

MOHLTC - HSAPD
Quarterly Stocktake Report

LHIN: Central LHIN

Report Date: August 2013

Accountability Measures	<p><u>Performance Indicators: Access to healthcare services</u> 90th percentile ER length of stay for admitted patients 90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients 90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients 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 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 Percent of priority IV cases completed within access target for cancer surgery Percent of priority IV cases completed within access target for cardiac by-pass surgery Percent of priority IV cases completed within access target for cataract surgery Percent of priority IV cases completed within access target for hip replacement Percent of priority IV cases completed within access target for knee replacement Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home Average length of stay of primary unilateral Hip or Knee Joint Replacement patients discharged home Percent of priority IV cases completed within access target for MRI scans Percent of priority IV cases completed within access target for CT scans</p> <p><u>Performance Indicators: System integration and coordination of care</u> Percentage of Alternate Level of Care (ALC) Days Number of days from ALC designation to discharge by discharge destination (90th percentile Days) 90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)</p> <p><u>Performance Indicators: Quality and improved health outcomes</u> Readmission within 30 Days for Selected CMGs Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions</p>	<p>Page 12</p> <p>Page 13</p> <p>Page 14</p> <p>Page 15</p> <p>Page 16</p> <p>Page 17</p> <p>Page 18</p> <p>Page 19</p> <p>Page 20</p> <p>Page 21</p>
Supplementary Measures	<p>Time to Inpatient Bed: Disposition date/time to Left ER date/time Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment Percent positive rating to the patient satisfaction survey question: "Overall, how would you rate the care you received in the Emergency Department" Number of ER Unscheduled Visits by quarter per 1,000 population The Number of ALC open cases in hospitals – 4 graphs Percentage of hospital inpatient discharges before 11:00 am Transitional Care Program (TCP) Average Length of Stay (ALOS) by Program Type The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care</p>	<p>Page 22</p> <p>Page 23</p> <p>Page 24</p>

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

Objective: To enhance person-centered care

Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.



Performance Indicators: Access to healthcare services

System Measure	Summary	Quarterly Performance	LHIN's Performance Report																		
90th percentile ER Length of Stay for admitted patients (Data Source: CIHI-NACRS)	Baseline 32.3 hours Provincial Interim Goal 25.0 hours Provincial Target 8 Hours LHIN Target 36.0 hours (FY 12/13) Current Performance 26.5 hours	<table border="1"> <caption>90th Percentile Hours for Admitted Patients</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>35.0</td></tr> <tr><td>Q3 11/12</td><td>41.5</td></tr> <tr><td>Q4 11/12</td><td>45.0</td></tr> <tr><td>Q1 12/13</td><td>33.7</td></tr> <tr><td>Q2 12/13</td><td>31.2</td></tr> <tr><td>Q3 12/13</td><td>30.7</td></tr> <tr><td>Q4 12/13</td><td>34.1</td></tr> <tr><td>Q1 13/14</td><td>26.5</td></tr> </tbody> </table>	Quarter	Value	Q2 11/12	35.0	Q3 11/12	41.5	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	Q1 13/14	26.5	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? CLHIN's Q1 Fiscal Year (FY) 13/14 performance exceeded its new LHIN target of 30.0 hrs for 90th percentile ER length of stay (LOS) by 3.5 hrs. This is a reduction of 5.8 hrs compared to the baseline, moving our performance closer to the overall provincial interim target of 25.0 hrs.</p> <p>Many initiatives have been in place over the past few years including: Renewed Home First Philosophy (focused on inpatient LOS and 'conservable days'), Short Stay Units (allows for an expedited flow of ER admitted patients through the immediate transfer following decision to admit to the short stay unit), Patient Flow Facilitators (contributes to increased ED patient satisfaction by facilitating the flow of ED patients requiring admission, ED patients that are medically stable and require linkages to appropriate community services, and inpatients requiring acute treatment and assessment), Increased DI services (increasing availability of DI services by increasing staffing and/or technician hours to reduce time to diagnosis and initiation of appropriate treatment), Physician Champion programs (daily physician presence on inpatient units providing: real time discharge planning guidance, identifying preventable admissions, identifying strategies to remove barriers to discharge), Standardized daily bullet rounds (rounds on all inpatient units focused on goals for patient and discharge planning).</p> <p>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? Improved from baseline.</p> <p>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? N/A</p>
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90th percentile ER Length of Stay for non-admitted complex patients (Data Source: CIHI-NACRS)	Baseline 7.2 hours Provincial Interim Goal 7.0 hours Provincial Target 8 Hours LHIN Target 7.0 hours (FY 12/13) Current Performance 6.7 hours	<table border="1"> <caption>90th Percentile Hours for Non-admitted Complex Patients</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>7.3</td></tr> <tr><td>Q3 11/12</td><td>7.2</td></tr> <tr><td>Q4 11/12</td><td>7.6</td></tr> <tr><td>Q1 12/13</td><td>7.4</td></tr> <tr><td>Q2 12/13</td><td>7.1</td></tr> <tr><td>Q3 12/13</td><td>7.1</td></tr> <tr><td>Q4 12/13</td><td>7.0</td></tr> <tr><td>Q1 13/14</td><td>6.7</td></tr> </tbody> </table>	Quarter	Value	Q2 11/12	7.3	Q3 11/12	7.2	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	Q1 13/14	6.7	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? CLHIN's performance of 90th percentile ER LOS for non-admitted complex patients decreased from 7.0 hrs in Q4 12/13 to 6.7 hrs in Q1 13/14, exceeding our MLPA target and provincial target.</p> <p>Initiatives related to facilitating ER patient flow, increased DI services, enhancing physician initial assessment (PIA) are in place to continue driving improvements.</p> <p>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? Improved from baseline.</p> <p>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? N/A</p>
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90th percentile ER Length of Stay for non-admitted minor / uncomplicated patients (Data Source: CIHI-NACRS)	Baseline 3.7 hours Provincial Target 4.0 hours LHIN Target 4.0 hours (FY 12/13) Current Performance 3.5 hours	<table border="1"> <caption>90th Percentile Hours for Non-admitted Minor/Uncomplicated Patients</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>3.6</td></tr> <tr><td>Q3 11/12</td><td>3.6</td></tr> <tr><td>Q4 11/12</td><td>3.9</td></tr> <tr><td>Q1 12/13</td><td>3.7</td></tr> <tr><td>Q2 12/13</td><td>3.6</td></tr> <tr><td>Q3 12/13</td><td>3.6</td></tr> <tr><td>Q4 12/13</td><td>3.6</td></tr> <tr><td>Q1 13/14</td><td>3.5</td></tr> </tbody> </table>	Quarter	Value	Q2 11/12	3.6	Q3 11/12	3.6	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	Q1 13/14	3.5	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? CLHIN's performance of 90th percentile ER LOS for non-admitted minor patients continues to exceed our LHIN and provincial target, decreasing from 3.6 hrs in Q4 12/13 to 3.5 hrs in Q1 13/14. Central LHIN has been consistently below the provincial target for this indicator. The Central LHIN, hospitals, and Central CCAC meet regularly to review performance and share strategies to sustain improvements. Integration initiatives such as Health Links are expected to make positive impact in our performance.</p> <p>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? Improved from baseline.</p> <p>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? N/A</p>
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Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report																														
<p>ER 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</p> <p>*Based on the CTAS</p> <p>Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model</p>	<p>Baseline: Q1 11/12</p> <p>202 (High Acuity NLOT)</p> <p>165 (High Acuity Non-NLOT)</p> <p>16 (Low Acuity NLOT)</p> <p>7 (Low Acuity Non-NLOT)</p> <p>Current Performance:</p> <p>197 (High Acuity NLOT)</p> <p>0 (High Acuity Non-NLOT)</p> <p>14 (Low Acuity NLOT)</p> <p>0 (Low Acuity Non-NLOT)</p>	<table border="1"> <caption>ER Unscheduled Visits per 1,000 active long-term care residents</caption> <thead> <tr> <th>Quarter</th> <th>High Acuity NLOT</th> <th>High Acuity Non-NLOT</th> <th>Low Acuity NLOT</th> <th>Low Acuity Non-NLOT</th> </tr> </thead> <tbody> <tr> <td>Q4 11/12</td> <td>190</td> <td>0</td> <td>15</td> <td>0</td> </tr> <tr> <td>Q1 12/13</td> <td>189</td> <td>0</td> <td>15</td> <td>0</td> </tr> <tr> <td>Q2 12/13</td> <td>178</td> <td>0</td> <td>17</td> <td>0</td> </tr> <tr> <td>Q3 12/13</td> <td>178</td> <td>0</td> <td>12</td> <td>0</td> </tr> <tr> <td>Q4 12/13</td> <td>197</td> <td>0</td> <td>14</td> <td>0</td> </tr> </tbody> </table>	Quarter	High Acuity NLOT	High Acuity Non-NLOT	Low Acuity NLOT	Low Acuity Non-NLOT	Q4 11/12	190	0	15	0	Q1 12/13	189	0	15	0	Q2 12/13	178	0	17	0	Q3 12/13	178	0	12	0	Q4 12/13	197	0	14	0	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <ul style="list-style-type: none"> NLOT team members have reviewed issues concerning transports for remediable medical problems and increased transports for behavioral reasons with the homes Special Advisory Committee and the CCAC, have increased their regular rounds to the home and encouraged increased use of BSO resources. LTCHome staffing changes, including DOC changes and seasonal increase in agency staff, has an impact on advance directive status which prompt an increase in transports at the end of life with residents at the highest level of acuity who are more likely to be admitted. Capacity building on end of life care issues is an ongoing strategy and will be a focus of the next LTCH Directors meeting. Several policies have been identified in specific homes (e.g. automatic transport following falls for residents on Coumadin, corporate policies on the management of dehydration) and staff are working with the homes on these issues The NLOT team is meeting to consider prevention activities for the dehydration/UTI peak mid-summer HR enhancement will support more secure extended coverage for the remainder of the fiscal year NLOT team will consider the impact of the LTCH transport achievement awards initiated this year to encourage NLOT use and transport reduction <p>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?</p> <p>N/A</p> <p>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?</p> <p>N/A</p>
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<p>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</p> <p>(Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model)</p>	<p>Baseline: Q1 11/12</p> <p>97 (NLOT)</p> <p>95 (Non-NLOT)</p> <p>Current Performance:</p> <p>104 (NLOT)</p> <p>0 (Non-NLOT)</p>	<table border="1"> <caption>ER Unscheduled Visits resulting in acute inpatient admission per 1,000 active long-term care residents</caption> <thead> <tr> <th>Quarter</th> <th>NLOT</th> <th>Non-NLOT</th> </tr> </thead> <tbody> <tr> <td>Q4 11/12</td> <td>101</td> <td>0</td> </tr> <tr> <td>Q1 12/13</td> <td>98</td> <td>0</td> </tr> <tr> <td>Q2 12/13</td> <td>89</td> <td>0</td> </tr> <tr> <td>Q3 12/13</td> <td>97</td> <td>0</td> </tr> <tr> <td>Q4 12/13</td> <td>104</td> <td>0</td> </tr> </tbody> </table>	Quarter	NLOT	Non-NLOT	Q4 11/12	101	0	Q1 12/13	98	0	Q2 12/13	89	0	Q3 12/13	97	0	Q4 12/13	104	0	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <ul style="list-style-type: none"> Capacity building on end of life care issues is an ongoing strategy and will be a focus of the next LTCH Directors meeting. NLOT team is conducting more detailed analysis of Intellihealth data to prioritize and respond to those conditions most likely to prompt an admission. NLOT teams will consider service modifications in light of the transport/admissions data identified The hubs are working together and with their hospital IT staff to automate the process of notifying NLOT staff of the presence of a LTCH resident in the ED; this will have an impact on repatriation and rates of admission. The integration of NLOT notification in EMS call dispatch algorithm is being piloted by one hub. We anticipate that this will contribute to the reduction of transports and fewer admissions. <p>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?</p> <p>Admission are expected to decline as issues above, as well as staffing changes, including DOC changes and seasonal increase in agency staff are resolved and EMS transports are stabilized.</p> <p>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?</p>												
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LHIN VIEW: Central LHIN

