Hospital Report

2006

ACUTE CARE

A joint initiative of the Ontario Hospital Association and the Government of Ontario

Canadian Institute for Health Information

Institut canadien d'information sur la santé

Foreword

Twenty-four hours a day, seven days a week, hospitals in towns, cities and communities across the province serve as the "hub" of health care for the tens of thousands of Ontarians who have come to rely on them for quality care and service. With the introduction of Local Health Integration Networks (LHINs) across the province, hospitals will continue to work together and with LHIN leaders in helping to integrate and improve health services locally, as well as address challenges and opportunities in renewing the health system that will benefit all Ontarians.

Hospitals, regardless of size and type of health services provided, are all strongly committed to the patients they serve. The Ministry of Health and Long-Term Care and the Ontario Hospital Association share that commitment and we are working together to support hospital quality improvement initiatives through the *Hospital Report* series.

This year, we are pleased to release *Acute Care 2006*. It is the only report in the overall series for release in 2006. Now part of the health care landscape, the *Hospital Report* series is recognized as one of the most advanced approaches to hospital performance reporting in North America.

Through a hospital-specific balanced scorecard, *Hospital Report 2006: Acute Care* indicates where progress is being made in patient care and services at Ontario hospitals and pinpoints areas for improvement. This voluntary effort by hospitals to provide information as part of the *Hospital Report* series enables them to share best practices and learn from the success stories of their peers.

Over the years, the Hospital Report initiative has evolved to incorporate new services and tools to enhance hospital performance, including a web-based database and analysis tool—the e-Scorecard—that will continue to help hospitals better understand their performance results.

We are pleased that hospitals are making progress in their quality improvement initiatives, and we thank them for their continued support of the *Hospital Report* series.

In addition, we would like to thank the Canadian Institute for Health Information (CIHI) and the University of Toronto-based Hospital Report Research Collaborative, for their dedication, expertise and professionalism in the development of this report. Our appreciation, as well, to the many other individuals who contributed to our common goal of improved care so that we can build a stronger health system to respond to the needs of Ontarians today and for generations to come.

Ontario

George Smitherman
Minister of Health and Long-Term Care

OHA ONTARIO HOSPITAL ASSOCIATION

Hilary Short
President and CEO, Ontario Hospital Association

Acknowledgement
The Hospital Report Research Collaborative would like to acknowledge the funding support of the Ontario Women's Health Council (OWHC) as they continue to promote and sponsor the integration of the women's health perspective into all sectors of the *Hospital Report* series.

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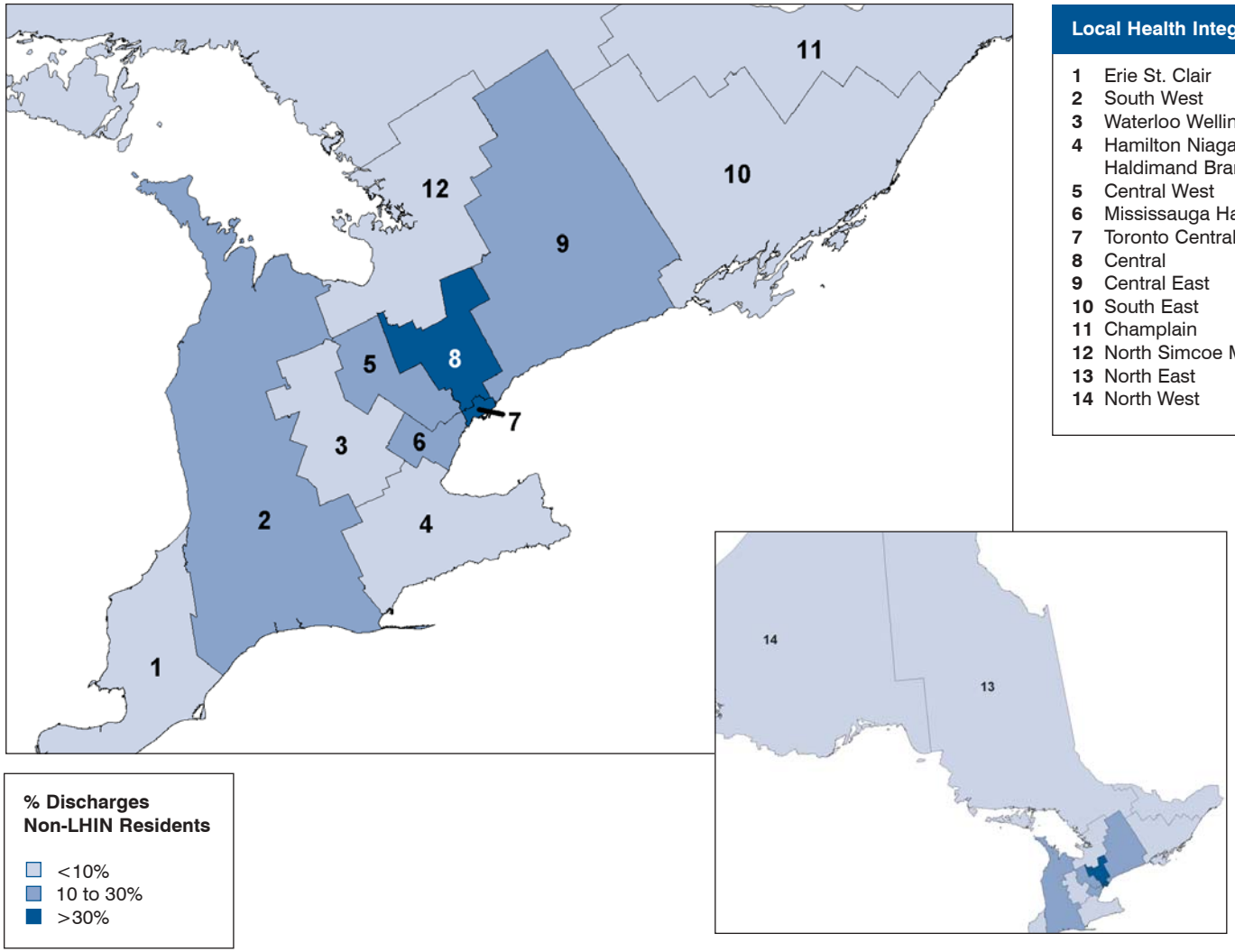
A Snapshot of Acute Care Hospital Activity

in Ontario's Local Health Integration Networks



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

% Discharges Non-LHIN Residents

- <10%
- 10 to 30%
- >30%

Figure 1

As part of the Ministry of Health and Long Term Care's (MoHLTC) transformation agenda, LHINs were created to reflect local areas where people naturally seek health care. These newly formed, community-based organizations have a unique mandate to plan, coordinate, integrate, manage and fund care at the local level within their defined geographic areas.

Using 2004–2005 hospital discharge data for acute care hospitals in Ontario, an analysis was undertaken to identify the proportion of patients hospitalized in the LHIN where they reside, and which LHINs attract the most "non-LHIN residents". In addition, an analysis was undertaken to determine the number of out-of-province residents that were discharged from each LHIN.

Results of this analysis are similar to the "Localization Index" as calculated by the Institute for Clinical Evaluative Sciences (ICES) in April 2005, to determine how localized health services were in each of the LHINs[1]. This will continue to be an area for future investigation as the LHINs continue to evolve.

As illustrated in Figure 1, in 2004–2005, the Toronto Central LHIN provided the highest proportion of care (52.1% of hospitalizations) to patients who live outside of the LHIN, followed by the Central and Mississauga Halton LHINs (27.4 % and 19.9%, respectively). Several factors may contribute to the high percentage of care provided to non-LHIN residents for these areas, including the availability of more specialized care, and highly populated communities in nearby LHINs. For example, of all the Toronto Central hospitalizations for out-of-LHIN patients, the Central LHIN contributed the most (34.5% of discharges), followed by 23.5% from the Central East LHIN. The Erie St. Clair LHIN provided the lowest percent of care to patients that do not reside in the LHIN (1.0% of hospitalizations).

1 LHIN Information Overview, http://www.health.gov.on.ca/transformation/lhin/maps/lhin_overview.pdf

Table 1: Acute Care Hospitals in Ontario

LHIN		Small Hospitals	Teaching Hospitals	Community Hospitals	Total
1	Erie St.Clair	0	0	5	5
2	South West	6	2	7	15
3	Waterloo Wellington	1	0	5	6
4	Hamilton Niagara Haldimand Brant	3	2	6	11
5	Central West	0	0	2	2
6	Mississauga Halton	0	0	3	3
7	Toronto Central	0	5	2	7
8	Central	1	0	5	6
9	Central East	2	0	6	8
10	South East	1	2	3	6
11	Champlain	7	2	7	16
12	North Simcoe Muskoka	0	0	5	5
13	North East	13	0	8	21
14	North West	9	0	3	12
	Total	**43**	**13**	**67**	**123**

Table 1 lists the number of acute care hospitals (by peer group) in each LHIN. A complete listing of hospitals located within each LHIN can be found on the MoHLTC's website, at www.health.gov.on.ca.

When making comparisons across LHINs, it is important to consider the varying number of hospitals in each LHIN. Other factors also contribute to differences among LHINs (e.g. population density, rural versus urban, and presence of Teaching and Specialty hospitals). The performance allocation tables that follow the summary of results for each section of the report provide LHIN averages for each of the indicators. The e-Scorecard includes results for all indicators by LHIN and also highlights sex differences for many of the indicators.

Who Travels Outside of Their LHIN to Receive Care? and Why?

Table 2: Hospitalizations Occurring Outside of the LHIN of Residence

	LHIN of Residence	Percent of Hospitalizations Occurring Outside of the LHIN in 2004–2005	LHINs that Provided the Highest Percent of Hospitalizations to Patients Leaving their LHIN of Residence	Most Common Clinical Reason for Hospitalization Outside of the LHIN
1	Erie St.Clair	12.8%	South West	Diseases and Disorders of the Circulatory System
2	South West	5.7%	Waterloo Wellington	Diseases and Disorders of the Circulatory System
3	Waterloo Wellington	14.8%	South West Hamilton Niagara Haldimand Brant	Diseases and Disorders of the Circulatory System
4	Hamilton Niagara Haldimand Brant	7.1%	Mississauga Halton	Diseases and Disorders of the Circulatory System
5	Central West	37.9%	Toronto Central	Pregnancy and Childbirth
6	Mississauga Halton	24.6%	Toronto Central	Pregnancy and Childbirth
7	Toronto Central	16.0%	Central	Diseases and Disorders of the Digestive System
8	Central	36.4%	Toronto Central	Pregnancy and Childbirth
9	Central East	24.7%	Toronto Central	Diseases and Disorders of the Circulatory System
10	South East	10.7%	Champlain	Diseases and Disorders of the Circulatory System
11	Champlain	1.8%	South East	Diseases and Disorders of the Digestive System
12	North Simcoe Muskoka	18.8%	Toronto Central	Diseases and Disorders of the Circulatory System
13	North East	8.0%	Toronto Central	Diseases and Disorders of the Musculoskeletal System and Connective Tissue
14	North West	4.8%	Hamilton Niagara Haldimand Brant	Diseases and Disorders of the Circulatory System

Table 2 provides an overview of the extent to which Ontarians are traveling outside of the LHIN in which they reside to receive inpatient care. For each of the LHINs Table 2 provides the proportion of hospitalizations that occurred outside of the LHIN in 2004–2005, the most common reason for this, and the LHINs which are most commonly traveled to for care.

The LHIN with the largest percent of residents that were hospitalized outside of the LHIN (37.9%), is the Central West LHIN.

Overall, the most common clinical reason that hospitalizations occurred outside of the LHIN where patients reside is diseases and disorders of the circulatory system, followed by pregnancy and childbirth.

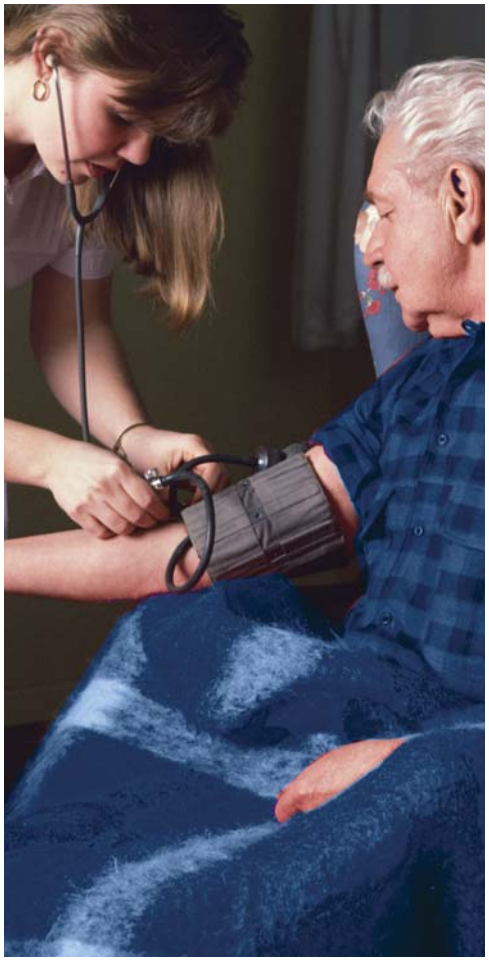
For More Information: CIHI's *Health Indicators 2006* provides an inflow/outflow ratio by LHIN for discharges associated with any diagnosis or procedure and separately for coronary artery bypass surgery, hip replacement, knee replacement and hysterectomy procedures. *Health Indicators 2006* also provides selected indicators measuring health status, non-medical determinants of health, health-system performance and community and health-system characteristics by LHIN. The report is available on the CIHI website www.cihi.ca.

Out of Province Patients

In 2004–2005, out-of-province patients contributed to only 1.1% of the total number of patient discharges from hospitals in Ontario. The Champlain LHIN treated most out-of province patients (5.8% of discharges) followed by the North West LHIN, with 0.9% of discharges for out-of province patients.

When examining where out-of province patients come from, 49% of the total volume of out-of-province patients were from Quebec, with the remaining 51% of patients coming from across Canada. Diseases and disorders of the circulatory system was the most common clinical reason for hospitalization of non-Ontario residents in 2004–2005.

Ambulatory Care Sensitive Conditions



Better access and quality of primary care such as the use of ambulatory care in a community setting, are important factors in maintaining the health of the population and can prevent costly hospital services.[2] Ambulatory Care Sensitive Conditions (ACSC) or "preventable hospitalizations" are health conditions that can be effectively managed in the community either through adequate monitoring or proper patient education, thereby preventing or reducing admissions to hospital. For conditions such as diabetes, asthma, hypertension and angina appropriate preventive care and community-based management can reduce, but not eliminate the need for inpatient hospital care.

There is a growing consensus among health professionals that managing ACSC before a patient requires hospitalization generally improves a patient's health, contributes to better overall community health status and may result in overall savings to the health system as hospital-based care generally costs more than outpatient care. High rates of preventable hospitalizations in a community may be the result of poor prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective ambulatory care.

Ambulatory Care Sensitive Conditions Indicator

In response to a general desire for the *Hospital Report* series to measure and report beyond the inpatient setting, the ACSC indicator has been included in this Report and is reported at both a provincial and LHIN level.

The ACSC indicator was developed by CIHI and is based on an extensive review of the literature on existing ACSC methodologies[2, 3, 4, 5] which outlined a list of clinically valid conditions for which hospitalizations are believed to be avoidable through appropriate ambulatory care. This definition focuses on a core group of 7 chronic ACSC which also appeared in most other studies of ACSC outside Canada. The conditions include:

- Asthma
- Angina
- Congestive Heart Failure
- Hypertension
- Epilepsy
- Diabetes
- Chronic Obstructive Pulmonary Disease

Note: This is a **population-based** indicator which refers to the rate of acute care hospital visits per 100,000 population under the age of 75 years for the ACSC included in the indicator. This is different from the many other indicators in this report which are based on the number of patients discharged from hospital rather than on the overall population.

2. Brown AD, Goldacre MJ, Hicks N, Rourke JT, McMurtry RY, Brown JD, Anderson GM. "Hospitalization for ambulatory care-sensitive conditions: a method for comparative access and quality studies using routinely collected statistics." Can J Public Health. 2001 Mar–Apr; 92(2):155–159.
3. Billings J, Zeital L, L Carey TS, Blank AE, Newman L. "Impact of Socioeconomic Status on Hospital Use in New York City, *Health Affairs* (Spring 1993): 162–173
4. Billings J, Anderson GM, Newman LS. "Recent Findings on Preventable Hospitalizations", *Health Affairs* (Fall 1996): 239–249
5. Canadian Institute for Health Information, *Health Indicators 2006* (a companion document to *Health Care in Canada 2006*), (Ottawa: CIHI, 2006).

Indicator Definition

Rate of acute care hospital visits per 100,000 population for conditions* where appropriate ambulatory care has the potential to prevent or reduce the need for admissions to Ontario acute care hospitals.

Summary of Results

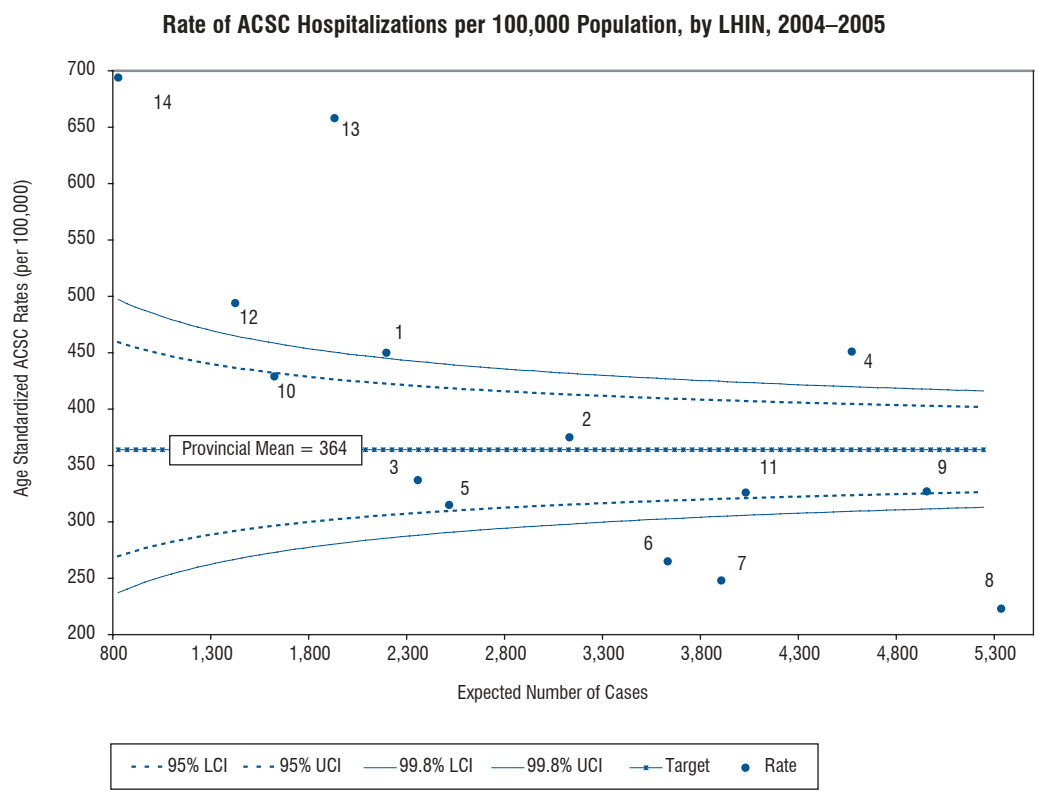


Figure 2

How to interpret a Funnel Plot

Funnel plots are becoming increasingly more popular as a means of making comparisons among a number of organizations.❖ A funnel plot is a control chart which delineates organizations which fall within "Control Limits" against those that are out of "control limits". The plots presented in Figure 2 consist of several components:

- The indicator value (i.e. the standardized rate of ACSC per 100,000 population), is plotted on the Y-axis.
- The expected number of cases or outcomes, based on risk adjustment, is plotted on the X-axis
- A target value (i.e. provincial ACSC rate) is plotted as a horizontal line on the X-Y axis
- The control limits appearing as funnel shaped curves represent 95% (dotted curves) and 99.8% (continuous curve) confidence limits. The 95% and 99.8% confidence limits simply represents the probability of a LHIN significantly exceeding or falling below the provincial average.

Data points reflect LHINs 1 to 14. Those data points falling within the control limits are deemed to be average performers. Points falling outside the control limits are either above or below average depending on the direction of the indicator.

* ACSC include: Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes, Asthma, Angina, Hypertension, Epilepsy

❖ Spiegelhalter DJ. (2005) "Funnel Plots for Comparing Institutional Performance." Statist. Med. 24:1185-1202

In 2004–2005 there were 44,641 admissions to Ontario's acute care hospitals for ACSC, accounting for nearly 249,414 total days in hospital. ACSC patients had longer median hospital stays (4 days) than non ACSC patients (3 days). The hospitalization rate for ACSC is lower for Ontario (364 per 100,000) than in most other provinces except for British Columbia (326 per 100,000).[6]

Figure 2 illustrates the large variation in rates of ACSC hospitalizations by LHIN. A lower rate is more desirable for this indicator as it may suggest that individuals in that region had access to more appropriate community-based care and therefore had fewer hospital admissions for these conditions. The lowest rate of ACSC was found in the Central LHIN (223 per 100,000). The highest rate was in the North West LHIN (694 per 100,000) which was almost twice the provincial average of 364 per 100,000.

The large regional variation in rates for these conditions such as those found in LHIN 13 and 14, may be explained by "special circumstances" related to care in the north such as the availability of physicians, distances traveled to obtain health services and hospital admitting practices.

Age is also an important factor for ACSC hospitalizations with the elderly (aged 65 and over) accounting for over a third of ACSC hospitalizations (Table 4). Higher rates among the elderly may be in part explained by the increased prevalence of diseases such as Congestive Heart Failure and angina related conditions among the elderly. Children (under the age of 17) also had proportionally higher rates relative to the 18 to 44 age group. This may be explained by the higher rates of asthma found in children.[7]

Table 3: Rate of ACSC Conditions per 100,000 population by LHIN

LHIN		Rate of ACSC Conditions per 100,000 population by LHIN
1	Erie St. Clair	450
2	South West	375
3	Waterloo Wellington	337
4	Hamilton Niagara Haldimand Brant	451
5	Central West	315
6	Mississauga Halton	265
7	Toronto Central	248
8	Central	223
9	Central East	327
10	South East	429
11	Champlain	326
12	North Simcoe Muskoka	494
13	North East	658
14	North West	694

Note: Rates are age-standardized per 100,000 population. Standardized rates are age adjusted using a direct method of standardization based on the July 1, 1991 population

Table 4: Frequency of Hospitalizations for ACSC in Ontario by age group, 2004–2005

Age	ACSC Hospitalizations	Crude Rate per 100,000 population
All Ages	44,641	383
0–17 years	6,388	230
18–24 years	1,796	152
25–44 years	4,634	122
45–64 years	16,046	524
65–74 years	15,777	1858

6. In 2004–2005 data from Quebec was not available.

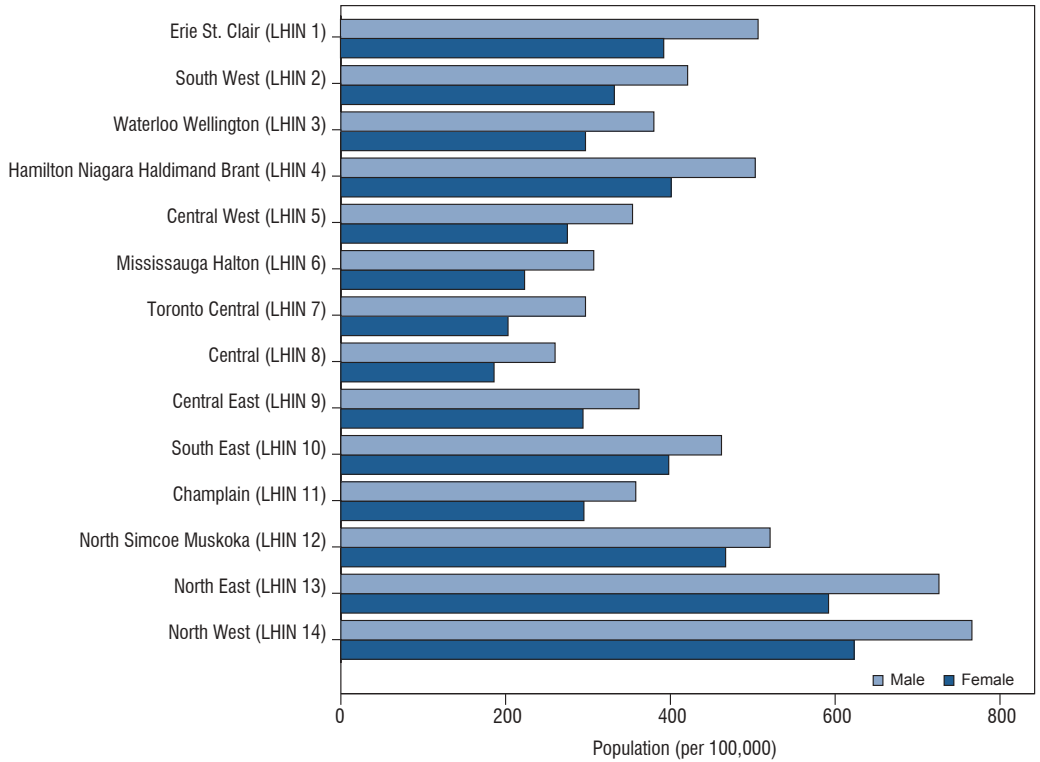
7. Parker JD, Schoendorf KC. Variation in Hospital Discharges for Ambulatory Care—Sensitive Conditions Among Children, Pediatrics. Vol. 106. (4) Supplement October 2000, p 942.948

There are various factors which may affect ACSC rates, such as: rural residency, socioeconomic factors, disease prevalence in the community, personal choice about seeking health care, hospital admission and coding practices, access to care, adequately prescribed treatments after care is obtained, and patient compliance. Some of these factors would be difficult to measure and for others, no data is currently available, therefore, future consideration should be given for the development of data collection processes.

As shown in Figure 3, when looking at differences in ACSC hospitalization rates by LHIN, men have higher rates across all of the LHINs. These higher rates may be attributable to differences in disease prevalence among men (in which many chronic diseases tend to be more prevalent).

Rates of "preventable hospitalizations" or ACSC conditions, may be used as a screening tool for identifying unmet health care needs and can also provide a good starting point for assessing the quality of health services in the community. This information will then be useful to hospitals and LHIN-based community health planners to work collaboratively on improving preventative and community managed care to avoid hospitalization and to target their efforts on gaps in primary health services.

ACSC Hospitalizations per 100,000 Population, by Gender by LHIN (2004–2005)



Note: Rates are age-standardized per 100,000 population. Standardized rates are age-adjusted using a direct method of standardization based on July 1, 1991 population.

Figure 3

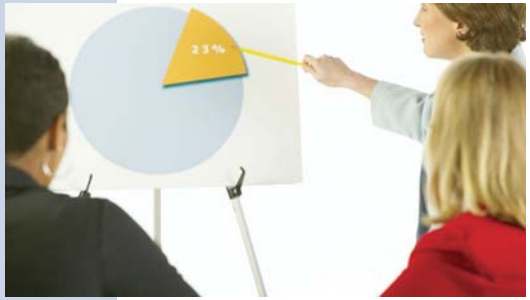
Board governance

describes structures and processes by which organizations are directed, controlled and held to account, with a goal of peak performance and accountability.[8]

By this definition, Ontario's acute care hospital boards are performing very well: 76.4% (81/106) of boards have implemented at least two thirds of 34 potentially better practices, as identified by a review of case studies published in the peer-reviewed and grey literature. Examples were associated with one of eight domains:

- Board composition, nomination and succession
- Responsibilities and processes of the board and board committees
- Audit committee characteristics
- Responsibilities and activities of the board Chair and directors
- Code of conduct and board ethics
- Board orientation and professional development practices
- Director assessment processes
- Board information and communication

Researchers at the Hospital Report Research Collaborative (HRRC) sent a survey and accompanying instructions via electronic mail (email) to hospital board Chairs at 122 Ontario acute care hospitals in November, 2005. For a response rate of 86.8% (106/122), survey respondents included 110 board Chairs (or their designate) representing 106 separate acute care hospitals in Ontario (Chairs at three hospitals with multiple boards chose to respond individually, explaining the discrepancy in the numerator).



8. Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations (the "Best Practice Guidelines"). Board Resourcing and Development Office, Office of the Premier, (February 2005). Available at: http://www.fin.gov.bc.ca/abc.

As illustrated in Figure 4, the use of potentially better practices is relatively consistent across peer groups and across LHINs, with no LHIN or peer group performing significantly better or worse than another. Among those hospital boards that have implemented over 80% of 34 potentially better practices, the representation of small, community and teaching hospitals is proportionate to the number of these hospitals in the province.

