

Hospital Report



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A C U T E C A R E

HOSPITAL REPORT
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RESEARCH COLLABORATIVE

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This report is brought to you by the Government of Ontario in partnership with the Ontario Hospital Association.



ABOUT THIS REPORT

Quality improvement has become an integral part of health care, and hospitals are no exception. In recent years there has been increasing interest in health-system performance measurement in order to provide the information that is required for the effective management of hospitals across Ontario.

Hospitals are faced with many challenges in order to offer the best possible care. This means ensuring that high-quality care is provided when and where it is needed, while at the same time effectively managing resources. Measuring quality and efficiency in health care facilities is critical for managing them. Providing comparable information on performance benefits providers of care as well as the public interested in understanding the issues facing Ontario hospitals.

Better information allows hospitals to identify areas where there may be a need for improvement and to monitor progress. Sharing this information allows users of the health care system to know which questions to ask and gives health care providers and decision-makers the evidence that is needed to further improve the quality of health care.

Hospital Report 2007: Acute Care is a hospital-specific report that uses a balanced scorecard approach to provide information on the performance of hospitals that provide acute care in Ontario. The objectives of this series of reports are to facilitate local quality-improvement programs, to encourage openness and transparency in reporting and to support hospitals' accountability to the communities they serve.

WHO SHOULD USE THIS REPORT?

This report is designed for health care providers and managers, as well as others interested in the performance of hospitals in Ontario. The primary audiences for this report series are hospital boards of directors, senior managers and local health integration networks (LHINS). Results should also be shared broadly among hospital staff, patients, families and the public at large.

To ensure optimal use of the scorecard results, board members and senior managers can use the information in this report for strategic planning and priority setting within their hospitals. By identifying indicators for which their hospital's performance is lower than average, they can direct resources and refine/develop corporate policies to facilitate quality improvement in these areas. Within an environment of competing demands, boards need to ensure that the organization's culture supports an enduring commitment to quality improvement.

Hospitals can use these indicators to describe evaluate and compare their performance. The results can be used to monitor improvements and outcomes related to specific quality improvement initiatives within hospitals. By comparing hospital-specific results to the provincial average and to peer hospitals' performance, individual hospitals can evaluate their progress in their quality-improvement initiatives. These high-level comparisons can also be a first step for hospitals to identify opportunities for improving quality of care. The next step for hospitals would be to examine their own data that support the indicators, to understand the underlying factors contributing to their results. Finally, hospitals can also use this report to identify other hospitals from which they might seek opportunities to learn.

Members of the public can use this report to better understand some of the issues facing the health care system. Public reporting of hospital performance can help to promote a culture of transparency and foster quality improvement so that Ontarians know that quality care will be available when they need it.

Concepts

In this report, the term **hospital** refers to both single-site organizations and multi-site organizations. **Hospital site** refers to specific sites within a hospital corporation.

A SNAPSHOT OF HOSPITAL ACTIVITY IN ONTARIO'S LHINS

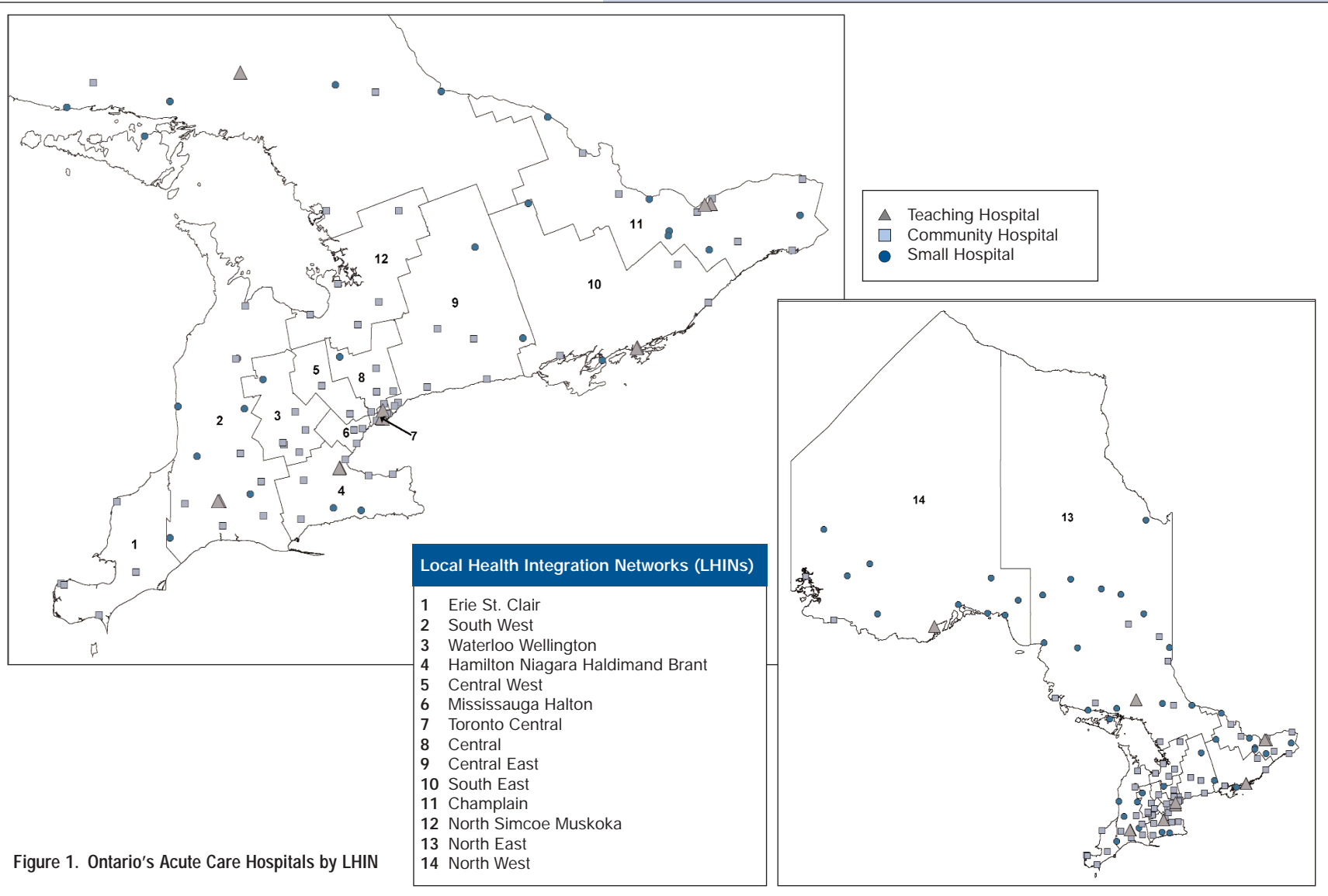


Figure 1. Ontario's Acute Care Hospitals by LHIN

Acute care is an essential part of Ontario's health care system. In 2005–2006, there were over 1.1 million discharges from Ontario hospitals for patients requiring medical, surgical, obstetric and other types of care. Under the current climate of health care restructuring in Ontario to LHINs, understanding the variations of acute care across LHINs can assist in understanding the complement of care provided in each LHIN and support the process of quality improvement.

The 14 LHINs in Ontario are designated to plan, integrate and fund local health services, including hospitals, community care access centres, home care, long-term care and mental health within their specific geographic area. As of April 1, 2007, LHINs have taken on responsibility for planning, funding and integrating health services in their respective parts of the province.

This section highlights selected characteristics of LHINs, providing context for interpretation of the acute care indicator results.

When making comparisons across LHINs, it is important to consider the varying number and type of hospitals in each LHIN. Other factors also contribute to differences among LHINs (for example, population density, rural versus urban, geography, 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. When comparing LHIN values for Patient Satisfaction and System Integration and Change indicators, it is important to remember that not all hospitals are included in the LHIN values.



Table 1: Acute Care Hospitals in Ontario

	LHIN	Percent of Ontario Discharges	Small Hospitals	Community Hospitals	Teaching Hospitals	Total
1	Erie St.Clair	5.1	0	5	0	5
2	South West	8.8	6	7	2	15
3	Waterloo Wellington	4.9	1	5	0	6
4	Hamilton Niagara Haldimand Brant	11.5	2	6	2	10
5	Central West	4.1	0	2	0	2
6	Mississauga Halton	6.7	0	3	0	3
7	Toronto Central	14.2	0	2	5	7
8	Central	9.3	1	5	0	6
9	Central East	9.5	2	6	0	8
10	South East	3.8	1	3	2	6
11	Champlain	9.5	7	7	2	16
12	North Simcoe Muskoka	3.6	0	5	0	5
13	North East	6.2	14	7	1	22
14	North West	2.7	9	2	1	12
	Ontario	100	43	65	15	123

Table 1 lists the number of acute care hospitals (by hospital type) in each LHIN. A complete listing of hospitals located within each LHIN can be found on the Ministry of Health and Long-Term Care's website, at www.health.gov.on.ca.

Table 1 illustrates that in 2005–2006 there was great variation in the volume of hospital discharges across the province. Of all Ontario LHINs, the Toronto Central LHIN contributed the most discharges (14.2%), followed by the Hamilton Niagara Haldimand Brant LHIN (11.5%). The North West LHIN contributed the fewest of the province's discharges (2.7%). The proportion of discharges that a LHIN contributes to the total provincial discharges is driven by the number and types of hospitals within a LHIN, by the size of the population that it serves and by other population demographics.

Using 2005–2006 Ontario hospital discharge data, a snapshot analysis of acute care activity in Ontario LHINs was undertaken to identify some of the LHIN-level variations within Ontario.

At 10.6%, the Toronto Central LHIN had the greatest proportion of pediatric (17 years or under, excluding newborns) discharges, followed by 10.0% from the Central West LHIN (Table 2). The North and South East LHINs had the smallest proportion of pediatric patients, as only 5.9% of discharges were for people under 17 years of age.

The proportion of discharges that were admitted via the emergency department (ED) ranged from a third (33.6%) in the Toronto Central LHIN to almost 60% in the North East and North West LHINs. This variation in admission may reflect differences in access to care in the community and geography.

Approximately half (52%) of hospital separations in 2005–2006 were for day surgery. The proportion of day surgery ranged from 47.0% in the Toronto Central LHIN to 57.7% in the Central East LHIN. There is also a wide range in the type of care received in acute hospitals across LHINs.

For example, over a third (36.9%) of inpatient discharges from the Toronto Central LHIN were surgical patients, while only 18.3% of inpatient discharges occurring in the Central West LHIN were for surgical patients. Finally, there is a wide range in volumes for certain surgeries performed in Ontario. For example, the greatest number of both hip and knee replacement surgeries were performed in the Toronto Central LHIN (2,080 and 2,580, respectively), while the lowest number of hip and knee replacements were performed in the North West LHIN (250 and 540, respectively).

This snapshot of acute care provided in Ontario's LHINs has presented some large differences in inpatient activity and discharges across the province in 2005–2006. These variations reflect differences in the LHINs and their residents. These differences should be considered when assessing LHIN indicator results.

Table 2. Acute Care Activity by Local Health Integration Network (LHIN)

	LHIN	Percent Pediatric Discharges*	Percent Entry via the ED	Percent Day Surgery	Percent Surgical Discharges	Hip Replacement Volumes	Knee Replacement Volumes
1	Erie St.Clair	7.6	52.0	53.1	24.0	590	1,090
2	South West	7.2	44.3	50.7	27.9	1,110	1,740
3	Waterloo Wellington	8.1	43.6	52.8	22.8	750	1,100
4	Hamilton Niagara Haldimand Brant	7.6	50.2	51.6	26.9	1,620	2,340
5	Central West	10.0	48.0	52.1	18.3	310	630
6	Mississauga Halton	6.9	45.6	50.2	23.0	730	1,170
7	Toronto Central	10.6	33.6	47.0	36.9	2,080	2,580
8	Central	6.5	41.7	54.5	23.5	1,090	1,820
9	Central East	7.1	48.0	57.7	24.1	970	2,070
10	South East	5.9	50.1	56.4	28.8	670	1,010
11	Champlain	7.3	43.9	49.4	27.9	1,170	1,650
12	North Simcoe Muskoka	6.8	57.7	52.0	18.9	410	580
13	North East	5.9	59.0	53.5	21.6	390	730
14	North West	8.5	59.8	48.3	20.0	250	540
	Ontario	7.7	46.2	52.0	26.2	12,140	19,050

Note: *Excludes newborns.

Sources: Discharge Abstract Database, CIHI, 2005–2006; National Ambulatory Care Reporting System, CIHI, 2005–2006.

A BALANCED SCORECARD



WHAT IS A BALANCED SCORECARD?

Providing care in a hospital is a complex activity involving a multitude of skills, experiences and technologies. No single aspect of the system causes poor or excellent hospital performance. For this reason, performance-measurement activities must include measures that provide insights into multiple dimensions of a hospital's performance. The balanced scorecard approach describes performance across four dimensions or quadrants critical to the strategic success of any health care organization. These quadrants include System Integration and Change, Patient Satisfaction, Clinical Utilization and Outcomes and Financial Performance and Condition.

Performance measures for each of the four quadrants are provided at the hospital-specific level, along with average scores by local health integration network (LHIN), hospital type and the province as a whole.

While all hospitals' values are used in calculating average results by LHIN, hospital type and the province, hospital-specific values are shown for hospitals that had sufficient data and agreed to have their results published for quality improvement purposes. This year, 108 out of 123 (88%) acute care hospitals participated in at least one quadrant and 83 (67%) acute care hospitals participated in all four quadrants of the report.

Using a balanced scorecard format, this report provides a summary of performance scores for 40 indicators across four areas of performance.

System Integration and Change

This quadrant focuses on indicators that assess efforts and investments made by hospitals to improve access to information for external and internal partners, to implement strategies within hospitals to improve practices and to support human resources. In addition, two new indicators were developed this year with a focus on formal mechanisms in auditing hand hygiene practices and documentation and reconciliation of patient medications. [12 indicators]

Patient Satisfaction

This quadrant examines adult patients' perceptions of their acute care hospital experience with a focus on overall impressions, communication, consideration and responsiveness. Starting this year, eight new dimensions of pediatric acute care satisfaction are being introduced to examine parents' perceptions of their child's hospital experience. [4 indicators and 8 pediatric indicators]

Clinical Utilization and Outcomes

This quadrant describes the clinical performance of acute care hospital outcomes through examination of readmissions, adverse events and appropriateness of care. [7 indicators]

Financial Performance and Condition

This quadrant describes how acute care hospitals manage their financial and human resources through examination of nine measures of financial viability, efficiency, liquidity, capital and human resource use. [9 indicators]



“HIGH-PERFORMING” HOSPITALS



HIGH-PERFORMING HOSPITALS WITHIN QUADRANTS

System Integration and Change

Criteria

Highest score (or 100) on 1 indicator and above-average rating for at least 5 of 10 indicators and no below-average score.

High-Performing Hospitals

- Carleton Place and District Memorial Hospital
- Kingston General Hospital
- Listowel and Wingham Hospitals Alliance
- Toronto East General Hospital

Patient Satisfaction

Criteria

Above-average on 4 out of 4 indicators.

High-Performing Hospitals

- Almonte General Hospital
- Deep River and District Hospital
- Glengarry Memorial Hospital
- Groves Memorial Community Hospital
- Haliburton Highlands Health Services
- Huron Perth Healthcare Alliance
- Listowel and Wingham Hospitals Alliance
- MICs Group of Health Services
- Perth and Smiths Falls District Hospital
- St. Joseph’s Health Care London

Patient Satisfaction—Pediatric

Criteria

Above-average on 6 out of 8 indicators and no below-average rating.

High-Performing Hospitals

- The Hospital for Sick Children

Clinical Utilization and Outcomes

Criteria

Above-average rating on 2 out of 7 indicators and no below-average rating.

High-Performing Hospitals

- Southlake Regional Health Centre
- St. Mary’s General Hospital
- The Credit Valley Hospital
- Trillium Health Centre
- William Osler Health Centre

Financial Performance and Condition

Criteria

Hospitals with scores above the provincial average for 7 of 8 indicators. Please note that for % Sick Time and % Corporate Services, hospital scores that fell below the provincial average were considered high-performing.

High-Performing Hospitals

- Children’s Hospital of Eastern Ontario
- Services de santé de Chapleau Health Services
- Southlake Regional Health Centre
- St. Joseph’s Health Centre Toronto
- St. Michael’s Hospital
- The Credit Valley Hospital
- University Health Network

For quality improvement purposes, the Hospital Report series has developed methodologies to identify “high-performing” hospitals within each of the quadrants in acute care.

It is useful to highlight hospitals that performed well in particular quadrants when compared to their peers, because these hospitals may be able to share useful ideas and best practices with other hospitals within the specific areas of focus. It is interesting to note that no hospitals were identified as high-performing across all four quadrants. This illustrates the importance of using a variety of measures, such as a balanced scorecard approach, when looking at hospital performance. Good performance in one quadrant does not necessarily translate into good performance in another quadrant.

In addition, high performance in a given year relates only to how hospitals perform based on the indicators calculated for that particular year. High performance is not necessarily a predictor of high-performing status in future years.

High-performing hospitals are listed in alphabetical order.



INTERPRETING THE RESULTS



As there can be competing interests and incentives in the management of hospitals to maximize both quality and efficiency and to maintain a balance of resources in the context of limited resources, no single indicator or quadrant should be used to assess a hospital. All aspects of performance are important. One quadrant or one indicator on its own will provide an incomplete picture of overall performance. The indicator results in this report should be viewed as screening tests that can identify potential opportunities for quality improvement. In medicine, screening tests do not provide a definitive diagnosis, but can help to identify patients that require follow-up. Similarly, comparisons of indicator results may not offer a definitive assessment of a hospital's performance. Further investigative work is required by hospitals to better understand the factors underlying their results and to identify specific strategies or areas for improvement.

There are many factors that can cause indicator values to vary from hospital to hospital. Some of these factors, such as the diversity in patient 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 the technical summaries available on the Hospital Reports website (www.hospitalreport.ca).

While commonly accepted risk-adjustment techniques were used to reduce the effect of factors that are beyond hospitals' control (for example, age of patients) on indicator results, it is not possible to adjust for every factor. For this reason, comparisons of indicator scores among hospitals, hospital types and LHINs should be made with caution. It is also important to exercise caution when examining year-to-year changes in indicator values. This is because the methodology used to calculate indicators is reviewed annually, and in some cases, changes are made to improve the methodology over time.

HOW WAS HOSPITAL TYPE DETERMINED?

Where Can You Find More Information?

Further information is available in the technical summaries, which can be accessed through the Hospital Report website, at www.hospitalreport.ca. The technical summaries provide more detailed definitions of the indicators and the statistical methods used to calculate the results.

The hospitals included in this report vary considerably by size, populations served and overall patient volumes. In recognition of this variability and to allow for more meaningful comparisons, hospitals have been grouped into three hospital types: teaching, community and small.

Teaching hospitals were defined as those acute and pediatric hospitals which have membership in the Council of Academic Hospitals of Ontario (CAHO). Member hospitals provide highly complex patient care, are affiliated with a medical or health sciences school and have significant research activity and post-graduate training.

Community hospitals encompass those hospitals not defined as small or teaching.

Small hospitals were defined according to the guidelines set by the Joint Policy and Planning Committee (JPPC). In general, these hospitals are a single community provider, and the total inpatient acute, CCC and day surgery weighted cases are under 2,700 according to 2005–2006 data.ⁱ

For multi-site organizations, the hospital type designation was based on the size of the largest single hospital site in the organization.

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- i. While some hospitals have been categorized by the JPPC as small for 2005–2006, for the purposes of this report they continued to be categorized as community hospitals.



INTERPRETATION OF BOX PLOTS AND PERFORMANCE ALLOCATION TABLES

Interpreting Box Plots

For each quadrant, a summary of the distribution of the hospital values for the indicators is presented graphically using a box plot. Hospitals can use these graphs to determine where their indicator value falls relative to that of other hospitals, the median value and the provincial average.

Figure 2 is a sample box plot.

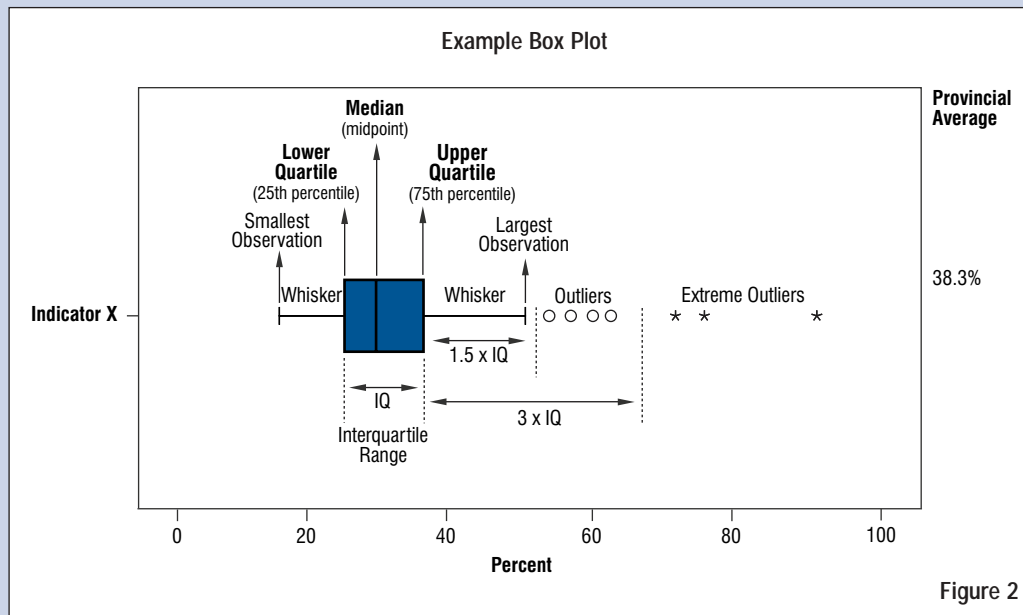
The **vertical line** in the shaded box represents the **median value**. Half of hospital values are higher and half are lower than this value.

