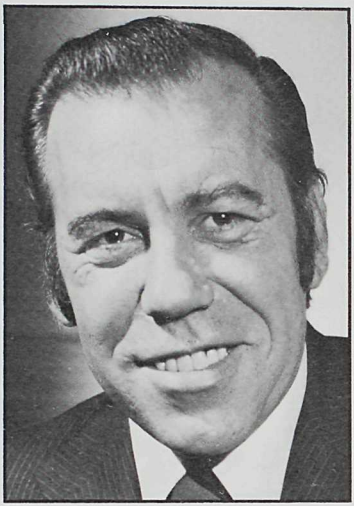
Ministry of Health

Annual Report 1981

Province of
British Columbia



Office of the Minister of Health,
Parliament Buildings, Victoria, B.C.

May 1, 1982

The Honourable HENRY P. BELL-IRVING, D.S.O., O.B.E., E.D.,
Lieutenant-Governor of the Province of British Columbia

MAY IT PLEASE YOUR HONOUR:

The Annual Report of the Ministry of Health for the calendar year of 1981 is herewith respectfully submitted.

JAMES A. NIELSEN
Minister of Health

Ministry of Health
Victoria, B.C.

May 1, 1982

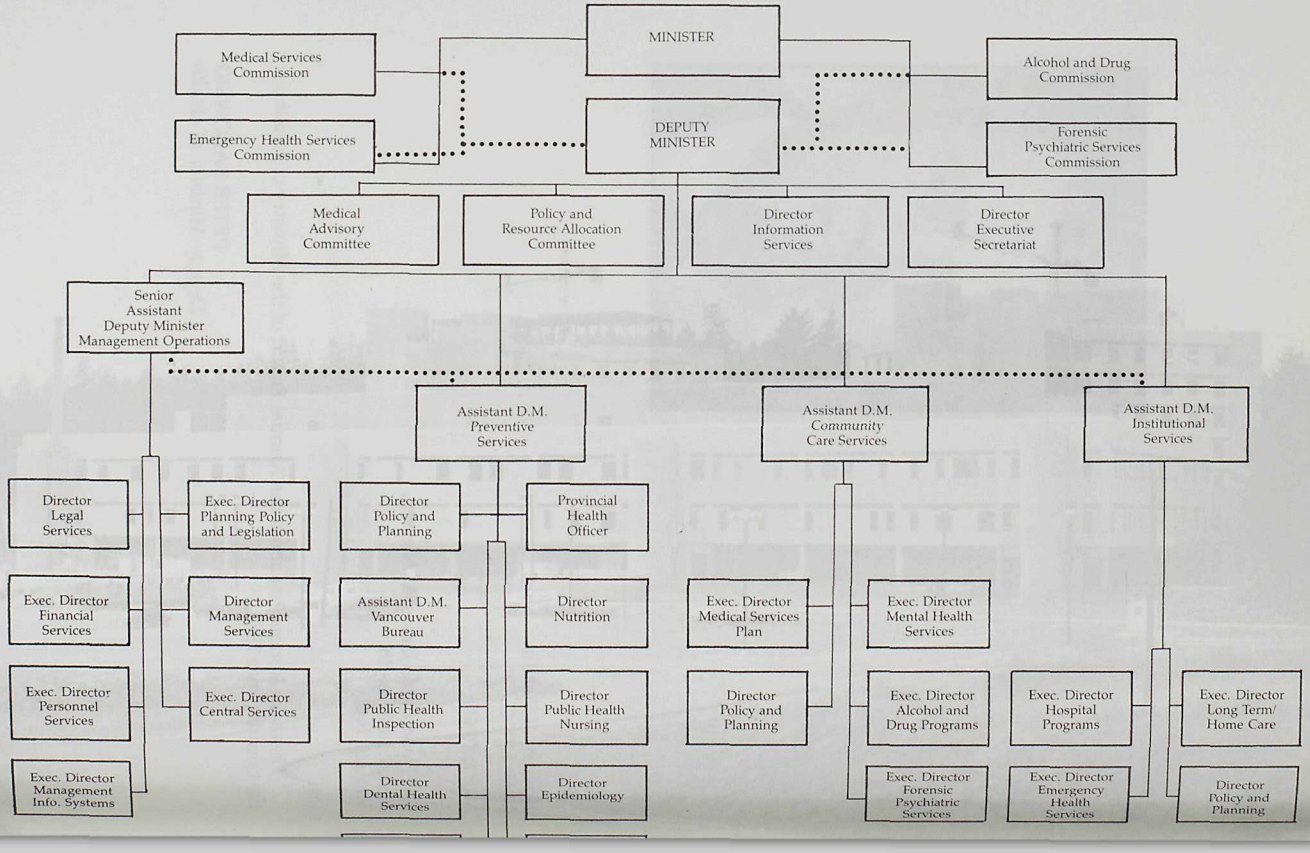
The Honourable James A. Nielsen,
Minister of Health,
Victoria, B.C.

SIR:

I have the honour to submit the Annual Report of the Ministry of Health for the calendar year 1981.

PETER BAZOWSKI
Deputy Minister of Health

Ministry Organization



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The Year in Review

r e Ministry of Health, the year 1981/82 nrked by a major reorganization de- ɛo streamline Ministry operations, re- ɔgrams into more appropriate group- a l improve the managerial capability of Mistry by addressing areas such as the uy of management controls, manage- ɔormation systems and policy analysis d elopment.

y o the reorganization were the realign- t various programs into three major yields — Preventive Services, Com- it Care Services and Institutional Serv- eh headed by an assistant deputy min- -and the addition of a policy planning biy.

ɔr Jim Nielsen, Minister, said in an- ıcg the changes: "By establishing three ars of program policy, we hope to re- t hierarchical organizational levels and a gher visibility to lower-cost and cost- ti programs."

ıe ar of reorganization was marked by a ıb of other highlights within the st:

In onjunction with the Health Labour Rutions Association, the Ministry estab- lised a provincial data base, including w e, benefit and time information for all jo covered by *HLRA*'s certification as bagaining agent for B.C.'s hospitals. This sy em will provide a modelling ca- pility to project future costs as well as th ability to monitor certain trends wuin the industry.

A olicy and Resource Allocation Com- mee, chaired by the Deputy Minister ar made up of the program Assistant Duty Ministers, was set up to co-ordi- ne the Ministry's policy initiatives as w as maximize senior management in- pu into decisions affecting the allocation of esources within the Ministry.

A igh priority in the reorganization has be the centralization of all financial ac- tities under the Management Opera- tis Division. The financial services mdate is comprehensive and the new omnization allows the executive director to provide direction and support in all ke areas of financial management cotrol.

- An executive information system was designed and implemented providing the Minister and senior executive staff with terminal access to cost and service utilization information on the Ministry's operations. While the system currently provides access to financial data regarding hospitals, it is planned to extend the system in 1982/83 to include information on hospital capital development, Long-Term Care, grants, the Medical Services Plan, and the Dental Care Plan.
- A Medical Advisory Committee was also formed during the year. It provides advice on matters requiring a professional background, including funding proposals for new technology and innovations in health-care delivery systems.
- Twenty major hospital construction projects were either completed or had reached the final stages of construction. These included four new hospitals — including Children's and Grace in Vancouver — at a total cost of approximately $158 million.
- The largest dental health survey of children ever carried out showed that the dental health of the province's young people has steadily improved over the past 20 years.
- The Ministry's participation in the International Year of the Disabled saw the Community Vocational Rehabilitation Service assist more disabled persons on their way back to employment.
- After many months of negotiation, the 10 provinces and two territories signed reciprocal agreements to standardize the handling of out-of-province hospital inpatient claims.
- In Home Care/Long Term Care, 1,435 intermediate-care beds were opened during the year.
- New rural services initiated during the year included a health clinic at Dease Lake in northwestern B.C. In co-operation with the provincial chapter of the College of Family Physicians of Canada, the clinic will provide full-time physician services to the area.

mographic itures

1 1, British Columbia's population con- grow at the same fast rate as in 1980. ovince's population in 1981 was 7. That is 2.9% higher than 1980's fig- f 667,200.

were 3% more births in 1981 than in e birth rate stood at 15.2 per 1,000 lon, compared with a rate of 15.1 in e number of illegitimate births in- by 13% in 1981. They represented f all births in 1981, compared with 1980.

arriage rate increased slightly, to 9.1 0 population.

eath rate was unchanged, continuing l-time low level of 7.4 per 1,000 first d in 1980.

te of death from heart disease in 1981 240 per 100,000 population from the ord low of 220. There was no change in of death from cancer, the second leading cause of death, with 166 deaths per 100,000 population. A slight decline occurred in the rate of deaths from cerebrovascular disease, the third leading cause. There were 66 deaths per 100,000 population from this cause in 1981, slightly below the figure of 68 for the previous year. Mortality from accidents increased in 1981, to 64 per 100,000 population compared with 59 in 1980.

More than half the accidental deaths in 1981 resulted from motor vehicle accidents, compared with 48% in 1980. In 1971 the proportion was 38% and in 1961, 31%. Falls accounted for 16% of accidental deaths in 1981, compared with 19% in 1980. Drowning accounted for 8.7% in 1981 and 8.9% in 1980. Poisonings accounted for 5% of accidental deaths in both years.

The suicide rate of 15 deaths per 100,000 population was unchanged from 1980.

The number of infant deaths per 1,000 live births was 11, the same as in 1980.

Policy and Resource Allocation Committee

The Ministry announced in July that a policy and resource allocation committee — to consider questions having major policy implications — was to be formed. It was part of the initial phase of the reorganization of the Ministry.

The committee is headed by the Deputy Minister and supported by the Ministry's Assistant Deputy Ministers and the Senior Medical Adviser.

Its role will be to investigate, review and evaluate programs and policies, taking into account needs and resource requirements.

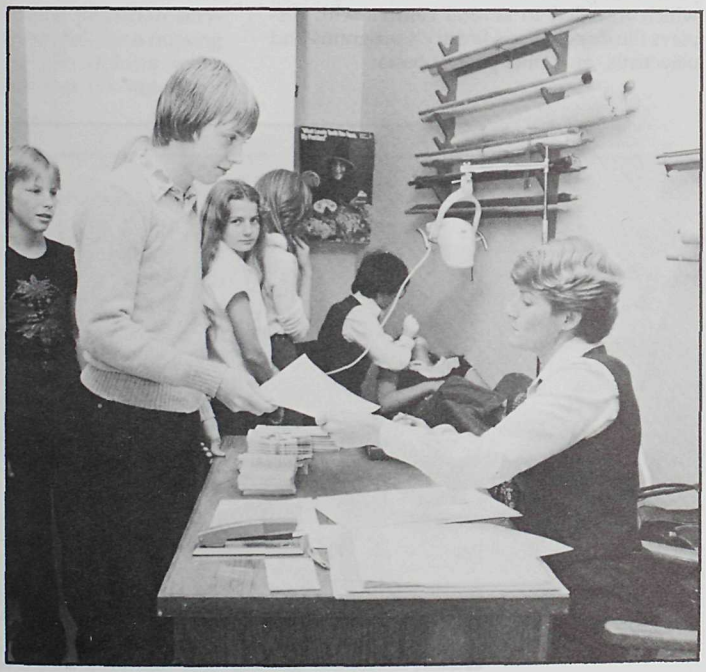
edical Advisory ommittee

e during 1981, in April, a committee of nistry's senior medical staff was n.

vides professional opinions on matters uire a medical background. For exam- examines proposals for funding new logy; reviews Ministry budgets in f medical needs; and examines innova- lth-care delivery systems.

committee is also the Ministry's main of communication with physicians on essional matters.

Ministry's Senior Medical Adviser s committee chairman. The committee ts other members from Hospital Pro- the Vancouver Bureau, the Medical s Commission, the Forensic Psychiatric s Commission, and Public Health s.



Information Services

A heavy demand from the public and media for information on the Ministry's services continued through 1981.

The preparation of press releases, background material for speeches, supervision of audio-visual scripting and the publication of brochures, pamphlets and other printed materials were among the division's activities.

The division researched and wrote approximately 180 press releases and prepared material for 58 speeches. The complexity of many of the Ministry's programs required extensive research on most topics.

Information Services also had responsibility for the Ministry's photographic and art services, a displays unit and the Ministry's reference library.

The displays service had an unusually busy year, adding to its services a tractor-trailer unit which travelled to several centres with displays illustrating the Ministry's programs and objectives, on a pilot project basis.

