.

The *Out-of-Province Section* handles all claims for hospital accounts incurred by British Columbia residents in hospitals outside the Province. This includes establishing eligibility and the payment of claims. During 1960 a total of 3,176 accounts, amounting to $410,860, was paid on behalf of qualified residents who were hospitalized in the other Provinces of Canada, in practically all States of the United States, Australia, Belgium, British West Indies, Eire, France, Holland, Hong Kong, Italy, Japan, Jugoslavia, Mexico, Norway, Peru, Portugal, South Africa, Spain, Sweden, Switzerland, United Kingdom, and West Germany.

The *Filing Section* sorted and filed an average of 3,600 documents and letters daily. This is a reduction of approximately 10 per cent when compared with the previous year, despite an increase in total hospital accounts handled, and resulted from improvements to procedures. During the year all 1959 claims were microfilmed by the Central Microfilm Bureau; 757,688 documents were photographed on 25,900 feet of film. Out-of-Province Section claims were also microfilmed. The film was duplicated, and the duplicate stored separately in case of loss or damage to the original film. The space occupied by sixty steel filing-cabinets has been saved each year by microfilming.

Hospital Consultation and Inspection Division

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

This Division is concerned not only with responsibilities relating to the administration and operation of approved public hospitals, but also with the licensing and inspection of private hospitals. The category " private hospital " includes those nursing-home facilities which provide skilled nursing care to the aged sick, and also includes some small general hospitals, most of which are operated in remote areas by industrial concerns. The majority of the nursing-home facilities are operated for profit by private operators or companies. Another activity of the Division is in the field of hospital clearance. This procedure is a method of moving welfare patients from acute general hospitals to more suitable facilities when they no longer require the specialized services of an acute general hospital, but do need care beyond that which could be given in their homes. The actual work of placing these people is done by the Department of Social Welfare at the request of this Division. In 1960 this office asked Social Welfare to arrange placement for 128 patients.

With regard to work relating to public hospitals, this Division, during the year, worked with the Finance Division on the analysis of hospital estimates. The Manager of the Division continued as a member of the Hospital Rate Board. Other functions included the reviewing of hospital by-laws with the Administrative Assistant, and providing hospitals and other organizations with information on a wide variety of hospital problems (that is, wage analysis, personnel management, etc.). Staff members made a total of forty-six visits to public hospitals, usually involving a day or more at the hospital.

A close working relationship continued with Health Branch personnel in matters dealing with hospital care. The staff of the Division was in close contact with the Medical Health Officers and their staffs, the Technical Supervisor of Clinical Laboratory Services, and the Technical Adviser in Radiology, whose specialized fields also require them to visit hospitals. Their Nutrition Consultant made dietary inspections in eight public hospitals. Working in conjunction with the Health Branch, this Division helped to prepare and to conduct a dietary institute at Nanaimo where cooks from twenty-six hospitals and institutions which do not have dieticians were in attendance for five days. This course was similar to those held in 1959 at Cranbrook and Prince George.

The Division continued to represent the British Columbia Hospital Insurance Service on the Laboratory Advisory Council, which acts in an advisory capacity on matters dealing with laboratory services and equipment in public hospitals.

A further activity of the Division during the year was participation in preparing for the Civil Defence Orientation Course for directors of nursing, and also participation in the course held for physicians. The Division represented the British Columbia Hospital Insurance Service on the Emergency Health Services Advisory Committee, and also on a committee to review hospital disaster plans.

Close liaison was maintained with the Provincial Fire Marshal during the year in order that fire safety in hospitals could be improved upon.

In private hospital licensing and inspection, 204 visits were made to the hospitals. Of these, fifty-four were made by the part-time consulting dietician, who assists the Division in maintaining a continuing programme of food-service inspection and consultation.

During 1960 a total of 109 new private hospital beds were licensed. Numerous inquiries were received from persons actively interested in establishing private hospitals. At the end of the year a new private hospital building of 55 beds was under construction in Richmond. Beds in operation at the end of 1960 were 1,950 for nursing-home type patients licensed in fifty-seven private hospitals, and 100 beds licensed in six private acute hospitals, making a total of 2,050 beds. (In 1959 there were 170 private acute hospital beds. The figure was reduced to 100 in April, 1960, when the private hospital at Kitimat ceased operating after transferring its patients to the newly constructed Kitimat General Hospital.)

The Manager of the Division continued as a member of the Welfare Institutions Board, which is involved in the licensing of numerous facilities, including boarding homes for the aged. This has helped to maintain a close liaison between the licensing of private hospitals and of boarding homes. On the authority of the Minister of Health Services and Hospital Insurance, this Division appointed representatives to serve with a committee of the Greater Vancouver Health League in the study of nursing-home and boarding-home licensing. Informative discussions were held during the year with this committee.

A Province-wide survey of nursing-home bed requirements was carried out during the year with the assistance of doctors, hospitals, and social workers.

The British Columbia Hospital Insurance Service was represented by the Manager of the Division at the Western Provinces' Rehabilitation Workshop called by the Civilian Rehabilitation Branch of the Federal Department of Labour. The workshop was attended by representatives of the Provincial Departments of Health, Welfare, and Education, and members of other Government departments or agencies concerned with this problem.

Hospital Construction Division

A. W. E. Pitkethley, Manager

This Division has three main responsibilities:—

(1) Providing a consultative service to general hospitals when planning new hospital facilities, renovations, or additions to existing buildings.

(2) Processing and recommending for approval applications for Provincial grant assistance toward the cost of capital construction and improvements. Preparing applications for submission to the Federal Government for Federal grants toward the cost of construction projects.

(3) The administrative supervision of the Marpole Provincial Infirmary in Greater Vancouver, and the branch in Victoria and Haney. The Manager of this Division serves as secretary of the Advisory Board of Management of the Provincial Infirmaries. (These institutions have a total bed capacity of 283 beds, and during the year had occupancies ranging from 76.02 to 80.05 per cent.)

A great deal of time is spent reviewing plans of proposed new facilities forwarded by hospitals. Special attention is given to the design and layout of each building to ensure that it can provide a good standard of patient-care, efficient and economical operation, and adequate service and clinical facilities for potential future

expansion. Close attention is given to the design and extent of the mechanical facilities proposed for hospital buildings; these include heating, ventilating, and air-conditioning systems. With the co-operation of other British Columbia Hospital Insurance Service divisions and the Health Branch, hospital boards are provided with a complete consultative planning service. Assistance is given by the Division of Public Health Engineering, the Consultant in Nutrition, the technical adviser to the Laboratory Advisory Council, the technical adviser to the Radiological Advisory Council, and the Public Health Officers, all of the Provincial Health Branch. In addition, the Professor of Pædiatrics of the Department of Medicine of the University of British Columbia gave valuable assistance in reviewing plans for pædiatric and nursery facilities. The chief of the Hospital Design Division of the Federal Government gave advice on selected problems in hospital design. The supervisor of physiotherapy of the Canadian Arthritis and Rheumatism Society (British Columbia Division) is co-operating in the review of proposed plans for physiotherapy departments in small and medium-sized hospitals.

The Construction Division also has the services of an architect, on loan from the Public Works Department. He assisted in the compilation of a survey questionnaire on nursing units distributed to twenty-one of the major hospitals in the Province in the summer of 1959. The answers received have been used as a source of reference material in preparing typical floor-plan arrangements, and drawings involving detailed cabinetwork, shelving, and cupboard arrangements, plumbing, and many other features that take into consideration the specialized requirements of qualified nursing personnel. During the year, studies were made of the survey material, and approval was received for financial assistance from National health grants to assist in the completion of the study.

The Division maintained liaison with the Hospital Committee of the British Columbia Medical Association, which is co-operating in the study of selected problems referred to it, and also with the Registered Nurses' Association of British Columbia.

Meetings were held with the Hospitals Committee of the Architectural Institute of British Columbia. The functions of this Committee include co-ordinating and presenting to the British Columbia Hospital Insurance Service the view-points of the Institute members on matters relating to hospital construction projects. It also acts as a liaison body to work with the British Columbia Hospital Insurance Service in developing and standardizing procedures relating to architectural and engineering services on hospital projects. At the suggestion of the Manager of the Construction Division, and with the fine co-operation of the Architectural Institute of British Columbia, a seminar of architects was held during October. It is believed that this was the first seminar of its kind held in Canada.

Investigations into the operation and efficiency of air-sterilizing equipment, used in conjunction with air-recirculating and air-conditioning systems for operating-rooms, were carried out by the Manager of the Division, members of The Association of Professional Engineers of British Columbia, and a bacteriologist on the staff of the Vancouver General Hospital. Visits were made to hospitals to examine and evaluate two types of aseptic air systems in actual operation.

During the year the Division made a number of inspection trips to hospitals in British Columbia. With the advent of chronic-care coverage in the Province, it was considered advisable to examine the physical facilities and operation of hospitals providing chronic care, and the Division Manager, therefore, made inspectional visits to rehabilitation centres in other areas.

(*a*) *Hospital Projects Completed during 1960*

Prince George Regional Hospital.—On January 16th, 1960, the Minister of Health Services and Hospital Insurance officially opened the new 125-bed hospital. There is space in unfinished sections of the building for 38 additional beds. Major equipment and services installed in the hospital are of sufficient capacity to provide for beds which could be accommodated on a fifth floor.

Vancouver General Hospital.—The mechanical services project, which involved the replacement of the 40-year-old incinerator, renovations of the old boiler-house, the old morgue and laboratory building, and the generator-house, was completed early in 1960.

Golden and District General Hospital.—On March 5th, 1960, the new hospital was officially opened. The hospital provides accommodation for 23 active-treatment beds, plus space which has been left in an unfinished state and can be completed to provide additional bed accommodation when required. The hospital is a single-story structure, of frame construction on a reinforced-concrete slab, with a concrete and masonry basement.

Kitimat General Hospital.—Official opening ceremonies for the Kitimat General Hospital were held on March 26th, 1960. Due to cut-backs in the expansion plans of the Aluminum Company of Canada, all the beds included in the initial design capacity of 113 beds have not been made available for occupancy. The hospital opened with 82 beds placed in service, and the top floor of the hospital is being used temporarily for accommodation of hospital personnel.

Matsqui-Sumas-Abbotsford General Hospital.—A previously unfinished area of this hospital was completed on May 1st, 1960, to provide 17 additional active-treatment beds.

Burns Lake and District Hospital.—The new 33-bed hospital, officially opened on August 15th, 1960, replaces the old 16-bed hospital built in 1931. Generous solaria are provided in the new building, which can readily accommodate additional beds when required.

