

**MOHLTC - HSAPD  
Quarterly Stocktake Report**

**LHIN:** Central LHIN  
***Report Date:*** November 2013

Accountability Measures	<p><b>Performance Indicators: Access to healthcare services</b></p> <p>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><b>Performance Indicators: System integration and coordination of care</b></p> <p>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><b>Performance Indicators: Quality and improved health outcomes</b></p> <p>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                  Number of days from ALC designation to discharge by discharge destination (90th Percentile days by facility)</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 Internal Goal 25.0 hours  Provincial Target 8 Hours  LHIN Target 36.0 hours (FY 12/13)  Current Performance 26.9 hours	<table border="1"> <caption>90th Percentile Hours for Admitted Patients</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Hours</th> </tr> </thead> <tbody> <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> <tr><td>Q2 13/14</td><td>26.9</td></tr> </tbody> </table>	Quarter	90th Percentile Hours	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	Q2 13/14	26.9	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?                      In Q2, Central LHIN's performance continued to be better than the target of 30.0hrs for 2013/14. This is a result of continued efforts in a wide range of ongoing initiatives over the past few years, including: Short Stay Units, increased diagnostic imaging (DI) services, Patient Flow Facilitators, Ozone or Rapid Assessment Zone, and increased human resource support to facilitate admissions, patient flow and discharge.</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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90th percentile ER Length of Stay for non-admitted complex patients (Data Source: CIHI-NACRS)	Baseline 7.2 hours  Provincial Internal 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>90th Percentile Hours</th> </tr> </thead> <tbody> <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> <tr><td>Q2 13/14</td><td>6.7</td></tr> </tbody> </table>	Quarter	90th Percentile Hours	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	Q2 13/14	6.7	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?                      In Q2 Central LHIN continued to achieve better than 2013/14 target of 7.0 hrs. Initiatives related to facilitating patient flow in ED, increasing DI services, and enhancing Physician initial assessment (PIA) continue to drive 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?                      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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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 3.6 hours	<table border="1"> <caption>90th Percentile Hours for Non-admitted Minor/Uncomplicated Patients</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Hours</th> </tr> </thead> <tbody> <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> <tr><td>Q2 13/14</td><td>3.6</td></tr> </tbody> </table>	Quarter	90th Percentile Hours	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	Q2 13/14	3.6	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?                      Central LHIN's performance increased slightly from 3.5 hrs in Q1 to 3.6 hrs in Q2 2013/14. Central LHIN's performance on this indicator has consistently been lower than the provincial target of 4.0 hrs. Initiatives that focus on building care capacity and enhancing care coordination in the community (e.g. Health Links, GEM nurses) help to sustain our improvements for this indicator.</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: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report																														
