



Inpatient Hospitalizations: Volumes, Length of Stay and Standardized Rates

[Highlights/information sheets](#) for these Quick Stats are available by fiscal year.

Metadata for each statistic follows the template below:

Name of report	General description of the report of interest
Data sources	Databases from which the data for the report of interest is derived
Available statistics	Figures available in the report of interest (e.g., number of discharges, average length of stay)
Available breakdowns	All possible methods by which the data for the report of interest may be grouped (e.g., by sex, by 5-year age group)
Inclusions	Characteristics of records included in the data for the report of interest
Exclusions	Characteristics of records excluded from the data for the report of interest
Methodology	Analytical approach used to calculate the figures presented in the report of interest
Important notes	Additional information that is relevant to the report of interest (e.g., coverage in a particular fiscal year)
Interpretation	Additional notes to aid in understanding the information provided in each report





Quick Stats Metadata

Name of report	Inpatient Hospitalizations: Volumes and Length of Stay
Data sources	<ul style="list-style-type: none"> • Discharge Abstract Database (DAD), Canadian Institute for Health Information (CIHI) • Hospital Morbidity Database (HMDB), CIHI • Ontario Mental Health Reporting System (OMHRS), CIHI (see Important notes below) • Fichier des hospitalisations MED-ÉCHO, ministère de la Santé et des Services sociaux du Québec (see Important notes below)
Available statistics	Number of discharges
Available breakdowns	<ul style="list-style-type: none"> • Discharge fiscal year (1995–1996 to 2017–2018) • National • Province/territory of facility • Sex (male, female, all) • 5-year age group (<1 through 90+)
Inclusions	<ul style="list-style-type: none"> • Discharges from acute care institutions in Canada • Records with invalid length of stay are included in the number of discharges • Records where sex is categorized as “other” are included in the “all” sex counts
Exclusions	<ul style="list-style-type: none"> • Newborns (see Important notes below) • Stillbirths • Cadaveric donors
Methodology	Number of discharges — all records meeting the above inclusion criteria
Important notes	<ul style="list-style-type: none"> • Geography represents the province/territory where the hospital is located. • Discharges from acute care institutions in a given province/territory may include non-residents of that particular province/territory or of Canada. • Prior to 1999–2000, Nunavut submitted its acute inpatient hospitalization data to CIHI as part of the Northwest Territories. In this report, inpatient hospitalizations prior to 1999–2000 that were captured under the Northwest Territories from the region that is now represented as Nunavut were isolated for trending purposes. • In 2002–2003, Nunavut did not submit discharge data to CIHI. As such, Canadian figures for 2002–2003 do not include Nunavut and are not comparable with figures from other fiscal years. • 2016–2017 data for Nunavut is incomplete and has therefore been suppressed. • 1 hospital in New Brunswick did not submit 4 periods of data in 2004–2005. • 2 hospitals in Alberta did not submit 2 periods of data in 2005–2006, and a third hospital did not submit 3 periods. • 1 hospital in Alberta did not submit 3 periods of data in 2006–2007. • 1 hospital in Quebec did not submit 2 periods of data in 2005–2006. • 2 hospitals in Ontario did not submit any period of data from 2009–2010 to 2013–2014. • 1 hospital in Ontario did not submit 5 periods of data in 2013–2014. • 2 hospitals in Yukon and 1 hospital in Quebec did not submit any data in 2013–2014. • 2 hospitals in Yukon, 2 hospitals in Ontario, 1 hospital in Nova Scotia and 1 hospital in Quebec did not submit any data in 2014–2015. • 1 hospital in Ontario did not submit 1 period of data in 2014–2015. • 1 hospital in Nova Scotia did not submit 10 periods of data in 2015–2016. • 1 hospital in Nunavut did not submit 7 periods of data in 2016–2017.



