

MOHLTC - HSAPD
Quarterly Stocktake Report

LHIN: Central LHIN

Report Date: February 2014

Accountability Measures	<p>Performance Indicators: Access to healthcare services</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>Performance Indicators: System integration and coordination of care</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>Performance Indicators: Quality and improved health outcomes</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 of 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 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 8.0 Hours LHIN Target 30.0 hours (FY 13/14) Current Performance 28.8 hours	<table border="1"> <caption>Quarterly Performance Data for Admitted Patients</caption> <thead> <tr> <th>Quarter</th> <th>Central LHIN Performance</th> <th>Central LHIN Target</th> <th>Provincial Target</th> </tr> </thead> <tbody> <tr><td>Q4 11/12</td><td>45.0</td><td>36.0</td><td>8.0</td></tr> <tr><td>Q1 12/13</td><td>33.7</td><td>36.0</td><td>8.0</td></tr> <tr><td>Q2 12/13</td><td>31.2</td><td>36.0</td><td>8.0</td></tr> <tr><td>Q3 12/13</td><td>30.7</td><td>36.0</td><td>8.0</td></tr> <tr><td>Q4 12/13</td><td>34.1</td><td>36.0</td><td>8.0</td></tr> <tr><td>Q1 13/14</td><td>26.5</td><td>30.0</td><td>8.0</td></tr> <tr><td>Q2 13/14</td><td>26.9</td><td>30.0</td><td>8.0</td></tr> <tr><td>Q3 13/14</td><td>28.8</td><td>30.0</td><td>8.0</td></tr> </tbody> </table>	Quarter	Central LHIN Performance	Central LHIN Target	Provincial Target	Q4 11/12	45.0	36.0	8.0	Q1 12/13	33.7	36.0	8.0	Q2 12/13	31.2	36.0	8.0	Q3 12/13	30.7	36.0	8.0	Q4 12/13	34.1	36.0	8.0	Q1 13/14	26.5	30.0	8.0	Q2 13/14	26.9	30.0	8.0	Q3 13/14	28.8	30.0	8.0	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's performance increased from 26.9 hrs in Q2 to 28.8 hrs in Q3, however, it continues to be under the target of 30.0hrs for 2013/14. Improvement initiatives such as, Kaizen process improvement events, Medical Assessment Consultation Unit (MACU), increased diagnostic imaging (DI) services, Patient Flow Facilitators, Ozone or Rapid Assessment Zone, as well as increased human resource support to facilitate admissions, patient flow, and discharge are ongoing.</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 (CTAS I-III) patients (Data Source: CIHI-NACRS)	Baseline 7.2 hours Provincial Internal Goal 7.0 hours Provincial Target 8.0 Hours LHIN Target 7.0 hours (FY 13/14) Current Performance 6.6 hours	<table border="1"> <caption>Quarterly Performance Data for Non-admitted Complex Patients</caption> <thead> <tr> <th>Quarter</th> <th>Central LHIN Performance</th> <th>Central LHIN Target</th> <th>Provincial Target</th> </tr> </thead> <tbody> <tr><td>Q4 11/12</td><td>7.6</td><td>7.8</td><td>8.0</td></tr> <tr><td>Q1 12/13</td><td>7.4</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 12/13</td><td>7.1</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q3 12/13</td><td>7.1</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q4 12/13</td><td>7.0</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q1 13/14</td><td>6.7</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q2 13/14</td><td>6.7</td><td>7.0</td><td>8.0</td></tr> <tr><td>Q3 13/14</td><td>6.6</td><td>7.0</td><td>8.0</td></tr> </tbody> </table>	Quarter	Central LHIN Performance	Central LHIN Target	Provincial Target	Q4 11/12	7.6	7.8	8.0	Q1 12/13	7.4	7.0	8.0	Q2 12/13	7.1	7.0	8.0	Q3 12/13	7.1	7.0	8.0	Q4 12/13	7.0	7.0	8.0	Q1 13/14	6.7	7.0	8.0	Q2 13/14	6.7	7.0	8.0	Q3 13/14	6.6	7.0	8.0	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? In Q3, Central LHIN continued to achieve better than 2013/14 target of 7.0 hrs, and improved slightly from 6.7 hrs in Q2 to 6.6 hrs in Q3. Initiatives related to facilitating patient flow in ED (e.g. Ozone clerk, increased Nursing coverage), 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 (CTAS IV-V) patients (Data Source: CIHI-NACRS)	Baseline 3.7 hours Provincial Target 4.0 hours LHIN Target 4.0 hours (FY 13/14) Current Performance 3.6 hours	<table border="1"> <caption>Quarterly Performance Data for Minor/Uncomplicated Patients</caption> <thead> <tr> <th>Quarter</th> <th>Central LHIN Performance</th> <th>Central LHIN Target</th> <th>Provincial Target</th> </tr> </thead> <tbody> <tr><td>Q4 11/12</td><td>3.9</td><td>3.9</td><td>4.0</td></tr> <tr><td>Q1 12/13</td><td>3.7</td><td>4.0</td><td>4.0</td></tr> <tr><td>Q2 12/13</td><td>3.6</td><td>4.0</td><td>4.0</td></tr> <tr><td>Q3 12/13</td><td>3.6</td><td>4.0</td><td>4.0</td></tr> <tr><td>Q4 12/13</td><td>3.6</td><td>4.0</td><td>4.0</td></tr> <tr><td>Q1 