Your Health System: In Depth

Technical Notes for Contextual Measures

May 2023

Canadian Institute for Health Information
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Regional measures

Identifying information

Attribute	Description
Web tool name	Total Population
Name	Total Population
Indicator description and calculation	
Description	Postcensal population estimates are based on the latest census (adjusted for census net under-coverage) and also on administrative sources on births, deaths and migration. Intercensal population estimates are based on postcensal estimates and data is adjusted for net under-coverage of the censuses preceding and following the considered year. Population estimates are final intercensal from 2001 to 2015, final postcensal from 2016 to 2019, updated postcensal for 2020 and preliminary postcensal for 2021. Population estimates for health regions are derived from the sub-provincial population estimates that are produced by the Centre for Demography using the components method.
Calculation: Description	Census number of persons within a given area
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Number — volume
Background, interpretation and benchmarks	
Rationale	The population within a given area provides a baseline measure for the number of residents being provided with health care services in a defined jurisdiction.
Interpretation	The larger the number, the more residents live in the area.
References	Not applicable
Availability of data sources and results	
Data sources	Statistics Canada. Table 17-10-0134-01: Estimates of population (2016 Census and administrative data), by age group and sex for July 1st, Canada, provinces, territories, health regions (2018 boundaries) and peer groups. Accessed August 18, 2022.
Year reported in web tool	2021
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	Not applicable
Comments	The health regions presented in this table are based on boundaries and names in effect as of 2018. For complete Canadian coverage, each northern territory represents a health region.

Attribute	Description
Web tool name	Rural Area Population
Name	Rural Population, Proportion of Total Population (Percentage)
Indicator description and calculation	
Description	Statistics Canada defines rural areas as including all territory lying outside population centres (population centres have a population of at least 1,000 and a density of 400 or more persons per square kilometre). Together, population centres and rural areas cover all of Canada. Rural population includes all population living in rural areas of census metropolitan areas (CMAs) and census agglomerations (CAs), as well as population living in rural areas outside CMAs and CAs.
Calculation: Description	The proportion of residents living in a rural area, expressed as a percentage of the total population
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Calculation: Method of adjustment	All counts in census tabulations are subjected to a process called random rounding. Random rounding transforms all raw counts to random rounded counts. This reduces the possibility of identifying individuals within the tabulations.
Denominator	**Description:** Total population
Numerator	**Description:** Number of rural residents
Background, interpretation and benchmarks	
Rationale	Access to health care services for people living in rural locations may be challenged by geographic remoteness, long distances to facilities and inclement weather conditions, among other factors. Studies have also shown that health indicator performance is often worse on average in rural areas than urban areas; for example, rural areas experience higher mortality rates and lower self-reported health. Understanding the proportion of the rural population can help to contextualize indicator results and is useful for health planning to improve access to and quality of care at the health system level for rural residents.
Interpretation	High values indicate a large proportion of residents living in rural areas.
References	South West Local Health Integration Network. *Understanding Health Inequities and Access to Primary Care in the South West LHIN*. 2016. Kulig JC, Williams AM, eds. *Health in Rural Canada*. 2011. Ontario Ministry of Health and Long-Term Care. *Rural and Northern Health Care Framework/Plan: Stage 1 Report*. 2011. Canadian Institute for Health Information. *In Pursuit of Health Equity: Defining Stratifiers for Measuring Health Inequality*. 2018.
Availability of data sources and results	
Data sources	Statistics Canada. Table 17-10-0122-01: Census indicator profile, based on the 2016 Census short-form questionnaire, Canada, provinces and territories, and health regions (2017 boundaries).

Attribute	Description
Availability of data sources and results (continued)	
Year reported in web tool	2016
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every 5 years
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	Statistics Canada sources Rural Area Population from the 2016 Census of Population, based on the short-form questionnaire (100% sample).
Comments	The health regions presented in this table are based on boundaries and names in effect as of 2017. For complete Canadian coverage, each northern territory represents a health region.

Attribute	Description
Web tool name	Seniors (65 and Older)
Name	Canadians Age 65 and Older, Proportion of Total Population (Percentage)
Indicator description and calculation	
Description	Population age 65 and older
Calculation: Description	The proportion of residents age 65 and older, expressed as a percentage of the total population Statistics Canada provides population estimates by 5-year age groups. To report on the population age 65 and older, we combined the numbers of persons reporting in age groups 65 to 69, 70 to 74, 75 to 79, 80 to 84, 85 to 89 and 90 and older.
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** Total population
Numerator	**Description:** Number of residents age 65 and older
Background, interpretation and benchmarks	
Rationale	Seniors are among the most frequent and highest-cost users of health care services, accounting for more than 40% of provincial/territorial health expenditures. Seniors are often affected by multiple chronic conditions, which increases the cost and complexity of their care.

Attribute	Description
Background, interpretation and benchmarks (continued)	
Rationale (continued)	Understanding the proportion of the senior population can help to contextualize indicator results; for example, variation in the proportion of seniors across the country could contribute to variation in overall need for and use of health care services. In addition, this contextual measure can inform health planning, such as initiatives to promote healthy aging and aging in place.
Interpretation	High values indicate a large proportion of individuals age 65 and older.
References	Canadian Institute for Health Information. *National Health Expenditures Trends, 1975 to 2019*. 2019. Feely A, Lix LM, Reimer K. Estimating multimorbidity prevalence with the Canadian Chronic Disease Surveillance System. *Health Promotion and Chronic Disease Prevention in Canada*. 2017.
Availability of data sources and results	
Data sources	Statistics Canada. Table 17-10-0134-01: Estimates of population (2016 Census and administrative data), by age group and sex for July 1st, Canada, provinces, territories, health regions (2018 boundaries) and peer groups. Accessed August 18, 2022.
Year reported in web tool	2021
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	Not applicable
Comments	The health regions presented in this table are based on boundaries and names in effect as of 2018. For complete Canadian coverage, each northern territory represents a health region.

Attribute	Description
Web tool name	Immigrant Population
Name	Immigrant Population, Proportion of Total Population (Percentage)
Indicator description and calculation	
Description	Statistics Canada defines an immigrant as a person who is, or who has ever been, a landed immigrant or permanent resident. Such a person has been granted the right to live in Canada permanently by immigration authorities. Immigrants who have obtained Canadian citizenship by naturalization are included in this group.
Calculation: Description	The proportion of immigrants, expressed as a percentage of the total population
Calculation: Geographic assignment	Place of residence

Attribute	Description
Indicator description and calculation (continued)	
Calculation: Type of measure	Percentage or proportion
Calculation: Method of adjustment	All counts in census tabulations are subjected to a process called random rounding. Random rounding transforms all raw counts to random rounded counts. This reduces the possibility of identifying individuals within the tabulations.
Denominator	**Description:** Total population
Numerator	**Description:** Number of immigrants residing in a given area
Background, interpretation and benchmarks	
Rationale	Although new immigrants to Canada are generally healthier than the Canadian population, they often face unique barriers to accessing health care systems effectively. Immigrant populations may face language, cultural, economic and geographic barriers, as well as a lack of familiarity with Canada's health care systems, which can impact access to care, quality of care received and care outcomes. This contextual measure can be used to inform resource planning and allocation as well as the need for culturally appropriate services to promote immigrant population health.
Interpretation	High values indicate a large proportion of persons who have been granted the right to live in Canada permanently by immigration authorities.
References	Ng E. The healthy immigrant effect and mortality rates. *Health Reports*. 2011. Kalich A, et al. A scoping review of immigrant experience of health care access barriers in Canada. *Journal of Immigrant and Minority Health*. 2016. Wang L, Kwak MJ. Immigration, barriers to healthcare and transnational ties: A case study of South Korean immigrants in Toronto, Canada. *Social Science and Medicine*. 2015. Zanchetta MS, Poureslami IM. Health literacy within the reality of immigrants' culture and language. *Canadian Journal of Public Health*. 2006.
Availability of data sources and results	
Data sources	Statistics Canada. Table 17-10-0123-01: Census indicator profile, based on the 2016 Census long-form questionnaire, Canada, provinces and territories, and health regions (2017 boundaries).
Year reported in web tool	2016
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every 5 years
Other CIHI web tool displaying results	Not applicable

Attribute	Description
Quality statement	
Caveats and limitations	Statistics Canada sources Immigrant Population from the 2016 Census of Population, based on the long-form questionnaire (25% sample). Questions on the long-form questionnaire are asked to the population in private households, which is the total population excluding persons living outside Canada and excluding persons living in collective dwellings. Collective dwellings are classified as either institutional (e.g., hospitals, nursing homes, penitentiaries) or non-institutional (e.g., work camps, hotels and motels, student residences).
Comments	The health regions presented in this table are based on boundaries and names in effect as of 2017. For complete Canadian coverage, each northern territory represents a health region.

