


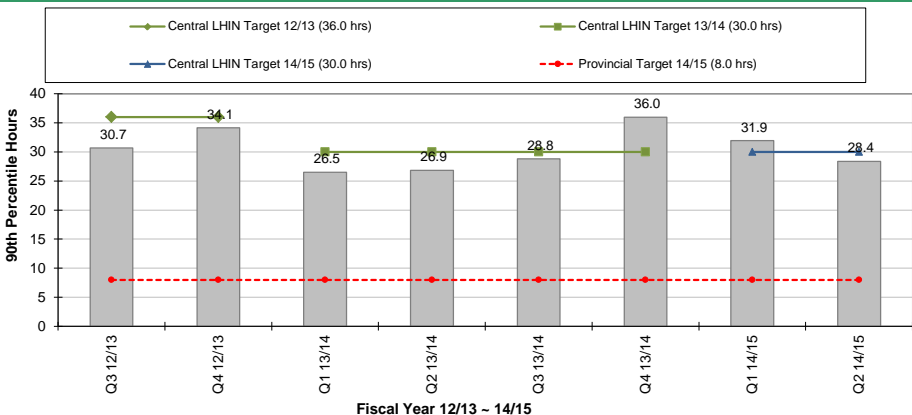
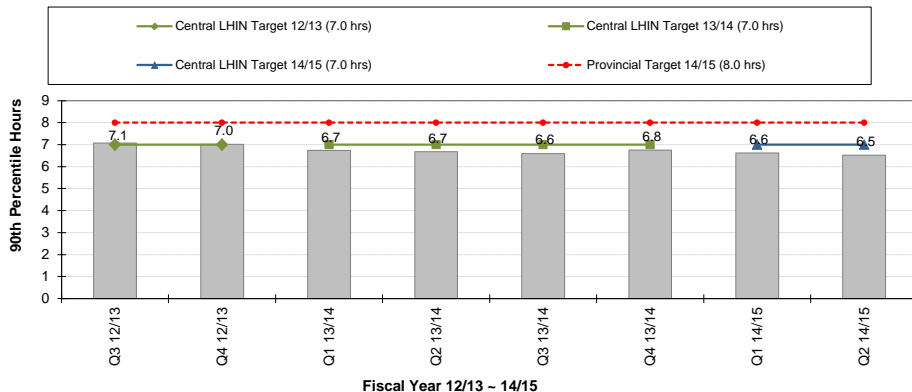
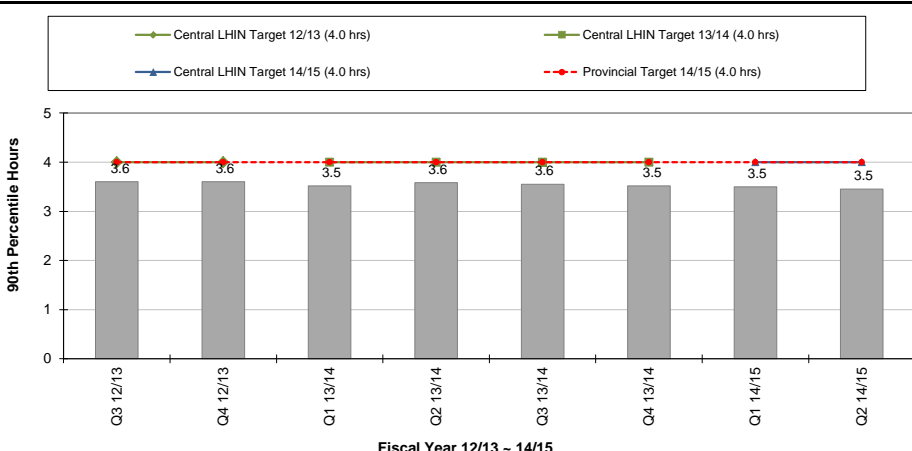
MOHLTC - HSAPD
Quarterly Stocktake Report


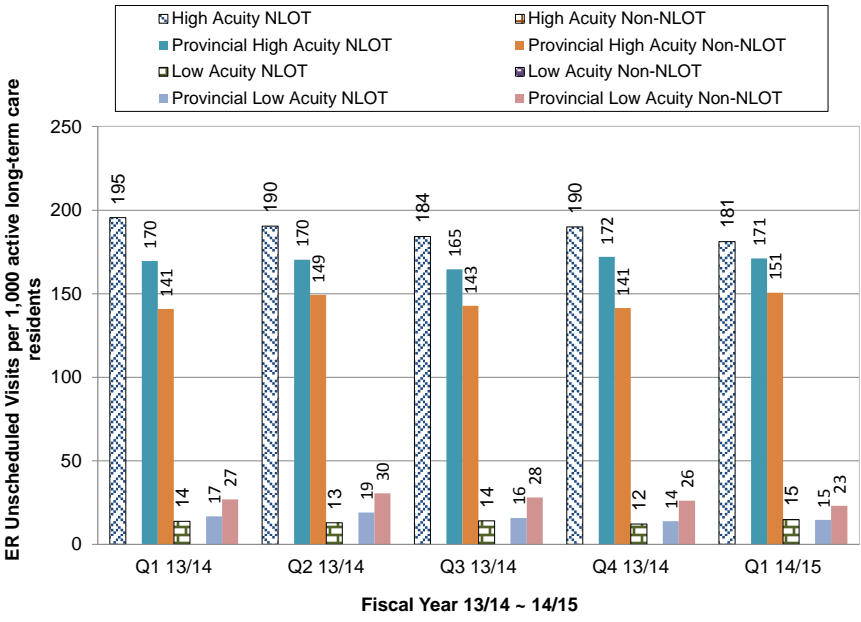
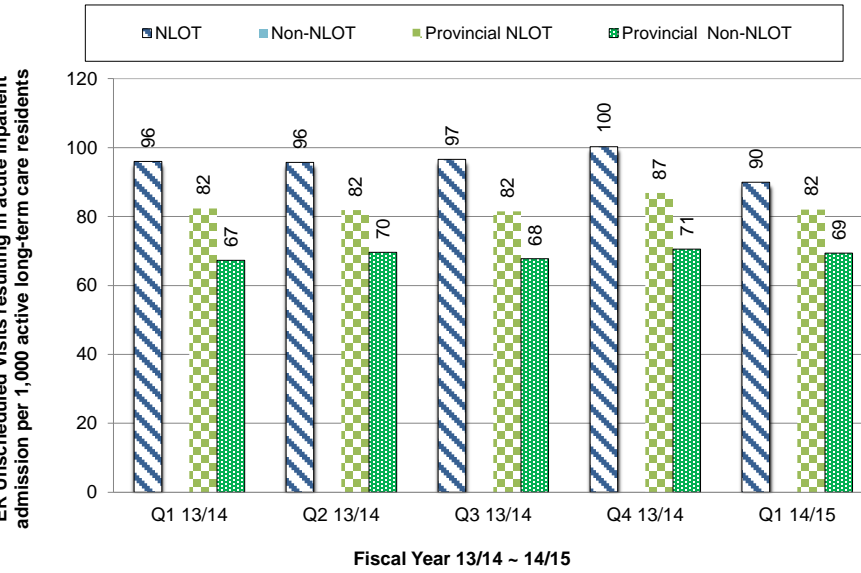
LHIN: Central LHIN
Report Date: November 2014

Accountability Measures	<p><u>Performance Indicators: Access to healthcare services</u></p> <p>90th percentile ER length of stay for admitted patients</p> <p>90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients</p> <p>90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients</p> <p>Unscheduled emergency visits per 1,000 active long-term care residents by acuity/urgency of the visit* and NLOT status of the long-term care home</p> <p>Number of unscheduled emergency visits resulting in acute inpatient admission per 1,000 active LTC residents by the LHIN and NLOT status of the long-term care home</p> <p>Percent of priority IV cases completed within access target for cancer surgery</p> <p>Percent of priority IV cases completed within access target for cardiac by-pass surgery</p> <p>Percent of priority IV cases completed within access target for cataract surgery</p> <p>Percent of priority IV cases completed within access target for hip replacement</p> <p>Percent of priority IV cases completed within access target for knee replacement</p> <p>Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home</p> <p>Average length of stay of primary unilateral Hip or Knee Joint Replacement patients discharged home</p> <p>Percent of priority IV cases completed within access target for MRI scans</p> <p>Percent of priority IV cases completed within access target for CT scans</p> <p><u>Performance Indicators: System integration and coordination of care</u></p> <p>Percentage of Alternate Level of Care (ALC) Days</p> <p>Number of days from ALC designation to discharge by discharge destination (90th percentile Days)</p> <p>90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)</p> <p><u>Performance Indicators: Quality and improved health outcomes</u></p> <p>Readmission within 30 Days for Selected CMGs</p> <p>Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions</p> <p>Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions</p>	Page 12
		Page 13
Supplementary Measures		Page 14
		Page 15
		Page 16
		Page 17
		Page 18
		Page 19
		Page 20
		Page 21
		Page 22
		Page 23
		Page 24


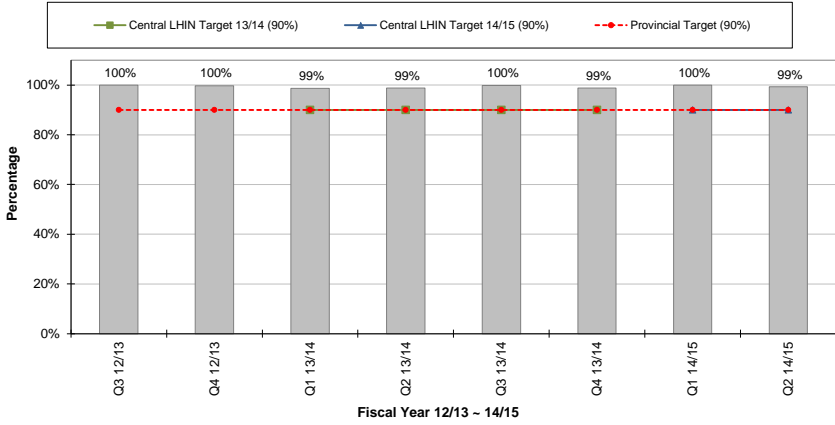
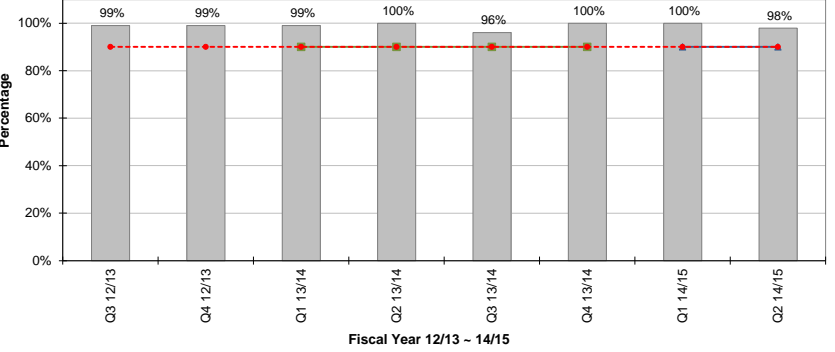
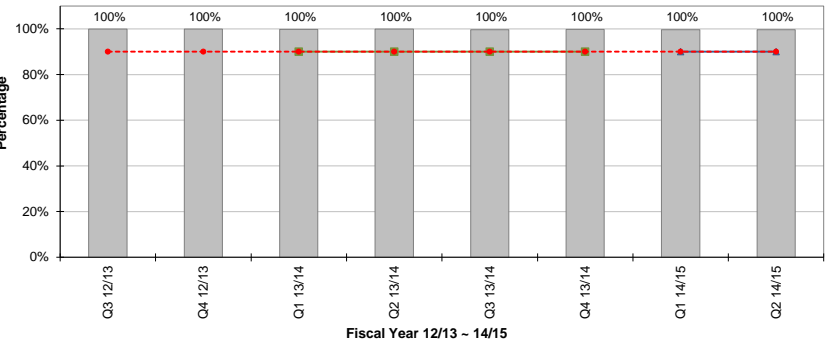
LEGEND: Interpreting intervention performance

