MOHLTC - HSAPD
Quarterly Stocktake Report

LHIN: Central LHIN

Report Date: August 2014

Ontario

GUIDE: Quarterly Stocktake Report for Central LHIN

Ontario

Accountability Measures	**Performance Indicators: Access to healthcare services**	
	90th percentile ER length of stay for admitted patients	Page 12
	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	Page 13
	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	Page 14
	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	Page 15
	Percent of priority IV cases completed within access target for knee replacement	
	Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home	Page 16
	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	Page 17
	Percent of priority IV cases completed within access target for CT scans	
	Performance Indicators: System integration and coordination of care	
	Percentage of Alternate Level of Care (ALC) Days	Page 18
	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)	Page 19
	Performance Indicators: Quality and improved health outcomes	
	Readmission within 30 Days for Selected CMGs	Page 20
	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions	Page 21
	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions	
Supplementary Measures	Time to Inpatient Bed: Disposition date/time to Left ER date/time	Page 22
	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	Page 23
	Percentage of hospital inpatient discharges before 11:00 am	Page 24
	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)	

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

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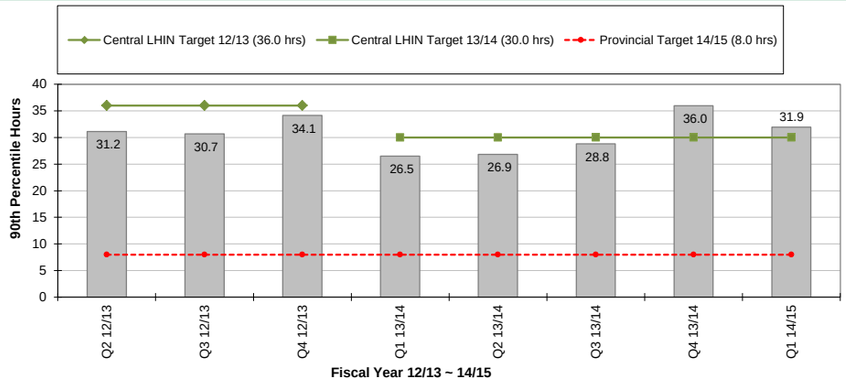
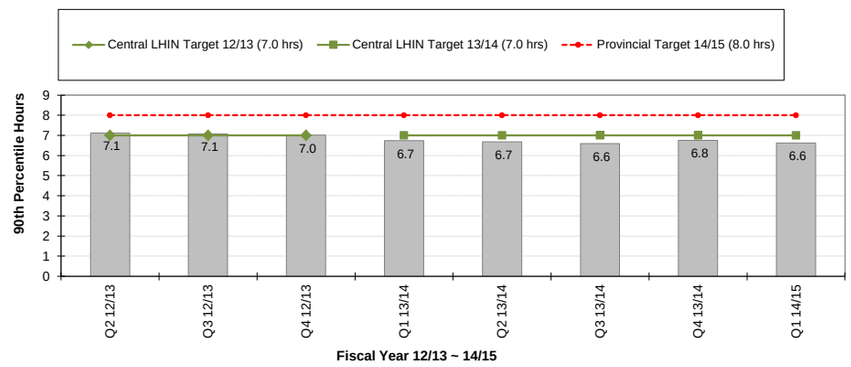
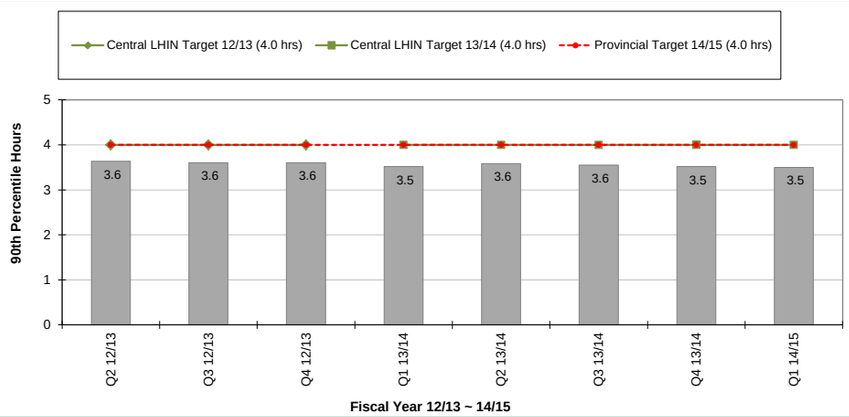
Ontario

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 29.3 hours (FY 13/14) Provincial Internal Goal 25.0 hours Provincial Target 8.0 Hours LHIN Target 30.0 hours (FY 13/14) **Current Performance** 31.9 hours		**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Current and upcoming initiatives taking place at the Central LHIN hospital EDs to improve this indicator include quality improvement initiatives, revising and creating new access policy and procedures as it relates to surge planning, short-stay/express admission units, increased diagnostic imaging (DI) services, Rapid Assessment/Fast Track Zones, as well as increasing human resource support to facilitate admissions, patient flow, and discharges. **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 has improved greatly since the surge noted in the previous quarter and is getting closer to meeting the baseline. Two Central LHIN hospitals in particular are continuing to work through their organizational and operational challenges including physician practice and early discharge planning. Plans are in place to mitigate such challenges through focused strategies. Central LHIN is closely monitoring performance to ensure further improvement in the next quarter. **3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target?** Central LHIN is continually monitoring this indicator and expects to meet its target with the successful implementation of the above-mentioned initiatives in Q2 2014/15.
90th percentile ER Length of Stay for non-admitted complex (CTAS I-III) patients (Data Source: CIHI-NACRS)	Baseline 6.7 hours (FY 13/14) Provincial Internal Goal 7.0 hours Provincial Target 8.0 Hours LHIN Target 7.0 hours (FY 13/14) **Current Performance** 6.6 hours		**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Central LHIN's consistent improvement for this indicator is a result of initiatives related to facilitating patient flow in ED (e.g. Rapid Assessment/Fast Track Zones, Ozone Clerk and Patient Flow Navigator positions, increased nursing coverage), improving surge protocols, discharge planning for MedSurg unit to expedite and improve the process for discharging medically complex patients starting at admission, enhancing access to DI services to improve turnaround times, and reducing wait time for Physician Initial Assessment (PIA) through additional staffing. **2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?** Improved from baseline. **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?** Target achieved.
90th percentile ER Length of Stay for non-admitted minor / uncomplicated (CTAS IV-V) patients (Data Source: CIHI-NACRS)	Baseline 3.6 hours (FY 13/14) Provincial Target 4.0 hours LHIN Target 4.0 hours (FY 13/14) **Current Performance** 3.5 hours		**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Central LHIN has maintained its performance for this indicator since the last quarter and has consistently met and exceeded the LHIN and provincial performance target of 4.0 hrs. Initiatives that focus on building care capacity in PIA (e.g. Rapid Assessment/Fast Track Zones, Physician Assistants, additional ED Clerical Coordinators, Patient Flow Navigators, etc.), and enhancing care coordination in the community (e.g. GEM nurses, Discharge Planning Nurse) have all assisted in sustaining improvements and maintaining the target for this indicator. **2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?** Improved from baseline. **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?** Target achieved.

