

Quality Performance Indicators

Results for the indicators follow this key:



BETTER THAN TARGET
≥ 5%



AT TARGET
+/- 5%



NEEDS IMPROVEMENT
≥ 5%



UNAVAILABLE

The following performance indicator results are available for review:

- Patient Satisfaction
- Wait Times
- Infection Control
- Hospital Standardized Mortality Rate (HSMR)
- Safer Healthcare Now

Patient Centred

TRILLIUM'S MISSION, TRANSFORMING THE HEALTH CARE EXPERIENCE, IS FIRST AND FOREMOST ABOUT THE PATIENTS WE SERVE. IT'S ABOUT HEALTH CARE PROVIDERS WORKING TOGETHER ON BEHALF OF THE PATIENT, WHERE THE PATIENT IS THE MOST SIGNIFICANT MEMBER OF THE HEALTH CARE TEAM.

Patient Satisfaction – Inpatient Care

Trillium Health Centre is dedicated to measuring, monitoring and improving what matters most to our patients about their health care experiences. We want to share in your experiences – both the good ones and the ones that were not ideal for you. When patients and/or their families take the time to complete our randomly mailed post-hospital visit surveys, they are helping the staff, physicians and volunteers improve the health care experience for future visits.

Trillium works in partnership with the Ontario Hospital Association to gather and report the important information contained in these surveys. The Patient Satisfaction results are reported every three months, starting in January of each year. This divides the year into quarters so that we can track changes and improvements according to the reporting period.

The first quarter results (Q1) include January, February and March 2008 for inpatients in the acute care setting and are reported specifically for Trillium Health Centre and for like-hospitals in the Greater Toronto Area (GTA). This allows for comparison to hospitals that deliver similar services.

INDICATOR	TARGET	Previous Year 07/08	Q2 07/08	Q3 07/08	Q4 07/08	Q1 08/09
Patient Satisfaction – Inpatient Overall <small>*Calendar Year vs Fiscal Year</small>	85.5% Prov. Avg	90.3%	89.7% (Apr-June)	92.8% (Jul-Sep)	90.6 (Oct – Dec)	88.1% (Jan – Mar 08)

Our Patient Satisfaction scores for the period of January through March 2008 remain high and results for overall inpatients in the acute care setting are better than the provincial average. Inpatient satisfaction was 88.1% positive compared to the provincial average of 85.5% as reported by the NRC Picker results.

Including patients in daily goal-setting positively impacts their experience by ensuring they are active participants in their care. Improving care starts with engaging our patients and families in what they need.

Patient Satisfaction – Emergency Care

Satisfaction with Emergency care in Q1 is lower than the provincial average. In Ontario, hospital emergency departments face daily challenges with high patient volumes and service requirements. At Trillium, numerous initiatives are in place and underway to address these pressures and improve the patient experience.

INDICATOR	TARGET	Previous Year 07/08	Q2 07/08	Q3 07/08	Q4 07/08	Q1 08/09
Patient Satisfaction – ER <small>*Calendar Year vs Fiscal Year</small>	76.6% Prov. Avg	77.2%	70.3% (Apr-June)	86.9% (Jul- Sep)	76.1 (Oct – Dec)	64.1% (Jan – Mar 08)



Results for the indicators follow this key:



BETTER THAN TARGET
≥ 5%



AT TARGET
+/- 5%



NEEDS IMPROVEMENT
≥ 5%



UNAVAILABLE

The following performance indicator results are available for review:

- Patient Satisfaction
- Wait Times
- Infection Control
- Hospital Standardized Mortality Rate (HSMR)
- Safer Healthcare Now

Accessible

Wait Time Indicators

Trillium participates in the Ontario Ministry of Health and Long Term Care's provincial wait time strategy to shorten the length of time that patients must wait for specific types of surgery and/or procedures. This information is submitted to the Ministry website and is available via the following links:

[Definitions of wait times and related terms](#)

[How wait times are measured](#)

[Comparative rates for other Ontario hospitals](#) (click "Wait Times in Your Area")

Wait times at Trillium for breast cancer, colorectal cancer, central nervous system (CNS) cancer, prostate and cataract surgery are all better than both the Mississauga Halton Local Health Integration Network (LHIN) and the provincial targets. Wait times for joint replacements for hips and knees continue to remain better than the LHIN target.

