

Who should read this report?

Health care administrators, health system planners, patients and patient advocates who are interested in equity in hospital care.

What's in this report?

Key findings, discussion questions, charts and data tables documenting differences in household income and place of residence among patients admitted to major clinical services in TC LHIN hospitals, 2008-2010.

Not included in this report:

Information about quality of care, patient outcomes or cost of care for different socioeconomic groups. Statistics on homeless patients treated at TC LHIN hospitals.

Who developed this report?

The Centre for Research on Inner City Health (St. Michael's Hospital) and the Institute for Clinical Evaluative Sciences, in partnership with the Hospital Collaborative on Marginalized and Vulnerable Populations. This research was funded by the Ontario Ministry of Health and Long-Term Care.

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Hospital Care for All

An equity report on differences in household income among patients at Toronto Central Local Health Integration Network (TC LHIN) hospitals, 2008-2010.

Prepared May 2012



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This report has been generously funded by a grant to the Centre for Research on Inner City Health from the Government of Ontario. The views expressed are the views of the research team and do not necessarily reflect those of the Government of Ontario.

How to cite this report: Murphy K., Glazier R., Wang X., Holton E., Fazli G., Ho M. (2012). Hospital care for all: An equity report on differences in household income among patients at Toronto Central Local Health Integration Network (TC LHIN) hospitals, 2008-2010. Toronto, ON.

About health equity

Across the spectrum of health conditions, and everywhere that health and wealth have been compared, lower income and socially marginalized people have worse health status, die earlier and have greater unmet need for health care services, compared to those in higher socioeconomic positions. Health differences in the population that can be traced to social advantage/disadvantage are called health inequities.

Health inequities in Ontario and in Toronto have been widely documented. For example, research conducted in the Toronto Central Local Health Integration Network (TC LHIN) has shown that people with low incomes are three times more likely to report poor or only fair health, twice as likely to develop diabetes and half as likely to receive hip replacements, compared to higher income groups. For more research findings on health inequities, visit www.crich.ca.

Health equity means equal opportunity to be healthy, for all population groups. Achieving health equity will depend in large part on decisions made outside of the health care system, to address core social determinants of health, including income inequality and poverty, educational barriers and underemployment, unsafe working and living conditions, and systemic discrimination and racism.

Equity in health care

Health inequities begin outside the health care system. However, a great deal can be done within health care to promote the health and well-being of disadvantaged groups, and to ensure that health inequities are not exacerbated, for example by unequal access to health care or unequal quality of care.

Health equity is a core value in Ontario's health care system. For example, equity has been identified as a dimension of health care quality in Ontario's Excellent Care for All Act (2010). In TC LHIN, health equity goals are incorporated into the 2010-2013 Integrated Health Service Plan. Health care provider organizations and networks, including the Hospital Collaborative on Marginalized and Vulnerable Populations, have taken important steps to plan, implement and evaluate equity-focused health care interventions and policies.

Equity in hospital care

Equity in hospital care means designing and distributing hospital services, resources and processes in ways that will equalize patients' opportunities to receive and benefit from excellent care, regardless of their socioeconomic status. In particular, it means ensuring that appropriate patient/family-centered care is accessible to and utilized by marginalized groups, so that their health chances can rise to match the health chances of more privileged groups.

To plan and evaluate this work, an essential first step is to understand the sociodemographic and economic profile of hospital patients.

About this report

What is in this report?

This report documents differences in household income among patients admitted to hospitals in Toronto Central Local Health Integration Network (TC LHIN) during the period 2008-2010. To better understand the relationship between Toronto hospitals and the communities they serve, we also report on whether patients lived inside or outside the geographical boundaries of TC LHIN. The methods and data used are described on page 5.

Why did we produce this report?

Understanding the socioeconomic status of our patients is an essential step toward ensuring that hospitals in TC LHIN provide excellent care for all patients, regardless of who they are, where they come from, where they live or what they earn.

The Centre for Research on Inner City Health and Institute for Clinical Evaluative Sciences, in collaboration with the Hospital Collaborative on Marginalized and Vulnerable Populations, produced this report to establish standardized, baseline evidence about the socioeconomic status of patients receiving care in TC LHIN hospitals. This evidence will enable many hospitals and health care stakeholders in TC LHIN to see the socioeconomic profile of patients for the first time. It provides an empirical basis for planning, implementing and evaluating equity-focused health care services within and across hospitals. It is our aim for these data (and the methods for collecting them) to be incorporated into the TC LHIN Hospital Equity Reporting process.

The importance of collecting patients' socioeconomic information

Inadequate information about patients' socioeconomic status is a major obstacle to planning and evaluating the outcomes of health care initiatives to advance health equity.

Currently, most hospitals in TC LHIN do not have the data collection and analytical capacity to report on patient socioeconomic characteristics. Moreover, evidence from Canada and other jurisdictions has shown that patients are reluctant to share this information directly with health care providers. Recognizing this challenge, several TC LHIN hospitals and partner organizations are piloting new strategies to educate patients about health equity and to ask for socioeconomic information at the point of care.

While these strategies are being developed for future use, it is possible now to make valid inferences about patients' socioeconomic status using area-level census data. This is the primary way that diverse dimensions of population health and health inequities are currently measured in Ontario and many other jurisdictions. We linked area level census data to routinely collected administrative data about hospital utilization, in order to establish baseline information about socioeconomic differences among patients at TC LHIN hospitals.

Methods

Data

We accessed data through a comprehensive research agreement between the Institute for Clinical Evaluative Sciences and the Ontario Ministry of Health and Long-Term Care. The hospitals included in this report are listed in the appendix of this document. Analyses were based on the hospital at which the service was performed and the number of individual patients - not number of services. Due to small cell sizes, data for the following hospitals were excluded from the analysis:

- Casey House
- Holland Bloorview Kids Rehabilitation Hospital
- Runnymede Healthcare Centre
- Sunnybrook Health Sciences Centre Rehabilitation

Types of services

We divided services into inpatient admissions, same-day surgery, emergency department and urgent care visits, and admissions to complex continuing care and rehabilitation. Inpatient admissions were further subdivided into mental health, alternate level of care (ALC), medical, surgical and obstetrical admissions. Emergency department visits were reported for less urgent and non-urgent visits (Canadian Triage and Acuity Scale 4 and 5). For complex continuing care hospitals and rehabilitation hospitals, no further service breakdown is provided; the broad range of unique programs offered at the different hospitals limit comparisons.

Databases

For acute hospital inpatient admissions, we used the Discharge Abstract Database (DAD) from the Canadian Institute for Health Information (CIHI). The Same-Day Surgery Database from CIHI was used for same-day surgery. Mental health admissions were derived by combining admissions from the Ontario Mental Health Reporting System (OMHRS) with mental health admissions in the DAD. Emergency department and urgent care visits came from the National Ambulatory Care Reporting System which is maintained by CIHI. Complex continuing care and rehabilitation admissions were derived from the National Reporting System database.

Geographic location

We further examined service use by place of residence and categorized these as within the boundaries of Toronto Central Local Health Integration Network (TC LHIN); within the boundaries of LHINs immediately surrounding TC LHIN (i.e. Central East LHIN, Central LHIN, Central West LHIN, Mississauga Halton LHIN) and within the rest of Ontario.

Patient income

Hospital administrative data records contain information about patients' age, sex and postal code of residence but do not routinely collect socioeconomic information such as income, education, employment, marital status, family composition, language, ethnicity or country of birth. In order to assess socioeconomic status, we linked census-derived income information to hospital administrative data. We used the Postal

Code Conversion File (PCCF+) from Statistics Canada to link postal codes to Census Dissemination Areas. Dissemination areas are the smallest census unit for which socioeconomic data are available in the Canadian census, each containing about 400-600 people. The measure used for income was the income quintile developed by Statistics Canada that is adjusted for household size and is specific to each community. It is therefore a measure of relative and not absolute income.

Patient income differences - within and across hospitals

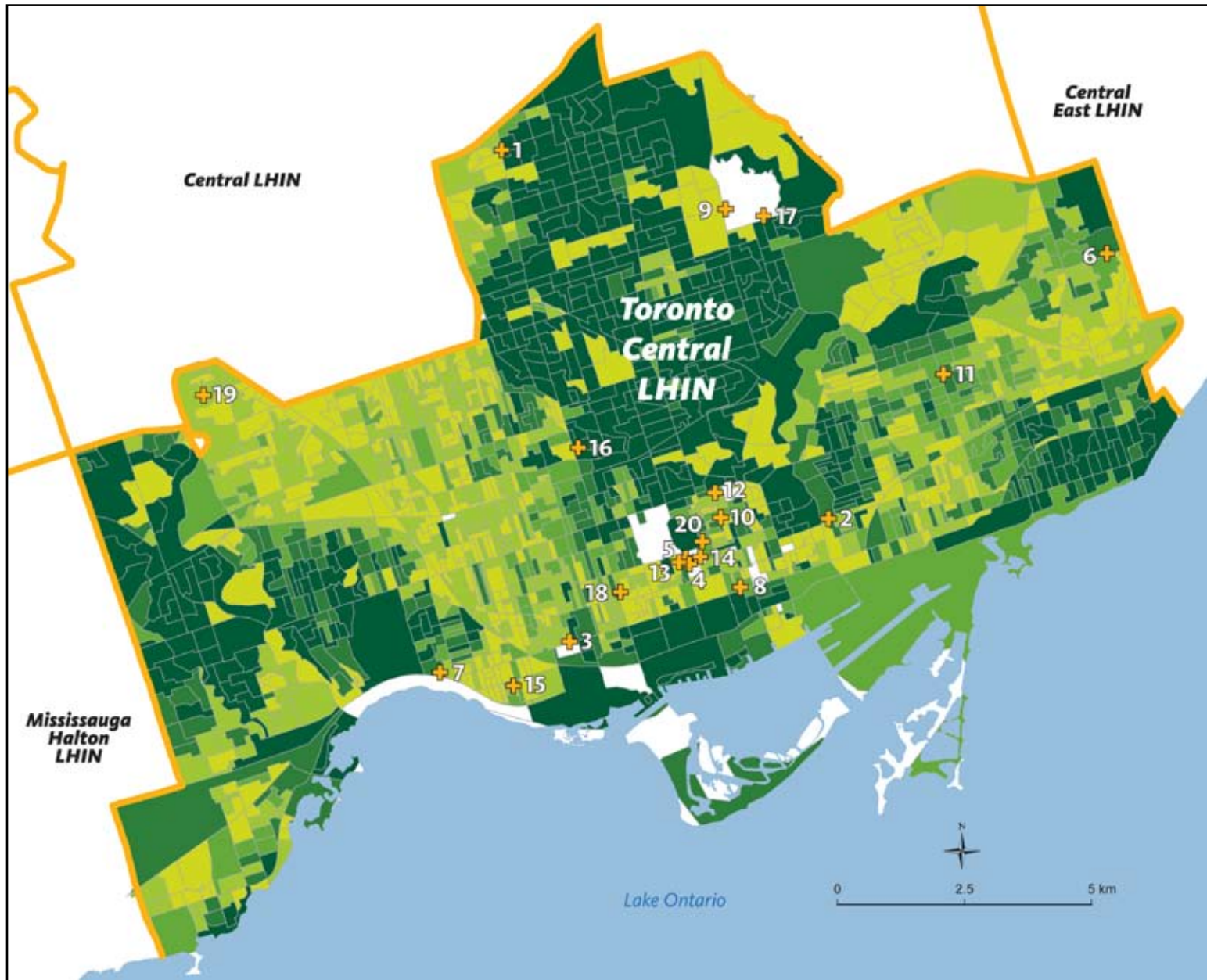
To assess income differences among hospital patients, we calculated the ratio of patients living in the lowest income dissemination areas (quintile 1) to patients living in the highest income areas (quintile 5). We used this ratio as an indicator of the magnitude of patients' income differences, across hospital service categories and across hospitals.

