



Ontario Hospital Association



South Western Region Highlights of Hospital Reports 2003

How hospitals in your region performed in 2001/2002.

Hospital Reports are prepared for the Ontario Hospital Association and the Government of Ontario independently by the Hospital Report Research Collaborative based at the University of Toronto and the Canadian Institute for Health Information.



Message from the Ontario Minister of Health and Long-Term Care and the President of the Ontario Hospital Association



We are pleased to present Highlights of Ontario's Hospital Reports 2003: Acute Care, Emergency Department Care, Complex Continuing Care and Rehabilitation. The Reports reflect our shared commitment to the continued improvement of hospital services throughout Ontario and to public accountability.

The Ministry of Health and Long-Term Care and the Ontario Hospital Association (OHA) are working hand in hand to ensure that hospital care works better and that it is there where and when it is needed.

We are united in our commitment to protect and improve the quality of patient care in Ontario's hospitals. We are united in our commitment to strengthen Ontario's healthcare system through research on how best to enhance services. We are united in our commitment to ensuring improvements that focus on patient care.

This Highlights Report outlines how hospitals are performing in your region. It shows the achievements of hospitals. It also shows where there is a need for change.

The continued co-operation between the Ministry and the OHA is your best assurance of a provincial hospital system distinguished by quality care and a steadfast commitment to public healthcare.

A handwritten signature in black ink that reads "George Smitherman". The signature is fluid and cursive.

George Smitherman, Minister
Health and Long-Term Care

A handwritten signature in black ink that reads "Hilary Short". The signature is fluid and cursive.

Hilary Short, President and CEO
Ontario Hospital Association

Improving Care and Services

Hospitals are a vital part of Ontario's healthcare system. They serve their communities by providing different types of care, including:

- emergency services for people who are injured or have urgent health problems
- medical and surgical treatments for people who have serious health conditions such as a heart attack or stroke and have to stay a short time in hospital (known as acute care)
- rehabilitation services that help people regain their strength or mobility after an illness or injury
- ongoing medical care for people who have complex health needs or are nearing the end of their lives (known as complex continuing care).

Ontarians expect – and Ontario's hospitals strive to provide – high quality care. But how well are our hospitals doing? Are they providing efficient, effective care? Are their services improving?

For many years, hospitals had no consistent way to evaluate their services, or to compare their performance with other hospitals. But that has changed. In 1998, in a project led by the Ontario Hospital Association (OHA) and the University of Toronto, Ontario hospitals began to collect information on some key measures that they could use to assess their progress and to report to the public. In 2000, the Ontario Ministry of Health and Long-Term Care became a joint sponsor with the OHA of the Hospital Report project.

Each year, the project produces reports on care provided in Ontario's hospitals. How are the reports used? Hospital boards use them to compare their hospital's performance with other hospitals of the same size that provide the same types of services. They can identify how they are doing relative to other hospitals, and where they need to improve. Hospital staff use the reports to learn what other hospitals are doing to provide excellent care and treatment. Both boards and staff use the reports to assess whether changes they make lead to improvements. Government uses the reports to help ensure hospitals are accountable for their use of public resources. The public uses the reports to understand more about how their local hospitals are doing.

All the information used to prepare the reports is gathered and analyzed by independent researchers from the Canadian Institute for Health Information (CIHI) and the Hospital Report Research Collaborative based at the University of Toronto.

Hospitals participate voluntarily – because they see the potential for the project to lead to better healthcare. Not all hospitals participated in every report; however, 92 hospital corporations are represented in the Acute Care report, 89 participated in the Emergency Department report, 64 are reflected in the Complex Continuing Care report and 51 in the Rehabilitation report. Many of these hospital corporations represent additional hospital sites in a variety of communities.

Is the project working? Are Ontario's hospitals providing better care?

The project has now been collecting data long enough to start to identify some positive trends. For example, more hospitals are consistently using clinical guidelines which means that more people are receiving consistent treatments and the same standard of care – regardless of where they are in the province.

Hospital Reports 2003 consists of four separate detailed reports covering Acute Care, Emergency Department Care, Complex Continuing Care and Rehabilitation provided in Ontario hospitals between April 2001 and March 2002. This document, one of five regional Highlights reports, provides:

- a brief summary of provincial findings
- key results for hospitals in your region for acute, emergency and complex continuing care
- a provincial summary for rehabilitation services.

It tells you how your hospital performed in 2001/2002. It also shows how your local hospital compares to similar hospitals in your region.

For copies of the full 2003 reports, contact any of these web sites:

www.cihi.ca
Canadian Institute for Health Information

www.hospitalreport.ca
Hospital Report Research Collaborative

www.oha.com
Ontario Hospital Association

www.health.gov.on.ca
Ontario Ministry of Health and Long-Term Care.

Or, to receive a copy of the full report(s) by mail, call the Ontario Ministry of Health and Long-Term Care at: 1-877-234-4343 (TTY: 1-800-387-5559) or the Ontario Hospital Association at 416-205-1300.

