MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: Central LHIN

REPORT DATE: September 2017

Ontario

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INTERPRETING PERFORMANCE INDICATORS

Legend	Provincial Data	Provincial Target	LHIN Data

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

Note:
The following will not be displayed in the figure:
NV: No volume or low volume (< 10 cases)
N/A: Not Applicable
NR: Not Reportable

Ontario

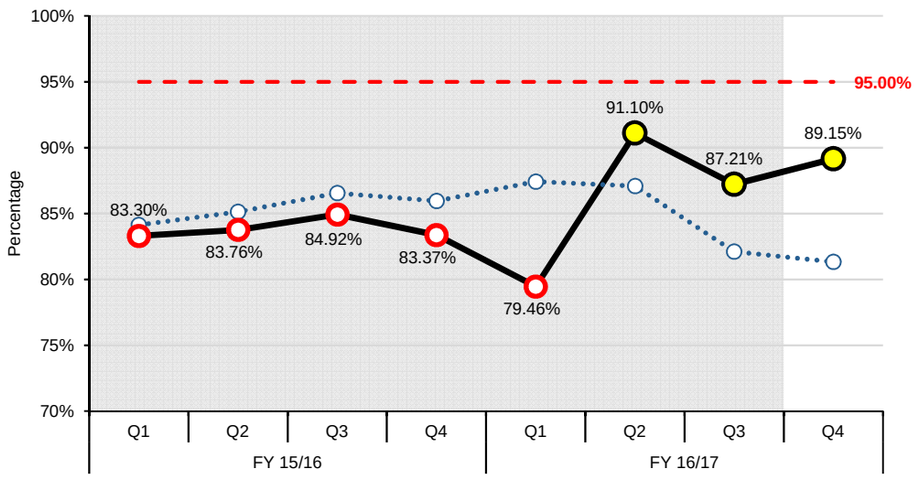
Central LHIN

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 (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	89.15%	81.33%	95.00%



LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

1a) The performance of this indicator improved from 87.21% to 89.15% from Q3 FY 16/17 to Q4 FY 16/7. A major contributing factor to the improved performance was the enhance communication process developed with service provider organizations. In addition, in 2017/18 the LHIN is investing in additional assisted living, ABI, attendant outreach and Adult Day services to offset demand for this service.

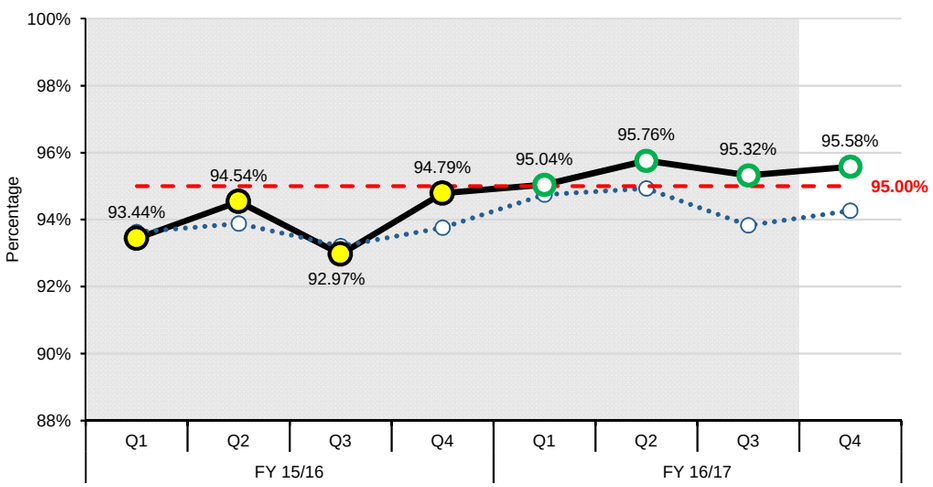
b) Central LHIN continues to work with service provider organizations to monitor the performance of this indicator on a daily basis and identify barriers for earlier interventions.

2. Wait times from authorization date to service date (90th percentile) for personal support for complex patients improved from 7 days in Q3 FY 16/17 to 6 days in Q4 FY 16/17, therefore allowing personal support services to begin closer to the 5 day wait time. While this has moved the LHIN closer to the standard, it has also increased the throughput on PSS services, which cannot be maintained within the current fiscal budget.

3. The Central LHIN will not meet the provincial target of 95% in FY 2017/18, however the LHIN continues with performance improvement strategies. If cost containment measures are required to be implemented, this will negatively impact this indicator.

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

Summary (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	95.58%	94.27%	95.00%



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1a) Central LHIN continues to sustain performance based on the process improvements initiatives that were implemented in previous quarters.

b) The Central LHIN continues to meet the target. The implementation of the standardized ordering process and its spread across all Home and Community Care teams has contributed to maintaining the performance. Now that the process is standardized, the LHIN is monitoring this measure on a weekly basis to ensure that the performance is sustained.

2. Wait times from authorization date to service date (90th percentile) for nursing services are consistently 3 to 4 days for the past 4 quarters.

3. The Central LHIN expects to continue to meet the target.

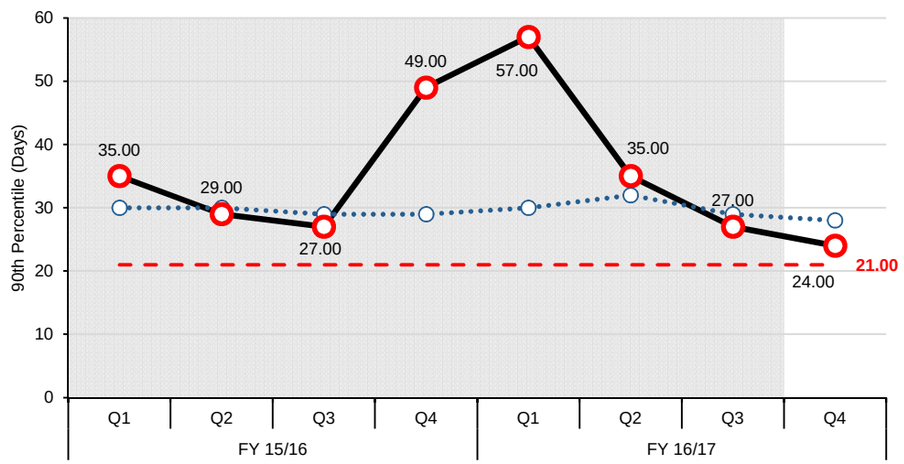
Central LHIN

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 (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	24.00 Days	28.00 Days	21.00 Days



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1a) The performance for this particular indicator continues to improve. The LHIN invested additional funding of approximately $16 million dollars for home care services which contributed to the improved performance by enabling 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. The LHIN is unable to maintain these gains and may need to implement cost containment measures, including the reinstatement of waitlists, in the near future.