Kimberley and District General Hospital.—The new hospital of 50 beds was officially opened by the Minister of Health Services and Hospital Insurance during ceremonies held on December 10th, 1960. It replaces the existing building, which has been in service for over thirty years. The three-story, reinforced-concrete structure includes areas for 22 additional beds for use as required at a future date.

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

St. Joseph General Hospital, Dawson Creek: A new 71-bed hospital. (During the year approval was granted to increase the number of beds from the original plan for 60 to 71.) Construction should be finished early in 1961.

Nanaimo Regional General Hospital: A new 160-bed hospital, due for completion in the summer of 1962.

Royal Columbian Hospital, New Westminster: Nurses' Residence and Training-school of 195 nurses' beds.

Royal Jubilee Hospital, Victoria: Ancillary projects are under way, as preparatory work to building a proposed new wing.

Terrace and District Hospital: A new hospital of 40 beds; completion expected early in 1961.

Vancouver General Hospital: Construction of a combined locker-room area plus alterations to the physical medicine department.

Lions Gate Hospital, North Vancouver: A new 283-bed hospital plus sixth and seventh floors.

St. Paul's Hospital, Vancouver: Boiler-house and power-plant expansion.

(c) Projects in Advanced Stages of Planning and for Which Working Drawings Are Completed or in the Process of Preparation

War Memorial Hospital, Williams Lake: New hospital of 70 beds—out to tender.

Providence Hospital, Fort St. John: New hospital of 80 beds.

St. Paul's Hospital, Vancouver: Laboratory and laundry.

Fort Nelson: New hospital.

Queen Alexandra Solarium, Victoria: Additional 16 beds plus unfinished areas.

Terrace and District Hospital: Nurses' Residence—10 nurses' beds.

Chemainus General Hospital: New addition—out to tender.

Wrinch Memorial Hospital, Hazelton: New addition.

Royal Columbian Hospital, New Westminster: Laundry and maintenance-shop.

St. Bartholomew's, Lytton: New elevator and renovations.

(d) Additional Projects Developed through Various Planning Stages in 1960

King's Daughters' Hospital, Duncan: New hospital.

Boundary Hospital, Grand Forks: New hospital.

McBride and District: New hospital.

Mission Memorial Hospital: New hospital.

Royal Inland Hospital, Kamloops: Addition and renovations, also nurses' residence and training-school.

Vernon Jubilee Hospital: Addition and renovations.

St. Joseph's Hospital, Victoria: Addition and renovations.

St. Joseph's General Hospital, Comox: Addition and renovations.

St. Mary's Hospital, Sechelt: New hospital.

Nicola Valley General, Merritt: New hospital.

Langley Memorial Hospital, Murrayville: New hospital.

Prince Rupert General Hospital: Alterations and addition.

Powell River General: Alterations and addition.

Quesnel General Hospital: Addition.

Mater Misericordiæ Hospital, Rossland: Alterations.

Richmond Hospital: New facility.

Children's Hospital, Vancouver: Alterations and addition.

St. John Hospital, Vanderhoof: Addition.

Vancouver General Hospital: Laurel Pavilion alterations.

Gorge Road Hospital, Victoria: Alterations.

Penticton Hospital: Air-conditioning.

Ladysmith General Hospital: Addition.

(e) Sundry Building Improvement Projects, Including the Installation of Fixed Equipment

During the year the Division received over 300 applications from hospitals for grants to assist in financing the cost of structural improvements and building alterations, including fixed equipment. The cost of these approved projects totalled approximately $418,000.

Medical Consultation Division

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

All in-Province and out-of-Province admissions to acute-care general hospitals are assessed by the Medical Consultation Division to establish medical eligibility for entitlement to coverage under the *Hospital Insurance Act*. In addition, admissions to hospitals designated to receive and treat patients under the Rehabilitation, Chronic Treatment, and Convalescent Care Plan are also assessed for medical eligibility.

Medical report forms on all patients in hospital are submitted by the attending physicians to the Medical Consultation Division for review. When necessary, letters of inquiry on medical eligibility are sent to hospitals in respect of patients whose stay in hospital appears to be too lengthy.

The final discharge diagnosis, submitted by hospitals, is checked by the six medical coders on staff and coded according to the Manual of the International Classification of Diseases, Injuries, and Causes of Death. In addition, the coding shows the kind of service given in the hospital—that is, medicine, surgery, maternity, etc.—and the information is used by the Hospital Construction Division for bed requirement studies. During the year a survey was carried out on new-borns and adults by this Division to study the infections acquired in hospital. A pedestrian traffic accidents study on children (up to 15 years) and adults was also made. A further study was conducted on all tuberculosis cases treated in acute-care general hospitals.

The Chief Supervisor, Medical Records and Medical Coders, who is also a registered nurse and a trained medical record librarian, received authorization to carry out hospital inspections and has commenced visiting the record departments of hospitals on Vancouver Island and the Lower Mainland. During these visits particular attention is paid to the patients' medical documents, and guidance is given to the hospital record librarian.

Commencing on March 15th, 1960, initial exploratory meetings were held in Vancouver with representatives of the Canadian Medical Association (British Columbia Division) and the Faculty of Medicine in anticipation of the announcement by the Government of a plan for the care of patients requiring rehabilitation, chronic treatment, and convalescence. These meetings continued at frequent intervals until early in November, and proved to be very profitable to the Hospital Insurance Service. The various problems that arose concerning the implementation of the plan were thoroughly discussed, and decisions were tentatively arrived at for consideration of Government final approval. (*Also see* " Introduction of Rehabilitation, Chronic Treatment, and Convalescent Care Plan" on page 10.)

During the year the Medical Consultant attended the following medical meetings: The Canadian Medical Association (British Columbia Division), the British Columbia Surgical Association, and the American College of Surgeons. In addition, he also attended a meeting in Ottawa of the Working Party of the Sub-committee on Quality of Care, Research, and Statistics on August 22nd and 23rd, 1960. At the meeting an intensive study was made of problems related to the preparation of uniform medical statistics across Canada. The presence of Medical Consultants of several hospital insurance plans at the meeting permitted a valuable exchange of information on the medical review procedures in effect in the various Provincial plans.

Administrative Assistant

K. G. Wiper

The office of the Administrative Assistant is responsible for the drafting of legislation, regulations, and Orders in Council for the British Columbia Hospital

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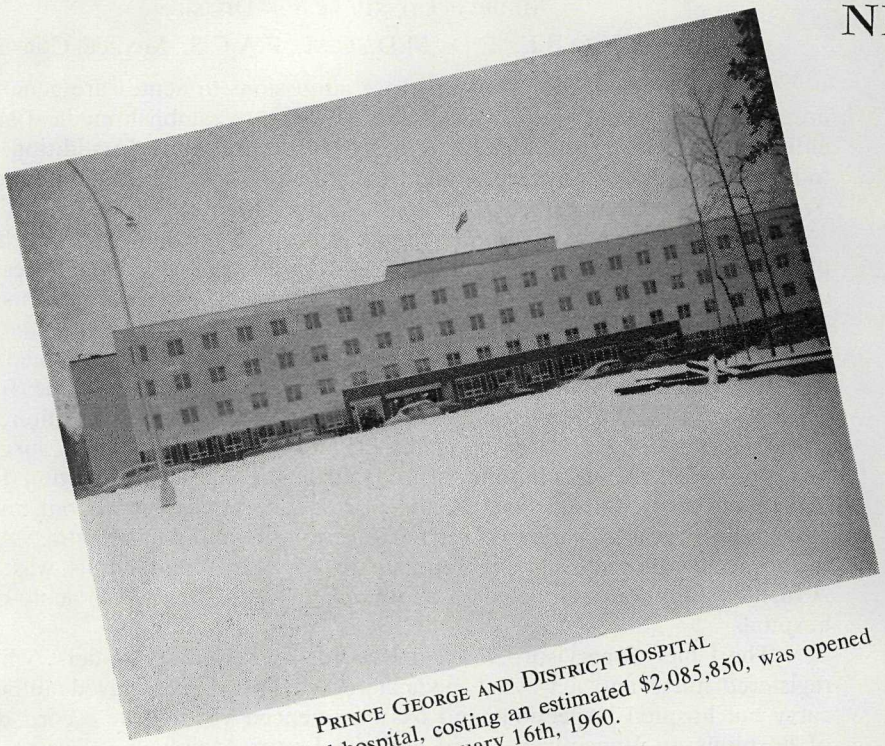

PRINCE GEORGE AND DISTRICT HOSPITAL
The new 125-bed hospital, costing an estimated $2,085,850, was opened January 16th, 1960.

GOLDEN AND DISTRICT GENERAL HOSPITAL
Opened March 5th, 1960, the new hospital provides 23 beds plus unfinished areas for future use. It cost approximately $343,000.

KIMBERLEY
Built at a cost of $1,01
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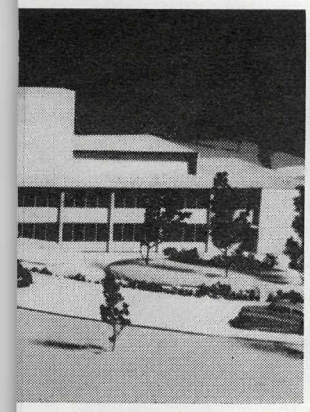
KITIMAT GENERAL HOSPITAL

This new hospital opened March 26th, 1960, with 82 beds in service and the top floor as temporary accommodation for personnel. Total estimated cost is $2,570,000.



RAL HOSPITAL
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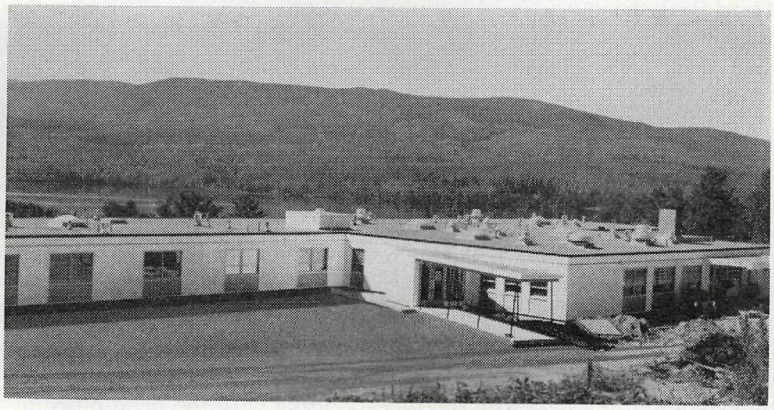


BURNS LAKE HOSPITAL

The new 33-bed hospital, opened August 15th, 1960, cost an estimated $342,000.

