PROVINCE OF BRITISH COLUMBIA

HOSPITAL INSURANCE ACT

Seventeenth Annual Report

British Columbia Hospital Insurance Service

JANUARY 1 TO DECEMBER 31

1965

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1966

VICTORIA, B.C., January 27, 1966.

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 Seventeenth Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1965.

ERIC MARTIN,
Minister of Health Services and Hospital Insurance.

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., January 27, 1966.

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 1965.

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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D. S. THOMSON, B.A., *Director, Research Division.*

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Seventeenth Annual Report of the British Columbia Hospital Insurance Service

GENERAL INTRODUCTION

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

December 31, 1965, marked the completion of 17 years of operation of the British Columbia Hospital Insurance Service. During that period there has been continuous progress made in the development of hospitals and hospital services throughout the Province. This has been made possible through the combined efforts of government, hospitals, organizations, and individuals, whose efforts have ensured that good and efficient hospital services are made available to the residents of the Province. Such progress is evident in the fine new hospital buildings and additions constructed throughout British Columbia, in the establishment of regional laboratory services, in the numerous improvements made in hospital services, and in the extension of hospital insurance coverage. One of the highlights of the year was the announcement by the Provincial Government of the commencement December 1, 1965, of the Extended Hospital Care Programme, whereby benefits are provided to medically eligible patients in non-profit extended-care hospitals or units at a cost of $1 a day to the patient (for more details *see* page 13).

In 1965 payments made by the Hospital Insurance Service to the hospitals of the Province were at an all-time high. It is estimated that in the current fiscal year $73,500,000 will be paid to hospitals, an average of $200,000 each day as compared with daily payments of $50,000 in 1949, the first year of operation.

The vast programme of hospital construction that has been under way throughout the length and breadth of British Columbia for more than a decade continued without let-up. During the past year 11 major hospital building projects were completed in British Columbia, at a total estimated cost of $10,000,000. Provincial Government grants toward the construction costs were slightly less than $5,000,000. New hospitals were completed at Murrayville and Mission City; a major addition was built at Kamloops; renovations were made to the former North Vancouver General Hospital; a new physiotherapy department was added to the Gorge Road Hospital, Victoria, and a new emergency department to the Royal Columbian Hospital, New Westminster; Phase 2 of a major expansion programme was completed at St. Joseph's Hospital, Victoria, as were an addition and renovations at Ladysmith, unfinished space at Campbell River, and a small addition at Tofino. These completed building programmes resulted in 432 new beds.

In addition, at the year-end 10 major hospital projects were under construction throughout the Province, involving 457 beds and estimated costs of $11,300,000, and projects in the advanced stages of planning included another 1,800 beds and buildings costs of over $50,000,000. This record of achievement is a tribute to those private individuals throughout the Province who give so freely of their time to direct, as trustees, the hospital affairs of their community. The fact that so many communities have developed modern hospital facilities is indicative of the dedication of the trustees and the support they enjoy.

I should like to express to the British Columbia Hospitals' Association our appreciation of the Association's invitation to our Service to designate senior staff members as liaison representatives to various Association committees. It is helpful to this Service to have an opportunity to work with the Association and to participate in studies carried out by its committees, and I am sure that the availability of our staff assists the Association in its studies and deliberations. We look forward to an extension of the working relationship between the Association and our Service.

Throughout the year the medical profession continued to provide most helpful advice and guidance. I should like to thank the College of Physicians and Surgeons, the Canadian Medical Association (British Columbia Division), and the medical profession in general for the assistance so willingly rendered. Other professions also, including the Registered Nurses' Association (British Columbia Division) and the Architectural Institute of British Columbia, were generous in the assistance they made available to the Service. This expression of co-operation on the part of these professional bodies is very much appreciated by myself and other B.C.H.I.S. senior personnel.

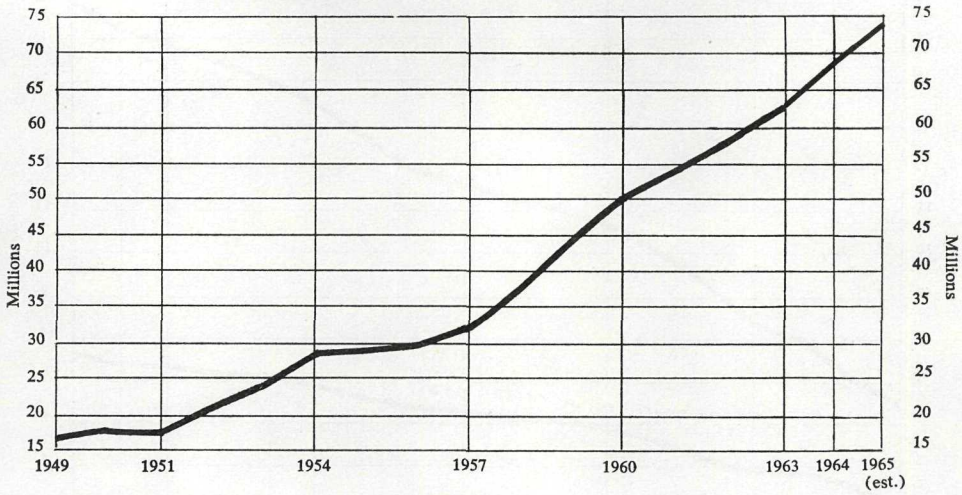
During the year it was necessary to strengthen the administrative structure of the Hospital Insurance Service in order to meet increasing responsibilities. Effective April 1, 1965, Mr. W. J. Lyle was appointed Assistant Deputy Minister of Hospital Insurance and Mr. J. W. Mainguy was appointed Director of Hospital Consultation, Development, and Research (*see* " Organization and Administration," page 17, for details).

Finally, I should like to express my sincere appreciation to the staff of the Hospital Insurance Service for the whole-hearted and conscientious manner in which they carried out their duties and responsibilities during this past year.

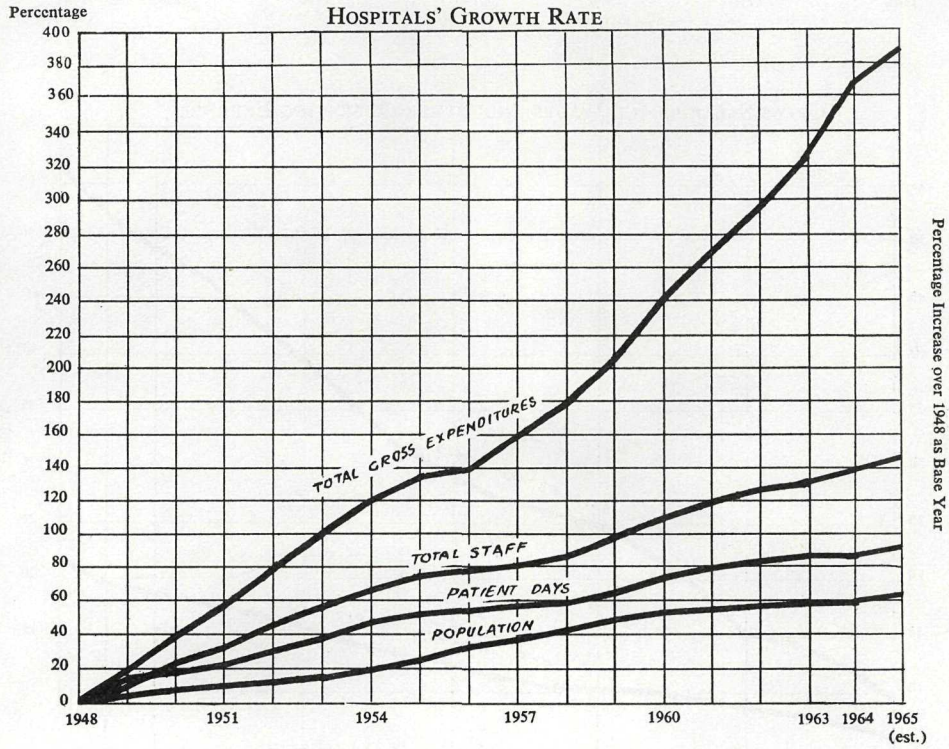
Reports prepared by the various divisions on work undertaken during 1965 appear under " Organization and Administration."

BRITISH COLUMBIA GENERAL HOSPITALS (COMPARISONS OF GROWTH)

B.C.H.I.S. Payments to Hospitals



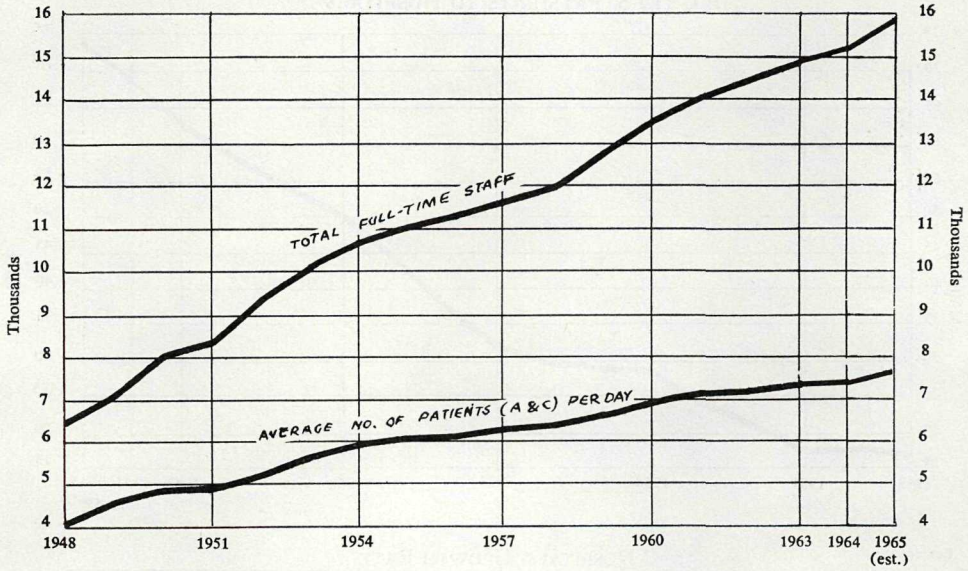
Hospitals' Growth Rate



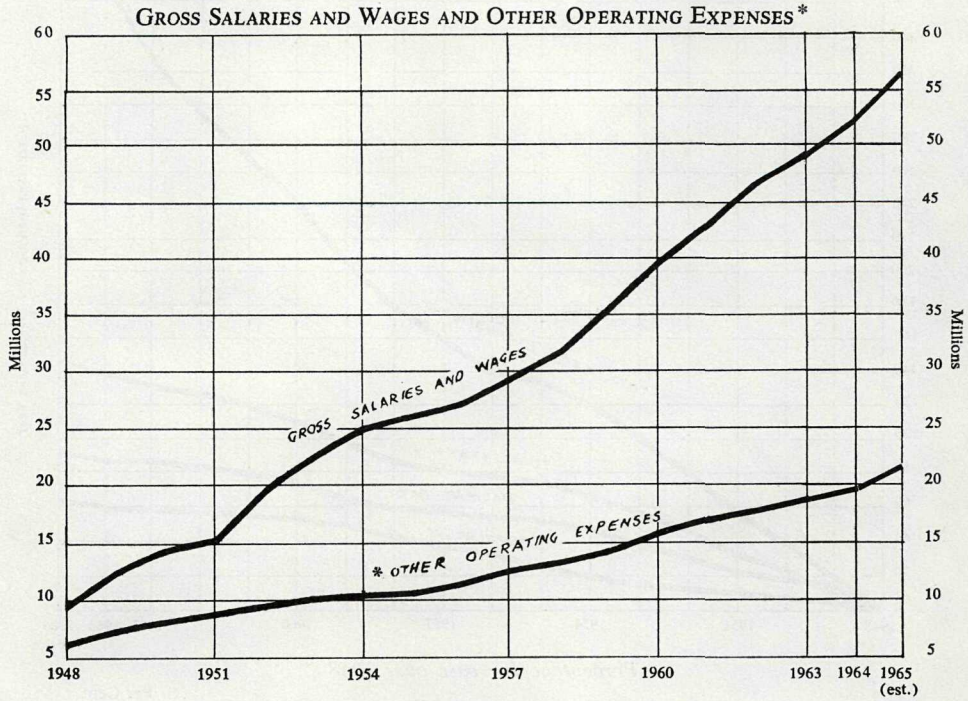
Percentage Increase over 1948

	Per Cent
Total gross expenditure (excluding depreciation)	388
Staff (full-time equivalent)	146
Patient-days (adults and children)	91
Population	64

TOTAL FULL-TIME STAFF AND AVERAGE NUMBER OF PATIENTS (ADULTS AND CHILDREN) PER DAY



GROSS SALARIES AND WAGES AND OTHER OPERATING EXPENSES*



* Including approximately $2,100,000 in staff fringe benefits.

