# Canadian MIS Database

## Hospital Financial Performance Indicators

1999–2000 to 2001–2002

Canadian Institute for Health Information
Institut canadien d'information sur la santé

## Canadian MIS Database

# Hospital Financial Performance Indicators

## 1999–2000 to 2001–2002

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Canadian Institute for Health Information
377 Dalhousie Street
Suite 200
Ottawa, Ontario
K1N 9N8

Telephone: (613) 241-7860
Fax: (613) 241-8120
www.cihi.ca

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# Hospital Financial Performance Indicators
# 1999–2000 to 2001–2002

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## MIS Guidelines Strategic Steering Committee Members

- Ms. Karen Legge, Manager, Financial Information Services, Newfoundland and Labrador Department of Health and Community Services
- Mr. William Hook, Financial Planner/Analyst, Finance and Administration, Prince Edward Island Department of Health and Social Services
- Mr. Byron Rafuse, Chief Financial Officer, Nova Scotia Department of Health
- Mme Michelle Bourgoin, Director Hospital Operations and Support, New Brunswick Health and Wellness
- Ms. Nancy Macken, Vice President, Finance and Information, Southlake Regional Health Centre, Ontario
- Mr. John McKinley, Director, Finance and Information Branch, Ontario Ministry of Health and Long-Term Care
- Mr. Brian Schoonbaert, Vice President, Finance and Information, Brandon Regional Health Authority, Manitoba
- Mr. Winston Maharaj, Executive Director, Financial Support and Analysis Branch, Manitoba Health
- Mr. David Jaipaul, Director Corporate Finance, David Thompson Health Region, Alberta
- Mr. Allaudin Merali, Vice President, Finance and Administration, Capital Health Authority, Alberta
- Mr. John Cheung, Executive Director, Information Support Division, British Columbia Ministry of Health Services
- Ms. Sylvia Healey, Manager, Health Information and Research, Health and Social Services, Government of Nunavut Territory
- Mr. Ron Browne, Chief Executive Officer, Yukon Hospital Corporation
- Mr. Warren St. Germaine, Director, Financial and Management Services, Northwest Territories Department of Health and Social Services
- Ms. Jeanine Bustros, Director, Data Dissemination, Health Canada
- Dr. Ian McKillop, J.W. Graham Research Chair in Health Information Systems, Department of Applied Health Sciences/Computer Sciences, University of Waterloo
- Dr. George Pink, Department of Health Policy and Administration, University of North Carolina at Chapel Hill, United States
- Ms. Louise Ogilvie, Director, Health Resources Information, Canadian Institute for Health Information

## MIS Guidelines Technical Working Group Members

- Ms. Ann Vivian-Beresford, Provincial MIS Coordinator, Standard and Development Division, Newfoundland and Labrador Centre for Health Information
- Mr. William Hook, Financial Planner/Analyst, Finance and Administration, Prince Edward Island Department of Health and Social Services
- Ms. Florence Hersey, Provincial MIS Advisor, Nova Scotia Department of Health
- Mme Annie Doucet, Provincial MIS Coordinator, New Brunswick Health and Wellness
- Ms. Sandra Chase, Provincial MIS Coordinator, Information Management, Ontario Ministry of Health and Long-Term Care
- Ms. Julene Reimer, Provincial MIS Coordinator, Financial Support and Analysis Branch, Manitoba Health
- Ms. Roseann Anderson, Assistant Director, Finance and Management Services Branch, Saskatchewan Health
- Ms. Kathryn Gray, Financial Information Coordinator, Alberta Health and Wellness
- Mr. David Wilks, MIS Coordinator, Information Support, British Columbia Ministry of Health Services
- Ms. Sylvia Healey, Manager, Health Information and Research, Health and Social Services, Government of Nunavut Territory
- Mr. Andrew Langford, Director, Planning, Accountability and Reporting, Northwest Territories Department of Health and Social Services
- Mr. Ron Browne, Chief Executive Officer, Yukon Hospital Corporation
- Mr. Geoff Ballinger, Manager, Health Expenditures, Canadian Institute for Health Information

# Highlights

- All provinces/territories except British Columbia and Northwest Territories have a total margin of zero or less. The average total margin for 2001–2002 is -1.7%. Northwest Territories has the highest total margin (1.2%) and Quebec has the lowest total margin (-3.5%). A decline in total margin value from 1999–2000 to 2001–2002 suggests that in 2001–2002 hospital expenses have increased faster than hospital revenues.
- Current ratio for 2001–2002 varies from a high of 1.4 in Alberta to a low of 0.4 in Newfoundland and Labrador. The average for 2001–2002 was 1.0.
- Administrative expense as a percentage of total expense has declined by 6% from 6.5% in 2000–2001 to 6.1% in 2001–2002. Quebec has the highest percentage (8.9%) and Saskatchewan has the lowest (3.3%).
- The average amount spent to operate information systems, as a percentage of total expense is 2.0%. The close grouping of all provincial/territorial values suggests that data has been reported more consistently in recent years and that data quality is improving.
- The average cost per weighted case in 2000–2001 was $3,103. This indicator ranges from a low of $2,836 in Manitoba to a high of $4,512 in Newfoundland and Labrador.
- On average, 61.8% of all hospital worked hours are worked by unit-producing personnel in patient care functional centres. There is little variation for this indicator across provinces for each year.
- The average for nursing inpatient services unit-producing personnel worked hours per weighted case for 2000–2001 was 36.0 hours. Ontario had the lowest value (33.0 hours) and Newfoundland and Labrador had the highest provincial value (58.4 hours).
- Diagnostic services unit-producing personnel worked hours per weighted case had an average value of 1.1 hours in 2000–2001. The lowest provincial value reported in 2000–2001 was 0.6 hours in Newfoundland and Labrador and the highest was 1.6 hours in New Brunswick.
- Clinical Laboratory services unit-producing personnel worked hours per weighted case had an average value of 2.0 hours in 2000–2001. The lowest provincial value reported in 2000–2001 was 1.0 hours in Alberta and the highest was 2.8 hours in Prince Edward Island.
- Pharmacy unit-producing personnel worked hours per weighted case had an average value of 1.9 hours in 2000–2001. Prince Edward Island had the lowest value (1.6 hours) and Yukon Territory had the highest (3.0 hours).
- The average age of equipment ranges from 14.2 years old in Saskatchewan to 2.8 years old in the Yukon. The average value for this indicator is 9.3 years. Data quality issues still appear to affect the results for this indicator in 2001–2002.

# Executive Summary

The Canadian MIS Database (CMDB) is the national data source for financial and statistical information about hospitals and health regions. The data collected in the CMDB is structured according to the national data standard, *Guidelines for Management Information Systems in Canadian Health Service Organizations* (MIS Guidelines), a standardized framework for collecting and reporting financial and statistical data on the day-to-day operations of health service organizations. These standards have been implemented in most provinces and territories across Canada.[1]

Understanding how hospital financial information changes over time is critical to evaluating hospital performance. Currently, indicator results have been calculated for three years at the provincial/territorial level. Fiscal year 2001–2002 represents the second year that regional level results have been produced.

It is important that this report be viewed as a step in establishing national performance indicators that describe certain components of the Canadian health care system and promote the use of this information for policy development and evaluation. In recent months, CIHI has been involved in several data quality activities with provinces, territories, and regions/hospitals that are having a positive impact on data quality. Despite these efforts there is a need for a continued commitment by ministries and health regions/hospitals to the MIS Guidelines and compliance with national CMDB reporting standards. More than half of the provincial/territorial data used in this report have been rated with a warning that data can only be used with major restrictions, and as a result, readers should be cautioned when interpreting the results of this report.

Several provinces have initiated or carried out performance measurement projects independently, but a cohesive national picture is lacking. The aim of this report is to continue the process to develop a national view of hospital financial performance across provinces and territories. For this report, 11 indicators of financial performance were selected based on input from the MIS Strategic Steering Committee.

[1] The exceptions are Saskatchewan implemented the MIS Guidelines beginning April 1, 2002 and Quebec has implemented its own provincial reporting standards that are mapped to the MIS Guidelines.

The selected indicators aim to measure the following concepts: financial viability, liquidity, corporate efficiency, cost of hospital outputs, deployment of human resources, and capital asset management. Indicators are provided at the regional level, but provincial/territorial weighted average values are used for the analysis.[2] The indicators selected for inclusion in this report are:

**Table 1. National Average Indicator Values, 1999–2000 to 2001–2002**

| Indicator | 1999–2000 Average | 2000–2001 Average | 2001–2002 Average | Unit of Analysis |
|---|---|---|---|---|
| **Financial Viability** | | | | |
| Total Margin | -0.1% | -0.4% | -1.7% | Legal Entity |
| **Liquidity** | | | | |
| Current Ratio | 1.1 | 1.1 | 1.0 | Legal Entity |
| **Corporate Efficiency** | | | | |
| Administrative Expense as a Percentage of Total Expense | 6.4% | 6.5% | 6.1% | Legal Entity |
| Information Systems Expense as a Percentage of Total Expense | 2.0% | 2.0% | 2.0% | Legal Entity |
| **Cost of Hospital Outputs** | | | | |
| Cost per Weighted Case | NR | $3,103 | NR | Hospital |
| **Deployment of Human Resources** | | | | |
| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | 61.9% | 62.0% | 61.8% | Hospital |
| Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | NR | 36.0 | NR | Hospital |
| Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | NR | 1.1 | NR | Hospital |
| Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | NR | 2.0 | NR | Hospital |
| Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | NR | 1.9 | NR | Hospital |
| **Capital Asset Management** | | | | |
| Average Age of Equipment | 9.4 | 9.5 | 9.4 | Legal Entity |

NR = Not Reported

Indicators using weighted cases as a denominator are excluded for 2001–2002 because the staggered implementation of ICD-10-CA and CCI by provinces and territories has resulted in weighted case values that are not comparable between jurisdictions.

[2] Provincial/Territorial and National weighted averages for 1999–2000 and 2000–2001 have been restated in order to conform to changes made to the indicator methodology for 2001–2002.

Decision-makers and health care stakeholders need hospital financial performance measures to assess performance of the system and to ensure its long-term viability. This report contributes to hospital financial performance measurement in Canada by testing the feasibility of calculating system-wide measures of financial performance using data from the CMDB. Data quality issues and gaps in the data contained in the CMDB make reporting on these indicators problematic.

In order to produce more meaningful information in the future, it is important that CIHI, hospitals, regions and provincial/territorial governments work collaboratively on improving the overall quality of data reported to provincial/territorial databases and to the CMDB. In recent years, some data quality improvements have occurred; however, this report reveals that more work is required. The extent of data quality issues varies across the provinces and territories.

As a result, the following recommendations are proposed:

1. CIHI, the ministries of health, and health regions/hospitals must continue to work collaboratively to improve the quality of the financial and statistical data reported to the CMDB by:
    - Requiring the appropriate use of the MIS Guidelines as the standard for the collection of data.
    - Submitting standardized financial and non-financial data, according to the CMDB minimum reporting requirements. Where possible, additional detailed data would be desirable to facilitate more detailed analysis.
    - Submitting finalized data by the annual reporting deadline in order to improve the timelines of indicator comparisons.
    - Submitting data in the correct data format as outlined by the CMDB Technical Reporting Specifications Document.

2. Indicator values at the regional level should continue to be reported on an annual basis.

# Introduction

Part of the mandate of the Canadian Institute for Health Information (CIHI) is to provide and coordinate the dissemination of accurate and timely data and information required for effectively managing the Canadian health system. CIHI tracks financial and statistical information about hospitals and health regions in the Canadian MIS Database (CMDB), which provides comparable information across the country that can be used, among other things, to evaluate health care services. The data collected in the CMDB is structured according to the national data standard, *Guidelines for Management Information Systems in Canadian Health Service Organizations* (MIS Guidelines), a standardized framework for collecting and reporting financial and statistical data on the day-to-day operations of health service organizations. These standards have been implemented in most provinces and territories across Canada.[1]

Understanding how hospital financial information changes over time is critical to evaluating hospital performance. *Canadian MIS Database, Hospital Financial Performance Indicators, 1999–2000 to 2001–2002* investigates the feasibility of using data from the CMDB to report on regional level hospital financial performance in 2001–2002. This report is an update to information previously reported in *Canadian MIS Database, Moving Toward the Reporting of Hospital Financial Performance Indicators 1999–2000 and 2000–2001.* CIHI will continue to monitor the ongoing feasibility of using data from the CMDB in the future.

Two advisory groups with members representing primarily provincial and territorial governments guide the MIS Guidelines and the CMDB. Membership of the MIS Strategic Steering Committee includes senior financial officers from regional health authorities and hospitals; provincial and territorial governments; officials from Health Canada; and members from academia. In June 2003, the Strategic Steering Committee reviewed the list of indicators and assisted in identifying some changes to the definitions that will be used for national reporting. Generally, these changes broaden the scope of the indicators so that they do not exclude expenses and revenues that had been excluded in previous years for reasons of poor data quality. A complete description of the indicator methodology as well as the changes that were made this year can be found in Appendix B—Performance Indicator Methodology.

The indicators that are used in this report are:

1. Total Margin
2. Current Ratio
3. Administrative Expense as a Percentage of Total Expense
4. Information Systems as a Percentage of Total Expense
5. Cost per Weighted Case
6. Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours
7. Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case
8. Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case
9. Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case
10. Pharmacy Unit-producing Personnel Worked Hours per Weighted Case
11. Average Age of Equipment

Provincial and territorial data submitted to the CMDB is reviewed for quality using the processes described in Appendix A—Methodological Notes. Table 23 lists the data quality assessments that have been assigned to each province and territory by applying CIHI's data quality framework. More than half of the provincial and territorial data submissions have been rated with a warning that data can only be used with major restrictions, and as a result, readers are cautioned when interpreting the results of this report.

For this reason, it is important to note that this report should not be treated as a benchmarking study or a balanced scorecard. Rather, it should be viewed as part of a larger process in establishing national performance indicators that describe certain components of the Canadian health care system and promote the use of this information for policy development and evaluation. The report also reveals the need to continue to improve the quality of financial and statistical data reported to the CMDB by health service organizations in Canada. It points to the need for an ongoing commitment by ministries of health, health regions, hospitals and functional center managers to consistently apply the MIS Guidelines and to comply with national CMDB minimum reporting standards.

Since publishing *Canadian MIS Database, Moving Toward the Reporting of Hospital Financial Performance Indicators 1999–2000 and 2000–2001*, CIHI has noted substantial effort on the part of provinces and territories to improve the quality of data being reported to the CMDB. Many of these improvements will have an effect on data received by CIHI starting in fiscal year 2002–2003.

CIHI has introduced corporate initiatives to improve the quality of all of its data holdings including the CMDB. These data quality initiatives include:

- The redevelopment of CIHI's data quality framework. In turn, data quality reporting from the CMDB to the provincial/territorial data suppliers is also in redevelopment in order to ensure these reports comply with the new data quality framework;
- A study that was carried out in 2003 to review statistical data contained in the CMDB for all British Columbia hospitals, comparing the results to the same statistical data contained in CIHI's Discharge Abstract Database (DAD). CIHI is now considering the feasibility of completing the same study for all provinces/territories;
- Plans to carry out a comprehensive assessment of the CMDB in 2004. This assessment will include the development of an approach to measure how closely provincial/ territorial data complies with the MIS Guidelines at the facility level; and
- A new, web-based hospital indicator analytical tool that will provide indicators calculated at the functional centre level for all hospitals in Canada.

Several organizations, including CIHI, have produced or collaborated on reports that include financial performance indicators that are similar to those found in this report. Examples include reports by provincial ministries of health, *CIHI/Hay Group Benchmarking Comparison of Canadian Hospitals,* and *Hospital Report 2003: Acute Care*.[3] As the specific purpose of each report differs, the methodologies used to calculate similarly named indicators may not be the same for each report. Readers need to be mindful of the different methodologies when deciding which indicator values best fit their needs. The methodologies used to calculate the indicators in this report are explained in Appendix A—Methodological Notes. For additional information please contact CMDB staff at CIHI by phone (613) 241-7860, fax (613) 241-8120 or e-mail cmdb@cihi.ca.

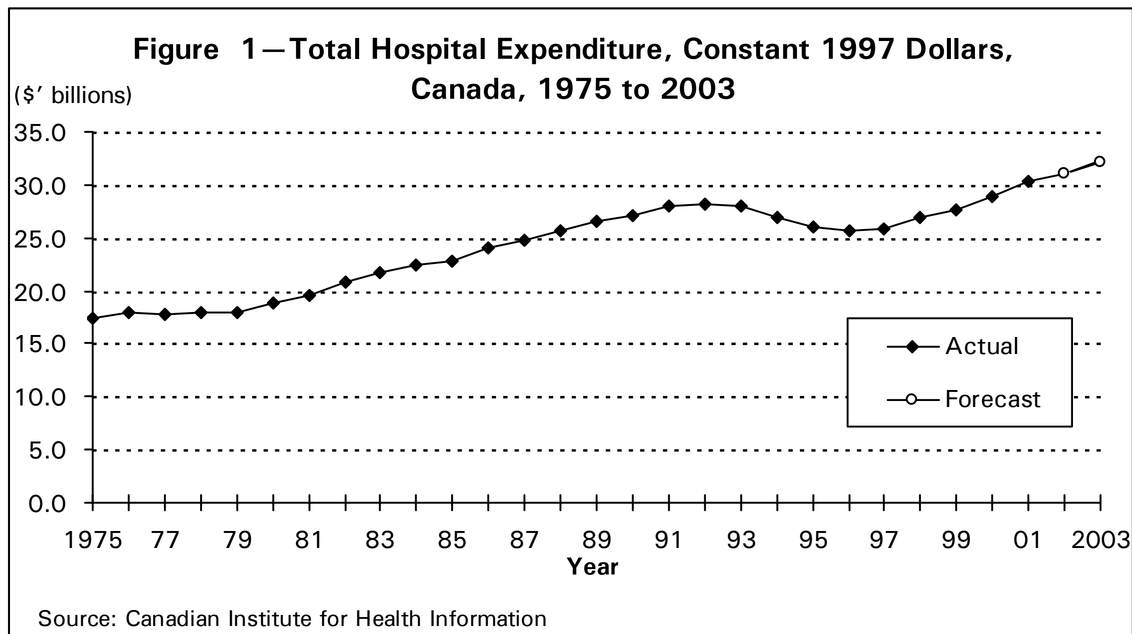
[3] *Hospital Report, Acute Care, 2003* is a collaboration between the Ontario Hospital Association, the Ontario Government, the University of Toronto and the Canadian Institute for Health Information.

# Section 1: Hospitals in Canada

## Total Hospital Expenditure

From 1975 to 1980, growth in total hospital expenditure, adjusted for inflation,[4] is relatively flat (Figure 1). From 1980 to 1992, hospital spending increased on average each year by 3.4%. From 1992 to 1996, a period of determined fiscal restraint by government, hospital expenditure declined by an average 2.4% per year. During the following eight-year period from 1996 to 2003, the growth in hospital expenditure returned to the average 3.4% it had been in the 1980's and early 1990's.

**Figure 1—Total Hospital Expenditure, Constant 1997 Dollars, Canada, 1975 to 2003**




Source: Canadian Institute for Health Information

Despite increased growth in hospital spending, it has not been growing as quickly as other categories of health expenditure. Consequently, hospital expenditure as a share of total health expenditure has been falling from a high of 45.2% of total health expenditure in 1976 to an expected 30.0% in 2003, a drop of over 15 percentage points (Figure 2). In 2003 it is forecast that Canada will spend $36.4 billion on hospitals, accounting for 30.0% of total health expenditure (see Figure 3).

[4] Expressed in constant 1997 dollars using the implicit price indices for government current expenditures. See description of Constant Dollar Calculation in Appendix A—Methodological Notes.

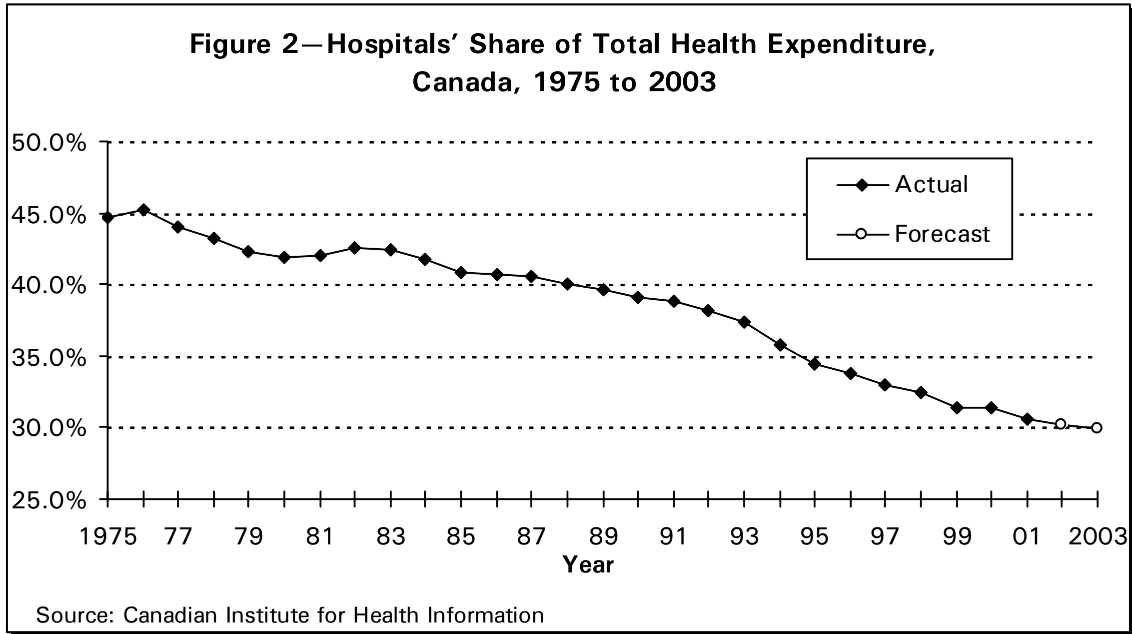


Figure 2—Hospitals' Share of Total Health Expenditure, Canada, 1975 to 2003
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
Actual
Forecast
1975
77
79
81
83
85
87
89
91
93
95
97
99
01
2003
Year
Source: Canadian Institute for Health Information

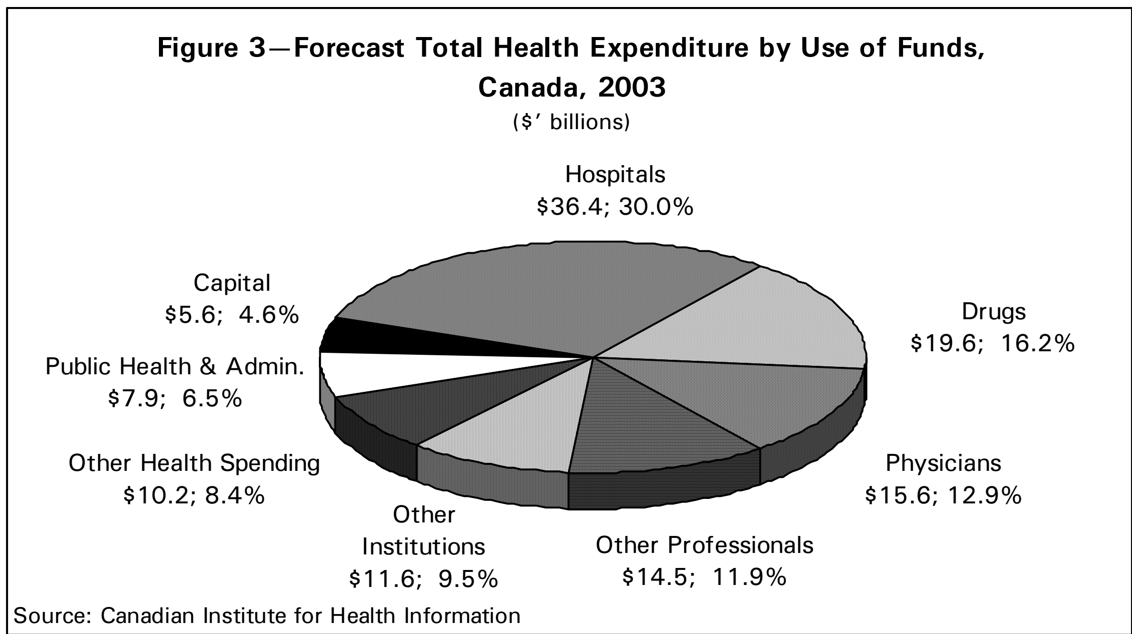


Figure 3—Forecast Total Health Expenditure by Use of Funds, Canada, 2003
($' billions)
Hospitals
$36.4; 30.0%
Drugs
$19.6; 16.2%
Physicians
$15.6; 12.9%
Other Professionals
$14.5; 11.9%
Other Institutions
$11.6; 9.5%
Other Health Spending
$10.2; 8.4%
Public Health & Admin.
$7.9; 6.5%
Capital
$5.6; 4.6%
Source: Canadian Institute for Health Information

# Section 2: System Characteristics

Table 2 illustrates how provinces and territories have chosen to organize and manage hospitals.

Hospital services are delivered through a variety of organizational structures. Some hospitals serve small rural communities, while others are much more specialized and may have affiliations with academic institutions. Tables 5 to 7 provide a breakdown of the hospitals and hospital beds in operation between 1995–1996 and 2001–2002.

Almost all hospitals in Canada operate as public not-for-profit entities. Public hospitals can be owned by a voluntary lay group, religious organization, a city, county, municipality or other municipal government, by regional or district authorities or by a branch, division, agency or department of a provincial or territorial government.

There are relatively few private hospitals in Canada. There were 14 privately owned hospitals and 6 federally owned hospitals in 2001–2002. Combined, these 20 hospitals represent less than 3% of all Canadian hospitals.

**Table 2. Number of Hospital and Regional Organization Structures, by Province and Territory, 1999–2000 to 2003–2004**

| Province/ Territory | Type of Organization | 1999–2000 Organizations | 2000–2001 Organizations | 2001–2002 Organizations | 2002–2003 Organizations | 2003–2004 Organizations |
|---|---|---|---|---|---|---|
| **N.L.** | Regional Health Boards and Corporations | 8 | 8 | 8 | 8 | 8 |
| **P.E.I.** | Regional Health Authorities | 5 | 5 | 5 | 5 | 5 |
| **N.S.** | Regional Health Boards | 8 | 5 | 5 | 5 | 5 |
| **N.B.** | Regional Hospital Corporations | 8 | 8 | 8 | 8 | 8 |
| **Que.** | Regional Health and Social Service Boards | 18 | 18 | 18 | 18 | 18 |
| **Ont.** | Hospitals | 198 | 188 | 179 | 175 | 173 |
| **Man.** | Regional Health Authorities | 12 | 12 | 12 | 11 | 11 |
| **Sask.** | Regional Health Authorities | 32 | 32 | 32 | 12 | 12 |
| **Alta.** | Regional Health Authorities | 19 | 19 | 19 | 17 | 9 |
| **B.C.** | Regional Health Boards | 17 | 17 | 17 | 5 | 5 |
| | Community Health Councils | 33 | 34 | 34 | - | - |
| | Provincial Health Services Authority | - | - | - | 1 | 1 |
| | Health Service Delivery Area | - | - | - | 15 | 15 |
| **Y.T.** | Hospitals | 2 | 2 | 2 | 2 | 2 |
| **N.W.T.** | Hospitals | 5 | 5 | 5 | 5 | 5 |
| **Nun.** | Hospitals | 1 | 1 | 1 | 1 | 1 |

Source: Canadian Institute for Health Information

## Hospital Restructuring

The number of facilities that provide hospital care have remained fairly constant however regionalization, hospital mergers and amalgamations brought about by restructuring have in general created fewer, but larger, legal entities that administer Canada's hospital facilities. From 1995–1996 to 2001–2002, 177 hospitals previously included in the CMDB List of Hospitals[5] were combined into 64 new legal entities due to mergers and amalgamations for a net reduction of 113 (Table 3) in the number of hospitals reporting to the CMDB. Although the number of reporting entities has fallen, most of the 177 predecessor hospital facilities still remain open. Table 4 illustrates the impact in the number of hospital beds over the same period.

**Table 3. Changes in the Number of Hospitals in Canada, 1995–1996 to 2001–2002**

| Fiscal Year | Operating Hospitals | Removed Due to Mergers and/or Amalgamations[a] | Added Due to Mergers and/or Amalgamations[b] | Net Change Due to Mergers and/or Amalgamations[c] | Out of Scope[d] | Closed[e] | Opened[f] |
|---|---|---|---|---|---|---|---|
| 1995–1996 | 978 | -38 | 12 | -26 | -45 | -26 | 4 |
| 1996–1997 | 886 | -34 | 15 | -19 | -20 | -8 | 5 |
| 1997–1998 | 841 | -22 | 9 | -13 | -3 | -10 | 2 |
| 1998–1999 | 818 | -48 | 17 | -31 | -3 | -5 | 3 |
| 1999–2000 | 780 | -15 | 4 | -11 | -3 | -4 | 1 |
| 2000–2001 | 762 | -12 | 2 | -10 | -6 | 0 | 0 |
| 2001–2002 | 747 | -8 | 5 | -3 | -2 | -5 | 1 |
| **Change from 1995–1996 to 2001–2002** | | **-177** | **64** | **-113** | **-82** | **-58** | **16** |

Source: Canadian Institute for Health Information

**Notes:**

[a] When two or more hospitals merge/amalgamate into one larger hospital, all of the pre-merger/amalgamation legacy hospitals are removed from the CMDB List of Hospitals. This column does not represent hospitals that have been permanently closed.

[b] After a merger/amalgamation, the new hospital is added to the CMDB List of Hospitals.

[c] This represents the reduction in the number of hospitals reporting to the CMDB, not a reduction in the number of facilities that continue to provide hospital services.

[d] Hospitals previously included, and that became either a nursing station, walk-in or out-patient clinic, retirement/nursing home, ambulatory care unit, home care organization or health services for mandatory correctional services.

[e] This column includes hospitals that have been permanently closed.

[f] The Open column is the number of new hospitals that have been opened which are not as a result of a merger/amalgamation.

[5] CIHI maintains a list of Canadian hospitals reporting to the CMDB referred to as the CMDB List of Hospitals. See Appendix A under Coverage for further discussion.

## Table 4. Changes in the Number of Hospital Beds in Canada, 1995–1996 to 2001–2002

| Fiscal Year | Hospital Beds | Beds Closed During Mergers and/or Amalgamations[a] | Beds Out of Scope[b] | Permanent Bed Closures[c] | Reduction of Beds Staffed and In Operation[d] | Opened[e] |
|---|---|---|---|---|---|---|
| 1995–1996 | 147,071 | -2,226 | -3,781 | -635 | -4,931 | 1,760 |
| 1996–1997 | 136,564 | -404 | -1,755 | -1,324 | -1,413 | 1,066 |
| 1997–1998 | 133,238 | -1,166 | -56 | -947 | -4,513 | 1,570 |
| 1998–1999 | 127,172 | -1,347 | -1,015 | -317 | -6,164 | 616 |
| 1999–2000 | 118,363 | -1,032 | -404 | -230 | 656 | 34 |
| 2000–2001 | 117,353 | -2,170 | -565 | 0 | 472 | 0 |
| 2001–2002 | 115,170 | -177 | -183 | -132 | 0 | 80 |
| **Change from 1995–1996 to 2001–2002** | | **-8,522** | **-7,759** | **-3,585** | **-15,893** | **5,126** |

Source: Canadian Institute for Health Information

**Notes:**

[a] These bed reductions are the difference between the total beds within the new merged/amalgamated hospital and the sum of the pre-merged/amalgamated legacy hospitals.

