

Relevant Research

Study Looks at Quality of Patient Care after Hospital Closures

Whisper the words “hospital closure” and a whole town may rise up in protest. But a recent study could change that by showing that hospital closure doesn’t necessarily translate into worse patient care. The study examines a 1996 hospital closure in Calgary and the effect the subsequent centralization of services had on 8,021 patients who underwent either coronary artery bypass grafting or percutaneous transluminal angioplasty, between July 1994 and March 1998.

Authors Brenda R. Hemmelgarn, William A. Ghali and Hude Quan found that there was no deterioration of patient care after the March 1996 closure of a Calgary hospital. In fact, for coronary bypass procedures, in-hospital deaths decreased slightly after centralization – even though doctors performed more procedures on sicker patients with shorter hospital stays. The authors suggest this could be due to the relationship between increased surgery procedures and improved surgery techniques.

Dr. Ghali said that the work is “merely a case study of how cardiac care was affected by a single hospital closure in a single city.” Results, he said, can’t be generalized. But they are supported by a 1993/1994 Winnipeg study that found mortality rates of patients admitted for heart attacks (and cancer surgery and hip fractures) didn’t go up after hospitals there cut beds by 22.6%.

As in Calgary, Winnipeg hospitals maintained the number of procedures they had performed before bed closures by introducing shorter hospital stays. The Winnipeg researchers further established that these shorter stays don’t compromise patient care because they couldn’t find any correlation between shorter stays and readmission rates.

For more information on the study please contact: Dr. William A. Ghali, University of Alberta, Health Sciences Centre, 3330 Hospital Dr. NW. Calgary AB T2N 4N1, wghali@ucalgary.ca

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21 Uniform Law Conference of Canada. *The Uniform Electronic Commerce Act*, available on-line at <http://www.law.ualberta.ca/alri/ulc/current/euecafa.htm>. The preamble of Manitoba’s e-commerce legislation contains an explicit recognition of this fact, in the following terms:

“WHEREAS electronic commerce is an important engine for the economic growth and development of Manitoba; AND WHEREAS it is desirable for individuals and organizations engaged in electronic commerce to have confidence in the validity and enforceability of electronic documents and contracts; AND WHEREAS it is desirable to facilitate online access by individuals and organizations to Manitoba government services and to streamline regulatory requirements for businesses in Manitoba; THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows ...”

22 Statutes of Alberta 1994, c. F-18.5.

23 Statutes of Alberta 1999, c. H-4.8.

24 *Rudder v. Microsoft Corporation* [1999] O.J. No. 3778 (Ont. S.C.). For a more in-depth discussion of this decision see George S. Takach, “Bolstering Legal Certainty for E-Commerce: Ontario Court Upholds Click-wrap Contract,” available on-line at: <http://www.mccarthy.ca>.

25 The legislation does not include a definition of what is meant by “information system,” but the *Oxford Dictionary of Computing* defines the term to mean a computer-based system that provides information to users in one or more organizations. They can be distinguished from real-time control systems, message-switching systems, software engineering environments or personal computer systems. A more specific term would be “organizational information system.” *The Oxford Dictionary of Computing, New Edition* (New York: Oxford University Press, 1997), p. 241.

26 See, for example, the Explanatory Notes to the P.E.I. Act available on-line at <http://gov.pe.ca/leg/bills>.

27 Uniform Law Conference of Canada, *supra*, note 8.

28 Jerry Zeidenberg, “E-commerce Solutions Take Aim at Hospital Purchasing” (September 2000) *Canadian Healthcare Technology*, available on-line at <http://canhealth.com/sep00.html>.

29 Stephen M. Fitzgibbons and Richard Lee, *The Health.net Industry: The Convergence of Healthcare and the Internet* (Hambrecht & Quist LLC, 1999), at p. 9. This investment analysis of the healthcare information technology sector is frequently cited for its predictions surrounding the healthcare e-commerce sector.

30 Andy Shaw, “Electronic Commerce Gathers Steam, Provides Hospitals with Major Cost Savings” (April 1999) *Canadian Healthcare Technology*, available online at: <http://www.canhealth.com/apr99.html>.

31 Zeidenberg, *supra*, note 28.

32 Zeidenberg, *supra*, note 28.

33 Shaw, *supra*, note 30.

34 The business to business e-healthcare is expected to soar to \$348 billion in the United States by the year 2004, Dembeck, *supra*, note 1. See also Fitzgibbons and Lee, *supra*, note 29, at p. 9.

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