
Ontario Stroke Evaluation Report 2013

Spotlight on Secondary Stroke Prevention and Care

SUPPLEMENT: ONTARIO
STROKE REPORT CARDS

June 2013





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Contents

1 ONTARIO STROKE REPORT CARDS

32 APPENDICES

- 33 A Indicator Definitions
- 36 B Methodology
- 38 C Contact Information for High-Performing Facilities and Sub-LHINs by Indicator
- 40 D Map of Ontario's Local Health Integration Networks, Stroke System Regions, Designated Centres and Secondary Prevention Clinics
- 41 E About the Organizations Involved in this Report

Ontario Stroke Report Cards

The Ontario Stroke Report Cards were developed by the Ontario Stroke Evaluation and Quality Committee (SEQC) in 2009 to provide a concise mechanism for communicating stroke care performance in the province. The report cards serve as a valuable stakeholder communication tool that allows for consistent planning across the Ontario Stroke System, both regionally and provincially.

Fifteen report cards are produced annually, including an Ontario report card and a report card for each of the 14 Local Health Integration Networks (LHINs). This year a secondary prevention clinic report card was created for each LHIN, highlighting data collected from the 2011/12 Ontario Stroke Audit of Secondary Prevention Clinics.

The SEQC Knowledge Translation and Accountability Subcommittee established a strategy for disseminating the report cards. Packages containing the report cards and an accompanying interpretation document were distributed by the directors of the Ontario Regional Stroke Networks to each of the LHINs. The interpretation document highlights areas of progress, gaps identified, initiatives to address these gaps, and opportunities for stroke system/LHIN collaboration. Follow-up meetings were then scheduled with the LHINs to review the data and develop quality improvement plans.

The report cards and dissemination process have effectively engaged the Ontario Regional Stroke Networks in a dialogue relating to stroke system improvement.

ONTARIO STROKE REPORT CARD, 2011/12

Indicator No.	Care Continuum Category	Indicator ¹	Ontario FY 2011/12 (2010/11)	Variance Across LHINs (Min-Max)	Provincial Benchmark ²	High Performer ³	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	-(42.3%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.3 (1.3)	1.1-1.9	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	12.2 (14.3)	10.1-15.9	12.2 (14.3)	Humber River Regional Hospital - Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(72.1%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(78.7%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI scan within 24 hours of arrival at ED.	-(89.6%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(32.4%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(38.3%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(64.8%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	27.3% (32.5%)	19.7-39.1%	14.6% (14.0%)	Grey Bruce Health Services - Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	31.5% (30.7%)	24.0-39.1%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(5.9%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	10.0 (10.0)	7.0-15.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (active + ALC) (RCG-1).	5.2% (6.3%)	0.0-10.5%	5.2% (6.3%)	William Osler Health System - Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.8 (0.8)	0.5-1.1	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	5.7 (6.1)	4.0-10.9	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe stroke (RPG = 1100 or 1110) (RCG-1).	31.6% (31.2%)	14.1-41.4%	48.6% (46.9%)	Brant Community Healthcare System - Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	9.1% (9.8%)	4.5-13.1%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.0 (8.0)	7.0-9.0	8.0 (8.0)	Mackenzie Health - Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 - Data not available

1 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

2 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; the 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

3 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

Local Health Integration Networks (LHINs)

1 Erie St. Clair	6 Mississauga Halton	11 Champlain
2 South West	7 Toronto Central	12 North Simcoe Muskoka
3 Waterloo Wellington	8 Central	13 North East
4 Hamilton Niagara Haldimand Brant	9 Central East	14 North West
5 Central West	10 South East	

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Indicator No.	Care Continuum Category	Indicator ¹	Ontario	Ontario Variance ² (Min-Max)	High Performer ³	
					Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	21.3%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	16.0%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	92.7%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	80.1%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	10.4%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance across the 14 LHINs.

3 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

Erie St. Clair Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (44.8%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.4 (1.5)	1.4-1.9	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	11.3 (17.9)	0.0-16.4	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(70.5%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(81.3%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(88.2%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(27.8%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(61.3%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(59.5%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	23.4% (27.3%)	0.0-33.1%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	36.3% (38.7%)	33.4-41.4%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(2.4%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	9.0 (9.0)	6.0-15.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	10.5% (8.2%)	0.0-17.3%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.8 (0.9)	0.6-1.4	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	5.4 (6.3)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	33.8% (39.8%)	8.3-43.4	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	9.0% (7.7%)	5.2-11.4%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.9 (8.3)	0.0-11.9	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Erie St. Clair Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	Erie St. Clair LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	28.5%	21.3%	17.9-34.9%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	12.5%	16.0%	0.9-72.4%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	85.1%	92.7%	75.8-99.2%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	79.7%	80.1%	75.0-85.7%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	9.1%	10.4%	0.4-48.4%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

South West Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (51.1%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.4 (1.4)	1.4-1.7	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	13.6 (15.1)	0.0-29.4	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(70.1%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(72.8%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(78.1%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(18.9%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(44.6%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(57.4%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	23.3% (19.0%)	0.0-64.9%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	33.5% (35.6%)	26.9-37.9%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(3.8%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	10.0 (8.0)	6.5-31.1	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	8.9% (7.4%)	0.0-14.2%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.9 (0.9)	0.0-1.7	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	5.7 (5.8)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	37.8% (39.8%)	0.0-100.0%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	5.5% (6.6%)	1.9-12.9%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.0 (7.4)	0.0-21.6	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

South West Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	South West LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	21.8%	21.3%	0.0-40.9%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	14.6%	16.0%	0.0-18.8%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	96.4%	92.7%	96.1-100.0%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	79.5%	80.1%	76.8-100.0%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	0.4%	10.4%	0.0-1.0%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

Waterloo Wellington Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (44.5%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.4 (1.3)	1.2-1.5	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	10.3 (15.4)	0.0-28.0	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(63.6%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(83.0%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(90.8%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(25.4%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(43.9%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(67.7%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	31.8% (36.9%)	2.2-56.5%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	30.8% (29.4%)	16.7-42.0%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(4.9%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	11.0 (11.0)	10.0-12.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	4.7% (14.4%)	2.5-8.8%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.8 (0.8)	0.7-1.2	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	6.0 (6.9)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	36.8% (27.4%)	29.3-73.7%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	10.0% (13.0%)	1.6-12.7%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.0 (6.6)	0.0-16.0	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Waterloo Wellington Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	Waterloo Wellington LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	25.5%	21.3%	3.8-34.3%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	7.1%	16.0%	7.1-7.1%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	92.3%	92.7%	92.3-92.3%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	57.4%	80.1%	57.4-57.4%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	1.7%	10.4%	1.7-1.7%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

