PROVINCE OF BRITISH COLUMBIA

HOSPITAL INSURANCE ACT

Fourteenth Annual Report

British Columbia Hospital Insurance Service

JANUARY 1 TO DECEMBER 31

1962

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1963

VICTORIA, B.C., January 24, 1963.

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 Fourteenth Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1962.

ERIC MARTIN,
Minister of Health Services and Hospital Insurance.

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., January 24, 1963.

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 1962.

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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Fourteenth Annual Report of the British Columbia Hospital Insurance Service

GENERAL INTRODUCTION

DONALD M. COX, F.A.C.H.A., DEPUTY MINISTER OF HOSPITAL INSURANCE

On December 31, 1962, the British Columbia Hospital Insurance Service completed its fourteenth year of operation. During the year the Service continued to ensure that the residents of British Columbia were provided with a good standard of hospital services. Payments to hospitals were at their highest level since the inception of the Provincial programme on January 1, 1949. It is estimated that in the current fiscal year the British Columbia Hospital Insurance Service will pay over $57,000,000 toward hospital expenses incurred by British Columbia residents, the equivalent of approximately $35 for each man, woman, and child living in the Province. Daily payments to British Columbia hospitals in 1962 averaged $157,000; during 1949 payments averaged $50,000. It is of interest to note that approximately $450,000,000 has been paid toward the hospital expenses incurred by residents of the Province during the past fourteen years.

The Province's vast programme of major hospital construction continued unabated. During the year seven major projects were completed at an estimated cost of over $6,000,000. These included the 195-bed nurses' residence and training-school at the Royal Columbian Hospital, New Westminster; the new 72-bed Cariboo Memorial Hospital at Williams Lake; new laboratory and laundry buildings for St. Paul's Hospital, Vancouver; a new hospital at Fort St. John of 68 beds; and a 16-bed addition to the Queen Alexandra Solarium, Victoria. In addition, two other projects, costing over $3,600,000, were due to finish early in the new year. These were the 187-bed Nanaimo Regional General Hospital and completion of the top floor of the Prince George Regional Hospital, which will bring 28 beds into operation. Other British Columbia centres which had major hospital projects at various stages of completion at the year-end included Grand Forks, McBride, Victoria, Powell River, Burns Lake, Salmon Arm, Queen Charlotte City, Terrace, and New Westminster. The Provincial Government provides grants representing one-half the approved costs of construction, and total commitments toward those hospital-construction projects which were either completed or under way in 1962 were approximately $7,500,000. A further twenty-eight British Columbia communities were actively engaged in the planning of additional hospital facilities and major renovations.

The year 1962 also saw continued progressive development of the rehabilitation programme, introduced in September, 1960. It was estimated that during the year 75,000 patient-days would be covered under the programme, at a cost of over $1,000,000 to the British Columbia Hospital Insurance Service.

During 1962 the advice of the medical profession was sought in regard to a wide range of matters. These included development of the rehabilitation programme, utilization studies in hospitals with expansion problems, development of construction plans for specialized hospital services, and so forth. By mutual agree-

ment with the Canadian Medical Association (British Columbia Division), the College of Physicians and Surgeons of British Columbia, and the Faculty of Medicine of the University of British Columbia, requests from this Service for advice and information are sent to the executive director of the Canadian Medical Association (British Columbia Division). I should like to record my appreciation of the fine co-operation extended by the medical profession and of the assistance provided by individual members.

I wish also to express appreciation of the assistance given by the Laboratory Advisory Council and the Radiological Advisory Council. The work of the Councils has been a tremendous help in the improvement of laboratory and radiological facilities in hospitals, and in evaluating requests for grants in aid of purchases of equipment.

In view of the considerable interest shown in the B.C.H.I.S. display at the British Columbia Hospitals' Association annual conference, held in Penticton in October, some of the data have been reproduced on the following page. Reports prepared by the various divisions on work undertaken in 1962 appear under " Organization and Administration."

BRITISH COLUMBIA GENERAL HOSPITALS (COMPARISONS OF GROWTH)

Gross Salaries

1958	$31,500,000
1962	$45,000,000
Per cent increase since 1958	43
Per cent increase since 1948	364

Patient-days (Adult and Children)

1958	2,322,796
1962	2,650,000
Per cent increase since 1958	14
Per cent increase since 1948	80

Total Employees (Full Time)

1958	11,932
1962	14,250
Per cent increase since 1958	19
Per cent increase since 1948	119

Number of Patients

1958	237,000
1962	280,000
Per cent increase since 1958	18
Per cent increase since 1948	79

British Columbia Population

1958	1,544,000
1962	1,650,000
Per cent increase since 1958	6.8
Per cent increase since 1948	52

Bed Capacity

1958	7,555
1962	8,900
Per cent increase since 1958	18
Per cent increase since 1948	67

Gross Operating Expenditures

1958	$44,900,000
1962	$63,000,000
Per cent increase since 1958	40
Per cent increase since 1948	294

Gross per Capita Expenditures

1958	$29.10
1962	$38.20
Per cent increase since 1958	31
Per cent increase since 1948	155

British Columbia Hospital Insurance Service, 1949 to 1962, Inclusive

Paid in claims	$450,000,000
Construction Grants	35,000,000
Equipment grants	4,800,000
Daily payments to British Columbia Hospitals now	157,000

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 medically necessary in-patient care rendered to qualified British Columbia residents who are suffering from an acute illness or injury, and those who require active convalescent and rehabilitative care. 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 in-patient benefits and the emergency out-patient and minor surgery services, provided under the Act, are 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) for a maximum period of three months, if they are admitted to an approved hospital within 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 primarily 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 penitentiary; or

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

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

HOSPITAL BENEFITS AVAILABLE IN BRITISH COLUMBIA

In-patient Benefits

In addition to standard-ward accommodation with meals and 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.
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 in 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.)

HOSPITAL INSURANCE COVERAGE OUTSIDE BRITISH COLUMBIA

In accordance with the regulations under the *Hospital Insurance Act,* coverage was provided during 1962 to 3,430 residents of British Columbia while temporarily absent from the Province. Further information regarding out-of-Province hospitalization will be found in the statistical tables which appear later in the Report.

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 the firm-budget procedure, hospitals are required to operate within their approved budgets, with the exception of fluctuation in days' treatment and other similar items. They are further advised that deficits incurred through expenditures in excess of the approved budget will not be met by the Provincial Government. The value of variable supplies used in patient-care has been established. 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.

Over 95 per cent of all hospital accounts incurred in British Columbia are the responsibility of the British Columbia Hospital Insurance Service. Cash advances to hospitals are made on a semi-monthly basis, so that hospitals are not required to wait for payment until patients' accounts are submitted and processed by the British Columbia Hospital Insurance Service. Qualified patients are charged $1 per day, which is deductible when calculating payments to hospitals from the Service. Non-qualifying 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 1962 by the various divisions and offices which comprise the administrative structure of the Branch.

Hospital Finance Division

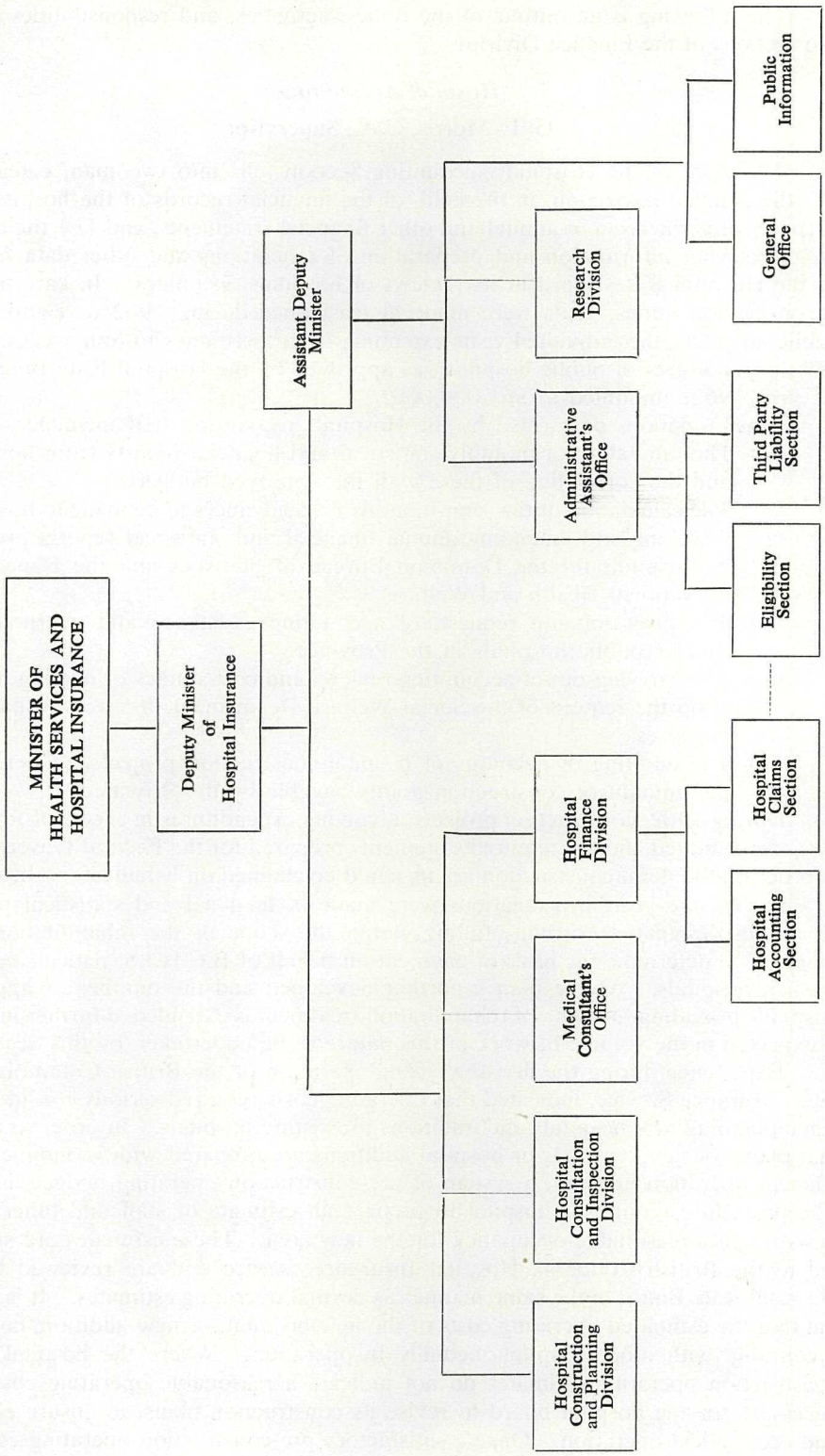
W. J. Lyle, F.C.I.S., Manager

Hospital accounting, and payment of hospital claims, are the two main functions of the Hospital Finance Division. The Division is also responsible for the approval of equipment grants, and in 1962, after a review of 4,200 applications received from hospitals, it recommended grants of $815,000 on equipment costing over $2,500,000. During 1962 the Division Manager attended two meetings in Ottawa of the Advisory Council on Hospital Insurance and Diagnostic Services, which is the advisory body to the Minister of National Health and Welfare. The Manager was also asked by the Federal authorities to act on a working party which was given the task of solving, from the point of view of the Federal-Provincial Agreement, a problem relative to ancillary operations of hospitals. The working party held two meetings in Ottawa, and the resulting recommendations were subsequently accepted by the Advisory Committee on Hospital Insurance and Diagnostic Services in November, 1962.

