

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

Inpatient satisfaction for April to June 2009 was 90.6%, a slight improvement over the previous quarter (89.1%) but still below target (94%). Emergency satisfaction was 76.8%, similar to the previous quarter (76.5%) and below the Ontario (84.2%), Community (83.2%), and GTA (78.1%) hospital average. Areas for improvement related to the availability of ED (emergency department) nurses, whether nurses answered questions understandably, and the amount of time the patient spent in the ED. Efforts continue to reduce ED wait times and improve communication strategies. Improvements were noted in scores related to pain control, access and coordination of care, and emotional support. The number of ED surveys sent out on a quarterly basis will be increased to ensure the receipt of at least 100 valid responses to increase the level of accuracy. ED satisfaction will be publicly reported for all Ontario hospitals in the near future.

The solutions and interventions implemented to decrease ED wait times and improve ED satisfaction include:

- Reducing the demand for ED services (e.g. chronic disease self care programs, public education);
- Improving the efficiency within the ED (e.g. geriatric nurse navigator role, update medical directives, CDU (clinical decision unit) redesign and expansion of the RAZ (Rapid Access Zone);
- Creating efficient and timely admission processes between ED and inpatient units (e.g. enhance bed meeting, revise and implement overcapacity protocol);
- Improving timely and standardized discharge practices (e.g. Releasing time to Care quality improvement program pilot on medical unit (4B), implementation of Medworxx utilization tool to facilitate appropriate and timely discharge of patients);
- Increasing accountability, awareness, and transparency of ED measurement targets and performance (e.g. develop and distribute daily access reporting tool (DART) to communicate key utilization and patient flow measures; and
- Increasing accountability and engagement of physicians in patient flow activities such as matching physician rounding times to discharge targets.

INDICATOR	TARGET 09/10	Q2 08/09*	Q3 08/09*	Q4 08/09*	Q1 09/10*	Q2 09/10*
Patient Satisfaction – Inpatient Overall *Calendar Year	94%	93.8% (Apr – Jun08)	93.0 (Jul – Sep08)	91.5% (Oct – Dec08)	89.1% (Jan – Mar09)	90.6% (Apr – Jun09)
Patient Satisfaction – ER *Calendar Year	82%	80.0% (Apr – Jun 08)	84.8% (Jul – Sep08)	73.4% (Oct – Dec08)	76.5% (Jan – Mar09)	76.8% (Apr – Jun09)



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

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/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")

There were overall improvements in wait times, particularly for hip and knee replacements and cancer surgery. Priority level 2 and 3 cancer cases continue to be over target but cases are reviewed on a daily and weekly basis to identify and reschedule cases with long waits.

Wait times continue to be over target for MRI and CT. Trillium is more efficient than peer hospitals in providing MRI and CT services but the demand for diagnostic services continues to outpace the capacity. A system has been created to equalizing wait times across the MHLHIN by sharing and directing a subset of appropriate patients to the hospital with the shortest wait.

Wait times are also over target for cardiac surgery. Additional beds were opened on cardiology to facilitate increased case volumes to reduce wait times. The Mississauga Halton Local Health Integration Network (MHLHIN) and provincial target for all cardiac bypass surgery is 182 days. Trillium's target should be adjusted to 56 days to be consistent with the target set by the Cardiac Care Network (CCN).

INDICATOR	TARGET 09/10	Q2 08/09	Q3 08/09	Q4 08/09	Q1 09/10	Q2 09/10
Wait Times (90 th Percentile)						
Cardiac Angiography	15 days	8 days	12 days	14 days	15 days	14 days
Cardiac Surgery	28 days	29 days	23 days	33 days	37 days	44 days
Cataract Surgery (Provincial target 182 days)	76 days	79 days	83 days	78 days	76 days	71
Cancer Surgery						
• Breast (Provincial target 84 days)	66 days MHLIN	46 days	28 days	34 days	26 days	28
• Colorectal (Provincial target 84 days)	66 days MHLIN	37 days	43 days	36 days	28 days	37
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	89 days	23 days	65 days	99 days	24
• Prostate (Provincial target 84 days)	66 days MHLIN	42 days	48 days	73 days	58 days	71
Cancer overall – priority level 2	14 days	22 days	24 days	34 days	23 days	22
Cancer overall – priority level 3	28 days	39 days	33 days	38 days	39 days	30
Diagnostic Scans						
• MRI (Provincial target 28 days)	63 days	110 days	99 days	92 days	90 days	103
• CT (Provincial target 28 days)	38 days	53 days	43 days	56 days	57 days	53
Joint Replacement						
• Hip (Provincial target 182 days)	197 days	191 days	195 days	170 days	174 days	149
• Knee (Provincial target 182 days)	265 days	284 days	212 days	212 days	245 days	204



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**

Safe & Effective

Hospital Standardized Mortality Rate (HSMR)

In Q2 the HSMR was 91%. This low score is better than the target of 92% and the Canadian average of 100%. Implementation of quality improvements initiatives through Safer Healthcare Now continues to reduce the number of deaths. Detailed analyses are completed on deaths that had a low expected probability of death to enhance learning and ensure proper documentation and coding of patient diagnoses and comorbidities.

Infection Rates

The low rates of hospital acquired Methicillin Resistant Staphylococcus Aureus (MRSA) and vancomycin-resistant enterococci (VRE) infections and colonizations were better than target. In fact, the West Toronto site reported no MRSA or VRE cases in Q2. The rate of Nosocomial Clostridium Difficile per 1000 patient days was over target but relatively stable compared to Q1. The *Just Clean Your Hands* campaign continues to be rolled out across the organization as well as the additional infection prevention and control measures.

Safer Healthcare

There were no incidents of ICU central line infections and few new cases of ventilator associated pneumonia in Q2. Compliance to surgical site infection prevention practices for primary hip or knee replacement surgeries remained high.

INDICATOR	TARGET 09/10	Q2 08/09	Q3 08/09	Q4 08/09	Q1 09/10	Q2 09/10
HSMR	92%	100	101	92	80%	91%
Infection Rates						
Rate of Nosocomial MRSA/1000 patient days NEW: Used to be / 1000 admits	0.5	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]	WT=0 M=0.25
Rate of Nosocomial C. diff/1000 patient days NEW: Used to be / 1000 admits	0.55	WT = 0.1 M = 0.7	WT = 0.1 M = 0.5	WT=0.19 M=0.86	WT=0 M=0.77 [40]	WT=0.34 M=0.75
Rate of VRE/1000 patient days NEW: Used to be / 1000 admits	0.4	WT = 0 M = 0.02	WT = 0.0 M = 0.0	WT=0 M=0.02 [1]	WT=0 M=0.04 [2]	WT=0 M=0.11
Safer Healthcare Now						
• ICU Central Line Infection/ 1000 line days	2.7			1.0 [2 incidents]	1.3 [3 incidents]	0 [0 incidents]
• Surgical Site Infection - % primary hip or knee replacement surgeries that received timely prophylactic antibiotics	>95%			98.3%	97.1%	98.4%
• Ventilator Associated Pneumonia	6.4			4.02 [9 incidents]	4.08 [10 incidents]	3.43 [7]