

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

Patient Satisfaction

Overall inpatient satisfaction for January to March 2009 (89.1%) was below the Ontario (92.7%), Community (91.6%), and GTA (90.6%) hospital average for percent positive scores. Low satisfaction scores were expected due to significant patient gridlock and high occupancy rates (109% in January 2009) over this period. This contributed to delays in accessing acute care beds. Low satisfaction scores were related to the coordination of care and access to care. Patients felt they waited too long to go their room and gave low scores in response to questions about the admission process, availability of doctors, and the availability of all the services they needed.

Extended emergency wait times also resulted in low emergency satisfaction scores. Overall emergency satisfaction (76.5%) was significantly below the Ontario (83.3%) and Community (82.3%) hospital average but above the GTA (75.8%) hospital average for percent positive scores.

A number of initiatives have focused on reducing ED demand, increase ER capacity and performance, and improve bed utilization. These strategies include the following:

- Seconding an internal clinical director in mid March 09 to lead the ALC reduction initiative and launch an ALC command centre to focus efforts on mobilizing patients waiting for LTC beds in partnership with CCAC. This effort has reduced the average number of ALC patients.
- Implementing an electronic whiteboard in June 2009 to enable real time ER patient tracking, messaging, and improved communication and chart management.
- Diversion of patients to other areas for appropriate care. Oncology patients are diverted to the discharge lounge for assessment by a Nurse Practitioner (approx 6/mth) and newborn babies are diverted to the Kidz Clinic for jaundice screening (approx 4/wk). Access to specialists (e.g. respiratory, cardiology, plastics) in the ambulatory setting has also been enhanced.
- Placing patients admitted to the ED for observation or short length of stays (e.g. chest pain, alcohol withdrawal) on a protocol for CDU which will reduce the LOS for this patient population.
- Reducing the number of revisits to the ED by elderly and mental health patients by improving follow up and implementing urgent access to specialists in an outpatient clinic within 24-48 hours.
- Reducing time to MD through the continued evolution of the Rapid Access Zone (RAZ) for major and minor ambulatory patients.
- Implementation of Medworxx, starting with acute medicine, to improve acute care utilization by monitoring patient stays, highlighting care delays and assessing patient discharge readiness.
- Participating in Wave 2 of the ED Process Improvement Program to support reductions in ED average length of stay and to ensure long term sustainable change.

INDICATOR	TARGET 09/10	Q1 08/09*	Q2 08/09*	Q3 08/09*	Q4 08/09*	Q1 09/10*
Patient Satisfaction – Inpatient Overall *Calendar Year	94%	88.1% (Jan–Mar08)	93.8% (Apr – Jun08)	93.0 (Jul–Sep08)	91.5% (Oct – Dec08)	89.1% (Jan–Mar09)
Patient Satisfaction – ER *Calendar Year	82%	64.1% (Jan– Mar 08)	80.0% (Apr–Jun 08)	84.8% (Jul–Sep08)	73.4% (Oct – Dec08)	76.5% (Jan–Mar09)



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Wait Time Indicators

Generally the wait times for cancer surgery decreased in Q1 2009/10 except for Central Nervous System (CNS) procedures. Wait times were high in April but decreased significantly in May and June (i.e. 27 days). Wait times for priority level 2 and 3 cancer cases were above target. Improvements are expected by ensuring that cases are assigned to the proper priority level through education of physician office staff, OR booking staff, and by revising and enhancing the procedures listed in the booking system. Daily audit reports are also run to identify cases booked beyond the target wait days. In Q1 the percent of priority level 2 and 3 cancer case completed within target were 74% and 78% respectively.

Wait times for cardiac surgery increased due to increased volumes and cancellations due to limited CVICU bed capacity, which affected surgery dates. Extra cases were completed on weekends to reduce wait times.

MRI wait times were still above target but trending in the right direction. CT wait times peaked in April 09 (67 days – 90th percentile) but steadily decreased in May and June (58 and 49 days – 90th percentile). Current operational efficiency rates for MRI and CT are high but the demand for scanning services is also high.

