

The Fraser Institute

Hospital Report Card

Ontario 2008



by Nadeem Esmail and Maureen Hazel

9b Scores by Municipality *Patient Safety Indicators*



9b Scores by Municipality

Patient Safety Indicators

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Overview and Observations

Overview

The Fraser Institute's *Hospital Report Card: Ontario 2008* is constructed to help patients choose the best hospital for their inpatient care by providing them with information on the performance of Ontario acute-care hospitals. All of the information in this report, which is laid out in 12 documents, can be accessed in a convenient and interactive way through our websites, <www.fraserinstitute.org> and <www.hospitalreportcards.org>.

We set out to create a hospital report card that is easy to understand and accessible by the public, where individuals are able to look up a given condition or procedure and compare death rates, volumes of procedures, rates of adverse events, and utilization rates for their hospital to those of other hospitals in Ontario.

This is accomplished by using state-of-the-art indicators developed by the US Agency for Healthcare Research and Quality (AHRQ) in conjunction with Stanford University that have been shown to reflect quality of care inside hospitals. These indicators are presently in use in more than a dozen US states, including several of the more populous ones, New York, Texas, Florida and California.

We are using the Canadian Institute for Health Information's (CIHI) Discharge Abstract Database (DAD) as our primary information source. This information is derived from patient records provided to CIHI by all Ontario hospitals. Demographic, administrative, and clinical data are extracted from the Discharge Abstract Database for inpatient hospital stays from all acute care hospitals in Ontario, except for the Hospital for Sick Children in Toronto.

Since more specialized hospitals may treat more high-risk patients and some patients arrive at hospitals sicker than others, it is important to risk-adjust hospital death rates, adverse events rates, and utilization rates for patients with the same condition but a different health status. The international standard for risk adjustment, 3M™ APR™ DRG Classification System, [1] is employed to risk-adjust the data.

[1] 3M and APR are trademarks of 3M, used under license in Canada.

The Fraser Institute spent two years developing the methods, databases, and computer programs required to adapt the measures to Canadian circumstances. This work has been internally and externally peer-reviewed (Mullins, Menaker, and Esmail, 2006) and is supported by an extensive body of research based on the AHRQ approach.

Of Ontario's 136 acute-care hospitals, 30, representing 4.94% of inpatient records in Ontario in the latest year, granted us authorization to identify them by name in this report. This represents a significant drop from the previous report, in which we were authorized to identify 43 hospitals, representing 41% of inpatient records in Ontario in 2004/05. We applaud those hospitals who voluntarily agreed to be identified in this year's edition, the *Hospital Report Card: Ontario 2008*. These hospitals should be commended for their efforts to empower patients with information regarding the health care they receive and for their ongoing commitment to quality improvement through accountability and transparency.

The Fraser Institute's *Hospital Report Card: Ontario 2008* consists of 39 of AHRQ's indicators of quality (such as death due to a stroke) and patient safety (such as a foreign body left inside a patient during a procedure). The indicators are shown for all acute-care hospitals in Ontario from 1997 to 2006, comprising more than 9.5 million patient records. [2] We have also calculated the indicators for all municipalities in Ontario, based on patient location. This constitutes the most comprehensive and detailed publicly available measure of acute-care hospital performance and accountability in Canada at the present time.

The indicators are expressed as observed rates (such as death due to hip replacement surgery) and risk-adjusted rates (the same rate adjusted for patient health status). Each institution was given a score from 0 to 100 for each indicator based on its risk-adjusted rate, where 100 is the best. The institutions were then ranked based on their scores, where 1 is the best.

The indicators are classified into three groups: those related to medical conditions, hospital procedures, and child birth. The indicators are further classified by type: death rates, volumes of procedures, utilization rates, and adverse events.

A Hospital Mortality Index (HMI) has been constructed to examine the overall performance of a hospital or municipality across indicators that measure death rates. It consists of up to nine indicators including:

- deaths due to hip replacement surgery
- deaths due to heart attacks
- deaths due to heart failure
- deaths due to acute strokes
- deaths due to bleeding from the esophagus, stomach, small intestine or colon
- deaths due to hip fractures
- deaths due to pneumonia infection
- deaths among patients that are considered unlikely to die in the hospital
- deaths in patients that developed complications of care during hospitalization

The final HMI is an average of the scores of these indicators, where 100 is the best. All institutions and municipalities were ranked based on their HMI score, where 1 is the best. It is important to note that the 39 indicators and the Hospital Mortality Index are applicable only to acute-care conditions and procedures for inpatient care. The results cannot be generalized to assessing the overall performance of any given hospital.

Since this report is based on administrative data, the results have limitations related to coding variations and other factors. Hospital deaths or complications will occur even when all standards of care are followed. Deciding on treatment options and choosing a hospital are decisions that should be made in consultation with a physician. It is not recommended to choose a hospital based solely on statistics and descriptions such as those given in this report.

That said, the DAD is a major data source used to produce various CIHI reports including annual reports on the performance of the hospitals and health-care system and for seven of the health indicators adopted by the federal, provincial, and territorial governments. These data have been used extensively in previous reports on health care performance, and form the basis for many journal articles.

[2] There are a total of 50 indicators in this report. Due to changes in diagnostic and procedural classifications, the availability of indicators varies from year to year. Years 2002 to 2004 report 42 main indicators. Due to changes in AHRQ software, three indicators were dropped in 2005 for a total of 39 indicators.

A number of publications have addressed data-quality issues that are discussed in our report. Of note are CIHI's reabstraction studies that go back to the original patient charts and recode the information using a different set of expert coders. [3]

Overall, according to CIHI, [4] findings from their three-year DAD re-abstraction studies have confirmed the strengths of the database, while identifying limitations in certain areas resulting from inconsistencies in the coding of some data elements. In addition, the findings from the inter-rater data (that is, comparison between reabstractors) were generally similar to the findings from the main study data (that is, comparison between original coder and reabstractor). This suggests that the database is coded as well as can be expected using existing approaches in the hospital system.

In addition to the aforementioned reabstraction studies, the OECD published a report [5] that supports the AHRQ patient-safety indicator approach, noting that "this set of measures represents an exciting development and their use should be tested in a variety of countries" (p. 11). Further, a recently released report by the Manitoba Center for Health Policy that used the AHRQ Patient Safety Indicators [6] noted two important advantages to using the AHRQ approach. The first advantage is the breadth of coverage offered by the indicators in studying in-hospital patient safety. The second is that the AHRQ patient safety indicators were developed to measure complications of hospital-based care among a group of patients for whom the complications seemed preventable or highly unlikely.

Observations

A report based on more than 9.5 million patient records, shown across as many as 50 quality and safety indicators for 136 hospitals and 138 municipalities over nine years, is not something that can be summarized in a few words. In fact, the primary purpose of this research is to provide patients with access to information on specific medical procedures and conditions and understand the variation of hospital care across the entire system. It is for that reason that we have rates, scores, and ranks for each separate indicator and that information can be assessed by using this document and our associated interactive web-enabled database found through www.fraserinstitute.org or www.hospitalreportcards.org.

However, we have created one summary measure of mortality, based on the most important and reliable data in this study, the Hospital Mortality Index. The nine component indicators of the HMI were arrived at by a process of elimination. Starting with our complete group of indicators (39 in the latest year), we eliminated indicators that had no data for several years or relatively few hospitals with data. The resulting HMI has scores and rankings for 57 hospitals and 93 municipalities in the latest year.

Tables 1 (pages 6–7) and 2 (pages 9–11) show scores and rankings for the Hospital Mortality Index for 2005/06. [7] This is compared to the average score over the latest four years (2002/03–2005/06). The change column shows the improvement or deterioration in score between the two periods. Scores for fiscal years 2002, 2003 and 2004 are also presented. Comparisons of the Hospital Mortality Index for 2005/06 and previous years must be interpreted with caution.

[3] Reabstractors participating in the study were required to have several years of coding experience, experience coding in ICD-10-CA and CCI in particular, experience coding at a tertiary care centre, and attendance at specific CIHI educational workshops. They were also required to attend a one-week training session and to receive a passing score on the inter-rater test.

[4] Data Quality of the Discharge Abstract Database Following the First-year Implementation of ICD-10-CA/CCI. CIHI, 2004.

[5] Selecting Indicators for Patient Safety at the Health Systems Level in OECD Countries. John Millar, Soeren Mattke and the Members of the OECD Patient Safety Panel. Report available at <http://www.oecd.org/dataoecd/53/26/33878001.pdf>.

[6] Bruce S. et al., Application of Patient Safety Indicators in Manitoba: A First Look. Winnipeg, Manitoba Centre for Health Policy, June 2006.

[7] The use of 2002/03 and 2003/04 data possibly introduces a SARS effect to the HMI for some hospitals, as 44 patients died in Ontario from SARS between February and July 2003 and hospital operations were affected. However, we note that the median HMI score rose by 6.6 points in 2003 and dropped by 6.5 points in 2004, leaving the score virtually unchanged between 2002 and 2004 at 71.3.

Indeed, the number of hospitals and municipalities ranked fell from 66 to 57 and 106 to 93 respectively. Moreover, scores for 2005/06 may also be affected by changes in AHRQ's computation of risk-adjusted rates. [8]

Hospital Mortality Index: Hospitals

Top-Ranked Hospitals

- The top hospital in Ontario is Anonymous Hospital 10, identity unknown, with a high HMI score of 91.2 out of 100. It has performed consistently well, ranking second in both the late 1990s and early 2000s.
- Anonymous hospitals 222 and 204 are ranked second and third respectively in 2005/06. These hospitals did not appear in previous report cards.
- Anonymous Hospital 50 was ranked first in 2002/05 and ranks 13th in 2005/06.
- The top identified hospital is Timmins and District Hospital in 15th place and a score of 88.3, followed closely by Stratford General Hospital (Stratford) in 19th place and a score of 88.2. Stratford ranked among the top five in previous years.
- Calculation of an HMI score was possible for only four of the identified hospitals, none of which are in the top ten. St. Thomas Elgin General Hospital and Orillia Soldiers' Memorial Hospital rank 39th and 49th, respectively. As noted above, Timmins and District ranked 15th and Stratford General, 19th.
- Anonymous Hospital 25, ranked 12th, has had the largest improvement in its HMI score of any hospital (up 20.7 points) since the early 2000s.[9]

Bottom-Ranked Hospitals

- Nine of the 10 bottom-ranked hospitals did not participate in the study. Of these, Anonymous Hospital 18, with a score of 72.8, is the lowest-ranked hospital. It also ranked in the bottom 10 in 2002/05.
- Anonymous Hospital 40 is the second lowest-ranked hospital, with a score of 73.8. Anonymous Hospital 55 is third lowest, with a score of 79.0; this hospital also experienced the smallest improvement in its HMI from the early 2000s among hospitals for whom an HMI could be calculated in 2005/06.
- Orillia Soldiers' Memorial Hospital is the lowest-ranked participating hospital and is ranked 49th. A score for previous years is unavailable.

Consistency

- There is some consistency of performance in the top and bottom hospitals.
- All of the bottom ten hospitals, except for Anonymous Hospitals 55 and 59, were either low ranked in the late 1990s and early 2000s or had inadequate data during that period to be ranked.

[8] Prior to version 3, a linear regression model was used for risk-adjustment where the risk adjusted rate = observed rate - expected rate + population rate. With version 3, logistic regression was used, where the risk adjusted rate = observed rate / expected rate * population rate.

[9] Comparisons of the Hospital Mortality Index for 2005/06 and previous years must be interpreted with caution. Indeed, the number of hospitals and municipalities ranked fell from 66 to 57 and 106 to 93, respectively. Moreover, scores for 2005/06 may also be affected by changes in AHRQ's computation of risk-adjusted rates and scores for 2002/03 and 2003/04 may be biased by a SARS effect.

Table 1: Hospital Mortality Index—Hospitals

	2005/06		2002/05		Change 02/05–05/06		2002/03	2003/04	2004/05
	Score	Rank	Score	Rank	Score	Rank	Score	Score	Score
Hospital 10	91.2	1	79.6	2	11.6	20	73.0	86.0	79.9
Hospital 222	91.0	2	—	—	—	—	—	—	—
Hospital 204	90.4	3	—	—	—	—	—	—	—
Hospital 67	90.4	4	74.3	30	16.1	5	77.6	80.3	64.9
Hospital 29	90.3	5	75.5	24	14.8	11	71.9	80.8	73.8
Hospital 230	90.1	6	—	—	—	—	—	—	—
Hospital 223	90.1	7	—	—	—	—	—	—	—
Hospital 202	90.0	8	—	—	—	—	—	—	—
Hospital 226	89.6	9	—	—	—	—	—	—	—
Hospital 238	89.5	10	—	—	—	—	—	—	—
Hospital 228	89.4	11	—	—	—	—	—	—	—
Hospital 25	89.4	12	68.7	54	20.7	1	65.2	71.9	69.0
Hospital 50	89.2	13	80.9	1	8.3	31	78.5	86.0	78.1
Hospital 79	89.2	14	74.8	28	14.4	13	75.9	76.5	72.0
Timmins and District Hospital	88.3	15	—	—	—	—	—	—	—
Hospital 97	88.3	16	77	6	11.3	22	77.6	79.8	73.6
Hospital 178	88.3	17	—	—	—	—	—	—	—
Hospital 7	88.3	18	72.9	37	15.4	8	70.0	76.5	72.1
Stratford General Hospital	88.2	19	77.3	5	10.9	24	80.2	72.4	79.2
Hospital 200	88.2	20	—	—	—	—	—	—	—
Hospital 236	88.1	21	—	—	—	—	—	—	—
Hospital 220	88.0	22	—	—	—	—	—	—	—
Hospital 179	88.0	23	—	—	—	—	—	—	—
Hospital 70	88.0	24	68.2	57	19.8	2	57.3	78.8	68.4
Hospital 214	88.0	25	—	—	—	—	—	—	—
Hospital 76	87.8	26	71.9	43	15.9	7	68.5	75.8	71.4
Hospital 212	87.4	27	—	—	—	—	—	—	—
Hospital 15	87.2	28	70.7	47	16.5	4	69.9	76.5	65.9
Hospital 77	87.2	29	75.8	19	11.4	21	74.5	79.1	73.8
Hospital 62	86.6	30	76.4	12	10.2	26	78.5	83.1	67.5
Hospital 71	86.5	31	74.2	31	12.3	16	73.4	77.9	71.4
Hospital 106	86.3	32	70.3	48	16.0	6	74.1	73.2	63.6
Hospital 36	86.2	33	71.1	46	15.1	9	69.4	79.3	64.5
Hospital 211	86.0	34	—	—	—	—	—	—	—
Hospital 104	85.3	35	74.1	32	11.2	23	71.2	79.0	72.1
Hospital 218	85.2	36	—	—	—	—	—	—	—
Hospital 16	85.1	37	70.1	50	15.0	10	62.8	74.6	72.8
Hospital 109	85.0	38	74.9	26	10.1	27	75.3	79.6	70.0
St. Thomas-Elgin General Hospital	84.9	39	75.9	18	9.0	30	72.3	79.9	75.4
Hospital 8	84.9	40	70.3	49	14.6	12	64.7	74.1	72.2

Table 1: Hospital Mortality Index—Hospitals (continued)

	2005/06		2002/05		Change 02/05–05/06		2002/03	2003/04	2004/05
	Score	Rank	Score	Rank	Score	Rank	Score	Score	Score
Hospital 72	84.6	41	72.7	38	11.9	19	72.7	78.9	66.5
Hospital 108	84.4	42	72.3	42	12.1	17	69.8	75.8	71.2
Hospital 80	84.2	43	74.9	27	9.3	28	—	79.6	70.2
Hospital 180	83.7	44	—	—	—	—	—	—	—
Hospital 210	83.2	45	—	—	—	—	—	—	—
Hospital 38	83.1	46	72.3	41	10.8	25	70.4	75.1	71.3
Hospital 44	83.0	47	—	—	—	—	—	—	—
Hospital 59	82.9	48	75.6	23	7.3	32	—	80.0	71.1
Orillia Soldiers' Memorial Hospital	82.8	49	—	—	—	—	—	—	—
Hospital 22	82.4	50	69.3	53	13.1	15	70.0	71.0	67.0
Hospital 96	82.2	51	63	64	19.2	3	63.0	65.9	60.2
Hospital 31	82.2	52	68.2	56	14.0	14	73.1	74.9	56.7
Hospital 203	82.2	53	—	—	—	—	—	—	—
Hospital 43	79.3	54	67.3	59	12.0	18	63.2	71.9	66.8
Hospital 55	79.0	55	74.7	29	4.3	34	68.2	81.4	74.6
Hospital 40	73.8	56	64.6	62	9.2	29	59.8	69.5	—
Hospital 18	72.8	57	67.2	60	5.6	33	60.2	71.7	69.6

Hospital Mortality Index: Municipalities

Note: The Hospital Mortality Index (HMI) is calculated for municipalities using the residence of patients treated in Ontario's acute-care hospitals.

Top-Ranked Municipalities

- The top municipality is Maple with a high HMI score of 91.4 out of 100. This municipality ranked high at second place in 2002/05 but had inadequate data to show a score in the late 1990s.
- The second ranked municipality is Port Perry, with an HMI score of 90.9. Interestingly, Port Perry ranked a relatively low 61st over the period from 2002 to 2005. Data were not available to show a score in the late 1990s.
- The fourth-ranked municipality is Stratford, which also ranked consistently high at second place in the late 1990s and at third place in the early 2000s. Stratford General Hospital scored in the top 20 in 2005/06 and ranked consistently highly (fifth and first) over the previous two time periods, which is not surprising, given that more than 80% of Stratford inpatient stays occurred at that hospital.
- Larger population municipalities with high rankings are: Richmond Hill, ranked 14th; Brampton, ranked 15th; and Ottawa, ranked 20th.

Bottom-Ranked Municipalities

- The lowest-ranked municipality in Ontario is Fort Erie, with a low HMI score of 62.2 for the most recent period but inadequate data from the late 1990s.
- Most of the bottom-ranked municipalities are small and consistently low ranked over the two time periods. Examples are Brockville, Fort Erie, Collingwood, and Gananoque.
- Aylmer West, ranked 57th, sees almost 70% of its inpatients go to St. Thomas-Elgin General Hospital, which has an 39th-place ranking.
- Larger municipalities with low rankings are: Sault Ste. Marie, ranked 72nd; Markham, ranked 73rd; Brantford, ranked 74th; and Sudbury, ranked 80th.

Five Largest Municipalities

- The five largest municipalities in Ontario by number of inpatient stays are: Toronto, ranked 40th on the Hospital Mortality Index with a score of 83.7; Ottawa, ranked 20th with a score of 86.0; Scarborough, ranked 49th with a score of 81.2; Mississauga, ranked 42nd with a score of 83.7; and Hamilton, ranked 37th with a score of 84.3.

Table 2: Hospital Mortality Index—Municipalities

	2005/06		2002/05		Change 02/05–05/06		2002/03	2003/04	2004/05
	Score	Rank	Score	Rank	Score	Rank	Score	Score	Score
Maple	91.4	1	79.2	2	12.2	32	83.7	76.2	77.7
Port Perry	90.9	2	69.4	61	21.5	3	—	74.0	64.8
Orangeville	90.6	3	77.6	6	13.0	26	85.1	68.9	78.9
Stratford	88.9	4	79.1	3	9.8	55	81.9	74.1	81.3
Amherstburg	88.0	5	73.1	29	14.9	13	78.8	77.1	63.6
Wasaga Beach	87.9	6	—	—	—	—	—	—	—
Ajax	87.8	7	76.5	8	11.3	41	80.9	76.5	72.1
Alliston	87.5	8	63.8	92	23.7	2	59.0	58.6	73.9
Leamington	87.3	9	77.9	5	9.4	61	71.0	79.8	82.8
Whitby	87.2	10	74.9	15	12.3	31	74.8	73.1	76.8
Cornwall	87.1	11	70.2	54	16.9	7	71.0	69.5	70.0
Port Hope	86.8	12	66.5	81	20.3	4	72.8	72.1	54.5
Lively	86.7	13	61.2	100	25.5	1	66.0	55.1	62.5
Richmond Hill	86.5	14	72.3	35	14.2	19	78.3	64.7	73.9
Brampton	86.4	15	75.9	11	10.5	49	80.9	72.4	74.3
Bowmanville	86.4	16	74.4	18	12.0	33	69.0	75.7	78.5
Kingsville	86.3	17	70.7	53	15.6	10	—	66.8	74.6
Thornhill	86.3	18	76.7	7	9.6	58	82.2	72.5	75.5
Wallaceburg	86.1	19	68	72	18.1	6	70.3	64.3	69.4
Ottawa	86.0	20	72.8	33	13.2	24	77.2	68.8	72.5
Newmarket	86.0	21	70.7	52	15.3	12	75.8	70.6	65.7
Fergus	85.9	22	72.1	38	13.8	22	—	76.5	67.7
Woodbridge	85.6	23	73	31	12.6	30	72.8	71.9	74.2
Oshawa	85.5	24	73.5	26	12.0	34	76.4	71.1	72.9
Welland	85.4	25	71.2	44	14.2	20	75.6	64.8	73.2
Burlington	85.3	26	70.9	50	14.4	18	74.1	67.6	70.9
Cambridge	85.3	27	73.7	24	11.6	38	75.3	68.3	77.5
Georgetown	84.9	28	70	55	14.9	14	77.5	65.7	66.8
Other	84.8	29	74.4	17	10.4	52	76.4	73.9	73.0
Timmins	84.7	30	73.9	21	10.8	45	75.6	72.2	73.9
Arnprior	84.6	31	79.8	1	4.8	80	79.9	—	79.8
Carleton Place	84.5	32	—	—	—	—	—	—	—
Penetanguishene	84.5	33	78.2	4	6.3	76	—	77.7	78.7
Kitchener	84.4	34	69.5	60	14.9	15	73.9	65.2	69.4
Hawkesbury	84.3	35	—	—	—	—	—	—	—
Sarnia	84.3	36	73.7	23	10.6	47	76.7	71.3	73.1
Hamilton	84.3	37	73.7	22	10.6	48	76.3	69.5	75.5
Oakville	84.3	38	75.6	12	8.7	65	77.0	72.7	77.1
Willowdale	83.9	39	72.3	36	11.6	37	76.3	68.0	72.4
Toronto	83.7	40	72.1	39	11.6	36	74.5	69.8	71.9

Table 2: Hospital Mortality Index—Municipalities (continued)

	2005/06		2002/05		Change 02/05–05/06		2002/03	2003/04	2004/05
	Score	Rank	Score	Rank	Score	Rank	Score	Score	Score
Parry Sound	83.7	41	71	47	12.7	28	71.4	69.1	72.6
Mississauga	83.7	42	70.9	49	12.8	27	73.8	68.5	70.4
Etobicoke	83.5	43	68.8	69	14.7	16	71.2	67.7	67.4
Windsor	83.1	44	72.4	34	10.7	46	76.1	68.1	73.0
London	82.9	45	73	30	9.9	53	77.2	70.6	71.3
Barrie	82.2	46	75.1	14	7.1	73	78.7	75.7	71.0
Peterborough	81.8	47	65.4	86	16.4	8	75.4	57.8	62.9
Thunder Bay	81.4	48	73.9	20	7.5	69	77.9	70.3	73.6
Scarborough	81.2	49	69.7	57	11.5	39	75.1	64.3	69.6
Rural	81.1	50	71.3	43	9.8	56	74.9	68.4	70.8
Pickering	81.0	51	73.6	25	7.4	70	82.3	67.4	71.2
Weston	80.8	52	69.4	62	11.4	40	74.9	64.6	68.6
Downsview	80.7	53	65.2	88	15.5	11	71.4	62.3	62.0
Pembroke	80.3	54	64.1	90	16.2	9	64.1	63.8	64.6
Kingston	80.1	55	68.4	70	11.7	35	68.0	65.0	72.4
Aurora	79.7	56	72.2	37	7.5	68	75.2	69.7	71.7
Aylmer West	79.7	57	76.1	10	3.6	82	78.8	71.8	77.7
North York	79.6	58	67	78	12.6	29	73.5	54.5	73.0
Bolton	79.5	59	73.3	28	6.2	77	77.1	72.2	70.4
Bracebridge	79.4	60	69.6	59	9.8	54	77.5	67.8	63.5
Midland	79.3	61	66.3	84	13.0	25	78.7	59.8	60.5
Belleville	79.1	62	68	73	11.1	42	69.0	62.5	72.4
Cobourg	79.1	63	60.9	102	18.2	5	72.2	58.0	52.4
St. Catharine	79.0	64	67.9	74	11.1	43	73.9	63.3	66.4
Woodstock	78.8	65	69.1	64	9.7	57	72.1	70.2	64.8
Owen Sound	78.7	66	74.1	19	4.6	81	69.1	75.2	78.0
Milton	78.7	67	69.6	58	9.1	63	75.3	65.3	68.3
Stouffville	78.5	68	71.2	45	7.3	71	77.5	72.5	63.5
Chatham	78.4	69	69	66	9.4	60	72.7	63.9	70.3
Orillia	78.4	70	68.9	68	9.5	59	68.8	68.2	69.6
Grimsby	78.3	71	67.5	76	10.8	44	67.4	63.7	71.4
Sault Ste. Marie	78.3	72	74.9	16	3.4	83	81.3	72.2	71.1
Markham	78.0	73	64.2	89	13.8	21	69.9	60.4	62.2
Brantford	77.5	74	71.2	46	6.3	75	75.3	69.6	68.6
Bradford	77.5	75	72	40	5.5	78	67.8	76.3	—
Niagara Falls	77.4	76	66.9	79	10.5	50	73.1	63.1	64.6
Collingwood	77.1	77	62.5	96	14.6	17	72.8	59.3	55.3
Guelph	77.0	78	69.1	63	7.9	67	69.2	67.4	70.8
St. Thomas	76.9	79	66.4	83	10.5	51	69.1	60.7	69.4
Sudbury	76.2	80	70.7	51	5.5	79	71.2	70.5	70.5

Table 2: Hospital Mortality Index—Municipalities (continued)

	2005/06		2002/05		Change 02/05–05/06		2002/03	2003/04	2004/05
	Score	Rank	Score	Rank	Score	Rank	Score	Score	Score
Napanee	76.1	81	69	65	7.1	72	71.6	71.8	63.7
Gananoque	75.4	82	61.8	98	13.6	23	61.1	—	62.4
North Bay	75.4	83	66.1	85	9.3	62	68.6	59.3	70.5
Keswick	75.2	84	73	32	2.2	85	71.0	68.6	79.4
Innisfil	74.5	85	75.2	13	-0.7	86	83.7	67.3	74.6
Lindsay	73.9	86	71.5	41	2.4	84	70.6	73.3	70.6
Port Colborne	73.6	87	65.3	87	8.3	66	73.8	64.0	58.2
Tillsonburg	73.1	88	66.5	80	6.6	74	68.9	69.0	61.7
Brockville	71.7	89	62.6	95	9.1	64	—	63.8	61.4
Paris	71.3	90	—	—	—	—	—	65.1	—
Uxbridge	71.1	91	—	—	—	—	—	67.4	—
Huntsville	66.6	92	71.4	42	-4.8	88	—	62.6	80.2
Fort Erie	62.2	93	64	91	-1.8	87	71.0	58.2	62.8

Conclusion

The Fraser Institute's *Hospital Report Card: Ontario 2008* provides a comprehensive measure of inpatient acute-care conditions in Ontario hospitals. This is the second edition of an annual report card for patients in Ontario, and its publication follows the introduction of a similar report for patients in British Columbia (*Hospital Report Card: British Columbia 2008*). Future editions of The Fraser Institute's *Hospital Report Card* will include performance measurement of acute-care hospitals in other provinces. We welcome comments on the content and format of this report via comments@hospitalreportcards.ca.