[b] Hospital beds previously included, and switched to either a nursing station, walk-in or out-patient clinic, retirement/nursing home, ambulatory care unit, home care organization or health services for mandatory correctional services.

[c] Permanent bed closures usually occur when a hospital has been permanently closed. Permanent bed closures can also be the result of a hospital/provincial/territorial decision to make a permanent reduction in the number of beds in a hospital that continues to operate.

[d] Hospitals still in operation that have decreased their current number of beds staffed and in operation.

[e] New beds that have been put into service, usually as a result of a new hospital being opened.

Changes in the number of hospitals by type of service, the number of hospitals in each province/territory, and the number of hospital beds in each province/territory from 1995–1996 to 2001–2002 are presented in Tables 5 through 7 respectively.

## Table 5. Hospitals by Type of Service, 1995–1996 to 2001–2002

| Type of Service | 1995–1996 | 1996–1997 | 1997–1998 | 1998–1999 | 1999–2000 | 2000–2001 | 2001–2002 |
|---|---|---|---|---|---|---|---|
| General | 326 | 304 | 286 | 278 | 266 | 260 | 250 |
| General with Long-term Care | 457 | 449 | 431 | 420 | 407 | 397 | 402 |
| Pediatric | 8 | 8 | 8 | 8 | 6 | 6 | 6 |
| Psychiatric—Short-term | 15 | 14 | 12 | 12 | 11 | 11 | 9 |
| Psychiatric—Long-term | 29 | 26 | 26 | 27 | 25 | 23 | 19 |
| Other Specialty | 24 | 18 | 17 | 16 | 12 | 13 | 13 |
| Rehabilitation | 18 | 18 | 17 | 17 | 15 | 15 | 13 |
| Extended Care/ Chronic | 62 | 46 | 42 | 38 | 37 | 36 | 35 |
| Other | 39 | 3 | 2 | 2 | 1 | 1 | 0 |
| **Total** | **978** | **886** | **841** | **818** | **780** | **762** | **747** |

Source: Canadian Institute for Health Information

### Table 6. Number of Hospitals, by Province/Territory, and Canada, 1995–1996 to 2001–2002

| Province/ Territory | 1995–1996 | 1996–1997 | 1997–1998 | 1998–1999 | 1999–2000 | 2000–2001 | 2001–2002 |
|---|---|---|---|---|---|---|---|
| N.L. | 33 | 33 | 33 | 33 | 32 | 32 | 33 |
| P.E.I. | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| N.S. | 45 | 35 | 36 | 35 | 35 | 35 | 35 |
| N.B. | 31 | 31 | 30 | 30 | 30 | 30 | 30 |
| Que. | 164 | 142 | 111 | 107 | 99 | 96 | 95 |
| Ont. | 255 | 243 | 236 | 222 | 198 | 188 | 179 |
| Man. | 102 | 81 | 81 | 83 | 83 | 82 | 82 |
| Sask. | 84 | 82 | 78 | 76 | 74 | 72 | 73 |
| Alta. | 127 | 118 | 117 | 114 | 114 | 113 | 109 |
| B.C. | 118 | 104 | 103 | 103 | 100 | 99 | 96 |
| Y.K. | 5 | 4 | 3 | 2 | 2 | 2 | 2 |
| N.W.T. | 7 | 6 | 6 | 6 | 5 | 5 | 5 |
| Nun. | N/A | N/A | N/A | N/A | 1 | 1 | 1 |
| **Total** | **978** | **886** | **841** | **818** | **780** | **762** | **747** |

Source: Canadian Institute for Health Information

**Note:** N/A = data not available

### Table 7. Number of Hospital Beds, by Province/Territory, and Canada, 1995–1996 to 2001–2002

| Province/ Territory | 1995–1996 | 1996- 1997 | 1997–1998 | 1998–1999 | 1999–2000 | 2000–2001 | 2001–2002 |
|---|---|---|---|---|---|---|---|
| N.L. | 2,919 | 2,582 | 2,580 | 2,558 | 2,451 | 2,409 | 2,460 |
| P.E.I. | 515 | 515 | 493 | 493 | 494 | 494 | 474 |
| N.S. | 4,048 | 3,350 | 3,457 | 3,461 | 3,461 | 3,400 | 3,556 |
| N.B. | 4,199 | 4,199 | 4,199 | 4,059 | 4,014 | 4,014 | 4,014 |
| Que. | 46,701 | 40,592 | 39,119 | 39,289 | 32,036 | 33,171 | 32,303 |
| Ont. | 43,892 | 41,323 | 39,797 | 36,350 | 35,303 | 35,268 | 33,640 |
| Man. | 5,569 | 5,154 | 5,154 | 5,079 | 5,086 | 5,075 | 5,530 |
| Sask. | 7,093 | 6,967 | 6,764 | 4,262 | 4,279 | 3,919 | 3,820 |
| Alta. | 12,413 | 12,575 | 12,483 | 12,435 | 12,242 | 11,380 | 10,861 |
| B.C. | 19,303 | 18,909 | 18,829 | 18,839 | 18,616 | 17,874 | 18,160 |
| Y.K. | 126 | 110 | 75 | 59 | 59 | 61 | 61 |
| N.W.T. | 293 | 288 | 288 | 288 | 288 | 254 | 257 |
| Nun. | N/A | N/A | N/A | N/A | 34 | 34 | 34 |
| **Total** | **147,071** | **136,564** | **133,238** | **127,172** | **118,363** | **117,353** | **115,170** |

Source: Canadian Institute for Health Information

**Note:** N/A = data not available

# Hospital Financial and Statistical Data

An overview of health region/hospital financial and statistical data for fiscal years 1999–2000 to 2001–2002 is presented in Tables 8 through 22. Tables 8 through 15 compare expenses and statistics by province and territory while tables 16 through 22 compare expenses and statistics by peer group.

**Table 8. Total Hospital and Health Region Expenses Net of Recoveries and Number of Hospitals Reporting, by Province/Territory, 1999–2000 to 2001–2002**

| Province/ Territory | Hospital Expense Net of Recoveries | | | | | | Number of Hospitals Reporting Expenses and Percentage of Provincial/Territorial Total Number of Hospitals | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 | | 2000–2001 | | 2001–2002 | | 1999–2000 | | 2000–2001 | | 2001–2002 | |
| | ($' 000,000) | $ per capita | ($' 000,000) | $ per capita | ($' 000,000) | $ per capita | Number | (%) | Number | (%) | Number | (%) |
| N.L. | 593.6 | 1,179 | 647.1 | 1,299 | 717.5 | 1,455 | 28 | 88 | 28 | 88 | 31 | 94 |
| P.E.I. | 98.1 | 719 | 103.4 | 758 | 109.2 | 798 | 7 | 100 | 7 | 100 | 7 | 100 |
| N.S. | 989.7 | 1,057 | 996.2 | 1,066 | 1,135.5 | 1,217 | 35 | 100 | 35 | 100 | 35 | 100 |
| N.B. | 852.0 | 1,135 | 885.0 | 1,180 | 962.4 | 1,284 | 30 | 100 | 30 | 100 | 30 | 100 |
| Que. | 6,325.9 | 896 | 6,728.6 | 959 | 7,178.4 | 990 | 87 | 88 | 85 | 89 | 88 | 93 |
| Ont. | 9,839.7 | 889 | 10,791.8 | 998 | 11,942.8 | 1,045 | 179 | 90 | 166 | 88 | 164 | 92 |
| Man. | 1,248.4 | 1,099 | 1,524.2 | 1,336 | 1,542.6 | 1,346 | 82 | 99 | 81 | 99 | 80 | 98 |
| Sask. | 1,284.3 | 1,430 | 965.6 | 1,139 | 1,025.5 | 1,263 | 61 | 82 | 54 | 74 | 43 | 59 |
| Alta. | 2,754.4 | 993 | 3,191.4 | 1,113 | 3,616.1 | 1,311 | 98 | 86 | 104 | 92 | 107 | 98 |
| B.C. | 4,907.8 | 1,348 | 5,580.5 | 1,416 | 6,233.6 | 1,524 | 91 | 91 | 93 | 94 | 96 | 100 |
| Y.K. | 19.6 | 769 | 20.7 | 851 | 21.3 | 883 | 1 | 50 | 1 | 50 | 1 | 50 |
| N.W.T. | N/A | N/A | N/A | N/A | 44.6 | 2,177 | N/A | N/A | N/A | N/A | 1 | 20 |
| Nun. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Total** | **28,913.5** | **948** | **31,434.5** | **1,021** | **34,529.3** | **1,109** | **699** | **90** | **684** | **90** | **683** | **92** |

Source: Canadian Institute for Health Information

**Note:** N/A = data not available

Hospital and health region expenses reported to the Canadian MIS Database increased over the two-year period, from $28.9 billion in 1999–2000 to over $34.5 billion in 2001–2002 (Table 8). The number of reporting hospitals in this table and subsequent tables refers to the number of hospitals that have reported financial/statistical data to the CMDB. Included as well, is the percentage of reporting hospitals (both public and private) to the total number of hospitals in each province, often referred to as a response rate. Response rates differ between provincial/territorial public hospitals and private hospitals (Table 25). In most provinces all of the provincially funded public hospitals reported 2001–2002 data. In contrast, only 65% of private hospitals reported 2001–2002 data.

In 2001–2002 expenses per capita[6] ranged from a high of $2,177 in Northwest Territories to a low of $798 in Prince Edward Island. There has been an increase in hospital expense per capita in most provinces from 1999–2000 to 2001–2002.

Internal recoveries have been netted against total expenses in order to eliminate the possibility of double counting expenses within an organization. For example, if an institution records the actual cost of clean linen in the linen functional centre and then allocates these costs to the consuming functional centres, the costs would be recorded twice within the organization.

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[6] Per capita figures have been adjusted for non-reporting hospitals to improve comparability. For information on Per Capita Dollar calculation, see Appendix A—Methodological Notes.

**Table 9. Hospital and Health Region Long-term Debt and Number of Hospitals Reporting, by Province/Territory, 1999–2000 to 2001–2002**

| Province/ Territory | Long-term Debt | | | Number of Hospitals Reporting Long-term Debt and Percentage of Provincial/Territorial Total Number of Hospitals | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 ($' 000,000) | 2000–2001 ($' 000,000) | 2001–2002 ($' 000,000) | 1999–2000 Hospitals | 1999–2000 (%) | 2000–2001 Hospitals | 2000–2001 (%) | 2001–2002 Hospitals | 2001–2002 (%) |
| N.L. | 130.5 | 167.6 | 176.7 | 28 | 88 | 25 | 78 | 27 | 82 |
| P.E.I. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| N.S. | 143.8 | 149.0 | 138.7 | 3 | 9 | 4 | 11 | 3 | 9 |
| N.B. | 4.8 | 3.8 | 10.5 | 21 | 70 | 15 | 50 | 23 | 77 |
| Que. | 1,362.5 | 1,350.7 | 1,493.6 | 80 | 81 | 77 | 80 | 80 | 84 |
| Ont. | 263.5 | 360.8 | 319.0 | 47 | 24 | 46 | 24 | 47 | 26 |
| Man. | 266.1 | 377.5 | 349.8 | 72 | 87 | 76 | 93 | 57 | 70 |
| Sask. | 69.3 | 65.4 | 45.7 | 58 | 78 | 50 | 68 | 42 | 58 |
| Alta. | 20.8 | 15.9 | 13.0 | 39 | 34 | 32 | 28 | 21 | 19 |
| B.C. | 66.2 | 83.2 | 96.8 | 45 | 45 | 48 | 48 | 44 | 46 |
| Y.K. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| N.W.T. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 1 | 20 |
| Nun. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Total** | **2,327.6** | **2,574.0** | **2,643.7** | **393** | **50** | **373** | **49** | **345** | **46** |

Source: Canadian Institute for Health Information

**Note:** N/A = data not available/not reportable

Table 9 indicates that although only 345 of the 747 hospitals in Canada reported having any long-term debt in 2001–2002, the amount of long-term debt increased from $2,574 million to $2,644 million for those hospitals that did report long-term debt; an increase of $70 million or nearly 3% between 2000–2001 and 2001–2002.

Hospital activity levels are explored in Tables 10 through 14. Expenses per type of activity provide important direct cost data for policy-makers, and can also promote standards for inter-provincial comparisons. Used in conjunction with population statistics, historical trends can be developed to provide indicators of service recipient growth or decline.

## Table 10. Hospital Ambulatory Care Services Visits and Number of Hospitals Reporting, by Province/Territory, 1999–2000 to 2001–2002

| Province/ Territory | Ambulatory Care Services Visits | | | Number of Hospitals Reporting Ambulatory Care Services Visits and Percentage of Provincial/Territorial Total Number of Hospitals | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 | 2000–2001 | 2001–2002 | 1999–2000 | | 2000–2001 | | 2001–2002 | |
| | Number | Number | Number | Number | (%) | Number | (%) | Number | (%) |
| N.L. | 919,559 | 146,316 | 765,930 | 23 | 72 | 6 | 19 | 21 | 64 |
| P.E.I. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| N.S. | 1,412,336 | 379,461 | 1,654,117 | 25 | 71 | 10 | 29 | 35 | 100 |
| N.B. | 1,285,231 | 1,380,812 | 1,353,802 | 24 | 80 | 24 | 80 | 26 | 87 |
| Que. | 9,595,976 | 10,101,207 | 10,049,932 | 85 | 86 | 87 | 91 | 82 | 86 |
| Ont. | 14,683,395 | 14,985,472 | 15,485,601 | 170 | 86 | 157 | 84 | 157 | 88 |
| Man. | 1,197,301 | 1,275,826 | 1,142,317 | 80 | 96 | 80 | 98 | 72 | 88 |
| Sask. | 613,663 | 391,136 | 498,651 | 42 | 57 | 12 | 16 | 16 | 22 |
| Alta. | 3,605,045 | 4,048,726 | 4,070,715 | 93 | 82 | 99 | 88 | 103 | 94 |
| B.C. | 2,838,679 | 3,063,857 | 2,819,332 | 71 | 71 | 77 | 78 | 80 | 83 |
| Y.K. | 23,016 | N/A | 25,243 | 1 | 50 | N/A | N/A | 1 | 50 |
| N.W.T. | N/A | N/A | 64,108 | N/A | N/A | N/A | N/A | 1 | 20 |
| Nun. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Total** | **36,174,201** | **35,772,813** | **37,929,748** | **614** | **79** | **552** | **72** | **594** | **80** |

Source: Canadian Institute for Health Information

**Notes:**
N/A = data not available
Ambulatory Care Services include Emergency, Day/Night Care, and Specialty/Private Clinics. Specialty/Private Clinic visits have not been shown separately in subsequent tables.

Fluctuations in ambulatory care services visits in Newfoundland and Labrador, Nova Scotia and Saskatchewan can be seen in Table 10. These fluctuations are a direct result of hospitals reporting data to the CMDB that were not included in 2000–2001 submissions. Prince Edward Island and Nunavut have not included statistical reporting for any of the three years.

## Table 11. Hospital Emergency Visits and Number of Hospitals Reporting, by Province/Territory, 1999–2000 to 2001–2002

| Province/ Territory | Emergency Visits | | | Number of Hospitals Reporting Emergency Visits and Percentage of Provincial/Territorial Total Number of Hospitals | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 | 2000–2001 | 2001–2002 | 1999–2000 | | 2000–2001 | | 2001–2002 | |
| | Number | Number | Number | Number | (%) | Number | (%) | Number | (%) |
| N.L. | 345,759 | 93,513 | 314,014 | 19 | 59 | 4 | 13 | 17 | 52 |
| P.E.I. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| N.S. | 647,620 | 258,599 | 711,818 | 24 | 69 | 10 | 29 | 32 | 91 |
| N.B. | 825,621 | 816,636 | 822,138 | 23 | 77 | 24 | 80 | 25 | 83 |
| Que. | 2,886,687 | 2,963,593 | 2,991,307 | 72 | 73 | 71 | 74 | 72 | 76 |
| Ont. | 5,208,358 | 5,293,182 | 5,393,671 | 140 | 71 | 136 | 72 | 136 | 76 |
| Man. | 607,897 | 669,939 | 606,639 | 77 | 93 | 76 | 93 | 68 | 83 |
| Sask. | 434,905 | 247,757 | 315,612 | 37 | 50 | 11 | 15 | 16 | 22 |
| Alta. | 1,666,203 | 1,754,246 | 1,735,768 | 90 | 79 | 97 | 86 | 100 | 92 |
| B.C. | 1,486,830 | 1,564,964 | 1,453,150 | 66 | 66 | 68 | 69 | 76 | 79 |
| Y.K. | 20,236 | N/A | 21,776 | 1 | 50 | N/A | N/A | 1 | 50 |
| N.W.T. | N/A | N/A | 19,843 | N/A | N/A | N/A | N/A | 1 | 20 |
| Nun. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Total** | **14,130,116** | **13,662,429** | **14,385,736** | **549** | **70** | **497** | **65** | **544** | **73** |

Source: Canadian Institute for Health Information

**Note:** N/A = data not available

## Table 12. Hospital Day/Night Care Visits and Number of Hospitals Reporting, by Province/Territory, 1999–2000 to 2001–2002

| Province/ Territory | Day/Night Care Visits | | | Number of Hospitals Reporting Day/Night Care Visits and Percentage of Provincial/Territorial Total Number of Hospitals | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 | 2000–2001 | 2001–2002 | 1999–2000 | | 2000–2001 | | 2001–2002 | |
| | Number | Number | Number | Number | (%) | Number | (%) | Number | (%) |
| N.L. | 379,017 | 34,992 | 107,533 | 17 | 53 | 2 | 6 | 9 | 27 |
| P.E.I. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| N.S. | 119,751 | 25,690 | 132,171 | 18 | 51 | 10 | 29 | 23 | 66 |
| N.B. | 45,623 | 86,315 | 83,705 | 9 | 30 | 7 | 23 | 9 | 30 |
| Que. | 313,001 | 342,942 | 348,964 | 61 | 62 | 61 | 64 | 59 | 62 |
| Ont. | 1,724,740 | 1,858,796 | 2,081,768 | 99 | 50 | 98 | 52 | 102 | 57 |
| Man. | 144,173 | 166,372 | 144,604 | 19 | 23 | 17 | 21 | 13 | 16 |
| Sask. | 23,886 | 29,444 | 13,093 | 7 | 9 | 5 | 7 | 3 | 4 |
| Alta. | 564,603 | 738,782 | 741,393 | 35 | 31 | 39 | 35 | 46 | 42 |
| B.C. | 268,994 | 258,729 | 280,190 | 36 | 36 | 39 | 39 | 40 | 42 |
| Y.K. | N/A | N/A | 235 | N/A | N/A | N/A | N/A | 1 | 50 |
| N.W.T. | N/A | N/A | 2,243 | N/A | N/A | N/A | N/A | 1 | 20 |
| Nun. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Total** | **3,583,788** | **3,542,062** | **3,935,899** | **301** | **39** | **278** | **36** | **306** | **41** |

Source: Canadian Institute for Health Information

**Note:** N/A = data not available

Fluctuations in the number of hospitals reporting Ambulatory Care Visits (Table 10) also appear in Emergency Visits (Table 11) and Day/Night Care Visits (Table 12). In most cases, data in 2001–2002 are more complete than the data reported in 2000–2001. This points to provincial/territorial efforts to improve the quality of the non-financial data they are reporting for hospitals.

**Table 13. Hospital Inpatient/Resident Days and Number of Hospitals Reporting, by Province/Territory, 1999–2000 to 2001–2002**

| Province/ Territory | Inpatient/Resident Days | | | Number of Hospitals Reporting Inpatient Days and Percentage of Provincial/Territorial Total Number of Hospitals | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 | 2000–2001 | 2001–2002 | 1999–2000 | | 2000–2001 | | 2001–2002 | |
| | Number | Number | Number | Number | (%) | Number | (%) | Number | (%) |
| N.L. | 595,784 | 134,451 | 637,844 | 28 | 88 | 8 | 25 | 28 | 85 |
| P.E.I. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| N.S. | 1,052,820 | 951,457 | 1,066,723 | 24 | 69 | 24 | 69 | 33 | 94 |
| N.B. | 1,052,329 | 1,038,330 | 1,025,122 | 30 | 100 | 30 | 100 | 30 | 100 |
| Que. | 10,218,122 | 10,215,439 | 9,462,682 | 86 | 87 | 88 | 92 | 88 | 93 |
| Ont. | 11,352,660 | 10,863,068 | 11,005,355 | 179 | 90 | 165 | 88 | 163 | 91 |
| Man. | 2,641,893 | 2,860,034 | 2,840,428 | 82 | 99 | 81 | 99 | 80 | 98 |
| Sask. | 1,084,297 | 935,133 | 935,322 | 51 | 69 | 49 | 67 | 42 | 58 |
| Alta. | 3,056,744 | 3,301,947 | 3,135,902 | 96 | 84 | 102 | 90 | 107 | 98 |
| B.C. | 5,162,983 | 5,314,912 | 5,213,316 | 83 | 83 | 87 | 88 | 91 | 95 |
| Y.K. | 13,866 | 14,016 | 13,690 | 1 | 50 | 1 | 50 | 1 | 50 |
| N.W.T. | N/A | N/A | 22,429 | N/A | N/A | N/A | N/A | 1 | 20 |
| Nun. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Total** | **36,231,498** | **35,628,787** | **35,358,813** | **660** | **85** | **635** | **83** | **664** | **89** |

Source: Canadian Institute for Health Information

**Note:** N/A = data not available

In 2001–2002, Inpatient/Resident Days decreased by almost 1% compared to the previous year (Table 13). Quebec, Alberta and British Columbia reported decreases in the numbers of inpatient/resident days even though the number of facilities reporting remained stable. The number of inpatient/resident admissions for 2001–2002 also decreased from the previous year, despite an increase in the number of reporting facilities (Table 14).

**Table 14. Hospital Inpatient/Resident Admissions and Number of Hospitals Reporting, by Province/Territory, 1999–2000 to 2001–2002**

| Province/ Territory | Inpatient/Resident Admissions | | | Number of Hospitals Reporting Inpatient Admissions and Percentage of Provincial/Territorial Total Number of Hospitals | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 | 2000–2001 | 2001–2002 | 1999–2000 | | 2000–2001 | | 2001–2002 | |
| | Number | Number | Number | Number | (%) | Number | (%) | Number | (%) |
| N.L. | 9,849 | 9,480 | 57,149 | 8 | 25 | 8 | 25 | 28 | 85 |
| P.E.I. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| N.S. | 107,681 | 93,567 | 102,331 | 24 | 69 | 24 | 69 | 34 | 97 |
| N.B. | 119,039 | 114,821 | 112,802 | 30 | 100 | 30 | 100 | 29 | 97 |
| Que. | 746,024 | 741,775 | 720,129 | 86 | 87 | 87 | 91 | 88 | 93 |
| Ont. | 1,172,650 | 1,166,396 | 1,233,096 | 175 | 88 | 163 | 87 | 163 | 91 |
| Man. | 140,364 | 137,552 | 129,844 | 81 | 98 | 80 | 98 | 80 | 98 |
| Sask. | 131,842 | 127,873 | 49,691 | 50 | 68 | 50 | 68 | 36 | 49 |
| Alta. | 315,955 | 316,522 | 296,297 | 96 | 84 | 102 | 90 | 107 | 98 |
| B.C. | 415,699 | 429,534 | 427,823 | 82 | 82 | 87 | 88 | 91 | 95 |
| Y.K. | 2,914 | 2,951 | 2,841 | 1 | 50 | 1 | 50 | 1 | 50 |
| N.W.T. | N/A | N/A | 4,667 | N/A | N/A | N/A | N/A | 1 | 20 |
| Nun. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Total** | **3,162,017** | **3,140,471** | **3,136,670** | **633** | **81** | **632** | **83** | **658** | **88** |

Source: Canadian Institute for Health Information

**Note:** N/A = data not available

Both inpatient/resident days and admissions are being recorded in functional centres outside of nursing inpatient/resident services. These tables include days and admissions from all functional centres.

While a provincial/territorial level of analysis provides a high level perspective of the hospital system, analysis by peer group often demonstrates that the mandate, size and teaching affiliation of hospitals have an impact on the type and cost of services provided.

Hospital financial and statistical data by hospital peer group are presented in Tables 15 through 21. The peer groups are based on the number of hospital beds in community hospitals, except for pediatric and teaching hospitals each of which are shown as a separate peer group. For the purpose of these tables peer groups are:

- Less than 50 beds
- 50 to 99 beds
- 100 to 199 beds
- 200 to 299 beds
- 300 to 399 beds
- 400 beds and over
- Pediatric hospitals
- Teaching hospitals

A teaching hospital is defined as an institution that provides medical education programs, approved by the appropriate authorities, for the major clinical instruction in at least the medical disciplines of internal medicine and general surgery to undergraduate medical students in their final two years. For this report, hospitals that are pediatric with teaching capacity are categorized as pediatric.

Table 15 reports Hospital Expenses Net of Recoveries, by Peer Group, to be $31.4 billion for 2001–2002. Table 8 reports similar information for 2001–2002 but includes health region expenses by province/territory for a total of $34.5 billion. The database contains health region expenses that are not distributed to individual hospitals. As a result, health region expenses related to hospitals cannot be reported by peer group. This illustrates one of the data quality issues related to data from health regions. The MIS Guidelines require that regional expenses be allocated to hospitals within the region before data is submitted to CIHI. If this were the case, Hospital Expenses Net of Recoveries would be the same in both Table 8 and Table 15. Similar issues exist with all of the peer group tables.
The introduction of sector code reporting in the MIS Guidelines will help to provide a means of allocating regional expenses.

Hospitals with more than 400 beds and teaching hospitals together account for $19.5 billion (62%) of the $31.4 billion of expenses reported to the CMDB in 2001–2002.
This is an increase of 23.4% since 1999–2000 (Table 15). Not only did large hospitals and teaching hospitals report 62% of hospital expenses but they also reported 56.7% of all ambulatory care visits (Table 17), 54.1% of inpatient/resident days (Table 20) and 54.3% of inpatient/resident admissions (Table 21) in 2001–2002 as well.

## Table 15. Total Hospital Expenses Net of Recoveries and Number of Hospitals Reporting, by Peer Group, 1999–2000 to 2001–2002

| Peer Group | Hospital Expenses Net of Recoveries | | | Number of Hospitals Reporting Expenses and Percentage of Total Number of Hospitals in Peer Group | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 ($' 000,000) | 2000–2001 ($' 000,000) | 2001–2002 ($' 000,000) | 1999–2000 Number | 1999–2000 (%) | 2000–2001 Number | 2000–2001 (%) | 2001–2002 Number | 2001–2002 (%) |
| Less than 50 beds | 1,253.9 | 1,453.1 | 1,489.0 | 308 | 87 | 318 | 89 | 287 | 86 |
| 50 to 99 beds | 1,388.0 | 1,462.2 | 1,809.4 | 112 | 90 | 101 | 91 | 124 | 95 |
| 100 to 199 beds | 2,525.2 | 2,774.7 | 2,945.6 | 88 | 85 | 88 | 85 | 93 | 96 |
| 200 to 299 beds | 3,078.8 | 2,546.1 | 2,900.3 | 61 | 95 | 47 | 82 | 48 | 91 |
| 300 to 399 beds | 1,879.6 | 1,780.1 | 1,810.3 | 26 | 104 | 23 | 96 | 22 | 96 |
| 400 beds and over | 5,063.1 | 6,508.2 | 6,178.5 | 47 | 98 | 52 | 98 | 47 | 96 |
| Pediatric Hospitals | 796.5 | 879.4 | 972.2 | 6 | 100 | 6 | 100 | 6 | 100 |
| Teaching Hospitals | 10,740.6 | 11,366.1 | 13,313.2 | 52 | 95 | 50 | 96 | 57 | 100 |
| **Total** | **26,725.7** | **28,770.0** | **31,418.5** | **700** | **90** | **685** | **90** | **684** | **92** |

Source: Canadian Institute for Health Information

## Table 16. Hospital and Health Region Long-term Debt and Number of Hospitals Reporting, by Peer Group, 1999–2000 to 2001–2002

| Peer Group | Long-term Debt | | | Number of Hospitals Reporting Long-term Debt and Percentage of Total Number of Hospitals in Peer Group | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 ($' 000,000) | 2000–2001 ($' 000,000) | 2001–2002 ($' 000,000) | 1999–2000 Number | 1999–2000 (%) | 2000–2001 Number | 2000–2001 (%) | 2001–2002 Number | 2001–2002 (%) |
| Less than 50 beds | 30.6 | 39.0 | 35.2 | 20 | 6 | 18 | 5 | 19 | 6 |
| 50 to 99 beds | 42.5 | 80.5 | 98.3 | 19 | 15 | 22 | 20 | 23 | 18 |
| 100 to 199 beds | 261.1 | 289.4 | 237.8 | 34 | 33 | 33 | 32 | 33 | 34 |
| 200 to 299 beds | 282.3 | 289.6 | 290.5 | 29 | 45 | 26 | 46 | 26 | 49 |
| 300 to 399 beds | 149.6 | 125.7 | 144.6 | 12 | 48 | 11 | 46 | 11 | 48 |
| 400 beds and over | 522.4 | 624.5 | 585.5 | 28 | 58 | 30 | 57 | 31 | 63 |
| Pediatric Hospitals | 30.6 | 29.8 | 22.7 | 3 | 50 | 3 | 50 | 2 | 33 |
| Teaching Hospitals | 673.0 | 664.5 | 817.3 | 23 | 42 | 22 | 42 | 27 | 47 |
| **Total** | **1,992.2** | **2,143.1** | **2,232.0** | **168** | **22** | **165** | **22** | **172** | **23** |

Source: Canadian Institute for Health Information

## Table 17. Hospital Ambulatory Care Services Visits and Number of Hospitals Reporting, by Peer Group, 1999–2000 to 2001–2002

| Peer Group | Ambulatory Care Services Visits | | | Number of Hospitals Reporting Ambulatory Care Services Visits and Percentage of Total Number of Hospitals in Peer Group | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 | 2000–2001 | 2001–2002 | 1999–2000 | | 2000–2001 | | 2001–2002 | |
| | Number | Number | Number | Number | (%) | Number | (%) | Number | (%) |
| Less than 50 beds | 2,399,173 | 2,319,605 | 2,239,315 | 255 | 72 | 230 | 65 | 229 | 69 |
| 50 to 99 beds | 2,593,576 | 2,532,829 | 2,695,825 | 98 | 79 | 87 | 78 | 109 | 84 |
| 100 to 199 beds | 4,440,921 | 3,739,551 | 4,149,669 | 81 | 78 | 76 | 74 | 83 | 86 |
| 200 to 299 beds | 4,315,345 | 3,640,181 | 3,966,808 | 58 | 91 | 47 | 82 | 46 | 87 |
| 300 to 399 beds | 2,571,170 | 2,525,355 | 2,236,196 | 24 | 96 | 20 | 83 | 20 | 87 |
| 400 beds and over | 5,658,211 | 7,069,525 | 6,453,578 | 44 | 92 | 48 | 91 | 44 | 90 |
| Pediatric Hospitals | 1,074,939 | 865,307 | 1,095,391 | 6 | 100 | 4 | 67 | 6 | 100 |
| Teaching Hospitals | 13,120,866 | 13,080,460 | 15,011,172 | 49 | 89 | 41 | 79 | 56 | 98 |
| **Total** | **36,174,201** | **35,772,813** | **37,847,954** | **615** | **79** | **553** | **73** | **593** | **79** |

Source: Canadian Institute for Health Information

**Note:**
Ambulatory Care Services include Emergency, Day/Night Care, and Specialty/Private Clinics. Specialty/Private Clinic visits have not been shown separately in subsequent tables.

