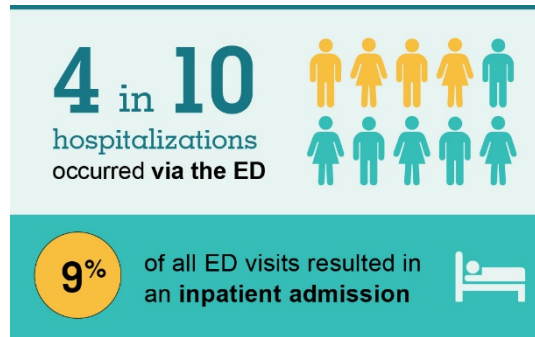




Hospital spending

Focus on the emergency department

In Canada in 2018–2019, 4 in every 10 patients entered the hospital through the emergency department (ED) and 9% of all ED visits resulted in an inpatient admission.



Note

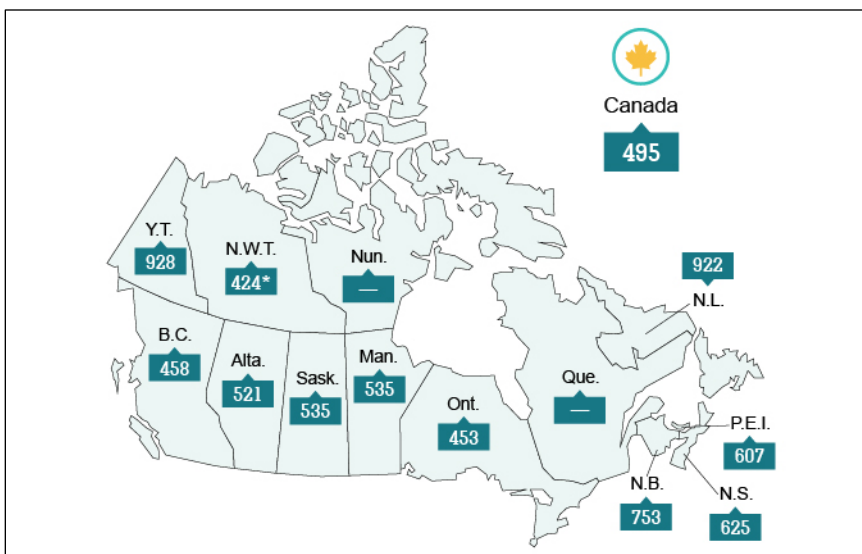
This figure includes data only from hospitals that submitted data on both ED inpatient admissions and ED visits to the Canadian MIS Database in 2018–2019.

Source

Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information.

At the national level, ED visits per 1,000 population remained relatively steady over the 5-year period from 2014–2015 to 2018–2019 (decreasing from 500 to 495, respectively). The Atlantic provinces and the territories tend to have the most ED activity, with Yukon seeing the highest rate at 928 ED visits per 1,000 population.

ED face-to-face visits per 1,000 population, by province and territory, 2018–2019



Notes

* This is 2017–2018 data, as the Northwest Territories did not submit data on ED visits to the Canadian MIS Database in 2018–2019.

— Data is not available for Quebec and Nunavut.

Sources

Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information; Q4 2014 to Q4 2018 population estimates, [Table 17-10-0009-01: Population estimates, quarterly](#), Statistics Canada.