Introduction and background

The goal of the Fraser Institute's *Hospital Report Card: Ontario 2008* is to contribute to the improvement of inpatient care in Ontario by providing hospital-specific information about quality of service directly to patients and to the general public. This series is the first in Canada to empower patients to make informed choices about their health-care delivery options by providing comparable, hospital-specific, performance measurements on clearly identified indicators. The Fraser Institute's *Hospital Report Card: Ontario 2008* has been published to promote accountability within hospitals, thereby stimulating improved performance through an independent and objective measurement of performance.

Introduction

In Canada, individuals have access to data identifying problem areas in an automobile from information willingly supplied by consumers, the vehicle's manufacturer, and industry experts. They can find which CD player is the best on the market for their needs. They can compare restaurants before heading out for an evening meal. Yet when it comes to health care, which many will consider more important for an individual's well being, consumers are left with remarkably little information about where the best services are available. They cannot even tell which hospitals offer the worst care or have the highest mortality rates (Esmail, 2003).

What Are Hospital Report Cards? [1]

Hospital report cards provide a set of consistent performance measurements to rank the products in question and help inform consumer choice. In some cases, these indicators may be subjective, or based on the opinions of survey respondents. In other cases, the indicators will be objective measures of performance or outcomes.

Hospital report cards are used to measure specific practices in hospitals such as the application of a specific drug or technology to certain events; or performance with respect to access to care or consumer friendliness; or to measure the likelihood of a positive outcome provided by health facilities in a specific jurisdiction.

[1] Daniel P. Kessler of Stanford University, Hoover Institution provides a helpful delineation of the field in a PowerPoint® slideshow entitled "Health Care Quality Report Cards."

The Four Primary Types of Hospital Report Cards

1 Process Report Cards This type of report card describes the inputs used by hospitals, health plans or individual physicians in the course of treating their patients. An example of these types of report cards can be found in those commissioned by The Leapfrog Group (Leapfrog Group, 2005). [2] The primary strength of a Process Report Card is that it can be developed from existing medi-

[2] Further information available at <<http://www.leapfroggroup.org/>>.

cal administrative databases with relative ease. The process report card, however, does not necessarily measure the appropriateness, the quality, or the importance of the inputs employed in ensuring good health, although these factors can be captured to some extent by the inclusion or exclusion of specific inputs.

2 Survey Report Cards These types of report cards are composed of patients' evaluations of their quality of care and/or customer service. An example of this type of report card is found in the Pacific Business Group on Health's (PBGH) *Healthscope* reports. Although survey-based report cards do provide valuable information on subjective areas of patient care, they cannot measure how treatment decisions by a doctor or hospital lead to objective improvements in patient care.

3 Outcomes Report Cards These report cards present average levels of adverse health outcomes based on mortality or complication rates experienced by patients as part of a health plan, as treated by a specific doctor, or in a specific hospital. An example of this type of report card can be found in the *Pennsylvania CABG* surgery reports (Pennsylvania Health Care Cost Containment Council, 2006). [3] These report cards provide objective measures of differences in the quality of care but are susceptible to being "gamed" by either doctors or hospitals. For example, the doctor or hospital may avoid exceptionally sick patients (that is, patients who are qualitatively more ill with a listed condition and who will consequently drag average results down) in favour of healthy patients (to skew results upward). This unintended effect can, however, be mitigated through the appropriate application of risk-adjustment in the measures. Outcomes report cards (including The Fraser Institute's *Hospital Report Card*) provide the most empirically sound basis for analyzing the quality of care.

[3] Further information available at <http://www.phc4.org/reports/cabg/>.

4 Balanced Scorecards The balanced scorecard was developed in the early 1990s by Drs. Robert Kaplan and David Norton to examine a business above and beyond the financial bottom line. Translated into the healthcare field, this results in four quadrants. In the case of the *Ontario Hospital Reports* series, a prime example of the use of a "balanced scorecard," these are [a] financial performance and conditions; [b] patient/client satisfaction; [c] clinical utilization and outcomes; and, [d] system integration and change. While this variant of report card is useful in determining the broadest view of a hospital's operations and functions, specific and relevant indicators regarding hospital performance may be overlooked.

Why Are Hospital Report Cards Published?

The publication of hospital report cards is based on the concept that publishing outcomes data can both improve the quality of care in hospitals and inform patients' healthcare decision-making. Armed with more information based on a set of repeatable measurements about the relative performance of caregivers, both patients and physicians are able to make a more informed choice about which

facility or provider to select for a given condition. This allows for a rational discussion of relative levels of quality of service provision and eliminates measurement based on anecdotal information, which can be misleading and ultimately harmful.

Where Are Hospital Report Cards Published?

The United States of America

The United States was one of the first nations to begin measuring, comparing, and publishing measurements of hospital performance. Hospital report card initiatives were first undertaken by the federal government, with state governments following its lead. Private-sector information providers offering several competing reports on provider quality have refined the reporting of information.

In 1987, the first US hospital report cards were published by the Health Care Financing Administration (HCFA). These reports detailed annual mortality rates that were measured from the records of hospitalized Medicare patients. However, due to extensive criticism regarding the accuracy, usefulness, and interpretability of the HCFA's mortality data, this initiative was withdrawn in 1993 (Berwick and Wald, 1990).

In the late 1980s, the state of New York began the Cardiac Surgery Reporting System (CSRS), which collected data from patients' medical histories and recorded whether they died in hospital following surgery. From these data, New York was able to report detailed physician-specific statistics. While the information contained in the CSRS was not originally intended to provide the public with information about the performance of their provider, the news media understood the public's desire for such data and saw the benefit in publishing the information. In December of 1990, the *New York Times* used this information to publish a list of local hospitals, which ranked facilities according to their mortality rates for Coronary Artery Bypass Surgery (CABG). Invoking the *Freedom of Information Act*, the *New York Newsday* sued the New York State Department of Health to obtain access to its database on bypass surgery and on cardiac surgeons. The goal was to publish physician-specific death rates for patients. The Supreme Court of New York ruled that it was in the public's best interests to have access to these mortality data in order to make informed decisions about their health care (Zinman, 1991). As a result, *New York Newsday* was able to publish the information on physician performance for citizens to assess where the best care was available. Driven by this development, the New York State Department of Health began publishing annual editions of the *Coronary Artery Bypass Surgery Report* in 1996 (New York State, Department of Health, 2005). [4]

Following the precedent set by this pioneering case, a wide variety of hospital performance reports began to be produced in the 1990s by a disparate group of authors that ranged from the news media, coalitions of large employers, consumer advocacy organizations, and state governments (Marshall et al., 2003). Many different development paths have been taken so that there is currently no "standardized" hospital report card or agreement on the indicators to measure.

[4] Links to the entire series of reports can be found at <http://www.health.state.ny.us/nysdoh/heart/heart_disease.htm>.

Furthermore, these different reports range widely in terms of both quality and comprehensiveness. Indeed, as Marshall and colleagues cheekily note: “Public reporting in the United States is now much like healthcare delivery in that country: It is diverse, is primarily market-based, and lacks an overarching organizational structure or strategic plan. Public reporting systems vary in what they measure, how they measure it and how (and to whom) it is reported.” [5] Of course, for patients who are the beneficiaries of such competition between information providers, each of whom strives to deliver a product in some way superior to his competitors, this is no bad thing.

[5] Document available at <www.medscope.com/viewarticle/452953_3>.

Examples of American Private and Public Information Providers

- [1] America’s Best Hospitals—USNEWS & World Report <<http://www.usnews.com>>.
- [2] Healthgrades <<http://www.healthgrades.com>>
- [3] Leapfrog Group <<http://www.leapfroggroup.org>>
- [4] National Committee for Quality Assurance (NCQA) <<http://www.ncqa.org>>
- [5] National Quality Forum <<http://www.qualityforum.org>>
- [6] Quality Check <<http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/>>
- [7] Cardiac Surgery in New Jersey <<http://www.state.nj.us/health/reportcards.htm>>
- [8] Cardiac Surgery Reports <<http://www.health.state.ny.us/nysdoh/healthinfo/index.htm>>
- [9] Pennsylvania Hospital Performance Reports <<http://www.phc4.org>>
- [10] Indicators of Inpatient Care in New York Hospitals <<http://www.myhealthfinder.com>>
- [11] Indicators of Inpatient Care in Texas Hospitals <<http://www.dshs.state.tx.us/THCIC/>>
- [12] Maryland Hospital Performance Evaluation Guide <<http://www.hospitalguide.mhcc.metro-data.com>>

The United Kingdom

The hospital reporting universe in the United Kingdom is a fraction of the US market’s size. League tables [6] of death rates for English hospitals were available from 1992 to 1996 (Leyland and Boddy, 1998) and mortality statistics for English hospitals were published by the Labour government in 1998. Although publicly released, these were intended for managerial use and had little discernible impact (Street, 2002). The first initiative designed for public consumption was the Patient’s Charter (National Health Service, 1991), [7] which focused on waiting times as opposed to clinical quality.

[6] A league table ranks the performance of a range of institutions.

[7] Further information can be found at <<http://www.pfc.org.uk/medical/pchrt-e1.htm#foreword>>.

In 1998, the National Health Service (NHS, Britain’s tax-funded and universal medical insurance program) adopted a new Performance Assessment

Framework (PAF) to report clinical outcomes at the hospital level (London: Department of Health, 1998). It focused on health gain, fair access, effective delivery of services, efficient delivery of services, health outcomes, and patient/career experience. This initiative received prominence in 2001 as the NHS Plan became the first government plan in the developed world to deal explicitly with report cards. Beginning in September 2001, the UK Department of Health began to publish a new rating system for all NHS non-specialist hospitals in England. The performance of hospitals included in this survey was classified into one of four categories, ranging from zero to three stars based on the hospital's performance on a range of indicators and the outcome of their clinical governance review by the Commission for Health Improvement (CHI). As an additional incentive for improvement, beyond that assumed to come with public reporting of performance, the Department of Health mandated that hospitals scoring at the high end of the scale would receive greater funding and autonomy, while those at the bottom of the scale would be subject to greater government oversight and intervention. For example, those receiving zero stars were subject to investigations and underwent changes in management where necessary.

Although the lion's share of reporting in Britain has been by and at the direction of government, an independent initiative entered the arena in the latter half of 2000 when Tim Kelsey and Jake Arnold-Forster, a pair of *Sunday Times* journalists, founded Dr. Foster to generate authoritative independent information about local health services on the web at <<http://www.drfooster.co.uk>>. The partnership is in the form of a 50:50 joint venture involving the new Health and Social Care Information Centre (a special health authority of the NHS) and Dr. Foster, a commercial provider of healthcare information. Numerous publications have emerged from this initiative including the *Good Birth Guide* and the annual *Good Hospital Guide*, which was first published in 2001 and continues to be published annually. These guides contain information about hospital-specific mortality rates; the total number of staff; wait times; numbers of complaints; as well as, uniquely, private hospital prices for services.

Canada

Hospital reporting initiatives, like those in both the United States and the United Kingdom, have emerged in Canada only recently. In 1998, the Ontario Hospital Association produced a report card comparing the hospitals covered by its organization. Undertaken by a research group at the University of Toronto, the publication focused upon inpatient acute care and reported results at both peer group and regional levels of aggregation, but not for individual facilities. *Hospital Report '99*, published the following year, saw the first reporting of hospital-specific acute-care hospital performance indicators in Canada. In 2000, the Government of Ontario joined as a partner in the enterprise and the scope of the report was expanded to include such areas as complex continuing care, mental health, rehabilitation, and emergency department care. In addition, specific reports dealing with women's health, the health of the population as a whole, and nursing care were also produced. These publications have since appeared annually. The

Hospital Report Series appears in a “balanced scorecard” format and assesses the performance of hospitals in four quadrants including: [a] financial performance and conditions; [b] patient/client satisfaction; [c] clinical utilization and outcomes; and [d] system integration and change.

Other notable reporting initiatives in Canada include Canadian Institute for Health Information’s *Hospital Standardized Mortality Ratio* (discussed below), *Healthcare Performance Measurement in Canada: Who’s Doing What?* (Baker et al., 1998), *Quality of Cardiac Care in Ontario* (ICES, 2004) [8] and *The State of Hospital Care in the GTA/905* (GTA/905 Healthcare Alliance, 2005). [9] Additionally, two publications that have reported on patient safety and adverse events are *The Ottawa Hospital Patient Safety Study* (Forster et al., 2004) [10] and *The Canadian Adverse Events Study* (Baker et al., 2004), though neither reported institution-specific measures. [11] Additionally, for the last 17 years, The Fraser Institute has published *Waiting Your Turn: Hospital Waiting lists in Canada*, a report that provides Canada’s only national, comparable, and comprehensive measurement of waiting times for medically necessary treatment (Esmail and Walker with Bank, 2007). [12] Another Fraser Institute initiative is *How Good is Canadian Health Care? An International Comparison of Health Care Systems* (Esmail and Walker, 2007) [13], which compares Canada’s health policies and healthcare performance with other nations that guarantee their citizens access to healthcare insurance.

Other avenues of hospital performance reporting and monitoring in Canada have largely been in the form of private hospital assessments of performance by a contracted third party using a proprietary performance indicator methodology. A prime example of this is the work done by the Hay Group in rating the performance of participating Ontario hospitals for a fixed fee per facility (Hay Group, 2005).

Canadian Institute for Health Information’s Hospital Standardized Mortality Ratio (HSMR)

The Canadian Institute for Health Information (CIHI) published its own measure of hospital and regional performances, the *Hospital Standardized Mortality Ratio* (HSMR), in 2007. While both CIHI’s measure and the *Hospital Report Card: Ontario 2008* use data from CIHI’s Discharge Abstract Database, there are several significant differences between the measure published by CIHI and those published by The Fraser Institute. These differences make comparisons between the two reports difficult and lead to the conclusion that CIHI and the *Hospital Report Card: Ontario 2008* are measuring mortality in two very different ways.

The most significant difference between the measures published by The Fraser Institute and those published by CIHI is the level of detail available. According to the CIHI report, the *Hospital Standardized Mortality Ratio* (HSMR) is a “big dot summary” measure (CIHI, 2007: 4), or a measure that “tracks progress on broad outcomes at a system level” (2007: vii). More specifically, the HSMR is a composite measure of mortality in diagnosis groups that comprise 80% of all deaths in acute-care facilities. These include:

[8] Report available at <http://www.ices.on.ca/WebBuild/site/ices-internet-upload/file_collection/Ccort%5FFull%5FRreport%2Epdf>.

[9] Further details available at <<http://www.gta905health.com/mediaroom/2005-may3.html>>. Report available at <<http://www.gta905health.com/whatsnew/gta905-hospitalreport.pdf>>.

[10] Article available at <<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pubmed&pubmedid=15078845>>. Also, the Manitoba Center for Health Policy recently released an in-hospital patient safety report using the AHRQ Patient Safety Indicators (Bruce et al., 2006).

[11] Article available at <<http://www.cmaj.ca/cgi/content/full/170/11/1678>>.

[12] Report available at <http://www.fraserinstitute.org/commerce.web/publication_details.aspx?pubID=4962>.

[13] Report available at <http://www.fraserinstitute.org/commerce.web/publication_details.aspx?pubID=5035>.

- Acute pancreatitis
- Acute renal failure
- Adult respiratory distress syndrome
- Alcoholic liver disease
- Alzheimer's disease
- Acute myocardial infarction
- Angina pectoris
- Aortic aneurism and dissection
- Atrial fibrillation and flutter
- Cardiac arrest
- Cerebral infarction
- Chronic ischemic heart disease
- Chronic obstructive pulmonary disease
- Chronic renal failure
- Complications of procedures, not elsewhere classified
- Convalescence
- Diabetes mellitus type 2
- Diffuse non-Hodgkin's lymphoma
- Diverticular disease of intestine
- Fibrosis and cirrhosis of liver
- Heart failure
- Hepatic failure
- Hip fracture
- Intracerebral hemorrhage
- Intracranial injury
- Lymphoid leukemia
- Malignant neoplasm of bladder
- Malignant neoplasm of brain
- Malignant neoplasm of breast
- Malignant neoplasm of bronchus and lung
- Malignant neoplasm of colon
- Malignant neoplasm of liver and intrahepatic bile ducts
- Malignant neoplasm of pancreas
- Malignant neoplasm of prostate
- Malignant neoplasm of stomach
- Malignant neoplasm without specification of site
- Multiple myeloma and malignant plasma cell neoplasms
- Myeloid leukemia
- Other and unspecified types of non-Hodgkin's lymphoma
- Other bacterial intestinal infections
- Other diseases of digestive system
- Other diseases of intestine
- Other disorders of brain
- Other disorders of fluid, electrolyte and acid-base balance
- Other disorders of urinary system
- Other interstitial pulmonary diseases
- Other non-traumatic intracranial hemorrhage
- Paralytic ileus and intestinal obstruction without hernia
- Peritonitis
- Pleural effusion, not elsewhere classified
- Pneumonia
- Pneumonitis due to solids and liquids
- Post-procedural respiratory disorders, not elsewhere classified
- Pulmonary embolism
- Respiratory failure
- Secondary malignant neoplasm of other sites
- Secondary malignant neoplasm of respiratory and digestive organs
- Septicemia
- Shock, not elsewhere classified
- Stroke, not specified as hemorrhage or infarction
- Subarachnoid hemorrhage
- Unspecified dementia
- Unspecified renal failure
- Vascular disorders of intestine
- Volume depletion

By comparison, the measures published in the *Hospital Report Card: Ontario 2008* allow for the examination of hospital performance in specific and detailed areas, thus providing patients with a greater level of information regarding their particular interest or diagnosis and allowing providers greater insight into the areas of care that are of particular concern in their facilities. In the latest year of data, 39 specific and well-defined indicators of quality of care are examined in The Fraser Institute's report. The composite measure published in the *Hospital Report Card: Ontario 2008*, the Hospital Mortality Index (HMI), is also a more specific measure of mortality in acute-care hospitals than CIHI's composite measure and includes only the following nine measures:

- Hip replacement mortality (IQI 14)
- Acute myocardial infarction mortality (IQI 15)
- Congestive heart failure mortality (IQI 16)
- Acute stroke mortality (IQI 17)
- Gastrointestinal hemorrhage mortality (IQI 18)
- Hip fracture mortality (IQI 19)
- Pneumonia mortality (IQI 20)
- Death in low mortality Diagnosis Related Groups (PSI 2)
- Failure to rescue rates (PSI 4)

Further, the *Hospital Standardized Mortality Ratio* (HSMR) is a relative measure, giving a measure of a hospital's or region's performance relative to Canada's performance as a whole in 2004. The indicator measures the ratio of the actual number of deaths for a hospital or region given its case mix (age, sex, length of stay, diagnosis group, etc. of its patients) to the number of deaths that would be expected according to national estimates in 2004. [14] Conversely, the 39 indicators published in the *Hospital Report Card* [15] and the *Hospital Mortality Index* (HMI) composite measure give an absolute measure of patient safety or in-patient quality of care.

These significant differences in the approaches used by CIHI and the *Hospital Report Card: Ontario 2008* lead to the conclusion that the two measures cannot be compared with one another directly. Further, the relative rankings of hospitals are not necessarily comparable because of differences in what is being measured in the HSMR and the various indicators of the *Hospital Report Card: Ontario 2008* or the HMI composite measure, and because of the differences between an absolute and relative measure (i.e. for a given indicator, a hospital or region performing better than the Canadian average will not necessarily score highly if the Canadian average is low). In addition to these significant differences in approach is a difference in risk-adjustment methodologies: the indicators in the *Hospital Report Card: Ontario 2008* are risk-adjusted using the publicly-available 3M/AHRQ methodology/software and are not risk adjusted in the manner developed and employed by CIHI for the HSMR.

However, while the two sets of measures cannot be directly compared, it is nevertheless true that the HSMR provides a measure of hospital mortality that can be used in conjunction with the HMI and the other measures produced in the *Hospital Report Card: Ontario 2008*. [16] Both sets of measures are based on an internationally validated and commonly applied methodology, and both sets of measures can provide patients and providers with insight into where mortality rates are unacceptably high or exceptionally low. [17] In this sense, the authors of this report welcome CIHI's measure and hope that greater reporting of, and attention to, provider performances on mortality leads to improved outcomes from care for Canadians.

What Are the Measurable Impacts of Patient Safety and Hospital Report Cards?

In the United States, hospital report cards have had a number of measurable impacts on performance and the quality of patient care. The first and most notable example came from the *New York State Cardiac Surgery Report*. Hannen et al. (1994)

[14] The number of deaths is computed for the 65 diagnosis groups listed above, accounting for 80% of in-patient mortality.

[15] In some years, more than 39 indicators are available (see Appendix G).

[16] Note that the regional results published by CIHI are based on where patients were treated, while municipal measures published in the *Hospital Report Card* are based on where patients lived.

[17] It is worth noting that CIHI began working with the HSMR measure for Canada in 2005 while The Fraser Institute's research program on the *Hospital Report Card* began in 2004. Further, The Fraser Institute's *Hospital Report Card* was the first publicly available report in Canada that allowed the comparison of mortality rates in Canadian hospitals based on a standardized measure. A significant advantage of the CIHI's report over the *Hospital Report Card: Ontario 2008* is that it names all hospitals for which data is published while many hospitals in Ontario elected to remain unnamed in the report produced by The Fraser Institute.

reported an associated 41% decline in the risk-adjusted mortality rate of Coronary Artery Bypass Graft patients with the publication of these outcomes statistics and data. A similar overall trend was experienced in Pennsylvania and New Jersey following the publication of their report cards. [18]

These findings have also created controversy about the Cardiac Surgery Reporting System, the database used to create the New York State Surgery Report. Critics have raised pertinent questions regarding “up-coding” [19] and the possibility that hospitals have decided not to operate on some complex and critically ill patients and have referred such complex cases to out-of-state jurisdictions (McKee and Healy, 2000). In contrast, using data from the *Cardiac Surgery Reporting System Report* (CSRS) for the period from 1991 to 1999, researchers at the National Bureau of Economic Research found that the reporting program had an impact on the volume of cases and the future quality at hospitals identified as poor performers. Those identified as weaker hospitals lost some relatively healthy patients to competing facilities with better records. Subsequently, these “weaker” hospitals experienced a decline of 10% in the number of patients during the first 12 months after an initial report, and this decrease remained in place for three years. Consequently, patients choosing these hospitals demonstrated a decrease in their risk-adjusted mortality rate by approximately 1.2 percentage points (Cutler et al., 2004). [20]

Though subject to a number of caveats regarding the design and structure, report cards have had a beneficial impact on the quality of healthcare delivery in those regions where they are published.

Hospital Report Card: Ontario 2008

The primary focus of this project was the construction of a patient-friendly hospital and patient-care report card focused on clinical outcomes. The report itself includes information about all health facilities treating patients through the Ontario Health Insurance Program, 30 of which (out of a total of 136) are identified in the report. [21] The report is built on a recognized hospital-report-card methodology from the Agency for Healthcare Research & Quality (AHRQ) in the United States that is also used in more than 12 US States including New York, Texas, Colorado, [22] California, Florida, Kentucky, Maryland, Massachusetts, Minnesota, New Jersey, Oregon, Utah, Vermont, and parts of Wisconsin.

1 What Are the AHRQ Inpatient Quality and Patient Safety Indicators?

The first stage of the research process in producing this report was to acquire or create a methodology that was reliable, easily understood by the public and participants, and that produced an accurate measurement of provider performance. An initial period of examining performance indicator frameworks from earlier literature on hospital report cards provided a number of different examples of

[18] For Pennsylvania data, see *Cardiac Care: Pennsylvania's Guide to Coronary Artery Bypass Graft Surgery 1994–1995*, <<http://www.phc4.org/reports/cabg/95/default.htm>> (April 2, 2002). For New Jersey, see *Report Shows Cardiac Surgery Death Rates Decline to Lowest Level in a Decade* (press release), <http://nj.gov/cgi-bin/dhss/njnewsline/view_article.pl?id=3046> (March 2008). For the northern New England initiative, see G.T. O'Connor et al., “A Regional Intervention to Improve the Hospital Mortality Associated with Coronary.”

[19] “Up-coding” is a term used to describe when financial incentives cause a physician or hospital to exaggerate or falsely represent patients’ medical conditions and services provided in order to increase payment received from the government.

[20] <<http://papers.nber.org/papers/w10489>>.

[21] These facilities voluntarily participated in this project. Other facilities in Ontario either declined or offered no response to our requests for participation/identification. Readers should note that the participation rate declined from 43 facilities in FY 2004 to 30 facilities in FY 2005.

[22] New York <<http://www.myhealthfinder.com>>; Texas <<http://www.dshs.state.tx.us>>; Colorado <<http://www.hospitalquality.org>>.

accepted and proven methodologies that were not otherwise proprietary information and thus could be employed by The Fraser Institute. [23] The search also turned up methodologies that, though available, would be less effective in providing a patient-friendly clinical outcomes-focused hospital report card.

Further examination of these available methodologies led to the selection of the performance indicator framework developed by AHRQ in the United States. [24] AHRQ's indicator modules were chosen because they represent a comprehensive set of indicators that are widely used, highly regarded, and applicable to any hospital inpatient administrative data. They are readily available and relatively inexpensive to use. Importantly, they comprise an ideal set of indicators to allow a patient-friendly, clinical outcomes-focused, hospital-specific patient care report card.

The AHRQ indicators date from the mid-1990s when AHRQ developed a set of quality measures, or indicators, that required only the information found in routine hospital administrative data: diagnoses and procedures codes, patient age, gender, other basic demographic and personal information, source of admission, and discharge status. These indicators, 33 in all, made up the Healthcare Cost and Utilization Project (HCUP) Quality Indicators, designed to be used by hospitals to assess their inpatient quality of care as well as by the State and community to assess access to primary care. [25] Although they could not be used to provide definitive measures of the quality of health care directly, they are used to provide indicators of healthcare quality. They serve as the basis for subsequent in-depth investigation of issues of quality and patient safety at the facility level.

In the years following the release of the HCUP, both the knowledge base regarding quality indicators increased and newer risk adjustment methods developed. Following input from then-current users, as well as advances in the specific indicators themselves, AHRQ underwrote a project to develop and further refine the original Quality Indicators. This project was undertaken by the University of California San Francisco-Stanford Evidence-based Practice Centre. The results of this research were the AHRQ Quality Indicators, which are currently used to measure hospital performance in more than 12 US States including New York, Texas, Colorado, California, Florida, Kentucky, Maryland, Minnesota, New Jersey, Oregon, Utah, Vermont and parts of Wisconsin.

AHRQ indicators Are Organized in Four Modules [26]

[1] Prevention Quality Indicators (PQIs) [27] Consisting of ambulatory care sensitive conditions, these indicators pertain to hospital admissions that could have been prevented via high-quality outpatient care.

[2] Inpatient Quality Indicators (IQIs) These indicators reflect the quality of care inside hospitals and include such items as inpatient mortality; the utilization of procedures where there are questions of misuse, overuse, or underuse; and volume of procedures from which evidence shows that a higher volume of procedures is associated with a lower rate of mortality.

[23] For a clear example of how individual report card methodologies are proprietary, please refer to Healthgrades user agreement at <<http://www.healthgrades.com/aboutus/index.cfm?function=modnw&modtype=content&modact=UserAgreement>>.

[24] An agency of the US federal government's Department of Health and Human Services.

[25] Further information regarding the HCUP Quality Indicators can be found at <http://www.qualityindicators.ahrq.gov/hcup_archive.htm>.

[26] The Fraser Institute's *Hospital Report Card* is composed of 50 indicators from the quality and safety modules of the AHRQ system (see Appendix E for a list of all indicators used in this report). Not all indicators are available for all years.

[27] The PQIs identify the quality of care for ambulatory care-sensitive conditions and are measures of the overall healthcare system. Since the *Hospital Report Card* was designed to analyze the care inside acute-care hospitals, the PQIs were omitted from this report.

[3] Patient Safety Indicators (PSIs) These indicators focus upon preventable instances of harm to patients such as complications arising from surgery and other iatrogenic [28] events.