Objective: To enhance person-centered care
 Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.



Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report																		
Percent of Priority IV Cases Completed Within Access Target for Cancer Surgery**	Baseline: 100% (Based on FY12/13 result) Provincial Target: 90% LHIN Target: 90% (FY13/14) Current Performance: 99%	<table border="1"> <caption>Quarterly Performance Data - Cancer Surgery</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>96%</td></tr> <tr><td>Q3 11/12</td><td>97%</td></tr> <tr><td>Q4 11/12</td><td>100%</td></tr> <tr><td>Q1 12/13</td><td>99%</td></tr> <tr><td>Q2 12/13</td><td>100%</td></tr> <tr><td>Q3 12/13</td><td>100%</td></tr> <tr><td>Q4 12/13</td><td>100%</td></tr> <tr><td>Q1 13/14</td><td>99%</td></tr> </tbody> </table>	Quarter	Performance (%)	Q2 11/12	96%	Q3 11/12	97%	Q4 11/12	100%	Q1 12/13	99%	Q2 12/13	100%	Q3 12/13	100%	Q4 12/13	100%	Q1 13/14	99%	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target. 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 anticipates performance to remain above the provincial target. 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? N/A Additional Questions: 4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? In Q1, all Central LHIN hospitals achieved the provincial target. 5. Does the LHIN plan to reallocate services to another hospital? No 6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures).
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Percent of Priority IV Cases Completed Within Access Target for Cardiac By-Pass Procedures**	Baseline: 97% (Based on FY 12/13 result) Provincial Target: 90% LHIN Target: 90% (FY13/14) Current Performance: 99%	<table border="1"> <caption>Quarterly Performance Data - Cardiac By-Pass Procedures</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>89%</td></tr> <tr><td>Q3 11/12</td><td>92%</td></tr> <tr><td>Q4 11/12</td><td>100%</td></tr> <tr><td>Q1 12/13</td><td>95%</td></tr> <tr><td>Q2 12/13</td><td>93%</td></tr> <tr><td>Q3 12/13</td><td>99%</td></tr> <tr><td>Q4 12/13</td><td>99%</td></tr> <tr><td>Q1 13/14</td><td>99%</td></tr> </tbody> </table>	Quarter	Performance (%)	Q2 11/12	89%	Q3 11/12	92%	Q4 11/12	100%	Q1 12/13	95%	Q2 12/13	93%	Q3 12/13	99%	Q4 12/13	99%	Q1 13/14	99%	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target. 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? N/A. Central LHIN results have improved from baseline. 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? N/A Additional Questions: 4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? This procedures has relatively small volumes performed throughout the year making the indicator susceptible to swings in performance. 5. Does the LHIN plan to reallocate services to another hospital? No 6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures).
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Percent of Priority IV Cases Completed Within Access Target for Cataract Surgery**	Baseline: 100% (Based on FY 12/13 result) Provincial Target: 90% LHIN Target: 90% (FY13/14) Current Performance: 100%	<table border="1"> <caption>Quarterly Performance Data - Cataract Surgery</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>100%</td></tr> <tr><td>Q3 11/12</td><td>100%</td></tr> <tr><td>Q4 11/12</td><td>100%</td></tr> <tr><td>Q1 12/13</td><td>100%</td></tr> <tr><td>Q2 12/13</td><td>100%</td></tr> <tr><td>Q3 12/13</td><td>100%</td></tr> <tr><td>Q4 12/13</td><td>100%</td></tr> <tr><td>Q1 13/14</td><td>100%</td></tr> </tbody> </table>	Quarter	Performance (%)	Q2 11/12	100%	Q3 11/12	100%	Q4 11/12	100%	Q1 12/13	100%	Q2 12/13	100%	Q3 12/13	100%	Q4 12/13	100%	Q1 13/14	100%	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target. 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? N/A 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? N/A Additional Questions: 4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? Central LHIN has created 2 centres of excellence for ophthalmology - one in the North and one in the South. The majority of cataract volumes are performed at these two sites. 5. Does the LHIN plan to reallocate services to another hospital? No 6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures).
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**Note: The reporting for the above indicators has been revised starting 2013/14 therefore there were no targets for previous quarters and colour coding cannot be determined. Previous Agreements included the 90th percentile wait times for these surgical and diagnostic imaging services.

Objective: To enhance person-centered care
 Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.

Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percent of Priority IV Cases Completed Within Access Target for Hip Replacement** Priority IV: 182 days (Data Source: WTIS)	Baseline 96% (Based on FY12/13 result) Provincial Target 90% LHIN Target 90% (FY13/14) Current Performance 96%		1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target. 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? N/A 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? N/A Additional Questions: 4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? 5. Does the LHIN plan to reallocate services to another hospital? No 6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures).
Percent of Priority IV Cases Completed Within Access Target for Knee Replacement** Priority IV: 182 days (Data Source: WTIS)	Baseline 95% (Based on FY12/13 result) Provincial Target 90% LHIN Target* 90% (FY13/14) Current Performance 95%		1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target. 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? N/A 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? N/A Additional Questions: 4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? 5. Does the LHIN plan to reallocate services to another hospital? No 6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures).

