PROVINCE OF BRITISH COLUMBIA

HOSPITAL INSURANCE ACT

Twenty-first Annual Report

British Columbia Hospital Insurance Service

JANUARY 1 TO DECEMBER 31

1969

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1970

VICTORIA, BRITISH COLUMBIA, January 22, 1970.

To Colonel the Honourable JOHN R. NICHOLSON, P.C., O.B.E., Q.C., LL.D.,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Twenty-first Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1969.

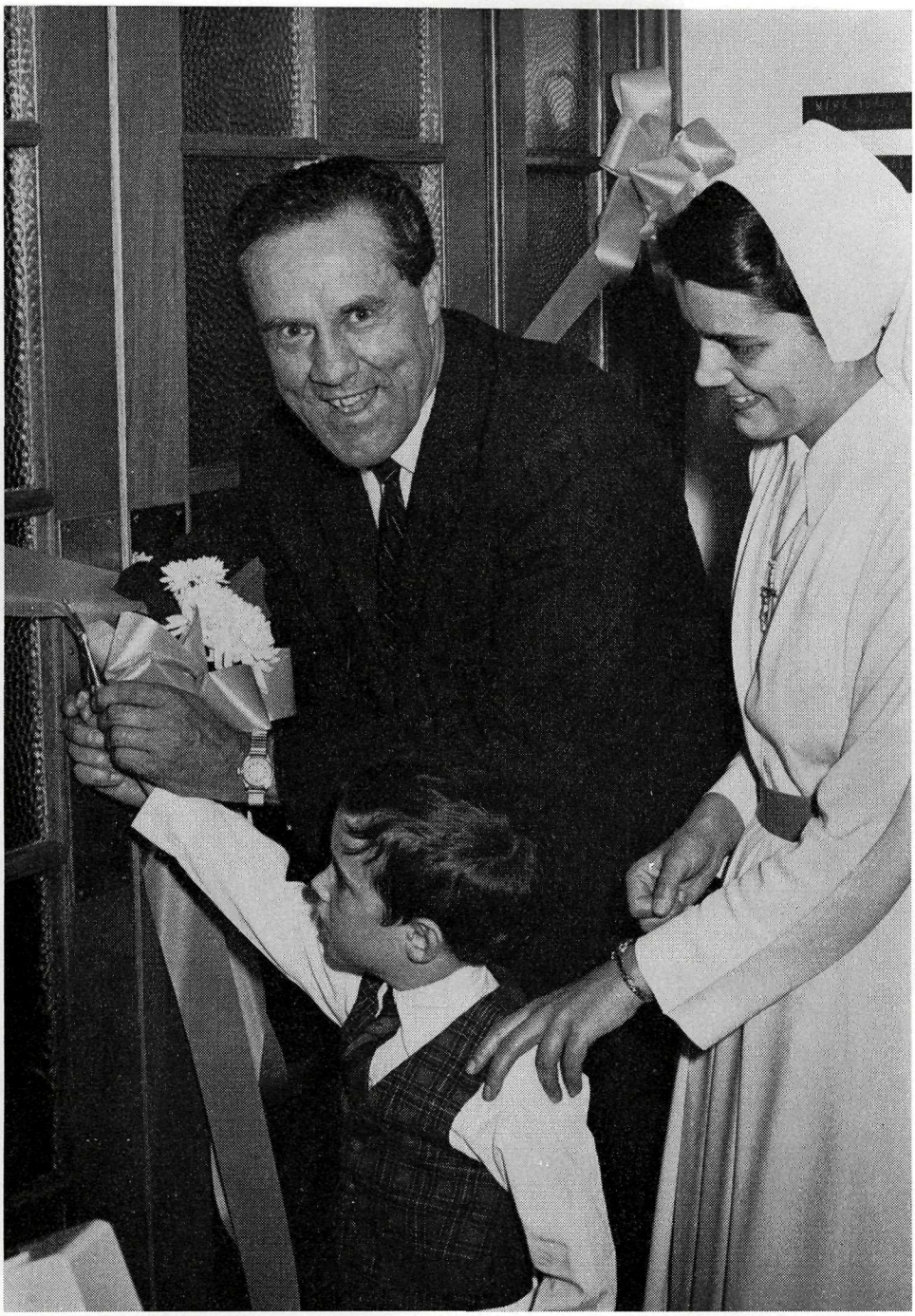
RALPH R. LOFFMARK,
Minister of Health Services and Hospital Insurance.

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, BRITISH COLUMBIA, January 22, 1970.

The Honourable Ralph R. Loffmark,
Minister of Health Services and Hospital Insurance,
Parliament Buildings, Victoria, British Columbia.

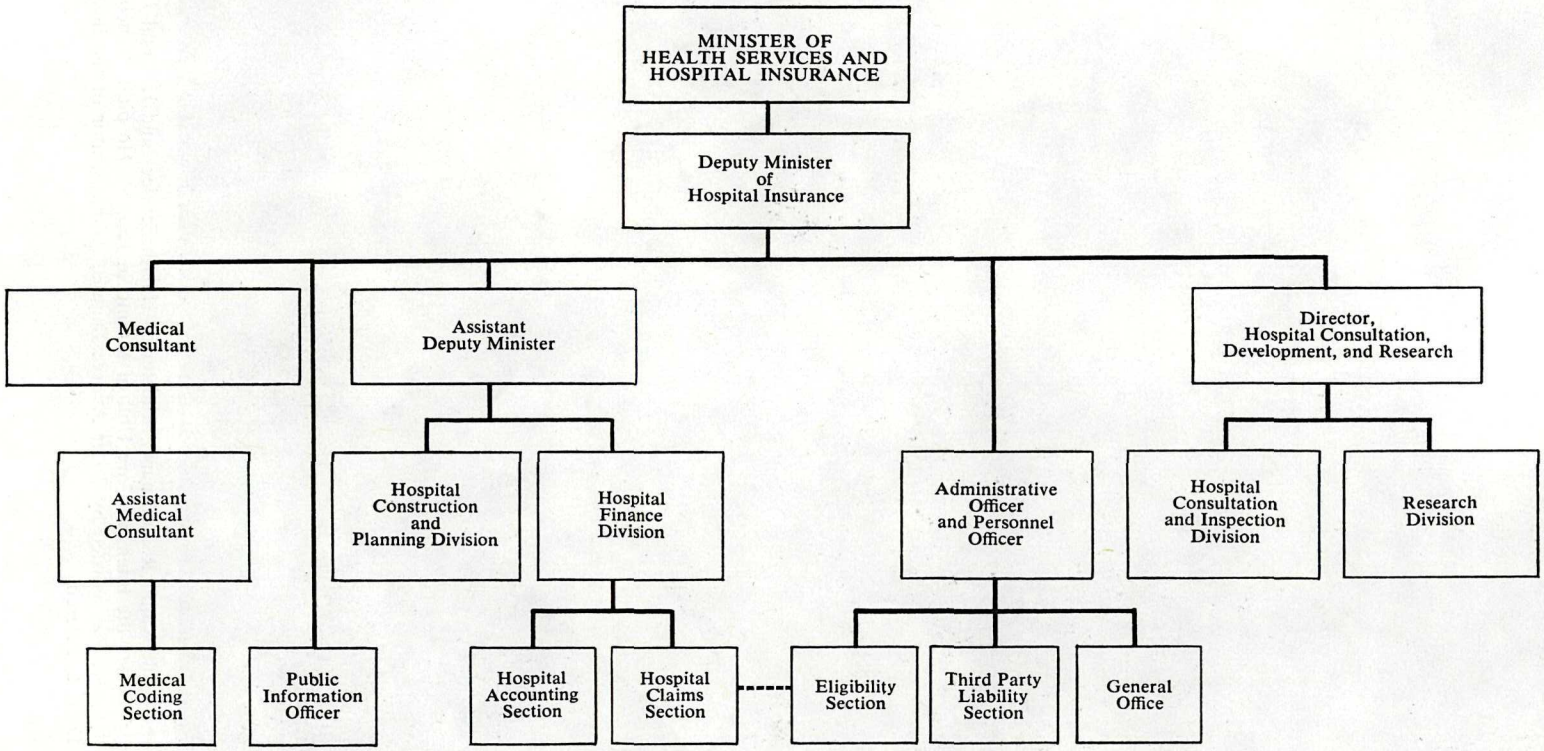
SIR,—I have the honour to present herewith the Report of the British Columbia Hospital Insurance Service covering the calendar year 1969.

DONALD M. COX, F.A.C.H.A.,
Deputy Minister of Hospital Insurance.



The Honourable Ralph R. Loffmark, Minister of Health Services and Hospital Insurance, officially opened the Intensive Care Unit of Mount St. Joseph's Hospital, Vancouver, on October 1st. He was assisted by Sister Andrée Dupuis, Administrator of the hospital, and Master Douglas Friesen.

ORGANIZATION CHART



Line of authority: (1) Minister.
(2) Deputy Minister.
(3) Assistant Deputy Minister.
(4) Director of Hospital Consultation, Development, and Research.

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE

THE HONOURABLE RALPH R. LOFFMARK, *Minister of Health Services and Hospital Insurance.*

SENIOR ADMINISTRATIVE STAFF

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

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

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D. M. N. LONGRIDGE, M.A., B.CH., F.R.C.S., *Assistant Medical Consultant.*

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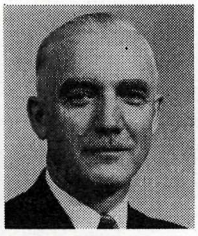
Twenty-first Annual Report of the British Columbia Hospital Insurance Service

GENERAL INTRODUCTION

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



The British Columbia Hospital Insurance Service completed its twenty-first year of operation on December 31, 1969. In the 1969/70 fiscal year an estimated $159,000,000 will be paid by the British Columbia Hospital Insurance Service to the hospitals of the Province toward expenses incurred by permanent residents. This is the equivalent of $72 being paid on behalf of each man, woman, and child living in British Columbia at the present time. Hospital Insurance Service daily payments amounted to $435,600, as compared to $378,000 in the 1968/69 fiscal year, an increase of 15 per cent. The expressions of concern on the part of economists and health authorities, in both Canada and the United States, become more apparent when one considers these rapidly increasing costs at the Provincial level.

During the year, British Columbia's programme of hospital construction continued with an accelerated pace which has been evident throughout the length and breadth of the Province for over the past decade. Building programmes which were under way at the year-end, many of which were due for completion early in 1970, will cost an estimated $41,500,000; and projects in the advanced stages of planning represented an additional $25,000,000 in capital expenditure.

Communities which witnessed the completion of building programmes in 1969, including major renovations and alterations, were Abbotsford, Castlegar, Lillooet, Powell River, Quesnel, Vancouver, and New Westminster. Centres in which construction projects were under way as the year drew to a close included Creston, Chilliwack, Kelowna, Nanaimo, North Vancouver, Penticton, Port Alberni, Prince Rupert, Princeton, Revelstoke, Surrey, Trail, and Vancouver.

In June, the Honourable Ralph R. Loffmark, Minister of Health Services and Hospital Insurance, announced the completion of a publication titled " Hospitals for Extended Care, a Programme and Design Guide," which had been prepared by a task force consisting of three nominees of the Architects Institute of British Columbia and three members of the British Columbia Hospital Insurance Service. The guide consisted of a written description of all facilities to be provided in an extended care hospital of a size suitable for construction in chosen locations, together with detailed drawings of the various hospital elements, such as ward units, nursing stations, recreational and service areas, and so on. The electrical and mechanical requirements were also specified in writing, and composite hospital sketches appeared in the report. In releasing the report the Minister stated, " The main objective of the guide is to expedite the design, production, and approval processes for extended care hospital projects." It is of interest to note that this publication received a great deal of publicity throughout Canada and the United States, and was written up in the journals of both the Canadian Hospital Association and the American Hospital Association.

In the following month of July, the Minister announced that the Provincial Government had organized a Cost-Analysis Team which would be assigned to the study of major hospital projects. The Minister stated that the Cost-Analysis Team would perform three major functions:—

(1) The review and analysis of the capital costs of proposed projects:
(2) The development of cost-control procedures during the detailed design and construction phases of projects:
(3) To provide the Hospital Rate Board of the British Columbia Hospital Insurance Service with information required in the review of estimated operating costs of the proposed hospitals or units.

The Cost-Analysis Team will be responsible to the Treasury Board and will report to the Minister of Health Services and Hospital Insurance, through regular monthly progress reports to the Deputy Minister of Hospital Insurance.

In December, the Provincial Government authorized the Hospital Insurance Service to increase the equipment allowance of 30 cents per patient-day for acute general hospitals to 40 cents per patient-day. The increase was made retroactive to January 1, 1969, and would provide over $300,000 in additional payments to hospitals.

In November, 1968, the Provincial and Federal Ministers of Health directed that intensive studies be undertaken into the Costs of Health Services in Canada. Seven task forces were appointed, broadly representative of the medical profession, hospitals, and other health agencies, health education, and government. The British Columbia Hospital Insurance Service pledged its full support to the studies. Of the seven task force chairmen, only two were Provincial personnel and significantly both were from British Columbia. Mr. J. W. Mainguy, Director, Hospital Consultation, Development, and Research, chaired the committee on " Beds and Facilities," and Dr. K. I. G. Benson, Assistant Provincial Health Officer, chaired the committee " Costs of Public Health Services."

The Deputy Minister of Hospital Insurance and the Assistant Deputy Minister served as members of the steering committee on Cost of Health Services. It is the intention of the British Columbia Hospital Insurance Service to make full use of the information contained in the task force reports, and in the findings of the continuing studies.

It should be noted that although salary scales are generally higher in British Columbia than elsewhere in Canada, the *per capita* cost of hospital care in British Columbia is significantly lower than the Canadian average. That fact is stated as an indication of the co-operation and assistance of hospital boards, hospital administrators, and the medical profession, in efforts to provide a fully satisfactory hospital service within the limits of the ability of the people of the Province to finance.

The regional hospital districts programme fills a great need. Elsewhere in this report will be found an outline of the extensive hospital planning and construction programme, that would not be possible without the orderly procedure of financing capital costs through regional hospital districts and the Regional Hospital Districts Financing Authority.

It gives me pleasure to again express our appreciation for the good advice and guidance so readily extended to the Hospital Insurance Service by the College of Physicians and Surgeons, and by the British Columbia Medical Association.

Hospital laboratory and radiological services continued to improve through the valuable assistance of the laboratory and radiological advisory councils.

As in previous years, the continuing assistance of the British Columbia Hospitals Association was greatly appreciated.

Reports submitted by the various divisions which comprise the administrative structure of our Branch appear under " Organization and Administration," commencing on page 20.

BRITISH COLUMBIA REGIONAL HOSPITAL DISTRICTS ACT

The Act provides for the division of the Province into large districts to enable regional planning, development, and financing of hospital projects to be carried out under a revised formula, which provides increased financial assistance from the Provincial Government toward the capital cost of hospital projects. The Province was divided into 29 areas, and 28 of them have been incorporated as regional hospital districts. The district not incorporated is located in an area without hospitals in the northern part of the Province.