Quick Stats Metadata

Important notes (continued)	<ul style="list-style-type: none">• 1 hospital in Ontario did not submit 1 period of data in 2017–2018.• Quebec data from 2006–2007 to 2009–2010 was sourced from MED-ÉCHO. Prior to 2006–2007 and from 2010–2011 onward, Quebec data was sourced from the HMDB.• As of 2006–2007, the submission of information on adult inpatient mental health beds in Ontario migrated from the DAD to OMHRS. To facilitate the comparison of data over time at the Ontario and pan-Canadian levels, 2006–2007 to 2017–2018 data from OMHRS was incorporated into the inpatient hospitalization data.• Data from OMHRS includes data from general hospitals and excludes data from specialty (psychiatric) hospitals.• Approximately 1,700 discharges were excluded from OMHRS, per fiscal year, from 2006–2007 through 2011–2012 due to a data quality issue.• Due to privacy and confidentiality concerns, and to minimize the risk of residual disclosure, volumes of fewer than 5 discharges have been suppressed in the cells and removed from total discharge counts.• There is some inconsistency from year to year between provinces/territories in newborn coding. In some provinces/territories, the category “newborns” includes those born in the reporting facility and those born outside the reporting facility but admitted to that facility within 24 hours of birth. Therefore, the figures presented here exclude<ul style="list-style-type: none">– All newborns born in the reporting facility; and– Some newborns born outside the reporting facility but admitted to that facility within 24 hours of birth.This will result in a slight undercount of discharges.
Interpretation	<ul style="list-style-type: none">• The terms “hospitalization” and “discharge” are used interchangeably in this document.• These statistics reflect the number of hospitalizations (or discharges), which is somewhat higher than the number of individuals hospitalized, since individuals with service transfers or multiple hospitalizations during a single year would be counted more than once in the totals.



Quick Stats Metadata

Name of report	Inpatient Hospitalizations: Volumes and Length of Stay
Data sources	<ul style="list-style-type: none"> • Discharge Abstract Database (DAD), CIHI • Hospital Morbidity Database (HMDB), CIHI • Ontario Mental Health Reporting System (OMHRS), CIHI (see Important notes below) • Fichier des hospitalisations MED-ÉCHO, ministère de la Santé et des Services sociaux du Québec (see Important notes below)
Available statistics	Total length of stay (days)
Available breakdowns	<ul style="list-style-type: none"> • Discharge fiscal year (1995–1996 to 2017–2018) • National • Province/territory of facility • Sex (male, female, all) • 5-year age group (<1 through 90+)
Inclusions	<ul style="list-style-type: none"> • Discharges from acute care institutions in Canada • Records where sex is categorized as “other” are included in the “all” sex counts
Exclusions	<ul style="list-style-type: none"> • Newborns (see Important notes below) • Invalid lengths of stay • Stillbirths • Cadaveric donors
Methodology	<ul style="list-style-type: none"> • Total length of stay — calculated by summing the length of stay for all records with valid length of stay
Important notes	<ul style="list-style-type: none"> • Geography represents the province/territory where the hospital is located. • Discharges from acute care institutions in a given province/territory may include non-residents of that particular province/territory or of Canada. • Prior to 1999–2000, Nunavut submitted its acute inpatient hospitalization data to CIHI as part of the Northwest Territories. In this report, inpatient hospitalizations prior to 1999–2000 that were captured under the Northwest Territories from the region that is now represented as Nunavut were isolated for trending purposes. • In 2002–2003, Nunavut did not submit discharge data to CIHI. As such, Canadian figures for 2002–2003 do not include Nunavut and are not comparable with figures from other fiscal years. • 2016–2017 data for Nunavut is incomplete and has therefore been suppressed. • 1 hospital in New Brunswick did not submit 4 periods of data in 2004–2005. • 2 hospitals in Alberta did not submit 2 periods of data in 2005–2006, and a third hospital did not submit 3 periods. • 1 hospital in Alberta did not submit 3 periods of data in 2006–2007. • 1 hospital in Quebec did not submit 2 periods of data in 2005–2006. • 2 hospitals in Ontario did not submit any period of data from 2009–2010 to 2013–2014. • 1 hospital in Ontario did not submit 5 periods of data in 2013–2014. • 2 hospitals in Yukon and 1 hospital in Quebec did not submit any data in 2013–2014. • 2 hospitals in Yukon, 2 hospitals in Ontario, 1 hospital in Nova Scotia and 1 hospital in Quebec did not submit any data in 2014–2015. • 1 hospital in Ontario did not submit 1 period of data in 2014–2015. • 1 hospital in Nova Scotia did not submit 10 periods of data in 2015–2016.



