

# 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

Inpatient satisfaction results for January to March 2011 (91.8%) were slightly below target and down from the previous quarter (92.9%). For the emergency department (ED) more patients were satisfied in Q4 (81.4% positive scores) compared to Q3 (77.1%). The 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	Q4 2009/10	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
Patient Satisfaction – Inpatient Overall *Calendar Year	94%	93.1% (Jan – Mar10)	93.3% (Apr-Jun 10)	95.6% (Jul-Sep 10)	92.9%	91.8%
Patient Satisfaction – ER *Calendar Year	82%	82% (Jan – Mar10)	80.6% (Apr-Jun 10)	80.4% (Jul-Sep 10)	77.1%	81.4%



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## Wait Time Strategy

The wait times for priority level 2 cancer cases increased in Q4 with only 76% of the cases completed within the target of 14 days. Performance improved in April, the first month of Q1 2011/12, with 93% of cases within target. A weekly report highlighting cases approaching their target waits have enabled the surgical team to actively manage and adjust the OR schedule to minimize patient waits.

The increase in cataract wait times is due to a decrease in funded volumes in 2010/11. In 2011/12 an additional 482 cases will be completed and strategies to decrease wait times have been discussed with the surgeons. In Q4 the CT and MRI wait time went up to 45 days and 151 days respectively. Participation in the MRI Provincial LEAN Initiative required pulling technical resources in Q3 and early Q4 resulting in some loss of volume. In Q4 there were several significant downtimes of the 14 year old MRI machine. The diagnostic imaging department continues to be efficient. Trillium received funding for 2,080 additional base hours of operation of MRI services beginning April 1, 2011. A proposal has been submitted for additional CTs to extend hours of operation to Saturdays.

INDICATOR	TARGET 09/10	Q4 09/10	Q1 10/11	Q2 10/11	Q3 10/11	Q4 10/11
<b>Wait Times</b> (90 <sup>th</sup> Percentile)						
Cardiac Angiography	15 days	21	19	21	18	13
Cardiac Surgery	90 days	35	32	37	29	35
Cataract Surgery (Provincial target 182 days)	76 days	76	113	132	156	183
<b>Cancer Surgery</b>						
• Breast (Provincial target 84 days)	66 days MHLIN	24	25	29	26	25
• Colorectal (Provincial target 84 days)	66 days MHLIN	33	32	26	31	35
• Central Nervous System (Provincial target 84 days)	66 days MHLIN	22	14	19	12	63
• Prostate (Provincial target 84 days)	66 days MHLIN	48	62	72	35	62
Cancer overall – priority level 2	14 days	15	16	20	14	22
Cancer overall – priority level 3	28 days	30	31	29	30	29
<b>Diagnostic Scans</b>						
• MRI (Provincial target 28 days)	63 days	121	125	134	145	151
• CT (Provincial target 28 days)	38 days	40	30	33	28	45
<b>Joint Replacement</b>						
• Hip (Provincial target 182 days)	197 days	165	158	142	147	158
• Knee (Provincial target 182 days)	265 days	164	165	186	176	178



## Safe & Effective

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### Hospital Standardized Mortality Rate (HSMR)

Trillium's HSMR in Q4 (83) was up from Q3 (81) but still better than target (92).

### Infection Rates

C-difficile, MRSA, and VRE infection rates continue to be better than target. The "Nurse Jackson" hand washing initiative continues to garner interest outside of the organization, far beyond initial expectations. This project is designed to engage front line staff and physicians in discussions in a non threatening way, around specific infection control issues and to find solutions. Whenever someone is doing something inappropriate staff call out "Hey Nurse Jackson" as a reminder of best practice.

### Safer Healthcare Now Initiatives

Q4 results are better than target in most areas. Medication reconciliation on admission dropped from 80% to 75% due to an increased number of admissions, reduced number of pharmacists in the Pre-op clinic to completed medication reconciliation, and newly trained Pharmacy technicians. Two pharmacists were reinstated in the preop clinic and nursing staff were reminded of the importance of medication reconciliation. The process for AMI (STEMI) patients receiving PCI, from ER arrival at triage to Cath Lab notification, interventionalist notification, patient arrival in cath lab, to reperfusion time is currently being reviewed and streamlined. Improvements are also being made to ensure more timely communication between paramedics and interventionalists.

INDICATOR	TARGET 09/10	Q4 09/10	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
<b>HSMR</b>	92	82	67	73	81	83
<b>Infection Rates</b>						
Rate of Nosocomial MRSA/1000 patient days NEW: Used to be / 1000 admits	0.5	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]	WT= 0 M=0.31 [17]
Rate of Nosocomial C. diff/1000 patient days NEW: Used to be / 1000 admits	0.55	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]	WT=.06 [1] M=0.26 [14]
Rate of VRE/1000 patient days NEW: Used to be / 1000 admits	0.4	WT=0 M=0.02 [1]	WT = 0 M = 0.07 [4]	WT = 0 M = 0.04 [2]	WT=0 M=0	WT=0 M=0.03 [2]
Hand Hygiene Compliance - % compliance before initial patient / pt environment contact* - % compliance after initial patient / pt environment contact*	72% / 83%	WT =80% M = 60% WT = 88% M = 80% [April public report]	WT=75% M = 70% WT=94% M = 81% [May/June10]	WT = 60% M = 58% WT = 93% M = 77%	WT = 66% M = 64% WT = 87% M = 87%	WT=68% M =69% WT = 79% M = 82%
<b>Safer Healthcare Now</b>						
• ICU Central Line Infection/ 1000 line days	2.7	0.43 [1]	0.47 [1]	0.50 [1]	0.4 [1]	0.42 [1]
• Surgical Site Infection - % primary hip or knee replacement surgeries that received timely prophylactic antibiotics	>95%	98.7%	100%	98.8%	99.5%	98.6%
• Surgical Safety Checklist Compliance	95%		98%	99%	99.6%	99.7%
• Ventilator Associated Pneumonia cases in the ICU / 1,000 ventilator days	6.4	1.87 [4]	1.59 [3]	1.89 [4]	0.9 [2]	0.48 [1]
▪ % of AMI (STEMI) patients receiving PCI (First contact to First Device) in ≤min 90 ▪ Trillium ED ▪ Regional EMS (New) Direct	90%	57% 88%	70% 93%	58% 96.5%	41% 88%	-