Attribute	Description
Web tool name	Aboriginal Population
Name	Aboriginal Identity Population, Proportion of Total Population (Percentage)
Indicator description and calculation	
Description	Statistics Canada defines Aboriginal identity based on whether the person identified with the Aboriginal peoples of Canada. This includes those who are First Nations, Métis or Inuk (Inuit) and/or those who are registered or treaty Indians (i.e., registered under the Indian Act of Canada) and/or those who have membership in a First Nation or Indian band.
Calculation: Description	The proportion of self-identified Aboriginal residents, expressed as a percentage of the total population
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Calculation: Method of adjustment	All counts in census tabulations are subjected to a process called random rounding. Random rounding transforms all raw counts to random rounded counts. This reduces the possibility of identifying individuals within the tabulations.
Denominator	**Description:** Total population
Numerator	**Description:** Number of individuals who identify with at least one Aboriginal group

Attribute	Description
Background, interpretation and benchmarks	
Rationale	There are promising signs that health is improving for First Nations, Inuit and Métis peoples in Canada, but significant health inequalities remain; these include, for instance, higher rates of chronic disease and poorer survival compared with the general population. These inequalities relate to socio-economic, environmental and political inequities resulting from colonialism and ongoing racism. Initiatives that recognize the self-determination of Indigenous communities and individuals and that promote cultural continuity have been associated with positive health and wellness outcomes. Indigenous self-determination requires that data collection, storage, analysis and reporting is undertaken in collaboration with Indigenous authorities. Therefore, understanding the proportion of the population who identify as Indigenous is important for contextualizing and improving indicator results in collaboration with First Nations, Inuit and Métis communities.
Interpretation	High values indicate a large proportion of persons who self-identify with at least one Aboriginal group.
References	Waldram JB, Herring DA, Young TK. *Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives* (Second Edition). 2006. Withrow DR, Pole JD, Nishri ED, Tjepkema M, Marrett LD. Cancer survival disparities between First Nation and non-Aboriginal adults in Canada: Follow-up of the 1991 Census mortality cohort. *Cancer Epidemiology, Biomarkers and Prevention*. 2017. Reading C. Structural determinants of Aboriginal peoples' health. In: Greenwood M, de Leeuw S, Lindsay NM, Reading C, eds. *Determinants of Indigenous Peoples' Health in Canada: Beyond the Social*. 2015. Auger MD. Cultural continuity as a determinant of Indigenous peoples' health: A metasynthesis of qualitative research in Canada and the United States. *The International Indigenous Policy Journal*. 2016.
Availability of data sources and results	
Data sources	Statistics Canada. Table 17-10-0123-01: Census indicator profile, based on the 2016 Census long-form questionnaire, Canada, provinces and territories, and health regions (2017 boundaries).
Year reported in web tool	2016
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every 5 years
Other CIHI web tool displaying results	Not applicable

Attribute	Description
Quality statement	
Caveats and limitations	Statistics Canada sources Aboriginal Population from the 2016 Census of Population, based on the long-form questionnaire (25% sample). Questions on the long-form questionnaire are asked to the population in private households, which is the total population excluding persons living outside Canada and excluding persons living in collective dwellings. Collective dwellings are classified as either institutional (e.g., hospitals, nursing homes, penitentiaries) or non-institutional (e.g., work camps, hotels and motels, student residences).
Comments	The health regions presented in this table are based on boundaries and names in effect as of 2017. For complete Canadian coverage, each northern territory represents a health region.

Attribute	Description
Web tool name	Prevalence of Diabetes
Name	Prevalence of Diabetes
Indicator description and calculation	
Description	Population age 12 and older who reported having been diagnosed by a health professional as having type 1 or type 2 diabetes; includes females age 15 and older who reported having been diagnosed with gestational diabetes
Calculation: Description	The proportion of residents age 12 and older who reported having diabetes diagnosed by a health professional over the total population age 12 and older Population estimates are based on weighted survey responses to reflect the total population.
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** Population age 12 and older (based on weighted survey responses), excluding non-response categories of refusal, don't know and not stated
Numerator	**Description:** Population age 12 and older who reported being diagnosed with diabetes by a health professional (based on weighted survey responses) **Inclusions:** • Females age 15 and older reporting gestational diabetes

Attribute	Description
Background, interpretation and benchmarks	
Rationale	Diabetes is a chronic condition that requires a variety of health services to treat and manage. It may also be associated with serious clinical complications if not effectively controlled. Hospital visits may be required to treat unstable blood sugar levels or complications that lead to acute events. Individuals with diabetes are also more likely to stay in hospital longer than those without diabetes. This measure may help to assess the burden on the health care system in a population with a high prevalence of diabetes; it may also help identify a need for better resource allocation as well as more effective prevention and management efforts.
Interpretation	High values indicate that a large proportion of residents reported having diabetes.
References	Public Health Agency of Canada. *Diabetes in Canada: Facts and Figures From a Public Health Perspective*. 2011. Shah BR, Manuel DG. Self-reported diabetes is associated with self-management behaviour: A cohort study. BMC Health Services Research. July 2008.
Availability of data sources and results	
Data sources	Statistics Canada. Table 13-10-0113-01: Health characteristics, two-year period estimates. Accessed August 23, 2022.
Year reported in web tool	2019–2020
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	The CCHS target population is all Canadians age 12 and older residing in the 10 provinces and 3 territories. Excluded from the sampling frame are individuals living on reserves and in other Indigenous settlements in the provinces; full-time members of the Canadian Armed Forces; the institutionalized population; children age 12 to 17 who are living in foster care; and persons living in the Quebec health regions of Nunavik Health Region and Terres-Cries-de-la-Baie-James Health Region. The COVID-19 pandemic had major impacts on the data collection operations for the 2020 CCHS. The impossibility of conducting in-person interviews, shorter collection periods and collection capacity issues resulted in a significant decrease in response rates. Despite rigorous adjustments and validations, the high non-response rates increase the risk of bias and the magnitude with which such a bias could impact estimates produced using the survey data. Therefore, users are advised to use the 2020 CCHS data with caution, especially when creating estimates for small sub-populations or when comparing with other years.

Attribute	Description
Quality statement (continued)	
Comments	Data for the CCHS is collected yearly from a sample of approximately 65,000 respondents. Table 13-10-0113-01 presents estimates from 2-year combined data and features estimates for all provinces and territories as well as for health regions. The 2-year combined data has higher precision (less variability) than annual estimates; annual CCHS estimates are not available at the health region level. Data for Ontario local health integration networks and British Columbia regional health authorities was received from Statistics Canada through a custom tabulation request. Source: Statistics Canada. Selected CCHS Indicators for Ontario by Local Health Integration Network and British Columbia Regional Health Authority, 2017–2018. January 2020. Reproduced and distributed on an “as is” basis with the permission of Statistics Canada.

Attribute	Description
Web tool name	Prevalence of Chronic Obstructive Pulmonary Disease (COPD)
Name	Prevalence of Chronic Obstructive Pulmonary Disease
Indicator description and calculation	
Description	Population age 35 and older who reported being diagnosed by a health professional with chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD)
Calculation: Description	The proportion of residents age 35 and older who reported having COPD diagnosed by a health professional over the total population age 35 and older Population estimates are based on weighted survey responses to reflect the total population.
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** Total population age 35 and older (based on weighted survey responses), excluding non-response categories of refusal, don’t know and not stated
Numerator	**Description:** Population age 35 and older who reported being diagnosed with chronic bronchitis, emphysema or COPD by a health professional (based on weighted survey responses)
Background, interpretation and benchmarks	
Rationale	COPD is a chronic condition related to poorer health outcomes and frequent contact with health services. It is also a leading cause of hospital admissions and has a much higher readmission rate than other chronic illnesses. The key risk factor for COPD is tobacco smoke, which includes second-hand or passive exposure. As well, indoor and outdoor air pollution and exposure to occupational chemicals are risk factors. COPD is more likely to be diagnosed in individuals older than age 40.

Attribute	Description
Background, interpretation and benchmarks (continued)	
Rationale (continued)	Increases in hospitalizations caused by the prevalence of COPD may have direct implications for family physicians and emergency department staff. This measure may help to assess the burden on the health care system attributable to this condition and improve health resource allocation and spending.
Interpretation	High values indicate that a large proportion of residents reported having COPD.
References	Benady S. *The Human and Economic Burden of COPD: A Leading Cause of Hospital Admission in Canada*. 2010. World Health Organization. Chronic obstructive pulmonary disease (COPD). Accessed February 28, 2018.
Availability of data sources and results	
Data sources	Statistics Canada. Table 13-10-0113-01: Health characteristics, two-year period estimates. Accessed August 23, 2022.
Year reported in web tool	2019–2020
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	The CCHS target population is all Canadians age 12 and older residing in the 10 provinces and 3 territories. Excluded from the sampling frame are individuals living on reserves and in other Indigenous settlements in the provinces; full-time members of the Canadian Armed Forces; the institutionalized population; children age 12 to 17 who are living in foster care; and persons living in the Quebec health regions of Nunavik Health Region and Terres-Cries-de-la-Baie-James Health Region. The COVID-19 pandemic had major impacts on the data collection operations for the 2020 CCHS. The impossibility of conducting in-person interviews, shorter collection periods and collection capacity issues resulted in a significant decrease in response rates. Despite rigorous adjustments and validations, the high non-response rates increase the risk of bias and the magnitude with which such a bias could impact estimates produced using the survey data. Therefore, users are advised to use the 2020 CCHS data with caution, especially when creating estimates for small sub-populations or when comparing with other years.
Availability of data sources and results	
Comments	Data for the CCHS is collected yearly from a sample of approximately 65,000 respondents. Table 13-10-0113-01 presents estimates from 2-year combined data and features estimates for all provinces and territories as well as for health regions. The 2-year combined data has higher precision (less variability) than annual estimates; annual CCHS estimates are not available at the health region level.

Attribute	Description
Availability of data sources and results (continued)	
Comments (continued)	Data for Ontario local health integration networks and British Columbia regional health authorities was received from Statistics Canada through a custom tabulation request. Source: Statistics Canada. Selected CCHS Indicators for Ontario by Local Health Integration Network and British Columbia Regional Health Authority, 2019–2020. August 2022. Reproduced and distributed on an "as is" basis with the permission of Statistics Canada.

