MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: Central LHIN

REPORT DATE: May 2019

Ontario

GUIDE: QUARTERLY STOCKTAKE REPORT

PERFORMANCE INDICATORS	DATA SOURCE	Page #
HOME AND COMMUNITY CARE		
1. Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	Home Care Database (HCD), Health Shared Services Ontario (HSSOntario)	Page 3
2. Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services		Page 3
3. 90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)		Page 4
4. 90th percentile wait time from hospital discharge to service initiation for home and community care	Discharge Abstract Database (DAD), Canadian Institute for Health Information (CIHI) HCD, HSSOntario	Page 4
SYSTEM INTEGRATION AND ACCESS		
5. 90th percentile emergency department (ED) length of stay for complex patients	National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health Information (CIHI)	Page 5
6. 90th percentile ED length of stay for minor/uncomplicated patients		Page 5
7. Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Wait Time Information System (WTIS) Access to Care, CCO	Page 6
8. Percent of priority 2, 3 and 4 cases completed within access target for knee replacement		Page 6
9. Percentage of alternate level of care (ALC) days	DAD, CIHI	Page 7
10. ALC rate	WTIS, HDB Bed Census Summary (BCS)	Page 7
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH		
11. Repeat unscheduled emergency visits within 30 days for mental health conditions	NACRS, CIHI	Page 8
12. Repeat unscheduled emergency visits within 30 days for substance abuse conditions		Page 8
SUSTAINABILITY AND QUALITY		
13. Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions	DAD, CIHI	Page 9

MONITORING INDICATORS	DATA SOURCE	Page #
SYSTEM INTEGRATION AND ACCESS		
14. Percent of priority 2 and 3 cases completed within access target for computed tomography (CT) scan	WTIS, CCO	Page 10
15. Percent of priority 2 and 3 cases completed within access target for magnetic resonance imaging (MRI) scan		Page 10
16. Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery		Page 10
17. Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting, and from acute-care setting	Client Profile (CPRO) Database	Page 11
18. Rate of emergency visits for conditions best managed elsewhere	DAD, CIHI	Page 12
19. Hospitalization rate for ambulatory care sensitive conditions	DAD, CIHI	Page 12
20. Percent of acute care patients who have had a follow-up with a physician within 7 days of discharge	DAD, CIHI and Claims History Database (CHDB), MOHLTC	Page 12

DEVELOPMENTAL INDICATORS	DATA SOURCE	Page #
HOME AND COMMUNITY CARE		
21. Percent of palliative care patients discharged from hospital with home support	DAD, CIHI	Page 13
SUSTAINABILITY AND QUALITY		
22. Overall satisfaction with health care in the community	MOHLTC's Health Care Experience Survey	Page 13

APPENDIX		Page #
SUMMARY OF PERFORMANCE INDICATORS		Page 14
NOTES		Page 15/16

INTERPRETING PERFORMANCE INDICATORS

Legend	Provincial Data	Provincial Target	LHIN Data

LHIN Data		
Achieved Provincial Target	Within 10% of Provincial Target	>10% From Provincial Target

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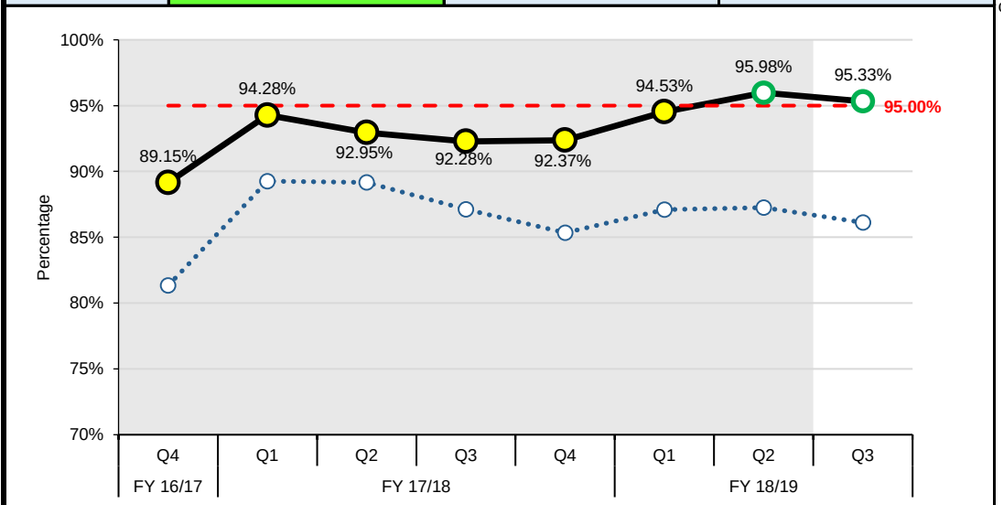
Central LHIN

PERFORMANCE INDICATORS: HOME AND COMMUNITY CARE

OBJECTIVES: 1. Reduce wait time for home care (improve access) 2. More days at home (including end of life care)

Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	95.33%	86.11%	95.00%

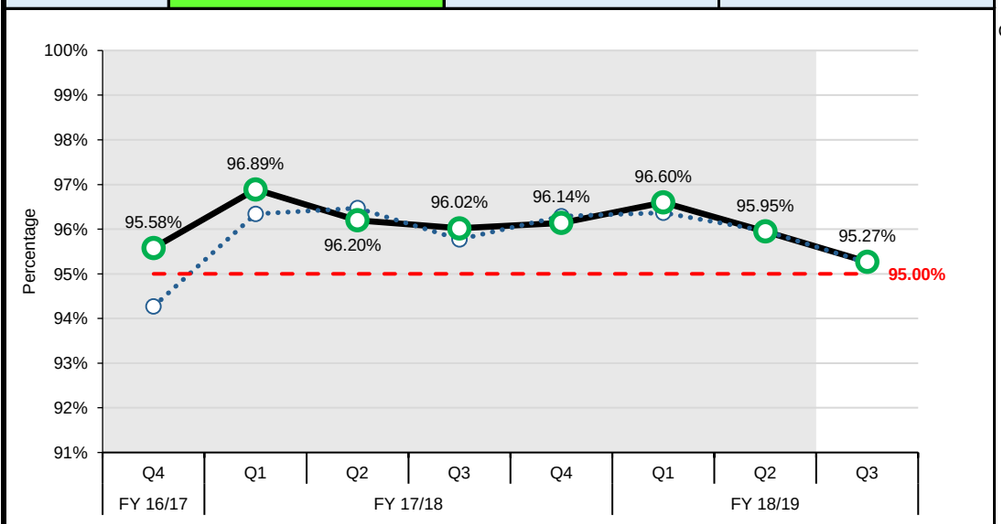


LHIN COMMENTS (IF APPLICABLE)

Despite a 10% increase in overall complex and non-complex Personal Support Services patients, Central LHIN has met the target for a second straight quarter. Central LHIN continues to monitor this measure on a weekly basis to ensure that the performance is sustained.

Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	95.27%	95.25%	95.00%



LHIN COMMENTS (IF APPLICABLE)

Central LHIN has met the target for eleven straight quarters and will continue to meet the target.

Central LHIN continues to monitor this measure on a weekly basis to ensure that the performance is sustained.

