

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

Overall inpatient satisfaction for October to December 2010 (93%) was slightly below target and down from the previous quarter (96%). Strategies to improve pain satisfaction scores which contribute to overall satisfaction scores include: forming a committee to evaluate and advance pain management practices across Trillium; improving inter-professional collaboration in pain management practices; empowering patients and families through education to participate in assessing and managing their pain; and developing a pain management database for quality assurance, enhancing patient safety, identifying areas for improvement, and facilitating evidence-based practice.

Emergency department patient satisfaction for October to December 2010 (77%) was down from the previous quarter (80%). The emergency department (ED) continues to focus on improving key ED processes (using Lean methodology) and developing a plan to redevelop the physical layout of the ED to improve patient focused care.

INDICATOR	TARGET 09/10	Q3 2009/10	Q4 2009/10	Q1 2010/11	Q2 2010/11	Q3 2010/11
Patient Satisfaction – Inpatient Overall *Calendar Year	94%	94% (Oct-Dec09)	93.1% (Jan – Mar10)	93.3% (Apr-Jun 10)	95.6% (Jul-Sep 10)	92.9%
Patient Satisfaction – ER *Calendar Year	82%	80% (Oct-Dec09)	82% (Jan – Mar10)	80.6% (Apr-Jun 10)	80.4% (Jul-Sep 10)	77.1%



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Wait Time Strategy

Overall there was a decrease in wait times for cancer surgery. For Q3 the wait for Cardiac Surgery was 29 days which was significantly below the provincial average wait time of 45 days. The wait for cardiac angiographies decreased from 21 to 18 days. Patients are being encouraged to choose alternate physicians with shorter wait times instead of waiting for a specific physician. 100% of elective patients have their procedures completed with the Recommended Maximum Wait Time.

Wait times for cataract surgery and MRI continue to be over target. Trillium received funding for 2,080 additional base hours of operation of MRI services beginning April 1, 2011. Additional investment will also be made to increase cataract surgery volumes. This will help reduce Trillium's wait times.

INDICATOR	TARGET 09/10	Q3 09/10	Q4 09/10	Q1 10/11	Q2 10/11	Q3 10/11
Wait Times (90th Percentile)						
Cardiac Angiography	15 days	15	21	19	21	18
Cardiac Surgery	90 days	23	35	32	37	29
Cataract Surgery (Provincial target 182 days)	76 days	67	76	113	132	156
Cancer Surgery						
• Breast (Provincial target 84 days)	66 days MHLIN	25	24	25	29	26
• Colorectal (Provincial target 84 days)	66 days MHLIN	25	33	32	26	31
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	24	22	14	19	12
• Prostate (Provincial target 84 days)	66 days MHLIN	51	48	62	72	35
Cancer overall – priority level 2	14 days	16	15	16	20	14
Cancer overall – priority level 3	28 days	29	30	31	29	30
Diagnostic Scans						
• MRI (Provincial target 28 days)	63 days	105	121	125	134	145
• CT (Provincial target 28 days)	38 days	44	40	30	33	28
Joint Replacement						
• Hip (Provincial target 182 days)	197 days	139	165	158	142	147
• Knee (Provincial target 182 days)	265 days	197	164	165	186	176



Safe & Effective

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Hospital Standardized Mortality Rate (HSMR)

Trillium's HSMR in Q3 (81) was up from Q2 (73) but still significantly below target (92). Unplanned readmissions are now being tracked within 30 days. In 2009 Trillium's readmission rate was 1.5% below its expected readmission rate. Strategies to further reduce readmissions include engaging patients and families to identify root causes for readmissions; piloting a risk assessment tool (LACE) to identify patients at high risk for readmissions in acute medicine; and connecting high risk patients with the Senior Medical Outreach team.

Infection Rates

The clostridium difficile (c-Diff) outbreak was declared over in December 2010. There were significant improvements in many practices, particularly documentation and hand hygiene. Further investigations by the Trillium Microbiology Lab, Public Health, and the Provincial Laboratory revealed that some positive cases for c-Diff were later found to be negative using a more sensitive test. This sensitive test will be used going forward.

Safer Healthcare Now Initiatives

The rate of central line infections, surgical safety checklist compliance, and ventilator associated pneumonia cases continue to track better than target.

INDICATOR	TARGET 09/10	Q3 09/10	Q4 09/10	Q1 2010/11	Q2 2010/11	Q3 2010/11
HSMR	92	88	82	67	73	81
Infection Rates						
Rate of Nosocomial MRSA/1000 patient days NEW: Used to be / 1000 admits	0.5	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]	WT = 0 M = 0.11 [6]
Rate of Nosocomial C. diff/1000 patient days NEW: Used to be / 1000 admits	0.55	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]	WT = 0.13 [2] M= 0.36 [19]
Rate of VRE/1000 patient days NEW: Used to be / 1000 admits	0.4	WT=0 M=0.02 [1]	WT=0 M=0.02 [1]	WT = 0 M = 0.07 [4]	WT = 0 M = 0.04 [2]	WT=0 M=0
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/Jun10]	WT = 85% M = 86% WT = 93% M = 91% Jul, Aug, Sep	WT = 66% M = 64% WT = 87% M = 87%
Safer Healthcare Now						
• ICU Central Line Infection/ 1000 line days	2.7	0.4 [1]	0.43 [1]	0.47 [1]	0.50 [1]	0.4 [1]
• Surgical Site Infection - % primary hip or knee replacement surgeries that received timely prophylactic antibiotics	>95%	99%	98.7%	100%	98.8%	99.5%
• Surgical Safety Checklist Compliance	95%			98%	99%	99.6%
• Ventilator Associated Pneumonia cases in the ICU / 1,000 ventilator days	6.4	0.94 [2]	1.87 [4]	1.59 [3]	1.89 [4]	0.9 [2]
▪ % of AMI (STEMI) patients receiving PCI (First contact to First Device) in ≤min 90 ▪ Trillium ED ▪ Regional EMS (New) Direct	90%	58% 93%	57% 88%	70% 93%	58% 96.5%	41% 88%