

Ontario Stroke Report Card, 2017/18:

Toronto Central 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.	61.0% (59.4%)	57.2 - 66.1%	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).	1.1 (1.1)	1.0 - 1.3	1.1	Oakville sub-region	7, 8, 6
3 [§] □	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	11.4 (10.7)	8.0 - 13.8	-	-	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.	74.9% (73.7%)	63.6 - 83.8%	85.6%	East Mississauga sub-region	5, 12
5 ■	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	86.3% (86.1%)	72.3 - 90.4%	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	46.0 (48.0)	42.0 - 75.5	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%	8.1% (10.0%)	4.8 - 10.7%	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%	48.8% (48.5%)	18.0 - 64.6%	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.	79.8% (82.3%)	28.9 - 94.9%	95.1%	Hamilton Health Sciences Corp - Juravinski	None
10 [§] ▲	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	35.3 (34.3)	14.9 - 44.0%	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%	29.8% (34.4%)	27.3 - 33.1%	47.8%	Lambton sub-region	1
12 [§] □	Stroke rehabilitation	Proportion of acute stroke (excluding TIA) patients with mild disability (AlphaFIM > 80) discharged home.	69.1% (64.6%)	62.5 - 81.5%	*	*	14, 3
13 [§] ▲	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	10.0 (10.0)	9.0 - 11.0	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 ⁸ : 180 minutes/day	90.6 (92.3)	66.3 - 143.1	107.6	West Park Healthcare Centre	None
15 [§] ■	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	72.6% (69.3%)	49.2 - 93.0%	86.6%	Providence Healthcare	12
16 ■	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	1.3 (1.2)	1.0 - 1.8	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.	7.4 (6.2)	-	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).	40.0% (38.2%)	31.5 - 51.1%	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).	12.8% (11.4%)	9.9 - 14.8%	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	8.1 (8.3)	7.3 - 10.0	-	-	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: Toronto Central 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.	61.0% (59.7%)	57.2% (57.3%)	66.1% (63.1%)	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).	1.1 (1.1)	1.0 (1.1)	1.3 (1.4)	Cochrane sub-region	4
3 ⁵ ▲	Prevention of stroke	Risk-adjusted ⁷ stroke/TIA mortality rate at 30 days (per 100 patients).	12.6 (12.4)	9.8 (8.2)	16.3 (14.9)	-	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.	74.9% (67.5%)	63.6% (53.8%)	83.8% (71.2%)	Elgin sub-region	7, 5
5 ▲	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	86.3% (87.5%)	72.3% (70.6%)	90.4% (93.5%)	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	46.0 (51.0)	42.0 (40.0)	75.5 (40.0)	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%	8.1% (10.7%)	4.8% (8.7%)	10.7% (15.2%)	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%	48.8% (47.8%)	18.0% (23.5%)	64.6% (61.6%)	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.	79.8% (77.3%)	28.9% (4.1%)	94.9% (92.4%)	North Bay Regional Health Centre	14, 10
10 ⁵ ▲	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	35.3% (29.9%)	14.9% (6.8%)	44.0% (42.5%)	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%	29.8% (34.3%)	27.3% (31.6%)	33.1% (39.2%)	Essex South Shore sub-region	None
12 ⁵ ■	Stroke rehabilitation	Proportion of acute stroke (excluding TIA) patients with mild disability (AlphaFIM > 80) discharged home.	69.1% (64.6%)	62.5% (35.1%)	81.5% (100.0%)	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.	10.0 (10.0)	9.0 (5.0)	11.0 (11.0)	Bruyere Continuing Care	11, 14
14 ⁵ □	Stroke rehabilitation	Median number of minutes per day of direct therapy received by inpatient stroke rehabilitation patients. Target ⁸ : 180 minutes/day	90.6 (-)	66.3 (64.0)	143.1 (152.2)	-	-
15 ⁵ ●	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	72.6% (62.9%)	49.2% (8.3%)	93.0% (71.5%)	St. Joseph of Hotel Dieu	12, 5
16 ●	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	1.3 (1.1)	1.0 (0.7)	1.8 (1.4)	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.	7.4 (6.1)	-	-	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).	40.0% (37.2%)	31.5% (23.2%)	51.1% (59.4%)	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).	12.8% (10.1%)	9.9% (5.1%)	14.8% (13.5%)	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	8.1 (8.7)	7.2 (5.1)	9.8 (10.2)	-	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