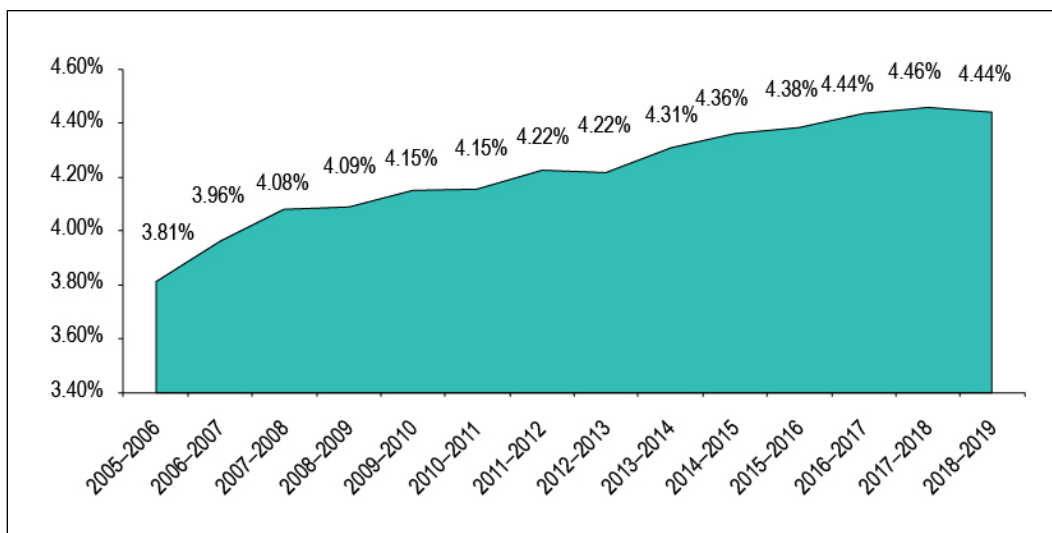




Highlights

Emergency services have steadily been consuming a greater share of total hospital spending, rising from 3.81% in 2005–2006 to 4.46% in 2017–2018, then declining slightly to 4.44% in 2018–2019.

ED expenses as a proportion of total hospital expenses, Canada, *
2005–2006 to 2018–2019



Note

* Does not include Quebec and Nunavut; data is not available.

Source

Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information.

The direct cost per ED visit has risen from \$96 in 2005–2006 to \$158 in 2018–2019, an average annual growth rate of 4%. However, an ED visit involves many other areas of the hospital, from diagnostic imaging and housekeeping to administration, bringing the full hospital cost of an ED visit to \$304 in 2018–2019.

2005–2006		2018–2019		<p>\$304 Full hospital cost per ED visit in 2018–2019</p>
<p>\$96 Direct cost per ED visit</p>	<p>4% Annual growth rate</p>	<p>\$158 Direct cost per ED visit</p>		

Notes

Costs exclude compensation paid to physicians.

Does not include Quebec and Nunavut; data is not available.

Sources

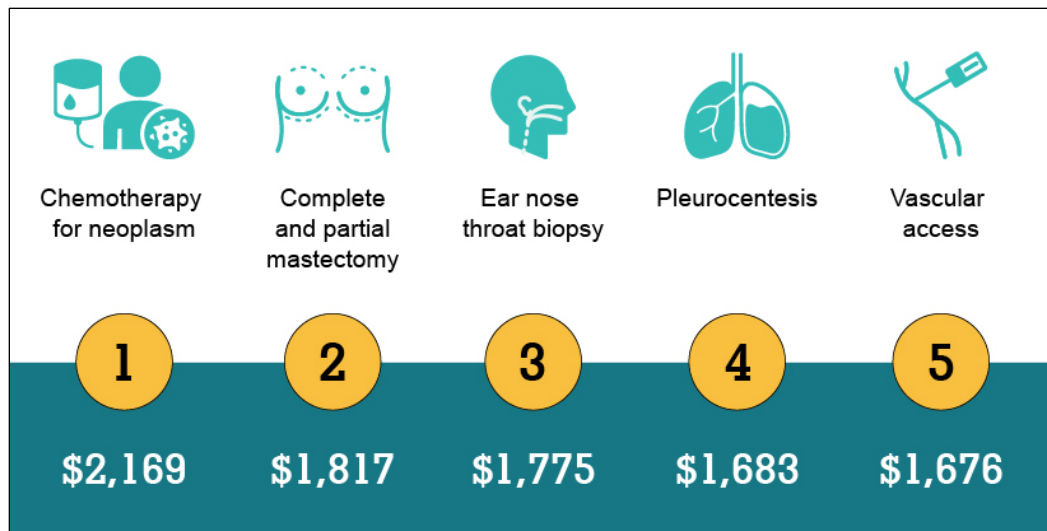
Canadian MIS Database (current as of June 18, 2020) and National Ambulatory Care Reporting System (current as of July 2, 2019), Canadian Institute for Health Information.



Highlights

Chemotherapy is the most expensive procedure performed in Canadian EDs. However, the most money is spent on digestive conditions, followed by mental health and psychosocial conditions, due to the larger volume of patients.

