

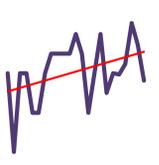
2016/17 MLLA Quarter Q1 Stocktake Scorecard - CLHIN Performance

Date produced: Aug 31, 2016; Date of next issue: Nov 2016

LEGEND

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

Performance Indicators	Provincial Target	CLHIN Target 2016-17	Performance		Better than ON?	CLHIN Ranking*	CLHIN Trend from Q1 2010/11 - YTD	Overall Improvement since 2010/11?	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 Clients with Complex Needs who received 1st Personal Support (PS) Visit within 5 Days of date they were Authorized for <u>PS Services</u> (Q4 15/16)	95%	95%	83.37%	85.96%	X	10		YES	A significant increase in the wait times for PSS in Q4 FY 2015/16 (193 days) when compared to Q3 FY 2015/16 (15 days), was the primary driver of performance on the 90P wait time for in-home services indicator and the PSS visit within 5 days indicator. This increase can be attributed to the release of clients from the PSS wait list. Wait times for physiotherapy also increased as a result of a review of the clinical pathways for physiotherapy to increase enrollment of new patients and release patients from the physiotherapy wait list. By releasing patients from the PSS and physiotherapy wait lists, wait times for service become reportable which in turn had a negative impact on the indicators. The Central CCAC is working on improvement plans including: i) Investigating opportunities to enhance the CHRIS system to better manage community referral queues, ii) Developing a report for tracking communication attempts with new patients and potentially closing files when no response is received, iii) Improving service ordering processes, iv) Exploring reallocation of resources to address increased wait times for OT, PT, and Personal Support referrals. These improvement plans are anticipated to have a positive effect on this indicator in FY 2016/17.
% of Home Care Clients who received 1st Nursing Visit within 5 Days of the Date they were Authorized for <u>Nursing Services</u> (Q4 15/16)	95%	95%	94.79%	93.76%	✓	2		YES	Nursing: the target was almost met in Q4 of FY 2015/16. With increasing utilization of nursing clinics and an 8th clinic due to be opened in Fall 2016, the LHIN expects to meet the provincial target in FY 2016/17.
90P Wait Time from Community for CCAC In-Home Services: Application from Community Setting to 1st CCAC Service (excl case management) (Q4 15/16)	21 days	21 days	49	29	X	13		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 Admitted and Non-admitted Complex Patients (Q1 16/17)	8 hours	8 hours	9.77	9.98	✓	9		YES	CLHIN's performance for ED LOS for Complex Patients improved in Q1 2016/17. Although CLHIN has shown improvement, two hospitals continue to drive the worse than target performance: MH and SRHC. Both hospitals are experiencing challenges related to inpatient bed availability and are implementing patient/bed flow strategies. All CLHIN hospitals continue to have focused initiatives in place to improve LOS for admitted patients, which is the main driver of performance for this indicator.
90P ED LOS for Uncomplicated Patients (Q1 16/17)	4 hours	4 hours	3.45	4.12	✓	1		YES	CLHIN continues to meet target and is ranked #1 in the province on performance for this indicator.
% of Priority 2, 3, and 4 Cases Completed Within Access Target for <u>MRI Scans</u> (Q1 16/17)	P2: 2 days P3: 2-10 days P4: 28 days	90.00%	50.17%	42.3%	✓	5		YES	CLHIN hospitals have completed LEAN initiatives to improve efficiency and participated in the MRI PIP program. The hospitals are operating efficiently and have capacity to do more volumes. Hospitals have historically contributed additional volumes through their global budget and continue to do so this year. Without an increase in funding, the hospitals are challenged to meet the provincial target. The LHIN has supported two business cases for additional MRI machines at Humber River Hospital and Stevenson Memorial Hospital, however both cases were not able to be funded in FY 2015/16. A proposal has been sent to the MOHLTC for consideration. In addition, Humber River Hospital submitted a request to the LHIN to reallocate a MRI machine from Finch site to Wilson site due to the closure of the Finch site.