Quick Stats Metadata

Important notes (continued)	<ul style="list-style-type: none">• 1 hospital in Nunavut did not submit 7 periods of data in 2016–2017.• 1 hospital in Ontario did not submit 1 period of data in 2017–2018.• Quebec data from 2006–2007 to 2009–2010 was sourced from MED-ÉCHO. Prior to 2006–2007 and from 2010–2011 onward, Quebec data was sourced from the HMDB.• As of 2006–2007, the submission of information on adult inpatient mental health beds in Ontario migrated from the DAD to OMHRS. To facilitate the comparison of data over time at the Ontario and pan-Canadian levels, 2006–2007 to 2017–2018 data from OMHRS was incorporated into the inpatient hospitalization data.• Data from OMHRS includes data from general hospitals and excludes data from specialty (psychiatric) hospitals.• Approximately 1,700 discharges were excluded from OMHRS, per fiscal year, from 2006–2007 through 2011–2012 due to a data quality issue.• There is some inconsistency from year to year between provinces/territories in newborn coding. In some provinces/territories, the category “newborns” includes those born in the reporting facility and those born outside the reporting facility but admitted to that facility within 24 hours of birth. Therefore, the figures presented here exclude<ul style="list-style-type: none">– All newborns born in the reporting facility; and– Some newborns born outside the reporting facility but admitted to that facility within 24 hours of birth.This will result in a slight undercount of discharges.
Interpretation	<ul style="list-style-type: none">• Length of stay (LOS) is defined as the number of days a patient spends in hospital from time of admission to time of discharge.



Quick Stats Metadata

Name of report	Inpatient Hospitalizations: Volumes and Length of Stay
Data sources	<ul style="list-style-type: none"> • Discharge Abstract Database (DAD), CIHI • Hospital Morbidity Database (HMDB), CIHI • Ontario Mental Health Reporting System (OMHRS), CIHI (see Important notes below) • Fichier des hospitalisations MED-ÉCHO, ministère de la Santé et des Services sociaux du Québec (see Important notes below)
Available statistics	Average length of stay (days)
Available breakdowns	<ul style="list-style-type: none"> • Discharge fiscal year (1995–1996 to 2017–2018) • National • Province/territory of facility • Sex (male, female, all) • 5-year age group (<1 through 90+)
Inclusions	<ul style="list-style-type: none"> • Discharges from acute care institutions in Canada • Records where sex is categorized as “other” are included in the “all” sex counts
Exclusions	<ul style="list-style-type: none"> • Newborns (see Important notes below) • Invalid lengths of stay • Stillbirths • Cadaveric donors
Methodology	<ul style="list-style-type: none"> • Average length of stay — calculated by dividing total length of stay by number of discharges with a valid length of stay
Important notes	<ul style="list-style-type: none"> • Geography represents the province/territory where the hospital is located. • Discharges from acute care institutions in a given province/territory may include non-residents of that particular province/territory or of Canada. • Prior to 1999–2000, Nunavut submitted its acute inpatient hospitalization data to CIHI as part of the Northwest Territories. In this report, inpatient hospitalizations prior to 1999–2000 that were captured under the Northwest Territories from the region that is now represented as Nunavut were isolated for trending purposes. • In 2002–2003, Nunavut did not submit discharge data to CIHI. As such, Canadian figures for 2002–2003 do not include Nunavut and are not comparable with figures from other fiscal years. • 2016–2017 data for Nunavut is incomplete and has therefore been suppressed. • 1 hospital in New Brunswick did not submit 4 periods of data in 2004–2005. • 2 hospitals in Alberta did not submit 2 periods of data in 2005–2006, and a third hospital did not submit 3 periods. • 1 hospital in Alberta did not submit 3 periods of data in 2006–2007. • 1 hospital in Quebec did not submit 2 periods of data in 2005–2006. • 2 hospitals in Ontario did not submit any period of data from 2009–2010 to 2013–2014. • 1 hospital in Ontario did not submit 5 periods of data in 2013–2014. • 2 hospitals in Yukon and 1 hospital in Quebec did not submit any data in 2013–2014. • 2 hospitals in Yukon, 2 hospitals in Ontario, 1 hospital in Nova Scotia and 1 hospital in Quebec did not submit any data in 2014–2015. • 1 hospital in Ontario did not submit 1 period of data in 2014–2015. • 1 hospital in Nova Scotia did not submit 10 periods of data in 2015–2016.



