2018/19 MLAA Quarter 1 Stocktake Scorecard - CLHIN Performance

Date Produced: August 15, 2018; Date of Next issue: November, 2018

lower is better ↓ ↑ higher is better

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

Indicator Name	Provincial Target	Performance: Central LHIN Actual	Performance: Provincial Performance	Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2013/14?	Comments & CLHIN Initiatives Focused on Improving 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 (2017Q4)	95.00% ↑	92.37%	85.34%	✓	3		YES	Overall performance for this indicator remains on a positive trend despite a rising trend in the volume of patients requiring service. Central LHIN continues to employ the initiatives developed previously to enhance communication and collaboration with Service Provider Organizations (SPOs) in order to identify specific patients with longer than expected wait times and implement corrective actions. Central LHIN is continuing to work on reaching the provincial target by end of fiscal year 2018/19.
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services (2017Q4)	95.00% ↑	96.14%	96.29%		10		YES	Central LHIN has consistently met the provincial target for this indicator over the past two years. Improvement initiatives developed earlier continue to be employed and monitored on a weekly basis to ensure performance is maintained. It is expected that Central LHIN will continue to meet the target.
90th percentile wait time from community setting to first home care service (excluding case management) (2017Q4)	21 days ↓	22	28	✓	3		YES	Overall performance has stabilized and remains within 10% of the target over the past year. Central LHIN continues to use the new visual management tool for monitoring the referral process which enables more timely identification of potential delays. Root cause analysis is conducted on every delayed patient so that targeted interventions are developed for each individual case to support improved wait times.
90th percentile wait time from hospital discharge to service initiation for home and community care (2017Q4)	TBD ↓	6	7	✓	4		N/A	Performance has remained stable between 5 and 6 days over the past two years. Although there is no provincial target currently set for this indicator, Central LHIN has consistently performed better than the provincial average and in comparison with other LHINs.
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 (2018Q1)	8 hours ↓	10.07	10.47	✓	8		NO	ED length of stay for complex patients improved in Q1 of 2018/19 from the previous Q4 as overall visit volumes also decreased in Q1 given the end of the flu/surge season. This is a similar seasonal trend seen in past years. However, Central LHIN continues to have the highest ED volumes for complex patients with four Central LHIN hospitals among the top ten in the province. Performance continues to be above the provincial target as admitted patients are waiting longer for an inpatient bed due to the bed capacity challenges in the LHIN, particularly at Southlake Regional Health Centre and Mackenzie Health. The opening of the Central LHIN Reactivation Care Centre (RCC) in December 2017 has added bed capacity to the system to support improved patient flow. In April 2018, Markham Stouffville Hospital opened 24 additional beds at the RCC. In addition, Mackenzie Health has begun the transfer of up to 88 rehab/complex continuing care beds to the RCC in order to operate 64 additional acute beds at the main Richmond Hill site. In conjunction with the added bed capacity at the RCC, one-time funding has been provided to hospitals for the 2018/19 year to support additional flex beds during surge periods. To further assist with improved patient flow, several Central LHIN hospitals have implemented a new technological platform called *iPlan* which facilitates the early identification, engagement and management of patients.
90th percentile ED length of stay for minor/uncomplicated patients (2018Q1)	4 hours ↓	3.98	4.47	✓	4		NO	Performance in ED length of stay for minor/uncomplicated patients improved in Q1, which was in line with the decrease of low acuity visits from the prior quarter, resulting in meeting the provincial target. Central LHIN has consistently met the target in the past years; however, over the last several quarters, the length of stay performance has been trending up slowly. The Central LHIN ED Working Group will be reexamining the current initiatives in place to determine what changes or additional strategies are needed to support performance improvement in this area.

