MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: Central LHIN
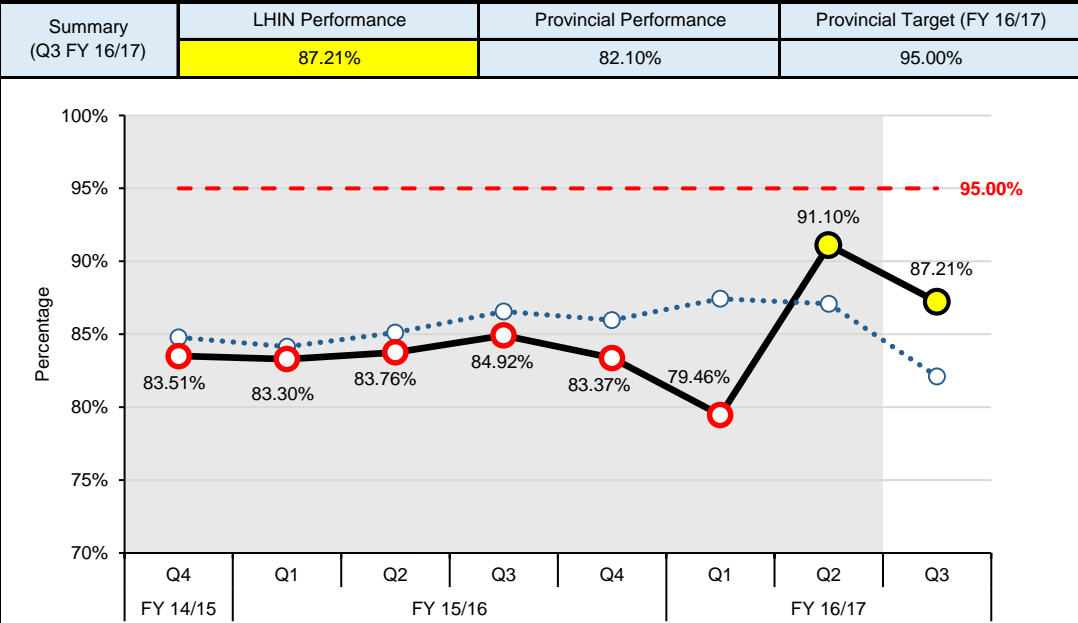
REPORT DATE: May 2017

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INTERPRETING PERFORMANCE INDICATORS

Legend	•••O••• 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

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 (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	87.21%	82.10%	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?
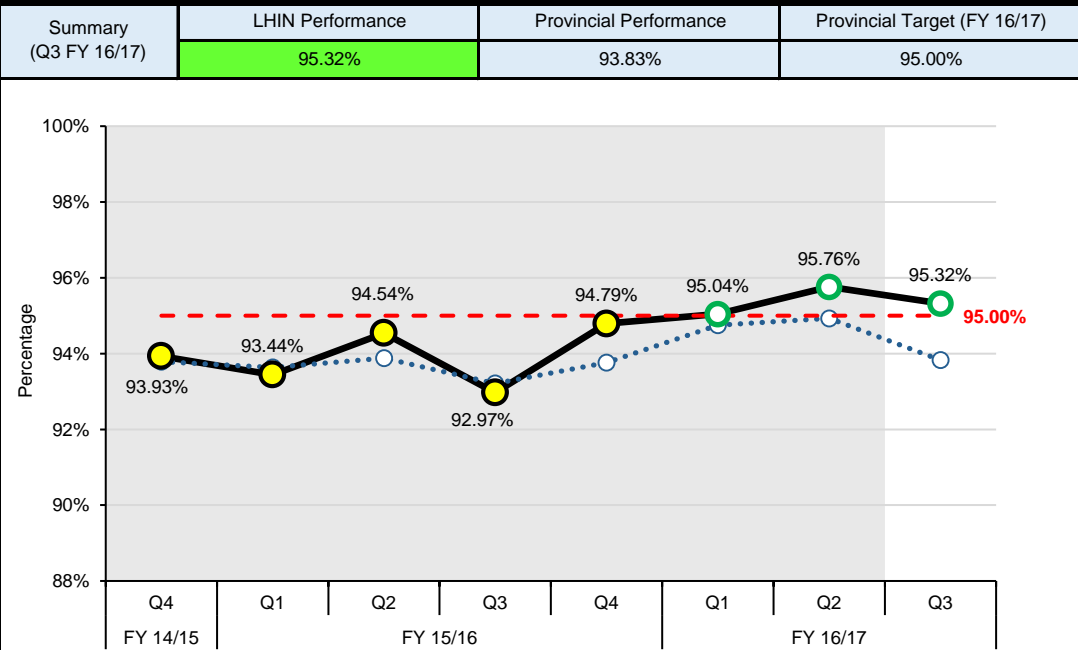

