

Quality of Care NL Report: St. Clare's Mercy Hospital

A. HOSPITAL UTILIZATION

Table 1. Hospital Utilization-St. Clare's Mercy Hospital (SCM)

Hospital Utilization	
Stays (2019/20)	6,923
Beds (2019/20)	192
Average LOS (Days) (2019/20)	8.4
Occupancy (2019/20)	82.3
Cost/Stay	\$5,837
% Patients Admitted Through ED (2018/19)	58.2
ALC LOS (Days**) (2019/20)	10,341 (18%)

Table 2. Acute Length of Stay (LOS) vs. Canadian Average

	Surgery		Medicine		ICU	
	SCM	Can	SCM	Can	SCM	Can
Days	6.3	8.1	6.0	6.2	3.0	4.4

B. WAIT TIME EVALUATION FOR OESOPHAGEAL GASTRIC DUODENOSCOPY AND COLONOSCOPY

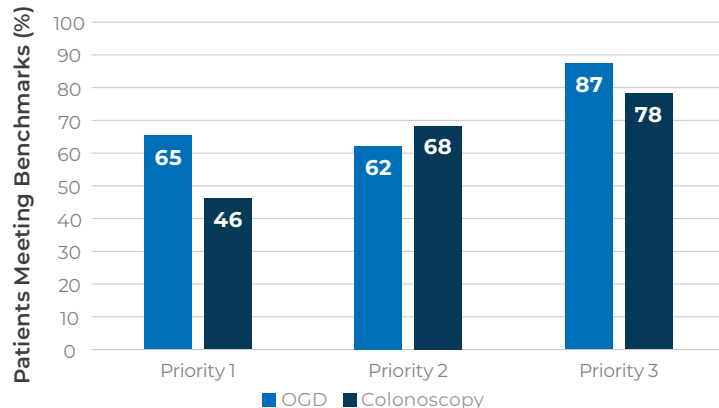


Figure 1. Percentage of Patients Meeting Benchmarks for wait time by Priority 1-3 in St. Clare's Mercy Hospital

C. PRE-OPERATIVE TESTING PRIOR TO LOW-RISK SURGERY

Table 3. Volume of Low-Risk Surgeries and Pre-op Tests Informed by Year

	Low Risk Procedures	Creatinine	Hemoglobin	INR	Chest X-Ray
2016	789	525	592	301	305
2017	739	396	465	134	86

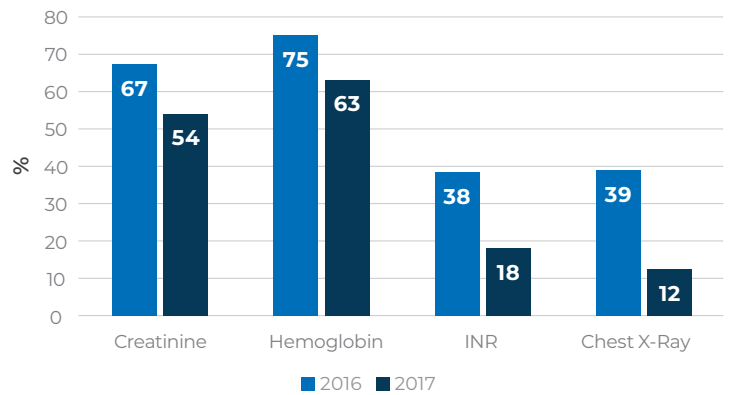


Figure 2. Percentage of Low to Moderate Risk Surgeries with Pre-Operative Tests in 2016 and 2017

D. DEMAND AND ACCESS TO ORTHOPEDIC INTERVENTIONS IN ST. JOHN'S

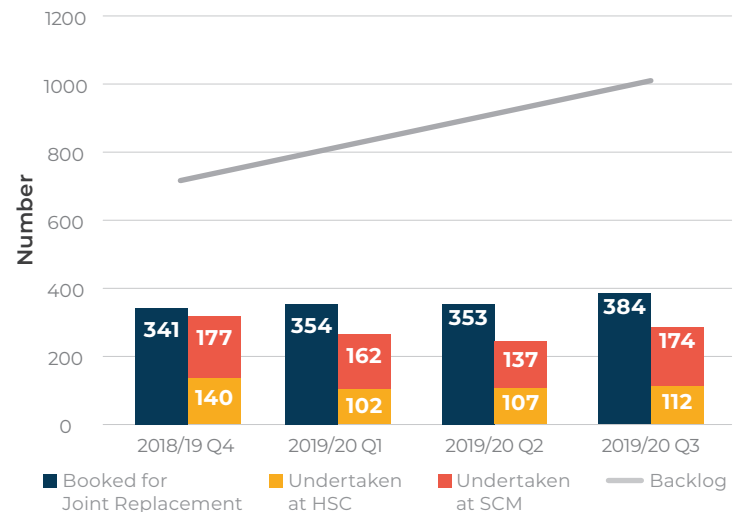


Figure 3. Booking vs. Procedures Undertaken for Total Joint Replacement at SCM and Health Sciences Centre (HSC) by quarter in 2019/20

