PROVINCE OF BRITISH COLUMBIA

HOSPITAL INSURANCE ACT

Eighteenth Annual Report

British Columbia Hospital Insurance Service

JANUARY 1 TO DECEMBER 31

1966

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1967

VICTORIA, B.C., January 24, 1967.

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 Eighteenth Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1966.

WESLEY DREWETT BLACK,
Minister of Health Services and Hospital Insurance.

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., January 24, 1967.

The Honourable Wesley Drewett Black,
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 1966.

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 Wesley Drewett Black, *Minister of Health Services and Hospital Insurance.*
(Appointed December 12, 1966.)

The Honourable Eric Martin, *Minister of Health Services and Hospital Insurance.*
(Retired December 12, 1966.)

Senior Administrative Staff

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

W. J. Lyle, F.C.I.S., *Assistant Deputy Minister of Hospital Insurance.*

J. W. Mainguy, M.H.A., *Director of Hospital Consultation, Development, and Research.*

C. F. Ballam, M.D., *Medical Consultant.*

A. W. E. Pitkethley, Esq., *Manager, Hospital Construction and Planning Division.*

N. S. Wallace, C.G.A., *Manager, Hospital Finance Division.*

J. Bainbridge, *Manager, Hospital Consultation and Inspection Division.*

K. G. Wiper, Esq., *Administrative Officer.*

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

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Eighteenth Annual Report of the British Columbia Hospital Insurance Service

GENERAL INTRODUCTION

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

Residents of British Columbia had expressed considerable interest in some form of universal hospital coverage many years prior to the start of the British Columbia Hospital Insurance Service. On January 1, 1949, the Provincial plan came into operation with four major objectives in mind: First, to protect the residents of the Province against the financial burden associated with hospitalization; second, to provide the hospitals of the Province with a steady source of income; third, to help hospitals establish and maintain high standards of patient care; and, fourth, to assist communities in providing adequate hospital facilities. During the 18 years the plan has been in operation, the vast majority of families throughout the Province have benefited directly in the payment of hospital accounts, and remarkable progress has been made in the development of hospital facilities and services. Daily payments to hospitals in 1949 amounted to $50,000; in the current fiscal year an estimated $90,000,000 will be paid on behalf of hospitalized residents, a daily average of $246,500. A further measure of progress is evident in the construction of fine new buildings, the expansion of hospital services, and the extension of coverage. In 1966 hospital construction continued to keep pace with the tremendous programme of building that took place in British Columbia during the preceding years from 1949 to 1965. During that period over 140 major building projects were completed, involving approximately 7,450 new beds as well as such vital service facilities as new emergency, laboratory, and radiological departments, nurses' training-schools, and laundry buildings. The cost of construction in this vast undertaking amounted to over $95,500,000, of which the Provincial Government provided grants exceeding $45,500,000. This past year new hospitals were opened at Richmond and 100 Mile House; additions, renovations, and the completion of unfinished areas took place at Prince George, Fort St. John, Rossland, Castlegar, Tofino, and Victoria's Royal Jubilee Hospital; nurses' residences were built at Grand Forks, 100 Mile House, and Williams Lake, and a small addition was made to the nurses' residence at Tofino. A medical intensive-care unit was completed at St. Paul's Hospital, Vancouver, and an addition was made to the boiler plant at the Royal Jubilee Hospital, Victoria. At the year-end over 1,000 new beds were under construction throughout the Province, representing construction costs exceeding $25,000,000, and major projects in the advanced stages of planning represented a further investment of close to $57,000,000.

Changes in policy that took place during the year included increased benefits for in-patient hospital care provided outside British Columbia. Effective February 25, 1966, the Provincial Government extended the period of hospital coverage provided by the Hospital Insurance Service to qualified residents who are temporarily absent from the Province to six months from the date of departure, and extended the maximum length of stay in an approved out-of-Province hospital to six months. In cases of urgent medical necessity these time limits may be extended for an addi-

tional period of up to six months by the Lieutenant-Governor in Council. In addition to these extensions, the maximum rate of payment for hospital care outside Canada was increased from $12 a day for adults to $25, and from $4 a day for newborn infants to $7.

A further change during the year with respect to hospital benefits was the extension of coverage to include out-patient cancer therapy in the facilities operated by the British Columbia Cancer Institute in Vancouver and at the Royal Jubilee Hospital in Victoria.

In November the Minister of Health Services and Hospital Insurance advised the acute-care hospitals of the Province that arrangements had been completed for the free P.K.U. testing of all newborn infants. The Minister stated that infants found to be suffering from phenylketonuria would be provided with lophenolac (a low phenylalanine milk substitute) through the out-patient clinic of The Woodlands School in New Westminster.

Throughout the year helpful advice and guidance were provided by the medical profession, and 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 co-operation they extended us. Other professions, including the Registered Nurses' Association (British Columbia Division) and the Architectural Institute of British Columbia, were most generous also in the assistance they made available to our branch.

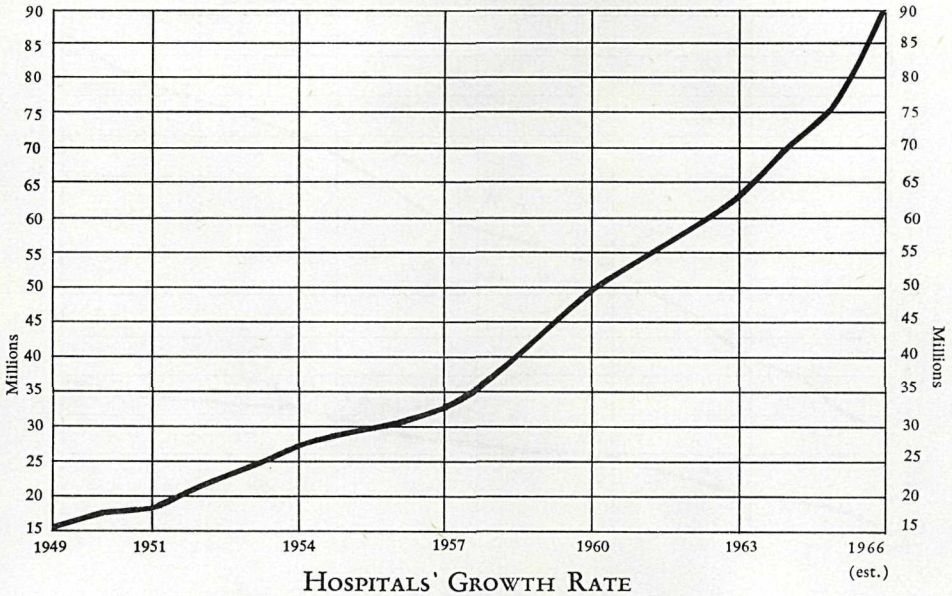
I should like to express my sincere appreciation once again to the staff of the Hospital Insurance Service for the conscientious manner in which they carried out their varied duties and responsibilities during this past year.

Finally, I should like, on behalf of the staff of the British Columbia Hospital Insurance Service, to pay tribute to the accomplishments of Mr. Eric Martin during his term of office as Minister from August 1, 1952, to December 12, 1966, and to his great and absorbing interest in the hospital needs of the people of British Columbia.

Reports submitted by the various divisions on work undertaken during 1966 appear under " Organization and Administration " commencing on page 16.

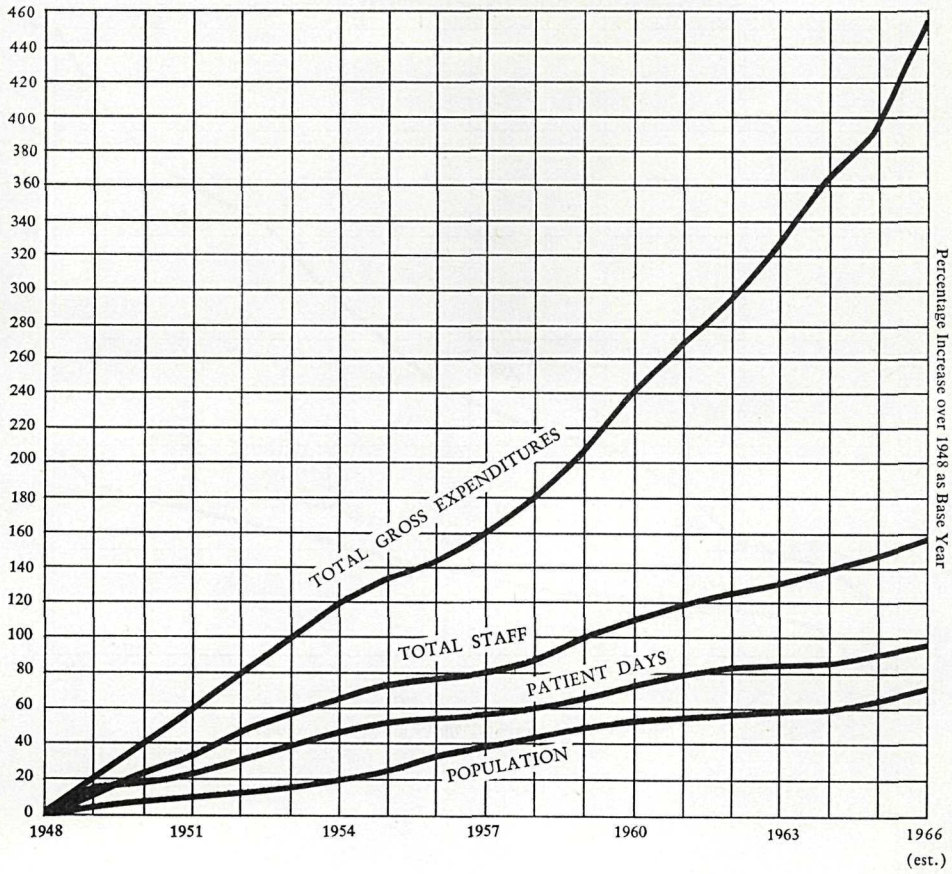
B.C.H.I.S. Payments to Hospitals for In-patient Care

(Including Federal and Contract Hospitals)

