PROVINCE OF BRITISH COLUMBIA

"HOSPITAL INSURANCE ACT"

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Sixth Annual Report

# B.C. Hospital Insurance Service

JANUARY 1ST TO DECEMBER 31ST

1954

VICTORIA, B.C.
Printed by DON MCDIARMID, Printer to the Queen's Most Excellent Majesty
1955

# B.C. Hospital Insurance

## Short Annual Report

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HOSPITAL INSURANCE ACT

PROVINCE OF BRITISH COLUMBIA

VICTORIA, B.C., January 25th, 1955.

*To His Honour* CLARENCE WALLACE, C.B.E.,
*Lieutenant-Governor of the Province of British Columbia.*

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Sixth Annual Report of the B.C. Hospital Insurance Service covering the calendar year 1954.

E. C. MARTIN,
*Minister of Health and Welfare.*

B.C. HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., January 25th, 1955.

*The Honourable E. C. Martin,*
*Minister of Health and Welfare,*
*Parliament Buildings, Victoria, B.C.*

SIR,—I have the honour to present herewith the Report of the B.C. Hospital Insurance Service covering the calendar year 1954.

D. M. COX,
*Commissioner, B.C. Hospital Insurance Service.*

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# Sixth Annual Report of the B.C. Hospital Insurance Service

## GENERAL INTRODUCTION

The B.C. Hospital Insurance Service was established to provide the people of British Columbia with universal and comprehensive protection against the expense of acute in-patient hospital accommodation. It serves a twofold purpose by protecting the people of British Columbia from costly hospital bills and by protecting the hospitals of British Columbia from a large proportion of non-collectable accounts. Prior to the inception of the B.C. Hospital Insurance Service, unpaid hospital bills ranged from 35 to 55 per cent in some hospitals.

During the first three months of this year the policies governing universal coverage provided for the payment of a hospital insurance premium by, or on behalf of, every citizen, with the exception of certain minority groups. Regulations permitted the inclusion of a wide range of family dependents, and persons receiving social assistance from the Provincial Welfare Branch received hospital insurance coverage. However, on April 1st the "Hospital Insurance Act" was amended, and the original concept, which provided that eligibility for benefits was dependent upon premium payment under certain specified conditions, was replaced by the policy of making benefits available to bona fide residents. Individual premiums were abolished, and "residency" became the determining factor in establishing eligibility.

Comprehensive coverage is attained by providing the qualified patient with substantially all of the hospital's services.

Benefits consist of:—

(1) Payments at the public-ward level for treatment that can be obtained only in an acute general hospital:
(2) Payments for emergency treatment (short-stay benefits); and
(3) Payments for treatment in hospitals outside British Columbia (out-of-Province benefits).

For details regarding benefits, refer to page 22.

The B.C. Hospital Insurance Service has two main functions—financial and hospital services. The financial aspect comprises two main parts, as follows:—

### FINANCIAL (*a*)

#### *Revenue*

On April 1st, 1954, individual premium payments were abolished. The majority of funds necessary for the operation of the Service is now obtained from consolidated revenue, which has been augmented by an increase in the social services tax from 3 to 5 per cent. Another source of revenue is the Provincial and municipal *per diem* grants. In accordance with the "Hospital Act," the Provincial Government pays to the Hospital Insurance Service 70 cents for each day's treatment rendered by acute general hospitals in British Columbia. City and district municipalities pay 70 cents for each day's treatment rendered to persons defined as municipal residents under section 32 of the "Hospital Act."

The new concept made "residency" the determining factor for eligibility and new regulations specified certain conditions required by the applicant for benefits. (*See* Classes of Persons Covered by or Excluded from the Benefits of the Hospital Insurance Service, page 24.)

A patient requesting benefits under the "Hospital Insurance Act" is required to complete an Application for Benefits form when hospitalized. The hospital then verifies the statements regarding residency and, if the patient is a resident as approved under the "Hospital Insurance Act" and regulations, it then requests payment of the account by the Hospital Insurance Service. The Government will pay a hospital account on the certification of the hospital that the individual is a qualified resident, provided the hospital takes adequate steps to verify the statements concerning residency made by the patient or on his behalf. However, it reserves the right to reject any account where the statements regarding residence do not meet the requirements of the "Hospital Insurance Act." (*See* Eligibility Division and Field Staff, page 9.)

## Financial (*b*)

### *Claims and Accounting*

Payments to hospitals form the second part of the financial aspect of the Service, organized under the Hospital Services Group (*see* page 10). This is accomplished by the payment of qualified patients' hospital expenses at daily rates established under the budget system (below).

### *Methods of Payment to Hospitals*

A system of firm budgets was instituted for hospitals, effective January 1st, 1951, whereby hospitals' estimates were reviewed by the Rate Board of the Hospital Insurance Service. After adjusting where necessary, budgets were established. Hospitals were advised they would be required to operate within their approved budgets, with the exception of certain items (particularly fluctuation in days' treatment). Deficits incurred through expenditures in excess of the approved budget would not be met by the Provincial Government. The value of variable supplies used in patient care was calculated. When the numbers of days' treatment provided by the hospital differed from the estimate, the budgets were subject to adjustment by the number of days' difference, multiplied by the patient-day value of the variable supplies. Individual studies were made in those instances where large fluctuations in occupancy involved additions or reductions in standby costs, and budget adjustments were made.

This procedure was modified during 1953. *Per diem* rates were not increased and the 1952 budget was continued. However, authority was given the Service to increase a hospital's budget up to the amount of the 1953 salary increases for employees included in the 1952 approved budget, where the wage increases caused the hospital to incur a deficit.

Hospitals treat a certain number of non-B.C.H.I.S. patients (Workmen's Compensation Board, non-qualified persons, etc.), and every month the Service pays each hospital one-twelfth of the yearly budget represented by the B.C.H.I.S. insured days, as compared to the total days' treatment. By the end of the month each hospital is advanced the approximate amount required to cover B.C.H.I.S. patients, including those remaining in hospital at the end of the month. (It is interesting to note that since the introduction of the new policies on April 1st, 1954, approximately 93 per cent of all patients have been covered by the Service, as compared with 85 per cent during 1953.) One dollar a day is charged qualified patients, and the sum is deductible in calculating payments due hospitals from the Service. Hospitals charge non-qualified patients the established *per diem* rates.

## Hospital Services

Maintaining high standards of patient care is the other main function of the Hospital Insurance Service (*see* Hospital Services Group, page 10). The group of staff consultants who share this responsibility are organized into the following divisions:—

Hospital Finance: To advise hospitals on problems of accounting, finance, purchase of equipment, and review hospital accounting records and financial reports.

Hospital Consultation and Inspection: To assist hospitals with administrative and operational problems, and ensure that proper standards of patient care are maintained.

Medical Consultation: To review all medical matters related to the Service, under the advice and guidance of the Medical Review Board.

Hospital Construction: To advise hospitals planning new construction and renovation, and process applications for grants for construction.

Research: To conduct studies relating to hospital occupancy, and prepare medical and financial information pertaining to the hospital requirements of the Province.

Administrative Assistant: To assist in the formation of hospital districts in areas where no municipal organization exists, and give guidance in the review of hospital by-laws and related problems.