Hamilton Niagara Haldimand Brant Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (40.9%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.3 (1.5)	1.0-2.2	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	11.2 (15.8)	6.3-30.1	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(62.6%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(66.9%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(87.2%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(31.8%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(25.4%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(58.4%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	27.7% (35.9%)	0.0-54.2%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	31.0% (32.6%)	18.8-39.3%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(6.2%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	11.0 (11.0)	9.0-12.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	4.5% (5.4%)	0.0-8.9%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.8 (0.9)	0.6-0.9	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	5.0 (5.5)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	38.0% (35.5%)	0.0-50.8%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	11.9% (12.1%)	0.0-22.8%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.9 (7.5)	0.0-12.1	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Hamilton Niagara Haldimand Brant Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	Hamilton Niagara Haldimand Brant LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	18.8%	21.3%	0.0-82.4%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	27.9%	16.0%	2.0-76.6%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	88.9%	92.7%	77.4-100.0%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	69.4%	80.1%	48.6-88.9%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	1.2%	10.4%	0.0-3.6%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

Central West Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (41.7%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.4 (1.5)	1.3-2.1	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	11.2 (12.5)	9.1-14.9	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(73.1%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(88.3%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(97.3%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(8.6%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(0.0%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(64.0%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	29.3% (29.9%)	19.6-34.1%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	25.3% (25.2%)	15.8-41.5%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(8.9%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	15.0 (15.0)	13.0-19.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	0.0% (0.0%)	0.0-0.0%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.5 (0.5)	0.3-0.5	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	6.9 (7.6)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	14.1% (21.2%)	13.1-20.0%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	10.8% (9.2%)	7.0-20.8%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.8 (8.3)	7.0-9.0	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Central West Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	Central West LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	4.7%	21.3%	1.6-22.9%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	-	16.0%	-	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	-	92.7%	-	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	-	80.1%	-	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	-	10.4%	-	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

- Data not available

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

Mississauga Halton Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (40.9%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.1 (1.2)	1.0-1.5	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	15.3 (14.4)	9.4-19.5	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(72.9%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(82.9%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(95.1%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(51.7%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(40.2%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(70.2%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	19.7% (24.6%)	3.5-22.8%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	35.9% (23.7%)	13.5-42.4%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(6.5%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	9.0 (8.0)	8.0-12.5	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	1.4% (0.3%)	0.0-4.8%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.9 (1.0)	0.6-1.1	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	4.6 (5.8)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	39.5% (36.3%)	26.6-47.6%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	8.5% (10.8%)	5.5-17.8%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.4 (8.8)	1.5-15.3	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Mississauga Halton Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	Mississauga Halton LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	24.6%	21.3%	20.0-37.3%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	20.0%	16.0%	20.0-20.0%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	92.8%	92.7%	92.8-92.8%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	82.6%	80.1%	82.6-82.6%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	46.6%	10.4%	46.6-46.6%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

Toronto Central Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (38.1%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.3 (1.3)	1.1-1.5	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	11.0 (12.7)	7.4-12.8	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(73.1%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(87.4%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(97.1%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(45.5%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(35.8%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(69.6%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	24.0% (28.8%)	13.3-39.3%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	29.1% (31.4%)	20.5-37.2%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(5.2%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	12.0 (13.0)	9.5-16.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	4.7% (7.8%)	0.0-8.4%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.7 (0.6)	0.0-0.8	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	4.0 (4.7)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	22.0% (21.8%)	12.5-50.0%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	13.1% (10.5%)	9.9-19.7%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.5 (9.3)	0.0-9.7	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Toronto Central Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	Toronto Central LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	18.6%	21.3%	0.0-26.8%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	16.8%	16.0%	6.3-30.3%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	87.5%	92.7%	72.1-98.7%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	85.9%	80.1%	82.9-87.5%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	19.7%	10.4%	2.9-44.3%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

Central Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (36.0%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.2 (1.2)	1.0-1.5	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	10.8 (14.2)	0.0-24.7	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(78.3%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(82.4%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(94.2%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(23.6%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(40.5%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(58.7%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	34.5% (38.1%)	24.4-39.5%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	24.0% (24.8%)	9.4-36.3%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(8.2%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	10.0 (10.0)	7.5-15.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	1.9% (0.7%)	0.0-10.8%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.8 (0.7)	0.7-1.4	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	5.5 (6.5)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	16.5% (22.4%)	8.7-32.5%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	11.5% (12.8%)	6.4-16.3%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.8 (8.6)	4.5-18.3	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Central Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	Central LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	23.7%	21.3%	8.7-33.4%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	13.4%	16.0%	0.0-13.8%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	96.8%	92.7%	87.5-97.3%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	82.9%	80.1%	66.7-88.0%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	0.2%	10.4%	0.0-0.4%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
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| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

Central East Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (39.0%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.1 (1.2)	1.1-1.3	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	11.6 (13.8)	0.0-23.2	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(75.4%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(73.1%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(88.2%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(36.8%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(28.4%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(68.3%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	23.5% (32.5%)	0.0-45.2%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	35.9% (33.4%)	25.2-44.6%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(4.7%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	7.0 (7.0)	5.0-15.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	3.3% (3.7%)	0.0-6.8%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	1.1 (1.1)	0.7-1.7	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	5.3 (6.4)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	38.9% (36.1%)	17.9-57.1%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	7.6% (8.7%)	4.6-10.1%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.4 (7.5)	0.0-23.3	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Central East Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	Central East LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	16.6%	21.3%	1.5-36.9%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	13.8%	16.0%	0.0-17.9%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	98.0%	92.7%	93.6-99.4%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	89.3%	80.1%	86.7-92.3%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	2.5%	10.4%	0.0-10.5%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

South East Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (37.0%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.3 (1.4)	0.5-2.1	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	13.8 (17.8)	0.0-22.7	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(71.5%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(78.7%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(81.9%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(43.9%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(47.3%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(57.6%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	20.3% (34.1%)	0.0-41.7%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	31.7% (29.4%)	6.7-50.0%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(4.6%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	10.5 (13.0)	6.0-21.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	8.8% (6.9%)	4.3-14.8%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.9 (0.7)	0.4-1.1	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	10.9 (6.7)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	37.2% (36.7%)	29.8-56.3%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	9.3% (11.2%)	0.0-17.4%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.1 (5.6)	4.9-10.9	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