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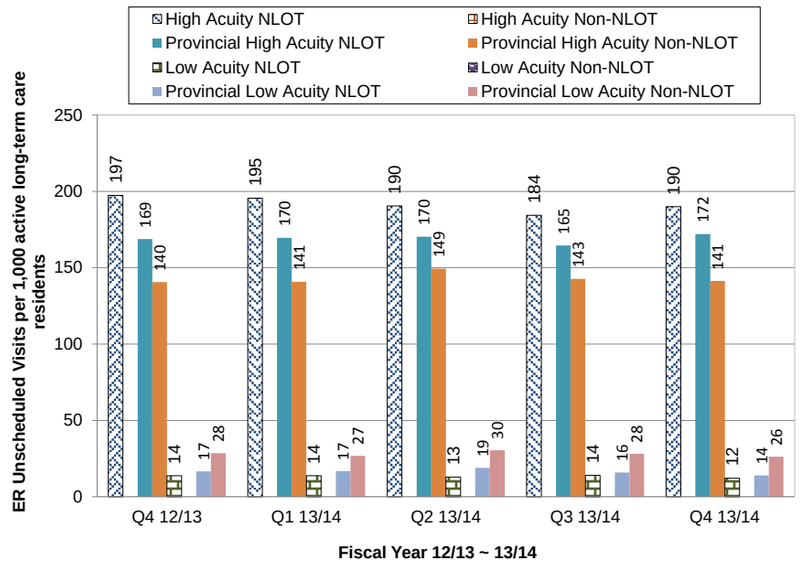
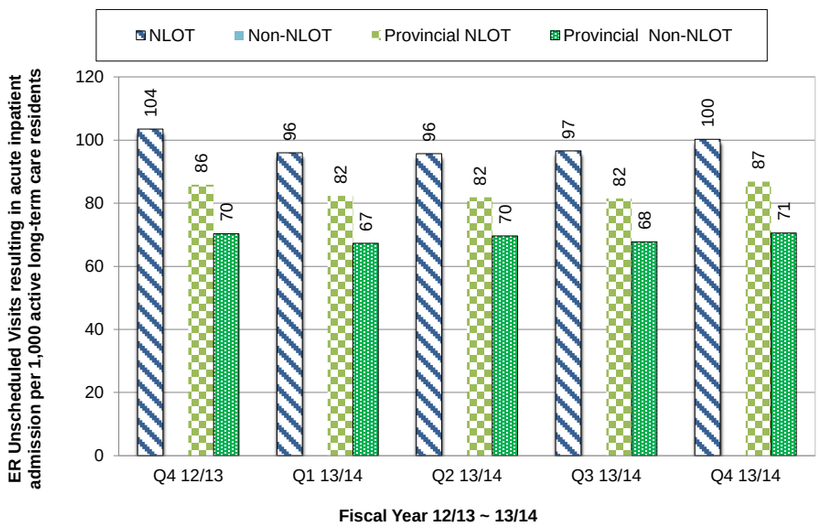
System Measure	Details	Quarterly Performance	LHIN's Performance Report
Unscheduled emergency visits per 1,000 active long-term care residents by acuity/urgency of the visit* and NLOT status of the long-term care home *Based on the CTAS Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model	**Baseline:** **Q1 11/12** 202 (High Acuity NLOT) 165 (High Acuity Non-NLOT) 16 (Low Acuity NLOT) 7 (Low Acuity Non-NLOT) **Current Performance:** 190 (High Acuity NLOT) 0 (High Acuity Non-NLOT) 12 (Low Acuity NLOT) 0 (Low Acuity Non-NLOT)	 Based on the Canadian Triage and Acuity Scale (CTAS) scores (i.e., High acuity = CTAS 1-3; Low acuity = CTAS 4-5)	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • An NLOT stakeholders survey is in progress and will inform discussions at an NLOT Directors meeting in October which will focus on the integration of OTN resources in NLOT services. This is in partnership with an OTN session at the OLTCA annual meeting for LTCH attending physicians with the support by NLOT staff. • Shortage of human resources was noted in Q4 which led to issues with inefficient coverage homes. However, the number of patients seen by NLOT staff continued to exceed targeted volumes. New staff has been recruited for Q1 14/15 which is expected to improve performance by next quarter. **2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?** Improved from baseline. **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?** No LHIN target.
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 (Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model)	**Baseline:** **Q1 11/12** 97 (NLOT) 95 (Non-NLOT) **Current Performance:** 100 (NLOT) 0 (Non-NLOT)	 	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • Staff anticipate working with RNAO best practice coordinators on respiratory care guidelines. • GEM/NLOT and NLOT/Flow staff together with increasing use of automated status reporting is expected to prompt decreased admission rates and shorter LOS for admitted patients. Plans to complete these 'repatriation' initiatives along with coaching in the use of OTN for home-hospital consultation have been initiated. **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?** Increases were seen in the number of transports related to respiratory issues suggests the impact of seasonal respiratory disorders. Results are expected to improve next quarter. **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?** No LHIN target.

NLOT home status was assigned based on a list provided by IB as of April/May 2013

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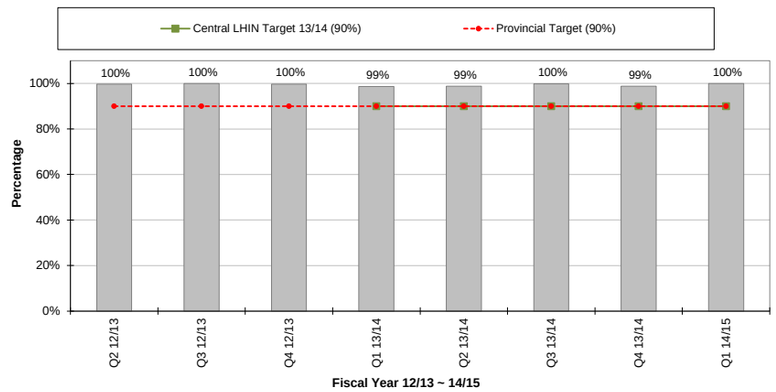
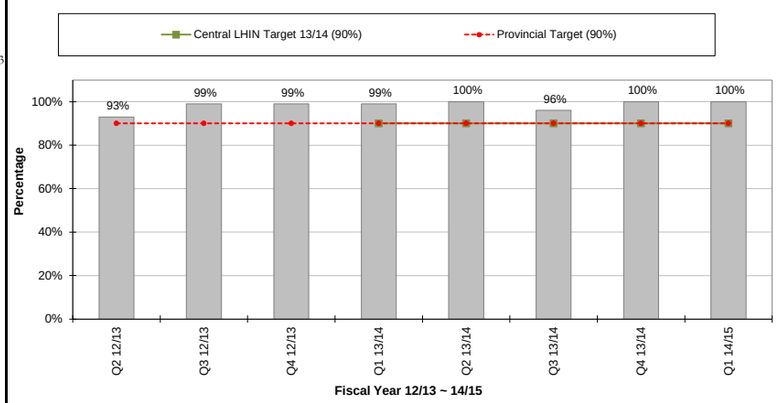
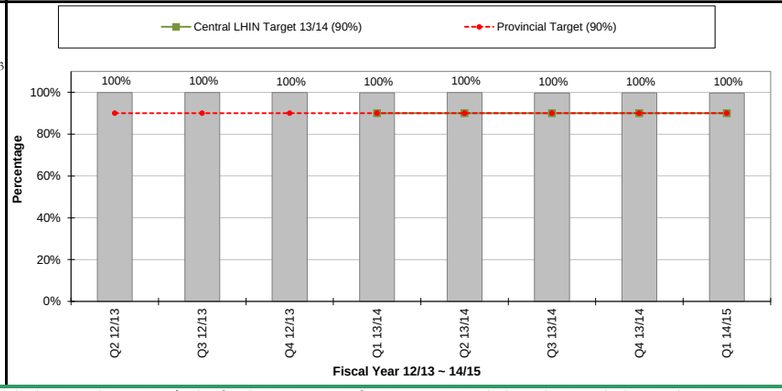
Percent of Priority IV Cases Completed Within Access Target for Cancer Surgery** Priority IV: 84 days (Data Source: WTIS)	Baseline 100% (Based on FY 12/13 result) Provincial Target: 90% LHIN Target 90% (FY 13/14) **Current Performance** 100%		**1. What interventions or initiatives has the LHIN undertaken 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?** Baseline met. **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?** Target achieved. Central LHIN anticipates performance to remain above the provincial target. **Additional Questions:** **4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers?** In Q1, all Central LHIN hospitals achieved the provincial target. **5. Does the LHIN plan to reallocate services to another hospital?** No **6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures).** N/A
Percent of Priority IV Cases Completed Within Access Target for Cardiac By-Pass Procedures** Priority IV: 90 days (Data Source: CCN)	Baseline 97% (Based on FY 12/13 result) Provincial Target: 90% LHIN Target 90% (FY 13/14) **Current Performance** 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?** Baseline met. **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?** Target achieved. **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. Furthermore, only one hospital performs this surgery in Central LHIN. **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
Percent of Priority IV Cases Completed Within Access Target for Cataract Surgery** Priority IV: 182 days (Data Source: WTIS)	Baseline 100% (Based on FY 12/13 result) Provincial Target: 90% LHIN Target 90% (FY 13/14) **Current Performance** 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?** Baseline met. **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?** Target achieved. **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?** Central LHIN has recently refreshed its vision strategy and confirms to remain with its current model of providing cataract surgery. **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

**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.

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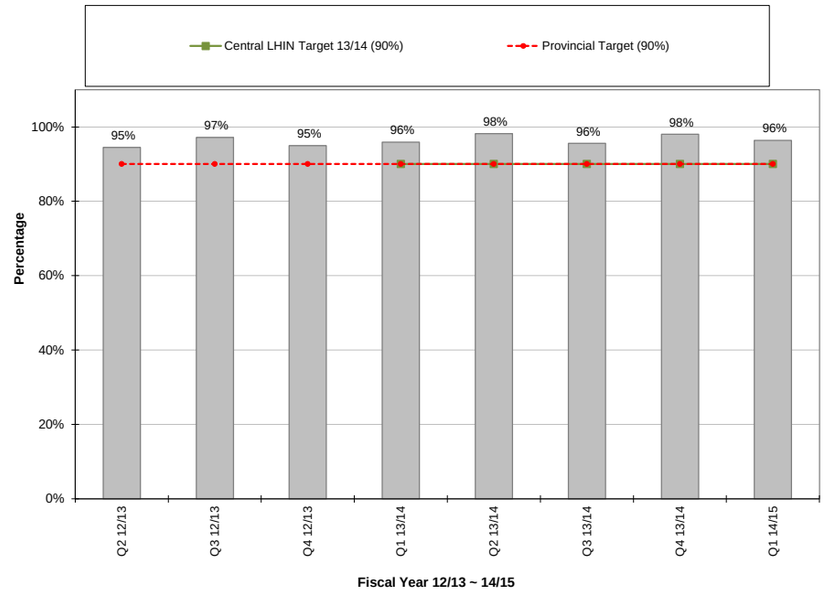
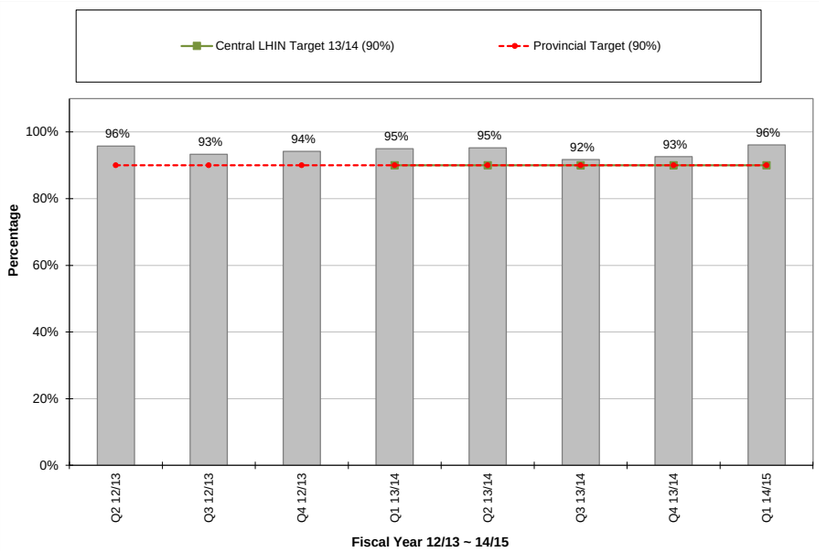
Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percent of Priority IV Cases Completed Within Access Target for Hip Replacement** Priority IV: 182 days (Data Source: WTIS)	Baseline 96% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 90% (FY 13/14) **Current Performance** 96%		**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Central LHIN has exceeded the provincial target 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?** Baseline met. **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?** Target achieved. **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?** N/A **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
Percent of Priority IV Cases Completed Within Access Target for Knee Replacement** Priority IV: 182 days (Data Source: WTIS)	Baseline 95% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 90% (FY 13/14) **Current Performance** 96%		**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Central LHIN has exceeded the provincial target 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?** Baseline met. **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?** Target achieved. **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?** N/A **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