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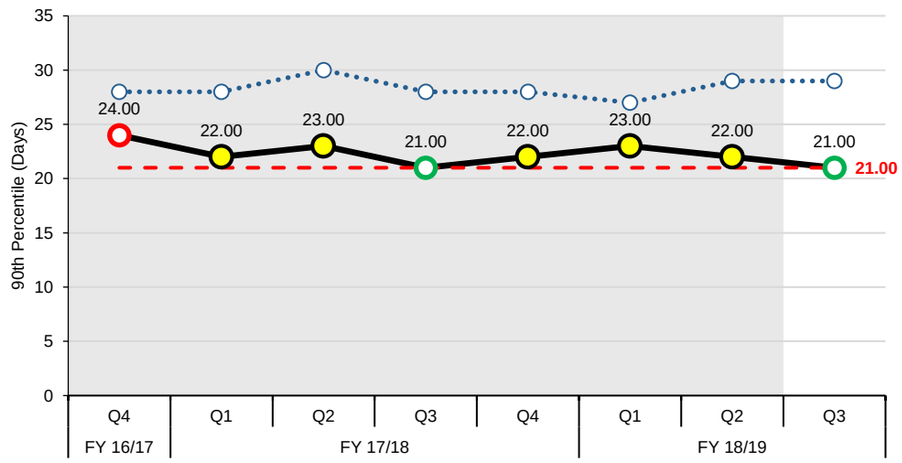
Central LHIN

PERFORMANCE INDICATORS: HOME AND COMMUNITY CARE

OBJECTIVES: 1. Reduce wait time for home care (improve access) 2. More days at home (including end of life care)

90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	21.00 Days	29.00 Days	21.00 Days

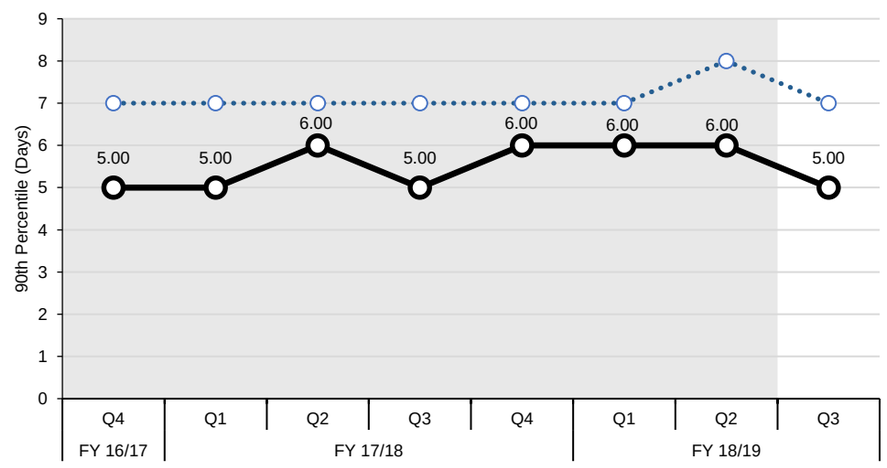


LHIN COMMENTS (IF APPLICABLE)

Central LHIN continues to perform better than the provincial average. Q3 performance improved by one day and since 2017 Q1 has been in the in the low 20's. This is the second time Central LHIN has reached the target.

90th percentile wait time from hospital discharge to service initiation for home and community care

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	5.00 Days	7.00 Days	TBD



LHIN COMMENTS (IF APPLICABLE)

Performance has remained stable between 5 and 6 days over the past three years. Although there currently is no target, Central LHIN has been performing better than the provincial average and in comparison with other LHINS.

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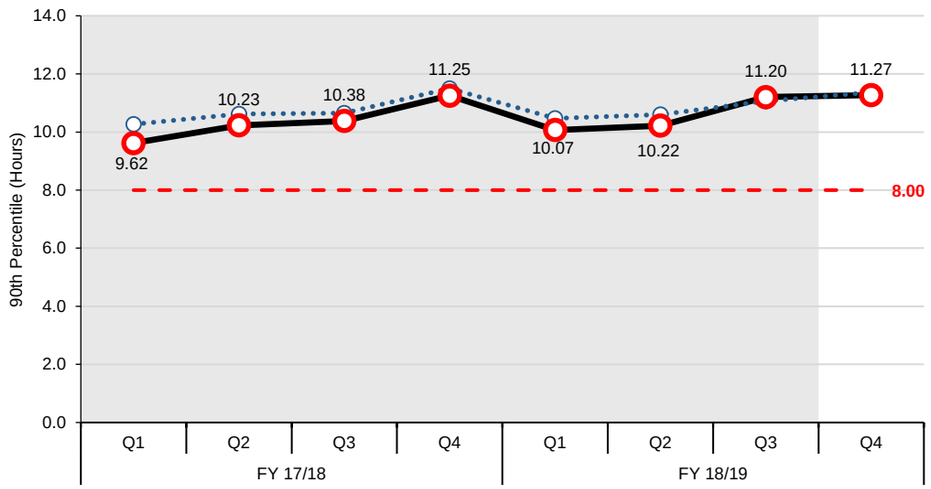
Central LHIN

PERFORMANCE INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

90th percentile emergency department (ED) length of stay for complex patients

Summary (Q4 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	11.27 Hours	11.37 Hours	8.00 Hours



LHIN COMMENTS (IF APPLICABLE)

Central LHIN's 90th percentile ED length of stay for complex patients performance in Q4 (11.27 hours) remains consistent with Q3 performance (11.20 hours), and shows a consistent trend with the highest peak at Q4. Of note, Central LHIN performance better than the provincial average of 11.37 hours despite continued high volumes in our hospitals: of note 4 of the 5 large community hospitals in Central LHIN ranked in the top ten hospitals in the province for highest ED volumes for complex patients, and three ranked in the top five hospitals in the province.

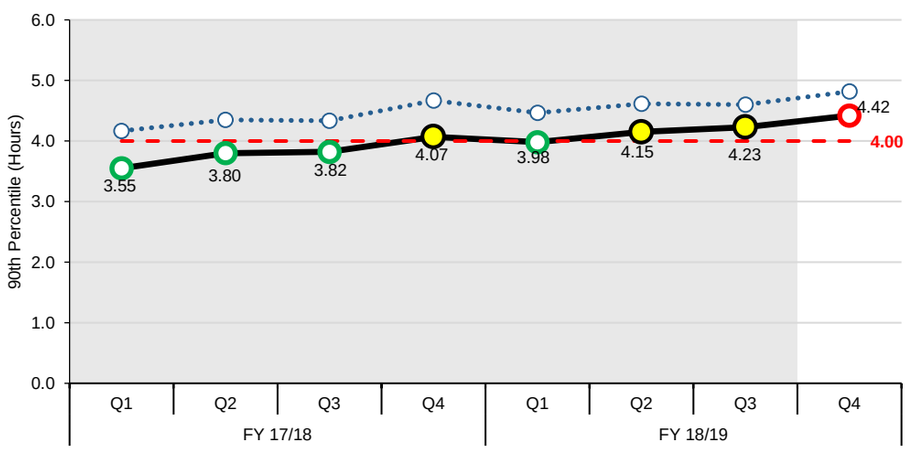
The 'Time to Inpatient Bed' component of the length of stay for Admitted patients is the main contributor impacting Central LHIN's performance. Overall, the 'Time to Inpatient Bed' increased by 3 hours from Q3 to Q4 (24.9 hours to 27.9). The main driver of performance for this indicator is the admitted complex patient group, as the non-admitted complex patients are meeting the provincial target of 8 hours. Both Central LHIN and the Provincial-level 90P ED LOS for Admitted Patients are demonstrative of an increasing trend. However, Central LHIN (6.9 hours) continues to perform better than the province (7.1 hours) for this indicator.

While performance remains above the provincial target, all Central LHIN hospitals continue to implement initiatives targeted at improving patient flow and bed flow optimization (eg. Hallway Medicine). With the 'Time to Inpatient Bed' component of the length of stay for admitted patients being the main contributor to the performance on this indicator, it is evident that inpatient bed capacity continues to be a challenge for Central LHIN hospitals. New solutions includes:

1. Development and implementation of iPlan (which assists with the early identification, engagement and management of patients) has helped with patient flow across several Central LHIN facilities that have implemented the system. Central LHIN is supporting the full implementation of iPlan across all remaining hospitals.
2. Launch of the Reactivation Care Center (RCC) – Finch site has continued to help with creating capacity within the Central LHIN hospitals. It is expected that the recently opened RCC Church site will help create system capacity as well.
3. The LHIN continues to host bi-monthly ED working group meetings for the purpose of planning, implementing, and evaluating performance measures to improve the delivery of emergency services in the Central LHIN hospitals, as well as a forum for knowledge exchange on best practices.

90th percentile ED length of stay for minor/uncomplicated patients

Summary (Q4 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	4.42 Hours	4.82 Hours	4.00 Hours



LHIN COMMENTS (IF APPLICABLE)

In Q4 FY 18/19, Central LHIN wait time for minor/uncomplicated patients has increased to 4.42 hours from 4.23 hours in Q3. Although Central LHIN's performance has not improved from the previous quarter, the performance is better than the provincial average. Central LHIN's performance has declined over the past year and a half. A similar decline in performance is also seen at the provincial level.