Insurance Service. In the performance of these duties a close working relationship exists between this office and the Attorney-General's Department. A further responsibility is to provide a uniform interpretation of the various Acts and regulations to other B.C.H.I.S. officials.

Assistance is given, upon request, to hospital societies in regard to problems connected with hospital constitutions and by-laws, and their application. This is done in conjunction with the Hospital Consultation and Inspection Division. This office also reviews changes made in hospital by-laws for the purpose of bringing them to the stage where Government approval may be obtained as required under the *Hospital Act*. The British Columbia Hospital Insurance Service has developed a set of model by-laws, which is available to hospitals for use as a guide in making revisions.

The Administrative Assistant assists committees in unorganized territory to establish hospital improvement districts, which are necessary for the raising of funds by money by-law for the construction of new hospital facilities or the improvement of existing buildings. This work is carried out in conjunction with the Water Rights Branch of the Department of Lands and Forests and the Chief Electoral Officer of the Provincial Secretary's Department. At the end of 1960 there were twenty-eight districts in operation and a number of others in the process of formation. Descriptive material outlining the procedure for establishing such a district is supplied upon request to interested groups.

During 1960 considerable time was spent on matters connected with the Federal-Provincial hospital insurance plan. Extensive discussions were held with the officials of the Federal Government and other Provincial plans to consider means of removing administrative difficulties and provide better liaison.

A considerable amount of time was spent in working with other B.C.H.I.S. officials to make the necessary arrangements for the Rehabilitation, Chronic Treatment, and Convalescent Care Plan which was inaugurated on September 1st, 1960.

The Administrative Assistant also participated in a series of meetings held by a joint committee on nursing homes and boarding homes comprising representatives of the Greater Vancouver Health League, the Department of Social Welfare, and the British Columbia Hospital Insurance Service.

The Administrative Assistant is also responsible for over-all supervision of the Third Party Liability and Eligibility Sections.

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 expenses paid by this Service on behalf of accident victims. The Senior Eligibility Inspector in Vancouver is 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 the Vancouver office, and negotiations may be carried out in person or by telephone, thus avoiding the necessity of corresponding with the head office in Victoria.

Eligibility Section

In order to ensure that only qualified British Columbia residents receive hospital insurance benefits, the staff of the Eligibility Section review all applications for

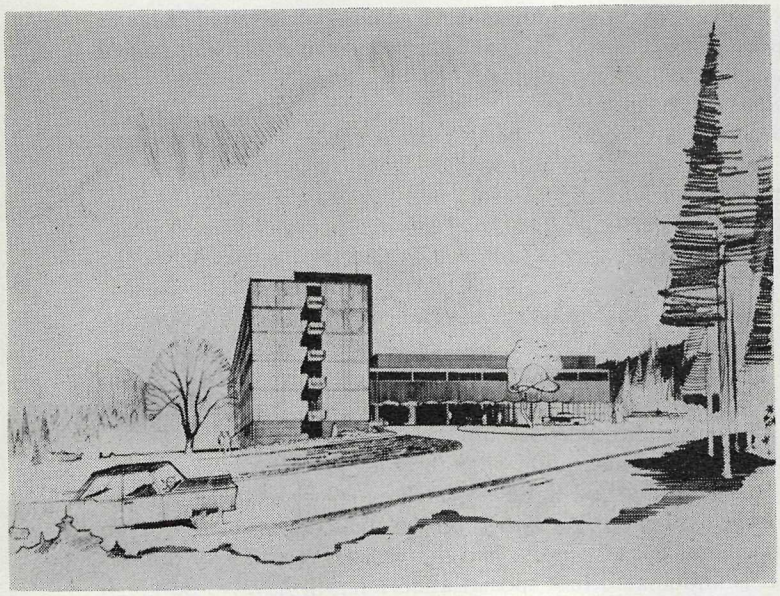
benefits made by, or on behalf of, persons admitted to hospital. A detailed check is made of all doubtful applications, resulting in a considerable number of unqualified claims for hospital insurance benefits being rejected.

Eligibility Inspectors visit hospitals on a regular schedule to see that the B.C.H.I.S. eligibility procedures are being properly carried out. These Inspectors also assist in the training of new hospital admitting and eligibility staff members. In this regard, regional meetings were held in 1960 in a number of centres for the purpose of bringing together hospital personnel for panel discussions to deal with problems connected with the admission of patients to hospitals and their status under the *Hospital Insurance Act*.

This Section has provided the great majority of employers in British Columbia with a supply of employers' certificates, on which an employee's length of employment can be recorded. The Inspectors maintain close liaison with these firms to ensure their continuing co-operation in providing their employees with this form of proof of residence for hospital insurance purposes.

Since the introduction of the Rehabilitation, Chronic Treatment, and Convalescent Care Plan, the Inspectors visited those hospitals participating in the plan, explaining to the personnel involved the completion of the admission/discharge form, the residential requirements for eligibility, and the various methods of obtaining proof of residence. It is anticipated that special attention will have to be given to these hospitals during the initial stages of this plan.

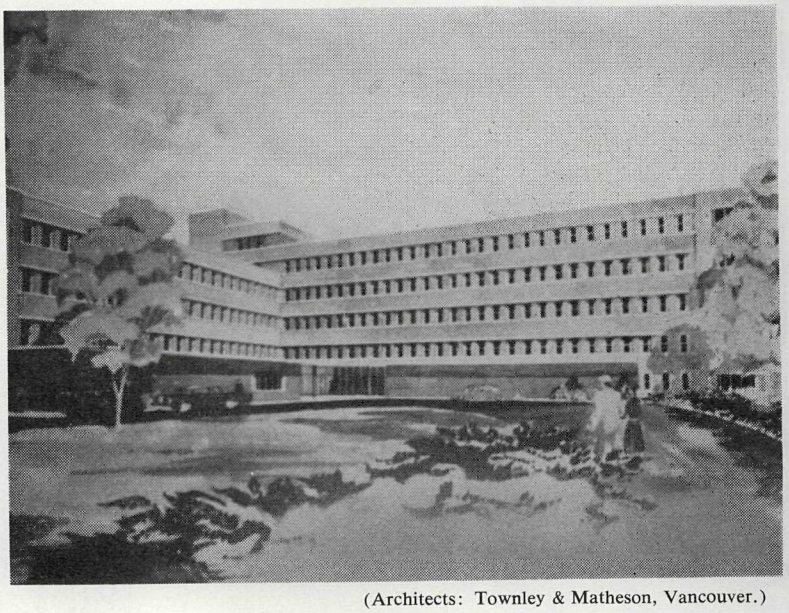
HOSPITAL PROJECTS UNDER CONSTRUCTION AT YEAR-END



NANAIMO

The new Nanaimo Regional General Hospital of 160 beds, due for completion in 1962.

(Architects: Gardiner, Thornton, Gathe & Associates, Vancouver.)



VICTORIA

Preparatory work is under way for building a new addition to the Royal Jubilee Hospital.

(Architects: Townley & Matheson, Vancouver.)

Also

Terrace: A new 40-bed hospital.

Dawson Creek: A new 71-bed hospital.

Vancouver: Construction of a combined locker-room plus alterations to the physical medicine department of the Vancouver General Hospital, and a boiler-house and power-plant expansion at St. Paul's Hospital.

NEW WESTMINSTER

A 195-bed nurses' residence and training-school at the Royal Columbian Hospital.

(Architects: Townley & Matheson, Vancouver.)

NORTH VANCOUVER

The new 283-bed Lions Gate Hospital, plus sixth and seventh floors.

Research Division

G. D. Sotiroff, Ph.D., F.R.Econ.S., Director

The main functions of the Research Division are:—

(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, recorded in the admission-discharge forms 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 compilation of data which are not directly available from other sources.

During the year, work continued on the studies of bed needs in the Southern Okanagan and Central Border regions of British Columbia. Similar studies were initiated for smaller areas in other parts of the Province. Since the month of September, when the British Columbia Hospital Insurance Service entered the field of chronic care, the work of the Research Division has expanded in that direction as well.

Statistical information was supplied in answer to requests received from a number of public, private, and semi-private organizations.

Mention was made in the 1959 Annual Report of the activities of the Committee on Quality of Care, Research, and Statistics at Ottawa, consisting of representatives of the Federal Government and the Provincial insurance plans. In 1960 certain recommendations were adopted by the Committee, aiming to improve the quality and presentation of hospitalization and morbidity statistics throughout Canada. The Research Division has taken an active part in the preliminary work to these recommendations, and more work of this nature is in progress. Although this Federal-Provincial study has increased the work load of the Research Division, there is reason to believe that, in the end, more accurate information on the health condition of the Canadian people will become obtainable through these efforts. This, in turn, is a prerequisite to improved health services. Specific areas in which progress has been made include the statistical coverage of operations, the grouping of statistical data by geographical characteristics, and the classification of diseases on a national basis.

Public Information

R. H. Thompson

It is the responsibility of this office to develop and administer the public information activities of the Service. This year's programme was much the same as that outlined in the Eleventh Annual Report.

During the year regular editions of the Bulletin were prepared and distributed to over 100 B.C. hospitals. Although intended primarily as an administrative aid to clarify policy and procedural changes which affect hospitals, the Bulletin continued to carry more articles of general interest because of their value, particularly to the smaller hospital. Such articles included " We Held a Hospital Fire Drill," " No Yardstick of Efficiency," " The Accreditation of Smaller Hospitals," " Responsibilities of Hospital Trustees," and " Meeting Medical Record Problems in Smaller Hospitals."

The weekly press release, sent to the Province's news media, carried information on the Government's grant-in-aid programme, the opening of new hospitals, and such items as the payment of patients' claims and the accreditation of hospitals. Through the co-operation of the Photographic Branch of the Department of Recrea-

tion and Conservation, a photographic record was made of new hospital facilities completed during the year.

The major pamphlet printed during the year was titled "At Your Service," and was prepared for use by B.C. public hospitals to be distributed to patients and their visitors. It contained information on hospital insurance benefits and eligibility requirements, and also familiarized the reader with the main aspects of hospital routine. A few minor revisions were made to the " General Information " pamphlet, and the revised edition was printed in July. A new pamphlet, printed in two colours, is being prepared for future production. An important source of distribution of the " General Information " pamphlets was developed during the year through the co-operation of the British Columbia supervisor of the Welcome Wagon Service. Welcome Wagon hostesses, located in Victoria, Vancouver, New Westminster, Prince George, Vernon, Kelowna, Penticton, Gabriola Island, Port Alberni, Chilliwack, Haney, and other B.C. centres, distribute the pamphlet to newly arrived residents of the Province.