**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.

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System Measure	Details	Quarterly Performance	LHIN's Performance Report

System Measure: Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home**

(Data Source: CIHI-DAD)

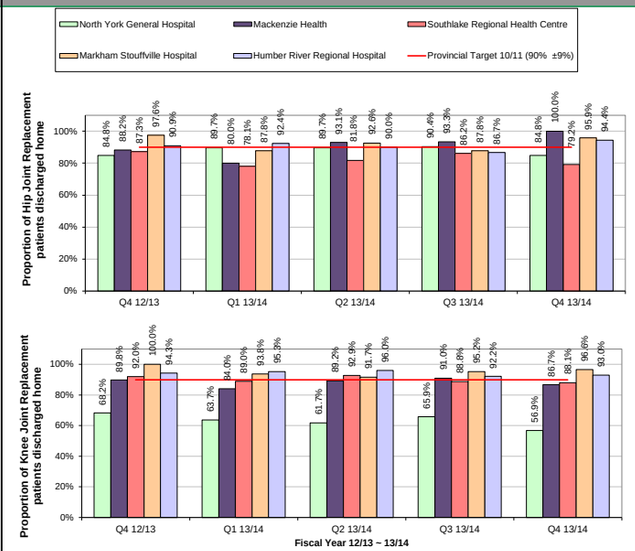
Baseline TBD

Provincial Target 10/11 (90% ± 9%)

LHIN Target: TBD

Current Performance Hip 88.5%

Current Performance Knee 82.6%



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

1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?
In Q4 2013/14, Central LHIN's proportions of primary unilateral Hip and Knee joint replacement patients discharged home are both within the provincial target. 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.

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?
No 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?
No LHIN target. Provincial target achieved.

System Measure: Average length of stay of primary unilateral Hip or Knee Joint Replacement patients discharged home**

(Data Source: CIHI-DAD)

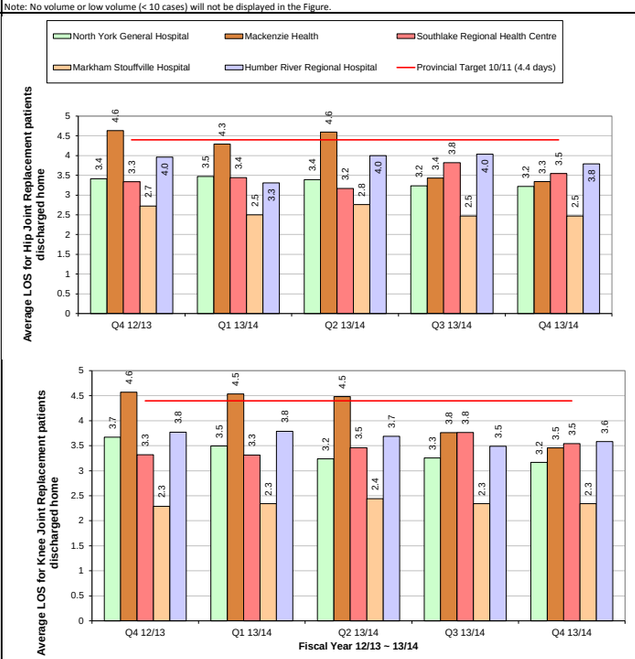
Baseline TBD

Provincial Target 10/11 4.4 days

LHIN Target: TBD

Current Performance Hip 3.2

Current Performance Knee 3.2



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

1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?
In Q4 13/14, the average lengh of stay of primary unilateral Hip and Knee joing replacement patients discharged home both decreased slightly from Q3 13/14 (Hip: from 3.4 days in Q3 to 3.2 days in Q4; Knee: from 3.3 days in Q3 to 3.2 days in Q4). Both indicators continue to be well below the provincial target of 4.4 days, and have further improved from Q2. Continued work in sustaining the standardized TJR pathway and Integrated Orthopaedic Capacity Plan will sustain improvements in patients' length of stay in hospitals.

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?
No 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?
No LHIN target. Provincial target achieved.

**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.

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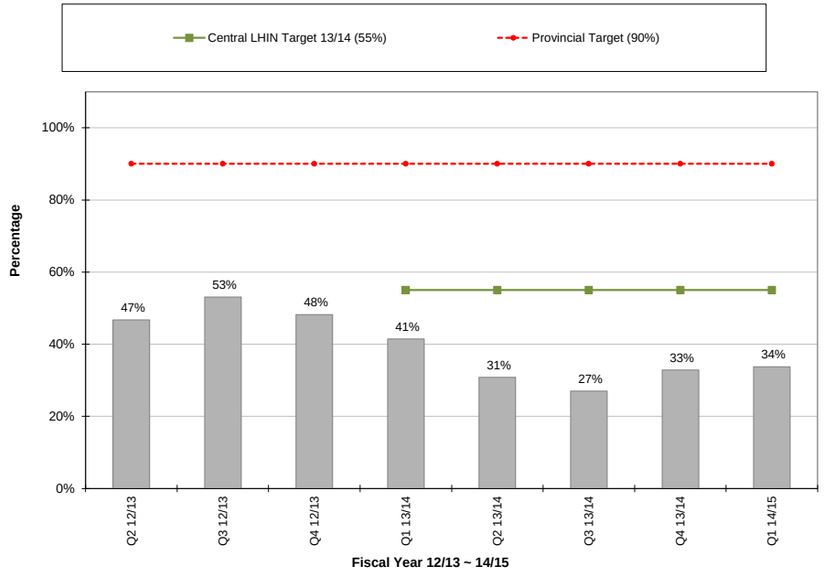
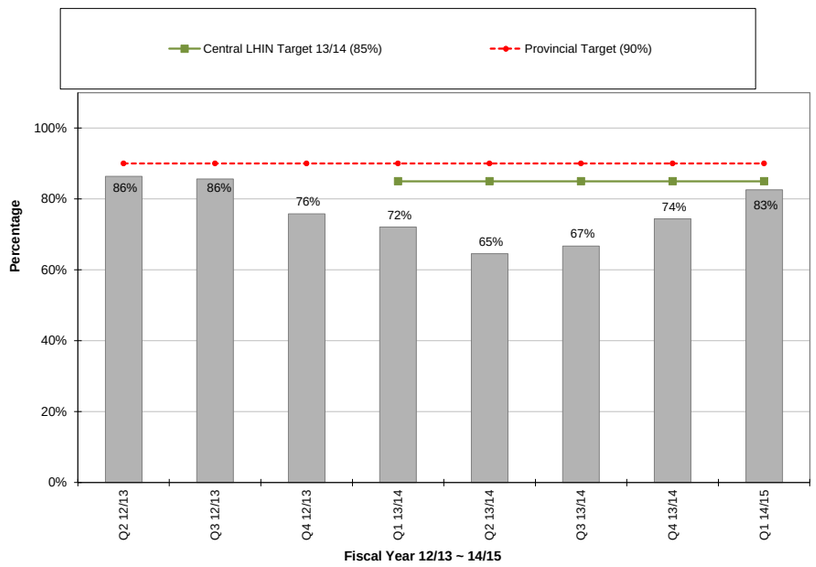
System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percent of Priority IV Cases Completed Within Access Target for MRI Scan** Priority IV: 28 days (Data Source: WTIS)	Baseline 48% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 55% (FY 13/14) **Current Performance** 34%		**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. In 2014/15, Markham Stouffville Hospital should receive base funding for a new MRI machine which will increase funded levels by 2080 hours (pending MOH funding letter). **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?** Some Central LHIN hospitals are operating to funded levels in the absence of the 2014/15 Wait Time Strategy funding letter from the Ministry. Once received and hospitals notified of their incremental allocations, we anticipate to see improvements in performance in Q3 and Q4. **3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target?** Central LHIN expects to see improvements and move closer to the target in Q3 and Q4. **Additional Questions:** **4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers?** Demand continues to outstrip supply for MRI scans. Hospital quarterly performance differs as much as 46% between hospitals in the Central LHIN. At the end of Q1, some hospitals have exceeded funded volumes by close to 15%. **5. Does the LHIN plan to reallocate services to another hospital?** No. All current hospitals will continue to perform MRI scans. **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 the latest phase of the MRI PIP project. The LHIN allocates discretionary funding (i.e., UPF) taking into account efficiency at each provider.
Percent of Priority IV Cases Completed Within Access Target for CT Scan** Priority IV: 28 days (Data Source: WTIS)	Baseline 84% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 85% (FY 13/14) **Current Performance** 83%		**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). **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?** Some Central LHIN hospitals are operating to funded levels in the absence of the 2014/15 Wait Time Strategy funding letter from the Ministry. Upon notification of Wait Times incremental allocations, hospitals will begin ramping up operations resulting in performance improvement in Q2/Q3. The LHIN has seen steady improvement in this indicator over the past 3 quarters (from 65% to 83%) and the preliminary data for the first 2 months of Q2 shows continued improvement. **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?** In Q1 the LHIN performance is 2% below target. Preliminary data for the first 2 months of Q2 shows the target of 85% being achieved. **Additional Questions:** **4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers?** Historically, Central LHIN hospitals performed volumes in excess of base and WTS incremental funded volumes - demand continues to outstrip funded supply. At the end of Q1, hospitals have exceeded funded volumes; some have performed close to 50% of funded volumes in the first 3 months. Hospital Q1 performance differs as much as 72% between hospitals in the Central LHIN. **5. Does the LHIN plan to reallocate services to another hospital?** No. All current hospitals will continue to perform CT scans. **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.

