



Section C

# HEALTH SYSTEM PERFORMANCE



Winnipeg Regional  
Health Authority    Office régional de la  
santé de Winnipeg  
Caring for Health    À l'écoute de notre santé

This section provides a number of indicators to measure the effective implementation of the health system according to various dimensions: fiscal, accessibility, effectiveness, continuity of service and utilization. Characteristics of the health care system and how it performs are important to describe and measure (as indicators) because it helps policy makers to plan and prioritize in order to improve the efficiency and outcomes of healthcare services in the Winnipeg Health Region (WHR).

## FISCAL

*Percent Operating Budget Spent on Acute, PCH and Community Care Costs* is the lone fiscal indicator. It describes the percentage of the WHR's total operating budget going to one of three cost centres in each fiscal year (01 April to 31 March): acute, long term and community care costs. The percent of the operating budget spent on acute care has seen a 14% decrease from 2003/04-2007/08. However, the percentage of operating budget spent on PCH and community care remains stable. The 'other' cost centre is not reported on (e.g., salaried physicians, ambulance services). These increased from 5% to 24% (2003/04-2007/08).

## ACCESSIBILITY

Seven indicators reflect issues of equity and responsiveness in access to health care in the Winnipeg Health Region. The notable findings in this section include: 1) the proportion of residents with *at least one visit to a physician* remained stable between 2000/01 and 2005/06 for all Winnipeg community areas; 2) the age- and sex-adjusted rates of *ambulatory care visits* per resident per year ranged from 4.96 in River East to 5.88 in Point Douglas; 3) the *supply of PCH beds* in Winnipeg Health Region has decreased from 129 to 122 beds per 1000 residents aged 75 and older between 2000 and 2005; and, 4) the operational ("set-up") *hospital beds per capita* decreased from 3.55 beds per 1000 residents to 3.46.

## EFFECTIVENESS

Effectiveness refers to extent to which a healthcare system achieves its intended purpose. Six indicators are reported on in this sub-section to show how the system is performing and whether patients are being provided care appropriately. Data in this section illustrate that the rates of *tonsillectomy/adenoidectomy* surgery have appropriately declined overall in Winnipeg and that hysterectomy surgical rates have also declined (appropriately). The *caesarian section* rate has significantly increased in Winnipeg between the two time periods measured (1996/97-2000/01 and 2001/02-2005/06) despite efforts to discourage deliveries by this means yet *vaginal births after caesarian section* have appropriately stabilized across the WHR. The rate of hospitalization for *ambulatory care sensitive conditions* (ACS) or conditions best taken care of outside the acute care system also improved between the two time periods measures (2000/01 & 2005/06). *Readmission after acute myocardial infarction* (AMI) has been targeted for public reporting because it is a common, costly, and often preventable outcome. The readmission rate among Winnipeg residents is 4.4% and in Manitoba overall it is 5.2%.

## CONTINUITY OF SERVICES

Continuity of services indicators help us to measure whether residents of the WHR have a continuous and sustained relationship with a physician care provider. Continuity of services helps improve screening and treatment adherence and to realize fewer hospitalizations and lower use of emergency rooms. *Continuity of care* and *antidepressant follow-up* are reported on in this section. The proportion of residents in Winnipeg receiving at least 50% of their visits from the same physician increased over time (continuity of care). The rate of antidepressant prescription follow-up decreased slightly from 61.3% to 60.0% between the two measurement times (1998/99-2000/01 and 2003/04-2005/06).

## UTILIZATION

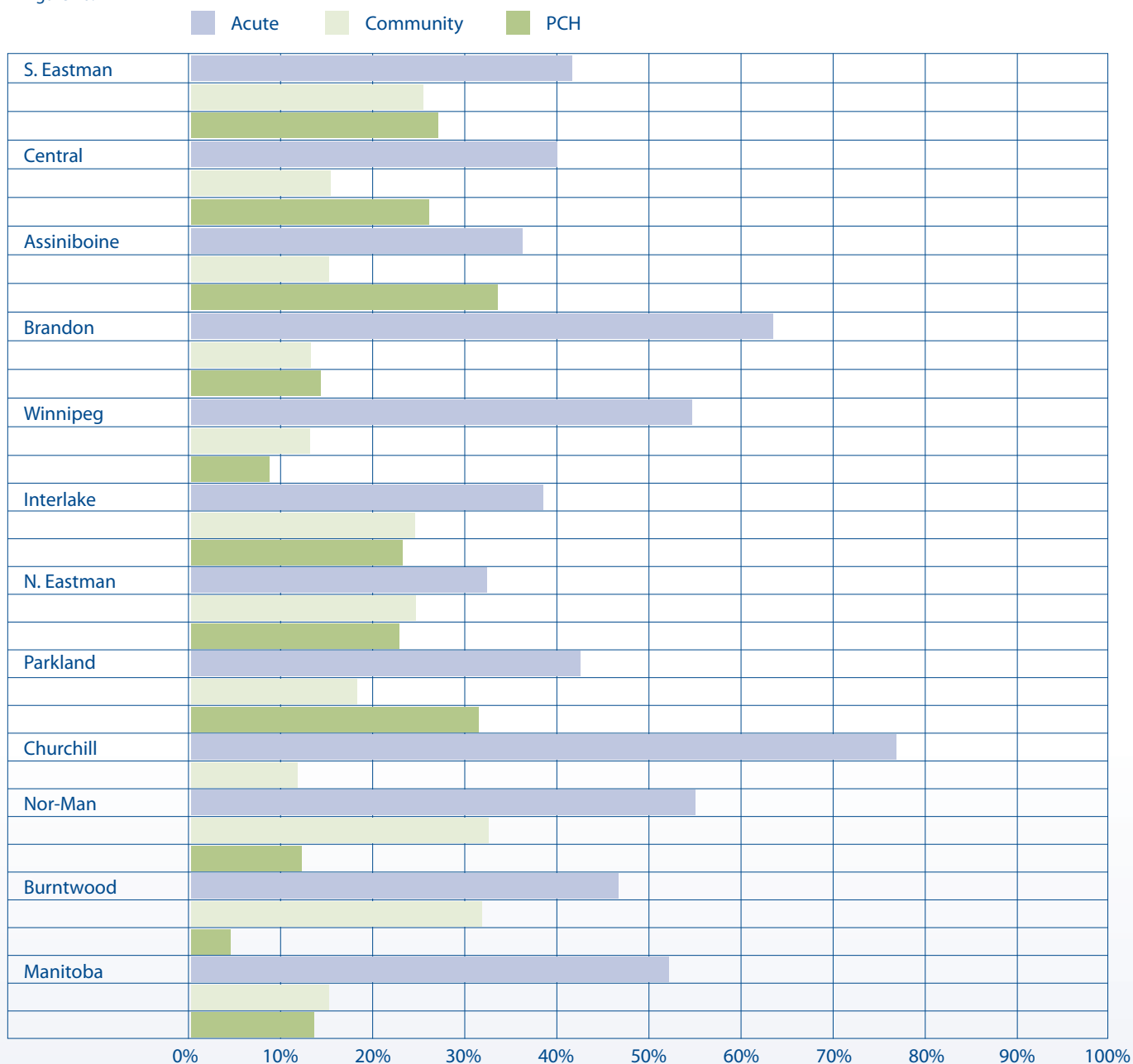
Indicators in this section span the types of care provided in the WHR from *hospital days used* to *new home care cases* opened per year. Included in this section are the rates of high profile surgeries (*knee and hip replacement* and *cataract*) and common heart surgeries (*CABG* and *cardiac catheterizations*). In addition, two measures of use of the healthcare system for *mental illness* are also included. Finally, *personal care home* (PCH) *admissions* are reported on for the WHR. With this diverse selection of indicators in this selection, the reader is encouraged to examine each of these indicators for their own merit.

# 10. FISCAL

Operating Budget spent on Acute, PCH and Community Care costs. Percentage 2007/2008 (Most recent year).

Percentage of Winnipeg Health Region's total operating budget spent on Acute, Personal Care Home (PCH) and community care costs, 2007/2008 (most recent year).

Figure 10.1



Source: Manitoba Health and Healthy Living, 2009



# 11. ACCESSIBILITY

## Location of Visits to General and Family Practitioners by RHA

Location of Visits to GP/FPs by Manitoba Regional Health Authority (RHA), 2000/01 & 2005/06

The proportion of visits to General and Family Practitioners (GPs/FPs) which took place within the resident's District, elsewhere in their RHA, in another RHA, or in Winnipeg. In Winnipeg and Brandon, all visits within the RHA were considered 'in District.' Churchill results are not shown because of incomplete data for physician claims. Rates were calculated for 2000/01 and 2005/06 and were age- and sex-adjusted to the Manitoba population in 2000/01.

Table 11.1

RHA	% In District	% Elsewhere in RHA	% To Other RHA	% To Winnipeg
South Eastman 00/01	59.1%	15.5%	3.1%	22.4%
South Eastman 05/06	57.8%	17.5%	3.1%	21.6%
Central 00/01	66.5%	11.6%	4.8%	17.1%
Central 05/06	67.3%	12.7%	4.6%	15.3%
Assiniboine 00/01	75.3%	7.7%	14.1%	2.9%
Assiniboine 05/06	72.5%	7.8%	17.3%	2.3%
Brandon 00/01 *	91.2%	.	6.5%	2.3%
Brandon 05/06 *	92.7%	.	5.3%	1.9%
<b>Winnipeg 00/01 *</b>	<b>98.0%</b>	.	<b>2.0%</b>	.
<b>Winnipeg 05/06 *</b>	<b>97.8%</b>	.	<b>2.2%</b>	.
Interlake 00/01	59.8%	4.3%	2.9%	33.0%
Interlake 05/06	58.7%	6.0%	3.5%	31.8%
North Eastman 00/01	53.2%	11.3%	6.7%	28.9%
North Eastman 05/06	58.7%	9.1%	6.4%	25.8%
Parkland 00/01	80.1%	12.0%	4.9%	3.0%
Parkland 05/06	78.8%	13.2%	5.1%	2.8%
Nor-Man 00/01	80.9%	9.8%	5.3%	3.9%
Nor-Man 00	82.6%	10.2%	3.8%	3.5%
Burntwood 00/01	68.7%	16.3%	5.4%	9.5%
Burntwood	67.4%	16.8%	5.4%	10.4%
Rural South 00/01	68.1%	11.1%	7.8%	13.1%
Rural South 05/06	66.7%	12.3%	8.5%	12.6%
Mid 00/01	65.3%	8.7%	4.5%	21.6%
Mid 05/06	65.2%	9.1%	4.8%	20.9%
North 00/01	74.2%	13.3%	5.4%	7.1%
North 00 05/06	74.3%	13.6%	4.9%	7.2%
Manitoba 00/01	85.8%	4.2%	3.9%	6.1%
Manitoba 05/06	85.6%	4.4%	4.1%	5.9%

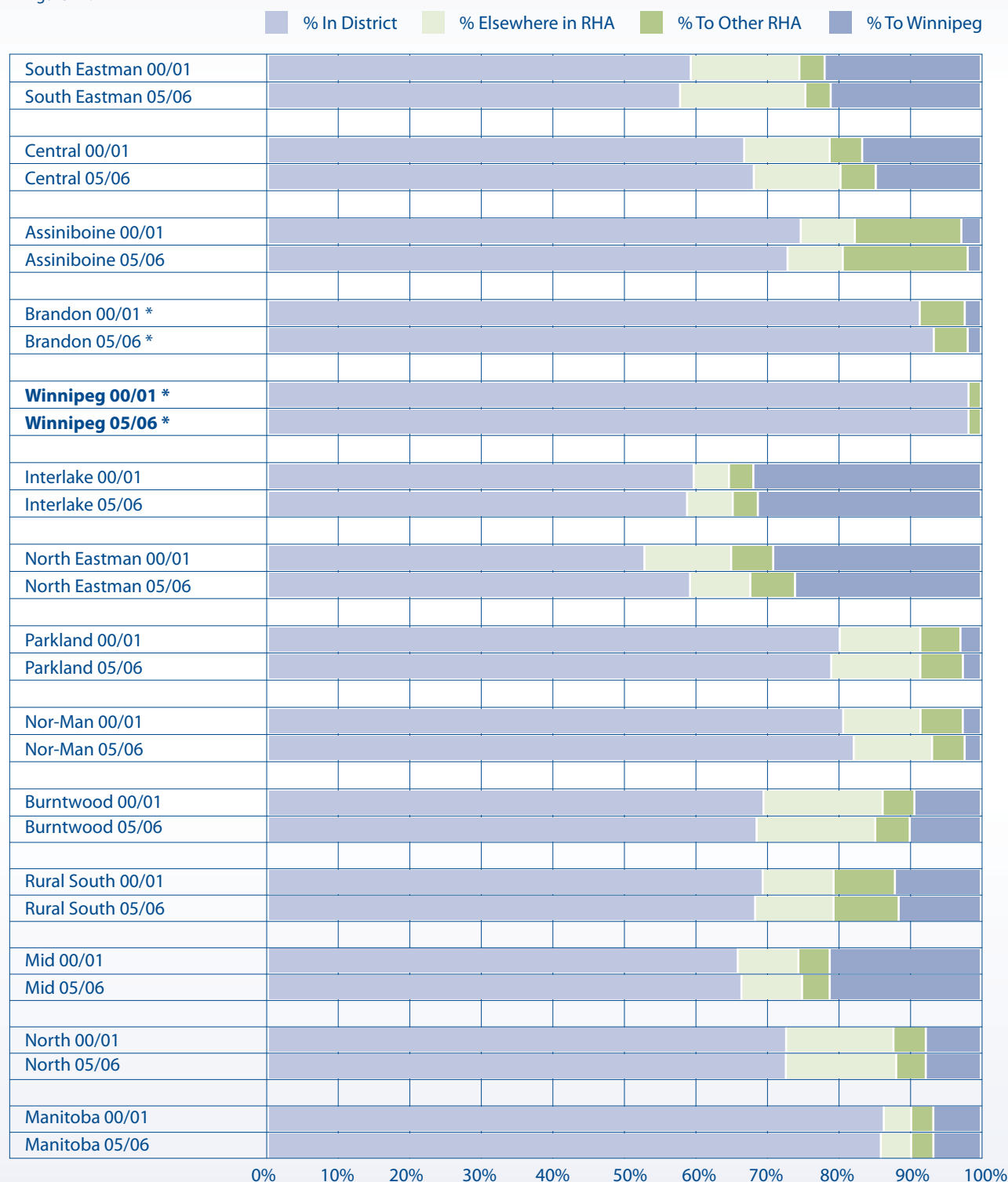
Source: Manitoba Centre for Health Policy, 2009

\* For Winnipeg and Brandon residents, visits to physicians anywhere within their RHA are considered 'In District'  
 ". " denotes suppression due to small numbers

## Location of Visits to General and Family Practitioners by RHA

Where RHA Residents Went for Visits to GP/FPs, 2000/01 & 2005/06.

Figure 11.1



Source: Manitoba Centre for Health Policy, 2009

\*For Winnipeg and Brandon residents, visits to physicians anywhere within their RHA are considered "In District".

## Use of Physicians by Winnipeg Community Areas

Age - & sex-adjusted percentage of residents with at least one ambulatory visit per year (to any physician), 2000/01 & 2005/06.

The proportion of an area's residents who received at least one ambulatory visit in a fiscal year. Ambulatory visits include virtually all contacts with physicians, except during inpatient hospitalization. Values were calculated for 2000/01 and 2005/06 and were age- and sex-adjusted to the Manitoba population in 2000/01.

Table 11.2

Community Areas	2000/01		2005/06		% Change
	Number of Residents	Adjusted %	Number of Residents	Adjusted %	
Fort Garry	51800	84.3%	55196	84.0%	-0.01%
Assiniboine South	31030	84.2%	31445	84.2%	0.48%
St. Boniface	40369	86.2%	43750	86.0%	0.14%
St. Vital	52130	85.9%	52951	86.0%	0.11%
Transcona	28125	85.4%	28201	85.8%	0.38%
River Heights	48174	85.3%	47398	85.2%	-0.25%
River East	77695	84.3%	79283	84.1%	-0.17%
Seven Oaks	49005	84.7%	50811	83.7%	-0.72%
St. James - Assiniboia	51086	85.0%	49810	84.5%	-0.71%
Inkster	26397	84.0%	26113	82.8%	-1.78%
Downtown	60323	83.3%	60054	83.7%	-0.29%
Point Douglas	34790	85.0%	35370	84.0%	-2.07%
Winnipeg	550928	84.7%	560382	84.5%	-0.36%
Manitoba	958477	83.2%	968517	82.6%	-0.96%

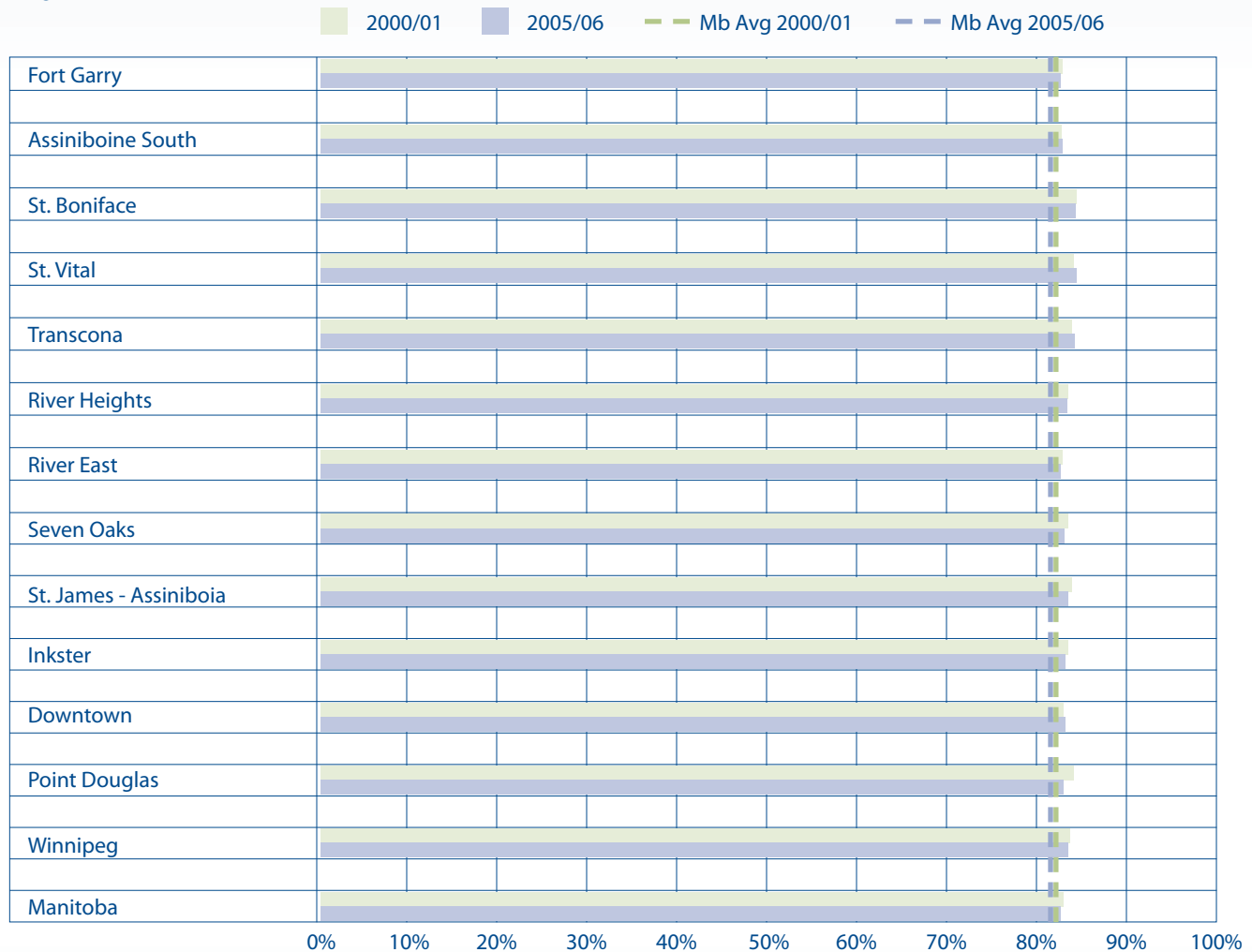
Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 100 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

## Use of Physicians by Winnipeg Community Areas

Age- & sex-adjusted percentage of residents with at least one ambulatory visit per year (to any physician), 2000/01 & 2005/06.

Figure 11.2



Source: Manitoba Centre for Health Policy, 2009



## Ambulatory Care Visit Rate

Age- & sex-adjusted annual rate of ambulatory visits to all physicians, per resident, 2000/01 & 2005/06.

This is the average number of visits to physicians per resident per year. Ambulatory visits include almost all contacts with physicians (general and family practitioners and specialists): office visits, walk-in clinics, home visits, nursing home visits, visits to outpatient departments, and some emergency room visits (where data are recorded). Excluded are services provided to patients while admitted to hospital and visits for prenatal care. Rates were calculated for 2000/01 and 2005/06 and were age- and sex-adjusted to the Manitoba population in 2000/01.

Table 11.3

Community Areas	2000/01		2005/06		% Change
	Number of Visits	Adj Rate/resident	Number of Visits	Adj Rate/resident	
Fort Garry	294611	5.0	317809	5.1	1.2%
Assiniboine South (1,2)	193621	5.6	198620	5.4	1.7%
St. Boniface (1)	246186	5.4	261503	5.3	-1.8%
St. Vital (2)	309403	5.3	323813	5.4	3.1%
Transcona	160091	5.1	160064	5.2	0.1%
River Heights (1,2)	321815	5.6	309045	5.5	-2.6%
River East	458646	5.1	464812	5.0	-0.9%
Seven Oaks (1,t)	318286	5.6	311519	5.1	-6.3%
St. James - Assiniboia (1)	327954	5.4	317801	5.3	-1.3%
Inkster (1,t)	159025	5.4	151216	5.1	-5.6%
Downtown (1,2)	418838	5.9	400996	5.8	-4.1%
Point Douglas (1,2)	242609	6.0	238403	5.9	-5.3%
Winnipeg (1)	3451085	5.3	3455601	5.2	-1.9%
Manitoba	5721596	5.0	5732203	4.9	-1.8%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per resident estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

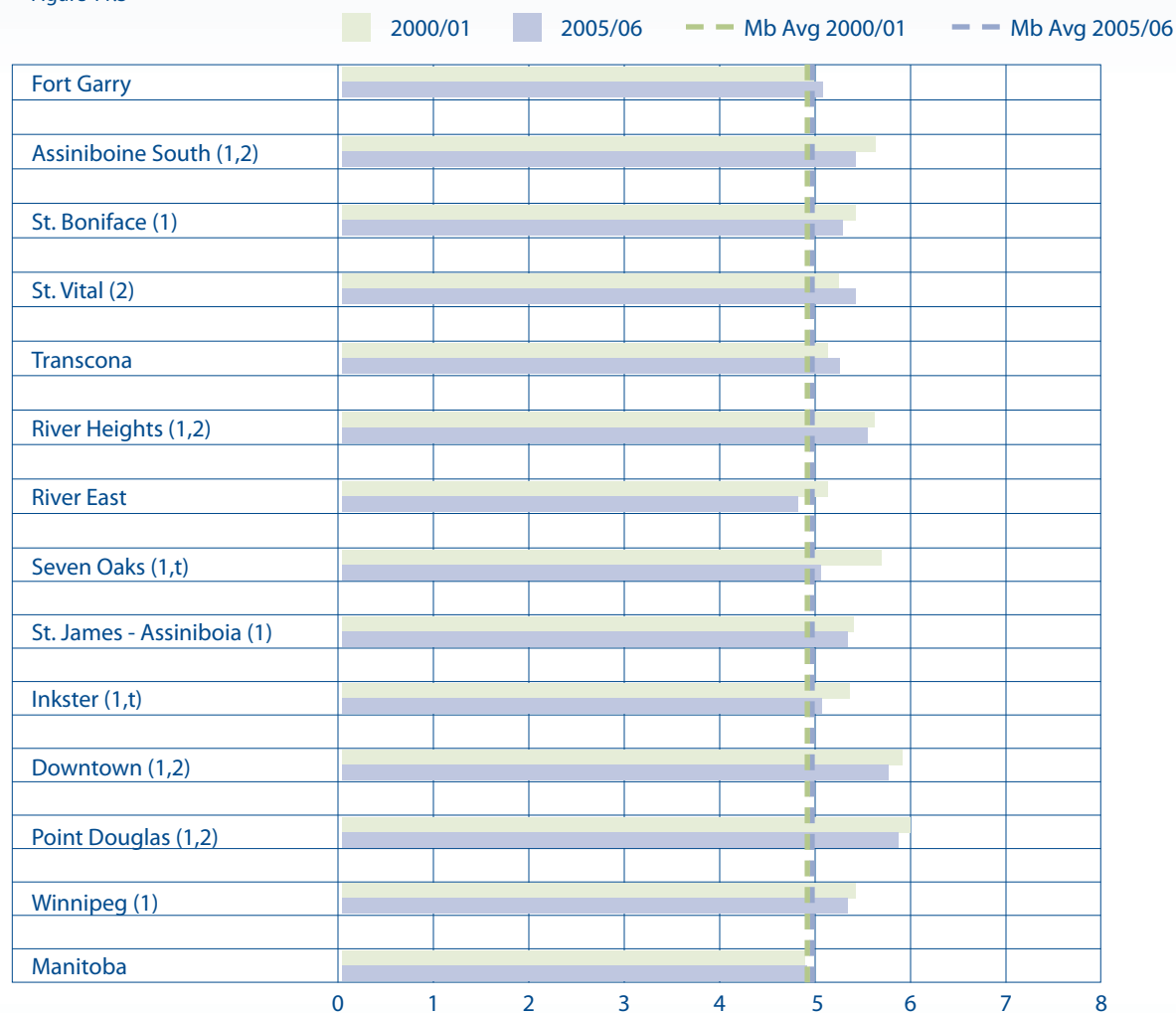
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Ambulatory Care Visit Rate by Winnipeg Community Area

Age- & sex-adjusted annual rate of ambulatory visits to all physicians, per resident, 2000/01 & 2005/06.