Several hospitals made use of the film library of 16-mm. sound film for instructional purposes as part of their in-service training programmes. An important addition to the library during the year was the outstanding film " Hospital Sepsis—A Communicable Disease."

To keep the public and hospital personnel advised on the functions and achievements of the Provincial hospital insurance plan, two displays were prepared, one for use during the summer months in the rotunda of the main Parliament Building and one for the Western Canada Institute of Hospital Administrators and Trustees held in Vancouver in September. The latter display was designed so that it can be used indefinitely by merely changing the showcard material. Assistance was also given in the development of the permanent B.C.H.I.S. exhibit in the British Columbia Building located on the grounds of the Pacific National Exhibition.

Miscellaneous functions included answering letters of general inquiry; writing special material for hospital magazines, civic information pamphlets, and the British Columbia Government News; maintaining the newspaper clipping file; acting as liaison with the Queen's Printer for all printing; and preparing and producing the Twelfth Annual Report.

General Office

C. R. Leighton

The General Office is responsible for the review of requisitions, vouchers, and warrants prepared by the various divisions, and forwarding them to the appropriate Government department for further action.

Departmental purchasing is handled by this office, which also assumes responsibility for furniture inventories, stock-supplies, operation of the teletype service, operation of office equipment, and the storage and dispatch of forms for hospitals.

General personnel matters are dealt with by the office, and pay and personnel records are maintained by the pay clerk. Stenographic services (including correspondence, typing, and transcribing) are provided from time to time to other divisions of the British Columbia Hospital Insurance Service.

The preparation of Infirmary estimates is supervised by the General Office.

Certain expenditures are controlled by processing all requisitions and vouchers through this office, which also audits the Infirmary accounting and prepares monthly statements of expenditures.

The monthly comfort allowance received by all Infirmary patients is paid to Mount St. Mary patients by the General Office, which also acts as liaison between the Mount St. Mary authorities and the Infirmary business manager.

HOSPITALS AS DEFINED UNDER THE HOSPITAL INSURANCE ACT

PART I

Hospitals defined as such under section 2 of the *Hospital Act:*—

(*a*) *Public Hospitals*

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.
Campbell River and District General Hospital, Campbell River.
Castlegar and District Hospital, Castlegar.
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, Esperanza.
Fernie Memorial Hospital, Fernie.
Fort Nelson General Hospital, Fort Nelson.
Fraser Canyon Hospital, Hope.
Golden and District 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.
Kitimat General Hospital, Kitimat.
Kootenay Lake General Hospital, Nelson.
Lady Minto Hospital, Ashcroft.
Lady Minto Gulf Islands Hospital, Ganges.
Ladysmith and District General Hospital, Ladysmith.
Langley Memorial Hospital, Murrayville.
Lillooet District Hospital, Lillooet.
McBride and District Hospital, McBride.
Maple Ridge Hospital, Haney.
Mater Misericordiæ 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 Regional Hospital, Prince George.
Prince Rupert General Hospital, Prince Rupert.
Princeton General Hospital, Princeton.
Providence Hospital, Fort St. John.
Queen Alexandra Solarium for Crippled Children, Victoria.
Queen Charlotte Islands General Hospital, Queen Charlotte City.
Queen Victoria Hospital, Revelstoke.
Quesnel General Hospital, Quesnel.
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 General Hospital, Dawson Creek.
St. Joseph's General Hospital, Comox.
St. Joseph's Hospital, Victoria.
St. Martin's Hospital, Oliver.
St. Mary's Hospital, Garden Bay P.O.
St. Mary's Hospital, New Westminster.
St. Paul's Hospital, Vancouver.
St. Vincent's Hospital, Vancouver.
Shuswap Lake General Hospital, The, Salmon Arm.
Slocan Community Hospital, New Denver.
Squamish General Hospital, Squamish.
Summerland General Hospital, Summerland.
Surrey Memorial Hospital, North Surrey.
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.

(*b*) *Outpost Hospitals*

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, Masset.
Stewart General Hospital, Stewart.

(*c*) *Federal Hospitals*

Veterans' Hospital, Victoria.
Shaughnessy Hospital, Vancouver.
Coqualeetza Indian Hospital, Sardis.
Miller Bay Indian Hospital, Prince Rupert.
Nanaimo Indian Hospital, Nanaimo.
R.C.A.F. Station Hospital, Holberg.

PART II

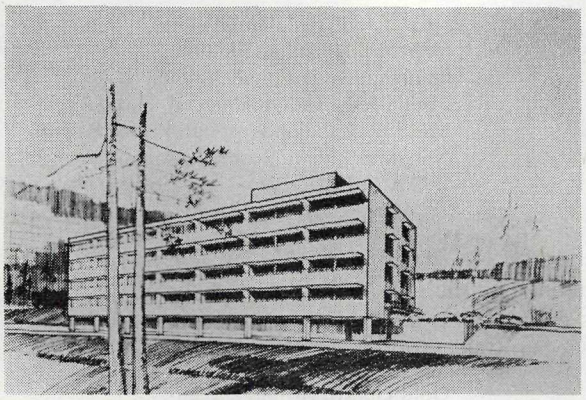
Private hospitals which are defined as such under section 8 of the *Hospital Act*, and with which the Province has entered into an agreement requiring the hospital to furnish the general hospital services provided under the *Hospital Insurance Act*:—

Bralorne Private Hospital, Bralorne.
Cassiar Asbestos Corporation Private Hospital, Cassiar.
Chatham House Private Hospital, Vancouver.
Gold Quartz Hospital, Wells.
Hollywood Hospital Ltd., New Westminster.
Medical-Dental Hospital Unit, Vancouver.
Port Alice Private Hospital, Port Alice.

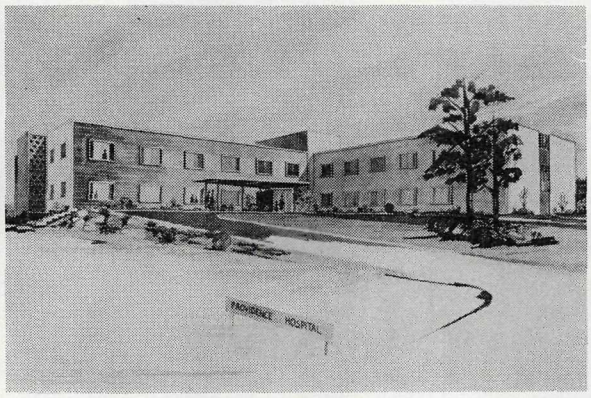
PART III

Rehabilitation, chronic, and convalescent hospitals, as defined under section 24A of the *Hospital Act*:—

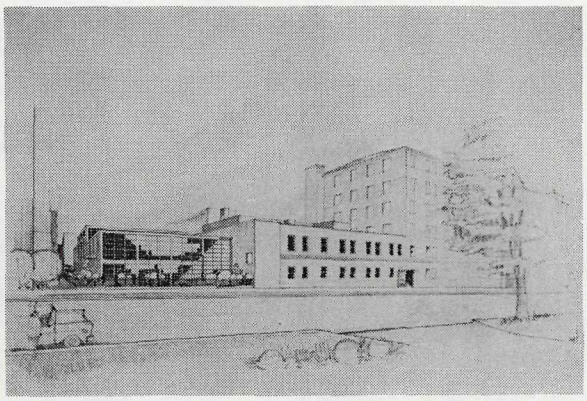
G. F. Strong Rehabilitation Centre, Vancouver.
The Gorge Road Hospital, Victoria.
Holy Family Hospital, Vancouver.
Pearson Hospital (Poliomyelitis Pavilion), Vancouver.
Queen Alexandra Solarium for Crippled Children, Victoria.
Shaughnessy Hospital, Vancouver.
Veterans' Hospital, Victoria.



WILLIAMS LAKE
The new War Memorial Hospital of 70 beds.
(Architects: Thompson, Berwick & Pratt, Vancouver.)



FORT ST. JOHN
The new Providence Hospital of 80 beds.
(Architects: Gardiner, Thornton, Gathe & Associates, Vancouver.)



VANCOUVER
The new laboratory and laundry addition to St. Paul's Hospital.
(Architects: Gardiner, Thornton, Gathe & Associates, Vancouver.)

HOSPITAL PROJECTS DEVELOPED TO THE ADVANCED STAGES OF PLANNING IN 1960

Also

Fort Nelson: A new hospital.
Terrace: A 10-bed nurses' residence.
Chemainus: A new addition.
Hazelton: A new addition.
New Westminster: A laundry and maintenance-shop for the Royal Columbian Hospital.
Victoria: Sixteen additional beds at the Queen Alexandra Solarium plus unfinished areas for future use.
Lytton: A new elevator plus renovations.

STATISTICAL DATA

The tables on the following pages represent statistical data compiled by the Hospital Finance Division. The data deal with the volume of hospital insurance coverage provided to the people of British Columbia through the British Columbia Hospital Insurance Service. Eighty-eight public hospitals were approved in 1960 to accept B.C.H.I.S. patients. In addition, care was provided in eight outpost hospitals, six Federal hospitals, and seven private hospitals. Effective September 1st, 1960, five public hospitals and two Federal hospitals were approved for chronic-care, but data from these hospitals on such care were not available for this Report. Data for the year 1960 have been estimated from reports submitted by hospitals to November 30th, and are subject to revision when actual figures for the year are submitted.

Table I shows that a total of 249,841 B.C.H.I.S. adult and children patients were discharged from British Columbia hospitals in 1960, an increase of 15,058 or 6.4 per cent over the previous year. This table also shows that 95.6 per cent of the total patients discharged from British Columbia hospitals in 1960 were covered by hospital insurance, compared to 93.7 in 1958 and 95.5 in 1959. The percentage continues to reflect the result of the reduction in residence requirements on July 1st, 1958, from twelve months to three months. The second part of Table I indicates that in 1960 the British Columbia Hospital Insurance Service paid public hospitals in British Columbia for 2,420,965 days of care for adults and children, an increase of 145,838 days or 6.4 per cent over 1959.

As is shown in Table IIA, the average length of stay of B.C.H.I.S. adult and children patients in British Columbia public hospitals during 1960 was 9.69 days, the same as the preceding year. The increase from 1,724 days of care per thousand population in 1959 to 1,803 in 1960, as shown on the notation to Table IIA, is due to an increase in the incidence of hospital admissions, which is largely attributable to the considerable increase in available hospital beds, resulting from the intensive construction programme of the past few years.