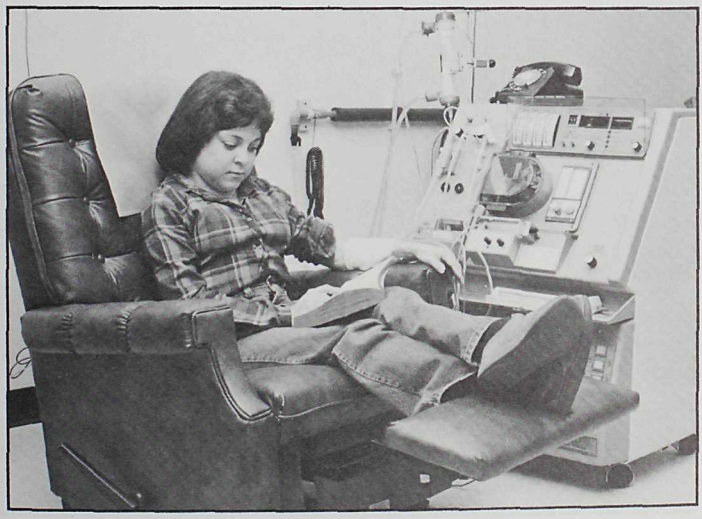
ecial Care
rvices

Ministry continued to provide grants a ariety of community-based agencies, in turn provide a wide spectrum of services province-wide.

racts were implemented for the 1981/82 lear. The Ministry negotiated the pur- f specific health services with individ- ncies. In addition, performance-based ging was introduced for the 1982/83 ap- on process. All agencies completed g estimates which established an opera- ninimum, with increases built in on an ental basis.

al Care Services is also responsible for ing primary health care to isolated rural nities.

e rural services in 1981/82 included a clinic at Dease Lake in northwestern d, in conjunction with the B.C. chap- lege of Family Physicians of Canada, roduction of full-time physician serv- hat area. In addition, full-time nursing es and visiting physicians were d to the Zeballos area on Vancouver west coast.



Management Operations

Management Operations

Management Operations was formed in 1981 as part of the reorganization of the Ministry.

Headed by the Senior Assistant Deputy Minister, it consists of Financial Services, Personnel Services, Planning, Policy and Legislation, Management Services, Central Services, Management Information Systems and Legal Services.

During 1981, the Planning, Policy and Legislation Division directed, co-ordinated or was extensively involved in, for example, a hospital role study. An addendum to the original Phase I discussion paper was produced, completing Phase I. Work began on Phase II, which will develop a methodology for applying the results of the hospital role classification scheme developed in Phase I.

Other involvements of the division included: completion of the provincial study of severely handicapped children; Phase I of the provincial rehabilitation study; and pilot hospice projects in Vancouver and Victoria, including evaluation of these projects.

A high priority in the reorganization of the Ministry has been the centralization of all financial activities under the Management C erations Division.

A review of the organization of the finan services of the Ministry had concluded tha realignment of reporting relationships an much more centralized organization structu were essential to the efficient managemen the Ministry's financial resources.

The financial services mandate is co prehensive and the new organization allo the executive director to provide direction a support in all key areas of financial mana ment and control. The division is organiz into three sections: financial analysis, pl ning and budgets; accounting operations; a financial policy and procedures. At the sa time, a number of functions of the finan offices of the various headquarter divisio were amalgamated to provide a co-ordina support group for more effective planni budgeting and expenditure control.

For Personnel Services, the latter part of year was marked by a major reorganizat with increased emphasis on labour relati and classification. The reorganization also s the introduction of a regional concept for delivery of personnel services.

Table 1 **Registrations, certificates, and other documents processed by Division of Vital Statistics, 1980 and 1981**

	1980	1981
Registrations accepted under *Vital Statistics Act*—		
Birth registrations	39,143	40,480[1]
Death registrations	19,616	21,380[1]
Marriage registrations	23,718	24,620[1]
Stillbirth registrations	294	330[1]
Adoption orders	2,176	1,690[1]
Divorce orders	9,586	9,490[1]
Delayed registrations of birth	255	210[1]
Registrations of wills notices accepted under *Wills Act*	53,750	57,702
Total registrations accepted	148,538	155,902[1]
Legitimations of birth effected under *Vital Statistics Act*	206	220
Alterations of given names effected under *Vital Statistics Act*	377	372
Change of Name applications granted under *Change of Name Act*	3,844	3,563
Materials issued by the Central Office—		
Birth certificates	96,663	89,461
Death certificates	8,443	7,626
Marriage certificates	10,684	10,273
Baptismal certificates	15	11
Change of Name certificates	3,681	2,863
Divorce certificates	243	232
Photographic copies	14,850	14,176
Wills Notice certification	13,066	13,358
Total items issued	147,645	142,155
Non-revenue searches for government ministries by the Central Officer	26,588	27,119
TOTAL REVENUE	$968,049	$1,257,850[1]

[1] Preliminary.

Preventive Services

Preventive Services

Preventive Services consists of the following programs: Public Health Inspection; Public Health Nursing; Speech and Hearing; Dental Health Services; Epidemiology; Nutrition; Occupational Health; and the Vancouver Bureau. The latter includes the Medical Supply Service; the Division of Venereal Disease Control; the Division of Tuberculosis Control; Community Vocational Rehabilitation Services; and Health Laboratory Services.

The dental health survey of children in 1980, the largest dental health research project ever carried out, showed the improvement in dental health of children in B.C. over the past 20 years.

The average number of teeth lost through extraction in 15-year-olds fell from 1.1 in 1958–60 to 0.1 in 1980.

Vision Services produced a 16 mm film, Sight-Seeing Eyes, for elementary school children.

The public health nursing project, *At Risk; Early Pregnancy Profile,* involving nutritionists and physicians, led to more effective monitoring of pregnancy outcomes. Special prenatal classes involving teenage and single mothers and others with special needs, increased by 36.7%. Perinatal deaths (infants up to seven days and stillbirths) decreased from 15 per 1,000 births in 1978 to 12.6 per 1,000 births in 1980.

The province-wide demand for hearing services resulted in the continued extension of audiology services.

The Speech and Hearing Division worked closely with the Ministries of Education, Human Resources, the federal departments of Veterans' Affairs and Health and Welfare C ada to provide standardized services.

There was a continued decline in the ir dence of measles, rubella, diphtheria, a pertussis. Vaccination coverage rates i proved with an over-all rate of approximat 89% assessed during Grade 1. *(Tables 2, 3)*

While the gonorrhea rate remained un ceptably high, and the division of vener disease control has been vigilant in its cont program for syphilis, several other conditic were being treated by VD clinics in 19 These include non-gonococcal genital inf tions, herpes, genitalis, and two parasitic festations—pubic lice and scabies. *(Table*

In 1981, a new core program for the Nut tion Division greatly assisted in the plannir implementation, and evaluation of nutriti services. On-going programs, as well as sp cial projects, were designed to meet speci needs of the population during the prenat infant, early childhood, childhood and ac lescent, adult and elderly stages of life.

Nutrition Week 1981 proved to be a succe ful awareness program. More members of t public took part than in previous years.

As expected, 1981 was a busy year for Co munity Vocational Rehabilitation Services.

The International Year of The Disabled p duced a dramatic increase in the number referrals of disabled persons for vocational habilitation. *(Table 5)*

For example, as of November 1981, th were about 100 more disabled persons sp sored in a variety of employment preparati programs, compared with 1980.

School Health Program

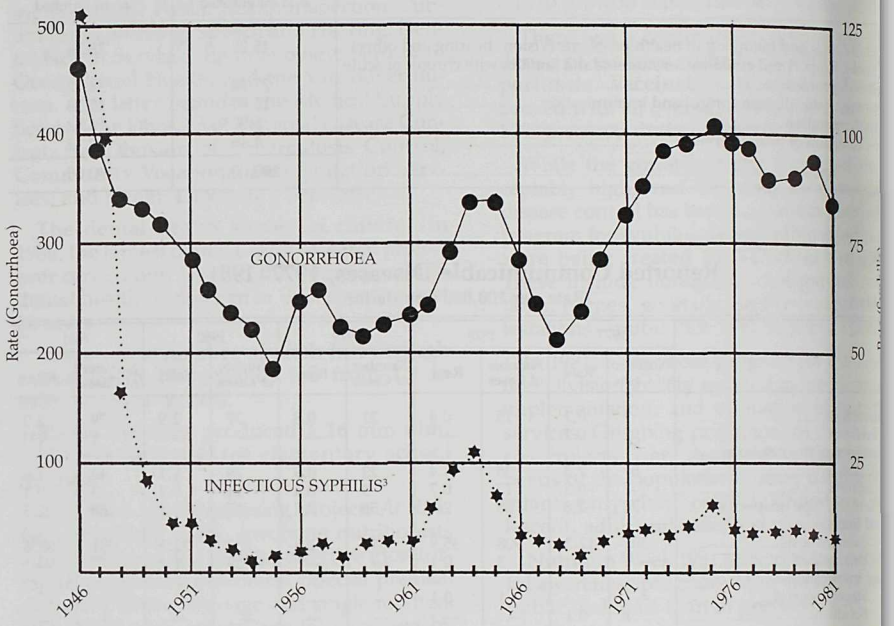
Area of activity ranked according to time spent	Percent of total time in elementary schools per student enrolled	Percent of total time in secondary schools per student enrolled
cation and follow-up of health problems (vision, hearing and other)	45.28	28.56
g support and guidance for students and families with chronic or acute h problems	27.42	34.17
unicable disease control and immunization	15.94	15.23
education	6.90	12.82
ination of health services	4.46	9.22
Totals	100.00	100.00

Reported Communicable Diseases, 1977–1981
(Rate per 100,000 population)

	1977		1978		1979		1980		1981	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
iasis	1	0.1	15	0.6	21	0.8	77	2.9	79	2.9
osis	2	0.1	—	—	—	—	—	—	1	(1)
nea of the newborn										
li)	57	2.3	35	1.4	23	0.9	29	1.1	43	1.6
eria	7	0.3	17	0.7	9	0.4	11	0.4	3	0.1
cery, type unspecified	70	2.8	58	2.3	56	2.2	67	2.5	68	2.5
difection—										
monellosis	307	12.3	908	35.9	810	31.6	857	32.5	881	32.6
specified	—	—	3	0.1	—	—	29	1.1	—	—
d toxication—										
phylococcal	—	—	1	0.1	—	—	—	—	—	—
tulism	1	0.1	—	—	—	—	—	—	—	—
cis—										
nfectious	884	35.4	794	31.4	459	17.9	343[2]	13.–	280	10.4
berum	15	0.6	12	0.5	7	0.3	17	0.6	25	0.9
r	—	—	—	—	—	—	2	0.1	1	(1)
ngitis—										
bterial	40	1.6	43	1.7	76	3.0	37	1.4	38	1.4
al	14	0.6	15	0.6	14	0.5	37	1.4	35	1.3
tis	45	1.8	104	4.1	286	11.1	534	2-.3	283	10.5
ioelitis	—	—	1	0.1	1	0.1	—	—	—	—
be	78	3.1	90	3.6	237	9.2	102	3.9	52	1.9
bea	310	12.4	129	5.1	1,801	70.2	242	9.2	52	1.9
gosis	101	4.0	105	4.2	163	6.3	158[2]	6.0	265	9.8
ep coccal throat infection										
ar scarlet fever	539	21.6	1,297	51.3	1,784	69.5	1,808	68.6	1,252	46.4
ar	1	0.1	—	—	4	0.1	—	—	—	—
thosis	—	—	—	—	1	0.1	—	—	—	—
hd and paratyphoid fever	9	0.4	16	0.6	18	0.7	9	0.3	13	0.5
Total	2,482	99.4	3,643	144.0	5,769	244.7	4,359	165.3	3,369	124.7

(1) ss than 0.05.
(2) rrected figures.

Rates Per 100,000 Population of New Notifications[1] of Venereal Infection[2]
1946–1981



[1] Excludes transfers and transients.
[2] Excludes gonorrhoea epidemiological, syphilis epidemiological, and non-gonococcal urethritis.
[3] Primary, secondary, and early — latent syphilis.

Caseload for Community Vocational Rehabilitation Services January 1 to December 31, 1981

currently under assessment or receiving services—January 1, 1982 1,176

New cases referred to C.V.R.S. Committees in Vancouver Metropolitan Region (7 committees) 423

New cases referred to C.V.R.S. Committees outside Vancouver Metropolitan Region (44 committees) 616

Cases re-opened (all regions) 276

new referrals considered for services January 1, 1981 to December 31, 1981 (includ- re-opened) 1,315

cases provided with service in 1981 2,491

Community Care Services:

Community Care Services comprises the Medical Services Plan (including the Dental Care Plan), Mental Health Services, Forensic Psychiatric Services, and Alcohol and Drug Programs

Medical Services Commission

Medical Services Plan

The Medical Services Plan provides prepaid medical coverage on uniform terms and conditions for all residents of the province and their dependents.

Insured services under the plan are paid for insured persons regardless of age, state of health, or financial circumstances, provided the premiums fixed by the commission are paid.

Payment for the services provided is made, according to a scale of fees approved or prescribed by the commission, or on a salaried, sessional or contract basis at levels approved by the commission.

During the year the commission continued to provide service with emphasis on prompt payment of practitioners, and improved relations with the public and health professions.