Low acuity visit volumes in Central LHIN showed a decrease by 14.2% (5,159 visits) this quarter from Q3.
Humber River Hospital (5.5 hours), Mackenzie Health (4.9 hours), and North York General Hospital (4.4 hours) continue to be the main drivers impacting the performance in Q4. Southlake and Humber River consistently had wait time above 4 hours during the course of this year. Contributing to the overall wait time for non-complex visits in the increase Time to Disposition in Q4 which increased (10.3%, 3.9 hours to 4.3 hours) from Q3.

Central LHIN will continue to monitor and follow up with hospitals to address ED pressures and issues that may impact wait times.

Of note, Central LHIN is a top performer for rate of emergency visits best managed elsewhere per 1,000 population at 1.5 vs the Ontario rate of 4.0.
However, Central is a poor performer in the potentially avoidable emergency department visits for long-term care home residents, with the highest rate in the province. Central is working with our long-term care homes and Health Quality Ontario to develop strategies to reduce the need for LTC emergency visits and share best practices amongst homes.

Ontario

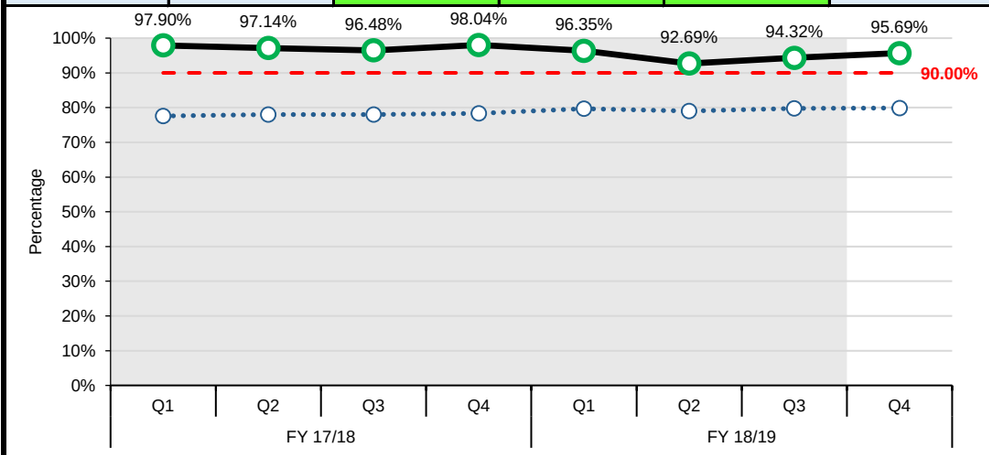
Central LHIN

PERFORMANCE INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

Percent of priority 2, 3 and 4 cases completed within access target for hip replacement

Summary (Q4 FY 18/19)	Provincial Target (FY 18/19) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	LV	91.30%	96.11%	95.69%	79.88%



LHIN COMMENTS (IF APPLICABLE)

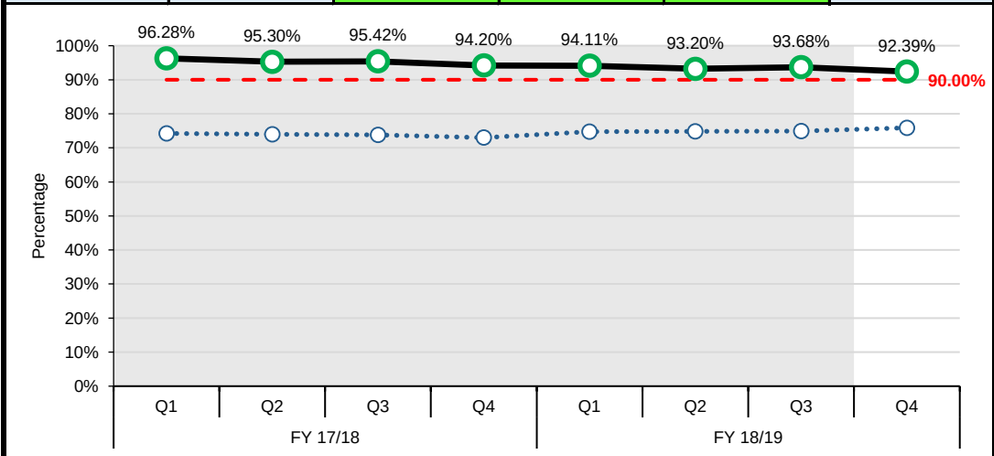
Performance has improved in Q4 compared to the previous quarter. Central LHIN performance consistently performs better than the provincial target and is ranked number 1 in the province this quarter.

Completed hip replacement procedures increased in Q4 by 8% compared to the prior quarter. The volume of hip replacement surgeries performed in FY18/19 (1,727) is up 14% from FY 17/18 (1,517), and up 62% from FY 16/17 (1,064). All Central LHIN hospitals are completing more cases than funded by QBP funding in order to address the high demand, however, capacity is limited. One hospital has identified lower wait time performance related to a specific surgeon who has many patients on the wait list because the patients have chosen the surgeon irrespective of the wait time. In addition, the hospital identified that the use of 'Dates Affecting Readiness to Treat' (DART) reporting of wait times from a surgeon's office was limited due to administrative staff turnover.

Central LHIN hospitals continue to implement the Centralized Intake and Assessment model of care and referral process for hip and knee replacement surgeries. As hospitals transition to this new model, Central LHIN anticipates to continue to meet the provincial target despite some early findings that suggest few patients are choosing to have the surgery done with the first available surgeon in the LHIN as they prefer to have the surgery done by a specific surgeon or hospital. With the ongoing engagement with surgeons and primary care providers, as well as patients, it is expected that adoption of the new model will continue to take place and more patients will choose the first available surgeon to shorten their wait time.

Percent of priority 2, 3 and 4 cases completed within access target for knee replacement

Summary (Q4 FY 18/19)	Provincial Target (FY 18/19) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	LV	92.31%	92.37%	92.39%	75.88%



LHIN COMMENTS (IF APPLICABLE)

Central LHIN continues to perform better than the provincial target and is consistently one of the top performing LHINs.

Volume of knee replacement surgeries performed year over year continue to grow. Volumes in FY 18/19 (3,358) is up 5% from the same time period in FY 17/18 (3,199) and up 47% from FY 16/17 (2,280).

Central LHIN hospitals continue to implement the Centralized Intake and Assessment model of care and referral process for hip and knee replacement surgeries. As hospitals transition to the new model, Central LHIN anticipates performance to be sustained.

Ontario

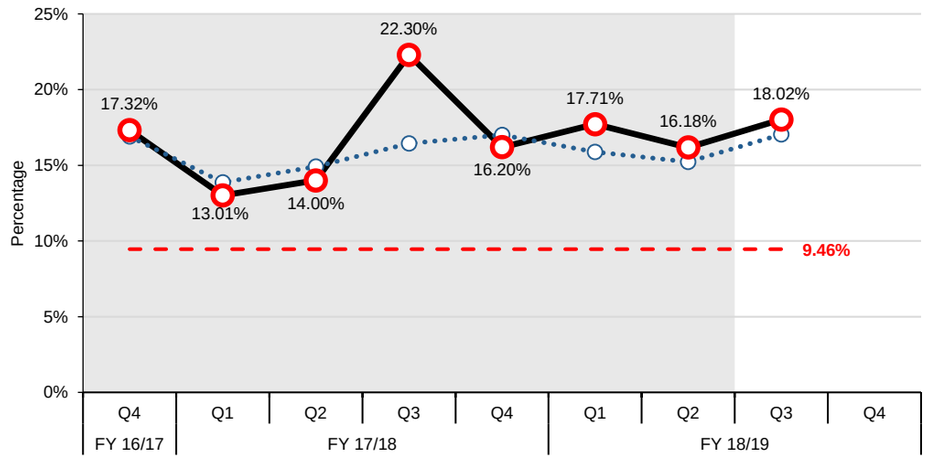
Central LHIN

PERFORMANCE INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

Percentage of alternate level of care (ALC) days

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	18.02%	17.04%	9.46%



LHIN COMMENTS (IF APPLICABLE)

