PROVINCE OF BRITISH COLUMBIA

HOSPITAL INSURANCE ACT

Twenty-fifth Annual Report

British Columbia Hospital Insurance Service

JANUARY 1 TO DECEMBER 31

1973

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1974

VICTORIA, B.C., January 20, 1974.

To the Honourable WALTER S. OWEN, 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-fifth Annual Report of the British Columbia Hospital Insurance Service covering the calendar year 1973.

DENNIS G. COCKE
Minister of Health

BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE,
VICTORIA, B.C., January 20, 1974.

The Honourable Dennis G. Cocke,
Minister of Health,
Parliament Buildings, Victoria, B.C.

SIR: I have the honour to present herewith the Report of the British Columbia Hospital Insurance Service covering the calendar year 1973.

WILLIAM J. LYLE, F.C.I.S.
Deputy Minister of Hospital Insurance

The Honourable Dennis G. Cocke, Minister of Health.

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BRITISH COLUMBIA HOSPITAL INSURANCE SERVICE

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

GENERAL INTRODUCTION

WM. J. LYLE, F.C.I.S., DEPUTY MINISTER

In the quarter of a century since Government-operated hospital insurance coverage started in British Columbia, residents have witnessed a tremendous expansion of hospital facilities and vastly improved services. Hospital boards, hospital staff, medical staff, regional hospital districts, the Provincial Government, and many individuals have collectively contributed to the development of improved and efficient hospital services.

In the current fiscal year ending March 31, 1974, an estimated $268,000,000 will be paid by this Service to hospitals toward expenses incurred by residents. Daily payments to British Columbia hospitals have increased from $50,000 in 1949/50, the first complete fiscal year of coverage, to $734,000 for each of the 365 days in 1973/74.

The British Columbia hospital construction programme, since January 1, 1949, has produced a total of 12,851 beds (acute and extended care) at a total cost of approximately $237,289,329. In latter years, most of these projects have been financed by the Provincial Government through regional hospital districts, with the Province contributing 60 per cent of the approved cost and the regional hospital district the remaining 40 per cent.

In the past year, new hospitals were opened at Bella Bella, Tahsis, and Vanderhoof. Major additions and renovation projects were completed at Armstrong, Chemainus, Enderby, Kelowna, Squamish, Vancouver General Hospital, G. F. Strong Rehabilitation Centre and the Royal Jubilee Hospital, Victoria. New extended-care facilities were constructed at Burnaby, Duncan, Quesnel, and Gorge Road Hospital, Victoria. A new power plant was brought into operation at the Royal Columbian Hospital, New Westminster, and a diagnostic and treatment centre at Gold River.

These projects involved a total of 1,071 beds, and construction costs were approximately $27,800,000. As the year drew to a close, some 1,000 beds were under construction throughout British Columbia and 550 new beds were in advanced stages of planning.

The Provincial Government, in its efforts to increase extended-care facilities, is continuing negotiations for the purchase of a number of suitable private hospitals. The first such acquisition was the 75-bed Richmond Heights Private Hospital (renamed Mount Tolmie Hospital), purchased last fall by the Provincial Government and the Capital Regional Hospital District.

It should be borne in mind that the majority of new in-patient hospital accommodation relates to replacement beds, acute psychiatric and activation/rehabilitation programmes, with few additional general hospital beds being provided for increased

population. The more effective utilization of general hospitals, the expanded coverage of out-patient care by BCHIS, and the greater availability of extended-care beds are having an impact on the need for acute accommodation. *See* Table 2C on page 49 regarding ambulatory services, also narrative in statistical data on page 45. It can be seen from Table 2A on page 48 regarding total patient-days that the opening of new extended-care beds has enabled the hospitals to provide an increase of 220,000 days of care for extended-care patients over the care provided in 1972.

During the year, expanded facilities and 21 additional beds for open-heart surgery came into operation at the Vancouver General Hospital. A new 15-bed unit was opened at St. Paul's Hospital, Vancouver, and existing surgical facilities at the Royal Jubilee Hospital, Victoria, were renovated and upgraded to carry out open-heart surgery.

Three intermediate-care hospitals located at Vancouver, Burnaby, and Kamloops were assigned to the Hospital Insurance Service in December 1973 and are expected to come into use shortly.

The *Medical Centre of British Columbia Act* was passed at the Fall Session of the Legislature in 1973. This statute established a corporation to be known as the British Columbia Medical Centre, the objects of which are as follows: To establish and operate a medical and health sciences centre for the Province which will comprise a large community hospital, tertiary hospital facilities providing specialized services of Province-wide application; extensive teaching facilities for medical, dental, nursing, paramedical, and technical personnel, as well as facilities for research in the health field. The corporation may also be given responsibility for the direction and co-ordination of the policies and planning function of a number of hospitals in the Vancouver area to integrate properly their activities with those of the hospital operated by the new corporation. In addition, the statue provides for the establishment of a Provincial Council comprised of the corporation's directors, together with regional and other representatives which may, when directed by the Lieutenant-Governor in Council, co-ordinate and direct all aspects of clinical teaching in the health field carried on in hospitals and education institutions in the Province. The Board of Directors of the corporation has been established, the President and a number of senior officers appointed, and preliminary planning for this large complex is under way. The concept is to use Shaughnessy Hospital and its approximately 50-acre site as the base for the Centre. I am pleased to report that, at the time of printing, the Federal and Provincial teams are close to resolving all major issues with regard to a transfer of Shaughnessy Hospital to Provincial jurisdiction.

Discussions were held and an agreement reached between the Minister of Health and the Hospital Employees' Union for the orderly elimination of discrimination in wages, category, and promotion of female employees. As a first step toward the achievement of wage parity, funds for a special salary adjustment retroactive to January 1, 1973, for all employees earning less than $669.50 per month, were made available to hospitals. The agreement calls for the negotiating parties to ensure that all discrimination in wage rates, job descriptions, etc., shall be ended by January 1, 1976.

In November 1973 the Lieutenant-Governor in Council established a Cancer Control Task Committee to advise the Minister of Health regarding the formation of a British Columbia Cancer Control Agency. The objects and powers of the Agency will be to organize and administer a comprehensive, co-ordinated, Province-wide cancer control programme, designed to provide the people of British Columbia with the services and facilities necessary to prevent, detect, and treat all forms of cancer as promptly and as effectively as modern knowledge, skill, and technology

make possible. The Senior Medical Consultant and the Director, Administrative Services, represent the Hospital Insurance Service on this Committee.

During 1973 the *Hospital Act* was amended and the regulations were revised to reconstitute the Medical Appeal Board. The function of this body is to hear and determine appeals from physicians against decisions made by hospital boards regarding the granting of medical staff privileges. The membership of the board is comprised of representatives of the medical profession, the B.C. Hospitals' Association, and the general public. The *Hospital Act* was also amended to ensure that contracts for hospital construction projects contain requirements regarding the payment of fair wages and maintenance of fair working conditions for workmen.

The regulations governing cash grants on hospital construction projects financed by hospitals were changed during the year to the sharing basis (60:40 per cent) which previously applied only to projects financed under the *Regional Hospital Districts Act*.

An Order in Council was passed under which the equipment grant structure was changed. This enables the Hospital Insurance Service to pay a 100-per-cent grant on approved equipment, instead of the usual one-third grant, where the equipment purchase will result in savings of approved operating costs and recovery of the capital cost in a reasonable time. Otherwise, a Provincial grant of 33⅓ per cent is available.

During the year a bursary programme for occupational and physiotherapy students to assist in financing their training was authorized by the Government. Under the training programme, students in the second, third, and fourth year are required during the summer to obtain practical experience in hospital and institutional settings, and as a result their opportunities to earn money are very limited.

For the first time, a Student Summer Employment Programme sponsored by the Provincial Government provided funds to hospitals. Our Service administered the appropriation for hospitals, and under this programme over 1,000 students were employed for periods ranging from eight to sixteen weeks at a cost of $1,300,000.

Out-patient physiotherapy became an authorized benefit to eligible British Columbia residents on April 1, 1973, with the patient paying an authorized charge of $1 a visit.

The work of the laboratory and radiological advisory Councils was again of inestimable value in assisting hospitals to improve their radiological and laboratory services, and in advising the Service regarding the approval of Provincial grants-in-aid for the purchase of major hospital equipment.

I should like to thank the College of Physicians and Surgeons, the B.C. Medical Association, and the medical profession for their advice and guidance, and also for the continuing assistance of the British Columbia Hospitals' Association and the Registered Nurses' Association of British Columbia.

In conclusion, I would like to express my appreciation to the loyal and devoted staff of the Hospital Insurance Service for the way in which they carried out their duties during the past year.

Reports by the various divisions comprising the administrative structure of our Branch appear under "Organization and Administration," beginning on page 21.

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 formula which provides substantial 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, subject to the requirements of the Act, is 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, the district is able to raise any funds immediately required by temporary bank borrowing on a uniform basis. Periodically the Regional Hospital Districts Financing Authority (*see* page 16) provides long-term financing by purchasing debentures issued by districts, thus enabling them to repay their temporary bank borrowings.

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

Under the formula the Province pays annually to each district 60 per cent of the approved net cost of amortizing the district's borrowings for hospital projects, after deduction of any 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 hospital projects, 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 is responsible for co-ordinating and evaluating 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 Act if the cost of the project, over and above the amount of the Provincial Government grant, can be raised by other means.

BRITISH COLUMBIA REGIONAL HOSPITAL DISTRICTS FINANCING AUTHORITY ACT

This Act established a Provincial Government authority similar to the one set up 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 during the statutory waiting-period 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 and out-patient benefits provided under the Act is described on the following pages.

(4) Qualified persons who are temporarily absent from British Columbia are entitled to certain benefits for a period of 12 months following their departure from the Province.

THE HOSPITAL ACT

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

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

(1) Public hospitals—nonprofit 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 hospital insurance coverage.

(3) Rehabilitation and extended-care hospitals. These nonprofit hospitals are primarily for the treatment of persons who require 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 statutory waiting-period (which expires at midnight of the last day of the second month following the month in which the person moved to the Province); 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 statutory waiting-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 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 semiprivate 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.)

Other Benefits

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 can be discharged within 24 hours.

Out-patient cancer therapy is provided by the branches of the B.C. Cancer Institute in Vancouver and Victoria.

Day-care and night-care psychiatric services are available to patients who come to a designated hospital for an organized programme of treatment which requires that they remain for a minimum of seven hours, but does not necessitate formal admission as in-patients.

Out-patient psychiatric care is available to patients who come to a designated hospital for a particular psychiatric service. (During 1972 the number of hospitals authorized to provide day-care and out-patient psychiatric services as insured benefits was increased.)

A cytology service provides for examination of cervical smears sent by physicians to the B.C. Cancer Institute for the early detection of cancer in women. In addition, hospital laboratories perform many tissue examinations for the detection of a variety of diseases and conditions.

Day-care rehabilitative services at the G. F. Strong Rehabilitation Centre in Vancouver apply to patients requiring an organized and comprehensive programme of treatment which would require that they remain at the centre for at least a half day.

A methadone substitution programme established by the Narcotic Addiction Foundation of British Columbia is available at six centres in the Province.

Coverage for diabetic day-care services is available in a number of the larger hospitals in the Province.

Day-care services at The Arthritis Centre of British Columbia, Vancouver, which is operated by the Canadian Arthritis and Rheumatism Society, British Columbia Division, is now under hospital insurance coverage. This centre provides physiotherapy and other services on an out-patient basis to persons suffering from arthritis and rheumatism.

Out-patient physiotherapy service is provided by hospitals.

A beneficiary is required to pay a nominal sum for each visit to the hospital for these services, and the remainder of the cost is paid by the British Columbia Hospital Insurance Service. Charges for medical services incurred at the hospital are payable by the British Columbia Hospital Insurance Service, and nonbeneficiaries 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 if either the patient's status as a qualified resident or the medical necessity for his receiving hospital-care benefits has not been satisfactorily established.

THE HOSPITAL RATE BOARD AND METHODS OF PAYMENT TO HOSPITALS

The Hospital Rate Board, appointed by Order in Council, is responsible for advising 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, with modifications, 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 the total of 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. However, hospitals retain surplus funds earned as a result of keeping expenditures within the total amount approved. 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.

Policies to be used in the allocation of the total funds provided are approved by the Government. The Hospital Rate Board reviews the detailed revenue and expenditure estimates forwarded by each hospital and applies the policies in establishing approved budgets.

Approximately 96 per cent of all in-patient hospital accounts incurred in British Columbia are the responsibility of the British Columbia Hospital Insurance Service. Cash advances to hospitals are made on a semimonthly 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. Nonqualifying residents are charged the hospitals' established *per diem* rates, which are all-inclusive; that is, the daily rate cover 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.

BCHIS 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. It is composed of six senior members of the service.

Planning Group held 15 full meetings during the year, in addition to which members of Planning Group held a number of meetings with regional hospital district boards or committees and with representatives of hospitals.

ORGANIZATION AND ADMINISTRATION

The British Columbia Hospital Insurance Service is a branch of the Department of Health, the other branches being Health, Mental Health, and the Overall Medical Services Plan.

The following reports provide a brief outline of the work carried out during 1973 by the various divisions and offices which comprise the administrative structure of this branch:

ASSISTANT DEPUTY MINISTER

J. W. MAINGUY, B.A., M.H.A.

The Assistant Deputy Minister is responsible for the operation of the Service in the absence of the Deputy Minister. He is directly responsible for the Hospital Consultation and Inspection Division and the Research Division. He is a member of both the Hospital Rate Board and Planning Group, and represents the Service on a number of committees of Government and community agencies, including the Liaison Committee between the Service and the B.C. Hospitals' Association and the Sub-Committee on Quality of Care and Research, Ottawa.

HOSPITAL CONSULTATION AND INSPECTION DIVISION

P. M. Breel, Director

A high quality of patient care, efficient operation, and effective utilization is the objective of this Division. Public and private hospitals receive consultative services in all areas of organization and management from the Division's Inspector Consultants in Administration, Nursing, Dietary, Clinical Laboratory, and Management Engineering. Inspectorial programmes ensure basic standards are met and private hospitals are appropriately licensed.

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 makes recommendations, relative to hospital staffing patterns for current and proposed programmes which are considered in establishing approved operating budgets. The Division is represented on the Hospital Rate Board and the Planning Group. It 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. Staff members participate in the Functional Programme Review Committee and the Equipment Committee, and 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. Programmes and plans for construction are analysed and assessed in conjunction with the Medical Consultation and Hospital Construction and Planning Divisions.

Acute, rehabilitation, and extended-care hospitals received advice and assistance through 225 consultative and inspectorial visits, and private hospitals giving

nursing-home care, through more than 250 visits. Inspection reports recommending ways and means of improvement were made to both Government and to the hospitals, and appropriate follow-up visits and actions were scheduled.