**Note: The reporting for the above indicators has been revised starting 2013/14 therefore there were no targets for previous quarters and colour coding cannot be determined. Previous Agreements included the 90th percentile wait times for these surgical and diagnostic imaging services.

Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report																																										
<p>Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home**</p> <p>(Data Source: CIHI-DAD)</p>	<p>Baseline TBD</p> <p>Provincial Target 10/11 (90% ±9%)</p> <p>LHIN Target: TBD</p> <p>Current Performance 87.5%</p>	<table border="1"> <caption>Proportion of Hip or Knee joint replacement patients discharged home</caption> <thead> <tr> <th>Quarter</th> <th>North York General Hospital</th> <th>York Central Hospital</th> <th>Southlake Regional Health Centre</th> <th>Markham Stouffville Hospital</th> <th>Humber River Regional Hospital</th> <th>Provincial Target</th> </tr> </thead> <tbody> <tr> <td>Q4 11/12</td> <td>71.8</td> <td>54.4</td> <td>65.1</td> <td>87.5</td> <td>65.8</td> <td>90% ±9%</td> </tr> <tr> <td>Q1 12/13</td> <td>86.6</td> <td>70.7</td> <td>78.9</td> <td>83.5</td> <td>76.2</td> <td>90% ±9%</td> </tr> <tr> <td>Q2 12/13</td> <td>87.8</td> <td>86.5</td> <td>89.1</td> <td>92.3</td> <td>84.7</td> <td>90% ±9%</td> </tr> <tr> <td>Q3 12/13</td> <td>93.7</td> <td>92.7</td> <td>88.3</td> <td>96.7</td> <td>94.4</td> <td>90% ±9%</td> </tr> <tr> <td>Q4 12/13</td> <td>74.5</td> <td>89.4</td> <td>90.2</td> <td>99.3</td> <td>93.4</td> <td>90% ±9%</td> </tr> </tbody> </table>	Quarter	North York General Hospital	York Central Hospital	Southlake Regional Health Centre	Markham Stouffville Hospital	Humber River Regional Hospital	Provincial Target	Q4 11/12	71.8	54.4	65.1	87.5	65.8	90% ±9%	Q1 12/13	86.6	70.7	78.9	83.5	76.2	90% ±9%	Q2 12/13	87.8	86.5	89.1	92.3	84.7	90% ±9%	Q3 12/13	93.7	92.7	88.3	96.7	94.4	90% ±9%	Q4 12/13	74.5	89.4	90.2	99.3	93.4	90% ±9%	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? In Q4 12/13, CLHIN stayed within performance target range (90% ±9%) for proportion of TJR patients discharged home after their surgery (87.5%). Although the proportion of patients discharged home dropped slightly from 92.8% in Q3 12/13 to 87.5% in Q4 12/13, this is a notable improvement compared to the same time in the previous year (70.0% in Q4 11/12). CLHIN hospitals follow a standardized cross-continuum TJR pathway and a pre-operative education tool that prepares patients for what to expect during their hospital stay and provides resources for post-discharge support. This is expected to further improve the proportion of patients being discharged home.</p> <p>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? N/A</p> <p>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? N/A</p>
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<p>Average length of stay of primary unilateral Hip or Knee Joint Replacement patients discharged home**</p> <p>(Data Source: CIHI-DAD)</p>	<p>Baseline TBD</p> <p>Provincial Target 10/11 4.4 days</p> <p>LHIN Target: TBD</p> <p>Current Performance 3.8</p>	<table border="1"> <caption>Average LOS for Hip or Knee Joint replacement patients discharged home</caption> <thead> <tr> <th>Quarter</th> <th>North York General Hospital</th> <th>York Central Hospital</th> <th>Southlake Regional Health Centre</th> <th>Markham Stouffville Hospital</th> <th>Humber River Regional Hospital</th> <th>Provincial Target</th> </tr> </thead> <tbody> <tr> <td>Q4 11/12</td> <td>4.4</td> <td>4.9</td> <td>4.2</td> <td>3.1</td> <td>6.4</td> <td>4.4 days</td> </tr> <tr> <td>Q1 12/13</td> <td>4.3</td> <td>5.1</td> <td>4.7</td> <td>3.0</td> <td>4.5</td> <td>4.4 days</td> </tr> <tr> <td>Q2 12/13</td> <td>3.8</td> <td>6.0</td> <td>3.9</td> <td>2.8</td> <td>4.1</td> <td>4.4 days</td> </tr> <tr> <td>Q3 12/13</td> <td>3.6</td> <td>5.0</td> <td>3.9</td> <td>2.7</td> <td>4.2</td> <td>4.4 days</td> </tr> <tr> <td>Q4 12/13</td> <td>4.2</td> <td>5.0</td> <td>3.4</td> <td>2.4</td> <td>3.9</td> <td>4.4 days</td> </tr> </tbody> </table>	Quarter	North York General Hospital	York Central Hospital	Southlake Regional Health Centre	Markham Stouffville Hospital	Humber River Regional Hospital	Provincial Target	Q4 11/12	4.4	4.9	4.2	3.1	6.4	4.4 days	Q1 12/13	4.3	5.1	4.7	3.0	4.5	4.4 days	Q2 12/13	3.8	6.0	3.9	2.8	4.1	4.4 days	Q3 12/13	3.6	5.0	3.9	2.7	4.2	4.4 days	Q4 12/13	4.2	5.0	3.4	2.4	3.9	4.4 days	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? CLHIN continues to improve performance and exceed provincial performance target by 0.6 days for average LOS for patients discharged home. This is a notable improvement compared to the same time in the previous year where the average LOS was 4.5 days in Q4 11/12. Work is underway to implement IOCP action plans, part of which focuses on providing timely cost-effective outpatient rehabilitation closer to home for Central LHIN residents. This work shall further improve/sustain our performance results.</p> <p>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? N/A</p> <p>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? N/A</p>
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**Note: The methodology for defining the hip/knee replacement cohorts for indicator calculations has been revised starting 2013/14 based on the recommendations from the HQO expert panel. Results may not be comparable to the previous quarters.

Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report																		
Percent of Priority IV Cases Completed Within Access Target for MRI Scan**	<p>Baseline 48% (Based on FY12/13 results)</p> <p>Provincial Target 90%</p> <p>LHIN Target 55% (FY 13/14)</p> <p>Priority IV: 28 days (Data Source: WTIS)</p> <p>Current Performance 41%</p>	<table border="1"> <caption>Quarterly Performance Data for MRI Scan</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>51%</td></tr> <tr><td>Q3 11/12</td><td>57%</td></tr> <tr><td>Q4 11/12</td><td>60%</td></tr> <tr><td>Q1 12/13</td><td>46%</td></tr> <tr><td>Q2 12/13</td><td>47%</td></tr> <tr><td>Q3 12/13</td><td>53%</td></tr> <tr><td>Q4 12/13</td><td>48%</td></tr> <tr><td>Q1 13/14</td><td>41%</td></tr> </tbody> </table>	Quarter	Percentage	Q2 11/12	51%	Q3 11/12	57%	Q4 11/12	60%	Q1 12/13	46%	Q2 12/13	47%	Q3 12/13	53%	Q4 12/13	48%	Q1 13/14	41%	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? 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 FY11/12 and FY 12/13 (two new MRI and one previously unfunded). One additional machine is scheduled to come online in mid to late 2013/14.</p> <p>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 hospitals were operating to funded levels in the absence of the 2013/14 Wait Time Strategy funding letter from the Ministry. Now that it has been received and hospitals notified of their incremental allocations, we anticipate to see improvements in performance in Q3 and Q4.</p> <p>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? N/A</p> <p>Additional Questions:</p> <p>4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? Demand continues to outstrip supply for MRI scans. Hospital monthly performance differs as much as 70% between hospitals in the Central LHIN.</p> <p>5. Does the LHIN plan to reallocate services to another hospital? Central LHIN may allocate a portion of its Urgent Priority Funding to help improve MRI performance with this indicator.</p> <p>6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). All hospitals are participating in Phase 3 of the MRI PIP project.</p>
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Percent of Priority IV Cases Completed Within Access Target for CT Scan**	<p>Baseline 84% (Based on FY12/13 results)</p> <p>Provincial Target 90%</p> <p>LHIN Target 85% (FY 13/14)</p> <p>Priority IV: 28 days (Data Source: WTIS)</p> <p>Current Performance 72%</p>	<table border="1"> <caption>Quarterly Performance Data for CT Scan</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>77%</td></tr> <tr><td>Q3 11/12</td><td>85%</td></tr> <tr><td>Q4 11/12</td><td>87%</td></tr> <tr><td>Q1 12/13</td><td>86%</td></tr> <tr><td>Q2 12/13</td><td>86%</td></tr> <tr><td>Q3 12/13</td><td>86%</td></tr> <tr><td>Q4 12/13</td><td>76%</td></tr> <tr><td>Q1 13/14</td><td>72%</td></tr> </tbody> </table>	Quarter	Percentage	Q2 11/12	77%	Q3 11/12	85%	Q4 11/12	87%	Q1 12/13	86%	Q2 12/13	86%	Q3 12/13	86%	Q4 12/13	76%	Q1 13/14	72%	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiencies and completed process improvement initiatives (modeled after the Provincial Process Improvement Project).</p> <p>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 hospitals were operating to funded levels in the absence of the 2013/14 Wait Time Strategy funding letter from the Ministry. Now that it has been received and hospitals notified of their incremental allocations, we anticipate to see improvements in performance in Q3 and Q4.</p> <p>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? N/A</p> <p>Additional Questions:</p> <p>4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? Historically, Central LHIN hospitals performed volumes in excess of base and WTS incremental funded volumes - demand continues to outstrip funded supply. Hospital monthly performance differs as much as 93% between hospitals in the Central LHIN.</p> <p>5. Does the LHIN plan to reallocate services to another hospital? Central LHIN may allocate a portion of its Urgent Priority Funding to help improve CT performance with this indicator.</p> <p>6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiencies and completed process improvement initiatives (modeled after the Provincial Process Improvement Project).</p>
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**Note: The reporting for the above indicators has been revised starting 2013/14 therefore there were no targets for previous quarters and colour coding cannot be determined. Previous Agreements included the 90th percentile wait times for these surgical and diagnostic imaging services.