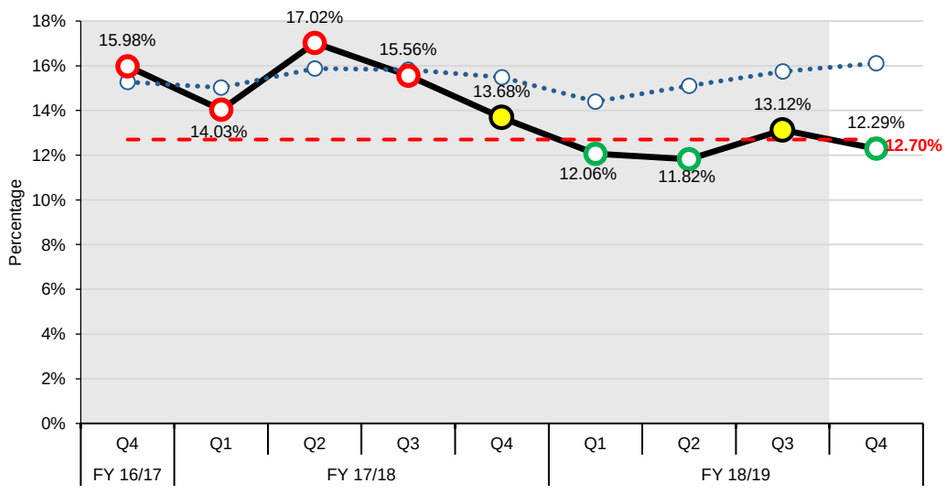
The Percentage of ALC Days in Central LHIN worsened from 16.18% in Q2 FY 18/19 to 18.02% in Q3 FY 18/19. Performance on this indicator was driven by a 38.5% increase in ALC Days between Q2 FY 18/19 (25,965 ALC Days) and Q3 FY 18/19 (32,061 ALC Days). Over this same time period, there was a 14% increase in the volume of ALC separations (1353 separations in Q2 FY 18/19; 1541 separations in Q3 FY 18/19), which mean more ALC patients discharged from hospitals. In Q3 FY 18/19, the overall Throughput Ratio for ALC was 1.01, with 5 of 6 Central LHIN hospitals achieving a Throughput Ratio above 1.0. These outcomes collectively, are indicative of increased ALC patient transitions from Central LHIN hospitals and the RCC, and long-stay (i.e. greater than 200 days) ALC discharges.

Performance on this indicator for Q3 FY 2018/19 was driven by higher volumes of reported ALC days at 4 of 6 Central LHIN hospitals which result in more reportable ALC days during this period and poorer perforamnce on the 'Percentage ALC Days' indicator.

Please see ALC Rate comments below regarding strategic initiatives in the Central LHIN to improve ALC performance, support patient flow and transitions to care, reduce delivery of care in unconventional bed spaces (e.g. "Hallway Medicine").

ALC rate

Summary (Q4 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	12.29%	16.11%	12.70%



LHIN COMMENTS (IF APPLICABLE)

Please note that Q1-Q3 FY18/19 historical ALC rate information for all LHINs and the province have been refreshed to reflected updated data within the Q4FY18/19 report, and that ALC Rate performance for Central LHIN does not include open ALC cases at the Reactivation Care Centres (FInch and Church sites).

The ALC Rate in Central LHIN improved slightly with 4 of 6 Central LHIN hospital achieving ALC Rate performance below the Provincial Target (12.70%). In Q4 FY 18/19 3 of 6 Central LHIN hospitals demonstrated an improvement in performance on this indicator when compared to ALC Rate in Q3 FY 18/19. The top 3 discharge destinations for ALC patients in Central LHIN continue to be LTC, Inpatient Rehabilitation, and Home with Home and Community Care services; however, the LHIN has noted an increasing trend of open ALC cases for patients awaiting placement in Complex Continuing Care beds and for Supervised or Assisted Living.

The Central LHIN has supported the development and implementation of the following strategic initiatives to improve ALC performance, support patient flow and transitions to care, reduce delivery of care in unconventional bed spaces (e.g. "Hallway Medicine"):
1. Launch of the Reactivation Care Centres (Finch and Church sites) - Capital project involving collaboration between the Ministry, Central LHIN and neighbouring GTA LHIN and hospitals to increase acute care bed capacity by introducing more than 360 new acute care beds to the system.
2. Behavioural Support Transition Resource - provides transitional support services to hospital inpatients with cognitive and/or responsive behaviours.
3. iPlan and Discharge Planning Pathway - development and implementation of an electronic ALC dashboard (iPlan) at 5 of 6 Central LHIN hospitals. iPlan provides real-time situational awareness of patient discharge/transition status, and is supported by a standardized discharge planning pathway.
4. Transitional Care at Home - Central LHIN's Short Term Transitional Care Model program that provides restorative and personal care services to patients in their homes, and facilitates transitions from acute care.
5. Assess and Restore - includes programs implemented at 3 Central LHIN hospitals and provides support to seniors to regain and maintain functional independence, and facilitate return to home and assist patients to remain in the community for as long as possible.
6. Hospital Transitional Care Coordinator - Central LHIN Home and Community Care pilot project to develop a new in-hospital team to participate in case finding and consultation in support of early discharge planning and transitions to care for patients with complex transitional care needs.
7. North York General Hospital Transitional Care Program - 20 short-term transitional care beds within a congregate setting to deliver rehabilitative and restorative care services.
8. Southlake@Home - 16 week transitional care program that utilizes a Bundled Community approach that integrates care between hospital, community care providers, primary care and social support programs.

Ontario

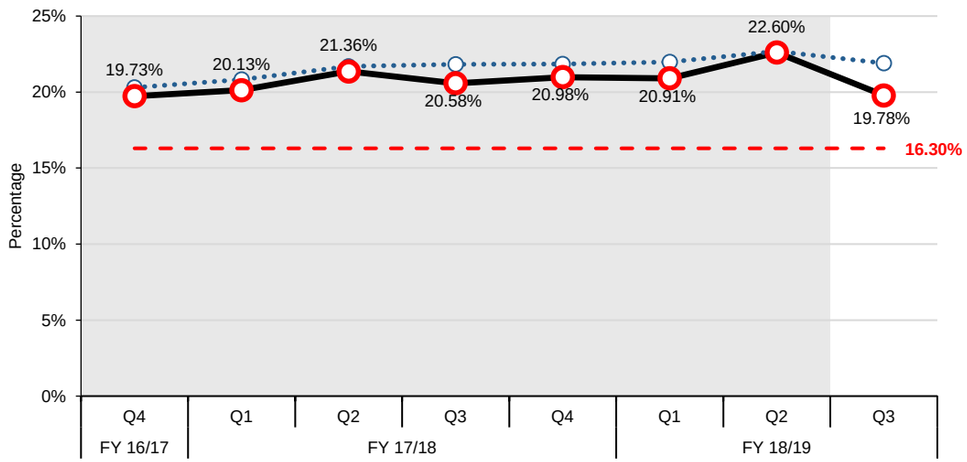
Central LHIN

PERFORMANCE INDICATORS: HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH

OBJECTIVES: 1. Reduce any unnecessary health care provider visits 2. Improve coordination of care for mental health patients

Repeat unscheduled emergency visits within 30 days for mental health conditions

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	19.78%	21.91%	16.30%



LHIN COMMENTS (IF APPLICABLE)

The percentage of repeat unscheduled emergency visits has decreased from 22.6% in Q2 FY 18/19 to 19.78% in Q3 FY 18/19. This follows similar seasonal patterns seen over the past whereby the rate peaks each Q2 and decreases in Q3.

There continues to be a number of factors that contribute to the repeat visit rate, primarily: i) a small number of patients who are refractory to treatment who seek treatment in the emergency department, ii) community capacity, and iii) inpatient bed pressures.
Hospitals indicate that there are a small number of patients that are refractory to treatment who seek treatment in the emergency room. For example, Mackenzie Health's two highest repeat visitors have a developmental delay and often come to the ED with various complaints, sometimes multiple times in a day. They have worked closely with community partners to put supports and plans in place to reduce the revisits to ED when not necessary.

