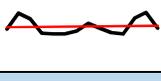
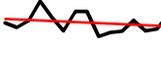
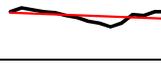


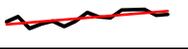
2017/18 MLAA Quarter 3 Stocktake Scorecard - CLHIN Performance

Date Produced: Feb 13, 2017; Date of Next issue: May 2017

LEGEND

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

Indicator Name	Provincial Target	Performance		Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2010/11?	Comments & CLHIN Initiatives Focused on Improving Performance	
		Central LHIN Actual	Provincial Performance						
PERFORMANCE INDICATORS									
Home and Community: Reduce wait time for home care (improve access); More days at home (including end of life care)									
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services (2016Q2)	95.00%	91.10%	87.09%	✓	3		YES	Performance for these indicators has improved compared to last quarter and the trend over time is flat to positive. Of note, a focused plan in Q4 FY15/16 by CCAC to reduce the wait list negatively impacted reported performance as clients were released from the wait list and wait times became reportable. Performance for the quarter (Q2 FY16/17) reflects the return to no wait list for high and very high needs clients. Specific improvements for each indicator were:	
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services (2016Q2)	95.00%	95.76%	94.93%	✓	5		YES	Wait time for PSS - i. Continuing to enhance communication between CCAC and contracted service providers in provisioning services for complex patients to meet a 5 day target. ii. Implementation of daily check-ins with service providers to have the first visit booked within target. The LHIN continues to target investments to the CCAC and in assisted living and PSS in the community support services sector. Nursing - The target was met this quarter. With continued improved utilization of nursing clinics and the opening of an 8th clinic in October 2016, the CLHIN expects performance to continue to meet target.	
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) (2016Q2)	21 days	35	32		10		NO	In-Home Services - Wait times for therapies (Physiotherapy, Occupational Therapy) and Personal Support Services have shortened this quarter. Of note, wait times for PSS reduced by 86 days (22 days in Q3 FY16/17 from 108 days in Q2 FY16/17). The Central CCAC has reviewed clinical pathways for Physiotherapy services to identify improvement strategies to address wait times and increase enrollment of new patients to PT services.	
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 (2016Q3)	8 hours	10.45	10.47	✓	8		YES	ED Length of Stay (LOS) performance in Q3 FY16/17 was worse than the previous quarter. All hospitals experienced ED surges in December and were challenged due to the seasonal influenza outbreak. The 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. MH and SRHC continue to experience performance challenges driven by inpatient bed availability.	
90th percentile ED length of stay for minor/uncomplicated patients (2016Q3)	4 hours	3.52	4.12	✓	1		YES	CLHIN continues to meet the LHIN target and is ranked #1 in the province on performance for this indicator.	
Percent of priority 2, 3 and 4 cases completed within access target for magnetic resonance imaging (MRI) scan (2016Q3)	90.00%	P2: 2 days P3: 2-10 days P4: 28 days	40.86%	39.37%	✓	6		YES	CLHIN MRI performance worsened this quarter compared to the previous 3 quarters. Hospitals continue to experience a significant increase in demand which has impacted wait times. Hospitals are operating efficiently based on number of scans per hour. All hospitals participate in Choosing Wisely, a provincial initiative to address demand. As of February 2017, CLHIN has allocated \$680K in Urgent Priorities Funding to support wait times improvement. Hospitals have historically contributed additional volumes through their global budget and continue to do so this year. Without an increase in base funding, the hospitals are challenged to meet the provincial target. The LHIN has supported two business cases for additional MRI machines at Humber River Hospital and Stevenson Memorial Hospital and a request to reallocate an MRI machine from Finch site to Wilson site due to the closure of the Finch site. These requests are pending approval from the ministry.
Percent of priority 2, 3 and 4 cases completed within access target for diagnostic computed tomography (CT) scan (2016Q3)	90.00%	P2: 2 days P3: 2-10 days P4: 28 days	73.04%	77.29%		11		YES	Demand for CT services continues to increase. Central LHIN allocated \$1.2M of Urgent Priorities Funding to support an improvement in wait times. Some Central LHIN hospitals continue to allocate global funding to CT hours to do more volumes. Two proposals have been sent to the MoHLTC for review and are pending a response - replacement of an 8 year old CT machine at SMH, relocation of a CT machine from HRH Finch to HRH Wilson site. In addition, Southlake has been working with the LHIN and MoHLTC on a diagnostic imaging renovation project.