Special investigatory studies were undertaken by members of the Division in concert with the Medical Consultants' Division of board, medical staff, management, and staff relations at the Ashcroft and District General, Squamish General, and Fernie Memorial Hospitals, with reports and recommendations being submitted for the hospitals' guidance.

Ever-increasing salary and wage costs necessitated the concentration once again of the Administrative Consultants' time and efforts on staffing requests and allowances, and on actual utilization of staff. The continuing evaluation and validation of standards resulted in a number of changes to allowances to the advantage of our hospitals. Board, medical staff, and administration relations and labour/management relations required increased time and attention, with several hospitals experiencing major problems. The assumption of responsibility for intermediate-care facilities in Vancouver, Victoria, and Kamloops placed an increased burden on the Administrative Consultants' section. Liaison was maintained by membership on the Radiological Advisory Council, Laboratory Advisory Council, the Community Care Facilities Licensing Board, the British Columbia Hospitals' Association Education Committee, Federal and Provincial Pharmacy Committees, and many other *ad hoc* boards and committees. The Director of the Division is a member of the Federal Advisory Committee on Canadian Health Standards. One Administrative Consultant was appointed Public Administrator of the Ocean Falls General Hospital, and by the end of the year was able to organize a new society, establish a board, and see the hospital functioning under its own direction. An Administrative Consultant was lost to the Health Security Programme Project group and had not been replaced by the end of the year. Several staff members participated in presentations to community college courses and programmes sponsored by the British Columbia Hospitals' Association.

The Hospitals' Management Engineering Unit of the Division continued to develop its services to hospitals and other health care agencies in the Province. Close co-operation was maintained with the three regional management engineering units and other agencies involved in health care, both within and outside the Province. In this unit there has been a shift in emphasis from the in-depth type of investigation for the individual hospital toward the ongoing development of methodologies in the wider field, for example, in housekeeping, materials management, laundries, processing functions, admitting and O.R. scheduling systems, dietetic and information systems. As a result there has been a significant increase in the consultative services provided by unit personnel in relation to both planning and operational matters, through visits, participation on both standing and *ad hoc* committees, and through involvement in educational programmes. Unit personnel responded to many individual queries from hospitals and others. The library continues to distribute reports and information, much of which is sent to other provinces and to other countries.

The assessment and improvement of the quality of patient care continued to occupy the attention of the nursing consultants. Lack of staff seriously curtailed the number of hospitals and the units that could be visited, and the follow-up action so necessary to effective operation. Advice on matters related to staffing, nursing procedures and techniques, patient-care programmes, construction plans, and hospital equipment demanded ever-increasing Nursing Consultants' time. Additional commitments such as the assessment of the suitability of private hospitals for

extended care and the classification of types of health-care criteria further encroached on the time available, and required great flexibility on the part of the Nursing Consultants. These consultants actively participated in both national and Provincial nursing organizations. The senior consultant is a member of the Council of Practical Nurses, the Nursing Advisory Consultants' Committee for the Health Security Programme Project group, and of the Nursing Advisory Committee of the British Columbia Institute of Technology. During December the employment of an additional nurse greatly enhanced the ability of this nursing section to carry out its consultative and inspectorial role.

The Division's Consultant in Dietetics attended the International Congress of Dietetics held in May in Hanover, Germany. Her attendance at the Congress was preceded by visits to hospitals, food-manufacturing plants, and equipment manufacturers in Switzerland, Sweden, and Germany. Activities apart from regular hospital visits included participation in the course for senior cooks held in Nelson, attendance at the Federal/Provincial Consultants in Dietetics meeting held in Winnipeg, advice to students taking the Canadian Hospital Association Food Service Supervisors correspondence course, membership on the Advisory Committee for the Food Service Technicians course at Vancouver City College, representative to the B.C. Dietetic Association Administrative Dietitians' Committee, continuing assistance to the Royal Columbia Hospital in implementation of the study recommendation of last year, continuing involvement with the food production and service study being conducted at Penticton Hospital, and assistance in the shared dietetic service project proposed for the Surrey Memorial and Richmond General Hospitals, which includes the establishment of a limited commissariat service. A work-sampling study of the Department of Dietetics was conducted at the Penticton Hospital in co-operation with the Division's Management Engineering Unit. Information from this study and one conducted last year is being used by the Federally based Working Party studying departments of dietetics. With the co-operation of Dr. Vance Witchell, of the Faculty of Commerce, UBC, a questionnaire was designed to obtain patient reaction to food service. Depending upon the results of test runs, it is hoped to make the questionnaire available to hospitals throughout British Columbia. A second Consultant in Dietetics joined the Division in December, increasing materially the section's consultative and inspectorial capacity.

During August a Consultant Inspector in Clinical Laboratory joined the staff of the Division, providing a much needed service capability to our hospitals. This consultant acts as Secretary to the Laboratory Advisory Council, and much of his time to date has been spent in revitalizing that Council's organization and functions. Service programmes and proposals are under way, including the promotion of regionalization of laboratory services for all major areas of the Province, the establishment of a joint programme with the Laboratory Accreditation Committee of the College and Medical Association to determine ways and means of improving laboratory services to small, isolated hospitals and initiation of a Province-wide telephone service to provide rapid access to assist with laboratory instrumentation problems.

The Vancouver office of the Division maintained a close watch over the private hospital field, with more than 250 visits and inspections being completed. Four private hospitals, totalling 157 beds, closed down during the year, leaving 57 hospitals providing 2,822 beds. Special studies were carried out by specially employed Consultants in Nursing and Dietetics encompassing the quality of nursing care and the quality of food service being provided in private hospitals. These studies resulted in many instructions and recommendations to assist operators in improving the quality in both areas, with appropriate follow-up action being taken to ensure

that standards were being met and maintained. The Division's Vancouver-based Administrative Consultant participated in studies of the Special Planning and Review Council of British Columbia and in the development of education programmes in aging.

Three university students were employed during the summer on research studies encompassing a review and listing of standards and guidelines for health care in British Columbia, statistical data evaluating comparative departmental production of hospitals in the Province, and a Management Engineering study in the collection and analysis of data and programming of the resulting system proposal.

Members of the Division attended a number of in-service and other educational and informative sessions to maintain currency in the health care field and in the efficiency and effectiveness of the consulting practice. The Director of the Division completed part two of the Advanced Programme in Health Services Organization and Administration presented by the University of Toronto, School of Hygiene.

Research Division

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

The Research Division is responsible for advising the Service on the need for additional hospital beds and services. Studies are carried out by the Division to assess the demand for new facilities, both on an individual hospital and regional basis. These studies involve a comprehensive analysis of hospitalization data as well as economic and demographic information. Recommendations from these studies are referred to the BCHIS Planning Group through the Director, who is a member of the group.

The formation of regional hospital districts has brought about a greater need for planning hospital services on a regional scale, and this Division co-operates with the districts in developing regional programmes. During the year, specific studies of hospital requirements were carried out for the Cariboo, Fraser-Fort George, Okanagan-Similkameen, and Central Okanagan Regions.

The Division is also responsible for compiling and maintaining statistical data relating to hospitalization and morbidity in the Province. The admission/separation records submitted by the hospitals for each patient form the basis of this information. All diagnoses and operations are coded according to the Eighth Revision of the International Classification of Diseases Adapted (ICDA). Through this classification system, the incidence of disease can be analysed by age, sex, geographical location, as well as other variables. In connection with morbidity reporting, the Division publishes a number of annual reports. *Statistics of Hospital Cases Discharged* includes the standard morbidity tables which all provinces publish and affords an opportunity to make interprovincial comparisons of hospital data. *Statistics of Hospitalized Accident Cases,* which is also prepared annually, provides a broad analytical coverage of hospitalized accident cases by circumstance, type of accident, and by nature of injury. A report of the *Day Care Surgery British Columbia Hospitals* is also prepared annually in conjunction with the Medical Consultation Division for the purpose of showing the potential of this type of service. In addition to these reports, the Division supplies data to many agencies, both inside and outside the Government. The demand for hospital morbidity data continues to grow and has become particularly useful in the planning of specialized hospital services.

The Division also maintains a reporting system for therapeutic abortions performed in hospitals in the Province. Interest in this subject continues to stimulate demand for information. During 1972, 8,211 abortions were performed; the total for 1973 is expected to exceed 9,000.

Hospital Finance Division

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

Hospital accounting, processing of hospital budgets, the payment of hospital claims, and financing of hospital capital projects are the four 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. The regulations governing grants on construction projects financed by hospitals themselves were changed during the year to the same sharing basis which applied to projects financed by the regional hospital districts. During 1973 the Finance Division assisted the regional hospital districts in debenture sales to the British Columbia Regional Hospital Districts Financing Authority amounting to $17,500,000.

The Financing Division is also responsible for the approval of grants to assist hospitals in the purchase of equipment. An Order in Council was passed during the year under which the equipment grant structure was changed. This enables the Hospital Insurance Service to pay a 100 per cent grant on equipment instead of a one-third grant where equipment purchase will result in savings of approved operating costs which will recover the capital cost of the equipment in a reasonable time. In 1973, after a review of approximately 6,300 applications received from hospitals, grants estimated at $2,800,000 were approved on movable and fixed technical equipment costing $8,500,000.

As a means of assisting hospital employees to maintain high working standards, the Hospital Insurance Service provided over $175,000 during the year to enable hospital employees to attend or participate in short-term training programmes. This was additional to the longer-term educational training courses sponsored for certain hospital employees.

As a result of an agreement established between the Minister of Health and the Hospital Employees' Union, mentioned earlier in this report, a considerable amount of work was carried out to determine the amount to be paid hospitals and enable the latter to pay the agreed salary adjustment retroactive to January 1, 1973.

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 reached maximum retirement age.

The Director continued to perform duties as a member and Secretary of the Hospital Rate Board and a member of the following committees: Subcommittee on

Hospital Finance and Accounting (a subcommittee appointed by the Federal Government to advise on the administration of the *Hospital Insurance and Diagnostic Services Act*), the Radiological Advisory Council, the B.C. Hospitals' Association Computer Committee, and the Health Services Centre Computer Advisory Committee.

Experience during the first few years' operation of the British Columbia Hospital Insurance 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 five main functions of the Hospital Accounting Section are as follows:

(*a*) The assembling of relevant information and preparation of data for for the use of the Hospital Rate Board in its review of hospitals' annual and pre-construction estimates. During this process, estimated revenues and expenditures are examined in detail, and adjustments to estimated amounts are recommended. The gross expenditure approved by the Hospital Rate Board for public general, rehabilitation, and extended-care hospitals for the year 1973 amounted to $260,000,000.

(*b*) The detailed annual inspecting of each budget-review hospital for purposes of verification of annual and other financial statements. Final settlement with each hospital for that year is based on inspection and review results.

(*c*) The assembling of relevant information and preparation of data for the Deputy Minister in the review of the annual budgets of regional hospital districts.

(*d*) The auditing of hospital construction projects, in the field, to determine the amount shareable by the Province and the regional hospital district.

(*e*) The tabulating of monthly statistical and financial reports from hospitals, correlating these with approved budgets, and the calculation of semimonthly cash advances to be made to hospitals.

Other functions performed by the Hospital Accounting Section include:

(*a*) The review and amendment of annual financial and statistical reports prepared by hospitals for submission to the Dominion Bureau of Statistics and the Department of National Health and Welfare.

(*b*) The preparation of monthly and annual claims on the Federal Government under the *Hospital Insurance and Diagnostic Services Act.*

(*c*) The tabulation of temporary borrowing for construction projects by regional hospital districts, and the calculation of the Provincial share to be paid to the district. The preparation and issue of debentures to replace short-term borrowing and the calculation of the Provincial share of repayment.

(*d*) The provision of accounting and financial assistance and instruction to public hospitals in the Province.

(*e*) The review of annual operating results and recommendations of year-end adjustments to the hospitals' approved budgets.

(*f*) The preparation of the Annual Report on Hospital Statistics covering the administration of the *Hospital Act.*

One hundred and fifty-six hospital-operating, pre-construction, and regional hospital district budgets were reviewed and processed in 1973. Inspection visits were made to each of 114 public general, rehabilitation, and extended-care hospitals during the year. Construction audits were carried out on major construction projects involving approved expenditure of $20,900,000 and minor projects costing $315,000. The amount of approved costs shareable with regional hospital districts is derived from the audit reports.

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 the payment of all acceptable claims. Assistance is provided to hospitals by this Section in the proper method of submitting the individual accounts. This is accomplished by correspondence, telephone, and personal visits.

During the year the Supervisor of Hospital Claims attended an Admitting and Eligibility Seminar held at Nelson, which was attended by staff of hospitals in the region. The Supervisor also visited hospitals in the Greater Vancouver area as well as hospitals on Vancouver Island.

The Assistant Supervisor of Hospital Claims attended Admitting and Eligibility Seminars held at Kamloops and Prince George. These seminars were well attended by hospitals in the regions.

Research and adjustment to accounts showed an increase in volume, due primarily to changes in responsibility for payment. In addition to the required accounting amendments, it was necessary to direct over 1,000 queries to the hospital concerning claims.

Accounts processed were in excess of 1,950 per working-day, and over 1,300 emergency-service and minor-surgery account forms were handled per working-day.

* After over 25 years of service with BCHIS, W. J. Wade has retired and Vern Richards, formerly Assistant Supervisor, has been appointed as Supervisor to succeed Mr. Wade, effective December 1, 1973.

Discussions with the Data Processing Centre were continued during the year regarding the efficient use of IBM electronic data processing equipment in order to refine 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 under the *Hospital Insurance Act.* Details of residence are checked with the verifying documents, and as a result over 500 claims per month had to be returned to the hospitals during the year because they were incomplete or unacceptable, and over 2,000 letters were written on eligibility, verification, and related matters.

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 assist further in the co-operation between the British Columbia Hospital Insurance Service and hospitals, the Supervisors of the Admission Control and Accounts Payment Units attended an Admitting and Eligibility seminar held in conjunction with the British Columbia Hospital Association Convention at Vancouver.

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, also that it is charged to the correct agency, such as the British Columbia Hospital Insurance Service, Workmen's Compensation Board, the Department of Veterans' Affairs, or other provinces and territories. During the year over 500 queries per month were addressed to British Columbia hospitals on such matters.

Preliminary figures for 1973 show that more than 450,000 accounts (excluding out-of-Province) were processed.

The Day-Care Surgical Services, Day-care/Night-care Psychiatric Services, out-patient Psychiatric Services, and Day-care Diabetic Services accounts increased in volume to over 5,600 per month in 1973. During the year the Service continued to provide a quarterly statistical run of Day-care Surgical Services for the hospitals of the Province.