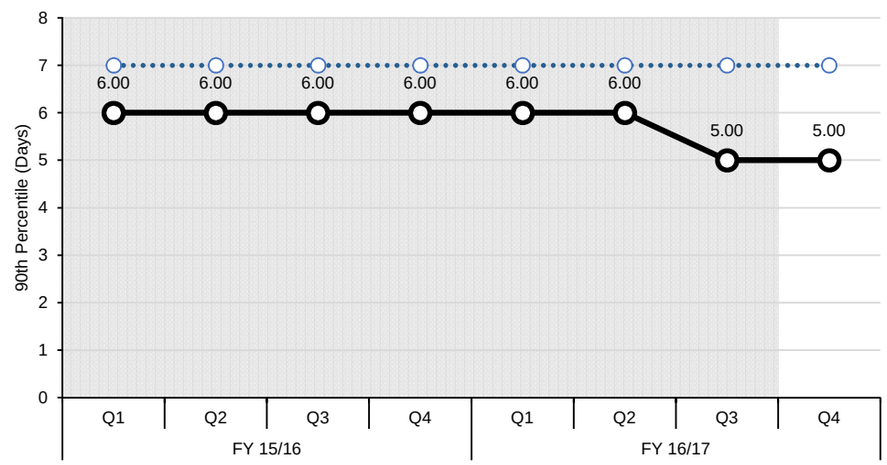
b) The Central LHIN continues to work with service provider organizations to achieve the provincial target. Over the next quarter, the focus will be on the development of a dashboard to improve visibility for staff who coordinate the care for patients waiting for service.

2. In particular, the 90th percentile wait times have improved for the Short Stay Rehab and Long Stay Complex patients, improving from 31 days in Q2 FY 16/17 to 27 days in Q4 FY 16/17 and from 33 days in Q2 FY 16/17 to 22 days in Q4 FY 16/17 respectfully. These improvements have been realized despite an overall increase of 102 patients served over the same timeframe.

3. The Central LHIN will not achieve this target in 2017/18, but will continue to work on performance improvement. If cost containment strategies are implemented, this will impact performance.

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

Summary (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	5.00 Days	7.00 Days	TBD



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1a) Central LHIN continues to perform better than the provincial average.

b) The improvement of this indicator closely aligns with the improvements that were made on the 5-Day Wait Time measure for nursing, and given that the majority of hospital-referred patients have nursing as their first service, this is likely the biggest driver for this improvement.

2. Better than average wait times for Short Stay Rehab and Long Stay Complex patients have contributed to improved performance.

3. If cost mitigation strategies are implemented there is a risk of declining performance.

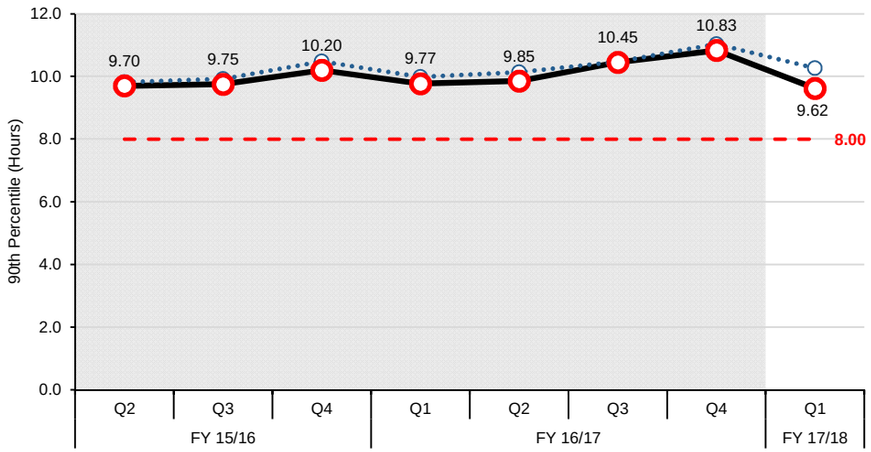
Central LHIN

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 (Q1 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	9.62 Hours	10.27 Hours	8.00 Hours



LHIN COMMENTS

Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

Central LHIN continues to have the highest ED volumes for complex patients among all 14 LHINs in Q1 FY 17/18. Four Central LHIN hospitals were among the top ten hospitals in the province with the highest ED volumes for complex patients: Humber River Hospital (ranked 1st), Mackenzie Hospital (ranked 3rd), North York General Hospital (ranked 4th), and Southlake Regional Health Centre (ranked 9th).

Central LHIN's 90P ED LOS for Complex Patients decreased from 10.8 hrs in Q4 FY 16/17 to 9.6 hrs in Q1 FY 17/18. All of the Central LHIN's hospitals have focused initiatives to improve patient flow and ED capacity targeting length of stay for the complex 'admitted' patients. Central LHIN hospitals continue to enhance their ED performance by redesigning staffing resources to meet the needs of their respective patient populations. Examples include realigning physicians' hours to match high volume periods, and expanding General Internal Medicine Clinic (GIMs) hours and staffing on weekends.

The two key drivers for this indicator are Mackenzie Health and Southlake Regional Health Centre.
Mackenzie Health's performance has improved in Q1 FY 17/18 (14.4 hrs in Q4 FY 16/17 to 12.7 hrs in Q1 FY 17/18), despite an increase in high acuity ED volumes (21,186 visits in Q4 FY 16/17 to 22,434 visits in Q1 FY 17/18). However, the performance remains above the provincial target of 8 hours. The main driver is the 90P ED LOS for admitted patients (46.3 hrs in Q1). The hospital has reported its bed capacity as a continuous challenge, which compromises patient flow and impacts negatively on the ED LOS for admitted patients. The hospital has indicated that they will continue to struggle with ED LOS for admitted patients until the new hospital in Vaughan is built. In the interim, the hospital has implemented ED initiatives to enhance capacity and redirect patients to more appropriate treatment areas to support patient flow.

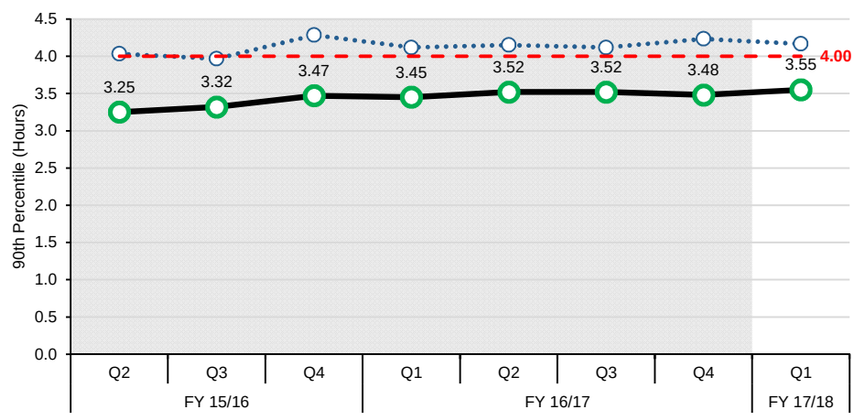
Southlake's performance for this indicator has improved slightly from the previous quarter (14.6 hrs in Q4 FY 16/17 compared to 14.2 hours in Q1 FY 17/18). The hospital continues to have challenges related to inpatient bed capacity, which is reflected in the LOS for its admitted patients (36.2 hrs in Q1). The hospital continues to implement initiatives to redesign its bed flow operations to mitigate capacity challenges, including the implementation of routine morning rounds by patient flow navigators to facilitate direct discharge from ED. They have also recently implemented (in Q2 FY 17/18) an ED "overnight stay unit" (ONSU) to allow more frequent ED physician rounds and facilitate timely discharges.

