MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: Central LHIN

REPORT DATE: February 2018

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

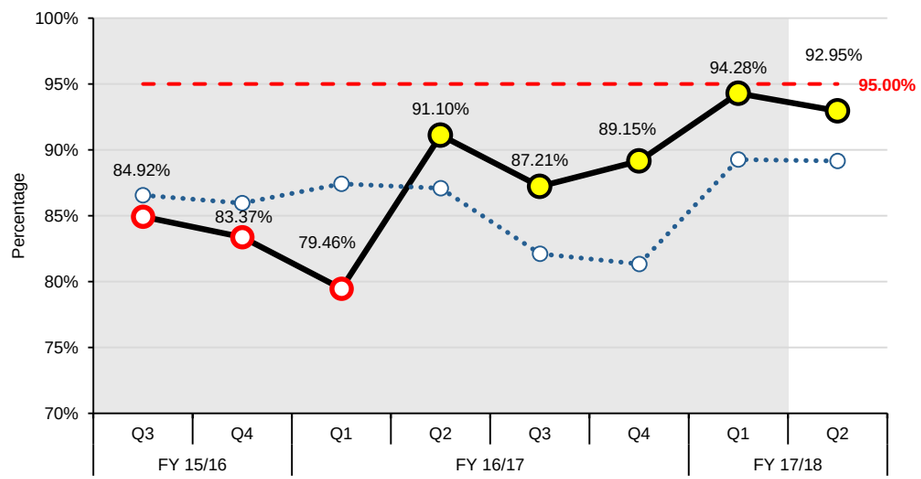
Central LHIN

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 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	92.95%	89.16%	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?

1 a) Although performance decreased slightly in Q2 FY 17/18, the Central LHIN has performed above the provincial average for the past 5 quarters. The decrease in performance for this quarter is partly caused by the fluctuation in the demand for personal support for both complex and non-complex clients. Total clients requiring personal support decreased in Q2, but the volume of complex clients increased relative to the prior period making it more challenging to retain personal support workers.

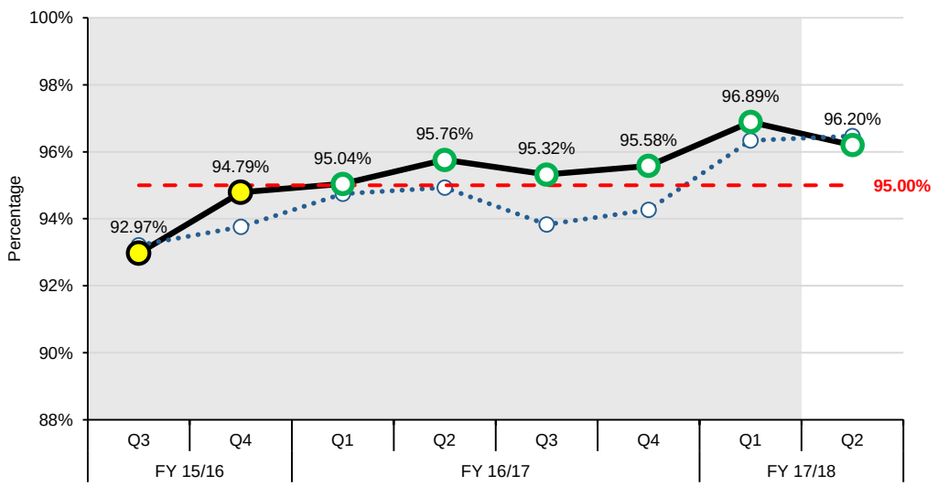
b) The Central LHIN continues to review each complex patient that has not met the target and works closely with Service Provider Organizations to implement corrective actions.

2. The 90th percentile wait times from authorization to service for personal support has remained consistent at 5 days for the past two quarters. The decrease in performance in Q2 is the result of 3 complex clients who did not receive their service within the targeted 5 days.

3.The Central LHIN is continuing to work towards meeting the target by the end of FY 2017/18.

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 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	96.20%	96.47%	95.00%



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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 Central LHIN has met the provincial target for the past 6 quarters and continues to sustain the improvements implemented over the past several quarters.

b) The LHIN continues to monitor this measure on a weekly basis to ensure that the performance is sustained.

2) The 90th percentile wait time from authorization to service for nursing services has remained consistent at 3 days for the past two quarters.

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

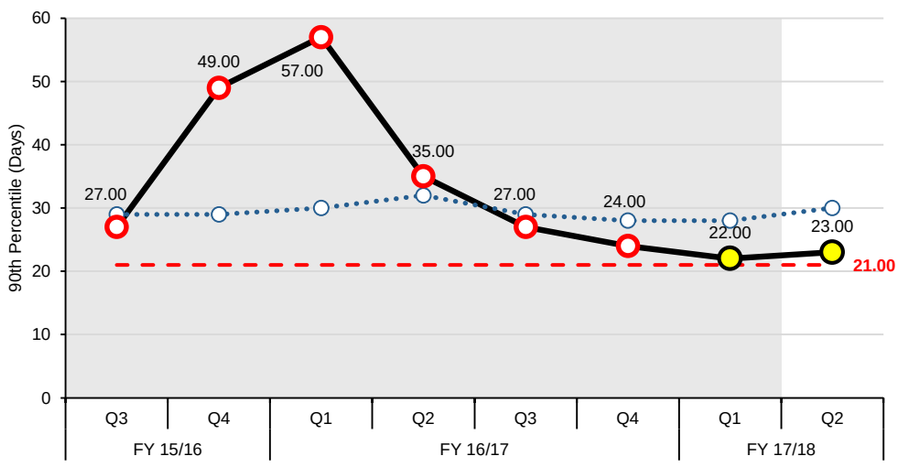
Central LHIN

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 (Q2 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	23.00 Days	30.00 Days	21.00 Days



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

1a) In Q2FY 17/18, the Central LHIN focused on reinforcing, monitoring, and evaluating the multiple improvement strategies implemented in the previous quarter to understand if the improvement efforts to-date were sustainable and sufficient to meet the target. Although these strategies did not further improve performance in Q2, the Central LHIN continues to outperform the provincial average and ranks fourth among LHINs.