TABLE I.—PATIENTS DISCHARGED AND DAYS OF CARE AND PROPORTION COVERED BY BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, BRITISH COLUMBIA PUBLIC HOSPITALS ONLY, 1949–60 (EXCLUDING FEDERAL, PRIVATE, AND OUT-OF-PROVINCE HOSPITAL DATA).

	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	227,359	35,118	262,477	208,293	33,174	241,467
1957	228,917	37,376	266,293	209,485	34,963	244,448
1958	236,859	38,374	275,233	222,046	37,045	259,091
1959[1]	245,766	39,039	284,805	234,783	38,480	273,263
1960[2]	261,411	39,666	301,077	249,841	39,032	288,873
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	.....	.....	.....	91.6	94.5	92.0
1957	.....	.....	.....	91.5	93.5	91.8
1958	.....	.....	.....	93.7	96.5	94.1
1959[1]	.....	.....	.....	95.5	98.6	95.9
1960[2]	.....	.....	.....	95.6	98.4	95.9
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	2,198,863	227,674	2,426,537	2,005,165	212,514	2,217,679
1956	2,239,646	233,402	2,473,048	2,041,854	217,252	2,259,106
1957	2,277,567	240,872	2,518,439	2,076,336	223,079	2,299,415
1958	2,322,796	244,429	2,567,225	2,169,897	232,390	2,402,287
1959[1]	2,407,134	248,074	2,655,208	2,275,127	239,871	2,514,998
1960[2]	2,554,285	249,298	2,803,583	2,420,965	240,911	2,661,876
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	.....	.....	.....	91.2	93.1	91.3
1957	.....	.....	.....	91.2	92.6	91.3
1958	.....	.....	.....	93.4	95.1	93.6
1959[1]	.....	.....	.....	94.5	96.7	94.7
1960[2]	.....	.....	.....	94.8	96.6	94.9

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to November 30th, 1960.

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, 1949–60.

	Total		B.C. Public Hospitals		Other B.C. Hospitals, Including Federal and Private		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	219,218	33,783	208,293	33,174	9,473	457	2,050	159
1957	221,585	35,813	209,485	34,963	10,023	668	2,077	182
1958	236,770	37,924	222,046	37,045	12,506	665	2,218	214
1959[1]	251,393	39,257	234,783	38,480	13,908	514	2,702	263
1960[2]	264,653	39,514	249,841	39,032	11,896	222	2,916	260
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	2,141,445	221,022	2,041,854	217,252	79,428	2,740	20,163	1,030
1957	2,188,765	228,875	2,076,336	223,079	93,980	4,299	18,449	1,497
1958	2,332,502	238,112	2,169,897	232,390	141,925	4,113	20,680	1,609
1959[1]	2,474,974	244,615	2,275,127	239,871	173,343	2,818	26,504	1,926
1960[2]	2,624,197	244,184	2,420,965	240,911	173,784	1,334	29,448	1,939
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	9.77	6.54	9.80	6.55	8.38	6.00	9.84	6.48
1957	9.88	6.39	9.91	6.38	9.39	6.44	8.88	8.23
1958	9.85	6.28	9.77	6.27	11.35	6.19	9.45	7.51
1959[1]	9.85	6.23	9.69	6.23	12.46	5.48	9.81	7.32
1960[2]	9.92	6.18	9.69	6.17	14.61	6.01	10.10	7.46

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

[2] Estimated, based on hospital reports to November 30th, 1960.

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; 1958, 1,665; 1959, 1,724; 1960, 1,803. (1954 and subsequent years based on assumption that total population is covered by British Columbia Hospital Insurance Service.) Population figures revised according to latest census figures.

TABLE IIB.—SUMMARY OF THE NUMBER OF B.C.H.I.S. IN-PATIENTS AND SHORT-STAY PATIENTS, 1949–60

	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	253,001	76,375	329,376
1957	257,398	83,530	340,928
1958	274,694	91,883	366,577
1959[1]	290,650	100,292	390,942
1960[2]	304,167	107,312	411,479
Totals	2,787,654	814,073	3,601,727

[1] Amended as per final reports from hospitals.
[2] Estimated, based on hospital reports to November 30th, 1960.

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 1960.[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	249,841	86,023	77,305	32,270	36,438	10,926	6,879
New-born	39,032	10,804	13,781	7,048	4,994	1,606	799
Patient-days—							
Adults and children	2,420,965	1,056,858	685,943	262,740	279,001	78,457	57,966
New-born	240,911	72,553	81,950	43,484	29,342	9,228	4,354
Average days of stay—							
Adults and children	9.69	12.29	8.87	8.14	7.66	7.18	8.43
New-born	6.17	6.72	5.95	6.17	5.88	5.75	5.45

[1] Estimated, based on hospital reports to November 30th, 1960.

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 1960.[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	100.00	34.44	30.94	12.92	14.58	4.37	2.75
New-born	100.00	27.68	35.31	18.06	12.79	4.11	2.05
Patient-days—							
Adults and children	100.00	43.65	28.33	10.85	11.53	3.24	2.40
New-born	100.00	30.12	34.02	18.05	12.18	3.83	1.80

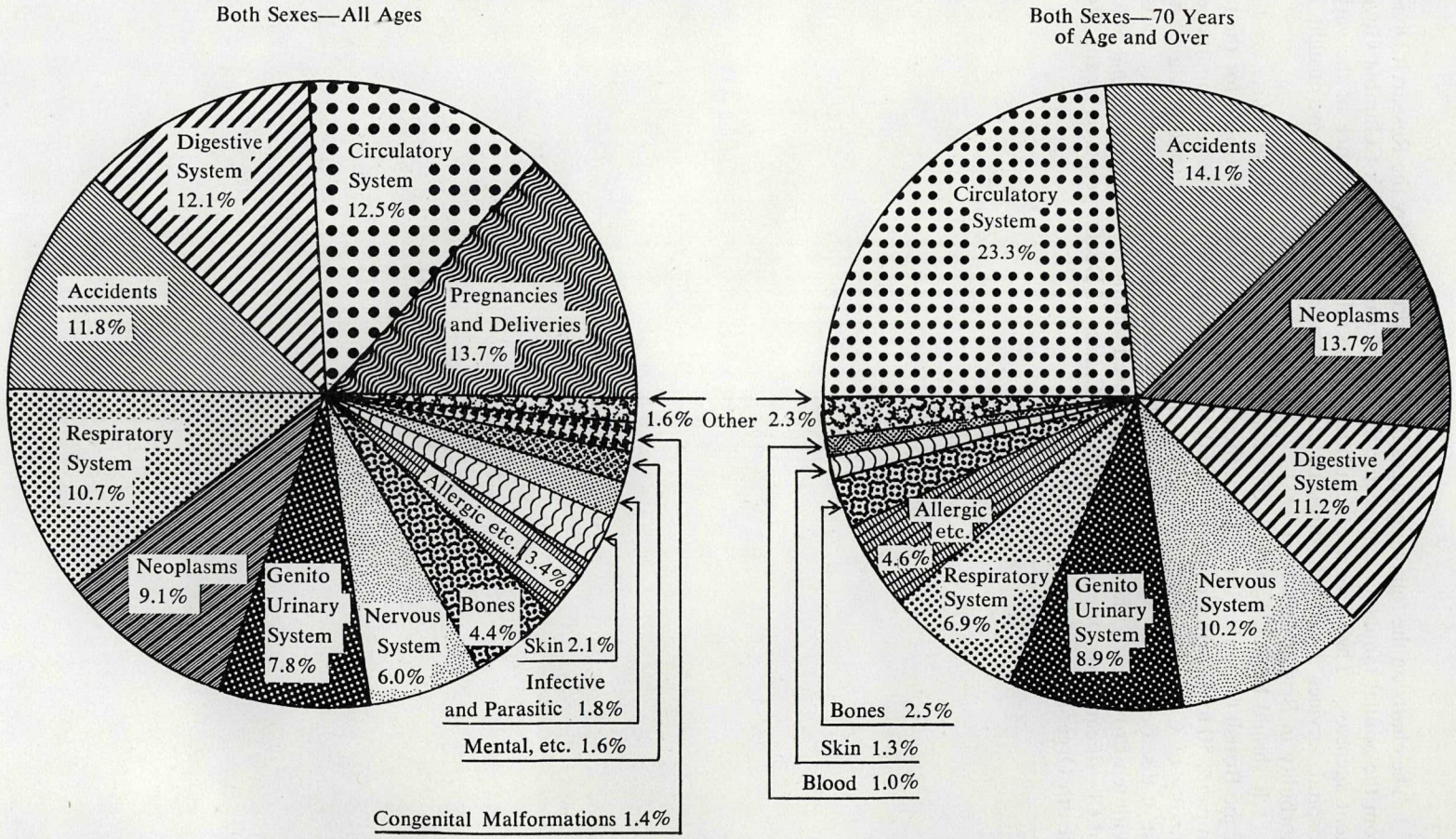
[1] Estimated, based on hospital reports to November 30th. 1960.

CHARTS

The charts on the following pages have been prepared by the Research Division from the annual tabulations made for the use of various British Columbia Government agencies. They give a general idea of the relative importance of the various hospital services (medical, surgical, etc.); they also provide some insight into morbidity in British Columbia.

It should be noted that the diagnostic groups shown in these charts are those of the British Columbia list, and not those of the all-Canadian list used for the table on pages 50 to 53. In November, 1960, the Working Party of the Sub-committee on Quality of Care, Research, and Statistics, meeting in Ottawa, adopted a 98-item list of diseases and causes of death in order to provide uniform morbidity statistics in all ten Provinces. The Canadian list is based mainly on the International Statistical Classification of Diseases, Injuries, and Causes of Death, prepared by the World Health Organization (1957 edition).