Objective: To improve system integration and enhance coordination of care while ensuring better transitions to various care settings.
 Expected Outcome: Persons will be able to navigate the healthcare system and receive the care they need, when and where they need it.



Performance Indicators: System integration and coordination of care

System Measure	Details	Quarterly Performance	LHIN's Performance Report																																																												
Percentage of Alternate Level of Care (ALC) Days (Data Source: CIHI-DAD)	Baseline 16.27% Provincial Target 9.46% LHIN Target 15% (FY 13/14) Current Performance 15.9%	<table border="1"> <caption>Quarterly Performance Data for Percentage of ALC Days</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 11/12</td><td>14.53</td></tr> <tr><td>Q2 11/12</td><td>15.50</td></tr> <tr><td>Q3 11/12</td><td>17.52</td></tr> <tr><td>Q4 11/12</td><td>16.77</td></tr> <tr><td>Q1 12/13</td><td>16.27</td></tr> <tr><td>Q2 12/13</td><td>15.16</td></tr> <tr><td>Q3 12/13</td><td>16.68</td></tr> <tr><td>Q4 12/13</td><td>15.90</td></tr> </tbody> </table>	Quarter	Percentage	Q1 11/12	14.53	Q2 11/12	15.50	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	Q4 12/13	15.90	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's percentage ALC days in Q4 2012-13 decreased by 0.78% compared to the previous quarter (16.68%). Performance has improved from the baseline and is close to meeting the renewed LHIN target of 15.00%. Further analysis indicates that the average ALC days has decreased by 4% while the total patient days remain at the same level. This progress is primarily related to the renewed and broadened Home First Philosophy being implemented by all Central LHIN hospitals.</p> <p>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? N/A</p> <p>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? Central LHIN closely monitors ALC performance on a weekly basis. The most recent data for Q1 13/14 shows a decrease in number of ALC patients (open cases) by 8%. 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. Five Health Links anticipated to operate in Central LHIN will also help improve ALC performance.</p>																																										
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Number of days from ALC designation to discharge by discharge destination (90th percentile Days) Acute Care Only (Data Source: WTIS)	Current Performance 27 Days	<table border="1"> <caption>90th Percentile Days by Quarter</caption> <thead> <tr> <th>Quarter</th> <th>Complex Continuing Care</th> <th>Convalescent Care</th> <th>Home with support</th> <th>Home without support</th> <th>Long Term Care</th> <th>Mental Health</th> <th>Palliative Care</th> <th>Rehab</th> <th>Supervised or Assisted Living</th> </tr> </thead> <tbody> <tr><td>Q1 12/13</td><td>15</td><td>29</td><td>17</td><td>31</td><td>96</td><td>37</td><td>15</td><td>19</td><td>12</td></tr> <tr><td>Q2 12/13</td><td>17</td><td>22</td><td>15</td><td>7</td><td>98</td><td>18</td><td>15</td><td>23</td><td>21</td></tr> <tr><td>Q3 12/13</td><td>17</td><td>21</td><td>21</td><td>14</td><td>129</td><td>20</td><td>19</td><td>31</td><td>23</td></tr> <tr><td>Q4 12/13</td><td>23</td><td>38</td><td>22</td><td>16</td><td>152</td><td>16</td><td>17</td><td>30</td><td>21</td></tr> <tr><td>Q1 13/14</td><td>21</td><td>33</td><td>23</td><td>20</td><td>82</td><td>21</td><td>16</td><td>34</td><td>21</td></tr> </tbody> </table>	Quarter	Complex Continuing Care	Convalescent Care	Home with support	Home without support	Long Term Care	Mental Health	Palliative Care	Rehab	Supervised or Assisted Living	Q1 12/13	15	29	17	31	96	37	15	19	12	Q2 12/13	17	22	15	7	98	18	15	23	21	Q3 12/13	17	21	21	14	129	20	19	31	23	Q4 12/13	23	38	22	16	152	16	17	30	21	Q1 13/14	21	33	23	20	82	21	16	34	21	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Compared to Q4 in 2012-13, Central LHIN's Q1 performance for this indicator has improved by 7%. The number of ALC patients waiting for Long Term Care decreased significantly to 82, which is the lowest in the most recent 5 quarters. On the other hand, the Home Care without support increased slightly. As noted above, Central LHIN hospitals/CCAC are continuing their work on the Home First Philosophy to decrease number of ALC patients waiting for LTC as a discharge destination from hospital and to increase the number of patients discharged to home or other community alternatives with appropriate supports.</p> <p>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? N/A</p> <p>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? N/A</p>
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Performance Indicators: System integration and coordination of care

System Measure	Details	Quarterly Performance	LHIN's Performance Report																		
<p>90th Percentile Wait Time from Community for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)</p> <p>(Data Source: Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server)</p>	<p>Baseline 23 Days (Based on most recent 4 quarters of data)</p> <p>Provincial Target TBD</p> <p>LHIN Target 28 Days</p> <p>Current Performance 36 Days</p>	<table border="1"> <caption>90th Percentile Wait Time Data</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile (Days)</th> </tr> </thead> <tbody> <tr> <td>Q1 11/12</td> <td>25.00</td> </tr> <tr> <td>Q2 11/12</td> <td>24.00</td> </tr> <tr> <td>Q3 11/12</td> <td>23.00</td> </tr> <tr> <td>Q4 11/12</td> <td>23.00</td> </tr> <tr> <td>Q1 12/13</td> <td>23.00</td> </tr> <tr> <td>Q2 12/13</td> <td>23.00</td> </tr> <tr> <td>Q3 12/13</td> <td>24.00</td> </tr> <tr> <td>Q4 12/13</td> <td>36.00</td> </tr> </tbody> </table> <p>Fiscal Year 11/12 ~ 12/13</p>	Quarter	90th Percentile (Days)	Q1 11/12	25.00	Q2 11/12	24.00	Q3 11/12	23.00	Q4 11/12	23.00	Q1 12/13	23.00	Q2 12/13	23.00	Q3 12/13	24.00	Q4 12/13	36.00	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central CCAC was not able to reach the 12/13 LHIN target of 27.00 days for Q4 12/13. They currently have 815 patients on their personal support waitlist, 457 of which are high-needs personal support patients. CCAC in collaboration with the CLHIN is exploring strategies to improve wait times for services, for example by eliminating the wait list and providing services to patients once the referral is complete and the patient is eligible for care.</p> <p>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? The current trend in care delivery for urgent referrals is up to 5-6 days. These are primarily for nursing services as we do not have a waitlist for nursing services. The Central CCAC's plan is to focus the new LHIN funding allocation to reduce the wait time from referral to first CCAC visit. Other strategies that have been put in place was process changes in the CCAC's Complex Care and triaging guidelines to get referrals assigned and processed more timely.</p> <p>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? See above.</p>
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Q2 12/13	23.00																				
Q3 12/13	24.00																				
Q4 12/13	36.00																				
<p>Pending New Indicator For FY 13/14</p>																					

LHIN VIEW: Central LHIN

Objective: To implement evidence based practice to drive quality and value and improve health outcomes.

