MOHLTC - HSAPD
Quarterly Stocktake Report

LHIN: Central LHIN

Report Date: February 2013

Ontario

GUIDE: Strategies & Interventions within Central LHIN

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LEGEND: Interpreting intervention performance

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

Ontario

ER/ALC

LHIN VIEW: Central LHIN

SYSTEM FOCUS: Reduce time spent in the ER across Ontario

What is the Problem?

Almost 50% of ER visits are made by patients with non-urgent or less urgent needs

Time spent in the ER is too long: 90% of patients are treated within 9.4 hours from triage to discharge

Time in the ER is five times longer for ER patients admitted to hospital (35 hrs); 75% of their total ER time (26 hrs) is spent waiting for an inpatient bed

GOALS
what are we striving to achieve?

1 Reduce ER demand

Reducing the number of non-urgent cases that present at the ER will enable emergency clinicians to focus on patients with ciritical needs

2 Increase ER capacity/performance

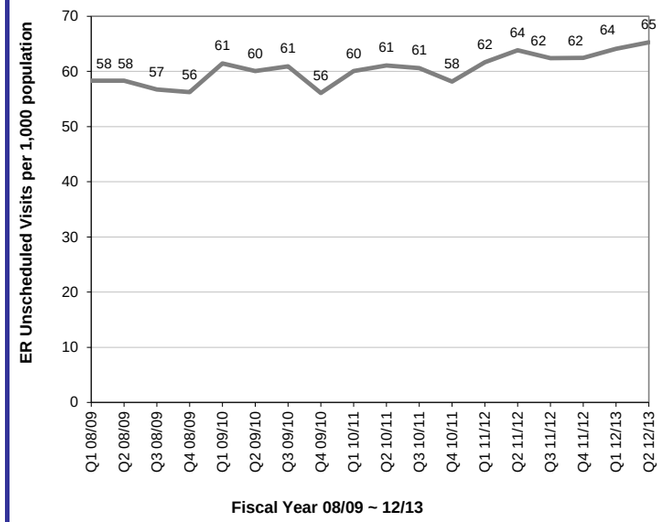
Improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care

3 Improve Bed Utilization

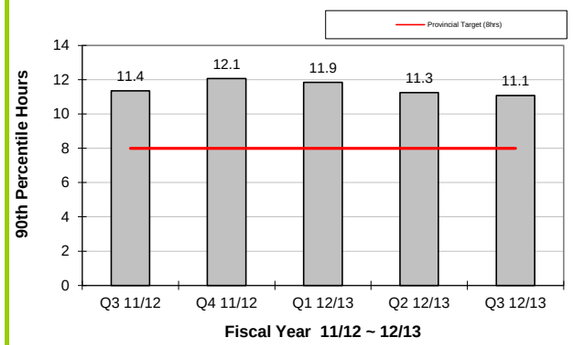
Improving bed utilization expedites patient throughput and maximizes hospital capacity

PROGRESS
Have we achieved our goals?

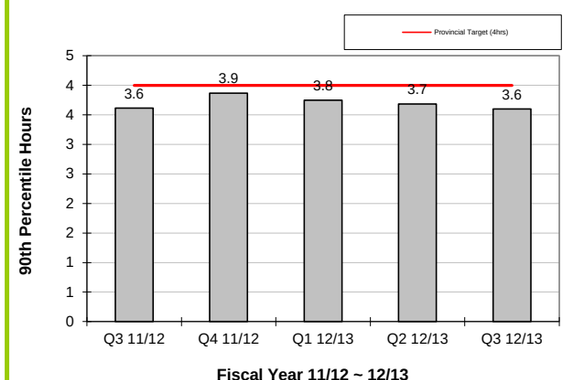
Number of ER Unscheduled Visits by quarter per 1000 population (Data Source: MoHLTC Provincial Health Planning Database & CIHI-NACRS)



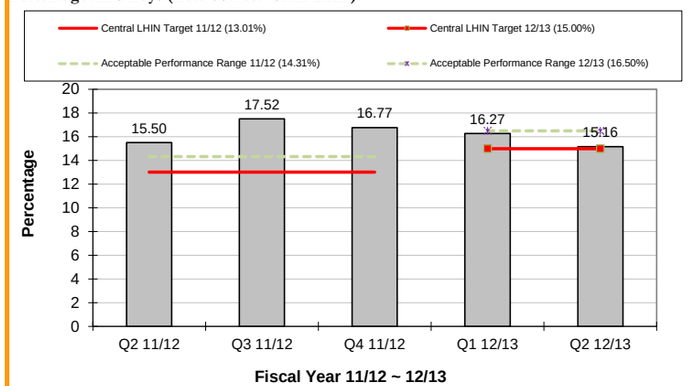
Time spent in the ER for high acuity patients (all admitted + non-admitted CTAS I, II, III patients). (Data Source: CIHI-NACRS)



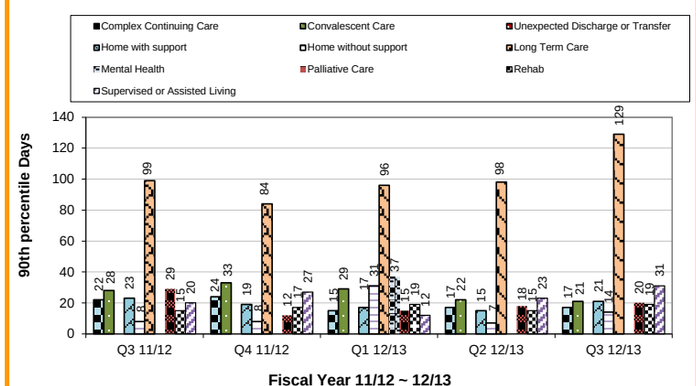
Time spent in the ER for low acuity patients (non-admitted CTAS IV & V patients). (Data Source: CIHI-NACRS)



Percentage ALC Days (Data Source: CIHI-DAD)



<u>Proposed Measure:</u> Number of days from ALC designation to discharge by discharge destination (90th percentile Days) (Data Source: ALC Upload Tool & WTIS)



Note: 'Unexpected Discharge or Transfer' was classified as ALC Discharge Destinations for ALC data collection via the Interim Upload Tool (IUT). It has been split and is now classified as 'ALC Discontinuation Reasons' in the WTIS-ALC application.

HIGHLIGHTS
Evidence of achievements and/or obstacle to progress

- Central LHIN continues to achieve good performance on ER unscheduled visits per 1,000 population and is tied with one other LHIN for top performer in the province.