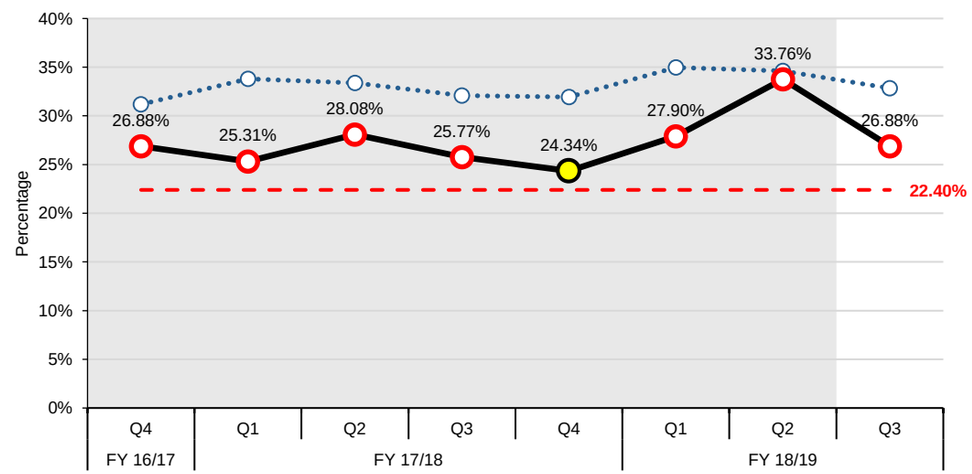
Southlake Regional Health Centre (SRHC) indicated that their adult inpatient volumes has experienced steady growth, in particular Q3 increases due to ED flow pressures. Both short stay and long stay patients continue to increase. Despite the continuing volume increase SRHC maintains lower length of stay than the Central LHIN average. This is due to ED volume pressures (get patients out of ED faster puts pressure to discharge on the unit) as well as process efficiencies such as the Post Discharge Clinic.
Central LHIN continues to concentrate efforts in transitioning care from hospital to community services. A number of improvement have been discussed. For example, North York General Hospital (NYGH) is working on a post inpatient discharge virtual follow up clinic. They are in the early stages and hope to have a pilot starting in July 2019. They are also trying to increase the number of referrals to ARCS by the ED physicians. ARCS is a short term case management program that is provided in partnership between NYGH, COTA, TNSS , Bayview- Good Sheppard , and Humber.

Central LHIN staff has created and facilitated a community of practice quarterly dialogue between the Chiefs of Psychiatry and the Directors of Mental Health and Addictions of all Central LHIN hospitals, highlighting specific initiatives that may be of interest. With respect to one of the top conditions presenting in the ED (schizophrenia and psychotic disorders), Central LHIN staff has continued to spearhead the adoption of the schizophrenia quality standard as a LHIN initiative, in partnership with HQO. Ontario Shores will be leading the implementation discussion in March, and will speak to lessons learned and a potential path forward for all Central LHIN hospitals. With schizophrenia being one of the most complex conditions to manage, the adoption of care standards aims to improve the quality of care and help reduce frequent repeat visits to the ED.

In Q4 of 2018/19, Central LHIN invested one-time funding of approximately $341,000 in the community sector to enhance mental health peer support services and safe beds supports, and to increase case management for more timely access to early psychosis intervention. In addition, SRHC was funded for an additional 5 mental health beds, to assist with capacity issues.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	26.88%	32.83%	22.40%



LHIN COMMENTS (IF APPLICABLE)

The percentage of repeat unscheduled emergency visits has decreased from 33.8% in Q2 FY 18/19 to 26.88% in Q3 FY 18/19. This follows similar seasonal patterns seen over the past whereby the rate peaks each Q2 and decreases in Q3.

Of note, in this quarter Other Substances has risen significantly and Alcohol dropped significantly (10.26%) since last quarter. Anecdotally, providers suggest this may be a result of the implementation and increased usage of the RAAM Clinics. NYGH has indicated that there is an increase in opioid use and other street drugs. MH indicated that they have seen many patients presenting with drug induced psychosis secondary to marijuana. They are also seeing more cocaine and some methamphetamine cases. There have also been several individuals who use multiple substances.

New initiatives include the followings:
1. NYGH, plans to establish a Rapid Access Addiction Medicine (RAAM) in June 2019
2. Stevenson Memorial Hospital (SMH) has implemented a new pain management group that started 3 months ago that some patients with substance abuse can be directed to for support.
3. SRHC has indicated that performance results could be attributed to socio-economic factors. For short stay patients (0-1 day length of stay), 53.8% are discharged to "Homeless (with or without shelter)", and only 23.1% are employed. These demographics indicate the precarious nature of the patient population, and could be indicative of why the rate or return is high.

The lack of a detox and withdrawal facility has also been of concern raised by both NYGH and MSH identifying that patients stay long enough to withdraw but not to engage in services, and that return visits are often due to patients experiencing withdrawal or seeking prescription medication. In addition, provider education has been discussed among Central LHIN hospitals as a potential challenge, with MH offering staff education on substance misuse from Sick Kids Centre for Community Mental Health in March. They are also continuing their work on establishing a standardized protocol and policy around the Clinical Institute Withdrawal Assessment for Alcohol (CIWA). HRH is focusing on provider education among ED Physicians regarding withdrawal management service options that are available for patients upon discharge.

Central LHIN has been exploring opportunities with the addictions sector, and in Q4 FY 18/19, the LHIN invested over $816,000 of one-time funding in the community sector to increase capacity for addictions counseling and case management, increase access to withdrawal management, and increase outreach and addiction services to underserviced communities.

Ontario

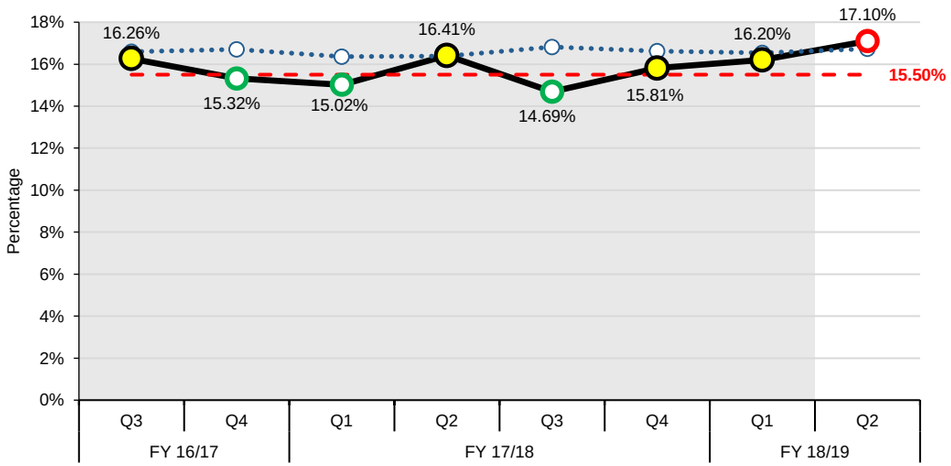
Central LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

OBJECTIVES: 1. Improve patient satisfaction 2. Reduce unnecessary readmissions

Readmissions within 30 days for selected HIG conditions

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	17.10%	16.73%	15.50%



LHIN COMMENTS (IF APPLICABLE)

The Central LHIN did not meet the provincial target of 15.50%. The Central LHIN performance worsened from 16.20% in Q1 FY1819 to 17.10% in Q2 FY1819, and worse than the province average of 16.73% in Q2. Initiatives implemented across Central LHIN to support improved performance include the following:

1. LHIN-wide access to the OTN Telehomecare (THC) program, focusing on COPD and CHF patients.

2. COPD clinics operational at two Central LHIN Community Health Centers (CHCs).

3. Community-based exercise and falls prevention classes for seniors, including designated "Breathe Better" classes tailored for seniors at risk of COPD and/or CHF.

4. Implementation of QBPs and the adoption of best practice pathways for patients with COPD, CHF, Pneumonia and Stroke.

5. Continued support of two Integrated Funding Model (IFM) pilots: a) One Client, One Team: Central and Toronto Central LHIN Integrated Stroke Care; and b) Integrated Specialized and Primary Care: The North York Central Integrated Central Collaborative (ICC) for COPD and CHF Patients. Both projects are continuing in FY 18/19, focusing on transitioning from project to program, and continue to evaluate outcomes and impact on the targeted patient population.