1 a) Performance on this indicator decreased slightly from 91.1% in Q2 to 87.2% in Q3 FY16/17. In Q3, Central LHIN was ranked 4th in the province for this indicator. Improvements from Q1 FY 16/17 are likely to be sustained as they were attributed to internal process changes and improvements.

b) Primary focus will be to continue collaboration with SPOs (Service Provider Organizations) to address issues and monitor performance. This will be done in conjunction with established internal processes.

2. The volume of complex needs patients served by PSS in Q3 FY 16/17 (430) is comparable to the volumes in Q2 FY 16/17 (427), however the total number of PSS patients increased overall, impacting wait times.   Overall, the improvements made this fiscal in this indicator are sustainable and monitoring processes are in place to proactively improve performance.

3. The Central LHIN is aiming to meet the provincial target of 95% by the end of the 2017/18 fiscal year.

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

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	95.32%	93.83%	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) Central continues to meet the provincial target of 95% in Q3 FY 16/17. The slight decrease from 95.76% in Q2 FY 16/17 to 95.32% in Q3 FY 16/17 is considered normal variation. In Q3 FY 16/17, Central LHIN is ranked 2nd in the province for this indicator. The holiday period in Q3 FY 16/17 may have slightly impacted the performance of this indicator.

b) Primary focus is to continue working with the SPOs to monitor the service offer process and ensure that the 5 days service target is met. Strategies to enhance utilization at existing community clinics for nursing care, as well as the addition of the 8th community clinic in Richmond Hill (opened in October 2016), are expected to have continued positive impact on this indicator. Improvements to internal processes continue to help meet the performance target, including:
- 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)
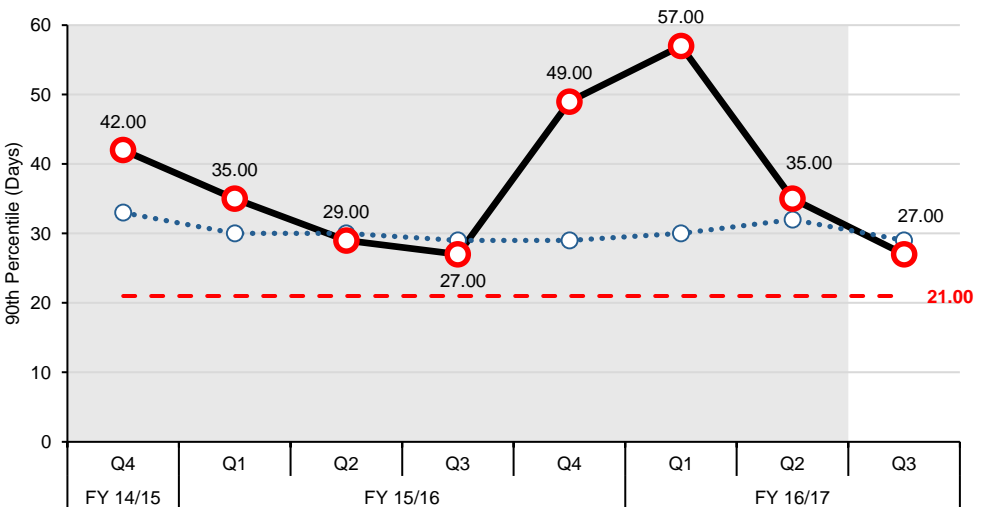
2. The Central continues to experience growth in demand for nursing services, and has served 97 more clients in Q3 FY 16/17 compared to Q2 FY 16/17. Volumes have increased by 30% since Q1 FY 2013/14. There was a slight decrease in community clinic utilization over Q3 2016/17 (from 80% in Oct to 74% in Dec). However, continued marketing and communication efforts have helped to increase utilization in Q4 FY 16/17 (85% in March 2017).