Despite strong performance generally, there is room for improvement on selected practices and on the speed with which boards implement practices that align with strategic organizational goals. Among the 93 hospitals that responded to both a strategic priorities survey in January, 2004[9] (completed by senior management) and a board governance survey in November, 2005 (completed by board Chairs), there were discrepancies between the proportion of hospitals in a LHIN which earlier reported management's desire to implement a given board practice and the proportion of hospitals in that same LHIN which later reported implementation of the practice in question. For example, 100% of reporting hospitals in each LHIN advised in early 2004 that director performance evaluation (i.e., routine performance appraisals using established criteria) was a corporate priority reflected in that organization's vision, mission or otherwise articulated goals; however, in late 2005, 13 out of 14 LHINs (Central LHIN being the exception) had less than 80% of these same hospitals reporting

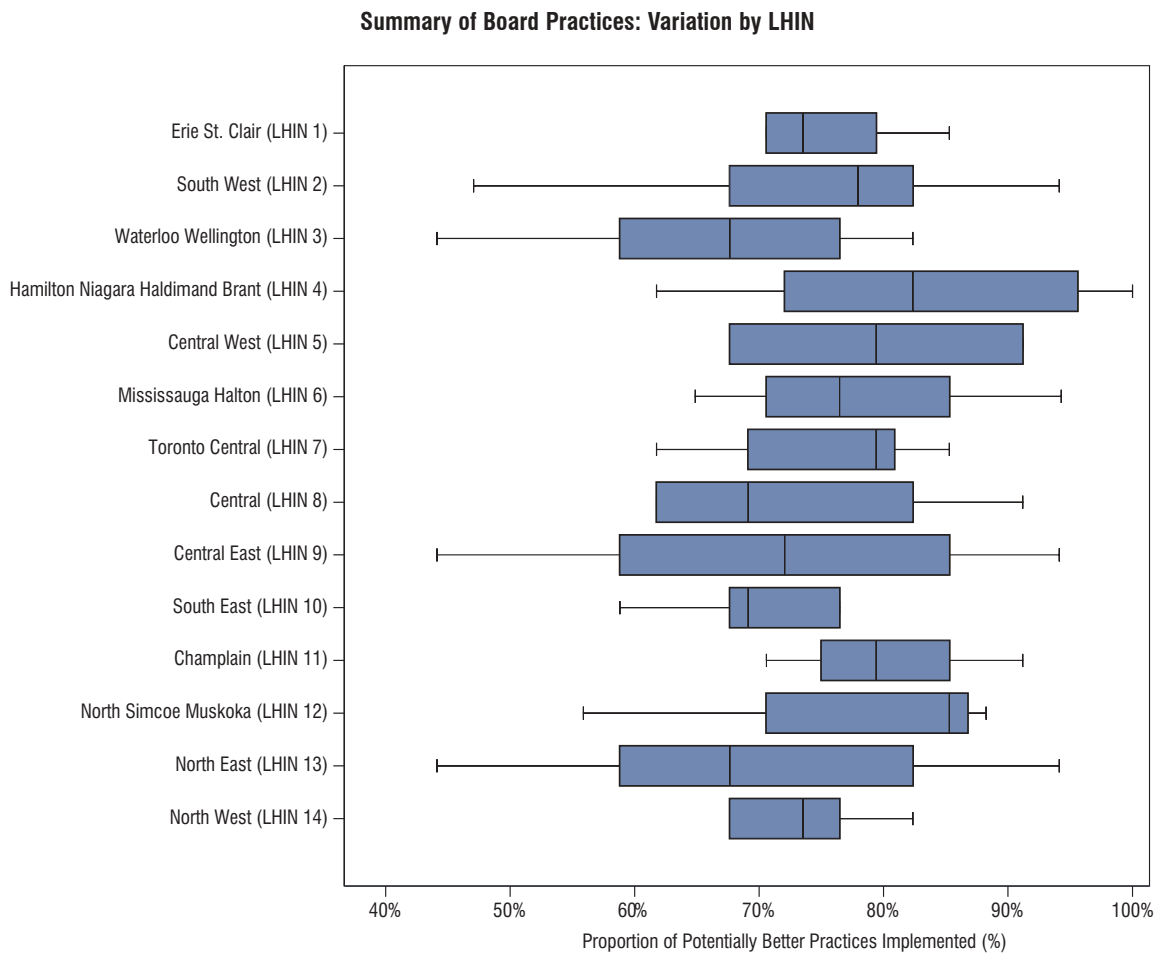


Figure 4

9. Brown AD, Alikhan LM, Sandoval GA, Seeman N, Baker GR, Pink GH. Acute Care Hospital Strategic Priorities: Perceptions of Challenge, Control, Competition and Collaboration in Ontario's Evolving Healthcare System. Healthcare Quarterly. 2005;8(3):36–47.

the use of annual director evaluation against pre-determined performance indicators (see Figure 5). Nine out of 13 LHINs had 50% or fewer of these hospitals reporting the use of this practice on their boards.

The presence of certain board practices varies considerably across LHINs. These include practices relating to leadership and renewal—specifically, the implementation of formal succession plans for Chief Executive Officers and for the Chairs of all Standing Committees of the board; director performance evaluation on pre-selected indicators; and the board's communication of the hospital's overall performance back to the community.

Despite the overall adoption of many leading practices in board governance, there are areas where hospitals may be able to learn from practices rapidly gaining in popularity in the private and public sectors. Most notably, these include such evolving practices as:

- formal whistleblower policies—only 23% of Ontario acute care hospital boards reported the use of such a policy; and
- a publicly available Code of Ethics by which the board is governed that includes a regular process to review adherence to the Code—65% of Ontario acute care hospital boards reported the use of such a policy.

Despite the potential for growth in such policies, our findings show that board ethics is a central focus of Ontario's acute care hospitals, with 92% of hospitals using a formalized process by which board members' potential conflicts of interest may be declared and evaluated by the board and/or the governance committee.

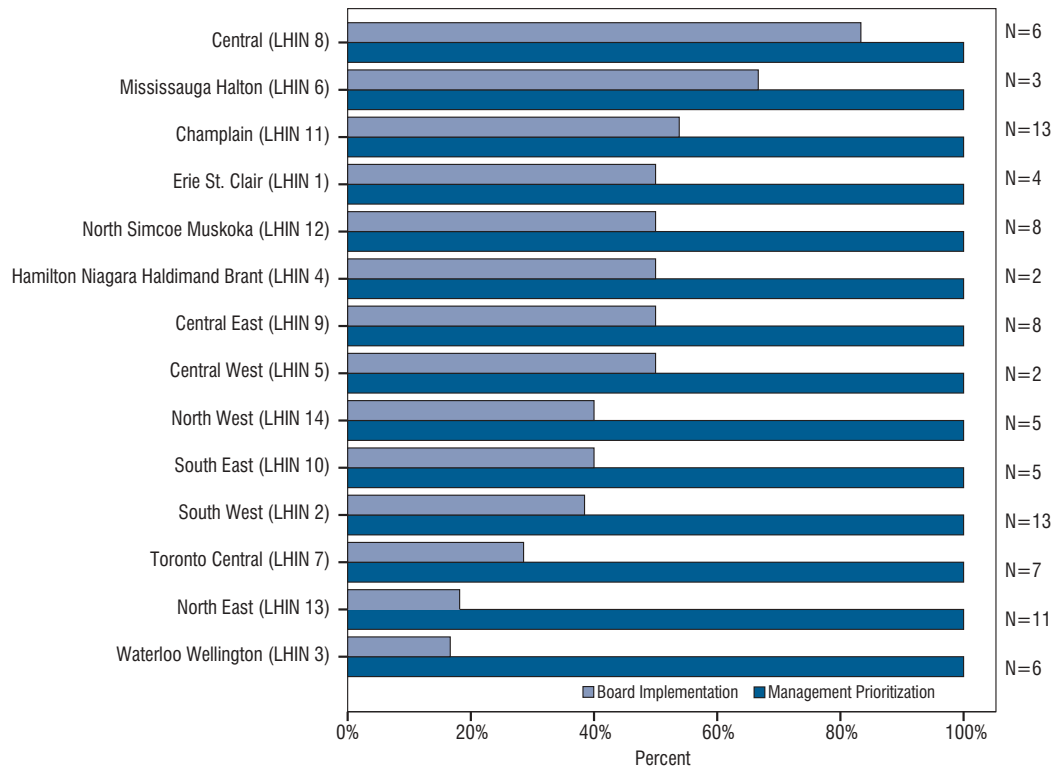


Figure 5

Ontario hospital boards are also performing well on a variety of key accountability measures as compared to the larger voluntary/non-profit sector in Canada. A recent national survey of 1,300 respondents in the voluntary/non-profit sector found that 52% of boards did not conduct formal board evaluations.[10] However, among Ontario hospital boards, our findings indicate that 80% (85/106) use a recorded set of objective criteria against which the board evaluates its effectiveness annually (or more frequently). In the national sample, 66% of boards reported that their organization publicly discloses its governance practices and processes; an even stronger majority of hospitals—93% (92/105 boards responding to this question in *Hospital Report*)—disclose in writing and make publicly accessible all board processes and terms of reference of Standing and other board committees.

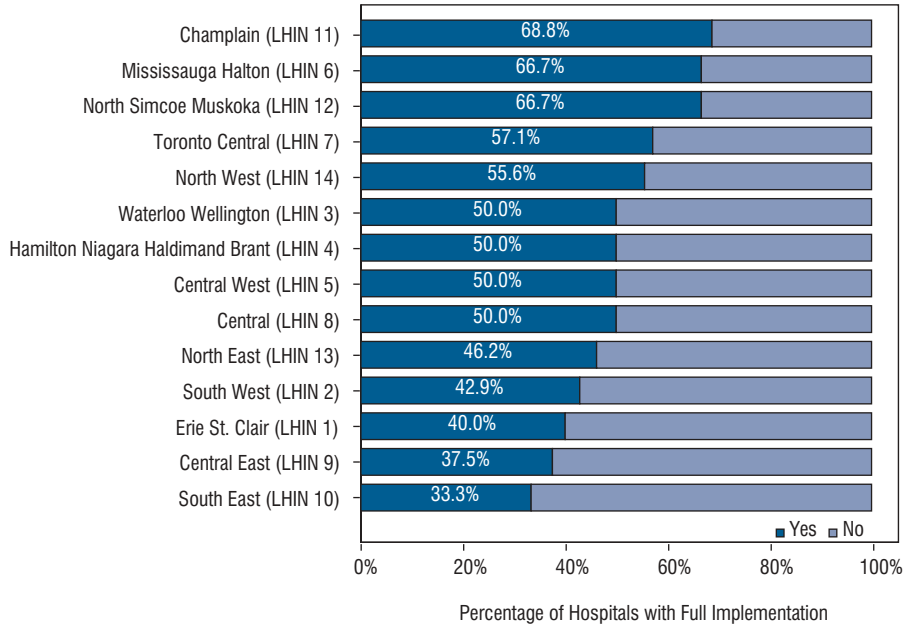


Figure 6

Conclusion

It is too early to determine whether individual governance practices are drivers of superior performance on *Hospital Report* indicators. However, among hospitals with top-governing boards (with over 90% of potentially better practices implemented), only 7% (1/14), had one or more below-average performance allocations across this year's six reported System Integration and Change (SIC) indicators. Among the remaining hospitals, 17% (16/92) had one or more below-average SIC performance allocations for the current year. While board governance is a fundamental tool of organizational accountability, it may also be correlated with stronger organizational performance.

10. Bugg, G, Dallhoff, S, Speevak-Sladowski, P. National Study of Board Governance Practices in the Non-Profit and Voluntary Sector in Canada. 2006. Toronto: Strategic Leverage Partners Inc. Available at: http://www.strategicleveragepartners.com/governance.html

A Balanced Scorecard

for Ontario's Acute Care Hospitals: Quadrant Definitions

System Integration and Change

This quadrant describes investments and improvements that hospitals have undertaken to adapt to the changing health care environment. The indicators assess the changes and investments made in the use of information technology, promotion of a healthy work environment, and collaboration with LHIN partners.

Women's Health Perspective

The Women's Health Perspective describes the importance of examining sex differences when considering overall hospital performance, and highlights hospital performance on selected indicators grouped into three clinical areas: Gynecological Conditions, Labour and Delivery and Cardiac Care.

Clinical Utilization and Outcomes

This quadrant describes the clinical performance of hospital outcomes through examination of readmissions, adverse events, and appropriateness of selected surgical techniques.

Patient Satisfaction

This quadrant examines patients' perceptions of their hospital experience with a focus on overall impressions, communication, consideration and responsiveness.

Financial Performance and Condition

This quadrant describes how hospitals manage their financial and human resources through examination of 9 measures of hospital viability, efficiency, liquidity and human resource use.

Scorecard Overview

Hospital Report 2006: Acute Care **is the sixth in a series of hospital-specific reports that use a balanced scorecard approach to report on the performance of hospitals that provide acute inpatient and ambulatory care services in Ontario.**

The objectives of this report are to facilitate local quality improvement programs and to support hospitals' accountability to the communities they serve. The primary audiences for this report are boards of directors and senior managers. Results should be shared broadly among hospital staff, patients, families and the public at large.

Using a balanced scorecard format, the report provides a summary of performance scores for 33 indicators across four areas of performance: Clinical Utilization and Outcomes (CUO), System Integration and Change (SIC), Financial Performance and Condition (FPC) and Patient Satisfaction. In addition to these four balanced scorecard quadrants, a Women's Health Perspective is included to provide a better understanding of performance specific to women and related to equity of access and outcomes for women and men.

Provincial averages have been calculated using data from 123 acute care hospitals in Ontario. In addition, hospital-specific results are provided for hospital corporations that voluntarily participated in the data submission processes for Patient Satisfaction and SIC. The results represent 95% of acute care hospitalizations for 2004–2005.

The hospitals included in the report vary considerably by size, populations served and overall patient volumes. In recognition of this variability, hospitals have been grouped into peer groups for comparisons. Performance measures are presented at the hospital-specific level, along with summary provincial, LHIN and peer group values.

Where can you find further information?

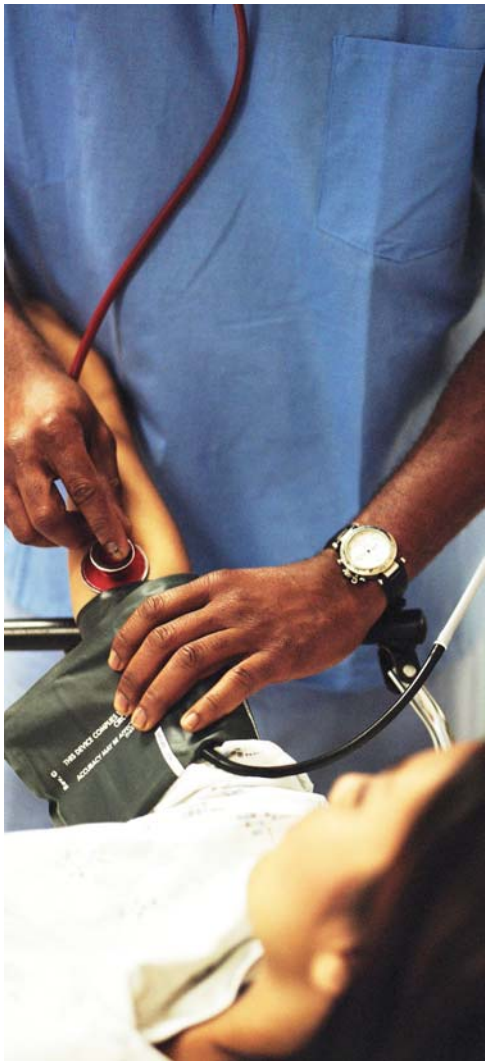
Further information is available in the e-Scorecard and technical summaries which can be accessed through the Hospital Report Research Collaborative Web site, at www.hospitalreport.ca.

The e-Scorecard is a Web-based, password-protected electronic application incorporating annual *Hospital Report* indicators and underlying components.

The prime objective of the e-Scorecard is to allow interactive comparative analyses among hospitals by providing predefined and customized reports and graphs.

The technical summaries provide more detailed definitions of the indicators and the statistical methods used to calculate results.

What Do the Scorecard Results Illustrate?



- The System Integration and Change (SIC) indicator results reveal that hospitals have made some improvements or strategic investments, when compared to last year, in the areas of Management and Support of Human Resources, Community Involvement and Coordination of Care, Use of Standardized Protocols and Use of Clinical Information Technology. In particular, considerable improvement was found in a variety of retention strategies for nurses when compared to previous years.
- The new SIC indicator results suggest that most hospitals are well-engaged in the reporting and analysis of issues related to patient safety. However, there is room for improvement in hospital's awareness and adoption of strategies designed to promote a culture of patient safety.
- Patient Satisfaction results remain consistent with findings from previous years, and other reports in the *Hospital Report* series, namely, Rehabilitation and Emergency Department Care. Hospitals generally achieve the highest scores on the Overall Impressions indicator and the lowest scores on the Communication indicator. This suggests that patients feel positive about their overall hospital experience and have confidence in the doctors and nurses who care for them. However, hospitals have room for improvement when it comes to providing patient and families with information and education about the circumstances of their treatment, and ensuring that they have relevant information to manage their condition after discharge. This is particularly important from the women's perspective.
- With respect to CUO, indicator results for the surgical procedures and medical conditions continue to reflect low rates of complications or adverse events during hospitalization, and low readmission rates for the same conditions and procedures.
- Results continue to illustrate a trend towards increased rates of laparoscopic procedures for cholecystectomy and oophorectomy. This is generally more desirable as laparoscopic procedures are less invasive, use fewer resources and often provide better patient outcomes. Conversely, while literature suggests that vaginal hysterectomies are generally preferable to abdominal hysterectomies because they are associated with improved secondary outcomes, the Women's Health perspective analysis shows that hospitals continue to perform more abdominal than vaginal hysterectomies.
- Hospitals are performing at a similar rate compared to previous years for both adverse events and readmissions following labour and/or delivery. Fifteen community hospitals achieved above-average performance on the Adverse Events following Labour and/or Delivery indicator. The small hospital peer group showed improved performance for rate of readmissions following labour and/or delivery; the peer group average dropped from 2.06 in 2003–2004, to 0.86 in 2004–2005 while the number of deliveries in this peer group remained similar for both years.
- Based on input from Chief Financial Officers, the Financial Performance and Condition quadrant indicators were modified for this year's analysis. The total number of indicators has been reduced to nine. Six of the indicators have been modified slightly and two new indicators were created: Debt Service Coverage and % Sick Time.

"High-Performing" Hospitals

High-Performing Hospitals Across Quadrants

The following two hospitals are the High Performing Acute Care hospitals based on indicator results that reflect performance in 2004–2005. These hospitals met the criteria for "high performer" in two quadrants and had no below-average score in any quadrant.

Hospitals	Quadrant
Southlake Regional Health Centre: A community hospital located in the Central LHIN, scored above average on 1 WH indicator; 1 CUO indicator; and 7 FPC indicators.	
Haliburton Highlands Health Services: A small hospital located in the Central East LHIN, scored above average on all 4 PS indicators and 7 FPC indicators.	

System Integration and Change

Criteria: Highest Score on one indicator **and** above-average on at least 3 of 6 indicators **and** no below-average score on any indicators.

Clinical Utilization and Outcomes (including Women's Health (WH))

Criteria: Above-average on at least 1 of 7 CUO indicators **and** above-average on at least 1 of 4 WH indicators **and** no below-average score on any indicators **and** no sex differences on any indicators.

Patient Satisfaction

Criteria: Above-average on at least 3 of 4 indicators **and** no below-average score on any indicator.

Financial Performance and Condition

Criteria: Above-average on at least 7 of 9 indicators for fiscal year 2004–2005.

For quality improvement purposes, the *Hospital Report* series has developed methodologies to identify "high performing" hospitals within and across quadrants.

The purpose of identifying high-performing hospitals across quadrants using a balanced scorecard framework is to identify hospitals that excel in certain areas without compromising performance in another area. High-performing hospitals are able to share useful ideas and practices with other hospitals.

It is important to note that high performance in a given year relates only to how hospitals perform based on the indicators calculated for that particular year (i.e. 2004–2005) with all indicators given an equal weighting. This is particularly relevant in the FPC quadrant. In addition, high performance in 2004-2005 in the FPC quadrant or any other quadrant is not a predictor of "high performing" status in future years.

It is of interest to note that no hospitals were high performing across all four quadrants, or any three quadrants. It is also of interest to note that several high performing hospitals do not have any statistically significant differences between women and men on indicators within the CUO and Patient Satisfaction quadrants.

High-Performing Hospitals Within Quadrants

System Integration and Change

Criteria
Highest score on one indicator **and** above-average on at least 3 of 6 indicators **and** no below-average score on any indicators.

High Performing Hospitals
- Kingston General Hospital
- University Health Network

Patient Satisfaction

Criteria
Above-average on all 4 indicators.

High Performing Hospitals
- Almonte General Hospital
- Deep River and District Hospital
- Haliburton Highlands Health Services
- Listowel & Wingham Hospitals Alliance
- MICs Group of Health Services
- Muskoka-East Parry Sound Health Services
- St. Joseph's Health Care, London
- The Hospital for Sick Children

Clinical Utilization and Outcomes

Criteria
Above-average on at least 2 of 7 indicators **and** no below-average score on any indicators.

High Performing Hospitals
- Halton Healthcare
- Queensway Carlton
- Rouge Valley Health System
  (above average on 4 of 7 indicators)
- St. Joseph's Health Centre, Toronto
- St. Mary's General Hospital
- Trillium Health Centre

Financial Performance and Condition

Criteria
Above-average on at least 7 of 9 indicators.

High Performing Hospitals
- Groves Memorial Community Hospital
- Haliburton Highlands Health Services
- Halton Healthcare
- Markham Stouffville Hospital
- Southlake Regional Health Centre
- St. Joseph's Health Centre, Toronto
- St. Mary's General Hospital
- Strathroy Middlesex General Hospital
- The Brantford General Hospital
- The Credit Valley Hospital
- The Ottawa Hospital
- Trillium Health Centre
- York Central Hospital

Women's Health Perspective

Criteria
Above-average on at least 1 labour and delivery and/or gynecological indicator **and** no below-average score **and** no sex differences on any cardiac indicator.

High Performing Hospitals
- Chatham-Kent Health Alliance
- Halton Healthcare
- Joseph Brant Memorial
- North York General Hospital
- Quinte Health Care
- Southlake Regional Health Care
- St. Joseph's Health Centre, Toronto
- St. Thomas-Elgin General Hospital
- The Scarborough Hospital
- Toronto East General Hospital
- York Central Hospital

It is useful to highlight hospitals that performed very well in particular quadrants or the WH perspective when compared to their peers, because these hospitals may be able to share useful ideas and practices to contribute to improved performance in other hospitals within these specific areas of focus. In addition, these hospitals may have undertaken specific quality improvement initiatives in these areas and the benefits of these targeted initiatives have resulted in good outcomes.

Interpretation of the Results

The indicator results in this report should be viewed as screening tests that can identify potential opportunities for quality improvement. Hospitals should "drill down" using their own data or data contained in the e-Scorecard to better understand the factors underlying their results.

For each of the quadrants and the WH perspective, results are provided at the "province-wide" and "hospital-specific" level.

- In the CUO and FPC quadrants, province-wide results refer to data that were calculated based on results for all of the 123 acute care hospitals in the province.
- The WH perspective province-wide results are based on 121 hospitals, as The Hospital for Sick Children and Children's Hospital of Eastern Ontario are not included in the analysis.
- For Patient Satisfaction, province-wide refers to data for the 93 hospitals that participated in the patient satisfaction survey process in 2004–2005, and the 91 hospitals that participated in the process in 2005–2006.
- For SIC, province-wide refers to data from the 109 hospitals that completed the SIC survey in January 2006.

Making Hospital to Hospital Comparisons: Risk Adjustment

To ensure optimal use of the scorecard results, board members should identify indicators for which their hospital's performance is lower than average or for which sex differences are significantly different and ensure that sufficient resources are allocated to facilitate quality improvement in these areas.

There are many factors that can cause indicator values to vary from hospital to hospital. Some of these factors, such as the diversity of hospital characteristics and the populations served are beyond a hospital's control. To reflect this, adjustment factors have been applied as appropriate in order to ensure meaningful comparisons within the balanced scorecard quadrants. Adjustment factors are described in more detail in each section and in the Technical Summaries.

While commonly accepted statistical techniques were used to reduce the impact of uncontrollable factors on indicator results, these techniques do not entirely eliminate their impact. For these reasons, caution should be exercised when making year-over-year comparisons and comparisons across hospitals, peer groups and LHINs.

In addition, no single indicator or quadrant should be used to judge a hospital. Each aspect of performance is important. Ranking hospitals based on just one quadrant, or one indicator, on its own will provide an incomplete picture of performance.

Interpretation of Box and Whisker Plots

For each section of the report a summary of the distribution of the hospital scores for the indicators are presented graphically using a box and whisker plot. Hospitals can use these to determine where their indicator score falls relative to other hospitals, the median score and the provincial average. Individual hospital indicator scores are found in the performance allocation tables or the e-Scorecard.

Figure 7 is a sample box and whisker plot the CUO Readmissions—All Medical Patients indicator.

The box is bound by the lower quartile (25th percentile) and the upper quartile (75th percentile) and the length of the box is defined as the interquartile range (IQ). The median (50th percentile) divides the IQ, and represents the midpoint of hospital scores. The whiskers extend from both ends of the box, the ends of which represent the smallest and largest hospital scores that fall within 1.5 times the IQ. Hospital scores that fall beyond this range are defined as outliers, and are represented by a circle on the graph. Hospital scores that fall beyond 3 times the IQ are considered extreme outliers, and are represented by a star.

The provincial average is displayed to the right of the graph. Unlike indicator values that are calculated using risk-adjusted hospital scores, provincial averages are calculated using un-adjusted weighted data.

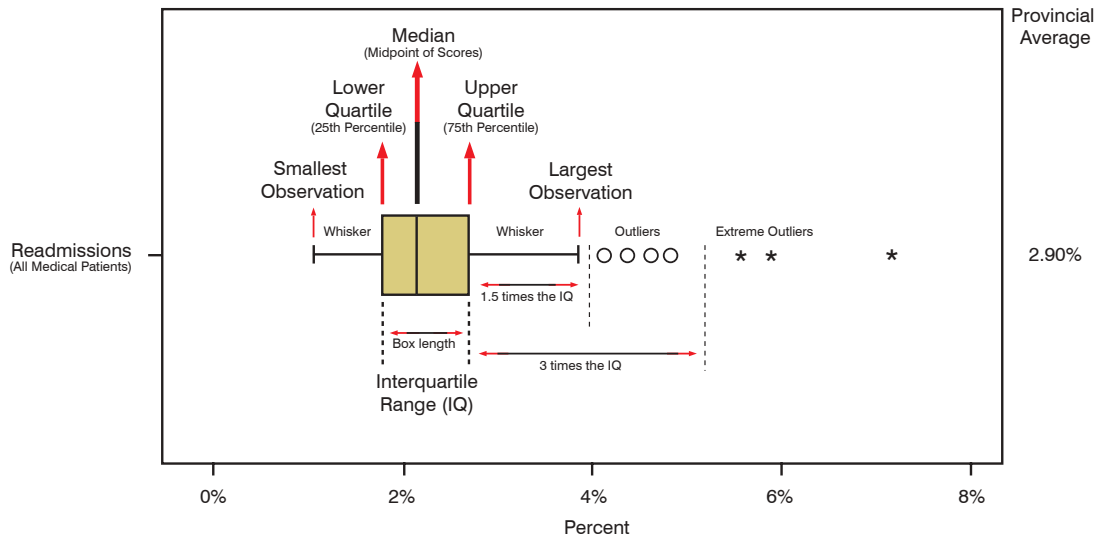


Figure 7

Hospital-Specific Scores: Interpreting Performance allocation Tables

Hospital-specific data is provided in the performance allocation (PA) tables for hospitals that met the following three criteria. The hospital:

- participated in the patient satisfaction survey process in 2004–2005 and/or 2005–2006;
- completed an SIC survey; and
- agreed to have their results published for comparison purposes in this public report.

The tables include a shaded background that indicates whether the hospital's score on that indicator reflected above-average, average, or below-average performance. A score of above-average performance or below-average performance means that the hospital's score was statistically different than the average score for all participating hospitals.

Coloured shading for performance is assigned as follows:

- above-average performance (or no statistically significant difference between women and men in the WH perspective)
- average performance
- below-average performance (or a statistically significant difference between women and men in the WH perspective)

  For some indicators, lower values suggest better performance. In these cases, lower values are labeled as above-average.

For Current Ratio and Total Margin in the FPC quadrant:

- the hospital's score falls inside the range identified through HRRC research to reflect optimal performance
- the hospital's score falls outside the range identified through HRRC research to reflect optimal performance

Some results are not shown, this is explained by the following symbols:

NR means non-reportable, because there were incomplete data, survey results did not achieve a volume screen, the number of events was too low to obtain a reliable estimate, or there were physician or patient confidentiality concerns

DNP means that the hospital did not participate in the survey process

This quadrant focuses on indicators that assess efforts and investments made by hospitals to improve linkages with other healthcare providers, to use information technology for improved decision-making and to support human resources. In addition, four new indicators for 2006 focus on hospital culture and reporting processes related to patient safety, and strategies for performance management and wait time management in ambulatory care clinics.

Data presented are based on results from a survey completed by hospital managers in January 2006. In total, 109 hospitals completed the survey.

The SIC survey for *Hospital Report 2006: Acute Care* was modified slightly from the survey used for the *2005 Acute Care Report*. Three new sections were added this year: Patient Safety, Access to Care and Ambulatory Care Services. In addition, there were significant changes made to the Healthy Work Environment section so caution should be taken when comparing results for this indicator with last year.

Minor or no changes were made to other sections of the survey, therefore, year-over-year comparisons can be made in specific areas for the following indicators: Use of Clinical Information Technology, Use of Data for Decision-Making, Use of Standardized Protocols, Community Involvement and Coordination of Care and Management and Support of Human Resources. Hospitals can use this year's indicator results to highlight improvements from previous years and to identify opportunities for improvement.

Indicator Definitions

Use of Clinical Information Technology

The degree to which clinical information is available electronically to care providers inside and outside the hospital.

Use of Data for Decision-Making

The degree to which organizations are disseminating and utilizing both clinical and administrative data.

Use of Standardized Protocols

The degree to which hospitals are developing and using standardized protocols for the diagnosis and treatment of a broad range of relatively common clinical conditions and procedures.

Community Involvement and Coordination of Care

The degree of coordination, both internally and externally, with other care providers and the community.

Management and Support of Human Resources

The extent to which hospitals have implemented staff training programs, retention and recruitment strategies and innovative hospital staff practices.

Healthy Work Environment (revised)

The extent to which hospitals have mechanisms in place to support and promote a healthy work environment, thereby contributing to employees' physical, social, mental and emotional well-being.

Patient Safety Reporting and Analysis (new)

The degree to which patient safety reporting processes and patient safety analysis activities are implemented and monitored within the hospital.

Promoting a Patient Safety Culture (new)

The extent to which hospitals implement organizational practices to create a work setting that supports the safe delivery of care/service.

Strategies to Manage the Waiting Process in Ambulatory Care Clinics (new)

The extent to which hospitals use formal processes to remove a patient from a waiting list, use a centralized scheduling system to coordinate all patient visits and use strategies to make the patient's wait experience more informative and comfortable.

Performance Management in Ambulatory Care (new)

The extent to which hospitals use and monitor clinic performance indicators, as well as how hospitals incorporate quality improvement initiatives in ambulatory clinics.