13/14</td><td>3.5</td><td>4.0</td><td>4.0</td></tr> <tr><td>Q2 13/14</td><td>3.6</td><td>4.0</td><td>4.0</td></tr> <tr><td>Q3 13/14</td><td>3.6</td><td>4.0</td><td>4.0</td></tr> </tbody> </table>	Quarter	Central LHIN Performance	Central LHIN Target	Provincial Target	Q4 11/12	3.9	3.9	4.0	Q1 12/13	3.7	4.0	4.0	Q2 12/13	3.6	4.0	4.0	Q3 12/13	3.6	4.0	4.0	Q4 12/13	3.6	4.0	4.0	Q1 13/14	3.5	4.0	4.0	Q2 13/14	3.6	4.0	4.0	Q3 13/14	3.6	4.0	4.0	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's performance on this indicator has consistently exceeded LHIN and provincial performance target of 4.0 hrs. Initiatives that focus on building care capacity in PIA (e.g. Fast Track Zones, Physician Assistants), and enhancing care coordination in the community (e.g. Health Links, GEM nurses, Discharge Planning Nurse) have helped to sustain improvements towards 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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<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>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>190 (High Acuity NLOT)</p> <p>0 (High Acuity Non-NLOT)</p> <p>13 (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>Q2 12/13</td> <td>178</td> <td>17</td> <td>12</td> <td>14</td> </tr> <tr> <td>Q3 12/13</td> <td>178</td> <td>12</td> <td>14</td> <td>14</td> </tr> <tr> <td>Q4 12/13</td> <td>197</td> <td>14</td> <td>14</td> <td>14</td> </tr> <tr> <td>Q1 13/14</td> <td>195</td> <td>14</td> <td>14</td> <td>14</td> </tr> <tr> <td>Q2 13/14</td> <td>190</td> <td>13</td> <td>14</td> <td>14</td> </tr> </tbody> </table> <p>Fiscal Year 12/13 ~ 13/14</p> <p>Based on the Canadian Triage and Acuity Scale (CTAS) scores (i.e., High acuity = CTAS 1-3; Low acuity = CTAS 4-5)</p>	Quarter	High Acuity NLOT	High Acuity Non-NLOT	Low Acuity NLOT	Low Acuity Non-NLOT	Q2 12/13	178	17	12	14	Q3 12/13	178	12	14	14	Q4 12/13	197	14	14	14	Q1 13/14	195	14	14	14	Q2 13/14	190	13	14	14	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <p>High Acuity NLOT: Compared to Q1 13/14 (n=195 visits), there has been a minor decrease in Q2 for the # of unscheduled ED visits (n=190 visits) per 1,000 LTC residents, and we are still below the baseline (n=202 visits). NLOT staff continue to focus attention on building the capacity for transport-free end-of-life care in participating homes.</p> <p>Low Acuity NLOT: There is a slight decrease in the # of ED visits (n=13 visits per 1,000 residents) compared to the previous quarter (n=14 visits), however there is still an improvement from baseline (n=16 visits). These modest decreases occurred despite the occurrence of the seasonal flu period and during a period in which non-LTCH patient transfers appear to have increased in both volume and acuity. Collaborations with EMS continue to mature. A pilot to enhance communication with EMS, GEM and NLOT at one Hub shows promising initial results. The pilot involves EMS screening to GEM of resident transports and an NLOT tiered response. A second hub has focused enhanced collaboration with NLOT staff regarding tube feeding initiatives. Opportunities for generalizing EMS GEM alert and tiered response will be explored at other hubs. NLOT and LTCH NP annual institute will focus on tube feeding, COPD/CHF capacity building.</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?</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>96 (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>Q2 12/13</td> <td>89</td> <td>97</td> </tr> <tr> <td>Q3 12/13</td> <td>97</td> <td>104</td> </tr> <tr> <td>Q4 12/13</td> <td>104</td> <td>96</td> </tr> <tr> <td>Q1 13/14</td> <td>96</td> <td>96</td> </tr> <tr> <td>Q2 13/14</td> <td>96</td> <td>96</td> </tr> </tbody> </table> <p>Fiscal Year 12/13 ~ 13/14</p>	Quarter	NLOT	Non-NLOT	Q2 12/13	89	97	Q3 12/13	97	104	Q4 12/13	104	96	Q1 13/14	96	96	Q2 13/14	96	96	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <p>Ongoing capacity building on conditions frequently prompting transfer (e.g. catheter, feeding tube, wound care, UTI, and delirium). Resident ED presentation and admission automated notifications to GEM and NLOT at one hub have proven effective. GEM and NLOT collaborations continue to mature. NLOT anticipates generalizing the automated notification processes across all hubs and enhancing collaboration between NLOT, GEM and patient flow staff with impacts expected in Q1 2014/15.</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?</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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NLOT home status was assigned based on a list provided by IB as of April/May 2013