South East Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	South East LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	26.9%	21.3%	17.7-35.1%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	7.1%	16.0%	0.0-40.0%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	91.4%	92.7%	89.2-96.7%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	88.4%	80.1%	84.6-100.0%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	1.3%	10.4%	0.0-3.0%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
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| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
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ONTARIO STROKE REPORT CARD, 2011/12

Champlain Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (48.4%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.1 (1.2)	0.9-1.9	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	12.0 (15.3)	0.0-28.5	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(80.4%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(78.6%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(92.8%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(31.6%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(52.1%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(67.0%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	28.1% (36.7%)	0.0-49.2%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	30.9% (30.2%)	4.8-39.1%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(3.6%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	15.0 (13.0)	8.0-43.5	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	5.8% (5.8%)	0.0-9.3%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.7 (0.7)	0.1-1.1	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	5.1 (5.3)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	27.0% (25.9%)	0.0-41.7%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	8.7% (11.6%)	5.7-10.0%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.5 (7.3)	0.0-21.6	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

Champlain Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	Champlain LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	29.2%	21.3%	0.0-37.8%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	10.3%	16.0%	0.0-13.9%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	99.5%	92.7%	96.3-99.8%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	84.5%	80.1%	70.0-100.0%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	7.0%	10.4%	0.3-73.1%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

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|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
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| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

North Simcoe Muskoka Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (41.9%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.4 (1.4)	1.4-1.8	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	13.9 (14.0)	9.5-19.3	12.2 (14.3)	Humber River Regional Hospital - Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(71.9%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(67.6%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(89.9%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(29.1%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(22.4%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(72.9%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	28.6% (34.0%)	9.0-57.2%	14.6% (14.0%)	Grey Bruce Health Services - Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	35.8% (27.9%)	23.3-46.7%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(5.7%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	7.0 (8.0)	6.0-13.5	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	7.0% (4.9%)	0.0-27.1%	5.2% (6.3%)	William Osler Health System - Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	1.1 (1.0)	0.4-1.5	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	8.6 (6.1)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	36.8% (36.6%)	8.8-49.4%	48.6% (46.9%)	Brant Community Healthcare System - Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	4.5% (7.6%)	2.5-8.5%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.4 (8.7)	5.9-10.0	8.0 (8.0)	Mackenzie Health - Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 - Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

North Simcoe Muskoka Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	North Simcoe Muskoka LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	15.2%	21.3%	4.2-25.3%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	3.5%	16.0%	3.5-3.5%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	93.7%	92.7%	93.7-93.7%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	85.7%	80.1%	85.7-85.7%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	4.0%	10.4%	4.0-4.0%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

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ONTARIO STROKE REPORT CARD, 2011/12

North East Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (46.4%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.8 (1.8)	1.5-2.3	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	15.9 (17.0)	0.0-66.9	12.2 (14.3)	Humber River Regional Hospital – Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(75.4%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(84.5%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(80.0%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(25.7%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(41.4%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(64.8%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	39.1% (37.4%)	0.0-97.7%	14.6% (14.0%)	Grey Bruce Health Services – Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	31.3% (32.1%)	15.2-50.0%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(9.8%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	9.0 (12.0)	7.0-39.0	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	5.3% (10.2%)	0.0-8.3%	5.2% (6.3%)	William Osler Health System – Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.7 (0.6)	0.4-1.5	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	5.3 (6.4)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	23.1% (27.2%)	13.0-44.4%	48.6% (46.9%)	Brant Community Healthcare System – Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	5.8% (4.6%)	0.0-9.9%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	9.0 (9.2)	0.0-20.0	8.0 (8.0)	Mackenzie Health – Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 – Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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

4 Data not available or benchmark under development.

5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

North East Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	North East LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	13.5%	21.3%	0.0-33.3%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	24.8%	16.0%	0.0-37.5%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	96.2%	92.7%	90.7-99.1%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	75.9%	80.1%	71.4-80.0%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	1.9%	10.4%	0.0-3.7%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

ONTARIO STROKE REPORT CARD, 2011/12

North West Local Health Integration Network

■ Poor performance¹
■ Acceptable performance²
■ Exemplary performance³
■ Benchmark not available⁴

Indicator No.	Care Continuum Category	Indicator ⁵	LHIN FY 2011/12 (2010/11)	Variance Within LHIN (Min-Max)	Provincial Benchmark ⁶	High Performer ⁷	
						Sub-LHIN/Facility	LHIN
1	Public awareness and patient education	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset.	- (43.7%)	-	-(52.0%)	Elgin Sub-LHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.9 (1.9)	1.8-2.1	1.1 (1.1)	Ottawa Centre Sub-LHIN	6, 9, 11
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	10.1 (11.9)	0.0-45.2	12.2 (14.3)	Humber River Regional Hospital - Finch	7
4	Prevention of stroke	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care.	-(72.2%)	-	-(86.0%)	Queensway-Carleton Hospital	None
5	Prevention of stroke	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge.	-(85.4%)	-	-(92.8%)	Markham Stouffville Hospital	5
6	Acute stroke management	Proportion of suspected stroke/TIA patients who received a brain CT/MRI within 24 hours of arrival at ED.	-(91.0%)	-	-(97.7%)	Cambridge Memorial Hospital	5, 7
7	Acute stroke management	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA) (excluding those with contraindications).	-(31.5%)	-	-(61.2%)	Trillium Health Centre	None
8	Acute stroke management	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay.	-(70.1%)	-	-(87.5%)	North Bay General Hospital	None
9	Acute stroke management	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care.	-(88.9%)	-	-(83.7%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	32.2% (42.8%)	0.0-86.3%	14.6% (14.0%)	Grey Bruce Health Services - Owen Sound	None
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	39.1% (35.1%)	22.2-43.3%	42.6% (42.3%)	Barrie and Area Sub-LHIN	14
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	-(16.1%)	-	-(12.1%)	Burlington Sub-LHIN	14, 13
13	Stroke rehabilitation	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2).	10.5 (15.0)	10.5-10.5	6.5 (7.0)	Northumberland Hills Hospital	9, 12
14	Stroke rehabilitation	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation.	-	-	-	-	-
15	Stroke rehabilitation	Proportion of ALC days to total length of stay in inpatient rehabilitation (Active + ALC) (RCG-1).	7.8% (7.5%)	7.8-7.8%	5.2% (6.3%)	William Osler Health System - Civic	5
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.7 (0.7)	0.7-0.7	1.1 (1.1)	Royal Victoria Regional Health Centre	9, 12
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12.	4.0 (4.8)	n/a	7.9 (6.8)	South East CCAC	10, 12
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	41.4% (29.6%)	41.4-41.4%	48.6% (46.9%)	Brant Community Healthcare System - Brantford	None
19	Reintegration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	5.3% (6.6%)	0.0-7.7%	3.7% (4.7%)	Urban Guelph Sub-LHIN	None
20	Reintegration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.2 (9.6)	0.0-24.1	8.0 (8.0)	Mackenzie Health - Mackenzie Richmond Hill Hospital	3, 11

