



CIHI
Snapshot
April 2018

Inpatient Hospitalizations, Surgeries, Newborns and Childbirth Indicators, 2016–2017

The Canadian Institute for Health Information (CIHI) collects administrative, clinical and demographic data from hospitals across Canada that submit information on inpatient, day surgery, emergency and ambulatory care episodes.

Inpatient hospitalization statistics — which include volumes and average lengths of stay by sex, age group and province/territory — are available from 1995–1996 onward in the [Inpatient Quick Stats](#).

Selected childbirth indicators by province/territory and health region are available from 2001–2002 onward in the [Childbirth Quick Stats](#).

[Pre-formatted tables](#) on hospitalization rates, top 10 reasons for hospitalizations and surgeries, and in-hospital births are also available via Quick Stats.



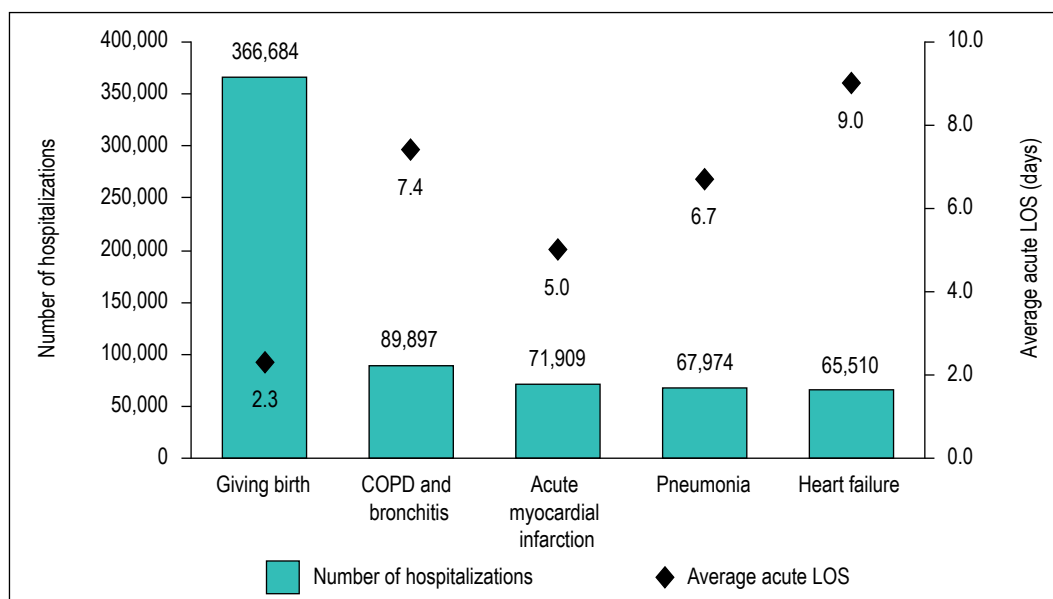
Canadian Institute
for Health Information

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Inpatient hospitalization rate declining over time

In 2016–2017, there were 3 million acute inpatient hospitalizations in Canada. After adjusting for differences in age, sex and population growth, the hospitalization rate was 7,980 per 100,000 in 2016–2017, down from 8,203 per 100,000 in 2012–2013. The age-adjusted average length of stay (ALOS) in hospital has been relatively stable over the same time period and was 7.0 days in 2016–2017.

Figure 1 Top 5 reasons for inpatient hospitalizations* by volume and average acute length of stay, 2016–2017



Notes

* Numbers exclude newborns and include obstetric records.

Average acute LOS: Average acute length of stay.

COPD: Chronic obstructive pulmonary disease.