Top 5 ED patient groups, by average hospital cost, Canada, 2018–2019



Note

Cost estimates are based on all visits reported to the National Ambulatory Care Reporting System (NACRS) in 2018–2019 that are coded as ED visits from Level 2 and Level 3 reporting facilities. In some cases, visits may have been scheduled as an ED visit and reported in NACRS as such, but some of the activity may have occurred elsewhere. Visits may not always represent urgent visits to an ED. Some of the patient groups may seem unusual for an ED; they are included here because they have been found across multiple facilities and jurisdictions and over multiple years. Visits without a Resource Intensity Weight (RIW) (e.g., visits reported in Level 1 sites) or conditions with fewer than 10 ED visits are excluded from the analysis. RIW is based on the 2019 Comprehensive Ambulatory Classification System methodology.

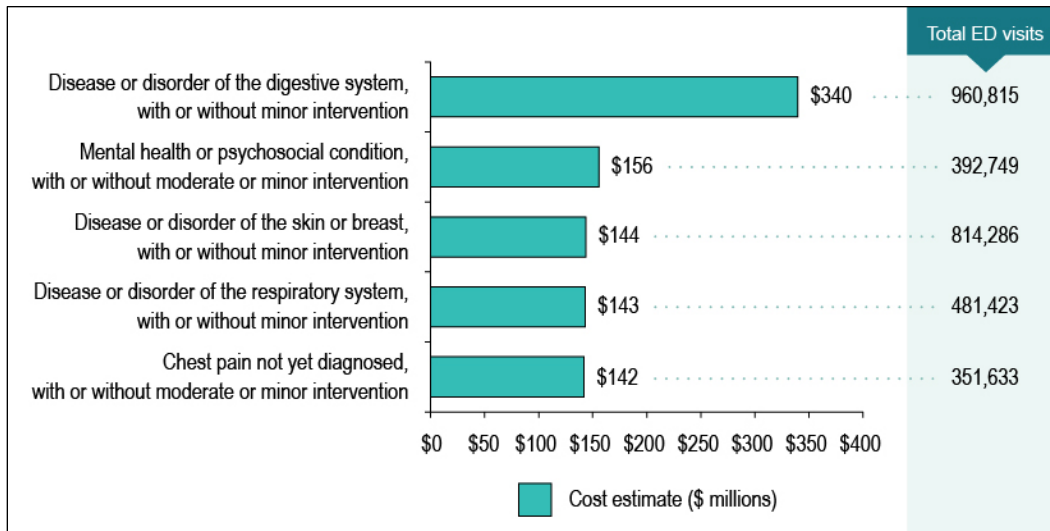
Sources

Canadian MIS Database (current as of April 6, 2020) and National Ambulatory Care Reporting System (current as of July 2, 2019), Canadian Institute for Health Information.



Highlights

Top 5 ED patient groups, by total hospital cost, Canada, 2018–2019



Note

Cost estimates are based on all visits reported to the National Ambulatory Care Reporting System (NACRS) in 2018–2019 that are coded as ED visits from Level 2 and Level 3 reporting facilities. In some cases, visits may have been scheduled as an ED visit and reported in NACRS as such, but some of the activity may have occurred elsewhere. Visits may not always represent urgent visits to an ED. Visits without a Resource Intensity Weight (RIW) (e.g., visits reported in Level 1 sites) or conditions with fewer than 10 ED visits are excluded from the analysis. RIW is based on the 2019 Comprehensive Ambulatory Classification System methodology.

Sources

Canadian MIS Database (current as of April 6, 2020) and National Ambulatory Care Reporting System (current as of July 2, 2019), Canadian Institute for Health Information.

While the need for overtime has been increasing across most hospital services, ED staffⁱ are twice as likely to work overtime as staff in other hospital services (6.25% of all worked hours in 2018–2019). ED staff had the highest amount of overtime in the Northwest Territories (12.55%), followed by British Columbia (9.14%).

ED staff 2x
as likely to work overtime
as staff in other hospital services

Note

Does not include Quebec and Nunavut; data is not available.