The **shaded box** represents the **interquartile range (IQ)**; the middle 50% of hospital values will be contained in this range.

The **whiskers** or lines beyond the shaded box extend to **the largest and smallest values**, excluding outliers. That is, they contain approximately the top 25% and bottom 25% of hospital values.

Outliers, hospital values that are considerably different from the others, are identified by **circles**; **extreme outliers** are identified by **stars**.

The provincial average (38.3%) is displayed to the right of the graph.



Interpreting Performance Allocation Tables

The performance allocation tables in this report show the indicator values for each hospital participating in that quadrant of the report. Also included is a shaded background that indicates whether the hospital's score on that indicator reflected above-average performance, average performance or below-average performance. For more detailed information on the methodologies used to assign hospital performance, please see the technical summaries provided on the Hospital Report website at www.hospitalreport.ca.

Coloured shading for performance is assigned as follows:

- The hospital's score reflected above-average performance.
- The hospital's score reflected average performance.
- The hospital's score reflected below-average performance.

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

Some results are not shown; this is explained by the following symbol:

- NR** Means non-reportable—some results are not shown to protect patient or physician confidentiality, because the number of events was too low to obtain a reliable estimate or due to a data-quality issue.

Performance Allocation

The method for assignment of performance allocation varies based on the quadrant. For Clinical Utilization and Outcomes, hospitals' risk-adjusted rates were compared to the provincial average for all measures. For Patient Satisfaction, hospitals' risk-adjusted scores were compared to the provincial performance target for all measures. For System Integration and Change, performance classifications were assigned based on a hospital's score relative to hospital type; for this quadrant teaching and community hospitals were grouped together (small, community/teaching) because small hospitals' scores were significantly different from the community/teaching group. In the Financial Performance and Condition quadrant, performance benchmarks have been developed for two indicators (Total Margin and Current Ratio). For these indicators, a hospital's performance allocation is based on the relationship of its indicator score to the benchmarks. Scores that fall within the benchmark threshold represent good financial performance; scores that fall outside the threshold are considered to be poor financial performance and/or to require further investigation. Performance allocations are not calculated for the remaining indicators in the Financial Performance and Condition quadrant.

This quadrant focuses on indicators that assess efforts and investments made by hospitals to improve access to information for external and internal partners, to implement strategies within hospitals to improve organizational practices and to support human resources. In addition, two new indicators were developed this year with a focus on formal mechanisms in auditing hand hygiene practices and documentation and reconciliation of patient medications.

Indicator Definitions

Use of Clinical Information Technology (revised)

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

Use of Data for Decision-Making (revised)

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

Use of Standardized Protocols (revised)

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 (revised)

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

Management and Support of Human Resources (revised)

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 (revised)

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 (revised)

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

Data presented are based on results from a survey completed on a voluntary basis by hospital managers in February 2007. Results for the 103 hospitals that completed this year's acute care survey are included in the analysis and illustrated in the performance allocation tables.

The introduction of a web-based SIC survey allowed for a more streamlined process for hospitals to submit their responses. Please note that there have also been significant changes in the indicator weights and methodologies and performance allocation methods. Caution should be taken when trending indicator results from previous years. For a complete listing of all the changes introduced this year, please refer to the Acute Care 2007 System Integration and Change technical summary (available at www.hospitalreport.ca).

This year, the Healthy Work Environment indicator has been included in all sectors (that is, Emergency Department Care, Complex Continuing Care, Rehabilitation and Acute Care). Hospitals who participated in multiple sectors have the same Healthy Work Environment score across all sectors. However, the provincial average and performance allocation for this indicator is not consistent because it includes only participating hospitals within that sector.

Strategies to Manage the Waiting Process in Ambulatory Care Clinics

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

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

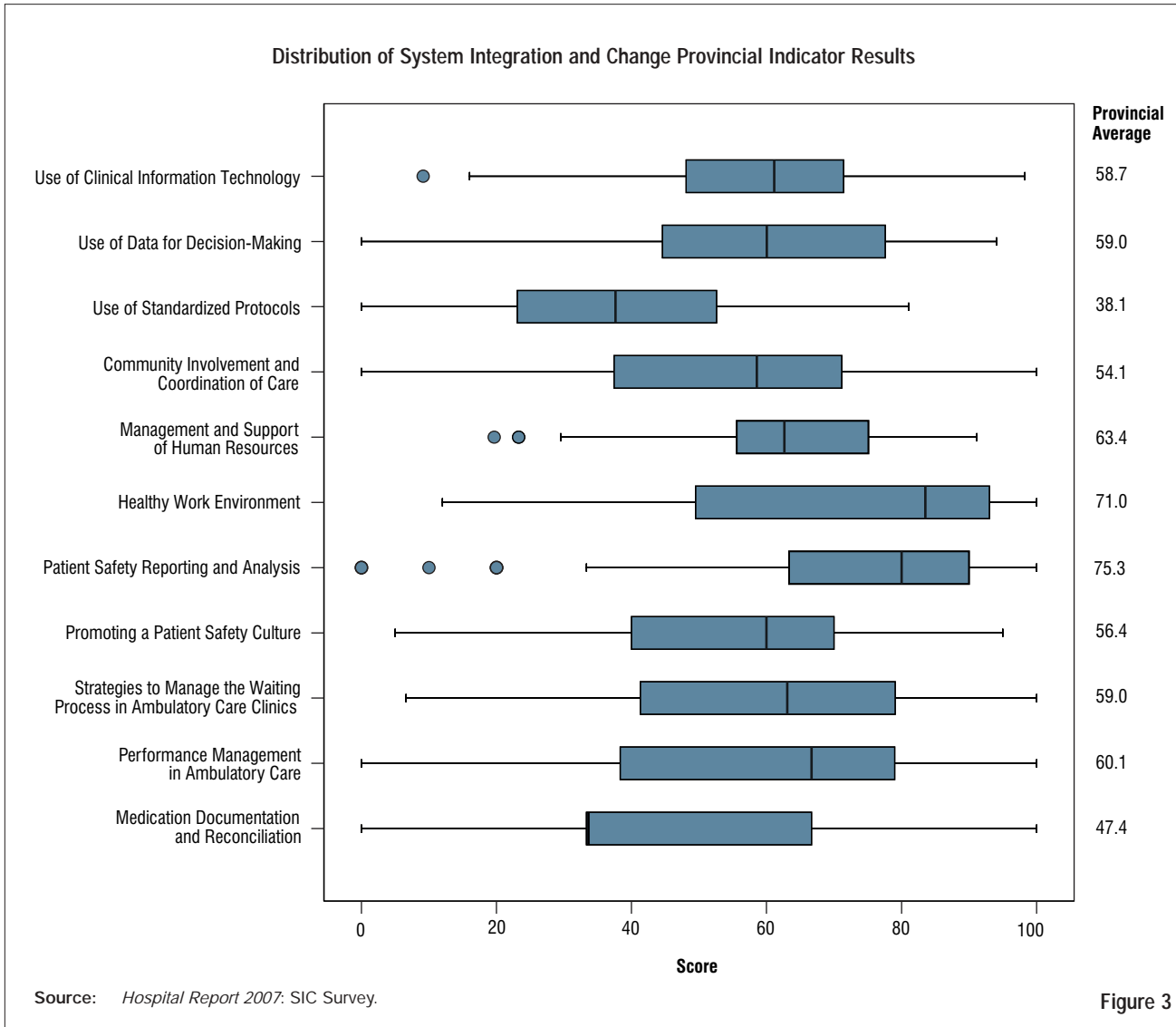
Formalized Audit of Hand Hygiene Practices (new)

The extent to which hand hygiene practices are audited and the frequency with which they are monitored, as well as whether they are used as criteria for performance appraisal for all staff in the organization.

Medication Documentation and Reconciliation (new)

The extent to which hospital staff document, reconcile and discuss complete lists of patient medications.

SUMMARY OF RESULTS



For more information on the interpretation of box plots, please refer to the Interpreting the Results section in this report.

Figure 3

Figure 3 depicts the distribution of scores and the provincial average (mean) for each of the indicators. There is considerable variation in scores for the majority of the indicators. Hospitals can use this figure to see where their scores (found in the performance allocation tables) for each of the indicators fall relative to other hospitals' scores in the province. This figure is not meant to facilitate comparison between indicators.

SUMMARY OF RESULTS (CONT'D)

This year, the highest overall mean score in the System Integration and Change quadrant was the Patient Safety and Reporting Analysis indicator (75.3). Although there is variability, many hospitals are implementing patient safety reporting processes and are performing analysis to improve quality of care. However, there are still opportunities for hospitals to heighten their awareness of other patient safety issues, such as promoting a patient safety culture.

Collaborating with other LHIN partners is becoming increasingly important in establishing high levels of care among hospitals. This year, results from the System Integration and Change survey indicated that 89.3% of acute care hospitals are working with other acute care hospitals to improve data collection and sharing capabilities, a 12.2% increase from the previous year. Hospital results also suggest there was a 2.5% increase in collaboration with community-based service agencies in planning and carrying out education sessions for partner and hospital staff from the previous year. Despite gradual increases in collaboration with other LHIN partners this year, there are still opportunities for hospitals to improve collaboration efforts.

Patient safety is fundamental to quality of care. With an increasing number of patient safety strategies in place, the intent is to reduce the number of adverse events in hospitals. In *Acute Care 2006*, 53.2% of hospitals had a fully implemented formal policy and process to disclose adverse events to patients and/or families. This year, the proportion increased considerably, by 9%. The greatest improvement was found in small hospitals. The percentage of small hospitals that had a fully implemented formal process increased from 35.5% to 44.4% this year.

This year's Acute Care SIC survey also included the new Formalized Audit of Hand Hygiene Practices indicator. Hospitals must become increasingly aware of their hand hygiene practices, as statistics show that hospital infections kill 8,000 to 12,000 people a year, according to Health Canada.ⁱⁱ This year's SIC results indicate that only 23.2% of hospitals with a policy for hand hygiene implemented a formal mechanism of auditing hand hygiene. Of the 23.2%, only 18.2% of hospitals monitor hand hygiene weekly within the hospital, 18.2% monitor it monthly and 9.1% of hospitals monitor hand hygiene practices annually. As recent research on lack of hand washing and a new hand-washing campaign was announced this year to hospitals, hospitals should continually improve upon their current hand-washing practices in order to reduce patient infections.

ii. Ministry of Health and Long-Term Care, *Hand Hygiene Improvement Program*, [online], last modified July, 2007, cited July 18, 2007, from <http://www.health.gov.on.ca/english/providers/program/pubhealth/handwashing/handwashing_mn.html>.

iii. D. Zoutman, D. Ford, E. Bryce, M. Gourdeau, G. Hébert, E. Henderson and S. Paton. "The State of Infection Surveillance and Control in Canadian Acute Care Hospitals" *American Journal of Infection Control* 31, 5 (2003): pp. 266–273.

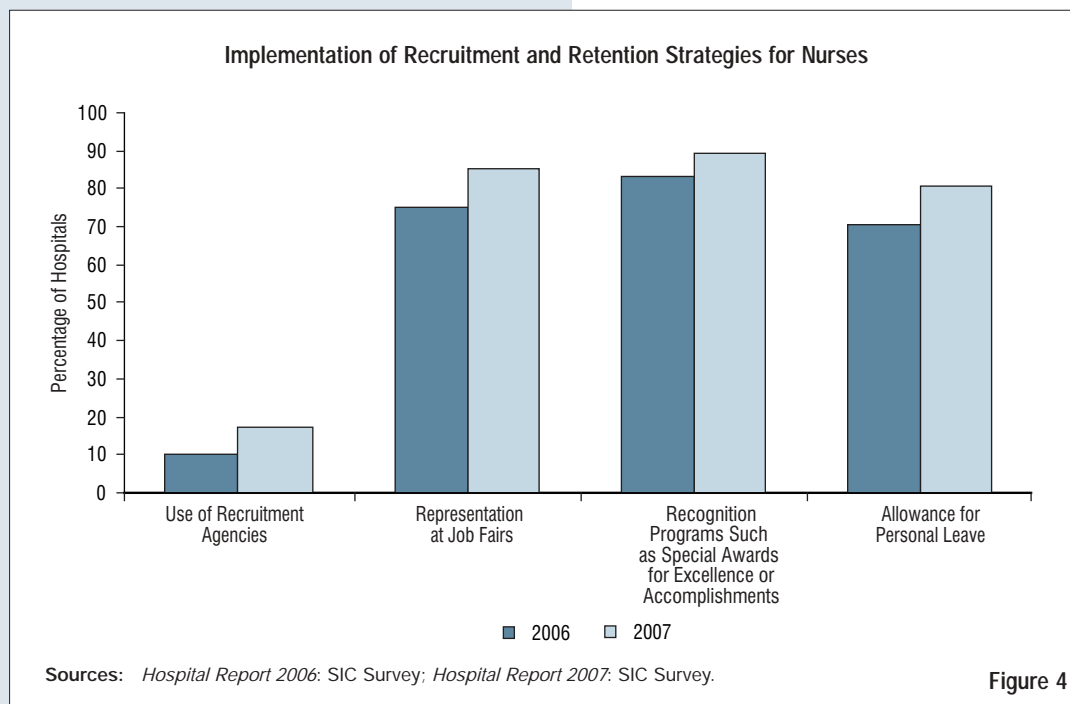
New Acute Care SIC Indicators

The new Formalized Audit of Hand Hygiene Practices indicator was not presented in Figure 3 because of extreme results. The majority of the scores were very low. Approximately one-fifth of participating hospitals obtained 50% or higher on this indicator. Currently, the Ministry of Health and Long-Term Care is working to improve hand hygiene practices by implementing a pilot project called "Hand Hygiene Observation Tool and Training Program" with 10 Ontario hospitals. This program is designed to provide an audit process that will ensure reliability and consistency among Ontario hospitals in the auditing and analysis of hand hygiene compliance. As the pilot stages of this project are being completed, a final observation and training project will be included as part of Ontario's hand hygiene improvement program.ⁱⁱ

Another new indicator called "Medication Documentation and Reconciliation" was included in this year's Acute SIC indicators. Hospital values ranged from 0 to 100. The reasons for the low scores of 0 may be due to the fact that hospitals either had no plans or plans in development with no target date for implementation regarding the documentation and reconciliation of patient's medications. For further information on how this indicator was scored, please refer to this year's technical summary (available at www.hospitalreport.ca).

SUMMARY OF RESULTS (CONT'D)

Results presented in Figure 4 reveal ongoing gradual improvement in recruitment and retention strategies for nurses in areas such as use of recruitment agencies, representation at job fairs, recognition programs such as special awards for excellence or accomplishments and allowance for personal leave. This is especially important since quality of care is possibly linked to the supply of qualified and committed nursing personnel.^{iv}



iv. Canadian Health Services Research Foundation, *What's Ailing Our Nurses: A Discussion of the Major Issues Affecting Nursing Human Resources in Canada* (2006, March), [online], from <http://www.chsrf.ca/research_themes/pdf/What_sailingourNurses-e.pdf>.

SUMMARY OF RESULTS (CONT'D)

Results indicate a dramatic increase from 2006 to 2007 in the percentage of hospitals that have a formal process to remove a patient from the wait list for at least 75% of their ambulatory care clinics (Figure 5). This year, a positive increase can be noted among teaching and community hospitals. However, results indicate that the proportion of small hospitals with formal processes to remove patients from the wait list have declined since 2006.

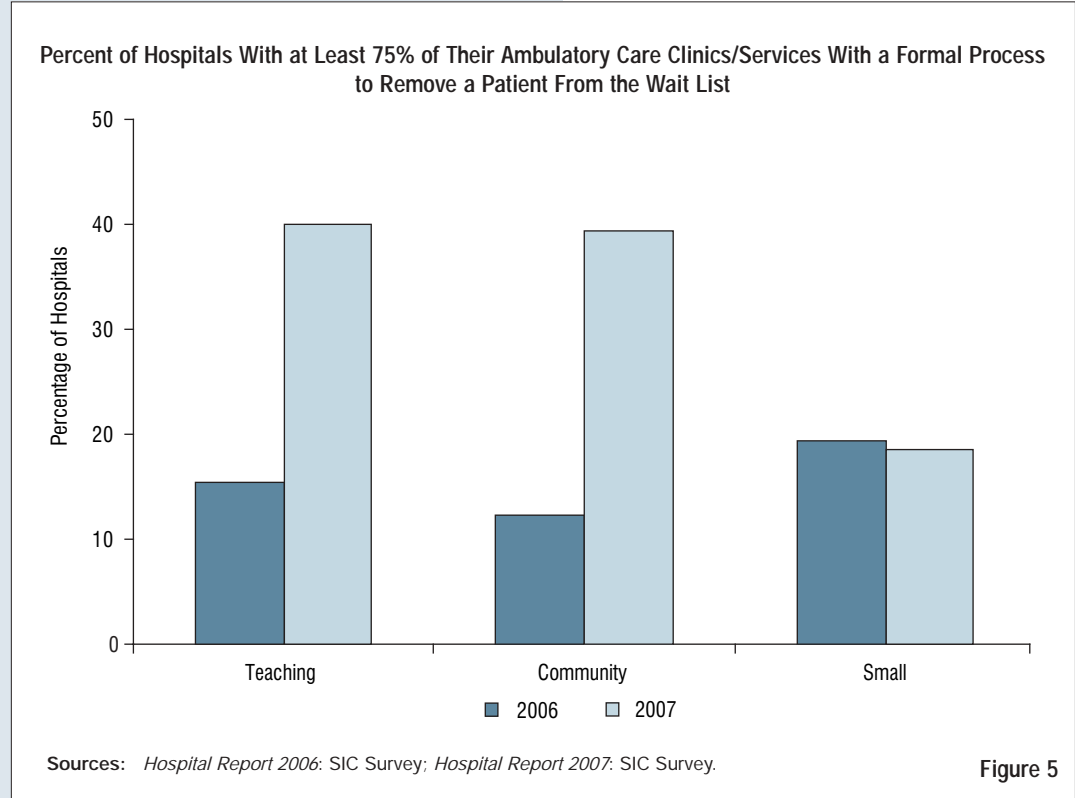


Figure 5

SUMMARY OF RESULTS (CONT'D)

A significant number of hospitals have demonstrated improvement in adopting a number of hospital-wide strategies to improve patient safety practices within their hospital (Figure 6). Some of these strategies include designating a patient safety officer, providing feedback to front-line staff and maintaining a database to monitor it, implementing a reporting system that could lead to adverse events and implementing an adverse event team and/or patient safety steering committee that responds to all adverse events to prevent further harm. Results indicate there is still variation in patient strategies that can be improved upon.

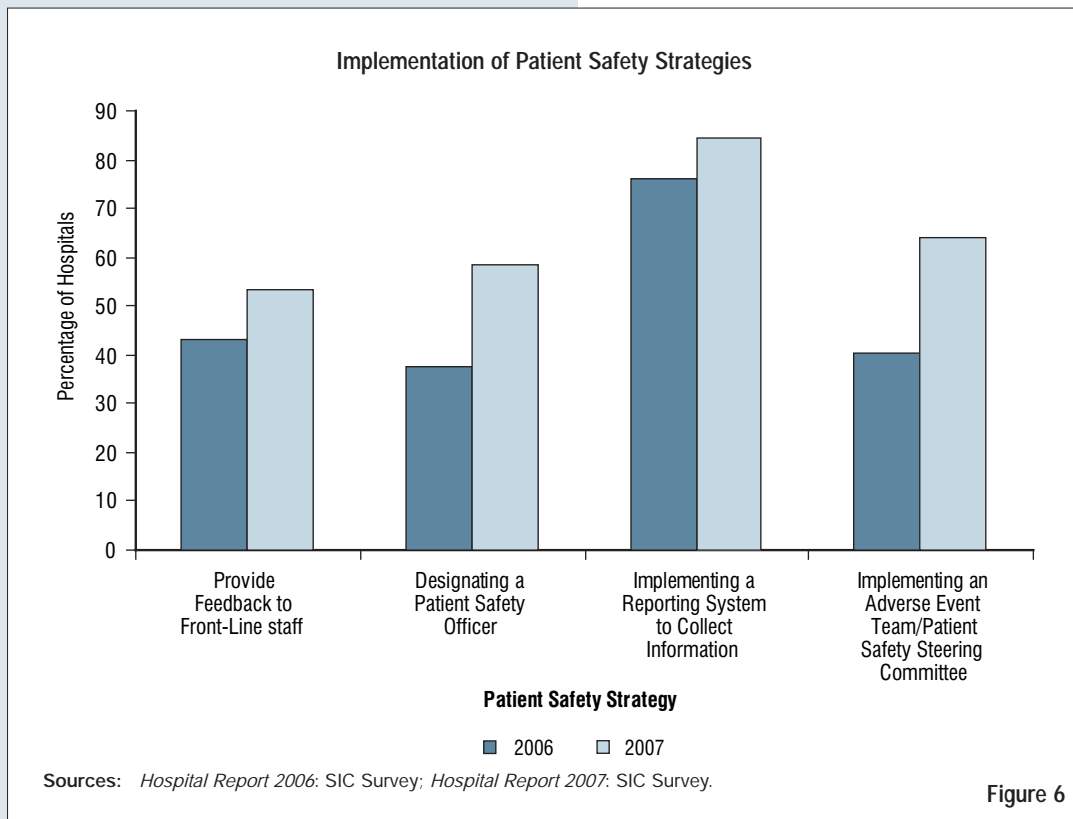


Figure 6

PERFORMANCE ALLOCATION TABLE

The performance allocation table includes results for 103 hospitals that completed the Acute Care SIC survey and are participating in 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. As in last year's report, a three-point scale (above average, average, below average) was used to determine performance.

