



## Quarterly Index

# Impact of Age and Gender on Use of Acute Care Hospitals

In all provinces, information describing all of the patients treated as either inpatients or ambulatory surgery patients is collected by acute care hospitals and reported to the Ministry of Health (via CIHI or Medecho). The comprehensiveness of this data, coupled with the ability to identify where the patients live, using postal codes or residence codes, means that researchers and regional health planners can study the relationship between the population characteristics and their use of hospital services.

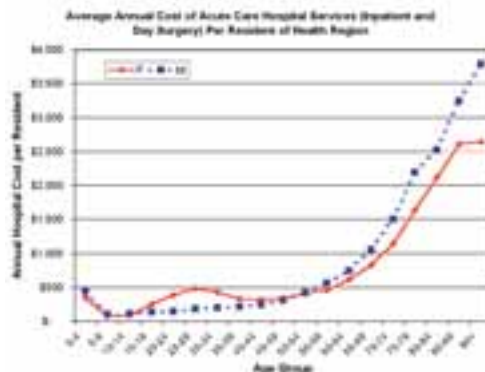
Two characteristics that clearly have an impact on use of acute hospital services are the age and the gender composition of a community. The following chart shows the typical relationship between hospital cases (inpatient admissions and day surgery cases) and resident age and gender.

Up to 15 years old, average use of acute care hospitals is similar for males and females. It is high for the population under 5 years old since most births still occur in hospitals. Between 15 and 55 years old, average use of hospital services is higher for females than males, primarily due to obstetrical and gynaecological care. Above 55 years

old however, males become more dependent on hospitals. For the population over 75 years old, each surviving male has 30% more acute hospital separations than the females in the same age group.

Case Mix Groups and Resource Intensity Weights (as developed by CIHI) can be used to translate acute care hospital service data into cost estimates. The following table shows the average annual cost of acute care hospital service (for a Canadian health region in 1996/97) by age and gender.

While females between 15 and 55 have more hospital contacts than males, the average cost of their hospital care (less than \$500 per person) pales in comparison to the cost of hospital care for residents over 55. The cost of hospital care for males rises to almost \$4,000 per resident for males over 90 years old, and to approximately \$2,700 per resident for females over 85 years old. The gap between costs for elderly males and females has been hypothesized to reflect either the underlying frailty of males (versus females), or a historical rationing of access to high-cost and highly invasive procedures for females.



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