Source

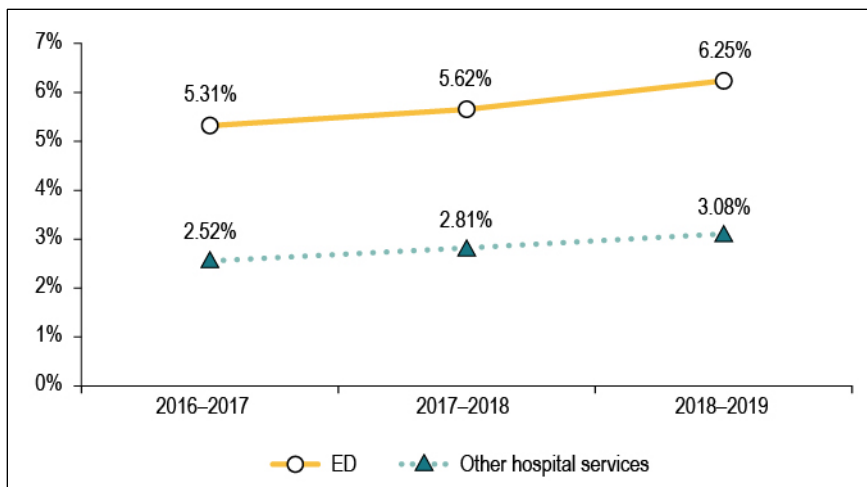
Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information.

i. ED staff includes only those considered unit-producing personnel; management and operation support personnel and medical personnel are excluded.



Highlights

Overtime as a proportion of hospital worked hours, Canada,* 2016–2017 to 2018–2019



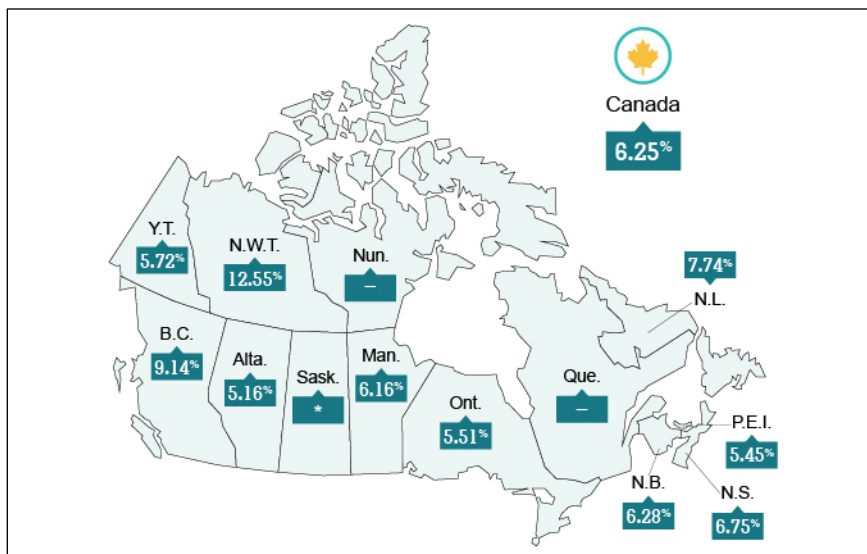
Note

* Does not include Quebec and Nunavut; data is not available. Saskatchewan has been excluded from 2017–2018 and 2018–2019 due to data quality issues at the time of calculation.

Source

Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information.

Overtime as a proportion of ED worked hours, by province and territory, 2018–2019



Notes

* Saskatchewan has been excluded due to data quality issues at the time of calculation.

— Data is not available for Quebec and Nunavut.

Source

Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information.



Appendix: Text alternative for figures

Table: ED face-to-face visits per 1,000 population, by province and territory, 2018–2019

Province/territory	Visits per 1,000 population
Canada	495
N.L.	922
P.E.I.	607
N.S.	625
N.B.	753
Que.	—
Ont.	453
Man.	535
Sask.	535
Alta.	521
B.C.	458
Y.T.	928
N.W.T.	424*
Nun.	—

Notes

* This is 2017–2018 data, as the Northwest Territories did not submit data on ED visits to the Canadian MIS Database in 2018–2019.

— Data is not available for Quebec and Nunavut.

Sources

Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information; Q4 2014 to Q4 2018 population estimates, [Table 17-10-0009-01: Population estimates, quarterly](#), Statistics Canada.