At the end of 1962, only one public hospital in British Columbia had failed to make application to have its employees included under the *Municipal Superannuation Act,* which was made applicable to hospitals in British Columbia from July 1, 1960. It is hoped that this hospital will complete arrangements to participate during the coming year. 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 reach retirement age.

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. He also participated in meetings of the Advisory Committee on Medical Radiography, which was appointed to assist in the development plans for the new Institute of Technology being constructed in Burnaby.

ORGANIZATION CHART



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 1962 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 1962, amounted to $61,000,000.

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 calculation 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 1962, construction projects, involving expenditures in excess of $1,500,000, 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 rehabilitation programme, 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 board is 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. A number of changes were introduced by the Federal Government in the 1962 Annual Statistical and Financial Returns, and a complete, detailed Departmental analysis of salaries and expenses, previously not required from the smaller hospitals, is now required from all hospitals with 50 beds and over.

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 1962 in the number of observations and inquiries received from Ottawa and channelled through this office. These related to 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 Canada.

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. 1962 was another year of active production; approximately 1,340 claims, and an average of over 450 emergency-service or minor-surgery account forms, were processed during each working-day.

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 was redesigned, to be placed in use after January 1, 1963.

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 to British Columbia hospitals. In 1962 a total of 310,839 accounts was paid, compared to 307,005 in 1961 and 300,119 in 1960.

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 27,700 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. During the year, Health Services Identification Card duplicates were received for every recipient of social welfare in British Columbia. Some 56,000 cards were filed in two new steel cabinets, replacing the five wooden files in use since 1948. Since the replacements were issued, renewals and new cards have increased the number filed to over 75,000.

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 1962 a total of 3,420 accounts, amounting to $588,868, was paid on behalf of qualified residents who were hospitalized in the other Provinces and Territories of Canada and the continental United States, including Alaska and Hawaii; Australia; Austria; China; Denmark; East Africa; England; Fiji Island; France; Holland; Italy; Japan; Mexico; Norway; Spain; Sweden; Switzerland; and West Germany. Correspondence arising from all out-of-Province accounts totalled 12,859 letters and forms.

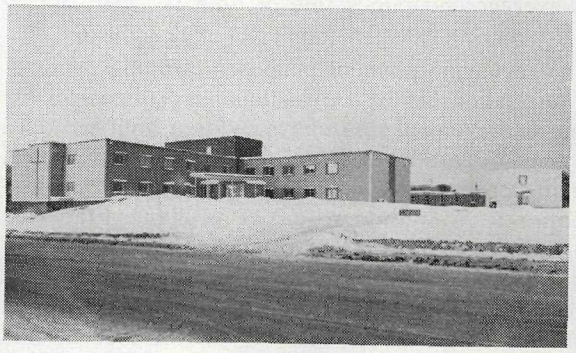
This Section also compiles up-to-date hospital rate schedules for every approved hospital in Canada.

The *Filing Section* sorted and filed an average of 3,900 documents and letters daily, an increase of 100 daily over last year. During the year all 1961 hospital accounts were microfilmed by the Central Microfilm Bureau; 595,345 documents were photographed on 20,400 feet of film. In addition, the out-of-Province " paid " and " rejected " accounts and general correspondence were microfilmed, totalling 35,844 documents on 1,300 feet of film. This annual microfilming effects a considerable saving in office space, which would normally be taken up with sixty-five filing-cabinets for documents.

WILLIAMS LAKE

The new 72-bed Cariboo Memorial Hospital was officially opened August 24, 1962, by the Minister of Health Services and Hospital Insurance.

MAJOR HOSPITAL PROJECTS COMPLETED OR UNDER CONSTRUCTION IN 1962



FORT ST. JOHN

On December 12, 1962, the Minister officially opened the new 68-bed Providence Hospital.

Under Construction

Nanaimo: A new 160-bed hospital (to open January 6, 1963).

Victoria: A 195-bed addition and a 20-bed psychiatric unit at the Royal Jubilee Hospital.

Grand Forks: A new 30-bed hospital.

McBride: A new 21-bed hospital.

Powell River: A 38-bed addition plus an addition for a new laundry, laboratory and therapy departments, etc.

Prince George: Completion of unfinished areas to provide 28 beds.

New Westminster: Construction of a new laundry and maintenance building at the Royal Columbian Hospital.

Also new staff residences at McBride, Burns Lake, Salmon Arm, Queen Charlotte City, and Terrace.

Completed

Williams Lake: A new 72-bed hospital.

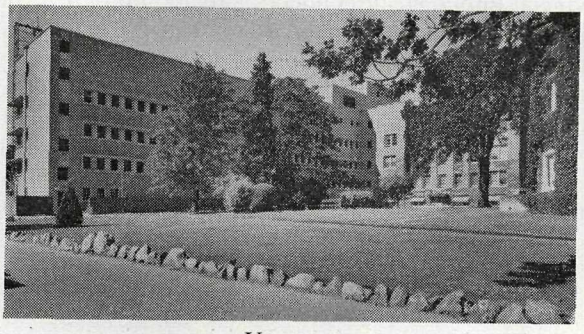
Fort St. John: A new 68-bed hospital.

New Westminster: A new 195-bed nurses' residence and training-school for the Royal Columbian Hospital.

Surrey: Expansion of the boiler plant and laundry.

Vancouver: New laboratory and laundry buildings at St. Paul's Hospital.

Victoria: A 16-bed addition to the Queen Alexandra Solarium, and installation of two high-pressure steam-boilers at St. Joseph's Hospital.



VICTORIA

Construction of the new 195-bed addition to the Royal Jubilee Hospital is expected to be completed in the summer of 1963.

(*See* page 22 for details.)

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 hospitals 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. 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 284 beds, and had an average occupancy rate of 66.5 per cent during 1962.)

A great deal of time is spent in reviewing plans of proposed building projects. Special attention is given to the interrelationship of the various departments of the hospital building, to ensure a layout arrangement that can provide a high standard of patient-care, efficient and economical operation, and adequate service and clinical facilities. In planning hospital facilities, recognition is given to the need and method for future expansion. Careful attention is given to the extent of mechanical facilities proposed for hospital buildings. These include structural, plumbing, electrical, heating, ventilating, air-conditioning, and heat-recovery systems. Hospital boards are provided with a complete consultative planning service through this Division and through the co-operation of Health Branch personnel, members of the medical and nursing profession, and other divisions of the British Columbia Hospital Insurance Service. The Provincial Health Branch renders assistance through the Division of Public Health Engineering, the Nutrition Consultant, the Technical Supervisor of Clinical Laboratory Services, the Technical Supervisor of Radiology, and the Provincial Public Health Officers. In addition, the Professor of Pædiatrics at the Department of Medicine, University of British Columbia, assists in the review of plans for pædiatric and nursery facilities. Hospital plans are also referred for review and comment by the Chief of the Hospital Design Division, Department of National Health and Welfare, Ottawa. The Construction and Planning Division maintains liaison with the Canadian Medical Association (British Columbia Division) and the Faculty of Medicine of the University of British Columbia. It is gratifying to note a continued interest and an active participation by hospital medical staffs in the planning of construction projects.

During the year the Division continued to benefit through the co-operation of the Public Works Department, which assigned an architect on a full-time basis.

The Manager of this Division again served on the two working parties established under the chairmanship of the Chief of the Hospital Design Division, Ottawa. One working party studies 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 studies the revision and expansion of the general hospital construction standards, originally published in 1948.

The Hospitals Committee of the Architectural Institute of British Columbia, formed in 1958 to discuss and resolve problems arising out of hospital projects which relate to the Institute members, continued to act in an advisory capacity to the Construction and Planning Division.

The Manager of this Division addressed the Okanagan hospital regional meeting in Merritt on September 22, 1962, on the subject of " Implications of Community and Regional Planning."

(*a*) *Hospital Projects Completed during 1962*

Providence Hospital, Fort St. John.—On December 12, 1962, the Honourable Eric Martin officially opened the new 68-bed hospital at Fort St. John. The building is a reinforced-concrete structure consisting of two floors and a basement. Portions of the basement and some wards are left unfinished for future expansion. A boiler plant constructed in 1958 has been enlarged and will continue to serve the new building. The new hospital replaces the old hospital building, part of which dates back to 1931.

Royal Columbian Hospital, New Westminster.—On May 31, 1962, the Minister of Health Services and Hospital Insurance formally opened the new residence and training-school. The building is in two sections, the residence nine stories and the school two stories. The residence provides living accommodation for 195 student-nurses in single bedrooms. The teaching areas include lecture rooms, a science room, and an auditorium.

Surrey Memorial Hospital.—A project was completed in 1962 at the Surrey Memorial Hospital which included the expansion of the hospital's boiler plant and laundry. In addition, a stand-by heating-boiler was installed in the boiler plant.

St. Paul's Hospital, Vancouver.—On November 7, 1962, the Sisters of Charity of Providence announced the opening of the new diagnostic laboratory and the new laundry department. The buildings are reinforced-concrete structures. The laboratory includes over 25,000 square feet, allocated to diagnostic laboratory facilities for hæmatology, bio-chemistry, pathology, bacteriology, E.E.G. and E.C.G., and an out-patient diagnostic area. The laboratory building is air-conditioned throughout.