## Table 18. Hospital Emergency Visits and Number of Hospitals Reporting, by Peer Group, 1999–2000 to 2001–2002

| Peer Group | Emergency Visits | | | Number of Hospitals Reporting Emergency Visits and Percentage of Total Number of Hospitals in Peer Group | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 | 2000–2001 | 2001–2002 | 1999–2000 | | 2000–2001 | | 2001–2002 | |
| | Number | Number | Number | Number | (%) | Number | (%) | Number | (%) |
| Less than 50 beds | 1,808,670 | 1,852,143 | 1,775,125 | 237 | 67 | 217 | 61 | 213 | 64 |
| 50 to 99 beds | 1,932,249 | 1,626,414 | 1,914,962 | 91 | 73 | 76 | 68 | 101 | 78 |
| 100 to 199 beds | 2,174,070 | 1,994,884 | 2,266,668 | 68 | 65 | 63 | 61 | 75 | 77 |
| 200 to 299 beds | 1,876,667 | 1,537,657 | 1,647,905 | 45 | 70 | 39 | 68 | 40 | 75 |
| 300 to 399 beds | 1,073,884 | 1,127,484 | 1,019,000 | 21 | 84 | 19 | 79 | 18 | 78 |
| 400 beds and over | 2,210,523 | 2,688,342 | 2,478,705 | 37 | 77 | 41 | 77 | 39 | 80 |
| Pediatric Hospitals | 287,821 | 245,407 | 304,416 | 6 | 100 | 4 | 67 | 6 | 100 |
| Teaching Hospitals | 2,766,232 | 2,590,098 | 2,922,698 | 44 | 80 | 38 | 73 | 50 | 88 |
| **Total** | **14,130,116** | **13,662,429** | **14,329,479** | **549** | **70** | **497** | **65** | **542** | **73** |

Source: Canadian Institute for Health Information

## Table 19. Hospital Day/Night Care Visits and Number of Hospitals Reporting, by Peer Group, 1999–2000 to 2001–2002

| Peer Group | Day/Night Care Visits | | | Number of Hospitals Reporting Day/Night Care Visits and Percentage of Total Number of Hospitals in Peer Group | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 Number | 2000–2001 Number | 2001–2002 Number | 1999–2000 Number | 1999–2000 (%) | 2000–2001 Number | 2000–2001 (%) | 2001–2002 Number | 2001–2002 (%) |
| Less than 50 beds | 96,926 | 79,909 | 50,570 | 58 | 16 | 53 | 15 | 52 | 16 |
| 50 to 99 beds | 131,354 | 213,669 | 99,866 | 39 | 31 | 36 | 32 | 48 | 37 |
| 100 to 199 beds | 269,456 | 222,726 | 229,151 | 54 | 52 | 52 | 50 | 58 | 60 |
| 200 to 299 beds | 487,691 | 384,933 | 398,839 | 48 | 75 | 39 | 68 | 39 | 74 |
| 300 to 399 beds | 313,458 | 336,927 | 313,951 | 20 | 80 | 19 | 79 | 18 | 78 |
| 400 beds and over | 679,812 | 835,005 | 936,773 | 33 | 69 | 37 | 70 | 36 | 73 |
| Pediatric Hospitals | 118,383 | 49,179 | 64,541 | 6 | 100 | 4 | 67 | 4 | 67 |
| Teaching Hospitals | 1,486,708 | 1,419,714 | 1,835,176 | 43 | 78 | 38 | 73 | 49 | 86 |
| **Total** | **3,583,788** | **3,542,062** | **3,928,867** | **301** | **39** | **278** | **36** | **304** | **41** |

Source: Canadian Institute for Health Information

## Table 20. Hospital Inpatient/Resident Days and Number of Hospitals Reporting, by Peer Group, 1999–2000 to 2001–2002

| Peer Group | Inpatient Days | | | Number of Hospitals Reporting Inpatient Days and Percentage of Total Number of Hospitals in Peer Group | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 Number | 2000–2001 Number | 2001–2002 Number | 1999–2000 Number | 1999–2000 (%) | 2000–2001 Number | 2000–2001 (%) | 2001–2002 Number | 2001–2002 (%) |
| Less than 50 beds | 2,870,013 | 3,011,677 | 2,685,896 | 281 | 79 | 288 | 81 | 278 | 84 |
| 50 to 99 beds | 2,366,210 | 2,226,959 | 2,487,855 | 108 | 87 | 93 | 84 | 118 | 91 |
| 100 to 199 beds | 3,697,235 | 3,900,093 | 3,857,327 | 84 | 81 | 84 | 82 | 89 | 92 |
| 200 to 299 beds | 5,317,900 | 4,172,584 | 4,047,532 | 60 | 94 | 48 | 84 | 49 | 92 |
| 300 to 399 beds | 3,050,483 | 2,735,179 | 2,687,946 | 25 | 100 | 23 | 96 | 22 | 96 |
| 400 beds and over | 8,957,469 | 9,654,453 | 8,446,501 | 45 | 94 | 49 | 92 | 45 | 92 |
| Pediatric Hospitals | 410,171 | 369,818 | 391,978 | 6 | 100 | 5 | 83 | 6 | 100 |
| Teaching Hospitals | 9,562,017 | 9,558,024 | 10,606,693 | 51 | 93 | 45 | 87 | 55 | 96 |
| **Total** | **36,231,498** | **35,628,787** | **35,211,728** | **660** | **85** | **635** | **83** | **662** | **89** |

Source: Canadian Institute for Health Information

## Table 21. Number of Inpatient/Resident Admissions and Number of Hospitals Reporting, by Peer Group, 1999–2000 to 2001–2002

| Peer Group | Inpatient Admissions | | | Number of Hospitals Reporting Inpatient Admissions and Percentage of Total Number of Hospitals in Peer Group | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1999–2000 Number | 2000–2001 Number | 2001–2002 Number | 1999–2000 Number | 1999–2000 (%) | 2000–2001 Number | 2000–2001 (%) | 2001–2002 Number | 2001–2002 (%) |
| Less than 50 beds | 183,371 | 198,219 | 180,418 | 272 | 77 | 286 | 80 | 279 | 84 |
| 50 to 99 beds | 210,448 | 180,735 | 228,147 | 101 | 81 | 92 | 83 | 117 | 90 |
| 100 to 199 beds | 371,566 | 363,804 | 360,877 | 81 | 78 | 84 | 82 | 89 | 92 |
| 200 to 299 beds | 448,810 | 349,517 | 367,015 | 58 | 91 | 48 | 84 | 49 | 92 |
| 300 to 399 beds | 275,931 | 238,329 | 225,608 | 25 | 100 | 23 | 96 | 21 | 91 |
| 400 beds and over | 586,388 | 732,657 | 680,830 | 44 | 92 | 49 | 92 | 45 | 92 |
| Pediatric Hospitals | 64,520 | 65,664 | 67,369 | 5 | 83 | 5 | 83 | 6 | 100 |
| Teaching Hospitals | 1,020,983 | 1,011,546 | 1,017,003 | 47 | 85 | 45 | 87 | 50 | 88 |
| **Total** | **3,162,017** | **3,140,471** | **3,127,267** | **633** | **81** | **632** | **83** | **656** | **88** |

Source: Canadian Institute for Health Information

# Section 3: Financial Performance Indicators

System characteristics provide a broad cross-section of descriptive data about the hospital system. These characteristics outline the basic capacity and outputs of the system and the different methods of organization and delivery of hospital services by provincial and territorial governments. While these data are important to establish context, they do not aid in understanding how well the system is performing. In order to understand this issue, relative measures of performance need to be considered. The indicators provided in this report are some examples of relative indicators that can be used.

The use of financial performance indicators to understand the hospital system in Canada is in its infancy. While several provinces have undertaken performance measurement projects independently, a cohesive national picture is lacking. The aim of this report is to initiate a process to develop a national view of hospital financial performance across provinces and territories. For this report, 11 indicators of financial performance were selected. Definitions and MIS Guidelines account codes used to produce these indicators are presented in Appendix A—Methodological Notes.

The selected indicators aim to measure the following concepts: financial viability, liquidity, corporate efficiency, cost of hospital outputs, deployment of human resources, and capital asset management. This section outlines the formula results and interpretation for each indicator. Although indicator values are provided at the regional level in Appendices C and D, the provincial/territorial weighted average values are used for the analysis. Calculation of weighted averages is described in detail in Appendix A—Methodological Notes. In addition, an overall average is also provided. The overall average for each indicator is the weighted average of those provinces/territories reported for the indicator.

The indicators selected for inclusion in this report are:

| Indicator | Unit of Analysis |
|---|---|
| **Financial Viability** | |
| Total Margin | Legal Entity |
| **Liquidity** | |
| Current Ratio | Legal Entity |
| **Corporate Efficiency** | |
| Administrative Expense as a Percentage of Total Expense | Legal Entity |
| Expense | Legal Entity |
| **Cost of Hospital Outputs** | |
| Cost per Weighted Case | Hospital |
| **Deployment of Human Resources** | |
| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | Hospital |
| Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | Hospital |
| Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | Hospital |
| Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | Hospital |
| Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | Hospital |
| **Capital Asset Management** | |
| Average Age of Equipment | Legal Entity |

Indicators for several jurisdictions in 1999–2000, 2000–2001 and 2001–2002 are absent for a number of reasons. The Northwest Territories did not submit data for fiscal years 1999–2000 and 2000–2001 and Nunavut did not submit data for any of the three reported fiscal years. Some of the indicators for Prince Edward Island could not be calculated because regional data was not submitted to CIHI.

Weighted Case indicators for 2001–2002 are not reported, and excluded for Quebec in all years.

The unit of analysis refers to the fact that hospitals in Canada operate under a variety of legal organizations. In some jurisdictions hospitals are included under the legal umbrella of a health region and in other jurisdictions the hospital itself is the legal entity. For further discussion on unit of analysis see Appendix A—Methodological Notes.

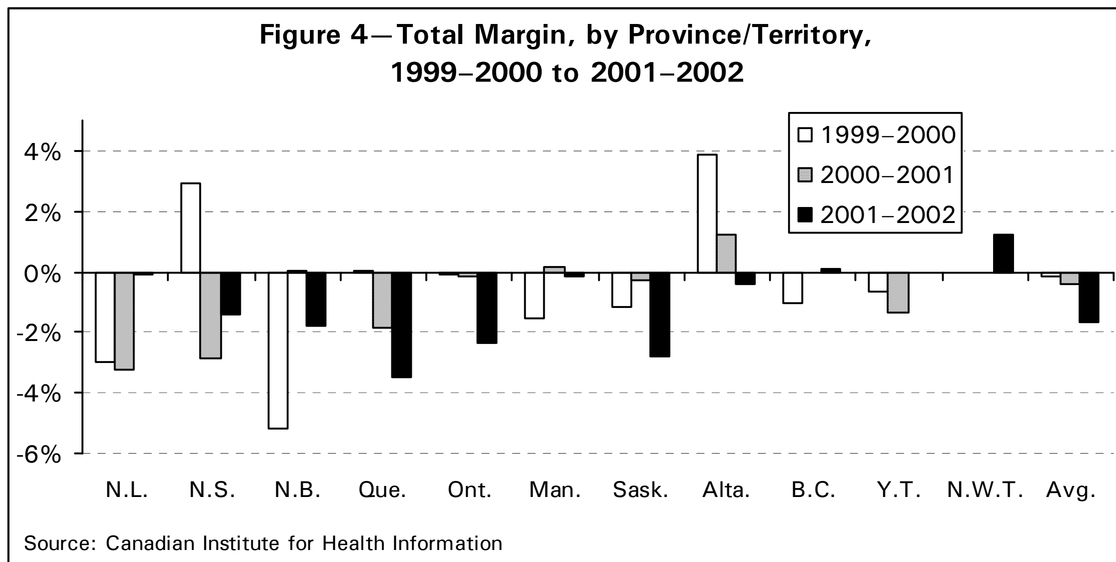
# Financial Viability—Total Margin

$$\frac{\textit{Total Revenues – Total Expense}}{\textit{Revenues, excluding internal recoveries}}$$

Total Margin measures the extent to which hospital/health region revenues exceed expenses in a given year. A positive value indicates that revenues exceed expenses and a negative value indicates that expenses exceed revenue. While a negative value should be investigated, large positive values may also be cause for concern. A large positive value may indicate that the organization is not spending enough to provide the best health services possible.

Of the 175 (170 in 2000–2001) regions reported in 2001–2002 (Appendix C), 31 had a Total Margin that was greater than or equal to zero and 120 had a negative Total Margin. Twenty-four regions either did not report the data required to calculate this indicator or had such unusual results that they were considered not reportable. Figure 4 shows the provincial/territorial averages for Total Margin from 1999–2000 to 2001–2002. The values by province/territory for 2001–2002 show significant variation ranging from a high of 1.2% in Northwest Territories to a low of -3.5% in Quebec. The fact that the highest weighted average value (with the exception of the Territories) for this indicator is 0.1% suggests that across the country, hospital expenditure has increased in 2001–2002 at a faster rate than hospital revenues for the same year.

**Figure 4—Total Margin, by Province/Territory, 1999–2000 to 2001–2002**




Source: Canadian Institute for Health Information

Total Margin can be affected by individual provincial/territorial funding policies, management structure, management decisions such as the use of long-term debt and accounting policies. At least two provinces, Ontario and Quebec, have included Total Margin as a financial performance indicator in provincial hospital scorecard reports.

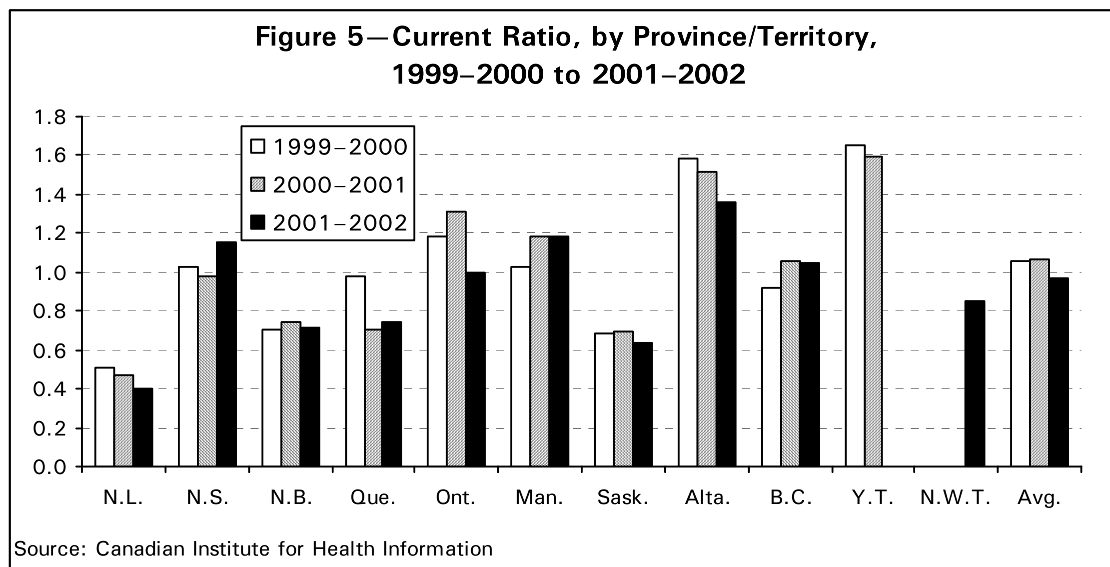
# Liquidity—Current Ratio

$$\frac{\textit{Current Assets + debit Current Liability balances excluding current portion of deferred contributions}}{\textit{Current Liabilities, excluding current portion of deferred contributions + credit Current Assets, except Current Asset contra accounts}}$$

Current Ratio is a measure of how a hospital's or region's current assets and current liabilities are managed. A ratio of one or higher indicates that the organization has enough current assets to pay off its current liabilities over the course of a year. A ratio less than one calls into question the organization's liquidity and can hinder the delivery of quality patient care. Very high values for Current Ratio could indicate the need to re-invest current assets in the provision of patient care through increased operating funds or the purchase of modern equipment. Organizations should investigate values that are much higher than 1.0.

The average Current Ratio for the nine provinces and two territories reported in 2001–2002 was approximately 1.0 (Figure 5). This suggests that hospitals in these provinces are being managed in such a way that their current assets are sufficient to liquidate current liabilities within a one-year period. This indicator shows some variability across provinces/territories and regions.[7] This suggests that some jurisdictions are facing a liquidity challenge or that the Current Ratio reflects the timing of the receipt of provincial funding.

**Figure 5—Current Ratio, by Province/Territory, 1999–2000 to 2001–2002**




Source: Canadian Institute for Health Information

[7] See Appendix C for 2001–2002 regional indicator values

The interpretation of this indicator is less straightforward for Canadian hospitals than other industries. A value close to 1.0 would not pose any problem. Most private sector organizations face substantial variations in their monthly cash flows due to fluctuating demand for their products or services, and other realities of operating in a marketplace. In contrast, hospitals receive a steady stream of global funding from the Ministry of Health; as a result, there is less need for cash. This is reflected in a lower average Current Ratio. Because of this, a Current Ratio of slightly less than 1.0 will not necessarily indicate a liquidity problem in the short run. However, it is conceivable that if this continues over a number of years a hospital will be prevented from exercising flexibility in its medium to long-term planning needs. Organizations should investigate current ratio values that are less than 1.0.

Newfoundland and Labrador, New Brunswick, Quebec, and Saskatchewan have had current ratio values below 1.0 for all three years. This could be due to either a data quality issue in reporting or the timing of provincial funding. Newfoundland and Labrador has the lowest current ratio for 2001–2002 (0.4) and Alberta continues to have the highest provincial value (1.4).

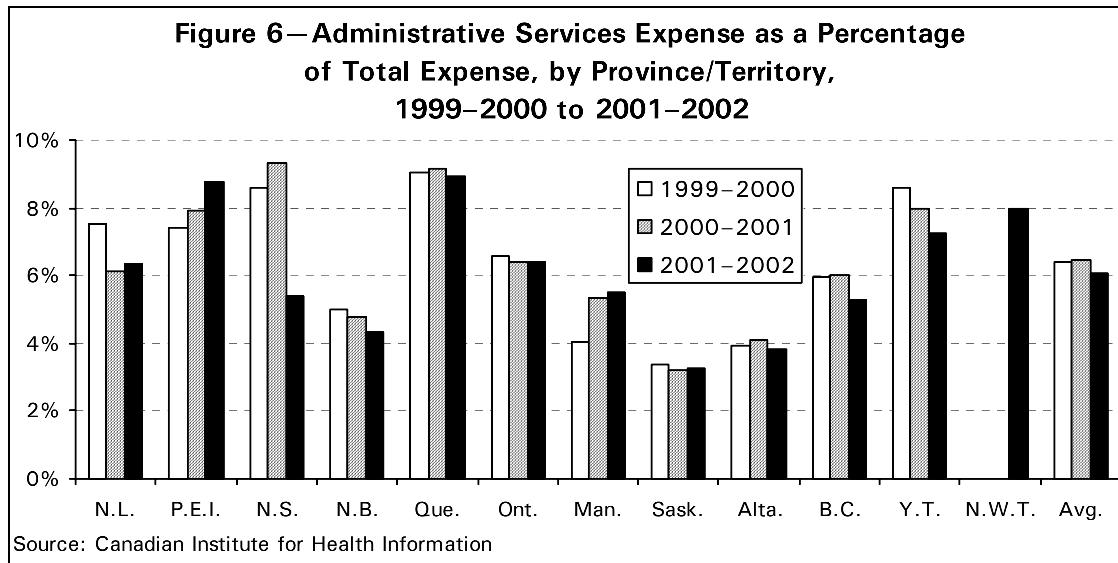
## Corporate Efficiency

### Administrative Services Expense as a Percentage of Total Expense

$$\frac{\text{General Administration, Finance, Human Resources and Communication Expenses, net of recoveries}}{\text{Total Expenses, net of recoveries}}$$

The percentage of total expense accounted for by administrative services is a measure of corporate efficiency. A lower value indicates that fewer of the organization's resources were consumed through administrative activities so the organization can allocate more resources to areas such as patient care.

For the provinces included in Figure 6, 6.1% of hospital expenditure, on average, was for administrative services as compared to 6.5% in 2000–2001 and 6.4% in 1999–2000.




Factors that affect spending on administrative services include complexity of care provided by the organization, management practice and structure, and the size of the organization. Organizations that deliver very complex levels of care and very small organizations tend to spend a higher percentage of total expenses on administrative services.

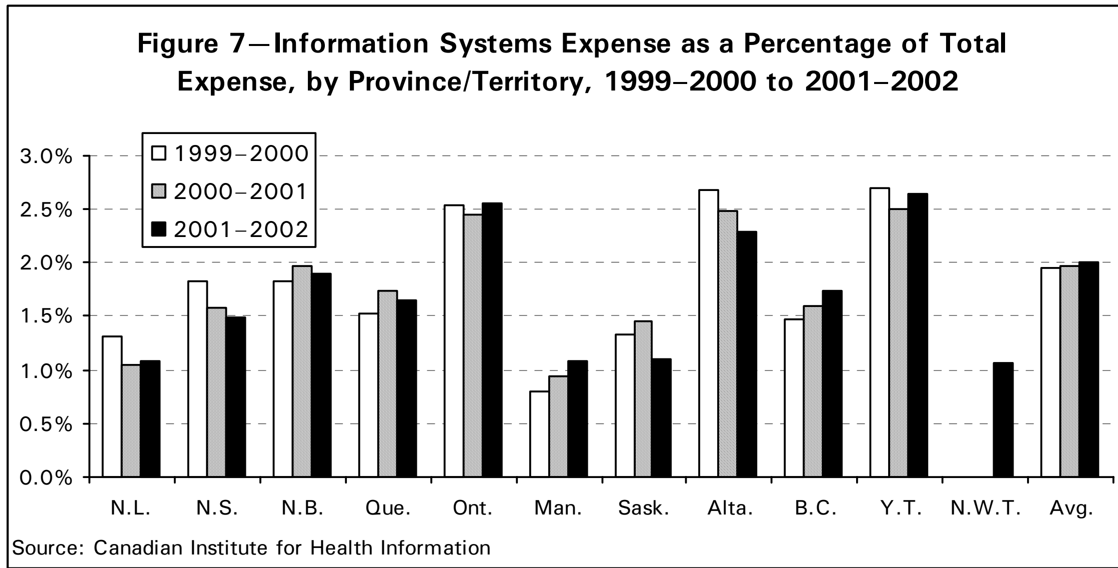
Caution should be taken when comparing administrative expense indicator values for Quebec with those of other provinces. Quebec does not use the MIS Guidelines to account for hospital expenditures; instead their data is mapped to MIS accounts by CIHI. In some cases the mapping is not precise and some additional expenses that are not normally included as administrative expenses under the MIS Guidelines are included in the Quebec data making Quebec provincial and regional administrative values appear higher than those of other provinces.

## Information Systems Expense as a Percentage of Total Expense

$$\frac{\textit{Systems Support, net of recoveries}}{\textit{Total Expenses, net of recoveries}}$$

Another measure of corporate efficiency is the percentage of total expenses that are spent on systems support functional centres. Information technology is fast becoming an integral part of the provision of health care in Canada. Measuring what is currently spent in this area allows stakeholders to make judgments about whether Canada is spending enough to support its information systems infrastructure.

Information Systems Expenses comprised almost 2.0% of total hospital expenses at the national level in 2001–2002. For the years examined in this report, this indicator remained constant at 2.0%. However, variation in the results of this indicator at the provincial/territorial level for all years suggests data quality issues in the information being reported to the CMDB.




Changes have been made to the MIS Guidelines for 2003 that will improve the data required to calculate this indicator. These changes will clarify for health regions and hospitals exactly what expenses are defined as information system expenses. The changes include reporting information systems equipment expense in the Systems Support functional centre as well as clearer definitions for other expenses that comprise part of information systems expense.

## Cost per Weighted Case

The Cost per Weighted Case (CPWC) indicator provides a measure of the financial cost a facility incurs (on average) for a single inpatient weighted case. It can be used as a standard for comparing facilities on cost efficiency.

$$\frac{\textit{Total Inpatient Costs}}{\textit{Total Inpatient Weighted Cases}}$$

The financial data used to calculate CPWC are from the CMDB. Weighted cases are obtained from the Discharge Abstract Database (DAD)[8], grouped using CIHI's Case Mix Group and Complexity Overlay or CMG™/Plx™ grouping methodology and include inpatient cases only. Surgical day care cases have not been included. The CPWC calculation is performed for facilities that have reported both financial and clinical data.

[8] The DAD is a national repository of demographic, administrative and clinical data on hospital discharges across Canada. CIHI receives data directly from participating hospitals.

The numerator for CPWC is based on obtaining the full cost of inpatient services, then dividing by the total weighted cases for each hospital. The total cost of inpatient services includes direct acute care expenses, as well as the acute care portion of "shared" expenses such as administration but exclude compensation paid directly to physicians through provincial medical care plans. Costs associated with surgical day care have been removed. In regionalized provinces, adjustments are implemented to determine the acute care portion of expenses reported at the regional level.

The CMG/Plx grouping methodology groups together patients with similar clinical characteristics and resource consumption, and assigns a Resource Intensity Weight, or RIW™ to each patient. The RIW value is a measure of resources consumed in treating patients, compared to the average patient. These RIW values are used in the calculation of weighted cases.

Studies carried out by CIHI and the provincial governments have shown variations in the clinical coding of patient records in recent years, including 2001–2002.

Variation may be caused by the introduction of a new classification system for coding patient records. In April 2001, British Columbia, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, the Yukon Territory, and parts of Saskatchewan began to code hospital inpatient abstracts using ICD-10-CA and CCI, while the remaining provinces and territories continued to use ICD-9/CCP or ICD-9-CM classification systems.[9]

This staggered implementation of ICD-10-CA and CCI by provinces and territories has resulted in weighted case values for 2001–2002 that are not comparable among jurisdictions. As a result, 2001–2002 results for all indicators using weighted cases as their denominator (Cost per Weighted Case, Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case, Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case, Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case and Pharmacy Unit-producing Personnel Worked Hours per Weighted Case) have been excluded from this report.

Instead, CPWC estimates from fiscal year 2000–2001 have been included in the analysis since their weighted case values are calculated using 2000–2001 patient activity data grouped to CMG/Plx 2000 methodology, and weighted using RIW 2000. RIW 2000 was created using patient activity and cost data from 1994–1995 to 1998–1999. Hence, weighted case estimates and CPWC estimates included in this report are all based on clinical coding of patient activity records using ICD-9-CCP and ICD-9-CM and are not affected by coding variations related to ICD-10-CA/CCI implementation

Indicators using weighted cases as a denominator are useful for peer group comparison but they do not lend themselves to trending analysis. This is because the weights used to calculate weighted cases (Resource Intensity Weights) change every year.

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[9] For more information on this subject please see the CIHI publication titled *Coping with Introduction of ICD-10-CA and CCI* available on the CIHI website at www.cihi.ca

Once facility values are calculated, a statistical trim is used to remove outlier values. Remaining facilities are grouped by province to determine a weighted provincial CPWC (Figure 8).

Quebec and some facilities in Manitoba do not report cases to the Discharge Abstract Database Also, Quebec hospitals do not report clinical data in the same format or with the data necessary to allow comparable CMG grouping with other jurisdictions. For this reason Quebec results for indicators using weighted cases as their denominator have been excluded. Manitoba weighted cases are obtained from both the DAD and the Hospital Morbidity Database. Weighted case totals from the Hospital Morbidity Database tend to be slightly higher than weighted case totals obtained from the Discharge Abstract Database, so Manitoba values for CPWC may be understated relative to the values expressed for the other provinces.

Additionally, studies done in the last year jointly by CIHI, the Ontario Joint Policy and Planning Committee and the Ontario Ministry of Health and Long-term Care have identified variations in reporting of patients' comorbidities, which may have an impact on 2000–2001 weighted cases in Ontario.

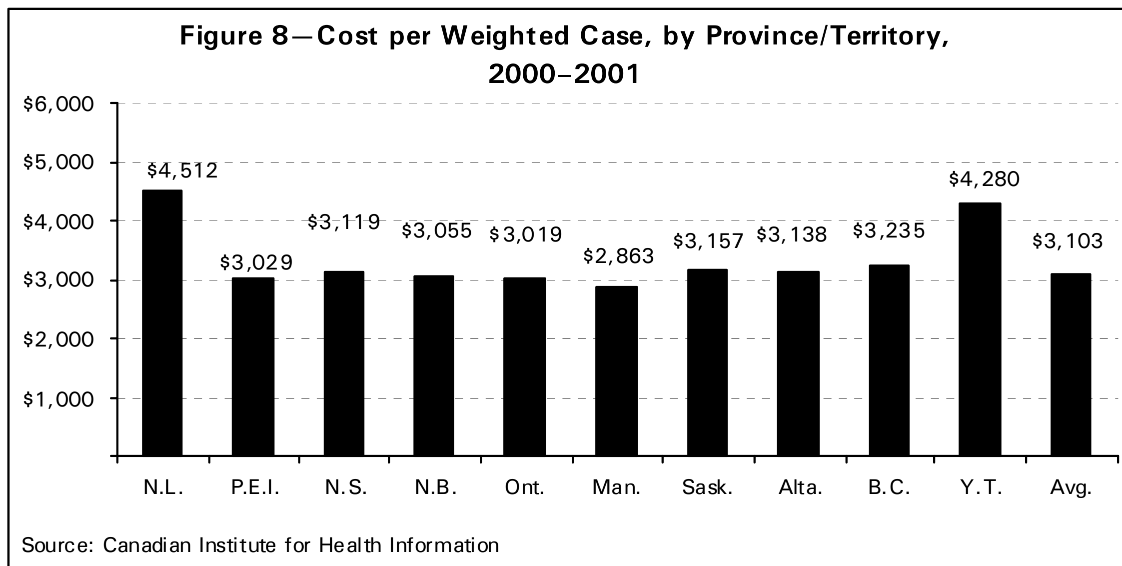



**Figure 8—Cost per Weighted Case, by Province/Territory, 2000–2001**

Source: Canadian Institute for Health Information

Newfoundland and Labrador had the highest CPWC value in 2000–2001 ($4,512) and Manitoba had the lowest 2000–2001 result ($2,863). Yukon Territory CPWC ($4,281) was similar to Newfoundland and Labrador. With the exception of these two jurisdictions all of the values for CPWC ranged from $2,863 (Manitoba) and $3,235 (British Columbia) with the average for the jurisdictions reported in Figure 8 being $3,103.