The taxable income ceiling for premium assistance was raised during the year from $1,770 to $2,740.

Effective July 1, 1981, those subscribers whose taxable income for 1980 was $1,810 or less qualified for 90% premium assistance. Those subscribers whose taxable income for 1980 was over $1,810, but not more than $2,740, will qualify for 50% premium assistance.

The total expenditure for insured benefits under the Medical Services Plan rose 16.5% to $502,670,042 in 1980/81, from $431,471,022 in 1979/80.

The increased costs to the Medical Services Plan were a result of upward revisions to the fee schedule, increased utilization of benefits, changes in the practitioner/population ratio, and increased population.

On January 1, 1981, the Dental Care Plan of British Columbia was established, under the supervision of the Medical Services Commission. During the first three months, to the end of the 1980/81 fiscal year, the plan was fully operational, with enrolment of beneficiaries and the payment of dental claims on schedule.

The plan provides coverage of basic dent try and removable prostheses. There are 1 premiums.

It will pay up to $700 a year for each pers in a number of categories.

The beneficiaries include some clients of t Ministry of Human Resources; people w receive premium assistance from the Medic Services Plan and their dependents; people years and older who do not receive premiu assistance from the Medical Services Plan; ar children 14 years and younger.

Table 6 **Subscriber Statistics**

Registrations and persons covered[1] by premiu subsidy level at March 31, 1981

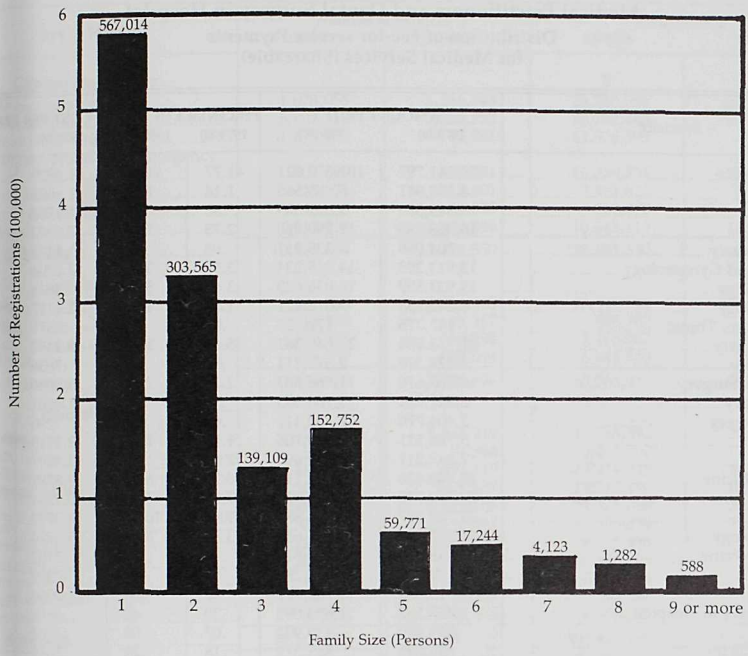
Subsidy (per cent)	Subscribers	Persons
90	272,496	421,715
50	—	—
Nil	972,952	2,227,810
Total	1,245,448	2,649,525

[1] Coverage data do not include members of the Canadi Armed Forces, RCMP and inmates of Federal penitentiaries.

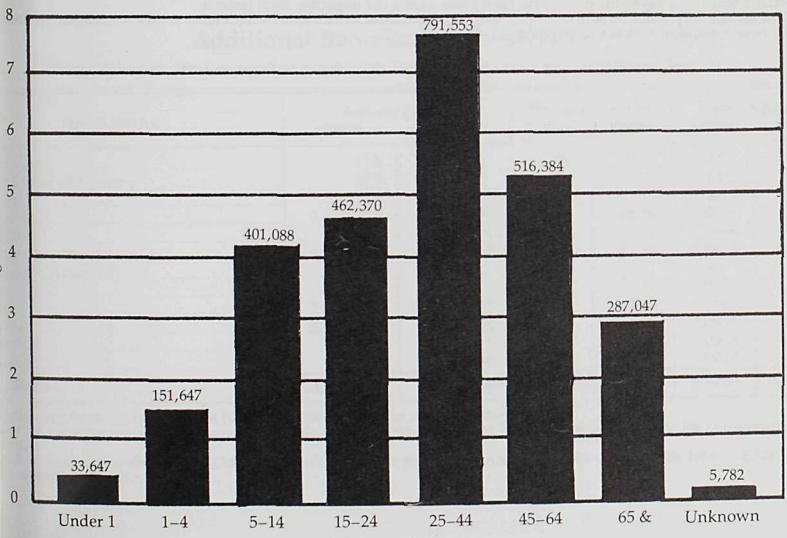
Table 7 **Persons covered by age group at March 31, 1981**

Age group	Pers
Under 1	33,6
1–4	151,6
5–14	401,0
15–24	462,3
25–44	791,5
45–64	516,3
65–69	103,4
70–79	125,8
80–89	47,5
90 and over	10,3
Unknown	5,7
	2,649,5

Coverage by Family Size at March 31, 1981



Coverage by Age Group at March 31, 1981



Medical Services Commission

Fee-for-service Payments
Medical Practitioners and Dental Surgery in Hospital
Distribution of Fee-for-service Payments for Medical Services (Shareable)

Table 10

Specialty	AMOUNT PAID[1] 1979/80	AMOUNT PAID[1] 1980/81	PERCENTAGE OF TOTAL 1979/80	PERCENTAGE OF TOTAL 1980/81	COST PER PERSON[2] 1979/80	COST PER PERSON[2] 1980/81
General Practice	158,141,797	181,570,921	41.77	41.44	61.0929	69.07
Dermatology	4,298,941	5,085,560	1.14	1.16	1.6608	1.93
Neurology	3,043,580	3,679,085	.80	.84	1.1758	1.39
Psychiatry	10,328,785	12,290,280	2.73	2.80	3.9902	4.67
Neuropsychiatry	304,089	338,217	.08	.08	.1175	.12
Obstetrics and Gynaecology	13,513,293	14,915,234	3.57	3.40	5.2204	5.67
Ophthalmology	13,933,539	16,036,623	3.68	3.66	5.3828	6.10
Otolaryngology	6,242,783	7,072,221	1.65	1.61	2.4117	2.69
Eye, Ear, Nose, Throat	147,775	172,923	.04	.04	.0571	.06
General Surgery	21,353,556	23,645,362	5.64	5.40	8.2492	8.99
Neurosurgery	2,028,378	2,372,111	.54	.54	.7836	.90
Orthopaedic Surgery	10,267,676	11,766,863	2.71	2.69	3.9666	4.47
Plastic Surgery	2,821,731	3,160,303	.75	.72	1.0901	1.20
Thoracic Surgery	2,404,774	2,760,411	.64	.63	.9290	1.05
Urology	5,724,521	6,623,708	1.51	1.51	2.2115	2.51
Paediatrics	7,687,211	8,571,490	2.03	1.96	2.9697	3.26
Internal Medicine	25,440,626	29,836,114	6.72	6.81	9.8281	11.35
Radiology	27,760,750	33,017,927	7.33	7.53	10.7244	12.56
Pathology	37,725,287	47,444,889	9.96	10.83	14.5739	18.04
Anaesthesiology	14,722,177	16,824,633	3.89	3.84	5.6874	6.40
Physical Medicine	545,440	598,511	.14	.14	.2107	.22
Public Health	99,686	67,280	.03	.02	.0385	.02
Microbiology	15,575	162,751	.00	.04	.0060	.06
Dental Surgery in Hospital	1,467,182	1,853,099	.39	.42	.5668	.70
Osteopathy	259,830	236,904	.07	.05	.1004	.09
Nuclear Medicine	684,686	885,573	.18	.20	.2645	.33
Unclassified	7,595,621	7,172,032	2.01	1.64	2.9343	2.72
TOTAL	378,559,289	438,161,025	100.00	100.00	146.2439	166.68

[1] Includes only those payments which have been made during the respective fiscal periods.
[2] Based on insured population as at October 1, as derived from Statistics Canada Data (October 1, 1979 = 2,588,548; October 1, 1980 2,628,662. New population statistics received April 1, 1980.

Distribution of Medical Fee-for-service Payments and Services by Type of Service

Type of Service	Number of Services 1979/80	Number of Services 1980/81	Amount Paid 1979/80	Amount Paid 1980/81
			$	$
General Practitioner				
n te examination	1,078,055	1,166,743	26,210,066	29,713,903
i xamination	5,902,427	7,956,753	70,792,448	98,214,759
s ent office visit	1,675,979	12,891[1]	11,376,595	177,372[1]
h Sunday, Holiday or emergency is	604,699	637,221	16,289,734	17,769,342
t use visit	119,771	118,601	2,492,821	2,563,758
s ent house visit	46,655	44,395	760,773	750,652
p l visit	1,513,018	1,490,946	10,643,113	11,025,415
Subtotals	10,940,604	11,428,550	138,565,550	160,215,201
Specialists				
s ation	981,533	1,036,243	42,947,843	50,534,367
s visit	12,598	14,157	508,702	614,477
c isit	509,275	560,292	5,165,087	7,516,401
p l visit	671,237	685,004	6,944,880	7,640,766
Subtotals	2,174,643	2,295,696	55,566,512	66,306,011
Other Medical				
a esia	2,173,584	2,244,219	17,786,592	20,290,844
t ics	59,459	61,364	10,461,167	11,447,487
g	490,450	497,119	45,414,345	48,401,688
c Procedures	801,200	816,627	15,713,190	18,130,734
y	1,199,295	1,229,786	24,326,058	28,088,694
o ory	8,359,432	9,115,288	45,133,839	57,402,980
n n office procedures	1,229,612	1,211,857	8,926,498	9,156,119
c herapy	207,926	224,016	8,148,875	9,528,320
t liagnosis	64,978	83,822	3,557,226	5,002,345
n ary function	32,788	36,236	403,099	461,598
c neous	17,071	17,405	4,556,338	3,729,004
Subtotals	14,635,795	15,537,739	184,427,227	211,639,813
TOTALS	27,751,042	29,261,985	378,559,289	438,161,025

[1] e schedule item 0107 in service code 51 as of April 1, 1980.

Additional Benefits Fee-for-service

12 Distribution of fee-for-service payments for insured services, additional benefits

Type of service	Amount paid[1, 2] 1979/80	Amount paid[1, 2] 1980/81	Percentage of total 1979/80	Percentage of total 1980/81	Cost per person[3] 1979/80	Cost per person[3] 1980/81
c nursing	710	—	.00	—	.0003	—
c n Order of Nursing	322	—	.00	—	.0001	—
oss	4,242	—	.02	—	.0016	—
r ractic	9,970,672	11,905,995	42.91	43.18	3.8519	4.5293
u pathic	430,704	421,703	1.85	1.53	.1664	.1604
s herapy (office)	4,770,381	5,928,442	20.53	21.50	1.8429	2.2553
s herapy (hospital)	—	—	—	—	—	—
h tic	1,926	3,310	.01	.01	.0007	.0013
l y	2,497,322	2,770,107	10.75	10.05	.9648	1.0538
t etric	5,420,004	6,412,064	23.33	23.26	2.0938	2.4393
h ontic	134,133	125,995	.58	.46	.0518	.0479
c ified	4,392	2,710	.02	.01	.0017	.0010
Totals	23,234,808	27,570,326	100.00	100.00	8.9760	10.4883

[1] cludes only those payments which have been made during the respective fiscal periods.
[2] ese amounts are fee-for-service payments made under the plan only, and in no way reflect the total for the services of these t ners.
[3] sed on insured population as at October 1, as derived from Statistics Canada Data 1979 = 2,588,548; 1980 = 2,628,662. New u on statistics received April 1, 1980.

Summary of Expenditures

Table 13 — 1970/71 to 1980/81

	Medical Fee-for-service	Salaried and Sessional	Additional Benefits	Administration	Total
	$	$	$	$	$
1970/71	122,818,267	4,375,798	6,611,815	6,030,059	139,835,939
1971/72	127,000,505	4,788,365	5,534,520	6,567,847	143,891,237
1972/73	139,532,341	6,022,920	7,897,244	7,320,137	160,772,642
1973/74	159,614,356	7,991,062	8,963,080	8,581,794	185,150,292
1974/75	190,452,494	10,424,602	11,089,892	12,501,015	224,468,003
1975/76	250,026,093	15,437,520	15,045,516	12,659,521	293,168,650
1976/77	268,496,749	14,880,410	17,090,707	13,040,063	313,507,929
1977/78	298,900,495	17,749,957	17,436,161	13,207,188	347,293,801
1978/79	337,513,465	19,484,932	21,132,210	16,856,376	394,986,983
1979/80	384,735,825	23,200,389	23,534,808	19,883,088	451,354,110
1980/81	445,734,331	28,368,006	28,567,705	21,435,615	524,105,657

Whereas preceding statistical tables are prepared on a cash basis, the above summary is compiled on an accrual bas
Dental Care Plan costs in 1980/81: claims payments $10,843,578, administration costs $2,927,527.