INDICATOR	TARGET 09/10	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Q1 09/10
Wait Times (90th Percentile)						
Cardiac Angiography	15 days	13 days	8 days	12 days	14 days	15 days
Cardiac Surgery	28 days	29 days	29 days	23 days	33 days	37 days
Cataract Surgery (Provincial target 182 days)	76 days	62 days	79 days	83 days	78 days	76 days
Cancer Surgery						
• Breast (Provincial target 84 days)	66 days MHLIN	27 days	46 days	28 days	34 days	26 days
• Colorectal (Provincial target 84 days)	66 days MHLIN	54 days	37 days	43 days	36 days	28 days
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	41 days	89 days	23 days	65 days	99 days
• Prostate (Provincial target 84 days)	66 days MHLIN	59 days	42 days	48 days	73 days	58 days
Cancer overall – priority level 2	14 days	26 days	22 days	24 days	34 days	23 days
Cancer overall – priority level 3	28 days	43 days	39 days	33 days	38 days	39 days
Diagnostic Scans						
• MRI (Provincial target 28 days)	63 days	114 days	110 days	99 days	92 days	90 days
• CT (Provincial target 28 days)	38 days	42 days	53 days	43 days	56 days	57 days
Joint Replacement						
• Hip (Provincial target 182 days)	197 days	211 days	191 days	195 days	170 days	174 days
• Knee (Provincial target 182 days)	265 days	247 days	284 days	212 days	212 days	245 days



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Hospital Standardized Mortality Rate (HSMR)

In Q1 the HSMR (i.e. 80) was significantly lower than 100. Compared to the same period last year, there were significantly less deaths related to the respiratory system (e.g. pneumonia, respiratory failure) and the nervous system (e.g. stroke).

Infection Rates

The rate of Nosocomial Clostridium Difficile per 1000 patient days is decreasing. Trillium still remained on outbreak, however, and above target. There were 40 new hospital acquired cases at the Mississauga site in Q1 2009/10. Work continues with Peel Public Health to ensure best practices are in place for the management of C difficile. Our low rates for MRSA and VRE reflect the tremendous effort by staff and volunteers to adhere to infection prevention and control measures. Many improvements have been made within Corporate Services and outcomes are audited regularly. The Just Clean Your Hands hand hygiene campaign supports an education plan on hand hygiene for staff, patients and visitors. This plays a major role in driving down the rates of all healthcare associated infections.

Safer Healthcare Now Initiatives

Most Safer Healthcare Now initiatives including reducing central line infections, ventilator associated pneumonia and increasing surgical site infection prevention and medication reconciliation activities were at or better than target.

INDICATOR	TARGET 09/10	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Q1 09/10
HSMR	92%	99	100	101	92	80
Infection Rates						
Rate of Nosocomial MRSA/1000 patient days NEW: Used to be / 1000 admits	0.5	WT = 0 M = 0.3	WT = 0.1 M = 0.3	WT = 0.2 M = 0.6	WT=0.25 M=0.34	WT=0.00 M=0.27 [14]
Rate of Nosocomial C. diff/1000 patient days NEW: Used to be / 1000 admits	0.55	WT=0.7 M= 0.6	WT = 0.1 M = 0.7	WT = 0.1 M = 0.5	WT=0.19 M=0.86	WT=0 M=0.77 [40]
Rate of VRE/1000 patient days NEW: Used to be / 1000 admits	0.4	WT = 0 M= 0.8	WT = 0 M = 0.02	WT = 0.0 M = 0.0	WT=0 M=0.02 [1]	WT=0 M=0.04 [2]
Safer Healthcare Now						
• ICU Central Line Infection/ 1000 line days	2.7				1.0 [2 incidents]	1.3 [3 incidents]
• Surgical Site Infection - % primary hip or knee replacement surgeries that received timely prophylactic antibiotics	>95%				98.3%	97.1%
• Ventilator Associated Pneumonia	6.4				4.02 [9 incidents]	4.08 [10 incidents]