Measuring Progress

To assess the quality of care in Ontario hospitals, researchers organize information into four categories:

1. **Patient Satisfaction** – what patients say about their stay in hospital
2. **Patient Care** – how well hospitals look after patients
3. **Hospital Finances** – how hospitals manage their resources
4. **Keeping Up With Change** – how hospitals cope with change.

Researchers use between four and 13 different measures for each category, which vary depending on the type of care (i.e., acute, emergency, complex continuing and rehabilitation). For example:

- *Patient Satisfaction* – How do people feel about the care they receive in hospital? How do they rate the skills and courtesy of the people who provide care? Were they treated with dignity? Was the hospital clean? Would they come back to this hospital again? Would they recommend the hospital to others?
- *Patient Care* – How long do patients being treated for stroke, heart attack or other conditions stay in hospital? Do they have access

to effective technologies and treatments?

Does their health or ability to perform daily activities improve? Do they have to be readmitted to hospital for the same condition?

- *Hospital Finances* – How much do hospitals spend to provide care? Are they operating with a surplus or a deficit? How much do they spend on staff, computers, and other equipment? How much time is spent on patient care rather than other activities (e.g., administration)?
- *Keeping Up With Change* – Does the hospital use computers and other information technology to help provide care? How well does the hospital work with other organizations? Do hospital staff continue to take courses and participate in professional development? Are patients satisfied with the way their care – both in hospital and after they leave – is coordinated? Does the care process ensure the patient's and his / her family's involvement?

This Highlights Report shows the results for the hospitals in your region for two measures in each category for Acute Care, Emergency Department Care, and Complex Continuing Care. It also provides a summary of results for the province for Rehabilitation.

How to Read the Charts

To help you read the charts, the report lists all the hospitals in your region by type for Acute Care and Emergency Department Care:

- **teaching hospitals** which are linked to universities that train physicians and other health professionals
- **community hospitals** which supply a range of health services for a region and may also play a role in teaching
- **small hospitals** which serve people within a small local area and may also play a role in teaching.

Complex Continuing Care hospitals are listed alphabetically and not grouped by type.

This year, each hospital has a score within a certain range (e.g. 89.3 → 92.9) for each measure.

The symbol next to the numbers tells you how each hospital compares to other hospitals in the

province in certain aspects of patient satisfaction, patient care and keeping up with change:

- = above the provincial average
- ◐ = around the provincial average
- = below the provincial average
- NR = non-reportable (Some results are not available or are not included to protect patient or physician confidentiality.)
- NP = non-participant

Financial measures do not include performance symbols because a value above the provincial average may not mean better performance.

In some cases, for a variety of statistical reasons such as sample size, hospitals with the same numeric range may have different performance symbols.

A quick glance at the charts will tell you where your hospital is doing well, and where it can improve.

Provincial Results

Acute Care

In general, 93% of patients said the care they received in hospital was either good or excellent (69% said excellent). Men were slightly more pleased with their care than women. Although 19% of Ontario hospitals had an increase of more than one indicator point in satisfaction with Care and Services from the previous year, scores were down slightly for all but one satisfaction measure.

In general, patients are pleased with the way hospitals handle discharges: 82% felt their discharge was handled smoothly and 86% of those who needed follow-up care at the hospital received it. On the other hand, about one-third said that they or their caregivers were not well enough prepared to manage their care at home. These results have not changed over the past few years.

In 2001/02, the per cent of heart attack patients who had to be readmitted was lower than in previous years. This is a sign that hospitals are doing a better job of providing the right treatment, deciding when to send people home, and making sure they receive good follow-up care. Despite the improvement, the seven out of every 100 people who have to go back to hospital after being treated for a heart attack is still high.

People who have a stroke tend to spend longer in hospital than people with other illnesses but, with new and better treatments, they are now able to leave hospital sooner. Certain types of hospitals have shorter stays than others. For example, stroke patients stay an average of 11.1 days in small hospitals, 10.6 days in teaching hospitals, and 9.9 days in community hospitals.

In 2001/02, more hospitals were using computers and information technology to keep track of patient information and improve care. Almost half of Ontario's teaching and community hospitals now use electronic patient records, and slightly more than half the hospitals reported that patient care staff in all areas of the hospital were able to access clinical data from a patient's previous visits (up from 41% in 2000/01).

In 2001/02, the financial health of Ontario's hospitals varied: 61 hospitals operated with surpluses and 59 operated with deficits. Small hospitals were more likely to have a surplus than teaching or community hospitals.

Emergency Departments

The most common complaint that people have about emergency departments is that they have to wait too long to be seen. In 2001/02, no hospital in Ontario was able to significantly improve patient satisfaction with wait times, and 19 saw their scores go down. However, people can over-estimate the amount of time they spend waiting – particularly if their problem isn't urgent. While patients may be frustrated at having to wait, over 80% are very satisfied with the care they receive from emergency physicians.