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 FY 12/13 result) Provincial Target: 90% LHIN Target: 90% (FY 13/14) Priority IV: 84 days (Data Source: WTIS) Current Performance: 100%	<table border="1"> <caption>Quarterly Performance - Cancer Surgery</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <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> <tr><td>Q3 13/14</td><td>100%</td></tr> </tbody> </table>	Quarter	Performance (%)	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%	Q3 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 and will continue to sustain existing initiatives. 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 Q3, 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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Q3 13/14	100%																				
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% (FY 13/14) Priority IV: 90 days (Data Source: CCN) Current Performance: 96%	<table border="1"> <caption>Quarterly Performance - Cardiac By-Pass Procedures</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <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> <tr><td>Q3 13/14</td><td>96%</td></tr> </tbody> </table>	Quarter	Performance (%)	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%	Q3 13/14	96%	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target and will continue to sustain existing initiatives. 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 results exceed provincial target and 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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Q3 13/14	96%																				
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% (FY 13/14) Priority IV: 182 days (Data Source: WTIS) 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>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> <tr><td>Q3 13/14</td><td>100%</td></tr> </tbody> </table>	Quarter	Performance (%)	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%	Q3 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 and will continue to sustain existing initiatives. 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
Quarter	Performance (%)																				
Q4 11/12	100%																				
Q1 12/13	100%																				
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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

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**	Baseline 96% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 90% (FY 13/14) Current Performance 96%		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target and will continue to sustain existing initiatives.</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>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? N/A</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**	Baseline 95% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 90% (FY 13/14) Current Performance 92%		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target and will continue to sustain existing initiatives.</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>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? N/A</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.

