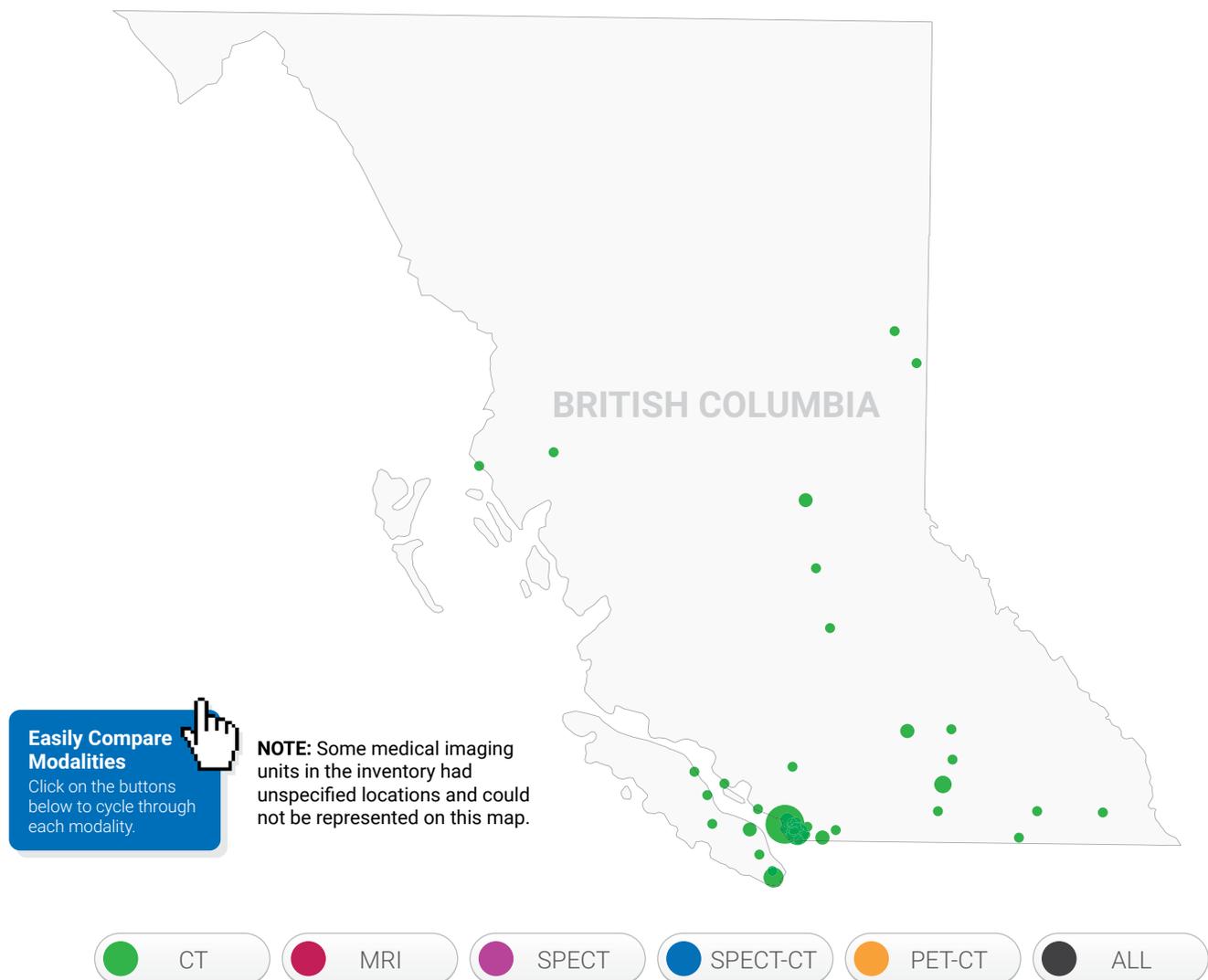


# Medical Imaging in Canada 2017: Provincial Summary for British Columbia

CADTH's Canadian Medical Imaging Inventory collects data on medical imaging equipment across Canada. The national results are published in a comprehensive report ([cadth.ca/imaginginventory](http://cadth.ca/imaginginventory)). This provincial summary consolidates British Columbia's data from the report. If additional information on the technical characteristics of imaging equipment is required, please send a request to [requests@cadth.ca](mailto:requests@cadth.ca).