A new service for Out-patient Physiotherapy patients was provided during the year and preliminary figures indicate that accounts for over 250,000 treatments will be processed in a year.

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 the punching of the data processing cards 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. This procedure includes punching cards for out-of-Province accounts and Day-care Surgical Service accounts.

From the first of the year the medical number issued to the patient by one of the licensed carriers of the Overall B.C. Medical Plan has been included in the statistical information recorded on the data processing card by the Key-punch staff. In order to key-punch this information it has been necessary to use a second data processing card for each account.

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 1973 over 6,500 accounts amounting to an estimated $3,000,000 were paid on behalf of qualified

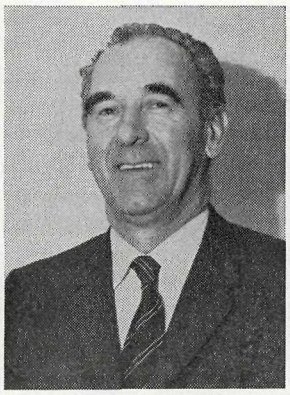
residents hospitalized in other provinces and territories of Canada, the United States of America, Argentina, Australia, Austria, Barbados, Belgium, Canary Islands, Ceylon, Colombia, Cyprus, Czechoslovakia, Denmark, Ecuador, Eire, England, Fiji, Finland, France, Germany, Greece, Holland, Hong Kong, Hungary, India, Iran, Israel, Italy, Jamaica, Japan, Kenya, Korea, Macau, Malta, Manila, Mexico, Morocco, Nepal, Netherlands, New Caledonia, New Zealand, Northern Ireland, Norway, Paraguay, Peru, Phillippines, Poland, Portugal, Rhodesia, Samoa, Scotland, Senegal, Singapore, Spain, Sweden, Switzerland, Tahiti, Taiwan, Thailand, Transvaal, Wales, and Yugoslavia.

An up-to-date Hospital Rate Schedule is maintained for every hospital in Canada. All claims are coded for statistical purposes and a data processing card is punched for each account.

The Filing and Mail Unit sorted and filed over 10,000 documents and letters daily. In order to handle increased volume, new procedures were instituted.

Hospital Construction and Planning Division

John Glenwright, Director



The main functions of the Construction and Planning Division can be briefly described as follows:

The Division provides hospital boards of management, their architects and planning committees, with a consultative service in the planning of hospital construction projects, including new hospital facilities as well as additions and renovations to existing hospitals. Special emphasis is given to the need for development of master programmes which contain a clear definition of the hospital's role, supported by written functional programmes for construction projects related to the proposed new or expanded facilities.

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

Reviews are made with several objectives in mind, but basically the intent is to ensure that in terms of the capital funds available the greatest benefit consistent with economical operation is derived from the construction projects. In planning hospital facilities, attention is also given to the need and method of future expansion in conjunction with the most logical and the best use of the hospital site. Proposed hospital sites are approved by this Division and direction and guidance are given in site selection. Wherever possible, potential sites are inspected by a member of the Division.

Over 200 sets of plans were received by the Division during the year. These drawings covered many phases of planning, including small-scale schematic drawings and final working drawings and specifications, including the architectural, mechanical, electrical, and plumbing drawings.

During 1973, 23 hospital construction projects were completed throughout the Province. These projects resulted in a total of 1,071 new and replacement

beds coming into service, together with supporting improved and expanded diagnostic, treatment, and service facilities.

The Division is responsible for processing, and recommending for approval, applications for Provincial grant assistance, either by direct grants-in-aid or by funds provided through regional hospital districts, for major expansion and improvement projects as well as minor renovations for all public hospitals throughout the Province.

The Division works with representatives of hospitals and regional hospital districts in the review and processing for consideration of Government those programmes of proposed capital expenditures to be included in money by-laws and made the subject of regional hospital district referendums.

Continuing benefit was derived during 1973 from the co-operation of the Department of Public Works in the assignment of architects to the Division. During the year, J. M. Phillips, Senior Architect with the Division, was seconded to the Development Group for Community Health and Human Resources Centres.

In September 1973, G. M. Blackburn was added to the staff of the Division as an Engineering Consultant in matters pertaining to electrical plant and equipment.

The Director of the Division is a member of the BCHIS Planning Group, which has the responsibility of reviewing and making recommendations to the Deputy Minister on matters concerning the development of hospital facilities throughout the Province. He is Chairman of the Functional Programme Review Committee. During the past year the Director has served as a member of the Canadian Standards Association Sectional Committee on Health Facilities. The Division also has representation on the Equipment Committee. These committees are subcommittees of Planning Group. Members of the Division are also involved in the Systems Advisory Committee which acts as an advisory subcommittee to the Equipment Committee.

The members of the medical and nursing professions and the staff of the Provincial Health Branch, through the Technical Supervisor of Radiology as well as the Technical Supervisor, Laboratory, contributed materially to the provision of consultative services to hospitals. Also, through the co-operation of the Provincial Department of Labour, the office of the Inspector of Factories provided a consultative service to this Division related to proposals for elevators and dumbwaiter installations in hospitals.

During the year, liaison was maintained with the mechanical engineering profession in recognition of the need to design high-quality mechanical systems which 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, reflecting this approach, included air recirculation and zoned heating and ventilating controls.

W. H. Cox, Engineer in the Division, was also actively engaged in studies undertaken by a Committee on Electrical Safety in Hospitals and is a member of an Advisory Committee on Biomedical Electronics which provided recommendations to enable the formation of a Biomedical Engineering Service to hospitals in British Columbia. As with the Electrical Safety Committee, the provision of a safe patient environment was the basic aim of the Committee.

A simplified system of preventive maintenance (known as the COMAC system) developed by members of the engineering staff of the Division is now in use in a high percentage of hospitals throughout the Province and is also being introduced in more hospitals. Consultative advice is provided in the field of plant

operation and maintenance and equipment selection. During the year, 45 visits were made to hospitals for inspection and advice pertaining to mechanical plants and electrical installations.

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.

During 1973 the Director, as well as the architects and engineers, made a number of inspectional, advisory, and educational visits to hospitals throughout the Province.

(*a*) *Hospital Projects Completed During 1973*

Armstrong and Spallumcheen Hospital—Alterations and renovations to upgrade diagnostic, treatment, and service facilities, including an addition for a new and enlarged operating and emergency room facilities and the installation of a fire alarm and sprinkler system.

R. W. Large Memorial Hospital, Bella Bella—A new hospital of 19 acute and four extended-care beds replacing the obsolete 25-bed hospital was officially opened on March 25, 1973, although the building was not ready to admit patients until later in the year.

Burnaby General Hospital—The Honourable Dennis G. Cocke, Minister of Health, opened the new 147-bed extended-care unit on February 18, 1973. This two-storey addition is connected to the acute hospital on the north side. The project also included enlarged dietary facilities.

Chemainus General Hospital—A renovation programme to upgrade diagnostic, treatment, and service facilities was completed in the spring. Opening ceremonies were held on May 9, 1973.

Chilliwack General Hospital—The third phase of the expansion programme at this hospital, the renovation of existing areas to provide a new emergency department, enlarged operating suite, central sterilizing room, etc., was completed and the various areas affected brought into use during the summer and fall.

St. Joseph's General Hospital, Comox—Ceremonies were held on December 15, 1973, to mark the completion of an expansion project which included a new 20-bed psychiatric unit constructed on the east side of the hospital, the completion of the top floor of the acute hospital to provide an additional 51 acute beds (including a three-bed intensive-care unit), day-care facilities, and expansion of services.

Cranbrook and District Hospital—In May this year this hospital brought a 10-bed psychiatric unit into operation by utilizing five existing beds and completing five others for a revised capacity of 80 acute beds.

Cowichan District Hospital, Duncan—The Honourable R. M. Strachan officially opened the new 78-bed extended-care unit on June 23, 1973. This unit has been constructed on the site of the old King's Daughters' Hospital.

Enderby and District Memorial Hospital—The alterations and additions project to improve diagnostic, treatment, and service facilities was officially opened and the areas brought into operation on July 7, 1973.

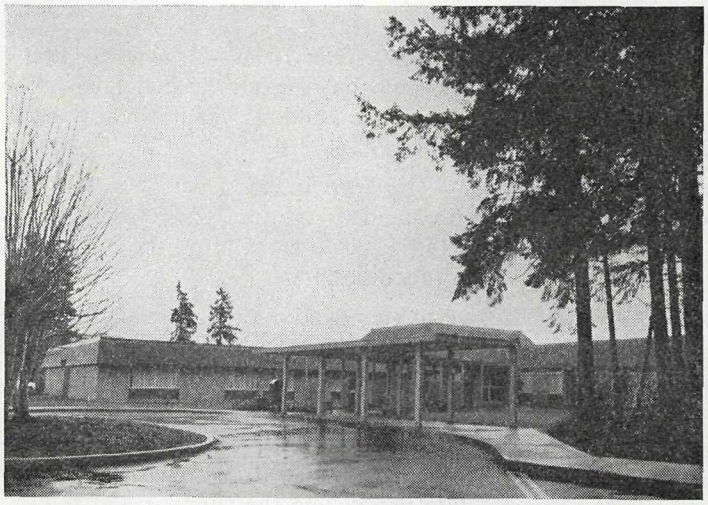
Gold River Diagnostic and Treatment Centre—This new diagnostic and treatment centre was officially opened by the Honourable Dennis G. Cocke on October 13, 1973. The unit was actually brought into operation on June 1, 1973.

Major Hospital Projects, 1973

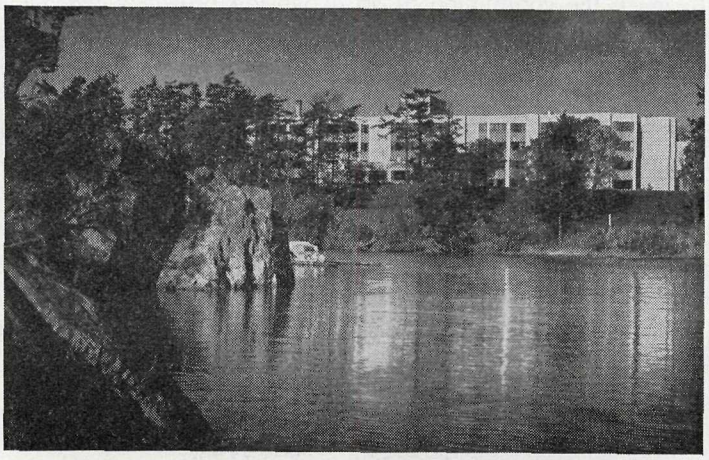
Completed—Armstrong, Bella Bella, Burnaby, Chemainus, Chilliwack, Comox, Cranbrook, Duncan, Enderby, Gold River, Kelowna, Nelson (Kootenay Lake District), New Westminster (Royal Columbian), Quesnel, Squamish, Tahsis, Vancouver (Vancouver General, G. F. Strong Rehabilitation Centre), Vanderhoof, Victoria (Gorge Road, Royal Jubilee).

Under construction—Abbotsford, Campbell River, Central Saanich, Fernie, Kamloops, Langley, Lillooet, Maple Ridge, Nakusp, Nelson (Mount St. Francis), Prince George, Richmond, Smithers, Vancouver (Children's, St. Vincent's), Vernon, Victoria (Royal Jubilee), Williams Lake.

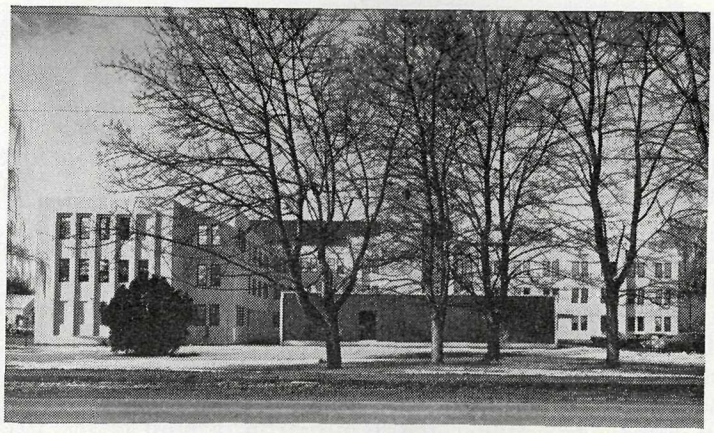
For details, *see* pages 35, 36, 37.



The new extended-care hospital at Duncan. (Architects: Paul Smith Associates.)

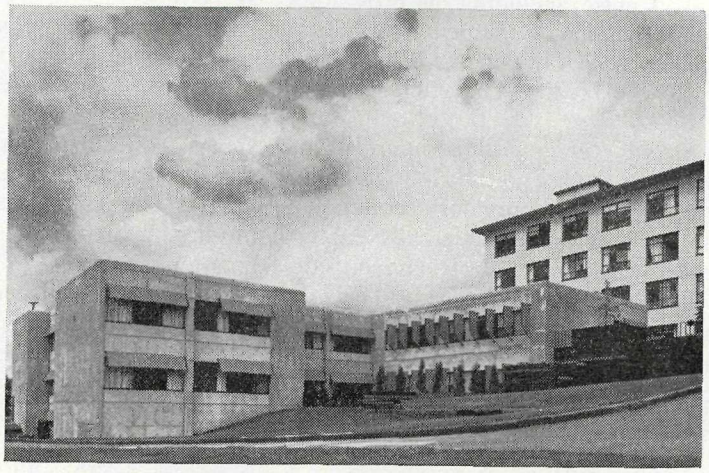


The extended-care unit which is part of the Gorge Road Hospital, Victoria. (Architects: Wade, Stockdill, Armour & Blewett.)



Block A, Kelowna General Hospital, which includes psychiatric and activation beds, and Regional Laboratory. (Architects: McCarter, Nairne, & Partners.)

The enlarged G. F. Strong Rehabilitation Centre, Vancouver. (Architects: Thompson, Berwick, Pratt & Partners.)



The new extended-care unit at Burnaby General Hospital. (Architects: The Gardiner Thornton Partnership.)

Kelowna General Hospital—The third and final phase of the expansion programme was completed when the Minister, the Honourable Dennis G. Cocke, officially opened the Block A project on March 31, 1973. This project involved the renovations of the old hospital building to provide 23 psychiatric, 22 activation/rehabilitation, and 30 "self-care" beds, the physical medicine department, as well as an addition to accommodate an enlarged regional laboratory. The revised capacity of the hospital is now 250 acute beds and 71 beds for extended care.

Kootenay Lake District Hospital, Nelson—The first phase of an expansion and renovation programme involving the upgrading of the electrical service, a four-bed intensive care/coronary care unit, and a second X-ray room was completed in October of this year.

