LHIN:	Central LHIN
Report Date:	May 2013

GUIDE: Strategies & Interventions within Erie-St.Clair LHIN

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LEGEND: Interpreting intervention performance

System Measures	Supplementary Measures	Baseline	Target	Quarterly Performance	Key Considerations
A set of measures associated with a specific intervention/strategy that are directly linked to one or more goals of the strategy	A set of measures associated with a specific intervention/strategy that are indirectly linked to one or more overarching goals of the strategy	The determined baseline will be inserted here and will remain the same each quarter	The determined target will be inserted here and will remain the same each quarter	Illustrates current performance with respect to the supplementary measure against defined targets. Graphs/charts are inserted by Access to Care.	Explains current performance and what proposed changes could be put in place to improve performance. Information is inserted by LHIN.

LHIN VIEW: Central LHIN

Goal: Increase ER Capacity/Performance

Intervention: ER Pay for Results Year 4 -

System Measure	Baseline FY 12/13	Target (MLPA)	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations
90th percentile ER Length of Stay for admitted patients	40.8 hours	Provincial 25.0 hours LHIN 36.0 hours (FY 12/13) Acceptable Performance Range (+10%): 39.6 hours	34.1 hours	Central LHIN Target 11/12 (36.0 hrs); Central LHIN Target 12/13 (36.0 hrs); Provincial Target 11/12 (25.0 hrs); Acceptable Performance Range 11/12 (39.6 hrs); Acceptable Performance Range 12/13 (39.6 hrs) 90th Percentile Hours: Q4 11/12 45.0; Q1 12/13 33.7; Q2 12/13 31.2; Q3 12/13 30.7; Q4 12/13 34.1 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Central LHIN's Q4 performance for the 90th percentile ER length of stay for admitted patients increased by 3.4 hours compared to Q3 and decreased by 6.7 hours compared to the baseline. Central LHIN performed better than its MLPA target by 1.9 hours. The initiatives in place are: Renewed Home First Philosophy, Focus on inpatient length of stay and 'conservable days', Physician Champion program with daily presence on inpatient units providing: real time discharge planning guidance, identifying admissions which might have been prevented, identifying strategies to remove barriers to discharge; Standardized daily bullet rounds on all inpatient units focused on goals for patient and discharge planning; Short Stay Units – improvements in design, admission criteria and hours of operation; Escalation & Surge protocols.
90th percentile ER Length of Stay for non-admitted complex patients	7.4 hours	Provincial 7.0 hours LHIN 7.0 hours (FY 12/13) Acceptable Performance Range (+10%): 7.7 hours	7 hours	Central LHIN Target 11/12 (7.8 hrs); Central LHIN Target 12/13 (7.0 hrs); Provincial Target 11/12 (7.0 hrs); Acceptable Performance Range 11/12 (8.6 hrs); Acceptable Performance Range 12/13 (7.7 hrs) 90th Percentile Hours: Q4 11/12 7.6; Q1 12/13 7.4; Q2 12/13 7.1; Q3 12/13 7.1; Q4 12/13 7.0 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Central LHIN's Q4 performance for the 90th percentile ER length of stay for non admitted complex patients has improved from last Quarter and is better than the base. The LHIN is meeting the MLPA target. Central LHIN, P4R-funded hospitals, and the Central CCAC meet regularly to review performance and share strategies to sustain improvments. Continued progress in managing delays related to treatment and diagnostic services, medical clearance best practices for mental health patients, and substance abuse conditions.
90th percentile ER Length of Stay for non-admitted minor/uncomplicated patients	3.7 hours	Provincial 4.0 hours LHIN 4.0 hours (FY 12/13) Acceptable Performance Range (+10%): 4.4 hours	3.6 hours	Central LHIN Target 11/12 (3.9 hrs); Central LHIN Target 12/13 (4.0 hrs); Provincial Target 11/12 (4.0 hrs); Acceptable Performance Range 11/12 (4.3 hrs); Acceptable Performance Range 12/13 (4.4 hrs) 90th Percentile Hours: Q4 11/12 3.9; Q1 12/13 3.7; Q2 12/13 3.6; Q3 12/13 3.6; Q4 12/13 3.6 Fiscal Year 11/12~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Central LHIN's performance is steady and within target for the last three quarters. Central LHIN hospitals and central CCAC meet regularly to review performance and share strategies for sustaining improvements. Additional primary care initiatives, such as advanced access are expected to continue to make a positive impact.

LHIN VIEW: Central LHIN

Goal: Increase ER Capacity/Performance

Intervention: ER Pay for Results Year 4 -

Supplementary Measures	Baseline	Target TBD	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations
Time to Inpatient Bed: Disposition date/time to Left ER date/time	32.5 hours FY 11/12	10% Improvement in the 90th Percentile	26.8 hours	Legend: Humber River Regional Hospital - Church Street Site; Humber River Regional Hospital - Finch Street Site; Markham Stouffville Hospital - Markham Site; North York General Hospital; Southlake Regional Health Centre; Stevenson Memorial Hospital; York Central Hospital Y axis: 90th Percentile Hours; X axis: Fiscal Year 11/12 ~ 12/13 Q4 11/12: 48.8, 39.1, 50.0, 24.9, 21.3, 5.8, 49.0 Q1 12/13: 42.9, 26.1, 39.8, 17.2, 18.9, 10.8, 37.2 Q2 12/13: 40.9, 27.4, 34.7, 18.2, 16.1, 16.3, 28.2 Q3 12/13: 29.3, 24.2, 37.1, 17.2, 22.0, 15.4, 27.7 Q4 12/13: 37.3, 26.1, 45.2, 19.6, 19.5, 3.8, 33.7	Central LHIN's Q4 performance is at 26.8 hours with all the hospitals showing improvement from this time last year. See comments on 90th percentile ER LOS for admitted patients for further details. Majority of the initiatives for year 6 are focused towards decreasing ALC days, improving patient flow in the inpatient units, and process improvments related to ER patient flow. For example, Patient Flow Facilitators role, Physician Initial Assessment (PIA) initiatives, Short Stay Units, Designated Rapid Assessment Zones, and initiatives to improve capacity and patient flow in medical/surgical units.
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment	3.2 hours FY 11/12	TBD	2.8 hours	Legend: Humber River Regional Hospital - Church Street Site; Humber River Regional Hospital - Finch Street Site; Markham Stouffville Hospital - Markham Site; North York General Hospital; Southlake Regional Health Centre; Stevenson Memorial Hospital; York Central Hospital Y axis: 90th Percentile Hours; X axis: Fiscal year 11/12 ~ 12/13 Q4 11/12: 4.5, 4.4, 2.5, 3.4, 2.3, 3.4, 3.6 Q1 12/13: 3.7, 3.5, 2.4, 3.3, 2.0, 3.4, 3.3 Q2 12/13: 3.4, 3.2, 2.3, 2.9, 1.8, 3.3, 3.1 Q3 12/13: 2.8, 3.0, 2.1, 3.0, 1.7, 3.2, 3.4 Q4 12/13: 3.0, 3.0, 2.2, 3.1, 1.6, 3.0, 3.4	Central LHIN's performance for this indicator remained steady from Q3 to Q4. Two of the hospitals peformed better than the last quarter, whereas the rest were either sustaining improvements or were performing slightly below than the last quarter. Every hospital performed better than last fiscal year at this time for this indicator. For fiscal year 2013/14, the focus will remain to improve patient experience and the time to physician initial assessment by providing incentive funding to physicians to increase hours of coverage, using lean methodologies to improve triage and registration processes, and virtual procedure/sedation room to ensure timely access to treatment.
Percent positive rating to the patient satisfaction survey question: "Overall, how would you rate the care you received in the Emergency Department"	76% Q4 08/09	TBD	79%	Legend: Humber River Regional Hospital - Church Street Site; Humber River Regional Hospital - Finch Street Site; Markham Stouffville Hospital - Markham Site; North York General Hospital; Southlake Regional Health Centre; Stevenson Memorial Hospital; York Central Hospital Y axis: Percentage; X axis: Fiscal Year 11/12 ~ 12/13 Q2 11/12: 79, 75, 76, 83, 81, 86, 78 Q3 11/12: 78, 69, 86, 79, 85, 84, 80 Q4 11/12: 72, 74, 82, 76, 83, 85, 72 Q1 12/13: 74, 76, 85, 86, 84, 88, 80 Q2 12/13: 71, 71, 87, 78, 90, 89, 67 Data Source: NRC Picker Note: Some of the Site did not meet the recommended minimum number of required surveys therefore, results should be interpreted with caution. Starting Q3 10/11, values for all sites including NV (No Volume) and NC (Non Compliant) is displayed.	Central LHIN met and exceeded the baseline target of 76% by 3% improvement for Q4. Four out of 7 hospitals performed better compared to the baseline.