3. The Central LHIN expects continue to continue meet the provincial target.
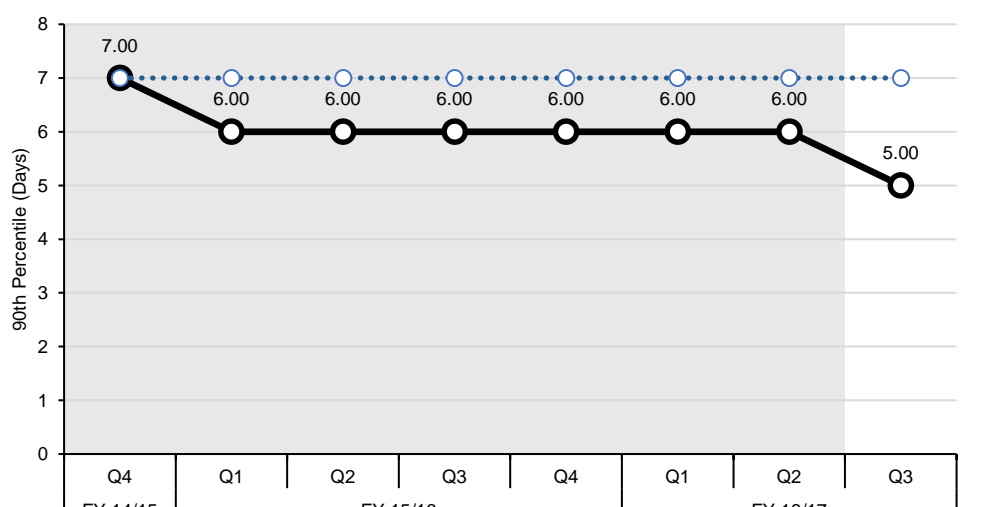
PERFORMANCE INDICATORS: HOME AND COMMUNITY CARE

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 (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	27.00 Days	29.00 Days	21.00 Days

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) The Central LHIN continues to show marked improvements in wait time from community for in-home services, from 35 days in Q2 FY 16/17 to 27 days in Q3 FY 16/17. There was a 30% reduction in the waitlist for patients with low/moderate needs for PSS services, from 735 patients in Q2 FY 16/17 to 496 patients in Q3 FY 16/17. Several improvements were made in Q3 FY 16/17, including:
- >440 internal and service provider staff were educated on the Wait Time measures and their importance for patients and families, via face-to-face education sessions.
- Change in process for sending service offers for rehab services, to enable staff to clearly communicate the expectation for first visit timeline to service providers.
- Trial run in one community team to allow patient home visits to be scheduled during patient intake and consent. Plans in place to expand this process change to additional community teams.

b) The LHIN monitors performance on a regular basis and wait times continues to be an area of discussion. The plan in Q4 is to closely monitor the changes made in Q3 to ensure improvements are sustained, and determine if additional improvements are necessary.

2. In Q3 FY 16/17, the highest volumes of patients seen were for (in descending order): Nursing, Occupational Therapy (OT), Physiotherapy (PT) and Personal Support Services (PSS). The 2 service areas with the longest wait times in Q3 FY 16/17 were Social Work (21 days) and Nutrition Services (15 days).   The reduction in wait lists for PSS (low and moderate needs) helped to improve the overall wait time.