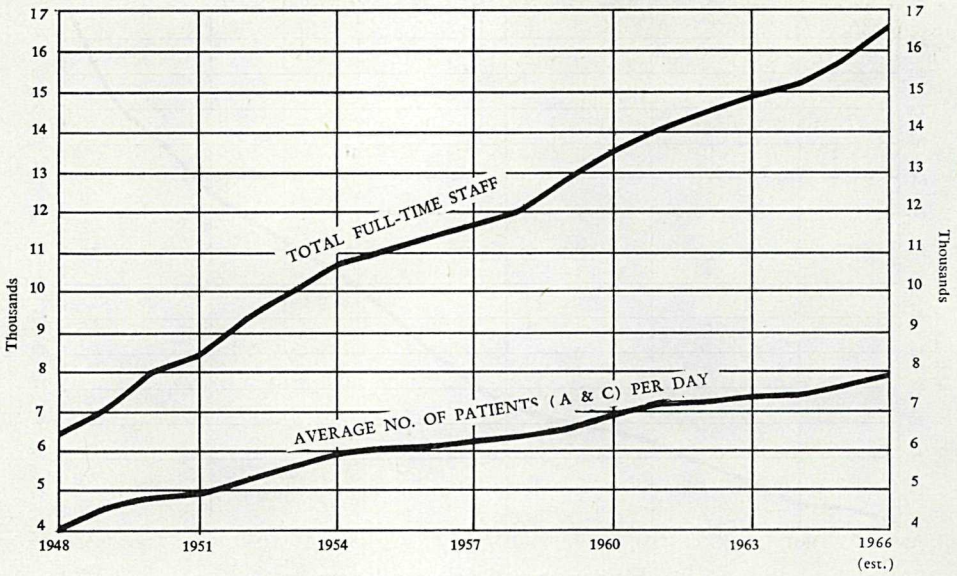


Hospitals' Growth Rate

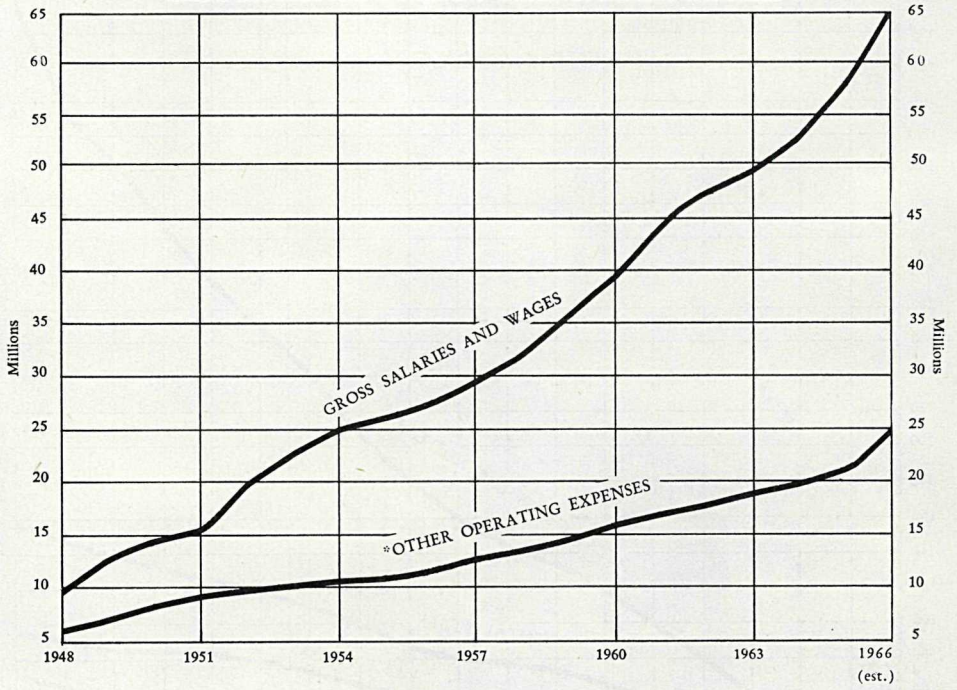
(Excluding Federal and Contract Hospitals)



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



GROSS SALARIES AND WAGES AND OTHER OPERATING EXPENSES*



*Including approximately $3,000,000 in staff fringe benefits

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. The main provisions of this Act and the regulations 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 period of six months if they are admitted to an approved hospital within the first six months following their departure from the Province. These periods may be extended for an additional period of up to six months by the Lieutenant-Governor in Council.

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 the 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 (*a*) small public hospitals, most of which are operated in remote areas by industrial concerns primarily for their employees, and (*b*) licensed nursing homes which are not under B.C.H.I.S. coverage.

(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 establishes 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 brief period 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 qualified person who leaves British Columbia temporarily and fails to return and re-establish residence within 12 months; or

(*c*) A qualified person who leaves British Columbia and who establishes residence elsewhere; or

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

(*e*) 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

(*f*) 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 and consular officials of other countries.

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 HOSPITAL

The Hospital Rate Board, appointed by Order in Council, is composed of the Assistant Deputy Minister of Hospital Insurance (Chairman), the Director of Hospital Consultation, Development, and Research (Vice-Chairman), and 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.

Approximately 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.

THE B.C.H.I.S. PLANNING GROUP

This group was formed in December, 1965, to co-ordinate and expedite the planning of hospital facilities. The Planning Group's functions are to review research reports on hospital bed needs, review submissions from hospitals for increases in beds or services, consider other problems related to the orderly planning and provision of facilities and services to meet the needs of the Province, and consider other matters referred to it by the Deputy Minister. The Planning Group is responsible for making recommendations on these matters to the Deputy Minister.

The regular members are Director, Hospital Consultation, Development, and Research (Chairman); Assistant Deputy Minister (Vice-Chairman); Medical Consultant; Manager, Hospital Construction and Planning Division; Director, Research Division; and Assistant to the Manager, Hospital Construction and Planning Division (Secretary).

The Planning Group has averaged one meeting a week during the year. Five of the meetings were with delegations from hospitals about the future needs of those hospitals. Individual members on the Planning Group act as liaison members between the Service and several local hospital planning groups.

During the year the group considered 12 new research reports on area needs and reviewed approximately the same number of reports prepared previously but which were brought up to date by the Research Division with new projections for the future.

Following recommendations by the Planning Group to the Deputy Minister, 10 new hospitals were approved in principle by the Minister. Eight of these will replace existing hospitals and two will be established in communities which have not had hospitals. Similarly, 16 expansions of existing hospitals were approved in principle by the Minister.

Altogether, approximately 1,000 replacement and new beds are involved in the approvals arising from these recommendations.

Apart from consideration of specific hospital units, the group reviewed subjects of general importance to hospital development in the Province. Some of these were: Patterns of development to meet extended hospital care needs; psychiatric units in general hospitals; hospital care in isolated areas of the Province; regional services, such as cardiac units, chronic renal failure units, cancer treatment; and regional laundries. Other matters receiving consideration were the impact of regional districts on hospital planning, out-patient and day-care facilities, and priorities for planning and research.

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. During the year the Honourable Eric Martin, Minister of the Department since 1952, retired because of failing health, and on December 12, 1966, the portfolio came under the jurisdiction of the Honourable Wesley D. Black. The administrative head of the Hospital Insurance Service is Mr. Donald M. Cox, F.A.C.H.A., Deputy Minister of Hospital Insurance.

The following reports provide a brief outline of the work carried out during 1966 by the various divisions and offices which comprise the administrative structure of this branch.

Assistant Deputy Minister

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

The Assistant Deputy Minister is responsible for the operation of the Hospital Finance Division and the Hospital Construction and Planning Division, and for the administration of the Service in the absence of the Deputy Minister. He is Chairman of the Hospital Rate Board (*see* page 15), Vice-Chairman of the Hospital Planning Group (*see* page 16), and a member of the following committees: Advsiory Committee on Hospital Insurance and Diagnostic Services (a committee appointed by the Federal Government to advise on the administration of the *Hospital Insurance and Diagnostic Services Act*), the Radiological Advisory Council, and the British Columbia Hospitals' Association Liaison Committee. In addition, the Assistant Deputy Minister attended numerous meetings during the year, including seminars on " Hospital Construction Costs " and " Health Resources Fund," both of which were held in Ottawa.

A summary of the activities of the two Divisions for which the Assistant Deputy Minister is responsible follows.

Hospital Finance Division

N. S. Wallace, C.G.A., Manager

Hospital accounting and the 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, which are authorized up to one-third of the approved cost. In 1966, after a review of approximately 4,100 applications received from hospitals, grants of approximately $1,150,000 were approved on movable and fixed technical equipment costing $3,400,000.

As a means of assisting hospital employees to maintain high working standards, the Hospital Insurance Service provided $51,000 during the year to enable 460 hospital employees to attend or participate in short-term training programmes. This is additional to the long-term educational 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 Division Manager continued to perform duties as a member and Secretary of the Hospital Rate Board.

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.

Mr. N. S. Wallace, C.G.A., was appointed Manager of the Hospital Finance Division at the beginning of the year, and Mr. A. D. MacKenzie, C.A., was appointed Supervisor of Hospital Accounting.

Hospital Accounting

A. D. MacKenzie, C.A., Supervisor

The work of the Hospital Accounting Section falls into two main categories: (*a*) the detailed inspection, in the field, of the financial records of the hospitals for purposes of verification of annual and other financial statements and (*b*) the assembly of relevant information, and preparation of tabulations and other data, for use by the Hospital Rate Board in its reviews of hospitals' annual operating and pre-construction estimates. In carrying out the inspection duties, visits were made at least once during 1966 to 88 public general hospitals and five rehabilitation hospitals, the individual visits extending from three days to four weeks. In addition, five extended-care hospitals were visited to assist in establishing systems and a uniform code of accounts. The gross expenditures approved by the Hospital Rate Board for public general, rehabilitation, and extended-care hospitals for the year 1966 amounted to $93,600,000.

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 1966, construction projects involving expenditure of $6,900,000 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.

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.

Staff resignations created four vacancies during the year. Difficulty was encountered in obtaining qualified personnel; however, by the year-end the normal complement of four clerical staff and 10 inspectors had been restored.

Hospital Claims

W. J. Wade, Supervisor

The staff of Hospital Claims is responsible for processing the Admission/Separation Records (accounts), which hospitals submit for each patient, and approving for payment all acceptable claims.

During 1966 more hospitals providing extended care were placed on a quarterly billing basis, which resulted in a substantial increase in the number of patients' accounts.

A system of preparing and mailing individual statements of account paid on behalf of patients was put into operation during March. Since then, many questions have been answered in relation to them and favourable comments received. Three I.B.M. Selectric typewriters, using continuous forms, and a Burster were purchased for this work, the insertion into envelopes and sealing being done on the machines of the Superannuation Branch of the Provincial Secretary's Department.

Two newly constructed acute hospitals which opened during the year (Richmond and 100 Mile House) were instructed in claims procedures. The production for the year from all sources was up to 1,500 accounts per working-day for in-patients and over 600 emergency service or minor surgery account forms.

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 Representatives.

Advice and assistance were given to hospital admitting staffs on the proper method of obtaining and recording the patient's residence information and employment history.

In order to further assist the admitting staff in many hospitals, meetings were attended by the Supervisor and Assistant Supervisor at Victoria, Vancouver, Kamloops, Nelson, Dawson Creek, and Prince George.

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 550 queries per month on accounting matters were addressed to British Columbia hospitals.

Preliminary figures for 1966 show that more than 363,000 accounts (excluding out of Province) were processed. For comparison the figures for 1965 were 362,000 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 30,000 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 1966 a total of over 3,480 accounts, amounting to an estimated $754,000, 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, Azores, Bahamas, Brazil, Balboa (Canal Zone), Denmark, England, France, Holland, Israel, Italy, Ireland, Japan, Mexico, New Zealand, The Philippines, Switzerland, Thailand, Wales, and West Germany. 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 4,600 documents and letters daily, an increase of 200 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 primary responsibilities of this Division may be summarized as follows:—

(1) Working with hospital boards of management and hospital construction planning committees in the development of programmes for the construction of new hospital facilities, additions to and renovations of existing hospitals, and residence accommodation for hospital personnel.

(2) Providing consultative services to hospitals planning projects and recommending such programmes for approval.

(3) Processing and recommending for approval applications for Provincial grant assistance toward capital improvement and renovation projects. The Division also initiates applications for Federal construction grants, and processes and submits claims for payment.

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 engineering consultants with basic planning criteria for the logical development of plans.

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 for future expansion.

During the year, 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 were heat-recovery systems, air recirculation, and zoned heating and ventilating controls. Liaison was also maintained with the Hospitals Committee of the Architectural Institute of British Columbia. The function of this Committee is to review and endeavour to resolve problems arising out of hospital construction projects which affect members of the Architectural Institute. Hospital boards are provided with a complete consultative planning service through this Division and through the co-operation of Health Branch personnel, members of the medical and nursing profession, and 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 maintained liaison with the Faculty of Medicine of the University of British Columbia.

During the year, meetings were held with individual specialist consultants in the field of physical medicine and rehabilitation in the interest of developing planning criteria for extended hospital care facilities.

Through the co-operation of the Provincial Department of Labour, the Office of the Inspector of Factories provided a consultative service to the British Columbia Hospital Insurance Service on proposals for elevators and dumb-waiter installations in hospitals. A programme of instruction to hospital maintenance personnel regarding practical routine preventive maintenance procedures for elevating devices, including elevator and dumb-waiter installations, was conducted by the Inspector of Elevators through the co-operation of the Chief Inspector of Factories throughout the Province. Seminars were held at the Royal Jubilee Hospital, Victoria; St. Mary's Hospital, New Westminster; the Vancouver General Hospital; Kootenay Lake General Hospital, Nelson; and Prince George Regional Hospital. Some 90 hospital staff members attended these seminars.

