

ONTARIO STROKE REPORT CARD, 2012/13: SOUTH EAST LOCAL HEALTH INTEGRATION NETWORK

Poor performance¹

Acceptable performance²

Exemplary performance³

Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2012/13 ⁶ (2011/12)	Variance Within LHIN (Min–Max)	Provincial Benchmark ⁷	High Performer ⁸	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	49.1% (37.0%)	16.6–62.8%	55.3% (52.0%)	Rural Waterloo Sub-LHIN	12
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.3 (1.3)	0.6–2.0	1.1 (1.1)	Flamborough Sub-LHIN	11, 8
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	14.9 (14.4)	0.0–24.0	--	--	5, 14
4	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).	81.3% (71.8%)	0.0–100%	87.4% (87.7%)	William Osler Health System, Etobicoke	14
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	79.1% (78.7%)	0.0–85.8%	93.6% (92.8%)	Rouge Valley Health System, Ajax	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	86.0%* (81.9%)	18.5–94.0%	97.9% (92.8%)	Toronto East General Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	46.4%* (43.9%)	0.0–61.2%	61.0% (61.2%)	Lakeridge Health, Oshawa	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	52.4%* (47.3%)	0.0–78.5%	89.7% (87.5%)	Bluewater Health, Sarnia	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	56.9% (57.6%)	0.0–83.3%	87.5% (83.7%)	Grey Bruce Health Services, Owen Sound	None
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	24.7%* (20.3%)	0.0–31.4%	12.4% (14.6%)	Halton Healthcare Services Corporation, Oakville	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	28.1% (31.7%)	6.5–41.2%	44.3% (42.6%)	Lambton Sub-LHIN	None
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	4.2% (4.6%)	0.0–21.7%	12.8% (12.1%)	Thunder Bay City Sub-LHIN	14, 3
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	12.0 (10.5)	6.0–18.0	6.0 (6.5)	Bluewater Health, Sarnia	None
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.	43.2%* (43.8%)	20.7–62.5%	73.1% (66.9%)	Trillium Health Partners, Mississauga Hospital	None
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	0.8 (0.9)	0.6–1.1	1.2 (1.1)	Trillium Health Partners, Mississauga Hospital	6, 12, 9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2011/12 and 2012/13.	12.1* (10.9)	–	8.5 (7.9)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110).	45.5%* (37.2%)	41.4–55.6%	49.0% (48.6%)	Grey Bruce Health Services, Owen Sound	10
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	12.1% (9.3%)	0.0–22.2%	2.8% (3.7%)	Renfrew County 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).	7.9 (8.2)	3.9–12.4	–	–	3

¹ Performance below the 50th percentile.

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 Data not available or benchmark under development.

⁵ Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18–108. Indicators 2, 3, 10, 11 and 13–20 are based on 2012/13 CIHI data; data in brackets are from the 2011/12 report card.

Indicators 1, 4–9, and 12 are based on 2012/13 Ontario Stroke Audit (OSA) data; data in brackets are from the 2010/11 OSA. Low rates are desired for indicators 2, 3, 10, 13, 19 and 20.

⁶ The 2012/13 performance is statistically significantly different from the previous three-year performance, with * indicating an improvement and † indicating a decline.

⁷ Provincial benchmarks are calculated using the ABC methodology on facility/sub-LHIN data. For indicators 2, 10, 11 and 13–19, data in brackets are 2011/12 benchmarks; for indicators 1, 4–9 and 12, data in brackets are 2010/11 benchmarks. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269–81.

⁸ High performers include acute care institutions treating more than 100 stroke patients per year, rehabilitation facilities admitting more than 44 stroke patients per year, or sub-LHINs with at least 30 stroke patients per year.

Hospital Service Accountability Agreement indicators, 2010/11

– Data not available n/a = Not applicable

ONTARIO STROKE REPORT CARD, 2012/13

Indicator No.	Care Continuum Category	Indicator ¹	Ontario FY 2012/13 ² (2011/12)	Variance Across LHINs (Min–Max)	Provincial Benchmark ³	High Performer ⁴	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	44.7%* (42.3%)	37.1–54.0%	55.3% (52.0%)	Rural Waterloo Sub-LHIN	12
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.3 (1.3)	1.1–2.0	1.1 (1.1)	Flamborough Sub-LHIN	11, 8
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	12.6* (12.8)	7.2–16.6	–	–	5, 14
4	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).	76.3% (73.4%)	70.7–85.5%	87.4% (87.7%)	William Osler Health System, Etobicoke	14
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	82.3%* (78.7%)	62.5–94.2%	93.6% (92.8%)	Rouge Valley Health System, Ajax	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	93.2%* (89.6%)	86.0–97.1%	97.9% (92.8%)	Toronto East General Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	38.6%* (32.4%)	0.0–50.6%	61.0% (61.2%)	Lakeridge Health, Oshawa	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	48.1%* (38.3%)	0.0–77.4%	89.7% (87.5%)	Bluewater Health, Sarnia	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	67.2%* (64.8%)	48.2–81.7%	87.5% (83.7%)	Grey Bruce Health Services, Owen Sound	None
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	27.7%* (27.3%)	21.9–34.2%	12.4% (14.6%)	Halton Healthcare Services Corporation, Oakville	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	32.6%* (31.5%)	24.2–39.1%	44.3% (42.6%)	Lambton Sub-LHIN	None
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	6.8%* (5.9%)	4.1–13.2%	12.8% (12.1%)	Thunder Bay City Sub-LHIN	14, 3
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	10.0* (10.0)	7.0–17.0	6.0 (6.5)	Bluewater Health, Sarnia	None
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.	45.0%* (41.7%)	17.2–66.3%	73.1% (66.9%)	Trillium Health Partners, Mississauga Hospital	None
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	0.9* (0.8)	0.4–1.2	1.2 (1.1)	Trillium Health Partners, Mississauga Hospital	6, 12, 9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2011/12 and 2012/13.	5.8† (5.7)	3.6–12.1	8.5 (7.9)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110).	34.5% (31.6%)	23.4–45.5%	49.0% (48.6%)	Grey Bruce Health Services, Owen Sound	10
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	7.9%* (9.1%)	3.5–12.1%	2.8% (3.7%)	Renfrew County 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).	7.4* (8.1)	5.4–8.4	–	–	3

¹ Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18–108. Indicators 2, 3, 10, 11 and 13–20 are based on 2012/13 CIHI data; data in brackets are from the 2011/12 report card. Indicators 1, 4–9, and 12 are based on 2012/13 OSA data; data in brackets are from the 2010/11 OSA. Low rates are desired for indicators 2, 3, 10, 13, 19 and 20.

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Hospital Service Accountability Agreement indicators, 2010/11 – Data not available

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	