[4] Pediatric Quality Indicators (PDIs) [29] These indicators examine the quality of pediatric inpatient care, as well as the quality of outpatient care that can be inferred from inpatient data, such as potentially preventable hospitalizations. [30]

The Fraser Institute's *Hospital Report Card* uses the Inpatient Quality Indicators and Patient Safety Indicators indicators; it is made up of 50 of the 63 available indicators in these categories [31]. These two modules were chosen because of their widespread use and high quality record.

The AHRQ indicator modules are designed to be used with data from administrative databases in the United States, which themselves are primarily used by hospitals for billing purposes. This type of record, referred to as “administrative data” consists of diagnoses and procedures codes along with information about a patient’s age, gender, and discharge status. The Canadian counterpart is the Canadian Institute for Health Information’s Discharge Abstract Database (DAD), which contains demographic, personal, administrative, and clinical data for hospital discharges (inpatient acute, chronic, rehabilitation) and day surgeries.

The indicators in The Fraser Institute's *Hospital Report Card* analyze over 9.5 million patient records extracted from the DAD for the period of fiscal years 1997/98 to 2005/06. The data are also risk-adjusted using the 3M™ All Patient Refined™ DRG (APR™-DRG) software, commonly recognized to be the gold-standard system for risk-adjusting hospital data [32]. The AHRQ IQIs were in fact designed to be used in conjunction with 3M™ All Patient Refined Diagnosis Related Groups™ (APR™-DRG) software, which risk adjusts the IQIs for patients’ clinical conditions and severity of illness or risk of mortality.

Participation in the report card project was not mandatory for hospitals in Ontario. Of Ontario’s 136 acute care facilities, 30 hospitals, representing 54,316 inpatient records or 4.94% of inpatient records in Ontario (in Fiscal 2005/06), agreed to have their institution identified (see Appendix D for a list of participating institutions).

Since this report is based on administrative data, the results have limitations. Coding variations exist among hospitals and codes do not always provide specific details about a patient’s condition at the time of admission or capture all that occurs during hospitalization. For these reasons, individual judgment often is required while reviewing the results from this report.

When reviewing mortality or other quality and patient safety measures, remember that medicine is not an exact science and death or complications will occur even when all standards of care are followed. Deciding on treatment options and choosing a hospital are decisions that should be made in consultation with a physician. It is not recommended to choose a hospital based solely on statistics and descriptions such as those given in this report.

[28] An iatrogenic event is one that is inadvertently caused by a physician, a medical/surgical treatment, or a diagnostic procedure.

[29] The PDI module became available in February 2006 and was therefore not used in the first edition of the *Hospital Report Card* for Ontario. The PDI module is being considered for future updates of the *Hospital Report Cards*.

[30] For details, please see <http://www.qualityindicators.ahrq.gov/pdi_download.htm>.

[31] Intrinsic differences between ICD9/CCP and ICD10CA/CCI resulted in several indicators being reported in either data coded in ICD9/CCP (DAD data from FY1997 to FY2001) or data coded in ICD10CA/CCI (DAD data from FY2002 to FY2005), but not both (see Appendix G for details). Moreover, three indicators were dropped in the last year due to changes in the AHRQ software.

[32] For further details, please refer to Appendix B and <http://www.3m.com/us/healthcare/his/products/coding/refined_drg.jhtml>.

2 Data Quality

CIHI's Discharge Abstract Database (DAD) contains information on hospital stays in Canada. Various CIHI publications note that the DAD is used extensively by a variety of stakeholder groups to monitor the use of acute-care health services, conduct analyses of health conditions and injuries, and increasingly to track patient outcomes. [33] The DAD is a major data source used to produce various CIHI reports, including annual reports on the performance of the hospitals and health-care system and for seven of the health indicators adopted by the federal, provincial, and territorial governments. [34] These data have been used extensively in previous reports on health-care performance and form the basis for many journal articles. [35]

In order to produce good information about data quality, CIHI established a comprehensive and systematic data-quality program, whose framework involves 24 characteristics relating to five data quality dimensions of accuracy, timeliness, relevance, comparability, and usability. [36]

There have been reports on data quality that we have assessed, including up-coding allegations in Ontario but those applied to information earlier in our dataset. We also considered the effect that SARS could have on the results, as 44 patients died in Ontario from SARS between February and July 2003 and hospital operations were affected. However, we note that the median HMI score rose by 6.6 points in 2003 and dropped by 6.5 points in 2004, leaving the score virtually unchanged between 2002 and 2004 at 71.3. It is difficult to discern a SARS effect in these data, something supported by recent research at ICES in Toronto. [37]

There are a number of publications that have addressed data-quality issues, which are discussed in our report. Of note are CIHI's reabstraction studies that go back to the original patient charts and recode the information using a different set of expert coders. [38]

The reabstraction studies note the following rates of agreement between what was initially coded compared to what was coded on reabstraction:

- a) non-medical data: 96%–100%
- b) selection of intervention codes (procedure codes): 90%–95%
- c) selection of diagnosis codes: 83%–94%
- d) selection of most responsible diagnosis: 89%–92%
- e) typing of co-morbidities: pre-admit: 47%–69%; post-admit: 51%–69%
- f) diagnosis typing (which indicates the relationship of the diagnosis to the patient's stay in hospital) continues to present a problem; discrepancy rates have not diminished with adoption of ICD-10-CA.

The coding issues in points (e) and (f) do not affect our results since the most responsible diagnosis is coded with a high degree of agreement and the AHRQ indicators do not discriminate among diagnosis types. Overall, when the rates of agreement in the third year of this reabstraction study (performed on data

[33] DAD Data Quality Reabstraction study. Combined findings for FY 1999/2000 and 2000/2001. Dec 2002.

[34] DAD Data Quality Reabstraction study. Combined findings for FY 1999/2000 and 2000/2001. Dec 2002.

[35] A joint initiative of the Ontario Hospital Association and the Government of Ontario. *Hospital Report 2006: Acute care*. <[http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/2007+Hospital+Reports/\\$file/OHA_Acute07_EN_final.pdf](http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/2007+Hospital+Reports/$file/OHA_Acute07_EN_final.pdf)>.

[36] The CIHI Data Quality Framework. June 2005 Revision.

[37] *Research Utilization of Ontario's Health System during the 2003 SARS Outbreak*. ICES 2004. Report available at <http://www.ices.on.ca/file/SARS_report.pdf>.

[38] Reabstraction participants in the study were required to have several years of coding experience, experience coding in ICD-10-CA and CCI in particular, experience coding at a tertiary care centre, and attendance at specific CIHI educational workshops. They were also required to attend a one-week training session and to receive a passing score on the inter-rater test.

coded in ICD-10-CA) were compared to the rates of agreement of the previous years' data (coded in ICD-9-CCP), the rates were as well as, or better than, the rates previously.

However, with regard to the coding of pneumonia, a potential data quality issue exists because some reabstraction coders selected pneumonia instead of chronic obstructive pulmonary disease (COPD) as the most responsible diagnosis. [39] This could potentially create false positive results for Pneumonia mortality rate (IQI 20) since this indicator counts deaths due to pneumonia in situations where the primary diagnosis is a pneumonia diagnosis code. We have noted this proviso in our report.

With respect to specific conditions related to the health indicators examined, those that are procedure driven (i.e. cesarean section, coronary artery bypass graft, and total knee replacement) were coded well with low discrepancy rates. The following had less than a 5% rate of discrepancy: cesarean section, coronary artery bypass graft, hysterectomy, total knee replacement, vaginal birth after cesarean, and total hip replacement. The following had greater than a 5% discrepancy: acute myocardial infarction (AMI) (8.9%), hip fracture (6.0%), hospitalization due to pneumonia and influenza (6.9%), and injury hospitalization (5.3%). [40]

Discrepancy rates were noted in conditions that are diagnosis driven: AMI [41], stroke, pneumonia, and COPD [42] (as described above). Only the pneumonia codes are potentially affected in our report.

Overall, according to CIHI, findings from their three-year DAD reabstraction studies "have confirmed the strengths of the database, while identifying limitations in certain areas resulting from inconsistencies in the coding of some data elements." [43] In addition, the findings from the inter-rater data (that is, comparison between reabtractors) were generally similar to the findings from the main study data (that is, comparison between original coder and reabtractor). This suggests that the database is coded as well as can be expected using existing approaches in the hospital system.

In addition to the aforementioned reabstraction studies, the OECD published a report [44] in support of the AHRQ patient safety indicator modules noting that "this set of measures represents an exciting development and their use should be tested in a variety of countries" (p. 11). Further, a recently released report by the Manitoba Center for Health Policy that used the AHRQ Patient Safety Indicators [45] noted two important advantages to using the AHRQ module. The first advantage is the breadth of coverage offered by the indicators in studying in-hospital patient safety. The second is that the AHRQ patient-safety indicators were developed to measure complications of hospital-based care among a group of patients for whom the complications seemed preventable or highly unlikely.

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[41] DAD Data Quality, Reabstraction Study Combined finding for Fiscal Years 1999/2000 and 2000/2001. CIHI 2002: 8.

[42] Data Quality of the DAD following the First year implementation of ICD-10-CA/CCI. September 2004.

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Methodology Overview

All hospital data used in The Fraser Institute's *Hospital Report Card: Ontario 2008* are from the Discharge Abstract Database (DAD) that was purchased from the Canadian Institute for Health Information (CIHI). The DAD is an administrative database containing demographic, administrative, and clinical data for hospital discharges (inpatient acute, chronic, rehabilitation) and day surgeries. Only inpatient acute records were used in this report (see Appendix A for details on which DAD data fields were used).

CIHI is unable to release the identity of specific institutions in DAD data releases unless those institutions have explicitly granted permission to the researchers requesting the data. For the years from 1997/98 to 2004/05, 43 of Ontario's 136 acute-care hospitals (representing 457,409 inpatient records or 41% of inpatient records in Ontario in 2004/05) voluntarily granted The Fraser Institute authorization to identify their institution-specific discharge data in the DAD. The total number of patient records for the province during these years was 8,588,784. For 2005/06, only 30 acute-care hospitals (representing 54,316 inpatient records or 4.94% of records in Ontario in 2005/06) granted their authorization (see Appendix D for a list of participating institutions).

These records were then grouped into diagnosis-related groups (DRGs) using The Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Groups (DRG) Grouper software for fiscal years 1997 through 2004 and the CMS Grouper with Medicare Code Editor software for FY 2005. The program sorts patients' records into groups that are expected to have similar hospital resource use. The groupings are based on information extracted from diagnosis and procedure codes as well as the patients' age, sex, and the presence of complications or co-morbidities (see Appendix B for details). [1]

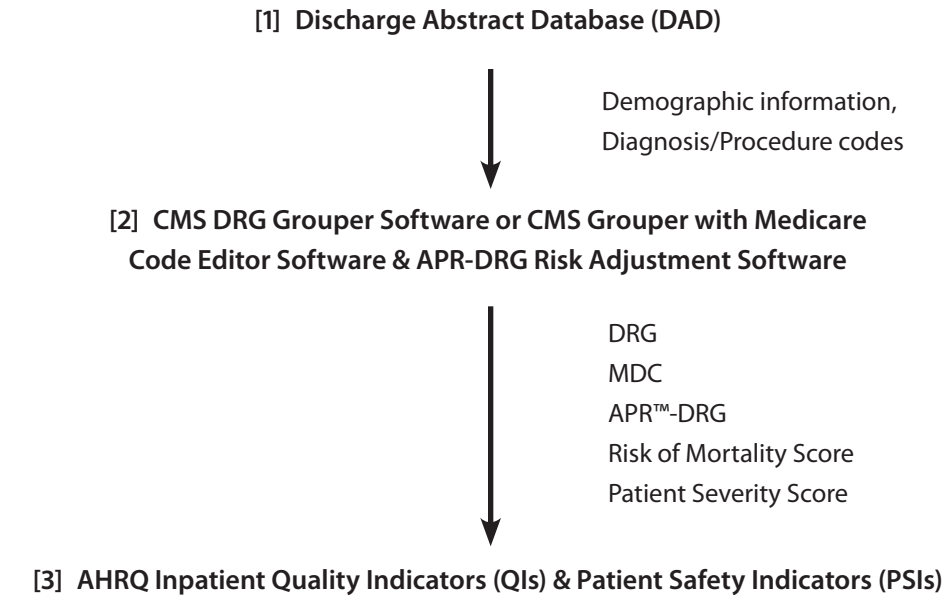
Since more specialized hospitals may treat more high-risk patients and some patients arrive at hospitals sicker than others, it is difficult to compare hospital mortality and utilization rates for patients with the same condition but a different health status. In order to compensate for this potential difference in hospital case mix, the international standard for risk adjustment, developed by 3M Corporation (for information, see <http://www.3m.com/us/healthcare/his/products/coding/refined_drg.jhtml>), was employed to risk-adjust the data. This was done to ensure that a hospital's final score reflected the performance grading that the hospital would have received if it had provided services to patients with the average mix of medical complications (see Appendix B for details).

The final step in the methodology was to produce separate indicators for hospital performance based on the methodology developed by the Agency for Healthcare Research and Quality's (AHRQ) Evidence-Based Practice Center (EPC) at the University of California San Francisco-Stanford [2] (for information, see <<http://www.qualityindicators.ahrq.gov/>>; see Appendix C for details). AHRQ's indicator modules use readily available discharge data and were chosen because they have been demonstrated to be a concise and effective tool by which to inform patients'

[1] In order to use the Centers for Medicare and Medicaid Services (CMS) - and All Patient Refined-Diagnosis Related Groups (APR™-DRG) Groupers as well as the Agency for Healthcare Research and Quality (AHRQ) Inpatient Quality Indicators (IQI) and Patient Safety Indicators (PSI) modules, the diagnosis and procedure codes had to be translated from ICD9/CCP (the *International Statistical Classification of Diseases, Injuries, and Causes of Death, Ninth Revision* [ICD-9] and the *Canadian Classification of Diagnostic, Therapeutic, and Surgical Procedures* [CCP]) (data from 1997/98 to 2001/02) or ICD10CA/CCI (ICD-10-CA is an enhanced version of ICD-10 developed by CIHI for morbidity classification in Canada; the companion classification to ICD-10-CA for coding procedures in Canada is CCI) (data from 2002/03 to 2005/06) to ICD-9-CM. Please see Appendix J for details.

[2] The AHRQ Quality Indicators were developed in response to the need for both multidimensional and accessible quality indicators. They include a family of measures that patients, providers, policymakers and researchers can use with easily accessible inpatient data to identify apparent variations in the quality of inpatient care.

Figure 1: Methodology Overview



Note: For FY 2005, the CMS Grouper with Medicare Code Editor Software was used rather than the CMS DRG Grouper Software. Also, for FY 2005, the AHRQ built-in limited APR-DRG Grouper provided by 3M was used.

decision-making about their health care. They are currently used to measure hospital performance in more than 12 US states including New York, Texas, Colorado, California, Florida, Kentucky, Maryland, Massachusetts, Minnesota, New Jersey, Oregon, Utah, Vermont and parts of Wisconsin. Figure 1 shows a graphical representation of the methodology. The Fraser Institute's *Hospital Report Card: Ontario 2008* comprises 39 indicators of the quality of inpatient care and patient safety (for a list of all indicators used in the report, see Appendix E). [3]

Inpatient Quality Indicators (IQIs) reflect the quality of care inside hospitals and include mortality rates, the utilization of procedures (where there are questions of misuse, overuse, or underuse), and volume of procedures (for which evidence shows that a higher volume of procedures is associated with a lower rate of mortality). Patient Safety Indicators (PSIs) focus on preventable complications acquired while in hospital, as well as adverse events following surgeries, procedures, and childbirth.

The indicators are expressed as observed rates (which are raw measures) and risk adjusted rates (incorporating patient severity and risk of mortality scores from the 3M™ software described above). IQI rates are expressed as rates per hundred patients while PSI rates are expressed per thousand. Each institution was also given a score from 0 to 100 for each indicator based on its risk-adjusted rate and was then ranked based on their scores (see Appendix F for details on calculating scores and ranks). [4]

A Hospital Mortality Index (HMI) was constructed to examine the overall performance of a hospital or municipality across mortality indicators. It consists of eight mortality indicators from 1997/98 to 2001/02 and nine mortality indicators from 2002/03 to 2005/06: [5] *hip replacement mortality* (IQI 14), *acute myocardial infarction mortality* (only included from 2002/03 to 2005/06) (IQI 15), *congestive heart failure mortality* (IQI 16), *acute stroke mortality* (IQI 17), *gastrointestinal hemorrhage mortality* (IQI 18), *hip fracture mortality* (IQI 19), *pneumonia*

[3] There are a total of 50 indicators in this report. Due to changes in diagnostic and procedural classifications, the availability of indicators varies across years. Years 2002 to 2004 report 42 main indicators. Due to changes in AHRQ software, 3 indicators were dropped in 2005 for a total of 39 indicators..

[4] Ranks are not used for comparisons of hospitals across indicators as they are based on a varying number of hospitals. It is advisable to rely on the scores (as in the HMI) to examine the overall performance of a hospital across indicators. The HMI also has a fairly large number of hospitals so any bias is insignificant.

[5] Intrinsic differences between the ICD9/CCP and ICD10CA/CCI resulted in several indicators being reported on in either data coded in ICD9/CCP (DAD data from FY1997 to FY2001) or data coded in ICD10CA/CCI (DAD data from FY2002 to FY2005), but not both (see Appendix G for details).

mortality (IQI 20), low mortality DRGs (PSI 2) and failure to rescue rates (PSI 4). The final HMI index score is based on an equal-weight construct of the separate indicators. For an indicator to be included in the HMI, hospitals representing at least 75% of the patient sample for that year had to have measured data in order to ensure an adequate number of hospitals for comparison. For example, in 2005/06 an indicator had to contain at least 824,770 records in order to be included in the HMI. [6] All institutions were ranked based on their HMI score, where the highest rank (1) corresponds to the highest score out of 100 (for details on calculating scores, ranks, the HMI, and rank of the HMI, please see Appendix F).

[6] The total number of patient records 2005/06 was 1,099,694.

Throughout the *Hospital Report Card*, several measures were taken in order to protect patient confidentiality. First, patient identifiers such as patients' names and addresses were removed prior to The Fraser Institute accessing the dataset. Also, postal codes were truncated to Forward Sortation Areas (FSAs) and grouped into municipalities in order to assess and compare care received by patients from those jurisdictions (please see Appendix H for details). Furthermore, results were omitted from publication if the patient population in any given indicator was less than, or equal to, 5 in any institution and/or municipality.

Legend for Sample Table

Use the sample table and the explanations below to help you understand how each indicator is displayed in the data tables of the *Hospital Report Card: Ontario 2008*.

[A] The name of the Agency for Healthcare Research and Quality's (AHRQ) Inpatient Quality Indicator (IQI) or Patient Safety Indicator (PSI). [7]

[7] Please see Appendix E for a complete list of the indicators used in the *Hospital Report Card*.

[B] All indicators were expressed as:

- [a] an Observed Rate (which are raw measures)
- [b] a Risk Adjusted Rate (incorporating patient severity and risk of mortality scores from 3M™ All Patient Refined Diagnosis Related Groups [APR™-DRG] Software) [8]
- [c] a Score [9]
- [d] a Rank

[8] Please see Appendix B for details.

[9] Please see Appendix F for details on calculating scores, ranks, HMI, and rank of the HMI.

Two additional measures were calculated to examine the overall performance of a hospital or municipality across mortality indicators: a Hospital Mortality Index (HMI) and a Rank of the Hospital Mortality Index.

[10] Please see Appendix D for a list of participating institutions.

[C] Indicators are stratified by Institution [10] and by Municipality. [11]

[11] Postal Codes were truncated to Forward Sortation Areas (FSAs) before The Fraser Institute accessed the dataset. All patient FSAs were grouped into corresponding municipalities as described by Canada Post. Please see Appendix H for details.

[D] All IQIs are expressed as percent. PSIs are expressed per thousand.

[E] All data used in the *Hospital Report Card* were extracted from the Discharge Abstract Database (DAD), which was purchased from CIHI for the period from Fiscal 1997 (April 1, 1997 to March 31, 1998) to Fiscal 2005 (April 1, 2005 to March 31, 2006).

[F] These lines indicate that it is not possible to compare data from 1997/98–2001/02 and 2002/03–2004/05 because of the change in coding classification from ICD9/CCP

to ICD10CA in 2002/03; and that it is not possible to compare data from 2002/03–2004/05 and 2005/06 because of changes in the AHRQ indicators for 2005/06.

[G] “—” indicates that either no data were available for that hospital for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator is 5).

[H] Indicators were calculated for all of Ontario’s 136 acute-care hospitals. Forty-three hospitals agreed to participate in The Fraser Institute’s *Hospital Report Card: Ontario 2006* (representing 41% of inpatient records in the Ontario in 2004/05) covering the period 1997/98 to 2004/05. Thirty hospitals agreed to participate in the *Hospital Report Card: Ontario 2008* (representing 4.94% of inpatient records in 2005/06). [12]

[12] Please see Appendix D for a list of participating institutions.

[I] The institution numbers from all acute-care hospitals that did not consent to be identified in the *Hospital Report Card* were encrypted by the Canadian Institute for Health Information (CIHI) prior to delivery. We assigned these institutions an arbitrary number.

[J] The average rate (Observed or Risk Adjusted) for all the acute-care hospitals in Ontario.

		A					B					C					D				
		Gastrointestinal Hemorrhage Mortality: Risk Adjusted Rate by Institution (percent)																			
		Not statistically different from average					Worse than average					Better than average									
Hospital		1997–1998	1998–1999	1999–2000	2000–2001	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006											
Arnprior and District Memorial Hospital (The)		1.05	6.84	14.35	8.33	0.00	1.22	1.56	0.78	8.40	F										
Cambridge Memorial Hospital		4.17	1.05	0.00	2.28	3.17	3.08	4.03	1.66	—											
Carleton Place and District Memorial Hospital		2.47	2.17	2.15	2.31	E	1.27	7.56	0.68	—											
Clinton Public Hospital		0.00	0.00	8.15	8.09	0.00	5.88	0.00	2.50	10.92											
Dryden Regional Health Centre		0.00	0.00	4.04	5.93	5.36	5.75	2.40	1.14	—											
... Hospital		2.96	3.22	16.50	1.81	2.89	...											
Hospital 234		—	—	—	—	—	—	—	—	—											
Hospital 235	G →	—	—	—	—	—	—	—	—	0.00											
Hospital 236		—	—	—	—	—	—	—	—	6.71											
Hospital 237		—	—	—	—	—	—	—	—	0.00											
Hospital 238		—	—	—	—	—	—	—	—	5.92											
Ontario Average	J →	4.11	3.74	3.07	3.28	3.09	3.75	4.15	3.91	4.66											

Death in Low-Mortality DRGs: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	57	87	100	92	87	69	82	89	100
Ajax	93	96	97	100	98	97	100	100	93
Alliston	83	78	73	95	82	12	70	84	100
Amherstburg	60	78	100	100	96	98	97	94	100
Arnprior	100	97	89	75	100	100	100	87	100
Aurora	100	85	75	89	81	79	95	96	73
Aylmer West	55	84	81	100	94	94	89	97	100
Barrie	100	100	100	100	100	100	99	95	96
Belleville	76	81	91	87	85	60	88	73	59
Bolton	87	86	94	96	100	100	97	91	100
Bowmanville	100	90	88	91	86	67	94	100	100
Bracebridge	69	100	68	51	88	75	90	84	62
Bradford	87	85	87	76	96	100	80	100	100
Brampton	98	100	96	98	98	99	97	96	94
Brantford	81	78	70	81	76	88	87	88	90
Brockville	32	48	66	69	61	32	71	70	83
Burlington	80	80	79	89	79	92	92	90	90
Caledon	100	100	100	100	100	100	100	100	100
Caledonia	100	91	73	65	100	90	83	93	100
Cambridge	98	98	95	96	96	93	99	96	89
Carleton Place	84	97	68	67	70	56	89	50	100
Chatham	84	89	73	91	86	81	87	89	90
Cobourg	66	56	54	95	76	54	51	53	100
Collingwood	23	50	93	62	77	95	78	14	50

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Death in Low-Mortality DRGs: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Concord	100	77	81	86	90	100	100	98	100
Cornwall	80	76	89	77	78	79	92	90	90
Cumberland	100	100	100	100	100	100	100	100	100
Delhi	41	91	67	55	48	0	0	72	100
Downsview	82	85	96	92	94	93	92	95	92
Dryden	87	53	67	90	60	34	69	65	56
Dunnville	97	50	56	49	68	68	73	19	4
East Gwillimbury	82	100	83	100	100	100	100	100	100
Elliot Lake	62	21	33	62	75	28	56	0	100
Elmira	78	100	100	100	100	78	32	57	100
Espanola	50	69	100	86	100	86	100	80	100
Essex	67	91	90	97	100	88	93	95	50
Etobicoke	98	95	90	93	94	87	95	94	90
Fergus	72	86	82	74	94	83	100	84	100
Fort Erie	95	56	33	85	91	80	76	100	71
Fort Frances	75	71	89	91	98	79	90	100	63
Gananoque	77	75	100	54	100	49	100	73	23
Garson	100	87	100	100	100	63	100	84	100
Georgetown	83	93	99	98	92	92	75	86	100
Goderich	98	56	100	100	100	87	100	89	100
Gravenhurst	100	75	100	40	47	72	14	13	49
Greely	100	100	57	100	100	100	100	100	100
Grimsby	58	90	57	82	100	79	78	100	100
Guelph	79	88	88	91	89	88	100	99	68

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Death in Low-Mortality DRGs: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hamilton	86	90	87	95	92	90	95	92	83
Hanmer	93	100	91	94	91	100	86	100	66
Hanover	100	65	97	71	77	56	85	43	100
Hawkesbury	64	96	59	100	64	93	85	75	100
Huntsville	80	78	87	86	70	38	97	96	27
Ingersoll	82	91	82	97	97	100	84	90	65
Innisfil	—	—	—	100	100	100	100	82	100
Kapuskasing	80	100	47	70	74	100	70	73	66
Kenora	32	68	79	34	44	79	72	89	100
Keswick	89	100	98	82	100	82	92	100	100
Kincardine	71	100	71	44	70	73	80	91	100
King City	100	100	100	81	100	100	100	100	3
Kingston	99	99	83	85	99	93	91	93	70
Kingsville	100	98	98	99	77	97	79	98	100
Kirkland Lake	26	0	25	28	76	27	10	54	100
Kitchener	86	83	86	85	85	95	88	94	89
Leamington	100	95	92	87	85	77	100	84	83
Lindsay	82	82	100	83	97	62	76	88	65
Listowel	62	100	38	59	48	81	56	71	100
Lively	78	100	83	67	86	29	100	63	100
London	90	95	96	94	90	91	98	96	83
Manotick	100	100	57	100	100	100	75	67	100
Maple	86	93	95	97	100	100	98	95	100
Markham	95	87	91	89	83	97	88	86	83

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Death in Low-Mortality DRGs: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Meaford	100	54	94	68	74	90	65	100	100
Midland	78	30	83	57	52	79	93	100	54
Milton	97	72	100	57	68	91	90	86	90
Mississauga	93	94	94	96	97	97	98	96	86
Napanee	100	100	48	89	77	46	94	100	100
Navan	100	100	49	100	100	100	100	100	100
New Hamburg	—	—	—	—	—	100	72	64	100
Newmarket	97	97	88	98	90	87	85	74	100
Niagara Falls	76	100	96	91	86	86	84	97	94
North Bay	77	72	77	86	81	69	91	97	79
North York	82	98	95	96	96	90	89	83	93
Oakville	98	96	99	93	96	92	94	98	96
Orangeville	93	95	92	94	79	95	94	89	100
Orillia	57	79	77	88	58	70	87	69	68
Oshawa	97	92	92	86	89	87	96	100	85
Ottawa	85	84	90	94	89	92	94	87	91
Owen Sound	95	94	93	98	97	81	98	87	100
Paris	82	100	85	74	85	94	68	98	0
Parry Sound	44	44	91	85	81	84	100	85	100
Pembroke	57	84	67	78	75	19	72	82	76
Penetanguishene	56	60	63	53	73	39	81	99	100
Perth	84	97	0	96	0	54	68	33	100
Petawawa	95	70	67	88	100	100	100	83	100
Peterborough	89	100	97	96	100	95	96	88	89

