

chronic/extended care hospitals. Average length of stay for public general and allied special hospitals as a whole declined from 11.7 days in 1969 to 11.5 days in 1970.

Table 6.17 shows that there were almost 320,000 full-time employees (excluding paid medical staff in general and allied special hospitals) in the Canadian hospital industry as a whole in 1970. This figure represents an increase of over 3,100 full-time personnel from the 316,825 reported in 1969. General hospitals as a group employed 193.4 full-time personnel per 100 rated beds, a decrease from the comparable group ratio of 199.5 recorded in 1969. Provincially, this ratio varied from 145.5 in Saskatchewan to 227.1 in Quebec in 1970. Taken as a group, general and allied special hospitals reported a ratio of 181.0 full-time personnel per 100 rated beds in 1970 compared to 190.6 in 1969. In mental hospitals there were 79.1 full-time personnel per 100 rated beds in 1970, up from the 75.9 reported in 1969, while in tuberculosis sanatoria this ratio was 86.9 in 1970 as compared to 92.9 in 1969. It is interesting to note that over the past few years the hospital industry has made up more than 4.0% of the Canadian civilian labour force, accounting for 4.3% of this total in 1965 and 4.4% in both 1969 and 1970.

Table 6.18 displays the revenues and expenditures of operating public general hospitals for the reporting years 1969 and 1970. Revenues for these hospitals amounted to \$1,895.8 million in 1970 and expenditures were \$1,969.9 million, both amounts representing a 14.0% increase from the comparable 1969 figures. Salaries and wages accounted for 70.4% of expenditures in 1970 while medical and surgical supplies accounted for 3.3% and drugs for 3.1%.

Generally, salaries of hospital nursing personnel were 19.5% higher in 1970 than in 1968 and varied directly according to academic qualifications. For general-duty registered nurses employed in public general hospitals, the average annual salary varied from \$6,475 for those classified as graduate nurse only, to \$9,705 for those with a master's degree in nursing (Table 6.19). Among graduate nurses without additional qualifications in public general hospitals, directors of nursing education received the highest average salary (\$9,423) and general-duty nurses (not registered) the lowest (\$5,776). On the average, general-duty nurses (registered) without additional qualifications employed in hospitals designated "other" (maternity, neurological, orthopedic and cancer hospitals), earned more (\$6,650) than their counterparts in other types of hospitals.

Table 6.20 shows that cost per patient-day was highest for children's hospitals (\$102.24) in 1970, followed by the "other" hospitals group, which includes orthopedic, maternity, neurological and cancer hospitals (\$84.77), and general hospitals (\$59.74). In the provinces, cost per patient-day in general hospitals ranged from \$39.34 in Prince Edward Island to \$74.52 in Quebec.

### 6.8.3 Morbidity, notifiable diseases and other health statistics

**Hospital morbidity.** A growing need for additional information on illness in Canada was met in part by a statistical program first undertaken for 1960 involving separations (discharges and deaths) from general and allied special hospitals. The program provided data on primary diagnosis, days of care, length of illness and age composition for all hospital patients except those in mental hospitals and tuberculosis sanatoria. Age, sex and diagnostic information on persons treated in mental hospitals and in tuberculosis sanatoria has been available at the national level for many years but no similar information has been available for persons treated in other kinds of hospitals. About 140 out of every 1,000 persons are hospitalized during a year and, of these, 96 or 97 are treated in general and allied special hospitals.

It should be noted that the picture of morbidity provided by these statistics is not, of course, complete. A total morbidity picture would include not only the morbidity covered by in-patient hospital care but also out-patient morbidity, morbidity covered by treatment outside the hospitals, and morbidity for which no treatment is received. Nevertheless, the illnesses that receive hospital care are, in general, more serious and more important than the illnesses that do not receive hospital care and this, together with the fact that the diagnostic quality of hospital morbidity statistics is very high, makes hospital morbidity statistics a most important source of information. Tables 6.21 and 6.22 present, for 1969, adult and child patients (excluding newborn) in terms of 17 diagnostic categories (Canadian) which consolidate the much more detailed International Classification of Diseases. Adapted.

There were 1.6 million primary operations performed in general and allied special hospitals in 1969. Data are contained in Table 6.23 and 6.24.