MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: Central LHIN

REPORT DATE: February 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

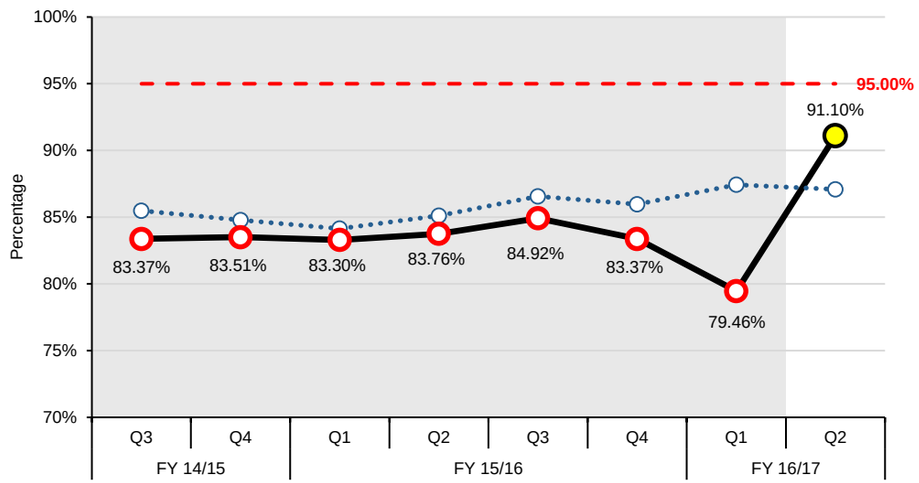
Central LHIN

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 (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	91.10%	87.09%	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 facility-level issues and supporting data (hospital, CCAC, 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?

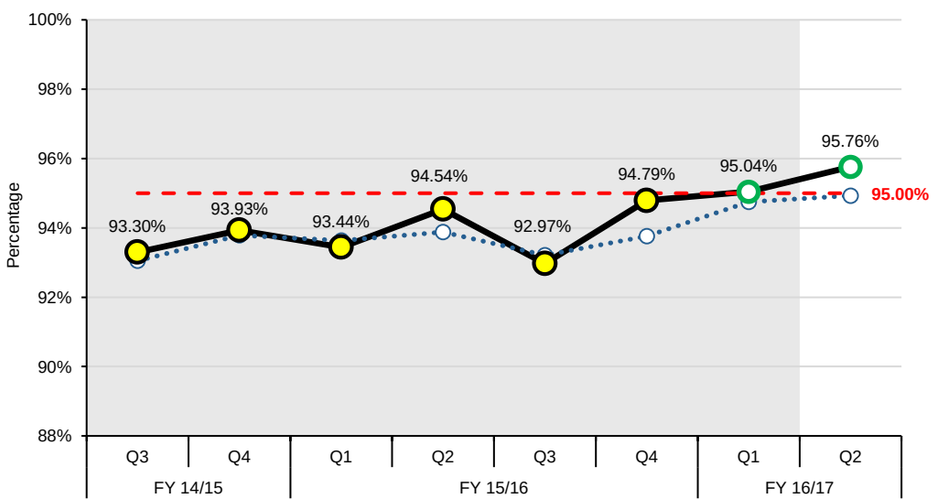
1 a) Performance on this indicator improved from 79.5% in Q1 FY16/17 to 91.1% in Q2 FY16/17. Factors contributing to the improved performance were:
- Enhanced communications between CCAC and contracted service providers in provisioning services for complex patients to meet a 5 days target.
- Implementation of daily check-in with service providers to have the first visit booked within the target.
- Over the last couple of quarters, the wait list for complex clients was reduced such that current client are waiting less for service.
b) Central LHIN continues to monitor and work with Central CCAC on its improvement plans to better the performance for this indicator. The LHIN continues to target investments to increase service hours directly to the CCAC and to reduce demand by investing in assisted living and PSS in community providers. CCAC will continue to work with their contracted service providers to sustain performance and continue improvements. It should be noted that in order to improve this indicator and reduce wait lists while maintaining a balanced budget, the level of care, or amount of service per client has been reduced. Central CCAC has one of the lowest of units of service per client as compared to the rest of the province and this gap continues to increase.

2. In Q2 FY16/17, there were lower number of complex needs clients requiring PSS services (482 clients in Q1 FY16/17 to 427 clients in Q2 FY16/17) as the wait list is being cleared. Wait time from authorization to service (90th percentile) improved to 5 days from a historical wait between 7 to 8 days. Central CCAC believes that the improvements are sustainable and will continue to monitor performance.

3. The Central LHIN is aiming to meet the provincial target by the end of the FY17/18.

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

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	95.76%	94.93%	95.00%



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1 a) Q2 FY16/17 performance has met the provincial target of 95%. This is the second consecutive quarter that performance has been met. Improvements to internal CCAC process has helped the CCAC met the performance target. These improvements include:
- Monitoring compliance including checks on the standardized service offer process
- Regular reporting and audit processes with corrective actions
- Enhancing awareness and communication with service providers (e.g. mandatory completion of the "service requested by" date field)
- A sustainability plan for orientation of coordinators to ensure new hires are accurately completing documentation of key information (e.g. First Visit Date)
- Ongoing additional marketing and communication plans to improve utilization of community clinics for Nursing care.

b) The LHIN and CCAC will continue to support, monitor, and sustain the above improvements to meet the provincial target. Note: There is an increasing demand for nursing services. An additional 129 (2%) more clients were served in Q2 FY16/17 compared to Q1 FY16/17. Volumes have increased by 21% since Q1 FY13/14. Continued improvements to CCAC internal processes have helped the organization to sustain performance.

2. Central LHIN met this performance target and the Central CCAC will continue to implement improvements initiative outlined in 1a. Strategies to enhance utilization at existing CCAC community clinics for nursing care, as well as the addition of the 8th CCAC community clinic in Richmond Hill (opened in October 2016), are expected to have continued positive impact on this indicator.

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

Ontario

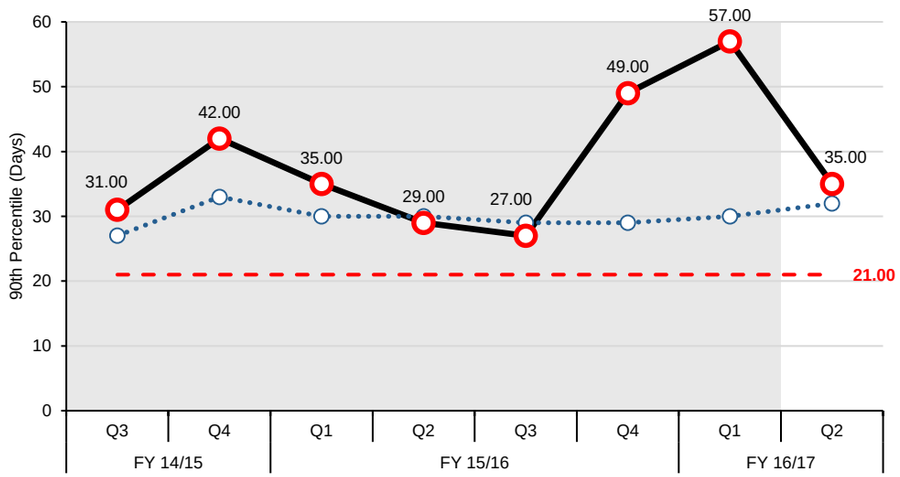
Central LHIN

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)

90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	35.00 Days	32.00 Days	21.00 Days



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1 a) Q2 FY16/17 performance showed a marked reduction in wait times to 35 days, a reduction of 22 days from Q1 FY16/17 (57 days). Since Q4 FY15/16, Central CCAC had focused on reducing the number of wait-listed clients requiring services. This negatively impacted performance as the clients began receiving services. Towards the end of Q2 FY16/17, there was no wait list for high and very high needs clients requiring PSS or rehab services.
Note: Central CCAC continues to be one of the lowest funded CCACs in the province and requires significant investments to ensure clients are receiving the appropriate level of care in a timely manner.