Attribute	Description
Web tool name	Prevalence of High Blood Pressure
Name	Prevalence of High Blood Pressure
Indicator description and calculation	
Description	Population age 12 and older who reported that they have been diagnosed by a health professional as having high blood pressure
Calculation: Description	The proportion of residents age 12 and older who reported having high blood pressure diagnosed by a health professional over the total population age 12 and older Population estimates are based on weighted survey responses to reflect the total population.
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** Total population age 12 and older (based on weighted survey responses), excluding non-response categories of refusal, don't know and not stated
Numerator	**Description:** Population age 12 and older who reported being diagnosed with high blood pressure by a health professional (based on weighted survey responses)
Background, interpretation and benchmarks	
Rationale	High blood pressure, or hypertension, is a major risk factor for chronic disease, particularly stroke, cardiovascular disease and kidney disease. Many factors, such as diet and exercise, can be modified to reduce the risk of getting high blood pressure. This measure may be important for monitoring risk factors in the population and assessing the effectiveness of prevention and health promotion efforts.
Interpretation	High values indicate that a large proportion of residents reported having high blood pressure.
References	Statistics Canada. High blood pressure, 2010. Accessed February 28, 2018. Public Health Agency of Canada. Reducing the risk of hypertension. Accessed February 28, 2018.

Attribute	Description
Availability of data sources and results	
Data sources	Statistics Canada. Table 13-10-0113-01: Health characteristics, two-year period estimates. Accessed August 23, 2022.
Year reported in web tool	2019–2020
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	The CCHS target population is all Canadians age 12 and older residing in the 10 provinces and 3 territories. Excluded from the sampling frame are individuals living on reserves and in other Indigenous settlements in the provinces; full-time members of the Canadian Armed Forces; the institutionalized population; children age 12 to 17 who are living in foster care; and persons living in the Quebec health regions of Nunavik Health Region and Terres-Cries-de-la-Baie-James Health Region. The COVID-19 pandemic had major impacts on the data collection operations for the 2020 CCHS. The impossibility of conducting in-person interviews, shorter collection periods and collection capacity issues resulted in a significant decrease in response rates. Despite rigorous adjustments and validations, the high non-response rates increase the risk of bias and the magnitude with which such a bias could impact estimates produced using the survey data. Therefore, users are advised to use the 2020 CCHS data with caution, especially when creating estimates for small sub-populations or when comparing with other years.
Comments	Data for the CCHS is collected yearly from a sample of approximately 65,000 respondents. Table 13-10-0113-01 presents estimates from 2-year combined data and features estimates for all provinces and territories as well as for health regions. The 2-year combined data has higher precision (less variability) than annual estimates; annual CCHS estimates are not available at the health region level. Data for Ontario local health integration networks and British Columbia regional health authorities was received from Statistics Canada through a custom tabulation request. Source: Statistics Canada. Selected CCHS Indicators for Ontario by Local Health Integration Network and British Columbia Regional Health Authority, 2019–2020. August 2022. Reproduced and distributed on an “as is” basis with the permission of Statistics Canada.

Attribute	Description
Web tool name	Prevalence of Mood Disorders
Name	Prevalence of Mood Disorders
Indicator description and calculation	
Description	Population age 12 and older who reported that they have been diagnosed by a health professional as having a mood disorder, such as depression, bipolar disorder, mania or dysthymia
Calculation: Description	The proportion of residents age 12 and older who reported having a mood disorder(s) diagnosed by a health professional over the total population age 12 and older Population estimates are based on weighted survey responses to reflect the total population.
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** Total population age 12 and older (based on weighted survey responses), excluding non-response categories of refusal, don't know and not stated
Numerator	**Description:** Population age 12 and older who reported being diagnosed with a mood disorder by a health professional (based on weighted survey responses)
Background, interpretation and benchmarks	
Rationale	Roughly 1 in 7 Canadians will be diagnosed with a mood disorder at some point in their life. Mood disorders contribute to poorer quality of life and health outcomes, affect a person's socio-economic status, increase a person's risk of disability and even put the individual at an increased risk of suicide. People diagnosed with mood disorders often have increased use of health care systems and are also likely to report unmet needs while trying to access care and appropriate treatment. Individuals affected by mood disorders face barriers accessing care, including incomplete coverage for some mental health services, increased cost and the limited availability of specialized services. Such barriers make it difficult for individuals to receive a timely diagnosis and necessary care. This contextual measure can inform local population needs for mental health services and resource allocation.
Interpretation	High values indicate that a large proportion of residents reported having a mood disorder.
References	Gadalla T. Association of comorbid mood disorders and chronic illness with disability and quality of life in Ontario, Canada. *Chronic Diseases in Canada*. 2008. Mood Disorders Society of Canada. *Mental Health Care System Study Summary Report*. 2015. McRae L, et al. Report summary: Mood and Anxiety Disorders in Canada, 2016. *Health Promotion and Chronic Disease Prevention in Canada*. 2016. Sunderland A, Findlay LC. Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey — Mental Health. *Health Reports*. 2013.

Attribute	Description
Availability of data sources and results	
Data sources	Statistics Canada. Table 13-10-0113-01: Health characteristics, two-year period estimates. Accessed August 23, 2022.
Year reported in web tool	2017–2018
Geographic coverage	All provinces
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	The CCHS target population is all Canadians age 12 and older residing in the 10 provinces and 3 territories. Excluded from the sampling frame are individuals living on reserves and in other Indigenous settlements in the provinces; full-time members of the Canadian Armed Forces; the institutionalized population; children age 12 to 17 who are living in foster care; and persons living in the Quebec health regions of Nunavik Health Region and Terres-Cries-de-la-Baie-James Health Region. The COVID-19 pandemic had major impacts on the data collection operations for the 2020 CCHS. The impossibility of conducting in-person interviews, shorter collection periods and collection capacity issues resulted in a significant decrease in response rates. Despite rigorous adjustments and validations, the high non-response rates increase the risk of bias and the magnitude with which such a bias could impact estimates produced using the survey data. Therefore, users are advised to use the 2020 CCHS data with caution, especially when creating estimates for small sub-populations or when comparing with other years.
Comments	Data for the CCHS is collected yearly from a sample of approximately 65,000 respondents. Table 13-10-0113-01 presents estimates from 2-year combined data and features estimates for all provinces and territories as well as for health regions. The 2-year combined data has higher precision (less variability) than annual estimates; annual CCHS estimates are not available at the health region level. Data for Ontario local health integration networks and British Columbia regional health authorities was received from Statistics Canada through a custom tabulation request. Source: Statistics Canada. Selected CCHS Indicators for Ontario by Local Health Integration Network and British Columbia Regional Health Authority 2019–2020. August 2022. Reproduced and distributed on an “as is” basis with the permission of Statistics Canada.

Attribute	Description
Web tool name	Family Medicine Physicians per 100,000 Population
Name	Family Medicine Physicians per 100,000 Population
Indicator description and calculation	
Description	The number of family medicine physicians per 100,000 population
Calculation: Description	Number of active family medicine physicians divided by population estimates, then multiplied by 100,000
Calculation: Geographic assignment	Not applicable
Calculation: Type of measure	Rate — per 100,000
Denominator	**Description:** Population estimates for health regions and jurisdictions are as of July 1 of the reference year.
Numerator	**Description:** The number of active family medicine physicians in a designated geographic area **Inclusions:** • Active family medicine physicians in clinical and non-clinical practice (such as research and academia) who have an MD degree and valid mailing address **Exclusions:** • Residents, physicians in the military, and semi-retired and retired physicians • Non-registered physicians who requested that their information not be published as of December 31 of the reference year
Background, interpretation and benchmarks	
Rationale	Family medicine physicians play an important role in the health care system since they directly influence how most health care resources are used. This information on the supply and distribution of family medicine physicians will help to support health decision-makers and planners as they prepare for future needs.
Interpretation	Higher rates are desirable.
References	Statistics Canada. Estimates of population (2016 Census and administrative data), by age group and sex for July 1st, Canada, provinces, territories, health regions (2018 boundaries) and peer groups. Statistics Canada. Health regions correspondence files. 2019.
Availability of data sources and results	
Data sources	Demography Division, Statistics Canada; Scott's Medical Database, Canadian Institute for Health Information, with raw data provided by iMD (© 2022 iMD Health Global Corp.)
Year reported in web tool	Calendar year, 2021
Geographic coverage	All provinces/territories
Level reported in web tool	Region

Attribute	Description
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Supply, Distribution and Migration of Physicians in Canada, 2021
Quality statement	
Caveats and limitations	The accuracy of the number of active physicians depends greatly on the validity of the physicians' mailing addresses. Under-coverage issues may occur when physicians work in locum positions, since they may change locations frequently. Scott's Directories cannot add physicians to its active physicians group if there is insufficient information on locum physicians. Therefore, these physicians will be absent from the Scott's Medical Database (SMDB) counts. When sufficient address information is available, locum physicians are assigned to just 1 province or territory within the SMDB, even if they do locum work in multiple jurisdictions. In addition, in some jurisdictions other professionals, such as nurse practitioners, may provide some of the care normally associated with family physicians. While the numbers of these professionals are limited, they are not included in this measure.
Comments	Not applicable