On Page 80, Table 109, figures listed under "Neglect" should appear under "Sexual Abuse" and vice versa.

Mental Health Services

During 1981 Mental Health Services continued its direct responsibility for administering Riverview Hospital, Burnaby Psychiatric Services, Integrated Services for Child and Family Development (Victoria), and the Mental Health Centres. The Delta sub-office was made a full centre, and the Maples adolescent unit was temporarily transferred to the Forensic Psychiatric Services Commission.

The Greater Vancouver Mental Health Service (GVMHS), funded completely by the Ministry, maintained a very close liaison with Mental Health Services. Other divisions of the Ministry which had a close working relationship included Hospital Programs; Long Term Care; Forensic Psychiatric Services Commission; Medical Services Commission, which pays private psychiatrists; and Preventive Services.

In housing, a vital support for many patients, an acting co-ordinator of residential services was appointed; more than 50 group home places were obtained through the Ministry of Lands, Parks and Housing; and 10 staff positions were transferred from Riverview to serve patients in the community.

At Riverview, consolidation of wards and the development of rehabilitation programs continued. The hospital received one-year accreditation from the Canadian Council on Accreditation. The Riverview Volunteer Society developed a boarding home proposal, and a sisted in the implementation of the patien council.

Programs including pre-vocational activi centres, lithium groups, and life skills grou were developed at various Mental Heal Centres.

The construction of the Maples' 26 secu beds and expansion of services w continued.

Vancouver General Hospital opened a 1 bed adolescent unit; planning started on tl construction of a 25-bed unit in Victoria; anc day program for adolescents was opened Kelowna.

For staff education, the electives progra provided approximately 200 workshops mental health centres and other agencies. Br ish Columbia hosted the western inte provincial conference on rural mental healt

Statistics showed that mental health ce tres, including Burnaby, saw approximate 15,390 out-patients. Burnaby admitted 334 i patients and Riverview admitted 1,285 i patients. Riverview's in-patient populati stayed stable at about 1,100 patients. GVMH saw approximately 3,000 patients.

Total expenditures for the service, includi a grant to GVMHS, were $70,624,017.

4 Patient movement trends for mental health facilities 1979–1981

MENTAL HEALTH FACILITIES	YEARLY SUM OF ENTRIES[1]		RESIDENT OR CASELOAD	
	Oct. 1979 to Sept. 1980	Oct. 1980 to Sept. 1981	End of Sept. 1980	End of Sept. 1981
ntal health facilities	12,831	13,111	19,523	21,102
al programs, Riverview	1,314	1,201	1,113	1,097
ic Facilities	175	145	687	527
yview	98	104	452	367
iew	65	16	139	72
naview	12	25	96	88
health services[2]	9,634	10,092	14,712	16,489
ı-patient units	394	388	52	53
aby	326	334	17	23
Y.D.C.	68	54	35	30
ut-patients	10,948	11,377	17,671	19,425
ntal health centres	9,062	9,536	14,573	16,350
ıtsford	354	269	341	291
aby—Central	220	203	366	405
Children's	94	196	176	242
Day program	112	114	28	22
North	152	170	518	538
South	140	158	292	255
s Lake-Vanderhoof	42	12	46	31
pbell River	14	91	22	60
iwack	137	187	177	275
tenay	146	189	198	264
brook	187	209	235	224
son Creek	211	164	335	267
tan	230	333	187	363
e-Sparwood	81	6	59	12
Nelson	6	81	6	39
St. John	264	191	400	530
d Forks	97	102	87	62
loops	445	345	1,117	1,288
wna	341	237	438	429
nat	125	134	161	198
ley	165	209	409	423
e Ridge	169	208	531	536
itt	37	41	39	67
timo	291	333	330	493
on	358	417	460	622
Westminster	98	122	329	264
h Delta	281	184	259	349
oos	98	85	134	218
cton	350	273	721	600
Alberni	331	469	457	803
Coquitlam	334	295	461	398
Hardy	86	92	83	171
ll River	127	117	177	174
e George	97	74	374	396
e Rupert	141	149	38	85
n Charlottes	38	40	25	32
snel	44	—	47	31
ich	234	410	233	323
on Arm	112	154	109	130
elt	127	124	239	284
are	73	64	87	75
hers	58	127	66	56
mish	67	65	131	159
ey	258	296	800	629
ce	148	181	161	225
	244	215	505	554
on	425	434	925	952
ria	223	357	394	528
.C.	419	484	472	544
lley	208	102	344	351
ams Lake	96	24	131	83
amunity care teams	1,708	1,673	3,011	2,989
heim House	42	66	78	110
dway Clinic	240	225	686	645
lano	188	158	256	248
nt Pleasant	190	149	325	324
mond	161	165	306	324
E.R. (July 81)[3]	—	67	—	66
h Vancouver	147	195	247	266
ncona	211	203	317	338
End	269	277	357	334
Side	187	168	352	334
D.C. (out-patient)	178	135	87	86

r the residential facilities, this includes permanent transfers, admissions from the community, returns from leaves and escapes.
ib-total does not include community care teams.
onth community care team commenced reporting.

Table 15 **Patient movement data[1] for mental health facilities, 1981**

MENTAL HEALTH FACILITIES	ENTRIES				EXITS				
	Total	Direct Admissions	Returns from leave	Permanent transfers	Total	Dis-charges	Leaves	Permanent transfers	Death
All mental health facilities	12,637	12,341	253	43	11,450	10,543	705	19	183
Hospital programs, Riverview	1,182	892	253	37	1,184	433	695	7	49
Geriatric facilities	135	135	—	—	235	100	1	—	134
Valleyview	105	105	—	—	131	52	—	—	79
Dellview	5	5	—	—	75	35	1	—	39
Skeenaview	25	25	—	—	29	13	—	—	16
Mental health services[2]	9,866	9,860	—	6	8,472	8,451	9	12	—
Total in-patients	387	381	—	6	388	367	9	12	—
Burnaby	341	336	—	5	332	312	9	11	—
B.C.Y.D.C.	46	45	—	1	56	55	—	1	—
Total out-patients	—	10,933	—	—	—	9,643	—	—	—
All mental health centres	—	9,155	—	—	—	7,955	—	—	—
Abbotsford	—	235	—	—	—	296	—	—	—
Burnaby—Central	—	193	—	—	—	160	—	—	—
Children's	—	183	—	—	—	157	—	—	—
Day program	—	109	—	—	—	113	—	—	—
North	—	195	—	—	—	144	—	—	—
South	—	151	—	—	—	233	—	—	—
Burns Lake-Vanderhoof	—	13	—	—	—	3	—	—	—
Campbell River	—	107	—	—	—	71	—	—	—
Chilliwack	—	173	—	—	—	71	—	—	—
Courtenay	—	209	—	—	—	141	—	—	—
Cranbrook	—	196	—	—	—	204	—	—	—
Dawson Creek	—	124	—	—	—	307	—	—	—
Duncan	—	324	—	—	—	155	—	—	—
Fernie-Sparwood	—	1	—	—	—	55	—	—	—
Fort Nelson	—	76	—	—	—	44	—	—	—
Fort St. John	—	173	—	—	—	59	—	—	—
Grand Forks	—	108	—	—	—	77	—	—	—
Kamloops	—	320	—	—	—	199	—	—	—
Kelowna	—	219	—	—	—	203	—	—	—
Kitimat	—	145	—	—	—	107	—	—	—
Langley	—	209	—	—	—	185	—	—	—
Maple Ridge	—	197	—	—	—	85	—	—	—
Merritt	—	31	—	—	—	1	—	—	—
Nanaimo	—	316	—	—	—	139	—	—	—
Nelson	—	445	—	—	—	252	—	—	—
New Westminster	—	131	—	—	—	121	—	—	—
North Delta	—	196	—	—	—	91	—	—	—
Osoyoos	—	81	—	—	—	1	—	—	—
Penticton	—	228	—	—	—	479	—	—	—
Port Alberni	—	423	—	—	—	119	—	—	—
Port Coquitlam	—	279	—	—	—	373	—	—	—
Port Hardy	—	85	—	—	—	3	—	—	—
Powell River	—	105	—	—	—	132	—	—	—
Prince George	—	52	—	—	—	65	—	—	—
Prince Rupert	—	159	—	—	—	133	—	—	—
Queen Charlottes	—	48	—	—	—	48	—	—	—
Quesnel	—	—	—	—	—	21	—	—	—
Saanich	—	425	—	—	—	348	—	—	—
Salmon Arm	—	195	—	—	—	171	—	—	—
Sechelt	—	125	—	—	—	96	—	—	—
Se Cure	—	51	—	—	—	81	—	—	—
Smithers	—	115	—	—	—	87	—	—	—
Squamish	—	71	—	—	—	48	—	—	—
Surrey	—	251	—	—	—	519	—	—	—
Terrace	—	181	—	—	—	100	—	—	—
Trail	—	192	—	—	—	191	—	—	—
Vernon	—	387	—	—	—	440	—	—	—
V.I.S.C.	—	321	—	—	—	201	—	—	—
Victoria	—	495	—	—	—	463	—	—	—
Whalley	—	84	—	—	—	87	—	—	—
Williams Lake	—	23	—	—	—	76	—	—	—
All community care teams	—	1,647	—	—	—	1,559	—	—	—
Blenheim House	—	63	—	—	—	29	—	—	—
Broadway Clinic	—	223	—	—	—	291	—	—	—
Kitsilano	—	149	—	—	—	160	—	—	—
Mount Pleasant	—	151	—	—	—	152	—	—	—
Richmond	—	148	—	—	—	143	—	—	—
S.A.F.E.R. (July 81)[3]	—	89	—	—	—	1	—	—	—
South Vancouver	—	177	—	—	—	177	—	—	—
Strathcona	—	197	—	—	—	180	—	—	—
West End	—	277	—	—	—	263	—	—	—
West Side	—	173	—	—	—	163	—	—	—
B.C.Y.D.C. (out-patient)	—	131	—	—	—	129	—	—	—

[1] Table compiled from actual data through September 1981 and projected for the remainder of the year. NOTE: For community care tea opened in 1981, table compiled on basis of available data.
[2] Sub-total does not include community care teams.
[3] Month community care team commenced reporting.

Forensic Psychiatric Services Commission

Forensic Psychiatric Services Commission

To meet its obligations under the *Forensic Psychiatry Act*, the commission operates a 140 bed in-patient secure mental health facility; two out-patient clinics; and travelling clinics at Prince George and Kamloops.

Psychiatric assessment services are provided to provincial adult and youth detention centres and to local lock-ups in the Lower Mainland.

Consultative and educational services are offered to persons involved in the mental health and justice systems.

The secure hospital is in Coquitlam near Riverview Hospital. Men and women charged with offences are admitted by court remand order for assessment of mental disorders, for a period of up to 30 days.

Those persons whom the courts have found unfit to stand trial, or not guilty of an offence because of insanity, are admitted by court order for treatment until the pleasure of the Lieutenant Governor is made known. The hospital also accepts transfers of prisoners serving sentences in provincial correctional centres, who have been certified as mentally ill under the *Mental Health Act* of British Columbia.

During 1981, approximately 85% of all admissions were accused persons remanded for psychiatric assessment.

Mental status evaluations were completed as quickly as thoroughness allowed. Over 80% of persons assessed for fitness to stand trial were considered to meet the legal criteria. Persons admitted as unfit to stand trial accounted for 7% of admissions. An average length of stay in hospital was three months.

Court finding of "not guilty by reason of insanity" accounted for 2% of admissions, a reduction from previous years. The Canadian Criminal Code provision for detention at the pleasure of the Lieutenant Governor is for indeterminate detention. While hospitalization time for these patients is longer than required to modify the acute stage of illness, the vast majority are conditionally discharged by cab net order to the community, under commis sion supervision. Adjusting to life outside th institution has always presented special prob lems for many of these persons, due in part t an absence of transitional housing to comple ment the individual's community rehabilita tion program.

In 1981, the commission took possession c three homes on Riverview Hospital grounds Seventeen patients have been transferre from hospital to these transition homes where they are experiencing the challenges c more independent living while being guide and monitored by institute treatment staf This was considered the most important ad junct to prevention achieved in 1981.

Changes were made to the *Mental Health Ac* during the year, which directly affected th institute.

Previously, an order-in-council was re quired before a certified mentally ill prisone could be transferred from prison to a menta health facility for treatment. The legislate changes provided for immediate transfer an treatment of those persons, permitting mor prompt intervention in the illness.

The Vancouver forensic clinic accepts court ordered referrals of adults and juveniles; fo lows up the majority of persons on conditiona discharge from the Forensic Psychiatric In stitute; co-ordinates services to lock-ups an detention centres in the Lower Mainland; an organizes travelling clinics to the Interior.