Homeless patients

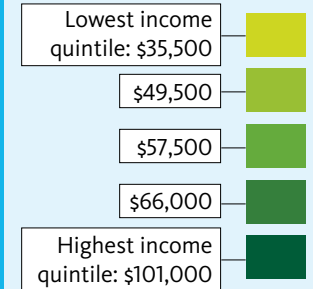
Because this method relies on using patients' home address to derive income information, it does not account for those patients who reported no fixed address at the time of hospitalization. During the reporting period, at least 543 homeless patients were hospitalized for acute care services and at least 4,817 had an emergency department visit in TC LHIN hospitals. Strategies to document homeless patients' hospitalization patterns are essential for health equity planning and need to be standardized across all hospitals.

Toronto Central Local Health Integration Network (TC LHIN): Income distribution (by Census Dissemination Area) and hospital locations

Data sources: Statistics Canada Postal Code Conversion File (PCCF+); 2006 Census, Statistics Canada
Produced by: Centre for Research on Inner City Health



Median household incomes across TC LHIN*:



*Median incomes by quintile vary across Ontario. These amounts are valid only for residential areas within the geographical boundaries of TC LHIN.

TC LHIN Hospitals:

1. Baycrest
2. Bridgepoint Hospital
3. Centre for Addiction and Mental Health
4. The Hospital for Sick Children
5. Mount Sinai Hospital
6. Providence Healthcare
7. St. Joseph's Health Centre
8. St. Michael's Hospital
9. Sunnybrook Health Sciences Centre
10. Sunnybrook Holland Orthopaedic & Arthritic Centre
11. Toronto East General Hospital
12. Toronto Grace Health Centre
13. UHN: Princess Margaret Hospital
14. UHN: Toronto General Hospital
15. UHN: Toronto Rehab E.W. Bickle Centre for Complex Continuing Care
16. UHN: Toronto Rehab Hillcrest Centre
17. UHN: Toronto Rehab Lyndhurst Centre
18. UHN: Toronto Western Hospital
19. West Park Healthcare Centre
20. Women's College Hospital

Findings

All inpatients (acute care)

Where patients lived: Altogether, TC LHIN hospitals admitted patients residing inside and outside of TC LHIN in roughly equal numbers. St. Joseph's Health Centre and Toronto East General Hospital admitted more TC LHIN residents than non-residents; Sunnybrook Health Sciences Centre, University Health Network (UHN), and The Hospital for Sick Children (SickKids) admitted more non-residents. SickKids admitted the biggest share of patients from outside of TC LHIN (ratio of 4.2 to 1). Mount Sinai Hospital and St. Michael's Hospital admitted TC LHIN residents and non-residents in about the same numbers.

Household income:

- Overall, high and low income patients were admitted to TC LHIN hospitals in roughly the same numbers (ratio of about 1 to 1). Individuals in the middle income quintile were admitted the least.
- The hospitals showed three different inpatient income profiles:
 - ▶ More low income than high income inpatients (St. Joseph's, Toronto East General).
 - ▶ More high income than low income inpatients (Mount Sinai, Sunnybrook).
 - ▶ Similar numbers of high and low income inpatients (SickKids, St. Michael's, UHN).
- At Toronto East General, low income inpatients outnumbered high income inpatients by a ratio of 3.5 to 1. This was the biggest inpatient income difference found in any of the hospitals. At Mount Sinai and Sunnybrook, high income inpatients outnumbered low income inpatients by about 1.5 to 1.

Mental health inpatients

Where patients lived: Mental health inpatients were nearly twice as likely to live inside, rather than outside of TC LHIN. SickKids was the only hospital where mental health inpatients were more likely to live outside of TC LHIN.

Household income:

- In most hospitals, more low income patients were admitted than high income patients for mental health services. The exceptions were:
 - ▶ SickKids: half as many low income as high income patients admitted (ratio of 0.5 to 1)
 - ▶ Sunnybrook: more high income patients admitted than any other group. The income profile for mental health inpatients (ratio of 0.7 to 1) resembled the hospital's total inpatient population.

Alternate level of care (≥ 1 day ALC)

The "ALC" designation is assigned when a patient occupies a bed in a hospital and does not require the intensity of resources/services provided in that setting. For this analysis, we reported on ALC wait times that were 1 day or longer.

Where patients lived: Overall, ALC inpatients were more likely to live inside rather than outside of TC LHIN. Sunnybrook was the only hospital with more ALC patients residing outside of TC LHIN.

Household income:

- In most hospitals, low income ALC inpatients outnumbered high income ALC inpatients.
- In most hospitals, the income profile for ALC inpatients was lower than the income profile for the hospital's total inpatient population.

Medical and surgical inpatients

Where patients lived: Overall, medical inpatients at TC LHIN hospitals were equally likely to live inside and outside of TC LHIN. In contrast, surgical inpatients were twice as likely to live **outside** of TC LHIN. At Sunnybrook and SickKids, both medical and surgical inpatients were more likely to live outside of TC LHIN.

Household income:

- Overall, more low income than high income patients were admitted to medical inpatient services (ratio of 1.2 to 1). Low and high income patients were admitted in close to the same numbers for surgical inpatient services (ratio of 0.9 to 1). While every hospital had a different patient income profile for medical and surgical inpatients, there were two notable trends:
 - ▶ In every hospital, income levels for medical inpatients resembled income levels for the hospital's total inpatient population.
 - ▶ In every hospital, surgical inpatients had higher income profiles than medical inpatients. The exception was Sunnybrook, where income ratios for medical and surgical inpatients were the same.

Same-day surgery

Where patients lived: Overall, TC LHIN hospitals admitted more non-residents for same-day surgery than residents of TC LHIN. This resembled the pattern for surgical inpatient admissions. This was the case at every hospital except St. Joseph's (equal numbers of residents and non-residents) and Toronto East General (slightly more residents than non-residents).

Household income:

- Most hospitals admitted more high income patients than low income patients for same-day surgery. The biggest patient income difference was at Women's College Hospital, where half as many low income patients as high income patients were admitted (ratio of 0.5 to 1).
- Toronto East General was the only hospital where low income patients outnumbered high income patients.
- At Sick Kids and St. Joseph's, low and high income patients were admitted in roughly the same numbers.

Emergency (less/non-urgent conditions)

Where patients lived: Patients visiting TC LHIN hospital emergency departments for less/non-urgent conditions were twice as likely to live inside, rather than outside, of TC LHIN. The exception was SickKids, which saw slightly more emergency patients from outside of TC LHIN.

Household income:

- Overall, more low income patients visited emergency departments than high income patients for less/non-urgent conditions (ratio of 1.3 to 1). This was the case at most hospitals. The biggest patient income difference was at Toronto East General (ratio of 2.6 to 1).
- The exceptions were:
 - ▶ Mount Sinai and Sunnybrook: more high income patients than low income patients.
 - ▶ Toronto General Hospital: roughly equal numbers of high and low income patients.

Urgent care

Where patients lived: Urgent care services are offered at two TC LHIN Hospitals (CAMH, Women's College). Both hospitals saw more TC LHIN residents than non-residents for urgent care visits.

Household income:

- At CAMH, more low income patients than high income patients visited urgent care.
- At Women's College, more high income patients than low income patients visited urgent care.

Obstetrical (mothers only; excludes newborns)

Where patients lived: Obstetrical patients were more likely to live inside, rather than outside of TC LHIN. This was the case at all the hospitals, with the exception of Mount Sinai, where TC LHIN residents and non-residents were admitted in roughly the same numbers.

Household income:

- Overall, more low income than high income patients were admitted (ratio of 1.3 to 1). Patients in the middle income quintile were admitted the least.
- The hospitals showed two distinct patient income profiles:
 - ▶ More low income and fewer high income patients (St. Joseph's, St. Michael's, Toronto East General).
 - ▶ More high income and fewer low income patients (Sunnybrook, Mount Sinai).

Complex continuing care

Where patients lived: Overall, the hospitals showed two distinct two patterns: about half of the hospitals admitted more TC LHIN residents than non-residents, and half admitted more non-residents than TC LHIN residents. The exception was Baycrest, which admitted residents and non-residents in equal numbers.

Household income:

- Overall, considerably more low income patients received complex continuing care than high income patients (ratio of 1.8 to 1). At Baycrest and Toronto East General, low income patients outnumbered high income patients by a ratio of 3 to 1.
- The exceptions were Sunnybrook and Sunnybrook Veterans Centre (more high income than low income patients) and Toronto Grace Health Centre (about equal numbers of low and high income patients).

Rehabilitation

Where patients lived: Overall, rehabilitation patients at TC LHIN hospitals were more likely to live outside of TC LHIN than inside. This was the case at all the hospitals with the exception of Toronto East General (more TC LHIN residents), and Bridgepoint Hospital and Toronto Rehab Hillcrest Centre, where TC LHIN residents and non-residents were treated in about equal numbers. Bridgepoint and Hillcrest were the two biggest rehabilitation hospitals in TC LHIN. At the Toronto Rehab Lyndhurst Centre, non-residents outnumbered TC LHIN residents by nearly 5 to 1.

Household income:

- Overall, more low income patients were admitted for rehabilitation services, compared to high income patients (ratio 1.2 to 1).
- Three patient income profiles were seen:
 - ▶ More low income than high income patients (Providence Healthcare, Toronto East General, West Park Healthcare Centre).
 - ▶ Similar numbers of high and low income patients (Baycrest, Bridgepoint, Toronto Rehab Hillcrest, Toronto Rehab Lyndhurst).
 - ▶ More high income than low income patients (Sunnybrook Holland Orthopaedic & Arthritic Centre).

Discussion

It's important to note that the information in this report does not describe patient outcomes, nor the quality of hospital care that was provided to different income groups.

What the information does provide is an empirical starting point for asking questions about equity in health care quality and access in TC LHIN hospitals, in light of what is already known about income-related health needs and health care utilization patterns.

The following observations and questions have emerged from this report.

1. **Observation:** TC LHIN hospitals admitted patients who lived both inside and outside of TC LHIN in equal numbers. For some services, the hospitals admitted more non-LHIN residents than local residents.

That TC LHIN provides health care to non-residents has been widely documented and is to be expected; Toronto is a major health care hub for the GTA and Ontario. Many Toronto teaching hospitals offer specialized services that are unavailable in some other areas.

Health equity questions: What are the health equity implications of serving patients from beyond the geographical boundaries of TC LHIN?

- ▶ Was the likelihood of being referred into TC LHIN for specialized services related to patient income?
- ▶ Did patients from outside of TC LHIN have higher, lower or similar household incomes as TC LHIN residents?
- ▶ What was the influence of non-TC LHIN patients on patient income profiles for individual hospitals and for hospitals overall in TC LHIN?
- ▶ What was the influence of non-TC LHIN patients on patient health profiles for individual hospitals and for hospitals overall in TC LHIN?
- ▶ Did referrals into TC LHIN from outside affect access to hospital care for local residents?

