

number of patient-days in those facilities. For example, in 1975 patient-days per 1,000 population were 647.4 for mental hospitals as opposed to 1,515.3 for public general hospitals.

There has been much discussion in recent years of the possibility of increasing efficiency of hospital care and limiting costs through reducing the length of stay in hospital. Suggestions for this include expanding home care programs to permit earlier release from hospital, particularly after surgery, and transferring some patients who require long-term care to less expensive rehabilitation and extended care facilities. Variations in length of stay between types of hospital and provinces are in Table 5.12.

The range in cost per patient-day is presented in Table 5.13. In 1975, for reporting public hospitals in Canada, expenditures per patient-day were \$44.07 for chronic-extended care hospitals and \$85.49 for convalescent-rehabilitation hospitals as opposed to \$119.55 for general hospitals. Cost per patient-day was higher for some allied special hospitals, ranging up to \$226.37 for pediatric facilities.

Revenue and expenditure for reporting public hospitals are shown per patient-day in Table 5.13 and in total dollar figures in Table 5.14. The labour-intensive nature of hospital care is reflected in the fact that, in 1975, of the \$4.13 billion spent by public hospitals in Canada, 70.2% was for gross salaries and wages. Other expenditures were for medical and surgical supplies (3.3%), drugs (2.3%) and supplies and other expenses (24.2%). The increase in the proportion of hospital costs represented by salaries in recent years is due to increases in both hospital personnel and salaries in general and allied special and mental hospitals. Table 5.15 depicts the distribution of the 253,988 people employed full time in hospitals by province and by type of hospital.

Medical care statistics

5.5.3

Total cost of insured services, as shown in Table 5.16, represents all expenditures by provinces for services provided under terms of the Medical Care Act. Although the total cost per fiscal year increased from about \$1.28 billion in 1972-73 to about \$1.68 billion in 1975-76, the insured population has also grown. Annual percentage increases in the per capita cost of insured services were 7.2, 5.8, 4.8 and 12.9 during the four-year period. These increases may be compared with respective annual percentage increases in gross national product of 11.2, 17.1, 18.0 and 11.4 during the same period.

Table 5.17 depicts the variation in per capita cost, annual increase, and percentage contribution by the federal government for medical care programs of each province from 1972-73 to 1975-76. These figures illustrate the variability in per capita cost as well as patterns of annual change in that cost.

Residential special care facilities

5.5.4

The term special care facilities as used in this section refers to those residential facilities in Canada with four or more residents in which counselling, custodial, supervisory, personal, basic nursing or full nursing care is provided to at least one resident. Excluded are those facilities providing active medical treatment, that is, general and allied special hospitals. These facilities are commonly referred to by a variety of names, such as nursing home, convalescent home, home for the aged, rest home, home for incurables, home for crippled children and receiving home. Rather than using this popular nomenclature, Table 5.18 classifies the facilities by principal characteristics of the predominant group of residents: aged, physically handicapped or disabled, emotionally disturbed children, alcohol and drug addicts, delinquents, unmarried mothers, transients and others. Data are reported separately for Quebec, which uses a somewhat different classification of categories.

The facilities vary considerably in patterns of financing, ownership and management. Some services provided are supported in whole or in part by federal funds; others are funded entirely from provincial sources; others are largely financed privately or by voluntary associations.

The summary of provincial health insurance plans gives some information on coverage of care in certain special care facilities. Much of the care is the responsibility of provincial social service agencies. Further information for each province may be