The CPWC value for Newfoundland and Labrador is more than 45% higher than the national average for 2000–2001 ($3,103). Part of this difference may be due to data issues surrounding the reporting of long-term care expenses. Some hospitals in Newfoundland and Labrador are not separating these expenses when their information is reported to the CMDB. Newfoundland and Labrador ministry of health staff have worked closely with CIHI to calculate estimates to remove long-term care costs.

# Deployment of Human Resources

## Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours

$$\frac{\textit{Inpatient Nursing, Ambulatory Care, and Diagnostic and Therapeutic Services Worked and Purchased Hours}}{\textit{Total Worked Hours, excluding medical personnel hours}}$$

This indicator is a measure of the percentage of total worked hours deployed to patient care functional centres. Figure 9 indicates that in 2001–2002, 61.8% of the 605 million worked hours reported by the jurisdictions were available for patient care. Not all worked hours in patient care functional centres are utilized for direct patient care. Some of those worked hours are spent on other activities such as research, in-service education, department meetings and clerical duties. A higher indicator value indicates a greater percentage of worked hours spent on patient care activities. This indicator, however, should not be interpreted as a measure of the quality of patient care.

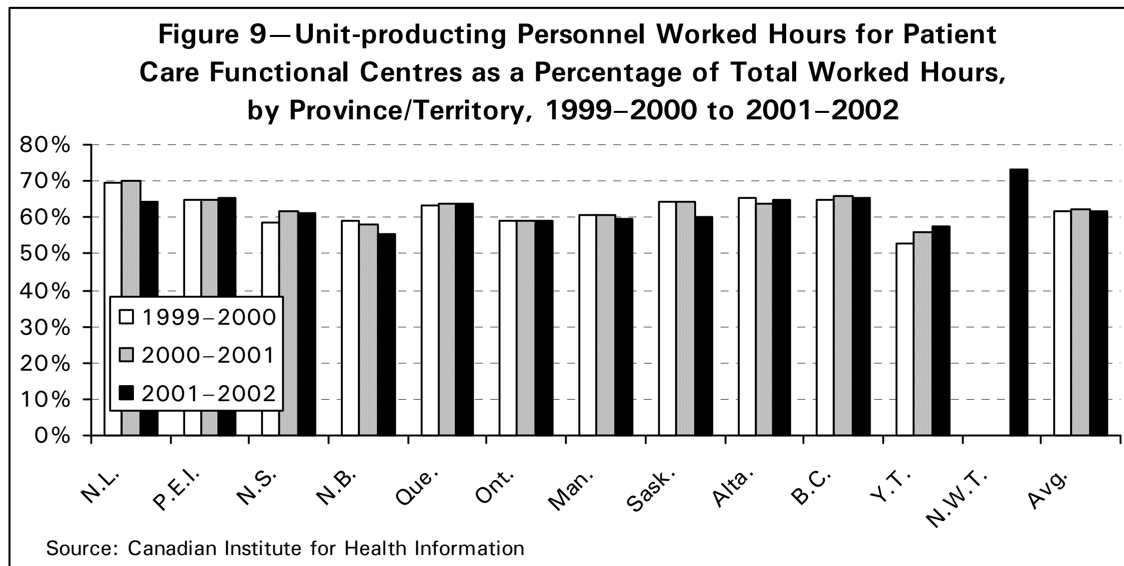


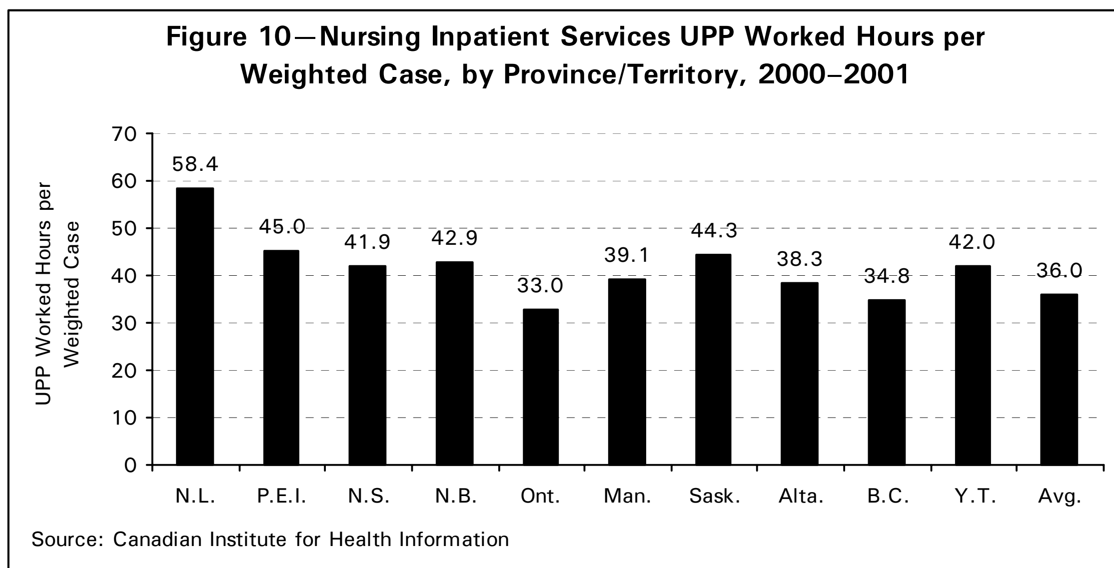

**Figure 9—Unit-producting Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours, by Province/Territory, 1999–2000 to 2001–2002**

## Worked Hours per Weighted Case

Worked Hours per Weighted Case provides information about the distribution of human resources to functional centres that provide patient care. To calculate these indicators, worked hours from the CMDB were combined with weighted cases from the CIHI Discharge Abstract Database (DAD). These indicators have experienced the same data issues for 2001–2002 that were described under Cost Per Weighted Case. As a result, indicators used in this analysis are for 2000–2001.

Inpatient Nursing Services account for the majority of care provided to patients in Canadian hospitals. Nursing inpatient UPP worked hours per weighted case range from a low of 33.0 in Ontario to a high of 58.4 in Newfoundland and Labrador. The average for 2000–2001 across all jurisdictions reporting was 36.0.

$$\frac{\textit{Nursing Inpatient Services Unit-producing Personnel Worked and Purchased Hours (excluding Long-term Care)}}{\textit{Total Inpatient Weighted Cases}}$$




Diagnostic and Therapeutic Services provided to inpatients are represented by Diagnostic Services, Clinical Laboratory, and Pharmacy Unit-producing Personnel Worked Hours per Weighted Case. Worked hours for the diagnostic and therapeutic indicators have been adjusted to reflect inpatient activity determined by workload/activity statistics as outlined in the Cost per Weighted Case formula (Performance Indicator Methodology Appendix B). These indicators provide some insight into the relative intensity of services that are being provided to inpatients (Figures 11 to 13).

*Diagnostic Services Unit-producing Personnel Worked and Purchased Hours (adjusted for inpatient activity)*

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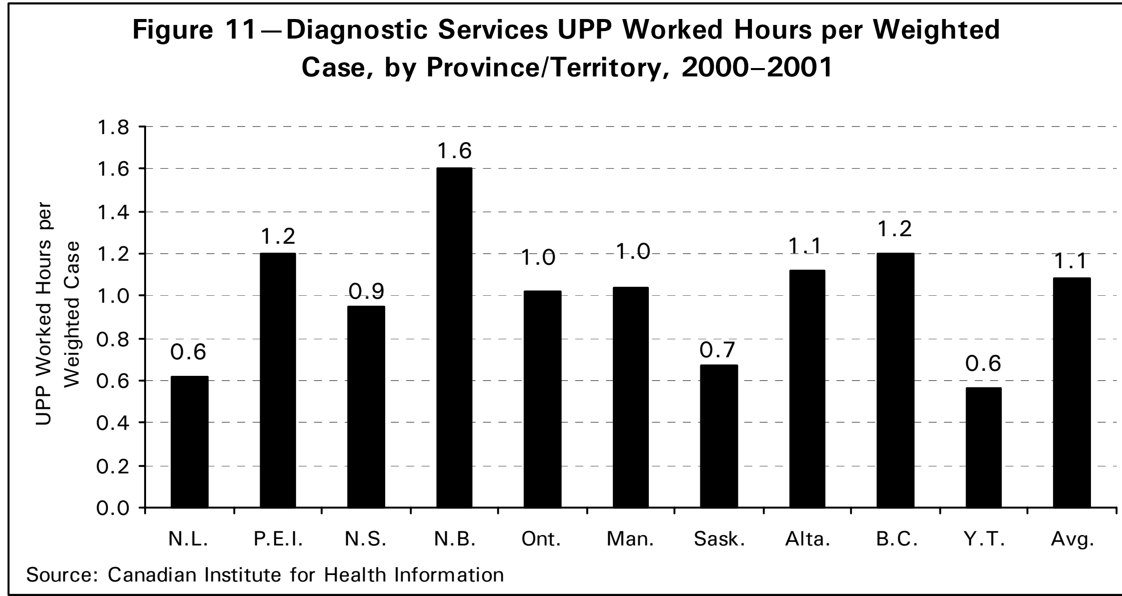
*Total Inpatient Weighted Cases*




*Laboratory Services Unit-producing Personnel Worked and Purchased Hours (adjusted for inpatient activity)*

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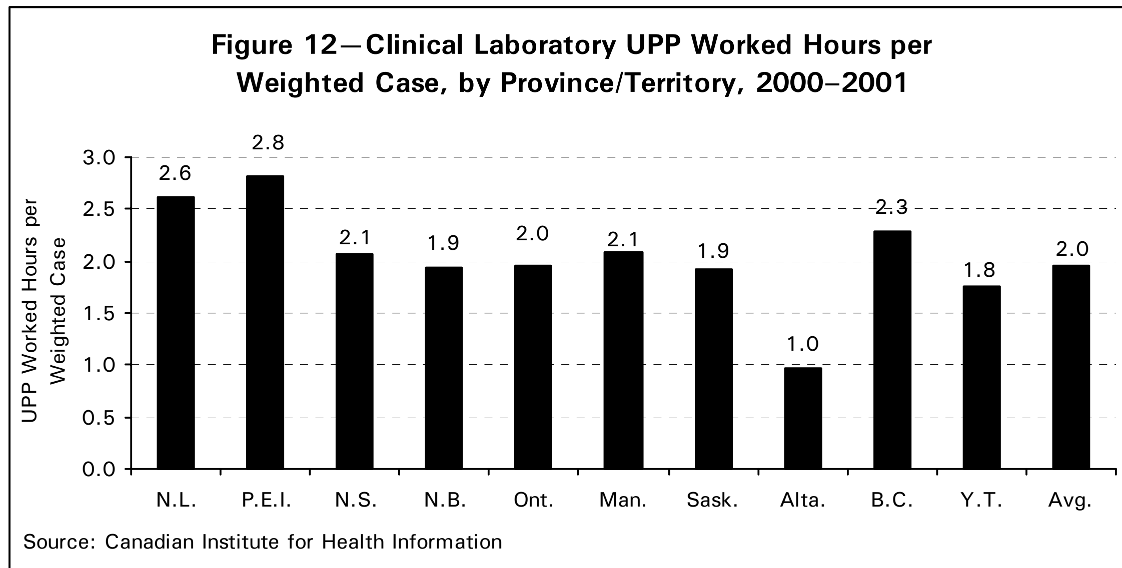
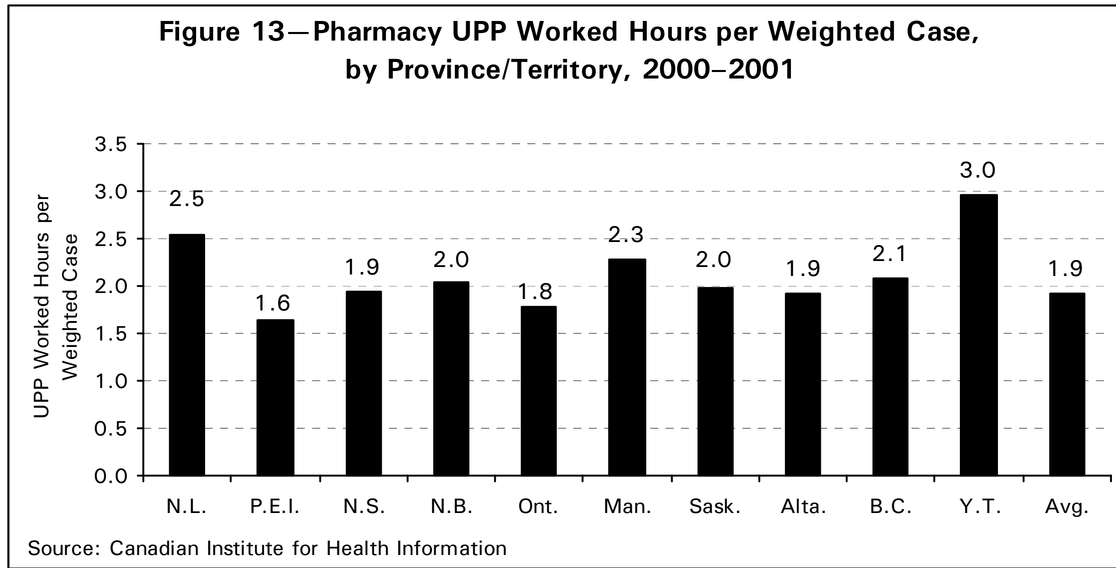
*Total Inpatient Weighted Cases*



$$\frac{\textit{Pharmacy Unit-producing Personnel Worked and Purchased Hours (Adjusted for inpatient activity)}}{\textit{Total Inpatient Weighted Cases}}$$




## Capital Asset Management

The MIS Guidelines for fiscal year 2001–2002 did not provide the detailed account structure for the collection of data on capital expenditures. However, the MIS Guidelines structure allows for the calculation of the average age of equipment. Based on the age of equipment, it is possible to infer whether or not capital assets are being replaced in a timely manner. However, issues with the quality of data and lack of reported data undermine the accuracy and usefulness of these important indicators. The 2003 MIS Guidelines have been enhanced to record data on current purchases of equipment.

### Average Age of Equipment

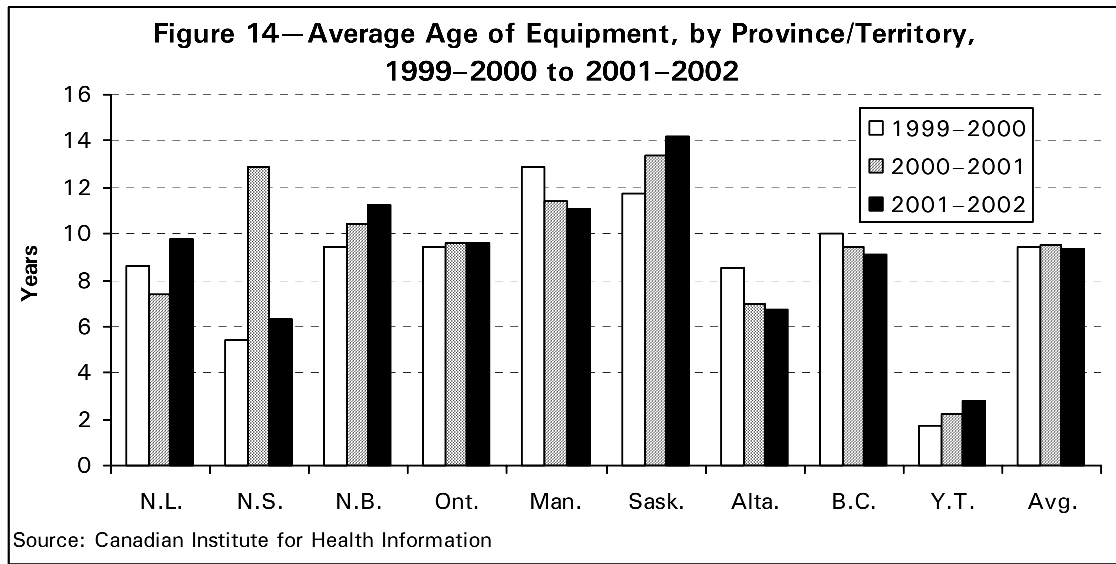
$$\frac{\textit{Accumulated Equipment Amortization (Distributed/Undistributed)}}{\textit{Equipment Amortization Expense (Distributed/Undistributed)}}$$

The Average Age of Equipment indicator is an average that does not reflect the diversity of equipment found in hospitals. Some equipment such as hospital beds are expected to have a useful life of up to 15 years while information systems equipment is expected to have a useful life of less than 5 years. Data quality problems caused by inconsistent application of the MIS Guidelines relating to capital assets limits the usefulness of what should be an important indicator of capital asset management.

Across Canada, the treatment of amortization of equipment does have an effect on the calculation of average age of equipment. An average value of 9.3 years as reported in 2001–2002, may suggest a large investment in assets with a long useful life, but could just as easily suggest a need to replace equipment more quickly (Figure 14). Revisions to the 2003 MIS Guidelines will provide more detail in the types of reported equipment and will make this indicator more useful. For instance, data regarding a hospital's investment in information systems technology will be valuable for assessing a hospital's ability to stay current within a health care delivery system reliant on information systems. Beginning in fiscal year 2003–2004, hospitals will be required to report current year purchases of major equipment (excluding information systems equipment) and information systems equipment.

Prince Edward Island is not included in Figure 14 because they do not report regional balance sheets to the CMDB making it impossible to calculate a value for this indicator. Quebec is also not included since it does not report capital assets in its hospitals; all capital assets are considered to be owned by the province.

**Figure 14—Average Age of Equipment, by Province/Territory, 1999–2000 to 2001–2002**




Source: Canadian Institute for Health Information

# Conclusions

This report contributes to hospital financial performance measurement in Canada by monitoring the feasibility of calculating system-wide measures of financial performance using data from the Canadian MIS Database (CMDB). Data quality issues and gaps in the data contained in the CMDB make reporting on these indicators problematic for the fiscal years 1999–2000 to 2001–2002.

In order to produce more meaningful information in the future, it is important that CIHI, hospitals, regions and provincial governments continue to work collaboratively on improving the overall quality of data reported to provincial/territorial databases and to the CMDB. In recent years, some data quality improvements have occurred; however, this report reveals that more work is required. The extent of data quality issues varies across the provinces and territories.

In the development of this report, two very important issues regarding data quality emerged:

1. Although a great deal of work by the provinces and territories has been put into improving the quality of the data that will be submitted to the CMDB by provincial/territorial entities in the future, the data quality for data used in this report is generally insufficient to allow meaningful inter-provincial/territorial comparison of hospital financial performance indicators calculated at a regional level.

2. There are many areas within the CMDB where data quality needs to be improved. CIHI and provincial/territorial reporting entities need to continue to commit to the following:
    - Proper recording and reporting of balance sheet related items;
    - Submission of statistical data specified by the CMDB minimum reporting standard based on the MIS Guidelines, such as earned hours, workload, visits, attendance days, inpatient days and admissions;
    - Allocation of regional shared and centralized services to hospital facilities needs to take place before the data is submitted to CIHI; and
    - Application of generally accepted accounting principles to year-end data submissions supplied to CIHI, not just to audited financial statements.

# Recommendations

The following recommendations are proposed:

1. CIHI, the ministries of health, and health regions/hospitals should continue to work collaboratively to improve the quality of the financial and statistical data reported to the Canadian MIS Database by:
    - Requiring the use of the MIS Guidelines as the standard for the collection of data.
    - Submitting standardized financial and non-financial data, according to the CMDB minimum reporting requirements. Where possible, additional detailed data would be desirable to facilitate more detailed analysis.
    - Submitting finalized data by the annual reporting deadline in order to improve the timelines of indicator comparisons.
    - Submitting data in the correct data format as outlined by the CMDB Technical Reporting Document.

2. Indicator values at the regional level should continue to be reported on an annual basis.

# Appendix A

# Methodological Notes

# Methodological Notes

## Introduction

The Canadian MIS Database (CMDB) contains financial and statistical information from hospitals, and limited data from health regions, across Canada. The data are collected according to a standardized framework for collecting and reporting financial and statistical data on the day-to-day operations of health service organizations. The framework is known as the *Guidelines for Management Information Systems in Canadian Health Service Organizations* (MIS Guidelines).

Currently, most information in the CMDB is specific to hospitals. A hospital is broadly defined as an institution where patients are accommodated on the basis of medical need and are provided with continuing medical care and supporting diagnostic and therapeutic services, and which is licensed or approved as a hospital by a provincial government, or is operated by the Government of Canada. This definition includes psychiatric hospitals. In provinces and territories where hospitals are part of a regional health authority, regional data is also submitted, providing a complete picture of health services for that region. Statistical data are also collected and includes for example, the number of earned hours, client visits, and beds staffed and in operation. Although the CMDB does not yet request data from all health service organizations such as long-term care facilities, community health centres or home care, the framework is in place to start collecting this data beginning in April 2004.

In order to ensure the integrity and viability of its databases, the Canadian Institute for Health Information (CIHI) developed a data quality framework to provide all databases and registries with a common comprehensive strategy for evaluating and assessing data quality and identifying priorities for continuous quality improvement. The following information is extracted from the CMDB data quality evaluation and is designed to assist external users of the data to assess its utility for their specific analysis. Additional information is available by contacting the CMDB section by phone at (613) 241-7860, by fax at (613) 241-8120 or by e-mail at cmdb@cihi.ca.

## Concepts and Definitions

### Mandate/Purpose

The CMDB records financial and statistical information based on a standardized chart of accounts, applying general accounting policies and procedures, workload measurement systems, service activity statistics and indicators that support management decision-making in health service organizations. The information in the CMDB can be used to cost the activities of health service organizations and forms the basis of management reporting including annual general purpose financial statements, financial ratio analysis and operational budgeting.

### Population

The database includes financial and statistical information from most hospitals and health regions in Canada.

## Variables and Concepts

The variables and concepts used to capture information in the CMDB are based on the *Guidelines for Management Information Systems in Canadian Health Service Organizations* (MIS Guidelines). The MIS Guidelines are a comprehensive set of standards used to report management information that is ultimately submitted to the CMDB and is related to staffing, costs, workload and provision of services. The MIS Guidelines are designed to apply across the continuum of services, ranging from hospitals to community-based health service organizations, providing a framework to generate, maintain and analyze information required for effective decision-making, and accountability.

The main features of the MIS Guidelines are:

- A chart of accounts—the coding structure for the data that is applicable across different service delivery settings;
- Accounting principles and procedures—to ensure consistency with generally accepted accounting principles contained in the Handbook of the Canadian Institute of Chartered Accountants (CICA);
- Workload measurement systems—a time tracking management system that provides a standardized method of measuring output; and
- Indicators—standardized ratios that demonstrate how the data can be used for planning, control and performance measurement.

Hospitals and health regions are expected to submit MIS Guidelines-compliant financial and statistical data relating to hospital services to the CMDB. Health regions also submit other health service activities. Most provinces and territories submit hospital data through their respective ministries of health.

The CMDB contains information about the health regions/hospitals that supply data. The information includes a unique institution number, the institution's name, address, type, size and ownership. The CMDB also contains data relating to the financial position (balance sheet) and operations of reporting organizations. Financial and statistical data are recorded by functional centre and by type of expense and revenue source. The functional centres correspond to the core activities carried out in the health service organization and include administrative and support services; ambulatory care services; community and social services; diagnostic and therapeutic services; education; nursing inpatient and resident services; and research. This information is based on the MIS Guidelines reporting standards.

Revenues by source and expenses by type are also recorded in the CMDB. Broad groups of expenses include compensation, supplies and sundries, equipment, referred-out services, and buildings and grounds expenses. The CMDB also records workload information that is used to measure the volume of activity provided by a specific functional centre in terms of a standardized unit of time.

## Definitions

**Administrative Services**—These accounts are established to record expenses, statistics and revenues, if any, of functional centres that generally support administering the health service organization. They include Administration, Finance, Human Resources, and Communications.

**Ambulatory Care Services**—The Functional Centre Framework Section pertaining to specialized diagnostic, consultative, treatment, and teaching services provided primarily for registered clients and their significant others. Access to these services is generally with a referral from a primary care practitioner or a specialist. These services are generally provided in a hospital setting.

Excludes:

- Services provided to Ambulatory Care patients by personnel who are accountable to and charged to Nursing Inpatient/Resident or Diagnostic and Therapeutic Services;

  OR

- Primary care and supportive services (e.g. Public Health clinics, Home Care programs, Health Promotion/Education) provided to clients of Community and Social Services.

**Ambulatory Care Services Visits**—(MIS Primary Account 71 3* and MIS Statistical Secondary Accounts 4 16*, 4 18*) all visits by, or to service recipients, arranged with or without prior appointment or through a formal scheduling system, to the ambulatory care service functional centre.

**Average Annual Rate of Growth Calculation**
The Average Annual Rate of Growth is the constant annual rate necessary for a value at the beginning of a period to grow to a value at the end of a period over the number of compounding years in the period. The formula used to calculate the average annual rate of growth is:

$$= e^{(\ln(\text{value at end of period}) - \ln(\text{value at beginning of period}))/T}$$

where the constant e equals 2.718, which is the base of the natural logarithm, and T equals the number of years in the period.

**Beds Staffed and in Operation**—The beds and cribs available and staffed to provide services to inpatient/residents at the required type and level of service, at the beginning of the fiscal year. Includes bassinets set up outside the nursery and used for infants other than newborns.

**Chart of Accounts**—A list of the account numbers and designations in a ledger.

**Client**—An individual:

- Who has been officially accepted by a health service organization and receives one or more health services without being admitted as an inpatient or a resident;

- Whose person-identifiable data is recorded in the registration or information system of the organization and to whom a unique identifier is assigned to record and track services; and
- Who is not referred-in from another health service organization. Examples include individuals receiving services in ambulatory clinics, primary care clinics, in their homes, through day/night and outreach programs.

**Client Visits**—The visits by, or to service recipients, arranged with or without prior appointment or through a formal scheduling system, excluding inpatients and residents.

**Community and Social Services**—The Functional Centre Framework Section pertaining to the provision of health (e.g. primary care, prevention, wellness, etc.) and social services on an ambulatory/out-reach basis to individuals, groups and/or communities. Access to these services is typically self-determined. These services are considered the first level of contact for individuals, families, and communities with the health system.

Includes:
- Curative, restorative, supportive, disease prevention, and health promotion/ education services.

Excludes:
- Specialty services that are generally provided in an ambulatory care functional centre.

**Compensation Expense**—Compensation expense is the sum of gross salaries expense, benefit contribution expense, purchased compensation expense, and fee for service expense arising from the remuneration of management and operational support personnel, unit-producing personnel, and medical personnel employed by, or under contract to the health service organization.

**Community Health Service Organizations**—Organizations primarily engaged in providing health care services directly to clients in the community who do not require inpatient services. This includes organizations specializing in day treatment programs and in the delivery of home care services.

**Constant Dollars Calculation**
Real hospital expenditure related to Section 1 of this report is presented in constant 1997 dollars. The implicit price index (IPI) for government current expenditure is used to deflate total hospital expenditure. A more complete explanation of the methodology for calculating this index is available in Statistics Canada publications.[10]

[10] For example, *Guide to the Income and Expenditure Accounts*, Statistics Canada catalogue number 13-603E, Statistics Canada, Ottawa.

In the health expenditure series, public and private expenditures are adjusted separately in each province using the appropriate index. Adjusted values are summed to obtain Canada totals at constant dollar values. Consequently, the overall implicit price index of the health expenditure series reflects the mix of public and private expenditures reported in the National Health Expenditure database.

The government current expenditure index was forecast for 2003 for the provinces and territories. The forecasts are based on the Conference Board of Canada's forecasts of this index for Canada, Ontario and Quebec and CIHI's forecasts for the remaining provinces.

The health component of the Consumer Price Index (CPI) was forecast to December 2003 based on the average of the monthly index up to September 2003, which was the latest information available prior to the publication of this report.

**Diagnostic and Therapeutic Services**—The Functional Centre Framework Section pertaining to diagnostic and therapeutic services includes professional and technical services which assist in the clinical investigation of the inpatients, residents or clients, either to detect the presence of disease, disability, or injury or to assess the severity of known disease, disability, or injury.

Therapeutic Services include professional and technical services provided to inpatients, residents or clients, which assist in the alleviation or cure of the causes, symptoms and/or sequelae of disease, disability or injury.

Excludes:
- Professional and technical services provided by personnel who are accountable and charged to Nursing Inpatient/Resident Services in the functional centre framework.

**Education**—The Functional Centre Framework Section pertaining to the provision of in-service education programs to the health service organization's personnel, as well as formal education programs to undergraduate and post-graduate technical, professional and medical students/trainees.

**Emergency Visits**—(MIS Primary Account 71 3 10* and MIS Statistical Secondary Accounts 4 16*, 4 18*) the visits by, or to service recipients, arranged with or without prior appointment or through a formal scheduling system, to the emergency department, excluding client surgical day/night care.

**Functional Centre**—A subdivision of an organization used in a functional accounting system to record the budget and actual direct expenses; statistics; and/or revenues, if any, which pertain to the function or activity being carried out.

**Global Funding**—(MIS Financial Secondary Account 1 10 10) the revenue arising from the provision of patient services, which are the responsibility of the Ministry of Health.

**Health Service Organization**—Health care providers including Community Health Service Organizations, Hospitals, Public Health Organizations, Residential Care Facilities and Social Service Program Organizations.

**Hospital**—Hospitals are institutions where patients are accommodated on the basis of medical need and are provided with continuing medical care and supporting diagnostic and therapeutic services. Hospitals are licensed or approved as hospitals by a provincial/territorial government, or are operated by the Government of Canada and include those providing acute care, extended and chronic care, rehabilitation and convalescent care, and psychiatric care.

**Hospital Expenses Net of Recoveries**—(MIS Financial Secondary Accounts 1 2*, 3*, 4*, 5*, 6*, 7*, 8*, 9*) Expenses incurred by a hospital for compensation, supplies, sundry, equipment, referred-out services and building and grounds less recoveries. Recoveries are the revenue arising from services provided, typically external to the functional centre, and external to the health care health service organization/site, but internal to the legal entity, e.g. a recovery from a related health care service.

