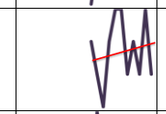
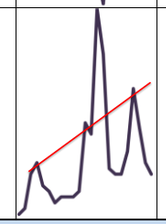
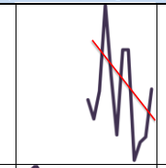
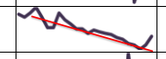
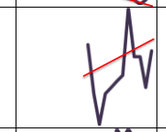
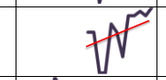
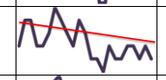
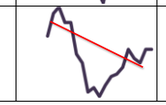
2015/16 MLAA Quarter 4 Stocktake Scorecard - CLHIN Performance

Date produced: May 16, 2016; Date of next issue: Aug 2016

Appendix B

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

Performance Indicators	Provincial Target	CLHIN Target 2015-16	Performance: CLHIN	Performance: ON	Better than ON?	CLHIN Ranking*	CLHIN Trend from Q1 2010/11 - YTD	Overall Improvement since 2010/11?	Comments & CLHIN Initiatives Focused on Improving Performance
Home and Community: Reduce wait time for home care (improve access); More days at home (including end of life care)									
% of Home Care Clients with Complex Needs who received 1st Personal Support (PS) Visit within 5 Days of date they were Authorized for PS Services (Q3 15/16)	95%	95%	**84.92%**	86.55%	X	9		YES	**PSS** - There continues to be increasing demand for PSS services. Patient-preference is one driver of service start date of >5 days; if these cases were removed from the calculation, performance would be at 89%. The Central CCAC is improving service ordering practices to ensure compliance for entering "service requested by [date]" on service ordering forms. Failure to complete this step defaults to service provision beyond 5 days. The CCAC is improving coding for reasons why services start beyond the 5 day target timeframe in order to help differentiate between wait times that are a result of patient availability and provide targeted areas for future improvement. CLHIN increased discretionary funding in 2015/16 to assist in removing patients from the waitlist. **Nursing** - There is an increasing demand for nursing services in addition to the following factors which impact service provision within the 5 day target timeframe: i) Service is pre-planned for a date beyond the 5 day timeframe, ii) Clinical need/protocol for service is beyond the 5 day timeframe, iii) Patient choice to delay service, and iv) Patient is not available at the treatment address within the 5 day timeframe. If these factors were removed, performance for this indicator improves by approximately 4%. The CCAC has implemented initiatives to increase utilization of community clinics for Nursing care to 95%. Central CCAC expect to meet target by Q4 (current results are based on Q3). **In-Home Services** - Wait times for therapies (OT, PT) and PSS are the main drivers for wait times. Wait times for new patients for PT services is increasing, due to re-enrollment of existing patients for rehabilitative maintenance. The Central CCAC is reviewing clinical pathways for PT services to identify improvement strategies to address wait times and increase enrollment of new patients to PT services. LHIN investments in Assisted Living will also help to address the high case load for PSS as these clients will be moved to PSS services in the community.
% of Home Care Clients who received 1st Nursing Visit within 5 Days of the Date they were Authorized for Nursing Services (Q3 15/16)	95%	95%	**92.97%**	93.21%	X	9		YES	
90P Wait Time from Community for CCAC In-Home Services: Application from Community Setting to 1st CCAC Service (excl case management) (Q3 15/16)	21 days	21 days	**27**	29	✓	8		**NO**	
System Integration and Access: Provide care in the most appropriate setting; Improve coordinated care; Reduce wait times (specialists, surgeries)									
90P ED Length of Stay (hours) for Admitted and Non-admitted Complex Patients (Q4 15/16)	8 hours	8 hours	**10.20**	10.48	✓	9		YES	CLHIN's performance for ED LOS for Complex Patients remained steady in 2015/16, despite the fact that the CLHIN had the largest annual growth rate in ED volumes in the province. Four CLHIN hospitals were among the top ten hospital sites with the highest volume EDs in the province; HRH, SRHC, NYGH, and MH. CLHIN hospitals continue to have focused initiatives in place to improve LOS for admitted patients, which is the main driver of performance for this indicator. Although CLHIN has shown improvement, MH and SRHC continue to experience performance challenges driven by inpatient bed availability. Patient/bed flow strategies are being implemented at these hospitals.
90P ED LOS for Uncomplicated Patients (Q4 15/16)	4 hours	4 hours	**3.47**	4.28	✓	1		YES	CLHIN continues to meet the LHIN target and is ranked #1 in the province on performance for this indicator.
% of Priority 2, 3, and 4 Cases Completed Within Access Target for MRI Scans (Q4 15/16)	P2: 2 days P3: 2-10 days P4: 28 days	90.00%	**43.31%**	40.4%	✓	6		YES	CLHIN hospitals have experienced 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. Late 2015/16 Wait Time Strategy funding caused delays in ramp up of operations. It is expected that the conversion to base funding will support a sustained improvement in FY 2016/17. A proposal was sent to the MOHLTC for additional MRI machines at HRH and SMH.
% of Priority 2, 3, and 4 Cases Completed Within Access Target for Diagnostic CT Scan (Q4 15/16)	P2: 2 days P3: 2-10 days P4: 28 days	90.00%	**82.36%**	74.08%	✓	5		YES	Upon notification of the Wait Times incremental allocations, hospitals began ramping up operations resulting in a performance improvements in February and March. The LHIN has allocated discretionary funding (i.e., UPF) in Q2 & Q3 2015/16 in order to move closer to the target. Four out of six CLHIN hospitals achieved the 90% provincial target in March.
% of Priority 2, 3 and 4 Cases Completed Within Access Targets for Hip Replacement (Q4 15/16)	P2: 42 days P3: 84 days P4: 182 days	90.00%	**98.60%**	79.63%	✓	1		YES	CLHIN continues to meet the Hip and Knee performance targets and is ranked #1 in the province on performance for this indicator.
% of Priority 2, 3 and 4 Cases Completed Within Access Targets for Knee Replacement (Q4 15/16)		90.00%	**96.62%**	78.18%	✓	1		YES	
Percentage of Alternate Level of Care (ALC) Days (Q3 15/16) (closed cases, acute)	9.46%	9.46%	**14.27%**	14.15%	X	8		YES	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. The ALC Collaborative is currently implementing an ALC Avoidance frameworks in acute care and community settings, conducting LTC Home capacity planning and modelling alternatives to LTC, engaging in rehabilitative care capacity planning, implementing and improvement plans for referral processes to rehab care.
ALC Rate (Q4 15/16) (open and closed cases, acute and post-acute)	12.70%	12.70%	**14.36%**	14.12%	X	8		YES	

