

# Corporate Performance Indicators

Results for the indicators follow this key:



**AT OR BETTER THAN TARGET**



**BELOW TARGET +/- 5%**



**NEEDS IMPROVEMENT >= 5%**



**UNAVAILABLE/NOT APPLICABLE**

<b>Patient Centered</b>
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 April to June 2010 (93%) was similar to the Ontario average (93.4%) and above the Community (92.4%) and GTA (92.2%) hospital average for percent positive scores. Preliminary results for Q2 (Jul-Sep) showed an increase in positive score to 95%. Overall emergency satisfaction for April to June 2010 (80.6%) decreased slightly from the last quarter (82%) and was similar to the GTA (79.6%) hospital average but below the Ontario (84.9%) and Community (84.2%) hospital average. Preliminary results for Q2 showed little change in the percent positive score (i.e. 80%).

INDICATOR	TARGET 09/10	Q2 2009/10	Q3 2009/10	Q4 2009/10	Q1 2010/11	Q2 2010/11
Patient Satisfaction – Inpatient Overall *Calendar Year	94%	92.1% (Jul-Sep09)	94% (Oct-Dec09)	93.1% (Jan – Mar10)	93.3% (Apr-Jun 10)	95.6% (Jul-Sep 10)
Patient Satisfaction – ER *Calendar Year	82%	82.0% (Jul-Sep09)	80% (Oct-Dec09)	82% (Jan – Mar10)	80.6% (Apr-Jun 10)	80.4% (Jul-Sep 10)



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## Wait Time Strategy

Wait times for cataract surgery continued to increase in Q2. The main contributing factor was the decrease in the volume of cataract surgeries (10%) compared to the previous last year. Education was provided to surgeons' office to improve wait time data collection and to track days that patients were unavailable for surgery, as this would inflate patient wait times.

Strategies to decrease variation in wait times across Trillium's cataract surgeons are currently being investigated.

There have been prolonged downtimes to the GE MRI as a result of a recent helium leak. As opportunities identified in the LEAN quality improvement event are implemented there should be a downward trend in the wait times. Wait times for hip and knee replacement surgery should also decrease. A new orthopaedic surgeon started in July and continues to ramp up his practice. In January 2011, an additional orthopaedic surgeon will be starting who will also perform hip and knee arthroplasty procedures.

INDICATOR	TARGET 09/10	Q2 09/10	Q3 09/10	Q4 09/10	Q1 10/11	Q2 10/11
<b>Wait Times</b> (90 <sup>th</sup> Percentile)						
Cardiac Angiography	15 days	14	15	21	19	21
Cardiac Surgery	90 days	44	23	35	32	37
Cataract Surgery (Provincial target 182 days)	76 days	71	67	76	113	132
<b>Cancer Surgery</b>						
• Breast (Provincial target 84 days)	66 days MHLIN	28	25	24	25	29
• Colorectal (Provincial target 84 days)	66 days MHLIN	37	25	33	32	26
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	24	24	22	14	19
• Prostate (Provincial target 84 days)	66 days MHLIN	71	51	48	62	72
Cancer overall – priority level 2	14 days	22	16	15	16	20
Cancer overall – priority level 3	28 days	30	29	30	31	29
<b>Diagnostic Scans</b>						
• MRI (Provincial target 28 days)	63 days	103	105	121	125	134
• CT (Provincial target 28 days)	38 days	53	44	40	30	33
<b>Joint Replacement</b>						
• Hip (Provincial target 182 days)	197 days	149	139	165	158	142
• Knee (Provincial target 182 days)	265 days	204	197	164	165	186



## Safe & Effective

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### Hospital Standardized Mortality Rate (HSMR)

Trillium's HSMR was 73 in Q2 which is significantly better than target. There was an increase in the number of high risk incidents. Each incident has a reflective learning and recommendations to prevent similar incidents from occurring in the future. Recommendations have focused on improving transfer of accountability, communication and managing complex patients, particularly patients who have moved between units or have had multiple admissions.

### Infection Rates

In Q2 the rates of MRSA, VRE, and cDifficile infections were better than target. On November 1<sup>st</sup>, however, an outbreak was declared by Peel Public Health due to a significant rise in *Clostridium difficile* (*C. difficile*) rates. Every new case of hospital acquired c-diff is treated as a critical incident with each case reviewed carefully to determine any patterns of transmission or trends. Across the organization, hand-washing audits are being conducted to ensure staff remain vigilant in washing their hands and serve as role models to others for proper hand hygiene.

### Safer Healthcare Now Initiatives

Safer Healthcare Now Initiatives continue to track better than target. The overall results for medication reconciliation on admission in Q2 were 67%. The number of Medication Reconciliation Technicians was increased in November with the goal of working towards achieving 100% compliance on all units.

INDICATOR	TARGET 09/10	Q2 09/10	Q3 09/10	Q4 09/10	Q1 2010/11	Q2 2010/11
<b>HSMR</b>	92	90	88	82	67	73
<b>Infection Rates</b>						
Rate of Nosocomial MRSA/1000 patient days NEW: Used to be / 1000 admits	0.5	WT=0 M=0.25	WT=0.12 [2] M=0.13 [7]	WT=0.12 [2] M=0.15 [8]	WT = 0 M = 0.28 [15]	WT = 0 M = 1.34 [12]
Rate of Nosocomial C. diff/1000 patient days NEW: Used to be / 1000 admits	0.55	WT=0.34 M=0.75	WT=0.30 [5] M=0.26 [13]	WT=0.12 [2] M=0.29 [15]	WT = 0 M = 0.33 [17]	WT = .08 [1] M = 1.23 [13]
Rate of VRE/1000 patient days NEW: Used to be / 1000 admits	0.4	WT=0 M=0.11	WT=0 M=0.02 [1]	WT=0 M=0.02 [1]	WT = 0 M = 0.07 [4]	WT = 0 M = 0.04 [2]
Hand Hygiene Compliance - % compliance before initial patient / pt environment contact* - % compliance after initial patient / pt environment contact*	In development		WT = 45% M = 68% WT = 68% M = 88% (JanYTD 2009/10)	WT =80% M = 60% WT = 88% M = 80% [April public report]	WT=65% M = 67% WT=97% M = 79% [May/June10]	WT = 85% M = 86% WT = 93% M = 91% Jul, Aug, Sep
<b>Safer Healthcare Now</b>						
• ICU Central Line Infection/ 1000 line days	2.7	0 [0]	0.4 [1]	0.43 [1]	0.47 [1]	0.50 [1]
• Surgical Site Infection - % primary hip or knee replacement surgeries that received timely prophylactic antibiotics	>95%	98.4%	99%	98.7%	100%	98.8%
• Surgical Safety Checklist Compliance	95%				98%	99%
• Ventilator Associated Pneumonia cases in the ICU / 1,000 ventilator days	6.4	3.43 [7]	0.94 [2]	1.87 [4]	1.59 [3]	1.89 [4]
▪ % of AMI (STEMI) patients receiving PCI (First contact to First Device) in ≤min 90 ▪ Trillium ED ▪ Regional EMS (New) Direct	90%	61% 93%	58% 93%	57% 88%	70% 93%	58% 96.5%