ONTARIO STROKE REPORT CARD, 2014/15: SOUTH EAST LOCAL HEALTH INTEGRATION NETWORK

Poor performance¹

Acceptable performance²

Exemplary performance³

Data not available or benchmark not available

Indicato	r Care Continuum	4	LHIN	Variance	Provincial	High Performer ⁷	
No.	Category	Indicator ⁴	FY 2014/15 (2013/14)	Within LHIN⁵ (Min–Max)	Benchmark ⁶	Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of stroke/TIA patients who arrived at the ED by ambulance.	59.2% (61.5%)	51.0-80.0%	64.9% (64.8%)	Essex Sub-LHIN	1, 3
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.5 (1.4)	1.3-2.7	1.2 (1.1)	Ottawa Centre Sub-LHIN	7, 8, 9,11
3 [§]	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	14.2 (16.0)	0.0–27.3	-	-	7
4		Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care (excluding those with contraindications).	-	-	-	-	-
5	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	77.2% (71.5%)	11.1-85.2%	90.4% (88.3%)	Bluewater Health, Sarnia	7, 6
6	Acute stroke management	Median door-to-needle time among patients who received acute thrombolytic therapy (tPA) (minutes).	56.0 (50.0)	53.0–70.0	38.0 (33.0)	Niagara Health System, Greater Niagara	4, 8
7 §	Acute stroke management	Proportion of ischemic stroke patients who received acute thrombolytic therapy (tPA).	13.2% (14.1%)	0.0-31.6%	17.3% (17.0%)	South Etobicoke – Toronto Sub-LHIN	6, 14
8 [§]	_	Proportion of stroke/TIA patients treated on a stroke unit ⁸ at any time during their inpatient stay.	68.0% (38.5%)	18.9–83.5%	72.3% (62.7%)	Urban Guelph Sub-LHIN	3, 10
9	J	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-	-	-	-	-
10 [§]	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	21.6% (18.8%)	0.0-42.6%	8.2% (11.7%)	Rouge Valley Health System, Ajax	3
11 [§]	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	27.5% (28.1%)	3.1–45.5%	45.4% (46.3%)	Manitoulin-Sudbury Sub-LHIN	9, 1
12		Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-	-	-	-	-
13 [§]	Stroke rehabilitation	thm:median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	8.0 (10.0)	5.0–13.0	6.0 (5.0)	BH Sarnia, LH Oshawa, PRH, QHC Belleville and SRHC ⁹	8, 9
14		Mean number of minutes per day of direct therapy that inpatient stroke rehabilitation patients received.	-	-	_	-	-
15 [§]	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	47.1% (46.6%)	40.4-51.7%	80.8% (76.6%)	Bruyère Continuing Care Inc.	3, 8
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	0.8 (0.9)	0.7–0.9	1.5 (1.3)	Grand River Hospital Corp., Freeport	12, 3
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke patients on discharge from inpatient acute care or inpatient rehabilitation in 2013/14-2014/15.	14.1 (14.4)	-	10.8 (8.6)	South East CCAC	10, 13
18		Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110).	42.0% (43.5%)	17.2–48.9%	58.7% (57.3%)	Grand River Hospital Corp., Freeport	3
19 [§]		Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	5.9% (9.1%)	0.0–24.2%	2.5% (2.8%)	Urban Guelph Sub-LHIN	None
20 [§]	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.0 (7.4)	0.0–14.3	_	-	None

¹ Performance below the 50th percentile.

⁹ High performers include Bluewater Health (BH) Sarnia site, Lakeridge Health (LH) Oshawa site, Pembroke Regional Hospital (PRH), Quinte Health Care (QHC) Belleville site, and Southlake Regional Health Centre (SRHC).





Hospital Service Accountability Agreement indicators, 2010/11

- Data not available

n/a = Not applicable § = Contribute to QBP performance

² Performance at or above the 50th percentile and greater than 5% absolute/relative difference from the benchmark.

³ Benchmark achieved or performance within 5% absolute/relative difference from the benchmark.

⁴ Facility-based analysis (excluding indicators 1, 2, 7, 8, 11, 12 and 19) for patients aged 18–108. Indicators are based on CIHI data. Low rates are desired for indicators 2, 3, 6, 10, 13, 19 and 20.

⁵ Excludes sites or sub-LHINs with fewer than six patients.