St. Joseph's Hospital, Victoria.—Installation was completed on two high-pressure steam-boilers. These boilers replaced the existing obsolete boiler units, and are of sufficient capacity to provide steam for the proposed new laundry plant and new hospital wing.

Queen Alexandra Solarium, Victoria.—Early in 1962 an addition was completed to provide 16 additional beds and partially finished areas for future bed requirements.

Cariboo Memorial Hospital, Williams Lake.—On August 24, 1962, the Minister of Health Services and Hospital Insurance officially opened the new Cariboo Memorial Hospital. The building has an initial capacity of 72 beds; the top floor is partially completed and contains space for 36 beds when required in the future. This hospital is unique, as it is the first hospital in Canada to install an aseptic air system for the operating-rooms. A large percentage of the air circulated through the operating-rooms will be reused after being filtered, tempered, and sterilized in an air-sterilizing unit, using ultra-violet rays. This method reduces the cost of heating and air-conditioning the operating-rooms. The new hospital building replaces the old 30-bed frame hospital built in 1918.

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

Nanaimo Regional General Hospital.—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. To be officially opened in January, 1963.

Royal Jubilee Hospital, 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.

There is also a 20-bed addition to the psychiatric unit. The new addition will have provision for recreation facilities, as well as a patients' dining area. Alterations will be carried out in the existing unit. The net gain in beds, as a result of the addition, will be 18. It will be officially opened early in 1963.

McBride and District Hospital.—Construction of a new 21-bed hospital, plus a 10-bed nurses' residence. The new hospital will replace the existing building, which is over 30 years old.

Boundary Hospital, Grand Forks.—Construction of a new 30-bed hospital. Partially finished space will also be provided for 5 further beds when required in the future. The building is of reinforced-concrete construction.

Powell River General Hospital.—Construction of a 38-bed addition to the existing hospital, plus an addition for laboratory, physiotherapy, and occupational-therapy departments, and a new laundry and maintenance shops. The beds in the existing building, as a result of the renovations programme, will be decreased to 79, which will include 18 beds to be classed as rehabilitation beds. The new bed capacity will total 117 beds.

Burns Lake and District Hospital.—Construction of a 15-bed staff residence of two stories, including a suite for the matron.

Shuswap Lake General Hospital, Salmon Arm.—Construction of a new 7-bed staff residence of frame construction.

Queen Charlotte Islands General Hospital.—Construction of a 15-bed staff residence of two-story frame construction. The new residence will replace the inadequate accommodation now located in the basement of the hospital.

Royal Columbian Hospital, New Westminster.—Construction of a new laundry and maintenance building. The new two-story building is of reinforced-concrete construction and will be connected to the main building by a tunnel.

Mills Memorial Hospital, Terrace.—Construction of a 7-bed addition to staff residence.

Prince George Regional Hospital.—Completion of areas in the hospital to provide space for 28 additional beds.

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

Mission Memorial Hospital.—New 55-bed hospital.

Royal Inland Hospital, Kamloops.—Construction of 152-bed addition to hospital, plus construction of a new 108-bed nurses' residence and training-school. Project out to tender at year-end.

Nicola Valley General Hospital, Merritt.—Construction of a new 37-bed hospital, plus 7-bed staff residence. Tenders under review at year-end.

Quesnel General Hospital.—Construction of a new wing which will increase the capacity by 31 beds and provide additional space for 22 beds in an unfinished area. Renovations and additions are also planned for the existing hospital buildings. Tenders under review at year-end.

Langley Memorial Hospital, Murrayville.—Construction of a new 81-bed hospital.

Squamish General Hospital.—Construction of an 8-bed staff residence.

Vernon Jubilee Hospital.—Construction of a new boiler plant and laundry building.

Fort Nelson General Hospital.—Construction of a new 33-bed hospital, plus an 8-bed nurses' residence.

St. Joseph's Hospital, Victoria.—Phase II of building programme, including Sisters' quarters, administration and emergency department enlargements, transformer vault and electrical distribution system, laundry building, and kitchen renovations.

(*d*) *Additional Projects Developed through Various Planning Stages in 1962*

King's Daughters' Hospital, Duncan: New hospital.
Vernon Jubilee: Additions and renovations.
St. Joseph's Hospital, Victoria: Additions and renovations.
St. Joseph's Hospital, Comox: Additions and renovations.
Sunshine Coast, Sechelt: New hospital.
100 Mile House: New facility.
Prince Rupert 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 extensions.
North Vancouver General Hospital: Conversion of old hospital building for rehabilitation care.
Creston Valley Hospital: Addition and improvements.
Medical Sciences Centre, University of British Columbia: New hospital.
St. Paul's, Vancouver: Emergency department.
Tofino General Hospital: Addition and renovations.
St. Vincent's, Vancouver: Addition and renovations.
Royal Jubilee Hospital, Victoria: Renovations.
Vancouver General Hospital: Replacement or renovation of Willow and Laurel Pavilions.
White Rock District Hospital: Replacement or addition.
Cariboo Memorial Hospital, Williams Lake: Nurses' residence.
Royal Columbian Hospital, New Westminster: Emergency department building.
Bulkley Valley District Hospital, Smithers: Addition.
Trail-Tadanac Hospital: Laboratory.
St. Joseph General Hospital, Dawson Creek: Completion of top floor.
Summerland General Hospital: New hospital.
Holy Family Hospital, Vancouver: Addition.

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.

RICHMOND

(Architects: Thompson, Berwick & Pratt, Vancouver.)

Major Hospi
through A
Planni

Mission, Kamloops, Que
Mile House, Prince Rupert, L
White Rock, Williams Lake
Creek, Summerland, Tofino,
Columbia, Holy Family, St. V
Road, St. Joseph's, Royal Jubi

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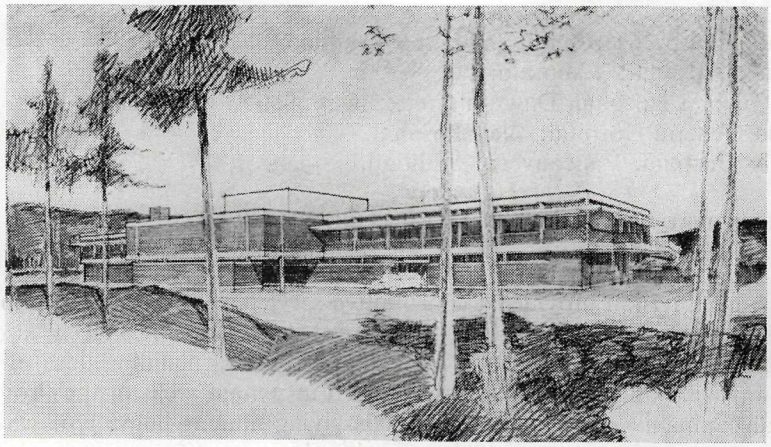
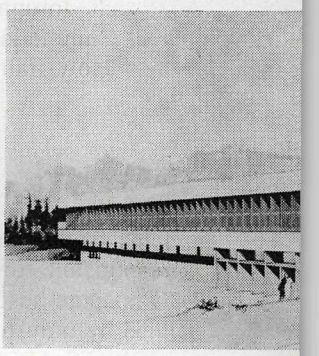
MERRITT



(Architects: Thompson, Berwick & Pratt, Vancouver.)



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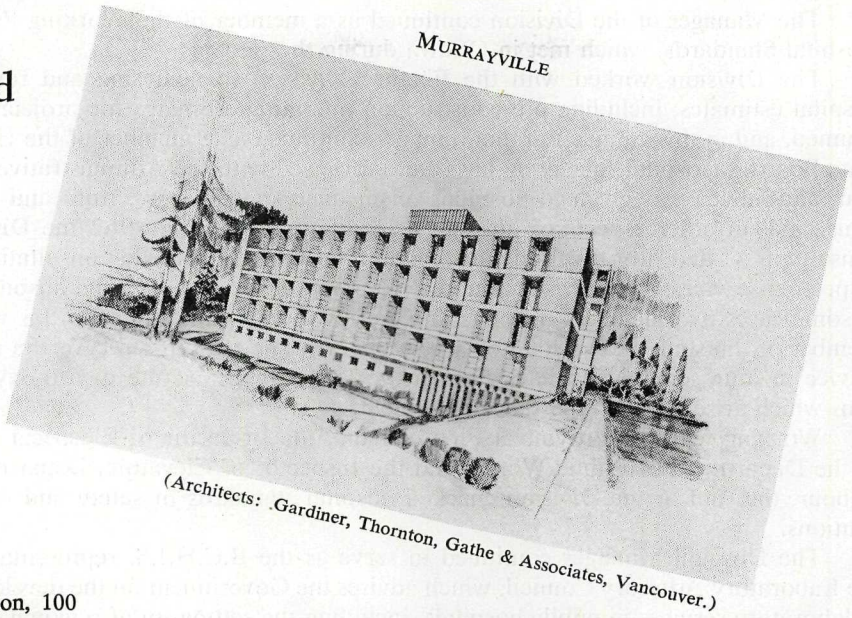

MURRAYVILLE

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

ncan, Comox, Vernon, 100
Creston, North Vancouver,
New Westminster, Dawson
aul's, University of British
General), Victoria (Gorge

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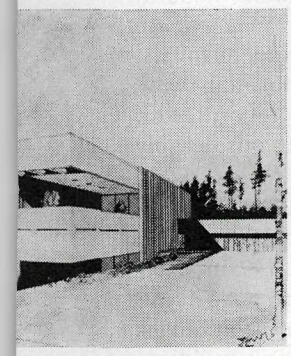
building when completed.



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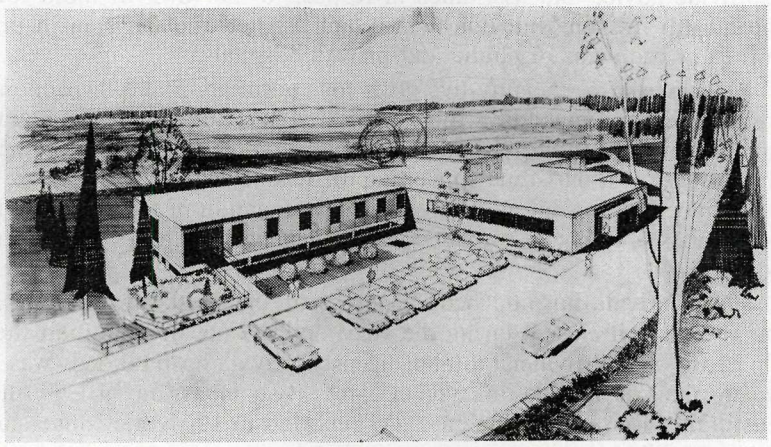
FORT NELSON



(Architects: Thompson, Berwick & Pratt, Vancouver.)