LHIN VIEW: Central LHIN

Goal: Reduce ER Demand

Intervention: Aging at Home (AAH) and Urgent Priorities Fund (UPF) and MoHLTC Nurse Led LTC Outreach Team funding

Supplementary Measures	Baseline	Target	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations
Number of ER Unscheduled Visits by quarter per 1,000 population	NA	TBD	65	ER Unscheduled Visits per 1,000 population — Fiscal Year 08/09 ~ 12/13 Q1 08/09: 58; Q2 08/09: 58; Q3 08/09: 57; Q4 08/09: 56; Q1 09/10: 61; Q2 09/10: 60; Q3 09/10: 61; Q4 09/10: 56; Q1 10/11: 60; Q2 10/11: 61; Q3 10/11: 61; Q4 10/11: 58; Q1 11/12: 62; Q2 11/12: 64; Q3 11/12: 62; Q4 11/12: 62; Q1 12/13: 64; Q2 12/13: 65; Q3 12/13: 65	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Central LHIN continues to achieve good performance on ER unscheduled visits per 1,000 population, remaining steady from last quarter and being one of the top performers in the province. International Medical Graduates can now serve in communities such as Richmond Hill, Aurora and Newmarket (Return-of-Service Program), expanding access to primary care in these communities. A primary goal of the first tranche of the Health Links initiative is to ensure all High User/Complex patients have access to a Primary Care Provider and to reduce the ER revisit rate. This is expected to make a positive impact on ER utilization. Additional primary care initiatives such as Advanced Access are expected to continue to make a positive impact. In addition, Nurse-Led Outreach Teams continue to show positive results in ED diversion (please see below).
Unscheduled emergency visits per 1,000 active long-term care residents by acuity/urgency of the visit* and NLOT status of the long-term care home (*Based on the CTAS)	Q1 FY 11/12 202 (High Acuity NLOT) 165 (High Acuity Non-NLOT) 16 (Low Acuity NLOT) 7 (Low Acuity Non-NLOT)	NA	Q3 FY 12/13 178 (High Acuity NLOT) 12 (Low Acuity NLOT)	ER Unscheduled Visits per 1,000 active long-term care residents, by Quarters (High Acuity NLOT / High Acuity Non-NLOT / Low Acuity NLOT / Low Acuity Non-NLOT) Q3 11/12: 184 / 153 / 14 / 9; Q4 11/12: 190 / – / 15 / –; Q1 12/13: 189 / – / 15 / –; Q2 12/13: 178 / – / 17 / –; Q3 12/13: 178 / – / 12 / – Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** All 46 LTC homes in Central LHIN participate in the NLOT program. NLOT staff have been assisting long-term care staff to better manage and prevent clients with low acuity conditions going to ER. A continued focus on enhanced end of life care through capacity building and collaboration with Hospice Palliative Care Services and diabetes education teams has contributed to improved results. Collaboration between NLOT and the new Behavioural Supports Ontario (BSO) outreach teams to LTC homes has had a positive impact in further reducing transfers to ED for residents with dementia and other responsive behaviours. For high acuity transports, the greatest NLOT contribution continues to be in relation to end of life care. **2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?** Central LHIN's Q3 2012/13 performance for number of unscheduled ER visits (high acuity) per 1,000 active long term care residents is 24 visits less than the baseline of Q1 2011/12 and 6 visits less than the Q3 2011/12 and is steady for the last two quarters at 178 visits. Low acuity performance has also shown improvements from 17 visits to 12 visits per 1,000 active residents.
Number of unscheduled emergency visits resulting in acute inpatient admission per 1,000 active LTC residents by the LHIN and NLOT status of the long-term care home	Q1 FY 11/12 97 (NLOT) 95 (Non-NLOT)	NA	Q3 FY 12/13 97 (NLOT)	ER Unscheduled Visits resulting in acute inpatient admission per 1,000 active long-term care residents, by Quarters (NLOT / Non-NLOT) Q3 11/12: 89 / 98; Q4 11/12: 101; Q1 12/13: 98; Q2 12/13: 89; Q3 12/13: 97 Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** BSO services are maturing and helping to reduce behaviour related transports likely to result in an admission. Progress is being seen with more calls being made to NLOT prior to or instead of placing an EMS call. NLOT teams are increasingly focused on liaising with GEM and other ER resources to facilitate timely repatriation of residents who might otherwise be admitted. Ongoing interprofessional capacity building with LTCH staff helps to prevent deterioration of the residents' condition(s) that may prompt an ED transfer and hospital admission. NLOT teams continue to work on end of life care in LTC homes and updating of directives; when residents are transported at end of life an admission often results. Protocols for better staging NLOT EMS calls are being explored. The adoption of "senior friendly hospital" processes across hospitals will affect the lengths of stay and duration of discharge of admitted residents. We are encouraging an expansion of antimicrobial stewardship to the LTCH settings so that residents are transported with lower rates of antimicrobial medications 'on-board'. We anticipate increased capacity building on the use of SBAR and/or INTERACT II approaches to decision making with regard to transport. **2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?** CLHIN's number of unscheduled ER visits resulting in acute inpatient admission per 1,000 active LTC residents have decreased in Q2 12/13 compared to Q1 2011/12. For Q3 2012/13, the visits are similar to the baseline of Q1 2011/12. As reductions in CTAS 4/5 transports occur, residents will be transported with increasingly high acuity, increasing the likelihood of admission. The early flu spike was an obstacle to repatriation in several instances leading the need for admission.