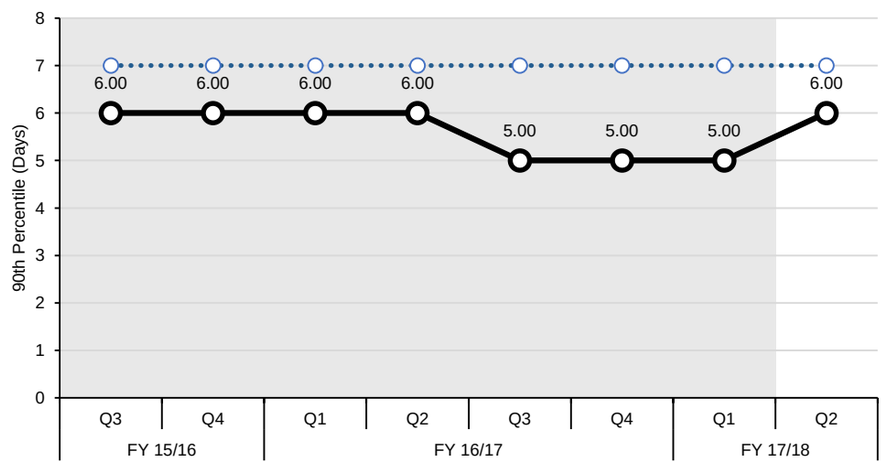
b) For every client whose wait time was over the target, the Central LHIN audited their file to understand the root causes for delays. This provided insight into areas of improvement. In Q3 FY 17/18, new improvement ideas will be generated, which will focus on addressing the primary issues identified through these audits.

2. The improvements gained from Q4 FY 16/17 to Q1 FY 17/18 for wait time from authorization to first service for the four most used service types (Nursing, Personal Support, OT and Physiotherapy) were sustained in Q2 FY 17/18.

3. The Central LHIN will continue to work towards reaching the target of 21 days by the end of FY 17/18.

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

Summary (Q2 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	6.00 Days	7.00 Days	TBD



LHIN COMMENTS

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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 Central LHIN continues to perform better than the provincial average and is currently ranked 5th among LHINs.

b) N/A

2) Better than average wait times for Short Stay Rehab and Long Stay Complex patients continues to be the driver for the sustained performance.

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

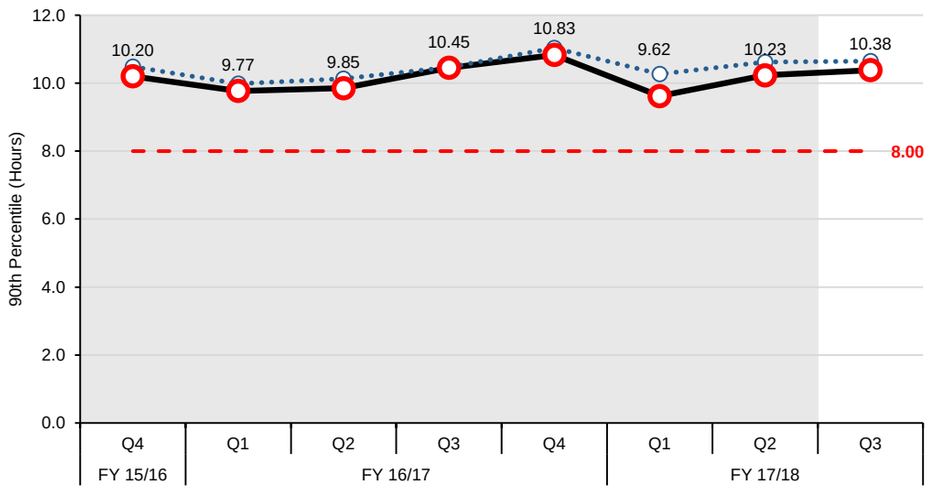
Central LHIN

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 (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	10.38 Hours	10.65 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).

The Central LHIN had the second highest ED volumes for complex patients amongst the 14 LHINs in Q3 FY 17/18. Three 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 4th), and Southlake Regional Health Centre (ranked 8th).

The Central LHIN's 90P ED length of stay (LOS) for Complex Patients increased slightly from 10.23 hrs in Q2 FY 17/18 to 10.38 hrs in Q3 FY 17/18. Initiatives have been implemented by all Central LHIN hospitals targeted at improving patient flow and ED capacity - length of stay for complex 'admitted' patients, such as increasing physician and support staffing in ED around peak volume times and improved process flows. However, capacity remains a major issue at all facilities.

The two key drivers for this indicator in Q3 FY 17/18 continue to be Mackenzie Health and Southlake Regional Health Centre.

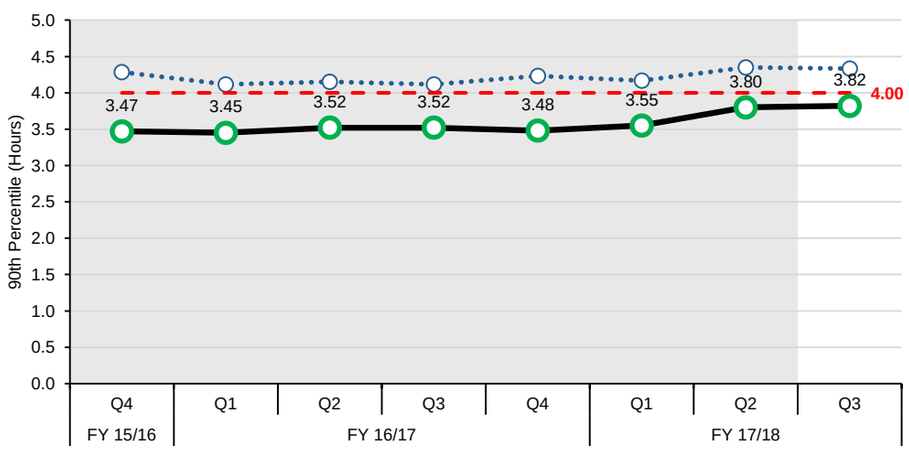
Mackenzie Health's performance declined slightly from 13.85 hrs in Q2 FY 17/18 to 14.0 hrs in Q3 FY 17/18. The hospital anticipated effects of last quarter's data quality issues would be rectified by Q4 FY 17/18 so there may be some residual effects reflected in this quarter. Bed capacity and patient flow remains a challenge for Mackenzie Health and is anticipated to continue until the new Vaughan site is built. In order to manage these challenges, the hospital continues to implement several strategies aimed at improving patient flow as well as enhancing capacity such as enhanced staffing based on patient volumes, and dedicated resources to admitted patient flow navigation.

Southlake's performance for this indicator has improved slightly from 14.0 hrs in Q2 FY 17/18 to 13.9 in Q3 FY 17/18. The hospital continues to experience challenges related to inpatient bed capacity, however has seen a slight improvement in LOS of stay for its admitted patients (37.5 hours in Q3 compared to 38.1 hours in Q2). Southlake continues to implement several strategies in order to mitigate its ongoing capacity challenges such as the ED 'overnight short stay unit', and increase of staffing for services such as phlebotomy in ED to help with patient flow.
The one-time funding from the MOHLTC for the short-term transitional care and hospital flex beds, as well as the launch of the Reactivation Care Center have helped create capacity for the Central LHIN hospitals to manage growth and continuous surge capacity issues.

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 a forum for knowledge exchange on best practices.