1 b) The LHIN meets with the CCAC regularly to address wait time challenges. Upcoming plans will include the CCAC focusing their efforts on 3 areas:
- Process changes to scheduling of home visits
- Education sessions for all staff on this performance indicator
- Focused work with service providers to improve patient access to service

2. The top services that clients received were (in descending order of volume): Nursing, Occupational Therapy (OT), Physiotherapy (PT) and Personal Support Services (PSS). In this quarter, wait times for OT, PT and PSW services improved from the previous quarter. Of note, PSW wait times shortened dramatically from 108 days to 22 days.

3. The Central LHIN is aiming to meet the provincial target by the end of the 2017/18 fiscal year.

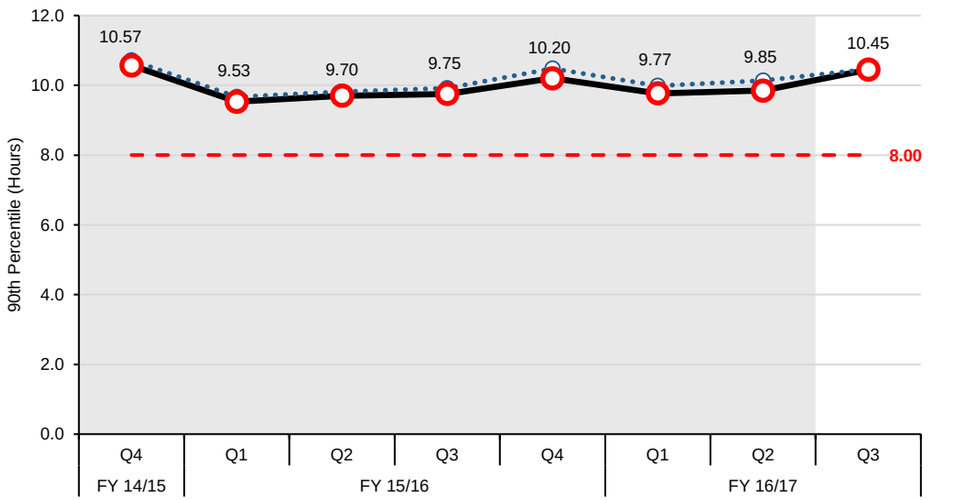
Central LHIN

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 (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	10.45 Hours	10.47 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's overall performance for 90P ED LOS for Complex Patients was worse in Q3 FY16/17 than the previous quarter. All hospitals experienced ED surges in December and were significantly challenged due to the seasonal influenza outbreak. The Central LHIN established the Holiday Planning Working Group to develop and implement strategies to ensure a systemic approach to mitigate the overcrowding and surge conditions in hospitals during the winter holiday period. The working group included Central LHIN hospitals, Central CCAC, York Public Health and other community partners.

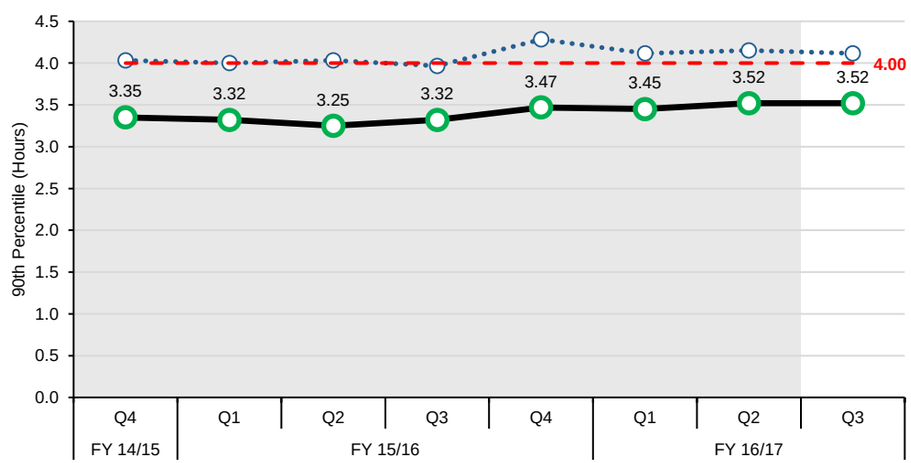
Southlake Regional Health Centre (SRHC) and Mackenzie Health (MH) continue to have challenges related to inpatient bed capacity which negatively impacts the LHIN's overall performance for this indicator. The Q3 90P ED LOS for admitted patients was 56.8 hours at MH and 36.4 hours at SRHC. Both hospitals continue to implement mitigation strategies to alleviate bed capacity pressures:
- SRHC has opened a number of overflow areas which are being staffed by agency nurses.
- MH has implemented initiatives targeted at improving patient flow and has revised its staffing model to support higher volumes. MH has also proposed an interim plan to the ministry and LHIN to move up to 90 Complex Continuing Care/rehab beds out of the hospital until the Mackenzie Vaughan hospital opens in 2020.

Markham Stouffville Hospital (MSH) continues to be below the provincial target of 8 hours, despite having an increase in volumes in December. The hospital has implemented a number of initiatives focused on the admitted patients including improved transitions and patient flow, enhanced staffing mix, and improved access to outpatient clinics. In addition, the hospital has opened a Senior Wellness Clinic that focuses on reducing readmissions for seniors and decreasing their Length of stay in the ED.

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 (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	3.52 Hours	4.12 Hours	4.00 Hours



LHIN COMMENTS

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The Central LHIN is consistently performing better than the province for this indicator and continues to exceed the provincial target (currently ranked first among LHINs).

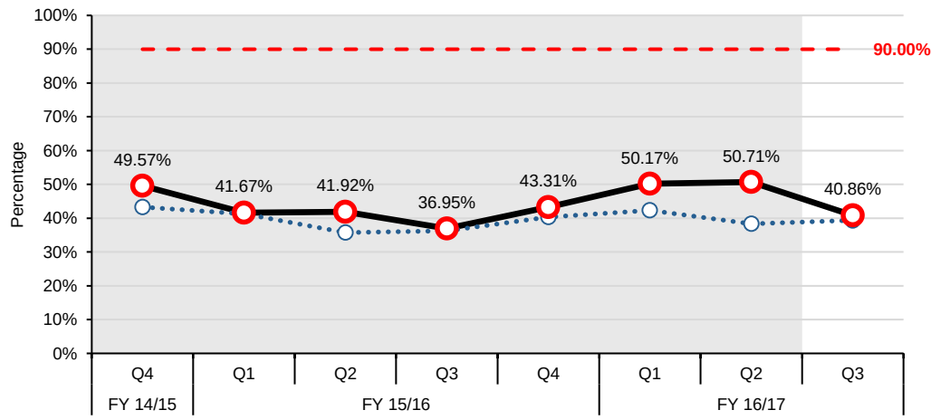
Central LHIN

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 MRI scan

Summary (Q3 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Priority 4: 28 Days	Combined	
	79.22%	57.99%	36.94%	40.86%	39.37%



LHIN COMMENTS

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Increased demand continues to drive Central LHIN MRI performance. To meet the growing demand, the following initiatives were conducted:
- As of February 2017, Central LHIN has allocated $680K in Urgent Priorities Funding to support wait times improvements.
- All Central LHIN hospitals have initiated or completed LEAN initiatives and participated in the MRI PIP program resulting in improved operating efficiency and increased capacity.