The Manager of the Division continued as a member of the Working Party on Hospital Standards, which met in Ottawa during the year.

The 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, rules and regulations, and on other aspects of hospital accreditation. During 1962 the Division's consultants visited fifty-five individual public hospitals to provide consultation and inspection services. Most visits required from one to three days in the hospital, and in some cases two members of the staff were involved. In addition to this work, a member of the staff spent a total of five weeks with the various shifts of the nursing service in four general hospitals, in order to keep abreast of the day-to-day problems which arise in this important department.

Working with the Provincial Fire Marshal, the Inspector of Electrical Energy of the Department of Public Works, and the Inspector of Elevators, Department of Labour, 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, including the setting-up of regional pathology services, the appropriate selection of equipment, and the training of laboratory technologists. With the advice of the Council, approval in principle was given during the year to the establishment of a regional pathology service in the north-west region. When this service commences, it will bring to six the number of regional pathology services.

Advice was given to hospitals on disaster planning, and plans submitted by hospitals were reviewed by a committee on which this 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.

As in previous years, the Division worked in conjunction with Health Branch personnel on many matters. Contact was maintained with the Medical Health Officers, and with the Technical Supervisor of Clinical Laboratory Services and the Technical Supervisor of Radiology, of the Health Branch, who also visit hospitals to provide advice and assistance in respect to the work of these two departments. The Health Branch Nutrition Consultant assisted the Division in providing advice on dietary problems in public and private hospitals.

During the year eighty-five visits for consultation and inspection were made to private hospitals, including three visits by the Nutrition Consultant. This figure excludes numerous visits made during the construction of new private hospitals. The services of a part-time consulting dietician for work with private hospitals were discontinued at the end of 1961 with the resignation of the incumbent. As a result, the number of visits to provide specialist advice on food service was considerably reduced.

New private hospital beds licensed for the aged sick totalled 324; however, one 18-bed unit closed during the year, and the net bed addition therefore totalled 306 beds. The Provincial total of licensed private hospital beds was 2,447 in sixty-five hospitals devoted to this type of care. By comparison, in 1957 there were 1,758 beds in fifty-four establishments. As reported in 1961, the conversion of buildings, such as dwelling-houses, to private hospitals, is not permitted unless such buildings

meet the construction standards for new private hospitals. Facilities in the process of conversion in 1961 were allowed to continue to license. It is significant to note that of the 324 new beds licensed in 1962, all but 17 beds were in buildings newly constructed for the purpose of giving nursing-home type care. Approval in principle was granted for the construction of an additional 451 beds involving ten facilities. Applications were received for a number of additional projects. During the year 121 persons or groups approached the Division with detailed inquiries into the requirements for obtaining a licence to operate a private hospital.

The number of beds in private acute hospitals remained at 76 beds in five hospitals, four of which are operated by individual concerns.

The Registered Nurses' Association assisted the Division in screening the credentials of prospective private hospital superintendents. During the year, meetings were held with representatives of the Pharmaceutical Association of British Columbia, and the Division of Narcotic Control of the Department of National Health and Welfare, to study means of improving the handling of drugs in private hospitals.

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 1962 social welfare offices placed 130 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 is responsible for determining the medical eligibility for hospital insurance coverage of all patients admitted to hospital, both in-Province and out-of-Province, from the information contained on the Admission/Separation Records submitted by each hospital. In the processing of these records, particular attention is given to surgical procedures, discharge diagnoses, and length of hospital stay. In addition, the discharge diagnoses and surgical procedures are coded and checked in accordance with the International Statistical Classification of Diseases, Injuries, and Causes of Death, with a basic breakdown into services, for bed-requirement studies.

During the year it was necessary to cope with the problem of staff shortage, brought about by illness, resignations, annual leave, and difficulties experienced in obtaining replacements. Through a considerable effort on the part of the depleted staff, which was determined to keep abreast of the increasing work load, the situation was ably handled until such time as additional staff was obtained.

The Chief Supervisor of Medical Records and Medical Coders, who is a registered nurse as well as a medical-record librarian, carries out an over-all scrutiny of medical coding and medical eligibility of all hospital claims. In addition, visits are made to hospitals, with particular attention to the various medical-record departments, to discuss and advise on medical coding and admission problems, and B.C.H.I.S. requirements. Visits were made to the following hospitals during the year: Chilliwack General Hospital; Fraser Canyon Hospital, Hope; Lady Minto Hospital, Ashcroft; Ladysmith General Hospital; Nanaimo General Hospital; Nicola Valley General Hospital, Merritt; Squamish General Hospital; St. Bartholomew's Hospital, Lytton; St. Paul's Hospital, Vancouver; St. Vincent's Hospital, Vancouver; and Vancouver General Hospital.

Surveys were carried out for medical research and statistical purposes and included:—

(1) Study on accident cases hospitalized in British Columbia.
(2) Study on perinatal mortality.
(3) Study on pregnancy and newborn morbidity and mortality.

During the year medical inspection trips to a number of hospitals were carried out. The British Columbia Medical Association appointed three doctors from its membership, along with the Medical Consultant, to conduct qualitative studies at these hospitals, with the object of assuring proper utilization of hospital beds and facilities for the benefit of patients. The Faculty of Medicine of the University of British Columbia, the Canadian Medical Association (British Columbia Division), and the College of Physicians and Surgeons, have been most co-operative in rendering assistance to this Service.

The rehabilitation programme continued to progress and develop. Dr. Brock Fahrni, Associate Professor, Faculty of Medicine of the School of Rehabilitation Medicine, at the University of British Columbia, again provided invaluable assistance in all phases of the plan's development. During 1962 two additional facilities were brought into the plan—Holy Family Hospital, Vancouver (54 beds), and Kelowna General Hospital, Kelowna (8-bed unit). A short summary of patients cared for during 1962 follows.

Summary of Patients Cared For in 1962 under the Rehabilitation Plan
(Excluding Pearson Poliomyelitis Pavilion)

Adults—	
Total number of patients treated and discharged in 1962[1]	1,078
Number of patients under treatment at present	200
Total	1,278
Average length of stay	59.2 days
Children—	
Total number of patients treated and discharged in 1962[1]	38
Number of patients under treatment at present	25
Total	63
Average length of stay	249.2 days

[1] Many of these patients were readmitted for follow-up treatment, but all such admissions are not shown in the total.

Administrative Assistant

K. G. Wiper

The drafting of legislation, regulations, and Orders in Council is one of the main responsibilities of the office of the Administrative Assistant, and in the performance of these duties a close working relationship exists between this office and the Attorney-General's Department.

Hospital societies may apply to the Administrative Assistant for assistance in connection with the drafting of hospital constitutions and by-laws, and their application. This work is carried out in conjunction with the Hospital Consultation and Inspection Division. Changes in hospital by-laws are reviewed by this office prior to their submission for Government approval as required under the *Hospital Act*. A set of model by-laws has been developed for use by hospitals, as a guide in making revisions.

Collaborating with the Water Rights Service of the Department of Lands, Forests, and Water Resources, and the Chief Electoral Officer of the Provincial Secretary's Department, the Administrative Assistant provides guidance to committees in unorganized territory which are establishing hospital improvement districts. Such districts are necessary for the raising of funds by money by-laws, in areas outside cities or municipalities, for the construction of new hospital facilities or the improvement of existing buildings. At the end of 1962 there were thirty-three hospital improvement districts in operation and a number of others in the process of formation. Material which outlines the procedure required for the establishment of a hospital improvement district is available upon request.

As in previous years, considerable time was spent in 1962 on matters related to the Federal-Provincial hospital insurance arrangements. Methods of streamlining administrative procedures and improving liaison were discussed with officials of the Federal Government, at meetings held in Ottawa and Victoria.

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

Third Party Liability Section

J. W. Brayshaw

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, Mr. H. E. Drab, 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

P. A. Bacon

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 the rejection of a considerable number of claims for hospital insurance benefits made by unqualified persons.

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 hospital admitting staff members. In this regard, regional meetings are held 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 certified. 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.

Research Division

W. D. Burrowes, B.A. (Hons.), Director

The main functions of this Division are:—

(1) To survey the geographical areas in the Province, in terms of population and economic growth, so as to advise the administration of the need for new construction of hospital beds by type of service:

(2) To compile and maintain a body of statistics derived from the processing of Admission/Separation Records, and from other sources, showing the pattern of hospitalization in the individual hospitals and school districts, and to make special compilations as required by other divisions of this Service and by other agencies:

(3) To analyse the patterns and trends of morbidity in the Province as a whole, as revealed by the statistics derived from the Admission/Separation Records and by other available data.

During the year, bed-requirement studies were undertaken for the districts of Kelowna, Castlegar, and Cranbrook, and reports presented for each. At the end of the year, studies were in progress on Haney district in the Lower Mainland area, and on Sidney, Vancouver Island.

The patterns of mechanical tabulation used in preparing the annual tables of morbidity statistics had to be substantially revised, in order to provide for preparation of the new series of ten standard tables recommended for all Provinces by the 1961 meeting of the Federal Sub-committee on Quality of Care, Research, and Statistics. The revised tables for 1961 were compiled and presented in the form of a bulletin, which was issued at the end of the year. Further studies in the field of morbidity statistics were being planned when the year ended.

The interest shown in statistics of accident cases by several Provincial and Federal departments, and by the British Columbia Safety Council, stimulated a special effort in this phase of Provincial morbidity statistics.

Tables for 1960, derived from a special machine tabulation, were compiled and issued in bulletin form with limited circulation. This led to increased demand for subsequent data, and accordingly an enlarged bulletin entitled "Statistics of Hospitalized Accident Cases, 1961," was prepared, and issued in December.

The work involved in preparing statistics of accident cases focused attention on the need for revising the classification and codes in current use in this Service. A revised classification of accidents was accordingly drawn up by adaptation of the "E" classification of accidents given in the International Classification of Diseases, and was recommended to the Medical Consultant for use in 1963.