The Central LHIN has submitted 2 proposals to the Ministry of Health and Long Term Care (MOHLTC) for one-time funding to develop and implement short-term transitional care models that will provide restorative care services and facilitate patient transitions from acute care. Central LHIN is also working closely with its hospitals and Home and Community Care to support two initiatives:
- Temporary transition of Mackenzie Health's Complex Continuing Care and Rehabilitation beds to Humber River Hospital's Finch site to create more acute care bed capacity until the new Vaughan hospital is built.
- Utilize capacity at the Humber River Hospital - Finch site to create five 30-32 ALC bed units that will create capacity for acute medicine inpatient beds and facilitate patient flow at 5 Central LHIN hospitals.

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 for knowledge exchange on best practices.

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

Summary (Q1 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	3.55 Hours	4.17 Hours	4.00 Hours



LHIN COMMENTS

Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

The Central LHIN continues to exceed the LHIN and provincial target on this indicator, and continues to rank #1 (tied with Central West LHIN) amongst all LHINs. A number of initiatives are currently in place to sustain this performance, including a focus on patient flow in ED, process improvement for non-complex patients, internal protocols to identify pressures in the ED, and increased access to Diagnostic Imaging services.

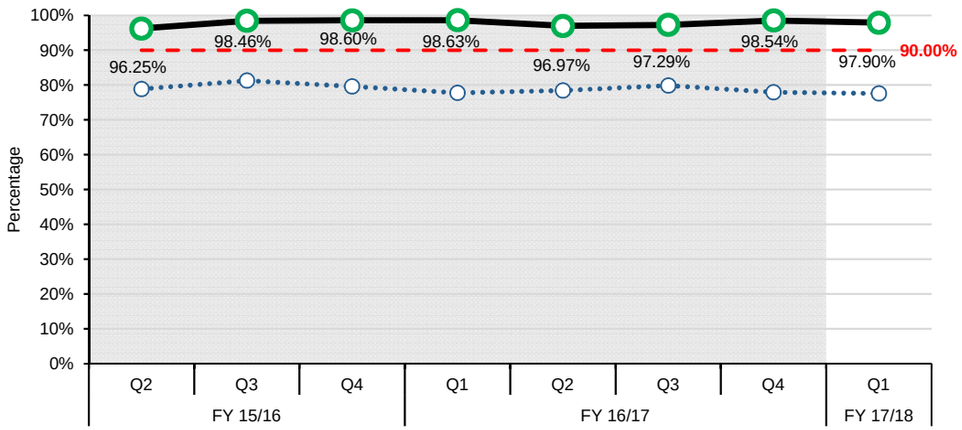
Central LHIN

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 (Q1 FY 17/18)	Provincial Target (FY 17/18) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	93.02%	98.43%	97.90%	77.58%



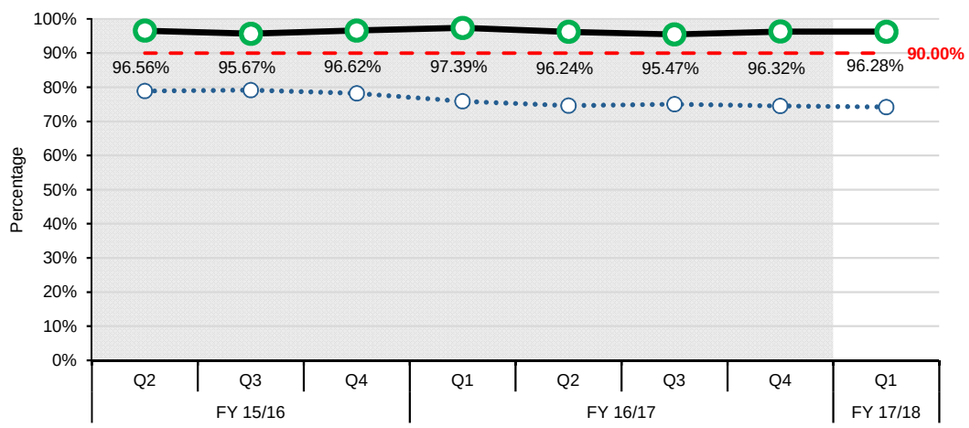
LHIN COMMENTS

Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

Central LHIN continues to sustain existing initiatives to ensure performance remains better than the provincial target. Central LHIN hospitals have implemented the QBP clinical pathway for this service.

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

Summary (Q1 FY 17/18)	Provincial Target (FY 17/18) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	91.84%	96.53%	96.28%	74.21%



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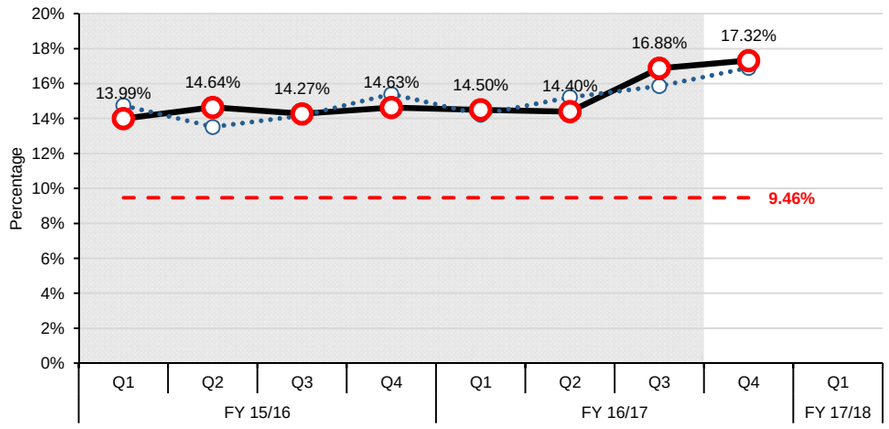
Central LHIN

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)

Percentage of alternate level of care (ALC) days

Summary (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	17.32%	16.90%	9.46%



LHIN COMMENTS

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a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
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3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

1a) The percentage of ALC Days in Central LHIN increased from 16.88% in Q3 FY 16/17 to 17.32% in Q4 16/17. The top 3 discharge destinations for ALC patients in Central LHIN continues to be Long-Term Care (LTC) Home, Home with CCAC services, and Inpatient Rehabilitation, with the majority (57%) of ALC days attributed to ALC patients discharged to LTC. Central LHIN has the second lowest rate of LTC beds per capita in Ontario and has the highest population of seniors in the province. In Q4 16/17, 42 LTC Homes within Central LHIN were in outbreak, totaling 1159 days. This limited the outflow of patients from hospitals, and negatively affected percentage ALC days.