Royal Columbian, New Westminster—The new boilers have been in operation since January 1, 1973, but the new power plant building was not completed until February 9, 1973. In addition, the demolition of most of the 1912 wing was completed.

G. R. Baker Memorial Hospital, Quesnel—The new 40-bed extended-care unit, constructed adjacent to the existing hospital, was officially opened by W. J. Lyle, Deputy Minister of Hospital Insurance, on July 22, 1973. Owing to a strike which delayed the completion of the pneumatic control system, patients were not admitted until October 15, 1973.

Squamish General Hospital—A project which provided an addition for new operating, postanæsthetic recovery/labour rooms, and renovations to the existing building and services, was officially opened by the Minister of Health on August 24, 1973.

Tahsis Hospital—The first patient was admitted to this new 10-bed facility, replacing Esperanza General Hospital, on July 17, 1973. W. J. Lyle presided at the official opening on September 8, 1973.

Vancouver General Hospital—Three projects were completed in March this year:

(1) Personnel and administrative services were relocated into the Women's Residence building to make way for Phase I of the pathology expansion programme.
(2) A 15-bed psychiatric assessment unit.
(3) The expansion of open-heart surgery facilities in the Willow Chest Centre, including the provision of 21 beds.

St. Paul's Hospital, Vancouver—Alterations to convert the old chapel to provide 15 cardiac surgical nursing beds and a pulmonary unit on the upper floor were completed and the facility was officially opened by the Minister on September 7, 1973.

G. F. Strong Rehabilitation Centre—On October 28, 1973, Lieutenant-Governor W. S. Owen, Q.C., and the Honourable Dennis Cocke opened the new addition to the centre, which now provides accommodation for 100 activation/rehabilitation beds (an increase of 47), and greatly enlarged physio-, hydro- and occupational therapy departments, brace shop, and outside recreational areas.

St. John Hospital, Vanderhoof—The new 45-bed hospital, which replaces the old hospital on the same site, was brought into operation on May 16 of this year.

Gorge Road Hospital, Victoria—An addition to this activation/rehabilitation hospital to accommodate 300 extended-care patients was completed in the new year. The Honourable Dennis G. Cocke officially opened the new wing on January 31, 1973.

Royal Jubilee Hospital, Victoria—Open-heart surgery facilities at this hospital were brought into operation in July this year.

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

Matsqui-Sumas-Abbotsford General Hospital—75-bed extended-care unit; expansion of dietary department.

Campbell River and District General Hospital—Addition and alterations project to provide 30 more acute beds; expansion of services, etc.

Saanich Peninsula Hospital, Central Saanich—A new 75-bed extended-care facility.

Fernie Memorial Hospital—A new 66-bed hospital to replace the existing 43-bed hospital.

Langley Memorial Hospital—Expansion programme, including the finishing of "shell" and unfinished areas, expansion of services, to provide a total of 157 acute beds.

Lillooet District Hospital—Expansion of acute hospital, plus three extended-care beds; alterations to improve diagnostic, treatment, and service facilities.

Maple Ridge Hospital—A 75-bed extended-care unit is being constructed adjacent to the acute hospital.

Arrow Lakes Hospital, Nakusp—A new 16-bed hospital to replace the existing 15-bed hospital.

Mount St. Francis Hospital, Nelson—Renovations and improvements to upgrade the facilities required by the 84 extended-care bed hospital.

Prince George Regional Hospital—Construction of the West Wing addition to provide a net gain of 135 beds; an enlarged power plant, dietary, central sterilizing and laundry departments, storage, etc. (The programme calls for 35 beds in the existing hospital to be allocated to extended care when the new beds come into operation early next January.)

Richmond General Hospital—Renovations are under way to provide an improved temporary emergency department; a prefabricated unit is also being provided to accommodate the physio-therapy department.

Bulkley Valley District Hospital, Smithers—Additions and alterations to provide eight additional acute beds and seven extended-care beds; services expansion.

Children's Hospital, Vancouver—Two projects are nearing completion: An eight-bed care-by-parent unit, and an addition to the registry building to provide class-rooms and activity areas, etc.

St. Vincent's Hospital, Vancouver—Expansion of the hospital to provide a 75-bed extended-care unit; 20 psychiatric beds; 10 day-care psychiatric spaces; occupational therapy facilities; personnel lockers, storage and dietary areas, etc.

Vernon Jubilee Hospital—A new extended-care unit to provide 75 adult beds and 26 pædiatric beds is being constructed adjacent to the acute hospital; expansion of the laundry.

Royal Jubilee Hospital, Victoria—Renovation of Bay Pavilion to provide 27 pædiatric beds; plus five renal dialysis and three home dialysis beds.

Cariboo Memorial Hospital, Williams Lake—Additions and alterations for a new emergency department, laboratory and central storage, and three-bed intensive care/coronary care unit. (A portion of the top floor of the hospital was completed in 1972.)

Chilliwack General Hospital—Phase IV of expansion programme: Six-bed intensive-care unit; finishing a 20-bed acute area for 10 extended-care beds; improvement of pædiatric department and services.

(c) *Projects in Advanced Stages of Planning*

Royal Inland Hospital, Kamloops—Construction of a ninth floor on the acute block (completed in 1965) to accommodate 38 additional acute beds.

Kitimat General Hospital—Renovation of unused portion of building for 35 extended-care beds.

Kootenay Lake District Hospital, Nelson—Phase II of expansion and renovation programme; additional acute beds and improvement of services.

100 Mile District General Hospital—Expansion to provide a total of 38 acute beds, and improvement and expansion of diagnostic, treatment, and service facilities.

Trail Regional Hospital—Construction of a seven-bed intensive care/coronary care unit and three-bed renal unit.

Holy Family Hospital, Vancouver—Expansion to 80 activation and rehabilitation beds, plus day-care facilities; 150-bed extended-care unit.

Mount St. Joseph Hospital, Vancouver—Conversion of existing extended-care beds to acute; upgrading services, and a 150-bed extended-care unit.

Vancouver General Hospital—Renovation of Willow Pavilion to upgrade the intensive-care nursery, electrical services, etc.

Vernon Jubilee Hospital—Conversion of existing extended-care unit for acute care; expansion of services; renovations.

(d) *Additional Projects in Various Planning Stages*

Matsqui-Sumas-Abbotsford General Hospital, Abbotsford—Expansion programme to provide additional acute beds and expansion of services.

Armstrong and Spallumcheen Hospital, Armstrong—Additional renovations.

St. George's Hospital, Alert Bay—Improvements to buildings and grounds.

Dawson Creek and District Hospital—Expansion and improvement of services.

Fort Nelson General Hospital—Expansion and renovation, including improvement of services.

Fort St. John General Hospital, Fort St. John—Expansion and renovation, including improvement of services.

Boundary Hospital, Grand Forks—Addition for 14 extended-care beds.

Wrinch Memorial Hospital, Hazelton—Replacement of existing buildings with a new hospital of 35 acute beds plus 4 extended-care beds.

Royal Inland Hospital, Kamloops—Expansion of diagnostic services; plus additional beds for a total of 424 acute beds.

Kamloops area—100-bed extended-care unit.

Langley Memorial Hospital—25 additional extended-care beds.

Maple Ridge Hospital—Air-conditioning; new administration department and planning expansion of services for 64 future acute beds.

Mount Waddington Regional Hospital District—Approval to select and acquire a site and plan a central regional hospital facility.

Pemberton—Diagnostic and treatment centre.

Powell River General Hospital—Upgrading diagnostic and treatment services; air-conditioning.

Sparwood—New 27-bed hospital.

Mills Memorial Hospital, Terrace—Expansion of acute beds (including psychiatric) and services.

Trail Regional—Reallocation programme and upgrading facilities.

Burnaby General Hospital—Expansion of acute beds and services.

Coquitlam and District Hospital—New facility of 150 acute and 75 extended-care beds.

Delta Centennial Hospital—Planning of health facilities.

Royal Columbian Hospital, New Westminster—Expansion of acute beds and services.

Queen's Park Hospital Society, New Westminster—Extended-care unit.

Lions Gate Hospital, North Vancouver—Expansion of services.

Richmond General Hospital—Expansion of acute beds and services.

Grace Hospital, Vancouver—Upgrading dietary facilities.

Louis Brier Hospital, Vancouver—Expansion of extended-care unit.

St. Paul's Hospital, Vancouver—Services expansion; conversion of School of Nursing for patient-treatment facilities, including psychiatric and addiction treatment programmes.

St. Vincent's Hospital, Vancouver—Renovations and additions to upgrade existing hospital facilities.

Sunny Hill Hospital, Vancouver—Expansion and renovations.

Vancouver General Hospital—Activation unit; improvement of service facilities.

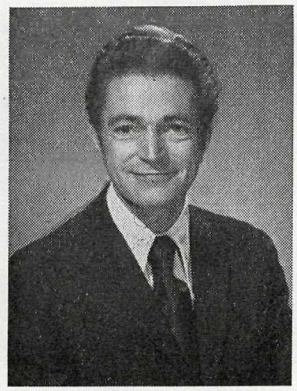
Medical Centre of British Columbia (Shaughnessy)—Major referral centre and teaching facility for the Province.

Royal Jubilee Hospital—Approval for master plan.

Williams Lake—Additional acute beds.

MEDICAL CONSULTATION DIVISION

Charles F. Ballam, M.D., Senior Medical Consultant



There are two quite distinct areas of commission for which this Division has responsibility. The first relates to the special elements of physician consultation and advice, having to do with hospital medical matters, as opposed to hospital business operational problems. The second relates to an audit function which, while incorporating some distinct elements of medical judgment, has, as its primary concern, assessment of eligibility, whether this be for acute or some other level of hospital care or insured benefit.

An example of the first element finds the Division responsible for medical consultation within the Hospital Insurance Service, between the Service and other departments of Government, with hospitals at all levels of care, and with regional hospital districts. Other responsibilities include liaison with other health agencies such as the B.C. Medical Association, the B.C. Hos-

pitals' Association, and the University of British Columbia Faculty of Medicine. Concerning the second role, an example would be the medical coding and assessing of all discharge records received from hospitals, and the initial medical assessment and continuing quarterly review of patients to determine their eligibility for coverage by the Hospital Insurance Service under the Extended Care Programme.

The Medical Consultants assist in the planning and implementation of new services in hospitals by representation on the Planning Group, the Equipment Committee, and the Functional Programme Review Committee of the Service.

The Medical Consultants provide continuing and active liaison with many health agencies through visits to hospitals, special disease groups, societies, regional hospital districts, and professional bodies, and represent the Service as a member of committees developed by these organizations. Liaison with the B.C. Medical Association continues to be of particular importance, and active participation on its Hospitals Committee, the Advisory Committees on Chronic Renal Failure, Intensive Cardiac Care, Nuclear Medicine, and the like continues. In addition, during the year the fourth review of open-heart surgical facilities, a special study concerning neonatal and perinatal metabolic diseases, as well as the Minister's special task committee on cancer care, provided considerable activity for the Division.

During the year a Central Registry for Extended Care applications was established in Victoria, with direct dedicated telephone-lines available from Vancouver as well as from the Capital city. The institution of this registry overcomes the previously existing unsatisfactory situation where an individual applying for extended care was required to make separate applications to a number of extended-care hospitals, with the hope of gaining an early admission to one of them. With the Central Registry a single application only is required, and the registry ensures the applicant's correct placement, according to chronological order, on the various waiting-lists. The registry also provides updated waiting-lists to the hospitals, so that the patients can be reviewed just prior to admission.

During the year, in addition to its other assignments, the Medical Consultants participated in the review of several private hospitals, both from the point of view of the eligibility status of the residents as well as participating with other divisions of the Service in a review of the physical plant. These reviews have resulted in the take-over of one such hospital to date as an extended-care facility, and the purchase of a second unit is in the final negotiation stage.

During the year the Medical Consultation Division was asked by the Health Branch to participate in preparation of the publication *Types of Health Care in British Columbia.* This Division contributed most of the information related to Type II, or Intermediate Care, Type III, or Extended Care, and Types IV and V, Acute and Rehabilitation Care. This Division already had responsibility for eligibility and administration related to all but personal and intermediate care, and toward the end of the year was assigned major responsibility for the assignment of, and continuing review of, continuing eligibility for the Government's intermediate-care facilities.

Physiotherapy services for out-patients at acute-care hospitals became an insured benefit during the year. The full impact of the extent of this benefit has yet to be felt. The potential for developing out-patient physiotherapy and activation and rehabilitation medical services as a part of, or in association with acute-care hospitals, presents an unparalleled opportunity for the future.

The Admission-Separation Record, which is completed for each patient admitted to a hospital either in British Columbia or outside the Province, is assessed with regard to medical eligibility for coverage, and is then coded in accordance with the "International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases and Operations." Graduate nurses undertake the review and coding functions, and in areas of difficulty receive the assistance of a medical consultant. The coded records are then utilized by the Research Division for compiling and maintaining statistical data relating to hospitalization and morbidity in British Columbia.

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

Applications for admission to the Extended Care Programme, submitted on behalf of patients, were assessed for medical eligibility by the Medical Consultation Division after tabulation in the Central Registry. At the end of 1973, extended-care coverage was being provided in approximately 3,000 beds in the Province. Also, during 1973, approximately 5,000 applications for admission to this programme were assessed for medical eligibility by the Division, and approximately 110 reviews of extended-care hospitals were undertaken. These reviews combine the dual function of assessing the continued eligibility of the resident for extended-care benefit, and during these reviews the hospital's programme was also assessed to ensure that the care which the patient received was appropriately related to current thinking in the management of the chronically ill and disabled individual.

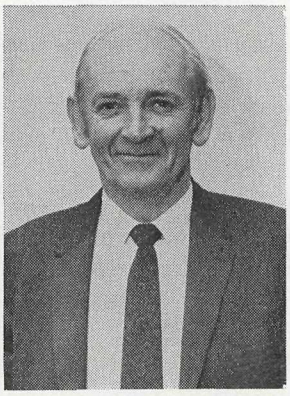
The Medical Record Consultant provides consultative advice to the Service, to hospitals visited in the Province, and participates as a member of the Provincial Education Committee of the British Columbia Association of Medical Record Librarians.

Increasing concern with standards and quality of care, and the encouragement of hospitals to achieve accreditation status, imposes certain pressures to conform to the requirements of such accreditation, and when these pressures produce problems for the medical staff of the hospital, the Senior Medical Consultant is able to render assistance with the help of the Hospital Consultation and Inspection Division, and the Hospitals Committee of the British Columbia Medical Association, together with representation from the College of Physicians and Surgeons of British Columbia, as well as the British Columbia Hospitals' Association.

