

Corporate Performance Indicators

Results for the indicators follow this key:



AT OR BETTER THAN TARGET



BELOW 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 for October to December 2009 (94%) was above the Ontario (93.3%), Community (92.3%), and GTA (91.8%) hospital average for percent positive scores. There were marked improvements in most dimensions of care compared to the previous quarter, particularly in the involvement of Family and Emotional support.

Emergency Department (ED) satisfaction dropped slightly compared to the previous quarter (80% versus 82%) for percent positive scores. Satisfaction scores was also below the Ontario (83.4%) and Community (82.8%) hospital average but above the GTA (77.8%) hospital average. Areas of improvement related to emotional support, access and coordination of care (e.g. did patient wait too long for other doctor/ED specialist). Lower scores were noted for continuity and transition of care (e.g. knowing who to call with questions when the patients left the ED) and physical comfort (e.g. the ED did all it could to control pain). It is interesting to note that for acute inpatient care, patient perceptions of staff doing everything they could to control pain (76.4%) actually increased compared to last quarter (72.9%). Percent positive pain scores were also above the GTA average (75.1%) but below the community hospital (76.6%) and Ontario (78%) hospital average.

INDICATOR	TARGET 09/10	Q4 08/09*	Q1 09/10*	Q2 09/10*	Q3 09/10*	Q4 09/10*
Patient Satisfaction – Inpatient Overall *Calendar Year	94%	91.5% (Oct – Dec08)	89.1% (Jan-Mar09)	90.9% (Apr-Jun09)	92.1% (Jul-Sep09)	94% (Oct-Dec09)
Patient Satisfaction – ER *Calendar Year	82%	73.4% (Oct – Dec08)	76.5% (Jan-Mar09)	75.7% (Apr-Jun09)	82.0% (Jul-Sep09)	80% (Oct-Dec09)



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Wait Time Strategy

The demand for MRI services continues to be greater than the capacity. CT waits were trending down in Q4 and in May 2010 the waits were 30 days. Trillium will be participating in a provincial MRI LEAN initiative, working with the University Health Network to improve throughput and achieve further efficiencies. MRI services at Trillium are very efficient compared to most hospitals.

In Q4 there was an increase in wait times for cardiac angiography due to the growing demand for elective services. From January to May 150 extra cases were completed. The demand for services, however, increased at a faster rate. Renovations were completed in May on one of the Cath labs. Service efficiency is expected to improve due to less breakdowns and service interruptions.

INDICATOR	TARGET 09/10	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10
Wait Times (90 th Percentile)						
Cardiac Angiography	15 days	14 days	15 days	14	15	21
Cardiac Surgery	56 days	33 days	37 days	44	23	35
Cataract Surgery (Provincial target 182 days)	76 days	78 days	76 days	71	67	76
Cancer Surgery						
• Breast (Provincial target 84 days)	66 days MHLIN	34 days	26 days	28	25	24
• Colorectal (Provincial target 84 days)	66 days MHLIN	36 days	28 days	37	25	33
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	65 days	99 days	24	24	22
• Prostate (Provincial target 84 days)	66 days MHLIN	73 days	58 days	71	51	48
Cancer overall – priority level 2	14 days	34 days	23 days	22	16	15
Cancer overall – priority level 3	28 days	38 days	39 days	30	29	30
Diagnostic Scans						
• MRI (Provincial target 28 days)	63 days	92 days	90 days	103	105	121
• CT (Provincial target 28 days)	38 days	56 days	57 days	53	44	40
Joint Replacement						
• Hip (Provincial target 182 days)	197 days	170 days	174 days	149	139	165
• Knee (Provincial target 182 days)	265 days	212 days	245 days	204	197	164



Safe & Effective

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Hospital Standardized Mortality Rate (HSMR)

In Q4 the HSMR decreased to 82. This is significantly lower than the target of 92. Actual deaths were less than observed deaths, particularly for AMI and heart failure patients. A root cause analysis has been completed and a driver diagram developed to assist staff and physicians to understanding their role in improving outcomes for patients. The goal is to provide the right (evidence based) care in the right place, by the right provider/team at the right time. The team also has access to an HSMR e-Reporting Tool. This will allow them to analyze patient discharges and focus improvement efforts on those diagnoses where the number of observed deaths are greater than expected.

Infection Rates

Rates of MRSA, VRE, and cDifficile infections continue to be low, and 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.

Safer Healthcare Now Initiatives

The number of ICU central line infections continues to be low in Q4. Surgical site infection prevention practices for primary hip or knee replacement surgeries continues to be high and the rate of new ventilator associated pneumonia cases in the ICU was better than target.

INDICATOR	TARGET 09/10	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10
HSMR	92	92	81	90	88	82
Infection Rates						
Rate of Nosocomial MRSA/1000 patient days NEW: Used to be / 1000 admits	0.5	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]	WT=0.12 [2] M=0.15 [8]
Rate of Nosocomial C. diff/1000 patient days NEW: Used to be / 1000 admits	0.55	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]	WT=0.12 [2] M=0.29 [15]
Rate of VRE/1000 patient days NEW: Used to be / 1000 admits	0.4	WT=0 M=0.02 [1]	WT=0 M=0.04 [2]	WT=0 M=0.11	WT=0 M=0.02 [1]	WT=0 M=0.02 [1]
Hand Hygiene Compliance - % compliance before initial patient / pt environment contact*		WT = 80% M = 57%			WT = 45% M = 68%	WT = 80% M = 60%
- % compliance after initial patient / pt environment contact*		WT = 85% M = 78% (March 2009)			WT = 68% M = 88% (JanYTD 2009/10)	WT = 88% M = 80% (April public report)
Safer Healthcare Now						
• ICU Central Line Infection/ 1000 line days	2.7	1.0 [2]	1.3 [3]	0 [0]	0.4 [1]	0.43 [1]
• Surgical Site Infection - % primary hip or knee replacement surgeries that received timely prophylactic antibiotics	>95%	98.3%	97.1%	98.4%	99%	98.7%
• 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]	1.87 [4]