

Ontario Stroke Report Card, 2017/18: Champlain Local Health Integration Network

● Exemplary performance¹ ■ Acceptable performance² ▲ Poor performance³ □ Data not available or benchmark not available

Indicator No.	Care Continuum Category	Indicator ⁴	LHIN FY 2017/18 (2016/17)	Variance Within LHIN ⁵ (Min-Max)	Provincial Benchmark ⁶	High Performers ⁷	
						Sub-region/Facility	LHIN
1 ●	Public awareness and patient education	Proportion of stroke/TIA patients who arrived at the ED by ambulance.	63.6% (62.6%)	57.6 - 70.2%	65.9%	Western Champlain sub-region	1, 11
2 ●	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.2 (1.1)	1.0 - 1.7	1.1	Oakville sub-region	7, 8, 6
3 [§] □	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	9.9 (11.1)	0.0 - 26.7	-	-	11
4 ■	Prevention of stroke	Proportion of ischemic stroke/TIA inpatients aged 65 and older with atrial fibrillation who filled a prescription for anticoagulant therapy within 90 days of discharge from acute care.	78.2% (73.2%)	60.9 - 90.9%	85.6%	East Mississauga sub-region	5, 12
5 ■	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	85.2% (83.6%)	25.0 - 97.3%	93.0%	Thunder Bay Regional Health Sciences Centre	14, 3
6 ■	Acute stroke management	Median door-to-needle time among patients who received acute thrombolytic therapy (tPA) (minutes). Target ⁸ : 30 minutes	36.0 (35.5)	32.0 - 91.5	33.0	Kingston Health Sciences Centre - Kingston General Site	10
7 [§] ●	Acute stroke management	Proportion of ischemic stroke patients who received acute thrombolytic therapy (tPA). Target ⁸ : >12%	15.6% (15.6%)	11.0 - 17.6%	17.7%	London Middlesex sub-region	11, 4
8 [§] ▲	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit ⁹ at any time during their inpatient stay. Target ⁸ : >75%	30.6% (15.5%)	12.2 - 64.8%	81.8%	Quinte sub-region	3, 10
9 ■	Prevention of stroke	Proportion of ischemic stroke/TIA patients discharged from the ED and referred to secondary prevention services.	81.5% (85.9%)	12.5 - 96.6%	95.1%	Hamilton Health Sciences Corp - Juravinski	None
10 [§] ▲	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	34.7 (31.0)	0.0 - 52.5%	8.2%	Bluewater Health, Sarnia	3
11 [§] ▲	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation. Target ⁸ : >30%	31.5% (32.1%)	29.1 - 32.5%	47.8%	Lambton sub-region	1
12 [§] □	Stroke rehabilitation	Proportion of acute stroke (excluding TIA) patients with mild disability (AlphaFIM > 80) discharged home.	85.3% (79.6%)	53.6 - 90.3%	*	*	14, 3
13 [§] ▲	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	11.0 (13.0)	5.0 - 14.5	5.0	Quinte Health Care - Belleville General Site	None
14 [§] ▲	Stroke rehabilitation	Median number of minutes per day of direct therapy received by inpatient stroke rehabilitation patients. Target ⁸ : 180 minutes/day	59.2 (58.3)	35.8 - 99.9	107.6	West Park Healthcare Centre	None
15 [§] ▲	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	65.1% (57.0%)	50.0 - 83.0%	86.6%	Providence Healthcare	12
16 ▲	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	0.9 (1.0)	0.5 - 1.6	1.6	Providence Healthcare	3, 12
17 ■	Stroke rehabilitation	Mean number of home and community care rehab visits provided to stroke patients on discharge from inpatient acute care or inpatient rehabilitation in 2016/17-2017/18.	8.5 (6.3)	-	13.1	South East Home and Community Care	10, 3
18 [§] ■	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe stroke (RPG 1100 or 1110).	46.7% (44.3%)	12.5 - 56.6%	56.2%	Grand River Hospital Corp-Freepoint Site	None
19 [§] ▲	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	5.5% (5.1%)	3.4 - 13.4%	1.9%	Guelph-Puslinch sub-region	None
20 [§] □	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients). Target ⁸ : 10.0	8.2 (7.7)	0.0 - 15.7	-	-	10

*Benchmark has not been specified for this indicator.

Hospital Service Accountability Agreement indicator, 2015/16

- Data not available

§ Contributes to QBP performance

¹ Benchmark achieved or performance within 5% absolute/relative difference from the benchmark.

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

³ Performance below the 50th percentile.

⁴ Facility-based analysis (excluding indicators 1, 2, 4, 7, 8, 11 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 sub-regions or facilities with fewer than six patients.

⁶ Top benchmark achieved between 2015/16 and 2017/18. Benchmarks were calculated using the ABC methodology (Weissman et al. J Eval Clin Pract 1999; 5(3):269-81) on sub-region or facility data.

⁷ Sub-region/Facility: Highest performer among acute care institutions treating more than 100 stroke patients per year, rehabilitation facilities admitting more than 62 stroke patients per year, or sub-regions with at least 30 stroke patients per year. LHIN: Top two with exemplary performance.

⁸ Targets based on international, national and provincial targets, please refer to full report for details.

