

## Appendix B:

### Stroke Evaluation and Quality Committee (SEQC) Stroke Report Cards, 2010/11

The Stroke Evaluation and Quality Committee (SEQC) has provided a Stroke Report Card for Ontario and each of the 14 Local Health Integration Networks. The report cards provide a snapshot of stroke care in Ontario using a subset of 20 indicators, colour coded to performance as follows:

**Green:** indicates exemplary performance on the indicator, results are  $\leq$  a 5% absolute/relative difference from the benchmark;

**Yellow:** indicates acceptable performance on the indicator, results are at or above the 50th percentile and are  $>$  5% absolute/relative difference from the benchmark;

**Red:** indicates poor performance, with outcomes below the 50th percentile;

**Grey:** indicates the benchmark methodology is still in development.

Each LHIN received a copy of their report card along with a one-page interpretation of the data, as provided by the OSS Regional Director and steering committee. The interpretation page outlined areas of success within the LHIN and strategies for addressing areas of poor performance. The LHINs and Regional Directors will work collaboratively to improve stroke care at the LHIN, facility, and individual level.

# Ontario Stroke Report Card, 2010/11

Indicator No.	Care Continuum Category	Indicator <sup>1</sup>	Ontario FY 2010/11 (2009/10)	Variance Across LHINs (Min-Max)	Provincial Benchmark <sup>2</sup>	High Performer <sup>3</sup>	
						SubLHIN/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% (35.3%)	36.0–51.1%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.5 (1.5)	1.3–2.2	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	14.3 (12.3)	11.9–17.9	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (69.6%)	62.6–80.4%	86.0% (93.6%)	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% (74.7%)	66.9–88.3%	92.8% (92.5%)	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.	89.6% (86.3%)	78.1–97.3%	97.7% (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% (29.6%)	8.6–51.7%	61.2% (58.9%)	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% (30.3%)	0.0–70.1%	87.5% (77.3%)	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% (62.3%)	57.4–88.9%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	32.5% (-)	19.0–42.8%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	30.7% (30.7%)	23.7–38.7%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	5.9% (4.6%)	2.4–16.1%	12.1% (13.2%)	Burlington SubLHIN	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 (12.0)	7.0–15.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	6.3% (-)	0.0–14.4%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.8 (0.7)	0.5–1.1	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	6.1 (6.5)	4.7–7.6	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	31.2% (31.9%)	21.2–39.8%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	9.8% (10.2%)	4.6–13.0%	4.7% (3.6%)	Manitoulin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.0 (8.3)	5.6–9.6	8.0 (8.3)	Kingston General Hospital	10

<sup>1</sup> Facility-based analysis (excluding indicators 1, 2, 11, 12 and 19) for patients aged 18–108. Indicators 1, 4–9 and 12 are based on 2010/11 OSA data; otherwise, CHI data. The 2009/10 report card metric is in brackets. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.

<sup>2</sup> Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used; 2009/10 benchmarks are displayed in brackets. For benchmarking methodology, see Weissman et al. *J Eval Clin Pract.* 1999; 5(3):269–81.

<sup>3</sup> High-performing acute 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 42 stroke patients per year).

## Local Health Integration Networks

- 1 Erie St. Clair
- 2 South West
- 3 Waterloo Wellington

- 4 Hamilton Niagara Haldimand Brant
- 5 Central West
- 6 Mississauga Halton
- 7 Toronto Central
- 8 Central

- 9 Central East
- 10 South East
- 11 Champlain
- 12 North Simcoe Muskoka
- 13 North East
- 14 North West

Hospital Service Accountability Agreement indicators, 2010/11

-- Data not available

n/a = Not applicable

## Erie St. Clair Local Health Integration Network

Poor Performance<sup>1</sup>      Acceptable Performance<sup>2</sup>  
 Exemplary Performance<sup>3</sup>      Benchmark not available<sup>4</sup>