EXTENDED HOSPITAL CARE PROGRAMME (COMMENCED DECEMBER 1, 1965)

Since 1960 British Columbia hospital insurance benefits have been provided to patients in activation/rehabilitation hospitals or units. To be eligible for treatment in this kind of hospital, the patient must be judged medically capable of improvement to a point where he can be discharged, either to his own home or to some lower level of care, within a reasonable period of time. This programme has been most successful in the treatment not only of younger persons who have become handicapped through accidental injury or illness, but also in restoring to maximum function older people who have suffered from strokes, fractures, and other geriatric afflictions.

In November, 1965, the Minister of Health Services and Hospital Insurance announced that hospital insurance benefits were to be extended to patients in a lower level of care with effect from December 1st. The programme will extend to all suitable hospitals operated by non-profit organizations, and the first group which came under coverage from December 1st consists of Mount St. Mary Hospital, Victoria (excluding top floor); Priory Hospital, Victoria; Mount St. Joseph's Hospital, Vancouver (top floor only); Pearson Hospital, Vancouver (excluding TB. patients); Menno Hospital, Abbotsford; Valleyhaven Hospital, Chilliwack; and Mount St. Francis Hospital, Nelson.

Some areas of the Shaughnessy Hospital, Vancouver, and of the Veterans' Hospital, Victoria, together with the Vancouver General Hospital Annex, are being considered for inclusion under coverage in the immediate future. There is a possibility that part of the Mary Moore Hospital, Cobble Hill, will also be covered for the time being. In addition to these existing hospitals, approvals-in-principle have been given for the construction of units of this kind in conjunction with acute facilities. These approvals have been given in Cranbrook, Port Alberni, Powell River, Nanaimo, Duncan, Trail, Campbell River, Pouce Coupe, Surrey, Langley, Penticton, Kelowna, Greater Vancouver, White Rock, Vernon, and Chilliwack.

Facilities participating in this programme will be known as extended-care hospitals or units, and to be medically eligible for coverage a patient must require, by reason of physical illness or disability, skilled nursing services available 24 hours a day and continuing medical supervision. An eligible patient will usually be unable to walk or use a wheelchair without assistance, and be completely or substantially unable to care for himself; that is, he will need the help of trained staff in washing and bathing, in using a toilet, bedpan, or urinal, and in getting into and out of bed. He may also be unable to feed himself or move independently in bed. A patient who can walk without assistance or who can get into and out of a wheelchair and operate it independently will not be eligible unless the treatment he needs necessitates the continuing availability of a graduate nurse. In other words, the functional ability of the patient is of paramount importance in determining medical eligibility, although diagnosis, medications, and treatment must, of course, be taken into account.

Eligibility will be reassessed while the patient is in hospital at intervals of three months, but coverage will be continuous for as long as the patient needs this kind of care. A patient who does not require admission to a mental health facility but is suffering from mental deterioration will be eligible under this programme, provided he also suffers from the physical disabilities described above. Persons who are physically able to take care of themselves but suffer from some mental degeneration will not necessarily be eligible.

From earlier surveys of patients in nursing-home type facilities it appears that a varying proportion of patients would be eligible for coverage in non-profit extended-care hospitals or units, but in total approximately 60 per cent are expected to meet the medical criteria.

Residential eligibility under the programme remains as it is for patients in acute hospitals, and a dollar-a-day charge will be payable by the patient or by an agency on his behalf.

It is hoped that arrangements will be made by the designated extended-care hospitals to engage the consultative services of a physiotherapist and (or) occupational therapist. Although qualified personnel are in short supply, it should be possible in most cases to make arrangements for a physiotherapist to visit the extended-care hospital at regular intervals to assess, in conjunction with the attending physician, each patient's capacity for some kind of maintenance activity programme, and also for the purpose of instructing the staff in the techniques necessary to maintain elderly patients at a reasonable level of function to slow up the process of deterioration. Each extended-care hospital will be designating a suitable member of the staff to be in charge of its activity programme and to arrange for in-service education in this field.

Liaison will be necessary between hospitals and the local office of the Department of Social Welfare, or city social service, and with the Medical Health Officer to obtain help in assessing the social circumstances of patients for whom admission is requested, and to obtain home nursing and other domestic services where there is likely to be a delay in admitting the patient.

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 rehabilitative and extended hospital 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 certain benefits 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. This category includes small general hospitals, most of which are operated in remote areas by industrial concerns primarily for their employees.

(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 and extended hospital 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 temporarily and returns after an absence of less than 12 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.

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 12 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 under the Statutes 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 the patient is required to pay extra for such accommodation if it is requested by or on behalf of the patient.)

Emergency Services and Minor Surgery

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

Emergency treatment within 24 hours of being accidentally injured.

Operating-room or emergency-room services for minor surgery, including application and removal of casts.

A beneficiary is required to pay $2 for each visit to the hospital for the services, etc., it has provided, and the remainder of the cost is paid by the British Columbia Hospital Insurance Service. However, if the patient received treatment from a physician while at the hospital, he is responsible for paying the doctor, as such charges are not payable by the British Columbia Hospital Insurance Service. Non-beneficiaries are required to pay the full charge for the hospital services and treatment received.

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 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.)

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 other branches being Health, and Mental Health Services. The administrative head of the Hospital Insurance Service is Mr. Donald M. Cox, F.A.C.H.A., Deputy Minister of Hospital Insurance.

In March of 1965 Mr. Cox announced the appointment of Mr. W. J. Lyle as Assistant Deputy Minister, with jurisdiction over the Hospital Finance Division and the Hospital Construction and Planning Division, and Mr. J. W. Mainguy as Director of Hospital Consultation, Development, and Research, with jurisdiction over the Hospital Consultation and Inspection Division and the Research Division. The appointments became effective April 1, 1965. Mr. Lyle has been Manager of the Hospital Finance Division since June, 1948, and Mr. Mainguy has been Manager of the Hospital Consultation and Inspection Division since July, 1949. In making the announcement in March, Mr. Cox said, " With the Provincial Government's planned extension of nursing-home coverage in facilities operated by public hospitals and other non-profit organizations, there will be a resulting increase in the adminis-

trative responsibilities of the Hospital Insurance Service. The appointment of these two senior officials to new positions is assurance to hospitals of the Province that B.C.H.I.S. will continue to provide every assistance in the maintenance of high-standard patient-care."

The following reports give a brief outline of the work carried out during 1965 by the various divisions and offices which comprise the administrative structure of this Branch.

Assistant Deputy Minister

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

Hospital Finance Division

(During the year Mr. W. J. Lyle was appointed as Assistant Deputy Minister but continued in the interim to serve as Manager of the Hospital Finance Division.)

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 1965, after a review of over 4,000 applications received from hospitals, it approved grants of approximately $1,200,000 on movable and fixed technical equipment, costing $3,500,000. The Assistant Deputy Minister, during 1965, attended a meeting in Ottawa of the Advisory Committee on Hospital Insurance and Diagnostic Services, which is the advisory body to the Minister of National Health and Welfare. He also acted on a sub-committee on finance and accounting, which is responsible for studying and making recommendations relative to the sharing of certain costs under the Federal-Provincial agreement.

As a means of assisting hospital employees to maintain high working standards, the Hospital Insurance Service provided $19,200 during the year to enable 235 hospital employees to attend, or participate in short-term training programmes. This is additional to the long-term educational and training courses sponsored for certain hospital employees through Federal assistance.

Close liaison was continued with 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 maximum retirement age.

The Assistant Deputy Minister 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 the purchase of related equipment by public hospitals. He also participated in the planning for the implementation of the Extended Hospital Care Programme.

Mr. N. S. Wallace, C.G.A., was appointed as supervisor of hospital accounting during the year to replace Mr. J. Butcher, who found it necessary to resign for health reasons.

Hospital Accounting

N. S. Wallace, C.G.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 1965 to 88 public general hospitals and five public rehabilitation hospitals, the individual visits extending from three days to four weeks. The gross expenditures of these public general and reha-

bilitation hospitals, as approved by the Hospital Rate Board, for the year 1965 amounted to $80,500,000.

Other functions performed by the Hospital Accounting staff include:—

(*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 1965, construction projects involving expenditures of $6,000,000 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.

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.

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.

During the year three vacancies on the establishment for hospital accounting inspectors were filled, making a total of 10 inspectors on staff at the year-end.

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, by the patient, or other agency. The year 1965 required increased production as approximately 1,450 claims and an average of over 550 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 in order to meet the increasing volume and complexity of handling claims (which included an increase in rehabilitation cases), a new accounting procedure for patients undergoing the continuing dialysis treatments for renal failure, and a procedure for the processing of extended hospital care accounts.

Discussions with the Bureau of Statistics were continued regarding efficient use of the I.B.M. electronic data-processing equipment.

A brief outline of the work and duties performed by the various units of Hospital Claims follows:—

The staff of Admission Control 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 the discrepancies are referred back to the hospital or the Eligibility Inspectors.

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 at Nelson, Terrace, Smithers, Vancouver, and Victoria.

The Accounts Payment staff 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, the Department of Veterans Affairs, or other Provinces and Territories. During the year over 500 queries per month on accounting matters were addressed to British Columbia hospitals.

Preliminary figures for 1965 show that over 362,000 accounts (excluding out-of-Province) were processed. For comparison the figures for 1964 were 343,878 processed.

The staff of Social Welfare Records continues to maintain the alphabetical file of all health services identification cards issued to welfare recipients in this Province. Over 21,300 hospital accounts incurred by welfare recipients were checked to this file to determine eligibility for hospital benefits.

The Voucher and Key-punch staff 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 used to tabulate remittance listings of payments due to hospitals and morbidity statistics for the Research Division.

The out-of-Province personnel handle 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 1965 a total of over 3,500 accounts, amounting to an estimated $600,000, 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; England; France; Holland; Italy; Ireland; Jamaica; Japan; Kenya;

Mexico; The Netherlands; Portugal; Switzerland; East and West Germany. Correspondence arising from all out-of-Province accounts totalled 14,449 letters and forms.

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

The Filing and Mail Unit sorted and filed over 4,400 documents and letters daily, an increase of 300 daily over last year.

No further microfilming was undertaken; the annual storage of documents was continued.

Hospital Construction and Planning Division

A. W. E. Pitkethley, Manager

The main functions of this Division can be briefly described as follows:—

(1) Providing hospital boards of management, their architects and planning committees, with a full consultative service in the planning of hospital construction projects, which include new hospital facilities, additions to and renovations of existing hospitals, as well as residence accommodation for hospital personnel.

Special emphasis is given to the need for the development of written programmes for proposed construction projects. Hospitals are assisted by this Division in the preparation of such programmes, which provide architects and their consulting engineers with basic planning criteria for the logical development of plans.

(2) Provincial grants-in-aid toward construction, renovations, and building improvements are processed and recommended for payment by this Division. The Division also initiates applications for Federal construction grants, and processes and submits claims for payment. Twenty-six applications for approval of Federal construction grants toward major construction and renovation projects were prepared and submitted during 1965.