As is the case with school construction, each regional hospital district will, subject to the requirements of the Act, be able to pass money by-laws authorizing debentures to be issued covering the total cost of one or more hospital projects. When approval has been obtained from the Minister of Health Services and Hospital Insurance, the district will be able to raise any funds immediately required by temporary bank borrowing on a uniform basis. The Regional Hospital Districts Financing Authority (*see* next page) will in due course issue and sell its own debentures in the amount required, which may cover a number of district debenture issues. At that time the districts will then be able to sell their long-term debentures to the Authority. Following this a district can repay any sum which has been temporarily borrowed.

Each year the Provincial Government will pay through the Hospital Insurance Service its share of the amortization cost in accordance with section 22 of the Act. Each district will in turn raise, by taxation, the remainder of the annual amortization cost required to retire its debentures which are held by the Authority.

Under the new formula the Province pays annually to each district 60 per cent of the net cost of amortizing the district's borrowings for an approved hospital project, after deduction of Federal Government capital grants and items which are the district's responsibility, such as provision of working funds for hospital operation, etc. If a 4-mill tax levy by the district is inadequate to discharge its responsibility in regard to annual charges on old debt for hospital projects, as well as the remaining 40 per cent of the charges on the new debt resulting from a hospital project, the Province will provide 80 per cent of the funds required in excess of the 4-mill levy.

The affairs of each regional hospital district are managed by a board comprised of the same representatives of the municipalities and unorganized areas who comprise the board of the regional district (incorporated under the *Municipal Act*), which has the same boundaries as the regional hospital district. The board of the regional hospital district will be responsible for co-ordinating the requests for funds from hospitals within the district, and for presenting money by-laws to the taxpayers in respect of either single projects or an over-all programme of hospital projects for the district.

A hospital society or corporation is not compelled to seek financing under this new Act. In situations where the community's share of the cost can be, or has already been, raised by other means, a Provincial Government grant under the old 50-per-cent formula can be applied for under the procedure which was applicable up to this time.

BRITISH COLUMBIA REGIONAL HOSPITAL DISTRICTS FINANCING AUTHORITY ACT

This Act establishes a Provincial Government authority similar to the one set up a few years ago to assist school districts in financing their projects. The functions of the Authority are referred to briefly in the second paragraph of the preceding commentary regarding the *Regional Hospital Districts Act*.

THE HOSPITAL INSURANCE ACT

This is the Statute which authorizes British Columbia's hospital insurance plan, and under which the British Columbia Hospital Insurance Service is established. The main provisions of this Act and the regulations may be summarized as follows:—

(1) Generally speaking, every permanent resident who has made his home in British Columbia for at least three consecutive months is entitled to benefits under the Act.

(2) Approved hospitals are paid an all-inclusive *per diem* rate for medically necessary in-patient care rendered to qualified British Columbia residents who are suffering from an acute illness or injury, and those who require active convalescent rehabilitative and extended hospital care. The payment made to a hospital by the British Columbia Hospital Insurance Service amounts to $1 less than the *per diem* rate approved for the particular hospital, and the patient is responsible for paying the remaining dollar. The Provincial Government pays the dollar-a-day charge on behalf of Provincial social welfare recipients.

(3) The wide range of in-patient benefits, together with the emergency out-patient, minor surgery, and day-care surgical services, provided under the Act are described on the following pages.

(4) Qualified persons who are temporarily absent from British Columbia are entitled to certain benefits for a period of six months if they are admitted to an approved hospital within the first six months following their departure from the Province. These periods may be extended for an additional period of up to six months by the Lieutenant-Governor in Council.

THE HOSPITAL ACT

One of the important functions of the British Columbia Hospital Insurance Service is the administration of the *Hospital Act*. The Deputy Minister of Hospital Insurance is also the Chief Inspector of Hospitals for British Columbia under the Statute.

The *Hospital Act* controls the organization and operation of hospitals, which are classified as follows:—

(1) Public hospitals—non-profit hospitals caring primarily for acutely ill persons.

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

(3) Rehabilitation, chronic, and convalescent hospitals. These are non-profit hospitals approved under Part III of the *Hospital Act,* primarily for the treatment of persons who will benefit from intensive rehabilitative and extended hospital care.

PERSONS ENTITLED TO OR EXCLUDED FROM THE BENEFITS UNDER THE HOSPITAL INSURANCE ACT

Entitled to Benefits

A person is entitled to benefits if he qualifies as a beneficiary under the *Hospital Insurance Act*. Generally speaking, a person is a beneficiary if the provision of hospital care is a medical necessity, and if he establishes that he qualifies under one of the following categories:—

(*a*) He is the head of a family, or a single person, who has made his home in the Province and has lived continuously therein during the preceding three consecutive months; or

(*b*) Having qualified under item (*a*), he leaves the Province temporarily and returns after an absence of less than 12 months and resumes residence within the Province; or

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

During the three-month residence qualification period, a person is permitted to be temporarily absent from British Columbia for a brief period without incurring any postponement of the date on which he becomes a beneficiary.

With regard to item (*c*) above, a dependent is either the spouse of the head of a family or a child under 21 years of age who is mainly supported by the head of a family.

Excluded from Benefits

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

(*a*) A person who works full or part time in British Columbia but who resides outside the Province; or

(*b*) A qualified person who leaves British Columbia temporarily and fails to return and re-establish residence within 12 months; or

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

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

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

(*f*) Persons entitled to receive hospital treatment under the Statutes of Canada or any other government; for example, members of the Armed Forces or Royal Canadian Mounted Police, and consular officials of other countries.

HOSPITAL BENEFITS AVAILABLE IN BRITISH COLUMBIA

In-patient Benefits

In addition to standard-ward accommodation with meals and necessary nursing services, a beneficiary may receive any of the other services available in the hospital, which may include:—

Laboratory and X-ray services.

Drugs, biologicals, and related preparations (with a few exceptions).

Use of operating-room and caseroom facilities.

Use of anæsthetic equipment, supplies, and routine surgical supplies.

Use of radiotherapy and physiotherapy facilities where available.
Other approved services rendered by employees of the hospital.

(NOTE.—Private or semi-private rooms cost more to maintain than standard wards, and the patient is required to pay extra for such accommodation if it is requested by or on behalf of the patient.)

EMERGENCY SERVICES, MINOR SURGERY, AND DAY-CARE SURGICAL SERVICES

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

Emergency treatment within 24 hours of being accidentally injured.
Operating-room or emergency-room services for minor surgery, including application and removal of casts.

Day-care surgical services are available to patients who require operating-room or other specialized treatment facilities, but who would be discharged within 24 hours.

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

APPLICATION FOR HOSPITAL INSURANCE BENEFITS

At the time of admission to hospital, a patient wishing to apply for coverage under the hospital insurance programme is required to make an Application for Benefits. The hospital is responsible for verifying the patient's statements regarding length of residence, etc., to determine if the patient is a qualified resident as defined in the *Hospital Insurance Act* and regulations. Payment is then requested by the hospital from the British Columbia Hospital Insurance Service, which may reject any account where either the patient's status as a qualified resident or the medical necessity for his receiving hospital care benefits has not been satisfactorily established. (*See* Eligibility Section.)

THE HOSPITAL RATE BOARD AND METHODS OF PAYMENT TO HOSPITAL

The Hospital Rate Board, appointed by Order in Council, is composed of the Assistant Deputy Minister of Hospital Insurance (Chairman); the Director of Hospital Consultation, Development, and Research (Vice-Chairman); the Hospital Finance Manager; and the Hospital Consultation and Inspection Manager. The purpose of the Board is to advise the Deputy Minister in regard to the rates of payments to hospitals for both in-patient and out-patient benefits.

A system of firm budgets for hospitals, which has been in use since January 1, 1951, provides for a review of hospitals' estimates by the Rate Board. Under the firm-budget procedure, hospitals are required to operate within their approved budgets, with the exception of fluctuation in days' treatment and other similar items. They are further advised that deficits incurred through expenditures in excess of the approved budget will not be met by the Provincial Government. The value of variable supplies used in patient-care has been established. It is generally recognized that the addition of a few more patient-days does not add proportionately to patient-day costs because certain overhead expenses (such as heating, etc.) are not

affected. However, some additional supplies will be consumed, and it is the cost of these variable supplies which has been determined. When the number of days' treatment provided by the hospital differs from the estimated occupancy, the budgets are increased or decreased by the number of days' difference multiplied by the patient-day value of the variable supplies. Individual studies and additional budget adjustments are made in those instances where large fluctuations in occupancy involve additions or reductions in stand-by costs.

Approximately 96 per cent of all hospital accounts incurred in British Columbia are the responsibility of the British Columbia Hospital Insurance Service. Cash advances to hospitals are made on a semi-monthly basis, so that hospitals are not required to wait for payment until patients' accounts are submitted and processed by the British Columbia Hospital Insurance Service. Qualified patients are charged $1 per day, which is deductible when calculating payments to hospitals from the Service. Non-qualifying residents are charged the hospitals' established *per diem* rates, which are all-inclusive; that is, the daily rate covers the cost of all the regular hospital services, such as X-ray, laboratory, operating-room, etc., provided to patients, in addition to bed, board, and nursing care.

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

The Planning Group co-ordinates and expedites planning for hospital facilities. Its functions are to review research reports on hospital bed needs; study submissions from hospitals and regional hospital districts for increases in beds or services; consider other problems related to orderly planning and provision of facilities and services to meet the needs of the Province; and to consider other matters referred to it by the Deputy Minister. The Planning Group is responsible for making recommendations on these matters to the Deputy Minister.

The regular members are as follows: Director, Hospital Consultation, Development, and Research (Chairman); Assistant Deputy Minister (Vice-Chairman); Medical Consultant; Manager, Hospital Construction and Planning Division; Director, Research Division; Manager, Hospital Consultation and Inspection Division.

Of the 39 meetings held during the year, 11 were with outside groups, mostly with regional hospital districts. Meetings with regional hospital districts involved discussion on comprehensive programmes for hospital services for a whole region. Representatives of the Planning Group also took part in panels and meetings arranged by regional hospital districts and by agencies concerned with regional planning for hospitals.

In keeping with the emphasis on planning by regional hospital districts, the Planning Group reviewed material prepared by the Research Division on over-all needs by region and the Province as a whole.

The sub-committee appointed in 1968 to develop a programme and design guide for extended care hospitals continued its work in 1969. The members of this sub-committee joined representatives of the Architectural Institute of British Columbia to form a task group, which completed the first edition of the guide in April, 1969. The guide was adopted by Government as a standard for the construction of extended care units. Many requests for copies were received from elsewhere in Canada and from other countries. A second sub-committee, examining the feasibility of new types of facility for health service in smaller communities, was expected to bring in specific recommendations at the beginning of 1970.

The subject of day-care services was among the other planning matters reviewed. A sub-committee was appointed to develop recommendations on this type of service.

ORGANIZATION AND ADMINISTRATION

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

The following reports provide a brief outline of the work carried out during 1969 by the various divisions and offices which comprise the administrative structure of this branch.

ASSISTANT DEPUTY MINISTER

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

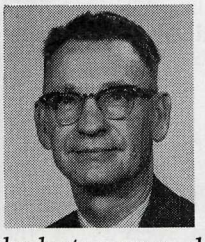
The Assistant Deputy Minister is responsible for the operation of the Hospital Finance Division and the Hospital Construction and Planning Division, and for the administration of the Service in the absence of the Deputy Minister. He is Chairman of the Hospital Rate Board (*see* page 18), Vice-Chairman of the B.C.H.I.S. Planning Group (*see* page 19), and a member of the following committees: Advisory Committee on Hospital Insurance and Diagnostic Services (a committee appointed by the Federal Government to advise on the administration of the *Hospital Insurance and Diagnostic Services Act*), the Sub-committee on Finance, the Radiological Advisory Council, and the British Columbia Hospitals' Association Liaison Committee.

During 1969 the Assistant Deputy Minister was a member of the steering committee on Costs of Health Services, established by the Conference of Ministers of Health of Canada in November, 1968, to inquire into ways of restraining the rate of increase in health service expenditures.

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

Hospital Finance Division

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



Hospital accounting, the payment of hospital claims, and financing of hospital capital projects are the three main functions of the Hospital Finance Division.

At the 1967 Session of the Legislature, two Acts were passed which changed the method of financing hospital capital projects—the *Regional Hospital Districts Act* and the *British Columbia Regional Hospital Districts Financing Authority Act*. The Finance Division is responsible for reviewing the annual budgets prepared by each regional hospital district as required by the legislation, and works closely with the Hospital Financing Authority and the regional hospital districts in the financing of hospital capital projects and repayment of debentures. During 1969 the Finance Division assisted the regional hospital districts in debenture sales to the British Columbia Regional Hospital Districts Financing Authority amounting to $16,920,000 and provided capital grants of approximately $1,311,000 toward the repayment of principal and interest on capital borrowings of the regional hospital districts.

The Finance Division is also responsible for the approval of grants to assist hospitals in the purchase of equipment. In 1969, after a review of approximately 5,200 applications received from hospitals, grants estimated at $1,909,000 were approved on movable and fixed technical equipment costing $5,800,000.

As a means of assisting hospital employees to maintain high working standards, the Hospital Insurance Service provided over $130,000 during the year to enable hospital employees to attend or participate in short-term training programmes. This was additional to the long-term educational training courses sponsored for certain hospital employees through Federal assistance.

Close liaison was continued with the Commissioner of Municipal Superannuation in respect to the application of the Act to hospital personnel, and the postponement of retirement for certain employees who reach maximum retirement age.

The Division Manager continued to perform duties as a member and Secretary of the Hospital Rate Board and as a member of the Sub-committee on Hospital Finance and Accounting (a sub-committee appointed by the Federal Government to advise on the administration of the *Hospital Insurance and Diagnostic Services Act*).

Experience during the first few years' operation of the British Columbia Hospital Insurance Service indicated that operating costs required serious consideration when planning new hospitals and additions to existing hospitals. In order to ensure that plans for new hospitals or hospital additions are prepared with economical and efficient operation in mind, a system of pre-construction operating budgets is used.

The procedure requires a hospital to prepare an estimate of staff and other costs, based upon a reasonable occupancy for the new area. These estimates are submitted to the British Columbia Hospital Insurance Service and are reviewed by the Hospital Rate Board in the same manner as normal operating estimates. It is essential that the estimated operating costs of the new hospital, or new addition, compare favourably with other hospitals actually in operation. Where the hospital's pre-construction operating estimates do not indicate a reasonable operating cost, it is necessary for the hospital board to revise its construction plans to ensure efficient and economical operation. Once a satisfactory pre-construction operating estimate has been agreed upon by the hospital officials and the British Columbia Hospital Insurance Service, the hospital board is required to provide written guarantees relative to the projected operating cost. It is considered that this method of approaching the operating picture for proposed hospital facilities ensures more satisfactory planning, efficient use of hospital personnel, and an economical operation.