Provincial Indicator Results

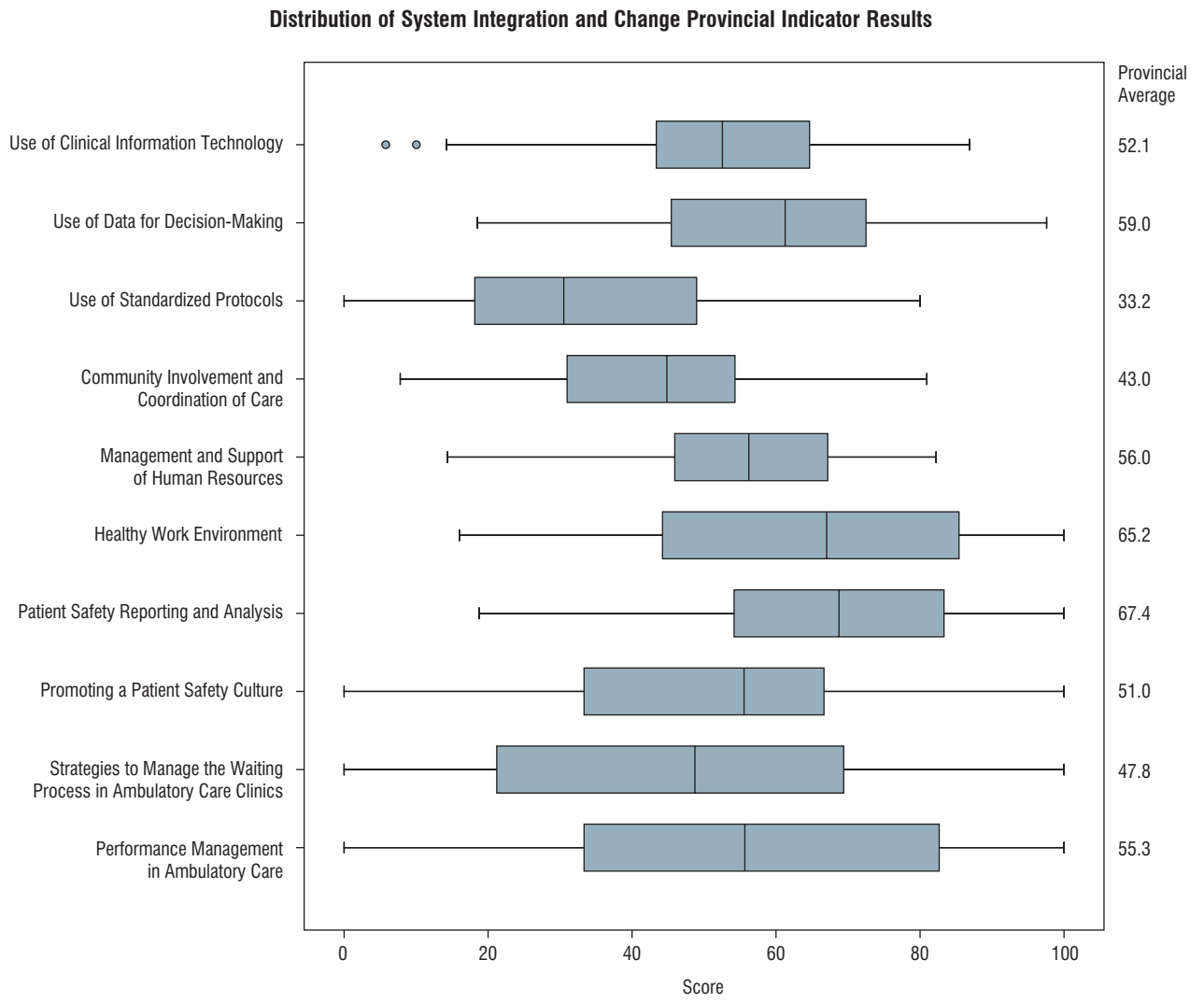


Figure 8

Figure 8 depicts the distribution of scores and the average score for each of the indicators. Hospitals can use this to determine where their score for each indicator (as found in the PA table) falls relative to other hospitals and the provincial average.

Summary of Results

This year's SIC survey results reveal that hospitals have made some improvements or strategic investments, when compared to 2005 survey results, in the areas of Management and Support of Human Resources, Community Involvement and Coordination of Care, Use of Standardized Protocols and Use of Clinical Information Technology.

Considerable improvement was found in a variety of retention strategies for nurses (e.g. general cost of living increases, wellness programs and mentorship programs) when compared to previous years. This is consistent with other findings showing that recruitment and retention was deemed to be the leading strategic priority for acute care hospitals in a 2004 study.[11] However, the results do show considerable variation across facilities.

Results for the indicators related to **Patient Safety** reveal that most hospitals are well-engaged in the reporting and analysis of safety issues. The following strategies have been implemented (either hospital-wide or in specific departments) at 70% of the responding hospitals:

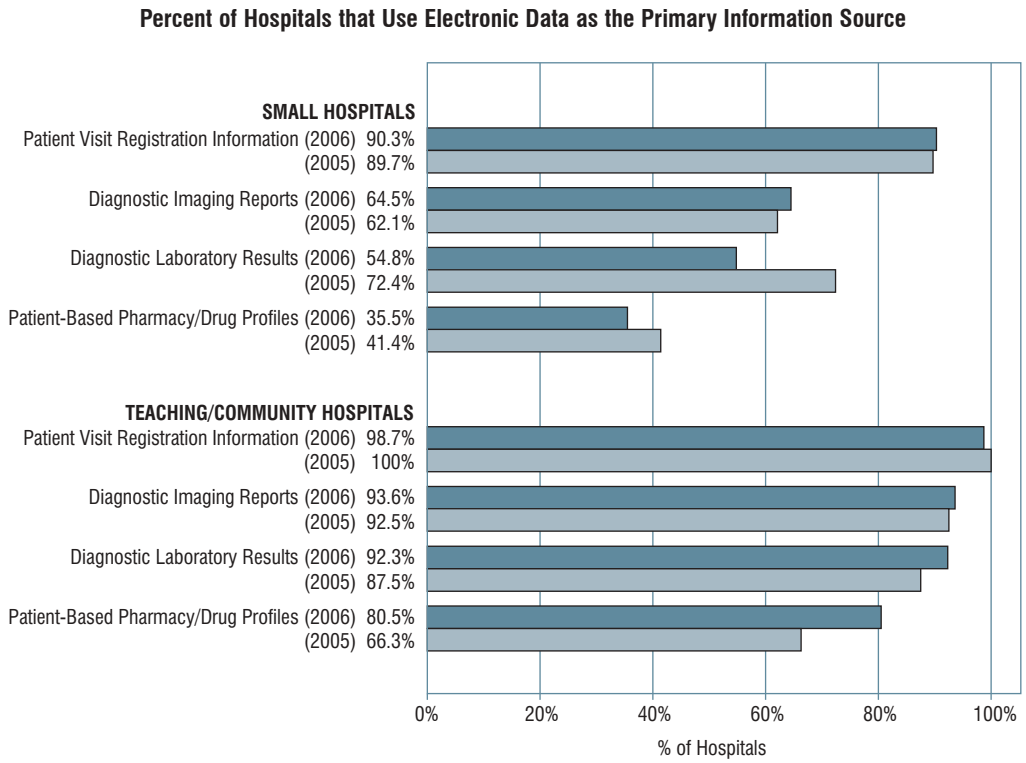
- "Safety Briefings" in patient care units (a process that includes setting aims, establishing measures, selecting and testing change)
- Patient Safety Leadership WalkRounds conducted at least weekly
- Feedback to front-line staff and maintaining a database to monitor this feedback
- Appointing and training "Safety Champions" for every department and patient care unit
- Creation of an Adverse Event Team/Patient Safety Steering Committee.

The majority (89%) of Ontario hospitals report the use of an organization-wide, non-punitive reporting policy for adverse events and 68% of hospitals have explicitly adopted patient safety as a written, strategic priority or goal.

Year-over-year comparisons illustrate that hospitals are looking to external comparators for benchmarking of clinical measures. For example, in 2005, only 3.5% of small hospitals collected adverse drug reaction data and compared these data externally with other organizations; however in 2006, this proportion significantly increased to 25.8%. This increase in adverse drug reaction data collection is also evident in teaching and community hospitals. Another notable improvement is the proportion of small hospitals reporting data on hospital-acquired injuries. Despite these increases, the proportion of hospitals using external benchmarks is below 50% for most of the clinical measures.

Results for the indicators related to **Ambulatory Care** reveal that the use of performance measurement is a strategic management tool that is not restricted to inpatient care. Most hospitals (65%) report that indicators at most or all clinics are monitored to assess performance internally (i.e. within the clinic or hospital); 31% of hospitals report that indicators at most or all

11. Brown, AD, Alikhan, LM, and Seeman NL. "Crossing the Strategic Synapse: Aligning Hospital Strategy with Shared System Priorities in Ontario, Canada." *Health Care Management Review.* 31(1):34–44, January/March 2006.



Note: The years in the brackets represent the SIC survey results for the specific *Hospital Report* year.

Figure 9

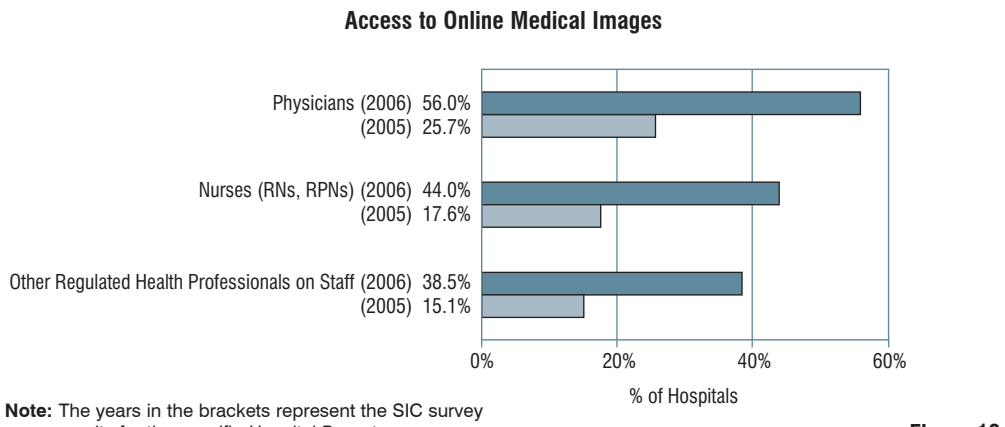
clinics are monitored for comparison to performance at clinics at other hospitals. The large majority of hospitals also commit resources (e.g. dedicated clinic volunteers or play areas) to making the patient's waiting experience for outpatient care comfortable and informative. However, results also show that over half of hospitals (58%) do not have any formal processes to remove patients from their clinic wait lists (if, for instance, these patients get seen at another clinic) and 44% do not use a centralized scheduling system that coordinates all patient clinic visits.

The **Healthy Work Environment** section of the SIC survey was modified significantly from the previous year. Questions were revised with an aim to better distinguish best practices for supporting and promoting a healthy work environment. Results indicate that 79.8% of hospitals reported that one or more healthy lifestyle programs are offered by the organization. Examples include programs that are designed to encourage physical activity, good nutrition, stress management and smoking cessation. Although a growing number of hospitals are engaging in providing healthy programs to support staff, there are still opportunities for hospitals to improve upon.

As hospitals operate within a LHIN environment, a focus on integration along the continuum of care, is essential. The proportion of hospitals that reported collaboration with Cancer Centres and primary care providers has increased from *Hospital Report 2005*. For example, in 2005, 40.4% of hospitals reported developing standardized protocols with Cancer Centres that spanned patient care in the hospital and community, this year the proportion increased to 60.6%. The proportion of hospitals reporting improved data collection and data sharing capabilities with primary care providers has also increased from 32.1% in 2005 to 40.4% in 2006.

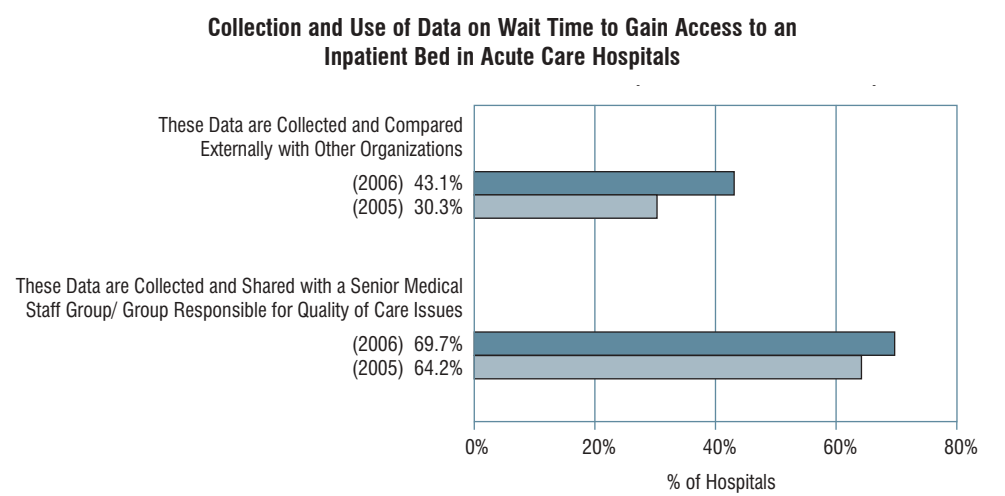
With respect to **Use of Clinical Information Technology**, year-over-year comparisons illustrate that an increasing number of hospitals have made investments and/or improvements in relation to the use of data and decision support systems.

Figure 9 illustrates that most teaching and community hospitals reported using electronic records and data as the primary source for patient registration and discharge information. Results indicate that teaching and community hospitals have made investments in technology related to electronic reporting of diagnostic laboratory and pharmacy results. In contrast, fewer small hospitals are using electronic records as the primary source for diagnostic laboratory and pharmacy results. This could suggest that small hospitals are currently waiting to follow experimentation in teaching and community hospitals before investing strategically in these types of IT systems, and/or they may be engaging in partnership opportunities.



Note: The years in the brackets represent the SIC survey results for the specific *Hospital Report* year.

Figure 10



Note: The years in the brackets represent the SIC survey results for the specific *Hospital Report* year.

Figure 11

The percent of hospitals reporting that patient-care staff were able to access "online" clinical data from patients' previous visits has increased consistently from *Hospital Report 2003: Acute Care*. Much of this gain appears to be related to an increase in the use of online clinical data in small hospitals. Only 32% of small hospitals in *Acute Care 2005* reported that this was possible in 2005, whereas in *Acute Care 2006*, this proportion increased to 52%. Results also indicate that there is still variation in the degree to which clinical information is available electronically to healthcare providers within and outside the hospitals.

Results suggest that as hospitals are becoming increasingly more aware of the need to provide easy access to electronic medical imaging in order to improve levels of care[12] investments are being made in this area. For example, in *Acute Care 2005*, 37% of hospitals used electronic medical images (e.g. CT scans, X-rays) as the primary source of information where remote access was possible, whereas in *Acute Care 2006*, this proportion increased to 56%.

In addition, there has been an increase in the proportion of hospitals reporting that over 75% of physicians and patient-care staff have online access to medical images (e.g. CT scans, X-rays)(see Figure 10).

Results indicate that more hospitals are collecting data on the time it takes to gain access to inpatient beds and comparing these data externally with other organizations. Currently, 70% of hospitals compared to 64% in *Acute Care 2005*, report that this wait time information is shared with a senior medical staff group or a group responsible for quality of care issues (Figure 11). While the increased use of wait time information is a positive development, more hospitals could potentially benefit from sharing wait time data and considering improvement strategies with their LHIN partners.

For more specific Pan Canadian wait time information, please refer to CIHI's *Waiting for Health Care in Canada: What We Know and What We Don't Know (April 2006)*.

12. Canada Health Infoway (2004, Feb). Partnership project nets enhanced patient care.Canada Health Infoway In the News 1(2). Retrieved from http://www.infowayinforoute.ca/en/News-Events/InTheNews_long.aspx?uid=110.

Summary of Results (cont'd)

Standardized clinical protocols (or care plans) assist hospitals in the identification of patient needs and improve coordination of activities among members of the care team.

Year-over-year comparisons illustrated in Figure 12 show a steady increase in the number of hospitals that report developing and using standardized clinical protocols for over 75% of patients in a variety of clinical areas.

In 2006, there was an increase in the number of hospitals that developed standardized clinical protocols with other organizations. For example, this year the proportion of hospitals with standardized protocols for stroke and heart failure that included aspects of care by other acute care hospitals improved. In *Acute Care 2005* these proportions were reported at 33.0% and 9.2% respectively, and increased, in the current report, to 53.2% and 19.3%.

This is a strategy that can potentially improve the patient's care across a continuum of provider agencies.

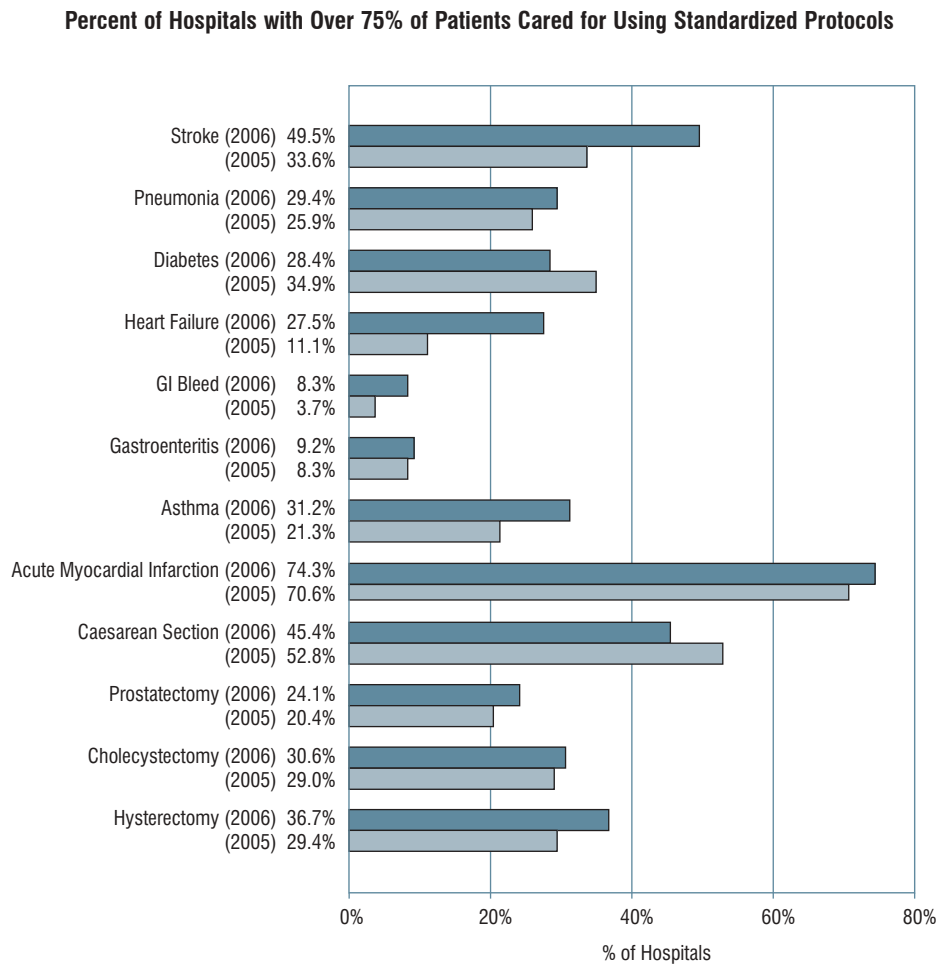


Figure 12

Interpreting Results in the Performance Allocation Tables

The PA table includes results for 95 of the hospitals that completed the SIC survey and are participating in the public release of the comparative results through this report.

For each of the indicators, a higher score and above-average performance classification is preferred. The maximum score for each indicator is 100.

The four new indicators are not included in the performance tables as these are new indicators intended to be presented at the system level this year. Hospital-specific data for these indicators are available to hospitals in the e-Scorecard.

Hospital	Community Served	LHIN	Use of Clinical Information Technology	Use of Data for Decision-Making	Use of Standardized Protocols	Community Involvement and Coordination of Care	Management and Support of Human Resources	Healthy Work Environment
PROVINCIAL AVERAGE			**52.1**	**59.0**	**33.2**	**43.0**	**56.0**	**65.2**
TEACHING HOSPITALS AVERAGE			68.0	72.6	34.7	57.2	69.1	80.2
TEACHING/COMMUNITY HOSPITAL PERFORMANCE ALLOCATION AVERAGE			57.4	64.5	36.0	48.2	60.4	68.9
Children's Hospital of Eastern Ontario	Ottawa	11	52.5	59.2	22.6	34.0	61.6	59.3
Hamilton Health Sciences	Hamilton	4	67.6	66.0	22.6	49.5	69.5	83.7
Kingston General Hospital	Kingston	10	82.8	87.8	59.5	80.9	82.2	100.0
London Health Sciences Centre	London	2	73.5	72.2	45.8	61.7	67.5	84.0
Mount Sinai Hospital	Toronto	7	78.2	89.5	18.2	50.3	72.8	92.6
St. Joseph's Health Care London	London	2	66.9	76.9	26.6	49.6	67.2	81.1
St. Joseph's Healthcare Hamilton	Hamilton	4	67.6	45.5	9.5	52.6	59.5	42.4
St. Michael's Hospital	Toronto	7	56.8	81.2	26.3	69.5	69.3	94.3
Sunnybrook & Women's College Health Sciences Centre	Toronto	7	73.2	79.0	54.8	59.2	67.0	92.7
The Hospital for Sick Children	Toronto	7	76.1	95.6	46.6	56.3	79.3	76.1
The Ottawa Hospital	Ottawa	11	55.4	86.2	37.4	63.3	70.6	97.6
University Health Network	Toronto	7	86.9	80.7	69.1	80.5	76.2	98.3
SMALL HOSPITALS AVERAGE*			38.7	45.0	25.2	30.0	44.9	56.0
Alexandra Hospital	Ingersoll	2	52.1	53.8	31.1	40.7	46.9	82.2
Alexandra Marine & General Hospital	Goderich	2	70.7	59.0	59.1	46.6	53.5	46.5
Almonte General Hospital	Almonte	11	46.9	71.5	32.8	30.4	56.4	61.9
Arnprior & District Memorial Hospital	Arnprior	11	31.0	61.1	38.1	50.7	56.8	81.5
Carleton Place & District Memorial Hospital	Carleton Place	11	34.5	68.1	52.7	50.4	57.0	84.7
Deep River and District Hospital	Deep River	11	47.5	48.3	63.3	53.0	43.0	36.6
Dryden Regional Health Centre	Dryden	14	40.3	64.6	27.7	58.1	56.3	100.0
Englehart & District Hospital	Englehart	13	62.3	34.5	NR	27.9	32.8	29.7
Glengarry Memorial Hospital	Alexandria	11	24.5	23.1	3.1	10.6	48.4	29.7
Haliburton Highlands Health Services	Haliburton	9	19.2	46.8	12.5	12.7	35.4	35.9
Hanover & District Hospital	Hanover	2	43.6	66.1	40.1	24.6	56.0	52.4
Kemptville District Hospital	Kemptville	11	32.9	37.1	25.0	21.5	41.0	68.4
Lennox & Addington County General Hospital	Napanee	10	43.4	28.8	28.0	34.1	38.9	65.2
Listowel & Wingham Hospitals Alliance	Listowel	2	68.1	56.5	22.0	33.8	36.6	68.7
MICs Group of Health Services	Cochrane	13	30.8	64.0	76.4	47.0	36.9	37.0
North Wellington Health Care	Mount Forest	3	5.8	55.0	15.3	16.5	60.2	40.7
Services de santé de Chapleau Health Services	Chapleau	13	51.1	18.5	NR	26.3	27.0	17.3
South Huron Hospital	Exeter	2	36.8	42.5	15.6	17.3	32.6	31.5
St. Francis Memorial Hospital	Barry's Bay	11	30.2	66.9	21.2	42.1	52.0	67.0
Stevenson Memorial Hospital	Alliston	8	35.3	41.1	11.7	37.8	47.6	67.2
The West Nipissing General Hospital	Sturgeon Falls	13	33.6	42.0	37.3	30.5	51.9	31.2

Above-average performance Average performance Below-average performance

Hospital	Community Served	LHIN	Use of Clinical Information Technology	Use of Data for Decision-Making	Use of Standardized Protocols	Community Involvement and Coordination of Care	Management and Support of Human Resources	Healthy Work Environment
COMMUNITY HOSPITALS AVERAGE			55.3	62.9	36.2	46.4	58.6	66.6
TEACHING/COMMUNITY HOSPITAL PERFORMANCE ALLOCATION AVERAGE			57.4	64.5	36.0	48.2	60.4	68.9
Bluewater Health	Sarnia	1	59.9	58.3	23.8	31.0	48.4	60.1
Brockville General Hospital	Brockville	10	25.8	30.9	14.6	27.2	42.4	82.8
Cambridge Memorial Hospital	Cambridge	3	56.8	77.8	52.1	57.9	64.6	76.2
Chatham-Kent Health Alliance	Chatham	1	84.0	58.2	49.0	46.4	47.9	16.0
Collingwood General & Marine Hospital	Collingwood	12	66.6	44.3	26.7	30.9	47.1	33.5
Cornwall Community Hospital	Cornwall	11	30.4	36.8	10.4	24.3	53.4	70.2
Grand River Hospital	Kitchener	3	77.2	55.4	61.6	75.2	67.3	74.8
Grey Bruce Health Services	Owen Sound	2	47.7	76.3	30.5	48.2	67.1	84.9
Groves Memorial Community Hospital	Fergus	3	33.8	77.0	80.0	61.8	75.4	99.3
Guelph General Hospital	Guelph	3	72.4	76.8	37.6	42.1	66.3	93.3
Halton Healthcare	Oakville	6	57.1	82.2	35.7	49.7	76.3	90.7
Headwaters Health Care Centre	Orangeville	5	66.0	52.9	49.6	57.9	75.1	58.5
Hôpital Général de Hawkesbury & District General Hospital Inc.	Hawkesbury	11	48.9	74.7	22.6	39.1	61.9	74.1
Hôpital Montfort	Ottawa	11	62.8	66.1	74.3	60.2	60.4	90.4
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	58.1	54.8	57.6	59.7	54.6	44.3
Hôtel-Dieu Grace Hospital	Windsor	1	57.3	60.6	57.1	57.8	71.1	35.1
Humber River Regional Hospital	Toronto	8	50.0	79.8	39.6	48.8	67.4	52.2
Huron Perth Healthcare Alliance	Stratford	2	79.0	65.2	49.0	39.9	46.7	74.6
Huronia District Hospital—North Simcoe Hospital Alliance	Midland	12	48.3	69.9	35.8	32.2	53.8	86.8
Joseph Brant Memorial Hospital	Burlington	4	42.8	63.2	69.5	63.6	70.3	64.2
Kirkland and District Hospital	Kirkland Lake	13	74.4	73.2	17.7	46.0	63.9	88.6
Lake of the Woods District Hospital	Kenora	14	54.0	65.7	24.9	38.5	54.1	33.8
Lakeridge Health	Oshawa	9	69.4	54.6	43.3	53.6	61.8	42.7
Leamington District Memorial Hospital	Leamington	1	45.5	61.7	32.1	47.5	70.5	85.4
Markham Stouffville Hospital	Markham	8	66.6	43.2	32.0	44.9	72.0	52.3
Muskoka-East Parry Sound Health Services	Huntsville	12	44.6	49.2	15.0	46.5	50.7	60.2
Niagara Health System	Niagara Falls	4	47.9	78.4	65.8	60.3	60.8	89.2
Norfolk General Hospital	Simcoe	4	67.0	55.2	21.4	35.0	43.8	46.5
North Bay General Hospital	North Bay	13	54.5	20.2	18.8	36.0	32.4	37.9
North York General Hospital	Toronto	8	64.7	73.8	19.5	36.6	74.4	95.4
Northumberland Hills Hospital	Cobourg	9	76.0	81.7	36.4	44.8	68.2	97.2
Orillia Soldiers' Memorial Hospital	Orillia	12	51.3	61.3	20.2	39.6	68.7	25.2
Pembroke Regional Hospital	Pembroke	11	62.8	69.0	21.4	48.1	44.0	79.1
Perth & Smiths Falls District Hospital	Smiths Falls	10	71.8	62.7	67.0	69.6	68.8	92.5
Peterborough Regional Health Centre	Peterborough	9	44.3	67.5	37.4	48.0	72.5	96.8
Queensway Carleton Hospital	Nepean	11	50.1	63.6	44.9	53.2	48.8	65.3
Quinte Health Care	Belleville	10	51.5	41.4	6.3	43.6	48.8	82.0

Above-average performance Average performance Below-average performance

Ross Memorial Hospital	Lindsay	9	51.6	76.5	10.6	39.6	56.0	57.0
Rouge Valley Health System	Scarborough	9	57.3	70.2	24.3	50.0	54.3	25.5
Sault Area Hospital	Sault Ste. Marie	13	51.2	32.3	17.3	33.9	45.0	45.2
South Bruce Grey Health Centre	Kincardine	2	31.3	45.2	23.4	27.7	46.0	51.4
Southlake Regional Health Centre	Newmarket	8	68.8	56.0	15.6	38.1	56.2	47.5
St. Joseph's Health Centre Toronto	Toronto	7	66.0	54.6	37.2	56.7	66.4	45.0
St. Mary's General Hospital	Kitchener	3	65.5	86.8	61.0	64.5	73.2	90.8
St. Thomas-Elgin General Hospital	St. Thomas	2	45.9	80.5	28.0	46.5	64.2	80.6
Strathroy Middlesex General Hospital	Strathroy	2	57.2	75.9	47.3	44.5	66.4	94.3
Temiskaming Hospital	New Liskeard	13	56.4	62.5	15.2	11.0	52.3	51.4
The Brantford General Hospital	Brantford	4	54.1	65.5	23.4	36.8	64.8	42.1
The Credit Valley Hospital	Mississauga	6	62.3	67.3	43.9	58.9	65.8	80.5
The Scarborough Hospital	Scarborough	9	50.5	72.5	49.4	54.3	59.3	83.1
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	58.8	69.8	9.8	30.8	41.5	36.1
Tillsonburg District Memorial Hospital	Tillsonburg	2	62.4	34.4	26.6	20.0	58.2	51.0
Timmins & District Hospital	Timmins	13	63.0	63.0	51.5	59.9	44.0	53.7
Toronto East General Hospital	Toronto	7	64.2	97.6	64.3	68.9	82.2	93.9
Trillium Health Centre	Mississauga	6	66.1	75.8	51.0	59.2	68.2	92.2
West Lincoln Memorial Hospital	Grimsby	4	14.2	53.9	27.6	37.3	44.7	90.0
West Parry Sound Health Centre	Parry Sound	13	43.2	64.3	7.0	35.2	14.3	39.1
William Osler Health Centre	Brampton	5	60.7	56.1	65.2	56.8	53.1	31.3
Winchester District Memorial Hospital	Winchester	11	34.2	59.8	26.4	50.5	45.2	65.8
Windsor Regional Hospital	Windsor	1	61.7	60.2	38.2	40.2	70.8	89.6
Woodstock General Hospital	Woodstock	2	46.6	64.6	56.1	55.8	64.3	77.7
York Central Hospital	Richmond Hill	8	57.0	75.4	40.3	50.6	57.7	61.8

AVERAGE HOSPITAL RESULTS BY LOCAL HEALTH INTEGRATION NETWORK

1	(Erie St. Clair)	61.7	59.8	40.0	44.6	61.7	57.2
2	(South West)	55.8	62.1	35.8	39.8	55.2	68.6
3	(Waterloo Wellington)	51.9	71.5	51.3	53.0	67.8	79.2
4	(Hamilton Niagara Haldimand Brant)	47.5	58.0	31.4	44.2	57.2	68.3
5	(Central West)	63.4	54.5	57.4	57.3	64.1	44.9
6	(Mississauga Halton)	61.8	75.1	43.6	55.9	70.1	87.8
7	(Toronto Central)	71.6	82.6	45.2	63.0	73.3	84.7
8	(Central)	57.1	61.5	26.5	42.8	62.5	62.7
9	(Central East)	52.1	65.0	30.6	42.6	56.3	60.1
10	(South East)	53.5	46.0	31.3	48.6	56.1	77.2
11	(Champlain)	43.1	60.8	34.6	43.2	53.8	70.4
12	(North Simcoe Muskoka)	53.6	55.3	26.9	40.4	58.0	57.5
13	(North East)	47.5	44.0	27.9	32.2	41.2	43.7
14	(North West)	42.5	47.1	10.0	30.7	45.7	60.7

* The performance allocation average includes hospitals participating at a system-wide and hospital-specific level. As a result, both small hospitals average and small hospital performance allocation average are identical.