**Table 1: Imaging Units in British Columbia**

	CT	MRI	PET/CT	SPECT	SPECT/CT
Number of imaging units out of national total 2017 <sup>a</sup>	66/561	46/366	3/51	28/330	31/261
Number of imaging units out of national total 2007 <sup>a,b</sup>	49/419	29/222	3/31	62/603 <sup>c</sup>	3/35
Units per million population 2017	13.8	9.6	0.6	5.9	6.5
Mobile equipment	0	2	0	0	0

CT = computed tomography; MRI = magnetic resonance imaging; PET = positron emission tomography; SPECT = single-photon emission computed tomography.

<sup>a</sup> Includes both publically and privately funded units.

<sup>b</sup> Canadian Institute for Health Information, *Medical Imaging in Canada, 2007* (Ottawa, Ont.: CIHI, 2008).

<sup>c</sup> For all nuclear medicine.

**Table 2: Operation and Age of Medical Imaging Units in British Columbia**

	CT	MRI	PET/CT	SPECT	SPECT/CT
<b>Total Publicly Funded Exams in British Columbia</b>					
Exams per year out of national imputed total for 2017	695,248	173,678	9,280	103,665 <sup>a</sup>	44,913 <sup>a</sup>
Exams per 1,000 people	145.2	36.3	1.9	21.6	9.4
<b>Hours of Operation in British Columbia Facilities</b>					
Average hours of operation per week	88.3	70.5	79.0	46.2	44.1
Number of machines in operation 24 hours a day	13	1	0	0	0
Number of machines in operation on the weekend	30	15	1	2	2
<b>Average Age of Units in Canada</b>					
Average age of units (years)	7.2	7.6	7.7	11.5	6.3
Age of oldest unit (years)	20	19	12	30	17
Age of newest unit (years)	0	0	2	0	0

CT = computed tomography; MRI = magnetic resonance imaging; PET = positron emission tomography; SPECT = single-photon emission computed tomography.

<sup>a</sup> Imputed from data supplied by survey respondents.

There are 66 computed tomography (CT) units in British Columbia. Thirty of these CT units were reported as being in operation on the weekend, including 13 units that are available 24 hours a day. The province has 46 magnetic resonance imaging (MRI) units, including one with a field strength of 3.0 Tesla located at the BC Children's Hospital in Vancouver. The number of available MRI units has increased from 29 to 46 between 2007 and 2017. Two of these MRI units are mobile, and are shared between multiple facilities or communities. Access to MRI on the weekend is provided by at least 15 facilities, with one facility providing 24-hour availability. British Columbia has three positron emission tomography (PET)/CT units: two in Vancouver and one located in Burnaby (privately funded). The province anticipates the installation of two additional PET/CT units: one in Victoria in 2018 and another in Kelowna in 2019. As well, there are 28 single-photon emission computed tomography (SPECT) units and 31 SPECT/CT units in service within the province of British Columbia compared to 63 units and three units, respectively, in 2007.

## Data Limitations

Data were imputed for a limited number of missing values if no response was obtained. In particular, if the questions regarding the mobility of imaging equipment or weekend and 24-hour availability were left blank, the answer was assumed to be no. Technical information, including the age of machines, was incomplete for some sites. If the age of equipment was not available, it was excluded from the calculation of averages. Out-of-range values for the number of hours of operation per week (more than 168 hours) were set to missing.

By preference, examination data supplied by the validators was reported. If we did not have validator data for a given province or territory, then data from the survey was used. Not all sites reported examination data. Where sites with available unit counts were missing data for the total number of examinations for 2017, we imputed the missing data. These imputed values were gathered by calculating the mean number of exams per unit for sites that reported examination data, and then using this mean to impute the total number of exams for the remaining units. The total number of exams for each province or territory was the sum of the exams reported and exams imputed.

Additional details on the methodology used for the collection and imputation of this data are available in the 2017 Canadian Medical Imaging Inventory report.

## Questions or comments about CADTH or this tool?



**Learn more:**  
[cadth.ca/imaginginventory](http://cadth.ca/imaginginventory)



**Contact us:**  
[requests@cadth.ca](mailto:requests@cadth.ca)



**Follow us on Twitter:**  
[@CADTH\\_ACMTS](https://twitter.com/CADTH_ACMTS)



**Subscribe to our E-Alert and New at CADTH newsletter:**  
[cadth.ca/subscribe](http://cadth.ca/subscribe).

### DISCLAIMER

This material is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose; this document should not be used as a substitute for professional medical advice or for the application of professional judgment in any decision-making process. Users may use this document at their own risk. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not guarantee the accuracy, completeness, or currency of the contents of this document. CADTH is not responsible for any errors or omissions, or injury, loss, or damage arising from or relating to the use of this document and is not responsible for any third-party materials contained or referred to herein. This document is subject to copyright and other intellectual property rights and may only be used for non-commercial, personal use or private research and study.

### ABOUT CADTH

CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.

CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

December 2017