

Corporate Performance Indicators

Results for the indicators follow this key:



AT OR BETTER THAN TARGET



BELOW TARGET +/- 5%



NEEDS IMPROVEMENT $\geq 5\%$



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

Inpatient satisfaction results for April to June 2011 (94.4%) were at target and up from the previous quarter (91.8%). Percent positive scores for “Would you recommend this hospital?” (78.4%), patient perceptions of staff doing everything they could to control pain (79.7%) and the overall cleanliness of the room (89.4%) were all at or slightly below target. Patients were very satisfied with how well doctors and nurses worked together and the overall doctor care. Areas for improvement were primarily around continuity and transition including discussing danger signs to watch for and knowing when to resume normal activities. Standardized unit specific satisfaction surveys are being implemented at discharge to provide more timely feedback to staff for quality improvement purposes. Emergency department (ED) satisfaction results for Q1 (77.3%) were below the previous quarter (82.1%). An 8 bed Express Unit was opened mid-June to reduce the length of stay (LOS) of admitted patients in the ED and to move patients out of the ED within eight hours of the decision to admit. As a result ED flow will improve, the use of inpatient surge space for newly-admitted and acutely ill patients will be minimized and patients will move more quickly to the appropriate bed. The ED continues to focus on improving key ED processes to improve patient focused care.

INDICATOR	TARGET 09/10	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11	Q1 2011/12
Patient Satisfaction – Inpatient Overall *Calendar Year	94%	93.3% (Apr-Jun 10)	95.6% (Jul-Sep 10)	92.9%	91.8%	94.5%
Patient Satisfaction – ER *Calendar Year	82%	80.6% (Apr-Jun 10)	80.4% (Jul-Sep 10)	77.1%	81.4%	77.3%



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Wait Time Strategy

In Q1 there were improvements in the wait times for priority level 2 and level 3 cancer patients which were both at target.

MRI wait times decreased in Q1 but performance continues to be hampered by the old MRI which often needs service. The replacement MRI is scheduled to be operational in Jan-Mar 2012. The implementation of additional CT hours to reduce wait time was delayed due to staff vacations. Additional hours will begin at both sites in September.

Wait times in cardiac surgery have increased (44 days) but this is still below the provincial average of 49 days. There was an increased volume of triaged/regional patients that resulted in the rescheduling of elective cases. The Triage Office implemented a LEAN quality improvement event in August to smooth patient flow and reduced the number of patients that need to be rescheduled on short notice.

INDICATOR	TARGET 09/10	Q1 10/11	Q2 10/11	Q3 10/11	Q4 10/11	Q1 11/12
Wait Times (90 th Percentile)						
Cardiac Angiography	15 days	19	21	18	13	14
Cardiac Surgery	90 days	32	37	29	35	44
Cataract Surgery (Provincial target 182 days)	76 days	113	132	156	183	202
Cancer Surgery						
• Breast (Provincial target 84 days)	66 days MHLIN	25	29	26	25	25
• Colorectal (Provincial target 84 days)	66 days MHLIN	32	26	31	35	30
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	14	19	12	63	17
• Prostate (Provincial target 84 days)	66 days MHLIN	62	72	35	62	44
Cancer overall – priority level 2	14 days	16	20	14	22	14
Cancer overall – priority level 3	28 days	31	29	30	29	28
Diagnostic Scans						
• MRI (Provincial target 28 days)	63 days	125	134	145	151	120
• CT (Provincial target 28 days)	38 days	30	33	28	45	53
Joint Replacement						
• Hip (Provincial target 182 days)	197 days	158	142	147	158	177
• Knee (Provincial target 182 days)	265 days	165	186	176	178	167



Safe & Effective

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Hospital Standardized Mortality Rate (HSMR)

Trillium's HSMR in Q1 (71) was down from the previous quarter (83) and better than target (85).

Infection Rates

C-difficile, MRSA, and VRE infection rates continue to be better than target. There were no C-difficile or VRE infections at the West Toronto site in Q1. Hand Hygiene promotion and education remains a top priority for patient safety. The process of auditing and reporting has been streamlined. Hand hygiene is a standard indicator for the Safety Crosses on the inpatient units.

Safer Healthcare Now Initiatives

Q1 results are better than target in most areas. There were three cases of ICU central line infections in Q1 primarily in elderly, compromised patients. These cases were audited to ensure compliance and education and retraining provided as needed. There were no cases of ventilator associated pneumonia cases in the ICU in Q1.

There was an increase in the number of medication reconciliations completed on admission (approximately 60 per day) but there was also an increase in the number of admissions. As a result the % of admitted patients receiving medication reconciliation was below target compared to Q4 2010/11. There was improvement in the % of AMI (STEMI) patients from the Trillium ED receiving PCI within 90 minutes (62%) but this was still below target (90%).

INDICATOR	TARGET T 09/10	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11	Q1 2011/12
HSMR	92	67	73	81	83	71
Infection Rates						
Rate of Nosocomial MRSA/1000 patient days NEW: Used to be / 1000 admits	0.5	WT = 0 M = 0.28 [15]	WT = 0 M = 1.34 [12]	WT = 0 M = 0.11 [6]	WT= 0 M=0.31 [17]	WT= 0.25 [4] M=0.46 [26]
Rate of Nosocomial C. diff/1000 patient days NEW: Used to be / 1000 admits	0.55	WT = 0 M = 0.33 [17]	WT = .08 [1] M = 1.23 [13]	WT = 0.13 [2] M= 0.36 [19]	WT=.06 [1] M=0.26 [14]	WT=0 M=0.2 [11]
Rate of VRE/1000 patient days NEW: Used to be / 1000 admits	0.4	WT = 0 M = 0.07 [4]	WT = 0 M = 0.04 [2]	WT=0 M=0	WT=0 M=0.03 [2]	WT=0 M=0.07 [4]
Hand Hygiene Compliance - % compliance before initial patient / pt environment contact* - % compliance after initial patient / pt environment contact*	72% / 83%	WT=75% M = 70% WT=94% M = 81% [May/Jun10]	WT = 60% M = 58% WT = 93% M = 77%	WT = 66% M = 64% WT = 87% M = 87%	WT=68% M =69% WT = 79% M = 82%	WT=83% M=67% WT=86% M=83%
Safer Healthcare Now						
• ICU Central Line Infection/ 1000 line days	2.7	0.47 [1]	0.50 [1]	0.4 [1]	0.42 [1]	1.14 [3]
• Surgical Site Infection - % primary hip or knee replacement surgeries that received timely prophylactic antibiotics	>95%	100%	98.8%	99.5%	98.6%	99.6%
• Surgical Safety Checklist Compliance	95%	98%	99%	99.6%	99.7%	99.9%
• Ventilator Associated Pneumonia cases in the ICU / 1,000 ventilator days	6.4	1.59 [3]	1.89 [4]	0.9 [2]	0.48 [1]	0.00 [0]
▪ % of AMI (STEMI) patients receiving PCI (First contact to First Device) in ≤min 90 ▪ Trillium ED ▪ Regional EMS (New) Direct	90%	70% 93%	58% 96.5%	41% 88%	47% 94%	62% 94%
▪ % of admitted patients receiving medication reconciliation	80%	74%	67%	80%	75%	74%