**Hospital and Health Region Expenses Net of Recoveries**—(MIS Financial Secondary Accounts 1 2*, 3*, 4*, 5*, 6*, 7*, 8*, 9*) Expenses incurred by hospitals, and health regions, for compensation, supplies, sundry, equipment, referred-out services and building and grounds less recoveries. Recoveries are the revenue arising from services provided, typically external to the functional centre, and external to the health care service organization/site, but internal to the legal entity, e.g. a recovery from a related health care health service organization.

**Inpatient/Resident Days**—(MIS Statistical Secondary Account 4 03*, 4 04*) the days during which services are provided to an inpatient, between the census taking hours on successive days. The day of admission is counted as an inpatient day but the day of separation is not an inpatient day. When the service recipient is admitted and separated (discharged or died) on the same day, one inpatient day is counted.

**Inpatient/Resident Admissions**—(MIS Statistical Secondary Account 4 01*, 4 52*) The official acceptance into the health service organization of an adult/child/newborn/postnatal newborn, who requires medical and/or health services on a time limited basis. The admission procedure involves the assignment of a bed, bassinet or incubator. Admission of a newborn is deemed to occur at the time of birth, or in the case of postnatal newborns, at the time of admission of the mother to the health service organization.

**Nursing Inpatient/Resident Services**—The Functional Centre Framework Section pertaining to the nursing services provided to inpatients/residents and their significant others to meet their physical and psychosocial needs.

Includes:

- Ambulatory care clients receiving services in inpatient nursing units if separate ambulatory care functional centres have not been established for these services.

- Direct expense data for physicians contracted by the health service organization to provide services within a specific Level 3, 4 or 5 nursing inpatient and resident functional centre.

**Per Capita Dollars Calculation**—Per capita hospital expenses were calculated using the most recent revised population estimates from the Demography Division of Statistics Canada. This takes into account the results of the census adjustment for net census under-count, non-permanent residents and returning Canadians. Hospital expenses are inflated to 100% by multiplying the reported expenses by the number of beds in the province/territory and dividing by the number of beds in the reporting hospital.

**Public Health Organizations**—Organizations that administrate and provide public health programs such as health promotion and protection.

**Research**—The Functional Centre Framework Section pertaining to formally organized research.

**Residential Care Facilities**—Health service organizations that are approved, funded or licensed by provincial/territorial departments to provide health care on a continuing basis or to provide shelter for a short period of time to provide a health program or service.

**Revenue**—(MIS Financial Secondary Account 1*) The gross proceeds from taxes, licenses, duties, user fees, transfer payments and sources other than borrowing.

**Social Services Program Organizations**—Organizations that administrate and provide programs of a social service nature.

**Specialty Day/Night Care Visits**—(MIS Primary Account 71 3 40* and MIS Statistical Secondary Accounts 4 16*, 4 18* excluding 416 8* and 4 18 8*) The visits by, or to service recipients, arranged with or without prior appointment or through a formal scheduling system, to the specialized day/night care functional centre (registered persons who attend for three to twelve hours on average, typically as the result of a referral from a primary care practitioner), excluding client surgical day/night care.

**Total Long-term Debt**—(MIS Primary Accounts 5* 2, excluding 5* 24 *) Liabilities of the health service organization's fund that are due more than one year from the balance sheet date, excluding amounts owing by the health service organization on account of bonds issued by it for fund purposes, not due within one year of the balance sheet date.

**Unit-producing Personnel (UPP)**—Those personnel whose primary function is to carry out activities that directly contribute to the fulfillment of the service mandate. Examples include RNs, RNAs, laboratory technologists, accounts payable clerks, pharmacists, housekeepers, home care workers, and public health officers. Excluded are practicing physicians, medical residents, interns and students, and, in most cases, Diagnostic, Therapeutic, Nursing, and Support Services' students.

**Worked Hours**—Hours spent carrying out the mandate of the functional centre. They include regular scheduled hours, overtime, call back, coffee breaks and worked statutory holiday hours. Worked hours do not include the lunch hour and standby hours.

**Workload Measurement System**—A tool for measuring the volume of activity provided by a specific functional centre in terms of a standard unit of time.

# Major Data Limitations

In 1995, CIHI began collecting financial and statistical data in the CMDB (previously known as the Annual Hospital Survey) for fiscal year 1995–1996. Prior to this time, a similar database was maintained by Statistics Canada. Historical data prior to fiscal year 1995–1996 is not available in the CMDB but can be obtained from Statistics Canada.

For both fiscal years 1995–1996 and 1996–1997 there was a very low response rate for data submissions from the hospitals. As a result, data in these years are incomplete. Subsequent fiscal years have achieved response rates exceeding 90% of all Canadian hospitals. However, not all reporting hospitals provided a complete data set. Generally, the missing data consisted mainly of operating statistics.

Other limitations that affect the comparability of reported data include the extent to which organizations apply the standards as they are described in the MIS Guidelines and the extent to which Generally Accepted Accounting Principles (GAAP) are applied to the data before it is reported to CIHI. For example, Quebec has not implemented the MIS Guidelines hence their data is not submitted in the same format as other provinces.

## Major Data Limitations and Estimated Impact or Resolution

As a result of the low response rates for fiscal years 1995–1996 and 1996–1997, data for these years are considered to be incomplete. Users should be particularly cautious when interpreting results from these years or when comparing data from these years to other years.

Data from fiscal years 1997–1998 and subsequent years have higher response rates but not all organizations submitted a complete data set. For example, many organizations chose not to submit operating statistics. As a result, data for fiscal years 1997–1998, 1998–1999, 1999–2000, 2000–2001 and 2001–2002 should be viewed with care. Users are cautioned when interpreting results from analysis of this data.

Many of the problems caused by limited reporting are overcome through statistical analysis of indicator results. Once this analysis has been completed, organizations with incomplete data can be eliminated from further analysis for specific indicators. As well, organizations with indicator values that fall outside of predetermined upper or lower limits can also be flagged for further analysis or eliminated from results prior to comparative analysis. This process is described under **Methodology for Identification of Outliers** in Appendix B.

Another issue that the CMDB is faced with is the limited extent to which some organizations follow the requirements of the MIS Guidelines. For example, health regions in all provinces other than Ontario and Quebec are not required by the province to allocate regional administrative expenses and expenses for shared services to all of the facilities within the region. Wherever possible, data has been transformed to be in compliance with the MIS Guidelines. Where necessary, regional, centralized and shared services expense have been allocated on a systematic basis by CIHI before data is used to calculate performance indicators.

The province of Quebec has not implemented the MIS Guidelines for hospital reporting. Data reported to CIHI from Quebec is mapped from Quebec's provincial account codes to the MIS Guidelines chart of accounts. In cases where a mapping relationship cannot be established, codes are mapped to a holding account. Holding accounts allow Quebec trial balance data to balance in the database.

Table 22 describes four grades that are assigned to the quality of CMDB data.

**Table 22. CMDB Data Quality Grade Levels**

| Grade | Name | Explanation |
| --- | --- | --- |
| 1 | **Use without restriction** | |
| 2 | **Use with minor restrictions** | These are typically minor issues linked to under-reporting of certain statistical fields, under-reporting of statistics in functional centres or other transaction inconsistencies, inconsistent historical comparisons, some statistics with no expenses, aggregated reporting of certain fields (e.g. compensation), or mid-range provincial/territorial response rates. While users are cautioned to be wary of certain points, the interpretation and utility of the data is not seriously threatened. |
| 3 | **Use with major restrictions** | These tend to be more systematic issues that may affect the interpretation and utility of the provincial/territorial data. Examples are large gaps in the data (e.g. missing statistical/expense fields), low provincial/territorial response, many statistics with few or no associated expenses, or data that is grossly inconsistent across time and/or against national averages. |
| 4 | **Unusable** | Data with critical errors that prevent the use of the data. |

Source: Canadian Institute for Health Information

Table 23 reports the values from Table 22 that were assigned to each jurisdiction based on the CMDB data quality review process for fiscal year 2001–2002. CIHI is currently working with hospitals/health regions and provincial and territorial ministries to improve their data quality.

**Table 23. Data Quality Assessment by Province/Territory, 2001–2002**

| | Minimum Reporting | Transaction Validity | Historical Consistency | Combination Reporting | Relational Validity | Overall Grade |
|---|---|---|---|---|---|---|
| **N.L.** | 3 | 3 | 1 | 3 | 2 | **3** |
| **P.E.I.** | 3 | 3 | - | - | - | **3** |
| **N.S.** | 2 | 2 | 1 | 1 | 2 | **2** |
| **N.B.** | 2 | 2 | 3 | 2 | 2 | **2** |
| **Que.** | 3 | 1 | 1 | 1 | 1 | **3** |
| **Ont.** | 1 | 1 | 1 | 1 | 1 | **1** |
| **Man.** | 2 | 3 | 1 | 1 | 2 | **3** |
| **Sask.** | 3 | 3 | - | 3 | 3 | **3** |
| **Alta.** | 2 | 2 | 1 | 1 | 1 | **2** |
| **B.C.** | 2 | 2 | 1 | 1 | 1 | **2** |
| **Y.T.** | 3 | - | - | - | - | **3** |
| **N.W.T.** | 3 | - | - | - | - | **3** |
| **Nun.** | - | - | - | - | - | **-** |

Source: CIHI Canadian MIS Database

# Coverage

## Canadian MIS Database Frame

"Frame" refers to a list of entities that should supply data to a database. The CMDB contains financial and statistical data from hospitals across the country. CIHI maintains a list of Canadian hospitals reporting to the CMDB referred to as the CMDB List of Hospitals. The CMDB does not yet request data from long-term care facilities; community health centres or home care agencies. Most regionalized provinces, however, do submit non-hospital data.

## Frame Maintenance

In order to ensure that the CMDB contains up to date information, the provinces and territories are asked twice a year for any changes that impact the CMDB list of hospitals such as bed counts and hospital closures, mergers and amalgamations.

## Impact of Frame Maintenance

The documentation process of maintaining the frame includes storing a copy of changes submitted by the provinces/territories and documenting the updates in the CMDB. In many cases, hospital lists are updated one or two years prior to the data submission for that year. Consequently, significant effort is made to ensure that data submissions are consistent with the updated hospital structure for a particular entity.

# Collection and Non-response

## Data Collection

Financial and statistical data from hospitals are collected with the cooperation of provincial and territorial governments that ensure the submission of MIS Guidelines compliant hospital or regional data.

Provinces and territories are given two options for submitting data to CIHI. Data can be submitted using an MS Excel workbook or a text file. Once the data has been submitted, it is subjected to a series of edit checks. These edits are reviewed and enhanced as necessary. After the data have been entered into the database, indicators are calculated for each institution in order to measure the quality of the reported data.

## Data Quality Control

Once the data have been collected and formatted for a province, it is processed using a database application; during the process established edits are applied to the data. An exception report is produced based on the edits, which is sent to each provincial/territorial ministry of health. It is the foundation for the provincial/territorial data quality report. This report outlines the major data quality issues for each province/territory and contributes to an effort to help improve reporting practices.

The Data Quality Report also includes the identification of anomalies in the data through the analysis of hospital financial and statistical data. This analysis employs approximately 400 calculations, including regional indicators, provincial/territorial comparisons and comparisons to the last three years of data for each supplier. To facilitate and encourage data quality, officials in the appropriate provincial/territorial ministry of health review the Data Quality Reports.

## Response

Response rates of data submissions to the CMDB have been steadily increasing since 1995 when the database was transferred from Statistics Canada. Table 24 shows that 94% of all hospitals in the CMDB list of hospitals responded with 2001–2002 data. These hospitals represent 98% of all hospital beds. In contrast, only 51% of hospitals representing 56% of beds responded to the call for 1995–1996 data.

**Table 24. CMDB Response Rates, 1995–1996 to 2001–2002**

| Fiscal Year | Response rate based on Hospitals | Response rate based on Beds |
|---|---|---|
| 2001–2002 | 94% | 98% |
| 2000–2001 | 93% | 96% |
| 1999–2000 | 90% | 95% |
| 1998–1999 | 88% | 93% |
| 1997–1998 | 85% | 90% |
| 1996–1997 | 54% | 57% |
| 1995–1996 | 51% | 56% |

Source: Canadian Institute for Health Information

**Table 25. Provincial Public, Private and Total Hospital Response Rates by Province/Territory, 1999–2000 to 2001–2002**

| Province/ Territory | Provincial Public Hospitals | Private Hospitals | All Hospitals |
|---|---|---|---|
| N.L | 91% | N/A | 91% |
| P.E.I. | 100% | N/A | 100% |
| N.S. | 100% | N/A | 100% |
| N.B. | 100% | N/A | 100% |
| Que. | 100% | 100% | 100% |
| Ont | 100% | 62% | 97% |
| Man. | 100% | 50% | 99% |
| Sask. | 64% | 0% | 63% |
| Alta. | 100% | N/A | 100% |
| B.C. | 100% | N/A | 100% |
| Y.T. | 50% | N/A | 50% |
| N.W.T. | 20% | N/A | 20% |
| Nun. | 0% | N/A | 0% |
| **Can.** | **95%** | **65%** | **94%** |

Source: Canadian Institute for Health Information

**N/A = Not applicable**

Response rates vary by province/territory and by hospital ownership (Table 25). In total there were 747 hospitals operating in Canada in fiscal year 2001–2002. Of these, 727 were provincially funded public hospitals. The remaining 20 were either privately owned or owned by the federal government. While 95% of provincial hospitals reported data, only 65% of the private hospitals reported data.

Observing simple response bias also helps assess data quality. This statistic determines whether or not an event had been observed or reported properly. In the CMDB this might include, for example, reporting inpatient visits and inpatient days outside of inpatient nursing functional centres or when credit and debit values are reversed. A related statistic is correlated response variance which occurs when data is consistently incorrectly observed, recorded and reported, for example, when data elements are collected only by select provinces. It is difficult to determine whether any regional differences are due to differences in data collection, software or variations in coding practice or hospital policy.

### Adjustment for Non-response

While response rates based entirely on the CMDB frame are high, simple response bias and correlated response variance are evident because not all respondents report values for the entire minimum data set. Non-responding hospitals were reported to the appropriate ministry in the provincial/territorial data quality report. Values for some financial performance indicators may not be able to be calculated or used for health regions/hospitals that do not report an entire data set.

## Major Changes

There have been no major changes to the data collection tools, standards or data providers (provinces/territories) since the inception of the CMDB in 1995.

## Revision History

The fiscal year 2001–2002 data used in this publication were current as of January 31, 2004.

### Major Revisions

There have been revisions to the fiscal years 1999–2000 and 2000–2001 data. Most of the changes represent minor corrections. In 2003 five provinces resubmitted their entire data file for 2001–2002 in order to reflect changes and corrections that resulted from provincial/territorial data quality reviews.

## Comparability

### Geography

Facility postal codes are collected from all respondents. Information about hospitals can be compared by postal code if the postal code contains more than five hospitals. Generally, the smallest geographic area would be by health region. Regions in provinces other than Ontario are defined as health regions. In Ontario, the Statistics Canada grouping by District Health Council was used to approximate regions.

## Facility

Facility-level information from the CMDB can be linked to information from the Discharge Abstract Database (DAD). Even though hospitals may report to the DAD using multiple facility codes, these facility codes can be mapped to only one accounting entity reporting to the CMDB.

## Time

All provinces and territories submit data on a fiscal year that covers April 1 through March 31 of the following year.

## Person

Information in the Canadian MIS Database is collected at the organization level. It is not possible to derive information about individuals from the CMDB, nor track them across time.

# Appendix B

# Performance Indicator Methodology

# Performance Indicator Methodology

## General Methods

The following is intended as a general overview of the methods applied to calculate the performance indicators in this report. More detailed information can be obtained by contacting the Canadian MIS Database section by phone (613) 241-7860, by fax (613) 241-8120 or by e-mail at cmdb@cihi.ca.

### Unit of Analysis

Hospitals in Canada operate under a variety of legal organizations. In some provinces hospitals are included under the legal umbrella of a heath authority and in other provinces the hospital itself is the legal entity. Indicators calculated using the legal entity as the unit of analysis include Total Margin, Current Ratio, Administrative Support Expense as a percentage of Total Expense, Information Systems Expense as a percentage of Total Expense and Average Age of Equipment. Indicators that are calculated using individual hospitals, regardless of the legal entity, are UPP Worked Hours for Patient Care Functional Centres as a percentage of Total Worked Hours, Cost per Weighted Case, Nursing Inpatient Services UPP Worked Hours per Weighted Case, Diagnostic Services UPP Worked Hours per Weighted Case, Clinical Laboratory UPP Worked Hours per Weighted Case, and Pharmacy UPP Worked Hours per Weighted Case.

## Indicator Methodology Changes for 2001–2002

The indicator methodology used in this report has been revised to include changes that were recommended by researchers, Ministries of Health and regions/hospitals. For the most part, the changes reflect the fact that the quality of data is improving, and as a result, fewer data elements need to be excluded because of poor data quality than in the past. The following indicators have been changed:

- **Total Margin** includes all amortization, research functional centres, provincial health insurance plan revenue, grant and donation revenue. Internal recoveries now include secondary financial codes 1 21 and 1 22.
- **Administrative Services Expense as a Percentage of Total Expense** includes all amortization, cash discounts and medical personnel compensation. Functional Centre 71 1 25—System Support has been removed from the numerator.
- **Information Systems Expense as a Percentage of Total Expense** includes all amortization, cash discounts and medical personnel compensation.
- **Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case** denominator will include acute, rehabilitation and mental health weighted cases from the DAD.
- **Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case** denominator will include acute, rehabilitation and mental health weighted cases from the DAD.

- **Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case** denominator will include acute, rehabilitation and mental health weighted cases from the DAD.
- **Pharmacy Unit-producing Personnel Worked Hours per Weighted Case** denominator will include acute, rehabilitation and mental health weighted cases from the DAD.
- **Cost per Weighted Case** now includes all amortization and medical personnel compensation. The national average used to allocate diagnostic and therapeutic costs between inpatient and outpatient when no other statistics are available will be split into an average for small hospitals, community hospitals and teaching hospitals. The denominator will include acute, rehabilitation and mental health weighted cases from the DAD.

These changes have been applied retroactively to 1999–2000 and 2000–2001 Provincial/Territorial and National weighted averages in order to improve comparability.

## 2001–2002 Indicator Methodology

1. **Total Margin**—Total Margin is an indicator measuring financial viability. It is strongly influenced by positive financial outcomes on a yearly basis.

$$\frac{\text{Total Revenue} - \text{Total Expenses}}{\text{Revenue, excluding internal recoveries}}$$

MIS account codes used in the numerator include all fund types, secondary financial accounts 1 *, 3 * to 9 *.

MIS account codes used in the denominator include all fund types, secondary financial accounts 1*, excluding 1 21 and 1 22.

2. **Current Ratio**: Current Ratio is an indicator of a hospital's liquidity that measures how current assets and liabilities are managed. The inability to meet short-term obligations can hinder the delivery of quality patient care services.

$$\frac{\text{Current Assets + debit Current Liability balances excluding current portion of deferred contributions}}{\text{Current Liabilities, excluding current portion of deferred contributions + credit Current Assets, except Current Asset contra accounts}}$$

MIS account codes used in the numerator include primary accounts 1 * + debit balances in primary accounts 4* excluding 4* 8.

MIS account codes used in the denominator include primary accounts 4* excluding 4* 8 + credit balances in primary accounts 1* except 1* 4.

**NOTE:** Data are adjusted for amounts not re-allocated on the trial balance to be consistent with financial statement reporting (e.g. only a net credit position across current cash accounts would be added to the denominator).

This indicator **includes** deferred revenue (MIS Primary Account 4* 6 Unearned Contributions) but excludes the current portion of deferred capital contributions (MIS Primary Account 4* 8). The current portion of deferred capital contributions represent the next year's amortization of grants received for capital purposes. Since the next years amortization expense of assets that directly relate to the deferred capital contributions are not included as a current asset, the inclusion of the current portion of deferred capital contributions is unwarranted.

3. **Administrative Services Expense as a Percentage of Total Expense:** Administrative Expense is a measure of a hospital's efficiency.

$$\frac{\text{General Administration, Finance, Human Resources, and Communication Expenses, net of recoveries}}{\text{Total Expenses, net of recoveries}}$$

MIS account codes used in the numerator include primary accounts 7* 1 10, 7* 1 15, 7* 1 20, 7* 1 30, secondary financial accounts 1 2*, 3 * to 9 *.

MIS account codes used in the denominator include secondary financial accounts 1 2*, 3 * to 9 *.

4. **Information Systems Expense as a Percentage of Total Expense:** This is an indicator that examines the expenditures on information services.

$$\frac{\text{Systems Support, net of recoveries}}{\text{Total Expenses, net of recoveries}}$$

MIS account codes used in the numerator include primary accounts 7* 1 25, secondary financial accounts 1 2*, 3 * to 9 *.

MIS account codes used in the denominator include secondary financial accounts 1 2*, 3 * to 9 *.

5. **Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percent of Total Worked Hours:** This indicator measures human resources.

$$\frac{\text{Inpatient Nursing, Ambulatory Care, and Diagnostic and Therapeutic Worked and Purchased Hours}}{\text{Total Worked Hours, excluding medical compensation hours}}$$

MIS account codes used in the numerator include primary accounts 7* 2, 7* 3, 7* 4, statistical secondary accounts 3 50 10, 3 50 90.

MIS account codes used in the denominator include all fund types excluding primary account 7* 5 , statistical secondary accounts 3 10 10, 3 10 90, 3 50 10, 3 50 90.

6. **Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case:** This indicator measures the number of worked hours required from nursing units to produce a weighted case.

$$\frac{\text{Inpatient Nursing Worked and Purchased Hours (Excluding Long-Term/Chronic Care)}}{\text{Total Inpatient Weighted Cases}}$$

MIS account codes used in the numerator include primary accounts 7* 2 (Excluding 71 2 95), statistical secondary accounts 3 50 10 and 3 50 90.

The denominator includes total acute, rehabilitation and mental health inpatient weighted cases (obtained from the Discharge Abstract Database and Hospital Morbidity Database, excluding Day Procedures).

7. **Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case:** This indicator measures the number of worked hours required from Laboratory units to produce a weighted case.

$$\frac{\text{Laboratory Services Worked and Purchased Hours (Adjusted for inpatient activity)}}{\text{Total Inpatient Weighted Cases}}$$

MIS account codes used in the numerator include primary accounts 71 4 10, statistical secondary accounts 3 50 10 and 3 50 90. Numerator is adjusted for the proportion of inpatient activity determined by workload/activity statistics as it is outlined in the Cost Per Weighted Case methodology below.

The denominator includes total acute, rehabilitation and mental health inpatient weighted cases (obtained from the Discharge Abstract Database and Hospital Morbidity Database, excluding Day Procedures).

8. **Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case:** This indicator measures the number of worked hours required from Diagnostic units to produce a weighted case.

$$\frac{\text{Diagnostic Services Worked and Purchased Hours (Adjusted for inpatient activity)}}{\text{Total Inpatient Weighted Cases}}$$

MIS account codes used in the numerator include primary accounts 71 4 15, 71 4 25, 71 4 30 statistical secondary accounts 3 50 10 and 3 50 90. Numerator is adjusted for the proportion of inpatient activity determined by workload/activity statistics as it is outlined in the Cost Per Weighted Case methodology below.

The denominator includes total acute, rehabilitation and mental health inpatient weighted cases (obtained from the Discharge Abstract Database and Hospital Morbidity Database, excluding Day Procedures).

9. **Pharmacy Unit-producing Personnel Worked Hours per Weighted Case:** This indicator measures the number of worked hours required from Pharmacy to produce a weighted case.

$$\frac{\text{Pharmacy Worked and Purchased Hours (Adjusted for inpatient activity)}}{\text{Total Inpatient Weighted Cases}}$$

   MIS account codes used in the numerator include primary accounts 71 4 40, statistical secondary accounts 3 50 10 and 3 50 90. Numerator is adjusted for the proportion of inpatient activity determined by workload/activity statistics as it is outlined in the Cost Per Weighted Case methodology below.

   The denominator includes total acute, rehabilitation and mental health inpatient weighted cases (obtained from the Discharge Abstract Database and Hospital Morbidity Database, excluding Day Procedures).

10. **Average Age of Equipment:** This is a measure of capital that examines the relationship between yearly equipment amortization expense to the total of accumulated amortization for equipment assets.

$$\frac{\text{Accumulated Equipment Amortization (Distributed/Undistributed)}}{\text{Equipment Amortization Expense (Distributed/Undistributed)}}$$

   MIS account codes used in the numerator include primary accounts 3* 8 51, 3* 8 56.

   MIS account codes used in the denominator include primary accounts 7* and 8*, financial secondary accounts 9 50 80 and 7 50.

## Cost per Weighted Case Methodology

The following outlines CIHI's methodology for calculating the Cost Per Weighted Case (CPWC). The 2001–2002 data submitted to CIHI's Canadian MIS Database that normally would have been the source for financial data were not used because of data issues related to weighted cases which are obtained from the Discharge Abstract Database and the Hospital Morbidity Database. Instead, 2000–2001 financial data is used and weighted cases are obtained from the Discharge Abstract Database and the Hospital Morbidity Database grouped using the 2000 version of CIHI's Case Mix Group (Complexity Overlay) grouping methodology (Day Procedures are excluded). The CPWC calculation is performed for facilities that have reported both financial and clinical data.

### Cost Distribution Logic

The cost calculation is based upon obtaining the full cost of inpatient services, then dividing by the total weighted cases for each hospital. The full cost of inpatient services includes expenses associated with health regions, such as diagnostic/laboratory services and/or administration/support expenses.

**Recoveries Netted, Expenses Removed**

The first step in the calculation is to net recoveries and remove the designated expenses. The secondary codes associated with these exclusions/netting are:

*Recoveries*

| Secondary Description | Secondary Code |
|---|---|
| Recoveries | 1 2* |

*Excluded Expenses*

| Secondary Description | Secondary Code |
|---|---|
| Undistributed Amortization—Grounds, Buildings and Building Service Equipment | 9 50 20, 9 50 40, 9 50 60[11] |
| Interest on Long-Term Liabilities | 9 55 |
| Termination Benefits | 3 ** 85 |

*Functional Centre Exclusions*[12]

| Primary Description | Primary Code | Secondary Code |
|---|---|---|
| Long-Term/Chronic Care | 71 2 95 | ALL |
| Community | 71 5 | ALL |
| Research | 71 7 | ALL |
| Education | 71 8 (except 71 8 40) | ALL |
| Undistributed | 71 9 | ALL |

**Allocation Methodology—Diagnostic/Therapeutic Services (D and T)**[13]

The preferred method for allocating Diagnostic and Therapeutic Services (D and T) expenses to inpatient services is via workload measurement data. To do this, first all D and T accounts are rolled up to level 3 functional centres. Next, all service recipient activity workload is used to derive an inpatient/client ratio. **NOTE:** Non-service recipient activity workload is excluded, but the expenses associated with non-service recipient activity are allocated using the inpatient/client ratio. Therefore the following formula is used to obtain the inpatient workload ratio:

[11] Undistributed amortization is occasionally reported at the roll-up level (e.g. F9 50), making it impossible to know the portion applicable to equipment. Nationally, 70% of the undistributed amortization reported applies to buildings, grounds and service equipment. Accordingly, 70% of the dollars reported under F9 50 are removed to obtain the equipment portion.

[12] The expenses in these functional centres are not excluded until all allocations have been made.

[13] Where health regions report diagnostic and therapeutic costs within the corporate entity (e.g. not within stand-alone D and T centres), these costs are distributed, by proportion of expense, to inpatient and client frameworks.

| Inpatient Workload |
|---|
| Client + Inpatient Workload |

Where workload is not reported, procedures (for Laboratory and Diagnostic Imaging, including respiratory therapy) or attendance days (for therapies) are used to distribute costs. In the absence of these statistics, visits are used.

**Allocations for Accounts with no Workload or Activity Statistics**
A national workload average, by level 3 account, is used to make allocations in diagnostic and therapeutic functional centres where expenses are reported without corresponding workload/activity or statistics. A separate average is calculated for small,[14] non-teaching and teaching hospitals. Where no statistics are reported at all, a national average for each level 3 functional centre by hospital type is used. In rare instances where workload is nationally absent for a given level 3 functional centre, a generic average by hospital type produced from workload across all functional centres is used. For a complete listing of the account codes for activity/workload statistics please refer to chapter 2.4 of the MIS Guidelines.

**Operating Room/Post-Anesthetic Recovery Room—*Primary Accounts, 71 2 60, 71 2 65, 71 2 62 (OR/PARR Combined)***
Many hospitals use their main inpatient operating suite to treat both inpatient and client surgical visits. Ideally nursing workload should be used to break out the inpatient/client split in these functional centres. Lack of reporting of nursing workload prohibits this. Instead, surgical visits are used:

*Surgical Visits*

| Secondary Description | Secondary Code |
|---|---|
| Surgical Visits—Inpatient | 4 37 10 |
| Surgical Visits—Client | 4 37 70, 4 37 80 |

An additional step is required to recognize the difference in resource intensity between a "typical" inpatient and client surgical visit. To accomplish this, inpatient visits are weighted 3 to every 1 client visit.

Where surgical visits are not reported expenses are attributed to inpatient services.

**Allocation for Regional Expenses**
Additional allocations must be made to hospitals that are under the control of health regions. In order to do this, first the portion of regional expenses that are attributable to the hospitals in each region must be separated from the portion attributable to non-hospitals. This hospital/non-hospital ratio is obtained through the use of the non-hospital information supplied to CIHI by the provinces, and in addition, in Newfoundland and Labrador, Nova Scotia, Manitoba, Alberta, and British Columbia transaction data for facility-based non-hospitals are used.

[14] For the purpose of this methodology a small hospital is defines as one with fewer than 50 beds.

Once the hospital portion of regional expenses is obtained, they are allocated based on the proportion of each hospital's total expense to the total hospital expense for that region. Regional expenses are rolled up to Level 2 functional centre reporting and are added to the level 2 categories[15] in each hospital.

Where health regions operate stand-alone Diagnostic and Therapeutic units, the expenses from these sites are considered to be the same type of regional expenses as corporate administration or laundry. Unless workload data are provided that allow for the direct allocation to specific sites, D and T expenses will be broken down into inpatient/client groups, adjusted to the proportion of hospital expenses and distributed to individual hospital sites.

**Allocating Administration/Support, and Accounting Centre Expenses**

The final steps to achieving the full cost of inpatient services for each facility is accomplished by using a step-down allocation approach. This is a sequenced allocation for each functional centre.