⁶ Benchmarks were calculated using the ABC methodology (Weissman et al. J Eval Clin Pract. 1999; 5(3):269–81) on facility/sub-LHIN data; the 2013/14 benchmarks are displayed in brackets.

⁷ High performers include acute care institutions treating more than 100 stroke patients per year, rehabilitation facilities admitting more than 58 stroke patients per year, or sub-LHINs with at least 30 stroke patients per year.

⁸ Revised definition obtained through consensus with Ontario Stroke Network regional directors (February 2014). In 2012/13 there were 14 stroke units, in 2013/14 there were 16 stroke units, and in 2014/15 there were 21 stroke units.

STROKE PROGRESS REPORT: SOUTH EAST LOCAL HEALTH INTEGRATION NETWORK **2014/15** COMPARED TO **2011/12 – 2013/14**

stroke/TIA patients who arrive and sex-adjusted inpatient admit stroke/TIA mortality rate at 30 ischemic stroke/TIA patients with the rapy on discharge from acutischemic stroke inpatients who to-needle time among patients who restroke/TIA patients treated on stroke (excluding TIA) patients uring admission to acute care. ALC days to total length of stay	ission rate for stroke/TIA (per 1,00 days (per 100 patients). With atrial fibrillation prescribed or ute care (excluding those with control preceived carotid imaging. Who received acute thrombolytic thera a stroke unit at any time during with a documented initial dyspharm.	r recommended ntraindications). c therapy (tPA) apy (tPA). their inpatient	LHIN FY 2014/15 (previous 3- year average) 59.2% (59.7%) 1.5 (1.3) 14.2 (15.4) - 77.2% (70.0%) 56.0 (47.3*) 13.2% (14.4%*) 68.0% (38.4%)	Min 51.0% (38.9%) 1.3 (0.5) 0.0 (0.0) - 11.1% (28.6%) 53.0 (37.7 ⁴)	(2011/12) Max 80.0% (67.6%) 2.7 (2.1) 27.3 (24.8) - 85.2% (87.0%) 70.0 (37.7*)	Greatest Improvement ⁶ Sub-LHIN/Facility Woodbridge (Vaughan) Sub-LHIN Algoma Sub-LHIN North Bay Regional Health Centre — Brockville General Hospital Royal Victoria Regional Health Centre Flamborough Sub-LHIN Belleville Sub-LHIN	LHIN 3 None 6, 2 - 2, 12 12 2, 6 10, 3
stroke/TIA patients who arrive and sex-adjusted inpatient admit stroke/TIA mortality rate at 30 ischemic stroke/TIA patients with the rapy on discharge from acutischemic stroke inpatients who to-needle time among patients who restroke/TIA patients treated on stroke (excluding TIA) patients uring admission to acute care. ALC days to total length of stay	id at the ED by ambulance. ission rate for stroke/TIA (per 1,00) days (per 100 patients). ith atrial fibrillation prescribed or ute care (excluding those with control preceived carotid imaging. It is who received acute thrombolytic thera a stroke unit at any time during with a documented initial dyspharm.	r recommended ntraindications). c therapy (tPA) apy (tPA). their inpatient	year average) 59.2% (59.7%) 1.5 (1.3) 14.2 (15.4) - 77.2% (70.0%) 56.0 (47.3*) 13.2% (14.4%*) 68.0% (38.4%)	51.0% (38.9%) 1.3 (0.5) 0.0 (0.0) - 11.1% (28.6%) 53.0 (37.7*) 0.0% (7.1%*)	80.0% (67.6%) 2.7 (2.1) 27.3 (24.8) - 85.2% (87.0%) 70.0 (37.7†) 31.6% (37.5%†) 83.5% (83.2%)	Woodbridge (Vaughan) Sub-LHIN Algoma Sub-LHIN North Bay Regional Health Centre — Brockville General Hospital Royal Victoria Regional Health Centre Flamborough Sub-LHIN	3 None 6, 2 - 2, 12 12 2, 6