% of Priority 2, 3, and 4 Cases Completed Within Access Target for <u>Diagnostic CT Scan</u> (Q1 16/17)	P2: 2 days P3: 2-10 days P4: 28 days	90.00%	82.84%	73.49%	✓	4		YES	Central LHIN allocated \$1M of Urgent Priorities Funding in July to support an improvement in wait times. In addition, some Central LHIN hospitals will continue to allocate global funding to CT hours and Humber River Hospital submitted a request to the LHIN to reallocate a CT machine from Finch site to Wilson site due to the closure of the Finch site. It is expected that the CT efficiency will increase.
% of Priority 2, 3 and 4 Cases Completed Within Access Targets for <u>Hip Replacement</u> (Q1 16/17)	P2: 42 days P3: 84 days P4: 182 days	90.00%	98.63%	77.78%	✓	1		YES	CLHIN continues to meet the Hip and Knee performance targets and is ranked #1 in the province on performance for this indicator.
% of Priority 2, 3 and 4 Cases Completed Within Access Targets for <u>Knee Replacement</u> (Q1 16/17)		90.00%	97.39%	75.87%	✓	1		YES	
Percentage of Alternate Level of Care (ALC) Days (Q4 15/16) (closed cases, acute)	9.46%	9.46%	14.63%	15.39%	✓	6		YES	The CLHIN ALC Collaborative is currently implementing ALC Avoidance strategies, including phased implementation of an electronic ALC Dashboard in Central LHIN hospitals, as well as standardization of processes for engaging substitute decision makers and internal escalation. Additionally, the ALC Collaborative is exploring opportunities for investment for key initiatives to reduce ALC pressures, including support for patients with cognitive and/or responsive behaviours in-hospital and during transitions to appropriate discharge destinations, exploring transitional supports and resources outside of the hospital for patients designated or at-risk of being designated as ALC, and integrating the traditional roles of hospital discharge planning and CCAC service coordination. Central LHIN is also engaged with the Rehabilitative Care Alliance (RCA) to implement definition frameworks for rehabilitative care, and is implementing initiatives to improve the referral processes to rehab. In addition, the Central LHIN is conducting LTC capacity planning for alternatives to traditional LTC.
ALC Rate (Q1 16/17) (open and closed cases, acute and post-acute)	12.70%	12.70%	14.61%	14.54%	X	10		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 <u>Mental Health</u> Conditions (Q4 15/16)	16.30%	16.30%	17.63%	19.81%	✓	5		NO	Improvements in performance have been seen in the past two quarters. CLHIN continues to fund initiatives which are impacting the repeat ED visit rate: Mobile Crisis Services, Peer Navigators in the ED, Mental Health Supports within Housing and Case Management. As part of the Mental Health and Addictions Action Plan for York Region, a Rapid Response Table (RRT) was implemented in March 2016. The RRT brings community partners together in an effort to coordinate resources more effectively and connect people in crisis with mental health and addictions services in York Region. Mackenzie Health implemented a Discharge Clinic where patients must be seen within 30 days of discharge. The clinic is experiencing good results.
Repeat Unscheduled Emergency Visits within 30 days for <u>Substance Abuse</u> Conditions (Q4 15/16)	22.40%	22.40%	22.21%	31.67%	✓	3		NO	CLHIN continues to fund the following initiatives which are impacting the number of repeat ED visits: Bridges to Mom's program, Community Opioid Treatment program, Substance Abuse Case Management and Supports within Housing. A promising pilot program at SRHC embeds an addictions clinic within the ED to connect patients with addictions support in the community. The LHIN is monitoring and working with SRHC to understand the impact of the pilot on patient outcomes.
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions									
Readmissions within 30 days for selected HBAM Inpatient Grouper (HIG) conditions (Q3 15/16)	15.50%	15.50%	15.48%	16.49%	✓	5		NO	CLHIN is performing slightly better than the provincial target. COPD and CHF have the highest readmission rates of all selected HIG conditions. CLHIN continues to monitor and support the Telehomecare program which is focused on COPD and CHF. The LHIN has the largest Telehomecare program in the province with a target of 920 enrolments in FY 16/17. CLHIN continues to support the implementation of COPD/CHF QBPs and adoption of best practice pathways. Two COPD clinics are expanding outreach to primary care to increase referrals. The LHIN is monitoring these programs which are showing improved adoption and meeting or exceeding target readmission rates. CLHIN continues to support the Integrated Funding Model pilot: The North York Central Collaborative for COPD and CHF Patients.