The Medical Consultants endeavour to continue participation in postgraduate continuing medical education programmes in order that their consultative advice will reflect an up-to-date overview of developments which continue to go on in relation to new techniques and new ways of dealing with health care problems in the hospital and in the community.

ADMINISTRATION DIVISION

K. G. Wiper, Director, Administrative Services



The Director 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.

This officer provides advice and information on a wide range of matters to the Minister, Deputy Minister, and other officials of the Department.

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

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

In collaboration with the Hospital Consultation and Inspection Division, this Division 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. The Division is also involved in the acquisition and disposal of hospital sites and problems arising in connection therewith. 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 1972 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.

This Division handles pay and personnel matters concerning the staff of the Hospital Insurance Service and works closely with the Public Service Commission and the Finance Department in this regard. The Director is also responsible for the over-all supervision of the Eligibility and the Third-party Liability Sections and the General Office.

Eligibility Section

P. A. Bacon, Supervisor

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. During 1973, regional meetings were held in Nelson, Prince George, Kamloops, Victoria, and Vancouver. In all, 208 persons attended, representing 48 hospitals.

This Section keeps the greater 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. Eligibility representatives are located in Prince George, Kamloops, Nelson, Kelowna, Vancouver, and Victoria.

Third-party Liability Section

J. W. Brayshaw, Supervisor

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, H. E. Drab, is responsible for maintaining a third-party liability clearing-house for the convenence of solicitors and insurance adjusters in the Greater Vancouver area. Up-to-date information regarding the hospitalization of accident victims in the Lower Mainland area 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, which deals with cases arising elsewhere in British Columbia.

General Office

C. R. Leighton, Supervisor

One of the main responsibilities of the General Office is the handling of funds and the review of requisitions and vouchers submitted by other divisions. These include travel expenses, requisitions for supplies and equipment, grant payments to hospitals, and administrative vouchers. These are then forwarded to the appropriate branch of Government for further action. The Supervisor is responsible for gathering information from all divisions and co-ordinating this material in the preparation of the annual estimates of the Hospital Insurance Service which are submitted to Treasury Board for inclusion in the Provincial Budget. The General Office also handles the storage and dispatch of the various forms supplied by this Department to hospitals. Mail is opened, sorted, and distributed in this office.

Information Office

C. N. Shave

In carrying out a programme of information and public relations during the past year, the Information Officer, in addition to regular duties, worked with the

Health Education Branch for the purpose of narrating film documentaries, writing television scripts, and assisting in the production of "The Community Health in Action" series, now being shown on television throughout the Province. Altogether, a total of 13 documentaries was filmed. In addition, the Information Officer was called upon to narrate a training film on "Nutrition" for public health nurses, and two audiology tests for children hard of hearing. The scripting and narrating for Health Services is a continuing programme.

The writer was also involved in handling administrative arrangements for the Conference of Western Health Ministers, the 27th Federal/Provincial Advisory Committee Meeting on Hospital Insurance and Diagnostic Services, the Western Interprovincial Committee Meeting, and the Meeting of the Working Party on Patient Care Classification. Besides these new duties, the Information Officer has been appointed the BCHIS representative on the British Columbia Hospitals' Association Information Service and Conference Programme Committees, and correspondent for the B.C. Medical Journal.

Regular duties included editing the *BCHIS Bulletin* (a total of 22,800 distributed in 1973). Several news releases were sent out to the media dealing with hospital construction and policy changes. Reports were summarized for the Deputy Minister. News stories and feature items were written for the Bulletin and B.C. Medical Journal. The *General Information* pamphlet was revised and reprinted and over 30,000 copies distributed. The *Extended Care* pamphlet was also revised, with limited quantities sent to interested parties. Visits were made to the Pacific National Exhibition to update the BCHIS exhibit. A pamphlet containing statistical data and other information for hospital personnel was prepared and distributed at the B.C. Hospitals' Association Convention in October, and an information booth was set up and manned for the convenience of delegates meeting with Departmental personnel. The booth was also used to distribute copies of the Greater Vancouver Regional Hospital District Linen Catalogue to hospital administrators, as a working document to build toward the eventual development of broader independent regional laundries.

In addition, the Information Officer was involved in replying to numerous written requests for information, and on several occasions visited hospitals to discuss public relations.

APPROVED HOSPITALS

PUBLIC HOSPITALS

Armstrong and Spallumcheen Hospital, Armstrong.
Arrow Lakes Hospital, Nakusp.
Ashcroft and District General Hospital, Ashcroft.
*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.
Chetwynd General Hospital, Chetwynd.
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.
Dr. Helmcken Memorial Hospital, Clearwater.
Enderby and District Memorial Hospital, Enderby.
Esperanza General Hospital, Esperanza.
Fernie Memorial Hospital, Fernie.
Fort Nelson General Hospital, Fort Nelson.
Fort St. John General Hospital, Fort St. John.
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 District Hospital, Nelson.
Lady Minto Gulf Islands Hospital, Ganges.
Ladysmith and District General Hospital, Ladysmith.
*Langley Memorial Hospital, Langley.
Lillooet District Hospital, Lillooet.
*Lions Gate Hospital, North Vancouver.
McBride and District Hospital, McBride.
Mackenzie and District Hospital, Mackenzie.
Maple Ridge Hospital, Maple Ridge.
Matsqui-Sumas Abbotsford General Hospital, Abbotsford.
Michel-Natal District Hospital, Sparwood.
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 Regional Hospital, Penticton.
Port Alice Hospital, Port Alice.
Port Hardy Hospital, Port Hardy.
*Pouce Coupe Community Hospital, Pouce Coupe.
*Powell River General Hospital, Powell River.
Prince George Regional Hospital, Prince George.
*Prince Rupert Regional Hospital, Prince Rupert.
Princeton General Hospital, Princeton.
Queen Alexandra Hospital for Children, Victoria.
Queen Charlotte Islands General Hospital, Queen Charlotte City.
Queen Victoria Hospital, Revelstoke.
Rest Haven General Hospital, 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. Mary's Hospital, New Westminster.
*St. Mary's Hospital, Sechelt.
St. Paul's Hospital, Vancouver.
St. Vincent's Hospital, Vancouver.
*Shuswap Lake General Hospital, Salmon Arm.
Slocan Community Hospital, New Denver.
South Okanagan General Hospital, Oliver.
Squamish General Hospital, Squamish.
Stewart General Hospital, Stewart.
Stuart Lake Hospital, Fort St. James.
Summerland General Hospital, Summerland.
*Surrey Memorial Hospital, North Surrey.

* Hospitals with extended-care units.

PUBLIC HOSPITALS—*Continued*

The Mater Misericordiæ Hospital, Rossland.
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.
Victoria General Hospital, Victoria.
Victorian Hospital, Kaslo.
*West Coast General Hospital, Port Alberni.
Windermere District Hospital, Invermere.
Wrinch Memorial Hospital, Hazelton.

OUTPOST HOSPITALS

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

FEDERAL HOSPITALS

Veterans' Hospital, Victoria.
Shaughnessy Hospital, Vancouver.
Canadian Forest Station Hospital Holberg, San Josef.
Canadian Forces Station Hospital Masset, Masset.

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.

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

REHABILITATION HOSPITALS

G. F. Strong Rehabilitation Centre, Vancouver.
*The Gorge Road Hospital, Victoria.
Holy Family Hospital, Vancouver.
Pearson Hospital (Poliomyelitis Pavilion), Vancouver.
Queen Alexandra Hospital for 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.)

OTHER

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

EXTENDED-CARE HOSPITALS

(*See also* Public Hospitals marked*.)

The Louis Brier Hospital, Vancouver.
Menno Hospital, Abbotsford.
Mount St. Francis Hospital, Nelson.
Mount St. Mary Hospital, Victoria (excluding top floor).
Mount St. Joseph Hospital, Vancouver.
Pearson Hospital, Vancouver (excluding facilities for tuberculosis patients).
Priory Hospital, Colwood (24-bed unit and 71-bed unit).
Glendale Lodge, Victoria.
Mount Tolmie Hospital, Victoria.

OUT-PATIENT CLINICS

Houston Hospital, Houston.
The Arthritis Centre of British Columbia, Vancouver.
Gold River Health Clinic, Gold River.

* Hospitals with extended-care units.

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 1973 there were 100 public general hospitals, including two diagnostic and treatment centres, approved to accept British Columbia Hospital Insurance Service patients. Care was also provided in eight Red Cross outpost hospitals, four Federal hospitals, four contract hospitals, five public rehabilitation hospitals, one rehabilitation hospital operated by the Provincial Government, and two specialized out-patient facilities—the Canadian Arthritic Society Vancouver Centre and the Narcotic Addiction Foundation in various centres throughout the Province. Hospital insurance coverage for patients in nonprofit extended-care hospitals and units commenced December 1, 1965. At the end of 1973 there were 42 hospitals, including two Federal and two Provincial hospitals providing extended care.

Data for the year 1973 have been estimated from reports submitted by hospitals to October 31, 1973, and are subject to minor revision when the actual figures for the year are submitted.

Table 1A shows that 373,007 BCHIS adult and children patients were discharged (separated) from British Columbia hospitals in 1973, a decrease of 2,366 or 0.6 per cent less than 1972. This table also shows that 95.6 per cent of the total adult and children patients discharged (separated) from British Columbia public hospitals were covered by hospital insurance, compared to 95.8 per cent in 1972. Table 1B indicates that in 1973 the British Columbia Hospital Insurance Service paid public hospitals in British Columbia for 3,261,696 days of care for adults and children, a decrease of 61,556 days or 1.9 per cent less than 1972.

As shown in Table 2A, the average length of stay for adult and child patients in British Columbia public hospitals during 1973 was 8.74 days and the days of care per thousand population were 1,602. These figures which show a continuation of the long-term trend of decreased length of stay are a result of more effective utilization of hospital beds and ambulatory services. For comparison purposes the data for extended-care hospitals are not included in the above observations, but it should be noted that an additional 451 days of care per thousand population were provided for these patients.

Table 2B is now supplemented by Table 2C as the number and volume of ambulatory services covered by BCHIS have expanded considerably. It should be noted that psychiatric and diabetic day-care services are only in a limited number of hospitals. Services listed under "Other" relate to special out-patient services provided by B.C. Cancer Institute, G. F. Strong Rehabilitation Centre, and the Narcotic Addition Foundation of British Columbia. The growth of ambulatory services reflects a trend toward the broader provision of hospital-based services, providing greater patient convenience and reducing the pressure for construction and maintenance of in-patient beds, which is partially reflected by the reduction in incidence of patient-days noted above.

Table 1A—Patients Separated and Proportion Covered by British Columbia Hospital Insurance Service, British Columbia Public General Hospitals[1] Only (Excluding Federal, Private, Extended-care, and Out-of-Province Hospitalization).

	Total Hospitalized in Public Hospitals			Covered by BCHIS		
	Adults and Children	New-born	Total	Adults and Children	New-born	Total
Patients separated—						
1949	164,964	26,272	191,236	140,168	24,640	164,808
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	338,923	33,529	372,452	324,769	31,635	356,404
1969	354,766	36,550	391,316	339,409	34,576	373,985
1970	371,266	36,931	408,197	355,449	35,047	390,496
1971	380,651	35,101	415,752	364,452	33,732	398,184
1972[2]	391,732	34,774	426,506	375,373	33,595	408,968
1973[3]	390,314	34,338	424,652	373,007	33,841	406,848
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	.....	.....	.....	95.8	94.4	95.7
1969	.....	.....	.....	95.7	94.6	95.6
1970	.....	.....	.....	95.7	94.9	95.7
1971	.....	.....	.....	95.7	96.1	95.8
1972[2]	.....	.....	.....	95.8	96.6	95.9
1973[3]	.....	.....	.....	95.6	98.6	95.8

[1] Includes rehabilitation hospitals.
[2] Amended as per final reports received from hospitals.
[3] Estimated, based on hospital reports to October 31, 1973.

Table 1B—Total Patient-days and Proportion Covered by British Columbia Hospital Insurance Service, British Columbia Public General Hospitals[1] Only (Excluding Federal, Private, Extended-care, and Out-of-Province Hospitalization).

	Total Hospitalized in Public Hospitals			Covered by BCHIS		
	Adults and Children	New-born	Total	Adults and Children	New-born	Total
Patient-days—						
1949	1,682,196	213,874	1,896,070	1,430,646	200,585	1,631,231
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	3,225,333	244,715	3,470,048	3,074,959	226,633	3,301,592
1969	3,315,760	248,324	3,564,084	3,156,171	231,803	3,387,974
1970	3,384,586	253,081	3,637,667	3,233,553	238,049	3,471,602
1971	3,400,366	227,372	3,627,738	3,259,097	216,305	3,475,402
1972[2]	3,462,509	219,158	3,681,667	3,323,252	210,764	3,534,016
1973[3]	3,401,988	210,873	3,612,861	3,261,696	203,455	3,465,151
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	.....	.....	.....	95.3	92.6	95.1
1969	.....	.....	.....	95.2	93.3	95.1
1970	.....	.....	.....	94.5	94.1	95.4
1971	.....	.....	.....	95.8	95.1	95.8
1972[2]	.....	.....	.....	96.0	96.2	96.0
1973[3]	.....	.....	.....	95.9	96.5	95.9

[1] Includes rehabilitation hospitals.
[2] Amended as per final reports received from hospitals.
[3] Estimated, based on hospital reports to October 31, 1973.

Table 2A—Patients Separated, Total Patient-days, and Average Length of Stay According to Type and Location of Hospital for BCHIS 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 British Columbia		Extended-care Hospitals (Including Federal)
	Adults and Children	New-born	Adults and Children	New-born	Adults and Children	New-born	Adults and Children	New-born	
Patients separated—									
1949	149,280	24,989	140,168	24,640	7,093	151	2,019	198	.....
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	338,706	32,031	324,769	31,635	9,310	80	4,627	316	990
1969	353,457	34,974	339,409	34,576	8,867	94	5,181	304	1,100
1970	369,210	35,431	355,449	35,047	8,307	87	5,454	297	1,022
1971	379,144	34,192	364,452	33,732	8,654	109	6,038	351	1,495
1972[1]	388,747	33,878	375,373	33,595	8,140	39	5,234	244	1,822
1973[2]	388,097	34,220	373,007	33,841	8,190	29	6,900	350	2,235
Patient-days—									
1949	1,491,121	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	3,309,533	229,053	3,074,959	226,633	188,152	434	46,422	1,986	409,514
1969	3,397,005	234,098	3,156,171	231,803	186,565	463	54,269	1,832	502,365
1970	3,465,504	240,657	3,233,553	238,049	176,086	450	55,865	2,158	531,808
1971	3,486,671	218,971	3,259,097	216,305	167,339	442	60,235	3,224	672,099
1972[1]	3,543,587	212,549	3,323,252	210,764	168,950	264	51,385	1,521	817,321
1973[2]	3,482,196	205,885	3,261,696	203,455	155,500	130	65,000	2,300	1,039,084
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	9.77	7.15	9.47	7.16	20.21	5.42	10.03	6.28	413.64
1969	9.61	6.69	9.30	6.70	21.04	4.92	10.47	6.03	456.70
1970	9.39	6.79	9.10	6.79	21.20	5.34	10.24	7.27	520.36
1971	9.20	6.40	8.94	6.41	19.34	4.06	9.98	6.34	449.56
1972[1]	9.12	6.27	8.85	6.27	20.76	6.77	9.82	6.23	448,58
1973[2]	8.97	6.02	8.74	6.01	18.99	4.48	9.42	6.57	464.91

[1] Amended as per final reports from hospitals.

