

ONTARIO STROKE REPORT CARD, 2009/10: SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK

Poor performance¹

Acceptable performance²

Exemplary performance³

Benchmark not available⁴

Indicator No.	Care Continuum Category	HAPS ⁵ Category	Indicator ⁶	LHIN FY 2009/10	Variance within LHIN (Min–Max)	Provincial Benchmark ⁷	High Performer ⁸	
							Facility	LHIN
1	Public awareness and patient education	Access	Proportion of patients who arrived at ED less than 2.5 hours from stroke symptom onset.	36.3%	10.0–66.7%	41.5%	n/a	1, 13
2	Prevention of stroke	Effectiveness	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 patients).	1.6	1.4–1.9	1.1	Richmond Hill (SubLHIN)	11
3	Prevention of stroke	Effectiveness	Age- and sex-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	12.4	0.0–18.2	12.3	Lakeridge Health – Bowmanville Site	14, 8, 1
4	Prevention of stroke	Effectiveness	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed anticoagulant therapy on discharge from acute care.	60.6%	0.0–100.0%	93.6%	York Central Hospital	5
5	Prevention of stroke	Access	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	68.0%	0.0–100.0%	92.5%	York Central Hospital	10
6	Acute stroke management	Access	Proportion of suspected stroke/TIA patients who received a brain CT/MRI scan within 24 hours of arrival at ED.	71.6%	0.0–91.3%	97.7%	The Credit Valley Hospital	7, 5, 6
7	Acute stroke management	Access	Proportion of ischemic stroke patients who arrived at ED less than 2.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	27.6%	0.0–40.0%	58.9%	Peterborough Regional Health Centre	None
8	Acute stroke management	Effectiveness	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	36.6%	0.0–100.0%	77.3%	Public General Hospital Society of Chatham	None
9	Acute stroke management	Effectiveness	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	60.3%	0.0–100.0%	87.8%	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Efficiency	Proportion of ALC days to total length of stay in acute care.	--	--	--	--	--
11	Acute stroke management	Integration	Proportion of acute stroke (excluding TIA) patients discharged to inpatient rehabilitation.	30.4%	15.5–44.3%	40.7%	Thunder Bay City (SubLHIN)	14
12	Stroke rehabilitation	Efficiency	Proportion of stroke (excluding TIA) patients discharged from acute care who receive a referral for outpatient rehabilitation.	2.0%	0.0–33.3%	13.2%	Hawkesbury and District Hospital	10
13	Stroke rehabilitation	Efficiency	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	10.0	5.0–49.0	7.0	Stratford General Hospital	None
14	Stroke rehabilitation	Efficiency	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	--	--	--	--	--
15	Stroke rehabilitation	Efficiency	Proportion of ALC days to total length of stay in inpatient rehabilitation (active + ALC).	--	--	--	--	--
16	Stroke rehabilitation	Efficiency	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.8	0.8–1.4	1.2	Markham Stouffville Hospital	6
17	Stroke rehabilitation	Access	Mean number of CCAC visits provided to stroke/TIA patients in 2007/08 and 2008/09.	6.0	n/a	7.6	n/a	5, 1
18	Stroke rehabilitation	Access	Proportion of patients with severe stroke (RPG = 1100 or 1110) admitted to inpatient rehabilitation (RCG-1).	40.1%	0.0–100.0%	49.4%	Scarborough Hospital – General Site	None
19	Re-integration	Integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	10.1%	0.0–50.0%	3.6%	North Bay General Hospital	13, 14
20	Re-integration	Integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.9	0.0–19.9	8.3	Pembroke Regional Hospital	11, 3

¹ Performance below the 50th percentile.

² Performance at or above the 50th percentile and greater than 5% absolute/relative difference from the benchmark.

³ Benchmark achieved or performance within 5% absolute/relative difference from the benchmark.

⁴ Data not available or benchmark under development.

⁵ Hospital Annual Planning Submission; submitted to the Local Health Integration Network to form the basis of a multi-year funding and planning framework.

⁶ Facility-based analysis (excluding indicators 2 and 11) for patients aged 18–108. Indicators 1, 4–9 and 12 are based on 2008/09 OSA data; otherwise, CIHI data. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

⁷ Provincial benchmarks were calculated using the ABC methodology, except for indicators 3 and 20 where the provincial rate was used. For benchmarking methodology, see Weissman et al. *J Eval Clin Pract.* 1999; 5(3):269-81.

⁸ High-performing facilities include only high-volume institutions (those treating more than 100 strokes per year).

Hospital Service Accountability Agreement indicators, 2010/11

-- Data not available n/a = Not applicable