Quick Stats Metadata

Important notes (continued)	<ul style="list-style-type: none">• 1 hospital in Nunavut did not submit 7 periods of data in 2016–2017.• 1 hospital in Ontario did not submit 1 period of data in 2017–2018.• Quebec data from 2006–2007 to 2009–2010 was sourced from MED-ÉCHO. Prior to 2006–2007 and from 2010–2011 onward, Quebec data was sourced from the HMDB.• As of 2006–2007, the submission of information on adult inpatient mental health beds in Ontario migrated from the DAD to OMHRS. To facilitate the comparison of data over time at the Ontario and pan-Canadian levels, 2006–2007 to 2017–2018 data from OMHRS was incorporated into the inpatient hospitalization data.• Data from OMHRS includes data from general hospitals and excludes data from specialty (psychiatric) hospitals.• Approximately 1,700 discharges were excluded from OMHRS, per fiscal year, from 2006–2007 through 2011–2012 due to a data quality issue.• There is some inconsistency from year to year between provinces/territories in newborn coding. In some provinces/territories, the category “newborns” includes those born in the reporting facility and those born outside the reporting facility but admitted to that facility within 24 hours of birth. Therefore, the figures presented here exclude<ul style="list-style-type: none">– All newborns born in the reporting facility; and– Some newborns born outside the reporting facility but admitted to that facility within 24 hours of birth.This will result in a slight undercount of discharges.
Interpretation	<ul style="list-style-type: none">• Length of stay (LOS) is defined as the number of days a patient spends in hospital from time of admission to time of discharge.



Quick Stats Metadata

Name of report	Inpatient Hospitalizations: Standardized Rates
Data sources	<ul style="list-style-type: none"> • Discharge Abstract Database (DAD), CIHI • Hospital Morbidity Database (HMDB), CIHI • Ontario Mental Health Reporting System (OMHRS), CIHI (see Important notes below) • Fichier des hospitalisations MED-ÉCHO, ministère de la Santé et des Services sociaux du Québec (see Important notes below)
Available statistics	Age–sex-standardized hospitalization rate per 100,000 population
Available breakdowns	<ul style="list-style-type: none"> • Discharge fiscal year (1995–1996 to 2017–2018) • National • Province/territory of patient residence
Inclusions	<ul style="list-style-type: none"> • Discharges from acute care institutions in Canada (includes non-residents of Canada) • Discharge abstracts of Canadian residents (based on patient postal code) for the provincial breakdown • Discharge abstracts with valid age • Discharge abstracts with sex of male or female
Exclusions	<ul style="list-style-type: none"> • Newborns (see Important notes below) • Stillbirths • Cadaveric donors
Methodology	<p>The direct standardization process was used. For data years 2013–2014 and earlier, the October 1, 2001, post-censal fiscal year Canadian population estimates were used as the standard population. As of 2014–2015, the 2011 censal fiscal year Canadian population estimates are used. This creates a break in the series; therefore, rates for 2013–2014 and earlier should not be compared with rates for 2014–2015 onward.</p> <ol style="list-style-type: none"> 1. Age–sex-specific rates were calculated for 5-year age (<1 to 90+) and gender (male or female) groups for each province/territory and for Canada: <ul style="list-style-type: none"> • Numerator for rate = number of discharges in that age–sex group of residents of a particular province/territory (for provincial/territorial rates) or of Canada (for national rates) in the fiscal year of interest • Denominator for rate = number of people in that age–sex group of residents of a particular province/territory (for provincial/territorial rates) or of Canada (for national rates) in the fiscal year of interest 2. Age–sex-specific rates were then multiplied by the age–sex-specific population in the standard population. 3. The results of step 2 were then summed for each province/territory or for Canada. 4. The results of step 3 were then divided by the total population of Canada from the standard population. 5. The results of step 4 were then multiplied by 100,000 to give the age–sex-standardized discharge rate per 100,000 population of the province/territory of interest.