Continuing benefit was derived from the co-operation of the Public Works Department by assigning architects to this Division. With the additional architectural assistance available, it has been possible 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 small complex projects, where it is easier to develop detailed sketches than to embark on a lengthy time-consuming review. During the year the staff of the Division was augmented by the appointment of a consultant in engineering design and maintenance.

During 1966 the Manager of the Division, as well as the architects and engineer attached to his staff, made a number of inspectional visits to hospitals throughout the Province.

The Manager acted as one of the B.C.H.I.S. liaison representatives to the Vancouver General Hospital Survey Co-ordinating Committee. In April, 1966, he participated in a two-day seminar on "Hospital Construction Costs" held by the Department of National Health and Welfare in Ottawa. The purpose of the seminar was to assess the effect on hospital operating costs of proposed hospital construction standards and to evaluate recommended standards in relation to actual need. In June, 1966, the Division Manager attended the Western Canada Hospital Institute at Calgary, Alta. At a meeting on September 24, 1966, of the Okanagan Regional Hospital Council at Kelowna, he acted as moderator in a panel discussion, "Are Operating Rooms as Presently Being Constructed and Designed Already Obsolete—What of the Future?"

(*a*) *Hospital Projects Completed during 1966*

Richmond General Hospital, Richmond.—The new 132-bed hospital at Richmond was officially opened by the Honourable Eric Martin, Minister of Health Services and Hospital Insurance, during a ceremony held at the hospital on February 27, 1966. The new hospital is a six-story reinforced-concrete building with provision for 132 beds plus semi-finished areas for further 22 beds. The building is structurally designed to accommodate three additional floors to the nursing unit section. This is the first hospital in Western Canada to use a new concept of the mechanical distribution of supplies, involving the use of a specially designed trayveyor system.

Boundary Hospital, Grand Forks—Nurses' Residence.—On March 1, 1966, the new staff residence at the Grand Forks hospital came into operation. The building is a frame construction and provides accommodation for eight members of the hospital staff, including a suite for the Director of Nursing.

Mater Misericordiæ Hospital, Rossland.—The new administration wing at the hospital was brought into service in the spring of 1966. Following this the necessary renovation work, including improvements for emergency services, in the existing hospital got under way.

Royal Jubilee Hospital, Victoria.—The second floor of the West Wing of the Royal Jubilee Hospital, which had previously been left in a partially finished condition, was completed early in 1966. The nursing unit provides accommodation for 31 beds. The major portion of the work associated with completing the construction of this nursing unit was done by the hospital's maintenance staff. Renovations were also completed to other nursing units, and the boiler plant was expanded.

Tofino General Hospital, Tofino.—The construction of an addition to the nurses' residence at the Tofino hospital provided suitable lounge facilities and permitted the existing lounge to be converted to accommodation for two additional nurses. The project was completed early in 1966. This additional accommodation for nurses replaces the temporary accommodation that was lost when a separate small cottage on the hospital grounds was destroyed by fire on August 8, 1964.

Royal Columbian Hospital, New Westminster.—On May 19, 1966, the Royal Annex Building at the Royal Columbian Hospital was taken over and occupied by the laboratory staff. The building, formerly used as a student nurses' residence, has been renovated to provide over 10,000 square feet for the laboratory department. The use of the building for laboratories is a temporary measure, pending construction of permanent facilities at a future date.

Castlegar and District Hospital, Castlegar.—Ten additional beds came into service at the Castlegar and District Hospital in July, 1966. The construction of the additions for these beds was approved as a temporary measure to meet a need resulting from the influx of workers to hydro-development projects. The space in which the 10 beds are accommodated will, at a later date, revert to alternative use when the proposed major expansion project at the hospital is complete.

100 Mile District General Hospital, 100 Mile House.—On July 15, 1966, the Minister of Health Services and Hospital Insurance officially opened the new hospital at 100 Mile House. The 31-bed hospital is a single-story reinforced-concrete structure with a basement, part of which is unfinished. In addition, a separate residence to accommodate eight staff has been built near the hospital.

Cariboo Memorial Hospital, Williams Lake—Nurses' Residence.—The Minister, on July 22, 1966, officiated at opening ceremonies for the new 18-bed staff residence at the Williams Lake hospital. The residence is a two-story frame-constructed building on a reinforced-concrete foundation and provides accommoda-

tion for 18 persons in single bedrooms. The building includes a living-room and a sitting-room as well as space for a future recreation-room in the basement.

Prince George Regional Hospital, Prince George.—Construction of the fifth-floor addition and the fourth-floor extension, to provide a net gain of 77 beds, was completed, and these additional beds came into operation during the summer and fall of 1966. The hospital now has a rated capacity of 242 adult and children's beds. This project represents the first step in a series of expansion proposals for the Prince George hospital.

Providence Hospital, Fort St. John.—An unfinished area was completed in October to provide an additional 9 beds.

St. Paul's Hospital, Vancouver.—Renovation of an area to provide an intensive-care unit of 20 beds was completed toward the end of the year.

(b) Hospital Projects under Construction at Year-end

Cowichan District Hospital, Duncan.—Construction of a new hospital building to replace the existing facility. The new building will initially provide 127 beds and will contain semi-finished areas for 19 further beds, plus a fourth floor in "shell" construction. The project also includes the construction of an extended hospital care unit of 40 beds.

St. Joseph's General Hospital, Comox.—Construction of a new hospital is well under way. The new building will replace the old existing structure, with the exception of the 1938 wing. The new acute unit will have 74 beds plus a top floor to be left unfinished initially which will provide approximately 54 beds in the future. The 1938 wing, following renovation, will provide approximately 45 beds for extended hospital care patients.

Vernon Jubilee Hospital.—Construction of a 27-bed addition plus extended-care unit of 60 beds and alteration and expansion of the existing hospital building.

Summerland General Hospital.—Construction of a new 28-bed hospital.

Cranbrook and District Hospital.—Construction of a new hospital of 75 beds plus 15 beds to be left unfinished initially and construction of a 34-bed extended hospital care unit.

Royal Inland Hospital, Kamloops.—Renovations to the older sections of the hospital to improve services as well as redistribute the beds to provide a more efficient and economical layout.

Lions Gate Hospital, North Vancouver.—Completion of the sixth and seventh floors to provide 138 additional acute beds and the completion of the fourth floor of the old hospital building for 21 psychiatric beds; also renovations to the kitchen, operating-room, and central supply-room.

St. Mary's Hospital, New Westminster.—Additions and alterations to the hospital to provide 85 beds, a new physiotherapy department, and improvements to other areas such as the kitchen, cafeteria, admitting, medical records, and administrative.

Peace Arch District Hospital, White Rock.—Construction of a new hospital of 106 acute beds, with 2 beds unfinished and a top floor in " shell " form which can provide 42 beds in the future. Later the existing hospital will be renovated for a 42-bed extended hospital care unit.

Health Sciences Centre, University of British Columbia—Psychiatric Unit.—Construction has begun on the first stage, consisting of 60 psychiatric beds. The psychiatric unit will eventually contain, in addition to the beds, extensive research and teaching areas.

Maple Ridge Hospital, Haney.—Construction of a nursing unit on the third floor for 50 beds, 6 of which will remain unfinished initially. Also additions are being constructed at the ground- and first-floor levels for physical medicine, laboratory, and emergency departments.

Royal Jubilee Hospital, Victoria.—Addition to the boiler-house and installation of two new boilers.

Queen Charlotte Islands General Hospital.—Construction of a 7-bed pædiatric addition and renovations.

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

Matsqui-Sumas-Abbotsford General Hospital.—Expansion and renovation.

Campbell River and District General Hospital.—Addition for extended hospital care.

Creston Valley Hospital.—Expansion and renovation.

Kelowna General Hospital.—Expansion and renovation.

Prince George Regional Hospital.—Expansion of services.

Nanaimo Regional General Hospital.—Completion of top floor.

Pouce Coupe Community Hospital.—Addition and renovations.

Surrey Memorial Hospital.—Addition and renovations.

Mills Memorial Hospital, Terrace.—Expansion project.

Health Sciences Centre, University of British Columbia.—New hospital facility (not including psychiatric unit, Stage I, presently under construction.)

(*d*) *Additional Projects Approved and in Various Planning Stages in 1966*

Lady Minto Hospital, Ashcroft.—Replacement.

R. W. Large Memorial Hospital, Bella Bella.—Replacement.

Burnaby General Hospital.—Expansion programme.

Burns Lake and District Hospital.—Additions and renovations.

Campbell River and District General Hospital.—Expansion for acute care.

Chetwynd Hospital.—New facility.

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

St. Joseph's General Hospital, Comox.—Conversion of 1938 wing for extended hospital care.

Cowichan District Hospital, Duncan.—Extended hospital care unit.

Enderby and District Memorial Hospital.—Renovations.

Fort St. James Hospital.—New facility.

Fraser Canyon Hospital, Hope.—Expansion and renovations.

Windermere District Hospital, Invermere.—Expansion.

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

Lillooet District Hospital.—Expansion and renovations.

Langley Memorial Hospital, Murrayville.—Conversion of old hospital for activation and extended care.

Royal Columbian Hospital, New Westminster.—Expansion and renovations.

Lions Gate Hospital, North Vancouver.—Expansion of services.

Ocean Falls General Hospital.—Replacement.

St. Martin's Hospital, Oliver.—Replacement.

Penticton Hospital.—Expansion and renovations.

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

Powell River General Hospital.—Expansion for extended hospital care unit.

Prince George Regional Hospital.—Expansion programme.

Prince Rupert General Hospital.—Replacement.

Jewish Home for the Aged, Vancouver.—Proposed extended hospital care unit.

Queen Victoria Hospital, Revelstoke.—Replacement.

Shuswap Lake General Hospital, Salmon Arm.—Expansion.

Bulkley Valley District Hospital, Smithers.—Addition.

Squamish General Hospital.—Renovations and improvements.

Trail-Tadanac Hospital, Trail.—Additions, renovations, and nurses' residence.

Vancouver General Hospital.—Replacements and additions.

British Columbia Cancer Institute, Vancouver.—Radiotherapy extension.

British Columbia Red Cross Centre, Vancouver.—Red Cross blood transfusion depot, donor clinic, and headquarters.

Children's Hospital, Vancouver.—Replacement.

Holy Family Hospital, Vancouver.—New 70-bed activation unit and renovation of existing building for extended care.

Mount St. Joseph's Hospital, Vancouver.—New acute unit and renovation of existing hospital for extended care.

St. Paul's Hospital, Vancouver.—Renovation and expansion programme.

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

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

St. John Hospital, Vanderhoof.—Replacement.

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

St. Joseph's Hospital, Victoria.—Expansion and renovations.

Cariboo Memorial Hospital, Williams Lake.—Completion of unfinished areas.

Director of Hospital Consultation, Development, and Research

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

The Director is responsible for the operation of both the Hospital Consultation and Inspection Division and the Research Division, and is Assistant Chief Inspector of Hospitals under the *Hospital Act,* the Chief Inspector being the Deputy Minister. The Director is responsible for the administration of the Service in the absence of the Deputy and the Assistant Deputy Minister. He is Chairman of the Hospital Planning Group and Vice-Chairman of the Hospital Rate Board. The work undertaken during the year in connection with these activities is outlined on pages 16 and 15 respectively. He represents the Service on a number of committees of Government and community agencies, including the Co-ordinating Committee on Paramedical Training of the British Columbia Institute of Technology, Burnaby; the Liaison Committee between the Service and the British Columbia Hospitals' Association; the Education Committee of the British Columbia Hospitals' Association; and the Victoria and District Hospital Planning Board.