6. Operation of Central LHIN Health Links aligning with sub-regions, to facilitate community conversations, strengthen linkages among care providers, and incorporate the Health Links 'approach to care' to enhance transitions through efficient support and better coordination of care across organizations and settings

7. Implementation of Interprofessional Primary Care Team (IPCT) expansions in 5 sub-regions (Northern, Western, Eastern, North York West, and North York Central) to increase access of primary care providers and their patients to allied health services. Since implementation began in June 2018, over 3,340 referrals have been received from approximately 640 primary care providers for a variety of services. Additionally, the IPCT teams have established multiple partnerships with other providers and organizations for the delivery of services to underserved communities.

8. Implementation of Hospital to Home Program at Markham Stouffville Hospital, in partnership with Home and Community Care and York Region Paramedic Services, to support patients in better managing chronic disease in their homes by offering complex patients timely in-home, point-of-care testing/interventions and streamlined access to acute care services via a broader multidisciplinary team.

9. Moving forward, Central LHIN hospitals are planning to implement Bundled Care for Stroke Hemorrhage, Stroke Ischemic or Unspecified, and CABG procedures in FY 2019/20 to enhance coordination and integration of services through partnerships, as well as transition of care across the continuum of care. The goal of the initiatives is to promote collaboration across sectors, enable innovation in service delivery, and identify efficiencies to reduce IP LOS and hospital re-admission, and improve patient outcomes.

10. In collaboration with its Central LHIN Diabetes Education Program (DEP) Collaborative group, Central LHIN is working on its Diabetes strategy focusing on three areas identified as common challenges across DEP settings – Foot Care, Psychosocial Supports, and Program Awareness.

Ontario

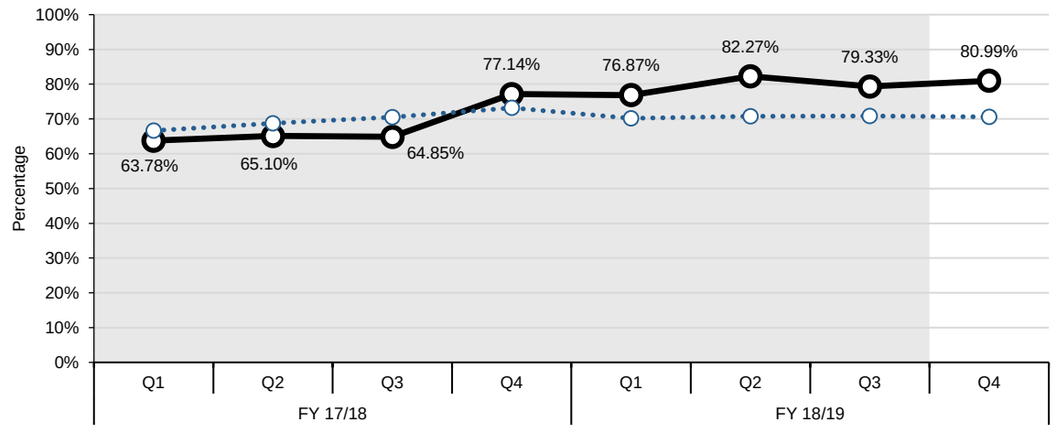
Central LHIN

MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

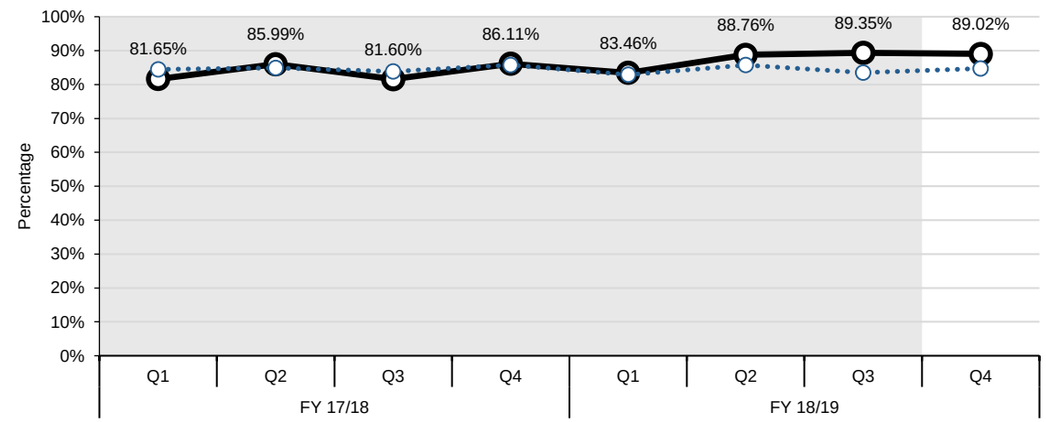
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q4 FY 18/19)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	84.48%	77.93%	80.99%	70.63%



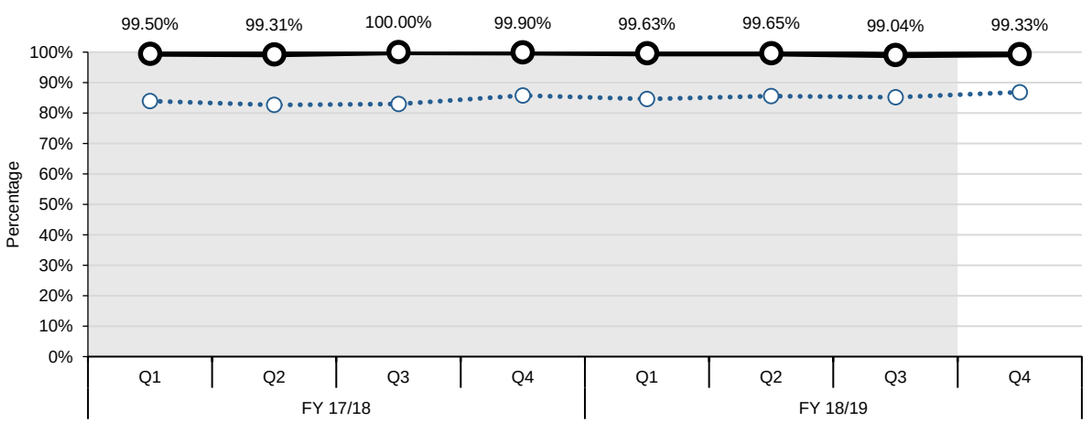
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q4 FY 18/19)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	93.83%	80.21%	89.02%	84.74%



Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery

Summary (Q4 FY 18/19)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	100.00%	99.32%	99.33%	86.84%