[2] Estimated, based on hospital reports to October 31, 1973. 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, 1,757; 1970, 1,734; 1971, 1,696; 1972, 1,669; 1973, 1,602 (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 308 in 1971, 372 in 1972, and 451 in 1973. Population figures are revised according to latest census figures.

Table 2B—Summary of the Number of BCHIS In-patients and Out-patients

	Total Adults, Children, and Newborn In-patients	Estimated Number of Emergency, Minor Surgery, Day Care, and Out-patients	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	371,727	210,000	581,727
1969	389,531	220,000	609,531
1970	405,663	235,000	640,663
1971	414,831	292,850	707,681
1972[1]	424,447	453,589	878,036
1973[2]	424,552	715,000	1,139,552

[1] Amended as per final reports received from hospitals.
[2] Estimated, based on hospital reports to October 31, 1973.

Table 2C—Summary of BCHIS Out-patient Treatments by Category, Years 1971–73, Inclusive

	1971	1972	1973
Psychiatry—			
Out-patient	5,012	7,955	8,900
Day care	7,536	8,131	9,200
Minor and emergency	191,113	267,203	325,000
Day-care surgery	40,289	44,633	51,000
Diabetic day care	----------	167[1]	1,000
Physiotherapy	----------	----------	180,000[2]
Other[3]	48,900	125,500	139,900
	292,850	453,589	715,000

[1] Commenced October 1972.
[2] Commenced April 1973.
[3] Other includes
(*a*) Cancer out-patients.
(*b*) Rehabilitation day care.
(*c*) Narcotic addiction out-patients (1972 and 1973 only).

Table 3—Patients Separated, Total Days' Stay, and Average Length of Stay in British Columbia Public Hospitals for BCHIS Patients Only, Grouped According to Bed Capacity, Year 1973[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	373,007	202,759	78,649	46,695	34,967	9,937
Newborn	33,841	16,594	8,264	5,552	2,564	867
Patient-days—						
Adults and children	3,261,696	1,862,616	653,362	448,582	242,270	54,866
Newborn	203,455	103,930	48,197	33,511	13,680	4,137
Average day's stay—						
Adults and children	8.74	9.19	8.31	9.61	6.93	5.52
Newborn	6.01	6.26	5.83	6.04	5.33	4.77

[1] Estimated, based on hospital reports to October 31, 1973.

Table 4—Percentage Distribution of Patients Separated and Patient-days for BCHIS Patients Only, in British Columbia Public Hospitals, Grouped According to Bed Capacity, Year 1973[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	54.36	21.09	12.52	9.37	2.66
Newborn	100.00	49.03	24.42	16.41	7.58	2.56
Patient-days—						
Adults and children	100.00	57.11	20.03	13.75	7.43	1.68
Newborn	100.00	51.08	23.69	16.47	6.73	2.03

[1] Estimated, based on hospital reports to October 31, 1973.

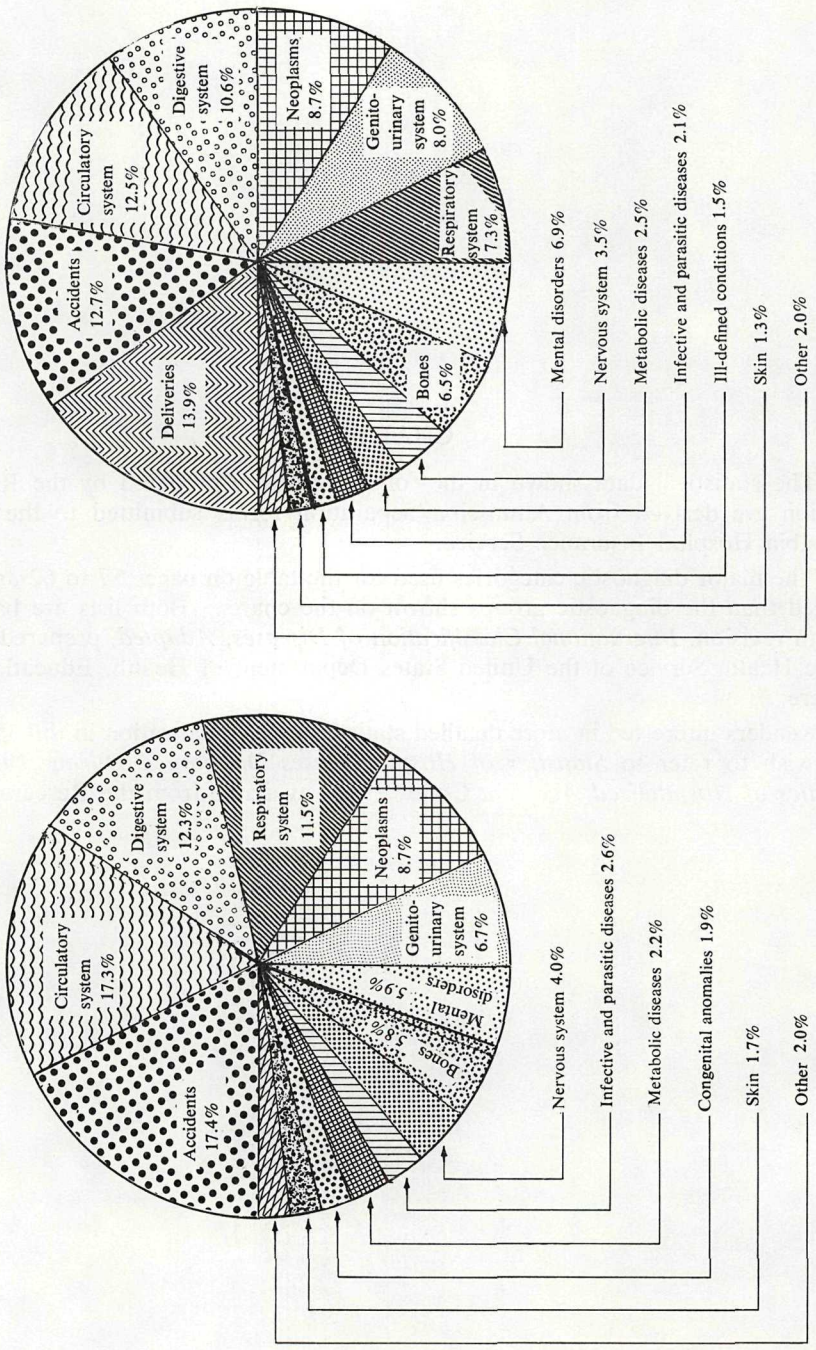
CHARTS

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 57 to 62 are more detailed than the diagnostic groups shown on the charts. Both lists are based on the 8th revision, *International Classification of Diseases, Adapted,* prepared by the Public Health Service of the United States Department of Health, Education, and Welfare.

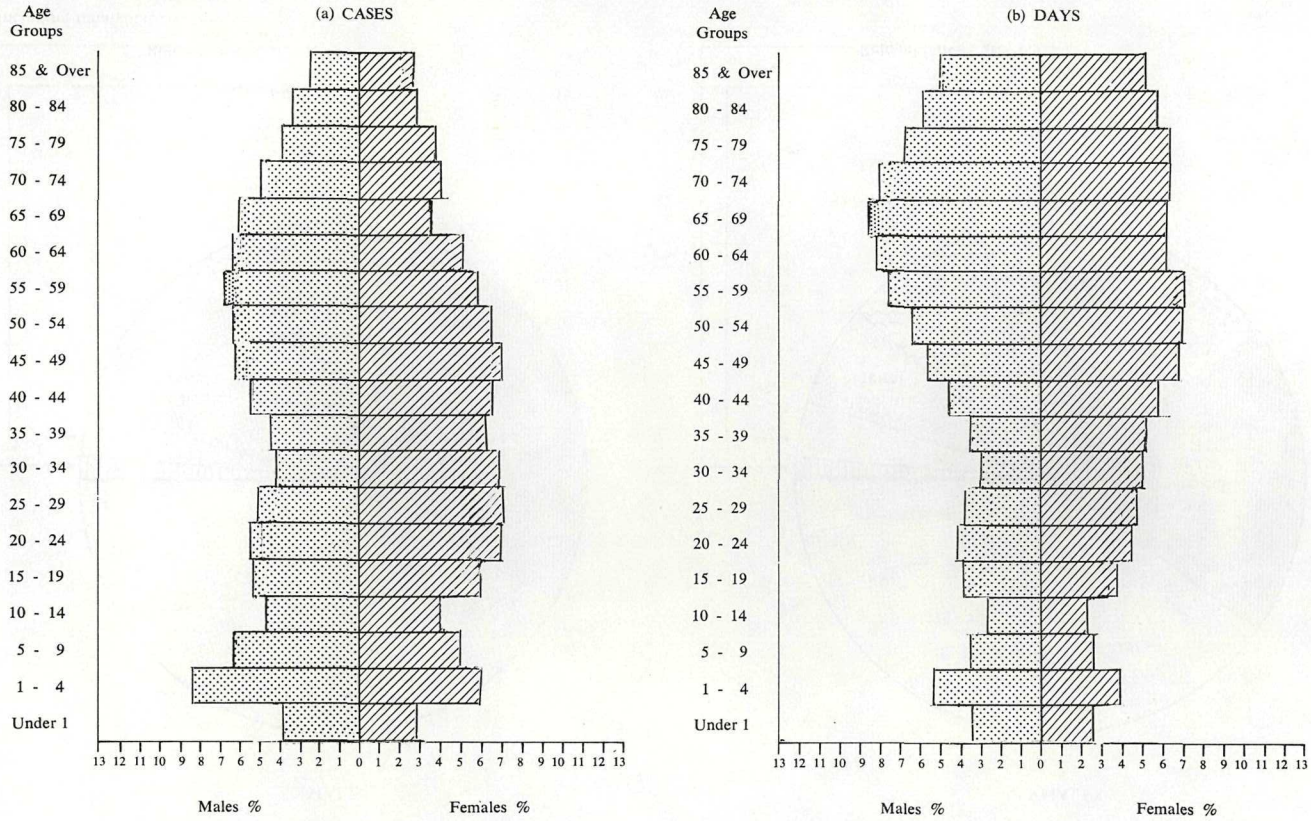
Readers interested in more detailed statistics of hospitalization in this Province may wish to refer to *Statistics of Hospital Cases Discharged During 1972* and *Statistics of Hospitalized Accident Cases, 1972,* available from the Research Division.

CHART I—PERCENTAGE DISTRIBUTION OF DAYS OF CARE* BY MAJOR DIAGNOSTIC GROUPS, 1972
(IN DESCENDING ORDER)



* Including rehabilitative care.

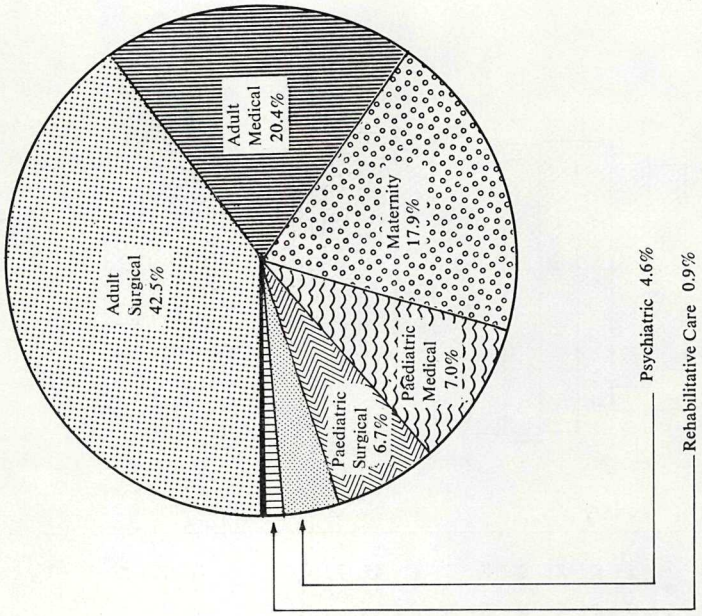
CHART II—PERCENTAGE AGE DISTRIBUTION OF MALE AND FEMALE* HOSPITAL CASES AND DAYS OF CARE,† 1972

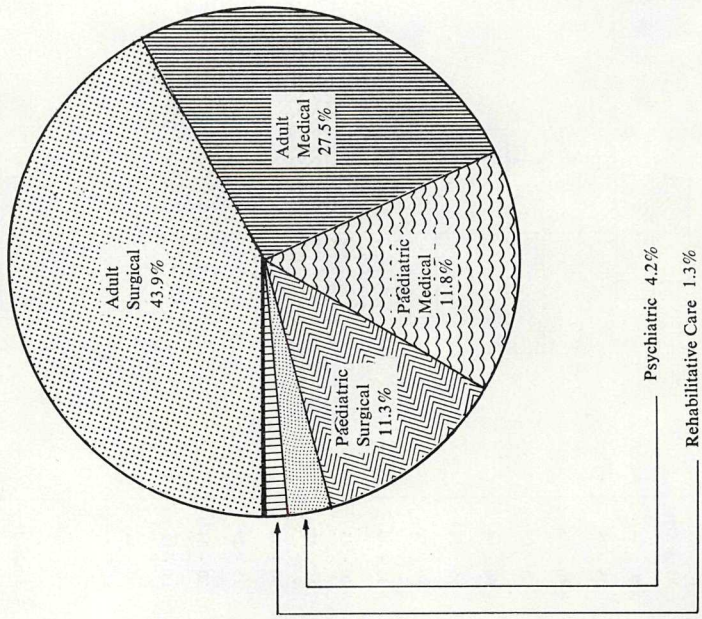


* Group XI (Deliveries and Complications of Pregnancy, Childbirth, and Puerperium) has been excluded so as to bring out more clearly the comparison between males and females in respect of hospitalization not connected with the natural process of childbirth.

† Including rehabilitative care.