LHIN VIEW: Central LHIN

Goal: Improve Bed Utilization

<u>Intervention: Aging at Home (AAH) and Urgent Priorities Fund (UPF)</u> -

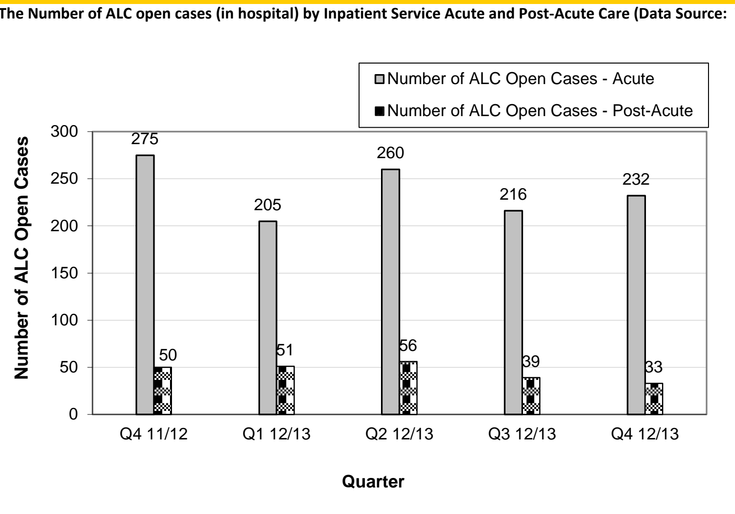
System Measure	Baseline (FY 12/13)	Target	Current Performance	Quarterly Performance	Key Considerations
Percent ALC Days	15.64%	LHIN 15.00% (FY 12/13) MLPA Acceptable Performance Range (+10%): 16.50%	16.68 %	Central LHIN Target 11/12 (13.01%) Central LHIN Target 12/13 (15.00%) Acceptable Performance Range 11/12 (14.31%) Acceptable Performance Range 12/13 (16.50%) Percentage: 0–20 Q3 11/12: 17.52; Q4 11/12: 16.77; Q1 12/13: 16.27; Q2 12/13: 15.16; Q3 12/13: 16.68 Fiscal Year 11/12 ~ 12/13 Data Source: CIHI - DAD	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** In Q3, the %ALC patients waiting for Long Term Care (LTC) decreased compared to Q1. However, the overall ALC rate is slightly above the target. The ALC cases waiting for LTC decreased significantly to 74 compared to an average of 224 per quarter for the previous five quarters. While significantly fewer patients were discharged in Q3, some had very long waits so the 90P number of days from ALC designation to discharge will increase for this population of patients in Q3. This progress is primarily related to a renewed and broadened Home First Philosophy being implemented by all Central LHIN hospitals. With the reduction in ALC patients waiting for LTC, there has been a corresponding increase in ALC patients waiting to go home with CCAC services, however the wait time for CCAC services is not as long. Central LHIN staff will be working with CCAC staff to closely monitor this shift in discharge destination for these ALC patients. **2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?** Central LHIN closely montiors the ALC rate on weekly basis. Recent data for Q1 13/14 shows an ALC rate of 12%. Other efforts that are expected to improve results include: Enhanced adoption of best practice pathways for patients with hip fracture, stroke and other conditions waiting as ALC for inpatient rehab, continued focus on Senior Friendly hospital care, continued success with initiatives such as "assess and restore" programs, West Park transitional home ventilation service, and specialized Behavioural Support Unit at Cummer Lodge (expansion from 8 to 16 Beds). Central LHIN has 2 early adopter Health Links which begin implementation April 1, 2013. A primary goal of Health Links is to reduce ALC days through better integration of providers across the continuum of care to reduce delays for services in the community. **3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target?** ALC rate is monitored closely on weekly basis and has shown improvement for Q1 2013/14
90th percentile Wait Time for CCAC In Home Services - Application from Community Setting to first CCAC Service (excluding case management)	25.00 Days	LHIN 27.00 Days (FY 12/13) MLPA Acceptable Performance Range (+10%): 29.70%	24.00 Days	Central LHIN Target 11/12 (37.10 Days) Central LHIN Target 12/13 (27.00 Days) Acceptable Performance Range 11/12 (40.81 Days) Acceptable Performance Range 12/13 (29.70 Days) 90th Percentile: 0–45 Q3 2011/12: 23.00; Q4 2011/12: 23.00; Q1 2012/13: 23.00; Q2 2012/13: 23.00; Q3 2012/13: 24.00 Fiscal Year 11/12 ~ 12/13 Data Source: Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Peformance is sustained for this indicator and exceeds the set target. Factors contributing to Central CCAC's sustained improvement include: streamlining the patient intake process for community referrals (and hospital referrals) and enhanced responsibilities of intake supervisors. In the 4th quarter, a higher number of patients were removed from the wait list for personal support services, which would reflect the small increase in wait times. The results reported continue to remain slightly below target.
<u>Proposed Measure:</u> Number of days from ALC desgination to discharge by discharge destination (90th percentile Days) (Data Source: ALC Upload Tool & WTIS)	NA	NA	29.00 Days	Complex Continuing Care; Convalescent Care; Unexpected Discharge or Transfer; Home with support; Home without support; Long Term Care; Mental Health; Palliative Care; Rehab; Supervised or Assisted Living 90th percentile Days: 0–160 Q4 11/12: 24, 33, 19, 8, 84, 12, 17, 27 Q1 12/13: 15, 29, 17, 31, 96, 37, 15, 19, 12 Q2 12/13: 17, 22, 15, 7, 98, 18, 15, 23 Q3 12/13: 17, 21, 21, 14, 129, 20, 19, 31 Q4 12/13: 23, 38, 22, 16, 152, 16, 17, 30 Fiscal Year 11/12 ~ 12/13 Note: 'Unexpected Discharge or Transfer' was classified as ALC Discharge Destinations for ALC data collection via the Interim Upload Tool (IUT). It has been split and is now classified as 'ALC Discontinuation Reasons' in the WTIS-ALC application.	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** CLHIN performance for this indicator is showing steady improvement for the last two quarters. For Q3, performance has improved by one day from the previous quarter. As noted above, Central LHIN hospitals/CCAC are continuing their work on the Home First Philosophy in order to decrease number of ALC patients waiting for LTC as a discharge destination from hospital. The goal is to increase the number of patients discharged to home or other community alternatives with appropriate supports, instead of from hospital to LTC. A high proportion of ALC long stay patients tend to be patients who are ALC waiting for LTC as there is a high occupancy for Central LHIN LTC homes.