Reports of the activities undertaken by the two Divisions responsible to the Director during the year follow.

Hospital Consultation and Inspection Division

J. Bainbridge, Manager

This Division provides consultative services 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 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.

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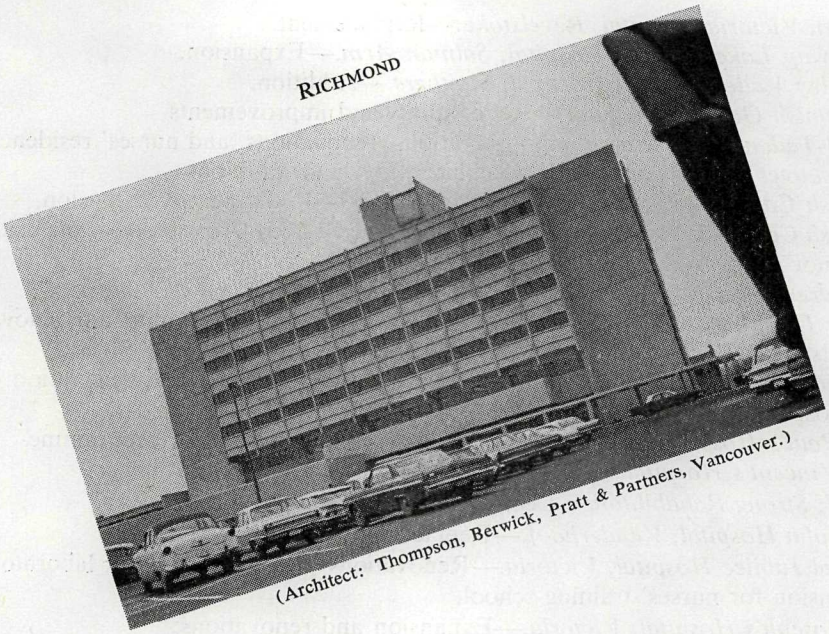

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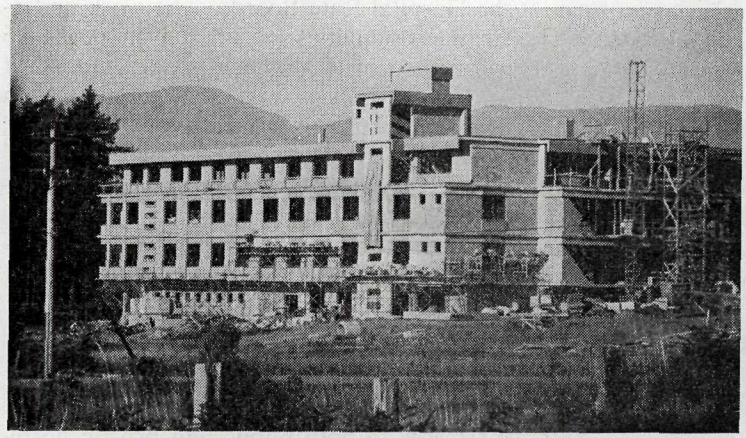

(Architect: Gardiner, Thornton, Gathe & Associates, Vancouver.)

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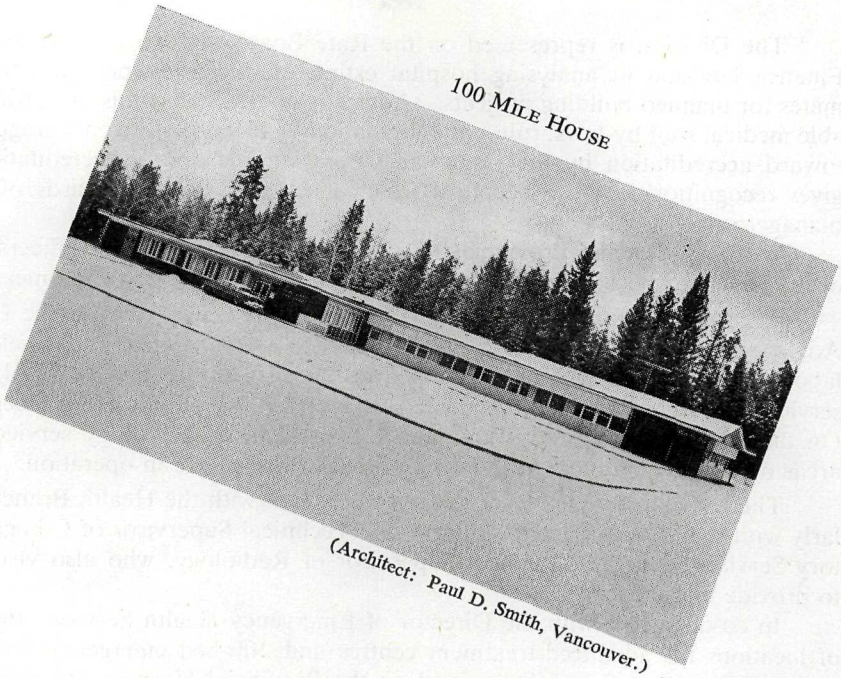

100 Mile House

(Architect: Paul D. Smith, Vancouver.)

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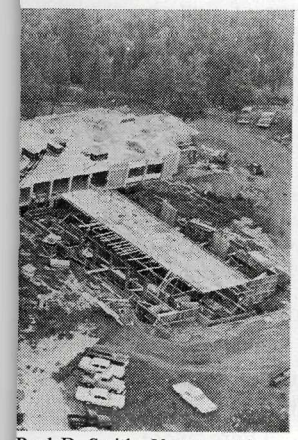

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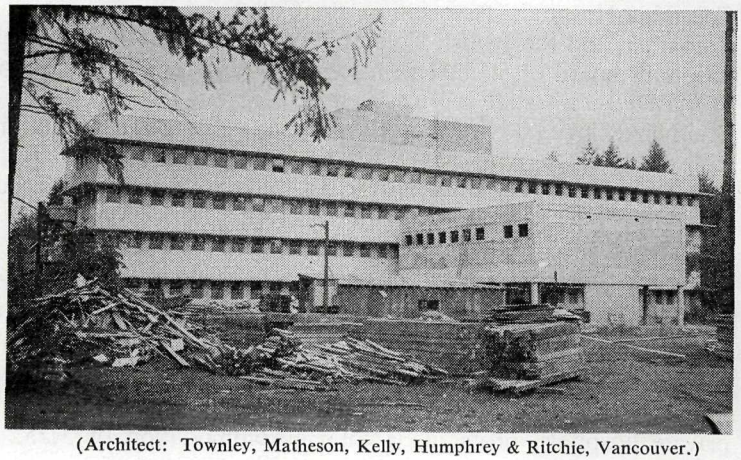


(Architect: Townley, Matheson, Kelly, Humphrey & Ritchie, Vancouver.)

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. 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 check 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 Provincial 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, eight regional pathology services in eight areas of British Columbia have been approved, and all are in operation.

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.

In co-operation with the Director of Emergency Health Services, the planning of locations for advanced-treatment centres and 200-bed emergency hospitals was undertaken. A staff member served on the Provincial Hospital Disaster Plan Review Committee, along with representatives from the Health Branch and Provincial Civil Defence.

The Division also represented the British Columbia Hospital Insurance 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 British Columbia Medical Association. At the request of a hospital in which an unusually difficult situation had arisen, the Manager of this Division and the Medical Consultant were appointed to an advisory team made up of members of the British Columbia Hospitals' Association, the College of Physicians and Surgeons of British Columbia, and the British Columbia Medical Association, which was asked by the hospital's board of management to survey and report on the situation. A member of the Division's staff is Vice-Chairman of the British Columbia Council of Practical Nurses, the body responsible for the licensing of practical nurses in accordance with the *Practical Nurses Act*.

During the year the Division assisted the Hospital Construction and Planning Division, in co-operation with the Factories Inspection Branch of the Department of Labour, in organizing a series of one-day workshops on " Preventive Maintenance for Elevators " in various centres throughout the Province.

A Council of Hospitals with Schools of Nursing was set up during the year, with a member of this Division acting as B.C.H.I.S. representative.

During the year, 200 visits of a consultative and inspectional nature were made to private hospitals providing nursing-home care. At the year-end there were 71 private hospitals, providing a total accommodation of 3,252 beds. There were three private acute hospitals with a total capacity of 45 beds and 10 bassinets. No person may serve as a superintendent of a private hospital without the approval of the Chief Inspector of Hospitals. The Registered Nurses' Association of British Columbia has continued to screen the credentials of all graduate nurses who wish to work in private hospitals.

An associated responsibility of the Division is to arrange for the placement, by the Social Welfare Department, of welfare patients who no longer need to remain in acute general hospitals but require alternative care 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 115 cases were dealt with under this arrangement in 1966.

During the year Miss B. Dunford and Miss P. Hrehirchek joined the Division as nursing consultants. Miss Hrehirchek left to get married in September and was replaced by Mrs. C. Bailey. Miss J. Groves transferred from the Health Branch to become the B.C.H.I.S. dietary consultant. Mr. E. C. Luscombe joined the Division as a hospital consultant in July.

Research Division

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

Each year the Research Division carries out a number of studies relating to hospitalization and morbidity in British Columbia. While some of the projects are of an annual nature, the Division is engaged in the continuing study of hospital bed requirements in the Province. This study involves individual bed need surveys of specific areas of the Province, and in 1966 approximately 12 such surveys were completed.

The Division derives most of its statistical information from the Admission/Separation records submitted by the hospitals for each in-patient. The data used is key-punched by the Hospital Claims Section of this Service and then transferred to magnetic tape by the Data Processing Division of the Department of Industrial Development, Trade, and Commerce, which prepares the required tabulations.

To aid in the calculation of bed needs, each year the Division prepares population estimates, broken down by age-group and race, for each of the more than 80 districts in the Province.

The Research Division also prepares for publication a number of annual bulletins, the most important of these being the " Statistics of Hospital Cases Discharged in 1965." In addition to the morbidity tables proposed by the Federal Advisory Committee on Hospital Insurance and Diagnostic Services, this bulletin also contains an analysis of hospitalization in British Columbia by race, age, geographic location, major diagnostic group, and type of service, and a new section which was added in 1966 showing trends in hospitalization. Other bulletins include " Statistics of Hospitalized Accident Cases " and " Statistical Table Pertaining to Hospitalization in the Metropolitan Vancouver Area." In addition to these, a number of tables and charts known collectively as " Hospital Indicators " were prepared and circulated to hospitals, to enable them to assess their own performance and to provide comparative statistics which are not available elsewhere.

A survey of morbidity trends in British Columbia since 1961 was undertaken during the year, and was still being developed at the year-end.

A number of special requests involving statistical information concerned with hospitalization or morbidity were also handled.

Mr. P. Pallan, B.Sc., was appointed Research Officer in May, 1966, to fill the vacancy created by the resignation some months earlier of Mr. E. Weekley.

Medical Consultation Division

C. F. Ballam, M.D., Medical Consultant

The Admission/Separation Form for each patient admitted to a hospital, either in British Columbia or elsewhere, who claims eligibility for Hospital Insurance

Service coverage, is assessed with regard to its medical aspects by this Division. This review includes coding according to the "International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases and Operations," and is a function which requires the professional knowledge and training of the medical coders. The competence and accuracy applied to this work will be reflected in the statistical end-product. These statistical data are basic to planning decisions for expanding or developing hospital facilities generally, and special departments in certain hospitals in particular. Other functions of the review include bed usage, identifying special-area requirements by reason of geographical or industrial development, and assessing complicated individual cases when required. The Chief Supervisor of Medical Coders has rendered valuable service in this Division and has, in addition, commenced giving consultative services to hospitals concerning medical records and related matters.