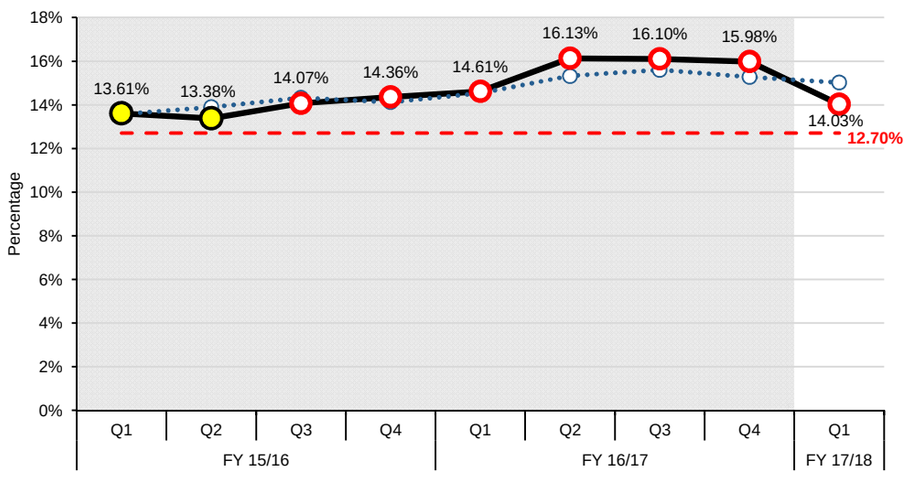
b) The Central LHIN has allocated $375,000 in annualized base funding to the Behavioural Support Transition Resource program that provides transitional support services to hospital inpatients with cognitive and/or responsive behaviours. The LHIN has also allocated over $1.4 million in one-time funding (FY 16/17 - FY 17/18) for the development and implementation of: i) an electronic ALC Dashboard in 5 of the 6 Central LHIN hospitals; ii) outpatient Stroke/Neuro rehabilitation services; and iii) foundational elements of a restorative model of care at one Central LHIN hospital. Central LHIN has engaged with partners in the community to explore opportunities for investment in Enhanced and Expanded Adult Day Programs that could provide patients with an alternative to LTC. The Central LHIN has also submitted 2 proposals to the Ministry of Health and Long Term Care (MOHLTC) for one-time funding to develop and implement short-term transitional care models that will provide restorative care services and facilitate patient transitions from acute care. Additionally, the Central LHIN is actively working with the MOHLTC, Central LHIN hospitals, and Central LHIN Home and Community Care to utilize capacity at the Humber River Hospital - Finch site to create five 30-32 ALC bed units that will create capacity for acute medicine inpatient beds and facilitate patient flow at 5 Central LHIN hospitals. In addition, the Central LHIN is engaged in strategic planning and phased implementation of a project that will integrate the traditional roles of hospital discharge planning and Home and Community Care service coordination.

2. In Q4 16/17, the highest contributors for this indicator were Humber River Hospital (HRH) (18%, 8734 ALC Days), and North York General Hospital (NYGH) (20.65%, 6968 ALC Days).
- HRH: In Q4 16/17, a high volume of long-stay ALC patients were discharge from HRH, including 10 patients with 200-300 ALC days, and 5 patients with more than 300 ALC days. Approximately 84% of total ALC days in this quarter at HRH were for patients designated ALC to LTC.
- NYGH: In Q4 16/17, a high volume of long-stay ALC patients were discharge from NYGH, including 1 patient with 200-300 ALC days, and 4 patients with more than 300 ALC days. Approximately 46% of total ALC days in this quarter were for patients designated ALC to LTC.

3. The Central LHIN does not expect to meet the provincial target in FY 17/18, but will continue to plan and implement strategic ALC initiatives.

ALC rate

Summary (Q1 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	14.03%	15.02%	12.70%



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Please note that for Q1 17/18 Alternate Level of Care (ALC) Rate, only April and May 2017 data is included, June 2017 data is not reported. See Data Quality Notes for more information.
1 a) The ALC Rate in Central LHIN was lowered to 14.03% in Q1 17/18 from 15.98% in Q4 16/17. This was due to a 44% reduction in the number of ALC days accumulated by Central LHIN hospitals in Q1 17/18 (17,189 ALC days), when compared to Q4 16/17 (29,993 ALC days). The majority of ALC cases at Central LHIN hospitals are waiting for placement in LTC. Outflow of patients from acute care to LTC was facilitated by the reduction in the number of LTC Homes in outbreak during this quarter, and a reduction in the volume of outbreak days. In Q1 17/18, 21 Central LHIN LTC Homes experienced outbreak conditions, contributing to 427 total days in outbreak, compared to 42 LTC Homes in outbreak in Q4 16/17, totaling 1159 days.

b) Please see response to question 1b) above.

2. Improvement on this indicator was driven by noticeable reduction in the volume of ALC days for 4 of the 6 Central LHIN hospitals from Q4 16/17 to Q1 17/18:
North York General Hospital: 44% reduction in ALC days (7078 ALC days in Q4 16/17; 3947 ALC days in Q1 17/18);
Mackenzie Health: 55% reduction in ALC days (5116 ALC days in Q4 16/17; 2302 ALC days in Q1 17/18);
Southlake Regional Health Centre: 40% reduction in ALC days (6101 ALC days in Q4 16/17; 3653 ALC days in Q1 17/18);
Humber River Hospital: 41% reduction in ALC days (7441 ALC days in Q4 16/17; 4424 ALC days in Q1 17/18)

3. The Central LHIN will strive to meet the provincial target in FY 17/18, through continued planning and implementation of strategic ALC initiatives.

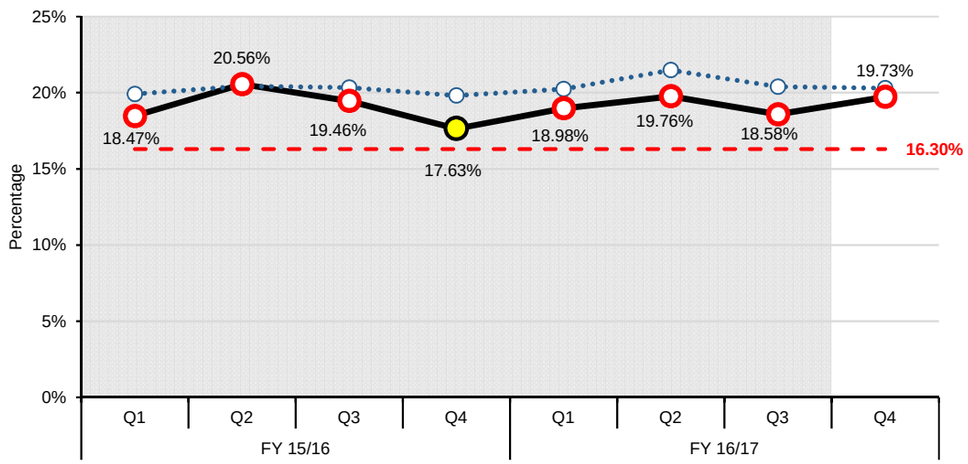
Central LHIN

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 (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	19.73%	20.30%	16.30%



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1a) The percentage of repeat unscheduled emergency visits has increased from 18.58% (Q3, FY16/17) to 19.73% (Q4, FY16/17). This can be attributed to one key factor, 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, Southlake Regional Health Centre (SRHC), Mackenzie Health (MH), and Humber River Hospital (HRH).