Hospital Accounting

H. G. Benjamin, C.G.A., Supervisor

The work of the Hospital Accounting Section falls into three main categories: (*a*) the detailed inspection, in the field, of the financial records of the hospital for purposes of verification of annual and other financial statements; (*b*) the assembly of relevant information and preparation of tabulations and other data for the use of the Hospital Rate Board in its review of the hospital's annual operating and pre-construction estimates; and (*c*) the assembly of information and preparation of data for the Deputy Minister in the review of the annual budgets of regional hospital districts. Work in category (*c*) is a result of the passage of the *Regional Hospital Districts Act* at the 1967 sitting of the Legislature. In carrying out the inspection duties in 1969, visits were made at least once to each of 102 public general, rehabilitation, and extended care hospitals. The gross expenditure approved by the Hospital Rate Board for public general, rehabilitation, and extended-care hospitals for the year 1969 amounted to $151,000,000.

Other functions performed by the Hospital Accounting staff include:—

(*a*) The tabulation of monthly statistical and financial reports from hospitals, and the correlating of these with the approved budgets.

(*b*) The calculation of the semi-monthly cash advances to be made to hospitals.

(*c*) Checking and amending annual financial and statistical reports prepared by hospitals for the Dominion Bureau of Statistics and the Department of National Health and Welfare.

(*d*) The provision, on request, of accounting assistance and instruction to smaller public hospitals in the Province.

(*e*) The carrying-out of accounting reviews and cost studies of nursing homes, upon the request of the Social Welfare Department, for welfare payment purposes.

(*f*) The auditing of accounts of hospital construction projects, to determine the amount of construction grants payable by the Province.

The Annual Report on Hospital Statistics, issued by the Department of Health Services and Hospital Insurance and covering the administration of the *Hospital Act* for the preceding year, is prepared by this office.

During 1969, construction projects involving expenditure of $14,450,000 were audited and the required statements prepared for the Federal Government, in order that Federal construction grants could be claimed on behalf of the hospitals. In addition, cost reports involving expenditures of $33,200 for minor construction projects were prepared for regional hospital districts.

Annual accounting inspections of hospitals were delayed because of the difficulty in recruiting experienced hospital accounting personnel.

Hospital Claims Section

W. J. Wade, Supervisor

The staff of Hospital Claims is responsible for processing the Admission-Separation Records (accounts), which hospitals submit for each patient, and approving for payment all acceptable claims. Assistance is provided to hospitals by the Section in the proper method of submitting the individual accounts. This is accomplished by correspondence, telephone, and personal visits. During the year the supervisor visited hospitals in the Vancouver Island and Lower Mainland areas.

During July, the Hospital Claims Section moved to a new location in the same building, which provided greater space and relieved the overcrowding. This move will allow the increased volume of Hospital Claims accounting requirements to be processed more efficiently.

The filing, accounting, and review of the quarterly billing for extended care hospital patients continued to increase in volume as new units were added to hospitals or new hospitals added to the programme.

Research and adjustments to accounts, due primarily to changes of responsibility, showed an increase in volume.

Accounts processed were in excess of 1,700 per working-day for in-patients, and over 850 emergency-service or minor-surgery account forms were handled per working-day. Discussions with the Data Processing Centre were continued during the year regarding the efficient use of the I.B.M. electronic data-processing equipment. These included discussions on special surveys and statistical procedures.

A brief outline of the work and duties performed by the various offices of the Hospital Claims Section follows.

The staff of *Admission Control* reviews each application for benefits made by patients who claim to be qualified for benefits under the *Hospital Insurance Act*. Details of residence are checked with the verifying documents; during the year over 8,000 had to be returned to hospitals because they were incomplete or unacceptable.

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

In order to further assist in the co-operation between the British Columbia Hospital Insurance Service and hospitals, the supervisor of Admission Control visited hospitals for discussions of the procedures being used for verification of the residence of patients.

Areas visited included Nanaimo, Prince George, Dawson Creek, Cranbrook, and Kamloops.

The *Accounts Payment* staff pre-audits the charges made to the British Columbia Hospital Insurance Service, and ensures that all information shown on each claim is completed so that it can be coded for statistical purposes, and that it is charged to the correct agency, such as to the British Columbia Hospital Insurance Service, Workmen's Compensation Board, the Department of Veterans Affairs, or other Provinces and Territories. During the year over 700 queries per month on such accounting matters were addressed to British Columbia hospitals.

Preliminary figures for 1969 show that more than 415,000 accounts (excluding out-of-Province) were processed. For comparison the figures for 1968 were 400,000 processed.

The *Day-care Surgical Services* and *Day-care Psychiatric Accounts* area increased its monthly volume during the year from 1,135 to over 1,700 accounts at the year-end.

The *Voucher and Key-punch* staff are responsible for batching and vouchering the checked accounts, in order to determine the amounts payable to each hospital and for the punching of an I.B.M. card for each account. The cards are punched daily to record statistical, financial, and medical data, and are used to tabulate remittance listings of payments due to hospitals and for morbidity statistics for the Research Division. New procedures included the new out-of-Province account cards and the day-care surgical services account cards.

The *Out-of-Province* personnel process all claims for hospital accounts incurred by British Columbia residents in hospitals outside the Province. This requires establishing eligibility and the payment of claims. During 1969 over 5,000 accounts, amounting to an estimated $1,500,000, were paid on behalf of qualified residents who were hospitalized in the other Provinces and Territories of Canada and the continental United States, including Alaska and Hawaii; Argentina, Austria, Australia, Bahamas, Belgium, British Honduras, Denmark, Ecuador, England, Finland, France, Holland, Hong Kong, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Japan, Mexico, Morocco, New Zealand, Norway, Peru, Philippines, Portugal, Scotland, South Africa, Sweden, Switzerland, Trinidad, West Germany, and Yugoslavia.

Correspondence to accomplish the procedures amounted to over 17,800 letters for the year. This office also compiles up-to-date hospital rate schedules for every approved hospital in Canada. All accounts were coded for statistical purposes and an I.B.M. card punched for each account.

The *Filing and Mail Unit* sorted and filed over 6,500 documents and letters daily, an increase of 1,000 over last year. The filing system was expanded and new procedures instituted, in order to accommodate the increase.

Hospital Construction and Planning Division

E. M. Browning, Acting Manager

The primary responsibilities of this Division may be summarized as follows:—

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

(2) providing consultative services to hospitals which are planning projects, and recommending such programmes for approval.

(3) Processing and recommending for approval applications for Provincial grant assistance, either by direct grants or through Regional Hospital Districts, for capital improvement and renovation projects. The Division also initiates applications for Federal construction grants, and processes and submits claims for payment.

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

During the year a great deal of time was spent in reviewing plans of proposed building projects, both at the sketch-plan stage and the working-drawing stage. Drawings and the architectural programme which evolved from the hospital's functional programme were reviewed with the various professions represented in the Consultation, Finance, or Medical Consultation Divisions, or in allied organizations such as the Radiology Advisory Council and the Laboratory Advisory Council.

Reviews are made with several objectives, but basically the intent is to ensure that, in terms of the construction funds available, the greatest benefit will be derived and that the funds are distributed in an equitable fashion. Therefore, comments included alternate solutions which might produce a better plan for the same amount of money, on items which may have an unwarranted influence on operating costs, and on items which were felt to be inconsistent with the philosophy of the lower initial cost, consistent with good service and acceptable standards.

During the year, liaison was maintained with the mechanical engineering profession in recognition of the need to design high-quality mechanical systems that would make a maximum contribution toward an efficient and economical hospital operation. Some of the elements included in designs for mechanical systems for new hospital buildings, that reflect this approach, included air recirculation and zoned heating and ventilating controls.

Consultative advice is given to hospitals, as well as other departments of the Hospital Insurance Service, in the fields of plant operation and equipment selection.

Liaison was maintained with the Hospitals Committee of the Architectural Institute of British Columbia. The function of this committee is to review and endeavour to resolve problems arising out of hospital construction projects which affect members of the Architectural Institute. An architect on the Division's staff is a member of this committee.

Hospital boards were provided with a complete consultative planning service through this Division, and through the co-operation of Health Branch personnel,

members of the medical and nursing professions, and other divisions of the British Columbia Hospital Insurance Service. The Provincial Health Branch provided assistance through the Division of Public Health Engineering, the Technical Supervisor of Clinical Laboratory Services, and the Technical Superivsor of Radiology. Proposed layouts for physical medicine departments were reviewed by the physio and occupational therapists on the staff of the School of Rehabilitation Medicine, Faculty of Medicine, University of British Columbia. Through the co-operation of the Provincial Department of Labour, the Office of the Inspector of Factories provided a consultative service to the British Columbia Hospital Insurance Service on proposals for elevators and dumb-waiter installations in hospitals.

Members of the staff of this Division participated in the development of the publication " Hospitals for Extended Care, a Programme and Design Guide " (please refer to page 13).

Continuing benefit was derived from the co-operation of the Department of Public Works in the assignment of architects to this Division. In 1969 an additional architect, Mr. R. D. Goldsworthy, joined the staff, making a total of three architects and a research assistant. Mr. W. M. MacLean, an engineer, also joined the staff of this Division. At the year-end the position of Manager had been advertised and likely candidates were being considered.

During 1969, the architects and engineers made a number of inspectional, advisory, and educational visits to hospitals throughout the Province, and Mr. J. M. Phillips visited the construction and planning offices in the Washington State Department of Health, Olympia. Mr. Phillips was also appointed as a member of the Hospital Cost Analysis Group, the co-ordinator of which is Mr. J. E. Breeze, Head of the Division of Engineering in the British Columbia Research Council. A senior architect and a quantity surveyor from the Department of Public Works comprise the remainder of the group.

A three-day seminar for hospital engineers was held at the Prince George Regional Hospital in November. This was conducted through the co-operation of the British Columbia Hospitals Association and staff of this Division. Staff members devised a simplified system of plant maintenance, which was introduced at this seminar and has since been incorporated in some hospitals in the Province. The simplicity of the system was proving to be beneficial in the care of plant and equipment.

(*a*) *Hospital Projects Completed during 1969*

Matsqui-Sumas-Abbotsford General Hospital, Abbotsford.—An addition and renovation project resulted in a gain of 32 acute beds, making a total capacity of 109 beds. As the renovation of existing areas continued into the month of December, no official opening was held, but the new patient accommodation had been in use for some months.

Castlegar and District Hospital, Castlegar.—On November 8, 1969, the Honourable D. L. Brothers officially opened the expanded Castlegar hospital. This project involved the construction of a second story, containing 60 acute beds, over the existing hospital, which was then altered to expand the diagnostic, treatment, and service areas.

Lillooet District Hospital, Lillooet.—At the beginning of the year this hospital's capacity was increased by 12 pædiatric beds, housed in four temporary prefabricated units.

Royal Columbian Hospital, New Westminster.—Renovations were completed in the emergency department, to provide a 4-bed Trauma unit.

Powell River General Hospital, Powell River.—Four additional extended-care beds were completed and brought into service in May, bringing the capacity of the extended-care unit to 30 beds.

G. R. Baker Memorial Hospital, Quesnel. — Twenty-two previously semi-finished beds were completed during the year, bringing the total acute capacity to 100 beds.

Canadian Red Cross Society, British Columbia-Yukon Division, Vancouver.—The Provincial Government, through the Hospital Insurance Service, provided funds for the blood-transfusion section in the new Red Cross building completed in 1969.

Children's Hospital, Vancouver.—A new laboratory, providing a metabolic investigation unit, was completed during the summer.

Vancouver General Hospital.—Two separate projects were completed at this hospital—(1) a Home Dialysis Training Unit was opened on June 27, 1969. This home-like building, containing two beds, trains four patients at a time on a rotating basis, in the method of hæmodialysis which will be carried on in their own homes. (2) A 50-bed temporary building for emergency patients came into operation on November 4, 1969.

Health Sciences Centre, University of British Columbia, Vancouver.—Patients admitted to 60-bed psychiatric unit.

(*b*) *Projects under Construction at Year-End*

Chilliwack General Hospital, Chilliwack.—Phase I of expansion programme, moving old nurses' residence and altering building for alternate use.

Creston Valley Hospital, Creston.—Construction of an addition and renovations to existing areas, to provide a total of 44 acute beds, plus 8 unfinished.

Kelowna General Hospital, Kelowna.—Two separate projects were under way —the first, which was nearly finished at the year-end, is a new 175-bed acute block; the second a 71-bed extended-care unit.

Nicola Valley General Hospital, Merritt.—This hospital is completing a previously unfinished 4-bed ward, increasing the hospital's capacity to 41 acute beds.

Nanaimo Regional General Hospital, Nanaimo.—An addition is being constructed to provide 85 extended-care, 24 psychiatric, and 25 activation/rehabilitation beds, as well as a large physio- and occupational-therapy department, and enlarged dietary and locker facilities, etc.

Lions Gate Hospital, North Vancouver.—Construction of a 169-bed extended-care unit.

Penticton Hospital, Penticton.—An expansion programme, consisting of additions which will eventually provide the hospital with 159 acute beds and an unfinished top floor in " shell " form; a 63-bed extended-care unit; expansion of services; and renovations to the existing hospital building.

West Coast General Hospital, Port Alberni. — Completion of top floor and additional construction, which will increase the hospital's capacity to 139 acute beds and 30 extended hospital-care beds. The project included renovations of existing areas and construction of additions to provide enlarged service departments.

Prince Rupert General Hospital, Prince Rupert.—Construction of a new building to provide 128 acute beds and accommodation for 18 extended-care beds.

Princeton General Hospital, Princeton.—New 25-bed acute hospital.

Queen Victoria Hospital, Revelstoke.—Construction of new 50-bed hospital with an unfinished area for 10 additional beds.

Surrey Memorial Hospital, Surrey.—Two separate projects were under way—construction of new additions to provide a further 186 finished beds and 72 unfinished, plus renovation of the existing hospital, and the construction of a 78-bed extended-care unit.

Trail Regional Hospital, Trail.—Two separate projects were under way—an addition to accommodate a new regional laboratory and 24 psychiatric beds was nearly completed, a 50-bed extended-care unit was under construction.

Royal Jubilee Hospital, Victoria.—Major laboratory addition and renovation.

(*c*) *Projects in Advanced Stages of Planning*

Lady Minto Hospital, Ashcroft.—Replacement.

Burnaby General Hospital, Burnaby.—Extended-care unit.

Burns Lake and District Hospital, Burns Lake.—Additions and renovations.

Chetwynd and District Hospital, Chetwynd.—New facility of 30 beds.

Chilliwack General Hospital, Chilliwack.—Additions and renovations.

Fort St. James Hospital, Fort St. James.—New facility of 25 beds.

Fraser Canyon Hospital, Hope.—Expansion and renovations.

Windermere District Hospital, Invermere.—Expansion.

Royal Inland Hospital, Kamloops.—Renovations to provide approximately 40 beds in existing areas of hospital.

Victorian Hospital, Kaslo.—Replacement.

Kelowna General Hospital, Kelowna.—Renovation of existing hospital.

Royal Columbian Hospital, New Westminster.—Temporary accommodation in prefabricated units; renovations.

Ocean Falls General Hospital, Ocean Falls.—Replacement.

Richmond General Hospital, Richmond.—Extended-care unit.

Shuswap Lake General Hospital, Salmon Arm.—Expansion.

St. Mary's Hospital, Sechelt.—Expansion programme and extended-care unit.

Vancouver General Hospital.—Extended-care unit and Willow Pavilion renovations.

Health Sciences Centre, University of British Columbia, Vancouver. — New hospital facility (Stage III).