<p>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><b>Baseline:</b>  <b>Q1 11/12</b></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><b>Current Performance:</b></p> <p>195 (High Acuity NLOT)</p> <p>0 (High Acuity Non-NLOT)</p> <p>14 (Low Acuity NLOT)</p> <p>0 (Low Acuity Non-NLOT)</p>	<p>ER Unscheduled Visits per 1,000 active long-term care residents</p> <table border="1"> <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>Q1 12/13</td> <td>189</td> <td>15</td> <td>1</td> <td>0</td> </tr> <tr> <td>Q2 12/13</td> <td>178</td> <td>17</td> <td>1</td> <td>0</td> </tr> <tr> <td>Q3 12/13</td> <td>178</td> <td>12</td> <td>1</td> <td>0</td> </tr> <tr> <td>Q4 12/13</td> <td>197</td> <td>14</td> <td>1</td> <td>0</td> </tr> <tr> <td>Q1 13/14</td> <td>195</td> <td>14</td> <td>1</td> <td>0</td> </tr> </tbody> </table> <p>Fiscal Year 12/13 ~ 13/14</p>	Quarter	High Acuity NLOT	High Acuity Non-NLOT	Low Acuity NLOT	Low Acuity Non-NLOT	Q1 12/13	189	15	1	0	Q2 12/13	178	17	1	0	Q3 12/13	178	12	1	0	Q4 12/13	197	14	1	0	Q1 13/14	195	14	1	0	<p><b>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</b>                  Integrated knowledge to practice strategies are being considered that engage LTCH directors, attending physicians; focused capacity building is anticipated (e.g. UTI/dehydration, LTC-ED communication exchange). We are exploring strategies that enhance PSW recognition and capacity to formally report on acute change of condition, particularly those linked to transfers/admission (i.e. pneumonia, UTI and CHF) that will prompt the engagement of NLOT in a more preventative mode. If the pilot of an EMS call dispatch notification to NLOT nurses continues to be positive, we will find opportunities to proliferate this innovation.</p> <p>The Southlake hub has developed a "store and forward" process for educational rounds using OTN. Staff report increasing use and applicability of the geri-mannequins for capacity building on topics such as tube, catheter and wound management. The NLOT program has encouraged the adoption of SBAR communication formats such as INTERACT II following a pilot at the Markham Stouffville hub.</p> <p>To expand the skill sets of NLOT staff, a continuing education event was convened for NLOT nurses and LTCH NPs on wound care and suturing. Several NLOT staff also attended a Trauma Nursing Care Course. At the Southlake hub, a diabetes resource center educator has been integrated more fully with the NLOT service and is routinely attending team meetings</p> <p><b>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?</b>                  N/A</p> <p><b>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?</b>                  The NLOT teams have identified cyclical events (e.g. increased agency staff during holiday periods, increased rates of dehydration in non-air conditioned LTCHs) that affect transport rates and are developing interventions to obviate their impact. A policy has developed to guide the continuing education of NLOT staff. We plan to explore use of OTN for clinical consultations</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><b>Baseline:</b>  <b>Q1 11/12</b></p> <p>97 (NLOT)</p> <p>95 (Non-NLOT)</p> <p><b>Current Performance:</b></p> <p>96 (NLOT)</p> <p>0 (Non-NLOT)</p>	<p>ER Unscheduled Visits resulting in acute inpatient admission per 1,000 active long-term care residents</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>NLOT</th> <th>Non-NLOT</th> </tr> </thead> <tbody> <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> <tr> <td>Q1 13/14</td> <td>96</td> <td>0</td> </tr> </tbody> </table> <p>Fiscal Year 12/13 ~ 13/14</p>	Quarter	NLOT	Non-NLOT	Q1 12/13	98	0	Q2 12/13	89	0	Q3 12/13	97	0	Q4 12/13	104	0	Q1 13/14	96	0	<p><b>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</b>                  The top diagnosis related to hospital admissions continue to be a focus for the Central LHIN NLOT capacity planning. The Humber River/NYGH hub is developing an automated NLOT notification procedure regarding both hospital admissions and discharges. The collaboration between NLOT and LTCH diabetes services continue to grow.</p> <p><b>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?</b>                  N/A</p> <p><b>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?</b>                  If the pilot of NLOT notification at EMS call dispatch continues to prove positive, we anticipate proliferation of this procedure across the hubs and with EMS providers. We anticipate further development of the automated NLOT notification for both resident admissions and ED transports in order to facilitate more timely repatriations and smoother transitions. NLOT-GEM collaborations are increasing and a proposal for a focused quality initiative is in development. Planning has been initiated for a combined ED/LTCH MD CME focused on communications improvements.</p>												
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LHIN VIEW: Central LHIN