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						SubLHIN/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% (43.9%)	43.1–50.8%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.7 (1.9)	1.6–2.0	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	17.9 (10.7)	17.1–25.4	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (58.1%)	55.6–100.0%	86.0% (93.6%)	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% (82.0%)	55.6–100.0%	92.8% (92.5%)	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% (83.9%)	11.1–96.1%	97.7% (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% (13.2%)	0.0–40.9%	61.2% (58.9%)	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% (53.8%)	0.0–87.4%	87.5% (77.3%)	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% (55.7%)	0.0–100.0%	83.7% (87.8%)	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% (-)	0.0–42.1%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	38.7% (34.9%)	31.8–52.7%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	2.4% (6.1%)	0.0–4.4%	12.1% (13.2%)	Burlington SubLHIN	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 (10.0)	6.0–17.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	8.2% (-)	0.0–11.9%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.9 (0.7)	0.7–1.4	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	6.3 (7.8)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	39.8% (35.5%)	14.3–42.2%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	7.7% (9.5%)	4.9–8.6%	4.7% (3.6%)	Manitowlin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.3 (9.4)	0.0–10.0	8.0 (8.3)	Kingston General Hospital	10

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 to 108. Indicators 1, 4–9 and 12 are based on 2010/11 OSA data; otherwise, CIHI data. The 2009/10 report card metric is in brackets. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.  
 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weisman et al. *J Eval Clin Pract.* 1999; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).

Poor Performance<sup>1</sup>      Acceptable Performance<sup>2</sup>  
 Exemplary Performance<sup>3</sup>      Benchmark not available<sup>4</sup>

## South West Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						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% (36.3%)	42.0–67.7%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.5 (1.6)	1.3–1.8	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	15.1 (12.4)	0.0–40.3	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (60.6%)	0.0–100.0%	86.0% (93.6%)	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% (68.0%)	0.0–100.0%	92.8% (92.5%)	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% (71.6%)	0.0–97.1%	97.7% (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% (27.6%)	0.0–33.3%	61.2% (58.9%)	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% (36.6%)	0.0–91.9%	87.5% (77.3%)	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% (60.3%)	0.0–87.8%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	19.0% (-)	0.0–45.9%	14.0% (-)	Haltim Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	35.6% (30.4%)	22.9–43.1%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	3.8% (2.0%)	0.0–9.6%	12.1% (13.2%)	Burlington SubLHIN	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).	8.0 (10.0)	6.0–45.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	7.4% (-)	0.0–16.5%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.9 (0.8)	0.6–3.6	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	5.8 (6.0)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	39.8% (40.1%)	0.0–75.0%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	6.6% (10.1%)	1.5–9.5%	4.7% (3.6%)	Manitowlin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.4 (7.9)	0.0–27.9	8.0 (8.3)	Kingston General Hospital	10

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 to 108. Indicators 1, 4–9 and 12 are based on 2010/11 OSA data; otherwise, CHI data. The 2009/10 report card metric is in brackets. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.  
 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weissman et al. / Eval Clin Pract. 1998; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).

Poor Performance<sup>1</sup>      Acceptable Performance<sup>2</sup>  
 Exemplary Performance<sup>3</sup>      Benchmark not available<sup>4</sup>

## Waterloo Wellington Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						SubLHIN/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% (32.9%)	28.3–49.7%	52.0% (41.5%)	Elgin SubLHIN	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)	1.2–1.7	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	15.4 (12.9)	9.8–27.5	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (80.3%)	55.4–100.0%	86.0% (93.6%)	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% (74.9%)	33.3–100.0%	92.8% (92.5%)	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% (90.1%)	0.0–100.0%	97.7% (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% (23.5%)	0.0–39.8%	61.2% (58.9%)	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% (30.2%)	0.0–79.1%	87.5% (77.3%)	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% (56.7%)	0.0–81.9%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	36.9% (-)	14.5–64.6%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	29.4% (29.5%)	20.5–34.3%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	4.9% (5.2%)	0.0–7.9%	12.1% (13.2%)	Burlington SubLHIN	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)	9.0–11.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	14.4% (-)	4.9–17.9%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.8 (0.7)	0.6–0.9	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	6.9 (7.0)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	27.4% (25.5%)	21.9–72.7%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	13.0% (13.9%)	8.6–15.4%	4.7% (3.6%)	Manitowlin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	6.6 (7.3)	0.0–10.9	8.0 (8.3)	Kingston General Hospital	10