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

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

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	5.00 Days	5.00 Days	TBD

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) Improvements in this indicator aligns with the improvements made for the "% of Home Care Clients who received Nursing visit within 5 days of service authorization". Considering that the majority of hospital-referred patients would require nursing as their first service, this was likely to be the biggest driver for this indicator. Central LHIN is ranked 1st in the LHIN (along with 3 other LHINs) in Q3.

b) Improvements that were targeted for the 5-Day wait time indicators would likely help to improve performance of this indicator.

2. Hospital referred short-stay rehab patients is the key driver for this indicator, as their 90P wait time for first home care service was 8 days in Q3 FY 16/17.

3. There is no provincial target set for this indicator.

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 (Q4 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				Provincial Performance (Combined)
	LHIN Performance				
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	100.00%	98.37%	98.54%	77.89%

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 (Q4 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				Provincial Performance (Combined)
	LHIN Performance				
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	96.97%	96.24%	96.32%	74.50%

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 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.

Ontario

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 (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)	LHIN COMMENTS
	10.83 Hours	11.03 Hours	8.00 Hours	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 had the largest annual growth rate (4.9%) in ED volumes among all 14 LHINs between FY 15/16 and FY 16/17. Three Central LHIN Hospitals were among the top ten for having the highest volume EDs in the province; Humber River Hospital (ranked 2nd), North York General Hospital (ranked 5th) and Mackenzie Hospital (ranked 7th).

Central LHIN's 90P ED LOS for Complex Patients increased from 9.9 hours in FY 15/16 to 10.2 in FY 16/17. All of the Central LHIN's hospitals have focused initiatives to improve patient flow and ED capacity targeting length of stay for the complex 'admitted' patients. Central LHIN hospitals continue to enhance their EDs by redesigning staffing resources to meet the needs of their respective patient populations. Examples include realigning physicians' hours to match high volume periods, and expanding General Internal Medicine Clinic (GIMs) hours and staffing on weekends.

Mackenzie Health's performance has improved in Q4 FY 16/17 (15.4 hrs in Q3 to 14.4 hrs in Q4), however remains above the provincial target of 8 hours. The main driver is the 90P ED LOS for admitted patients (62.5 hrs in Q4). The hospital has reported its bed capacity as a continuous challenge, which compromises patient flow and impacts negatively on the ED LOS for admitted patients. The hospital bed occupancy continues to be above 100%. The hospital has indicated that they will continue to struggle with ED LOS for admitted patients until the new hospital in Vaughan is built. In the interim, as mitigation strategies, the hospital has implemented the following ED initiatives:

- Extended hours in the minor treatment area (from 12 to 16 hours) which allows the hospital to remove patients from its ambulatory zone
- Opened a four bed resuscitation zone that enables high acuity patients to be seen, assessed and treated
- Created an additional acute bed in the ED
- Added an additional medicine physician on days, evenings and nights to manage admitted patients and provide consults in the ED.

The hospital is also working closely with the LHIN, the Ministry, and Humber River Hospital to temporarily transition its Complex Continuing Care and rehabilitation beds to Humber River Hospital's Finch site to create more acute care bed capacity until the new Vaughan hospital is built.

Southlake's performance for this indicator has deteriorated from last year (11.4 hours in FY 15/16 compared to 13 hours in FY 16/17). The hospital continues to have challenges related to inpatient bed capacity, which is reflected in the LOS for its admitted patients (36 hours in Q4). Consequently, the hospital has had to open a variety of unconventional overflow areas such as the auditorium. It continues to implement initiatives to redesign its bed flow operations to mitigate medicine capacity challenges and has hired agency nurses to staff the overflow areas. The hospital has been exploring the concept of an ED "overnight stay unit" to facilitate earlier discharge of admitted patients and improve overall flow.

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 (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)	LHIN COMMENTS
	3.48 Hours	4.23 Hours	4.00 Hours	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 exceed the LHIN and provincial target on this indicator, and is ranked #1 relative to the 14 LHINs. A number of initiatives are currently in place to sustain this performance, including a focus on patient flow in ED, process improvement for non-complex patients, internal protocols to identify pressures in the ED, and increased access to Diagnostic Imaging services.