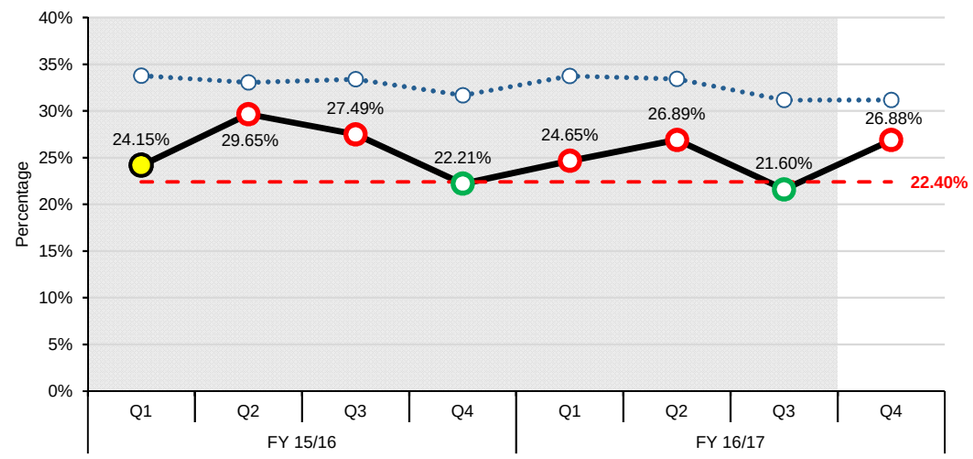
1b) The Central LHIN has been working with key stakeholders regarding the proposed creation of a Mental Health Hub aimed at providing the right care, at the right time, in the right place. In response to the increased demand of emergency department utilization, agencies within Central LHIN came together to identify new partnership solutions to address the growing need in Central LHIN. The group at large, consisting of senior level membership from York Region hospitals, community mental health and addictions providers, the Region of York, and a consumer/survivor agency, has the intent of diverting unnecessary ED visits and providing care in a community setting (for both mental health and addictions). Additionally, Central LHIN is facilitating a community of practice in its upcoming LHIN/Chiefs/Directors meeting, which brings together the Chiefs of Psychiatry and Directors of each respective Central LHIN hospital to identify initiatives that have been successful in diverting patients/clients from revisiting the ED. Central LHIN is also looking at investing in an Assertive Community Treatment Team in South Simcoe, to address a service gap in the north for those with serious mental illness and complex needs who often present in the ED.

2) SRHC has reviewed patient level information and found three dementia patients that were discharged home and had multiple ED revisits as their respective families were unable to care for them. Mackenzie Health had a number of repeat visits from a small group of patients. Many of these patients present with psychosis as well as substance abuse issues (concurrent disorder) and decline treatment and/or harm reduction strategies. Without proper treatment in the community, patients are at a high risk of revisiting the ED. Additionally, it was mentioned that with increasing hospital bed pressures, psychiatrists may feel the urgency to discharge patients from the ED (or inpatient units) to help facilitate patient flow from the ED, an issue that will be reviewed internally.

3) The Central LHIN will not reach the provincial target in 17/18, however, we continue to plan for, and implement strategies specific to, ED diversion and will strive to achieve the provincial target.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	26.88%	31.18%	22.40%



LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

1a) The percentage of repeat unscheduled emergency visits has increased from 21.60% (Q3, FY16/17) to 26.88% (Q4, FY16/17). This can be attributed in part to patients' lack of willingness and motivation for treatment, a small percentage of patients accounting for a disproportionate number of repeat ED visits, as well as addictions related program awareness by ED staff and physicians.

1b) Please see response from 1b) in the Mental Health section above regarding the proposed Mental Health Hub as well as Community of Practice. Additionally, Central LHIN has continued an investment in the Rapid Access Addiction Medicine (RAAM) Clinic housed at SRHC 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, incorporating thoughts from people with lived experience (PWLE).

2) North York General Hospital (NYGH) has indicated that there is a general lack of motivation for those with addictions issues to seek treatment, and as of September 11th 2017, it will be offering some revised and new group programs to help address these issues. Motivation and patient choice have always been something discussed among hospitals, and is something that the Community of Practice will strategize and look to address. NYGH has also mentioned that both physicians and staff have not been referring patients to the mental health crisis team, or to the Access to Resources & Community Services (ARCS) program. To address this, NYGH will be posting promotional material in the ED and developing an internal communications plan for ED staff to increase awareness. Humber River Hospital (HRH) is the second key driver of performance with this metric, and they have identified two patients who have accounted for ~18% of total return visits for substance abuse. Again, this will be a point of discussion at the Community of Practice as Southlake has already implemented an initiative that looks at their top ten ED users. All hospitals will be present at this discussion, with the hopes of spreading successful and evidence-based initiatives across Central LHIN. HRH will also continue with both a Crisis Nurse in the ED to provide timely assessment and to connect with clinicians from the Chemical Dependency program prior to ED discharge, and provide addictions nurse consultations to inpatients prior to discharge.

3) The Central LHIN will continue to plan for and implement strategies specific to ED diversion, and will strive to achieve the provincial target in FY17/18.

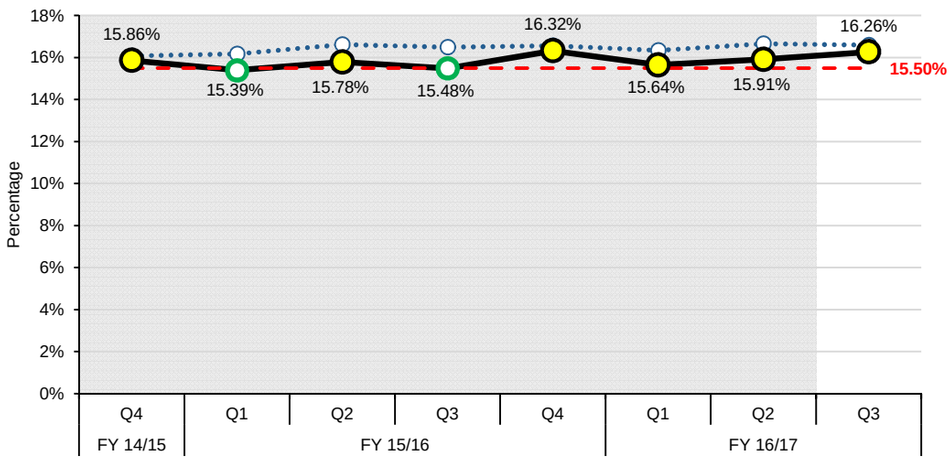
Central LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

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

Readmissions within 30 days for selected HIG conditions

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	16.26%	16.59%	15.50%



LHIN COMMENTS

Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

Central LHIN performance (16.26%) is lower/better than the overall provincial performance of 16.59% but above the provincial target of 15.50%. The Central LHIN will continue to monitor the performance of this indicator. A number of initiatives have been implemented across Central LHIN which have had a positive impact to this indicator, including:

1) Implementation of Telehomecare (THC) program, focusing on COPD and CHF patients.