Above-average performance Average performance Below-average performance

Monitoring patient perceptions of the hospital care they received is an essential component when measuring the quality of services provided in hospitals. Patient satisfaction results for this report are based on the same questionnaire that was used to produce the results for *Hospital Report: Acute Care 2005*. The National Research Corporation (NRC)+Picker acute care inpatient survey focuses on the patient experience, and allows patients to evaluate the services they received and their interaction with hospital staff, including nurses and doctors.

Results for the 93 hospitals that voluntarily participated in the patient satisfaction survey process in 2004–2005, and the 91 hospitals that participated for at least six months in 2005–2006 (mostly spanning April 2005 to December 2005), are included in the analysis and illustrated in the performance allocation tables.

The analysis reflects perceptions of patients, 18 years of age and older.

Results for patients 0 to 17 years old are provided in the Performance Allocation tables for those hospitals that met a volume screen for pediatric responses (including proxy responses) in 2004–2005. An analysis of 2005–2006 pediatric patient satisfaction is not provided at this time. A new pediatric patient satisfaction survey was introduced in 2004 and is currently being used by 10 hospitals, including the Hospital for Sick Children and the Children's Hospital of Eastern Ontario. It is anticipated that indicators of pediatric patient satisfaction based on the new survey tool will be developed.

Response Rates

Approximately 147,000 questionnaires were mailed to individuals who had an acute inpatient stay at participating hospitals between April 1, 2004 and March 31, 2005. The overall response rate for patients was 47.9%, with males and females responding at similar rates of 47.9% and 47.8%, respectively. The mean (average) hospital response rate was 49.5%, and the median response rate was 48.9%. The lowest response rate for a given hospital corporation was 32.6%.

Indicator Definitions

The four indicators for this quadrant are made up of a varying number of individual questionnaire items that reflect four overall areas of patient satisfaction.

Overall Impressions

Patients' views of their overall hospital experience, including the overall quality of care and services they received at the hospital, and their confidence in the doctors and nurses who cared for them.

Communication

Patients' views about the amount and quality of the information and communications they received about their condition, treatment, and preparation for discharge and care at home, and whether they felt family and friends were given sufficient information.

Consideration

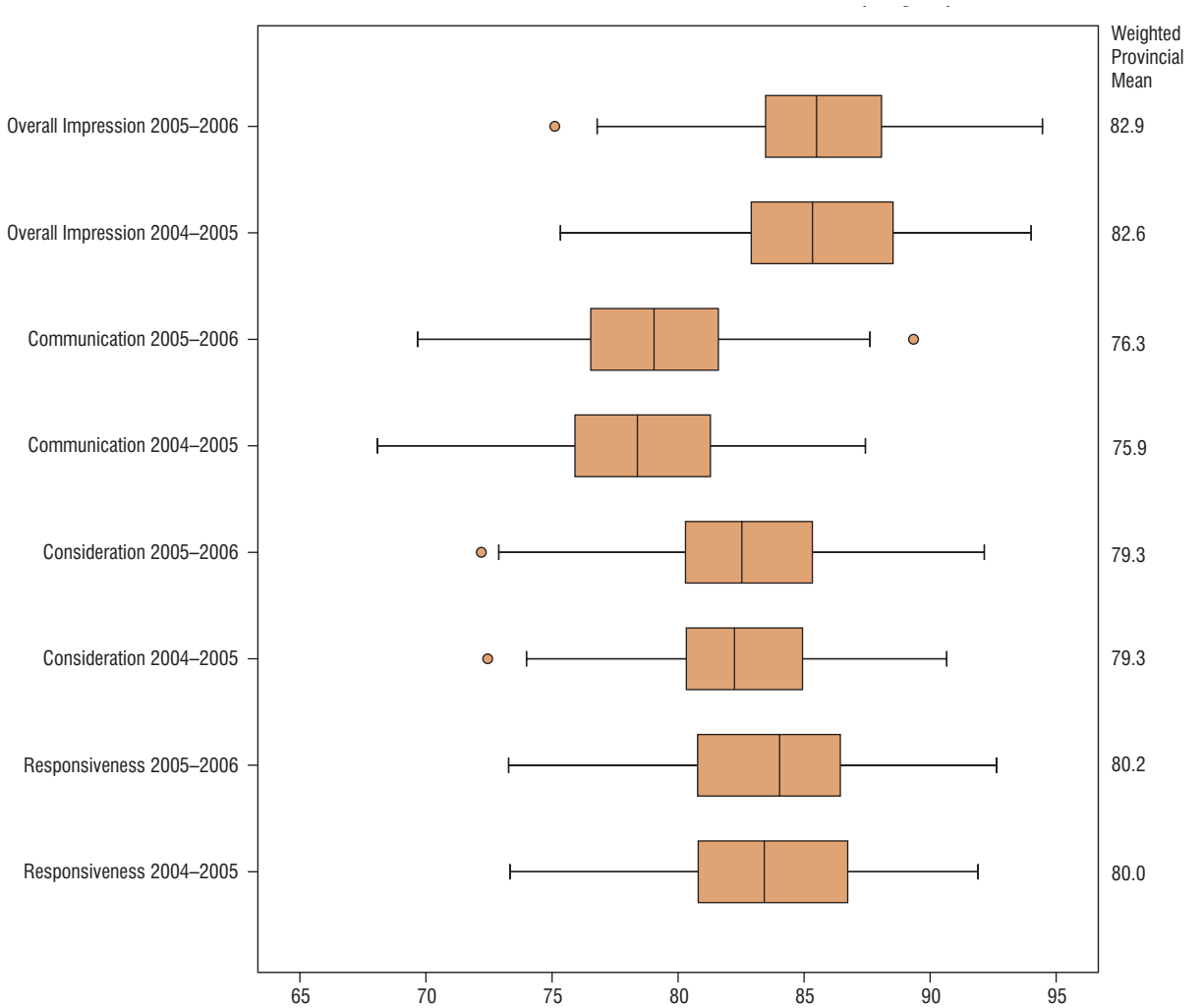
Patients' views about whether they were treated with respect, dignity, and courtesy.

Responsiveness

Patients' assessments of the extent to which they got the care they needed in hospital and how coordinated and integrated that care was when it was delivered.

Note: Data were adjusted using common risk-adjustment techniques. A number of variables were used to adjust indicator scores for factors considered to be beyond a hospital's control that were observed to impact scores. These included age and sex, as well as the following questions from the survey: In general, how would you rate your health? Including this hospital stay, how many times in the last six months have you been in a hospital overnight or longer? Who completed this survey?

Indicator Results



Note: The box and whisker plots display the distribution of the hospital-level scores calculated using risk-adjusted data. The provincial means are calculated using un-adjusted, weighted data.

Figure 13

Figure 13 depicts the distribution of scores for all hospitals and the average (mean) score for each of the indicators. Hospitals can use this figure to determine where their indicator score (as found in the PA table) fits in relation to the overall distribution of scores, for each of the four patient satisfaction indicators.

Table 5: Province-Wide Patient Satisfaction

Satisfaction	Overall Impressions	Communication	Consideration	Responsiveness
Excellent	63.5%	49.4%	52.7%	59.6%
Very Good/Good	31.8%	34.8%	42.5%	36.6%
Fair/Poor	4.8%	15.8%	4.8%	3.9%

What do Ontarians think about the care they receive? Consistent with results from *Hospital Report: Acute Care 2005*, approximately 95% of survey respondents rated the overall quality of their care as excellent, very good or good.

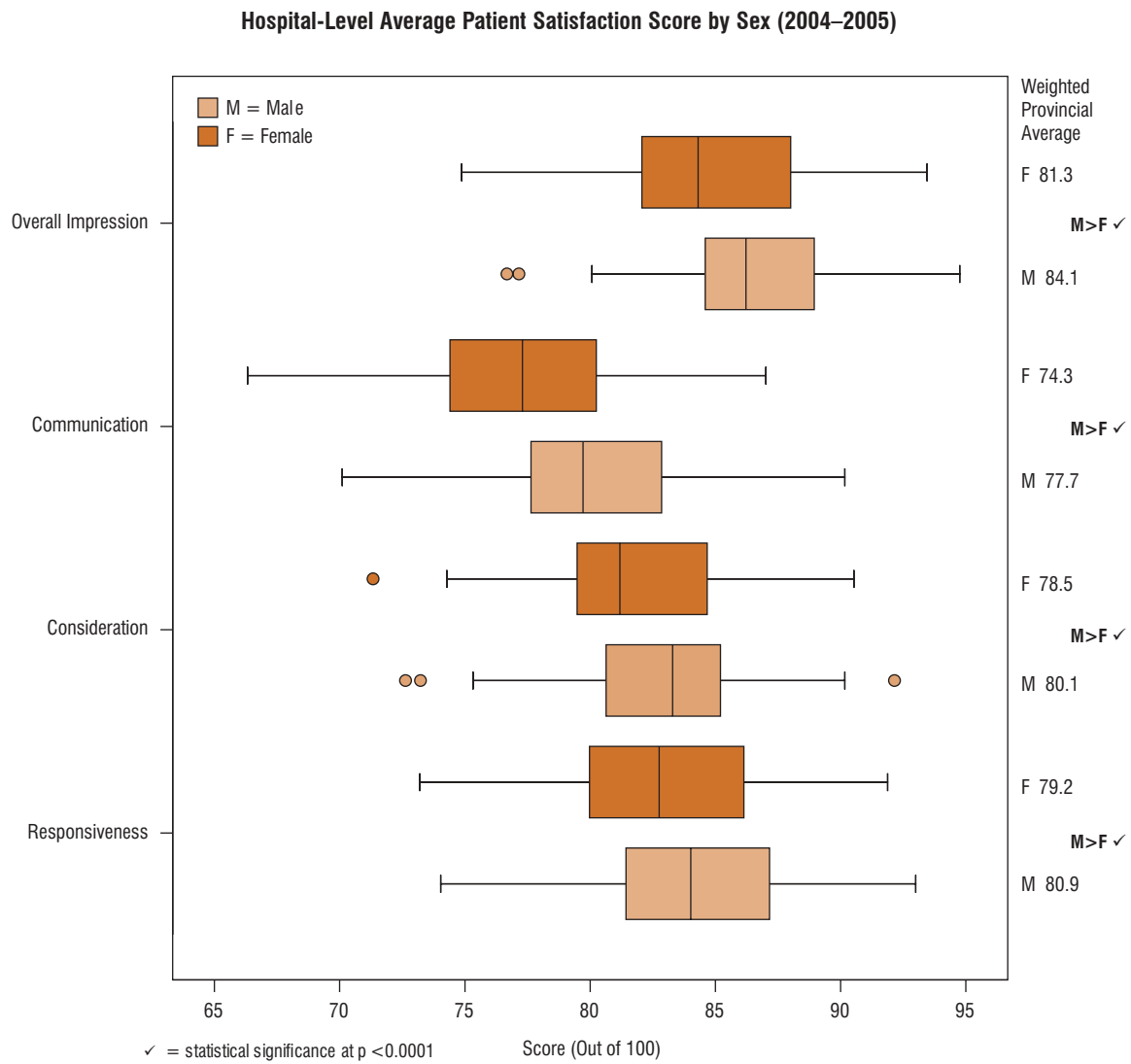
Similar to previous years and to other sector reports, namely Rehabilitation and Emergency Department Care, the Communication indicator had the lowest average scores with 15.8% of respondents rating this indicator as fair or poor. Patients continue to indicate that they are least satisfied with the amount of information and quality of communication they received about their condition, treatment and preparation for discharge and care at home.

Satisfaction levels across the province are similar to previous years. In 2004–2005, patients in the South West LHIN reported consistently higher levels of patient satisfaction for all indicators when mean scores were compared across LHINs.

Sex Differences

Exploring differences in perception among women and men, in relation to patient satisfaction acknowledges that women and men may have different health care experiences, and helps to highlight those aspects of care that may have the most perceived impact on equity.

In 2004–2005, over half of men (66.4%) and women (60.7%) rated their overall experience and perceived quality of care as 'excellent', while only 4.0% of men and 5.5% of women had 'fair' or 'poor' Overall Impressions. This rating holds consistent over the past two years illustrating that in general, both men and women are continuing to rate their overall hospital experience quite positively.



Note: The box and whisker plots display the distribution of the hospital-level scores based on risk-adjusted data. The provincial means are calculated using risk-adjusted, weighted data.

Figure 14

While their overall patient experience is rated quite positively, Figure 14 illustrates that for all four indicators, women reported significantly lower satisfaction with the care and services they received in 2004–2005. These differences are consistent with the 2003–2004, and the 2005–2006 survey sample.

In *Hospital Report: Acute Care 2006*, both women and men reported the lowest level of satisfaction with Communication. Differences between men and women's satisfaction levels were also greatest on this indicator. These findings are similar to those found in *Acute Care 2005*. Figure 15 illustrates that in the majority of acute care hospitals (about 80%), men are more satisfied than women with the amount and quality of information and communications they received during their stay. In over a third (40%) of these hospitals, the difference between women and men was statistically significant (indicated by dark circles).

Results indicate that the greatest areas for improvement are for hospitals to review their processes for information sharing and exchange with patients and their families, and discharge planning. Ensuring these efforts meet the needs of women who may be single, live alone and act as primary providers of childcare and/or eldercare would also be beneficial.

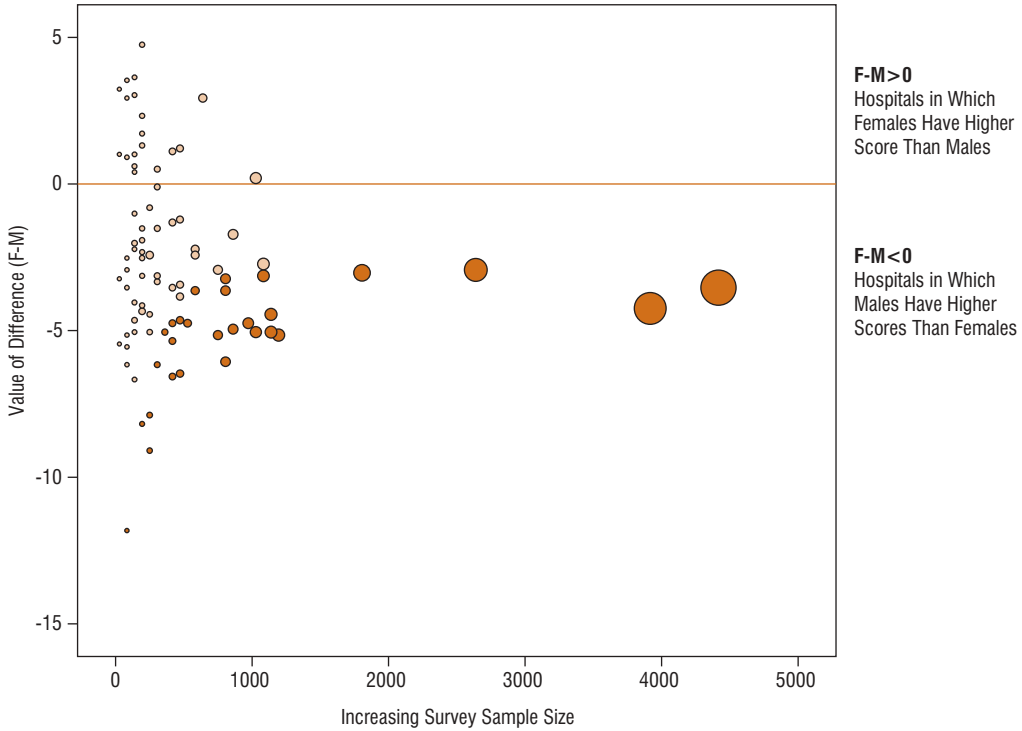
Interpreting Results in the Performance Allocation Tables

Indicator results for the hospitals that participated in the patient satisfaction survey (and passed the 100-case volume screen for 2004–2005, and the 60-case volume screen for 2005–2006) are shown in the performance tables.

For each of the indicators, a higher score and above-average performance classification is preferred. The maximum score for each indicator is 100.

Hospital level results for the 2005–2006 period are provided as a current snapshot of patient satisfaction levels. While the information is more timely, it is not complete. For this reason, performance allocations and the more detailed data breakdowns in this document are reserved for the 2004–2005 data only.

Differences Between Females (F) and Males (M) on Patient Satisfaction Scores (Communication Indicator) 2004–2005



Note: All circles in this graph represent an acute care hospital (the size of each circle is proportional to the number of patients that complete the patient satisfaction survey; the dark circles have statistically significant sex differences).

Figure 15

Hospital	Community Served	LHIN	Overall Impressions 2004–2005	Overall Impressions 2005–2006	Communication 2004–2005	Communication 2005–2006	Consideration 2004–2005	Consideration 2005–2006	Responsiveness 2004–2005	Responsiveness 2005–2006
TEACHING HOSPITALS AVERAGE			85.1	85.5	78.6	78.5	81.2	81.3	81.4	81.6
Hamilton Health Sciences	Hamilton	4	84.0	84.3	77.7	77.5	80.9	79.9	81.0	80.5
Kingston General Hospital	Kingston	10	84.9	85.2	76.8	78.3	81.5	81.7	80.9	81.8
London Health Sciences Centre	London	2	88.1	87.8	82.3	79.8	84.3	82.9	84.5	83.3
Mount Sinai Hospital	Toronto	7	85.2	85.1	79.5	78.9	79.9	81.3	81.2	82.3
St. Joseph's Health Care London	London	2	88.4	88.9	84.1	84.4	84.5	84.9	86.4	86.0
St. Joseph's Healthcare Hamilton	Hamilton	4	82.8	85.4	74.4	76.8	78.8	83.4	79.2	82.4
St. Michael's Hospital	Toronto	7	84.9	85.5	76.5	77.1	80.6	80.5	80.3	80.7
Sunnybrook & Women's College Health Sciences Centre	Toronto	7	83.8	84.1	77.0	75.7	79.5	79.1	79.6	80.1
The Ottawa Hospital	Ottawa	11	85.5	85.8	79.1	79.5	81.9	82.2	82.0	82.1
University Health Network	Toronto	7	84.4	84.9	79.2	79.2	79.7	80.3	80.6	80.8
SMALL HOSPITALS AVERAGE			88.1	89.4	81.8	82.5	85.7	87.1	87.2	88.0
Alexandra Hospital	Ingersoll	2	89.6	89.5	82.0	78.6	86.4	87.4	87.5	85.5
Alexandra Marine & General Hospital	Goderich	2	86.1	86.9	78.4	81.5	84.5	85.6	85.6	86.5
Almonte General Hospital	Almonte	11	93.8	92.0	86.4	86.4	90.7	89.1	91.9	90.7
Arnprior & District Memorial Hospital	Arnprior	11	88.5	93.5	84.7	85.2	86.8	89.4	88.6	91.4
Carleton Place & District Memorial Hospital	Carleton Place	11	89.7	91.6	81.4	83.5	85.0	88.4	87.3	89.2
Deep River and District Hospital	Deep River	11	91.5	93.5	87.4	89.3	88.6	92.1	91.1	92.6
Dryden Regional Health Centre	Dryden	14	82.8	88.9	79.9	84.0	81.6	87.3	82.1	87.7
Englehart & District Hospital	Englehart	13	NR	NR	NR	NR	NR	NR	NR	NR
Glengarry Memorial Hospital	Alexandria	11	89.5	90.3	82.7	87.6	85.4	88.7	88.9	90.4
Haliburton Highlands Health Services	Haliburton	9	94.0	94.5	85.7	85.6	90.4	90.3	91.1	90.7
Hanover & District Hospital	Hanover	2	NR	88.1	NR	83.4	NR	84.9	NR	86.1
Kemptville District Hospital	Kemptville	11	NR	DNP	NR	DNP	NR	DNP	NR	DNP
Lennox & Addington County General Hospital	Napanee	10	DNP	89.4	DNP	81.1	DNP	86.3	DNP	86.0
Listowel & Wingham Hospitals Alliance	Listowel	2	90.8	89.9	83.9	80.8	87.0	87.3	88.5	88.5
MICs Group of Health Services	Cochrane	13	91.4	89.9	86.6	84.7	89.9	87.6	89.5	89.7
North Wellington Health Care	Mount Forest	3	90.4	87.5	83.6	80.2	87.3	86.5	89.2	87.9
Services de santé de Chapleau Health Services	Chapleau	13	88.6	DNP	81.5	DNP	85.6	DNP	89.0	DNP
South Huron Hospital	Exeter	2	NR	NR	NR	NR	NR	NR	NR	NR
St. Francis Memorial Hospital	Barry's Bay	11	92.4	DNP	83.8	DNP	87.9	DNP	90.2	DNP
Stevenson Memorial Hospital	Alliston	8	82.9	85.2	74.9	76.6	81.5	82.5	83.9	83.2
The West Nipissing General Hospital	Sturgeon Falls	13	88.0	88.3	81.3	86.0	84.3	87.1	86.7	88.8

Above-average performance Average performance Below-average performance

Hospital	Community Served	LHIN	Overall Impressions 2004–2005	Overall Impressions 2005–2006	Communication 2004–2005	Communication 2005–2006	Consideration 2004–2005	Consideration 2005–2006	Responsiveness 2004–2005	Responsiveness 2005–2006
COMMUNITY HOSPITALS AVERAGE			83.1	83.1	76.1	76.7	79.9	79.9	81.1	81.2
Bluewater Health	Sarnia	1	82.5	82.9	76.7	77.2	81.2	81.3	83.3	84.1
Brockville General Hospital	Brockville	10	84.8	85.5	77.8	78.8	83.5	82.9	84.7	85.5
Cambridge Memorial Hospital	Cambridge	3	84.3	83.2	80.7	79.8	81.4	80.2	80.9	80.7
Chatham-Kent Health Alliance	Chatham	1	87.3	87.3	79.2	83.6	84.0	84.9	85.2	86.4
Collingwood General & Marine Hospital	Collingwood	12	84.9	87.0	78.0	82.1	82.0	85.8	83.0	87.0
Cornwall Community Hospital	Cornwall	11	DNP	85.0	DNP	80.2	DNP	82.1	DNP	83.9
Grand River Hospital	Kitchener	3	DNP	83.3	DNP	75.9	DNP	79.2	DNP	81.9
Grey Bruce Health Services	Owen Sound	2	87.6	87.7	78.7	79.3	84.9	84.0	86.6	87.0
Groves Memorial Community Hospital	Fergus	3	89.7	90.8	81.9	82.8	85.4	86.9	87.4	87.4
Guelph General Hospital	Guelph	3	85.1	86.6	75.7	76.3	81.6	84.3	83.1	85.2
Halton Healthcare	Oakville	6	83.4	82.5	76.2	74.4	81.0	79.0	79.6	79.1
Headwaters Health Care Centre	Orangeville	5	87.4	87.0	79.0	77.5	83.7	83.8	84.6	84.2
Hôpital Général de Hawkesbury & District General Hospital Inc.	Hawkesbury	11	88.0	85.8	80.5	82.1	85.1	82.1	85.6	83.7
Hôpital Montfort	Ottawa	11	87.3	87.3	79.1	78.5	83.0	82.6	82.9	82.4
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	83.7	84.3	77.2	78.1	80.1	81.0	80.8	80.5
Hôtel-Dieu Grace Hospital	Windsor	1	81.9	83.0	74.7	75.5	79.4	79.7	80.2	80.3
Humber River Regional Hospital	Toronto	8	77.0	76.8	72.1	72.4	74.0	73.2	76.6	76.3
Huron Perth Healthcare Alliance	Stratford	2	89.6	89.4	80.8	82.5	85.7	85.7	87.8	88.0
Huronia District Hospital—North Simcoe Hospital Alliance	Midland	12	84.3	DNP	79.0	DNP	81.2	DNP	81.5	DNP
Joseph Brant Memorial Hospital	Burlington	4	82.1	79.8	72.5	70.8	79.0	76.8	79.9	78.1
Kirkland and District Hospital	Kirkland Lake	13	83.7	83.7	79.1	78.9	82.5	83.9	83.7	85.4
Lake of the Woods District Hospital	Kenora	14	87.1	83.7	81.5	82.6	83.3	81.8	85.9	84.3
Lakeridge Health	Oshawa	9	83.3	82.1	74.0	74.0	81.5	79.9	81.6	80.8
Leamington District Memorial Hospital	Leamington	1	88.4	87.3	81.8	80.9	84.9	83.0	86.5	85.6
Markham Stouffville Hospital	Markham	8	84.6	85.4	77.5	79.9	81.0	80.7	80.7	81.8
Muskoka-East Parry Sound Health Services	Huntsville	12	89.5	86.2	83.1	79.6	86.1	85.3	87.0	85.1
Niagara Health System	Niagara Falls	4	80.0	79.7	74.2	74.6	77.8	77.0	80.2	79.6
Norfolk General Hospital	Simcoe	4	82.2	80.9	79.2	74.2	80.3	78.8	81.8	80.5
North Bay General Hospital	North Bay	13	84.5	82.7	76.4	78.0	81.3	80.9	82.5	82.6
North York General Hospital	Toronto	8	81.2	81.7	73.2	74.3	76.6	76.1	78.4	79.0
Northumberland Hills Hospital	Cobourg	9	88.7	89.4	77.5	80.7	85.0	85.6	85.5	85.6
Orillia Soldiers' Memorial Hospital	Orillia	12	85.5	84.7	74.3	75.3	82.0	80.6	83.1	81.2
Pembroke Regional Hospital	Pembroke	11	81.7	84.5	75.2	78.2	79.2	82.1	82.5	84.5
Perth & Smiths Falls District Hospital	Smiths Falls	10	89.3	88.7	81.1	81.7	85.6	84.8	87.0	87.3
Peterborough Regional Health Centre	Peterborough	9	83.3	84.7	77.9	78.7	80.5	82.3	82.2	82.5
Queensway Carleton Hospital	Nepean	11	85.5	85.3	76.5	75.9	81.7	83.1	82.8	82.1

Above-average performance Average performance Below-average performance

Quinte Health Care	Belleville	10	85.3	84.0	78.8	76.5	82.4	81.0	83.9	81.6
Ross Memorial Hospital	Lindsay	9	88.6	89.7	80.6	79.6	84.3	86.3	87.0	86.8
Rouge Valley Health System	Scarborough	9	82.4	82.3	73.6	76.3	78.1	79.6	80.3	80.4
Sault Area Hospital	Sault Ste. Marie	13	83.6	81.3	78.3	80.5	81.5	80.7	83.5	81.2
South Bruce Grey Health Centre	Kincardine	2	88.6	88.0	83.6	81.7	85.9	85.2	88.2	88.0
Southlake Regional Health Centre	Newmarket	8	86.4	88.2	78.4	81.7	82.5	84.1	83.1	84.5
St. Joseph's Health Centre Toronto	Toronto	7	81.5	83.0	74.0	76.4	78.1	78.2	79.2	80.3
St. Mary's General Hospital	Kitchener	3	86.7	87.6	80.4	81.6	83.3	84.2	84.0	85.7
St. Thomas-Elgin General Hospital	St. Thomas	2	86.4	85.9	80.4	79.2	82.8	81.4	84.5	82.1
Strathroy Middlesex General Hospital	Strathroy	2	88.6	NR	79.6	NR	84.7	NR	86.9	NR
Temiskaming Hospital	New Liskeard	13	87.6	88.6	83.5	81.3	85.3	85.7	86.7	86.4
The Brantford General Hospital	Brantford	4	81.4	83.5	75.9	73.4	80.7	79.8	81.1	80.4
The Credit Valley Hospital	Mississauga	6	78.3	82.9	75.0	77.4	75.0	79.3	74.7	78.4
The Scarborough Hospital	Scarborough	9	80.6	79.3	72.8	72.8	76.7	75.8	78.7	77.9
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	82.3	83.9	75.7	77.8	79.9	80.8	79.7	81.0
Tillsonburg District Memorial Hospital	Tillsonburg	2	85.5	85.9	78.2	80.1	83.2	82.7	85.4	84.9
Timmins & District Hospital	Timmins	13	84.5	89.9	78.2	84.2	81.7	86.1	81.9	86.4
Toronto East General Hospital	Toronto	7	78.2	79.9	74.2	75.6	74.5	75.9	75.5	77.4
Trillium Health Centre	Mississauga	6	82.1	83.4	75.1	75.3	77.7	79.3	79.1	80.8
West Lincoln Memorial Hospital	Grimsby	4	91.3	87.9	76.0	76.6	85.4	83.6	88.4	84.6
West Parry Sound Health Centre	Parry Sound	13	86.3	86.9	77.9	79.8	83.3	83.5	86.1	85.3
William Osler Health Centre	Brampton	5	79.4	77.3	73.1	74.2	76.0	72.9	76.8	75.7
Winchester District Memorial Hospital	Winchester	11	91.7	86.6	82.5	79.2	88.8	84.4	89.5	86.8
Windsor Regional Hospital	Windsor	1	82.5	84.1	75.0	76.6	80.0	82.0	80.5	82.4
Woodstock General Hospital	Woodstock	2	85.4	84.5	76.7	78.4	83.2	81.3	85.7	84.2
York Central Hospital	Richmond Hill	8	75.3	75.1	68.1	69.7	72.4	72.2	73.3	73.3

PEDIATRIC PATIENT SATISFACTION AVERAGE			83.1		81.9		79.6		77.6	
Cambridge Memorial Hospital	Cambridge	3	78.0		74.6		74.3		75.0	
Children's Hospital of Eastern Ontario	Ottawa	11	84.1		82.7		81.5		75.7	
Halton Healthcare	Oakville	6	80.4		78.5		77.4		77.0	
Hôtel-Dieu Grace Hospital	Windsor	1	78.6		77.6		77.0		77.0	
Kingston General Hospital	Kingston	10	82.7		82.6		80.6		77.9	
London Health Sciences Centre	London	2	83.2		82.7		78.8		77.3	
Markham Stouffville Hospital	Markham	8	83.5		81.6		79.1		78.9	
Rouge Valley Health System	Scarborough	9	78.5		79.2		75.8		76.3	
The Hospital for Sick Children	Toronto	7	88.0		86.1		83.2		80.4	
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	76.6		76.0		76.1		72.3	

*Includes hospitals with >= 100 pediatric survey respondents

DNP: did not participate in patient satisfaction surveying during fiscal period **NR**: participated in patient satisfaction surveying, but did not pass the volume screen to have data displayed

Above-average performance Average performance Below-average performance

LHIN	Overall Impressions 2004–2005	Overall Impressions 2005–2006	Communication 2004–2005	Communication 2005–2006	Consideration 2004–2005	Consideration 2005–2006	Responsiveness 2004–2005	Responsiveness 2005–2006
AVERAGE HOSPITAL RESULTS BY LOCAL HEALTH INTEGRATION NETWORK								
1 (Erie St. Clair)	83.6	84.4	76.5	78.0	81.2	81.8	82.3	83.1
2 (South West)	87.8	87.6	81.2	80.4	84.4	83.6	85.6	84.9
3 (Waterloo Wellington)	86.0	85.5	79.3	78.5	82.6	82.3	83.4	83.7
4 (Hamilton Niagara Haldimand Brant)	82.5	82.7	75.7	75.5	79.7	79.4	80.6	80.4
5 (Central West)	80.0	78.3	73.5	74.8	76.6	74.0	77.3	76.6
6 (Mississauga Halton)	81.8	83.1	75.6	75.5	78.2	79.2	78.4	79.8
7 (Toronto Central)	83.5	84.2	77.2	77.4	79.1	79.5	79.7	80.4
8 (Central)	80.4	80.9	73.5	75.0	76.9	76.8	78.3	78.7
9 (Central East)	83.1	82.7	75.0	75.7	79.8	79.9	81.3	80.9
10 (South East)	85.4	85.3	77.8	78.2	82.3	82.1	82.7	82.9
11 (Champlain)	86.0	86.2	79.1	79.4	82.5	82.8	83.1	83.1
12 (North Simcoe Muskoka)	86.3	85.7	78.6	78.4	83.0	83.4	83.9	83.9
13 (North East)	84.6	84.5	78.2	79.7	81.6	82.1	82.8	82.6
14 (North West)	83.0	84.2	76.8	78.8	80.5	81.4	80.6	81.9

This quadrant focuses on selected indicators to illustrate clinical performance in acute care hospitals. The analysis is based on ten indicators broken into three categories of Readmission Rates, Adverse Events and Appropriateness.