Case activations continued to increase i 1981. Approximately 950 persons were re ferred by the courts, an increase of 7% ove 1980.

Persons receiving counselling at year's en numbered 127. Of these, 58 were cor ditionally discharged persons from the in stitute. The rest were clients on bail, on recog nizance, or probation.

The Victoria forensic clinic provides service to Vancouver Island similar to those of th clinic in Vancouver.

A highlight of activities during the year wa the further implementation of psychiatri services to the Vancouver Island Regional Co rectional Centre (VIRCC). Accused person requiring a remand in custody for psychiatri assessment were seen in VIRCC by the clinic psychiatrist, often making it necessary to es cort and admit the accused, to the Forensi Psychiatric Institute, with disruption of live and public expense.

Alcohol and Drug Programs

Alcohol and Drug Programs

The role of the Alcohol and Drug Commission was significantly changed during 1981. The commission, which was expanded in light of its new functions, will act as an advisory body coordinating the alcohol and drug services developed over the past eight years with other government services.

In 1981, several initiatives to provide more effective service were developed, with a greater emphasis being placed on preventive services.

Program evaluation and treatment services were reorganized by integrating services for alcohol and other drugs. This resulted in the more efficient use of treatment staff and a better geographical distribution of treatment clinics. Services to more communities will l provided in the next phase of progra development.

Northern Way Detoxication Centre, whic will replace the City of Vancouver drunk tan was completed. Staff for this program we being recruited at the year-end and the pr gram was operating early in 1982.

Alcohol and Drug Programs funded 55 vo untary societies to operate programs in th alcohol and drug field in the 1981/82 fisc year, at a cost of $7,850,785. In addition, directly administered out-patient clinics i seven communities outside Vancouver, thre detoxication centres, and four out-patier services in Vancouver.

Institutional Services:

Institutional Services consists of the Emergency Health Services Commission, Hospital Programs, and Home Care/ Long-Term Care.

Emergency Health Services Commission

Emergency Health Services Commission

While the primary concern of the commission since its inception has been to provide ambulance service throughout the province, it also has the powers and authority:

- to provide emergency health services;
- to establish, equip, and operate emergency health centres and stations in areas the commission considers advisable;
- to assist hospitals, other health institutions and agencies, municipalities and other organizations and persons in providing emergency health services, and to train personnel to provide services, and to enter into agreements or arrangements for that purpose;
- to establish or improve communications systems for emergency health services in the province;
- to make available the services of medically trained persons on a continuous, or temporary basis, to those residents of B.C. who are not, in the opinion of the commission, adequately served;
- to recruit, examine, train, register and license emergency medical assistants;
- to perform any other function related to emergency health services as the Lieutenant Governor in Council may order.

The commission is also responsible for the medical aspects of disaster planning, as well as the maintenance, inspection, replacement and storage of federal emergency medical supplies stored throughout the province.

In 1981, 10 full-time crew members were posted to Kelowna and immediately started training as an advanced life support team. Eight full-time crew members were posted to Vernon, some of whom will be trained as trauma attendants. Two full-time crew mer bers were posted to Sidney. A second full-tir crew member was added in Cresto Hazelton, Sparwood, and Port McNeill we each allocated a full-time crew member/a ministrator. In addition, six crew membe and one dispatcher were added in the Vanco ver area, which now has 228 crew positio and 18 dispatchers. New services operated l part-time personnel were opened at Cassi Zeballos and Peachland.

The vehicle modification depot in Victor manufactured 31 standard ambulances ar two 4-wheel drive ambulances at a substanti cost-saving per unit. They replace older, unr liable vehicles beyond maintenance.

All aspects of training ambulance crew both full-time and part-time, are contracted the Justice Institute of British Columbia. Tl utilization of training days in 1981 was 7,3 for new personnel, and 20,510 for advance training and development of existing staff.

The areas of training included programs f emergency medical assistants, advanced li support, trauma attendants, infant transpo training community instructors, and pr grams for public awareness and knowledge cardio-pulmonary resuscitation, basic li support.

In 1981 the air ambulance service continu to be extensively used to transport patient involving 4,050 flights and 4,100 patients, 18% increase in flights over 1980.

Road ambulance call volume of 226,034 1981 represented an increase of 11% over 198

During the year, the upgrading of ar bulance stations continued for the improv ment of crew and equipment accommodatio

Hospital Programs

Hospital Programs

Under the *Hospital Insurance Act,* Hospital Programs pays the cost of in-patient services at various levels of care, and the costs of certain out-patient services, including emergency treatment and day-care surgery. In addition to patient benefits, Hospital Programs also provides consulting and inspection services to the province's public hospitals and licensed private hospitals.

Hospital Programs pays at least 60 per cent of the approved net costs of major hospital construction and renovation for acute, rehabilitation and extended-care facilities built by public hospitals and other non-profit organizations. It also provides grants for the purchase of hospital equipment.

In Hospital Programs during 1981, 20 major hospital projects were completed, or had reached the final stages of construction, including four new hospitals, at a total cost of approximately $158 million.

The largest of these new hospitals were the new Children's and Grace Hospitals in Vancouver, designed to provide a total of 200 pediatric and 122 obstetrical beds respectively. The total cost of this combined project, including the provision of teaching facilities was originally funded under the Ministry of Education but was subsequently handled by the Ministry of Universities, Science and Communication. The two hospitals, while keeping their separate identities, will share many service facilities with each other and the adjacent Shaughnessy Hospital.

The other two new facilities were quite distinctive. One was a new unit built in Burnaby, which combined 40 extended-care beds wi 40 beds for intermediate care, each unit usi common lounge, dining and activity are under one management. The other was t New Denver Health Centre, built adjacent an intermediate-care unit called the Pavilio The health centre, besides providing diagno tic and treatment facilities, contains 10 be which can be used for short-term acute extended-care patients, depending on nee

Substantial progress was made on a ne and enlarged emergency department and 27-bed coronary care unit at Vancouver Ge eral Hospital, as part of the new Laurel Stre complex. Besides providing a major eme gency and crisis centre, the Emergency D partment also provides teaching and clinic research facilities, in cooperation with th University of British Columbia. The openin of these facilities is expected in 1982.

During 1981, after many months of negoti tions, the 10 provinces and two territori agreed to enter into agreements for the r ciprocal processing of out-of-province hosp tal in-patient claims. The new process will r lieve hospitals from having to deal with th hospital plans in other jurisdictions. Instea each provincial or territorial plan will inclu in operating payments to their hospitals, th cost of care for qualified beneficiaries fro other areas of Canada, and the host plan w recover their costs by direct bulk billings to th other plans. The new process began in Britis Columbia on October 1, 1981, and it is e pected that all participants will benef through the reduction in individual billing

ts separated and proportion covered by Hospital Programs, British Columbia public eneral hospitals[1] only (excluding federal, private, extended care and out-of-province hospilization), 1976–1981/82.

Table 16

	Total hospitalized in public hospitals			Covered by hospital programs		
	Adults and children	Newborn	Total	Adults and children	Newborn	Total
s separated:						
9	408,278	36,117	444,395	390,641	35,292	425,933
9	406,180	36,980	443,160	386,872	36,119	422,991
9 79	408,606	37,938	446,544	389,922	37,293	427,215
9 80[1]	410,648	39,880	450,528	390,513	39,125	429,638
9 81[2]	409,216	41,514	451,252	389,573	40,767	430,340
9 82[3]	423,394	43,198	466,592	402,139	42,515	444,654
age of total s separated:						
9	—	—	—	95.7	97.7	95.8
9	—	—	—	95.2	97.7	95.4
9 79	—	—	—	95.4	98.3	95.7
9 80[1]	—	—	—	95.1	98.1	95.4
9 81[2]	—	—	—	95.2	98.2	95.2
9 82[3]	—	—	—	94.9	98.4	95.3

cludes rehabilitation and long term care statistics.
nended as per final report received from hospitals.
test 1981/82 hospital reports available.

patient days and proportion covered by Hospital Programs, British Columbia public eneral hospitals[1] only (excluding federal, private, extended care and out-of-province hospilization), 1976–1981/82.

Table 17

	Total hospitalized in public hospitals			*Covered by* hospital programs		
	Adults and children	Newborn	Total	Adults and children	Newborn	Total
e days						
9	3,488,179	207,316	3,695,495	3,343,172	201,111	3,544,283
9	3,473,838	208,574	3,682,412	3,337,330	202,751	3,540,081
9 79	3,565,659	208,969	3,744,659	3,428,709	203,299	3,632,008
9 80[1]	3,603,701	232,226	3,835,927	3,460,477	225,992	3,686,469
9 81[2]	3,648,247	234,094	3,881,341	3,505,965	228,476	3,734,441
9 82[3]	3,741,171	236,522	3,977,693	3,614,613	230,949	3,845,562
age of total e days						
9	—	—	—	95.8	97.0	95.9
9	—	—	—	96.1	97.2	96.1
9 79	—	—	—	96.2	97.3	96.2
9 80[1]	—	—	—	96.0	97.3	96.1
9 81[2]	—	—	—	96.1	97.6	96.2
9 82[3]	—	—	—	96.6	97.6	96.7

cludes rehabilitation and long term care statistics.
nended as per final report received from hospitals.
timated, based on latest 1981/82 hospital reports available.

Table 18

Patients separated, total patient-days, and average length of stay according to type and location of hospit for Hospital Programs patients only, and days of care per 1,000 of covered population, 1976–1981/82

	Total (excluding extended care)		B.C. public hospitals		Other B.C. hospitals including federal and private		Institutions outside British Columbia		Extended care hospitals
	Adults and children	New-born	Adults and children	New-born	Adults and children	New-born	Adults and children	New-born	
Patients separated—									
1976	400,675	35,832	390,641	35,292	475	80	9,559	460	3,59
1977	394,727	36,496	386,872	36,119	350	65	7,505	312	4,02
1978/79	397,273	37,636	389,922	37,293	213	31	7,138	312	3,48
1979/80	398,457	39,516	390,513	39,125	256	24	7,688	367	3,55
1980/81[1]	396,753	41,124	389,573	40,767	519	59	6,661	298	3,68
1981/82[2]	408,514	42,877	402,139	42,515	500[3]	50[3]	5,875	312	3,67
Patient days—									
1976	3,424,979	204,156	3,343,172	201,111	1,647	390	80,160	2,655	1,498,79
1977	3,397,729	205,059	3,337,330	202,751	1,615	250	60,784	2,058	1,734,22
1978/79	3,488,887	205,431	3,428,709	203,299	718	130	59,460	2,002	1,841,08
1979/80	3,521,692	228,587	3,460,377	225,992	892	94	60,323	2,501	1,886,56
1980/81[1]	3,558,391	230,739	3,505,965	228,476	1,795	279	50,631	1,984	1,963,02
1981/82[2]	3,663,074	233,233	3,614,613	230,949	1,700[3]	235[3]	46,761	2,049	1,960,70
Average days of stay—									
1976	8.55	5.70	8.56	5.70	3.47	4.88	8.39	5.77	417.26
1977	8.61	5.62	8.63	5.61	4.61	3.85	8.10	6.60	430.76
1978/79	8.78	5.46	8.79	5.45	3.37	4.19	8.33	6.42	528.59
1979/80	8.83	5.78	8.86	5.78	3.48	3.92	7.85	6.81	530.98
1980/81[1]	8.97	5.61	9.00	5.60	3.46	4.73	7.60	6.66	533.43
1981/82[2]	8,97	5.44	8.99	5.43	3.40	4.70	7.96	6.57	533.52

[1] Amended as per final report from hospitals.

[2] Estimated, based on latest 1981/82 hospital reports. Estimated patient-days (including new-born) per 1,000 of population covered hospital programs: 1976—1,474; 1977—1,432; 1978/79—1,460; 1979/80—1,459; 1980/81—1,350; 1981/82—1,337 (because the armed forc Royal Canadian Mounted Police, and some other groups are not insured under the Provincial Plan, the actual incidence of days would somewhat higher than shown). In addition, estimated patient-days per 1,000 population for extended care amounted to 603 in 1976, 639 1977, 728 in 1978/79, 734 in 1979/80, 745 in 1980/81, and 756 in 1981/82. Population figures according to latest census figures.

[3] Including hospitals at Cassiar, Holberg and Masset.

Patients separated, total days' stay and average length of stay in British Columbia publ hospitals for Hospital Programs patients only, grouped according to bed capacity, 1981/8 (excluding extended care hospitals).

Table 19

	Total	Bed capacity 250 & over	100 to 249	50 to 99	25 to 49	Under 2
Patients separated						
Adults and children	402,139	202,476	133,229	36,675	19,183	10,5
Newborn	42,515	20,641	16,185	2,903	1,717	1,0
Patient days						
Adults and children	3,614,613	1,982,615	1,168,966	266,397	136,632	60,0
Newborn	230,949	124,227	83,511	11,572	7,390	4,2
Average days' stay						
Adults and children	8.99	9.79	8.77	7.26	7.12	5.67
Newborn	5.43	6.02	5.16	3.99	4.30	3.97

[1] Estimated, based on latest available hospital reports for 1981/82.

tage distribution of patients separated and patient-days for Hospital Programs patients ly, in British Columbia public hospitals, grouped according to bed capacity, 1981/82[1] cluding extended care hospitals).