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

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“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Death in Low-Mortality DRGs: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Pickering	96	91	100	99	94	96	97	95	76
Port Colborne	35	84	97	82	34	63	93	70	73
Port Hope	65	78	84	54	83	82	97	67	100
Port Perry	0	51	59	0	87	40	70	100	100
Port Stanley	57	51	100	100	100	100	100	100	100
Renfrew	71	58	94	100	42	23	93	86	100
Richmond Hill	85	80	96	100	96	91	90	97	96
Rockland	100	100	100	100	100	100	87	88	100
Russell	100	100	100	72	100	100	100	100	100
Sarnia	83	67	77	92	75	100	94	100	100
Sault Ste. Marie	69	73	75	99	87	95	97	95	90
Scarborough	89	92	93	94	92	93	89	91	87
Simcoe	54	48	55	87	21	41	73	2	77
Sioux Lookout	100	84	81	100	100	55	43	100	100
Smiths Falls	37	76	76	82	34	87	77	87	67
St. Catharine	78	85	78	96	89	88	98	88	89
St. Mary's	95	3	100	67	94	89	100	92	100
St. Thomas	76	64	82	89	94	63	100	90	49
Stouffville	81	100	78	83	4	92	92	43	66
Stratford	100	98	97	95	100	97	85	99	84
Strathroy	70	100	65	76	45	81	86	91	100
Sturgeon	—	—	—	—	100	100	67	90	100
Sudbury	77	89	74	84	79	78	95	92	78
Thornhill	98	81	95	97	100	100	96	95	94

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Death in Low-Mortality DRGs: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Thunder Bay	85	95	91	88	92	98	87	96	82
Tillsonburg	32	63	79	52	35	69	79	100	100
Timmins	89	90	95	100	81	86	97	99	91
Toronto	89	88	87	92	96	90	90	91	86
Trenton	100	93	100	91	85	100	85	62	62
Uxbridge	89	47	93	98	83	93	88	94	58
Val Caron	84	87	100	86	64	84	91	84	49
Wallaceburg	81	58	91	73	83	60	88	83	100
Wasaga Beach	—	—	—	—	—	—	99	100	100
Welland	83	78	74	84	88	93	90	81	91
Weston	84	90	95	96	97	100	92	82	80
Whitby	88	98	96	99	89	93	95	96	94
Willowdale	75	84	98	88	94	89	87	93	80
Windsor	88	84	90	95	83	89	94	93	76
Woodbridge	81	95	91	100	95	93	100	100	94
Woodstock	78	80	61	93	93	87	94	78	79
Rural	80	83	84	88	86	85	89	84	85
Other	83	85	92	90	85	89	90	92	91

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Decubitus Ulcer: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	100	45	100	100	100	100	100	100	75
Ajax	84	100	79	100	100	69	82	73	28
Alliston	100	100	100	100	100	98	100	100	44
Amherstburg	39	100	78	97	76	99	100	76	77
Arnprior	100	100	100	100	100	100	100	100	90
Aurora	81	86	81	100	95	70	51	100	56
Aylmer West	100	44	74	100	86	100	100	89	81
Barrie	37	78	100	100	100	90	100	90	81
Belleville	100	100	100	100	100	100	95	100	86
Bolton	100	49	94	100	100	100	100	100	64
Bowmanville	70	83	88	71	100	56	85	87	43
Bracebridge	100	100	100	91	100	86	100	100	81
Bradford	60	84	100	65	83	88	67	63	17
Brampton	97	100	100	100	100	92	94	96	78
Brantford	100	100	100	100	100	94	100	100	77
Brockville	100	100	100	79	100	100	77	96	83
Burlington	100	100	95	86	91	93	100	100	70
Caledon	100	71	100	100	100	90	100	100	56
Caledonia	73	100	100	91	100	89	100	100	58
Cambridge	100	95	94	84	100	100	100	97	78
Carleton Place	100	100	100	78	93	57	53	83	57
Chatham	100	100	100	100	97	50	77	94	70
Cobourg	100	100	100	100	100	100	11	96	68
Collingwood	100	100	100	100	100	100	100	100	76
Concord	100	100	100	100	100	70	100	82	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Decubitus Ulcer: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	78	100	90	87	93	100	100	100	75
Cumberland	92	98	35	14	61	60	43	2	100
Delhi	100	76	100	100	100	100	100	100	54
Downsview	100	100	100	100	93	65	100	100	33
Dryden	100	100	100	100	100	100	100	80	100
Dunnville	100	100	84	100	100	100	100	100	87
East Gwillimbury	85	100	64	68	25	100	26	72	39
Elliot Lake	100	100	100	100	100	100	100	100	87
Elmira	100	100	92	100	100	100	100	100	100
Espanola	48	100	77	100	100	100	86	100	66
Essex	100	100	100	100	100	65	31	100	84
Etobicoke	100	100	100	100	100	80	100	100	34
Fergus	100	100	100	100	100	100	100	100	61
Fort Erie	100	100	100	83	85	74	74	100	73
Fort Frances	78	100	100	100	100	100	100	100	67
Gananoque	100	76	100	68	100	100	96	100	100
Garson	100	100	100	0	100	91	0	19	31
Georgetown	89	96	75	100	100	100	100	100	82
Goderich	100	100	100	100	100	100	100	100	67
Gravenhurst	100	100	100	100	100	100	100	100	77
Greely	43	57	17	70	100	100	82	51	59
Grimsby	18	82	100	100	100	74	40	100	89
Guelph	100	100	100	100	100	99	100	100	86
Hamilton	69	89	93	91	100	97	90	100	72
Hanmer	7	70	98	34	95	81	54	100	0

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

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Decubitus Ulcer: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	100	100	100	100	100	100	100	100	91
Hawkesbury	72	100	100	76	95	100	100	100	77
Huntsville	100	100	100	100	100	100	100	100	37
Ingersoll	100	100	100	100	100	80	76	89	81
Innisfil	—	—	—	41	100	81	72	100	92
Kapuskasing	100	100	100	92	100	99	48	95	85
Kenora	45	100	100	100	100	100	100	91	100
Keswick	100	100	87	69	78	90	31	84	40
Kincardine	100	100	100	100	100	100	100	100	63
King City	100	100	100	100	100	0	100	100	40
Kingston	100	100	100	100	93	99	100	90	75
Kingsville	100	100	100	85	66	71	100	100	37
Kirkland Lake	100	100	100	100	100	100	100	100	85
Kitchener	100	100	100	100	99	95	100	100	84
Leamington	100	100	100	100	88	59	83	83	63
Lindsay	100	100	100	100	100	100	100	100	96
Listowel	100	100	100	100	100	100	100	100	100
Lively	100	100	100	100	97	100	100	93	15
London	100	100	100	100	95	53	65	93	52
Manotick	100	69	100	19	100	100	100	81	100
Maple	100	100	100	80	96	75	70	100	91
Markham	91	82	79	100	100	74	87	100	74
Meaford	100	100	100	100	100	100	100	100	100
Midland	100	100	100	100	100	99	100	100	87
Milton	100	100	100	100	100	76	60	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Decubitus Ulcer: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	96	100	93	100	90	79	98	99	66
Napanee	100	100	100	100	100	100	100	77	67
Navan	100	100	73	100	92	46	100	100	100
New Hamburg	—	—	—	—	—	61	100	100	78
Newmarket	100	100	100	100	95	93	57	100	73
Niagara Falls	100	78	84	36	0	52	100	100	88
North Bay	100	100	100	100	100	100	80	100	71
North York	100	100	100	100	100	100	100	100	50
Oakville	58	100	100	100	100	100	100	100	54
Orangeville	100	100	100	100	100	100	100	100	74
Orillia	100	100	90	78	100	91	100	100	74
Oshawa	100	88	94	68	93	52	65	61	36
Ottawa	100	92	94	92	97	79	87	90	63
Owen Sound	100	100	100	100	100	100	100	100	83
Paris	100	100	100	100	100	100	100	100	75
Parry Sound	100	100	100	100	90	70	100	100	85
Pembroke	100	100	100	100	100	100	100	100	90
Penetanguishene	100	100	100	100	100	100	57	100	87
Perth	100	100	100	100	100	100	100	100	81
Petawawa	98	100	24	100	96	78	86	70	100
Peterborough	100	100	100	80	100	100	100	100	70
Pickering	77	89	100	84	97	80	36	81	29
Port Colborne	100	100	100	100	100	100	100	100	71
Port Hope	100	100	87	100	100	55	29	67	55
Port Perry	100	100	100	90	100	28	29	94	53

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Decubitus Ulcer: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	100	0	0	100	100	100	53	0	100
Renfrew	100	100	100	100	100	100	100	100	74
Richmond Hill	100	100	100	100	100	77	75	100	74
Rockland	0	100	97	100	100	87	100	31	100
Russell	83	81	100	50	71	100	100	48	100
Sarnia	100	100	100	100	100	88	100	100	82
Sault Ste. Marie	95	89	100	100	100	100	100	100	80
Scarborough	100	100	100	100	100	97	100	100	59
Simcoe	100	100	100	100	100	100	67	46	72
Sioux Lookout	100	47	100	100	99	97	100	100	100
Smiths Falls	100	100	100	100	100	100	100	100	93
St. Catharine	100	100	100	100	87	79	100	100	67
St. Mary's	100	100	100	100	100	100	100	100	66
St. Thomas	100	100	76	100	100	41	68	77	62
Stouffville	86	59	100	100	99	86	100	100	68
Stratford	100	100	100	100	100	100	100	100	83
Strathroy	100	100	100	100	100	85	79	100	100
Sturgeon	—	—	—	—	100	100	100	100	100
Sudbury	100	100	100	100	100	93	83	96	45
Thornhill	100	100	100	100	100	94	82	98	76
Thunder Bay	77	95	88	95	100	100	100	92	73
Tillsonburg	100	100	100	100	100	100	100	100	75
Timmins	92	93	99	100	100	100	100	100	55
Toronto	100	100	100	100	95	80	85	81	41
Trenton	100	100	81	100	100	100	100	100	85

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Decubitus Ulcer: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	100	76	99	100	89	100	100	100	85
Val Caron	44	94	89	75	98	68	54	31	32
Wallaceburg	100	100	100	100	100	52	0	100	92
Wasaga Beach	—	—	—	—	—	—	—	100	67
Welland	100	100	100	100	99	92	82	100	55
Weston	100	100	89	95	86	71	100	96	55
Whitby	100	83	78	58	90	62	75	93	30
Willowdale	100	100	100	100	100	100	100	100	60
Windsor	100	91	86	92	93	80	58	80	55
Woodbridge	100	100	100	100	100	51	53	95	30
Woodstock	100	100	100	94	100	98	100	100	77
Rural	100	100	100	100	100	100	100	100	75
Other	76	86	82	77	91	68	57	83	65

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Failure to Rescue: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	31	71	45	35	49	53	72	100	71
Ajax	45	57	72	62	53	64	56	74	77
Alliston	2	74	58	51	66	65	98	98	76
Amherstburg	89	66	72	42	80	61	83	100	74
Arnprior	100	66	—	64	99	77	92	87	84
Aurora	78	77	73	74	47	86	68	77	60
Aylmer West	30	61	34	68	47	82	76	70	44
Barrie	59	73	57	27	63	80	78	70	60
Belleville	51	81	54	42	68	70	40	64	63
Bolton	52	55	62	63	76	85	72	45	82
Bowmanville	72	80	63	72	73	67	78	79	68
Bracebridge	58	79	41	49	46	92	90	55	48
Bradford	69	62	69	45	86	44	74	84	47
Brampton	40	61	62	38	59	69	63	72	72
Brantford	71	84	85	77	65	68	67	65	64
Brockville	72	87	86	86	55	100	85	83	66
Burlington	51	70	68	59	59	68	63	71	72
Caledon	—	—	—	—	—	—	76	—	32
Caledonia	48	79	38	50	91	97	39	60	100
Cambridge	69	70	73	41	53	66	57	77	66
Carleton Place	100	87	74	52	72	49	100	100	75
Chatham	83	79	66	48	64	58	46	59	54
Cobourg	8	66	60	7	74	91	66	46	48
Collingwood	66	92	90	12	71	56	40	59	84
Concord	62	100	77	29	59	71	51	88	55

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Failure to Rescue: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	52	63	74	73	57	77	63	80	91
Cumberland	—	—	91	34	40	—	100	—	51
Delhi	79	82	65	51	75	74	100	54	60
Downsview	52	77	67	40	49	41	32	58	53
Dryden	41	86	100	96	92	0	83	47	22
Dunnville	94	79	61	37	76	30	0	55	71
East Gwillimbury	9	73	45	77	92	22	39	66	72
Elliot Lake	64	50	84	51	66	57	62	71	73
Elmira	97	95	98	37	42	37	61	32	63
Espanola	78	100	100	76	68	63	83	100	61
Essex	5	72	69	32	77	48	3	75	100
Etobicoke	50	64	63	55	61	55	61	71	63
Fergus	50	96	97	23	81	93	93	54	70
Fort Erie	23	68	86	86	47	46	57	84	80
Fort Frances	40	60	80	100	64	68	43	63	79
Gananoque	0	76	45	29	39	62	44	70	63
Garson	70	49	—	57	1	84	31	72	61
Georgetown	52	86	76	30	24	76	57	74	70
Goderich	81	93	76	96	90	96	58	92	73
Gravenhurst	86	87	73	24	95	70	13	80	100
Greely	—	—	100	62	—	59	51	—	62
Grimsby	55	86	44	88	45	88	18	63	81
Guelph	58	67	75	62	60	59	54	71	71
Hamilton	40	63	66	33	55	66	59	76	68
Hanmer	56	20	100	33	68	69	1	89	43

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Failure to Rescue: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	63	94	83	85	70	100	93	92	53
Hawkesbury	85	83	64	16	68	68	56	53	71
Huntsville	71	95	49	29	67	100	16	83	45
Ingersoll	65	88	82	65	68	85	76	78	68
Innisfil	—	—	—	99	77	56	34	56	61
Kapuskasing	91	34	80	69	100	31	44	74	100
Kenora	100	73	38	56	93	87	100	62	82
Keswick	72	61	82	62	54	60	35	46	63
Kincardine	56	70	82	10	65	100	91	38	69
King City	61	80	100	100	47	100	100	29	46
Kingston	46	63	63	50	57	52	52	67	60
Kingsville	48	99	96	92	65	100	28	95	74
Kirkland Lake	94	77	64	23	51	76	88	94	49
Kitchener	45	71	64	49	64	55	57	69	64
Leamington	83	69	72	62	54	56	74	82	76
Lindsay	67	67	83	60	84	61	61	85	59
Listowel	34	73	65	20	40	65	71	68	83
Lively	25	69	36	18	0	63	58	63	63
London	33	64	61	43	59	59	58	65	62
Manotick	—	0	55	62	77	37	74	—	100
Maple	0	73	100	56	94	48	63	81	69
Markham	29	66	64	31	58	59	45	43	57
Meaford	100	100	99	24	92	70	—	—	—
Midland	63	96	83	52	100	91	73	54	73
Milton	52	62	75	61	79	44	58	87	71

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Failure to Rescue: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	50	70	65	51	53	58	52	65	64
Napanee	68	38	81	59	51	83	65	32	51
Navan	—	—	68	63	—	91	88	—	71
New Hamburg	—	—	—	—	—	—	64	72	79
Newmarket	44	75	70	49	76	74	45	67	68
Niagara Falls	40	71	69	50	48	56	56	50	54
North Bay	61	61	74	57	48	79	50	74	57
North York	54	65	61	55	54	66	53	72	48
Oakville	49	75	70	56	66	69	73	81	69
Orangeville	78	81	43	49	62	67	55	87	74
Orillia	60	83	74	81	71	75	69	76	41
Oshawa	38	69	64	29	67	60	55	60	61
Ottawa	51	73	64	61	65	67	58	78	68
Owen Sound	64	66	65	81	71	41	76	65	63
Paris	86	74	49	100	40	100	39	100	40
Parry Sound	47	100	87	73	87	74	98	72	58
Pembroke	25	76	69	64	74	98	48	76	67
Penetanguishene	100	99	86	62	70	100	99	70	66
Perth	50	59	84	88	57	68	56	48	35
Petawawa	15	71	0	71	75	48	69	75	59
Peterborough	56	74	64	57	75	75	31	54	57
Pickering	54	72	77	74	65	79	38	58	60
Port Colborne	54	55	44	33	49	66	64	67	55
Port Hope	20	80	82	77	10	49	63	73	86
Port Perry	57	87	56	62	62	43	89	44	77

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Failure to Rescue: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	—	—	—	—	32	94	100	—	46
Renfrew	59	56	100	5	63	88	61	44	66
Richmond Hill	42	78	71	50	72	72	59	70	66
Rockland	50	65	83	100	84	68	70	91	42
Russell	—	95	86	—	—	—	—	—	—
Sarnia	54	71	73	23	57	56	64	63	75
Sault Ste. Marie	53	69	58	71	72	61	75	66	63
Scarborough	46	64	65	46	47	62	55	70	58
Simcoe	57	68	78	35	49	89	50	76	74
Sioux Lookout	87	—	—	62	85	—	63	—	59
Smiths Falls	55	64	76	2	52	69	48	75	45
St. Catharine	54	70	62	69	55	46	53	69	54
St. Mary's	100	84	75	75	84	88	100	68	100
St. Thomas	46	76	69	61	63	68	54	55	64
Stouffville	50	67	42	63	52	68	52	55	50
Stratford	61	78	88	59	69	65	72	89	85
Strathroy	54	82	43	85	60	59	65	55	26
Sturgeon	—	—	—	—	—	92	100	—	61
Sudbury	39	70	77	21	51	54	64	55	63
Thornhill	61	80	69	44	61	67	49	80	61
Thunder Bay	49	58	68	38	59	65	61	68	66
Tillsonburg	86	75	39	31	81	52	72	75	60
Timmins	71	83	73	78	62	48	59	62	64
Toronto	50	70	62	46	58	60	61	70	62
Trenton	81	68	62	65	40	77	85	86	62

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Failure to Rescue: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	64	69	84	78	50	76	67	100	46
Val Caron	56	68	40	0	67	76	77	80	69
Wallaceburg	38	92	88	50	48	49	20	72	77
Wasaga Beach	—	—	—	—	—	—	—	0	67
Welland	60	71	65	20	53	62	43	69	71
Weston	59	63	67	52	69	60	45	62	61
Whitby	35	68	50	42	75	58	59	69	66
Willowdale	45	72	64	36	64	76	56	74	67
Windsor	51	73	69	45	50	65	56	70	63
Woodbridge	43	81	68	46	95	62	58	59	63
Woodstock	56	87	81	71	78	87	68	61	78
Rural	58	72	75	60	68	68	65	70	65
Other	49	71	60	65	65	65	71	74	64

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Foreign Body Left During Procedure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	100	25	100	100	0	100	100	100	100
Ajax	93	100	100	100	67	100	84	87	100
Alliston	100	100	100	53	100	100	100	100	100
Amherstburg	100	60	75	100	100	100	100	100	100
Arnprior	100	100	100	55	100	100	100	100	100
Aurora	100	100	100	100	100	57	70	100	100
Aylmer West	73	56	100	100	100	56	100	100	100
Barrie	96	100	91	100	100	95	93	95	92
Belleville	92	100	100	89	100	76	65	86	100
Bolton	100	100	100	100	52	100	100	100	100
Bowmanville	100	90	100	100	100	100	85	88	83
Bracebridge	100	100	100	100	100	100	100	100	100
Bradford	100	56	100	100	100	100	100	100	100
Brampton	99	89	100	95	98	100	98	100	94
Brantford	93	100	88	100	94	100	100	100	91
Brockville	100	100	100	82	100	100	100	100	100
Burlington	94	100	90	100	100	92	89	91	94
Caledon	100	100	100	100	100	100	100	100	100
Caledonia	0	100	100	100	11	100	18	100	100
Cambridge	93	95	100	95	71	100	100	88	94
Carleton Place	100	100	100	100	100	100	100	100	100
Chatham	89	91	100	100	100	100	87	88	100
Cobourg	100	100	100	73	100	100	100	100	100
Collingwood	100	100	100	100	68	100	100	100	100
Concord	100	100	26	100	100	100	100	100	100

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Foreign Body Left During Procedure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	100	100	100	92	89	91	100	100	100
Cumberland	100	100	100	100	100	100	100	100	100
Delhi	100	100	100	100	100	100	0	15	100
Downsview	100	100	100	85	94	90	100	100	85
Dryden	70	100	100	100	100	100	100	100	100
Dunnville	100	100	100	100	42	55	100	47	100
East Gwillimbury	100	100	29	100	100	100	100	100	100
Elliot Lake	100	100	100	100	100	67	100	100	100
Elmira	100	100	100	100	100	100	100	100	100
Espanola	100	100	100	100	100	100	100	100	100
Essex	100	100	100	100	100	100	100	100	100
Etobicoke	87	98	99	95	100	92	93	95	84
Fergus	100	100	100	100	100	100	100	100	100
Fort Erie	100	100	79	100	100	100	100	100	100
Fort Frances	100	57	74	100	53	100	44	100	100
Gananoque	100	100	100	0	100	100	100	100	100
Garson	100	100	100	7	100	100	100	100	100
Georgetown	100	100	83	100	67	100	100	100	66
Goderich	100	67	100	65	100	100	100	100	100
Gravenhurst	100	32	100	100	39	100	39	100	100
Greely	100	100	100	100	100	100	100	100	100
Grimsby	100	100	100	100	53	100	100	100	100
Guelph	100	94	96	87	100	100	75	94	100
Hamilton	100	92	98	95	85	93	98	91	86
Hanmer	100	47	100	100	100	100	100	100	100

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Foreign Body Left During Procedure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	100	59	100	100	100	100	100	100	100
Hawkesbury	100	100	100	100	100	100	100	100	100
Huntsville	100	100	100	100	100	100	100	59	100
Ingersoll	100	100	100	100	100	61	100	100	100
Innisfil	—	—	—	100	100	37	56	100	100
Kapuskasing	100	100	100	100	100	100	100	100	100
Kenora	100	100	100	100	51	100	100	54	100
Keswick	100	100	100	100	100	100	100	100	100
Kincardine	48	100	100	100	38	100	100	100	100
King City	100	100	100	100	100	100	100	100	100
Kingston	97	80	100	100	100	95	93	86	100
Kingsville	100	100	100	53	37	100	100	100	100
Kirkland Lake	100	55	100	100	100	100	100	100	100
Kitchener	97	95	97	95	76	98	100	95	96
Leamington	100	100	86	100	100	100	100	100	100
Lindsay	100	63	100	100	100	100	100	100	100
Listowel	100	100	61	100	100	100	100	100	100
Lively	100	100	100	100	100	100	100	100	100
London	95	91	100	99	85	82	79	94	91
Manotick	100	100	0	100	100	100	100	100	100
Maple	100	100	76	100	63	100	100	100	100
Markham	100	100	95	93	69	73	63	95	92
Meaford	100	100	100	100	100	100	100	100	100
Midland	100	100	100	100	69	76	100	74	100
Milton	100	73	100	100	100	79	100	80	100

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Foreign Body Left During Procedure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	98	96	99	95	100	98	98	96	94
Napanee	100	100	100	100	100	100	100	100	100
Navan	100	100	100	100	100	100	100	100	100
New Hamburg	100	—	—	—	—	100	100	0	100
Newmarket	100	100	100	89	100	90	85	100	100
Niagara Falls	97	94	96	86	100	93	66	100	100
North Bay	89	100	100	93	91	100	78	91	100
North York	100	100	94	100	87	80	100	100	100
Oakville	89	100	93	83	94	96	94	100	100
Orangeville	100	100	100	81	100	100	100	100	100
Orillia	92	72	92	88	100	90	51	87	83
Oshawa	95	100	100	100	100	92	95	91	93
Ottawa	95	99	97	96	91	91	89	99	91
Owen Sound	100	70	89	85	81	100	79	100	100
Paris	35	100	100	100	100	100	100	100	100
Parry Sound	60	100	100	69	100	100	100	100	100
Pembroke	100	100	100	100	100	100	100	100	100
Penetanguishene	100	100	100	57	100	100	100	100	100
Perth	100	100	100	100	100	100	100	100	100
Petawawa	100	47	100	100	100	100	100	100	100
Peterborough	97	100	100	100	93	81	83	94	100
Pickering	100	89	100	100	100	79	100	100	100
Port Colborne	100	75	46	100	100	73	62	100	100
Port Hope	100	100	100	100	100	100	100	54	43
Port Perry	100	100	100	100	100	100	100	40	100

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Foreign Body Left During Procedure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	100	100	100	100	100	100	100	100	100
Renfrew	77	100	100	100	100	100	100	100	100
Richmond Hill	90	92	100	93	91	100	100	86	65
Rockland	100	100	100	100	100	100	100	100	100
Russell	100	100	100	100	100	100	100	100	100
Sarnia	100	100	100	100	100	100	91	100	100
Sault Ste. Marie	93	87	100	82	93	100	100	100	100
Scarborough	94	94	93	100	86	96	95	96	96
Simcoe	100	75	84	100	100	75	68	100	0
Sioux Lookout	100	0	100	100	100	0	100	100	100
Smiths Falls	100	100	100	100	100	100	100	100	100
St. Catharine	98	93	98	89	91	97	100	100	94
St. Mary's	100	100	100	100	21	100	100	100	100
St. Thomas	92	87	92	100	100	100	100	100	81
Stouffville	73	49	100	100	100	100	100	100	100
Stratford	100	100	100	100	76	100	49	100	100
Strathroy	100	100	100	100	100	100	100	100	44
Sturgeon	—	—	—	—	100	55	100	46	100
Sudbury	97	100	100	100	94	89	84	100	100
Thornhill	100	100	94	91	100	100	88	100	88
Thunder Bay	92	91	100	96	95	97	100	86	100
Tillsonburg	100	100	83	100	65	100	100	100	100
Timmins	100	71	100	86	83	87	81	84	100
Toronto	97	95	93	94	98	90	97	98	97
Trenton	100	75	100	76	100	100	100	73	100

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Foreign Body Left During Procedure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	100	100	100	100	33	45	100	100	100
Val Caron	100	100	100	100	100	100	100	100	100
Wallaceburg	100	100	100	68	100	68	100	100	100
Wasaga Beach	—	—	—	—	—	—	100	100	100
Welland	88	100	94	68	100	80	87	77	100
Weston	97	72	96	100	100	94	100	93	81
Whitby	100	100	100	100	100	100	100	100	88
Willowdale	100	97	100	100	100	93	90	97	100
Windsor	97	89	93	84	91	86	100	96	86
Woodbridge	100	100	90	86	83	100	86	89	100
Woodstock	92	100	91	100	65	100	65	100	82
Rural	96	94	96	92	93	95	94	95	96
Other	95	98	99	95	89	98	92	100	82