CAUSES OF ILLNESS (MAJOR DIAGNOSTIC GROUPS), PERCENTAGE DISTRIBUTION OF PATIENT-DAYS (EXCLUDING NEW-BORNS), 1959



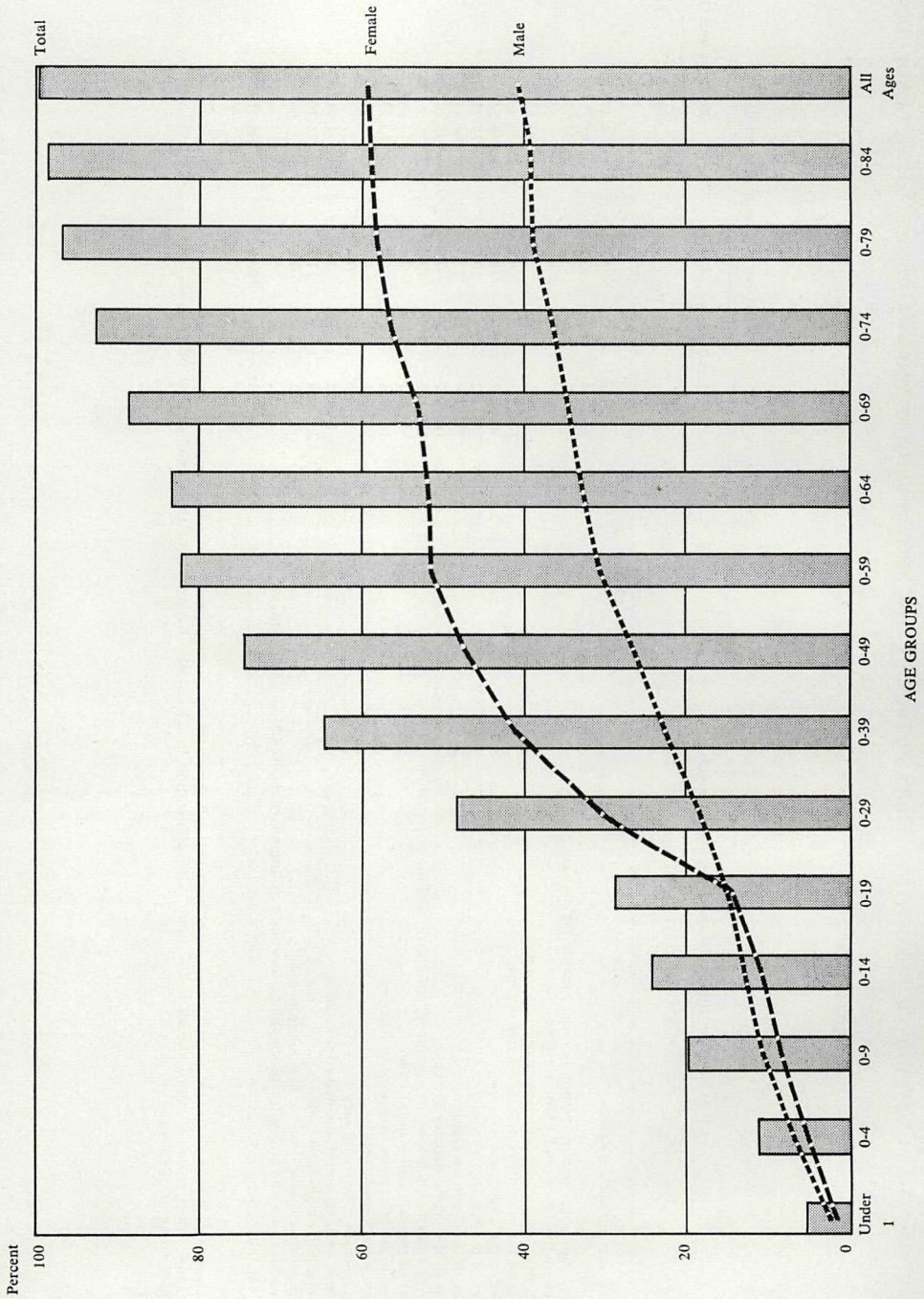
Causes of Illness (Major Diagnostic Groups)	Distribution of Patient-days			
	All Ages		70 Years and Over	
	Number	Per Cent	Number	Per Cent
1. Infective and parasitic diseases	44,064	1.8	4,476	0.9*
2. Neoplasms	218,734	9.1	69,761	13.7
3. Allergic, endocrine system, metabolic, and nutritional diseases	81,417	3.4	23,171	4.6
4. Diseases of the blood and blood-forming organs	15,137	0.6*	5,238	1.0
5. Mental, psychoneurotic, and personality disorders	38,656	1.6	3,830	0.8*
6. Diseases of the nervous system and sense organs	144,213	6.0	51,803	10.2
7. Diseases of the circulatory system	300,797	12.5	118,543	23.3
8. Diseases of the respiratory system	258,392	10.7	35,053	6.9
9. Diseases of the digestive system	291,839	12.1	56,839	11.2
10. Diseases of the genito-urinary system	186,682	7.8	45,430	8.9
11. Deliveries and complications of pregnancy, childbirth, and the puerperium	330,175	13.7	.....	.....
12. Diseases of the skin and cellular tissue	51,301	2.1	6,667	1.3
13. Diseases of the bones and organs of movement	105,821	4.4	12,737	2.5
14. Congenital malformations	32,921	1.4	387	0.1*
15. Certain diseases of early infancy	7,059	0.3*	.....	.....
16. Symptoms, senility, and ill-defined conditions	14,456	0.6*	1,917	0.4*
17. Accidents, poisonings, and violence	283,839	11.8	71,706	14.1
18. Supplementary classification for special admissions	2,952	0.1*	661	0.1*
19. Supplementary classifications for prophylactic inoculations, impairments, blindness and deafness	.....	.....	.....	.....
Total, all causes	2,408,455†	100.0	508,219	100.0

* The categories marked with an asterisk are grouped together and shown on the previous page under the heading "Other."

† This total differs from the totals shown in the table "Hospitalization by Diagnoses According to the Canadian List of Diseases and Causes of Death" on pages 48 to 51. *See* explanatory note at the bottom of page 53.

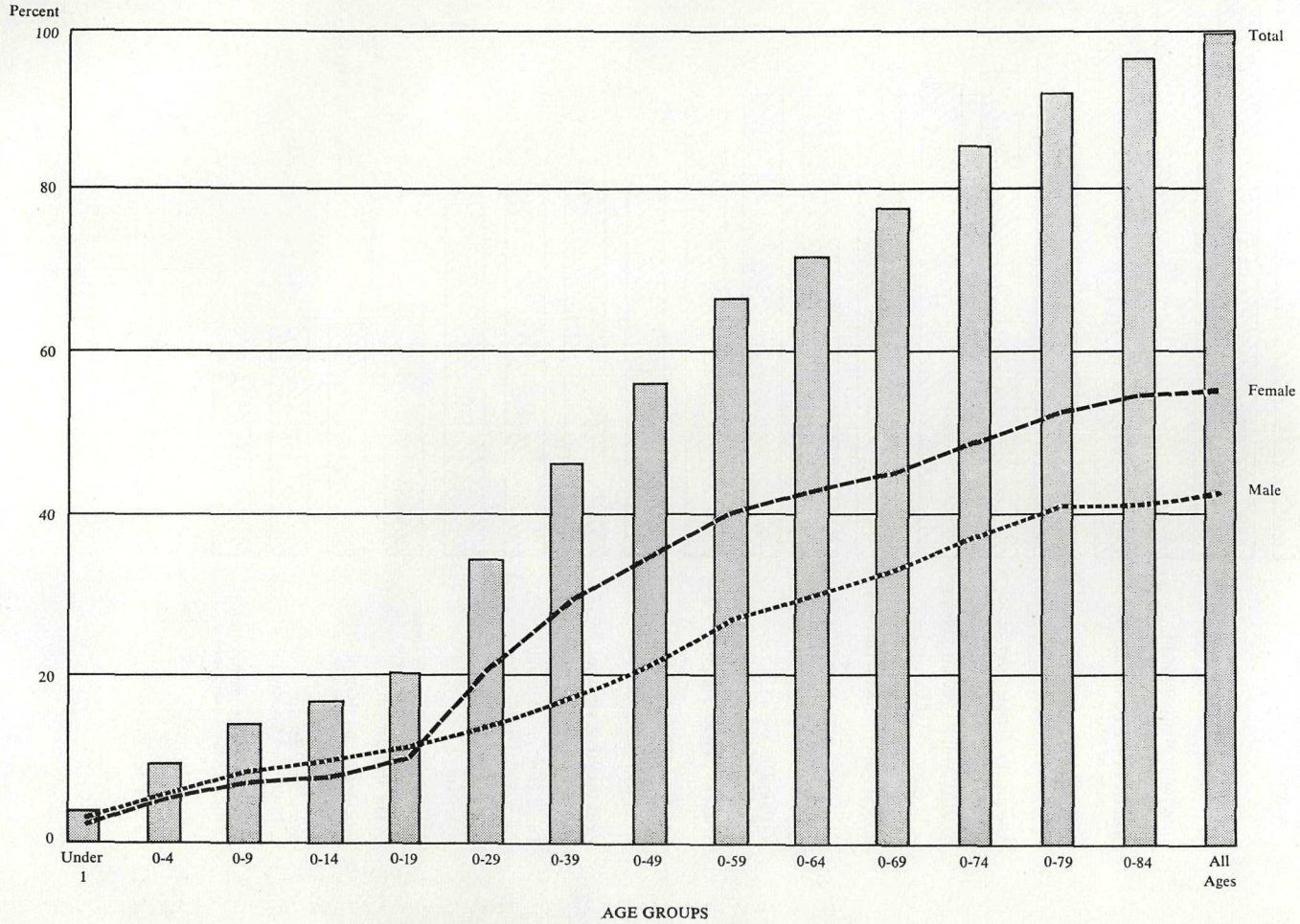
A Cumulative Percentage Distribution of the Total Number of Patients Discharged from Hospital by Age-group with a Cumulative Percentage Distribution by Sex Shown as Components of the Total (Excluding New-borns), 1959

(Approximately 0.01 per cent of the total attributable to patients whose age was not stated.)