2. **Observation:** Although low income groups tend to have more health care needs, low and high income patients were admitted to TC LHIN hospitals in about the same numbers.

There is ample evidence to show that in Ontario, as in other jurisdictions, lower income groups are exposed to greater health risks, have more complex, co-morbid health conditions, and underutilize preventative health care compared to higher income groups. For these reasons, we can reasonably expect a greater need for hospital care among people with low incomes, compared to high income earners.

If levels of hospitalization matched patient need, we should expect to an inverse relationship between income and hospitalizations (i.e. higher income, lower hospitalizations). However, the income gradients for most TC LHIN hospitals and most admissions categories were distinctly U-shaped, rather than sloped, with fewest hospitalizations for middle income groups, and more hospitalizations for high and low income earners.

At least on the surface, these results suggest higher than expected hospital utilization for high income earners.

Health equity questions: Do high income earners enjoy better access to health care in TC LHIN, compared to other patients?

- ▶ Did low income patients have unmet needs for hospital care? What barriers did they face?
- ▶ Did low income patients use other health care providers/services (e.g. Community Health Centres), rather than hospitals?
- ▶ If high income patients had better access to hospital care, what were the reasons for better access?

3. **Observation:** High and low income patients were hospitalized for different reasons.

For many hospital services, low income patients were predominant (e.g. mental health, ALC, less/non urgent emergency and urgent care, and complex continuing care. In contrast, more high income patients were admitted for same-day surgery. In every hospital, the income profile of surgical inpatients was higher than the income of medical inpatients. The finding that low income patients were less often admitted for surgery compared to higher income patients is supported by the research literature describing upstream (i.e. socioeconomic) and downstream (i.e. health care system-related) barriers to surgical referrals.

Health equity questions: Was income a barrier to receiving hospital services in TC LHIN?

- ▶ Did patient income affect access to specialists and/or surgical referrals?
- ▶ Was there a relationship between patient income and use of elective surgery?
- ▶ Was income a barrier to discharging ALC patients to home and community care?
- ▶ How if at all did the course or quality of treatment differ for patients in different income quintiles?

4. **Observation:** Patients from different income groups were admitted to different hospitals in TC LHIN.

TC LHIN hospitals showed three distinct patient income profiles, which may reflect the socioeconomic characteristics of the neighbourhoods in which they are situated and the referral patterns for communities and patient groups they have historically served.

- ▶ More low income patients than high income patients.
- ▶ More high income patients than low income patients.
- ▶ Similar numbers of low and high income patients.

Health equity questions: Was there a relationship between quality of care and patient income?

- ▶ Did patient income affect cost of care?
- ▶ Did patient income affect resource utilization patterns?
- ▶ Did patients experience income-related barriers to receiving care at TC LHIN hospitals?

Hospital comparisons

Acute care:

Centre for Addiction and Mental Health (CAMH)

The Hospital for Sick Children (SickKids)

Mount Sinai Hospital

St. Joseph's Health Centre

St. Michael's Hospital

Sunnybrook Health Sciences Centre

Toronto East General Hospital

University Health Network (UHN: Princess Margaret Hospital, Toronto General Hospital, Toronto Western Hospital)

Women's College Hospital

Complex continuing care:

Baycrest

Bridgepoint Hospital

Providence Healthcare

UHN: Toronto Rehab E.W. Bickle Centre for Complex Continuing Care

Sunnybrook Health Sciences Centre

Sunnybrook Veterans Centre

Toronto East General Hospital

Toronto Grace Health Centre

West Park Healthcare Centre

Rehabilitation:

Baycrest

Bridgepoint Hospital

Providence Healthcare

Sunnybrook Holland Orthopaedic & Arthritic Centre

Toronto East General Hospital

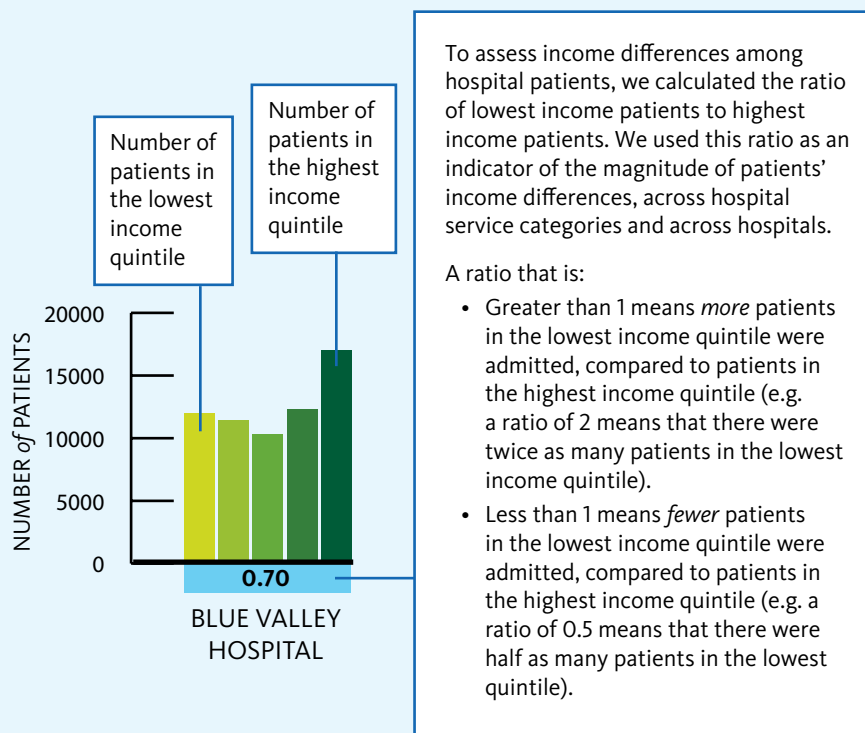
UHN: Toronto Rehab Hillcrest Centre

UHN: Toronto Rehab Lyndhurst Centre

West Park Healthcare Centre

Understanding the charts and ratios

HOUSEHOLD INCOME

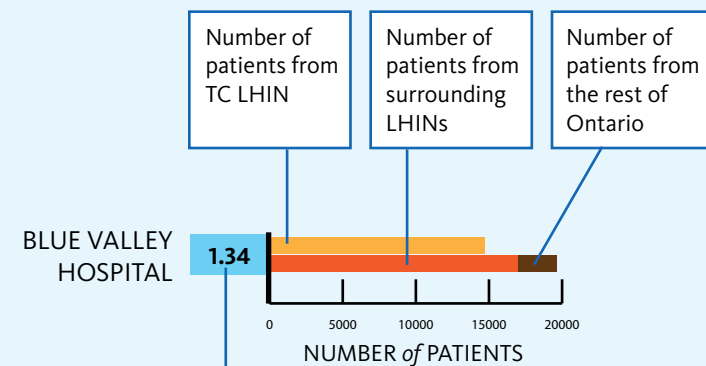


To assess income differences among hospital patients, we calculated the ratio of lowest income patients to highest income patients. We used this ratio as an indicator of the magnitude of patients' income differences, across hospital service categories and across hospitals.

A ratio that is:

- Greater than 1 means *more* patients in the lowest income quintile were admitted, compared to patients in the highest income quintile (e.g. a ratio of 2 means that there were twice as many patients in the lowest income quintile).
- Less than 1 means *fewer* patients in the lowest income quintile were admitted, compared to patients in the highest income quintile (e.g. a ratio of 0.5 means that there were half as many patients in the lowest quintile).

WHERE PATIENTS LIVED



To assess the geographical reach of Toronto Central Local Health Integration Network (TC LHIN) hospital care, we calculated the ratio of non-residents to residents admitted to TC LHIN hospitals.

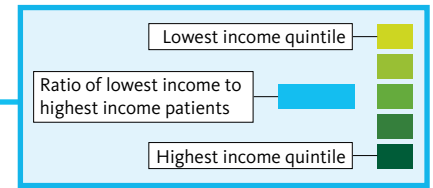
A ratio that is:

- Greater than 1 means *more* patients from outside of TC LHIN were admitted, compared to patients from TC LHIN.
- Less than 1 means *fewer* patients from outside of TC LHIN were admitted, compared to patients from TC LHIN.

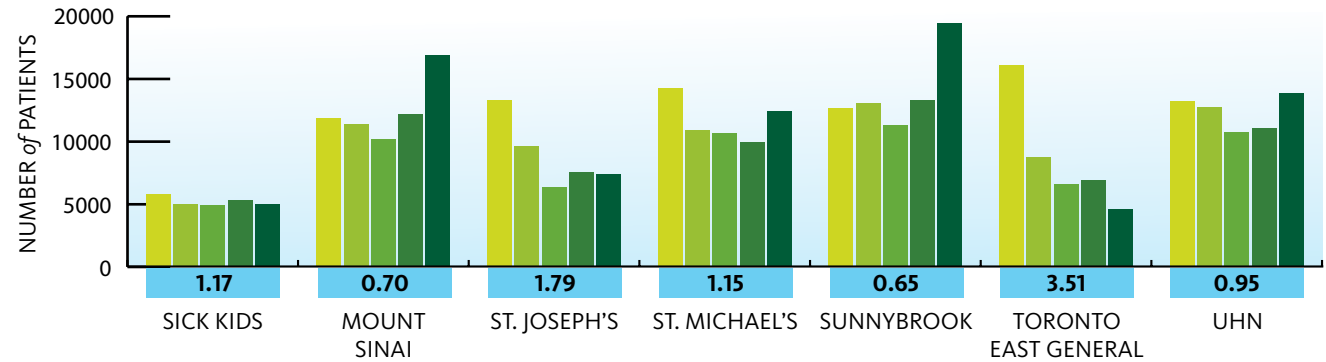
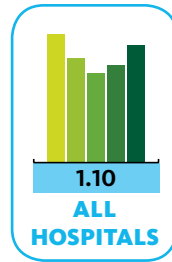
If all patients lived inside TC LHIN, the ratio would be 0.

If equal numbers of patients from inside and outside of TC LHIN were admitted, the ratio would be 1.