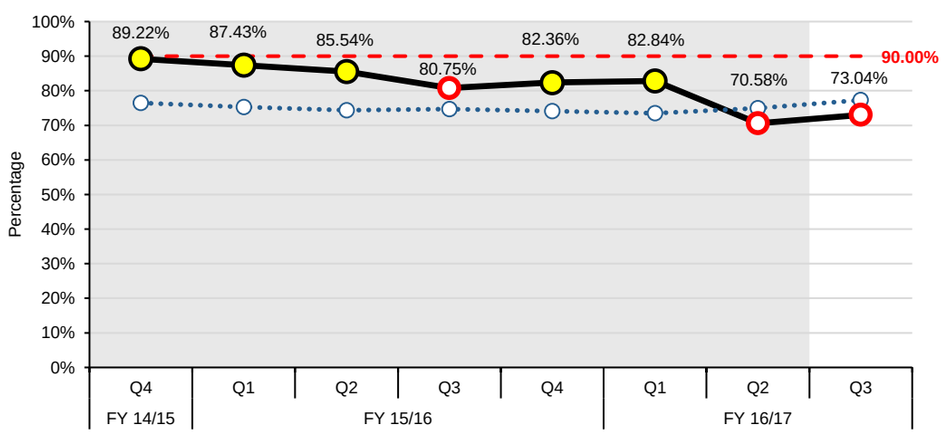
Note: Hospitals have historically contributed additional volumes through their global budget and continue to do so this year. In 2015/16, the LHIN funded an additional $440K and the hospitals funded an additional $2.5M in MRI volumes and collectively the LHIN was unable to achieve the wait time target. Without an increase in base funding, the hospitals are challenged to meet the provincial target.

Additionally, below are **proposals that are waiting to be actioned**. Approval of these proposals will increase capacity for MRI scans and improve wait time performance.

- The LHIN has supported two business cases for additional MRI machines at Humber River Hospital and Stevenson Memorial Hospital.
- 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 and to improve efficiency. This proposal was submitted to the Ministry in September 2016.

Percent of priority 2, 3 and 4 cases completed within access target for CT scan

Summary (Q3 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Priority 4: 28 Days	Combined	
	90.97%	65.44%	65.12%	73.04%	77.29%



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).

As with MRI performance, long CT wait times are due to increased demand within Central LHIN. Demand for CT services continue to increased 6% over the previous fiscal year FY15/16. In 2015/16, the LHIN funded $1.7M and the hospitals funded an additional $2.7M in additional volumes in CT and the LHIN was unable to achieve the provincial CT target.

Initiatives implemented to address the demand are as follows:
- Central LHIN allocated $1.2M of Urgent Priorities Funding as of February to support an improvement in wait times.
- Several Central LHIN hospitals continue to allocate global funding to CT hours, including portions of new non-HSFR base funding received in FY16/17.
- Hospitals have capacity to do more volumes but without an increase in funding, are challenged to do so.

There are several **proposals pending review.** Approval of these proposals will help with demand and improve efficiency.

- 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. Reallocating the machine will allow patients to access CT scans sooner. This proposal was submitted to the Ministry in September 2016.
- Stevenson Memorial Hospital submitted a request to the LHIN to replace an 8 year old CT machine . The proposals were submitted to the Ministry in December 2016.
- Southlake has been working with the LHIN and Ministry on a Diagnostic Imaging renovation project.

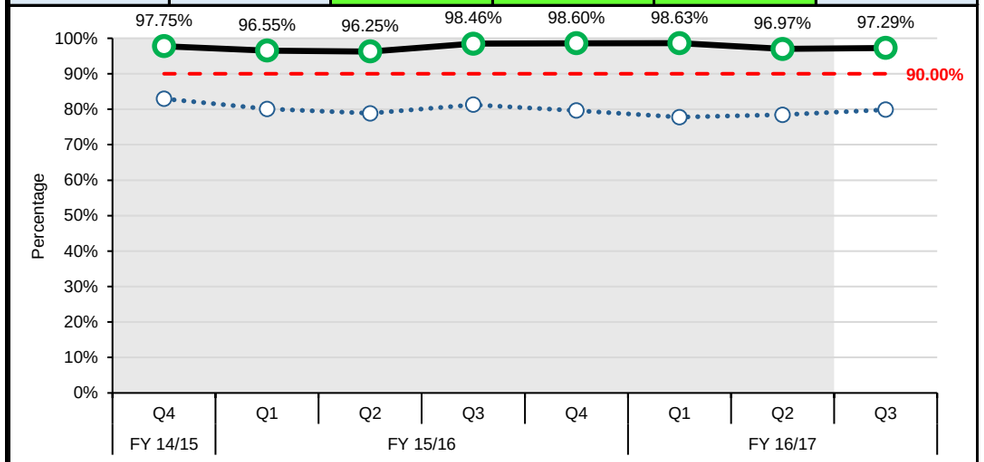
Central LHIN

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 (Q3 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	100.00%	96.82%	97.29%	79.86%



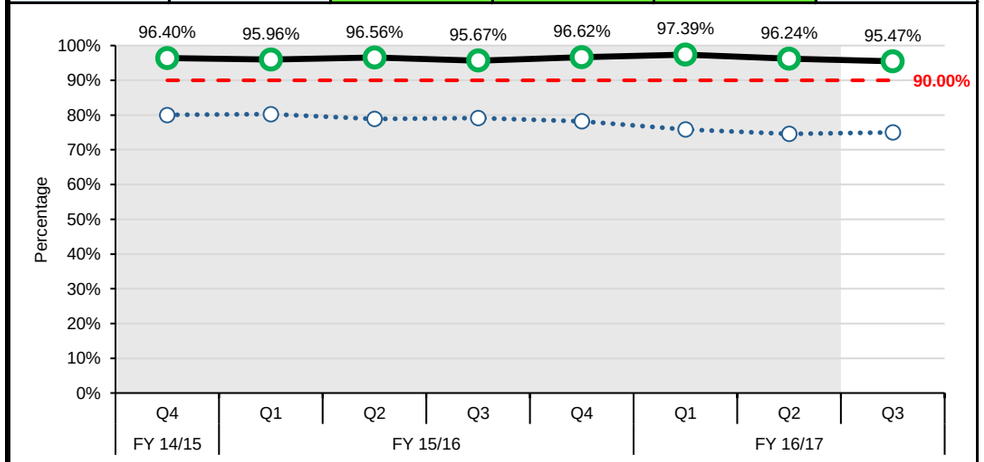
LHIN COMMENTS

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 anticipates performance to remain better than the provincial target and will continue to sustain existing initiatives. 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 (Q3 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	97.56%	95.15%	95.47%	75.03%



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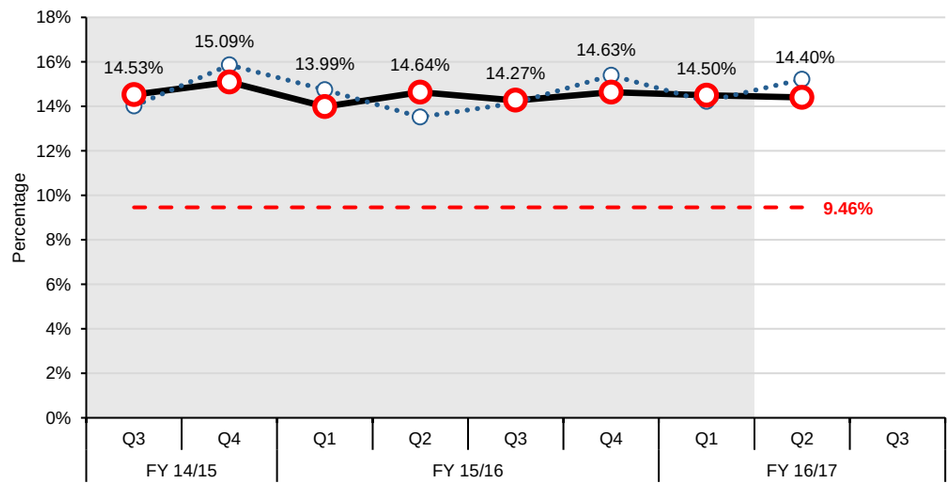
Central LHIN

