

A - DEMOGRAPHICS

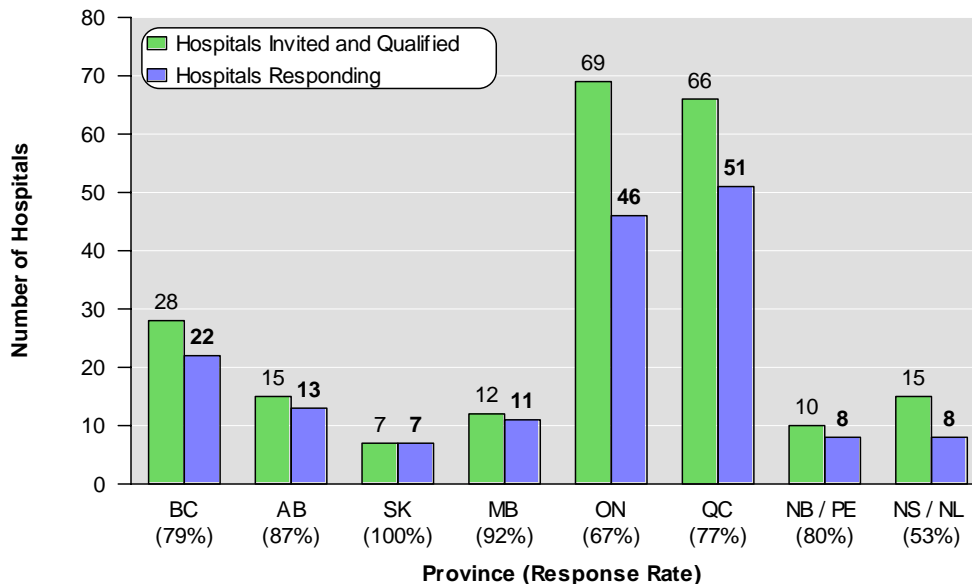
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In response to requests that the Editorial Board has received over the past number of years, the qualifying criteria for participation in the Hospital Pharmacy in Canada Survey were changed for the 2007/08 survey. In the past, hospitals were only eligible to participate if they had 100 beds or more, at least 50 of which had to be acute care beds. For this year's survey, hospitals were qualified to participate in the survey if they had at least 50 acute care beds. The requirement to have at least 100 beds in total was dropped, allowing a number of smaller hospitals to participate in the survey for the first time in 2007/08. As a result, the number of qualifying hospitals who were invited to participate in the 2007/08 survey was 223, compared to 194 in 2005/06.

The 2007/08 survey response rate of 74% (166/223) was unchanged from the 2005/06 response rate of 74% (142/193). Although there were an additional 24 respondents in the 2007/08 survey results, the additional respondents were not exclusively from the 50 to 100 bed size hospitals. In fact the proportion of respondents in each of the three bed size categories (50-200 beds, 201 to 500 beds, and greater than 500 beds) was very similar to that in the 2005/06 survey. There was also little change in the proportions of teaching versus non-teaching hospitals between the 2005/06 and 2007/08 surveys, with 76% of respondents from non-teaching facilities in 2007/08, compared to 74% in 2005/06, and 24% from teaching organizations in 2007/08, compared to 26% in 2005/06. Finally, it should be noted that the proportion of beds from smaller hospitals (50 to 200 bed hospitals) represents only a small percentage of the total beds captured by this survey. Hospitals of 50-200 beds only accounted for 7% of the overall acute care bed total in 2007/08, compared to 5% in 2005/06 for the 100-200 bed category. While this difference likely does not materially affect very many averages or ratios reported in this survey, some variables within the small hospital size category have changed. Where this occurs, editors have noted and discussed this in the relevant chapters.

While the respondents are not exactly the same as those in the 2005/06 survey, and any comparisons between the two surveys must be interpreted with that in mind, the similarities in response rates, bed size breakdown, and teaching status breakdown between the two surveys suggest that data comparisons and trending between this year's survey and earlier surveys are still of value.

Figure A-1. Response to the Survey by Province 2007/08



The proportion of respondents from each province or region were virtually the same in most cases, with the exception of the Prairies which rose from 14% (20/142) of total respondents in 2005/06 to 19% (31/166) of total respondents in 2007/08, and Ontario, which fell from 32% (45/142) of total respondents in 2005/06 to 28%

(46/166) of respondents in 2007/08. Hospital demographic information presented in Table A-1 represents the totals of reported data from hospitals with at least 50 acute care beds. Unlike previous surveys, a decision was made to not report the average beds, admissions, and patient days for all respondents. Given that the data comes from hospitals ranging from 50 beds to over 2000 beds, the standard deviations are very large and the averages are not felt to be very informative or useful.