We continue to meet the LHIN target for Cardiac Surgery and we are better than the LHIN target for Cardiac Angiography. We are the only hospital in our LHIN that performs these cardiac procedures.

Wait times for CT scans have also been better than the MHLHIN target. Wait times for MRI are under review as there have been technical issues identified with the interface to the Ministry Wait Time Office that has falsely lengthened the wait time. Measures to confirm data quality have been put in place.

INDICATOR	TARGET	Previous Year 07/08	Q2 07/08	Q3 07/08	Q4 07/08	Q1 08/09
Cancer Surgery						
• Breast (Provincial target 84 days)	66 days MHLIN	27 days	33 days	22 days	26 days	27 days
• Colorectal (Provincial target 84 days)	66 days MHLIN	46 days	45 days	49 days	53 days	54 days
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	42 days	35 days	48 days	58 days	41 days
• Prostate (Provincial target 84 days)	66 days MHLIN	65 days	68 days	64 days	65 days	59 days
Cardiac Angiography	28 days MHLIN	15 days	19 days	12 days	15 days	13 days
Cardiac Surgery	28 days MHLIN	28 days	30 days	27 days	28 days	29 days
Cataract Surgery (Provincial target 182 days)	175 days MHLIN	74 days	77 days	77 days	68 days	62 days
Diagnostic Scans						
• MRI (Provincial target 28 days)	70 days MHLIN	93 days	66 days	96 days	136 days	114 days
• CT (Provincial target 28 days)	45 days MHLIN	34 days	29 days	31 days	38 days	42 days
Joint Replacement						
• Hip (Provincial target 182 days)	218 days MHLIN	178 days	184 days	139 days	167 days	211 days
• Knee (Provincial target 182 days)	294 days MHLIN	247 days	229 days	199 days	227 days	247 days



Safe and Effective

Results for the indicators follow this key:



BETTER THAN TARGET
≥ 5%



AT TARGET
+/- 5%



NEEDS IMPROVEMENT
≥ 5%



UNAVAILABLE

The following performance indicator results are available for review:

- Patient Satisfaction
- Wait Times
- Infection Control
- Hospital Standardized Mortality Rate (HSMR)
- Safer Healthcare Now

Clostridium Difficile and Antibiotic-Resistant Organism Rates

Patient safety is very important at Trillium. Bacteria can commonly be found in the community, at work, at school or even in our homes. Bacteria can also be found in hospitals. Some patients who are admitted to hospital may contract bacteria such as Clostridium difficile (C. difficile) infection. Even though between 3-5% of adults normally carry C. difficile bacteria in their digestive tracts, if patients get any of these organisms during your stay; they are referred to as 'acquired in hospital' (AIH). Antibiotic-resistant organisms (ARO) can also be contracted in hospital. Examples of ARO's are Methicillin Resistant Staphylococcus Aureus (MRSA) and Vancomycin Resistant Enterococcus (VRE).

At Trillium we want to protect our patients from the spread of bacteria. One way we do this is to follow C difficile and ARO rates. This lets us quickly take action to treat them and stop their spread. We review these rates and report our results regularly.

As of September 2008, all Ontario hospitals must report C. difficile rates publicly. The Ministry of Health and Long-Term Care (MOHLTC) has requested that these rates be reported according to 1000 patient days.

Trillium began openly reporting these rates on its website in June 2008. These rates were reported according to 1000 patient admissions, not patient days. Now that we are reporting according to 1000 patient days, numbers this month will look different than in our last report. We want reports to look the same – whether viewed on the Trillium website or the MOHLTC website, and therefore the change was made.

For the first quarter (Q1) of 2008/09 (April, May and June 2008), Trillium Health Centre rates for C. difficile and MRSA are better than the target, and slightly above target for VRE.

