List of Indicators

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Access to Health Services Indicators	
Indicators	**Data Sources**
1. Percent who have a regular medical doctor	Canadian Community Health Survey (CCHS) 3.1 Share File; Primary Care Access Survey (PCAS)
2. Difficulties accessing routine primary health care	CCHS Sub sample 3—Access to Health Services; PCAS
3. Difficulties accessing urgent, non-emergent primary health care	CCHS Sub sample 3—Access to Health Services; PCAS
4. Difficulties accessing primary health information or advice	CCHS Sub sample 3—Access to Health Services; PCAS
5. Percent of population reporting unmet health care needs	CCHS 3.1 Share File
6. Percent of population who accessed specialized services and reported difficulties by type of service – Overall – Specialist visits – Non emergency surgeries – Diagnostic tests	CCHS Sub sample 3—Access to Health Services
7. Wait times for specialized services – Median waiting time – Distribution of waiting times	CCHS Sub sample 3—Access to Health Services

Access to Health Services Indicators	
Indicators	**Data Sources**
8. Regular provider of diabetes care	Ontario Diabetes Database (ODD); Canadian Institute for Health Information Discharge Abstract Database (CIHI DAD); Claims History Database (CHDB); Statistics Canada Postal Code Conversion File (PCCF)
9. Percent who visited a dentist in the past 12 months	CCHS 3.1 Share File
10. Hospital admission rates for specific ambulatory care sensitive conditions – Asthma – Heart failure – COPD – Diabetes	CIHI DAD
11. Mean number of days between intake and first assessment for long-stay home care patients	Home Care Reporting System (HCRS)

Burden of Illness Indicators	
Indicators	**Data Sources**
A) Health & Functional Status	
1. Self-rated health status (Global Health)	Canadian Community Health Survey (CCHS) 3.1 Share File
2. Self-rated mental health status (Global Mental Health)	CCHS 3.1 Share File
3. Prevalence of activity limitations	CCHS 3.1 Share File
4. Prevalence of limitations in Instrumental Activities of Daily Living (IADL) or basic Activities of Daily Living (ADL) – No limitations – IADL Limitation only – Any ADL Limitation including IADL	CCHS 3.1 Share File
5. Activities prevented by pain	CCHS 1.1
6. Hospitalization rate due to fall-related injury among seniors	Canadian Institute for Health Information Discharge Abstract Database (CIHI DAD); Census of Canada
B) Chronic Disease Risk Factors	
7. Prevalence of chronic disease risk factors – Obesity – Physical inactivity – Smoking – Inadequate fruit and vegetable consumption – Low income – Low level of educational attainment	CCHS 3.1 Share File

Burden of Illness Indicators	
Indicators	**Data Sources**
8. Prevalence of food insecurity	CCHS 3.1 Share File
C) Chronic Conditions	
9. Prevalence of selected chronic conditions – Arthritis – Asthma, chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD) – Cancer – Diabetes – Cardiovascular disease (heart disease & stroke) – High blood pressure – Urinary incontinence	CCHS 3.1 Share File
10. Prevalence of depression	CCHS 2.1
11. Prevalence of multiple chronic conditions (Chronic conditions included: alzheimer's disease or other dementia; bowel disorder, crohn's disease or colitis; cancer (non-skin); diabetes; epilepsy; heart disease; high blood pressure; stroke; thyroid condition; urinary incontinence; arthritis/rheumatism excluding fibromyalgia or back problems excluding fibromyalgia/arthritis; asthma, chronic bronchitis, emphysema or COPD; chronic fatigue syndrome or fibromyalgia) – No chronic condition – One condition – Two or more conditions	CCHS 3.1 Share File
D) Incidence of Sexually Transmitted Infections	
12. Incidence of sexually transmitted infections – Chlamydia – Gonorrhea – HIV infection	Reportable Disease Information System (RDIS); Census of Canada
E) Mortality and Morbidity	
13. All-cause mortality	Ontario Mortality