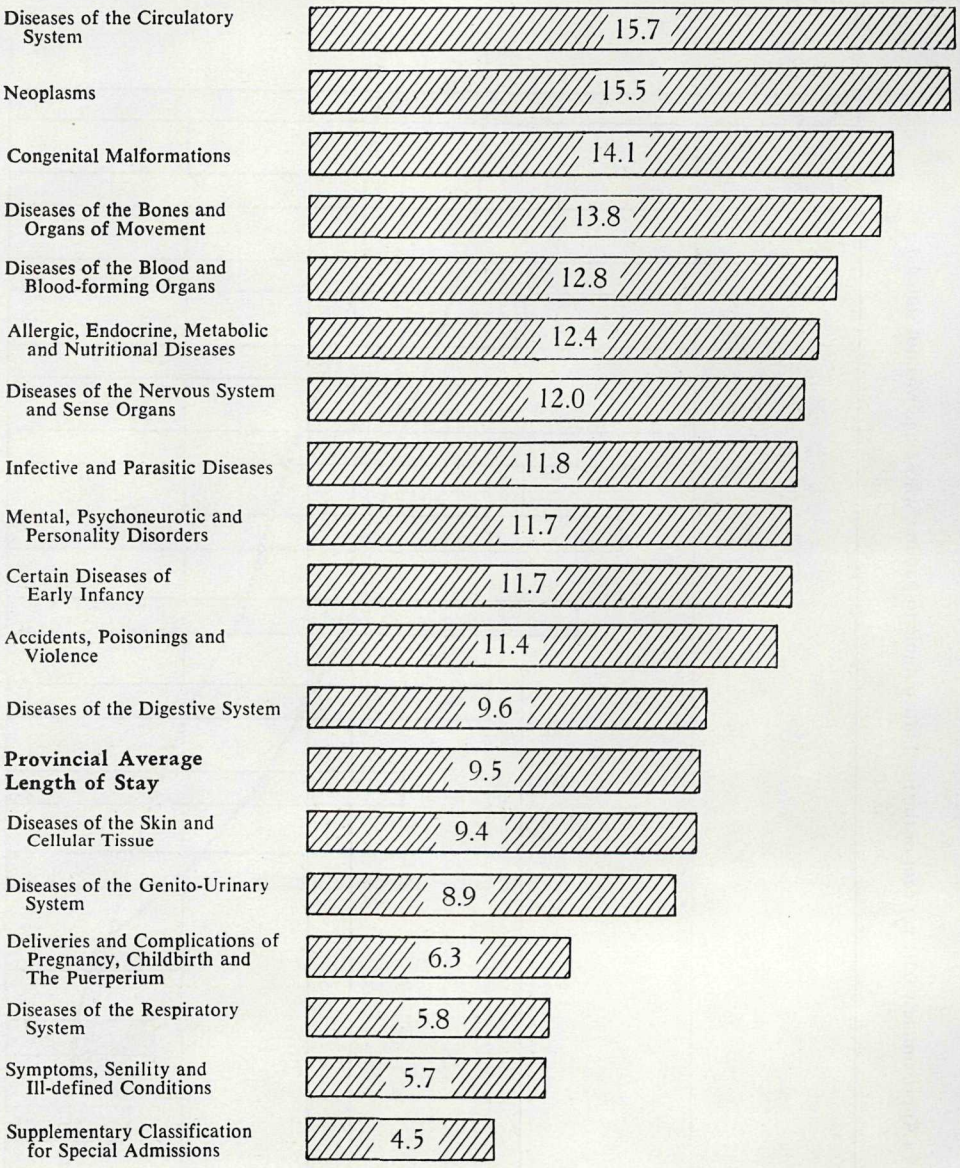


A CUMULATIVE PERCENTAGE DISTRIBUTION OF TOTAL PATIENT-DAYS OF ALL PATIENTS DISCHARGED FROM HOSPITAL BY AGE-GROUP WITH A CUMULATIVE PERCENTAGE DISTRIBUTION BY SEX SHOWN AS COMPONENTS OF THE TOTAL (EXCLUDING NEWBORNS), 1959.

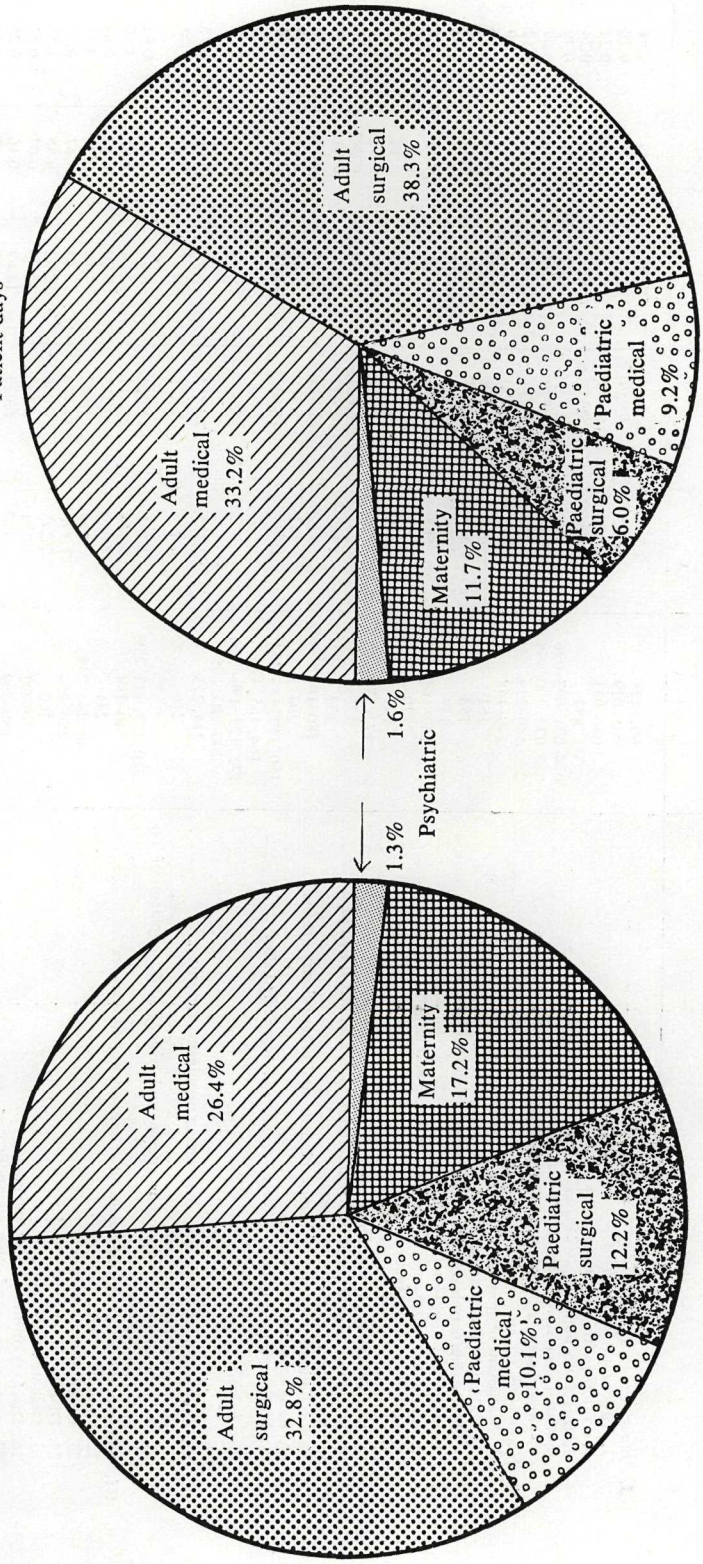
(Approximately 0.01 per cent of the total attributable to patients whose age was not stated.)



Average Length of Stay of Patients in Acute-care Hospitals in British Columbia by Major Diagnostic Groups (Excluding New-borns), 1959



PERCENTAGE DISTRIBUTION OF PATIENTS AND PATIENT-DAYS BY TYPE OF CLINICAL SERVICE (BOTH SEXES, ALL AGES), 1959



Hospitalization by Diagnoses According to the Canadian List of Diseases and Causes of Death, 1959

List Number and Diagnosis	I.S.C. No.	Number of Cases	Number of Days	Average Days' Stay	Per Cent Distribution	
					Cases	Days
I. Infective and parasitic diseases	001–138	3,740	44,064	11.78	1.49	1.84
1. Tuberculosis, all forms	001–019	372	6,759	18.17	0.15	0.28
2. Poliomyelitis and encephalitis	080–083	369	5,643	15.29	0.15	0.24
3. Infectious hepatitis	092	396	5,752	14.53	0.16	0.24
4. Other diseases attributable to viruses	084–091, 093–096	1,076	9,371	8.71	0.43	0.39
5. Other bacterial, spirocheatal, rickettsial, or parasitic diseases	020–074, 100–138	1,527	16,539	10.83	0.60	0.69
II. Neoplasms	140–239	14,153	218,734	15.45	5.64	9.12
6. Malignant neoplasms of buccal cavity and pharynx	140–148	172	2,500	14.53	0.07	0.10
7. Malignant neoplasm of stomach	151	430	9,849	22.90	0.17	0.41
8. Malignant neoplasm of large intestine, except rectum	153	588	18,235	31.01	0.23	0.76
9. Malignant neoplasm of rectum	154	380	12,975	34.14	0.15	0.54
10. Malignant neoplasm of bronchus, trachea, and lung	162–163	568	13,050	22.98	0.23	0.54
11. Malignant neoplasm of breast	170	1,007	21,667	21.52	0.40	0.90
12. Malignant neoplasm of cervix uteri	171	846	9,255	10.94	0.34	0.39
13. Malignant neoplasm of uterus other than of cervix uteri	172–174	249	3,331	13.38	0.10	0.14
14. Malignant neoplasm of ovary, Fallopian tube, and broad ligament	175	202	3,977	19.69	0.08	0.16
15. Malignant neoplasm of prostate	177	582	12,937	22.23	0.23	0.54
16. Malignant neoplasm of kidney, bladder, and other urinary organs	180–181	722	13,818	19.14	0.29	0.58
17. Leukæmia and aleukæmia	204	362	5,911	16.33	0.14	0.25
18. Malignant neoplasm of all other organs and unspecified sites	150, 152, 155–161, 164, 165, 176, 178, 179, 190–199, 200–203, 205	1,783	41,662	23.37	0.71	1.74
19. Uterine fibromyoma and other benign neoplasm of uterus	214, 215	2,427	20,854	8.59	0.97	0.87
20. Benign neoplasm of ovary	216	664	6,689	10.07	0.27	0.28
21. Benign neoplasm (excluding uterus and ovary) and neoplasm of unspecified nature	210–213, 217–239	3,171	22,024	6.95	1.26	0.92
III. Allergic, endocrine system, metabolic, and nutritional diseases	240–289	6,544	81,417	12.44	2.61	3.40
22. Asthma	241	2,059	20,175	9.80	0.82	0.84
23. Other allergic disorders	240, 242–245	514	3,648	7.10	0.21	0.15
24. Diseases of thyroid gland	250–254	1,178	11,920	10.12	0.47	0.50
25. Diabetes mellitus	260	2,202	37,036	16.82	0.88	1.55
26. Diseases of other endocrine glands	270–277	181	2,615	14.45	0.07	0.11
27. Avitaminoses and other metabolic diseases	280–289	410	6,023	14.69	0.16	0.25
IV. Diseases of the blood and blood-forming organs	290–299	1,180	15,137	12.98	0.47	0.63
28. Diseases of the blood and blood-forming organs	290–299	1,180	15,137	12.98	0.47	0.63
V. Mental, psychoneurotic, and personality disorders	300–326	3,302	38,656	11.71	1.32	1.61
29. Psychoses	300–309	839	14,409	17.17	0.33	0.60
30. Psychoneurotic disorders	310–318	1,920	19,159	9.98	0.77	0.80
31. Disorders of character, behaviour, and intelligence	320–326	543	5,088	9.37	0.22	0.21