Indicator Name	Provincial Target		Performance		Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2010/11?	Comments & CLHIN Initiatives Focused on Improving Performance
			Central LHIN Actual	Provincial Performance					
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement (2016Q3)	90.00%	P2: 42 days	97.29%	79.86%	✓	1		YES	CLHIN continues to meet the Hip and Knee performance targets and is ranked #1 in the province on performance for this indicator.
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement (2016Q3)	90.00%	P3: 84 days P4: 182 days	95.47%	75.03%	✓	1		YES	
Percentage of alternate level of care (ALC) days (2016Q2)	9.46%		14.40%	15.22%	✓	8		NO	ALC's performance this quarter is trending negatively. The top discharge destinations for ALC patients are LTC Homes, Home with CCAC services and Inpatient Rehab. The CLHIN established an ALC Collaborative team of CCAC, hospital and CLHIN staff to develop a system-wide approach to minimize ALC pressures and explore and implement hospital and community-based initiatives that will enhance patient flow. Q3 performance is impacted by seasonal illness resulting in 17 LTC Homes within CLHIN on Outbreak. These situations limit the outflow of patients from hospitals.
ALC rate (2016Q3)	12.70%		16.10%	15.60%		9		NO	
Health and Wellness of Ontarians - Mental Health: Reduce any unnecessary health care provider visits; Improve coordination of care for mental health patients									
Repeat unscheduled emergency visits within 30 days for mental health conditions (2016Q2)	16.30%		19.76%	21.48%	✓	8		NO	CLHIN will continue to monitor the following pilot programs: i.) A promising practice at SRHC is the implementation of a Discharge Clinic. All patients are offered 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. ii.) NYGH re-launched their ED Diversion Program where patients identified in the ED receive short-term case management. iii.) MH has been extending the patient's treatment period in outpatient programs leading to improved outcomes. iv.) CLHIN's two MHA Coordinated Access Centres have launched pilot programs which may improve access to community short term supports.
Repeat unscheduled emergency visits within 30 days for substance abuse conditions (2016Q2)	22.40%		26.89%	33.41%	✓	7		NO	NYGH recently added an addictions case manager to their staff complement with the goal to impact repeat ED visits. NYGH is also piloting a drop-in addictions group in their day hospital for patients from the ED, in-patient unit and urgent care clinic. They continue to look for ways to increase the patient readiness for change and uptake of referrals to community services. CLHIN continues to work with the leadership of Psychiatry and EDs of CLHIN hospitals as well as our Health Service Providers to identify opportunities for improvement.
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions									
Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions (2016Q1)	15.50%		15.64%	16.34%	✓	5		NO	COPD and CHF have the highest readmission rates of all selected HIG conditions. Performance has improved to near provincial target. CLHIN continues to monitor and support the LHIN-funded Telehomecare program which is focused on COPD and CHF. The LHIN has the largest Telehomecare program in the province with a target of 920 enrolments in FY 16/17. CLHIN continues to support the implementation of COPD/CHF QBPs and adoption of best practice pathways. Two COPD clinics are expanding outreach to primary care to increase referrals. The LHIN is monitoring these programs which are showing improved adoption and meeting or exceeding target readmission rates. CLHIN continues to support the Integrated Funding Model pilot: The North York Central Collaborative for COPD and CHF Patients.

Stocktake Performance Indicator Definitions (2015 - 2018)

Target
(FY 2016-2017)

