

(Outside Canada) in-patient maximum \$75 per day for adults and children; \$12 per day for the newborn (Canadian funds).

Authorized charges: \$4 per day in general hospitals, excluding newborn; \$4 per day for adults and \$1 per day for children under age 19 in extended care hospitals; \$2 for each emergency or minor surgical out-patient treatment; \$2 for day care surgical services; \$1 for out-patient cancer therapy, psychiatric day care or night care and psychiatric out-patient services, out-patient physiotherapy services, diabetic day care services, day care rehabilitation services, each dietetic counselling session, renal dialysis treatment.

Northwest Territories. *Medical care benefits:* all medically required services of medical practitioners and certain surgical-dental procedures undertaken by dental surgeons in hospitals.

Hospital in-patient benefits: standard ward and all approved available services. *Out-patient:* emergency and follow-up treatment of injuries, medically necessary diagnostic radiological examinations with necessary interpretations; laboratory examinations; minor surgical procedures; physiotherapy and radiotherapy where available; and certain day care surgical procedures.

Out-of-territory benefits: (in-patient) rate approved for hospital by its own provincial plan. (Out-patient) same benefits as in Northwest Territories. (Outside Canada) up to a maximum specified rate.

Yukon Territory. *Medical care benefits:* all medically required services of medical practitioners and certain surgical-dental procedures undertaken by dental surgeons in hospitals.

Premium per month: single, \$4.75; couple, \$9.25; family, \$11.00. Coverage depends on residency status rather than on payment of premiums. Persons 65 or over are premium-exempt. The premiums are those for persons who do not qualify for premium assistance on account of limited income.

Hospital in-patient benefits: standard ward rate and all approved available services. *Out-patient:* laboratory, radiological and other diagnostic procedures together with the necessary interpretations for the diagnosis and treatment of an injury, illness or disability excluding simple procedures which ordinarily form part of a physician's routine office examinations; day care surgical services.

Out-of-territory benefits: (in-patient) rate approved for hospital by its own provincial plan. (Out-patient) same benefits as in Yukon Territory. (Outside Canada) maximum applied as to rate.

5.5.2 Hospital statistics

Canadian hospitals can be categorized according to type of ownership: public, proprietary or federal; and type of service: general, allied special [extended care (chronic), rehabilitation (convalescent), maternity, communicable diseases, pediatric, orthopedic, neurological, cancer, nursing stations, outpost hospitals], mental or tuberculosis. General hospitals, which account for the largest proportion of beds, are divided into teaching (full and partial teaching) and non-teaching, which are further subdivided into varying bed-size groups based on rated bed capacity.

Tables 5.9 to 5.17 relate to hospital operation and patient movement. Tables 5.1 to 5.4, discussed in section 5.1, present hospital separations by diagnostic categories and primary operations in hospital.

As indicated in Table 5.9, the number and bed capacity of hospitals in Canada have remained relatively stable in recent years. In 1977 there were 1,389 hospitals with a total of 201,413 beds. Tables 5.10 and 5.11 show the distribution of hospitals and patient movement. The greatest concentration of beds is in public general and allied special hospitals. On a national level there were 6.7 beds in public general and allied special hospitals per 1,000 population. This ratio has increased slightly from 6.4 per 1,000 in 1975 and 6.5 per 1,000 in 1976. Although there was a fairly wide range of bed-population ratios from one province to another, there is considerable variation in type and level of care given by hospitals in the same category; in the Yukon Territory and Northwest Territories, federal hospitals provide most of the care that is comparable to that given in public hospitals in the provinces.

Tables 5.10 and 5.11 both reflect the decline in provision and use of beds in mental and tuberculosis hospitals, in contrast to the relative stability in statistics for general and allied special facilities. This decline in emphasis on the large, specialized facilities is matched by increased emphasis on care for mental patients and those with tuberculosis in general hospitals and in community programs. Despite this change in emphasis, the long-term nature of care in mental hospitals results in the accumulation of a large