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 (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	14.40%	15.22%	9.46%



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3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

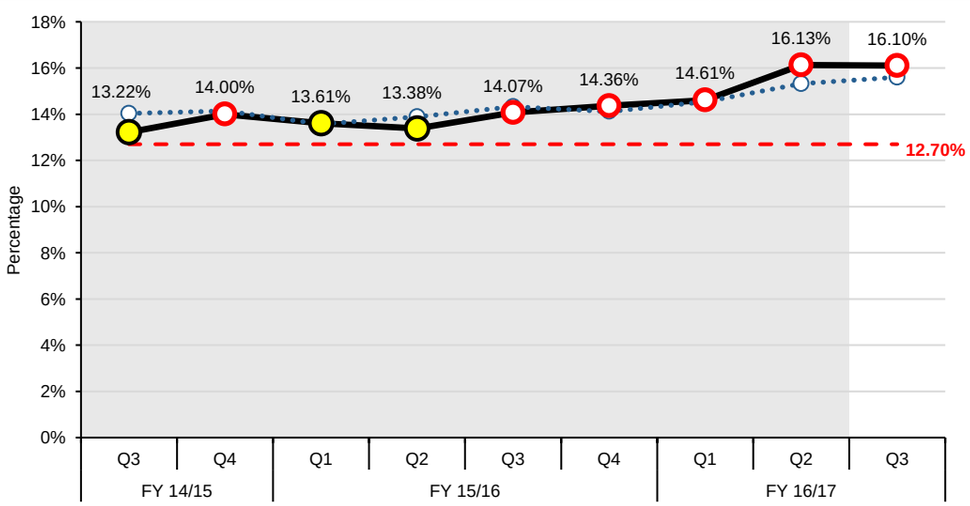
1 a) The Percentage of ALC Days in Central LHIN is relatively stable at 14.4% in Q2 FY16/17. Long Term Care (LTC) Home, Home with CCAC Services and inpatient rehab remain the top 3 discharge destinations for ALC patients. **Central LHIN has the second lowest rate of LTC beds per capita in the province and has the highest population of seniors in the province.** Central LHIN LTC Homes are at near maximum capacity (approximately 99% occupancy) with over 5000 patients awaiting placement and growing. Patient choice for limited homes, choice for long wait homes, and crisis placements from the community are factors that contribute to the long wait lists for LTC beds in Central LHIN.

b) Central LHIN is engaged with the Rehabilitative Care Alliance (RCA) to implement definition frameworks for rehabilitative care. In addition, the Central LHIN ALC Collaborative is working on several initiatives, including:
- Implementation of a standardized pathway for engaging substitute decision makers (SDM) and internal escalation for transitioning ALC patients.
- Phased implementation of an electronic ALC Dashboard across Central LHIN hospitals to support an efficient discharge planning process.
- Implementation of the Behavioral Support Transition Resource (BSTR) for early identification and able to stabilize of patients with cognitive impairment and/or responsive behaviors within the hospital setting.
- Redesign of standard processes and pathways for discharge which include piloting a new Integrated Care Coordinator (ICC) role.
- Establishing an outpatient stroke/neurological rehab clinic at Southlake Regional Health Centre (SRHC) to enhance rehab capacity in an outpatient setting.
- Developing and implementing a standardized ALC-Rehab referral pathway to facilitate the communication and transfer of ALC patients waiting for a rehab bed.
- Implementing alternatives to "bricks and mortar" LTC Homes such as enhanced assisted living and enhanced adult day programming.

2. The highest contributors to this indicator in Q2 FY16/17 were Humber River Hospital (HRH) at 17.8% and North York General Hospital (NYGH) at 14.8%.
- HRH: In Q2 FY16/17, 44 long stay patients were discharged from HRH, which included 2 long stay patients with >300 ALC days. Approximately 67% of total ALC days in this quarter were for patients discharged to LTC.
- NYGH: In Q2 FY16/17, 26 long stay patients were discharged from NYGH, including 2 patients with >300 ALC days. Approximately 42% of total ALC days in this quarter were for patients discharged to LTC.

ALC rate

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	16.10%	15.60%	12.70%



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1 a) As with the challenges outlined in the Percentage of alternate level of care (ALC) days, the majority of ALC cases are waiting for LTC placement. Additionally, all Central LHIN hospitals experienced an increase in inpatient activity from December 2016 to January 2017 primarily due to holiday season and respiratory illnesses. In Q3, 17 LTC Homes within the Central LHIN went on Outbreak with a total of 253 days in Outbreak. These situations limit the outflow of patients from hospitals and contribute to the ALC Rate.

b) Please see response to question 1b) above

2. In Q3 FY16/17, ALC Rate has increased in 3 hospitals sites, and decreased in 3 hospital sites when compared to Q2 FY16/17. The key drivers in this quarter continue to be NYGH (17.9%) and HRH (16.4%) despite performance at both facilities having improved from Q2 2016/17 (19.1% at NYGH; 17.7% at HRH).
- NYGH: There was an increase in the number of open ALC cases in Q3 FY16/17 (N=88) compared to Q2 FY16/17 (N=82). Access to LTC Home and rehab beds remains a challenge at NYGH (39% waiting for LTC Home; 25% waiting for Rehab).
- HRH: The number of open ALC cases in Q3 FY16/17 (N=87) is consistent with Q2 FY16/17 (N=87). Access to LTC Home beds continue to be the primary challenge at HRH, where 76% of open ALC cases in Q3 FY16/17 were awaiting LTC Home placement.

3. The Central LHIN does not expect to meet the provincial target in FY16/17 but will continue to focus on areas for improvement.

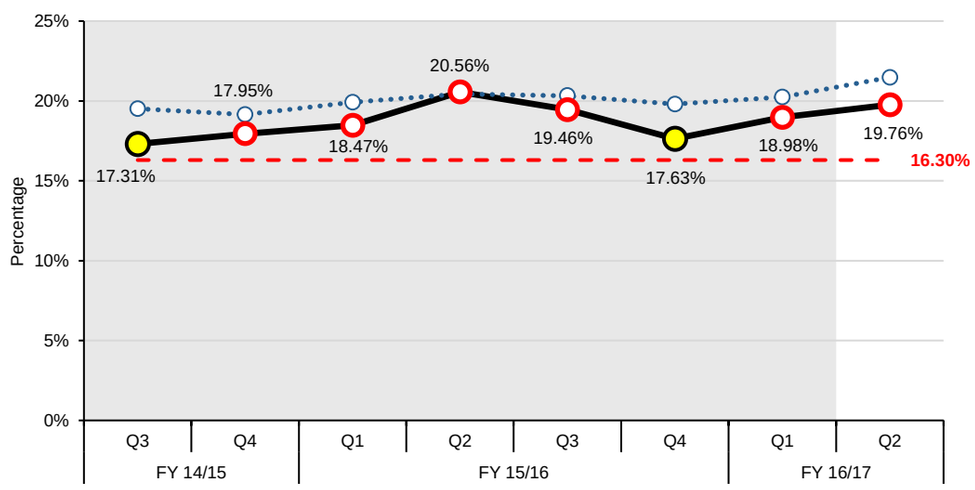
Central LHIN

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 (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	19.76%	21.48%	16.30%



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2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, 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?