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, attention is also given to the need and method of future expansion in conjunction with the logical and best use of the hospital-site. During the year approximately 160 sets of plans were received by the Division. These drawings covered many phases of planning, including small-scale schematic drawings, preliminary sketch drawings, large-scale detail drawings, and final working drawings.

Liaison was maintained with the mechanical engineering profession, in recognition of the need to design high-quality mechanical systems that would make a maximum contribution toward an efficient and economical hospital operation. Some of the elements included in designs for mechanical systems for new hospital buildings that reflect this approach include heat-recovery systems, air recirculation, and zoned heating and ventilating controls. Continuing benefit was derived through the co-operation of the Public Works Department by assigning two architects to this Division. With this architectural assistance available, it has been possible in certain selected cases to prepare detailed sketch plans in support of layouts representing the Division's recommended approach to planning problems. It has been

found advantageous to follow this procedure on some small projects where it is easier to develop detailed sketches than to embark on lengthy time-consuming review procedures. Under such circumstances the usual portion of architectural fees relating to sketch drawings would not be charged by the hospital's architect, whose responsibilities would include the preparation of working drawings and supervision during construction. The architects on the Division's staff were also able to make some trips during the year to hospitals, to achieve on-site evaluation of problems relating to planning projects.

Liaison was also maintained with the Hospitals Committee of the Architectural Institute of British Columbia. The function of this Committee was to review and endeavour to resolve problems arising out of hospital construction projects which affect members of the Architectural Institute. Both members of the architectural profession working for the Division are members of the Hospital Committee and attend meetings on a regular basis.

The provision of a complete consultative planning service to hospital boards and their planning committees is made possible through the co-operation of Health Branch personnel, members of the medical and nursing professions, and the various divisions of the British Columbia Hospital Insurance Service. The Provincial Health Branch renders assistance through the Division of Public Health Engineering, the Technical Supervisor of Clinical Laboratory Services, the Technical Supervisor of Radiology, and the Provincial public health officers. The Construction and Planning Division also maintains liaison with the Canadian Medical Association (British Columbia Division) and with the Faculty of Medicine of the University of British Columbia. Proposed layouts for physical medicine departments were reviewed by the Director, School of Rehabilitation Medicine, Faculty of Medicine, University of British Columbia. Through the co-operation of the Provincial Department of Labour, arrangements were concluded whereby the Office of the Inspector of Factories provides a consultative service to the British Columbia Hospital Insurance Service on proposals for elevators and dumb-waiter installations in hospitals.

During 1965 the Manager of the Division made a number of inspectional visits to hospitals throughout the Province.

On April 23, 1965, the Manager addressed an administrators' forum held in the auditorium of St. Paul's Hospital, Vancouver. The topic under discussion was " Regional Planning."

The Manager of the Division acted as one of the liaison representatives for the British Columbia Hospital Insurance Service on the Instructional Resources Committee of the University of British Columbia Health Sciences Centre. The function of this Committee is to study advanced designs of large and small group teaching areas, with particular emphasis on the adaption of new communication media such as closed-circuit television and computer-based learning resources.

The Manager also acted as one of the B.C.H.I.S. liaison representatives to the Vancouver General Hospital Survey Co-ordinating Committee. The object of the survey is the preparation of a master plan for the present and future role of the Vancouver General Hospital in the community, and recommendations for the implementation of this role in order to provide maximum benefit to the community within the defined bed limits of the hospital.

The Architectural Institute of British Columbia, through the Hospitals Committee, held a seminar on November 4, 1965, to discuss the topic " Continuing Care." The Manager of the Hospital Construction and Planning Division spoke on " Design Principles for Continuing Care Facilities."

(*a*) *Hospital Projects Completed during 1965*

St. Joseph's Hospital, Victoria.—Phase 2 of the expansion programme for this hospital was substantially completed by September, 1965. Phase 2 included construction of an addition for a new linen service department and morgue, dietary department renovation, a new electrical distribution system, renovations and improvements to the administration areas and the emergency department, applying brick facing to the exterior wall surfaces of the hospital buildings, plus additions to the sisters' quarters.

Royal Inland Hospital, Kamloops.—Governor-General Georges Vanier officially opened the new wing at a ceremony held on June 12, 1965. The new eight-story wing provides facilities for 186 active treatment beds. A new laundry is located in the basement of the addition, a dietary department plus dining areas is included on the first floor, service departments including the laboratory, X-ray, and emergency are located on the second floor, the fourth floor is devoted to operating-room facilities, while the remaining floors provide bed accommodation. The new wing is scheduled to come into use gradually, and by the end of 1965 was in partial use.

Menno Private Hospital, Abbotsford.—On June 25, 1965, the Honourable W. K. Kiernan, Minister of Recreation and Conservation, officially opened the new addition to the hospital. The addition adds 39 beds to the hospital's capacity, and the project included relocation of the kitchen.

Mission Memorial Hospital, Mission City.—The Minister of Health Services and Hospital Insurance officiated at the opening of the new hospital on October 24, 1965. The new building is of reinforced-concrete construction, providing an initial capacity of 54 active treatment beds. A partial third floor has been left unfinished so that an additional 24 beds can be made available when required in the future.

Royal Columbian Hospital, New Westminster.—A new addition to house the emergency department was opened officially by the Honourable Eric Martin during a brief ceremony September 28, 1965. The two-story addition provides accommodation for 24 emergency, recovery, and treatment beds, and also contains emergency operating facilities, a new admitting department and ambulance entrance.

Lions Gate Hospital, North Vancouver.—The Minister of Health Services and Hospital Insurance participated in the official opening ceremonies on January 23, 1965, of the conversion of the former North Vancouver General Hospital to rehabilitative and psychiatric care. The first three floors of the four-story building now provide accommodation for a 24-bed activation unit and a 19-bed psychiatric unit.

Tofino General Hospital, Tofino.—In March, 1965, a 4-bed addition to the hospital was completed. The addition contains space for 2 additional beds when required in future.

Langley Memorial Hospital, Murrayville.—On February 21, 1965, the Minister of Health Services and Hospital Insurance officially opened the new 81-bed hospital at Murrayville. The hospital is a four-story building of reinforced concrete, built in the form of a " T." In addition to the 81 beds, the new hospital has a semi-finished area for 24 beds, as well as a top floor in " shell " construction that will be able to accommodate 37 beds when required, giving a total potential capacity of 142 beds.

Ladysmith and District General Hospital.—The work on the new addition to the hospital which provided space for 13 beds plus an unfinished area was substantially completed and occupied by the year-end.

Gorge Road Hospital, Victoria.—Lieutenant-Governor G. R. Pearkes officially opened the new physical medicine addition on October 27, 1965. Named the F. E.

Winslow Memorial Wing, it is a one-story building of frame and concrete-block construction with wood laminated beams. Its numerous treatment facilities include an occupational-therapy room, a prosthetics room, a gymnasium, passive- and active-treatment rooms, and a hydrotherapy pool.

Campbell River and District General Hospital, Campbell River.—Completion of unfinished areas plus renovations to provide 12 beds. This project was completed during the latter part of 1965 and includes the completion of areas for beds as well as the installation of a pædiatric nursing station, provision of additional storage space, completion of a treatment-room, and improvements to up-patients' rooms.

St. John Hospital, Vanderhoof.—Renovations carried out at this hospital were substantially completed in June, 1965. The renovations were made on the first floor of the hospital building in order to increase the bed accommodation. The revised bed capacity is 44, or a net gain of 14 beds.

Trail-Tadanac Hospital, Trail.—Renovations were completed on the fourth floor of the hospital to produce 10 beds.

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

Richmond General Hospital, Richmond. — Construction of a new hospital facility to provide 132 finished beds, plus 22 beds in unfinished areas.

Cowichan District Hospital, Duncan.—Construction of new hospital building to replace the existing facility. The new building will provide initially 127 beds and will contain semi-finished areas for 19 further beds, plus a fourth floor in " shell " construction.

St. Joseph's General Hospital, Comox.—Construction of a new hospital. The new building will replace the old existing structure, with the exception of the 1938 wing. The new unit will have 74 beds completed, plus a top floor which will provide approximately 54 beds in future.

100 Mile District General Hospital, 100 Mile House.—Construction of a new hospital facility of 31 beds, plus 8-bed nurses' residence.

Mater Misericordiae Hospital, Rossland.—Construction of an addition for administration, plus renovations to provide improved emergency services, etc.

Boundary Hospital, Grand Forks.—Construction of 8-bed nurses' residence.

Cariboo Memorial Hospital, Williams Lake.—Construction of 18-bed nurses' residence.

Prince George Regional Hospital, Prince George.—Construction of fifth-floor addition and fourth-floor extension to provide 78 beds.

Royal Jubilee Hospital, Victoria.—Completion of 31 beds, plus renovation of nursing units. A project is also under way at this hospital to expand the boiler plant.

Tofino General Hospital, Tofino.—Renovations to nurses' residence.

Royal Columbian Hospital, New Westminster.—Alterations to provide laboratory department.

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

Vernon Jubilee Hospital, Vernon.—Additions and renovations.

Summerland General Hospital, West Summerland.—New hospital.

Cranbrook and District Hospital, Cranbrook.—New hospital.

Castlegar and District Hospital, Castlegar.—Additions and renovations.

Royal Inland Hospital, Kamloops.—Renovations.

St. Mary's Hospital, New Westminster.—Additions and renovations.

Peace Arch District Hospital, White Rock.—Addition to hospital.

Maple Ridge Hospital, Haney.—Additions and renovations.

Health Sciences Centre, University of British Columbia.—New hospital facility.

(*d*) *Additional Projects Developed through Various Planning Stages in 1965*

Prince Rupert General Hospital.—New hospital.

Kelowna General Hospital.—Additions and renovations.

Creston Valley Hospital.—Addition and renovations.

Vancouver General Hospital.—Replacements and additions.

Bulkley Valley District Hospital, Smithers.—Addition.

Trail-Tadanac Hospital.—Addition and renovations.

Holy Family Hospital, Vancouver.—Addition and renovations.

Ocean Falls General Hospital.—Replacement.

Pouce Coupe Community Hospital.—Addition for extended-care facilities.

Queen Victoria Hospital, Revelstoke.—Replacement.

G. F. Strong Rehabilitation Centre, Vancouver.—Addition and renovations.

Children's Hospital, Vancouver.—New facility.

Surrey Memorial Hospital.—Addition and renovations.

Royal Columbian Hospital, New Westminster.—Expansion programme.

West Coast General Hospital, Port Alberni.—Completion of space plus renovations and additions.

Squamish General Hospital.—Renovations and improvements.

Mills Memorial Hospital, Terrace.—Expansion.

Royal Jubilee Hospital, Victoria.—Expansion for laboratory and expansion of nurses' training-school.

Powell River General Hospital.—Expansion for extended-care facilities.

Nanaimo Regional General Hospital.—Expansion.

King's Daughters' Hospital, Duncan.—Extended-care unit.

Campbell River and District General Hospital.—Extended-care unit.

Penticton Hospital, Penticton.—Expansion and renovations.

Matsqui-Sumas-Abbotsford General Hospital, Abbotsford.—Expansion programme.

Lady Minto Hospital, Ashcroft.—New hospital.

Burnaby General Hospital, Burnaby.—Expansion programme.

Chilliwack General Hospital, Chilliwack.—Expansion for extended-care and activation beds.

Victorian Hospital, Kaslo.—Construction of 10-bed hospital.

Lions Gate Hospital, North Vancouver.—Completion of unfinished space.

Vancouver Jewish Home for the Aged.—Extended-care unit.

St. Vincent's Hospital, Vancouver.—Expansion programme.

St. Paul's Hospital, Vancouver.—Renovations programme.

St. Joseph's General Hospital, Comox.—Renovations of 1938 wing.