Although hospitals did not see their scores for wait times improve, most introduced new services designed to reduce wait times. For example, many hospitals reorganized internally to make it easier to move people to other parts of the hospital and free up beds in the emergency department. Some hospitals established follow-up clinics for people who have recently been discharged from hospital so they no longer have to go to emergency if they have a problem. Some use urgent care clinics staffed by physicians and nurses to see people with problems that are less urgent or non urgent.

Emergency departments are also working to provide the best care and make effective use of resources. For example, when someone shows up at emergency with an ankle injury, doctors are encouraged to use a particular examination technique to see whether the person needs an x-ray. In 2001/02, almost three-quarters of people who came to emergency with an ankle injury received an x-ray. Hospitals may be able to reduce their use of x-rays by consistently using the recommended practice to assess ankle injuries.

Emergency care is not just about treatment – it's also about education. In 2001/02, about 73% of patients who visited emergency departments said they were well prepared when they left. Small hospitals scored higher (78%) than community (72%) or teaching (72%) hospitals. One area that may still need improvement is the treatment of asthma. In 2001/02, almost three of every 100 visits for people treated for asthma required a return visit to the emergency department within 24-hours.

Provincial Results

Complex Continuing Care

In 2001/02, both patients and family members were happy with the medical care and treatment they received, but less satisfied with the living environment or activities for patients. Although hospitals scored higher in their efforts to treat patients with dignity, there is still room for improvement. Six out of every 10 patients felt the hospital encouraged them to participate in decisions about their care. About 49% of hospital sites have developed processes designed to involve patients in goal setting, but only one in three developed processes to create programs to meet individual family and patient needs.

Some people assume that the health of patients in complex continuing care can only get worse, but that is not necessarily the case. With the right treatments, some people can become more independent and enjoy a better quality of life. A substantial proportion of all patients discharged from complex continuing care were discharged to their own home. However, there was no reduction from previous years in the use of physical restraints (i.e., a way to keep patients in their chairs or beds). About 29% of patients were still being physically restrained daily. Hospitals with large complex continuing care programs were less likely to use restraints than hospitals with smaller programs. These results come from a period before a new restraint law came into effect. We expect to see better results in the future.

To help patients who have regained some of their abilities manage at home, hospitals must work closely with community agencies. In 2001/02, most hospitals scored high in working with other organizations, particularly in planning care and sharing information. However, only a few have developed joint practice guidelines with community agencies, which would improve care even more.

Because it is difficult to separate the cost of complex continuing care from other hospital services, researchers are only able to report on the corporate financial health of the 10 free-standing complex continuing care hospitals.

Rehabilitation

In 2001/02, almost 80% of people who received hospital-based rehabilitation care described their care as very good or excellent, and 87% felt they had benefited from their rehabilitation. Clients treated in hospitals with specialty rehabilitation beds tended to be more satisfied with their involvement in care and treatment decisions than those treated in hospitals with general rehabilitation beds.

Rehabilitation care is most effective when people start treatment soon after their illness or injury. Information has not been collected long enough to do a complete assessment, but people recovering from orthopedic conditions such as fractures seem to wait less time than people with other conditions, such as a limb amputation or arthritis. While people may have to wait to begin rehabilitation, they leave hospital quickly once they have completed their program. In 2001/02, 94% of clients discharged from rehabilitation care had achieved their rehabilitation goals.

As soon as they have reached a certain stage in their rehabilitation, they are transferred to programs in the community. In 2001/02, most hospitals (83%) were working closely with community providers, but only about 60% had developed practice guidelines that cover care in the hospital and the community, and only about half routinely contacted clients after they have left hospital to see how they were progressing.

In 2001/02, hospitals continue to spend a high proportion of their rehabilitation resources (74.4%) on direct patient care. Nurses and therapists working in rehabilitation care spent most of their time (86.6%) caring for patients, and only 13.4% on other activities (e.g., sick time, education, administrative tasks and holidays).

Rehabilitation treatments and therapies continue to evolve, and hospitals are working to keep up with the changes. In 2001/02, almost all hospitals that provide rehabilitation care (96%) had developed or were developing practice guidelines, and about 84% had "champions" who actively encouraged staff to use them.

Acute Care Highlights

Acute Care is provided in hospital for stays of less than 30 days. Acute Care hospitals provide diagnosis, medical care and surgery for conditions such as a heart attack or stroke.