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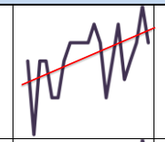
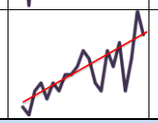
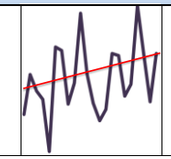
			CLHIN	ON					
Health and Wellness of Ontarians - Mental Health: Reduce any unnecessary health care provider visits; Improve coordination of care for mental health patients									
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions (Q3 15/16)	16.30%	16.30%	19.46%	20.33%	X	11		NO	North York West is a focus area for this indicator. Planning is focused on leveraging existing resources to determine areas for integration of service delivery to better address needs of residents. CLHIN is meeting with HRH and MH to better understand the increasing trends for repeat visits at these facilities. CLHIN will continue to work on implementation of the CritiCall Provincial Bed Registry initiative across all LHIN hospitals and work with the leadership of Psychiatry and EDs to identify opportunities for improvement.
Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions (Q3 15/16)	22.40%	22.40%	27.49%	33.39%	✓	9		NO	Alcohol abuse continues to be #1 issue for CLHIN. North York West is again a focus area with the same planning objectives as the Repeat Emergency Visits for Mental Health Conditions. A promising pilot program at SRHC embeds an addictions clinic within the ED to connect patients with addictions support in the community. The LHIN is liaising with SRHC in order to understand the impact of the pilot on patient outcomes.
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions									
Readmissions within 30 days for selected HBAM Inpatient Grouper (HIG) conditions (Q2 15/16)	15.50%	15.50%	15.78%	16.62%	✓	6		NO	CHF and COPD remain the main challenges for this indicator. The LHIN funded Telehomecare program has demonstrated benefits for COPD and CHF clients and decreased readmissions. CLHIN continues to support the implementation of COPD/CHF QBPs and the adoption of best practice pathways. Two COPD clinics in Community Health Centres became operational in 2014/15. The LHIN is continuing to monitor 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.

** LHIN ranking: 1 = Best Performer, 14 = Worst Performer*