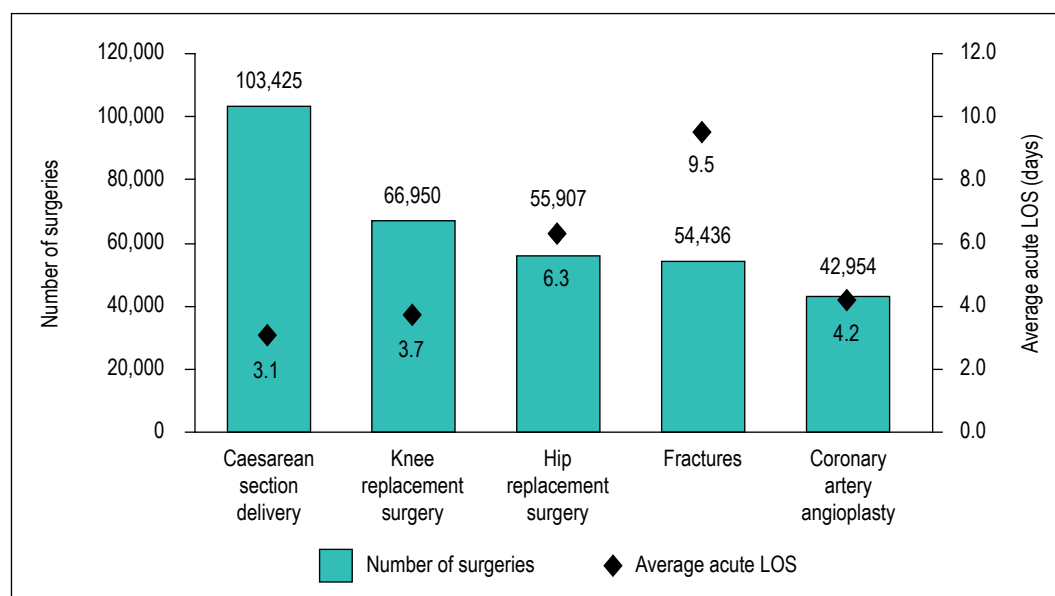
Sources

Hospital Morbidity Database and Ontario Mental Health Reporting System, 2016–2017, Canadian Institute for Health Information.

Consistent with 2015–2016 findings, the most common reason for hospitalization in 2016–2017 was giving birth, with an average acute LOS of 2.3 days. This was followed by COPD and bronchitis (7.4 days) and acute myocardial infarction (5.0 days). See Figure 1 for details on the top 5 inpatient hospitalizations.

Also consistent with 2015–2016 results, in 2016–2017, the most common inpatient surgery in Canada was a Caesarean section (C-section), with an average acute LOS of 3.1 days, followed by knee replacements (3.7 days) and hip replacement (6.3 days). The top 5 inpatient surgeries are shown in Figure 2.

Figure 2 Top 5 inpatient surgeries by volume and average acute length of stay,* 2016–2017



Notes

* Length of stay is calculated for the complete acute care hospitalization, which may have included other treatments and procedures.

Average acute LOS: Average acute length of stay.

The analysis includes all types of knee/hip replacements (including total, partial, primary and revision).

Source

Hospital Morbidity Database, 2016–2017, Canadian Institute for Health Information.

Rate of newborns born in hospital declining over time

The rate of babies born in hospital in Canada has been declining gradually over the last several years. In 2016–2017, the rate was 102 per 10,000 population, down from 112 per 10,000 population in 2009–2010.

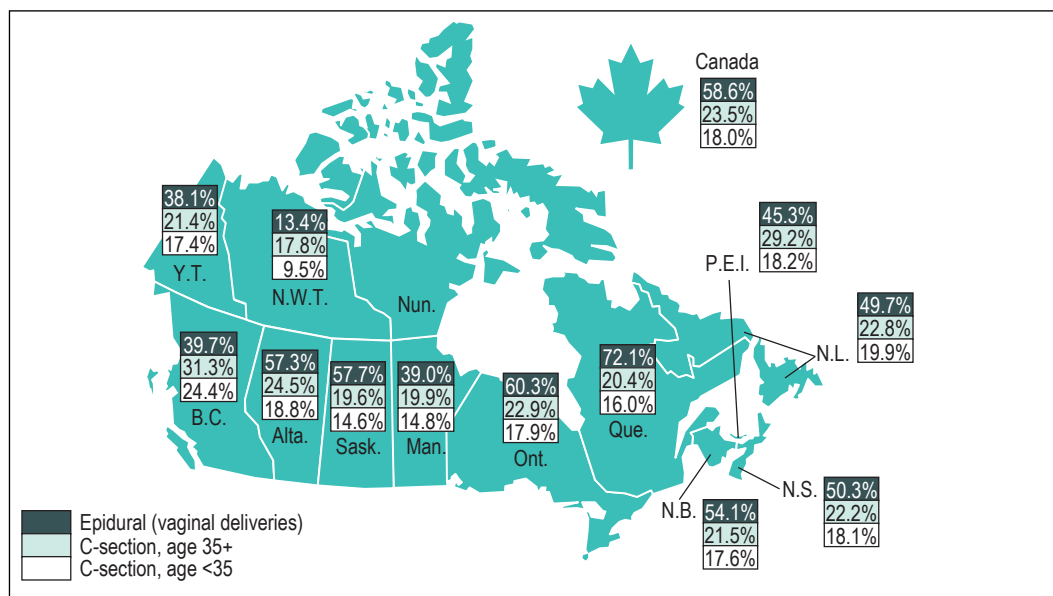
Preterm birth rates and SGA rates stable over time