2) Implementation of two COPD clinics in the Community Health Centers (CHCs). Specifically, the Vaughan CHC launched their 12-week interdisciplinary Pulmonary Rehabilitation (PR) program in Q3 of 2016/17.

3) Continued monitoring and support to six adult Diabetes Education Programs (DEPs) and two pediatric DEPs.

4) Implementation of over 380 exercise and 240 falls prevention classes for seniors, including 20 classes that have been designated "Breathe Better" classes tailored for seniors at risk of COPD and/or CHF.

5) Implementation of QBPs and the adoption of best practice pathways for patients with COPD, CHF, Pneumonia and Stroke. An outpatient neurological/stroke rehab clinic was piloted at Southlake Regional Health Centre in December 2016, to enhance outpatient rehab capacity for stroke patients in the community.

6) Continued support of two Integrated Funding Model (IFM) pilots: One Client, One Team: Central and Toronto Central LHIN Integrated Stroke Care and the Integrating Specialized and Primary Care: The North York Central Collaborative for COPD and CHF Patients.

7) Implementation of five Central LHIN Health Links to facilitate community conversations, strengthen linkages among care providers, and highlight opportunities to better coordinate care across organizations and sectors.

Moving forward, the Central LHIN will continue to explore new opportunities and initiatives to prevent hospital readmissions, including the spread of the integrated funding model programs.

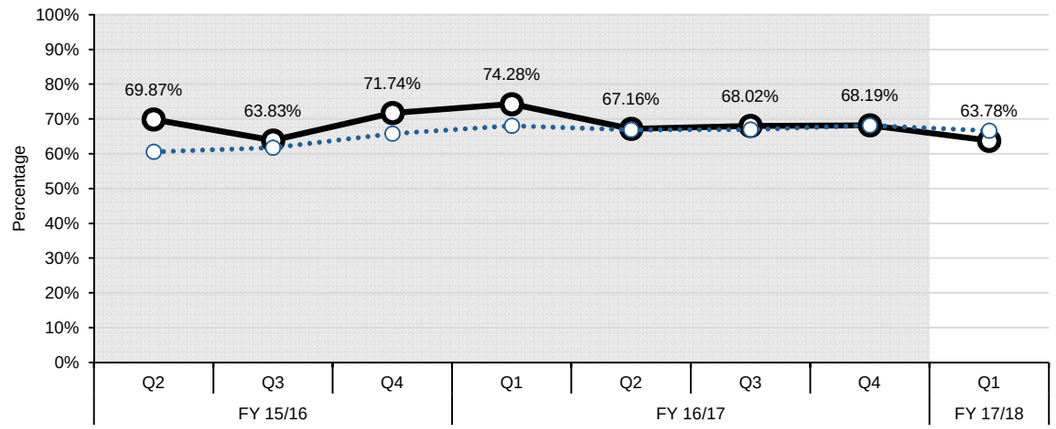
Central LHIN

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)

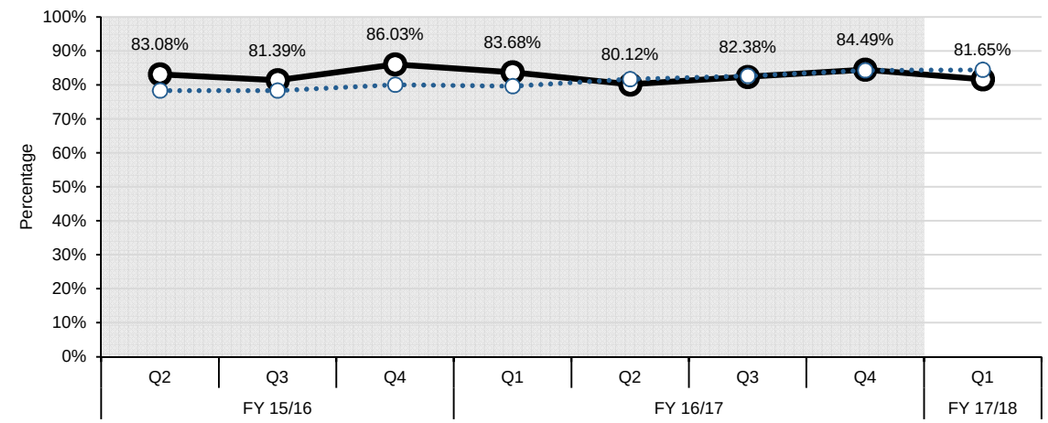
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q1 FY 17/18)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	77.53%	50.97%	63.78%	66.63%



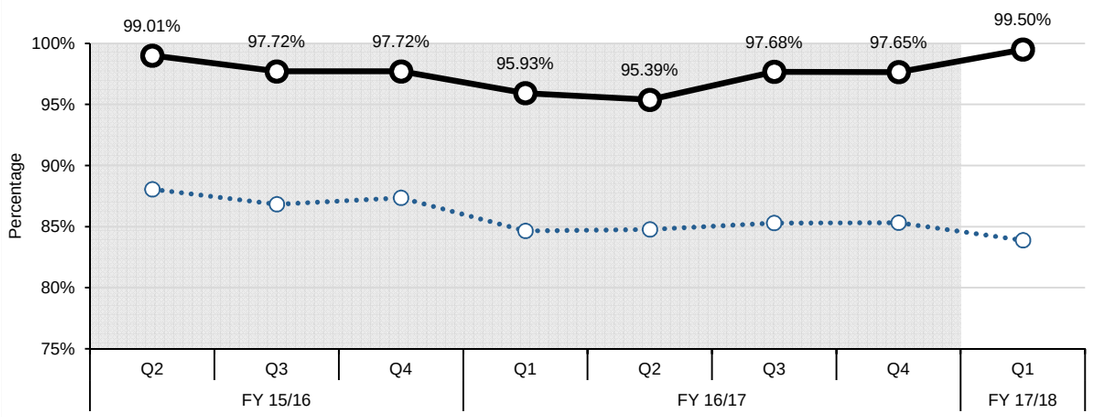
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q1 FY 17/18)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	91.03%	61.49%	81.65%	84.43%



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

Summary (Q1 FY 17/18)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	100.00%	99.48%	99.50%	83.89%