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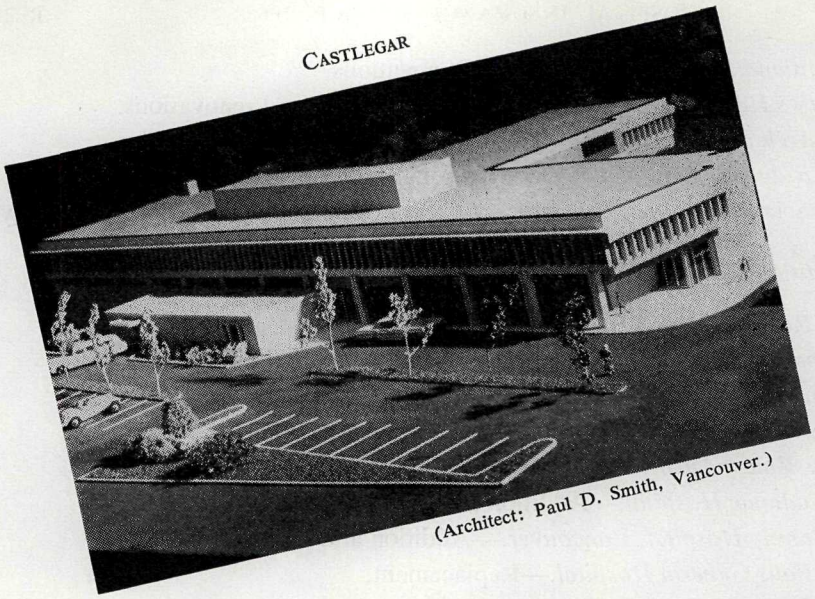

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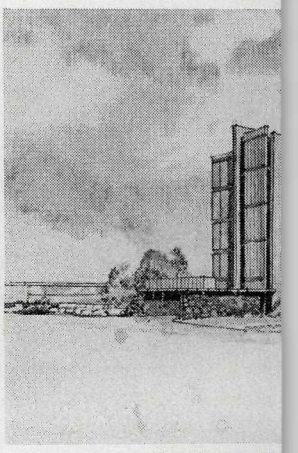

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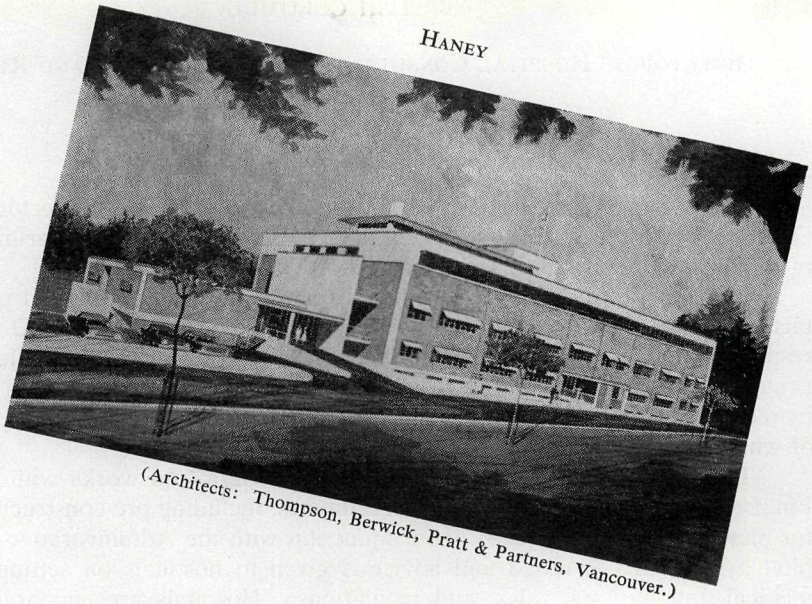

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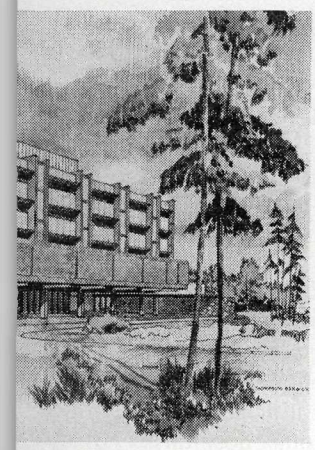

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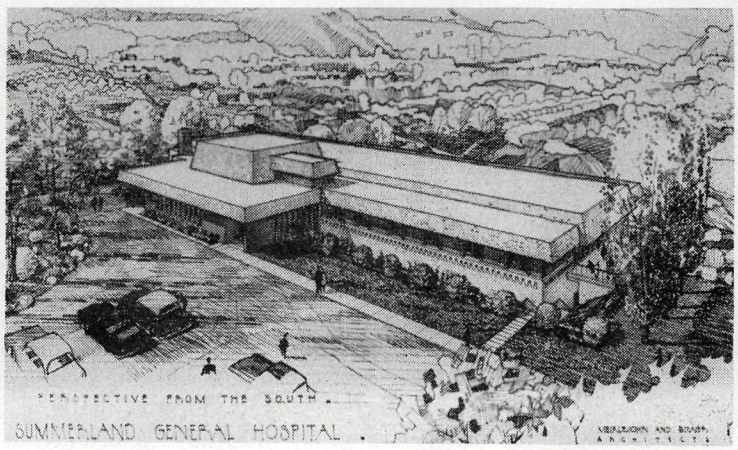


(Architects: Meiklejohn & Gower, Penticton.)

Director of Hospital Consultation, Development, and Research

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

Hospital Consultation and Inspection Division

(During the year Mr. J. W. Mainguy was appointed as Director of Hospital Consultation, Development, and Research, but continued in the interim as Manager of the Hospital Consultation and Inspection Division.)

This Division provides a consultative service to both public and private hospitals in all aspects of an administrative and operational nature. The Division is also responsible for the licensing and inspection of private hospitals, including 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, most of which are privately owned and operated for profit.

The Division is represented on the Rate Board and works with the Hospital Finance Division in analysing hospital estimates, including pre-construction estimates for planned building projects. In conjunction with the Administrative Officer, hospital by-laws are reviewed and advice is given to hospitals on setting up suitable medical-staff by-laws, rules, and regulations. Hospitals are encouraged to work toward accreditation by the Canadian Council on Hospital Accreditation, which gives recognition to those hospitals which meet prescribed standards of care and management.

Working with the Provincial Fire Marshal and other safety officers, the staff of the Division checked hospital standards of safety and fire-prevention measures.

A Division member served 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 selection of equipment, and the training of laboratory technologists. On the advice of the Advisory Council, seven regional pathology services in seven areas of the Province have been approved, and all are in operation. At the year-end the Council had completed the review of the proposed establishment of an eighth regional service.

The Division frequently works in conjunction with the Health Branch, particularly with the Medical Health Officers, the Technical Supervisor of Clinical Laboratory Services, and the Technical Supervisor of Radiology, who also visit hospitals to provide assistance. The Health Branch Nutrition Consultant also assisted the Division in giving advice on dietary problems to both public and private hospitals.

In co-operation with the Director of Emergency Health Services, and Provincial Civil Defence authorities, another in a series of hospital disaster institutes was held during the year. A staff member served on the Provincial Hospital Disaster Plan Review Committee, along with representatives from the Health Branch and Provincial Civil Defence.

Division members also represented the Service on the Welfare Institutions Board and provided liaison with committees of the Registered Nurses' Association and the British Columbia Hospitals' Association. The Division has actively co-operated with the Hospitals Committee of the Canadian Medical Association (British Columbia Division). One of the Consultant-Inspectors is vice-chairman of the British Columbia Council of Licensed Practical Nurses, the body responsible for the licensing of practical nurses in accordance with the *Practical Nurses Act,* which was implemented during the year. At the request of the hospital board, a member of the Division provided part-time administrative assistance to a regional hospital over a period of several months while it was without the services of an administrator.

The Division was also represented on the faculty of the administrators' forum held in Vancouver in April, at an architectural institute in November, and assisted in a study of the advantages of establishing a regional laundry service in the Lower Mainland.

Members of the Division devoted considerable time to the preparatory work connected with the introduction of the Extended Hospital Care Programme (*see* page 13 for details), and have been in contact with the hospitals involved to assist them with the changes brought about by the new plan.

During the year, 145 visits of a consultative and inspection nature were made to private hospitals providing nursing-home care. This figure does not include visits related to the construction of new private hospitals. In 1964, licences were issued to the following newly constructed private hospitals: Carlsbad Private Hospital, Vancouver, 47 beds; Parkridge Private Hospital, Hammond, 54 beds; Oakherst Private Hospital, Vancouver, 75 beds; Aberdeen Private Hospital, Vancouver, 75 beds; Carlton Private Hospital, Burnaby, 75 beds; Mount Paul Private Hospital, North Kamloops, 75 beds. At the end of November there were 78 licensed private hospitals (nursing homes) providing a total of 3,695 beds. With the start of the Extended Hospital Care Programme, several non-profit facilities, previously licensed under Part II of the *Hospital Act,* were designated under Part III as of December 1st.

Five private acute hospitals were under licence, with a total of 91 beds. Four of these hospitals are operated by industrial concerns.

Under the *Hospital Act,* no person may act as superintendent of a private hospital without the approval of the Chief Inspector of Hospitals. The Registered Nurses' Association has continued to assist the Division in screening the credentials of prospective superintendents.

An associated responsibility of the Division is to arrange for the placement, by the Social Welfare Department, of welfare patients who no longer need to remain in acute general hospitals but must be admitted to nursing homes because their needs are beyond what could be provided in their own homes. This service is provided only on the request of an acute hospital, and 107 cases were dealt with under this arrangement during the year.

Research Division

D. S. Thomson, B.A., Director

The primary functions of the Research Division are:—

(1) To undertake studies of hospitalization and economic growth in different parts of the Province and from these studies forecast the bed requirements in the areas concerned.
(2) To compile and maintain statistics of hospitalization data.
(3) To analyse the patterns and trends of morbidity in the Province as a whole and to make comparisons with other Provinces.

During the year, bed requirement studies were carried out in various parts of the Province. In addition, statistical information and forecasts of hospital bed needs were prepared for other areas, although full surveys were not undertaken.

The Division prepared a number of publications in 1965, including the annual bulletins " Statistics of Hospital Cases Discharged " and " Statistics of Hospitalized Accident Cases." The fourth edition of "An Alphabetical Listing of Place Names in British Columbia " was also prepared and issued.

A statistical report of patient movements in the Metropolitan Vancouver area was prepared and circulated among the hospitals concerned.

A series of relevant statistics of individual hospitals was circulated to all acute-care hospitals. The issue of these " hospital indicators " is designed to give each institution the benefit of comparative statistics which would not otherwise be available to them.

As in previous years, card-punching was done by the Hospital Claims Section of the Hospital Finance Division of this Service, and the mechanical tabulation of data used by this Division was done by the Data Processing Division of the Department of Industrial Development, Trade, and Commerce.

Mr. W. D. Burrowes, B.A., transferred from his position as Director of the Division, December 31, 1964, to accept an appointment as Assistant Director of the Vital Statistics Division of the Health Branch. He was replaced by Mr. D. S. Thomson, B.A., who assumed the position April 1, 1965. Mr. E. Weekley, B.Sc., Research Officer, resigned in November, 1965, to proceed on an extended trip, and it is expected that a replacement will be appointed early in the new year.

Medical Consultation Division

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

The work of assessing hospital Admission/Separation forms for medical eligibility for Hospital Insurance Service coverage, and of coding discharge diagnoses, is a continuing and rewarding procedure of this Division. A high degree of accuracy is required and the constant pressure on the medical coders is noticeable, especially when absence due to illness occurs.

The adoption of the International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases and Operations, continues to be of great value, and it is anticipated that more detailed statistical studies will result from the data being tabulated and compiled.

In September, 1965, a visit to two hospitals in the Interior was made by a medical team from the British Columbia Medical Association, along with the Medical Consultant and a Hospital Inspector from the British Columbia Hospital Insurance Service. The purpose of the visit was to review the record of hospitalization and length of stay sufficiently to determine whether the existing beds are being used to best advantage; to look into the referral of patients to hospitals elsewhere and referral of patients into the area for hospitalization; and to assess whether the increasing demand for hospital facilities is caused entirely by medical needs.