- Demographic data showed the average reported acute care beds at 295, compared to 320 in the previous survey. This decrease would likely be due to the change in inclusion criteria that permitted the participation of smaller hospitals.
- The total number of beds captured in this survey was 69,212, of which 49,014 were acute care beds and 25,968 were in teaching hospitals. The Canadian Institute for Health Information¹ reported that in 2002/03 there were 115,120 beds staffed and in operation in Canada, of which 29,237 beds were in teaching hospitals. This provides the reader with some estimate of the relative comprehensiveness of the sample included in this survey.
- Sixty-three percent of respondents indicated they were part of a multi-site health organization (MSHO), as compared to 66% in the last survey. Fifty percent of Ontario respondents reported being part of a MSHO, compared to 39% in the previous survey, while all other jurisdictions reported MSHO rates over 75%.
- In Quebec, 43.1% of respondents reported being part of a MSHO versus 60% in the previous survey. The decreased rate reported in Quebec is contrary to the known structural changes in hospital governance and organizations that have occurred in the past few years. The aggregation of hospitals under a single governance structure should have led to a higher proportion of hospitals operating as multi-site health organizations. The reasons for this discrepancy are unclear.

Table A-1a. Hospital Demographic Data - Acute-care beds 2007/08

Acute Care												
	2005 / 06		2007 / 08									
	All	All	Bed Size			Teaching Status		Region				
			50 - 200	201- 500	>500	Teach	Non-Teaching	BC	Prai	ON	QC	Atl
Hospitals (n=)	(142)	(166)	(35)	(90)	(41)	(40)	(126)	(22)	(31)	(46)	(51)	(16)
Beds	45,448	49,014	3,630	22,207	23,177	21,619	27,395	5,495	10,194	14,725	14,549	4,051
Annual Admissions (n=154)	2,093,041	2,074,333	146,541	921,238	1,006,554	896,525	1,177,808	247,055	440,087	688,225	551,560	147,406
Patient Days (n=153)	14,901,079	15,082,316	1,019,100	6,747,576	7,315,640	6,682,534	8,399,782	1,933,850	3,230,950	4,400,868	4,333,885	1,182,763
Length Of Stay (average) (n=148)	7.1	7.2	6.6	7.4	7.3	7.3	7.2	7.0	7.4	6.4	7.9	7.3
Clinic / Medical Day Unit Visits (n=142)	21,078,300	21,372,352	1,210,512	8,773,204	11,388,636	12,538,211	8,834,141	1,273,445	4,295,776	9,334,234	4,996,113	1,472,784
Emergency Department Visits (n=152)	8,292,515	8,628,828	957,313	4,218,643	3,452,872	2,494,072	6,134,756	1,330,482	1,367,471	2,807,650	2,313,200	810,025

When analyzing results from this survey, the reader should remember that changes in overall hospital metrics cannot be interpreted as a trend. The data sample from each survey varies based on the respondents who have participated. Therefore the hospital demographic data is presented to provide the contextual framework within which this year's survey results should be interpreted.

Table A-1b. Hospital Demographic Data - Non-acute-care beds 2007/08

Non-Acute Care												
	2005 / 06		2007 / 08									
	All	All	Bed Size			Teaching Status		Region				
			50 - 200	201- 500	>500	Teach	Non-Teaching	BC	Prai	ON	QC	Atl
Hospitals (n=)	(107)	(125)	(22)	(68)	(35)	(23)	(102)	(17)	(17)	(37)	(41)	(13)
Beds	14,582	20,198	954	8,722	10,522	4,349	15,849	3,874	2,033	4,476	8,750	1,065
Annual Admissions (=100)	54,371	58,489	3,589	18,312	36,588	9,928	48,561	4,861	4,168	21,915	9,213	18,332
Patient Days (n=107)	4,447,911	5,548,932	298,495	2,329,191	2,921,246	1,364,117	4,184,815	1,180,726	681,200	1,271,667	2,127,434	287,905
Length Of Stay (average) (n=125)	198	197	140	199	222	129	213	340	234	40	306	85

Pharmacy Department data is remarkably consistent with the last survey.

- The average reported number of hours of pharmacy operations was 77.9 hours per week. Teaching hospitals reported an average number of pharmacy operations hours of 96.9 hours per week compared to 71.8 hours for non-teaching hospitals. Hospitals between 50-200 beds reported an average hours of pharmacy operations per week of 59.8 hours.
- With continued demand for increased pharmacy services, especially in medication management and distribution services, pharmacy leaders will be challenged in the future to expand hours of service to meet those needs. A full 31.9% of respondents provided the equivalent of less than 10 hours of service per day (Less than 70 hours per week).
- Ninety-three percent of respondents indicated that a pharmacist was the head of the pharmacy department. This is consistent with the results of the previous survey.

References:

¹ Hospital Trends in Canada: Results of a Project to Create a Historical Series of Statistical and Financial Data for Canadian Hospitals Over Twenty-Seven Years, 2005, CIHI, Ottawa Ontario