In view of the important contribution made by Indians to hospital utilization in certain areas, and the incomplete recording of their geographical distribution in the 1961 census, a detailed record of the numbers and location of Indians on reserves at the end of 1961 was prepared during the year. This work was possible only through the helpful co-operation of the Indian Agents.

Among the many tables of 1961 population census results, which were received from the Dominion Bureau of Statistics during the year, were tables of the age and sex distribution of population of every enumeration area in the Province. At the end of the year, arrangements were being made with the Bureau of Economics and Statistics of the Department of Industrial Development, Trade, and Commerce to use these figures to prepare age and sex distributions for school districts, which would be invaluable to this Service, and to other departments and agencies involved in the study of school district populations.

As a result of consultation between this Division and other divisions within the Service, certain revisions of the Admission/Separation Record used by hospitals for reporting to the British Columbia Hospital Insurance Service were accepted for introduction in 1963.

As in previous years, this Division prepared and issued an Alphabetical Listing of Place Names in British Columbia with Geographical Code, a publication which has created considerable interest.

In March the Division lost the services of Miss E. L. Macklin, B.A., who had acted temporarily as head of the Division. Mr. W. D. Burrowes, B.A.(Hons.), assumed the position of Director of this Division in April, and Miss Brenda Morrison, B.A., M.S.(Statistics), joined the staff in September.

Public Information

R. H. Thompson

The areas of responsibility in the continuing development of public information activities fall into three main categories—hospitals, the general public, and in-service. The various methods by which these requirements were met during 1962 are outlined in the following report:—

Regular editions of the B.C.H.I.S. Bulletin, an administrative aid used to clarify policy and procedural changes, were prepared and distributed to ninety-three hospitals. In addition, sixty-one private hospitals were added to the mailing list during the year, as it was felt that much of the material in the Bulletin would be of value to nursing-home personnel.

Two 16-mm. films were added to the film library, bringing to seven the number of instructional films now available for use by hospitals as part of their in-service training programmes. The film subjects include hospital sepsis and fire evacuation procedures, and twenty-five individual screenings were booked during the year.

At the request of some of the hospitals, an "Out-patient Benefits" slip was printed, and pads of 100 slips were made available to hospitals for distribution to patients. The slip defines "emergency treatment" and "minor surgery" and clarifies for the patient why the hospital charges more for the latter service. Also in response to requests, the pamphlet "Information on the B.C. Hospital Insurance Service for the Hospital Executive and Trustee," first issued in 1956, was brought up to date and reprinted.

A Departmental display was prepared for exhibit purposes at the Victoria Industrial and Agricultural Exhibition in May. The same display, with minor alterations, was used at the annual conference of the British Columbia Hospitals Association, held in Penticton in October. Two pictorial panels were also prepared, through the co-operation of eighty of the Province's general hospitals, and presented to the Association by the Minister of Health Services and Hospital Insurance. The mounted and framed panels, made up of photographs of British Columbia hospitals, will be hung in the Association's headquarters in Vancouver.

To keep the public aware of various developments in the Provincial plan and the hospital field, press releases were issued on the payment of hospital accounts; the grant-in-aid programme for construction, renovations, and equipment; the awarding of contracts; and the opening of new hospitals. Feature articles were written for publication in the British Columbia Government News. This office also co-ordinated the publication of a pilot study of professional utilization, prepared by the Metropolitan Hospital Planning Council, and a reprint of the Council's study of emergency department utilization in Lower Mainland hospitals, first issued in 1961.

Other duties included replying to all letters of general inquiry; summarizing reports; maintaining the newspaper-clipping file; preparing amendments to the Manual of Policy, Administration, and Procedure; writing special material for directories and civic pamphlets, etc.; and editing and preparing the Fourteenth Annual Report.

General Office

C. R. Leighton

As in previous years, the General Office continued its function of supervising administrative expenditure. This includes processing vouchers and warrants and initiating requisitions. It also entails close liaison with various offices of the Department of Finance.

Departmental estimates are co-ordinated in this office, and because of the considerable amount of detail required, preliminary work on estimates usually commences in September.

A new duty, following upon the Government's safety programme, requires the Supervisor to act as liaison officer between the Department and the Accident Prevention Co-ordinator appointed by the Government. In addition, part of the duties of Departmental Personnel Officer have been assumed by the General Office Supervisor.

The office continued in its capacity as liaison between the Provincial Infirmary Superintendent and the Mount St. Mary authorities.

The monthly comfort allowance received by all Provincial Infirmary patients was paid to the Mount St. Mary patients, Victoria, by this office. In December it was raised from $5 to $7.50 per month, the amount set as the uniform rate for all Provincial institutions.

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 and District Hospital, Burns Lake.
Campbell River and District General Hospital, Campbell River.
Cariboo Memorial Hospital, Williams Lake.
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.
Mills Memorial Hospital, Terrace.
Mission Memorial Hospital, Mission City.
Mount St. Joseph's Hospital, Vancouver.

Nanaimo General Hospital, Nanaimo.
Nicola Valley General Hospital, Merritt.
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.
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.
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 1962 there were eighty-seven public general hospitals approved to accept B.C.H.I.S. patients, the same number as in 1961. In addition, care was provided in eight outpost hospitals, six Federal hospitals, and five 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 1962 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 264,243 B.C.H.I.S. adults and children patients were discharged from British Columbia hospitals in 1962, an increase of 5,191 or 2.0 per cent over the previous year. This table also shows that 95.7 per cent of the total patients separated from British Columbia hospitals in 1962 were covered by hospital insurance, compared to 95.8 per cent in 1960 and 96.1 per cent in 1961. The second part of the table indicates in 1962 that the British Columbia Hospital Insurance Service paid public hospitals in British Columbia for 2,507,217 days of care for adults and children, an increase of 15,960 or 0.6 per cent over 1961.

As 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 1962 was 9.49 days. The major contributing factor to the increase from 1,806 days of care per thousand population in 1961 to 1,813 in 1962 has been the continued 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, 1949–62 (EXCLUDING FEDERAL, PRIVATE, AND OUT-OF-PROVINCE HOSPITALIZATION).

	Total Hospitalized				Covered by B.C.H.I.S.		
	General Hospitals			Rehabilitation Hospitals			
	Adults and Children	Newborn	Total		Adults and Children	Newborn	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	260,775	39,599	300,374	197	249,423	38,980	287,903
1961[1]	270,568	38,226	308,794	1,079	259,052	37,558	296,610
1962[2]	276,616	37,700	314,316	1,355	264,243	36,463	300,706
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	2,546,357	249,273	2,795,630	20,571	2,434,152	241,157	2,675,309
1961[1]	2,607,900	240,207	2,848,107	78,585	2,491,257	231,043	2,722,300
1962[2]	2,627,873	273,488	2,901,361	85,806	2,507,217	262,858	2,770,075
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	.....	.....	.....	.....	95.6	98.4	95.8
1961[1]	.....	.....	.....	.....	95.7	98.3	96.1
1962[2]	.....	.....	.....	.....	95.5	96.7	95.7
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	.....	.....	.....	.....	94.8	96.7	95.0
1961[1]	.....	.....	.....	.....	95.5	96.1	95.6
1962[2]	.....	.....	.....	.....	95.4	96.1	95.5

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to November 30, 1962.

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, 1949–62.

	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	263,889	39,406	249,423	39,488	11,557[1]	241	2,909	267
1961[2]	272,275	37,968	259,052	37,558	10,244	151	2,979	259
1962[3]	277,358	36,911	264,243	36,463	9,965	168	3,150	280
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	2,632,442	244,480	2,434,152	241,157	169,401[1]	1,417	28,889	1,906
1961[2]	2,695,358	233,794	2,491,257	231,043	176,470	878	27,631	1,873
1962[3]	2,715,997	265,753	2,507,217	262,858	175,630	895	33,150	2,000
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	9.98	6.20	9.76	6.19	14.66	5.90	9.93	7.14
1961[2]	9.90	6.16	9.62	6.15	17.23	5.80	9.27	7.23
1962[3]	9.79	7.20	9.49	7.21	17.62	5.33	10.52	7.14

[1] Includes rehabilitation cases paid by British Columbia Hospital Insurance Service.

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

[3] Estimated, based on hospital reports to November 30, 1962. 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, 1,806; 1962, 1,813. (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, 1949–62

	Total Adults, Children, and Newborn 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	303,492	107,312	410,804
1961[1]	311,322	(2)	311,322
1962[3]	315,624	(2)	315,624
Totals	3,413,925	814,073	4,227,998

[1] Amended as per final reports received from hospitals.
[2] Not available.
[3] Estimated, based on hospital reports to November 30, 1962.

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 1962.[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	264,243	97,733	75,482	34,519	39,133	10,614	6,762
Newborn	36,463	11,066	11,742	6,878	4,959	1,247	571
Patient-days—							
Adults and children	2,507,217	1,155,634	649,091	276,204	295,919	79,333	51,036
Newborn	262,858	91,153	79,961	47,809	32,125	8,299	3,511
Average days of stay—							
Adults and children	9.49	11.82	8.60	8.00	7.56	7.47	7.55
Newborn	7.21	8.24	6.81	6.95	6.48	6.66	6.15

[1] Estimated, based on hospital reports to November 30, 1962.

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 1962.[1]

	Bed Capacity						
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25	Special Hospitals
Patients separated—	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent
Adults and children	100.00	36.98	28.57	13.06	14.81	4.02	2.56
Newborn	100.00	30.35	32.20	18.86	13.60	3.42	1.57
Patient-days—							
Adults and children	100.00	46.09	25.89	11.02	11.80	3.16	2.04
Newborn	100.00	34.67	30.42	18.19	12.22	3.16	1.34

[1] Estimated, based on hospital reports to November 30, 1962.

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 44 to 46 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).