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Methodology (continued)	<p>6. For data years 2014–2015 and earlier, geography represented the province or territory in which the patient resided at the time of discharge. Therefore, statistics presented in the tables included residents of Canada only. As of 2015–2016, geography for the provincial breakdown represents the province or territory in which the patient resided at the time of discharge; geography for the national counts represents discharges from acute care institutions in Canada, which may include non-residents of Canada. Therefore, statistics presented in the tables for provincial breakdown include residents of Canada only, while the national counts may include non-residents of Canada.</p>
Important notes	<ul style="list-style-type: none"> • Prior to 1999–2000, Nunavut submitted its acute inpatient hospitalization data to CIHI as part of the Northwest Territories. In this report, inpatient hospitalizations prior to 1999–2000 that were captured under the Northwest Territories from the region that is now represented as Nunavut were isolated for trending purposes. • In 2002–2003, Nunavut did not submit discharge data to CIHI. As such, Canadian figures for 2002–2003 do not include Nunavut and are not comparable with figures from other fiscal years. • 2016–2017 data for Nunavut is incomplete and has therefore been suppressed. • 1 hospital in New Brunswick did not submit 4 periods of data in 2004–2005. • 2 hospitals in Alberta did not submit 2 periods of data in 2005–2006, and a third hospital did not submit 3 periods. • 1 hospital in Alberta did not submit 3 periods of data in 2006–2007. • 1 hospital in Quebec did not submit 2 periods of data in 2005–2006. • 2 hospitals in Ontario did not submit any period of data from 2009–2010 to 2013–2014. • 1 hospital in Ontario did not submit 5 periods of data in 2013–2014. • 2 hospitals in Yukon and 1 hospital in Quebec did not submit any data in 2013–2014. • 2 hospitals in Yukon, 2 hospitals in Ontario, 1 hospital in Nova Scotia and 1 hospital in Quebec did not submit any data in 2014–2015. • 1 hospital in Ontario did not submit 1 period of data in 2014–2015. • 1 hospital in Nova Scotia did not submit 10 periods of data in 2015–2016. • 1 hospital in Nunavut did not submit 7 periods of data in 2016–2017. • 1 hospital in Ontario did not submit 1 period of data in 2017–2018. • Quebec data from 2006–2007 to 2009–2010 was sourced from MED-ÉCHO. Prior to 2006–2007 and from 2010–2011 onward, Quebec data was sourced from the HMDB. • As of 2006–2007, the submission of information on adult inpatient mental health beds in Ontario migrated from the DAD to OMHRS. To facilitate the comparison of data over time at the Ontario and pan-Canadian levels, 2006–2007 to 2017–2018 data from OMHRS was incorporated into the inpatient hospitalization data. • Data from OMHRS includes data from general hospitals and excludes data from specialty (psychiatric) hospitals. • Approximately 1,700 discharges were excluded from OMHRS, per fiscal year, from 2006–2007 through 2011–2012 due to a data quality issue. • There is some inconsistency from year to year between provinces/territories in newborn coding. In some provinces/territories, the category “newborns” includes those born in the reporting facility and those born outside the reporting facility but admitted to that facility within 24 hours of birth.