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


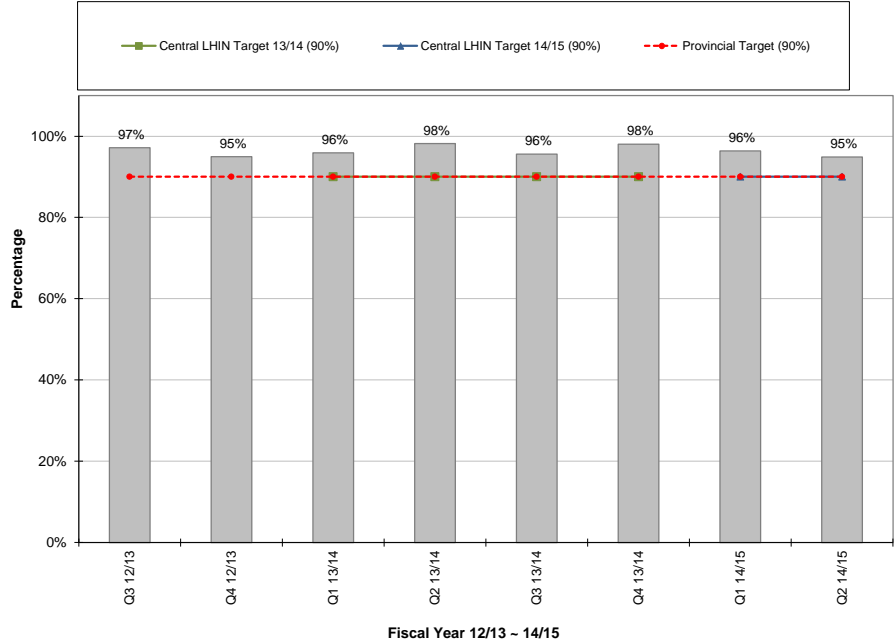
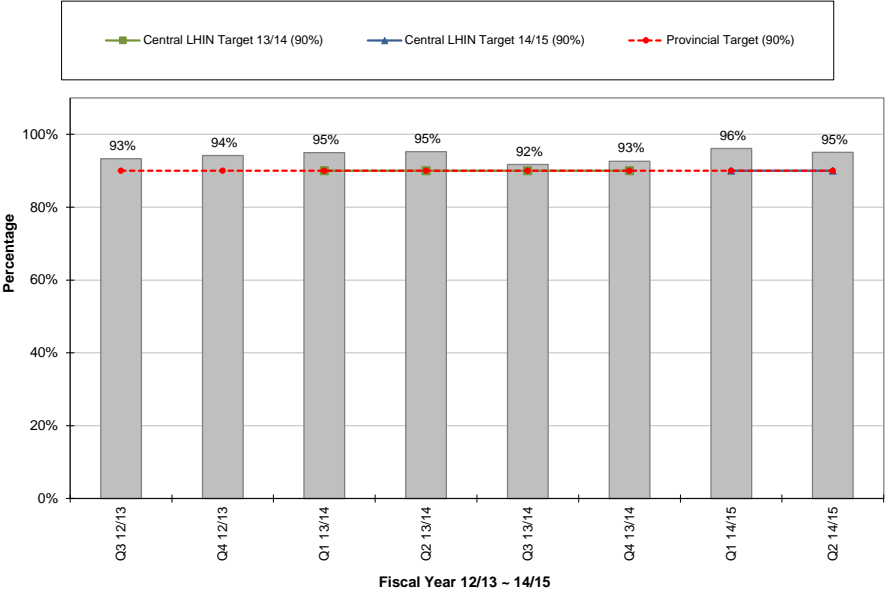
LHIN VIEW: Central LHIN																																							
		Objective: To enhance person-centered care Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.																																					
Performance Indicators: Access to healthcare services																																							
System Measure	Summary	Quarterly Performance	LHIN's Performance Report																																				
90th percentile ER Length of Stay for admitted patients (Data Source: CIHI-NACRS)	Baseline 32.3 hours (FY 12/13)	 <table><caption>90th Percentile Hours for Admitted Patients</caption><thead><tr><th>Quarter</th><th>Central LHIN Target</th><th>Provincial Target</th><th>Current Performance</th></tr></thead><tbody><tr><td>Q3 12/13</td><td>30.7</td><td>8.0</td><td>30.7</td></tr><tr><td>Q4 12/13</td><td>34.1</td><td>8.0</td><td>34.1</td></tr><tr><td>Q1 13/14</td><td>26.5</td><td>8.0</td><td>26.5</td></tr><tr><td>Q2 13/14</td><td>26.9</td><td>8.0</td><td>26.9</td></tr><tr><td>Q3 13/14</td><td>28.8</td><td>8.0</td><td>28.8</td></tr><tr><td>Q4 13/14</td><td>36.0</td><td>8.0</td><td>36.0</td></tr><tr><td>Q1 14/15</td><td>31.9</td><td>8.0</td><td>31.9</td></tr><tr><td>Q2 14/15</td><td>28.4</td><td>8.0</td><td>28.4</td></tr></tbody></table>	Quarter	Central LHIN Target	Provincial Target	Current Performance	Q3 12/13	30.7	8.0	30.7	Q4 12/13	34.1	8.0	34.1	Q1 13/14	26.5	8.0	26.5	Q2 13/14	26.9	8.0	26.9	Q3 13/14	28.8	8.0	28.8	Q4 13/14	36.0	8.0	36.0	Q1 14/15	31.9	8.0	31.9	Q2 14/15	28.4	8.0	28.4	<p>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.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN has improved from baseline.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? Central LHIN target has been achieved.</p>
	Quarter		Central LHIN Target	Provincial Target	Current Performance																																		
	Q3 12/13		30.7	8.0	30.7																																		
	Q4 12/13		34.1	8.0	34.1																																		
	Q1 13/14		26.5	8.0	26.5																																		
Q2 13/14	26.9	8.0	26.9																																				
Q3 13/14	28.8	8.0	28.8																																				
Q4 13/14	36.0	8.0	36.0																																				
Q1 14/15	31.9	8.0	31.9																																				
Q2 14/15	28.4	8.0	28.4																																				
Provincial Internal Goal 25.0 hours																																							
Provincial Target 8.0 Hours																																							
LHIN Target 30.0 hours (FY 14/15)																																							
Current Performance 28.4 hours																																							
90th percentile ER Length of Stay for non-admitted complex (CTAS I-III) patients (Data Source: CIHI-NACRS)	Baseline 7.2 hours (FY 12/13)	 <table><caption>90th Percentile Hours for Non-admitted Complex Patients</caption><thead><tr><th>Quarter</th><th>Central LHIN Target</th><th>Provincial Target</th><th>Current Performance</th></tr></thead><tbody><tr><td>Q3 12/13</td><td>7.1</td><td>8.0</td><td>7.1</td></tr><tr><td>Q4 12/13</td><td>7.0</td><td>8.0</td><td>7.0</td></tr><tr><td>Q1 13/14</td><td>6.7</td><td>8.0</td><td>6.7</td></tr><tr><td>Q2 13/14</td><td>6.7</td><td>8.0</td><td>6.7</td></tr><tr><td>Q3 13/14</td><td>6.6</td><td>8.0</td><td>6.6</td></tr><tr><td>Q4 13/14</td><td>6.8</td><td>8.0</td><td>6.8</td></tr><tr><td>Q1 14/15</td><td>6.6</td><td>8.0</td><td>6.6</td></tr><tr><td>Q2 14/15</td><td>6.5</td><td>8.0</td><td>6.5</td></tr></tbody></table>	Quarter	Central LHIN Target	Provincial Target	Current Performance	Q3 12/13	7.1	8.0	7.1	Q4 12/13	7.0	8.0	7.0	Q1 13/14	6.7	8.0	6.7	Q2 13/14	6.7	8.0	6.7	Q3 13/14	6.6	8.0	6.6	Q4 13/14	6.8	8.0	6.8	Q1 14/15	6.6	8.0	6.6	Q2 14/15	6.5	8.0	6.5	<p>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.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN has improved from baseline.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? Central LHIN target has been achieved.</p>
	Quarter		Central LHIN Target	Provincial Target	Current Performance																																		
	Q3 12/13		7.1	8.0	7.1																																		
	Q4 12/13		7.0	8.0	7.0																																		
	Q1 13/14		6.7	8.0	6.7																																		
Q2 13/14	6.7	8.0	6.7																																				
Q3 13/14	6.6	8.0	6.6																																				
Q4 13/14	6.8	8.0	6.8																																				
Q1 14/15	6.6	8.0	6.6																																				
Q2 14/15	6.5	8.0	6.5																																				
Provincial Internal Goal 7.0 hours																																							
Provincial Target 8.0 Hours																																							
LHIN Target 7.0 hours (FY 14/15)																																							
Current Performance 6.5 hours																																							
90th percentile ER Length of Stay for non-admitted minor / uncomplicated (CTAS IV-V) patients (Data Source: CIHI-NACRS)	Baseline 3.7 hours (FY 12/13)	 <table><caption>90th Percentile Hours for Non-admitted Minor/Uncomplicated Patients</caption><thead><tr><th>Quarter</th><th>Central LHIN Target</th><th>Provincial Target</th><th>Current Performance</th></tr></thead><tbody><tr><td>Q3 12/13</td><td>3.6</td><td>4.0</td><td>3.6</td></tr><tr><td>Q4 12/13</td><td>3.6</td><td>4.0</td><td>3.6</td></tr><tr><td>Q1 13/14</td><td>3.5</td><td>4.0</td><td>3.5</td></tr><tr><td>Q2 13/14</td><td>3.6</td><td>4.0</td><td>3.6</td></tr><tr><td>Q3 13/14</td><td>3.6</td><td>4.0</td><td>3.6</td></tr><tr><td>Q4 13/14</td><td>3.5</td><td>4.0</td><td>3.5</td></tr><tr><td>Q1 14/15</td><td>3.5</td><td>4.0</td><td>3.5</td></tr><tr><td>Q2 14/15</td><td>3.5</td><td>4.0</td><td>3.5</td></tr></tbody></table>	Quarter	Central LHIN Target	Provincial Target	Current Performance	Q3 12/13	3.6	4.0	3.6	Q4 12/13	3.6	4.0	3.6	Q1 13/14	3.5	4.0	3.5	Q2 13/14	3.6	4.0	3.6	Q3 13/14	3.6	4.0	3.6	Q4 13/14	3.5	4.0	3.5	Q1 14/15	3.5	4.0	3.5	Q2 14/15	3.5	4.0	3.5	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has maintained its performance for this indicator from the previous two quarters 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.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN has improved from baseline.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? Central LHIN target has been achieved.</p>
	Quarter		Central LHIN Target	Provincial Target	Current Performance																																		
	Q3 12/13		3.6	4.0	3.6																																		
	Q4 12/13		3.6	4.0	3.6																																		
	Q1 13/14		3.5	4.0	3.5																																		
Q2 13/14	3.6	4.0	3.6																																				
Q3 13/14	3.6	4.0	3.6																																				
Q4 13/14	3.5	4.0	3.5																																				
Q1 14/15	3.5	4.0	3.5																																				
Q2 14/15	3.5	4.0	3.5																																				
Provincial Target 4.0 hours																																							
LHIN Target 4.0 hours (FY 14/15)																																							
Current Performance 3.5 hours																																							

