

Pulse

Lengthy hospital stays a thing of the past?

Data from the Canadian Institute for Health Information (CIHI) indicate that the average length of a hospital stay in Canada dropped by more than 5% between 1994/95 and 1997/98, falling from 7.4 days to 7.0 days.

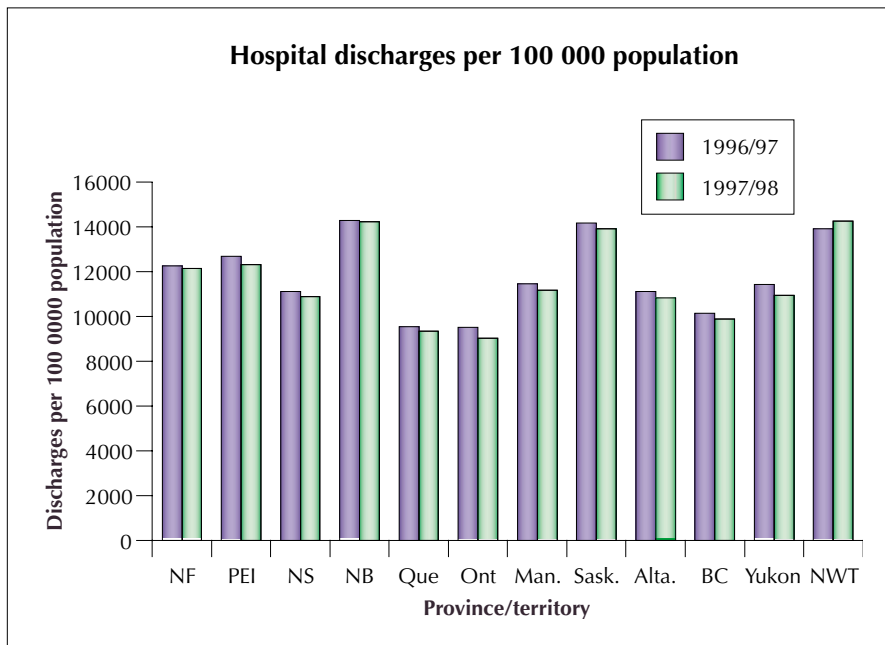
The age-standardized discharge rate

(a measure of Canadians' in-patient use of hospitals) fell by 13.8%, from 11 499 discharges per 100 000 population in 1994/95 to 9913 per 100 000 population in 1997/98. When combined, these 2 figures point to a 15% decrease in total patient days between 1994/95 and 1997/98.

All jurisdictions except the Northwest Territories experienced a decrease in discharge rates between 1996/97 and 1997/98, with Ontario showing the greatest decrease (5.3%). In 1997/98, the highest discharge rates per 100 000 population were found in New Brunswick (14 304), Saskatchewan (14 171) and the NWT (13 937), while Ontario's rate was the lowest — 9530 per 100 000 population.

Women accounted for slightly more than half (51.1%) of nonpregnancy and childbirth-related hospitalizations in 1997/98. Heart disease and stroke were the leading cause of hospitalization for both males (20.5%) and females (15.1%), followed by digestive diseases (13.1% of hospitalized women, 12.6% of men).

In 1997/98, patients 65 and older accounted for 34.7% of all hospitalizations, and stayed in hospital an average of 10.5 days. In contrast, adults between the ages of 20 and 64 stayed an average of 5.4 days. Hospital stays for children and teenagers lasted an average of 4 days. — *Shelley Martin*, martins@cma.ca



New federal priorities for health care spending coming next month?

Federal Health Minister Allan Rock and several of his provincial counterparts met with physicians, nurses and other health care professionals recently to reassure them that a “plan of action” on health care funding is in the works. The meeting was held in mid-July as the country’s health ministers met in Ottawa. “I was reassured today that the ministers are hearing our message,” CMA President Hugh Scully said after the meeting. “I heard a commitment to move past the blame game to address the problems together.”

The “blame game” refers to provincial demands that Ottawa restore the \$4.2-billion cut from annual transfer

payments in the name of eliminating the deficit. The federal government has responded that more money will flow into health care, but only for specific programs. “We recognize that provinces control the spending on health in their own jurisdictions and therefore set their priorities,” added Scully. “The point we stressed to the ministers was that cooperation is needed to put true national standards in place so the level of care is the same in PEI as it is in BC.”

Ginette Lemire-Rodger, president of the Canadian Nurses Association, agreed that the current problems extend beyond money. “We need a long-term funding base that is stable, but also a vision of the

future for the health care system,” she said. “It’s not enough to put money into the system. It must be reformed as well.”

Observers at the health ministers’ gathering believe Rock set the stage for a much more congenial meeting by backing away from his plan to devise a national home-care program. That proposal was controversial because the provinces say it involves federal encroachment on their turf. The ministers appeared to make headway during the meeting, but a formal agreement on priorities for new health spending is not expected until next month, when Prime Minister Jean Chrétien meets with the provincial premiers. — *Steven Wharry*, CMAJ