Dimension Indicator Name and Definition

Rationale

Dimension	Indicator Name and Definition	Rationale	Target (FY 2016-2017)
Performance Indicators	Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date they were authorized for personal support services		
	Percentage of clients with complex needs who received CCAC in-home <u>personal support service</u> within the five day target.	Improving wait times and the quality of the home care system is a key government priority for the 600,000 people receiving home care in Ontario, 60% of whom are over 65 yrs old. - <i>A higher value is desirable</i>	95%
	Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services		
	Percentage of clients who received CCAC in-home <u>nursing</u> service within five day target.	Improving wait times and the quality of the home care system is a key government priority for the 600,000 people receiving home care in Ontario, 60% of whom are over 65 yrs old. - <i>A higher value is desirable</i>	95%
	90th percentile wait time from community CCAC in-home care services from application to first service		
	90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management).	Improving wait times and the quality of the home care system is a key government priority for the 600,000 people receiving home care in Ontario, 60% of whom are over 65 yrs old. - <i>A lower value is desirable</i>	21 days
Performance Indicators	90th percentile emergency department (ED) length of stay for complex patients		
	The total ED length of stay where 9 out of 10 complex patients who are <u>admitted and non-admitted</u> , completed their visits.	Reducing the time people spend in the ED is a key government priority - <i>A lower value is desirable</i>	8 hours
	90th percentile ED length of stay for minor/ uncomplicated patients		
Performance Indicators	The total ED length of stay where 9 out of 10 minor/uncomplicated <u>non-admitted patients</u> , completed their visits.	Reducing the time people spend in the ED is a key government priority - <i>A lower value is desirable</i>	4 hours
	Percent of priority 2, 3, and 4 cases completed within access targets for MRI scans		
	The percent of cases completed within each priority target as follows: Priority 2: 2 days; Priority 3: 10 days; Priority 4: 28 days.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%
	Percent of priority 2, 3, and 4 cases completed within access targets for CT scans		
	The percent of cases completed within each priority target as follows: Priority 2: 2 days; Priority 3: 10 days; Priority 4: 28 days.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%
	Percent of priority 2, 3, and 4 cases completed within access targets for hip replacement		
	The percent of cases completed within each priority target as follows: Priority 2: 42 days; Priority 3: 84 days Priority 4: 182 days.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%
Percent of priority 2, 3, and 4 cases completed within access targets for knee replacement			
The percent of cases completed within each priority target as follows: Priority 2: 42 days; Priority 3: 84 days Priority 4: 182 days.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%	
Percentage of Alternate Level of Care (ALC) days			
The number of ALC days as a proportion of the total length of stay in <u>acute care</u> .			
ALC refers to the number of days where a physician has indicated that a patient occupying an acute care hospital bed but does not require the intensity of resources/ services provided in acute care (ALC) as a proportion of the total length of stay in acute care.	A reduction in ALC days results in more acute care beds being available for those who need acute treatment. - <i>A lower value is desirable</i>	9.46%	

Stocktake Performance Indicator Definitions (2015 - 2018)

Target
(FY 2016-2017)

Dimension Indicator Name and Definition

Rationale

		12.70%
		16.30%
		22.40%
		15.50%

Performance Indicators

Dimension	Indicator Name and Definition	Rationale	Target (FY 2016-2017)
SYSTEM INTEGRATION AND ACCESS	Alternative Level of Care (ALC) rate		
	The proportion of inpatient days in <u>acute and post-acute care</u> settings that are spent as ALC in a specific time period. Post-acute care settings include: inpatient rehab, inpatient complex continuing care and inpatient mental health. Includes all patients that were inpatients during the specific time period and not just discharged patients (i.e. open and closed cases). For closed cases, only the ALC days that fall within the specific time period are included, and not the total length of stay.	A reduction in ALC days results in more acute and post-acute care beds being available for those who need acute and post-acute care treatment. - <i>A lower value is desirable</i>	12.70%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH	Repeat unscheduled emergency visits within 30 days for mental health conditions		
	Percent of repeat emergency visits following a visit for a mental health condition within 30 days. This indicator is presented as a proportion of all mental health emergency visits.	Repeat emergency visits generally indicate premature discharge or a lack of coordination with post-discharge care. Given the chronic nature of the mental health and substance abuse conditions, access to effective community services should reduce the number of repeat unscheduled emergency visits for residents. - <i>A lower value is desirable</i>	16.30%
SUSTAINABILITY AND QUALITY	Repeat unscheduled emergency visits within 30 days for substance abuse conditions		
	Percent of repeat emergency visits following a visit for a substance abuse condition within 30 days. This indicator is presented as a proportion of all substance abuse emergency visits.	Given the chronic nature of the mental health and substance abuse conditions, access to effective community services should reduce the number of repeat unscheduled emergency visits for residents. - <i>A lower value is desirable</i>	22.40%
	Readmissions within 30 days for selected HBAM Inpatient Grouper (HIG) conditions		
	Risk-adjusted readmission ratio for patients with an acute inpatient hospital stay for the following conditions who have a subsequent non-elective readmission within 30 days after discharge: Acute myocardial infarction, Cardiac conditions (excluding heart attack), Congestive heart failure, Chronic obstructive pulmonary disease, Pneumonia, Diabetes, Stroke, and Gastrointestinal disease.	Readmission rates are important indicators of the quality of care of inpatient and peri-discharge services, particularly as hospitals move to shorter lengths of stay and improving integration across the continuum of care. - <i>A lower value is desirable</i>	15.50%