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

Stocktake Indicator Definitions

	Indicator Definition & Rationale	Indicator Calculation	Target	Data Source
HOME AND COMMUNITY CARE	Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date they were authorized for personal support services			
	Percentage of clients with complex needs who received CCAC in-home <u>personal support service</u> within the five day target. <i>Improving wait times and the quality of the home care system is a key government priority for the 600,000 people receiving home care in Ontario, 60% of whom are over 65 yrs old.</i>	$\frac{\text{\# of clients with complex needs who received personal support service within 5 days}}{\text{Total \# of clients with complex needs who received personal support service}} \times 100\%$	95%	Home Care Database (HCD), Ontario Association of Community Care Access Centers (CCAC)
	Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services			
	Percentage of clients who received CCAC in-home <u>nursing</u> service within five day target. <i>Improving wait times and the quality of the home care system is a key government priority for the 600,000 people receiving home care in Ontario, 60% of whom are over 65 yrs old.</i>	$\frac{\text{\# of clients who received nursing service within 5 days}}{\text{Total \# of clients who received nursing service}} \times 100\%$	95%	Home Care Database (HCD), Ontario Association of Community Care Access Centers (CCAC)
SYSTEM INTEGRATION AND ACCESS	90th percentile wait time from community CCAC in-home care services from application to first service			
	90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management). <i>Improving wait times and the quality of the home care system is a key government priority for the 600,000 people receiving home care in Ontario, 60% of whom are over 65 yrs old.</i>	90th percentile of # of days between application date and first non-case management CCAC service date	21 days	Home Care Database (HCD), Ontario Association of Community Care Access Centers (CCAC)
	90th percentile emergency department (ED) length of stay for complex patients			
	The total ED length of stay where 9 out of 10 complex patients who are <u>admitted and non-admitted</u> , completed their visits. <i>Reducing the time people spend in the ED is a key government priority</i>	90th percentile of ED length of stay (from shortest to longest) for admitted patients and non-admitted patients with assigned CTAS levels of I - III	8 hours	NACRS, CIHI via Ontario's ER NACRS Initiative (ERNI - Level 1)
	90th percentile ED length of stay for minor/ uncomplicated patients			
	The total ED length of stay where 9 out of 10 minor/uncomplicated <u>non-admitted patients</u> , completed their visits. <i>Reducing the time people spend in the ED is a key government priority</i>	90th percentile of ED length of stay (from shortest to longest) for non-admitted patients with assigned CTAS levels of IV - V	4 hours	NACRS, CIHI via Ontario's ER NACRS Initiative (ERNI - Level 1)
	Percent of priority 2, 3, and 4 cases completed within access targets for MRI scans			
	The percent of cases completed within each priority target as follows: Priority 2: 2 days; Priority 3: 2-10 days; Priority 4: 28 days. <i>Reducing wait times for key health services is a priority of the provincial government.</i>	$\frac{\text{\# of cases where wait times are less than or equal to the provincial target for Priority 2,3 and 4}}{\text{Total \# of cases completed}} \times 100\%$	90%	WTIS, ATC, Cancer Care Ontario
	Percent of priority 2, 3, and 4 cases completed within access targets for CT scans			
	The percent of cases completed within each priority target as follows: Priority 2: 2 days; Priority 3: 2-10 days; Priority 4: 28 days. <i>Reducing wait times for key health services is a priority of the provincial government.</i>	$\frac{\text{\# of cases where wait times are less than or equal to the provincial target for Priority 2,3 and 4}}{\text{Total \# of cases completed}} \times 100\%$	90%	WTIS, ATC, Cancer Care Ontario
	Percent of priority 2, 3, and 4 cases completed within access targets for hip replacement			
	The percent of cases completed within each priority target as follows: Priority 2: 42 days; Priority 3: 84 days Priority 4: 182 days. <i>Reducing wait times for key health services is a priority of the provincial government.</i>	$\frac{\text{\# of cases where wait times are less than or equal to the provincial target for Priority 2,3 and 4}}{\text{Total \# of cases completed}} \times 100\%$	90%	WTIS, ATC, Cancer Care Ontario
Percent of priority 2, 3, and 4 cases completed within access targets for knee replacement				
