PROVINCE OF BRITISH COLUMBIA

HOSPITAL INSURANCE ACT

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Thirteenth Annual Report

# British Columbia Hospital Insurance Service

JANUARY 1 TO DECEMBER 31

1961

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in right of the Province of British Columbia.
1962

VICTORIA, B.C., January 25, 1962.

*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 Thirteenth Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1961.

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

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., January 25, 1962.

*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 1961.

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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# Thirteenth Annual Report of the British Columbia Hospital Insurance Service

## GENERAL INTRODUCTION

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

The thirteen years since the commencement of British Columbia hospital insurance coverage on January 1, 1949, have been marked by a continuous development of hospitals and hospital services in British Columbia. This development has been made possible only through the combined efforts of government and of the organizations and individuals participating in the financing of hospital construction and in the provision of hospital care. It is evident in the fine new hospital buildings and hospital additions, in the excellent diagnostic and treatment equipment, in the regional laboratory services established by groups of medium and smaller hospitals, and in the many other improvements made in hospital services to keep pace with developments in medical science.

There are few individuals in British Columbia and fewer families who have not benefited by hospital insurance coverage. This is evidenced by the fact that, by the end of 1961, well over three million hospital accounts had been paid by the Service. An indication of the magnitude of hospital insurance operations becomes apparent when a comparison is made between statistics for the year 1949 and for 1961. Information of this nature appeared in the Service's display exhibited during the Forty-fourth Annual Convention of the British Columbia Hospitals' Association, held in Vancouver on October 16 to 19, 1961. The convening delegates, representing hospitals throughout the length and breadth of the Province, expressed a great deal of interest in the comparisons of growth, and for this reason the data have been reproduced on the following page.

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. It is of interest to note that an estimated $393,000,000 has been paid on behalf of hospital accounts incurred during the thirteen-year period of operation. Payments of hospital accounts to British Columbia hospitals in 1949, on a daily basis, were $50,000; during 1961 daily payments averaged $145,000.

BRITISH COLUMBIA PUBLIC HOSPITALS[1] (INCLUDING REHABILITATION HOSPITALS), 1949 TO 1961, INCLUSIVE

| *Gross Salaries* | | *Full-time Employees* | |
|---|---|---|---|
| 1949 | $12,375,000 | 1949 | 7,068 |
| 1961 | 42,500,000 | 1961 | 14,000 |
| *Total Patient-days (Adults and Children)* | | *Total Number of Patients (Adults and Children)* | |
| 1949 | 1,682,196 | 1949 | 165,000 |
| 1961 | 2,600,000 | 1961 | 270,000 |
| *Total Bed Capacity* | | *Cost per In-patient* | |
| 1949 | 5,840 | 1949 | $94.00 |
| 1961 | 9,100 | 1961 | 187.00 |
| *Gross Operating Expenditures* | | *Gross per Capita Expenditure* | |
| 1949 | $19,730,000 | 1949 | $17.75 |
| 1961 | 59,000,000 | 1961 | 37.00 |

[1] Excludes contract and Federal hospitals.
NOTE.—1961 figures estimated.

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, 1949 TO 1961, INCLUSIVE

| | | | |
|---|---|---|---|
| Equipment grants | $4,250,000 | Paid in claims | $393,000,000 |
| In-patient accounts— | | | |
| British Columbia hospitals | | | 3,085,000 |
| Out-of-Province | | | 34,000 |
| Daily payments to hospitals now | | | $145,000 |
| Payments to hospitals— | | | |
| 1949 | | | $14,770,000 |
| 1961 (estimated) | | | $54,000,000 |
| Hospital construction since 1949—[1] | | | |
| Total beds | | | 5,020 |
| Total estimated cost | | | $55,672,800 |

[1] Excludes staff beds.

## 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 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 1, 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 wide range of benefits provided under the Act is described on the following pages.

(4) Qualified persons who are temporarily absent from British Columbia are entitled to the benefits described elsewhere in this Report (p. 13) 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 the provision of hospital care is a medical necessity and if he proves to the satisfaction of the Deputy Minister of Hospital Insurance that he qualifies under one of the following categories:—

(*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.

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 incurring 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 other Provinces.

### 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 pentitentiary; 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 necessary 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 a few 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 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, and the remainder of the cost is paid by the British Columbia Hospital Insurance Service. However, if the patient received treatment from a private physician, he is responsible for paying 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 satisfactorily established. (*See* Eligibility Section, p. 31.)

## 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 elsewhere in Canada, 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. Outside Canada, payment is made to hospitals at a rate not exceeding $12 per day ($4 for newborn 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 1, 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 approximately 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. 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 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 during 1961 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

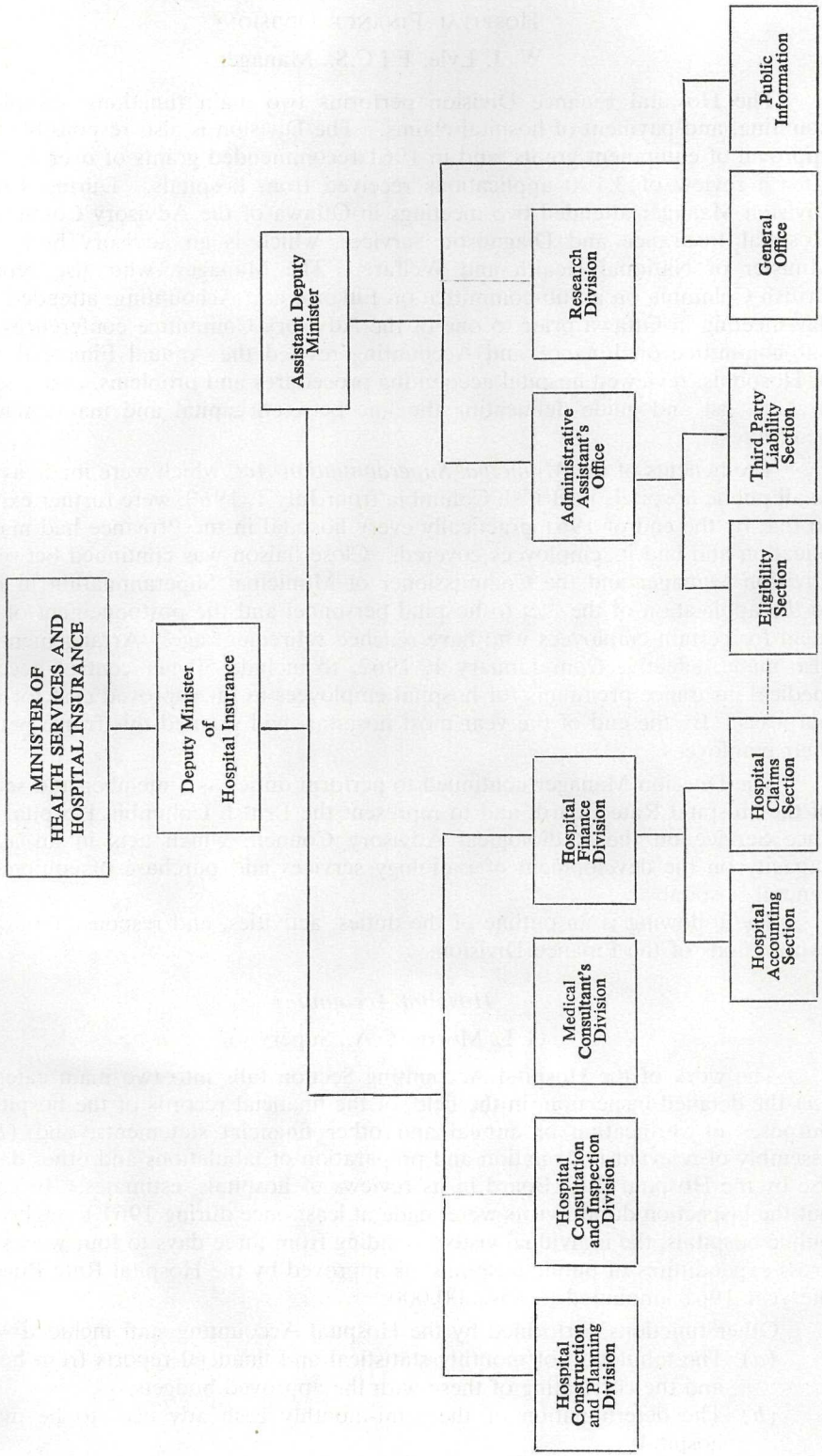
L. F. Detwiller, A.F.C., M.A., M.H.A., M.A.C.H.A., M.R.S.H.

The administrative functions of this office are varied and include not only line responsibilities, but several staff functions and research activities.

As a member of two working parties and the Sub-committee on Quality of Care, Research, and Statistics, the Assistant Deputy Minister took part in conferences held in Ottawa in connection with the Federal-Provincial hospital insurance plan. These meetings have facilitated co-operation between the Provinces, enabling a full exchange of information and greater co-ordination of hospital data. Methods used by the various Provinces were reviewed, and the recommendations made will ensure uniformity in the measurement and compilation of hospital statistics across Canada. The Canadian List of Diagnoses for Hospital Statistics was approved by the Advisory Committee for use in the tabulation of certain data; a uniform definition of " newborn " was accepted, to be implemented on January 1, 1962; and considerable changes were made in the forms used for reporting the Annual Return of Hospitals, to facilitate simplification, reduction, and consolidation in the reporting of data.

This office continued to work with the Metropolitan Hospital Planning Council, assisting in co-ordinating the studies undertaken by the Research Division of the British Columbia Hospital Insurance Service and those of the Council. During the year the report made on the survey of emergency departments in hospitals in the metropolitan area of the Lower Mainland was completed, and the pædiatric study and bed-utilization study are expected to be released early next year. A progressive programme is envisaged by this body for 1962, including an extended bed-utilization study. During the year the Assistant Deputy Minister presented several papers in Canada and the United States on the work of the Metropolitan Hospital Planning Council.

## ORGANIZATION CHART



## 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 1961 recommended grants of over $525,000, after a review of 3,100 applications received from hospitals. During 1961 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 also represents 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 on Finance and Accounting revised the Annual Financial Return of Hospitals, reviewed hospital accounting procedures and problems, and developed a check list and guide delineating the line between capital and maintenance expenditures.

The benefits of the *Municipal Superannuation Act,* which were made available to all public hospitals in British Columbia from July 1, 1960, were further expanded so that by the end of 1961 practically every hospital in the Province had made application and had its employees covered. Close liaison was continued between the Division Manager and the Commissioner of Municipal Superannuation in respect to the application of the Act to hospital personnel and the postponement of retirement for certain employees who have reached retirement age. Arrangements were also made, effective from January 1, 1962, to include 50 per cent of acceptable medical insurance premiums for hospital employees as an approved cost for budget purposes. By the end of the year most hospitals had granted this fringe benefit to their employees.

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 work of the Hospital Accounting Section falls into two main categories: (*a*) the detailed inspection, in the field, of the financial records of the hospitals for purposes of verification of annual and other financial statements, and (*b*) the assembly of relevant information and preparation of tabulations and other data, for use by the Hospital Rate Board in its reviews of hospitals' estimates. In carrying out the inspection duties, visits were made at least once during 1961 to eighty-seven public hospitals, the individual visits extending from three days to four weeks. The gross expenditures of public hospitals, as approved by the Hospital Rate Board, for the year 1961 amounted to $58,000,000.

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 provision, on request, of accounting assistance and instruction to smaller public hospitals in the Province.

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

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

During 1961, construction projects, involving expenditures in excess of $7,500,000, were audited and the required statements prepared for the Federal Government in order that Federal construction grants could be claimed on behalf of the hospitals.

During the year, investigations were made of financial and statistical records of certain designated hospitals falling within the scope of the new Rehabilitation, Chronic Treatment, and Convalescent Care Plan to determine the basis of payment on behalf of B.C.H.I.S. patients covered in such hospitals. As the plan is further developed and the number of approved hospitals providing this type of rehabilitation treatment is extended, a further increase is expected 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 shares in the costs of in-patient care in this Province, monthly payments are made to the Province by Ottawa, based on advances to hospitals made by the Province during the previous month. These payments 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 is highly complex and involves a considerable amount of detailed work before agreement on the amount shareable in respect of each financial year is reached. With the entry of additional

Provinces into the Federal-Provincial scheme during 1960, it appears unlikely that a settlement of the final shareable costs for that year will be made before an advanced date in 1962, as agreement on the costs of all participating Provinces must first be reached before the national shareable costs can be determined.

In addition to the growing volume of work relating to the financial operations of hospitals, arising out of the Federal-Provincial plan, there was a notable increase during 1961 in the number of observations and inquiries received from Ottawa, and channelled through this office, regarding the statistical data reported by hospitals in Part I of the Annual Return of Hospitals, with the object of attaining more complete standardization and correlation of statistics throughout the Dominion.

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

The Hospital Claims Section is responsible for processing Admission/Separation 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. 1961 was another year of increased production, due in part to an increase in claims being received under the Rehabilitation, Chronic Treatment, and Convalescent Care Plan, as well as an increase in admissions to general hospitals. Approximately 1,330 claims and an average of over 450 emergency-service or minor-surgery account forms were processed during each working-day of 1961.