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hip Fracture: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	100	100	99	100	100	—	—	—	—
Ajax	100	100	100	93	100	—	—	—	—
Alliston	100	100	100	100	92	—	—	—	—
Amherstburg	100	100	100	100	100	—	—	—	—
Arnprior	100	100	100	100	100	—	—	—	—
Aurora	100	100	100	100	100	—	—	—	—
Aylmer West	100	100	100	100	100	—	—	—	—
Barrie	95	100	93	100	99	—	—	—	—
Belleville	92	89	66	100	93	—	—	—	—
Bolton	100	100	100	100	100	—	—	—	—
Bowmanville	100	100	100	100	98	—	—	—	—
Bracebridge	0	100	100	100	100	—	—	—	—
Bradford	100	100	100	100	100	—	—	—	—
Brampton	100	99	96	98	99	—	—	—	—
Brantford	100	98	100	100	98	—	—	—	—
Brockville	100	100	100	100	100	—	—	—	—
Burlington	97	100	100	100	100	—	—	—	—
Caledon	99	99	98	99	100	—	—	—	—
Caledonia	100	100	100	100	100	—	—	—	—
Cambridge	92	100	100	100	99	—	—	—	—
Carleton Place	100	100	100	0	92	—	—	—	—
Chatham	83	100	100	100	100	—	—	—	—
Cobourg	100	89	100	100	100	—	—	—	—
Collingwood	100	88	100	100	100	—	—	—	—
Concord	100	100	100	100	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hip Fracture: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	100	97	93	100	100	—	—	—	—
Cumberland	100	0	100	100	100	—	—	—	—
Delhi	100	100	100	100	74	—	—	—	—
Downsview	97	100	84	98	98	—	—	—	—
Dryden	100	100	37	100	100	—	—	—	—
Dunnville	100	100	100	100	100	—	—	—	—
East Gwillimbury	100	100	100	100	100	—	—	—	—
Elliot Lake	82	100	65	100	100	—	—	—	—
Elmira	100	100	100	100	100	—	—	—	—
Espanola	100	100	100	100	100	—	—	—	—
Essex	100	100	100	100	100	—	—	—	—
Etobicoke	97	98	99	94	99	—	—	—	—
Fergus	100	100	100	100	100	—	—	—	—
Fort Erie	100	100	100	100	100	—	—	—	—
Fort Frances	100	100	100	100	100	—	—	—	—
Gananoque	100	100	100	100	100	—	—	—	—
Garson	99	100	100	100	100	—	—	—	—
Georgetown	83	100	100	100	100	—	—	—	—
Goderich	100	84	100	100	100	—	—	—	—
Gravenhurst	100	100	100	100	100	—	—	—	—
Greely	100	100	100	100	100	—	—	—	—
Grimsby	100	100	100	74	94	—	—	—	—
Guelph	100	95	86	96	99	—	—	—	—
Hamilton	100	95	91	92	98	—	—	—	—
Hanmer	99	100	99	99	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hip Fracture: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	71	100	100	100	100	—	—	—	—
Hawkesbury	100	100	100	100	100	—	—	—	—
Huntsville	69	100	100	100	100	—	—	—	—
Ingersoll	100	100	100	100	90	—	—	—	—
Innisfil	—	—	—	100	100	—	—	—	—
Kapuskasing	100	100	100	100	93	—	—	—	—
Kenora	100	100	100	100	100	—	—	—	—
Keswick	100	100	100	100	100	—	—	—	—
Kincardine	100	100	100	100	100	—	—	—	—
King City	100	100	100	100	100	—	—	—	—
Kingston	100	95	100	97	99	—	—	—	—
Kingsville	100	100	100	100	100	—	—	—	—
Kirkland Lake	100	79	100	100	100	—	—	—	—
Kitchener	99	99	86	97	100	—	—	—	—
Leamington	100	100	100	83	100	—	—	—	—
Lindsay	89	100	82	100	100	—	—	—	—
Listowel	100	100	100	100	100	—	—	—	—
Lively	100	100	100	100	100	—	—	—	—
London	97	95	87	97	97	—	—	—	—
Manotick	100	59	100	100	100	—	—	—	—
Maple	100	100	100	100	100	—	—	—	—
Markham	100	89	100	92	96	—	—	—	—
Meaford	100	100	100	100	100	—	—	—	—
Midland	100	100	100	100	95	—	—	—	—
Milton	100	100	100	100	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hip Fracture: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	96	100	97	98	98	—	—	—	—
Napanee	100	100	100	100	100	—	—	—	—
Navan	100	36	100	100	100	—	—	—	—
New Hamburg	—	—	—	—	—	—	—	—	—
Newmarket	100	95	100	92	98	—	—	—	—
Niagara Falls	80	100	93	100	100	—	—	—	—
North Bay	100	100	100	90	100	—	—	—	—
North York	100	94	100	100	97	—	—	—	—
Oakville	100	100	87	100	100	—	—	—	—
Orangeville	100	100	100	100	100	—	—	—	—
Orillia	100	90	100	100	100	—	—	—	—
Oshawa	91	100	90	98	99	—	—	—	—
Ottawa	79	87	69	83	96	—	—	—	—
Owen Sound	100	100	100	100	100	—	—	—	—
Paris	100	100	100	6	100	—	—	—	—
Parry Sound	100	100	100	80	90	—	—	—	—
Pembroke	100	100	100	100	100	—	—	—	—
Penetanguishene	100	100	100	100	100	—	—	—	—
Perth	100	100	100	100	92	—	—	—	—
Petawawa	99	100	99	55	100	—	—	—	—
Peterborough	79	99	76	97	98	—	—	—	—
Pickering	100	100	75	93	100	—	—	—	—
Port Colborne	100	100	67	84	95	—	—	—	—
Port Hope	100	100	37	100	91	—	—	—	—
Port Perry	100	100	100	100	73	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hip Fracture: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	100	100	100	100	0	—	—	—	—
Renfrew	100	85	0	100	100	—	—	—	—
Richmond Hill	100	100	92	100	99	—	—	—	—
Rockland	53	100	100	100	87	—	—	—	—
Russell	100	100	100	100	100	—	—	—	—
Sarnia	100	97	100	100	97	—	—	—	—
Sault Ste. Marie	98	96	97	100	100	—	—	—	—
Scarborough	90	90	89	93	95	—	—	—	—
Simcoe	100	100	73	100	100	—	—	—	—
Sioux Lookout	100	100	100	100	100	—	—	—	—
Smiths Falls	100	100	100	75	100	—	—	—	—
St. Catharine	95	96	97	100	98	—	—	—	—
St. Mary's	100	100	100	100	100	—	—	—	—
St. Thomas	91	90	100	100	100	—	—	—	—
Stouffville	72	84	100	100	100	—	—	—	—
Stratford	83	100	100	85	100	—	—	—	—
Strathroy	100	100	100	100	100	—	—	—	—
Sturgeon	—	—	—	—	100	—	—	—	—
Sudbury	93	98	94	100	98	—	—	—	—
Thornhill	100	100	71	90	99	—	—	—	—
Thunder Bay	90	98	85	92	98	—	—	—	—
Tillsonburg	100	100	100	100	100	—	—	—	—
Timmins	100	100	100	95	98	—	—	—	—
Toronto	96	97	87	93	97	—	—	—	—
Trenton	100	100	100	100	96	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hip Fracture: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	100	80	100	100	100	—	—	—	—
Val Caron	100	100	99	100	100	—	—	—	—
Wallaceburg	78	88	100	100	93	—	—	—	—
Wasaga Beach	—	—	—	—	—	—	—	—	—
Welland	93	92	100	97	96	—	—	—	—
Weston	92	98	100	97	99	—	—	—	—
Whitby	100	100	100	100	98	—	—	—	—
Willowdale	83	100	71	79	96	—	—	—	—
Windsor	94	97	87	100	99	—	—	—	—
Woodbridge	100	88	100	100	98	—	—	—	—
Woodstock	100	100	100	93	100	—	—	—	—
Rural	96	98	97	97	99	—	—	—	—
Other	98	98	97	98	98	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hemorrhage or Hematoma: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	100	100	100	100	72	—	—	—	—
Ajax	82	100	89	51	100	—	—	—	—
Alliston	77	80	88	32	89	—	—	—	—
Amherstburg	100	88	100	100	92	—	—	—	—
Arnprior	100	68	100	64	80	—	—	—	—
Aurora	100	100	100	97	99	—	—	—	—
Aylmer West	81	83	100	100	86	—	—	—	—
Barrie	100	86	82	100	94	—	—	—	—
Belleville	94	100	78	91	95	—	—	—	—
Bolton	82	46	100	100	100	—	—	—	—
Bowmanville	100	97	99	82	97	—	—	—	—
Bracebridge	100	100	100	100	100	—	—	—	—
Bradford	100	45	87	76	100	—	—	—	—
Brampton	100	100	100	100	100	—	—	—	—
Brantford	100	100	100	91	96	—	—	—	—
Brockville	100	100	100	79	88	—	—	—	—
Burlington	100	100	100	100	90	—	—	—	—
Caledon	100	100	100	100	100	—	—	—	—
Caledonia	100	100	100	100	47	—	—	—	—
Cambridge	95	100	100	77	85	—	—	—	—
Carleton Place	100	100	100	100	86	—	—	—	—
Chatham	96	100	100	100	96	—	—	—	—
Cobourg	100	100	100	100	100	—	—	—	—
Collingwood	100	91	72	95	100	—	—	—	—
Concord	100	100	100	100	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hemorrhage or Hematoma: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	100	99	100	100	89	—	—	—	—
Cumberland	100	100	100	100	100	—	—	—	—
Delhi	100	100	100	100	100	—	—	—	—
Downsview	100	100	100	100	100	—	—	—	—
Dryden	100	72	100	100	100	—	—	—	—
Dunnville	77	100	80	100	100	—	—	—	—
East Gwillimbury	100	100	59	100	100	—	—	—	—
Elliot Lake	100	90	94	100	95	—	—	—	—
Elmira	100	100	100	100	63	—	—	—	—
Espanola	100	100	100	100	63	—	—	—	—
Essex	100	100	79	100	100	—	—	—	—
Etobicoke	98	94	97	100	100	—	—	—	—
Fergus	100	100	100	66	82	—	—	—	—
Fort Erie	100	86	100	100	100	—	—	—	—
Fort Frances	100	100	100	0	74	—	—	—	—
Gananoque	100	100	60	100	100	—	—	—	—
Garson	0	100	100	100	18	—	—	—	—
Georgetown	100	100	100	100	100	—	—	—	—
Goderich	83	100	84	100	100	—	—	—	—
Gravenhurst	37	71	100	100	85	—	—	—	—
Greely	100	100	100	100	100	—	—	—	—
Grimsby	100	84	100	79	100	—	—	—	—
Guelph	98	98	100	70	100	—	—	—	—
Hamilton	99	100	96	86	78	—	—	—	—
Hanmer	100	78	80	100	0	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hemorrhage or Hematoma: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	80	100	100	100	100	—	—	—	—
Hawkesbury	100	100	100	100	55	—	—	—	—
Huntsville	100	59	100	100	100	—	—	—	—
Ingersoll	100	100	100	30	100	—	—	—	—
Innisfil	—	—	—	100	100	—	—	—	—
Kapuskasing	83	71	86	100	100	—	—	—	—
Kenora	71	0	66	56	39	—	—	—	—
Keswick	100	100	100	100	93	—	—	—	—
Kincardine	100	100	100	100	100	—	—	—	—
King City	100	36	100	42	100	—	—	—	—
Kingston	100	87	92	100	100	—	—	—	—
Kingsville	84	81	100	100	100	—	—	—	—
Kirkland Lake	100	100	100	100	100	—	—	—	—
Kitchener	100	100	90	100	96	—	—	—	—
Leamington	100	100	96	90	100	—	—	—	—
Lindsay	91	100	89	80	99	—	—	—	—
Listowel	58	100	55	100	100	—	—	—	—
Lively	100	100	0	100	100	—	—	—	—
London	98	100	100	100	95	—	—	—	—
Manotick	100	100	100	16	100	—	—	—	—
Maple	79	100	100	88	97	—	—	—	—
Markham	100	100	93	100	87	—	—	—	—
Meaford	100	100	100	49	100	—	—	—	—
Midland	100	37	91	100	95	—	—	—	—
Milton	93	100	100	91	95	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hemorrhage or Hematoma: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	100	100	94	100	94	—	—	—	—
Napanee	100	100	83	100	87	—	—	—	—
Navan	100	100	100	100	100	—	—	—	—
New Hamburg	—	—	—	—	—	—	—	—	—
Newmarket	74	96	100	84	100	—	—	—	—
Niagara Falls	100	100	99	100	97	—	—	—	—
North Bay	87	100	100	81	85	—	—	—	—
North York	100	100	100	100	100	—	—	—	—
Oakville	100	100	100	100	92	—	—	—	—
Orangeville	100	100	88	84	80	—	—	—	—
Orillia	93	100	96	100	84	—	—	—	—
Oshawa	98	100	100	91	95	—	—	—	—
Ottawa	94	100	100	100	100	—	—	—	—
Owen Sound	100	100	87	100	100	—	—	—	—
Paris	100	100	100	100	100	—	—	—	—
Parry Sound	100	100	100	100	100	—	—	—	—
Pembroke	99	81	100	100	97	—	—	—	—
Penetanguishene	100	74	100	72	100	—	—	—	—
Perth	100	80	100	100	100	—	—	—	—
Petawawa	61	53	100	100	100	—	—	—	—
Peterborough	91	100	93	99	98	—	—	—	—
Pickering	100	89	90	85	85	—	—	—	—
Port Colborne	100	99	94	100	100	—	—	—	—
Port Hope	100	80	100	100	100	—	—	—	—
Port Perry	80	100	85	100	36	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hemorrhage or Hematoma: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	100	100	100	100	100	—	—	—	—
Renfrew	100	100	100	100	100	—	—	—	—
Richmond Hill	94	100	86	100	89	—	—	—	—
Rockland	66	100	100	100	100	—	—	—	—
Russell	15	100	100	100	100	—	—	—	—
Sarnia	84	100	100	100	100	—	—	—	—
Sault Ste. Marie	98	100	100	94	99	—	—	—	—
Scarborough	100	94	100	98	100	—	—	—	—
Simcoe	61	49	100	69	100	—	—	—	—
Sioux Lookout	100	100	2	100	31	—	—	—	—
Smiths Falls	91	100	100	100	100	—	—	—	—
St. Catharine	94	100	100	89	96	—	—	—	—
St. Mary's	51	100	100	100	100	—	—	—	—
St. Thomas	100	82	93	100	100	—	—	—	—
Stouffville	100	100	100	100	100	—	—	—	—
Stratford	100	100	100	100	100	—	—	—	—
Strathroy	100	100	91	100	91	—	—	—	—
Sturgeon	—	—	—	—	100	—	—	—	—
Sudbury	88	96	96	100	89	—	—	—	—
Thornhill	100	100	100	97	100	—	—	—	—
Thunder Bay	89	100	93	100	86	—	—	—	—
Tillsonburg	94	92	95	100	100	—	—	—	—
Timmins	94	100	93	100	100	—	—	—	—
Toronto	98	100	100	100	100	—	—	—	—
Trenton	100	100	74	94	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Hemorrhage or Hematoma: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	100	100	100	100	100	—	—	—	—
Val Caron	62	48	61	100	100	—	—	—	—
Wallaceburg	94	100	100	100	100	—	—	—	—
Wasaga Beach	—	—	—	—	—	—	—	—	—
Welland	100	100	100	100	100	—	—	—	—
Weston	100	97	88	100	100	—	—	—	—
Whitby	100	100	100	100	95	—	—	—	—
Willowdale	100	100	100	100	96	—	—	—	—
Windsor	100	100	100	100	100	—	—	—	—
Woodbridge	91	100	100	100	100	—	—	—	—
Woodstock	100	100	83	90	100	—	—	—	—
Rural	99	100	100	99	100	—	—	—	—
Other	100	100	100	100	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Physiologic and Metabolic Derangement: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	100	100	0	100	100	72	71	100	100
Ajax	100	100	83	72	100	100	100	100	100
Alliston	100	100	100	100	23	80	100	59	100
Amherstburg	99	100	100	100	100	100	100	100	100
Arnprior	100	100	99	100	100	100	100	100	100
Aurora	100	73	100	100	100	100	100	100	82
Aylmer West	99	100	98	100	100	100	77	100	100
Barrie	86	94	100	100	75	100	100	100	78
Belleville	82	100	79	100	75	95	91	100	100
Bolton	50	100	99	48	100	100	100	100	100
Bowmanville	87	100	48	100	86	100	100	93	100
Bracebridge	100	100	100	100	100	100	100	61	100
Bradford	100	100	100	100	36	100	100	100	100
Brampton	92	100	95	95	92	100	100	94	81
Brantford	97	100	95	82	94	95	100	88	88
Brockville	100	100	65	100	100	89	88	100	100
Burlington	100	81	93	100	85	100	96	100	100
Caledon	96	100	100	98	96	100	100	100	100
Caledonia	100	100	100	100	100	100	100	43	100
Cambridge	100	100	85	97	83	93	100	100	94
Carleton Place	100	100	100	100	100	100	67	53	100
Chatham	100	100	64	84	82	89	100	100	84
Cobourg	100	100	100	100	100	100	89	100	100
Collingwood	100	100	100	100	52	100	100	100	66
Concord	100	100	97	100	100	72	100	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Physiologic and Metabolic Derangement: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	90	100	86	100	64	91	96	100	84
Cumberland	100	100	100	100	100	100	100	100	100
Delhi	100	99	100	100	100	100	100	100	100
Downsview	91	99	86	100	98	94	94	99	94
Dryden	97	100	97	98	100	100	100	98	100
Dunnville	100	49	100	41	100	82	100	100	100
East Gwillimbury	100	100	100	100	100	57	100	100	100
Elliot Lake	100	49	100	100	100	100	80	100	100
Elmira	100	99	100	100	99	100	100	99	100
Espanola	100	99	98	100	100	99	100	99	100
Essex	100	100	100	100	100	100	100	100	0
Etobicoke	98	100	88	100	96	100	99	97	88
Fergus	100	100	100	100	0	100	100	100	100
Fort Erie	100	100	100	100	100	100	100	100	100
Fort Frances	100	100	100	100	97	100	100	100	100
Gananoque	100	100	100	100	100	100	100	100	100
Garson	100	100	100	99	100	100	100	100	100
Georgetown	100	100	99	100	60	90	100	100	54
Goderich	100	100	100	37	100	100	79	60	100
Gravenhurst	100	100	100	100	100	100	100	47	24
Greely	100	100	100	100	100	100	100	100	100
Grimsby	100	61	51	100	100	100	100	76	56
Guelph	100	91	79	68	66	100	95	97	100
Hamilton	100	91	82	91	95	96	95	100	96
Hanmer	99	98	99	99	100	100	100	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Physiologic and Metabolic Derangement: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	99	99	100	100	100	100	100	100	100
Hawkesbury	100	100	100	100	100	72	100	37	100
Huntsville	100	100	100	100	100	81	100	100	100
Ingersoll	100	100	99	100	100	100	76	100	100
Innisfil	—	—	—	100	100	100	83	100	100
Kapuskasing	99	100	100	47	99	100	100	100	100
Kenora	96	97	97	98	95	99	99	99	100
Keswick	51	100	100	100	100	100	100	100	100
Kincardine	99	100	100	100	100	100	100	100	100
King City	100	100	100	100	100	100	100	100	100
Kingston	94	100	100	100	89	100	96	94	100
Kingsville	100	100	25	100	100	100	100	100	100
Kirkland Lake	100	100	100	99	98	100	100	100	100
Kitchener	88	99	96	97	91	96	97	99	96
Leamington	100	79	100	100	53	100	100	100	100
Lindsay	100	100	100	100	100	92	100	87	100
Listowel	0	100	99	100	100	100	100	34	100
Lively	100	100	99	100	100	100	100	99	100
London	89	100	92	84	96	98	99	97	80
Manotick	98	100	100	100	97	100	100	0	100
Maple	100	100	100	100	59	100	100	62	100
Markham	100	86	90	100	100	96	100	100	94
Meaford	100	100	100	100	100	100	99	100	18
Midland	100	100	100	100	100	100	100	100	100
Milton	100	69	100	0	100	100	100	85	75

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Physiologic and Metabolic Derangement: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	86	100	100	99	100	98	100	100	90
Napanee	100	100	16	100	100	73	67	100	100
Navan	96	96	99	98	100	100	99	100	100
New Hamburg	—	—	—	—	—	0	100	100	100
Newmarket	100	100	100	89	100	97	100	91	80
Niagara Falls	92	97	97	100	100	100	100	100	84
North Bay	100	90	89	100	100	90	100	91	72
North York	100	92	100	100	100	100	100	94	89
Oakville	95	95	93	100	100	100	87	94	100
Orangeville	100	100	82	100	100	100	100	100	100
Orillia	100	100	83	66	100	95	100	78	100
Oshawa	100	96	90	93	99	97	100	94	100
Ottawa	98	98	91	95	82	96	93	90	80
Owen Sound	100	100	100	100	100	100	100	100	100
Paris	100	100	100	100	99	100	100	100	35
Parry Sound	100	100	100	100	37	100	100	100	100
Pembroke	100	100	100	100	58	76	87	100	100
Penetanguishene	100	100	100	100	100	100	100	100	100
Perth	100	100	99	32	100	100	100	100	100
Petawawa	99	99	97	98	100	100	100	100	100
Peterborough	97	100	100	94	100	100	100	100	91
Pickering	100	100	100	73	89	92	100	92	100
Port Colborne	100	75	100	100	49	100	82	100	100
Port Hope	48	100	100	100	100	100	100	100	100
Port Perry	100	100	100	100	100	84	100	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Physiologic and Metabolic Derangement: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	100	100	100	100	100	100	0	100	100
Renfrew	100	100	100	100	100	100	100	100	48
Richmond Hill	70	95	93	84	96	100	100	100	94
Rockland	100	100	99	100	100	99	100	46	100
Russell	99	100	97	100	100	100	100	100	100
Sarnia	100	91	88	100	100	98	100	98	100
Sault Ste. Marie	89	90	100	100	100	100	97	85	100
Scarborough	91	95	100	96	87	99	99	93	90
Simcoe	100	0	54	100	100	87	100	100	100
Sioux Lookout	100	100	95	97	100	100	100	100	100
Smiths Falls	99	100	97	100	100	100	47	100	100
St. Catharine	87	98	100	100	86	100	92	99	100
St. Mary's	100	100	100	100	100	100	100	100	100
St. Thomas	100	86	100	100	100	100	100	88	80
Stouffville	100	100	100	100	100	100	100	100	100
Stratford	100	75	100	79	72	100	90	84	100
Strathroy	100	100	99	100	100	71	100	67	100
Sturgeon	—	—	—	—	97	100	100	49	100
Sudbury	93	100	100	92	87	100	95	88	75
Thornhill	100	91	89	70	94	99	97	100	100
Thunder Bay	97	97	98	100	100	99	96	100	93
Tillsonburg	100	100	100	100	100	100	87	100	49
Timmins	100	100	100	100	66	100	100	100	100
Toronto	93	92	92	99	100	99	96	100	92
Trenton	100	100	56	100	100	87	100	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Physiologic and Metabolic Derangement: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	100	100	100	100	100	100	100	100	100
Val Caron	100	98	99	100	100	100	99	99	100
Wallaceburg	100	59	100	100	100	100	100	100	100
Wasaga Beach	—	—	—	—	—	—	—	100	100
Welland	100	100	52	89	100	89	96	100	86
Weston	95	91	100	96	81	100	100	100	86
Whitby	62	100	100	100	75	100	100	100	100
Willowdale	99	94	93	85	100	94	99	100	93
Windsor	100	100	98	100	82	97	100	100	97
Woodbridge	88	100	100	100	100	100	100	100	100
Woodstock	100	99	100	100	100	95	100	87	100
Rural	98	98	97	97	94	99	96	98	92
Other	100	100	83	88	68	98	97	90	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Respiratory Failure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	—	—	—	—	—	100	100	100	100
Ajax	—	—	—	—	—	100	100	100	73
Alliston	—	—	—	—	—	79	100	100	63
Amherstburg	—	—	—	—	—	87	100	100	100
Arnprior	—	—	—	—	—	100	89	86	100
Aurora	—	—	—	—	—	92	100	100	100
Aylmer West	—	—	—	—	—	100	73	100	100
Barrie	—	—	—	—	—	100	100	100	79
Belleville	—	—	—	—	—	97	100	100	100
Bolton	—	—	—	—	—	100	100	100	100
Bowmanville	—	—	—	—	—	100	100	92	89
Bracebridge	—	—	—	—	—	77	71	100	56
Bradford	—	—	—	—	—	44	32	100	66
Brampton	—	—	—	—	—	100	100	97	87
Brantford	—	—	—	—	—	100	100	92	100
Brockville	—	—	—	—	—	100	93	96	100
Burlington	—	—	—	—	—	100	86	100	88
Caledon	—	—	—	—	—	100	100	98	12
Caledonia	—	—	—	—	—	100	100	100	100
Cambridge	—	—	—	—	—	93	100	99	90
Carleton Place	—	—	—	—	—	100	100	77	0
Chatham	—	—	—	—	—	100	100	100	88
Cobourg	—	—	—	—	—	99	100	94	100
Collingwood	—	—	—	—	—	100	100	100	100
Concord	—	—	—	—	—	64	100	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Respiratory Failure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	—	—	—	—	—	94	95	83	65
Cumberland	—	—	—	—	—	100	100	0	100
Delhi	—	—	—	—	—	100	100	79	100
Downsview	—	—	—	—	—	100	100	94	67
Dryden	—	—	—	—	—	100	100	100	100
Dunnville	—	—	—	—	—	40	100	81	100
East Gwillimbury	—	—	—	—	—	100	100	100	100
Elliot Lake	—	—	—	—	—	100	100	100	100
Elmira	—	—	—	—	—	100	100	100	100
Espanola	—	—	—	—	—	100	100	100	100
Essex	—	—	—	—	—	71	100	100	100
Etobicoke	—	—	—	—	—	100	100	95	85
Fergus	—	—	—	—	—	100	78	100	51
Fort Erie	—	—	—	—	—	95	100	100	100
Fort Frances	—	—	—	—	—	100	100	100	100
Gananoque	—	—	—	—	—	100	100	100	100
Garson	—	—	—	—	—	100	98	98	100
Georgetown	—	—	—	—	—	100	100	100	100
Goderich	—	—	—	—	—	91	100	72	100
Gravenhurst	—	—	—	—	—	70	100	100	100
Greely	—	—	—	—	—	100	100	100	100
Grimsby	—	—	—	—	—	100	100	100	44
Guelph	—	—	—	—	—	94	99	100	100
Hamilton	—	—	—	—	—	100	100	98	71
Hanmer	—	—	—	—	—	100	100	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Respiratory Failure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	—	—	—	—	—	100	100	100	100
Hawkesbury	—	—	—	—	—	100	100	100	100
Huntsville	—	—	—	—	—	82	100	100	100
Ingersoll	—	—	—	—	—	80	100	100	100
Innisfil	—	—	—	—	—	100	100	100	100
Kapuskasing	—	—	—	—	—	100	100	100	100
Kenora	—	—	—	—	—	100	100	100	100
Keswick	—	—	—	—	—	100	75	100	77
Kincardine	—	—	—	—	—	100	100	100	7
King City	—	—	—	—	—	100	0	100	100
Kingston	—	—	—	—	—	100	93	98	100
Kingsville	—	—	—	—	—	88	100	100	100
Kirkland Lake	—	—	—	—	—	75	61	100	100
Kitchener	—	—	—	—	—	100	84	95	52
Leamington	—	—	—	—	—	100	89	86	100
Lindsay	—	—	—	—	—	100	100	85	78
Listowel	—	—	—	—	—	0	100	77	100
Lively	—	—	—	—	—	100	100	100	100
London	—	—	—	—	—	100	100	100	89
Manotick	—	—	—	—	—	100	100	100	100
Maple	—	—	—	—	—	87	100	83	100
Markham	—	—	—	—	—	100	100	97	94
Meaford	—	—	—	—	—	100	100	100	48
Midland	—	—	—	—	—	100	100	81	100
Milton	—	—	—	—	—	100	100	96	83