1. a) Central LHIN's overall performance for revisits within 30 days for mental health conditions was worse in Q2 FY16/17 than the previous quarter. All the factors outlined in question 2 negatively impacts the LHIN's overall performance for this indicator.

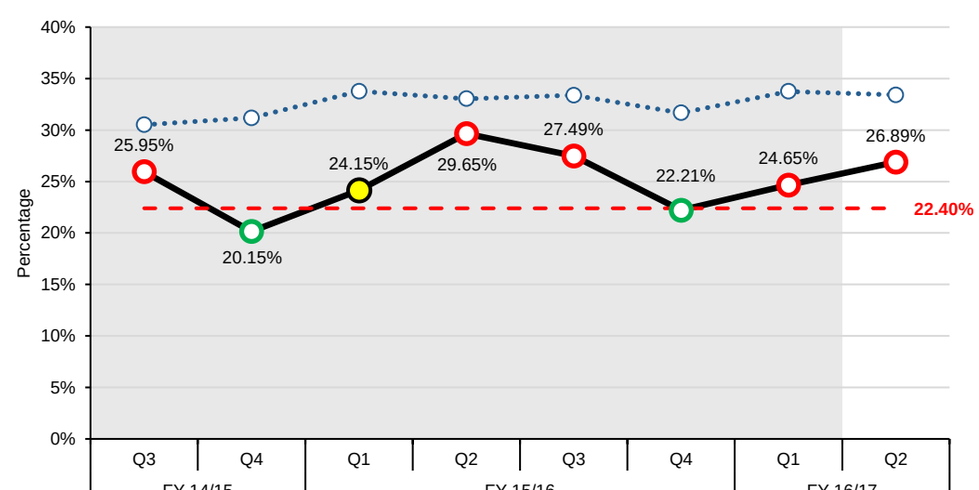
b) Central LHIN will continue to monitor and support the following pilot programs:
- SRHC is piloting a mental health discharge clinic and offering inpatients an appointment at the clinic within 30 days of the ED visit. The goal is to reduce readmission rates and preliminary analysis shows positive results.
- NYGH re-launched their ED Diversion Program where identified ED patients receive short-term case management.
- MH extended the patient's treatment period in outpatient programs leading to improved outcomes.
- Central LHIN's two MHA Coordinated Access Centres have launched pilot programs with the goal to improve access to community short term supports.
- Central LHIN will continue to work with the leadership of Psychiatry and hospital EDs as well as Health Service Providers to identify further opportunities for improvement.

2. - SRHC showed a decrease in repeat ED visits in this quarter. The hospital specifically targeted users who were admitted to hospital with mental health conditions. In April 2016, the hospital opened a discharge clinic and provided discharged mental health patients with a psychiatrist appointment within 30 days. To date, no readmissions were found for the patients who use this service. However, mental health patients who refuse to have a psychiatrist appointment after discharge remain a challenge in Central LHIN.
- HRH formed a partnership/collaboration with Cota to provide community supports (including short-term case management and peer support workers) for mental health patients who are discharged from the ED.
- MH experienced an increase in repeat ED visits in this quarter from 17.18% in Q1 to 21.79% in Q2. The three main contributors for lower performance were i. patients left ED against medical advice and subsequently return back to ED, ii. patients unable to be assessed and receive care in the community setting due to long waits and iii. pressure on mental health beds in hospital may have led to early discharges.

3. Although Central LHIN has not met the provincial target, Central LHIN's performance is better than provincial performance. Central LHIN will continue to monitor performance.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	26.89%	33.41%	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 facility-level issues and supporting data (hospital, CCAC, 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?

1. a) Central LHIN's overall performance for revisits within 30 days for substance abuse conditions was worse in Q2 FY16/17 than the previous quarter, however it is better than provincial performance. All the factors outlined in question 2 negatively impacts the LHIN's overall performance for this indicator.

b) Central LHIN continues to fund various initiatives to reduce the number of repeat ED visits however, most hospitals saw an increase in readmission rates for substance abuse this quarter. Hospitals report that many patients do not follow-up with referrals for addiction services once they leave the hospital, this was due to the nature of addictions and patient readiness for change, . As well, there is a lack of available community addiction services resulting in long waits for clients wanting the assistance.

2. Facility specific reviews are as follows:
- HRH had an increase in repeat ED visits in this quarter. Substance abuse (SA) patients visit ED only for short term treatment and did not utilize community Mental Health and Addiction programs for long-term treatment. The hospital is working on building a better relationships with repeat SA patients and encouraging them to accept/follow through with post discharge plans during their hospital stay. The hospital is connecting to Access to Resources & Community Support (ARCS) services for this population as well.
- MH had an increase in repeat ED visits in this quarter. The hospital continues to encourage patients to utilize the community program with ASYR. Another challenge for MH is the long wait list for community resources where patients were not be able to be assessed in a timely manner. The hospital is working with CMHA ACTT and Streamline access to establish a model to decrease time from referral to assessment. In addition, the hospital opened a child and adolescent UCC to reroute visits to the clinic from ED, and have started a new program to provide additional supports in the community setting post discharge.
- NYGH has recently added an addictions case manager, and is piloting a drop-in addictions group for patients from the ED, in-patient, and UCC re-route which may have contributed to the improvement for this quarter.

3. Although Central LHIN has not met the provincial target, Central LHIN's performance is better than provincial performance. Central LHIN will continue to monitor

Ontario

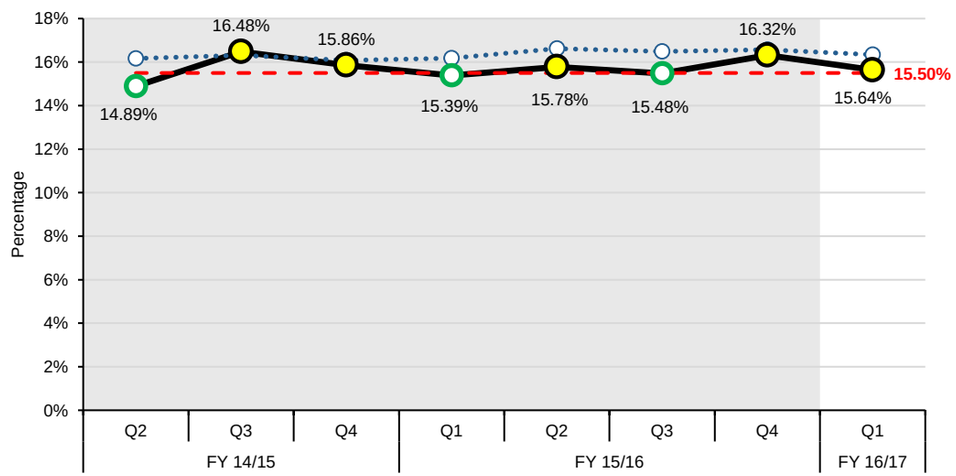
Central LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

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

Readmissions within 30 days for selected HIG conditions

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	15.64%	16.34%	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 is slightly lower than the provincial target of 15.50% (15.64%), however the performance is better than last quarter (16.34%). Below are initiatives and notes regarding LHIN funded performance:

- Central LHIN continues to monitor and support the LHIN-funded Telehomecare (THC) program. The THC program is focused on Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) and has demonstrated benefits for both the client and the health care system including decreased hospital readmissions, utilization of EDs, and reduced LOS when admission is necessary. Outreach to both hospitals and primary care providers to promote the program have been a focus for the LHIN Engagement Lead. Based on targeted number of enrollments, the Central LHIN has the largest program in the province with a target of 815 enrollments in fiscal year 16/17.