In addition to the normal processing of hospital claims, the planning and reviewing of procedures was continued during the year. This was necessary in order to devise methods of meeting the increasing volume and complexity of handling claims, due to amendments to the eligibility requirements of other Provincial plans as well as changes in statistical procedures implemented as a result of the Federal-Provincial Agreement.

The five-part interleaved carbon Admission/Separation Record, and punch card, were redesigned and placed in use on January 1, 1961. The planning and redesigning of these items were carried out in co-operation with hospitals and our Research and Medical Consultation Divisions.

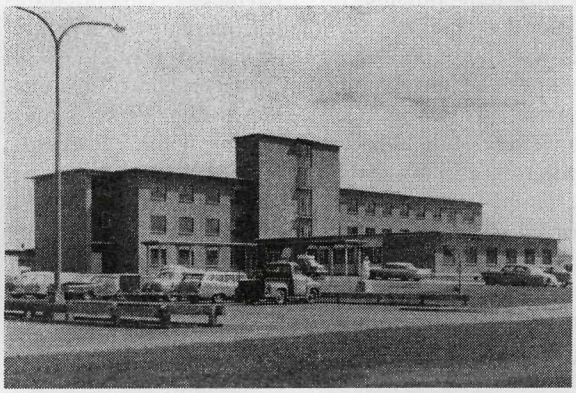
A brief outline of the work and duties performed by the various sections of Hospital Claims follows.

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 7,500 hospital claims, or some 2.4 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 obtaining and recording the patient's residence information and employment history. This was carried out by correspondence, by actual visit to the hospital, or by attendance at hospital regional meetings.

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 other Provinces and Territories. During the year an average of 500 queries per month on accounting matters were addressed

NORTH VANCOUVER

The new 283-bed Lions Gate Hospital, serving North Vancouver and West Vancouver, was officially opened April 22, 1961.



DAWSON CREEK

The new three-story St. Joseph General Hospital, with accommodation for 71 beds, was opened July 22, 1961.

## MAJOR HOSPITAL PROJECTS COMPLETED IN 1961

*Also*

Chemainus: A new addition providing 5 children's beds, 2 adult beds, and a 1-bed isolation unit.

Hazelton: A new addition for an emergency department and admitting office.

Vancouver: Construction of a combined locker-room area plus alterations to provide a physical medicine department (Vancouver General Hospital). Boiler-plant expansion and a new physiotherapy department (St. Paul's Hospital).

Victoria: Completion of ancillary projects prior to starting construction of a new addition (Royal Jubilee Hospital).

(*See* page 22 for details.)

TERRACE

On March 4, 1961, the new 40-bed Terrace and District Hospital was opened, and in September a new 10-bed nurses' residence was completed.

to British Columbia hospitals. In 1961 a total of 309,313 accounts was paid, compared to 300,709 in 1960 and 287,685 in 1959.

The *Social Welfare Records Section* continues to maintain the alphabetical file of all Health Services Identification Cards issued to welfare recipients in this Province. Over 26,000 hospital accounts incurred by welfare recipients were checked to this file to determine eligibility for hospital benefits. This file is also used by the Department of Social Welfare as a source of information. The Department of Social Welfare plans to reissue the identity cards early in 1962, and members of the Claims Section attended a number of committee meetings in 1961, during which the reissue arrangements were planned.

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 1961 a total of 3,229 accounts, amounting to $470,702, was paid on behalf of qualified residents who were hospitalized in the other Provinces of Canada and the Territories, in the continental United States, Alaska, Austria, Australia, Denmark, Dutch West Indies, England, France, Hawaii, Holland, Israel, Italy, Mexico, Norway, Tahiti, Portugal, Scotland, Spain, Sweden, West Germany, and Yugoslavia.

The work of this Section increased during the year with the entrance of the Province of Quebec and the Northwest Territories into the Federal-Provincial Agreement. This Section also compiles up-to-date hospital rate schedules for every approved hospital in Canada.

The *Filing Section* sorted and filed an average of 3,800 documents and letters daily, an increase of 200 daily over last year. During the year all 1960 Part 1 documents were microfilmed by the Central Microfilm Bureau; 595,009 documents were photographed on 20,000 feet of film. This was a reduction of 172,679 documents from 1959 due to the elimination of the Part 2 Admissions, which are no longer microfilmed, except when bearing an important notation. The elimination of the Part 2 Admissions was made possible because the information regarding verification of residence now appears on the Part 1, and this resulted in a saving of 5,900 feet of film and the equivalent film-storage space. This annual microfilming effects a considerable saving in office space, which would normally be taken up with sixty filing-cabinets for documents.

## Hospital Construction and Planning Division

A. W. E. Pitkethley, Manager

The primary responsibilities of this Division may be summarized as follows:—

(*a*) Working with hospital boards of management and hospital construction planning committees in the development of programmes for the construction of new hospital facilities, as well as additions to existing facilities, and recommending such programmes for approval.

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

(*c*) 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.

This Division is also responsible for the administrative supervision of the Marpole Provincial Infirmary in Greater Vancouver and the branches in Victoria and Haney, and the Manager of the 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 66.12 to 70.35 per cent.)

A great deal of time was spent during the year reviewing plans of proposed new hospital facilities. Special attention was given to the design and layout of each building, to ensure that it could provide a good standard of patient-care, efficient and economical operation, and adequate service and clinical facilities for potential future expansion. The design and extent of the mechanical facilities proposed for hospital buildings was also reviewed in detail. These included heating, ventilating, and air-conditioning systems. With the co-operation of other B.C.H.I.S. divisions, Health Branch personnel, and members of the medical and nursing professions, hospital boards are provided with a complete consultative planning service. Assistance was given by the Division of Public Health Engineering, the Nutrition Consultant, the Technical Supervisor of Clinical Laboratory Services, the Technical Supervisor of Radiology, 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 and assisted in a consultative capacity in the review of hospital plans. The Supervisor of Physiotherapy of the Canadian Arthritis and Rheumatism Society (British Columbia Division) co-operated in the review of proposed plans for physiotherapy departments.

Continued co-operation was received from the Hospitals' Committee of the British Columbia Division of the Canadian Medical Association. Also, the Canadian Medical Association (British Columbia Division) extended valued assistance in advising and recommending on selected problems referred to it for study.

During the year the Division continued to benefit through the co-operation of the Public Works Department, which assigned a member of its architectural staff to this Division on a full-time basis.

In the summer of 1961 the Federal Government established working parties under the chairmanship of the Chief of the Hospital Design Division, Ottawa, to study hospital construction standards. Two working groups were formed—one to study accommodation problems of hospitals for the chronically ill, with a view to the development of construction standards for this type of hospital, and the other to study the revision and expansion of the general hospital construction standards originally published in 1948. The Manager of the Hospital Construction and Planning Division was appointed to serve on both of these groups.

This Division is consulting with the Faculty of Medicine of the University of British Columbia on research into the use of ultraviolet rays as a bacteriocidal agent for air sterilization. The Faculty of Medicine of the University of British Columbia, and the Vancouver General Hospital, assigned a member of their staffs to work in co-operation with the Construction and Planning Division, enabling British Columbia to become the first Province in Canada where a hospital is installing an aseptic air system in the surgical suite.

The Hospitals' Committee of the Architectural Institute of British Columbia continued to act in an advisory capacity to the Construction Division in developing standards and adopting procedures relating to architectural and engineering services

for hospital construction projects. The Hospitals' Committee was formed in 1958 to discuss and resolve problems arising out of hospital projects which relate to the institute members.

The Manager was appointed to a committee of senior personnel from various Government departments which will act in an advisory capacity to Dr. A. E. Davidson, Deputy Minister of Mental Health Services, to provide assistance in the study of the needs and the planning of a new mental-health facility for Victoria.

In June, 1961, the Division Manager and the Assistant Dean of the Faculty of Medicine, University of British Columbia, visited the Medical Centre, University of West Virginia, Morgantown, West Virginia, and also the University of Kentucky Medical Centre, Lexington, Kentucky, for the purpose of investigating and studying problems associated with the planning and operation of a university medical school. These studies relate to the planning that is presently under way on the proposed new medical school on the campus of the University of British Columbia.

The Manager of this Division attended a four-day institute on hospital design and construction, sponsored by the American Hospital Association, held in Los Angeles, California. He also made a number of inspection trips to hospitals in British Columbia during the year, including the examination of facilities being considered for the accommodation of patients receiving treatment under the Rehabilitation, Chronic Treatment, and Convalescent Care Plan.

### (*a*) *Hospital Projects Completed during 1961*

*Terrace and District Hospital.*—On March 4, 1961, the Honourable Eric Martin officially opened the new Terrace Hospital of 40 beds. The building is a two-story reinforced-concrete structure and provides a full range of hospital services. The new hospital replaces the old building, which had a rated capacity of 32 beds. Space in the new hospital will provide accommodation for 10 additional beds when required in the future. A new nurses' residence, which was commenced on March 6, 1961, was substantially completed on September 15, 1961, and the hospital society took over the building on that date.

*Lions Gate Hospital, North Vancouver.*—The new hospital of 283 beds was officially opened by the Minister on April 22, 1961. The hospital is a seven-story building, the sixth and seventh floors partially completed to provide approximately 138 additional active-treatment beds in the future. Special features include a pneumatic tube system and a trayveyor for the distribution of food from the main kitchen to the nursing floors. Service departments are of sufficient size to accommodate the old existing building, which is being considered for use, in part, as a rehabilitation wing of the Lions Gate Hospital.

*St. Joseph General, Dawson Creek.*—During a special dedication ceremony on July 22, 1961, the Minister officially opened the new 71-bed hospital. The new three-story building provides a full range of hospital facilities, including diagnostic and treatment facilities, major and minor operating-rooms, an emergency department, and its own laundry facilities. The new hospital replaces the old 29-bed hospital constructed in 1932.

*Vancouver General Hospital.* — The construction of combined locker-room area, plus alterations to provide a physical medicine department, were completed early in 1961. The physical medicine project included the complete demolition of the interior of the former B.C. Medical Research Building, and reconstruction on a revised floor plan. The central locker project included the enlargement of the personnel department, adequate restroom facilities, and a central time-clock arrangement.

*Royal Jubilee Hospital, Victoria.* — Ancillary projects completed during the year, which were preparatory to the commencement of construction of new wings, included the installation of a fully automatic telephone switchboard, demolition of the administration block, and construction of a new connecting corridor behind the administration block.

*St. Paul's Hospital, Vancouver.*—Boiler-plant expansion and renovations to the hospital building were completed in 1961. A new boiler, with auxiliary equipment, was also installed. Renovations included a new and enlarged physiotherapy department, and, in addition, alterations were effected to produce improved facilities for sisters' dining accommodation.

*Chemainus General Hospital.*—A new addition to this hospital was completed in 1961 to provide accommodation for 5 children's beds and 2 adult beds, as well as a complete 1-bed isolation unit. The area previously occupied by pædiatric beds was altered to provide better facilities for a nurses' station, bathrooms, and to provide increased space for the nursery. A net gain of 2 beds has been realized as a result of this project.

*Wrinch Memorial Hospital, Hazelton.*—The new addition for an emergency department and admitting office was completed in December, 1961. The addition will provide needed facilities for an emergency operating-room, as well as areas for patients' waiting and admitting.

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

Royal Columbian, New Westminster: Construction of a new 195-bed nurses' residence and training-school.

St. Paul's, Vancouver: Construction of a new laundry building and a new laboratory building.

Providence, Fort St. John: Construction of a new 68-bed hospital, plus semi-finished areas for 33 future beds.

Nanaimo Regional General: Construction of a new 160-bed hospital, plus semi-finished areas for 27 future beds. In addition, the sixth floor will be left unfinished, to provide for a future increase in bed accommodation.

War Memorial, Williams Lake: Construction of a 72-bed hospital, plus semi-finished areas for 36 future beds.

Queen Alexandra Solarium, Victoria: Completion of an area to provide 16 additional beds, plus the construction of an addition to be left in a semi-finished condition for 16 future beds when required.

Royal Jubilee, Victoria: Construction of an addition to provide 195 beds, 31 of which will be left initially in a semi-finished condition. The project includes new radiotherapy and X-ray departments.

St. Joseph's, Victoria: Renovation of boiler plant and purchase and installation of two new heating-boilers.

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

Boundary Hospital, Grand Forks: 35-bed hospital, 5 beds to be left unfinished.
McBride and District Hospital: 26-bed hospital, plus 10 staff beds.
Powell River General Hospital: Additions and alterations.
Fort Nelson General Hospital: 33-bed hospital, plus 8 nurses' beds.
Royal Jubilee Hospital, Victoria: Addition to psychiatric unit.
Surrey Memorial Hospital: Addition to boiler plant and laundry.

*(d) Additional Projects Developed through Various Planning Stages in 1961*

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

Mission Memorial Hospital: New hospital.

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

Vernon Jubilee Hospital: Additions and renovations.