Methodology Changes

In *Hospital Report 2006*, the method of assigning performance allocation was based on the interval of the mean ± 1.645 standard deviations. The end-points of this interval are the upper and lower cut-points for "above" and "below" average classification. With an assumption that the indicator values are approximately normally distributed, this interval should capture roughly 90% of the indicator values.

However, this year, the high degree of variability in indicator scores caused the upper cut point to exceed 100 for several indicators. This made it impossible for hospitals to achieve the "above-average" status.

To resolve this issue, a new performance allocation method was applied to all *Hospital Report 2007* SIC indicators. This new method sets the upper and lower cut points at the 95th percentile and the 5th percentile respectively. Like the original method, this interval should capture roughly 90% of the indicator values.

The two new indicators for acute care hospitals are not included in the performance tables, as they are intended to be examined at the system level this year.

NR for Use of Standardized Protocols indicates that the volume of patients was not sufficient to calculate valid scores for at least two out of the seven conditions and procedures included in this indicator.

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	Patient Safety Reporting and Analysis	Promoting a Patient Safety Culture	Strategies to Manage the Waiting Process in Ambulatory Care Clinics	Performance Management in Ambulatory Care
PROVINCIAL AVERAGE			58.7	59.0	38.1	54.1	63.4	71.0	75.3	56.4	59.0	60.1
TEACHING HOSPITALS AVERAGE			78.8	75.1	45.8	73.9	77.0	83.8	81.8	64.3	71.5	74.5
TEACHING AND COMMUNITY HOSPITALS AVERAGE			65.2	65.7	41.7	63.0	68.2	75.8	78.5	59.1	64.5	65.0
Children's Hospital of Eastern Ontario	Ottawa	11	63.6	60.1	36.8	69.1	67.7	69.1	90.0	70.0	76.0	82.7
Hamilton Health Sciences Corporation	Hamilton	4	86.4	81.1	34.9	82.9	65.5	84.0	80.0	80.0	80.2	66.7
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	69.2	58.1	53.0	55.1	62.1	38.2	60.0	55.0	73.6	82.7
Hotel Dieu Hospital, Kingston	Kingston	10	66.5	47.9	50.0	51.3	54.4	47.4	66.7	45.0	55.1	66.7
Kingston General Hospital	Kingston	10	95.6	93.2	64.0	100.0	90.2	100.0	90.0	80.0	100.0	100.0
London Health Sciences Centre	London	2	70.9	72.8	48.5	92.3	80.0	88.8	90.0	55.0	47.3	33.3
Mount Sinai Hospital	Toronto	7	79.2	84.1	44.5	40.6	77.7	99.0	90.0	45.0	63.1	58.0
St. Joseph's Health Care London	London	2	80.4	74.0	23.8	71.1	72.9	97.2	80.0	65.0	71.1	71.7
St. Joseph's Healthcare Hamilton	Hamilton	4	83.2	82.2	81.1	89.1	85.7	98.5	76.7	75.0	71.1	100.0
St. Michael's Hospital	Toronto	7	75.2	93.4	23.1	76.9	88.4	91.0	90.0	75.0	100.0	82.7
Sunnybrook and Women's College Health Sciences Centre	Toronto	7	90.6	64.7	52.6	76.0	81.9	88.6	66.7	65.0	79.1	91.3
The Hospital for Sick Children	Toronto	7	75.1	91.5	52.8	65.4	88.9	93.5	100.0	85.0	57.0	46.7
The Ottawa Hospital	Ottawa	11	71.8	58.3	31.9	71.1	76.4	94.3	90.0	60.0	36.9	60.7
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	75.7	75.1	13.9	71.1	71.3	69.8	90.0	45.0	70.8	82.7
University Health Network	Toronto	7	98.3	89.4	76.4	96.6	91.1	98.0	66.7	65.0	92.0	91.3

SMALL HOSPITALS AVERAGE			40.2	40.3	26.0	29.2	49.8	57.5	66.3	48.9	43.6	46.3
Alexandra Hospital	Ingersoll	2	70.3	53.9	36.1	80.3	56.6	91.1	100.0	65.0	86.8	71.7
Alexandra Marine and General Hospital	Goderich	2	55.2	62.4	74.1	59.4	60.3	20.2	90.0	70.0	40.7	66.7
Almonte General Hospital	Almonte	11	37.8	44.5	23.8	41.1	60.7	85.6	100.0	55.0	19.8	66.7
Atikokan General Hospital	Atikokan	14	37.9	21.1	0.0	27.7	40.5	70.6	20.0	20.0	14.6	24.7
Campbellford Memorial Hospital	Campbellford	9	47.6	61.7	28.5	50.9	82.0	96.4	60.0	60.0	93.4	71.7
Carleton Place and District Memorial Hospital	Carleton Place	11	31.1	84.6	30.6	50.6	77.9	90.6	100.0	80.0	84.0	100.0
Dryden Regional Health Centre	Dryden	14	36.4	47.9	12.4	38.9	44.7	94.3	56.7	40.0	57.6	27.3
Glengarry Memorial Hospital	Alexandria	11	32.8	30.5	14.8	6.0	39.7	72.8	40.0	25.0	49.6	41.0
Haldimand War Memorial Hospital	Dunnville	4	27.4	33.0	16.0	10.3	42.2	78.5	100.0	80.0	43.8	0.0
Haliburton Highlands Health Services	Haliburton	9	17.1	53.6	53.8	21.1	43.8	24.4	90.0	50.0	29.2	63.0
Hanover and District Hospital	Hanover	2	44.7	49.5	46.6	10.0	68.8	59.3	80.0	85.0	26.4	22.0
Kemptville District Hospital	Kemptville	11	9.1	47.5	14.8	38.9	55.9	92.8	53.3	40.0	42.1	82.7

■ 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	Patient Safety Reporting and Analysis	Promoting a Patient Safety Culture	Strategies to Manage the Waiting Process in Ambulatory Care Clinics	Performance Management in Ambulatory Care
Lady Dunn Health Centre	Wawa	13	37.0	0.0	NR	0.0	23.3	12.0	0.0	10.0	13.2	22.0
Lennox and Addington County General Hospital	Napanee	10	57.5	33.4	36.1	35.1	58.2	40.8	100.0	30.0	48.5	60.3
Listowel and Wingham Hospitals Alliance	Listowel	2	64.6	63.5	66.7	30.3	53.9	33.5	100.0	80.0	86.8	44.3
Mattawa General Hospital	Mattawa	13	16.0	25.0	20.5	21.1	49.7	74.7	20.0	30.0	19.8	38.3
McCausland Hospital	Terrace Bay	14	57.2	18.3	NR	0.0	49.6	50.0	60.0	60.0	30.6	52.0
MICs Group of Health Services	Cochrane	13	45.6	23.5	8.8	15.3	19.7	51.1	70.0	70.0	34.1	24.7
Nipigon District Memorial Hospital	Nipigon	14	44.5	44.4	12.5	16.3	42.7	33.5	90.0	65.0	6.6	58.0
North Wellington Health Care	Mount Forest	3	25.5	40.1	22.6	30.0	58.2	88.9	80.0	30.0	70.8	0.0
Sensenbrenner Hospital	Kapuskasing	13	30.6	37.3	7.1	29.7	51.9	55.9	76.7	60.0	70.8	63.0
Services de santé de Chapleau Health Services	Chapleau	13	41.1	28.0	NR	42.6	41.8	26.7	46.7	40.0	41.9	11.0
Sioux Lookout Meno-Ya-Win Health Centre	Sioux Lookout	14	37.0	33.7	12.4	39.4	46.3	36.5	33.3	25.0	6.6	58.0
Smooth Rock Falls Hospital	Smooth Rock Falls	13	49.8	19.9	NR	8.6	29.5	60.8	0.0	5.0	62.8	71.7
South Huron Hospital	Exeter	2	31.1	45.0	28.8	28.6	44.3	24.7	73.3	50.0	19.8	47.0
St. Francis Memorial Hospital	Barry's Bay	11	46.6	46.4	4.2	20.6	44.6	49.0	70.0	60.0	55.1	13.7
Wilson Memorial General Hospital	Marathon	14	53.2	38.1	NR	34.6	58.1	38.3	80.0	35.0	21.2	49.3

COMMUNITY HOSPITALS AVERAGE			61.9	63.3	40.6	60.3	66.1	73.8	77.7	57.8	62.8	62.6
TEACHING AND COMMUNITY HOSPITALS AVERAGE			65.2	65.7	41.7	63.0	68.2	75.8	78.5	59.1	64.5	65.0
Bluewater Health	Sarnia	1	59.0	65.4	42.3	74.6	42.9	87.9	76.7	25.0	6.6	22.0
Brockville General Hospital	Brockville	10	33.6	28.0	38.8	39.7	56.4	77.8	66.7	20.0	56.2	58.0
Cambridge Memorial Hospital	Cambridge	3	67.1	54.1	46.0	40.6	60.9	42.0	90.0	50.0	6.6	0.0
Chatham-Kent Health Alliance	Chatham	1	94.8	76.3	57.7	58.3	59.0	75.6	90.0	60.0	86.8	82.7
Collingwood General and Marine Hospital	Collingwood	12	71.9	45.3	31.4	39.4	61.2	30.7	86.7	80.0	34.4	24.7
Cornwall Community Hospital	Cornwall	11	35.3	44.2	10.6	43.7	58.0	79.5	80.0	80.0	13.2	0.0
Grand River Hospital	Kitchener	3	69.6	32.8	35.6	36.0	64.3	44.9	76.7	50.0	6.6	27.3
Grey Bruce Health Services	Owen Sound	2	49.5	68.6	40.2	78.9	76.4	89.6	90.0	65.0	62.8	33.3
Groves Memorial Community Hospital	Fergus	3	27.6	77.7	53.8	59.4	62.6	92.9	80.0	85.0	63.1	100.0
Guelph General Hospital	Guelph	3	81.0	83.6	56.2	67.1	70.0	92.7	100.0	60.0	86.8	58.0
Halton Healthcare	Oakville	6	65.2	83.6	49.4	88.0	71.3	100.0	90.0	70.0	79.1	91.3
Headwaters Health Care Centre	Orangeville	5	71.0	72.6	55.7	86.3	86.6	93.7	90.0	70.0	85.4	100.0
Hôpital Général de Hawkesbury and District General Hospital Inc.	Hawkesbury	11	60.0	64.8	40.0	65.1	74.7	89.0	56.7	50.0	79.1	69.0
Hôpital Montfort Hospital	Ottawa	11	67.0	45.6	31.7	84.6	67.3	90.0	53.3	35.0	73.6	38.3
Hôtel-Dieu Grace Hospital	Windsor	1	62.8	85.7	58.3	60.9	86.0	96.7	100.0	90.0	64.7	71.7

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	Patient Safety Reporting and Analysis	Promoting a Patient Safety Culture	Strategies to Manage the Waiting Process in Ambulatory Care Clinics	Performance Management in Ambulatory Care
Humber River Regional Hospital	Toronto	8	70.5	82.0	45.7	69.1	79.4	96.4	76.7	45.0	71.1	77.7
Huron Perth Healthcare Alliance	Stratford	2	88.5	78.4	36.5	58.6	62.8	53.5	63.3	25.0	27.8	24.7
Huron District Hospital— North Simcoe Hospital Alliance	Midland	12	61.6	76.1	41.7	32.6	60.4	97.1	100.0	60.0	37.2	35.7
Joseph Brant Memorial Hospital	Burlington	4	52.2	89.0	62.4	82.0	77.7	64.3	80.0	60.0	48.7	100.0
Kirkland and District Hospital	Kirkland Lake	13	74.7	59.8	22.5	53.7	65.1	93.1	90.0	70.0	86.8	82.7
Lake of the Woods District Hospital	Kenora	14	55.6	47.2	40.7	49.7	41.5	39.9	80.0	55.0	50.4	91.3
Lakeridge Health	Oshawa	9	74.4	50.3	45.1	79.7	61.9	36.4	43.3	55.0	71.1	100.0
Leamington District Memorial Hospital	Leamington	1	51.3	65.6	14.1	29.7	60.5	62.3	60.0	60.0	34.4	71.7
Markham Stouffville Hospital	Markham	8	75.4	41.6	45.6	72.0	69.3	83.2	43.3	40.0	48.7	47.0
Muskoka Algonquin Healthcare	Huntsville	12	35.9	44.6	30.0	78.0	44.3	34.0	40.0	40.0	26.4	33.3
Niagara Health System	Niagara Falls	4	59.7	80.2	69.9	73.4	70.1	94.0	63.3	80.0	77.4	33.3
Norfolk General Hospital	Simcoe	4	65.7	48.5	47.4	64.0	61.8	84.2	100.0	60.0	93.4	100.0
North Bay General Hospital	North Bay	13	68.2	23.4	21.4	94.9	42.7	18.0	10.0	15.0	80.2	58.3
North York General Hospital	Toronto	8	69.0	60.5	1.8	60.0	75.5	95.8	90.0	55.0	50.1	66.7
Northumberland Hills Hospital	Cobourg	9	74.9	79.8	53.9	64.0	78.4	95.9	80.0	80.0	58.1	71.7
Orillia Soldiers' Memorial Hospital	Orillia	12	55.5	57.6	38.7	59.4	65.4	87.3	33.3	35.0	85.4	66.7
Pembroke Regional Hospital	Pembroke	11	72.3	63.0	36.8	78.0	65.8	89.3	100.0	45.0	93.4	63.0
Perth and Smiths Falls District Hospital	Smiths Falls	10	73.9	66.1	65.8	66.3	73.3	93.6	100.0	65.0	93.4	60.7
Peterborough Regional Health Centre	Peterborough	9	49.5	42.2	14.0	43.4	55.6	68.9	86.7	50.0	71.1	77.7
Queensway Carleton Hospital	Nepean	11	70.0	90.8	64.5	62.6	65.7	92.0	80.0	25.0	86.8	58.0
Quinte Health Care	Belleville	10	60.3	40.0	8.8	28.6	59.8	35.6	63.3	20.0	59.3	11.0
Renfrew Victoria Hospital	Renfrew	11	50.8	82.9	43.8	70.9	56.7	94.4	100.0	80.0	63.1	33.3
Ross Memorial Hospital	Lindsay	9	50.0	74.1	37.0	59.7	61.9	54.4	93.3	80.0	86.8	100.0
Rouge Valley Health System	Scarborough	9	60.1	78.0	43.8	54.0	65.3	70.4	90.0	75.0	71.1	80.3
Royal Victoria Hospital	Barrie	12	51.7	46.2	45.5	75.1	71.4	97.2	83.3	40.0	79.1	69.0
Sault Area Hospital	Sault Ste. Marie	13	53.6	32.4	36.9	64.3	56.5	38.3	33.3	60.0	48.5	30.7
South Bruce Grey Health Centre	Kincardine	2	52.5	32.4	38.2	30.0	51.5	71.0	80.0	35.0	35.8	44.3
Southlake Regional Health Centre	Newmarket	8	62.4	81.1	33.9	46.3	67.6	34.8	90.0	55.0	93.4	100.0
St. Joseph's Health Centre Toronto	Toronto	7	86.2	77.5	15.5	90.6	88.8	96.7	100.0	85.0	93.4	71.7
St. Mary's General Hospital	Kitchener	3	78.3	62.3	64.5	48.3	73.3	85.5	100.0	60.0	86.8	91.3
St. Thomas-Elgin General Hospital	St. Thomas	2	65.4	78.7	67.7	68.9	75.8	83.9	90.0	70.0	50.4	71.7
Strathroy Middlesex General Hospital	Strathroy	2	66.9	61.3	52.3	63.7	58.0	28.4	63.3	80.0	77.4	74.0
Temiskaming Hospital	New Liskeard	13	61.1	43.1	18.3	10.0	55.5	84.6	90.0	70.0	72.2	71.7

■ 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	Patient Safety Reporting and Analysis	Promoting a Patient Safety Culture	Strategies to Manage the Waiting Process in Ambulatory Care Clinics	Performance Management in Ambulatory Care
The Brantford General Hospital	Brantford	4	49.8	52.9	24.8	28.9	78.8	91.9	86.7	40.0	86.8	69.0
The Credit Valley Hospital	Mississauga	6	75.1	94.1	54.4	50.9	77.0	86.7	100.0	85.0	69.4	58.0
The Scarborough Hospital	Scarborough	9	55.4	55.0	23.1	60.3	71.5	87.3	60.0	65.0	50.1	33.3
Tillsonburg District Memorial Hospital	Tillsonburg	2	66.7	54.4	45.8	70.0	69.0	83.5	73.3	35.0	85.4	100.0
Timmins and District Hospital	Timmins	13	48.6	67.4	29.3	94.0	44.8	50.8	76.7	60.0	69.4	58.0
Toronto East General Hospital	Toronto	7	72.9	92.7	68.3	88.3	83.8	98.0	100.0	95.0	62.8	100.0
Trillium Health Centre	Mississauga	6	61.6	84.7	48.9	68.3	89.7	94.3	90.0	60.0	64.5	80.3
West Lincoln Memorial Hospital	Grimsby	4	29.6	47.2	16.4	15.1	45.0	93.4	40.0	75.0	26.4	60.7
William Osler Health Centre	Brampton	5	68.3	82.3	64.4	46.9	61.8	24.8	80.0	80.0	76.0	71.7
Winchester District Memorial Hospital	Winchester	11	21.8	74.3	36.8	54.6	80.9	52.4	100.0	70.0	62.8	24.7
Windsor Regional Hospital	Windsor	1	84.2	56.5	35.2	60.9	80.8	100.0	100.0	70.0	57.0	74.0
Woodstock General Hospital	Woodstock	2	60.9	65.7	55.3	80.6	72.2	83.4	73.3	60.0	71.1	77.7
York Central Hospital	Richmond Hill	8	67.4	72.2	22.7	53.1	58.9	18.0	33.3	10.0	33.0	66.7

RESULTS BY LOCAL HEALTH INTEGRATION NETWORK

LHIN 1 (Erie St. Clair)	70.4	69.9	41.5	56.9	65.8	84.5	85.3	61.0	49.9	64.4
LHIN 2 (South West)	62.0	61.5	47.2	58.8	64.5	64.9	81.9	60.0	56.4	55.9
LHIN 3 (Waterloo Wellington)	58.2	58.4	46.4	46.9	64.9	74.5	87.8	55.8	53.4	46.1
LHIN 4 (Hamilton Niagara Haldimand Brant)	56.8	64.3	44.1	55.7	65.9	86.1	78.3	68.8	66.0	66.2
LHIN 5 (Central West)	69.7	77.4	60.1	66.6	74.2	59.3	85.0	75.0	80.7	85.8
LHIN 6 (Mississauga Halton)	67.3	87.5	50.9	69.0	79.3	93.7	93.3	71.7	71.0	76.6
LHIN 7 (Toronto Central)	82.5	84.8	47.6	76.3	85.8	95.0	87.6	73.6	78.2	77.4
LHIN 8 (Central)	68.9	67.5	30.0	60.1	70.1	65.6	66.7	41.0	59.3	71.6
LHIN 9 (Central East)	53.6	61.8	37.4	54.1	65.0	66.8	75.4	64.4	66.4	74.7
LHIN 10 (South East)	64.6	51.4	43.9	53.5	65.4	65.9	81.1	43.3	68.7	59.4
LHIN 11 (Champlain)	47.9	59.8	30.1	54.1	63.7	81.5	79.5	55.4	59.7	52.4
LHIN 12 (North Simcoe Muskoka)	55.3	54.0	37.5	56.9	60.5	69.3	68.7	51.0	52.5	45.9
LHIN 13 (North East)	49.6	34.8	24.2	40.8	45.2	50.4	47.8	45.4	56.1	51.2
LHIN 14 (North West)	49.7	40.7	15.3	34.7	49.3	54.1	63.8	43.1	32.3	55.4

■ Above-Average Performance ■ Average Performance ■ Below-Average Performance

Monitoring patient perceptions of acute inpatient hospital care is a key indicator of the quality of services provided in hospitals. 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.

The analysis reflects perceptions of patients, 18 years of age and older, who had an inpatient stay and were discharged between April 2005 and March 2006.

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

Indicator Definitions

The four indicators for this quadrant are made up 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 affect 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?

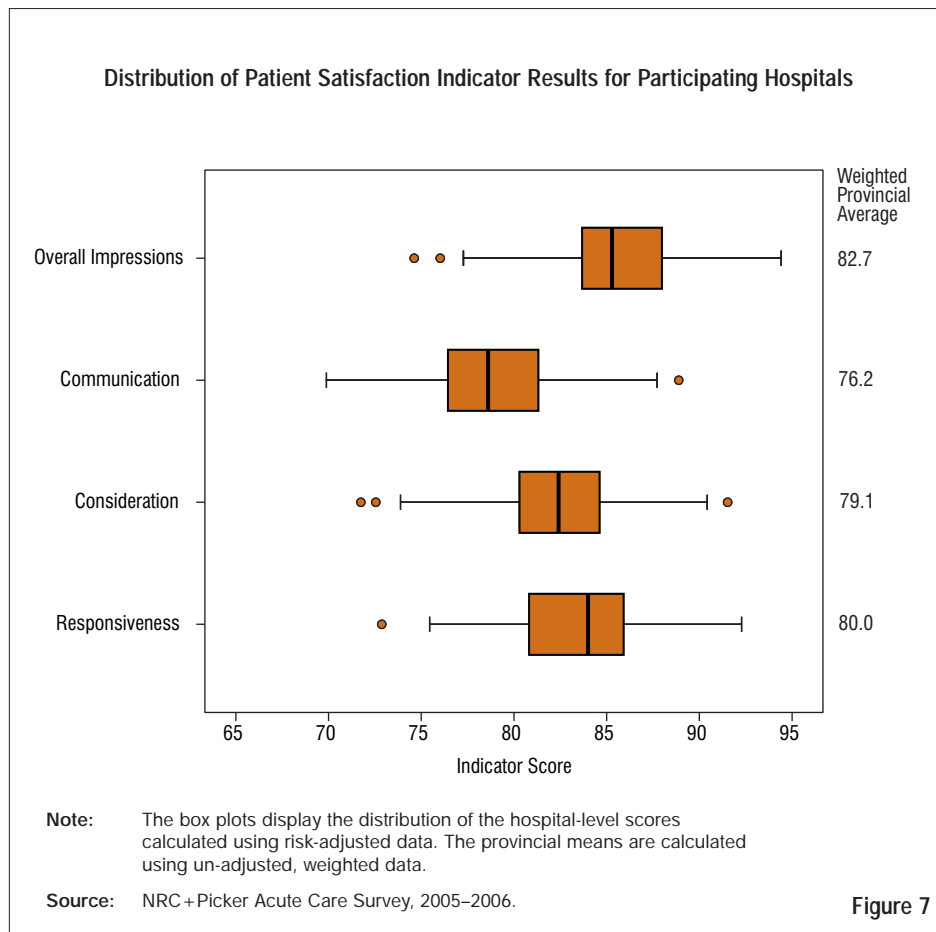
The patient satisfaction results in this report are based on data collected by NRC +Picker Canada. NRC +Picker Canada is a Canadian research company specializing in promoting patient centred care in the Canadian health care setting. NRC +Picker Canada has over 13 years' experience nationally, and over 26 years' internationally, conducting survey research designed to uncover what is most important to patients.

