

CorHealth Ontario: Overview of Changes to Stroke Measurement and Reporting



CorHealth believes in the importance of effective measurement and reporting to support system performance improvement and is making changes to enhance stroke reporting.

Key Drivers of Change



- The development of CorHealth Ontario's **Information and Digital Strategy** where we heard from you the importance of decreasing our data burden, improving data quality and increasing the value and impact of our reporting.
- A call to action from many leaders in the health care system to "**stop excessive measurement and prioritize what matters**".
- Current government priorities around connecting care and the need to move towards population-based reporting across the continuum of care.



What We Completed in 2018/19

- ✓ We produced the 2017/18 Stroke Report Card (release date: June 17th, 2019).
- ✓ We engaged Dr. Steini Brown and the Stroke Evaluation and Quality Committee to develop future stroke reporting recommendations that rebalances stroke reporting across the continuum and prioritizes data gaps.
- ✓ We launched biannual reporting for 9 Endovascular Therapy (EVT) indicators that serve as the foundation for performance measurement and monitoring for EVT in Ontario.
- ✓ We engaged hospitals to improve data quality for critical data elements such as stroke symptom onset, stroke severity and EVT specific reporting elements.

What you can expect in 2019/20 and beyond

- Improved timeliness in regular stroke reporting to better meet the needs of our key stakeholders to support health system improvement.
See next page for metrics
- Collaboration with our data partners to address current gaps in outpatient rehabilitation data and patient reported measures.
- Continued targeted engagement with hospitals to improve data quality to enhance stroke and EVT reporting.
- Centralized MOHLTC reporting on stroke bundled care with CorHealth engagement and support.



Recommended Indicators for Future Stroke Reporting

Pre-Hospital	Hyper-Acute (EVT)	Hyper-Acute (non EVT)	Acute	Rehab	Community Reintegration	Secondary Prevention	System
Proportion of stroke/TIA patients who arrived at the emergency department (ED) by ambulance *	Proportion and number of ischemic stroke patients who received an EVT procedure Proportion of EVT patients who received CTA, CTP or MRA prior to the EVT procedure	Median door-to-needle time among patients who received acute thrombolytic therapy (tPA) (minutes) *	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population) *	Proportion of inpatient stroke rehabilitation patients achieving rehabilitation patient group (RPG) active LOS target *	Median number of days spent at home in the first 90 days after stroke *	Proportion of ischemic stroke/TIA inpatients with atrial fibrillation who filled a prescription for anticoagulant therapy within 90 days of discharged from acute care *	Proportion of alternative level of care (ALC) days total length of stay (LOS) in acute care *
	Proportion of patients transferred to EVT hospital who received an EVT Median (25th and 75th percentile) time from arrival at EVT hospital to qualifying CTA, CTP or MRA (minutes)	Proportion of ischemic stroke patients who received acute thrombolytic therapy (tPA) *	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients) *	Proportion of patients admitted to inpatient rehabilitation with severe stroke (RPG 1100 or 1110) *	Proportion of stroke patients accessing community-based stroke programs within 1 year of the stroke event *	Proportion of stroke/TIA patients receiving secondary prevention clinic or stroke specialist within the recommended time by risk*	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC) *
	Median (25th and 75th percentile) time from ED arrival to arterial puncture (minutes)		Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay *	Mean number of home and community care rehabilitation visits provided to stroke patients on discharge from inpatient acute care or inpatient rehabilitation *			Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients) *
	Median (25th and 75th percentile) time from ED arrival (at EVT site) to time of first reperfusion (minutes)		Proportion of stroke/TIA patients that receive vascular imaging within 24 hours *	Proportion of stroke patients receiving rehab (by stroke severity and by inpatient/ outpatient) *			Proportion of stroke patients admitted to long-term care within 1-year post discharge *
	30-day all-cause mortality rates for patients who received EVT Proportion of EVT patients successfully reperfused			Median time for stroke patients to receive rehabilitation (by stroke severity and by inpatient/ outpatient) *			Patient Reported Outcome Measures *
	Medium number of days EVT patients spent at home in the first 90 days post procedure			Median number of minutes per day of direct therapy received by stroke patients (by stroke severity and by inpatient/ outpatient) *			Caregiver burden indicator *
				Proportion of stroke patients treated on a rehab stroke unit *			

* Existing Current Indicators from the Stroke Report

* Modified Indicators from the Stroke Report Card – Indicators to be modified when additional data are available

* New Indicators Proposed for the Stroke Report Card – Indicators to be reported when data are available