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

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

Sunshine Coast, Sechelt: New hospital.

100 Mile House: New facility.

Nicola Valley General Hospital, Merritt: New hospital.

Langley Memorial Hospital, Murrayville: New hospital.

Prince Rupert General Hospital: Addition and alterations.

Quesnel General Hospital: Addition and alterations.

Richmond Hospital: New facility.

Gorge Road Hospital, Victoria: Addition.

Ladysmith General Hospital: Addition and alterations.

Kelowna General Hospital: Renovations and extension.

Queen Charlotte Islands General Hospital: Staff residence.

St. Bartholomew's Hospital, Lytton: Renovations.

North Vancouver General: Conversion of old hospital building for rehabilitative care.

Prince George Regional Hospital: Completion of areas previously left unfinished, plus construction of additional unfinished areas.

Squamish General Hospital: Nurses' residence.

Shuswap Lake General Hospital, Salmon Arm: Nurses' residence.

Creston Valley Hospital: Addition and improvements.

Medical Sciences Centre, University of British Columbia: New hospital.

Royal Columbian, New Westminster: New laundry and maintenance building.

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

During the year the Division received nearly 340 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 over $150,500.

## Hospital Consultation and Inspection Division

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

The staff of this Division provides a consultative service to hospitals on problems of administration and operation in all departments. The Division is also responsible for the licensing and inspection of private hospitals, including both private acute hospitals, all but one of which are operated in remote areas of the Province by industrial companies; and private hospitals giving nursing-home-type care to the aged sick, most of which are privately owned and operated for profit.

The Manager of the Division is a member of the Working Party on Hospital Standards, which held three meetings in Ottawa during the year, to draw up suggested minimum qualitative standards for the guidance of hospitals throughout Canada. The working party was set up by the Sub-committee on Quality of Care, Research, and Statistics.

This Division worked with the Finance Division in analysing and reviewing hospital estimates, including pre-construction operating estimates for projects being planned, and in this connection the Manager continued as a member of the Hospital Rate Board. Hospital society by-laws were reviewed with the Administrative Assistant, and advice was given to hospitals on medical-staff by-laws and regulations and on other aspects of hospital accreditation.

During 1961 the Division's consultants continued to make inspectional trips to public hospitals, each visit requiring from one to five days in the hospital. The consultative services to public hospitals covered a large number of management problems arising in all departments.

Working with the Fire Marshal, the Inspector of Electrical Energy, and the Inspector of Elevators, the staff of the Division checked hospital standards of safety and fire precautions. The Division Manager continued to serve as the B.C.H.I.S. representative on the Laboratory Advisory Council, which advises the Government on the development of laboratory services in public hospitals.

Advice was given to many hospitals on disaster planning, and plans submitted by hospitals were reviewed by a committee on which the Division, the Health Branch, and Provincial Civil Defence authorities were represented. A member of the Division attended the Hospital Administrators' Conference on Emergency Health Services at Arnprior, and another member attended the course for nurse educators given there.

In many matters the Division works with Health Branch personnel. Contact is maintained with the Medical Health Officers, and with the Technical Supervisor of Clinical Laboratory Services and the Technical Supervisor of Radiology, who also visit hospitals. The Nutrition Consultant assisted the Division in providing advice on dietary problems in public hospitals.

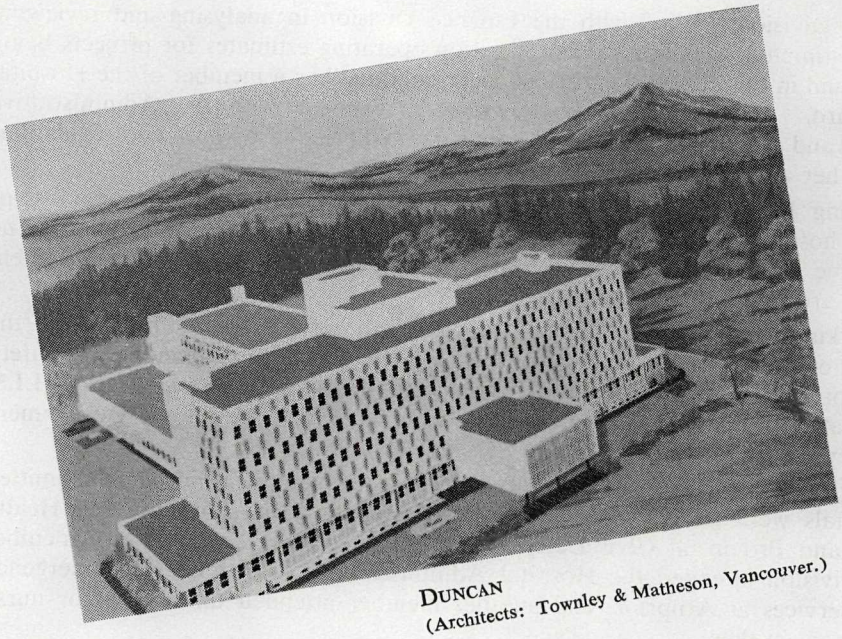
During the year 140 visits were made to private hospitals, including thirty-five by the part-time consulting dietician. The consulting dietician was forced by other commitments to reduce time available to the Service in the latter months of the year.

New beds licensed for the aged sick totalled 191, bringing the Provincial total of licensed beds to 2,141 in sixty-one hospitals devoted to this type of care. By comparison, in 1957 there were 1,758 beds in fifty-four establishments. The growth in the number of beds since 1957 has more than kept pace with the growth of the population. However, these developments have not yet made up for a shortage of this type of facility, which has prevailed for many years. There are still few facilities located in centres away from the metropolitan areas.

One private hospital for acute cases closed during 1961 because of unsuitability of the premises for continued use as a hospital. This reduced the beds in private acute hospitals to 76 beds in five hospitals.

In February an Order in Council was passed making Provincial Government grants available to non-profit organizations for the construction of hospital (nursing home) facilities licensed as private hospitals under Part II of the *Hospital Act*. The grant is not to exceed one-third of the capital cost, which may include such items as the cost of construction, cost of land, architects' fees, sidewalks, roadways, landscaping, and some fixed equipment.

In the interests of patients' safety and good care, revised standards for construction of nursing-home facilities were established. The conversion of buildings such as dwelling-houses to private hospitals is not permitted unless they meet the required standards. At the time the policy changed, some applicants who were in the process of converting buildings were given a period of time in which to complete



DUNCAN
(Architects: Townley & Matheson, Vancouver.)

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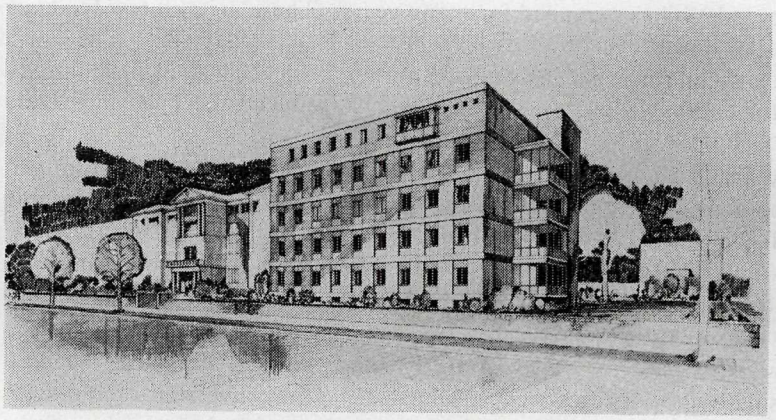

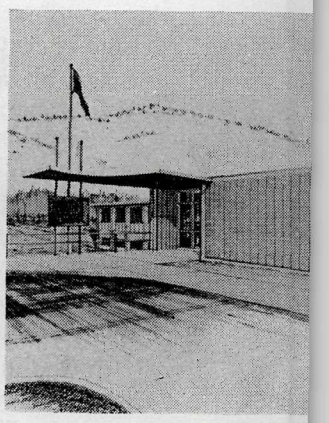

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(Architects: Gardiner, Thornton, Gathe & Associates, Vancouver.)

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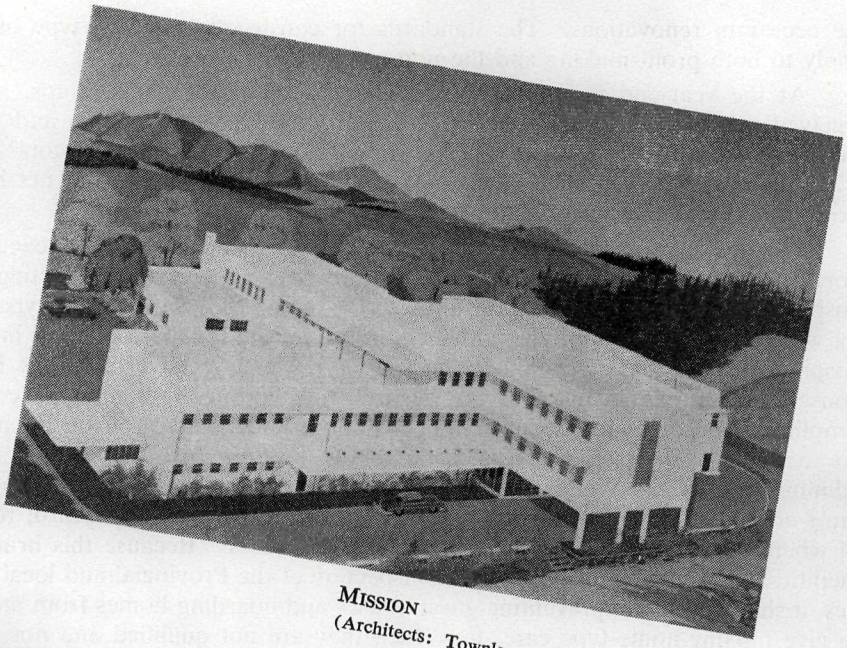

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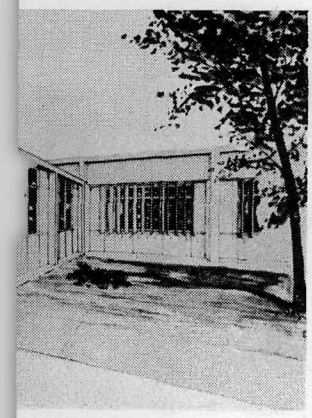

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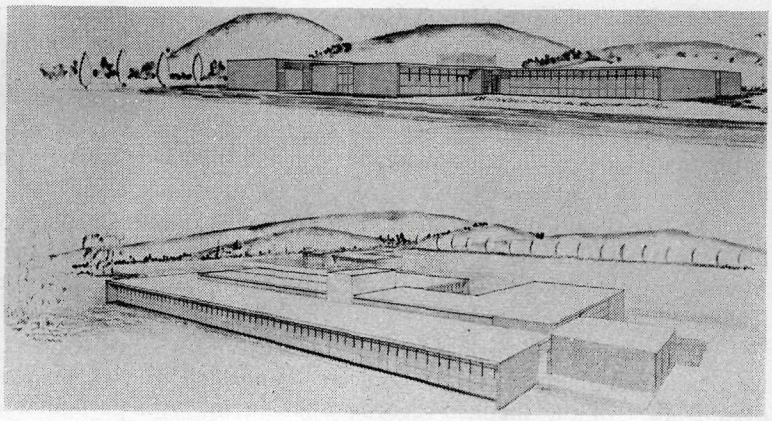


MCBRIDE
(Architects: Gardiner, Thornton, Gathe & Associates, Vancouver.)

the necessary renovations. The standards for construction of this type of facility apply to both profit-making and the non-profit groups.

At the year-end there were six applicants, all proprietary groups, who had received approval in principle from the Minister of Health Services and Hospital Insurance to construct new buildings. These buildings would have a total capacity of 322 beds. One would replace an existing institution, so that the net bed gain from these projects would be 305 beds.

Following the discussions with the Greater Vancouver Health League, mentioned in the 1960 Annual Report, certain changes in legislation affecting private hospitals were passed by the Legislature. These changes clarified the type of care for which a licence is required; added controls over the transfer of shares in private-hospital corporations; prohibited the use of misleading advertisements by guest houses, etc., implying that they are licensed to give nursing-home-type care; and simplified procedures for evidence in prosecutions under Part II of the *Hospital Act.* At the same time a change was made to the *Welfare Institutions Act,* which is administered by the Welfare Institutions Board. As a result, all boarding homes must now have a licence to operate from the Welfare Institutions Board, regardless of whether they care for private cases or welfare cases. Because this brings more facilities of this type under the regular inspection of the Provincial and local authorities, it should assist in preventing guest houses and boarding homes from attempting to give nursing-home-type care, for which they are not qualified and not licensed. The Manager of the Division continued to serve on the Welfare Institutions Board. The Registered Nurses' Association co-operated with the Service in screening the credentials of prospective private-hospital superintendents.

An associated responsibility of the Division is to arrange for the placement by the Social Welfare Department of welfare patients who no longer need to remain in acute general hospitals, but must be admitted to nursing-home facilities because their needs are beyond what can be given in their own homes. The Division is involved only when service is requested by the acute hospital. In 1961 social welfare offices placed 121 cases under this arrangement.