LHIN VIEW: Central LHIN

Goal: Improve Bed Utilization

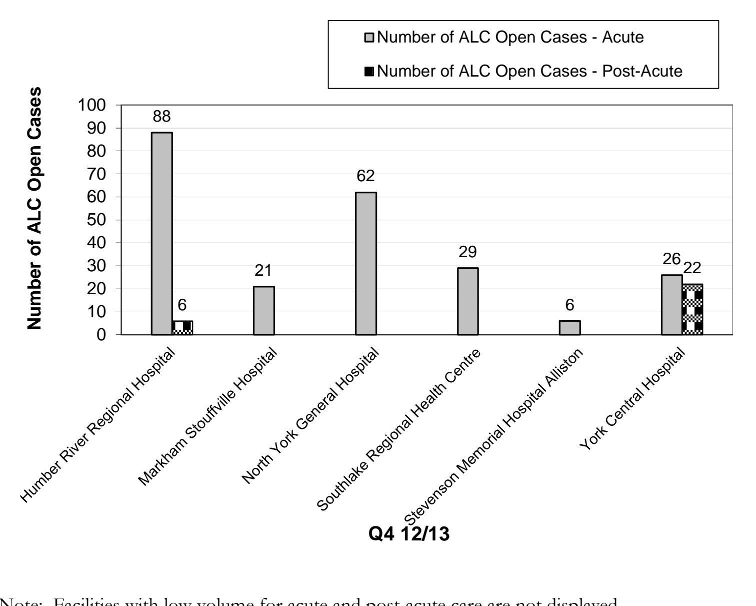
PROGRESS *Have we achieved our goals?*

The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



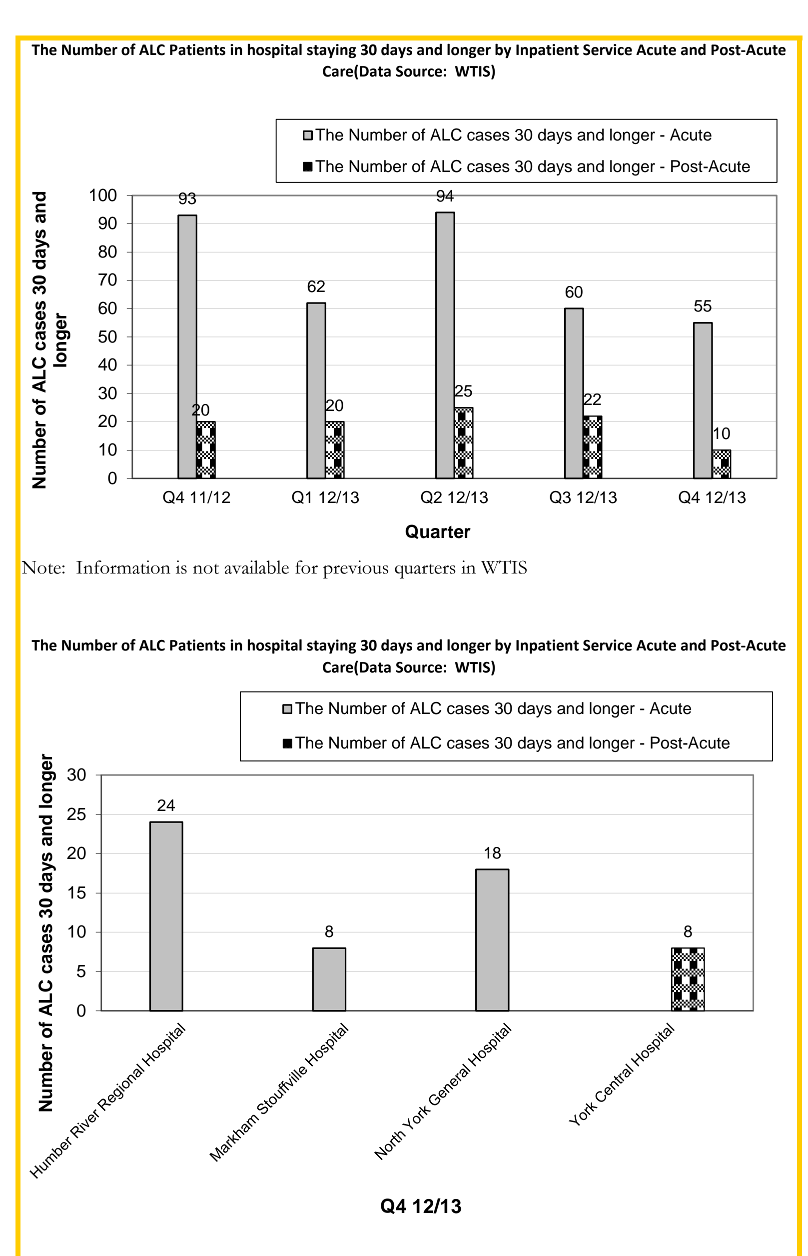
Note: Information is not available for previous quarters in WTIS

The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)