Burden of Illness Indicators	
Indicators	**Data Sources**
14. Chronic disease mortality – Circulatory diseases – Diabetes – Chronic obstructive pulmonary disease (COPD)	Data from Statistics Canada; Population Estimates from Statistics Canada; Census of Canada
15. Infectious disease mortality – AIDS – Pneumonia and Influenza	
16. Mortality due to accidents and injuries – Road Traffic Accident by type of person affected – Pedal cycle injuries – Other unintentional injuries – Fall-related mortality rate among seniors	
17. Potential years of life lost (PYLL)*75	
18. Premature mortality: Deaths before age 75	
19. Life expectancy at birth	
20. Life expectancy at age 65	
21. Disability free life expectancy	

Cancer Indicators	
Indicators	**Data Sources**
A) General Indicators	
1. Incidence (breast, lung, colorectal, ovary, uterus, and cervical cancer)	Ontario Cancer Registry (OCR); Population files, Statistics Canada
2. Five-year survival rate (breast, lung, colon, rectum, ovary, uterus, and invasive cervical cancer)	OCR; Registered Persons Database (RPDB)
3. Waiting time for surgery (lung, ovary, uterus, and cervical cancer)	OCR; Ontario Health Information Plan (OHIP); Canadian Institute for Health Information Discharge Abstract Database (CIHI DAD)
B) Breast Cancer	
4. Percent of women with a history of breast cancer who have a yearly mammogram	OCR; CIHI DAD; OHIP, RPDB
5. Percent of screen eligible women receiving a mammogram in the last two years	OCR; (Ontario Breast Screening Program (OBSP); RPDB
6. Percent of women diagnosed with breast cancer who receive breast conserving surgery	OCR; CIHI DAD; OHIP; RPDB
7. Percent of breast cancer patients with an axillary lymph node dissection	OCR; CIHI; OHIP, RPDB
8. Percent of patients receiving radiotherapy after breast conserving surgery	OCR; CIHI DAD; OHIP; RPDB
9. Percent of breast cancer patients referred to an oncologist for treatment	OCR; CIHI DAD; OHIP; RPDB

Cancer Indicators	
Indicators	**Data Sources**
C) Lung Cancer	
10. Rate of lung resection for Non Small Cell Lung Cancer (NSCLC) patients	OCR; CIHI DAD
11. Percent of NSCLC patients treated with systematic therapy	OCR; CIHI DAD
12. Percent of patients with Small Cell Lung Cancer (SCLC) who received chemotherapy	OCR; CIHI DAD; OHIP
D) Colorectal Cancer	
13. Percent of screen eligible patients who received one or more fecal occult blood tests in the last two years	OCR; OHIP; RPDB
14. Percent of colorectal cancer patients who were referred to a medical oncologist for consideration of adjuvant chemotherapy	OCR; CIHI DAD; OHIP, Institute for Clinical Evaluative Sciences (ICES) Physician Database (IPDB)
15. Percent of colorectal cancer patients who received follow-up colonoscopy within 36 months of surgical treatment	OCR; CIHI DAD; OHIP
16. Percent of rectal cancer patients who received a sphincter preservation procedure at the time of surgery	OCR; CIHI DAD; OHIP
17. Percent of rectal cancer patients who had a consultation with a radiation oncologist	OCR; OHIP; IPDB
E) Ovarian Cancer	
18. Percent of patients who underwent primary ovarian cancer surgery by a gynecologic oncologist	OCR; CIHI; IPDB; RPDB
19. Postoperative use of chemotherapy (within four months) for ovarian cancer	OCR; CIHI; RPDB; OHIP
20. Rate of re-operation	OCR; CIHI; RPDB; OHIP
21. Percent of ovarian cancer patients who received a pre-operative abdominal ultrasound within three months of the	OCR; CIHI; RPDB; OHIP