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 to 108. Indicators 1, 4–9 and 12 are based on 2010/11 OSA data; otherwise, CIHI data. The 2009/10 report card metric is in brackets. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.  
 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weisman et al. *J Eval Clin Pract.* 1999; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).



## Hamilton Niagara Haldimand Brant Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						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% (38.2%)	34.2-61.6%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.6 (1.5)	1.1-3.6	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	15.8 (13.3)	7.4-29.1	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (63.7%)	0.0-100.0%	86.0% (93.6%)	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% (68.5%)	0.0-81.8%	92.8% (92.5%)	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% (86.5%)	0.0-96.0%	97.7% (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% (32.7%)	0.0-56.6%	61.2% (58.9%)	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% (16.5%)	0.0-63.5%	87.5% (77.3%)	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% (57.9%)	0.0-84.4%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	35.9% (-)	0.0-60.4%	14.0% (-)	Haltom Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	32.6% (29.3%)	0.0-64.7%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	6.2% (6.1%)	0.0-19.8%	12.1% (13.2%)	Burlington SubLHIN	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)	7.0-13.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	5.4% (-)	0.0-18.3%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.9 (0.9)	0.6-1.5	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	5.5 (5.9)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	35.5% (37.8%)	0.0-46.2%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	12.1% (11.8%)	0.0-20.7%	4.7% (3.6%)	Manitowlin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.5 (8.4)	0.0-16.6	8.0 (8.3)	Kingston General Hospital	10

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 to 108. Indicators 1, 4-9 and 12 are based on 2010/11 OSA data; otherwise, CHI data. The 2009/10 report card metric is in brackets. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.  
 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weissman et al. / Eval Clin Pract. 1998; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).

Hospital Service Accountability Agreement Indicators, 2010/11

-- Data not available n/a = Not applicable

## Central West Local Health Integration Network

Poor Performance<sup>1</sup>     
 Acceptable Performance<sup>2</sup>  
Exemplary Performance<sup>3</sup>     
 Benchmark not available<sup>4</sup>

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						SubLHIN/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% (24.6%)	33.8–43.1%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.6 (1.5)	1.4–2.0	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	12.5 (11.1)	11.1–15.9	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (93.1%)	58.3–86.7%	86.0% (93.6%)	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% (84.7%)	82.5–93.9%	92.8% (92.5%)	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% (93.8%)	96.6–97.5%	97.7% (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% (0.0%)	0.0–18.2%	61.2% (58.9%)	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% (0.0%)	0.0–0.0%	87.5% (77.3%)	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% (69.1%)	55.6–70.9%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	29.9% (-)	15.1–35.7%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	25.2% (25.2%)	22.0–33.3%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	8.9% (0.0%)	0.0–25.5%	12.1% (13.2%)	Burlington SubLHIN	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)	12.0–19.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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% (-)	0.0–0.2%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.5 (0.4)	0.0–0.5	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	7.6 (7.9)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	21.2% (16.5%)	15.1–61.5%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	9.2% (13.9%)	5.6–22.8%	4.7% (3.6%)	Manitoulin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.3 (9.7)	7.7–9.4	8.0 (8.3)	Kingston General Hospital	10

Hospital Service Accountability Agreement indicators, 2010/11

-- Data not available     n/a = Not applicable

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 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).