Hospital Service Accountability Agreement indicators, 2010/11 - Data not available n/a Not applicable

1 Performance below the 50th percentile.

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

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5 Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18-108. Indicators 2, 3, 10, 11 and 13-20 are based on CIHI data. Data from the 2010/11 report card are displayed in brackets. For indicators 1, 4-9 and 12, performance ratings from the 2010/11 report card are presented. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

6 Provincial benchmarks were calculated using the ABC methodology and facility/sub-LHIN data, except for indicators 3, 15 and 20 where the provincial rate was used; 2010/11 benchmarks are displayed in brackets. For the benchmarking methodology, see Weissman et al. *Journal of Evaluation in Clinical Practice* 1999; 5(3):269-81.

7 High-performing acute care facilities include only high-volume institutions (those treating more than 100 strokes per year). High-performing rehabilitation facilities include sites with moderate to high volumes (those admitting more than 38 stroke patients per year). For indicators 1, 4-9 and 12, high performers from the 2010/11 report card are presented.

ONTARIO STROKE REPORT CARD, 2011/12: SECONDARY PREVENTION CLINICS

North West Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator ¹	North West LHIN	Ontario	LHIN Variance ² (Min-Max)	Ontario Variance ³ (Min-Max)	High Performer ⁴	
							Facility	LHIN
1	Prevention of stroke	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit.	29.7%	21.3%	0.0-36.7%	4.7-29.7%	Queensway-Carleton Hospital	14, 11
2	Prevention of stroke	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively).	13.7%	16.0%	0.0-14.3%	3.5-27.9%	Niagara Health System - Greater Niagara General	4, 13
3	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit.	96.3%	92.7%	33.3-100.0%	85.1-99.5%	Brant Community Healthcare System - Willet Grey Bruce Health Services - Owen Sound	11, 9
4	Prevention of stroke	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit.	75.8%	80.1%	75.0-100.0%	57.4-89.3%	Toronto Western Hospital	9, 7
5	Prevention of stroke	Proportion of initial SPC visits where cognitive screening was performed.	11.8%	10.4%	0.0-12.9%	0.2-46.6%	Pembroke Regional Hospital	6, 7

1 Facility-based analysis for patients aged 18-108. High rates are desired for all indicators.

2 Variance within the LHIN (i.e., across facilities).

3 Variance across the 14 LHINs.

4 Restricted to facilities/LHINs with at least 50 eligible patients for each indicator.

Local Health Integration Networks (LHINs)

- | | | |
|------------------------------------|----------------------|-------------------------|
| 1 Erie St. Clair | 6 Mississauga Halton | 11 Champlain |
| 2 South West | 7 Toronto Central | 12 North Simcoe Muskoka |
| 3 Waterloo Wellington | 8 Central | 13 North East |
| 4 Hamilton Niagara Haldimand Brant | 9 Central East | 14 North West |
| 5 Central West | 10 South East | |

Appendices

APPENDIX A Indicator Definitions

Through a series of internal reviews, and utilizing the Canadian Stroke Strategy's 2008 Performance Measurement Manual, the Stroke Evaluation and Quality Committee (SEQC) identified a core set of 45 performance indicators and associated databases to evaluate how well the Ontario Stroke System provides care across the province. The SEQC also identified a subset of 20 key indicators considered integral to system efficiency and effectiveness to be

presented in the report cards. Five of the 20 indicators are population-based; the remainder are facility-based indicators. The majority (75%) of the indicators are process-based.

In 2011/12, a supplementary report card was produced to highlight data from the Ontario Stroke Audit of Secondary Prevention Clinics (OSA-SPC). The SEQC identified a core set of 16 SPC indicators obtained from the Canadian Stroke Strategy's 2008

Performance Measurement Manual. From this list, the Ontario Stroke Network's Acute and Secondary Prevention Best Practice Subcommittee ranked the top five indicators to be presented in an SPC report card. The SEQC selected four of these key indicators and added a fifth indicator as an emerging indicator of interest to be included in the SPC report card.

Indicator No.	Definition	Calculation	Data Source
Public Awareness and Patient Education			
1	Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset	Numerator: Number of stroke/TIA patients arriving at an ED within 3.5 hours of stroke/TIA symptom onset (includes UTD) Denominator: Total number of patients admitted to an ED for suspected stroke/TIA (includes UTD) *Population-based analysis (patient's LHIN)	OSA Acute
Prevention of Stroke			
2	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population)	Adult stroke/TIA admissions to acute care inpatient setting per 1,000 population *Population-based analysis (patient's LHIN), standardized using Ontario's 2003/04 population	CIHI-DAD
3	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients)	Risk-adjusted mortality rate per 100 patients within 30 days of stroke/TIA index event between April 1, 2011 and February 29, 2012 (includes inpatients only) Risk-adjusted model: Age + sex + ambulance arrival + atrial fibrillation + stroke/TIA + coronary artery disease or percutaneous coronary intervention or coronary artery bypass graft + carotid disease or carotid endarterectomy/stent + diabetes + hypertension + peripheral vascular disease + hyperlipidemia + stroke type	CIHI-DAD, RPDB
4	Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care	Numerator: Number of ischemic stroke/TIA patients with a history of or new onset of atrial fibrillation prescribed or recommended (as part of short-term treatment plan but not prescribed) anticoagulant therapy on discharge from acute care Denominator: Total number of ischemic stroke/TIA patients with a diagnosis of atrial fibrillation (history of or new onset) discharged alive from an ED or inpatient acute care	OSA Acute
5	Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge	Numerator: Number of ischemic stroke inpatients without atrial fibrillation who had carotid imaging completed prior to hospital discharge (does NOT include patients where documentation indicated "booked") Denominator: Total number of admitted ischemic stroke inpatients without atrial fibrillation (history of or new onset)	OSA Acute
Acute Stroke Management			
6	Proportion of suspected stroke/TIA patients who received a brain CT/MRI scan within 24 hours of arrival at ED	Numerator: Number of stroke/TIA/UTD patients who arrived at the ED and had an initial CT or MRI scan completed within 24 hours of arrival (includes UTD) Denominator: Total number of stroke/TIA/UTD patients admitted to an ED and/or inpatient care (excludes patients with missing scan time)	OSA Acute
7	Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA)	Numerator: Number of ischemic stroke patients who received thrombolytic therapy Denominator: Total number of ischemic stroke patients who arrived at an ED within 3.5 hours of stroke symptom onset (excludes patients with contraindications)	OSA Acute