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

Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	3.82 Hours	4.33 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 perform better than the provincial target on this indicator, and is ranked #3 (tied with South West LHIN). A number of intiatives are in place to sustain this performance, including a focus on ED patient flow, process improvement for non-complex patients, internal protocols to identify system pressures as well as increased access to Diagnostic Imaging services.

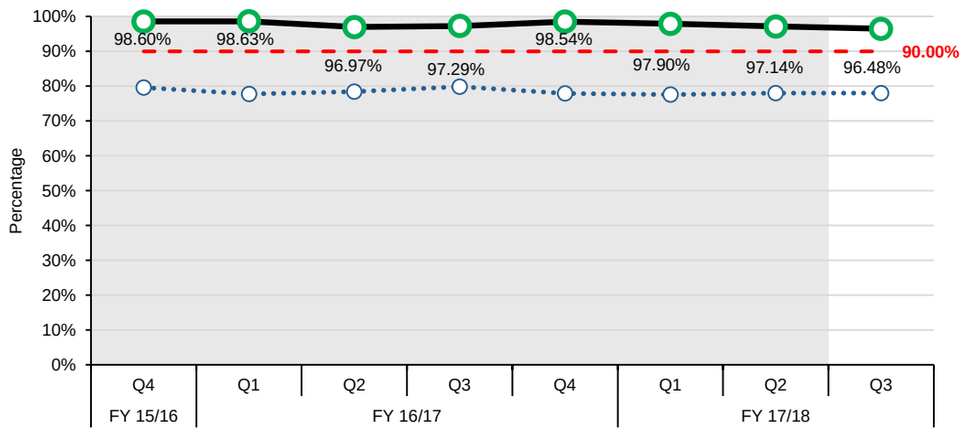
Central LHIN

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 (Q3 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	96.15%	96.71%	96.48%	78.03%



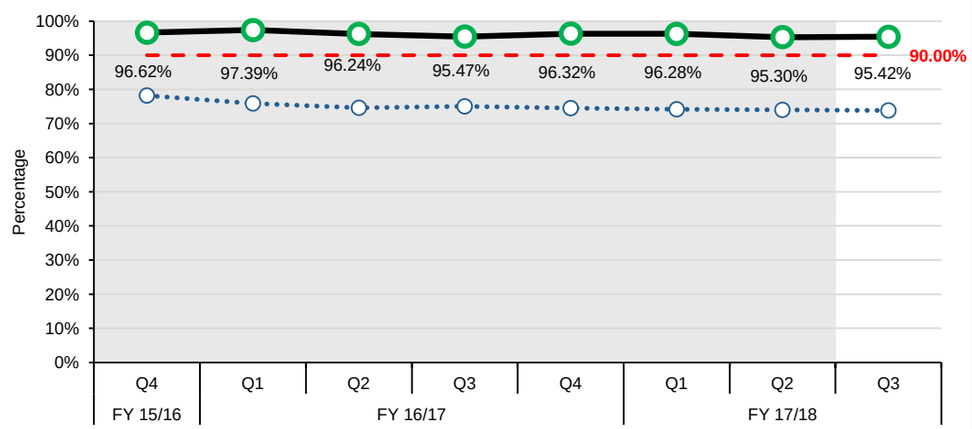
LHIN COMMENTS

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 perform better than the provincial target and anticipates performance to be sustained. 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 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	97.06%	95.22%	95.42%	73.81%



LHIN COMMENTS

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The Central LHIN continues to perform better than the provincial target and anticipates performance to be sustained. Central LHIN hospitals have implemented the QBP clinical pathway for this service.

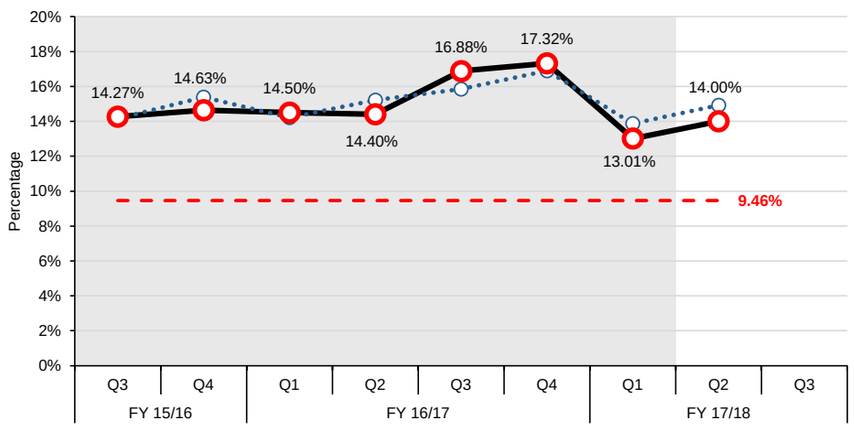
Central LHIN

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 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	14.00%	14.92%	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?
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?

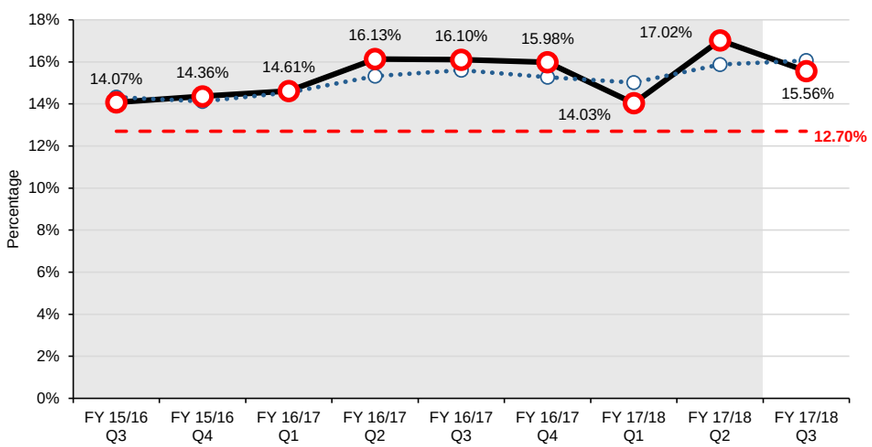
1a) The Percentage of ALC Days in Central LHIN increased from 13.01% in Q1 FY 17/18 to 14.00% in Q2 FY 17/18. In spite of this increase, the LHIN's performance for this indicator is below the provincial average for the quarter and better than that for each quarter in FY 16/17. Performance on this indicator was driven by a 7% increase in ALC Days, coupled with a minor (1%) decrease in total inpatient days between Q1 and Q2 FY 17/18.
b) The Central LHIN has allocated $375,000 in annualized base funding to the Behavioural Support Transition Resource (BSTR) program, which provides transitional support services to hospital inpatients with cognitive and/or responsive behaviours. An additional $65,000 in one-time funding has been provided by the LHIN in FY 17/18 to address BSTR program pressures and demand for services. The LHIN has funded the development and implementation of an electronic ALC Dashboard in 5 of the 6 Central LHIN hospitals. Central LHIN has funded additional capacity in Assisted Living and Enhanced and Expanded Adult Day Programs to provide patients with an alternative to LTC. The Central LHIN received $1,169,000 in one-time funding from the Ministry of Health and Long Term Care (MOHLTC), and implemented a short-term Transitional Care at Home pilot project in October 2017 that provides restorative and personal care services to patients in their homes, and facilitates transitions from acute care. Additionally, Central LHIN collaborated with its Hospitals and with Home and Community Care, to support the launch of the Reactivation Care Centre (RCC), a Central LHIN Hospitals Collaborative at the Humber River Finch Site in December 2017. This initiative has created four ALC bed units at the RCC and capacity for acute medicine inpatient beds at the corresponding Central LHIN home hospital sites. Additional acute care bed capacity will be achieved in April 2018, through the opening of an additional ALC bed unit at the RCC for the Markham Stouffville Hospital, and the transfer of 58 Rehab/CCC beds from the Mackenzie Health's Richmond Hill site to the RCC.