## Medical Consultation Division

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

The Medical Consultation Division reviews all Admission/Separation Records forwarded by hospitals in respect to every in-patient admission. Medical eligibility is determined as soon as possible following receipt of the patient's admission notification. Particular attention is paid to the length of hospital stay of those patients receiving hospital insurance benefits. The steady increase in the total number of patients under care in hospitals each year continued to consume more time in the processing of hospital claims.

The Medical Coders Section of the Division reviews the diagnoses which appear on each Admission/Separation Record and allocate a morbidity code based on the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death.

The Chief Supervisor, Medical Records and Medical Coders, in her capacity as a qualified medical-record librarian, continued to visit hospitals to assess the organization of the medical-records department, with particular emphasis on the accuracy of the discharge diagnoses. She also provided assistance and discussed mutual problems in reference to the medical records submitted to the British Columbia Hospital Insurance Service.

The value of an organized hospital medical-record department, with a qualified librarian, is obvious from the quality of the medical data received in this Division for the medical assessment of the claims, as well as for medical coding of the diagnoses and operations performed, for statistical and research purposes. A close liaison has been established with the Medical Record Librarians' Association, and their co-operation, both as a group and as individuals in their departments in the various hospitals, is greatly appreciated.

The Chief Supervisor also attended a medical coding institute in Ottawa, at which representatives of all Provinces participated.

In 1961 the medical coders assumed additional coding procedures, including the coding of the principal surgical operations performed in each hospital, for Provincial and Federal health statistical tabulation.

Surveys done within this Division during the year for medical research purposes included:—

(1) *Type and number of cases of tuberculosis, pulmonary and non-pulmonary,* treated in acute general hospitals showing total days and total cost to the British Columbia Hospital Insurance Service.

(2) *Recording of cases of alcoholism* treated in acute general hospitals throughout the Province, and costs involved, with a view to eliminating abuse of hospital facilities.

(3) *Recording of cases of epilepsy* with number of hospital days and associated conditions, age-groupings, etc.

The Medical Consultant maintains a close liaison with professional bodies, including the Faculty of Medicine of the University of British Columbia, the Canadian Medical Association (British Columbia Division), and the College of Physicians and Surgeons. This amicable relationship has contributed much to the medical aspect of the administration of the Hospital Insurance Service.

The progress of the Rehabilitation, Chronic Treatment, and Convalescent Plan continues to develop. A short summary of patients cared for under the plan from September, 1960, to December, 1961, follows. Dr. Brock Fahrni, Associate Professor, Faculty of Medicine, School of Rehabilitation Medicine, University of British Columbia, continued to provide invaluable assistance in all phases of the development of this programme. An advisory team, consisting of Dr. Fahrni, the Medical Consultant, and the Managers of the Hospital Construction and Hospital Consultation Divisions, made several trips to hospitals on the Island and on the Mainland to discuss implementation of the plan.

*Summary of Patients Cared For under the Rehabilitation Plan, September, 1960, to December, 1961 (Excluding Pearson Poliomyelitis Pavilion)*

| | |
|---|---|
| Adults— | |
| Total number of patients treated and discharged | 725 |
| Number of patients still in hospital | 145 |
| Total number of patients admitted | 870 |
| Average length of stay | 79.7 days. |
| Children— | |
| Total number of patients treated and discharged | 49 |
| Number of patients still in hospital | 19 |
| Total number of patients admitted | 68 |
| Average length of stay | 120.4 days. |

## 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 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 1961 there were thirty-two 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 1961 considerable time was spent on matters connected with the Federal-Provincial hospital insurance plan. Extensive discussions were held, both in Ottawa and Victoria, with the officials of the Federal Government, and other Provincial plans, to consider means of removing administrative difficulties and providing better liaison.

Arrangements were completed in 1961 to record in the various Land Registry Offices a formal notice against each hospital property to ensure that a transfer cannot take place without the Minister's approval, as provided for under the *Hospital Act*.

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 Inspectors' 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 1961 in a number of centres for the purpose of holding panel discussions with hospital personnel 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 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/Separation Record, the residential requirements for eligibility, and the various methods of obtaining proof of residence.

## Research Division

Miss E. L. Macklin, B.A.

The main functions of the Research Division are:—

(1) To survey geographic areas within the Province, in order to determine the need and extent of new hospital construction.

(2) To tabulate, compile, and analyse morbidity statistics, noted in the Admission/Separation Records forwarded to the Service from British Columbia acute-care hospitals in respect to all in-patients.

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

During the year bed-requirement studies were carried out for the Prince George, Richmond, Prince Rupert, and Langley districts of the Province, and, at the year-end, reviews were being made of the Sechelt and Kelowna areas.

As a result of meetings held in Ottawa in connection with Federal-Provincial hospital insurance planning, a great deal of time was spent in reviewing the recommendations dealing with uniform statistical reporting. The data, collected from all Admission/Separation Records completed for all hospital admissions, will be incorporated into a series of statistical tables, affording a basis of uniform comparisons between all Provinces, as well as providing an over-all picture of the hospital-utilization patterns of Canadians. It was necessary to incorporate many changes in the recording and tabulating of hospital statistics, as follows:—

Changes in terminology and subsequent changes in meaning were introduced; e.g., " primary " diagnosis changed to " principal " diagnosis.

A new definition of " newborn " was evolved, which necessitated further changes in the procedures followed by hospitals in the recording of newborn data.

The recording of operations was introduced in British Columbia, plus the development of a listing of operations and treatments.

A uniform ninety-eight-category Canadian Diagnostic List was developed.

Early in the year an up-to-date compilation of statistical tables, mainly dealing with hospital utilization, was released as the 1961 supplement to the " Interim Statistical Tables Relating to Hospital Facilities in the Lower Mainland Area." Further assistance provided by this Division to the Metropolitan Hospital Planning Council of the Lower Mainland related to the council's study of the Surrey-White Rock hospital complex. Background data specifically pertaining to these hospitals were provided to the research group of the council. Tabular data were also prepared for other projects set up within the framework of the council.

During the year, with the advice of the Co-ordinating Council on Child Care, a questionnaire was sent to all acute-care Provincial hospitals regarding pædiatric age-limits. Following a review of hospital replies, it was decided that, for statistical purposes, 14 years would be used as the maximum age for pædiatrics.

Part of the work load of this office is the preparation of annual statistical information requested by other departments and agencies. "Annual Statistics," a tabular summary of yearly morbidity data prepared by this Division for the Department of National Health and Welfare, has received wide recognition in recent years throughout Canada and the United States. In addition, much work is involved in the preparation of annual rated bed capacity lists, as well as the continual revisal of "An Alphabetical Listing of Place-Names in B.C. with a Geographic Code."

A continual increase in requests for specific morbidity data has been noticed. In particular, many tables were prepared giving the British Columbia experience relating to hospitalized accident cases and the morbidity patterns of persons aged 65 years and over. Annual tables are prepared for the British Columbia Safety Council, and efforts are being made to facilitate the collection of more detailed information regarding accidental injuries. Statistics on individual illnesses and diseases, such as incidence of rheumatic heart diseases, average lengths of hospital stay of certain diseases, etc., are continually being compiled upon request.

## Public Information

R. H. Thompson

This office is responsible for developing and administering the Service's public information programme as it relates to acute-care hospitals and the general public.

During the year regular editions of the B.C.H.I.S. Bulletin were prepared, and 1,400 copies of each issue were distributed to ninety-three British Columbia hospitals. The Bulletin is an administrative aid, used to clarify those policy and procedural changes which affect hospitals.

Several permanent amendments were drafted for the B.C.H.I.S. Manual on Policy, Organization, and Procedure, printed on loose-leaf replacement pages, and forwarded to over 300 British Columbia hospital officials.

During the latter part of the year the Public Information Officer visited hospitals at Duncan, Ladysmith, Chemainus, Nanaimo, Port Alberni, Cumberland, Comox, and Campbell River. The discussions held with the administrators proved to be very worth while, and similar trips are planned to hospitals on the Lower Mainland and in the Interior.

A display was developed for use at the Forty-fourth Annual Convention of the British Columbia Hospitals' Association, held in Vancouver in October, and the same display was also set up in the rotunda of the Parliament Buildings, where

it was on view to the general public. Minor revisions were made to the B.C.H.I.S. exhibit in the British Columbia Building at the Pacific National Exhibition.

A weekly press release was forwarded to the Province's major news media, containing information on the Government's grant-in-aid programme, the completion of major hospital construction, the payment of hospital accounts, and other newsworthy items. Feature articles were accepted for publication in the British Columbia Government News, the Canadian Doctor (business journal of the medical profession), and the Canadian Hospital (journal of the Canadian Hospital Association).

The 1959 pamphlet outlining major developments of the Service since its inception was revised to September, 1961, and reprinted. To meet the continuing demand for up-to-date information on the Service, a new " General Information " pamphlet was printed in December. Copies will be distributed to the general public early next year through hospitals, health units, business organizations, civic groups, etc.

A reference album was prepared for the Hospital Construction Division containing photographs of all major hospital-construction projects completed since 1952, with related data regarding costs, government grants, architectural firms, special consultants, and so on.

Miscellaneous duties included the handling of general inquiry correspondence; maintaining the newspaper-clipping file, the hospital map index, and the 16-mm. film library; reviewing reports; editing special studies; and compiling and editing the Thirteenth Annual Report.

## General Office

C. R. Leighton

One of the main responsibilities of the General Office is the review of requisitions, vouchers, and warrants submitted by the various divisions. These include travel expenses, requisitions for supplies, grant payments to hospitals, and advances, which are then forwarded to the appropriate branch of Government for further action.

Preparation of the estimates is a further responsibility, and because of the research required to produce realistic figures, work on the estimates commences in September of each year.

Other functions of this office include the purchasing of furniture and equipment, operation of the teletype service to the Vancouver office (a service utilized by other Government offices), and the storage and dispatch of the various forms supplied by the British Columbia Hospital Insurance Service to hospitals.

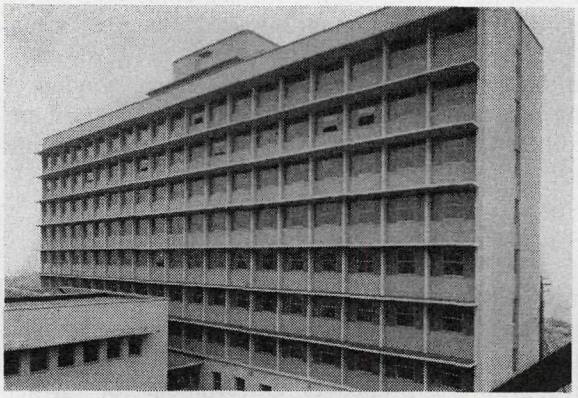
In order to offset the storage problems experienced in previous years in connection with the 500,000 I.B.M. cards used annually by the Key Punch Section, a new procedure was developed during the year whereby the cards were purchased on a monthly allotment basis rather than a year's supply at one time. This appeared to be working out very satisfactorily.

General personnel matters are dealt with by the General Office, and pay and personnel records are maintained by the Pay Clerk. The office stenographer continued to handle the typing of correspondence, stencils, pamphlet drafts, and articles, prepared by the Public Information Office, and provided stenographic services to other offices from time to time.

The monthly comfort allowance received by all Provincial Infirmary patients was paid to the Mount St. Mary patients, Victoria, by this office, which also acted in the capacity of liaison between Mount St. Mary authorities and the Infirmary business manager in Vancouver.

NANAIMO

The new Nanaimo Regional Hospital, expected to be completed during the summer of 1962, will provide 160 beds plus semi-finished areas for 27 beds and an unfinished sixth floor.



NEW WESTMINSTER

Also due for completion next summer is the 195-bed nurses' residence and training-school at the Royal Columbian Hospital.

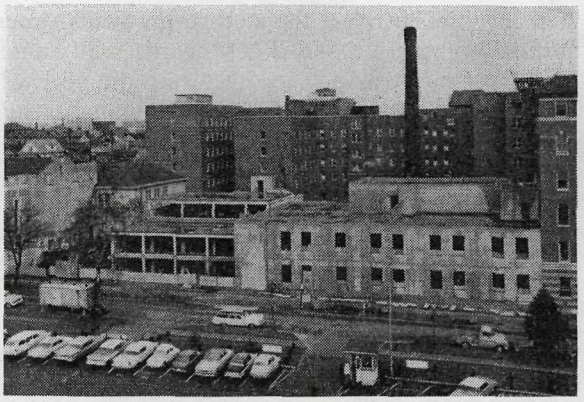
## HOSPITAL PROJECTS UNDER CONSTRUCTION AT THE YEAR-END

*Also*

Providence, Fort St. John.
War Memorial, Williams Lake.
Royal Jubilee, Victoria.
Queen Alexandra Solarium, Victoria.
St. Joseph's, Victoria.
(*See* page 23 for details.)

VANCOUVER

This photo of the new laboratory and laundry buildings at St. Paul's Hospital was taken during December.