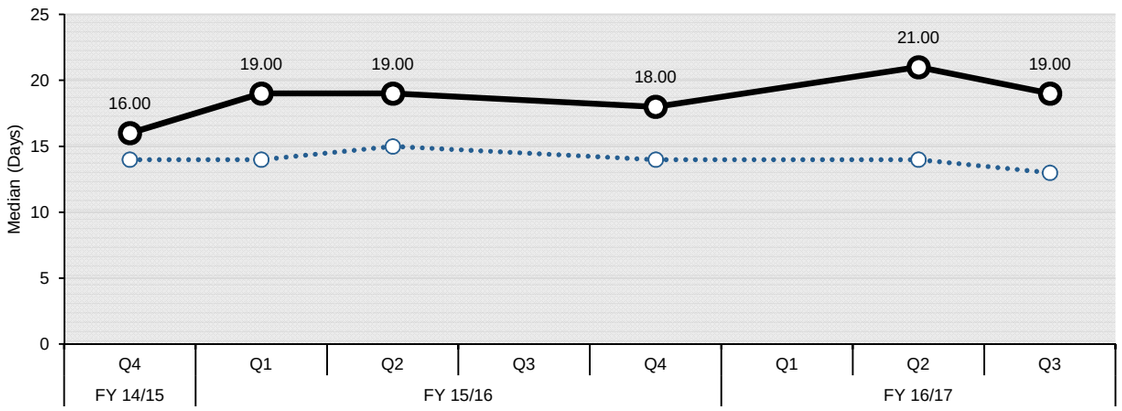
Central LHIN

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

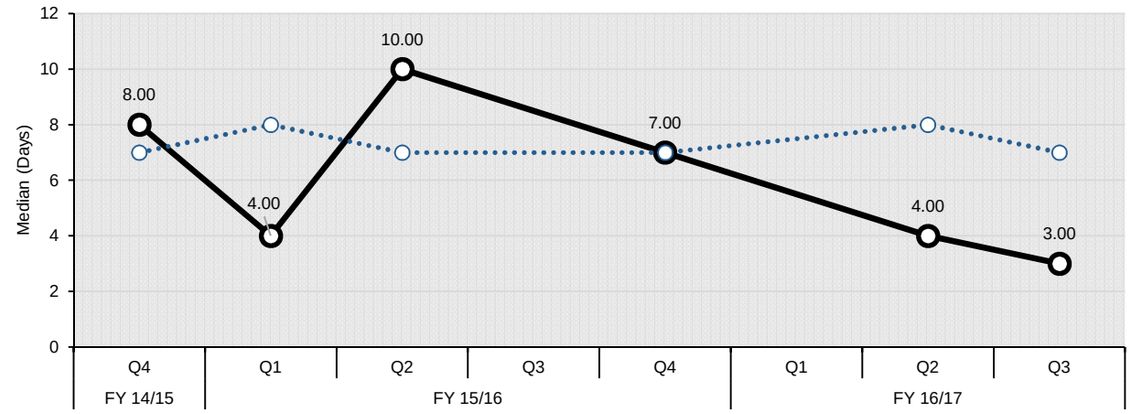
Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance
	19.00 Days	13.00 Days



Note: Q3 15/16 and Q1 16/17 data are not reported due to data quality issues.

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

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance
	3.00 Days	7.00 Days



Note: Q3 15/16 and Q1 16/17 data are not reported due to data quality issues.

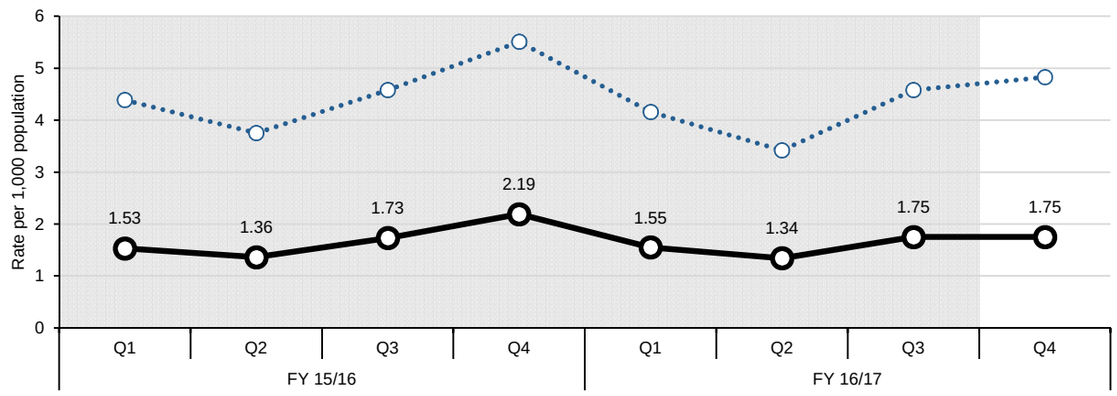
Central LHIN

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)

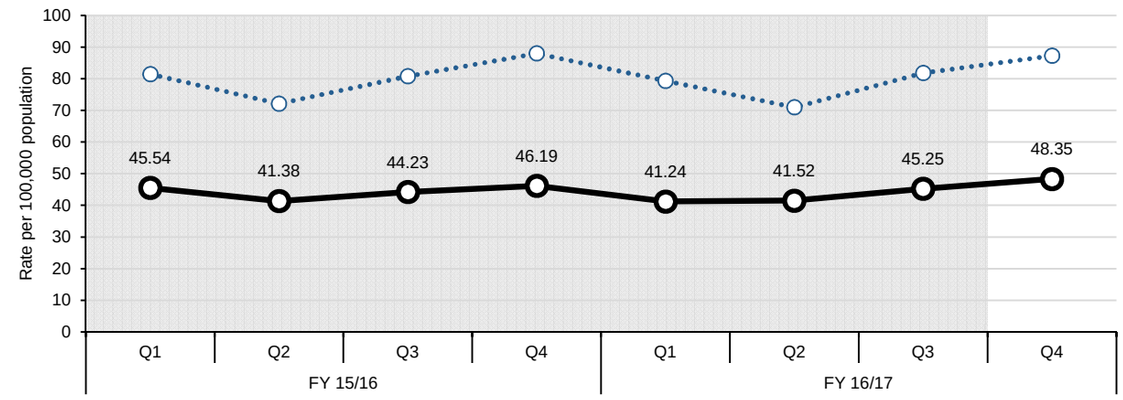
Rate of emergency visits for conditions best managed elsewhere