2. The increase for this indicator in Q2 FY 17/18 was driven by a higher number of ALC days for discharged cases at Humber River Hospital (HRH) and North York General Hospital (NYGH). The remaining 4 CLHIN hospitals generally maintained or experienced a reduction in their Percentage ALC Days when compared to Q1 FY 17/18.
- HRH: 19.6% increase for this indicator (12.16% Q1 FY 17/18; 14.55% Q2 FY 17/18) due to a 22.3% increase in the number of ALC days (4,941 ALC days in Q1 FY 17/18; 6,045 ALC days in Q2 FY 17/18) and 26.6% increase in total ALC discharges (105 ALC discharges in Q1 FY 17/18; 133 ALC discharges in Q2 FY 17/18). Of these discharges, 12 had ALC lengths of stay greater than 100 days, with the maximum between 300 and 320 days.
- NYGH: 22.1% increase for this indicator (13.82% Q1 FY 17/18; 16.88% Q2 FY 17/18) due to a 30% increase in the number of ALC days (3,945 ALC days in Q1 FY 17/18; 5,128 ALC days in Q2 FY 17/18). The volume of ALC discharges remained relatively consistent between Q1 FY 17/18 (349) and Q2 FY 17/18 (356). Of these discharges, 5 had an ALC length of stay greater than 100 days, with the maximum greater than 360 days.

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 (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	15.56%	16.06%	12.70%



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Please note that for Q1 17/18 ALC Rate, only April and May 2017 data is included, whereas June 2017 data is not reported. See Data Quality Notes for more information.
1a) The ALC Rate in Central LHIN decreased from 17.02% in Q2 FY 17/18 to 15.56% in Q3 FY 2017/18. The top 3 discharge destinations for ALC patients in Central LHIN continue to be Long-Term Care (LTC) Home, Home with Home and Community Care services, and Inpatient Rehabilitation, with the majority designated ALC to LTC. For open ALC cases in Q3 FY 17/18, 38.4% of ALC cases and 80.3% of ALC days were attributed to patients awaiting placement in LTC. Central LHIN has the second lowest ratio of LTC beds to seniors in Ontario and has the highest population of seniors in the province. Currently, the LTC bed occupancy rate in Central LHIN is approximately 99% , and this limited capacity restricts the outflow of patients from Central LHIN hospitals, negatively impacting the ALC Rate.
b) Please see response to question 1b) above.

2. When compared to Q2 FY 17/18, all Central LHIN hospitals relatively maintained or improved their performance on this indicator in Q3 FY 17/18, and 3 out of 6 Central LHIN hospitals were below or near the provincial target of 12.7%. The most notable improvements in ALC Rate were seen at Mackenzie Health (MH) and Humber River Hospital (HRH).
- MH: 14.6% decrease in ALC rate (14.4% in Q2 FY 17/18; 12.3% in Q3 FY 17/18) due to an 11.6% decrease in total ALC days (4,664 ALC days in Q2 FY 17/18 and 4,125 ALC days in Q3 FY 17/18)
- HRH: 13.2% decrease in ALC rate (15.1% in Q2 FY 17/18; 13.1% in Q3 FY 17/18) due to an 11.5% decrease in total ALC days (7,642 ALC days in Q2 FY 17/18 and 6,760 ALC days in Q3 FY 17/18)
North York General Hospital (NYGH) and Markham Stouffville Hospital (MSH) had the highest ALC Rates among Central LHIN hospitals, achieving 19.7% and 18.1%, respectively for this indicator. For both hospitals, patient flow is limited by LTC Home capacity as the majority of ALC days are attributed to patients awaiting placement in LTC.
-NYGH: 33.1% of cases and 72.5% of days attributed to patients designated ALC for LTC.
-MSH: 19.0% of cases and 76.8% of days attributed to patients designated ALC for 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.

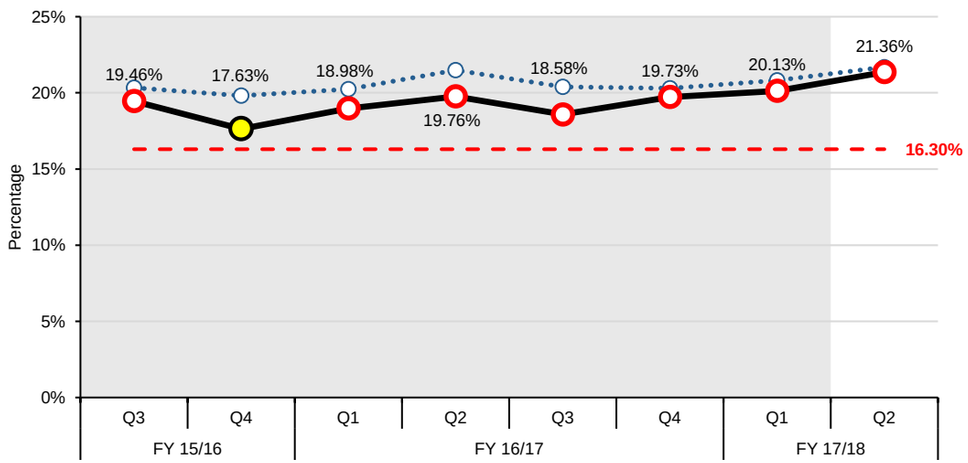
Central LHIN

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 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	21.36%	21.69%	16.30%