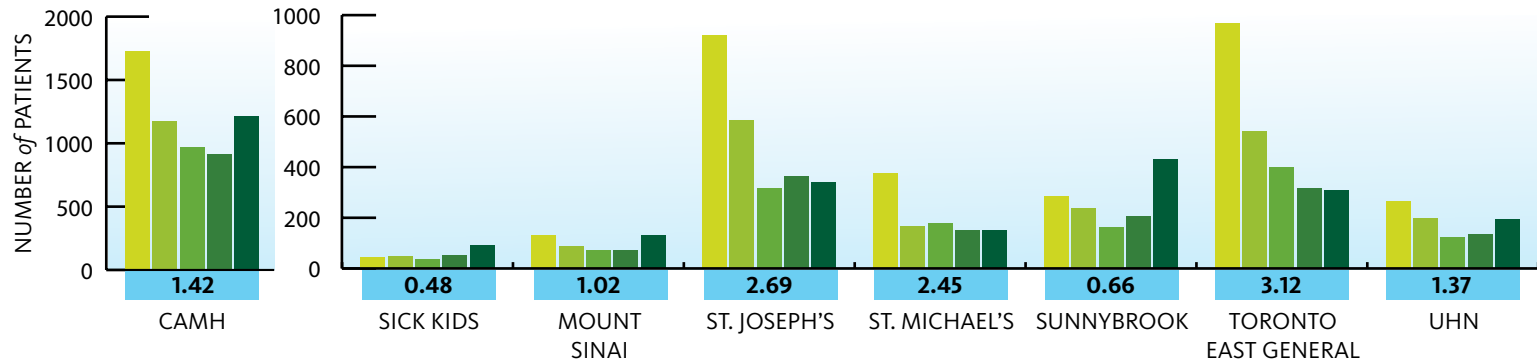
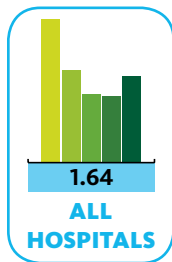
Household income



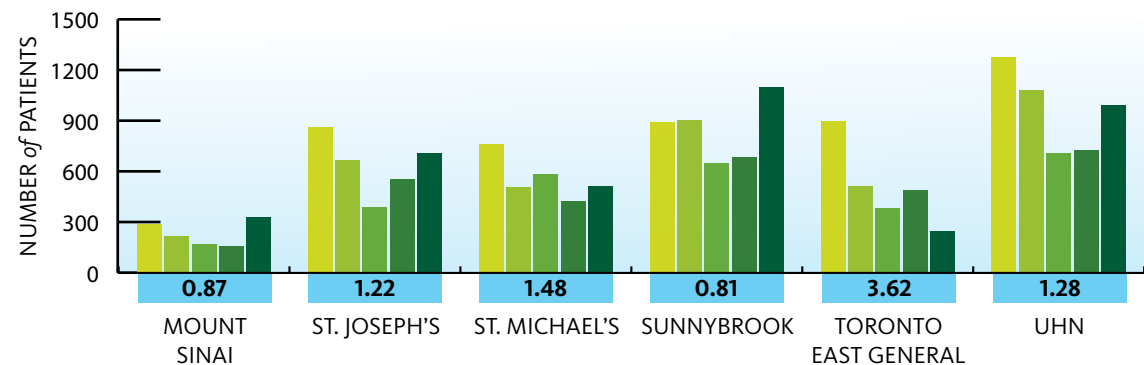
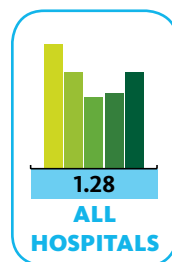
All inpatients (acute care)



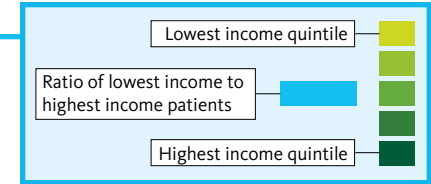
Mental health inpatients



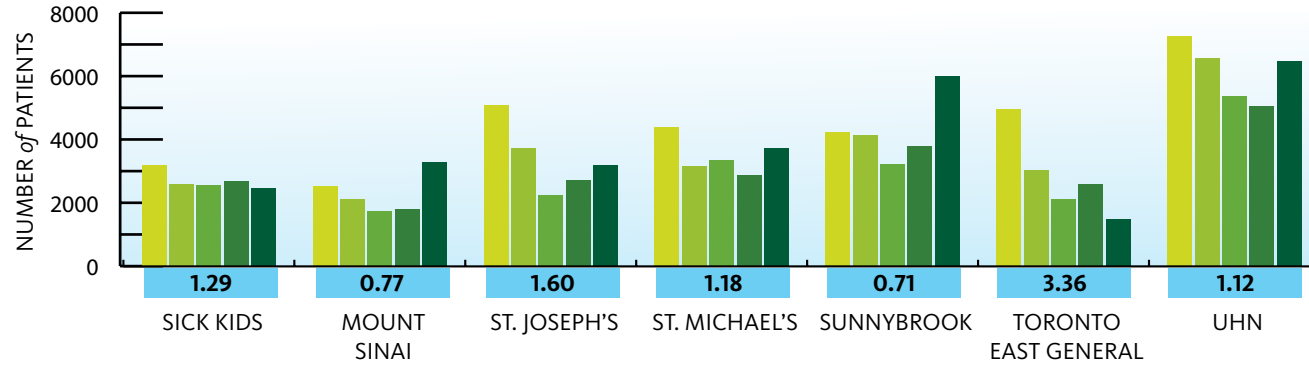
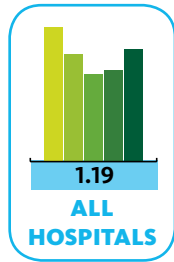
Alternate level of care



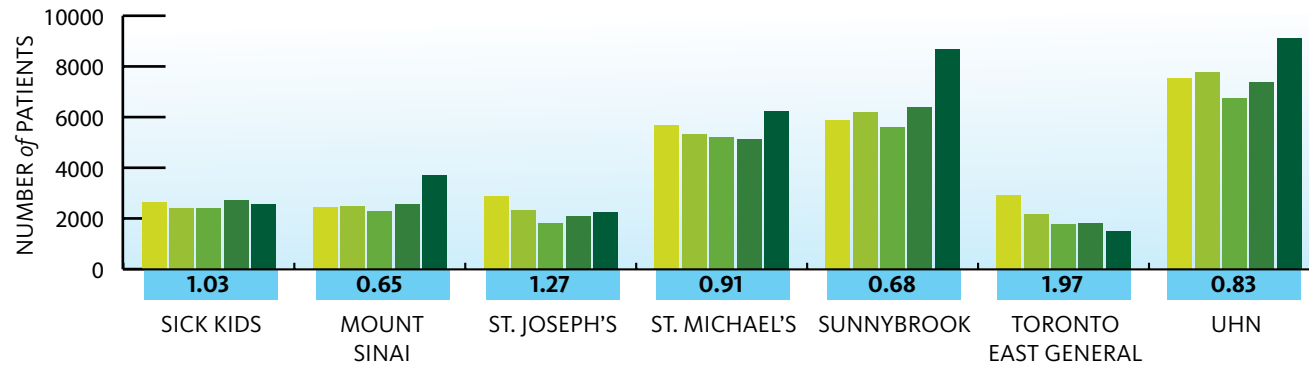
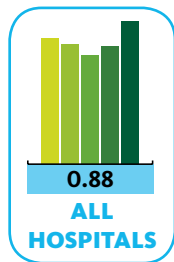
HOUSEHOLD INCOME



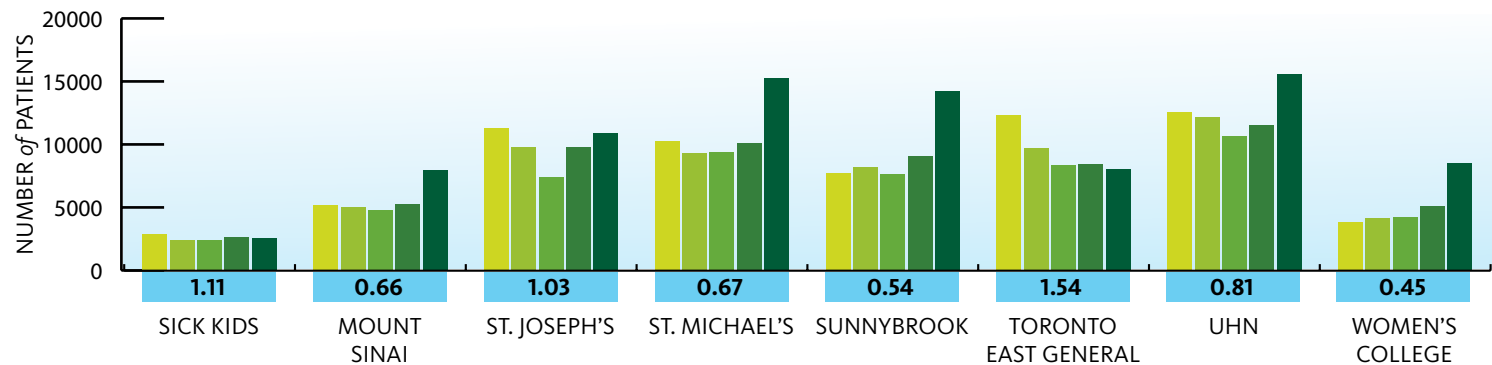
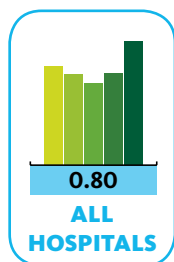
Medical inpatients



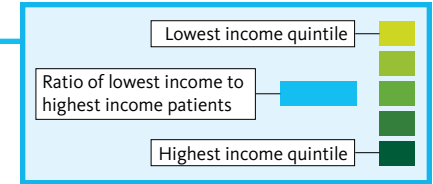
Surgical inpatients



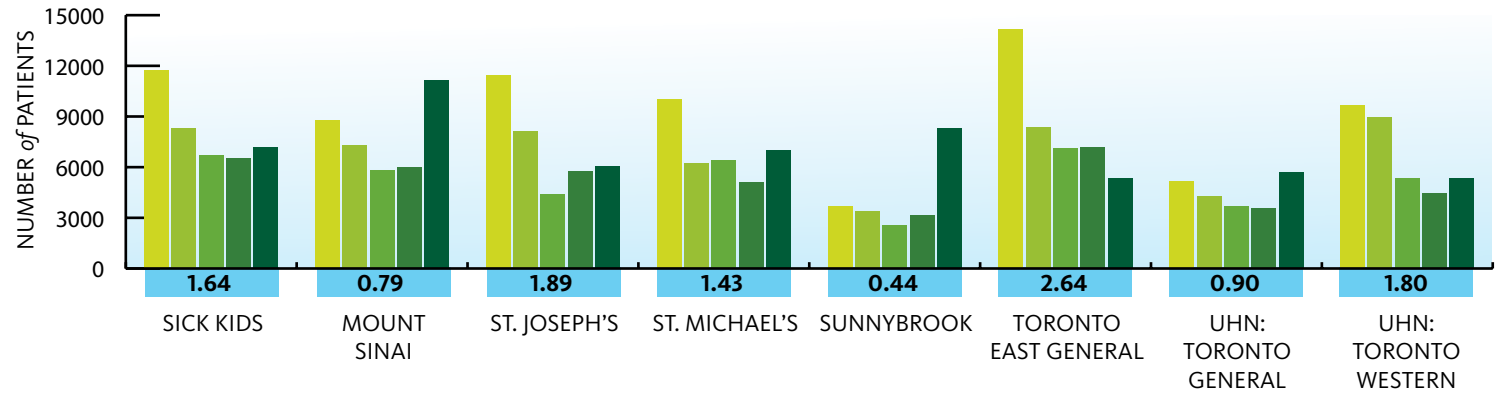
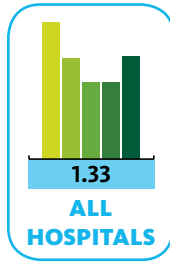
Same-day surgery