	PATIENT SATISFACTION		PATIENT CARE	
	Care & Services	Bedside Care	AMI Readmissions	Stroke Length of Stay (days)
Teaching Hospitals				
<i>Provincial average for teaching hospitals</i>	85.5	86.5	5.4	10.6
London Health Sciences Centre	86.8 → 89.2 ●	88.9 → 90.6 ●	2.4 → 5.2 ●	4.9 → 7.9 ●
St. Joseph's Health Care (London)	86.8 → 89.2 ○	86.9 → 88.8 ○	NR	12.0 → 37.0 ○
Community Hospitals				
<i>Provincial average for community hospitals</i>	84.9	86.5	8.4	9.9
Chatham-Kent Health Alliance (Chatham)	85.3 → 86.7 ○	86.9 → 88.8 ○	11.8 → 20.9 ○	4.9 → 7.9 ○
Grey Bruce Health Services (Owen Sound)	85.3 → 86.7 ○	86.9 → 88.8 ○	8.5 → 11.7 ○	8.0 → 9.9 ○
Hotel Dieu Grace (Windsor)	81.9 → 83.5 ○	84.5 → 86.8 ○	6.6 → 8.4 ○	4.9 → 7.9 ●
Huron Perth Hospitals Partnership (Stratford)	86.8 → 89.2 ●	88.9 → 90.6 ●	6.6 → 8.4 ○	4.9 → 7.9 ○
Lambton Hospitals Group (Sarnia)	81.9 → 83.5 ○	82.0 → 84.4 ○	11.8 → 20.9 ○	8.0 → 9.9 ○
Leamington District Memorial Hospital	85.3 → 86.7 ○	86.9 → 88.8 ○	6.6 → 8.4 ○	4.9 → 7.9 ●
St. Thomas-Elgin General Hospital	83.6 → 85.2 ○	84.5 → 86.8 ○	8.5 → 11.7 ○	8.0 → 9.9 ○
Strathroy Middlesex General Hospital	85.3 → 86.7 ○	86.9 → 88.8 ○	11.8 → 20.9 ○	4.9 → 7.9 ○
Tillsonburg District Memorial Hospital	86.8 → 89.2 ○	88.9 → 90.6 ○	5.3 → 6.5 ○	8.0 → 9.9 ○
Windsor Regional Hospital	83.6 → 85.2 ○	84.5 → 86.8 ○	5.3 → 6.5 ○	4.9 → 7.9 ○
Woodstock General Hospital	85.3 → 86.7 ○	84.5 → 86.8 ○	11.8 → 20.9 ○	8.0 → 9.9 ○
Small Hospitals				
<i>Provincial average for small hospitals</i>	88.3	89.2	NR	11.1
Alexandra Hospital (Ingersoll)	89.3 → 92.9 ●	90.7 → 96.3 ●	11.8 → 20.9 ○	8.0 → 9.9 ○
Four Counties Health Service (Newbury)	NR	NR	NR	12.0 → 37.0 ○
Hanover & District Hospital	85.3 → 86.7 ○	84.5 → 86.8 ○	NR	8.0 → 9.9 ○

Patient Satisfaction – what patients say about their stay in hospital

Care and Services – shows what patients think overall about the care and services they received while in hospital.

Bedside Care – shows what patients think about the care they received at the bedside while in hospital. This care is usually provided by nurses.

Patient Care – how well hospitals are looking after patients

AMI Readmissions – measures the likelihood that a patient who had a heart attack returned to hospital, shortly after going home, due to a health related problem.

Stroke Length of Stay – indicates the average number of days that a patient who has suffered a stroke stays in hospital.

Acute Care

	HOSPITAL FINANCES		KEEPING UP WITH CHANGE	
	Financial Health	Time on Patient Care	Electronic Patient Info	Continuity of Care
Teaching Hospitals				
<i>Provincial average for teaching hospitals</i>	-0.8	57.8	56.1	86.3
London Health Sciences Centre	-0.9 → 1.1	54.4 → 57.3	42.1 → 53.1 ●	87.1 → 88.7 ●
St. Joseph's Health Care (London)	2.9 → 16.7	59.8 → 62.5	53.2 → 66.9 ●	87.1 → 88.7 ●
Community Hospitals				
<i>Provincial average for community hospitals</i>	-1.7	60.8	46.4	86.5
Chatham-Kent Health Alliance (Chatham)	-0.9 → 1.1	57.4 → 59.7	67.0 → 82.6 ●	88.8 → 89.9 ●
Grey Bruce Health Services (Owen Sound)	-2.8 → -1.0	59.8 → 62.5	42.1 → 53.1 ●	87.1 → 88.7 ●
Hotel Dieu Grace (Windsor)	-14.3 → -2.9	54.4 → 57.3	30.2 → 42.0 ●	82.9 → 84.5 ●
Huron Perth Hospitals Partnership (Stratford)	1.2 → 2.8	57.4 → 59.7	67.0 → 82.6 ●	88.8 → 80.9 ●
Lambton Hospitals Group (Sarnia)	1.2 → 2.8	57.4 → 59.7	53.2 → 66.9 ●	82.9 → 84.5 ●
Leamington District Memorial Hospital	2.9 → 16.7	62.6 → 72.3	30.2 → 42.0 ●	84.6 → 87.0 ●
St. Thomas-Elgin General Hospital	-14.3 → -2.9	54.4 → 57.3	42.1 → 53.1 ●	84.6 → 87.0 ●
Strathroy Middlesex General Hospital	2.9 → 16.7	59.8 → 62.5	19.9 → 30.1 ●	82.9 → 84.5 ●
Tillsonburg District Memorial Hospital	-2.8 → -1.0	54.4 → 57.3	30.2 → 42.0 ●	87.1 → 88.7 ●
Windsor Regional Hospital	-14.3 → -2.9	54.4 → 57.3	42.1 → 53.1 ●	84.6 → 87.0 ●
Woodstock General Hospital	1.2 → 2.8	57.4 → 59.7	42.1 → 53.1 ●	87.1 → 88.7 ●
Small Hospitals				
<i>Provincial average for small hospitals</i>	1.9	56.2	26.4	89.7
Alexandra Hospital (Ingersoll)	-14.3 → -2.9	45.9 → 54.3	19.9 → 30.1 ●	87.1 → 88.7 ●
Four Counties Health Service (Newbury)	-0.9 → 1.1	45.9 → 54.3	30.2 → 42.0 ●	NR
Hanover & District Hospital	2.9 → 16.7	62.6 → 72.3	30.2 → 42.0 ●	87.1 → 88.7 ●