Ontario

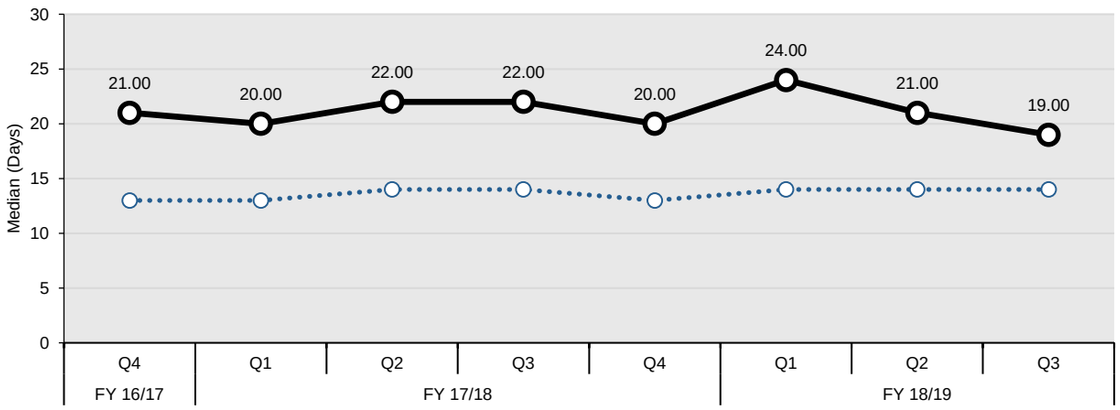
Central LHIN

MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

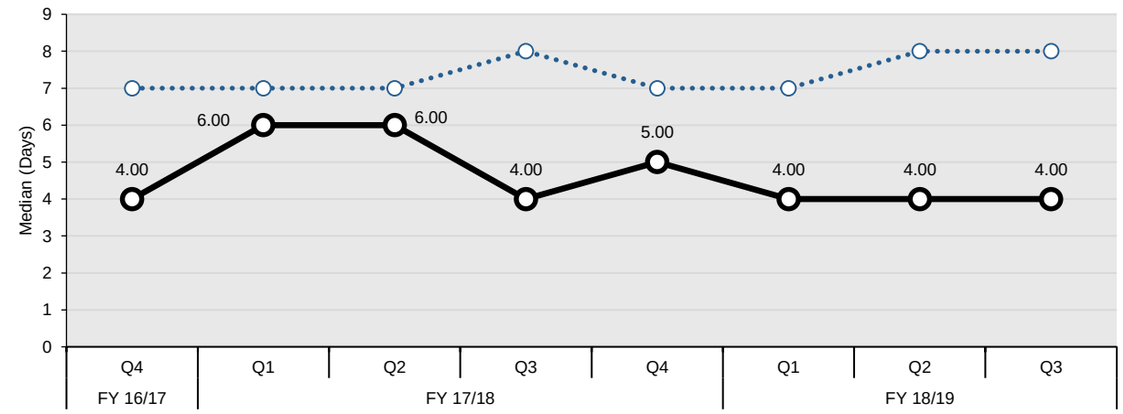
Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance
	19.00 Days	14.00 Days



Wait times from application to eligibility determination for long-term care home (LTCH) placement: From acute-care setting

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance
	4.00 Days	8.00 Days



Ontario

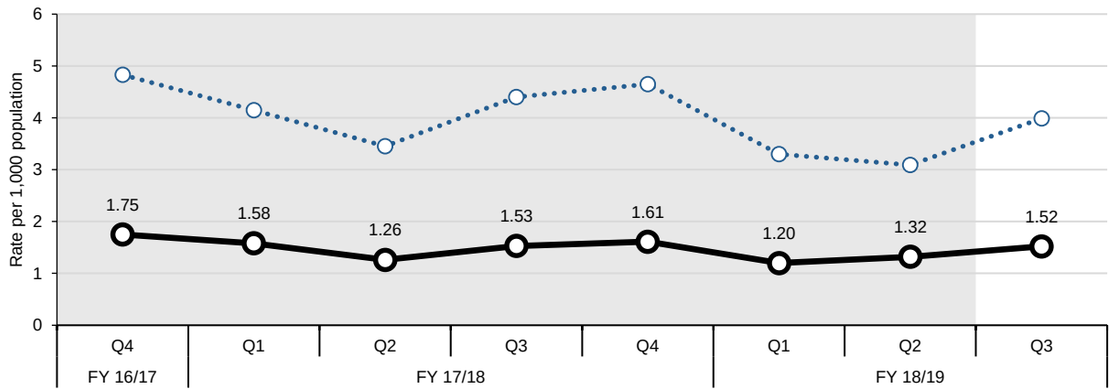
Central LHIN

MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

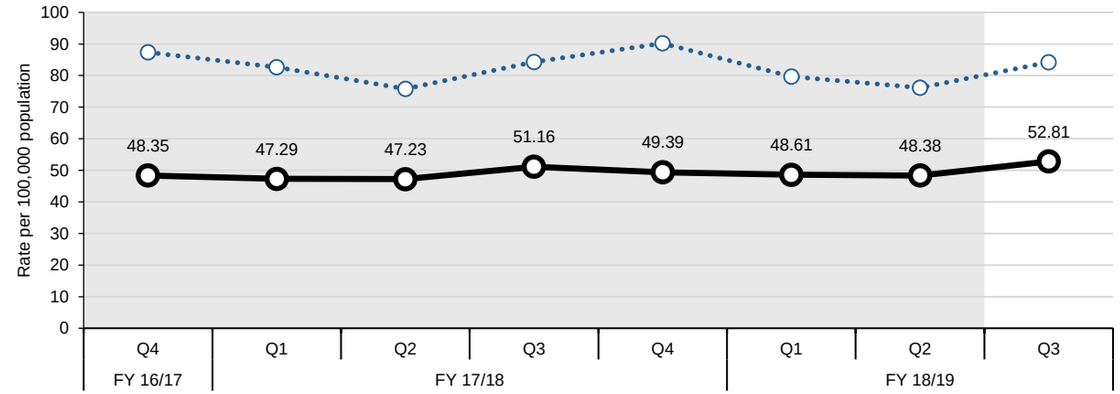
Rate of emergency visits for conditions best managed elsewhere

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance
	1.52	3.99



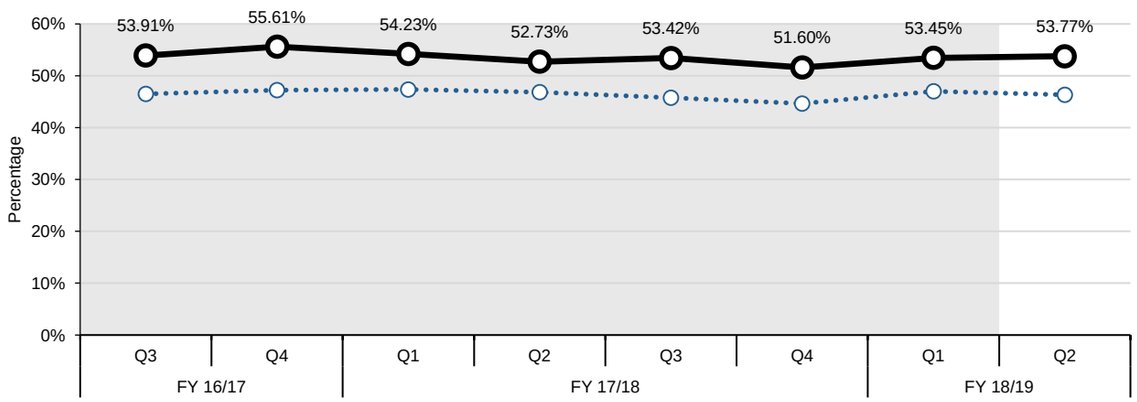
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance
	52.81	84.23



Percent of acute care patients who have had a follow-up with a physician within 7 days of discharge

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance
	53.77%	46.34%



Ontario

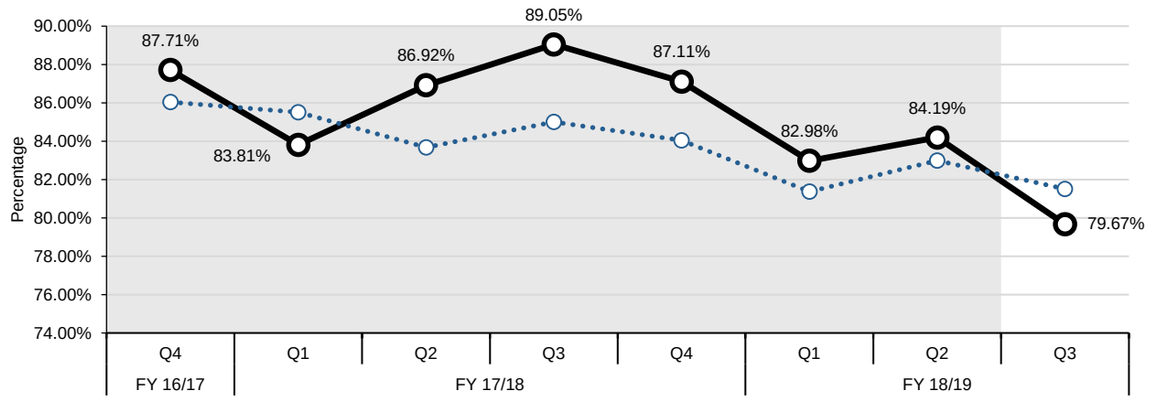
Central LHIN

DEVELOPMENTAL INDICATORS: HOME AND COMMUNITY CARE

OBJECTIVES: 1. Reduce wait time for home care (improve access) 2. More days at home (including end of life care)