Cancer Indicators	
Indicators	**Data Sources**
first surgery	

Cancer Indicators	
Indicators	**Data Sources**
F) Uterine Cancer	
22. Percent of uterine cancer patients with certain high risk histologies (serous and clear cell) on biopsy who were referred to a gynecologic oncologist for a staging procedure	OCR; CIHI; OHIP; IPDB
G) Cervical Cancer	
23. Percent of screen eligible women who had not undergone a hysterectomy, and who had at least one Papanicolaou (Pap) test in the last 3 years	Cytobase; OHIP; RPDB
24. Percent of women with a Pap test that showed a low grade lesion (ASCUS or LGSIL) who had either a repeat Pap test or colposcopy within six months of the initial Pap test	Cytobase; OHIP; RPDB
25. Percent of women with an unsatisfactory Pap result who received a repeat Pap test within two to four months of the original result	Cytobase; OHIP; RPDB
26. Percent of women diagnosed with an initial abnormal Pap test of Atypical Cells of Undetermined Significance (ASCUS) with high risk human papillomavirus (HPV) type who had a follow-up colposcopy within six months of abnormality identified	Cytobase; OHIP; RPDB
27. Percent of women with locally advanced cervical cancer who completed primary chemoradiation within eight weeks of starting treatment	OCR; OHIP;RPDB, CIHI DAD
H) End of Life Care	
28. Percent of cancer patients who died in acute care beds	OCR; RPDB, CIHI DAD
29. Percent of cancer patients who died who had at least one emergency department visit in the last two weeks of life	OCR; National Ambulatory Care Reporting System (NACRS); RPDB
30. Percent of cancer patients who died who received chemotherapy in the last two weeks of life	OCR; OHIP; CIHI DAD; NACRS; RPDB

Cancer Indicators	
Indicators	**Data Sources**
31. Percent of cancer patients who died who received one or more home care services in the last six months of life	OCR; Ontario Home Care Administrative System (OHCAS); RPDB
32. Percent of cancer patients who died who had one or more physician house calls in the last two weeks of life	OCR; OHIP; RPDB

Cardiovascular Indicators	
A) Ischemic Heart Disease Indicators	**Data Sources**
<u>Management of Acute Myocardial Infarction (AMI)</u>	
1. Type of physician caring for patients hospitalized with AMI	Canadian Institute for Health Information Discharge Abstract Database (CIHI DAD); OHIP
2. Use of aspirin in AMI – Within six hours of hospital arrival – At hospital discharge	Enhanced Feedback for Effective Cardiac Treatment (EFFECT) Database
3. Use of beta blockers in AMI – At hospital discharge (from EFFECT Database) – Within 30 days post discharge – Within 90 days post discharge – One-year adherence post discharge (filled prescription within 270-365 days)	EFFECT Database; CIHI DAD; Ontario Drug Benefit (ODB)
4. Use of angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARB) in AMI a) Either ACE or ARB – At hospital discharge (from EFFECT Database) – Within 30 days post discharge – Within 90 days post discharge – One year adherence post discharge (filled prescription within 270-365 days) *ACE & ARBs to be first run separately and then reported together. (ARB use not included in EFFECT database).*	EFFECT Database; CIHI; ODB
5. Use of statins in AMI – At hospital discharge (from EFFECT Database) – Within 30 days post discharge – Within 90 days post discharge – One year adherence post discharge (filled prescription within 270-365 days)	EFFECT Database; CIHI; ODB
6. Use of thrombolytics in ST-segment elevation myocardial infarction (STEMI)	EFFECT Database