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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 - Cancer Surgery</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <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> <tr><td>Q2 13/14</td><td>99%</td></tr> </tbody> </table>	Quarter	Performance (%)	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%	Q2 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 Q2, 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). N/A
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Q2 13/14	99%																				
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: 100%	<table border="1"> <caption>Quarterly Performance - Cardiac By-Pass Procedures</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <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> <tr><td>Q2 13/14</td><td>100%</td></tr> </tbody> </table>	Quarter	Performance (%)	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%	Q2 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. 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 procedure 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). N/A
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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 - Cataract Surgery</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <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> <tr><td>Q2 13/14</td><td>100%</td></tr> </tbody> </table>	Quarter	Performance (%)	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%	Q2 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). N/A
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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.

LHIN VIEW: Central LHIN

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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**	<p>Baseline 96% (Based on FY12/13 result)</p> <p>Provincial Target 90%</p> <p>LHIN Target 90% (FY13/14)</p> <p>Priority IV: 182 days (Data Source: WTIS)</p> <p><b>Current Performance</b> 98%</p>		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target.</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 anticipates performance to remain above the provincial target.</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><b>Additional Questions:</b></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?</p> <p>5. Does the LHIN plan to reallocate services to another hospital? No</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). N/A</p>
Percent of Priority IV Cases Completed Within Access Target for Knee Replacement**	<p>Baseline 95% (Based on FY12/13 result)</p> <p>Provincial Target 90%</p> <p>LHIN Target 90% (FY13/14)</p> <p>Priority IV: 182 days (Data Source: WTIS)</p> <p><b>Current Performance</b> 95%</p>		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target.</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 anticipates performance to remain above the provincial target.</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><b>Additional Questions:</b></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?</p> <p>5. Does the LHIN plan to reallocate services to another hospital? No</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). N/A</p>

\*\*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.

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
Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home**  (Data Source: CIHI-DAD)	Baseline TBD		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? In Q1 2013/14, Central LHIN's proportions of primary unilateral Hip or Knee joint replacement patients discharged home are within the provincial target (Q1 2013/14: Hip-86.6%, Knee-83.5%). For both hip and knee replacement procedures, the proportion of patients discharged home decreased slightly from the previous quarter (Q4 2012/13: Hip-88.6%, Knee-86.9%). However, the current results show a notable improvement compared to the same time in the previous year (Q1 2012/13: Hip-88.6%, Knee-86.9%). Central LHIN hospitals continue to use a standardized cross-continuum total joint replacement (TJR) pathway and a pre-operative patient guide, which shall drive further improvements in safe discharging of patients.</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>
	Provincial Target 10/11 (90% ±9%)  LHIN Target: TBD  Current Performance Hip 86.6%  Current Performance Knee 83.5%		
Average length of stay of primary unilateral Hip or Knee Joint Replacement patients discharged home**  (Data Source: CIHI-DAD)	Baseline TBD		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Average length of stay (LOS) of primary unilateral hip or knee joint replacement patients continues to decrease from the previous quarter. In Q4 2013/14, the average LOS for both hip and knee procedures combined was 3.8 days. In Q1 2013/14, the average LOS for hip replacement is 3.4 days, and for knee replacement is 3.5 days. Central LHIN's performance in this indicator continues to be well below the provincial target of 4.4 days. Continued work in implementing the standardized TJR pathway and Integrated Orthopaedic Capacity Plan are expected to drive down patient LOS within the 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? N/A</p>
	Provincial Target 10/11 4.4 days  LHIN Target: TBD  Current Performance Hip 3.4  Current Performance Knee 3.5		

\*\*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.

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 MRI Scan**	Baseline 48% (Based on FY12/13 results) Provincial Target 90% LHIN Target 55% (FY 13/14) Current Performance 31%		<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 FY 11/12 and FY 12/13 (two new MRI and one previously unfunded). Two additional machines are scheduled to come online in 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. In addition, the LHIN anticipates MRI Blitz volumes which will contribute to improved performance.</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:                      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. At the end of Q2, hospitals have exceeded funded volumes by close to 10%.</p> <p>5. Does the LHIN plan to reallocate services to another hospital?                      Central LHIN is planning to 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>
Percent of Priority IV Cases Completed Within Access Target for CT Scan**	Baseline 84% (Based on FY12/13 results) Provincial Target 90% LHIN Target 85% (FY 13/14) Current Performance 65%		<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. The LHIN has also allocated Urgent Priorities Funding to help improve CT performance with this indicator.</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:                      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. At the end of Q2, hospitals have exceeded funded volumes by close to 10%.</p> <p>5. Does the LHIN plan to reallocate services to another hospital?                      Central LHIN has allocated 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>

\*\*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.