ind sex-adjusted inpatient admistroke/TIA mortality rate at 30 ischemic stroke/TIA patients with therapy on discharge from acuischemic stroke inpatients who to-needle time among patients ischemic stroke patients who restroke/TIA patients treated on stroke (excluding TIA) patients uring admission to acute care. ALC days to total length of stay	ission rate for stroke/TIA (per 1,00 days (per 100 patients). With atrial fibrillation prescribed or ute care (excluding those with control preceived carotid imaging. Who received acute thrombolytic thera a stroke unit at any time during with a documented initial dyspharm.	r recommended ntraindications). c therapy (tPA) apy (tPA). their inpatient	1.5 (1.3) 14.2 (15.4) - 77.2% (70.0%) 56.0 (47.3†) 13.2% (14.4%†) 68.0% (38.4%)	1.3 (0.5) 0.0 (0.0) - 11.1% (28.6%) 53.0 (37.7 [‡]) 0.0% (7.1% [‡])	2.7 (2.1) 27.3 (24.8) - 85.2% (87.0%) 70.0 (37.7 [‡]) 31.6% (37.5% [‡]) 83.5% (83.2%)	Algoma Sub-LHIN North Bay Regional Health Centre — Brockville General Hospital Royal Victoria Regional Health Centre Flamborough Sub-LHIN	None 6, 2 - 2, 12 12 2, 6
stroke/TIA mortality rate at 30 ischemic stroke/TIA patients with therapy on discharge from acuischemic stroke inpatients who to-needle time among patients who restroke/TIA patients treated on stroke (excluding TIA) patients uring admission to acute care. ALC days to total length of stay	days (per 100 patients). with atrial fibrillation prescribed or ute care (excluding those with con- coreceived carotid imaging. who received acute thrombolytic received acute thrombolytic thera a stroke unit at any time during with a documented initial dyspha	r recommended ntraindications). c therapy (tPA) apy (tPA). their inpatient	14.2 (15.4) - 77.2% (70.0%) 56.0 (47.3*) 13.2% (14.4%*) 68.0% (38.4%)	0.0 (0.0) - 11.1% (28.6%) 53.0 (37.7 [‡]) 0.0% (7.1% [‡])	27.3 (24.8) - 85.2% (87.0%) 70.0 (37.7 [‡]) 31.6% (37.5% [‡]) 83.5% (83.2%)	North Bay Regional Health Centre - Brockville General Hospital Royal Victoria Regional Health Centre Flamborough Sub-LHIN	6, 2 - 2, 12 12 2, 6
therapy on discharge from aculischemic stroke inpatients who to-needle time among patients ischemic stroke patients who restroke/TIA patients treated on stroke (excluding TIA) patients uring admission to acute care. ALC days to total length of stay	ate care (excluding those with concorrectived carotid imaging. who received acute thrombolytic received acute thrombolytic thera a stroke unit at any time during with a documented initial dyspha	c therapy (tPA) apy (tPA). their inpatient	56.0 (47.3 [‡]) 13.2% (14.4% [‡]) 68.0% (38.4%)	11.1% (28.6%) 53.0 (37.7 [‡]) 0.0% (7.1% [‡])	70.0 (37.7 [‡]) 31.6% (37.5% [‡]) 83.5% (83.2%)	Royal Victoria Regional Health Centre Flamborough Sub-LHIN	2, 12 12 2, 6
ischemic stroke inpatients who to-needle time among patients ischemic stroke patients who restroke/TIA patients treated on stroke (excluding TIA) patients uring admission to acute care. ALC days to total length of stay	o received carotid imaging. s who received acute thrombolytic received acute thrombolytic thera a stroke unit ⁷ at any time during with a documented initial dyspha	c therapy (tPA) apy (tPA). their inpatient	56.0 (47.3 [‡]) 13.2% (14.4% [‡]) 68.0% (38.4%)	53.0 (37.7 [‡]) 0.0% (7.1% [‡])	70.0 (37.7 [‡]) 31.6% (37.5% [‡]) 83.5% (83.2%)	Royal Victoria Regional Health Centre Flamborough Sub-LHIN	12 2, 6