## Mississauga Halton Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						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% (36.5%)	35.9-49.2%	52.0% (41.5%)	Elgin SubLHIN	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)	0.9-1.6	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	14.4 (12.7)	12.0-19.0	14.3 (12.3)	Lakeridge Health - Bowmanville Site	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% (86.9%)	57.1-100.0%	86.0% (93.6%)	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% (82.1%)	61.5-90.5%	92.8% (92.5%)	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% (93.8%)	66.7-97.3%	97.7% (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% (41.0%)	0.0-64.0%	61.2% (58.9%)	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% (42.0%)	0.0-68.1%	87.5% (77.3%)	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% (59.5%)	60.0-71.8%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	24.6% (-)	5.0-40.7%	14.0% (-)	Halton Healthcare Services - Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	23.7% (34.8%)	6.3-33.2%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	6.5% (4.0%)	0.0-11.3%	12.1% (13.2%)	Burlington SubLHIN	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).	8.0 (8.0)	8.0-11.0	7.0 (7.0)	Grey Bruce Health Services - Owen Sound Site	9
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).	0.3% (-)	0.0-1.9%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	1.0 (1.1)	0.7-1.0	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	5.8 (6.6)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	36.3% (39.0%)	32.4-48.8%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	10.8% (8.0%)	8.0-21.2%	4.7% (3.6%)	Manitowlin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.8 (8.4)	4.8-9.6	8.0 (8.3)	Kingston General Hospital	10

Hospital Service Accountability Agreement Indicators, 2010/11

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 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).



Poor Performance<sup>1</sup>      Acceptable Performance<sup>2</sup>  
 Exemplary Performance<sup>3</sup>      Benchmark not available<sup>4</sup>

## Toronto Central Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						SubLHIN/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% (34.3%)	31.8–45.1%	52.0% (41.5%)	Elgin SubLHIN	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)	1.1–1.5	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	12.7 (12.1)	9.2–17.0	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (71.2%)	60.0–78.8%	86.0% (93.6%)	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% (76.1%)	75.9–94.6%	92.8% (92.5%)	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% (95.8%)	95.9–100.0%	97.7% (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% (41.5%)	0.0–51.2%	61.2% (58.9%)	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% (35.3%)	0.0–57.7%	87.5% (77.3%)	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% (63.9%)	54.3–81.6%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	28.8% (-)	11.6–58.1%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	31.4% (29.0%)	25.0–35.9%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	5.2% (3.1%)	1.8–9.2%	12.1% (13.2%)	Burlington SubLHIN	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).	13.0 (14.0)	11.0–15.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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% (-)	0.0–12.3%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.6 (0.5)	0.4–0.7	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	4.7 (5.5)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	21.8% (19.8%)	4.2–26.8%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	10.5% (11.8%)	7.4–17.5%	4.7% (3.6%)	Manitoulin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	9.3 (7.4)	0.0–12.9	8.0 (8.3)	Kingston General Hospital	10

Hospital Service Accountability Agreement indicators, 2010/11

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 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).



## Central Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						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% (24.9%)	27.3–46.9%	52.0% (41.5%)	Elgin SubLHIN	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)	1.0–1.7	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	14.2 (10.7)	10.7–23.8	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (72.0%)	33.3–87.5%	86.0% (93.6%)	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% (83.8%)	62.5–100.0%	92.8% (92.5%)	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% (93.4%)	75.0–98.3%	97.7% (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% (24.5%)	0.0–52.4%	61.2% (58.9%)	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% (4.9%)	0.0–68.3%	87.5% (77.3%)	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% (59.0%)	31.8–86.5%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	38.1% (-)	21.1–49.6%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	24.8% (28.4%)	16.3–38.7%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	8.2% (4.4%)	4.3–14.8%	12.1% (13.2%)	Burlington SubLHIN	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 (11.0)	8.0–22.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	0.7% (-)	0.0–1.4%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.7 (0.8)	0.6–1.7	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	6.5 (7.0)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	22.4% (31.9%)	9.5–80.0%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	12.8% (10.4%)	7.5–19.4%	4.7% (3.6%)	Manitowlin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.6 (9.8)	6.5–11.6	8.0 (8.3)	Kingston General Hospital	10

Hospital Service Accountability Agreement Indicators, 2010/11

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 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weissman et al. *J Eval Clin Pract.* 1998; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).