LHIN VIEW: Central LHIN				
<p>Objective: To enhance person-centered care</p> <p>Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.</p>				
Performance Indicators: Access to healthcare services				
System Measure	Details	Quarterly Performance	LHIN's Performance Report	
<p>Unscheduled emergency visits per 1,000 active long-term care residents by acuity/urgency of the visit* and NLOT status of the long-term care home</p> <p>*Based on the CTAS</p> <p>Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model</p>	<p>Baseline:</p> <p>Q1 11/12</p> <p>202</p> <p>(High Acuity NLOT)</p>	 <p>ER Unscheduled Visits per 1,000 active long-term care residents</p> <p>Fiscal Year 13/14 ~ 14/15</p> <p>Based on the Canadian Triage and Acuity Scale (CTAS) scores (i.e., High acuity = CTAS 1-3; Low acuity = CTAS 4-5)</p>	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <p>NLOT has enabled onsite hypodermoclysis, bedside PIC line removal, and g-tube changes. Foley management is now well-established along with NLOT/CCAC collaborations in IV antibiotic management.</p> <p>High-acuity NLOT:</p> <p>Compared to Q4 13/14 (n=190 visits), there has been a decrease in Q1 14/15 (n=181 visits) in the # of unscheduled ED visits per 1,000 LTC residents. Since transports at the end of life account for substantial numbers of high acuity transports, NLOT nurses are encouraging capacity building and implementation of the Palliative Performance Scale with LTCH staff and providing opportunities for discussion with resident family members regarding the use of the scale.</p> <p>Low-acuity NLOT:</p> <p>There is an increase in the # of ED visits (n=15 visits per 1,000 residents) compared to the previous quarter (n=12 visits). Across the LTCH sector, the Level of Care approach to advance directives which provided a safety-net for staff has been replaced with a new protocol focused on CPR/non-CPR which leaves decisions regarding intensity of care to nursing judgement. This may have caused some concern amongst LTCH staff and NLOT's feel that it has contributed to an increased likelihood of ED transfer. To support staff, NLOT have been using the SBAR format to inform enhanced problem solving and staff/family communications.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?</p> <p>Central LHIN has improved from baseline. Looking ahead, some of the strategies being put in place for further improvement include:</p> <ul style="list-style-type: none"> -Enabling OTN proliferation to LTCHs and support for distance consultation across the CLHIN, building on the early experiences in this area by the NLOT hub at Southlake, is expected by end of fiscal year. -Activities in this area include an NLOT hub knowledge exchange, an OTN focused LTCH/NLOT LTCH Directors meeting, and planning for a LTCH CME on OTN linked to a -OTN workshop at the Ontario LTCH Physicians Association Conference. -The development of a Respiratory Assessment Training module including a 'point-click-care' critical thinking and charting review process are in progress. Return to full complement anticipated. <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target?</p> <p>No LHIN target is defined.</p>	
	<p>165</p> <p>(High Acuity Non-NLOT)</p>			
	<p>16</p> <p>(Low Acuity NLOT)</p>			
	<p>7</p> <p>(Low Acuity Non-NLOT)</p>			
	<p>Current Performance:</p> <p>181</p> <p>(High Acuity NLOT)</p> <p>0</p> <p>(High Acuity Non-NLOT)</p> <p>15</p> <p>(Low Acuity NLOT)</p> <p>0</p> <p>(Low Acuity Non-NLOT)</p>			
<p>Number of unscheduled emergency visits resulting in acute inpatient admission per 1,000 active LTC residents by the LHIN and NLOT status of the long-term care home</p> <p>(Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model)</p>	<p>Baseline:</p> <p>Q1 11/12</p> <p>97</p> <p>(NLOT)</p>	 <p>ER Unscheduled Visits resulting in acute inpatient admission per 1,000 active long-term care residents</p> <p>Fiscal Year 13/14 ~ 14/15</p>	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <p>Q1 14/15 demonstrated a decline in the # of ED visits (n=90 visits) that resulted in hospital admissions for Central LHIN NLOT homes, as compared to the previous quarter (n=100 visits). Many of the issues identified above affecting transfer rates have implications for admission rates e.g. delirium associated with low triage levels and longer ED waits times and acuity associated with end of life care. NLOT staff are developing procedures in which hospital record data (e.g. reasons for transfer, ER LOS) on transported residents are reviewed with LTCH Directors. Notifications services developed in Q4 which blend phone-email with automated notification are enabling repatriation focused consultation requests.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?</p> <p>Central LHIN has improved from baseline. Looking ahead, a strategy being put in place for further improvement includes the completion of automated notification of ED presentation, hospital admission/location/attending and discharge notification which will enable diversion of ED-Hospital Admissions and Repatriation processes across all ED/Hospital sites.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target?</p> <p>No LHIN target is defined.</p>	
	<p>95</p> <p>(Non-NLOT)</p>			
	<p>Current Performance:</p> <p>90</p> <p>(NLOT)</p> <p>0</p> <p>(Non-NLOT)</p>			


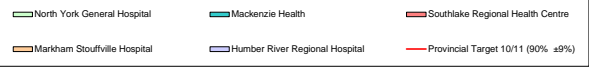
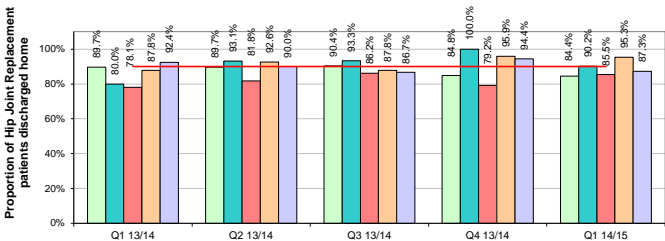
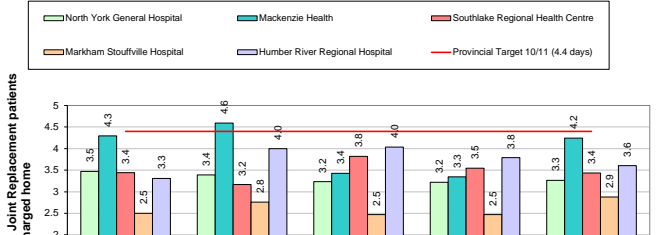
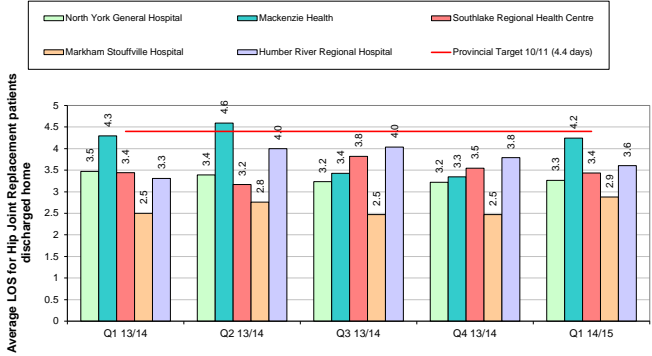
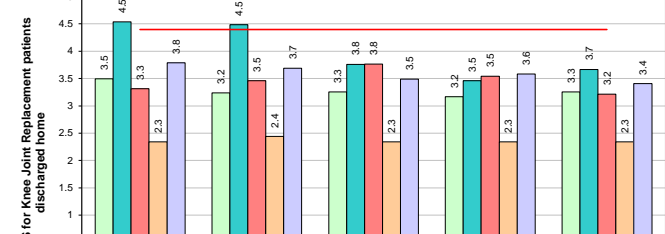
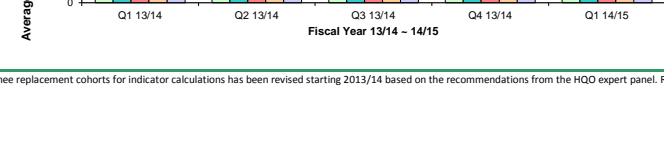
NLOT home status was assigned based on a list provided by IB as of April/May 2013

LHIN VIEW: Central LHIN			
Objective: To enhance person-centered care Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.			
Performance Indicators: Access to healthcare services			
System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percent of Priority IV Cases Completed Within Access Target for Cancer Surgery** Priority IV: 84 days (Data Source: WTIS)	Baseline 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.
	(Based on FY 12/13 result)		2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN anticipates performance to remain above the provincial and LHIN target.
	Provincial Target: 90%		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 has achieved the LHIN target.
	LHIN Target 90% (FY 14/15) Current Performance 99%		4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? In Q2, all Central LHIN hospitals achieved the provincial target. 5. Does the LHIN plan to reallocate services to another hospital? No 6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). N/A
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)		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.
	(Based on FY 12/13 result)		2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN results exceed provincial target and baseline.
	Provincial Target: 90%		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 has achieved the LHIN target.
	LHIN Target 90% (FY 14/15) Current Performance 98%		<u>Additional Questions:</u> 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%		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.
	(Based on FY 12/13 result)		2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? N/A
	Provincial Target: 90%		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 has achieved the LHIN target.
	LHIN Target 90% (FY 14/15) Current Performance 100%		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 is consistently exceeding its target and currently there are no issues related to the surgery or 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