### Summary

In summary, the B.C. Hospital Insurance Service protects B.C. residents from costly hospital bills and B.C. hospitals from a large percentage of non-collectable debts. Maintenance of high standards of care is assured patients, and the hospitals' autonomy as a community function is maintained, although the Hospital Insurance Service exercises a certain degree of over-all financial control.

## ORGANIZATION AND ADMINISTRATION

### Terminating Premium Payment Plan

Premium payments were abolished, effective April 1st, and the change in concept necessitated the entire reorganization of the Service. A new plan of organization was drawn up. With the abolition of direct individual premium payment it became necessary to refund all premiums paid beyond March 31st, 1954. This operation entailed the preparation and mailing of 377,303 cheques, totalling a net refund of $3,887,136.23. A custodial staff was maintained to answer inquiries from the general public regarding premium refunds.

### Eligibility Division and Field Staff

To assist in the application of the new policy, field representatives were located in Victoria, Vancouver, Nelson, Kamloops, Kelowna, and Prince George. Their work involves a review and audit of application forms received by the hospitals. In a 2½-month period, 32,220 applications were received for review.

### Administrative Assistant

This office assumed the responsibility of the former Liability and Adjustment Division. It is responsible for liaison between the B.C. Hospital Insurance Service and the Attorney-General's Department, and prepares legislation, regulations, and Orders in Council. It ensures a uniform interpretation of the various Acts and regulations by providing a consulting service for the offices in the Service.

In conjunction with the Hospital Consultation and Inspection Division, hospitals are assisted in the review and revision of by-laws. This office also assists communities in unorganized territory to establish hospital improvement districts for the purpose of raising funds for hospitals.

Reports are compiled on all persons receiving hospital treatment as a result of an accident, and reimbursement of hospital bills paid by the Hospital Insurance Service is secured from public liability insurance companies and self-insured corporations.

## General Office

A General Office was organized, which assumed responsibility for the functions of the Departmental Comptroller's office. This office also has custody and control of all records left by the former Payroll and Central Accounts Divisions, and Revenue Control, and it assumed personnel and staff payroll duties. It administers the requisitioning and inventory of supplies, furniture, and equipment, and is responsible for mail distribution and the shipping of all supplies. A duplicating service is operated for internal use, and a teletype service maintained between Victoria and Vancouver for use by all Civil Service offices in Victoria and the Greater Vancouver area.

Public relations duties included publishing general information about the new policy and the editing of instructional circulars distributed to all hospitals. A library of 16-mm. sound film is also maintained for use by hospitals and other interested groups.

## Research Division

The primary functions of this Division are to analyse and prepare studies in Provincial hospitalization experience, bed requirements for acute care, incidence of sickness, population trends, and generally any analogous matters relating to the administration of the Insurance Service which require detailed investigation.

*Hospital Bed Facilities.*—A survey was completed on the bed requirements for acute care in the Lower Fraser Valley Hospital Region, consisting of the eighteen school districts and the Fraser Canyon, to determine the number of hospital beds which would be required to meet the needs of this region, and to suggest the areas to which these beds should be allocated. Similar smaller studies were made of four other areas.

*Causes and Duration of Hospitalization.*—Studies were commenced on the causes of hospitalization among B.C. residents and the causes of variation among areas in the average period of hospitalization.

*Other Activities.*—Methods of coding and recording the medical data on the I.B.M. punch-cards were studied and, in some instances, expanded. A geographical code was prepared to determine more precisely the incidence of hospitalization in terms of the residence of the patient. Statistical information pertaining to hospitalization and disease incidence was supplied to the Provincial Government and Federal Government agencies throughout Canada and the United States.

## Hospital Services Group

The Hospital Services Group deals with hospitals and hospitals' affairs and comprises the Hospital Finance, Hospital Consultation and Inspection, Medical Consultation, and Hospital Construction Divisions.

### *Hospital Finance Division*

*Hospital Claims Section.*—The main responsibilities of this Section are to process hospital accounts for payment and to screen applications for benefits. The new hospital insurance plan resulted in more claims being received by the Service. Claims for qualified employees of previously exempted groups, such as the Canadian Pacific Employees' Medical Association of British Columbia, the Telephone Employees' Medical Services Association of British Columbia, and Social Welfare recipients, are now paid by this Service. During the year 235,510 hospital accounts were paid, as compared to 208,111 in 1953. Included in this total were 2,738 out-of-Province accounts, paid on behalf of

qualified persons admitted to hospitals in other Provinces of Canada, the United States, Central and South America, Europe, and other areas of the world.

Approximately 950 admission notices received daily were screened for diagnoses in conjunction with the Medical Consultation Division. An equivalent number of hospital accounts were processed for payment.

Applications for benefits are checked for accuracy and referred to the field representatives for investigation, where necessary. This Section also administers the billing and collection of municipal *per diem* grants, and individual hospital accounts are checked to determine the municipality responsible.

Patients' records for the previous year, approximating 600,000 documents, were microfilmed.

*Hospital Accounting Section.*—Primarily concerned with hospital budgets, this Section maintains close working relationships with hospitals. Frequent inspections are made of hospital financial, statistical, and accounting records. When the accounting staff of smaller hospitals require assistance, and local help is not available, this Section will send an accountant to write up the books and, where necessary, help train new staff.

This Section also checks and amends financial and statistical reports, prepared by hospitals for the Dominion Bureau of Statistics; studies and recommends for approval requests made by hospitals for payment of grants in connection with capital expenditures for equipment; audits accounts relating to hospital-construction projects, in collaboration with Federal Treasury officials; carries out accounting studies in nursing homes and chronic hospitals, at the request of the Provincial Welfare Branch, to assist in establishing rates to be paid for the care of welfare patients; collates with the approved budget statistical reports and revenue and expenditure statements received from hospitals on a monthly basis; calculates cash advances forwarded to hospitals semi-monthly.

This section prepared the Annual Report on Hospital Statistics for 1953.

### *Hospital Consultation and Inspection Division, Victoria*

Hospital inspection and administrative assistance comprise the main functions of this Division.

During the year, hospitals were inspected, requiring visits ranging from one day to one week's duration.

*Revision of By-laws.*—In conjunction with the office of the Administrative Assistant, draft by-laws of twenty-two hospital societies were processed. Reference material was also provided to the medical staffs of those hospitals active in developing new medical-staff by-laws. Eight sets of newly developed by-laws were reviewed.

Information on personnel matters was distributed to hospitals.

This Division continued to assist in reviewing hospital estimates, plans, and proposed sites, and to study requests for equipment grants. The Division was represented on the Hospital Rate Board.

In accordance with the co-operative arrangement started by this Service in 1952, nutrition consultants of the Provincial Health Branch visited nine hospitals to study dietary problems.

During the year, information was assembled relative to the day-to-day utilization of beds in the Greater Vancouver and New Westminster areas.

### *Hospital Consultation and Inspection Division, Vancouver*

During 1954 the Vancouver office carried on a hospital consultation and inspection service. It also recommended for licence and inspected private hospitals, screened applications for admission to the Provincial Infirmary, and maintained a hospital-clearance programme.

There were fifty-three licensed private hospitals in the Province as at December 31st, 1954.

