

Quality Monitoring Committee

Corporate Performance Indicators

Results for the indicators follow this key:



BETTER THAN TARGET
≥ 5%



AT TARGET
+/- 5%



NEEDS IMPROVEMENT
≥ 5%



**UNAVAILABLE/
NOT APPLICABLE**

Patient Centered
Accessible
Safe & Effective

Patient Centred

At Trillium Health Centre, our mission is to anticipate and respond to the changing, unique and diverse health care needs of communities. Our vision, “Your Health,.Our Passion – For Life”, reflects our commitment to positively impact the lives of our patients and their families by providing the best care right here in our community.

Patient Satisfaction

Overall, Trillium’s inpatient satisfaction rate for October to December 2008 was above target(91.5%). Satisfaction was also above the GTA hospital average (90.6%), but below the Ontario hospital average (92.7%) for percent positive scores. Trillium received high scores for staff courtesy and perceptions on how doctors and nurses worked together. Areas for improvement included patient flow, wait time to go to room and call button response time.

Implementation of CISCO wireless phones in the New Inpatient Wing will enable nurses to communicate with patients directly and determine patient needs before going to the patient’s room, resulting in faster response times.

Overall emergency satisfaction scores (73.4%) were below the Ontario average (83.3%), Community average (82.3%) and GTA average (75.8%). In November and December 2008 Trillium’s Emergency Department (ED) was frequently in gridlock, resulting in longer wait times. Patients felt they waited too long to see the ED doctor, other specialists and spent too much time in the ED in general. A number of strategies were implemented to reduce ED length of stay and management flow including the introduction of a Rapid Assessment Zone (RAZ) and refinement of the Code Gridlock and Bed Management protocol. A “Home First” strategy was also implemented by the CCAC to enhance how patients with challenges transitioning from hospital to home. Although Trillium’s overall Q4 score was low, there were signs of improvement in March 2009 with fewer patient flow issues in the ED. This is expected to result in improvements in ED patient satisfaction scores by Q2 June-August 2009.

INDICATOR	TARGET	Previous Year 07/08	Q1 08/09*	Q2 08/09*	Q3 08/09*	Q4 08/09*
Patient Satisfaction – Inpatient Overall *Calendar Year	85.5%	90.3%	88.1% (Jan–Mar08)	93.8% (Apr–Jun08)	93.0 (Jul–Sep08)	91.5% (Oct–Dec08)
Patient Satisfaction – ER *Calendar Year	76.6%	77.2%	64.1% (Jan– Mar 08)	80.0% (Apr–Jun 08)	84.8% (Jul–Sep08)	73.4% (Oct – Dec08)



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Wait Time Indicators

Trillium Health Centre participates in the Ontario Ministry of Health and Long-Term Care's provincial wait time strategy intended to shorten the length of time that patients must wait for specific types of surgery and/diagnostic 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")

In Q4 (January to March 2009) all Mississauga Halton Local Health Integration Network (MHLHIN) hospitals incurred increases in MRI wait times. The rate of increase at Trillium, however, was the lowest in the LHIN. Predictably, CT Scan wait times increased due to a one month shutdown of the West Toronto CT Scanner for the installation of a new 64-slice CT Scanner. Current operational efficiency rates are high and range between 150-200% (WLU/Worked hours). The LHIN Diagnostic Imaging Quality Group has developed a system to re-direct CT and MRI cases to the facility with the lowest wait time, pending patient and physician approval. This will equalize wait times in the MHLHIN. The launch of this system will be tied to a broader physician communication from the Ontario Medical Association.

An increased number of new referrals and cancellations for in-patients and more urgent cases resulted in longer wait times for cardiac surgery. Plans are underway to increase access to CVICU beds and increase CVOR staff and anaesthesia resources.