LHIN VIEW: Central LHIN

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 13.87%	<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>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> <tr><td>Q1 13/14</td><td>13.87</td></tr> </tbody> </table>	Quarter	Percentage	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	Q1 13/14	13.87	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?                      In Q2 2013/14, Central LHIN's Percentage of ALC days was 13.87%, exceeding the target of 15% for the first time. This improvement is a result of the continued focus and implementation of numerous initiatives to decrease ALC, for example, home First Philosophy across Central LHIN hospitals. Central LHIN has also been working closely with the Central CCAC and hospitals to better understand ALC related issues at a system and process levels. An ALC working group comprised of key stakeholders has been established and is currently being facilitated by the Central LHIN. This group uses a collaborative approach to identify issues related to ALC, opportunities to streamline discharge planning process and standardize practices. The work from this group shall continue to drive improvements for this indicator.</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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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 Discharge Destination</caption> <thead> <tr> <th>Discharge Destination</th> <th>Q2 12/13</th> <th>Q3 12/13</th> <th>Q4 12/13</th> <th>Q1 13/14</th> <th>Q2 13/14</th> </tr> </thead> <tbody> <tr><td>Complex Continuing Care</td><td>17</td><td>17</td><td>21</td><td>21</td><td>16</td></tr> <tr><td>Convalescent Care</td><td>22</td><td>23</td><td>38</td><td>33</td><td>29</td></tr> <tr><td>Home with support</td><td>15</td><td>21</td><td>22</td><td>23</td><td>25</td></tr> <tr><td>Home without support</td><td>7</td><td>14</td><td>16</td><td>20</td><td>9</td></tr> <tr><td>Long Term Care</td><td>98</td><td>129</td><td>152</td><td>82</td><td>97</td></tr> <tr><td>Mental Health</td><td>18</td><td>20</td><td>16</td><td>21</td><td>21</td></tr> <tr><td>Palliative Care</td><td>15</td><td>19</td><td>17</td><td>16</td><td>15</td></tr> <tr><td>Rehab</td><td>23</td><td>31</td><td>30</td><td>34</td><td>25</td></tr> <tr><td>Supervised or Assisted Living</td><td>17</td><td>20</td><td>17</td><td>16</td><td>15</td></tr> </tbody> </table>	Discharge Destination	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Complex Continuing Care	17	17	21	21	16	Convalescent Care	22	23	38	33	29	Home with support	15	21	22	23	25	Home without support	7	14	16	20	9	Long Term Care	98	129	152	82	97	Mental Health	18	20	16	21	21	Palliative Care	15	19	17	16	15	Rehab	23	31	30	34	25	Supervised or Assisted Living	17	20	17	16	15	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?                      Central LHIN's performance on this indicator remained consistent from Q1 to Q2 2013/14 (27 days). The most notable difference is that wait time for LTC increased from 82 to 97 days. As noted above, an ALC working group is in place to bring together CCAC, hospitals and other stakeholders to develop solutions to reduce our ALC wait time.</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>
Discharge Destination	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14																																																										
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LHIN VIEW: Central LHIN

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																		
90th Percentile Wait Time from Community for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)  (Data Source: Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server)	Baseline 23 Days (Based on most recent 4 quarters of data)  Provincial Target TBD  LHIN Target 28 Days (FY 13/14)  Current Performance 34 Days	<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>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> <tr><td>Q1 13/14</td><td>34.00</td></tr> </tbody> </table>	Quarter	90th Percentile (Days)	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	Q1 13/14	34.00	<ol style="list-style-type: none"> <li>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?                      The wait time results for in-home CCAC services has improved slightly compared to Q4 as high-needs clients continue to be removed from the waitlist based on priority cases and provided with appropriate service through referrals.</li> <li>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 Central CCAC anticipate that all high-needs clients will be removed from the waitlist early Q3 which will improve results in Q3 and Q4 of 2013-14.</li> <li>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.</li> </ol>
Quarter	90th Percentile (Days)																				
Q2 11/12	24.00																				
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Pending New Indicator For FY 13/14																					

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%	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p><b>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</b></p> <p>Q4 performance is at 15.0% which meets the CLHIN target of 15.0%. It did decrease, however, from 15.6% to 15.0% 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"> <li>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."</li> <li>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.</li> <li>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.</li> <li>Southlake and Markham Stouffville Hospital have implanted a telemedicine nurse to enhance access to experts across the province for timely service.</li> <li>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.</li> </ol>
		<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>	