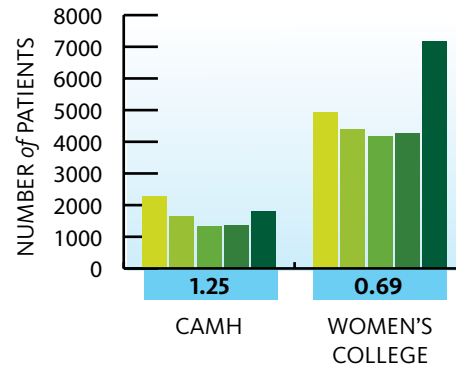
HOUSEHOLD INCOME



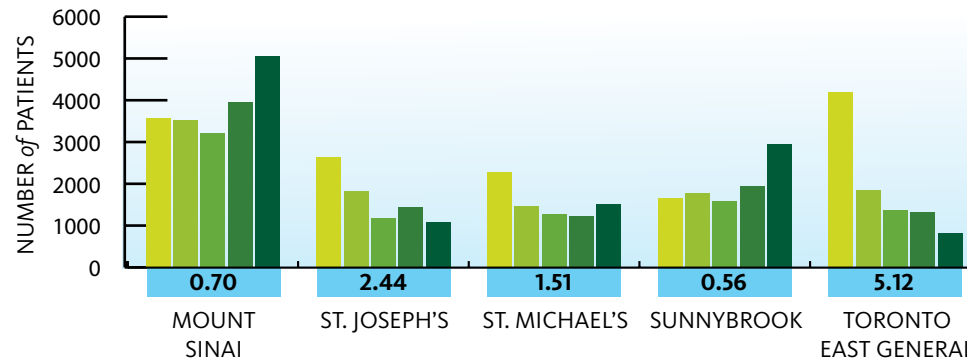
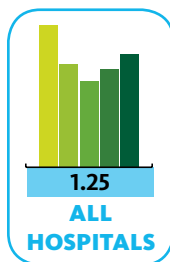
Emergency (less/non-urgent conditions)



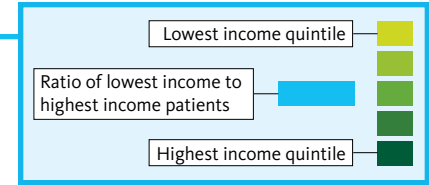
Urgent care



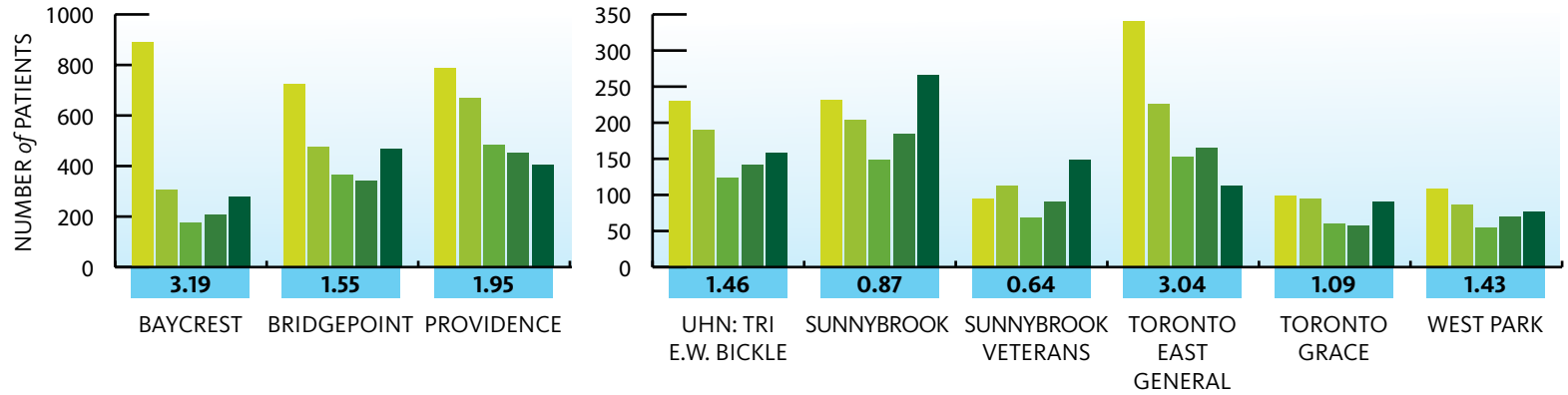
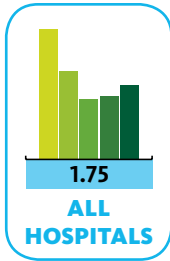
Obstetrical (mothers only; excludes newborns)



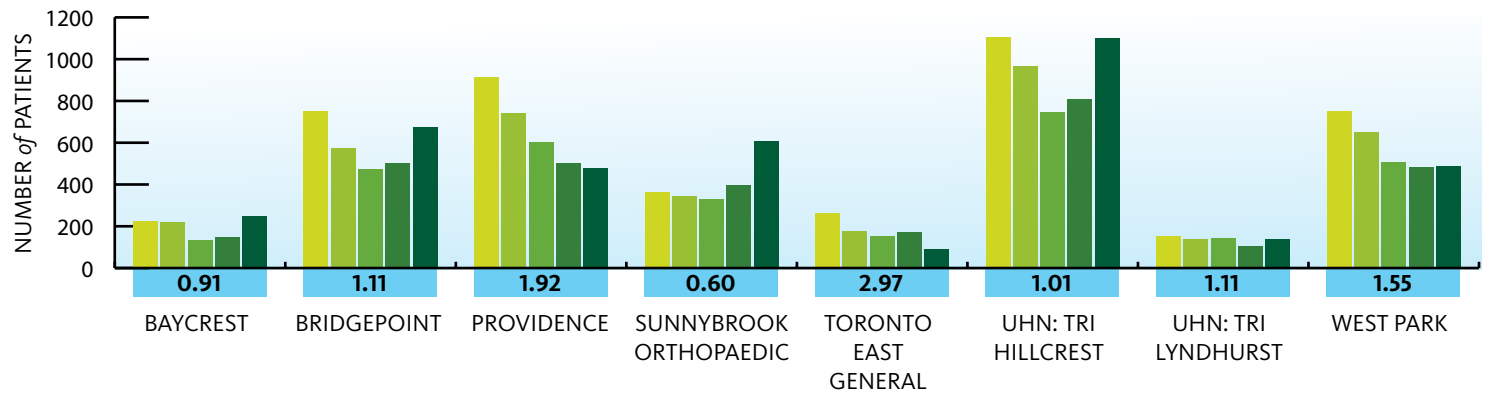
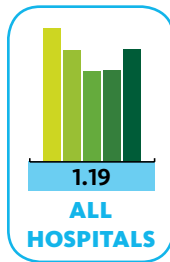
HOUSEHOLD INCOME



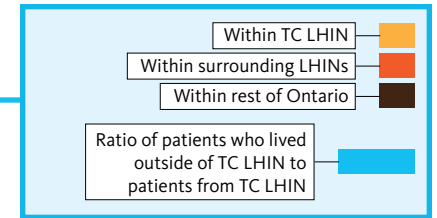
Complex continuing care



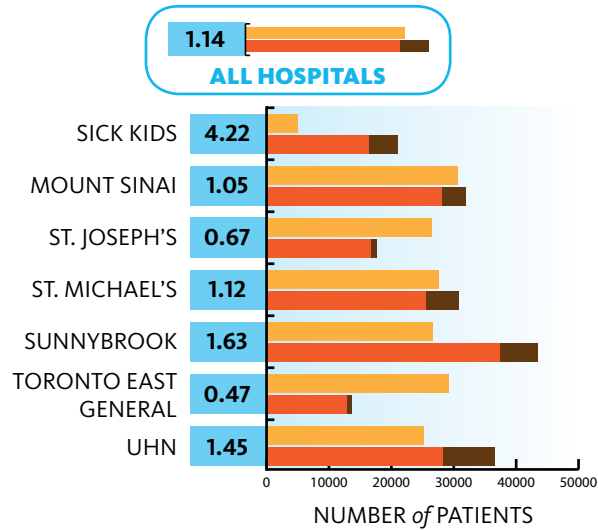
Rehabilitation



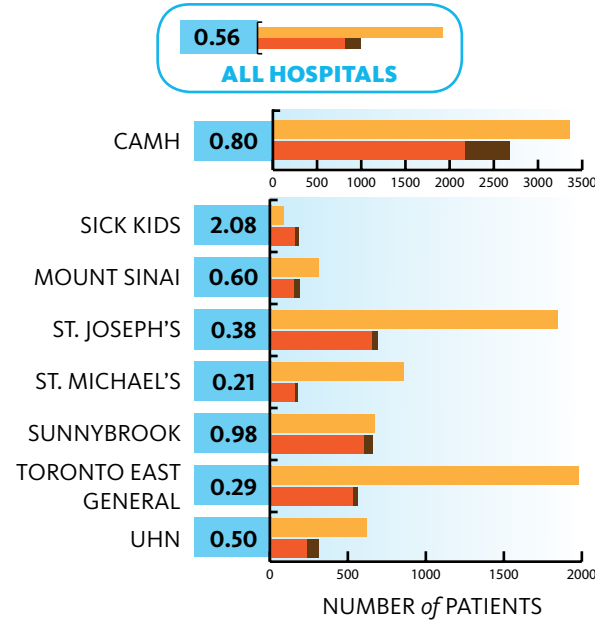
Where patients lived



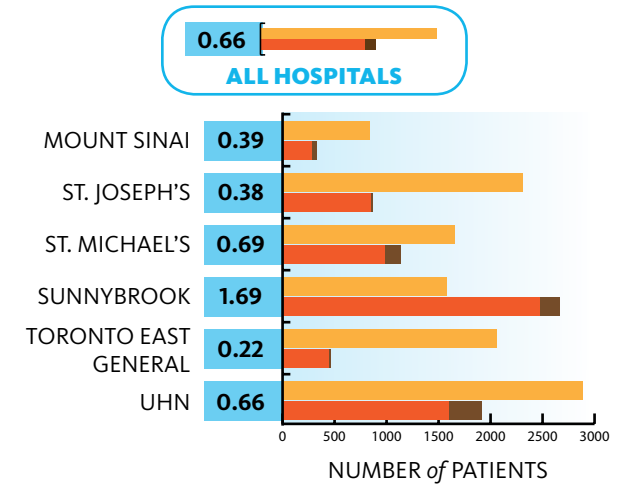
All inpatients (acute care)