8	Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay (HSAA indicator)	Numerator: Number of stroke/TIA inpatients treated in an acute care stroke unit at any time during hospital stay Denominator: Total number of stroke/TIA patients admitted to hospital *A stroke unit is a specialized, geographically-located hospital unit with a dedicated stroke team and stroke resources (e.g., care pathway, educational materials, monitored beds). The unit does not need to have all of these resources or be exclusively used for stroke patients, but it must be in one location in the hospital.	OSA Acute
9	Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care	Numerator: Number of stroke patients with a documented dysphagia screening or assessment performed within 72 hours of hospital arrival Denominator: Total number of acute care stroke inpatients (excludes unconscious patients and TIA patients)	OSA Acute
10	Proportion of Alternate Level of Care (ALC) days to total length of stay in acute care	Numerator: Sum of ALC days Denominator: Total number of LOS days among stroke/TIA patients admitted to inpatient care	CIHI-DAD
11	Proportion of stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation (HSAA indicator)	Numerator: Number of stroke inpatients admitted to inpatient rehabilitation Denominator: Total number of stroke inpatients discharged alive from acute care (excludes TIA patients) *Population-based analysis (patient's LHIN)	CIHI-DAD, CIHI-NRS
Stroke Rehabilitation			
12	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation	Numerator: Number of stroke patients discharged alive from acute care and referred to outpatient rehabilitation Denominator: Total number of stroke patients discharged alive from acute care (excludes TIA patients) *Population-based analysis (patient's LHIN)	OSA Acute
13	Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation	Median time from stroke onset to admission to inpatient rehabilitation for all stroke patients (RCG-1 and RCG-2) admitted to inpatient rehabilitation (excludes TIA patients)	CIHI-DAD, CIHI-NRS
14	Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation	Unavailable in 2010/11	Questionnaire
15	Proportion of ALC days to total length of stay in inpatient rehabilitation (active + ALC)	Numerator: Sum of ALC days Denominator: Total number of LOS days among all stroke inpatient rehabilitation patients (RCG-1)	CIHI-DAD, CIHI-NRS
16	Median FIM efficiency for moderate stroke in inpatient rehabilitation	FIM efficiency = (FIM discharge - FIM admission)/LOS (includes all stroke patients with moderate disability (RCG-1) admitted to inpatient rehabilitation) * Moderate disability = RPGs 1120, 1130 and 1140	CIHI-NRS
17	Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12	Numerator: Total number of rehabilitation services visits (involving physiotherapy, occupational therapy, speech language pathology, social work) within 180 days of discharge from inpatient care (HCD 2010/11 and 2011/12) Denominator: Total number of stroke/TIA patients who received a CCAC rehabilitation visit within 60 days of discharge from inpatient care (DAD 2010/11)	CIHI-DAD, HCD
System Integration			
18	Proportion of patients admitted to inpatient rehabilitation with severe stroke	Numerator: Number of stroke patients with severe disability (RPG 1100 or 1110) in inpatient rehabilitation Denominator: Total number of stroke (RCG-1) patients admitted to inpatient rehabilitation	CIHI-NRS
19	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC)	Numerator: Number of stroke/TIA patients discharged to LTC/CCC Denominator: Total number of stroke/TIA admitted patients discharged alive (excludes patients originating from LTC/nursing home/CCC) *Population-based analysis (patient's LHIN)	CIHI-DAD
20	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients) (HSAA indicator)	Numerator: Total number of non-elective readmissions to acute inpatient care due to any cause (CIHI-DAD only) Denominator: Total number of alive ED/DAD stroke separations between April 1, 2011 and February 29, 2012 (CIHI-DAD/NACRS) (excludes transfers and elective admissions)	CIHI-DAD, CIHI-NACRS
Prevention of Stroke			
SPC 1	Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit	Numerator: Number of patients who had a completed referral and first clinic visit in an SPC. NACRS date should be same date or prior to referral date (includes multiple initial visits). Denominator: Total number of suspected stroke/TIA patients discharged alive directly from an ED between April 1, 2011 and March 31, 2012, to place of residence (e.g., home or retirement home) (includes multiple visits; excludes patients with a planned or scheduled ED visit)	CIHI-NACRS, OSA-SPC
SPC 2	Proportion of emergent and urgent SPC visits where the patient was seen within recommended guidelines (24 hours and 72 hours, respectively)	Numerator: Number of first clinic visits completed for emergent and urgent cases within recommended guidelines Denominator: Total number of first clinic visits completed for emergent and urgent cases (excludes visits in which the patient refused or rescheduled the first scheduled appointment or had missing referral dates) *Emergent = 24 hours, urgent = 72 hours of referral (emergent and urgent case assignment is determined by the triage level algorithm used in the OSA-SPC 2011/12 application)	OSA-SPC
SPC 3	Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit	Numerator: Number of SPC visits with vascular imaging ordered at any time (prior to, at or after SPC visit). Imaging completed with an unknown date was combined. Denominator: Total number of completed first clinic visits with an initial SPC diagnosis of ischemic stroke or TIA Vascular imaging = carotid Doppler, CT angiography, MRI angiography, catheter angiography, or transcranial Doppler	OSA-SPC