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Respiratory Failure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	—	—	—	—	—	93	97	94	82
Napanee	—	—	—	—	—	13	100	100	100
Navan	—	—	—	—	—	100	100	100	100
New Hamburg	—	—	—	—	—	100	100	100	36
Newmarket	—	—	—	—	—	100	94	98	77
Niagara Falls	—	—	—	—	—	100	100	88	85
North Bay	—	—	—	—	—	100	100	99	88
North York	—	—	—	—	—	100	100	96	78
Oakville	—	—	—	—	—	100	82	100	84
Orangeville	—	—	—	—	—	97	100	100	79
Orillia	—	—	—	—	—	100	100	88	100
Oshawa	—	—	—	—	—	100	100	91	69
Ottawa	—	—	—	—	—	100	84	91	86
Owen Sound	—	—	—	—	—	100	100	96	100
Paris	—	—	—	—	—	79	100	81	100
Parry Sound	—	—	—	—	—	100	100	100	100
Pembroke	—	—	—	—	—	73	71	96	78
Penetanguishene	—	—	—	—	—	100	100	100	100
Perth	—	—	—	—	—	79	100	100	100
Petawawa	—	—	—	—	—	100	100	100	100
Peterborough	—	—	—	—	—	99	97	96	77
Pickering	—	—	—	—	—	91	100	100	100
Port Colborne	—	—	—	—	—	100	100	100	70
Port Hope	—	—	—	—	—	77	100	100	100
Port Perry	—	—	—	—	—	86	89	91	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Respiratory Failure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	—	—	—	—	—	100	100	100	100
Renfrew	—	—	—	—	—	86	72	100	100
Richmond Hill	—	—	—	—	—	100	100	100	93
Rockland	—	—	—	—	—	100	100	100	100
Russell	—	—	—	—	—	100	100	100	100
Sarnia	—	—	—	—	—	100	100	100	76
Sault Ste. Marie	—	—	—	—	—	100	100	95	91
Scarborough	—	—	—	—	—	100	89	100	85
Simcoe	—	—	—	—	—	94	100	100	100
Sioux Lookout	—	—	—	—	—	100	98	100	100
Smiths Falls	—	—	—	—	—	100	100	100	100
St. Catharine	—	—	—	—	—	100	97	95	71
St. Mary's	—	—	—	—	—	100	43	100	52
St. Thomas	—	—	—	—	—	99	100	100	73
Stouffville	—	—	—	—	—	100	100	89	100
Stratford	—	—	—	—	—	96	100	100	3
Strathroy	—	—	—	—	—	100	100	100	100
Sturgeon	—	—	—	—	—	100	100	100	100
Sudbury	—	—	—	—	—	100	100	100	100
Thornhill	—	—	—	—	—	100	100	89	59
Thunder Bay	—	—	—	—	—	100	100	100	95
Tillsonburg	—	—	—	—	—	100	100	95	100
Timmins	—	—	—	—	—	97	95	100	58
Toronto	—	—	—	—	—	100	100	95	78
Trenton	—	—	—	—	—	100	100	72	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Respiratory Failure: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	—	—	—	—	—	100	100	90	100
Val Caron	—	—	—	—	—	100	96	100	100
Wallaceburg	—	—	—	—	—	87	100	100	100
Wasaga Beach	—	—	—	—	—	—	—	100	100
Welland	—	—	—	—	—	100	77	100	100
Weston	—	—	—	—	—	100	100	91	63
Whitby	—	—	—	—	—	100	91	100	83
Willowdale	—	—	—	—	—	100	100	100	86
Windsor	—	—	—	—	—	100	94	94	95
Woodbridge	—	—	—	—	—	100	100	100	100
Woodstock	—	—	—	—	—	100	100	100	100
Rural	—	—	—	—	—	100	100	99	86
Other	—	—	—	—	—	100	99	96	89

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Pulmonary Embolism or Deep Vein Thrombosis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	100	89	100	64	54	—	—	—	—
Ajax	80	93	77	91	91	—	—	—	—
Alliston	100	60	25	76	84	—	—	—	—
Amherstburg	78	84	79	81	93	—	—	—	—
Arnprior	100	99	77	100	84	—	—	—	—
Aurora	70	84	60	89	79	—	—	—	—
Aylmer West	92	95	100	82	96	—	—	—	—
Barrie	83	90	88	80	89	—	—	—	—
Belleville	80	88	79	95	87	—	—	—	—
Bolton	74	84	81	97	81	—	—	—	—
Bowmanville	92	85	83	98	91	—	—	—	—
Bracebridge	100	89	71	73	84	—	—	—	—
Bradford	30	53	47	77	100	—	—	—	—
Brampton	87	90	89	96	86	—	—	—	—
Brantford	84	93	73	82	85	—	—	—	—
Brockville	70	81	78	89	94	—	—	—	—
Burlington	97	85	75	87	94	—	—	—	—
Caledon	100	0	95	98	100	—	—	—	—
Caledonia	100	75	90	84	90	—	—	—	—
Cambridge	83	98	88	88	98	—	—	—	—
Carleton Place	60	94	100	59	85	—	—	—	—
Chatham	75	75	80	91	97	—	—	—	—
Cobourg	83	87	72	100	100	—	—	—	—
Collingwood	77	100	83	81	95	—	—	—	—
Concord	79	82	57	100	80	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Pulmonary Embolism or Deep Vein Thrombosis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	86	95	91	89	93	—	—	—	—
Cumberland	100	58	100	100	0	—	—	—	—
Delhi	39	100	65	84	100	—	—	—	—
Downsview	92	79	88	84	89	—	—	—	—
Dryden	45	100	91	100	94	—	—	—	—
Dunnville	93	88	55	74	100	—	—	—	—
East Gwillimbury	81	62	100	91	92	—	—	—	—
Elliot Lake	100	71	77	100	100	—	—	—	—
Elmira	85	68	100	91	54	—	—	—	—
Espanola	100	98	78	100	100	—	—	—	—
Essex	84	93	91	96	78	—	—	—	—
Etobicoke	76	79	73	80	82	—	—	—	—
Fergus	83	100	96	86	100	—	—	—	—
Fort Erie	90	83	87	100	100	—	—	—	—
Fort Frances	78	100	70	94	94	—	—	—	—
Gananoque	97	71	53	84	100	—	—	—	—
Garson	100	99	79	89	100	—	—	—	—
Georgetown	92	92	80	90	86	—	—	—	—
Goderich	44	47	60	94	93	—	—	—	—
Gravenhurst	95	73	68	98	73	—	—	—	—
Greely	100	66	45	53	100	—	—	—	—
Grimsby	91	97	77	95	100	—	—	—	—
Guelph	97	84	80	80	88	—	—	—	—
Hamilton	84	89	76	85	84	—	—	—	—
Hanmer	77	100	99	85	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Pulmonary Embolism or Deep Vein Thrombosis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	84	93	44	100	78	—	—	—	—
Hawkesbury	100	67	31	75	92	—	—	—	—
Huntsville	100	80	94	95	96	—	—	—	—
Ingersoll	66	85	67	96	75	—	—	—	—
Innisfil	—	—	—	75	96	—	—	—	—
Kapuskasing	100	100	94	89	90	—	—	—	—
Kenora	99	86	68	90	68	—	—	—	—
Keswick	100	82	72	87	81	—	—	—	—
Kincardine	57	84	99	100	74	—	—	—	—
King City	0	72	100	89	94	—	—	—	—
Kingston	75	87	62	88	88	—	—	—	—
Kingsville	85	78	67	96	83	—	—	—	—
Kirkland Lake	95	87	75	100	79	—	—	—	—
Kitchener	90	81	79	89	90	—	—	—	—
Leamington	96	72	86	82	82	—	—	—	—
Lindsay	82	95	82	84	94	—	—	—	—
Listowel	94	90	0	93	75	—	—	—	—
Lively	66	100	79	90	84	—	—	—	—
London	73	82	76	80	78	—	—	—	—
Manotick	56	88	99	57	74	—	—	—	—
Maple	100	67	84	90	88	—	—	—	—
Markham	88	92	89	93	96	—	—	—	—
Meaford	100	82	92	73	100	—	—	—	—
Midland	94	100	46	95	97	—	—	—	—
Milton	83	75	94	96	97	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Pulmonary Embolism or Deep Vein Thrombosis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	84	87	77	85	83	—	—	—	—
Napanee	76	100	53	88	87	—	—	—	—
Navan	100	67	100	50	100	—	—	—	—
New Hamburg	—	—	—	—	—	—	—	—	—
Newmarket	79	80	53	79	97	—	—	—	—
Niagara Falls	84	83	77	96	92	—	—	—	—
North Bay	87	89	81	92	96	—	—	—	—
North York	79	84	78	92	85	—	—	—	—
Oakville	74	84	91	92	96	—	—	—	—
Orangeville	94	57	95	95	99	—	—	—	—
Orillia	84	95	82	86	97	—	—	—	—
Oshawa	87	93	75	87	94	—	—	—	—
Ottawa	80	86	80	85	84	—	—	—	—
Owen Sound	69	86	80	99	86	—	—	—	—
Paris	94	100	96	100	70	—	—	—	—
Parry Sound	100	83	100	91	83	—	—	—	—
Pembroke	89	91	68	96	77	—	—	—	—
Penetanguishene	94	92	94	100	89	—	—	—	—
Perth	76	100	66	50	100	—	—	—	—
Petawawa	79	100	82	89	88	—	—	—	—
Peterborough	87	90	89	95	91	—	—	—	—
Pickering	88	96	80	92	89	—	—	—	—
Port Colborne	68	89	88	73	94	—	—	—	—
Port Hope	81	82	92	74	95	—	—	—	—
Port Perry	93	76	84	87	79	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Pulmonary Embolism or Deep Vein Thrombosis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	55	100	100	80	65	—	—	—	—
Renfrew	100	100	91	87	82	—	—	—	—
Richmond Hill	91	88	71	88	87	—	—	—	—
Rockland	54	77	66	73	70	—	—	—	—
Russell	100	100	100	100	100	—	—	—	—
Sarnia	86	90	64	81	95	—	—	—	—
Sault Ste. Marie	83	84	82	92	98	—	—	—	—
Scarborough	86	87	75	81	87	—	—	—	—
Simcoe	77	93	86	94	88	—	—	—	—
Sioux Lookout	100	68	19	100	100	—	—	—	—
Smiths Falls	79	79	98	68	71	—	—	—	—
St. Catharine	85	83	87	95	87	—	—	—	—
St. Mary's	100	91	17	0	83	—	—	—	—
St. Thomas	60	78	83	87	87	—	—	—	—
Stouffville	87	66	77	86	88	—	—	—	—
Stratford	96	79	100	99	98	—	—	—	—
Strathroy	80	77	85	85	93	—	—	—	—
Sturgeon	—	—	—	—	100	—	—	—	—
Sudbury	88	87	92	100	98	—	—	—	—
Thornhill	84	88	74	92	83	—	—	—	—
Thunder Bay	79	82	67	71	86	—	—	—	—
Tillsonburg	67	93	78	79	72	—	—	—	—
Timmins	100	89	80	87	87	—	—	—	—
Toronto	78	77	70	83	82	—	—	—	—
Trenton	91	68	55	93	90	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Pulmonary Embolism or Deep Vein Thrombosis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	94	55	96	89	96	—	—	—	—
Val Caron	50	83	83	100	100	—	—	—	—
Wallaceburg	90	71	96	93	100	—	—	—	—
Wasaga Beach	—	—	—	—	—	—	—	—	—
Welland	90	89	84	86	96	—	—	—	—
Weston	73	84	68	82	88	—	—	—	—
Whitby	94	95	86	82	90	—	—	—	—
Willowdale	92	83	69	91	88	—	—	—	—
Windsor	80	86	78	84	88	—	—	—	—
Woodbridge	77	91	82	92	79	—	—	—	—
Woodstock	69	83	75	90	91	—	—	—	—
Rural	86	87	80	87	89	—	—	—	—
Other	82	82	73	87	87	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Sepsis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	100	100	100	100	100	100	100	100	100
Ajax	100	100	87	97	100	98	95	80	100
Alliston	100	38	100	65	100	100	100	100	100
Amherstburg	100	57	100	100	100	100	90	100	76
Arnprior	100	100	100	100	100	100	100	57	100
Aurora	100	100	100	100	100	100	100	86	100
Aylmer West	100	0	100	100	100	100	76	57	100
Barrie	88	80	100	95	100	90	100	83	94
Belleville	100	97	99	95	100	100	100	100	100
Bolton	100	100	100	100	99	100	100	67	100
Bowmanville	100	100	100	100	90	100	100	100	100
Bracebridge	53	100	100	100	79	100	100	67	100
Bradford	100	100	100	100	100	100	100	100	100
Brampton	97	91	90	95	90	96	94	98	86
Brantford	97	90	97	96	100	92	100	96	100
Brockville	100	86	100	98	100	90	100	54	64
Burlington	89	100	95	100	89	98	100	95	86
Caledon	—	95	98	99	87	100	100	100	100
Caledonia	100	100	100	61	100	100	100	100	100
Cambridge	99	100	94	100	90	100	95	100	72
Carleton Place	100	100	55	100	100	100	100	59	100
Chatham	98	100	100	100	100	100	100	98	90
Cobourg	100	100	76	85	100	98	93	92	100
Collingwood	100	100	100	100	100	94	100	100	100
Concord	100	100	100	100	0	100	100	100	6

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Sepsis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	98	86	100	100	100	98	100	100	82
Cumberland	100	100	98	98	100	100	100	100	100
Delhi	100	100	100	100	100	79	100	42	100
Downsview	85	90	94	100	94	86	91	85	94
Dryden	100	100	100	100	100	100	100	100	100
Dunnville	100	44	100	100	100	85	100	100	100
East Gwillimbury	100	98	33	100	100	68	62	100	100
Elliot Lake	100	100	100	100	100	91	93	100	100
Elmira	100	100	100	100	100	0	100	100	100
Espanola	100	100	100	100	99	100	100	100	100
Essex	100	100	100	100	100	68	100	100	100
Etobicoke	93	100	91	92	92	98	98	93	87
Fergus	100	98	100	100	100	100	100	72	59
Fort Erie	100	100	100	100	78	78	100	100	35
Fort Frances	21	100	97	100	95	71	100	100	100
Gananoque	100	100	100	80	100	100	100	100	100
Garson	96	96	100	100	100	100	100	100	100
Georgetown	100	100	83	90	100	100	100	100	100
Goderich	100	100	42	74	100	80	100	54	100
Gravenhurst	100	100	100	100	100	81	100	64	100
Greely	100	100	100	100	96	100	100	100	100
Grimsby	100	70	100	92	100	92	93	100	81
Guelph	98	54	95	98	92	100	100	90	78
Hamilton	89	92	89	98	97	96	93	93	85
Hanmer	94	92	96	100	100	100	74	35	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Sepsis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	100	100	100	100	100	100	100	100	64
Hawkesbury	100	100	100	100	100	100	100	100	100
Huntsville	49	100	58	100	100	100	100	100	100
Ingersoll	100	100	100	100	100	100	100	100	100
Innisfil	—	—	—	0	100	100	100	100	100
Kapuskasing	100	100	100	100	100	78	100	100	100
Kenora	100	100	100	100	100	100	100	100	0
Keswick	100	46	100	73	79	100	100	100	100
Kincardine	100	100	58	100	100	100	100	78	61
King City	93	100	100	100	100	72	100	100	100
Kingston	95	100	95	100	100	99	92	100	100
Kingsville	100	100	100	100	100	100	100	19	100
Kirkland Lake	100	100	100	75	100	100	100	59	56
Kitchener	91	72	100	100	100	92	100	100	89
Leamington	96	100	86	94	85	83	91	79	100
Lindsay	100	91	95	100	94	100	98	97	83
Listowel	100	100	100	100	69	100	83	100	100
Lively	0	99	96	100	100	100	100	100	100
London	82	90	84	96	100	94	100	85	94
Manotick	100	100	0	100	100	100	100	100	100
Maple	94	100	58	87	66	90	89	100	100
Markham	85	99	88	95	97	95	97	78	100
Meaford	100	100	100	100	100	100	100	100	58
Midland	100	100	69	100	100	100	100	100	100
Milton	100	100	92	83	85	100	100	100	85

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Sepsis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	98	95	100	100	90	100	98	97	90
Napanee	69	100	100	92	100	100	87	100	100
Navan	100	98	100	100	100	100	100	100	100
New Hamburg	—	—	—	—	—	46	100	100	100
Newmarket	100	100	100	100	84	98	97	100	100
Niagara Falls	76	74	97	98	100	96	98	89	89
North Bay	97	100	99	100	91	100	100	100	80
North York	81	85	91	96	84	95	87	87	100
Oakville	99	87	82	94	100	99	99	100	91
Orangeville	78	100	100	100	86	96	100	100	100
Orillia	100	69	100	97	94	100	82	79	87
Oshawa	100	100	100	98	99	97	100	100	96
Ottawa	93	93	93	98	91	100	99	97	92
Owen Sound	100	100	100	100	100	92	100	100	47
Paris	47	100	100	100	100	100	100	100	100
Parry Sound	100	100	100	100	100	100	100	100	100
Pembroke	100	50	100	93	89	100	100	69	100
Penetanguishene	51	100	100	83	100	100	84	57	100
Perth	100	100	98	100	100	100	100	100	100
Petawawa	95	100	28	100	100	100	100	0	100
Peterborough	100	80	100	100	97	100	99	100	100
Pickering	100	83	100	97	88	92	92	100	91
Port Colborne	100	26	100	100	88	100	94	100	100
Port Hope	62	100	100	100	100	88	100	100	100
Port Perry	100	100	99	59	100	90	100	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Sepsis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	100	100	100	100	100	100	100	100	100
Renfrew	100	100	100	100	100	91	100	100	77
Richmond Hill	95	80	100	99	100	100	100	100	92
Rockland	100	97	100	100	100	100	100	40	100
Russell	100	100	100	96	100	97	100	100	100
Sarnia	92	100	94	97	88	100	100	100	92
Sault Ste. Marie	100	95	100	97	92	100	100	99	94
Scarborough	93	82	93	96	86	100	96	96	93
Simcoe	100	100	100	93	100	100	93	82	100
Sioux Lookout	100	100	98	98	100	100	100	100	100
Smiths Falls	76	100	70	100	100	89	100	100	100
St. Catharine	91	100	100	100	91	100	98	100	90
St. Mary's	100	100	100	82	100	100	100	100	61
St. Thomas	75	87	90	100	72	100	94	76	64
Stouffville	59	100	57	100	100	100	100	100	100
Stratford	83	87	90	100	89	96	98	100	55
Strathroy	68	71	73	100	100	100	100	77	100
Sturgeon	—	—	—	—	100	81	100	59	100
Sudbury	100	100	100	100	100	100	99	100	94
Thornhill	100	100	100	100	95	100	100	91	85
Thunder Bay	100	79	81	98	100	95	99	99	96
Tillsonburg	100	77	100	100	90	100	100	53	100
Timmins	72	100	100	100	85	97	100	100	52
Toronto	95	100	91	97	95	95	94	92	94
Trenton	79	77	100	94	100	84	92	64	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Sepsis: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	100	100	100	84	100	100	100	100	100
Val Caron	97	88	100	99	97	100	0	100	100
Wallaceburg	75	100	100	89	100	100	89	100	69
Wasaga Beach	—	—	—	—	—	—	—	100	72
Welland	100	77	100	100	96	94	90	100	83
Weston	100	100	90	100	100	97	100	100	73
Whitby	94	76	96	99	99	100	100	100	85
Willowdale	94	100	100	96	93	100	99	100	93
Windsor	83	76	84	98	87	96	93	95	96
Woodbridge	100	100	100	96	100	100	100	86	100
Woodstock	100	100	64	100	76	94	98	97	66
Rural	96	97	97	98	96	100	100	99	89
Other	72	81	100	100	94	98	98	96	95

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Wound Dehiscence: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	100	100	100	100	40	—	—	—	—
Ajax	91	100	100	94	100	—	—	—	—
Alliston	68	58	100	100	100	—	—	—	—
Amherstburg	85	73	74	71	100	—	—	—	—
Arnprior	100	100	77	100	100	—	—	—	—
Aurora	100	80	90	42	78	—	—	—	—
Aylmer West	42	64	100	100	100	—	—	—	—
Barrie	100	97	91	98	100	—	—	—	—
Belleville	89	92	100	100	88	—	—	—	—
Bolton	100	100	100	100	63	—	—	—	—
Bowmanville	87	88	99	88	63	—	—	—	—
Bracebridge	100	100	100	100	100	—	—	—	—
Bradford	100	100	100	100	8	—	—	—	—
Brampton	98	100	99	99	98	—	—	—	—
Brantford	94	83	94	100	100	—	—	—	—
Brockville	55	50	100	69	100	—	—	—	—
Burlington	94	99	93	100	89	—	—	—	—
Caledon	100	100	99	99	100	—	—	—	—
Caledonia	100	100	100	38	100	—	—	—	—
Cambridge	99	88	97	100	100	—	—	—	—
Carleton Place	100	57	100	100	100	—	—	—	—
Chatham	81	57	88	97	93	—	—	—	—
Cobourg	100	25	100	100	71	—	—	—	—
Collingwood	82	100	89	100	100	—	—	—	—
Concord	100	100	100	100	19	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Wound Dehiscence: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	91	17	83	80	74	—	—	—	—
Cumberland	100	100	100	100	100	—	—	—	—
Delhi	100	100	100	100	30	—	—	—	—
Downsview	95	92	98	98	81	—	—	—	—
Dryden	100	100	100	100	100	—	—	—	—
Dunnville	100	63	100	100	100	—	—	—	—
East Gwillimbury	100	100	60	100	100	—	—	—	—
Elliot Lake	100	64	100	72	66	—	—	—	—
Elmira	100	100	100	100	100	—	—	—	—
Espanola	100	100	100	100	100	—	—	—	—
Essex	100	100	73	100	100	—	—	—	—
Etobicoke	100	88	88	94	96	—	—	—	—
Fergus	100	100	100	100	100	—	—	—	—
Fort Erie	83	100	88	78	53	—	—	—	—
Fort Frances	100	54	100	100	100	—	—	—	—
Gananoque	100	44	100	100	38	—	—	—	—
Garson	100	100	100	100	100	—	—	—	—
Georgetown	92	87	92	100	77	—	—	—	—
Goderich	86	100	100	100	100	—	—	—	—
Gravenhurst	100	100	100	100	65	—	—	—	—
Greely	100	100	100	100	100	—	—	—	—
Grimsby	85	100	100	100	73	—	—	—	—
Guelph	95	93	100	82	92	—	—	—	—
Hamilton	96	85	99	84	95	—	—	—	—
Hanmer	100	100	100	100	36	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Wound Dehiscence: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	78	64	100	100	100	—	—	—	—
Hawkesbury	74	100	100	55	100	—	—	—	—
Huntsville	100	100	100	100	100	—	—	—	—
Ingersoll	100	100	100	100	100	—	—	—	—
Innisfil	—	—	—	17	100	—	—	—	—
Kapuskasing	85	100	87	59	100	—	—	—	—
Kenora	100	100	100	100	100	—	—	—	—
Keswick	100	37	100	100	56	—	—	—	—
Kincardine	100	100	78	100	100	—	—	—	—
King City	39	100	100	100	100	—	—	—	—
Kingston	100	60	100	95	100	—	—	—	—
Kingsville	100	100	81	100	100	—	—	—	—
Kirkland Lake	100	0	100	100	47	—	—	—	—
Kitchener	100	90	92	100	90	—	—	—	—
Leamington	91	100	91	100	82	—	—	—	—
Lindsay	96	92	88	100	100	—	—	—	—
Listowel	100	100	70	100	100	—	—	—	—
Lively	100	100	100	100	100	—	—	—	—
London	93	89	95	91	93	—	—	—	—
Manotick	100	100	47	100	100	—	—	—	—
Maple	100	100	100	100	100	—	—	—	—
Markham	98	90	91	97	68	—	—	—	—
Meaford	100	100	100	100	100	—	—	—	—
Midland	100	100	100	100	100	—	—	—	—
Milton	86	100	90	82	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Wound Dehiscence: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	91	90	97	96	91	—	—	—	—
Napanee	100	100	100	73	59	—	—	—	—
Navan	100	100	100	100	100	—	—	—	—
New Hamburg	—	—	—	—	—	—	—	—	—
Newmarket	87	79	100	94	73	—	—	—	—
Niagara Falls	91	85	96	98	100	—	—	—	—
North Bay	100	88	93	86	68	—	—	—	—
North York	88	100	99	81	97	—	—	—	—
Oakville	97	96	100	100	81	—	—	—	—
Orangeville	78	100	86	87	86	—	—	—	—
Orillia	88	81	100	96	60	—	—	—	—
Oshawa	97	85	94	83	92	—	—	—	—
Ottawa	96	96	100	99	90	—	—	—	—
Owen Sound	100	100	95	75	100	—	—	—	—
Paris	100	61	100	100	100	—	—	—	—
Parry Sound	100	76	89	100	100	—	—	—	—
Pembroke	77	84	100	100	72	—	—	—	—
Penetanguishene	100	100	100	100	100	—	—	—	—
Perth	84	67	100	100	100	—	—	—	—
Petawawa	100	100	61	100	100	—	—	—	—
Peterborough	72	81	87	100	81	—	—	—	—
Pickering	90	85	97	95	59	—	—	—	—
Port Colborne	100	83	100	84	100	—	—	—	—
Port Hope	80	100	100	0	100	—	—	—	—
Port Perry	75	100	67	100	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Wound Dehiscence: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	0	100	11	100	100	—	—	—	—
Renfrew	59	59	100	54	100	—	—	—	—
Richmond Hill	100	98	98	100	100	—	—	—	—
Rockland	61	36	100	100	100	—	—	—	—
Russell	100	100	0	99	99	—	—	—	—
Sarnia	87	90	92	82	75	—	—	—	—
Sault Ste. Marie	91	100	83	88	100	—	—	—	—
Scarborough	97	96	92	94	84	—	—	—	—
Simcoe	100	100	100	100	100	—	—	—	—
Sioux Lookout	100	100	100	100	100	—	—	—	—
Smiths Falls	88	80	86	100	100	—	—	—	—
St. Catharine	98	98	95	100	91	—	—	—	—
St. Mary's	100	100	100	100	100	—	—	—	—
St. Thomas	100	76	97	100	100	—	—	—	—
Stouffville	100	100	100	100	56	—	—	—	—
Stratford	93	100	83	100	100	—	—	—	—
Strathroy	100	100	100	100	59	—	—	—	—
Sturgeon	—	—	—	—	100	—	—	—	—
Sudbury	100	89	96	100	72	—	—	—	—
Thornhill	94	97	100	100	98	—	—	—	—
Thunder Bay	96	87	92	82	89	—	—	—	—
Tillsonburg	89	81	90	85	100	—	—	—	—
Timmins	90	91	96	68	90	—	—	—	—
Toronto	97	93	96	83	87	—	—	—	—
Trenton	92	81	91	82	100	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Wound Dehiscence: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	100	100	100	100	45	—	—	—	—
Val Caron	100	100	100	100	100	—	—	—	—
Wallaceburg	100	100	66	100	0	—	—	—	—
Wasaga Beach	—	—	—	—	—	—	—	—	—
Welland	89	87	100	57	79	—	—	—	—
Weston	97	97	100	100	100	—	—	—	—
Whitby	100	75	97	87	74	—	—	—	—
Willowdale	97	96	100	91	90	—	—	—	—
Windsor	100	96	89	97	96	—	—	—	—
Woodbridge	100	100	100	95	64	—	—	—	—
Woodstock	89	82	91	85	100	—	—	—	—
Rural	95	95	96	91	86	—	—	—	—
Other	97	91	97	86	80	—	—	—	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Birth Trauma, Injury to Neonate: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	100	100	100	100	94	—	—	—	100
Ajax	98	98	99	98	97	—	—	—	87
Alliston	100	100	98	97	100	—	—	—	19
Amherstburg	98	97	100	95	98	—	—	—	74
Arnprior	97	100	96	100	100	—	—	—	100
Aurora	99	99	97	96	100	—	—	—	95
Aylmer West	98	98	98	100	98	—	—	—	100
Barrie	99	97	99	99	97	—	—	—	97
Belleville	97	100	98	100	100	—	—	—	84
Bolton	98	99	99	96	98	—	—	—	83
Bowmanville	99	100	100	97	96	—	—	—	96
Bracebridge	100	100	100	100	100	—	—	—	100
Bradford	95	96	99	97	97	—	—	—	100
Brampton	99	99	98	99	98	—	—	—	92
Brantford	100	99	99	99	99	—	—	—	94
Brockville	99	100	99	99	100	—	—	—	100
Burlington	97	99	92	96	96	—	—	—	97
Caledon	100	100	100	100	100	—	—	—	100
Caledonia	80	84	94	82	83	—	—	—	84
Cambridge	94	92	94	97	96	—	—	—	83
Carleton Place	98	98	100	100	98	—	—	—	100
Chatham	99	99	97	99	96	—	—	—	85
Cobourg	95	98	98	100	100	—	—	—	100
Collingwood	100	98	98	98	100	—	—	—	100
Concord	97	97	96	93	98	—	—	—	88