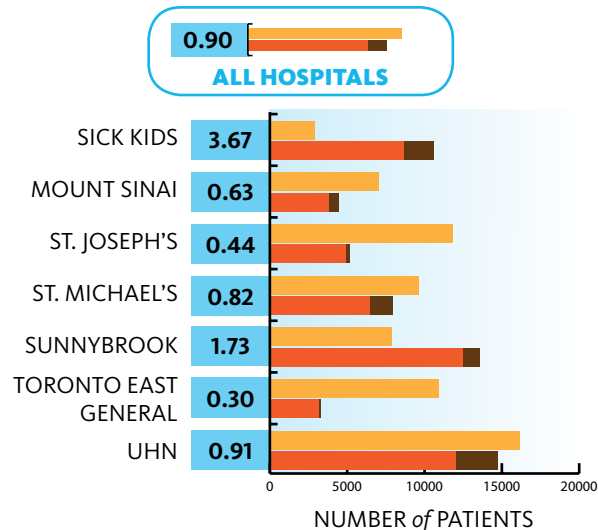
Mental health inpatients



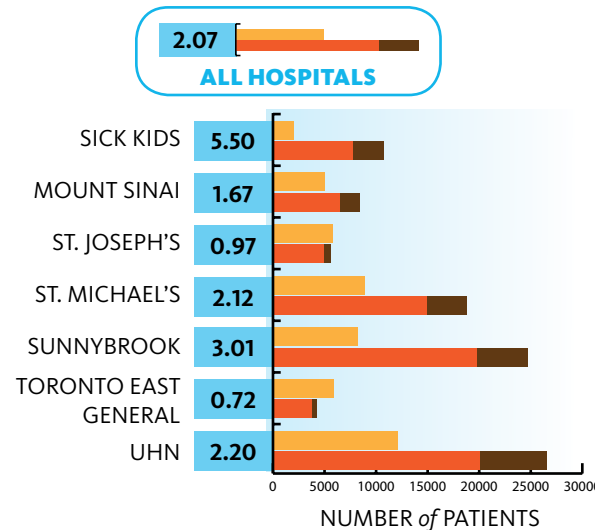
Alternate level of care



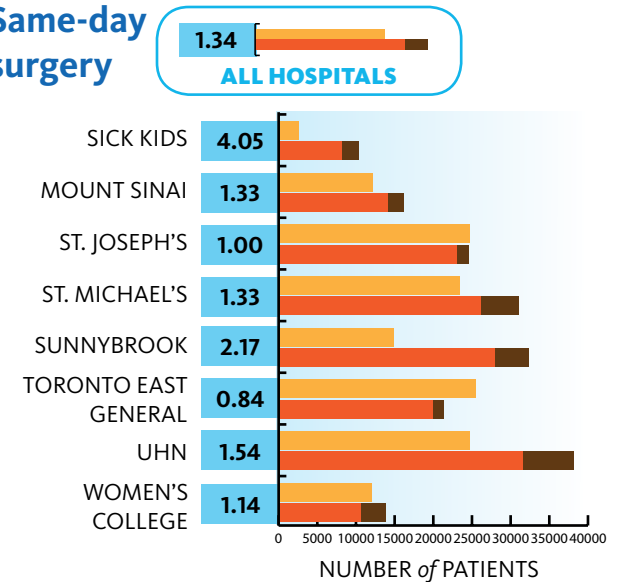
Medical inpatients



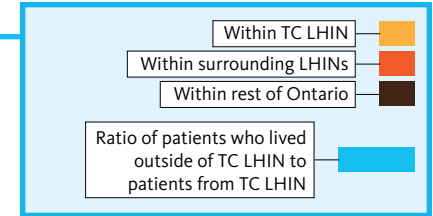
Surgical inpatients



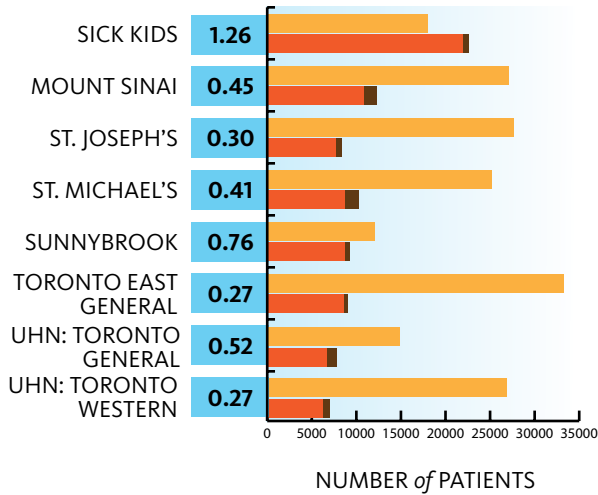
Same-day surgery



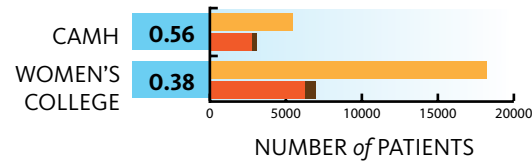
WHERE PATIENTS LIVED



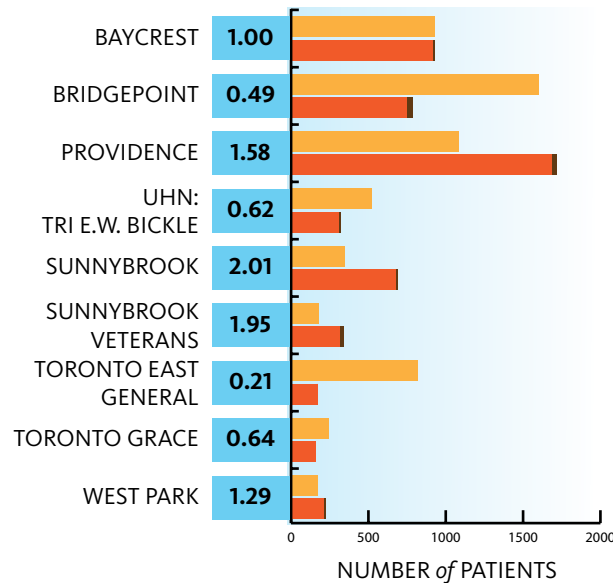
Emergency (less/non-urgent conditions)



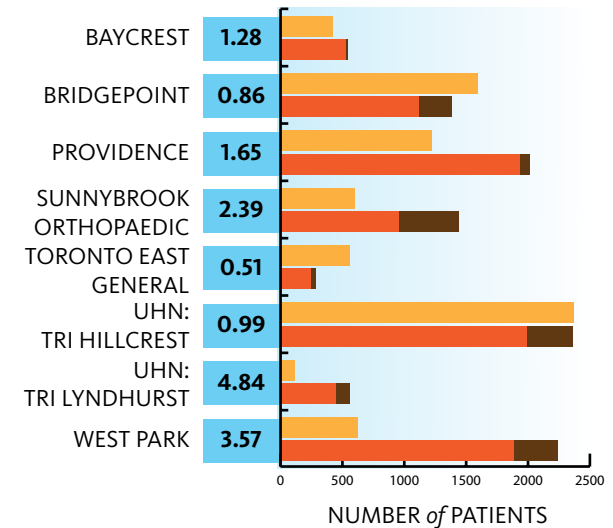
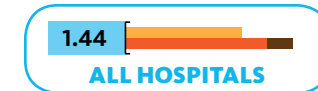
Urgent care



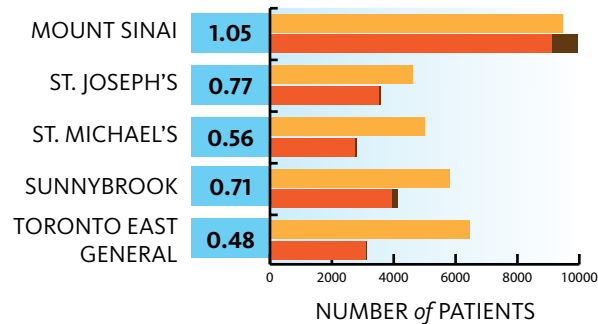
Complex continuing care



Rehabilitation



Obstetrical (mothers only; excludes newborns)



Appendices

Hospital patient admissions: Household income

Hospital patient admissions: Where patients lived

About the hospitals

Hospital patient admissions: Household income

HOUSEHOLD INCOME: All inpatients (acute care) (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	364776	87054	71323	60659	66228	79512	0.91	1.10
The Hospital for Sick Children	25990	5811	4967	4932	5296	4984	0.86	1.17
Mount Sinai Hospital	62443	11847	11346	10196	12165	16889	1.43	0.70
St. Joseph's Health Centre	44086	13245	9608	6310	7538	7385	0.56	1.79
St. Michael's Hospital	58065	14231	10880	10617	9959	12378	0.87	1.15
Sunnybrook Health Sciences Centre	69761	12645	13062	11283	13315	19456	1.54	0.65
Toronto East General Hospital	42781	16057	8702	6557	6891	4574	0.28	3.51
University Health Network	61650	13218	12758	10764	11064	13846	1.05	0.95

HOUSEHOLD INCOME: Mental health inpatients (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	15111	4730	3035	2257	2213	2876	0.61	1.64
Centre for Addiction and Mental Health	5987	1732	1163	961	913	1218	0.70	1.42
The Hospital for Sick Children	277	45	49	37	52	94	2.09	0.48
Mount Sinai Hospital	496	133	87	72	74	130	0.98	1.02
St. Joseph's Health Centre	2531	923	586	316	363	343	0.37	2.69
St. Michael's Hospital	1030	375	169	181	152	153	0.41	2.45
Sunnybrook Health Sciences Centre	1326	286	239	164	205	432	1.51	0.66
Toronto East General Hospital	2540	969	542	401	317	311	0.32	3.12
University Health Network	924	267	200	125	137	195	0.73	1.37

HOUSEHOLD INCOME: Alternate level of care (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	18768	5006	3907	2891	3055	3909	0.78	1.28
Mount Sinai Hospital	1164	287	219	168	159	331	1.15	0.87
St. Joseph's Health Centre	3179	864	669	386	554	706	0.82	1.22
St. Michael's Hospital	2786	759	508	582	423	514	0.68	1.48
Sunnybrook Health Sciences Centre	4228	894	901	648	684	1101	1.23	0.81
Toronto East General Hospital	2526	898	510	383	487	248	0.28	3.62
University Health Network	4785	1274	1082	710	725	994	0.78	1.28

HOSPITAL PATIENT ADMISSIONS: HOUSEHOLD INCOME

HOUSEHOLD INCOME: Medical inpatients (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	125415	31638	25302	20512	21420	26543	0.84	1.19
The Hospital for Sick Children	13479	3194	2596	2556	2665	2468	0.77	1.29
Mount Sinai Hospital	11420	2528	2114	1719	1785	3274	1.30	0.77
St. Joseph's Health Centre	16911	5084	3716	2226	2710	3175	0.62	1.60
St. Michael's Hospital	17436	4387	3143	3347	2856	3703	0.84	1.18
Sunnybrook Health Sciences Centre	21300	4224	4120	3201	3773	5982	1.42	0.71
Toronto East General Hospital	14161	4957	3038	2114	2575	1477	0.30	3.36
University Health Network	30708	7264	6575	5349	5056	6464	0.89	1.12

HOUSEHOLD INCOME: Surgical inpatients (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	146319	29891	28587	25825	28045	33971	1.14	0.88
The Hospital for Sick Children	12660	2625	2388	2398	2703	2546	0.97	1.03
Mount Sinai Hospital	13443	2418	2476	2274	2567	3708	1.53	0.65
St. Joseph's Health Centre	11335	2852	2337	1818	2090	2238	0.78	1.27
St. Michael's Hospital	27564	5688	5309	5216	5113	6238	1.10	0.91
Sunnybrook Health Sciences Centre	32696	5874	6174	5613	6377	8658	1.47	0.68
Toronto East General Hospital	10105	2908	2154	1755	1815	1473	0.51	1.97
University Health Network	38516	7526	7749	6751	7380	9110	1.21	0.83