SPC 4	Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit	Numerator: Number of SPC visits with ischemic stroke/TIA patients who had a history of atrial fibrillation and were prescribed or recommended anticoagulant therapy at any time (prior to initial SPC visit, at SPC visit, at both times, or at SPC follow-up visit if it occurred within 1 week of initial visit) Denominator: Total number of visits with an initial SPC diagnosis of ischemic stroke/TIA who had a history of or newly diagnosed (if follow-up occurred within 1 week of initial SPC visit) atrial fibrillation and were referred to an SPC and had a completed first clinic visit	OSA-SPC
SPC 5	Proportion of initial SPC visits where cognitive screening was performed	Numerator: Number of visits where a screen for cognitive functioning was performed with a validated tool Denominator: Total number of initial SPC visits	OSA-SPC

CCAC = Community Care Access Centre

CCC = complex continuing care

CIHI-DAD = Canadian Institute for Health Information, Discharge Abstract Database

CIHI-NACRS = Canadian Institute for Health Information, National Ambulatory Care Reporting System

CIHI-NRS = Canadian Institute for Health Information, National Rehabilitation Reporting System

CT = computed tomography

ED = emergency department

HCD = Home Care Database

HSAA = Hospital Service Accountability Agreement

LHIN = Local Health Integration Network

LTC = long-term care

MRI = magnetic resonance imaging

OSA-SPC = Ontario Stroke Audit of Secondary Prevention Clinics

RCG = Rehabilitation Client Group (describes primary reason for admission to rehabilitation)

RPG = Rehabilitation Patient Group (describes stroke severity)

SPC = secondary stroke prevention clinic

TIA = transient ischemic attack

UTD = unable to determine (uncertain diagnosis or undetermined stroke type)

APPENDIX B Methodology

Indicator Performance

Performance was analyzed at the facility, sub-LHIN, LHIN and provincial level for those indicators with data available (indicators 2, 3, 10, 11, 13 and 15–20). Trends in performance were determined by comparing the performance results from the 2010/11 and 2011/12 report cards. This allows the LHINs to quickly compare their performance across years. The range of performance results (minimum and maximum) was also included for each indicator. The provincial report card includes the range of performance results across 14 LHINs and each LHIN report card includes the range of performance results across all facilities within the LHIN (including those with small sample sizes).

Benchmark Calculations

Provincial benchmarks were calculated for a subset of indicators presented in the Ontario Stroke Report Cards. These calculations followed the Achievable Benchmarks of Care (ABC) methodology,¹ which summarizes the performance results of the top-ranked facilities representing at least 20% of all patients eligible for the appropriate care. The

calculations used demonstrated care data from a few facilities (i.e., not only the top-ranked facility), and therefore the resulting benchmarks were achievable.

The following steps were used to calculate each benchmark:

1. Rank the care providers (facilities or sub-LHINs) in descending order of performance on the process indicator;
2. Beginning with the highest-performing care provider (note that low performance results are desired for indicators 2, 3, 10, 13, 15, 19 and 20), add providers until at least 20% of the total number of patients are represented (in the denominator); and
3. Calculate the benchmark using only the providers selected in step 2 (20%) by dividing the total number of patients who received appropriate care by the total number of patients eligible for the care in the subset.

To ensure that high-performing care providers with low numbers of patients did not unduly influence the benchmark rates, the performance results of facilities or sub-LHINs with small sample sizes and high performance levels were adjusted and rank order was based on the adjusted performance results. The

benchmarks were calculated by ranking sub-LHIN performance, not facilities, for population-based indicators (report card indicators 1, 2, 11, 12 and 19). Benchmarks for report card indicators 3, 15 and 20 did not use the ABC methodology; the provincial performance result was used.

Colour Banding

Red, green and yellow colour bands were used to rate regional performance relative to the benchmark for each indicator, with red representing poor performance (below the 50th percentile), green indicating exemplary performance (within 5% of the benchmark), and yellow representing acceptable performance (at or above the 50th percentile but beyond 5% of the benchmark). Colour bands were not assigned for indicators 3, 15 and 20, since ABC benchmark calculations were not feasible this year. The colour bands for indicators 1, 4–9 and 12 remain the same as for the 2010/11 report cards and reflect the 2010/11 OSA data and benchmarks.

1 Weissman NW, Allison JJ, Keife CI, et al. Achievable benchmarks of care: the ABCs of benchmarking. *J Eval Clin Pract.* 1999; 5(3): 269-81.

High Performers

Facilities or sub-LHINs with the highest performance result were identified for each indicator in order to highlight achievements made across the province, facilitate dialogue among regions, and drive system improvement. In order to be considered a high-performing facility/region, acute care facilities had to have annual volumes of more than 100 stroke/TIA patients per year, and rehabilitation facilities had to have sample sizes greater than the median number of patients admitted to inpatient rehabilitation in that year (approximately 40 patients each year). High-performing sub-LHINs had to have sample sizes greater than the median sample size for each indicator. The two highest-performing LHINs for each indicator were also identified. These LHINs had performance rates within 5% of the provincial benchmark, with the exception of indicators 3 and 20, for which the highest-performing LHIN had a performance rate that was lower than the provincial average by a statistically significant amount. For some indicators, no single LHIN had exemplary performance, so in these cases no high-performing LHINs were identified. These results were not unexpected as each LHIN's performance is an aggregate of the performance results of all facilities in the LHIN.