# 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 Hospital, 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.
Lions Gate Hospital, North Vancouver.
McBride and District Hospital, McBride.
Maple Ridge Hospital, Haney.
Mater Misericordiae Hospital, Rossland.
Matsqui, Sumas, and Abbotsford General Hospital, Abbotsford.
Michel Hospital, Michel.
Mission Memorial Hospital, Mission City.
Mount St. Joseph's Hospital, Vancouver.
Nanaimo General Hospital, Nanaimo.
Nicola Valley General Hospital, Merritt.
North Vancouver General Hospital, North Vancouver.
Ocean Falls General Hospital, Ocean Falls.
Penticton Hospital, Penticton.
Pouce Coupe Community Hospital, Pouce Coupe.
Powell River General Hospital, Powell River.
Prince George 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 7 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.
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 25 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.

## 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. In 1961 there were eighty-seven public general hospitals approved to accept B.C.H.I.S. patients, one fewer than in 1960 because one hospital was reclassified as a rehabilitation hospital. In addition, care was provided in nine outpost hospitals, six Federal hospitals, and six private hospitals. Also approved as of September 1, 1960, were four public rehabilitation hospitals, one Provincial rehabilitation hospital, and rehabilitation-care areas in two Federal hospitals which also provide general hospital care. Data for the year 1961 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 259,713 B.C.H.I.S. adults and children patients were discharged from British Columbia hospitals in 1961, an increase of 10,290 or 4.1 per cent over the previous year. This table also shows that 96.1 per cent of the total patients separated from British Columbia hospitals in 1961 were covered by hospital insurace, compared to 95.9 in 1959 and 95.8 in 1960. The second part of the table indicates that in 1961 the British Columbia Hospital Insurance Service paid public hospitals in British Columbia for 2,546,235 days of care for adults and children, an increase of 112,083 or 4.6 per cent over 1960.

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 1961 was 9.80 days. A small part of the increase from 1,804 days of care per thousand population in 1960 to 1,838 in 1961 was due to the added rehabilitation programme, but the major contributing factor has been the considerable increase in the number of hospital beds resulting from the intensive hospital-construction programme of recent years.

TABLE I.—PATIENTS SEPARATED (DISCHARGED OR DIED), TOTAL PATIENT-DAYS AND PROPORTION COVERED BY BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, BRITISH COLUMBIA PUBLIC HOSPITALS ONLY, 1949–61 (EXCLUDING FEDERAL, PRIVATE, AND OUT-OF-PROVINCE HOSPITALIZATION).

| | Total Hospitalized | | | | Covered by B.C.H.I.S. | | |
|---|---|---|---|---|---|---|---|
| | General Hospitals | | | Rehabilitation Hospitals | | | |
| | Adults and Children | New-born | Total | | Adults and Children | New-born | Total |
| Patients separated— | | | | | | | |
| 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 | 245,766 | 39,039 | 284,805 | ..... | 234,783 | 38,480 | 273,263 |
| 1960[1] | 260,775 | 39,599 | 300,374 | 197 | 249,423 | 38,980 | 287,903 |
| 1961[2] | 270,071 | 38,001 | 308,072 | 1,210 | 259,713 | 37,359 | 297,072 |
| 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 | 2,407,134 | 248,074 | 2,655,208 | ..... | 2,275,127 | 239,871 | 2,514,998 |
| 1960[1] | 2,546,357 | 249,273 | 2,795,630 | 20,571 | 2,434,152 | 241,157 | 2,675,309 |
| 1961[2] | 2,602,597 | 239,619 | 2,842,216 | 67,626 | 2,546,235 | 230,951 | 2,777,186 |
| Percentage of total, patients separated— | | | | | | | |
| 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 | ..... | ..... | ..... | ..... | 95.5 | 98.6 | 95.9 |
| 1960[1] | ..... | ..... | ..... | ..... | 95.6 | 98.4 | 95.8 |
| 1961[2] | ..... | ..... | ..... | ..... | 95.7 | 98.3 | 96.1 |
| 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 | ..... | ..... | ..... | ..... | 94.5 | 96.7 | 94.7 |
| 1960[1] | ..... | ..... | ..... | ..... | 94.8 | 96.7 | 95.0 |
| 1961[2] | ..... | ..... | ..... | ..... | 95.4 | 96.4 | 95.4 |

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to November 30, 1961.

TABLE IIA.—PATIENTS SEPARATED, TOTAL DAYS' STAY, AND AVERAGE LENGTH OF STAY ACCORDING TO TYPE AND LOCATION OF HOSPITAL FOR B.C.H.I.S. PATIENTS ONLY, AND DAYS OF CARE PER THOUSAND OF COVERED POPULATION, 1949–61.

| | 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 separated— | | | | | | | | |
| 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 | 251,393 | 39,257 | 234,783 | 38,480 | 13,908 | 514 | 2,702 | 263 |
| 1960[1] | 263,889 | 39,406 | 249,423 | 39,488 | 11,557[2] | 241 | 2,909 | 267 |
| 1961[3] | 274,132 | 38,410 | 259,713 | 38,001 | 11,447[2] | 152 | 2,972 | 257 |
| 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 | 2,474,974 | 244,615 | 2,275,127 | 239,871 | 173,343 | 2,818 | 26,504 | 1,926 |
| 1960[1] | 2,632,442 | 244,480 | 2,434,152 | 241,157 | 169,401[2] | 1,417 | 28,889 | 1,906 |
| 1961[3] | 2,748,686 | 233,484 | 2,546,235 | 230,951 | 174,861[2] | 689 | 27,590 | 1,844 |
| 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 | 9.85 | 6.23 | 9.69 | 6.23 | 12.46 | 5.48 | 9.81 | 7.32 |
| 1960[1] | 9.98 | 6.20 | 9.76 | 6.19 | 14.66 | 5.90 | 9.93 | 7.14 |
| 1961[3] | 10.03 | 6.08 | 9.80 | 6.08 | 15.28 | 4.53 | 9.28 | 7.18 |

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

[2] Include rehabilitation cases paid by British Columbia Hospital Insurance Service.

[3] Estimated, based on hospital reports to November 30, 1961. Estimated patient-days (including newborn 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, 1,804; 1961, 1,838. (1954 and subsequent years based on assumption that total population is covered by British Columbia Hospital Insurance Service. Patient-days include rehabilitation patient-days from September 1, 1960.) Population figures revised according to latest census figures.

TABLE IIB.—SUMMARY OF THE NUMBER OF B.C.H.I.S. IN-PATIENTS (INCLUDING REHABILITATION PATIENTS) AND SHORT-STAY PATIENTS, 1949–61

| | 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 | 290,650 | 100,292 | 390,942 |
| 1960[1] | 303,295 | 107,312 | 410,607 |
| 1961[2] | 312,542 | ([3]) | 312,542 |
| Totals | 3,099,324 | 814,073 | 3,913,397 |

[1] Amended as per final reports from hospitals.
[2] Estimated, based on hospital reports to November 30, 1961.
[3] Not available.

TABLE III.—PATIENTS SEPARATED, 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 1961.[1]

| | Bed Capacity | | | | | | |
|---|---|---|---|---|---|---|---|
| | Total | 250 and Over | 100 to 249 | 50 to 99 | 25 to 49 | Under 25 | Special Hospitals |
| Patients separated— | | | | | | | |
| Adults and children | 259,713 | 96,057 | 71,732 | 34,499 | 39,179 | 11,724 | 6,522 |
| Newborn | 37,359 | 11,380 | 11,708 | 6,760 | 5,147 | 1,706 | 658 |
| Patient-days— | | | | | | | |
| Adults and children | 2,546,235 | 1,146,790 | 636,409 | 324,513 | 299,489 | 85,986 | 53,048 |
| Newborn | 230,951 | 77,746 | 68,780 | 41,526 | 29,665 | 9,668 | 3,566 |
| Average days of stay— | | | | | | | |
| Adults and children | 9.80 | 11.94 | 8.87 | 9.41 | 7.64 | 7.33 | 8.13 |
| Newborn | 6.18 | 6.83 | 5.87 | 6.14 | 5.76 | 5.67 | 5.42 |

[1] Estimated, based on hospital reports to November 30, 1961.

TABLE IV.—PERCENTAGE DISTRIBUTION OF PATIENTS SEPARATED AND PATIENT-DAYS FOR B.C.H.I.S. PATIENTS ONLY, IN BRITISH COLUMBIA PUBLIC HOSPITALS, GROUPED ACCORDING TO BED CAPACITY, YEAR 1961.[1]

| | Bed Capacity | | | | | | |
|---|---|---|---|---|---|---|---|
| | Total | 250 and Over | 100 to 249 | 50 to 99 | 25 to 49 | Under 25 | Special Hospitals |
| Patients separated— | | | | | | | |
| Adults and children | 100.00 | 36.99 | 27.62 | 13.28 | 15.09 | 4.51 | 2.51 |
| Newborn | 100.00 | 30.46 | 31.34 | 18.09 | 13.78 | 4.57 | 1.76 |
| Patient-days— | | | | | | | |
| Adults and children | 100.00 | 45.04 | 24.99 | 12.75 | 11.76 | 3.38 | 2.08 |
| Newborn | 100.00 | 33.66 | 29.78 | 17.98 | 12.85 | 4.19 | 1.54 |

[1] Estimated, based on hospital reports to November 30, 1961.

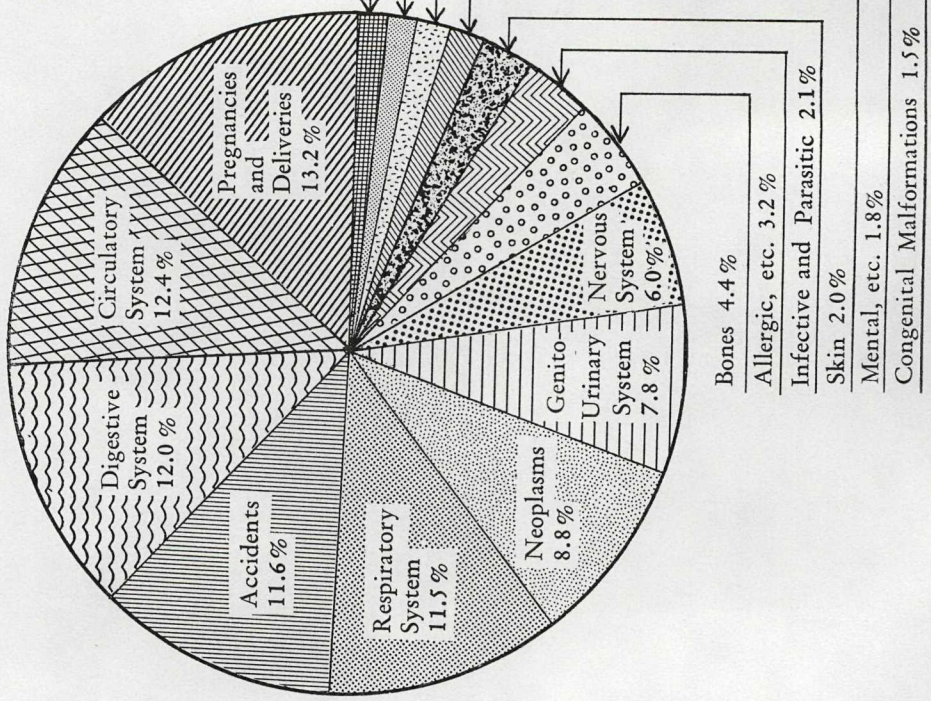
## CHARTS

The charts on the following pages have been prepared by the Research Division. The statistical data shown in these charts are taken from the annual tabulation of the information shown on Admission/Separation Records submitted to the British Columbia Hospital Insurance Service by all hospitals designated as acute. The charts 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.

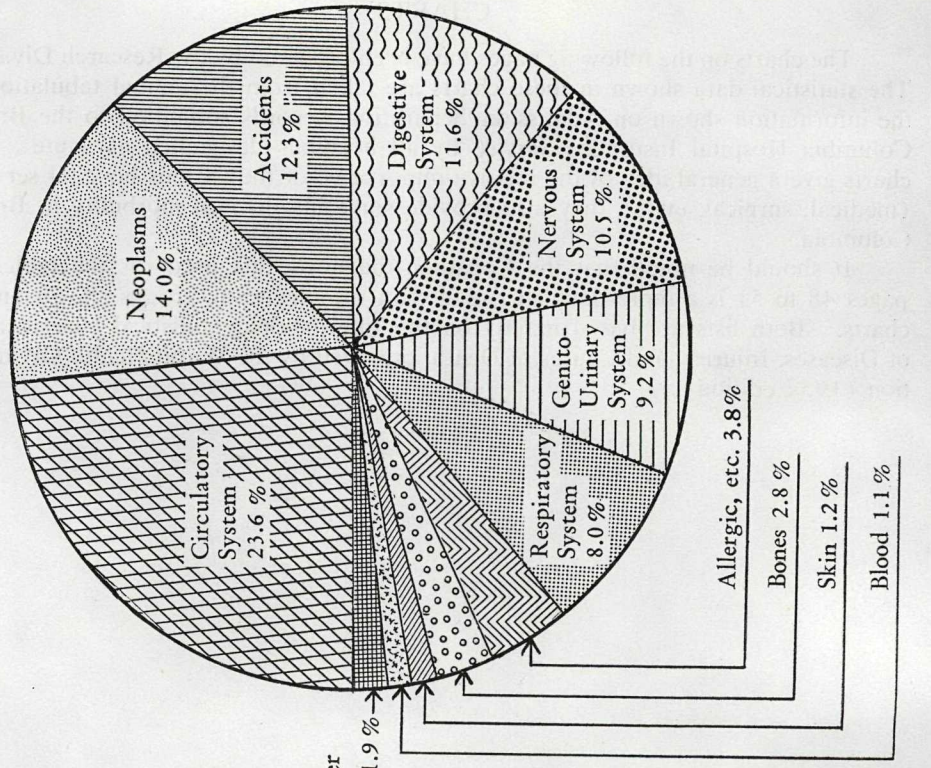
It should be noted that the Canadian diagnostic list used for the tables on pages 48 to 51 is a more detailed listing than the diagnostic groups shown on the charts. Both lists are based mainly on the International Statistical Classification of Diseases, Injuries, and Causes of Death, prepared by the World Health Organization (1957 edition).