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

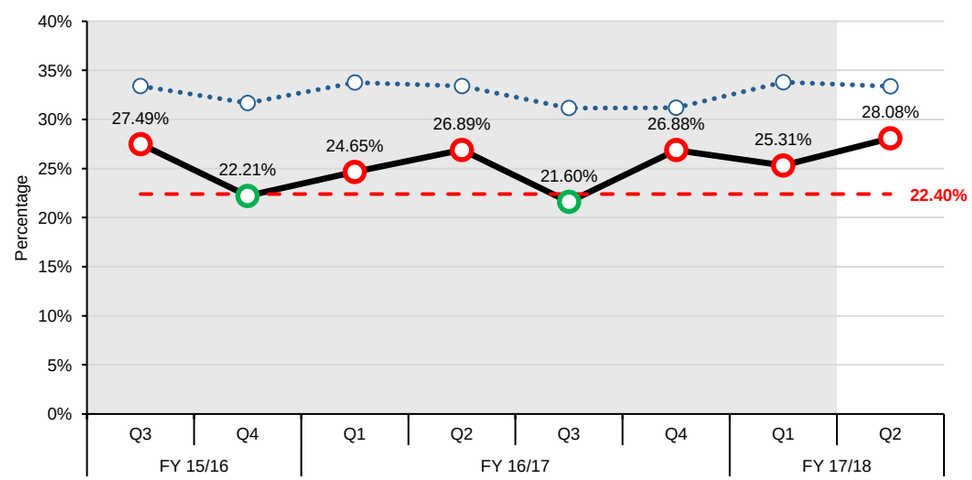
1.a) The percentage of repeat unscheduled emergency visits has increased from 20.1% (Q1, FY17/18) to 21.4% (Q2, FY17/18). Schizophrenia and psychotic disorders remain the main drivers with respect to diagnostic group, with Mackenzie Health (a key hospital driver of this indicator) noting that this population often seeks assistance in managing situational crisis due to inability to manage extreme emotion. With respect to high users of the ED, there is a group of patients that continue to influence the percentage of repeat visits especially among the top three hospitals with the highest repeat visits.
b) In response to the factors described above, there will be continued focus on the Top 10 Users in the ED for mental health conditions across all hospitals reviewing opportunities to effectively transition patients into the community. Central LHIN will also facilitate its first community of practice at a LHIN/Chiefs/Directors meeting, which will bring together the Chiefs of Psychiatry and Directors of Mental Health and Addictions from each Central LHIN hospital to identify initiatives that have successfully diverted patients/clients from revisiting the ED. The discussions regarding access and awareness of hospital mental health outpatient clinics are aimed at providing much needed short term support. Central LHIN has funded a new Assertive Community Treatment (ACT) Team in South Simcoe, to address a service gap in the north for those with serious mental illness and complex needs. This diagnostic group, as previously indicated, continues to be the main driver of repeat ED visits in Central LHIN.

2. The conversation with one of our hospitals with high repeat visits is that a return visit is an appropriate use of the ED; however, there are efforts to maintain stability once patients leave the hospital through community supports. Urgent care clinics that target mental health patients have seen an increase in referrals at North York General Hospital, causing wait times to increase for appointments and thus leading patients back to relying on the ED for care. Some staffing challenges were evident due to turnover and vacation schedules (summer months in Q2). There was also an increase in evening visits, when few community resources are available. At Southlake, there has been an increase in short stays, with patients potentially requiring longer stays. Patients also have been discharged so that they could come back the next day to see a psychiatrist given increasing ED and inpatient pressures. Furthermore, patients in the ED may have been waiting for longer than normal periods given the ED activities, and thus leave without being seen, and return to the ED at a later date.

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 FY 2018/19.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q2 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	28.08%	33.38%	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?

1.a) The percentage of repeat unscheduled emergency visits has increased from 25.3% (Q1, FY17/18) to 28.1% (Q2, FY17/18). This can be attributed in part by patient willingness and motivation for treatment, and a small percentage of patients accounting for a disproportionate number of repeat ED visits.
b) Central LHIN has continued its focus on investment in Rapid Access Addiction Medicine (RAAM) Clinics, and has provided funding to establish a clinic in each of Central LHINs sub-regions as part of the provincial opioid investment. Central LHIN is currently working on elements of its Three-Year Addictions Strategy that outlines specific opportunities to better address addiction issues within the community, incorporating thoughts from people with lived experience (PWLE). Likewise with mental health conditions, Central LHIN will include Substance Abuse initiatives in the Community of Practice discussions among all hospitals with respect to ED revisits.

2. North York General Hospital (NYGH), and a few others, have again indicated that there is a lack of motivation for those with addictions issues to seek treatment, with most being uninterested in following up with addictions services. NYGH has also mentioned that there are limited options to the ED, especially when detox is the more appropriate service required. Humber River Hospital is the second key driver of performance with this indicator, and they identified the top 10 users that have accounted for approximately 50% of total repeat visits. Of note, Stevenson Memorial has indicated that the presence of a methadone clinic in the area brings those with addictions issues into the area, but lacks the other supports necessary to aid in recovery (e.g. counselling).

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 FY 2018/19.

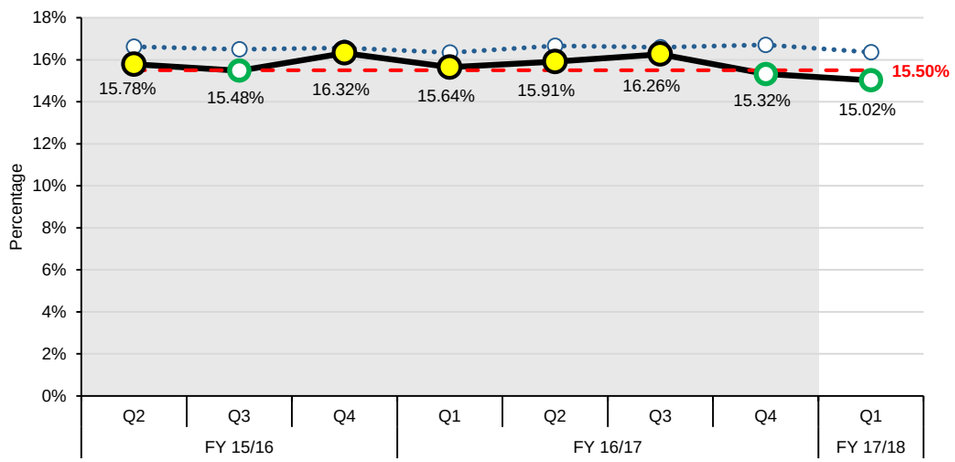
Central LHIN

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 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)
	15.02%	16.36%	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 continued to show improvement in Q1 FY17/18 and met the provincial target. A number of initiatives have been implemented across Central LHIN which have had a positive impact on the performance of this indicator, including:

- Implementation of LHIN wide Telehomecare (THC) program, focusing on COPD and CHF patients.