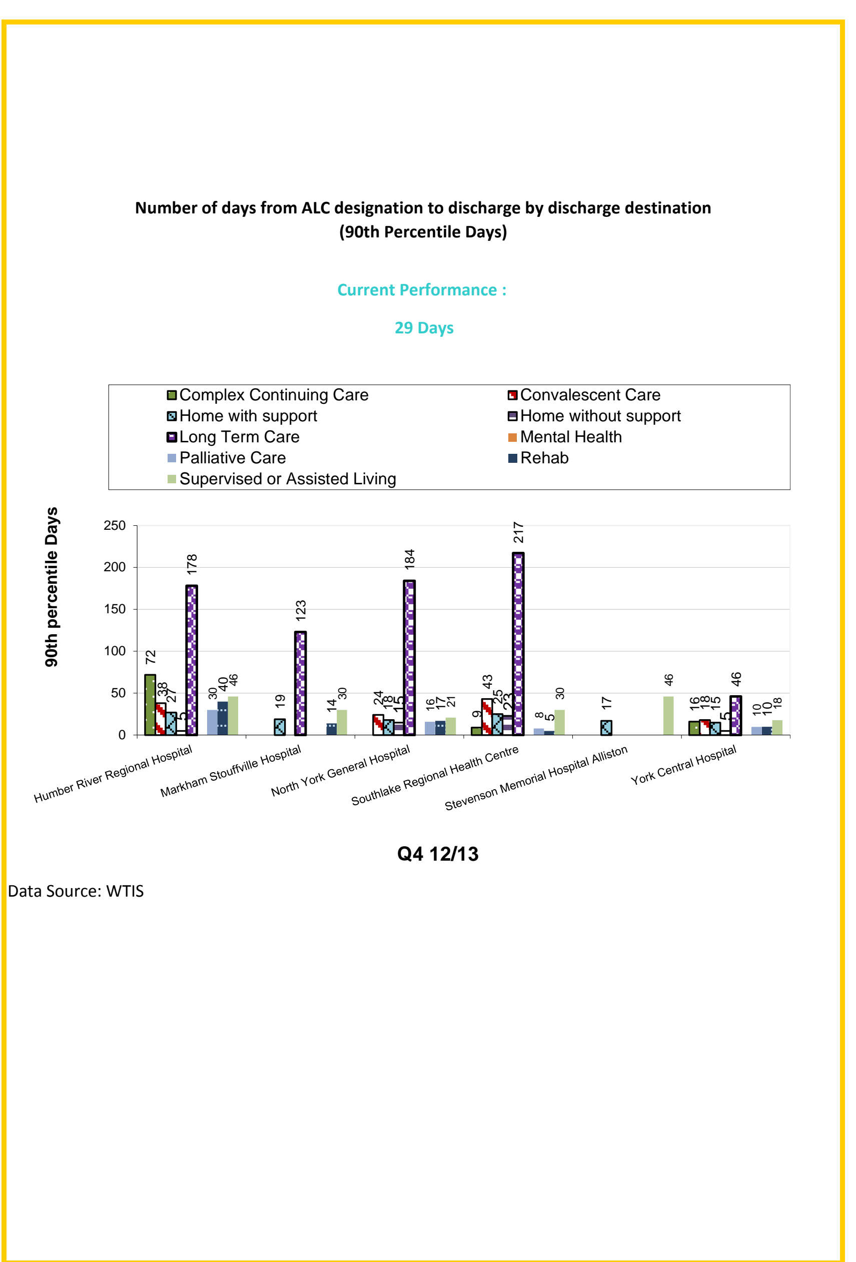


Note: Facilities with low volume for acute and post-acute care are not displayed

The Number of ALC Patients in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care(Data Source: WTIS)



Note: Facilities with low volume for acute and post-acute care are not displayed



Data Source: WTIS

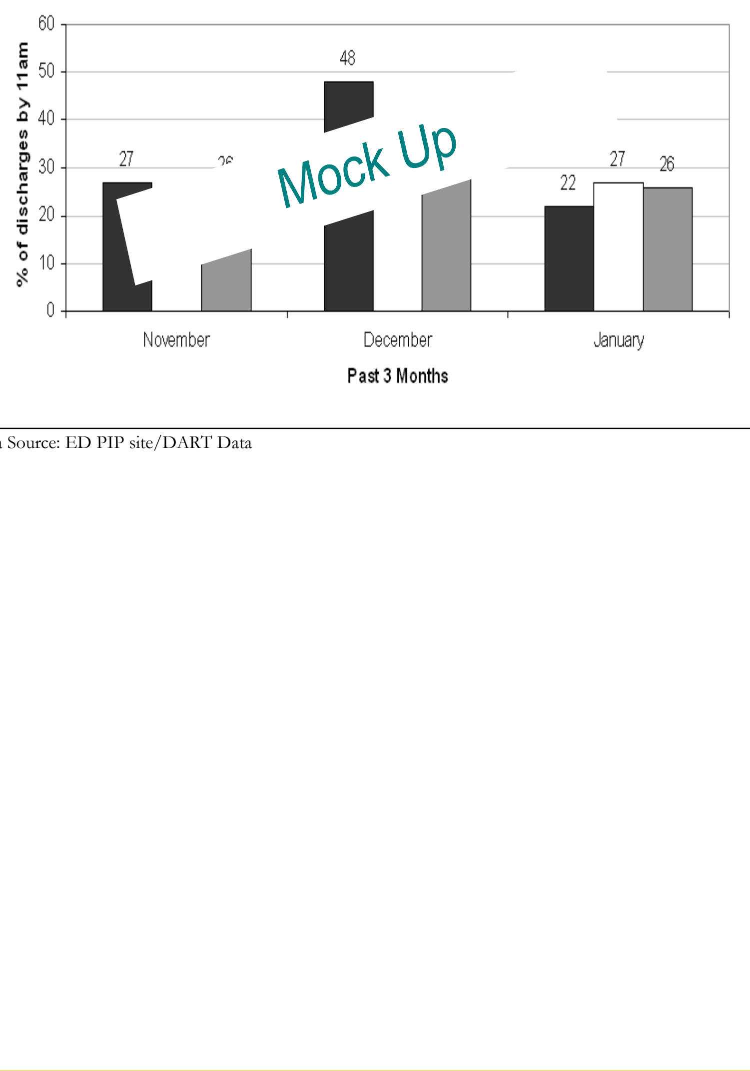
LHIN VIEW: Central LHIN

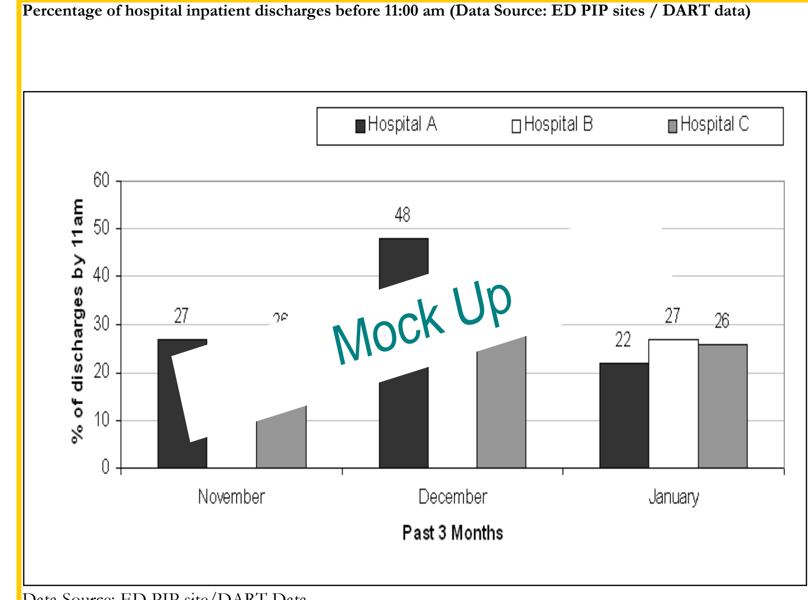
Goal: Improve Bed Utilization

PROGRESS

Have we achieved our goals?