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Birth Trauma, Injury to Neonate: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	99	98	97	98	99	—	—	—	75
Cumberland	100	100	100	100	100	—	—	—	100
Delhi	96	100	95	100	100	—	—	—	100
Downsview	99	99	98	98	97	—	—	—	93
Dryden	96	100	100	100	100	—	—	—	38
Dunnville	95	97	85	85	91	—	—	—	100
East Gwillimbury	100	100	96	96	96	—	—	—	62
Elliot Lake	100	100	100	100	94	—	—	—	100
Elmira	97	100	100	100	100	—	—	—	80
Espanola	100	100	100	100	100	—	—	—	100
Essex	97	97	96	97	96	—	—	—	75
Etobicoke	98	99	99	99	98	—	—	—	89
Fergus	96	93	93	100	98	—	—	—	100
Fort Erie	51	39	39	68	65	—	—	—	100
Fort Frances	95	97	95	94	97	—	—	—	100
Gananoque	100	100	93	100	94	—	—	—	100
Garson	100	91	100	100	100	—	—	—	100
Georgetown	98	97	96	96	97	—	—	—	81
Goderich	100	97	100	97	96	—	—	—	72
Gravenhurst	95	100	100	96	100	—	—	—	100
Greely	85	100	95	100	100	—	—	—	100
Grimsby	95	93	96	95	92	—	—	—	100
Guelph	99	97	99	96	98	—	—	—	77
Hamilton	80	86	89	89	87	—	—	—	87
Hanmer	100	96	100	100	100	—	—	—	83

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

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Birth Trauma, Injury to Neonate: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	100	100	100	100	95	—	—	—	71
Hawkesbury	100	100	97	97	100	—	—	—	100
Huntsville	100	100	100	97	100	—	—	—	35
Ingersoll	98	100	100	100	97	—	—	—	100
Innisfil	—	—	—	100	98	—	—	—	75
Kapuskasing	100	100	100	100	100	—	—	—	100
Kenora	98	97	100	100	100	—	—	—	100
Keswick	98	96	96	98	95	—	—	—	100
Kincardine	100	100	100	100	100	—	—	—	100
King City	100	100	100	100	95	—	—	—	100
Kingston	99	100	99	99	98	—	—	—	91
Kingsville	100	97	100	100	100	—	—	—	100
Kirkland Lake	100	100	100	100	100	—	—	—	100
Kitchener	95	94	98	99	99	—	—	—	95
Leamington	99	99	99	99	100	—	—	—	100
Lindsay	91	80	74	65	74	—	—	—	12
Listowel	100	100	100	94	100	—	—	—	77
Lively	100	100	100	100	100	—	—	—	100
London	99	98	95	98	97	—	—	—	96
Manotick	100	100	100	100	100	—	—	—	100
Maple	100	96	95	97	97	—	—	—	90
Markham	98	99	99	98	99	—	—	—	97
Meaford	100	100	100	93	100	—	—	—	100
Midland	100	100	100	98	100	—	—	—	100
Milton	100	99	100	97	100	—	—	—	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

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Birth Trauma, Injury to Neonate: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	99	99	99	99	99	—	—	—	94
Napanee	100	100	97	98	97	—	—	—	80
Navan	100	92	100	100	100	—	—	—	33
New Hamburg	—	—	—	—	—	—	—	—	100
Newmarket	98	99	98	98	99	—	—	—	100
Niagara Falls	97	97	96	96	99	—	—	—	100
North Bay	100	99	99	100	100	—	—	—	100
North York	99	99	97	97	97	—	—	—	97
Oakville	98	97	98	98	97	—	—	—	98
Orangeville	98	100	98	96	98	—	—	—	79
Orillia	98	100	100	98	97	—	—	—	93
Oshawa	99	100	99	100	99	—	—	—	92
Ottawa	98	98	99	99	99	—	—	—	90
Owen Sound	100	100	100	100	99	—	—	—	100
Paris	100	97	100	97	100	—	—	—	100
Parry Sound	100	100	100	100	100	—	—	—	100
Pembroke	100	98	97	100	100	—	—	—	87
Penetanguishene	100	95	100	97	97	—	—	—	100
Perth	97	97	97	100	100	—	—	—	74
Petawawa	100	98	100	100	100	—	—	—	86
Peterborough	99	100	99	100	99	—	—	—	93
Pickering	98	98	99	99	99	—	—	—	96
Port Colborne	5	3	0	0	0	—	—	—	60
Port Hope	100	100	97	100	100	—	—	—	100
Port Perry	77	82	67	64	87	—	—	—	0

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Birth Trauma, Injury to Neonate: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	100	100	100	100	78	—	—	—	100
Renfrew	100	97	100	97	100	—	—	—	21
Richmond Hill	99	97	99	98	99	—	—	—	94
Rockland	94	100	100	100	96	—	—	—	80
Russell	100	95	100	100	100	—	—	—	100
Sarnia	100	100	98	100	99	—	—	—	100
Sault Ste. Marie	100	98	96	99	99	—	—	—	92
Scarborough	97	98	96	96	96	—	—	—	91
Simcoe	98	98	98	100	100	—	—	—	100
Sioux Lookout	100	100	100	100	95	—	—	—	59
Smiths Falls	100	100	100	100	100	—	—	—	100
St. Catharine	96	97	95	96	96	—	—	—	86
St. Mary's	100	100	94	96	100	—	—	—	100
St. Thomas	99	99	98	99	98	—	—	—	100
Stouffville	97	100	100	98	96	—	—	—	100
Stratford	97	100	99	99	99	—	—	—	100
Strathroy	100	98	98	95	100	—	—	—	100
Sturgeon	—	—	—	—	100	—	—	—	100
Sudbury	99	98	99	100	100	—	—	—	93
Thornhill	99	98	96	99	100	—	—	—	100
Thunder Bay	94	92	91	95	93	—	—	—	77
Tillsonburg	98	100	96	98	96	—	—	—	100
Timmins	99	99	96	98	100	—	—	—	76
Toronto	98	98	98	98	99	—	—	—	95
Trenton	98	100	100	100	100	—	—	—	91

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Birth Trauma, Injury to Neonate: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	98	95	98	98	100	—	—	—	100
Val Caron	100	96	100	100	100	—	—	—	100
Wallaceburg	98	98	95	100	100	—	—	—	100
Wasaga Beach	—	—	—	—	—	—	—	—	74
Welland	0	0	2	21	2	—	—	—	95
Weston	98	98	98	99	98	—	—	—	89
Whitby	99	99	99	99	98	—	—	—	100
Willowdale	99	99	99	99	99	—	—	—	96
Windsor	99	99	98	98	98	—	—	—	88
Woodbridge	98	99	98	98	99	—	—	—	87
Woodstock	98	100	96	99	98	—	—	—	100
Rural	97	97	97	97	97	—	—	—	88
Other	94	95	96	96	98	—	—	—	87

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	—	—	—	—	—	100	100	100	83
Ajax	—	—	—	—	—	72	73	86	69
Alliston	—	—	—	—	—	59	100	31	100
Amherstburg	—	—	—	—	—	89	88	92	83
Arnprior	—	—	—	—	—	38	65	55	—
Aurora	—	—	—	—	—	74	85	75	73
Aylmer West	—	—	—	—	—	33	72	75	2
Barrie	—	—	—	—	—	91	79	74	77
Belleville	—	—	—	—	—	83	84	88	80
Bolton	—	—	—	—	—	73	81	73	96
Bowmanville	—	—	—	—	—	89	85	67	85
Bracebridge	—	—	—	—	—	—	100	0	—
Bradford	—	—	—	—	—	45	55	60	76
Brampton	—	—	—	—	—	91	87	82	75
Brantford	—	—	—	—	—	65	71	78	63
Brockville	—	—	—	—	—	75	87	79	86
Burlington	—	—	—	—	—	86	85	87	73
Caledon	—	—	—	—	—	—	100	—	—
Caledonia	—	—	—	—	—	45	85	87	84
Cambridge	—	—	—	—	—	92	78	76	75
Carleton Place	—	—	—	—	—	40	51	100	81
Chatham	—	—	—	—	—	48	88	92	74
Cobourg	—	—	—	—	—	72	86	88	90
Collingwood	—	—	—	—	—	87	100	23	100
Concord	—	—	—	—	—	86	95	87	81

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	—	—	—	—	—	96	100	100	54
Cumberland	—	—	—	—	—	—	—	—	—
Delhi	—	—	—	—	—	66	100	23	—
Downsview	—	—	—	—	—	92	83	81	69
Dryden	—	—	—	—	—	—	58	89	100
Dunnville	—	—	—	—	—	100	99	42	100
East Gwillimbury	—	—	—	—	—	58	56	100	100
Elliot Lake	—	—	—	—	—	—	—	—	—
Elmira	—	—	—	—	—	—	100	69	79
Espanola	—	—	—	—	—	—	100	—	—
Essex	—	—	—	—	—	49	92	74	81
Etobicoke	—	—	—	—	—	78	74	69	71
Fergus	—	—	—	—	—	100	100	85	66
Fort Erie	—	—	—	—	—	100	35	78	86
Fort Frances	—	—	—	—	—	74	88	82	75
Gananoque	—	—	—	—	—	71	61	61	—
Garson	—	—	—	—	—	—	100	—	—
Georgetown	—	—	—	—	—	83	98	80	60
Goderich	—	—	—	—	—	22	76	—	—
Gravenhurst	—	—	—	—	—	71	—	—	66
Greely	—	—	—	—	—	42	69	75	—
Grimsby	—	—	—	—	—	55	72	53	86
Guelph	—	—	—	—	—	74	82	56	78
Hamilton	—	—	—	—	—	73	76	66	58
Hanmer	—	—	—	—	—	99	77	100	71

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	—	—	—	—	—	—	50	—	61
Hawkesbury	—	—	—	—	—	100	100	35	—
Huntsville	—	—	—	—	—	80	100	61	66
Ingersoll	—	—	—	—	—	85	83	66	66
Innisfil	—	—	—	—	—	100	90	60	45
Kapuskasing	—	—	—	—	—	0	74	—	68
Kenora	—	—	—	—	—	86	51	83	100
Keswick	—	—	—	—	—	57	77	65	37
Kincardine	—	—	—	—	—	—	84	71	100
King City	—	—	—	—	—	67	96	100	—
Kingston	—	—	—	—	—	79	75	71	64
Kingsville	—	—	—	—	—	77	55	87	0
Kirkland Lake	—	—	—	—	—	99	35	—	66
Kitchener	—	—	—	—	—	81	78	75	82
Leamington	—	—	—	—	—	77	76	91	72
Lindsay	—	—	—	—	—	—	100	99	78
Listowel	—	—	—	—	—	79	35	32	—
Lively	—	—	—	—	—	—	100	—	—
London	—	—	—	—	—	60	67	75	74
Manotick	—	—	—	—	—	—	76	62	69
Maple	—	—	—	—	—	85	90	84	81
Markham	—	—	—	—	—	76	77	73	71
Meaford	—	—	—	—	—	—	0	—	—
Midland	—	—	—	—	—	100	100	86	100
Milton	—	—	—	—	—	76	67	82	66

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	—	—	—	—	—	83	82	74	72
Napanee	—	—	—	—	—	87	84	—	50
Navan	—	—	—	—	—	30	34	—	—
New Hamburg	—	—	—	—	—	—	—	66	100
Newmarket	—	—	—	—	—	61	77	80	66
Niagara Falls	—	—	—	—	—	87	83	85	83
North Bay	—	—	—	—	—	89	96	100	79
North York	—	—	—	—	—	77	79	73	74
Oakville	—	—	—	—	—	65	70	65	56
Orangeville	—	—	—	—	—	91	83	88	95
Orillia	—	—	—	—	—	76	62	93	75
Oshawa	—	—	—	—	—	82	79	75	67
Ottawa	—	—	—	—	—	76	72	69	68
Owen Sound	—	—	—	—	—	75	55	72	81
Paris	—	—	—	—	—	29	67	100	22
Parry Sound	—	—	—	—	—	99	40	—	—
Pembroke	—	—	—	—	—	82	80	90	92
Penetanguishene	—	—	—	—	—	87	100	76	100
Perth	—	—	—	—	—	—	54	81	100
Petawawa	—	—	—	—	—	83	100	100	93
Peterborough	—	—	—	—	—	83	84	77	57
Pickering	—	—	—	—	—	73	80	89	86
Port Colborne	—	—	—	—	—	85	83	100	70
Port Hope	—	—	—	—	—	62	63	74	100
Port Perry	—	—	—	—	—	63	78	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	—	—	—	—	—	—	—	—	—
Renfrew	—	—	—	—	—	80	33	99	34
Richmond Hill	—	—	—	—	—	91	81	87	80
Rockland	—	—	—	—	—	22	77	74	27
Russell	—	—	—	—	—	64	100	—	—
Sarnia	—	—	—	—	—	87	61	66	100
Sault Ste. Marie	—	—	—	—	—	85	56	35	51
Scarborough	—	—	—	—	—	75	81	75	72
Simcoe	—	—	—	—	—	100	100	42	28
Sioux Lookout	—	—	—	—	—	55	34	—	69
Smiths Falls	—	—	—	—	—	99	57	89	100
St. Catharine	—	—	—	—	—	81	92	87	77
St. Mary's	—	—	—	—	—	—	100	—	—
St. Thomas	—	—	—	—	—	57	45	43	77
Stouffville	—	—	—	—	—	90	100	64	55
Stratford	—	—	—	—	—	100	100	100	100
Strathroy	—	—	—	—	—	49	40	74	31
Sturgeon	—	—	—	—	—	71	100	100	74
Sudbury	—	—	—	—	—	76	89	78	94
Thornhill	—	—	—	—	—	89	88	81	71
Thunder Bay	—	—	—	—	—	61	68	42	70
Tillsonburg	—	—	—	—	—	45	87	68	64
Timmins	—	—	—	—	—	61	90	74	59
Toronto	—	—	—	—	—	78	79	70	71
Trenton	—	—	—	—	—	100	83	78	84

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	—	—	—	—	—	80	100	84	74
Val Caron	—	—	—	—	—	—	—	—	—
Wallaceburg	—	—	—	—	—	63	35	100	100
Wasaga Beach	—	—	—	—	—	—	—	—	45
Welland	—	—	—	—	—	96	87	81	62
Weston	—	—	—	—	—	85	79	86	72
Whitby	—	—	—	—	—	82	83	86	65
Willowdale	—	—	—	—	—	85	87	75	74
Windsor	—	—	—	—	—	84	85	79	84
Woodbridge	—	—	—	—	—	86	84	88	79
Woodstock	—	—	—	—	—	38	86	56	58
Rural	—	—	—	—	—	75	79	78	74
Other	—	—	—	—	—	72	79	74	70

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	—	—	—	—	—	97	68	98	90
Ajax	—	—	—	—	—	72	83	85	78
Alliston	—	—	—	—	—	36	74	42	82
Amherstburg	—	—	—	—	—	61	86	88	100
Arnprior	—	—	—	—	—	98	98	98	72
Aurora	—	—	—	—	—	52	76	84	77
Aylmer West	—	—	—	—	—	53	68	91	80
Barrie	—	—	—	—	—	81	89	91	67
Belleville	—	—	—	—	—	64	80	93	60
Bolton	—	—	—	—	—	66	88	84	81
Bowmanville	—	—	—	—	—	64	86	83	82
Bracebridge	—	—	—	—	—	74	80	55	39
Bradford	—	—	—	—	—	30	75	85	75
Brampton	—	—	—	—	—	83	83	83	83
Brantford	—	—	—	—	—	63	64	71	71
Brockville	—	—	—	—	—	39	79	89	82
Burlington	—	—	—	—	—	78	79	75	81
Caledon	—	—	—	—	—	90	96	93	43
Caledonia	—	—	—	—	—	30	52	41	59
Cambridge	—	—	—	—	—	83	87	77	78
Carleton Place	—	—	—	—	—	45	84	98	57
Chatham	—	—	—	—	—	68	78	84	86
Cobourg	—	—	—	—	—	91	77	83	100
Collingwood	—	—	—	—	—	98	72	63	55
Concord	—	—	—	—	—	80	78	90	68

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	—	—	—	—	—	84	88	98	69
Cumberland	—	—	—	—	—	95	97	56	100
Delhi	—	—	—	—	—	73	100	85	38
Downsview	—	—	—	—	—	83	91	87	91
Dryden	—	—	—	—	—	80	85	82	100
Dunnville	—	—	—	—	—	20	71	65	60
East Gwillimbury	—	—	—	—	—	76	82	79	54
Elliot Lake	—	—	—	—	—	44	73	100	43
Elmira	—	—	—	—	—	85	77	41	40
Espanola	—	—	—	—	—	100	99	99	100
Essex	—	—	—	—	—	98	62	61	85
Etobicoke	—	—	—	—	—	75	79	83	80
Fergus	—	—	—	—	—	63	64	75	71
Fort Erie	—	—	—	—	—	100	83	98	59
Fort Frances	—	—	—	—	—	57	39	100	100
Gananoque	—	—	—	—	—	97	66	57	74
Garson	—	—	—	—	—	99	100	79	100
Georgetown	—	—	—	—	—	87	90	82	91
Goderich	—	—	—	—	—	80	88	100	84
Gravenhurst	—	—	—	—	—	32	78	57	100
Greely	—	—	—	—	—	71	69	94	100
Grimsby	—	—	—	—	—	22	74	66	86
Guelph	—	—	—	—	—	66	76	79	76
Hamilton	—	—	—	—	—	60	80	77	70
Hanmer	—	—	—	—	—	87	100	100	89

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	—	—	—	—	—	100	75	6	30
Hawkesbury	—	—	—	—	—	89	69	100	100
Huntsville	—	—	—	—	—	49	77	90	29
Ingersoll	—	—	—	—	—	73	93	99	100
Innisfil	—	—	—	—	—	97	72	85	93
Kapuskasing	—	—	—	—	—	75	100	75	46
Kenora	—	—	—	—	—	87	66	100	100
Keswick	—	—	—	—	—	62	86	99	86
Kincardine	—	—	—	—	—	35	0	99	58
King City	—	—	—	—	—	70	78	93	100
Kingston	—	—	—	—	—	72	83	89	89
Kingsville	—	—	—	—	—	31	42	40	52
Kirkland Lake	—	—	—	—	—	61	72	17	5
Kitchener	—	—	—	—	—	67	80	82	80
Leamington	—	—	—	—	—	0	33	36	60
Lindsay	—	—	—	—	—	60	72	38	100
Listowel	—	—	—	—	—	86	78	100	45
Lively	—	—	—	—	—	36	96	48	100
London	—	—	—	—	—	53	73	76	76
Manotick	—	—	—	—	—	93	95	77	68
Maple	—	—	—	—	—	84	90	76	86
Markham	—	—	—	—	—	60	75	76	67
Meaford	—	—	—	—	—	76	49	60	100
Midland	—	—	—	—	—	36	83	47	62
Milton	—	—	—	—	—	77	65	80	79

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	—	—	—	—	—	79	84	79	73
Napanee	—	—	—	—	—	58	28	23	87
Navan	—	—	—	—	—	96	98	36	100
New Hamburg	—	—	—	—	—	33	99	85	57
Newmarket	—	—	—	—	—	26	79	76	79
Niagara Falls	—	—	—	—	—	91	78	90	92
North Bay	—	—	—	—	—	93	94	82	92
North York	—	—	—	—	—	64	77	71	75
Oakville	—	—	—	—	—	72	75	78	74
Orangeville	—	—	—	—	—	65	78	89	83
Orillia	—	—	—	—	—	74	76	85	79
Oshawa	—	—	—	—	—	71	85	86	61
Ottawa	—	—	—	—	—	63	69	71	71
Owen Sound	—	—	—	—	—	55	47	54	68
Paris	—	—	—	—	—	43	33	79	14
Parry Sound	—	—	—	—	—	80	87	36	58
Pembroke	—	—	—	—	—	81	76	81	100
Penetanguishene	—	—	—	—	—	26	86	0	75
Perth	—	—	—	—	—	100	88	79	100
Petawawa	—	—	—	—	—	98	81	74	90
Peterborough	—	—	—	—	—	49	73	75	72
Pickering	—	—	—	—	—	74	81	73	75
Port Colborne	—	—	—	—	—	46	78	88	83
Port Hope	—	—	—	—	—	72	86	84	100
Port Perry	—	—	—	—	—	62	74	70	23

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	—	—	—	—	—	95	100	—	100
Renfrew	—	—	—	—	—	66	87	82	38
Richmond Hill	—	—	—	—	—	70	78	81	88
Rockland	—	—	—	—	—	57	78	80	44
Russell	—	—	—	—	—	70	74	74	77
Sarnia	—	—	—	—	—	59	72	67	88
Sault Ste. Marie	—	—	—	—	—	56	67	72	52
Scarborough	—	—	—	—	—	56	77	66	67
Simcoe	—	—	—	—	—	91	59	82	0
Sioux Lookout	—	—	—	—	—	69	79	76	77
Smiths Falls	—	—	—	—	—	79	41	79	53
St. Catharine	—	—	—	—	—	84	84	79	87
St. Mary's	—	—	—	—	—	97	70	84	100
St. Thomas	—	—	—	—	—	33	70	76	81
Stouffville	—	—	—	—	—	87	68	69	89
Stratford	—	—	—	—	—	51	77	78	93
Strathroy	—	—	—	—	—	63	92	81	78
Sturgeon	—	—	—	—	—	70	79	100	100
Sudbury	—	—	—	—	—	84	91	95	92
Thornhill	—	—	—	—	—	79	85	75	84
Thunder Bay	—	—	—	—	—	73	90	81	75
Tillsonburg	—	—	—	—	—	86	94	93	100
Timmins	—	—	—	—	—	86	62	70	44
Toronto	—	—	—	—	—	64	78	72	73
Trenton	—	—	—	—	—	83	83	68	83

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	—	—	—	—	—	83	79	97	88
Val Caron	—	—	—	—	—	100	100	100	100
Wallaceburg	—	—	—	—	—	44	86	79	79
Wasaga Beach	—	—	—	—	—	—	—	40	68
Welland	—	—	—	—	—	70	75	75	55
Weston	—	—	—	—	—	80	83	74	82
Whitby	—	—	—	—	—	76	86	68	82
Willowdale	—	—	—	—	—	68	83	77	79
Windsor	—	—	—	—	—	70	78	77	86
Woodbridge	—	—	—	—	—	73	82	90	87
Woodstock	—	—	—	—	—	80	74	85	76
Rural	—	—	—	—	—	65	75	75	76
Other	—	—	—	—	—	78	81	79	77

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	—	—	—	—	—	100	100	100	100
Ajax	—	—	—	—	—	95	100	95	91
Alliston	—	—	—	—	—	64	100	55	100
Amherstburg	—	—	—	—	—	100	100	100	100
Arnprior	—	—	—	—	—	46	100	100	100
Aurora	—	—	—	—	—	75	93	94	100
Aylmer West	—	—	—	—	—	100	100	30	15
Barrie	—	—	—	—	—	78	86	94	87
Belleville	—	—	—	—	—	100	93	94	80
Bolton	—	—	—	—	—	89	93	100	78
Bowmanville	—	—	—	—	—	94	100	100	66
Bracebridge	—	—	—	—	—	100	100	100	100
Bradford	—	—	—	—	—	100	100	100	55
Brampton	—	—	—	—	—	97	97	98	88
Brantford	—	—	—	—	—	93	81	93	71
Brockville	—	—	—	—	—	81	76	88	67
Burlington	—	—	—	—	—	81	96	92	88
Caledon	—	—	—	—	—	100	100	100	100
Caledonia	—	—	—	—	—	100	51	100	100
Cambridge	—	—	—	—	—	96	98	93	65
Carleton Place	—	—	—	—	—	100	100	81	100
Chatham	—	—	—	—	—	83	84	100	34
Cobourg	—	—	—	—	—	100	84	100	100
Collingwood	—	—	—	—	—	100	77	100	100

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Concord	—	—	—	—	—	100	100	87	100
Cornwall	—	—	—	—	—	100	100	100	100
Cumberland	—	—	—	—	—	100	100	0	100
Delhi	—	—	—	—	—	100	100	100	100
Downsview	—	—	—	—	—	89	98	99	100
Dryden	—	—	—	—	—	100	100	100	100
Dunnville	—	—	—	—	—	100	100	100	100
East Gwillimbury	—	—	—	—	—	100	100	100	100
Elliot Lake	—	—	—	—	—	100	100	100	100
Elmira	—	—	—	—	—	100	100	100	100
Espanola	—	—	—	—	—	100	100	100	—
Essex	—	—	—	—	—	100	100	100	100
Etobicoke	—	—	—	—	—	91	98	99	84
Fergus	—	—	—	—	—	100	100	82	37
Fort Erie	—	—	—	—	—	100	100	100	100
Fort Frances	—	—	—	—	—	100	100	100	100
Gananoque	—	—	—	—	—	10	50	36	100
Garson	—	—	—	—	—	100	100	100	100
Georgetown	—	—	—	—	—	100	93	85	100
Goderich	—	—	—	—	—	100	100	47	100
Gravenhurst	—	—	—	—	—	100	100	100	100
Greely	—	—	—	—	—	100	50	100	100
Grimsby	—	—	—	—	—	78	57	87	100
Guelph	—	—	—	—	—	78	95	95	55

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hamilton	—	—	—	—	—	89	95	78	72
Hanmer	—	—	—	—	—	100	100	100	100
Hanover	—	—	—	—	—	53	24	50	100
Hawkesbury	—	—	—	—	—	35	100	52	100
Huntsville	—	—	—	—	—	100	59	82	49
Ingersoll	—	—	—	—	—	100	64	100	22
Innisfil	—	—	—	—	—	100	89	87	100
Kapuskasing	—	—	—	—	—	100	100	100	100
Kenora	—	—	—	—	—	100	100	100	100
Keswick	—	—	—	—	—	100	100	100	65
Kincardine	—	—	—	—	—	100	100	100	100
King City	—	—	—	—	—	100	0	100	100
Kingston	—	—	—	—	—	58	68	78	63
Kingsville	—	—	—	—	—	100	100	100	100
Kirkland Lake	—	—	—	—	—	99	100	100	100
Kitchener	—	—	—	—	—	100	98	99	82
Leamington	—	—	—	—	—	100	91	100	100
Lindsay	—	—	—	—	—	100	100	100	100
Listowel	—	—	—	—	—	45	75	70	100
Lively	—	—	—	—	—	100	100	100	100
London	—	—	—	—	—	78	85	93	41
Manotick	—	—	—	—	—	100	100	100	100
Maple	—	—	—	—	—	95	93	100	100
Markham	—	—	—	—	—	98	92	99	87