ischemic stroke patients who r stroke/TIA patients treated on stroke (excluding TIA) patients iring admission to acute care. ALC days to total length of stay	received acute thrombolytic thera a stroke unit ⁷ at any time during with a documented initial dyspha	apy (tPA). their inpatient	13.2% (14.4% [‡]) 68.0% (38.4%)	0.0% (7.1% [‡])	31.6% (37.5% [‡]) 83.5% (83.2%)	Flamborough Sub-LHIN	2, 6
stroke/TIA patients treated on stroke (excluding TIA) patients iring admission to acute care. ALC days to total length of stay	a stroke unit ⁷ at any time during with a documented initial dyspha	their inpatient	68.0% (38.4%)		83.5% (83.2%)		
rring admission to acute care. ALC days to total length of stay		agia screening	-	_	_	_	
ALC days to total length of stay	y in acute care.						-
acute stroke (excluding TIA) na			21.6% (21.3%)	0.0% (0.0%)	42.6% (41.7%)	Rouge Valley Health System, Ajax	None
ehabilitation.	atients discharged from acute care	e and admitted	27.5% (29.8%)	3.1% (9.4%)	45.5% (52.2%)	Central York Region Sub-LHIN	8, 5
stroke (excluding TIA) patients t rehabilitation.	discharged from acute care who	received a referral	-	-	-	-	-
	cluding TIA) onset and admission t	to stroke inpatient	8.0 (10.0)	5.0 (6.0)	13.0 (20.0)	Grand River Hospital Corp., Freeport, and Hamilton Health Sciences Corp., General Regional Rehab	8, 3
r of minutes per day of direct th	herapy that inpatient stroke rehal	bilitation patients	-	-	-	-	_
inpatient stroke rehabilitation efficiency for moderate stroke in	patients achieving RPG active len ninpatient rehabilitation.	gth of stay target.	47.1% (43.8%) 0.8 (0.8)	40.4% (25.9%) 0.7 (0.4)	51.7% (57.5%) 0.9 (1.1)	Bruyère Continuing Care Inc. Grand River Hospital Corp., Freeport	3, 8 3, 12
		patient acute care	14.1 (13.5)			North East CCAC	13, 6
patients admitted to inpatient	rehabilitation with severe strokes	s (RPG = 1100	42.0% (44.6%)	17.2% (31.0%)	48.9% (63.2%)	Providence Healthcare	8, 5
	from acute care to LTC/CCC (exc	luding patients	5.9% (10.3%)	0.0% (0.0%)	24.2% (18.2%)	Dufferin County Sub-LHIN	3, 6, 10
stroke/TIA patients discharged om LTC/CCC).					14.3 (13.4)	Peterborough Regional Health	None
r	of CCAC visits provided to stro habilitation in 2013/14-2014/ patients admitted to inpatient	of CCAC visits provided to stroke patients on discharge from in chabilitation in 2013/14-2014/15. patients admitted to inpatient rehabilitation with severe stroke stroke/TIA patients discharged from acute care to LTC/CCC (exc	r of CCAC visits provided to stroke patients on discharge from inpatient acute care chabilitation in 2013/14-2014/15. patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients	r of CCAC visits provided to stroke patients on discharge from inpatient acute care that it is a superior of CCAC visits provided to stroke patients on discharge from inpatient acute care to LTC/CCC (excluding patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 and 42.0% (44.6%)) of LTC/CCC).	r of CCAC visits provided to stroke patients on discharge from inpatient acute care that it is a substitution in 2013/14-2014/15. patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100	r of CCAC visits provided to stroke patients on discharge from inpatient acute care thabilitation in 2013/14-2014/15. patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 42.0% (44.6%) 17.2% (31.0%) 48.9% (63.2%) 4	r of CCAC visits provided to stroke patients on discharge from inpatient acute care thabilitation in 2013/14-2014/15. patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100

