

2017/18 MLLA Quarter 1 Stocktake Scorecard - CLHIN Performance

Date Produced: September 29, 2017; Date of Next issue: November 2017

LEGEND		
Achieved Target	Within 10% of Target	>10% from Target

Indicator Name	Provincial Target		Performance		Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2010/11?	Comments & CLHIN Initiatives Focused on Improving Performance
			Central LHIN Actual	Provincial Performance					
PERFORMANCE INDICATORS									
Home and Community: Reduce wait time for home care (improve access); 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 (2016Q4)	95.00%		89.15%	81.33%	✓	5		YES	Performance for this indicator has improved from last quarter, fitting in with the positive trend over time. Improvements have been sustained from the enhanced communication process with service provider organizations. The 90th percentile wait time was reduced from 7 days to 6 days which has contributed to Central LHIN moving closer to the provincial target. However, the improved performance has also increased the throughput of PSS services which cannot be maintained within the current fiscal budget. The LHIN is investing in additional assistance living, attendant outreach and adult day programs to help to offset the demand for PSS services. Central LHIN will continue with strategies to improve performance but will not meet the provincial target of 95% in 2017/18. If cost containment measures are required this fiscal year, the performance of this indicator will be negatively impacted.
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services (2016Q4)	95.00%		95.58%	94.27%	✓	2		YES	CLHIN continues to meet the provincial target and continues to rank #2 in the province on performance for this indicator. The implementation of standardized processes and its spread across all Home and Community Care teams has contributed to the sustained performance. Central LHIN expects to continue to meet the provincial target.
90th percentile wait time from community setting to first home care service (excluding case management) (2016Q4)	21 days		24	28	✓	4		YES	While performance for this indicator has improved significantly over the past few quarters, the trend over time is flat. One component of this indicator, the "time from application to service authorization", improved from 17 days in Q3 to 14 days in Q4, while the other component, "time from service authorization to first service", was maintained at 10 days in Q4, thereby reducing the overall wait time by an additional 3 days. Central LHIN invested an additional \$16 million in Q3 of 2016/17 for home care services which contributed to the improved performance. The funding enabled the elimination of the waitlist for high needs patients and allowing Home and Community Care to continue bringing patients on service at the point of eligibility. However, the LHIN is unable to maintain these gains in 2017/18 within the current budget and may need to implement cost containment measures, including the reinstatement of waitlists, in the near future. Central LHIN anticipates that the target will not be achieved in 2017/18, but will continue to work on performance improvement strategies.
90th percentile wait time from hospital discharge to service initiation for home and community care (2016Q4)	TBD		5	7	✓	2		N/A	Performance for this indicator has been sustained from the previous quarter and continues to be aligned with the improvements made for the "Percentage of Home Care Clients who received Nursing visit within 5 days of service authorization" indicator. Better than average wait times for Short Stay Rehab and Long Stay Complex patients have contributed to improved performance. However, there is the risk of declining performance if cost containment strategies are implemented by the LHIN.
System Integration and Access: Provide care in the most appropriate setting; Improve coordinated care; Reduce wait times (specialists, surgeries)									
90th percentile emergency department (ED) length of stay for complex patients (2017Q1)	8 hours		9.62	10.27	✓	7		YES	ED Length of Stay (LOS) performance in Q1 of 2017/18 has improved and reversed the worsening trend experienced over the prior year. Despite four of Central LHIN's hospitals being among the top ten hospitals in the province with the highest ED volumes for complex patients, performance this quarter has improved. As performance continues to be driven by length of stay for admitted patients, all of the Central LHIN's hospitals have focused on initiatives to improve patient flow and ED capacity targeting length of stay for the complex 'admitted' patients. The LHIN continues to work with the Ministry and hospitals to explore the temporary expansion of acute care bed capacity in Humber River Hospital's Finch site.
90th percentile ED length of stay for minor/uncomplicated patients (2017Q1)	4 hours		3.55	4.17	✓	1		YES	Central LHIN continues to meet the target and maintained its #1 rank in the province on performance for this indicator.
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement (2017Q1)	90.00%	P2: 42 days	97.90%	77.58%	✓	1		YES	Central LHIN continues to meet the Hip and Knee performance targets and is ranked #1 in the province on performance for these indicators.
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement (2017Q1)	90.00%	P3: 84 days P4: 182 days	96.28%	74.21%	✓	1		YES	