Cardiovascular Indicators	
A) Ischemic Heart Disease Indicators	**Data Sources**
– Percent of AMI patients with STEMI who received thrombolytics within 24 hours – Median 'door-to-needle' time for thrombolytics (hours:minutes)	
7. Reperfusion using primary percutaneous coronary intervention (PCI) – Percent of AMI patients with STEMI receiving PCI within 24 hours after admission – Percent of AMI patients with STEMI who received PCI and/or thrombolytics within 24 hours after admission	EFFECT Database
8. Coronary angiography performed in hospital or referral for angiography	EFFECT Database
9. Physician visit within four weeks post discharge	CIHI DAD; OHIP
Outcomes for Acute Myocardial Infarction (AMI)	
10. Mortality after AMI – Within 30 days of hospital admission – Within one year of hospital admission	CIHI DAD; Registered Persons Database (RPDB)
11. Readmission rates after AMI – All-cause – Heart failure – Unstable angina – AMI – Stroke - Within 30 days post discharge - Within one year post discharge	CIHI DAD
Coronary Artery Bypass Graft (CABG) Indicators	
12. Internal mammary artery to left anterior descending artery if no absolute contraindication	CABG Database
13. Drug therapy after CABG (inpatient and at discharge) – Beta blocker – ACE-inhibitors – Anti-hyperlipidemics - Within 30 days post discharge - Within 90 days post discharge - One year adherence post discharge (filled	CABG Database

Cardiovascular Indicators	
A) Ischemic Heart Disease Indicators	**Data Sources**
prescription within 270-365 days)	
14.CABG length of stay (LOS) – Overall – Pre-surgical stay – ICU – Postoperative (excluding ICU)	CABG Database
15. Readmission rates after CABG – All-cause – Acute myocardial infarction (AMI) – Unstable angina (UA) – Heart failure (HF) – Stroke – Any cardiovascular disease (stroke, AMI, UA, HF) - Within 30 days post discharge - Within one year post discharge	CABG Database
16.365-day repeat revascularization	CABG Database
17. Mortality rates following bypass surgery – In hospital – Within 30 days following the operative date – Within one year following the operative date	CABG Database

Cardiovascular Indicators	
B) Heart Failure Indicators	**Data Sources**
Management of Heart Failure	
18. Type of physician providing care for heart failure patients – Hospitalized patients – Outpatients	CIHI DAD; OHIP
19. Use of angiotensin-converting enzyme (ACE) inhibitors for heart failure – At hospital discharge (from EFFECT Database) – Within 30 days post discharge – Within 90 days post discharge – One year adherence post discharge (filled prescription within 270-365 days)	EFFECT Database; ODB; CIHI DAD
20. Use of beta blockers for heart failure – At hospital discharge (from EFFECT Database) – Within 30 days post discharge – Within 90 days post discharge – One year adherence post discharge (filled prescription within 270-365 days)	EFFECT Database; ODB; CIHI DAD
21. Use of warfarin for atrial fibrillation – At hospital discharge (from EFFECT Database) – Within 30 days post discharge – Within 90 days post discharge – One year adherence post discharge (filled prescription within 270-365 days)	EFFECT Database; CIHI DAD
22. Left ventricular function evaluation – Before or during admission (from EFFECT Database) – Within one month of discharge if not assessed before or during admission	EFFECT Database; CIHI DAD
23. Weight measured and recorded at least 50% of days in hospital	EFFECT Database
24. Instructions provided to patient or surrogate at discharge by type of instructions – Medications – Salt/fluid restriction – Daily weight monitoring – Symptoms of worsening heart failure – Follow-up appointment	EFFECT Database

Cardiovascular Indicators	
B) Heart Failure Indicators	**Data Sources**
25. The female to male (F/M) ratio of individuals undergoing cardiac testing – Stress tests/exercise/perfusion imaging – Angiography – Echocardiography	OHIP: CIHI DAD
26. Follow-up provider visit within four weeks of discharge	OHIP: CIHI DAD
<u>Outcomes of Heart Failure</u>	
27. One year mortality after hospital admission for heart failure	CIHI DAD; Ontario Office of the Registrar General Mortality Data; RPDB
28. Readmission rates after hospital discharge for heart failure – All-cause – Heart failure – Unstable angina – Acute myocardial infarction – Stroke - With 30 days post discharge - Within one year post discharge	CIHI DAD
29. Emergency department visits post heart failure discharge – For heart failure – For any cardiovascular diagnosis – Any emergency department visit - Within 30 days post discharge - Within one year post discharge	CIHI DAD; National Ambulatory Care Reporting System (NACRS)