VI. Diseases of the nervous system and sense organs	330–398	12,008	144,213	12.01	4.79	6.02
32. Vascular lesions affecting central nervous system	330–334	2,706	56,557	20.90	1.08	2.36
33. Inflammatory and other diseases of central nervous system	340–345, 350–357	1,599	24,256	15.17	0.64	1.01
34. Diseases of nerves and peripheral ganglia	360–369	787	9,019	11.46	0.31	0.38
35. Diseases of eye	370–389	3,820	31,857	8.34	1.52	1.33
36. Diseases of ear and mastoid process	390–398	3,096	22,524	7.28	1.24	0.94
VII. Diseases of the circulatory system	400–468	19,104	300,797	15.75	7.62	12.55
37. Rheumatic fever and chronic rheumatic heart disease	400–416	1,202	27,399	22.79	0.48	1.14
38. Arteriosclerotic and degenerative heart disease	420–422	7,439	139,535	18.76	2.97	5.82
39. Other diseases of the heart	430–434	2,143	31,377	14.64	0.85	1.31
40. Hypertensive heart disease and other hypertensive disease	440–447	1,545	21,451	13.88	0.62	0.90
41. Diseases of arteries	450–456	859	21,832	25.42	0.34	0.91
42. Varicose veins of lower extremities	460	2,174	25,502	11.73	0.87	1.06
43. Hæmorrhoids	461	1,803	14,835	8.23	0.72	0.62
44. Phlebitis and thrombophlebitis	463, 464	625	8,798	14.08	0.25	0.37
45. Other diseases of the circulatory system	462, 465–468	1,314	10,068	7.66	0.52	0.42
VIII. Diseases of the respiratory system	470–527	44,575	258,392	5.80	17.77	10.78
46. Acute upper respiratory infections	470–475	4,502	27,056	6.01	1.79	1.13
47. Influenza	480–483	1,710	9,429	5.51	0.68	0.39
48. Pneumonia	490–493	9,329	103,938	11.14	3.72	4.34
49. Bronchitis	500–502	4,559	37,936	8.32	1.82	1.58
50. Hypertrophy of tonsils and adenoids	510	20,464	48,291	2.36	8.16	2.02
51. Other diseases of respiratory system	511–527	4,011	31,742	7.91	1.60	1.32
IX. Diseases of the digestive system	530–587	30,303	291,839	9.63	12.08	12.17
52. Diseases of teeth and supporting structure	530–535	2,905	7,240	2.49	1.16	0.30
53. Ulcer of stomach and duodenum and jejunum	540–542	3,422	52,598	15.37	1.36	2.19
54. Gastritis, duodenitis, and other disorders and diseases of the stomach and duodenum	543–545	1,364	10,464	7.67	0.54	0.44
55. Appendicitis	550–553	4,295	34,304	7.99	1.71	1.43
56. Hernia of abdominal cavity	560, 561	5,092	46,778	9.19	2.03	1.95
57. Other intestinal obstruction	570	1,067	10,869	10.19	0.43	0.45
58. Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over	571	3,805	24,817	6.52	1.52	1.04
59. Chronic enteritis and ulcerative colitis	572	984	15,278	15.53	0.39	0.64
60. Cirrhosis and other diseases of liver	580–583	426	7,998	18.77	0.17	0.33
61. Diseases of gall-bladder and pancreas	584–587	3,985	53,066	13.32	1.59	2.21
62. Other diseases of digestive system	536–539, 573–578	2,958	28,427	9.61	1.18	1.19
X. Diseases of the genito-urinary system	590–637	20,937	186,682	8.92	8.35	7.79
63. Nephritis and nephrosis	590–594	510	9,852	19.32	0.20	0.41
64. Infections of kidney	600	1,934	17,876	9.24	0.77	0.75
65. Calculi of urinary system	602, 604	1,578	14,400	9.13	0.63	0.60
66. Other diseases of urinary system	601, 603, 605–609	3,240	29,810	9.20	1.29	1.25
67. Hyperplasia of prostate	610	2,127	40,016	18.81	0.85	1.67
68. Redundant prepuce and phimosis	615	746	2,345	3.14	0.30	0.10
69. Infective disease of ovary, uterus, vagina, Fallopian tube, and vulva	622–626, 630	2,366	17,789	7.52	0.94	0.74
70. Uterovaginal prolapse	631	1,596	21,635	13.56	0.64	0.90
71. Disorders of menstruation	634	2,840	10,629	3.74	1.13	0.44
72. Other diseases of genital organs	611–614, 616, 617, 620, 621, 632, 633, 635–637	4,000	22,330	5.59	1.60	0.93

Hospitalization by Diagnoses According to the Canadian List of Diseases and Causes of Death, 1959—*Continued*

List Number and Diagnosis	I.S.C. No.	Number of Cases	Number of Days	Average Days' Stay	Per Cent Distribution	
					Cases	Days
XI. Deliveries, and complications of pregnancy, childbirth, and the puerperium	640–689	52,416	330,175	6.30	20.90	13.77
73. Complications of pregnancy	640–649	7,742	32,645	4.22	3.09	1.36
74. Abortion	650–652	4,741	20,871	4.40	1.89	0.87
75. Delivery without mention of complications	660	36,700	244,159	6.65	14.63	10.18
76. Delivery with specified complication	670–678	2,846	30,224	10.62	1.14	1.26
77. Complications of the puerperium	680–689	387	2,276	5.88	0.15	0.10
XII. Diseases of the skin and cellular tissue	690–716	5,435	51,301	9.44	2.17	2.14
78. Infection of skin and subcutaneous tissue	690–698	3,272	25,876	7.91	1.31	1.08
79. Other diseases of skin and subcutaneous tissue	700–716	2,163	25,425	11.75	0.86	1.06
XIII. Diseases of the bones and organs of movement	720–749	7,679	105,821	13.78	3.06	4.41
80. Arthritis and rheumatism, except rheumatic fever	720–727	1,982	29,903	15.09	0.79	1.25
81. Displacement of intervertebral disk	735	2,051	32,136	15.67	0.82	1.34
82. Other diseases of musculoskeletal system	730–734, 736–738, 740–749	3,646	43,782	12.01	1.45	1.83
XIV. Congenital malformations	750–759	2,335	32,921	14.10	0.93	1.37
83. Congenital malformations	750–759	2,335	32,921	14.10	0.93	1.37
XV. Certain diseases of early infancy	760–776	604	7,059	11.69	0.24	0.29
84. Birth injuries, asphyxia, and infections of new-born and other diseases peculiar to early infancy	760–776	604	7,059	11.69	0.24	0.29
XVI. Symptoms, senility, and ill-defined conditions	780–795	2,540	14,456	5.69	1.01	0.60
85. Symptoms, senility, and ill-defined conditions	780–795	2,540	14,456	5.69	1.01	0.60
XVII. Accidents, poisonings, and violence (nature of injury)	N800–N999	23,942	275,831	11.52	9.55	11.51
86. Fracture of skull and head injuries associated with hæmorrhage in or injury to the brain	N800–804, 852–856	3,202	24,000	7.50	1.27	1.00
87. Fracture of spine and trunk	N805–809	1,531	38,185	24.94	0.61	1.59
88. Fracture of upper limb	N810–819	3,179	17,761	5.59	1.27	0.74
89. Fracture of femur	N820–821	1,233	64,305	52.15	0.49	2.68
90. Other fractures of lower extremities	N822–829	2,403	38,084	15.85	0.96	1.59
91. Dislocation without fracture, and sprains and strains of joints and adjacent muscles	N830–848	2,354	16,935	7.19	0.94	0.71
92. Internal injury of chest, abdomen, and pelvis	N860–869	318	3,389	10.66	0.13	0.14
93. Burns	N940–949	1,252	22,743	18.17	0.50	0.95
94. Dislocations, sprains, strains, lacerations, superficial injuries, contusion, foreign body, poisoning, or other injury	N850–851, 870–898, 900–908, 910–918, 920–936, 950–999	8,470	50,429	5.95	3.38	2.11
Total, I to XVII*	———	250,797	2,397,495*	9.56	100.00	100.00

XVIII. Supplementary classifications for special admissions, including live births	Y00–88	40,186	289,361	7.20	----------	----------
95. Medical or special examination (without sickness)	Y00	58	238	4.10	----------	----------
96. Mature new-born	Y20, 22, 23, 26, 27	37,597	246,657	6.56	----------	----------
97. Immature new-born	Y21, 24, 25, 28, 29	1,929	39,752	20.61	----------	----------
98. Other special admissions, examinations, etc.	Y01–18, 40–88	602	2,714	4.51	----------	----------
Total, I to XVIII*	----------	290,983	2,686,856*	9.23	----------	----------

* These totals differ from the total shown on page 45 for the following reasons:—

(1) This table includes new-borns, which are excluded from the table on page 45.

(2) This table does not include 8,008 patient-days in Major Diagnostic Group XVII (approximately 0.3 per cent of the total, I to XVII) which could not be distributed over categories 86 to 94 without a review of the relevant records processed before the adoption of the new Canadian list. These 8,008 patient-days are included in Major Diagnostic Group 17 and in the total number of patient-days shown in the table on page 45.

Source: Research Division, Hospital Insurance Service, Department of Health Services and Hospital Insurance, Victoria, B.C.

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31ST, 1960

Administration—		
Salaries	$393,012.37	
Temporary assistance	8,037.40	
	$401,049.77	
Office expense	21,821.80	
Travelling expense	30,385.21	
Office furniture and equipment	1,497.20	
Printing and publications	21,218.53	
Tabulating and rentals	2,809.70	
Motor-vehicles and accessories	2,297.80	
Incidentals and contingencies	2,480.50	
Construction—consulting fees		
Technical surveys	1,721.03	
		$485,281.54
Payments to hospitals—		
Claims	$43,553,502.75	
Vancouver General Hospital *re* out-patients (*Hospital Insurance Act,* section 35 (30))	283,415.84	
	$43,836,918.59	
Less collections, third-party liability	195,954.66	
		43,640,963.93
Grants in aid of construction and equipment of hospitals		4,672,946.94
		$48,799,192.41
Less chargeable to Government of Canada	$20,406,091.56	
Less miscellaneous receipts	4,351.83	
Less transfer, Vote 138—Salary Revision	28,332.00	
		20,438,775.39
Total, Vote 177		$28,360,417.02

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