Hospital Finances – how hospitals are managing their resources

Financial Health – indicates how a hospital's revenue compares to its expenses.

Time on Patient Care – shows the amount of time acute care staff spend providing care for patients rather than on other activities such as administration.

Keeping Up with Change – how hospitals are coping with change

Electronic Patient Information – shows the extent to which hospital staff can access patient information electronically.

Continuity of Care – indicates what patients think about the preparation made for their follow-up care and return home after leaving the hospital.

Emergency Department Highlights

Emergency Care is provided to people at a hospital in the first minutes or hours after an accident or sudden illness. It is designed to stabilize patients and then transfer them to any other care they may need. Emergency services in Ontario are organized in different ways. Some hospitals provide emergency services for a large area. Some work with other hospitals and ambulance services to co-ordinate care for critically ill patients to ensure they are taken to the most appropriate site. In some communities, the emergency department may be the only health service that is open 24 hours a day, seven days a week. In other communities, emergency care may be provided through urgent care centres that are only open certain hours each day.

	PATIENT SATISFACTION		PATIENT CARE	
	Physician Care	Wait Times	Return Visit Asthma (24 hours)	X-rays for Ankle Injury
Provincial Average	81.2	72.9	2.8	67.0
Teaching Hospitals				
London Health Sciences Centre	80.2 → 81.9 ○	74.7 → 79.2 ○	2.6 → 3.0 ○	62.1 → 70.3 ●
St. Joseph's Health Care (London)	73.4 → 78.4 ○	65.5 → 70.9 ○	NR	NR
Community Hospitals				
Chatham-Kent Health Alliance (Chatham)	78.5 → 80.1 ○	71.0 → 74.6 ○	0.0 → 1.9 ○	70.4 → 76.0 ○
Grey Bruce Health Services (Owen Sound)	84.9 → 87.7 ●	79.3 → 94.7 ●	2.6 → 3.0 ○	0.0 → 62.0 ●
Hotel Dieu Grace (Windsor)	82.0 → 84.8 ○	71.0 → 74.6 ○	2.0 → 2.5 ○	NR
Huron Perth Hospitals Partnership (Stratford)	82.0 → 84.8 ●	79.3 → 94.7 ●	3.1 → 3.4 ○	62.1 → 70.3 ●
Lambton Hospitals Group (Sarnia)	78.5 → 80.1 ○	74.7 → 79.2 ●	2.6 → 3.0 ○	70.4 → 76.0 ○
Leamington District Memorial Hospital	78.5 → 80.1 ○	71.0 → 74.6 ○	2.0 → 2.5 ○	62.1 → 70.3 ●
St. Thomas-Elgin General Hospital	84.9 → 87.7 ●	74.7 → 79.2 ○	3.1 → 3.4 ○	70.4 → 76.0 ○
Tillsonburg District Memorial Hospital	82.0 → 84.8 ○	74.7 → 79.2 ○	2.6 → 3.0 ○	62.1 → 70.3 ●
Windsor Regional Hospital	73.4 → 78.4 ○	55.2 → 65.5 ○	3.1 → 3.4 ○	76.1 → 81.6 ○
Woodstock General Hospital	80.2 → 81.9 ○	65.6 → 70.9 ○	3.5 → 6.4 ○	62.1 → 70.3 ●
Small Hospitals				
Alexandra Hospital (Ingersoll)	84.9 → 87.7 ●	79.3 → 94.7 ●	2.6 → 3.0 ○	0.0 → 62.0 ●
Hanover & District Hospital	82.0 → 84.8 ○	79.3 → 94.7 ●	0.0 → 1.9 ○	0.0 → 62.0 ●

Patient Satisfaction – what patients say about their emergency department stay
Physician Care – shows what patients think about the care and medical treatment they received from physicians in the emergency department.

Wait Times – shows what patients think about the amount of time they waited in the emergency department.

Patient Care – how well emergency departments address common conditions

Return Visit for Asthma (24 hrs) – shows the proportion of patients treated for asthma who return to the emergency department for the same or a related condition within 24 hours.

X-rays for Ankle Injury – shows the proportion of patients with an ankle or foot injury who receive an X-ray.