## Central East Local Health Integration Network

Poor Performance<sup>1</sup>
Acceptable Performance<sup>2</sup>  
Exemplary Performance<sup>3</sup>
Benchmark not available<sup>4</sup>

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						SubLHIN/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% (30.7%)	35.4–43.9%	52.0% (41.5%)	Elgin SubLHIN	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)	1.3–1.4	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	13.8 (12.4)	5.3–20.7	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (59.2%)	41.7–100.0%	86.0% (93.6%)	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% (69.7%)	16.7–100.0%	92.8% (92.5%)	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% (83.2%)	22.2–97.5%	97.7% (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% (22.6%)	0.0–56.6%	61.2% (58.9%)	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% (16.3%)	0.0–69.9%	87.5% (77.3%)	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% (56.9%)	16.7–77.7%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	32.5% (-)	0.0–49.2%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	33.4% (32.9%)	23.7–42.4%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	4.7% (3.0%)	3.4–6.0%	12.1% (13.2%)	Burlington SubLHIN	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 (9.0)	6.0–12.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	3.7% (-)	0.0–17.7%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	1.1 (0.9)	0.8–1.3	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	6.4 (6.2)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	36.1% (34.7%)	21.6–47.4%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	8.7% (10.4%)	6.1–11.5%	4.7% (3.6%)	Manitoulin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.5 (7.8)	0.0–29.3	8.0 (8.3)	Kingston General Hospital	10

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 to 108. Indicators 1, 4–9 and 12 are based on 2010/11 OSA data; otherwise, CIHI data. The 2009/10 report card metric is in brackets. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.  
 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weisman et al. *J Eval Clin Pract.* 1999; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).



## South East Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>6</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						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% (39.9%)	23.0-49.4%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.5 (1.4)	1.0-2.1	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	17.8 (13.5)	0.0-23.3	14.3 (12.3)	Lakeridge Health - Bowmanville Site	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% (74.9%)	50.0-100.0%	86.0% (93.6%)	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% (90.5%)	33.3-100.0%	92.8% (92.5%)	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% (72.8%)	0.0-96.4%	97.7% (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% (29.9%)	0.0-60.7%	61.2% (58.9%)	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% (46.1%)	0.0-76.1%	87.5% (77.3%)	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% (62.6%)	0.0-71.4%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	34.1% (-)	0.0-40.6%	14.0% (-)	Halton Healthcare Services - Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	29.4% (28.4%)	0.0-60.0%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	4.6% (9.7%)	0.0-27.3%	12.1% (13.2%)	Burlington SubLHIN	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).	13.0 (13.0)	11.0-16.5	7.0 (7.0)	Grey Bruce Health Services - Owen Sound Site	9
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).	6.9% (-)	2.1-12.1%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.7 (0.6)	0.5-0.9	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	6.7 (6.2)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	36.7% (30.2%)	33.3-50.0%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	11.2% (10.2%)	0.0-54.5%	4.7% (3.6%)	Manitowlin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	5.6 (7.9)	3.2-12.1	8.0 (8.3)	Kingston General Hospital	10

Hospital Service Accountability Agreement Indicators, 2010/11

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1 Performance below the 50th percentile.  
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 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weissman et al. *J Eval Clin Pract.* 1998; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).