Commencing in July, 1961, and continuing to date, there have been seven similar medical-team visits to various hospitals in the Province. These team visits have proven of great value to British Columbia Hospital Insurance Service, the medical profession, and the hospital concerned. It has been suggested that hospital appraisal by a team from the Canadian Medical Association and the Hospital Insurance Service be carried out each year on a planned basis.

The Chief Supervisor of Medical Coders of this Division has, during this past year, successfully completed a course in a school for medical record librarians. With this additional valuable training, she will be able to provide a consultative service to hospitals in the Province. In addition to providing assistance through correspondence with the hospitals, an actual visiting plan will be adopted at the beginning of each year. This is necessary to maintain liaison between the Medical Consultation Division and the record departments in the various hospitals within the Province.

Administrative Officer

K. G. Wiper

The Administrative Officer is responsible for the drafting of legislation, regulations, and Orders in Council for the British Columbia Hospital Insurance Service. In the performance of these duties a close working relationship exists between this office and the Attorney-General's Department.

Hospital societies may apply to the Administrative Officer for assistance in connection with the drafting of hospital constitutions and by-laws, and their interpretation and 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, the Chief Electoral Officer of the Provincial Secretary's Department, and the Department of Municipal Affairs, the Administrative Officer 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 1965 there were 36 hospital improvement districts in operation.

As in previous years, considerable time was spent in 1965 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 and other Provinces at meetings held in Ottawa and Victoria.

The Administrative Officer was appointed as Personnel Officer for the British Columbia Hospital Insurance Service early in 1965. He 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 received 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 reviews 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. Numerous inquiries from the general public with regard to eligibility matters were dealt with by personal interview, telephone, and correspondence.

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.

Public Information

R. H. Thompson

In the continuing development of public information activities, there are three main areas of responsibility. These concern themselves with the hospitals of the Province, the general public, and in-service duties. The following is a summary of the work undertaken by this office during 1965.

At the request of the British Columbia Hospitals' Association, a poster was developed for use in the admitting office and reception areas of hospitals. It outlined B.C.H.I.S. benefits and clarified the additional charges for private and semi-private accommodation. The poster was printed in colour, and copies were forwarded to all general hospitals.

The pamphlet "A Public Relations Guide for Hospitals," originally prepared by this office in 1959, was reprinted during the year, and at the year-end two other pamphlets were being revised. These were the " General Information " pamphlet, intended primarily for new residents of the Province, and "At Your Service," which is supplied to hospitals for distribution to their patients and visitors.

More than 150 individual screenings were made by hospitals of films on loan from the Service's 16-mm. library. Two films dealing with work simplification were purchased during the year. A third film in this management series and a film on the subject of the nurse-patient relationship in psychiatric care were on order in December. This will make a total of fourteen 16-mm. sound films available to hospitals for in-service training.

An educational display was prepared for use during the British Columbia Hospitals' Association annual conference, held in September in Vancouver. Assistance was also provided in renovating the Departmental display in the British Columbia Building on the grounds of the Pacific National Exhibition.

Following the announcement in the Legislature in February by the Minister of Health Services and Hospital Insurance of the Government's proposed coverage for nursing-home type care, an explanatory advertisement was placed in the majority of the Province's newspapers in order that all communities would be advised and could give consideration to the development of the necessary facilities. When the Extended Hospital Care Programme commenced on December 1st, a copy of the Minister's statement outlining the new programme was sent to all hospital administrators, board chairmen, and trustees; to all medical doctors in the Province; and to the news media.

Regular editions of the B.C.H.I.S. Bulletin were published during the year, with copies sent to all general hospitals and nursing homes. The Bulletin is an administrative aid used to clarify policy and procedural changes for hospital personnel. It also features items of general interest dealing with such subjects as safety, laundry management, accreditation, and so on. Several press releases on hospital construction and the awarding of Government grants were prepared, and articles written for national journals and the British Columbia Government News. Other duties included the summarizing of reports, maintaining the newspaper and photographic files, correspondence, and the preparation and editing of the Seventeenth Annual Report.

General Office

C. R. Leighton

The main area of responsibility of the General Office is internal accounting and supervision of expenditure. This includes administrative accounting, maintaining payroll and personnel records, and assuming responsibility for all supplies, furniture, and equipment. One of the major functions is the preparation of Departmental estimates, which is done each year in conjunction with the Division managers.

Another function of this office is to keep abreast of modern developments in office methods and machinery with a view to possible automation where economically feasible. In this connection the Supervisor attended several demonstrations of office equipment and machinery.

Owing to the increasing work volume in the Hospital Construction and Planning Division, the General Office is now providing assistance in processing applications and grants in connection with alterations and renovations to hospitals. This assistance has succeeded in increasing the speed of dealing with the applications and related grants.

The Supervisor, in his capacity of Safety Officer, attended the British Columbia Safety Council convention in Vancouver last March. Much of value was learned at this convention, particularly in the field of safety as related to the care of the elderly. The Branch once again earned a British Columbia Safety Council award for a further 11 months of accident-free operation. A bronze certificate was awarded by the Premier to the Department at a ceremony which took place in the Parliament Buildings on December 11th.

APPROVED HOSPITALS

Public Hospitals

Armstrong and Spallumcheen Hospital, Armstrong.
Arrow Lakes Hospital, Nakusp.
Bella Coola General Hospital, Bella Coola.
Boundary Hospital, Grand Forks.
British Columbia Cancer Institute, Vancouver.
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.
G. R. Baker Memorial Hospital, Quesnel.

Golden and District General Hospital, Golden.
Grace Hospital, Vancouver.
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 Regional General Hospital, Nanaimo.
Nicola Valley General Hospital, Merritt.
Ocean Falls General Hospital, Ocean Falls.
Peace Arch District Hospital, White Rock.
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.
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, New Westminster.
St. Mary's Hospital, Sechelt.
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.
Stewart General Hospital, Stewart.
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.
Windermere District Hospital, Invermere.
Wrinch Memorial Hospital, Hazelton.

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.
Red Cross Outpost Nursing Station, Wadhams.

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.

Licensed Private Hospitals

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.

Rehabilitation, Chronic, and Convalescent Hospitals

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.
Sunny Hill Hospital for Children, Vancouver.

Extended-care Hospitals

Mount St. Mary Hospital, Victoria (excluding top floor).
Mount St. Francis Hospital, Nelson.
Mount St. Joseph's Hospital, Vancouver (top floor).
Menno Hospital, Abbotsford.
Priory Hospital, Colwood (24-bed unit).
Pearson Hospital, Vancouver (excluding facilities for tuberculosis patients).
Valleyhaven Hospital, Chilliwack.

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 1965 there were 88 public general hospitals approved to accept B.C.H.I.S. patients. In addition, care was provided in nine outpost hospitals, six Federal hospitals, five contract hospitals, five public rehabilitation hospitals, and one rehabilitation hospital operated by the Provincial Government. In addition, rehabilitation care was also provided in a considerable number of public general hospitals and in two Federal hospitals. Hospital insurance coverage for patients in non-profit extended-care hospitals and units commenced December 1, 1965. Six hospitals and one hospital operated by the Provincial Government were designated for this type of care. Data for the year 1965 have been estimated from reports submitted by hospitals to October 31st, and are subject to minor revision when actual figures for the year are submitted.

Table 1A shows that a total of 286,360 B.C.H.I.S. adult and children patients were separated (discharged) from British Columbia hospitals in 1965, an increase of 8,337 or 3.0 per cent over 1964. This table also shows that 95.1 per cent of the total patients separated from British Columbia public hospitals were covered by hospital insurance, compared to 95.4 in 1963 and 95.2 in 1964. Table 1B indicates in 1965 that the British Columbia Hospital Insurance Service paid public hospitals in British Columbia 2,741,576 days of care for adults and children, an increase of 71,400 days or 2.6 per cent over 1964.

As shown in Table 2A, the average length of stay of British Columbia adult and children patients in public hospitals during 1965 was 9.57 days, and the days of care per 1,000 population was 1,800. The continuing high incidence of patient-days per 1,000 population is a reflection of the number of hospital beds available, resulting from an increasing number of hospital beds being constructed.

Statistical data for extended-care coverage is not available for 1965.

TABLE 1A. — PATIENTS SEPARATED (DISCHARGED OR DIED) AND PROPORTION COVERED BY BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, BRITISH COLUMBIA PUBLIC HOSPITALS ONLY, 1949–65 (EXCLUDING FEDERAL, PRIVATE, AND OUT-OF-PROVINCE HOSPITALIZATION) (INCLUDING REHABILITATION HOSPITALS).

	Total Hospitalized in Public Hospitals			Covered by B.C.H.I.S.		
	Adults and Children	New-born	Total	Adults and Children	New-born	Total
Patients separated—						
1949	164,964	26,272	191,236	140,168	24,640	164,808
1950	172,645	26,205	198,850	144,959	23,943	168,902
1951	181,160	27,096	208,256	150,116	24,172	174,288
1952	188,355	28,675	217,030	154,336	25,023	179,359
1953	200,893	30,712	231,605	169,167	27,830	196,997
1954	206,992	31,984	238,976	189,713	29,483	219,196
1955	216,743	33,190	249,933	199,774	31,515	231,289
1956	227,359	35,118	262,477	208,293	33,174	241,467
1957	228,917	37,376	266,293	209,485	34,963	244,448
1958	236,859	38,374	275,233	222,046	37,045	259,091
1959	245,766	39,039	284,805	234,783	38,480	273,263
1960	261,128	39,599	300,727	249,654	38,980	288,634
1961	271,609	38,226	309,835	259,953	37,558	297,511
1962	277,073	37,697	314,770	264,655	36,505	301,160
1963	285,998	37,231	323,229	272,597	35,878	308,475
1964[1]	292,119	35,688	327,807	278,023	34,196	312,219
1965[2]	301,035	34,079	335,114	286,360	32,392	318,752
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	96.0
1961	———	———	———	95.7	98.3	96.0
1962	———	———	———	95.5	96.8	95.7
1963	———	———	———	95.3	96.4	95.4
1964[1]	———	———	———	95.2	95.8	95.2
1965[2]	———	———	———	95.1	95.0	95.1

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to October 31, 1965.

TABLE 1B.—TOTAL PATIENT-DAYS AND PROPORTION COVERED BY BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, BRITISH COLUMBIA PUBLIC HOSPITALS ONLY, 1949–65 (EXCLUDING FEDERAL, PRIVATE, AND OUT-OF-PROVINCE HOSPITALIZATION) (INCLUDING REHABILITATION HOSPITALS).

	Total Hospitalized in Public Hospitals			Covered by B.C.H.I.S.		
	Adults and Children	New-born	Total	Adults and Children	New-born	Total
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	2,581,042	249,273	2,830,315	2,451,839	241,157	2,692,996
1961	2,675,402	240,207	2,915,609	2,546,344	231,043	2,777,387
1962	2,708,337	274,032	2,982,369	2,573,634	263,475	2,837,109
1963	2,778,668	270,298	3,048,966	2,631,671	257,736	2,889,407
1964[1]	2,820,122	260,979	3,081,101	2,670,176	246,813	2,916,989
1965[2]	2,896,370	246,819	3,143,189	2,741,576	231,002	2,972,578
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	———	———	———	95.0	96.7	95.1
1961	———	———	———	95.2	96.1	95.3
1962	———	———	———	95.0	96.1	95.1
1963	———	———	———	94.7	95.4	94.8
1964[1]	———	———	———	94.7	94.6	94.7
1965[2]	———	———	———	94.6	93.6	94.6

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to October 31, 1965.

TABLE 2A.—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, 1949–65 (INCLUDING REHABILITATION HOSPITALS).

