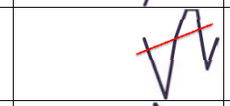
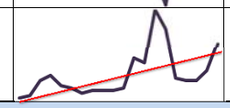
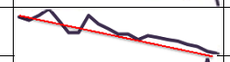
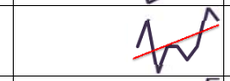
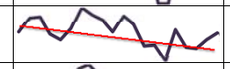
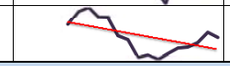
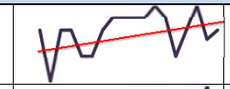
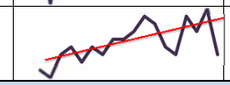
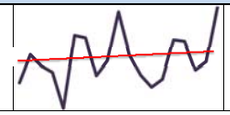
# 2015/16 MLAA Quarter 1 Stocktake Scorecard - Central LHIN Performance

*Date produced: Sep 17 2015; Date of next issue: Nov 2015*

| LEGEND | | |
|---|---|---|
| Achieved Provincial Target | Within 10% of Provincial Target | >10% From Provincial Target |

| Performance Indicators | Provincial Target | CLHIN Target 2015-16 | Performance | | Better than ON? | CLHIN Ranking* | CLHIN Trend from Q1 2010/11 - YTD | Improving? | Comments & CLHIN initiatives focused on improving performance |
|---|---|---|---|---|---|---|---|---|---|
| | | | CLHIN | ON | | | | | |
| **Home and Community:** Reduce wait time for home care (improve access); More days at home (including end of life care) | | | | | | | | | |
| % of Home Care Patients with Complex Needs who received first Personal Support (PS) Visit within 5 Days of date they were authorized for PS Services NEW (Q4 14/15) | 5 days | 95.00% | 83.51% | 84.79% | | 11 | | YES | 1. There continues to be increasing numbers of patients with complex needs and a corresponding increased demand for PSS services. 2.The Central CCAC is working to maximize the utilization of clinics for nursing care with a goal to increase clinic utilization to 95%. A communication plan will be developed and fully implemented by Q4 2015/16. The LHIN provided $589K in base funding to increase nursing services. 3. Central CCAC experienced a business interuption in Q4 of fiscal 23014/15 (Jan 30 -Feb 16). The primary focus during the business interuption period was ensuring service requests for patients with the greatest need were processed in a timely manner from the community. This resulted in a backlog of lower priority referrals which negatively impacted wait times in Q4. During Q4, the wait list for high needs patients was significantly reduced. Due to the large # of individuals who had service initiatied in Q4, who had been on the wait list for long periods, the average wait time increased. Overall Comments: The Central CCAC is the 3rd lowest funded CCAC per capita in the province and their HSFR funding is heavily mitigated ($858K). Removing HSFR mitigation would assist in moving towards providing service within the target timeframe. The LHIN has provided $5.7M in discretionary funding out of the community 5% funding envelope to the CCAC to invest in services. |
| % of Home Care Patients who received their first nursing visit within 5 days of the date they were authorized for Nursing Services NEW (Q4 14/15) | 5 days | 95.00% | 93.93% | 93.79% | ✓ | 6 |  | YES | |
| 90P Wait Time from Community for CCAC In-Home Services: Application from Community Setting to First CCAC Service (excluding case management) (Q4 14/15) | 21 days | 21 | 42 | 33 | | 11 |  | NO | |
| **System Integration and Access:** Provide care in the most appropriate setting; Improve coordinated care; Reduce wait times (specialists, surgeries) | | | | | | | | | |
| 90P ED Length of Stay (hours) for Complex Patients (Q1 15/16) REVISED | 8 hours | 8 | 9.53 | 9.67 | ✓ | 10 | | YES | This indicator has been revised to combine both admitted and non-admitted complex patients. Central LHIN hospitals have focused initiatives in place to improve LOS for admitted and non-admitted patients which include patient flow/ALC reduction improvements, increased capital/equipment resources, and process improvement/efficiencies. |
| 90P ED LOS for Minor/ Uncomplicated Patients (Q1 15/16) | 4 hours | 4 | 3.32 | 4 | ✓ | 1 |  | YES | Focused initiatives are in place to sustain and exceed performance; for example, patient flow in ED, process improvement for non-complex patient visits, increased access to Diagnostic Imaging services, and expediting Physician Initial Assessment times. |