Expected Outcome: Persons will receive quality inpatient care and coordinated post-discharge care, leading to reduced readmission rates that may improve survival, quality of life and other outcomes without increasing cost.



Performance Indicators: Quality and improved health outcomes

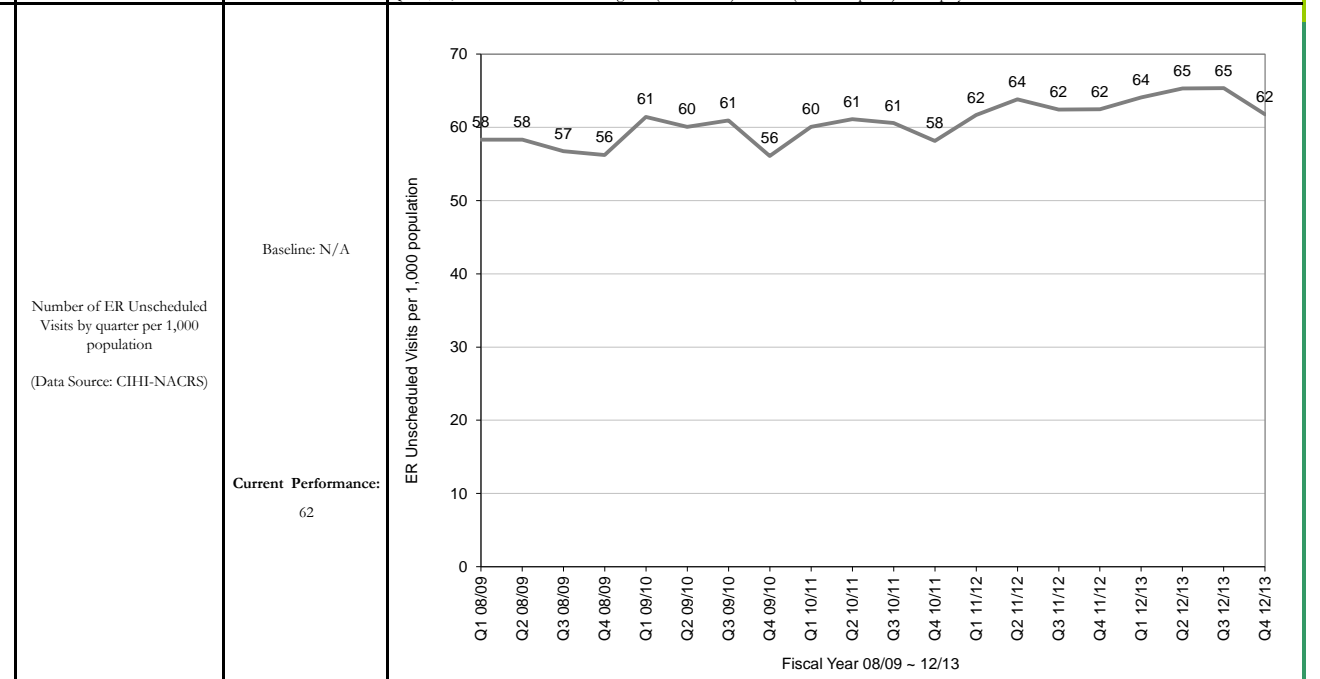
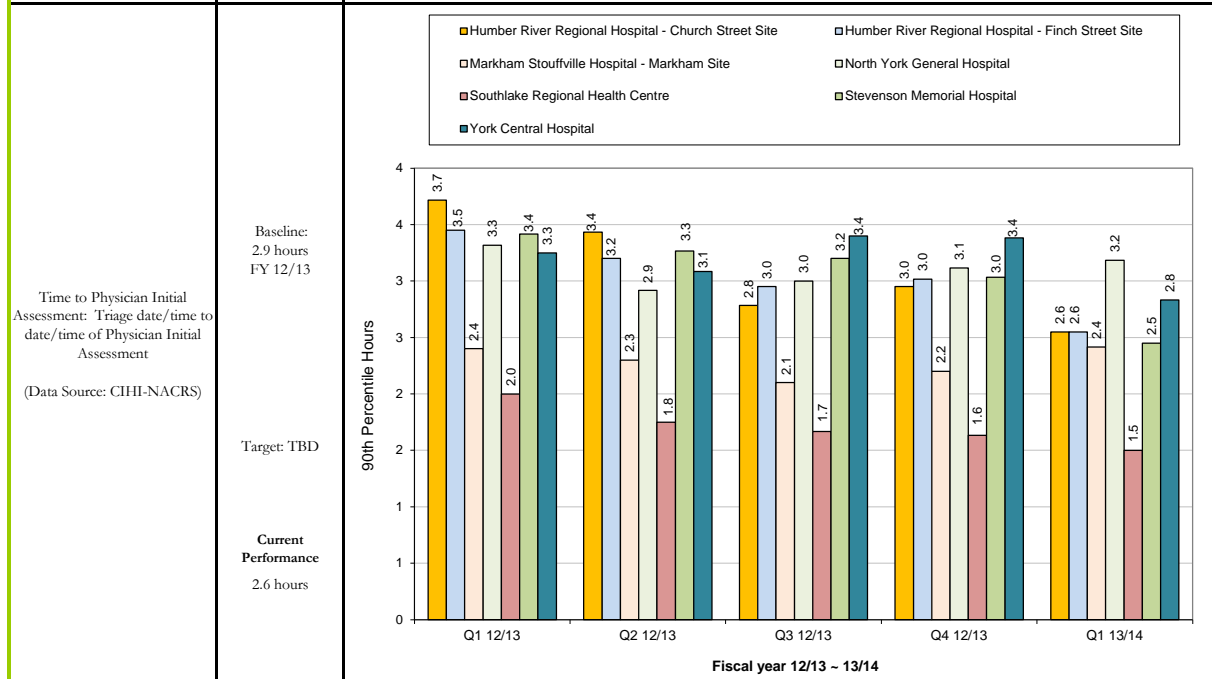
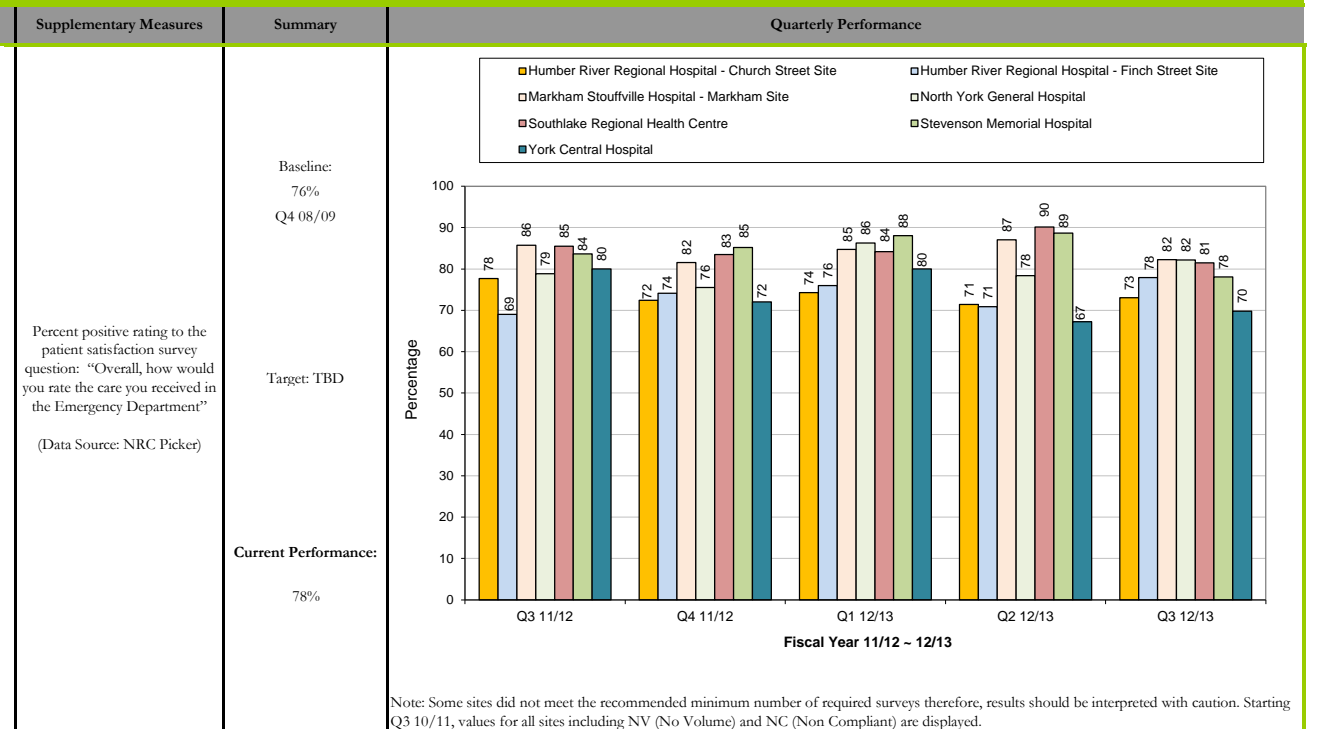
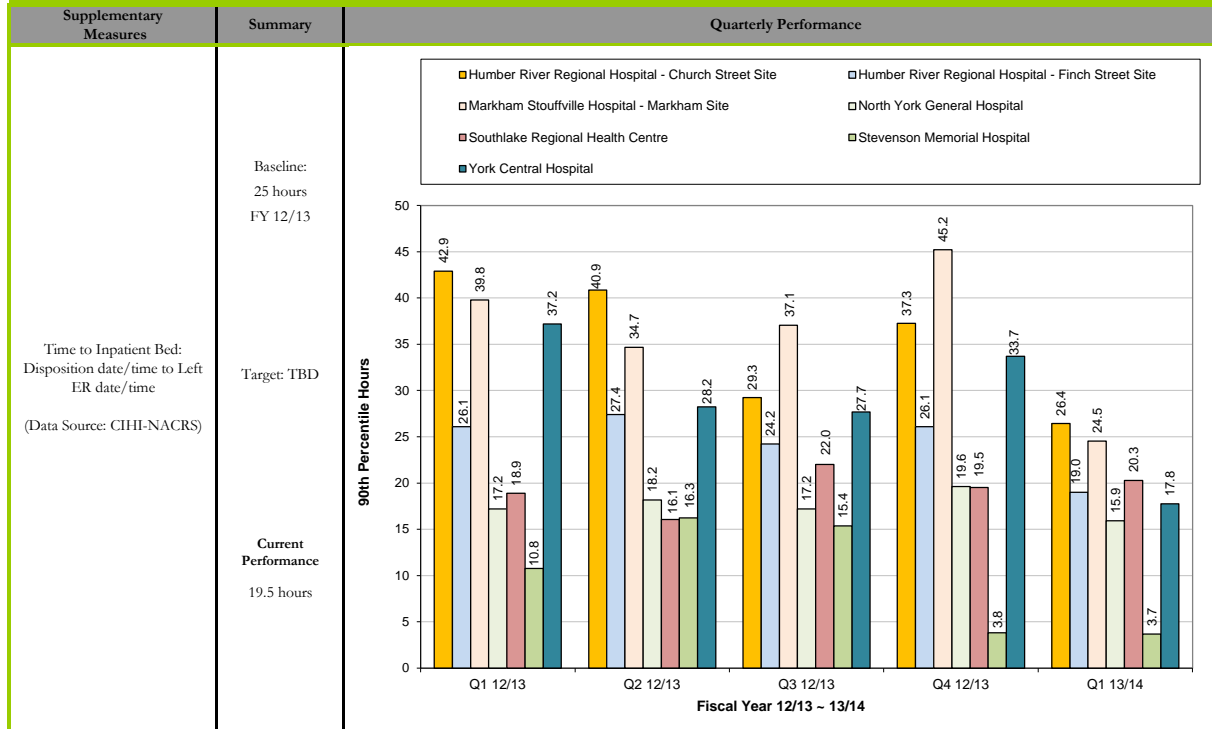
System Measure	Summary	Quarterly Performance	LHIN's Performance Report
Readmission within 30 days for Selected CMGs (Data Source: CIHI-DAD)	Baseline 15.82% (Based on most recent 4 quarters of data) Provincial Target: TBD LHIN Target 15% (FY 13/14) Current Performance 15.6%	<p style="text-align: center;">Fiscal Year 10/11 - 12/13</p> <p style="text-align: center;">Calendar Year 2006 - 2011</p> <p>Readmissions within 30 days trend by LHIN by calendar year</p> <p style="text-align: center;">Calendar Year 2006 - 2011</p>	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Q3 performance is at 15.6% which is over the CLHIN target of 15.0%. It did decrease, however, from 16.8% to 15.6% over the past quarter. Central LHIN continues to implement initiatives to support the achievement of the target. The following is a list of activities undertaken to achieve/move toward the target:</p> <ol style="list-style-type: none"> 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 who have one or more of the conditions included in the definition "selected CMGs." In March 2013, CLHIN 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. The 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 implanted a telemedicine nurse to enhance access to experts across the province for timely service. Central LHIN is supporting the implementation of Quality Based Practices (QBPs) and the adoption of best practice pathways for patients with stroke and other conditions. High readmissions in Central LHIN are COPD and CHF. <p>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? N/A</p> <p>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? We are closely monitoring performance for this indicator and as mentioned above, several initiatives have been put in place at the beginning of the FY 2013/14. We expect to achieve target with the successful implementation of these initiatives in FY 2013/14.</p>

