

Inpatient Hospitalization, Surgery, Newborn, Alternate Level of Care and Childbirth Statistics, 2017–2018

The Canadian Institute for Health Information (CIHI) collects administrative, clinical and demographic data from hospitals across Canada that submit information on inpatient, day surgery, emergency and ambulatory care episodes.

Inpatient hospitalization statistics — which include volumes and average lengths of stay by sex, age group and province/territory — are available from 1995–1996 onward in the <u>Inpatient Quick Stats</u>.

Selected childbirth statistics by province/territory and health region are available from 2001–2002 onward in the Childbirth Quick Stats.

<u>Pre-formatted tables</u> on hospitalization rates, top 10 reasons for hospitalizations and surgeries, in-hospital births and alternate level of care (ALC) cases are also available via Quick Stats.



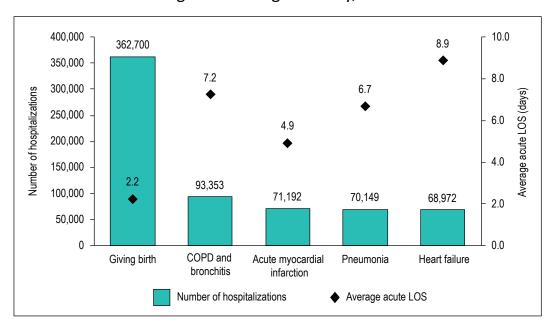


Inpatient hospitalization rates declining over time

In 2017–2018, there were over 3 million acute inpatient hospitalizations in Canada. After adjusting for differences in age, sex and population growth, the hospitalization rate was 7,944 per 100,000 in 2017–2018, down from 8,205 per 100,000 in 2013–2014. The age-adjusted average length of stay (LOS) in hospital has decreased slightly over the same time period and was 6.8 days in 2017–2018.

Consistent with 2016–2017 findings, the most common reason for hospitalization in 2017–2018 was giving birth, with an average acute LOS of 2.2 days. This was followed by chronic obstructive pulmonary disease (COPD) and bronchitis (7.2 days) and acute myocardial infarction (4.9 days). See Figure 1 for details on the top 5 inpatient hospitalizations.

Figure 1 Top 5 reasons for inpatient hospitalizations* by volume and average acute length of stay, 2017–2018



Notes

Numbers exclude newborns and include obstetric records.

LOS: Length of stay.

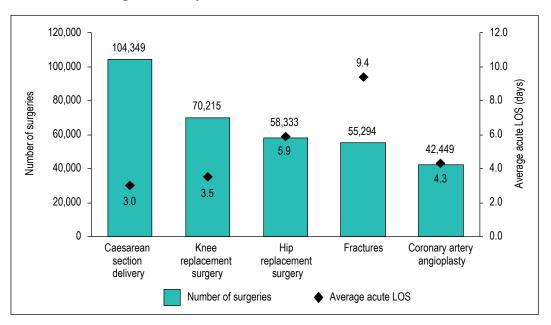
COPD: Chronic obstructive pulmonary disease.

Sources

Hospital Morbidity Database and Ontario Mental Health Reporting System, 2017–2018, Canadian Institute for Health Information.

Similar to 2016–2017 results, the most common inpatient surgery in Canada in 2017–2018 was a Caesarean section (C-section), with an average acute LOS of 3.0 days. This was followed by knee replacement (3.5 days) and hip replacement (5.9 days). The top 5 inpatient surgeries are shown in Figure 2.

Figure 2 Top 5 inpatient surgeries by volume and average acute length of stay,* 2017–2018



Notes

LOS: Length of stay.

The analysis includes all types of knee/hip replacements (including total, partial, primary and revision).

Hospital Morbidity Database, 2017–2018, Canadian Institute for Health Information.

^{*} Length of stay is calculated for the complete acute care hospitalization, which may have included other treatments and procedures.

Rates of newborns born in hospital declining over time

Rates of babies born in hospital in Canada have been declining gradually over the last several years. In 2017–2018, the rate was 100 per 10,000 population, down from 112 per 10,000 population in 2009–2010.

ALC percentages stable over time

A patient occupying a bed in a facility who does not require the intensity of resources/services provided in that care setting (acute, chronic or complex continuing care, mental health or rehabilitation) is designated "alternate level of care." ALC data is used to understand the needs of patients in acute care beds who are waiting for more appropriate services and to monitor and improve patient flow.

ALC percentages in Canada (excluding Quebec) have been stable over the past 2 years. In 2017–2018, the proportion of hospitalizations with any reported ALC days was 5.0%, while the overall percentage of patient days in ALC was 15.6%. Similar percentages were seen in 2016–2017, with hospitalizations at 4.9% and patient days at 15.4%.