Figure 11.3



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Ambulatory Care Consultation Rate

Age- & sex-adjusted annual rate of consults per resident (first referral), 2000/01 & 2005/06.

This is the average number of ambulatory consultations per resident per year. 'Consultations' are a subset of ambulatory visits: they occur when one physician refers a patient to another physician (usually a specialist or surgeon) because of the complexity, obscurity, or seriousness of the condition, or when the patient requests a second opinion. The consult rate is the best indicator of access to specialist care. Rates were calculated for 2000/01 and 2005/06 and were age- and sex-adjusted to the Manitoba population in 2000/01.

Table 11.4

Community Areas	2000/01		2005/06		% Change
	Number of Visits	Adj Rate/resident	Number of Visits	Adj Rate/resident	
Fort Garry (1,2)	18989	0.33	20807	0.33	2.8%
Assiniboine South (1,2)	12237	0.34	13681	0.36	10.9%
St. Boniface (1,2)	14463	0.31	16130	0.32	3.1%
St. Vital (1,2)	18297	0.31	20009	0.33	7.8%
Transcona (1,2)	9562	0.31	9904	0.31	3.7%
River Heights (1,2)	19265	0.33	19053	0.33	0.3%
River East (1,2)	27216	0.30	28230	0.30	1.5%
Seven Oaks (1,2)	17914	0.31	18503	0.30	-1.1%
St. James - Assiniboia (1,2)	19876	0.32	20678	0.33	5.9%
Inkster	7915	0.28	8051	0.27	1.0%
Downtown	19963	0.29	19830	0.29	-0.5%
Point Douglas	10904	0.28	11334	0.28	0.1%
Winnipeg (1,2)	196601	0.30	206210	0.31	2.7%
Manitoba	316454	0.27	327793	0.27	1.5%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per resident estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

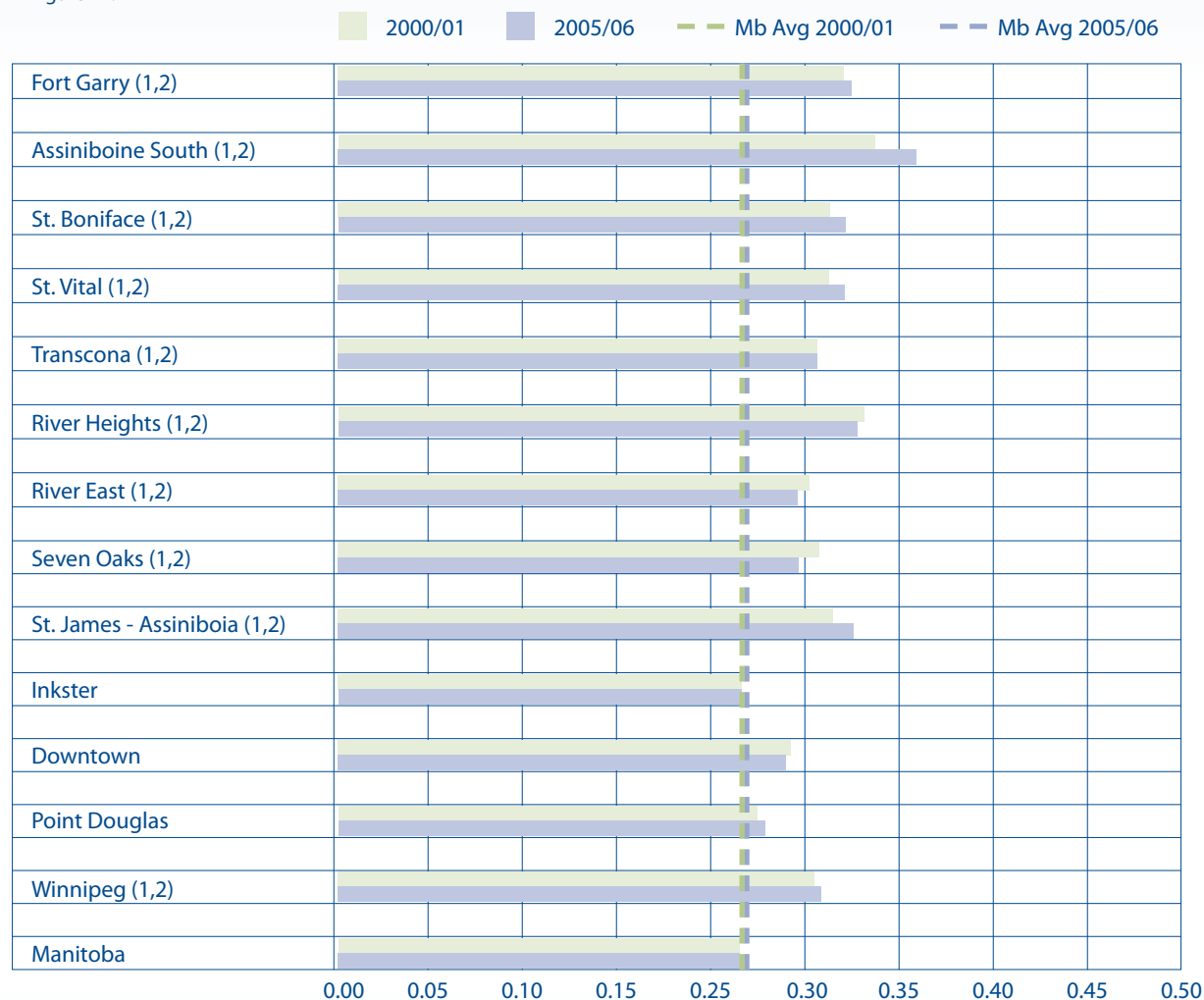
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Ambulatory Care Consultation Rate by Winnipeg Community Area

Age- & sex-adjusted annual rate of consults per resident (first referral), 2000/01 & 2005/06.

Figure 11.4



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Location of Visits to Specialists by RHA

The proportion of visits to Specialist physicians which took place within the resident's District, elsewhere in their RHA, in another RHA, or in Winnipeg. In Winnipeg and Brandon, all visits within the RHA were considered 'in District.' Churchill results are not shown because of incomplete data for physician claims. Rates were calculated for 2000/01 and 2005/06 and were age- and sex-adjusted to the Manitoba population in 2000/01.

Table 11.5

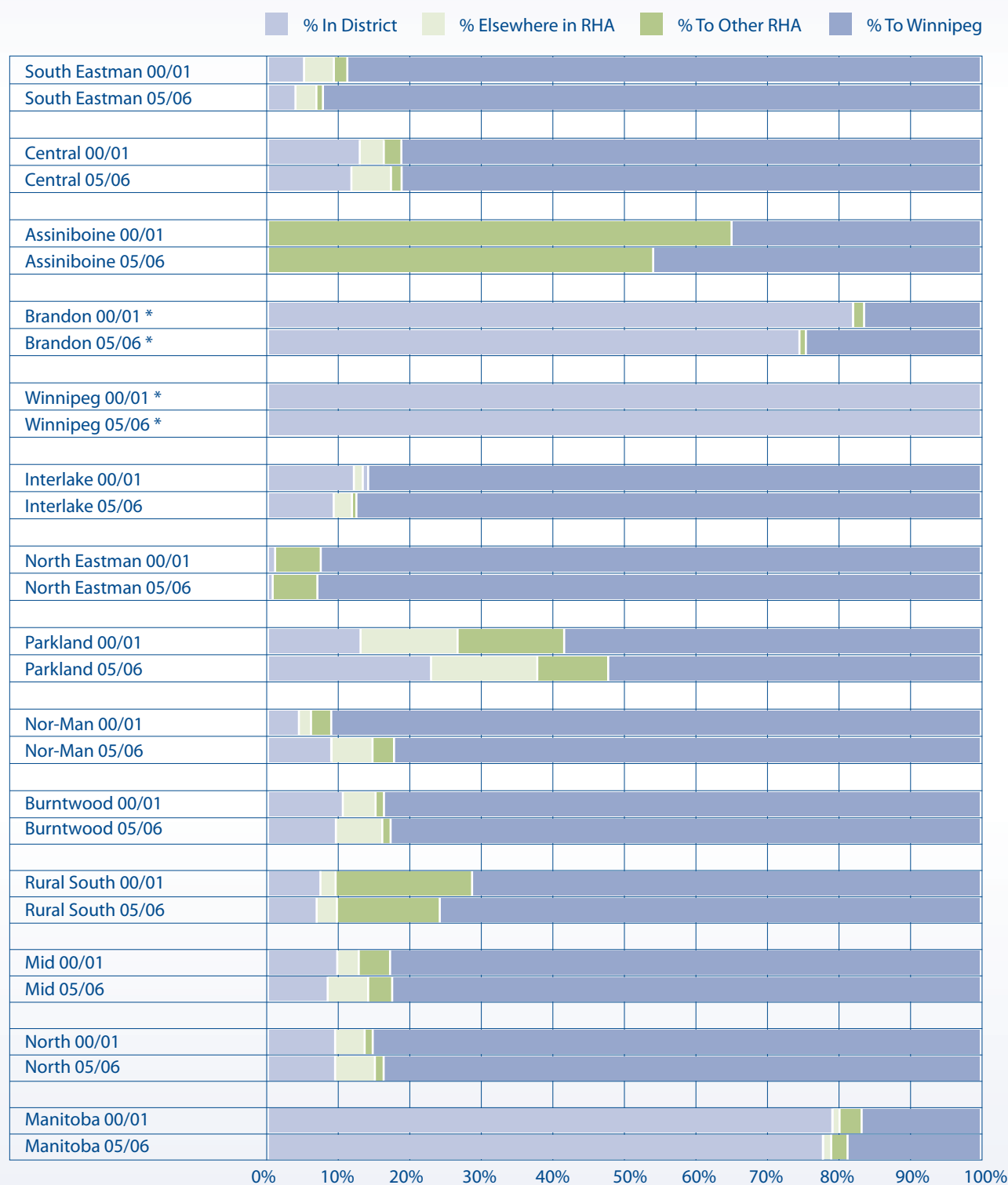
RHA	% In District	% Elsewhere in RHA	% To Other RHA	% To Winnipeg
South Eastman 00/01	5.9%	3.7%	1.8%	88.6%
South Eastman 05/06	4.5%	3.0%	0.9%	91.6%
Central 00/01	12.4%	3.1%	2.6%	81.9%
Central 05/06	11.5%	4.8%	1.7%	81.9%
Assiniboine 00/01	0.1%	0.1%	63.7%	36.2%
Assiniboine 05/06	0.0%	0.0%	54.4%	45.6%
Brandon 00/01 *	81.5%	.	2.1%	16.4%
Brandon 05/06 *	74.6%	.	0.5%	24.9%
<b>Winnipeg 00/01 *</b>	<b>99.8%</b>	<b>.</b>	<b>0.2%</b>	<b>.</b>
<b>Winnipeg 05/06 *</b>	<b>99.8%</b>	<b>.</b>	<b>0.2%</b>	<b>.</b>
Interlake 00/01	12.8%	1.4%	0.4%	85.3%
Interlake 05/06	9.1%	2.6%	0.6%	87.6%
North Eastman 00/01	0.6%	0.0%	6.0%	93.4%
North Eastman 05/06	0.3%	0.0%	6.1%	93.6%
Parkland 00/01	14.9%	12.7%	13.8%	58.7%
Parkland 05/06	22.9%	14.4%	9.9%	52.7%
Churchill 00/01	48.3%	.	1.0%	50.7%
Churchill 00	.	.	2.4%	97.6%
Nor-Man 00/01	4.0%	1.5%	3.0%	91.4%
Nor-Man 00	9.3%	4.9%	2.4%	83.4%
Burntwood 00/01	10.1%	4.1%	1.2%	84.6%
Burntwood	9.6%	5.4%	1.3%	83.8%
Rural South 00/01	6.7%	3.1%	14.1%	76.1%
Rural South 05/06	0.0%	0.0%	0.0%	0.0%
Mid 00/01	8.9%	3.8%	3.6%	83.7%
Mid 05/06	0.0%	0.0%	0.0%	0.0%
North 00/01	9.3%	5.1%	1.6%	83.9%
North 00 05/06	0.0%	0.0%	0.0%	0.0%
Manitoba 00/01	78.2%	0.8%	2.0%	18.9%
Manitoba 05/06	0.0%	0.0%	0.0%	0.0%

Source: Manitoba Centre for Health Policy, 2009

\* For Winnipeg and Brandon residents, visits to physicians anywhere within their RHA are considered 'In District'  
 ". " denotes suppression due to small numbers

## Location of Visits to Specialists by RHA

Figure 11.5: Where RHA Residents Went for Visits to Specialists, 2000/01 & 2005/06



Source: Manitoba Centre for Health Policy, 2009

\*For Winnipeg and Brandon residents, visits to physicians anywhere within their RHA are considered "In District".

## Supply of Personal Care Home Beds

PCH beds per 1000 residents aged 75+

The number of PCH beds per thousand residents aged 75+. Bed counts were taken from the Manitoba Health and Healthy Living PCH bed map. Data are shown for two 2-year periods: 1999/00–2000/01 and 2004/05–2005/06. '00' indicates 1999/2000–2000/01; '05' indicates 2004/05–2005/06.

Table 11.6

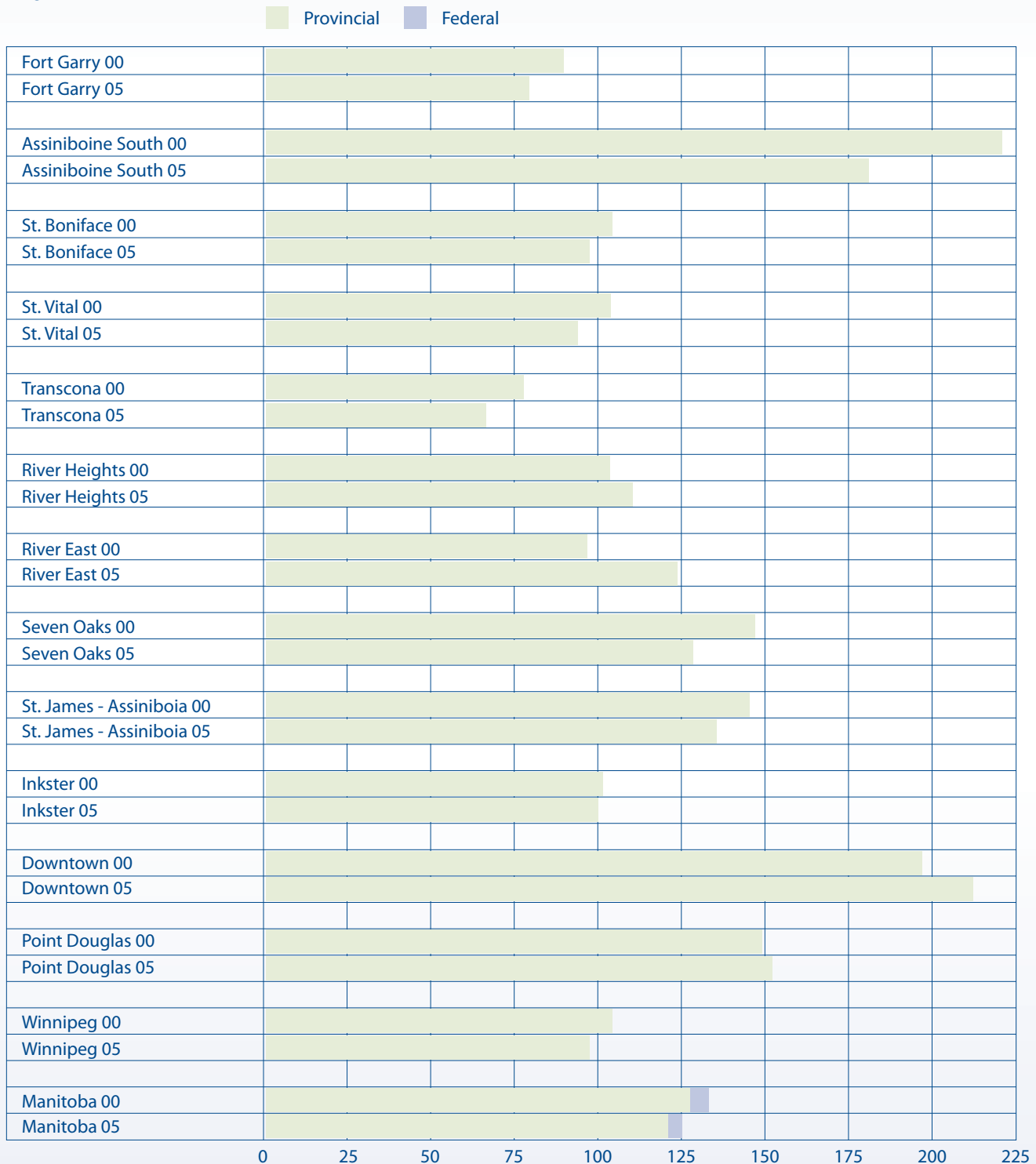
Wpg CA	Provincial Bed Count	Federal Bed Count	Pop 75+	Provincial Beds/1000 residents aged 75+	Federal Beds/1000 residents aged 75+
Fort Garry 00	269		3004	89.5	
Fort Garry 05	305		3874	78.7	
Assiniboine South 00	518		2344	221.0	
Assiniboine South 05	518		2854	181.5	
St. Boniface 00	314		3042	103.2	
St. Boniface 05	314		3224	97.4	
St. Vital 00	391		3796	103.0	
St. Vital 05	391		4237	92.3	
Transcona 00	100		1306	76.6	
Transcona 05	100		1512	66.2	
River Heights 00	576.5		5545	104.0	
River Heights 05	587		5272	111.3	
River East 00	608		6258	97.2	
River East 05	648		5272	122.9	
Seven Oaks 00	597		4090	146.0	
Seven Oaks 05	577		4495	128.4	
St. James - Assiniboia 00	736		5097	144.4	
St. James - Assiniboia 05	731.5		5415	135.1	
Inkster 00	136		1354	100.5	
Inkster 05	136		1362	99.9	
Downtown 00	935		4804	194.6	
Downtown 05	952		4511	211.0	
Point Douglas 00	469		3144	149.2	
Point Douglas 05	433		2852	151.8	
Winnipeg 00	5650		43781	129.0	
Winnipeg 05	5693		46669	122.0	
Manitoba 00	9679	229	76224	127.0	3.0
Manitoba 05	9774	248	80045	122.1	3.1

Source: Manitoba Centre for Health Policy, 2009

## Supply of Personal Care Home Beds by Winnipeg Community Area

Supply of personal care home (PCH) beds by Winnipeg Community Areas, PCH beds per 1000 residents aged 75+. '00' indicates 1999/2000-2000/01; '050' indicates 2004/05-2005/06.

Figure 11.6



Source: Manitoba Centre for Health Policy, 2009



## Operational Hospital Beds by RHA

Number of 'Setup Beds' per 1000 residents, 2000/01 & 2005/06.

The number of beds in acute care hospitals within each RHA, divided by the population of the RHA. The beds counts come from the "setup beds" data kept by Manitoba Health and Healthy Living for 2000/01 and 2005/06. These values need to be interpreted with caution because the actual number for beds in use in each hospital varies through the year and beds can be assigned use for "non-acute" care. The values are shown to provide an overall indication of the relative supply of beds across the province, and to track major changes over time.

Table 11.7

	Pop 2000/01	# Setup Beds 2000/01	Beds per 1000 Pop 2000/01	Pop 2005/06	# Setup Beds 2005/06	Beds per 1000 Pop 2005/06
South Eastman	54427	104	1.91	60368	125	2.07
Central	96835	431	4.45	101163	343	3.39
Assiniboine	71544	380	5.31	68515	357	5.21
Brandon	47337	336	7.10	49225	315	6.40
<b>Winnipeg</b>	<b>649011</b>	<b>2306</b>	<b>3.55</b>	<b>662520</b>	<b>2293</b>	<b>3.46</b>
Interlake	74944	185	2.47	76816	175	2.28
North Eastman	39369	96	2.44	40012	88	2.20
Parkland	43939	226	5.14	42192	224	5.31
Churchill *	1008	28	27.78	957	28	29.26
Nor-Man	25233	134	5.31	24381	91	3.73
Burntwood	45051	170	3.77	46167	161	3.49
Rural South	222806	915	4.11	230046	825	3.59
Mid	158252	507	3.20	159020	487	3.06
North	71292	332	4.66	71505	280	3.92
Manitoba	1151894	4396	3.82	1175234	4200	3.57

Source: Manitoba Centre for Health Policy, 2009

Note: the total population for MB includes public trustees, but these population numbers have been excluded from the populations for each RHA and aggregate area

public trustees 2000/01 = 3196

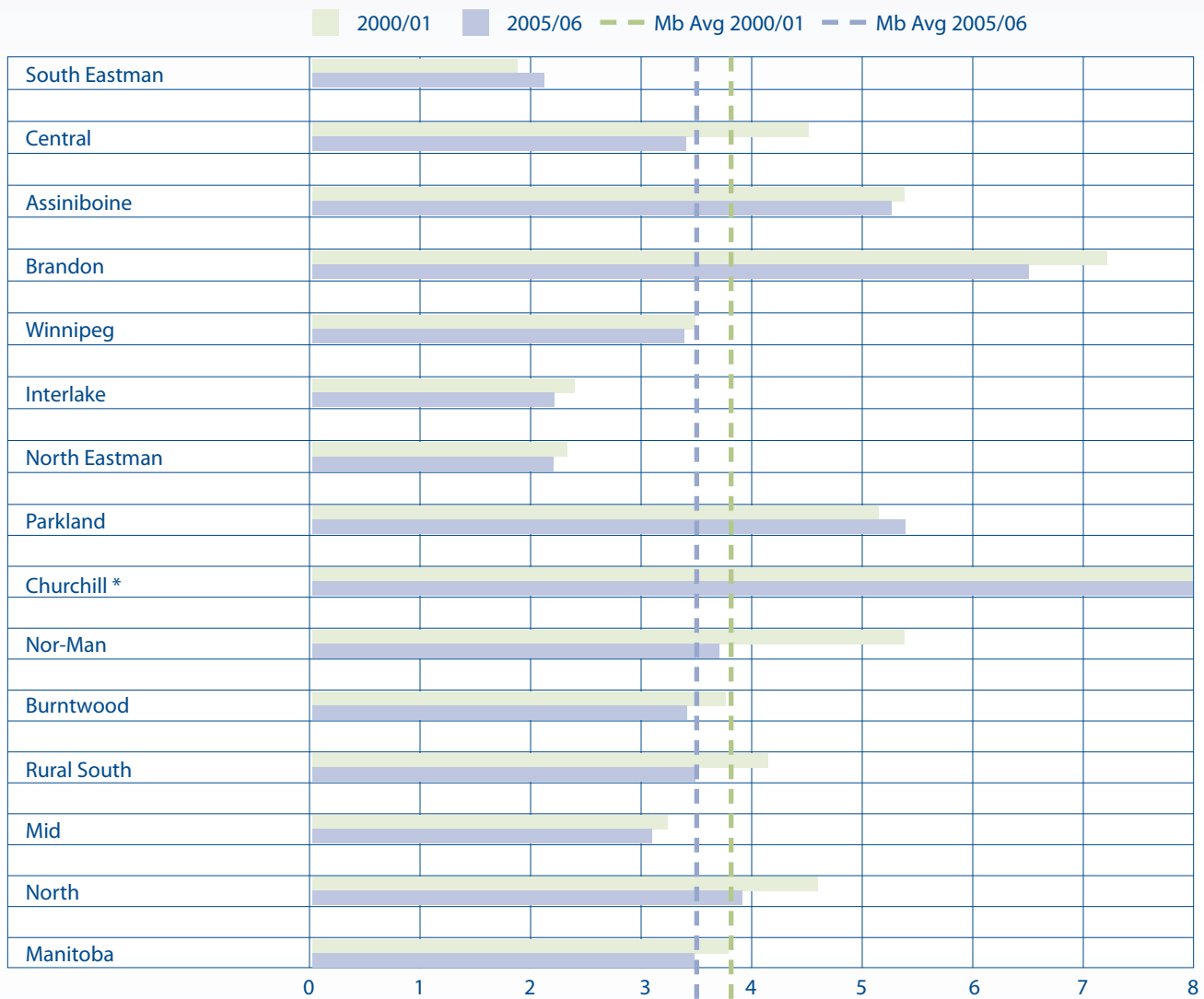
public trustees 2005/06 = 2918

\* The Churchill Regional Health Centre also serves other Northern areas, including Nunavut.

