

## FACT SHEET

### Key Results At-A-Glance

Areas of Significant Improvement	Areas of Significant Concern
<ul style="list-style-type: none"> <li>• The proportion of family doctors who have an electronic medical record (EMR) system has risen from 26% in 2007 to 43% in 2009. This represents important progress in a short period of time. However, there is still huge room for improvement as we lag behind many European countries in the use of e-Health.</li> <li>• Wait times have decreased for cataract surgery and hip and knee replacements. For elective cardiovascular procedures (bypass surgery, angiography and percutaneous coronary intervention (balloons or stents to open the artery), about 95% of cases are done within the target. While this is good news, wait times are still too high for CT and MRI, as well as for urgent surgeries. For example, only 53% of urgent cancer cases are completed within the two-week target.</li> <li>• We have seen solid improvements in cardiovascular disease care. The rate of new heart attacks and mortality rate from heart attack has decreased steadily in the past few years. More people are also on the right life-saving drugs.</li> <li>• For diabetes, we are encouraged that the rates of serious complications, such as heart attacks, strokes and amputations, are now starting to decline. However, there is still huge room for improvement, as many people are not getting the right monitoring. Use of the right drugs has increased but there is still room to improve.</li> <li>• <i>C. difficile</i> infection rates have been decreasing gradually over the past year, which is good news. However, there is still room to improve on handwashing rates (only 53%).</li> <li>• There has been a decline in admissions for asthma in Ontario.</li> </ul>	<ul style="list-style-type: none"> <li>• Wait times for an LTC bed are too long — an average of 105 days, or more than three months. For people waiting while at home, the wait time is 173 days (almost half a year). Wait times have tripled since the spring of 2005.</li> <li>• Most people placed into long-term care have very heavy needs that require them to be in that type of setting; however, one in four people placed in long-term care have relatively lighter needs, so alternatives might be possible if they were available.</li> <li>• Currently 16% of all hospital beds in Ontario are occupied by patients designated as ALC, who do not need to be in hospital. This problem has gotten worse in the last three years.</li> <li>• Patients admitted to hospital from the emergency department spend too much time waiting for a hospital bed after the decision to admit — typically, 3.4 hours. In 2009, 25% of patients spent more time in the ED receiving care than the recommended target. About 6% of them left the emergency department before being seen, likely because they were tired of waiting.</li> <li>• There has been no change in the past three years in the percentage of Ontarians without a regular family doctor. Roughly 730,000 adults are without a doctor, with half of them actively looking. Nine in 10 Ontarians think they wait too long for a family doctor appointment. Only 53% of Ontarians can see their doctor on the same day or next day when sick – this standing is the worst compared to 10 major countries surveyed. These problems with access to primary care persist despite significant increases in the supply of family doctors and nurse practitioners and promotion of team-based models of care.</li> <li>• We do a poor job of sharing information across the system and keeping patients engaged in their care. For example, only one-quarter of patients who leave hospital receive all the information they need, such as potential danger signs. Many physicians report delays in getting information from hospitals or specialists.</li> <li>• Progress has been stalled for the past three years in</li> </ul>

	<p>addressing unhealthy behaviours that could lead to chronic diseases. These lifestyle activities include smoking, heavy drinking, obesity, physical inactivity and low consumption of fruits and vegetables. Those with low incomes, less than high school education or who live in rural areas are at higher risk of doing so. People in these groups face many barriers to adopting healthy behaviours, including lack of access to or knowledge of opportunities for affordable physical activity and healthy food options. Strategies for the most vulnerable populations are needed in order to accelerate progress on chronic diseases.</p>
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