

Ontario Stroke Report Card, 2017/18:

Erie St. Clair 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.	64.2% (63.8%)	56.7 - 68.1%	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).	1.5 (1.4)	1.1 - 2.1	1.1	Oakville sub-region	7, 8, 6
3 [§] □	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	12.2 (11.2)	7.9 - 19.3	-	-	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.	64.0% (64.4%)	40.0 - 77.8%	85.6%	East Mississauga sub-region	5, 12
5 ■	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	86.0% (87.5%)	34.5 - 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*: 30 minutes	56.0 (57.0)	49.0 - 69.5	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*: >12%	14.8% (11.5%)	10.6 - 23.5%	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*: >75%	79.9% (34.2%)	74.3 - 85.6%	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.	88.0% (87.8%)	74.7 - 100.0%	95.1%	Hamilton Health Sciences Corp - Juravinski	None
10 [§] ▲	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	19.7 (27.3)	1.4 - 25.9%	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*: >30%	44.8% (44.8%)	27.1 - 50.8%	47.8%	Lambton sub-region	1
12 [§] □	Stroke rehabilitation	Proportion of acute stroke (excluding TIA) patients with mild disability (AlphaFIM > 80) discharged home.	72.0% (69.6%)	62.3 - 77.8%	*	*	14, 3
13 [§] ■	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	7.0 (7.0)	5.5 - 8.0	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*: 180 minutes/day	72.3 (72.5)	60.4 - 98.2	107.6	West Park Healthcare Centre	None
15 [§] ▲	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	64.8% (68.7%)	56.8 - 72.8%	86.6%	Providence Healthcare	12
16 ■	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	1.2 (1.3)	1.0 - 1.3	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.	5.0 (5.1)	-	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).	37.8% (42.0%)	34.2 - 39.2%	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).	3.0% (3.8%)	1.9 - 4.3%	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*: 10.0	8.4 (7.2)	6.1 - 20.0	-	-	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: Erie St. Clair 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.	64.2% (63.0%)	56.7% (53.3%)	68.1% (72.0%)	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).	1.5 (1.4)	1.1 (1.3)	2.1 (2.1)	Cochrane sub-region	4
3 ^s ■	Prevention of stroke	Risk-adjusted ⁷ stroke/TIA mortality rate at 30 days (per 100 patients).	11.8 (12.3)	7.9 (9.1)	18.3 (22.5)	-	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.	64.0% (66.3%)	40.0% (51.9%)	77.8% (68.8%)	Elgin sub-region	7, 5
5 ▲	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	86.0% (86.1%)	34.5% (42.5%)	97.3% (93.9%)	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	56.0 (60.0)	49.0 (57.0)	69.5 (95.0)	Windsor Regional Hospital -Ouellette	10, 9
7 ^s ●	Acute stroke management	Proportion of ischemic stroke patients who received acute thrombolytic therapy (tPA). Target ⁸ : >12%	14.8% (9.5%)	10.6% (3.2%)	23.5% (12.1%)	Chatham City Centre sub-region	1, 13
8 ^s ●	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit ⁹ at any time during their inpatient stay. Target ⁸ : >75%	79.9% (29.4%)	74.3% (0.9%)	85.6% (73.1%)	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.	88.0% (85.7%)	74.7% (57.1%)	100.0% (92.3%)	North Bay Regional Health Centre	14, 10
10 ^s ●	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	19.7% (29.8%)	1.4% (12.8%)	25.9% (39.4%)	Windsor Regional Hosp-Ouellette	1
11 ^s ■	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation. Target ⁸ : >30%	44.8% (43.8%)	27.1% (26.0%)	50.8% (51.1%)	Essex South Shore sub-region	None
12 ^s ■	Stroke rehabilitation	Proportion of acute stroke (excluding TIA) patients with mild disability (AlphaFIM > 80) discharged home.	72.0% (71.1%)	62.3% (66.7%)	77.8% (91.7%)	St. Joseph's Hamilton	9, 11
13 ^s ▲	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	7.0 (7.0)	5.5 (5.0)	8.0 (12.0)	Bruyere Continuing Care	11, 14
14 ^s □	Stroke rehabilitation	Median number of minutes per day of direct therapy received by inpatient stroke rehabilitation patients. Target ⁸ : 180 minutes/day	72.3 (-)	60.4 (55.8)	98.2 (86.3)	-	-
15 ^s ■	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	64.8% (64.7%)	56.8% (50.0%)	72.8% (83.3%)	St. Joseph of Hotel Dieu	12, 5
16 ▲	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	1.2 (1.2)	1.0 (1.0)	1.3 (1.3)	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.	5.0 (5.7)	-	-	Waterloo Wellington Home and Community Care	11, 5
18 ^s ▲	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe stroke (RPG 1100 or 1110).	37.8% (41.2%)	34.2% (33.3%)	39.2% (48.3%)	Southlake Regional Health Centre	11, 8
19 ^s ■	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	3.0% (4.2%)	1.9% (1.8%)	4.3% (8.0%)	District of Rainy River sub-region	10
20 ^s ▲	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	8.3 (7.4)	6.1 (0.0)	20.8 (9.9)	-	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