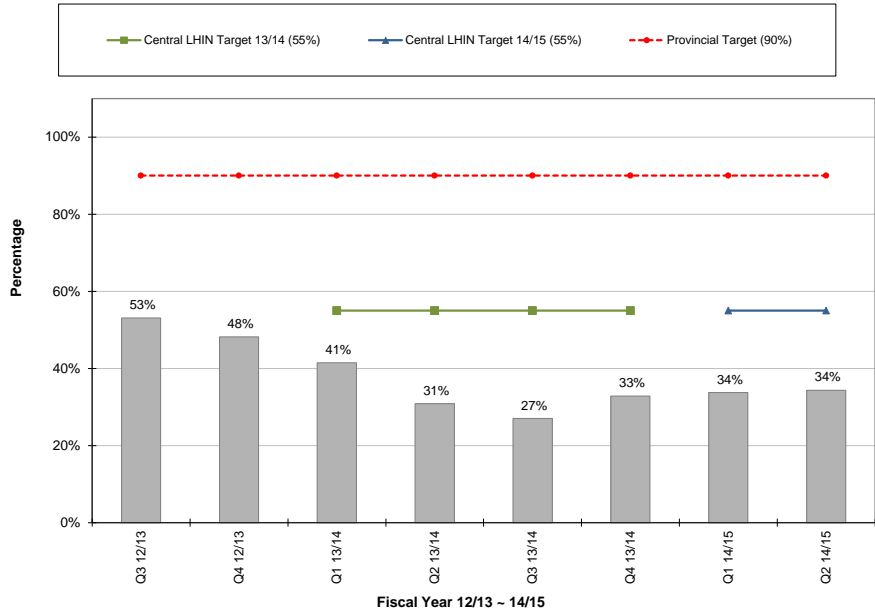
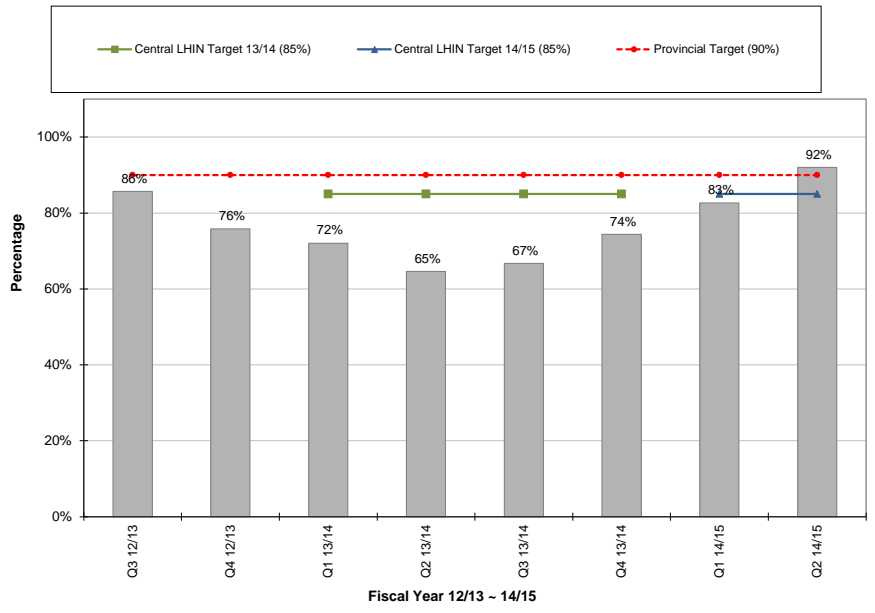
**Note: The reporting for the above indicators has been revised starting 2013/14 therefore there were no targets for previous quarters and colour coding cannot be determined. Previous Agreements included the 90th percentile wait times for these surgical and diagnostic imaging services.

LHIN VIEW: Central LHIN			
		Objective: To enhance person-centered care Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.	
Performance Indicators: Access to healthcare services			
System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percent of Priority IV Cases Completed Within Access Target for Hip Replacement** Priority IV: 182 days (Data Source: WTIS)	Baseline 96% (Based on FY 12/13 result)		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.
	Provincial Target 90%		2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN anticipates performance to remain above the provincial and LHIN target.
	LHIN Target 90% (FY 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? Central LHIN has achieved the LHIN target.
	Current Performance 95%		<u>Additional Questions:</u> 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). Central LHIN hospitals have implemented the QBP clinical pathway for this service.
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)		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.
	Provincial Target 90%		2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN anticipates performance to remain above the provincial and LHIN target.
	LHIN Target 90% (FY 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? Central LHIN has achieved the LHIN target.
	Current Performance 95%		<u>Additional Questions:</u> 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). Central LHIN hospitals have implemented the QBP clinical pathway for this service.


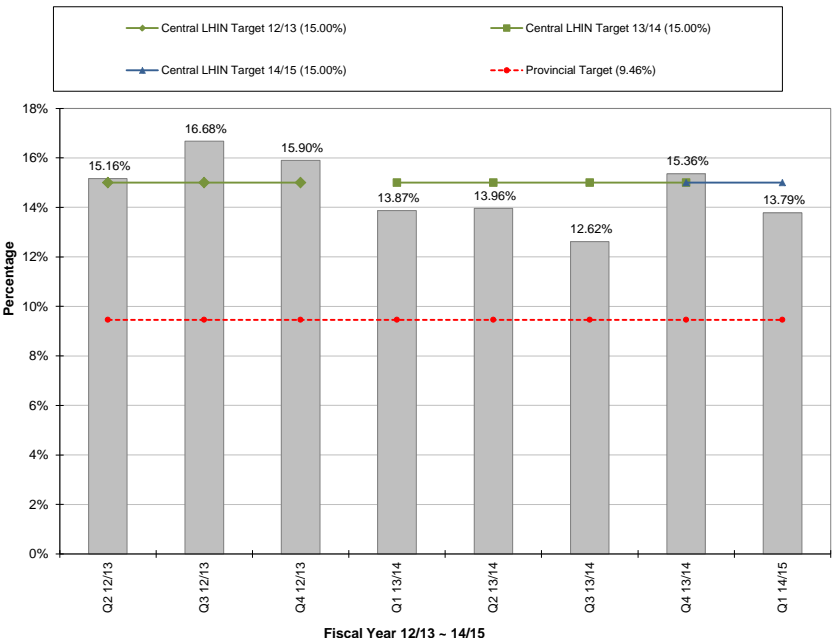
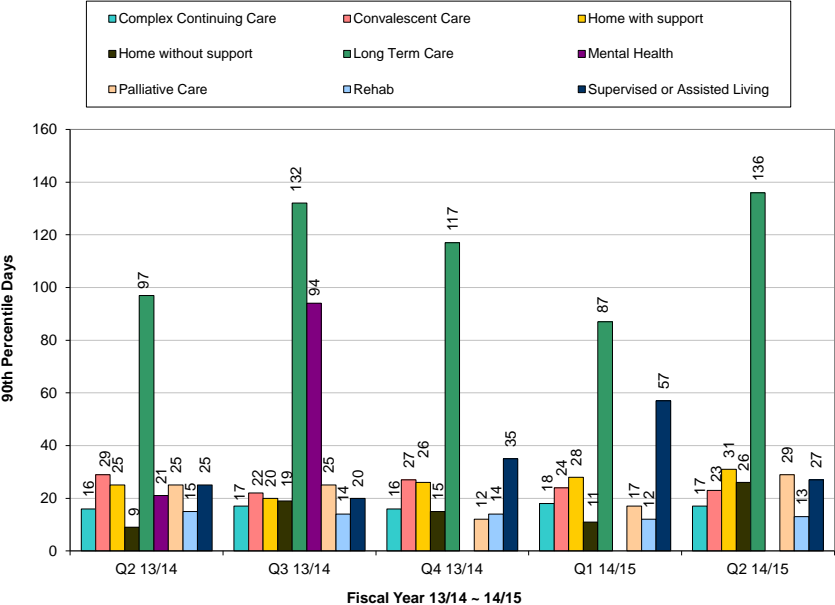
**Note: The reporting for the above indicators has been revised starting 2013/14 therefore there were no targets for previous quarters and colour coding cannot be determined. Previous Agreements included the 90th percentile wait times for these surgical and diagnostic imaging services.

LHIN VIEW: Central LHIN			
		Objective: To enhance person-centered care	
		Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.	
Performance Indicators: Access to healthcare services			
System Measure	Details	Quarterly Performance	LHIN's Performance Report
Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home** (Data Source: CIHI-DAD)	Baseline TBD		1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? In Q1 2014/15, Central LHIN's proportions of primary unilateral Hip and Knee joint replacement patients discharged home are both within the provincial target. The proportion of knee replacement patients discharged home increased slightly, while the proportion of hip replacement patients discharged home decreased slightly from the previous quarter. Central LHIN hospitals continue to use a standardized cross-continuum total joint replacement (TJR) pathway and a pre-operative patient guide, which shall drive further improvements in safe discharging of patients.
	Provincial Target 10/11 (90% ± 9%)		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 available.
	LHIN Target: TBD		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 available. Provincial target achieved.
	Current Performance Hip 87.6%		
Average length of stay of primary unilateral Hip or Knee Joint Replacement patients discharged home** (Data Source: CIHI-DAD)	Baseline TBD		1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? In Q1 14/15, the average length of stay for primary unilateral Hip and Knee joint replacement patients discharged home both continued to be well below the provincial target of 4.4 days (Hip: 3.5 days; Knee: 3.2 days). Continued work in sustaining the standardized TJR pathway and Integrated Orthopaedic Capacity Plan will sustain improvements in patients' length of stay in hospitals.
	Provincial Target 10/11 4.4 days		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 available.
	LHIN Target: TBD		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 available. Provincial target achieved.
	Current Performance Hip 3.5		
	Current Performance Knee 3.2		

**Note: The methodology for defining the hip/knee replacement cohorts for indicator calculations has been revised starting 2013/14 based on the recommendations from the HQO expert panel. Results may not be comparable to the previous quarters.