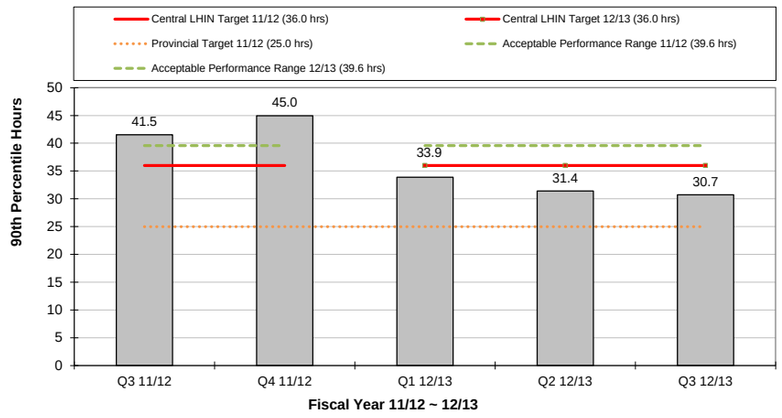
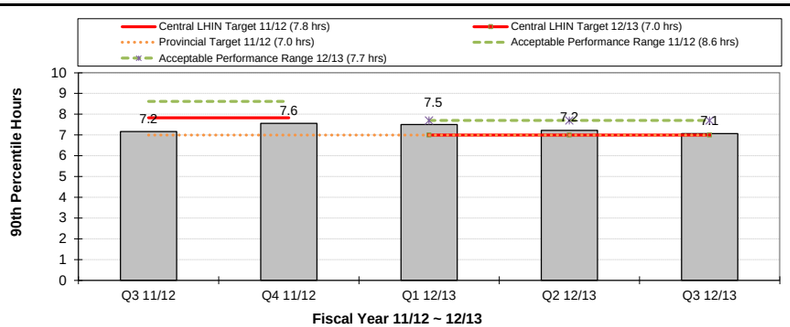
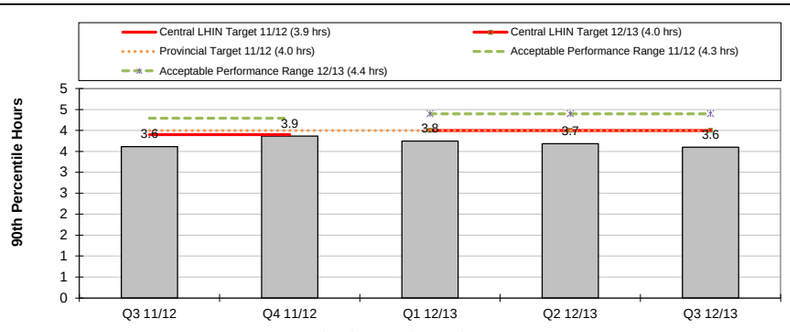
- Central LHIN's Q3 time spent in the ER for high acuity patients decreased compared to Q2, and also decreased when compared to the same time last year.
- Central LHIN's Q3 time spent in the ER for low acuity patients decreased slightly compared to Q2, and remains below the provincial average of 4.1 hours and provincial target of 4.0 hours.

- Central LHIN's percentage ALC days decreased from last quarter, in part due to fewer discharges and a shorter wait for ALC patients waiting for Long Term Care (LTC).
In Q3, although there were fewer discharges of ALC patients waiting for LTC as compared to Q2, there were some long stay patients that were discharged thus contributing to a higher 90P wait time for this patient cohort. (Data Source: WTIS)

LHIN VIEW: Central LHIN

Goal: Increase ER Capacity/Performance

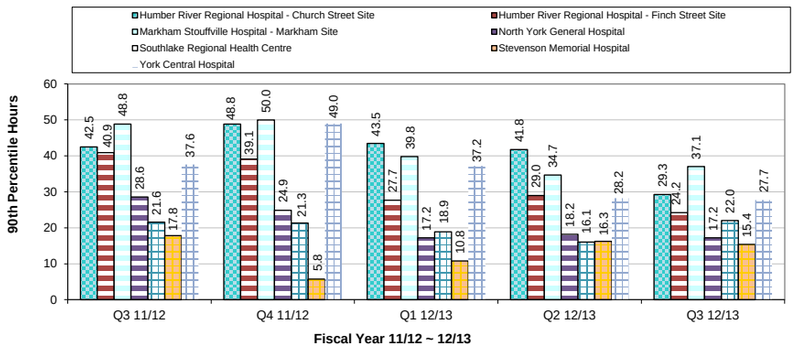
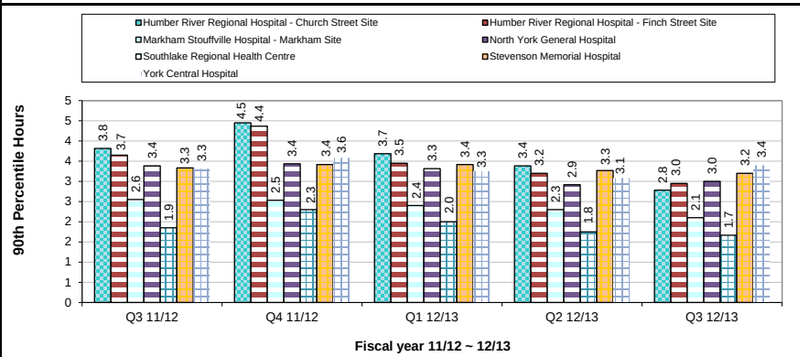
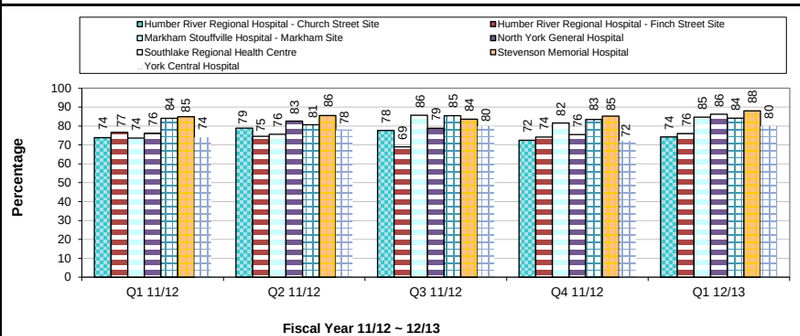
Intervention: ER Pay for Results Year 4 -

System Measure	Baseline FY 12/13	Target (MLPA)	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations
90th percentile ER Length of Stay for admitted patients	40.8 hours	Provincial 25.0 hours LHIN 36.0 hours (FY 12/13) Acceptable Performance Range (+10%): 39.6 hours	30.7 hours		**Past:** • Central LHIN's Q3 90th percentile ER length of stay for admitted patients decreased by 0.7 hours compared to Q2 and by 10.8 hours compared to the same time last year • Central LHIN performed better than its' MLPA target by 5.3 hours **Current/Future:** • Good progress with implementation of strategies to improve inpatient bed capacity has improved flow from ED, for example: renewed home first philosophy, renewed focus on inpatient length of stay and conservable days, staffing evening Charge Nurses with limited patient assignments focusing on pulling patients up from the ER, utilizing LEAN philosophy for daily bullet rounds and to facilitate inpatient discharges. • Significant improvements achieved at one facility with the implementation of a physician champion program and an escalation protocol based on the number of admitted patients waiting in the ER. • Improvements in design, patient admission criteria and hours of operation for short stay units • Central LHIN is investigating the development of standardized and integrated discharge planning processes 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 return trips to the hospital or emergency department. • ER NACRS data for one facility with significant data quality issues has been resubmitted (approval received by Access to Care); expect improved performance for this facility for April - Sept 2012 results to be reflected in reports released in March.
90th percentile ER Length of Stay for non-admitted complex patients	7.4 hours	Provincial 7.0 hours LHIN 7.0 hours (FY 12/13) Acceptable Performance Range (+10%): 7.7 hours	7.1 hours		**Past:** • Central LHIN's Q3 90th percentile ER length of stay for non-admitted complex patients decreased by 0.1 hour compared to Q2 and by 0.1 hour compared to the same time last year **Current/Future:** • All Central LHIN hospitals have updated initiatives as part of ED P4R Year 5 (2012/13) Program to improve performance where needed and sustain positive results. • Central LHIN, P4R hospitals and Central CCAC meet regularly to review performance and share strategies for sustaining improvements. • Continued progress has been made with initiatives that were implemented to better manage delays in treatment such as waiting for diagnostic imaging and laboratory services. • Progress is also being made in implementing medical clearance best practice processes for people with Mental Health and Substance Abuse conditions. These processes will aim to help prevent delays in medical treatment in the ER for these patients
90th percentile ER Length of Stay for non-admitted minor/uncomplicated patients	3.7 hours	Provincial 4.0 hours LHIN 4.0 hours (FY 12/13) Acceptable Performance Range (+10%): 4.4 hours	3.6 hours		**Past:** • Central LHIN continues to meet it's MLPA target for 90th percentile ER length of stay for non-admitted minor/uncomplicated patients and performed better than the provincial target **Current/Future:** • Central LHIN, P4R hospitals and Central CCAC meet regularly to review performance and share strategies for sustaining improvements. • Additional primary care initiatives such as Advanced Access are expected to continue to make a positive impact.