Results for the 87 hospitals that voluntarily participated in the acute care patient satisfaction survey process in 2005–2006 are included in the analysis and illustrated in the performance allocation tables.

Response Rates

Approximately 146,000 questionnaires were mailed to individuals who had an acute inpatient stay at participating hospitals between April 1, 2005, and March 31, 2006. The overall response rate for patients was 47.7%, with males and females responding at similar rates of 47.8% and 47.6%, respectively. The mean (average) hospital response rate was 49.2%, and the median response rate was 48.8%. The lowest response rate for a given hospital was 33.0%.

SUMMARY OF RESULTS



For more information on the interpretation of box plots, please refer to the Interpreting the Results section in this report.

Figure 7 depicts the distribution of risk-adjusted scores for all hospitals and the provincial average (mean) for each of the indicators. Hospitals can use this figure to determine where their indicator score fits in relation to the overall distribution of scores.

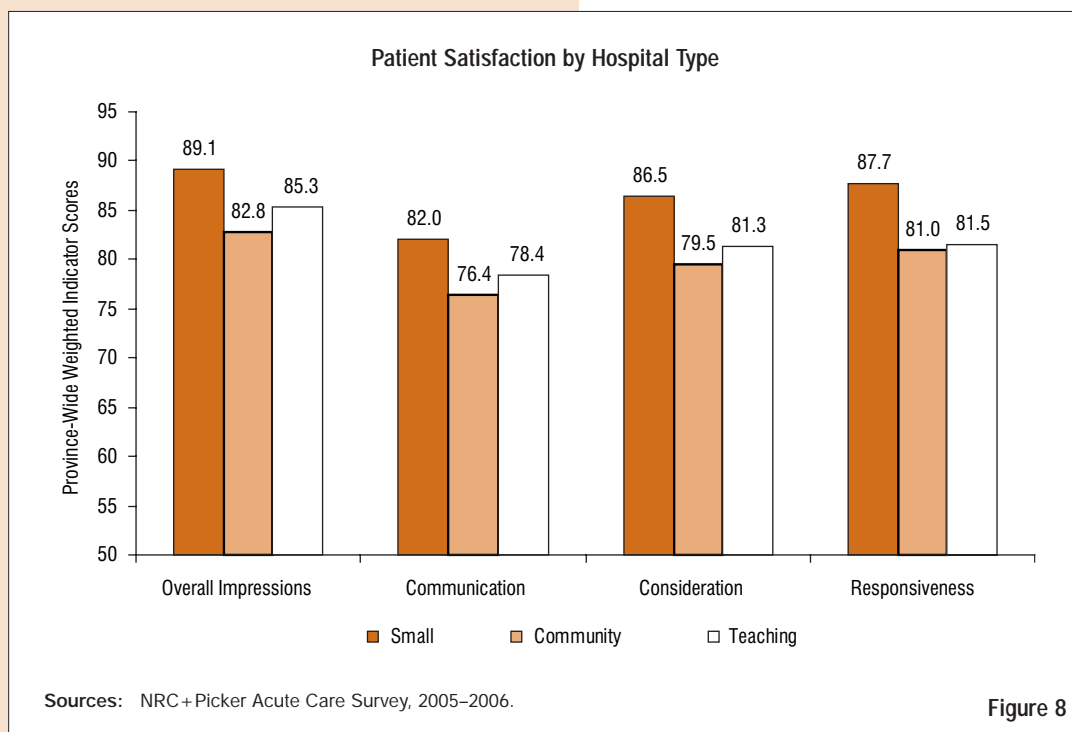
In general, patients in small hospitals continue to report higher satisfaction scores than patients in larger community and teaching hospitals in all four dimensions of patient satisfaction. Also, as in previous years, the average scores for the South West LHIN remain the highest of all LHIN scores across all four dimensions of patient satisfaction.

SUMMARY OF RESULTS (CONT'D)

Among the high-performing hospitals are:

- 6 small hospitals (5 repeating "high-performers")
- 3 community hospitals
- 1 teaching hospital (a repeating "high-performer")

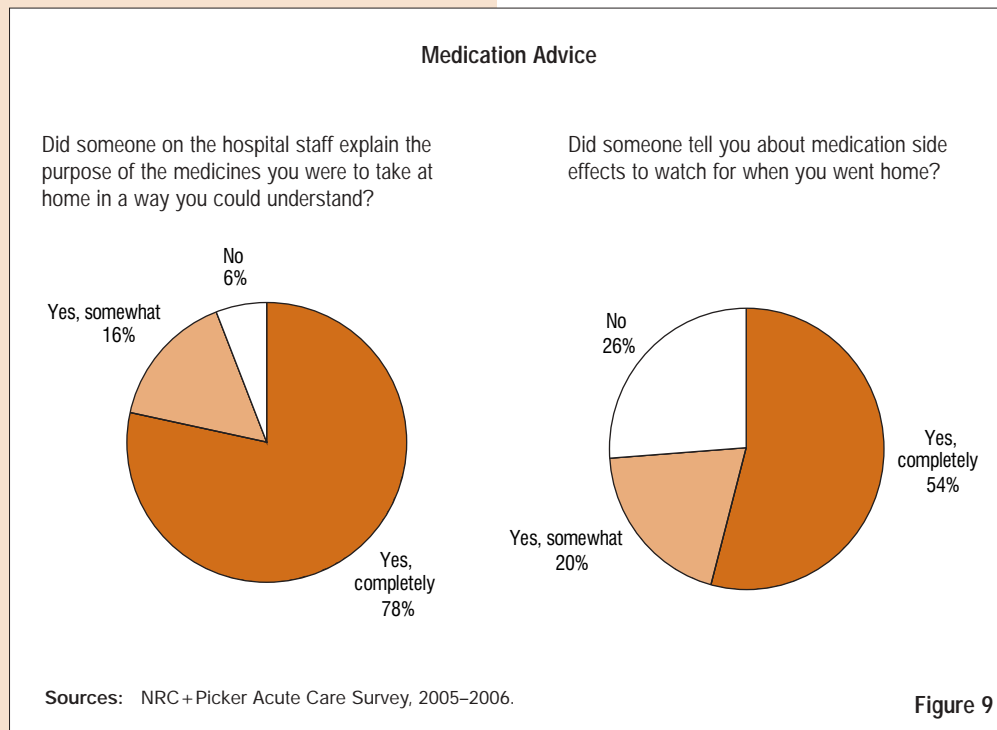
Of all the indicators, the lowest average scores across the province were related to communication. This pattern holds across the three hospital types (Figure 8). Again this year, patients continue to indicate that they are least satisfied with the amount of information and quality of communication they received about their condition, treatment and preparation for discharge and care at home.



SUMMARY OF RESULTS (CONT'D)

Patient Satisfaction With Communication

In this time of heightened interest in patient safety, medication safety has emerged as an area of increasing public and governmental awareness.^v Poor physician-patient communication about new medications (including how to take the medications and potential adverse reactions or side-effects) can lead to patient medication non-adherence, which in turn may increase the risk of adverse medication events.^{vi} Figure 9 highlights responses from patients relating to the quality of information that they received about their new medications. While over three-quarters (78%) reported that they received full and comprehensive explanations of the purpose of their new medications, just over one-quarter (26%) indicated that they received no information about the potential side effects of these medications, demonstrating that Ontario hospitals have room to improve educating patients about their new medications, and preparing them to identify potential side effects after they have been discharged home.



PERFORMANCE ALLOCATION TABLE

Indicator results for the hospitals that participated in the patient satisfaction survey, and passed the 100-case volume screen, are shown in the performance tables.

- v. Health Quality Council of Alberta, *Playing It Safe: You and Your Medication* (2007), [online], cited June 11, 2007, from <http://www.hqca.ca/phpBB2/files/hqca_health_report_2007_202.pdf>.
- vi. D. M. Tarn, J. Heritage, D. A. Paterniti, R. D. Hays, R. L. Kravitz and N. S. Wenger, "Physician Communication When Prescribing New Medications," *Archives of Internal Medicine* 166, 17 (2006): pp. 1855–1862.

Hospital	Community Served	LHIN	Overall Impressions	Communication	Consideration	Responsiveness
PROVINCIAL WEIGHTED AVERAGE			82.7	76.2	79.1	80.0
PROVINCIAL PERFORMANCE TARGET*			85.5	78.9	82.3	83.6

TEACHING HOSPITALS AVERAGE			85.3	78.4	81.3	81.5
Hamilton Health Sciences Corporation	Hamilton	4	84.6	77.6	80.3	80.8
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	84.8	79.1	81.7	81.3
Kingston General Hospital	Kingston	10	85.2	77.6	81.6	81.8
London Health Sciences Centre	London	2	87.8	80.0	83.2	83.5
Mount Sinai Hospital	Toronto	7	84.5	78.7	80.3	81.6
St. Joseph's Health Care London	London	2	88.6	84.6	84.6	86.5
St. Joseph's Healthcare Hamilton	Hamilton	4	85.1	77.1	81.7	81.3
St. Michael's Hospital	Toronto	7	84.9	76.4	80.3	80.5
Sunnybrook and Women's College Health Sciences Centre	Toronto	7	83.9	75.2	79.3	79.8
The Ottawa Hospital	Ottawa	11	85.7	79.6	82.2	82.1
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	84.0	77.3	81.2	81.2
University Health Network	Toronto	7	85.0	79.4	80.4	80.9

SMALL HOSPITALS AVERAGE			89.1	82.0	86.5	87.7
Alexandra Hospital	Ingersoll	2	89.2	80.3	86.6	85.9
Alexandra Marine and General Hospital	Goderich	2	86.3	80.5	85.4	85.9
Almonte General Hospital	Almonte	11	92.2	85.5	89.2	90.8
Arnprior and District Memorial Hospital	Arnprior	11	89.5	82.6	86.2	89.0
Carleton Place and District Memorial Hospital	Carleton Place	11	91.1	83.5	87.3	88.7
Deep River and District Hospital	Deep River	11	93.7	88.9	91.5	92.3
Dryden Regional Health Centre	Dryden	14	87.2	80.9	84.6	85.9
Glengarry Memorial Hospital	Alexandria	11	91.7	87.7	89.3	91.0
Halliburton Highlands Health Services	Halliburton	9	94.4	86.3	90.4	91.3
Hanover and District Hospital	Hanover	2	86.4	79.9	83.8	84.7
Lennox and Addington County General Hospital	Napanee	10	90.5	82.6	86.5	86.9
Listowel and Wingham Hospitals Alliance	Listowel	2	91.3	83.1	88.0	89.9
MICs Group of Health Services	Cochrane	13	89.1	83.9	87.1	89.5
North Wellington Health Care	Mount Forest	3	87.9	81.0	86.3	87.9
South Huron Hospital	Exeter	2	NR	NR	NR	NR
Stevenson Memorial Hospital	Alliston	8	84.7	77.4	82.8	83.4

* The average of hospital scores. Used for performance allocations.

■ Above-Average Performance ■ Average Performance ■ Below-Average Performance

Hospital	Community Served	LHIN	Overall Impressions	Communication	Consideration	Responsiveness
COMMUNITY HOSPITALS AVERAGE			82.8	76.4	79.5	81.0
Bluewater Health	Sarnia	1	82.9	76.7	81.2	84.2
Brockville General Hospital	Brockville	10	85.2	78.5	83.5	85.5
Cambridge Memorial Hospital	Cambridge	3	83.7	78.6	80.5	80.6
Chatham-Kent Health Alliance	Chatham	1	86.3	80.5	83.7	85.7
Collingwood General and Marine Hospital	Collingwood	12	86.9	80.3	84.6	85.2
Cornwall Community Hospital	Cornwall	11	85.7	79.7	82.8	84.2
Grand River Hospital	Kitchener	3	82.1	75.3	78.4	80.8
Grey Bruce Health Services	Owen Sound	2	87.4	79.5	83.8	87.0
Groves Memorial Community Hospital	Fergus	3	90.5	83.7	87.0	87.9
Guelph General Hospital	Guelph	3	85.4	76.3	82.8	84.0
Halton Healthcare	Oakville	6	82.2	74.5	78.9	78.9
Headwaters Health Care Centre	Orangeville	5	86.9	78.3	83.1	84.2
Hôpital Général de Hawkesbury and District General Hospital Inc.	Hawkesbury	11	86.2	81.5	82.7	84.4
Hôpital Montfort Hospital	Ottawa	11	86.1	77.6	81.5	81.6
Hôtel-Dieu Grace Hospital	Windsor	1	82.8	75.4	79.7	80.2
Humber River Regional Hospital	Toronto	8	76.0	71.6	72.6	75.9
Huron Perth Healthcare Alliance	Stratford	2	89.0	82.7	85.4	87.8
Joseph Brant Memorial Hospital	Burlington	4	80.4	72.4	77.5	79.0
Kirkland and District Hospital	Kirkland Lake	13	85.7	80.4	84.4	86.4
Lake of the Woods District Hospital	Kenora	14	84.6	82.8	82.6	85.0
Lakeridge Health	Oshawa	9	81.8	74.1	79.5	80.6
Leamington District Memorial Hospital	Leamington	1	87.2	80.1	83.5	85.8
Markham Stouffville Hospital	Markham	8	84.7	78.4	79.9	80.8
Muskoka Algonquin Healthcare	Huntsville	12	85.8	79.8	84.6	84.7
Niagara Health System	Niagara Falls	4	79.1	74.6	76.8	79.6
Norfolk General Hospital	Simcoe	4	80.2	73.0	78.2	80.4
North Bay General Hospital	North Bay	13	82.9	77.6	80.8	82.6
North York General Hospital	Toronto	8	81.6	74.0	75.8	78.4
Northumberland Hills Hospital	Cobourg	9	88.4	78.2	85.0	85.3
Orillia Soldiers' Memorial Hospital	Orillia	12	85.6	76.4	81.3	82.0
Pembroke Regional Hospital	Pembroke	11	84.2	77.6	81.6	84.0
Perth and Smiths Falls District Hospital	Smiths Falls	10	88.9	82.4	85.3	87.6
Peterborough Regional Health Centre	Peterborough	9	84.6	78.6	81.5	83.4

Above-Average Performance
 Average Performance
 Below-Average Performance

Hospital	Community Served	LHIN	Overall Impressions	Communication	Consideration	Responsiveness
Queensway Carleton Hospital	Nepean	11	84.8	75.3	81.9	81.9
Quinte Health Care	Belleville	10	84.4	77.2	81.8	82.3
Ross Memorial Hospital	Lindsay	9	90.0	79.6	85.6	86.9
Rouge Valley Health System	Scarborough	9	81.7	75.5	78.6	79.8
Sault Area Hospital	Sault Ste. Marie	13	81.0	78.4	79.1	80.3
South Bruce Grey Health Centre	Kincardine	2	89.1	82.7	86.5	88.3
Southlake Regional Health Centre	Newmarket	8	87.8	81.3	84.3	84.1
St. Joseph's Health Centre Toronto	Toronto	7	83.3	76.8	78.9	80.8
St. Mary's General Hospital	Kitchener	3	88.0	82.7	84.5	85.5
St. Thomas-Elgin General Hospital	St. Thomas	2	85.2	79.4	81.4	82.4
Strathroy Middlesex General Hospital	Strathroy	2	86.1	81.3	83.1	85.1
Temiskaming Hospital	New Liskeard	13	88.8	82.0	86.0	86.7
The Brantford General Hospital	Brantford	4	82.2	72.9	79.2	79.8
The Credit Valley Hospital	Mississauga	6	80.9	74.3	76.6	76.4
The Scarborough Hospital	Scarborough	9	79.2	72.4	75.3	77.8
Tillsonburg District Memorial Hospital	Tillsonburg	2	84.2	77.2	81.7	83.5
Timmins and District Hospital	Timmins	13	89.4	83.0	85.3	86.1
Toronto East General Hospital	Toronto	7	79.1	75.9	75.4	77.4
Trillium Health Centre	Mississauga	6	83.1	75.0	78.7	80.1
West Lincoln Memorial Hospital	Grimsby	4	89.5	78.2	84.5	85.6
West Parry Sound Health Centre	Parry Sound	13	86.2	79.8	83.4	85.3
William Osler Health Centre	Brampton	5	77.3	74.7	73.9	75.4
Winchester District Memorial Hospital	Winchester	11	88.5	82.2	86.1	88.4
Windsor Regional Hospital	Windsor	1	84.2	77.5	82.0	82.3
Woodstock General Hospital	Woodstock	2	84.4	78.3	81.1	84.5
York Central Hospital	Richmond Hill	8	74.6	69.9	71.7	72.9

NR: Participated in patient satisfaction surveying, but did not pass the volume screen to have data displayed.

	Overall Impressions	Communication	Consideration	Responsiveness
RESULTS BY LOCAL HEALTH INTEGRATION NETWORK				
LHIN 1 (Erie St.Clair)	84.2	77.5	81.6	83.0
LHIN 2 (South West)	87.5	80.5	83.7	85.0
LHIN 3 (Waterloo Wellington)	85.0	78.4	81.8	83.1
LHIN 4 (Hamilton Niagara Haldimand Brant)	82.5	75.7	79.2	80.4
LHIN 5 (Central West)	78.7	75.3	75.3	76.8
LHIN 6 (Mississauga Halton)	82.3	74.7	78.2	78.8
LHIN 7 (Toronto Central)	83.9	77.3	79.5	80.3
LHIN 8 (Central)	80.6	74.7	76.6	78.3
LHIN 9 (Central East)	82.5	75.4	79.2	80.8
LHIN 10 (South East)	85.5	78.2	82.4	83.1
LHIN 11 (Champlain)	85.9	79.2	82.5	83.0
LHIN 12 (North Simcoe Muskoka)	85.9	78.5	83.2	83.7
LHIN 13 (North East)	84.5	79.4	81.8	82.5
LHIN 14 (North West)	84.3	78.1	81.6	82.0

Note: LHIN-level results are based only on those hospitals that participated in the patient satisfaction survey.

As pediatric inpatients often have different needs and care than their adult counterparts, a separate set of pediatric patient satisfaction indicators is included in this report. The pediatric patient satisfaction analysis in *Hospital Report: Acute Care 2007* is the first in the series to report results collected using the National Research Corporation (NRC)+Picker's pediatric acute care questionnaire, specifically targeted to the pediatric patient experience. Pediatric patients surveyed using the adult acute care questionnaire are not included in this analysis, and as such, those hospitals that serve and survey a large proportion of pediatric patients with NRC+Picker's adult questionnaire will not be included in these results.

In its inaugural fiscal year (2005–2006), 10 hospitals voluntarily participated in the pediatric acute care patient satisfaction survey process, including 5 teaching hospitals and 5 community hospitals.

The analysis reflects the perceptions of the parents/guardians of patients aged 0 to 17, who had an inpatient stay and were discharged between April 2005 and March 2006.

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

Indicator Definitions

Overall Impressions

Parents' views of the overall hospital experience, including the overall quality of care and services received at the hospital.

Access to Care and Services

Evaluates the extent to which parents felt they could speak to or get help from people who worked in the hospital when they needed it; and whether they felt their child got the care and services they needed.

Consideration and Respect

Parents' views about whether they were treated with courtesy and respect.

Continuity and Transition

Evaluates the extent to which parents got the help, information and support they needed to care for their child after leaving the hospital.

Coordination and Integration of Care

Evaluates the extent to which parents felt that people who worked in the hospital worked together as a team to make sure that there were smooth transitions among different places and services within the hospital.

Information, Communication and Education

Evaluates the extent to which parents felt that they were told about their child's condition and treatment in a way they could understand. This measure also takes into account whether patients felt they, and their child, got complete and understandable answers to their questions and appropriate amounts of information from people who worked in the hospital.

Response Rates

Approximately 4,800 questionnaires were mailed to the homes of individuals aged 0 to 17 who had an acute inpatient stay at participating hospitals between April 1, 2005, and March 31, 2006. The overall response rate for patients was 38.2%. The mean (average) hospital response rate was 36.7%, and the median response rate was 38.5%. The lowest response rate for a given hospital was 25.8%.

The patient satisfaction results in this report are based on data collected by NRC+Picker Canada. NRC+Picker Canada is a Canadian research company specializing in promoting patient centred care in the Canadian health care setting. NRC+Picker Canada has over 13 years' experience nationally, and over 26 years' internationally, conducting survey research designed to uncover what is most important to patients.

Partnerships Between Parents and Caregivers

Evaluates the extent to which parents were involved in decisions about their child's care.