LHIN VIEW: Central LHIN																					
		Objective: To enhance person-centered care																			
		Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.																			
Performance Indicators: Access to healthcare services																					
System Measure	Details	Quarterly Performance	LHIN's Performance Report																		
Percent of Priority IV Cases Completed Within Access Target for MRI Scan**	Baseline 48% (Based on FY 12/13 result)	 <table><caption>Quarterly Performance Data for MRI Scan</caption><tr><th>Quarter</th><th>Performance (%)</th></tr><tr><td>Q3 12/13</td><td>53%</td></tr><tr><td>Q4 12/13</td><td>48%</td></tr><tr><td>Q1 13/14</td><td>41%</td></tr><tr><td>Q2 13/14</td><td>31%</td></tr><tr><td>Q3 13/14</td><td>27%</td></tr><tr><td>Q4 13/14</td><td>33%</td></tr><tr><td>Q1 14/15</td><td>34%</td></tr><tr><td>Q2 14/15</td><td>34%</td></tr></table>	Quarter	Performance (%)	Q3 12/13	53%	Q4 12/13	48%	Q1 13/14	41%	Q2 13/14	31%	Q3 13/14	27%	Q4 13/14	33%	Q1 14/15	34%	Q2 14/15	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. Central LHIN hospitals received base funding for two additional MRI machines in FY 13/14 and FY 14/15. It is expected that these additional hours will support improved performance.
	Quarter		Performance (%)																		
Q3 12/13	53%																				
Q4 12/13	48%																				
Q1 13/14	41%																				
Q2 13/14	31%																				
Q3 13/14	27%																				
Q4 13/14	33%																				
Q1 14/15	34%																				
Q2 14/15	34%																				
Priority IV: 28 days (Data Source: WTIS)	LHIN Target 55% (FY 14/15) Current Performance 34%	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 were operating to funded levels early in the fiscal year in the absence of the 2014/15 Wait Time Strategy funding letter from the Ministry. The hospitals were notified of their incremental allocations in late Q2. Based upon this information, we expect to see improvements 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.	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 and demand continues to outstrip funded supply. At the end of Q2, hospitals have completed 57% of WTS funded volumes (base and incremental).																		
			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). The LHIN allocates discretionary funding (i.e., UPF) for additional volumes. The allocation of funds takes into account efficiency at each provider.																		
Percent of Priority IV Cases Completed Within Access Target for CT Scan**	Baseline 84% (Based on FY 12/13 result)	 <table><caption>Quarterly Performance Data for CT Scan</caption><tr><th>Quarter</th><th>Performance (%)</th></tr><tr><td>Q3 12/13</td><td>86%</td></tr><tr><td>Q4 12/13</td><td>76%</td></tr><tr><td>Q1 13/14</td><td>72%</td></tr><tr><td>Q2 13/14</td><td>65%</td></tr><tr><td>Q3 13/14</td><td>67%</td></tr><tr><td>Q4 13/14</td><td>74%</td></tr><tr><td>Q1 14/15</td><td>83%</td></tr><tr><td>Q2 14/15</td><td>92%</td></tr></table>	Quarter	Performance (%)	Q3 12/13	86%	Q4 12/13	76%	Q1 13/14	72%	Q2 13/14	65%	Q3 13/14	67%	Q4 13/14	74%	Q1 14/15	83%	Q2 14/15	92%	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). In addition, Central LHIN has allocated a portion of its Urgent Priority Funding to improve performance in this indicator.
	Quarter		Performance (%)																		
Q3 12/13	86%																				
Q4 12/13	76%																				
Q1 13/14	72%																				
Q2 13/14	65%																				
Q3 13/14	67%																				
Q4 13/14	74%																				
Q1 14/15	83%																				
Q2 14/15	92%																				
Priority IV: 28 days (Data Source: WTIS)	LHIN Target 85% (FY 14/15) Current Performance 92%	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 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? Central LHIN has achieved its target.	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 and demand continues to outstrip funded supply. At the end of Q2, hospitals have already completed 69% of WTS funded volumes (base and incremental).																		
			5. Does the LHIN plan to reallocate services to another hospital? No. All 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: 1. 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.
2. Per ministry guidance, the MRI and CT Scan wait times data from Independent Health Facilities (IHF) have been excluded from the calculation of LHIN and Provincial wait times.

LHIN VIEW: Central LHIN			
Objective: To improve system integration and enhance coordination of care while ensuring better transitions to various care settings. Expected Outcome: Persons will be able to navigate the healthcare system and receive the care they need, when and where they need it.			
Performance Indicators: System integration and coordination of care			
System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percentage of Alternate Level of Care (ALC) Days (Data Source: CIHI-DAD)	Baseline 16.27%		1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's Percentage of ALC Days has decreased from 15.36% in Q4 13/14 to 13.79% in Q1 14/15, achieving below its target of 15.00%. Based on the Home First Lean Event, several initiatives were identified to improve the Home First referral, placement and discharge processes. Initial planning for these initiatives have begun and the associated lead organizations expect to implement the initiatives in the next few months. The Central LHIN ALC Working Group is looking to work with other sectors to address specific areas of discharge barriers and drive further improvements in this indicator.
	Provincial Target 9.46%		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 from baseline.
	LHIN Target 15.00% (FY 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? Central LHIN has achieved its target.
	Current Performance 13.79%		
Number of days from ALC designation to discharge by discharge destination (90th percentile Days) Acute Care Only (Data Source: WTIS)	Current Performance 27 Days		1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's performance on this indicator increased by 2 days since Q1 14/15. The most notable changes are that the wait time for Supervised or Assisted Living decreased from 57 days in Q1 14/15 to 27 days in Q2 14/15; whereas wait time for LTC increased from 87 days in Q1 14/15 to 136 days in Q2 14/15.
			The reduction in wait time for Supervised or Assisted Living can be attributed to the opening of 645 assisted living spaces beginning from February 2014. However, volumes of patients on LTC wait lists continue to increase, leading to the increased wait time. 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 available.
			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 available.

LHIN VIEW: Central LHIN

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



Performance Indicators: System integration and coordination of care

System Measure	Details	Quarterly Performance	LHIN's Performance Report																		
90th Percentile Wait Time from Community for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) (Data Source: Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server)	Baseline 23 days (Based on most recent 4 quarters of data)	<div><div>Central LHIN Target 12/13 (27.00 days)</div><div>Central LHIN Target 13/14 (28.00 days)</div><div>Central LHIN Target 14/15 (28.00 days)</div></div> <table><thead><tr><th>Quarter</th><th>90th Percentile wait in days</th></tr></thead><tbody><tr><td>Q2 12/13</td><td>23.00</td></tr><tr><td>Q3 12/13</td><td>24.00</td></tr><tr><td>Q4 12/13</td><td>38.00</td></tr><tr><td>Q1 13/14</td><td>34.00</td></tr><tr><td>Q2 13/14</td><td>56.00</td></tr><tr><td>Q3 13/14</td><td>48.00</td></tr><tr><td>Q4 13/14</td><td>28.00</td></tr><tr><td>Q1 14/15</td><td>27.00</td></tr></tbody></table> <div>Fiscal Year 12/13 ~ 14/15</div> <div>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 criterions 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.</div>	Quarter	90th Percentile wait in days	Q2 12/13	23.00	Q3 12/13	24.00	Q4 12/13	38.00	Q1 13/14	34.00	Q2 13/14	56.00	Q3 13/14	48.00	Q4 13/14	28.00	Q1 14/15	27.00	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Improvements (process improvements, re-education, standard work) were made to the triage guidelines for frontline intake staff between May to July 2014, which helped to reduce the wait time for the intake process. The intake department is committed to continuous quality improvement and is working to identify additional strategies and standard work improvements on an ongoing basis. New active recruiting strategy was also employed in 2014 to enhance capacity, which helped to reduce the wait time for applications from community setting to first CCAC service.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? A Divisional Redesign Pilot Project was implemented from January to June 2014, aimed at improving efficiencies in assessment and re-assessment response times. The redesign project for the full division is scheduled to be implemented in Fall 2014, at which time further improvements are expected.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? Central LHIN target has been achieved.</p>
	Quarter		90th Percentile wait in days																		
Q2 12/13	23.00																				
Q3 12/13	24.00																				
Q4 12/13	38.00																				
Q1 13/14	34.00																				
Q2 13/14	56.00																				
Q3 13/14	48.00																				
Q4 13/14	28.00																				
Q1 14/15	27.00																				
Provincial Target TBD	LHIN Target 28 days (FY 14/15)	Current Performance 27 days																			
Pending New Indicator For FY 13/14																					

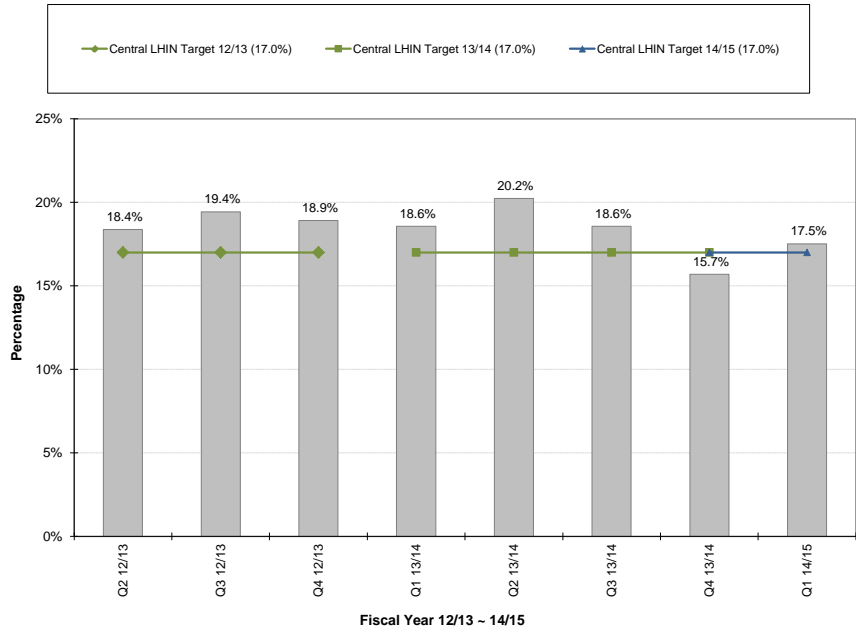
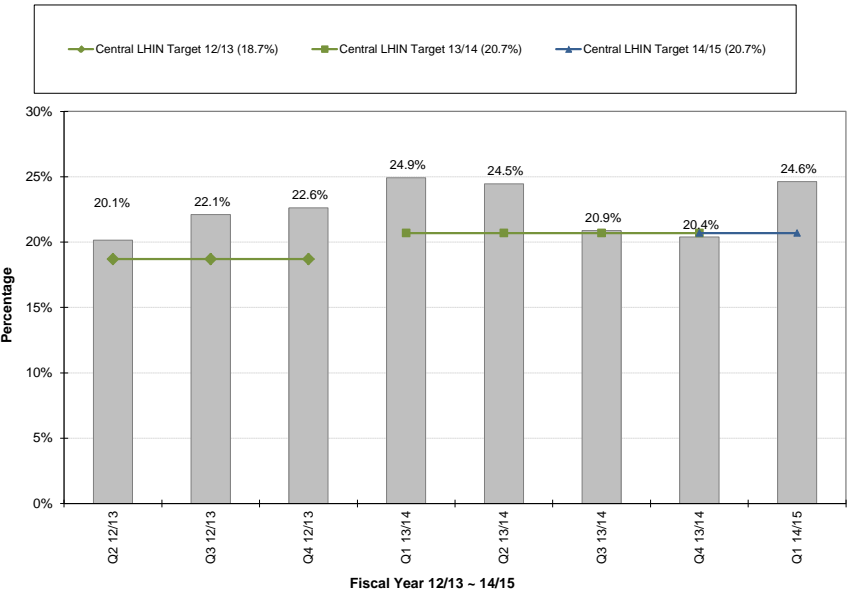
LHIN VIEW: Central LHIN

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.



