2017/18 MLAA Quarter 3 Stocktake Scorecard - CLHIN Performance

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Indicator Name	Provincial Target	Performance		Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2013/14?	Comments & CLHIN Initiatives Focused on Improving Performance
		Central LHIN Actual	Provincial Performance					
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 (2017Q2)	95.00%	**92.95%**	**89.16%**	✓	**5**		**YES**	Performance for this indicator continues to trend positively over time even though performance declined slightly from the previous quarter. The volume of complex clients requiring personal support increased this quarter placing more demand for retaining the services of PSWs. Central LHIN continues to monitor the process improvements that were put in place earlier this year that focused on enhanced communication with Service Provider Organizations (SPOs). In particular, individual cases of complex patients that did not meet the target are reviewed and SPOs are engaged to implement any required corrective measures. Additional investments made this year in assisted living, attendant outreach and adult day programs will also support improvements in this indicator. Central LHIN continues to work towards meeting the 95% target by the end of 2017/18.
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services (2017Q2)	95.00%	**96.20%**	**96.47%**		**8**		**YES**	Central LHIN continues to meet the provincial target and has done so for the past six quarters. Monitoring of the process improvement strategies implemented in previous periods continues on a weekly basis to ensure processes are followed and performance is sustained. It is expected that Central LHIN will continue to meet the target for this indicator.
90th percentile wait time from community setting to first home care service (excluding case management) (2017Q2)	21 days	**23**	**30**	✓	**4**		**YES**	Performance worsened slightly by 1 day, moving up to 23 days in Q2 of 2017/18. The performance for this indicator has stabilized over the past several quarters. Central LHIN is now focusing on assessing the multiple improvement strategies that were previously implemented to evaluate their effectiveness. Audits were conducted on individual cases that exceeded the wait time target to determine root causes for delays. Information gathered will be used to develop new strategies to further enhance performance in order to reach the target by the end of fiscal 2017/18.
90th percentile wait time from hospital discharge to service initiation for home and community care (2017Q2)	TBD	**6**	**7**	✓	**5**		**N/A**	Although performance declined slightly in Q2 of 2017/18, Central LHIN continues to perform better than the provincial average. Wait times increased by 1 day to 6 days in Q2 compared to 5 days in the previous three quarters; however, the wait for Short Stay rehab and Long Stay Complex patients remain better than average which helped to support the performance of this indicator.
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 (2017Q3)	8 hours	**10.38**	**10.65**	✓	**8**		**YES**	Performance in ED length of stay (LOS) for complex patients worsened slightly in Q3 of 2017/18. Central LHIN continues to have one of the highest ED volumes for complex patients in the province which contributes to the longer lengths of stay for admitted complex patients. Hospitals continue to focus strategies on the admitted population in order to facilitate improved patient flow; however, acute bed capacity remains a challenge. The opening of the Reactivation Care Centre at the former Humber River Hospital Finch site in December 2017 along with the one-time Ministry funding to operate additional flex beds in Central LHIN hospitals has created additional bed capacity for the LHIN which will help the hospitals with managing the high volume of ED patients.
90th percentile ED length of stay for minor/uncomplicated patients (2017Q3)	4 hours	**3.82**	**4.33**	✓	**3**		**NO**	Central LHIN sustained performance from the previous quarter and continues to meet the provincial target for this indicator. Strategies focused on ED patient flow, process improvement, and increasing timelier access to diagnostic tests continue to be used by hospitals to maintain performance for this indicator.

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

Indicator Name	Provincial Target		Performance: Central LHIN Actual	Performance: Provincial Performance	Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2013/14?	Comments & CLHIN Initiatives Focused on Improving Performance
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement (2017Q3)	90.00%	P2: 42 days P3: 84 days P4:182 days	96.48%	78.03%	✓	1		YES	Central LHIN continues to perform well in the wait time indicators for hip and knee replacement surgeries and is ranked #1 in the province for both of these indicators.
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement (2017Q3)	90.00%		95.42%	73.81%	✓	1		YES	
Percentage of alternate level of care (ALC) days (2017Q2)	9.46%		14.00%	14.92%	✓	6		NO	The Percentage of ALC Days has slightly worsened to be close to 2016/17 Q2 performance levels and its previous trending average, albeit slightly better than the current provincial average. This quarter's performance was mainly affected by a high number of ALC days for discharged cases at 2 hospitals whereas the remaining 4 generally maintained or decreased in their percentage ALC days. However, the ALC Rate improved thanks to 3 out of 6 hospitals having rates close to or better than the provincial target. The top discharge destinations for ALC patients continue to be LTC, Home with Community Services, and Inpatient Rehab with the majority waiting of patients for LTC. The opening of the Reactivation Care Centre at the former Humber River Finch site in December 2017 will support additional capacity for acute medical inpatient beds combined with enhanced care for patients in the new Reactivation Centre to facilitate improved transitions home. The Central LHIN is also engaged in strategic planning with hospitals to integrate traditional roles of hospital discharge planning and Home and Community Care service coordination.
ALC rate (2017Q3)	12.70%		15.56%	16.06%	✓	8		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 (2017Q2)	16.30%		21.36%	21.69%	✓	10		NO	Performance worsened in this quarter and continues to decline over the past several quarters. A strong contributor to this performance is the frequest repeat visits to the ED from a core group of patients, concentrated at three hospitals with the high repeat visits. Central LHIN continues to work with key stakeholders regarding the proposed creation of a Mental Health Hub aimed at providing the appropriate care in the community setting to divert unnecessary ED visits. Investments are also being made in an Assertive Community Treatment (ACT) Team in South Simcoe to address the service gap in the north for those with serious mental health illness and complex needs who often present in the ED.
Repeat unscheduled emergency visits within 30 days for substance abuse conditions (2017Q2)	22.40%		28.08%	33.38%	✓	6		NO	Repeat ED visits for substance abuse conditions has worsen, with the highest repeat ED rates in this metric within the last 2 years, yet still performed better than the current provincial average. Performance continues to be impacted by the patients' choice in seeking or receiving treatment and a small number of patients who account for a disproportionately large number of repeat ED visits. Central LHIN has continued an investment in the Rapid Access Addiction Medicine (RAAM) Clinic based at the Southlake Regional Health Centre and will be expanding this type of clinic to each of Central LHIN's remaining sub-regions as part of the provincial opioid strategy. Additionally, Central LHIN is working on the implementation of its Three-Year Addictions Strategy in alignment with the provincial opioid strategy which outlines specific opportunities to better address addiction issues within the community.
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions									
Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions (2017Q1)	15.50%		15.02%	16.36%	✓	1		NO	Performance in this readmission indicator improved this quarter to surpass the provincial target and to rank 1st in the province. Although the readmission rates for COPD and CHF remain consistently high for our LHIN, the improvement this quarter were due to a reduction in the readmission rates for 5 of the 8 IP Grouper conditions, including noticeable decreased rates by stroke and diabetes. Central LHIN continues to fund initiatives including the Telehomecare program which is the largest program in the province focusing on COPD and CHF and the implementation of two COPD clinics in Community Health Centres aimed at expanding outreach to primary care. The LHIN also continues to support two Integrated Funding Model pilots for stroke and CHF/COPD through North York General Hospital. Both projects will continue in fiscal 2018/19 with the focus of transitioning from a project status to an established program. The LHIN is monitoring these programs to demonstrate improved adoption and support that will contribute towards improved performance for this readmission indicator.