Indicator Name	Provincial Target	Performance		Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2010/11?	Comments & CLHIN Initiatives Focused on Improving Performance
		Central LHIN Actual	Provincial Performance					
Percentage of alternate level of care (ALC) days (2016Q4)	9.46%	17.32%	16.90%		9		NO	Performance for the Percentage of ALC Days indicator worsened slightly this quarter while ALC Rate showed improvement. The overall trend for both indicators is negative. The top discharge destinations for ALC patients continue to be LTC Homes, Home with Community Services, and Inpatient Rehab. This quarter's Percentage of ALC Days was significantly impacted by the high number of discharged long stay patients (>300 ALC days) from Central LHIN hospitals. The ALC rate improved in Q1 of 2017/18 due to a 44% reduction in ALC hospital days from Q4 of 2016/17. Additionally, a 63% reduction in outbreak days within Central LHIN LTC homes compared to last quarter supported improved patient flow from acute care to LTC. The Central LHIN ALC Collaborative continues to explore and implement hospital and community-based initiatives to enhance patient flow, and the LHIN continues to work with the Ministry to explore temporary acute care bed capacity in Humber River Hospital's Finch site that can assist with reducing capacity pressures related to ALC patients.
ALC rate (2017Q1)	12.70%	14.03%	15.02%	✓	9		NO	
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 (2016Q4)	16.30%	19.73%	20.30%	✓	10		NO	Performance for this quarter declined as the number of repeat ED volumes for this metric increased. A key contributing factor to the performance is a core group of frequent ED users who continue to influence the percentage of repeat visits, especially among the top three hospitals with the highest repeat visits. In addition to previously implemented pilot programs, the Central LHIN is working with key stakeholders regarding the proposed creation of a Mental Health Hub aimed at providing the right care, at the right time, in the right place. In response to the increased demand of ED utilization, agencies within Central LHIN came together with the goal of diverting unnecessary ED visits to the community setting through the identification of new partnership solutions to address this growing need in Central LHIN.
Repeat unscheduled emergency visits within 30 days for substance abuse conditions (2016Q4)	22.40%	26.88%	31.18%	✓	7		NO	There has been a noticeable decline in performance for this quarter. This can be attributed in part to a small number of patients accounting for a disproportionately large number of repeat ED visits, patients' lack of willingness and motivation for treatment, as well as the lack of addictions related program awareness by ED staff and physicians. In addition to monitoring the established pilot programs, Central LHIN is maintaining an investment in the Rapid Access Addiction Medicine (RAAM) Clinic based at Southlake Regional Health Centre and has been in discussions with Addiction Services York Region to create a similar clinic in each of Central LHIN's remaining sub-regions. Furthermore, Central LHIN is in the final stages of developing its Three-Year Addictions Strategy that will outline specific opportunities to better address addiction issues within the community.
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions								
Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions (2016Q3)	15.50%	16.26%	16.59%	✓	7		NO	Performance for this indicator worsened slightly this quarter; however, performance continues to be within 10% of the provincial target. COPD and CHF continue to have the highest readmission rates of all selected conditions, and also had a higher rate of readmission this quarter compared to the preior period. Central LHIN continues to support LHIN-funded initiatives including the Telehomecare program which is the largest program in the province focusing on COPD and CHF and the implementation of two COPD clinics aimed at expanding outreach to primary care to increase referrals. The LHIN also continues to support the implementation of COPD/CHF QBPs, the adoption of best practice pathways, and two Integrated Funding Model pilots for stroke and CHF/COPD through North York General Hospital. The LHIN is monitoring these programs which are showing improved adoption and will contribute towards meeting the target readmission rates.

Stocktake Performance Indicator Definitions (2015 - 2018)

Dimension	Indicator Name and Definition	Rationale	Target (FY 2017-2018)
Performance Indicators	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.	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>A higher value is desirable</i>	95%
	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.	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>A higher value is desirable</i>	95%
	HOME AND COMMUNITY CARE		
	90th Percentile Wait Time from community for Home-Care Services: Application from community setting to first Home Care service (excluding case management)		
90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management).	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>A lower value is desirable</i>	21 days	
90th percentile wait time from hospital discharge to service initiation for home and community care			
90th percentile wait time for home and community care service after hospital discharge	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>A lower value is desirable</i>	TBD	
Performance Indicators	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.	Reducing the time people spend in the ED is a key government priority - <i>A lower value is desirable</i>	8 hours
	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.	Reducing the time people spend in the ED is a key government priority - <i>A lower value is desirable</i>	4 hours	
Performance Indicators	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.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%
	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.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%
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.	A reduction in ALC days results in more acute care beds being available for those who need acute treatment. - <i>A lower value is desirable</i>	9.46%	

Stocktake Performance Indicator Definitions (2015 - 2018)

	Dimension	Indicator Name and Definition	Rationale	Target (FY 2017-2018)
Performance Indicators	SYSTEM INTEGRATION AND ACCESS	<p>Alternative Level of Care (ALC) rate</p> <p>The proportion of inpatient days in <u>acute and post-acute care</u> settings that are spent as ALC in a specific time period.</p> <p>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.</p>	<p>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>A lower value is desirable</i></p>	12.70%
	HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH	<p>Repeat unscheduled emergency visits within 30 days for mental health conditions</p> <p>Percent of repeat emergency visits following a visit for a mental health condition within 30 days. This indicator is presented as a proportion of all mental health emergency visits.</p>	<p>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>A lower value is desirable</i></p>	16.30%
		<p>Repeat unscheduled emergency visits within 30 days for substance abuse conditions</p> <p>Percent of repeat emergency visits following a visit for a substance abuse condition within 30 days. This indicator is presented as a proportion of all substance abuse emergency visits.</p>	<p>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>A lower value is desirable</i></p>	22.40%
	SUSTAINABILITY AND QUALITY	<p>Readmissions within 30 days for selected HBAM Inpatient Grouper (HIG) conditions</p> <p>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.</p>	<p>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>A lower value is desirable</i></p>	15.50%