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 Q2 2013/14, Central LHIN's proportions of primary unilateral Hip or Knee joint replacement patients discharged home are within the provincial target. Both indicators improved slightly from the previous quarter. 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 89.1% Current Performance Knee 85.0%		
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? In Q2 2013/14, average length of stay (LOS) of primary unilateral hip or knee joint replacement patients discharged home continues to be well below the provincial target of 4.4 days (Hip: 3.6 days; Knee: 3.5 days). Continued work in implementing the standardized TJR pathway and Integrated Orthopaedic Capacity Plan will sustain improved performance 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 3.6 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.

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 FY 12/13 result)</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 27%</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>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> <tr><td>Q2 13/14</td><td>31%</td></tr> <tr><td>Q3 13/14</td><td>27%</td></tr> </tbody> </table>	Quarter	Percentage	Q4 11/12	60%	Q1 12/13	46%	Q2 12/13	47%	Q3 12/13	53%	Q4 12/13	48%	Q1 13/14	41%	Q2 13/14	31%	Q3 13/14	27%	<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 came online in late Q3 2013/14. The effects of the new machines will be reflected in Q4 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? Central LHIN hospitals were operating to funded levels in the absence of the 2013/14 Wait Time Strategy funding letter from the Ministry. Upon notification of Wait Times incremental allocations as well as MRI Blitz funding, hospitals began ramping up operations during Q3. We anticipate to see performance improvements in 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? The LHIN expects to see movement towards the target in Q4.</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. At the end of Q3, hospitals have exceeded funded volumes by close to 15%. One hospital in particular ramped services down to meet funded levels in early 2013. Performance at this hospital has had significant detrimental impact on this indicator.</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 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. The LHIN allocates discretionary funding (i.e., UPF) taking into account efficiency at each provider.</p>
Quarter	Percentage																				
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Q3 13/14	27%																				
Percent of Priority IV Cases Completed Within Access Target for CT Scan**	<p>Baseline 84% (Based on FY 12/13 result)</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 67%</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>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> <tr><td>Q2 13/14</td><td>65%</td></tr> <tr><td>Q3 13/14</td><td>67%</td></tr> </tbody> </table>	Quarter	Percentage	Q4 11/12	87%	Q1 12/13	86%	Q2 12/13	86%	Q3 12/13	86%	Q4 12/13	76%	Q1 13/14	72%	Q2 13/14	65%	Q3 13/14	67%	<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 Q4. The LHIN also allocated Urgent Priorities Funding in early Q3 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? The LHIN expects to see movement toward the target in Q4.</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. One hospital in particular ramped services down to meet funded levels in early 2013. Performance at this hospital has had significant detrimental impact on this indicator.</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). The LHIN allocates discretionary funding (i.e., UPF) taking into account efficiency at each provider.</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.

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 15.00% (FY 13/14) Current Performance 13.96%		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's Percentage of ALC days for Q2 13/14 was below target at 13.96% and preliminary analysis for Q3 have shown a continuing improvement trending below the target of 15%. This improvement is a result of the continued focus and implementation of numerous initiatives to decrease ALC, for example, Home First Philosophy across all 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 level. The Central LHIN ALC Working Group continues to work collaboratively to identify opportunities to improve and streamline discharge planning processes, standardize practices, and build capacity to support the discharge of ALC patients to their appropriate destination. 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>
Number of days from ALC designation to discharge by discharge destination (90th percentile Days) Acute Care Only (Data Source: WTIS)	Current Performance 22 Days		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's performance on this indicator decreased from 27 days in Q2 to 22 days in Q3 2013/14, where the majority of patients were waiting for home with CCAC services. The most notable difference is that the wait time for LTC increased from 97 to 132 days, and wait time for mental health bed increased from 21 to 94 days. This is likely due to the discharge of several long stay patients during Q3. The Central ALC working group is working on identifying issues and process improvement opportunities 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>