Summary (Q4 FY 16/17)	LHIN Performance	Provincial Performance
	1.75	4.83



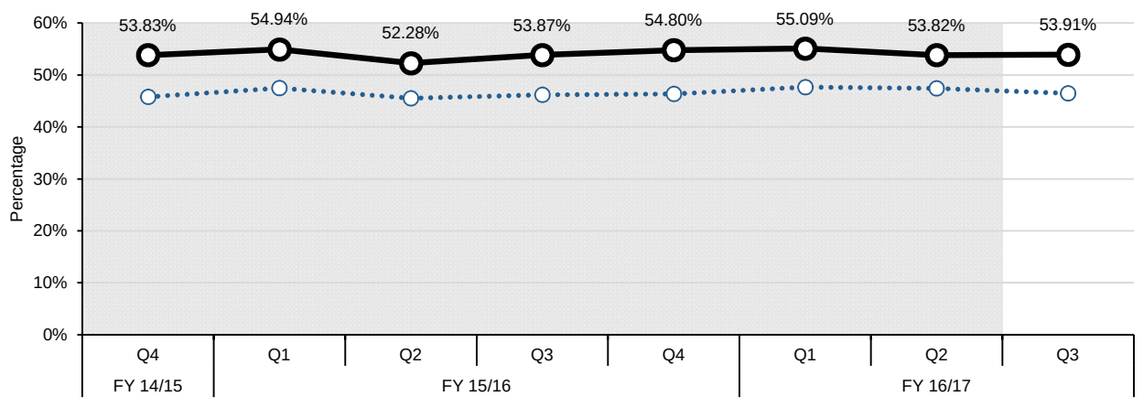
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q4 FY 16/17)	LHIN Performance	Provincial Performance
	48.35	87.35



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

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance
	53.91%	46.47%



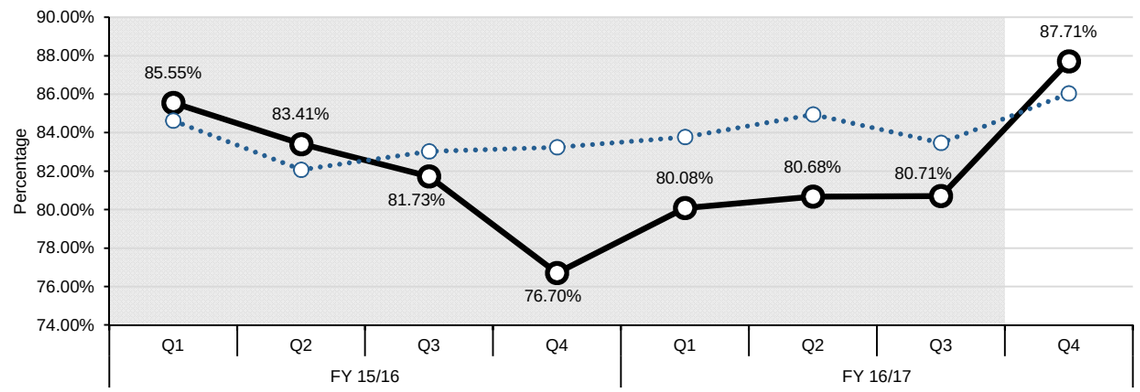
Central LHIN

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 (Q4 FY 16/17)	LHIN Performance	Provincial Performance
	87.71%	86.04%



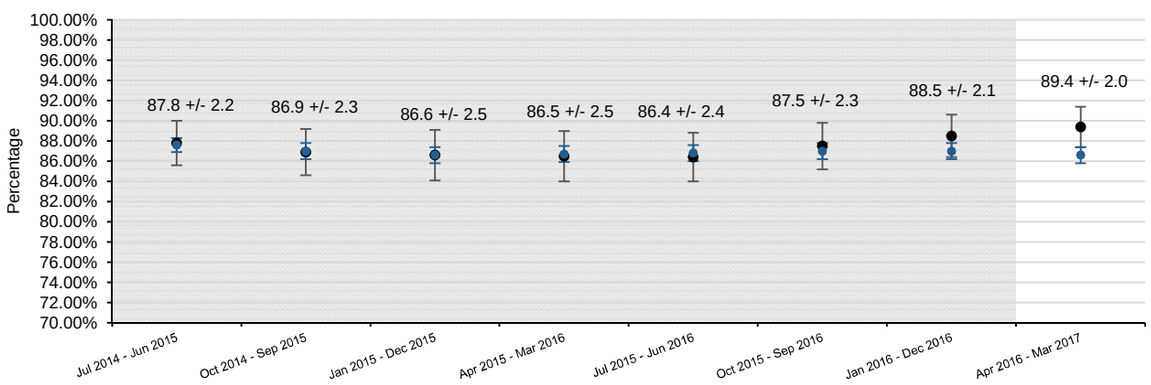
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Apr 2016 - Mar 2017)	LHIN Performance	Provincial Performance
	89.4% +/- 2.0%	86.6% +/- 0.8%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

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

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	Q4 16/17	95.00%	81.33%	93.33%	89.67%	89.19%	85.17%	73.70%	90.03%	85.71%	89.15%	86.69%	83.90%	42.24%	86.44%	88.66%	66.67%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q4 16/17	95.00%	94.27%	95.39%	92.32%	94.80%	95.15%	89.97%	95.37%	93.55%	95.58%	95.75%	94.30%	92.90%	93.04%	94.67%	93.51%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q4 16/17	21.00 Days	28.00	28.00	22.00	12.00	29.00	30.00	29.00	27.00	24.00	47.00	21.00	47.00	45.00	32.00	28.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q4 16/17	TBD	7.00	5.00	7.00	4.00	6.00	8.00	13.00	8.00	5.00	10.00	8.00	9.00	7.00	6.00	5.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q1 17/18	8.00 Hours	10.27	9.40	8.15	8.27	15.33	10.08	10.28	12.43	9.62	10.50	8.50	10.93	9.40	8.35	9.77
90th percentile ED length of stay for minor/uncomplicated patients	Q1 17/18	4.00 Hours	4.17	4.32	3.75	4.90	4.70	3.60	3.72	4.70	3.55	4.02	4.25	4.72	4.13	4.02	4.25
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q1 17/18	90.00%	77.58%	85.71%	49.46%	50.00%	64.62%	57.95%	53.16%	92.34%	97.90%	90.77%	80.39%	88.77%	78.98%	80.53%	78.89%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q1 17/18	90.00%	74.21%	62.45%	47.47%	39.90%	64.29%	54.01%	44.32%	92.06%	96.28%	88.81%	86.32%	88.09%	77.34%	74.14%	85.26%
Percentage of alternate level of care (ALC) days	Q4 16/17	9.46%	16.90%	16.15%	10.22%	12.37%	16.46%	9.18%	15.77%	13.95%	17.32%	20.35%	20.48%	16.28%	28.64%	24.92%	27.18%
ALC rate	Q1 17/18	12.70%	15.02%	13.61%	12.05%	11.07%	14.08%	6.21%	13.95%	11.19%	14.03%	32.28%	19.07%	13.64%	12.40%	24.25%	41.58%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q4 16/17	16.30%	20.30%	17.93%	18.12%	17.50%	21.11%	23.78%	15.72%	26.66%	19.73%	20.97%	18.74%	17.71%	18.61%	18.80%	16.00%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q4 16/17	22.40%	31.18%	35.80%	22.50%	26.67%	28.41%	32.09%	27.47%	39.27%	26.88%	25.30%	21.90%	22.39%	20.29%	27.39%	39.52%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q3 16/17	15.50%	16.59%	14.63%	16.69%	16.19%	17.05%	14.70%	15.92%	17.85%	16.26%	16.38%	18.25%	15.99%	17.61%	17.08%	16.24%

Central LHIN

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.

Central LHIN

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 Q4 2015/16 data 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.