*Cases Referred.*—Two hundred and seventy-nine cases, with which hospitals experienced placement difficulties, were referred by general hospitals. There were also eighteen inquiry cases where interpretation regarding hospital-clearance cases was given to hospitals.

This office received twenty-nine inquiries which did not pertain to either hospital clearance or private hospitals, but concerned situations where hospitals, or persons, were requesting information as to procedures involving other departments of the Government. There were seventy-five inquiries regarding the establishment of private hospitals. Two new private-hospital licences were issued, and three private-hospital licences lapsed.

*Inspectional Visits.*—An annual inspectional visit was made to all licensed private hospitals. A thorough investigation was made of any complaints received with respect to the operations of any private hospital.

Many private hospitals made inquiries with respect to improving conditions and service facilities, and a large number established diversional and recreational programmes for patients.

Of the ninety-eight applications received for admission to the Provincial Infirmary, ninety-six were recommended.

This Division continued to administer the " Mental Hospitals Act," sections 6 and 7. There is one licensed private mental hospital in the Province, and two homes under observation and inspection by the Inspector of Hospitals for the Medical Superintendent of the Provincial Mental Hospital, under section 6 of the " Mental Hospitals Act."

### *Medical Consultation Division*

The main function of this Division is to provide a source of technical knowledge for use by all branches of the Service.

The Medical Consultant and the Commissioner represent the Hospital Insurance Service on the Medical Review Board, which, by its advice and guidance, helps maintain good public relations among the Service, the medical profession, and the hospitals. The remaining three members of the Board are physicians, designated by the College of Physicians and Surgeons of British Columbia.

The Medical Consultant and his staff review all admission and discharge records before being passed for payment. Discharge diagnoses are carefully scrutinized and coded in accordance with the Manual of International Statistical Classification of Diseases, Injuries, and Causes of Death. Correct diagnostic classification is essential in the compilation of accurate medical statistics.

Hospital claims are checked for length of stay, and particular attention is given the claims of chronic and short-stay patients. Out-of-Province claims are reviewed and the hospitals concerned checked to ensure they meet the required standards.

### *Hospital Construction Division*

This Division renders an advisory service to hospitals, hospital societies, or hospital groups contemplating new construction, improvements to existing buildings, reconstruction, or major additions to existing facilities. Very close liaison is maintained with Federal authorities to ensure that Federal standards of construction are maintained.

Reference material on planning and designing hospitals, and information on the cost of hospitals built since the inception of the Service, is available upon request. Advice on site selection is given, and special forms are provided to assist in appraising proposed sites. Matters pertaining to sanitation and nutrition are referred to the Provincial Health Branch. The Inspector of Electrical Energy, the Provincial Fire Marshal, and the Steam-boiler Inspection Branch of the Public Works Department also co-operate in the approving of proposed plans.

The following is a list of projects that were completed during the year 1954:—

| | | |
|---|---|---|
| (1) | Trail-Tadanac Hospital, Trail—replacement of addition to hospital plus additional beds; total beds | 154 |
| (2) | White Rock Hospital, White Rock—new hospital facility; new beds | 42 |
| (3) | Tofino General Hospital, Tofino—replacing former hospital which was burned down; new beds | 17 |
| (4) | Royal Jubilee Hospital, Victoria—construction of addition to psychopathic unit; new beds | 8 |
| (5) | King's Daughters' Hospital, Duncan—addition to existing hospital building; total beds | 12 |
| (6) | Western Society for Rehabilitation, Vancouver—addition to existing building plus administration and treatment areas; new beds | 20 |
| (7) | Holy Family Hospital, Vancouver—new chronic and convalescent hospital; new beds | 52 |
| (8) | North Vancouver General Hospital, North Vancouver—alterations and renovations to provide additional beds and enlarged service areas; net bed gain | 6 |
| (9) | Vancouver General Hospital, Vancouver—conversion of West Wing of the Semi-private Pavilion for pædiatric beds; net bed gain | 32 |
| (10) | Gorge Road Hospital, Victoria—chronic convalescent, replacing existing beds plus additional beds; total beds | 104 |
| | Total beds | 447 |

In 1954, construction was also commenced on the following projects:—

(1) A new addition to St. Paul's Hospital, Vancouver, at an estimated cost of $1,300,000.

(2) A new 51-bed hospital and 16-bed nurses' home at Quesnel, at an estimated cost of $720,000.

(3) A 36-bed addition to the Bulkley Valley District Hospital at Smithers, at an estimated cost of $232,000.

## GENERAL HOSPITAL CARE

Statistical data compiled by the Hospital Finance Division are presented in the tables on the following pages. The data deal with the volume of hospital care provided to the people of British Columbia through the Hospital Insurance Service. Eighty-one public hospitals were approved to accept B.C.H.I.S. patients. In addition, a proportion of care was given in Red Cross outpost units, veterans' hospitals in Victoria and Vancouver, private hospitals, and in company-operated hospitals in remote areas.

Data for the year 1954 have been prepared from preliminary unrevised reports submitted by the hospitals, and consequently are subject to minor revision.

The average length of stay of B.C.H.I.S. adult and children patients in B.C. public hospitals increased from 10.13 days in 1953 to 10.31 in 1954. Total adult and children days covered by the Service in B.C. public hospitals during 1954 were 1,955,721, an increase of 242,843 or 14.2 per cent over 1953.

During 1954 a total of 189,735 B.C.H.I.S. adult and children patients were discharged from B.C. public hospitals, an increase of 20,568 or 12.1 per cent over 1953. The marked increase is due to the changes in policies effective April 1st, 1954, and to additional hospital beds being made available.

# TABLE I.—PATIENTS DISCHARGED AND DAYS OF CARE IN B.C. PUBLIC HOSPITALS, 1949–54, AND PROPORTION COVERED BY B.C. HOSPITAL INSURANCE SERVICE

| | Total Hospitalized | | | Covered by B.C.H.I.S.[1] | | |
|---|---|---|---|---|---|---|
| | Adults and Children | New-born | Total | Adults and Children | New-born | Total[2] |
| Patients discharged— | | | | | | |
| 1949 | 164,964 | 26,272 | 191,236 | 140,168 | 24,640 | 164,808 |
| 1950 | 172,645 | 26,205 | 198,850 | 144,959 | 23,943 | 168,902 |
| 1951 | 181,160 | 27,096 | 208,256 | 150,116 | 24,172 | 174,288 |
| 1952 | 188,355 | 28,675 | 217,030 | 154,336 | 25,023 | 179,359 |
| 1953[3] | 200,893 | 30,712 | 231,605 | 169,167 | 27,830 | 196,997 |
| 1954 | 210,343 | 30,793 | 241,136 | 189,735 | 29,440 | 219,175 |
| Percentage of total, patients discharged— | | | | | | |
| 1949 | ---------- | ---------- | ---------- | 84.9 | 93.8 | 86.2 |
| 1950 | ---------- | ---------- | ---------- | 84.0 | 91.4 | 84.9 |
| 1951 | ---------- | ---------- | ---------- | 82.9 | 89.2 | 83.7 |
| 1952 | ---------- | ---------- | ---------- | 81.9 | 87.3 | 82.6 |
| 1953[3] | ---------- | ---------- | ---------- | 84.2 | 90.6 | 85.1 |
| 1954 | ---------- | ---------- | ---------- | 90.2 | 95.6 | 90.9 |
| Patient-days— | | | | | | |
| 1949 | 1,682,196 | 213,874 | 1,896,070 | 1,430,646 | 200,585 | 1,631,231 |
| 1950 | 1,766,680 | 212,979 | 1,979,659 | 1,476,615 | 193,307 | 1,669,922 |
| 1951 | 1,795,438 | 214,285 | 2,009,723 | 1,467,102 | 187,891 | 1,654,993 |
| 1952 | 1,916,486 | 214,701 | 2,131,187 | 1,569,974 | 184,160 | 1,754,134 |
| 1953[3] | 2,041,615 | 220,208 | 2,261,823 | 1,712,878 | 197,100 | 1,909,978 |
| 1954 | 2,211,105 | 225,099 | 2,436,206 | 1,955,721 | 212,746 | 2,168,467 |
| 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[3] | ---------- | ---------- | ---------- | 83.9 | 89.5 | 84.4 |
| 1954 | ---------- | ---------- | ---------- | 88.5 | 94.5 | 89.0 |