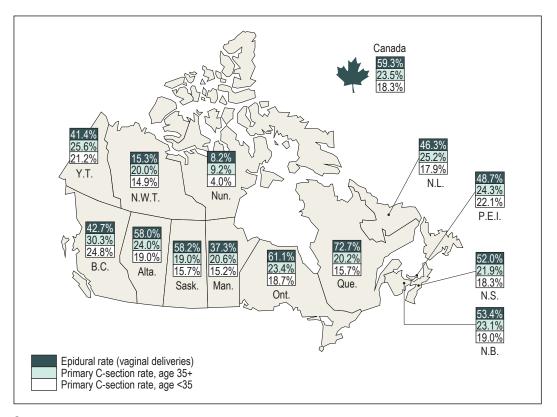
Preterm birth rates and SGA rates remain stable

In 2017–2018, the rate of babies born before 37 weeks of gestation (i.e., preterm) in Canadian hospitals was 8.0%. The rate of single babies born who were small for gestational age (SGA; smaller than 90% of the babies with the same gestational age and sex) was 9.2%. These rates have remained relatively stable since 2006.

Primary C-section rates higher for women 35 and older; epidural rates remain high in Canada

The primary C-section rate is defined as the proportion of women who had a C-section for the first time. Across all provinces, women 35 years and older were more likely to have a primary C-section than younger women (23.5% versus 18.3%, respectively). The Canadian epidural rate for vaginal deliveries increased slightly from 58.6% in 2016–2017 to 59.3% in 2017–2018.

Figure 3 Primary C-section and epidural rates across Canada, 2017–2018



Source

Hospital Morbidity Database, 2017–2018, Canadian Institute for Health Information.

More information

For more information, please access the <u>pre-formatted tables</u> and interactive <u>inpatient</u> and <u>childbirth</u> data in CIHI's Quick Stats. These include data on the top 10 reasons for hospitalizations and surgeries, in-hospital births, and standardized hospitalization rates and average lengths of stay.

Feedback and questions are welcome at cad@cihi.ca.

Appendix: Text alternative for figures

Data table for Figure 1: Top 5 reasons for inpatient hospitalizations* by volume and average acute length of stay, 2017–2018

Ranking	Most responsible diagnoses for inpatient hospitalizations	Number of inpatient hospitalizations	Average acute length of stay (days) of inpatient hospitalizations
1	Giving birth	362,700	2.2
2	COPD and bronchitis	93,353	7.2
3	Acute myocardial infarction	71,192	4.9
4	Pneumonia	70,149	6.7
5	Heart failure	68,972	8.9

Notes

COPD: Chronic obstructive pulmonary disease.

Sources

Hospital Morbidity Database and Ontario Mental Health Reporting System, 2017–2018, Canadian Institute for Health Information.

Data table for Figure 2: Top 5 inpatient surgeries by volume and average acute length of stay,* 2017–2018

Ranking	Surgical interventions	Number of inpatient surgeries	Average acute length of stay (days) of inpatient surgeries
1	C-section delivery	104,349	3.0
2	Knee replacement surgery	70,215	3.5
3	Hip replacement surgery	58,333	5.9
4	Fractures	55,294	9.4
5	Coronary artery angioplasty	42,449	4.3

Notes

Hospital Morbidity Database, 2017–2018, Canadian Institute for Health Information.

^{*} Numbers exclude newborns and include obstetric records.

^{*} Length of stay is calculated for the complete acute care hospitalization, which may have included other treatments and procedures. The analysis includes all types of knee/hip replacements (including total, partial, primary and revision).

Data table for Figure 3: Primary C-section and epidural rates across Canada, 2017–2018

Jurisdiction	Epidural rate for vaginal deliveries (%)	Primary C-section rate, age 35+ (%)	Primary C-section rate, age <35 (%)
Canada	59.3	23.5	18.3
Newfoundland and Labrador	46.3	25.2	17.9
Prince Edward Island	48.7	24.3	22.1
Nova Scotia	52.0	21.9	18.3
New Brunswick	53.4	23.1	19.0
Quebec	72.7	20.2	15.7
Ontario	61.1	23.4	18.7
Manitoba	37.3	20.6	15.2
Saskatchewan	58.2	19.0	15.7
Alberta	58.0	24.0	19.0
British Columbia	42.7	30.3	24.8
Yukon	41.4	25.6	21.2
Northwest Territories	15.3	20.0	14.9
Nunavut	8.2	9.2	4.0

Source

Hospital Morbidity Database, 2017–2018, Canadian Institute for Health Information.



For data-specific information:

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