Cardiovascular Indicators	
C) Overall Cardiovascular Disease Indicators	**Data Sources**
Quality of Life	
30. Health-related quality of life among respondents with self-reported heart disease – Problems walking – Living with pain – Not happy or interested in life	Canadian Community Health Survey (CCHS) 1.1
31. Self-rated health status for people who have cardiovascular disease (Global health)	CCHS 3.1
32. Self-perceived health for people who have cardiovascular disease compared to a year ago (Health transition)	CCHS 3.1
33. Percent of people with cardiovascular disease who did something to improve their health in previous year	CCHS 3.1
34. Functional status—Limitations – Activity restriction – Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL)	CCHS 3.1
35. Functional Status—Number of disability days in the past two weeks – No disability days – One to six disability days – Seven or more disability days	CCHS 3.1
36. Prevalence and treatment of co-morbid depression among women reporting cardiovascular disease or cerebrovascular disease	CCHS 3.1

Cardiovascular Indicators	
C) Overall Cardiovascular Disease Indicators	**Data Sources**
Cardiovascular Disease Risk Factors	
37. Prevalence of cardiovascular disease risk factors in persons with heart disease – Diabetes – Hypertension – Obesity – Physical inactivity – Current smoking – Low income – Inadequate fruit and vegetable consumption – Food insecurity – Low level of educational attainment	CCHS 3.1
Wait Times for Cardiac Procedures	
38. Wait time for cardiac procedures – Coronary angiography – Angioplasty – Coronary artery bypass surgery - Median wait times - Percent of coronary procedures performed within Recommended Maximum Wait Times by urgency category	Cardiac Care Network of Ontario Cardiac Waiting List Registry (CWLR), Statistics Canada Postal Code Conversion (PCCF)
39. Wait times for cardiac procedures post AMI – Catheterization – Angioplasty – Coronary artery bypass surgery - Median wait times - Percent of coronary procedures performed within Recommended Maximum Wait Times by urgency category	CWLR; PCCF

Cardiovascular Indicators	
D) Stroke Indicators	**Data Sources**
Management of Acute Stroke in Hospital	
40. Thrombolysis for stroke patients – Percent of patients with ischemic stroke receiving thrombolysis – Percent of patients with ischemic stroke who arrive in hospital within 2.5 hours of stroke onset who receive thrombolysis	Registry of the Canadian Stroke Network Ontario Stroke Audit (RCSN OSA)
41. Antithrombotic therapy (antiplatelet agents and coumadin) for stroke patients – Percent of patients with ischemic stroke or transient ischemic attack (TIA) prescribed antithrombotic therapy within 48 hours of hospital arrival – Percent of patients with ischemic stroke or TIA prescribed antithrombotic therapy at discharge	RCSN OSA
42. Use of warfarin for stroke patients with atrial fibrillation – At hospital discharge (from RCSN OSA) – Within 30 days post discharge – Within 90 days post discharge – One year adherence post discharge (filled prescription within 270-365 days)	RCSN OSA; CIHI DAD; ODB
43. Use of lipid-lowering agents (statins) for stroke patients – At hospital discharge (from RCSN OSA) – Within 30 days post discharge – Within 90 days post discharge – One year adherence post discharge (filled prescription within 270-365 days)	RCSN OSA; CIHI DAD; ODB
44. Use of antihypertensive therapy for stroke patients – At hospital discharge (from RCSN OSA) – Within 30 days post discharge – Within 90 days post discharge – One year adherence post discharge (filled prescription within 270-365 days)	RCSN OSA; CIHI DAD; ODB
45. Carotid endarterectomy (CEA) rate – CEA within six months of hospitalization – Wait time for CEA	CIHI DAD