- Implementation of two COPD clinics in the Community Health Centers (CHCs).

- Implementation of exercise and falls prevention classes for seniors, including designated "Breathe Better" classes tailored for seniors at risk of COPD and/or CHF.

- 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 starting in December 2016 and continues throughout 2017/18, to enhance outpatient rehab capacity for stroke patients in the community.

- Continued support of two Integrated Funding Model (IFM) pilots: a) One Client, One Team: Central and Toronto Central LHIN Integrated Stroke Care; and b) Integrated Specialized and Primary Care: The North York Central Integrated Central Collaborative (ICC) for COPD and CHF Patients. Both projects will continue in FY 18/19, focusing on transitioning from project to program, and continue to evaluate outcomes and impact on the targeted patient population.

- 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.

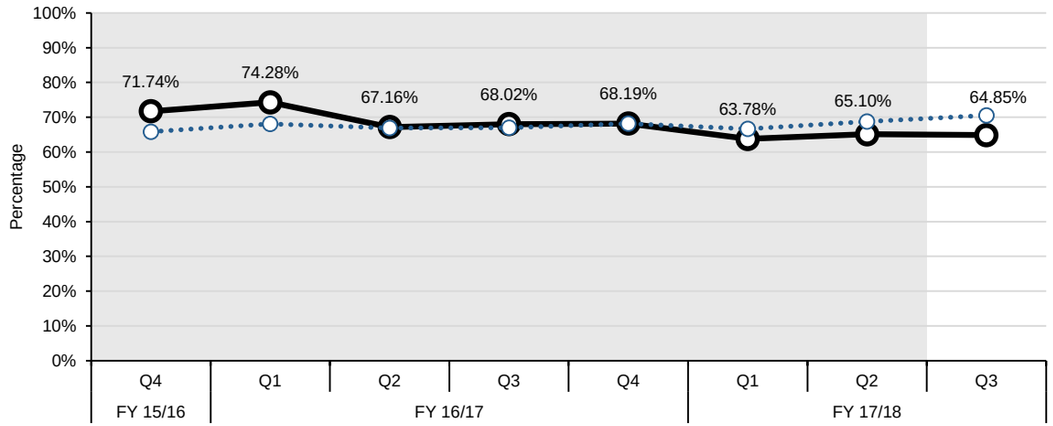
Central LHIN

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)

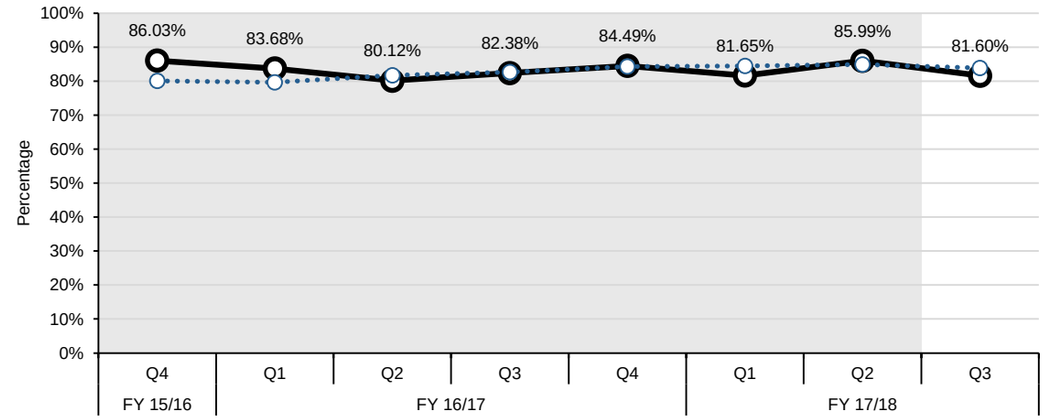
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q3 FY 17/18)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	80.22%	49.81%	64.85%	70.52%



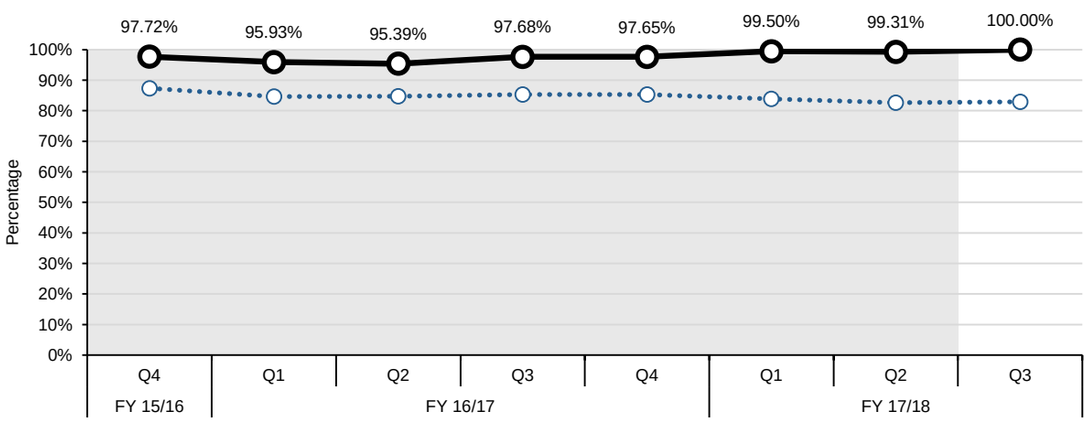
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q3 FY 17/18)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	93.63%	56.97%	81.60%	83.87%



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

Summary (Q3 FY 17/18)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	100.00%	100.00%	100.00%	82.95%