Attribute	Description
Web tool name	Patient Days in Alternate Level of Care (Percentage)
Name	Patient Days in Alternate Level of Care (Percentage)
Indicator description and calculation	
Description	The proportion of days a patient was assigned to the alternate level of care (ALC) patient service ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care resources while waiting to be discharged to a more appropriate care setting.
Calculation: Description	The total number of days spent in ALC divided by the total length of hospital stay, multiplied by 100
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Percentage or proportion
Denominator	**Description**: Sum of the total days spent in hospital (total length of stay [LOS]) **Inclusions:** • Records with a valid LOS **Exclusions:** • Stillborn and cadaveric donor records • Records with an invalid LOS • Records from Quebec, due to a different definition of ALC service

Attribute	Description
Indicator description and calculation (continued)	
Numerator	**Description:** Sum of the total ALC LOS days **Exclusions:** • Stillborn and cadaveric donor records • Records with an invalid LOS • Records from Quebec, due to a different definition of ALC service
Background, interpretation and benchmarks	
Rationale	There is growing concern that providing ALC services in an acute care hospital is not optimum for patients who are ready to be discharged but must remain in hospital until they can be discharged to an appropriate setting. Long LOS for patients in ALC service can have a negative impact on the efficiency and resource use of hospitals; an example is long waits in the emergency department pending the availability of an inpatient bed. This measure indicates the total days where patients were designated as being on the ALC service as a proportion of the total patient days for the hospital. The availability of out-of-hospital supporting health services (such as home care and long-term residential care) is often a significant factor in the delay to discharge, resulting in longer LOS in ALC service. This measure may help hospital administrators monitor the LOS in ALC service and collaborate with other sectors of the health care system to improve the ALC patient flow.
Interpretation	The proportion of days a patient was assigned to the ALC patient service in a hospital Given the implications for patient care being delivered in an appropriate setting and the potential impact on resource use, a small number is desirable.
References	Not applicable
Availability of data sources and results	
Data sources	DAD
Year reported in web tool	Fiscal year, 2021
Geographic coverage	All provinces/territories except Quebec
Level reported in web tool	Province/territory Region Facility
Result updates	
Update frequency	Annual update in Your Health System (YHS): In Depth Monthly update in YHS: Insight
Other CIHI web tool displaying results	More on this contextual measure can be found in CIHI's YHS: Insight. All Core Plan members can request access to this report by sending an email to help@cihi.ca. Note that there may be slight differences in methodology used in YHS: Insight.

Attribute	Description
Quality statement	
Caveats and limitations	ALC service varies greatly among hospitals and patient populations. This measure is not intended to be comparable; rather, it is to be used by hospitals and regions internally to better understand their profile information and monitor their ALC patient population.
Comments	Not applicable

Attribute	Description
Web tool name	Unemployment Rate
Name	Unemployment Rate
Indicator description and calculation	
Description	The number of unemployed persons age 15 and older, expressed as a percentage of the labour force Statistics Canada defines the labour force as consisting of people who are currently employed, and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks. Reference week refers to a 1-week period (from Sunday to Saturday) that usually includes the 15th day of the month.
Calculation: Description	The number of unemployed persons, expressed as a percentage of the labour force
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Rate — per 100
Denominator	**Description:** Total population of the labour force
Numerator	**Description:** The number of unemployed persons
Background, interpretation and benchmarks	
Rationale	People experiencing unemployment may experience poorer access to care, quality of care received and care outcomes due to the socio-economic disadvantages associated with unemployment, discrimination and reduced access to private health insurance. Unemployment significantly influences mental, physical and social health. Many studies have found an association between unemployment and increased mortality rates, especially from cardiovascular disease and suicide. Understanding the proportion of the population that is unemployed can help contextualize indicator results; for example, higher levels of unemployment could contribute to increased need for health care services. In addition, this contextual measure can inform local health service needs and planning.
Interpretation	High values indicate that a large proportion of residents are unemployed.

Attribute	Description
Background, interpretation and benchmarks (continued)	
References	Canadian Life and Health Insurance Association. *Canadian Life and Health Insurance Facts*. 2015. Bartley M, Ferrie J, Montgomery SM. Living in a high-unemployment economy: Understanding the health consequences. In: Marmot M, Wilkinson RG, eds. *Social Determinants of Health*. 1999. Canadian Public Health Association. *Health Impacts of Social and Economic Conditions: Implications for Public Policy*. 1997.
Availability of data sources and results	
Data sources	Statistics Canada. Table 14-10-0334-01: Unemployment rate, Canada, provinces, health regions (2015 boundaries) and peer groups. Statistics Canada. Table 14-10-0090-01: Labour force characteristics by province, territory and economic region, annual.
Year reported in web tool	2017
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial and regional
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	Table 14-10-0334-01: The Labour Force Survey (LFS) excludes residents of Indian reserves, Yukon, the Northwest Territories and Nunavut; inmates of institutions; and full-time members of the Canadian Forces. LFS exclusions account for less than 2% of the population age 15 and older. Table 14-10-0090-01: Estimates for Canada are a sum of the provincial totals and exclude estimates from Yukon, the Northwest Territories and Nunavut. Since 1992, the LFS has been conducted in Yukon, using an alternative methodology that accommodates some of the operational difficulties inherent to remote locales. In 1995, the LFS in Yukon underwent a sample redesign. One result of the redesign was that the covered population increased from 85% to 92%. Users should be cautious when comparing estimates prior to January 1995 with estimates for January 1995 onward. Since 2001, the LFS has been administered in the Northwest Territories, using an alternative methodology that accommodates some of the operational difficulties inherent to remote locales. Since 2004, the LFS has been administered in Nunavut, using an alternative methodology that accommodates some of the operational difficulties inherent to remote locales. From 2004 to 2007, estimates represent about 70% of all Nunavut residents age 15 and older. Starting in 2008, coverage was extended to 92%. Because of the large difference in coverage, it is not recommended to compare estimates prior to 2008 with data for 2008 onward.

Attribute	Description
Quality statement (continued)	
Comments	Some observations at the regional level are suppressed to meet the confidentiality requirements of the *Statistics Act*. Data from the Labour Force Survey is not normally produced at the health region level. Due to this special geography, as well as rounding, data may differ slightly from published results. Data for British Columbia's regional health authorities was received from Statistics Canada through a custom tabulation request. Source: Statistics Canada. Labour Force Survey, Health Regions, 2017. September 2018. Reproduced and distributed on an "as is" basis with the permission of Statistics Canada.

Attribute	Description
Web tool name	Children Living in Low-Income Families
Name	Prevalence of Children Living in Low-Income Families
Indicator description and calculation	
Description	Children age 17 and younger living in low-income families
Calculation: Description	The proportion of persons age 17 and younger living in low-income economic families before tax in 2015, expressed as a percentage of the total population age 17 and younger. Calculations are made according to Statistics Canada's low-income cut-offs (LICOs). LICOs represent levels of income where people spend disproportionate amounts of money for food, shelter and clothing. They are based on family and community size and are updated to account for changes in the Consumer Price Index (CPI). The low-income before-tax cut-off defines income levels at which families or persons not in economic families spend 20 percentage points more than average of their before-tax income on food, shelter and clothing. For the 2016 Census, the reference period is calendar year 2015 for all income variables. For the definition of economic family, please refer to Statistics Canada's Dictionary, Census of Population, 2016.
Calculation: Method of adjustment	All counts in census tabulations are subjected to a process called random rounding. Random rounding transforms all raw counts to random rounded counts. This reduces the possibility of identifying individuals within the tabulations.
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** Total population age 17 and younger
Numerator	**Description:** Population age 17 and younger living in low-income families

Attribute	Description
Background, interpretation and benchmarks	
Rationale	Children who live in poverty, especially for a sustained period, are at greater risk of experiencing health problems, developmental delays and behaviour disorders. Family employment and type of work are key factors associated with the risk of living in a low-income household for children. Understanding the proportion of the population with children living in low-income families can help inform screening efforts to identify populations whose children are vulnerable to income-related health inequalities. This contextual measure can also serve as a basis to inform programs that promote food security and affordable housing.
Interpretation	High values indicate that a large proportion of children reside in low-income families.
References	Fleury D. Low-income children. Accessed August 14, 2018. Canadian Centre for Policy Alternatives. *Basic Income: Rethinking Social Policy*. 2016. Public Health Agency of Canada. *The Chief Public Health Officer's Report on the State of Public Health in Canada: Addressing Health Inequalities*. 2008.
Availability of data sources and results	
Data sources	Statistics Canada. Table 17-10-0123-01: Census indicator profile, based on the 2016 Census long-form questionnaire, Canada, provinces and territories, and health regions (2017 boundaries).
Year reported in web tool	2016
Geographic coverage	All provinces
Level reported in web tool	Provincial and regional
Result updates	
Update frequency	Every 5 years
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	The low-income concept does not apply to the full population in private households. For the purposes of low-income statistics, units in Yukon, the Northwest Territories and Nunavut and on Indian reserves were excluded. Statistics Canada sources Children Living in Low-Income Families from the 2016 Census of Population, based on the long-form questionnaire (25% sample). Questions on the long-form questionnaire are asked to the population in private households, which is the total population excluding persons living outside Canada and excluding persons living in collective dwellings. Collective dwellings are classified as either institutional (e.g., hospitals, nursing homes, penitentiaries) or non-institutional (e.g., work camps, hotels and motels, student residences).
Comments	The health regions presented in this table are based on boundaries and names in effect as of 2017. For complete Canadian coverage, each northern territory represents a health region.