Physical Comfort

Evaluates the extent to which parents felt their child got care, relief and support for their discomfort and pain during their hospital stay.

Questionnaire items included in each of the indicators are detailed in the technical summary on the Hospital Report website: www.hospitalreport.ca.

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 have the potential to affect scores. These included the child's age and sex, as well as the following questions from the survey: In general, how would you rate your child's health? Including this hospital stay, how many times in the last six months has your child been in a hospital overnight or longer?

SUMMARY OF RESULTS

The highest average scores were related to information, education and communication. Conversely, the lowest average scores related to help received by parents for caring for their children after leaving the hospital (Continuity and Transition). Similar to the results from the adult acute care survey, pediatric caregivers have room to improve preparing parents and families to care for their children at home following discharge from the hospital.

The Hospital for Sick Children was an above-average performer in all eight indicators of pediatric patient satisfaction.

PERFORMANCE ALLOCATION TABLE

Indicator results for the hospitals that participated in the pediatric patient satisfaction survey, and passed the 100-case volume screen, are shown in the performance allocation tables.

Hospital	Community Served	LHIN	Overall Impressions	Access to Care and Services	Consideration and Respect	Continuity and Transition	Coordination and Integration of Care	Information, Education and Communication	Partnership Between Parents and Caregivers	Physical Comfort
PEDIATRIC PERFORMANCE TARGET*			82.8	75.5	78.4	71.2	74.9	83.6	80.2	80.4
Children's Hospital of Eastern Ontario	Ottawa	11	87.5	78.7	81.9	75.2	79.5	85.3	83.8	87.2
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	NR	NR	NR	NR	NR	NR	NR	NR
Humber River Regional Hospital	Toronto	8	72.8	70.7	70.4	66.1	69.7	80.0	74.1	77.0
London Health Sciences Centre	London	2	84.0	75.4	80.0	76.4	75.2	85.6	82.8	82.0
Orillia Soldiers' Memorial Hospital	Orillia	12	NR	NR	NR	NR	NR	NR	NR	NR
Southlake Regional Health Centre	Newmarket	8	83.8	76.6	80.6	64.9	74.7	82.1	80.0	77.1
The Credit Valley Hospital	Mississauga	6	78.4	71.0	74.0	63.4	68.1	80.0	76.4	71.6
The Hospital for Sick Children	Toronto	7	90.3	80.9	83.2	81.0	82.0	88.4	84.3	87.2
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	NR	NR	NR	NR	NR	NR	NR	NR
William Osler Health Centre	Brampton	5	NR	NR	NR	NR	NR	NR	NR	NR

* The average of hospital scores. Used for performance allocations.

NR: participated in patient satisfaction surveying, but did not pass the volume screen to have data displayed.

This quadrant focuses on selected indicators to illustrate clinical performance in acute care hospitals. The analysis is based on seven indicators broken into three categories of Readmission Rates, Adverse Events and Appropriateness. The indicators are included in the performance allocation tables at a hospital level.

While some trends can be made year over year, caution should be used as some modifications have been made to indicator methodologies (that is, indicator definitions, risk-adjustment methodologies). Please refer to the technical summary at www.hospitalreport.ca for further information related to indicator methodologies.

Indicator Definitions

Readmissions: Specific Medical Conditions

The rate 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. Readmission rates may be influenced by a variety of factors including the quality and management of care provided in the hospital, availability of appropriate diagnostic/therapeutic technologies, drugs prescribed at discharge and discharging patients too early. A lower rate is generally considered to be better. Some examples of readmissions for the medical patient groups are acute myocardial infarction, pneumonia and other diagnoses (please see the technical summary for a full list of readmission conditions).

Readmissions: Specific Surgical Procedures

The rate of unplanned readmissions within 28 days for patients following cholecystectomy or prostatectomy surgery, OR within 7 or 28 days for women following a hysterectomy. Readmission rates may be influenced by a variety of factors including the quality and management of care provided in the hospital, availability of appropriate diagnostic/therapeutic technologies, drugs prescribed at discharge and discharging patients too early. A lower rate is generally considered to be better. Some examples of readmissions for the surgical patient groups are postoperative infection, urinary tract infection and other diagnoses (please see the technical summary for a full list of readmission conditions).

Readmissions: Labour and Delivery

The rate of unplanned readmissions within 14 days following hospitalization for labour and/or delivery (includes both vaginal and C-section deliveries). Readmission rates may be influenced by a variety of factors including the quality and management of care provided in the hospital, mode of delivery, socio-economic and demographic factors, health care accessibility and discharging patients too early. It is important to monitor postpartum readmissions as they are often associated with higher costs, disrupt the early stages of parenting and may increase family burden.^{vii} A lower rate is generally considered to be better. Some examples of readmissions for women undergoing labour and delivery are postpartum hemorrhage, obstetric embolism and other diagnoses (please see the technical summary for a full list of readmission conditions).

vii. S. Liu, M. Heaman, K. S. Joseph, R. M. Liston, L. Huang, R. Sauve and M. S. Kramer for the Maternal Health Study Group of the Canadian Perinatal Surveillance System, "Risk of Maternal Postpartum Readmission Associated With Mode of Delivery," *Obstetrics and Gynecology* 105, 4 (April 2005): pp. 836-842.

General Definition for Acute Readmission Indicators

Readmissions are defined as: unplanned admissions to an acute care institution within a defined time period after an initial episode of inpatient care. The defined time period for readmission (that is 7, 14 or 28 days) for each indicator differs depending on the specific cause for readmission. For details refer to the technical summary.

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.

Readmissions are attributed to: Labour and delivery readmissions: the hospital where the delivery occurred. Other readmissions: the last hospital providing care before the readmission.

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

Adverse events are attributed to: The hospital treating the patient when the adverse event developed.

Appropriateness (providing access to angiography) is attributed to: the first hospital in the episode, and thus does not depend on the hospitals' availability of cardiac catheterization facilities.

Adverse Events: Nurse-Sensitive Medical

This indicator measures the rate of any one of the following adverse events for patients admitted with AMI, heart failure, asthma, GI bleed or stroke:

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

This is a measure of quality related to nursing care. Since nurses make up the largest group of health care providers in Ontario's hospitals,^{viii} they play a significant role in patient care. While nurses are not solely responsible for patient outcomes, they provide continuous, professional supervision. The conditions captured in this indicator are widely considered to be sensitive to nursing care. For example, daily systematic skin inspection and routine skin cleansing can help prevent skin ulcers, and the identification of patients at risk for falls and implementation of care plans to minimize falls can help to prevent falls that cause fractures.^{ix} A lower rate is generally considered to be better.

Adverse Events: Nurse-Sensitive Surgical

This indicator measures the rate of any one of the following adverse events for patients who underwent cholecystectomy, hysterectomy or prostatectomy surgery:

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

This is a measure of quality related to nursing care. For a description of nurse-sensitive measures, refer to the indicator above.

Adverse Events: Labour and Delivery

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).

Adverse event rates after labour and delivery may be influenced by a variety of factors including the quality and management of care provided in the hospital, mode of delivery and use of instrumentation. A lower rate is generally considered to be better.

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

The rate of access to coronary angiography for patients with AMI within the episode of hospital care.

This indicator provides an indication of the proportion of patients who receive appropriate cardiac services following an AMI. A higher rate is generally considered to be better.

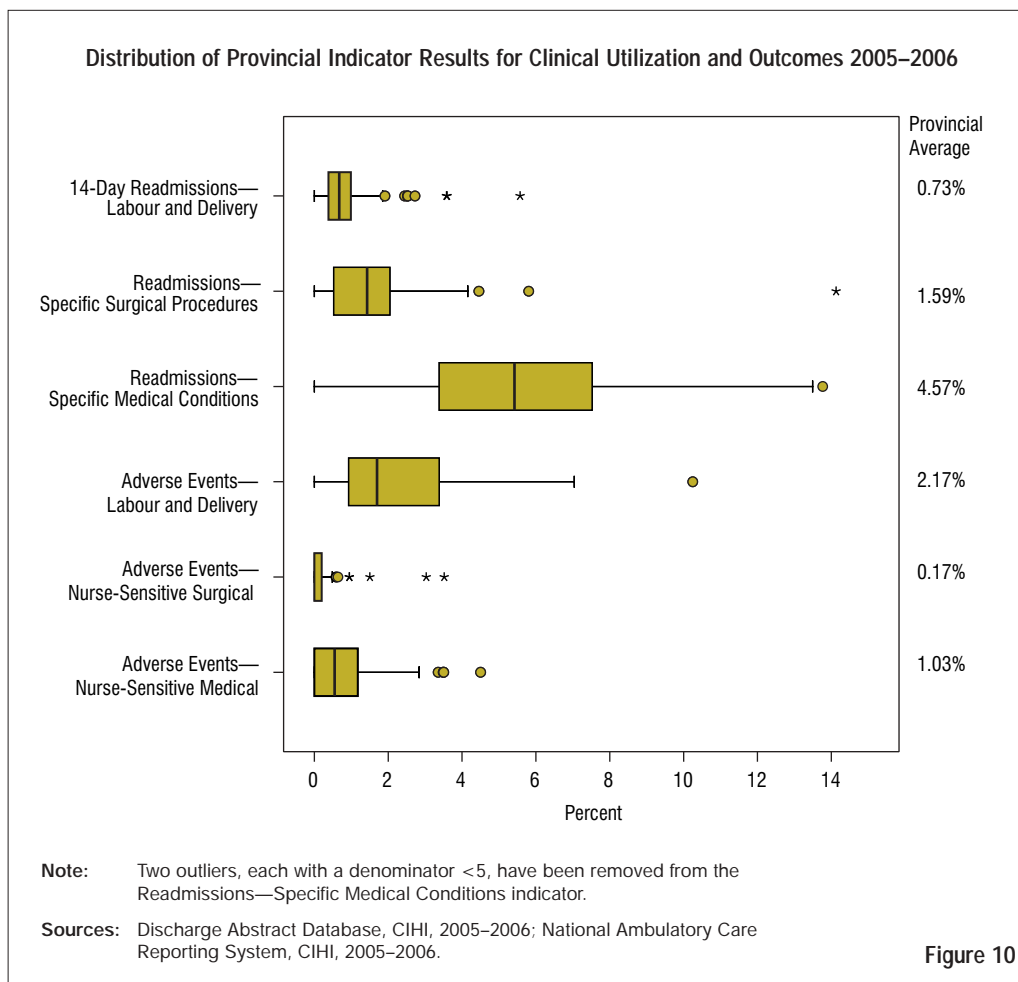
Data from all 123 Ontario acute care hospitals were used to calculate provincial, hospital type and local health integration network (LHIN) averages; hospital-specific data are shown for 107 hospitals that voluntarily agreed to participate in this quadrant of the report.

As in *Hospital Report: Acute Care 2006*, inpatient data comes from the Discharge Abstract Database (DAD), while same-day surgery data, as well as data from mandated cardiac catheterization functional centres, come 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. The Clinical Utilization Outcomes indicators are calculated using data based on care provided in Ontario to Ontario residents.

viii. Nursing Task Force, *Good Nursing, Good Health: An Investment in the 21st Century* (Toronto: Ontario Ministry of Health and Long-Term Care, 1999).

ix. P. White, and L. McGillis Hall, "Patient Safety Outcomes," in *Nursing-Sensitive Outcomes: State of the Science*, ed. D. Doran (Sudbury, Mass.: Jones and Bartlett Publishers, 2003), pp. 213–217.

SUMMARY OF RESULTS



For more information on the interpretation of box plots, please refer to the Interpreting the Results section in this report.

Figure 10 presents the distribution of risk-adjusted hospital rates and the provincial average for six of the seven Clinical Utilization and Outcomes indicators. At the provincial level, Readmissions for Specific Medical Conditions has the highest average rate (4.57%); it is also the indicator with the greatest amount of variation in rates. Adverse events for Nurse-Sensitive Surgical experienced the lowest provincial average of the indicators, at 0.17%.

Hospitals can use this plot of results to determine where their indicator value (as found in the performance allocation table) fits in relation to the overall distribution of values for each of these indicators. For more information on the interpretation of box plots, please refer to the Interpreting the Results section in this report.

SUMMARY OF RESULTS (CONT'D)

Readmission Rates

Most hospitals with reportable results had average performance on the readmission indicators. Several teaching and community hospitals achieved above-average performance for specific medical conditions, while only community hospitals achieved above-average performance for both specific surgical procedures and labour and delivery.

Table 3 presents the provincial readmission averages, as well as the readmission rates for each hospital type. The table illustrates that there is considerable variation in readmission rates for each indicator across hospital type. Specifically, readmissions for labour and delivery range from 0.66% for community hospitals to 1.85% for small hospitals, while the provincial average is 0.73%. While teaching hospitals have the highest rates of readmission for specific surgical procedures (2.15%), they have the lowest readmission rates for specific medical conditions (3.49%). In Table 3, differences in hospital type averages within an indicator are significant unless otherwise specified.

	Provincial	Teaching Hospitals	Community Hospitals	Small Hospitals
Readmissions—Specific Medical Conditions	4.57	3.49	5.02	6.00*
Readmissions—Specific Surgical Procedures	1.59	2.15	1.45	0.69
Readmissions—Labour and Delivery	0.73	0.85	0.66	1.85
<p>Note: * Not significantly different from the community average.</p> <p>Sources: Discharge Abstract Database, CIHI, 2005–2006; National Ambulatory Care Reporting System, CIHI, 2005–2006.</p>				

SUMMARY OF RESULTS (CONT'D)

There is also a greater than two-fold range (that is, 3.11% to 6.84%) in readmission rates across LHINs (Figure 11). Readmissions for labour and delivery range from 0.40% to 1.59%, indicating there is opportunity for improvement.

All of the readmission indicators should be considered in combination with other hospital-based outcome and process indicators, such as length of stay and measures of adverse events. Studies suggest that factors affecting the likelihood of a readmission include care in and out of hospital, patient demographics, discharge arrangements and compliance with discharge plans.^{x, xi}

Adverse Events

Results for adverse events are reported in three categories: Nurse-Sensitive Medical, Nurse-Sensitive Surgical and Labour and Delivery.

Nurse-Sensitive Adverse Events

For the Nurse-Sensitive adverse events indicators, the categories of adverse events incorporated into these indicators focus on evidence-based outcomes related to nursing:

- post-admission pressure ulcers
- post-admission fractures from falls
- post-admission pneumonia
- post-admission urinary tract infection (for surgical patients only)

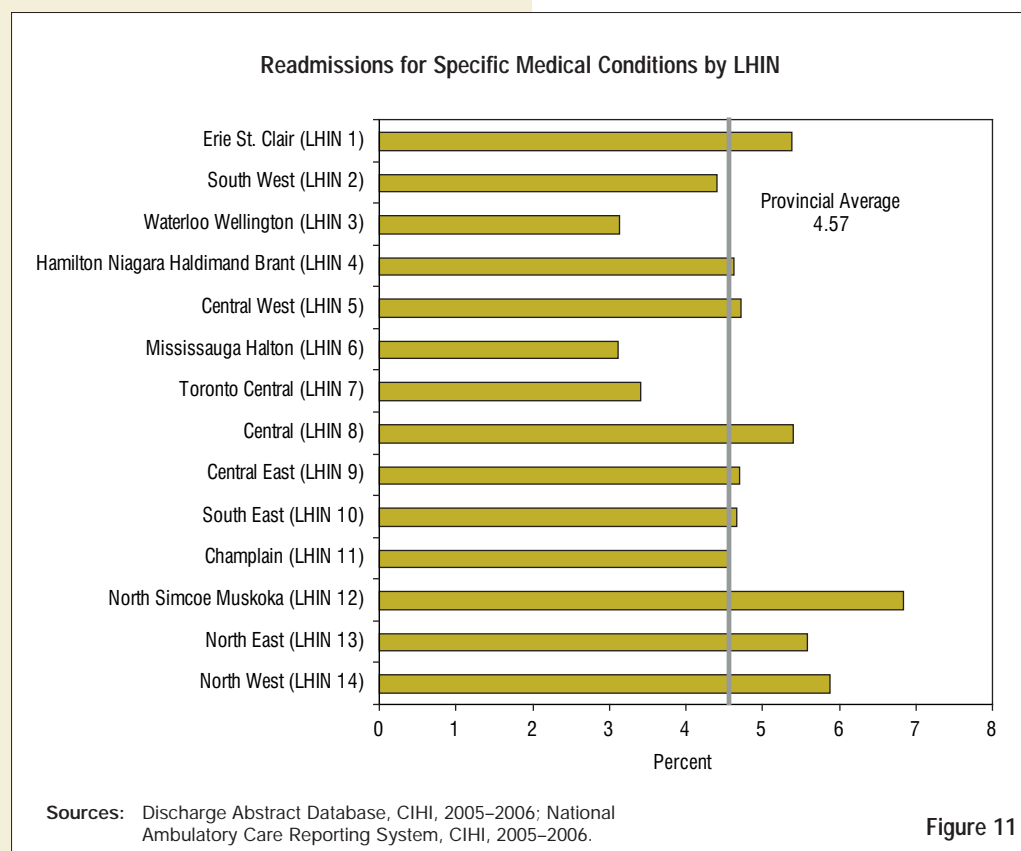


Figure 11

x. J. Benbassat and M. Taragin, "Hospital Readmissions as a Measure of quality of Health Care," *Archives of Internal Medicine* 160 (2000): pp. 1074–1081.

xi. J. V. Tu, P. C. Austin, C. D. Naylor, K. Iron and H. Zhang, *Acute Myocardial Infarction Outcomes in Ontario*, eds. C. D. Naylor and P. Slaughter (Toronto: Institute for Clinical Evaluative Sciences, 1999). pp. 83–110.

SUMMARY OF RESULTS (CONT'D)

Hospital-specific results are aggregated into medical and surgical groups in the performance allocation tables.

As illustrated in Table 4, the rate of nurse-sensitive adverse events for surgical patients (that is, cholecystectomy, hysterectomy or prostatectomy) has improved from the previous year. There is also a decrease in the rate of adverse events for the medical patient groups. These decreases may reflect hospitals' commitment to improve patient safety processes.

Hospital type averages have also improved compared to last year. In the nurse-sensitive adverse events indicators, small hospitals have made the greatest improvement in the medical indicator, from 1.03% in 2004–2005 to 0.77% in 2005–2006.

Table 4: Comparison of Adverse Events Outcome Indicators Over Two Years (Provincial and Hospital Type Averages)		
	2004–2005	2005–2006
Adverse Events—Nurse-Sensitive—Medical		
Provincial	1.15	1.03
Teaching Hospitals	1.81	1.57
Community Hospitals	0.95	0.81
Small Hospitals	1.03	0.77
Adverse Events—Nurse-Sensitive—Surgical		
Provincial	0.22	0.17
Teaching Hospitals	0.32	0.20
Community Hospitals	0.20	0.16
Small Hospitals	0.22	0.19
Adverse Events—Labour and Delivery		
Provincial	2.20	2.17
Teaching Hospitals	3.87	3.63
Community Hospitals	1.60	1.60
Small Hospitals	3.79	3.00
Sources: Discharge Abstract Database, CIHI, 2004–2005 and 2005–2006; National Ambulatory Care Reporting System, CIHI, 2004–2005 and 2005–2006.		

SUMMARY OF RESULTS (CONT'D)

Labour and Delivery Adverse Events

As in *Hospital Report 2006*, most hospitals with reportable results had average performance on the adverse events indicator for patients undergoing labour and/or delivery. The community hospital type average of 1.60% is below the provincial average of 2.17%, which is consistent with the fact that 13 community hospitals achieved above-average performance. Hospital type averages have remained relatively stable; however, the rate of adverse events in small hospitals has demonstrated the largest decrease (from 3.79% in 2004–2005 to 3.00% in 2005–2006), indicating a slight improvement.

Appropriateness

This year, the results for Rate of Access to Coronary Angiography for AMI Patients are presented as an overall rate and not as a difference value as in *Hospital Report 2006*. Further analysis revealed that males experienced a greater access to coronary angiography, at 71.04%, while women experienced a rate of 60.50%; therefore, improvements can be made to bridge the gap between the sexes.

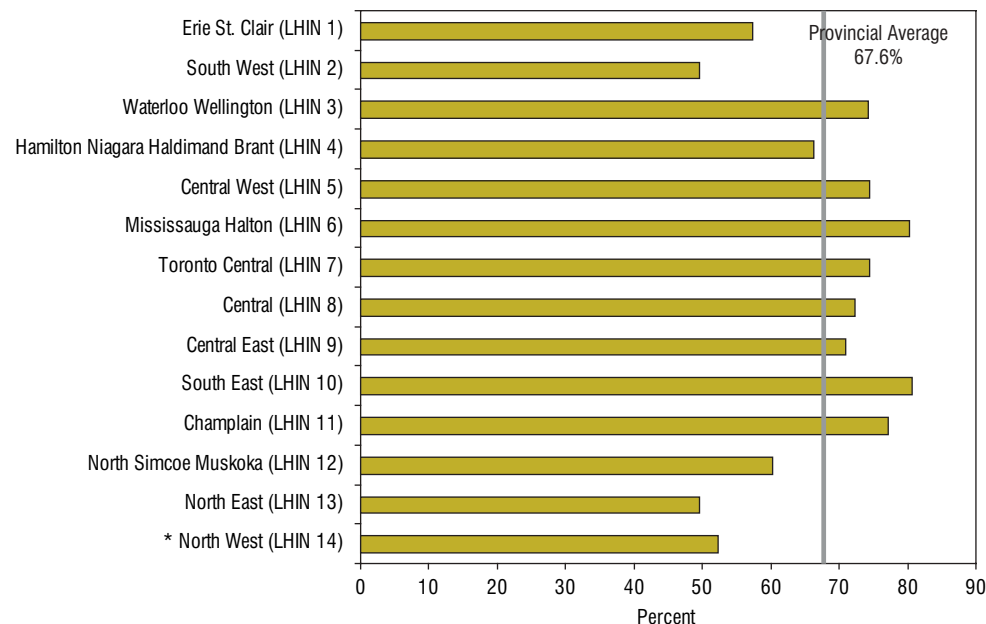
Access to angiography varies considerably across the LHINs. The rates of access to angiography range from a low of 49% in the North East and South West LHINs to a high of 81% in the South East LHIN. Given this wide variation in rates, there is potential in some LHINs to increase the proportion of AMI patients receiving angiography. This is important as angiography is a precursor for receiving revascularization treatments (that is, Percutaneous coronary intervention and coronary artery bypass grafting).^{xii, xiii} Potential factors influencing access to angiography include socio-economic status, physician specialty and onsite procedural capacity, among others.^{xiv}

Please note that certain border hospitals transfer a large proportion of their AMI patients to Manitoba for angiography; therefore, their results have not been individually identified for Access to Angiography, as only Ontario care is captured in this report. Their results are included in the graph below.