Poor Performance<sup>1</sup>      Acceptable Performance<sup>2</sup>  
 Exemplary Performance<sup>3</sup>      Benchmark not available<sup>4</sup>

## Champlain Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						SubLHIN/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% (39.9%)	42.3–57.8%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.3 (1.2)	1.0–2.3	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	15.3 (12.3)	0.0–63.6	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (80.7%)	33.3–100.0%	86.0% (93.6%)	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% (71.5%)	0.0–100.0%	92.8% (92.5%)	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% (89.9%)	16.7–98.7%	97.7% (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% (34.2%)	0.0–47.4%	61.2% (58.9%)	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% (42.0%)	0.0–87.3%	87.5% (77.3%)	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% (72.5%)	0.0–88.2%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	36.7% (-)	0.0–72.6%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	30.2% (30.9%)	12.5–49.5%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	3.6% (6.4%)	2.0–7.5%	12.1% (13.2%)	Burlington SubLHIN	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).	13.0 (16.0)	7.0–60.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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% (-)	0.0–49.6%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.7 (0.6)	0.1–1.4	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	5.3 (6.1)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	25.9% (25.5%)	0.0–66.7%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	11.6% (10.4%)	2.9–19.3%	4.7% (3.6%)	Manitoulin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	7.3 (7.0)	0.0–12.4	8.0 (8.3)	Kingston General Hospital	10

Hospital Service Accountability Agreement indicators, 2010/11

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 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weisman et al. *J Eval Clin Pract.* 1999; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).



## North Simcoe Muskoka Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						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% (36.4%)	29.8–67.6%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	1.6 (1.6)	1.4–1.9	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	14.0 (11.2)	10.2–24.6	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (60.1%)	55.8–100.0%	86.0% (93.6%)	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% (51.1%)	30.8–100.0%	92.8% (92.5%)	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% (82.5%)	76.9–97.2%	97.7% (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% (37.9%)	0.0–66.7%	61.2% (58.9%)	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% (24.5%)	0.0–58.4%	87.5% (77.3%)	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% (75.7%)	45.5–88.2%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	34.0% (-)	19.0–47.8%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	27.9% (32.8%)	15.0–33.5%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	5.7% (3.4%)	0.0–13.1%	12.1% (13.2%)	Burlington SubLHIN	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).	8.0 (14.0)	6.0–11.5	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	4.9% (-)	1.2–7.9%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	1.0 (0.9)	0.8–1.6	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	6.1 (6.5)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	36.6% (39.4%)	17.6–54.5%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	7.6% (8.7%)	5.6–15.5%	4.7% (3.6%)	Manitowlin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	8.7 (9.2)	2.3–12.3	8.0 (8.3)	Kingston General Hospital	10

Hospital Service Accountability Agreement Indicators, 2010/11

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 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weissman et al. *J Eval Clin Pract.* 1998; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).

Poor Performance<sup>1</sup>      Acceptable Performance<sup>2</sup>  
 Exemplary Performance<sup>3</sup>      Benchmark not available<sup>4</sup>

## North East Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						SubLHIN/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% (42.7%)	0.0-51.9%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	2.0 (2.1)	1.7-3.7	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	17.0 (13.4)	0.0-50.9	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (59.6%)	48.4-100.0%	86.0% (93.6%)	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% (64.8%)	0.0-100.0%	92.8% (92.5%)	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% (78.2%)	0.0-94.5%	97.7% (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% (17.3%)	0.0-75.0%	61.2% (58.9%)	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% (33.0%)	0.0-90.0%	87.5% (77.3%)	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% (57.1%)	0.0-100.0%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	37.4% (-)	0.0-70.2%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	32.1% (28.8%)	14.7-40.7%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	9.8% (6.3%)	0.0-22.7%	12.1% (13.2%)	Burlington SubLHIN	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)	5.0-20.5	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	10.2% (-)	1.6-12.8%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.6 (0.6)	0.6-1.3	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	6.4 (7.6)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	27.2% (38.5%)	22.2-42.9%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	4.6% (4.4%)	0.0-6.6%	4.7% (3.6%)	Manitoulin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	9.2 (8.3)	0.0-32.3	8.0 (8.3)	Kingston General Hospital	10

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 to 108. Indicators 1, 4-9 and 12 are based on 2010/11 OSA data; otherwise, CIHI data. The 2009/10 report card metric is in brackets. Low rates are desired for indicators 2, 3, 10, 13, 15, 19 and 20.  
 6 Provincial benchmarks were calculated using the ABC methodology, except for indicators 3, 15 and 20 where the provincial rate was used. For benchmarking methodology, see Weisman et al. *J Eval Clin Pract.* 1999; 5(3):269-81.  
 7 High-performing acute sites include high-volume institutions (treating more than 100 strokes per year). High-performing rehabilitation sites include those with moderate volumes (admitting more than 42 stroke patients per year).



