

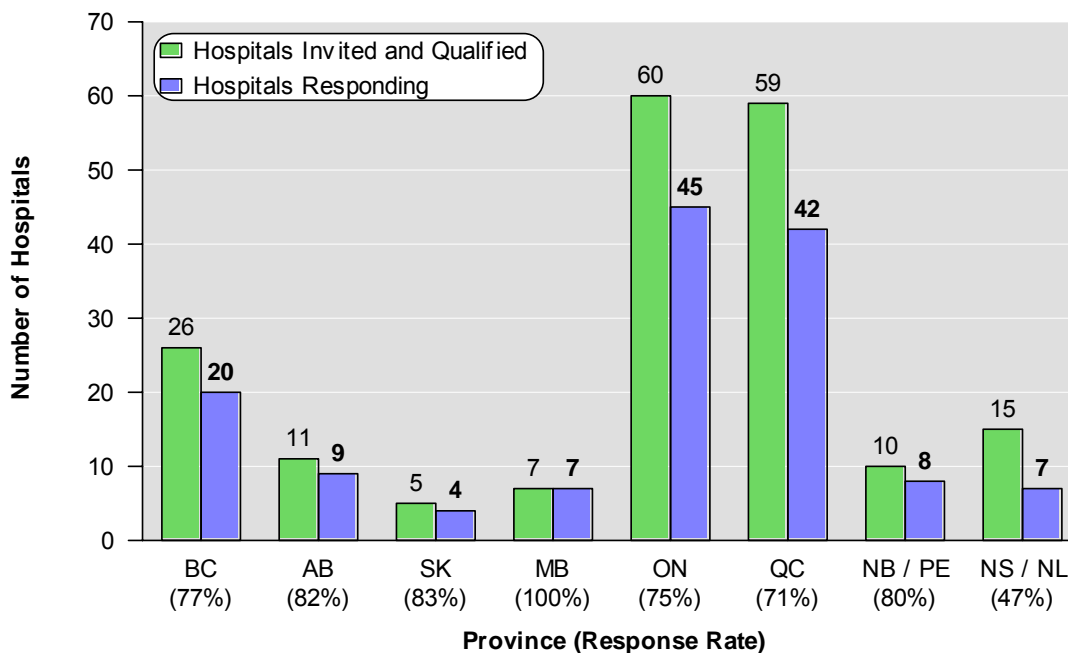
Demographics

Neil Johnson

The 2005/06 survey response rate of 74% (142/193) was similar to the 2003/04 response rate of 77% (144/186). The mix of facilities appears to have changed markedly compared to the previous survey, with 74% of respondents from non-teaching facilities compared to 61% in 2003/04, and 26% from teaching organizations compared to 39% in 2003/04. However, this was likely a result of the change in definition of teaching facilities. In previous surveys, respondents were asked to indicate their teaching status, while in this survey the information was predefined using the member list of the Association of Canadian Academic Healthcare Organizations (ACAHO). This change in methodology provides a clearer and more consistent definition of teaching status. Readers are encouraged to consider this factor as they compare the teaching versus non-teaching data in this survey with those in past surveys.

Sixty-six percent of respondents indicated they were part of a multi-site health organization (MSHO), representing a slight increase compared to the last survey (59%). Only 39% of Ontario respondents and 60% of Quebec respondents reported being part of a MSHO, while all other jurisdictions reported MSHO rates over 90%. The number of hospitals within a MSHO was notably higher in BC (Median = 12) and Alberta (Median = 9). The overall mean number of sites within a MSHO increased to eight in this survey from six in the previous survey.

Figure A-1 Response to the Survey by Province 2005/06



Hospital demographic information presented in Table A-1 represents the average of reported data from hospitals with a total of 100 beds and at least 50 acute care beds. 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. Some data elements exhibited extreme variations from the mean; therefore readers are encouraged to consider these ranges when noted by the editors.