	Total	Bed capacity 250 & over	100 to 249	50 to 99	25 to 49	Under 25
	Per cent	Per cent	Per cent	Per cent	Per cent	Per cent
separated						
and children	100.0	50.35	33.13	9.12	4.77	2.63
orn	100.0	48.55	38.07	6.83	4.04	2.51
lays						
and children	100.0	54.85	32.34	7.37	3.78	1.66
orn	100.0	53.79	36.16	5.01	3.20	1.84

mated, based on latest available hospital reports for 1981/82.

Summary of the number of Hospital Programs in-patients and out-patients 1976–1981/82

	Total adults Children and newborn in-patients	Estimated number of emergency minor surgery day care and out-patients	Total receiving benefits
	440,099	1,228,723	1,668,822
	435,249	1,303,679	1,738,928
	438,392	1,464,799	1,903,191
	441,526	1,678,768	2,120,294
	441,557	1,931,548	2,373,105
	455,066	1,933,027	2,388,093

ended as per final report received from hospitals.
imated, based on latest available hospital reports for 1981/82.

Summary of Hospital Programs out-patient treatments, by category 1976–1981/82

	1976	1977	1978/79	1979/80	1980/81	1981/82[3]
ry						
atient	22,352	23,974	26,222	24,481	29,972	34,800
ure	40,392	46,323	53,725	57,209	63,529	66,948
nd emergency	542,223	575,000	645,634	814,317	1,019,628	934,800
surgery	66,663	76,405	82,979	89,312	93,445	100,862
day care	3,426	4,126	4,515	4,949	6,595	8,670
erapy	368,867	387,993	454,697	484,110	507,233	572,176
counselling	10,218	12,942	18,189	22,077	23,649	27,525
alysis day care[1]	10,481	18,351	19,717	20,253	22,177	21,006
	164,101	158,565	159,121	162,060	165,320	166,240
TOTALS	1,228,723	1,303,679	1,464,799	1,678,768	1,931,548	1,933,027

nmenced June 1, 1976.
er includes (a) cancer out-patients and (b) rehabilitiation day care.
mated.

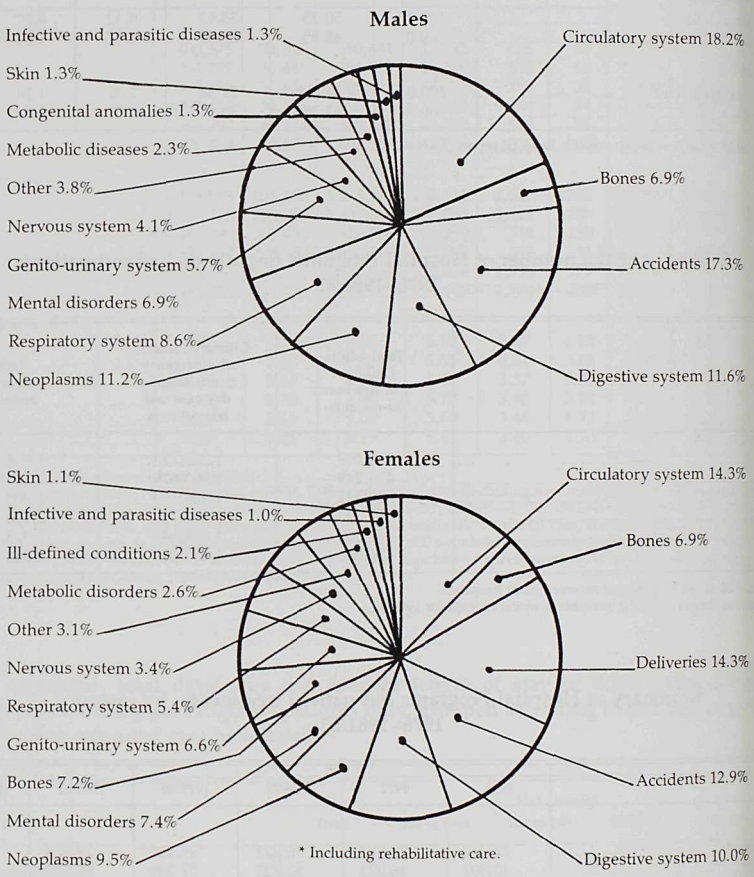
Charts

The statistical data shown in the following charts prepared by the Research Division are derived from admission/separation forms submitted to Hospital Programs. Note that the figures given are for fiscal year 1980/81.

Readers interested in the more detailed statistics hospitalization in British Columbia may wish to refer Statistics of Hospital Cases Discharged During 1980/ and Statistics of Hospitalized Accident Cases, 1980/8 available from the Research Division.

Percentage distribution of days of care* by major diagnostic groups, Hospital Programs, 1980/8

Table 23



* Including rehabilitative care.

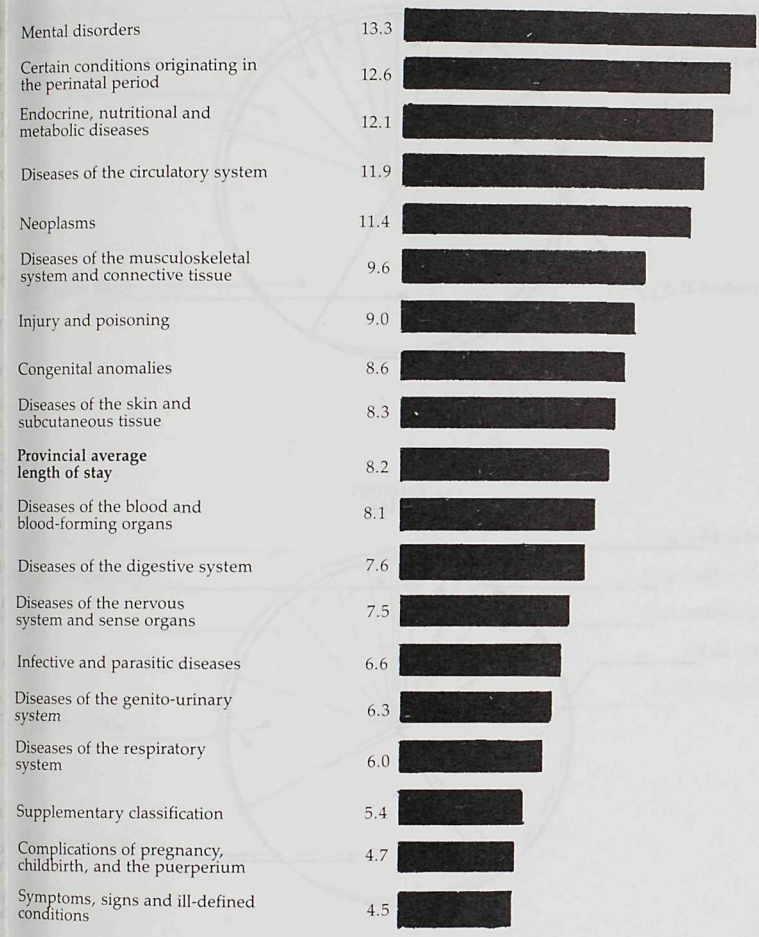
Administration and payments to hospitals — 1977/78–1981/82

Table 24

	1977–78	1978–79	1979–80	1980–81	1981–82
	$	$	$	$	$
Administration	3,856,217	4,237,158	4,459,302	5,317,086	7,256,765
Grants to hosptials	573,896,901	627,145,613	696,184,526	959,961,923	1,078,601,170[1]
Total	577,753,118	631,382,771	700,643,828	965,279,009	1,085,857,935[2]

[1] Also includes special warrant for $42,682,000.
[2] Source: Estimate of Revenue and Expenditure, Fiscal Year Ending March 31, 1982.

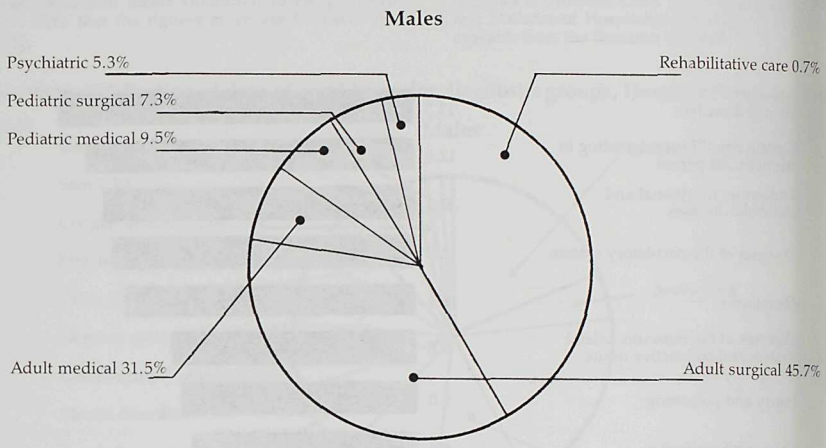
a length of stay of cases* in hospitals in British Columbia, by major diagnostic groups in descending order, 1980/81 (excluding newborns)

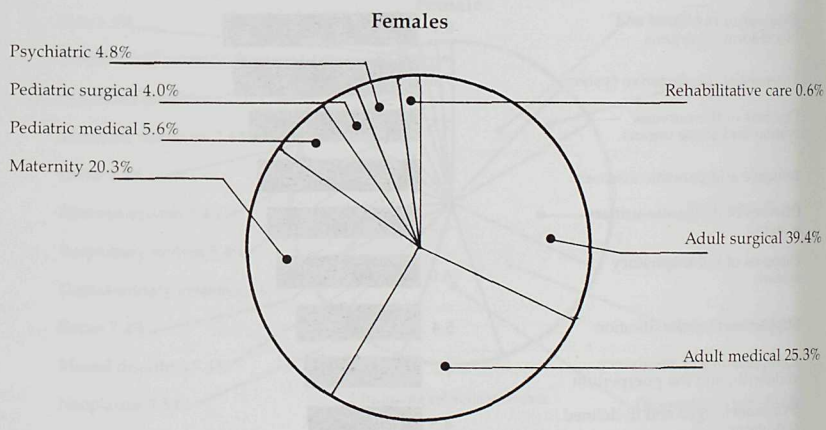


* Including rehabilitative care.

Percentage distribution of hospital cases* by type of clinical service, Hospital Programs, 1980/8

Table 26

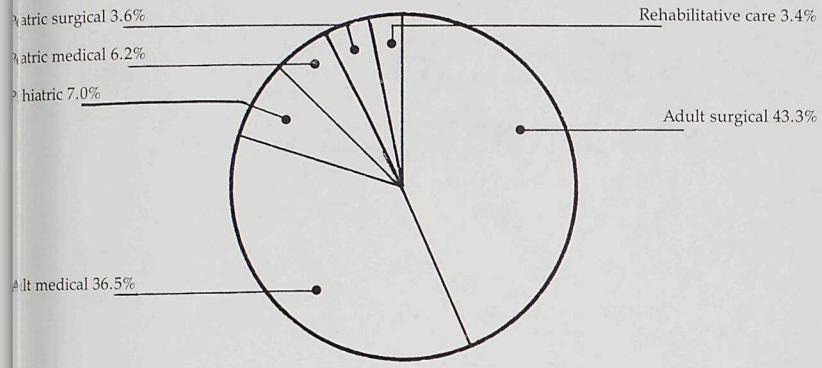




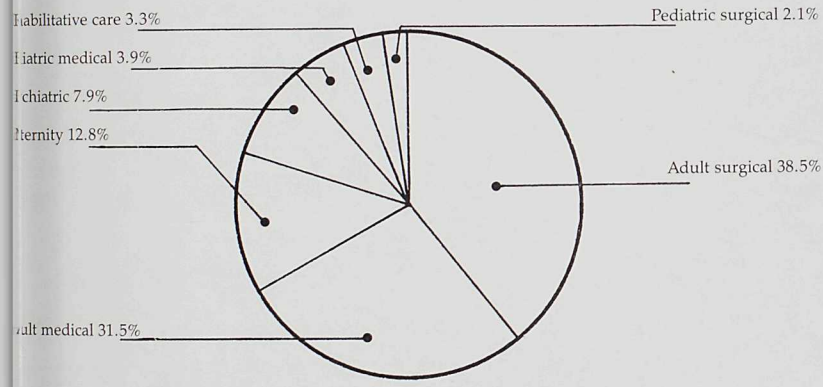
* Including rehabilitative care.

‹age distribution of hospital days* by type of clinical service, Hospital Programs, 1980/81

Males



Females



cluding rehabilitative care.