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 56 days	<table border="1"> <caption>90th Percentile wait in days</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Wait (days)</th> </tr> </thead> <tbody> <tr> <td>Q3 11/12</td> <td>22.00</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>38.00</td> </tr> <tr> <td>Q1 13/14</td> <td>34.00</td> </tr> <tr> <td>Q2 13/14</td> <td>56.00</td> </tr> </tbody> </table> <p>Note: For Q1 2013/14, the methodology for this indicator was revised to align with Health Quality Ontario: exclude first services that were respite (15); placement (14) or other (99). In addition the first service record must now be coded with In-Home SRC codes (91-95). These new criteritions had a minimal effect on the 90th percentile - 50% of the LHINs had no change, the other 50% had on average between 1 - 2 day difference. Overall an additional 0.3% of clients were excluded compared to the previous methodology. The previous quarters have been updated with the most recent data and using the revised methodology for trending purposes. For Q2 2013/14, the ministry completed its physiotherapy reform in 2013 which included an expansion of in-home physiotherapy for 60,000 more seniors and people with mobility issues. As part of this initiative, CCACs were asked to clear current physiotherapy waitlists in order to manage the substantial influx of new physiotherapy clients post-August 1, 2013. As a result of these changes, there has been an increase in the 90th percentile wait time (33 days to 48 days provincially) and a 32% increase in new clients from Q1 2013/14 to Q2 2013/14. Given the scope of this change it is expected that increased wait times will also be observed in the remainder of 2013/14.</p>	Quarter	90th Percentile Wait (days)	Q3 11/12	22.00	Q4 11/12	23.00	Q1 12/13	23.00	Q2 12/13	23.00	Q3 12/13	24.00	Q4 12/13	38.00	Q1 13/14	34.00	Q2 13/14	56.00	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Wait Times for this indicator were significantly impacted by Physiotherapy Reform patients. Central CCAC started to receive referrals from the retirement homes on June 19th, and continued to receive referrals in large batches until Oct 11th. Patient information was entered into CHRIS soon after the referrals were received. Intake assessments started at the beginning of July, but first visits could not be made until they were given the permission to provide service from the Ministry. On Aug 1st, there were 5 homes that Central CCAC could not provide PT services to because of the injunction. On Aug 21st, they were given the go ahead to provide service. Since there was a large volume of patients to be seen, many of the Service Providers did not make their first visit within 10 days. Many first visits occurred between Sept, Oct and Nov and as a result, the wait time results for 2013-2014 Q2 are significantly higher than expected. If we remove the PT Reform patients, CLHIN Q2 performance is 29 days (only one day above the target). Performance was also impacted by the servicing of waitlisted clients throughout fiscal 2013/14.</p> <p>With additional community sector funding allocated in early Q3 2013/14, Central CCAC virtually eliminated wait lists for high-needs clients by the end of December 2013. Therefore, an improvement in this indicator is expected in Q4 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? We expect the wait time to improve in Q1 of 2014/15 to be below target and at 27 days.</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? The CCAC expects to meet baseline by Q1 2014/15.</p>
Quarter	90th Percentile Wait (days)																				
Q3 11/12	22.00																				
Q4 11/12	23.00																				
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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: 15.00% (FY 13/14) Current Performance: 14.6%	 Readmissions within 30 days trend by LHIN by calendar year. 	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Q1 performance is at 14.6% which meets the CLHIN target of 15.0%. It decreased from 15.0% to 14.6% 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> <ul style="list-style-type: none"> In April 2013, Health Links was initiated with two early adopters. Three additional Health Links will be added as they are approved by the ministry. 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 high complexity patients discharged from hospital are visited in their home environment and connected with any needed services as quickly as possible, including Health Links.. 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 implemented a role of 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 re-admissions in Central LHIN are COPD and CHF. Q1 performance is at 14.6%. 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>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>