LHIN VIEW: Central LHIN

Goal: Increase ER Capacity/Performance

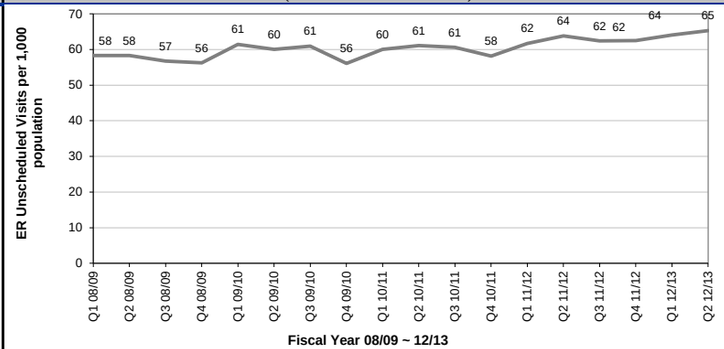
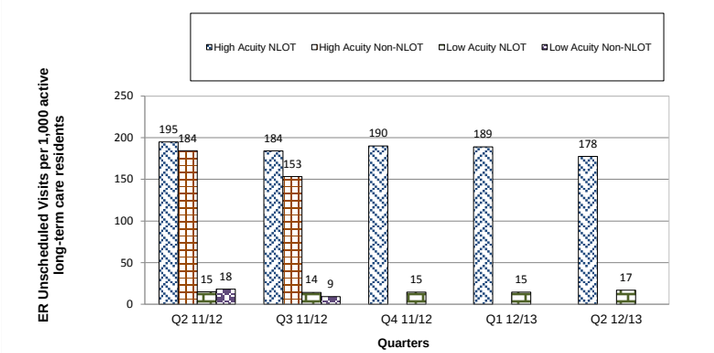
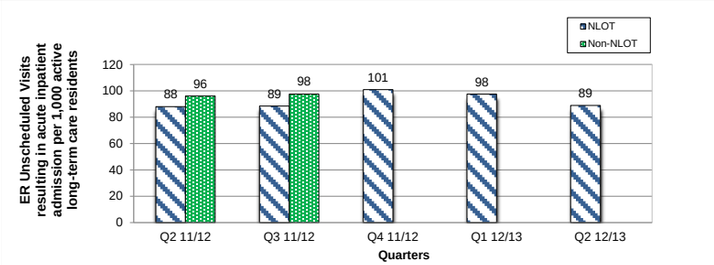
Intervention: ER Pay for Results Year 4 -

Supplementary Measures	Baseline	Target TBD	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations
Time to Inpatient Bed: Disposition date/time to Left ER date/time	32.5 hours FY 11/12	10% Improvement in the 90th Percentile	23.6 hours		**Past:** • Central LHIN's Q3 90th Percentile time to inpatient bed was 23.6 hours with six out of seven hospitals showing improved performance compared to the same time last year **Current/Future:** • See comments for 90th Percentile ER Length of Stay for Admitted patients. Majority of improvement initiatives for length of stay for admitted patients were targeted at the time to inpatient bed portion of the ER length of stay. • In-hospital process improvement related to early discharge planning and decreasing ALC days to improve flow from the ED is a key area for improvement in P4R Year 5.
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment	3.2 hours FY 11/12	TBD	2.8 hours		**Past:** • Central LHIN's Q3 90th Percentile time to Physician Initial Assessment (PIA) was 2.8 hours, better than the 3.2 hour baseline. Six out of seven hospitals showing improved performance compared to the same time last year, and five out of seven showing improved performance compared to the previous quarter. • Year-to-date, Southlake Regional Health Centre has the third best PIA performance in the province. Both sites of the Humber River Hospital have improved their PIA time from 3.8 hours (Church) and 3.7 hours (Finch) last year Q3 to 2.8 hours (Church) and 3.0 hours (Finch) in the current year Q3. **Current/Future:** • P4R initiatives such as closer monitoring of PIA times, matching extra physician hours to times of increased demand, and other physician-led strategies has resulted in ongoing improvement. • Further improvement expected with plans to provide extra physician hours for evenings and holidays at some hospitals.
Percent positive rating to the patient satisfaction survey question: "Overall, how would you rate the care you received in the Emergency Department"	76% Q4 08/09	TBD	82%	 Data Source: NRC Picker Note: Some of the Site did not meet the recommended minimum number of required surveys therefore, results should be interpreted with caution. Starting Q3 10/11, values for all sites including NV (No Volume) and NC (Non Compliant) is displayed.	**Past:** • Central LHIN's Q1 12/13 patient satisfaction result was 82% • Central LHIN met and exceeded the 76% baseline by 6% in Q1 12/13 **Current/Future :** • All hospitals in Central LHIN are tracking patient satisfaction in ER and using a variety of reports/dashboards to communicate the results and implement strategies to further improve patient experience.

LHIN VIEW: Central LHIN

Goal: Reduce ER Demand

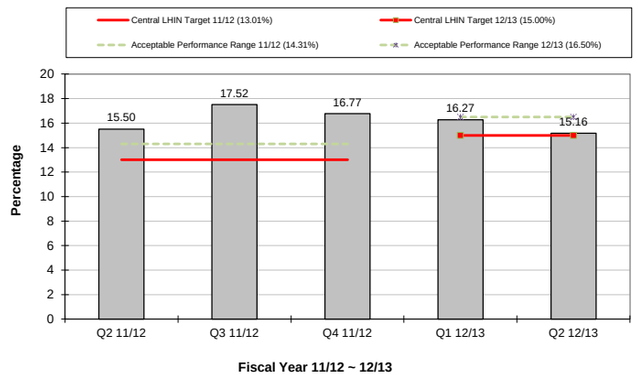
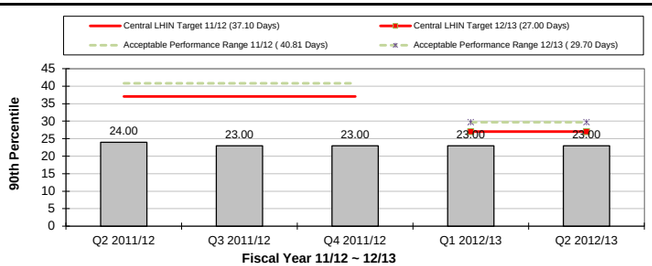
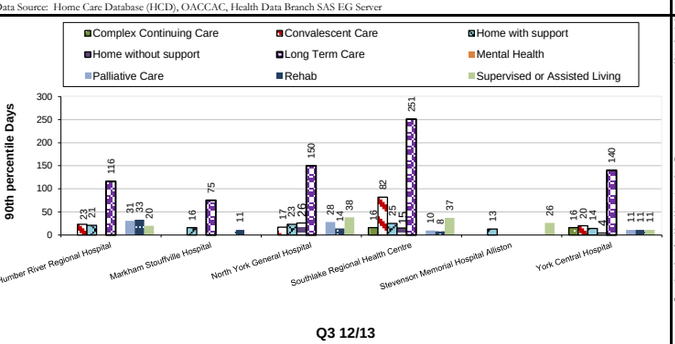
Intervention: Aging at Home (AAH) and Urgent Priorities Fund (UPF) and MoHLTC Nurse Led LTC Outreach Team funding