Attribute	Description
Web tool name	Household Food Insecurity
Name	Moderate to Severe Household Food Insecurity
Indicator description and calculation	
Description	As defined by Statistics Canada, food security is commonly understood to exist in a household when all people, at all times, have access to sufficient safe and nutritious food for an active and healthy life. Conversely, food insecurity occurs when food quality and/or quantity are compromised and is typically associated with limited financial resources.
Calculation: Description	The proportion of residents that reported moderate to severe food insecurity, expressed as a percentage of the total population Population estimates are based on weighted survey responses to reflect the total population. This measure is based on the Canadian Community Health Survey (CCHS) Food Security module, a set of 18 questions, and indicates whether households both with and without children were able to afford the food they needed in the previous 12 months. The levels of food security are defined as follows: 1 — Food secure: No or 1 indication of difficulty with income-related food access 2 — Moderately food insecure: Indication of compromise in quality and/or quantity of food consumed 3 — Severely food insecure: Indication of reduced food intake and disrupted eating patterns
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** Total population age 12 and older (based on weighted survey responses), excluding non-response categories of refusal, don't know and not stated
Numerator	**Description:** Population age 12 and older who reported moderate to severe food insecurity (based on weighted survey responses)
Background, interpretation and benchmarks	
Rationale	Household food insecurity is associated with a range of poor physical and mental health outcomes and is a strong predictor of increased health care utilization. Individuals living in food-insufficient households are more likely to report poor or fair self-rated health and to experience obesity, distress and depression, among other adverse conditions. Household income and geographic remoteness strongly influence household food security. Understanding the proportion of the population experiencing food insecurity can help to identify populations vulnerable to income- and geography-related health inequalities, informing the need for tailored public health programs.
Interpretation	High values indicate that a large proportion of residents are insecure in their access to sufficient and good-quality food.

Attribute	Description
Background, interpretation and benchmarks (continued)	
References	Tarasuk V. Health implications of food insecurity. In: Raphael D, ed. *Social Determinants of Health: Canadian Perspectives, Second Edition*. 2009. Howard A, Edge J. *Enough for All: Household Food Security in Canada*. 2013. Statistics Canada. Household food insecurity, 2011–2012. Accessed August 14, 2018. Canadian Centre for Policy Alternatives. *Basic Income: Rethinking Social Policy*. 2016. Dietitians of Canada. *Addressing Household Food Insecurity Within Canada's Poverty Reduction Strategy*. 2017.
Availability of data sources and results	
Data sources	Statistics Canada. Table 13-10-0463-01: Household food insecurity, by age group and food insecurity status. Accessed December 17, 2019.
Year reported in web tool	2011–2012
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Variable
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	Some observations are suppressed, as estimates are "too unreliable for publication." Many rural/remote regional results include a data warning to "interpret with caution." Some regions are unavailable for reporting, as 2014 regional boundaries were used (Ontario local health integration networks, Nova Scotia health management zones and certain Manitoba and British Columbia regions are not available). Beginning with the 2008 and 2007–2008 reference periods, weighting controls on the proportion of Aboriginal and non-Aboriginal as well as capital and non-capital have been put in place for Yukon and the Northwest Territories. Similar controls for Inuit and non-Inuit have also been put in place for Nunavut for the same reference periods. This may affect some comparability with previous reference periods where no such controls were in place. The CCHS target population is all Canadians age 12 and older residing in the 10 provinces and 3 territories. Excluded from the sampling frame are individuals living on Indian reserves and Crown land; institutional residents; full-time members of the Canadian Forces; and residents of certain remote regions. Data for Nunavik and Terres-Cries-de-la-Baie-James regions is not available. Due to changes in boundaries, data for Estrie and Montérégie health regions is not available.
Comments	Not applicable

Attribute	Description
Web tool name	Post-Secondary Educational Attainment
Name	Post-Secondary Graduates Age 25 to 54, Proportion of Population Age 25 to 54 (Percentage)
Indicator description and calculation	
Description	Population age 25 to 54 who have obtained a post-secondary certificate, diploma or degree
Calculation: Description	The proportion of those age 25 to 54 who have graduated from post-secondary education Post-secondary certificate, diploma or degree includes apprenticeship or trades certificates or diplomas; college, CEGEP or other non-university certificates or diplomas; and university certificates, diplomas and degrees.
Calculation: Geographic assignment	Place of residence
Calculation: Type of measure	Percentage or proportion
Calculation: Method of adjustment	All counts in census tabulations are subjected to a process called random rounding. Random rounding transforms all raw counts to random rounded counts. This reduces the possibility of identifying individuals within the tabulations.
Denominator	**Description:** Total population age 25 to 54
Numerator	**Description:** Number of persons who have completed a post-secondary program
Background, interpretation and benchmarks	
Rationale	Education is a strong predictor of long-term health and quality of life and is a key measure of socio-economic status, strongly associated with health literacy and many health care outcomes. Lower levels of education are associated with difficulties accessing health care and increased hospitalizations. Understanding the proportion of the population with post-secondary educational attainment is important for contextualizing indicator results. Moreover, this measure can inform the need for programs to improve educational attainment among youth, leading to improved health literacy, which increases a person's ability to comprehend complex treatment regimens and self-manage disease.
Interpretation	High values indicate a large proportion of higher-educated individuals in the region.

Attribute	Description
Background, interpretation and benchmarks (continued)	
References	World Health Organization. *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health*. 2008. Canadian Institute for Health Information. *Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada*. 2008. Glazier RH, Agha MM, Moineddin R, Sibley LM. Universal health insurance and equity in primary care and specialist office visits: A population-based study. *The Annals of Family Medicine*. September 2009. Arendt JN. In sickness and in health — Till education do us part: Education effects on hospitalization. Economics of Education Review. 2007. Zimmerman EB, Woolf SH, Haley A. Understanding the relationship between education and health: A review of the evidence and an examination of community perspectives. In: Kaplan RM, Spittel ML, David DH, eds. *Population Health: Behavioral and Social Science Insights*. 2015.
Availability of data sources and results	
Data sources	Statistics Canada. Table 17-10-0123-01: Census indicator profile, based on the 2016 Census long-form questionnaire, Canada, provinces and territories, and health regions (2017 boundaries).
Year reported in web tool	2016
Geographic coverage	All provinces/territories
Level reported in web tool	Provincial/territorial, regional
Result updates	
Update frequency	Every 5 years
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	Statistics Canada sources Post-Secondary Educational Attainment from the 2016 Census of Population, based on the long-form questionnaire (25% sample). Questions on the long-form questionnaire are asked to the population in private households, which is the total population excluding persons living outside Canada and excluding persons living in collective dwellings. Collective dwellings are classified as either institutional (e.g., hospitals, nursing homes, penitentiaries) or non-institutional (e.g., work camps, hotels and motels, student residences).
Comments	The health regions presented in this table are based on boundaries and names in effect as of 2017. For complete Canadian coverage, each northern territory represents a health region.

Hospital measures

Identifying information

Attribute	Description
Web tool name	Number of Acute Care Hospital Stays
Name	Number of Patients/Inpatient Cases
Indicator description and calculation	
Description	The total number of acute inpatient cases
Calculation: Description	A count of the total acute inpatient cases; stillborn and cadaveric donor records are excluded.
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Number — sum or count
Background, interpretation and benchmarks	
Rationale	This measure provides a general overview of the patient volume for a hospital. This measure is primarily related to hospital size and capacity, but it is also influenced by multiple factors, including catchment area, urban or rural geographic region, overall population and health status, and availability of other health care resources. This measure may help hospital administrators monitor changes in patient volume over time and adjust health resources accordingly.
Interpretation	The total number of acute inpatient cases This measure is one component of a hospital's profile. There are no desirable results for this measure.
References	Not applicable
Availability of data sources and results	
Data sources	DAD, HMDB
Year reported in web tool	Fiscal year, 2021
Geographic coverage	All provinces/territories
Level reported in web tool	Facility
Result updates	
Update frequency	Annual update in Your Health System (YHS): In Depth Monthly update in YHS: Insight
Other CIHI web tool displaying results	More on this contextual measure can be found in CIHI's YHS: Insight. All Core Plan members can request access to this tool by sending an email to help@cihi.ca. Note that there may be slight differences in methodology used in YHS: Insight.
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

Attribute	Description
Web tool name	Number of Acute Care Beds
Name	Number of Acute Care Hospital Beds Staffed and in Operation
Indicator description and calculation	
Description	The beds and cribs available and staffed to provide services to inpatients at the required type and level of service Includes bassinets set up outside the nursery and used for infants other than newborns
Calculation: Description	The number of beds and cribs available and staffed to provide services to inpatients at the required type and level of service Includes bassinets set up outside the nursery and used for infants other than newborns Calculated by dividing the total bed days staffed and in operation and the total bassinet days staffed and in operation by the number of days in the year. If bed days or bassinet days are not available, beds staffed and in operation and bassinets staffed and in operation are used.
Calculation: Geographic assignment	Not applicable
Calculation: Type of measure	Number — count
Background, interpretation and benchmarks	
Rationale	The number of acute care hospital beds provides an indication of the size of the hospital.
Interpretation	A greater number of beds indicates a larger hospital/facility.
References	Not applicable
Availability of data sources and results	
Data sources	CMDB
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Newfoundland and Labrador, Prince Edward Island, New Brunswick, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon, Northwest Territories
Level reported in web tool	Facility
Result updates	
Update frequency	Every year
Other CIHI web tools displaying results	Quick Stats