Home Care/ Long-Term Care

Home Care/ Long-Term Care

The Long-term Care program provides in-home and institutional care to persons who can no longer function independently as the result of health-related problems.

Home support services include homemaker services, community physiotherapy, home care nursing services, and adult day care.

Residential care is provided in community care facilities, mental health boarding homes, licensed private hospitals, family care homes, group homes for independent living, and government institutions.

During 1981 a review of the level of homemaker hours purchased was undertaken throughout the province to keep expenditures within approved budget limits.

This review was initiated to identify and eliminate those services which fall outside service boundaries felt appropriate for homemakers, and which would not affect the care requirements of those receiving services. This review was successful in maintaining the overall number of services and clients within budgetary allocations.

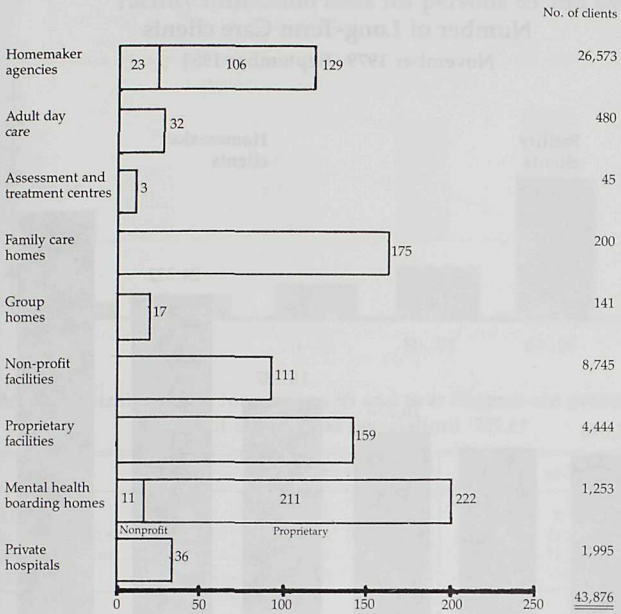
An internal working committee within the Long-term Care program initiated and drafted revised facility standards, which would sure a minimum standard of care through all facilities in the province. Work was c tinuing on a final draft of these standa which could then be implemented in the r fiscal year.

Preliminary discussions for a revised fu ing system were initiated between the Mi try and the B.C. Association of Private C Facilities (PRICARE). Although the details revised system were not finalized, it is ant pated that such a system could be im mented in the next fiscal year.

An outside consultant was retained to c duct a feasibility study on the needs of behaviourally-disturbed elderly. A propo was then developed for the establishment short stay assessment and treatment cent and special care units for the specific need the psychiogeriatric or behaviourally-d turbed elderly. This proposal was being viewed by senior Ministry staff at year-e

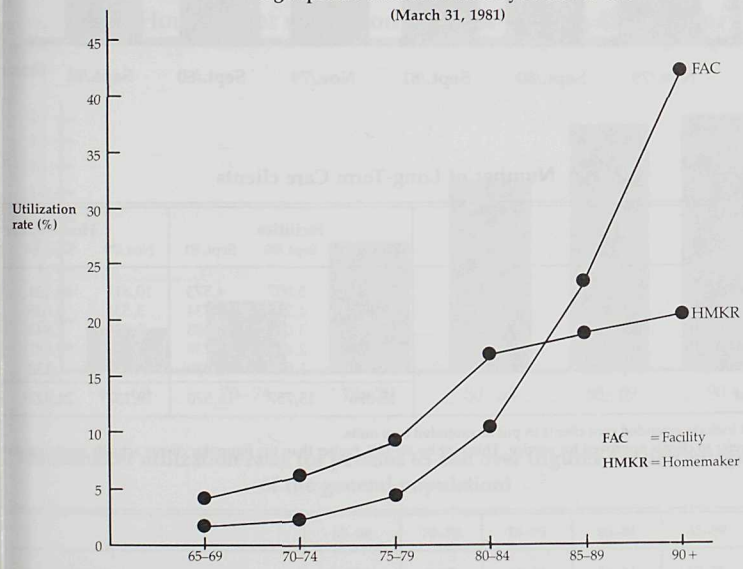
Since January 1980, the construction of additional 2,600 intermediate-care beds approved, with 1,435 opening in 1981. Al an additional 12 adult day centres w opened in 1981.

Long-Term Care Program services provided



Age-specific utilization rates by source of care

(March 31, 1981)



Average utilization over 65:

Facility clients (includes extended care)	6.6%
Homemaker services	7.7%

Table 30

Number of Long-Term Care clients
November 1979–September 1981

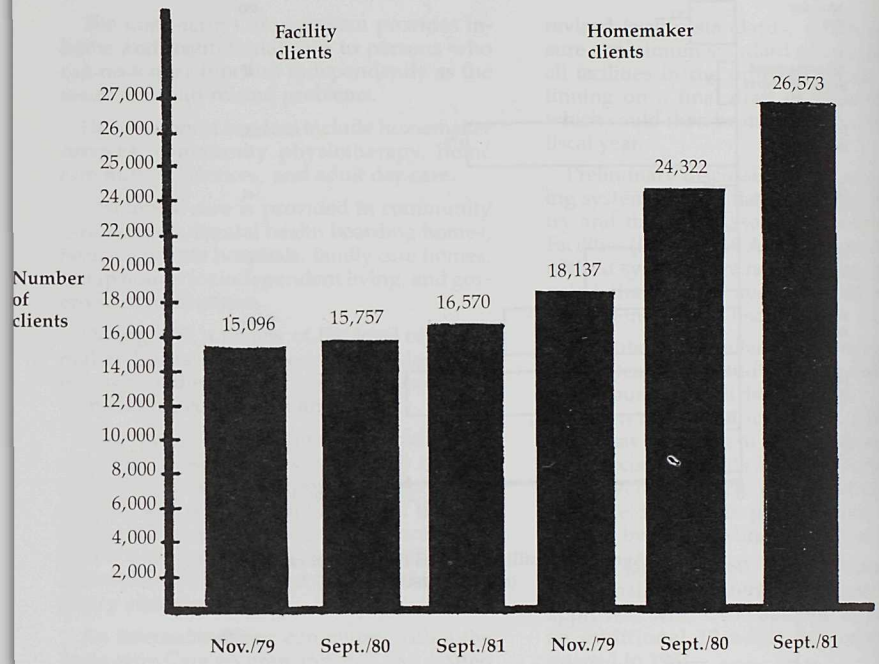


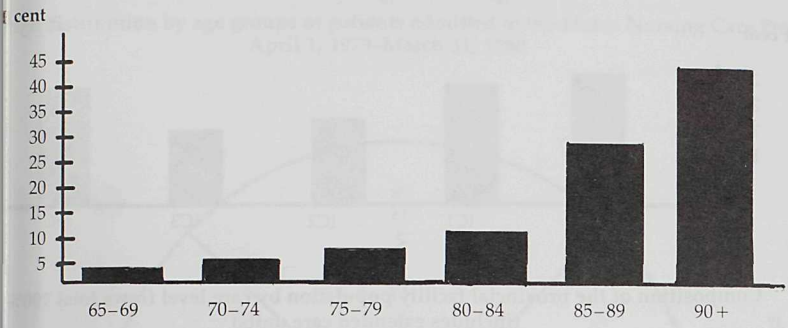
Table 31

Number of Long-Term Care clients

	Facilities			Homemaker		
	Nov./79	Sept./80	Sept./81	Nov./79	Sept./80	Sept./
Personal care	5,391	5,057	4,573	10,811	14,231	15,39
Intermediate care I	3,975	4,218	4,734	3,531	5,035	5,92
Intermediate care II	2,656	3,047	3,485	2,038	2,843	2,99
Intermediate care III	2,029	2,423	2,739	823	1,081	1,15
Extended care	1,045[1]	1,012[1]	1,039[1]	934	1,132	1,10
Total	15,096	15,757	16,570	18,137[2]	24,322[2]	26,57

[1] Does not include extended care clients in public extended care units.
[2] Figures refer to clients approved for service. This may be 10–15% higher than the figure for clients actually receiving service.

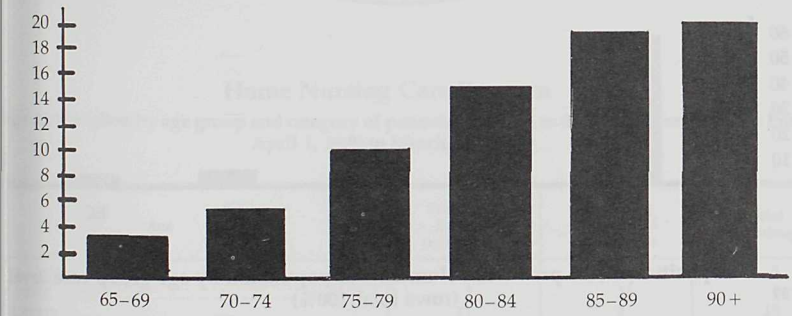
Facility utilization rates for persons 65 and over



Facility utilization rates for persons 65 and over (figures are percentages of the general population)

	65–69	70–74	75–79	80–84	85–89	90+
egional District	0.83%	1.82	4.08	8.98	18.42	41.25
ancouver Regional District	1.36%	2.50	5.30	11.63	20.66	40.71
er of British Columbia	0.93%	1.94	4.86	12.21	23.72	40.75
l Average	1.12%	2.18	4.96	11.37	21.20	40.81

Homemaker utilization rates for persons 65 and over



Homemaker utilization rates for persons 65 and over (figures are percentages of the general population)

	65–69	70–74	75–79	80–84	85–89	90+
egional District	1.62%	3.27	6.34	11.24	17.76	18.59
ancouver Regional District	2.88%	5.63	9.44	14.45	16.59	18.24
er of British Columbia	3.23%	6.44	12.14	18.29	21.52	20.78
l Average	2.86%	5.63	9.96	15.16	18.30	19.05

Composition of the provincial facility population by care level

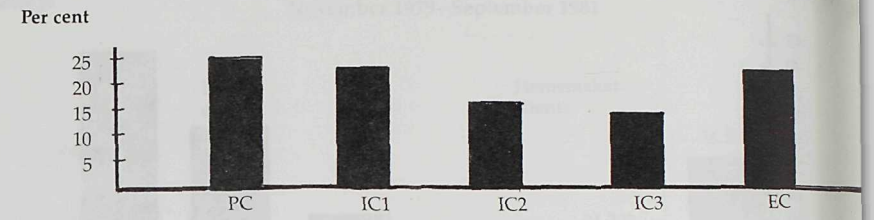


Table 37

Composition of the provincial facility population by care level (rows total 100%) (includes extended care units)

	PC	IC1	IC2	IC3	EC
Under 65	30.0%	25.0	17.1	14.5	13.4
65–69	26.2%	23.9	17.6	14.5	17.8
70–74	25.1%	24.0	16.7	14.0	20.2
80–84	25.2%	23.6	16.8	12.8	21.6
85–89	25.2%	21.0	16.9	11.6	25.3
90+	18.0%	21.0	16.0	13.0	32.0
All clients	24.5	22.6	16.8	13.2	22.9

Table 38

Composition of the provincial Homemaker population by age group and care lev

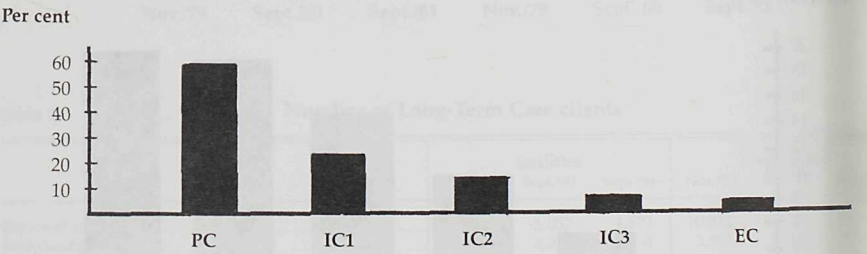


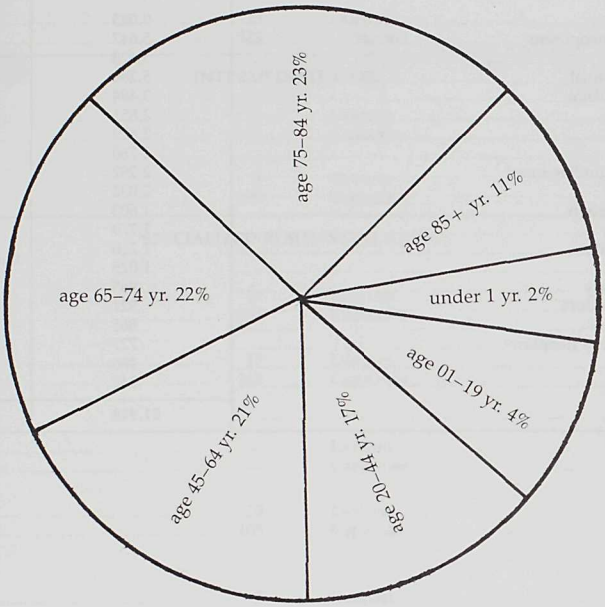
Table 39

Composition of the provincial Homemaker population by age group care level (rows total 100%)