In 2016–2017, the rate of babies born before 37 weeks of gestation (i.e., preterm) in Canadian hospitals was 7.9%. The rate of single babies born who were small for gestational age (SGA; smaller than 90% of the babies with the same gestational age and sex) was 9.1%. These rates have remained relatively stable since 2006.

Primary C-section rates higher for women 35 and older; epidural rates remain high in Canada

The primary C-section rate is defined as the proportion of women who had a C-section for the first time. Across all provinces, women 35 and older continued to be more likely to have a primary C-section than younger women (23.5% versus 18.0%, respectively). The Canadian epidural rate for vaginal deliveries increased slightly from 57.8% in 2015–2016 to 58.6% in 2016–2017.

Figure 3 Primary C-section and epidural rates across Canada, 2016–2017



Note
Results for Nunavut have been suppressed due to incomplete 2016–2017 data.

Source
Hospital Morbidity Database, 2016–2017, Canadian Institute for Health Information.

More information

For more information, please access the interactive [inpatient](#) and [childbirth](#) data in CIHI's Quick Stats. [Pre-formatted tables](#) are also available via Quick Stats. These include data on the top 10 reasons for hospitalizations and surgeries, in-hospital births, and standardized hospitalization rates and average lengths of stay.

Feedback and questions are welcome at cad@cihi.ca.

Appendix: Text alternative for figures

Data table for Figure 1: Top 5 reasons for inpatient hospitalizations* by volume and average acute length of stay, 2016–2017

Ranking	Most responsible diagnoses for inpatient hospitalizations	Number of inpatient hospitalizations in 2016–2017	Average acute length of stay of inpatient hospitalizations in 2016–2017
1	Giving birth	366,684	2.3
2	COPD and bronchitis	89,897	7.4
3	Acute myocardial infarction	71,909	5.0
4	Pneumonia	67,974	6.7
5	Heart failure	65,510	9.0

Notes

* Numbers exclude newborns and include obstetric records.

COPD: Chronic obstructive pulmonary disease.

Sources

Hospital Morbidity Database and Ontario Mental Health Reporting System, 2016–2017, Canadian Institute for Health Information.

Data table for Figure 2: Top 5 inpatient surgeries by volume and average acute length of stay,* 2016–2017

Ranking	Surgical interventions in 2016–2017	Number of inpatient surgeries in 2016–2017	Average acute length of stay of inpatient surgeries in 2016–2017
1	C-section delivery	103,425	3.1
2	Knee replacement surgery	66,950	3.7
3	Hip replacement surgery	55,907	6.3
4	Fractures	54,436	9.5
5	Coronary artery angioplasty	42,954	4.2

Notes

* Length of stay is calculated for the complete acute care hospitalization, which may have included other treatments and procedures.

The analysis includes all types of knee/hip replacements (including total, partial, primary and revision).

Source

Hospital Morbidity Database, 2016–2017, Canadian Institute for Health Information.

Data table for Figure 3: Primary C-section and epidural rates across Canada, 2016–2017

Jurisdiction	Epidural rate for vaginal deliveries (%)	Primary C-section rate, 35+ years (%)	Primary C-section rate, <35 years (%)
Canada	58.6	23.5	18.0
Newfoundland and Labrador	49.7	22.8	19.9
Prince Edward Island	45.3	29.2	18.2
Nova Scotia	50.3	22.2	18.1
New Brunswick	54.1	21.5	17.6
Quebec	72.1	20.4	16.0
Ontario	60.3	22.9	17.9
Manitoba	39.0	19.9	14.8
Saskatchewan	57.7	19.6	14.6
Alberta	57.3	24.5	18.8
British Columbia	39.7	31.3	24.4
Yukon	38.1	21.4	17.4
Northwest Territories	13.4	17.8	9.5

Note

Results for Nunavut have been suppressed due to incomplete 2016–2017 data.

Source

Hospital Morbidity Database, 2016–2017, Canadian Institute for Health Information.



For data-specific information:

cad@cihi.ca

