

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 improved from July to September 2009 (92.1%) compared to the previous quarter (90.9%). Our patient satisfaction scores were higher than the GTA hospital average (91.5%) but lower than the Ontario average (93.1%). There were marked improvements in patient access scores related to the availability of doctors, nurses, and patients feeling they received all the services they needed, particularly in medicine and cardiology. Efforts continue to focus on improving the coordination of care, particularly related to the organization of the admission process and patient waits to go to their room. Quality initiatives such as the Trillium Performance Improvement Program (PIP) will assist in improving patient access and flow throughout the hospital.

There was a marked improvement in emergency overall satisfaction score from July to September 2009 (82.0%) compared to the previous quarter (75.7%). Physician hours have been increased in the Emergency Department (ED) and a new Rapid Assessment Zone implemented to help decrease patient wait times. The Clinical Decision Unit has also assisted in reducing ED length of stay, avoiding admissions, and improving the quality of care. Broad organizational flow initiatives such as overcapacity protocols to stimulate patient flow have been implemented. An electronic performance management tool, the Daily Access Reporting Tool (DART) was launched in December 2009 to increase the awareness, understanding, and accountability of staff, physicians and hospital leadership to engage in improvements within the ED, inpatient units, and ambulatory services.

INDICATOR	TARGET 09/10	Q3 08/09*	Q4 08/09*	Q1 09/10*	Q2 09/10*	Q3 09/10*
Patient Satisfaction – Inpatient Overall *Calendar Year	94%	93.0 (Jul-Sep08)	91.5% (Oct – Dec08)	89.1% (Jan-Mar09)	90.9% (Apr-Jun09)	92.1% (Jul-Sep09)
Patient Satisfaction – ER *Calendar Year	82%	84.8% (Jul-Sep08)	73.4% (Oct – Dec08)	76.5% (Jan-Mar09)	75.7% (Apr-Jun09)	82.0% (Jul-Sep09)



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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")

The wait times for cardiac surgery, cataract surgery, cancer surgery, and hip and knee replacements were better than target in Q3. There was also an improvement in CT wait times. MRI wait times continued to remain high. MRI services are being provided efficiently but the demand for MRI services continues to outpace the supply (i.e. the number of available slots). It is estimated that an additional 2400 MRI wait time hours is required on top of our historical wait time allotments to reduce the MRI wait times to 28 days. The Mississauga Halton LHIN has recognized that MRI wait times are an issue and efforts are being made to increase MRI funding and MRI hours for 2010/11.

INDICATOR	TARGET 09/10	Q3 08/09	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10
Wait Times (90 th Percentile)						
Cardiac Angiography	15 days	12 days	14 days	15 days	14 days	15 days
Cardiac Surgery	28 days	23 days	33 days	37 days	44 days	23 days
Cataract Surgery (Provincial target 182 days)	76 days	83 days	78 days	76 days	71 days	67 days
Cancer Surgery						
• Breast (Provincial target 84 days)	66 days MHLIN	28 days	34 days	26 days	28 days	25 days
• Colorectal (Provincial target 84 days)	66 days MHLIN	43 days	36 days	28 days	37 days	25 days
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	23 days	65 days	99 days	24 days	24 days
• Prostate (Provincial target 84 days)	66 days MHLIN	48 days	73 days	58 days	71 days	51 days
Cancer overall – priority level 2	14 days	24 days	34 days	23 days	22 days	16 days
Cancer overall – priority level 3	28 days	33 days	38 days	39 days	30 days	29 days
Diagnostic Scans						
• MRI (Provincial target 28 days)	63 days	99 days	92 days	90 days	103 days	105 days
• CT (Provincial target 28 days)	38 days	43 days	56 days	57 days	53 days	44 days
Joint Replacement						
• Hip (Provincial target 182 days)	197 days	195 days	170 days	174 days	149 days	139 days
• Knee (Provincial target 182 days)	265 days	212 days	212 days	245 days	204 days	197 days



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Hospital Standardized Mortality Rate (HSMR)

In Q3 the HSMR (87) was markedly better than the target (92) and the Canadian average (100). Implementation of quality improvements initiatives through Safer Healthcare Now, safe medication practices, prevention of hospital acquired infections, effective communication and interprofessional collaboration, and timely recognition of declining health with timely and coordinated rescue all contribute to reducing the number of deaths.

Infection Rates

Rates of MRSA, VRE, and cDifficile infections were better than target. This is attributed to the *Just Clean Your Hands* hand hygiene campaign, enhanced cleaning processes including equipment and "new" environments in the West Wing and refurbished areas. Leadership is committed to improving the hand hygiene compliance to 100% as this plays a major role in driving down the rates of all healthcare associated infections.

Safer Healthcare Now Initiatives

The number of ICU central line infections continues to be low in Q3. Surgical site infection prevention practices for primary hip or knee replacement surgeries reached a high of 99% and the rate of new ventilator associated pneumonia cases in the ICU was significantly better than target.

INDICATOR	TARGET 09/10	Q3 08/09	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10
HSMR	92	101	92	80	91	87
Infection Rates						
Rate of Nosocomial MRSA/1000 patient days NEW: Used to be / 1000 admits	0.5	WT = 0.2 M = 0.6	WT=0.25 M=0.34	WT=0.00 M=0.27 [14]	WT=0 M=0.25	WT=0.12 [2] M=0.13 [7]
Rate of Nosocomial C. diff/1000 patient days NEW: Used to be / 1000 admits	0.55	WT = 0.1 M = 0.5	WT=0.19 M=0.86	WT=0 M=0.77 [40]	WT=0.34 M=0.75	WT=0.30 [5] M=0.26 [13]
Rate of VRE/1000 patient days NEW: Used to be / 1000 admits	0.4	WT = 0.0 M = 0.0	WT=0 M=0.02 [1]	WT=0 M=0.04 [2]	WT=0 M=0.11	WT=0 M=0.02 [1]
Safer Healthcare Now						
• ICU Central Line Infection/ 1000 line days	2.7		1.0 [2]	1.3 [3]	0 [0]	0.4 [1]
• Surgical Site Infection - % primary hip or knee replacement surgeries that received timely prophylactic antibiotics	>95%		98.3%	97.1%	98.4%	99%
• Ventilator Associated Pneumonia cases in the ICU / 1,000 ventilator days	6.4		4.0 [9]	4.1 [10]	3.4 [7]	0.9 [2]