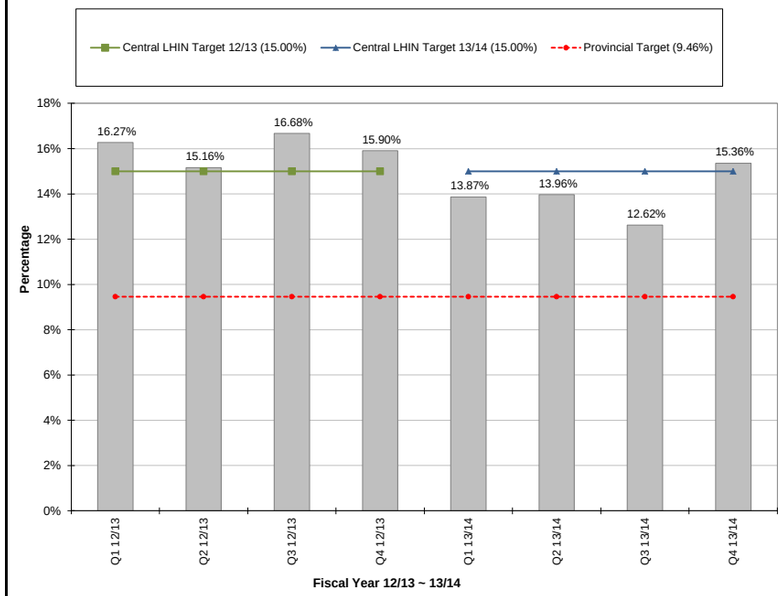
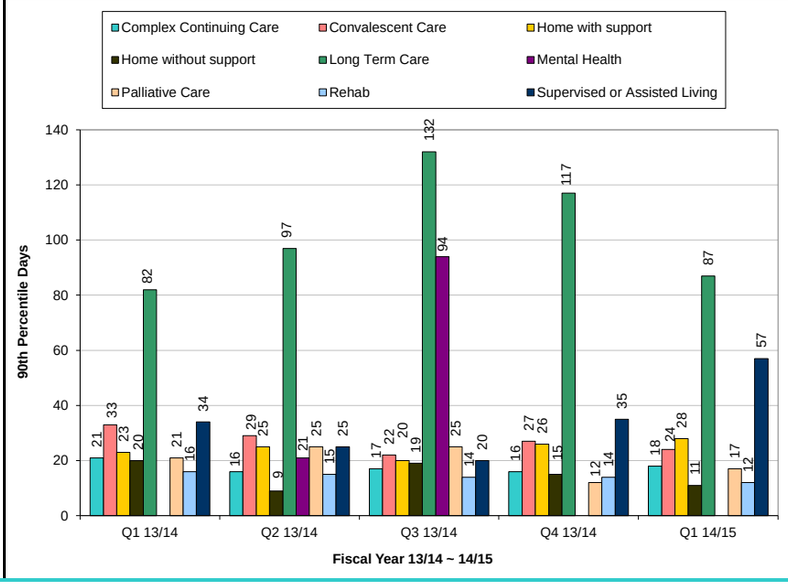
**Note: The reporting for the above indicators has been revised starting 2013/14 therefore there were no targets for previous quarters and colour coding cannot be determined. Previous Agreements included the 90th percentile wait times for these surgical and diagnostic imaging services.

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.

Ontario

Performance Indicators: System integration and coordination of care

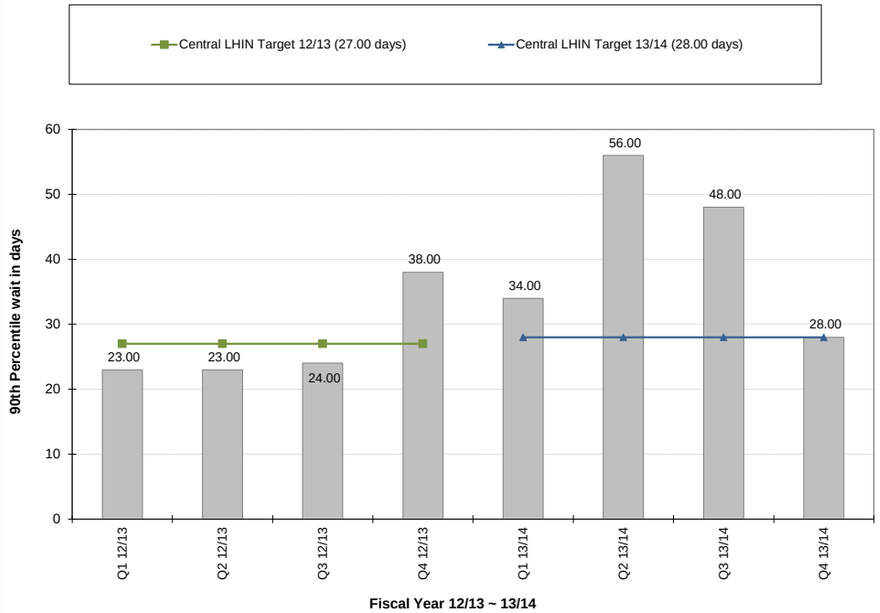
System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percentage of Alternate Level of Care (ALC) Days (Data Source: CIHI-DAD)	Baseline 16.27% Provincial Target 9.46% LHIN Target 15.00% (FY 13/14) **Current Performance** 15.36%		**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** In July 2014, Central LHIN worked collaboratively with its hospital and CCAC partners on a LEAN event focused on the Home First process. The event team identified and prioritized several projects and initiatives to be implemented over the next few months to improve the Home First referral, placement and discharge processes. The work stemming from this LEAN event and other existing initiatives shall continue to drive improvements in this indicator. **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?** Baseline met. **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 markedly increased number of patients affected by outbreaks in long-term care homes (LTCH) over the winter months may have impacted hospital discharge and wait times for LTCH placements. One Central LHIN hospital in particular discharged several long-stay patients (>250 days) this quarter, which would have impacted the LHIN's overall performance. Another hospital is in a rural area and is challenged with only having 2 long term care homes in its areas, each of which has wait lists of over 3 years. A common reason that attribute to long stays is the limited choices patients and families make on LTC homes. Often, their choices reflect behavioural requirements, religious/cultural preferences, and the need for chronic ventilation. Improvements are expected in the next several months, and target is expected to be met by Q3 2014/15.
Number of days from ALC designation to discharge by discharge destination (90th percentile Days) Acute Care Only (Data Source: WTIS)	**Current Performance** 25 Days		**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** Central LHIN's performance for this indicator decreased by 1 day since Q4 13/14. The most notable changes are that the wait time for LTC continued to decreased from 117 days in Q4 13/14 to 87 days in Q1 14/15, whereas wait time for Supervised or Assisted Living increased from 35 days in Q4 13/14 to 57 days in Q1 14/15. The Central LHIN invested over $5M into opening up 645 assisted living spaces beginning from February 2014. These new spaces would expect to alleviate the wait list and wait time for patients waiting for assisted living. The Central LHIN monitors the wait list for these discharge destinations on a weekly basis and works closely with all of the hospitals and CCAC to develop strategies to reduce ALC wait time through the ALC Working Group. **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?** No 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?** No LHIN target.

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.