HOUSEHOLD INCOME: Same-day surgery (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	327048	66113	60775	55024	62020	83116	1.26	0.81
The Hospital for Sick Children	12892	2846	2390	2437	2656	2563	0.90	1.11
Mount Sinai Hospital	28324	5223	5020	4815	5299	7967	1.53	0.66
St. Joseph's Health Centre	49205	11264	9770	7431	9819	10921	0.97	1.03
St. Michael's Hospital	54350	10230	9340	9423	10120	15237	1.49	0.67
Sunnybrook Health Sciences Centre	46858	7727	8202	7665	9045	14219	1.84	0.54
Toronto East General Hospital	46788	12349	9690	8330	8401	8018	0.65	1.54
University Health Network	62616	12587	12202	10666	11543	15618	1.24	0.81
Women's College Hospital	25844	3851	4128	4226	5113	8526	2.21	0.45

HOSPITAL PATIENT ADMISSIONS: HOUSEHOLD INCOME

HOUSEHOLD INCOME: Emergency department (less/non-urgent conditions) (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	270053	74800	55028	42144	41861	56220	0.75	1.33
The Hospital for Sick Children	40531	11748	8317	6740	6547	7179	0.61	1.64
Mount Sinai Hospital	39092	8808	7297	5844	5990	11153	1.27	0.79
St. Joseph's Health Centre	35888	11471	8115	4429	5799	6074	0.53	1.89
St. Michael's Hospital	34878	10051	6275	6428	5108	7016	0.70	1.43
Sunnybrook Health Sciences Centre	21161	3699	3418	2550	3161	8333	2.25	0.44
Toronto East General Hospital	42241	14195	8372	7106	7197	5371	0.38	2.64
UHN: Toronto General Hospital	22409	5162	4273	3698	3562	5714	1.11	0.90
UHN: Toronto Western Hospital	33853	9666	8961	5349	4497	5380	0.56	1.80

HOUSEHOLD INCOME: Urgent care (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
Centre for Addiction and Mental Health	8471	2276	1654	1351	1363	1827	0.80	1.25
Women's College Hospital	24979	4927	4410	4180	4276	7186	1.46	0.69

HOUSEHOLD INCOME: Obstetrical (i.e. mothers only; excludes newborns) (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	54727	14338	10424	8650	9890	11425	0.80	1.25
Mount Sinai Hospital	19330	3567	3513	3223	3961	5066	1.42	0.70
St. Joseph's Health Centre	8167	2633	1826	1186	1444	1078	0.41	2.44
St. Michael's Hospital	7762	2288	1465	1270	1221	1518	0.66	1.51
Sunnybrook Health Sciences Centre	9911	1662	1779	1591	1934	2945	1.77	0.56
Toronto East General Hospital	9557	4188	1841	1380	1330	818	0.20	5.12
University Health Network	N/A	<6	<6	<6	<6	<6	N/A	N/A

HOSPITAL PATIENT ADMISSIONS: HOUSEHOLD INCOME

HOUSEHOLD INCOME: Complex continuing care (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	11213	3506	2363	1631	1710	2003	0.57	1.75
Baycrest	1855	889	304	174	209	279	0.31	3.19
Bridgepoint Hospital	2375	725	477	364	340	469	0.65	1.55
Providence Healthcare	2797	789	668	485	451	404	0.51	1.95
UHN: Toronto Rehab E.W. Bickle Centre for Complex Continuing Care	844	230	190	124	142	158	0.69	1.46
Sunnybrook Health Sciences Centre	1033	231	204	148	184	266	1.15	0.87
Sunnybrook Veterans Centre	515	94	113	69	91	148	1.57	0.64
Toronto East General Hospital	995	340	226	152	165	112	0.33	3.04
Toronto Grace Health Centre	403	99	95	60	58	91	0.92	1.09
West Park Healthcare Centre	396	109	86	55	70	76	0.70	1.43

HOUSEHOLD INCOME: Rehabilitation (number of patients, 2008-2010)

HOSPITAL	Total	Q1 (lowest income)	Q2	Q3	Q4	Q5 (highest income)	Q5:Q1 Ratio	Q1:Q5 Ratio
All hospitals	18298	4518	3796	3073	3100	3811	0.84	1.19
Baycrest	966	224	216	133	146	247	1.10	0.91
Bridgepoint Hospital	2961	748	571	470	499	673	0.90	1.11
Providence Healthcare	3229	911	740	602	501	475	0.52	1.92
Sunnybrook Holland Orthopaedic & Arthritic Centre	2031	364	341	326	395	605	1.66	0.60
Toronto East General Hospital	843	261	175	150	169	88	0.34	2.97
UHN: Toronto Rehab Hillcrest Centre	4723	1106	967	745	805	1100	0.99	1.01
UHN: Toronto Rehab Lyndhurst Centre	675	153	139	140	105	138	0.90	1.11
West Park Healthcare Ontario	2870	751	647	507	480	485	0.65	1.55

Hospital patient admissions: Where patients lived

WHERE PATIENTS LIVED: All inpatients (acute care) (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	366095	170800	165199	30096	0.87	1.14
The Hospital for Sick Children	26035	4985	16360	4690	0.24	4.22
Mount Sinai Hospital	62682	30647	28039	3996	0.96	1.05
St. Joseph's Health Centre	44202	26465	16659	1078	1.49	0.67
St. Michael's Hospital	58360	27590	25590	5180	0.90	1.12
Sunnybrook Health Sciences Centre	70101	26622	37359	6120	0.61	1.63
Toronto East General Hospital	42831	29205	12949	677	2.14	0.47
University Health Network	61884	25286	28243	8355	0.69	1.45

WHERE PATIENTS LIVED: Mental health inpatients (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	15208	9743	4658	807	1.78	0.56
Centre for Addiction and Mental Health	6036	3356	2169	511	1.25	0.80
The Hospital for Sick Children	277	90	156	31	0.48	2.08
Mount Sinai Hospital	500	312	155	33	1.66	0.60
St. Joseph's Health Centre	2543	1848	651	44	2.66	0.38
St. Michael's Hospital	1040	860	156	24	4.78	0.21
Sunnybrook Health Sciences Centre	1331	672	603	56	1.02	0.98
Toronto East General Hospital	2547	1982	531	34	3.51	0.29
University Health Network	934	623	237	74	2.00	0.50

WHERE PATIENTS LIVED: Alternate level of care (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	18830	11366	6709	755	1.52	0.66
Mount Sinai Hospital	1173	843	280	50	2.55	0.39
St. Joseph's Health Centre	3187	2314	854	19	2.65	0.38
St. Michael's Hospital	2800	1660	989	151	1.46	0.69
Sunnybrook Health Sciences Centre	4243	1578	2470	195	0.59	1.69
Toronto East General Hospital	2527	2066	449	12	4.48	0.22
University Health Network	4800	2887	1601	312	1.51	0.66

HOSPITAL PATIENT ADMISSIONS: WHERE PATIENTS LIVED

WHERE PATIENTS LIVED: Medical inpatients (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	125988	66331	51447	8210	1.11	0.90
The Hospital for Sick Children	13504	2894	8644	1966	0.27	3.67
Mount Sinai Hospital	11482	7044	3780	658	1.59	0.63
St. Joseph's Health Centre	16959	11809	4926	224	2.29	0.44
St. Michael's Hospital	17549	9647	6476	1426	1.22	0.82
Sunnybrook Health Sciences Centre	21455	7871	12467	1117	0.58	1.73
Toronto East General Hospital	14173	10903	3167	103	3.33	0.30
University Health Network	30866	16163	11987	2716	1.10	0.91

WHERE PATIENTS LIVED: Surgical inpatients (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	146758	47753	77350	21655	0.48	2.07
The Hospital for Sick Children	12678	1950	7735	2993	0.18	5.50
Mount Sinai Hospital	13476	5042	6430	2004	0.60	1.67
St. Joseph's Health Centre	11363	5756	4879	728	1.03	0.97
St. Michael's Hospital	27672	8856	14892	3924	0.47	2.12
Sunnybrook Health Sciences Centre	32826	8176	19695	4955	0.33	3.01
Toronto East General Hospital	10119	5886	3737	496	1.39	0.72
University Health Network	38624	12087	19982	6555	0.46	2.20

WHERE PATIENTS LIVED: Same-day surgery (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	328005	140134	161831	26040	0.75	1.34
The Hospital for Sick Children	12909	2558	8201	2150	0.25	4.05
Mount Sinai Hospital	28429	12212	14154	2063	0.75	1.33
St. Joseph's Health Centre	49310	24683	23051	1576	1.00	1.00
St. Michael's Hospital	54554	23463	26155	4936	0.75	1.33
Sunnybrook Health Sciences Centre	47154	14883	27992	4279	0.46	2.17
Toronto East General Hospital	46863	25524	19943	1396	1.20	0.84
University Health Network	62825	24701	31639	6485	0.65	1.54
Women's College Hospital	25961	12110	10696	3155	0.87	1.14

HOSPITAL PATIENT ADMISSIONS: WHERE PATIENTS LIVED

WHERE PATIENTS LIVED: Emergency department (less/non-urgent conditions) (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	271996	185263	79534	7199	2.13	0.47
The Hospital for Sick Children	40655	18004	21903	748	0.79	1.26
Mount Sinai Hospital	39458	27138	10880	1440	2.20	0.45
St. Joseph's Health Centre	36011	27685	7728	598	3.33	0.30
St. Michael's Hospital	35398	25187	8710	1501	2.47	0.41
Sunnybrook Health Sciences Centre	21273	12091	8728	454	1.32	0.76
Toronto East General Hospital	42285	33251	8563	471	3.68	0.27
UHN: Toronto Western Hospital	34210	27011	6353	846	3.75	0.27
UHN: Toronto General Hospital	22706	14896	6669	1141	1.91	0.52

WHERE PATIENTS LIVED: Urgent care (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
Centre for Addiction and Mental Health	8565	5473	2750	342	1.77	0.56
Women's College Hospital	25204	18221	6219	764	2.61	0.38

WHERE PATIENTS LIVED: Obstetrical (i.e. mothers only; excludes newborns) (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	54892	31318	22366	1208	1.33	0.75
Mount Sinai Hospital	19398	9465	9109	824	0.95	1.05
St. Joseph's Health Centre	8185	4617	3497	71	1.29	0.77
St. Michael's Hospital	7800	4992	2746	62	1.78	0.56
Sunnybrook Health Sciences Centre	9942	5798	3934	210	1.40	0.71
Toronto East General Hospital	9567	6446	3080	41	2.07	0.48
University Health Network	N/A	<6	<6	<6	N/A	N/A

DATA TABLES: WHERE PATIENTS LIVED

WHERE PATIENTS LIVED: Complex continuing care (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	11511	6009	5320	182	1.09	0.92
Baycrest	1855	928	914	13	1.00	1.00
Bridgepoint Hospital	2386	1601	747	38	2.04	0.49
Providence Healthcare	2804	1086	1683	35	0.63	1.58
UHN: Toronto Rehab E.W. Bickle Centre for Complex Continuing Care	844	522	310	12	1.62	0.62
Sunnybrook Health Sciences Centre	1034	343	674	17	0.50	2.01
Sunnybrook Veterans Centre	522	177	313	32	0.51	1.95
Toronto East General Hospital	990	821	169	<6	4.86	0.21
Toronto Grace Health Centre	398	242	156	<6	1.55	0.64
West Park Healthcare Centre	397	173	210	14	0.77	1.29

WHERE PATIENTS LIVED: Rehabilitation (number of patients, 2008-2010)

HOSPITAL	Total	Within TC LHIN	Within surrounding LHINs	Within rest of Ontario	TC LHIN residents: non residents	Non residents: TC LHIN residents
All hospitals	18381	7537	9139	1705	0.70	1.44
Baycrest	970	425	529	16	0.78	1.28
Bridgepoint Hospital	2980	1598	1122	260	1.16	0.86
Providence Healthcare	3239	1223	1936	80	0.61	1.65
Sunnybrook Holland Orthopaedic & Arthritic Centre	2038	602	958	478	0.42	2.39
Toronto East General Hospital	845	558	248	39	1.94	0.51
UHN: Toronto Rehab Hillcrest Centre	4732	2372	1995	365	1.01	0.99
UHN: Toronto Rehab Lyndhurst Centre	678	116	449	113	0.21	4.84
West Park Healthcare Ontario	2872	628	1890	354	0.28	3.57

About the hospitals

Baycrest: Headquartered on a 22-acre campus in Toronto and fully affiliated with the University of Toronto, Baycrest is a global leader in developing and providing innovations in aging and brain health. Baycrest is unique in the world, combining a comprehensive system of care for aging patients, one of the world's top research institutes in cognitive neuroscience and a centre for global education and knowledge exchange about aging and brain health. Our leading-edge continuum of care encompasses a preeminent 300-bed hospital; a 472-bed, long-term care facility; 195 apartments in a supportive housing building and community-based programs, as well as outpatient medical clinics and unique wellness programs to serve our aging population. Baycrest, 3560 Bathurst St., Toronto, Ontario, Canada M6A 2E1, tel: 416-785-2500. www.baycrest.org.