	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	264,120	39,488	249,654	38,980	11,557	241	2,909	267
1961	273,293	37,968	259,953	37,558	10,361	151	2,979	259
1962	278,021	36,942	264,655	36,505	10,226	157	3,140	280
1963	286,753	36,326	272,597	35,878	10,895	169	3,261	279
1964[1]	293,144	34,652	278,023	34,196	11,605	149	3,516	307
1965[2]	300,700	32,795	286,360	32,392	11,115	123	3,225	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	2,650,129	244,480	2,451,839	241,157	169,401	1,417	28,889	1,906
1961	2,756,665	233,794	2,546,344	231,043	182,690	878	27,631	1,873
1962	2,789,355	266,351	2,573,634	263,475	183,042	850	32,679	2,026
1963	2,850,559	260,771	2,631,671	257,736	187,714	1,018	31,174	2,017
1964[1]	2,905,544	249,827	2,670,176	246,813	199,164	878	36,204	2,136
1965[2]	2,968,876	233,282	2,741,576	231,002	195,300	630	32,000	1,650
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	10.03	6.19	9.82	6.19	14.66	5.88	9.93	7.14
1961	10.09	6.16	9.80	6.15	17.63	5.81	9.27	7.23
1962	10.03	7.21	9.72	7.22	17.90	5.41	10.41	7.24
1963	9.94	7.18	9.65	7.18	17.23	6.02	9.56	7.23
1964[1]	9.91	7.21	9.60	7.22	17.16	5.89	10.30	6.96
1965[2]	9.87	7.11	9.57	7.13	17.57	5.12	9.92	5.89

[1] Amended as per final reports from hospitals.

[2] Estimated, based on hospital reports to October 31, 1965. 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, 1,841; 1963, 1,835; 1964, 1,815; 1965, 1,800. (1954 and subsequent years are based on total population. Because the armed forces, Royal Canadian Mounted Police, and some other groups are not insured under the Provincial plan, the actual incidence of days would be somewhat higher than shown.) Population figures are revised according to latest census figures.

TABLE 2B.—SUMMARY OF THE NUMBER OF B.C.H.I.S. IN-PATIENTS (INCLUDING REHABILITATION PATIENTS) AND SHORT-STAY PATIENTS, 1949–65

	Total Adults, Children, and Newborn In-patients	Estimated Number of Emergency and Minor-surgery Patients[1]	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	303,608	107,312	410,920
1961	311,261	121,000	432,261
1962	314,963	128,000	442,963
1963	323,079	135,000	458,079
1964[2]	327,796	141,000	468,796
1965[3]	333,495	150,000	483,495
Totals	4,397,689	1,489,073	5,886,762

[1] Years 1962 to 1965 estimated.
[2] Amended as per final reports received from hospitals.
[3] Estimated, based on hospital reports to October 31, 1965.

TABLE 3.—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 1965[1] (INCLUDING REHABILITATION HOSPITALS).

	Bed Capacity					
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25
Patients separated—						
Adults and children	286,360	103,594	85,999	54,839	32,770	9,158
Newborn	32,392	9,590	11,393	7,639	2,911	859
Patient-days—						
Adults and children	2,741,576	1,203,070	723,775	497,137	249,508	68,086
Newborn	231,002	78,127	76,472	52,219	18,441	5,743
Average days of stay—						
Adults and children	9.57	11.61	8.42	9.07	7.61	7.43
Newborn	7.13	8.15	6.71	6.84	6.33	6.69

[1] Estimated, based on hospital reports to October 31, 1965.

TABLE 4.—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 1965[1] (INCLUDING REHABILITATION HOSPITALS).

	Bed Capacity					
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25
Patients separated—	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent
Adults and children	100.00	36.18	30.03	19.15	11.44	3.20
Newborn	100.00	29.61	35.17	23.58	8.99	2.65
Patient-days—						
Adults and children	100.00	43.93	26.43	18.04	9.11	2.49
Newborn	100.00	33.82	33.10	22.61	7.98	2.49

[1] Estimated, based on hospital reports to October 31, 1965.

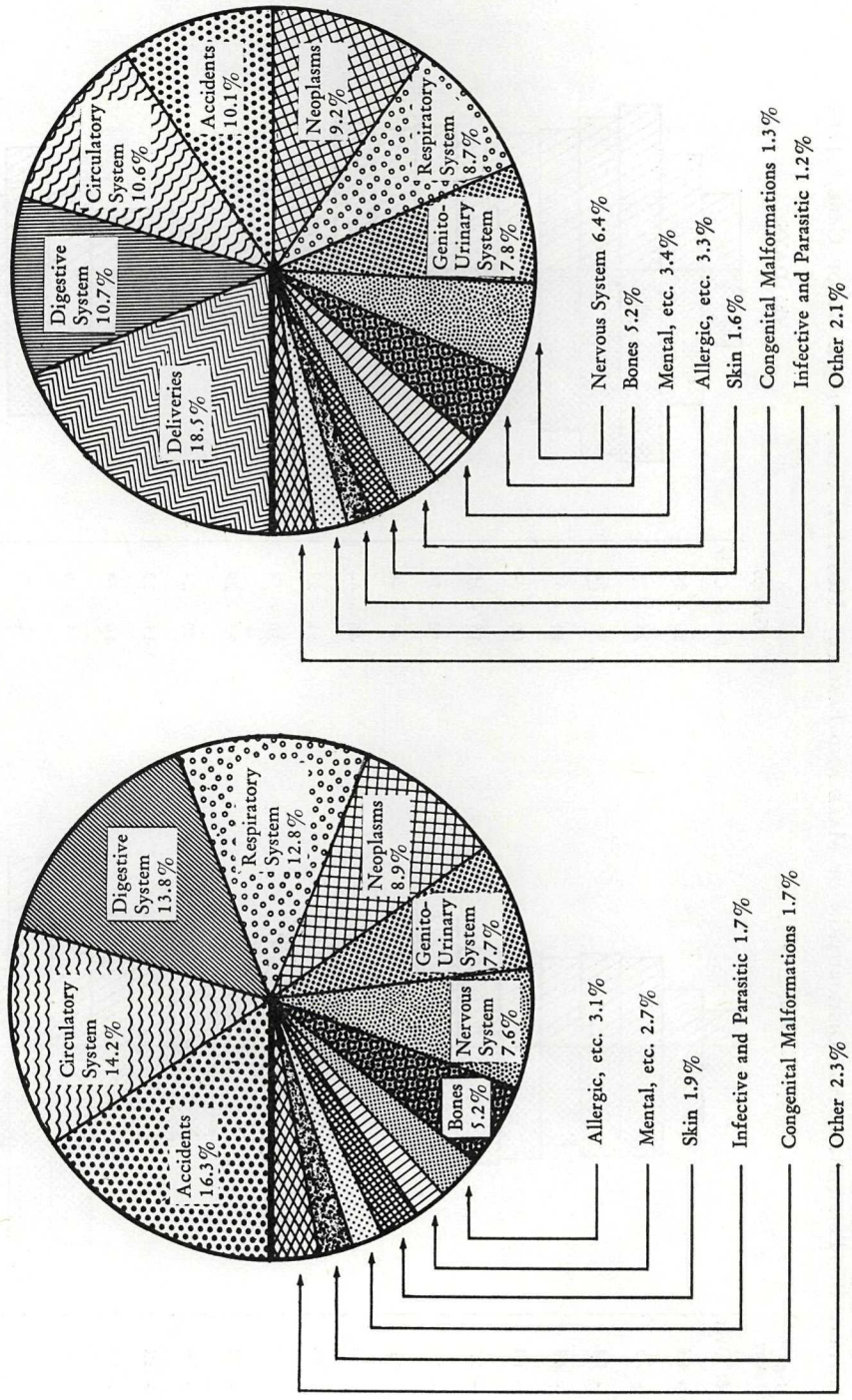
CHARTS

The statistical data shown in the following charts prepared by the Research Division are derived from Admission/Separation forms submitted to the British Columbia Hospital Insurance Service.

The major diagnostic categories used for the table on pages 46 to 48 are more detailed than the diagnostic groups shown on the charts. Both lists are based on the International Classification of Diseases, Adapted, prepared by the Public Health Service of the United States Department of Health, Education, and Welfare.

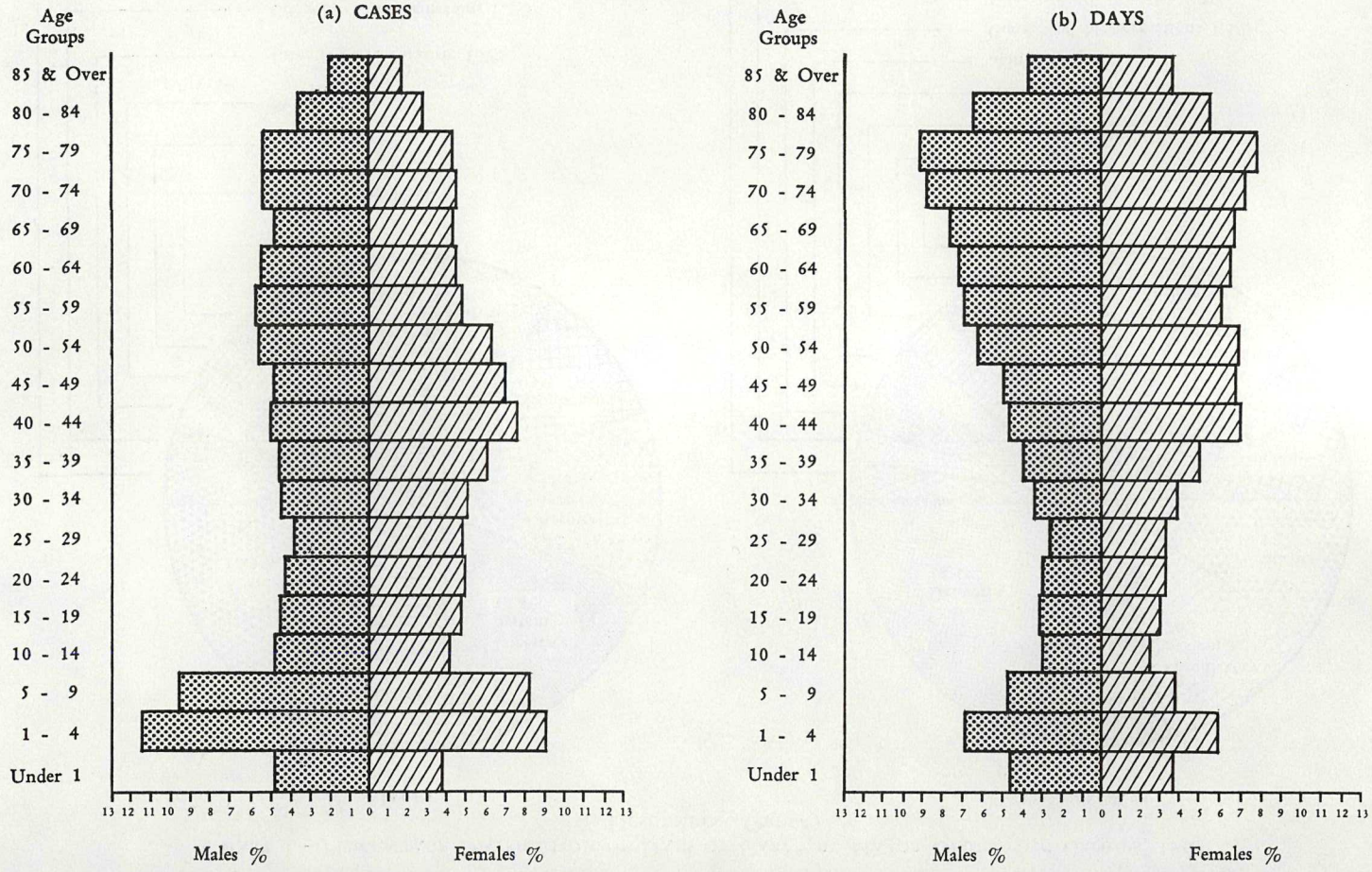
Readers who are interested in more detailed statistics of hospitalization in this Province may wish to refer to " Statistics of Hospital Cases Discharged during 1964 " and " Statistics of Hospitalized Accident Cases, 1964."