G. F. Strong Rehabilitation Centre, Vancouver.—Expansion.

St. John Hospital, Vanderhoof.—Replacement.

(*d*) *Additional Projects Approved and in Various Planning Stages in 1969*

Lady Minto Hospital, Ashcroft.—Replacement.

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

Burnaby General Hospital, Burnaby.—Expansion, including 427 additional acute beds.

Campbell River and District General Hospital, Campbell River.—Expansion of acute hospital.

Cranbrook and District Hospital, Cranbrook. — Expansion of extended-care unit, 8 additional beds.

St. Joseph General Hospital, Dawson Creek.—Expansion.

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

Fernie Memorial Hospital, Fernie.—New hospital to serve Fernie and Michel areas.

Lady Minto Gulf Islands Hospital, Ganges.—Extended-care unit.

Golden and District General Hospital, Golden. — Expansion and 4-bed extended-care unit.

Boundary Hospital, Grand Forks.—Completion of 5 acute beds and provision of 14 extended-care beds.

Maple Ridge Hospital, Haney.—New 75-bed extended-care unit.

Wrinch Memorial Hospital, Hazelton.—Replacement of acute hospital, plus 7 extended-care beds.

Royal Inland Hospital, Kamloops.—Expansion, including extended-care unit, psychiatric, and activation/rehabilitation beds.

Lillooet District Hospital, Lillooet.—Expansion of acute beds, plus approval to plan 6 extended-care beds.

Mackenzie.—New facility.

Langley Memorial Hospital, Murrayville.—Expansion.

Arrow Lakes Hospital, Nakusp. — New hospital to serve Nakusp and New Denver.

Royal Columbian Hospital, New Westminster.—Expansion.

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

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

Prince George Regional Hospital, Prince George.—Expansion and extended-care unit.

Saanich Peninsula.—New 75-bed acute hospital (replacing Rest Haven Hospital, Sidney) and 75 extended-care beds.

Bulkley Valley District Hospital, Smithers.—Expansion.

Squamish General Hospital, Squamish.—Renovations and improvements.

Children's Hospital, Vancouver.—Replacement.

Holy Family Hospital, Vancouver.—Expansion and extended-care unit.

St. Paul's Hospital, Vancouver.—Expansion.

Mount St. Joseph Hospital, Vancouver.—Expansion and extended-care unit.

St. Vincent's Hospital, Vancouver.—Extended-care unit.

Gorge Road Hospital, Victoria.—Extended-care unit.

Mount St. Mary Hospital (St. Joseph's), Victoria.—Extended-care unit.

Priory Hospital, Victoria.—Extended-care unit.

Royal Jubilee Hospital, Victoria.—Extended-care unit; renovations.

St. Joseph's Hospital, Victoria.—Expansion, ambulatory-care unit; renovations.

Cariboo Memorial Hospital, Williams Lake.—Expansion.

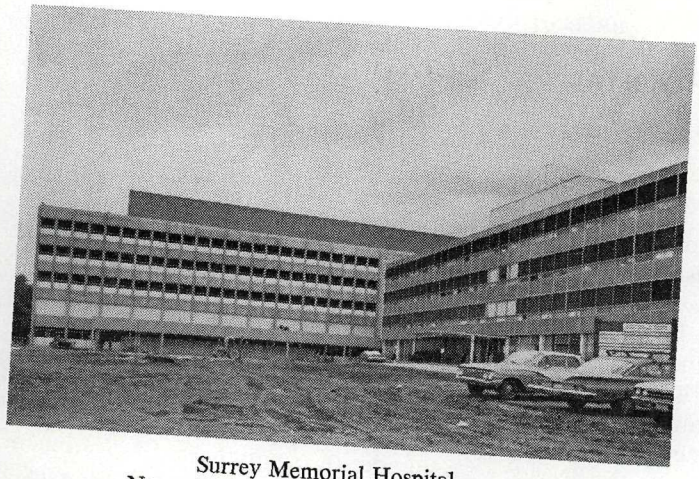
Major Hospital Projects, 1969

Completed.—Abbotsford, Castlegar, Lillooet, New Westminster (Royal Columbian), Powell River, Quesnel, Vancouver (Children's Hospital, Vancouver General).

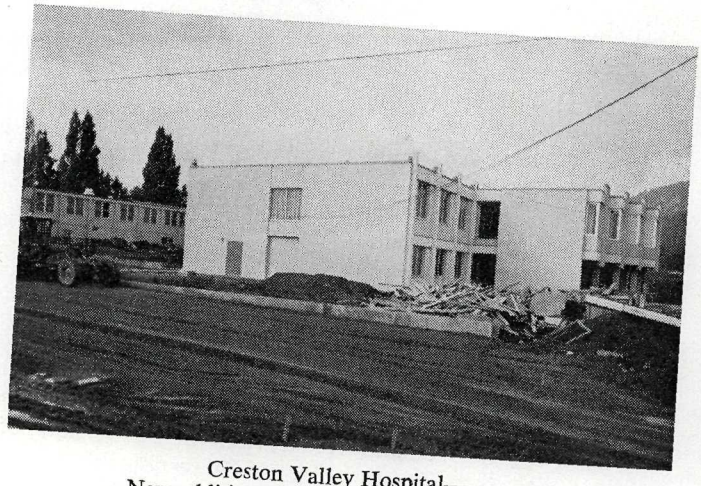
Under Construction.—Chilliwack, Creston, Kelowna, Merritt, Nanaimo, North Vancouver, Penticton, Port Alberni, Prince Rupert, Princeton, Revelstoke, Surrey, Trail, Victoria (Royal Jubilee).

For details *see* pages 26 to 27.

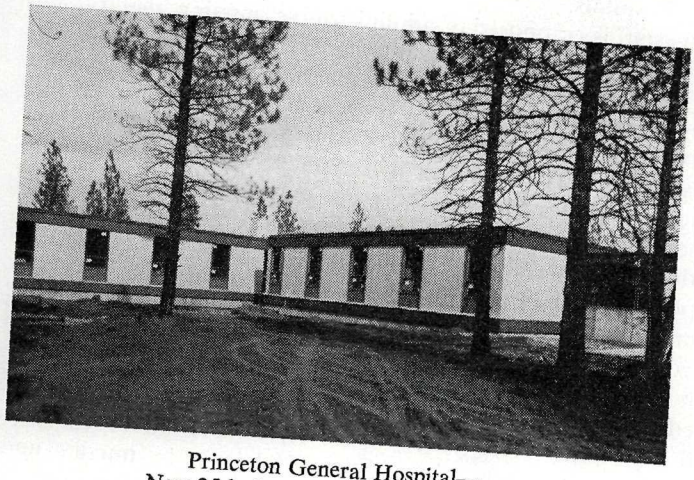
Castlegar and District Hospital—
Major expansion programme completed.



Surrey Memorial Hospital—
New additions and renovations under way.



Creston Valley Hospital—
New additions and renovations under way.



Princeton General Hospital—
New 25-bed acute hospital under way.

DIRECTOR OF HOSPITAL CONSULTATION, DEVELOPMENT, AND RESEARCH

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

The Director is responsible for the operation of both the Hospital Consultation and Inspection Division and the Research Division, and is Assistant Chief Inspector of Hospitals under the *Hospital Act,* the Chief Inspector being the Deputy Minister. The Director is responsible for the administration of the Service in the absence of the Deputy and Assistant Deputy Minister. He is Chairman of the B.C.H.I.S. Planning Group and Vice-Chairman of the Hospital Rate Board. The work undertaken during the year in connection with these activities is outlined on pages 19 and 18 respectively. He represents the Service on a number of committees of Government and community agencies, including the Co-ordinating Committee on Paramedical Training of the British Columbia Institute of Technology, Burnaby; the Liaison Committee between the Service and the British Columbia Hospitals' Association; and the Sub-committee on Quality of Care and Research, Ottawa.

In February, the Director was appointed as Chairman of the national Task Force on Beds and Facilities. This group was one of seven established by the Conference of Ministers of Health of Canada to inquire into ways of restraining the rate of increase in health service expenditures without impairing the quality of care. Each task force examined a specific aspect of the cost of health care. Reports of all task forces were completed by mid-year.

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

Hospital Consultation and Inspection Division

P. Breel, Manager

This Division provides public and private hospitals with consultative services in all matters of hospital operation and administration. It is responsible for an inspectional programme to ensure that basic standards are met, and for the licensing of private hospitals.

Its staff is composed of administrative, nursing, dietary, and management engineering consultants.

The Division co-operates with all other divisions of the Service in achieving aims of mutual interest and responsibility. It is responsible for the analysis, and subsequent recommendations, for approved staffing patterns resulting from hospital estimates. The Manager is a member of both the Hospital Rate Board and the Planning Group. Staff members also participate in the hospital-planning functions of the British Columbia Hospital Insurance Service, including the review of the operational implications of construction projects, and the setting of standards. Sketch plans are analysed and assessed, in conjunction with the Hospital Construction and Planning Division. The Division represents the Service on a large number of councils, committees, and working parties associated with hospitals and the health field, and works with Federal, Provincial, and municipal representatives on related matters.

During 1969, 170 staff visits were made to acute, rehabilitation, chronic, convalescent, and extended-care hospitals. In addition, 203 visits by nursing and other staff consultants were made to private hospitals giving nursing-home care.

During the past year, 18 studies were completed by the management engineering unit, 11 of which were requested by individual hospitals or groups of hospitals.

Study reports, released with the approval of the hospitals concerned, were circulated throughout British Columbia, other parts of Canada, the United States, and the United Kingdom.

Personnel of the Division attended a variety of educational sessions during the year, as a necessary means of keeping abreast of changing concepts and techniques in the hospital field.

In February, 1969, Mr. J. Bainbridge resigned as Manager of the Division to become Administrator of the Vernon Jubilee Hospital. Mr. Breel was appointed as Manager, and Mr. E. C. Luscombe became Senior Administrative Consultant.

Research Division

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

The Research Division is responsible for compiling and maintaining statistical data relating to hospitalization and morbidity in British Columbia. The Admission/Separation Records, submitted by the hospitals for each in-patient, serve as the major source of reference in deriving statistical information. The data used are key-punched by the Hospital Claims Section of this Service, and then transferred to magnetic tape by the Data Processing Division of the Department of Industrial Development, Trade, and Commerce, which produces the required tabulations.

Each year the Division carries out bed-requirement studies and prepares statistical data at the request of hospitals and independent consultants on hospital utilization. During 1969, over 70 requests were answered involving patient-flow data and population-growth projections, relating to hospital catchment areas, school districts, and regional hospital districts.

The formation of regional hospital districts brought about a greater need for determining hospital requirements on a regional scale, particularly concerning services that can be shared by one or more hospitals within a region. In 1968, a Province-wide study was undertaken to determine both school district and regional hospital district bed needs, and to account for all patient movement within and without each of the 27 regions. This study was completed during the past year and serves as a guide to future planning.

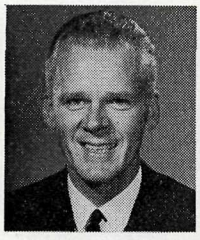
The Division is responsible for the publication of several annual bulletins which have, over the years, been useful to various research groups and agencies throughout the Province and Canada. " Statistics of Hospital Cases Discharged in 1968," completed during the year, included 10 standard morbidity tables as suggested by the Federal Advisory Committee on Hospital Insurance and Diagnostic Services, along with an analysis of the Province's hospitalization experience by race, age, regional hospital district, major diagnostic group, and type of service. " Statistics of Hospitalized Accident Cases " provided a broad analytical coverage of hospitalized accidents by circumstance, type of accident, and by nature of injury. In addition, a number of statistical tables, entitled " Hospital Indicators," were circulated to all hospitals. These indicators allow the individual hospital to focus attention on its own performance, as well as making a comparison with hospitals of a similar size-group. A further series of reports produced by this Division involved an analysis of patient-flow patterns within five of the larger regional hospital districts.

As the field of hospital development takes on an increasing and more complex role in the provision of health care, a continuing study is being made of the assessment of hospital needs. In 1969, British Columbia co-operated in a comparative study, involving hospital utilization experience, with hospitals in Liverpool, New England, and Uppsala, Sweden. Also during the year the Division provided the statistical analysis on a survey to identify factors affecting patient length of stay.

An increasing number of special requests by community agencies, private organizations, and by Government are processed each year.

MEDICAL CONSULTATION DIVISION

D. G. Adams, M.D., Medical Consultant



Dr. Charles F. Ballam, who served as Medical Consultant with the Hospital Insurance Service since January, 1966, resigned his position in August to become Medical and Educational Director for the Royal Jubilee Hospital, Victoria. Dr. Douglas G. Adams was appointed Medical Consultant on September 1, 1969.

The Admission/Separation Record, which is completed for each patient admitted to a hospital either in British Columbia or while out of the Province, is assessed with regard to its medical aspects by this Division. This review includes coding, which is done in accordance with the "International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases and Operations," and is a function which requires the professional knowledge and training of medical coders. The competence and accuracy applied to this work is reflected in the statistical end-product, and to ensure a continuing high standard all coders on the staff of this Division are graduate nurses. The statistical data are basic to planning decisions, for expanding or developing hospital facilities generally, and special departments in certain hospitals, in particular. In addition, this coded information is utilized by the Research Division of the British Columbia Hospital Insurance Service and the Dominion Bureau of Statistics for the publication of hospital morbidity and mortality data. Other functions of the review include bed usage, identifying special area requirements by reason of geographical or industrial development, and assessing complicated individual cases, when required.

In co-operation with such bodies as the Faculty of Medicine of the University of British Columbia, the College of Physicians and Surgeons of British Columbia, and departments of Government, special medical research projects were a part of the work of this Division during the year. These studies were greatly benefited by legislation which made the data of such studies privileged information, and not subject to litigation.

The assessment and review of individual patients' applications for extended-care coverage continued to provide an increasing workload. A quarterly review of all extended-care hospitals was undertaken, with two objectives—(1) a medical audit, to ensure patients continue to be medically qualified for this benefit, and (2) for the purpose of reviewing and assisting in the treatment programme provided by the hospital—in order that the care which the patient receives is commensurate with current thinking in the management of chronically disabled individuals. In the development of this programme the Medical Consultation Division had the assistance of qualified consultants in physical medicine, whose specialized knowledge was of great value. Several new extended-care units were opened during the year, increasing the application review load, and at the same time placing increased demands

for professional advice on the implementation of treatment programmes in these new units.

Dr. D. M. N. Longridge was appointed Assistant Medical Consultant during the year, and has major administrative supervisory responsibility for the Coding Division, and the survey and review projects previously mentioned. In addition, administration of the medical aspects of the extended-care programme is under his supervision. Management of the day-to-day problems which arise in the administration of these matters enables Dr. Longridge to participate with the Medical Consultant in the preparation of policy recommendations to the Deputy Minister, dealing with hospital conditions and needs.

Day-care surgical services, approved as a hospital insurance benefit in 1968, have improved the utilization of the Province's health facilities, and the Medical Consultant continued to advise the Service in its planning for an expanded role in ambulatory-patient care. As was the case with the in-patient admission records, all day-care surgical services records were assessed and coded according to the International Classification of Diseases, so that these data may be tabulated in preparation for statistical reviews.