Performance Indicators: Quality and improved health outcomes

System Measure	Details	Quarterly Performance	LHIN's Performance Report																		
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions** (Data Source: CIHI-NACRS)	Baseline 17.6% (Based on most recent 4 quarters of data) Provincial Target: TBD LHIN Target 17.0% (FY 13/14) Current Performance 18.9%	<table border="1"> <caption>Quarterly Performance Data (Mental Health)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 11/12</td><td>16.7</td></tr> <tr><td>Q2 11/12</td><td>18.0</td></tr> <tr><td>Q3 11/12</td><td>18.7</td></tr> <tr><td>Q4 11/12</td><td>15.9</td></tr> <tr><td>Q1 12/13</td><td>16.4</td></tr> <tr><td>Q2 12/13</td><td>18.4</td></tr> <tr><td>Q3 12/13</td><td>19.4</td></tr> <tr><td>Q4 12/13</td><td>18.9</td></tr> </tbody> </table>	Quarter	Percentage	Q1 11/12	16.7	Q2 11/12	18.0	Q3 11/12	18.7	Q4 11/12	15.9	Q1 12/13	16.4	Q2 12/13	18.4	Q3 12/13	19.4	Q4 12/13	18.9	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <ul style="list-style-type: none"> 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 January 2013, there was an implementation of a new supportive housing program in Stouffville led by LOFT Community Services focused on clients with high needs. In February 2013, a transitional housing program was implemented across York Region through CMHA-York Region focused on identifying and connecting people presenting in the ED. In January 2013, implementation of the CCAC MHA Nurses in District School Boards began. 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. <p>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?</p> <p>Central LHIN's performance has fluctuated over the past around baseline, however, performance has improved in Q4 compared to Q3, 2012-13 to 18.9%. We expect to improve performance with the implementation of the above initiatives.</p> <p>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?</p> <p>We are closely monitoring performance for this indicator and expect to achieve target with the successful implementation and integration of the above-mentioned initiatives in the FY 2013/14.</p>
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Q4 12/13	18.9																				
Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions** (Data Source: CIHI-NACRS)	Baseline 20.7% (Based on most recent 4 quarters of data) Provincial Target: TBD LHIN Target 20.7% (FY 13/14) Current Performance 22.6%	<table border="1"> <caption>Quarterly Performance Data (Substance Abuse)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 11/12</td><td>20.5</td></tr> <tr><td>Q2 11/12</td><td>19.8</td></tr> <tr><td>Q3 11/12</td><td>19.9</td></tr> <tr><td>Q4 11/12</td><td>19.0</td></tr> <tr><td>Q1 12/13</td><td>21.4</td></tr> <tr><td>Q2 12/13</td><td>20.1</td></tr> <tr><td>Q3 12/13</td><td>22.1</td></tr> <tr><td>Q4 12/13</td><td>22.6</td></tr> </tbody> </table>	Quarter	Percentage	Q1 11/12	20.5	Q2 11/12	19.8	Q3 11/12	19.9	Q4 11/12	19.0	Q1 12/13	21.4	Q2 12/13	20.1	Q3 12/13	22.1	Q4 12/13	22.6	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <ul style="list-style-type: none"> 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 March 2013, implementation of a Community Opioid Treatment Clinic and enhanced programs for community services for pregnant and parenting women with addictions across the Central LHIN. 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. <p>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?</p> <p>Central LHIN's performance has fluctuated over the past around baseline (20.7%), however, there has been a slight increase in Q4 2012-13 to 22.6%. We expect to improve performance with the implementation of above-mentioned initiatives.</p> <p>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?</p> <p>We are closely monitoring performance for this indicator and expect to achieve target with the successful implementation and integration of the above-mentioned initiatives in the FY 2013/14.</p>
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Q2 12/13	20.1																				
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Q4 12/13	22.6																				

** The methodology for these indicators has been revised starting 2013/14. Results may not be comparable to the previous Agreement.