## Operational Hospital Beds by RHA

Number of operative 'Setup Beds' per 1000 residents by RHA.

Figure 11.7



Source: Manitoba Centre for Health Policy, 2009

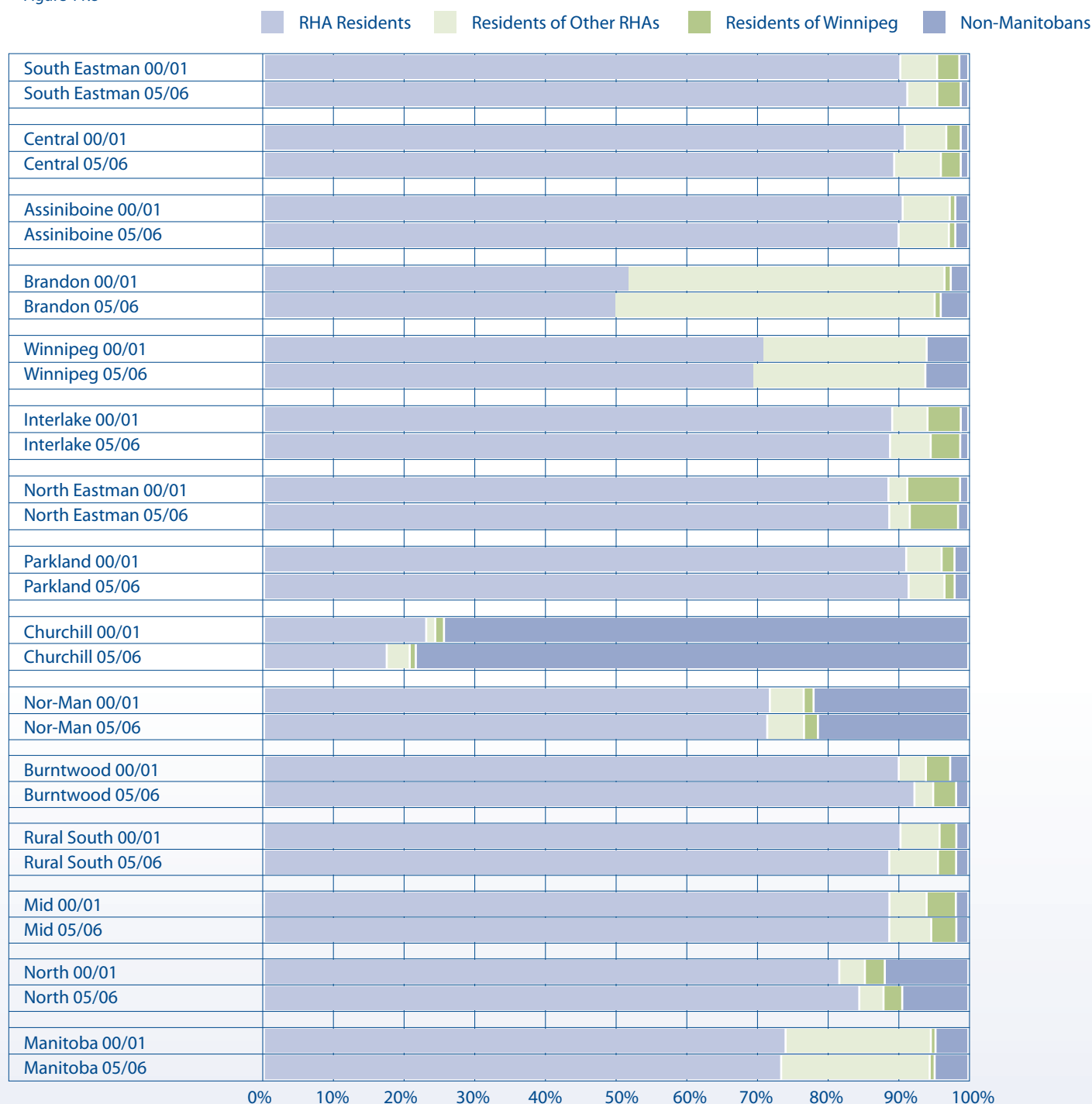
\* The Churchill Regional Health Centre also serves other Northern areas, including Nunavut.

## In & Out Flow of RHA Inpatients

The in and out flow of the Winnipeg Region's residents in measuring:  
 Catchment: where RHA hospital inpatients came from based on hospital separations, and  
 Location: where RHA residents went for hospital separations.

We report on Hospital Catchment: Where Patients Using WRHA Hospitals Came From of all separations from all hospitals in each RHA. This is the proportion of hospitalizations that was provided to WHR residents, residents of other RHAs, Winnipeg residents, or out-of-province residents. Over 97% of residents of Winnipeg attend hospitals in the region (location). Less than 1.5% of WHR residents use out-of-province hospitals.  
 '00/01 indicated 2000/01; 05/06 indicates 2005/06

Figure 11.8



Source: Manitoba Centre for Health Policy, 2009



## 12. EFFECTIVENESS

### Tonsillectomy/Adenoidectomy

Variations in surgical rates can suggest “clinical uncertainty” around indications for the surgical procedure in question. This uncertainty can mean that patients may unnecessarily undergo a surgical procedure with all of its attendant risks and with little benefit.

Rates of tonsillectomy and/or adenoidectomy (T/A) procedures performed per 1000 children 0 to 14 years of age and were calculated for two, five-year time periods: 1996/97–2000/01 and 2001/02–2005/06. Both inpatient and outpatient T/A procedures were captured in the analysis. Age- and sex-adjusted rates per 1000 children aged 0–14.

Table 12.1

Community Area	1996/97–2000/01		2001/02–2005/06		% Change
	Surgeries in 5 years	Adjusted Rate /1000	Surgeries in 5 years	Adjusted Rate /1000	
Fort Garry	275	4.4	283	4.7	-57.8%
Assiniboine South	179	4.9	145	4.5	-16.8%
St. Boniface	258	5.9	226	5.0	-8.1%
St. Vital	341	5.4	262	4.8	-10.8%
Transcona	222	6.1	179	5.3	-32.5%
River Heights	181	4.3	161	4.0	-38.5%
River East	464	5.2	437	5.1	-30.5%
Seven Oaks (t)	290	5.3	221	4.3	54.7%
St. James - Assiniboia	316	6.2	247	5.2	-15.2%
Inkster (1,2)	154	4.0	125	3.5	101.3%
Downtown (1,2)	216	3.2	189	2.9	-19.6%
Point Douglas (1,2)	185	4.0	152	3.3	22.3%
Winnipeg (t)	3081	6.6	2627	6.1	25.4%
Manitoba (t)	6515	11.3	5474	9.5	-1.2%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

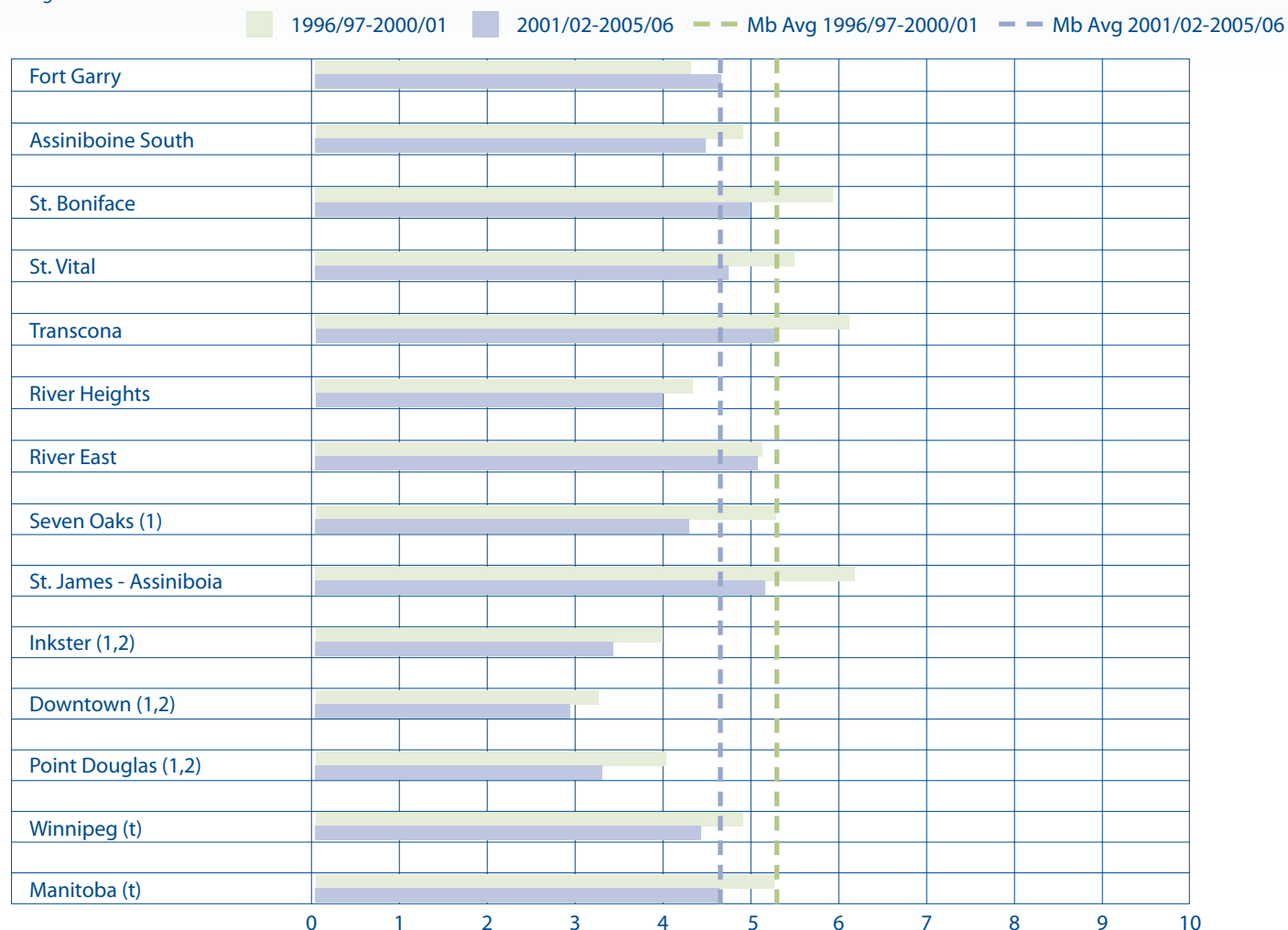
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Tonsillectomy/Adenoidectomy

Age- and sex-adjusted tonsillectomy/adenoidectomy surgeries per 1000 children aged 0-14.

Figure 12.1



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Hysterectomy

A hysterectomy is a surgical operation to remove the uterus and, sometimes, the cervix. Removal of the body of the uterus without removing the cervix is referred to as a subtotal (or partial) hysterectomy. Concerns have been voiced that hysterectomy is used too often as a first line of treatment and is not necessarily always appropriate. The WHR is encouraging the use of less invasive methods to manage discretionary indications for hysterectomy.

Hysterectomy rates were calculated for women aged 25 or older for fiscal years 1988/89-1995/96 and 1996/97-2003/04. Hysterectomy was defined as any hospitalization for a hysterectomy surgery. These were identified by ICD-9-CM procedure codes of 68.4, 68.5 or 68.9 in any procedure field. (Note: this excludes procedure codes for radical hysterectomies typically associated with cancer cases, i.e., codes 68.6 and 68.7). The age-adjusted number of hysterectomies performed per 1000 women aged 25 or older, by area of residence, regardless of location of provision.

Table 12.2

Community Area	1988/89-1995/96		1996/97-2003/04		% Change
	Avg # Hysterectomies / year	Adjusted Rate /1000	Avg # Hysterectomies / year	Adjusted Rate /1000	
Fort Garry (1,2,t)	86	4.4	87	3.8	-13.4%
Assiniboine South (t)	73	5.4	63	4.4	-19.7%
Transcona	60	5.4	63	5.3	-19.3%
River Heights (1,2,t)	101	4.6	79	3.7	-15.6%
St. Boniface (2,t)	76	4.7	72	4.2	-11.2%
St. Vital (t)	110	5.3	100	4.4	-10.4%
Seven Oaks (2,t)	98	5.0	92	4.3	0.1%
River East (t)	161	5.2	150	4.5	-15.3%
St. James - Assiniboia (t)	130	5.6	114	5.1	-11.7%
Inkster	50	5.1	50	4.7	-4.0%
Point Douglas	66	4.9	59	4.6	-10.8%
Downtown (1,2,t)	92	4.0	78	3.4	-3.3%
Winnipeg (2,t)	1103	5.0	1006	4.4	-11.8%
Manitoba (t)	1933	5.2	1880	4.9	-6.8%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

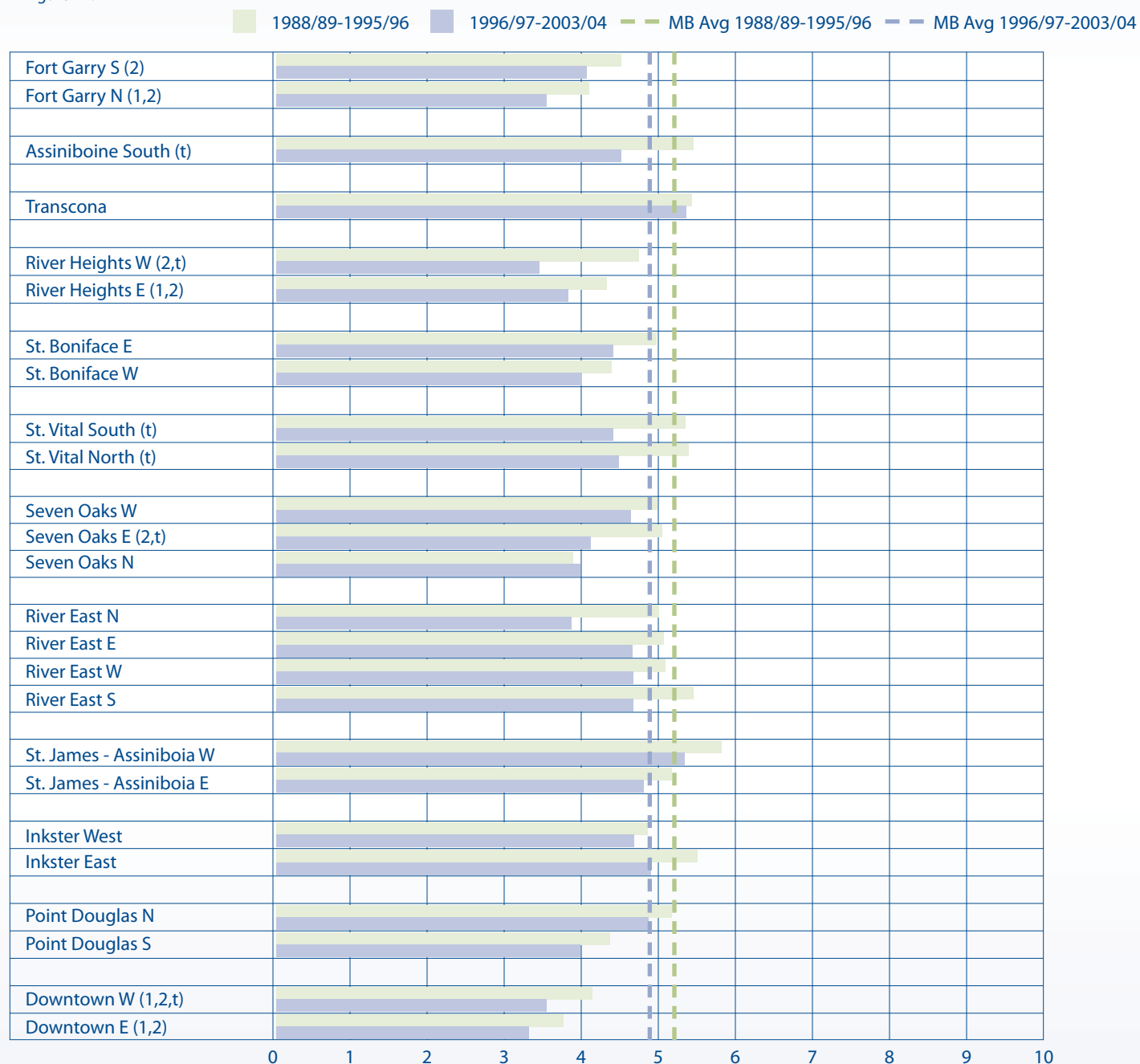
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Hysterectomy

Age-adjusted hysterectomy rates per 1000 women age 25+

Figure 12.2



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant



## Caesarean Section (C-Section)

A C-section is a procedure in which a baby, rather than being born vaginally, is surgically extracted (removed) from the uterus. This type of delivery can have an impact on the newborn's health. Babies delivered via Caesarean section (C-Section) are at increased risk of complications including respiratory problems and difficulties breastfeeding.<sup>1</sup> C-Sections are also more costly than vaginal births (CIHI, 2006) and increase the risk of complications to the mother.<sup>2</sup>

The C-Section rates for women of child-bearing age (in this case 12 to 51 years) are calculated by taking the ratio of the number of women giving birth by C-Section to the total number of women giving birth. Data come from the hospital records. Values were calculated for two 5-year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age-adjusted to the Manitoba population in the first time period.

<sup>1</sup> Canadian Institute for Health Information. *Giving Birth in Canada: Providers of Maternity and Infant Care*. Available from [http://secure.cihi.ca/cihiweb/products/GBC2004\\_report\\_ENG.pdf](http://secure.cihi.ca/cihiweb/products/GBC2004_report_ENG.pdf)  
Accessed on: August 19, 2010.

<sup>2</sup> Belizan JM, Althabe F, Cafferata ML. Health consequences of the increasing Caesarean Section rates. *Epidemiology* 2007;18(4):485–486.

Table 12.3

Community Area	1996/97-2000/01		2001/02-2005/06		% Change
	Avg # C-sections / year	Adjusted Rate (%)	Avg # C-sections / year	Adjusted Rate (%)	
Fort Garry (t)	127	17.6%	142	20.0%	16.9%
Assiniboine South	55	17.1%	61	19.3%	15.2%
St. Boniface (t)	87	16.3%	111	20.3%	28.7%
St. Vital	122	16.9%	126	18.9%	12.5%
Transcona	73	18.0%	70	19.7%	11.2%
River Heights	121	18.2%	118	19.2%	7.3%
River East	184	17.5%	182	19.0%	10.1%
Seven Oaks (t)	113	18.1%	125	20.8%	16.5%
St. James - Assiniboia	115	18.6%	109	19.4%	5.0%
Inkster	78	18.0%	66	17.0%	-7.0%
Downtown	168	16.3%	174	17.9%	9.8%
Point Douglas (2)	94	16.0%	93	15.7%	-2.7%
Winnipeg (t)	1339	17.3%	1378	18.9%	10.2%
Manitoba (t)	2463	17.4%	2652	19.5%	13.2%

Source: Manitoba Centre for Health Policy, 2008

Adjusted rates per 100 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

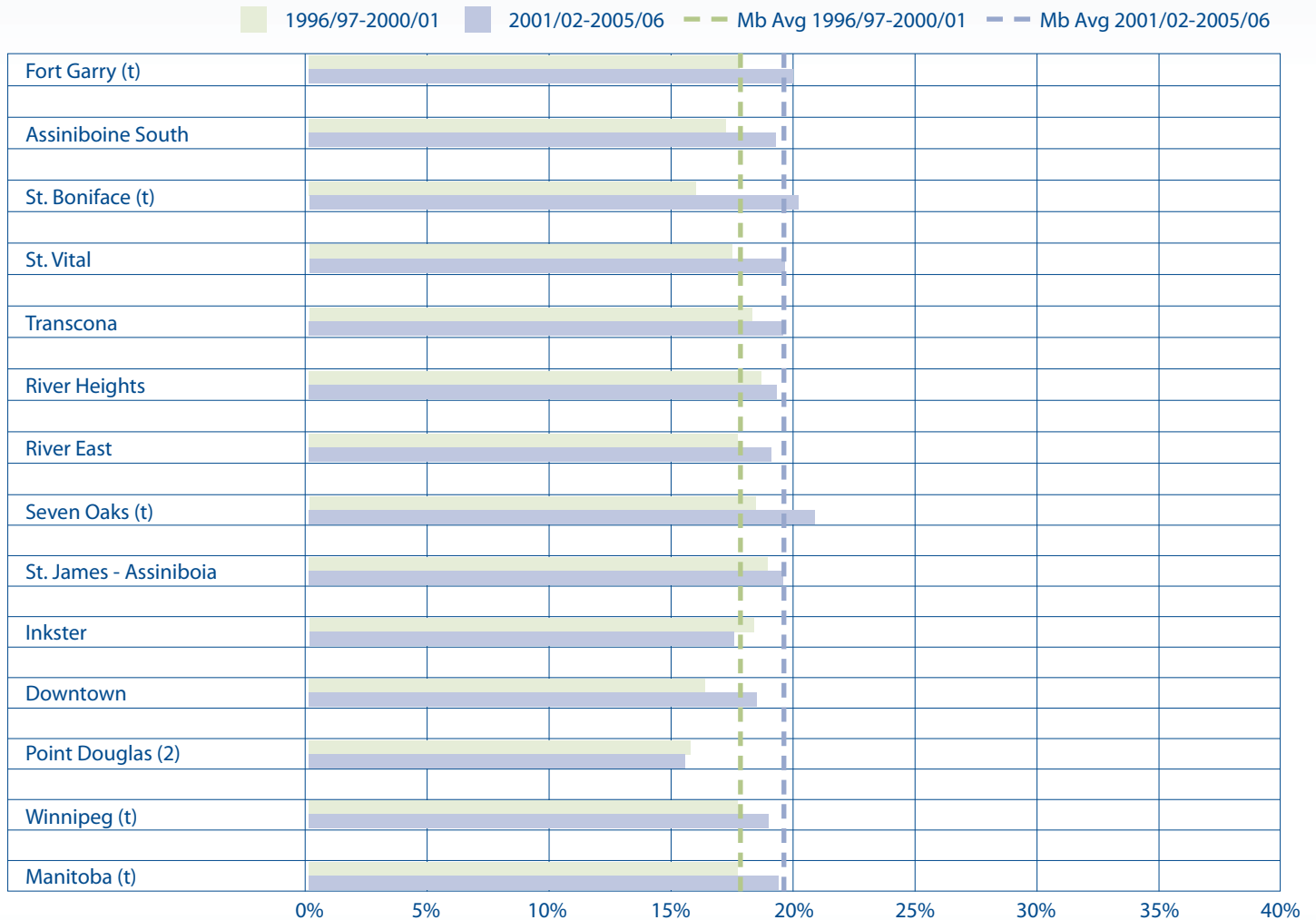
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Caesarean Section (C-Section)

Age-adjusted percent of deliveries

Figure 12.3



Source: Manitoba Centre for Health Policy, 2008

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Vaginal Birth after Caesarean Section

This indicator is limited to women who have previously given birth by C-Section. Vaginal birth after Caesarean Section (VBAC) is an important indicator of the effort to reduce unnecessary C-Sections when there is no indication for a C-Section and evidence that C-Sections may increase complications for the newborns. VBACs also tend to carry lower health risks to the mother and require shorter hospital stays than C-Sections.

The percent of women giving birth vaginally who had previously had at least one delivery by C-Section; the data come from the hospital records. Values were calculated for two 5-year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age-adjusted percent of deliveries to the Manitoba population in the first time period.