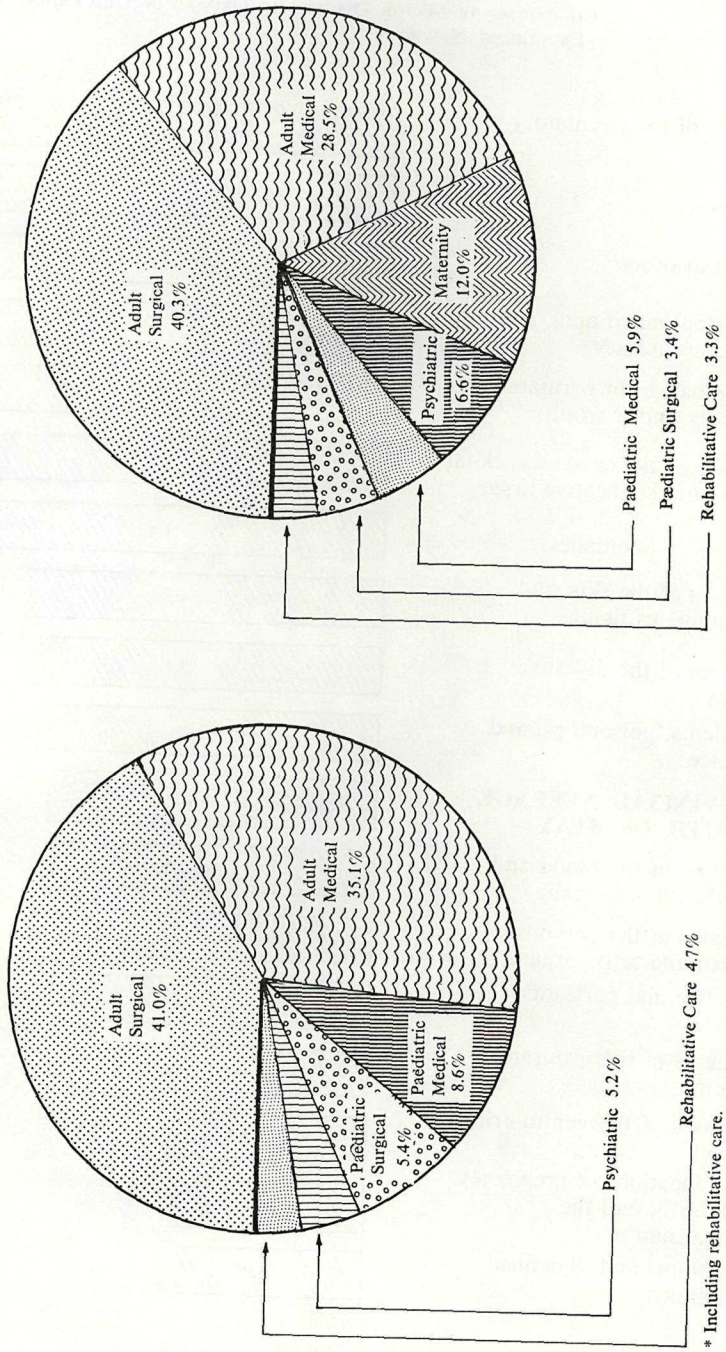
CHART III—PERCENTAGE DISTRIBUTION OF HOSPITAL CASES* BY TYPE OF CLINICAL SERVICE, 1972





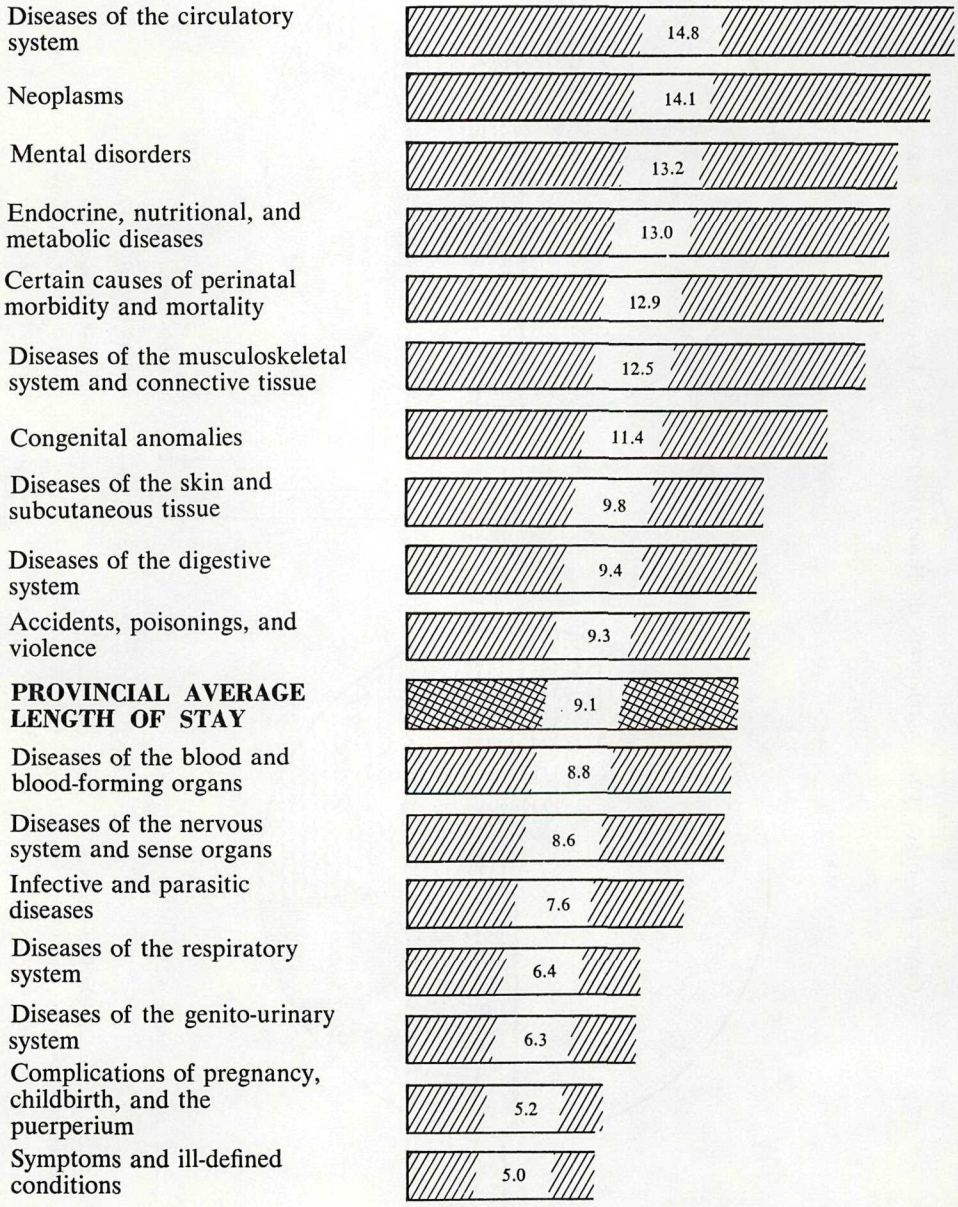
* Including rehabilitative care.

CHART IV—PERCENTAGE DISTRIBUTION OF HOSPITAL DAYS* BY TYPE OF CLINICAL SERVICE, 1972



* Including rehabilitative care.

CHART V—AVERAGE LENGTH OF STAY OF CASES* IN HOSPITALS IN BRITISH COLUMBIA, BY MAJOR DIAGNOSTIC GROUPS IN DESCENDING ORDER, 1972 (EXCLUDING NEWBORNS).



* Including rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1972 (EXCLUDING NEWBORNS)

List Number and Diagnosis	ICDA No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
I. Infective and parasitic diseases	000–136	11,024	84,271	7.6	2.8	2.3
1. Salmonella infections	000–003	132	1,576	11.9	0.0	0.0
2. Other intestinal infections	004–009	6,423	37,151	5.8	1.6	1.0
3. Tuberculosis	010–019	454	6,715	14.8	0.1	0.2
4. Streptococcal sore throat, scarlet fever, and erysipelas	034, 035	183	984	5.4	0.0	0.0
5. Acute poliomyelitis	040–043	1	17	17.0	0.0	0.0
6. Viral encephalitis	062–066	94	1,404	14.9	0.0	0.0
7. Infectious hepatitis	070	822	10,478	12.7	0.2	0.3
8. Other virus diseases	044–061, 067, 068, 071–079	1,862	15,229	8.2	0.5	0.4
9. Venereal disease	090–099	264	1,646	6.2	0.1	0.0
10. Other infectious and parasitic diseases	020–033, 036–039, 080–089, 100–136	789	9,071	11.5	0.2	0.3
II. Neoplasms	140–239	22,081	312,357	14.1	5.6	8.7
11. Malignant neoplasm of buccal cavity and pharynx	140–149	269	4,307	16.0	0.1	0.1
12. Malignant neoplasm of stomach	151	550	12,619	22.9	0.1	0.4
13. Malignant neoplasm of intestine, except rectum	152, 153	1,107	26,335	23.8	0.3	0.7
14. Malignant neoplasm of rectum and rectosigmoid junction	154	621	15,106	24.3	0.2	0.4
15. Malignant neoplasm of other digestive organs	150, 155–159	796	17,579	22.9	0.2	0.5
16. Malignant neoplasm of trachea, bronchus, and lung	162	1,692	31,508	18.9	0.4	0.9
17. Malignant neoplasm of other respiratory organs	160, 161, 163	231	4,418	19.1	0.1	0.1
18. Malignant neoplasm of bone	170	74	1,463	19.8	0.0	0.0
19. Malignant neoplasm of skin	172, 173	456	5,283	11.6	0.1	0.1
20. Malignant neoplasm of breast	174	1,784	29,114	16.3	0.5	0.8
21. Malignant neoplasm of cervix uteri	180	578	5,760	10.0	0.1	0.2
22. Malignant neoplasm of uterus	181, 182	574	6,059	10.6	0.1	0.2
23. Malignant neoplasm of ovary	183.0	458	7,239	15.8	0.1	0.2
24. Malignant neoplasm of other female genital organs	183.1, 183.9, 184	45	894	19.9	0.0	0.0
25. Malignant neoplasm of prostate	185	1,247	23,558	18.9	0.3	0.7
26. Malignant neoplasm of bladder	188	1,081	13,451	12.4	0.3	0.4
27. Malignant neoplasm of other genito-urinary organs	186, 187, 189	404	7,216	17.9	0.1	0.2
28. Malignant neoplasm of brain	191	220	6,549	29.8	0.1	0.2
29. Other primary and secondary malignant neoplasms	171, 190, 192–199	708	11,629	16.4	0.2	0.3
30. Leukæmia	204–207	714	10,267	14.4	0.2	0.3
31. Other neoplasms of lymphatic and hæmatopoietic tissue	200–203, 208, 209	1,143	17,798	15.6	0.3	0.5
32. Benign neoplasm of skin	216	105	394	3.8	0.0	0.0
33. Benign neoplasm of breast	217	387	1,069	2.8	0.1	0.0
34. Benign neoplasm of uterus	218, 219	2,791	23,134	8.3	0.7	0.6

[1] Includes rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1972 (EXCLUDING NEWBORNS)—*Continued*

List Number and Diagnosis	ICDA No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
II. Neoplasms—*Continued*						
35. Benign neoplasm of ovary	220	575	3,960	6.9	0.1	0.1
36. Benign neoplasm of other female genital organs	221	265	1,060	4.0	0.1	0.0
37. Benign neoplasm of brain and other parts of nervous system	225	172	3,277	19.1	0.0	0.1
38. Other benign neoplasms	210–215, 222–224, 226–228	1,792	11,878	6.6	0.5	0.3
39. Carcinoma *in situ* of cervix uteri	234.0	918	6,240	6.8	0.2	0.2
40. Other neoplasms of unspecified nature	230–233, 234.1, 234.9, 235–239	351	3,193	9.1	0.1	0.1
III. Endocrine, nutritional, and metabolic diseases	240–279	6,580	85,527	13.0	1.7	2.4
41. Nontoxic goitre	240, 241	395	2,424	6.1	0.1	0.1
42. Thyrotoxicosis, with or without goitre	242	220	2,367	10.8	0.1	0.1
43. Other diseases of thyroid gland	243–246	194	1,988	10.2	0.0	0.1
44. Diabetes mellitus	250	3,609	49,622	13.7	0.9	1.4
45. Other endocrine diseases	251–258	466	5,382	11.5	0.1	0.1
46. Avitaminoses and other nutritional deficiency	260–269	852	11,412	13.4	0.2	0.3
47. Congenital disorders of metabolism	270–273	219	2,812	12.8	0.1	0.1
48. Other metabolic diseases	274–279	625	9,520	15.2	0.2	0.3
IV. Diseases of the blood and blood forming organs	280–289	2,416	21,380	8.8	0.6	0.6
49. Iron-deficiency anæmias	280	413	5,121	12.4	0.1	0.1
50. Pernicious anæmia and other deficiency anæmias	281	218	4,008	18.4	0.1	0.1
51. Other diseases of blood and blood-forming organs	282–289	1,785	12,251	6.9	0.5	0.3
V. Mental disorders	290–315	17,522	231,112	13.2	4.4	6.4
52. Alcoholic psychosis	291	918	9,466	10.3	0.2	0.3
53. Schizophrenia	295	2,264	47,624	21.0	0.6	1.3
54. Affective psychoses	296	2,031	34,238	16.9	0.5	1.0
55. Other psychoses	290, 292–294, 297–299	693	14,758	21.3	0.2	0.4
56. Neuroses	300	6,458	74,442	11.5	1.6	2.1
57. Alcoholism	303	1,999	13,618	6.8	0.5	0.4
58. Drug dependence	304	593	3,836	6.5	0.1	0.1
59. Other nonpsychotic mental disorders	301, 302, 305–309	2,431	30,122	12.4	0.6	0.8
60. Mental retardation	310–315	135	3,008	22.3	0.0	0.1
VI. Diseases of the nervous system and sense organs	320–389	15,584	134,385	8.6	3.9	3.7
61. Meningitis and other inflammatory diseases of central nervous system	320–324	312	6,225	20.0	0.1	0.2
62. Hereditary and familial diseases of nervous system	330–333	108	3,423	31.7	0.0	0.1
63. Multiple sclerosis	340	465	10,729	23.1	0.1	0.3
64. Paralysis agitans	342	290	7,137	24.6	0.1	0.2
65. Epilepsy	345	1,162	9,920	8.5	0.3	0.3
66. Other diseases of central nervous system	341, 343, 344, 346–349	1,358	22,987	16.9	0.3	0.6
67. Diseases of nerves and peripheral ganglia	350–358	1,433	12,646	8.8	0.4	0.4