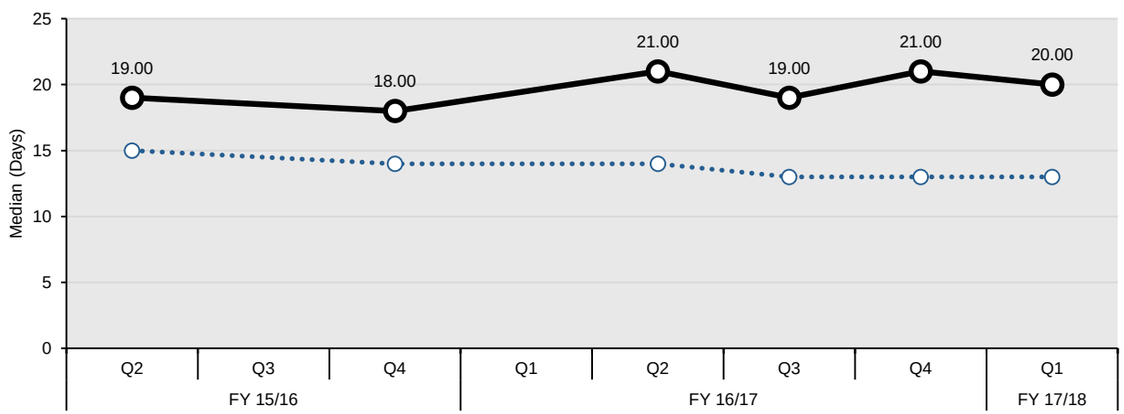
Central LHIN

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

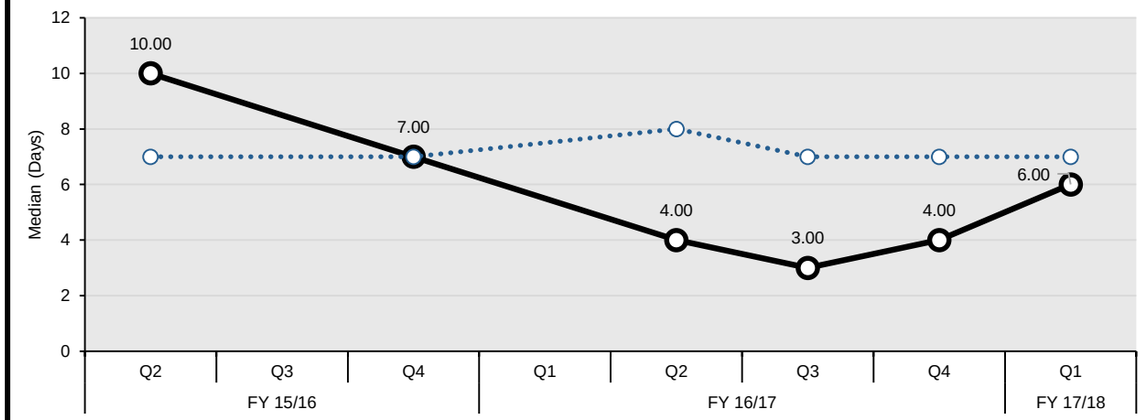
Summary (Q1 FY 17/18)	LHIN Performance	Provincial Performance
	20.00 Days	13.00 Days



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 (Q1 FY 17/18)	LHIN Performance	Provincial Performance
	6.00 Days	7.00 Days



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

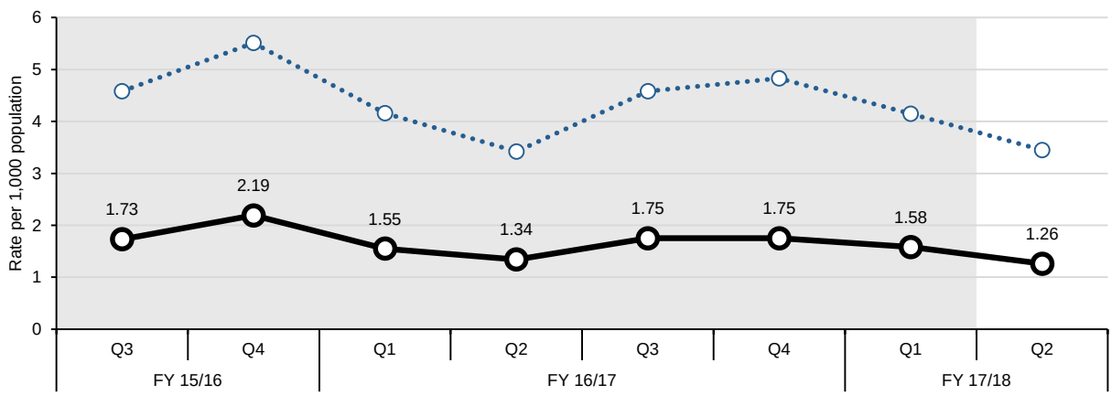
Central LHIN

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)

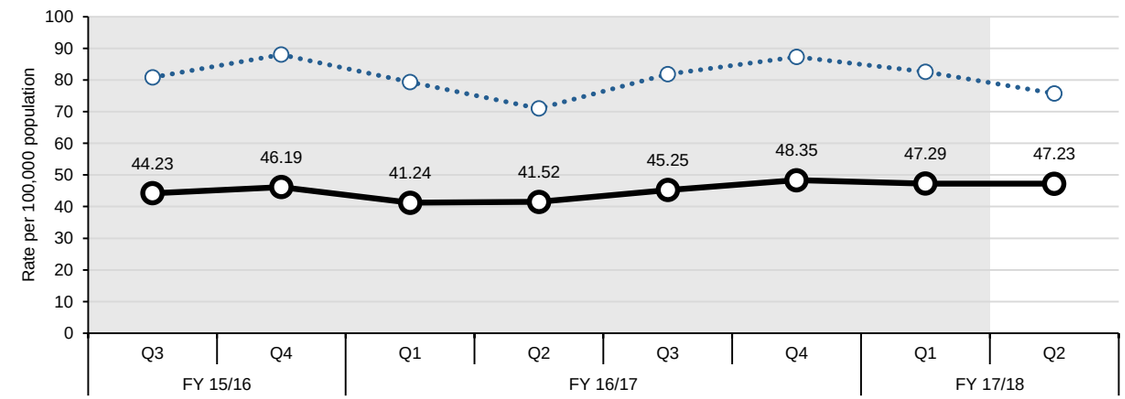
Rate of emergency visits for conditions best managed elsewhere

Summary (Q2 FY 17/18)	LHIN Performance	Provincial Performance
	1.26	3.45



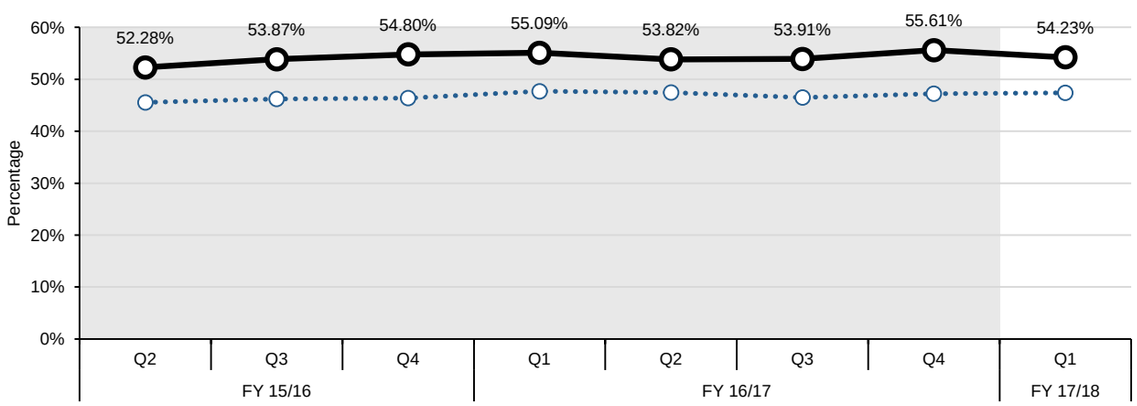
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q2 FY 17/18)	LHIN Performance	Provincial Performance
	47.23	75.80