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	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 18.6%	<table border="1"> <caption>Quarterly Performance Data (Mental Health)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <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> <tr><td>Q1 13/14</td><td>18.6</td></tr> </tbody> </table>	Quarter	Percentage	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	Q1 13/14	18.6	<p><b>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>In January 2013, implementation of the CCAC MHA Nurses in District School Boards began.</li> <li>Implementation of the Central LHIN BSO Action Plan underway as of April 1, 2012.</li> <li>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.</li> </ul> <p><b>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?</b></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><b>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?</b></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>
Quarter	Percentage																				
Q2 11/12	18.0																				
Q3 11/12	18.7																				
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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 24.9%	<table border="1"> <caption>Quarterly Performance Data (Substance Abuse)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <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> <tr><td>Q1 13/14</td><td>24.9</td></tr> </tbody> </table>	Quarter	Percentage	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	Q1 13/14	24.9	<p><b>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Allocation of OTN equipment to four Central LHIN providers to enhance access to addictions services.</li> <li>Implementation of the CCAC MHA Nurses in District School Boards starting in January 2013</li> <li>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.</li> <li>Implementation of the Central LHIN BSO Action Plan underway as of April 1, 2012.</li> </ul> <p><b>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?</b></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><b>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?</b></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>
Quarter	Percentage																				
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\*\* The methodology for these indicators has been revised starting 2013/14. Results may not be comparable to the previous Agreement.

Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance	Supplementary Measures	Summary	Quarterly Performance
Time to Inpatient Bed: Disposition date/time to Left ER date/time (Data Source: CIHI-NACRS)	<p>Baseline: 25 hours FY 12/13</p> <p>Target: TBD</p> <p>Current Performance: 19.5 hours</p>	<p>Fiscal Year 12/13 - 13/14</p>	Percent positive rating to the patient satisfaction survey question: "Overall, how would you rate the care you received in the Emergency Department?" (Data Source: NRC Picker)	<p>Baseline: 76% Q4 08/09</p> <p>Target: TBD</p> <p>Current Performance: 77%</p>	<p>Fiscal Year 11/12 - 12/13</p>
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment (Data Source: CIHI-NACRS)	<p>Baseline: 2.9 hours FY 12/13</p> <p>Target: TBD</p> <p>Current Performance: 2.7 hours</p>	<p>Fiscal year 12/13 - 13/14</p>	Number of ER Unscheduled Visits by quarter per 1,000 population (Data Source: CIHI-NACRS)	<p>Baseline: N/A</p> <p>Current Performance: 66</p>	<p>Fiscal Year 08/09 - 13/14</p>

Note: No volume or low volume (< 10 cases) will not be displayed in the Figure

Note: Some sites 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) are displayed.

Note: No volume or low volume (< 10 cases) will not be displayed in the Figure

Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance	Supplementary Measures	Summary	Quarterly Performance																																				
<p>The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care</p> <p>(Data Source: WTIS)</p>	<p>N/A</p>	<table border="1"> <caption>Number of ALC Open Cases - Quarterly Performance</caption> <thead> <tr> <th>Quarter</th> <th>Acute</th> <th>Post-Acute</th> </tr> </thead> <tbody> <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> <tr> <td>Q2 13/14</td> <td>199</td> <td>25</td> </tr> </tbody> </table> <p>Fiscal Year 12/13 – 13/14</p>	Quarter	Acute	Post-Acute	Q2 12/13	260	56	Q3 12/13	216	39	Q4 12/13	232	33	Q1 13/14	214	24	Q2 13/14	199	25	<p>The Number of ALC open cases in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care</p> <p>(Data Source: WTIS)</p>	<p>N/A</p>	<table border="1"> <caption>Number of ALC cases staying 30 days and longer - Quarterly Performance</caption> <thead> <tr> <th>Quarter</th> <th>Acute</th> <th>Post-Acute</th> </tr> </thead> <tbody> <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> <tr> <td>Q2 13/14</td> <td>61</td> <td>7</td> </tr> </tbody> </table> <p>Fiscal Year 12/13 – 13/14</p>	Quarter	Acute	Post-Acute	Q2 12/13	94	25	Q3 12/13	60	22	Q4 12/13	55	10	Q1 13/14	56	9	Q2 13/14	61	7
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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
Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)	N/A		Transitional Care Program (TCP) Average Length of Stay (ALOS) by Program Type (Data Source: Transitional Care Program Reporting System (TCPRS))	N/A	