LHIN VIEW: Central LHIN

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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 20.2%	<table border="1"> <caption>Quarterly Performance Data (Mental Health)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <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> <tr><td>Q2 13/14</td><td>20.2%</td></tr> </tbody> </table>	Quarter	Percentage	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%	Q2 13/14	20.2%	<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 December 2013, enhanced access across the LHIN to mental health intensive case management services. In December 2013, expanded trauma-specific abuse services for adults that are linked to mental health case management supports. In February 2014, expanded availability of peer support services including warm lines, peer navigators in the emergency department, Wellness Recovery Action Planning programs. In February 2014, increased access to mobile crisis teams with police and expanded mobile crisis lines. 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 around baseline, however, there has been a slight increase in Q2 2013-14 to 20.2%. 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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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 24.5%	<table border="1"> <caption>Quarterly Performance Data (Substance Abuse)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <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> <tr><td>Q2 13/14</td><td>24.5%</td></tr> </tbody> </table>	Quarter	Percentage	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%	Q2 13/14	24.5%	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <ul style="list-style-type: none"> In December 2013, enhanced access across the LHIN to substance abuse case management services. 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 decrease in Q2 2013-14 to 24.5%. 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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** The methodology for these indicators was revised starting 2013/14. Results may not be comparable to previous Agreements. Beginning August 2013, the time period for reporting of the indicator changed to include visits occurring within the first 60 days of the reported quarter plus the last 30 days of the previous quarter. For the detailed methodology, please refer to the MOHLTC-LHIN Performance Agreement (MLPA).

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)	Baseline: 25 hours FY 12/13 Target: TBD Current Performance: 21.7 hours	<p>Fiscal Year 12/13 - 13/14</p>	Percent of 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)	Baseline: 76% Q4 08/09 Target: TBD Current Performance: 84%	<p>Fiscal Year 12/13 - 13/14</p>
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment (Data Source: CIHI-NACRS)	Baseline: 2.9 hours FY 12/13 Target: TBD Current Performance: 2.7 hours	<p>Fiscal Year 12/13 - 13/14</p>	Number of ER Unscheduled Visits by quarter per 1,000 population (Data Source: CIHI-NACRS)	Baseline: N/A Current Performance: 67	<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.

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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>Number of days from ALC designation to discharge by discharge destination (90th Percentile Days) (Data Source: WTIS)</p>	<p>Current Performance: 22 days</p>	<p>90th percentile Days</p> <p>Q3 13/14</p>	<p>N/A</p>	<p>N/A</p>	<p>Note: No volume or low volume (< 6 cases) will not be displayed in the Figure.</p>

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 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 Hospita	Collingwood General And Marine Hospita	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 I	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 - Orang	Headwaters Health Care Centre - Orang	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 Healthcare)	Oakville-Trafalgar Memorial Hospital (Halton Healthcare)	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 Health Network)	Toronto General Hospital (University Health Network)	7
Toronto Western Hospital (University Health Network)	Toronto Western Hospital (University Health Network)	7
Humber River Regional Hospital - Church St.	Humber River Regional Hospital - Church St.	8
Humber River Regional Hospital - Finch St.	Humber River Regional Hospital - Finch St.	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 Valley Health Network)	Rouge Valley Ajax And Pickering (Rouge Valley Health Network)	9
Rouge Valley Centenary (Rouge Valley Health Network)	Rouge Valley Centenary (Rouge Valley Health Network)	9
Scarborough Hospital, The - Birchmount	Scarborough Hospital, The - Birchmount	9
Scarborough Hospital, The - General Campus	Scarborough Hospital, The - General Campus	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 & District	Hopital General De Hawkesbury & District	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 Simcoe Health Unit)	Georgian Bay General Hospital (North Simcoe Health Unit)	12
Huntsville District Memorial Hospital (Muskoka District Health Unit)	Huntsville District Memorial Hospital (Muskoka District Health Unit)	12
Royal Victoria Hospital	Royal Victoria Hospital	12
Soldiers' Memorial Hospital	Soldiers' Memorial Hospital	12
North Bay General Hospital - Scollard Site	North Bay General Hospital - Scollard Site	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 Centre	Thunder Bay Regional Health Sciences Centre	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

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]			