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

Summary (Q1 FY 17/18)	LHIN Performance	Provincial Performance
	54.23%	47.37%



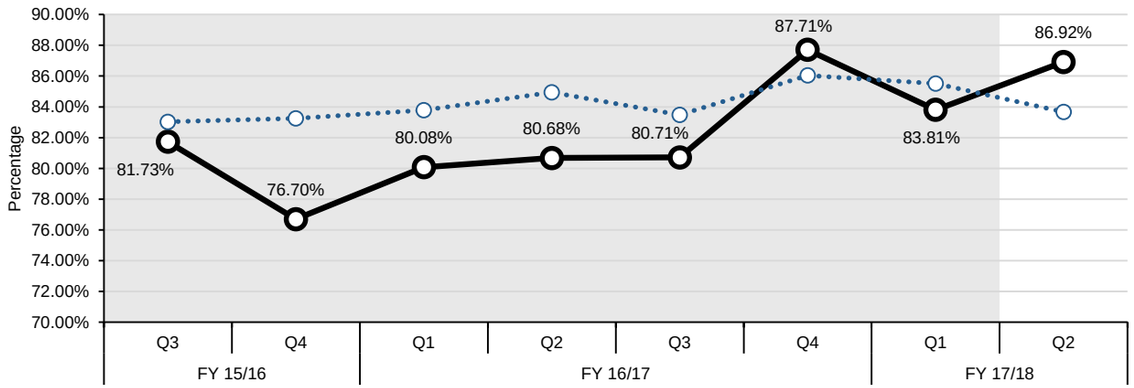
Central LHIN

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 17/18)	LHIN Performance	Provincial Performance
	86.92%	83.67%



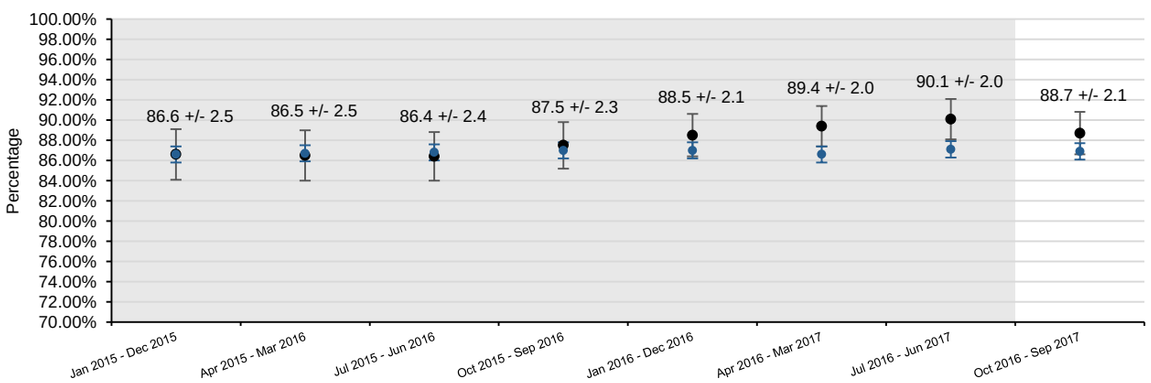
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Oct 2016 - Sep 2017)	LHIN Performance	Provincial Performance
	88.7% +/- 2.1%	86.9% +/- 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 17/18	95.00%	89.16%	95.73%	90.24%	96.35%	90.74%	86.74%	90.18%	95.31%	92.95%	91.37%	89.31%	73.81%	83.90%	95.39%	87.10%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q2 17/18	95.00%	96.47%	97.14%	94.10%	97.50%	96.17%	95.10%	97.04%	95.98%	96.20%	97.03%	95.97%	96.81%	97.35%	98.80%	96.15%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q2 17/18	21.00 Days	30.00	32.00	34.00	13.00	29.00	31.00	21.00	25.00	23.00	43.00	22.00	63.00	39.00	32.00	27.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q2 17/18	TBD	7.00	5.00	9.00	4.00	5.00	9.00	6.00	8.00	6.00	9.00	8.00	8.00	6.00	7.00	4.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q3 17/18	8.00 Hours	10.65	9.82	8.42	8.40	15.67	8.75	10.73	13.02	10.38	10.92	8.98	11.80	10.67	8.08	10.27
90th percentile ED length of stay for minor/uncomplicated patients	Q3 17/18	4.00 Hours	4.33	4.40	3.82	4.97	5.22	3.65	3.73	4.52	3.82	4.35	4.43	4.90	4.17	4.00	4.63
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q3 17/18	90.00%	78.03%	85.07%	46.36%	58.37%	68.74%	72.03%	48.77%	91.80%	96.48%	93.49%	81.20%	89.12%	83.05%	69.86%	76.47%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q3 17/18	90.00%	73.81%	71.16%	38.95%	60.19%	63.44%	57.89%	36.39%	93.26%	95.42%	84.48%	78.10%	88.60%	77.20%	71.90%	72.38%
Percentage of alternate level of care (ALC) days	Q2 17/18	9.46%	14.92%	11.70%	9.39%	14.19%	16.12%	7.67%	17.18%	10.78%	14.00%	20.92%	20.77%	12.80%	19.36%	21.36%	22.46%
ALC rate	Q3 17/18	12.70%	16.06%	13.24%	11.34%	13.86%	17.32%	9.37%	14.84%	11.73%	15.56%	22.46%	20.99%	14.62%	18.89%	25.07%	33.14%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q2 17/18	16.30%	21.69%	18.04%	18.78%	19.15%	20.38%	27.62%	17.55%	28.46%	21.36%	23.13%	22.99%	18.68%	16.72%	18.24%	20.51%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q2 17/18	22.40%	33.38%	31.24%	26.49%	26.40%	29.56%	37.65%	28.30%	41.28%	28.08%	30.24%	27.16%	25.75%	22.39%	28.57%	41.10%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q1 17/18	15.50%	16.36%	17.20%	17.15%	15.90%	15.54%	18.54%	15.67%	17.03%	15.02%	16.51%	15.37%	15.65%	16.42%	17.05%	18.11%

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

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.

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 Q3 2015/16 data onwards 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.

Home and Community Care

1. Please note – as of Q1 2017/18, the methodology for the two five-day wait time indicators has been revised. In the new method, wait times are calculated from the Patient Availability Date (PAD) to the date of service. If the PAD is not completed, authorization date is used. Use of the PAD takes into consideration appropriate delays in the initiation of service, which may be due to clinical reasons or the client's choice to wait.