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- xii. C. R. Thompson, K. H. Humphries, M. Gao, P. D. Galbraith, C. Norris, R. G. Carere, M. L. Knudtson and W. A. Ghali for the Canadian Cardiovascular Outcomes Research Team, "Revascularization Use and Survival Outcomes After Cardiac Catheterization in British Columbia and Alberta," *The Canadian Journal Cardiology* 20, 14 (2004): pp. 1417–1423.
 - xiii. L. Pilote, P. Merrett, I. Karp, D. Alter, P. C. Austin, J. Cox, H. Johansen and W. Ghali for the Canadian Cardiovascular Outcomes Research Team, "Cardiac Procedures After an Acute Myocardial Infarction Across Nine Canadian Provinces," *The Canadian Journal Cardiology* 20, 5 (2004): pp. 491–500.
 - xiv. Y. Khaykin, P. C. Austin, J. V. Tu and D. A. Alter, "Utilization of Coronary Angiography After Acute Myocardial Infarction in Ontario Over Time: Have Referral Patterns Changed?" *Heart* 88 (2002): pp 460–466.

SUMMARY OF RESULTS (CONT'D)

Comparison for Rate of Access to Coronary Angiography for AMI Patients by LHIN



Note: * Results for the following hospitals have been included in the LHIN rate (however, they have not been individually identified in the performance allocation table, as some of their AMI patients receive care in Manitoba, which is not captured in this report): Dryden Regional Health Centre, Lake of the Woods District Hospital, Riverside Health Care Facilities Inc. and Sioux Lookout Meno-Ya-Win Health Centre

Sources: Discharge Abstract Database, CIHI, 2005–2006; National Ambulatory Care Reporting System, CIHI, 2005–2006.

Figure 12

PERFORMANCE ALLOCATION TABLE

Hospital-specific indicator results for 107 hospitals are shown in the following performance allocation table. Specific items to consider when interpreting the results are as follows:

- All indicator rates are presented as a percentage (%).
- For all of the indicators (except Access to Angiography), a lower rate is preferable.
- A hospital's performance rating is based on the hospital-specific confidence interval. Therefore, it is possible that hospitals with similar scores have different performance ratings. Please see the technical summary for more information.
- Refer to the technical summary for an explanation of how sample size affects performance allocations.

Hospital	Community Served	LHIN	Nurse-Sensitive Adverse Events—Medical	Nurse-Sensitive Adverse Events—Surgical	Adverse Events—Labour and Delivery	Readmissions—Specific Medical Conditions	Readmissions—Specific Surgical Procedures	Readmissions—Labour and Delivery	Access to Angiography
PROVINCIAL AVERAGE			1.03	0.17	2.17	4.57	1.59	0.73	67.59
TEACHING HOSPITALS AVERAGE			1.57	0.20	3.63	3.49	2.15	0.85	79.13
Children's Hospital of Eastern Ontario	Ottawa	11	0.00	0.00	NR	0.00	0.00	NR	NR
Hamilton Health Sciences Corporation	Hamilton	4	0.85	0.46	7.04	3.34	2.16	1.03	77.39
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	1.14	0.10	0.99	4.32	1.26	0.85	74.83
Kingston General Hospital*	Kingston	10	1.72	0.19	5.82	2.87	2.22	0.62	89.30
London Health Sciences Centre	London	2	1.68	0.12	2.14	2.99	2.42	0.82	76.30
Mount Sinai Hospital	Toronto	7	1.86	0.49	2.03	1.51	1.58	0.85	66.19
St. Joseph's Health Care London	London	2	0.00	0.00	3.43	NR	3.05	0.83	NR
St. Joseph's Healthcare Hamilton	Hamilton	4	1.17	0.11	3.16	6.09	1.61	0.83	79.34
St. Michael's Hospital	Toronto	7	2.30	0.41	1.38	3.18	2.46	0.60	52.26
Sunnybrook and Women's College Health Sciences Centre	Toronto	7	2.37	0.60	6.86	2.65	1.87	0.63	88.61
The Hospital for Sick Children	Toronto	7	0.00	0.00	NR	0.00	14.13	NR	NR
The Ottawa Hospital	Ottawa	11	1.08	0.00	3.80	4.21	2.25	1.02	85.72
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	1.09	0.13	4.41	5.27	2.05	1.11	77.23
University Health Network	Toronto	7	2.35	0.31	NR	2.68	3.13	NR	82.85

* 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			0.77	0.19	3.00	6.00	0.69	1.85	40.14
Alexandra Hospital	Ingersoll	2	2.84	NR	NR	8.95	NR	NR	57.00
Alexandra Marine and General Hospital	Goderich	2	0.00	0.00	3.88	6.90	0.00	1.91	47.16
Almonte General Hospital	Almonte	11	0.00	0.00	3.11	7.97	0.00	1.85	40.58
Atikokan General Hospital	Atikokan	14	0.00	NR	0.00	0.00	NR	0.00	33.64
Campbellford Memorial Hospital	Campbellford	9	0.00	NR	NR	3.90	NR	NR	18.85
Carleton Place and District Memorial Hospital	Carleton Place	11	4.50	0.00	NR	6.39	0.00	NR	32.22
Deep River and District Hospital	Deep River	11	0.00	NR	NR	13.50	NR	NR	45.68
Dryden Regional Health Centre	Dryden	14	2.04	0.00	2.86	7.33	2.33	0.00	NR
Glengarry Memorial Hospital	Alexandria	11	0.00	NR	NR	3.69	NR	NR	0.00
Haldimand War Memorial Hospital	Dunnville	4	0.00	0.00	0.00	1.69	0.00	0.00	18.42
Haliburton Highlands Health Services	Haliburton	9	0.00	NR	NR	9.99	NR	NR	56.06
Hanover and District Hospital	Hanover	2	1.57	NR	3.59	2.81	NR	2.45	26.46
Kemptville District Hospital	Kemptville	11	1.72	NR	NR	2.98	NR	NR	73.48
Lady Dunn Health Centre	Wawa	13	0.00	NR	NR	0.00	NR	NR	NR
Lennox and Addington County General Hospital	Napanee	10	0.00	NR	NR	1.39	NR	NR	68.56

■ Above-Average Performance ■ Average Performance ■ Below-Average Performance

Hospital	Community Served	LHIN	Nurse-Sensitive Adverse Events—Medical	Nurse-Sensitive Adverse Events—Surgical	Adverse Events—Labour and Delivery	Readmissions—Specific Medical Conditions	Readmissions—Specific Surgical Procedures	Readmissions—Labour and Delivery	Access to Angiography
Listowel and Wingham Hospitals Alliance	Listowel	2	2.50	NR	3.76	4.19	NR	0.67	72.94
Mattawa General Hospital	Mattawa	13	3.50	NR	NR	9.40	NR	NR	17.11
McCausland Hospital	Terrace Bay	14	0.00	NR	NR	NR	NR	NR	NR
MICs Group of Health Services	Cochrane	13	0.00	NR	NR	4.53	NR	NR	35.19
Nipigon District Memorial Hospital	Nipigon	14	0.00	NR	NR	9.87	NR	NR	54.86
North Wellington Health Care	Mount Forest	3	0.00	0.00	1.47	10.26	1.97	1.55	57.05
Sensenbrenner Hospital	Kapuskasing	13	0.00	NR	3.31	2.54	NR	0.00	36.45
Services de santé de Chapleau Health Services	Chapleau	13	0.00	NR	NR	6.67	NR	NR	NR
Sioux Lookout Meno-Ya-Win Health Centre	Sioux Lookout	14	0.00	3.52	3.50	4.30	0.00	3.58	NR
Smooth Rock Falls Hospital	Smooth Rock Falls	13	0.00	NR	NR	13.77	NR	NR	19.56
South Huron Hospital	Exeter	2	0.00	NR	NR	5.54	NR	NR	30.16
St. Francis Memorial Hospital	Barry's Bay	11	3.35	NR	NR	4.91	NR	NR	58.82
Stevenson Memorial Hospital	Alliston	8	0.00	0.00	2.59	7.91	0.00	3.59	74.63
Wilson Memorial General Hospital	Marathon	14	0.00	NR	5.88	12.72	NR	0.00	19.16

COMMUNITY HOSPITALS AVERAGE			0.81	0.16	1.60	5.02	1.45	0.66	65.28
Bluewater Health	Sarnia	1	0.37	0.00	1.06	5.96	1.49	0.48	34.65
Brockville General Hospital	Brockville	10	0.00	0.31	6.82	9.96	2.76	1.60	60.04
Cambridge Memorial Hospital	Cambridge	3	0.60	0.00	3.90	2.71	1.72	0.77	67.29
Chatham-Kent Health Alliance	Chatham	1	0.59	0.00	1.77	4.63	1.72	0.41	45.61
Collingwood General and Marine Hospital	Collingwood	12	0.00	0.95	2.63	6.61	0.00	0.50	57.92
Cornwall Community Hospital	Cornwall	11	0.24	0.38	0.42	3.19	2.05	1.09	73.38
Grand River Hospital	Kitchener	3	0.54	0.17	0.84	2.58	1.52	0.77	73.84
Grey Bruce Health Services	Owen Sound	2	0.77	0.00	4.32	5.85	1.75	0.99	33.63
Groves Memorial Community Hospital	Fergus	3	1.91	0.00	2.15	8.98	4.46	0.91	89.71
Guelph General Hospital	Guelph	3	0.57	0.40	1.15	3.29	1.83	0.56	67.91
Halton Healthcare	Oakville	6	1.36	0.00	1.25	3.72	2.24	0.80	79.82
Headwaters Health Care Centre	Orangeville	5	0.51	0.49	1.04	7.83	1.83	0.75	78.62
Hôpital Général de Hawkesbury and District General Hospital Inc.	Hawkesbury	11	0.54	0.00	3.10	3.77	0.00	0.00	60.29
Hôpital Montfort Hospital	Ottawa	11	0.74	0.21	3.19	5.07	1.34	0.99	74.97
Hôtel-Dieu Grace Hospital	Windsor	1	0.34	0.36	NR	4.52	2.08	NR	74.42
Humber River Regional Hospital	Toronto	8	0.93	0.24	1.07	5.67	1.72	0.83	60.06
Huron Perth Healthcare Alliance	Stratford	2	0.96	0.00	1.08	6.88	0.83	0.28	44.75
Huron District Hospital—North Simcoe Hospital Alliance	Midland	12	0.33	0.00	5.85	5.42	2.90	0.38	64.77
Joseph Brant Memorial Hospital	Burlington	4	0.56	0.36	1.42	3.42	1.68	0.47	72.82

Hospital	Community Served	LHIN	Nurse-Sensitive Adverse Events—Medical	Nurse-Sensitive Adverse Events—Surgical	Adverse Events—Labour and Delivery	Readmissions—Specific Medical Conditions	Readmissions—Specific Surgical Procedures	Readmissions—Labour and Delivery	Access to Angiography
Kirkland and District Hospital	Kirkland Lake	13	0.00	0.00	3.28	6.05	1.85	0.00	34.26
Lake of the Woods District Hospital	Kenora	14	0.00	0.00	3.10	4.77	5.81	2.73	NR
Lakeridge Health	Oshawa	9	1.10	0.10	2.70	5.24	1.10	0.34	70.12
Leamington District Memorial Hospital	Leamington	1	0.00	0.00	4.36	5.67	0.00	0.59	61.96
Markham Stouffville Hospital	Markham	8	0.00	0.27	1.39	7.45	1.92	0.96	69.71
Muskoka Algonquin Healthcare	Huntsville	12	0.92	0.00	1.22	9.71	0.57	0.94	57.02
Niagara Health System	Niagara Falls	4	0.54	0.19	1.05	4.89	1.68	0.73	57.62
Norfolk General Hospital	Simcoe	4	3.49	0.00	1.57	9.41	0.85	0.00	47.89
North Bay General Hospital	North Bay	13	0.93	0.00	0.90	7.61	1.08	0.66	29.93
North York General Hospital	Toronto	8	0.84	0.17	1.86	4.14	1.46	0.46	77.25
Northumberland Hills Hospital	Cobourg	9	1.61	0.00	1.21	2.09	1.29	1.05	74.58
Orillia Soldiers' Memorial Hospital	Orillia	12	0.00	0.59	6.07	7.07	1.61	1.26	62.05
Pembroke Regional Hospital	Pembroke	11	0.69	0.00	1.62	1.19	0.47	0.73	45.93
Perth and Smiths Falls District Hospital	Smiths Falls	10	0.53	0.00	1.12	9.40	2.31	0.39	73.47
Peterborough Regional Health Centre	Peterborough	9	0.85	0.32	1.52	5.58	0.98	1.07	71.96
Queensway Carleton Hospital	Nepean	11	0.55	0.00	5.56	7.84	0.82	0.84	69.81
Quinte Health Care	Belleville	10	0.34	0.00	2.13	6.08	1.06	0.73	73.51
Renfrew Victoria Hospital	Renfrew	11	1.75	NR	0.00	7.14	NR	0.00	52.63
Riverside Health Care Facilities Inc.	Fort Frances	14	0.00	0.00	3.91	8.59	0.00	2.52	NR
Ross Memorial Hospital	Lindsay	9	2.06	1.51	2.62	5.87	0.97	0.54	57.23
Rouge Valley Health System	Scarborough	9	0.75	0.28	3.48	3.26	0.58	0.65	77.34
Royal Victoria Hospital	Barrie	12	0.72	0.00	1.00	6.31	1.31	0.75	59.31
Sault Area Hospital	Sault Ste. Marie	13	1.18	0.00	1.84	4.75	2.47	1.08	64.97
South Bruce Grey Health Centre	Kincardine	2	0.00	NR	3.64	6.40	NR	0.83	27.09
Southlake Regional Health Centre	Newmarket	8	1.18	0.15	0.87	3.78	1.02	0.57	81.63
St. Joseph's Health Centre Toronto	Toronto	7	0.14	0.15	0.61	6.74	1.50	0.51	63.22
St. Mary's General Hospital	Kitchener	3	0.26	0.15	NR	2.36	1.46	NR	80.68
St. Thomas-Elgin General Hospital	St. Thomas	2	0.35	0.00	0.65	3.07	1.74	1.10	22.57
Strathroy Middlesex General Hospital	Strathroy	2	0.00	0.00	0.00	6.29	2.67	0.00	54.24
Temiskaming Hospital	New Liskeard	13	0.00	0.95	2.85	1.72	0.93	0.50	30.87
The Brantford General Hospital	Brantford	4	1.36	0.00	0.78	6.76	1.48	0.63	54.55
The Credit Valley Hospital	Mississauga	6	1.22	0.00	1.15	2.84	1.38	0.50	69.07
The Scarborough Hospital	Scarborough	9	0.84	0.16	1.20	5.50	2.01	0.67	74.09

■ Above-Average Performance ■ Average Performance ■ Below-Average Performance

Hospital	Community Served	LHIN	Nurse-Sensitive Adverse Events—Medical	Nurse-Sensitive Adverse Events—Surgical	Adverse Events—Labour and Delivery	Readmissions—Specific Medical Conditions	Readmissions—Specific Surgical Procedures	Readmissions—Labour and Delivery	Access to Angiography
Tillsonburg District Memorial Hospital	Tillsonburg	2	1.29	0.00	NR	6.70	0.78	NR	17.23
Timmins and District Hospital	Timmins	13	0.30	0.36	3.33	9.29	0.96	1.08	34.69
Toronto East General Hospital	Toronto	7	1.12	0.64	0.77	5.66	1.43	0.73	92.19
Trillium Health Centre	Mississauga	6	1.19	0.08	0.95	2.94	1.26	0.54	85.07
West Lincoln Memorial Hospital	Grimsby	4	2.58	NR	NR	3.67	NR	NR	65.12
West Parry Sound Health Centre	Parry Sound	13	1.46	3.03	0.91	7.72	0.00	0.00	34.39
William Osler Health Centre	Brampton	5	1.38	0.09	0.83	4.24	1.15	0.45	73.73
Winchester District Memorial Hospital	Winchester	11	1.02	0.00	0.00	5.49	2.21	0.80	74.45
Windsor Regional Hospital	Windsor	1	0.39	0.11	0.85	6.55	0.65	0.36	68.26
Woodstock General Hospital	Woodstock	2	0.85	0.31	1.43	4.81	1.36	0.75	29.52
York Central Hospital	Richmond Hill	8	0.91	0.00	0.70	7.80	1.59	0.57	76.43

RESULTS BY LOCAL HEALTH INTEGRATION NETWORK

LHIN 1 (Erie St.Clair)	0.38	0.12	1.22	5.39	1.26	0.40	57.41
LHIN 2 (South West)	1.12	0.06	2.49	4.41	1.93	0.79	49.55
LHIN 3 (Waterloo Wellington)	0.59	0.18	1.57	3.14	1.73	0.74	74.29
LHIN 4 (Hamilton Niagara Haldimand Brant)	0.98	0.21	3.01	4.62	1.71	0.75	66.24
LHIN 5 (Central West)	1.18	0.15	0.85	4.72	1.24	0.48	74.36
LHIN 6 (Mississauga Halton)	1.22	0.04	1.11	3.11	1.56	0.60	80.26
LHIN 7 (Toronto Central)	1.91	0.41	2.35	3.41	2.04	0.71	74.36
LHIN 8 (Central)	0.83	0.17	1.32	5.40	1.51	0.72	72.36
LHIN 9 (Central East)	0.97	0.25	2.12	4.70	1.25	0.65	70.90
LHIN 10 (South East)	0.77	0.11	4.27	4.66	1.79	0.72	80.62
LHIN 11 (Champlain)	0.94	0.06	3.67	4.58	1.65	0.95	77.25
LHIN 12 (North Simcoe Muskoka)	0.43	0.18	2.55	6.84	1.34	0.82	60.27
LHIN 13 (North East)	0.87	0.17	1.78	5.58	1.33	0.88	49.48
LHIN 14 (North West)	0.80	0.22	3.99	5.87	2.06	1.59	52.36

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

Data from all 123 Ontario acute care hospitals were used to calculate provincial, LHIN and hospital-type means; hospital-specific data are shown for 107 hospitals that voluntarily agreed to participate in this quadrant of the report.

This quadrant focuses on indicators of financial performance and condition specific to hospitals that provide acute inpatient services. The nine financial indicators presented in *Hospital Report 2007: Acute Care* measure the financial viability, liquidity, efficiency, capital and human resource use of Ontario acute care hospitals.

Financial data included in this report represent the 2005–2006 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). To enable informed decisions using relevant management information, the OHRS undergoes annual changes. For example, in April 2005, hospitals were required to submit earned hours by occupational class. This change allows for a more detailed reporting of the earned hours of hospital staff by the type of health provider. As hospitals increase their familiarity with these new reporting standards, it is expected that the data collected will provide a clearer depiction of the earned hours of the various health providers employed within Ontario's hospitals.

Indicator Definitions

Total Margin

This indicator 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). This indicator is a measure of financial viability. A positive value indicates total expenses are less than total revenues (a surplus). Very high positive values may indicate temporary cash inflows (such as the sale of an asset), relatively high levels of funding, relatively high efficiency or under-provision of service. A negative value indicates total expenses are greater than total revenues (a deficit). Very high negative values may indicate temporary cash outflows (such as the purchase of an asset), relatively low levels of funding, relatively low efficiency or over-provision of service and, as a consequence, financial difficulty. The ability to generate a surplus 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. A good Total Margin value is high enough to provide funds to acquire equipment, meet increases in patient need and volume and improve the quality of care, but not so high as to indicate the mandate of a not-for-profit hospital is not being fulfilled. In 2005, Ontario hospitals were surveyed to create benchmark values for Total Margin. A hospital is demonstrating good financial management if Total Margin is between 0 to 5%. Variations in reporting non-recurring costs, such as pay-equity settlements and restructuring charges, and in the rate at which equipment purchases are expensed, can affect this indicator.

Current Ratio

This indicator measures the number of times a hospital's short-term obligations can be paid using the hospital's short-term assets. It is a measure of liquidity and describes a hospital's ability to meet its short-term debts. A value greater than 1.0 indicates current assets are greater than current liabilities. Very high values may indicate under-investment in longer-term assets that usually yield higher returns. A value less than 1.0 indicates current assets are less than current liabilities. Very low values may indicate financial difficulty. The ability 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. A good Current Ratio value is high enough to meet creditor needs, but not so high as to forego the benefits of a long-term investment strategy. In 2005, Ontario hospitals were surveyed to create benchmark values for the Current Ratio. A hospital is demonstrating good financial management if the Current Ratio is between 1.0 and 2.0. Variations in the classification of assets and liabilities as either short-term or long-term can affect this indicator.