Table 12.4

Community Area	1996/97-2000/01		2001/02-2005/06		% Change
	Avg # VBACs / year	Adjusted Rate (%)	Avg # VBACs / year	Adjusted Rate (%)	
Fort Garry	26	38.5%	23	30.0%	-22.6%
Assiniboine South (t)	12	37.9%	8	24.3%	-36.3%
St. Boniface (t)	22	46.0%	19	33.7%	-28.0%
St. Vital	23	38.3%	24	38.3%	0.4%
Transcona	13	33.3%	12	33.1%	-1.3%
River Heights	15	28.4%	17	31.3%	8.4%
River East	32	33.8%	31	31.6%	-8.2%
Seven Oaks	24	35.8%	19	30.4%	-15.4%
St. James - Assiniboia	19	34.8%	17	32.3%	-7.8%
Inkster	17	35.9%	18	42.4%	19.0%
Downtown (2)	42	43.1%	45	42.7%	-1.3%
Point Douglas (2)	29	45.0%	33	45.3%	-1.1%
Winnipeg	274	37.9%	265	35.4%	-7.2%
Manitoba (t)	555	38.1%	549	34.9%	-9.0%

Source: Manitoba Centre for Health Policy, 2008

Adjusted rates per 100 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

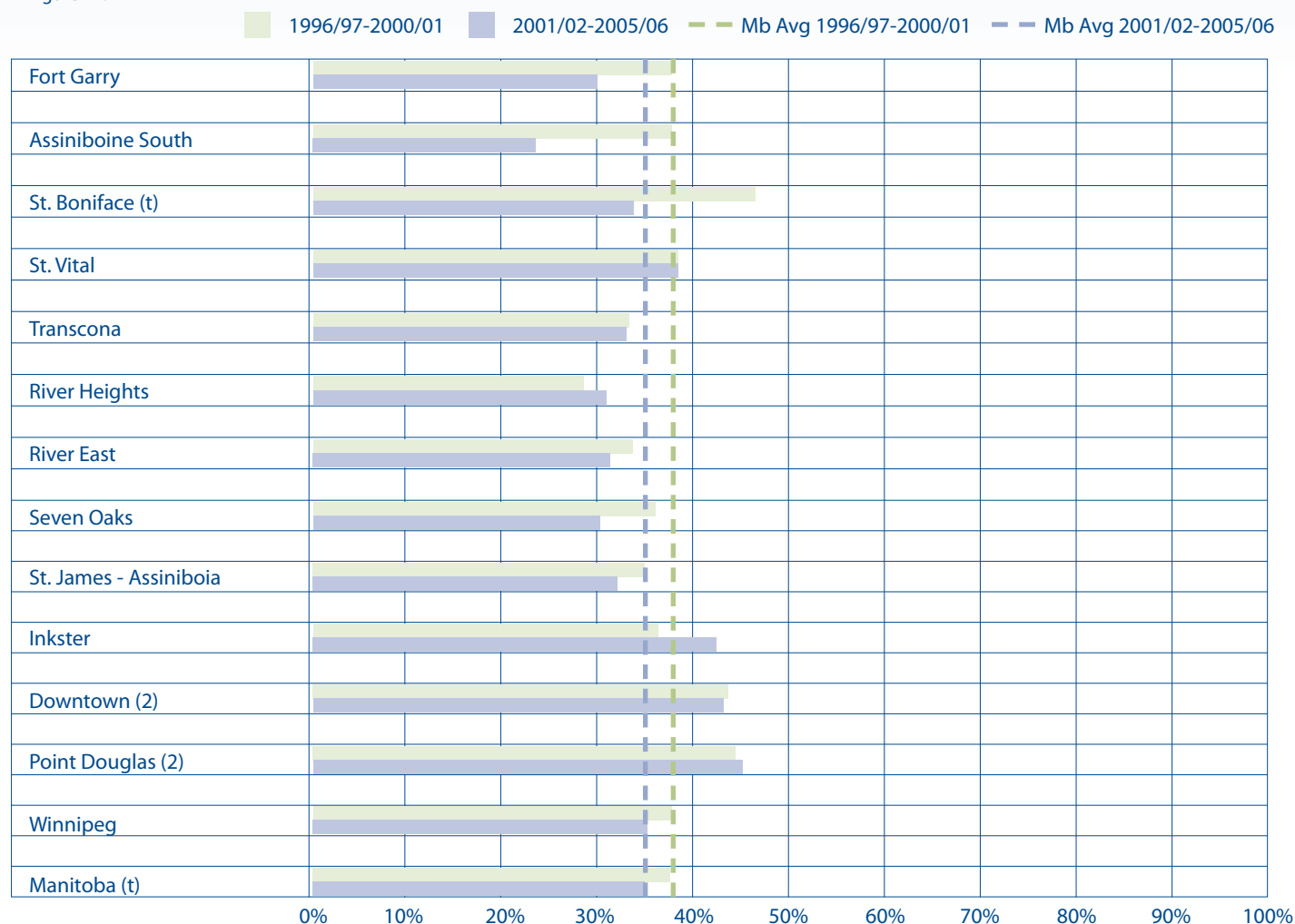
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Vaginal Birth after Caesarean Section

Age-adjusted percent for females ages 15+ with a previous C-section

Figure 12.4



Source: Manitoba Centre for Health Policy, 2008

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive (ACS) conditions are a set of medical conditions or diagnoses “for which timely and effective outpatient care can help to reduce the risks of hospitalization by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition.”<sup>1</sup>

The idea behind this measure was that if people receive an adequate level of good quality primary care, they should not need to be hospitalized for these conditions.

This indicator describes the rate at which an area’s residents were hospitalized for Ambulatory Care Sensitive (ACS) Conditions, per 1000 residents per year. The crude and adjusted rate of hospitalizations for ACS conditions per 1000 residents age 0-74 was measured over two fiscal years: 2000/01 and 2005/2006. The conditions making up this indicator are listed in Appendix A. For all ACS conditions, the ACS condition must have been coded as the “most responsible diagnosis” on the hospital discharge. All Winnipeg hospitals are included; PCHs and personal care homes including Deer Lodge and Riverview were excluded. Individuals who died in hospital were excluded from the numerator. The denominator includes all residents of the WHR age 0-74 as of December 31, 2000 and 2005.

<sup>1</sup> Billings J, Zeitel L, Lukomnik J, Carey TS, Blank AE, Newman L. Impact of socioeconomic status on hospital use in New York City. Health Affairs 1993;12(1):162-73.

Table 12.5

Community Area	2000/01		2005/06		% Change
	Hospitalizations	Adjusted Rate /1000	Hospitalizations	Adjusted Rate /1000	
Fort Garry (1,2)	281	4.8	249	4.1	-15.8%
Assiniboine South (1,2)	146	4.3	148	4.2	2.0%
St. Boniface (1,2)	216	4.8	226	4.6	-3.4%
St. Vital (1,2)	247	4.4	250	4.3	0.6%
Transcona (1,2)	193	6.5	187	6.2	-2.3%
River Heights (1,2)	263	5.1	242	4.7	-7.2%
River East (1,2)	569	6.5	552	6.3	-4.3%
Seven Oaks (1,2,t)	328	6.2	296	5.0	-13.3%
St. James - Assiniboia (1,2)	355	5.7	354	6.0	2.5%
Inkster (1)	237	8.6	224	8.3	-6.2%
Downtown (t)	737	11.7	568	9.4	-23.4%
Point Douglas (2)	406	11.4	453	12.3	6.3%
Winnipeg (1,2)	3978	6.6	3749	6.1	-7.4%
Manitoba (t)	12128	11.3	10342	9.5	-16.2%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 resident estimate what an area’s rate might have been, if that area’s age and sex distribution was the same as that for the province overall.

‘1’ indicates that in the first time period, the area’s rate was statistically different from the MB average at that time

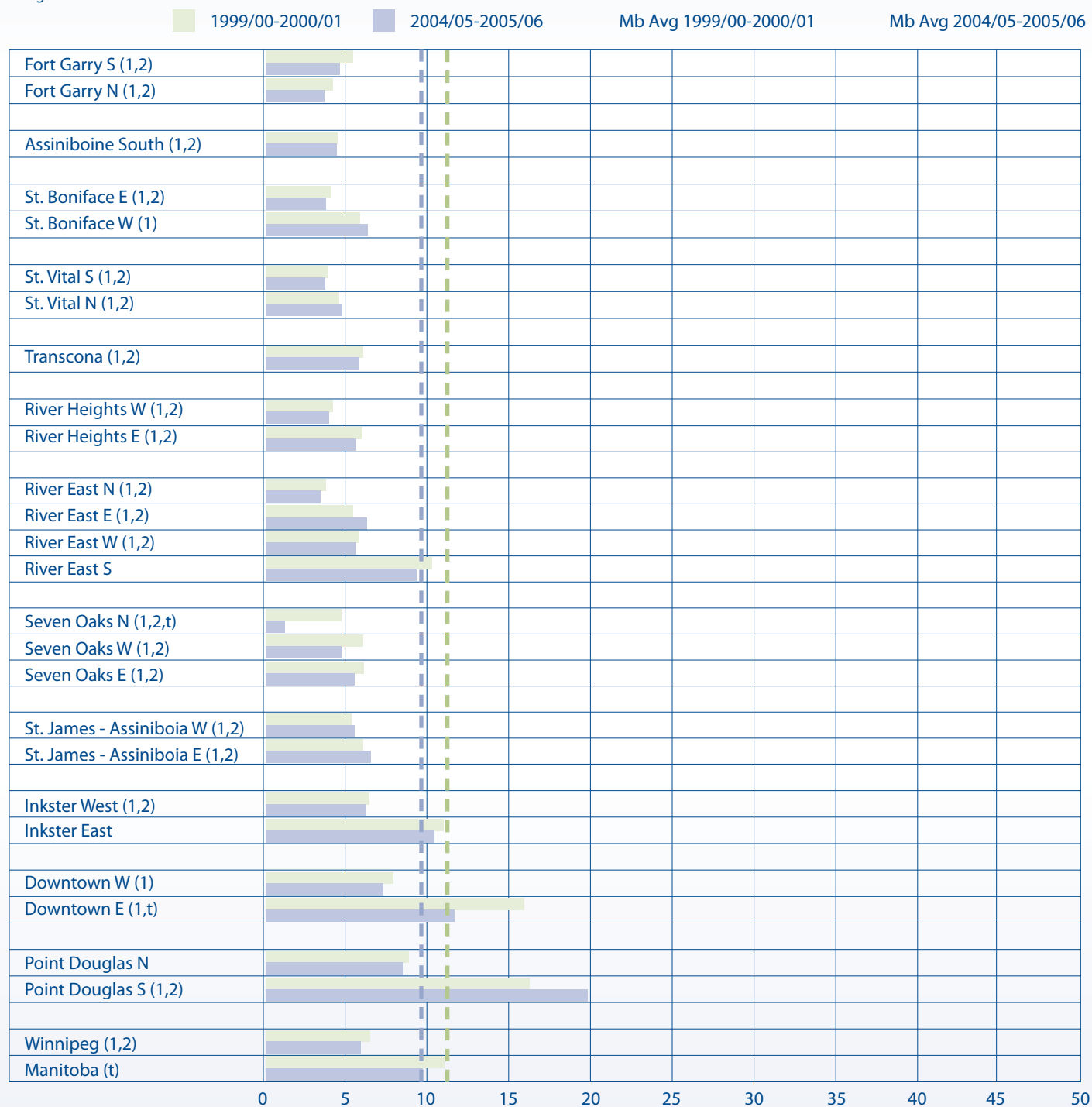
‘2’ indicates that in the second time period, the area’s rate was statistically different from the MB average at that time

‘t’ indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Ambulatory Care Sensitive Conditions

Age- & Sex-adjusted rate of hospitalization for Ambulatory Care Sensitive (ACS) conditions per 1000 residents age 0-74

Figure 12.5

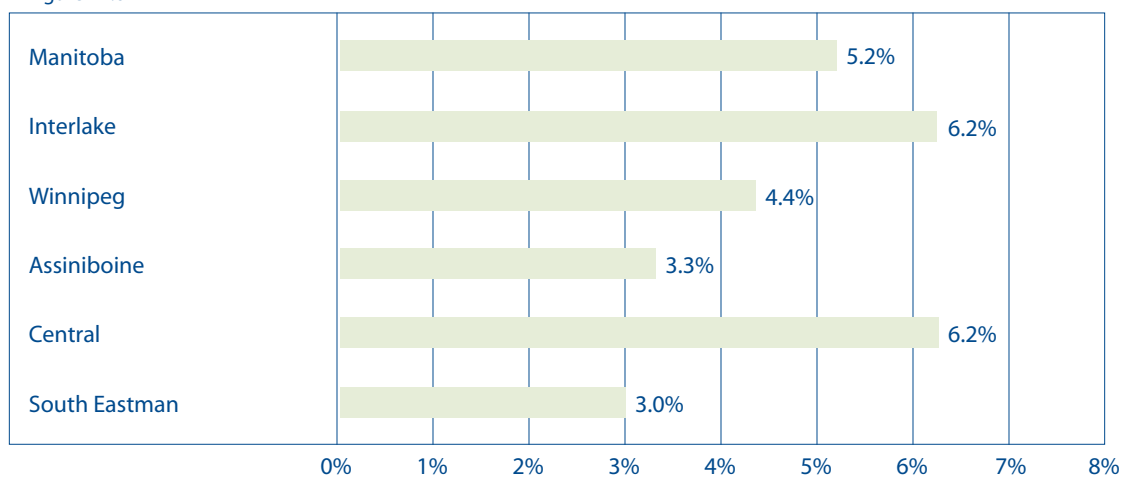


Source: Manitoba Centre for Health Policy, 2009

## Unplanned Readmission Following Discharge for AMI

Readmission after acute myocardial infarction (AMI) has been targeted for public reporting because it is a common, costly, and often preventable outcome. This indicator is the risk-adjusted rate of unplanned readmissions for selected reasons within 28 days following discharge for a heart attack in Manitoba. To enable comparison across regions, a statistical model was used to adjust for differences in age, sex and co-morbidities (co-existing illness). Due to small numbers, the Canadian Institute for Health Information's Health Indicators 2008 report data is used. Results are based on three years of pooled data, 2004/2005-2006/2007.

Figure 12.6



Source: Manitoba Centre for Health Policy, 2009





# 13. CONTINUITY OF SERVICES

## Continuity of Care

The proportion (%) of residents receiving at least 50% of their ambulatory visits over a two-year period from the same physician. For children 0 to 14, it could be a GP/FP or a Pediatrician; for those 15 to 59, only GP/FPs were used; for those 60+, it could be a GP/FP or an Internal Medicine specialist. Residents with less than three ambulatory visits over the two-year period were excluded. Values were calculated for two 2-year periods, 1999/00–2000/01 and 2004/05–2005/06, and were age- and sex-adjusted to the Manitoba population in the first time period.

Table 13.1

Community Area	FY 1999/2000-2000/01		FY 2004/05-2005/06		% Change
	Patients in 3 years	Adjusted Rate (%)	Patients in 3 years	Adjusted Rate (%)	
Fort Garry	30864	69.3%	34400	71.6%	5.6%
Assiniboine South (2,t)	18696	68.8%	20349	73.1%	8.1%
St. Boniface	24697	68.4%	26359	68.0%	0.4%
St. Vital	32048	68.7%	34111	71.0%	5.7%
Transcona (1,2,t)	17945	72.5%	20036	80.0%	12.9%
River Heights	28594	66.2%	29650	69.1%	5.7%
River East (1,2)	50720	74.6%	54245	77.0%	4.6%
Seven Oaks (1,2,t)	32303	73.3%	35131	77.7%	7.4%
St. James - Assiniboia (2,t)	32015	68.5%	33705	74.3%	9.9%
Inkster	15557	68.1%	16126	71.0%	6.0%
Downtown (t)	33495	62.9%	36226	66.8%	7.6%
Point Douglas	19794	64.0%	21008	67.1%	6.2%
Winnipeg	336728	68.9%	361346	72.0%	6.4%
Manitoba	560555	65.8%	587365	67.7%	4.7%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 100 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

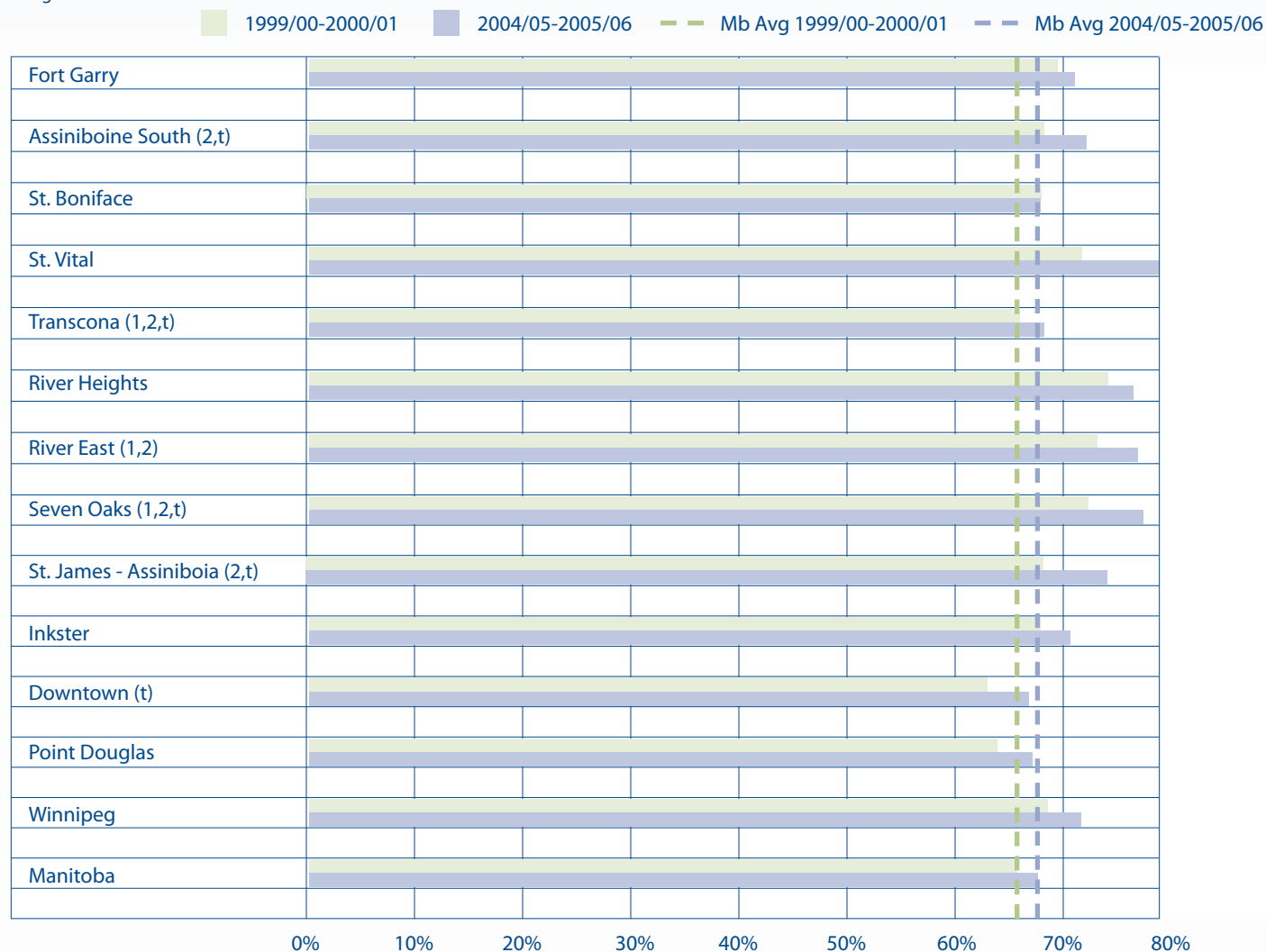
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Continuity of Care Rates by Winnipeg Community Areas

The percentage of residents receiving at least 50% of their ambulatory visits over a two-year period from the same physician.

Figure 13.1



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Antidepressant Follow-Up

The proportion (%) of persons with a new prescription for antidepressants and a physician diagnosis of depression who had at least three physician visits within four months of the prescription being filled.

Average percentage rates were calculated for two 3-year periods, 1998/99-2000/01 and 2003/04-2005/06.

Table 13.2

Community Area	FY 1998/99-2000/01		FY 2003/04-2005/06		% Change
	Patients	Percentage	Patients	Percentage	
Fort Garry	741	60.2%	653	61.6%	2.3%
Assiniboine South	514	61.9%	491	59.9%	-3.2%
St. Boniface (1,t)	621	64.6%	552	58.0%	-10.2%
St. Vital	907	60.9%	693	58.0%	-4.7%
Transcona	527	58.1%	458	55.2%	-4.9%
River Heights (1)	911	63.2%	749	59.8%	-5.4%
River East	1284	59.0%	1106	57.6%	-2.4%
Seven Oaks (2)	747	63.1%	615	64.1%	1.6%
St. James - Assiniboia	916	60.7%	816	59.8%	-1.5%
Inkster	320	60.9%	286	59.8%	-1.9%
Downtown	1030	62.0%	976	62.1%	0.1%
Point Douglas (2)	552	62.0%	559	63.7%	2.8%
Winnipeg (1,2)	9070	61.3%	7954	60.0%	-1.9%
Manitoba	15783	58.8%	14155	58.2%	-1.8%

Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

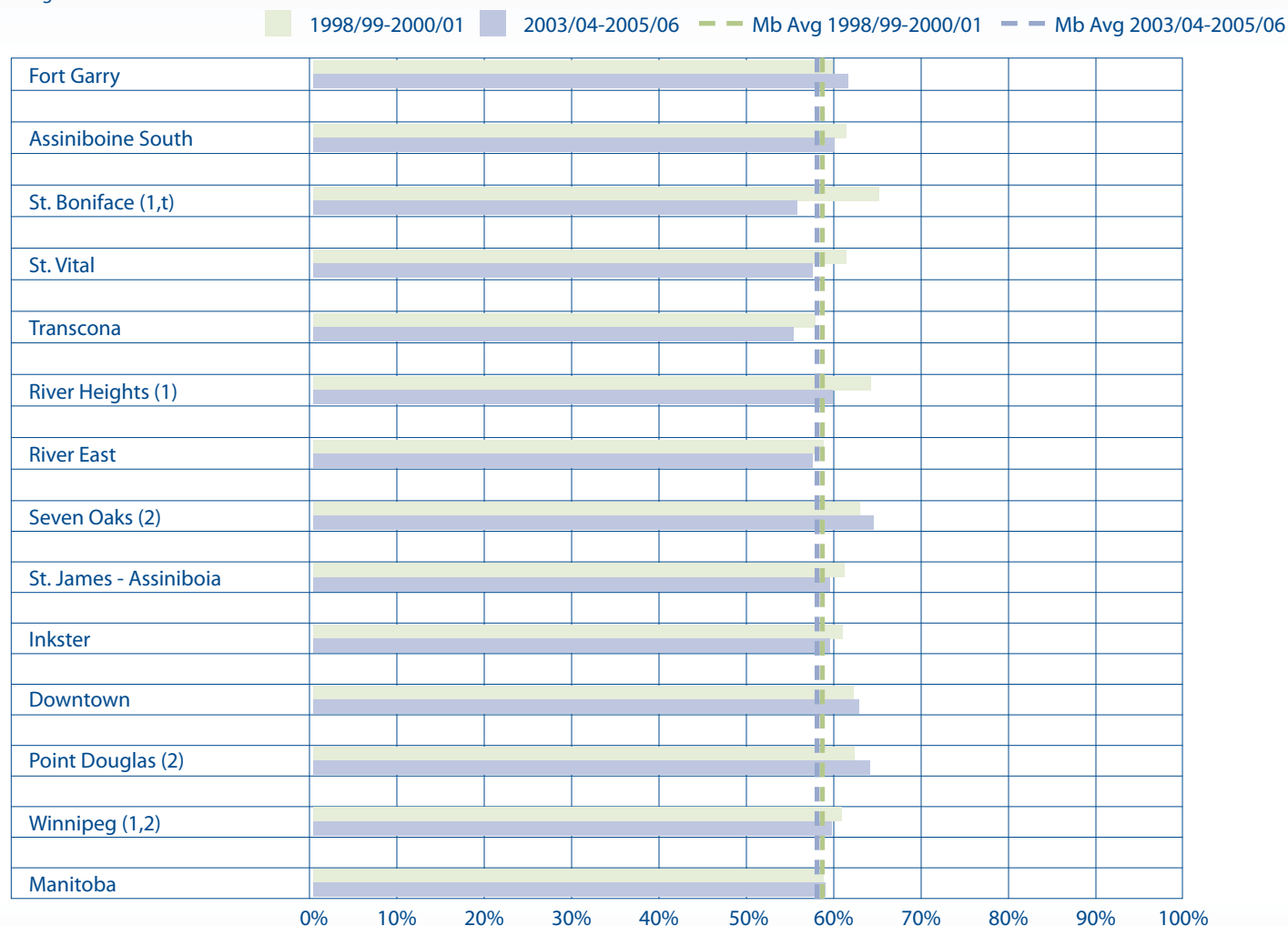
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Antidepressant Follow-Up

Average percentage of persons prescribed a new antidepressant who received at least 3 physician visits in 4 months following the antidepressant prescription.

Figure 13.2



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant



# 14. UTILIZATION

## Ambulatory Visits to All Physicians by Category of Illness

The distribution of diagnoses (illness categories) as attributed during ambulatory visits (one diagnosis code is recorded for each physician visit). Visits are grouped according to the 19 chapters of the International Classification of Diseases system (ICD-9-CM), and the top 10 reasons for a visit to a physician in Winnipeg are shown for each one-year fiscal time period, 2000/01 and 2005/06.