Highlights

Table: ED expenses as a proportion of total hospital expenses, Canada,* 2005–2006 to 2018–2019

Year	ED expenses as a proportion of total hospital expenses
2005–2006	3.81%
2006–2007	3.96%
2007–2008	4.08%
2008–2009	4.09%
2009–2010	4.15%
2010–2011	4.15%
2011–2012	4.22%
2012–2013	4.22%
2013–2014	4.31%
2014–2015	4.36%
2015–2016	4.38%
2016–2017	4.44%
2017–2018	4.46%
2018–2019	4.44%

Note

* Does not include Quebec and Nunavut; data is not available.

Source

Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information.



Highlights

Table: Top 5 ED patient groups, by average hospital cost, Canada, 2018–2019

Patient groups	Cost estimate (average)
Chemotherapy for neoplasm	\$2,169
Complete and partial mastectomy	\$1,817
Ear nose throat biopsy	\$1,775
Pleurocentesis	\$1,683
Vascular access	\$1,676

Note

Cost estimates are based on all visits reported to the National Ambulatory Care Reporting System (NACRS) in 2018–2019 that are coded as ED visits from Level 2 and Level 3 reporting facilities. In some cases, visits may have been scheduled as an ED visit and reported in NACRS as such, but some of the activity may have occurred elsewhere. Visits may not always represent urgent visits to an ED. Some of the patient groups may seem unusual for an ED; they are included here because they have been found across multiple facilities and jurisdictions and over multiple years. Visits without a Resource Intensity Weight (RIW) (e.g., visits reported in Level 1 sites) or conditions with fewer than 10 ED visits are excluded from the analysis. RIW is based on the 2019 Comprehensive Ambulatory Classification System methodology.

Sources

Canadian MIS Database (current as of April 6, 2020) and National Ambulatory Care Reporting System (current as of July 2, 2019), Canadian Institute for Health Information.

Table: Top 5 ED patient groups, by total hospital cost, Canada, 2018–2019

ED patient groups	Cost estimate (\$ millions)
Disease or disorder of the digestive system, with or without minor intervention (Total ED visits: 960,815)	\$340
Mental health or psychosocial condition, with or without moderate or minor intervention (Total ED visits: 392,749)	\$156
Disease or disorder of the skin or breast, with or without minor intervention (Total ED visits: 814,286)	\$144
Disease or disorder of the respiratory system, with or without minor intervention (Total ED visits: 481,423)	\$143
Chest pain not yet diagnosed, with or without moderate or minor intervention (Total ED visits: 351,633)	\$142

Note

Cost estimates are based on all visits reported to the National Ambulatory Care Reporting System (NACRS) in 2018–2019 that are coded as ED visits from Level 2 and Level 3 reporting facilities. In some cases, visits may have been scheduled as an ED visit and reported in NACRS as such, but some of the activity may have occurred elsewhere. Visits may not always represent urgent visits to an ED. Visits without a Resource Intensity Weight (RIW) (e.g., visits reported in Level 1 sites) or conditions with fewer than 10 ED visits are excluded from the analysis. RIW is based on the 2019 Comprehensive Ambulatory Classification System methodology.

Sources

Canadian MIS Database (current as of April 6, 2020) and National Ambulatory Care Reporting System (current as of July 2, 2019), Canadian Institute for Health Information.



Table: Overtime as a proportion of hospital worked hours, Canada,* 2016–2017 to 2018–2019

Year	ED	Other hospital services
2016–2017	5.31%	2.52%
2017–2018	5.62%	2.81%
2018–2019	6.25%	3.08%

Note

* Does not include Quebec and Nunavut; data is not available. Saskatchewan has been excluded from 2017–2018 and 2018–2019 due to data quality issues at the time of calculation.

Source

Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information.

Table: Overtime as a proportion of ED worked hours, by province and territory, 2018–2019

Province/territory	Overtime in ED
Canada	6.25%
N.L.	7.74%
P.E.I.	5.45%
N.S.	6.75%
N.B.	6.28%
Que.	—
Ont.	5.51%
Man.	6.16%
Sask.	*
Alta.	5.16%
B.C.	9.14%
Y.T.	5.72%
N.W.T.	12.55%
Nun.	—

Notes

* Saskatchewan has been excluded due to data quality issues at the time of calculation.

— Data is not available for Quebec and Nunavut.

Source

Canadian MIS Database (current as of June 18, 2020), Canadian Institute for Health Information.

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