Ontario

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** 28 days	 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.	**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** In Q3 13/14, Central CCAC started the process of eliminating the waitlist for patients with high needs for PSW. This strategy along with reducing the processing and administrative timeline for patients waiting for Physiotherapy were instrumental in improving our performance standard for 90th Percentile Wait Time from Community. **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 is well on its way to meeting the identified baseline and has improved vastly compared to the previous quarter. As of August 1, 2014 Central CCAC has initiated a PSW wait list for High needs patients from the hospital and community and is currently working through a wait list strategy in the next quarter, therefore further improvements are expected in Q2 14/15. **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?** Target achieved.
Pending New Indicator For FY 13/14			

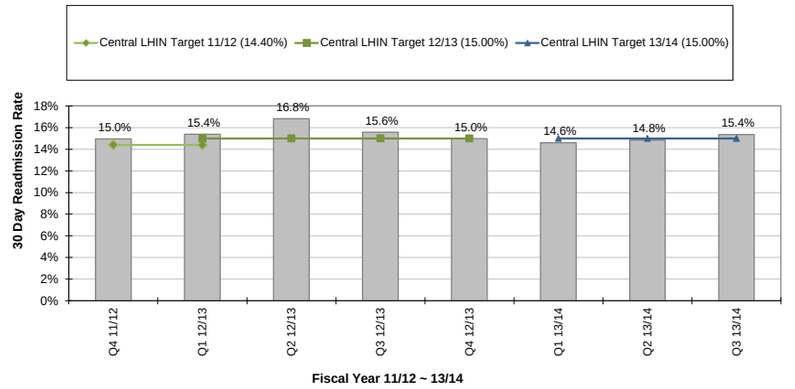
LHIN VIEW: Central LHIN

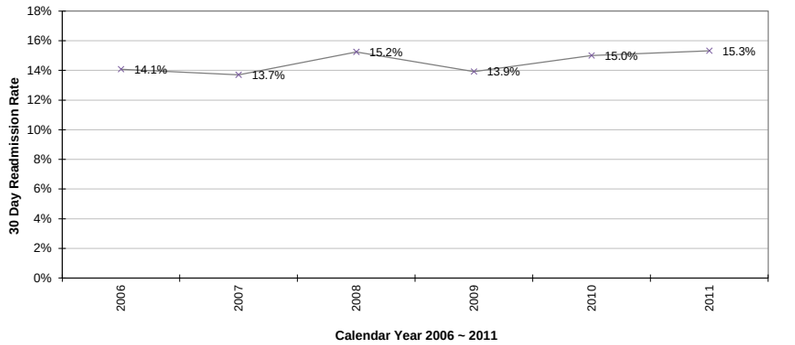
Objective: To implement evidence based practice to drive quality and value and improve health outcomes.
Expected Outcome: Persons will receive quality inpatient care and coordinated post-discharge care, leading to reduced readmission rates that may improve survival, quality of life and other outcomes without increasing cost.

Ontario

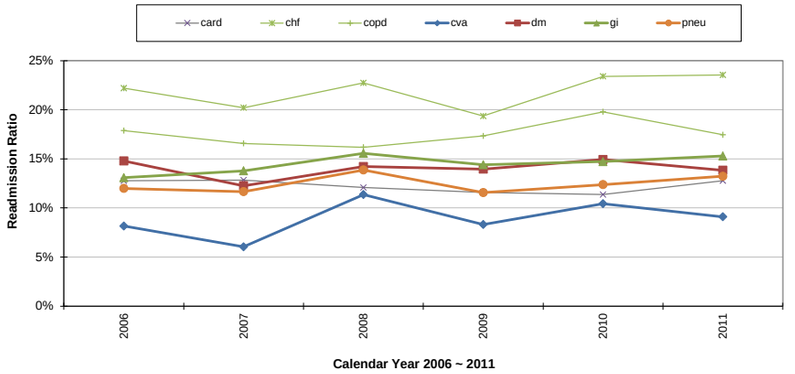
Performance Indicators: Quality and improved health outcomes

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** 15.4%		





Readmissions within 30 days trend by LHIN by calendar year.



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

• 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. Currently, one additional Health Link is awaiting Business Plan approval and another is awaiting Readiness Assessment approval in 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." All five Diabetes Education Programs are linked to their local health link.

• In spring 2014, Central CCAC Ambulatory Clinics (7) began referring patients to the Diabetes Education Programs.

• 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.

• All Long Term Care Homes (LTCH) in Central LHIN are telemedicine (OTN) enabled. Diabetes Education Programs will be partnered with LTCH to support resident care and capacity building for LTCH staff.

• 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. As part of our support for QBP implementation, we have developed a standard patient guide for COPD, CHF and Stroke patients across the LHIN. The patient guides were developed by their QBP working groups, which comprise of representatives from hospitals, CCAC and other community partners. All hospitals should have started implemented the patient guides since the summer of 2014. The patient guide provides patient information regarding what to expect during their stay in the hospital, as well as resources and tips to support their care after they're discharged. This should help to support reduction in readmission.

• 2 COPD clinics were set up in early 2014 to two Community Health Centres. These clinics are also to support patients in the community and avoid their return to hospital ED.

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?

Baseline met.

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? It is expected that the target will be met by the end of the next quarter.

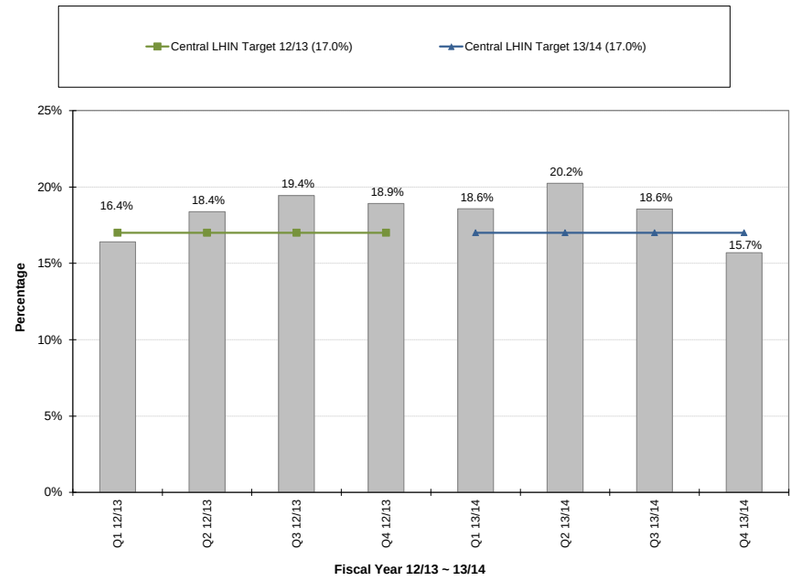
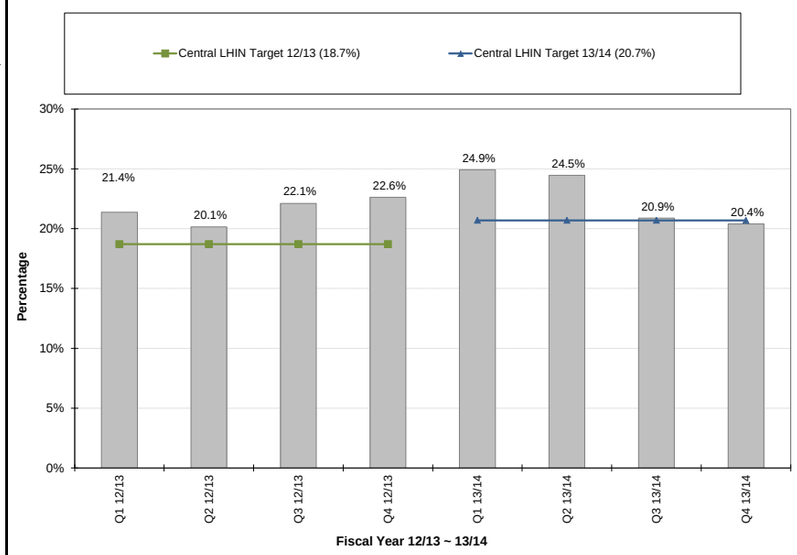
Central LHIN has been consistently meeting target for the past three quarters and is pretty well on target this quarter as well, but expect to meet the target fully in the upcoming quarter with the help of the above-mentioned initiatives in place LHIN wide.

LHIN VIEW: Central LHIN

Objective: To implement evidence based practice to drive quality and value and improve health outcomes.
Expected Outcome: Persons will receive quality inpatient care and coordinated post-discharge care, leading to reduced readmission rates that may improve survival, quality of life and other outcomes without increasing cost.

Ontario

Performance Indicators: Quality and improved health outcomes

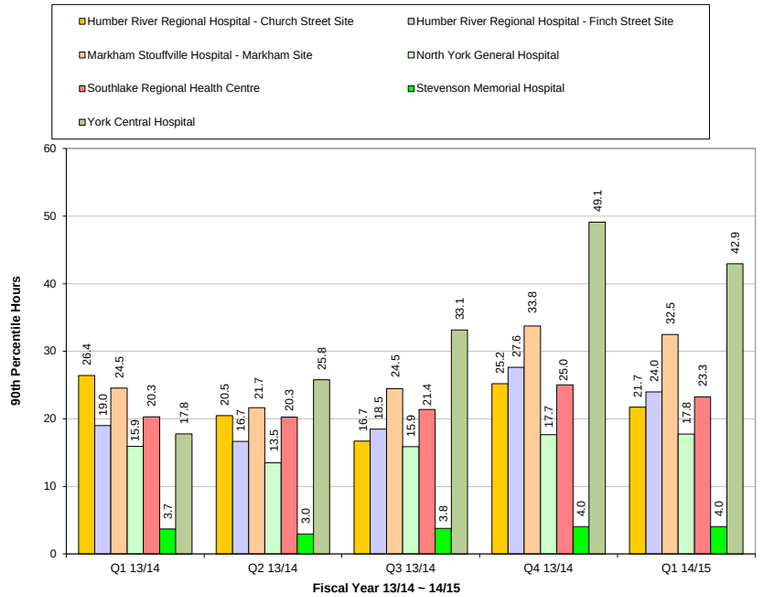
System Measure	Details	Quarterly Performance	LHIN's Performance Report
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions** (Data Source: CIHI-NACRS)	Baseline 17.6% (Based on most recent 4 quarters of data) Provincial Target: TBD LHIN Target 17.0% (FY 13/14) **Current Performance** 15.7%		**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • The Peer Support model was implemented at NYGH at the end of Q4. • The 6 Central LHIN hospitals continue to move towards a protocol for equitable access to mental health and addictions beds. • In February 2014, availability of peer support services was expanded including warm lines, peer navigators in the emergency department, and Wellness Recovery Action Planning programs. • In February 2014, the LHIN increased access to mobile crisis teams with police and expanded mobile crisis lines. **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?** Baseline achieved. **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?** Target achieved.
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** 20.4%		**1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?** • The Peer Support model was implemented at NYGH at the end of Q4. • In February 2014, the LHIN expanded availability of peer support services including warm lines, peer navigators in the emergency department, Wellness Recovery Action Planning programs. • Allocation of OTN equipment to four Central LHIN providers to enhance access to addictions services. • 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. **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?** Baseline achieved. **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?** Target achieved.