CAUSES OF ILLNESS (MAJOR DIAGNOSTIC GROUPS), PERCENTAGE DISTRIBUTION OF DAYS OF CARE
(EXCLUDING NEWBORNS), 1960

Both Sexes—All Ages




Both Sexes—70 Years of Age and Over

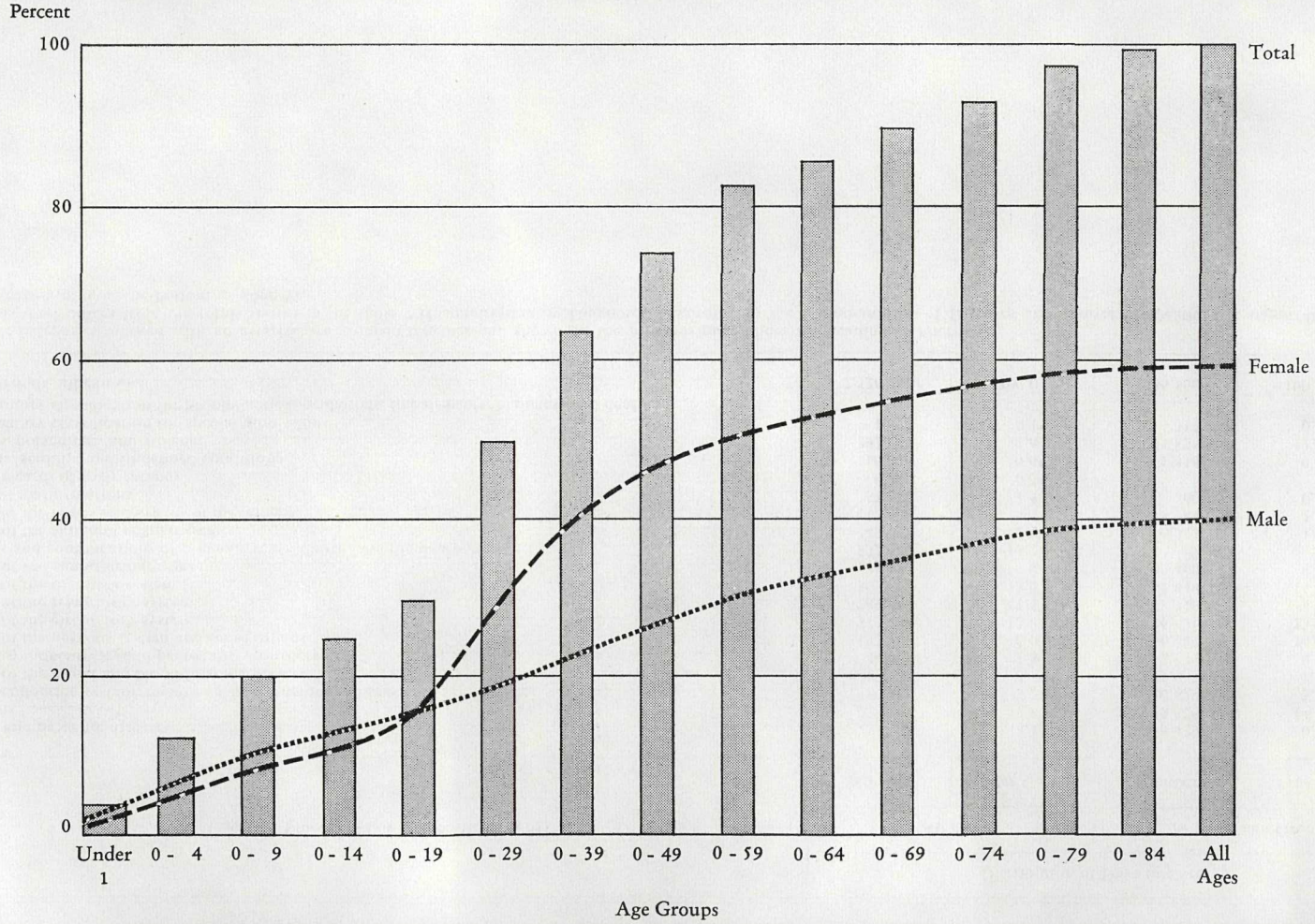


| Category of Illness (Major Diagnostic Groups) | Distribution of Days of Care | | | |
|---|---|---|---|---|
| | All Ages | | 70 Years and Over | |
| | Number | Per Cent | Number | Per Cent |
| Infective and parasitic diseases | 52,132 | 2.1 | 4,429 | 0.8* |
| Neoplasms | 223,350 | 8.8 | 75,375 | 14.0 |
| Allergic, endocrine system, metabolic, and nutritional diseases | 80,396 | 3.2 | 20,629 | 3.8 |
| Diseases of the blood and blood-forming organs | 17,154 | 0.7* | 5,947 | 1.1 |
| Mental, psychoneurotic, and personality disorders | 44,962 | 1.8 | 2,949 | 0.6* |
| Diseases of the nervous system and sense organs | 152,195 | 6.0 | 56,449 | 10.5 |
| Diseases of the circulatory system | 313,884 | 12.4 | 126,630 | 23.6 |
| Diseases of the respiratory system | 289,848 | 11.5 | 42,796 | 8.0 |
| Diseases of the digestive system | 303,844 | 12.0 | 61,939 | 11.6 |
| Diseases of the genito-urinary system | 196,882 | 7.8 | 49,460 | 9.2 |
| Deliveries and complications of pregnancy, childbirth, and the puerperium | 332,540 | 13.2 | ..... | ..... |
| Diseases of the skin and cellular tissue | 49,628 | 2.0 | 6,373 | 1.2 |
| Diseases of the bones and organs of movement | 112,508 | 4.4 | 15,244 | 2.8 |
| Congenital malformations | 37,286 | 1.5 | 300 | 0.1* |
| Certain diseases of early infancy | 8,337 | 0.3* | ..... | ..... |
| Symptoms, senility, and ill-defined conditions | 16,076 | 0.6* | 1,816 | 0.3* |
| Accidents, poisonings, and violence | 293,643 | 11.6 | 65,855 | 12.3 |
| Supplementary classification for special admissions | 1,577 | 0.1* | 317 | 0.1* |
| Supplementary classification for prophylactic inoculations, impairments, blindness and deafness | ..... | ..... | ..... | ..... |
| Totals, all causes | 2,526,242† | 100.0 | 536,508 | 100.0 |

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

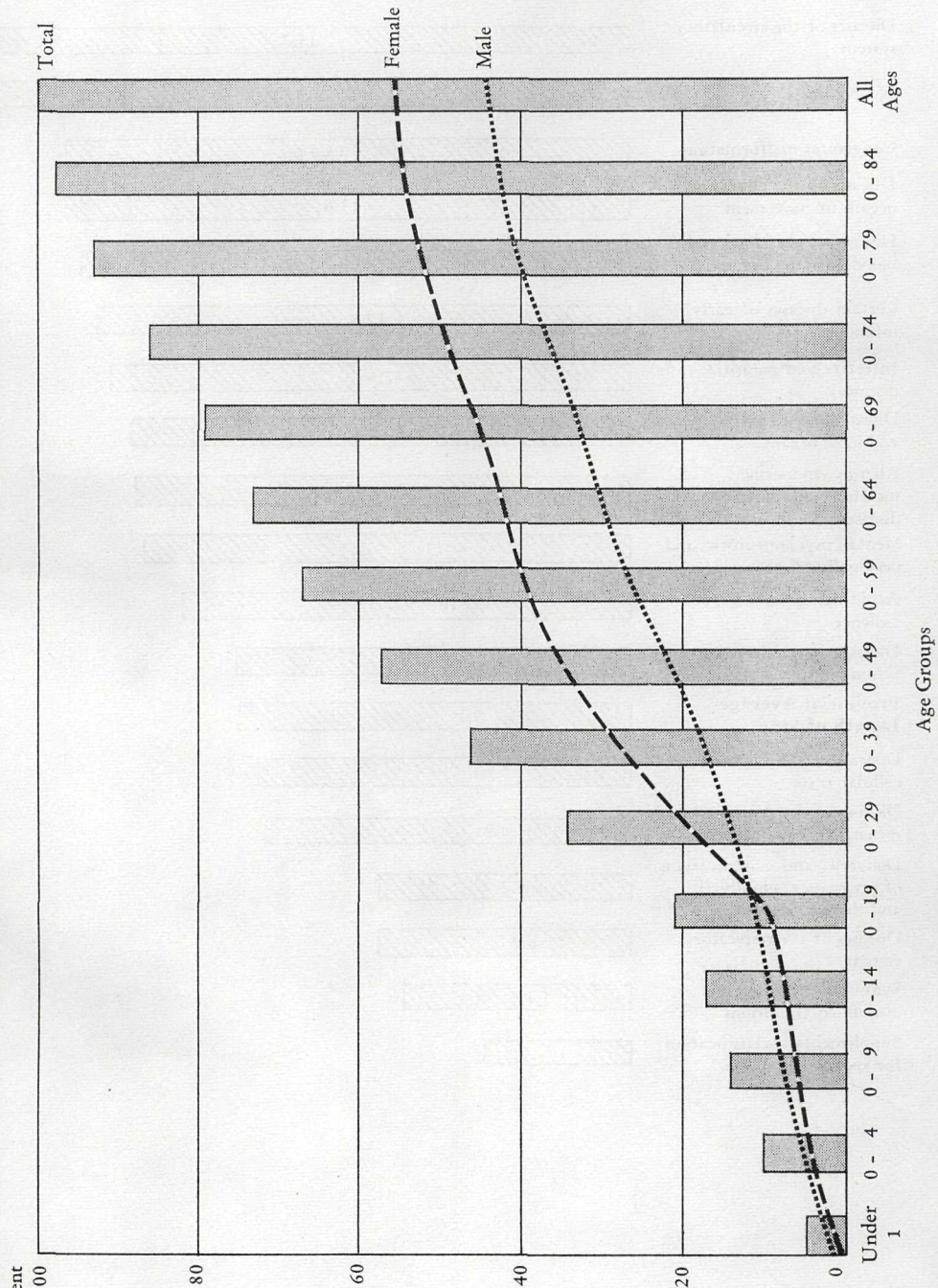
† This total differs from the totals shown in the table " Hospitalization by Diagnoses According to the Canadian List of Diseases and Causes of Death " on pages 48 to 51. *See* explanatory note at the bottom of page 51.