- Central LHIN continues to support two COPD clinics in the Community Health Centers (CHCs). Both CHCs are working on several initiatives to promote knowledge and education to facilitate behavior changes and self-management for patients diagnosed with this condition.

- Over 380 exercise and 240 falls prevention classes for seniors have been implemented in the Central LHIN. Twenty classes have been designated "Breathe Better" classes, tailored for seniors at risk of COPD and/or CHF.

- Central LHIN is supporting the implementation of Quality Based Procedures (QBPs) and the adoption of best practice pathways for patients with COPD, CHF, Pneumonia and Stroke.

- Central LHIN continues to support 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**. The first year of the pilot has already resulted in improved clinical outcomes for patients enrolled in both projects, including reduced length of stay in hospital, a reduction in the percentage of Emergency Department visits, and a decrease in the percentage of hospital readmissions.

- The Canadian Best Practices Recommendations for Stroke Care, stroke patients should be admitted to a dedicated acute stroke unit. Mackenzie Health (MH), North York General Hospital (NYGH) and Humber River Hospital (HRH) are meeting this best practice while Southlake Regional Health Centre (SRHC) and Markham-Stouffville (MSH) are in the process of implementing a dedicated acute stroke unit. SRHC has opened a new outpatient stroke/neurological rehab clinic to provide outpatient rehab services to individuals who have suffered an acute neurological event. . Central LHIN is also actively engaged with neighbouring GTA LHINs in developing a common community model for rehabilitative stroke care.

- The number of Health Links patients with Coordinated Care Plans in Central LHIN continues to increase. However, continuity of care remains a challenge with the lack of an integrated technology solution.

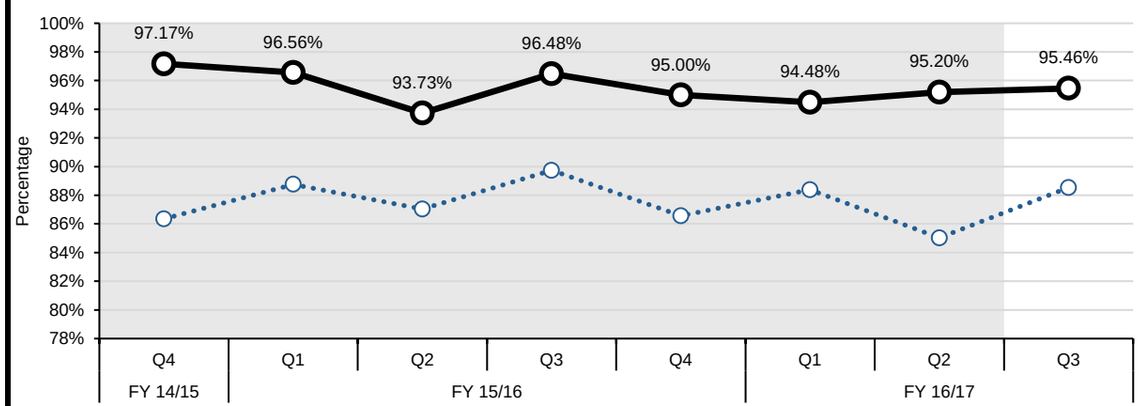
Central LHIN

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)

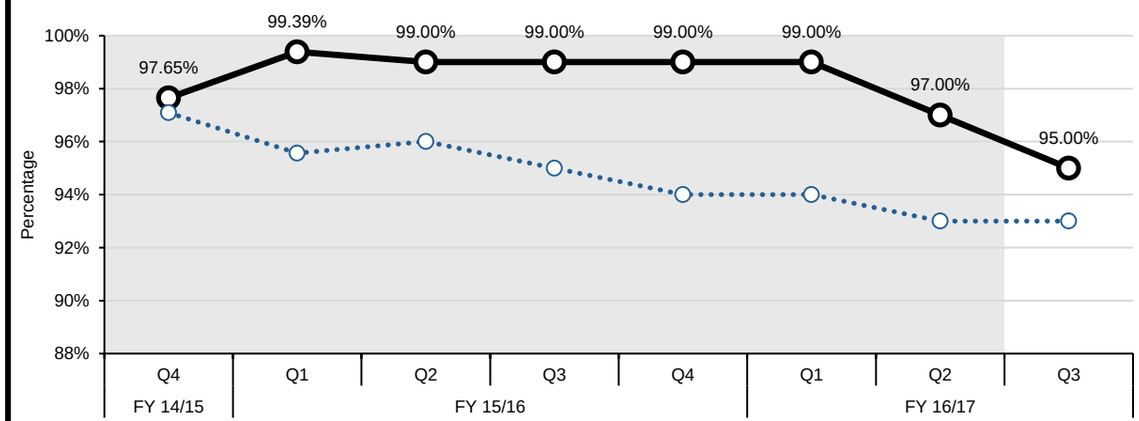
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery

Summary (Q3 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 28 Days	Priority 4: 84 Days	Combined	
	84.00%	94.40%	98.74%	95.46%	88.53%



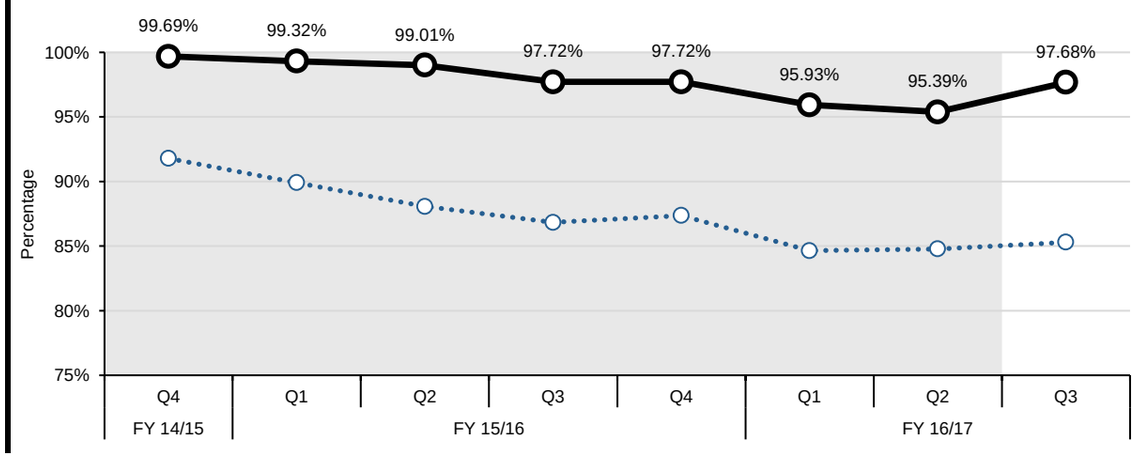
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery

Summary (Q3 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 42 Days	Priority 4: 90 Days	Combined	
	99.00%	93.00%	91.00%	95.00%	93.00%



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

Summary (Q3 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	100.00%	97.59%	97.68%	85.30%