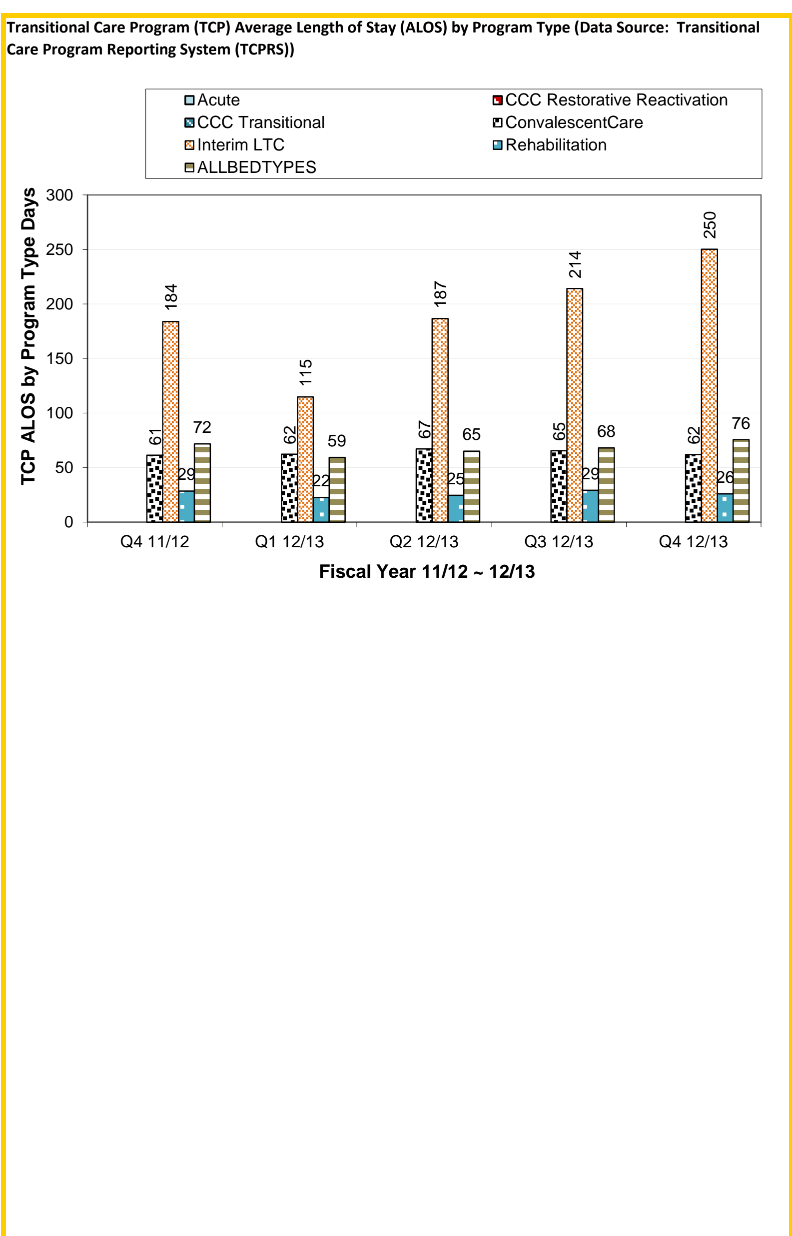
Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)





Data Source: ED PIP site/DART Data

Transitional Care Program (TCP) Average Length of Stay (ALOS) by Program Type (Data Source: Transitional Care Program Reporting System (TCPRS))



LHIN VIEW: Central LHIN

Goal: Reduce number of repeat unplanned Emergency visits within 30 days for Mental Health and Substance Abuse

Intervention:

System Measure	Baseline (FY 12/13)	MLPA Target	Current Performance	Quarterly Performance (Data Source: CIHI NACRS)	Key Considerations
Repeat unplanned emergency visits within 30 days for mental health conditions	17.1 %	LHIN 17.0% (FY 12/13) Acceptable Performance Range (+10%): 18.7%	18.7 %	Central LHIN Target 11/12 (17.0%) Central LHIN Target 12/13 (17.0%) Acceptable Performance Range 11/12 (18.7%) Acceptable Performance Range12/13 (18.7%) Percentage Q2 2011/12: 17.7; Q3 2011/12: 18.1; Q4 2011/12: 16.2; Q1 2012/13: 17.4; Q2 2012/13: 18.7 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • In March 2013, the LHIN began planning to establish a process and protocol for all hospitals in Central LHIN to enable equitable access for both children/adolescents and adults that require an inpatient mental health and addiction bed. • In June 2012, Central LHIN hosted a Quality Collaborative focused on improving quality in ED for patients living with MHA by enhancing flow, through implementing medical clearance guidelines. Progress is being made in the development and implementation of these guidelines. • In January 2013, there was an implementation of new supportive housing programs in with new units in Stouffville led by LOFT Community Services and a transitional program across York Region through CMHA-York Region starting in January 2013. • In January 2013, there was an implementation of the CCAC MHA Nurses in District School Boards. • Implementation of the Central LHIN BSO Action Plan underway as of April 1, 2012. • CMHA-York Region and CMHA-Toronto have implemented telemedicine nurses to deliver clinical MHA care to enhance access to community based services and experts across the province. **2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?** • Central LHIN's performance over the past 7 quarters falls within the acceptable performance range and in Q2 2012-13 was 18.7%.
Repeat unplanned emergency visits within 30 days for substance abuse conditions	18.9 %	LHIN 18.7% (FY 12/13) Acceptable Performance Range (+10%): 20.6%	21.3 %	Central LHIN Target 11/12 (19.7%) Central LHIN Target 12/13 (18.7%) Acceptable Performance Range 11/12 (21.7%) Acceptable Performance Range 12/13 (20.6%) Percentage Q2 2011/12: 20.5; Q3 2011/12: 21.1; Q4 2011/12: 19.4; Q1 2012/13: 19.8; Q2 2012/13: 21.3 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • In March 2013, the LHIN began planning to establish a process and protocol for all hospitals in Central LHIN to enable equitable access for both children/adolescents and adults that require an inpatient mental health and addiction bed. • Implementation of a Community Opioid Treatment Clinic and enhanced programs for community services for pregnant and parenting women with addictions beginning in March 2013. • Allocation of OTN equipment to four Central LHIN providers to enhance access to addictions services. • Implementation of the CCAC MHA Nurses in District School Boards starting in January 2013 • Addiction Services for York Region developed a partnership with Community Head Injury Resource Services (CHIRS) to provide a program for complex clients with cognitive, neurobehavioural impairments and problematic substance use. • Implementation of the Central LHIN BSO Action Plan underway as of April 1, 2012. **2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?** • Central LHIN's performance over the past 6 quarters falls within the acceptable performance range which is 20.6%, however, there has been a slight increase in Q2 2012-13 to 21.3%. We expect to be within the performance corridor in the future.