Seven of the indicators are included in the performance allocation tables at a hospital-specific level and they are identified with an asterisk (*) in the list of Indicator Definitions. Three of the indicators are presented at a provincial level only primarily due to the small number of cases or occurrences related to the indicators. Hospital-specific results, for all of the indicators are included in the e-Scorecard.

While general trends can be made year over year, some caution should be taken as some modifications have been made to the risk-adjustment models.

For the 2004–2005 fiscal year, inpatient data comes from the Discharge Abstract Database (DAD), while same day surgery data comes from the National Ambulatory Care Reporting System (NACRS). The structure and content of the NACRS database is substantially different than the DAD; however, comprehensive analysis and re-formatting of the NACRS data was performed by CIHI to enable consistent analysis based on the two databases.

Indicator Definitions

Readmissions are defined as unplanned admissions to an acute care institution within a defined time period after an initial episode of inpatient care. Readmissions include cases that are readmitted to the hospital providing the initial episode of care as well as readmissions to any other Ontario acute care hospital. Readmissions do not include transfers from one hospital to another.

Note: CIHI's Case Mix Groups (CMG) were used to identify the following three categories: all medical patients, all surgical patients, and major surgical patients.

Readmissions: All Medical Patients*

The rate of unplanned readmissions within 72 hours for discharge of patients following hospitalization for any medical condition.

Readmissions: Specific Medical Conditions*

Sum of unplanned readmissions within 7 days in patients following hospitalization for gastrointestinal (GI) bleed, OR within 28 days for patients following hospitalization for acute myocardial infarction (AMI), heart failure, asthma or stroke.

Readmissions: Specific Surgical Procedures*

Sum of unplanned readmissions within 28 days for patients following cholecystectomy or prostatectomy surgery, OR within 7 or 28 days for women following a hysterectomy.

The number of days (7 or 28) differs depending on the specific cause for readmission. For details refer to Technical Summary.

Readmissions: Major Surgical Procedures

The rate of unplanned readmissions within 7 days for:

- Gastrointestinal hemorrhage or ulceration following non-gastrointestinal surgery
- Decubitus ulcer
- Reopening of surgical site/wound dehiscence
- Mechanical complications due to device, implant or graft other than from organ transplantation
- Procedure-related perforations or lacerations
- Foreign body left in during procedure
- Pneumothorax

in patients following a major surgical procedure.

Readmissions: All Surgical Procedures

The rate of unplanned readmissions within 7 days (for specific reasons noted above) for patients following any surgical procedure.

Adverse events are defined as medical conditions that develop after admission and that have an impact on patient treatment or outcome.

Note:
Post-admission pneumonia was removed as an adverse events condition due to coding concerns in 2002–2003. However, after reviewing the coding concerns and performing a data quality analysis on 2004–2005 data, it is now included as an adverse event condition.

Adverse Events: Nurse-sensitive Medical*

The rate of any one of the following adverse events:

- Post-admission pressure ulcers
- Post-admission fractures from falls
- Post-admission pneumonia

in patients admitted with AMI, heart failure, asthma, GI bleed, or stroke.

Adverse Events: Nurse-sensitive Surgical*

The rate of any one of the following adverse events:

- Post-admission urinary tract infection
- Post-admission pressure ulcers
- Post-admission fractures from falls
- Post-admission pneumonia

in patients that underwent cholecystectomy, hysterectomy, or prostatectomy surgery.

Adverse Events: All Medical Conditions*

The rate of any one of the following adverse events:

- Drug- or anesthetic-related in-hospital adverse events (e.g. related to potassium chloride (KCl) or anticoagulation therapy)
- Patient falls (in-hospital hip and limb fractures)
- Pressure ulcers
- Catheter placement problems and urinary tract infections
- Paralytic ileus
- Post-admission development of methicillin-resistant staphylococcus aureus (MRSA) or vancomycin-resistant enterococci (VRE)
- Post-admission bacteremia
- Post-admission deep vein thrombosis or pulmonary embolism
- Post-admission AMI, congestive heart failure, stroke, transient ischemic attack (TIA), or shock
- Post-admission delirium
- Post-admission pneumonia

in patients admitted for treatment of any medical condition.

Appropriateness in surgical care is measured as the proportion of cases of specific procedures that are performed using laparoscopic techniques which are less invasive than open procedures.

Appropriateness: Cholecystectomy*

The rate of cholecystectomies performed laparoscopically versus open.

Appropriateness: Oophorectomy

The rate of partial and total Oophorectomy performed laparoscopically versus open. Oophorectomy is the surgical removal of one or both ovaries.

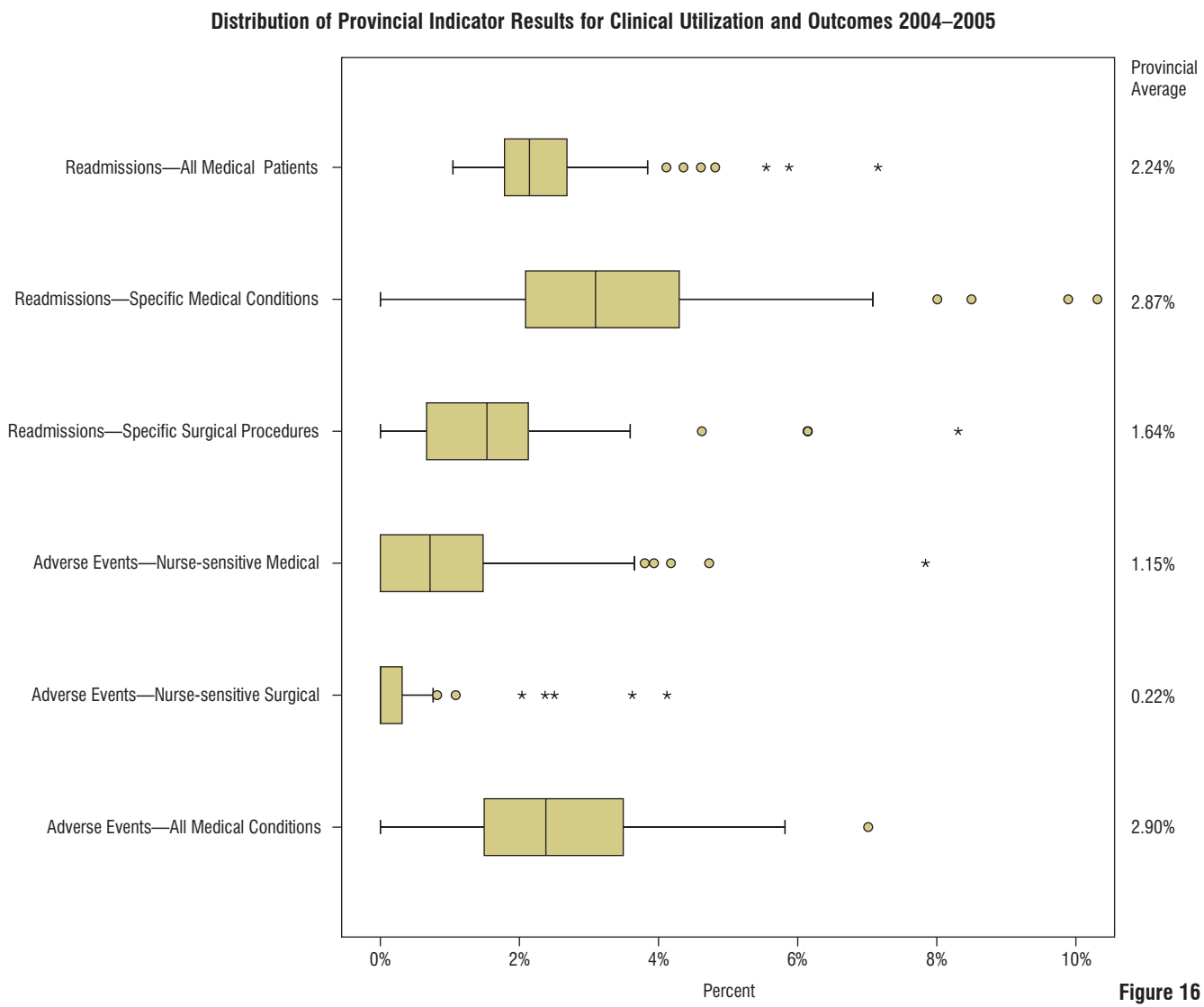


Figure 16

Figure 16 depicts the distribution of scores and the provincial average for six of the hospital-specific indicators which have been risk-adjusted. Hospitals can use this depiction of results to determine where their indicator score (as found in the PA table) fits in relation to the overall distribution of scores for each of these indicators. The remaining indicators were not calculated at the hospital-specific level (due to the small number of cases or occurrences related to the indicators) and therefore, are not included in this figure.

Summary of Results

Readmission Rates

For both the readmissions indicators for specific medical conditions and surgical procedures, the majority of hospitals are performing at an average level with a few performing above average, except for Readmissions for all medical patients which has a larger number of hospitals performing above average. Other points of interest related to readmission rates include the following:

- The average readmission rate for specific surgical procedures in 2004–2005 is 1.6%. While this rate is slightly higher than the average rate of 1.3% reported in 2003–2004, it still represents a positive reflection of low rates of complications or adverse events during hospitalization for surgical procedures included in the analysis.
- There is little difference between teaching and community hospital peer groups for readmission rates for specific surgical procedures (1.8% versus 1.6%).

When 2004–2005 results are compared by sex:

- For patients that were hospitalized for GI bleed, AMI, heart failure, asthma or stroke, women experienced a slightly higher readmission rate (3.0%) than men (2.8%).
- For the All Medical Patients indicator, men had a slightly higher readmission rate (2.4% versus 2.1%) than women.
- Men experienced a higher rate of readmission following cholecystectomy or prostatectomy (2.4%), than the readmission rate for women following cholecystectomy or hysterectomy (1.3%).

All of the readmission rate indicators should be considered in relation to other hospital-based outcome and process indicators, such as length of stay, and other measures of adverse events.

Table 6 illustrates that readmission rates for surgical procedures appear to be increasing slightly over the years reported. Readmission rates for all medical patients have remained steady, while readmission rates for specific medical conditions are continuing to improve.

Table 6: Provincial Rates for Readmission Indicators for Fiscal Years 2002–2004

Indicator	2002–2003	2003–2004	2004–2005
Readmissions—all medical patients	2.2	2.2	2.2
Readmissions—specific medical conditions	3.5	3.0	2.9
Readmissions—specific surgical procedures	1.4	1.3	1.6
Readmissions—all surgical procedures	0.04	0.04	0.05
Readmissions—major surgical procedures	0.16	0.13	0.19

Adverse Events

Results for adverse events are reported in three categories of: Nurse-sensitive Medical; Nurse-sensitive Surgical; and Medical.

The seven categories of adverse events incorporated into the Nurse-sensitive indicators focus on evidence-based outcomes related to nursing care. These seven categories of activities performed by nurses have been frequently used for measuring nursing quality. They were identified through a critical appraisal of the literature and consultations with key stakeholders.[13] For each of the seven categories, the individual number of cases per hospital is provided in the e-Scorecard. Hospital specific results are aggregated into medical and surgical groups in the PA tables.

When comparing 2004–2005 results by sex:

- Men experienced slightly higher rates than women for both the medical (1.2% versus 1.1%) and surgical (0.4% versus 0.2%) Adverse Events—Nurse-sensitive indicators.
- Women experienced a higher rate of adverse events, 3.1% versus 2.7% for men, for the Adverse Events—All Medical Conditions indicator.

As illustrated in Table 7, adverse events for patients following cholecystectomy, hysterectomy, or prostatectomy surgery show an improvement in results from previous years. However the medical patients admitted with GI bleed, AMI, heart failure, asthma or stroke show an increase from previous years. The increase in adverse events for medical patients may be due to the addition of post-admission pneumonia to the list of adverse events this year. The increase may also reflect improved hospital reporting resulting from a system-wide focus on patient safety.

Table 7: Provincial Rates for Adverse Events Indicators for Fiscal Years 2002–2004

Indicator	2002–2003	2003–2004	2004–2005
Adverse Events—Nurse-sensitive—Medical	0.3	0.2	1.2
Adverse Events—Nurse-sensitive—Surgical	0.5	0.3	0.2
Adverse Events—All Medical Conditions	2.9	2.6	2.9

13. L. McGillis Hall, D. Doran, H. Spence Laschinger, C. Mallette, L. O'Brien-Pallas and C. Pedersen, *Nursing Report 2001: Preliminary Study for Hospital Report* (2001).

Appropriateness

As in *Hospital Report: Acute Care 2005*, appropriateness of care is measured by the indicators: rate of cholecystectomy performed open versus laparoscopically and rate of partial and total oophorectomy performed open versus laparoscopically. Figure 17 illustrates a trend towards increased rates of laparoscopic procedures for total and partial oophorectomy and cholecystectomy.

It is generally more desirable for hospitals to have a higher rate of laparoscopic procedures. This is based on the premise that laparoscopic procedures are less invasive, use fewer resources and often provide better patient outcomes (for example, less pain, faster recovery) than the "open" approach.[14] As there are circumstances under which some patients are not appropriate candidates for a laparoscopic procedure, the target rate for this indicator should not be 100%.

Rate of Total and Partial Oophorectomy and Cholecystectomy performed Laparoscopically—Fiscal Years 2002–2004

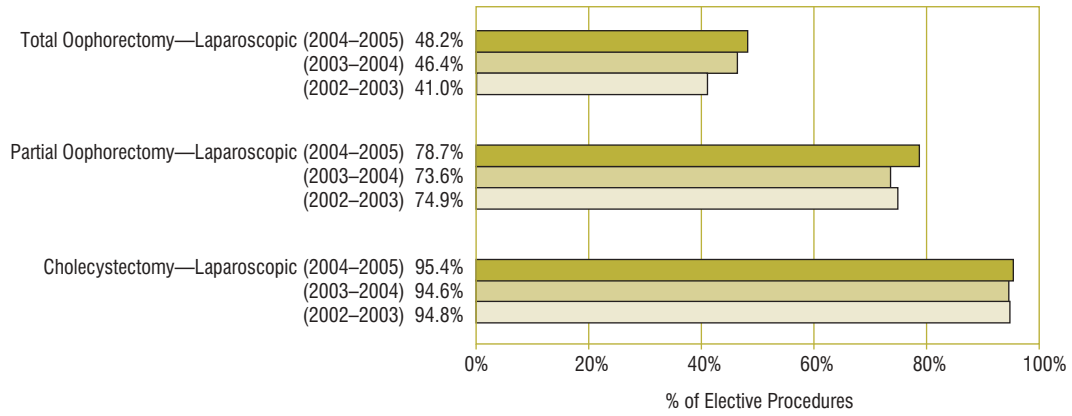
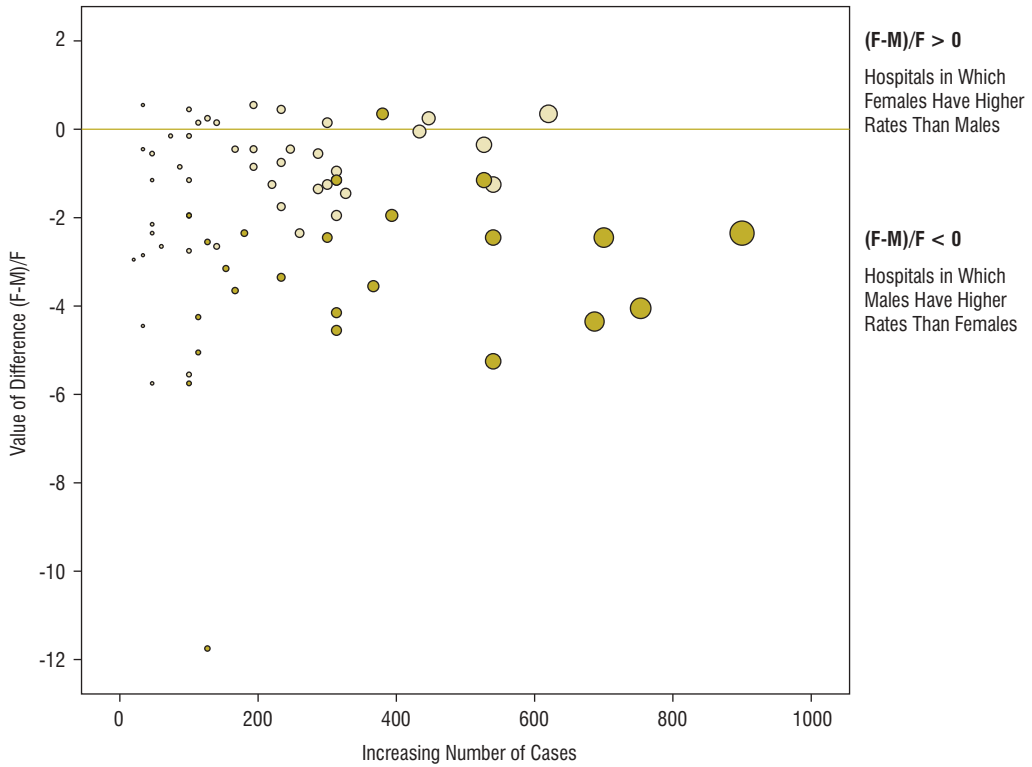


Figure 17

14. L. Khaitan and M.D. Holzman, "Laparoscopic Advances in General Surgery," *Journal of the American Medical Association* 287, 12 (March 27, 2002): pp. 1502–1505, [online], cited July 28, 2005 from <http://jama.ama-assn.org/cgi/content/full/287/12/1502>

Summary of Results (cont'd)

When comparing rates by sex, men have a substantially higher rate (7.2%) of open cholecystectomy than women (3.8%). As shown in Figure 18, this higher rate was found to be statistically significant in 41 out of the 71 hospitals with data included in this analysis.



Note: All the circles in this graph are acute care hospitals, the size of each circle is proportional to the total number patients or cases; the darker circles have statistically significant sex differences.

Figure 18

Interpreting Results in the Performance Allocation Tables

Hospital-specific indicator results for 95 hospitals are shown in the PA table.

For each of the indicators, a lower score and above-average performance classification is preferable.

Three indicators are not included in the PA tables primarily due to the small number of cases or occurrences related to the indicators. Hospital-specific results for all of the indicators are included in the e-Scorecard.

Hospital	Community Served	LHIN	Nurse-sensitive Adverse Events		Adverse Events	Readmissions		Readmissions	Appropriateness
			Medical	Surgical	All Medical Conditions	Specific Medical Conditions	Specific Surgical Procedures	All Medical Patients	Cholecystectomy
PROVINCIAL AVERAGE			**1.2**	**0.2**	**2.9**	**2.9**	**1.6**	**2.2**	**4.7**
TEACHING HOSPITALS AVERAGE			1.8	0.3	3.9	2.1	1.8	2.3	4.0
Children's Hospital of Eastern Ontario	Ottawa	11	0.0	0.0	5.5	0.0	0.0	1.6	0.0
Hamilton Health Sciences	Hamilton	4	1.7	0.3	3.4	2.3	1.5	2.5	2.8
Kingston General Hospital*	Kingston	10	1.4	0.4	4.3	2.0	2.2	1.5	0.5
London Health Sciences Centre	London	2	1.0	0.0	3.9	1.6	2.1	2.1	8.2
Mount Sinai Hospital	Toronto	7	1.9	0.0	4.2	2.0	2.5	1.8	3.6
St. Joseph's Health Care London	London	2	0.0	0.0	1.7	10.3	2.1	2.4	4.4
St. Joseph's Healthcare Hamilton	Hamilton	4	1.0	0.3	3.8	1.4	1.2	1.8	3.0
St. Michael's Hospital	Toronto	7	2.5	0.4	4.8	2.8	2.0	2.7	2.6
Sunnybrook & Women's College Health Sciences Centre	Toronto	7	2.0	1.1	3.6	1.9	1.4	1.9	3.8
The Hospital for Sick Children	Toronto	7	0.0	0.0	3.5	0.0	0.0	2.3	0.0
The Ottawa Hospital	Ottawa	11	1.3	0.3	3.9	1.8	1.7	2.8	4.6
University Health Network	Toronto	7	3.0	0.5	4.2	3.1	2.2	2.3	3.4

*The values for the Clinical Utilization and Outcomes indicators for Kingston General Hospital are based on a combination of data from both Kingston General Hospital and Hotel Dieu Hospital, Kingston.

SMALL HOSPITALS AVERAGE			1.0	0.2	2.2	3.6	1.9	2.6	7.4
Alexandra Hospital	Ingersoll	2	4.7	NR	3.2	2.6	NR	1.8	NR
Alexandra Marine & General Hospital	Goderich	2	0.0	0.0	1.6	5.4	1.6	2.6	NR
Almonte General Hospital	Almonte	11	0.0	NR	0.8	0.0	NR	3.8	NR
Arnprior & District Memorial Hospital	Arnprior	11	0.0	0.0	3.5	2.2	0.0	2.0	4.0
Carleton Place & District Memorial Hospital	Carleton Place	11	1.4	NR	3.4	5.1	NR	1.6	NR
Deep River and District Hospital	Deep River	11	3.9	NR	2.3	0.0	NR	5.5	NR
Dryden Regional Health Centre	Dryden	14	1.5	0.0	3.7	4.9	2.8	2.8	0.0
Englehart & District Hospital	Englehart	13	0.0	NR	7.0	6.9	NR	1.2	NR
Glengarry Memorial Hospital	Alexandria	11	0.0	NR	0.8	0.0	NR	4.8	NR
Haliburton Highlands Health Services	Haliburton	9	2.9	NR	3.6	2.5	NR	2.6	NR
Hanover & District Hospital	Hanover	2	1.4	NR	2.7	3.5	NR	1.6	NR
Kemptville District Hospital	Kemptville	11	4.2	NR	3.0	4.2	NR	2.2	NR
Lennox & Addington County General Hospital	Napanee	10	0.0	0.0	5.6	3.8	0.0	1.3	0.0
Listowel & Wingham Hospitals Alliance	Listowel	2	0.0	0.0	2.6	1.6	0.0	3.1	NR
MICs Group of Health Services	Cochrane	13	1.2	NR	0.5	4.4	NR	2.1	NR
North Wellington Health Care	Mount Forest	3	0.0	0.0	1.9	2.2	6.1	2.4	NR
Services de santé de Chapleau Health Services	Chapleau	13	0.0	NR	1.7	11.4	NR	2.1	NR
South Huron Hospital	Exeter	2	0.0	NR	2.0	8.0	NR	2.2	NR
St. Francis Memorial Hospital	Barry's Bay	11	3.0	NR	1.0	3.6	NR	3.6	NR
Stevenson Memorial Hospital	Alliston	8	0.0	0.0	1.6	1.7	4.6	1.6	NR
The West Nipissing General Hospital	Sturgeon Falls	13	0.0	NR	0.6	4.0	NR	2.1	NR

Above-average performance Average performance Below-average perform

Hospital	Community Served	LHIN	Nurse-sensitive Adverse Events		Adverse Events	Readmissions		Readmissions	Appropriateness
			Medical	Surgical	All Medical Conditions	Specific Medical Conditions	Specific Surgical Procedures	All Medical Patients	Cholecystectomy
COMMUNITY HOSPITALS AVERAGE			0.9	0.2	2.7	3.1	1.6	2.2	4.7
Bluewater Health	Sarnia	1	0.7	0.0	1.9	2.8	2.3	2.0	5.0
Brockville General Hospital	Brockville	10	1.0	0.0	1.4	3.4	1.2	2.8	4.6
Cambridge Memorial Hospital	Cambridge	3	1.1	0.3	2.2	4.8	0.7	2.1	3.5
Chatham-Kent Health Alliance	Chatham	1	0.7	0.4	3.1	3.5	1.5	1.8	1.2
Collingwood General & Marine Hospital	Collingwood	12	1.3	0.0	1.1	2.0	2.5	2.8	NR
Cornwall Community Hospital	Cornwall	11	0.3	0.4	2.2	5.0	1.2	1.8	10.2
Grand River Hospital	Kitchener	3	0.5	0.3	2.0	3.6	1.8	1.9	8.6
Grey Bruce Health Services	Owen Sound	2	0.9	0.0	4.0	3.3	1.5	2.2	6.5
Groves Memorial Community Hospital	Fergus	3	0.0	0.0	2.3	5.9	3.4	1.0	8.7
Guelph General Hospital	Guelph	3	2.3	0.0	3.5	2.7	1.5	1.6	3.5
Halton Healthcare	Oakville	6	0.8	0.1	2.3	2.5	1.6	1.7	1.6
Headwaters Health Care Centre	Orangeville	5	0.5	0.6	1.1	1.7	3.6	2.1	6.5
Hôpital Général de Hawkesbury & District General Hospital Inc.	Hawkesbury	11	0.0	0.0	5.5	1.0	0.0	1.9	0.0
Hôpital Montfort	Ottawa	11	1.1	0.4	2.7	3.6	1.4	2.2	3.0
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	0.2	0.0	3.0	3.6	1.8	1.9	4.8
Hôtel-Dieu Grace Hospital	Windsor	1	1.4	0.2	2.9	3.9	2.2	1.6	31.6
Humber River Regional Hospital	Toronto	8	1.8	0.2	2.8	4.0	1.5	2.5	1.7
Huron Perth Healthcare Alliance	Stratford	2	0.5	0.0	2.4	4.1	1.6	1.9	4.2
Huronia District Hospital—North Simcoe Hospital Alliance	Midland	12	0.5	0.0	0.5	3.4	2.2	2.6	7.8
Joseph Brant Memorial Hospital	Burlington	4	0.8	0.2	2.2	2.2	1.3	2.0	2.0
Kirkland and District Hospital	Kirkland Lake	13	2.1	0.0	0.8	2.6	1.5	2.6	NR
Lake of the Woods District Hospital	Kenora	14	0.0	0.0	1.1	4.5	1.8	1.9	10.4
Lakeridge Health	Oshawa	9	0.9	0.4	2.7	3.7	1.3	2.4	4.8
Leamington District Memorial Hospital	Leamington	1	0.4	0.7	2.4	2.3	0.6	2.1	2.1
Markham Stouffville Hospital	Markham	8	0.3	0.0	2.5	3.2	2.0	2.4	3.5
Muskoka-East Parry Sound Health Services	Huntsville	12	0.7	0.0	1.4	2.9	1.1	3.6	14.2
Niagara Health System	Niagara Falls	4	1.0	0.3	3.5	2.4	1.4	3.0	3.3
Norfolk General Hospital	Simcoe	4	0.3	0.5	0.6	4.0	1.4	2.9	8.3
North Bay General Hospital	North Bay	13	0.4	0.0	1.6	3.3	1.3	2.2	4.0
North York General Hospital	Toronto	8	1.0	0.1	3.4	2.1	1.9	1.7	3.0
Northumberland Hills Hospital	Cobourg	9	1.5	0.0	4.5	3.1	1.2	1.5	14.1
Orillia Soldiers' Memorial Hospital	Orillia	12	1.5	0.0	3.1	2.9	2.9	2.4	1.6
Pembroke Regional Hospital	Pembroke	11	0.0	0.4	3.7	3.4	2.6	3.0	20.4
Perth & Smiths Falls District Hospital	Smiths Falls	10	0.0	0.0	1.4	2.9	0.5	2.0	NR
Peterborough Regional Health Centre	Peterborough	9	1.7	0.1	4.2	3.4	1.8	2.2	1.6
Queensway Carleton Hospital	Nepean	11	0.8	0.0	3.4	4.2	0.3	2.4	2.2
Quinte Health Care	Belleville	10	0.5	0.0	2.8	4.4	0.9	2.5	11.4

Above-average performance Average performance Below-average performance

Ross Memorial Hospital	Lindsay	9	2.6	2.4	4.1	5.5	1.1	2.4	3.7
Rouge Valley Health System	Scarborough	9	0.3	0.0	2.5	2.1	1.3	1.8	2.0
Sault Area Hospital	Sault Ste. Marie	13	0.4	0.8	1.5	4.3	3.3	1.7	6.9
South Bruce Grey Health Centre	Kincardine	2	1.8	0.0	3.5	4.3	0.0	2.6	8.7
Southlake Regional Health Centre	Newmarket	8	0.6	0.5	2.9	1.9	1.7	1.7	3.7
St. Joseph's Health Centre Toronto	Toronto	7	0.5	0.2	1.5	3.3	1.9	1.9	2.0
St. Mary's General Hospital	Kitchener	3	1.0	0.0	2.3	1.5	2.8	1.6	3.6
St. Thomas-Elgin General Hospital	St. Thomas	2	0.9	0.0	3.9	3.0	1.4	1.8	12.8
Strathroy Middlesex General Hospital	Strathroy	2	0.0	0.0	1.2	3.9	2.4	2.0	NR
Temiskaming Hospital	New Liskeard	13	1.0	0.0	2.2	2.5	1.7	2.7	4.0
The Brantford General Hospital	Brantford	4	1.3	0.0	3.3	3.4	1.2	2.5	3.2
The Credit Valley Hospital	Mississauga	6	2.1	0.2	3.6	1.8	1.9	1.8	1.4
The Scarborough Hospital	Scarborough	9	0.9	0.3	2.5	2.1	1.5	2.3	3.4
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	0.3	0.2	2.2	3.2	3.0	1.9	15.2
Tillsonburg District Memorial Hospital	Tillsonburg	2	0.7	0.0	1.4	4.4	1.0	2.4	0.0
Timmins & District Hospital	Timmins	13	0.0	0.0	2.3	4.4	1.1	2.6	2.7
Toronto East General Hospital	Toronto	7	1.4	0.5	3.0	2.8	1.3	2.3	2.1
Trillium Health Centre	Mississauga	6	1.2	0.1	3.2	2.6	1.8	1.6	1.3
West Lincoln Memorial Hospital	Grimsby	4	0.8	NR	2.5	2.9	NR	2.6	NR
West Parry Sound Health Centre	Parry Sound	13	0.8	2.5	2.9	5.4	2.2	2.7	38.4
William Osler Health Centre	Brampton	5	1.1	0.1	3.6	2.9	1.8	2.3	1.6
Winchester District Memorial Hospital	Winchester	11	2.6	0.0	1.7	1.0	0.5	2.4	1.9
Windsor Regional Hospital	Windsor	1	1.0	0.1	3.1	3.6	0.7	2.2	3.9
Woodstock General Hospital	Woodstock	2	0.4	0.7	2.7	4.5	1.9	1.6	4.1
York Central Hospital	Richmond Hill	8	1.0	0.4	2.1	1.9	2.2	2.2	4.0

AVERAGE HOSPITAL RESULTS BY LOCAL HEALTH INTEGRATION NETWORK

1	(Erie St. Clair)	1.0	0.2	2.7	3.4	1.5	1.9	11.7
2	(South West)	0.9	0.1	3.1	2.9	1.8	2.2	6.2
3	(Waterloo Wellington)	1.0	0.1	2.4	2.8	1.9	1.8	4.7
4	(Hamilton Niagara Haldimand Brant)	1.2	0.2	3.1	2.5	1.3	2.7	3.6
5	(Central West)	1.1	0.1	3.2	2.6	1.9	2.3	2.2
6	(Mississauga Halton)	1.3	0.1	3.0	2.5	1.8	1.7	1.4
7	(Toronto Central)	2.1	0.5	3.6	2.7	1.8	2.2	2.8
8	(Central)	1.1	0.2	2.7	2.7	1.8	2.1	3.0
9	(Central East)	1.1	0.3	3.1	2.9	1.4	2.2	3.6
10	(South East)	0.8	0.1	2.9	3.0	1.3	2.1	5.7
11	(Champlain)	1.2	0.3	3.5	2.7	1.3	2.6	5.1
12	(North Simcoe Muskoka)	0.8	0.0	1.8	2.9	2.0	2.5	4.9
13	(North East)	0.5	0.2	2.0	3.7	1.8	2.2	6.4
14	(North West)	0.4	0.4	2.2	3.5	2.7	2.4	11.7

NR = Non-reportable—results are not shown due to either <5 cases and/or physician confidentiality rules

Above-average performance Average performance Below-average performance

This quadrant focuses on indicators of financial performance and condition specific to hospitals that provide acute inpatient services. The 9 indicators used in *Hospital Report 2006: Acute Care* measure the viability, liquidity, efficiency, and human resource use of Ontario acute care hospitals.