CHART I.—PERCENTAGE DISTRIBUTION OF DAYS OF CARE* BY MAJOR DIAGNOSTIC GROUPS, 1964
(IN DESCENDING ORDER)



* Including rehabilitative care.

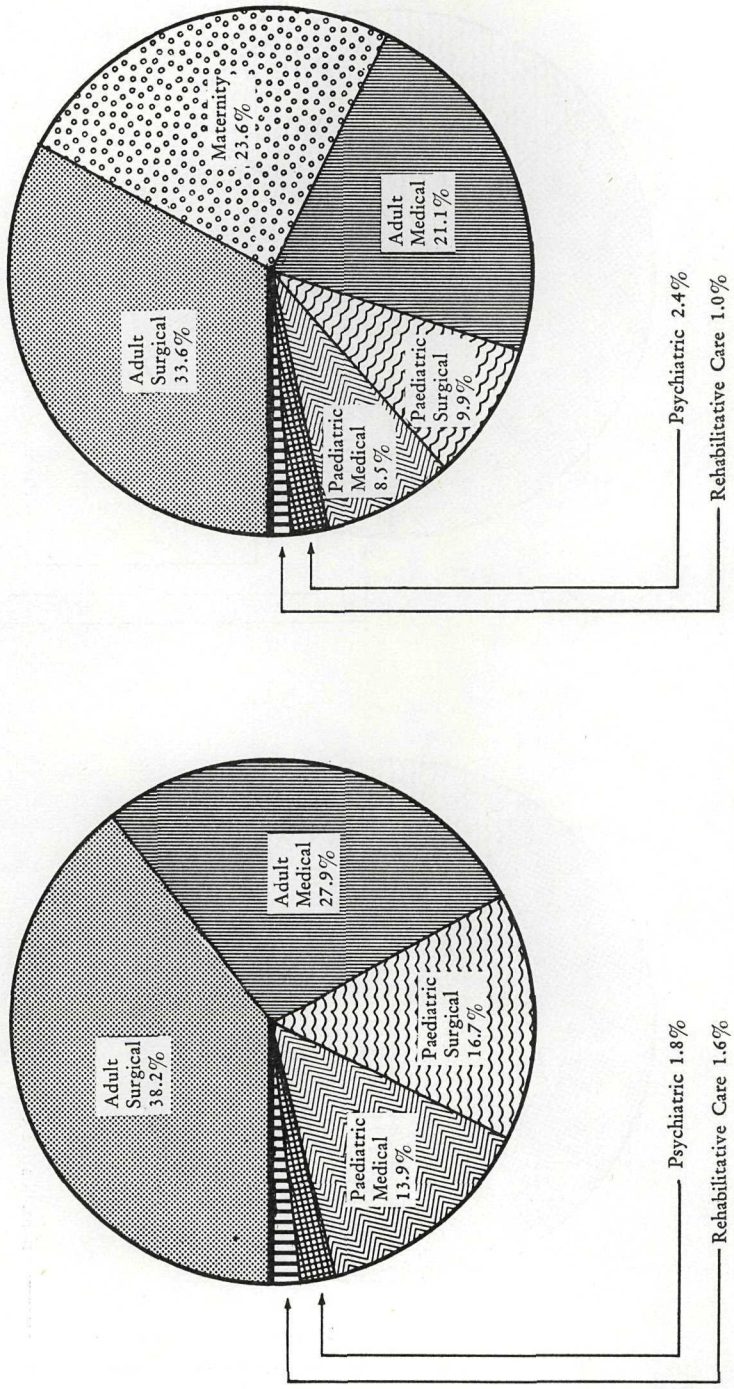
CHART II.—PERCENTAGE AGE DISTRIBUTION OF MALE AND FEMALE* HOSPITAL CASES AND DAYS OF CARE,† 1964



* Group XI (Deliveries and Complications of Pregnancy, Childbirth, and the Puerperium) has been excluded, so as to bring out more clearly the comparison between males and females in respect of hospitalization not connected with the natural process of childbirth.

† Including rehabilitative care.

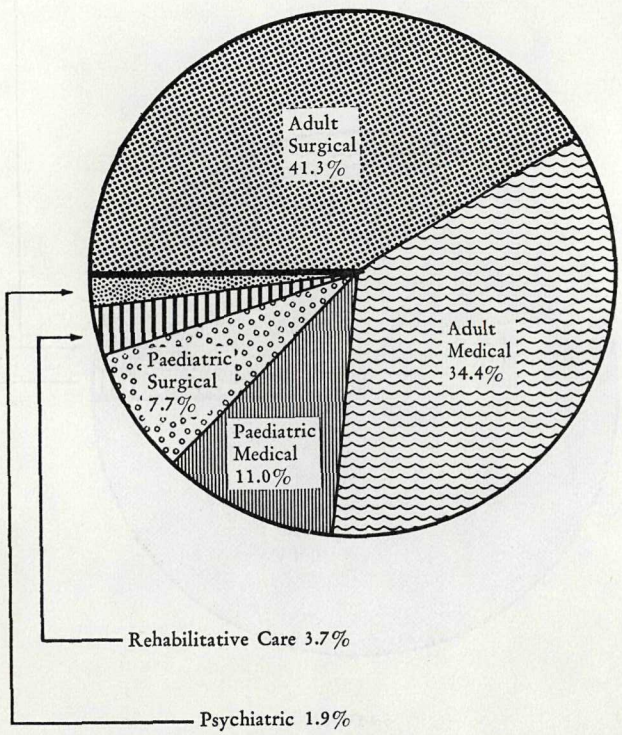
CHART III.—PERCENTAGE DISTRIBUTION OF HOSPITAL CASES* BY TYPE OF CLINICAL SERVICE, 1964



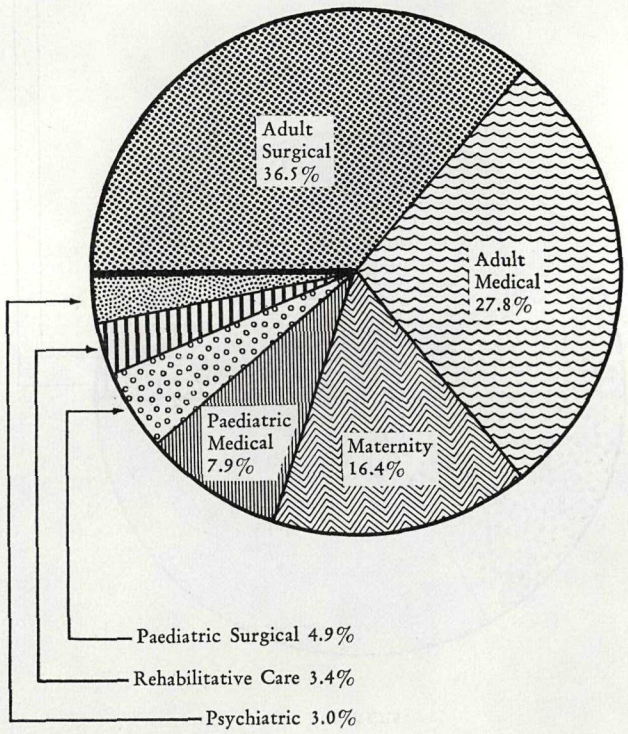
* Including rehabilitative care.

CHART IV.—PERCENTAGE DISTRIBUTION OF HOSPITAL DAYS* BY TYPE OF CLINICAL SERVICE, 1964

MALES

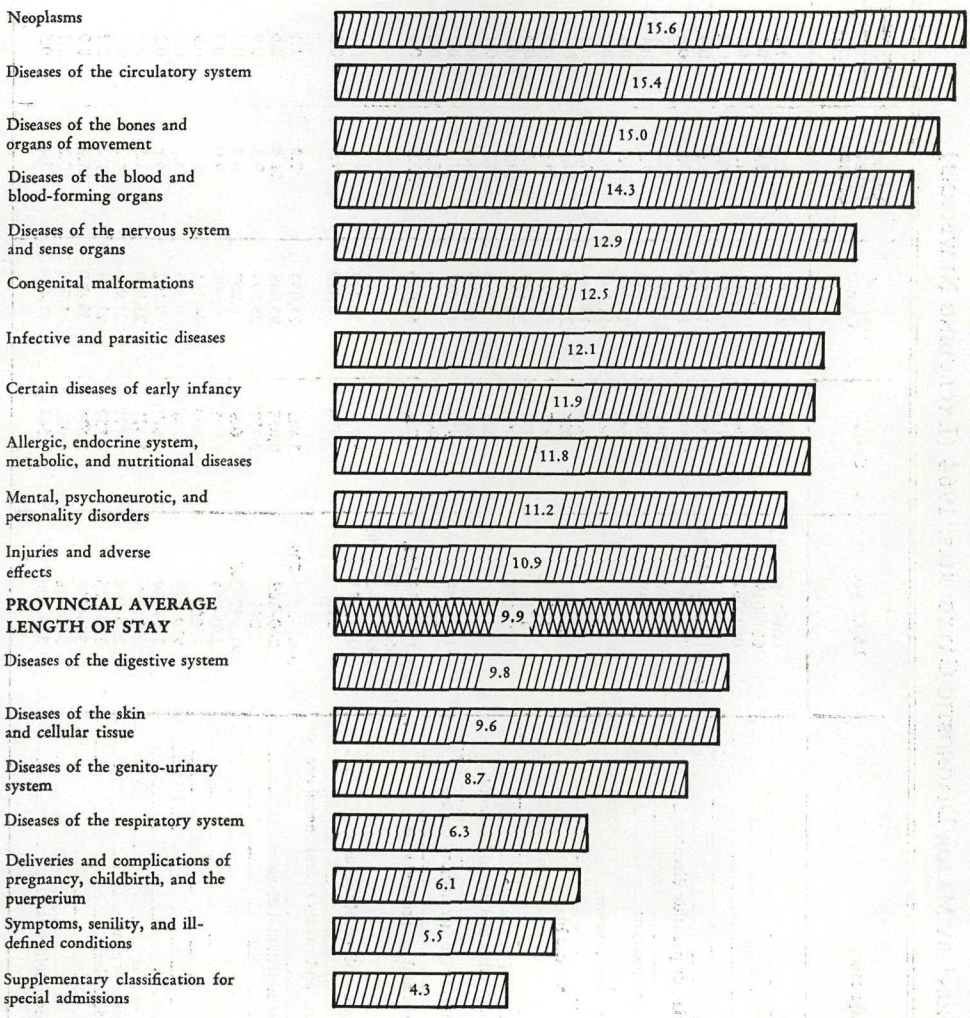


FEMALES



* Including rehabilitative care.