Indicator Name	Provincial Target	Performance: Central LHIN Actual	Performance: Provincial Performance	Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2013/14?	Comments & CLHIN Initiatives Focused on Improving Performance
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement (2018Q1)	90% ↑ P2: 42 days P3: 84 days P4:182 days	96.35%	79.65%	✓	1		YES	Central LHIN continues to perform well in the hip and knee replacement surgery wait time indicators and has met the provincial target over the past four years. Performance is expected to be sustained. Central LHIN is ranked #1 in the province for both of these indicators.
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement (2018Q1)	90% ↑	94.11%	74.75%	✓	1		YES	
Percentage of alternate level of care (ALC) days (2017Q4)	9.46% ↓	16.20%	17.01%	✓	6		NO	Percentage of ALC days improved significantly in 2017/18 Q4 compared to the prior quarter. The improvement was driven by a 30% decrease in ALC days between Q4 and Q3. Four (Humber River Hospital, Mackenzie Health, North York General, and Southlake Regional Health Centre) out of the six Central LHIN public hospitals had lower ALC days which contributed to the decrease in the LHIN's overall rate. The ALC rate indicator also improved from 13.68% in 2017/18 Q4 to 12.98% in 2018/19 Q1 which brings the LHIN's performance very close to the provincial target of 12.7%. Some of the improvement is attributed to the removal of RCC patients from the data, as they are excluded at this time pending review of how their data should be captured. Central LHIN continues to face the challenge of placing ALC patients in a timely manner into LTC. In 2018/19 Q1, over 45% of the ALC patients were waiting for LTC, yet this group accounted for 79% of the ALC days. Additional bed capacity has been added to the RCC in 2018/19 as Markham Stouffville Hospital began operating 24 new beds in early April 2018. Mackenzie Health has also begun to transfer up to 88 rehab/complex continuing care beds to the RCC in order to operate 64 additional acute beds at the main Richmond Hill site. In May 2018, Central LHIN allocated over $1.3 million of base funding to support 3 Assess and Restore programs in Central LHIN that will provide cross-continuum support to seniors to regain and maintain functional independence and facilitate return to home and assist patients to remain in the community for as long as possible.
ALC rate (2018Q1)	12.70% ↓	12.98%	14.81%	✓	7		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 (2017Q4)	16.30% ↓	20.98%	21.84%	✓	8		NO	Repeat ED visits for mental health conditions performance is on the gradual decline over the past two years. The performance is being driven by a small group of patients with a disproportionately large number of repeat ED visits. Central LHIN hospitals are continuing to focus on this core group of patients in collaboration with community service agencies to support the transition of patients into the community with the appropriate care. Part of the work also involves consistent health education of patients in the ED on available community resources, and the development of individualized plans for high repeat ED users. Schizophrenia and psychotic disorders continue to be the top condition for repeat ED visits. Central LHIN has partnered with Health Quality Ontario to adopt the schizophrenia quality standard, and also enlisted Ontario Shores to assist with the implementation of the standard across all Central LHIN hospitals.
Repeat unscheduled emergency visits within 30 days for substance abuse conditions (2017Q4)	22.40% ↓	24.34%	31.93%	✓	3		NO	The rate of repeat ED visits for substance abuse conditions improved this quarter, building upon improvements seen in the previous Q3, leading to performance that is significantly better than the provincial average and within 10% of the provincial target. Performance in this indicator is influenced by a small group of patients who account for a significant number of repeat ED visits, as well as patient choice in seeking or receiving community treatments. Stevenson Memorial Hospital has implemented a detox protocol for patients presenting in the ED to assist patients in withdrawal with their various needs. Patients that are admitted to the hospital are also seen by follow-up and linked to community services. Central LHIN is continuing to focus on the investments in Rapid Access Addiction Medicine (RAAM) Clinics - three clinics are currently operational, and the remaining three are anticipated to be operational by the end of September 2018.

Indicator Name	Provincial Target	Performance		Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2013/14?	Comments & CLHIN Initiatives Focused on Improving Performance
		Central LHIN Actual	Provincial Performance					
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions								
Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions (2017Q3)	15.50%	**14.69%**	**16.82%**	✓	**1**		**NO**	The readmission rate indicator improved in Q3 of 2017/18 and met the provincial target to rank 1st overall in the province. Readmission rates for 6 of the 8 HIG conditions improved with noticeable reductions in the gastrointestinal and pneumonia groups. COPD and CHF continues to present with the highest readmission rates in Central LHIN, however, these conditions are showing improvements as well over historic rates. Central LHIN continues to support two Integrated Funding Model pilots for stroke and CHF/COPD through North York General Hospital. The LHIN is also implementing the expansion of Interprofessional Primary Care Teams in 2018/19 across five LHIN sub-regions to increase the access to allied health services and support the care needs of patients with chronic conditions in their community. Markham Stouffville Hospital implemented the *Hospital to Home Program* in partnership with Central LHIN Home & Community Care and York Region Paramedic Services to support complex patients with chronic disease in their home through timely in-home point of care assessments/interventions and streamlined access to acute care services.