Supplementary Measures



Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance	Supplementary Measures	Summary	Quarterly Performance																																				
The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	<table border="1"> <caption>Number of ALC Open Cases by Quarter</caption> <thead> <tr> <th>Quarter</th> <th>Acute</th> <th>Post-Acute</th> </tr> </thead> <tbody> <tr> <td>Q1 12/13</td> <td>205</td> <td>51</td> </tr> <tr> <td>Q2 12/13</td> <td>260</td> <td>56</td> </tr> <tr> <td>Q3 12/13</td> <td>216</td> <td>39</td> </tr> <tr> <td>Q4 12/13</td> <td>232</td> <td>33</td> </tr> <tr> <td>Q1 13/14</td> <td>214</td> <td>24</td> </tr> </tbody> </table>	Quarter	Acute	Post-Acute	Q1 12/13	205	51	Q2 12/13	260	56	Q3 12/13	216	39	Q4 12/13	232	33	Q1 13/14	214	24	The Number of ALC open cases in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	<table border="1"> <caption>Number of ALC cases staying 30 days and longer by Quarter</caption> <thead> <tr> <th>Quarter</th> <th>Acute</th> <th>Post-Acute</th> </tr> </thead> <tbody> <tr> <td>Q1 12/13</td> <td>62</td> <td>20</td> </tr> <tr> <td>Q2 12/13</td> <td>94</td> <td>25</td> </tr> <tr> <td>Q3 12/13</td> <td>60</td> <td>22</td> </tr> <tr> <td>Q4 12/13</td> <td>55</td> <td>10</td> </tr> <tr> <td>Q1 13/14</td> <td>56</td> <td>9</td> </tr> </tbody> </table>	Quarter	Acute	Post-Acute	Q1 12/13	62	20	Q2 12/13	94	25	Q3 12/13	60	22	Q4 12/13	55	10	Q1 13/14	56	9
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Note: Facilities with low volume for acute and post-acute care are not displayed

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Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance	Supplementary Measures	Summary	Quarterly Performance
<p>Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)</p>	<p>N/A</p>	<p>Past 3 Months</p>	<p>Transitional Care Program (TCP) Average Length of Stay (ALOS) by Program Type (Data Source: Transitional Care Program Reporting System (TCPRS))</p>	<p>N/A</p>	<p>Fiscal Year 12/13 - 13/14</p>
<p>The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)</p>	<p>Current Performance: 27 hours</p>	<p>Q1 13/14</p>		<p>N/A</p>	

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
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	[Hosp A]	[Hosp B]	[Hosp C]
[Month 1]			
[Month 2]			
[Month 3]			



Facility	Corresponding Color	LHIN
Bluewater Health	Bluewater Health	1
Hotel-Dieu Grace Hospital	Hotel-Dieu Grace Hospital	1
Leamington District Memorial Hospital	Leamington District Memorial Hospital	1
Public General Hosp Society Of Chatham	Public General Hosp Society Of Chatham	1
St. Josephs Hlth Serv Assoc Of Chatham	St. Josephs Hlth Serv Assoc Of Chatham	1
Windsor Regional Hospital	Windsor Regional Hospital	1
Alexandra Hospital	Alexandra Hospital	2
Clinton Public Hospital	Clinton Public Hospital	2
Grey Bruce Health Services	Grey Bruce Health Services	2
Hanover And District Hospital	Hanover And District Hospital	2
London Hlth Sciences Ctr	London Hlth Sciences Ctr	2
Seaforth Community Hospital	Seaforth Community Hospital	2
South Bruce Grey Health Centre	South Bruce Grey Health Centre	2
St Joseph's Health Care,London	St Joseph's Health Care,London	2
St Marys Memorial Hospital	St Marys Memorial Hospital	2
St Thomas-Elgin General Hospital	St Thomas-Elgin General Hospital	2
Stratford General Hospital	Stratford General Hospital	2
Strathroy Middlesex General Hospital	Strathroy Middlesex General Hospital	2
Tillsonburg District Memorial Hospital	Tillsonburg District Memorial Hospital	2
Woodstock General Hospital	Woodstock General Hospital	2
Cambridge Memorial Hospital	Cambridge Memorial Hospital	3
Grand River Hospital Corp	Grand River Hospital Corp	3
Groves Memorial Community Hospital	Groves Memorial Community Hospital	3
Guelph General Hospital	Guelph General Hospital	3
Homewood Health Centre	Homewood Health Centre	3
St Joseph's Health Centre (Guelph)	St Joseph's Health Centre (Guelph)	3
St Mary's General Hospital	St Mary's General Hospital	3
Brant Community Healthcare System	Brant Community Healthcare System	4
Haldimand War Memorial Hospital	Haldimand War Memorial Hospital	4
Hamilton Health Sciences	Hamilton Health Sciences	4
Joseph Brant Memorial Hospital	Joseph Brant Memorial Hospital	4
Niagara Health System	Niagara Health System	4
Norfolk General Hospital	Norfolk General Hospital	4
Relig Hosp Of St.Joseph Of Hotel Dieu	Relig Hosp Of St.Joseph Of Hotel Dieu	4
St Joseph's Community Health Centre Ha	St Joseph's Community Health Centre Ha	4
West Lincoln Memorial Hospital	West Lincoln Memorial Hospital	4
Headwaters Health Care Centre	Headwaters Health Care Centre	5
William Osler Health Centre	William Osler Health Centre	5
Credit Valley Hospital	Credit Valley Hospital	6
Halton Healthcare Services Corp	Halton Healthcare Services Corp	6
Trillium Health Centre	Trillium Health Centre	6
Baycrest Hospital (North York)	Baycrest Hospital (North York)	7
Bloorview Kids Rehab	Bloorview Kids Rehab	7
Bridgepoint Hospital	Bridgepoint Hospital	7
Centre For Addiction&Mental Hlth	Centre For Addiction&Mental Hlth	7

Hospital For Sick Children (The)	Hospital For Sick Children (The)	7
Mount Sinai Hospital	Mount Sinai Hospital	7
Providence Healthcare	Providence Healthcare	7
Runnymede Healthcare Centre	Runnymede Healthcare Centre	7
Salvation Army Grace Hospital	Salvation Army Grace Hospital	7
St Joseph's Health Centre	St Joseph's Health Centre	7
St Michael's Hospital	St Michael's Hospital	7
Sunnybrook Health Sciences Centre	Sunnybrook Health Sciences Centre	7
Toronto East General Hospital (The)	Toronto East General Hospital (The)	7
Toronto Rehabilitation Institution	Toronto Rehabilitation Institution	7
University Health Network	University Health Network	7
West Park Healthcare Centre	West Park Healthcare Centre	7
Humber River Regional Hospital	Humber River Regional Hospital	8
Markham Stouffville Hospital	Markham Stouffville Hospital	8
North York General Hospital	North York General Hospital	8
Southlake Regional Health Centre	Southlake Regional Health Centre	8
St John's Rehabilitation Hospital	St John's Rehabilitation Hospital	8
Stevenson Memorial Hospital Alliston	Stevenson Memorial Hospital Alliston	8
York Central Hospital	York Central Hospital	8
Campbellford Memorial Hospital	Campbellford Memorial Hospital	9
Lakeridge Health Corporation	Lakeridge Health Corporation	9
Northumberland Hills Hospital	Northumberland Hills Hospital	9
Ontario Shores Centre For Mental Health	Ontario Shores Centre For Mental Health	9
Peterborough Regional Health Centre	Peterborough Regional Health Centre	9
Ross Memorial Hospital	Ross Memorial Hospital	9
Rouge Valley Health System	Rouge Valley Health System	9
Scarborough Hospital (The)	Scarborough Hospital (The)	9
Brockville General Hospital	Brockville General Hospital	10
Hotel Dieu Hospital	Hotel Dieu Hospital	10
Kingston General Hospital	Kingston General Hospital	10
Lennox And Addington County Gen Hosp	Lennox And Addington County Gen Hosp	10
Perth & Smiths Falls Dist	Perth & Smiths Falls Dist	10
Providence Care	Providence Care	10
Quinte Healthcare Corporation	Quinte Healthcare Corporation	10
Almonte General Hospital	Almonte General Hospital	11
Arnprior & District Memorial Hosp	Arnprior & District Memorial Hosp	11
Bruyere Continuing Care Inc	Bruyere Continuing Care Inc	11
Carleton Place And District Mem Hospital	Carleton Place And District Mem Hospita	11
Childrens Hospital Of Eastern Ontario	Childrens Hospital Of Eastern Ontario	11
Cornwall Community Hosp-General Site	Cornwall Community Hosp-General Site	11
Hopital Montfort	Hopital Montfort	11
Kemptville District Hospital	Kemptville District Hospital	11
Ottawa Hospital (The)	Ottawa Hospital (The)	11
Pembroke Regional Hospital Inc.	Pembroke Regional Hospital Inc.	11
Queensway-Carleton Hospital	Queensway-Carleton Hospital	11
Renfrew Victoria Hospital	Renfrew Victoria Hospital	11
Royal Ottawa Health Care Group	Royal Ottawa Health Care Group	11