Extended-care hospital coverage, introduced in December, 1965, increased the tasks of this Division. Assessment and review of individual patient applications created a work load of major proportions. Direct consultation and assistance to the extended-care hospitals was needed, as they adopted new programmes and accepted a changing and increased load of patient care. In addition, quarterly reviews of all extended-care patients by direct reassessment in the hospitals were undertaken, with two accomplishments in mind: (1) a medical audit, to ensure patients were or continued to be medically qualified; (2) to review and assist the hospital in implementing a treatment programme which would result in the patient receiving the best possible care under the new programme.

The Medical Consultant has, in addition to supervision of the foregoing, visited during the past 10 months 21 hospitals and, in addition, attended meetings of many special disease groups and societies and health agencies. Liaison with the British Columbia Medical Association, the British Columbia College of Physicians and Surgeons, and the British Columbia Hospitals' Association continues, and has enabled joint action being taken on special problems involving individual hospitals. This team approach, involving the Medical Consultant and an Inspector from the Hospital Consultation and Inspection Division, together with the other agencies above, has had a very busy year. The machinery to deal with such problems has been forged; the next logical step would be to consider and set up the administrative inspection services needed to anticipate problems, so that the consultation machinery could be put to work early.

The Medical Consultant gives advice to the Service on proposed additions to or extension of medical services in hospitals. This advice extends to equipment and design as well as to the introduction or development of new diagnostic and treatment services. Where unique need requires it, he turns for ancillary consultative advice to the resources of the Health Branch and Mental Health Services, as well as to specialist individuals and groups in the profession. He also participates in the post-graduate continuing medical education programmes in order that the British Columbia Hospital Insurance Service's medical consultation reflects current and pertinent professional knowledge.

In December, 1966, Dr. D. G. Adams was appointed Assistant Medical Consultant to the Service. He will help cope with the expanding professional commitments of this Division.

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. 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.

The Administrative Officer works closely with the Department of Municipal Affairs, the Chief Electoral Officer, and the Water Resources Branch in making arrangements for money votes to be held in municipalities, hospital improvement districts, and regional districts for the purpose of raising the local communities' shares of the cost of approved hospital construction, expansion, or renovation projects.

In collaboration with the Hospital Consultation and Inspection Division, the Administrative Officer processes, for approval under section 14 of the *Hospital Act,* transfers of private hospital property and transfers of shares in the capital stock of private hospital corporations. In addition, close liaison is maintained with the Land Registry Office to ensure that the property records of both general hospitals and private hospitals are suitably endorsed to ensure that land transfers are not made until they are approved under sections 14 (2) and 41 (1) (*c*) of the *Hospital Act*.

As in previous years, considerable time was spent in 1966 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 is the Personnel Officer for the British Columbia Hospital Insurance Service. He is also responsible for the over-all supervision of the Third Party Liability and the Eligibility Sections, and during the year the General Office was placed under the Administrative Officer's jurisdiction.

Eligibility Representatives' Section

P. A. Bacon

In order to ensure that only qualified British Columbia residents receive hospital insurance benefits, the staff of the Eligibility Section review the 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 are dealt with by personal interview, telephone, and correspondence.

Eligibility Representatives visit hospitals on a regular schedule to see that the B.C.H.I.S. eligibility procedures are being properly carried out. The Representatives also assist in the training of hospital admitting personnel to deal with problems connected with the admission of patients to hospitals and the determination of their status under the *Hospital Insurance Act*. This training assistance is provided by means of visits to hospitals and by regional meetings. During 1966, regional meetings were held in Vancouver, Kamloops, Nelson, Prince George, Dawson Creek, and Campbell River.

This Section keeps the great majority of employers in British Columbia supplied with certificates on which an employee's length of employment can be certified.

The Representatives 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.

Close liaison is maintained with the British Columbia Medical Plan, and Eligibility Representatives supply Medical Plan applications and information to the general public in many communities throughout the Province. Regional representatives are located in Prince George, Kamloops, Nelson, and Kelowna, as well as in Vancouver and Victoria.

Third Party Liability Section

J. W. Brayshaw

The hospitalization reports that are completed by hospitals for every patient admitted with accidental injuries are processed by the Third Party Liability Section. This Section also handles the arrangements under which the British Columbia Hospital Insurance Service receives reimbursement from public liability insurance companies and self-insured corporations for hospital expenses paid by this Service on behalf of accident victims. The Senior Eligibility Representative 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.

General Office

C. R. Leighton

Supervision of expenditure and internal accounting continue as the primary responsibilities of this office. This involves all administrative accounting, preparation of financial statements, maintaining payroll and personnel records, and responsibility for all equipment, furniture, and supplies. The preparation of Departmental estimates is also a continuing responsibility which is carried out annually in consultation with the Division Managers.

As in the previous year, this office continues to assist the Hospital Construction and Planning Division in processing applications for Provincial Government grants in connection with hospital renovations and alterations. During the past year this responsibility has been broadened to include processing applications being made for Federal Government grants for hospital alterations and renovations.

The British Columbia Safety Council annual conference was once again attended by the General Office Supervisor in his capacity as Departmental Safety Officer. The Safety Committee of the British Columbia Hospital Insurance Service produced a safe-driving poster for use during the Christmas season which was distributed throughout the Civil Service and was also used by the British Columbia Safety Council. The British Columbia Hospital Insurance Service once again earned a British Columbia Safety Council award, and in December a silver certificate for 327,522 consecutive man-hours of accident-free work was awarded by the Premier, the Honourable W. A. C. Bennett.

A change in internal administration made during the year requires the General Office to report to the Administrative Officer instead of the Assistant Deputy Minister.

Public Information

R. H. Thompson

This office is responsible for the continuing development of public information activities and concerns itself with three main areas of responsibility, which are the general public, hospitals, and in-service duties. The following is a summary of the work undertaken during 1966: Revision of the pamphlet "At Your Service," which is supplied to hospitals for distribution to patients and their visitors, was completed during the year, with the assistance of the Administrators' Division of the British Columbia Hospitals' Association. It is expected that the revised pamphlet will be printed early in the new year. At the request of the British Columbia Hospitals' Association, a start was made on the preparation of material for a hospital trustee orientation kit. The project has been proposed as a joint B.C.H.A.-B.C.H.I.S. undertaking. The " General Information " pamphlet was revised and printed, and copies were forwarded to business and industry, civic organizations, Government Agents, welcome-wagon agencies, and other sources who regularly contact new residents. The pamphlet contains information regarding residential requirements, types of coverage, hospital benefits, and other items of general interest.

An educational display outlining the progress made by hospitals and the development of the British Columbia Hospital Insurance Service over the years was prepared for the British Columbia Hospitals' Association annual conference, held in Vancouver in October, and a brochure was prepared in conjunction with the display, containing related information and data. Assistance was also given in up-dating the B.C.H.I.S. material in the Department's exhibit located in the British Columbia Building on the grounds of the Pacific National Exhibition. This exhibit is open to the public throughout the year and is viewed by thousands of visitors.

The purchase of a 35-mm. camera early in the year facilitated the development of a photographic file of the interiors and exteriors of public hospitals. The photographs are taken by B.C.H.I.S. personnel while on field trips, and, in 1966, 27 hospitals were photographed for future reference by the various Divisions. As a service to hospitals and to offset the cost of purchasing films, a motion-picture library is maintained for the free use of hospitals for in-service training. Approximately 200 individual screenings of these films were made by hospitals during the year. A film titled " Fire and Explosion Hazards from Flammable Anæsthetics " was purchased during the year, bringing to 15 the number of films available to hospitals.

In July the Public Information Officer made a tour of 13 Interior hospitals, at which time various public information activities were discussed with the hospital administrators. Regular editions of the B.C.H.I.S. Bulletin were published during the year, and copies were sent to all public general hospitals and nursing homes. The Bulletin is an administrative aid used to clarify policy and procedural changes for hospital personnel. It also features articles of general interest dealing with such subjects as safety, medical records, nursing care, and so on. Several press releases on hospital construction and the awarding of Government grants were issued, and articles were written for the Government News and national publications. Other duties included the summarizing of reports for the information of the Deputy Minister, maintaining the newspaper files, handling correspondence, and the preparation and editing of the Eighteenth Annual Report.

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 Misericordiæ Hospital, Rossland.
Matsqui, Sumas, and Abbotsford General Hospital, Abbotsford.
Michel-Natal District 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.
100 Mile District General Hospital, 100 Mile House.
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.
Richmond General Hospital, Richmond.
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 (ceased to operate on January 15, 1966).
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 (ceased to operate on November 30, 1966).
R.C.A.F. Station Hospital, Holberg.

Licensed Private Hospitals

Industrial Hospitals in Remote Areas with Which the Province Has Entered into an Agreement Requiring Them to Furnish the General Hospital Services Provided under the Hospital Insurance Act.

Bralorne Private Hospital, Bralorne.
Cassiar Asbestos Corporation Private Hospital, Cassiar.
Gold Quartz Hospital, Wells.
Medical-Dental Hospital Unit, Vancouver (ceased to operate on September 30, 1966).
Port Alice Private Hospital, Port Alice.

Other

Hollywood Hospital Ltd., New Westminster (licensed under the *Mental Health Act*).

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.
Sunny Hill Hospital for Children, Vancouver.
Veterans' Hospital, Victoria.

(A number of the larger public hospitals also have rehabilitation units.)

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.
Veterans' Hospital, Victoria (extended-care unit).
Shaughnessy Hospital, Vancouver (extended-care unit).

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 1966 there were 90 public general hospitals approved to accept B.C.H.I.S. patients. In addition, care was provided in eight outpost hospitals, six Federal hospitals, five contract hospitals, five public rehabilitation hospitals, and one rehabilitation hospital operated by the Provincial Govern-

ment. Hospital insurance coverage for patients in non-profit extended-care hospitals and units commenced December 1, 1965. At the year-end there were 12 hospitals providing extended care. Data for the year 1966 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 298,821 B.C.H.I.S. adult and children patients were separated (discharged) from British Columbia hospitals in 1966, an increase of 12,022 or 4.2 per cent over 1965. This table also shows that 95.0 per cent of the total patients separated (discharged) from British Columbia public hospitals were covered by hospital insurance, compared to 95.2 in 1964 and 95.0 in 1965. Table 1B indicates in 1966 that the British Columbia Hospital Insurance Service paid public hospitals in British Columbia for 2,860,750 days of care for adults and children, an increase of 113,518 days or 4.2 per cent over 1965.

As shown in Table 2A, the average length of stay of British Columbia adult and children patients in public hospitals during 1966 was 9.57 days, and the days of care per thousand population were 1,773. For comparison purposes, the data for extended-care hospitals is not included in the above observations, but it should be noted an additional 151 days of care per thousand population were provided for these patients.

TABLE 1A. — PATIENTS SEPARATED (DISCHARGED OR DIED) AND PROPORTION COVERED BY BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, BRITISH COLUMBIA PUBLIC HOSPITALS ONLY, 1949–66 (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	292,119	35,688	327,807	278,023	34,196	312,219
1965[1]	301,510	33,555	335,065	286,799	31,863	318,662
1966[2]	313,957	32,375	346,332	298,821	30,634	329,455
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	.....	.....	.....	95.2	95.8	95.2
1965[1]	.....	.....	.....	95.1	95.0	95.0
1966[2]	.....	.....	.....	95.2	94.0	95.0

[1] Amended as per final reports received from hospitals.
[2] *Estimated, based on hospital reports to October 31, 1966.*

TABLE 1B.—TOTAL PATIENT-DAYS AND PROPORTION COVERED BY BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE, BRITISH COLUMBIA PUBLIC HOSPITALS ONLY, 1949–66 (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	2,820,122	260,979	3,081,101	2,670,176	246,813	2,916,989
1965[1]	2,895,476	245,756	3,141,232	2,747,232	230,096	2,977,328
1966[2]	3,006,504	235,595	3,242,098	2,860,750	219,728	3,080,478
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	.....	.....	.....	94.7	94.6	94.7
1965[1]	.....	.....	.....	94.0	93.0	94.0
1966[2]	.....	.....	.....	95.0	93.0	95.0

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to October 31, 1966.