Statistically significant improvement.

[‡] Includes Ontario Stroke Audit data (2010/11 and/or 2012/13).





− Data not available n/a = Not applicable § = Contribute to QBP performance

² Performance improving but not statistically significant.

³ No change or performance decline.

⁴ Facility-based analysis (excluding indicators 1, 2, 7, 8, 11, 12 and 19) for patients aged 18–108. Indicators are based on CIHI data unless otherwise specified. Low rates are desired for indicators 2, 3, 6, 10, 13, 19 and 20.

 $^{^{\}rm 5}$ Excludes sites or sub-LHINs with fewer than six patients.

⁶ Greatest Improvement sites/sub-LHINs include acute care institutions treating more than 100 stroke patients per year, rehabilitation facilities admitting more than 58 stroke patients per year, or sub-LHINs with at least 30 stroke patients per year.

Revised definition obtained through consensus with Ontario Stroke Network regional directors (February 2014). In 2012/13 there were 14 stroke units, in 2013/14 there were 16 stroke units, and in 2014/15 there were 21 stroke units.

ONTARIO STROKE REPORT CARD, 2014/15

Progressing well¹ Progressing² Not progressing³ Data not available

		4	Ontario	Variance		High Performer ⁶	ner ⁶	
Indicator No.	Care Continuum Category	Indicator ⁴	FY 2014/15 (2013/14)	Across LHINs (Min–Max)	Provincial Benchmark ⁵	Sub-LHIN/Facility	LHIN	
	Public awareness and	Proportion of stroke/TIA patients who arrived at the ED by ambulance.	58.0% (58.7%)	49.0-61.8%	64.9% (64.8%)	Essex Sub-LHIN	1, 3	
	patient education Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.3 (1.3)	1.1–1.8	1.2 (1.1)	Ottawa Centre Sub-LHIN	7, 8, 9, 11	
c	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	10.6 (11.7)	10.1–14.2		_	7	
	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended	_	_	_	-	_	
		anticoagulant therapy on discharge from acute care (excluding those with contraindications).						
5	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	78.9% (76.9%)	70.8–87.6%	90.4% (88.3%)	Bluewater Health, Sarnia	7, 6	
6	Acute stroke management	Median door-to-needle time among patients who received acute thrombolytic therapy (tPA) (minutes).	52.0 (57.0)	37.0–76.5	38.0 (33.0)	Niagara Health System, Greater Niagara	4, 8	
7 [§]	Acute stroke management	Proportion of ischemic stroke patients who received acute thrombolytic therapy (tPA).	11.9% (11.9%)	8.8–14.9%	17.3% (17.0%)	South Etobicoke – Toronto Sub- LHIN	6, 14	
8 [§]	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit ⁷ at any time during their inpatient stay.	32.5% (28.2%)	1.3-75.9%	72.3% (62.7%)	Urban Guelph Sub-LHIN	3, 10	
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening	-	-	-	-	-	
10 [§]	Acute stroke management	performed during admission to acute care. Proportion of ALC days to total length of stay in acute care.	26.0% (28.4%)	13.2–32.3%	8.2% (11.7%)	Rouge Valley Health System, Ajax	3	
11 [§]	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	35.1% (34.2%)	27.1–42.7%	45.4% (46.3%)	Manitoulin-Sudbury Sub-LHIN	9, 1	
12		Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-	-	-	-	-	
13 [§]	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	9.0 (9.0)	6.0–14.0	6.0 (5.0)	BH Sarnia, LH Oshawa, PRH, QHC Belleville and SRHC ⁸	8, 9	
14	Stroke rehabilitation	Mean number of minutes per day of direct therapy that inpatient stroke rehabilitation patients received.	-	-	-	-	-	
15 [§]	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	59.7 % (53.2%)	41.5-78.3%	80.8% (76.6%)	Bruyère Continuing Care Inc.	3, 8	
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	1.0 (0.9)	0.7–1.6	1.5 (1.3)	Grand River Hospital Corp., Freeport	12, 3	
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke patients on discharge from inpatient acute care or inpatient rehabilitation in 2013/14-2014/15.	7.3 (6.0)	5.6 – 14.1	10.8 (8.6)	South East CCAC	10, 13	
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110).	41.3% (37.6%)	31.5-54.7%	58.7% (57.3%)	Grand River Hospital Corp., Freeport	3	
19 [§]	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	7.0% (7.8%)	3.5–10.5%	2.5% (2.8%)	Urban Guelph Sub-LHIN	None	
20 [§]	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.0 (7.7)	7.0–9.2	-	-	None	

¹ Statistically significant improvement from previous 3-year average.

Local Health Integration Networks (LHINs)

1 Erie St. Clair	4 Hamilton Niagara Haldimand Brant	7 Toronto Central	10 South East	13 North East
2 South West	5 Central West	8 Central	11 Champlain	14 North West
3 Waterloo Wellington	6 Mississauga Halton	9 Central East	12 North Simcoe Muskoka	





§ = Contribute to QBP performance

Hospital Service Accountability Agreement indicators, 2010/11

n/a = Not applicable

 $^{^{2}}$ Performance improving but not statistically significant from previous 3-year average.

³ No change or performance decline from previous 3-year average.

⁴ Facility-based analysis (excluding indicators 1, 2, 7, 8, 11, 12 and 19) for patients aged 18–108. Indicators are based on CIHI data. Low rates are desired for indicators 2, 3, 6, 10, 13, 19 and 20.

⁵ Benchmarks were calculated using the ABC methodology (Weissman et al. J Eval Clin Pract. 1999; 5(3):269–81) on facility/sub-LHIN data; the 2013/14 benchmarks are displayed in brackets.

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