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Meaford	—	—	—	—	—	100	100	100	100
Midland	—	—	—	—	—	61	100	100	100
Milton	—	—	—	—	—	57	100	96	100
Mississauga	—	—	—	—	—	94	96	97	97
Napanee	—	—	—	—	—	100	74	59	26
Navan	—	—	—	—	—	100	100	100	100
New Hamburg	—	—	—	—	—	100	74	100	100
Newmarket	—	—	—	—	—	91	96	100	100
Niagara Falls	—	—	—	—	—	100	100	95	100
North Bay	—	—	—	—	—	100	93	100	82
North York	—	—	—	—	—	100	93	100	90
Oakville	—	—	—	—	—	98	97	97	76
Orangeville	—	—	—	—	—	89	100	100	100
Orillia	—	—	—	—	—	100	94	100	100
Oshawa	—	—	—	—	—	97	96	98	100
Ottawa	—	—	—	—	—	92	88	88	97
Owen Sound	—	—	—	—	—	70	45	78	56
Paris	—	—	—	—	—	100	100	100	9
Parry Sound	—	—	—	—	—	100	78	100	100
Pembroke	—	—	—	—	—	100	83	71	100
Penetanguishene	—	—	—	—	—	100	100	100	100
Perth	—	—	—	—	—	100	68	100	100
Petawawa	—	—	—	—	—	100	81	58	100
Peterborough	—	—	—	—	—	80	91	95	76

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Pickering	—	—	—	—	—	95	90	100	77
Port Colborne	—	—	—	—	—	100	100	100	37
Port Hope	—	—	—	—	—	100	100	100	0
Port Perry	—	—	—	—	—	100	100	100	100
Port Stanley	—	—	—	—	—	—	—	100	100
Renfrew	—	—	—	—	—	100	100	100	100
Richmond Hill	—	—	—	—	—	89	99	97	100
Rockland	—	—	—	—	—	0	100	100	100
Russell	—	—	—	—	—	100	100	100	100
Sarnia	—	—	—	—	—	100	100	100	100
Sault Ste. Marie	—	—	—	—	—	90	95	100	82
Scarborough	—	—	—	—	—	94	97	98	90
Simcoe	—	—	—	—	—	100	100	100	100
Sioux Lookout	—	—	—	—	—	100	100	100	100
Smiths Falls	—	—	—	—	—	100	100	100	100
St. Catharine	—	—	—	—	—	100	98	95	92
St. Mary's	—	—	—	—	—	100	44	100	100
St. Thomas	—	—	—	—	—	100	100	100	47
Stouffville	—	—	—	—	—	100	100	78	17
Stratford	—	—	—	—	—	80	100	100	100
Strathroy	—	—	—	—	—	71	100	84	48
Sturgeon	—	—	—	—	—	99	100	100	100
Sudbury	—	—	—	—	—	100	100	100	83
Thornhill	—	—	—	—	—	88	98	94	71

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Thunder Bay	—	—	—	—	—	82	92	100	87
Tillsonburg	—	—	—	—	—	53	100	100	28
Timmins	—	—	—	—	—	100	100	100	100
Toronto	—	—	—	—	—	93	95	96	84
Trenton	—	—	—	—	—	100	78	100	28
Uxbridge	—	—	—	—	—	59	76	100	100
Val Caron	—	—	—	—	—	100	100	100	100
Wallaceburg	—	—	—	—	—	100	100	100	100
Wasaga Beach	—	—	—	—	—	—	—	100	100
Welland	—	—	—	—	—	91	100	95	82
Weston	—	—	—	—	—	100	98	96	93
Whitby	—	—	—	—	—	87	91	92	94
Willowdale	—	—	—	—	—	99	95	93	82
Windsor	—	—	—	—	—	100	95	97	89
Woodbridge	—	—	—	—	—	82	100	98	100
Woodstock	—	—	—	—	—	100	100	73	100
Rural	—	—	—	—	—	89	94	94	76
Other	—	—	—	—	—	85	90	92	92

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

Note: This indicator is no longer risk-adjusted starting FY2005

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	—	—	—	—	—	100	100	100	—
Ajax	—	—	—	—	—	79	72	84	—
Alliston	—	—	—	—	—	54	100	31	—
Amherstburg	—	—	—	—	—	92	69	74	—
Arnprior	—	—	—	—	—	54	47	54	—
Aurora	—	—	—	—	—	78	78	67	—
Aylmer West	—	—	—	—	—	40	72	74	—
Barrie	—	—	—	—	—	92	78	71	—
Belleville	—	—	—	—	—	87	79	88	—
Bolton	—	—	—	—	—	77	77	74	—
Bowmanville	—	—	—	—	—	92	74	67	—
Bracebridge	—	—	—	—	—	—	100	0	—
Bradford	—	—	—	—	—	53	47	59	—
Brampton	—	—	—	—	—	92	85	80	—
Brantford	—	—	—	—	—	61	67	78	—
Brockville	—	—	—	—	—	81	87	79	—
Burlington	—	—	—	—	—	88	83	84	—
Caledon	—	—	—	—	—	—	100	—	—
Caledonia	—	—	—	—	—	59	85	87	—
Cambridge	—	—	—	—	—	94	76	71	—
Carleton Place	—	—	—	—	—	56	51	91	—
Chatham	—	—	—	—	—	56	88	92	—
Cobourg	—	—	—	—	—	79	79	88	—
Collingwood	—	—	—	—	—	80	100	22	—
Concord	—	—	—	—	—	89	89	79	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	—	—	—	—	—	97	83	92	—
Cumberland	—	—	—	—	—	—	—	—	—
Delhi	—	—	—	—	—	75	51	22	—
Downsview	—	—	—	—	—	91	79	80	—
Dryden	—	—	—	—	—	—	58	89	—
Dunnville	—	—	—	—	—	100	99	41	—
East Gwillimbury	—	—	—	—	—	69	12	78	—
Elliot Lake	—	—	—	—	—	—	—	—	—
Elmira	—	—	—	—	—	—	100	69	—
Espanola	—	—	—	—	—	—	99	—	—
Essex	—	—	—	—	—	53	92	74	—
Etobicoke	—	—	—	—	—	78	71	63	—
Fergus	—	—	—	—	—	100	87	69	—
Fort Erie	—	—	—	—	—	84	35	78	—
Fort Frances	—	—	—	—	—	81	88	81	—
Gananoque	—	—	—	—	—	78	62	60	—
Garson	—	—	—	—	—	—	99	—	—
Georgetown	—	—	—	—	—	88	95	80	—
Goderich	—	—	—	—	—	42	76	—	—
Gravenhurst	—	—	—	—	—	78	—	—	—
Greely	—	—	—	—	—	57	69	76	—
Grimsby	—	—	—	—	—	67	73	53	—
Guelph	—	—	—	—	—	81	77	53	—
Hamilton	—	—	—	—	—	76	69	55	—
Hanmer	—	—	—	—	—	99	52	62	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	—	—	—	—	—	—	25	—	—
Hawkesbury	—	—	—	—	—	100	100	18	—
Huntsville	—	—	—	—	—	85	100	61	—
Ingersoll	—	—	—	—	—	89	83	66	—
Innisfil	—	—	—	—	—	100	90	60	—
Kapuskasing	—	—	—	—	—	0	75	—	—
Kenora	—	—	—	—	—	90	51	83	—
Keswick	—	—	—	—	—	63	65	57	—
Kincardine	—	—	—	—	—	—	85	70	—
King City	—	—	—	—	—	75	97	100	—
Kingston	—	—	—	—	—	84	68	62	—
Kingsville	—	—	—	—	—	83	40	87	—
Kirkland Lake	—	—	—	—	—	99	35	—	—
Kitchener	—	—	—	—	—	86	77	74	—
Leamington	—	—	—	—	—	74	76	70	—
Lindsay	—	—	—	—	—	—	100	98	—
Listowel	—	—	—	—	—	84	35	31	—
Lively	—	—	—	—	—	—	100	—	—
London	—	—	—	—	—	69	65	70	—
Manotick	—	—	—	—	—	—	76	62	—
Maple	—	—	—	—	—	86	91	76	—
Markham	—	—	—	—	—	82	75	69	—
Meaford	—	—	—	—	—	—	0	—	—
Midland	—	—	—	—	—	100	100	86	—
Milton	—	—	—	—	—	82	65	80	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	—	—	—	—	—	84	78	70	—
Napanee	—	—	—	—	—	91	85	—	—
Navan	—	—	—	—	—	48	34	—	—
New Hamburg	—	—	—	—	—	—	—	66	—
Newmarket	—	—	—	—	—	68	74	66	—
Niagara Falls	—	—	—	—	—	88	83	85	—
North Bay	—	—	—	—	—	92	96	94	—
North York	—	—	—	—	—	82	77	69	—
Oakville	—	—	—	—	—	72	68	62	—
Orangeville	—	—	—	—	—	90	84	88	—
Orillia	—	—	—	—	—	82	62	93	—
Oshawa	—	—	—	—	—	87	74	71	—
Ottawa	—	—	—	—	—	80	71	66	—
Owen Sound	—	—	—	—	—	81	55	72	—
Paris	—	—	—	—	—	47	68	60	—
Parry Sound	—	—	—	—	—	99	41	—	—
Pembroke	—	—	—	—	—	87	80	90	—
Penetanguishene	—	—	—	—	—	91	100	75	—
Perth	—	—	—	—	—	—	54	81	—
Petawawa	—	—	—	—	—	87	100	100	—
Peterborough	—	—	—	—	—	85	80	70	—
Pickering	—	—	—	—	—	80	80	87	—
Port Colborne	—	—	—	—	—	89	83	100	—
Port Hope	—	—	—	—	—	72	63	74	—
Port Perry	—	—	—	—	—	72	78	100	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	—	—	—	—	—	—	—	—	—
Renfrew	—	—	—	—	—	85	33	88	—
Richmond Hill	—	—	—	—	—	92	78	85	—
Rockland	—	—	—	—	—	30	77	74	—
Russell	—	—	—	—	—	73	100	—	—
Sarnia	—	—	—	—	—	90	62	66	—
Sault Ste. Marie	—	—	—	—	—	82	52	34	—
Scarborough	—	—	—	—	—	79	78	72	—
Simcoe	—	—	—	—	—	100	100	41	—
Sioux Lookout	—	—	—	—	—	66	34	—	—
Smiths Falls	—	—	—	—	—	100	57	78	—
St. Catharine	—	—	—	—	—	86	92	85	—
St. Mary's	—	—	—	—	—	—	36	—	—
St. Thomas	—	—	—	—	—	63	45	43	—
Stouffville	—	—	—	—	—	92	100	46	—
Stratford	—	—	—	—	—	100	100	94	—
Strathroy	—	—	—	—	—	56	40	73	—
Sturgeon	—	—	—	—	—	79	78	100	—
Sudbury	—	—	—	—	—	82	89	77	—
Thornhill	—	—	—	—	—	91	85	78	—
Thunder Bay	—	—	—	—	—	69	69	41	—
Tillsonburg	—	—	—	—	—	59	87	68	—
Timmins	—	—	—	—	—	68	90	69	—
Toronto	—	—	—	—	—	81	76	64	—
Trenton	—	—	—	—	—	100	83	78	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal with Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	—	—	—	—	—	85	100	85	—
Val Caron	—	—	—	—	—	—	—	—	—
Wallaceburg	—	—	—	—	—	72	36	100	—
Wasaga Beach	—	—	—	—	—	—	—	—	—
Welland	—	—	—	—	—	97	87	81	—
Weston	—	—	—	—	—	85	74	80	—
Whitby	—	—	—	—	—	85	84	87	—
Willowdale	—	—	—	—	—	86	86	71	—
Windsor	—	—	—	—	—	84	78	70	—
Woodbridge	—	—	—	—	—	85	83	85	—
Woodstock	—	—	—	—	—	54	79	55	—
Rural	—	—	—	—	—	80	76	74	—
Other	—	—	—	—	—	78	79	74	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	—	—	—	—	—	98	48	99	—
Ajax	—	—	—	—	—	73	81	80	—
Alliston	—	—	—	—	—	39	68	42	—
Amherstburg	—	—	—	—	—	63	86	88	—
Arnprior	—	—	—	—	—	99	98	98	—
Aurora	—	—	—	—	—	54	76	82	—
Aylmer West	—	—	—	—	—	55	68	91	—
Barrie	—	—	—	—	—	82	88	89	—
Belleville	—	—	—	—	—	62	74	93	—
Bolton	—	—	—	—	—	68	82	84	—
Bowmanville	—	—	—	—	—	63	85	77	—
Bracebridge	—	—	—	—	—	75	80	55	—
Bradford	—	—	—	—	—	28	75	85	—
Brampton	—	—	—	—	—	82	82	82	—
Brantford	—	—	—	—	—	63	61	68	—
Brockville	—	—	—	—	—	42	79	89	—
Burlington	—	—	—	—	—	78	79	71	—
Caledon	—	—	—	—	—	90	97	93	—
Caledonia	—	—	—	—	—	18	52	41	—
Cambridge	—	—	—	—	—	82	86	77	—
Carleton Place	—	—	—	—	—	37	77	98	—
Chatham	—	—	—	—	—	69	74	79	—
Cobourg	—	—	—	—	—	83	77	84	—
Collingwood	—	—	—	—	—	98	72	55	—
Concord	—	—	—	—	—	81	78	90	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	—	—	—	—	—	85	85	96	—
Cumberland	—	—	—	—	—	95	97	56	—
Delhi	—	—	—	—	—	74	100	85	—
Downsview	—	—	—	—	—	78	90	85	—
Dryden	—	—	—	—	—	81	86	82	—
Dunville	—	—	—	—	—	24	71	65	—
East Gwillimbury	—	—	—	—	—	58	82	79	—
Elliot Lake	—	—	—	—	—	46	73	100	—
Elmira	—	—	—	—	—	74	77	40	—
Espanola	—	—	—	—	—	100	99	99	—
Essex	—	—	—	—	—	98	62	61	—
Etobicoke	—	—	—	—	—	71	77	80	—
Fergus	—	—	—	—	—	65	49	75	—
Fort Erie	—	—	—	—	—	100	83	98	—
Fort Frances	—	—	—	—	—	58	39	100	—
Gananoque	—	—	—	—	—	79	66	36	—
Garson	—	—	—	—	—	99	100	79	—
Georgetown	—	—	—	—	—	84	91	79	—
Goderich	—	—	—	—	—	81	88	100	—
Gravenhurst	—	—	—	—	—	35	78	57	—
Greely	—	—	—	—	—	73	69	94	—
Grimsby	—	—	—	—	—	26	74	66	—
Guelph	—	—	—	—	—	67	76	77	—
Hamilton	—	—	—	—	—	58	73	72	—
Hanmer	—	—	—	—	—	88	100	100	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	—	—	—	—	—	81	75	6	—
Hawkesbury	—	—	—	—	—	89	69	100	—
Huntsville	—	—	—	—	—	51	77	90	—
Ingersoll	—	—	—	—	—	61	87	99	—
Innisfil	—	—	—	—	—	91	73	85	—
Kapuskasing	—	—	—	—	—	76	100	75	—
Kenora	—	—	—	—	—	87	66	100	—
Keswick	—	—	—	—	—	54	83	90	—
Kincardine	—	—	—	—	—	37	0	99	—
King City	—	—	—	—	—	72	78	93	—
Kingston	—	—	—	—	—	72	81	82	—
Kingsville	—	—	—	—	—	34	42	40	—
Kirkland Lake	—	—	—	—	—	27	72	17	—
Kitchener	—	—	—	—	—	68	79	80	—
Leamington	—	—	—	—	—	0	33	36	—
Lindsay	—	—	—	—	—	54	72	38	—
Listowel	—	—	—	—	—	86	78	100	—
Lively	—	—	—	—	—	38	96	49	—
London	—	—	—	—	—	54	72	74	—
Manotick	—	—	—	—	—	93	96	77	—
Maple	—	—	—	—	—	83	87	73	—
Markham	—	—	—	—	—	58	74	75	—
Meaford	—	—	—	—	—	77	49	41	—
Midland	—	—	—	—	—	39	83	47	—
Milton	—	—	—	—	—	78	64	80	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	—	—	—	—	—	76	80	76	—
Napanee	—	—	—	—	—	47	17	23	—
Navan	—	—	—	—	—	64	98	36	—
New Hamburg	—	—	—	—	—	36	99	85	—
Newmarket	—	—	—	—	—	25	78	70	—
Niagara Falls	—	—	—	—	—	91	78	90	—
North Bay	—	—	—	—	—	93	91	75	—
North York	—	—	—	—	—	58	75	71	—
Oakville	—	—	—	—	—	69	71	77	—
Orangeville	—	—	—	—	—	67	74	90	—
Orillia	—	—	—	—	—	70	76	85	—
Oshawa	—	—	—	—	—	72	83	81	—
Ottawa	—	—	—	—	—	63	69	70	—
Owen Sound	—	—	—	—	—	34	42	54	—
Paris	—	—	—	—	—	45	33	79	—
Parry Sound	—	—	—	—	—	81	87	23	—
Pembroke	—	—	—	—	—	82	76	81	—
Penetanguishene	—	—	—	—	—	29	72	0	—
Perth	—	—	—	—	—	100	67	79	—
Petawawa	—	—	—	—	—	98	81	74	—
Peterborough	—	—	—	—	—	49	66	69	—
Pickering	—	—	—	—	—	76	81	70	—
Port Colborne	—	—	—	—	—	48	78	88	—
Port Hope	—	—	—	—	—	73	86	84	—
Port Perry	—	—	—	—	—	64	74	70	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	—	—	—	—	—	95	99	—	—
Renfrew	—	—	—	—	—	67	87	82	—
Richmond Hill	—	—	—	—	—	69	78	81	—
Rockland	—	—	—	—	—	59	78	80	—
Russell	—	—	—	—	—	48	74	74	—
Sarnia	—	—	—	—	—	61	72	65	—
Sault Ste. Marie	—	—	—	—	—	54	62	67	—
Scarborough	—	—	—	—	—	56	75	63	—
Simcoe	—	—	—	—	—	82	59	64	—
Sioux Lookout	—	—	—	—	—	42	79	76	—
Smiths Falls	—	—	—	—	—	37	41	79	—
St. Catharine	—	—	—	—	—	83	82	79	—
St. Mary's	—	—	—	—	—	98	70	68	—
St. Thomas	—	—	—	—	—	32	70	76	—
Stouffville	—	—	—	—	—	88	69	69	—
Stratford	—	—	—	—	—	44	62	78	—
Strathroy	—	—	—	—	—	65	92	81	—
Sturgeon	—	—	—	—	—	71	57	100	—
Sudbury	—	—	—	—	—	83	89	93	—
Thornhill	—	—	—	—	—	76	83	74	—
Thunder Bay	—	—	—	—	—	75	89	81	—
Tillsonburg	—	—	—	—	—	87	86	93	—
Timmins	—	—	—	—	—	87	58	70	—
Toronto	—	—	—	—	—	61	76	69	—
Trenton	—	—	—	—	—	84	83	68	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Vaginal without Instrument: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	—	—	—	—	—	83	79	97	—
Val Caron	—	—	—	—	—	100	100	100	—
Wallaceburg	—	—	—	—	—	47	75	71	—
Wasaga Beach	—	—	—	—	—	—	—	11	—
Welland	—	—	—	—	—	67	75	75	—
Weston	—	—	—	—	—	76	81	72	—
Whitby	—	—	—	—	—	78	84	67	—
Willowdale	—	—	—	—	—	69	80	73	—
Windsor	—	—	—	—	—	66	75	70	—
Woodbridge	—	—	—	—	—	75	81	89	—
Woodstock	—	—	—	—	—	77	74	85	—
Rural	—	—	—	—	—	64	71	72	—
Other	—	—	—	—	—	76	79	77	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Acton	—	—	—	—	—	100	100	100	—
Ajax	—	—	—	—	—	95	100	95	—
Alliston	—	—	—	—	—	64	100	55	—
Amherstburg	—	—	—	—	—	100	100	100	—
Arnprior	—	—	—	—	—	46	100	100	—
Aurora	—	—	—	—	—	75	93	94	—
Aylmer West	—	—	—	—	—	100	100	30	—
Barrie	—	—	—	—	—	78	86	94	—
Belleville	—	—	—	—	—	100	93	94	—
Bolton	—	—	—	—	—	89	93	100	—
Bowmanville	—	—	—	—	—	94	100	100	—
Bracebridge	—	—	—	—	—	100	100	100	—
Bradford	—	—	—	—	—	100	100	100	—
Brampton	—	—	—	—	—	97	97	98	—
Brantford	—	—	—	—	—	93	81	93	—
Brockville	—	—	—	—	—	81	76	88	—
Burlington	—	—	—	—	—	81	96	92	—
Caledon	—	—	—	—	—	100	100	100	—
Caledonia	—	—	—	—	—	100	51	100	—
Cambridge	—	—	—	—	—	96	98	93	—
Carleton Place	—	—	—	—	—	100	100	81	—
Chatham	—	—	—	—	—	83	84	100	—
Cobourg	—	—	—	—	—	100	84	100	—
Collingwood	—	—	—	—	—	100	77	100	—
Concord	—	—	—	—	—	100	100	87	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma with 3rd Degree, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Cornwall	—	—	—	—	—	100	100	100	—
Cumberland	—	—	—	—	—	100	100	0	—
Delhi	—	—	—	—	—	100	100	100	—
Downsview	—	—	—	—	—	89	98	99	—
Dryden	—	—	—	—	—	100	100	100	—
Dunnville	—	—	—	—	—	100	100	100	—
East Gwillimbury	—	—	—	—	—	100	100	100	—
Elliot Lake	—	—	—	—	—	100	100	100	—
Elmira	—	—	—	—	—	100	100	100	—
Espanola	—	—	—	—	—	100	100	100	—
Essex	—	—	—	—	—	100	100	100	—
Etobicoke	—	—	—	—	—	91	97	99	—
Fergus	—	—	—	—	—	100	100	82	—
Fort Erie	—	—	—	—	—	100	100	100	—
Fort Frances	—	—	—	—	—	100	100	100	—
Gananoque	—	—	—	—	—	10	50	36	—
Garson	—	—	—	—	—	100	100	100	—
Georgetown	—	—	—	—	—	100	93	85	—
Goderich	—	—	—	—	—	100	100	47	—
Gravenhurst	—	—	—	—	—	100	100	100	—
Greely	—	—	—	—	—	100	50	100	—
Grimsby	—	—	—	—	—	78	57	87	—
Guelph	—	—	—	—	—	78	95	95	—
Hamilton	—	—	—	—	—	89	95	77	—
Hanmer	—	—	—	—	—	100	100	100	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

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Obstetric Trauma with 3rd Degree, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Hanover	—	—	—	—	—	53	25	50	—
Hawkesbury	—	—	—	—	—	35	100	52	—
Huntsville	—	—	—	—	—	100	59	82	—
Ingersoll	—	—	—	—	—	100	64	100	—
Innisfil	—	—	—	—	—	100	89	87	—
Kapuskasing	—	—	—	—	—	100	100	100	—
Kenora	—	—	—	—	—	100	100	100	—
Keswick	—	—	—	—	—	100	100	100	—
Kincardine	—	—	—	—	—	100	100	100	—
King City	—	—	—	—	—	100	0	100	—
Kingston	—	—	—	—	—	58	68	78	—
Kingsville	—	—	—	—	—	100	100	100	—
Kirkland Lake	—	—	—	—	—	99	100	100	—
Kitchener	—	—	—	—	—	100	98	99	—
Leamington	—	—	—	—	—	100	91	100	—
Lindsay	—	—	—	—	—	100	100	100	—
Listowel	—	—	—	—	—	45	75	70	—
Lively	—	—	—	—	—	100	100	100	—
London	—	—	—	—	—	78	85	93	—
Manotick	—	—	—	—	—	100	100	100	—
Maple	—	—	—	—	—	95	93	100	—
Markham	—	—	—	—	—	98	92	99	—
Meaford	—	—	—	—	—	100	100	100	—
Midland	—	—	—	—	—	61	100	100	—
Milton	—	—	—	—	—	57	100	96	—

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Obstetric Trauma with 3rd Degree, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Mississauga	—	—	—	—	—	94	96	97	—
Napanee	—	—	—	—	—	100	74	59	—
Navan	—	—	—	—	—	100	100	100	—
New Hamburg	—	—	—	—	—	100	74	100	—
Newmarket	—	—	—	—	—	91	96	100	—
Niagara Falls	—	—	—	—	—	100	100	95	—
North Bay	—	—	—	—	—	100	93	100	—
North York	—	—	—	—	—	100	93	100	—
Oakville	—	—	—	—	—	98	97	97	—
Orangeville	—	—	—	—	—	89	100	100	—
Orillia	—	—	—	—	—	100	94	100	—
Oshawa	—	—	—	—	—	97	96	98	—
Ottawa	—	—	—	—	—	92	88	88	—
Owen Sound	—	—	—	—	—	70	45	78	—
Paris	—	—	—	—	—	100	100	100	—
Parry Sound	—	—	—	—	—	100	78	100	—
Pembroke	—	—	—	—	—	100	83	71	—
Penetanguishene	—	—	—	—	—	100	100	100	—
Perth	—	—	—	—	—	100	68	100	—
Petawawa	—	—	—	—	—	100	81	58	—
Peterborough	—	—	—	—	—	80	91	95	—
Pickering	—	—	—	—	—	95	90	100	—
Port Colborne	—	—	—	—	—	100	100	100	—
Port Hope	—	—	—	—	—	100	100	100	—
Port Perry	—	—	—	—	—	100	100	100	—

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Obstetric Trauma with 3rd Degree, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Port Stanley	—	—	—	—	—	—	—	100	—
Renfrew	—	—	—	—	—	100	100	100	—
Richmond Hill	—	—	—	—	—	89	99	97	—
Rockland	—	—	—	—	—	0	100	100	—
Russell	—	—	—	—	—	100	100	100	—
Sarnia	—	—	—	—	—	100	100	100	—
Sault Ste. Marie	—	—	—	—	—	90	95	100	—
Scarborough	—	—	—	—	—	94	97	98	—
Simcoe	—	—	—	—	—	100	100	100	—
Sioux Lookout	—	—	—	—	—	100	100	100	—
Smiths Falls	—	—	—	—	—	100	100	100	—
St. Catharine	—	—	—	—	—	100	98	95	—
St. Mary's	—	—	—	—	—	100	44	100	—
St. Thomas	—	—	—	—	—	100	100	100	—
Stouffville	—	—	—	—	—	100	100	78	—
Stratford	—	—	—	—	—	80	100	100	—
Strathroy	—	—	—	—	—	71	100	84	—
Sturgeon	—	—	—	—	—	99	100	100	—
Sudbury	—	—	—	—	—	100	100	100	—
Thornhill	—	—	—	—	—	88	98	94	—
Thunder Bay	—	—	—	—	—	82	92	100	—
Tillsonburg	—	—	—	—	—	53	100	100	—
Timmins	—	—	—	—	—	100	100	100	—
Toronto	—	—	—	—	—	93	95	96	—
Trenton	—	—	—	—	—	100	78	100	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

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Obstetric Trauma with 3rd Degree, Cesarean Section: Score by Municipality

Municipality	1997– 1998	1998– 1999	1999– 2000	2000– 2001	2001– 2002	2002– 2003	2003– 2004	2004– 2005	2005– 2006
Uxbridge	—	—	—	—	—	58	76	100	—
Val Caron	—	—	—	—	—	100	100	100	—
Wallaceburg	—	—	—	—	—	100	100	100	—
Wasaga Beach	—	—	—	—	—	—	—	100	—
Welland	—	—	—	—	—	91	100	95	—
Weston	—	—	—	—	—	100	98	96	—
Whitby	—	—	—	—	—	87	91	92	—
Willowdale	—	—	—	—	—	99	95	93	—
Windsor	—	—	—	—	—	100	95	97	—
Woodbridge	—	—	—	—	—	82	100	98	—
Woodstock	—	—	—	—	—	100	100	73	—
Rural	—	—	—	—	—	89	94	94	—
Other	—	—	—	—	—	85	90	92	—

Note: It is not possible to compare data from 1997-2001 with data from 2002-2004 because of the change in coding classification from ICD9CCP to ICD10CA in FY2002

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)