| % of Priority 2, 3, and 4 Cases Completed Within Access Target for MRI Scans REVISED (Q1 15/16) | P2: 2 days<br>P3: 2-10 days<br>P4: 28 days | 90.00% | 41.67% | 41.35% | ✓ | 5 | | YES | This indicator has been revised to include more priority levels; previously only priority 4 cases were included. Although Central LHIN shows an improving trend in this revised indicator from the lowest performance quarter (29%) in 2013/14 Q3 to 2014/15 Q4, the 90% cases completed within access target for priority 2, 3, and 4 are still a challenge for the LHIN. Over the past 5 years, the highest performance was 60% and the average performance is 46%. |
| % of Priority 2, 3, and 4 Cases Completed Within Access Target for Diagnostic CT Scan REVISED (Q1 15/16) | P2: 2 days<br>P3: 2-10 days<br>P4: 28 days | 90.00% | 87.43% | 77.04% | ✓ | 2 | | YES | This indicator has been revised to include more priority levels; previously only priority 4 cases were included Central LHIN is able to meet the target for P2 and P4. Work is underway to allocate urgent priority funding for additional CT hours to meet the P3 target. |
| % of Priority 2, 3 and 4 Cases Completed Within Access Targets for Hip Replacement REVISED (Q1 15/16) | P2: 42 days<br>P3: 84 days<br>P4: 182 days | 90.00% | 96.55% | 80.08% | ✓ | 1 |  | YES | These indicators have been revised to include more priority levels; previously only priority 4 cases were included. Central LHIN continues to meet the Hip and Knee performance target and sustain performance. |
| % of Priority 2, 3 and 4 Cases Completed Within Access Targets for Knee Replacement REVISED (Q1 15/16) | P2: 42 days<br>P3: 84 days<br>P4: 182 days | 90.00% | 95.96% | 80.27% | ✓ | 1 | | YES | |
| Percentage of Alternate Level of Care (ALC) Days (Q4 14/15) (closed cases, acute) | 9.46% | 9.46% | 15.09% | 15.86% | ✓ | 6 |  | YES | The Central LHIN is in the process of creating an ALC Collaborative Team of hospital, CCAC and Central LHIN staff to provide focused collective resources to enhance flow, efficiency, effectiveness and system capacity across the continuum for the benefit of Central LHIN patients. A key deliverable of this initiative is the reduction in Percentage ALC days and ALC rate to meet the provincial targets in the next two years. The team is expected to develop and implement multiple standardized and sustainable strategies across the LHIN to accomplish this goal. |
| ALC Rate NEW (Q1 15/16) (open and closed cases, acute and post-acute) | 12.70% | 12.70% | 13.61% | 14.14% | ✓ | 7 |  | YES | |
| **Health and Wellness of Ontarians - Mental Health:** Reduce any unnecessary health care provider visits; Improve coordination of care for mental health patients | | | | | | | | | |
| Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions (Q4 14/15) | 16.30% | 16.30% | 17.95% | 19.15% | ✓ | 9 |  | NO | York: Onsite Mobile Crisis Response, Supports within housing, Supportive Housing, MOBYSS, Bounceback & Group Psychiatry Simcoe: Partner with county to align rent supplements with supports funded by the LHIN. NYWest: Supportive Housing, focused planning to leverage existing resources/ determine new investment needs. |
| Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions (Q4 14/15) | 22.40% | 22.40% | 20.15% | 31.18% | ✓ | 1 |  | NO | Alcohol Use is #1 issue for CLHIN and province; The following 2 subLHIN regions of LHIN are driving the poor performance: NY West and NY Central. Plans for improvement: Focused Addictions planning in these 2 regions to leverage existing resources and determining new investment needs. |
| **Sustainability and Quality:** Improve patient satisfaction; Reduce unnecessary readmissions | | | | | | | | | |
| Readmissions within 30 days for selected HBAM Inpatient Grouper (HIG) conditions REVISED (Q3 14/15) | 15.50% | 15.50% | 16.54% | 16.63% | ✓ | 10 |  | NO | This indicator has been revised and now includes the following 8 conditions: Acute myocardial infarction, Cardiac conditions (excl heart attack), Congestive heart failure, Chronic obstructive pulmonary disease, Pneumonia, Diabetes, Stroke, Gastrointestinal disease.COPD, CHF, AMI and Gastro driving worse than target performance. Performance expected to improve due to: Telehomecare becoming operational in 4 out of 5 Health Links in 2015/16, implementation of CHF and COPD QBPs, focused planning in SW region where chronic disease prevalence and hospitalization rates are high, increased Primacy Care planning |

** LHIN ranking: 1 = Best Performer, 14 = Worst Performer*