The Medical Consultant, while maintaining responsibility for the foregoing, also ensured continuing and active liaison, through visits to hospitals, special disease groups, societies, and health agencies. Liaison with the British Columbia Medical Association, and active participation on its Hospitals Committee and the Advisory Sub-committee on Chronic Renal Failure, continued during the year. New committees to consider radioisotope facilities and intensive coronary-care services were set up by the British Columbia Medical Association at this Service's request, and both Medical Consultants participated directly with these advisory bodies. As a result of the reports received from the committees studying radioisotope and intensive cardiac-care facilities, continuing advisory sub-committees were developed, and the Medical Consultants were asked to serve on both continuing committees. During the year a new committee was formed to study future developments in cancer therapy for the Province, and the Medical Consultant was named as a member of the committee.

The encouragement of hospitals to achieve accreditation standards imposes certain pressures to conform to the requirements of accreditation, and when these pressures produce problems for the medical staff of the hospital, the Medical Consultant is able, with the assistance of the Hospital Consultation and Inspection Division, to render assistance.

The Medical Consultant also advises the Service on the proposed addition or extension of medical services in hospitals. New treatment services require additional equipment, and in current times not only must the traditional hospital departments be supplied with modified equipment, but new technology in the bio-medical sciences is introducing new diagnostic and treatment services which require equipment unheard of five to ten years ago. There is a constant and rising demand to keep abreast of the change in medicine, and to call upon ancillary consultative advice from specially talented individuals, as well as organized technical groups from the profession. During the year the resources of other Government departments, namely, the Health Branch and Mental Health Services, were utilized where problems were related to these special fields, and particularly where the treatment services being made available in acute general hospitals must complement those services being provided through Health Branch and Mental Health agencies. The Social Welfare Department was similarly involved.

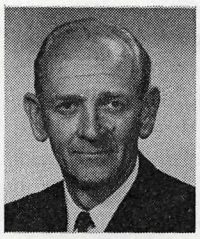
The Medical Consultant and the Assistant Medical Consultant participated in the postgraduate continuing medical education programmes sponsored through the

university and the Provincial and local medical societies, as well as special and pertinent continuing medical education seminars or courses offered outside British Columbia.

The Medical Record Consultant serves in a consultatory capacity to the British Columbia Hospital Insurance Service, and also to hospitals within the Province. During the year, visits were made to hospitals, primarily to encourage a high standard of medical record-keeping, in accordance with the guidelines offered by the Canadian Council on Hospital Accreditation. Assistance was also given to medical record personnel, with problems which related to the Medical Consultation Division. At the same time, emphasis was placed on the need for accuracy and adequacy in the reporting of diagnoses and surgical procedures for coding purposes. This ensures the production of meaningful statistical and research studies undertaken by this Division and the Research Division. Plans for construction and renovation projects for various hospitals were reviewed and assessed, according to the workload within the respective medical record departments. Participation as a member of the Provincial Education Committee of the British Columbia Association of Medical Record Librarians ensured further liaison with medical record personnel.

ADMINISTRATIVE OFFICER

K. G. Wiper



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

Hospital societies may apply to the Administrative Officer for assistance in connection with the drafting of hospital constitutions and by-laws, and their interpretation and application. Changes in hospital by-laws were reviewed by this office prior to their submission for Government approval as required under the *Hospital Act*. A set of model by-laws has been developed for use by hospitals as a guide in making revisions.

Under the *Regional Hospital Districts Act,* described earlier in this Report, the Administrative Officer worked closely with the officials of other departments and of the various districts in arranging for money by-laws, temporary borrowing, and related matters.

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

As in previous years, considerable time was spent in 1969 on matters related to the Federal-Provincial hospital insurance arrangements. Methods of streamlining administrative procedures and improving liaison were discussed with officials of the Federal Government and other Provinces at meetings held in Ottawa and Victoria.

The Administrative Officer is the Personnel Officer for the British Columbia Hospital Insurance Service. He is also responsible for the over-all supervision of the General Office and the Third Party Liability and the Eligibility Sections.

Eligibility Representatives' Section

P. A. Bacon

In order to ensure that only qualified British Columbia residents receive hospital insurance benefits, the staff of the Eligibility Section review the Applications for Benefits made by, or on behalf of, persons admitted to hospital. A detailed check is made of all doubtful applications, resulting in the rejection of a considerable number of claims for hospital insurance benefits made by unqualified persons. Numerous inquiries from the general public with regard to eligibility matters are dealt with by personal interview, telephone, and correspondence.

Eligibility Representatives visit hospitals on a regular schedule to see that the British Columbia Hospital Insurance Service eligibility procedures are being properly carried out. The Representatives also assist in the training of hospital admitting personnel to deal with problems connected with the admission of patients to hospitals and the determination of their status under the *Hospital Insurance Act*. This training assistance is provided by means of visits to hospitals and by regional meetings.

This Section keeps the great majority of employers in British Columbia supplied with certificates on which an employee's length of employment can be certified. The Representatives maintain close liaison with these firms to ensure their continuing co-operation in providing their employees with this form of proof of residence for hospital insurance purposes.

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

Third Party Liability Section

J. W. Brayshaw

The hospitalization reports that are completed by hospitals for every patient admitted with accidental injuries are processed by the Third Party Liability Section. This Section also handles the arrangements under which the British Columbia Hospital Insurance Service receives reimbursement from public liability insurance companies and self-insured corporations for hospital expenses paid by this Service on behalf of accident victims. The Senior Eligibility Representative in Vancouver, Mr. H. E. Drab, is responsible for maintaining a third-party liability clearing-house for the convenience of solicitors and insurance adjusters in the Greater Vancouver area. Up-to-date information regarding the hospitalization of accident victims is available through the Vancouver office, and negotiations may be carried out in person or by telephone, thus avoiding the necessity of corresponding with the head office in Victoria.

General Office

C. R. Leighton

The main responsibility of the General Office is the recording and accounting of all receipts and expenditures connected with the internal administration of the Hospital Insurance Service. This also includes preparation of the annual estimates, which is done in conjunction with the Division Managers. This office is also responsible for purchasing and distributing the office supplies and equipment used by the Branch, and is generally responsible for maintenance and safe custody of office machinery. In addition, the General Office handles the shipping of forms to

hospitals and the sorting and distribution of mail. Stenographic services were provided to the Public Information Office, and to other Divisions when the work volume permitted. The Supervisor of this office is also the Safety Officer for the Branch.

PUBLIC INFORMATION

R. H. Thompson

This office is responsible for the continuing development of public information activities. Its three main areas of involvement are the general hospitals, the general public, and in-service requirements. The following is a summary of the work undertaken during 1969.

Hospital personnel continued to express increasing interest in the use of films for in-service training, and during the year an estimated 4,000 hospital personnel viewed 200 separate screenings of films available from the B.C.H.I.S. library. Staff consultants previewed nine 16-mm. films and three series of 35-mm. filmstrips, in order to assess their desirability as additions to the library. As a result of their recommendations, the Service purchased five filmstrips, three which deal with the dietary department, and two dealing with basic nursing. The availability of these films on a loan basis makes it unnecessary, in many instances, for hospitals to purchase their own films for in-service training. In order to assist B.C.H.I.S. in selecting the size and type of film which would be utilized to the best advantage by the majority of hospitals, an Audio-Visual Aid Questionnaire was developed and sent to hospitals in October. Eighty-four of the 104 hospitals receiving the questionnaire completed and returned the form.

Updating of the B.C.H.I.S. Manual on Policy, Organization, and Procedures was continued during the year, but difficulty was experienced in drafting a major revision of the chapters dealing with hospital construction and planning, and hospital finance. The heavy volume of work, coupled with staff turnover, on the part of the two Divisions concerned in the revision of this particular material, has delayed a complete rewrite of the chapters.

The two major pamphlets produced by B.C.H.I.S. were revised and reprinted during the year. The " General Information " pamphlet, which is provided to new residents of the Province, was received from the printers in November. The hospital pamphlet, " 24 Hours a Day," was revised with the assistance of the Administrator's Section of the British Columbia Hospitals' Association, and it was expected that the reprint would be available for distribution at the year-end. At the request of the Association, the B.C.H.I.S. material for their Trustee's Manual was also revised, and 1,200 copies provided to the Association.

Regular editions of the *B.C.H.I.S. Bulletin* were published during the year and distributed to all public and licensed private hospitals. The *Bulletin* is an administrative aid providing clarification on policy and procedural changes, as well as publishing items of general interest to hospitals.

Numerous press releases were issued during the year to ensure that the public was kept informed regarding hospital construction programmes, policy changes, and other items of general interest.

Other duties included the summarizing of reports for the information of the Deputy Minister, maintaining the newspaper and hospital photograph files, replying to general correspondence, and the preparation and editing of the 21st Annual Report.

APPROVED HOSPITALS

PUBLIC HOSPITALS

Armstrong and Spallumcheen Hospital, Armstrong.
Arrow Lakes Hospital, Nakusp.
Bella Coola General Hospital, Bella Coola.
Boundary Hospital, Grand Forks.
British Columbia Cancer Institute, Vancouver.
Bulkley Valley District Hospital, Smithers.
Burnaby General Hospital, Burnaby.
Burns Lake and District Hospital, Burns Lake.
Campbell River and District General Hospital, Campbell River.
Cariboo Memorial Hospital, Williams Lake.
Castlegar and District Hospital, Castlegar.
Chemainus General Hospital, Chemainus.
Children's Hospital, Vancouver.
Chilliwack General Hospital, Chilliwack.
Cowichan District Hospital, Duncan.
Cranbrook and District Hospital, Cranbrook.
Creston Valley Hospital, Creston.
Cumberland General Hospital, Cumberland.
Enderby and District Memorial Hospital, Enderby.
Esperanza General Hospital, Esperanza.
Fernie Memorial Hospital, Fernie.
Fort Nelson General Hospital, Fort Nelson.
Fraser Canyon Hospital, Hope.
G. R. Baker Memorial Hospital, Quesnel.
Golden and District General Hospital, Golden.
Grace Hospital, Vancouver.
Kelowna General Hospital, Kelowna.
Kimberley and District Hospital, Kimberley.
Kitimat General Hospital, Kitimat.
Kootenay Lake General Hospital, Nelson.
Lady Minto Hospital, Ashcroft.
Lady Minto Gulf Islands Hospital, Ganges.
Ladysmith and District General Hospital, Ladysmith.
Langley Memorial Hospital, Murrayville.
Lillooet District Hospital, Lillooet.
Lions Gate Hospital, North Vancouver.
McBride and District Hospital, McBride.
Maple Ridge Hospital, Haney.
Mater Misericordiæ Hospital, Rossland.
Matsqui-Sumas-Abbotsford General Hospital, Abbotsford.
Michel-Natal District Hospital, Michel.
Mills Memorial Hospital, Terrace.
Mission Memorial Hospital, Mission City.
Mount St. Joseph Hospital, Vancouver.
Nanaimo Regional General Hospital, Nanaimo.
Nicola Valley General Hospital, Merritt.
Ocean Falls General Hospital, Ocean Falls.
100 Mile District General Hospital, 100 Mile House.
Peace Arch District Hospital, White Rock.
Penticton Hospital, Penticton.
Pouce Coupe Community Hospital, Pouce Coupe.
Powell River General Hospital, Powell River.
Prince George Regional Hospital, Prince George.
Prince Rupert General Hospital, Prince Rupert.
Princeton General Hospital, Princeton.
Providence Hospital, Fort St. John.
Queen Alexandra Solarium for Crippled Children, Victoria.
Queen Charlotte Islands General Hospital, Queen Charlotte City.
Queen Victoria Hospital, Revelstoke.
Rest Haven Hospital and Sanitarium, Sidney.
Richmond General Hospital, Richmond.
Royal Columbian Hospital, New Westminster.
Royal Inland Hospital, Kamloops.
Royal Jubilee Hospital, Victoria.
R. W. Large Memorial Hospital, Bella Bella.
St. Bartholomew's Hospital, Lytton.
St. George's Hospital, Alert Bay.
St. John Hospital, Vanderhoof.
St. Joseph General Hospital, Dawson Creek.
St. Joseph's General Hospital, Comox.
St. Joseph's Hospital, Victoria.
St. Martin's Hospital, Oliver.
St. Mary's Hospital, New Westminster.
St. Mary's Hospital, Sechelt.
St. Paul's Hospital, Vancouver.
St. Vincent's Hospital, Vancouver.
Shuswap Lake General Hospital, The, Salmon Arm.
Slocan Community Hospital, New Denver.
Squamish General Hospital, Squamish.
Stewart General Hospital, Stewart.
Summerland General Hospital, Summerland.
Surrey Memorial Hospital, North Surrey.
Tofino General Hospital, Tofino.
Trail Regional Hospital, Trail.*
University Health Service Hospital, University of British Columbia, Vancouver.
University of British Columbia Health Sciences Centre Hospital, Vancouver.
Vancouver General Hospital, Vancouver.
Vernon Jubilee Hospital, Vernon.
Victorian Hospital, Kaslo.
West Coast General Hospital, Port Alberni.
Windermere District Hospital, Invermere.
Wrinch Memorial Hospital, Hazelton.

* Name changed from Trail-Tadanac Hospital on December 2, 1969.

Outpost Hospitals

Red Cross Outpost Nursing Station, Alexis Creek.
Red Cross Outpost Nursing Station, Atlin.
Red Cross Outpost Nursing Station, Bamfield.
Red Cross Outpost Nursing Station, Blue River.
Red Cross Outpost Nursing Station, Edgewood.
Red Cross Outpost Nursing Station, Kyuquot.
Red Cross Outpost Nursing Station, Masset.
Red Cross Outpost Nursing Station, Wadhams.

Federal Hospitals

Veterans' Hospital, Victoria.
Shaughnessy Hospital, Vancouver.
Coqualeetza Indian Hospital, Sardis.
Miller Bay Indian Hospital, Prince Rupert.
R.C.A.F. Station Hospital, Holberg.

Licensed Private Hospitals

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

Bralorne Private Hospital, Bralorne.
Cassiar Asbestos Corporation Private Hospital, Cassiar.
Mica Creek Private Hospital, Mica Creek.
Port Alice Private Hospital, Port Alice.

Other

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

Rehabilitation, Chronic, and Convalescent Hospitals

G. F. Strong Rehabilitation Centre, Vancouver.
The Gorge Road Hospital, Victoria.
Holy Family Hospital, Vancouver.
Pearson Hospital (Poliomyelitis Pavilion), Vancouver.
Queen Alexandra Solarium for Crippled Children, Victoria.
Shaughnessy Hospital, Vancouver.
Sunny Hill Hospital for Children, Vancouver.
Veterans' Hospital, Victoria.
(A number of the larger public hospitals also have rehabilitation units.)

Extended-care Hospitals

Mount St. Mary Hospital, Victoria (excluding top floor).
Mount St. Francis Hospital, Nelson.
Mount St. Joseph Hospital, Vancouver (top floor).
Menno Hospital, Abbotsford.
Priory Hospital, Colwood (24-bed unit and 71-bed unit).
Pearson Hospital, Vancouver (excluding facilities for tuberculosis patients).
The Louis Brier Hospital, Vancouver.
Valleyhaven Hospital, Chilliwack.*
Veterans' Hospital, Victoria (extended-care unit).
Shaughnessy Hospital, Vancouver (extended-care unit).