[1] B.C.H.I.S. excludes Workmen's Compensation Board patients and days.
[2] New-born total included.
[3] Amended as per final reports received from hospitals.

## For B.C.H.I.S. Patients Only, 1949–54

### Table IIa.—Patients Discharged, Total Days' Stay, and Average Length of Stay According to Type and Location of Hospital, and Days of Care per Thousand of Covered Population.

| | Total[1] | | B.C. Public Hospitals | | B.C. Private Hospitals | | Institutions outside B.C. | |
|---|---|---|---|---|---|---|---|---|
| | Adults and Children | New-born | Adults and Children | New-born | Adults and Children | New-born | Adults and Children | New-born |
| Patients discharged— | | | | | | | | |
| 1949 | 149,280 | 24,989 | 140,168 | 24,640 | 7,093 | 151 | 2,019 | 198 |
| 1950 | 154,643 | 24,336 | 144,959 | 23,943 | 7,617 | 173 | 2,067 | 220 |
| 1951 | 159,739 | 24,587 | 150,116 | 24,172 | 7,308 | 171 | 2,315 | 244 |
| 1952 | 164,379 | 25,492 | 154,336 | 25,023 | 7,431 | 161 | 2,612 | 308 |
| 1953[2] | 180,149 | 28,381 | 169,167 | 27,830 | 8,173 | 229 | 2,809 | 322 |
| 1954 | 199,996[1] | 29,718 | 189,735 | 29,440 | 7,602 | 199 | 2,965 | 79 |
| 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[2] | 1,814,344 | 200,738 | 1,712,878 | 197,100 | 75,518 | 1,353 | 25,948 | 2,285 |
| 1954 | 2,046,985[1] | 214,666 | 1,955,721 | 212,746 | 66,960 | 1,251 | 24,304 | 669 |
| 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[2] | 10.07 | 7.07 | 10.13 | 7.08 | 9.24 | 5.91 | 9.24 | 7.10 |
| 1954 | 10.24 | 7.22 | 10.31 | 7.23 | 8.81 | 6.29 | 9.14 | 8.47 |

[1] New-born totalled separately.
[2] Amended as per final reports received from hospitals.
Estimated days per thousand of population covered by B.C. Hospital Insurance Service: 1949, 1,528; 1950, 1,548; 1951, 1,496; 1952, 1,545; 1953, 1,638; 1954, 1,786.

### Table IIb.—Summary of the Number of B.C.H.I.S. In-patients and Short-stay Patients, 1949–54

| | 1949 | 1950 | 1951 | 1952 | 1953[1] | 1954 | Total |
|---|---|---|---|---|---|---|---|
| Total adults, children, and new-born in-patients | 174,269 | 178,979 | 184,326 | 189,871 | 208,530 | 229,714 | 1,165,689 |
| Estimated number of short-stay patients | 29,000 | 44,502 | 47,656 | 46,767 | 52,582 | 63,621 | 284,128 |
| Total receiving benefits | 203,269 | 223,481 | 231,982 | 236,638 | 261,112 | 293,335 | 1,449,817 |

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

## TABLE III.—PATIENTS DISCHARGED, TOTAL DAYS' STAY AND AVERAGE LENGTH OF STAY IN B.C. PUBLIC HOSPITALS FOR B.C.H.I.S. PATIENTS ONLY, GROUPED ACCORDING TO BED CAPACITY, YEAR 1954.

| | Bed Capacity | | | | | | |
|---|---|---|---|---|---|---|---|
| | Total | 250 and Over | 100 to 249 | 50 to 99 | 25 to 49 | Under 25 | Special |
| Patients discharged— | | | | | | | |
| Adults and children | 189,735 | 73,528 | 36,697 | 42,935 | 23,594 | 8,904 | 4,077 |
| New-born | 29,440 | 10,293 | 5,611 | 8,765 | 3,284 | 1,203 | 284 |
| Patient-days— | | | | | | | |
| Adults and children | 1,955,721 | 934,240 | 361,307 | 368,991 | 184,663 | 66,531 | 39,989 |
| New-born | 212,746 | 77,964 | 43,087 | 59,791 | 21,961 | 8,118 | 1,825 |
| Average days of stay— | | | | | | | |
| Adults and children | 10.31 | 12.71 | 9.85 | 8.59 | 7.83 | 7.47 | 9.81 |
| New-born | 7.23 | 7.57 | 7.68 | 6.82 | 6.69 | 6.75 | 6.43 |

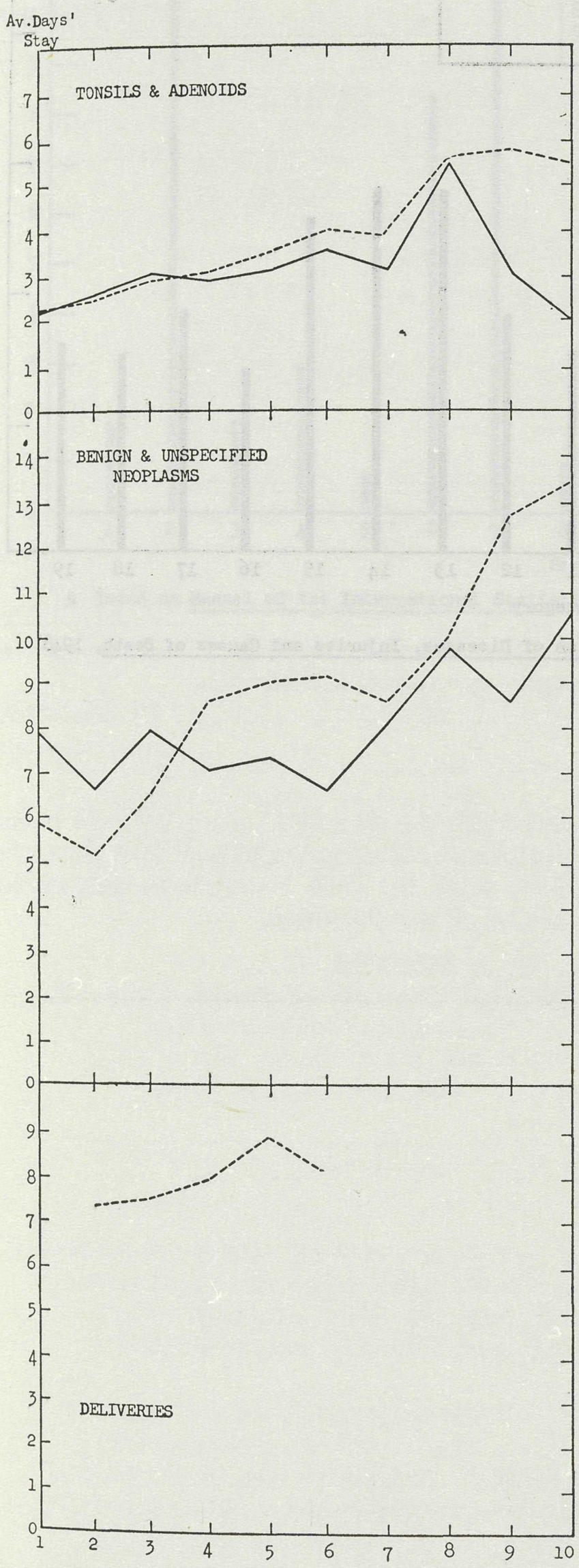
## TABLE IV.—PERCENTAGE DISTRIBUTION OF PATIENTS DISCHARGED AND PATIENT-DAYS FOR B.C.H.I.S. PATIENTS ONLY, IN B.C. PUBLIC HOSPITALS, GROUPED ACCORDING TO BED CAPACITY, YEAR 1954.