In the winter of 2005, a working group was formed to evaluate the relevance, usability and technical specifications of the financial indicators used in previous iterations of *Hospital Report: Acute Care*. This working group consisted of senior hospital and ministry executives, as well as experts familiar with hospital finances and Ontario reporting requirements. These experts assisted the Financial Quadrant Research Team in the redevelopment of many of these indicators, and the selection of new indicators for the quadrant. Hospitals were also surveyed to seek feedback on indicator relevance, importance and usefulness, in addition to account considerations. Feedback received from the survey process was taken into consideration in the final indicators for *Hospital Report 2006: Acute Care.*

For *Hospital Report 2006: Acute Care*, the number of indicators was reduced from twelve to nine. Of the nine indicators presented, two were retained from previous years with only the name changing; four were redeveloped which also included some name changes; one indicator remained unchanged, and the remaining two are new (Debt Service Coverage and % Sick Time). A summary of the changes to the redeveloped indicators can be found in the Technical Summary.

Financial data included in this report represent the 2004–2005 fiscal year, the most recent data available. The data are submitted annually to the Ontario Ministry of Health and Long-Term Care using formats specified by the Ontario Healthcare Reporting Standards (OHRS).

Indicator Definitions

Total Margin (Revised)

Measures the percent by which a hospital's total revenues differs from its total expenses, excluding the impact of facility amortization (land, building and building service equipment).

Current Ratio (Revised)

Measures the number of times a hospital's short-term obligations can be paid using the hospital's short-term assets.

Debt Service Coverage (New)

Measures a hospital's ability to pay obligations related to long-term debt-principal payments and interest expense.

% Equipment Expense (Renamed and Revised)

Measures how much a hospital spends in a given year to acquire, operate and maintain its computer systems, X-ray machines, and other capital equipment, and compares this amount to its total operating expenses.

Unit Cost Performance (No Change)

Measures the extent to which a hospital's actual cost per equivalent weighted case differs from its expected cost.

% Corporate Services (Renamed and Revised)

Measures how much a hospital spends in areas of administrative services, finance, human resources, and system support, relative to its total operating expenses.

% Sick Time (New)

Measures the proportion of full-time patient care personnel hours that were paid sick hours.

Inpatient Nursing Productivity (Renamed)

Measures the proportion of nursing worked hours (including purchased service hours) for direct patient care using nursing workload data.

% Registered Nurse Hours (Renamed)

Measures the proportion of nursing care hours that were provided by registered nurses.

Figures 19, 20, 21 and 22 depict box and whisker plots for indicators of financial performance and condition, using data from fiscal year 2004–2005.

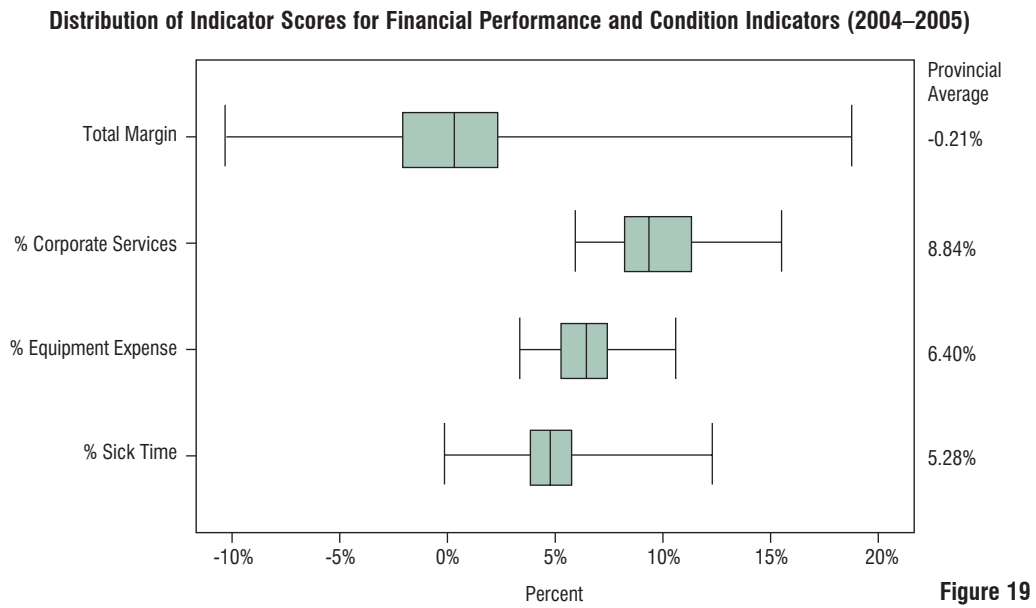


Figure 19

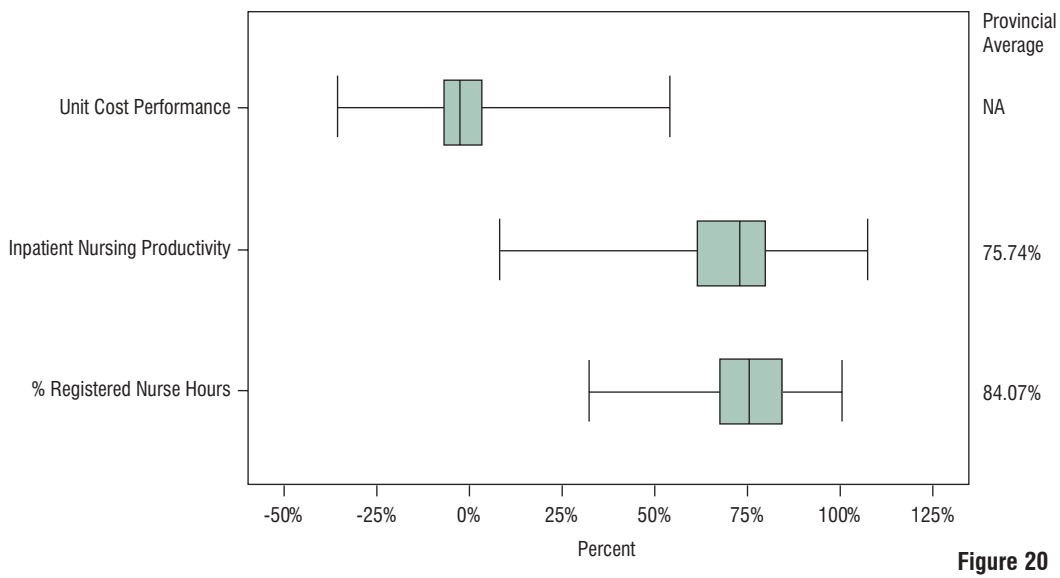


Figure 20

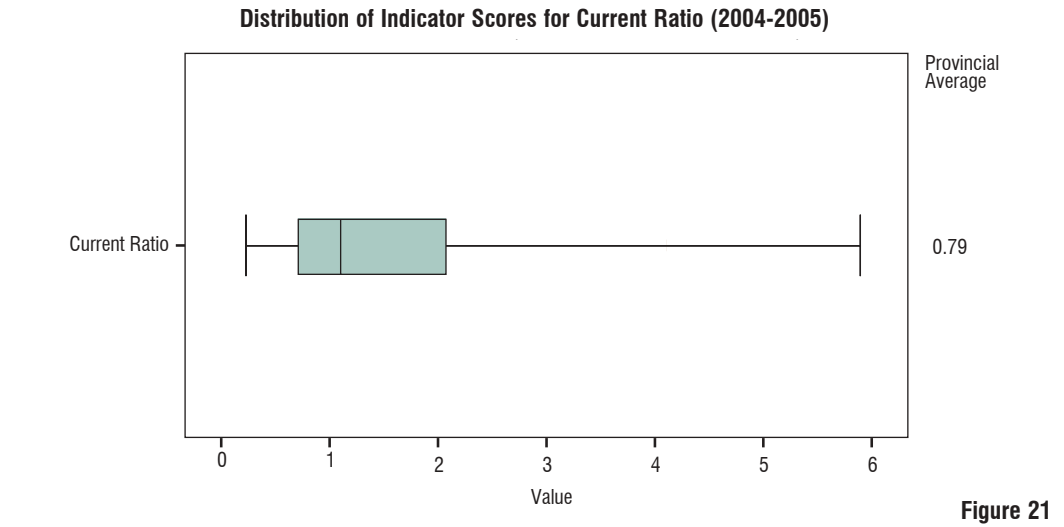
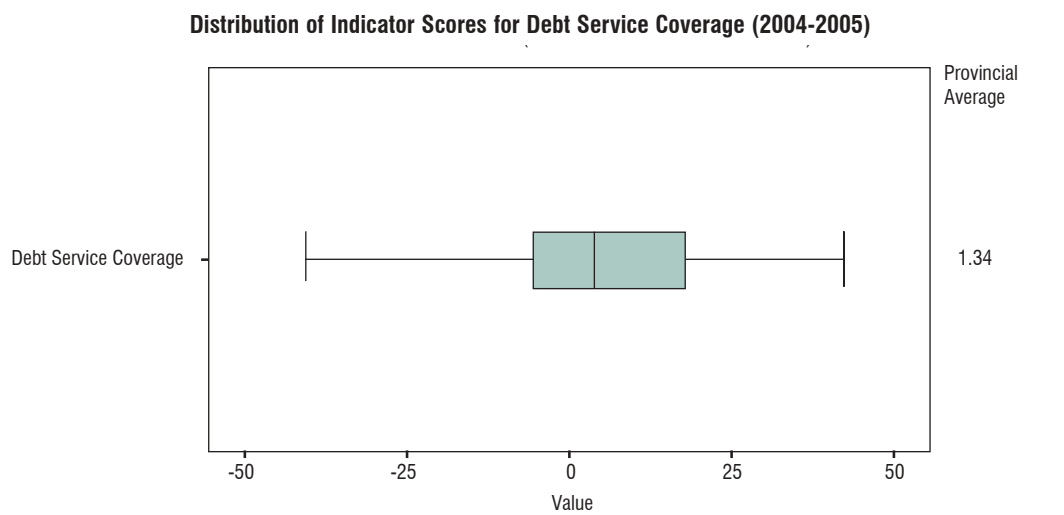


Figure 21



Source: Ontario Healthcare Reporting Standards, 2004–2005.

Notes:
This box plot only contains indicator values for hospitals that reported long-term debt.
Extreme values for this indicator have been suppressed.

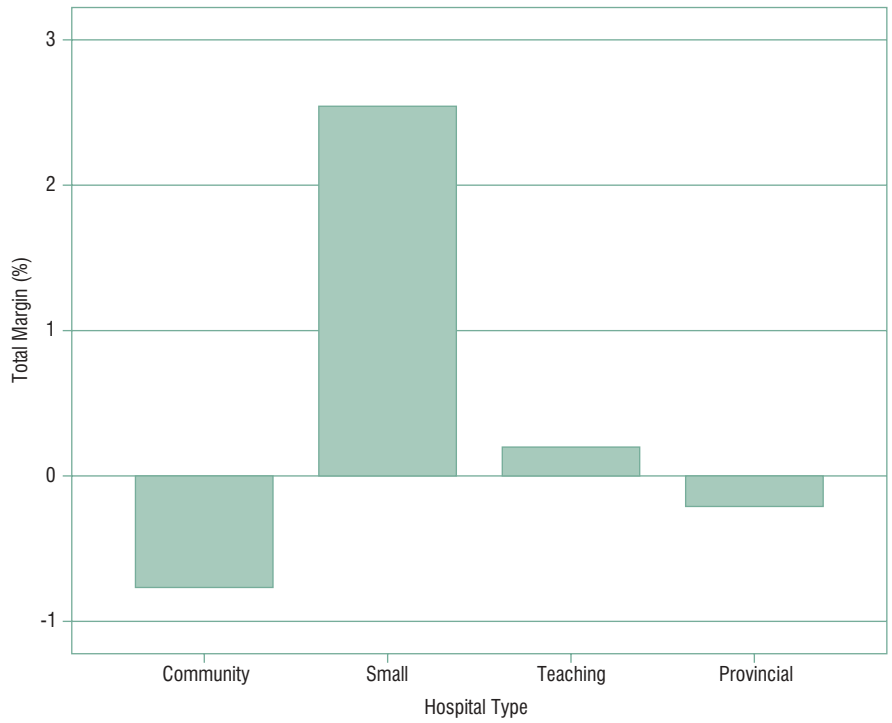
Figure 22

Benchmarks for two indicators in the Financial Performance and Condition quadrant were introduced in the 2005 e-Scorecard. Benchmarks were developed for the Total Margin and Current Ratio indicators, which are among the most widely used and accepted financial indicators. Benchmarks were determined by surveying the chief financial officers of 137 acute and complex continuing care hospitals, 100 of whom responded. Among other questions, they were asked "How low would the indicator value have to be for you to be concerned about your hospital's financial performance on this indicator?" and "How high would the value have to be for you to be concerned about your hospital's financial performance on this indicator?" Median values of the answers to these two questions were established as the high and low benchmark values. Actual indicator values between the low and high benchmark values are considered to be good financial performance. Actual indicator values not between the low and high benchmark values are considered to be poor financial performance and/or to require investigation.

Summary of Results

In 2004–2005, Ontario acute care hospitals reported expenses in excess of revenues of $32 million dollars. The provincial **Total Margin** was -0.21%, (Figure 23). Fifty-two hospitals (42%) reported a Total Margin value less than 0 (expenses greater than revenues). Variation was seen amongst the three groups of hospitals for this indicator; teaching hospitals as a group reported a Total Margin of 0.20% and small hospitals as a group reported a Total Margin of 2.54%, while community hospitals as a group reported a Total Margin of -0.77%. The ability of a hospital to generate a surplus of revenues over expenses is influenced by government funding levels, patient need and volume, local prices, service mix and complexity, third party payer rates, management strategies, and other factors.

How Total Margin Varies by Hospital Type (Fiscal Year 2004–2005)

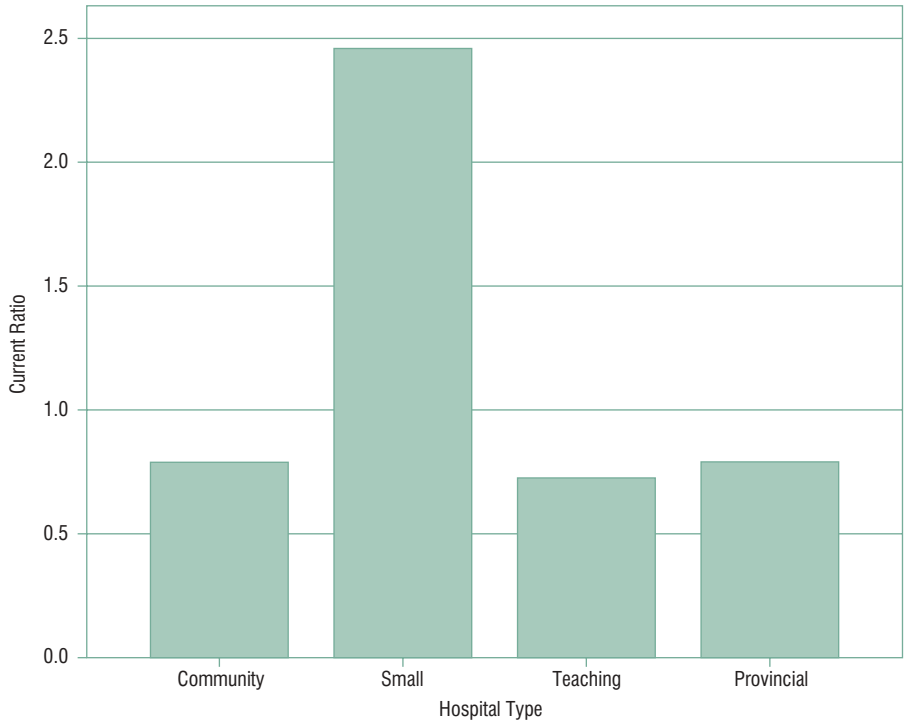


Source: Ontario Healthcare Reporting Standards, 2004–2005.

Figure 23

The provincial average for the **Current Ratio** in 2004–2005 was 0.79 (Figure 24), implying that hospitals, on average, did not have sufficient short-term funds to pay their short-term obligations in 2004–2005. Meaningful differences were observed among types of hospitals, with small hospitals having a peer group average of 2.46 and teaching hospitals having a peer group average of 0.73. Community hospitals had a peer group average of 0.79. The ability of a hospital to manage current assets and liabilities and to meet day-to-day requirements for paying creditors is influenced by payer practices, payment policies, credit arrangements, investment policies, management strategies, and other factors.

How Current Ratio Varies by Hospital Type (Fiscal Year 2004–2005)



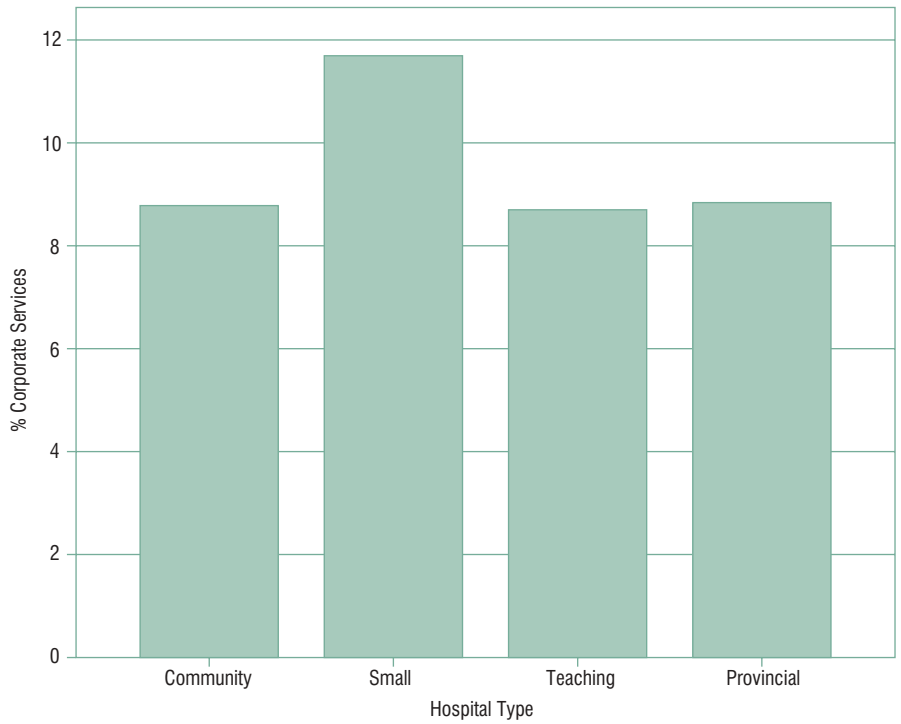
Source: Ontario Healthcare Reporting Standards, 2004–2005.

Figure 24

Debt Service Coverage is one of the new indicators to this quadrant. The provincial average for this indicator in 2004–2005 was 1.34. Considerable variation was seen between and within hospital peer groups; small hospitals reported an average of 12.50, while community hospitals reported an average of 1.90. Teaching hospitals reported an average of 1.09. The ability of a hospital to meet interest and principal payments on debt is influenced by the magnitude of surplus, annual depreciation, interest rates, and other factors.

The 2004–2005 provincial average for the **% Equipment Expense** indicator was 6.40% with little variation across peer group averages. Community hospitals reported a peer group average of 6.26%, while teaching hospitals reported a peer group average of 6.54% and small hospitals reported an average of 6.66%. The ability of a hospital to appropriately acquire and manage equipment is influenced by service mix and complexity, tertiary care role, teaching activities, research programs, asset management decisions, funding sources, and other factors.

Seventy (or 57%) of the 123 acute care hospitals reported a negative **Unit Cost Performance** in 2004–2005, which indicates that services at these hospitals, on average, cost less than expected. Results varied across peer groups. For teaching hospitals, five, or 45% reported a negative Unit Cost Performance. Among small hospitals, 28, or 65% reported a negative Unit Cost Performance. For community hospitals, 37, or 55% reported a negative Unit Cost Performance. The ability of a hospital to achieve unit cost efficiency is influenced by staff mix, productivity, local prices of goods and services, community linkages, management practices and physician practice patterns, and other factors.



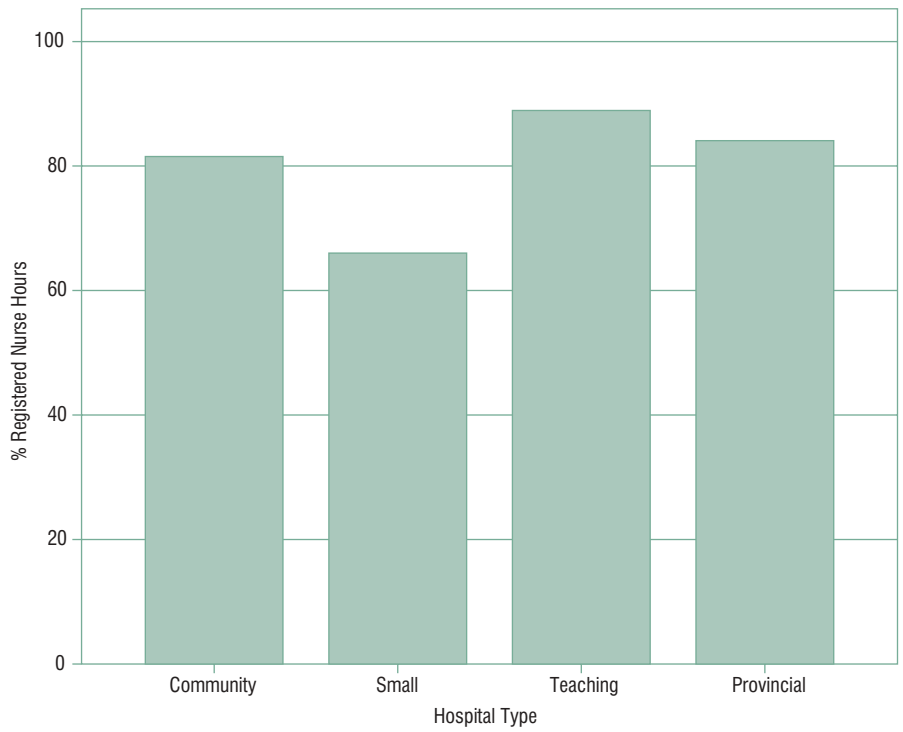
Source: Ontario Healthcare Reporting Standards, 2004–2005.

Figure 25

In 2004–2005, the provincial average for the **% Corporate Services** indicator was 8.84% (Figure 25). Among Ontario hospitals, values ranged from a low of 5.92% in a teaching hospital to a high of 15.44% in a small hospital. Teaching hospitals together reported a peer group average of 8.70%, while community hospitals reported an average of 8.78% and small hospitals reported an average of 11.70%. The ability of a hospital to appropriately manage corporate services is influenced by organizational size, service mix and complexity, information systems, management models, and other factors.

The second indicator new to the section is the **% Sick Time** indicator. The provincial average for the % Sick Time indicator for 2004–2005 was 5.28%. Among Ontario hospitals values ranged from a low of 1.98% in a small hospital to a high of 10.6% in a community hospital. Small hospitals reported the lowest value among the peer groups for this indicator with an average of 4.66%. Community hospitals reported an average of 5.22% and teaching hospitals reported an average of 5.39%. The ability of a hospital to appropriately manage sick time is influenced by prevalence of workplace illness, type and level of sick time benefits, attendance awareness programs, human resources practices, organizational climate, and other factors.

In 2004–2005, the provincial average for **Inpatient Nursing Productivity** (formerly known as Direct Patient Care) was 75.74%, down from its 2003–2004 value of 75.90%. This indicator has decreased in each of the last four years in which it has been measured for *Hospital Report*, falling from a high value in 2001–2002 of 77.30%. Small hospitals reported an average of 63.63% for this indicator, while community hospitals reported a value of 74.87% and teaching hospitals reported a value of 77.90%. The ability of a hospital to manage nursing productivity is influenced by collective agreements, teaching and learning activities, staff turnover, patient care delivery model, program and service changes, the size and composition of the nursing staff mix, and other factors.



Source: Ontario Healthcare Reporting Standards, 2004–2005.

Figure 26

The 2004–2005 provincial average for **% Registered Nurse Hours** was 84.07%, up 1.5 percentage points from 2003–2004. The provincial average for this indicator has steadily increased since 2001–2002 (81.0%). Meaningful differences were observed among types of hospitals in 2004–2005, with peer group averages of 88.92% for teaching hospitals, 81.53% for community hospitals and 66.02% for small hospitals. The ability of a hospital to use RNs in patient care is influenced by the supply of RNs, wage rates, benefits, nurse staffing model, provincial nurse staffing strategy, and other factors.