CUMULATIVE PERCENTAGE DISTRIBUTION OF SEPARATIONS* BY AGE-GROUP OF PATIENT, WITH A CUMULATIVE PERCENTAGE DISTRIBUTION BY SEX SHOWN AS COMPONENTS OF THE TOTAL (EXCLUDING NEWBORNS), 1960

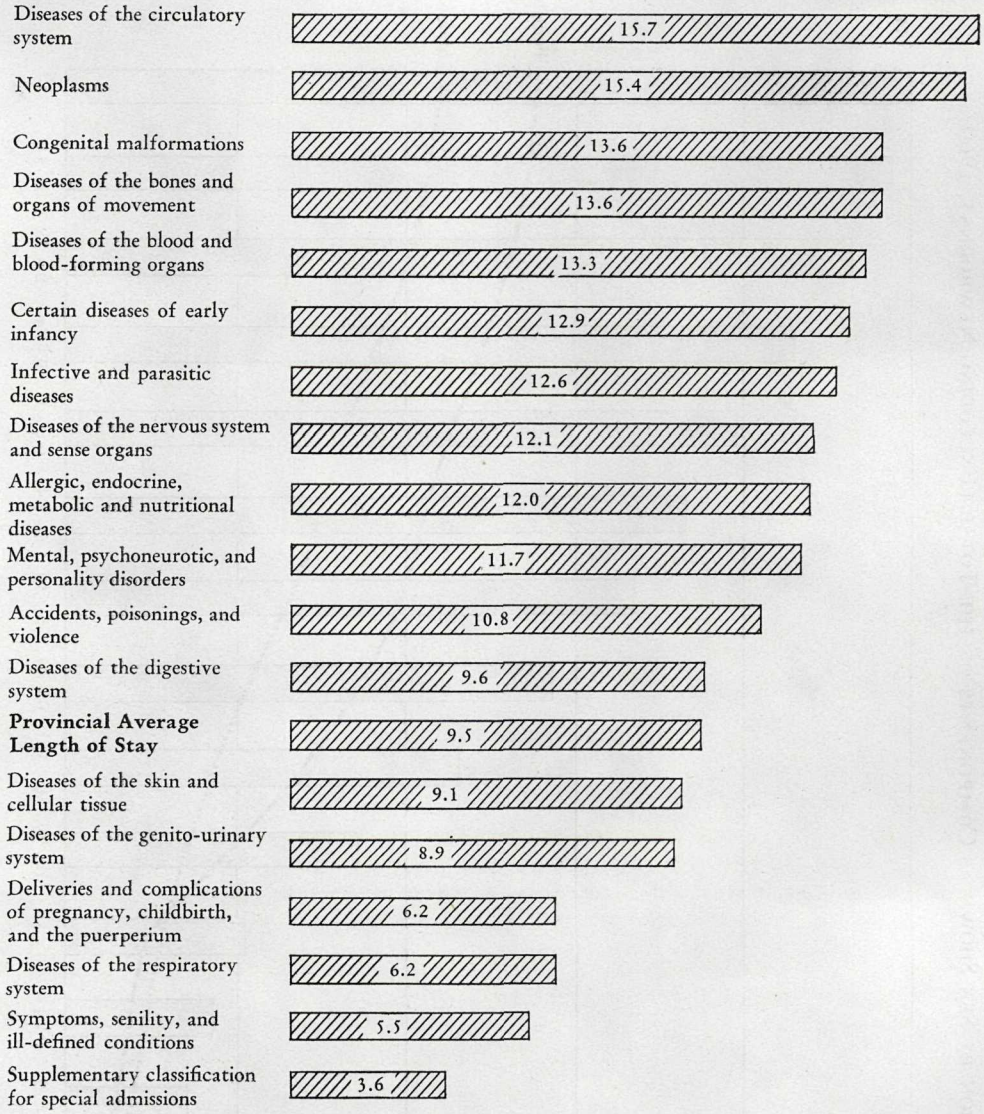



* The term "separation," defined as "the discharge (live) or death of an in-patient," was approved in 1960, for use in all Provinces, by the Advisory Committee on Hospital Insurance and Diagnostic Services.

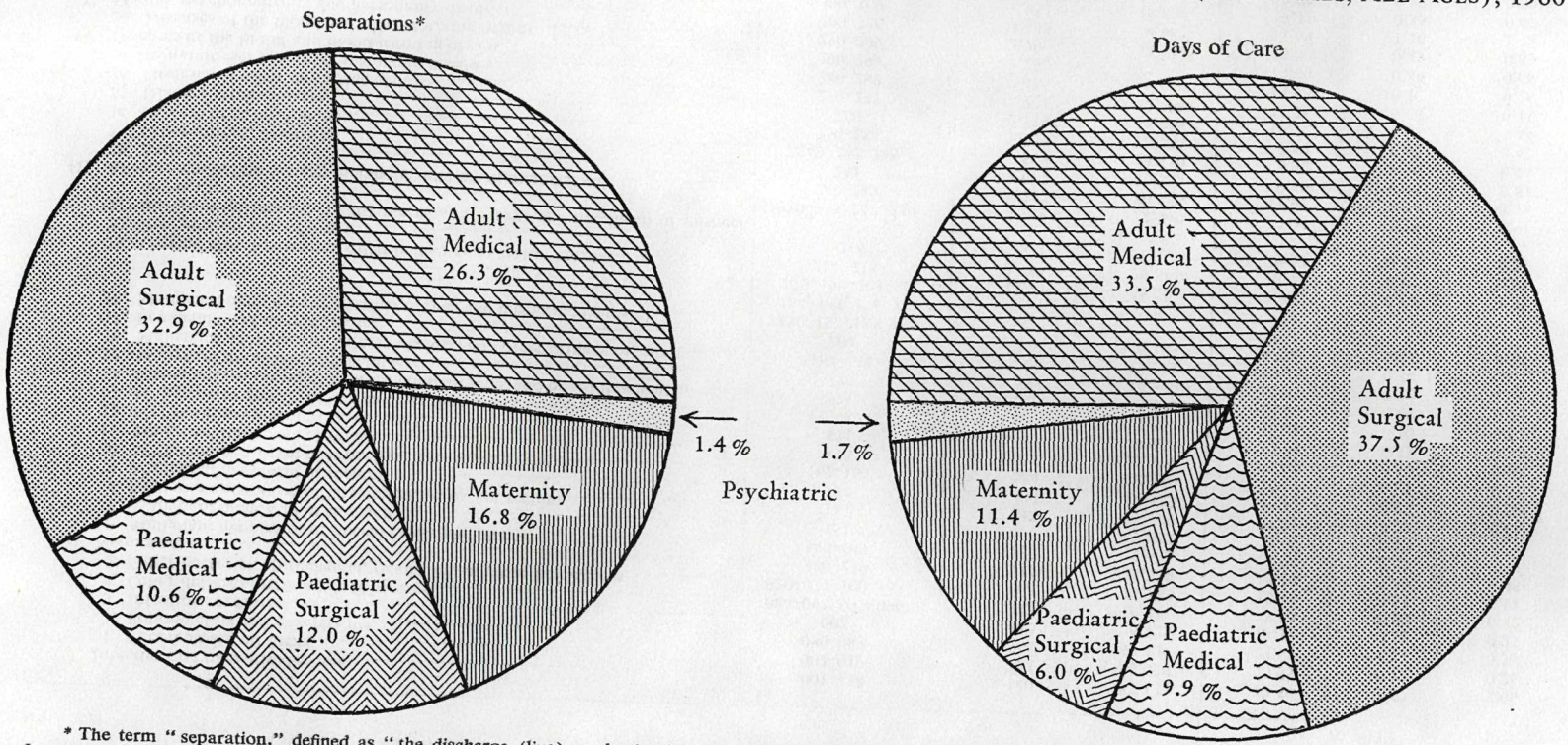
CUMULATIVE PERCENTAGE DISTRIBUTION OF DAYS OF CARE BY AGE-GROUP OF PATIENT WITH A CUMULATIVE PERCENTAGE DISTRIBUTION BY SEX SHOWN AS COMPONENTS OF THE TOTAL (EXCLUDING NEWBORNS), 1960



## Average Length of Stay of Patients in Acute-care Hospitals in British Columbia by Major Diagnostic Group (Excluding Newborns), 1960



PERCENTAGE DISTRIBUTION OF SEPARATIONS* AND DAYS OF CARE BY TYPE OF CLINICAL SERVICE (BOTH SEXES, ALL AGES), 1960




* The term "separation," defined as "the discharge (live) or death of an in-patient," was approved in 1960, for use in all Provinces, by the Advisory Committee on Hospital Insurance and Diagnostic Services.

## Hospitalization by Diagnoses According to the Canadian List of Diseases and Causes of Death, 1960

| List Number and Diagnosis | I.S.C. No. | Separations[1] | Days of Care | Average Days' Stay | Per Cent Distribution | |
|---|---|---|---|---|---|---|
| | | | | | Separations[1] | Days of Care |
| I. Infective and parasitic diseases | 001–138 | 4,140 | 52,132 | 12.59 | 1.57 | 2.06 |
| 1. Tuberculosis, all forms | 001–019 | 323 | 6,638 | 20.55 | 0.12 | 0.26 |
| 2. Poliomyelitis and encephalitis | 080–083 | 564 | 13,329 | 23.63 | 0.22 | 0.53 |
| 3. Infectious hepatitis | 092 | 482 | 6,925 | 14.37 | 0.18 | 0.27 |
| 4. Other diseases attributable to viruses | 084–091, 093–096 | 1,313 | 10,511 | 8.00 | 0.50 | 0.42 |
| 5. Other bacterial, spirocheatal, rickettsial, or parasitic diseases | 020–074, 100–138 | 1,458 | 14,729 | 10.10 | 0.55 | 0.58 |
| II. Neoplasms | 140–239 | 14,511 | 223,350 | 15.39 | 5.49 | 8.85 |
| 6. Malignant neoplasms of buccal cavity and pharynx | 140–148 | 182 | 2,683 | 14.74 | 0.07 | 0.11 |
| 7. Malignant neoplasm of stomach | 151 | 438 | 9,668 | 22.07 | 0.17 | 0.38 |
| 8. Malignant neoplasm of large intestine, except rectum | 153 | 616 | 17,109 | 27.77 | 0.23 | 0.68 |
| 9. Malignant neoplasm of rectum | 154 | 438 | 14,555 | 33.23 | 0.17 | 0.58 |
| 10. Malignant neoplasm of bronchus, trachea, and lung | 162–163 | 564 | 12,956 | 22.97 | 0.21 | 0.51 |
| 11. Malignant neoplasm of breast | 170 | 1,025 | 23,579 | 23.00 | 0.39 | 0.93 |
| 12. Malignant neoplasm of cervix uteri | 171 | 885 | 9,554 | 10.79 | 0.33 | 0.38 |
| 13. Malignant neoplasm of uterus other than of cervix uteri | 172–174 | 275 | 3,804 | 13.83 | 0.10 | 0.15 |
| 14. Malignant neoplasm of ovary, Fallopian tube, and broad ligament | 175 | 233 | 5,128 | 22.01 | 0.09 | 0.20 |
| 15. Malignant neoplasm of prostate | 177 | 593 | 14,866 | 25.07 | 0.22 | 0.59 |
| 16. Malignant neoplasm of kidney, bladder, and other urinary organs | 180–181 | 906 | 15,541 | 17.15 | 0.34 | 0.62 |
| 17. Leukæmia and aleukæmia | 204 | 359 | 6,103 | 17.00 | 0.14 | 0.24 |
| 18. Malignant neoplasm of all other organs and unspecified sites | 150, 152, 155–161, 164, 165, 176, 178, 179, 190–203, 205 | 1,694 | 38,294 | 22.61 | 0.64 | 1.52 |
| 19. Uterine fibromyoma and other benign neoplasm of uterus | 214, 215 | 2,434 | 20,561 | 8.45 | 0.92 | 0.81 |
| 20. Benign neoplasm of ovary | 216 | 631 | 6,109 | 9.68 | 0.24 | 0.24 |
| 21. Benign neoplasm (excluding uterus and ovary) and neoplasm of unspecified nature | 210–213, 217–239 | 3,238 | 22,840 | 7.05 | 1.23 | 0.91 |
| III. Allergic, endocrine system, metabolic, and nutritional diseases | 240–289 | 6,717 | 80,396 | 11.97 | 2.54 | 3.18 |
| 22. Asthma | 241 | 2,211 | 20,555 | 9.30 | 0.84 | 0.81 |
| 23. Other allergic disorders | 240, 242–245 | 529 | 3,450 | 6.52 | 0.20 | 0.14 |
| 24. Disease of thyroid gland | 250–254 | 1,127 | 10,734 | 9.52 | 0.42 | 0.42 |
| 25. Diabetes mellitus | 260 | 2,173 | 36,299 | 16.70 | 0.83 | 1.44 |
| 26. Diseases of other endocrine glands | 270–277 | 221 | 2,708 | 12.25 | 0.08 | 0.11 |
| 27. Avitaminoses and other metabolic diseases | 280–289 | 456 | 6,650 | 14.58 | 0.17 | 0.26 |
| IV. Diseases of the blood and blood-forming organs | 290–299 | 1,290 | 17,154 | 13.30 | 0.49 | 0.68 |
| 28. Diseases of the blood and blood-forming organs | 290–299 | 1,290 | 17,154 | 13.30 | 0.49 | 0.68 |
| V. Mental, psychoneurotic, and personality disorders | 300–326 | 3,845 | 44,962 | 11.69 | 1.46 | 1.78 |
| 29. Psychoses | 300–309 | 951 | 16,838 | 17.71 | 0.36 | 0.67 |
| 30. Psychoneurotic disorders | 310–318 | 2,290 | 22,283 | 9.73 | 0.87 | 0.88 |
| 31. Disorders of character, behaviour, and intelligence | 320–326 | 604 | 5,841 | 9.67 | 0.23 | 0.23 |