CHART I.—PERCENTAGE DISTRIBUTION OF DAYS OF CARE BY MAJOR DIAGNOSTIC GROUPS, 1961
(IN DESCENDING ORDER)

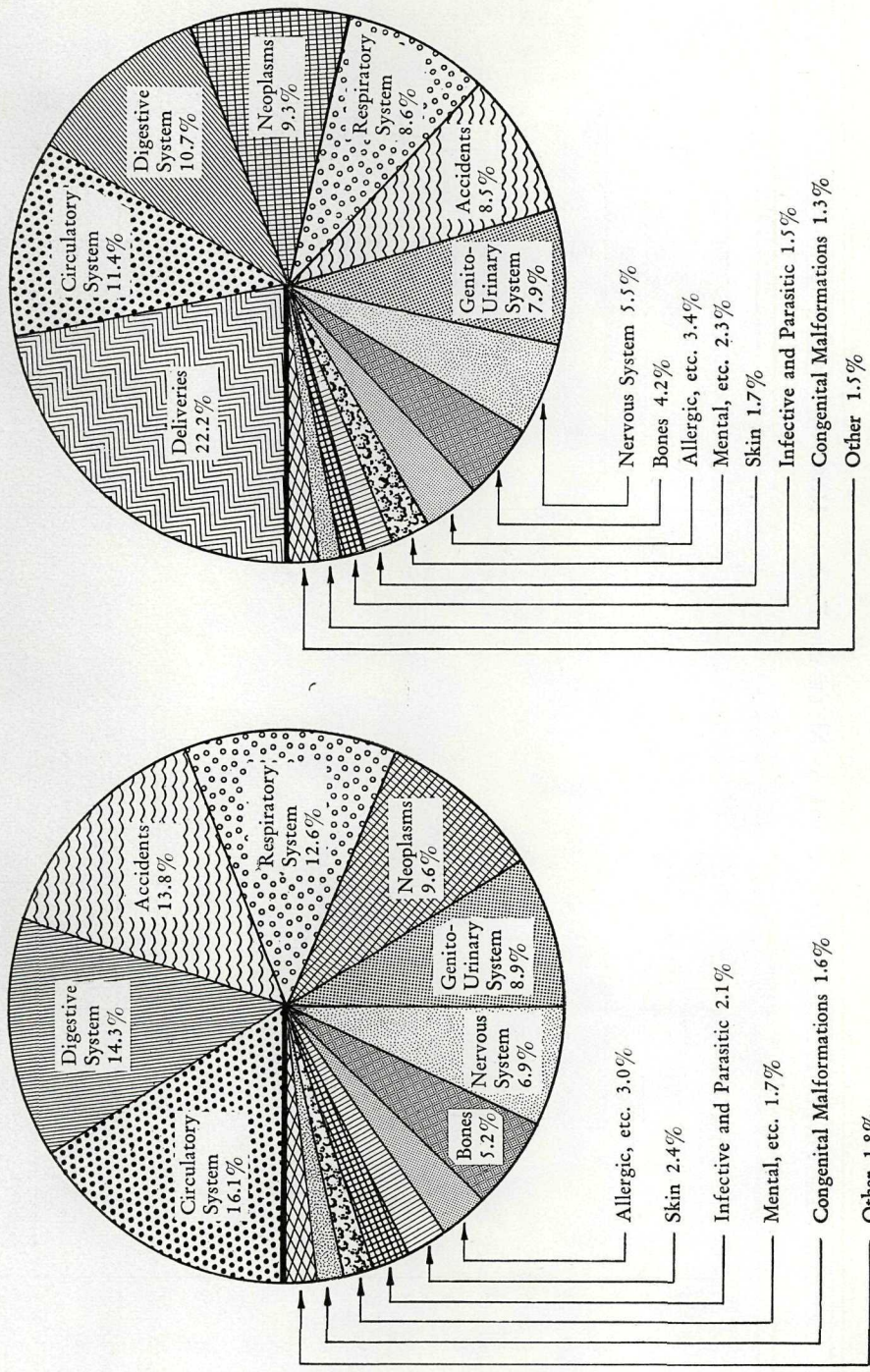


CHART II.—PERCENTAGE AGE DISTRIBUTION OF MALE AND FEMALE HOSPITAL CASES AND DAYS OF CARE, 1961

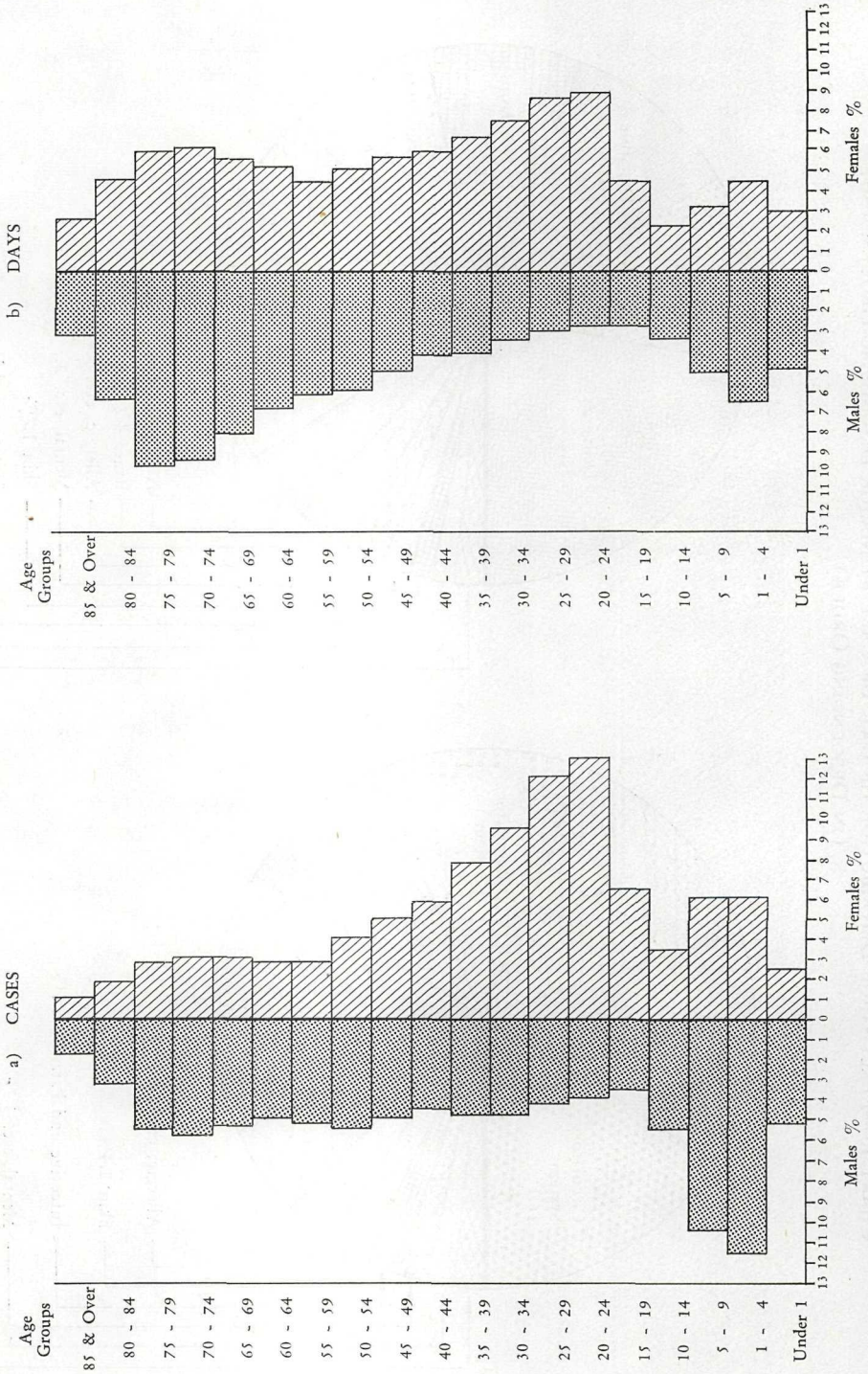
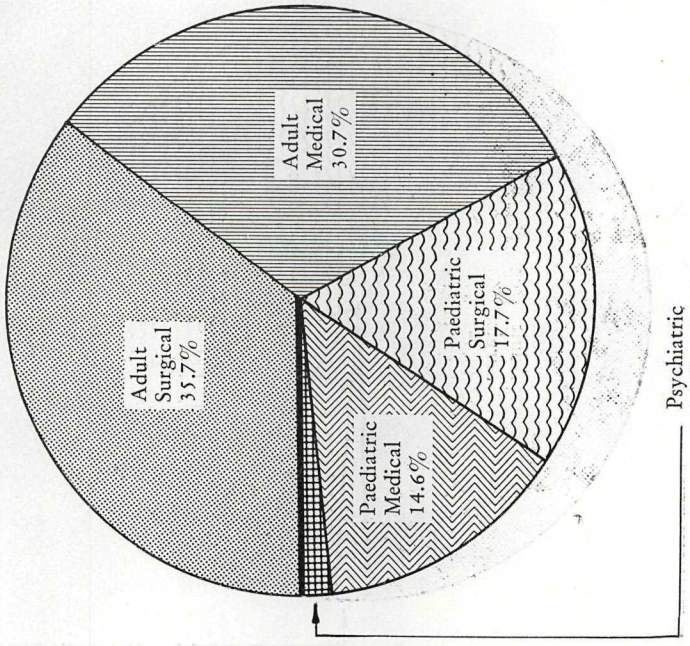