**Accounting Centres**

In many cases, hospitals report recoveries and expenses pertaining to patient care in the Accounting Centres. If any (net) expenses or recoveries remain in the Accounting Centres they must be distributed. A ratio is calculated based on the total facility cost across each Level 2 functional centre, excluding the Accounting Centres. The following formula is used:

$$\frac{\text{F/C}_n\ \text{Costs}}{\text{Total Costs } (71\ 1 + 71\ 2_{+\text{D and T}} + 71\ 3_{+\text{D and T}} + 71\ 2\ 95 + 71\ 5 + 71\ 6 + 71\ 7 + 71\ 8 + 71\ 8\ 40 + 7\ 19)}$$

***Where – F/C$_n$ is each of the functional centres identified in the denominator***
***– $_{\text{D and T}}$ is the portion of D and T costs associated with either inpatient or client services.***

**Administration and Support Services**

Administration and Support Services are allocated using the following formula, where administration/support services are excluded from the denominator:

$$\frac{\text{F/C}_n\ \text{Costs}}{\text{Total Costs } (71\ 2_{+\text{D and T}} + 71\ 3_{+\text{D and T}} + 71\ 2\ 95 + 71\ 5 + 71\ 6 + 71\ 7 + 71\ 8 + 71\ 8\ 40 + 71\ 9)}$$

Once administration is allocated In-service education is allocated, by proportion of expense, to inpatient and client frameworks:

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[15] Long-Term/Chronic Care accounts are not rolled up to level 2 so they can absorb allocated expenses from other functional centres (e.g. Diagnostic and Therapeutic, Administration/Support etc.).

$$\frac{F/C_n \text{ Costs}}{\text{Total Costs } (71\ 2_{+\text{D and T}} + 71\ 3_{+\text{D and T}} + 71\ 2\ 95)}$$

**Recovery Revenue**

With the exception of Accounting Centres, net revenues are not distributed. Outside of the Accounting Centres, allocations are restricted *to a minimum value of zero—no negative allocations are made at the framework level.*

**Denominator**

The denominator includes total acute, rehabilitation and mental health inpatient weighted cases (obtained from the Discharge Abstract Database, excluding Day Procedures).

## Performance Indicator Weighted Average Methodology

All of the indicators reported in *Canadian MIS Database, Hospital Financial Performance Indicators, 1999–2000 to 2001–2002* are weighted averages. Weighting is applied by calculating the indicator value based on the sum of all the numerators divided by the sum of all the denominators.

Provincial indicator values are calculated as the sum of all provincial organizations' numerators divided by the sum of all provincial organizations' denominators, excluding outliers. National indicator values are calculated as the sum of all organizations' numerators divided by the sum of all organizations' denominators, excluding outliers.

## Validation of Indicator Results Methodology

After all of the indicator values were calculated for this document, a validation report was created for every province/territory that contained individual regional values. In the case of Ontario and Quebec, the reports contained hospital indicator values. The validation reports, along with a covering letter were sent to a representative in the Ministry of Health for each province/territory. These reports contained the organization's numerator, denominator and calculated value for each indicator, along with a complete indicator methodology.

The instructions contained in the validation report asked the province/territory to confirm that each organization's values in the report were correct. If they were not, the province/territory was required to send a detailed account-by-account request to have the data changed. Change requests that did not include resubmission to the CMDB were not considered valid requests.

## Methodology for the Identification of Outliers

An outlier is defined as an indicator value that is greater than or less than a pre-determined range of acceptable indicator values. For this report, the range of acceptable values is:

I.5 times the inter-quartile range (IQR), calculated as follows:

1st quartile (25th percentile) minus 1.5 * IQR **to** 3rd quartile (75th percentile) plus 1.5 * IQR.

Any indicator that falls outside this acceptable range is carefully reviewed. Unless there is a compelling reason for retaining the value, it is removed or "trimmed" from further analysis.

**Trim Rules for National and Provincial Averages**

For all provincial and national averages that are published throughout the report:

- For Hospital-Specific Indicators (i.e. Worked Hours and Weighted Cases Indicators)—Hospital values will be trimmed out if beyond the range of acceptable values; and
- For Regional-Specific Indicators (i.e. Current Ratio, Total Margin, Administrative Expenses etc.)—Regional values (including the aggregate regional values in Ontario and Quebec) will be trimmed out if beyond the range of acceptable values.

**Trim Rules for Regional Indicator Values**

For all regional averages that will be published in the appendix:

- For Hospital-Specific Indicators (i.e. Worked Hours and Weighted Cases Indicators)—Hospital values will be trimmed out if beyond the range of acceptable values; and
- For Regional-Specific Indicators (i.e. Current Ratio, Total Margin, Administrative Expenses etc.)—Regional values (including the aggregate regional values in Ontario and Quebec) will be trimmed out if beyond the range of acceptable values.

## Decile Ranking of Regional Indicators

Regional decile ranking was determined by listing the values for all 165 regions in order, depending on the scale of the indicator, from the highest (lowest) to the lowest (highest). For example, in the case of an indicator with results in ascending order, the first ten percent (least favorable) of the regional values receive a decile rank of 1, the second ten percent receive a decile ranking of 2 and so on to the final ten percent (most favorable) that have a decile ranking of 10.

# Appendix C

# Regional Indicator Values by Province/Territory, 2001–2002

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**Table C.1.1 Part 1**

**Hospital Financial Performance Indicators—2001–2002, Atlantic Provinces**

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **Newfoundland and Labrador, by Regional Health Board** | | | | | | | | | | |
| Avalon Health Care Institutions Board | -0,4 | 7 | 0,3 | 1 | 8,2 | 3 | 0,7 | 3 | --- | --- |
| Central East Health Care Institutions Board | -1,8 | 4 | 0,2 | 1 | 6,6 | 5 | 1,2 | 5 | --- | --- |
| Central West Health Board | 0,2 | 9 | 0,5 | 2 | 7,5 | 4 | 1,5 | 6 | --- | --- |
| Grenfell Regional Health Services Board | -1,4 | 5 | 0,2 | 1 | 8,3 | 3 | 0,6 | 2 | --- | --- |
| Health Care Corporation of St. John's | 0,4 | 9 | 0,5 | 2 | 5,1 | 7 | 1,1 | 4 | --- | --- |
| Peninsulas Health Care Corporation | -0,4 | 7 | 0,4 | 1 | 6,6 | 5 | 1,6 | 7 | --- | --- |
| Western Health Care Corporation | -0,3 | 7 | 0,3 | 1 | 7,4 | 4 | 0,8 | 3 | --- | --- |
| **Provincial Average** | **-0,1** | | **0,4** | | **6,3** | | **1,1** | | --- | |
| **Prince Edward Island, by Regional Health Authority** | | | | | | | | | | |
| East Prince Health Region | ** | ** | --- | --- | 4,2 | 9 | --- | --- | --- | --- |
| Eastern Kings Health Region | ** | ** | --- | --- | 11,5 | 1 | --- | --- | --- | --- |
| Queens Health Region | ** | ** | --- | --- | 10,7 | 2 | 0,0 | 1 | --- | --- |
| Southern Kings Health Region | ** | ** | --- | --- | 3,2 | 9 | --- | --- | --- | --- |
| West Prince Health Region | ** | ** | --- | --- | 8,4 | 3 | --- | --- | --- | --- |
| **Provincial Average** | --- | | --- | | **8,8** | | **0,0** | | --- | |
| **Nova Scotia, by District Health Board** | | | | | | | | | | |
| Annapolis Valley District Health Authority | -0,4 | 7 | 1,0 | 5 | 6,2 | 5 | 1,2 | 5 | --- | --- |
| Antigonish/Guysborough/Richmond DHA | 0,0 | 8 | 1,1 | 6 | 8,4 | 3 | 0,4 | 1 | --- | --- |
| Cape Breton/ Victoria/ Inverness | -5,5 | 1 | 1,0 | 5 | 5,9 | 6 | 0,4 | 2 | --- | --- |
| Colchester/ East Hants DHA | 0,0 | 8 | 1,6 | 9 | 6,7 | 5 | 0,8 | 3 | --- | --- |
| Cumberland County DHA | 0,0 | 8 | 1,3 | 8 | 9,5 | 3 | 0,6 | 2 | --- | --- |
| Halifax Regional/ Hants West | -1,2 | 6 | 1,1 | 7 | 4,4 | 8 | 2,2 | 8 | --- | --- |
| IWK Health Centre | 0,0 | 8 | 1,5 | 8 | 5,6 | 7 | 1,6 | 7 | --- | --- |
| Pictou County | 0,0 | 8 | 1,7 | 9 | 7,1 | 4 | 0,3 | 1 | --- | --- |
| South Shore DHA | -0,4 | 7 | 1,0 | 5 | 5,7 | 6 | 1,2 | 5 | --- | --- |
| South West Nova DHA | -0,1 | 8 | 1,0 | 5 | 4,9 | 7 | 1,3 | 5 | --- | --- |
| **Provincial Average** | **-1,4** | | **1,2** | | **5,4** | | **1,5** | | --- | |
| **New Brunswick, by Regional Hospital Corporation** | | | | | | | | | | |
| Region 1 (Beausejour) Hospital Corporation | -3,0 | 3 | 0,6 | 2 | 2,9 | 9 | 1,5 | 6 | --- | --- |
| Region 1 (Southeast) Hospital Corporation | -2,0 | 4 | 0,6 | 2 | 3,1 | 9 | 2,6 | 10 | --- | --- |
| Region 2 Hospital Corporation | -1,5 | 5 | 1,0 | 5 | 4,6 | 8 | 2,3 | 9 | --- | --- |
| Region 3 Hospital Corporation | -3,4 | 2 | 0,4 | 1 | 4,7 | 8 | 1,4 | 6 | --- | --- |
| Region 4 Hospital Corporation | -0,2 | 7 | 0,7 | 3 | 5,3 | 7 | 2,3 | 9 | --- | --- |
| Region 5 Hospital Corporation | 0,0 | 8 | 1,3 | 7 | 6,1 | 6 | 1,7 | 7 | --- | --- |
| Region 6 Hospital Corporation | -1,5 | 5 | 0,6 | 2 | 4,3 | 8 | 1,4 | 6 | --- | --- |
| Region 7 Hospital Corporation | 0,4 | 9 | 0,9 | 4 | 4,1 | 9 | 1,5 | 6 | --- | --- |
| **Provincial Average** | **-1,8** | | **0,7** | | **4,3** | | **1,9** | | --- | |

* Administrative Expense includes: Administration, Finance, Human Resources, and Communications Functional Centres.
** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes.
--- = Not applicable or not reportable

**Table C.1.1 Part 2**

## Hospital Financial Performance Indicators—2001–2002, Atlantic Provinces

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Years | Decile |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 12.2 | 3 |
| 57.3 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 10.0 | 5 |
| 59.8 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 53.0 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | 10.1 | 5 |
| 73.0 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 59.8 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 7.1 | 8 |
| 57.2 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 11.3 | 4 |
| **64.1** | | --- | | --- | | --- | | --- | | **9.7** | |
| 69.5 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 51.8 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 65.4 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 59.4 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 63.0 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **65.4** | | --- | | --- | | --- | | --- | | --- | |
| 57.2 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 12.3 | 3 |
| 59.7 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 61.5 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | 0.0 | 10 |
| 64.9 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 64.2 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 63.3 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 57.2 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 66.3 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 58.5 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 13.5 | 2 |
| 53.1 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | 11.5 | 4 |
| **61.2** | | --- | | --- | | --- | | --- | | **6.3** | |
| 54.5 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 10.3 | 5 |
| 58.1 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 8.1 | 7 |
| 56.3 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 11.9 | 3 |
| 53.8 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | 14.6 | 1 |
| 58.6 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 14.5 | 2 |
| 55.8 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 13.4 | 2 |
| 53.6 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | 10.0 | 5 |
| 49.5 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | 10.7 | 4 |
| **55.4** | | --- | | --- | | --- | | --- | | **11.3** | |

**Table C.1.2 Part 1**

**Hospital Financial Performance Indicators—2001–2002, Quebec, Ontario and Manitoba**

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **Quebec, By Hospital Region** | | | | | | | | | | |
| Bas-Saint-Laurent (01) | -1.7 | 4 | 1.1 | 6 | 11.7 | 1 | 1.0 | 4 | --- | --- |
| Saguenay — Lac-Saint-Jean (02) | -0.6 | 7 | 0.8 | 4 | 9.9 | 2 | 1.0 | 3 | --- | --- |
| Capitale-National (03) | -4.7 | 1 | 0.6 | 2 | 7.8 | 4 | 1.5 | 7 | --- | --- |
| Mauricie et Centre-du-Québec (04) | -1.6 | 5 | 1.1 | 6 | 10.2 | 2 | 1.0 | 4 | --- | --- |
| Estrie (05) | -1.8 | 4 | 1.4 | 8 | 8.0 | 4 | 1.3 | 5 | --- | --- |
| Montréal (06) | -4.9 | 1 | 0.7 | 3 | 8.1 | 4 | 2.1 | 8 | --- | --- |
| Outaouais (07) | -0.5 | 7 | 0.9 | 4 | 10.8 | 2 | 1.5 | 6 | --- | --- |
| Abitibi-Témiscamingue (08) | 0.4 | 9 | 1.1 | 6 | 11.7 | 1 | 1.2 | 5 | --- | --- |
| Côte-Nord (09) | -0.9 | 6 | 1.0 | 5 | 11.9 | 1 | 1.0 | 4 | --- | --- |
| Nord-du-Québec (10) | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gaspésie-Îles-de-la-Madeleine (11) | -1.7 | 4 | 0.8 | 3 | 12.6 | 1 | 1.0 | 3 | --- | --- |
| Chaudière-Appalaches (12) | -1.5 | 5 | 0.9 | 4 | 9.0 | 3 | 1.5 | 6 | --- | --- |
| Laval (13) | -1.6 | 5 | 0.9 | 4 | 8.5 | 3 | 0.9 | 3 | --- | --- |
| Lanaudière (14) | -3.4 | 2 | 0.7 | 3 | 8.4 | 3 | 1.3 | 5 | --- | --- |
| Laurentide (15) | -4.0 | 1 | 0.8 | 3 | 10.9 | 2 | 1.2 | 4 | --- | --- |
| Montérégie (16) | -2.3 | 4 | 0.8 | 3 | 9.5 | 3 | 1.4 | 6 | --- | --- |
| Nunavik (17) | ** | ** | 0.2 | 1 | 13.0 | 1 | 0.9 | 3 | --- | --- |
| Terres-Cries-de-la-Baie-James (18) | -3.4 | 2 | 1.1 | 6 | 14.1 | 1 | 1.1 | 4 | --- | --- |
| **Provincial Average** | -3.5 | | 0.7 | | 8.9 | | 1.6 | | --- | |
| **Ontario, by District Health Council** | | | | | | | | | | |
| Algoma, Cochrane, Manitoulin and Sudbury | -5.6 | 1 | 0.8 | 4 | 6.0 | 6 | 2.1 | 8 | --- | --- |
| Champlain | -3.3 | 2 | 0.8 | 3 | 5.8 | 6 | 3.3 | 10 | --- | --- |
| Durham, Haliburton, Kawartha and Pine Ridge | -3.2 | 2 | 1.8 | 9 | 6.2 | 5 | 1.9 | 8 | --- | --- |
| Essex, Kent and Lambton | -5.1 | 1 | 0.7 | 3 | 5.8 | 6 | 3.5 | 10 | --- | --- |
| Grand River | -2.4 | 4 | 2.2 | 10 | 6.8 | 5 | 2.2 | 9 | --- | --- |
| Grey Bruce Huron-Perth | -1.5 | 5 | 2.0 | 10 | 7.0 | 5 | 1.7 | 7 | --- | --- |
| Halton-Peel | -2.4 | 4 | 1.6 | 9 | 5.5 | 7 | 2.1 | 8 | --- | --- |
| Hamilton-Wentworth | -1.5 | 5 | 0.4 | 1 | 6.4 | 5 | 2.8 | 10 | --- | --- |
| Muskoka, Nipissing, Parry Sound & Timiskaming | -2.8 | 3 | 2.1 | 10 | 7.0 | 5 | 1.6 | 7 | --- | --- |
| Niagara | -3.1 | 2 | 1.3 | 7 | 9.6 | 3 | 2.1 | 8 | --- | --- |
| Northwestern Ontario | -1.0 | 6 | 1.3 | 7 | 6.1 | 6 | 1.4 | 6 | --- | --- |
| Quinte Kingston Rideau | -2.5 | 3 | 1.0 | 6 | 5.6 | 6 | 2.8 | 10 | --- | --- |
| Simcoe-York | -3.2 | 2 | 1.5 | 8 | 5.7 | 6 | 2.4 | 9 | --- | --- |
| Thames Valley | -0.7 | 7 | 0.8 | 4 | 5.2 | 7 | 3.0 | 10 | --- | --- |
| Toronto | -1.9 | 4 | 0.9 | 5 | 7.1 | 5 | 2.5 | 10 | --- | --- |
| Waterloo Region-Wellington-Dufferin | -1.0 | 6 | 1.0 | 5 | 6.5 | 5 | 2.7 | 10 | --- | --- |
| **Provincial Average** | **-2.4** | | **1.0** | | **6.4** | | **2.6** | | --- | |
| **Manitoba, by Regional Health Authority** | | | | | | | | | | |
| Brandon Regional Health Authority | -2.7 | 3 | 1.1 | 6 | 3.9 | 9 | 1.5 | 6 | --- | --- |
| Burntwood Regional Health Authority | -2.5 | 3 | 1.3 | 8 | 5.1 | 7 | 0.4 | 2 | --- | --- |
| Central Regional Health Authority | -1.3 | 5 | 1.7 | 9 | 4.8 | 7 | 0.4 | 1 | --- | --- |
| Churchill Regional Health Authority | ** | ** | 0.5 | 2 | 9.7 | 2 | 1.2 | 5 | --- | --- |
| Interlake Regional Health Authority | -0.3 | 7 | 1.5 | 8 | 5.5 | 7 | 0.2 | 1 | --- | --- |
| Marquette Regional Health Authority | ** | ** | ** | ** | 4.7 | 8 | ** | ** | --- | --- |
| Norman Regional Health Authority | 3.4 | 10 | 0.9 | 4 | 4.8 | 8 | 0.5 | 2 | --- | --- |
| North Eastman Health Association | 1.5 | 10 | 1.8 | 10 | 7.3 | 4 | 0.4 | 2 | --- | --- |
| Parkland Regional Health Authority | -1.3 | 5 | 1.6 | 9 | 8.9 | 3 | 0.4 | 1 | --- | --- |
| South Eastman Health/Sante Sud-Est Inc. | -2.9 | 3 | 1.9 | 10 | 3.6 | 9 | 0.3 | 1 | --- | --- |
| South Westman Regional Health Authority | ** | ** | ** | ** | 2.8 | 10 | ** | ** | --- | --- |
| Winnipeg Regional Health Authority | 0.4 | 9 | 1.1 | 6 | 5.8 | 6 | 1.3 | 5 | --- | --- |
| **Provincial Average** | **-0.1** | | **1.2** | | **5.5** | | **1.1** | | --- | |

* Administrative Expense includes: Administration, Finance, Human Resources, and Communications Functional Centres.
In Quebec, Finance also includes part of Materials Management.
** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes
--- = Not applicable or not reportable

**Table C.1.2 Part 2**

**Hospital Financial Performance Indicators—2001–2002, Quebec, Ontario and Manitoba**

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Years | Decile |
| | | | | | | | | | | | |
| 66.7 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 66.2 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 61.7 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 67.3 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 62.0 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 60.7 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 67.9 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 63.3 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 66.3 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 62.0 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 68.5 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 70.3 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 70.3 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 70.4 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 69.5 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 58.1 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 65.6 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **63.8** | | --- | | --- | | --- | | --- | | --- | --- |
| | | | | | | | | | | | |
| 59.9 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | 10.1 | 5 |
| 57.3 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 13.6 | 2 |
| 62.1 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | 8.6 | 7 |
| 59.5 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 9.0 | 6 |
| 56.6 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 7.6 | 8 |
| 60.0 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | 8.1 | 7 |
| 64.6 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | 8.0 | 7 |
| 57.2 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 13.8 | 2 |
| 56.2 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 9.8 | 5 |
| 56.9 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 10.6 | 4 |
| 56.1 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 9.9 | 5 |
| 58.2 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 8.8 | 7 |
| 64.1 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | 8.9 | 6 |
| 58.8 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 9.5 | 6 |
| 58.8 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 9.0 | 6 |
| 57.5 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 9.8 | 6 |
| **59.1** | | --- | | --- | | --- | | --- | | **9.6** | |
| | | | | | | | | | | | |
| 57.8 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 8.3 | 7 |
| 66.2 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | 0.5 | 10 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 8.8 | 6 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 6.5 | 9 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 9.0 | 6 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 63.2 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | 10.0 | 5 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 11.7 | 4 |
| 52.2 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | 16.4 | 1 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 9.8 | 6 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 59.5 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 13.6 | 2 |
| **59.6** | | --- | | --- | | --- | | --- | | **11.1** | |

## Table C.1.3 Part 1

**Hospital Financial Performance Indicators—2001–2002, Saskatchewan and Alberta**

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **Saskatchewan, by District Health Board** | | | | | | | | | | |
| Assiniboine Valley Health District | ** | ** | 0.6 | 2 | 0.9 | 10 | --- | --- | --- | --- |
| Battlefords Health District | -2.9 | 3 | 0.7 | 2 | 0.2 | 10 | --- | --- | --- | --- |
| Central Plains Health District | 0.0 | 8 | ** | ** | 5.7 | 6 | --- | --- | --- | --- |
| East Central Health District | -1.7 | 4 | 0.3 | 1 | 2.0 | 10 | 0.1 | 1 | --- | --- |
| Gabriel Springs District Health Board | -2.4 | 4 | 0.8 | 3 | 2.5 | 10 | --- | --- | --- | --- |
| Greenhead Health District | -4.4 | 1 | ** | ** | --- | --- | --- | --- | --- | --- |
| Living Sky Health District | -1.6 | 5 | 0.5 | 1 | 1.1 | 10 | --- | --- | --- | --- |
| Lloydminster Health District | ** | ** | 1.6 | 9 | 2.1 | 10 | --- | --- | --- | --- |
| Mamawetan Churchill District Health Board | -2.8 | 3 | ** | ** | 7.7 | 4 | --- | --- | --- | --- |
| Midwest District Health | ** | ** | 1.3 | 7 | 0.5 | 10 | --- | --- | --- | --- |
| Moose Jaw-Thunder Creek Health District | -0.2 | 7 | 1.9 | 10 | 3.3 | 9 | 0.5 | 2 | --- | --- |
| North Central District Health Board | ** | ** | ** | ** | 7.1 | 4 | --- | --- | --- | --- |
| North East DIstrict Health Board | -0.7 | 7 | 1.4 | 8 | 2.2 | 10 | --- | --- | --- | --- |
| North Valley Health District | -0.2 | 8 | 0.6 | 2 | 6.9 | 5 | --- | --- | --- | --- |
| Pasquia Health District | -4.5 | 1 | ** | ** | 1.1 | 10 | --- | --- | --- | --- |
| Prairie West Health District | ** | ** | 1.0 | 5 | 1.4 | 10 | --- | --- | --- | --- |
| Prince Albert Health District | -0.7 | 6 | 0.9 | 4 | 0.5 | 10 | --- | --- | --- | --- |
| Regina Health District | -2.7 | 3 | 0.2 | 1 | 4.0 | 9 | 1.5 | 6 | --- | --- |
| Rolling Hills District Health Board | -2.5 | 3 | 1.9 | 10 | 0.9 | 10 | --- | --- | --- | --- |
| Saskatoon Health District | -4.4 | 1 | 0.7 | 3 | 4.7 | 8 | 1.0 | 4 | --- | --- |
| South Central District Health Board | 0.5 | 9 | 1.1 | 7 | 0.8 | 10 | --- | --- | --- | --- |
| South County District Health Board | ** | ** | 0.7 | 2 | 13.0 | 1 | --- | --- | --- | --- |
| South East District Health Board | ** | ** | 0.6 | 2 | ** | ** | --- | --- | --- | --- |
| Southwest District Health Board | -0.8 | 6 | 2.3 | 10 | 2.0 | 10 | --- | --- | --- | --- |
| Swift Current Health District | 1.0 | 9 | 0.9 | 4 | 5.0 | 7 | --- | --- | --- | --- |
| **Provincial Average** | **-2.8** | | **0.6** | | **3.3** | | **1.1** | | --- | |
| **Alberta, by Regional Health Authority** | | | | | | | | | | |
| Alberta Cancer Board | -3.6 | 2 | 1.1 | 7 | 2.7 | 10 | 2.5 | 9 | --- | --- |
| Alberta Mental Health Board | -3.0 | 2 | 1.8 | 9 | 6.1 | 6 | 2.2 | 9 | --- | --- |
| Aspen Regional Health Authority | -1.1 | 6 | 2.0 | 10 | 5.3 | 7 | 1.0 | 4 | --- | --- |
| Calgary Regional Health Authority | 0.0 | 8 | 1.3 | 8 | 3.2 | 9 | 2.7 | 10 | --- | --- |
| Capital Health Authority | 0.7 | 9 | 1.4 | 8 | 2.8 | 9 | 2.4 | 9 | --- | --- |
| Chinook Regional Health Authority | -0.1 | 8 | 1.1 | 6 | 4.7 | 8 | 1.9 | 8 | --- | --- |
| Crossroads Regional Health Authority | 1.2 | 10 | 1.8 | 9 | 4.4 | 8 | 3.3 | 10 | --- | --- |
| David Thompson Regional Health Auth | -1.3 | 6 | 1.8 | 9 | 4.8 | 8 | 1.4 | 5 | --- | --- |
| East Central Regional Health Author | -0.9 | 6 | 1.4 | 8 | 4.3 | 9 | 1.4 | 6 | --- | --- |
| Headwaters Health Authority | ** | ** | 1.3 | 8 | 4.5 | 8 | 2.1 | 8 | --- | --- |
| Health Authority 5 | 2.0 | 10 | 1.2 | 7 | 4.6 | 8 | 1.9 | 8 | --- | --- |
| Keeweetinok Lakes Regional Health A | -4.3 | 1 | 1.4 | 8 | 7.6 | 4 | 2.0 | 8 | --- | --- |
| Lakeland Regional Health Authority | -2.9 | 3 | 0.9 | 4 | 4.7 | 8 | 1.1 | 4 | --- | --- |
| Mistahia Regional Health Authority | -1.3 | 6 | 1.3 | 7 | 7.6 | 4 | 1.6 | 7 | --- | --- |
| Northern Lights Regional Health Authority | -3.1 | 2 | 1.0 | 5 | 9.3 | 3 | 2.2 | 9 | --- | --- |
| North-Western Regional Health Authority | 1.6 | 10 | ** | ** | 8.3 | 3 | 1.8 | 8 | --- | --- |
| Palliser Health Authority | -1.1 | 6 | 1.0 | 5 | 4.1 | 9 | 1.7 | 7 | --- | --- |
| Peace Regional Health Authority | -5.4 | 1 | ** | ** | 6.7 | 5 | 2.5 | 9 | --- | --- |
| WestView Regional Health Authority | -4.9 | 1 | 1.1 | 7 | 5.3 | 7 | 1.7 | 7 | --- | --- |
| **Provincial Average** | **-0.4** | | **1.4** | | **3.8** | | 2.3 | | --- | |

* Administrative Expense includes: Administration, Finance, Human Resources, and Communications Functional Centres.
** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes.
--- = Not applicable or not reportable

## Table C.1.3 Part 2

### Hospital Financial Performance Indicators—2001–2002, Saskatchewan and Alberta

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Years | Decile |
| 65.6 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 52.5 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 69.5 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 61.9 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 51.9 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 62.8 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | 8.7 | 7 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 68.0 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | 12.1 | 3 |
| 56.7 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 51.7 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 59.1 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 67.4 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | 15.8 | 1 |
| 57.3 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 14.8 | 1 |
| 60.8 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 64.5 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 57.7 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 60.6 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 72.1 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **60.3** | | --- | | --- | | --- | | --- | | **14.2** | |
| 54.7 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 6.4 | 9 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 5.6 | 9 |
| 64.6 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | 6.2 | 9 |
| 75.3 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | 5.6 | 9 |
| 63.7 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 67.4 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | 9.3 | 6 |
| 65.5 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | 8.0 | 8 |
| 49.1 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | 7.6 | 8 |
| 72.7 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | 14.5 | 2 |
| 62.3 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | 6.0 | 9 |
| 62.2 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | 7.9 | 8 |
| 62.8 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | 7.2 | 8 |
| 62.5 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | 11.0 | 4 |
| 58.9 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 12.2 | 3 |
| 59.9 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | 10.6 | 4 |
| 80.4 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 74.5 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | 3.4 | 10 |
| 63.7 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | 5.7 | 9 |
| 59.3 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 8.1 | 7 |
| **64.9** | | --- | | --- | | --- | | --- | | **6.7** | |