Data Source: ED PIP site/DART Data

Note: No volume or low volume (< 6 cases) will not be displayed in the Figure

Number of days from ALC designation to discharge by discharge destination (90th Percentile Days) (Data Source: WTIS)	<p><b>Current Performance:</b> 27 days</p>		N/A
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Facility	Corresponding Color	LHIN	ALC Discharge Destination	Corresponding Color
Bluewater Health	Bluewater Health	1	Complex Continuing Care	Complex Continuing Care
Hotel-Dieu Grace Hospital	Hotel-Dieu Grace Hospital	1	Convalescent Care	Convalescent Care
Leamington District Memorial Hospital	Leamington District Memorial Hospital	1	Unexpected Discharge or Transfer	Unexpected Discharge or Transfer
Public General Hosp Society Of Chatham	Public General Hosp Society Of Chatham	1	Home with Support	Home with Support
St. Josephs Hlth Serv Assoc Of Chatham	St. Josephs Hlth Serv Assoc Of Chatham	1	Home without Support	Home without Support
Windsor Regional Hospital	Windsor Regional Hospital	1	Long Term Care	Long Term Care
Alexandra Hospital	Alexandra Hospital	2	Mental Health	Mental Health
Clinton Public Hospital	Clinton Public Hospital	2	Palliative Care	Palliative Care
Grey Bruce Health Services	Grey Bruce Health Services	2	Rehab	Rehab
Hanover And District Hospital	Hanover And District Hospital	2	Supervised or Assisted Living	Supervised or Assisted Living
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 H	St Joseph's Community Health Centre H	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 Hospita	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 Hospit	Collingwood General And Marine Hospit	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)	Public General Hospital (Chatham-Kent)	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 Sciences)	University Hospital (London Health Sciences)	2
Victoria Hospital (London Health Sciences)	Victoria Hospital (London Health Sciences)	2
Cambridge Memorial Hospital	Cambridge Memorial Hospital	3
Grand River Hospital - Kitchener-Waterloo	Grand River Hospital - Kitchener-Waterloo	3
Guelph General Hospital	Guelph General Hospital	3
St. Mary's General Hospital	St. Mary's General Hospital	3
Brantford General Hospital, The (The Brant)	Brantford General Hospital, The (The Brant)	4
Greater Niagara General Site (Niagara Health)	Greater Niagara General Site (Niagara Health)	4
Hamilton General Hospital (Hamilton Health Sciences)	Hamilton General Hospital (Hamilton Health Sciences)	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 Health)	St. Catharines General Site (Niagara Health)	4
St. Joseph's Healthcare	St. Joseph's Healthcare	4
Headwaters Health Care Centre - Orangeville	Headwaters Health Care Centre - Orangeville	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 (Halton)	Oakville-Trafalgar Memorial Hospital (Halton)	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 He	Toronto General Hospital (University He	7
Toronto Western Hospital (University He	Toronto Western Hospital (University He	7
Humber River Regional Hospital - Churc	Humber River Regional Hospital - Churc	8
Humber River Regional Hospital - Finch	Humber River Regional Hospital - Finch	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 (Roug	Rouge Valley Ajax And Pickering (Roug	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 Ca	Scarborough Hospital, The - General Ca	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 - Mcconne	Cornwall Community Hospital - Mcconne	11
Hopital General De Hawkesbury & Distri	Hopital General De Hawkesbury & Distri	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 S	Georgian Bay General Hospital (North S	12
Huntsville District Memorial Hospital (Mu	Huntsville District Memorial Hospital (Mu	12
Royal Victoria Hospital	Royal Victoria Hospital	12
Soldiers' Memorial Hospital	Soldiers' Memorial Hospital	12
North Bay General Hospital - Scollard Si	North Bay General Hospital - Scollard Si	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	14

**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]			