* Became part of the Chilliwack General Hospital in 1969.

STATISTICAL DATA

The tables on the following pages represent statistical data compiled by the Hospital Finance Division. The data deal with the volume of hospital insurance coverage provided to the people of British Columbia through the British Columbia Hospital Insurance Service.

In 1969 there were 91 public general hospitals approved to accept British Columbia Hospital Insurance Service patients. Care was also provided in seven outpost hospitals, five Federal hospitals, five contract hospitals, five public rehabilitation hospitals, and one rehabilitation hospital operated by the Provincial Government. Hospital insurance coverage for patients in non-profit extended-care hospitals and units commenced December 1, 1965. At the end of 1969 there were 25 hospitals providing extended care. Data for the year 1969 have been estimated from reports submitted by hospitals to October 31st, and are subject to minor revision when actual figures for the year are submitted.

Table 1A shows a total of 339,600 British Columbia Hospital Insurance Service adult and children patients were separated (discharged) from British Columbia hospitals in 1969, an increase of 14,831 or 4.6 per cent over 1968. This table also shows that 95.6 per cent of the total patients separated (discharged) from British Columbia public hospitals were covered by hospital insurance, compared to 95.3 in 1967 and 95.7 in 1968. Table 1B indicates in 1969 that the British Columbia Hospital Insurance Service paid public hospitals in British Columbia for 3,141,100 days of care for adults and children, an increase of 66,141 days or 2.1 per cent over 1968.

As shown in Table 2A, the average length of stay of British Columbia adult and children patients in public hospitals during 1969 was 9.25 days, and the days of care per thousand population were 1,769. For comparison purposes, the data for extended-care hospitals is not included in the above observations, but it should be noted that an additional 243 days of care per thousand population were provided for these patients.

Table 2B, under "Minor Surgery Patients," includes an estimated 19,000 day-care surgery and psychiatric patients. An additional estimated 30,000 out-patient cancer treatments were covered by the British Columbia Hospital Insurance Service, which are not included in this table.

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

	Total Hospitalized in Public Hospitals			Covered by B.C.H.I.S.		
	Adults and Children	Newborn	Total	Adults and Children	Newborn	Total
Patients separated—						
1949	164,964	26,272	191,236	140,168	24,640	164,808
1955	216,743	33,190	249,933	199,774	31,515	231,289
1960	261,128	39,599	300,727	249,654	38,980	288,634
1961	271,609	38,226	309,835	259,953	37,558	297,511
1962	277,073	37,697	314,770	264,655	36,505	301,160
1963	285,998	37,231	323,229	272,597	35,878	308,475
1964	292,119	35,688	327,807	278,023	34,196	312,219
1965	301,510	33,555	335,065	286,799	31,863	318,662
1966	314,585	32,488	347,073	299,518	30,814	330,332
1967	326,793	32,014	358,807	311,718	30,377	342,095
1968[1]	338,923	33,529	372,452	324,769	31,635	356,404
1969[2]	354,800	35,200	390,000	339,600	33,300	372,900
Percentage of total, patients separated—						
1949	———	———	———	84.9	93.8	86.2
1955	———	———	———	92.2	95.0	92.5
1960	———	———	———	95.6	98.4	96.0
1961	———	———	———	95.7	98.3	96.0
1962	———	———	———	95.5	96.8	95.7
1963	———	———	———	95.3	96.4	95.4
1964	———	———	———	95.2	95.8	95.2
1965	———	———	———	95.1	95.0	95.0
1966	———	———	———	95.2	94.8	95.2
1967	———	———	———	95.4	94.9	95.3
1968[1]	———	———	———	95.8	94.4	95.7
1969[2]	———	———	———	95.7	94.6	95.6

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to October 31, 1969.

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

	Total Hospitalized in Public Hospitals			Covered by B.C.H.I.S.		
	Adults and Children	Newborn	Total	Adults and Children	Newborn	Total
Patient-days—						
1949	1,682,196	213,874	1,896,070	1,430,646	200,585	1,631,231
1955	2,198,863	227,674	2,426,537	2,005,165	212,514	2,217,679
1960	2,581,042	249,273	2,830,315	2,451,839	241,157	2,692,996
1961	2,675,402	240,207	2,915,609	2,546,344	231,043	2,777,387
1962	2,708,337	274,032	2,982,369	2,573,634	263,475	2,837,109
1963	2,778,668	270,298	3,048,966	2,631,671	257,736	2,889,407
1964	2,820,122	260,979	3,081,101	2,670,176	246,813	2,916,989
1965	2,895,476	245,756	3,141,232	2,747,232	230,096	2,977,328
1966	3,008,632	235,796	3,244,428	2,861,260	220,270	3,081,530
1967	3,093,372	239,972	3,333,344	2,946,000	222,543	3,168,543
1968[1]	3,225,333	244,715	3,470,048	3,074,959	226,633	3,301,592
1969[2]	3,297,900	248,300	3,546,200	3,141,100	232,300	3,373,400
Percentage of total, patient-days—						
1949	.....	.....	.....	85.0	93.8	86.0
1955	.....	.....	.....	91.2	93.3	91.4
1960	.....	.....	.....	95.0	96.7	95.1
1961	.....	.....	.....	95.2	96.1	95.3
1962	.....	.....	.....	95.0	96.1	95.1
1963	.....	.....	.....	94.7	95.4	94.8
1964	.....	.....	.....	94.7	94.6	94.7
1965	.....	.....	.....	94.0	93.0	94.0
1966	.....	.....	.....	95.1	93.4	95.0
1967	.....	.....	.....	95.2	92.7	95.0
1968[1]	.....	.....	.....	95.3	92.6	95.1
1969[2]	.....	.....	.....	95.2	93.5	95.1

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to October 31, 1969.

TABLE 2A.—PATIENTS SEPARATED, TOTAL PATIENT-DAYS, AND AVERAGE LENGTH OF STAY ACCORDING TO TYPE AND LOCATION OF HOSPITAL FOR B.C.H.I.S. PATIENTS ONLY, AND DAYS OF CARE PER THOUSAND OF COVERED POPULATION.

	Total (Excluding Extended Care)		B.C. Public Hospitals		Other B.C. Hospitals, Including Federal and Private		Institutions Outside B.C.		Extended-care Hospitals (Including Federal)
	Adults and Children	Newborn	Adults and Children	Newborn	Adults and Children	Newborn	Adults and Children	Newborn	
Patients separated—									
1949	149,280	24,989	140,168	24,640	7,093	151	2,019	198	.....
1955	209,999	32,035	199,774	31,515	8,313	361	1,912	159	.....
1960	264,120	39,488	249,654	38,980	11,557	241	2,909	267	.....
1961	273,293	37,968	259,953	37,558	10,361	151	2,979	259	.....
1962	278,021	36,942	264,655	36,505	10,226	157	3,140	280	.....
1963	286,753	36,326	272,597	35,878	10,895	169	3,261	279	.....
1964	293,144	34,652	278,023	34,196	11,605	149	3,516	307	.....
1965	301,522	32,240	286,799	31,863	11,417	114	3,306	263	.....
1966	314,391	31,152	299,518	30,814	11,459	101	3,414	237	699
1967	325,861	30,804	311,718	30,377	9,436	83	4,707	344	873
1968[1]	338,706	32,031	324,769	31,635	9,310	80	4,627	316	990
1969[2]	353,746	33,683	339,600	33,300	8,986	83	5,160	300	1,120
Patient-days—									
1949	1,498,121	203,197	1,430,646	200,585	45,960	1,146	21,515	1,466	.....
1955	2,100,386	215,980	2,005,165	212,514	75,599	2,271	19,622	1,195	.....
1960	2,650,129	244,480	2,451,839	241,157	169,401	1,417	28,889	1,906	.....
1961	2,756,665	233,794	2,546,344	231,043	182,690	878	27,631	1,873	.....
1962	2,789,355	266,351	2,573,634	263,475	183,042	850	32,679	2,026	.....
1963	2,850,559	260,771	2,631,671	257,736	187,714	1,018	31,174	2,017	.....
1964	2,905,544	249,827	2,670,176	246,813	199,164	878	36,204	2,136	.....
1965	2,985,092	232,438	2,747,232	230,096	205,488	619	32,372	1,723	.....
1966	3,110,701	222,475	2,861,260	220,270	212,413	541	37,028	1,664	305,940
1967	3,189,212	225,479	2,946,000	222,543	195,564	451	47,648	2,485	358,675
1968[1]	3,309,533	229,053	3,074,959	226,633	188,152	434	46,422	1,986	409,514
1969[2]	3,398,838	234,497	3,141,100	232,300	204,238	397	53,500	1,800	500,000
Average days of stay—									
1949	10.03	8.13	10.21	8.14	6.48	7.59	10.66	7.40	.....
1955	10.00	6.74	10.04	6.74	9.09	6.29	10.26	7.52	.....
1960	10.03	6.19	9.82	6.19	14.66	5.88	9.93	7.14	.....
1961	10.09	6.16	9.80	6.15	17.63	5.81	9.27	7.23	.....
1962	10.03	7.21	9.72	7.22	17.90	5.41	10.41	7.24	.....
1963	9.94	7.18	9.65	7.18	17.23	6.02	9.56	7.23	.....
1964	9.91	7.21	9.60	7.22	17.16	5.89	10.30	6.96	.....
1965	9.90	7.21	9.57	7.22	18.00	5.43	9.79	6.55	.....
1966	9.89	7.14	9.55	7.15	18.53	5.36	10.84	7.02	437.68
1967	9.79	7.32	9.45	7.32	20.72	5.43	10.12	7.22	410.85
1968[1]	9.77	7.15	9.47	7.16	20.21	5.42	10.03	6.28	413.64
1969[2]	9.61	6.96	9.25	6.98	22.73	4.78	10.37	6.00	446.43

[1] Amended as per final reports from hospitals.

[2] Estimated, based on hospital reports to October 31, 1969. Estimated patient-days (including newborn days) per thousand of population covered by British Columbia Hospital Insurance Service: 1949, 1,528; 1950, 1,548; 1951, 1,496; 1952, 1,527; 1953, 1,600; 1954, 1,733; 1955, 1,720; 1956, 1,688; 1957, 1,626; 1958, 1,665; 1959, 1,724; 1960, 1,804; 1961, 1,806; 1962, 1,841; 1963, 1,835; 1964, 1,815; 1965, 1,799; 1966, 1,779; 1967, 1,754; 1968, 1,774; 1969, 1,769. (1954 and subsequent years are based on total population. Because the Armed Forces, Royal Canadian Mounted Police, and some other groups are not insured under the Provincial plan, the actual incidence of days would be somewhat higher than shown.) In addition, estimated patient-days per thousand population for extended care amounted to 205 in 1968 and 243 in 1969. Population figures are revised according to latest census figures.

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

	Total Adults, Children, and Newborn In-patients	Estimated Number of Emergency and Minor-surgery Patients[1]	Total Receiving Benefits
1949	174,269	29,000	203,269
1955	242,034	70,553	312,587
1960	303,608	107,312	410,920
1961	311,261	121,000	432,261
1962	314,963	128,000	442,963
1963	323,079	135,000	458,079
1964	327,796	141,000	468,796
1965	333,762	160,000	493,762
1966	346,242	175,000	521,242
1967	357,538	195,000	552,538
1968[2]	371,727	210,000	581,727
1969[3]	388,549	220,000	608,549
Totals	5,862,012	2,299,073	8,161,085

[1] Years 1962 to 1969 estimated, includes day-care surgery.
[2] Amended as per final reports received from hospitals.
[3] Estimated, based on hospital reports to October 31, 1969.

TABLE 3.—PATIENTS SEPARATED, TOTAL DAYS' STAY, AND AVERAGE LENGTH OF STAY IN BRITISH COLUMBIA PUBLIC HOSPITALS FOR B.C.H.I.S. PATIENTS ONLY, GROUPED ACCORDING TO BED CAPACITY, YEAR 1969[1] (EXCLUDING EXTENDED-CARE HOSPITALS).

	Bed Capacity					
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25
Patients separated—						
Adults and children	339,600	149,100	93,400	54,200	34,300	8,600
Newborn	33,300	13,300	10,300	6,400	2,650	650
Patient-days—						
Adults and children	3,141,100	1,506,800	793,300	519,000	256,500	65,500
Newborn	232,300	99,500	68,800	43,200	16,100	4,700
Average days of stay—						
Adults and children	9.25	10.10	8.49	9.58	7.48	7.62
Newborn	6.98	7.48	6.68	6.75	6.08	7.23

[1] Estimated, based on hospital reports to October 31, 1969.

TABLE 4.—PERCENTAGE DISTRIBUTION OF PATIENTS SEPARATED AND PATIENT-DAYS FOR B.C.H.I.S. PATIENTS ONLY, IN BRITISH COLUMBIA PUBLIC HOSPITALS, GROUPED ACCORDING TO BED CAPACITY, YEAR 1969[1] (EXCLUDING EXTENDED-CARE HOSPITALS).

	Bed Capacity					
	Total	250 and Over	100 to 249	50 to 99	25 to 49	Under 25
Patients separated—	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent	Per Cent
Adults and children	100.00	43.91	27.50	15.96	10.10	2.53
Newborn	100.00	39.94	30.93	19.22	7.96	1.95
Patient-days—						
Adults and children	100.00	47.97	25.26	16.52	8.17	2.08
Newborn	100.00	42.83	29.62	18.60	6.93	2.02

[1] Estimated, based on hospital reports to October 31, 1969.

CHARTS

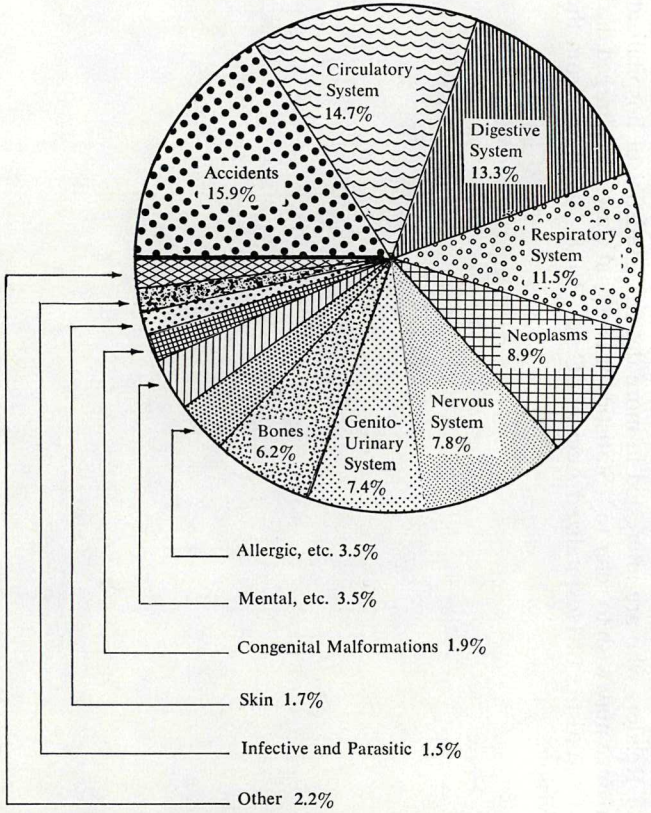
The statistical data shown in the following charts prepared by the Research Division are derived from Admission/Separation forms submitted to the British Columbia Hospital Insurance Service.