Hospital	Community Served	LHIN	Total Margin (%)	Current Ratio	Debt Service Coverage	% Equipment Expense	Unit Cost Performance (%)	% Corporate Services	% Sick Time	Inpatient Nursing Productivity (%)	% Registered Nurse Hours
PROVINCIAL AVERAGE			-0.2	0.79	1.3	6.4	NA	8.8	5.3	75.7	84.1
TEACHING HOSPITALS AVERAGE			0.2	0.73	1.1	6.5	NA	8.7	5.4	77.9	88.9
Children's Hospital of Eastern Ontario	Ottawa	11	1.4	1.04	5.4	4.2	NA	7.4	5.9	75.7	86.0
Hamilton Health Sciences	Hamilton	4	0.3	1.71	2.5	5.1	-0.4	7.7	6.1	71.6	86.8
Kingston General Hospital	Kingston	10	0.4	1.28	10.7	5.2	-12.5	9.0	6.0	66.4	85.6
London Health Sciences Centre	London	2	-1.9	0.24	0.2	7.9	1.8	8.2	5.5	81.6	93.4
Mount Sinai Hospital	Toronto	7	0.3	0.55	7.4	8.7	5.3	8.9	5.6	79.7	98.1
St. Joseph's Health Care London	London	2	1.0	1.08	2.4	5.0	18.5	8.0	6.4	76.6	86.0
St. Joseph's Healthcare Hamilton	Hamilton	4	1.1	0.31	0.0	5.7	-7.9	6.3	6.7	76.2	79.0
St. Michael's Hospital	Toronto	7	1.9	2.18	4.7	7.8	2.2	10.6	4.6	81.9	79.9
Sunnybrook & Women's College Health Sciences Centre	Toronto	7	0.2	0.54	3.6	4.8	3.7	8.6	5.7	78.5	94.5
The Hospital for Sick Children	Toronto	7	-0.7	0.62	1.7	9.2	NA	9.7	4.2	81.6	97.7
The Ottawa Hospital	Ottawa	11	0.1	0.29	9.5	5.3	-6.3	8.5	4.4	85.2	92.6
University Health Network	Toronto	7	0.9	0.76	2.5	7.9	-7.4	9.9	4.9	74.4	85.1
SMALL HOSPITALS AVERAGE			2.5	2.46	12.5	6.7	NA	11.7	4.7	63.6	66.0
Alexandra Hospital	Ingersoll	2	-5.1	0.75	-2.0	5.5	3.7	14.0	3.9	103.5	72.7
Alexandra Marine & General Hospital	Goderich	2	1.4	4.59	0.0	4.9	7.3	10.4	4.2	53.9	63.2
Almonte General Hospital	Almonte	11	18.8	5.84	0.0	3.4	-29.7	14.7	3.0	58.6	76.8
Arnprior & District Memorial Hospital	Arnprior	11	5.6	1.65	NR	4.3	-3.4	8.3	0.0	71.1	66.9
Carleton Place & District Memorial Hospital	Carleton Place	11	1.5	1.49	22.8	4.3	-33.3	11.0	5.2	70.6	71.0
Deep River and District Hospital	Deep River	11	-2.0	1.22	-6.5	7.7	-4.7	12.5	9.9	31.1	60.1
Dryden Regional Health Centre	Dryden	14	5.7	1.98	26.3	5.3	-8.2	12.4	5.9	60.9	72.4
Englehart & District Hospital	Englehart	13	4.3	5.37	75.8	7.7	-4.4	11.9	3.2	73.6	56.4
Glengarry Memorial Hospital	Alexandria	11	5.3	1.53	0.0	6.3	-19.7	10.1	2.9	54.6	56.7
Haliburton Highlands Health Services	Haliburton	9	3.6	1.23	12.7	6.9	-3.6	9.4	4.5	92.3	50.7
Hanover & District Hospital	Hanover	2	6.1	2.45	42.3	6.7	54.2	11.3	4.0	45.0	51.4
Kemptville District Hospital	Kemptville	11	3.8	1.43	0.0	7.2	-11.9	12.1	6.6	55.4	53.1
Lennox & Addington County General Hospital	Napanee	10	-4.2	5.08	-48, 413.6	7.6	6.8	13.7	2.8	59.2	72.7
Listowel & Wingham Hospitals Alliance	Listowel	2	8.7	5.91	0.0	7.0	-13.8	10.1	3.0	62.7	67.7
MICs Group of Health Services	Cochrane	13	4.6	3.27	22, 678.9	7.1	-4.0	9.7	5.2	66.3	67.8
North Wellington Health Care	Mount Forest	3	0.5	2.03	5.2	8.6	0.4	10.4	2.3	54.1	69.2
Services de santé de Chapleau Health Services	Chapleau	13	-3.9	0.60	-1.7	9.0	15.3	15.3	2.1	54.3	70.0
South Huron Hospital	Exeter	2	5.2	2.97	0.0	4.5	-8.2	10.1	2.0	102.3	40.2
St. Francis Memorial Hospital	Barry's Bay	11	1.6	1.95	11.9	6.7	-8.8	7.8	6.4	49.4	33.0
Stevenson Memorial Hospital	Alliston	8	0.8	1.57	217.5	7.4	4.0	13.0	5.2	54.7	79.9
The West Nipissing General Hospital	Sturgeon Falls	13	3.3	0.92	12.6	6.0	-15.9	11.4	4.3	73.7	89.9

Inside range to reflect optimal performance Outside range to reflect optimal performance

COMMUNITY HOSPITALS AVERAGE			-0.8	0.79	1.9	6.3	NA	8.8	5.2	74.9	81.5
Bluewater Health	Sarnia	1	-5.5	0.59	-40.6	6.9	13.6	7.5	6.4	74.5	81.5
Brockville General Hospital	Brockville	10	-2.0	0.94	-11.9	7.5	16.5	8.2	5.1	61.9	68.7
Cambridge Memorial Hospital	Cambridge	3	3.2	0.74	7.0	5.9	-2.6	8.8	6.1	79.7	80.4
Chatham-Kent Health Alliance	Chatham	1	0.7	0.69	11.2	8.1	2.0	11.4	4.1	79.9	79.3
Collingwood General & Marine Hospital	Collingwood	12	-0.5	0.81	-33.2	8.6	-5.5	9.2	5.1	67.6	99.6
Cornwall Community Hospital	Cornwall	11	-6.2	0.55	-5.9	5.1	15.1	7.3	3.5	70.0	75.4
Grand River Hospital	Kitchener	3	-3.2	0.88	-9.3	5.7	2.2	8.7	3.8	77.8	74.6
Grey Bruce Health Services	Owen Sound	2	-3.3	1.14	-8.1	6.5	2.3	11.3	4.8	70.5	79.1
Groves Memorial Community Hospital	Fergus	3	1.9	3.00	507.8	7.3	-14.5	10.2	2.1	85.0	74.1
Guelph General Hospital	Guelph	3	1.1	0.96	0.0	7.6	3.8	11.2	5.5	78.0	81.9
Halton Healthcare	Oakville	6	0.5	1.52	0.0	6.2	-4.0	7.2	5.1	86.2	81.7
Headwaters Health Care Centre	Orangeville	5	0.8	0.92	250.3	7.5	-7.6	7.2	6.8	72.6	70.2
Hôpital Général de Hawkesbury & District General Hospital Inc.	Hawkesbury	11	2.4	2.07	0.0	5.9	-1.4	11.7	7.8	77.1	75.6
Hôpital Montfort	Ottawa	11	8.1	1.38	NR	5.8	-5.8	11.1	5.1	65.3	75.5
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	0.9	0.24	9.6	4.9	-2.1	9.4	5.4	74.7	86.8
Hôtel-Dieu Grace Hospital	Windsor	1	2.6	0.53	5.9	6.5	8.9	7.3	4.6	75.0	82.5
Humber River Regional Hospital	Toronto	8	-3.5	0.99	-28.1	5.7	-2.7	7.8	5.3	74.9	82.5
Huron Perth Healthcare Alliance	Stratford	2	-2.8	NR	-15.1	5.5	1.0	7.5	4.5	61.6	73.4
Huronia District Hospital—North Simcoe Hospital Alliance	Midland	12	-6.9	0.49	-12.1	4.8	-11.8	9.3	4.6	58.4	64.7
Joseph Brant Memorial Hospital	Burlington	4	-0.4	1.01	2.2	5.2	-3.7	7.3	6.6	84.0	89.2
Kirkland and District Hospital	Kirkland Lake	13	-1.3	1.18	0.0	7.8	6.6	8.4	4.3	83.7	62.4
Lake of the Woods District Hospital	Kenora	14	1.3	1.21	578.5	6.9	29.3	8.0	3.2	63.0	75.7
Lakeridge Health	Oshawa	9	-6.5	0.37	-1.5	7.7	4.4	8.4	6.5	73.3	80.9
Leamington District Memorial Hospital	Leamington	1	2.9	3.03	1, 941.0	10.6	-2.2	14.0	3.7	61.8	70.1
Markham Stouffville Hospital	Markham	8	-3.1	2.14	3.8	8.9	-0.9	10.9	4.7	77.1	87.8
Muskoka-East Parry Sound Health Services	Huntsville	12	-3.2	0.62	-2.0	4.7	-3.0	8.1	4.3	66.5	75.3
Niagara Health System	Niagara Falls	4	-4.1	0.33	-2.2	6.2	-3.2	9.4	5.4	68.6	71.8
Norfolk General Hospital	Simcoe	4	-0.2	0.71	0.0	6.4	-6.2	9.5	3.5	73.3	73.2
North Bay General Hospital	North Bay	13	-4.3	0.47	-13.0	5.1	5.5	8.6	6.2	75.0	73.8
North York General Hospital	Toronto	8	3.1	1.04	3.7	8.0	2.3	10.4	5.7	78.6	80.3
Northumberland Hills Hospital	Cobourg	9	-0.8	0.48	0.3	8.7	12.7	8.5	5.0	81.1	77.2
Orillia Soldiers' Memorial Hospital	Orillia	12	-4.6	0.86	-8.5	4.7	-1.2	6.8	5.0	61.2	75.2
Pembroke Regional Hospital	Pembroke	11	7.0	0.39	62.3	4.7	-8.0	9.5	4.0	66.8	67.5
Perth & Smiths Falls District Hospital	Smiths Falls	10	-1.4	0.49	-0.3	4.3	-0.7	7.6	3.9	63.3	66.4
Peterborough Regional Health Centre	Peterborough	9	-3.8	0.65	-6.6	4.6	-1.8	7.3	5.2	80.6	76.1
Queensway Carleton Hospital	Nepean	11	-0.9	0.76	0.5	5.3	-4.5	8.4	4.9	75.2	74.0
Quinte Health Care	Belleville	10	-1.0	1.10	2, 876.6	8.1	1.1	10.5	4.2	70.4	85.3

Inside range to reflect optimal performance Outside range to reflect optimal performance

Hospital	Community Served	LHIN	Total Margin (%)	Current Ratio	Debt Service Coverage	% Equipment Expense	Unit Cost Performance (%)	% Corporate Services	% Sick Time	Inpatient Nursing Productivity (%)	% Registered Nurse Hours
Ross Memorial Hospital	Lindsay	9	1.0	0.74	141.3	6.4	8.0	9.0	3.9	56.8	75.8
Rouge Valley Health System	Scarborough	9	-1.2	0.76	1.2	6.0	5.5	8.8	8.0	83.0	93.0
Sault Area Hospital	Sault Ste. Marie	13	-3.0	0.40	-20.4	4.0	2.3	7.4	5.9	70.1	70.8
South Bruce Grey Health Centre	Kincardine	2	3.7	2.62	4,159.5	8.4	9.9	9.2	4.7	67.7	63.7
Southlake Regional Health Centre	Newmarket	8	1.6	0.98	3.7	6.7	-5.4	8.2	6.2	87.7	83.4
St. Joseph's Health Centre Toronto	Toronto	7	6.0	1.47	17.9	6.5	-8.7	9.9	4.5	82.8	82.0
St. Mary's General Hospital	Kitchener	3	1.7	1.10	125.1	6.7	2.8	6.9	3.7	78.7	90.8
St. Thomas-Elgin General Hospital	St. Thomas	2	-10.2	0.27	-1.2	6.3	11.2	9.2	5.9	74.0	76.7
Strathroy Middlesex General Hospital	Strathroy	2	0.8	1.73	6.3	6.4	-10.0	8.0	3.1	78.5	73.2
Temiskaming Hospital	New Liskeard	13	-3.0	1.99	0.0	5.2	-0.2	9.2	3.7	40.7	72.3
The Brantford General Hospital	Brantford	4	0.8	0.44	1.4	6.7	-3.7	8.2	5.1	84.5	82.8
The Credit Valley Hospital	Mississauga	6	-0.4	0.86	5.1	6.0	-0.3	8.2	4.7	81.5	99.8
The Scarborough Hospital	Scarborough	9	-2.5	0.77	8.0	6.5	1.1	8.0	5.5	73.0	87.8
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	-1.9	0.84	-8.8	6.2	9.5	7.0	5.7	85.8	87.6
Tillsonburg District Memorial Hospital	Tillsonburg	2	-1.7	5.57	0.0	4.9	-1.4	9.0	3.7	60.3	66.3
Timmins & District Hospital	Timmins	13	-1.3	1.04	11.6	7.9	2.9	7.4	5.6	73.1	80.0
Toronto East General Hospital	Toronto	7	2.7	1.01	0.0	7.1	2.6	11.2	4.2	71.4	81.9
Trillium Health Centre	Mississauga	6	0.0	1.10	195.1	7.0	-1.2	10.7	4.5	61.6	91.6
West Lincoln Memorial Hospital	Grimsby	4	2.2	2.48	30,224.8	5.7	-20.2	8.7	5.4	84.1	71.8
West Parry Sound Health Centre	Parry Sound	13	2.8	0.66	NR	4.2	-5.4	12.3	4.6	104.7	72.3
William Osler Health Centre	Brampton	5	0.2	0.57	7.8	5.4	4.3	8.3	4.8	75.4	79.8
Winchester District Memorial Hospital	Winchester	11	0.4	2.35	0.0	5.4	-4.5	10.8	6.0	74.4	86.9
Windsor Regional Hospital	Windsor	1	1.5	0.45	3.9	5.1	12.0	8.4	6.8	82.0	95.3
Woodstock General Hospital	Woodstock	2	-2.0	1.63	0.0	5.1	-4.9	5.9	4.1	70.1	81.2
York Central Hospital	Richmond Hill	8	0.2	0.97	6.8	6.5	-3.2	8.8	4.1	77.6	83.8

Inside range to reflect optimal performance Outside range to reflect optimal performance

AVERAGE HOSPITAL RESULTS BY LOCAL HEALTH INTEGRATION NETWORK (LHIN)										
1	(Erie St. Clair)	0.3	0.57	5.4	6.6	NA	8.7	5.6	77.2	85.3
2	(South West)	-1.2	0.69	0.2	6.7	NA	8.5	5.4	75.9	84.6
3	(Waterloo Wellington)	-0.2	0.97	6.1	6.4	NA	8.9	4.4	77.8	80.1
4	(Hamilton Niagara Haldimand Brant)	-0.3	0.89	0.3	5.5	NA	7.8	6.0	73.6	81.3
5	(Central West)	0.3	0.60	8.1	5.7	NA	8.1	4.9	75.1	78.8
6	(Mississauga Halton)	0.0	1.10	12.8	6.6	NA	9.2	4.7	72.8	91.7
7	(Toronto Central)	0.9	0.82	3.6	7.4	NA	9.6	4.9	78.4	88.7
8	(Central)	-0.1	1.12	3.2	7.0	NA	9.1	5.3	78.6	82.9
9	(Central East)	-3.0	0.63	-0.3	6.5	NA	8.3	6.1	75.7	84.2
10	(South East)	-1.2	1.20	2.1	6.3	NA	9.5	5.2	66.2	81.5
11	(Champlain)	1.1	0.62	4.2	5.2	NA	8.7	4.6	78.5	84.9
12	(North Simcoe Muskoka)	-4.1	0.71	-7.8	5.8	NA	8.1	5.4	66.6	78.3
13	(North East)	-0.2	0.75	6.6	5.5	NA	9.2	5.6	73.2	76.2
14	(North West)	-0.6	1.06	5.8	6.3	NA	8.7	5.1	77.0	81.4

Notes: **NA** = not applicable (Results are not shown because the indicator does not apply to the hospital, or because the indicator cannot be used to calculate an average.)
NR = not reportable (Results are suppressed because of an issue related to data quality)

Inside range to reflect optimal performance Outside range to reflect optimal performance

The unique contexts of women's lives, including their reproductive and caregiving roles and their propensity to live alone, at lower socioeconomic levels and with more chronic disease at an older age, reinforce the need to pay attention to women's health when evaluating hospital-based acute care. Moreover, the study of women's health-specific conditions, as well as differences between women and men and equity+ in the context of performance in healthcare has shown that good hospital performance in women's health or equity, may be associated with good performance overall.[15]

Building on analysis presented in *Hospital Report 2005*, this section of the report highlights hospital performance on selected women's health indicators grouped into three clinical areas: Gynecological Conditions, Labour and Delivery and Cardiac Care. The analysis in this section is limited to sex (male versus female) because of the limited availability of gender-related❖ variables in routinely collected hospital data.

While there are slight methodological changes to the indicator calculations this year, hospitals can use these indicator results to compare change over time.

Indicator Definitions

Gynecological Conditions and Hysterectomy

Difference Between Vaginal and Abdominal Hysterectomies

The within-hospital risk-adjusted difference between the numbers of vaginal (or laparoscopically-assisted vaginal) and abdominal hysterectomies.

Adverse Events (Procedures to Treat Benign Gynecological Conditions)

The rate of adverse events in patients undergoing procedures for the treatment of benign gynecological conditions (abnormal uterine bleeding and/or fibroids). Procedures include all types of hysterectomy, uterine artery embolization and endometrial ablation. Adverse events include, for example, sepsis, pelvic infections, hemorrhage and injuries to urinary tract or gastrointestinal tract, among others (refer to the Technical Summary).

Readmissions (Procedures to Treat Benign Gynecological Conditions) (Revised)

The rate of unplanned readmissions for patients within 30 days following hospitalization for procedures to treat benign gynecological conditions (abnormal uterine bleeding and/or fibroids).

15. A. L. Magistretti, D. E. Steward and A. D. Brown, "Performance Measurement in Women's Health: The Women's Health Report 2001 Series, A Canadian Experience," Women's Health Issues 12, 6 (2002): pp. 327–337.

\+ Equity means equal opportunity for use of and/or benefit from health services for equal need and/or potential.

❖ Gender is made up of multiple dimensions, and reflects the interaction of sex with other economic, cultural, environmental and social characteristics and roles ascribed to and relations between the sexes (for example, income, ethnicity, social support).

Labour and Delivery

Adverse Events

The rate of adverse events in patients undergoing labour and/or delivery. Adverse events include, for example, uterine rupture, pulmonary or cardiac events, wound infection and hemorrhage, among others (refer to the Technical Summary).

Readmissions (Revised)

The rate of unplanned readmissions of patients within 14 days following hospitalization for labour and/or delivery. Hospitals are evaluated based on their rates of total readmissions (for both types of deliveries). Readmission rates are stratified by type of delivery (vaginal, C-section) in the e-Scorecard.

Cardiac Care

Access to Coronary Angiography for Patients with Acute Myocardial Infarction (AMI) (Revised)

The rate of access to coronary angiography for patients with AMI within the episode of hospital care by sex. Providing access to coronary angiography is attributed to the first hospital in this episode, and thus does not depend on the hospitals' availability of cardiac catheterization facilities.

Readmissions (Acute Coronary Syndrome (ACS))

The rate of unplanned readmissions for patients within 30 days following hospitalization for ACS, including unstable angina, AMI, and cardiogenic shock.

Readmissions (Congestive Heart Failure)

The rate of unplanned readmissions for patients within 30 days following hospitalization for congestive heart failure.

Summary of Results

This section presents results for the same indicators of women's health that were presented in *Hospital Report: Acute Care 2005*. While the overall provincial averages are similar to the averages presented in last year's report, some indicators have seen improvements (for example, an increase in the rate of access to angiography after AMI for both men and women). Opportunities continue to exist, however, for improvement on other indicators (for example, shifting from abdominal to vaginal hysterectomies).

Gynecological Conditions and Hysterectomy

It was identified in *Hospital Report: Acute Care 2005* that literature related to the route and methods for hysterectomy reinforces that vaginal hysterectomies are, where possible (for example, for non-cancerous uterine conditions), generally preferable to abdominal hysterectomies. This is because they are associated with improved secondary outcomes, including a lower risk of complications and a shorter operative time, and a faster recovery time.[16] Despite this finding, hospitals are performing more abdominal hysterectomies than vaginal hysterectomies. The provincial average is -0.52, which is similar to *Hospital Report 2005* where the provincial average was -0.30. Community hospitals are performing slightly more abdominal hysterectomies than teaching and small hospitals (the peer average is -0.55 for community hospitals, while the peer averages for teaching and small hospitals are -0.43 and -0.27, respectively).

Hospital-Level Rates of Outcomes for Women Undergoing Procedures for Benign Uterine Conditions and Labour and/or Delivery (2004–2005)

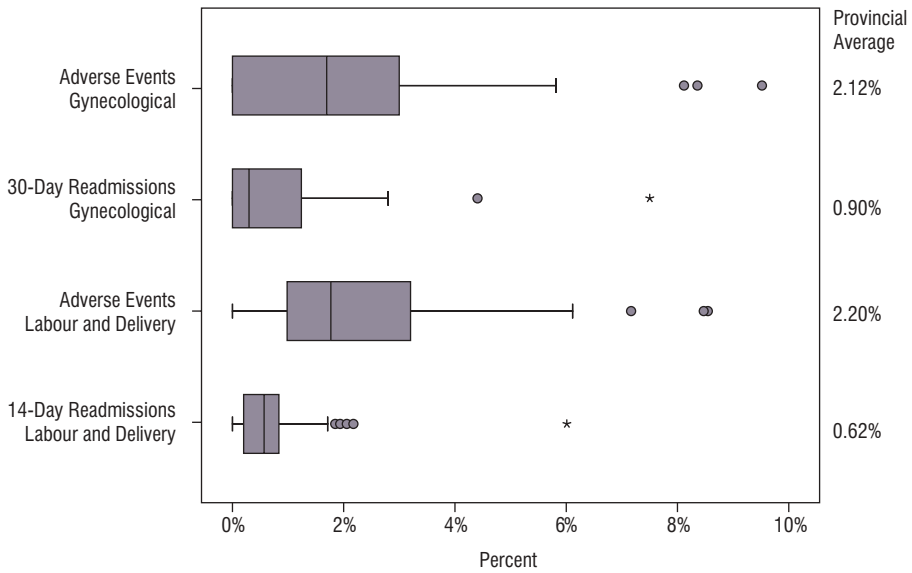


Figure 27

16. N. Johnson, D. Barlow, A. Lethaby, E. Tavender, L. Curr and R. Garry, "Methods of Hysterectomy: Systematic Review and Meta-Analysis of Randomized Controlled Trials," British Medical Journal 330 (2005): pp. 1478–1487.

Similar to *Hospital Report: Acute Care 2005*, the majority of hospitals had average performance on the indicators measuring the rates of adverse events and readmissions experienced by women undergoing procedures for benign gynecological conditions. No small or teaching hospitals achieved above-average performance on either of these indicators, while for each indicator, five community hospitals had above-average performance.

Table 8 illustrates that while the averages remain quite low for adverse events and readmissions experienced by women undergoing procedures for benign gynecological conditions, the provincial average for adverse events has increased slightly from 1.86% in 2003–2004 to 2.12% in 2004–2005. Each peer group average has also increased slightly.

Table 8: Comparison of Benign Gynecological Outcome Indicators Over Three Years (Provincial and Peer Group Averages)

	2002–2003	2003–2004	2004–2005
Benign Gynecological Conditions—Rate of Adverse Events			
Provincial	2.32	1.86	2.12
Teaching Hospitals	2.84	2.30	2.56
Community Hospitals	2.14	1.73	2.00
Small Hospitals	1.67	0.53	1.42
Benign Gynecological Conditions—Rate of Readmissions			
Provincial	0.55	0.94	0.90
Teaching Hospitals	0.57	1.24	1.04
Community Hospitals	0.56	0.85	0.86
Small Hospitals	0.00	0.43	0.40

Labour and Delivery

As in *Hospital Report 2005*, most hospitals with reportable performance had average performance on the adverse events and readmissions indicators for patients undergoing labour and/or delivery. For the adverse events indicator, the community hospital peer group average of 1.60% is below the provincial average (2.20%), which is consistent with the fact that 15 hospitals, all in the community hospital peer group, achieved above-average performance.

Similarly, the community hospital peer group average of 0.58% for readmissions is also below the provincial average of 0.62%, (see Figure 27) while the teaching and small hospital averages are slightly higher. Six hospitals, five community and one teaching, achieved above-average performance. Table 9 presents the change in indicator rates across the last three years by peer group. Peer group averages have remained relatively stable, however, the small hospital rate of readmissions has dropped considerably from 2.06 in 2003–2004, to 0.86 in 2004–2005, while the number of deliveries in this peer group is similar to last year (1861 in 2003–2004 and 1769 in 2004–2005).

Table 9: Comparison of Labour and Delivery Outcome Indicators Over Three Years (Provincial and Peer Group Averages)

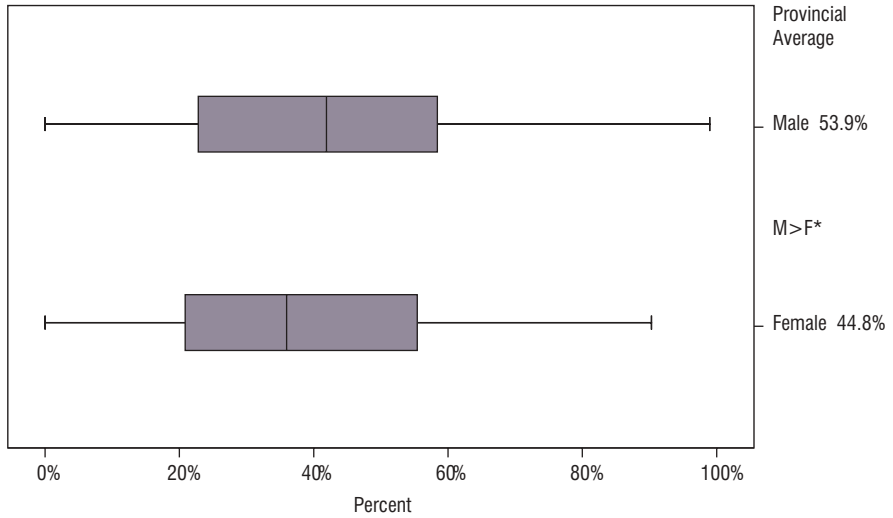
	2002–2003	2003–2004	2004–2005
Labour and Delivery—Rate of Adverse Events			
Provincial	2.64	2.26	2.20
Teaching Hospitals	4.29	4.10	3.87
Community Hospitals	1.99	1.59	1.60
Small Hospitals	4.01	3.27	3.79
Labour and Delivery—Rate of Readmissions			
Provincial	0.67	0.63	0.62
Teaching Hospitals	0.81	0.70	0.75
Community Hospitals	0.61	0.58	0.58
Small Hospitals	1.21	2.06	0.86

Differences Between Women and Men in Cardiac Care

Each of the three indicators of access and outcome for cardiac care patients are stratified for women and men. For each of the indicators, the value of the difference between men and women and the significance of the differences are provided at a hospital-level in the e-Scorecard.

When comparing rates of access to coronary angiography within the episode of hospital care, the rate has increased for both sexes from 2003–2004 to 2004–2005 at rates of 36.5% to 44.8%, and 46.4% to 53.9% for females and males, respectively. However, women admitted with AMI had a significantly lower rate of access to coronary angiography (see figure 28) within the episode of hospital care than men (p <0.012).

Hospital-Level Rates of Access to Diagnostic Technology (Coronary Angiography) Within the Episode of Care for Patients with AMI (by Sex)

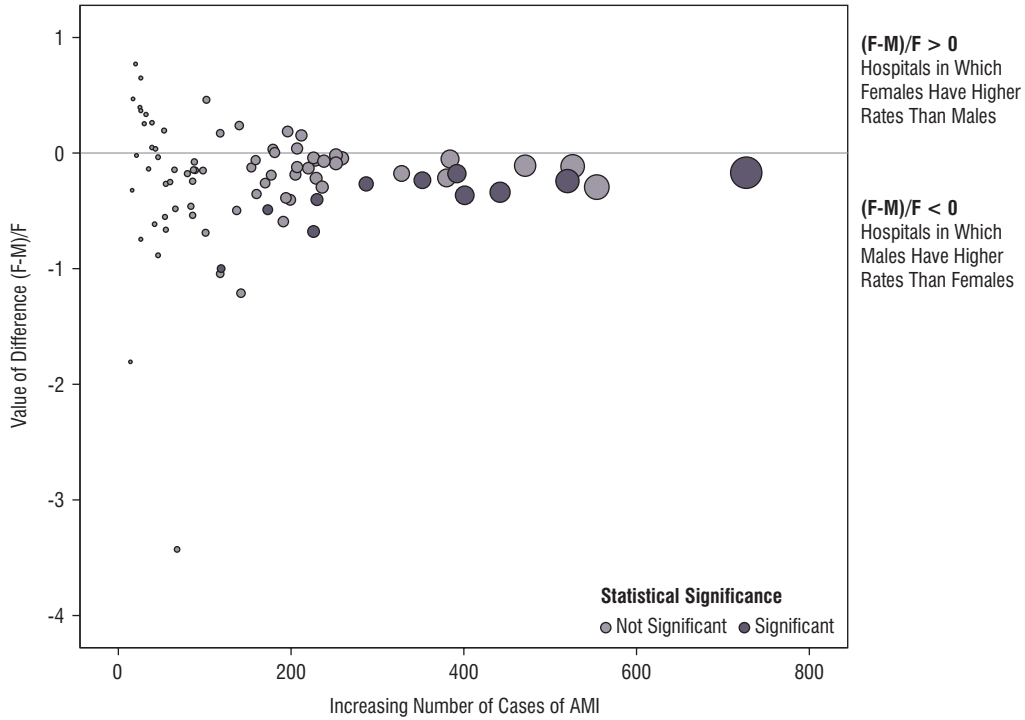


*Statistical significance at p<0.012.

Figure 28

Figure 29 shows that 12 of the 83 hospitals with a reportable sex equity performance had a statistically significant difference in the rate of access to this diagnostic technology; and as in *Hospital Report 2005*, women had lower rates of access than men in all of these hospitals.

Differences Between Women and Men on Access to Coronary Angiography Following Hospitalization for AMI 2004–2005



Note: All the circles in this graph are acute care hospitals (the size of each circle is proportional to the total number patients or cases).

* One outlier removed (at value of -8.67)

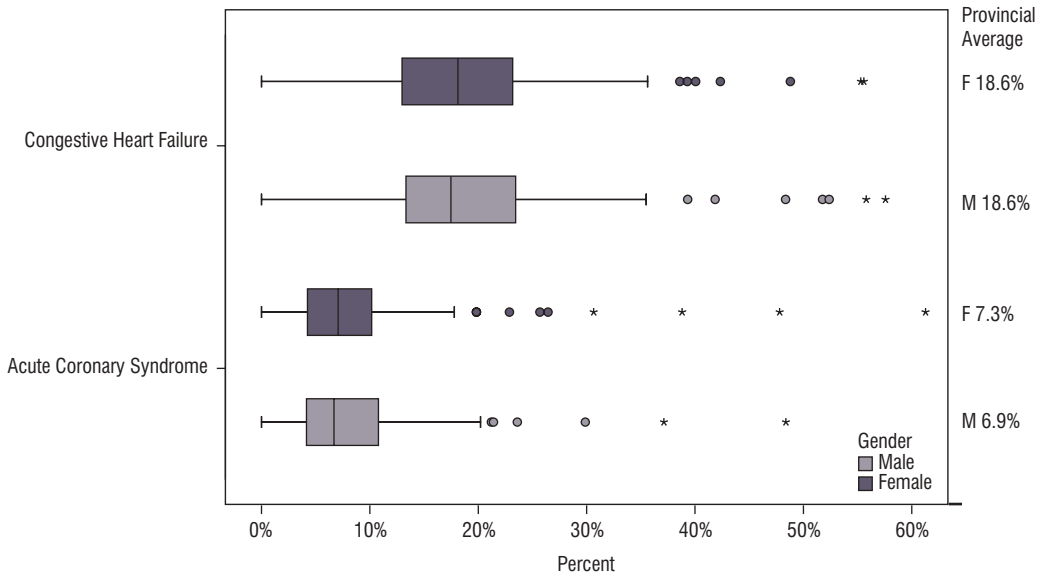
Figure 29

Differences Between Women and Men in Cardiac Care (cont'd)

Similar to 2003–2004, in 2004–2005, women had a higher rate than men of acute coronary syndrome (ACS) readmissions (7.3% for females versus 6.9% for males), while the overall rate of congestive heart failure (CHF) readmissions was equal for males and females (18.6%). The difference between women and men has decreased slightly since *Hospital Report 2005* for both indicators. Seven hospitals (from all peer groups) had sex differences on rate of readmissions for patients with ACS, while only two hospitals (both community hospitals) had sex differences on rate of readmission for patients with CHF.

