



## North Vancouver Island Report Card

Index Scores and Rankings by Indicator, with Regional Comparisons

| North Vancouver Island Report Card                                |        |               |       |          |          |             |          |            |          |
|---|--------|---------------|-------|----------|----------|-------------|----------|------------|----------|
| Index Scores and Rankings by Indicator, with Regional Comparisons |        |               |       |          |          |             |          |            |          |
|   |        | North Van Isl |       |          |          | North Shore |          | Saint John |          |
|   |        | 2010          |       | Rank     |          |             |          |            |          |
| Indicator   | Canada | Score         | Index | 2010     | 2009     | Index       | Rank     | Index      | Rank     |
| <b>OVERALL QUALITY (4 MEASURES)</b>                               |        | <b>100</b>    |       | <b>6</b> | <b>1</b> | <b>102</b>  | <b>3</b> | <b>99</b>  | <b>8</b> |
| <b>1. QUALITY: OUTCOMES</b>                                       |        |               |       |          |          |             |          |            |          |
| 30 Day AMI Survival   | 8.9    | 6.8           | 137   | 1        | 1        | 94          | 9        | 89         | 11       |
| 30 Day Stroke Survival  | 17.7   | 20.3          | 85    | 12       | 11       | 113         | 1        | 94         | 7        |
| <b>2. QUALITY: PROCESS</b>  |        |               |       |          |          |             |          |            |          |
| AMI Readmissions  | 4.7    | 6.0           | 83    | 12       | 12       | 4           | 118      | 115        | 3        |
| Asthma Readmission  | 4.2    | No Data       |       |          |          | No Data     |          | No Data    |          |
| Prostatectomy Readmission   | 2.5    | No Data       |       |          |          | No Data     |          | No Data    |          |
| Hysterectomy Readmission  | 1.1    | No Data       |       |          |          | No Data     |          | No Data    |          |
| <b>3. QUALITY: APPROPRIATE</b>                                    |        |               |       |          |          |             |          |            |          |
| ACSC Hospitalization Rate   | 320    | 336           | 97    | 3        | 4        | 111         | 2        | 83         | 8        |
| Caeserian Section Rate  | 26.9   | 30            | 88    | 10       | 7        | 77          | 15       | 121        | 3        |
| <b>4. QUALITY: SAFETY</b>   |        |               |       |          |          |             |          |            |          |
| In-Hospital Hip Fracture  | 0.8    | No Data       |       |          |          | No Data     |          | 72         | 8        |
| Hospital Standardized Mortality                                   | 98.8   | 94            | 108   | 6        | 6        | 0           | 0        | 121        | 3        |
| <b>ACCESS</b>   |        |               |       |          |          |             |          |            |          |
| Hip Fracture Wait Same/Next Day                                   | 62.7   | 82            | 129   | 2        | 1        | 86          | 13       | 80         | 14       |
| Physicians: GP/100,000 population                                 | 101.0  | 136           | 127   | 1        | 1        | 121         | 2        | 101        | 8        |
| Place to go when sick (CCHS)                                      | 78.5   | No Data       |       |          |          | No Data     |          | 109        | 4        |
| Knee Replacement Rate   | 158.0  | 269           | 147   | 2        | 2        | 105         | 10       | 105        | 9        |
| Has a Regular MD (CCHS)   | 86.0   | 91            | 120   | 3        | 3        | 112         | 6        | 116        | 4        |
| Flu Shot < 1yr (CCHS)   | 32.0   | 31            | 97    | 2        | 2        | 95          | 3        | 94         | 5        |
| <b>PATIENT SATISFACTION (CCHS)</b>                                |        |               |       |          |          |             |          |            |          |
| Overall Satisfaction  | 1.78   | 1.87          | 89    | 9        | 9        | 0           | 0        | 120        | 2        |
| Satisfaction - Hospital Care                                      | 1.81   | 1.68          | 115   | 6        | 6        | 0           | 0        | 114        | 7        |
| Satisfaction - Physician Care                                     | 1.52   | 1.54          | 97    | 7        | 7        | 110         | 5        | 133        | 2        |
| <b>OVERALL INDEX / RANK *</b>                                     |        | <b>106</b>    |       | <b>2</b> | <b>1</b> | <b>106</b>  | <b>3</b> | <b>105</b> | <b>4</b> |

Note: Ranking among 15 small to medium sized regions with partial data

\* Weighting for Overall Index: Overall Quality Index (50%); Access Index (25%); Patient Satisfaction Index (25%)

**Components of the Report Card** We chose nineteen measures which are widely and consistently reported at the regional level, in the categories of quality, access and patient satisfaction. While the available indicators clearly do not represent the full breadth of services provided by regional health authorities, they at least provide a broad cross section of services and performance metrics.

**How the Index Scores were Derived** For each indicator, each region's reported score was compared to the overall Canadian average. A statistical data transformation was performed to create consistent distribution of index scores (standard deviation of 20 for each measure). Thus if a region's score is better than the national average, their index rating will be greater than 100, and vice-versa. For each of the three broad categories (quality, access and satisfaction), individual measures were equally weighted to come up with an average index score for the category. The overall index score is derived from the three groups as follows: quality (50%), access (25%), and satisfaction (25%).