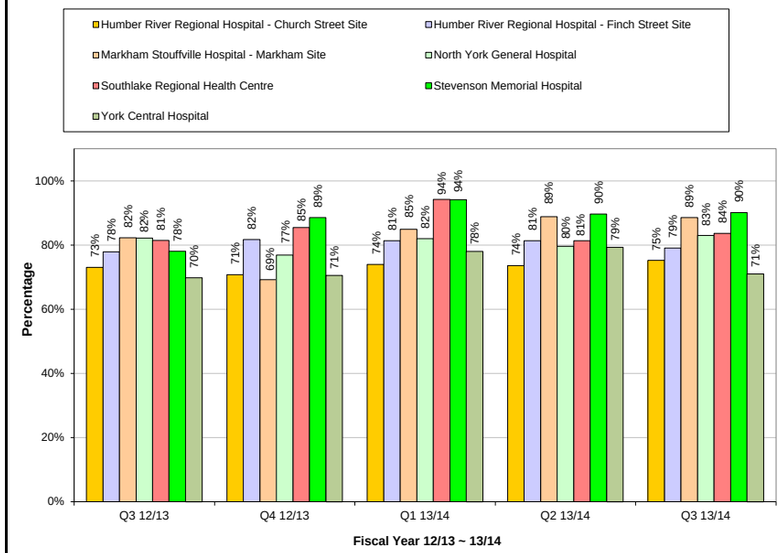
** The methodology for these indicators was revised starting 2013/14. Results may not be comparable to previous Agreements. Beginning August 2013, the time period for reporting of the indicator changed to include visits occurring within the first 60 days of the reported quarter plus the last 30 days of the previous quarter.
For the detailed methodology, please refer to the MOHLTC–LHIN Performance Agreement (MLPA).

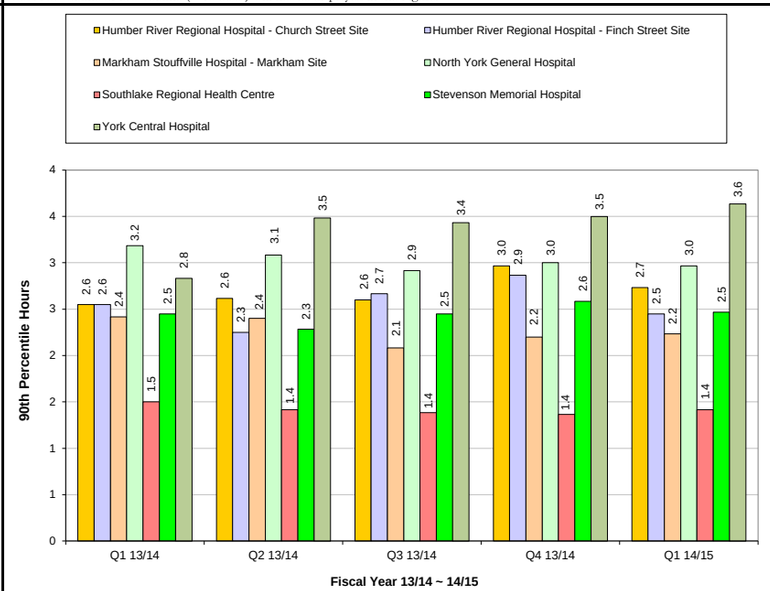
LHIN VIEW: Central LHIN

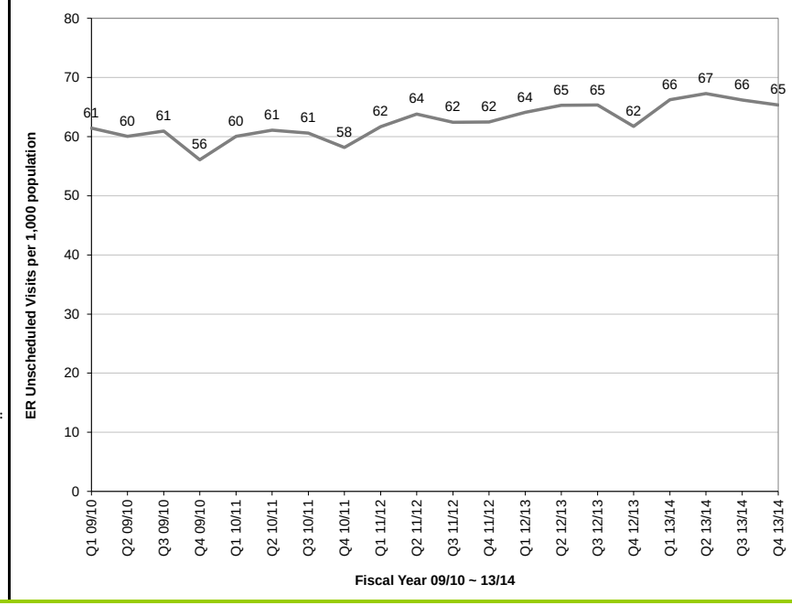
Ontario

Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance
Time to Inpatient Bed: Disposition date/time to Left ER date/time (Data Source: CIHI-NACRS)	Baseline: 22.3 hours FY 13/14 Target: TBD **Current Performance** 25.6 hours	 Note: No volume or low volume (< 10 cases) will not be displayed in the Figure.

Supplementary Measures	Summary	Quarterly Performance
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:** 81%	 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.

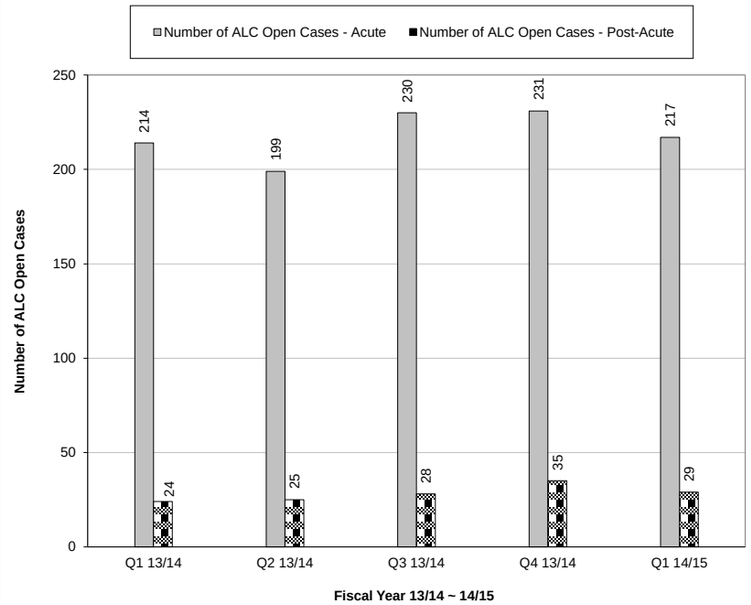
Supplementary Measures	Summary	Quarterly Performance
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment (Data Source: CIHI-NACRS)	Baseline: 2.7 hours FY 13/14 Target: TBD **Current Performance** 2.7 hours	 Note: No volume or low volume (< 10 cases) will not be displayed in the Figure

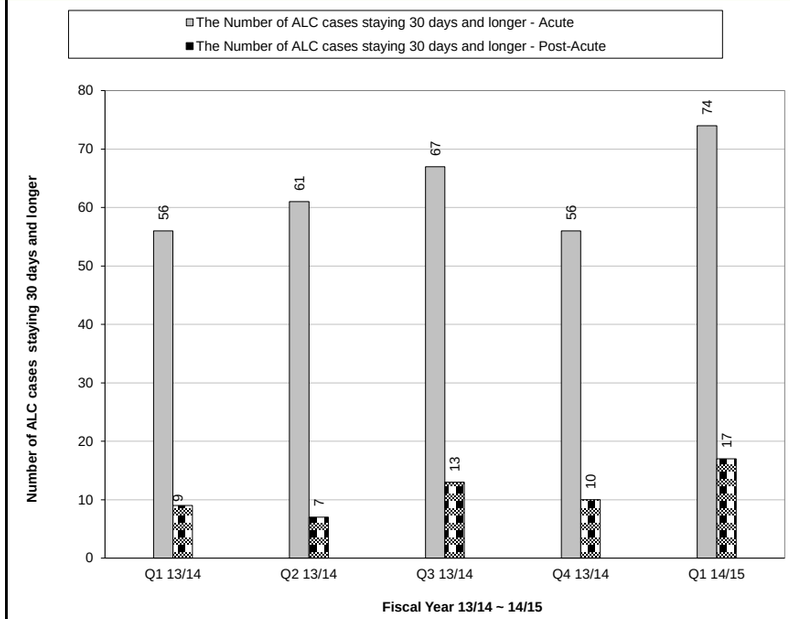
Supplementary Measures	Summary	Quarterly Performance
Number of ER Unscheduled Visits by quarter per 1,000 population (Data Source: CIHI-NACRS)	Baseline: N/A **Current Performance:** 65	

