

Citizen Control of the Citizen's Business

TORONTO'S CITIZENS CAN CONTROL TORONTO'S AFFAIRS ONLY THROUGH FREQUENT, PROMPT, ACCURATE AND PERTINENT INFORMATION WITH REGARD TO TORONTO'S BUSINESS.

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White Paper No. 39

April 24, 1920

Community Service

and

Our Public Hospitals

EXTENT OF SERVICE.*

In 1919, the Hospital for Sick Children, the Toronto Orthopedic Hospital, and six general Hospitals in Toronto, treated 32,891 persons in their in-patient departments, i.e., in their general wards, private and semi-private rooms. The average stay of a patient was 16.5 days. That is, the eight hospitals took care of a population equivalent to that of Brantford and Simcoe combined, for 16.5 days. The hospital population, however, was a sick population, requiring the unremitting, skilled and varied attention of a large staff, so that in reality the eight hospitals maintained and housed a population more than the equivalent of that of London, Ontario, for 16.5 days.

The average daily number of sick people in these hospitals was 1,486, or one-third of the population of Port Hope. Including medical men, nurses, attendants, the caretaking staff, etc., they cared for a population practically equal to that of Port Colborne.

*The figures used in this bulletin are taken from official reports and from statements supplied by officials of the Hospital Association.

In the out-patient departments of these Hospitals, 139,232 treatments were given to people who were ailing, but in most cases able to go about their various businesses. Without such departments, hundreds of people would have had to stop work and enter the hospital—thus losing their pay, diminishing production, and bringing an additional burden on the community. Out-patient departments contribute to the industrial and commercial well-being of the whole province by cutting down the cost of production and by increasing the general welfare and happiness.

One of the most important services rendered by the out-patient department is the treatment of venereal diseases. During 1919, 7,918 such treatments were given. If a carrier of diphtheria or scarlet fever were at liberty in the province, there would be a storm of public protest, but men and women infected with loathsome and dangerous venereal diseases may go from community to community at their will, in many cases spreading the infection broadcast. The action of the provincial government in recognizing this danger, curbing it by legislative machinery, and giving financial assistance to the hospitals fighting it, is beyond praise. The danger is a provincial and a national, as well as a local one.

THE COMMUNITY SERVED.

It might be thought that Toronto hospitals were merely local institutions. As a matter of fact, out of 32,891 in-patients, in 1919, 5,120 were from points outside Toronto.

The number of indigent patients from outside is comparatively small, but there is a considerable number of paying public ward patients from outside. As the rate paid is not sufficient to cover the cost of public ward service, the burden on the municipality rendering the service is increased. This is a matter for the consideration of the Province.

In many cases the presence of out-of-town patients is due to accident, but in many other cases the superior facilities of highly specialized and equipped city hospitals are necessary for the patients' proper treatment. The community so served is one much larger than Toronto.

WHAT THE EIGHT HOSPITALS SPENT.

In 1919, the eight hospitals in question spent \$1,775,755.64, and received for services the sum of \$1,392,270.30. The deficit on operation was \$412,437.43.

On the present basis, public ward patients are charged \$1.25 per day. To this the Government adds a daily grant of 30 cents. If a patient is indigent the \$1.25 per day is paid by the municipality concerned. If the revenue per patient per day had been \$2.55 instead of \$1.55, the total operating deficit would have been about \$125,000. In the case of hospitals having large revenues from subscriptions and endowments their deficits would have been wiped out. If a surplus were to result in any case, this could, and, of course, would be spent in improved and increased hospital services to the community in ways which are much needed.

INCREASING COSTS OF HOSPITAL ADMINISTRATION.

Everything that hospitals buy has gone up during the past five years, and nearly everything is still increasing in price. If any demonstration were needed, hospitals have shown that business cannot be conducted in a rising market on the basis of fixed charges for services—without a steadily mounting deficit. The public would not expect any private enterprise to be so conducted.

For these hospitals, the average of the costs of maintaining one patient for one day has increased, approximately, in five years as follows:

1915.....	\$1.87
1916.....	2.00
1917.....	2.39
1918.....	2.67
1919.....	3.02

The 1920 costs probably will be much larger.** With a set charge for public ward service, increasing costs send hospitals to municipalities for lump sum grants. This is neither wholesome nor fair to hospitals or taxpayers. What is needed is a scheme of per capita payments based on the purchasing power of a dollar. If a fair per diem payment were decided on now, on the basis of the minimum service acceptable to the public, this per diem grant would, on a sliding scale, decrease or increase, as the purchasing power of a dollar increased or decreased. It would be merely a matter of elementary mathematics. Hospital authorities would be freed from anxiety, and pilgrimages to councils and governments would be avoided. The taxpayers would realize that they were getting value for their money, and tendencies to extravagance would be minimized by the impossibility of getting lump sum grants for current deficits. Private giving to hospitals would be encouraged, instead of discouraged, as at present, by the apparent hopelessness of the present position.

**In at least two hospitals, the present cost of public ward service alone is over \$3.00 per patient per day.

Hospitals are institutions for service only. Such service cannot be skimped without serious loss to the municipal and provincial communities. The relation between the hospitals, municipalities and the province should be placed on a sound basis, ensuring adequate service on the one hand, and preventing unnecessary costs on the other.