Figure 14.1: Physician Visits by Cause (percentage), Winnipeg 2000/01

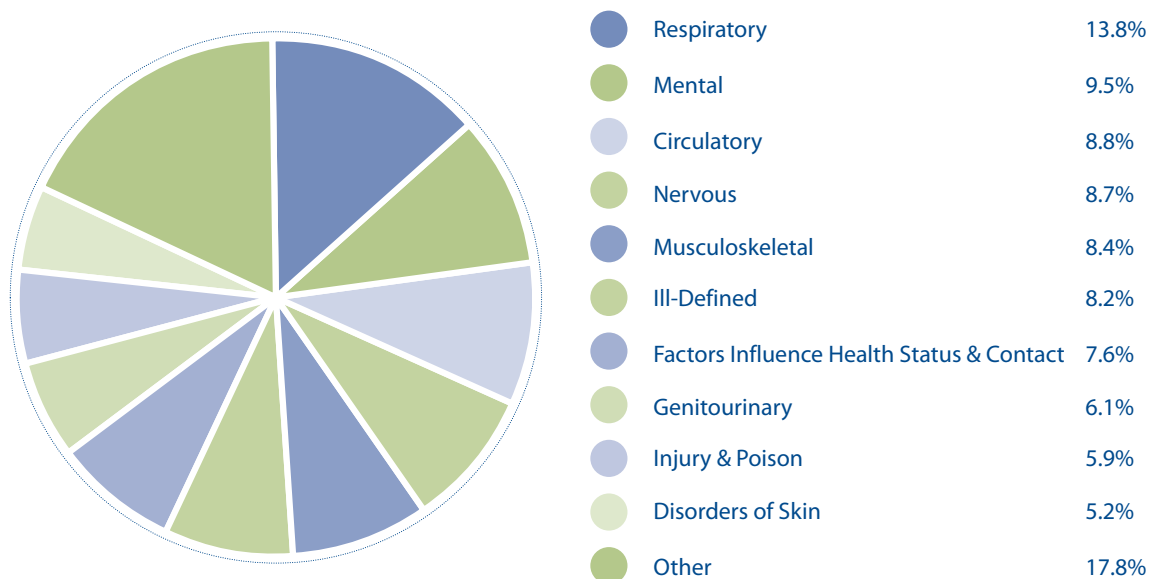
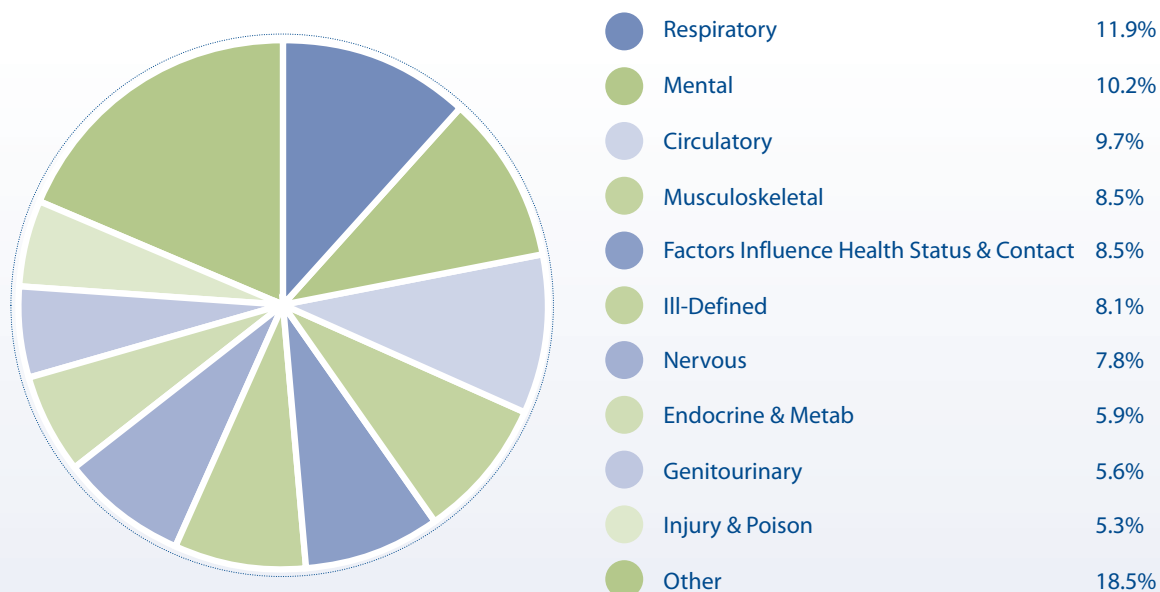


Figure 14.2: Physician Visits by Cause (percentage), Winnipeg 2005/06



Source: Manitoba Centre for Health Policy, 2009

## Hospital Days Used for Short Stays (<14 days):

The number of days used in 'short stay' hospitalizations. An inpatient hospitalization lasting from one day to 13 days is considered a short hospital stay. Newborn (birth) hospitalizations were excluded. All Winnipeg hospitals are included in the calculation of this indicator; PCHs and Long-term Care facilities were excluded (e.g., Deer Lodge and Riverview). The number of hospital days used in short stays (less than 14 days) per 1000 area residents per year. A resident having more than one short-stay hospitalization in the one-year periods reported contributed to the sum of all the days used for short stays. Rates were calculated for 2000/01 and 2005/06 and were age- and sex-adjusted to the Manitoba population in 2000/01.

Table 14.1

Hospital Days used for Short Stays (<14 days)					
Community Area	2000/01		2005/06		% Change
	Total Days/Year	Adjusted Rate/1000 residents	Total Days/Year	Adjusted Rate/1000 residents	
Fort Garry (1,2)	13727	241.7	13456	213.5	-8.0%
Assiniboine South (1,2)	8814	232.7	8692	225.7	-2.2%
St. Boniface (1,2)	12130	253.1	11418	230.9	-13.0%
St. Vital (1,2,t)	14817	252.4	13660	212.9	-9.1%
Transcona (1,2)	7869	275.9	7174	254.1	-8.7%
River Heights (1,2)	16396	265.7	14227	231.7	-12.0%
River East (1,2)	23987	262.5	23214	232.8	-5.3%
Seven Oaks (1,2)	14441	262.9	14511	235.1	-3.8%
St. James - Assiniboia (1,2)	17955	268.5	17681	259.2	0.3%
Inkster (2)	7520	294.7	7217	266.9	-4.7%
Downtown	23741	361.9	21576	320.4	-9.0%
Point Douglas	13904	367.8	13789	359.0	-4.5%
Winnipeg (1,2)	175301	269.6	166615	247.1	-6.9%
Manitoba	405691	352.2	380561	321.6	-8.1%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

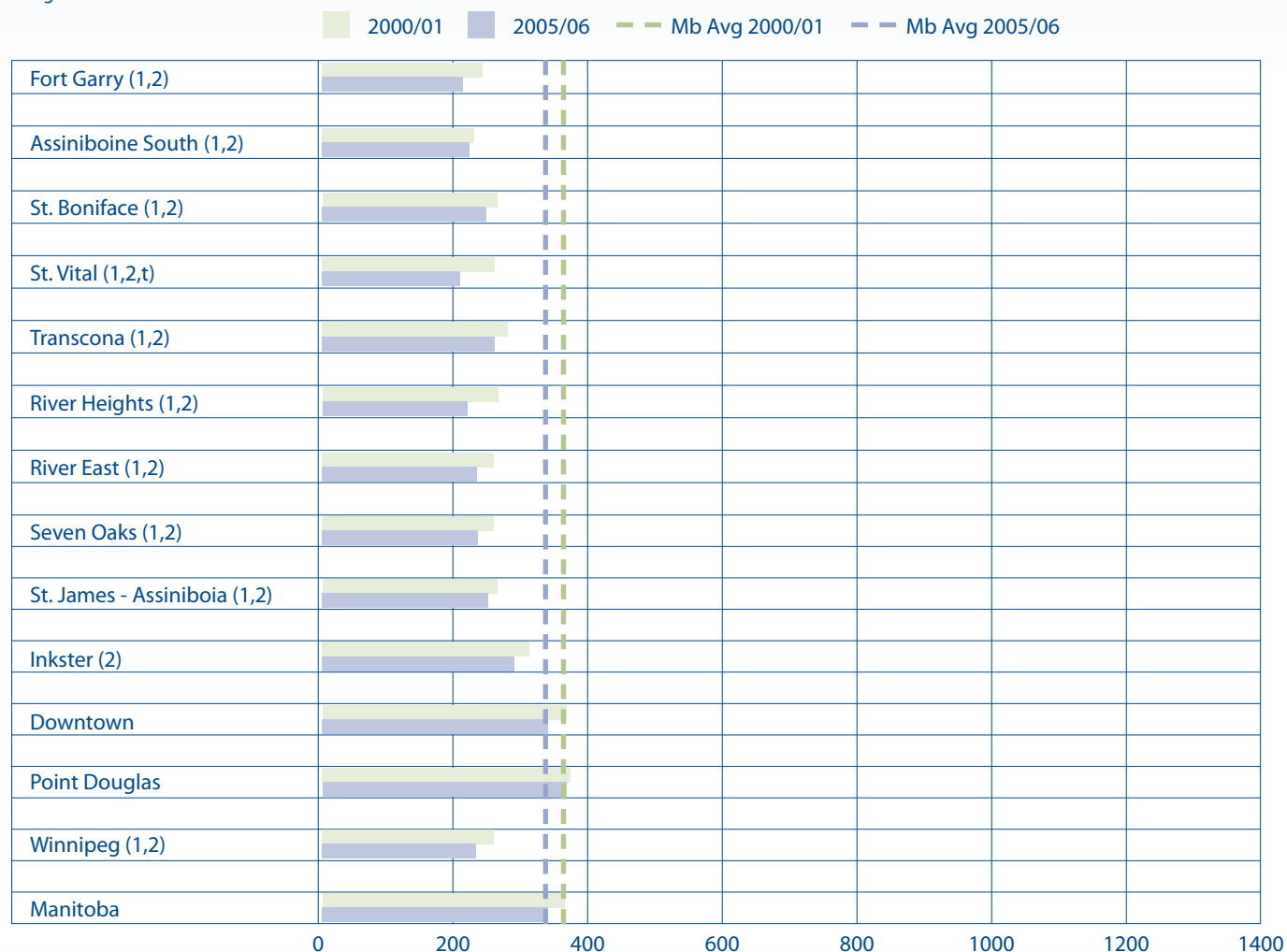
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Hospital Days Used (Short Stays: < 14 days)

Age- & sex-adjusted rate of hospital days used in stays of less than 14 days, per 1000 residents

Figure 14.3



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant



## Hospital Days Used for Long Stays (14+ days):

The number of days used in 'long-stay' hospitalizations. An inpatient hospitalization lasting 14 days or more is considered a long hospital stay. Newborn (birth) hospitalizations were excluded. All Winnipeg hospitals are included; PCHs and Long-term Care facilities were excluded (e.g., Deer Lodge and Riverview). The number of hospital days used in long stays (14 or more days) per 1,000 area residents per year. A resident having more than one long-stay hospitalization in the one-year periods contributed to sum of all the days used for long stays. However, each hospitalization was limited to 365 days as a maximum length of stay. Rates were calculated for 2000/01 and 2005/06 and were age- and sex-adjusted to the Manitoba population in 2000/01.

Table 14.2

Hospital Days used for Long Stays (14+ days)					
Community Area	2000/01		2005/06		% Change
	Total Days/Year	Adjusted Rate/1000 residents	Total Days/Year	Adjusted Rate/1000 residents	
Fort Garry (2)	23779	499.4	24679	367.2	-2.6%
Assiniboine South	16750	470.1	17985	403.2	6.5%
St. Boniface (t)	30392	712.9	23605	474.5	-28.2%
St. Vital	31878	571.5	29927	514.9	-7.5%
Transcona	13348	548.9	13200	639.2	-1.0%
River Heights	43891	679.4	36136	598.2	-16.5%
River East	58933	602.8	47155	446.8	-21.7%
Seven Oaks	40746	721.9	46849	751.2	10.1%
St. James - Assiniboia	42342	652.0	42411	629.2	2.0%
Inkster	13049	677.5	13772	672.2	4.8%
Downtown (1)	62359	1118.6	49154	888.9	-21.1%
Point Douglas	35198	941.0	32067	895.0	-12.2%
Winnipeg (1,2)	175301	269.6	166615	247.1	-10.5%
Manitoba	405691	352.2	380561	321.6	-8.9%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

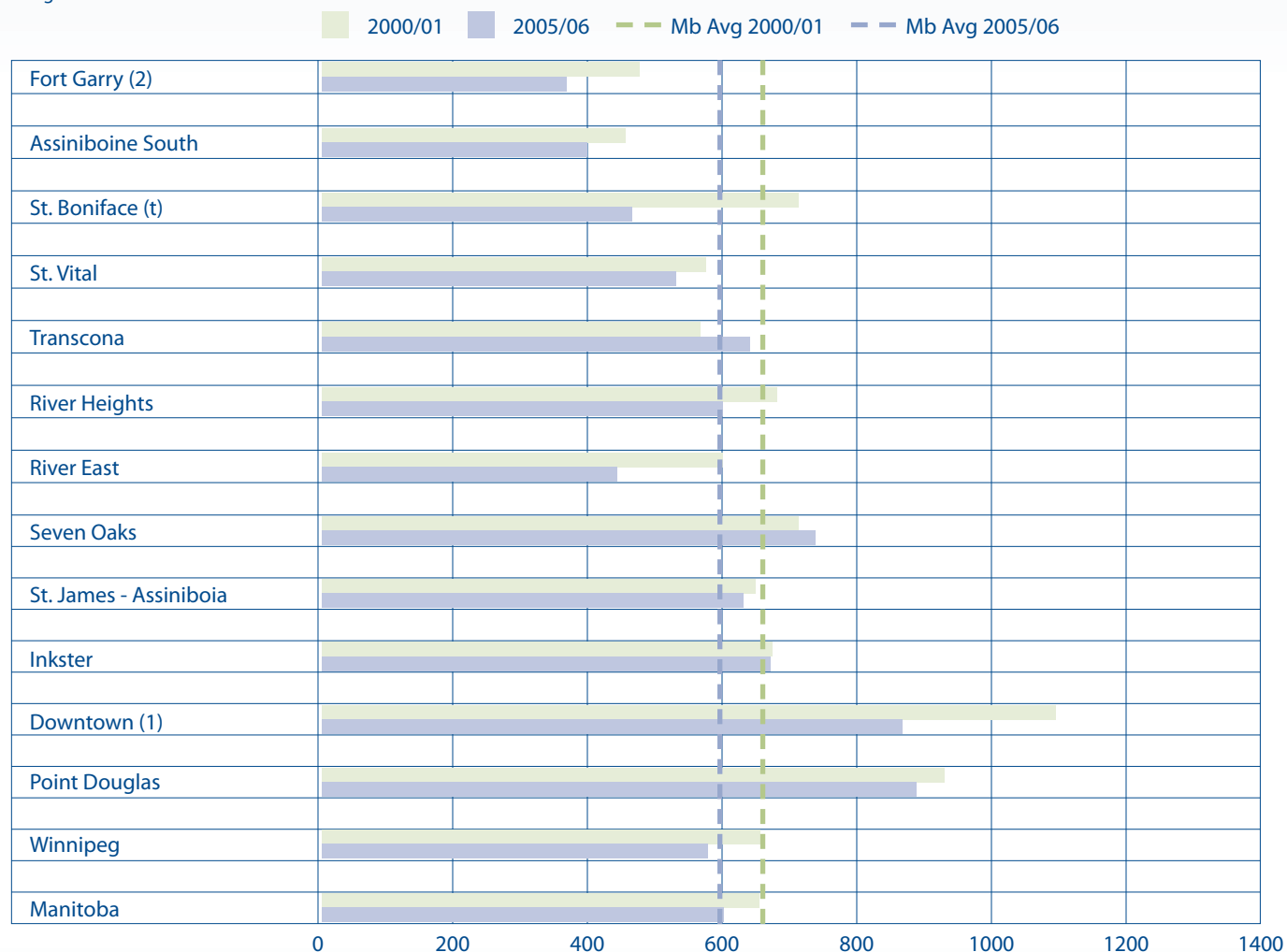
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Hospital Days Used (Long Stays: + 14 days)

Age- & sex-adjusted rate of hospital days used in stays of 14 days or more, per 1,000 residents

Figure 14.4



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Cataract Surgery

Cataracts occur when the lens of the eye becomes cloudy and normal vision is impaired. The clouded lens is removed in its entirety by surgery and replaced with an intraocular lens made of plastic. This indicator describes the number of cataract replacement surgeries performed on area residents age 50 or older, per 1000 residents age 50 or older.

Cataract surgery was defined by a physician claim with tariff codes 5611, 5612 and tariff prefix 2 (surgery), or a hospital separation with ICD-9-CM procedure codes 13.11, 13.19, 13.2, 13.3, 13.41, 13.42, 13.43, 13.51, 13.59, or CCI code 1.CL.89. Additional cataract surgeries for Manitoba residents were added from medical reciprocal claims for out of province procedures, including Alberta (tariff code 27.72) and Saskatchewan (tariff codes 135S, 136S, 226S and 325S). Rates were calculated for 2000/01 and 2005/06 and age- & sex- adjusted to the Manitoba population age 50+ years in the first time period.

Table 14.3

Community Area	2000/01		2005/06		% Change
	Cataract Surgeries	Adjusted Rate/1000 residents 50+	Cataract Surgeries	Adjusted Rate/1000 residents 50+	
Fort Garry (t)	398	26.5	585	32.7	21.7%
Assiniboine South	255	25.1	339	27.8	14.3%
St. Boniface	422	30.6	466	31.0	-2.1%
St. Vital	504	29.5	560	30.4	-5.0%
Transcona	194	27.5	212	27.5	-2.3%
River Heights	636	30.6	594	29.6	-10.1%
River East	862	31.2	851	28.1	-13.1%
Seven Oaks	520	29.2	552	29.6	-5.6%
St. James - Assiniboia	615	27.6	724	30.5	13.6%
Inkster (2)	187	30.9	231	36.9	5.9%
Downtown	561	29.8	511	29.6	-12.3%
Point Douglas	381	32.5	303	28.4	-22.5%
Winnipeg	5535	29.5	5928	30.0	-3.5%
Manitoba	9185	27.7	9938	28.4	-2.0%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

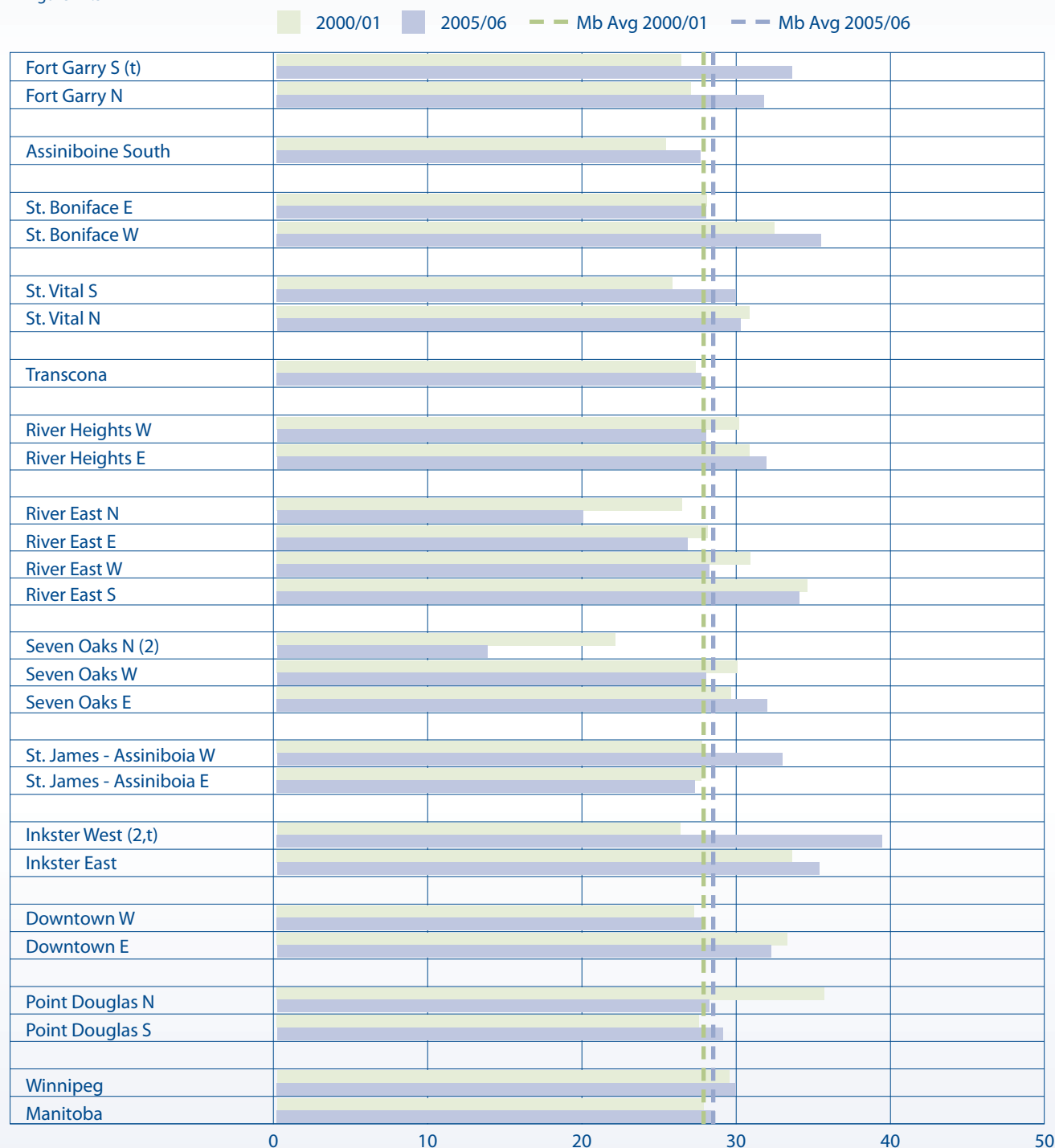
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Cataract Surgery

Age- & sex-adjusted annual rates per 1000 residents age 50 or over

Figure 14.5



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Hip Replacement Surgery

Hip replacement surgery removes damaged or diseased parts of a hip joint and replaces them with new, man-made parts. The goals of this surgery are to: relieve pain, help the hip joint work better and improve walking and other movements. The most common reason for hip replacement surgery is osteoarthritis in the hip joint.

This indicator reports on the number of total hip replacements performed on area residents age 40 or older, per 1000 area residents age 40 or older. Hip replacements were defined by ICD-9-CM codes 81.50, 81.51, 81.53, or CCI code 1.VA.53 in any procedure field in hospital abstracts. Rates were calculated for two 5-year periods, 1996/97–2000/01 and 2001/02–2005/06, and age- & sex-adjusted to the Manitoba population age 40 or older in the first time period.

Table 14.4

Community Area	1996/97-2000/01	2001/02-2005/06	% Change
	Adjusted Rate per 1000 residents 40+	Adjusted Rate per 1000 residents 40+	
Fort Garry	2.1	2.1	3.2%
Assiniboine South (t)	1.7	2.6	67.7%
St. Boniface (t)	1.7	2.5	36.4%
St. Vital (t)	1.7	2.3	34.0%
Transcona (t)	1.5	2.1	36.8%
River Heights	2.0	2.3	10.7%
River East (t)	1.8	2.2	21.8%
Seven Oaks	1.7	1.9	9.9%
St. James - Assiniboia (t)	1.8	2.6	37.3%
Inkster (2)	1.2	1.4	9.7%
Downtown	1.7	1.9	2.4%
Point Douglas (2)	1.4	1.4	-10.0%
Winnipeg (t)	1.7	2.1	20.5%
Manitoba (t)	1.7	2.2	21.1%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

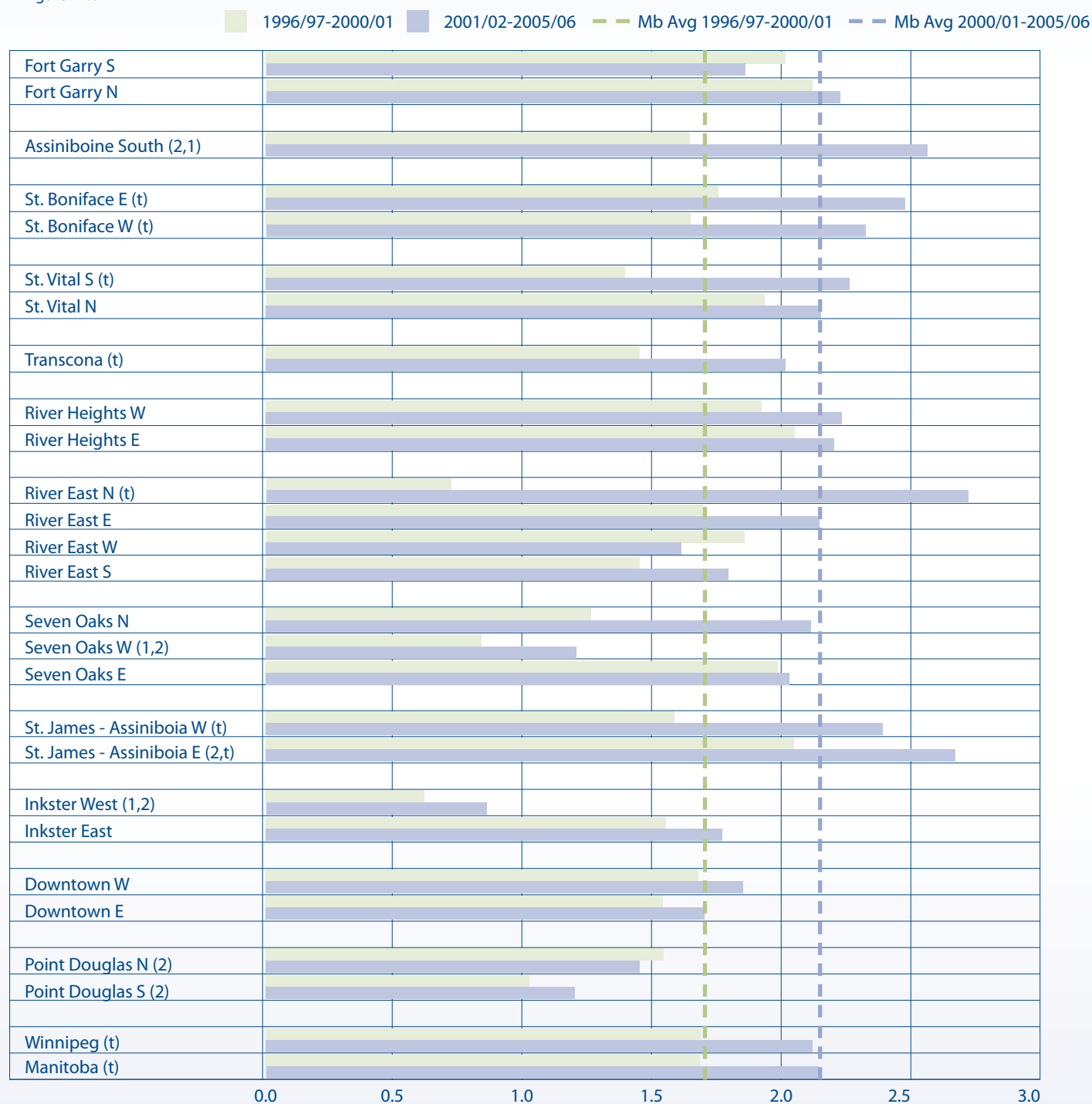
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Hip Replacement Surgery

Age- & sex-adjusted annual rates per 1000 residents age 40 or over

Figure 14.6



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Knee Replacement Surgery

Knee replacement is surgery for people with severe knee damage. Knee replacement surgery can relieve pain and allow persons to be more active. During a total knee replacement, the surgeon removes damaged cartilage and bone from the surface of the knee joint and replaces them with a man-made surface of metal and plastic. In a partial knee replacement, the surgeon only replaces one part of the knee joint.