Demographic data showed the average reported acute care beds at 320, compared to 311 in the previous survey. The total number of beds included in this survey was 60,330, of which 45,448 were acute care beds and 25,053 were in teaching hospitals. The Canadian Institute for Health Information¹ reported that, in Canada, in 2002/03 there were 115,120 beds staffed and in operation and 29,237 beds in teaching hospitals. This provides the reader with some estimate of the relative comprehensiveness of the sample in this survey.

Acute care admissions were 5.3% higher than the previous survey and acute care patient days were 3.4% higher. Acute care occupancy was reported to be greater in this survey (89.8% compared to 86% in the previous year). Average emergency department visits were 11% higher at 58,398 in 2005/06 compared to 52,591 in 2003/04.

Table A-1 Hospital Demographic Data 2005/06

	Acute Care		
	All	Teaching Status	
		Teaching	Non- Teaching
Hospitals (n=)	(142)	(37)	(105)
Average number of beds	320	578	229
Average annual admissions	14,740	25,498	10,705
Average patient days	104,937	185,603	73,026
Average length of stay (days)	7.1	7.1	7.1
Average Clinic/ Medical Day Unit visits	148,439	347,959	75,496
Average Emergency Room visits	58,398	72,809	52,785

	Non-Acute Care		
	All	Teaching Status	
		Teaching	Non- Teaching
Hospitals (n=)	(107)	(21)	(86)
Average number of beds	136	175	127
Average annual admissions	508	829	429
Average patient days	41,569	57,758	37,638
Average length of stay (days)	198	101	223

Pharmacy Department information is presented in Table A-2. The data is remarkably consistent with the last survey. The average of reported number of hours the Pharmacy was open remained unchanged at 79 hours per week.

Ninety-two percent of respondents indicated that a pharmacist was the head of the pharmacy department. This is the first time that this question has appeared in the survey and provides a baseline for further assessments. It is of particular relevance given the recent policy statement by the Canadian Society of Hospital Pharmacists.^{2 3}

Forty-three percent of respondents indicated that Program Management had been implemented in their hospitals, either totally or partially. This result was unchanged from the 2003/04 survey. The majority of respondents from these facilities indicated that the pharmacists reported to Pharmacy (79%), while an additional 20% indicated that pharmacists' reporting responsibility was shared. Thirty seven percent of teaching hospitals reported a shared reporting relationship. Eighty-two percent of respondents from facilities with Program Management reported that the pharmacists' salaries were paid by Pharmacy.

Table A-2 Pharmacy Department Data 2005/06

	All	Bed Size			Teaching Status	
		100- 200	201- 500	>500	Teaching	Non-Teaching
Hospitals (n=)	(142)	(27)	(78)	(37)	(37)	(105)
Pharmacy hours of operation	79	63	79	91	97	73
Pharmacist is Head of Pharmacy Department	130 92%	24 89%	73 94%	33 89%	32 86%	98 93%
Program Management Model	61 43%	5 19%	34 44%	22 59%	19 51%	42 40%
Pharmacists salary paid by (n=)	(61)	(5)	(34)	(22)	(19)	(42)
Pharmacy	50 82%	5 100%	28 82%	17 77%	12 63%	38 90%
Program	3 5%	0 0%	0 0%	3 14%	2 11%	1 2%
Shared	8 13%	0 0%	6 18%	2 9%	5 26%	3 7%
Pharmacists reporting responsibility to						
Pharmacy	48 79%	4 80%	27 79%	17 77%	11 58%	37 88%
Program	1 2%	0 0%	1 3%	0 0%	1 5%	0 0%
Shared	12 20%	1 20%	6 18%	5 23%	7 37%	5 12%

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

² Statement On The Role Of The Pharmacist As Head Of Hospital Pharmacy Services, Canadian Society of Hospital Pharmacists Official Publications, 2006, CSHP, Ottawa Ontario

³ MacKinnon NJ, Clark S, McCaffrey KJ. Storm Clouds on the Horizon: The Future of Hospital Pharmacy Management, Can J Hosp Pharm 2005;58:261-2