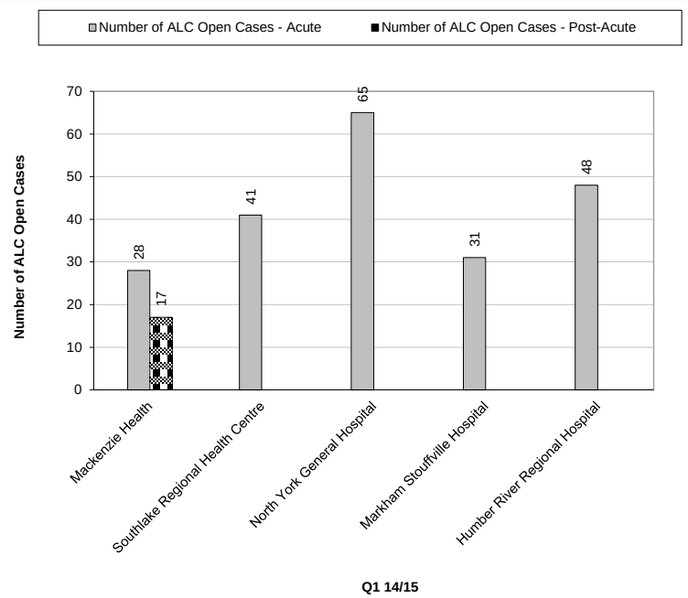
LHIN VIEW: Central LHIN

Ontario

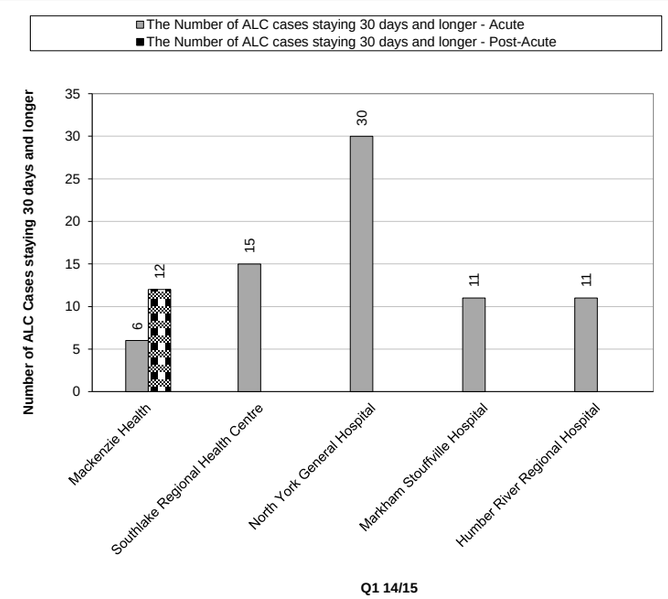
Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance
The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	

Supplementary Measures	Summary	Quarterly Performance
The Number of ALC open cases in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	

Supplementary Measures	Summary	Quarterly Performance
The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	

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

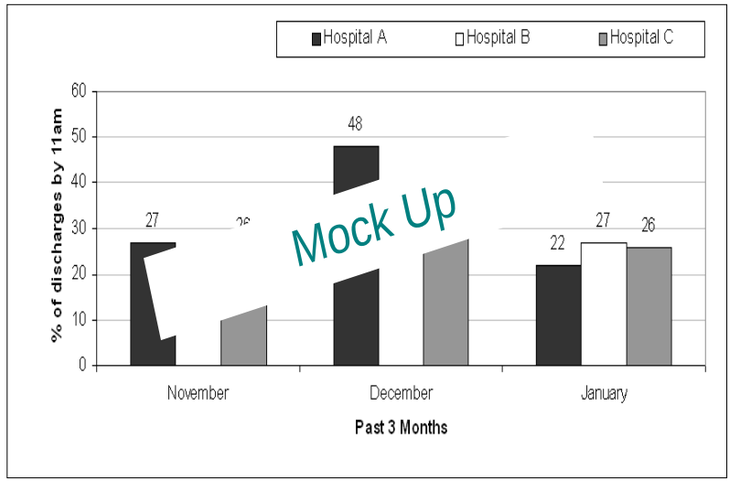
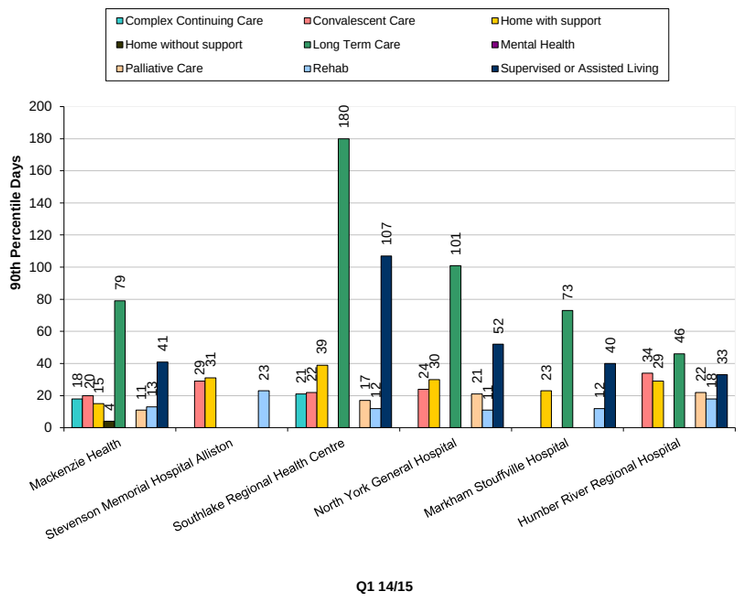
Supplementary Measures	Summary	Quarterly Performance
The Number of ALC open cases in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	

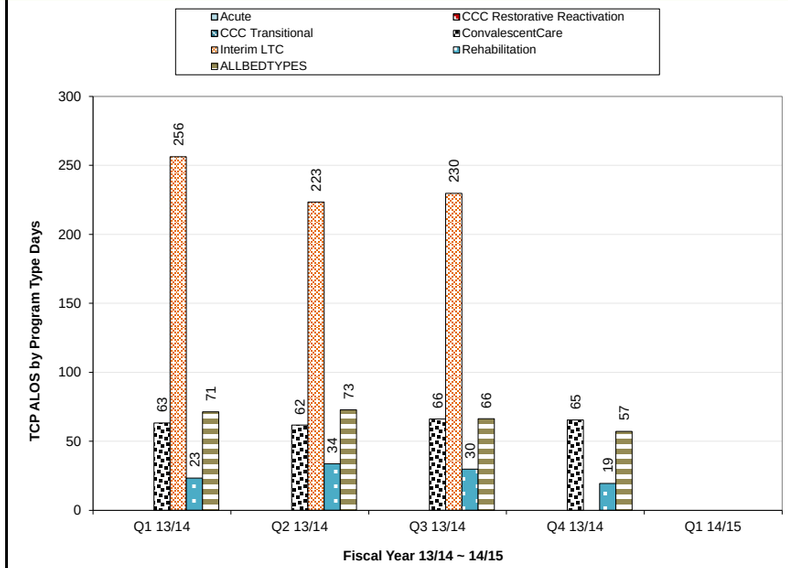
Note: Facilities with low volume for acute and post-acute care are not displayed.

LHIN VIEW: Central LHIN

Ontario

Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance
Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)	N/A	 Data Source: ED PIP site/DART Data
Number of days from ALC designation to discharge by discharge destination (90th Percentile Days) (Data Source: WTIS)	**Current Performance:** 25 days	

Supplementary Measures	Summary	Quarterly Performance
Transitional Care Program (TCP) Average Length of Stay (ALOS) by Program Type (Data Source: Transitional Care Program Reporting System (TCPRS))	N/A	 Note: No volume or low volume (< 6 cases) will not be displayed in the Figure.
	N/A	

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
Listowel Memorial Hospital	Listowel Memorial Hospital	2
Wingham And District Hospital	Wingham And District Hospital	2
Cambridge Memorial Hospital	Cambridge Memorial Hospital	3
Grand River Hospital Corp	Grand River Hospital Corp	3
Groves Memorial Community Hospital	Groves Memorial Community Hospital	3
Guelph General Hospital	Guelph General Hospital	3
Homewood Health Centre	Homewood Health Centre	3
St Joseph's Health Centre (Guelph)	St Joseph's Health Centre (Guelph)	3
St Mary's General Hospital	St Mary's General Hospital	3
Brant Community Healthcare System	Brant Community Healthcare System	4
Haldimand War Memorial Hospital	Haldimand War Memorial Hospital	4
Hamilton Health Sciences	Hamilton Health Sciences	4
Joseph Brant Memorial Hospital	Joseph Brant Memorial Hospital	4
Niagara Health System	Niagara Health System	4
Norfolk General Hospital	Norfolk General Hospital	4
Relig Hosp Of St.Joseph Of Hotel Dieu	Relig Hosp Of St.Joseph Of Hotel Dieu	4
St Joseph's Community Health Centre Ha	St Joseph's Community Health Centre Ha	4
West Lincoln Memorial Hospital	West Lincoln Memorial Hospital	4
Headwaters Health Care Centre	Headwaters Health Care Centre	5
William Osler Health Centre	William Osler Health Centre	5
Credit Valley Hospital	Credit Valley Hospital	6
Halton Healthcare Services Corp	Halton Healthcare Services Corp	6
Trillium Health Centre	Trillium Health Centre	6
Baycrest Hospital (North York)	Baycrest Hospital (North York)	7
Bloorview Kids Rehab	Bloorview Kids Rehab	7
Bridgepoint Hospital	Bridgepoint Hospital	7
Centre For Addiction&Mental Hlth	Centre For Addiction&Mental Hlth	7
Hospital For Sick Children (The)	Hospital For Sick Children (The)	7
Mount Sinai Hospital	Mount Sinai Hospital	7
Providence Healthcare	Providence Healthcare	7
Runnymede Healthcare Centre	Runnymede Healthcare Centre	7