LHIN VIEW: Central LHIN

Goal: Reduce Avoidable Hospital Readmission

Intervention:

System Measure	Baseline (FY 12/13)	MLPA Target	Current Performance
30 day readmission rates for selected CMGs (Case Mix Groups)	15.1 %	LHIN 15.0% (FY 12/13) Acceptable Performance Range (+10%): 16.5	16.8 %

Quarterly Performance (Data Source: CIHI-DAD)

Central LHIN Target 11/12 (14.4%)
Central LHIN Target 12/13 (15.0%)
Acceptable Performance Range 10/11 (15.8%)
Acceptable Performance Range 11/12 (16.5%)

30 Day Readmission Rate

Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13
16.1	16.1	15.0	15.4	16.8

Fiscal Year 11/12 ~ 12/13

Data Source: CIHI-DAD

Readmission Ratio

2006	2007	2008	2009	2010	2011
14.1	13.7	15.2	13.9	15.0	15.3

Calendar year

Readmissions within 30 days trend by LHIN by calendar year

card, chf, copd, cva, dm, gi, pneu

Readmission Ratio

Calendar Year

Key Considerations

1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?

Central LHIN's performance over the past six quarters fell within the acceptable perfomance range. Q2, however, is at 16.7% which is over the acceptable performance range. Central LHIN continues to implement initatives to support the acheivement of the target. The following is a list of activities undertaken to acheve/move toward the target:

- In April 2013, Health Links, was initiated with two early adopters. Three additional Health Links will be added over the next few months. A primary goal of Health Links is to improve the coordination and delivery of care across the continuum for high users, many of whom have one or more of the conditions included in the definition of "selected CMGs."
- In March 2013, the LHIN initiated the Rapid Response Nursing Program, with the CCAC acting as the Lead Organization. The purpose of this program is to ensure that patients discharged from hospital are visited in their home environment as quickly as possible.
- Central LHIN is investigating the development of an integrated discharge planning process across the LHIN that links hospitals, primary care, CCAC, and other resources. Standardized and integrated processes are expected to contribute to improved discharge planning practices and to reduce unplanned readmissions to hospital.
- Southlake and Markham Stouffville Hospital have implemented a telemedicine nurse to enhance access to experts across the province.
- Central LHIN is supporting collaboration across our hospitals to support enhanced adoption of best practice pathways for patients with stroke and other conditions.

LHIN VIEW: Central LHIN

Goal: Reduce Avoidable Hospital Readmission

Intervention:

System Measure	Baseline	Target	Current Performance	Quarterly Performance (Data Source: DAD)	Key Considerations
Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home	TBD	90% ± 9%	92.8 %	North York General Hospital; York Central Hospital; Southlake Regional Health Centre; Markham Stouffville Hospital; Humber River Regional Hospital; Provincial Target 10/11 (90% ±9%) Proportion of Hip or Knee joint replacement patients discharged home Q3 11/12: 67.3, 60.7, 66.7, 81.9, 67.5 Q4 11/12: 71.8, 54.4, 65.1, 87.5, 65.8 Q1 12/13: 86.6, 70.7, 78.9, 83.5, 76.2 Q2 12/13: 87.8, 85.5, 89.1, 92.3, 84.7 Q3 12/13: 93.7, 92.7, 86.3, 96.7, 94.4 Fiscal Year 11/12 ~ 12/13 Note: No Volume or Low Volume (<10 cases) is not reported	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** CLHIN exceed the performance target for TJR patients discharged home after their surgery by 2.8% and LOS targets by 0.6 days. Central LHIN hospitals, working with orthopaedic surgeons, have implemented a standardized cross-continuum Total Joint Replacement (TJR) pathway, including pre-operative education tools to prepare patients for what to expect during their hospital stay and post-discharge from an acute-care setting. This has improved performance for the proportion of patients being discharged home. Work is underway to implement action plans as outlined in the recently submitting Integrated Orthopaedic Capacity Plan, for example assessing capacity and providing timely cost-effective outpatient rehabilitation closer to home for Central LHIN residents. This is anticipated to sustain/improve results further.
Average length of Stay of primary unilateral Hip or Knee Joint Replacement patients discharged home	TBD	4.4 Days	3.8 Days	North York General Hospital; York Central Hospital; Southlake Regional Health Centre; Markham Stouffville Hospital; Humber River Regional Hospital; Provincial Target 10/11 (4.4 days) Average LOS for Hip or Knee Joint replacement patients discharged home Q3 11/12: 4.6, 4.7, 4.3, 3.4, 4.7 Q4 11/12: 4.4, 4.9, 4.2, 3.1, 6.4 Q1 12/13: 4.3, 5.1, 4.7, 3.0, 4.5 Q2 12/13: 3.8, 6.0, 3.9, 2.8, 4.1 Q3 12/13: 3.6, 5.0, 3.9, 2.7, 4.2 Fiscal Year 11/12 ~ 12/13 Note: No Volume or Low Volume (<10 cases) is not reported	

LHIN VIEW: Central LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:

System Measure	Baseline FY 12/13	Target (MLPA)	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations
90th Percentile Wait Times for Cancer Surgery	41 Days	LHIN 47 Days (FY 12/13) Acceptable Performance Range (+10%): 52 days	39 Days	Central LHIN Target 11/12 (47 Days) Central LHIN Target 12/13 (47 Days) Acceptable Performance Range 11/12 (52 Days) Acceptable Performance Range 12/13 (52 Days) 90th Percentile Days Q4 11/12: 38; Q1 12/13: 35; Q2 12/13: 39; Q3 12/13: 34; Q4 12/13: 39 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • Central LHIN continues to exceed its MLPA target for cancer surgery wait times. • Central LHIN was ranked 1st in the province for the shortest cancer surgery wait times and exceeded the 84 day provincial target and 52 day provincial average. • In order to maintain/improve performance and continue to attain the LHIN target, Central LHIN hospitals will continue to ensure effective processes are in place to prioritize cancer surgeries, allocate additional OR block to accommodate patient needs and perform utilization reviews to gain efficiencies.
90th Percentile Wait Times for Cataract Surgery	80 Days	LHIN 100 Days (FY 12/13) Acceptable Performance Range (+10%): 110 Days	89 Days	Central LHIN Target 11/12 (102 Days) Central LHIN Target 12/13 (100 Days) Acceptable Performance Range 11/12 (112 Days) Acceptable Performance Range 12/13 (110 Days) 90th Percentile Days Q4 11/12: 80; Q1 12/13: 77; Q2 12/13: 88; Q3 12/13: 89; Q4 12/13: 89 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • Central LHIN continues to exceed its MLPA target for cataract surgery wait times. • Central LHIN was ranked 2nd in the province for the shortest cataract surgery wait times and exceeded the 182 day provincial target and 141 day provincial average. • Central LHIN facilitated an integration of cataract services creating two Centers of Excellence at North York General Hospital and Southlake Regional Health Centre effective April 1, 2010. The goal of the integration was to achieve economies of scale, standardization, specialization, improved throughput and increased operating room time. • Central LHIN hospitals have capacity to perform additional volumes should funding become available.
90th Percentile Wait Times for Cardiac By-Pass Procedures	55 Days	LHIN 63 Days (FY 12/13) Acceptable Performance Range (+10%): 69 days	37 Days	Central LHIN Target 11/12 (63 Days) Central LHIN Target 12/13 (63 Days) Acceptable Performance Range 11/12 (69 Days) Acceptable Performance Range 12/13 (69 Days) 90th Percentile Days Q4 11/12: 40; Q1 12/13: 41; Q2 12/13: 53; Q3 12/13: 33; Q4 12/13: 37 Fiscal Year 11/12 ~ 12/13 Data Source: Cardiac Care Network	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • Central LHIN continues to exceed its MLPA target for cardiac by-pass surgery wait times. • Central LHIN exceeded the 182 day provincial target and the 43 day provincial average. • Currently Southlake Regional Health Centre is the only hospital that performs Cardiac By-Pass Procedures in Central LHIN.

LHIN VIEW: Central LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:

System Measure	Baseline FY 12/13	MLPA Target	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations
90th Percentile Wait Time for Hip Replacement	141 Days	LHIN 139 Days (FY 12/13) Acceptable Performance Range (+10%): 153 days	145 Days	Central LHIN Target 11/12 (139 Days) Central LHIN Target 12/13 (139 Days) Acceptable Performance Range 11/12 (153 Days) Acceptable Performance Range 12/13 (153 Days) 90th Percentile Days Q4 11/12: 131; Q1 12/13: 121; Q2 12/13: 144; Q3 12/13: 144; Q4 12/13: 145 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • Central LHIN was within the acceptable performance range for hip replacement wait times. • Central LHIN was ranked 3rd in the province for the shortest hip replacement wait times and exceeded the 182 day provincial target and 197 day provincial average. • Hospitals are working with surgeon offices to ensure clear understanding of wait times and insertion of DARTS as well as wait time management. They are also reviewing OR block allocations and OR efficiencies to support quicker access to OR time. • In January 2007, the Total Joint Assessment Centre (TJAC) was created to centralize access to hip and knee surgeries. TJAC has been successful in reducing the wait time from the point of referral from primary care physician to surgeon assessment, by providing patients with early consultation and choice of surgical date options.
90th Percentile wait Times for Knee Replacement	160 Days	LHIN 154 Days (FY 12/13) Acceptable Performance Range (+10%): 169 days	152 Days	Central LHIN Target 11/12 (154 Days) Central LHIN Target 12/13 (154 Days) Acceptable Performance Range 11/12 (169 Days) Acceptable Performance Range 12/13 (169 Days) 90th Percentile Days Q4 11/12: 150; Q1 12/13: 148; Q2 12/13: 158; Q3 12/13: 160; Q4 12/13: 152 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • Central LHIN exceeded its MLPA target for knee replacement wait times. • Central LHIN was ranked 2nd in the province for the shortest hip replacement wait times and exceeded the 182 day provincial target and 246 day provincial average.

LHIN VIEW: Central LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:

System Measure	Baseline FY 12/13	MLPA Target	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations
90th Percentile Wait Time for Diagnostic MRI Scan	102 Days	LHIN 90 Days (FY 12/13) Acceptable Performance Range (+10%): 99 days	61 Days	Central LHIN Target 11/12 (112 Days) Central LHIN Target 12/13 (90 Days) Acceptable Performance Range 11/12 (123 Days) Acceptable Performance Range 12/13 (99 Days) 90th Percentile Days: 0–140 Q4 11/12: 66 Q1 12/13: 57 Q2 12/13: 61 Q3 12/13: 57 Q4 12/13: 61 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • Central LHIN continues to exceed its MLPA target for diagnostic MRI wait times. • Central LHIN exceeded the 102 day baseline and exceeded the provincial average of 68 days. • All Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiency and participated in the MRI PIP program. • Central LHIN hospitals began performing new base hours on three additional MRI machines in FY 11/12 and FY 12/13 (two new MRI and one previously unfunded). One additional machine is scheduled to come online in mid 2013/14.
90th Percentile wait Times for Diagnostic CT Scan	30 Days	LHIN 30 Days (FY 12/13) Acceptable Performance Range (+10%): 33 days	35 Days	Central LHIN Target 11/12 (34 Days) Central LHIN Target 12/13 (30 Days) Acceptable Performance Range 11/12 (37 Days) Acceptable Performance Range 12/13 (33 Days) 90th Percentile Days: 0–40 Q4 11/12: 26 Q1 12/13: 27 Q2 12/13: 27 Q3 12/13: 27 Q4 12/13: 35 Fiscal Year 11/12 ~ 12/13	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • Central LHIN fell outside of the acceptable performance range by two days in Q4, however Central LHIN exceeded the MLPA target (and therefore was within the performance range) on an annual basis. • All Central LHIN hospitals performed volumes in excess of base and WTS incremental funded volumes, however the demand continues to outstrip funded supply. In total, Central LHIN hospitals performed more than 11K hours in excess of base + WTS funded hours. • Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiencies and completed process improvement initiatives (modeled after the Provincial Process Improvement Project).

Population of the Percentage of hospital inpatient discharges before 11:00 am graph on page 24

Instructions:

(Please be advised that the existing mock-up graph on page 24 must be deleted prior to the population)

1)Relabel chart and indicate the month of data

2) Relabel chart and indicate hospital names

3) Insert new column by clicking on the dedicated button on the right (optional)

4) Please insert data in the chart format

5) Click button to graph

6) Adjust the initial settings of the graph features accordingly

Modify the chart to reflect past 3 months' data	Name of Hospital		
	[Hosp A]	[Hosp B]	[Hosp C]
[Month 1]			
[Month 2]			
[Month 3]			