Cardiovascular Indicators	
D) Stroke Indicators	**Data Sources**
46. Cholesterol management for patients with stroke – Percent of patients with stroke who had lipids measured during hospitalization	RCSN OSA
47. Patients with acute stroke managed in a dedicated acute stroke unit	RCSN OSA
Imaging for Stroke	
48. Neuroimaging (CT/MRI) completed before hospital discharge	RCSN OSA
49. Carotid imaging completed during hospital stay or as outpatient post-discharge	RCSN OSA
Assessment	
50. Dysphagia screening for stroke patients	RCSN OSA
51. Assessment and documentation of smoking history	RCSN OSA
52. Assessment by type of therapist – Physiotherapist – Occupational therapist – Speech and language pathologist – Nutritionist	RCSN OSA
Emergency Department Care	
53. Stroke prevention clinic referral of patients with TIA discharged directly from an emergency department (ED)	RCSN OSA
Rehabilitation Care	
54. Neurologist/neurosurgeon consultation	RCSN OSA
55. Percent of stroke patients who were discharged to: – Rehabilitation facility – Long term care for patients living independently prior to stroke – Home	RCSN OSA

Cardiovascular Indicators	
D) Stroke Indicators	**Data Sources**
56. Mean change in Functional Independence Measurement (FIM) score between admission to and discharge from an inpatient rehabilitation facility	CIHI-National Rehabilitation System (NRS)
57. Waiting time from stroke onset to admission to an inpatient rehabilitation facility	CIHI-NRS
58. Duration and intensity of community care access centre (CCAC) home care services – Percent of CCAC stroke clients receiving each of: Physiotherapy, occupational therapy, speech and language pathology, social work, homemaking, nursing, lab services – Total number of visits and/or hours of care received by service – Length of stay (LOS) for CCAC clients for all stroke patients who receive any CCAC services - Average - Median	Home Care Database
<u>Outcomes for Stroke</u>	
59. Acute stroke mortality rate – Within seven days of hospital admission – Within 30 days of hospital admission – Within one year of hospital admission	CIHI DAD; NACRS; RPDB
60. Readmission for stroke – Stroke – Acute myocardial infarction – Unstable angina – Heart failure – Any cardiovascular disease (stroke, AMI, HF, UA) - Within seven days - Within 30 days - Within one year	CIHI DAD; NACRS

Depression Indicators	
Indicators	**Data Sources**
A) Primary/Specialty Outpatient Care	
1. Percent of individuals with probable depression who obtained treatment for depression from a fee-for-service (FFS) physician	Canadian Community Health Survey (CCHS) 1.1; Ontario Health Information Plan (OHIP)
2. Percent of individuals with probable depression who used an antidepressant and have a mental health visit to an FFS physician within three months (12 weeks) after the interview date	CCHS 1.1; OHIP
3. Visit frequency for depression care	CCHS 1.1; OHIP
4. Percent of patients with probable depression who received antidepressants or had a mental health visit with an FFS physician and had one of the following within one year of the interview date: – Suicide attempt or completion – Psychiatric hospitalization for depression – Receipt of electroconvulsive therapy – ED visit for depression – Addition to a Form 1 or Community Treatment Order	CCHS 1.1; OHIP; Canadian Institute for Health Information Discharge Abstract Database (CIHI DAD); National Ambulatory Care Reporting System (NACRS)
5. Percent of patients aged 66 years and older started on an antidepressant, who remained on an antidepressant and had at least three follow-up visits with any OHIP provider in the 12 weeks after initiating treatment	ODB; OHIP
6. Percent of women who gave birth and had a mental health visit in the year following delivery	CIHI DAD; OHIP
7. Percent of individuals with probable depression who received a full physical assessment in the six months before or after the interview date	CCHS 1.1; OHIP
B) Acute/Specialty Inpatient Care	
8. Percent of inpatient discharges who had OHIP care within 30 days of discharge following an inpatient stay for depression	CIHI DAD; OHIP

Depression Indicators	
Indicators	**Data Sources**
9. Readmission rate within 30 days of discharge following an inpatient stay for depression	CIHI DAD
10. Average number of days from discharge following an inpatient stay for depression to the first OHIP visit	CIHI DAD; OHIP
11. Rate of emergency department visits (with no admission) within 30 days of discharge following an inpatient stay for depression	CIHI DAD; NACRS