TABLE 2A.—PATIENTS SEPARATED, TOTAL PATIENT-DAYS, 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, 1949–66.

	Total (Excluding Extended Care)		B.C. Public Hospitals		Other B.C. Hospitals, Including Federal and Private		Institutions Outside B.C.		Extended-care Hospitals (Including Federal)
	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	293,144	34,652	278,023	34,196	11,605	149	3,516	307	.....
1965[1]	301,522	32,240	286,799	31,863	11,417	114	3,306	263	.....
1966[2]	313,524	30,958	298,821	30,634	11,378	99	3,325	225	656
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	2,905,544	249,827	2,670,176	246,813	199,164	878	36,204	2,136	.....
1965[1]	2,985,092	232,438	2,747,232	230,096	205,488	619	32,372	1,723	.....
1966[2]	3,101,916	221,823	2,860,750	219,728	205,916	520	35,250	1,575	283,250
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	9.91	7.21	9.60	7.22	17.16	5.89	10.30	6.96	.....
1965[1]	9.90	7.21	9.57	7.22	18.00	5.43	9.79	6.55	.....
1966[2]	9.89	7.17	9.57	7.17	18.10	5.25	10.60	7.00	4,317.84

[1] Amended as per final reports from hospitals.

[2] Estimated, based on hospital reports to October 31, 1966. 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 1,799; 1966, 1,773. (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.) In addition, estimated patient-days per thousand population for extended care amounted to 151. Population figures are revised according to latest census figures.

TABLE 2B.—SUMMARY OF THE NUMBER OF B.C.H.I.S. IN-PATIENTS (INCLUDING EXTENDED HOSPITAL CARE PATIENTS) AND SHORT-STAY PATIENTS, 1949–66

	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	327,796	141,000	468,796
1965[2]	333,762	160,000	493,762
1966[3]	345,138	175,000	520,138
Totals	4,743,094	1,674,073	6,417,167

[1] Years 1962 to 1966 estimated.
[2] Amended as per final reports received from hospitals.
[3] Estimated, based on hospital reports to October 31, 1966.

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 1966[1] (EXCLUDING EXTENDED-CARE HOSPITALS).

	Bed Capacity					
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25
Patients separated—						
Adults and children	298,821	106,050	92,074	56,846	34,936	8,915
Newborn	30,634	9,198	10,750	7,203	2,710	773
Patient-days—						
Adults and children	2,860,750	1,207,650	792,479	524,913	270,450	65,268
Newborn	219,728	73,348	74,356	50,168	17,160	4,696
Average days of stay—						
Adults and children	9.57	11.39	8.61	9.23	7.74	7.32
Newborn	7.17	7.97	6.92	6.96	6.33	6.08

[1] Estimated, based on hospital reports to October 31, 1966.

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 1966[1] (EXCLUDING EXTENDED-CARE 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	35.49	30.81	19.02	11.69	2.99
Newborn	100.00	30.02	35.09	23.51	8.85	2.53
Patient-days—						
Adults and children	100.00	42.21	27.70	18.35	9.45	2.29
Newborn	100.00	33.38	33.84	22.83	7.81	2.14

[1] Estimated, based on hospital reports to October 31, 1966.

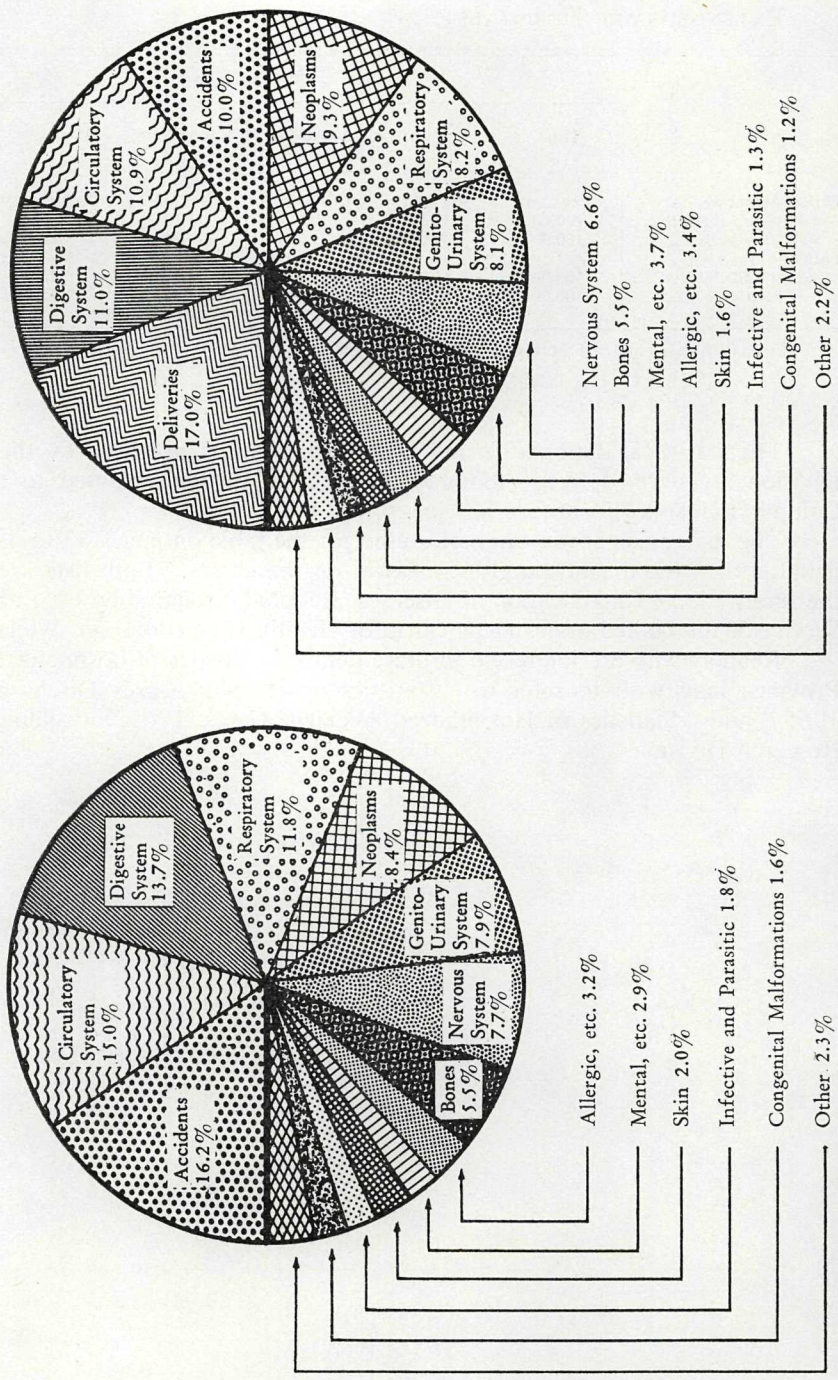
CHARTS

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 47 to 49 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.

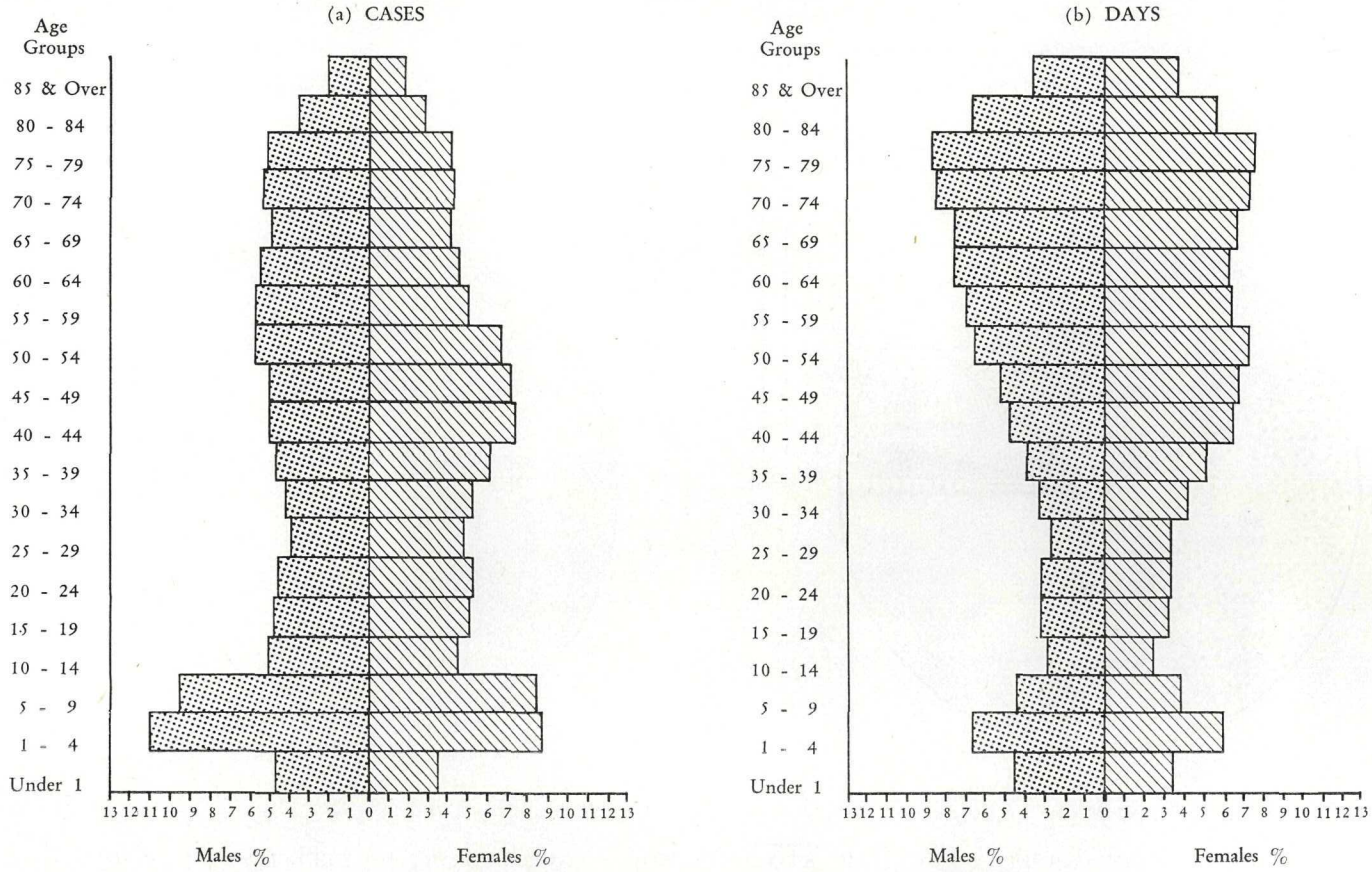
Readers who are interested in more detailed statistics of hospitalization in this Province may wish to refer to " Statistics of Hospital Cases Discharged during 1965 " and " Statistics of Hospitalized Accident Cases, 1965," available from the Research Division.

CHART I.—PERCENTAGE DISTRIBUTION OF DAYS OF CARE* BY MAJOR DIAGNOSTIC GROUPS, 1965
(IN DESCENDING ORDER)



* Including rehabilitative care.