This indicator reports on the total number of knee replacements performed on area residents age 40 or older, per 1000 area residents age 40 or older. Knee replacements were defined by ICD-9-CM codes 81.54, 81.55, or CCI code 1.VG.53 in any procedure field in hospital abstracts. Rates were calculated for two 5-year periods, 1996/97–2000/01 and 2001/02–2005/06, and age- & sex-adjusted to the Manitoba population age 40 or over in the first time period.

Table 14.5

Community Area	1996/97-2000/01	2001/02-2005/06	% Change
	Adjusted Rate per 1000 residents 40+	Adjusted Rate per 1000 residents 40+	
Fort Garry (t)	2.2	3.0	34.7%
Assiniboine South	2.4	3.0	35.8%
St. Boniface (t)	2.0	2.7	30.5%
St. Vital (t)	2.3	3.0	24.9%
Transcona (t)	2.5	3.3	26.8%
River Heights (t)	1.8	2.4	22.6%
River East (t)	2.4	3.1	17.2%
Seven Oaks (t)	1.8	2.5	31.6%
St. James - Assiniboia (t)	2.4	3.5	35.6%
Inkster (2)	1.5	2.0	32.3%
Downtown (1,2,t)	1.5	2.1	18.2%
Point Douglas	2.1	2.5	4.6%
Winnipeg (t)	1.7	2.1	25.7%
Manitoba (t)	1.7	2.2	25.7%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

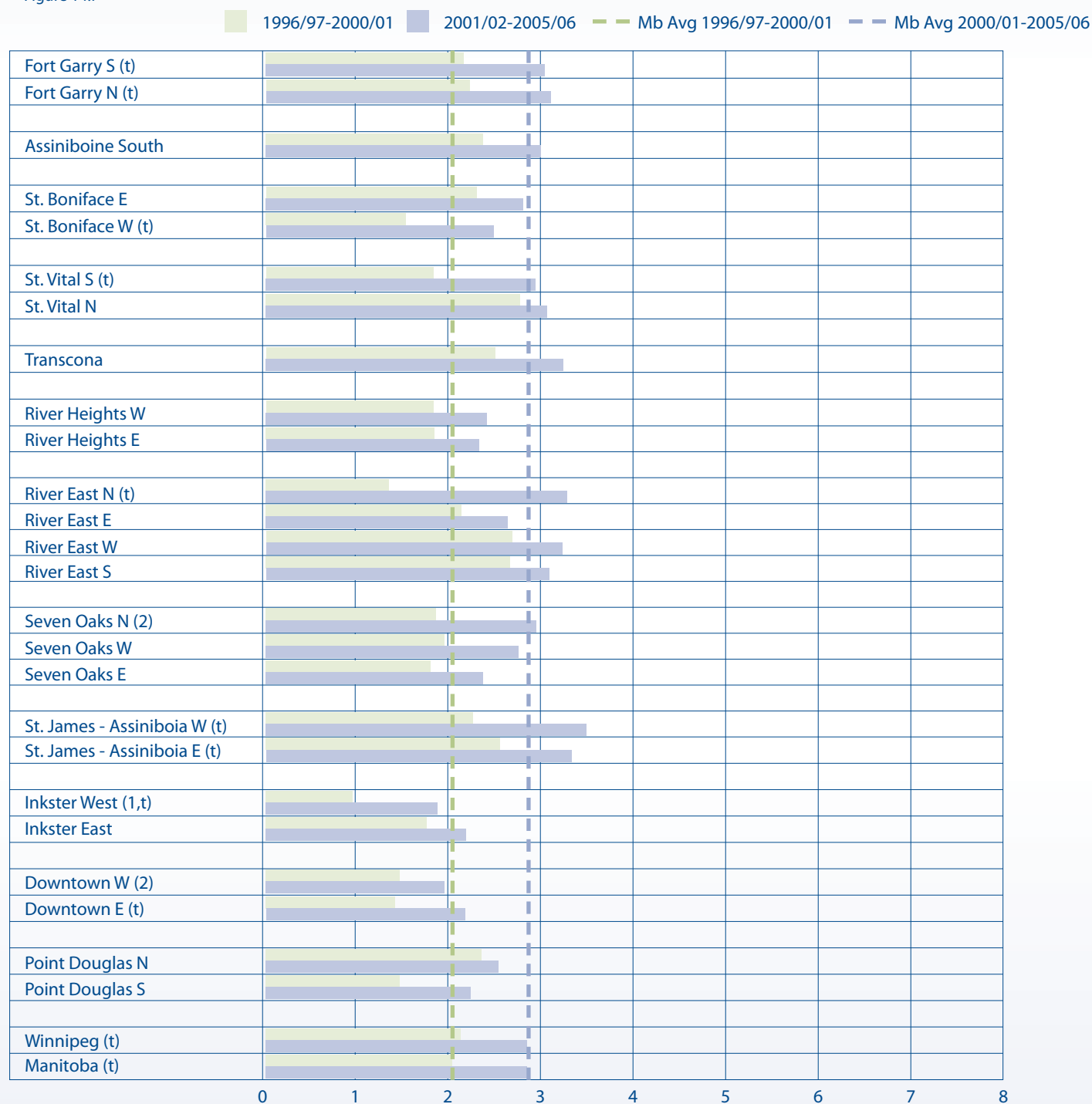
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Knee Replacement Surgery

Age- & sex-adjusted annual rates per 1000 residents age 40 or over

Figure 14.7



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant



## Cardiac Catheterization (Diagnostic Angiogram)

Cardiac catheterization is the most accurate method for identifying the location and severity of coronary artery disease. A catheter is inserted into a groin or arm artery and advanced to the opening of the coronary arteries supplying blood to the heart with the help of a fluoroscope (an X-ray viewing instrument). The catheter is used to inject radiographic contrast into each cardiac artery and the images produced are called an angiogram.

This indicator describes the number of cardiac catheterizations performed on area residents age 40 or older, per 1000 residents age 40 or older. This includes ICD-9-CM procedure codes 37.21-37.23, 88.52-88.57, or CCI procedure codes 2.HZ.28, 3.IP.10 in any procedure field in a hospital abstract (inpatient or outpatient). Rates were calculated for two 3-year periods, 1998/99-2000/01 and 2003/04-2005/06, and age- & sex-adjusted to the Manitoba population 40+ in the first time period. Cardiac catheterizations were only performed at the two tertiary hospitals (Health Sciences Centre and St Boniface General Hospital), so only hospital separations from those two hospitals were included in the analysis in order to eliminate the potential for double-counting of procedures.

Table 14.6

Community Area	1998/99-2000/01	2003/04-2005/06	% Change
	Adjusted Rate per 1000 residents 40+	Adjusted Rate per 1000 residents 40+	
Fort Garry	6.7	6.8	2.7%
Assiniboine South (1,t)	8.3	6.8	-14.6%
St. Boniface	8.1	7.8	-4.0%
St. Vital	7.9	7.7	-0.3%
Transcona (1)	8.3	7.7	-5.6%
River Heights	7.1	6.9	-3.7%
River East	6.8	6.9	2.0%
Seven Oaks	7.6	7.2	-5.7%
St. James - Assiniboia (1,t)	9.0	7.3	-18.3%
Inkster	6.5	7.4	15.7%
Downtown	7.1	7.3	-2.0%
Point Douglas	7.3	8.0	4.1%
Winnipeg	7.4	7.2	-3.8%
Manitoba	6.8	6.9	0.1%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

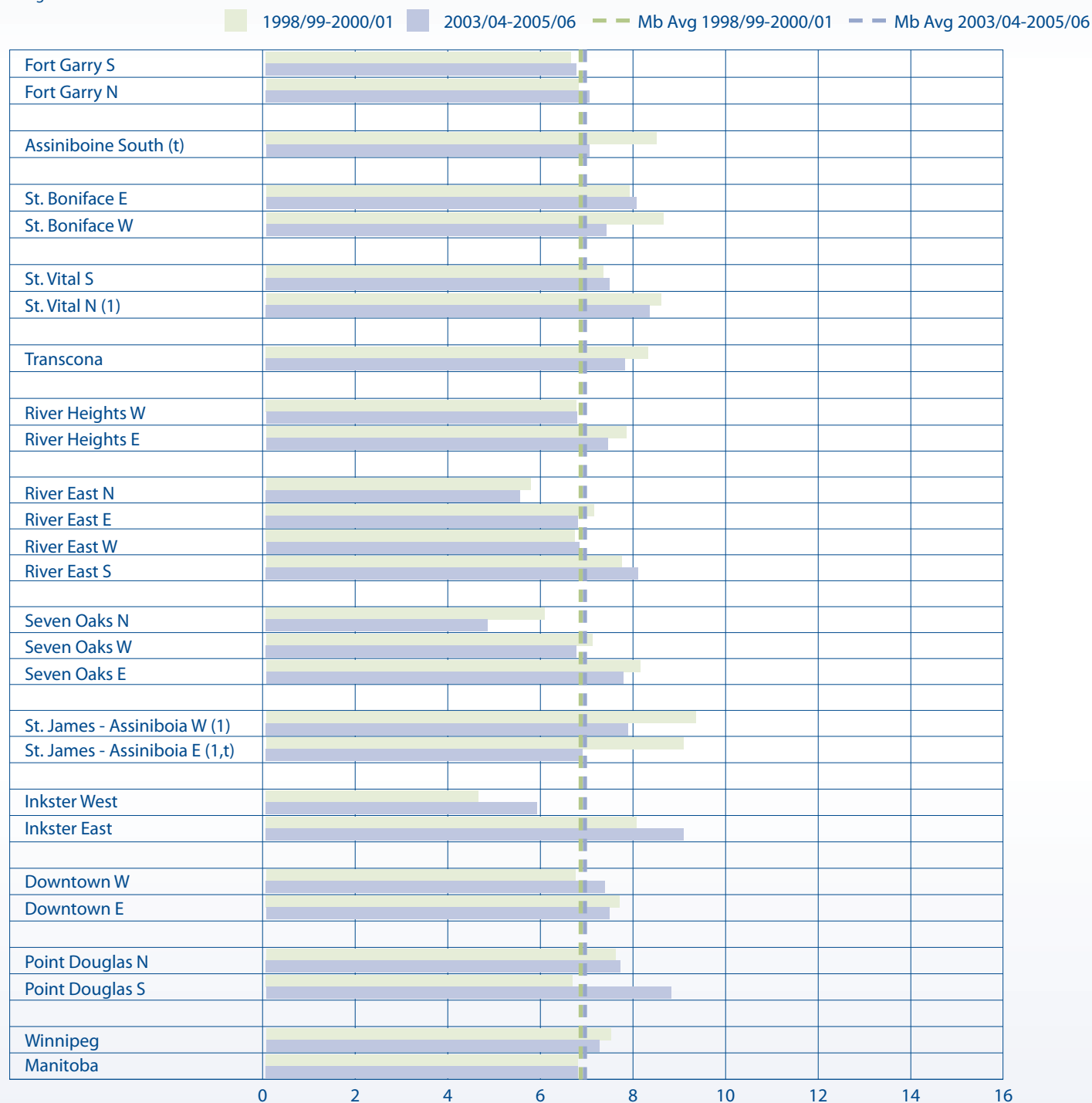
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Cardiac Catheterization (Diagnostic Angiogram)

Age- & sex-adjusted annual rates per 1000 residents age 40 or over

Figure 14.8



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Percutaneous Coronary Interventions (PCI): Angioplasty & Stent Insertion

Percutaneous coronary interventions are procedures that treat the narrowed coronary arteries of the heart found in people with coronary heart disease. These interventions include percutaneous transluminal coronary angioplasty (PTCA) procedures commonly known as 'angioplasty' or 'balloon angioplasty'. Angioplasty procedures use a balloon-tipped catheter to enlarge a narrowing in a coronary artery and, if necessary to insert a small lattice-shaped metal tube called a stent to hold the artery open so blood can flow through it more easily.

This indicator reports on the number of percutaneous transluminal coronary angioplasty procedures (with or without stent insertion) performed on area residents age 40 or older, per 1000 residents age 40 or older. This includes ICD-9-CM procedure codes 37.21-37.23, 88.52-88.57, or CCI procedure codes 1.JJ.50 and 1.JJ.57 in any procedure field in a hospital abstract (inpatient or outpatient). Rates were calculated for two 5-year periods, 1996/97-2000/01 and 2001/02-2005/06, and age- & sex- adjusted to the Manitoba population age 40 or more years in the first time period.

Table 14.7

Percutaneous Coronary Interventions (PCI): Angioplasty & Stent Insertion			
Community Area	1996/97-2000/01	2001/02-2005/06	% Change
	Adjusted Rate per 1000 residents 40+	Adjusted Rate per 1000 residents 40+	
Fort Garry (t)	1.6	2.2	39.8%
Assiniboine South	1.8	2.3	35.3%
St. Boniface	2.1	2.6	20.9%
St. Vital (t)	2.0	2.7	37.2%
Transcona (t)	2.0	2.8	39.7%
River Heights (t)	1.8	2.5	42.6%
River East (t)	1.5	2.3	54.6%
Seven Oaks (t)	1.6	2.5	55.4%
St. James - Assiniboia (t)	1.8	2.6	41.4%
Inkster (t)	1.8	2.5	40.3%
Downtown (t)	1.8	2.8	44.0%
Point Douglas (t)	1.7	2.9	64.5%
Winnipeg (t)	1.7	2.6	42.9%
Manitoba (t)	1.6	2.3	43.9%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

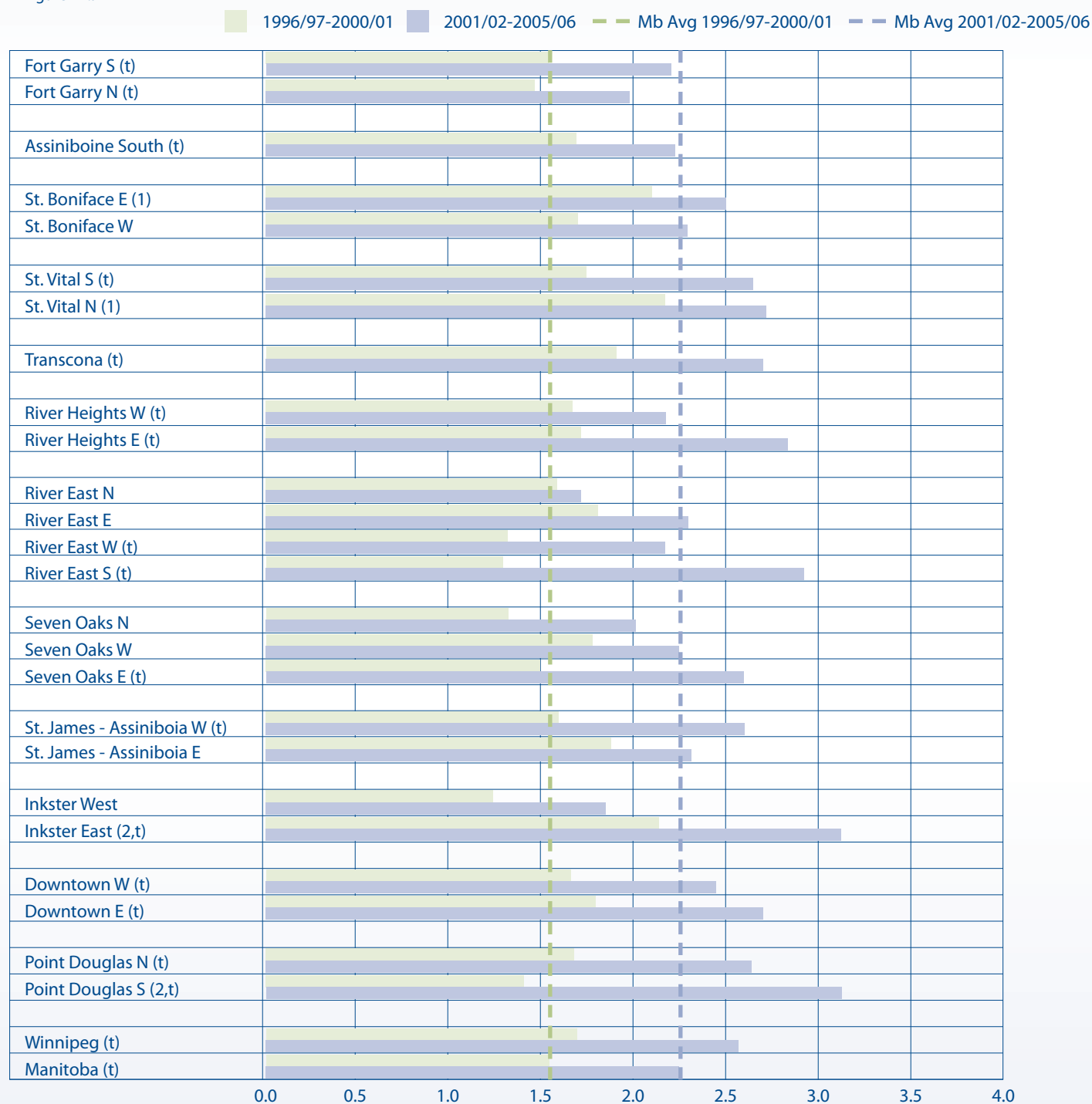
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Percutaneous Coronary Interventions (PCI): Angioplasty & Stent Insertion

Age- & sex-adjusted annual rates per 1000 residents age 40 or over

Figure 14.9



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Coronary Artery Bypass Graft (CABG) Surgery

Bypass surgery is performed on persons with significant narrowing or blockage of coronary arteries to replace narrowed and blocked segments, permitting increased blood flow to the deliver oxygen and nutrients to the heart muscles, thereby improving circulation throughout the body.

The number of bypass surgeries performed on area residents age 40 or older, per 1000 area residents age 40 or older. Bypass surgery is defined by ICD–9–CM procedure codes 36.1–36.16, 36.19, or CCI code 1.JJ.76 in any procedure field (these codes include all surgeries reported, regardless of the number of vessels affected). Rates were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and age– & sex–adjusted to the Manitoba population 40+ in the first time period. Bypass surgeries were only performed at the two tertiary hospitals (Health Sciences Centre and St Boniface General Hospital), so only hospital separations from those two hospitals were included in the analysis, in order to eliminate the potential for double–counting of procedures.

Table 14.8

Coronary Artery Bypass Graft (CABG) Surgery			
Community Area	1996/97–2000/01	2001/02–2005/06	% Change
	Adjusted Rate per 1000 residents 40+	Adjusted Rate per 1000 residents 40+	
Fort Garry (t)	1.8	1.3	-27.8%
Assiniboine South	1.8	1.3	-18.2%
St. Boniface	2.0	1.7	-15.5%
St. Vital	2.1	1.9	-4.6%
Transcona	1.9	1.7	-4.3%
River Heights	1.7	1.6	-7.2%
River East	1.5	1.6	8.1%
Seven Oaks (1)	2.1	1.7	-19.0%
St. James - Assiniboia	1.8	1.6	-11.7%
Inkster	1.8	1.7	-4.0%
Downtown	1.4	1.4	-8.0%
Point Douglas	1.9	1.6	-23.2%
Winnipeg (t)	1.8	1.5	-11.0%
Manitoba	1.8	2.0	-27.0%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

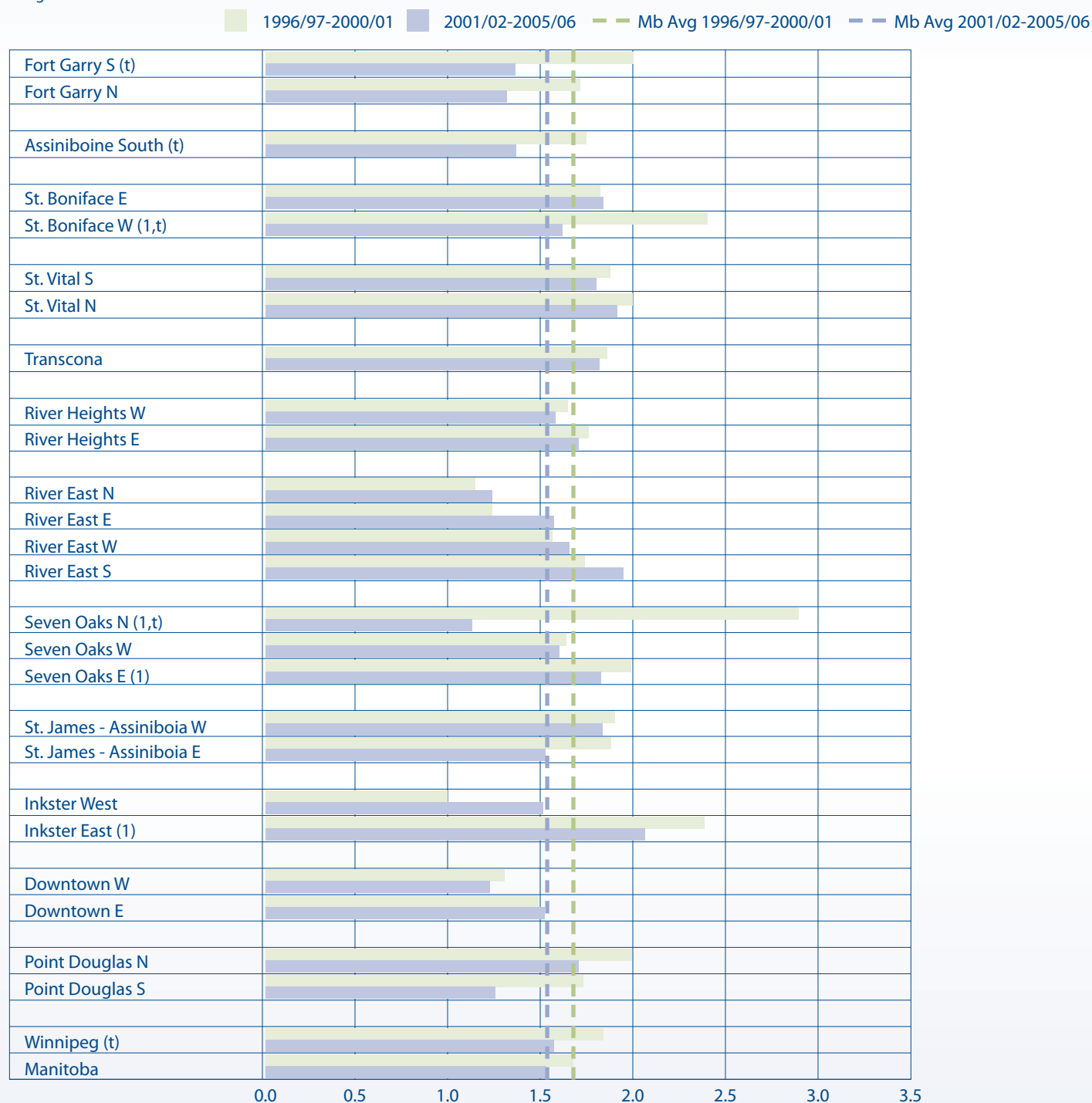
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Coronary Artery Bypass Graft (CABG) Surgery