Figure 30 illustrates the distribution of the hospital scores on these two indicators.

Hospital-Level Rates of Readmissions by Sex for Cardiac Conditions



* One outlier removed for ACS Readmissions Female (at value of 100%)

** Two outliers removed for CHF Readmissions Female (at values of 91% and 100%)

Figure 30

Other Indicators in e-Scorecard

In addition to the indicators presented in this report, hospitals have access to the following additional indicators on the e-Scorecard:

- Rate of select alternatives to hysterectomy versus rate of hysterectomy
- Rate of hospital readmissions within 14 days following hospitalization for labour and/or delivery—by type of delivery (vaginal, C-section)
- Rate of episiotomy
- Rate of third and fourth degree vaginal tears
- Rates of C-section (elective, non-elective) and operative vaginal delivery
- Rates of vaginal birth after C-section (elective, non-elective, successful, failed)
- Rate of access to drug-eluding stents for patients undergoing PTCA with stents by sex.

Interpreting Results in the Performance Allocation Tables

Specific items to consider when interpreting the results are as follows:

- All indicators are rates in percent except for the difference values: Route of Hysterectomy—Difference between Vaginal and Abdominal, and the cardiac indicators. For Difference Between Vaginal and Abdominal Hysterectomies, the values fall between 1 and -1. A value of 1 means that a hospital performs all vaginal hysterectomies; a value of -1 means that a hospital performs all abdominal hysterectomies; a value of 0 means that the hospital performs an equal number of vaginal and abdominal hysterectomies.
- All Cardiac Indicators are presented for women (F) and men (M), and the value of the difference between women and men (F-M)/F. The difference value estimates the direction and magnitude of the difference in rates attributable to sex. A positive value for the difference means that women have higher rates, and a negative value for the difference means that men have higher rates. A value of zero means that the rates are similar (or equal). Note that rounding may have changed a small value to zero.
- Non-reportable (NR)—results are not shown due to either < 5 total cases or due to physician confidentiality. For the indicator Route of Hysterectomy—Difference Between Vaginal and Abdominal, NR is due to < 5 of either type of hysterectomy or physician confidentiality. For the cardiac indicators, non-reportable (NR)—results are not shown due to either < 5 total cases (for either sex) or due to physician confidentiality.
- Cardiac care (by sex) performance allocations: F > M = statistically significant differences where women have a higher rate for an indicator; M > F = statistically significant difference where men have a higher rate for an indicator.
- Refer to the Technical Summary for an explanation of how sample size affects performance allocations.

Gynecological Procedures and Hysterectomy & Labour and Delivery

Hospital	Community Served	LHIN	**Route of Hysterectomy** Difference Between Vaginal and Abdominal Hysterectomy	**Adverse Events** Gynecological Procedures	**Readmissions** Gynecological Procedures	**Adverse Events** Labour and Delivery	**Readmissions** Labour and Delivery
PROVINCIAL AVERAGE			**-0.52**	**2.12**	**0.90**	**2.20**	**0.62**
TEACHING HOSPITALS AVERAGE			-0.43	2.56	1.04	3.87	0.75
Hamilton Health Sciences	Hamilton	4	-0.79	3.17	1.87	5.48	0.85
Kingston General Hospital*	Kingston	10	-0.62	3.47	0.95	5.97	0.96
London Health Sciences Centre	London	2	-0.12	2.02	1.68	1.25	0.69
Mount Sinai Hospital	Toronto	7	-0.84	1.82	1.27	2.46	0.81
St. Joseph's Health Care London	London	2	-0.19	1.71	1.46	2.97	1.09
St. Joseph's Healthcare Hamilton	Hamilton	4	-0.46	4.75	0.81	3.13	0.39
St. Michael's Hospital	Toronto	7	-0.45	1.78	0.63	1.32	0.61
Sunnybrook & Women's College Health Sciences Centre	Toronto	7	-0.42	4.59	0.23	8.55	0.66
The Ottawa Hospital	Ottawa	11	-0.36	1.55	0.70	4.25	0.71
University Health Network	Toronto	7	NR	1.23	2.71	NR	NR
SMALL HOSPITALS AVERAGE			-0.27	1.42	0.40	3.79	0.86
Alexandra Hospital	Ingersoll	2	NR	NR	NR	NR	NR
Alexandra Marine & General Hospital	Goderich	2	NR	0.00	2.65	1.93	0.00
Almonte General Hospital	Almonte	11	NR	NR	NR	3.43	0.00
Arnprior & District Memorial Hospital	Arnprior	11	NR	NR	NR	NR	NR
Carleton Place & District Memorial Hospital	Carleton Place	11	NR	NR	NR	NR	NR
Deep River and District Hospital	Deep River	11	NR	NR	NR	NR	NR
Dryden Regional Health Centre	Dryden	14	NR	NR	NR	3.07	2.06
Englehart & District Hospital	Englehart	13	NR	NR	NR	NR	NR
Glengarry Memorial Hospital	Alexandria	11	NR	NR	NR	NR	NR
Haliburton Highlands Health Services	Haliburton	9	NR	NR	NR	0.00	NR
Hanover & District Hospital	Hanover	2	NR	NR	NR	5.34	NR
Kemptville District Hospital	Kemptville	11	NR	NR	NR	NR	NR
Lennox & Addington County General Hospital	Napanee	10	NR	NR	NR	0.00	1.46
Listowel & Wingham Hospitals Alliance	Listowel	2	NR	NR	NR	5.05	1.94
MICs Group of Health Services	Cochrane	13	NR	NR	NR	NR	NR
North Wellington Health Care	Mount Forest	3	NR	0.00	0.00	0.87	NR
Services de santé de Chapleau Health Services	Chapleau	13	NR	NR	NR	NR	NR
South Huron Hospital	Exeter	2	NR	NR	NR	NR	NR
St. Francis Memorial Hospital	Barry's Bay	11	NR	NR	NR	NR	NR
Stevenson Memorial Hospital	Alliston	8	NR	9.52	0.00	5.22	0.83
The West Nipissing General Hospital	Sturgeon Falls	13	NR	NR	NR	NR	NR

*The values for the indicators for Kingston General Hospital are based on a combination of data from both Kingston General Hospital and Hotel Dieu Hospital, Kingston.

Above-average performance Average performance Below-average performance

COMMUNITY HOSPITALS AVERAGE			-0.55	2.00	0.86	1.60	0.58
Bluewater Health	Sarnia	1	-0.55	1.58	0.00	1.03	1.02
Brockville General Hospital	Brockville	10	NR	8.12	0.00	2.42	0.68
Cambridge Memorial Hospital	Cambridge	3	-0.37	4.77	0.00	3.16	0.51
Chatham-Kent Health Alliance	Chatham	1	-0.72	0.55	0.99	1.53	0.19
Collingwood General & Marine Hospital	Collingwood	12	NR	NR	NR	3.77	0.49
Cornwall Community Hospital	Cornwall	11	NR	NR	NR	0.22	0.22
Grand River Hospital	Kitchener	3	-0.43	2.14	2.08	0.88	0.62
Grey Bruce Health Services	Owen Sound	2	NR	4.34	0.00	3.86	1.85
Groves Memorial Community Hospital	Fergus	3	NR	NR	NR	4.44	0.74
Guelph General Hospital	Guelph	3	-0.54	0.90	0.80	1.22	0.56
Halton Healthcare	Oakville	6	NR	1.92	0.00	1.14	0.65
Headwaters Health Care Centre	Orangeville	5	NR	1.97	0.00	1.69	0.46
Hôpital Général de Hawkesbury & District General Hospital Inc.	Hawkesbury	11	NR	5.75	0.00	1.36	0.89
Hôpital Montfort	Ottawa	11	-0.03	5.34	0.51	2.77	0.89
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	-0.66	0.96	1.48	1.39	0.79
Hôtel-Dieu Grace Hospital	Windsor	1	NR	0.00	0.00	NR	NR
Humber River Regional Hospital	Toronto	8	-0.78	0.80	1.38	0.88	0.41
Huron Perth Healthcare Alliance	Stratford	2	-0.20	0.61	0.55	1.64	0.68
Huronia District Hospital—North Simcoe Hospital Alliance	Midland	12	NR	NR	NR	3.38	0.37
Joseph Brant Memorial Hospital	Burlington	4	-0.52	2.33	0.00	2.04	0.20
Kirkland and District Hospital	Kirkland Lake	13	NR	8.36	0.00	0.00	0.00
Lake of the Woods District Hospital	Kenora	14	NR	NR	NR	7.17	0.88
Lakeridge Health	Oshawa	9	-0.91	2.17	0.40	1.86	0.49
Leamington District Memorial Hospital	Leamington	1	NR	0.00	0.00	1.60	0.27
Markham Stouffville Hospital	Markham	8	NR	2.15	0.00	1.21	0.58
Muskoka-East Parry Sound Health Services	Huntsville	12	NR	NR	NR	1.43	0.57
Niagara Health System	Niagara Falls	4	-0.30	2.62	1.45	1.66	0.52
Norfolk General Hospital	Simcoe	4	NR	NR	NR	1.10	0.82
North Bay General Hospital	North Bay	13	-0.46	3.33	1.30	2.29	0.88
North York General Hospital	Toronto	8	-0.33	1.90	1.25	1.26	0.35
Northumberland Hills Hospital	Cobourg	9	-0.86	1.39	0.00	3.71	0.82
Orillia Soldiers' Memorial Hospital	Orillia	12	-0.51	1.68	0.00	5.31	0.61

Above-average performance Average performance Below-average performance

Gynecological Procedures and Hysterectomy & Labour and Delivery (cont'd)

Hospital	Community Served	LHIN	**Route of Hysterectomy** Difference Between Vaginal and Abdominal Hysterectomy	**Adverse Events** Gynecological Procedures	**Readmissions** Gynecological Procedures	**Adverse Events** Labour and Delivery	**Readmissions** Labour and Delivery
Pembroke Regional Hospital	Pembroke	11	-0.11	2.79	1.23	1.85	0.41
Perth & Smiths Falls District Hospital	Smiths Falls	10	NR	NR	NR	1.11	0.00
Peterborough Regional Health Centre	Peterborough	9	-0.38	1.96	1.04	2.00	0.94
Queensway Carleton Hospital	Nepean	11	-0.54	0.00	0.00	3.45	0.46
Quinte Health Care	Belleville	10	-0.74	0.33	0.31	2.41	0.60
Ross Memorial Hospital	Lindsay	9	-0.87	0.97	0.93	0.93	0.23
Rouge Valley Health System	Scarborough	9	-0.80	2.57	0.00	3.52	0.59
Sault Area Hospital	Sault Ste. Marie	13	-0.06	2.30	2.77	1.94	0.39
South Bruce Grey Health Centre	Kincardine	2	NR	NR	NR	1.77	0.43
Southlake Regional Health Centre	Newmarket	8	-0.64	3.00	0.29	0.74	0.73
St. Joseph's Health Centre Toronto	Toronto	7	-0.74	1.07	1.03	0.98	0.41
St. Mary's General Hospital	Kitchener	3	NR	NR	NR	NR	NR
St. Thomas-Elgin General Hospital	St. Thomas	2	NR	0.00	0.56	1.10	0.95
Strathroy Middlesex General Hospital	Strathroy	2	-0.36	1.56	2.80	2.15	1.71
Temiskaming Hospital	New Liskeard	13	NR	5.81	4.41	0.00	1.52
The Brantford General Hospital	Brantford	4	-0.67	3.78	0.68	1.47	0.40
The Credit Valley Hospital	Mississauga	6	-0.65	3.45	2.38	1.22	0.57
The Scarborough Hospital	Scarborough	9	-0.86	1.82	0.57	1.42	0.63
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	-0.19	0.99	0.51	4.35	0.92
Tillsonburg District Memorial Hospital	Tillsonburg	2	NR	NR	NR	NR	NR
Timmins & District Hospital	Timmins	13	-0.82	2.72	1.77	1.55	1.12
Toronto East General Hospital	Toronto	7	-0.75	3.07	1.74	0.86	0.57
Trillium Health Centre	Mississauga	6	-0.80	3.00	0.99	0.99	0.28
West Lincoln Memorial Hospital	Grimsby	4	NR	NR	NR	NR	NR
West Parry Sound Health Centre	Parry Sound	13	NR	NR	NR	3.43	0.83
William Osler Health Centre	Brampton	5	-0.82	1.74	1.15	0.98	0.55
Winchester District Memorial Hospital	Winchester	11	0.77	1.00	7.50	0.92	1.22
Windsor Regional Hospital	Windsor	1	-0.57	1.65	0.17	0.70	0.52
Woodstock General Hospital	Woodstock	2	0.23	0.00	0.64	2.01	0.62
York Central Hospital	Richmond Hill	8	-0.67	3.75	0.53	0.90	0.76

Above-average performance Average performance Below-average performance

AVERAGE HOSPITAL RESULTS BY LOCAL HEALTH INTEGRATION NETWORK					
1 (Erie St. Clair)	-0.63	1.33	0.29	0.93	0.52
2 (South West)	0.03	1.49	1.17	2.24	0.96
3 (Waterloo Wellington)	-0.44	2.29	1.22	1.54	0.58
4 (Hamilton Niagara Haldimand Brant)	-0.50	3.13	1.01	2.94	0.53
5 (Central West)	-0.81	1.91	1.15	1.02	0.53
6 (Mississauga Halton)	-0.83	2.48	0.92	1.13	0.50
7 (Toronto Central)	-0.62	2.39	0.99	2.91	0.66
8 (Central)	-0.63	2.16	0.86	1.09	0.51
9 (Central East)	-0.79	2.07	0.41	2.13	0.62
10 (South East)	-0.67	2.02	0.48	3.88	0.75
11 (Champlain)	-0.30	1.96	1.14	3.54	0.65
12 (North Simcoe Muskoka)	-0.74	1.48	0.15	2.82	0.60
13 (North East)	-0.56	2.26	1.63	1.77	0.81
14 (North West)	-0.23	1.17	0.36	4.55	1.05

Cardiac Care

Hospital	Community Served	LHIN	Access to Coronary Angiography			Readmissions					
						Acute Coronary Syndrome			Congestive Heart Failure		
			Females	Males	Difference Between the Sexes (F-M)/F	Females	Males	Difference Between the Sexes (F-M)/F	Females	Males	Difference Between the Sexes (F-M)/F
PROVINCIAL AVERAGE			**44.8**	**53.9**	**-0.20**	**7.3**	**6.9**	**0.06**	**18.6**	**18.6**	**0.00**
TEACHING HOSPITALS AVERAGE			60.0	71.5	-0.19	6.6	4.3	0.35	16.9	18.5	-0.09
Hamilton Health Sciences	Hamilton	4	52.9	65.7	-0.24 M>F	7.7	4.0	0.48 F>M	15.1	21.6	-0.43
Kingston General Hospital*	Kingston	10	71.6	90.7	-0.27 M>F	8.4	3.7	0.57 F>M	18.2	12.3	0.33
London Health Sciences Centre	London	2	62.2	69.3	-0.11	6.4	3.6	0.44 F>M	16.8	17.3	-0.03
Mount Sinai Hospital	Toronto	7	59.4	70.0	-0.18	9.1	2.4	0.74 F>M	15.5	16.5	-0.07
St. Joseph's Health Care London	London	2	NR	NR	NR	NR	NR	NR	NR	NR	NR
St. Joseph's Healthcare Hamilton	Hamilton	4	47.7	50.6	-0.06	0.8	3.6	-3.57	16.4	16.1	0.02
St. Michael's Hospital	Toronto	7	46.9	69.9	-0.49 M>F	7.1	7.1	0.01	15.7	18.4	-0.18
Sunnybrook & Women's College Health Sciences Centre	Toronto	7	65.7	65.4	0.00	6.3	6.1	0.04	17.3	21.1	-0.22
The Ottawa Hospital	Ottawa	11	63.3	78.2	-0.23 M>F	6.7	4.2	0.38	14.5	13.3	0.08
University Health Network	Toronto	7	68.2	72.9	-0.07	6.1	4.2	0.31	25.5	24.6	0.04
SMALL HOSPITALS AVERAGE			27.7	30.3	-0.09	8.8	9.5	-0.08	21.6	22.1	-0.02
Alexandra Hospital	Ingersoll	2	48.8	17.1	0.65	19.8	4.2	0.79	23.2	27.3	-0.17
Alexandra Marine & General Hospital	Goderich	2	24.9	23.7	0.05	26.4	4.7	0.82 F>M	0.0	14.9	NR
Almonte General Hospital	Almonte	11	NR	NR	NR	NR	NR	NR	30.0	NR	NR
Arnprior & District Memorial Hospital	Arnprior	11	30.8	49.8	-0.62	10.0	5.5	0.45	22.9	12.3	0.47
Carleton Place & District Memorial Hospital	Carleton Place	11	NR	40.7	NR	0.0	4.6	NR	39.3	14.8	0.62
Deep River and District Hospital	Deep River	11	NR	NR	NR	19.8	0.0	NR	NR	NR	NR
Dryden Regional Health Centre	Dryden	14	8.2	8.4	-0.02	5.2	10.2	-0.95	22.2	21.2	0.05
Englehart & District Hospital	Englehart	13	NR	NR	NR	0.0	NR	NR	NR	NR	NR
Glengarry Memorial Hospital	Alexandria	11	NR	NR	NR	NR	NR	NR	0.0	20.5	NR
Haliburton Highlands Health Services	Haliburton	9	14.6	19.3	-0.32	0.0	21.4	NR	21.3	15.4	0.28
Hanover & District Hospital	Hanover	2	18.5	9.8	0.47	0.0	5.6	NR	35.6	55.8	-0.57
Kemptville District Hospital	Kemptville	11	42.6	9.8	0.77	0.0	8.1	NR	NR	15.1	NR
Lennox & Addington County General Hospital	Napanee	10	68.5	50.5	0.26	6.2	3.7	0.40	8.0	9.0	-0.13
Listowel & Wingham Hospitals Alliance	Listowel	2	29.8	33.9	-0.14	4.7	29.9	-5.38	20.7	0.0	NR
MICs Group of Health Services	Cochrane	13	31.6	55.2	-0.75	9.4	17.1	-0.83	31.6	13.8	0.56
North Wellington Health Care	Mount Forest	3	0.0	30.6	NR	0.0	9.0	NR	7.9	41.9	-4.31
Services de santé de Chapleau Health Services	Chapleau	13	NR	0.0	NR	NR	0.0	NR	NR	14.6	NR
South Huron Hospital	Exeter	2	0.0	20.0	NR	0.0	4.3	NR	NR	11.2	NR
St. Francis Memorial Hospital	Barry's Bay	11	27.2	76.3	-1.81	0.0	NR	NR	42.3	NR	NR
Stevenson Memorial Hospital	Alliston	8	21.8	41.0	-0.88	11.7	2.9	0.75	11.7	24.8	-1.11
The West Nipissing General Hospital	Sturgeon Falls	13	20.9	32.4	-0.55	11.5	17.5	-0.53	30.5	29.6	0.03

*The values for the indicators for Kingston General Hospital are based on a combination of data from both Kingston General Hospital and Hotel Dieu Hospital, Kingston.

Statistically Significant Difference No Statistically Significant Difference

COMMUNITY HOSPITALS AVERAGE			42.9	51.5	-0.20	7.4	7.5	-0.01	18.8	18.3	0.03
Bluewater Health	Sarnia	1	9.1	14.5	-0.59	7.4	8.0	-0.07	18.0	17.5	0.03
Brockville General Hospital	Brockville	10	51.5	76.3	-0.48	30.7	10.3	0.66 F>M	22.9	15.0	0.34
Cambridge Memorial Hospital	Cambridge	3	26.2	35.4	-0.35	3.1	20.2	-5.61 M>F	21.6	19.2	0.11
Chatham-Kent Health Alliance	Chatham	1	13.1	12.6	0.04	4.6	4.8	-0.04	13.7	12.2	0.11
Collingwood General & Marine Hospital	Collingwood	12	21.1	24.1	-0.14	5.3	13.9	-1.61	14.2	16.2	-0.14
Cornwall Community Hospital	Cornwall	11	55.4	46.9	0.15	8.7	9.5	-0.08	11.5	6.2	0.46
Grand River Hospital	Kitchener	3	46.8	48.4	-0.04	15.8	7.2	0.55	25.5	20.4	0.20
Grey Bruce Health Services	Owen Sound	2	21.0	21.9	-0.04	9.3	4.4	0.52	14.3	25.4	-0.77
Groves Memorial Community Hospital	Fergus	3	64.6	62.2	0.04	22.9	6.9	0.70	19.0	15.4	0.19
Guelph General Hospital	Guelph	3	36.2	43.1	-0.19	7.8	5.9	0.24	19.6	15.9	0.19
Halton Healthcare	Oakville	6	35.4	49.8	-0.40	5.3	5.1	0.04	24.4	18.3	0.25
Headwaters Health Care Centre	Orangeville	5	41.4	51.5	-0.24	3.0	7.1	-1.38	11.8	16.9	-0.43
Hôpital Général de Hawkesbury & District General Hospital Inc.	Hawkesbury	11	71.2	47.4	0.33	7.7	8.3	-0.08	9.4	11.9	-0.27
Hôpital Montfort	Ottawa	11	57.9	65.1	-0.12	13.1	10.5	0.20	16.3	19.3	-0.18
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	62.9	66.1	-0.05	7.0	6.6	0.05	15.0	27.3	-0.81 M>F
Hôtel-Dieu Grace Hospital	Windsor	1	62.2	63.3	-0.02	6.2	5.4	0.12	19.3	16.9	0.12
Humber River Regional Hospital	Toronto	8	34.6	46.4	-0.34 M>F	6.7	10.2	-0.53	23.1	16.0	0.31
Huron Perth Healthcare Alliance	Stratford	2	12.4	25.4	-1.04	7.2	3.4	0.53	18.7	9.9	0.47
Huronia District Hospital—North Simcoe Hospital Alliance	Midland	12	41.7	34.6	0.17	6.6	9.0	-0.35	24.0	20.0	0.17
Joseph Brant Memorial Hospital	Burlington	4	52.8	51.1	0.03	5.5	9.6	-0.73	21.3	24.8	-0.16
Kirkland and District Hospital	Kirkland Lake	13	56.6	34.3	0.39	10.2	5.2	0.49	0.0	11.8	NR
Lake of the Woods District Hospital	Kenora	14	45.7	28.9	0.37	25.7	11.1	0.57	12.5	32.7	-1.61
Lakeridge Health	Oshawa	9	49.5	60.2	-0.22	6.3	6.0	0.05	19.8	14.2	0.28
Leamington District Memorial Hospital	Leamington	1	27.5	31.6	-0.15	7.5	4.0	0.47	22.2	16.1	0.28
Markham Stouffville Hospital	Markham	8	29.0	58.0	-1.00 M>F	3.4	6.7	-0.96	5.0	21.4	-3.25 M>F
Muskoka-East Parry Sound Health Services	Huntsville	12	21.1	11.4	0.46	5.0	14.0	-1.82	19.5	17.0	0.13
Niagara Health System	Niagara Falls	4	25.9	33.6	-0.29	10.9	13.2	-0.21	17.8	19.9	-0.12
Norfolk General Hospital	Simcoe	4	18.0	20.6	-0.15	7.3	15.9	-1.17	9.0	23.2	-1.59
North Bay General Hospital	North Bay	13	16.9	21.2	-0.26	2.8	9.7	-2.47	23.6	17.8	0.25
North York General Hospital	Toronto	8	53.1	56.3	-0.06	14.4	6.0	0.58	13.7	17.5	-0.28
Northumberland Hills Hospital	Cobourg	9	35.7	52.2	-0.46	10.4	10.8	-0.04	12.6	5.1	0.59
Orillia Soldiers' Memorial Hospital	Orillia	12	27.2	46.0	-0.69	7.6	10.6	-0.40	15.4	13.0	0.16

Statistically Significant Difference ■ No Statistically Significant Difference

Cardiac Care (cont'd)

Hospital	Community Served	LHIN	Access to Coronary Angiography			Readmissions					
						Acute Coronary Syndrome			Congestive Heart Failure		
			Females	Males	Difference Between the Sexes (F-M)/F	Females	Males	Difference Between the Sexes (F-M)/F	Females	Males	Difference Between the Sexes (F-M)/F
Pembroke Regional Hospital	Pembroke	11	43.4	46.8	-0.08	10.8	11.8	-0.09	13.0	20.8	-0.60
Perth & Smiths Falls District Hospital	Smiths Falls	10	37.7	57.9	-0.54	8.5	5.6	0.34	12.6	21.9	-0.74
Peterborough Regional Health Centre	Peterborough	9	43.0	60.2	-0.40[M>F]	8.4	4.9	0.42	16.9	13.4	0.20
Queensway Carleton Hospital	Nepean	11	28.6	42.8	-0.50	8.3	9.8	-0.18	23.9	19.3	0.19
Quinte Health Care	Belleville	10	58.7	71.5	-0.22	10.2	6.9	0.33	20.6	12.6	0.39
Ross Memorial Hospital	Lindsay	9	10.7	23.6	-1.21	10.2	4.1	0.60	23.6	24.1	-0.02
Rouge Valley Health System	Scarborough	9	57.4	78.4	-0.37[M>F]	3.6	5.9	-0.66	18.1	14.1	0.22
Sault Area Hospital	Sault Ste. Marie	13	58.6	69.5	-0.19	7.1	11.2	-0.58	18.7	25.5	-0.36
South Bruce Grey Health Centre	Kincardine	2	4.7	20.8	-3.43	9.9	16.7	-0.70	32.3	13.9	0.57
Southlake Regional Health Centre	Newmarket	8	73.5	83.1	-0.13	4.6	5.5	-0.20	18.4	18.6	-0.01
St. Joseph's Health Centre Toronto	Toronto	7	44.0	49.3	-0.12	4.7	3.5	0.27	16.7	12.1	0.28
St. Mary's General Hospital	Kitchener	3	58.9	69.3	-0.18	5.6	3.5	0.38	16.9	17.9	-0.06
St. Thomas-Elgin General Hospital	St. Thomas	2	20.0	15.2	0.24	8.7	5.6	0.35	21.5	18.6	0.13
Strathroy Middlesex General Hospital	Strathroy	2	24.4	18.2	0.25	4.9	13.3	-1.71	19.8	28.1	-0.42
Temiskaming Hospital	New Liskeard	13	0.0	18.8	NR	0.0	4.0	NR	15.3	25.3	-0.65
The Brantford General Hospital	Brantford	4	26.8	37.3	-0.39	8.1	11.2	-0.38	20.1	28.0	-0.40
The Credit Valley Hospital	Mississauga	6	40.6	52.6	-0.29	4.2	3.8	0.11	13.0	11.6	0.11
The Scarborough Hospital	Scarborough	9	52.7	58.4	-0.11	7.1	9.0	-0.26	22.1	19.6	0.11
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	62.9	68.5	-0.09	5.3	6.7	-0.27	22.5	26.6	-0.18
Tillsonburg District Memorial Hospital	Tillsonburg	2	6.3	10.5	-0.66	4.1	4.1	-0.01	16.0	12.8	0.20
Timmins & District Hospital	Timmins	13	14.8	17.0	-0.15	4.8	3.5	0.27	27.1	18.4	0.32
Toronto East General Hospital	Toronto	7	78.7	82.0	-0.04	7.9	5.1	0.36	15.2	15.6	-0.02
Trillium Health Centre	Mississauga	6	68.8	81.0	-0.18[M>F]	7.6	4.8	0.37	16.3	15.9	0.02
West Lincoln Memorial Hospital	Grimsby	4	31.9	40.3	-0.27	11.4	11.4	0.00	24.6	20.0	0.19
West Parry Sound Health Centre	Parry Sound	13	28.3	22.8	0.19	3.4	14.5	-3.31	34.1	22.2	0.35
William Osler Health Centre	Brampton	5	53.1	62.1	-0.17[M>F]	4.9	6.0	-0.23	23.2	16.7	0.28
Winchester District Memorial Hospital	Winchester	11	39.0	48.8	-0.25	17.6	10.2	0.42	0.0	13.4	NR
Windsor Regional Hospital	Windsor	1	41.3	69.4	-0.68[M>F]	7.2	5.9	0.18	15.8	26.1	-0.65
Woodstock General Hospital	Woodstock	2	3.4	33.0	-8.67[M>F]	11.2	11.8	-0.05	25.1	10.0	0.60
York Central Hospital	Richmond Hill	8	60.9	49.5	0.19	9.7	6.7	0.31	20.6	23.3	-0.13

Statistically Significant Difference No Statistically Significant Difference

AVERAGE HOSPITAL RESULTS BY LOCAL HEALTH INTEGRATION NETWORK									
1 (Erie St. Clair)	33.6	40.9	-0.22	6.2	5.9	0.06	17.4	18.0	-0.03
2 (South West)	32.3	40.4	-0.25	7.9	6.1	0.23	19.9	17.6	0.12
3 (Waterloo Wellington)	44.5	53.6	-0.21	7.2	7.6	-0.05	19.1	19.2	-0.01
4 (Hamilton Niagara Haldimand Brant)	37.5	45.8	-0.22	7.3	8.5	-0.16	16.6	21.0	-0.27
5 (Central West)	52.9	62.0	-0.17	5.1	6.5	-0.27	21.7	15.2	0.30
6 (Mississauga Halton)	52.5	63.7	-0.21	6.1	4.6	0.25	16.7	16.1	0.04
7 (Toronto Central)	61.8	68.8	-0.11	6.6	5.0	0.24	18.4	18.9	-0.03
8 (Central)	48.3	56.7	-0.18	7.7	7.1	0.08	18.2	18.7	-0.03
9 (Central East)	44.2	59.6	-0.35	6.7	6.8	-0.02	19.5	16.4	0.16
10 (South East)	62.0	77.6	-0.25	11.3	5.3	0.53	19.0	13.6	0.29
11 (Champlain)	52.3	58.2	-0.11	9.2	7.1	0.23	16.5	15.1	0.08
12 (North Simcoe Muskoka)	31.7	34.6	-0.09	8.2	10.6	-0.29	20.3	18.2	0.10
13 (North East)	40.4	46.0	-0.14	6.5	8.2	-0.27	20.2	23.5	-0.16
14 (North West)	51.6	51.5	0.00	6.8	6.9	-0.02	23.6	27.4	-0.16

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