**Selection of Comparison Regions** For each region, we chose two benchmarking regions to compare index scores and rankings. Comparisons were chosen based on three criteria: strong overall performers, similar population served, and where possible geographic proximity. A broader range of comparisons is possible using the enclosed comprehensive data sheet.

## **DATA SOURCES**

**Measures of Quality** Source: 2010 Health Indicators Report, Canadian Institute for Health Information (CIHI). Note: All health indicator measures are based on location of patients residence, not necessarily where services are provided. Therefore, regions with significant inflow/outflow may have distortions in data.

**30-Day Acute Myocardial Infarction In-Hospital Mortality Rate:** The risk-adjusted rate of all-cause in-hospital death occurring within 30 days of first admission to an acute care hospital with a diagnosis of acute myocardial infarction (AMI, or heart attack). Rates are based on three years of pooled data.

**30-Day Stroke In-Hospital Mortality Rate:** The risk-adjusted rate of all-cause in-hospital death occurring within 30 days of first admission to an acute care hospital with a diagnosis of stroke. Rates are based on three years of pooled data.

**Acute Myocardial Infarction Readmission Rate:** This indicator is the risk-adjusted rate of unplanned readmissions for selected reasons within 28 days following discharge for a heart attack. Unless otherwise specified, results are based on three years of pooled data.

**Asthma Readmission Rate:** This indicator is the risk-adjusted rate of unplanned readmissions following discharge for asthma. Patients are considered readmitted if they have an urgent admission within 28 days of an asthma discharge for an eligible condition. Unless otherwise specified, rates are based on three years of pooled data.

**Hysterectomy Readmission Rate:** This indicator is the risk-adjusted rate of unplanned readmission following hysterectomy for benign conditions. Readmissions are urgent hospital admissions within either 7 or 28 days of discharge, depending on the condition. Unless otherwise specified, results are based on three years of pooled data.

**Prostatectomy Readmission Rate:** This indicator is the risk-adjusted rate of unplanned readmission following prostatectomy for benign conditions. Readmission in this case is an urgent hospital admission for selected reasons within 28 days of hospital discharge. Unless otherwise specified, results are based on three years of pooled data.

**Hospitalization Rate for Ambulatory Care Sensitive Conditions:** This indicator measures the acute care hospitalization rate for seven ACSCs among Canadians younger than 75 per 100,000 population. The seven conditions are angina, asthma, chronic obstructive pulmonary disease (COPD), diabetes, epilepsy, heart failure and pulmonary edema, and hypertension.

**Caesarean Section Rate:** Proportion of women delivering babies in acute care hospitals by Caesarean section. The C-section rate is the number of women who deliver an infant by C-section, per 100 deliveries in acute care hospitals.

**In-Hospital Hip Fracture Rate:** This indicator is the risk-adjusted rate of in-hospital hip fracture among acute care in patients age 65 and older per 1,000 discharges. Unless otherwise specified, rates are based on three years of pooled data.

**Hospital Standardized Mortality Ratio (HSMR)** Source: HSMR: A New Approach for Measuring Hospital Mortality Trends in Canada. Compares the actual number of deaths in a region or a hospital to the number that would have been expected based on the types of patients a region or hospital treats. An HSMR greater or less than 100 suggests that a local mortality rate is higher or lower than the national experience.

**Measures of Access** Source: 2010 Health Indicators Report (CIHI) and the 2007 Canadian Community Health Survey (CCHS).

**Wait time for hip fracture surgery:** (CIHI) Proportion with surgery same or next day: Risk-adjusted proportion of hip fracture patients age 65 and older who underwent hip fracture surgery on the day of admission or the next day.

**Physicians:** (CIHI) Number of general / family physicians per 100,000 population.

**Place to Go When Sick:** (CCHS): Percentage who indicate they have a place to go when sick. Results of this question vary significantly from the CCHS question asking if respondents have a regular medical doctor.

**Knee replacement:** (CIHI) Age-standardized rate of unilateral or bilateral knee replacement surgery performed on patients in acute care hospitals or same-day surgery facilities per 100,000 population age 20 and older.

**Regular MD:** (CCHS): Percentage who indicate they have a regular medical doctor. Score rating for each region is the mean score of all respondent ratings in the weighted data. As such, a mean score of 1.2 represents greater access to services than 1.8.

**Flu Shot Within the Past Year** (CCHS): Data calculated based on number of positive responses as a percentage of total region population aged 15+.

**Measures of Patient Satisfaction – CCHS 2007** Source: Canadian Community Health Survey. To get a broad representation of patient satisfaction ratings, we used three items: Satisfaction with physician, hospital and healthcare services overall.

“Overall, how satisfied were you with the way health care services were provided?”

|  |
|--|
| 1 very satisfied 2 somewhat satisfied 3 neither satisfied nor dissatisfied 4 somewhat dissatisfied 5 very dissatisfied |
|--|

The score for each region is the mean score of all respondent ratings in the weighted data. As such, a mean score of 1.5 represents a greater average satisfaction than a mean score of 2.5.