Age- & sex-adjusted annual rates per 1000 residents age 40 or over

Figure 14.10



Source: Manitoba Centre for Health Policy, 2009

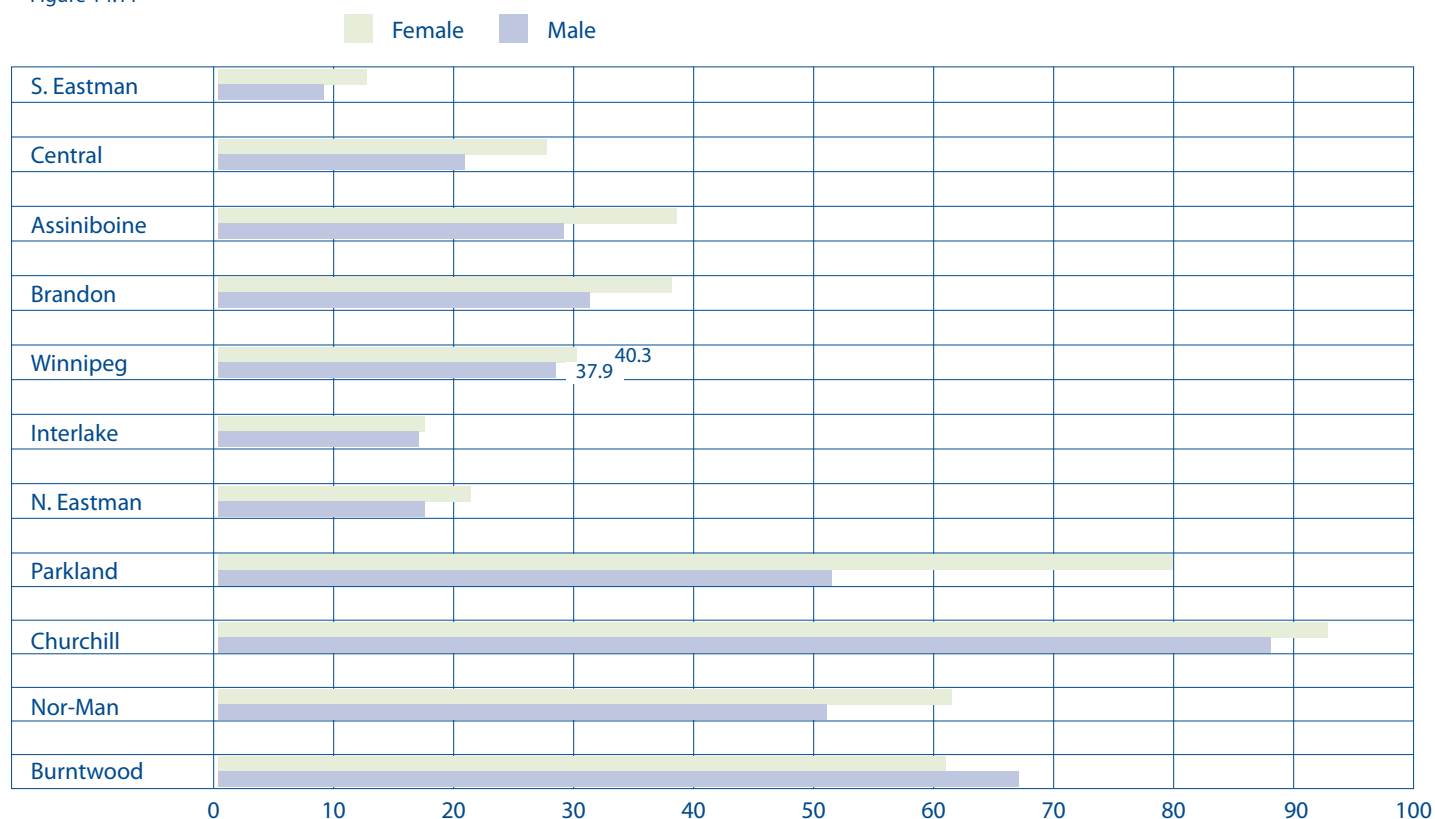
'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Separations from Acute Care Hospitals with a Diagnosis “For” Mental Illness, 2003/04-2007/08

The number of hospitalizations in acute care hospitals, and in Mental Health Centres, per 1000 residents per year for which a mental illness disorder was coded as the ‘most responsible’ reason for the hospitalization.

The annual age-adjusted rate per 1000 residents is reported for FY 2003/04-2007/08 (5 years).

Figure 14.11



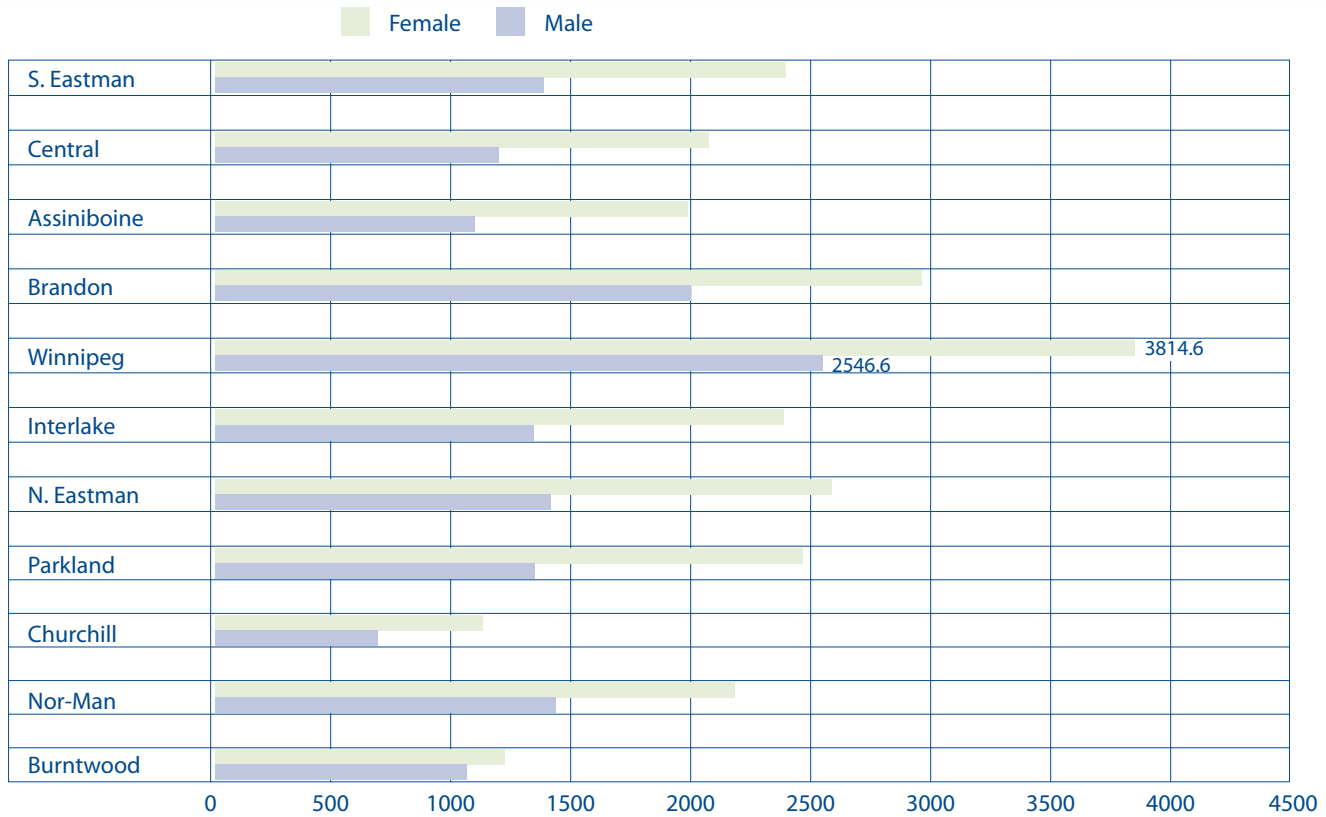
Source: RHA Profiles, 2009

## Medical Visits for Those with Mental Illness, 2003/2004-2007/2008

The annual rate of ambulatory visits per 1000 residents aged 10 years or more to all physicians (GP/FPs and specialists) for which a mental illness disorder was coded as the reason for the visit.

The annual age-adjusted rate per 1000 residents is reported for FY 2003/04-2007/08 (5 years).

Figure 14.12



Source: RHA Profiles, 2009



## Total Hospital Separation Rates

A separation from a health care facility occurs anytime a patient (or resident) leaves because of discharge, transfer, or death. The number of separations is the most commonly used measure of the utilization of hospital services.

The total number of inpatient and outpatient hospital separations (discharges) of area residents, per 1000 residents per year. In any given period, a resident could be hospitalized more than once, so this indicator shows the total number of separations from acute care facilities by all residents of the area. Rates were calculated for 2000/01 and 2005/06 and were age- and sex-adjusted to the Manitoba population in 2000/01. All Manitoba hospitals were included; Personal Care Homes (PCH) and Long-term Care facilities were excluded (Riverview, Deer Lodge, Rehabilitation Centre for Children and Manitoba Adolescent Treatment Centre). Newborn (birth) hospitalizations were excluded but the mother's hospitalization was included.

Table 14.9

Total Hospital Separation Rates					
Community Area	2000/01		2005/06		% Change
	Total Separations/Year	Adjusted Rate/1000 residents	Total Separations/Year	Adjusted Rate/1000 residents	
Fort Garry (1,2,t)	6580	241.7	6428	213.5	-8.0%
Assiniboine South (1,2,t)	4264	232.7	3958	225.7	-2.2%
St. Boniface (1,2,t)	5675	253.1	5406	230.9	-13.0%
St. Vital (1,2,t)	7138	252.4	6571	212.9	-9.1%
Transcona (2,t)	3985	275.9	3572	254.1	-8.7%
River Heights (1,2,t)	7521	265.7	6392	231.7	-12.0%
River East (1,2,t)	11931	262.5	10812	232.8	-5.3%
Seven Oaks (1,2,t)	7109	262.9	6693	235.1	-3.8%
St. James - Assiniboia (1,2)	8379	268.5	7809	259.2	0.3%
Inkster (2,t)	3610	294.7	3222	266.9	-4.7%
Downtown (t)	10079	361.9	8923	320.4	-9.0%
Point Douglas	6169	367.8	5729	359.0	-4.5%
Winnipeg (1,2,t)	82440	269.6	75515	247.1	-6.9%
Manitoba	172679	352.2	162447	321.6	-7.8%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 1000 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

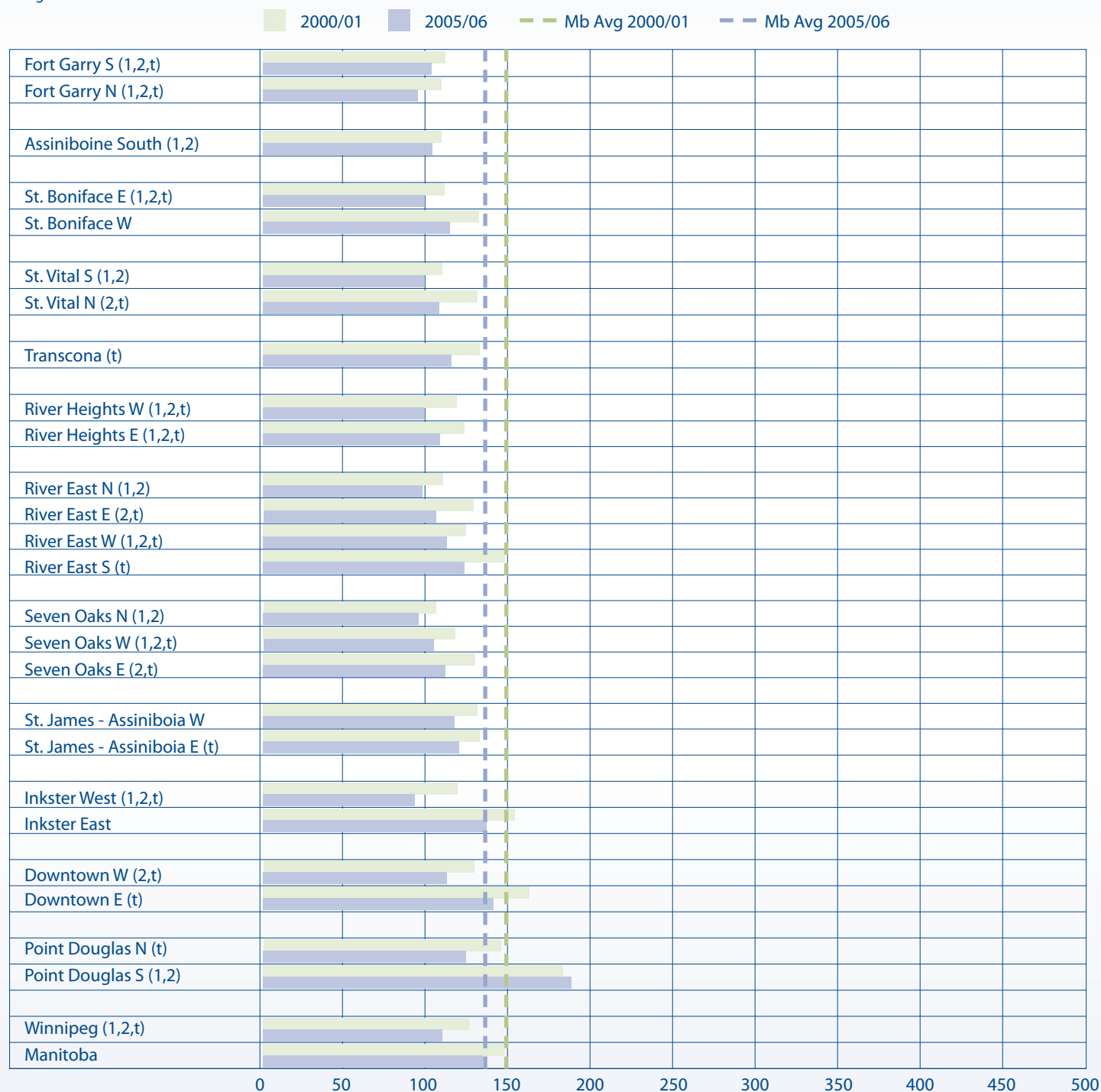
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Hospital Separations

Age- & sex-adjusted rate of hospital separations, per 1000 residents

Figure 14.13



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## New Home Care Cases by Winnipeg Community Areas

The proportion (%) of the population (all ages) with a new home care case opened in a year (values shown are cases for a two-year period). Some home care clients had more than one case in a year, but were only counted once for this indicator. Rates were calculated for 1999/00–2000/01 and 2003/04–2004/05 and were age- and sex-adjusted to the Manitoba population in the first time period.

Table 14.10

Community Area	FY 1999/00-2000/01		FY 2003/04-2004/05		% Change
	Number of New Cases	Adjusted Rate	Number of New Cases	Adjusted Rate	
Fort Garry	1072	1.1%	1362	1.3%	22.0%
Assiniboine South (t)	760	1.1%	1009	1.3%	30.3%
St. Boniface	1224	1.4%	1312	1.5%	1.7%
St. Vital	1452	1.3%	1587	1.4%	8.6%
Transcona	599	1.3%	701	1.5%	17.2%
River Heights	1822	1.3%	1925	1.4%	6.2%
River East	2324	1.3%	2505	1.4%	5.7%
Seven Oaks	1493	1.3%	1632	1.4%	7.3%
St. James - Assiniboia (t)	1725	1.2%	1972	1.4%	15.7%
Inkster	500	1.2%	603	1.5%	20.2%
Downtown (1,2,t)	2084	1.7%	2263	2.0%	6.7%
Point Douglas (1,2,t)	1242	1.6%	1337	2.0%	4.5%
Winnipeg (t)	16297	1.2%	18208	1.5%	9.9%
Manitoba (t)	28008	1.2%	30235	1.4%	6.5%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 100 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

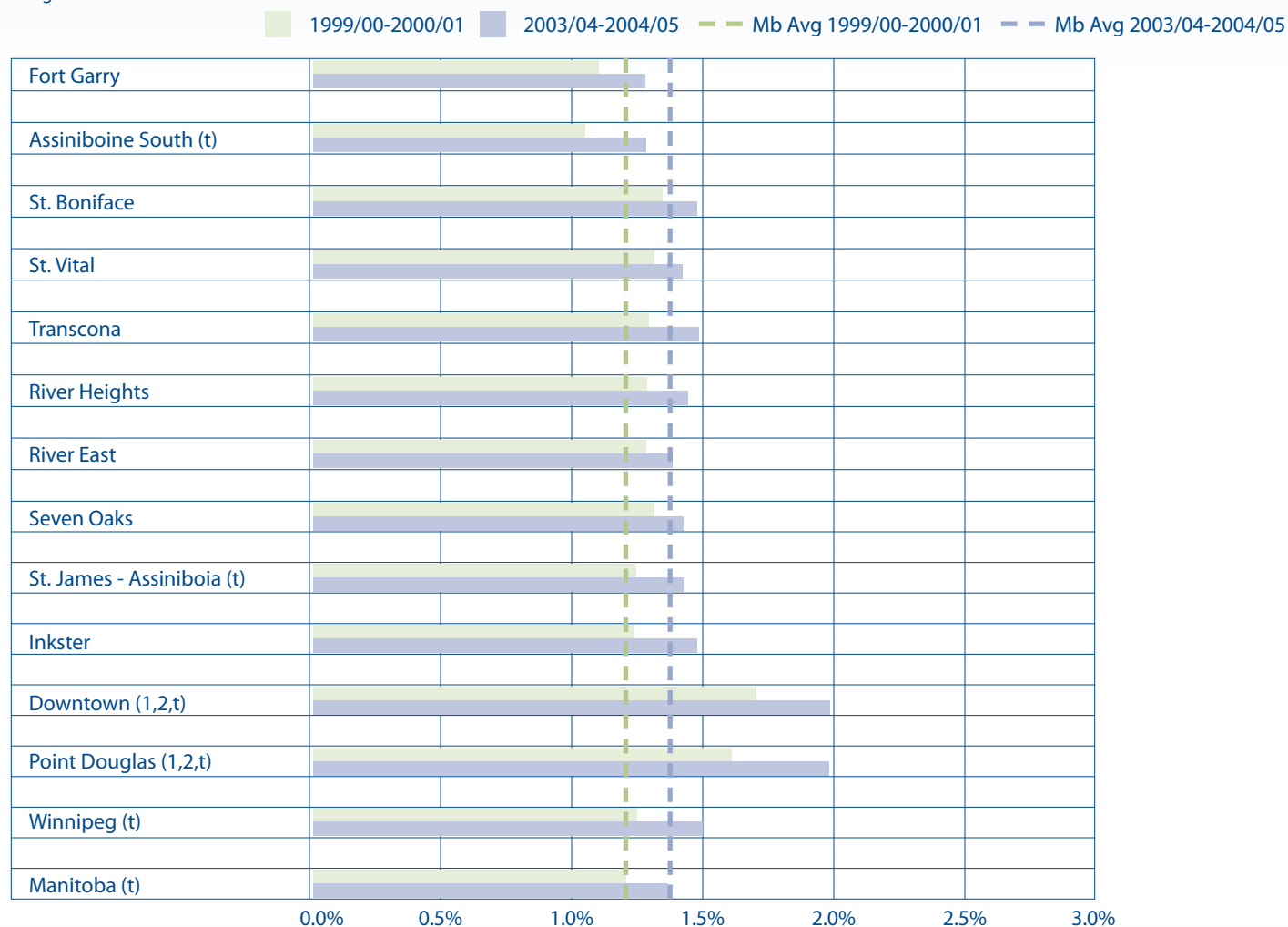
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## New Home Care Cases by Winnipeg Community Areas

Age- & sex-adjusted annual percentage of residents with a new home care case

Figure 14.14



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Open Home Care Cases by Winnipeg Community Areas

The proportion (%) of the population (all ages) with an open home care case during the year (values shown are for a two-year period). Rates were calculated for 1999/00 - 2000/01 and 2003/04 - 2004/05 and were age- and sex-adjusted to the Manitoba population in the first time period.

Table 14.11

Community Area	1999/00-2000/01		2003/04-2004/05		% Change
	Number of Cases	Adjusted Rate*	Number of Cases	Adjusted Rate*	
Fort Garry (1,2)	2195	2.4%	2823	2.7%	23.5%
Assiniboine South (1,t)	1686	2.4%	2344	2.9%	36.5%
St. Boniface (t)	2508	2.8%	2965	3.4%	12.1%
St. Vital	3104	2.9%	3446	3.1%	10.3%
Transcona	1291	3.0%	1430	3.3%	11.0%
River Heights (t)	4262	3.0%	4687	3.5%	10.5%
River East	5188	2.9%	5754	3.2%	8.8%
Seven Oaks (1,2)	3421	3.2%	3953	3.6%	13.5%
St. James - Assiniboia (t)	3710	2.7%	4292	3.2%	17.1%
Inkster (t)	1024	2.7%	1200	3.1%	16.8%
Downtown (1,2,t)	5003	4.0%	5456	4.8%	7.2%
Point Douglas (1,2,t)	2729	3.5%	2981	4.4%	6.0%
Winnipeg (t)	36121	2.8%	41331	3.4%	12.6%
Manitoba (t)	62842	2.7%	69340	3.2%	8.9%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 100 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

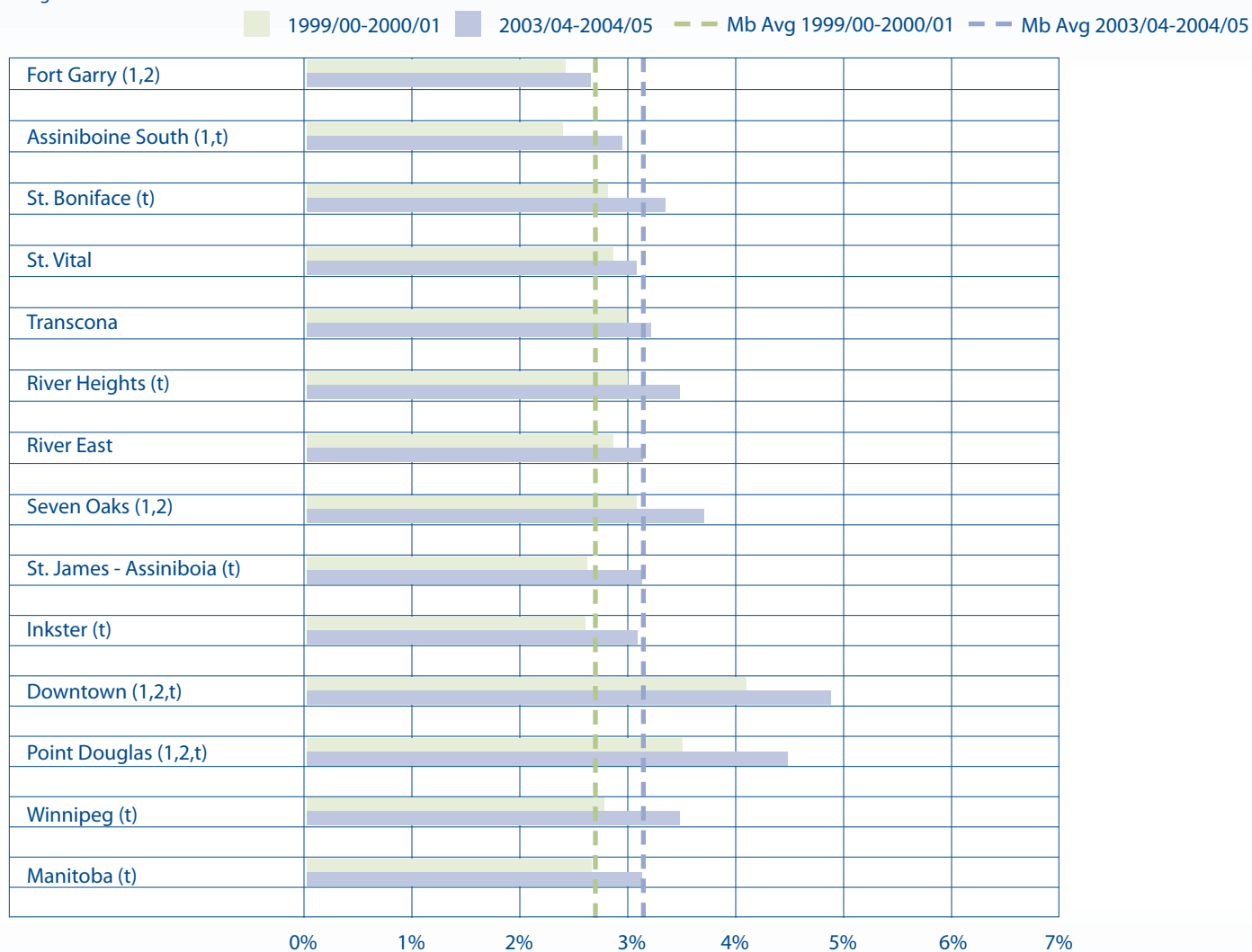
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Open Home Care Cases by Winnipeg Community Areas

Age- & sex-adjusted annual percentage of residents with an open home care case

Figure 14.15



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Home Care Case Closing Rates by Winnipeg Community Areas

The proportion (%) of the population (all ages) with closed home care case in a year (values shown are cases for a two-year period). Some home care clients had more than one case in a year, but were only counted once for this indicator. Rates were calculated for 1999/00–2000/01 and 2003/04–2004/05 and were age- and sex-adjusted to the Manitoba population in the first time period.