The major diagnostic categories used for the table on pages 53 to 56 are more detailed than the diagnostic groups shown on the charts. Both lists are based on the International Classification of Diseases, Adapted, prepared by the Public Health Service of the United States Department of Health, Education, and Welfare.

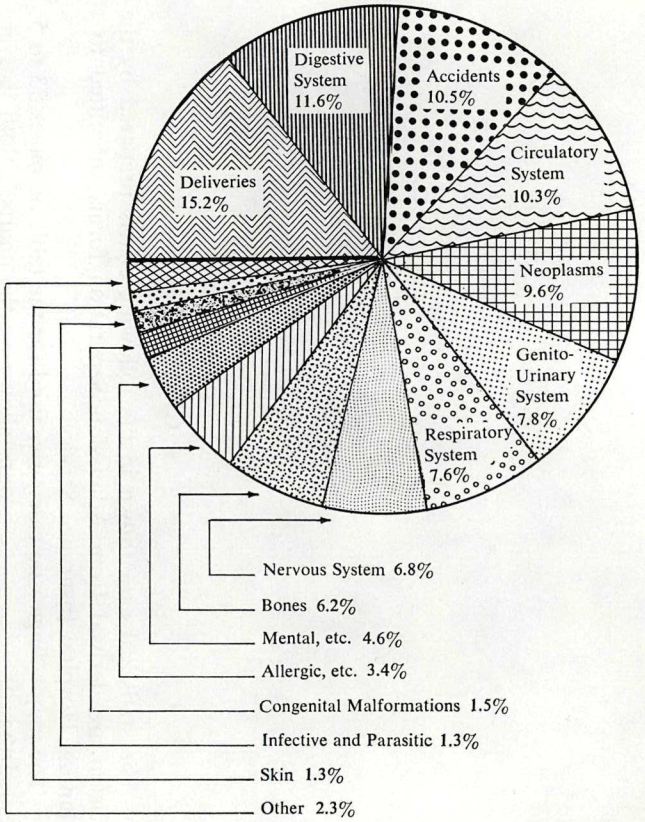
Readers who are interested in more detailed statistics of hospitalization in this Province may wish to refer to " Statistics of Hospital Cases Discharged during 1968 " and " Statistics of Hospitalized Accident Cases, 1968 " available from the Research Division.

CHART I.—PERCENTAGE DISTRIBUTION OF DAYS OF CARE* BY MAJOR DIAGNOSTIC GROUPS, 1968 (IN DESCENDING ORDER)

MALES

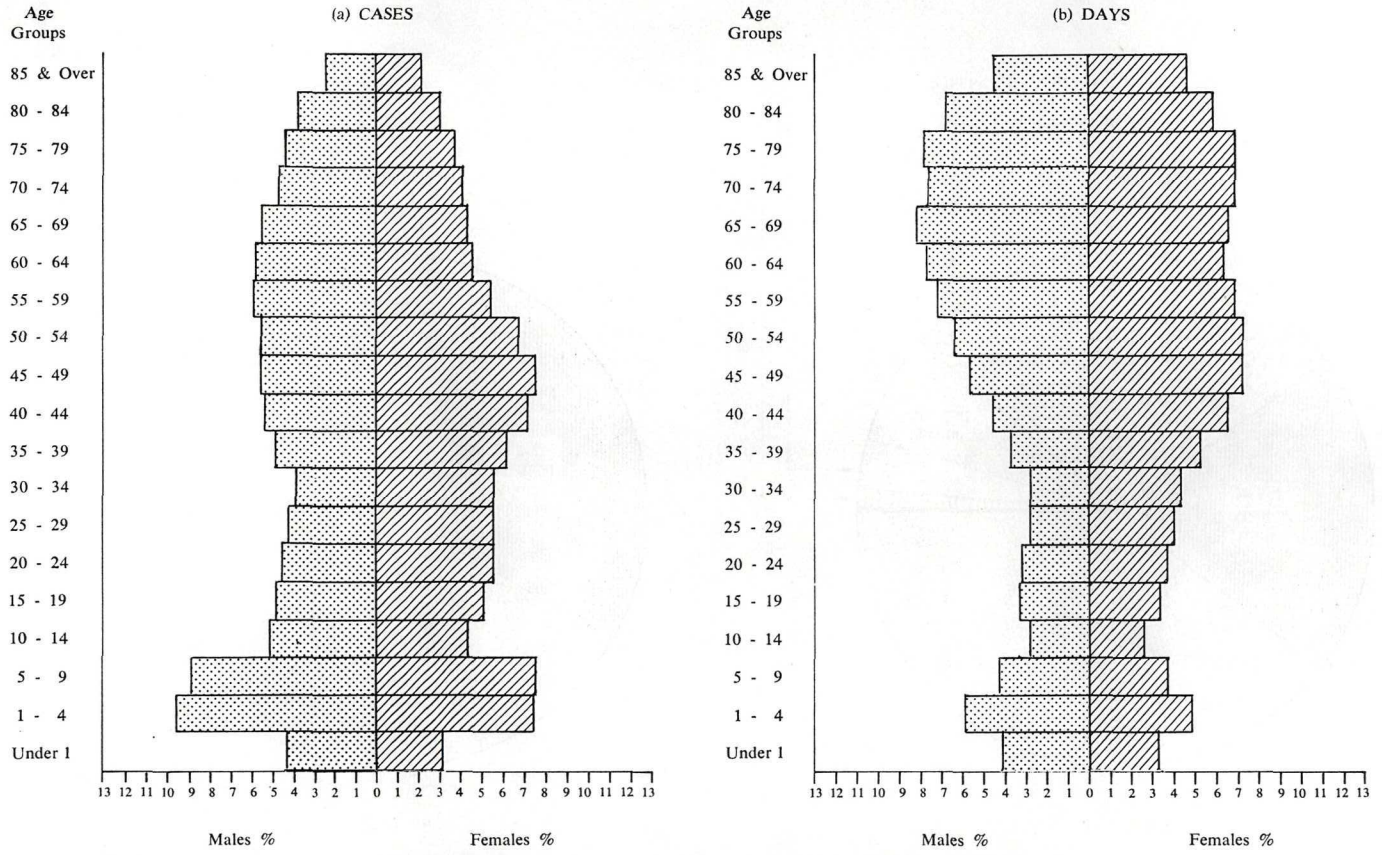


FEMALES



* Including rehabilitative care.

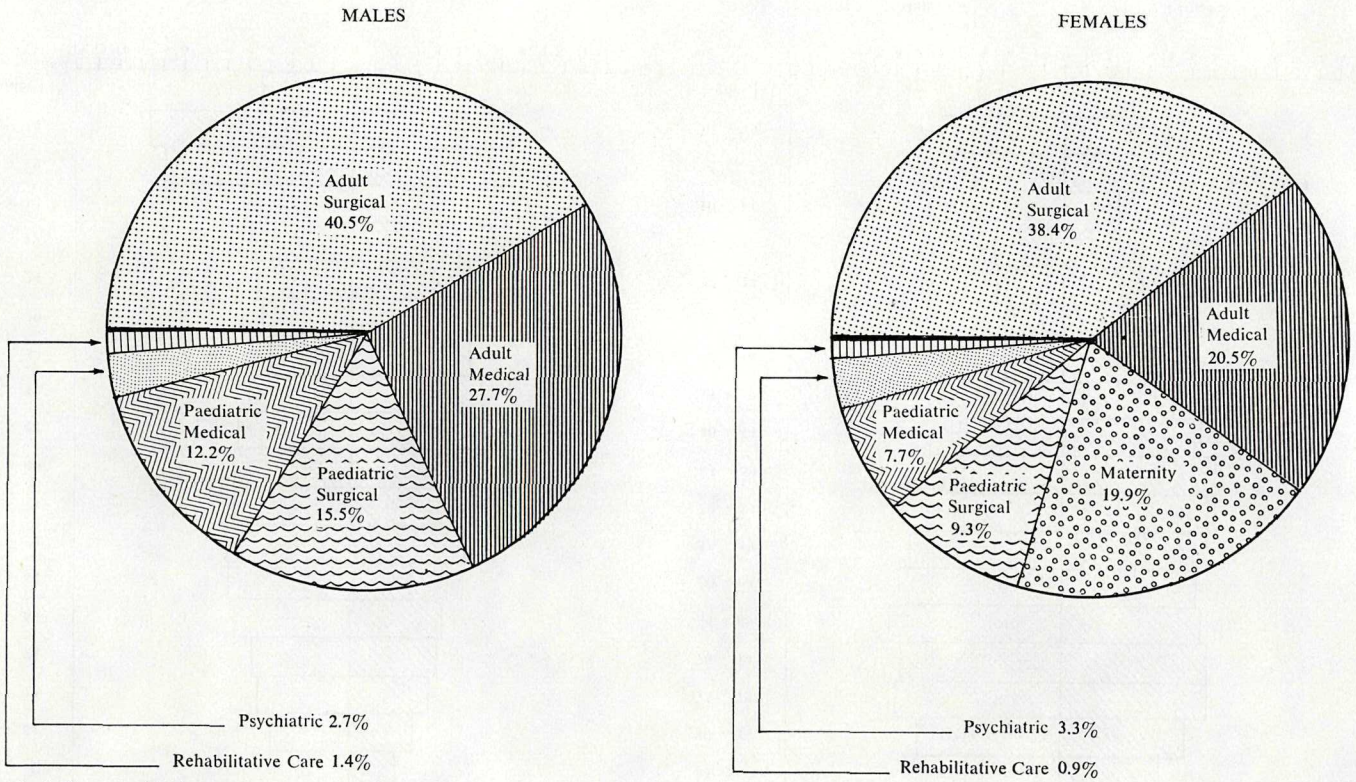
CHART II.—PERCENTAGE AGE DISTRIBUTION OF MALE AND FEMALE* HOSPITAL CASES AND DAYS OF CARE,† 1968



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

† Including rehabilitative care.

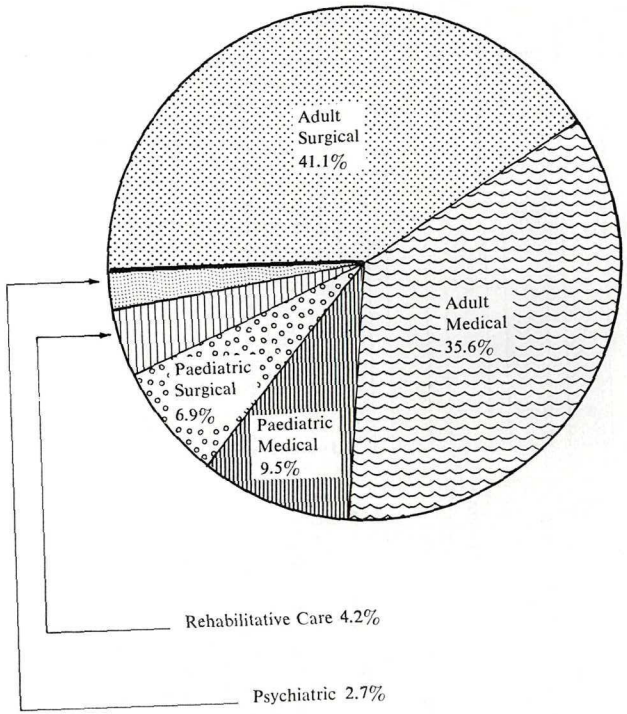
CHART III.—PERCENTAGE DISTRIBUTION OF HOSPITAL CASES* BY TYPE OF CLINICAL SERVICE, 1968



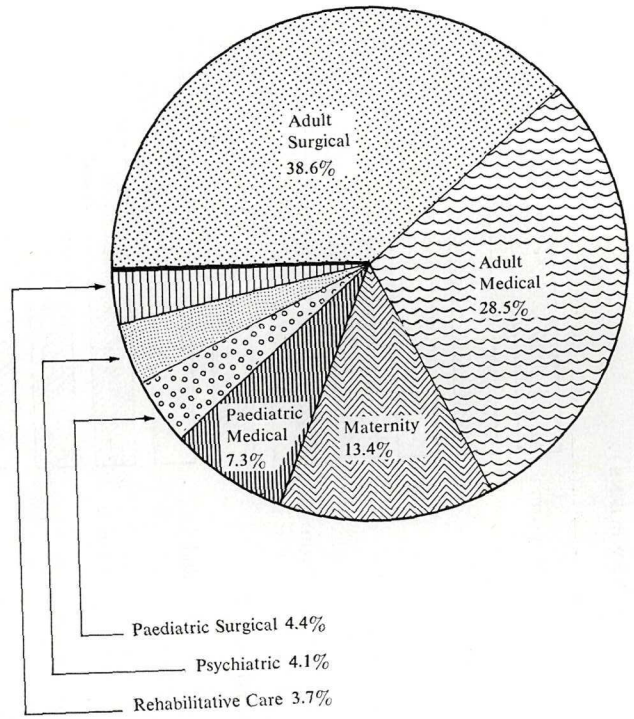
* Including rehabilitative care.

CHART IV.—PERCENTAGE DISTRIBUTION OF HOSPITAL DAYS* BY TYPE OF CLINICAL SERVICE, 1968

MALES

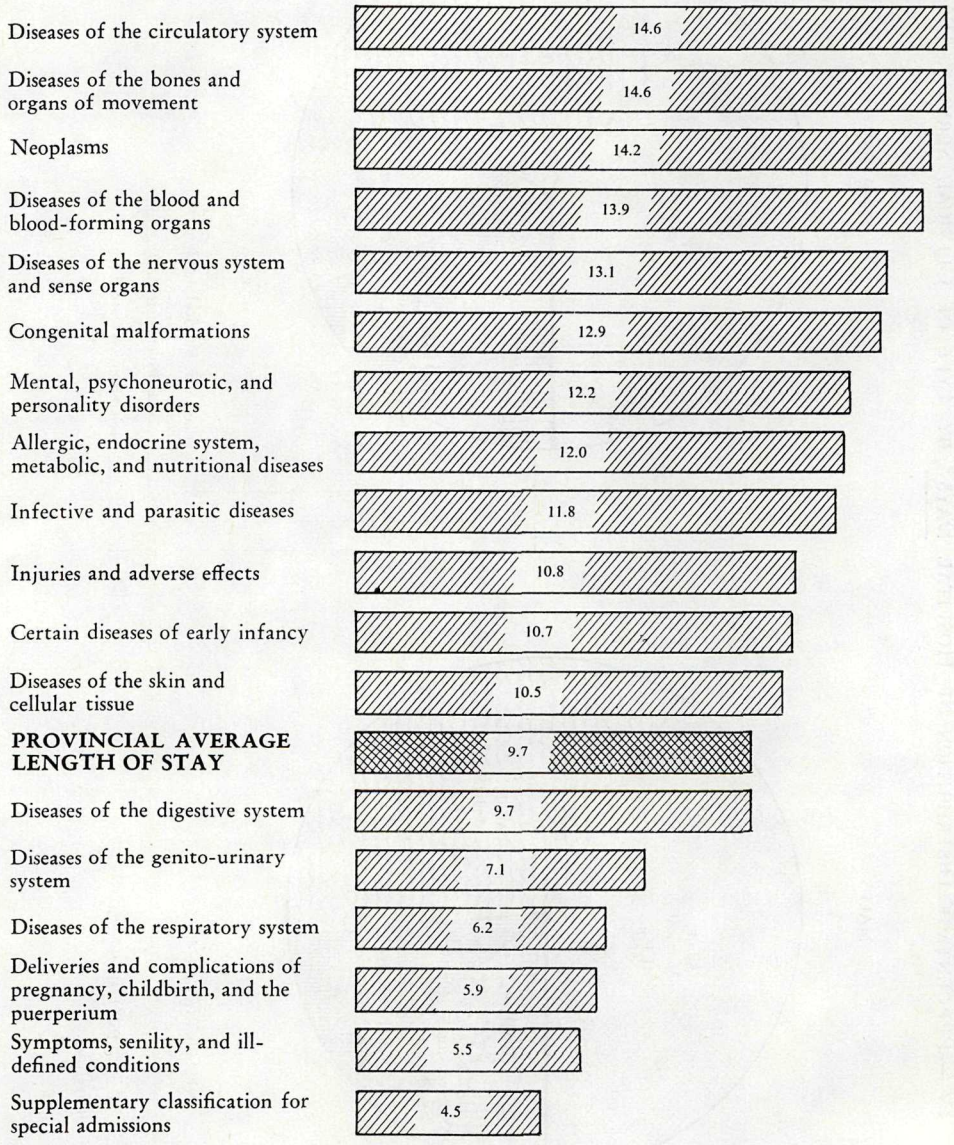


FEMALES



* Including rehabilitative care.