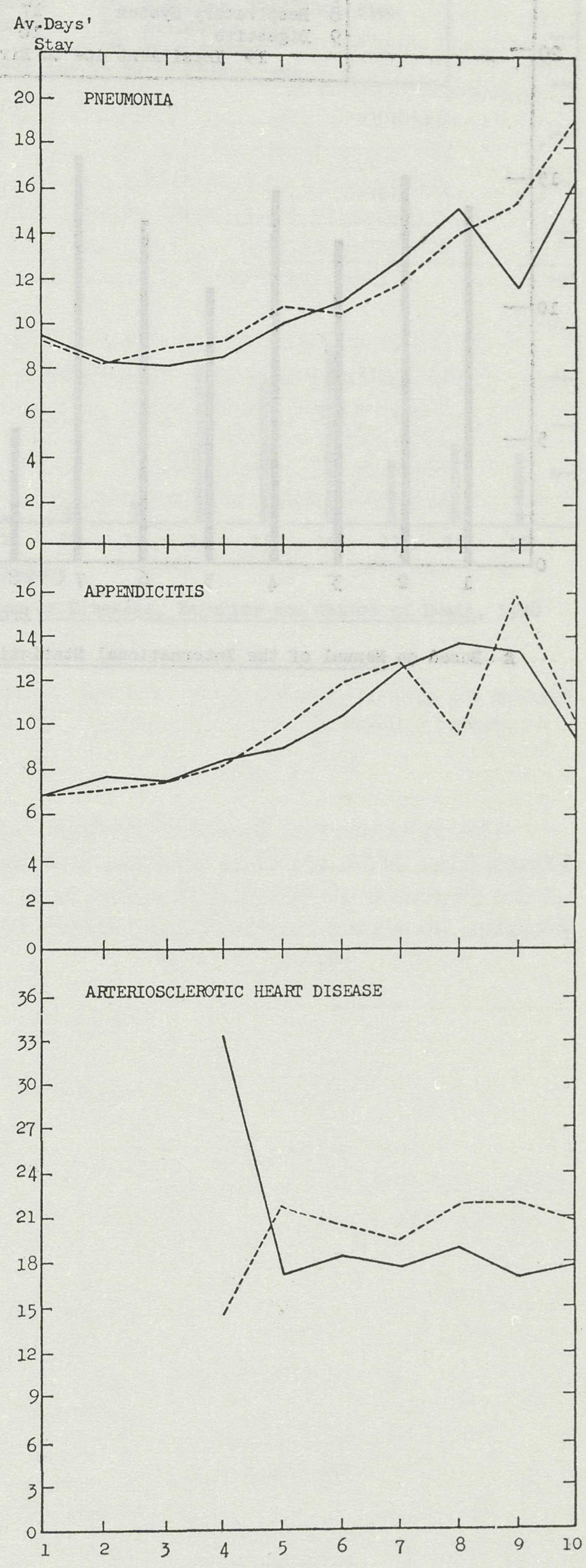
| | Bed Capacity | | | | | | |
|---|---|---|---|---|---|---|---|
| | Total | 250 and Over | 100 to 249 | 50 to 99 | 25 to 49 | Under 25 | Special |
| Patients discharged— | Per Cent | Per Cent | Per Cent | Per Cent | Per Cent | Per Cent | Per Cent |
| Adults and children | 100.00 | 38.75 | 19.34 | 22.63 | 12.44 | 4.69 | 2.15 |
| New-born | 100.00 | 34.97 | 19.06 | 29.77 | 11.15 | 4.09 | 0.96 |
| Patient-days— | | | | | | | |
| Adults and children | 100.00 | 47.78 | 18.47 | 18.87 | 9.44 | 3.40 | 2.04 |
| New-born | 100.00 | 36.65 | 20.25 | 28.10 | 10.32 | 3.82 | 0.86 |

SIX OF THE LEADING CAUSES OF HOSPITALIZATION IN BRITISH COLUMBIA
FEBRUARY 1st TO OCTOBER 31st, 1953

Age Group 1 -- 0- 9
Age Group 2 -- 10-19
Age Group 3 -- 20-29
Age Group 4 -- 30-39
Age Group 5 -- 40-49
Age Group 6 -- 50-59
Age Group 7 -- 60-64
Age Group 8 -- 65-69
Age Group 9 -- 70-74
Age Group 10 -- 75 & over