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%	<div><div><div>Central LHIN Target 12/13 (15.00%)</div><div>Central LHIN Target 13/14 (15.00%)</div><div>Central LHIN Target 14/15 (15.00%)</div></div><table><caption>30 Day Readmission Rate by Quarter</caption><tr><th>Quarter</th><th>Readmission Rate (%)</th></tr><tr><td>Q1 12/13</td><td>15.4%</td></tr><tr><td>Q2 12/13</td><td>16.8%</td></tr><tr><td>Q3 12/13</td><td>15.6%</td></tr><tr><td>Q4 12/13</td><td>15.0%</td></tr><tr><td>Q1 13/14</td><td>14.6%</td></tr><tr><td>Q2 13/14</td><td>14.8%</td></tr><tr><td>Q3 13/14</td><td>15.4%</td></tr><tr><td>Q4 13/14</td><td>16.0%</td></tr></table><div>Fiscal Year 12/13 ~ 13/14</div></div>		Quarter	Readmission Rate (%)	Q1 12/13	15.4%	Q2 12/13	16.8%	Q3 12/13	15.6%	Q4 12/13	15.0%	Q1 13/14	14.6%	Q2 13/14	14.8%	Q3 13/14	15.4%	Q4 13/14	16.0%	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's Q4 13/14 performance was at 16% which means the LHIN target of 15.0% was not achieved. Central LHIN continues to implement initiatives to support the achievement of the target. The following is a list of activities undertaken to achieve/move toward the target: <ul style="list-style-type: none">• In Q3 2014, the third Health Link was approved and is operational. Two additional Health Links will be added as they are approved by the ministry. A primary goal of Health Links is to improve the coordination and delivery of care across the continuum for high users, many who have one or more of the conditions included in the definition, "selected CMGs."• Southlake and Markham Stouffville Hospital have implemented a role for a Telemedicine Nurse to enhance access to experts across the province for timely service. The LHIN funded the purchase and implementation of telemedicine equipment in all Central LHIN LTCHs to further reduce the need to transfer residents to hospital.• Central LHIN is supporting the implementation of Quality Based Procedures (QBPs) and the adoption of best practice pathways for patients with COPD, CHF, stroke, pneumonia and other conditions. High re-admissions in Central LHIN are COPD and CHF.• Internet-based clinical pathways for COPD and Diabetes have been completed and disseminated in the Central LHIN.• Diabetes Education Programs are engaging with Emergency Departments and inpatient programs to support care post hospital discharge.• Nurse Led Outreach Teams work in partnership with LTCHs to provide urgent care to reduce avoidable ED admissions.• 2 COPD clinics in the community health centres became operational in 2014-15.• Over 300 Exercise and 200 falls prevention classes for seniors have been implemented in the Central LHIN. Twenty classes have been designated for seniors at risk of COPD and CHF.																																					
	Quarter	Readmission Rate (%)																																																									
	Q1 12/13	15.4%																																																									
Q2 12/13	16.8%																																																										
Q3 12/13	15.6%																																																										
Q4 12/13	15.0%																																																										
Q1 13/14	14.6%																																																										
Q2 13/14	14.8%																																																										
Q3 13/14	15.4%																																																										
Q4 13/14	16.0%																																																										
Provincial Target: TBD	<table><caption>30 Day Readmission Rate by Calendar Year</caption><tr><th>Year</th><th>Readmission Rate (%)</th></tr><tr><td>2006</td><td>14.1%</td></tr><tr><td>2007</td><td>13.7%</td></tr><tr><td>2008</td><td>15.2%</td></tr><tr><td>2009</td><td>13.9%</td></tr><tr><td>2010</td><td>15.0%</td></tr><tr><td>2011</td><td>15.3%</td></tr></table> <div>Calendar Year 2006 ~ 2011</div>		Year	Readmission Rate (%)	2006	14.1%	2007	13.7%	2008	15.2%	2009	13.9%	2010	15.0%	2011	15.3%	2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? The LHIN expects to see improvement on this target by the end of FY 2014-15.																																										
Year	Readmission Rate (%)																																																										
2006	14.1%																																																										
2007	13.7%																																																										
2008	15.2%																																																										
2009	13.9%																																																										
2010	15.0%																																																										
2011	15.3%																																																										
LHIN Target 15.00% (FY 14/15)	Readmissions within 30 days trend by LHIN by calendar year.		3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? The LHIN expects to see improvement on this target by the end of FY 2014-15.																																																								
Current Performance 16.0%	<table><caption>Readmission Ratio by Calendar Year</caption><tr><th>Year</th><th>card</th><th>chf</th><th>copd</th><th>cva</th><th>dm</th><th>gi</th><th>pneu</th></tr><tr><td>2006</td><td>12.5</td><td>22.0</td><td>17.5</td><td>8.0</td><td>14.5</td><td>12.5</td><td>11.5</td></tr><tr><td>2007</td><td>12.0</td><td>20.0</td><td>16.0</td><td>6.0</td><td>12.5</td><td>13.5</td><td>11.5</td></tr><tr><td>2008</td><td>12.0</td><td>22.5</td><td>15.5</td><td>11.5</td><td>14.0</td><td>15.5</td><td>13.5</td></tr><tr><td>2009</td><td>11.5</td><td>19.0</td><td>17.0</td><td>8.0</td><td>13.5</td><td>14.0</td><td>11.5</td></tr><tr><td>2010</td><td>11.0</td><td>23.0</td><td>19.5</td><td>10.5</td><td>14.5</td><td>15.0</td><td>12.0</td></tr><tr><td>2011</td><td>13.0</td><td>23.5</td><td>17.0</td><td>9.0</td><td>13.5</td><td>15.0</td><td>13.0</td></tr></table> <div>Calendar Year 2006 ~ 2011</div>		Year	card	chf	copd	cva	dm	gi	pneu	2006	12.5	22.0	17.5	8.0	14.5	12.5	11.5	2007	12.0	20.0	16.0	6.0	12.5	13.5	11.5	2008	12.0	22.5	15.5	11.5	14.0	15.5	13.5	2009	11.5	19.0	17.0	8.0	13.5	14.0	11.5	2010	11.0	23.0	19.5	10.5	14.5	15.0	12.0	2011	13.0	23.5	17.0	9.0	13.5	15.0	13.0	
Year	card	chf	copd	cva	dm	gi	pneu																																																				
2006	12.5	22.0	17.5	8.0	14.5	12.5	11.5																																																				
2007	12.0	20.0	16.0	6.0	12.5	13.5	11.5																																																				
2008	12.0	22.5	15.5	11.5	14.0	15.5	13.5																																																				
2009	11.5	19.0	17.0	8.0	13.5	14.0	11.5																																																				
2010	11.0	23.0	19.5	10.5	14.5	15.0	12.0																																																				
2011	13.0	23.5	17.0	9.0	13.5	15.0	13.0																																																				

LHIN VIEW: Central LHIN			
Objective: To implement evidence based practice to drive quality and value and improve health outcomes.			
Expected Outcome: Persons will receive quality inpatient care and coordinated post-discharge care, leading to reduced readmission rates that may improve survival, quality of life and other outcomes without increasing cost.			
Performance Indicators: Quality and improved health outcomes			
System Measure	Details	Quarterly Performance	LHIN's Performance Report
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions** (Data Source: CIHI-NACRS)	Baseline 17.6% (Based on most recent 4 quarters of data)		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? SRHC began implementation of the Peer support model in the ED in September 2014; The 6 Central LHIN hospitals continue to move towards a protocol for equitable access to mental health and addictions beds; In September 2014, the Central LHIN also began some collaborative work with police services to address access to mobile crisis teams.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN has improved from baseline.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? It is expected that Central LHIN will achieve targets within the next two quarters.</p>
	Provincial Target: TBD LHIN Target 17.0% (FY 14/15) Current Performance 17.5%		
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)		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? SRHC began implementation of the Peer support model in the ED in September 2014; the 6 Central LHIN hospitals continue to move towards a protocol for equitable access to mental health and addictions beds; In September 2014, the Central LHIN also began some collaborative work with police services to address access to mobile crisis teams.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? It is expected that the LHIN will bring performance back down to baseline (same as target) within the next two quarters.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? See #2.</p>
	Provincial Target: TBD LHIN Target 20.7% (FY 14/15) Current Performance 24.6%		