University Of Ottawa Heart Institute	University Of Ottawa Heart Institute	11
Winchester District Memorial Hospital	Winchester District Memorial Hospital	11
Collingwood General And Marine Hospital	Collingwood General And Marine Hospital	12
Georgian Bay General Hospital	Georgian Bay General Hospital	12
Muskoka Algonquin Healthcare	Muskoka Algonquin Healthcare	12
Orillia Soldiers' Memorial Hospital	Orillia Soldiers' Memorial Hospital	12
Penetanguishene Mental Health Centre	Penetanguishene Mental Health Centre	12
Royal Victoria Hospital	Royal Victoria Hospital	12
Hopital Regional De Sudbury	Hopital Regional De Sudbury	13
North Bay General Hospital	North Bay General Hospital	13
Northeast Mental Health Centre	Northeast Mental Health Centre	13
Sault Area Hospital	Sault Area Hospital	13
Temiskaming Hospital	Temiskaming Hospital	13
Timmins & District General Hospital	Timmins & District General Hospital	13
West Parry Sound Health Centre	West Parry Sound Health Centre	13
Dryden Regional Health Centre	Dryden Regional Health Centre	14
Lake-Of-The-Woods District Hospital	Lake-Of-The-Woods District Hospital	14
Riverside Health Care Fac	Riverside Health Care Fac	14
Sioux Lookout Meno-Ya-Win Hlth Ctr-Dis	Sioux Lookout Meno-Ya-Win Hlth Ctr-Dis	14
St Joseph's Care Group	St Joseph's Care Group	14
Thunder Bay Regional Hlth Sciences Ctr	Thunder Bay Regional Hlth Sciences Ctr	14
Wilson Memorial General Hospital	Wilson Memorial General Hospital	14

ISTCL Site Name		
Bluewater Health - Norman Site (ED)	Bluewater Health - Norman Site (ED)	1
Hotel Dieu Grace Hospital - Grace Site	Hotel Dieu Grace Hospital - Grace Site	1
Leamington District Memorial Hospital	Leamington District Memorial Hospital	1
Public General Hospital (Chatham-Kent H	Public General Hospital (Chatham-Kent H	1
Windsor Regional Hospital - Metropolitan	Windsor Regional Hospital - Metropolitan	1
Owen Sound Hospital (Grey Bruce Health	Owen Sound Hospital (Grey Bruce Health	2
St. Thomas-Elgin General Hospital	St. Thomas-Elgin General Hospital	2
University Hospital (London Health Scien	University Hospital (London Health Scien	2
Victoria Hospital (London Health Science	Victoria Hospital (London Health Science	2
Cambridge Memorial Hospital	Cambridge Memorial Hospital	3
Grand River Hospital - Kitchener-Waterlo	Grand River Hospital - Kitchener-Waterlo	3
Guelph General Hospital	Guelph General Hospital	3
St. Mary's General Hospital	St. Mary's General Hospital	3
Brantford General Hospital, The (The Bra	Brantford General Hospital, The (The Bra	4
Greater Niagara General Site (Niagara H	Greater Niagara General Site (Niagara H	4
Hamilton General Hospital (Hamilton Hea	Hamilton General Hospital (Hamilton Hea	4
Hamilton Health Sciences Corporation	Hamilton Health Sciences Corporation	4
Joseph Brant Memorial Hospital	Joseph Brant Memorial Hospital	4
Juravinski Hospital	Juravinski Hospital	4
St. Catharines General Site (Niagara Hea	St. Catharines General Site (Niagara Hea	4
St. Joseph's Healthcare	St. Joseph's Healthcare	4
Headwaters Health Care Centre - Orange	Headwaters Health Care Centre - Orange	5
William Osler Health Centre - Brampton (William Osler Health Centre - Brampton (5

William Osler Health Centre - Etobicoke (William Osler Health Centre - Etobicoke (5
Credit Valley Hospital, The	Credit Valley Hospital, The	6
Georgetown Hospital (Halton Healthcare	Georgetown Hospital (Halton Healthcare	6
Milton District Hospital (Halton Healthcare	Milton District Hospital (Halton Healthcare	6
Oakville-Trafalgar Memorial Hospital (Hal	Oakville-Trafalgar Memorial Hospital (Ha	6
Trillium Health Centre - Mississauga	Trillium Health Centre - Mississauga	6
Hospital For Sick Children, The	Hospital For Sick Children, The	7
Mount Sinai Hospital	Mount Sinai Hospital	7
St. Joseph's Health Centre	St. Joseph's Health Centre	7
St. Michael's Hospital	St. Michael's Hospital	7
Sunnybrook Health Sciences Centre	Sunnybrook Health Sciences Centre	7
Toronto East General Hospital	Toronto East General Hospital	7
Toronto General Hospital (University Hea	Toronto General Hospital (University Hea	7
Toronto Western Hospital (University Hea	Toronto Western Hospital (University Hea	7
Humber River Regional Hospital - Church	Humber River Regional Hospital - Church	8
Humber River Regional Hospital - Finch S	Humber River Regional Hospital - Finch S	8
Markham Stouffville Hospital - Markham :	Markham Stouffville Hospital - Markham :	8
North York General Hospital	North York General Hospital	8
Southlake Regional Health Centre	Southlake Regional Health Centre	8
Stevenson Memorial Hospital	Stevenson Memorial Hospital	8
York Central Hospital	York Central Hospital	8
Lakeridge Health Bowmanville	Lakeridge Health Bowmanville	9
Lakeridge Health Oshawa	Lakeridge Health Oshawa	9
Northumberland Hills Hospital	Northumberland Hills Hospital	9
Peterborough Regional Health Centre	Peterborough Regional Health Centre	9
Ross Memorial Hospital	Ross Memorial Hospital	9
Rouge Valley Ajax And Pickering (Rouge	Rouge Valley Ajax And Pickering (Rouge	9
Rouge Valley Centenary (Rouge Valley H	Rouge Valley Centenary (Rouge Valley H	9
Scarborough Hospital, The - Birchmount	Scarborough Hospital, The - Birchmount	9
Scarborough Hospital, The - General Car	Scarborough Hospital, The - General Car	9
Kingston General Hospital	Kingston General Hospital	10
Quinte Healthcare - Belleville General	Quinte Healthcare - Belleville General	10
Quinte Healthcare - Trenton Memorial	Quinte Healthcare - Trenton Memorial	10
Children's Hospital Of Eastern Ontario	Children's Hospital Of Eastern Ontario	11
Cornwall Community Hospital - Mcconnel	Cornwall Community Hospital - Mcconnel	11
Hopital General De Hawkesbury & Distric	Hopital General De Hawkesbury & Distric	11
Hopital Montfort	Hopital Montfort	11
Ottawa Hospital, The - Civic Campus	Ottawa Hospital, The - Civic Campus	11
Ottawa Hospital, The - General Campus	Ottawa Hospital, The - General Campus	11
Pembroke Regional Hospital Inc.	Pembroke Regional Hospital Inc.	11
Queensway Carleton Hospital	Queensway Carleton Hospital	11
Collingwood General & Marine Hospital	Collingwood General & Marine Hospital	12
Georgian Bay General Hospital (North Sir	Georgian Bay General Hospital (North Sir	12
Huntsville District Memorial Hospital (Mus	Huntsville District Memorial Hospital (Mus	12
Royal Victoria Hospital	Royal Victoria Hospital	12
Soldiers' Memorial Hospital	Soldiers' Memorial Hospital	12
North Bay General Hospital - Scollard Sit	North Bay General Hospital - Scollard Sit	13

Sault Area Hospital	Sault Area Hospital	13
Sudbury Regional Hospital	Sudbury Regional Hospital	13
Timmins & District General Hospital	Timmins & District General Hospital	13
Thunder Bay Regional Health Sciences C	Thunder Bay Regional Health Sciences C	14

ALC Discharge Destination	Corresponding Color
Complex Continuing Care	Complex Continuing Care
Convalescent Care	Convalescent Care
Unexpected Discharge or Transfer	Unexpected Discharge or Transfer
Home with Support	Home with Support
Home without Support	Home without Support
Long Term Care	Long Term Care
Mental Health	Mental Health
Palliative Care	Palliative Care
Rehab	Rehab
Supervised or Assisted Living	Supervised or Assisted Living