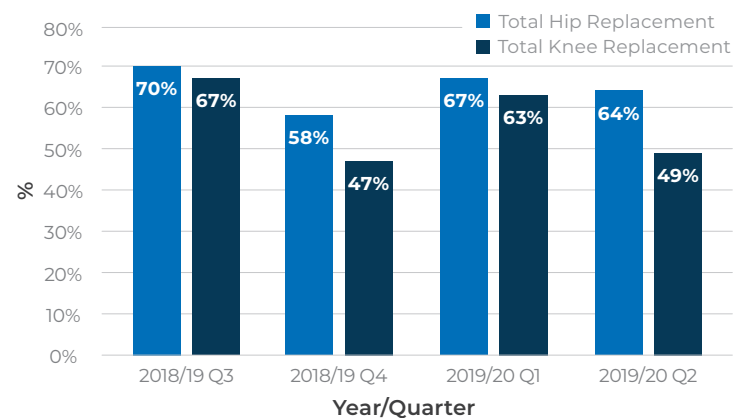


Figure 4. Percentage of Total Hip and Knee Replacements Completed within 182 Days at SCM and HSC

E. IN-HOSPITAL USE OF ANTIBIOTICS

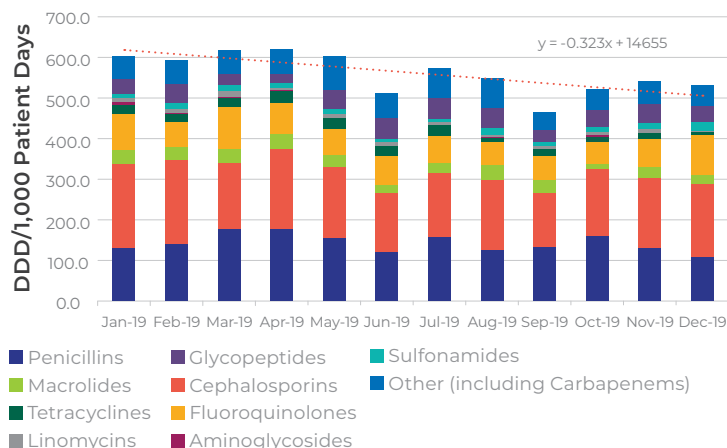


Figure 5. Defined Daily Dose (DDD)/1,000 Patient Days for 2019 by Month and Antibiotic at SCM

F. TIME FROM ABNORMAL SCREENING MAMMOGRAPHY TO FINAL DIAGNOSTIC TEST

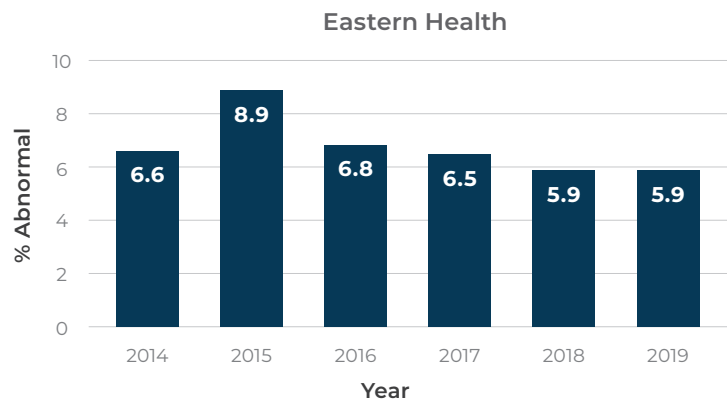


Figure 6. Percentage Abnormal Mammograms in Eastern Health (EH) by Year

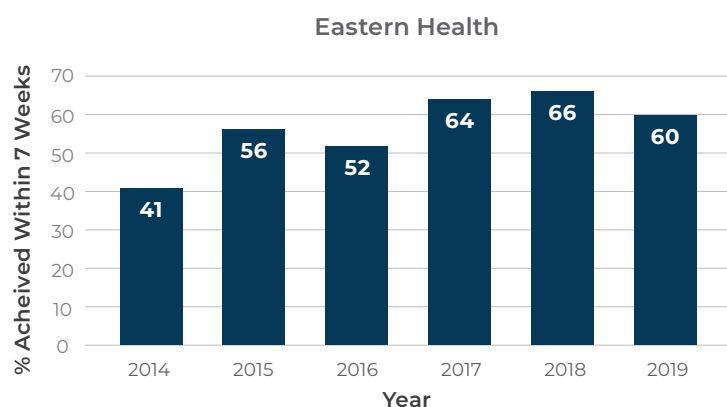


Figure 7. Time from Abnormal Screening Mammogram to Final Diagnostic Test in Those who had a Breast Biopsy: Percentage Achieved Within 7 Weeks in EH by Year