Quick Stats Metadata

Important notes (continued)	<p>Therefore, the figures presented here exclude</p> <ul style="list-style-type: none">– All newborns born in the reporting facility; and– Some newborns born outside the reporting facility but admitted to that facility within 24 hours of birth. <p>This will result in a slight undercount of discharges used in the numerator of the age-standardized discharge rate.</p>
Interpretation	<ul style="list-style-type: none">• Age–sex standardization is a statistical technique used to remove the effect of the age and gender distributions of 2 or more populations (e.g., Ontario and Alberta) when comparing rates across different populations or for the same population over time.• Age–sex-standardized rates in this table can be compared with each other only for years where the same standard population was used.• Age–sex-standardized rates in this table cannot be compared with other rates calculated outside this report.• The terms “hospitalization” and “discharge” are used interchangeably in this document.• These statistics reflect the number of hospitalizations (or discharges), which is somewhat higher than the number of individuals hospitalized, since individuals with multiple hospitalizations during a single year would be counted more than once in the totals.• There are methodological differences in how the numerator and denominator are calculated:<ul style="list-style-type: none">– Numerator for rate = number of discharges in that age–sex group of residents of a particular province/territory (for provincial/territorial rates) or of Canada (for national rates) in the fiscal year of interest. Therefore, the same person could be included more than once if he or she were discharged more than once in the same province/territory in the fiscal year of interest.– Denominator for rate = number of persons in that age–sex group of residents of a particular province/territory (for provincial/territorial rates) or of Canada (for national rates) in the fiscal year of interest. Therefore, the same person could be included only once in the same province/territory in the fiscal year of interest.• Because of these methodological differences, the age–sex-standardized rates will be higher than if the numerator considered each person only once.



Quick Stats Metadata

Name of report	Inpatient Hospitalizations: Standardized Rates
Data sources	<ul style="list-style-type: none"> • Discharge Abstract Database (DAD), CIHI • Hospital Morbidity Database (HMDB), CIHI • Ontario Mental Health Reporting System (OMHRS), CIHI (see Important notes below) • Fichier des hospitalisations MED-ÉCHO, ministère de la Santé et des Services sociaux du Québec (see Important notes below)
Available statistics	Age-standardized average length of stay (days)
Available breakdowns	<ul style="list-style-type: none"> • Discharge fiscal year (1995–1996 to 2017–2018) • National • Province/territory of facility
Inclusions	<ul style="list-style-type: none"> • Discharges from acute care institutions in Canada • Discharge abstracts with valid age
Exclusions	<ul style="list-style-type: none"> • Newborns (see Important notes below) • Invalid lengths of stay • Stillbirths • Cadaveric donors
Methodology	<p>The direct standardization process was used; the pooled number of hospitalized patients from 1995–1996 to 2005–2006 was used as a standard population. This represents the average age distribution of the inpatient hospital population from 1995–1996 through 2005–2006.</p> <ol style="list-style-type: none"> 1. Age-specific average length of stay figures were calculated for 5-year age groups (<1 to 90+) for each province/territory and for Canada: <ul style="list-style-type: none"> • Numerator for average length of stay = number of total days of stay in that age group of discharges of a particular province/territory (for provincial/territorial rates) or of Canada (for national rates) in the fiscal year of interest • Denominator for average length of stay = number of hospitalizations in that age group of discharges of a particular province/territory (for provincial/territorial rates) or of Canada (for national rates) in the fiscal year of interest 2. Age-specific average length of stay figures were then multiplied by the derived weight for that particular age group from the standard population. 3. The results of step 2 were then summed for each province/territory or for Canada to give the age-standardized average length of stay. 4. Geography represents the province/territory where the hospital is located. 5. Average length of stay is calculated using the actual (i.e., not rounded) number of hospitalizations and total inpatient hospital days.
Important notes	<ul style="list-style-type: none"> • Discharges from acute care institutions in a given province/territory may include non-residents of that particular province/territory or of Canada. • Prior to 1999–2000, Nunavut submitted its acute inpatient hospitalization data to CIHI as part of the Northwest Territories. In this report, inpatient hospitalizations prior to 1999–2000 that were captured under the Northwest Territories from the region that is now represented as Nunavut were isolated for trending purposes. • In 2002–2003, Nunavut did not submit discharge data to CIHI. As such, Canadian figures for 2002–2003 do not include Nunavut and are not comparable with figures from other fiscal years.