CHART V.—AVERAGE LENGTH OF STAY OF CASES* IN HOSPITALS IN BRITISH COLUMBIA, BY MAJOR DIAGNOSTIC GROUPS IN DESCENDING ORDER, 1968 (EXCLUDING NEWBORNS).



* Including rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1968 (EXCLUDING NEWBORNS)

List Number and Diagnosis	I.C.D.A. No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
I. Infective and parasitic diseases	002–138	4,050	47,900	11.8	1.2	1.4
1. Tuberculosis, all forms	002–019	292	5,157	17.7	0.1	0.2
2. Poliomyelitis and encephalitis	080–083	306	7,787	25.4	0.1	0.2
3. Infectious hepatitis	092	787	11,046	14.0	0.2	0.3
4. Other diseases attributable to viruses	084–091, 093–096	1,272	9,933	7.8	0.4	0.3
5. Other bacterial, spirochætal, rickettsial, or parasitic diseases	020–074, 100–138	1,393	13,977	10.0	0.4	0.4
II. Neoplasms	140–239	22,073	313,548	14.2	6.4	9.3
6. Malignant neoplasm of buccal cavity and pharynx	140–148	323	5,879	18.2	0.1	0.2
7. Malignant neoplasm of stomach	151	546	12,247	22.4	0.2	0.4
8. Malignant neoplasm of large intestine, except rectum	153	876	22,339	25.5	0.3	0.7
9. Malignant neoplasm of rectum	154	544	15,547	28.6	0.2	0.5
10. Malignant neoplasm of bronchus, trachea, and lung	162, 163	1,300	28,158	21.7	0.4	0.8
11. Malignant neoplasm of breast	170	1,537	30,517	19.9	0.4	0.9
12. Malignant neoplasm of cervix uteri	171	1,753	15,330	8.7	0.5	0.5
13. Malignant neoplasm of uterus, other than of cervix uteri	172–174	473	4,730	10.0	0.1	0.1
14. Malignant neoplasm of ovary, Fallopian tube, and broad ligament	175	313	6,572	21.0	0.1	0.2
15. Malignant neoplasm of prostate	177	1,042	21,904	21.0	0.3	0.6
16. Malignant neoplasm of kidney, bladder, and other urinary organs	180, 181	1,222	18,134	14.8	0.4	0.5
17. Leukæmia and aleukæmia	204	437	7,723	17.7	0.1	0.2
18. Malignant neoplasm of all other organs and unspecified sites	150, 152, 155–161, 164, 165, 176, 178, 179, 190–199, 200–203, 205	2,991	61,454	20.5	0.9	1.8
19. Uterine fibromyoma and other benign neoplasm of uterus	214, 215	3,738	29,012	7.8	1.1	0.9
20. Benign neoplasm of ovary	216	692	5,705	8.2	0.2	0.2
21. Benign neoplasm (excluding uterus and ovary) and neoplasm of unspecified nature	210–213, 217–239	4,286	28,297	6.6	1.2	0.8
III. Allergic, endocrine system, metabolic, and nutritional diseases	240–289	9,791	117,137	12.0	2.8	3.5
22. Asthma	241	3,454	31,762	9.2	1.0	0.9
23. Other allergic disorders	240, 242–245	712	4,605	6.5	0.2	0.1
24. Diseases of thyroid gland	250–254	992	9,195	9.3	0.3	0.3
25. Diabetes mellitus	260	3,463	53,833	15.5	1.0	1.6
26. Diseases of other endocrine glands	270–277	307	4,062	13.2	0.1	0.1
27. Avitaminoses and other metabolic diseases	280–289	863	13,680	15.9	0.2	0.4
IV. Diseases of the blood and blood-forming organs	290–299	1,563	21,713	13.9	0.5	0.6
28. Diseases of the blood and blood-forming organs	290–299	1,563	21,713	13.9	0.5	0.6
V. Mental, psychoneurotic, and personality disorders	300–326	11,272	138,006	12.2	3.2	4.1
29. Psychoses	300–309	3,939	62,703	15.9	1.1	1.9
30. Psychoneurotic disorders	310–318	5,477	59,460	10.9	1.6	1.8
31. Disorders of character, behaviour, and intelligence	320–326	1,856	15,843	8.5	0.5	0.5

[1] Including rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1968 (EXCLUDING NEWBORNS)—*Continued*

List Number and Diagnosis	I.C.D.A. No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
VI. Diseases of the nervous system and sense organs	330–398	18,856	246,498	13.1	5.4	7.3
32. Vascular lesions affecting central nervous system	330–334	4,563	113,240	24.8	1.3	3.3
33. Inflammatory and other diseases of central nervous system	340–345, 350–357	2,946	55,011	18.7	0.8	1.6
34. Diseases of nerves and peripheral ganglia	360–369	1,071	11,262	10.5	0.3	0.3
35. Diseases of the eye	370–389	5,665	38,192	6.7	1.6	1.1
36. Diseases of ear and mastoid process	390–398	4,611	28,893	6.3	1.3	0.9
VII. Diseases of the circulatory system	400–468	28,577	418,630	14.6	8.2	12.4
37. Rheumatic fever and chronic rheumatic heart disease	400–416	1,102	21,174	19.2	0.3	0.6
38. Arteriosclerotic and degenerative heart disease	420–422	12,315	209,756	17.0	3.5	6.2
39. Other diseases of the heart	430–434	2,867	39,798	13.9	0.8	1.2
40. Hypertensive heart disease and other hypertensive disease	440–447	2,199	26,552	12.1	0.6	0.8
41. Diseases of arteries	450–456	1,903	41,115	21.6	0.5	1.2
42. Varicose veins of lower extremities	460	3,672	39,232	10.7	1.1	1.2
43. Hæmorrhoids	461	2,164	16,081	7.4	0.6	0.5
44. Phlebitis and thrombophlebitis	463, 464	793	10,962	13.8	0.2	0.3
45. Other diseases of the circulatory system	462, 465–468	1,562	13,960	8.9	0.4	0.4
VIII. Diseases of the respiratory system	470–527	51,534	320,219	6.2	14.8	9.5
46. Acute upper respiratory infections	470–475	5,077	28,461	5.6	1.5	0.8
47. Influenza	480–483	1,510	8,297	5.5	0.4	0.2
48. Pneumonia	490–493	11,719	129,025	11.0	3.4	3.8
49. Bronchitis	500–502	7,165	65,732	9.2	2.1	1.9
50. Hypertrophy of tonsils and adenoids	510	20,683	46,825	2.3	6.0	1.4
51. Other diseases of respiratory system	511–527	5,380	41,879	7.8	1.5	1.2
IX. Diseases of the digestive system	530–587	43,403	419,288	9.7	12.5	12.4
52. Diseases of teeth and supporting structure	530–535	3,475	7,394	2.1	1.0	0.2
53. Ulcer of stomach and duodenum and jejunum	540–542	5,087	71,569	14.1	1.5	2.1
54. Gastritis, duodenitis, and other disorders and diseases of the stomach and duodenum	543–545	1,984	14,512	7.3	0.6	0.4
55. Appendicitis	550–553	4,006	29,793	7.4	1.2	0.9
56. Hernia of abdominal cavity	560, 561	7,227	60,461	8.4	2.1	1.8
57. Other intestinal obstruction	570	1,291	14,566	11.3	0.4	0.4
58. Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over	571	5,020	31,666	6.3	1.4	0.9
59. Chronic enteritis and ulcerative colitis	572	1,709	27,657	16.2	0.5	0.8
60. Cirrhosis and other diseases of liver	580–583	712	15,119	21.2	0.2	0.4
61. Diseases of gall bladder and pancreas	584–587	8,921	110,754	12.4	2.6	3.3
62. Other diseases of digestive system	536–539, 573–578	3,971	35,797	9.0	1.1	1.1
X. Diseases of the genito-urinary system	590–637	36,132	257,613	7.1	10.4	7.6
63. Nephritis and nephrosis	590–594	3,965	15,142	3.8	1.1	0.4
64. Infections of kidney	600	2,621	24,044	9.2	0.8	0.7
65. Calculi of urinary system	602, 604	2,697	21,864	8.1	0.8	0.6

66. Other diseases of urinary system	601, 603, 605–609	5,643	45,081	8.0	1.6	1.3
67. Hyperplasia of prostate	610	3,269	50,798	15.5	0.9	1.5
68. Redundant prepuce and phimosis	615	753	2,236	3.0	0.2	0.1
69. Infective diseases of ovary, uterus, vagina, Fallopian tube, and vulva	622–626, 630	3,355	21,425	6.4	1.0	0.6
70. Uterovaginal prolapse	631	2,525	31,709	12.6	0.7	0.9
71. Disorders of menstruation	634	4,785	13,696	2.9	1.4	0.4
72. Other diseases of genital organs	611–614, 616, 617, 620, 621, 632, 633, 635–637	6,519	31,618	4.9	1.9	0.9
XI. Deliveries and complications of pregnancy, childbirth, and the puerperium	640–689	46,324	272,005	5.9	13.3	8.0
73. Complications of pregnancy	640–649	7,989	33,490	4.2	2.3	1.0
74. Abortion	650–652	4,089	14,755	3.6	1.2	0.4
75. Delivery without mention of complication	660	24,482	141,637	5.8	7.1	4.2
76. Delivery with specified complications	670–678	9,146	79,024	8.6	2.6	2.3
77. Complications of the puerperium	680–689	618	3,099	5.0	0.2	0.1
XII. *Diseases of the skin and cellular tissue*	690–716	4,681	49,176	10.5	1.3	1.5
78. Infection of skin and subcutaneous tissue	690–698	2,267	18,492	8.2	0.7	0.5
79. Other diseases of skin and subcutaneous tissue	700–716	2,414	30,684	12.7	0.7	0.9
XIII. Diseases of the bones and organs of movement	720–749	14,334	209,904	14.6	4.1	6.2
80. Arthritis and rheumatism, except rheumatic fever	720–727	3,976	77,988	19.6	1.1	2.3
81. Displacement of intervertebral disk	735	3,560	51,175	14.4	1.0	1.5
82. Other diseases of musculoskeletal system	730–734, 736–738 740–749	6,798	80,741	11.9	2.0	2.4
XIV. Congenital malformations	750–759	4,427	57,053	12.9	1.3	1.7
83. Congenital malformations	750–759	4,427	57,053	12.9	1.3	1.7
XV. Certain diseases of early infancy	760–776	769	8,256	10.7	0.2	0.2
84. Birth injuries, asphyxia, and infections of newborn and other diseases peculiar to early infancy	760–776	769	8,256	10.7	0.2	0.2
XVI. Symptoms, senility, and ill-defined conditions	780–795	7,098	38,886	5.5	2.0	1.1
85. Symptoms, senility, and ill-defined conditions	780–795	7,098	38,886	5.5	2.0	1.1
XVII. Injuries and adverse effects	800–999	40,529	439,675	10.8	11.7	13.0
86. Fracture of skull and head injuries associated with hæmorrhage in or injury to the brain	800–803, 852–856	5,302	36,619	6.9	1.5	1.1
87. Fracture of spine and trunk	805–808	2,271	49,436	21.8	0.7	1.5
88. Fracture of upper limb	810–817	4,625	26,759	5.8	1.3	0.8
89. Fracture of femur	820, 821	2,601	115,259	44.3	0.7	3.4
90. Other fractures of lower extremities	822–826	3,344	44,984	13.5	1.0	1.3
91. Dislocation without fracture, and sprains and strains of joints and adjacent muscles	830–848	4,527	36,273	8.0	1.3	1.1
92. Internal injury of chest, abdomen, and pelvis	860–869	720	9,366	13.0	0.2	0.3
93. Burns	940–949	1,415	22,568	15.9	0.4	0.7
94. Open wounds, traumatic amputations, superficial injuries, contusion, foreign body, injury to nerves, poisonings, adverse effects	850, 851, 870–881, 883–888, 890–898, 910–918, 920–936, 950–959, 997–999, N960–996	15,724	98,411	6.3	4.5	2.9
Totals, I to XVII	----------	345,413	3,375,607	9.8	99.5	99.8

[1] Including rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1968 (EXCLUDING NEWBORNS)—*Continued*

List Number and Diagnosis	I.C.D.A. No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
XVIII. Supplementary classifications for special admissions, including live births	Y00–29	1,753	7,935	4.5	0.5	0.2
95. Medical or special examinations (without sickness)	Y00	2	4	2.0	0.0	0.0
96. Mature newborn	Y20, 22, 23, 26, 27	2	18	9.0	0.0	0.0
97. Immature newborn	Y21, 24, 25, 28, 29	3	83	27.7	0.0	0.0
98. Other special admissions, examinations, etc.	Y01–18	1,746	7,830	4.5	0.5	0.2
Totals, I to XVIII (excluding newborns)		347,166	3,383,542	9.7	100.0	100.0

[1] Including rehabilitative care.

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31, 1969

Administration—		
Salaries		$769,020.00
Temporary assistance		5,528.00
		$774,548.00
Office expense		50,081.00
Travelling expense		49,163.00
Office furniture and equipment		6,661.00
Printing and publications		3,739.00
Tabulating and rentals		4,034.00
Motor-vehicles and accessories		2,153.00
Incidentals and contingencies		1,905.00
Construction and consultation fees		71.00
Technical surveys		38,843.00
		$931,198.00
Payments to hospitals		134,679,028.00
Grants in aid of construction		3,251,920.00
Total		$138,862,146.00

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