G. PERIPHERAL ARTERY TESTING BY INDICATION

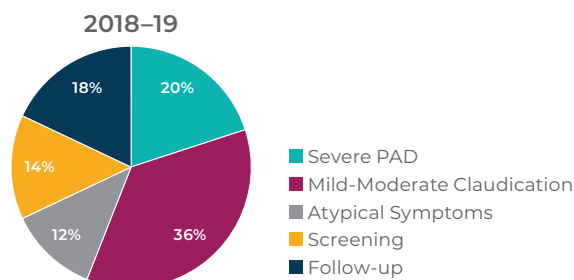


Figure 9. Indications of Peripheral Artery Testing in 2018-19

Table 4. Number of Patients Who had Peripheral Artery Testing at the Vascular Laboratory in SCM by Indication and by Diagnosis of Critical PAD in 2018-19

Indication	Critical Stenosis	Mild-Moderate	Normal	Total
Severe PAD	109	143	138	390
Mild-Moderate Claudication	69	461	190	720
Atypical Symptoms	20	73	141	234
Screening	17	74	181	272
Follow-up	47	187	114	348
Total	262	938	764	1,964

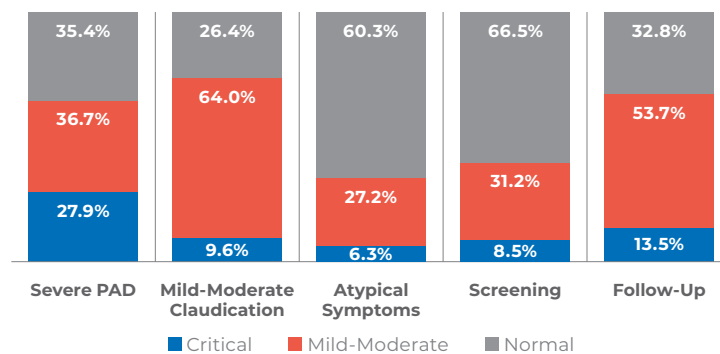


Figure 10. Diagnosis of Critical PAD by Indication

H. THROMBOLYSIS RATES FOR ISCHEMIC STROKE AT SCM

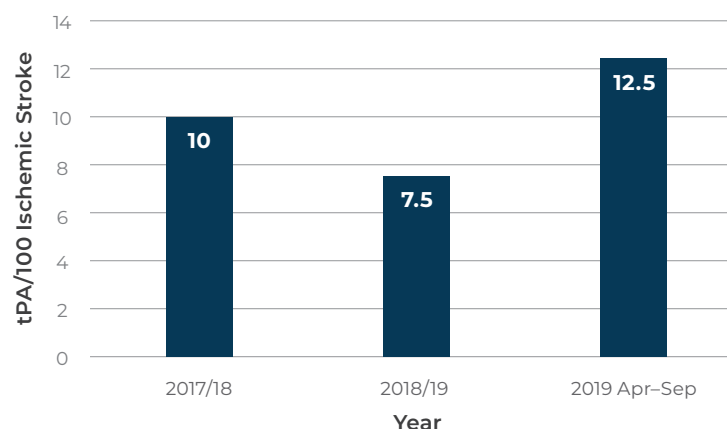


Figure 11. Rate of tPA/100 Ischemic Strokes

Table 5. Number of tPA Administrations and of Ischemic Strokes (IS) at SCM

	N IS	N tPA
01 Apr 2017–31 Mar 2018	90	9
01 Apr 2018–31 Mar 2019	120	9
01 Apr 2019–30 Sept 2019	56v	7

Note: tPA – Tissue Plasminogen Activator

Conclusions

1. ALC is high at 18% of hospital days, but acute length of stay is less than the Canadian average.
2. Percentage of priority 1 and 2 patients meeting time to oesophageal-gastro-duodenoscopy or colonoscopy is not optimal.
3. Preoperative INR and chest x-rays in patients having low to moderate risk surgeries has decreased, but other blood testing remains high.
4. Orthopedics is a collaborative program involving both SCM and HSC. Wait list for orthopedic interventions continues to increase and percentage of hip and knee replacements achieved within 6 months has decreased.
5. There was a 12% decrease in overall anti-microbial use at SCM in 2019. Audit and feedback was provided to physicians on use of the broad spectrum antibiotics piperacillin-tazobactam and the carbapenems. Comparing Jan to Dec, there was no decrease in their use.
6. From 2014–19, time from abnormal screening mammography to final diagnostic test in those who had a breast biopsy has improved.
7. The majority of patients referred for peripheral artery testing did not need testing because they had mild–moderate claudication, atypical symptoms or were being screened. Although cases with critical stenotic disease were identified, intervention with revascularization would be unlikely in the absence of severe clinical manifestations of PAD.
8. Thrombolysis rates for ischemic stroke are trending upwards, but are quite low compared to Canadian benchmarks of 25–30%.