Supplementary Measures	Baseline	Target	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations
Number of ER Unscheduled Visits by quarter per 1,000 population	NA	TBD	65		**Past:** • Central LHIN continues to achieve good performance on ER unscheduled visits per 1,000 population and is one of the top performers in the province. **Current/Future:** • International Medical Graduates can now serve in communities such as Richmond Hill, Aurora and Newmarket (Return-of-Service Program), expanding access to primary care in these communities. • A primary goal of the first tranche of the Health Links initiative is to ensure all High User/Complex patients have access to a Primary Care Provider and to reduce the ER revisit rate. This is expected to make a positive impact on ER utilization • Additional primary care initiatives such as Advanced Access are expected to continue to make a positive impact. • Nurse-Led Outreach Teams continue to show positive results in ED diversion (please see below).
Unscheduled emergency visits per 1,000 active long-term care residents by acuity/urgency of the visit* and NLOT status of the long-term care home (*Based on the CTAS)	**Q1 FY 11/12** 202 (High Acuity NLOT) 165 (High Acuity Non-NLOT) 16 (Low Acuity NLOT) 7 (Low Acuity Non-NLOT)	NA	**Q2 FY 12/13** 178 (High Acuity NLOT) NA (High Acuity Non-NLOT) 17 (Low Acuity NLOT) NA (Low Acuity Non-NLOT)	 Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model	**Past:** • Central LHIN's Q2 2012/13 number of unscheduled ER visits (high acuity) per 1,000 active long term care residents is 24 visits less than the Q1 2011/12 baseline. Low acuity performance has remained about the same (17 visits per 1,000 active residents). • All 46 LTC homes in Central LHIN participate in the NLOT program. NLOT staff have been assisting long-term care staff to better manage and prevent clients with low acuity conditions going to ER. **Current/Future**: • A continued focus on enhanced end of life care through capacity building and collaboration with Hospice Palliative Care Services has contributed to improved results. Capacity building includes clinical ethics workshops lead by an ethicist. • The availability of Geri-mannequins has allowed teams to build skills in a simulated environment in areas such as catheter and tube management. • NLOT has also assisted in knowledge transfer regarding revisions to the high intensity needs fund which provides low SES seniors with funding for non-emergency transfers. • Collaboration between NLOT and the new Behavioural Supports Ontario (BSO) outreach teams to LTC homes has had a positive impact in further reducing transfers to ED for residents with dementia and other responsive behaviours. • A Q4 CME event for LTCH medical directors and attending physicians provided physicians with an opportunity to learn more about NLOT, BSO and increase awareness regarding how these services can improve quality of care to LTCH residents. • Improvements have been made to the LTCH Directors Transport Reporting. In Q4, RGP will be distributing awards to recognize transport reductions and use of NLOT services.
Number of unscheduled emergency visits resulting in acute inpatient admission per 1,000 active LTC residents by the LHIN and NLOT status of the long-term care home	**Q1 FY 11/12** 97 (NLOT) 95 (Non-NLOT)	NA	**Q2 FY 12/13** 89 (NLOT) NA (Non-NLOT)	 Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model	**Past:** • Central LHIN's Q2 2012/13 number of unscheduled ER visits resulting in acute inpatient admission per 1,000 active LTC residents decreased by 8 visits compared to Q1 2011/12 and decreased by 9 visits compared to Q1 2012/13. **Current/Future:** • BSO services are maturing and helping to reduce behaviour related transports likely to result in an admission. • Progress is being seen with more calls being made to NLOT prior to or instead of placing an EMS call. • NLOT teams are increasingly focused on liaising with GEM and other ER resources to facilitate timely repatriation of residents who might otherwise be admitted. • Ongoing interprofessional capacity building with LTCH staff helps to prevent deterioration of the residents' condition(s) that may prompt an ED transfer and hospital admission. • NLOT teams continue to work on end of life care in LTC homes and updating of directives; when residents are transported at end of life an admission often results. • Protocols for better staging NLOT EMS calls are being explored

LHIN VIEW: Central LHIN

Goal: Improve Bed Utilization

Intervention: Aging at Home (AAH) and Urgent Priorities Fund (UPF) -

System Measure	Baseline (FY 12/13)	Target	Current Performance	Quarterly Performance	Key Considerations
Percent ALC Days	15.64%	LHIN 15.00% (FY 12/13) MLPA Acceptable Performance Range (+10%): 16.50%	15.16 %	 Data Source: CIHI - DAD	**Past:** • Central LHIN's percentage ALC days decreased by 1.11% compared to the previous quarter and was within acceptable performance range. **Current / Future:** • In Q2, both the number of discharges and the average wait time for ALC patients waiting for Long Term Care (LTC) decreased compared to Q1. Reducing the number of patients waiting in hospital as ALC for LTC contributes to reducing % ALC days as ALC to LTC waits are typically longer than waits for other destinations. • Further analysis using WTIS data, shows that the in Q3, the volume of newly added ALC cases waiting for LTC decreased significantly to 74 compared to an average of 224 per quarter for the previous five quarters. Note that while significantly fewer of these patients were discharged in Q3, some had very long waits so the 90P number of days from ALC designation to discharge will increase for this population of patients in Q3. • This progress is primarily related to a renewed and broadened Home First Philosophy being implemented by all Central LHIN hospitals. With the reduction in ALC patients waiting for LTC, there has been a corresponding increase in ALC patients waiting to go home with CCAC services, however the wait time for CCAC services is not as long. Central LHIN staff will be working with CCAC staff to closely monitor this shift in discharge destination for these ALC patients. • Other efforts that are expected to improve results include: enhanced adoption of best practice pathways for patients with hip fracture, stroke and other conditions waiting as ALC for inpatient rehab, continued focus on Senior Friendly hospital care, continued success with initiatives such as: "assess and restore" programs, West Park transitional home ventilation service, specialized Behavioural Support Unit at Cummer Lodge (expansion from 8 to 16 Beds). • Central LHIN has 2 early adopter Health Links which will begin implementation April 1, 2013. A primary goal of Health Links is to reduce ALC days through better integration of providers across the continuum of care to reduce delays for services in the community.
90th percentile Wait Time for CCAC In Home Services - Application from Community Setting to first CCAC Service (excluding case management)	25.00 Days	LHIN 27.00 Days (FY 12/13) MLPA Acceptable Performance Range (+10%): 29.70%	23.00 Days	 Data Source: Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server	**Past:** • Q1 performance of 23 days was maintained for Q2. Central LHIN performed better than the 27 day MLPA target by 4 days and the 25 day baseline by 2 days. **Current/Future:** • Factors contributing to Central CCAC's sustained improvement include: streamlining the patient intake process for community referrals (and hospital referrals) and enhanced responsibilities of intake supervisors. This has resulted in community case managers receiving referrals quicker; and improving the client care model by realigning community case managers to clients and caseloads with similar diagnostic conditions.
Number of days from ALC designation to discharge by discharge destination(90th Percentile Days)	TBD	TBD	30 Days	 Data Source: WTIS	**Past:** • Central LHIN's Q3 90th percentile ALC days was 30 days for all discharge destinations which is a 1 day improvement from last quarter **Current / Future:** • As noted above, Central LHIN hospitals/CCAC continuing their work on the Home First Philosophy in order to decrease number of ALC patients waiting for LTC as a discharge destination from hospital. The goal is to increase number of patients discharged to home or other community alternatives with appropriate supports, instead of from hospital to LTC. A high proportion of ALC long stay patients tend to be patients who are ALC waiting for LTC as there is a high occupancy for Central LHIN LTC homes. • A study of ALC patients waiting for rehab is currently underway to identify barriers to discharge and optimize uptake of best practices for the musculoskeletal and stroke population. Also, review of options are underway to explore expanding supportive housing (transitional and permanent).

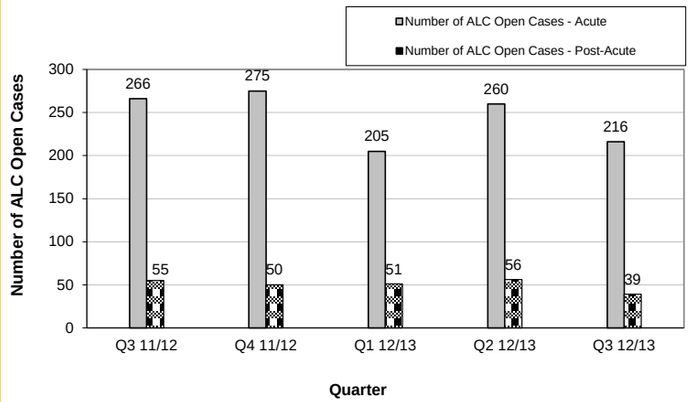
LHIN VIEW: Central LHIN

Goal: Improve Bed Utilization

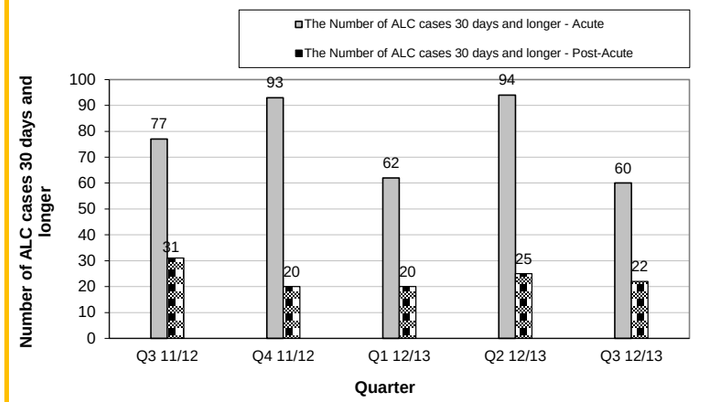
PROGRESS

Have we achieved our goals?