Salvation Army Grace Hospital	Salvation Army Grace Hospital	7
St Joseph's Health Centre	St Joseph's Health Centre	7
St Michael's Hospital	St Michael's Hospital	7
Sunnybrook Health Sciences Centre	Sunnybrook Health Sciences Centre	7
Toronto East General Hospital (The)	Toronto East General Hospital (The)	7
Toronto Rehabilitation Institution	Toronto Rehabilitation Institution	7
University Health Network	University Health Network	7
West Park Healthcare Centre	West Park Healthcare Centre	7
Humber River Regional Hospital	Humber River Regional Hospital	8
Markham Stouffville Hospital	Markham Stouffville Hospital	8
North York General Hospital	North York General Hospital	8
Southlake Regional Health Centre	Southlake Regional Health Centre	8
St John's Rehabilitation Hospital	St John's Rehabilitation Hospital	8
Stevenson Memorial Hospital Alliston	Stevenson Memorial Hospital Alliston	8
York Central Hospital	York Central Hospital	8
Campbellford Memorial Hospital	Campbellford Memorial Hospital	9
Lakeridge Health Corporation	Lakeridge Health Corporation	9
Northumberland Hills Hospital	Northumberland Hills Hospital	9
Ontario Shores Centre For Mental Health	Ontario Shores Centre For Mental Health	9
Peterborough Regional Health Centre	Peterborough Regional Health Centre	9
Ross Memorial Hospital	Ross Memorial Hospital	9
Rouge Valley Health System	Rouge Valley Health System	9
Scarborough Hospital (The)	Scarborough Hospital (The)	9
Brockville General Hospital	Brockville General Hospital	10
Hotel Dieu Hospital	Hotel Dieu Hospital	10
Kingston General Hospital	Kingston General Hospital	10
Lennox And Addington County Gen Hosp	Lennox And Addington County Gen Hosp	10
Perth & Smiths Falls Dist	Perth & Smiths Falls Dist	10
Providence Care	Providence Care	10
Quinte Healthcare Corporation	Quinte Healthcare Corporation	10
Almonte General Hospital	Almonte General Hospital	11
Arnprior Regional Health	Arnprior Regional Health	11
Bruyere Continuing Care Inc	Bruyere Continuing Care Inc	11
Carleton Place And District Mem Hospital	Carleton Place And District Mem Hospital	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
Waypoint Centre for Mental Health Care	Waypoint Centre for Mental Health Care	12
Royal Victoria Regional Health Centre	Royal Victoria Regional Health Centre	12
Hopital Regional De Sudbury	Hopital Regional De Sudbury	13
North Bay General Hospital	North Bay General Hospital	13

Northeast Mental Health Centre	Northeast Mental Health Centre	13
Sault Area Hospital	Sault Area Hospital	13
Temiskaming Hospital	Temiskaming Hospital	13
Timmins & District General Hospital	Timmins & District General Hospital	13
West Parry Sound Health Centre	West Parry Sound Health Centre	13
Dryden Regional Health Centre	Dryden Regional Health Centre	14
Lake-Of-The-Woods District Hospital	Lake-Of-The-Woods District Hospital	14
Riverside Health Care Fac	Riverside Health Care Fac	14
Sioux Lookout Meno-Ya-Win Hlth Ctr-Dis	Sioux Lookout Meno-Ya-Win Hlth Ctr-Dis	14
St Joseph's Care Group	St Joseph's Care Group	14
Thunder Bay Regional Hlth Sciences Ctr	Thunder Bay Regional Hlth Sciences Ctr	14
Wilson Memorial General Hospital	Wilson Memorial General Hospital	14

	ISTCL Site Name	
Bluewater Health - Norman Site (ED)	Bluewater Health - Norman Site (ED)	1
Hotel Dieu Grace Hospital - Grace Site	Hotel Dieu Grace Hospital - Grace Site	1
Leamington District Memorial Hospital	Leamington District Memorial Hospital	1
Public General Hospital (Chatham-Kent H	Public General Hospital (Chatham-Kent H	1
Windsor Regional Hospital - Metropolitan	Windsor Regional Hospital - Metropolitan	1
Owen Sound Hospital (Grey Bruce Healt	Owen Sound Hospital (Grey Bruce Healt	2
St. Thomas-Elgin General Hospital	St. Thomas-Elgin General Hospital	2
University Hospital (London Health Scien	University Hospital (London Health Scien	2
Victoria Hospital (London Health Science	Victoria Hospital (London Health Science	2
Cambridge Memorial Hospital	Cambridge Memorial Hospital	3
Grand River Hospital - Kitchener-Waterlo	Grand River Hospital - Kitchener-Waterlo	3
Guelph General Hospital	Guelph General Hospital	3
St. Mary's General Hospital	St. Mary's General Hospital	3
Brantford General Hospital, The (The Bra	Brantford General Hospital, The (The Bra	4
Greater Niagara General Site (Niagara H	Greater Niagara General Site (Niagara H	4
Hamilton General Hospital (Hamilton Hea	Hamilton General Hospital (Hamilton Hea	4
Hamilton Health Sciences Corporation	Hamilton Health Sciences Corporation	4
Joseph Brant Memorial Hospital	Joseph Brant Memorial Hospital	4
Juravinski Hospital	Juravinski Hospital	4
St. Catharines General Site (Niagara Hea	St. Catharines General Site (Niagara Hea	4
St. Joseph's Healthcare	St. Joseph's Healthcare	4
Headwaters Health Care Centre - Orange	Headwaters Health Care Centre - Orange	5
William Osler Health Centre - Brampton C	William Osler Health Centre - Brampton C	5
William Osler Health Centre - Etobicoke C	William Osler Health Centre - Etobicoke C	5
Credit Valley Hospital, The	Credit Valley Hospital, The	6
Georgetown Hospital (Halton Healthcare	Georgetown Hospital (Halton Healthcare	6
Milton District Hospital (Halton Healthcare	Milton District Hospital (Halton Healthcare	6
Oakville-Trafalgar Memorial Hospital (Hal	Oakville-Trafalgar Memorial Hospital (Ha	6
Trillium Health Centre - Mississauga	Trillium Health Centre - Mississauga	6
Hospital For Sick Children, The	Hospital For Sick Children, The	7
Mount Sinai Hospital	Mount Sinai Hospital	7

St. Joseph's Health Centre	St. Joseph's Health Centre	7
St. Michael's Hospital	St. Michael's Hospital	7
Sunnybrook Health Sciences Centre	Sunnybrook Health Sciences Centre	7
Toronto East General Hospital	Toronto East General Hospital	7
Toronto General Hospital (University Hea	Toronto General Hospital (University Hea	7
Toronto Western Hospital (University Hea	Toronto Western Hospital (University Hea	7
Humber River Regional Hospital - Church	Humber River Regional Hospital - Church	8
Humber River Regional Hospital - Finch S	Humber River Regional Hospital - Finch S	8
Markham Stouffville Hospital - Markham S	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
Mackenzie Health	Mackenzie Health	8
Lakeridge Health Bowmanville	Lakeridge Health Bowmanville	9
Lakeridge Health Oshawa	Lakeridge Health Oshawa	9
Northumberland Hills Hospital	Northumberland Hills Hospital	9
Peterborough Regional Health Centre	Peterborough Regional Health Centre	9
Ross Memorial Hospital	Ross Memorial Hospital	9
Rouge Valley Ajax And Pickering (Rouge	Rouge Valley Ajax And Pickering (Rouge	9
Rouge Valley Centenary (Rouge Valley H	Rouge Valley Centenary (Rouge Valley H	9
Scarborough Hospital, The - Birchmount	Scarborough Hospital, The - Birchmount	9
Scarborough Hospital, The - General Car	Scarborough Hospital, The - General Car	9
Kingston General Hospital	Kingston General Hospital	10
Quinte Healthcare - Belleville General	Quinte Healthcare - Belleville General	10
Quinte Healthcare - Trenton Memorial	Quinte Healthcare - Trenton Memorial	10
Children's Hospital Of Eastern Ontario	Children's Hospital Of Eastern Ontario	11
Cornwall Community Hospital - Mcconnel	Cornwall Community Hospital - Mcconne	11
Hopital General De Hawkesbury & Distric	Hopital General De Hawkesbury & Distric	11
Hopital Montfort	Hopital Montfort	11
Ottawa Hospital, The - Civic Campus	Ottawa Hospital, The - Civic Campus	11
Ottawa Hospital, The - General Campus	Ottawa Hospital, The - General Campus	11
Pembroke Regional Hospital Inc.	Pembroke Regional Hospital Inc.	11
Queensway Carleton Hospital	Queensway Carleton Hospital	11
Collingwood General & Marine Hospital	Collingwood General & Marine Hospital	12
Georgian Bay General Hospital (North Si	Georgian Bay General Hospital (North Si	12
Huntsville District Memorial Hospital (Mus	Huntsville District Memorial Hospital (Mus	12
Royal Victoria Hospital	Royal Victoria Hospital	12
Soldiers' Memorial Hospital	Soldiers' Memorial Hospital	12
North Bay General Hospital - Scollard 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 C	Thunder Bay Regional Health Sciences C	14

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

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]			