68. Inflammatory diseases of the eye	360–369	582	3,980	6.8	0.1	0.1
69. Strabismus	373	1,371	3,324	2.4	0.3	0.1
70. Cataract	374	2,145	18,698	8.7	0.5	0.5
71. Glaucoma	375	554	3,725	6.7	0.1	0.1
72. Other diseases of the eye	370–372, 376–379	950	6,119	6.4	0.2	0.2
73. Otitis media, without mention of mastoiditis	381	3,290	17,309	5.3	0.8	0.5
74. Mastoiditis, with or without otitis media	382, 383	204	1,498	7.3	0.1	0.0
75. Other diseases of ear and mastoid process	380, 384–389	1,360	6,755	5.0	0.3	0.2
VII. Diseases of the circulatory system	390–458	35,865	530,310	14.8	9.1	14.8
76. Active rheumatic fever	390–392	177	2,543	14.4	0.0	0.1
77. Chronic rheumatic heart disease	393–398	1,089	13,515	12.4	0.3	0.4
78. Hypertensive disease	400–404	1,733	18,046	10.4	0.4	0.5
79. Acute myocardial infarction	410	4,438	81,939	18.5	1.1	2.3
80. Other ischemic heart disease	411–414	11,930	154,594	13.0	3.0	4.3
81. Other forms of heart disease	420–429	1,536	17,652	11.5	0.4	0.5
82. Cerebral hæmorrhage	431	335	5,974	17.8	0.1	0.2
83. Cerebral embolism and thrombosis	432–434	1,309	34,816	26.6	0.3	1.0
84. Other cerebrovascular diseases	430, 435–438	3,943	92,303	23.4	1.0	2.6
85. Arteriosclerosis	440	920	17,181	18.7	0.2	0.5
86. Other diseases of arteries, arterioles, and capillaries	441–448	1,399	24,652	17.6	0.4	0.7
87. Pulmonary embolism and infarction	450	261	4,054	15.5	0.1	0.1
88. Phlebitis, thrombophlebitis, venous embolism, and thrombosis	451–453	1,014	12,694	12.5	0.3	0.4
89. Varicose veins of lower extremities	454	3,122	30,892	9.9	0.8	0.9
90. Hæmorrhoids	455	2,268	15,108	6.7	0.6	0.4
91. Other diseases of circulatory system	456–458	391	4,347	11.1	0.1	0.1
VIII. Diseases of the respiratory system	460–519	51,711	333,177	6.4	13.1	9.3
92. Acute upper respiratory infection, except influenza	460–466	10,867	67,255	6.2	2.7	1.9
93. Influenza	470–474	1,863	10,884	5.8	0.5	0.3
94. Pneumonia	480–486	10,607	105,539	9.9	2.7	2.9
95. Bronchitis and emphysema	490–492	4,903	46,481	9.5	1.2	1.3
96. Asthma	493	4,057	34,512	8.5	1.0	1.0
97. Hypertrophy of tonsils and adenoids	500	13,601	29,447	2.2	3.4	0.8
98. Chronic sinusitis	503	674	2,820	4.2	0.2	0.1
99. Deflected nasal septum	504	1,797	6,888	3.8	0.5	0.2
100. Other diseases of upper respiratory tract	501, 502, 505–508	1,456	5,708	3.9	0.4	0.2
101. Empyema and abscess of lung	510, 513	61	1,937	31.8	0.0	0.1
102. Pneumoconiosis and related diseases	515, 516	33	533	16.2	0.0	0.0
103. Other diseases of respiratory system	511, 512, 514, 517–519	1,792	21,173	11.8	0.5	0.6
IX. Diseases of the digestive system	520–577	43,505	409,910	9.4	11.0	11.4
104. Diseases of teeth and supporting structures	520–525	2,840	6,403	2.3	0.7	0.2
105. Other diseases of oral cavity, salivary glands, and jaws	526–529	642	3,220	5.0	0.2	0.1
106. Ulcer of duodenum	532	3,349	42,431	12.7	0.8	1.2
107. Ulcer of stomach, and peptic ulcer site unspecified	531, 533	1,774	23,793	13.4	0.4	0.7
108. Gastritis and duodenitis	535	1,752	10,606	6.1	0.4	0.3
109. Other diseases of œsophagus, stomach, and duodenum	530, 534, 536, 537	1,233	13,174	10.7	0.3	0.4

[1] Includes rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1972 (EXCLUDING NEWBORNS)—*Continued*

List Number and Diagnosis	ICDA No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
IX. Diseases of the digestive system—*Continued*						
110. Appendicitis	540–543	4,294	28,630	6.7	1.1	0.8
111. Hernia, without mention of obstruction	550, 551	7,096	49,792	7.0	1.8	1.4
112. Hernia, with obstruction	552, 553	564	4,806	8.5	0.1	0.1
113. Intestinal obstruction, without mention of hernia	560	1,402	15,364	11.0	0.4	0.4
114. Chronic enteritis and ulcerative colitis	563	858	15,455	18.0	0.2	0.4
115. Other diseases of intestines and peritoneum	561, 562, 564–569	4,899	47,432	9.7	1.2	1.3
116. Cirrhosis of liver	571	1,169	20,721	17.7	0.3	0.6
117. Other diseases of liver	570, 572, 573	127	2,004	15.8	0.0	0.1
118. Cholelithiasis	574	8,435	94,621	11.2	2.1	2.6
119. Cholecystitis and cholangitis, without mention of calculus	575	1,944	17,380	8.9	0.5	0.5
120. Other diseases of gallbladder and biliary ducts	576	269	3,055	11.4	0.1	0.1
121. Diseases of pancreas	577	858	11,023	12.8	0.2	0.3
X. Diseases of the genito-urinary system	580–629	41,847	264,672	6.3	10.6	7.4
122. Nephritis and nephrosis	580–584	8,805	24,481	2.8	2.2	0.7
123. Infections of kidney	590	1,995	16,880	8.5	0.5	0.5
124. Calculus of urinary system	592, 594	3,233	23,589	7.3	0.8	0.7
125. Cystitis	595	1,577	8,973	5.7	0.4	0.2
126. Other diseases of urinary system	591, 593, 596–599	4,023	31,882	7.9	1.0	0.9
127. Hyperplasia of prostate	600	3,320	43,019	13.0	0.8	1.2
128. Redundant prepuce and phimosis	605	589	1,548	2.6	0.1	0.0
129. Other diseases of male genital organs	601–604, 606, 607	2,143	12,373	5.8	0.5	0.3
130. Diseases of breast	610, 611	1,844	5,980	3.2	0.5	0.2
131. Diseases of ovary, fallopian tube, and parametrium	612, 616	2,581	18,336	7.1	0.7	0.5
132. Infective diseases of uterus, vagina, and vulva	620, 622	1,667	10,272	6.2	0.4	0.3
133. Uterovaginal prolapse and malposition of uterus	623, 624	3,159	32,734	10.4	0.8	0.9
134. Disorders of menstruation	626	3,305	11,409	3.5	0.8	0.3
135. Other diseases of female genital organs	621, 625, 627–629	3,606	23,196	6.4	0.9	0.6
XI. Complications of pregnancy, childbirth, and the puerperium	630–678	51,202	266,934	5.2	13.0	7.4
136. Infection of genital tract during pregnancy and urinary infections during pregnancy and puerperium	630, 635	450	2,223	4.9	0.1	0.1
137. Hæmorrhage of pregnancy	632	1,960	9,554	4.9	0.5	0.3
138. Toxæmias of pregnancy and the puerperium	636–639	1,191	6,790	5.7	0.3	0.2
139. Other complications of pregnancy	631, 633, 634	4,248	11,766	2.8	1.1	0.3
140. Abortion	640–645	8,168	22,298	2.7	2.1	0.6
141. Delivery, without mention of complication	650	24,852	137,128	5.5	6.3	3.8
142. Delivery, complicated by placenta previa or antepartum hæmorrhage, retained placenta, or other postpartum hæmorrhage	651–653	1,431	11,445	8.0	0.4	0.3
143. Delivery, complicated by abnormality of pelvis, fetopelvic disproportion, malpresentation, or other prolonged labour	654–657	3,468	28,053	8.1	0.9	0.8

144. Delivery, with other complications including anæsthetic death in uncomplicated delivery	658–662	4,722	35,238	7.5	1.2	1.0
145. Complications of puerperium	670–678	712	2,439	3.4	0.2	0.1
XII. Diseases of the skin and subcutaneous tissue	680–709	5,382	52,861	9.8	1.4	1.5
146. Infections of skin and subcutaneous tissue	680–686	2,606	21,253	8.2	0.7	0.6
147. Other inflammatory conditions of skin and subcutaneous tissue	690–698	1,268	16,157	12.7	0.3	0.4
148. Other diseases of skin and subcutaneous tissue	700–709	1,508	15,451	10.2	0.4	0.4
XIII. Diseases of the musculoskeletal system and connective tissue	710–738	17,622	220,466	12.5	4.5	6.1
149. Rheumatoid arthritis and allied conditions	712	1,346	32,056	23.8	0.3	0.9
150. Osteoarthritis and allied conditions	713	2,077	36,207	17.4	0.5	1.0
151. Other arthritis and rheumatism	710, 711, 714–718	1,315	12,899	9.8	0.3	0.4
152. Osteomyelitis and other diseases of bone	720–723	1,259	26,145	20.8	0.3	0.7
153. Displacement of intervertebral disk	725	4,464	56,803	12.7	1.1	1.6
154. Other diseases of joint	724, 726–729	2,974	24,387	8.2	0.8	0.7
155. Synovitis, bursitis, and tenosynovitis	731	1,213	6,062	5.0	0.3	0.2
156. Other diseases of musculoskeletal system	730, 732–738	2,974	25,907	8.7	0.8	0.7
XIV. Congenital anomalies	740–759	4,948	56,531	11.4	1.3	1.6
157. Spina bifida and congenital hydrocephalus	741, 742	151	3,803	25.2	0.0	0.1
158. Congenital anomalies of heart	746, 747, 0–747.2	698	9,011	12.9	0.2	0.3
159. Cleft palate and cleft lip	749	210	2,511	12.0	0.1	0.1
160. Other congenital anomalies of digestive system	750, 751	387	4,955	12.8	0.1	0.1
161. Congenital anomalies of genito-urinary system	752, 753	1,257	10,654	8.5	0.3	0.3
162. Congenital anomalies of musculoskeletal system	754–756	1,068	15,074	14.1	0.3	0.4
163. Other and unspecified congenital anomalies	740, 743–745, 747.3–747.9, 748	1,177	10,523	8.9	0.3	0.3
XV. Certain causes of perinatal morbidity and mortality	760–779	195	2,506	12.9	0.0	0.1
164. Birth injury	764–768 with 4th digit .0–.3, 772	10	142	14.2	0.0	0.0
165. Asphyxia, anoxia, or hypoxia	764–768 with 4th digit .4, 776	62	1,026	16.5	0.0	0.0
166. Hæmolytic disease of newborn	774, 775	25	209	8.4	0.0	0.0
167. Immaturity unspecified	777	5	108	21.6	0.0	0.0
168. Other causes of perinatal morbidity and mortality	760–763, 764–768 with 4th digit .9, 769–771, 773, 778, 779	93	1,021	11.0	0.0	0.0
XVI. Symptoms and ill-defined conditions	780–796	10,282	51,764	5.0	2.6	1.4
169. Observation, without need for further medical care	793	248	1,220	4.9	0.1	0.0
170. Symptoms, senility, and ill-defined conditions	780–792, 794–796	10,034	50,544	5.0	2.5	1.4
XVII. Accidents, poisonings, and violence; supplementary classifications	N800–N999, Y00–Y29	57,592	535,382	9.3	14.6	14.9
171. Fracture of the skull, and other intracranial injury	N800–N804, N850–N854	7,107	50,187	7.1	1.8	1.4
172. Fracture of spine and trunk	N805–N809	2,703	59,053	21.8	0.7	1.6
173. Fracture of upper limb	N810–N819	4,878	24,776	5.1	1.2	0.7
174. Fracture of femur	N820, N821	2,883	99,769	34.6	0.7	2.8
175. Other fractures of lower limbs	N822–N829	4,496	58,687	13.1	1.1	1.6

[1] Includes rehabilitative care.

HOSPITALIZATION[1] BY MAJOR DIAGNOSTIC CATEGORIES, 1972 (EXCLUDING NEWBORNS)—*Continued*

List Number and Diagnosis	ICDA No.	Cases	Days of Care	Average Length of Stay	Percentage Distribution	
					Cases	Days of Care
XVII. Accidents, poisonings, and violence; supplementary classifications—*Continued*						
176. Dislocation without fracture, sprains and strains of joints and adjacent muscles	N830–N848	6,481	48,278	7.4	1.6	1.3
177. Internal injury of chest, abdomen, and pelvis	N860–N869	1,101	12,780	11.6	0.3	0.4
178. Laceration, open wound, superficial injury, contusion and crushing with intact skin surface	N870–N929	8,793	49,145	5.6	2.2	1.4
179. Foreign body entering through orifice	N930–N939	529	1,685	3.2	0.1	0.0
180. Burns	N940–N949	1,470	20,759	14.1	0.4	0.6
181. Injury to nerves and spinal cord	N950–N959	255	2,529	9.9	0.1	0.1
182. Adverse effects of medical agents	N960–N979	4,168	24,229	5.8	1.1	0.7
183. Toxic effects of substances chiefly nonmedical	N980–N989	850	3,156	3.7	0.2	0.1
184. Complications peculiar to certain surgical procedures, other complications of surgical procedures, and other complications of medical care	N997–N999	4,350	45,663	10.5	1.1	1.3
185. Other effects of external causes	N990–N996	608	8,366	13.8	0.2	0.2
186. Special conditions and examinations, without sickness	Y00–15	6,920	26,320	3.8	1.8	0.7
187. Mature infant	Y20, 22, 23, 26, 27	----	----	----	----	----
188. Immature infant	Y21, 24, 25, 28, 29	----	----	----	----	----
Totals		395,358	3,593,545	9.1	100.0	100.0

[1] Includes rehabilitative care.

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDED MARCH 31, 1973

Administration—	
Salaries	1,267,264
Temporary assistance	19,974
	1,287,238
Office expense	56,349
Travelling expense	76,131
Office furniture and equipment	12,166
Printing and publications	3,523
Tabulating and rentals	5,515
Educational material	94
Motor-vehicles and accessories	6,321
Incidentals and contingencies	1,624
Construction and consultation	23,735
Technical surveys and new service development	66,209
	1,538,905
Payments to hospitals—	
Claims	226,286,542
Grants in aid of equipment	2,746,225
Grants in aid of construction	6,561,427
Total	237,133,099

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