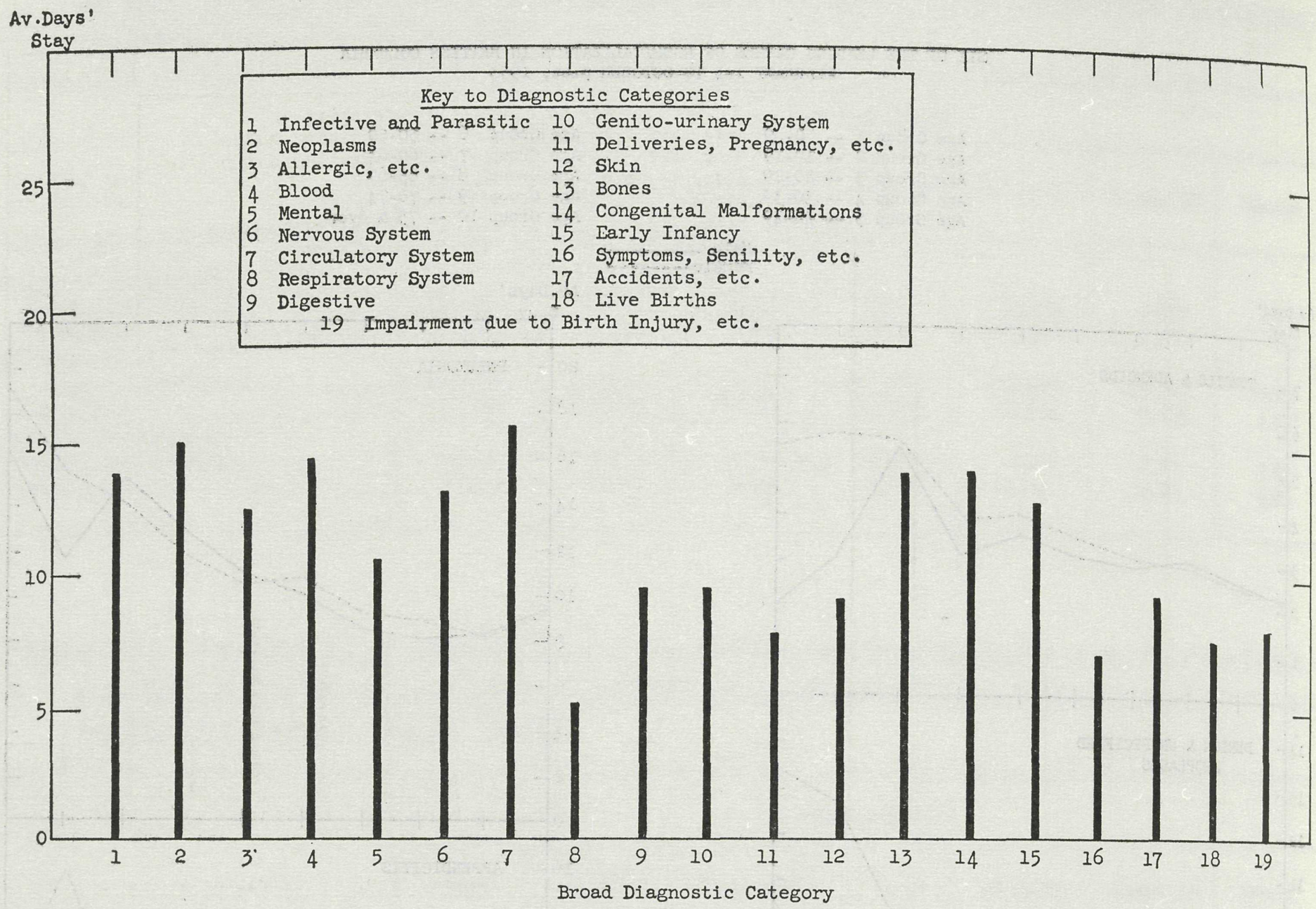
Male _____
Female- - - - - - -



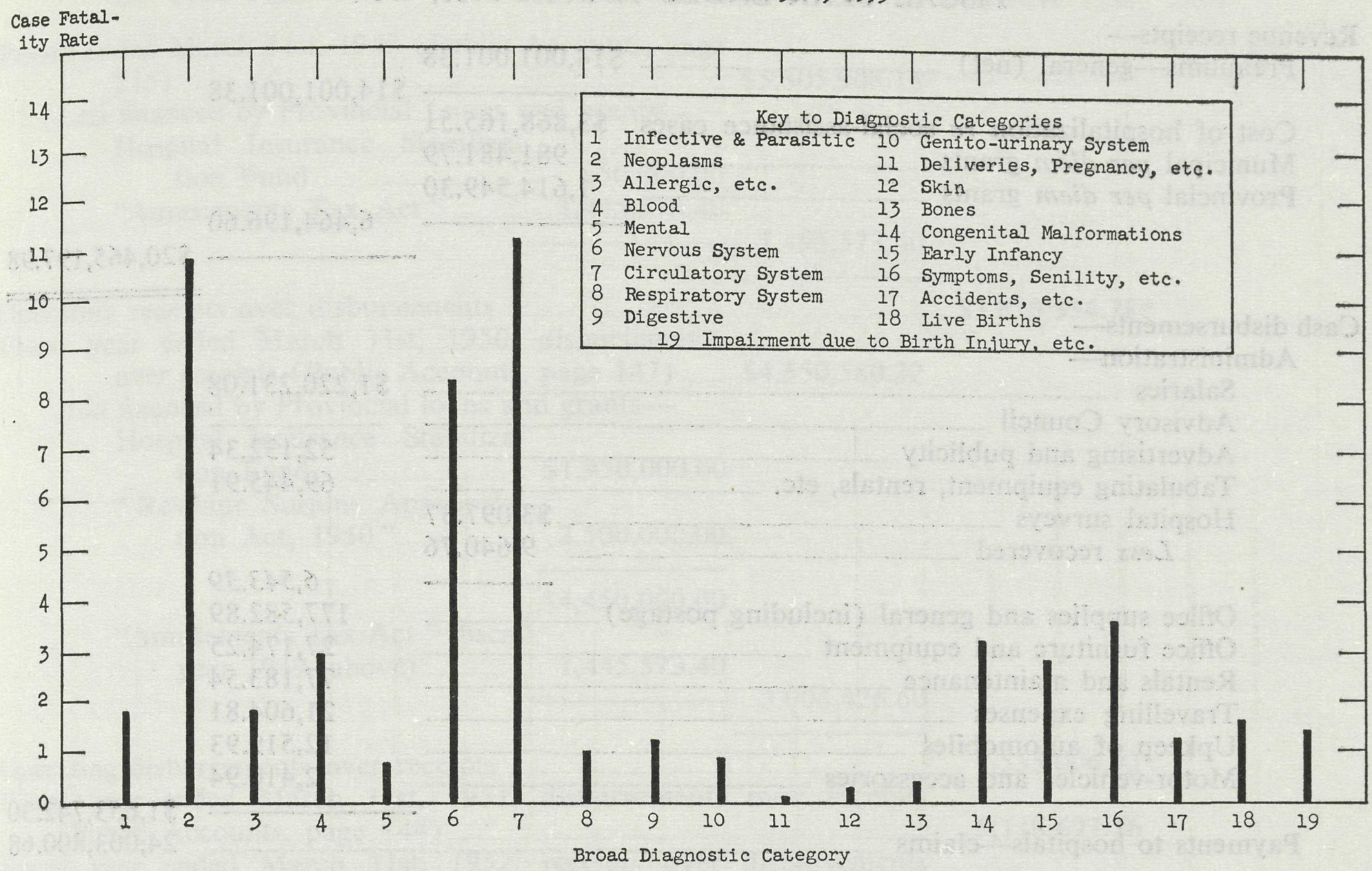
# BRITISH COLUMBIA

AVERAGE LENGTHS OF STAY FOR NINETEEN MAJOR DIAGNOSTIC CATEGORIES OF ILLNESS, ★
FEBRUARY 1st TO OCTOBER 31st, 1953




★ Based on Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948

CASE FATALITY RATES FOR NINETEEN MAJOR DIAGNOSTIC CATEGORIES OF ILLNESS, ✱
FEBRUARY 1st TO OCTOBER 31st, 1953




Key to Diagnostic Categories

| | | | |
|---|---|---|---|
| 1 | Infective & Parasitic | 10 | Genito-urinary System |
| 2 | Neoplasms | 11 | Deliveries, Pregnancy, etc. |
| 3 | Allergic, etc. | 12 | Skin |
| 4 | Blood | 13 | Bones |
| 5 | Mental | 14 | Congenital Malformations |
| 6 | Nervous System | 15 | Early Infancy |
| 7 | Circulatory System | 16 | Symptoms, Senility, etc. |
| 8 | Respiratory System | 17 | Accidents, etc. |
| 9 | Digestive | 18 | Live Births |
| | | 19 | Impairment due to Birth Injury, etc. |