CHART III.—PERCENTAGE DISTRIBUTION OF HOSPITAL CASES BY TYPE OF CLINICAL SERVICE, 1961

MALES



FEMALES

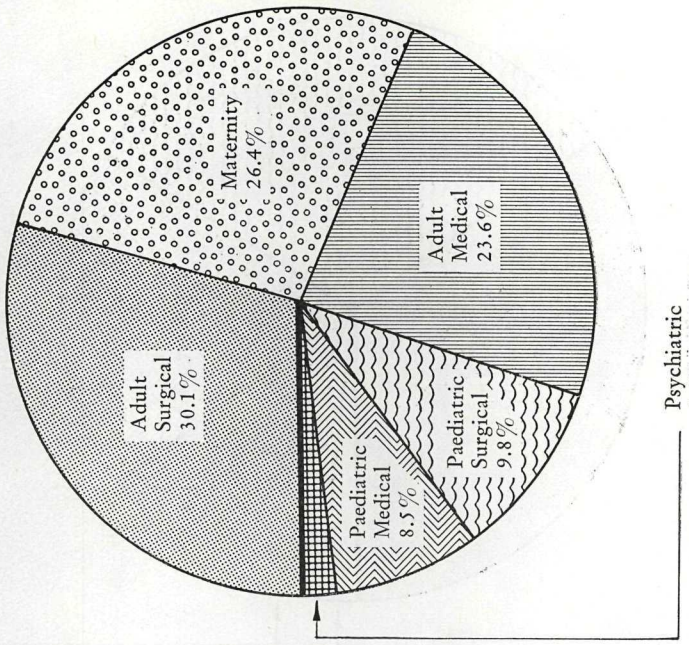
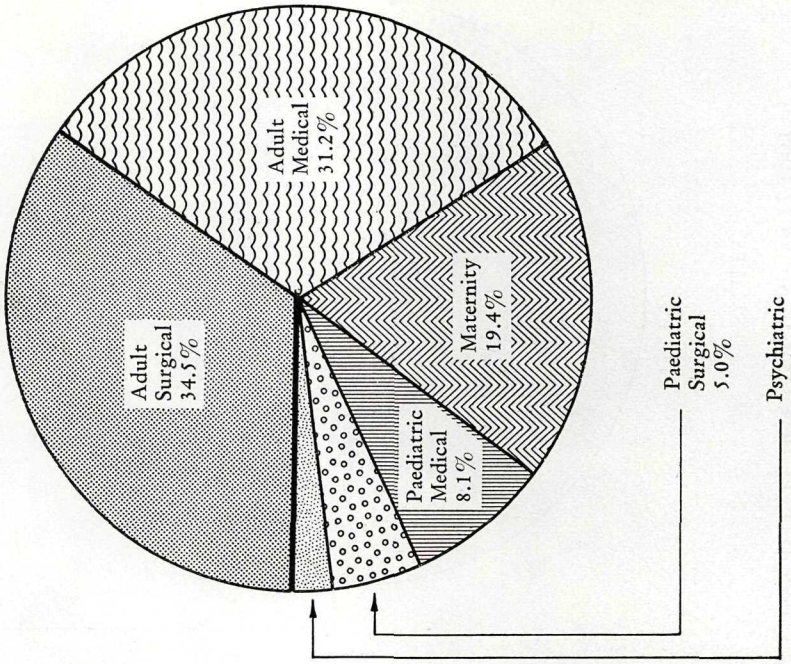


CHART IV.—PERCENTAGE DISTRIBUTION OF HOSPITAL-DAYS BY TYPE OF CLINICAL SERVICE, 1961



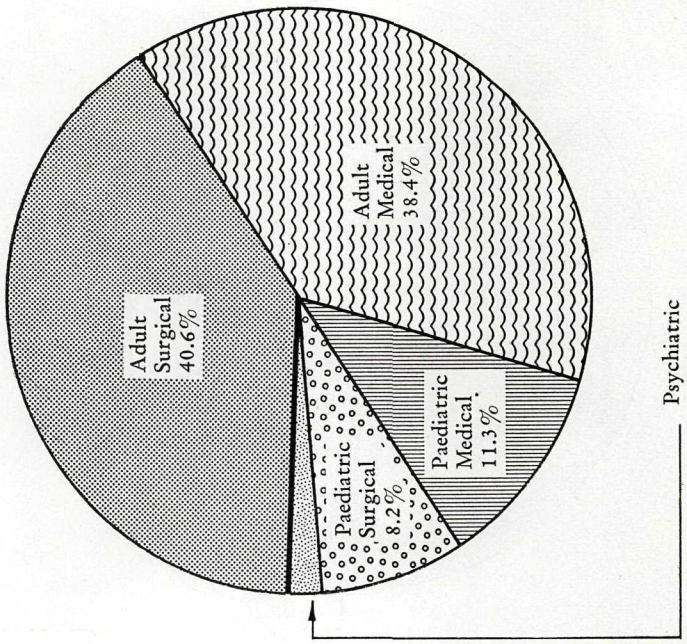
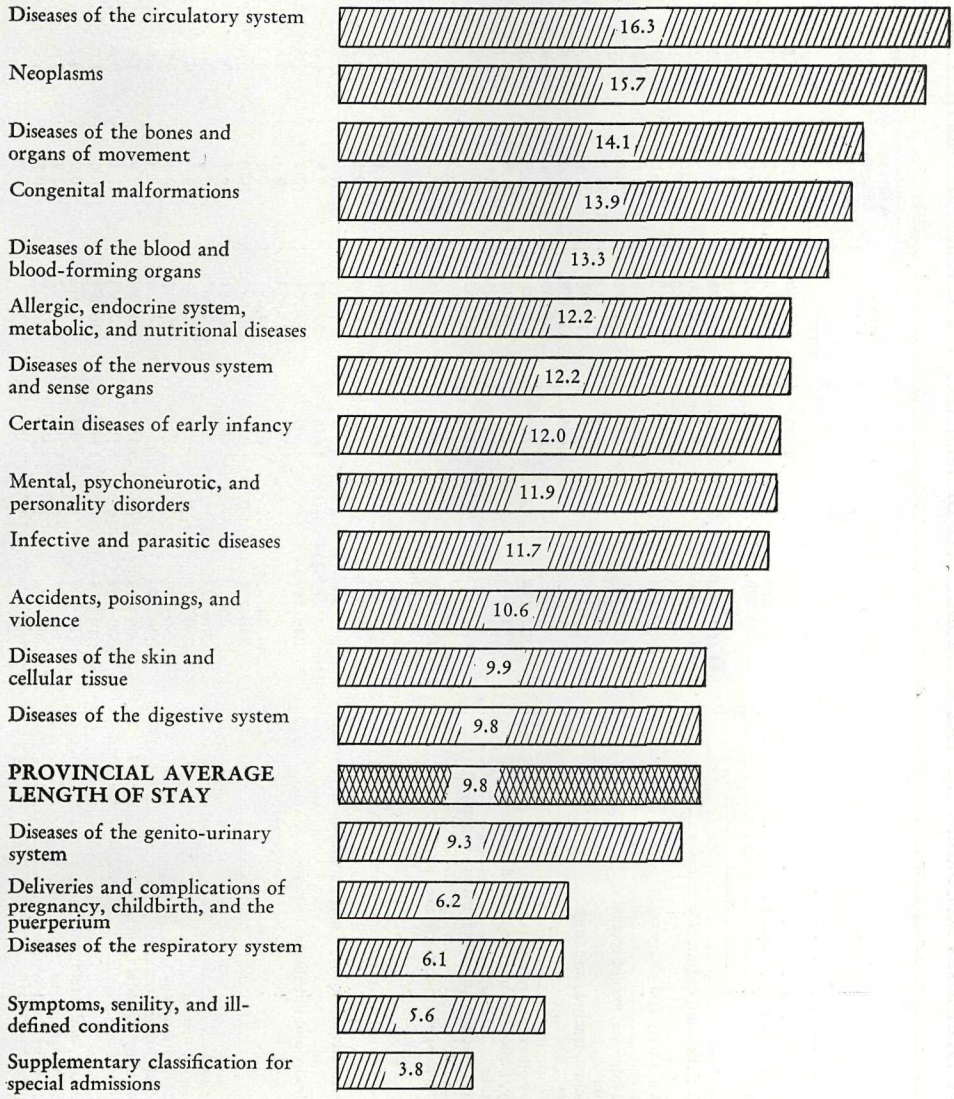


CHART V.—AVERAGE LENGTH OF STAY OF CASES IN ACUTE-CARE HOSPITALS IN BRITISH COLUMBIA BY MAJOR DIAGNOSTIC GROUPS, IN DESCENDING ORDER, 1961 (EXCLUDING NEWBORNS).



Hospitalization by Diagnoses According to the Canadian List of Diseases and Causes of Death, 1961

List Number and Diagnosis	I.S.C. No.	Cases	Days of Care	Average Length of Stay	Per Cent Distribution	
					Cases	Days of Care
I. Infective and parasitic diseases	001–138	4,242	49,767	11.7	1.5	1.8
1. Tuberculosis, all forms	001–019	317	5,152	16.2	0.1	0.2
2. Poliomyelitis and encephalitis	080–083	311	5,920	19.0	0.1	0.2
3. Infectious hepatitis	092	841	12,144	14.4	0.3	0.5
4. Other diseases attributable to viruses	084–091, 093–096	1,401	11,845	8.4	0.5	0.4
5. Other bacterial, spirocheatal, rickettsial, or parasitic diseases	020–074, 100–138	1,372	14,706	10.7	0.5	0.5
II. Neoplasms	140–239	16,377	256,770	15.7	5.9	9.4
6. Malignant neoplasms of buccal cavity and pharynx	140–148	232	3,715	16.0	0.1	0.1
7. Malignant neoplasm of stomach	151	584	14,376	24.6	0.2	0.5
8. Malignant neoplasm of large intestine, except rectum	153	658	18,742	28.5	0.2	0.7
9. Malignant neoplasm of rectum	154	494	15,417	31.2	0.2	0.6
10. Malignant neoplasm of bronchus, trachea, and lung	162, 163	768	17,616	22.9	0.3	0.6
11. Malignant neoplasm of breast	170	1,096	24,158	22.0	0.4	0.9
12. Malignant neoplasm of cervix uteri	171	1,064	11,052	10.4	0.4	0.4
13. Malignant neoplasm of uterus other than of cervix uteri	172–174	255	3,448	13.5	0.1	0.1
14. Malignant neoplasm of ovary, Fallopian tube, and broad ligament	175	195	4,220	21.6	0.1	0.2
15. Malignant neoplasm of prostate	177	743	19,195	25.8	0.3	0.7
16. Malignant neoplasm of kidney, bladder, and other urinary organs	180, 181	955	17,852	18.7	0.3	0.7
17. Leukæmia and aleukæmia	204	412	6,677	16.2	0.1	0.2
18. Malignant neoplasm of all other organs and unspecified sites	150, 152, 155–161, 164, 165, 176, 178, 179, 190–199, 200–203, 205	1,893	44,544	23.5	0.7	1.6
19. Uterine fibromyoma and other benign neoplasm of uterus	214, 215	2,700	21,855	8.1	1.0	0.8
20. Benign neoplasm of ovary	216	710	6,730	9.5	0.2	0.3
21. Benign neoplasm (excluding uterus and ovary) and neoplasm of unspecified nature	210–213, 217–239	3,618	27,173	7.5	1.3	1.0
III. Allergic, endocrine system, metabolic, and nutritional diseases	240–289	7,209	87,751	12.2	2.6	3.2
22. Asthma	241	2,347	21,954	9.3	0.8	0.8
23. Other allergic disorders	240, 242–245	618	4,653	7.5	0.2	0.2
24. Diseases of thyroid gland	250–254	1,053	10,585	10.0	0.4	0.4
25. Diabetes mellitus	260	2,457	40,383	16.4	0.9	1.5
26. Diseases of other endocrine glands	270–277	204	2,907	14.2	0.1	0.1
27. Avitaminoses and other metabolic diseases	280–289	530	7,269	13.7	0.2	0.2
IV. Diseases of the blood and blood-forming organs	290–299	1,237	16,414	13.3	0.5	0.6
28. Diseases of the blood and blood-forming organs	290–299	1,237	16,414	13.3	0.5	0.6
V. Mental, psychoneurotic, and personality disorders	300–326	4,568	54,250	11.9	1.6	2.0
29. Psychoses	300–309	1,199	20,536	17.1	0.4	0.7
30. Psychoneurotic disorders	310–318	2,665	26,682	10.0	1.0	1.0
31. Disorders of character, behaviour, and intelligence	320–326	704	7,032	10.0	0.2	0.3
VI. Diseases of the nervous system and sense organs	330–398	13,782	168,082	12.2	5.0	6.2
32. Vascular lesions affecting central nervous system	330–334	3,273	67,422	20.6	1.2	2.5