Emergency Department

	HOSPITAL FINANCES		KEEPING UP WITH CHANGE	
	Registered Nursing Hours	Patient Care Hours Worked	Co-ordination of Patient Flow	Preparation for Discharge
Provincial Average	89.2	87.5	6.0	73.3
Teaching Hospitals				
London Health Sciences Centre	90.4 → 96.4	75.3 → 85.6	6.0 → 7.1 ●	73.9 → 76.7 ●
St. Joseph's Health Care (London)	82.9 → 90.3	85.7 → 88.0	8.2 → 9.7 ●	69.4 → 71.5 ●
Community Hospitals				
Chatham-Kent Health Alliance (Chatham)	82.9 → 90.3	88.1 → 89.4	8.2 → 9.7 ●	62.9 → 69.3 ●
Grey Bruce Health Services (Owen Sound)	96.5 → 99.8	89.5 → 91.3	7.2 → 8.1 ●	76.8 → 82.9 ●
Hotel Dieu Grace (Windsor)	82.9 → 90.3	75.3 → 85.6	8.2 → 9.7 ●	69.4 → 71.5 ●
Huron Perth Hospitals Partnership (Stratford)	96.5 → 99.8	88.1 → 89.4	4.7 → 5.9 ●	76.8 → 82.9 ●
Lambton Hospitals Group (Sarnia)	90.4 → 96.4	85.7 → 88.0	2.3 → 4.6 ○	71.6 → 73.8 ●
Leamington District Memorial Hospital	43.5 → 82.8	89.5 → 91.3	8.2 → 9.7 ●	71.6 → 73.8 ●
St. Thomas-Elgin General Hospital	82.9 → 90.3	75.3 → 85.6	2.3 → 4.6 ●	73.9 → 76.7 ●
Tillsonburg District Memorial Hospital	96.5 → 99.8	85.7 → 88.0	6.0 → 7.1 ●	73.9 → 76.7 ●
Windsor Regional Hospital	82.9 → 90.3	75.3 → 85.6	7.2 → 8.1 ●	71.6 → 73.8 ●
Woodstock General Hospital	90.4 → 96.4	88.1 → 89.4	4.7 → 5.9 ●	69.4 → 71.5 ●
Small Hospitals				
Alexandra Hospital (Ingersoll)	96.5 → 99.8	75.3 → 85.6	2.3 → 4.6 ●	73.9 → 76.7 ●
Hanover & District Hospital	90.4 → 96.4	89.5 → 91.3	4.7 → 5.9 ●	73.9 → 76.7 ●

Hospital Finances – how emergency departments are managing their resources

Registered Nursing Hours – indicates the number of hours worked by registered nursing staff as a per cent of the hours worked by all staff in the department.

Patient Care Hours Worked – shows the number of hours emergency staff spend on direct patient care.

Keeping up with Change – how emergency departments are coping with change

Co-ordination of Patient Flow – shows the extent to which the emergency department is trying to improve the flow of patients through emergency.

Preparation for Discharge – shows how well prepared patients feel when they are discharged from the emergency department.

Complex Continuing Care Highlights

Complex Continuing Care is provided in hospital settings. This report includes results for designated **hospital-based** continuing care beds only. It includes geriatric care to older people, palliative care to those who are dying, and respite care for people being cared for at home so that family caregivers may have a break and renew their energies.

	PATIENT SATISFACTION		PATIENT CARE	
	Dignity	Medical Care & Treatment	Improvement in Daily Living Activities	Use of Physical Restraints
Provincial Average	77.5	83.8	30.3	29.1
Chatham-Kent Health Alliance (Chatham)	NR	NR	NR	NR
Grey Bruce Health Services (Owen Sound)	NR	NR	NR	43.2 → 80.1 ○
Huron Perth Hospitals Partnership (Stratford)	NP	NP	NR	30.0 → 43.1 ●
Lambton Hospitals Group (Sarnia)	80.7 → 83.5 ●	82.4 → 85.1 ●	46.5 → 59.3 ●	30.0 → 43.1 ●
Leamington District Memorial Hospital	NP	NP	NR	NR
St. Joseph's Health Care (London)	72.4 → 75.1 ●	69.1 → 79.3 ●	13.1 → 24.4 ●	30.0 → 43.1 ●
St. Thomas-Elgin General Hospital	83.6 → 89.7 ●	85.2 → 88.9 ●	NR	0.0 → 11.5 ●
Windsor Regional Hospital	75.2 → 80.6 ●	82.4 → 85.1 ●	NR	30.0 → 43.1 ●
Woodstock General Hospital	NP	NP	NR	NR

Patient Satisfaction – what patients and families say about their satisfaction with care and treatment

Dignity – shows satisfaction with staff interactions that encourage dignity, personal and physical privacy, and activities that contribute to well being.

Medical Care and Treatment – reflects the overall perception of care and treatment.

Patient Care – how well patients are being looked after

Improvement in Daily Living Activities – shows the proportion of patients whose ability to perform activities of daily living improves.

Use of Physical Restraints – shows the proportion of patients who are in daily physical restraints.