Debt Service Coverage

This indicator measures the ability to pay obligations related to long-term debt principal payments and interest expense. This indicator is a measure of a hospital's liquidity. A positive value greater than 1.0 indicates cash flow greater than current fixed charge payments. Very high positive values may indicate a capacity for debt financing. A positive value less than 1.0 or a negative value indicates cash flow less than current fixed charge payments. Very low values may indicate a need to reassess debt policies. This indicator is calculated only for hospitals reporting debt. The ability to meet interest and principal payments on debt is influenced by the magnitude of surplus, annual depreciation, interest rates and other factors. A good Debt Service Coverage value is high enough to allow repayment of debt obligations without a need to make cutbacks in other areas in order to pay for debt. Variations in reporting non-recurring costs, such as pay-equity settlements and restructuring charges, and in the rate at which equipment purchases are expensed, can affect this indicator.

% Equipment Expense

This indicator measures the proportion of total expenses which is spent to acquire and operate computer systems, X-ray machines and other capital equipment. Higher-than-average values indicate more complex, newer or more equipment and/or higher equipment maintenance. Very high values may indicate over-spending on equipment. Lower-than-average values indicate less complex, older or less equipment and/or less equipment maintenance. Very low values may indicate under-spending on equipment. The ability to appropriately acquire and manage equipment is influenced by service mix and complexity, tertiary care role, teaching activities, research programs, asset management positions, funding sources and other factors. A good % Equipment Expense value is high enough to ensure that a hospital has the type and amount of equipment to meet patient needs, but not so high as to indicate low or inappropriate utilization of equipment. Variations in the rate at which equipment purchases are expensed can affect this indicator.

Unit Cost Performance

This indicator measures the extent to which a hospital's actual cost per equivalent weighted case differs from its expected cost. This indicator is a measure of efficiency. A negative value indicates actual cost is less than expected cost (unit cost efficiency). Very high negative values may indicate relatively high efficiency or under-spending. A positive value indicates actual cost is greater than expected cost (unit cost inefficiency). Very high positive values may indicate relatively high inefficiency or over-spending. The ability to achieve unit cost efficiency is influenced by staff mix, productivity, local prices of goods and services, community linkages, management practices, physician practice patterns and other factors. A good Unit Cost Performance value is low enough to indicate appropriate use of scarce resources, but not so low as to indicate low quality of care, poor outcomes or patient needs that are not being met. The 2005–2006 Unit Cost Performance values were not available for the initial release of this report. See www.jppc.org for more information about this indicator.

% Corporate Services

This indicator measures how much a hospital spends in areas of administrative services, finance, human resources and system support, relative to its total operating expenses. This indicator is a measure of efficiency. Higher-than-average values indicate more complex or a greater amount of corporate services. Very high values may indicate over-spending on corporate services. Lower-than-average values indicate less complex or a lesser amount of corporate services. Very low values may indicate under-spending on corporate services. The ability to appropriately manage corporate services is influenced by organizational size, service mix and complexity, information systems, management models and other factors. A good % Corporate Services value is low enough to indicate that the operations of the hospital are being supported at reasonable cost, but not so low as to indicate a lack of staff in leadership roles that would slow decisions and impair achievement of organizational goals and objectives. Variations in the allocation of corporate and support service staff costs between patient care and corporate areas can affect this indicator. For example, in some hospitals, the cost of system support staff on nursing units is assigned to a nursing/program administration functional centre, while in other hospitals these employees are assigned to general administration or information system support services.

% Sick Time (revised in 2007)

This indicator measures the proportion of full-time personnel hours that were paid sick hours. Higher-than-average values indicate more staff claiming sick time or longer sick time per staff member. Very high values may indicate high staff vacancy, widespread workplace illness, generous benefits or problems in the management of human resources and technology. Lower-than-average values indicate less staff claiming sick time or shorter sick time per staff member. Very low values may indicate low staff vacancy, lack of widespread workplace illness, poor benefits or strengths in the management of human resources and technology. The ability to appropriately manage sick time is influenced by prevalence of workplace illness, type and level of sick time benefits, attendance awareness programs, human resource practices, organizational climate and other factors. A good % Sick Time value is low enough to indicate that sick time claims are for genuine illness, but not so low as to indicate sick staff are in the workplace. Variations in the classification of sick times may affect this indicator.

Inpatient Nursing Productivity

This indicator measures the proportion of nursing worked hours (including purchased service hours) for direct patient care. Higher-than-average values indicate a greater proportion of hours for direct patient care. Very high values may indicate insufficient time for care planning and documentation. Lower-than-average values indicate a lower proportion of hours for direct patient care. Very low values may indicate insufficient time for patient care. The ability 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. A good Inpatient Nursing Productivity value is one that is high enough to indicate that patients are receiving an appropriate amount of nursing care, but not so high as to indicate that documentation requirements and care planning needs of nurses are not being met. Variations in the allocation of workload between inpatient and outpatient units in small hospitals and in obstetrical and pediatric inpatient functional centres and variation in the reporting of workload for nurse practitioners may affect this indicator.

% Registered Nurse Hours (revised in 2007)

Measures the proportion of nursing care hours provided by registered nurses (RNs). Higher-than-average values indicate greater use of RNs and less use of registered practical nurses (RPNs). Lower-than-average values indicate less use of RNs and greater use of RPNs. This indicator is affected by nurse staffing models and methods for the allocation of nursing resources for inpatient health services, some of which may be driven by patient case mix and diagnosis; different hospitals may use a different mix of patient care staff to provide similar services. Substantial evidence in the acute care literature suggests that higher proportions of RNs in the staff mix lead to improved patient outcomes. While teaching and community hospitals in Ontario are able to attain high proportions of RNs in their staff mix, small hospitals may face a more limited supply of RNs. The ability to use RNs in patient care is influenced by the supply of RNs, wage rates, benefits, nurse staffing models, the provincial nurse staffing strategy and other factors.

As with all indicators of financial performance and condition, this indicator should be reviewed in relation to outcome indicators in other quadrants.

Benchmarks

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 low and high 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 may require investigation. For the Total Margin indicator, the low and high benchmark values established were 0% and 5%, respectively. Similarly, for Current Ratio, the low and high benchmark values established were 1 and 2, respectively.

SUMMARY OF RESULTS

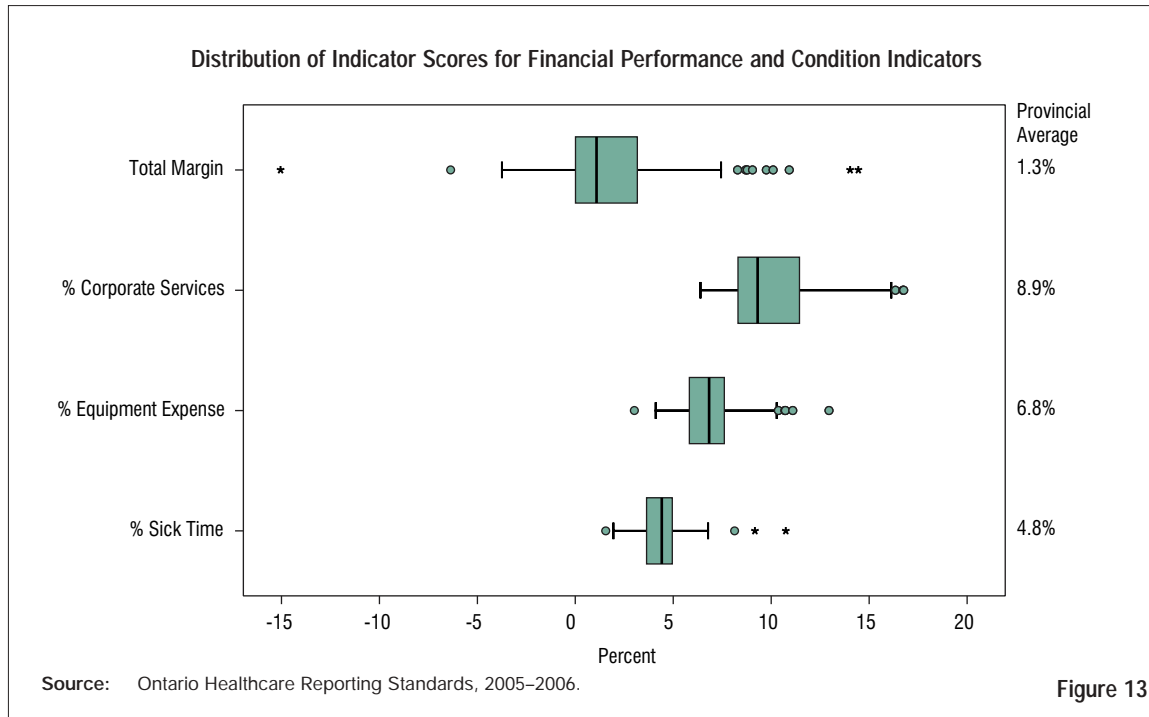


Figure 13

For more information on the interpretation of box plots, please refer to the Interpreting the Results section in this report.

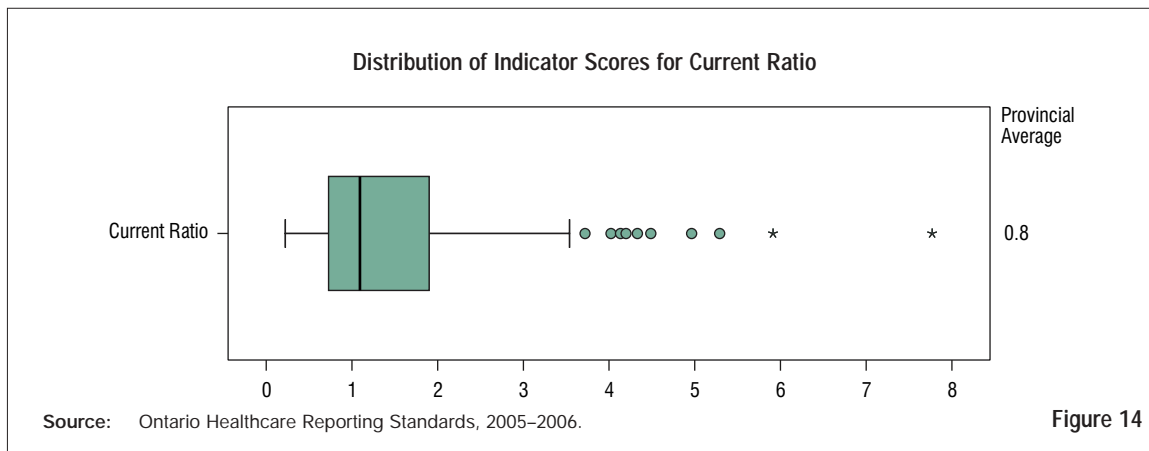
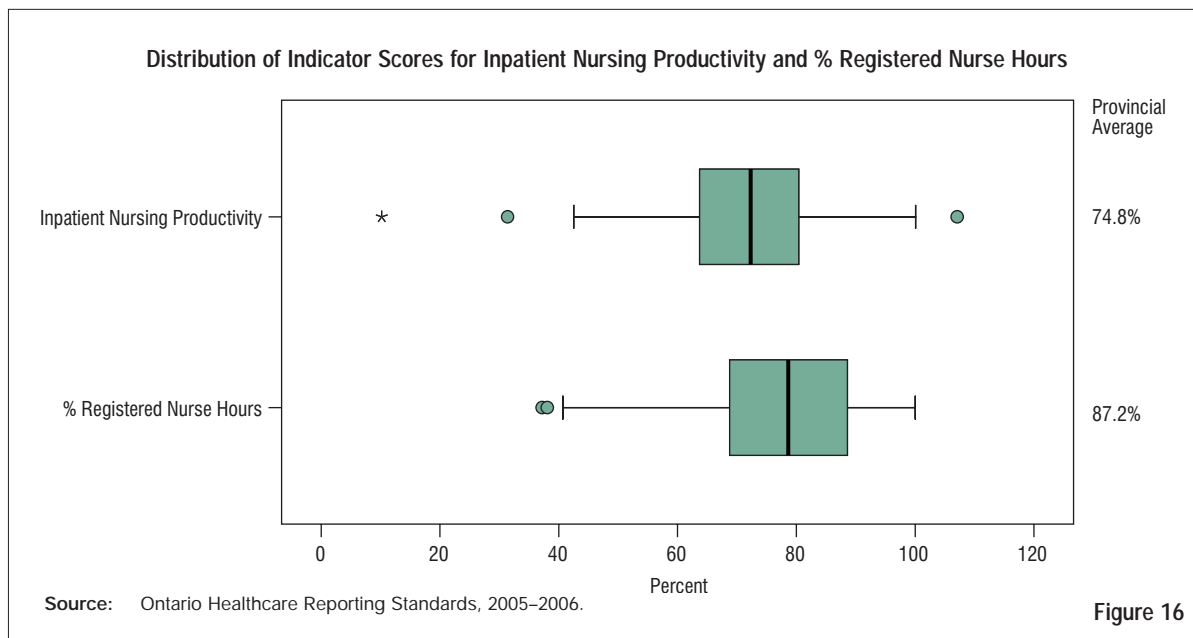
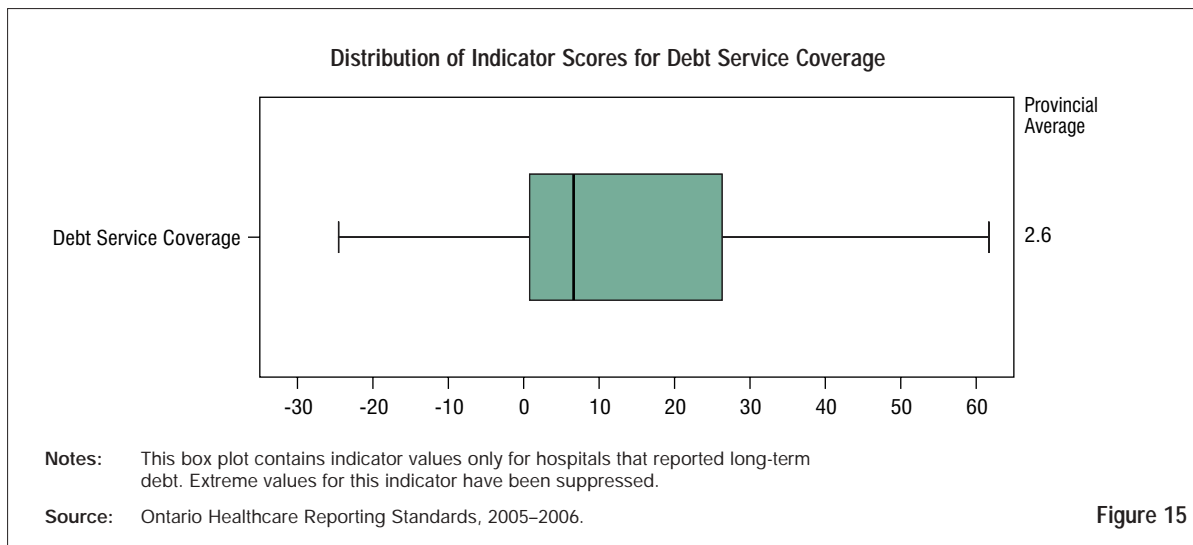


Figure 14

SUMMARY OF RESULTS (CONT'D)



SUMMARY OF RESULTS (CONT'D)

Total Margin

In 2005–2006, Ontario acute care hospitals reported revenues in excess of expenses of \$206.9 million dollars. The provincial Total Margin was 1.3% (Figure 13) compared to -0.2% the previous year. This shift in Total Margin is attributable to community hospitals reporting a surplus of \$106.4 million compared to a deficit of \$58 million in 2004–2005. In 2005–2006, 30 (24%) acute care hospitals reported a Total Margin value of less than 0 (expenses greater than revenues), roughly half of those in the previous year. A number of factors may explain this, including increased hospital funding, balanced budget policies and changes in the way hospitals manage their expenses. Total Margin values vary by hospital type; teaching hospitals reported a Total Margin of 1.1%, small hospitals reported 2.9%, while community hospitals reported 1.4%.

There is also variation in Total Margin amongst the local health integration networks (LHINs) across the province. In 2005–2006, 10 of the 14 LHINs reported a Total Margin between the indicator benchmarks of 0% and 5% (Figure 17). Only 3 of the 14 LHINs reported deficits, ranging from \$5.1 million to \$8.9 million. 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.

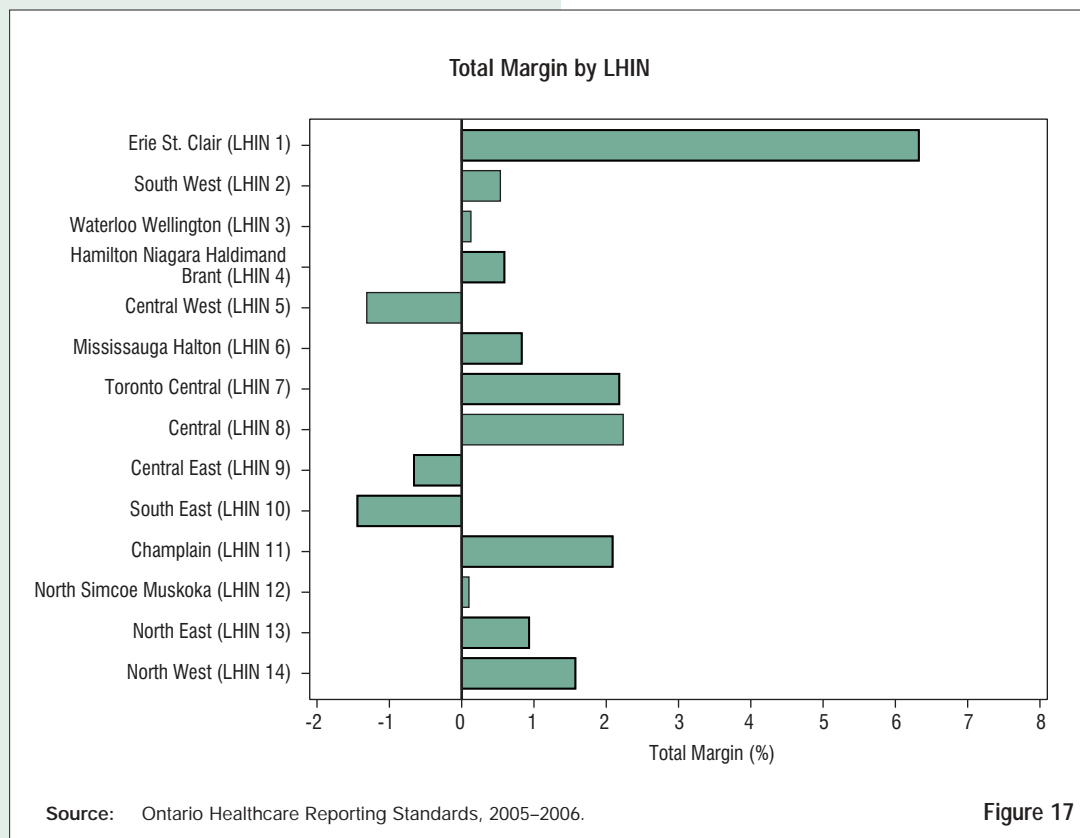


Figure 17

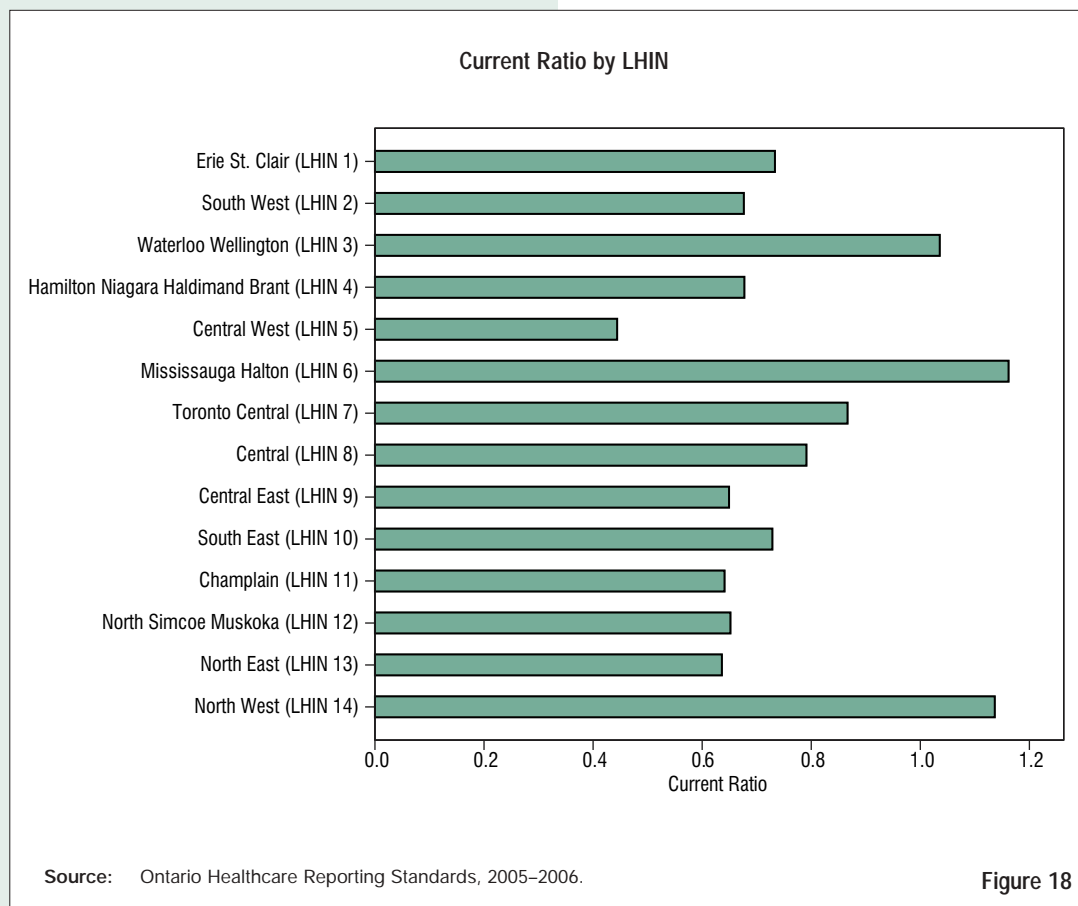
SUMMARY OF RESULTS (CONT'D)

Current Ratio

The provincial average for the Current Ratio in 2005–2006 was 0.8 (Figure 14), similar to the provincial average in 2004–2005. This suggests that hospitals, on average, did not have sufficient short-term funds to pay their short-term obligations in 2005–2006. Meaningful differences were observed among types of hospitals, with small hospitals having a peer group average of 2.1 and teaching hospitals having a peer group average of 0.7. Community hospitals had a peer group average of 0.8. Current Ratio values differ across LHINs (Figure 18). In 2005–2006, only 3 of the 14 LHINs reported a Current Ratio between the indicator benchmarks of 1.0 and 2.0. 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.