33. Inflammatory and other diseases of central nervous system	340–345, 350–357	1,901	27,256	14.3	0.7	1.0
34. Diseases of nerves and peripheral ganglia	360–369	714	8,806	12.3	0.3	0.3
35. Diseases of eye	370–389	4,121	34,880	8.5	1.5	1.3
36. Diseases of ear and mastoid process	390–398	3,773	29,718	7.9	1.3	1.1
VII. Diseases of the circulatory system	400–468	22,727	370,560	16.3	8.2	13.6
37. Rheumatic fever and chronic rheumatic heart disease	400–416	1,190	25,381	21.3	0.4	0.9
38. Arteriosclerotic and degenerative heart disease	420–422	10,101	196,973	19.5	3.6	7.2
39. Other diseases of the heart	430–434	1,895	26,585	14.0	0.7	1.0
40. Hypertensive heart disease and other hypertensive disease	440–447	1,909	26,312	13.8	0.7	1.0
41. Diseases of arteries	450–456	1,069	26,357	24.7	0.4	1.0
42. Varicose veins of lower extremities	460	2,496	31,105	12.5	0.9	1.1
43. Hæmorrhoids	461	1,896	15,982	8.4	0.7	0.6
44. Phlebitis and thrombophlebitis	463, 464	705	10,153	14.4	0.3	0.4
45. Other diseases of the circulatory system	462, 465–468	1,466	11,712	8.0	0.5	0.4
VIII. Diseases of the respiratory system	470–527	47,002	285,174	6.1	16.9	10.5
46. Acute upper respiratory infections	470–475	4,977	29,280	5.9	1.8	1.1
47. Influenza	480–483	1,486	8,476	5.7	0.5	0.3
48. Pneumonia	490–493	10,654	117,119	11.0	3.8	4.3
49. Bronchitis	500–502	5,638	48,648	8.6	2.0	1.8
50. Hypertrophy of tonsils and adenoids	510	19,628	45,683	2.3	7.1	1.7
51. Other diseases of respiratory system	511–527	4,619	35,968	7.8	1.7	1.3
IX. Diseases of the digestive system	530–587	34,310	338,062	9.8	12.4	12.4
52. Diseases of teeth and supporting structure	530–535	3,412	8,020	2.3	1.2	0.3
53. Ulcer of stomach and duodenum and jejunum	540–542	4,210	66,154	15.7	1.5	2.4
54. Gastritis, duodenitis, and other disorders and diseases of the stomach and duodenum	543–545	1,609	11,464	7.1	0.6	0.4
55. Appendicitis	550–553	3,978	31,554	7.9	1.4	1.2
56. Hernia of abdominal cavity	560, 561	5,672	53,214	9.4	2.1	1.9
57. Other intestinal obstruction	570	1,184	13,542	11.4	0.4	0.5
58. Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over	571	4,834	30,668	6.3	1.8	1.1
59. Chronic enteritis and ulcerative colitis	572	1,101	18,738	17.0	0.4	0.7
60. Cirrhosis and other diseases of liver	580–583	519	9,746	18.8	0.2	0.4
61. Diseases of gall-bladder and pancreas	584–587	4,703	65,815	14.0	1.7	2.4
62. Other diseases of digestive system	536–539, 573–578	3,088	29,147	9.4	1.1	1.1
X. Diseases of the genito-urinary system	590–637	24,316	227,285	9.3	8.8	8.3
63. Nephritis and nephrosis	590–594	590	10,594	18.0	0.2	0.4
64. Infections of kidney	600	2,432	24,174	9.9	0.9	0.9
65. Calculi of urinary system	602, 604	1,926	19,154	9.9	0.7	0.7
66. Other diseases of urinary system	601, 603, 605–609	4,064	37,923	9.3	1.5	1.4
67. Hyperplasia of prostate	610	2,566	54,318	21.2	0.9	2.0
68. Redundant prepuce and phimosis	615	680	2,242	3.3	0.2	0.1
69. Infective disease of ovary, uterus, vagina, Fallopian tube, and vulva	622–626, 630	2,332	16,702	7.2	0.8	0.6
70. Uterovaginal prolapse	631	1,855	25,284	13.6	0.7	0.9
71. Disorders of menstruation	634	3,566	12,154	3.4	1.3	0.4
72. Other diseases of genital organs	611–614, 616, 617, 620, 621, 632, 633, 635–637	4,305	24,740	5.7	1.6	0.9
XI. Deliveries and complications of pregnancy, childbirth, and the puerperium	640–689	52,000	320,789	6.2	18.7	11.8
73. Complications of pregnancy	640–649	7,927	34,521	4.3	2.8	1.3

HOSPITALIZATION BY DIAGNOSES ACCORDING TO THE CANADIAN LIST OF DISEASES AND CAUSES OF DEATH, 1961—*Continued*

List Number and Diagnosis	I.S.C. No.	Cases	Days of Care	Average Length of Stay	Per Cent Distribution	
					Cases	Days of Care
XI. Deliveries and complications of pregnancy, childbirth, and the puerperium—*Continued*						
74. Abortion	650–652	5,246	21,906	4.2	1.9	0.8
75. Delivery without mention of complications	660	34,856	226,418	6.5	12.5	8.3
76. Delivery with specified complication	670–678	3,514	35,548	10.1	1.3	1.3
77. Complications of the puerperium	680–689	457	2,396	5.2	0.2	0.1
XII. Diseases of the skin and cellular tissue	690–716	5,552	54,811	9.9	2.0	2.0
78. Infection of skin and subcutaneous tissue	690–698	3,024	24,201	8.0	1.1	0.9
79. Other diseases of skin and subcutaneous tissue	700–716	2,528	30,610	12.1	0.9	1.1
XIII. Diseases of the bones and organs of movement	720–749	9,014	127,200	14.1	3.2	4.7
80. Arthritis and rheumatism, except rheumatic fever	720–727	2,495	41,366	16.6	0.9	1.5
81. Displacement of intervertebral disk	735	2,545	39,227	15.4	0.9	1.5
82. Other diseases of musculoskeletal system	730–734, 736–738, 740–749	3,974	46,607	11.7	1.4	1.7
XIV. Congenital malformations	750–759	2,839	39,396	13.9	1.0	1.5
83. Congenital malformations	750–759	2,839	39,396	13.9	1.0	1.5
XV. Certain diseases of early infancy	760–776	662	7,951	12.0	0.2	0.3
84. Birth injuries, asphyxia, and infections of newborn and other diseases peculiar to early infancy	760–776	662	7,951	12.0	0.2	0.3
XVI. Symptoms, senility, and ill-defined conditions	780–795	3,492	19,520	5.6	1.3	0.7
85. Symptoms, senility, and ill-defined conditions	780–795	3,492	19,520	5.6	1.3	0.7
XVII. Accidents, poisonings, and violence (nature of injury)	N800–999	28,324	299,015	10.6	10.2	11.0
86. Fracture of skull and head injuries associated with hæmorrhage in or injury to the brain	N800–804, 852–856	3,639	24,831	6.8	1.3	0.9
87. Fracture of spine and trunk	N805–809	1,594	36,215	22.7	0.6	1.3
88. Fracture of upper limb	N810–819	3,444	18,993	5.5	1.2	0.7
89. Fracture of femur	N820, 821	1,405	66,461	47.3	0.5	2.4
90. Other fractures of lower extremities	N822–829	2,664	43,160	16.2	1.0	1.6
91. Dislocation without fracture, and sprains and strains of joints and adjacent muscles	N830–848	2,625	18,396	7.0	0.9	0.7
92. Internal injury of chest, abdomen, and pelvis	N860–869	397	4,784	12.0	0.1	0.2
93. Burns	N940–949	1,310	20,409	15.6	0.5	0.8
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	11,246	65,766	5.8	4.1	2.4
Totals, I to XVII		277,653	2,722,797	9.8	100.0	100.0
XVIII. Supplementary classifications for special admissions, including live births	Y00–88	597	2,299	3.8	-------	-------
95. Medical or special examination (without sickness)	Y00	25	78	3.1	-------	-------
96. Mature newborn	Y20, 22, 23, 26, 27	-------	-------	-------	-------	-------
97. Immature newborn	Y21, 24, 25, 28, 29	-------	-------	-------	-------	-------
98. Other special admissions, examinations, etc.	Y01–18, 40–88	572	2,221	3.9	-------	-------
Totals, I to XVIII		278,250	2,725,096	9.8	-------	-------

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31, 1962

Administration—			
Salaries		$423,383.22	
Temporary assistance		1,225.15	
		$424,608.37	
Office expense		36,270.02	
Travelling expense		29,339.47	
Office furniture and equipment		2,203.45	
Printing and publications		3,109.23	
Tabulating and rentals		2,691.00	
Motor-vehicles and accessories		2,241.09	
Incidentals and contingencies		209.79	
Technical surveys		5,906.51	
			$506,578.93
Payments to hospitals—			
Claims	$54,665,384.53		
Vancouver General Hospital *re* out-patients (*Hospital Insurance Act,* sec. 29)	328,483.39		
	$54,993,867.92		
Less collections, third-party liability	250,101.21		
		$54,743,766.71	
Less—			
Chargeable to Government of Canada	$25,697,550.94		
Miscellaneous receipts	3,959.99		
		25,701,510.93	
			29,042,255.78
Grants in aid of construction of hospitals			3,206,349.83
Total hospital insurance			$32,755,184.54

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