✱ Based on Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948

## STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31ST, 1954

| | | |
|---|---|---|
| Revenue receipts— | | |
| Premiums—general (net) | $14,001,001.38 | |
| | | $14,001,001.38 |
| Cost of hospitalization *re* social-assistance cases | $3,868,165.51 | |
| Municipal *per diem* grants | 981,481.79 | |
| Provincial *per diem* grants | 1,614,549.30 | |
| | | 6,464,196.60 |
| | | $20,465,197.98 |
| Cash disbursements— | | |
| Administration— | | |
| Salaries | | $1,220,231.08 |
| Advisory Council | | ---------- |
| Advertising and publicity | | 52,132.34 |
| Tabulating equipment, rentals, etc. | | 69,445.91 |
| Hospital surveys | $3,097.37 | |
| *Less* recovered | 9,640.76 | |
| | | *6,543.39* |
| Office supplies and general (including postage) | | 177,582.89 |
| Office furniture and equipment | | 27,174.25 |
| Rentals and maintenance | | 77,183.54 |
| Travelling expenses | | 21,604.81 |
| Upkeep of automobiles | | 12,519.93 |
| Motor-vehicles and accessories | | 2,410.94 |
| | | $1,653,742.30 |
| Payments to hospitals—claims | | 24,003,800.68 |
| | | $25,657,542.98 |
| Excess of disbursements over revenue receipts for the fiscal year ended March 31st, 1954 | | $5,192,345.00 |

The Statement of Revenue Receipts and Cash Disbursements for the fiscal year 1953–54 ended March 31st, 1954, together with the Statement Showing Cash Reconciliation with the Public Accounts of the Province of British Columbia as at March 31st, 1954, show the cash transactions only of the Hospital Insurance Fund for the period according to the books of the Province.

C. J. FERBER, C.A.,
*Comptroller-General, Province of British Columbia.*

## STATEMENT SHOWING CASH RECONCILIATION WITH THE PUBLIC ACCOUNTS OF THE PROVINCE OF BRITISH COLUMBIA AS AT MARCH 31ST, 1954

| | | | |
|---|---|---|---|
| Period ended March 31st, 1949 (Public Accounts, page 215) | | $5,305,908.18 | |
| *Less* financed by Provincial Loans and grants— | | | |
| Hospital Insurance Stabilization Fund | $50,000.00 | | |
| "Amusements Tax Act" | 1,445,573.40 | | |
| | | 1,495,573.40 | |
| Operating receipts over disbursements | | | $3,810,334.78* |
| Fiscal year ended March 31st, 1950, disbursements over receipts (Public Accounts, page 147) | | $4,550,580.32 | |
| *Add* financed by Provincial loans and grants— | | | |
| Hospital Insurance Stabilization Fund | $1,950,000.00 | | |
| "Revenue Surplus Appropriation Act, 1950" | 2,500,000.00 | | |
| | $4,450,000.00 | | |
| "Amusements Tax Act" (fiscal year 1949, above) | 1,445,573.40 | | |
| | | 3,004,426.60 | |
| Operating disbursements over receipts | | | 7,555,006.92 |
| Fiscal year ended March 31st, 1951, disbursements over receipts (Public Accounts, page 144) | | | 5,118,697.76 |
| Fiscal year ended March 31st, 1952, receipts over disbursements (Public Accounts, page 99) | | | 46,321.32* |
| Fiscal year ended March 31st, 1953, disbursements over receipts (Public Accounts, page 99) | | | 2,207,164.18 |
| Fiscal year ended March 31st, 1954, disbursements over receipts | | | 5,192,345.00 |
| Operating disbursements over receipts, 1949–54 | | | $16,216,557.76 |
| *Add* balance at March 31st, 1954— | | | |
| Amount adjusted on advances to hospitals | $2,913,592.99† | | |
| Credit balance, Hospital Insurance Fund | 6,489,471.92 | | |
| | | 3,575,878.93 | |
| | | $19,792,436.69 | |
| *Less* credit transferred from Vote 125, disposal of office furniture | $5,772.69 | | |
| *Less* credit transferred from Vote 126, disposal of motor-vehicles | 20,550.00 | | |
| Credit | | *26,322.69* | |
| | | | $19,766,114.00 |
| Financed by Provincial loans and grants— | | | |
| Hospital Insurance Stabilization Fund— | | | |
| Public Accounts, 1948–49, page 210 | $50,000.00 | | |
| Public Accounts, 1949–50, page 134 | 1,950,000.00 | | |
| | | $2,000,000.00 | |
| "Revenue Surplus Appropriation Act, 1950" (Public Accounts, 1949–50, page 134) | | 2,500,000.00 | |
| Amount voted under Vote 118, 1950–51 | | 2,545,696.00 | |
| "Revenue Surplus Appropriation Act, 1951" (Public Accounts, 1950–51, page 144) | | 1,500,000.00 | |
| Amount voted under Vote 124, 1951–52 | | 2,500,000.00 | |
| Amount voted under Vote 124, 1952–53 | | 4,686,990.00 | |
| Amount voted under Vote 144, 1953–54 | | 4,033,428.00 | |
| | | | $19,766,114.00 |

* Credits.

† 1950–51 credits, $1,934,062.62; 1951–52 credits, $618,740.95; debit 1952–53, $44,321.56; 1953–54 credits, $405,110.98.

## BENEFITS IN B.C. HOSPITALS, 1954

The general hospital services, to be provided to a qualified person pursuant to the Act, shall include such of the following services as are recommended by the attending physician and as are available in or through the hospital to which the person is admitted as an in-patient:—

(*a*) Public-ward accommodation:

(*b*) Operating-room facilities, including the use of all equipment and material required in the proper care of surgical cases:

(*c*) Case-room facilities, including the use of all equipment and material required in the proper care of maternity cases:

(*d*) Surgical dressings and casts as required, as well as other surgical materials and the use of any equipment which may be required while in hospital:

(*e*) Anæsthetic supplies and the use of anæsthesia equipment:

(*f*) Such drugs, prescriptions, and similar preparations as may be designated by the Commissioner from time to time:

(*g*) All other services rendered by individuals who receive any remuneration from the hospital, provided that the provision of such services in a particular hospital is approved by the Commissioner. Services which may be approved by the Commissioner for the purpose of this clause may include:—

(i) Radiological, diagnostic, and therapeutic services, including the services of a radiologist:

(ii) Clinical laboratory and other diagnostic procedures, including the services of a pathologist:

(iii) The services of an anæsthetist:

(iv) Physiotherapy services:

(*h*) Care of the acute stage of chronic diseases where, in the opinion of the Commissioner, such care is necessary and desirable. Such chronic diseases shall include cardiac disease, tuberculosis, mental disease, and acute anterior poliomyelitis; the acute stage of venereal disease only where general hospital care is recommended by the Division of Venereal Disease Control; the acute stage of drug addiction where overdosage and poisoning have to be given prompt treatment; and the acute stage of alcoholism, provided in the case of acute alcoholism that hospitals establish under their own by-laws the conditions under which such persons may be admitted to hospital.