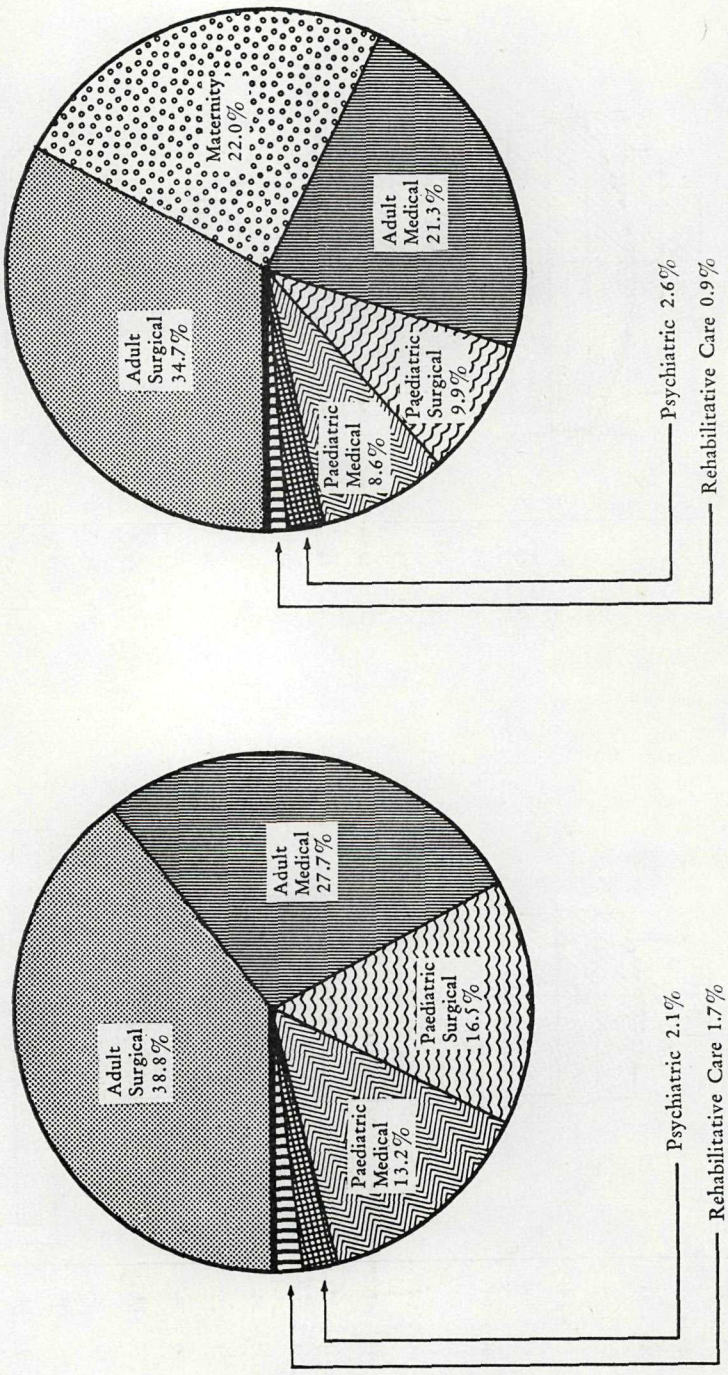
CHART II.—PERCENTAGE AGE DISTRIBUTION OF MALE AND FEMALE* HOSPITAL CASES AND DAYS OF CARE,† 1965



* 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.

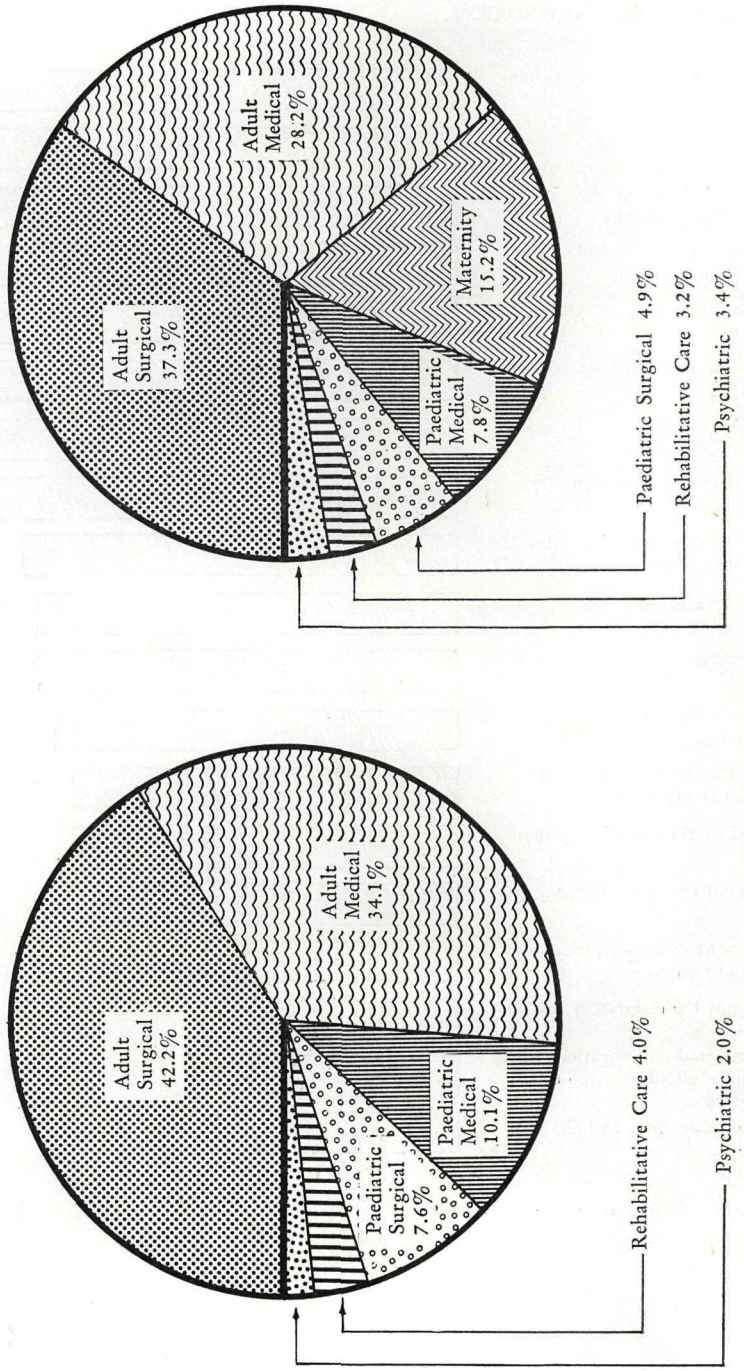
† Including rehabilitative care.

CHART III.—PERCENTAGE DISTRIBUTION OF HOSPITAL CASES* BY TYPE OF CLINICAL SERVICE, 1965



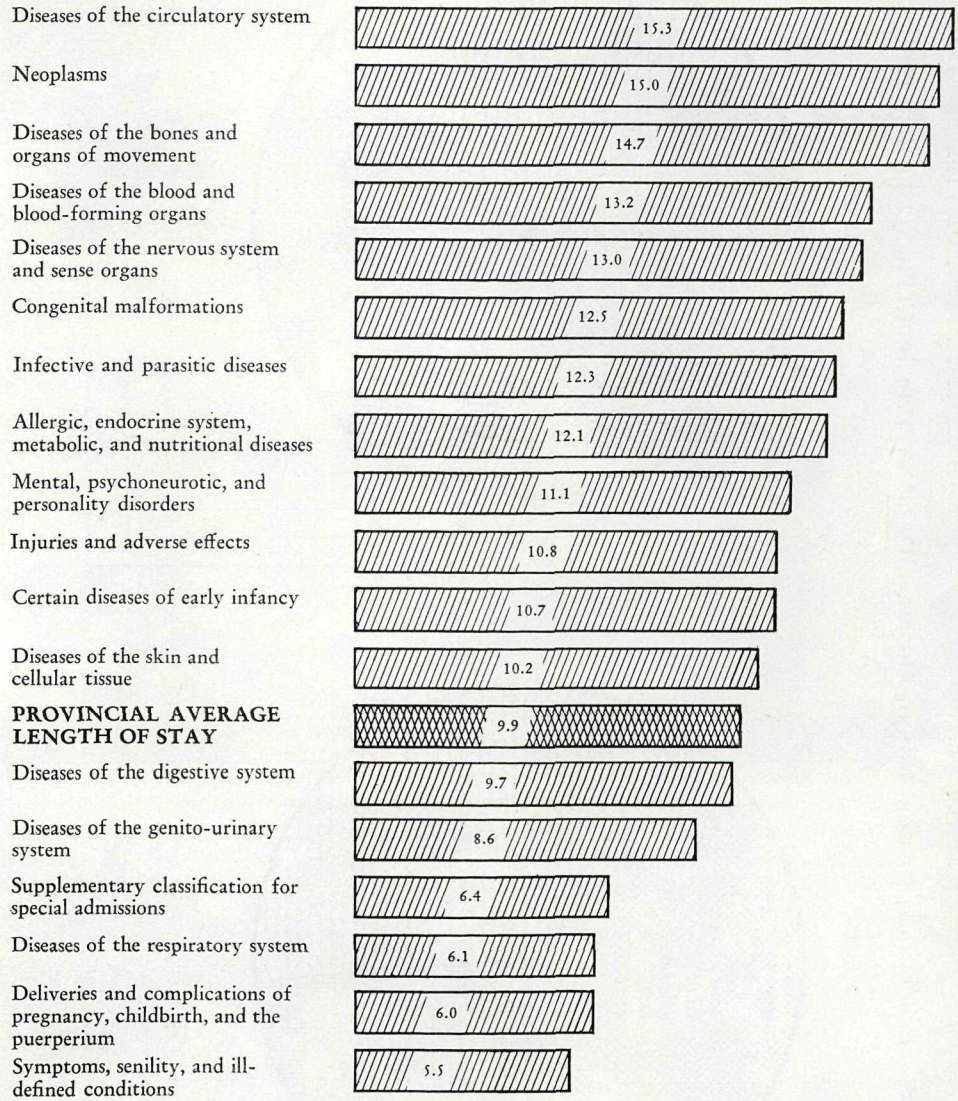
* Including rehabilitative care.

CHART IV.—PERCENTAGE DISTRIBUTION OF HOSPITAL DAYS* BY TYPE OF CLINICAL SERVICE, 1965



* Including rehabilitative care.

CHART V.—AVERAGE LENGTH OF STAY OF CASES* IN HOSPITALS IN BRITISH COLUMBIA, BY MAJOR DIAGNOSTIC GROUPS IN DESCENDING ORDER, 1965 (EXCLUDING NEWBORNS).