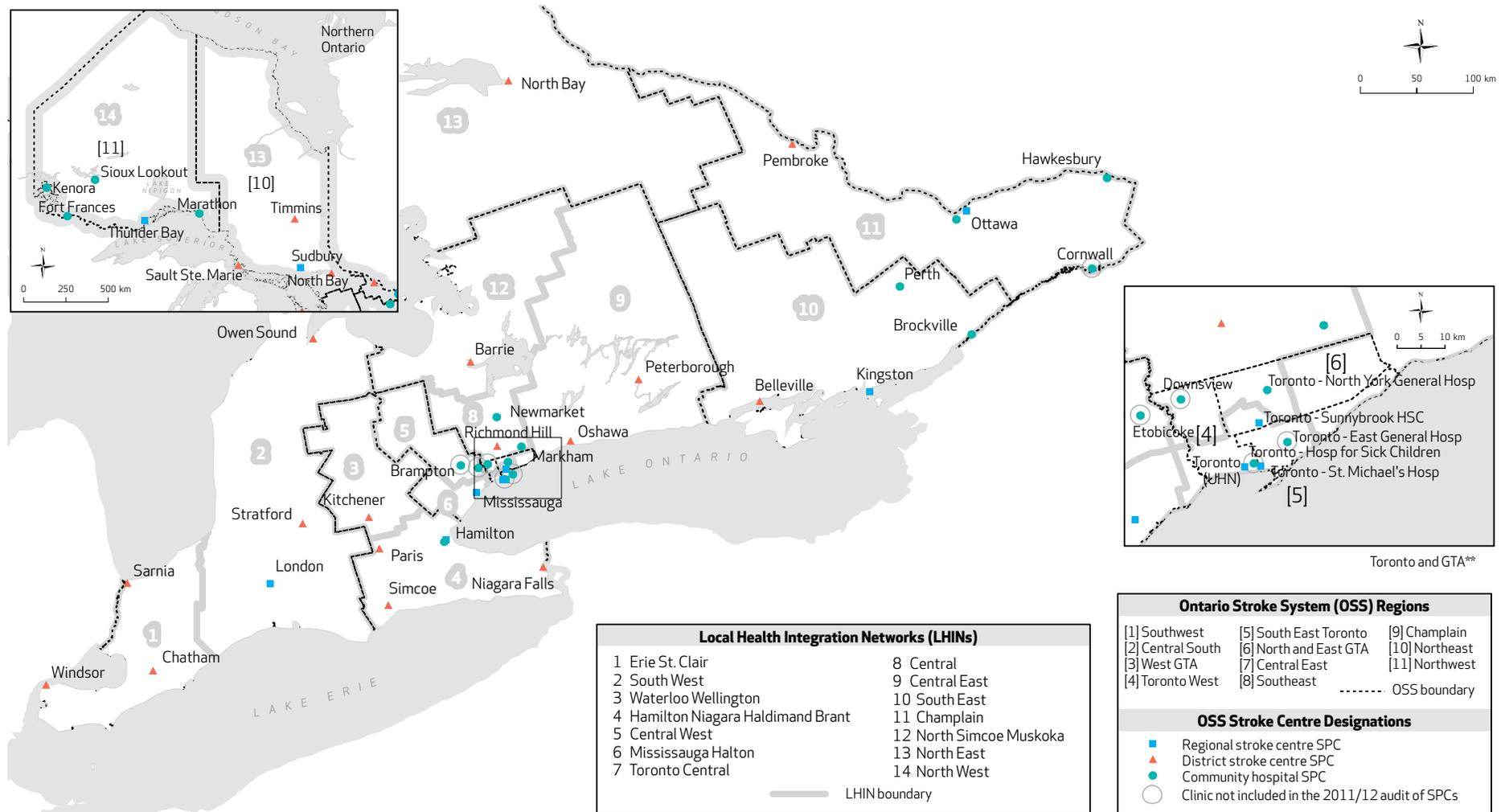
APPENDIX C Contact Information for High-Performing Facilities and Sub-LHINs by Indicator

Indicator	High-Performing Facility/Sub-LHIN	Contact Information
Proportion of patients who arrived at ED less than 3.5 hours from stroke symptom onset	Elgin Sub-LHIN	Gwen Stevenson District Stroke Coordinator, Southwestern Ontario Stroke Network Prevention and Thames Valley gwenyth.stevenson@lhsc.on.ca 519-685-8500 ext. 32264
Age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population)	Ottawa Centre Sub-LHIN	Jim Lumsden Director, Champlain Regional Stroke Network jlumsden@toh.on.ca 613-798-5555 ext. 16167
Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients)	Humber River Regional Hospital, Finch site	Shelley Sharp Regional Director, Toronto West Stroke Network shelley.sharp@uhn.ca 416-603-5076
Proportion of ischemic stroke/TIA patients with atrial fibrillation prescribed or recommended anticoagulant therapy on discharge from acute care	Queensway-Carleton Hospital	Jim Lumsden Director, Champlain Regional Stroke Network jlumsden@toh.on.ca 613-798-5555 ext. 16167
Proportion of ischemic stroke patients without atrial fibrillation who received carotid imaging prior to hospital discharge	Markham Stouffville Hospital	Judy Murray District Stroke Coordinator, Mackenzie Health judy.murray@mackenziehealth.ca 905-883-1212 ext. 3882
Proportion of suspected stroke/TIA patients who received a brain CT/MRI scan within 24 hours of arrival at ED	Cambridge Memorial Hospital	Tammy Tebbutt District Stroke Coordinator, Grand River Hospital tammy.tebbutt@grhosp.on.ca 519-749-4300 ext. 2605
Proportion of ischemic stroke patients who arrived at ED less than 3.5 hours from symptom onset and received acute thrombolytic therapy (tPA)	Trillium Health Centre	Nicole Pageau Regional Director, West GTA Stroke Network npageau@thc.on.ca 905-848-7580 ext. 5476
Proportion of stroke/TIA patients treated on a stroke unit at any time during their inpatient stay	North Bay General Hospital	Shelley Hawton District Stroke Coordinator, North Bay Regional Health Centre shelley.hawton@nbrhc.on.ca 705-474-8600 ext. 3283
Proportion of stroke (excluding TIA) patients with a documented initial dysphagia screening performed during admission to acute care	Thunder Bay Regional Health Sciences Centre	Esme French Regional Stroke Rehabilitation Specialist, Northwestern Ontario Regional Stroke Network frenche@tbh.net 807-684-6498
Proportion of ALC days to total length of stay in acute care	Grey Bruce Health Services, Owen Sound	Joan Ruston Berge District Stroke Coordinator, Grey-Bruce District of Southwestern Ontario Stroke Network justonberge@gbhs.on.ca 519-376-2121 ext. 2920

