
APPENDIX 1

Rules Used to Code Indicators

1. Indicators related specifically to readmission, average length of stay, or complication but not associated with any specific conditions were counted as having 8 indicators when coded as similar to the *Hospital Report* (M=yes) (because there are 8 separate conditions in the *Hospital Report* for each of these corresponding indicators) or 1 indicator for each of the corresponding indicators when coded as different than the *Hospital Report* (M=no).
 2. Indicators that reflected a measurement of partnership and did not specify the external party were counted as 2 indicators when M=yes (because there are 2 *Hospital Report* indicators related to hospital partnerships with community care access centers and the community) or 1 indicator when M=no.
 3. Indicators comparable to the *Hospital Report* day-surgery indicators but not related to a specific procedure were counted as having 2 indicators when M=yes (because there are 2 specific procedures for the *Hospital Report* percentage of day-surgery indicator) or 1 indicator when M=no.
 4. Reference to the Ontario Hospital Inpatient Survey (OHIS) led to the assumption that all 8 *Hospital Report* patient satisfaction indicators were used when M=yes (because the *Hospital Report* used data from this survey to calculate these indicators) or as 1 indicator when M=no. The two system integration and change indicators derived from the OHIS data—the continuity of care and coordination of care indicators—were not included in the counts with the OHIS reference, unless specific reference to these indicators were reported in the corresponding system integration and change quadrant.
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