## North West Local Health Integration Network

Indicator No.	Care Continuum Category	Indicator <sup>5</sup>	LHIN FY 2010/11 (2009/10)	Variance Within LHIN (Min-Max)	Provincial Benchmark <sup>6</sup>	High Performer <sup>7</sup>	
						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% (30.3%)	29.6–50.0%	52.0% (41.5%)	Elgin SubLHIN	2, 11
2	Prevention of stroke	Annual age- and sex-adjusted inpatient admission rate for stroke/TIA (per 1,000 population).	2.2 (2.3)	2.1–2.6	1.1 (1.1)	Northwest Mississauga SubLHIN	None
3	Prevention of stroke	Risk-adjusted stroke/TIA mortality rate at 30 days (per 100 patients).	11.9 (10.5)	0.0–30.6	14.3 (12.3)	Lakeridge Health – Bowmanville Site	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% (85.2%)	50.0–75.0%	86.0% (93.6%)	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% (73.1%)	0.0–93.5%	92.8% (92.5%)	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% (81.1%)	0.0–95.3%	97.7% (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% (11.0%)	0.0–100.0%	61.2% (58.9%)	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% (66.7%)	0.0–87.8%	87.5% (77.3%)	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% (88.3%)	50.0–96.6%	83.7% (87.8%)	Thunder Bay Regional Health Sciences Centre	14
10	Acute stroke management	Proportion of ALC days to total length of stay in acute care.	42.8% (-)	0.0–95.7%	14.0% (-)	Halton Healthcare Services – Oakville Site	2
11	Acute stroke management	Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation.	35.1% (37.6%)	14.8–48.0%	42.3% (40.7%)	Chatham-Kent SubLHIN	1
12	Stroke rehabilitation	Proportion of stroke (excluding TIA) patients discharged from acute care who received a referral for outpatient rehabilitation.	16.1% (7.0%)	8.2–23.5%	12.1% (13.2%)	Burlington SubLHIN	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 (14.0)	15.0–15.0	7.0 (7.0)	Grey Bruce Health Services – Owen Sound Site	9
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).	7.5% (-)	7.5–7.5%	6.3% (-)	Trillium Health Centre	6
16	Stroke rehabilitation	Median FIM efficiency for moderate stroke in inpatient rehabilitation (RCG-1).	0.7 (0.7)	0.7–0.7	1.1 (1.2)	Royal Victoria Hospital	9
17	Stroke rehabilitation	Mean number of CCAC visits provided to stroke/TIA patients in 2008/09 and 2009/10.	4.8 (5.1)	n/a	6.8 (7.6)	n/a	5, 3
18	Stroke rehabilitation	Proportion of patients admitted to inpatient rehabilitation with severe strokes (RPG = 1100 or 1110) (RCG-1).	29.6% (31.5%)	29.6–29.6%	46.9% (49.4%)	Royal Victoria Hospital	None
19	Re-integration	Proportion of stroke/TIA patients discharged from acute care to LTC/CCC (excluding patients originating from LTC/CCC).	6.6% (5.4%)	2.9–7.8%	4.7% (3.6%)	Manitowlin-Sudbury SubLHIN	13
20	Re-integration	Age- and sex-adjusted readmission rate at 30 days for patients with stroke/TIA for all diagnoses (per 100 patients).	9.6 (10.0)	0.0–40.7	8.0 (8.3)	Kingston General Hospital	10

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Hospital Service Accountability Agreement Indicators, 2010/11

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