* Including rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1965 (EXCLUDING NEWBORNS)

List Number and Diagnosis	I.C.D.A. No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
I. Infective and parasitic diseases	002–138	3,891	47,727	12.3	1.2	1.5
1. Tuberculosis, all forms	002–019	236	3,877	16.4	0.1	0.1
2. Poliomyelitis and encephalitis	080–083	266	10,520	39.5	0.1	0.4
3. Infectious hepatitis	092	502	7,365	14.7	0.1	0.2
4. Other diseases attributable to viruses	084–091, 093–096	1,348	10,390	7.7	0.4	0.3
5. Other bacterial, spirochaetal, rickettsial, or parasitic diseases	020–074, 100–138	1,539	15,575	10.1	0.5	0.5
II. Neoplasms	140–239	18,374	274,789	15.0	5.9	8.9
6. Malignant neoplasm of buccal cavity and pharynx	140–148	262	4,828	18.4	0.1	0.2
7. Malignant neoplasm of stomach	151	452	11,794	26.1	0.1	0.4
8. Malignant neoplasm of large intestine except rectum	153	605	16,315	27.0	0.2	0.5
9. Malignant neoplasm of rectum	154	487	14,647	30.1	0.1	0.5
10. Malignant neoplasm of bronchus, trachea, and lung	162, 163	856	19,151	22.4	0.3	0.6
11. Malignant neoplasm of breast	170	945	17,546	18.6	0.3	0.6
12. Malignant neoplasm of cervix uteri	171	1,416	12,377	8.7	0.5	0.4
13. Malignant neoplasm of uterus other than of cervix uteri	172–174	387	4,299	11.1	0.1	0.1
14. Malignant neoplasm of ovary, Fallopian tube, and broad ligament	175	210	5,075	24.2	0.1	0.2
15. Malignant neoplasm of prostate	177	793	18,090	22.8	0.3	0.6
16. Malignant neoplasm of kidney, bladder, and other urinary organs	180, 181	984	16,617	16.9	0.3	0.5
17. Leukæmia and aleukæmia	204	489	8,607	17.6	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	3,134	69,377	22.1	1.0	2.2
19. Uterine fibromyoma and other benign neoplasm of uterus	214, 215	2,871	23,324	8.1	0.9	0.7
20. Benign neoplasm of ovary	216	616	5,887	9.6	0.2	0.2
21. Benign neoplasm (excluding uterus and ovary) and neoplasm of unspecified nature	210–213, 217–239	3,867	26,855	6.9	1.2	0.9
III. Allergic, endocrine system, metabolic, and nutritional diseases	240–289	8,380	101,666	12.1	2.7	3.3
22. Asthma	241	2,792	25,937	9.3	0.9	0.8
23. Other allergic disorders	240, 242–245	784	5,623	7.2	0.3	0.2
24. Diseases of thyroid gland	250–254	967	8,849	9.2	0.3	0.3
25. Diabetes mellitus	260	2,862	46,110	16.1	0.9	1.5
26. Diseases of other endocrine glands	270–277	263	3,285	12.5	0.1	0.1
27. Avitaminoses and other metabolic diseases	280–289	712	11,862	16.7	0.2	0.4
IV. Diseases of the blood and blood-forming organs	290–299	1,591	21,007	13.2	0.5	0.7
28. Diseases of the blood and blood-forming organs	290–299	1,591	21,007	13.2	0.5	0.7
V. Mental, psychoneurotic, and personality disorders	300–326	9,231	102,305	11.1	2.9	3.3
29. Psychoses	300–309	3,264	44,258	13.6	1.0	1.4
30. Psychoneurotic disorders	310–318	4,205	44,703	10.6	1.3	1.5
31. Disorders of character, behaviour, and intelligence	320–326	1,762	13,344	7.6	0.6	0.4

[1] Including rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1965 (EXCLUDING NEWBORNS)—*Continued*

List Number and Diagnosis	I.C.D.A. No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
VI. Diseases of the nervous system and sense organs	330–398	16,969	220,116	13.0	5.4	7.1
32. Vascular lesions affecting central nervous system	330–334	4,084	91,671	22.4	1.3	3.0
33. Inflammatory and other diseases of central nervous system	340–345, 350–357	2,685	48,307	18.0	0.9	1.5
34. Diseases of nerves and peripheral ganglia	360–369	1,018	11,879	11.7	0.3	0.4
35. Diseases of eye	370–389	4,755	36,045	7.6	1.5	1.2
36. Diseases of ear and mastoid process	390–398	4,427	32,214	7.3	1.4	1.0
VII. Diseases of the circulatory system	400–468	25,903	397,160	15.3	8.3	12.9
37. Rheumatic fever and chronic rheumatic heart disease	400–416	1,047	19,633	18.8	0.3	0.6
38. Arteriosclerotic and degenerative heart disease	420–422	10,641	190,770	17.9	3.4	6.2
39. Other diseases of the heart	430–434	3,091	45,281	14.6	1.0	1.5
40. Hypertensive heart disease and other hypertensive disease	440–447	2,243	28,422	12.7	0.7	0.9
41. Diseases of arteries	450–456	1,620	37,417	23.1	0.5	1.2
42. Varicose veins of lower extremities	460	2,977	35,122	11.8	1.0	1.2
43. Hæmorrhoids	461	1,988	15,973	8.0	0.6	0.5
44. Phlebitis and thrombophlebitis	463, 464	743	11,141	15.0	0.3	0.4
45. Other diseases of the circulatory system	462, 465–468	1,553	13,401	8.6	0.5	0.4
VIII. Diseases of the respiratory system	470–527	49,934	305,802	6.1	16.0	9.9
46. Acute upper respiratory infections	470–475	5,494	31,714	5.8	1.8	1.0
47. Influenza	480–483	1,272	6,530	5.1	0.4	0.2
48. Pneumonia	490–493	11,242	125,344	11.1	3.6	4.1
49. Bronchitis	500–502	6,621	57,946	8.8	2.1	1.9
50. Hypertrophy of tonsils and adenoids	510	20,321	46,276	2.3	6.5	1.5
51. Other diseases of respiratory system	511–527	4,984	37,992	7.6	1.6	1.2
IX. Diseases of the digestive system	530–587	39,030	379,170	9.7	12.5	12.3
52. Diseases of teeth and supporting structure	530–535	3,833	8,308	2.2	1.2	0.3
53. Ulcer of stomach and duodenum and jejunum	540–542	4,770	73,274	15.4	1.5	2.4
54. Gastritis, duodenitis, and other disorders and diseases of the stomach and duodenum	543–545	1,836	13,980	7.6	0.6	0.4
55. Appendicitis	550–553	4,041	30,737	7.6	1.3	1.0
56. Hernia of abdominal cavity	560, 561	6,441	57,260	8.9	2.1	1.9
57. Other intestinal obstruction	570	1,202	12,450	10.4	0.4	0.4
58. Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over	571	5,255	34,401	6.5	1.7	1.1
59. Chronic enteritis and ulcerative colitis	572	1,374	23,630	17.2	0.4	0.8
60. Cirrhosis and other diseases of liver	580–583	588	11,785	20.0	0.2	0.4
61. Diseases of gall bladder and pancreas	584–587	5,993	78,545	13.1	1.9	2.5
62. Other diseases of digestive system	536–539, 573–578	3,697	34,800	9.4	1.2	1.1
X. Diseases of the genito-urinary system	590–637	28,881	247,197	8.6	9.2	8.0
63. Nephritis and nephrosis	590–594	820	12,128	14.8	0.3	0.4
64. Infections of kidney	600	2,783	28,515	10.2	0.9	0.9
65. Calculi of urinary system	602, 604	2,283	21,377	9.4	0.7	0.7
66. Other diseases of urinary system	601, 603, 605–609	4,860	43,803	9.0	1.5	1.4

67. Hyperplasia of prostate	610	2,742	48,803	17.8	0.9	1.6
68. Redundant prepuce and phimosis	615	715	2,351	3.3	0.2	0.1
69. Infective diseases of ovary, uterus, vagina, Fallopian tube, and vulva	622–626, 630	2,799	19,300	6.9	0.9	0.6
70. Uterovaginal prolapse	631	2,278	29,396	12.9	0.7	1.0
71. Disorders of menstruation	634	4,328	13,786	3.2	1.4	0.4
72. Other diseases of genital organs	611–614, 616, 617, 620, 621, 632, 633, 635–637	5,273	27,738	5.3	1.7	0.9
XI. Deliveries and complications of pregnancy, childbirth, and the puerperium	640–689	45,557	274,723	6.0	14.6	8.9
73. Complications of pregnancy	640–649	7,699	36,728	4.8	2.5	1.2
74. Abortion	650–652	3,959	15,089	3.8	1.3	0.5
75. Delivery without mention of complication	660	28,162	172,723	6.1	9.0	5.6
76. Delivery with specified complications	670–678	5,280	48,119	9.1	1.7	1.5
77. Complication of the puerperium	680–689	457	2,064	4.5	0.1	0.1
XII. Diseases of the skin and cellular tissue	690–716	5,368	54,737	10.2	1.7	1.8
78. Infection of skin and subcutaneous tissue	690–698	2,816	23,811	8.5	0.9	0.8
79. Other diseases of skin and subcutaneous tissue	700–716	2,552	30,926	12.1	0.8	1.0
XIII. Diseases of the bones and organs of movement	720–749	11,582	170,149	14.7	3.7	5.5
80. Arthritis and rheumatism, except rheumatic fever	720–727	3,323	60,525	18.2	1.1	2.0
81. Displacement of intervertebral disc	735	2,942	45,082	15.3	0.9	1.4
82. Other diseases of musculoskeletal system	730–734, 736–738, 740–749	5,317	64,542	12.1	1.7	2.1
XIV. Congenital malformations	750–759	3,456	43,110	12.5	1.1	1.4
83. Congenital malformations	750–759	3,456	43,110	12.5	1.1	1.4
XV. Certain diseases of early infancy	760–776	725	7,745	10.7	0.2	0.3
84. Birth injuries, asphyxia, and infections of newborn and other diseases peculiar to early infancy	760–776	725	7,745	10.7	0.2	0.3
XVI. Symptoms, senility, and ill-defined conditions	780–795	5,862	32,263	5.5	1.9	1.0
85. Symptoms, senility, and ill-defined conditions	780–795	5,862	32,263	5.5	1.9	1.0
XVII. Injuries and adverse effects	800–999	36,906	399,444	10.8	11.8	12.9
86. Fracture of skull and head injuries associated with hæmorrhage in or injury to the brain	800–803, 852–856	4,580	29,316	6.4	1.5	1.0
87. Fracture of spine and trunk	805–808	2,055	43,408	21.1	0.7	1.4
88. Fracture of upper limb	810–817	4,154	26,060	6.3	1.3	0.8
89. Fracture of femur	820, 821	2,254	98,020	43.5	0.7	3.2
90. Other fractures of lower extremities	822–826	3,092	42,510	13.7	1.0	1.4
91. Dislocation without fracture, and sprains and strains of joints and adjacent muscles	830–848	4,768	40,701	8.5	1.5	1.3
92. Internal injury of chest, abdomen, and pelvis	860–869	593	7,174	12.1	0.2	0.2
93. Burns	940–949	1,388	22,349	16.1	0.4	0.7
94. Dislocations, sprains, strains, lacerations, superficial injuries, contusion, foreign body, poisoning, or other injury	850, 851, 870–881, 883–888, 890–898, 910–918, 920–936, 950–959, 997–999, N960–996	14,022	89,906	6.4	4.5	2.9
Totals, I to XVII	———	311,640	3,079,110	9.9	99.6	99.7
XVIII. Supplementary classifications for special admissions, including live births	Y00–Y29	1,281	8,202	6.4	0.4	0.3
95. Medical or special examination (without sickness)	Y00	2	2	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	1,279	8,200	6.4	0.4	0.3
Totals, I to XVIII (excluding newborns)	———	312,921	3,087,312	9.9	100.0	100.0

[1] Including rehabilitative care.

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31, 1966

Administration—	
Salaries	$544,375.00
Temporary assistance	16,651.00
	$561,026.00
Office expense	37,489.00
Travelling expense	30,678.00
Office furniture and equipment	11,041.00
Printing and publications	2,054.00
Tabulating and rentals	2,385.00
Motor-vehicles and accessories	1,651.00
Incidentals and contingencies	1,625.00
Technical surveys	19,429.00
	$667,378.00
Less contingencies and adjustments	31,770.00
	$635,608.00
Payments to hospitals—	
Claims	76,128,175.00
Vancouver General Hospital *re* out-patients (*Hospital Insurance Act,* sec. 17 (3) (*a*))	484,746.00
	$76,612,921.00
Less—	
Collections, third-party liability	405,182.00
	$76,207,739.00
Chargeable to Government of Canada ($40,573,279) and miscellaneous receipts ($154)	40,573,433.00
	$35,634,306.00
Grants in aid of construction of hospitals	3,790,757.00
Total	$40,060,671.00

Certified correct in accordance with Public Accounts.

C. F. SWANNELL,
Deputy Comptroller-General.

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