The percent of cases completed within each priority target as follows: Priority 2: 42 days; Priority 3: 84 days Priority 4: 182 days. <i>Reducing wait times for key health services is a priority of the provincial government.</i>	$\frac{\text{\# of cases where wait times are less than or equal to the provincial target for Priority 2,3 and 4}}{\text{Total \# of cases completed}} \times 100\%$	90%	WTIS, ATC, Cancer Care Ontario	
Percentage of alternate level of care (ALC) days				
The number of ALC days as a proportion of the total length of stay in <u>acute care</u> . ALC refers to The number of days where a physician has indicated that a patient occupying an acute care hospital bed but does not require the intensity of resources/ services provided in acute care (ALC) as a proportion of the total length of stay in acute care. <i>A reduction in ALC days results in more acute care beds being available for those who need acute treatment.</i>	$\frac{\text{Total \# of ALC days for patients discharged in a given time period}}{\text{Total \# of days for patients discharged in a given time period}} \times 100\%$	9.46%	DAD, CIHI	
ALC rate				
The proportion of inpatient days in <u>acute and post-acute care</u> settings that are spent as ALC in a specific time period. Post-acute care settings include: inpatient rehab, inpatient complex continuing care and inpatient mental health. Includes all patients that were inpatients during the specific time period and not just discharged patients (i.e. open and closed cases). For closed cases, only the ALC days that fall within the specific time period are included, and not the total length of stay. <i>A reduction in ALC days results in more acute and post-acute care beds being available for those who need acute and post-acute care treatment.</i>	$\frac{\text{Total \# of ALC days in a given time period (WTIS)}}{\text{Total \# of patient days in the same time period (Bed Census Summary)}} \times 100\%$	12.70%	Numerator: WTIS-ALC, Cancer Care Ontario Denominator: Bed Census Summary, MOHLTC	
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH	Repeat unscheduled emergency visits within 30 days for mental health conditions			
	Percent of repeat emergency visits following a visit for a mental health condition. This indicator is presented as a proportion of all mental health emergency visits. <i>Repeat emergency visits generally indicate premature discharge or a lack of coordination with post-discharge care. Given the chronic nature of the mental health and substance abuse conditions, access to effective community services should reduce the number of repeat unscheduled emergency visits for residents.</i>	$\frac{\text{Number of unscheduled emergency visit for mental health conditions in the last 30 days of the previous quarter and the first two months of the reporting quarter followed by another visit within 30 days for a mental health, by LHIN of patient residence}}{\text{Total number of unscheduled emergency visits for mental health conditions in last 30 days of quarter and the first two months of the reporting quarter, by LHIN of patient residence}} \times 100\%$	16.30%	NACRS, CIHI
Repeat unscheduled emergency visits within 30 days for substance abuse conditions				
Percent of repeat emergency visits following a visit for a substance abuse condition. This indicator is presented as a proportion of all substance abuse emergency visits. <i>Given the chronic nature of the mental health and substance abuse conditions, access to effective community services should reduce the number of repeat unscheduled emergency visits for residents.</i>	$\frac{\text{Number of unscheduled emergency visit for substance abuse conditions in the last 30 days of the previous quarter and the first two months of the reporting quarter followed by another visit within 30 days for a substance abuse, by LHIN of patient residence}}{\text{Total number of unscheduled emergency visits for substance abuse conditions in last 30 days of quarter and the first two months of the reporting quarter, by LHIN of patient residence}} \times 100\%$	22.40%	NACRS, CIHI	
SUSTAINABILITY AND QUALITY	Readmissions within 30 days for selected HBAM inpatient grouper (HIG) conditions			
Risk-adjusted readmission ratio for patients with an acute inpatient hospital stay for the following conditions who have a subsequent non-elective readmission within 30 days after discharge: Acute myocardial infarction, Cardiac conditions (excluding heart attack), Congestive heart failure, Chronic obstructive pulmonary disease, Pneumonia, Diabetes, Stroke, and Gastrointestinal disease. <i>Readmission rates are important indicators of the quality of care of inpatient and peri-discharge services, particularly as hospitals move to shorter lengths of stay and improving integration across the continuum of care.</i>	$\frac{\Sigma \text{ all readmissions for all index cases in the reporting period}}{\Sigma \text{ all index cases (discharges in the reporting period for selected HIGs)}} \times 100\%$	15.50%	DAD, CIHI	