

Table 5.2 shows the increase in hospital use with advancing age and a higher number of hospital separations for females than for males.

Overall, almost one-half of hospital cases result in surgery. Tables 5.3 and 5.4 summarize cases undergoing surgery in relation to all separated cases and by type of primary operation, age group and sex. Of the 1,876,793 operations in 1976, 16% were obstetrical procedures, 14% gynecological, 12% abdominal, and 11% orthopedic.

The 10 provinces and two territories reported to Statistics Canada that 57,564 therapeutic abortions were performed during the 12-month period January to December 1977. This represents 3,086 more than for 1976. There were 16 therapeutic abortions per 100 live births in 1977 compared to 15.1 in 1976 (Table 5.7).

The number and bed capacity of hospitals in Canada have varied slightly in recent years. In 1978 there were 1,315 hospitals with a total of 184,655 beds (Table 5.9). The greatest concentration of beds is in public general and allied special hospitals. On a national level there were 7.5 beds in public general and allied special hospitals per 1,000 population. This ratio has increased from 6.5 per 1,000 in 1976 and 6.7 in 1977. 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 Yukon and the 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 a decline in provision and use of beds in mental hospitals, in contrast to the relative stability in statistics for general and allied special facilities. The long-term nature of care in mental hospitals results in a large number of patient-days in those facilities.

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.

Cost per patient-day in 1977, for reporting public hospitals included expenditures from \$55.86 for chronic-extended care hospitals to \$110.64 for convalescent-rehabilitation hospitals and \$151.87 for general hospitals. Cost per patient-day was higher for some allied special hospitals, ranging up to \$305.25 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 1977, of the \$5.22 billion spent by public hospitals in Canada, 70.9% was for gross salaries and wages. Other expenditures were for medical and surgical supplies (3.4%), drugs (2.4%) and supplies and other expenses (23.3%). The increase in the proportion of hospital costs represented by salaries in recent years is due to increases in both hospital personnel and salaries. Table 5.15 depicts the distribution of people employed full time in hospitals.

#### 5.4.2 Medical care and hospital insurance statistics

There has been almost universal coverage of the Canadian population by hospital insurance since 1961. Table 5.16 shows federal and provincial payments for hospital and diagnostic services. By 1971 all the provinces had introduced programs of medical care insurance cost-shared by the federal government. Table 5.17 shows the increase in federal and provincial payments from nearly \$1.2 billion in 1972 to \$2.0 billion in 1978. Spending for health insurance programs combined (medical and hospital) rose from \$3.6 billion in 1972 to \$8.1 billion in 1978; however, as a percentage of total social security expenditures in Canada this represented a decline from 28.8% to 25.5%.

Some provincial hospital care expenditures are not cost-shared with the federal government. Some of these relate to provincial programs in general and allied special hospitals. Others are specific to mental institutions and chronic care facilities which had not been included in the agreements under hospital insurance or, since April 1977, under block-funding for extended health care. These expenditures increased from \$244 million in 1961 to \$1.24 billion in 1978.