Percent of palliative care patients discharged from hospital with home support

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance
	79.67%	81.51%



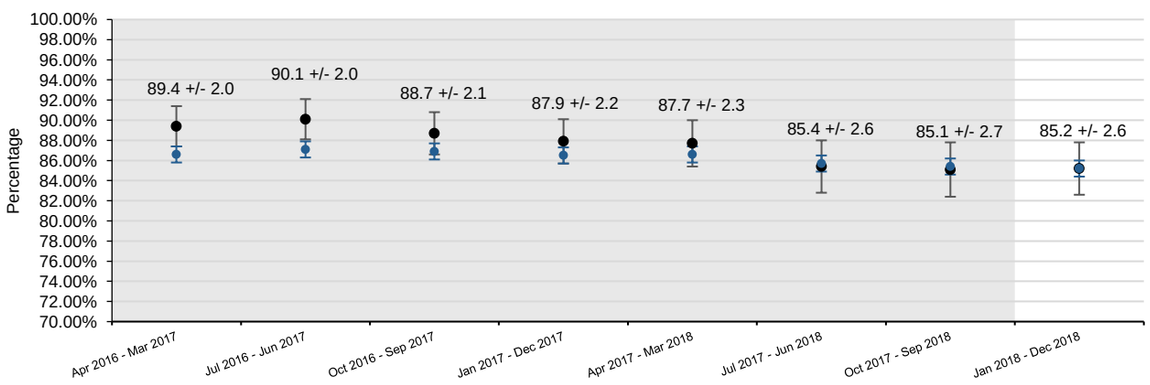
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

OBJECTIVES: 1. Improve patient satisfaction 2. Reduce unnecessary readmissions

Overall satisfaction with health care in the community

Summary (Jan 2018 - Dec 2018)	LHIN Performance	Provincial Performance
	85.2% +/- 2.6%	85.2% +/- 0.8%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

PERFORMANCE INDICATORS	Reporting Quarter	PROV. TARGET	PROV.	LHIN													
				ESC	SW	WW	HNHB	CW	MH	TC	C	CE	SE	CHMP	NSM	NE	NW
HOME AND COMMUNITY CARE																	
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	Q3 18/19	95.00%	86.11%	92.74%	77.81%	96.07%	81.77%	86.38%	91.63%	96.78%	95.33%	88.20%	86.32%	68.46%	85.44%	82.98%	66.67%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q3 18/19	95.00%	95.25%	96.25%	91.10%	95.18%	95.80%	96.82%	95.22%	96.75%	95.27%	93.97%	94.71%	95.18%	97.78%	97.53%	95.31%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q3 18/19	21.00 Days	29.00	33.00	21.00	15.00	29.00	30.00	26.00	32.00	21.00	42.00	20.00	44.00	27.00	27.00	22.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q3 18/19	TBD	7.00	6.00	7.00	6.00	7.00	9.00	11.00	10.00	5.00	9.00	7.00	10.00	7.00	8.00	5.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q4 18/19	8.00 Hours	11.37	9.83	8.82	9.67	17.22	9.35	12.25	13.87	11.27	12.43	9.50	11.85	10.47	9.57	10.53
90th percentile ED length of stay for minor/uncomplicated patients	Q4 18/19	4.00 Hours	4.82	4.75	4.20	5.83	5.67	3.82	4.32	4.85	4.42	4.87	4.78	5.52	4.43	4.48	4.95
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q4 18/19	90.00%	79.88%	76.00%	54.60%	61.68%	66.80%	71.23%	55.67%	95.04%	95.69%	95.07%	80.15%	93.08%	71.05%	81.64%	87.36%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q4 18/19	90.00%	75.88%	72.78%	51.71%	55.77%	61.94%	59.14%	46.47%	92.32%	92.39%	90.94%	80.81%	94.19%	71.86%	69.71%	83.74%
Percentage of alternate level of care (ALC) days	Q3 18/19	9.46%	17.04%	11.33%	11.11%	16.69%	18.11%	8.07%	16.57%	13.08%	18.02%	22.09%	16.71%	15.41%	24.38%	27.05%	29.75%
ALC rate	Q4 18/19	12.70%	16.11%	12.47%	12.91%	12.84%	15.33%	7.70%	14.43%	12.60%	12.29%	22.27%	21.53%	16.19%	18.99%	25.80%	35.81%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q3 18/19	16.30%	21.91%	18.93%	19.43%	20.39%	20.83%	26.69%	18.88%	27.76%	19.78%	22.98%	22.20%	19.00%	18.93%	19.70%	21.34%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q3 18/19	22.40%	32.83%	31.28%	23.90%	25.72%	27.56%	36.54%	28.91%	39.70%	26.88%	27.78%	25.23%	25.26%	23.87%	32.54%	45.89%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q2 18/19	15.50%	16.73%	16.63%	17.16%	15.11%	16.86%	17.04%	14.51%	18.09%	17.10%	16.64%	17.99%	16.35%	15.46%	16.42%	17.71%

NOTES

Key Changes - Effective May 2017 Stocktake Report

1. Revised Indicator Names in the Ministry LHIN Accountability Agreement (MLAA)
    a. 90th Percentile Wait Time from community for Home-Care Services: Application from community setting to first Home Care service (excluding case management)
        Previously: 90th percentile wait time from community for community care access centres (CCAC) in-home services: application from community setting to first CCAC service (excluding case management)
    b. Wait times from Application to Eligibility Determination for Long-Term Care Home Placement: From community setting, and from acute-care setting
        Previously: CCAC wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting, and from acute-care setting
2. Revised Indicator and Indicator Category in the MLAA
    a. The MRI and CT wait time indicators have been moved from performance to monitoring category and the indicators no longer include Priority 4 cases (Priority 2 and 3 only).
3. Removed Indicators from the MLAA
    a. The Cardiac and Cancer wait time indicators
4. New Indicators Added to the MLAA
    a. 90th Percentile Wait time from Hospital Discharge to Service Initiation for Home and Community Care has been added as a new Home and Community Care performance indicator. The target is TBD.

Indicator Specific Notes

All Indicators

Historical data is not refreshed (unless otherwise specified in the below notes), so the current report does not include any resubmissions for previously reported data in the Quarterly Stocktake reports.

Repeat unscheduled emergency visits within 30 days for mental health conditions

1. 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.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

1. 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.

Overall satisfaction with health care in the community

1. As these results are based on survey data, lower confidence intervals (LCIs) and upper confidence intervals (UCIs) have been provided. Sometimes referred to as margin of error, these provide the probability that an estimate falls with a stated range (an interval). A 95 percent CI indicates that the 'true' value falls between the upper and lower limits of the stated range 19 times out of 20.

Percent of palliative care patients discharged from hospital with home support

1. This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions

1. This indicator is based on the 2015 case mix and will differ from results previously provided. For historical trends, please refer to results in the MLAA supplementary file and not to earlier versions of the supplementary or MLAA files.
2. Beginning Q3 FY 2015/16, an updated reference readmission ratio was calculated to adjust for the most recent 4 years incl. FY 2011/12-FY 2014/15; previous quarters were based on FY 2010/11-FY 2013/14.

ALC Rate

1. Please note that Sunnybrook Health Sciences Centre and St. John's Rehab have amalgamated in 2012. For ALC rate, this information is reflected in FY16/17 Q1 onwards with both sites being reported under Toronto Central LHIN. Previous quarters will contain St. John's Rehab information within Central LHIN.

2. As of June 2017, Bed Census Summary (BCS) data has been updated according to the new Daily Census Summary (DCS) format. As a result, the methodology for the calculation of the denominator for ALC Rate has been updated beginning with June 2017 data. As a result of these changes, Q1 17/18 ALC Rate will solely reflect ALC Rate for April 2017 and May 2017.

3. Please note that Q1-Q3 FY18/19 historical ALC rate information for all LHINs and the province have been refreshed to reflected updated data within the Q4FY18/19 report.

NOTES

Indicator Specific Notes

Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting, and from acute-care setting

1. Please note that Q3 2015/16 data will not be included in this quarterly release of Stocktake due to data quality issues in the CPRO dataset.
2. Please note that Toronto Central LHIN Q3 2015/16 data onwards will not be reported in this quarterly release of Stocktake due to data quality issues in the CPRO dataset.
3. Please note that Q1 2016/17 data will not be reported in this quarterly release of Stocktake. In November 2016 a data quality issue was identified in the Client Profile monthly data submission received from the Ontario Association of Community Care Access Centres (OACCAC). The issue is related to the priority category assignment resulting in the Waitlist, Wait-times, Placements etc. being incorrectly reported.