## Table C.1.4 Part 1

### Hospital Financial Performance Indicators—2001–2002, British Columbia

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **British Columbia, by Regional Health Board and Community Health Council** | | | | | | | | | | |
| Arrow Lakes/Upper Slocan Valley CHC | ** | ** | 2.4 | 10 | 10.1 | 2 | --- | --- | --- | --- |
| Bella Coola and District THA | -4.8 | 1 | 0.9 | 4 | 10.9 | 2 | --- | --- | --- | --- |
| Boundary Health Council | -2.3 | 4 | 0.8 | 3 | 8.0 | 4 | 0.9 | 3 | --- | --- |
| Bulkley Valley Health Council | -0.3 | 7 | 1.2 | 7 | 11.5 | 1 | --- | --- | --- | --- |
| Campbell River/Nootka CHC | -0.4 | 7 | 1.2 | 7 | 6.6 | 5 | 0.5 | 2 | --- | --- |
| Capital Health Region | 2.4 | 10 | 1.3 | 7 | 5.7 | 6 | 1.9 | 8 | --- | --- |
| Cariboo Community Health Services Society | -1.7 | 4 | --- | --- | --- | --- | --- | --- | --- | --- |
| Castlegar and District Health Council | 1.0 | 10 | ** | ** | 4.7 | 8 | --- | --- | --- | --- |
| Central Cariboo Chilcotin Health Council | -0.2 | 7 | 1.0 | 5 | 4.3 | 8 | --- | --- | --- | --- |
| Central Coast Transitional Health Authority | -1.1 | 6 | 1.7 | 9 | 14.0 | 1 | --- | --- | --- | --- |
| Central Vancouver Island Health Region | -0.8 | 6 | 1.0 | 5 | 5.0 | 7 | 1.8 | 7 | --- | --- |
| Coast Garibaldi CHSS | 0.0 | 8 | 1.9 | 10 | 11.2 | 2 | 2.5 | 10 | --- | --- |
| Columbia Valley Health Council | 1.2 | 10 | 1.2 | 7 | 8.6 | 3 | 0.5 | 2 | --- | --- |
| Comox Valley Community Health Council | 0.3 | 9 | 1.1 | 6 | 5.7 | 6 | 0.5 | 2 | --- | --- |
| Cranbrook Health Council | -6.0 | 1 | 1.6 | 9 | 4.9 | 7 | 0.6 | 2 | --- | --- |
| Creston and District Health Council | -3.2 | 2 | 0.4 | 1 | 7.1 | 5 | --- | --- | --- | --- |
| East Kootenay CHSS | ** | ** | --- | --- | --- | --- | --- | --- | --- | --- |
| Elk Valley and South Country Health Council | 0.4 | 9 | 1.5 | 9 | 9.9 | 2 | --- | --- | --- | --- |
| Fort Nelson-Liard Community Health Council | 1.1 | 10 | --- | --- | 12.2 | 1 | --- | --- | --- | --- |
| Fraser Valley Health Region | -2.8 | 3 | 0.7 | 2 | 6.5 | 5 | 2.0 | 8 | --- | --- |
| Golden Health Council | 0.3 | 9 | ** | ** | 11.0 | 2 | --- | --- | --- | --- |
| Greater Trail Community Health Council | -1.7 | 4 | 0.7 | 3 | 5.9 | 6 | 1.0 | 3 | --- | --- |
| Kimberly Community Health Council | 1.4 | 10 | 0.7 | 2 | --- | --- | 1.3 | 5 | --- | --- |
| Kitimat and Area Health Council | -1.4 | 5 | 1.1 | 6 | 7.6 | 4 | 0.7 | 3 | --- | --- |
| Kootenay Boundary CHSS | ** | ** | 1.9 | 10 | 11.6 | 1 | 1.7 | 7 | --- | --- |
| Mount Waddington Health Council | -1.1 | 6 | 1.7 | 9 | 12.9 | 1 | 0.1 | 1 | --- | --- |
| Nelson and Area Health Council | -3.0 | 2 | 0.7 | 2 | 5.4 | 7 | 1.1 | 4 | --- | --- |
| North Coast Community Health Council | -1.4 | 5 | 1.1 | 6 | 10.2 | 2 | 1.4 | 6 | --- | --- |
| North Okanagan Health Region | -5.5 | 1 | 0.7 | 3 | 4.4 | 8 | 1.7 | 7 | --- | --- |
| North Peace Health Council | -2.7 | 3 | 0.8 | 4 | 7.6 | 4 | 0.8 | 3 | --- | --- |
| North Shore Health Region | -0.9 | 6 | 0.7 | 3 | 5.5 | 7 | 2.5 | 10 | --- | --- |
| North West Community Health Services Society | ** | ** | 1.3 | 7 | --- | --- | --- | --- | --- | --- |
| Northern Interior Health Board | -0.7 | 7 | 1.4 | 8 | 4.7 | 8 | 1.2 | 5 | --- | --- |
| Okanagan Similkameen Health Region | 2.6 | 10 | 1.3 | 8 | 7.7 | 4 | 1.6 | 7 | --- | --- |
| Peace Liard Community Health Services Society | 0.2 | 8 | ** | ** | 9.5 | 3 | 2.3 | 9 | --- | --- |
| Powell River Community Health Council | -2.4 | 3 | 0.4 | 1 | 12.5 | 1 | 2.4 | 9 | --- | --- |
| Queen Charlotte Islands/Haida Gwaii CHC | -3.0 | 2 | 0.4 | 1 | 8.9 | 3 | --- | --- | --- | --- |
| Quesnel and District Community Health Council | -3.0 | 2 | 0.4 | 1 | 9.6 | 2 | 0.1 | 1 | --- | --- |
| Sea to Sky Community Health Council | -1.5 | 5 | 0.7 | 3 | 10.2 | 2 | 0.9 | 3 | --- | --- |
| Simon Fraser Health Region | 0.9 | 9 | 0.9 | 4 | 3.7 | 9 | 1.1 | 4 | --- | --- |
| Snow Country Health Council | 3.7 | 10 | ** | ** | 12.3 | 1 | 0.6 | 2 | --- | --- |
| South Cariboo Community Health Council | -3.2 | 2 | 1.3 | 8 | 6.1 | 6 | --- | --- | --- | --- |
| South Fraser Health Region | -1.7 | 4 | 0.9 | 4 | 4.2 | 9 | 0.7 | 3 | --- | --- |
| South Peace Health Council | -2.4 | 3 | 1.1 | 6 | 9.8 | 2 | 0.0 | 1 | --- | --- |
| Special Agencies | 0.3 | 9 | 1.0 | 6 | 6.5 | 5 | 2.2 | 9 | --- | --- |
| Stikine Health Council | 2.1 | 10 | 1.0 | 5 | 12.9 | 1 | --- | --- | --- | --- |
| Sunshine Coast Community Health Council | -1.8 | 4 | 1.1 | 6 | 9.9 | 2 | 1.0 | 4 | --- | --- |
| Terrace and Area Health Council | 1.0 | 9 | 1.6 | 9 | 8.4 | 3 | 0.5 | 2 | --- | --- |
| Thompson Health Region | -0.1 | 8 | 1.2 | 7 | 5.9 | 6 | 1.4 | 5 | --- | --- |
| Upper Island/Central Coast CHSS | ** | ** | 2.4 | 10 | 2.9 | 9 | 0.3 | 1 | --- | --- |
| Upper Skeena Community Health Council | -1.5 | 5 | 2.4 | 10 | 10.1 | 2 | --- | --- | --- | --- |
| Vancouver/Richmond Health Board | 0.7 | 9 | 1.0 | 5 | 3.8 | 9 | 2.3 | 9 | --- | --- |
| **Provincial Average** | **0.1** | | **1.0** | | **5.3** | | **1.7** | | --- | |

* Administrative Expense includes: Administration, Finance, Human Resources, and Communications Functional Centres.
** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes.
--- = Not applicable or not reportable

**Table C.1.4 Part 2**

**Hospital Financial Performance Indicators—2001–2002, British Columbia**

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Years | Decile |
| 62.0 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | 12.7 | 3 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 70.6 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | 10.8 | 4 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 9.8 | 5 |
| 72.2 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | 11.7 | 3 |
| 63.9 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | 16.4 | 1 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 2.3 | 10 |
| 51.3 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | 15.7 | 1 |
| 59.9 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | 21.1 | 1 |
| 57.0 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 8.4 | 7 |
| 70.8 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | 9.5 | 6 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 2.3 | 10 |
| 54.0 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 65.3 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | 11.0 | 4 |
| 68.8 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | 11.7 | 3 |
| 56.3 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 3.4 | 10 |
| 54.6 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 8.8 | 7 |
| 55.2 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 76.3 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | 20.0 | 1 |
| 61.8 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | 14.1 | 2 |
| 63.9 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | 12.9 | 3 |
| 58.3 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 14.2 | 2 |
| 46.6 | 1 | --- | --- | --- | --- | --- | --- | --- | --- | 13.6 | 2 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 0.7 | 10 |
| 58.6 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ** | ** | --- | --- | --- | --- | --- | --- | --- | --- | 15.7 | 1 |
| 60.8 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 70.9 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 60.0 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | 4.9 | 9 |
| 67.3 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | 4.1 | 9 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 63.5 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | 12.2 | 3 |
| 69.9 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | 10.3 | 5 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 2.5 | 10 |
| 66.9 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | 17.0 | 1 |
| 71.4 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 65.6 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | 3.5 | 9 |
| 65.0 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 66.8 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | 11.7 | 4 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 63.3 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | 6.8 | 8 |
| 76.8 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | 10.4 | 5 |
| 65.8 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | 7.5 | 8 |
| 60.9 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | 7.1 | 8 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 2.8 | 10 |
| 62.8 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | 13.3 | 2 |
| 72.5 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 69.7 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | 8.4 | 7 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 3.6 | 9 |
| 56.8 | 2 | --- | --- | --- | --- | --- | --- | --- | --- | 10.9 | 4 |
| 59.7 | 4 | --- | --- | --- | --- | --- | --- | --- | --- | 7.1 | 8 |
| **65.2** | | --- | | --- | | --- | | --- | | **9.1** | |

**Table C.1.5 Part 1**

**Hospital Financial Performance Indicators—2001–2002, Yukon Territory, Northwest Territories and Nunavut**

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **Yukon Territory** | 0.0 | 8 | ** | ** | 7.2 | 4 | 2.6 | 10 | --- | --- |
| **Northwest Territories** | 1.2 | 10 | 0.9 | 4 | 8.0 | 4 | 1.1 | 4 | --- | --- |
| **Nunavut** | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

* Administrative Expense includes: Administration, Finance, Human Resources, and Communications Functional Centres.
** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes.
--- = Not applicable or not reportable

**Table C.1.5 Part 2**

**Hospital Financial Performance Indicators—2001–2002, Yukon Territory, Northwest Territories and Nunavut**

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Years | Decile |
| 57.6 | 3 | --- | --- | --- | --- | --- | --- | --- | --- | 2.8 | 10 |
| 73.2 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | ** | ** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

# Appendix D

# Regional Indicator Values by Province/Territory, 2000–2001

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**Table D.1.1 Part 1**

**Hospital Financial Performance Indicators—2000–2001, Atlantic Provinces**

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **Newfoundland and Labrador, by Regional Health Board** | | | | | | | | | | |
| Avalon Health Care Institutions Board | ** | ** | 0.3 | 1 | 8.8 | 3 | 0.6 | 2 | --- | --- |
| Central East Health Care Institutions Board | ** | ** | 0.2 | 1 | 6.1 | 6 | 1.4 | 5 | 4,631 | 1 |
| Central West Health Board | -1.5 | 2 | 0.4 | 1 | 7.1 | 4 | 0.9 | 3 | 4,152 | 1 |
| Health Care Corporation of St. John's | -3.6 | 1 | 0.4 | 1 | 4.2 | 9 | 1.1 | 4 | 4,371 | 1 |
| Peninsulas Health Care Corporation | ** | ** | 0.9 | 4 | 6.1 | 6 | 1.5 | 6 | 5,360 | 1 |
| Western Health Care Corporation | ** | ** | 0.4 | 1 | 9.9 | 2 | 0.7 | 3 | 4,871 | 1 |
| **Provincial Average** | **-3.3** | | **0.5** | | **6.1** | | **1.0** | | **4,512** | |
| **Prince Edward Island, by Regional Health Authority** | | | | | | | | | | |
| East Prince Health Region | --- | --- | --- | --- | 0.5 | 10 | --- | --- | 2,820 | 6 |
| Eastern Kings Health Region | --- | --- | --- | --- | 12.4 | 1 | --- | --- | 3,261 | 4 |
| Queens Health Region | --- | --- | --- | --- | 10.5 | 2 | 0.0 | 1 | 3,222 | 4 |
| Southern Kings Health Region | --- | --- | --- | --- | 5.3 | 7 | --- | --- | 2,008 | 10 |
| West Prince Health Region | --- | --- | --- | --- | 8.0 | 4 | --- | --- | 3,064 | 5 |
| **Provincial Average** | --- | | --- | | **7.9** | | **0.0** | | **3,029** | |
| **Nova Scotia, by District Health Board** | | | | | | | | | | |
| Central Regional Health Board | -3.2 | 1 | --- | --- | 12.7 | 1 | 2.2 | 9 | 3,326 | 3 |
| Eastern Regional Health Board | -6.1 | 1 | 0.7 | 2 | 6.2 | 5 | 0.5 | 2 | 2,513 | 8 |
| Izaak W. Killam Hospital for Children | 1.0 | 8 | 1.2 | 6 | 9.4 | 3 | 1.9 | 8 | 4,399 | 1 |
| Northern Regional Health Board | ** | ** | 1.6 | 8 | 4.9 | 8 | 0.4 | 1 | 2,714 | 7 |
| Western Regional Health Board | -0.4 | 4 | 1.0 | 5 | 5.1 | 7 | 1.3 | 5 | 2,857 | 6 |
| **Provincial Average** | **-2.8** | | **1.0** | | **9.3** | | **1.6** | | **3,119** | |
| **New Brunswick, by Regional Hospital Corporation** | | | | | | | | | | |
| Region 1 (Beausejour) Hospital Corporation | 1.9 | 9 | 0.5 | 2 | 3.2 | 10 | 1.7 | 7 | 3,140 | 4 |
| Region 1 (Southeast) Hospital Corporation | -2.2 | 2 | 0.4 | 1 | 3.4 | 9 | 3.0 | 10 | 3,380 | 3 |
| Region 2 Hospital Corporation | -1.9 | 2 | 1.0 | 5 | 4.6 | 8 | 2.4 | 9 | 3,268 | 4 |
| Region 3 Hospital Corporation | 1.8 | 8 | 0.6 | 2 | 4.5 | 9 | 1.4 | 5 | 2,577 | 8 |
| Region 4 Hospital Corporation | -0.1 | 5 | 0.8 | 3 | 6.3 | 5 | 1.9 | 7 | 3,369 | 3 |
| Region 5 Hospital Corporation | 0.1 | 6 | 1.2 | 6 | 10.5 | 2 | 0.9 | 3 | 2,501 | 9 |
| Region 6 Hospital Corporation | 2.3 | 9 | 0.4 | 1 | 4.5 | 9 | 1.7 | 7 | 3,341 | 3 |
| Region 7 Hospital Corporation | 0.5 | 7 | 0.9 | 4 | 4.7 | 8 | 1.6 | 6 | 3,063 | 5 |
| **Provincial Average** | **0.0** | | **0.7** | | **4.8** | | **2.0** | | **3,055** | |

* Administrative Expense includes: Administration, Finance, Human Resources, Communications and Systems Support Functional Centres.
** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes.
--- = Not applicable or not reportable

**Table D.1.1 Part 2**

**Hospital Financial Performance Indicators—2000–2001, Atlantic Provinces**

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **%** | **Decile** | **Hours** | **Decile** | **Hours** | **Decile** | **Hours** | **Decile** | **Hours** | **Decile** | **Years** | **Decile** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 11.9 | 3 |
| 57.3 | 3 | 47.1 | 2 | 0.6 | 8 | 1.8 | 6 | 1.9 | 5 | 10.6 | 5 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 73.2 | 10 | 60.8 | 1 | --- | --- | 2.8 | 2 | 2.5 | 2 | --- | --- |
| 61.4 | 5 | 49.5 | 2 | 0.6 | 8 | 2.1 | 4 | 3.3 | 1 | 0.7 | 10 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 11.0 | 4 |
| **69.9** | | **58.4** | | **0.6** | | **2.6** | | **2.5** | | **7.4** | |
| 69.5 | 9 | 45.4 | 3 | 1.3 | 2 | 2.4 | 3 | 1.9 | 5 | --- | --- |
| 51.4 | 1 | 49.3 | 2 | 0.7 | 7 | --- | --- | 1.3 | 9 | --- | --- |
| 64.7 | 7 | 44.2 | 3 | 1.3 | 2 | 3.3 | 1 | 1.7 | 7 | --- | --- |
| 61.4 | 5 | 37.0 | 6 | 0.9 | 5 | --- | --- | 0.5 | 10 | --- | --- |
| 62.4 | 6 | 55.3 | 2 | 0.5 | 9 | 0.7 | 10 | 1.2 | 9 | --- | --- |
| **65.0** | | **45.0** | | **1.2** | | **2.8** | | **1.6** | | --- | |
| 63.3 | 6 | 36.8 | 6 | 0.8 | 6 | 2.5 | 3 | 2.2 | 3 | --- | --- |
| 64.8 | 7 | 43.3 | 3 | 0.9 | 5 | 1.6 | 8 | 1.3 | 9 | 14.6 | 1 |
| 49.0 | 1 | 52.6 | 2 | 0.9 | 5 | 2.8 | 2 | 2.1 | 3 | --- | --- |
| 69.5 | 9 | 52.9 | 2 | 1.5 | 1 | 1.9 | 6 | 2.1 | 4 | --- | --- |
| 56.0 | 2 | 41.1 | 4 | 0.9 | 4 | 1.2 | 9 | 1.5 | 8 | 11.7 | 4 |
| **61.5** | | **41.9** | | **0.9** | | **2.1** | | **1.9** | | **12.9** | |
| 56.2 | 2 | 39.9 | 5 | 0.9 | 5 | 2.3 | 3 | 2.5 | 2 | 10.0 | 5 |
| 59.8 | 4 | 45.6 | 3 | 1.6 | 1 | 2.2 | 4 | 2.5 | 2 | 6.7 | 8 |
| 61.3 | 5 | 43.6 | 3 | 2.1 | 1 | 2.4 | 3 | 1.5 | 8 | 11.6 | 4 |
| 56.6 | 2 | 37.8 | 5 | 1.1 | 3 | 1.3 | 9 | 1.6 | 8 | 13.5 | 2 |
| 58.4 | 3 | 55.8 | 1 | 1.7 | 1 | 1.9 | 5 | 3.0 | 1 | 13.1 | 2 |
| 60.5 | 4 | 40.1 | 4 | 1.1 | 3 | 2.4 | 3 | 3.0 | 1 | 12.7 | 3 |
| 55.7 | 2 | 45.3 | 3 | 1.8 | 1 | 1.8 | 7 | 2.4 | 3 | 9.5 | 6 |
| 48.9 | 1 | 43.1 | 3 | 1.1 | 3 | 1.0 | 9 | 1.1 | 10 | 9.6 | 6 |
| **58.2** | | **42.9** | | **1.6** | | **1.9** | | **2.0** | | **10.4** | |

**Table D.1.2 Part 1**

**Hospital Financial Performance Indicators—2000–2001, Quebec, Ontario and Manitoba**

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **Quebec, By Hospital Region** | | | | | | | | | | |
| Bas-Saint-Laurent (01) | 0.0 | 5 | 0.7 | 3 | 12.1 | 1 | 1.4 | 5 | --- | --- |
| Saguenay — Lac-Saint-Jean (02) | -0.3 | 4 | 0.7 | 2 | 9.6 | 3 | 1.4 | 6 | --- | --- |
| Capitale-National (03) | -3.8 | 1 | 0.5 | 2 | 8.1 | 4 | 1.6 | 7 | --- | --- |
| Mauricie et Centre-du-Québec (04) | -0.2 | 5 | 0.5 | 2 | 10.6 | 2 | 1.3 | 5 | --- | --- |
| Estrie (05) | -0.4 | 4 | 0.7 | 2 | 7.6 | 4 | 1.5 | 6 | --- | --- |
| Montréal (06) | -2.4 | 1 | 0.8 | 3 | 8.4 | 4 | 2.1 | 8 | --- | --- |
| Outaouais (07) | -2.7 | 1 | 0.8 | 4 | 12.0 | 1 | 1.4 | 6 | --- | --- |
| Abitibi-Témiscamingue (08) | -0.7 | 4 | 0.7 | 3 | 10.7 | 2 | 1.4 | 5 | --- | --- |
| Côte-Nord (09) | 0.0 | 5 | 0.8 | 3 | 11.7 | 1 | 1.4 | 5 | --- | --- |
| Nord-du-Québec (10) | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gaspésie-Îles-de-la-Madeleine (11) | -1.7 | 2 | 0.7 | 2 | 12.9 | 1 | 1.2 | 4 | --- | --- |
| Chaudière-Appalaches (12) | 0.2 | 6 | 0.7 | 2 | 9.7 | 3 | 1.5 | 6 | --- | --- |
| Laval (13) | 1.0 | 8 | 0.9 | 4 | 8.2 | 4 | 1.0 | 3 | --- | --- |
| Lanaudière (14) | 0.0 | 5 | 0.6 | 2 | 9.0 | 3 | 1.5 | 6 | --- | --- |
| Laurentide (15) | -0.2 | 5 | 0.8 | 3 | 10.1 | 2 | 1.3 | 4 | --- | --- |
| Montérégie (16) | -1.3 | 3 | 0.8 | 3 | 10.0 | 2 | 1.7 | 7 | --- | --- |
| Nunavik (17) | ** | ** | 0.2 | 1 | 10.7 | 2 | 0.9 | 3 | --- | --- |
| Terres-Cries-de-la-Baie-James (18) | -2.2 | 2 | 0.8 | 3 | 15.1 | 1 | 1.0 | 4 | --- | --- |
| **Provincial Average** | **-1.8** | | **0.7** | | **9.1** | | **1.7** | | --- | |
| **Ontario, by District Health Council** | | | | | | | | | | |
| Algoma, Cochrane, Manitoulin and Sudbury | -2.0 | 2 | 1.8 | 9 | 6.6 | 5 | 2.2 | 8 | 3,332 | 3 |
| Champlain | -3.0 | 1 | 1.0 | 4 | 5.9 | 6 | 3.3 | 10 | 3,122 | 4 |
| Durham, Haliburton, Kawartha and Pine Ridge | -0.6 | 4 | 1.5 | 8 | 6.6 | 5 | 1.9 | 8 | 2,767 | 7 |
| Essex, Kent and Lambton | -1.4 | 3 | 1.0 | 5 | 5.7 | 6 | 2.4 | 9 | 3,010 | 5 |
| Grand River | 0.2 | 6 | 2.0 | 9 | 7.2 | 4 | 1.7 | 7 | 2,481 | 9 |
| Grey Bruce Huron-Perth | -0.9 | 3 | 2.2 | 10 | 6.7 | 5 | 1.4 | 5 | 2,650 | 8 |
| Halton-Peel | -0.3 | 4 | 2.2 | 10 | 5.7 | 6 | 2.1 | 8 | 2,641 | 8 |
| Hamilton-Wentworth | -0.3 | 4 | 0.9 | 4 | 5.8 | 6 | 2.9 | 10 | 2,899 | 6 |
| Muskoka, Nipissing, Parry Sound & Timiskamir | -0.1 | 5 | ** | ** | 7.4 | 4 | 1.6 | 7 | 3,062 | 5 |
| Niagara | -2.3 | 1 | 0.9 | 4 | 6.9 | 5 | 2.3 | 9 | 2,669 | 8 |
| Northwestern Ontario | 0.8 | 8 | 1.6 | 8 | 5.6 | 7 | 1.5 | 6 | 3,021 | 5 |
| Quinte Kingston Rideau | -1.8 | 2 | 1.2 | 6 | 6.1 | 6 | 2.7 | 10 | 2,982 | 5 |
| Simcoe-York | 3.0 | 9 | 2.0 | 9 | 6.0 | 6 | 2.1 | 8 | 2,623 | 8 |
| Thames Valley | 1.4 | 8 | 1.0 | 5 | 5.1 | 7 | 3.0 | 10 | 3,546 | 3 |
| Toronto | 0.3 | 6 | 1.3 | 6 | 7.1 | 4 | 2.4 | 9 | 3,212 | 4 |
| Waterloo Region-Wellington-Dufferin | 3.9 | 10 | 2.1 | 10 | 7.3 | 4 | 2.4 | 9 | 2,716 | 7 |
| **Provincial Average** | **-0.2** | | **1.3** | | **6.4** | | **2.4** | | **3,019** | |
| **Manitoba, by Regional Health Authority** | | | | | | | | | | |
| Brandon Regional Health Authority | -0.5 | 4 | 1.3 | 7 | 3.9 | 9 | 1.1 | 4 | 2,757 | 7 |
| Burntwood Regional Health Authority | -1.4 | 3 | 0.8 | 3 | 5.2 | 7 | 0.5 | 2 | 3,991 | 2 |
| Central Regional Health Authority | 0.8 | 8 | 1.7 | 9 | 5.3 | 7 | 0.4 | 1 | 2,495 | 9 |
| Churchill Regional Health Authority | 1.0 | 8 | 1.4 | 7 | 10.1 | 2 | 1.1 | 4 | 2,550 | 8 |
| Interlake Regional Health Authority | 0.8 | 8 | 1.6 | 8 | 5.1 | 7 | 0.2 | 1 | 2,421 | 9 |
| Marquette Regional Health Authority | 0.1 | 6 | 1.1 | 5 | 7.0 | 5 | 0.1 | 1 | 2,221 | 9 |
| Norman Regional Health Authority | -5.9 | 1 | 0.7 | 3 | 5.0 | 8 | 0.6 | 2 | 2,179 | 9 |
| North Eastman Health Association | -0.2 | 5 | 1.6 | 8 | 6.9 | 5 | 0.6 | 2 | 1,699 | 10 |
| Parkland Regional Health Authority | 0.1 | 6 | 1.3 | 7 | 6.2 | 5 | 0.3 | 1 | 2,676 | 8 |
| South Eastman Health/Sante Sud-Est Inc. | ** | ** | 1.0 | 5 | 4.2 | 9 | 0.0 | 1 | 2,014 | 10 |
| South Westman Regional Health Authority | 0.4 | 7 | 1.5 | 8 | 6.4 | 5 | 0.3 | 1 | 2,866 | 6 |
| Winnipeg Regional Health Authority | 0.4 | 7 | 1.1 | 6 | 5.3 | 7 | 1.2 | 4 | 3,035 | 5 |
| **Provincial Average** | **0.1** | | **1.2** | | **5.3** | | **0.9** | | **2,863** | |

* Administrative Expense includes: Administration, Finance, Human Resources, Communications and Systems Support Functional Centres.
In Quebec, Finance also includes part of Materials Management.
** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes
--- = Not applicable or not reportable

**Table D.1.2 Part 2**

## Hospital Financial Performance Indicators—2000–2001, Quebec, Ontario and Manitoba

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Years | Decile |
| 66.4 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 66.6 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 61.5 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 67.4 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 61.7 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 61.0 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 67.5 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 63.8 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 65.8 | 8 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 62.5 | 6 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 68.7 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 70.6 | 10 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 69.3 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 70.1 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 69.5 | 9 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 62.0 | 5 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 64.6 | 7 | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **63.9** | | --- | | --- | | --- | | --- | | --- | |
| 58.3 | 3 | 33.6 | 7 | 1.4 | 2 | 2.4 | 3 | 2.1 | 4 | 9.9 | 5 |
| 58.0 | 3 | 36.3 | 6 | 0.8 | 6 | 1.7 | 7 | 1.8 | 6 | 14.3 | 2 |
| 61.6 | 5 | 31.8 | 9 | 0.9 | 4 | 2.1 | 4 | 1.9 | 6 | 11.4 | 4 |
| 59.8 | 4 | 32.7 | 8 | 1.3 | 2 | 2.5 | 3 | 1.9 | 5 | 11.4 | 4 |
| 58.7 | 3 | 29.3 | 10 | 0.8 | 6 | 1.9 | 5 | 1.4 | 9 | 7.9 | 7 |
| 58.8 | 3 | 32.8 | 8 | 0.9 | 4 | 1.7 | 7 | 1.6 | 8 | 7.6 | 8 |
| 63.8 | 7 | 30.9 | 9 | 0.9 | 4 | 1.8 | 6 | 1.8 | 6 | 8.3 | 7 |
| 56.6 | 2 | 30.1 | 9 | 1.1 | 3 | 1.8 | 6 | 1.6 | 8 | 13.1 | 3 |
| 56.3 | 2 | 35.1 | 7 | 1.0 | 3 | 1.9 | 6 | 1.7 | 7 | 10.4 | 5 |
| 58.1 | 3 | 32.1 | 8 | 0.8 | 6 | 1.8 | 6 | 1.3 | 9 | 10.5 | 5 |
| 55.3 | 2 | 34.0 | 7 | 0.9 | 5 | 2.0 | 5 | 1.3 | 9 | 9.4 | 6 |
| 57.9 | 3 | 32.5 | 8 | 0.8 | 5 | 2.2 | 4 | 1.8 | 6 | 9.6 | 6 |
| 63.4 | 6 | 32.0 | 8 | 0.9 | 5 | 1.7 | 8 | 1.5 | 8 | 6.8 | 8 |
| 59.0 | 3 | 35.7 | 6 | 1.5 | 1 | 2.2 | 4 | 2.1 | 4 | 9.3 | 6 |
| 59.4 | 4 | 33.3 | 7 | 1.1 | 3 | 2.0 | 5 | 1.9 | 5 | 8.6 | 7 |
| 57.8 | 3 | 30.3 | 9 | 0.9 | 4 | 1.9 | 5 | 1.7 | 7 | 10.2 | 5 |
| **59.2** | | **33.0** | | **1.0** | | **2.0** | | **1.8** | | **9.6** | |
| 60.6 | 4 | 33.5 | 7 | 0.8 | 5 | --- | --- | 1.6 | 8 | 9.3 | 6 |
| 68.9 | 9 | 65.1 | 1 | 0.6 | 8 | 1.7 | 7 | 2.0 | 5 | 8.2 | 7 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 7.7 | 8 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 7.3 | 8 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 8.9 | 6 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 15.2 | 1 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 9.9 | 6 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 13.8 | 2 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 13.5 | 2 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 9.9 | 5 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 7.0 | 8 |
| 60.4 | 4 | 39.1 | 5 | 1.1 | 3 | 2.1 | 4 | 2.4 | 3 | 13.7 | 2 |
| **60.6** | | **39.1** | | **1.0** | | **2.1** | | **2.3** | | **11.4** | |