Attribute	Description
Quality statement	
Caveats and limitations	The number of hospital beds staffed and in operation is captured using the MIS primary accounts. It is limited to acute care and specifically excludes neonatal intensive care unit (NICU), mental health, rehabilitation and long-term care beds. **Inclusions:** The following MIS primary accounts: • 71 2 05* — Nursing Inpatient Administration • 71 2 07 — Nursing Inpatient Medical Resources • 71 2 10* — Medical Nursing Unit • 71 2 20* — Surgical Nursing Unit • 71 2 30 — Combined Medical/Surgical Nursing Unit • 71 2 40* — Intensive Care Nursing Unit (excluding 71 2 40 50) • 71 2 50* — Obstetrics Nursing Unit • 71 2 60* — Operating Room • 71 2 62 — Combined Operating Room and Post-Anesthetic Recovery Room • 71 2 65* — Post-Anesthetic Recovery Room • 71 2 70* — Pediatric Nursing Unit • 71 2 90* — Palliative Nursing Unit • 71 2 96 — Contracted-Out Surgical Services **Exclusions:** The following MIS primary accounts: • 71 2 40 50 — Neonatal Intensive Care Nursing Unit • 71 2 75* — Mental Health and Addiction Services Nursing Unit • 71 2 76 — Mental Health Long-Term Care Nursing Unit • 71 2 80* — Physical Rehabilitation Nursing Unit • 71 2 92* — Long-Term Care Nursing Unit • 71 2 97 — Contracted-Out Inpatient Long-Term Care Calculated by dividing the total bed days staffed and in operation and the total bassinet days staffed and in operation by the number of days in the year. If bed days or bassinet days are not available, beds staffed and in operation and bassinets staffed and in operation are used. In Quebec, this calculation may include beds outside the hospital sector.
Comments	Not applicable

Attribute	Description
Web tool name	Average Length of a Hospital Stay (Days)
Name	Average Length of Stay (LOS)
Indicator description and calculation	
Description	The average number of days a patient stayed in a hospital
Calculation: Description	The sum of the total valid days spent in hospital, divided by the total number of inpatient cases
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Average or mean
Denominator	**Description:** Total number of inpatient cases **Inclusions:** • Records with a valid LOS **Exclusions:** • Stillborn and cadaveric donor records • Records with an invalid LOS
Numerator	**Description:** Sum of the total LOS **Inclusions:** • Records with a valid LOS **Exclusions:** • Stillborn and cadaveric donor records • Records with an invalid LOS
Background, interpretation and benchmarks	
Rationale	This measure represents the average length of a single inpatient hospital stay. It is largely influenced by the types of cases that make up the hospital's patient population and, to some extent, by the ability of hospitals to discharge patients to an appropriate setting when patients are ready to leave the hospital. Age, number of comorbidities, interventions and availability of out-of-hospital supporting health services are factors affecting the total LOS of an individual patient. Knowing how long an average patient stays in the hospital may help in understanding patterns of admission and discharge and may assist in understanding patient flow and hospital efficiency.
Interpretation	The average number of days a patient stayed in hospital This measure is one component of a hospital's profile. There are no desirable results for this measure.
References	Not applicable

Attribute	Description
Availability of data sources and results	
Data sources	DAD, HMDB
Year reported in web tool	Fiscal year, 2021
Geographic coverage	All provinces/territories
Level reported in web tool	Facility
Result updates	
Update frequency	Annual update in Your Health System (YHS): In Depth Monthly update in YHS: Insight
Other CIHI web tool displaying results	More on this contextual measure can be found in CIHI's YHS: Insight. All Core Plan members can request access to this tool by sending an email to help@cihi.ca. Note that there may be slight differences in methodology used in YHS: Insight.
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

Attribute	Description
Web tool name	Number of Emergency Department Visits
Name	Number of Emergency Department Visits
Indicator description and calculation	
Description	The total number of unscheduled emergency department (ED) visits
Calculation: Description	A count of the total number of unscheduled ED visits
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Number — sum or count
Denominator	Not applicable
Numerator	**Description:** The total number of ED visits where ED Visit Indicator = 1 (unscheduled ED visit) **Inclusions:** • ED Visit Indicator = 1 (unscheduled ED visit) **Exclusions:** • Scheduled ED visits • Stillborn records (where sex = U and AGE_NUM = 0 and ED_VISIT_IND_CODE = 1) • Urgent care centres • Stand-alone ED facilities

Attribute	Description
Background, interpretation and benchmarks	
Rationale	This measure provides the total number of unscheduled visits to the ED of a hospital. Availability of other health care resources, the total population served and the prevalence of chronic conditions within the population are the main factors affecting this measure. This measure may help hospital administrators monitor changes in the volume of the ED over time and adjust resources accordingly.
Interpretation	The total number of unscheduled ED visits This measure is one component of a hospital's profile. There are no desirable results for this measure. Note that this measure counts the total number of unscheduled ED visits only; urgent care centre visits and scheduled visits are not included. Scheduled visits have a predetermined date and time. When organized clinic or day surgery areas are unavailable, patients may receive treatment or consultations in the ED as a scheduled visit.
References	Not applicable
Availability of data sources and results	
Data sources	NACRS
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Prince Edward Island, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Level reported in web tool	Facility
Result updates	
Update frequency	Annual update in Your Health System (YHS): In Depth Monthly update in YHS: Insight
Other CIHI web tool displaying results	More on this contextual measure can be found in CIHI's YHS: Insight. All Core Plan members can request access to this tool by sending an email to help@cihi.ca.
Quality statement	
Caveats and limitations	All ED data from urgent care centres, stand-alone ED facilities and scheduled ED visits is excluded from this measure.
Comments	Not applicable

Attribute	Description
Web tool name	Patients Admitted Through the Emergency Department
Name	Percentage of Patients Admitted Through the Emergency Department
Indicator description and calculation	
Description	The percentage of patients admitted through the hospital's emergency department (ED)
Calculation: Description	The number of patients admitted through the ED divided by the total number of inpatient cases, multiplied by 100
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** Total number of inpatient cases **Exclusions:** • Stillborn and cadaveric donor records
Numerator	**Description:** Total number of inpatient records with Entry Code = E (emergency) **Exclusions:** • Stillborn and cadaveric donor records
Background, interpretation and benchmarks	
Rationale	This measure provides the percentage of patients admitted through the hospital's ED. The severity of a patient's condition in the ED is the main factor affecting this measurement. This measure helps hospital administrators plan for services to be provided by understanding how their patients enter the hospital.
Interpretation	The percentage of patients admitted through the hospital's ED. This measure is one component of a hospital's profile. There are no desirable results for this measure.
References	Not applicable
Availability of data sources and results	
Data sources	DAD, HMDB
Year reported in web tool	Fiscal year, 2021
Geographic coverage	All provinces/territories
Level reported in web tool	Facility

Attribute	Description
Result updates	
Update frequency	Annual update in Your Health System (YHS): In Depth Monthly update in YHS: Insight
Other CIHI web tool displaying results	More on this contextual measure can be found in CIHI's YHS: Insight. All Core Plan members can request access to this tool by sending an email to help@cihi.ca. Note that there may be slight differences in methodology used in YHS: Insight.
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

Attribute	Description
Web tool name	Hospital Occupancy Rate
Name	Occupancy Rate
Indicator description and calculation	
Description	The average number of beds occupied by inpatients as a percentage of all acute care beds staffed and in operation
Calculation: Description	Total number of inpatient days divided by the number of calendar days in the year divided by the number of acute care beds and multiplied by 100
Calculation: Geographic assignment	Not applicable
Calculation: Type of measure	Percentage or proportion
Calculation: Adjustment applied	Statistical outliers were removed. Occupancy rates greater than 100% were suppressed.
Calculation: Method of adjustment	Statistical outliers were identified and removed according to an interquartile rule. The range of acceptable values is 1st quartile (25th percentile) − 1.5 × IQR to 3rd quartile (75th percentile) + 1.5 × IQR where IQR stands for the interquartile range.
Denominator	Description: Bed Days Staffed and In Operation (MIS Secondary Statistical Account 827**). If 827** is not available, Beds Staffed and In Operation (MIS Secondary Statistical Account 825**) is used. Bed Days Staffed and In Operation is defined as follows: The beds available and staffed to provide services to inpatients at the required type and level of service at the beginning of the fiscal year. When either the number of bed days staffed and in operation or the number of beds staffed and in operation was not reported, occupancy rate was not calculated.

Attribute	Description
Indicator description and calculation (continued)	
Denominator (continued)	**Inclusions:** The following MIS primary accounts: • 71 2 05* — Nursing Inpatient Administration • 71 2 07 — Nursing Inpatient Medical Resources • 71 2 10* — Medical Nursing Unit • 71 2 20* — Surgical Nursing Unit • 71 2 30 — Combined Medical/Surgical Nursing Unit • 71 2 40* — Intensive Care Nursing Unit (excluding 71 2 40 50) • 71 2 50* — Obstetrics Nursing Unit • 71 2 60* — Operating Room • 71 2 62 — Combined Operating Room and Post-Anesthetic Recovery Room • 71 2 65* — Post-Anesthetic Recovery Room • 71 2 70* — Pediatric Nursing Unit • 71 2 90* — Palliative Nursing Unit • 71 2 96 — Contracted-Out Surgical Services **Exclusions:** The following MIS primary accounts: • 71 2 40 50 — Neonatal Intensive Care Nursing Unit • 71 2 75* — Mental Health and Addiction Services Nursing Unit • 71 2 76 — Mental Health Long-Term Care Nursing Unit • 71 2 80* — Physical Rehabilitation Nursing Unit • 71 2 92* — Long-Term Care Nursing Unit • 71 2 97 — Contracted-Out Inpatient Long-Term Care
Numerator	**Description:** Inpatient Days (MIS Secondary Statistical Account 4 03 1*) is defined as follows: 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, 1 inpatient day is counted. The total number of inpatient days per year is then divided by 365 days/year to produce an average number of inpatients per day.