⁹ The revised definition was developed with the consensus of Ontario Stroke Network regional directors (February 2014). There were 16 stroke units in 2013/14, 21 in 2014/15, 28 in 2015/16, 35 in 2016/17, and 39 in 2017/18

Stroke Progress Report, 2017/18 compared to 2014/15-2016/17: Champlain Local Health Integration Network

● Progressing Well¹ ■ Progressing² ▲ Not Progressing³ □ Data not available

Indicator No.	Care Continuum Category	Indicator ⁴	LHIN FY 2017/18 (Previous 3-Year Average)	Variance Within LHIN ⁵ 2017/18 (2014/15)		Greatest Improvement ⁶	
				Min	Max	Sub-region/Facility	LHIN
1 ●	Public awareness and patient education	Proportion of stroke/TIA patients who arrived at the ED by ambulance.	63.6% (60.7%)	57.6% (54.9%)	70.2% (63.4%)	District of Thunder Bay sub-region	5, 11
2 ▲	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.2 (1.1)	1.0 (0.9)	1.7 (1.8)	Cochrane sub-region	4
3 ⁵ ■	Prevention of stroke	Risk-adjusted ⁷ stroke/TIA mortality rate at 30 days (per 100 patients).	10.8 (11.9)	0.0 (0.0)	30.9 (15.7)	-	12
4 ■	Prevention of stroke	Proportion of ischemic stroke/TIA inpatients aged 65 and older with atrial fibrillation who filled a prescription for anticoagulant therapy within 90 days of discharge from acute care.	78.2% (74.4%)	60.9% (67.9%)	90.9% (78.5%)	Elgin sub-region	7, 5
5 ●	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	85.2% (80.6%)	25.0% (15.0%)	97.3% (84.4%)	Georgian Bay General	14, 9
6 ●	Acute stroke management	Median door-to-needle time among patients who received acute thrombolytic therapy (tPA) (minutes). Target ⁸ : 30 minutes	36.0 (40.0)	32.0 (44.0)	91.5 (44.0)	Windsor Regional Hospital -Ouellette	10, 9
7 ⁵ ■	Acute stroke management	Proportion of ischemic stroke patients who received acute thrombolytic therapy (tPA). Target ⁸ : >12%	15.6% (14.1%)	11.0% (8.9%)	17.6% (14.2%)	Chatham City Centre sub-region	1, 13
8 ⁵ ●	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit ⁹ at any time during their inpatient stay. Target ⁸ : >75%	30.6% (8.8%)	12.2% (0.3%)	64.8% (2.0%)	Windsor sub-region	2, 14
9 ▲	Prevention of stroke	Proportion of ischemic stroke/TIA patients discharged from the ED and referred to secondary prevention services.	81.5% (86.6%)	12.5% (0.0%)	96.6% (95.0%)	North Bay Regional Health Centre	14, 10
10 ⁵ ▲	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	34.7% (30.2%)	0.0% (0.0%)	52.5% (47.0%)	Windsor Regional Hosp-Ouellette	1
11 ⁵ ■	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation. Target ⁸ : >30%	31.5% (31.2%)	29.1% (25.5%)	32.5% (38.0%)	Essex South Shore sub-region	None
12 ⁵ ●	Stroke rehabilitation	Proportion of acute stroke (excluding TIA) patients with mild disability (AlphaFIM > 80) discharged home.	85.3% (78.5%)	53.6% (27.3%)	90.3% (91.7%)	St. Joseph's Hamilton	9, 11
13 ⁵ ●	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	11.0 (13.0)	5.0 (5.0)	14.5 (23.0)	Bruyere Continuing Care	11, 14
14 ⁹ □	Stroke rehabilitation	Median number of minutes per day of direct therapy received by inpatient stroke rehabilitation patients. Target ⁸ : 180 minutes/day	59.2 (-)	35.8 (36.8)	99.9 (91.5)	-	-
15 ⁵ ■	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	65.1% (62.6%)	50.0% (27.5%)	83.0% (86.0%)	St. Joseph of Hotel Dieu	12, 5
16 ▲	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	0.9 (0.9)	0.5 (0.0)	1.6 (1.1)	Brant Community Healthcare System	5, 7, 13, 4*
17 ●	Stroke rehabilitation	Mean number of home and community care rehab visits provided to stroke patients on discharge from inpatient acute care or inpatient rehabilitation in 2016/17-2017/18.	8.5 (6.4)	-	-	Waterloo Wellington Home and Community Care	11, 5
18 ⁵ ●	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe stroke (RPG 1100 or 1110).	46.7% (38.6%)	12.5% (4.0%)	56.6% (51.7%)	Southlake Regional Health Centre	11, 8
19 ⁵ ■	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	5.5% (6.0%)	3.4% (2.6%)	13.4% (10.8%)	District of Rainy River sub-region	10
20 ⁵ ▲	Reintegration	Age- and sex-adjusted ⁷ readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients). Target ⁸ : 10.0	7.2 (6.6)	0.0 (0.0)	15.1 (18.4)	-	None

Hospital Service Accountability Agreement indicator, 2015/16

- Data not available

§ Contributes to QBP performance

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, 4, 7, 8, 11 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 sub-regions or facilities with fewer than six patients.

⁶ Sub-region/Facility: Greatest improvement from 2014/15 among acute care institutions treating more than 100 stroke patients per year, rehabilitation facilities admitting more than 62 stroke patients per year, or sub-regions with at least 30 stroke patients per year. LHIN: Top two with greatest statistically significant improvement from 2014/15.

⁷ The 2014/15-2017/18 LHIN rate is used in calculating the LHIN risk-adjusted rate.

⁸ Targets based on international, national and provincial targets, please refer to full report for details.

⁹ The revised definition was developed with the consensus of Ontario Stroke Network regional directors (February 2014). There were 16 stroke units in 2013/14, 21 in 2014/15, 28 in 2015/16, and 35 in 2016/17, and 39 in 2017/18