Bridgepoint Hospital provides complex care and complex rehabilitation to individuals living with complex chronic disease and disability through a broad range of inpatient and outpatient services. Located in Toronto's Riverdale community, patients come to Bridgepoint from across Ontario to receive specialized care and support in understanding and managing their complex chronic conditions. Currently, Bridgepoint Hospital has 455 inpatient beds. Our focus is on providing coordinated and integrated care to patients living with multiple chronic diseases and disabilities. We also provide care to patients who are recovering from a major trauma, such as a brain injury caused by a car accident; seeking rehabilitation after a sudden illness, such as a stroke; or recovering from a major surgery, or a long stay in an intensive care unit. www.bridgepointhealth.ca.

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy and health promotion to transform the lives of people affected by mental health and addiction issues. Our central facilities include 90 distinct services between 526 inpatient beds, outpatient, day treatment and partial hospitalization models, and we have nine offices across the province to provide support to the mental health system. www.camh.net.

The Hospital for Sick Children (SickKids) is recognized as one of the world's foremost paediatric health-care institutions and is Canada's leading centre dedicated to advancing children's health through the integration of patient care, research and education. Founded in 1875 and affiliated with the University of Toronto, SickKids is one of Canada's most research-intensive hospitals and has generated discoveries that have helped children globally. Its mission is to provide the best in complex and specialized family-centred care; pioneer scientific and clinical advancements; share expertise; foster an academic environment that nurtures health-care professionals; and champion an accessible, comprehensive and sustainable child health system. With 375 beds, configured around 17 medical and 12 perioperative specialties, the SickKids centres of excellence focus on bone health, brain and behaviour, cancer, cystic fibrosis, heart, pain, image-guided care and transplants. SickKids is proud of its vision for Healthier Children. A Better World. www.sickkids.ca.

Mount Sinai Hospital is an internationally recognized, 472-bed acute care academic health sciences centre affiliated with the University of Toronto. It is known for excellence in the provision of compassionate patient care, innovative education, and leading-edge research. Mount Sinai's Centres of Excellence include: Daryl A. Katz Centre for Urgent & Critical Care; Frances Bloomberg Centre for Women's & Infants' Health; Christopher Sharp Centre for Surgical Oncology; Centre for Inflammatory Bowel Disease; Centre for Musculoskeletal Disease and the Samuel Lunenfeld Research Institute. www.mountsinai.ca.

Providence Healthcare, located in Toronto's East End, is a leader in providing rehabilitation, palliative care, outpatient clinics and services, caregiver support and long-term care. Providence is located at 3276 St. Clair Avenue East (northwest corner of Warden and St. Clair Avenue East) in Toronto, Ontario. Annually, 1,905 people are admitted to Providence. We specialize in rehabilitation for people who have experienced strokes, orthopaedic surgery, or lower limb amputation, or who require specialized geriatric rehabilitation, assessment and treatment. We also provide palliative care, long-term care and community outreach with a particular focus on addressing the medical, physical, spiritual and emotional needs of individuals with geriatric conditions. www.providence.on.ca.

St. Joseph's Health Centre is located in the Parkdale/High Park area of south-west Toronto. It is a 376-bed accredited community teaching hospital providing emergency, ambulatory, and secondary and selected tertiary services. Major areas of clinical focus include: Women's, Children's & Family Health; Emergency & Critical Care; Medicine, Ambulatory & Seniors' Health; Mental Health & Addictions; Surgery & Oncology. St. Joseph's is home to the largest combined medical and surgical chest unit in the Toronto area and the second-largest fracture clinic in Ontario. It is a Regional Paediatric Centre for south-west Toronto, is designated as a Regional Dialysis Program, and participates in the University of Toronto Collaborative Bariatric Surgery Program. St. Joseph's had 96,000 Emergency Department visits in 2011/12. www.stjoe.on.ca.

St. Michael's Hospital, founded in 1892, is a Catholic teaching, research and acute care hospital located in South East Toronto. Fully affiliated with the University of Toronto, the "Urban Angel" maintains over 500 inpatient beds and a large ambulatory practice including numerous clinics and services in the community. Core clinical programs include Inner City Health, Mental Health, Diabetes Comprehensive Care, Heart & Vascular, Trauma & Neurosurgery and Specialized Complex Care. www.stmichaelshospital.com.

Sunnybrook Health Sciences Centre is a fully affiliated teaching hospital of the University of Toronto. Sunnybrook has 1200 inpatient beds and four strategic areas of focus: heart and stroke; cancer; trauma, emergency and critical care and women and babies. We have two sites, the Holland Orthopaedic and Arthritic Centre at 43 Wellesley Street and the Bayview campus at 2075 Bayview Avenue in Toronto. www.sunnybrook.ca.

Toronto East General Hospital is a large, full-service community teaching hospital, providing top quality care to the diverse, multicultural population of East Toronto since 1929. TEGH has 473 inpatient beds and provides a full range of acute care services, including: Ambulatory and Community Services, Complex Continuing Care and Short-Term Rehabilitation, Emergency, Maternal, Newborn and Child, Medicine, Mental Health Services, Pharmacy, Surgery, Diagnostic Imaging and Laboratory Medicine. Additionally, it boasts Centres of Excellence in Thoracic Surgery, Family Medicine Residency Program, and Progressive Ventilation Weaning among its leadership programs. www.tegh.on.ca.

Toronto Grace Health Centre (TGHC) is a 119-bed facility located at the corners of Church and Bloor Street in the heart of downtown Toronto. The Salvation Army TGHC provides medically complex, and specialized care and services to those individuals who require Complex Continuing Care, Slow-Paced Rehabilitation and Palliative Care. The philosophy of care and services provided at The Salvation Army TGHC helps facilitate patient flow through the health care system and ensures recovery to individuals who may return to their homes or to Long Term Care (LTC) facilities in their communities. www.torontograce.org

University Health Network is a partnership of Toronto General, Toronto Western and Princess Margaret Hospitals, and Toronto Rehabilitation Institute. The scope of research and complexity of cases at University Health Network has made it a national and international source for discovery, education and patient care. With 750 acute care beds, it has the largest hospital-based research program in Canada, with major research and care in cardiology, transplantation, neurosciences, oncology, surgical innovation, infectious diseases, genomic medicine and rehabilitation medicine. University Health Network is a research hospital affiliated with the University of Toronto. www.uhn.ca.

West Park Healthcare Centre is a specialized rehabilitation, community living, complex continuing care hospital located in Northwest Toronto at 82 Buttonwood Ave. The facility has 292 inpatient beds. Major areas of clinical focus include a range of respiratory services such as respiratory rehabilitation, the treatment of tuberculosis and supports for long term ventilation, as well as musculoskeletal, amputee and neurological rehabilitation. www.westpark.org.

Women's College Hospital: For the past 100 years, Women's College Hospital has been dedicated to groundbreaking advances in women's health. Today Women's College Hospital is Ontario's first and only ambulatory care centre and is a teaching hospital affiliated with the University of Toronto focused on state-of-the-art care, research and education in women's health. Our focus is on chronic and complex care, primary care, same-day surgery and a range of specialized clinics, with over 260,000 patient visits annually. The Women's College Research Institute is the only one in a Canadian hospital devoted to women's health and innovations in ambulatory care. www.womenscollegehospital.ca. Located at 76 Grenville Street, Toronto, ON M5S 1B2.

Centre for Research on Inner City Health

The Centre for Research on Inner City Health (CRICH) is dedicated to reducing health inequities through innovative research that supports social change. We conduct research to better understand the linkages between poverty, social exclusion and poor health. And we work in partnership with community agencies and decision-makers to evaluate population health interventions to improve health outcomes for inner city populations. CRICH is part of the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital. We receive annual core funding from the Government of Ontario. www.crich.ca.

Institute for Clinical Evaluative Sciences

The Institute for Clinical Evaluative Sciences (ICES) is an independent, non-profit organization that produces knowledge to enhance the effectiveness of health care for Ontarians. Internationally recognized for its innovative use of population-based health information, ICES evidence supports health policy development and guides changes to the organization and delivery of health care services. Key to our work is our ability to link population-based health information, at the patient level, in a way that ensures the privacy and confidentiality of personal health information. Linked databases reflecting 13 million of 33 million Canadians allow us to follow patient populations through diagnosis and treatment and to evaluate outcomes. ICES receives core funding from the Ontario Ministry of Health and Long-Term Care. In addition, our faculty and staff compete for peer-reviewed grants from federal funding agencies, such as the Canadian Institutes of Health Research, and receive project-specific funds from provincial and national organizations. These combined sources enable ICES to have a large number of projects underway, covering a broad range of topics. The knowledge that arises from these efforts is always produced independent of our funding bodies, which is critical to our success as Ontario's objective, credible source of evidence guiding health care. www.ices.on.ca.

Hospital Collaborative on Marginalized and Vulnerable Populations

Founded in May 2007, the Hospital Collaborative on Marginalized and Vulnerable Populations is a group of senior level hospital representatives and key public policy and research facilities within the Toronto Central Local Health Integration Network (TC LHIN). We promote cooperative planning to address care challenges with marginalized populations by working together to reduce health inequities. We do this by actively sharing resources and promising practices; harmonizing common policies and approaches to care; identifying and pursuing partnership opportunities; liaising with the wider health sector; and influencing public policy.

The Collaborative has been instrumental in promoting a hospital equity planning and reporting process within TC LHIN. This process has expanded to other Health Service Providers within our LHIN and to other LHINs. For more information about hospital equity reporting in TC LHIN, please visit www.torontocentrallhin.on.ca.

Other examples of activities initiated through the Collaborative include sharing patient education materials that were translated into nine languages, a health equity data collection project and a number of elder care initiatives.

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