

Ontario Stroke Report Card, 2017/18:

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.	60.7% (57.4%)	54.8 - 65.8%	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)	0.9 - 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).	11.3 (13.2)	7.5 - 17.9	-	-	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.	69.1% (74.4%)	62.5 - 75.5%	85.6%	East Mississauga sub-region	5, 12
5 ■	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	81.7% (81.3%)	20.0 - 89.7%	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	36.0 (44.0)	36.0 - 36.0	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%	10.4% (11.1%)	8.7 - 14.3%	17.7%	London Middlesex sub-region	11, 4
8 [§] ▲	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit ⁸ at any time during their inpatient stay. Target*: >75%	47.5% (45.6%)	17.7 - 59.5%	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.	85.5% (82.4%)	76.5 - 93.3%	95.1%	Hamilton Health Sciences Corp - Juravinski	None
10 [§] ▲	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	43.6 (41.0)	0.0 - 61.8%	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%	30.1% (34.9%)	27.2 - 35.2%	47.8%	Lambton sub-region	1
12 [§] □	Stroke rehabilitation	Proportion of acute stroke (excluding TIA) patients with mild disability (AlphaFIM > 80) discharged home.	78.8% (70.1%)	68.4 - 100.0%	*	*	14, 3
13 [§] ■	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation.	8.0 (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	21.2 (23.7)	12.1 - 31.6	107.6	West Park Healthcare Centre	None
15 [§] ▲	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	61.3% (66.0%)	53.8 - 100.0%	86.6%	Providence Healthcare	12
16 ■	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	1.3 (1.0)	1.3 - 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.	6.5 (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).	50.0% (39.8%)	42.9 - 51.4%	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).	10.8% (8.9%)	2.8 - 15.1%	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	8.7 (8.7)	5.2 - 10.2	-	-	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: 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.	60.7% (58.2%)	54.8% (52.3%)	65.8% (63.6%)	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)	0.9 (1.0)	1.3 (1.3)	Cochrane sub-region	4
3 ⁵ ■	Prevention of stroke	Risk-adjusted ⁷ stroke/TIA mortality rate at 30 days (per 100 patients).	10.3 (11.5)	7.2 (4.5)	18.1 (21.2)	-	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.	69.1% (74.1%)	62.5% (48.1%)	75.5% (90.0%)	Elgin sub-region	7, 5
5 ■	Prevention of stroke	Proportion of ischemic stroke inpatients who received carotid imaging.	81.7% (80.9%)	20.0% (68.5%)	89.7% (87.0%)	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 (41.0)	36.0 (57.0)	36.0 (250.0)	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%	10.4% (10.9%)	8.7% (7.8%)	14.3% (13.4%)	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%	47.5% (46.6%)	17.7% (7.0%)	59.5% (67.1%)	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.	85.5% (81.3%)	76.5% (43.8%)	93.3% (93.5%)	North Bay Regional Health Centre	14, 10
10 ⁵ ▲	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	43.6% (34.2%)	0.0% (15.7%)	61.8% (62.4%)	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%	30.1% (34.0%)	27.2% (26.3%)	35.2% (48.8%)	Essex South Shore sub-region	None
12 ⁵ ●	Stroke rehabilitation	Proportion of acute stroke (excluding TIA) patients with mild disability (AlphaFIM > 80) discharged home.	78.8% (72.5%)	68.4% (50.0%)	100.0% (83.9%)	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.	8.0 (6.0)	5.5 (5.0)	8.0 (8.5)	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	21.2 (-)	12.1 (18.3)	31.6 (33.3)	-	-
15 ⁵ ▲	Stroke rehabilitation	Proportion of inpatient stroke rehabilitation patients achieving RPG active length of stay target.	61.3% (63.0%)	53.8% (53.8%)	100.0% (76.5%)	St. Joseph of Hotel Dieu	12, 5
16 ■	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation.	1.3 (1.2)	1.3 (1.1)	1.3 (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.	6.5 (7.1)	-	-	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).	50.0% (39.1%)	42.9% (38.3%)	51.4% (53.8%)	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).	10.8% (8.3%)	2.8% (4.1%)	15.1% (11.8%)	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	8.6 (8.2)	5.0 (5.4)	10.3 (13.1)	-	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