Table 14.12

Community Areas	1999/00-2000/01		2003/04-2004/05		% Change
	Number of Cases Closed	Adj Rate	Number of Cases Closed	Adj Rate	
Fort Garry	1139	1.2%	1497	1.4%	26.2%
Assiniboine South (t)	890	1.2%	1240	1.5%	36.8%
St. Boniface	1258	1.4%	1418	1.6%	6.9%
St. Vital	1513	1.4%	1766	1.6%	16.0%
Transcona	641	1.4%	730	1.6%	
River Heights (1,2)	2062	1.5%	2229	1.6%	8.6%
River East (1)	2566	1.4%	2810	1.6%	7.4%
Seven Oaks (1)	1782	1.6%	1904	1.6%	4.9%
St. James - Assiniboia (t)	1967	1.4%	2225	1.6%	14.5%
Inkster	560	1.4%	661	1.6%	17.6%
Downtown (1,2)	2393	1.9%	2410	2.0%	-1.0%
Point Douglas (1,2)	1431	1.8%	1440	2.1%	-2.4%
Winnipeg (2,t)	18202	1.4%	20330	1.6%	9.9%
Manitoba (t)	29624	1.3%	32352	1.5%	7.7%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 100 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

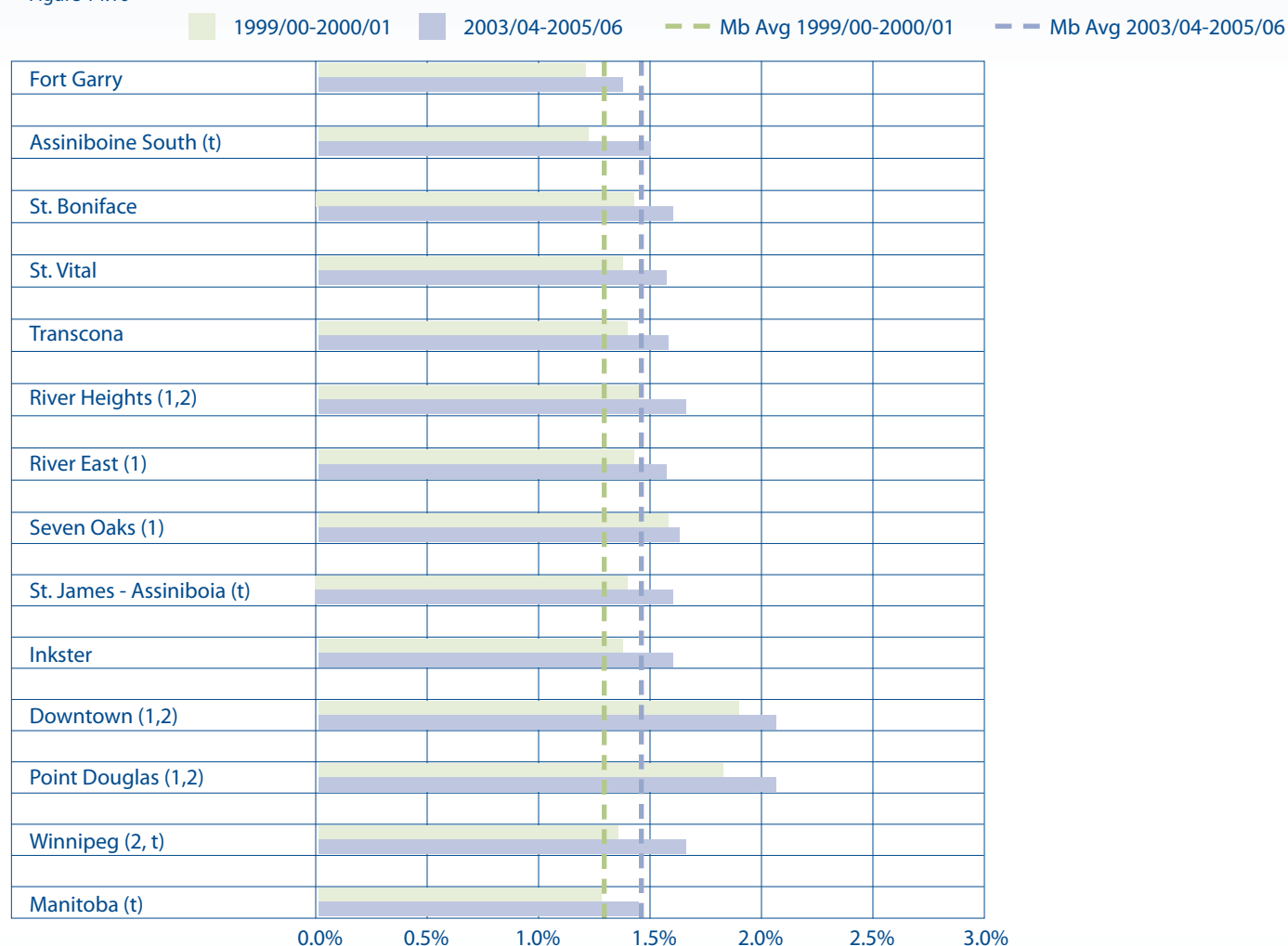
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

# Home Care Case Closing Rates by Winnipeg Community Areas

Age- & sex-adjusted annual percentage of residents with a closed home care case

Figure 14.16



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant



## Average Length of Home Care Service (in days per case)

The average length (in days) of all home care cases open in a two-year period. A home care client may have more than one case in a period, and each would be counted as a separate case with a separate length of service. Rates were calculated for 1999/00–2000/01 and 2003/04–2004/05 and were age- and sex-adjusted to the Manitoba population in the first time period.

Table 14.13

Community Area	1999/00-2000/01		2003/04-2004/05		% Change
	Number of Days	Adj Rate/ case	Number of Days	Adj Rate/ case	
Fort Garry	228484	216.3	299808	222.6	2.9%
Assiniboine South	185138	234.7	256325	232.8	-0.8%
St. Boniface	271402	215.0	332913	224.7	4.5%
St. Vital	333863	211.3	369748	217.2	2.8%
Transcona	140812	233.9	149475	225.7	-3.5%
River Heights	484792	238.8	543299	233.9	-2.1%
River East	585474	215.9	642213	212.1	-1.7%
Seven Oaks	380225	246.8	455194	242.9	-1.6%
St. James - Assiniboia	400809	234.5	464432	221.8	-5.4%
Inkster	107366	228.7	118828	199.8	-12.6%
Downtown	579612	222.9	633376	234.4	5.1%
Point Douglas (2)	301268	209.4	324827	190.5	-9.0%
Winnipeg	3999251	226.9	4590434	221.6	-2.4%
Manitoba	6903453	219.7	7646424	222.0	1.1%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rate per case estimates what an area's rate (in days/case) might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

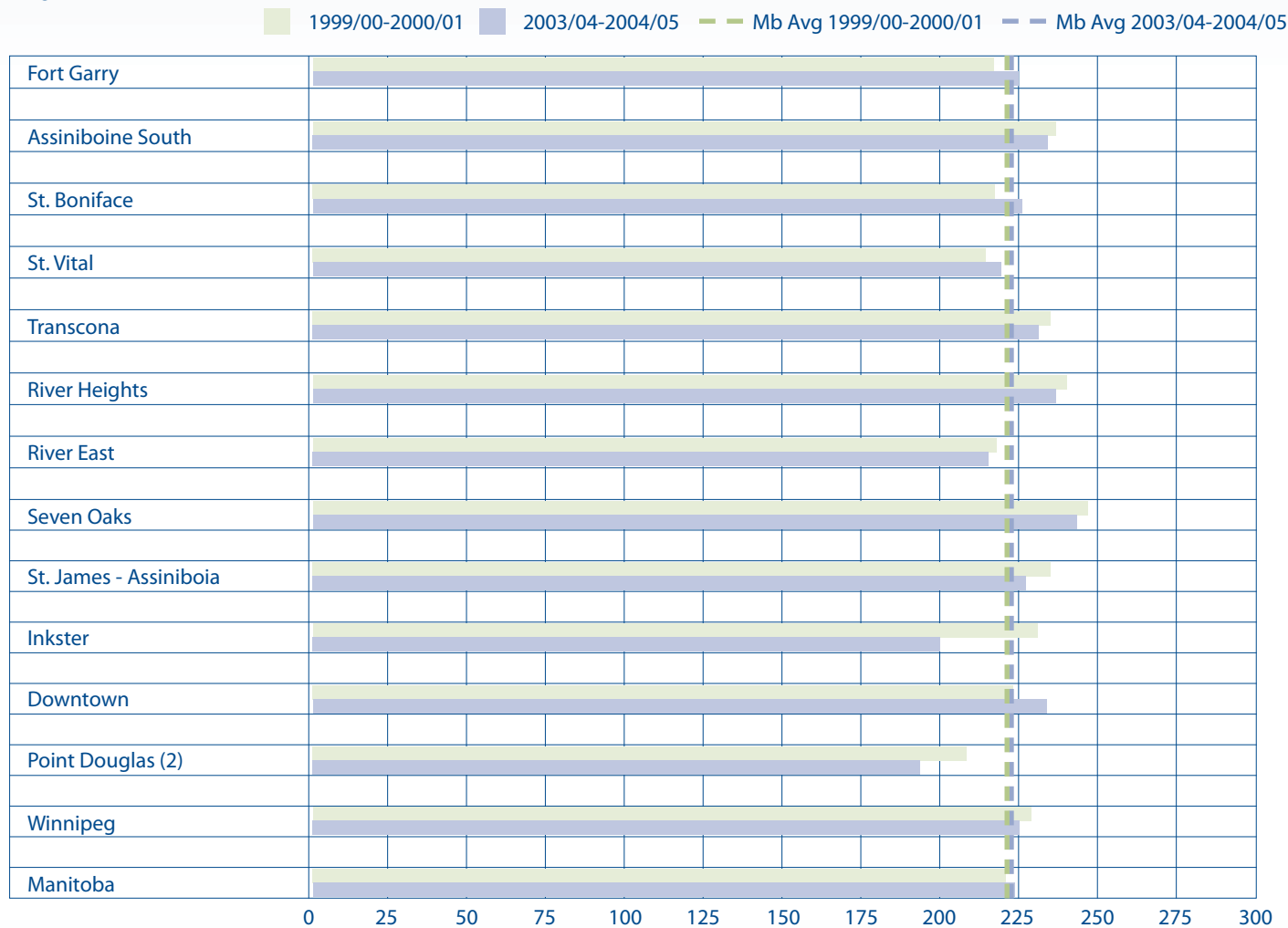
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Average Length of Home Care Service (in days per case)

Age- & sex-adjusted annual mean length of home care cases (days) per case

Figure 14.17



Source: Manitoba Centre for Health Policy, 2009

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time  
 '2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time  
 't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Admission to Personal Care Homes (PCH)

The percentage of area residents aged 75 and over and admitted to a PCH in a fiscal year (values shown are the annual average for a two-year period). Area of residence was assigned based on where people lived at the time, which is determined by the location of the PCH. Rates are shown for 1999/00–2000/01 and 2004/05–2005/06, and are age- and sex-adjusted to the population of Manitoba (aged 75 and over) in the first time period.

Table 14.14

Community Area	1999/00-2000/01		2004/05-2005/06		% Change
	Number of Cases	Adjusted %	Number of Cases	Adjusted %	
Fort Garry (1,2)	104	1.96%	124	1.62%	-7.5%
Assiniboine South (1,2)	275	5.32%	319	4.86%	-4.7%
St. Boniface (1,2)	84	1.42%	91	1.44%	2.2%
St. Vital (1,2)	130	1.77%	128	1.52%	-11.8%
Transcona (1,2)	42	1.79%	46	1.70%	-5.4%
River Heights (2,t)	380	3.26%	276	2.34%	-23.6%
River East (1,2,t)	278	2.37%	206	1.48%	-34.4%
Seven Oaks (1,2)	298	3.76%	342	3.68%	4.4%
St. James - Assiniboia (1,2,t)	435	4.40%	572	5.20%	23.8%
Inkster (1,2)	34	1.42%	37	1.34%	8.1%
Downtown (1,2,t)	470	4.50%	418	3.93%	-5.3%
Point Douglas (2,t)	174	2.66%	231	3.72%	46.4%
Winnipeg	2704	3.15%	2790	2.96%	-3.2%
Manitoba (t)	4661	3.06%	4810	2.87%	-1.7%

Source: Manitoba Centre for Health Policy, 2009

Adjusted rates per 100 residents estimate what an area's rate might have been, if that area's age and sex distribution was the same as that for the province overall.

'1' indicates that in the first time period, the area's rate was statistically different from the MB average at that time

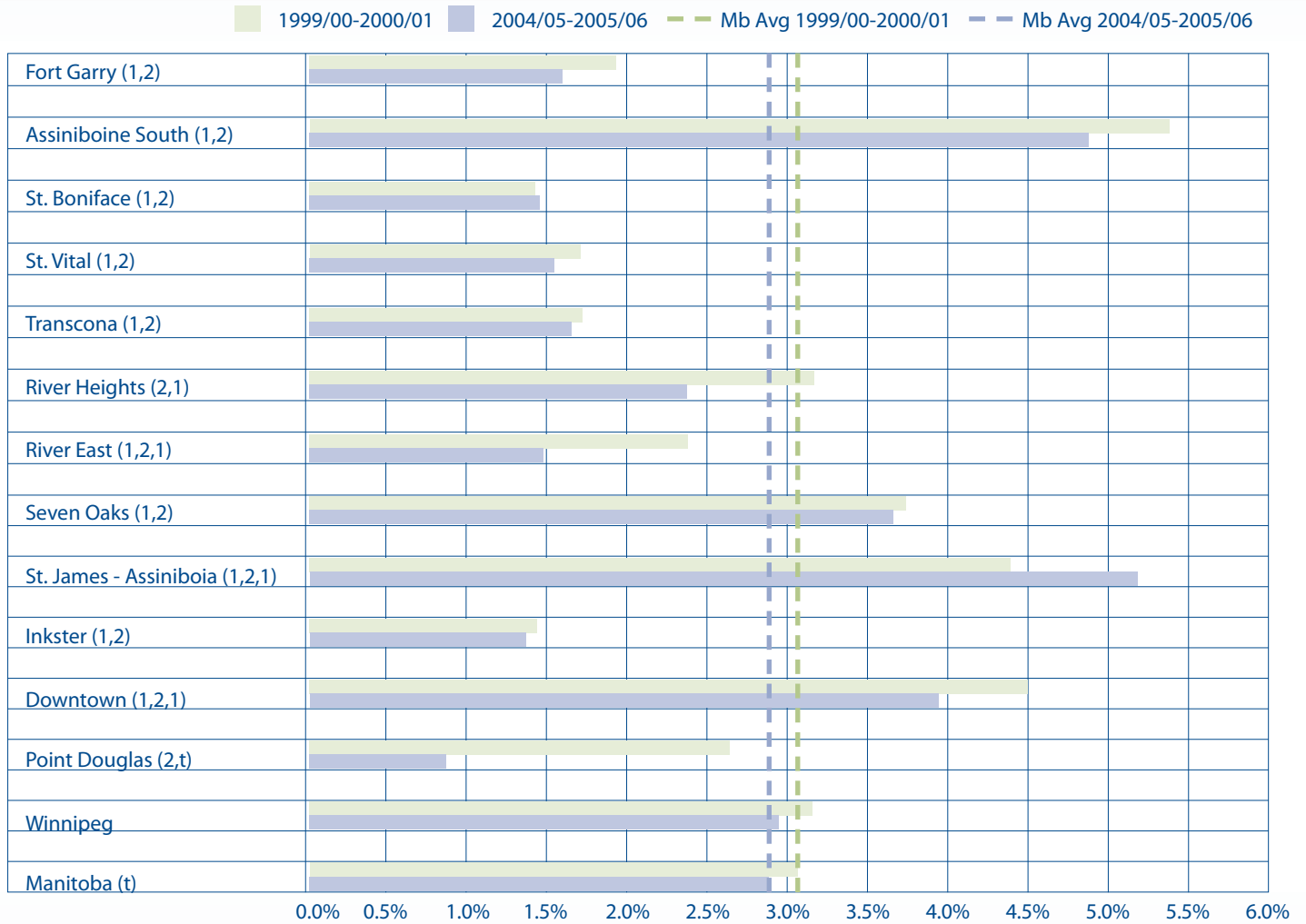
'2' indicates that in the second time period, the area's rate was statistically different from the MB average at that time

't' indicates for that area, the change in rates from Time 1 to Time 2 was significant

## Admission to Personal Care Homes (PCH)

Age – and sex – adjusted annual percentage of residents 75 and over and admitted to a PCH in a fiscal year.

Figure 14.18



## Level of Care on Admission to PCH

The distribution of levels of care assigned to PCH residents at the time of their admission. Level 1 represents the lowest level of need; Level 4 represents the highest. These are crude rates only; statistical testing was not done on these values. "00" reflects data from 1999/00-2000/01; "05" reflects data from 2004/05-2005/06.

Table 14.15

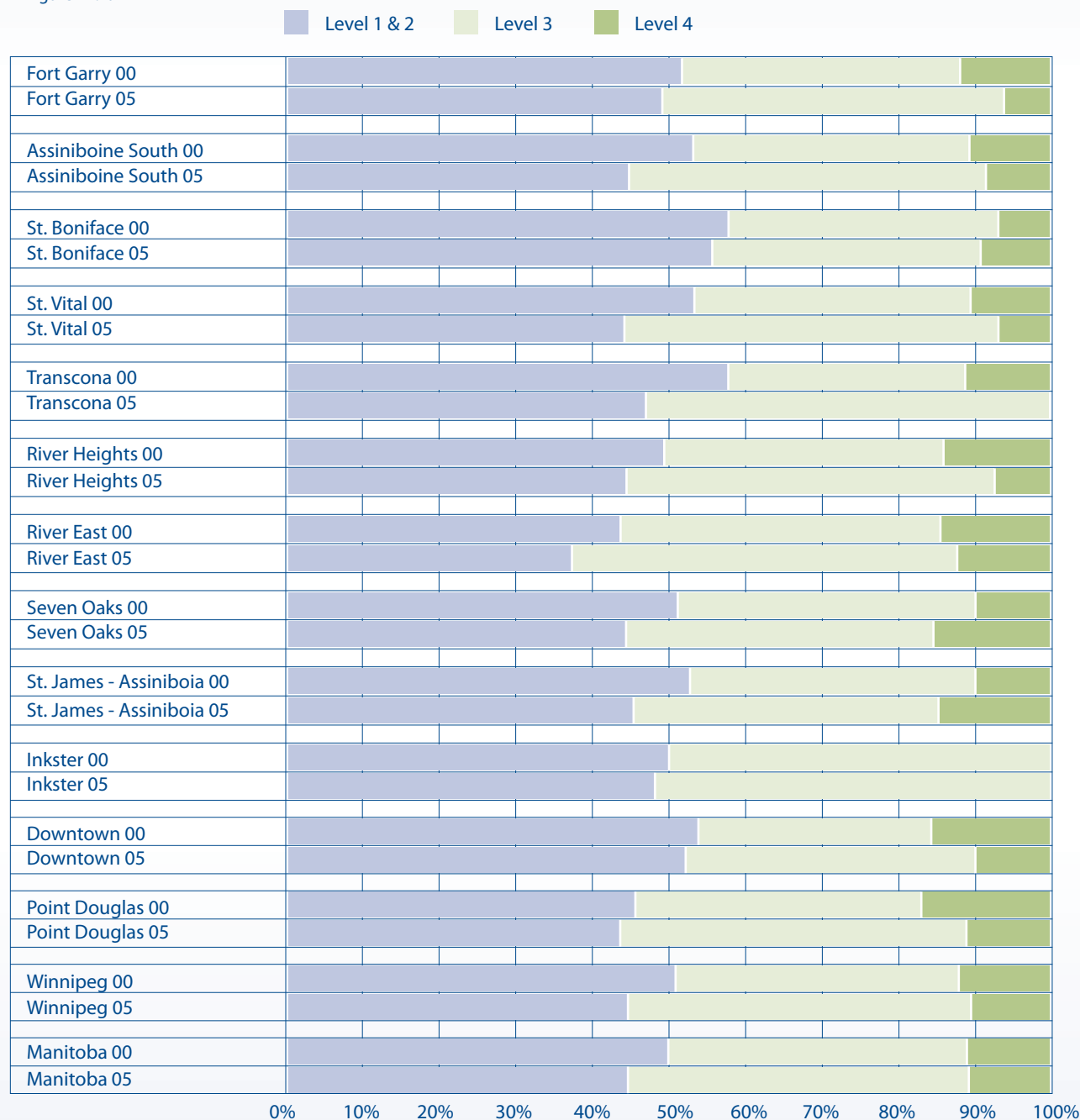
	Levels of Care			
	Levels 1 & 2	Level 3	Level 4	Levels 3&4
Fort Garry 00	51.7%	36.7%	11.6%	48.3%
Fort Garry 05	49.1%	44.7%	6.3%	50.9%
Assiniboine South 00	52.4%	36.9%	10.7%	47.6%
Assiniboine South 05	44.8%	46.8%	8.4%	55.2%
St. Boniface 00	57.4%	35.6%	6.9%	42.6%
St. Boniface 05	56.0%	34.8%	9.2%	44.0%
St. Vital 00	53.3%	36.3%	10.4%	46.7%
St. Vital 05	44.1%	48.0%	7.8%	55.9%
Transcona 00	58.5%	30.8%	10.8%	41.5%
Transcona 05	47.3%	52.7%		52.7%
River Heights 00	49.4%	37.8%	12.9%	50.6%
River Heights 05	44.6%	48.0%	7.4%	55.4%
River East 00	42.7%	42.7%	14.6%	57.3%
River East 05	37.9%	50.2%	11.9%	62.1%
Seven Oaks 00	50.9%	38.7%	10.3%	49.1%
Seven Oaks 05	44.2%	40.7%	15.1%	55.8%
St. James - Assiniboia 00	52.7%	37.3%	10.0%	47.3%
St. James - Assiniboia 05	45.9%	39.2%	14.8%	54.1%
Inkster 00	50.0%	50.0%		50.0%
Inkster 05	48.1%	51.9%		51.9%
Downtown 00	53.2%	32.1%	14.7%	46.8%
Downtown 05	52.2%	37.7%	10.0%	47.8%
Point Douglas 00	44.5%	38.4%	17.1%	55.5%
Point Douglas 05	43.3%	45.6%	11.1%	56.7%
Winnipeg 00	50.6%	37.2%	12.2%	49.4%
Winnipeg 05	45.7%	43.8%	10.5%	54.3%
Manitoba 00	49.7%	39.1%	11.2%	50.3%
Manitoba 05	43.6%	45.5%	10.9%	56.4%

Source: Manitoba Centre for Health Policy, 2009

## Level of Care on Admission to PCH by Winnipeg Community Areas

"00" reflects data from 1999/00-2000/01; "05" reflects data from 2004/05-2005/06

Figure 14.19



Source: Manitoba Centre for Health Policy, 2009

## Median Length of Stay (LOS) by Level of Care at Admission to PCH

The median length of stay (in years) of PCH residents, according to their level of care on admission. The median length of stay is the amount of time which half of all residents stayed. For example, in 1999/00–2000/01, the median was 2.33 years overall in Manitoba, so half of all residents stayed less than 2.33 years and half stayed longer. These are crude values only; statistical testing was not done on these values.

Level 1 represents the lowest level of need; Level 4 represents the highest.

"00" reflects data from 1999/00–2000/01; "05" reflects data from 2004/05–2005/06

Table 14.16

Community Area	All Levels	Level 1-2	Level 3	Level 4
Fort Garry 00	2.45	2.22	2.69	2.35
Fort Garry 05	1.85	1.95	1.54	4.16
Assiniboine South 00	2.31	2.60	2.04	0.33
Assiniboine South 05	1.64	1.91	1.41	0.75
St. Boniface 00	2.53	3.05	1.98	1.33
St. Boniface 05	2.36	2.51	2.44	1.68
St. Vital 00	2.35	3.15	1.93	1.88
St. Vital 05	1.93	2.23	1.36	1.13
Transcona 00	2.11	1.84	2.16	2.88
Transcona 05	1.20	1.77	1.03	0.56
River Heights 00	2.12	2.06	2.20	2.07
River Heights 05	1.79	1.96	1.66	1.06
River East 00	2.45	3.12	1.93	1.21
River East 05	1.87	2.42	1.57	0.95
Seven Oaks 00	2.28	3.05	1.52	1.86
Seven Oaks 05	1.55	1.88	1.47	0.70
St. James - Assiniboia 00	2.29	3.04	1.41	1.22
St. James - Assiniboia 05	1.61	1.98	1.57	0.72
Inkster 00	1.83	1.98	2.04	0.78
Inkster 05	1.96	3.24	1.11	4.67
Downtown 00	1.03	1.24	1.07	0.54
Downtown 05	1.63	2.00	1.57	0.80
Point Douglas 00	2.77	3.46	2.31	1.93
Point Douglas 05	2.24	3.06	2.06	1.10
Winnipeg 00	2.21	2.71	1.85	1.39
Winnipeg 05	1.74	2.16	1.56	1.03
Manitoba 00	2.33	2.91	1.88	1.53
Manitoba 05	1.89	2.42	1.59	1.21

Source: Manitoba Centre for Health Policy, 2009