	PC	IC1	IC2	IC3	EC
Under 65	48.1%	22.0	14.7	6.0	9.2
65–69	61.2%	20.9	10.8	3.4	3.7
70–74	62.1%	20.7	10.3	3.7	3.2
75–79	62.9%	20.9	10.1	3.4	2.7
80–84	60.9%	21.5	11.0	4.1	2.5
85–89	55.1%	22.0	13.5	5.5	3.9
90+	42.4%	23.8	14.1	9.6	10.1
All clients	57.6	21.5	11.8	4.6	4.5

Home Nursing Care Program

tage distribution by age groups or patients admitted to the Home Nursing Care Program April 1, 1979–March 31, 1980



Home Nursing Care Program

age distribution by age group and category of patients admitted to the Home Nursing Care Program April 1, 1979 to March 31, 1980

Age	Percentage hospital replacement	Percentage non-hospital replacement	Total percentage
ler 1 year	2	1	3
9 years	2	2	4
44 years	11	7	18
54 years	6	9	15
74 years	6	20	26
84 years	4	19	23
years	1	10	11
TOTAL	32%	68%	100%

Home Nursing Care Program

Percentage distribution and number of Home Nursing Care patients by diagnostic groups in descendi order April 1, 1979 to March 31, 1980

Table 42

Diagnosis	Number of patients	Percentage of total patients
1. Circulatory	9,083	17.5
2. Malignant neoplasms	5,647	10.9
3. Accidents	5,628	10.8
4. Gastrointestinal	5,289	10.2
5. Musculoskeletal	3,484	6.7
6. Endocrine	2,851	5.5
7. Skin	2,829	5.4
8. Childbirth	2,760	5.3
9. Symptoms undiagnosed	2,292	4.4
10. Respiratory	2,032	3.9
11. Nervous system	1,803	3.5
12. Gynecology	1,779	3.4
13. Blood disorders	1,210	2.3
14. Perinatal	1,025	2.0
15. Genitourinary	965	1.9
16. Mental disorders	921	1.8
17. Sense organs	865	1.7
18. Nonmalignant neoplasm	727	1.4
19. Infective	486	0.9
20. Congenital	242	0.5
TOTAL	51,918	100.00

Adult care facilities

rim permits and 74 licences issued with capacity of 3,831 to new and existing facilities between December 1, 1980 to November 30, 1981

PERSONAL CARE

n permits	—	Licences	—
ties	—	Capacities	—
—			
n permits	25	Licences	15
ties	523	Capacities	349

INTERMEDIATE CARE

n permits	13	Licences	17
ties	815	Capacities	1,007
—			
n permits	8	Licences	10
ties	382	Capacities	774

SPECIALIZED RESIDENTIAL CARE

rically Disabled

rim permits	10	Licences	5
acities	104	Capacities	39
g—			
rim permits	15	Licences	13
acities	245	Capacities	123

Retarded

rim permits	—	Licences	4
acities	—	Capacities	36
g—			
rim permits	10	Licences	7
acities	105	Capacities	86

and Drugs

rim permits	2	Licences	1
acities	10	Capacities	15
g—			
rim permits	1	Licences	2
acities	7	Capacities	26

Closures

Table 44

PERSONAL CARE

Licences	16
Capacities	273

INTERMEDIATE CARE

Licences	—
Capacities	—

SPECIALIZED RESIDENTIAL CARE

Psychiatrically Disabled

Licences	8
Capacities	78

Mentally Retarded

Licences	6
Capacities	37

Alcohol and Drugs

Licences	4
Capacities	144

Total of 34 facilities, with a capacity of 532, were closed.

Table 45

The Provincial Child Care Facilities Licensing Board 1981 statistics

	Child minding	Out of school	Nursery	Kinder-garten	Group day care	Family day care	Specialized day care	Residence for children	Specialized residence	Amendme
Interim permits	12	73	39	0	37	75	1	12		6
Capacities	216	418	601	0	657	345	12	76		60
Licences	16	108	41	0	43	138	6	16	1	45
Capacities	292	660	740	0	870	606	70	98	30	120

669 new interim permits and licences with a total capacity of 5,871 in 1981

Table 46

Closures in 1981

	Child minding	Out of school	Nursery	Group day care	Family day care	Specializ day care
Facilities	6	36	6	29	102	2
Capacities	77	468	89	408	44	53

181 facilities, with a total capacity of 1,537, were closed.

Ministry of Health Expenditures

Table 47

Expenditures by Principal Categories in the Ministry of Health for the Fiscal Year 1980/81

	Total Expenditure Fiscal Year Ended March 31, 1981
	$
Minister's Office	204,244
Administration and Support Services	23,872,360
Preventive Services	39,733,614
Direct Care Community Services	261,536,823
Hospital Programs	965,276,999
Medical Services Commission	537,876,762[1]
Emergency Health Services Commission	37,154,274
Forensic Psychiatric Services Commission	4,935,300
Alcohol and Drug Commission	12,805,505
Building Occupancy Charges	29,850,614
Computer and Consulting Charges	2,317,000
	1,915,563,495
Statutory	
Interest on Overdue Accounts	5,101
	1,915,568,596

[1] The expenditure of $537,876,762 shown for Medical Services Commission is the gross operating cost as shown in the detail statements of the Public Accounts. The actual charge to Vote 119 was $352,335,891 and covered the subsidy by the province for low-inco residents and the estimated deficits not covered by premiums and other revenue. Also included in the Medical Services Commission wa charge of $13,501,609 for Dental Care Services which will be shown separately in the Public Accounts.

Detailed Expenditure by Principal Categories in the Ministry of Health for the Fiscal Year 1980/81

		Total Expenditure Fiscal Year Ended March 31, 1981
		$
er's Office		204,224
istration and Support Services		23,872,360
tive Services:	$	
eventive Programs	36,284,203	
ants—Health Services	3,449,411	
		39,733,614
Care Community Services:		
ng Term Care	168,199,777	
ome Care	12,164,818	
mmunity Physiotherapy	516,836	
censing Boards	537,906	
ental Health	55,645,968	
overnment Hospitals	24,471,518	
		261,536,823
al Programs:		
dministration	5,317,086	
yments to Hospitals:		
Claims	916,179,454	
Grants in Aid of Equipment	8,754,673	
Capital and Debt Service	35,025,786	
		965,276,999
al Services Commission:		
nefits:		
Medical Care	484,945,915	
Additional Benefits	28,567,705	
Administration	24,363,142	
		537,876,762
ency Health Services Commission		37,154,274
ic Psychiatric Services Commission		4,935,300
ol and Drug Commission		12,805,505
ng Occupancy Charges		29,850,614
uter and Consulting Charges		2,317,000
ory:		
terest on Overdue Accounts		5,101
Total, Ministry of Health		1,915,568,596

Medical Services Plan

Financial Statement

Auditor's Report

To the Chairman of the
Medical Services Commission of British Columbia, and

To the Minister of Health
Province of British Columbia:

I have examined the statement of financial position of the Medical Services Commission o British Columbia as at 31 March 1981 and the statement of operations and working capita deficiency for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commis sion as at 31 March 1981 and the results of its operations for the year then ended in accordance with generally accepted accounting principles, as modified by Note 1 to the financial statements applied on a basis consistent with that of the preceding year.

ERMA MORRISON, C.A.
Auditor General

Victoria, B.C.
29 May 1981

Exhibit A

Medical Services Commission of British Columbia

Statement of Financial Position
March 31, 1981

Table 49

	1981 $	1980 $
Assets		
Cash	5,120,829	4,197,353
Accounts receivable	1,534,395	1,588,640
Due from the Province of British Columbia	20,000,000	—
	26,655,224	5,785,993
Liabilities		
Bank overdraft	1,419,622	—
Accounts payable	1,566,977	527,503
Premiums received in advance	18,104,034	15,923,522
Estimated liability for unpresented and unprocessed benefit claims	61,500,000	52,500,000
	82,590,633	68,951,025
Working Capital Deficiency—Exhibit B	55,935,409	63,165,032
	26,655,224	5,785,993

The accompanying notes are an integral part of these financial statements.

Approved by the Commission:

Dr. D. M. Bolton, Chairman

Medical Services Commission of British Columbia

Statement of Operations and Working Capital Deficiency for the Year Ended March 31, 1981

	1981 $	1980 $
bers' premiums (Note 1)	179,862,707	155,217,061
e of British Columbia premium assistance	34,903,114	31,456,261
	214,765,821	186,673,322
ure		
s		
cal care	484,945,915	407,936,214
tional benefits	28,567,705	23,534,808
	513,513,620	431,471,022
istration		
ies and employee benefits	11,912,554	10,750,191
processing expenses	8,472,953	6,356,216
ral office expenses	2,773,558	1,723,919
pancy expenses	1,204,077	1,052,762
	24,363,142	19,883,088
	537,876,762	451,354,110
operating expenditure over revenue	323,110,941	264,680,788
tions		
e of British Columbia	330,340,564	258,032,994
	(7,229,623)	6,647,794
capital deficiency—		
ning of year	63,165,032	56,517,238
capital deficiency—		
year—Exhibit A	55,935,409	63,165,032

Medical Services Commission of British Columbia

Notes to Financial Statements March 31, 1981

nt accounting policies

e financial statements have been prepared in accordance with generally accepted ac- principles except that:

Premiums from individual subscribers are included in revenue only when cash is re- ceived. Premiums from other sources are recognized as revenue on an accrual basis.

The cost of furniture and equipment is charged to administration expenses in the year of acquisition.

No accrual for holiday pay is provided for salaried employees.

2

years' statements were headed Medical Services Plan of British Columbia Operated by er the Medical Services Commission of British Columbia.

Forensic Psychiatric Services Commission

Statement of Expenditure
for the Period April 1, 1980 to March 31, 1981

Table 51

Vote 121

Expenditure by Standard Classification	$	$
Salaries		3,767,
Temporary salaries		280,
		4,047,
Travel expense		43,
Professional and special services		709,
Office expense		25,
Office furniture and equipment		4,
Materials and supplies		286,
Acquisitions—machinery and equipment		8,
Grants, contributions and subsidies		53,
		5,179,
Less transfers:		
Vote 100—salary adjustment	227,387	
Vote 178—employee	6,147	
Vote 185—pre-retirement leave	10,744	
Total transfers		244,
		4,935,

Alcohol and Drug Commission

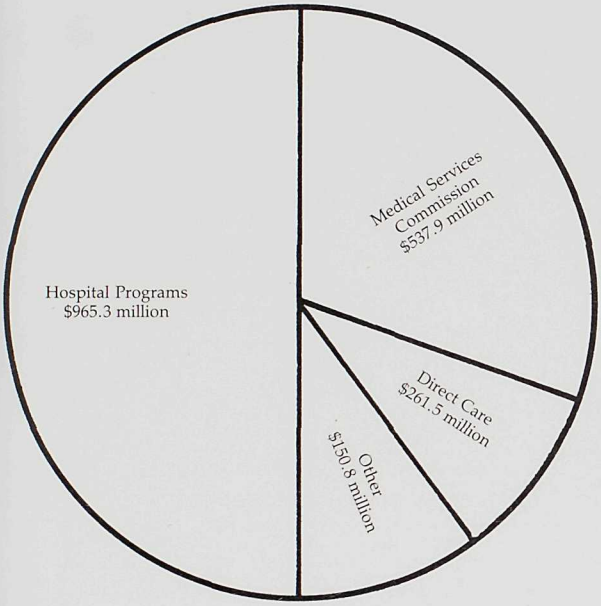
Financial Statement of Expenditures
April 1, 1980 to March 31, 1981

Table 52

By Activity	$	$
Alcoholism treatment and rehabilitation program		8,270,
Heroin treatment program (net of recoveries)		4,535,
		12,805,
By standard expenditure classification		
Salaries—permanent		6,534,
Salaries—temporary assistance		1,374,
Travel		157,
Professional and special services		460,
Office expense		108,
Office furniture and equipment		11,
Materials and supplies		631,
Acquisition—machinery and equipment		36,
Grants		5,617,
Sub-total		14,933,
Less		
Salary and employee benefit transfers from Votes 100 and 178	101,961	
Subsidy from drug, alcohol and cigarette education prevention and rehabilitation fund	2,021,989	
Other	4,312	2,128,
		12,805,

Expenditure by Principal Categories in the Ministry of Health for Fiscal Year 1980/81

Table 53



Other:

Forensic
$4.9 million

Alcohol and Drug
$12.8 million

Administration
$56.2 million

Preventive Services
$39.7 million

Emergency Health Services
$37.2 million

Total Health Services in 1980/81 — $1,915.6 million