**Table D.1.3 Part 1**

**Hospital Financial Performance Indicators—2000–2001, Saskatchewan and Alberta**

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **Saskatchewan, by District Health Board** | | | | | | | | | | |
| Assiniboine Valley Health District | -1.4 | 3 | 0.7 | 3 | 1.4 | 10 | --- | --- | 1,568 | 10 |
| Battlefords Health District | -2.9 | 1 | 0.8 | 3 | 1.7 | 10 | --- | --- | 2,708 | 7 |
| Central Plains Health District | ** | ** | 2.3 | 10 | 4.8 | 8 | --- | --- | 1,789 | 10 |
| East Central Health District | 1.6 | 8 | 0.3 | 1 | 2.1 | 10 | 0.3 | 1 | 3,193 | 4 |
| Greenhead Health District | 3.9 | 10 | 0.6 | 2 | ** | ** | --- | --- | --- | --- |
| Living Sky Health District | ** | ** | 0.5 | 1 | 4.6 | 8 | --- | --- | 3,092 | 4 |
| Mamawetan Churchill District Health Board | ** | ** | 1.0 | 5 | 5.1 | 7 | --- | --- | ** | ** |
| Moose Jaw-Thunder Creek Health District | 0.2 | 6 | 2.1 | 10 | 4.7 | 8 | 0.4 | 2 | 3,084 | 5 |
| Moose Mountain Health District | ** | ** | --- | --- | 2.6 | 10 | --- | --- | 1,582 | 10 |
| North Central District Health Board | ** | ** | 1.6 | 8 | 6.8 | 5 | --- | --- | 4,258 | 1 |
| North East District Health Board | 0.4 | 7 | ** | ** | 6.7 | 5 | --- | --- | 2,570 | 8 |
| North Valley Health District | 2.0 | 9 | 0.6 | 2 | 8.5 | 4 | --- | --- | 2,365 | 9 |
| Northwest Health District Board | -3.0 | 1 | 2.9 | 10 | 4.8 | 8 | --- | --- | 2,165 | 10 |
| Parkland District Health Board | ** | ** | 1.0 | 5 | 1.3 | 10 | --- | --- | 2,891 | 6 |
| Pasquia Health District | -1.9 | 2 | ** | ** | 1.2 | 10 | --- | --- | 3,436 | 3 |
| Pipestone Health District | 0.1 | 6 | 1.0 | 5 | 1.7 | 10 | --- | --- | 2,166 | 9 |
| Prairie West Health District | 0.0 | 5 | 1.4 | 7 | 1.1 | 10 | --- | --- | 2,035 | 10 |
| Prince Albert Health District | 0.7 | 7 | --- | --- | 0.5 | 10 | --- | --- | 3,139 | 4 |
| Regina Health District | -0.2 | 5 | 0.3 | 1 | 3.6 | 9 | 1.4 | 6 | 3,356 | 3 |
| Rolling Hills District Health Board | -1.6 | 2 | --- | --- | 1.6 | 10 | --- | --- | 1,710 | 10 |
| Saskatoon Health District | 0.0 | 5 | 0.8 | 3 | 3.5 | 9 | 1.7 | 7 | 3,461 | 3 |
| South Central District Health Board | -1.1 | 3 | --- | --- | 2.0 | 10 | --- | --- | 2,972 | 5 |
| South County District Health Board | -1.4 | 3 | 0.9 | 4 | 1.7 | 10 | --- | --- | 1,540 | 10 |
| South East District Health Board | ** | ** | 0.7 | 3 | ** | ** | 0.1 | 1 | 3,016 | 5 |
| Southwest District Health Board | -4.8 | 1 | 2.7 | 10 | 7.0 | 5 | --- | --- | 3,090 | 4 |
| Swift Current Health District | -0.6 | 4 | 1.2 | 6 | 3.7 | 9 | --- | --- | 2,334 | 9 |
| Twin Rivers Health District | ** | ** | ** | ** | 3.5 | 9 | --- | --- | 1,887 | 10 |
| **Provincial Average** | **-0.3** | | **0.7** | | **3.2** | | **1.4** | | **3,157** | |
| **Alberta, by Regional Health Authority** | | | | | | | | | | |
| Alberta Cancer Board | 3.8 | 10 | 1.4 | 7 | 2.2 | 10 | 2.6 | 10 | 3,792 | 2 |
| Alberta Mental Health Board | 2.1 | 9 | 1.9 | 9 | 6.0 | 6 | 2.7 | 10 | 1,542 | 10 |
| Aspen Regional Health Authority | 0.6 | 7 | 1.9 | 9 | 6.1 | 6 | 1.1 | 4 | 2,347 | 9 |
| Calgary Regional Health Authority | 0.1 | 6 | 1.5 | 8 | 3.8 | 9 | 2.9 | 10 | 3,630 | 2 |
| Capital Health Authority | 0.6 | 7 | 1.4 | 7 | 3.2 | 10 | 2.5 | 9 | 3,498 | 3 |
| Chinook Regional Health Authority | 2.4 | 9 | 1.6 | 8 | 4.8 | 8 | 1.7 | 7 | 2,439 | 9 |
| Crossroads Regional Health Authority | 3.4 | 10 | 1.3 | 7 | 4.7 | 8 | 3.6 | 10 | 2,761 | 7 |
| David Thompson Regional Health Auth | 3.1 | 9 | 2.1 | 10 | 5.0 | 8 | 1.9 | 8 | 2,729 | 7 |
| East Central Regional Health Author | 3.0 | 9 | 1.7 | 9 | 4.5 | 9 | 1.4 | 6 | 2,837 | 6 |
| Headwaters Health Authority | 5.2 | 10 | 2.0 | 9 | 4.8 | 8 | 2.9 | 10 | 2,922 | 6 |
| Health Authority 5 | 4.6 | 10 | 1.6 | 8 | 3.9 | 9 | 2.0 | 8 | 2,809 | 7 |
| Lakeland Regional Health Authority | 2.7 | 9 | 1.2 | 6 | 4.7 | 8 | 1.3 | 5 | 2,404 | 9 |
| Mistahia Regional Health Authority | 3.3 | 10 | 1.2 | 6 | 8.4 | 4 | 2.2 | 9 | 2,912 | 6 |
| Northern Lights Regional Health Authority | 0.4 | 7 | 1.4 | 7 | 9.0 | 3 | 2.5 | 10 | 3,449 | 3 |
| North-Western Regional Health Authority | 0.0 | 5 | 2.4 | 10 | 8.7 | 3 | 1.8 | 7 | 3,815 | 2 |
| Palliser Health Authority | 0.9 | 8 | 1.4 | 7 | 4.6 | 8 | 2.6 | 10 | 2,717 | 7 |
| Peace Regional Health Authority | ** | ** | 1.3 | 7 | 6.9 | 5 | 2.4 | 9 | ** | ** |
| WestView Regional Health Authority | -0.7 | 4 | 1.6 | 8 | 5.1 | 7 | 2.1 | 8 | 2,900 | 6 |
| **Provincial Average** | **1.2** | | **1.5** | | **4.1** | | **2.5** | | **3,138** | |

* Administrative Expense includes: Administration, Finance, Human Resources, Communications and Systems Support Functional Centres.
** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes.
--- = Not applicable or not reportable

## Table D.1.3 Part 2

### Hospital Financial Performance Indicators—2000–2001, Saskatchewan and Alberta

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Years | Decile |
| 65.6 | 8 | 31.3 | 9 | 0.2 | 10 | 1.6 | 8 | 0.6 | 10 | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 9.5 | 6 |
| ** | ** | 34.4 | 7 | 0.4 | 10 | 1.7 | 7 | --- | --- | --- | --- |
| 66.2 | 8 | 64.0 | 1 | 0.9 | 4 | 0.5 | 10 | 4.1 | 1 | ** | ** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 54.9 | 1 | 52.6 | 2 | 0.7 | 7 | 0.6 | 10 | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 63.6 | 6 | 42.6 | 4 | 0.8 | 6 | 2.8 | 2 | 1.7 | 7 | 10.6 | 5 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 56.4 | 2 | 49.7 | 2 | 0.7 | 7 | 2.1 | 5 | 2.4 | 2 | --- | --- |
| ** | ** | --- | --- | 0.7 | 7 | 1.5 | 8 | 2.2 | 3 | --- | --- |
| 55.5 | 2 | 35.8 | 6 | 0.4 | 9 | 1.2 | 9 | --- | --- | --- | --- |
| 67.2 | 8 | 51.4 | 2 | 0.8 | 6 | 2.3 | 3 | --- | --- | --- | --- |
| --- | --- | --- | --- | ** | ** | --- | --- | --- | --- | --- | --- |
| 61.7 | 5 | 68.1 | 1 | --- | --- | --- | --- | 3.8 | 1 | --- | --- |
| 64.9 | 7 | 37.7 | 5 | 0.7 | 7 | 2.2 | 4 | ** | ** | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 64.5 | 7 | 43.1 | 4 | 0.6 | 8 | 1.9 | 5 | 2.0 | 4 | --- | --- |
| 64.8 | 7 | 43.2 | 3 | --- | --- | 2.0 | 5 | 1.8 | 6 | 14.3 | 2 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 65.2 | 8 | 43.3 | 3 | 1.0 | 4 | 3.1 | 1 | 1.9 | 5 | --- | --- |
| 80.6 | 10 | 44.9 | 3 | 0.8 | 6 | 2.0 | 5 | --- | --- | --- | --- |
| 60.5 | 4 | 38.7 | 5 | 0.5 | 8 | 1.6 | 8 | 1.7 | 6 | --- | --- |
| 60.0 | 4 | 61.1 | 1 | --- | --- | 3.2 | 1 | --- | --- | ** | ** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 54.8 | 1 | 41.4 | 4 | 0.6 | 8 | 1.1 | 9 | 1.8 | 6 | --- | --- |
| **64.2** | | **44.3** | | **0.7** | | **1.9** | | **2.0** | | **13.4** | |
| 52.5 | 1 | 35.9 | 6 | 1.4 | 1 | 1.9 | 5 | ** | ** | 6.3 | 9 |
| 64.8 | 7 | 30.6 | 9 | 0.3 | 10 | 0.1 | 10 | 0.9 | 10 | 5.8 | 9 |
| 62.5 | 6 | 31.7 | 9 | 0.8 | 6 | 2.2 | 4 | 2.1 | 4 | 6.9 | 8 |
| 74.9 | 10 | 39.3 | 5 | 1.4 | 2 | 0.0 | 10 | 1.8 | 6 | 5.6 | 9 |
| 60.1 | 4 | 38.4 | 5 | 1.3 | 2 | --- | --- | 2.1 | 3 | --- | --- |
| 67.4 | 8 | 31.3 | 9 | 0.6 | 7 | 1.7 | 7 | 1.7 | 7 | 12.1 | 3 |
| 64.9 | 7 | 32.8 | 8 | 0.3 | 10 | 2.8 | 2 | 2.7 | 2 | 6.7 | 8 |
| 53.9 | 1 | 37.8 | 5 | 1.3 | 2 | 1.2 | 9 | 2.0 | 4 | 7.5 | 8 |
| 66.7 | 8 | 41.2 | 4 | 0.4 | 10 | 1.3 | 8 | 2.8 | 1 | 15.3 | 1 |
| 62.9 | 6 | 72.1 | 1 | 1.2 | 3 | 3.9 | 1 | 2.0 | 5 | 6.3 | 9 |
| 63.6 | 6 | 67.3 | 1 | 1.1 | 3 | 3.1 | 1 | ** | ** | 8.2 | 7 |
| 62.2 | 5 | 33.3 | 7 | 0.7 | 7 | 1.8 | 6 | 2.0 | 4 | --- | --- |
| 62.5 | 6 | 39.3 | 5 | 0.6 | 7 | 1.2 | 9 | 2.0 | 4 | 14.1 | 2 |
| 60.7 | 5 | 49.0 | 2 | 1.0 | 4 | --- | --- | ** | ** | 11.6 | 4 |
| 79.6 | 10 | 69.6 | 1 | 0.6 | 7 | 2.8 | 2 | --- | --- | --- | --- |
| 73.6 | 10 | 37.1 | 6 | 0.8 | 6 | 1.0 | 10 | 2.2 | 3 | 7.5 | 8 |
| 59.0 | 3 | 34.1 | 7 | 0.5 | 9 | 0.8 | 10 | 1.2 | 9 | 5.6 | 9 |
| 55.0 | 1 | 34.3 | 7 | 0.3 | 10 | 0.7 | 10 | 2.0 | 5 | 8.6 | 7 |
| **63.6** | | **38.3** | | **1.1** | | **1.0** | | **1.9** | | **7.0** | |

## Table D.1.4 Part 1

### Hospital Financial Performance Indicators—2000–2001, British Columbia

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **British Columbia, by Regional Health Board and Community Health Council** | | | | | | | | | | |
| Arrow Lakes/Upper Slocan Valley CHC | 0.2 | 6 | 2.5 | 10 | 9.3 | 3 | --- | --- | 2,592 | 8 |
| Bella Coola and District THA | -4.6 | 1 | 0.9 | 4 | 8.9 | 3 | --- | --- | ** | ** |
| Boundary Health Council | 2.2 | 9 | 0.7 | 2 | 8.4 | 4 | 1.3 | 4 | 2,362 | 9 |
| Bulkley Valley Health Council | 3.8 | 10 | 1.3 | 7 | 8.5 | 3 | --- | --- | 3,146 | 4 |
| Campbell River/Nootka CHC | -0.5 | 4 | 1.2 | 6 | 6.0 | 6 | 0.5 | 2 | 3,080 | 5 |
| Capital Health Region | 0.4 | 7 | 1.2 | 6 | 6.8 | 5 | 1.4 | 5 | 3,607 | 2 |
| Cariboo Community Health Services Society | 3.5 | 10 | 2.7 | 10 | ** | ** | --- | --- | --- | --- |
| Castlegar and District Health Council | 0.6 | 7 | ** | ** | 4.7 | 8 | --- | --- | 2,732 | 7 |
| Central Cariboo Chilcotin Health Council | 0.1 | 6 | 1.3 | 7 | 5.0 | 8 | --- | --- | 3,384 | 3 |
| Central Coast Transitional Health Authority | 1.9 | 8 | 1.5 | 8 | 16.4 | 1 | --- | --- | 5,012 | 1 |
| Central Vancouver Island Health Region | -0.5 | 4 | 1.1 | 5 | 5.1 | 7 | 1.4 | 6 | 2,987 | 5 |
| Coast Garibaldi CHSS | 2.8 | 9 | 1.9 | 9 | 12.1 | 1 | 1.6 | 6 | ** | ** |
| Columbia Valley Health Council | 1.9 | 9 | 1.1 | 6 | 8.8 | 3 | 0.9 | 3 | 3,116 | 4 |
| Comox Valley Community Health Council | 0.2 | 6 | 1.3 | 6 | 5.4 | 7 | 0.4 | 1 | 2,968 | 6 |
| Cranbrook Health Council | -1.0 | 3 | 2.0 | 9 | 5.1 | 7 | 0.6 | 3 | 3,925 | 2 |
| Creston and District Health Council | -2.2 | 2 | 0.4 | 1 | 7.1 | 4 | --- | --- | 3,555 | 2 |
| East Kootenay CHSS | 2.6 | 9 | ** | ** | ** | ** | --- | --- | --- | --- |
| Elk Valley and South Country Health Council | 0.4 | 7 | 1.9 | 9 | 9.9 | 2 | --- | --- | 2,818 | 7 |
| Fort Nelson-Liard Community Health Council | 0.7 | 7 | 1.7 | 9 | 13.2 | 1 | --- | --- | 2,810 | 7 |
| Fraser Valley Health Region | -1.2 | 3 | 0.8 | 4 | 6.0 | 6 | 2.3 | 9 | 2,679 | 8 |
| Golden Health Council | 1.6 | 8 | 2.4 | 10 | 9.4 | 3 | --- | --- | 2,945 | 6 |
| Greater Trail Community Health Council | -1.3 | 3 | 0.8 | 3 | 5.8 | 6 | 1.1 | 4 | 4,185 | 1 |
| Kimberly Community Health Council | -1.9 | 2 | 0.6 | 2 | --- | --- | 0.9 | 3 | 4,635 | 1 |
| Kitimat and Area Health Council | 2.5 | 9 | 1.8 | 9 | 9.2 | 3 | 0.4 | 2 | 3,946 | 2 |
| Kootenay Boundary CHSS | 3.7 | 10 | 2.4 | 10 | 12.2 | 1 | 1.3 | 5 | --- | --- |
| Mount Waddington Health Council | -1.1 | 3 | 1.8 | 9 | 14.2 | 1 | 0.1 | 1 | ** | ** |
| Nelson and Area Health Council | -1.6 | 2 | 1.0 | 5 | 9.9 | 3 | 1.0 | 4 | 3,208 | 4 |
| North Coast Community Health Council | 0.5 | 7 | 0.9 | 4 | 11.1 | 2 | 2.1 | 8 | 4,022 | 2 |
| North Okanagan Health Region | -1.1 | 3 | 1.3 | 7 | 5.2 | 7 | 1.3 | 5 | 2,923 | 6 |
| North Peace Health Council | 0.4 | 7 | 1.2 | 6 | 8.2 | 4 | 0.5 | 2 | 2,585 | 8 |
| North Shore Health Region | -0.1 | 5 | 0.8 | 4 | 5.5 | 7 | 1.8 | 7 | 3,629 | 2 |
| North West Community Health Services Society | ** | ** | ** | ** | ** | ** | --- | --- | ** | ** |
| Northern Interior Health Board | -0.3 | 5 | 1.3 | 7 | 5.1 | 7 | 1.9 | 7 | 4,151 | 1 |
| Okanagan Similkameen Health Region | 1.0 | 8 | 1.6 | 8 | 8.0 | 4 | 1.9 | 8 | 2,895 | 6 |
| Peace Liard Community Health Services Society | 4.1 | 10 | ** | ** | 14.4 | 1 | 0.9 | 3 | --- | --- |
| Powell River Community Health Council | -1.4 | 3 | 0.5 | 1 | 8.6 | 3 | 1.0 | 4 | 3,529 | 3 |
| Queen Charlotte Islands/Haida Gwaii CHC | -4.8 | 1 | 0.5 | 2 | 11.6 | 1 | --- | --- | ** | ** |
| Quesnel and District Community Health Council | 3.1 | 10 | 0.5 | 1 | 5.9 | 6 | --- | --- | 3,944 | 2 |
| Sea to Sky Community Health Council | -1.7 | 2 | 1.1 | 5 | 11.6 | 1 | 0.9 | 3 | 3,736 | 2 |
| Simon Fraser Health Region | -0.3 | 4 | 1.0 | 5 | 3.9 | 9 | 1.0 | 4 | 2,761 | 7 |
| Snow Country Health Council | 4.6 | 10 | ** | ** | 11.0 | 2 | 0.8 | 3 | ** | ** |
| South Cariboo Community Health Council | 2.5 | 9 | 2.0 | 9 | ** | ** | --- | --- | --- | --- |
| South Fraser Health Region | 0.1 | 6 | 1.0 | 5 | 5.3 | 7 | 0.6 | 3 | 2,691 | 8 |
| South Peace Health Council | -0.3 | 4 | 1.6 | 8 | 11.3 | 2 | --- | --- | 3,662 | 2 |
| Special Agencies | ** | ** | 0.9 | 4 | 6.2 | 5 | 2.3 | 9 | ** | ** |
| Stikine Health Council | 3.5 | 10 | 0.9 | 4 | 16.4 | 1 | --- | --- | --- | --- |
| Sunshine Coast Community Health Council | 0.1 | 6 | 1.2 | 6 | 10.7 | 2 | 0.5 | 2 | 2,797 | 7 |
| Terrace and Area Health Council | 0.8 | 7 | 1.0 | 5 | 9.7 | 3 | 0.4 | 2 | 3,156 | 4 |
| Thompson Health Region | -0.8 | 3 | 1.3 | 6 | 6.1 | 6 | 1.7 | 7 | 3,048 | 5 |
| Upper Island/Central Coast CHSS | 0.0 | 5 | 1.3 | 7 | 3.6 | 9 | 0.4 | 2 | --- | --- |
| Upper Skeena Community Health Council | 1.0 | 8 | 2.5 | 10 | 11.3 | 2 | --- | --- | 1,345 | 10 |
| Vancouver/Richmond Health Board | ** | ** | 1.0 | 4 | 5.8 | 6 | 2.0 | 8 | 4,283 | 1 |
| **Provincial Average** | **0.0** | | **1.1** | | **6.0** | | **1.6** | | **3,235** | |

* Administrative Expense includes: Administration, Finance, Human Resources, Communications and Systems Support Functional Centres.

** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes.

--- = Not applicable or not reportable

## Table D.1.4 Part 2

### Hospital Financial Performance Indicators—2000–2001, British Columbia

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Years | Decile |
| 60.8 | 5 | 31.3 | 9 | 0.8 | 5 | 1.3 | 8 | --- | --- | 12.3 | 3 |
| 56.1 | 2 | 15.0 | 10 | 0.2 | 10 | 1.2 | 9 | 1.1 | 10 | 9.5 | 6 |
| 69.6 | 9 | 27.1 | 10 | 1.3 | 2 | 2.6 | 2 | --- | --- | 19.0 | 1 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 12.5 | 3 |
| 73.0 | 10 | 35.4 | 6 | 0.8 | 5 | 3.5 | 1 | 1.7 | 7 | 10.5 | 5 |
| 64.2 | 7 | 33.0 | 8 | 1.3 | 2 | 3.0 | 2 | 1.5 | 9 | 16.4 | 1 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 2.4 | 10 |
| 52.1 | 1 | 27.9 | 10 | 0.3 | 10 | 1.3 | 8 | 1.0 | 10 | 15.2 | 1 |
| 63.5 | 6 | 25.7 | 10 | 0.5 | 9 | 1.6 | 8 | 2.3 | 3 | 19.9 | 1 |
| 60.1 | 4 | 59.7 | 1 | 0.5 | 9 | 1.7 | 7 | 0.7 | 10 | --- | --- |
| 68.8 | 9 | 32.2 | 8 | 1.2 | 3 | 2.1 | 4 | 1.6 | 8 | 6.2 | 9 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 1.9 | 10 |
| 54.4 | 1 | 41.1 | 4 | 0.3 | 10 | 1.1 | 9 | --- | --- | ** | ** |
| 65.6 | 8 | 28.7 | 10 | 0.4 | 9 | 1.4 | 8 | 1.5 | 8 | 11.8 | 3 |
| 67.9 | 9 | 41.0 | 4 | 1.4 | 2 | --- | --- | 2.0 | 4 | 12.6 | 3 |
| 57.7 | 3 | 37.6 | 5 | 0.6 | 8 | --- | --- | 1.1 | 10 | 6.4 | 9 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 2.6 | 10 |
| 53.2 | 1 | 29.7 | 9 | 0.4 | 9 | 1.5 | 8 | 1.6 | 8 | 14.7 | 1 |
| 55.0 | 1 | 30.3 | 9 | 0.7 | 7 | 1.0 | 10 | --- | --- | --- | --- |
| 78.2 | 10 | 34.8 | 7 | 0.7 | 6 | 2.6 | 3 | 2.2 | 3 | 16.6 | 1 |
| 60.3 | 4 | 31.8 | 8 | 0.5 | 9 | 1.9 | 6 | --- | --- | 11.3 | 4 |
| 63.7 | 6 | 42.9 | 4 | 0.9 | 4 | 2.6 | 2 | 1.7 | 7 | 10.9 | 4 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 12.3 | 3 |
| 49.3 | 1 | 33.3 | 7 | 0.5 | 8 | 2.5 | 3 | --- | --- | 13.3 | 2 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 0.8 | 10 |
| 59.6 | 4 | ** | ** | ** | ** | ** | ** | --- | --- | --- | --- |
| ** | ** | 36.6 | 6 | 0.7 | 7 | 3.2 | 1 | 2.9 | 1 | 15.1 | 1 |
| 55.6 | 2 | 27.7 | 10 | 0.5 | 9 | 2.9 | 2 | 2.6 | 2 | --- | --- |
| 68.1 | 9 | 39.6 | 5 | 1.2 | 3 | 1.2 | 9 | 2.8 | 2 | --- | --- |
| 59.2 | 3 | 29.4 | 10 | 0.5 | 9 | 1.8 | 6 | 1.2 | 9 | --- | --- |
| 63.8 | 6 | 35.3 | 6 | 1.8 | 1 | 2.0 | 5 | 2.0 | 5 | 4.6 | 9 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 2.4 | 10 |
| 64.2 | 7 | 40.4 | 4 | 1.0 | 4 | 1.7 | 7 | 2.3 | 3 | --- | --- |
| 71.1 | 10 | 32.4 | 8 | 1.3 | 2 | 1.7 | 7 | 2.1 | 4 | 9.9 | 5 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 1.8 | 10 |
| 64.7 | 7 | 35.8 | 6 | 0.9 | 4 | 3.3 | 1 | 1.8 | 6 | ** | ** |
| 71.1 | 10 | 92.0 | 1 | 1.0 | 4 | 3.0 | 2 | --- | --- | --- | --- |
| 65.5 | 8 | 49.7 | 2 | 0.7 | 7 | 3.4 | 1 | 1.6 | 7 | 3.3 | 10 |
| 65.0 | 7 | 33.8 | 7 | 0.8 | 6 | 2.6 | 2 | 2.0 | 5 | ** | ** |
| 76.0 | 10 | 27.3 | 10 | 1.5 | 1 | 2.1 | 4 | 1.8 | 6 | 11.6 | 4 |
| 69.6 | 9 | ** | ** | --- | --- | 3.8 | 1 | --- | --- | 12.5 | 3 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 6.1 | 9 |
| 76.4 | 10 | 31.4 | 9 | 0.8 | 5 | 1.9 | 6 | 1.7 | 7 | 10.5 | 5 |
| 64.6 | 7 | 41.1 | 4 | 0.6 | 8 | 1.7 | 7 | 2.7 | 2 | 8.0 | 7 |
| 59.5 | 4 | 53.0 | 2 | 1.6 | 1 | 4.5 | 1 | 3.0 | 1 | 8.6 | 7 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 3.7 | 9 |
| 60.7 | 5 | 28.4 | 10 | 0.3 | 10 | 1.7 | 7 | 2.6 | 2 | 14.1 | 2 |
| 72.8 | 10 | 44.2 | 3 | 0.5 | 9 | 2.2 | 4 | 1.4 | 9 | --- | --- |
| 65.2 | 8 | 32.7 | 8 | 0.6 | 8 | 1.2 | 9 | 1.7 | 7 | 8.5 | 7 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 2.0 | 10 |
| 56.6 | 2 | 16.8 | 10 | 0.2 | 10 | 0.9 | 10 | 0.3 | 10 | 10.9 | 4 |
| 60.4 | 4 | 38.2 | 5 | 1.5 | 1 | 2.4 | 3 | 2.8 | 2 | 8.1 | 7 |
| **65.7** | | **34.8** | | **1.2** | | **2.3** | | **2.1** | | **9.4** | |

**Table D.1.5 Part 1**

**Hospital Financial Performance Indicators—2000–2001, Yukon Territory, Northwest Territories and Nunavut**

| Province/Territory | Total Margin | | Current Ratio | | Administrative Services Expense as a Percentage of Total Expense * | | Information Systems Expense as a Percentage of Total Expense | | Cost per Weighted Case | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % | Decile | Ratio | Decile | % | Decile | % | Decile | $ | Decile |
| **Yukon Territory** | -1.4 | 3 | 1.6 | 8 | 8.0 | 4 | 2.5 | 9 | 4,280 | 1 |
| **Northwest Territories** | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nunavut** | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

* Administrative Expense includes: Administration, Finance, Human Resources, Communications and Systems Support Functional Centres.
** = Value was outside of reportable range. See Methodology for Identification of Outliers in Methodological Notes.
--- = Not applicable or not reportable

**Table D.1.5 Part 2**

**Hospital Financial Performance Indicators—2000–2001, Yukon Territory, Northwest Territories and Nunavut**

| Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours | | Nursing Inpatient Services Unit-producing Personnel Worked Hours per Weighted Case | | Diagnostic Services Unit-producing Personnel Worked Hours per Weighted Case | | Clinical Laboratory Unit-producing Personnel Worked Hours per Weighted Case | | Pharmacy Unit-producing Personnel Worked Hours per Weighted Case | | Average Age of Equipment | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Hours | Decile | Years | Decile |
| 55.9 | 2 | 42.0 | 4 | 0.6 | 8 | 1.8 | 6 | 3.0 | 1 | 2.2 | 10 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

# Appendix E

# National Indicator Values, by Province/Territory, 1999–2000 to 2000–2001

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## Table E.1 Part 1

### National Indicator Values, by Province/Territory, 1999–2000 to 2001–2002

| Fiscal Year | N.L. | P.E.I. | N.S. | N.B. | Que. | Ont. |
|---|---|---|---|---|---|---|
| **Total Margin** | | | | | | |
| 1999–2000 | -3.0 | --- | 2.9 | -5.2 | 0.0 | -0.1 |
| 2000–2001 | -3.3 | --- | -2.8 | 0.0 | -1.8 | -0.2 |
| 2001–2002 | -0.1 | --- | -1.4 | -1.8 | -3.5 | -2.4 |
| **Current Ratio** | | | | | | |
| 1999–2000 | 0.5 | --- | 1.0 | 0.7 | 1.0 | 1.2 |
| 2000–2001 | 0.5 | --- | 1.0 | 0.7 | 0.7 | 1.3 |
| 2001–2002 | 0.4 | --- | 1.2 | 0.7 | 0.7 | 1.0 |
| **Administrative Expense as a Percentage of Total Expense** | | | | | | |
| 1999–2000 | 7.5 | 7.4 | 8.6 | 5.0 | 9.0 | 6.6 |
| 2000–2001 | 6.1 | 7.9 | 9.3 | 4.8 | 9.1 | 6.4 |
| 2001–2002 | 6.3 | 8.8 | 5.4 | 4.3 | 8.9 | 6.4 |
| **Information Systems Expense as a Percentage of Total Expense** | | | | | | |
| 1999–2000 | 1.3 | 0.0 | 1.8 | 1.8 | 1.5 | 2.5 |
| 2000–2001 | 1.0 | 0.0 | 1.6 | 2.0 | 1.7 | 2.4 |
| 2001–2002 | 1.1 | 0.0 | 1.5 | 1.9 | 1.6 | 2.6 |
| **Unit-producing Personnel Worked Hours for Patient Care Functional Centres as a Percentage of Total Worked Hours** | | | | | | |
| 1999–2000 | 69.5 | 64.9 | 58.8 | 58.8 | 63.5 | 59.1 |
| 2000–2001 | 69.9 | 65.0 | 61.5 | 58.2 | 63.9 | 59.2 |
| 2001–2002 | 64.1 | 65.4 | 61.2 | 55.4 | 63.8 | 59.1 |
| **Average Age of Equipment** | | | | | | |
| 1999–2000 | 8.6 | --- | 5.4 | 9.4 | --- | 9.4 |
| 2000–2001 | 7.4 | --- | 12.9 | 10.4 | --- | 9.6 |
| 2001–2002 | 9.7 | --- | 6.3 | 11.3 | --- | 9.6 |

--- = Not applicable or not reportable

**Table E.1 Part 2**

**National Indicator Values, by Province/Territory, 1999–2000 to 2001–2002**

| Man. | Sask | Alta. | B.C. | Y.T. | N.W.T. | Nun. | Can. |
|---|---|---|---|---|---|---|---|
| -1.5 | -1.2 | 3.9 | -1.0 | -0.7 | --- | --- | -0.1 |
| 0.1 | -0.3 | 1.2 | 0.0 | -1.4 | --- | --- | -0.4 |
| -0.1 | -2.8 | -0.4 | 0.1 | 0.0 | 1.2 | --- | -1.7 |
| 1.0 | 0.7 | 1.6 | 0.9 | 1.7 | --- | --- | 1.1 |
| 1.2 | 0.7 | 1.5 | 1.1 | 1.6 | --- | --- | 1.1 |
| 1.2 | 0.6 | 1.4 | 1.0 | --- | 0.9 | --- | 1.0 |
| 4.1 | 3.4 | 3.9 | 6.0 | 8.6 | --- | --- | 6.4 |
| 5.3 | 3.2 | 4.1 | 6.0 | 8.0 | --- | --- | 6.5 |
| 5.5 | 3.3 | 3.8 | 5.3 | 7.2 | 8.0 | --- | 6.1 |
| 0.8 | 1.3 | 2.7 | 1.5 | 2.7 | --- | --- | 2.0 |
| 0.9 | 1.4 | 2.5 | 1.6 | 2.5 | --- | --- | 2.0 |
| 1.1 | 1.1 | 2.3 | 1.7 | 2.6 | 1.1 | --- | 2.0 |
| 60.4 | 64.2 | 65.5 | 65.0 | 52.9 | --- | --- | 61.9 |
| 60.6 | 64.2 | 63.6 | 65.7 | 55.9 | --- | --- | 62.0 |
| 59.6 | 60.3 | 64.9 | 65.2 | 57.6 | 73.2 | --- | 61.8 |
| 12.9 | 11.7 | 8.6 | 10.0 | 1.7 | --- | --- | 9.4 |
| 11.4 | 13.4 | 7.0 | 9.4 | 2.2 | --- | --- | 9.5 |
| 11.1 | 14.2 | 6.7 | 9.1 | 2.8 | --- | --- | 9.3 |

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