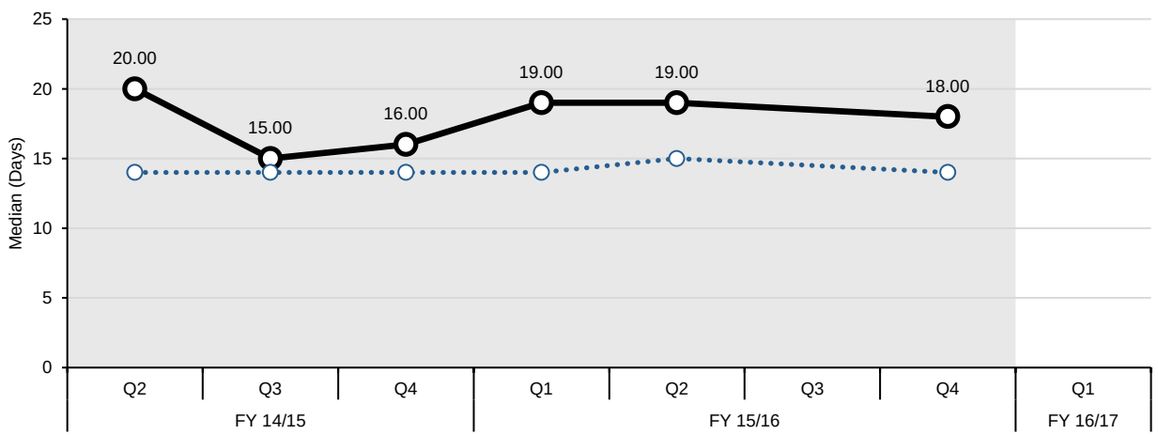
Central LHIN

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)

CCAC wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

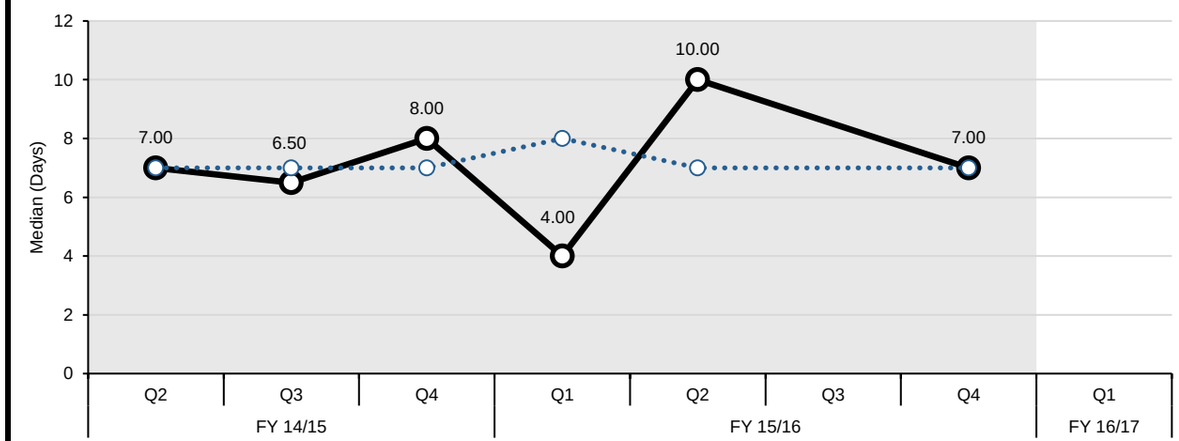
Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance
	NR	NR



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

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

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance
	NR	NR



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

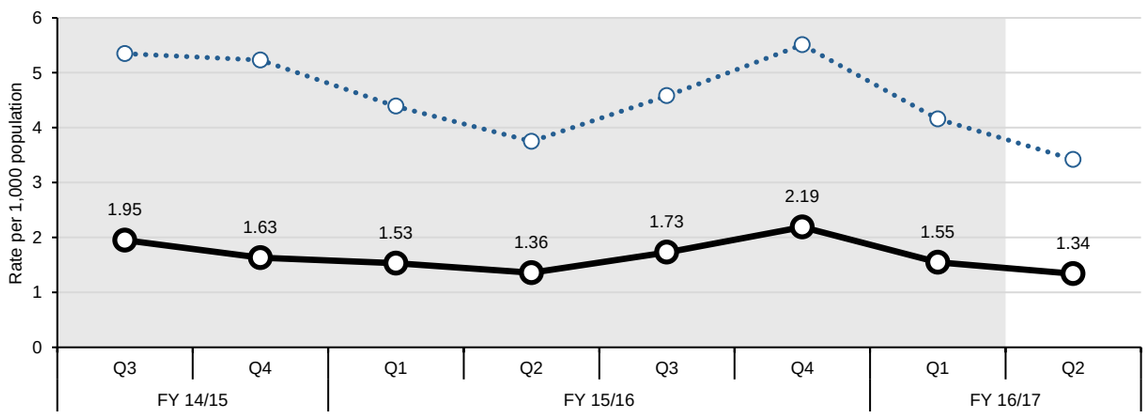
Central LHIN

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)

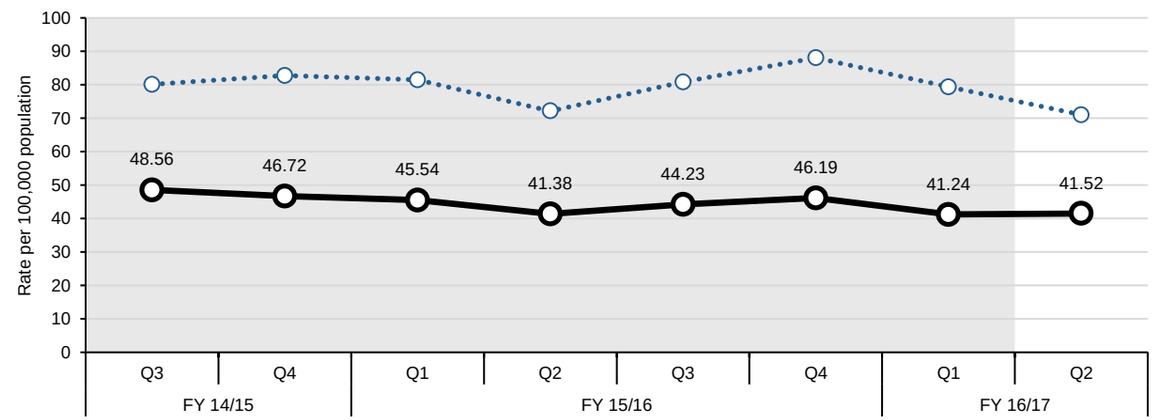
Rate of emergency visits for conditions best managed elsewhere

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	1.34	3.42



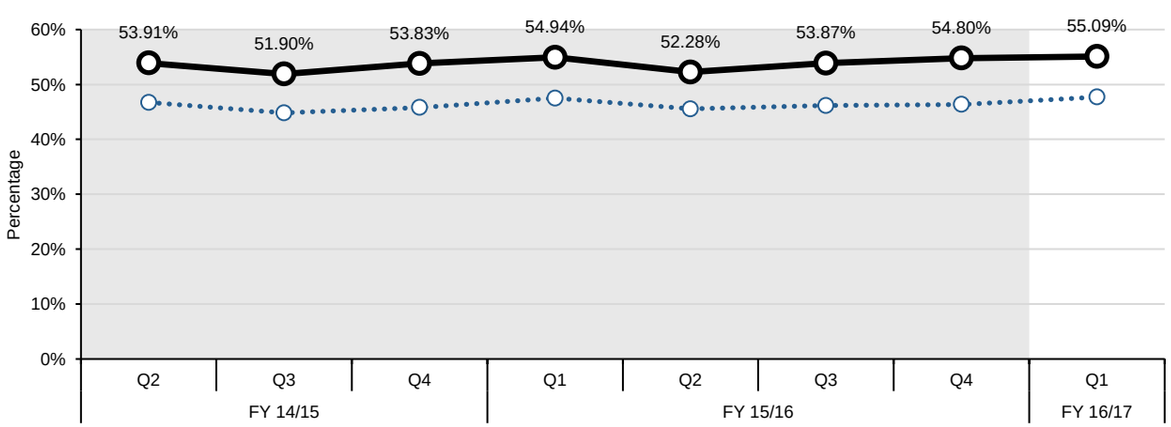
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	41.52	71.02