Attribute	Description
Indicator description and calculation (continued)	
Numerator (continued)	**Inclusions:** Inpatient days in the following MIS primary accounts: • 71 2 05* — Nursing Inpatient Administration • 71 2 07 — Nursing Inpatient Medical Resources • 71 2 10* — Medical Nursing Unit • 71 2 20* — Surgical Nursing Unit • 71 2 30 — Combined Medical/Surgical Nursing Unit • 71 2 40* — Intensive Care Nursing Unit (excluding 71 2 40 50) • 71 2 50* — Obstetrics Nursing Unit • 71 2 60* — Operating Room • 71 2 62 — Combined Operating Room and Post-Anesthetic Recovery Room • 71 2 65* — Post-Anesthetic Recovery Room • 71 2 70* — Pediatric Nursing Unit • 71 2 90* — Palliative Nursing Unit • 71 2 96 — Contracted-Out Surgical Services **Exclusions:** Inpatient days in the following MIS primary accounts: • 71 2 40 50 — Neonatal Intensive Care Nursing Unit • 71 2 75* — Mental Health and Addiction Services Nursing Unit • 71 2 76 — Mental Health Long-Term Care Nursing Unit • 71 2 80* — Physical Rehabilitation Nursing Unit • 71 2 92* — Long-Term Care Nursing Unit • 71 2 97 — Contracted-Out Inpatient Long-Term Care
Background, interpretation and benchmarks	
Rationale	The occupancy rate shows the percentage of a hospital's acute care beds that are in use, on average, in a given year.
Interpretation	A higher occupancy rate indicates a higher-than-average utilization of acute care hospital beds. This measure is one component of a hospital's profile. While there is no clear benchmark, the occupancy rate should be in a range that minimizes unused capacity while still providing flexibility for the hospital to respond to unpredictable health care needs of the patients it serves.
References	Not applicable
Availability of data sources and results	
Data sources	CMDB
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Newfoundland and Labrador, Prince Edward Island, New Brunswick, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon, Northwest Territories
Level reported in web tool	Facility

Attribute	Description
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	Statistical outliers and occupancy rates greater than 100% were suppressed. If the occupancy rate is lower than the acceptable range value for the interquartile rule, it will be suppressed. When either the number of bed days staffed and in operation or the number of beds staffed and in operation was not reported, occupancy rate was not calculated. Inpatient days and/or beds reported in non-acute functional centres are not captured with the methodology.
Comments	Not applicable

Attribute	Description
Web tool name	Patient Days in Alternate Level of Care (Percentage)
Name	Patient Days in Alternate Level of Care (Percentage)
Indicator description and calculation	
Description	The proportion of days a patient was assigned to the alternate level of care (ALC) patient service ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care resources while waiting to be discharged to a more appropriate care setting.
Calculation: Description	The total number of days spent in ALC divided by the total length of hospital stay, multiplied by 100.
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** Sum of the total days spent in hospital (total length of stay [LOS]) **Inclusions:** • Records with a valid LOS **Exclusions:** • Stillborn and cadaveric donor records • Records with an invalid LOS • Records from Quebec, due to a different definition of ALC service

Attribute	Description
Indicator description and calculation (continued)	
Numerator	**Description:** Sum of the total ALC LOS days **Exclusions:** • Stillborn and cadaveric donor records • Records with an invalid LOS • Records from Quebec, due to a different definition of ALC service
Background, interpretation and benchmarks	
Rationale	There is growing concern that providing ALC services in an acute care hospital is not optimum for patients who are ready to be discharged but must remain in hospital until they can be discharged to an appropriate setting. Long LOS for patients in ALC service can have a negative impact on the efficiency and resource use of hospitals; an example is long waits in the emergency department pending the availability of an inpatient bed. This measure indicates the total days where patients were designated as being on the ALC service as a proportion of the total patient days for the hospital. The availability of out-of-hospital supporting health services (such as home care and long-term residential care) is often a significant factor in the delay to discharge, resulting in longer LOS in ALC service. This measure may help hospital administrators monitor the LOS in ALC service and collaborate with other sectors of the health care system to improve the ALC patient flow.
Interpretation	The proportion of days a patient was assigned to the ALC patient service in a hospital. Given the implications for patient care being delivered in an appropriate setting and the potential impact on resource use, a small number is desirable.
References	Not applicable
Availability of data sources and results	
Data sources	DAD
Year reported in web tool	Fiscal year, 2021
Geographic coverage	All provinces/territories except Quebec
Level reported in web tool	Province/territory Region Facility
Result updates	
Update frequency	Annual update in Your Health System (YHS): In Depth Monthly update in YHS: Insight
Other CIHI web tool displaying results	More on this contextual measure can be found in CIHI's YHS: Insight. All Core Plan members can request access to this tool by sending an email to help@cihi.ca. Note that there may be slight differences in methodology used in YHS: Insight.

Attribute	Description
Quality statement	
Caveats and limitations	ALC service varies greatly among hospitals and patient populations. This measure is not intended to be comparable; rather, it is to be used by hospitals and regions internally to better understand their profile information and monitor their ALC patient population.
Comments	Not applicable

Attribute	Description
Web tool name	Total Acute Care Resource Use Intensity
Name	Total Acute Care Resource Intensity Weight (RIW)
Indicator description and calculation	
Description	The total relative cost weight value derived from patient-specific case-cost data
Calculation: Description	The sum of the RIW values from all valid inpatient cases
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Number — sum or count
Denominator	Not applicable
Numerator	**Description:** The sum of the RIW values from all valid inpatient cases **Exclusions:** • Stillborn and cadaveric donor records
Background, interpretation and benchmarks	
Rationale	This measure provides the total overall relative cost weight for a hospital. The cost weights are derived from the types of cases that make up the hospital's patient population and the services provided by the hospital. Patient age, number of comorbidities and various interventions are all factors that affect the overall relative cost weights. This measure may help hospital administrators monitor the total volumes of services provided by their relative cost weight.
Interpretation	The total relative cost weight value derived from patient-specific case-cost data. This measure is one component of a hospital's profile. There are no desirable results for this measure.
References	Not applicable
Availability of data sources and results	
Data sources	DAD, HMDB
Year reported in web tool	Fiscal year, 2021
Geographic coverage	All provinces/territories
Level reported in web tool	Facility

Attribute	Description
Result updates	
Update frequency	Annual update in Your Health System (YHS): In Depth Monthly update in YHS: Insight
Other CIHI web tool displaying results	More on this contextual measure can be found in CIHI's YHS: Insight. All Core Plan members can request access to this tool by sending an email to help@cihi.ca. Note that there may be slight differences in methodology used in YHS: Insight.
Quality statement	
Caveats and limitations	The 2022 CMG+ methodology is used to calculate this measure.
Comments	Not applicable

Attribute	Description
Web tool name	Average Acute Care Resource Use Intensity
Name	Average Acute Care Resource Intensity Weight (RIW)
Indicator description and calculation	
Description	The average relative cost weight value derived from patient-specific case-cost data
Calculation: Description	The sum of the RIW values divided by the total number of contributing cases
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Average or mean
Denominator	**Description:** Total number of inpatient cases with a valid RIW value **Exclusions:** • Records with RIW = 0
Numerator	**Description:** Sum of RIWs **Exclusions:** • Stillborn and cadaveric donor records
Background, interpretation and benchmarks	
Rationale	This measure provides the average relative cost weight for a single inpatient hospital stay. It is largely related to the types of cases that make up the hospital's patient population and to the kinds of services provided by the hospital. Patient age, number of comorbidities and various interventions are all factors that affect the relative cost weight. This measure may help hospital administrators understand how the relative cost weight of their patients compares with that of other hospitals.
Interpretation	The average relative cost weight value derived from patient-specific case-cost data This measure is one component of a hospital's profile. There are no desirable results for this measure.
References	Not applicable

Attribute	Description
Availability of data sources and results	
Data sources	DAD, HMDB
Year reported in web tool	Fiscal year 2021
Geographic coverage	All provinces/territories
Level reported in web tool	Facility
Result updates	
Update frequency	Annual update in Your Health System (YHS): In Depth Monthly update in YHS: Insight
Other CIHI web tool displaying results	More on this contextual measure can be found in CIHI's YHS: Insight. All Core Plan members can request access to this tool by sending an email to help@cihi.ca. Note that there may be slight differences in methodology used in YHS: Insight.
Quality statement	
Caveats and limitations	The 2022 CMG+ methodology is used to calculate this measure.
Comments	Not applicable

Attribute	Description
Web tool name	Hospitalized Seniors (65+) at Risk of Frailty (%)
Name	CIHI Hospital Frailty Risk Measure (HFRM)
Indicator description and calculation	
Description	The CIHI Hospital Frailty Risk Measure (HFRM) measures the risk of frailty among seniors (age 65 and older) in acute care.
Calculation: Description	For information, please see CIHI's Indicator Library > CIHI Hospital Frailty Risk Measure (HFRM).