CHART V.—AVERAGE LENGTH OF STAY OF CASES* IN HOSPITALS IN BRITISH COLUMBIA, BY MAJOR DIAGNOSTIC GROUPS IN DESCENDING ORDER, 1964
(EXCLUDING NEWBORNS)



* Including rehabilitative care

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1964 (EXCLUDING NEWBORNS)

List Number and Diagnosis	I.S.C. No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
I. Infective and parasitic diseases	001–138	3,654	44,101	12.1	1.2	1.5
1. Tuberculosis, all forms	001–019	265	3,982	15.0	0.1	0.1
2. Poliomyelitis and encephalitis	080–083	240	7,613	31.7	0.1	0.2
3. Infectious hepatitis	092	478	7,697	16.1	0.2	0.3
4. Other diseases attributable to viruses	084–091, 093–096, 099	1,337	10,555	7.9	0.4	0.4
5. Other bacterial, spirochaetal, rickettsial, or parasitic diseases	020–074, 100–138	1,334	14,254	10.7	0.4	0.5
II. Neoplasms	140–239	17,406	270,899	15.6	5.7	9.1
6. Malignant neoplasm of buccal cavity and pharynx	140–148	209	3,588	17.2	0.1	0.1
7. Malignant neoplasm of stomach	151	541	12,444	23.0	0.2	0.4
8. Malignant neoplasm of large intestine except rectum	153	663	17,593	26.5	0.2	0.6
9. Malignant neoplasm of rectum	154	459	13,796	30.1	0.1	0.5
10. Malignant neoplasm of bronchus, trachea, and lung	162, 163	926	22,398	24.2	0.3	0.7
11. Malignant neoplasm of breast	170	917	17,373	18.9	0.3	0.6
12. Malignant neoplasm of cervix uteri	171	1,377	12,299	8.9	0.4	0.4
13. Malignant neoplasm of uterus other than of cervix uteri	172–174	296	4,084	13.8	0.1	0.1
14. Malignant neoplasm of ovary, Fallopian tube, and broad ligament	175	221	5,493	24.9	0.1	0.2
15. Malignant neoplasm of prostate	177	867	20,699	23.9	0.3	0.7
16. Malignant neoplasm of kidney, bladder, and other urinary organs	180, 181	974	16,887	17.3	0.3	0.6
17. Leukæmia and aleukæmia	204	495	7,780	15.7	0.2	0.3
18. Malignant neoplasm of all other organs and unspecified sites	150, 152, 155–161, 164, 165, 176, 178, 179 190–199, 200–203, 205	2,738	63,436	23.2	0.9	2.1
19. Uterine fibromyoma and other benign neoplasm of uterus	214, 215	2,728	22,477	8.2	0.9	0.8
20. Benign neoplasm of ovary	216	570	5,499	9.6	0.2	0.2
21. Benign neoplasm (excluding uterus and ovary) and neoplasm of unspecified nature	210–213, 217–239	3,425	25,053	7.3	1.1	0.8
III. Allergic, endocrine system, metabolic, and nutritional diseases	240–289	8,058	95,449	11.8	2.6	3.2
22. Asthma	241	2,757	25,579	9.3	0.9	0.9
23. Other allergic disorders	240, 242–245	629	4,257	6.8	0.2	0.1
24. Diseases of thyroid gland	250–254	1,005	9,005	9.0	0.3	0.3
25. Diabetes mellitus	260	2,809	44,141	15.7	0.9	1.5
26. Diseases of other endocrine glands	270–277	241	3,305	13.7	0.1	0.1
27. Avitaminoses and other metabolic diseases	280–289	617	9,162	14.8	0.2	0.3
IV. Diseases of the blood and blood-forming organs	290–299	1,471	21,070	14.3	0.5	0.7
28. Diseases of the blood and blood-forming organs	290–299	1,471	21,070	14.3	0.5	0.7
V. Mental, psychoneurotic, and personality disorders	300–326	8,152	91,323	11.2	2.7	3.0
29. Psychoses	300–309	2,576	38,819	15.1	0.9	1.3
30. Psychoneurotic disorders	310–318	4,032	41,006	10.2	1.3	1.3
31. Disorders of character, behaviour, and intelligence	320–326	1,544	11,498	7.4	0.5	0.4

VI. Diseases of the nervous system and sense organs	330–398	16,217	209,162	12.9	5.3	7.0
32. Vascular lesions affecting central nervous system	330–334	4,025	92,266	22.9	1.3	3.1
33. Inflammatory and other diseases of central nervous system	340–345, 350–357	2,354	38,974	16.6	0.8	1.3
34. Diseases of nerves and peripheral ganglia	360–369	894	9,658	10.8	0.3	0.3
35. Diseases of eye	370–389	4,759	36,295	7.6	1.5	1.2
36. Diseases of ear and mastoid process	390–398	4,185	31,969	7.6	1.4	1.1
VII. Diseases of the circulatory system	400–468	24,017	368,799	15.4	7.9	12.3
37. Rheumatic fever and chronic rheumatic heart disease	400–416	1,096	20,711	18.9	0.4	0.7
38. Arteriosclerotic and degenerative heart disease	420–422	10,263	185,061	18.0	3.4	6.2
39. Other diseases of the heart	430–434	2,546	34,766	13.7	0.8	1.2
40. Hypertensive heart disease and other hypertensive disease	440–447	1,960	25,739	13.1	0.6	0.8
41. Diseases of arteries	450–456	1,464	33,481	22.9	0.5	1.1
42. Varicose veins of lower extremities	460	2,690	32,151	12.0	0.9	1.1
43. Hæmorrhoids	461	1,880	15,408	8.2	0.6	0.5
44. Phlebitis and thrombophlebitis	463, 464	635	9,046	14.2	0.2	0.3
45. *Other diseases of the circulatory system*	462, 465–468	1,483	12,436	8.4	0.5	0.4
VIII. Diseases of the respiratory system	470–527	50,120	317,036	6.3	16.6	10.6
46. Acute upper respiratory infections	470–475	5,136	29,847	5.8	1.7	1.0
47. Influenza	480–483	1,914	11,812	6.2	0.6	0.4
48. Pneumonia	490–493	11,790	132,241	11.2	3.9	4.4
49. Bronchitis	500–502	6,701	59,296	8.8	2.2	2.0
50. Hypertrophy of tonsils and adenoids	510	19,543	44,948	2.3	6.5	1.5
51. Other diseases of respiratory system	511–527	5,036	38,892	7.7	1.7	1.3
IX. Diseases of the digestive system	530–587	37,038	364,196	9.8	12.3	12.2
52. Diseases of teeth and supporting structure	530–535	3,653	8,121	2.2	1.2	0.3
53. Ulcer of stomach and duodenum and jejunum	540–542	4,698	71,795	15.3	1.6	2.4
54. Gastritis, duodenitis, and other disorders and diseases of the stomach and duodenum	543–545	1,576	11,347	7.2	0.5	0.4
55. Appendicitis	550–553	3,904	30,319	7.8	1.3	1.0
56. Hernia of abdominal cavity	560, 561	5,808	54,621	9.4	1.9	1.8
57. Other intestinal obstruction	570	1,185	13,579	11.5	0.4	0.5
58. Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over	571	5,304	34,595	6.5	1.8	1.2
59. Chronic enteritis and ulcerative colitis	572	1,308	21,377	16.3	0.4	0.7
60. Cirrhosis and other diseases of liver	580–583	533	9,846	18.5	0.2	0.3
61. Diseases of gall bladder and pancreas	584–587	5,518	75,544	13.7	1.8	2.5
62. Other diseases of digestive system	536–539, 573–578	3,551	33,052	9.3	1.2	1.1
X. Diseases of the genito-urinary system	590–637	26,668	233,025	8.7	8.8	7.8
63. Nephritis and nephrosis	590–594	736	12,028	16.3	0.2	0.4
64. Infections of kidney	600	2,492	25,478	10.2	0.8	0.9
65. Calculi of urinary system	602, 604	1,923	17,203	8.9	0.6	0.6
66. Other diseases of urinary system	601, 603, 605–609	4,353	38,451	8.8	1.4	1.3
67. Hyperplasia of prostate	610	2,944	51,398	17.5	1.0	1.7
68. Redundant prepuce and phimosis	615	691	2,228	3.2	0.2	0.1
69. Infective diseases of ovary, uterus, vagina, Fallopian tube, and vulva	622–626, 630	2,582	18,597	7.2	0.9	0.6
70. Uterovaginal prolapse	631	2,116	27,514	13.0	0.7	0.9
71. Disorders of menstruation	634	3,829	12,829	3.4	1.3	0.4
72. Other diseases of genital organs	611–614, 616, 617, 620, 621, 632, 633, 635–637	5,002	27,299	5.5	1.7	0.9

[1] Including rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1964 (EXCLUDING NEWBORNS)—*Continued*

List Number and Diagnosis	I.S.C. No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
XI. Deliveries and complications of pregnancy, childbirth, and the puerperium	640–689	48,134	291,328	6.1	15.9	9.7
73. Complications of pregnancy	640–649	7,806	36,509	4.7	2.6	1.2
74. Abortion	650–652	4,330	16,524	3.8	1.4	0.6
75. Delivery without mention of complication	660	30,547	189,488	6.2	10.1	6.3
76. Delivery with specified complication	670–678	4,984	46,242	9.3	1.6	1.5
77. Complication of the puerperium	680–689	467	2,565	5.5	0.2	0.1
XII. Diseases of the skin and cellular tissue	690–716	5,399	52,016	9.6	1.8	1.7
78. Infection of skin and subcutaneous tissue	690–698	3,010	24,704	8.2	1.0	0.8
79. Other diseases of skin and subcutaneous tissue	700–716	2,389	27,312	11.4	0.8	0.9
XIII. Diseases of the bones and organs of movement	720–749	10,362	155,462	15.0	3.4	5.2
80. Arthritis and rheumatism, except rheumatic fever	720–727	3,020	52,641	17.4	1.0	1.8
81. Displacement of intervertebral disc	735	2,524	38,816	15.4	0.8	1.3
82. Other diseases of musculoskeletal system	730–734, 736–738, 740–749	4,818	64,005	13.3	1.6	2.1
XIV. Congenital malformations	750–759	3,552	44,472	12.5	1.2	1.5
83. Congenital malformations	750–759	3,552	44,472	12.5	1.2	1.5
XV. Certain diseases of early infancy	760–776	689	8,171	11.9	0.2	0.3
84. Birth injuries, asphyxia, and infections of newborn and other diseases peculiar to early infancy	760–776	689	8,171	11.9	0.2	0.3
XVI. Symptoms, senility, and ill-defined conditions	780–795	5,167	28,496	5.5	1.7	0.9
85. Symptoms, senility, and ill-defined conditions	780–795	5,167	28,496	5.5	1.7	0.9
XVII. Injuries and adverse effects	800–999	35,895	391,203	10.9	11.8	13.1
86. Fracture of skull and head injuries associated with hæmorrhage in or injury to the brain	800–804, 852–856	4,179	26,327	6.3	1.4	0.9
87. Fracture of spine and trunk	805–809	2,015	47,018	23.3	0.7	1.6
88. Fracture of upper limb	810–819	3,961	24,375	6.2	1.3	0.8
89. Fracture of femur	820, 821	2,119	96,801	45.7	0.7	3.2
90. Other fractures of lower extremities	822–829	3,016	40,385	13.4	1.0	1.4
91. Dislocation without fracture, and sprains and strains of joints and adjacent muscles	830–848	4,894	42,414	8.7	1.6	1.4
92. Internal injury of chest, abdomen, and pelvis	860–869	561	7,306	13.0	0.2	0.2
93. Burns	N940–949	1,370	21,062	15.4	0.4	0.7
94. Dislocations, sprains, strains, lacerations, superficial injuries, contusion, foreign body, poisoning, or other injury	850, 851, 870–898, 900–908, 910–918 920–936, 950–999	13,780	85,515	6.2	4.5	2.9
Totals, I to XVII	----------	301,999	2,986,208	9.9	99.6	99.8
XVIII. Supplementary classifications for special admissions, including live births	Y00–Y88	1,102	4,784	4.3	0.4	0.2
95. Medical or special examination (without sickness)	Y00	1	1	1.0	0.0	0.0
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	1,101	4,783	4.3	0.4	0.2
Totals, I to XVIII (excluding newborns)	----------	303,101	2,990,992	9.9	100.0	100.0

[1] Including rehabilitative care.

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31, 1965

Administration—			
Salaries		$490,113	
Temporary assistance		5,303	
		$495,416	
Office expense		33,820	
Travelling expense		29,593	
Office furniture and equipment		3,007	
Printing and publications		1,017	
Tabulating and rentals		2,484	
Motor-vehicles and accessories		1,767	
Incidentals and contingencies		4,250	
Construction—consulting fees		----------	
Technical surveys		6,676	
		$578,030	
Less transfer, Vote 128 (*b*)—Salary adjustments		23,568	
			$554,462
Payments to hospitals—			
Claims		$68,533,484	
Vancouver General Hospital *re* out-patients (*Hospital Insurance Act,* sec. 17 (3) (*a*))		322,512	
		$68,855,996	
Less collections, third-party liability		417,460	
		$68,438,536	
Less—			
Chargeable to Government of Canada	$35,857,435		
Miscellaneous receipts	394		
		35,857,829	
			32,580,707
Grants in aid of construction of hospitals			3,724,756
Total			$36,859,925

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