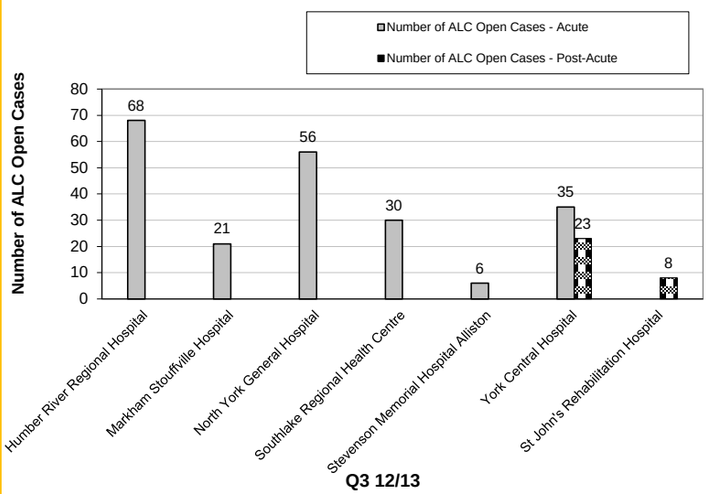
The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



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

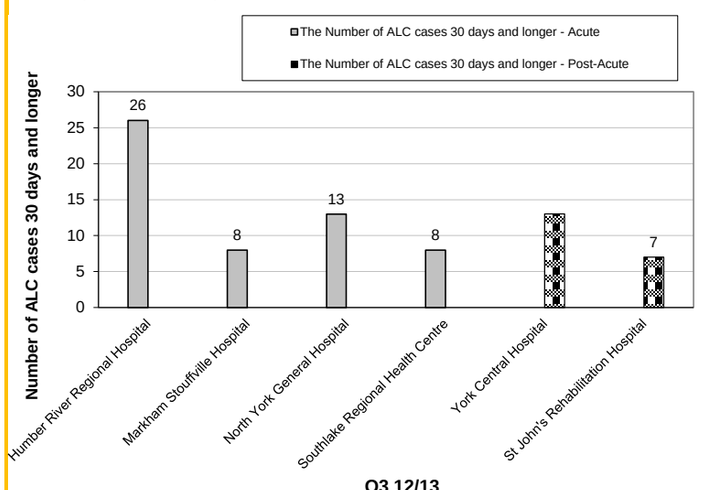


The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



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

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



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

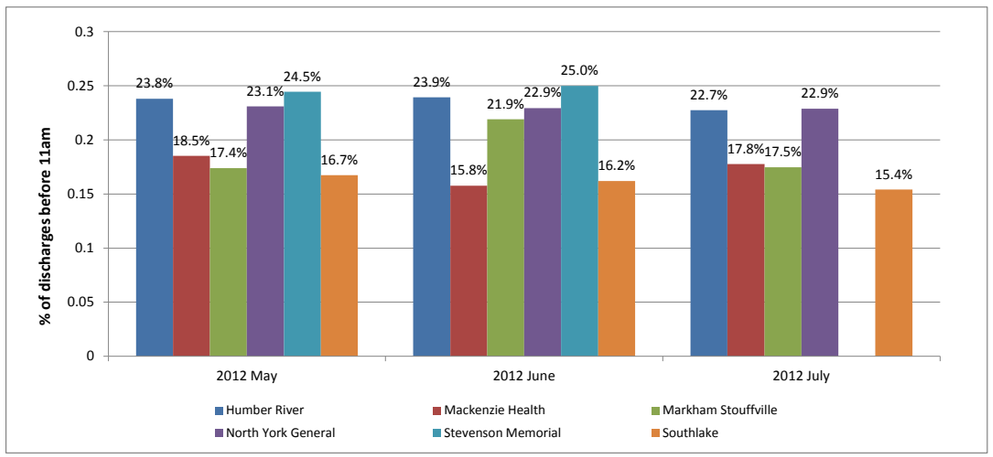
LHIN VIEW: Central LHIN

Goal: Improve Bed Utilization

PROGRESS

Have we achieved our goals?

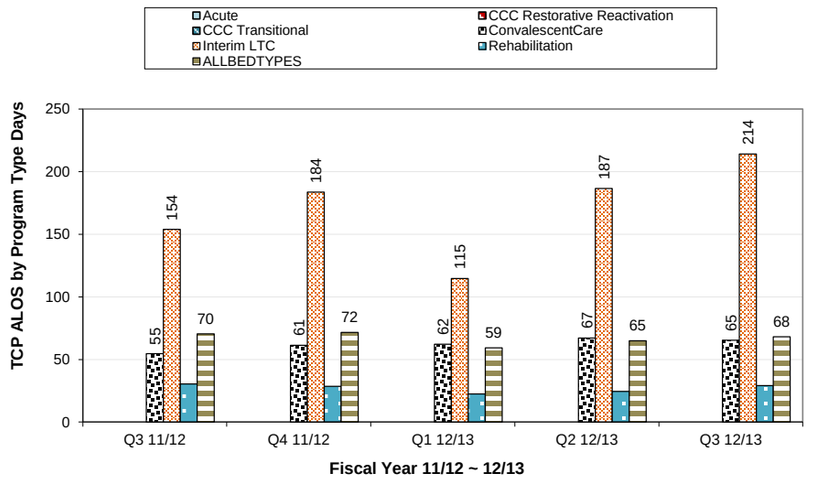
Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)



Note: July 2012 data not available for Stevenson Memorial

Data Source: CIHI DAD data

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



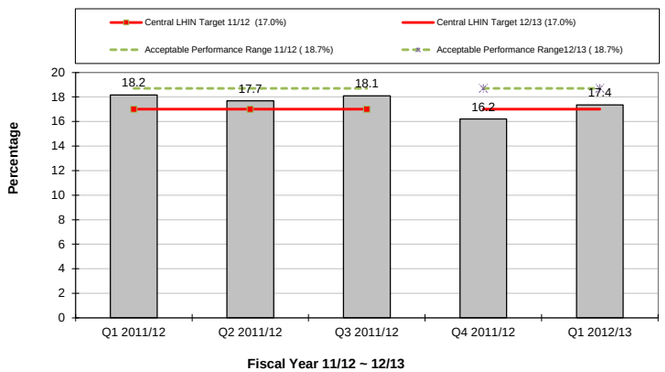
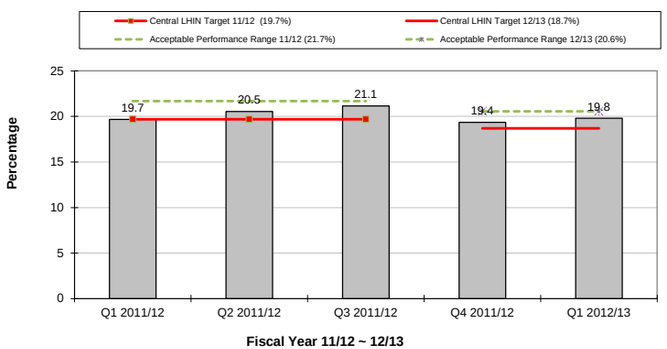
Ontario

Mental Health & Addiction

LHIN VIEW: Central LHIN

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

Intervention:

System Measure	Baseline (FY 12/13)	MLPA Target	Current Performance	Quarterly Performance (Data Source: CIHI NACRS)	Key Considerations
Repeat unplanned emergency visits within 30 days for mental health conditions	17.1 %	LHIN 17.0% (FY 12/13) Acceptable Performance Range (+10%): 19%	17.4 %		**Past:** • Central LHIN's performance over the past 6 quarters falls within the acceptable performance range and in Q1 2012-13 was 17.4%. **Current:** • 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. • Implementation of the Central LHIN BSO Action Plan underway as of April 1, 2012. • Southlake Regional Health Centre and North York General Hospital have expanded their adult inpatient and outpatient eating disorder program to provide support for people in the community. • CMHA – York Region and CMHA- Toronto have expanded early psychosis intervention programs with registered nurses and case managers to intervene early and prevent ED visits. • LOFT Community Services has increased the number of supportive housing units within the Assisted Living Program to 50 seniors with mental health and addictions challenges at the Jane/Finch hub and a new site in Bradford. **Future:** • Implementation of the CCAC MHA Nurses in District School Boards starting in January 2013 • Central LHIN hosted a Quality Collaborative focused on improving quality in ED for patients living with MHA by enhancing flow, through implementing medical clearance guidelines. Progress is being made in the development and implementation of these guidelines. • Implementation new supportive housing programs in with new units in Stouffville led by LOFT Community Services and a transitional program across York Region through CMHA-York Region starting in January 2013.
Repeat unplanned emergency visits within 30 days for substance abuse conditions	18.9 %	LHIN 18.7% (FY 12/13) Acceptable Performance Range (+10%): 21%	19.8 %		**Past:** • Central LHIN's performance over the past 6 quarters falls within the acceptable performance range and in Q1 2012-13 was 19.8%. • Addiction Services for York Region received funding in February 2011 to provide support services to people living in eight new supportive housing units. **Current:** • 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. • 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. **Future** • Implementation of a Community Opioid Treatment Clinic and enhanced programs for community services for pregnant and parenting women with addictions beginning in March 2013. • Allocation of OTN equipment to four Central LHIN providers to enhance access to addictions services. • Implementation of the CCAC MHA Nurses in District School Boards starting in January 2013 • Central LHIN hosted a Quality Collaborative focused on improving quality in ED for patients living with MHA by enhancing flow, through implementing medical clearance guidelines. Progress is being made in the development and implementation of these guidelines.

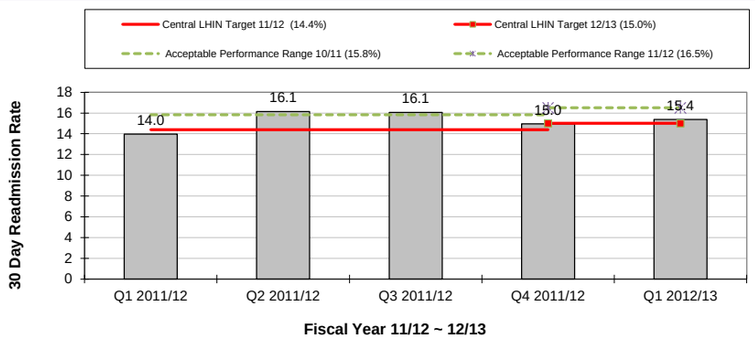
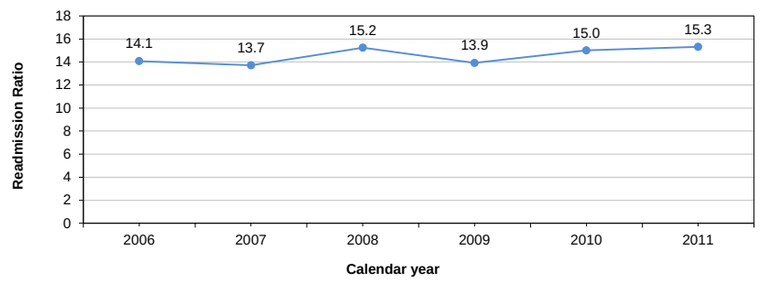
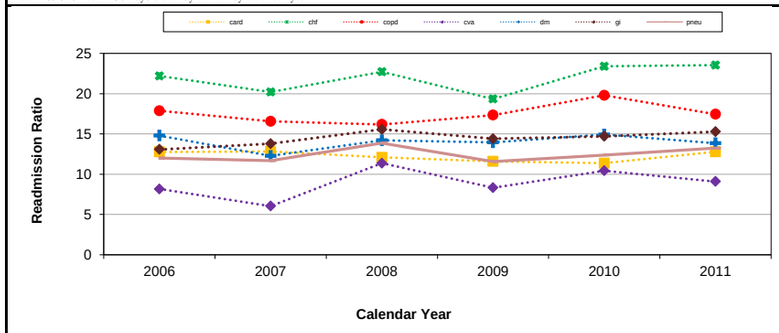
Ontario

Excellent Care for All

LHIN VIEW: Central LHIN

Goal: Reduce Avoidable Hospital Readmission

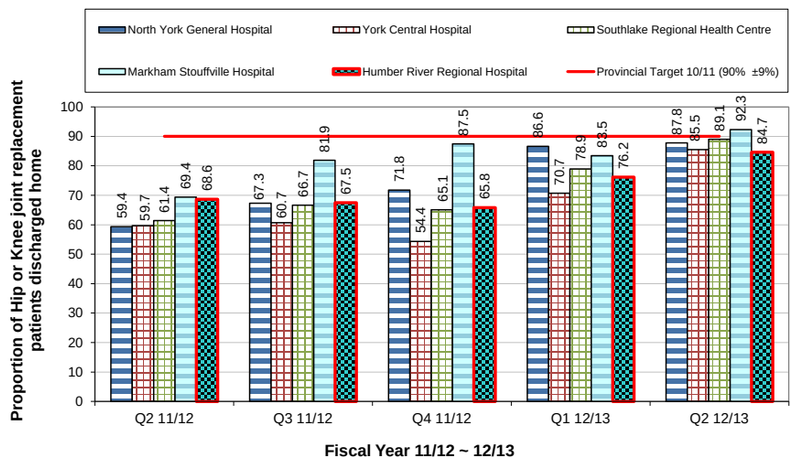
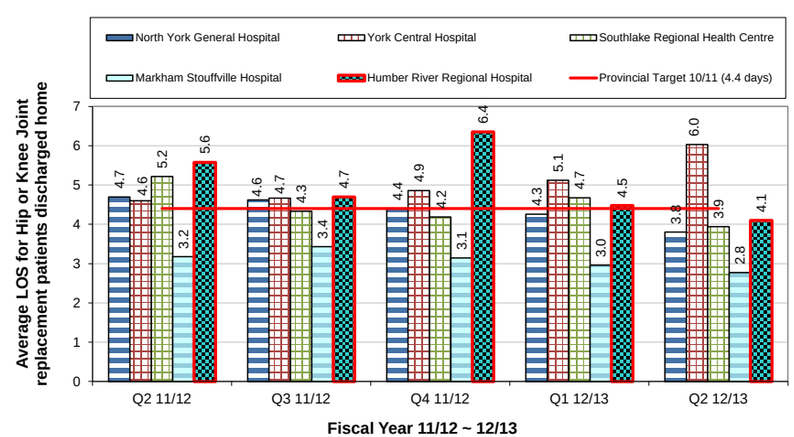
Intervention:

System Measure	Baseline (FY 12/13)	MLPA Target	Current Performance	Quarterly Performance (Data Source: CIHI-DAD)	Key Considerations
30 day readmission rates for selected CMGs (Case Mix Groups)	15.1 %	LHIN 15.0% (FY 12/13) Acceptable Performance Range (+10%): 16.5	15.4 %	 Data Source: CIHI-DAD  Readmissions within 30 days trend by LHIN by calendar year  Readmissions within 30 days trend by LHIN by cohort by calendar year	**Past:** • Central LHIN's performance over the past 6 quarters falls within the acceptable performance range and in Q1 2012-13 was 15.4%. • Mackenzie Health established a network of five stroke prevention clinics with expanded access to three cardiovascular rehabilitation programs targeting underserviced areas in Central LHIN. • Southlake Regional Health Centre Heart Function Clinic is able to flag patients registered with the Clinic (approx.350) when they visit the emergency department. The Clinic is notified via email and they follow-up directly with the patient via telephone and offer an 'urgent' visit to the clinic. • Focused efforts to improve the discharge process by ensuring that the appropriate client supports are put in place prior to discharge. **Current** • Southlake FHT is implementing the Heart and Stroke Hypertension Management Program with a focus to improve the diagnosis, management and control of hypertension (or high blood pressure) by healthcare providers and patients according to clinical best practice guidelines. • Central LHIN partnered with the Lance Krasman Centre to run a self-management program for clients with mental health issues who are at risk of developing diabetes. • In March 2011, under the Ontario Diabetes Strategy (ODS), North York General Hospital became a Centre for Complex Diabetes Care (CCDC) providing patients with specialized services from an inter-professional team. • The ODS implemented the Self-Management Initiative across Central LHIN providing 300 patients with training on the self-management of their chronic disease to prevent hospital readmissions and training for 300 health care professionals on tools and strategies for patients to self-manage. • Education and awareness of HealthCare Connect is enhancing access to primary care practitioners for unattached patients. **Future:** • Implementation of Health Links, with two early adopter Links in the Central LHIN beginning implementation in April 2013. A primary goal of Health Links is to improve the coordination and delivery of care across the continuum for high users, many of whom have one or more of the conditions included in the definition of 'selected CMGs'. • Central LHIN is supporting collaboration across our hospitals to support enhanced adoption of best practice pathways for patients with stroke and other conditions • Southlake Regional Health Centre and Markham Stouffville Hospital have implemented a telemedicine nurse to enhance access to experts across the province. • Central LHIN is investigating the development of standardized and integrated discharge planning processes 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. • In February 2013, funding for staff to participate in clinical training focused on preventing readmissions was issued to hospitals.

LHIN VIEW: Central LHIN

Goal: Reduce Avoidable Hospital Readmission

Intervention:

System Measure	Baseline	Target	Current Performance	Quarterly Performance (Data Source: DAD)	Key Considerations
Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home	TBD	90% ± 9%	87.6 %	 Note: No Volume or Low Volume (<10 cases) is not reported	**Past:** • Central LHIN's performance improved by 7.4% compared to the previous quarter and meets the provincial target. **Current:/Future** • Central LHIN hospitals, working with orthopaedic surgeons, have implemented a standardized cross-continuum Total Joint Replacement (TJR) pathway, including pre-operative education tools to prepare patients for what to expect during their hospital stay and post-discharge from an acute care setting. This has improved performance for proportion of patients being discharged home. • Work is underway to implement action plans as outlined in the recently submitting Integrated Orthopaedic Capacity Plan, for example assessing capacity and providing timely cost-effective outpatient rehabilitation closer to home for Central LHIN residents. This is anticipated to sustain/improve results further.
Average length of Stay of primary unilateral Hip or Knee Joint Replacement patients discharged home	TBD	4.4 Days	4 Days	 Note: No Volume or Low Volume (<10 cases) is not reported	**Past:** • Central LHIN's performance improved by 0.3 days when compared to the last quarter and slightly exceeds provincial target. **Current/Future:** • As noted above, Central LHIN hospitals and orthopaedic surgeons have been working towards successfully implementing a standardized cross-continuum TJR pathway and patient education to prepare them for discharge after surgery. This has been a key success factor to timely discharge and meeting the length of stay target.

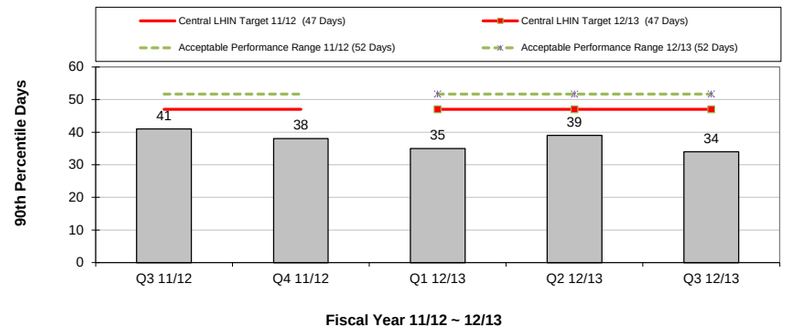
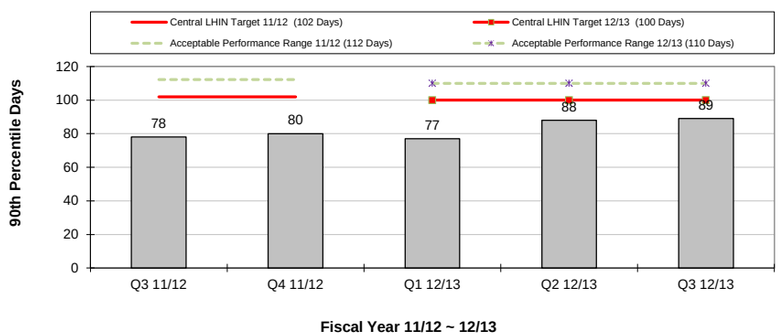
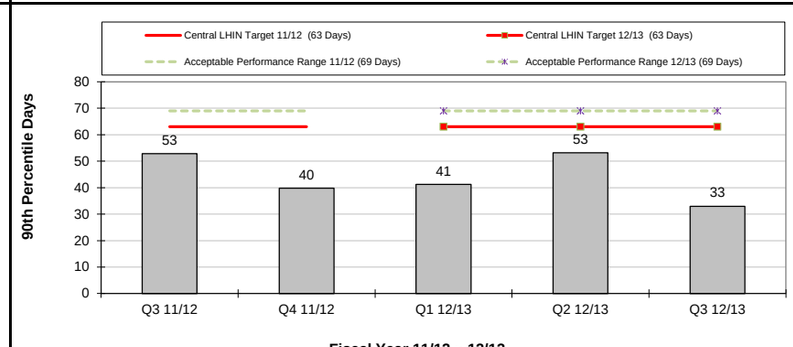
Ontario

Surgical and Diagnostic Imaging Wait Times

LHIN VIEW: Central LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

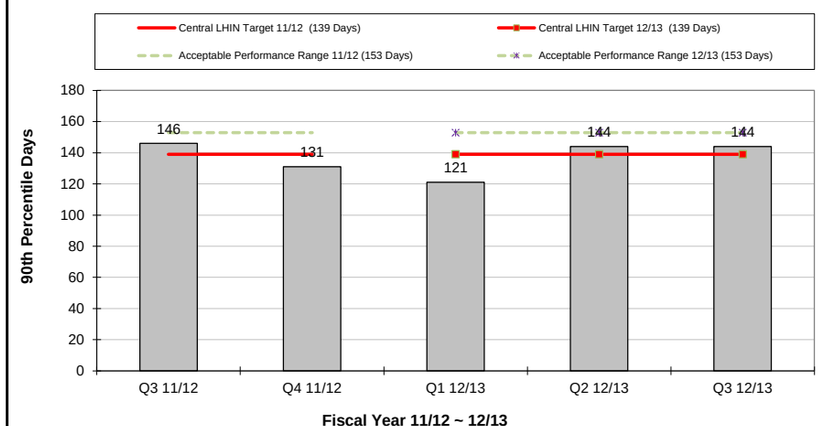
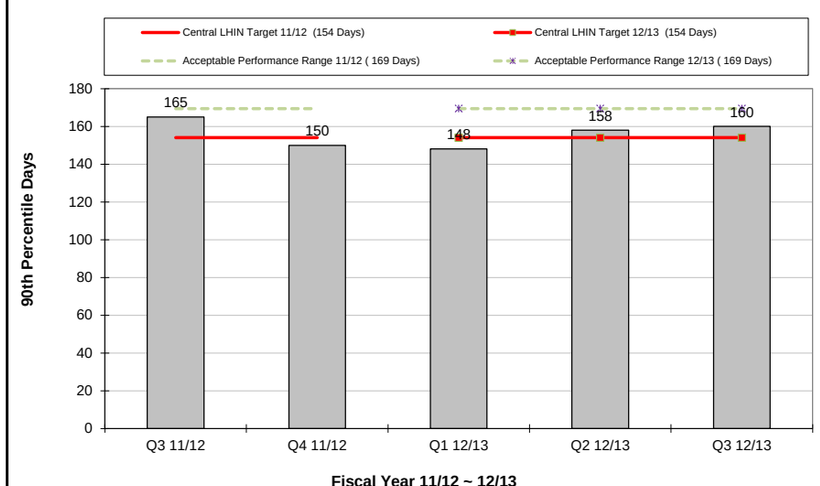
Intervention:

System Measure	Baseline FY 12/13	Target (MLPA)	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations
90th Percentile Wait Times for Cancer Surgery	41 Days	LHIN 47 Days (FY 12/13) Acceptable Performance Range (+10%): 52 days	34 Days		**Q3 Performance:** • Central LHIN continues to exceed its MLPA target for cancer surgery wait times • Central LHIN was ranked 1st in the province for the shortest cancer surgery wait times and exceeded the 84 day provincial target and 48 day provincial average. • In order to improve performance and attain the LHIN target, Central LHIN hospitals will continue to ensure effective processes are in place to prioritize cancer surgeries, allocate additional OR block to accommodate patient needs and perform utilization reviews to gain efficiencies.
90th Percentile Wait Times for Cataract Surgery	80 Days	LHIN 100 Days (FY 12/13) Acceptable Performance Range (+10%): 110 Days	89 Days		**Q3 Performance:** • Central LHIN continues to exceed its MLPA target for cataract surgery wait times. • Central LHIN was ranked 3rd in the province for the shortest cataract surgery wait times and exceeded the 182 day provincial target and 138 day provincial average. • Central LHIN facilitated an integration of cataract services creating two Centers of Excellence at North York General Hospital and Southlake Regional Health Centre effective April 1, 2010. The goal of the integration was to achieve economies of scale, standardization, specialization, improved throughput and increased operating room time.
90th Percentile Wait Times for Cardiac By-Pass Procedures	55 Days	LHIN 63 Days (FY 12/13) Acceptable Performance Range (+10%): 69 days	33 Days	 Data Source: Cardiac Care Network	**Q3 Performance:** • Central LHIN continues to exceed its MLPA target for cardiac by-pass surgery wait times. • Central LHIN exceeded the 182 day provincial target. • Currently Southlake Regional Health Centre is the only hospital that performs Cardiac By-Pass Procedures in Central LHIN.

LHIN VIEW: Central LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

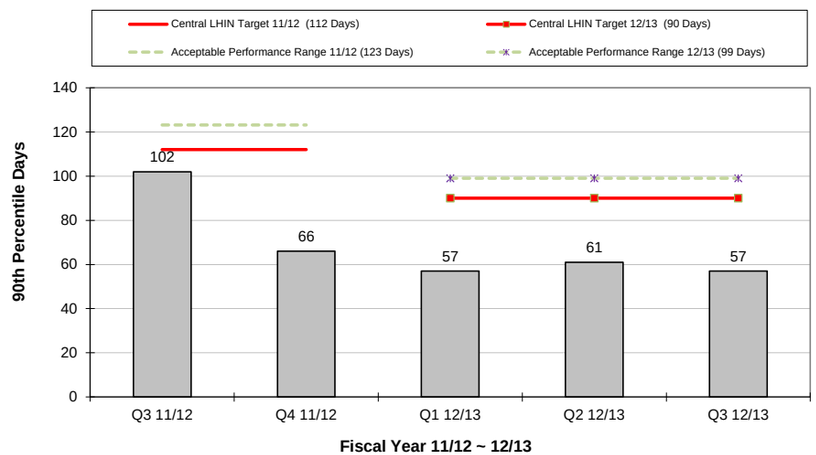
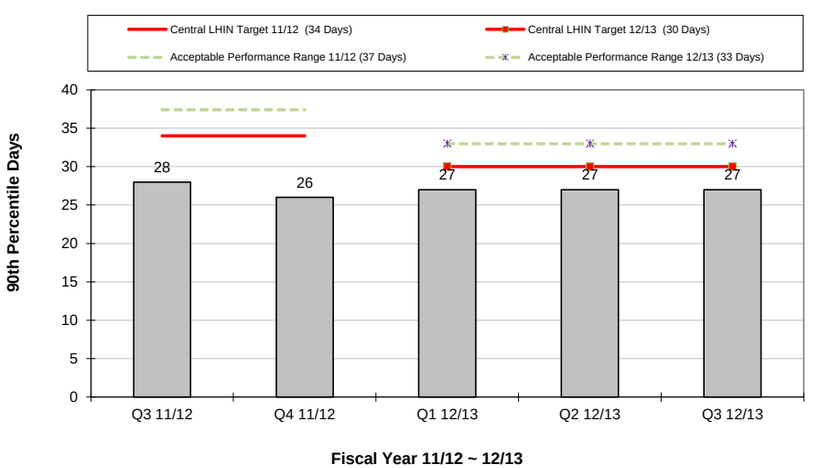
Intervention:

System Measure	Baseline FY 12/13	MLPA Target	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations
90th Percentile Wait Time for Hip Replacement	141 Days	LHIN 139 Days (FY 12/13) Acceptable Performance Range (+10%): 153 days	144 Days		**Q3 Performance:** • Central LHIN was within the acceptable performance range for hip replacement wait times. • Central LHIN was ranked 4th in the province for the shortest hip replacement wait times and exceeded the 182 day provincial target and 186 day provincial average. • In January 2007, the Total Joint Assessment Centre (TJAC) was created to centralize access to hip and knee surgeries. TJAC has been successful in reducing the wait time from the point of referral from primary care physician to surgeon assessment, by providing patients with early consultation and choice of surgical date options.
90th Percentile wait Times for Knee Replacement	160 Days	LHIN 154 Days (FY 12/13) Acceptable Performance Range (+10%): 169 days	160 Days		**Q3 Performance:** • Central LHIN was within the acceptable performance range for knee replacement wait times. • Central LHIN was ranked 3rd in the province for the shortest hip replacement wait times and exceeded the 182 day provincial target and 230 day provincial average.

LHIN VIEW: Central LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:

System Measure	Baseline FY 12/13	MLPA Target	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations
90th Percentile Wait Time for Diagnostic MRI Scan	102 Days	LHIN 90 Days (FY 12/13) Acceptable Performance Range (+10%): 99 days	57 Days		**Q3 Performance:** • Central LHIN continues to exceed its MLPA target for diagnostic MRI wait times. • Central LHIN exceeded the 102 day baseline and exceeded 80 provincial average. • Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiencies and completed process improvement initiatives (modeled after the Provincial Process Improvement Project). • In response to the Ministry invitation, Central LHIN have four additional MRI machines commencing operations in FY11/12 and FY 12/13.
90th Percentile wait Times for Diagnostic CT Scan	30 Days	LHIN 30 Days (FY 12/13) Acceptable Performance Range (+10%): 33 days	27 Days		**Q3 Performance:** • Central LHIN continues to exceed its MLPA target for diagnostic CT wait times. • Central LHIN exceeded the 30 day baseline. • Central LHIN hospitals have also initiated or completed LEAN initiatives to improve efficiencies and completed process improvement initiatives (modeled after the Provincial Process Improvement Project).

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

Instructions:

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

1)Relabel chart and indicate the month of data

2) Relabel chart and indicate hospital names

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

4) Please insert data in the chart format

5) Click button to graph

6) Adjust the initial settings of the graph features accordingly

Modify the chart to reflect past 3 months' data	Name of Hospital

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