Debt Service Coverage

The provincial average for the Debt Service Coverage indicator in 2005–2006 was 2.6 (Figure 15). On average, Ontario hospitals experienced an increased ability to service debt compared to the previous year, when the provincial average was 1.3. Considerable variation was seen between and within hospital peer groups; small hospitals reported a Debt Service Coverage average of 5.5, while community hospitals reported an average of 3.7. Teaching hospitals reported an average of 2.0. There is variation in Debt Service Coverage values amongst the LHINs across the province: 4 of the 14 LHINs reported a Debt Service Coverage value above 10.0 while 1 LHIN (LHIN 10) reported a negative value. 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.



SUMMARY OF RESULTS (CONT'D)

% Equipment Expense

The 2005–2006 provincial average for the % Equipment Expense indicator was 6.8%, with little variation across peer group averages. Community hospitals reported a peer group average of 6.6%, while teaching hospitals reported a peer group average of 6.9%, and small hospitals reported an average of 7.0%. % Equipment Expense values across LHINs range from 5.2% in Champlain to 7.8% in South West. These variations are influenced by the types and number of hospitals with a LHIN. 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.

% Corporate Services

In 2005–2006, the provincial average for the % Corporate Services indicator was 8.9% (Figure 13). Among Ontario hospitals, values ranged from a low of 6.4% to a high of 16.8%. Teaching hospitals reported a peer group average of 8.8%, while community hospitals reported an average of 8.7%, and small hospitals reported an average of 12.1%. 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.

% Sick Time

The % Sick Time indicator was revised to include both patient care personnel as well as management and operational support staff in hospitals. This calculation is feasible with the change in the OHRS guidelines in 2005–2006. The provincial average for the % Sick Time indicator for 2005–2006 was 4.8% (Figure 13). Among Ontario hospitals, values ranged from a low of 1.6% in a small hospital to a high of 10.7% in a community hospital. Small hospitals reported the lowest value among the peer groups for this indicator with an average of 4.2%. Community hospitals reported an average of 4.9%, and teaching hospitals reported an average of 4.7%. 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 resource practices, organizational practices and other factors.

SUMMARY OF RESULTS (CONT'D)

Inpatient Nursing Productivity

The provincial average for Inpatient Nursing Productivity has steadily decreased over the last five years, from 77.3% in 2001–2002 to 74.8% in 2005–2006 (Figure 16). Small hospitals reported an average of 66.1% for this indicator, while community hospitals reported a value of 74.3%, and teaching hospitals reported a value of 76.0%. These values also varied among LHINs: 2 of the 14 LHINs reported an average below 70% in 2005–2006. 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.

% Registered Nurse Hours

The 2005–2006 provincial average for % Registered Nurse Hours was 87.2% (Figure 16), up 3.1 percentage points from 2004–2005. This increase can be explained by changes in the specifications for this indicator from 2004–2005 to 2005–2006 related to new OHRS guidelines that have improved the categorization of data reported for patient care personnel. Meaningful differences were observed among types of hospitals in 2005–2006, with peer group averages of 93.0% for teaching hospitals, 83.7% for community hospitals and 67.8% for small hospitals. There is variation in % Registered Nurse Hours values amongst the LHINs across the province, ranging from a high LHIN average of 96.4% to a low average of 78.0%. The ability of a hospital to use RNs in patient care is influenced by the supply of RNs, wage rates, benefits, nurse staffing model, the provincial nurse staffing strategy and other factors.

PERFORMANCE ALLOCATION TABLE

Hospital	Community Served	LHIN	Total Margin (%)	Current Ratio	Debt Service Coverage	% Equipment Expense	% Corporate Services	% Sick Time	Inpatient Nursing Productivity (%)	% Registered Nurse Hours
PROVINCIAL AVERAGE			1.3	0.8	2.6	6.8	8.9	4.8	74.8	87.2
TEACHING HOSPITALS AVERAGE			1.1	0.7	2.0	6.9	8.8	4.7	76.0	93.0
Children's Hospital of Eastern Ontario	Ottawa	11	2.0	1.0	6.8	4.4	6.8	4.6	77.0	89.6
Hamilton Health Sciences Corporation	Hamilton	4	0.2	1.1	2.6	6.9	7.4	4.8	64.7	95.9
Hôpital régional de Sudbury Regional Hospital	Sudbury	13	0.5	0.2	10.2	5.3	8.4	4.7	73.7	88.1
Hotel Dieu Hospital, Kingston	Kingston	10	-6.4	0.5	-4.6	7.6	10.4	3.9	55.4	83.1
Kingston General Hospital	Kingston	10	-1.5	0.8	-0.5	5.6	8.3	5.9	57.5	97.3
London Health Sciences Centre	London	2	0.1	0.3	0.4	8.9	8.6	4.6	80.2	97.2
Mount Sinai Hospital	Toronto	7	0.0	0.5	9.1	9.4	10.0	5.0	80.6	100.0
St. Joseph's Health Care London	London	2	3.2	1.1	3.6	6.5	8.7	5.8	72.3	61.7
St. Joseph's Healthcare Hamilton	Hamilton	4	3.2	0.3	NR	6.0	7.7	5.9	79.3	81.5
St. Michael's Hospital	Toronto	7	1.9	2.3	35.9	7.3	10.7	4.3	81.7	100.0
Sunnybrook and Women's College Health Sciences Centre	Toronto	7	0.2	0.6	3.9	5.1	9.3	4.6	68.1	96.6
The Hospital for Sick Children	Toronto	7	0.0	0.6	3.5	8.7	9.3	2.9	84.1	100.0
The Ottawa Hospital	Ottawa	11	0.2	0.3	8.2	4.8	8.2	5.1	84.0	95.1
Thunder Bay Regional Health Sciences Centre	Thunder Bay	14	1.7	0.8	34.3	7.5	6.4	5.0	86.0	86.4
University Health Network	Toronto	7	4.1	0.8	5.5	8.3	10.4	4.0	76.1	95.3

SMALL HOSPITALS AVERAGE			2.9	2.1	5.5	7.0	12.1	4.2	66.1	67.8
Alexandra Hospital	Ingersoll	2	0.1	0.8	0.6	7.2	15.3	3.7	100.1	65.1
Alexandra Marine and General Hospital	Goderich	2	-0.6	5.0	NA	5.8	10.4	4.5	49.9	63.5
Almonte General Hospital	Almonte	11	10.1	5.3	NR	3.0	15.5	3.5	58.2	81.3
Atikokan General Hospital	Atikokan	14	5.0	2.1	NA	6.6	10.9	5.7	55.7	53.0
Campbellford Memorial Hospital	Campbellford	9	3.1	1.5	NA	5.5	14.1	4.9	70.2	93.0
Carleton Place and District Memorial Hospital	Carleton Place	11	-0.4	1.3	-1.7	4.8	10.4	5.1	76.1	69.0
Deep River and District Hospital	Deep River	11	-1.4	0.9	-6.2	7.7	12.5	2.6	31.4	60.4
Dryden Regional Health Centre	Dryden	14	2.2	1.6	6.2	5.3	11.4	4.7	80.8	66.3
Glengarry Memorial Hospital	Alexandria	11	1.3	1.5	-17.2	6.8	10.1	3.2	60.1	64.1
Haldimand War Memorial Hospital	Dunnville	4	9.7	1.0	NA	6.7	8.3	3.1	83.2	82.0
Haliburton Highlands Health Services	Haliburton	9	3.2	1.7	11.5	7.5	8.9	5.9	93.3	59.1

NA = Not Applicable—results are not shown because the indicator does not apply to the particular hospital in 2005–2006.

NR = Non-reportable—results are not shown due to data quality issues.

■ 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	% Corporate Services	% Sick Time	Inpatient Nursing Productivity (%)	% Registered Nurse Hours
Hanover and District Hospital	Hanover	2	4.4	1.9	38.4	7.3	12.9	3.6	63.3	54.0
Kemptville District Hospital	Kemptville	11	-1.2	1.4	NA	7.5	13.6	6.3	72.8	70.8
Lady Dunn Health Centre	Wawa	13	-2.2	4.5	NA	10.7	12.2	8.1	61.7	97.4
Lennox and Addington County General Hospital	Napanee	10	2.5	1.3	12122.5	7.5	14.0	1.9	63.5	70.3
Listowel and Wingham Hospitals Alliance	Listowel	2	6.4	7.8	NA	7.0	9.4	2.9	58.3	68.6
Mattawa General Hospital	Mattawa	13	-0.1	4.0	NA	5.4	12.1	4.8	67.0	59.0
McCausland Hospital	Terrace Bay	14	1.8	2.2	NA	6.8	11.6	6.8	76.6	100.0
MICs Group of Health Services	Cochrane	13	4.1	3.1	25162.2	6.7	9.0	3.6	65.5	62.8
Nipigon District Memorial Hospital	Nipigon	14	1.1	1.8	NA	5.3	14.2	4.7	62.9	92.1
North Wellington Health Care	Mount Forest	3	1.8	2.0	8.5	9.4	11.3	2.2	50.8	69.8
Sensenbrenner Hospital	Kapuskasing	13	5.7	1.7	NA	5.7	9.8	6.0	84.0	97.2
Services de santé de Chapleau Health Services	Chapleau	13	1.3	1.1	6.4	12.9	14.1	4.5	100.0	94.8
Sioux Lookout Meno-Ya-Win Health Centre	Sioux Lookout	14	-1.1	0.9	1.1	6.8	15.8	4.7	51.6	62.1
Smooth Rock Falls Hospital	Smooth Rock Falls	13	-0.2	1.0	307.5	5.9	9.4	5.5	61.5	40.7
South Huron Hospital	Exeter	2	0.3	2.5	NA	5.0	12.0	2.1	86.0	38.1
St. Francis Memorial Hospital	Barry's Bay	11	0.3	1.7	14.5	6.7	7.9	2.5	51.7	37.2
Stevenson Memorial Hospital	Alliston	8	0.0	1.6	668.8	7.8	13.0	NR	53.9	78.6
Wilson Memorial General Hospital	Marathon	14	3.9	1.1	4.1	9.0	11.5	4.7	10.2	100.0

COMMUNITY HOSPITALS AVERAGE			1.4	0.8	3.7	6.6	8.7	4.9	74.3	83.7
Bluewater Health	Sarnia	1	-3.7	0.4	-15.3	7.2	7.5	4.6	76.7	81.3
Brockville General Hospital	Brockville	10	-0.9	0.5	9.6	6.9	7.7	5.0	61.6	69.9
Cambridge Memorial Hospital	Cambridge	3	1.0	1.3	3.7	5.7	9.0	5.6	75.4	79.8
Chatham-Kent Health Alliance	Chatham	1	14.0	1.0	61.7	8.4	10.5	4.6	84.1	77.2
Collingwood General and Marine Hospital	Collingwood	12	-0.1	0.9	-24.6	8.2	9.2	4.4	69.9	99.8
Cornwall Community Hospital	Cornwall	11	-2.9	0.4	-2.3	5.4	6.4	3.9	65.4	74.7
Grand River Hospital	Kitchener	3	0.0	0.9	20.2	6.0	8.7	3.7	79.9	77.1
Grey Bruce Health Services	Owen Sound	2	0.6	1.1	37.7	7.5	10.7	3.9	66.7	82.5
Groves Memorial Community Hospital	Fergus	3	0.4	1.9	638.8	8.6	9.7	3.6	72.2	71.6
Guelph General Hospital	Guelph	3	0.9	0.7	NA	7.7	11.5	4.4	80.4	82.2
Halton Healthcare	Oakville	6	0.0	1.3	20.7	7.1	6.6	4.3	78.6	85.8
Headwaters Health Care Centre	Orangeville	5	-0.6	1.0	-458.4	6.9	7.8	5.4	75.4	69.4

■ 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	% Corporate Services	% Sick Time	Inpatient Nursing Productivity (%)	% Registered Nurse Hours
Hôpital Général de Hawkesbury and District General Hospital Inc.	Hawkesbury	11	7.4	2.9	NA	6.6	11.4	6.6	70.4	77.4
Hôpital Montfort Hospital	Ottawa	11	14.4	1.9	NR	6.1	9.6	3.6	66.1	83.1
Hôtel-Dieu Grace Hospital	Windsor	1	10.9	0.6	15.3	7.0	7.2	4.4	73.0	84.4
Humber River Regional Hospital	Toronto	8	0.1	0.9	128.7	5.0	8.0	5.2	76.8	86.7
Huron Perth Healthcare Alliance	Stratford	2	1.0	1.0	3.9	5.6	7.6	3.8	64.9	75.6
Huron District Hospital—North Simcoe Hospital Alliance	Midland	12	1.2	0.5	6.0	7.1	9.2	4.4	69.4	68.8
Joseph Brant Memorial Hospital	Burlington	4	0.5	1.1	3.5	5.2	7.1	5.5	87.0	88.8
Kirkland and District Hospital	Kirkland Lake	13	0.7	1.3	NA	8.3	9.1	4.1	88.7	62.0
Lake of the Woods District Hospital	Kenora	14	-2.3	0.9	-753.1	7.6	7.1	4.0	66.2	81.6
Lakeridge Health	Oshawa	9	0.8	0.3	2.1	7.5	8.6	5.6	69.6	84.0
Leamington District Memorial Hospital	Leamington	1	2.6	4.1	2347.6	10.7	13.6	3.5	76.2	80.2
Markham Stouffville Hospital	Markham	8	1.2	NR	8.3	8.7	10.5	4.0	72.6	92.6
Muskoka Algonquin Healthcare	Huntsville	12	-2.8	0.4	-0.5	4.7	8.2	4.2	65.7	77.2
Niagara Health System	Niagara Falls	4	-2.4	0.3	-0.8	6.7	8.4	4.4	67.7	74.0
Norfolk General Hospital	Simcoe	4	-2.0	0.5	NA	7.3	NR	3.4	NR	75.3
North Bay General Hospital	North Bay	13	-0.5	0.6	8.1	5.8	8.9	4.3	76.6	75.8
North York General Hospital	Toronto	8	3.1	0.8	4.2	8.1	10.7	10.7	73.0	86.2
Northumberland Hills Hospital	Cobourg	9	0.6	0.9	1.1	9.2	7.8	4.9	63.2	73.5
Orillia Soldiers' Memorial Hospital	Orillia	12	1.0	0.7	5.8	4.7	7.3	4.6	64.9	84.9
Pembroke Regional Hospital	Pembroke	11	1.6	0.7	6.5	6.4	10.4	3.7	72.3	68.2
Perth and Smiths Falls District Hospital	Smiths Falls	10	-0.3	0.5	0.4	4.6	7.7	2.9	64.7	65.8
Peterborough Regional Health Centre	Peterborough	9	-1.4	1.5	-61.8	4.7	7.2	5.1	85.0	76.4
Queensway Carleton Hospital	Nepean	11	6.5	1.0	18.2	6.9	8.2	4.5	59.2	75.5
Quinte Health Care	Belleville	10	0.1	0.7	NA	8.1	8.6	4.1	71.7	85.6
Renfrew Victoria Hospital	Renfrew	11	6.4	2.4	NA	6.0	9.3	3.2	76.8	70.8
Riverside Health Care Facilities Inc.	Fort Frances	14	1.7	1.6	690.6	5.1	8.4	3.5	71.1	71.4
Ross Memorial Hospital	Lindsay	9	1.1	0.6	89.0	5.7	9.3	4.0	50.3	78.6
Rouge Valley Health System	Scarborough	9	-2.5	0.2	0.4	6.6	8.7	9.2	81.5	91.4
Royal Victoria Hospital	Barrie	12	0.6	0.7	115.0	6.7	8.5	4.9	70.7	79.2
Sault Area Hospital	Sault Ste. Marie	13	-1.7	0.3	-6.4	4.2	7.0	4.9	74.3	76.4
South Bruce Grey Health Centre	Kincardine	2	1.7	2.5	741.5	8.8	9.8	2.6	70.2	66.1

■ 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	% Corporate Services	% Sick Time	Inpatient Nursing Productivity (%)	% Registered Nurse Hours
Southlake Regional Health Centre	Newmarket	8	5.4	0.8	7.3	7.6	7.9	4.9	86.6	88.6
St. Joseph's Health Centre Toronto	Toronto	7	5.6	1.6	18.9	7.0	9.2	4.1	87.5	95.8
St. Mary's General Hospital	Kitchener	3	-1.3	1.1	2.5	7.1	6.6	3.4	88.2	94.1
St. Thomas-Elgin General Hospital	St. Thomas	2	-15.0	0.2	-0.4	6.4	10.2	4.7	76.7	79.7
Strathroy Middlesex General Hospital	Strathroy	2	1.8	1.1	9.0	7.4	10.1	3.1	78.0	72.6
Temiskaming Hospital	New Liskeard	13	1.2	1.5	NA	6.1	8.9	2.9	51.1	76.5
The Brantford General Hospital	Brantford	4	3.9	0.5	2.8	6.4	7.4	4.6	84.8	81.2
The Credit Valley Hospital	Mississauga	6	2.2	1.1	6.6	8.0	8.3	4.6	81.2	100.0
The Scarborough Hospital	Scarborough	9	-1.1	0.7	13.4	6.3	8.4	5.7	71.2	88.6
Tillsonburg District Memorial Hospital	Tillsonburg	2	1.4	3.5	NA	6.9	9.2	2.4	62.6	65.2
Timmins and District Hospital	Timmins	13	0.5	0.9	26.3	7.0	8.6	4.9	73.2	81.3
Toronto East General Hospital	Toronto	7	6.3	1.6	NA	7.2	11.2	4.5	64.3	80.8
Trillium Health Centre	Mississauga	6	0.2	1.1	-1454.9	6.8	10.6	4.1	63.3	94.8
West Lincoln Memorial Hospital	Grimsby	4	2.4	2.8	NA	6.0	8.9	3.8	89.3	72.2
West Parry Sound Health Centre	Parry Sound	13	9.0	0.4	30.5	4.9	13.5	3.6	95.5	72.3
William Osler Health Centre	Brampton	5	-1.4	0.4	29.0	6.3	9.0	5.5	78.0	84.0
Winchester District Memorial Hospital	Winchester	11	1.0	2.3	NA	5.4	11.3	5.4	69.7	83.1
Windsor Regional Hospital	Windsor	1	4.6	0.4	8.1	4.8	7.4	4.9	81.4	96.9
Woodstock General Hospital	Woodstock	2	0.1	1.6	NA	6.9	7.0	3.6	75.7	82.5
York Central Hospital	Richmond Hill	8	1.2	0.5	15.0	6.6	9.1	4.4	72.4	91.4

RESULTS BY LOCAL HEALTH INTEGRATION NETWORK

LHIN 1 (Erie St. Clair)	6.3	0.7	16.6	6.8	8.2	4.6	78.4	86.8
LHIN 2 (South West)	0.5	0.7	0.5	7.8	9.0	4.6	74.7	81.3
LHIN 3 (Waterloo Wellington)	0.1	1.0	8.5	6.6	8.9	4.0	79.7	81.4
LHIN 4 (Hamilton Niagara Haldimand Brant)	0.6	0.7	1.4	6.6	7.7	4.9	71.9	85.8
LHIN 5 (Central West)	-1.3	0.4	27.8	6.4	8.8	5.5	77.7	82.4
LHIN 6 (Mississauga Halton)	0.8	1.2	10.8	7.2	9.0	4.3	72.0	94.1
LHIN 7 (Toronto Central)	2.2	0.9	6.6	7.5	10.0	4.2	77.1	96.4
LHIN 8 (Central)	2.2	0.8	6.8	7.0	9.2	6.3	76.5	88.0
LHIN 9 (Central East)	-0.7	0.6	2.0	6.5	8.4	6.2	74.2	85.0
LHIN 10 (South East)	-1.4	0.7	-1.0	6.5	8.7	5.0	61.6	88.0
LHIN 11 (Champlain)	2.1	0.6	8.1	5.2	8.4	4.7	76.5	87.2
LHIN 12 (North Simcoe Muskoka)	0.1	0.7	2.9	6.1	8.3	4.6	68.5	81.1
LHIN 13 (North East)	0.9	0.6	7.1	5.8	9.0	4.5	74.2	78.0
LHIN 14 (North West)	1.6	1.1	11.3	7.2	8.2	4.7	78.5	82.2

APPENDIX A: DATA SOURCES

The following table provides a list of the data sources used in each of the four sections of this report.

Quadrant	Data Source	Year*
System Integration and Change	System Integration and Change (SIC) Survey	2007 Survey
Patient Satisfaction	NRC + Picker Acute Care Survey NRC + Picker Pediatric Acute Care Survey	2005–2006 2005–2006
Clinical Utilization and Outcomes	National Ambulatory Care Database (NACRS) Discharge Abstract Database (DAD)	2005–2006
Financial Performance and Condition	Ontario Healthcare Reporting Standards (OHRS)	2005–2006

*Note: Previous years may also have been used in this report for trending purposes.



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Canadian Institute for Health Information

495 Richmond Road

Suite 600

Ottawa, Ontario

K2A 4H6

Phone: 613-241-7860

Fax: 613-241-8120

www.cihi.ca

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