Indicator	High-Performing Facility/Sub-LHIN	Contact Information
Proportion of stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation	Barrie and Area Sub-LHIN	Cheryl Moher Regional Director, Central East Stroke Network Royal Victoria Regional Health Centre moherc@rvh.on.ca 705-728-9090 ext. 46300
Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation	Burlington Sub-LHIN	Louise MacRae Regional Director, Central South Stroke Region macrael@hhsc.ca 905-527-4322 ext. 46756
Median number of days between stroke (excluding TIA) onset and admission to stroke inpatient rehabilitation (RCG-1 and RCG-2)	Northumberland Hills Hospital	Jennifer White District Stroke Coordinator, Peterborough Regional Health Centre jenwhite@prhc.on.ca 705-743-2121 ext. 3946
Rehabilitation therapy staff/bed ratio for inpatient stroke rehabilitation	N/A	N/A
Proportion of ALC days to total length of stay in inpatient rehabilitation (active + ALC) (RCG-1)	William Osler Health System, Civic site	Nicole Pageau Regional Director, West GTA Stroke Network npageau@thc.on.ca 905-848-7580 ext. 5476
Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1)	Royal Victoria Hospital	Cheryl Moher Regional Director, Central East Stroke Network Royal Victoria Regional Health Centre moherc@rvh.on.ca 705-728-9090 ext. 46300
Mean number of CCAC visits provided to stroke/TIA patients in 2010/11 and 2011/12	South East Community Care Access Centre	Caryn Langstaff Regional Stroke Rehabilitation Coordinator, Southeastern Ontario Stroke Network langstac@kgh.kari.net 613-549-6666 ext. 6841 Jo Mather Client Services Manager, South East Community Care Access Centre jo.mather@se-ccac.on.ca 613-544-8200 ext. 4112
Proportion of patients admitted to inpatient rehabilitation with severe stroke (RPG = 1100 or 1110) (RCG-1)	Brantford Healthcare	Wendy Pomponio District Stroke Coordinator, Brantford General Hospital wpomponio@bchsys.org 519-751-5544 ext. 4451
Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC)	Urban Guelph Sub-LHIN	Tammy Tebbutt District Stroke Coordinator, Grand River Hospital tammy.tebbutt@grhosp.on.ca 519-749-4300 ext. 2605

Indicator	High-Performing Facility/Sub-LHIN	Contact Information
Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients)	Mackenzie Health – Mackenzie Richmond Hill Hospital	Judy Murray District Stroke Coordinator, Mackenzie Health judy.murray@mackenziehealth.ca 905-883-1212 ext. 3882
Proportion of ED visits for a suspected or confirmed stroke/TIA where the patient was discharged and had an initial SPC visit	Queensway-Carleton Hospital	Jim Lumsden Director, Champlain Regional Stroke Network jlumsden@toh.on.ca 613-798-5555 ext. 16167
Proportion of emergent and urgent SPC visits where the patient was seen within the recommended guidelines (24 hours and 72 hours, respectively)	Niagara Health System	Leanne Hammond District Stroke Coordinator, Niagara Health System – Niagara General Hospital lhammond@niagarahealth.on.ca 905-378-4647 ext. 55557
Proportion of SPC visits where ischemic stroke/TIA patients had vascular imaging ordered or completed prior to or during the visit	Brantford General Hospital; Grey Bruce Health Services	Wendy Pomponio District Stroke Coordinator, Brantford General Hospital wpomponio@bchsys.org 519-751-5544 ext. 4451
Proportion of SPC visits where ischemic stroke/TIA patients with atrial fibrillation were prescribed and/or recommended anticoagulant therapy prior to or during the visit	Toronto Western Hospital	Shelley Sharp Regional Director, Toronto West Stroke Network shelley.sharp@uhn.ca 416-603-5076
Proportion of initial SPC visits where cognitive screening was performed	Pembroke Regional Hospital	Jim Lumsden Director, Champlain Regional Stroke Network jlumsden@toh.on.ca 613-798-5555 ext. 16167

APPENDIX D Map of Ontario's Local Health Integration Networks, Stroke System Regions, Designated Centres and Secondary Prevention Clinics



*OSS Regions version 4.0
 **GTA = Greater Toronto Area

APPENDIX E About the Organizations Involved in this Report

Ontario Stroke Network

With its vision of Fewer Strokes, Better Outcomes, the mission of the **Ontario Stroke Network (OSN)** is to provide provincial leadership and planning for the 11 Ontario Regional Stroke Networks supporting the 14 Local Health Integration Networks (Ontario Stroke System) through: measuring and reporting on performance; partnering to achieve best practices; and, supporting innovations for stroke prevention, care, recovery and reintegration. The OSN delivers on its mission by establishing province-wide goals and initiatives to implement best practices across the stroke care continuum, evaluating and reporting on the progress of the Ontario Stroke System, and translating and exchanging knowledge. The OSN is funded by the Ontario Ministry of Health and Long-Term Care.

Ontario Stroke System

The Ontario Stroke System (OSS) is a client-centred collaboration of Ontario's 11 Regional Stroke Networks supporting the 14 Local Health Integration Networks. Each region has a regional stroke centre and many have one or more district stroke centres. Each stroke network is a collaborative partnership of health care organizations and providers that spans the care continuum from prevention to community re-engagement. Regional stroke networks develop and implement plans and strategies to achieve equitable access and improve outcomes for stroke survivors and their families through the integration of stroke best practices across the care continuum.

Canadian Stroke Network

The **Canadian Stroke Network (CSN)**, one of Canada's Networks of Centres of Excellence, is a collaborative effort that brings together researchers, students, government, industry and the non-profit sector. First funded in 1999, the CSN is a not-for-profit corporation with headquarters at the University of Ottawa. The CSN in partnership with the OSN helped to fund the data collection for the Ontario Stroke Audit of Secondary Prevention Clinics as part of the Ontario Stroke Registry (formerly known as the Registry of the Canadian Stroke Network).

In partnership with the **Heart and Stroke Foundation**, the CSN established the Canadian **Best Practice Recommendations for Stroke Care**. This report presents high-quality, evidence-based stroke care recommendations in a standardized framework to support health care professionals in all disciplines. Implementation of these recommendations is expected to contribute to reducing practice variations and closing the gaps between evidence and practice.

Institute for Clinical Evaluative Sciences

The **Institute for Clinical Evaluative Sciences (ICES)** is an independent, non-profit organization that produces knowledge to enhance the effectiveness of health care for Ontarians. Internationally recognized for its innovative use of population-based health information, ICES' evidence supports health policy development and guides changes to the organization and delivery of health care services.

Key to ICES' work is its ability to link population-based health information, at the patient level, in a way that ensures the privacy and confidentiality of personal health information. Linked databases reflecting 13 million of 33 million Canadians allow researchers to follow patient populations through diagnosis and treatment, and to evaluate outcomes.

ICES receives core funding from the Ontario Ministry of Health and Long-Term Care. In addition, ICES faculty and staff compete for peer-reviewed grants from federal funding agencies, such as the Canadian Institutes of Health Research, and project-specific funds from provincial and national organizations. These combined sources enable ICES to have a large number of projects underway, covering a broad range of topics. The knowledge that arises from these efforts is always produced independently of funding bodies, which is critical to ICES' success as Ontario's objective, credible source of evidence guiding health care.

Evidence Guiding Health Care

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