

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)

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 good ones and ones that were not ideal for you. When patients and/or their families take the time to complete our randomly mailed post-hospitalization surveys, they are helping the staff, physicians and volunteers transform 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 third quarter results (Q3) include July, August and September 2007 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 06/07	Q1 07/08	Q2 07/08	Q3 07/08	Q4 07/08
Patient Satisfaction – Inpatient Overall <small>*Calendar Year vs Fiscal Year</small>	85.5% Prov. Avg	91.5% (Q3)	88.1% (Jan- Mar)	89.7% (Apr-June)	92.8% (Jul-Sep)	

We had an improvement in our Patient Satisfaction scores for the period of July to September 2007 (Q3). The results for inpatients in the acute care setting are better than the provincial average and have continued to rise throughout the year. In-patient satisfaction was 92.8% 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. Transforming care starts with engaging our patients in what they need.

Patient Satisfaction – Emergency Care

There has also been a 24 per cent increase in satisfaction with Emergency Care from the previous reporting period and our results are now better than the provincial average. Our Emergency Department patient scores were 86.9% from July to September (Q3) compared to the provincial average of 76.6%.

INDICATOR	TARGET	Previous Year 06/07	Q1 07/08	Q2 07/08	Q3 07/08	Q4 07/08
Patient Satisfaction – ER <small>*Calendar Year vs Fiscal Year</small>	76.6% Prov. Avg	83.8% (Q3)	75.3% (Jan- Mar)	70.3% (Apr-June)	86.9% (Jul-Sep)	



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Accessible

Wait Time Indicators

Trillium Health Centre 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 for breast cancer, colorectal cancer, central nervous system (CNS) cancer and cataract surgery at the Trillium Health Centre are better than both the Mississauga Halton Local Health Integration Network (MHLHIN) and the provincial targets. Wait times for prostate cancer meet the LHIN target and are better than the provincial target.

There was a significant decrease in angiography wait times from the previous quarter and we are better than the MHLHIN target. We are meeting the MHLHIN target for Cardiac Surgery and we are the only hospital in our LHIN that performs these cardiac procedures.

Wait times for CT scans are better than the MHLHIN target and in line with the provincial target. The wait times for MRI were above both the MHLHIN and provincial target for the quarter but this was related to a temporary technician shortage and it is anticipated that this will resolve by year end.

Wait times for joint replacements for hips and knees continues to decline and remains significantly better than the LHIN target.

INDICATOR	TARGET	Previous Year 06/07	Q1 07/08	Q2 07/08	Q3 07//08	Q4 07/08
Cancer Surgery						
• Breast (Provincial target 84 days)	66 days MHLIN	43 days	25 days	33 days	22 days	
• Colorectal (Provincial target 84 days)	66 days MHLIN	31 days	38 days	45 days	49 days	
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	36 days	27 days	35 days	48 days	
• Prostate (Provincial target 84 days)	66 days MHLIN	76 days	62 days	68 days	64 days	
Cardiac Angiography	28 days MHLIN	26 days	14 days	19 days	12 days	
Cardiac Surgery	28 days MHLIN	28 days	27 days	30 days	27 days	
Cataract Surgery (Provincial target 182 days)	175 days MHLIN	144 days	74 days	77 days	77 days	
Diagnostic Scans						
• MRI (Provincial target 28 days)	70 days MHLIN	88 days	73 days	66 days	96 days	
• CT (Provincial target 28 days)	45 days MHLIN	34 days	37 days	29 days	31 days	
Joint Replacement						
• Hip (Provincial target 182 days)	218 days MHLIN	264 days	222 days	184 days	139 days	
• Knee (Provincial target 182 days)	294 days MHLIN	457 days	331 days	229 days	199 days	



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Safe and Effective

Infection Rates

The delivery of safe and effective patient care is a primary focus at the Trillium Health Centre and one of the many ways the hospital ensures patients are safe is by monitoring infection rates. Regularly reviewing infection rates allows us to quickly address areas of concern. We report our results and set targets based on 1000 patient days or 1000 patient admissions.

Sometimes patients can get infections when they are in hospital. These are called hospital-acquired (nosocomial) infections because the patient did not have the infection prior to their hospital stay. Many of these infections are caused by the spread of micro-organisms that can also be commonly found in the community, at work, at school or even in our homes. The reason they concern us as healthcare providers is that some patients are more susceptible to the infection because they are already unwell when they are admitted to the hospital.

When we regularly monitor and review these infection rates, we can use this information to put protective measures into place to minimize the risk of further spread of infection. That is why you are frequently asked questions about recent illnesses and travel when you come to hospital - it is part of our monitoring practice for possible infections.

INDICATOR	TARGET	Previous Year 06/07	Q1 07/08	Q2 07/08	Q3 07//08	Q4 07/08
Infection Rates						
Rate of Nosocomial MRSA/1000 admissions (No Provincial Target)	4.5 (Internal)	4.8	2.6	2.5	5.3	
Rate of Nosocomial C. diff/1000 admissions (No Provincial Target)	4.4 (Internal)	3.5	6.0	6.0	4.9	
Rate of VRE/1000 admissions (No Provincial Target)	3.4 (Internal)	Pending	4.4	1.2	1.4	

The most common health-care associated infections are Methicillin-Resistant Staphylococcus Aureus (MRSA), Clostridium difficile (C. difficile) and Vancomycin-Resistant Enterococci (VRE). At Trillium, we want to protect our patients from the transmission of these infections and one of the approaches we take is to closely monitor these rates.

Hospital Standardized Mortality Rate (HSMR)

Another approach that Trillium Health Centre 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.

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.



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Our HSMR has consistently improved every three months (per quarter) this year and we are better than the target. This is the result of the implementation of several different strategies to help patient safety. For example, the implementation of the Medical Emergency Team (MET) has resulted in a 50% 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 06/07	Q1 07/08	Q2 07/08	Q3 07//08	Q4 07/08
HSMR (2005/06 = 95)	<100 National Standard	102	93	85	77	

For more information about HSMR, please refer to the [Canadian Institute for Health Information](#) website.