

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

Indicator No.	Care Continuum Category	Indicator ⁴	LHIN FY 2014/15 (2013/14)	Variance Within LHIN ⁵ (Min–Max)	Provincial Benchmark ⁶	High Performer ⁷	
						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	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.	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 [§]	Acute stroke management	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	Acute stroke management	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	Stroke rehabilitation	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.	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	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.	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	Stroke rehabilitation	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 [§]	Reintegration	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.

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.

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

STROKE PROGRESS REPORT: SOUTH EAST LOCAL HEALTH INTEGRATION NETWORK

2014/15 COMPARED TO 2011/12 – 2013/14

		Progressing Well ¹	Progressing ²	Not Progressing ³	Data not available		
Indicator No.	Care Continuum Category	Indicator ⁴	LHIN FY 2014/15 (previous 3-year average)	Variance within LHIN ⁵ 2014/15 (2011/12)		Greatest Improvement ⁶	
				Min	Max	Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of stroke/TIA patients who arrived at the ED by ambulance.	59.2% (59.7%)	51.0% (38.9%)	80.0% (67.6%)	Woodbridge (Vaughan) Sub-LHIN	3
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.5 (1.3)	1.3 (0.5)	2.7 (2.1)	Algoma Sub-LHIN	None
3 [§]	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	14.2 (15.4)	0.0 (0.0)	27.3 (24.8)	North Bay Regional Health Centre	6, 2
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).	–	–	–	–	–
5	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	77.2% (70.0%)	11.1% (28.6%)	85.2% (87.0%)	Brockville General Hospital	2, 12
6	Acute stroke management	Median door-to-needle time among patients who received acute thrombolytic therapy (tPA) (minutes).	56.0 (47.3 [†])	53.0 (37.7 [†])	70.0 (37.7 [†])	Royal Victoria Regional Health Centre	12
7 [§]	Acute stroke management	Proportion of ischemic stroke patients who received acute thrombolytic therapy (tPA).	13.2% (14.4% [†])	0.0% (7.1% [†])	31.6% (37.5% [†])	Flamborough Sub-LHIN	2, 6
8 [§]	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit ⁷ at any time during their inpatient stay.	68.0% (38.4%)	18.9% (2.5%)	83.5% (83.2%)	Belleville Sub-LHIN	10, 3
9	Acute stroke management	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% (21.3%)	0.0% (0.0%)	42.6% (41.7%)	Rouge Valley Health System, Ajax	None
11 [§]	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	27.5% (29.8%)	3.1% (9.4%)	45.5% (52.2%)	Central York Region Sub-LHIN	8, 5
12	Stroke rehabilitation	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.	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
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.	47.1% (43.8%)	40.4% (25.9%)	51.7% (57.5%)	Bruyère Continuing Care Inc.	3, 8
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	0.8 (0.8)	0.7 (0.4)	0.9 (1.1)	Grand River Hospital Corp., Freeport	3, 12
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 (13.5)	–	–	North East CCAC	13, 6
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110).	42.0% (44.6%)	17.2% (31.0%)	48.9% (63.2%)	Providence Healthcare	8, 5
19 [§]	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	5.9% (10.3%)	0.0% (0.0%)	24.2% (18.2%)	Dufferin County Sub-LHIN	3, 6, 10
20 [§]	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.0 (8.0)	0.0 (5.4)	14.3 (13.4)	Peterborough Regional Health Centre	None

¹ Statistically significant improvement.

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.

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.

⁷ 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.

⁸ Includes Ontario Stroke Audit data (2010/11 and/or 2012/13).

Hospital Service Accountability Agreement indicators, 2010/11

– Data not available n/a = Not applicable [§] = Contribute to QBP performance

ONTARIO STROKE REPORT CARD, 2014/15

Progressing well¹

Progressing²

Not progressing³

Data not available

Indicator No.	Care Continuum Category	Indicator ⁴	Ontario FY 2014/15 (2013/14)	Variance Across LHINs (Min–Max)	Provincial Benchmark ⁵	High Performer ⁶	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	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
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.3 (1.3)	1.1–1.8	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).	10.6 (11.7)	10.1–14.2	–	–	7
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).	–	–	–	–	–
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 performed during admission to acute care.	–	–	–	–	–
10 [§]	Acute stroke management	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	Stroke rehabilitation	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.

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.

⁶ 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.

⁷ 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.

⁸ 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

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	