Complex Continuing Care

	HOSPITAL FINANCES		KEEPING UP WITH CHANGE	
	Financial Health	Patient Care Hours	Client Centred Care	Relationships With Outside Organizations
Provincial Average	2.5	61.1	70.8	44.6
Chatham-Kent Health Alliance (Chatham)	NP	NP	68.5 → 73.4 ●	39.0 → 50.8 ●
Grey Bruce Health Services (Owen Sound)	NP	NP	68.5 → 73.4 ●	39.0 → 50.8 ●
Huron Perth Hospitals Partnership (Stratford)	NP	NP	56.0 → 68.4 ●	39.0 → 50.8 ●
Lambton Hospitals Group (Sarnia)	NP	NP	73.5 → 79.8 ●	57.8 → 88.9 ●
Leamington District Memorial Hospital	NP	NP	68.5 → 73.4 ●	50.9 → 57.7 ●
St. Joseph's Health Care (London)	NP	NP	68.5 → 73.4 ●	57.8 → 88.9 ●
St. Thomas-Elgin General Hospital	NP	NP	9.8 → 55.9 ●	28.5 → 38.9 ●
Windsor Regional Hospital	NP	NP	56.0 → 68.4 ●	50.9 → 57.7 ●
Woodstock General Hospital	NP	NP	56.0 → 68.4 ●	28.5 → 38.9 ●

Hospital Finances

Financial Health – indicates the per cent by which total revenues exceed total expenses.

Patient Care Hours – measures all complex continuing care worked hours for staff to carry out activities that contribute directly to patient care.

Keeping Up with Change

Client-Centred Care – shows the empowerment of patients / families in the care process.

Relationships With Outside Organizations – shows voluntary collaboration between internal and external providers of care.

Rehabilitation Highlights

Rehabilitation services help people who have been injured or ill regain their strength, mobility and independence. Services are provided by a team of health professionals, including physiotherapists, occupational therapists, speech language pathologists, nurses, doctors, dietitians and social workers. Rehabilitation is used by people of all ages who have a variety of health needs. Depending on their condition, people may need rehabilitation care for a few weeks or for several months. People often begin their rehabilitation while being treated for an urgent or acute health problem, like a stroke or injury. When they reach a certain stage, they may move into a hospital-based rehabilitation program. As they gain strength and become more independent, they will leave the hospital and continue their rehabilitation at home or in the community. Because rehabilitation occurs over a long period of time in different sites, it's important for hospital services to have strong links with rehabilitation providers in the community.

Ontario has 51 hospitals funded by the Ministry of Health and Long-Term Care that provide rehabilitation care. Forty-nine of these hospitals participated in this report project. Because this was the first year the project collected information on rehabilitation services, the project is only reporting on rehabilitation for the province as a whole with some regional breakdowns. Individual hospital scores will be available for the 2005 report.

Client Perspectives

What do rehabilitation clients think about their care? To assess client satisfaction, the project surveyed clients discharged from 35 hospital rehabilitation programs (41 different sites) from September 2002 to December 2002. Because of the nature of rehabilitation – gradual gains over a long period of time – it's vital that clients be partners in their own care and that their rehabilitation be designed to meet their needs. Family involvement is also extremely important because family members provide practical and emotional support for people striving to recover from an illness or injury. The survey measured how people feel about the services they receive and whether the hospital's services are client-centred. Are clients told about their treatment options? Are they involved in making decisions about

their care? Are clients educated about what they can do for themselves? Do staff provide emotional support?

According to the survey results, clients are generally very pleased with their care, particularly the emotional support they receive from rehabilitation professionals and the attention to their physical comfort. Nine out of 10 clients said rehabilitation staff tried to develop care that met their needs and eight out of 10 said their treatment choices had been clearly explained to them, but just over seven out of 10 reported being involved in decisions about their care or having family members involved in their care. While most clients (87%) reported that they benefited from rehabilitation services, only 79% felt they had achieved their goals before being discharged. This means that hospitals can do more to involve clients and families in setting goals and making decisions about their care.

When it comes to client-centredness, hospitals with specialty rehabilitation beds had higher scores than hospitals with general rehabilitation beds.

Quality of Care

Are clients in hospital rehabilitation care receiving quality care? To answer that question, researchers examined information on a sample of clients who received rehabilitation care between October 2000 and September 2002. They looked at several specific ways to measure quality of care. How long did clients wait to be admitted to hospital rehabilitation care? How long did they stay in hospital rehabilitation? Did they achieve their rehabilitation goals before being discharged? Did their ability to perform certain activities improve? Did they have to be readmitted for a related problem? Did they continue to improve after they left hospital?

Almost half the people who use hospital rehabilitation services have had a hip or knee replacement, or a hip fracture. One-quarter have had a stroke. Clients wait an average of a week to begin their rehabilitation, but wait times vary depending on their condition and readiness. For example, people recovering from hip or knee problems start their rehabilitation more quickly (usually within one to three days) than clients who have had a limb amputated or are suffering from arthritis or pain syndromes, who usually wait from three to six weeks.