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

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance
	55.09%	47.70%



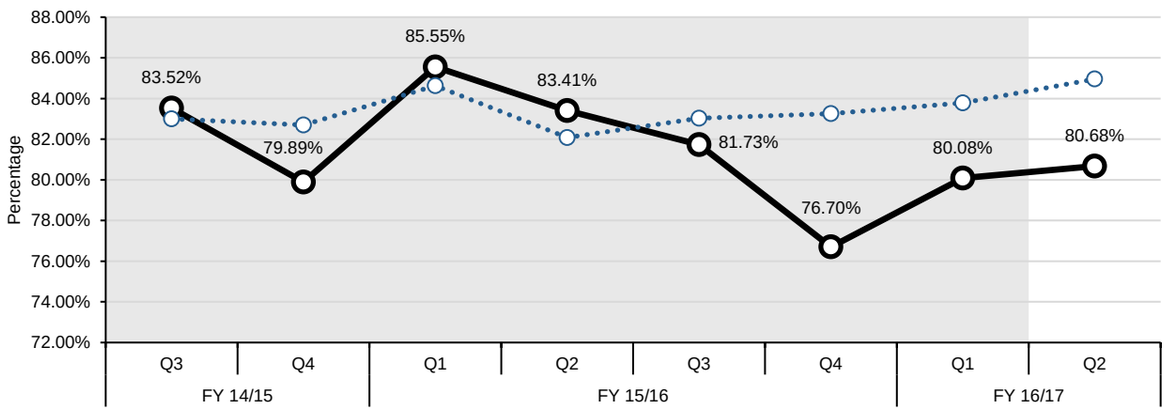
Central LHIN

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 (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	80.68%	84.95%



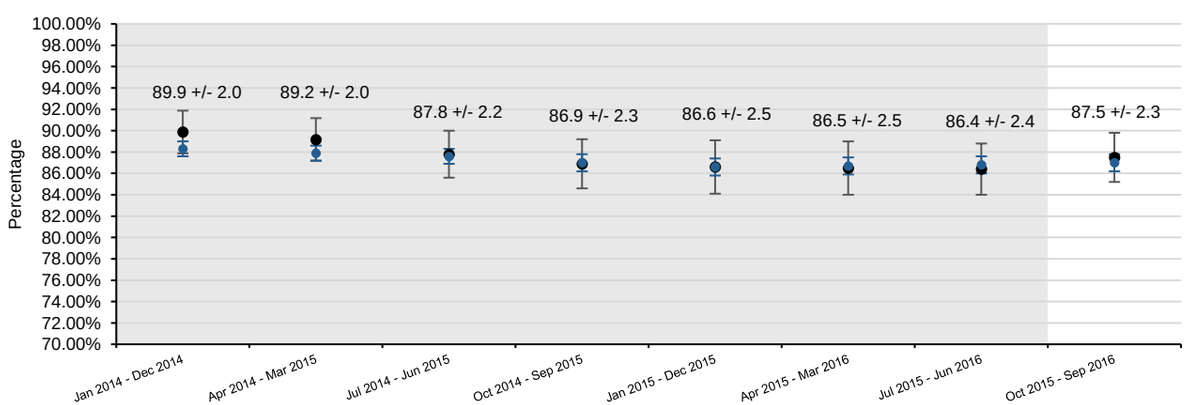
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Oct 2015 - Sep 2016)	LHIN Performance	Provincial Performance
	87.5% +/- 2.3%	87.0% +/- 0.8%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

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	Q2 16/17	95.00%	87.09%	92.77%	87.86%	86.22%	87.64%	90.64%	90.71%	86.55%	91.10%	85.98%	86.13%	80.84%	85.23%	85.34%	93.10%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q2 16/17	95.00%	94.93%	95.79%	92.08%	94.36%	95.26%	96.26%	96.28%	94.03%	95.76%	96.50%	93.98%	94.62%	92.85%	94.92%	95.42%
90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)	Q2 16/17	21.00 Days	32.00	28.00	24.00	14.00	30.00	24.00	36.00	26.00	35.00	52.00	22.00	31.00	52.50	41.00	27.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q3 16/17	8.00 Hours	10.47	9.48	7.87	7.35	15.43	10.75	10.47	13.22	10.45	10.67	9.43	10.98	9.02	8.28	9.77
90th percentile ED length of stay for minor/uncomplicated patients	Q3 16/17	4.00 Hours	4.12	4.17	3.62	4.20	4.53	3.78	3.77	4.62	3.52	4.07	4.45	4.57	4.13	3.85	4.17
Percent of priority 2, 3 and 4 cases completed within access target for MRI scan	Q3 16/17	90.00%	39.37%	38.98%	54.23%	26.85%	32.51%	45.93%	23.12%	31.82%	40.86%	56.75%	75.74%	40.84%	21.27%	46.61%	36.32%
Percent of priority 2, 3 and 4 cases completed within access target for CT scan	Q3 16/17	90.00%	77.29%	91.52%	87.00%	83.77%	62.63%	91.92%	63.73%	63.85%	73.04%	93.50%	73.83%	79.55%	80.08%	75.33%	93.65%
Percent of priority 2, 3 and 4 cases completed within access targets for hip replacement	Q3 16/17	90.00%	79.86%	87.66%	56.80%	47.37%	74.45%	78.30%	52.47%	92.25%	97.29%	94.98%	70.93%	90.91%	80.60%	75.93%	77.05%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q3 16/17	90.00%	75.03%	72.58%	44.28%	37.46%	67.14%	61.78%	45.97%	93.01%	95.47%	87.83%	80.92%	87.45%	77.78%	79.78%	73.51%
Percentage of alternate level of care (ALC) days	Q2 16/17	9.46%	15.22%	13.89%	11.84%	12.51%	15.74%	7.99%	14.25%	12.21%	14.40%	17.52%	17.58%	13.37%	19.56%	28.20%	23.36%
ALC rate	Q3 16/17	12.70%	15.60%	16.53%	11.32%	8.96%	14.57%	6.15%	13.91%	13.21%	16.10%	24.97%	18.60%	14.64%	14.56%	23.16%	30.47%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q2 16/17	16.30%	21.48%	20.79%	18.86%	19.09%	20.20%	25.71%	18.61%	29.10%	19.76%	23.45%	20.32%	18.69%	15.29%	18.65%	17.92%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q2 16/17	22.40%	33.41%	32.24%	26.33%	29.77%	29.44%	31.86%	26.06%	42.32%	26.89%	30.10%	21.73%	26.51%	23.57%	25.84%	44.11%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q1 16/17	15.50%	16.34%	15.24%	17.12%	16.47%	16.54%	15.96%	14.62%	17.41%	15.64%	16.67%	16.66%	15.39%	15.25%	17.45%	17.69%

Central LHIN

INDICATOR 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.

90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)

1. The target is subject to change as result of the ongoing work in the area of home and community care.

Percent of priority 2, 3 and 4 cases completed within access target for MRI scan

1. Per ministry guidance, the MRI wait times data from Independent Health Facilities (IHFs) have been excluded from the calculation of LHIN and Provincial wait times

Percent of priority 2, 3 and 4 cases completed within access target for CT scan

1. Per ministry guidance, the CT Scan wait times data from Independent Health Facilities (IHFs) have been excluded from the calculation of LHIN and Provincial wait times

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.
2. The target is subject to change as a result of the ongoing work in the area of mental health and addictions

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.
2. The target is subject to change as a result of the ongoing work in the area of mental health and addictions

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 FY2015/16, an updated reference readmission ratio was calculated to adjust for the most recent 4 years incl. FY2011/12-FY2014/15; previous quarters were based on FY2010/11-FY2013/14.

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.

CCAC wait times from application to eligibility determination for long-term care home placements: from community setting and 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.