| | | | | | | |
|---|---|---|---|---|---|---|
| VI. Diseases of the nervous system and sense organs | 330–398 | 12,588 | 152,195 | 12.09 | 4.76 | 6.03 |
| 32. Vascular lesions affecting central nervous system | 330–334 | 2,913 | 62,789 | 21.55 | 1.10 | 2.49 |
| 33. Inflammatory and other diseases of central nervous system | 340–345, 350–357 | 1,652 | 21,998 | 13.32 | 0.63 | 0.87 |
| 34. Diseases of nerves and peripheral ganglia | 360–369 | 724 | 8,440 | 11.66 | 0.27 | 0.33 |
| 35. Diseases of eye | 370–389 | 3,746 | 31,307 | 8.36 | 1.42 | 1.24 |
| 36. Diseases of ear and mastoid process | 390–398 | 3,553 | 27,661 | 7.78 | 1.34 | 1.10 |
| VII. Diseases of the circulatory system | 400–468 | 20,915 | 313,884 | 15.68 | 7.57 | 12.43 |
| 37. Rheumatic fever and chronic rheumatic heart disease | 400–416 | 1,125 | 24,131 | 21.45 | 0.42 | 0.96 |
| 38. Arteriosclerotic and degenerative heart disease | 420–422 | 8,381 | 158,724 | 18.94 | 3.17 | 6.29 |
| 39. Other diseases of the heart | 430–434 | 2,005 | 27,526 | 13.73 | 0.76 | 1.09 |
| 40. Hypertensive heart disease and other hypertensive disease | 440–447 | 1,663 | 23,315 | 14.02 | 0.63 | 0.92 |
| 41. Diseases of arteries | 450–456 | 818 | 18,275 | 22.34 | 0.31 | 0.72 |
| 42. Varicose veins of lower extremities | 460 | 2,143 | 26,159 | 12.21 | 0.81 | 1.04 |
| 43. Hæmorrhoids | 461 | 1,866 | 15,922 | 8.53 | 0.71 | 0.63 |
| 44. Phlebitis and thrombophlebitis | 463, 464 | 671 | 9,672 | 14.41 | 0.25 | 0.38 |
| 45. Other diseases of the circulatory system | 462, 465–468 | 1,343 | 10,160 | 7.56 | 0.51 | 0.40 |
| VIII. Diseases of the respiratory system | 470–527 | 46,789 | 289,848 | 6.19 | 17.71 | 11.48 |
| 46. Acute upper respiratory infections | 470–475 | 4,564 | 27,516 | 6.03 | 1.73 | 1.09 |
| 47. Influenza | 480–483 | 2,549 | 15,238 | 5.98 | 0.96 | 0.60 |
| 48. Pneumonia | 490–493 | 11,002 | 124,096 | 11.28 | 4.16 | 4.92 |
| 49. Bronchitis | 500–502 | 5,087 | 43,036 | 8.46 | 1.93 | 1.70 |
| 50. Hypertrophy of tonsils and adenoids | 510 | 18,960 | 44,685 | 2.36 | 7.18 | 1.77 |
| 51. Other diseases of respiratory system | 511–527 | 4,627 | 35,277 | 7.62 | 1.75 | 1.40 |
| IX. Diseases of the digestive system | 530–587 | 31,772 | 303,844 | 9.56 | 12.02 | 12.03 |
| 52. Diseases of teeth and supporting structure | 530–535 | 3,041 | 7,019 | 2.31 | 1.15 | 0.28 |
| 53. Ulcer of stomach and duodenum and jejunum | 540–542 | 3,558 | 53,017 | 14.90 | 1.35 | 2.10 |
| 54. Gastritis, duodenitis, and other disorders and diseases of the stomach and duodenum | 543–545 | 1,450 | 10,875 | 7.50 | 0.55 | 0.43 |
| 55. Appendicitis | 550–553 | 4,074 | 32,617 | 8.01 | 1.54 | 1.29 |
| 56. Hernia of abdominal cavity | 560, 561 | 5,367 | 49,436 | 9.21 | 2.03 | 1.96 |
| 57. Other intestinal obstruction | 570 | 1,052 | 11,140 | 10.59 | 0.40 | 0.44 |
| 58. Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over | 571 | 4,462 | 29,085 | 6.52 | 1.69 | 1.15 |
| 59. Chronic enteritis and ulcerative colitis | 572 | 1,117 | 18,452 | 16.52 | 0.42 | 0.73 |
| 60. Cirrhosis and other diseases of liver | 580–583 | 437 | 7,456 | 17.06 | 0.16 | 0.29 |
| 61. Diseases of gall-bladder and pancreas | 584–587 | 4,259 | 56,811 | 13.34 | 1.61 | 2.25 |
| 62. Other diseases of digestive system | 536–539, 573–578 | 2,955 | 27,936 | 9.45 | 1.12 | 1.11 |
| X. Diseases of the genito-urinary system | 590–637 | 22,182 | 196,882 | 8.88 | 8.40 | 7.80 |
| 63. Nephritis and nephrosis | 590–594 | 548 | 9,693 | 17.69 | 0.21 | 0.38 |
| 64. Infections of kidney | 600 | 2,068 | 19,331 | 9.35 | 0.78 | 0.77 |
| 65. Calculi of urinary system | 602, 604 | 1,756 | 16,089 | 9.16 | 0.67 | 0.64 |
| 66. Other diseases of urinary system | 601, 603, 605–609 | 3,631 | 34,806 | 9.59 | 1.37 | 1.38 |
| 67. Hyperplasia of prostate | 610 | 2,084 | 39,987 | 19.19 | 0.79 | 1.58 |
| 68. Redundant prepuce and phimosis | 615 | 743 | 2,285 | 3.07 | 0.28 | 0.09 |
| 69. Infective disease of ovary, uterus, vagina, Fallopian tube, and vulva | 622–626, 630 | 2,324 | 16,121 | 6.94 | 0.88 | 0.64 |
| 70. Uterovaginal prolapse | 631 | 1,727 | 23,852 | 13.81 | 0.65 | 0.94 |
| 71. Disorders of menstruation | 634 | 3,241 | 11,569 | 3.57 | 1.23 | 0.46 |
| 72. Other diseases of genital organs | 611–614, 616, 617, 620, 621, 632, 633, 635–637 | 4,060 | 23,149 | 5.70 | 1.54 | 0.92 |

[1] The term "separation," defined as "the discharge (live) or death of an in-patient," was approved in 1960, for use in all Provinces, by the Advisory Committee on Hospital Insurance and Diagnostic Services.

## HOSPITALIZATION BY DIAGNOSES ACCORDING TO THE CANADIAN LIST OF DISEASES AND CAUSES OF DEATH, 1960—*Continued*

| List Number and Diagnosis | I.S.C. No. | Separations[1] | Days of Care | Average Days' Stay | Per Cent Distribution | |
|---|---|---|---|---|---|---|
| | | | | | Separations[1] | Days of Care |
| XI. Deliveries and complications of pregnancy, childbirth, and the puerperium | 640–689 | 53,333 | 332,540 | 6.23 | 20.18 | 13.17 |
| 73. Complications of pregnancy | 640–649 | 7,997 | 33,743 | 4.22 | 3.03 | 1.34 |
| 74. Abortion | 650–652 | 5,037 | 21,124 | 4.19 | 1.90 | 0.84 |
| 75. Delivery without mention of complications | 660 | 36,664 | 240,729 | 6.57 | 13.87 | 9.53 |
| 76. Delivery with specified complication | 670–678 | 3,188 | 34,051 | 10.68 | 1.21 | 1.35 |
| 77. Complications of the puerperium | 680–689 | 447 | 2,893 | 6.47 | 0.17 | 0.11 |
| XII. Diseases of the skin and cellular tissue | 690–716 | 5,437 | 49,628 | 9.13 | 2.06 | 1.97 |
| 78. Infection of skin and subcutaneous tissue | 690–698 | 3,148 | 23,193 | 7.37 | 1.19 | 0.92 |
| 79. Other diseases of skin and subcutaneous tissue | 700–716 | 2,289 | 26,435 | 11.55 | 0.87 | 1.05 |
| XIII. Diseases of the bones and organs of movement | 720–749 | 8,272 | 112,508 | 13.60 | 3.13 | 4.46 |
| 80. Arthritis and rheumatism, except rheumatic fever | 720–727 | 2,302 | 33,249 | 14.44 | 0.87 | 1.32 |
| 81. Displacement of intervertebral disk | 735 | 2,344 | 36,057 | 15.38 | 0.89 | 1.43 |
| 82. Other diseases of musculoskeletal system | 730–734, 736–738, 740–749 | 3,626 | 43,202 | 11.91 | 1.37 | 1.71 |
| XIV. Congenital malformations | 750–759 | 2,732 | 37,286 | 13.65 | 1.03 | 1.48 |
| 83. Congenital malformations | 750–759 | 2,732 | 37,286 | 13.65 | 1.03 | 1.48 |
| XV. Certain diseases of early infancy | 760–776 | 646 | 8,337 | 12.91 | 0.24 | 0.33 |
| 84. Birth injuries, asphyxia, and infections of new-born and other diseases peculiar to early infancy | 760–776 | 646 | 8,337 | 12.91 | 0.24 | 0.33 |
| XVI. Symptoms, senility, and ill-defined conditions | 780–795 | 2,903 | 16,076 | 5.54 | 1.10 | 0.64 |
| 85. Symptoms, senility, and ill-defined conditions | 780–795 | 2,903 | 16,076 | 5.54 | 1.10 | 0.64 |
| XVII. Accidents, poisonings, and violence (nature of injury) | N800–N999 | 27,072 | 293,643 | 10.85 | 10.25 | 11.63 |
| 86. Fracture of skull and head injuries associated with hæmorrhage in or injury to the brain | N800–804, 852–856 | 3,380 | 23,794 | 7.04 | 1.28 | 0.94 |
| 87. Fracture of spine and trunk | N805–809 | 1,645 | 37,146 | 22.58 | 0.62 | 1.47 |
| 88. Fracture of upper limb | N810–819 | 3,436 | 18,507 | 5.39 | 1.30 | 0.73 |
| 89. Fracture of femur | N820–821 | 1,350 | 65,428 | 48.46 | 0.51 | 2.59 |
| 90. Other fractures of lower extremities | N822–829 | 2,627 | 43,212 | 16.45 | 1.00 | 1.71 |
| 91. Dislocation without fracture, and sprains and strains of joints and adjacent muscles | N830–848 | 2,620 | 17,754 | 6.78 | 0.99 | 0.71 |
| 92. Internal injury of chest, abdomen, and pelvis | N860–869 | 333 | 4,004 | 12.02 | 0.13 | 0.16 |
| 93. Burns | N940–949 | 1,271 | 19,383 | 15.25 | 0.48 | 0.77 |
| 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 | 10,410 | 64,415 | 6.19 | 3.94 | 2.55 |
| Totals, I to XVII[2] | | 264,244[2] | 2,524,665[2] | 9.55 | 100.00 | 100.00 |

| | | | | | | |
|---|---|---|---|---|---|---|
| XVIII. Supplementary classifications for special admissions, including live births | Y00–88 | 40,236 | 287,404 | 7.14 | ..... | ..... |
| 95. Medical or special examination (without sickness) | Y00 | ..... | ..... | ..... | ..... | ..... |
| 96. Mature new-born | Y20, 22, 23, 26, 27 | 37,870 | 246,563 | 6.51 | ..... | ..... |
| 97. Immature new-born | Y21, 24, 25, 28, 29 | 1,932 | 39,264 | 20.32 | ..... | ..... |
| 98. Other special admissions, examinations, etc. | Y01–18, 40–88 | 434 | 1,577 | 3.63 | ..... | ..... |
| Totals, I to XVIII[2] | ..... | 304,480[2] | 2,812,069[2] | 9.24 | ..... | ..... |

[1] The term "separation," defined as "the discharge (live) or death of an in-patient," was approved in 1960, for use in all Provinces, by the Advisory Committee on Hospital Insurance and Diagnostic Services.

[2] These totals differ from the total shown on page 43 for the following reasons:—

(1) This table includes new borns, which are excluded from the table on page 43.

(2) The total for I to XVIII, 2,524,665, plus category 98 (other special admissions, examinations, etc.), 1,577, equals the total of all causes, 2,526,242, shown at the bottom of page 43.

## STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31, 1961

| | | |
|---|---|---|
| Administration— | | |
| Salaries— | | |
| Permanent | $407,616.24 | |
| Temporary | 4,950.84 | |
| Sub-total, salaries | $412,567.08 | |
| Office expense | 17,676.70 | |
| Travelling expense | 27,940.75 | |
| Office furniture and equipment | 1,889.31 | |
| Printing and publications | 12,911.64 | |
| Tabulating and rentals | 2,969.34 | |
| Motor-vehicles and accessories | 4,000.00 | |
| Incidentals and contingencies | 1,227.42 | |
| Construction and consultation fees | 1,065.01 | |
| Technical surveys | 4,914.34 | |
| | | $487,161.59 |
| Payments to hospitals— | | |
| Claims | $49,974,845.86 | |
| Vancouver General Hospital out-patients | 263,833.04 | |
| | $50,238,678.90 | |
| *Less* collections, third-party liability | 238,102.77 | |
| | | 50,000,576.13 |
| Grants in aid of construction and equipment | | 3,304,365.53 |
| | | $53,792,103.25 |
| Recoveries—Federal share, hospital cost | | 22,590,571.70 |
| | | $31,201,531.55 |
| *Less* miscellaneous receipts, etc. | | 7,835.88 |
| Total, Vote 180 | | $31,193,695.67 |

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1962

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