INDICATOR	TARGET	Previous Year 07/08	Q2 07/08	Q3 07/08	Q4 07/08	Q1 08/09
Rates						
Rate of Nosocomial MRSA/1000 patient days <i>NEW: Used to be / 1000 admits</i>	0.56	WT = 1.09 M = 0.45	<i>New</i>	<i>New</i>	<i>New</i>	WT = 0 M = 0.32
Rate of Nosocomial C. diff/1000 patient days <i>NEW: Used to be / 1000 admits</i>	0.86	WT = 0.24 M = 0.73	<i>New</i>	<i>New</i>	<i>New</i>	WT 0.73 M = 0.60
Rate of VRE/1000 patient days <i>NEW: Used to be / 1000 admits</i>	0.54	WT = 0 M = 0.37	<i>New</i>	<i>New</i>	<i>New</i>	WT = 0 M = 0.78

Note: WT = West Toronto Site M = Mississauga Site

Hospital Standardized Mortality Rate (HSMR)

Another approach that Trillium takes to monitor and promote patient safety is to track our Hospital Standardized Mortality Rate (HSMR). This measurement compares our mortality rate with the national standard. HSMR is the ratio of the actual number of deaths compared to the expected number of deaths among patients in acute care hospitals. HSMR is a new measure of patient outcomes used by hospitals in several countries throughout the world as part of efforts to improve the quality of patient care.



Results for the indicators follow this key:



BETTER THAN TARGET
≥ 5%



AT TARGET
+/- 5%



NEEDS IMPROVEMENT
≥ 5%



UNAVAILABLE

The following performance indicator results are available for review:

- Patient Satisfaction
- Wait Times
- Infection Control
- Hospital Standardized Mortality Rate (HSMR)
- Safer Healthcare Now

An HSMR above (>) 100 suggests the hospital's mortality rate is higher than the overall average and an HSMR below (<) 100 suggests the mortality rate is lower than overall average. Hospitals want to have an HSMR that is less than 100.

Our HSMR is significantly better than the national standard. This is the result of the introduction of different strategies to help patient safety. For example, the implementation of the Medical Emergency Team (MET) has resulted in a 72% reduction in the number of respiratory and cardiac arrests in the hospital since the initiation of the program in June 2005.

INDICATOR	TARGET	Previous Year 07/08	Q2 07/08	Q3 07/08	Q4 07/08	Q1 08/09
HSMR	<100 National Standard	84	85	77	83	91

Safer Healthcare Now (SHN)

The Ontario government is introducing full public reporting on patient safety indicators - including Clostridium difficile (C. difficile) - as part of a broader plan to create an unprecedented level of transparency in Ontario's hospitals by April 30, 2009. Trillium Health Centre is supportive of this initiative and has decided to proactively begin reporting on these indicators now.

The percentage of surgical patients with appropriate hair removal (clippers versus shaving) was 99.6% and this is better than the target established by SHN. The initial result for the percentage of surgical patients with antibiotic administration within 60 minutes prior to surgical incision was 76.0% overall. An improvement made to the electronic documentation system in the Operating Room should improve results by Q3. It should be noted that Hemi Arthroplasty procedures were 100% compliant and Coronary Artery Bypass Grafts were 87.7% compliant.

INDICATOR	TARGET	Previous Year 07/08	Q2 07/08	Q3 07/08	Q4 07/08	Q1 08/09
Rates						
• ICU Central Line Infection/ 1000 line days	6.4	2.98	3.34	4.06	1.94	0.89
• Surgical Site Infection - % surgical patients with timely prophylactic antibiotic administration	95%	NA	New	New	New	76.0%
• Surgical Site Infection - % surgical patients with appropriate hair removal	95%	NA	New	New	New	99.6%
• Ventilator Associated Pneumonia	6.41	7.1 Q1 – Q3	6.76	7.62	2.36 (January Data only)	Pending

Definitions:

A central line is a catheter (tube) placed in a large vein in the neck, chest or groin to deliver medication or fluids. This indicator monitors the incidence of infection due to the use of a central line in the Intensive Care Unit

Ventilator Associated Pneumonia is an infection of the lung occurring in a patient who has been assisted by mechanical ventilation (a breathing machine) within the past 48 hours.