Quick Stats Metadata

Important notes (continued)	<ul style="list-style-type: none">• 2016–2017 data for Nunavut is incomplete and has therefore been suppressed.• 1 hospital in New Brunswick did not submit 4 periods of data in 2004–2005.• 2 hospitals in Alberta did not submit 2 periods of data in 2005–2006, and a third hospital did not submit 3 periods.• 1 hospital in Alberta did not submit 3 periods of data in 2006–2007.• 1 hospital in Quebec did not submit 2 periods of data in 2005–2006.• 2 hospitals in Ontario did not submit any period of data from 2009–2010 to 2013–2014.• 1 hospital in Ontario did not submit 5 periods of data in 2013–2014.• 2 hospitals in Yukon and 1 hospital in Quebec did not submit any data in 2013–2014.• 2 hospitals in Yukon, 2 hospitals in Ontario, 1 hospital in Nova Scotia and 1 hospital in Quebec did not submit any data in 2014–2015.• 1 hospital in Ontario did not submit 1 period of data in 2014–2015.• 1 hospital in Nova Scotia did not submit 10 periods of data in 2015–2016.• 1 hospital in Nunavut did not submit 7 periods of data in 2016–2017.• 1 hospital in Ontario did not submit 1 period of data in 2017–2018.• Quebec data from 2006–2007 to 2009–2010 was sourced from MED-ÉCHO. Prior to 2006–2007 and from 2010–2011 onward, Quebec data was sourced from the HMDB.• As of 2006–2007, the submission of information on adult inpatient mental health beds in Ontario migrated from the DAD to OMHRS. To facilitate the comparison of data over time at the Ontario and pan-Canadian levels, 2006–2007 to 2017–2018 data from OMHRS was incorporated into the inpatient hospitalization data.• Data from OMHRS includes data from general hospitals and excludes data from specialty (psychiatric) hospitals.• Approximately 1,700 discharges were excluded from OMHRS, per fiscal year, from 2006–2007 through 2011–2012 due to a data quality issue.• There is some inconsistency from year to year among provinces/territories in newborn coding. In some provinces/territories, the category “newborns” includes those born in the reporting facility and those born outside the reporting facility but admitted to that facility within 24 hours of birth. Therefore, the figures presented here exclude<ul style="list-style-type: none">– All newborns born in the reporting facility; and– Some newborns born outside the reporting facility but admitted to that facility within 24 hours of birth.This will result in a slight undercount of discharges.
Interpretation	<ul style="list-style-type: none">• Age-standardization is a statistical technique used to remove the effect of the age distribution of 2 or more populations (e.g., Ontario and Alberta) when comparing measures across different populations or for the same population over time.• Age-standardized measures in this table can be compared with each other.• Age-standardized measures in this table cannot be compared with other measures calculated outside this report.• Length of stay is defined as the number of days a patient spends in hospital from time of admission to time of discharge.



Contact details

Visit CIHI's website for more information about the [Discharge Abstract Database \(DAD\)](#) or the [Hospital Morbidity Database \(HMDB\)](#), or send an email to cad@cihi.ca.

Visit CIHI's website for more information about the [Ontario Mental Health Reporting System \(OMHRS\)](#), or send an email to omhrs@cihi.ca.

For assistance using interactive CIHI data, please send an email to help@cihi.ca.

All other inquiries can be sent to

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