Long-term care measures

Identifying information

Attribute	Description
Web tool name	Long-Term Care Residents Older Than 85
Name	Percentage of Long-Term Care Residents Older Than 85
Indicator description and calculation	
Description	This contextual measure looks at the percentage of residents in the long-term care facility or corporation who are older than 85. The average age of residents admitted to long-term care has been increasing over the last 3 decades; the majority of long-term care residents are older than 85.
Calculation: Description	This contextual measure examines the percentage of residents in the long-term care facility or corporation who are older than 85. It is calculated by dividing the number of resident encounters present for at least one day where the resident was older than 85 by the total number of such encounters. An encounter is defined as 1 resident's period in 1 facility, from admission to discharge. Unit of Analysis: Resident Encounter
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** The total number of encounters present for at least one day in the most recent fiscal year
Numerator	**Description:** The total number of encounters present at least one day in the most recent fiscal year where the resident was older than 85 **Inclusions:** • Date of Birth (RAI-MDS 2.0: AA3a; interRAI LTCF: A3) is used to determine residents older than 85. For assessed residents, the age at the middle of the quarter of their last assessment in the fiscal year is used. For unassessed residents, the age at admission is used.
Background, interpretation and benchmarks	
Rationale	Not applicable
Interpretation	A higher value indicates that a larger proportion of residents are older than 85. This measure is one component of a facility/corporation's profile. There are no desirable results for this measure.
References	Not applicable

Attribute	Description
Availability of data sources and results	
Data sources	CCRS, IRRS
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Level reported in web tool	Corporation Facility
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Quick Stats
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

Attribute	Description
Web tool name	Long-Term Care Residents Younger Than 65
Name	Percentage of Long-Term Care Residents Younger Than 65
Indicator description and calculation	
Description	This contextual measure looks at the percentage of residents in the long-term care facility or corporation who are younger than 65. Residents younger than 65 comprise a small proportion of the residents in long-term care.
Calculation: Description	This contextual measure examines the percentage of residents in the long-term care facility or corporation who are younger than 65. It is calculated by dividing the number of resident encounters of at least one day where the resident was younger than 65 by the total number of resident encounters. An encounter is defined as 1 resident's period in 1 facility from admission to discharge. Unit of Analysis: Resident Encounter
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** The total number of encounters of at least one day in the most recent fiscal year

Attribute	Description
Indicator description and calculation (continued)	
Numerator	**Description:** The total number of encounters of at least one day in the most recent fiscal year where the resident was younger than 65 **Inclusions:** • Date of Birth (RAI-MDS 2.0: AA3a; interRAI LTCF: A3) is used to determine residents younger than 65. For assessed residents, the age at the middle of the quarter of their last assessment in the fiscal year is used. For unassessed residents, the age at admission is used.
Background, interpretation and benchmarks	
Rationale	Not applicable
Interpretation	A higher value indicates that a larger proportion of residents are younger than 65. This measure is one component of a facility/corporation's profile. There are no desirable results for this measure.
References	Not applicable
Availability of data sources and results	
Data sources	CCRS, IRRS
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Level reported in web tool	Corporation Facility
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Quick Stats
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

Attribute	Description
Web tool name	Female Long-Term Care Residents
Name	Percentage of Female Long-Term Care Residents
Indicator description and calculation	
Description	This contextual measure looks at the percentage of residents in the long-term care facility or corporation who are female. The majority of long-term care residents are women, and the proportion of women in long-term care compared with the proportion of men increases with advancing age.
Calculation: Description	This contextual measure examines the percentage of residents in the long-term care facility or corporation who are female. It is calculated by dividing the number of resident encounters of at least one day where the resident was female by the total number of resident encounters. An encounter is defined as 1 resident's period in 1 facility, from admission to discharge. Unit of Analysis: Resident Encounter
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** The total number of residents who are present for at least one day in the most recent fiscal year
Numerator	**Description:** The total number of female residents who are present for at least one day in the most recent fiscal year **Inclusions:** • Sex (RAI-MDS 2.0: AA2; interRAI LTCF: A2a) is used to determine female residents.
Background, interpretation and benchmarks	
Rationale	Not applicable
Interpretation	A higher value indicates that a larger proportion of residents are female. This measure is one component of a facility/corporation's profile. There are no desirable results for this measure.
References	Not applicable
Availability of data sources and results	
Data sources	CCRS, IRRS
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Level reported in web tool	Corporation Facility

Attribute	Description
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Quick Stats
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

Attribute	Description
Web tool name	Long-Term Care Residents With Dementia
Name	Percentage of Long-Term Care Residents With Dementia
Indicator description and calculation	
Description	This contextual measure looks at the percentage of residents in the long-term care facility or corporation who have dementia.
Calculation: Description	This contextual measure examines the percentage of residents with dementia in a given long-term care facility or corporation. It is calculated by dividing the number of encounters with dementia indicated on their latest assessment by the total number of assessed encounters in the most recent fiscal year. An encounter is defined as 1 resident's period in 1 facility, from admission to discharge. Unit of Analysis: Resident Encounter
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** The total number of encounters with an assessed resident in the most recent fiscal year
Numerator	**Description:** The total number of assessed encounters in the most recent fiscal year where the latest assessment in the year included a diagnosis of dementia **Inclusions:** • Residents who have a diagnosis of Alzheimer's disease (RAI-MDS 2.0: I1r = 1; interRAI LTCF: I1c = 1, 2 or 3) or dementia other than Alzheimer's disease (RAI-MDS 2.0: I1v = 1; interRAI LTCF: I1d = 1, 2 or 3)
Background, interpretation and benchmarks	
Rationale	Not applicable
Interpretation	A higher value indicates that a larger proportion of residents have dementia. This measure is one component of a facility/corporation's profile. There are no desirable results for this measure.
References	Not applicable

Attribute	Description
Availability of data sources and results	
Data sources	CCRS, IRRS
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Level reported in web tool	Corporation Facility
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Quick Stats
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

Attribute	Description
Web tool name	Long-Term Care Residents With Congestive Heart Failure
Name	Percentage of Long-Term Care Residents With Congestive Heart Failure
Indicator description and calculation	
Description	This contextual measure looks at the percentage of residents in the long-term care facility or corporation who have congestive heart failure.
Calculation: Description	This contextual measure examines the percentage of residents with congestive heart failure in a given long-term care facility or corporation. It is calculated by dividing the number of encounters with congestive heart failure indicated on their latest assessment by the total number of assessed encounters in the most recent fiscal year. An encounter is defined as 1 resident's period in 1 facility, from admission to discharge. Unit of Analysis: Resident Encounter
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Percentage or proportion
Denominator	**Description:** The total number of encounters with an assessed resident in the most recent fiscal year

Attribute	Description
Indicator description and calculation (continued)	
Numerator	**Description:** The total number of assessed encounters in the most recent fiscal year where the latest assessment in the year indicated a diagnosis of congestive heart failure **Inclusions:** • Residents who have a diagnosis of congestive heart failure (RAI-MDS 2.0: I1f = 1; interRAI LTCF: I1m = 1, 2 or 3)
Background, interpretation and benchmarks	
Rationale	Not applicable
Interpretation	A higher value indicates that a larger proportion of residents have congestive heart failure. This measure is one component of a facility/corporation's profile. There are no desirable results for this measure.
References	Not applicable
Availability of data sources and results	
Data sources	CCRS, IRRS
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Level reported in web tool	Corporation Facility
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Quick Stats
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

Attribute	Description
Web tool name	Long-Term Care Facility Size
Name	Long-Term Care Facility Size
Indicator description and calculation	
Description	This contextual measure categorizes the long-term care facility size based on the number of designated beds.
Calculation: Description	This contextual measure examines the long-term care facility size based on the number of beds. Facilities with 100 beds or more are classified as Large long-term care facilities. Facilities with 30 to 99 beds are classified as Medium long-term care facilities. Facilities with 1 to 29 beds are classified as Small long-term care facilities. Unit of Analysis: Facility
Calculation: Geographic assignment	Not applicable
Calculation: Type of measure	Category based on number count
Denominator	Not applicable
Numerator	Large = 100 or more beds Medium = 30 to 99 beds Small = 1 to 29 beds
Background, interpretation and benchmarks	
Rationale	Not applicable
Interpretation	This measure is one component of a facility's profile. There are no desirable results for this measure.
References	Not applicable
Availability of data sources and results	
Data sources	CCRS, IRRS
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Level reported in web tool	Facility
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

Attribute	Description
Web tool name	Long-Term Care Facility Location
Name	Located in Urban/Rural Area
Indicator description and calculation	
Description	This contextual measure categorizes the long-term care facility into an urban or rural geographic area. The urban or rural status of the facility is based on the facility statistical area classification.
Calculation: Description	This contextual measure examines whether the facility is located in an urban or rural geographic area. The urban or rural status of the facility is based on the facility statistical area classification. Unit of Analysis: Facility
Calculation: Geographic assignment	Place of service
Calculation: Type of measure	Category
Denominator	Not applicable
Numerator	Not applicable
Background, interpretation and benchmarks	
Rationale	Not applicable
Interpretation	This measure is one component of a facility's profile. There are no desirable results for this measure.
References	Not applicable
Availability of data sources and results	
Data sources	CCRS, IRRS
Year reported in web tool	Fiscal year, 2021
Geographic coverage	Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Level reported in web tool	Facility
Result updates	
Update frequency	Every year
Other CIHI web tool displaying results	Not applicable
Quality statement	
Caveats and limitations	Not applicable
Comments	Not applicable

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