INDICATOR	TARGET	Previous Year 07/08	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09
Wait Times (90 th Percentile)						
Cardiac Angiography	28 days MHLIN	15 days	13 days	8 days	12 days	14 days
Cardiac Surgery	28 days MHLIN	28 days	29 days	29 days	23 days	33 days
Cataract Surgery (Provincial target 182 days)	175 days MHLIN	74 days	62 days	79 days	83 days	78 days
Cancer Surgery						
• Breast (Provincial target 84 days)	66 days MHLIN	27 days	27 days	46 days	28 days	34 days
• Colorectal (Provincial target 84 days)	66 days MHLIN	46 days	54 days	37 days	43 days	36 days
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	42 days	41 days	89 days	23 days	65 days
• Prostate (Provincial target 84 days)	66 days MHLIN	65 days	59 days	42 days	48 days	73 days
Diagnostic Scans						
• MRI (Provincial target 28 days)	70 days MHLIN	93 days	114 days	110 days	99 days	92 days
• CT (Provincial target 28 days)	45 days MHLIN	34 days	42 days	53 days	43 days	56 days
Joint Replacement						
• Hip (Provincial target 182 days)	218 days MHLIN	178 days	211 days	191 days	195 days	170 days
• Knee (Provincial target 182 days)	294 days MHLIN	247 days	247 days	284 days	212 days	212 days



Safe & Effective

Hospital Standardized Mortality Rate (HSMR)

Trillium HSMR (the ratio of actual to expected deaths) in Q4 was better than target. Focus continues to be on reducing the number of adverse events, increase communication and teamwork within the patient care team and moving forward on a number of Safer Healthcare Now initiatives.

Clostridium Difficile and Antibiotic Resistant Organism Rates (ARO)

In Feb 2009 Trillium in collaboration with Peel Public Health declared a Clostridium difficile outbreak. An outbreak committee was struck which evolved into a CDAD Steering Group and a CDAD working group. The focus has continued to be on enhanced cleaning practices, hand hygiene, use of additional precautions, antibiotic stewardship program and communication to our staff, patients and visitors. The key lesson learned from this second outbreak of C-difficile is sustainability. Processes for best practices need to be practical, safe, and fiscally responsible. Auditing of key practices to monitor compliance is essential and should lead to improved outcomes.

Safer Healthcare

Trillium has initiated the implementation of the Institute for Health Information Global Trigger Tool to accurately identify adverse events (harm), measure the rate over time, and identify areas for improvement in the safety of care processes. This information will contribute to the development of strategies to reduce the number of high risk incidents and other safety concerns.

Trillium received the CCHSE Health Care Safety Award for its transfer of accountability "safe patient hand off" program. The goal of this program is to provide structured, interactive, collaborative communication between staff and their patients by sharing timely, accurate information about their care plan, treatment, current condition and any recent or anticipated changes. Improvements in the transfer of accountability process will result in marked improvements in efficiencies and effectiveness as well as enhanced quality of patient care.

Rates of surgical site infection (SSI) prevention activities for primary hip and knee replacement were better than target. SSI prevention rates continue to be monitored for certain populations such as cardiac surgery, to ensure that performance levels remain at or close to 100%.

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HSMR	<100 National Standard	92	99	100	101	92
Infection Rates						
Rate of Nosocomial MRSA/1000 patient days NEW: Used to be / 1000 admits	0.6	WT = 1.1 M = 0.6	WT = 0 M = 0.3	WT = 0.1 M = 0.3	WT = 0.2 M = 0.6	WT=0.25 M=0.34
Rate of Nosocomial C. diff/1000 patient days NEW: Used to be / 1000 admits	0.8	WT = 0.2 M = 0.8	WT=0.7 M=0.6	WT = 0.1 M = 0.7	WT = 0.1 M = 0.5	WT=0.19 M=0.86
Rate of VRE/1000 patient days NEW: Used to be / 1000 admits	0.5	WT = 0 M = 0.5	WT = 0 M = 0.8	WT = 0 M = 0.02	WT = 0.0 M = 0.0	WT=0 M=0.02
Safer Healthcare Now						
• ICU Central Line Infection/ 1000 line days	6.4	3.0	0.9	4.1	1.8	1.98
• Surgical Site Infection - % primary hip or knee replacement surgeries that received timely prophylactic antibiotics	95%	NA				98.3% (Mar09)

• Ventilator Associated Pneumonia	6.41	7.1 Q1 – Q3	5.3	4.0	5.5	4.92
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