

Citizen Control of the Citizen's Business

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

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Is Toronto's
Public Hospital Accommodation
Sufficient
For Toronto's Needs?

**HOSPITAL ACCOMMODATION STATISTICS
OF
OTHER CITIES**

afford no sure standard to apply to Toronto conditions, but they may throw some light on Toronto's hospital problem. Smaller cities, as they are not so apt to have private hospitals, should naturally show a greater number of beds in public hospitals than larger cities. Communities which are largely residential or commercial should not be expected to have as great public hospital capacity as should industrial communities. Some cities have more highly developed departments of Public Health than others, and might naturally be expected to require fewer public hospital beds. Some cities provide greater service in out-patient departments than others, and might be expected, therefore, to require less in-patient accommodation.

**NUMBER OF BEDS PER 1000 POPULATION
(for the year 1919)
IN SOME CANADIAN AND AMERICAN CITIES**

CITY	Beds per 1000 Pop.	CITY	Beds per 1000 Pop.
Toronto	4.6	Detroit	4.2
Brantford	5.2	Cleveland	4.9
Victoria	6.3	Philadelphia	5.
Hamilton	7.3	New York	5.4
Ottawa	9.1	Buffalo	6.
Guelph	9.9	Chicago	6.
Chatham	11.6	Pittsburg	7.2
Vancouver	13.8	Cincinnati	7.5
London	14.8	Boston	8.3
Port Arthur	16.7		
Brockville	17.2		
Kingston	19.4		

Figures for American cities taken from Bulletin of Detroit Bureau of Governmental Research.

**WHETHER A COMMUNITY'S HOSPITAL
ACCOMMODATION CONFORMS TO
THE COMMUNITY'S HOSPITAL NEEDS**

is, however, not only a matter of quantity but of the adaptation of the plant to the various needs. With this in mind, the Bureau attempted to make an analysis of the Hospital Census of six public General Hospitals in Toronto, on a certain selected day in 1921. It was possible, however, to get sufficiently complete data from two only. The hospital population on the day chosen, in the two hospitals, was almost at the peak.

**Of the total number of beds in these two
General Hospitals,**

**87.3%† were occupied, but of those occupied
15.9%* were occupied by Chronic cases
and**

14.1%* were occupied by Convalescent cases.

That is, only 70% of the occupied beds, were occupied by acute cases, which are the only cases which should be found in a General Hospital.

CHRONIC AND CONVALESCENT CASES

can be cared for much more effectively and economically in hospitals built, equipped and staffed for the purpose of treating chronic and convalescent patients.

The capital costs and per diem operating costs of such hospitals are much less than for a hospital treating acute cases. Moreover, the presence of chronic and convalescent cases in a general hospital detracts from the efficiency of the treatment of acute cases. There is, of course, some accommodation for chronic cases in Toronto, but that is quite

†Owing to the fact that not all beds in hospitals can be used for all types of sickness a certain number of beds will normally always be vacant in spite of any measures which may be taken. Any plans for adequate hospitalization must, therefore, take into account a fair allowance for this margin of vacant, but not available, beds.

*These percentages are much larger, if beds in public wards only are considered.

insufficient is well known to all Public Hospitals which, in the interests of humanity, are compelled to accept many chronic cases for whom there is no room elsewhere.

The treatment of chronic cases in expensive hospitals for acute cases, is a serious financial drain on the community, as the per diem for the former should naturally be much less than for the latter.

There are almost no facilities for the care of convalescent cases outside of General Hospitals, except an extremely small number of beds in private hospitals. Frequently convalescent patients cannot be sent home and, as there is no other proper place to send them, they must be kept in a general hospital, at a rate based on General Hospital costs, although recovery would usually be much more rapid in a properly equipped convalescent hospital. As is always the case, the community pays the bill for inadequate community planning.

DO WE NEED MORE PUBLIC GENERAL HOSPITALS?

If all the public hospitals at all periods of the year, have a percentage of chronic and convalescent patients approaching that of the two hospitals studied, on the day chosen, it would seem certain that there is at present, and will be for some time in the future, ample general hospital accommodation.

The proper policy would seem to be not to build sufficient general hospitals to hold all acute, chronic and convalescent cases, but to reserve the general hospitals for acute cases—thus leaving a large margin for expansion within the present plant—to provide facilities for convalescent treatment in a specialized hospital and to secure additional facilities for chronic cases. This would be much less expensive both in capital and current costs.