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

Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance	Supplementary Measures	Summary	Quarterly Performance																																																																																																	
Time to Inpatient Bed: Disposition date/time to Left ER date/time (Data Source: CIHI-NACRS)	Baseline: 22.3 hours FY 12/13 Target: TBD	<div><div><div>Humber River Regional Hospital - Church Street Site</div><div>Humber River Regional Hospital - Finch Street Site</div><div>Markham Stouffville Hospital - Markham Site</div><div>North York General Hospital</div><div>Southlake Regional Health Centre</div><div>Stevenson Memorial Hospital</div><div>York Central Hospital</div></div><table><caption>90th Percentile Hours - Time to Inpatient Bed</caption><tr><th>Quarter</th><th>HRRH Church St</th><th>HRRH Finch St</th><th>MSH</th><th>NYGH</th><th>SRHC</th><th>SMH</th><th>YCH</th></tr><tr><td>Q2 13/14</td><td>20.5</td><td>16.7</td><td>21.7</td><td>13.5</td><td>20.3</td><td>3.0</td><td>25.8</td></tr><tr><td>Q3 13/14</td><td>16.7</td><td>18.5</td><td>24.5</td><td>15.9</td><td>21.4</td><td>3.8</td><td>33.1</td></tr><tr><td>Q4 13/14</td><td>25.2</td><td>27.6</td><td>33.8</td><td>17.7</td><td>25.0</td><td>4.0</td><td>49.1</td></tr><tr><td>Q1 14/15</td><td>21.7</td><td>24.0</td><td>32.5</td><td>17.8</td><td>23.3</td><td>4.0</td><td>42.9</td></tr><tr><td>Q2 14/15</td><td>20.1</td><td>18.5</td><td>18.6</td><td>15.3</td><td>25.9</td><td>4.3</td><td>29.6</td></tr></table></div>	Quarter	HRRH Church St	HRRH Finch St	MSH	NYGH	SRHC	SMH	YCH	Q2 13/14	20.5	16.7	21.7	13.5	20.3	3.0	25.8	Q3 13/14	16.7	18.5	24.5	15.9	21.4	3.8	33.1	Q4 13/14	25.2	27.6	33.8	17.7	25.0	4.0	49.1	Q1 14/15	21.7	24.0	32.5	17.8	23.3	4.0	42.9	Q2 14/15	20.1	18.5	18.6	15.3	25.9	4.3	29.6	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	<div><div><div>Humber River Regional Hospital - Church Street Site</div><div>Humber River Regional Hospital - Finch Street Site</div><div>Markham Stouffville Hospital - Markham Site</div><div>North York General Hospital</div><div>Southlake Regional Health Centre</div><div>Stevenson Memorial Hospital</div><div>York Central Hospital</div></div><table><caption>Percentage of Positive Rating - Patient Satisfaction</caption><tr><th>Quarter</th><th>HRRH Church St</th><th>HRRH Finch St</th><th>MSH</th><th>NYGH</th><th>SRHC</th><th>SMH</th><th>YCH</th></tr><tr><td>Q4 12/13</td><td>71%</td><td>82%</td><td>89%</td><td>77%</td><td>85%</td><td>89%</td><td>71%</td></tr><tr><td>Q1 13/14</td><td>74%</td><td>81%</td><td>85%</td><td>82%</td><td>94%</td><td>94%</td><td>78%</td></tr><tr><td>Q2 13/14</td><td>74%</td><td>81%</td><td>89%</td><td>80%</td><td>81%</td><td>90%</td><td>79%</td></tr><tr><td>Q3 13/14</td><td>75%</td><td>79%</td><td>89%</td><td>83%</td><td>84%</td><td>90%</td><td>71%</td></tr><tr><td>Q4 13/14</td><td>72%</td><td>84%</td><td>87%</td><td>87%</td><td>89%</td><td>93%</td><td>73%</td></tr></table></div>	Quarter	HRRH Church St	HRRH Finch St	MSH	NYGH	SRHC	SMH	YCH	Q4 12/13	71%	82%	89%	77%	85%	89%	71%	Q1 13/14	74%	81%	85%	82%	94%	94%	78%	Q2 13/14	74%	81%	89%	80%	81%	90%	79%	Q3 13/14	75%	79%	89%	83%	84%	90%	71%	Q4 13/14	72%	84%	87%	87%	89%	93%	73%	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.
	Quarter	HRRH Church St	HRRH Finch St	MSH	NYGH	SRHC	SMH	YCH																																																																																														
Q2 13/14	20.5	16.7	21.7	13.5	20.3	3.0	25.8																																																																																															
Q3 13/14	16.7	18.5	24.5	15.9	21.4	3.8	33.1																																																																																															
Q4 13/14	25.2	27.6	33.8	17.7	25.0	4.0	49.1																																																																																															
Q1 14/15	21.7	24.0	32.5	17.8	23.3	4.0	42.9																																																																																															
Q2 14/15	20.1	18.5	18.6	15.3	25.9	4.3	29.6																																																																																															
Quarter	HRRH Church St	HRRH Finch St	MSH	NYGH	SRHC	SMH	YCH																																																																																															
Q4 12/13	71%	82%	89%	77%	85%	89%	71%																																																																																															
Q1 13/14	74%	81%	85%	82%	94%	94%	78%																																																																																															
Q2 13/14	74%	81%	89%	80%	81%	90%	79%																																																																																															
Q3 13/14	75%	79%	89%	83%	84%	90%	71%																																																																																															
Q4 13/14	72%	84%	87%	87%	89%	93%	73%																																																																																															
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment (Data Source: CIHI-NACRS)	Baseline: 2.7 hours FY 12/13 Target: TBD	<div><div><div>Humber River Regional Hospital - Church Street Site</div><div>Humber River Regional Hospital - Finch Street Site</div><div>Markham Stouffville Hospital - Markham Site</div><div>North York General Hospital</div><div>Southlake Regional Health Centre</div><div>Stevenson Memorial Hospital</div><div>York Central Hospital</div></div><table><caption>90th Percentile Hours - Time to Physician Initial Assessment</caption><tr><th>Quarter</th><th>HRRH Church St</th><th>HRRH Finch St</th><th>MSH</th><th>NYGH</th><th>SRHC</th><th>SMH</th><th>YCH</th></tr><tr><td>Q2 13/14</td><td>2.6</td><td>2.3</td><td>2.4</td><td>3.1</td><td>1.4</td><td>2.3</td><td>3.5</td></tr><tr><td>Q3 13/14</td><td>2.6</td><td>2.7</td><td>2.1</td><td>2.9</td><td>1.4</td><td>2.5</td><td>3.4</td></tr><tr><td>Q4 13/14</td><td>3.0</td><td>2.9</td><td>2.2</td><td>3.0</td><td>1.4</td><td>2.6</td><td>3.5</td></tr><tr><td>Q1 14/15</td><td>2.7</td><td>2.5</td><td>2.2</td><td>3.0</td><td>1.4</td><td>2.5</td><td>3.6</td></tr><tr><td>Q2 14/15</td><td>2.7</td><td>2.5</td><td>2.0</td><td>2.6</td><td>1.4</td><td>2.4</td><td>3.3</td></tr></table></div>	Quarter	HRRH Church St	HRRH Finch St	MSH	NYGH	SRHC	SMH	YCH	Q2 13/14	2.6	2.3	2.4	3.1	1.4	2.3	3.5	Q3 13/14	2.6	2.7	2.1	2.9	1.4	2.5	3.4	Q4 13/14	3.0	2.9	2.2	3.0	1.4	2.6	3.5	Q1 14/15	2.7	2.5	2.2	3.0	1.4	2.5	3.6	Q2 14/15	2.7	2.5	2.0	2.6	1.4	2.4	3.3	Number of ER Unscheduled Visits by quarter per 1,000 population (Data Source: CIHI-NACRS)	Baseline: N/A Current Performance: 69	<table><caption>ER Unscheduled Visits per 1,000 population</caption><tr><th>Quarter</th><th>Visits</th></tr><tr><td>Q2 09/10</td><td>60</td></tr><tr><td>Q3 09/10</td><td>61</td></tr><tr><td>Q4 09/10</td><td>56</td></tr><tr><td>Q1 10/11</td><td>60</td></tr><tr><td>Q2 10/11</td><td>61</td></tr><tr><td>Q3 10/11</td><td>61</td></tr><tr><td>Q4 10/11</td><td>58</td></tr><tr><td>Q1 11/12</td><td>62</td></tr><tr><td>Q2 11/12</td><td>64</td></tr><tr><td>Q3 11/12</td><td>62</td></tr><tr><td>Q4 11/12</td><td>62</td></tr><tr><td>Q1 12/13</td><td>64</td></tr><tr><td>Q2 12/13</td><td>65</td></tr><tr><td>Q3 12/13</td><td>65</td></tr><tr><td>Q4 12/13</td><td>62</td></tr><tr><td>Q1 13/14</td><td>66</td></tr><tr><td>Q2 13/14</td><td>67</td></tr><tr><td>Q3 13/14</td><td>66</td></tr><tr><td>Q4 13/14</td><td>65</td></tr><tr><td>Q1 14/15</td><td>69</td></tr></table>	Quarter	Visits	Q2 09/10	60	Q3 09/10	61	Q4 09/10	56	Q1 10/11	60	Q2 10/11	61	Q3 10/11	61	Q4 10/11	58	Q1 11/12	62	Q2 11/12	64	Q3 11/12	62	Q4 11/12	62	Q1 12/13	64	Q2 12/13	65	Q3 12/13	65	Q4 12/13	62	Q1 13/14	66	Q2 13/14	67	Q3 13/14	66	Q4 13/14	65	Q1 14/15	69	Note: No volume or low volume (< 10 cases) will not be displayed in the Figure						
	Quarter	HRRH Church St	HRRH Finch St	MSH	NYGH	SRHC	SMH	YCH																																																																																														
Q2 13/14	2.6	2.3	2.4	3.1	1.4	2.3	3.5																																																																																															
Q3 13/14	2.6	2.7	2.1	2.9	1.4	2.5	3.4																																																																																															
Q4 13/14	3.0	2.9	2.2	3.0	1.4	2.6	3.5																																																																																															
Q1 14/15	2.7	2.5	2.2	3.0	1.4	2.5	3.6																																																																																															
Q2 14/15	2.7	2.5	2.0	2.6	1.4	2.4	3.3																																																																																															
Quarter	Visits																																																																																																					
Q2 09/10	60																																																																																																					
Q3 09/10	61																																																																																																					
Q4 09/10	56																																																																																																					
Q1 10/11	60																																																																																																					
Q2 10/11	61																																																																																																					
Q3 10/11	61																																																																																																					
Q4 10/11	58																																																																																																					
Q1 11/12	62																																																																																																					
Q2 11/12	64																																																																																																					
Q3 11/12	62																																																																																																					
Q4 11/12	62																																																																																																					
Q1 12/13	64																																																																																																					
Q2 12/13	65																																																																																																					
Q3 12/13	65																																																																																																					
Q4 12/13	62																																																																																																					
Q1 13/14	66																																																																																																					
Q2 13/14	67																																																																																																					
Q3 13/14	66																																																																																																					
Q4 13/14	65																																																																																																					
Q1 14/15	69																																																																																																					

Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance	Supplementary Measures	Summary	Quarterly Performance																																										
The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	<table><tr><th>Fiscal Year</th><th>Acute</th><th>Post-Acute</th></tr><tr><td>Q2 13/14</td><td>199</td><td>25</td></tr><tr><td>Q3 13/14</td><td>230</td><td>28</td></tr><tr><td>Q4 13/14</td><td>231</td><td>35</td></tr><tr><td>Q1 14/15</td><td>217</td><td>29</td></tr><tr><td>Q2 14/15</td><td>247</td><td>41</td></tr></table>	Fiscal Year	Acute	Post-Acute	Q2 13/14	199	25	Q3 13/14	230	28	Q4 13/14	231	35	Q1 14/15	217	29	Q2 14/15	247	41	The Number of ALC open cases in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	<table><tr><th>Fiscal Year</th><th>Acute</th><th>Post-Acute</th></tr><tr><td>Q2 13/14</td><td>61</td><td>7</td></tr><tr><td>Q3 13/14</td><td>67</td><td>13</td></tr><tr><td>Q4 13/14</td><td>56</td><td>10</td></tr><tr><td>Q1 14/15</td><td>74</td><td>17</td></tr><tr><td>Q2 14/15</td><td>83</td><td>13</td></tr></table>	Fiscal Year	Acute	Post-Acute	Q2 13/14	61	7	Q3 13/14	67	13	Q4 13/14	56	10	Q1 14/15	74	17	Q2 14/15	83	13						
		Fiscal Year	Acute	Post-Acute																																											
Q2 13/14	199	25																																													
Q3 13/14	230	28																																													
Q4 13/14	231	35																																													
Q1 14/15	217	29																																													
Q2 14/15	247	41																																													
Fiscal Year	Acute	Post-Acute																																													
Q2 13/14	61	7																																													
Q3 13/14	67	13																																													
Q4 13/14	56	10																																													
Q1 14/15	74	17																																													
Q2 14/15	83	13																																													
The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	<table><tr><th>Hospital</th><th>Acute</th><th>Post-Acute</th></tr><tr><td>St John's Rehabilitation Hospital</td><td>7</td><td>7</td></tr><tr><td>Mackenzie Health</td><td>33</td><td>22</td></tr><tr><td>Stevenson Memorial Hospital Alliston</td><td>8</td><td>0</td></tr><tr><td>Southlake Regional Health Centre</td><td>55</td><td>6</td></tr><tr><td>North York General Hospital</td><td>84</td><td>0</td></tr><tr><td>Markham Stouffville Hospital</td><td>16</td><td>0</td></tr><tr><td>Humber River Regional Hospital</td><td>51</td><td>0</td></tr></table>	Hospital	Acute	Post-Acute	St John's Rehabilitation Hospital	7	7	Mackenzie Health	33	22	Stevenson Memorial Hospital Alliston	8	0	Southlake Regional Health Centre	55	6	North York General Hospital	84	0	Markham Stouffville Hospital	16	0	Humber River Regional Hospital	51	0	The Number of ALC open cases in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)	N/A	<table><tr><th>Hospital</th><th>Acute</th><th>Post-Acute</th></tr><tr><td>Mackenzie Health</td><td>11</td><td>6</td></tr><tr><td>Southlake Regional Health Centre</td><td>25</td><td>0</td></tr><tr><td>North York General Hospital</td><td>25</td><td>0</td></tr><tr><td>Markham Stouffville Hospital</td><td>8</td><td>0</td></tr><tr><td>Humber River Regional Hospital</td><td>13</td><td>0</td></tr></table>	Hospital	Acute	Post-Acute	Mackenzie Health	11	6	Southlake Regional Health Centre	25	0	North York General Hospital	25	0	Markham Stouffville Hospital	8	0	Humber River Regional Hospital	13	0
		Hospital	Acute	Post-Acute																																											
St John's Rehabilitation Hospital	7	7																																													
Mackenzie Health	33	22																																													
Stevenson Memorial Hospital Alliston	8	0																																													
Southlake Regional Health Centre	55	6																																													
North York General Hospital	84	0																																													
Markham Stouffville Hospital	16	0																																													
Humber River Regional Hospital	51	0																																													
Hospital	Acute	Post-Acute																																													
Mackenzie Health	11	6																																													
Southlake Regional Health Centre	25	0																																													
North York General Hospital	25	0																																													
Markham Stouffville Hospital	8	0																																													
Humber River Regional Hospital	13	0																																													

Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance	Supplementary Measures	Summary	Quarterly Performance
Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)	N/A	<div><div><div><div><div></div><div></div><div></div></div><div><div><div>Hospital A</div><div>Hospital B</div><div>Hospital C</div></div></div></div><div><div><div><div><div></div><div></div><div></div></div><div><div><div>27</div><div>26</div><div>48</div></div><div><div>22</div><div>27</div><div>26</div></div></div><div>Mock Up</div></div></div><div><div><div>% of discharges by 11am</div><div>Past 3 Months</div></div></div><div><div>November</div><div>December</div><div>January</div></div></div><div>Data Source: ED PIP site/DART Data</div></div></div>	Transitional Care Program (TCP) Average Length of Stay (ALOS) by Program Type (Data Source: Transitional Care Program Reporting System (TCPRS))	N/A	<div><div><div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div><div>Acute</div><div>ConvalescentCare</div><div>ALLBEDTYPES</div><div>CCC Restorative Reactivation</div><div>Interim LTC</div><div>Rehabilitation</div><div>CCC Transitional</div></div></div></div><div><div><div>TCP ALOS Days</div></div></div><div><div><div>Q2 13/14</div><div>Q3 13/14</div><div>Q4 13/14</div><div>Q1 14/15</div><div>Q2 14/15</div></div></div><div><div><div>223</div><div>230</div><div>65</div><div></div><div>59</div></div><div><div>62</div><div>66</div><div>65</div><div></div><div>59</div></div><div><div>34</div><div>30</div><div>19</div><div></div><div></div></div><div><div>73</div><div>66</div><div>57</div><div></div><div>68</div></div></div><div><div>Fiscal Year 13/14 ~ 14/15</div></div></div><div>Note: No volume or low volume (< 6 cases) will not be displayed in the Figure.</div></div>
Number of days from ALC designation to discharge by discharge destination (90th Percentile Days) (Data Source: WTIS)	Current Performance: 27 days	<div><div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div><div>Complex Continuing Care</div><div>Home without support</div><div>Palliative Care</div><div>Convalescent Care</div><div>Long Term Care</div><div>Rehab</div><div>Home with support</div><div>Mental Health</div><div>Supervised or Assisted Living</div></div></div></div><div><div><div>90th Percentile Days</div></div></div><div><div><div>Mackenzie Health</div><div>Stevenson Memorial Hospital Alliston</div><div>Southlake Regional Health Centre</div><div>North York General Hospital</div><div>Markham Stouffville Hospital</div><div>Humber River Regional Hospital</div></div></div><div><div><div>89</div><div>41</div><div>89</div><div>30</div><div>23</div><div>23</div></div><div><div>10</div><div>14</div><div>16</div><div>40</div><div>35</div><div>27</div></div><div><div>3</div><div>14</div><div>18</div><div>40</div><div>24</div><div>27</div></div><div><div>213</div><div>97</div><div>142</div><div>39</div><div>21</div><div>68</div></div><div><div>11</div><div>21</div><div>25</div><div>26</div></div></div><div><div>Q2 14/15</div></div></div><div></div><div>N/A</div></div>			

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

Hospital For Sick Children (The)	Hospital For Sick Children (The)	7
Mount Sinai Hospital	Mount Sinai Hospital	7
Providence Healthcare	Providence Healthcare	7
Runnymede Healthcare Centre	Runnymede Healthcare Centre	7
Salvation Army Grace Hospital	Salvation Army Grace Hospital	7
St Joseph's Health Centre	St Joseph's Health Centre	7
St Michael's Hospital	St Michael's Hospital	7
Sunnybrook Health Sciences Centre	Sunnybrook Health Sciences Centre	7
Toronto East General Hospital (The)	Toronto East General Hospital (The)	7
Toronto Rehabilitation Institution	Toronto Rehabilitation Institution	7
University Health Network	University Health Network	7
West Park Healthcare Centre	West Park Healthcare Centre	7
Humber River Regional Hospital	Humber River Regional Hospital	8
Markham Stouffville Hospital	Markham Stouffville Hospital	8
North York General Hospital	North York General Hospital	8
Southlake Regional Health Centre	Southlake Regional Health Centre	8
St John's Rehabilitation Hospital	St John's Rehabilitation Hospital	8
Stevenson Memorial Hospital Alliston	Stevenson Memorial Hospital Alliston	8
Mackenzie Health	Mackenzie Health	8
Campbellford Memorial Hospital	Campbellford Memorial Hospital	9
Lakeridge Health	Lakeridge Health	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 Hospita	Carleton Place And District Mem Hospita	11
Childrens Hospital Of Eastern Ontario	Childrens Hospital Of Eastern Ontario	11
Cornwall Community Hosp-General Site	Cornwall Community Hosp-General Site	11
Hopital Montfort	Hopital Montfort	11
Kemptville District Hospital	Kemptville District Hospital	11
Ottawa Hospital (The)	Ottawa Hospital (The)	11
Pembroke Regional Hospital Inc.	Pembroke Regional Hospital Inc.	11
Queensway-Carleton Hospital	Queensway-Carleton Hospital	11
Renfrew Victoria Hospital	Renfrew Victoria Hospital	11
Royal Ottawa Health Care Group	Royal Ottawa Health Care Group	11

University Of Ottawa Heart Institute	University Of Ottawa Heart Institute	11
Winchester District Memorial Hospital	Winchester District Memorial Hospital	11
Collingwood General And Marine Hospital	Collingwood General And Marine Hospital	12
Georgian Bay General Hospital	Georgian Bay General Hospital	12
Muskoka Algonquin Healthcare	Muskoka Algonquin Healthcare	12
Orillia Soldiers' Memorial Hospital	Orillia Soldiers' Memorial Hospital	12
Penetanguishene Mental Health Centre	Penetanguishene Mental Health Centre	12
Royal Victoria 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 Health	Owen Sound Hospital (Grey Bruce Health	2
St. Thomas-Elgin General Hospital	St. Thomas-Elgin General Hospital	2
University Hospital (London Health Scien	University Hospital (London Health Scien	2
Victoria Hospital (London Health Science	Victoria Hospital (London Health Science	2
Cambridge Memorial Hospital	Cambridge Memorial Hospital	3
Grand River Hospital - Kitchener-Waterlo	Grand River Hospital - Kitchener-Waterlo	3
Guelph General Hospital	Guelph General Hospital	3
St. Mary's General Hospital	St. Mary's General Hospital	3
Brantford General Hospital, The (The Bra	Brantford General Hospital, The (The Bra	4
Greater Niagara General Site (Niagara H	Greater Niagara General Site (Niagara H	4
Hamilton General Hospital (Hamilton Hea	Hamilton General Hospital (Hamilton Hea	4
Hamilton Health Sciences Corporation	Hamilton Health Sciences Corporation	4
Joseph Brant Memorial Hospital	Joseph Brant Memorial Hospital	4
Juravinski Hospital	Juravinski Hospital	4
St. Catharines General Site (Niagara Hea	St. Catharines General Site (Niagara Hea	4
St. Joseph's Healthcare	St. Joseph's Healthcare	4
Headwaters Health Care Centre - Orange	Headwaters Health Care Centre - Orange	5
William Osler Health Centre - Brampton C	William Osler Health Centre - Brampton C	5

William Osler Health Centre - Etobicoke	William Osler Health Centre - Etobicoke	5
Credit Valley Hospital, The	Credit Valley Hospital, The	6
Georgetown Hospital (Halton Healthcare)	Georgetown Hospital (Halton Healthcare)	6
Milton District Hospital (Halton Healthcare)	Milton District Hospital (Halton Healthcare)	6
Oakville-Trafalgar Memorial Hospital (Halton Healthcare)	Oakville-Trafalgar Memorial Hospital (Halton Healthcare)	6
Trillium Health Centre - Mississauga	Trillium Health Centre - Mississauga	6
Hospital For Sick Children, The	Hospital For Sick Children, The	7
Mount Sinai Hospital	Mount Sinai Hospital	7
St. Joseph's Health Centre	St. Joseph's Health Centre	7
St. Michael's Hospital	St. Michael's Hospital	7
Sunnybrook Health Sciences Centre	Sunnybrook Health Sciences Centre	7
Toronto East General Hospital	Toronto East General Hospital	7
Toronto General Hospital (University Health Network)	Toronto General Hospital (University Health Network)	7
Toronto Western Hospital (University Health Network)	Toronto Western Hospital (University Health Network)	7
Humber River Regional Hospital - Church St.	Humber River Regional Hospital - Church St.	8
Humber River Regional Hospital - Finch St.	Humber River Regional Hospital - Finch St.	8
Markham Stouffville Hospital - Markham	Markham Stouffville Hospital - Markham	8
North York General Hospital	North York General Hospital	8
Southlake Regional Health Centre	Southlake Regional Health Centre	8
Stevenson Memorial Hospital	Stevenson Memorial Hospital	8
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 Valley Health Services)	Rouge Valley Ajax And Pickering (Rouge Valley Health Services)	9
Rouge Valley Centenary (Rouge Valley Health Services)	Rouge Valley Centenary (Rouge Valley Health Services)	9
Scarborough Hospital, The - Birchmount	Scarborough Hospital, The - Birchmount	9
Scarborough Hospital, The - General Campus	Scarborough Hospital, The - General Campus	9
Kingston General Hospital	Kingston General Hospital	10
Quinte Healthcare - Belleville General	Quinte Healthcare - Belleville General	10
Quinte Healthcare - Trenton Memorial	Quinte Healthcare - Trenton Memorial	10
Children's Hospital Of Eastern Ontario	Children's Hospital Of Eastern Ontario	11
Cornwall Community Hospital - McConneville	Cornwall Community Hospital - McConneville	11
Hopital General De Hawkesbury & District	Hopital General De Hawkesbury & District	11
Hopital Montfort	Hopital Montfort	11
Ottawa Hospital, The - Civic Campus	Ottawa Hospital, The - Civic Campus	11
Ottawa Hospital, The - General Campus	Ottawa Hospital, The - General Campus	11
Pembroke Regional Hospital Inc.	Pembroke Regional Hospital Inc.	11
Queensway Carleton Hospital	Queensway Carleton Hospital	11
Collingwood General & Marine Hospital	Collingwood General & Marine Hospital	12
Georgian Bay General Hospital (North Simcoe Health Unit)	Georgian Bay General Hospital (North Simcoe Health Unit)	12
Huntsville District Memorial Hospital (Muskegon Health Unit)	Huntsville District Memorial Hospital (Muskegon Health Unit)	12
Royal Victoria Regional Health Centre	Royal Victoria Regional Health Centre	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]			

--