Rehabilitation

Rehabilitation services tend to be very efficient. Clients with less serious problems (e.g., knee replacement) spend less time in care than those with more serious problems (e.g., spinal cord injuries, brain injuries). Clients are discharged quickly once they have completed their rehabilitation. All have some measurable improvement in their abilities. Fewer than one out of every 10 people treated for fractures, joint replacements, arthritis, pain or major physical injuries had to be readmitted for care. The clients most likely to be readmitted were those who received rehabilitation for a heart condition.

How do clients cope after they leave hospital? This question is hard to answer because only about 60% of specialized rehabilitation hospitals and 30% of general hospitals follow patients to see how they are managing at home or in the community. Hospitals could do a better job of follow up to assess the long-term impact of rehabilitation care.

Financial Health

Is rehabilitation care financially healthy? In general hospitals, staff who provide rehabilitation care may also work in other parts of the hospital. This makes it difficult to separate rehabilitation costs from other hospital costs. However, from the information that is available, hospitals continue to spend a high proportion of their rehabilitation resources (74.4%) on direct patient care.

The same pattern can be seen in the way nurses and therapists are used. Most of their time (87%) is spent working with clients. This indicates that resources are being used to deliver care.

Keeping Up With Change

To provide quality care, rehabilitation programs must keep pace with new knowledge. They must adopt practices and therapies that work, and continue to find new ways to involve clients in their care and make the best use of resources.

Almost all hospitals that provide rehabilitation care (96%) are developing and using practice guidelines. These help ensure that clients with the same conditions receive the same high quality care. However, only six out of every 10 hospitals are working with community rehabilitation providers to develop guidelines that help clients move easily from hospital to community care.

People who need rehabilitation services often have trouble getting services, or run into obstacles. For example, when people leave hospital-based programs, they may not have the support they need to continue their rehabilitation in the community. One way to avoid these problems is for hospitals to have clear criteria for deciding which clients are best treated in hospital-based programs as well as when clients should be discharged from hospital to community services. These criteria should be developed with other rehabilitation providers – so each service understands its role.

In 2001/02, data showed that hospitals concentrated on processes to help them admit the right clients, but paid less attention to co-ordinating services for clients leaving their programs. For example, 96% of hospitals were using admission criteria with at least three out of every four clients, but only 61% were using discharge criteria. Most hospitals (98%) involve at least one group of stakeholders in developing their admission criteria, but over one third (36%) did not consult with other rehabilitation providers when developing their discharge criteria. By working more closely with other providers, hospitals could help the rehabilitation system eliminate obstacles and provide better care.

Find Out More

How can you find out more about other health services in your community? Use this guide:

Where can I find answers to my health questions?

If you want free confidential health information and advice from registered nurses, 24 hours a day, seven days a week, call **Telehealth Ontario**: 1-866-797-0000. (TTY: 1-866-797-0007)

How do I find out about health promotion services?

Ontario's public health units offer health education and disease prevention programs in communities across the province. For information on the programs in your area, call your local public health unit. The number is in the blue pages of your phone directory.

How do I find a doctor in my community?

The College of Physicians and Surgeons of Ontario operates Find a Doctor Service. Call 1-800-268-7096, ext. 626, or check out their web site at www.cpso.on.ca

How do I find mental health services?

All parts of the province have hospital treatment, community mental health programs, self-help groups and psychiatrists. Your doctor or other health professional can help you find the services you need in your area.

How do I arrange for home care?

Ontario's 42 Community Care Access Centres (CCACs) are responsible for coordinating access to homemaking, nursing, therapy and other services for people living at home. For more information, call your local CCAC. The number is in the blue pages of your phone directory.

How do I arrange for long-term care?

Ontario has over 550 long-term care facilities (also known as nursing homes and homes for the aged), which are operated by private companies, local governments and not-for-profit organizations. They provide care for people who need 24-hour nursing care and are no longer able to live independently. To find out about the facilities in your area, contact your local CCAC. The number is in the blue pages of your phone directory.

How do I arrange for coverage of health services outside Canada?

Health services in other countries can cost much more than the Ontario Health Insurance Plan (OHIP) covers. If you receive health services in another country, you are responsible for paying the difference between what OHIP will pay and the amount you are billed. That's why it's important to get private health insurance when you travel outside Canada. For more information, call the Canadian Life and Health Insurance Association at 1-800-268-8099 or contact your private insurance company directly.

If I am unhappy with the health services I receive from a hospital in Ontario, how do I make a complaint?

If you have a concern or complaint about the hospital care you or a family member received, call the hospital and ask to speak to the patient relations representative. If the hospital doesn't have a patient relations representative, ask for the president or chief executive officer.

Hospital Report Research Collaborative

Since 1997, researchers in the Department of Health Policy, Management and Evaluation, Faculty of Medicine at the University of Toronto have led a research collaborative that has developed the framework and the methods for the Hospital Report series. The Collaborative includes faculty and staff from four universities and four research institutes.

Canadian Institute for Health Information (CIHI)

Canadian Institute for Health Information is an independent not-for-profit organization. It aims to provide accurate and timely healthcare information to improve the health of Canadians, strengthen the healthcare system, and assist leaders in the health sector to make informed decisions.