### Emergency or Short-stay Care

Certain services are provided in addition to the in-patient benefits available to a qualified resident or dependent. The services include emergency treatment if rendered within twenty-four hours of being injured, and operating-room or emergency-room services for a minor operation which cannot be performed in a doctor's office. The hospital charges $2 for each visit.

## BENEFITS IN HOSPITALS OUTSIDE BRITISH COLUMBIA

Provided a beneficiary has not been absent from British Columbia in excess of three months, he is entitled to payment made on his behalf at a rate fixed by the Commissioner, in relation to the public-ward charge made by the hospital. Payment from the Hospital Insurance Service is made only to hospitals approved by the Commissioner, and shall not exceed $3.50 per day for new-borns and $8 per day for other beneficiaries, for a period of time determined by the Commissioner, and in any event not exceeding thirty days unless authorized by the Minister of Health and Welfare.

# APPROVED HOSPITALS IN BRITISH COLUMBIA

The following hospitals are designated under the Act as hospitals required to furnish the general hospital services provided under the Act, or such of them as are available in the hospital:—

Armstrong and Spallumcheen Hospital, Armstrong.
Arrow Lakes Hospital, Nakusp.
Bella Coola General Hospital, Bella Coola.
Bulkley Valley District Hospital, Smithers.
Burnaby General Hospital, Burnaby.
Burns Lake Hospital, Burns Lake.
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.
Fernie Memorial Hospital, Fernie.
Golden General Hospital, Golden.
Grace Hospital, Vancouver.
Grand Forks Hospital, Grand Forks.
Kelowna General Hospital, Kelowna.
Kimberley and District General Hospital (McDougall Memorial), Kimberley.
King's Daughters' Hospital, Duncan.
Kootenay Lake General Hospital, Nelson.
Lady Elizabeth Bruce Memorial Hospital, Invermere.
Lady Minto Hospital, Ashcroft.
Lady Minto Gulf Islands Hospital, Ganges.
Ladysmith General Hospital, Ladysmith.
Langley Memorial Hospital, Murrayville.
Lillooet District Hospital, Lillooet.
Lourdes Hospital, Campbell River.
McBride and District Hospital, McBride.
Mater Misericordiæ Hospital, Rossland.
Matsqui, Sumas, and Abbotsford General Hospital, Abbotsford.
Michel Hospital, Michel.
Mission Memorial Hospital, Mission City.
Mount St. Joseph's Hospital, Vancouver.
Nanaimo Hospital, Nanaimo.
Nicola Valley General Hospital, Merritt.
Nootka Mission General Hospital, Ceepeecee.
North Vancouver General Hospital, North Vancouver.
Ocean Falls General Hospital, Ocean Falls.
Penticton Hospital, Penticton.
Pouce Coupe Community Hospital, Pouce Coupe.
Powell River General Hospital, Powell River.
Prince George and District Hospital, Prince George.
Prince Rupert General Hospital, Prince Rupert.
Princeton General Hospital, Princeton.
Providence Hospital, Fort St. John.
Queen Alexandra Solarium for Crippled Children, Cobble Hill.
Queen Victoria Hospital, Revelstoke.
Quesnel General Hospital, Quesnel.
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, Cecil Lake.
Red Cross Outpost Nursing Station, Edgewood.
Red Cross Outpost Nursing Station, Hudson Hope.
Red Cross Outpost Nursing Station, Kyuquot.
Red Cross Outpost Nursing Station, Lone Butte.
Rest Haven Hospital and Sanitarium, Sidney.
Royal Columbian Hospital, New Westminster.
Royal Inland Hospital, Kamloops.
Royal Jubilee Hospital, Victoria.
R. W. Large Memorial Hospital, Bella Bella.
St. Bartholomew's Hospital, Lytton.
St. Eugene Hospital, Cranbrook.
St. George's Hospital, Alert Bay.
St. John Hospital, Vanderhoof.
St. Joseph's General Hospital, Comox.
St. Joseph's General Hospital, Dawson Creek.
St. Joseph's Hospital, Victoria.
St. Martin's Hospital, Oliver.
St. Mary's Hospital, Garden Bay.
St. Mary's Hospital, New Westminster.
St. Paul's Hospital, Vancouver.
St. Vincent's Hospital, Vancouver.
Salmon Arm General Hospital, Salmon Arm.
Skidegate Inlet General Hospital, Queen Charlotte City.
Slocan Community Hospital, New Denver.
Squamish General Hospital, Squamish.
Summerland General Hospital, Summerland.
Terrace and District Hospital, Terrace.
Tofino General Hospital, Tofino.
Trail-Tadanac Hospital, Trail.
University Health Service Hospital, University of British Columbia, Vancouver.
Vancouver General Hospital, Vancouver.
Vernon Jubilee Hospital, Vernon.
Victorian Hospital, Kaslo.
War Memorial Hospital, Williams Lake.
West Coast General Hospital, Port Alberni.
White Rock Hospital, White Rock.
Wrinch Memorial Hospital, Hazelton.

# CLASSES OF PERSONS COVERED BY OR EXCLUDED FROM THE BENEFITS OF THE HOSPITAL INSURANCE SERVICE

## A. Eligible for Benefits

A person may be classed as a "resident" for hospital insurance purposes if:—

(*a*) He was living within the Province on March 31st, 1954, with the intention of establishing his home therein and has not ceased to be a resident of the Province since that time; or

(*b*) He is living within the Province and has lived continuously therein during the preceding twelve consecutive months; or

(*c*) He is living within the Province and is a dependent of a resident of the Province; or

(*d*) He is a person who has been certified by the Deputy Minister of Welfare to be a person entitled to health services.

A new arrival, qualifying for residence, does not disqualify himself by reason of the fact that he was temporarily absent from the Province for a total of less than three months during any period of twelve consecutive months. If a resident leaves British Columbia and fails to return and resume residence within twelve months of the date of departure, he ceases to be a resident for hospital insurance purposes and must, on re-entering the Province, resume residence and live in British Columbia for twelve consecutive months. A qualified dependent can be:—

(*a*) The spouse of the head of a family; or

(*b*) A child under 21 who is mainly supported by the head of a family.

A wife and dependent children arriving in British Columbia after the head of the family assume his residential status.

## B. Excluded from Benefits

Some of the main classes of persons either permanently or temporarily excluded from benefits are as follows:—

(*a*) A resident who leaves British Columbia and fails to return and re-establish residence within twelve months; or

(*b*) A patient or inmate of a Provincial or Federal institution, or a person committed to a gaol or penitentiary; or

(*c*) A person in a Provincial tuberculosis sanatorium; or

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

(*e*) Persons entitled to receive hospital treatment from the Government of Canada, or any other government; e.g., members of the armed forces, etc.

VICTORIA, B.C.
Printed by Don McDiarmid, Printer to the Queen's Most Excellent Majesty
1955

500-155-4359