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

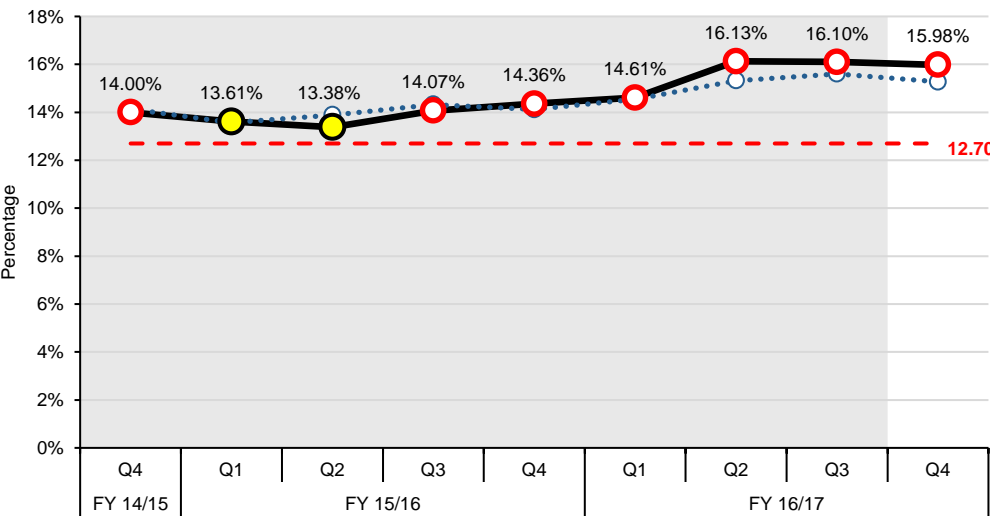| Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	16.88%	15.85%	9.46%
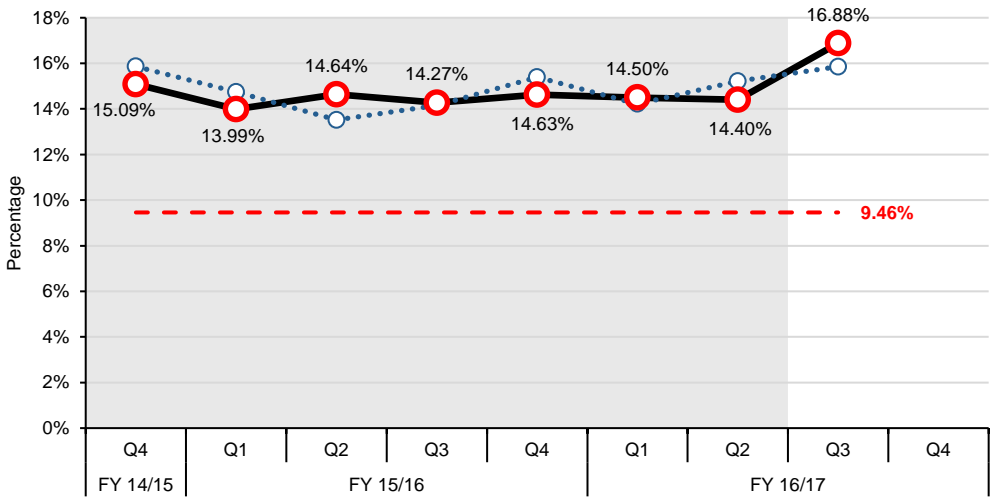
LHIN COMMENTS

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) The Percentage of ALC Days in Central LHIN increased from 14.4% in Q2 FY16/17 to 16.88% in Q3 FY 16/17. 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.** Onset of the flu season and the holiday period in Q3 had significant impact on ALC and hospital bed capacity. In Q3 FY 16/17, ED volumes were 6.4% higher compared to the same time in the previous year. In Q3 FY 16/17, 17 Long Term Care Homes in Central went on outbreak for a total of 253 days in outbreak. These situations limit the outflow of patients from hospitals and contribute to the percentage of ALC Days.

b) The Central LHIN ALC Collaborative is at various states of implementation in the following initiatives:

- 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 the discharge planning process.
- Continued implementation of the Behavioral Support Transition Resource (BSTR) for early identification and stabilization of patients with cognitive impairment and/or responsive behaviors within the hospital setting.
- Pilot of an Integrated Care Coordinator (ICC) by combining the roles of a hospital discharge planner and CCAC hospital care coordinator.
- Outpatient stroke/neurological rehab clinic at Southlake Regional Health Centre (SRHC).
- Implementation of the standardized ALC-Rehab referral pathway to facilitate the communication and transfer of ALC patients waiting for a rehab bed.
- Continued implementation of the Rehabilitative Care Alliance (RCA) definition frameworks for rehabilitative care.
- Implementing alternatives to "bricks and mortar" LTC Homes such as enhanced assisted living and enhanced adult day programming.

Central LHIN hospitals have received approval from the MOHLTC to plan for the repurposing of the Humber River Hospital Finch site, with the objective to relieve the significant pressures associated with Mackenzie Health's inpatient bed capacity, and to improve ALC challenges at all Central LHIN hospitals.

2. The highest contributors to this indicator in Q3 FY16/17 were North York General Hospital (NYGH) at 19.97% and Markham Stouffville Hospital (MSH) at 19.94%.
- MSH: In Q3 FY16/17, 22 long stay patients were discharged from MSH, which included 3 long stay patients with >300 ALC days. Approximately 74% of total ALC days in this quarter were for patients discharged to LTC.
- NYGH: In Q3 FY16/17, 26 long stay patients were discharged from NYGH, including 2 patients with >300 ALC days. Approximately 35% of total ALC days in this quarter were for patients discharged to LTC.

ALC rate

Summary (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	15.98%	15.27%	12.70%

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) The majority of ALC cases at Central LHIN hospitals are waiting for LTC placement. Hospital surges related to flu outbreaks and increased respiratory illnesses over the winter months contributed to the high ALC Rate. In Q4, 42 LTC Homes within the Central LHIN went on Outbreak with a total of 1159 days in Outbreak. These situations limit the outflow of patients from hospitals and contribute to the ALC Rate.

There were a higher number of long-stay ALC patients discharged in Q4 as compared to Q3 which partially offset a decrease in ALC days related to open cases.

b) Please see response to question 1b) above

2. In Q4 FY16/17, ALC Rate increased in 3 hospitals sites, as compared to Q3 FY16/17. The key drivers in this quarter were NYGH (19.2%) and SRHC (17.0%).
- NYGH: There was an increase in closed cases in Q4 FY 16/17 (N=468) compared to Q3 FY 16/17 (N=456), however the number of open ALC cases decreased (Q4 FY16/17 (N=61) compared to Q3 FY16/17 (N=88). Access to LTC Home and rehab beds remains a challenge at NYGH (41% waiting for LTC Home; 20% waiting for Rehab).
- SRHC: There was a decrease in the number of open ALC cases in Q4 FY16/17 (N=59) compared to Q3 FY16/17 (N=77); while there was an increase in closed cases in Q4 FY 16/17 (N=355) compared to Q3 FY 16/17 (N=336). Access to LTC Home beds continue to be the primary challenge at SRHC, where 34% of open ALC cases in Q4 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.
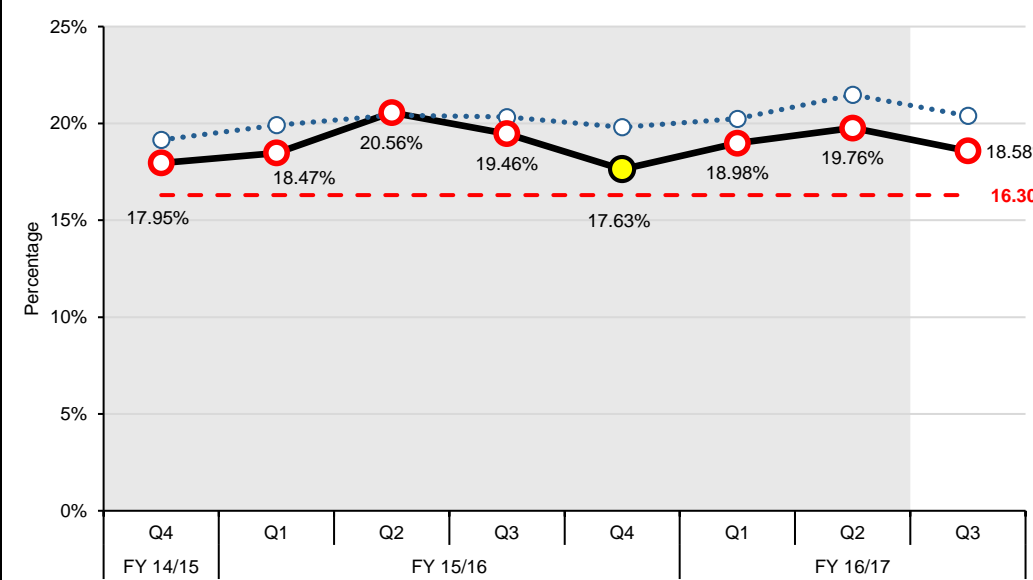
PERFORMANCE INDICATORS: HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH

OBJECTIVES: 1. Reduce any unnecessary health care provider visits 2. Improve coordination of care for mental health patients

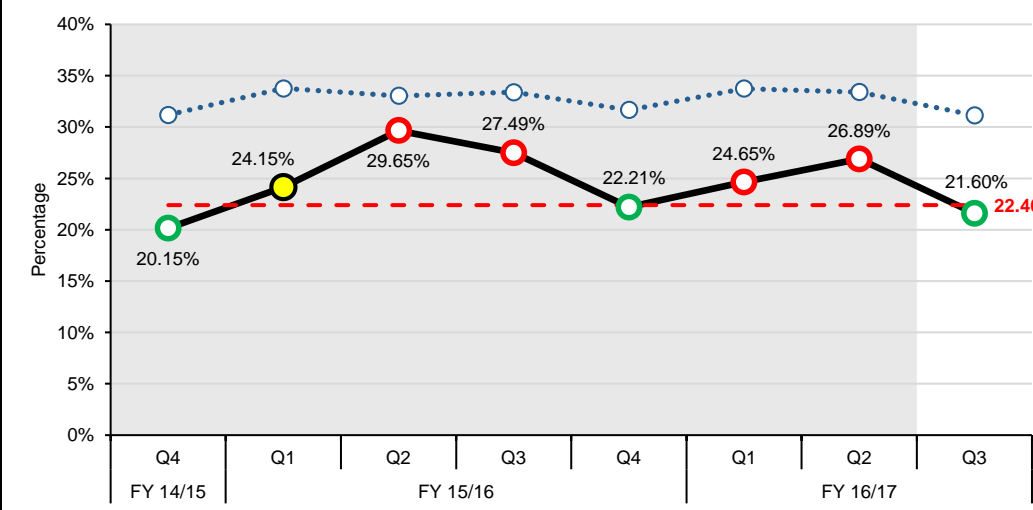## Repeat unscheduled emergency visits within 30 days for mental health conditions

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	18.58%	20.39%	16.30%

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?

1a) There has been an improvement in overall performance from Q2 FY 16/17 to Q3 FY 16/17 . Historically, Humber River Hospital (HRH) and Southlake Regional Health Centre (SRHC) were key drivers of below-target performance, but with a number of effective strategies in place SRHC has continued to improve performance. Please see Question 2 for contributing factors.

1b) Central LHIN will continue to monitor and support the following pilot and ongoing programs to address performance:
- SMH is in the midst of a program quality initiative that is aimed at addressing repeat ED visits for both MH and SA, including development of a Community Mental Health Emergency Department Diversion Program which will target high users, and provide care planning in hopes of mitigating any future unnecessary ED revisits. Working with SRHC on expanding MH OTN services.
- MSH is looking at targeting their "Top 10" users and arranging for more appropriate post discharge follow-up, and will also explore the role of the CCAC case managers for mental health in a more pro-active role.
- HRH, as of Feb 2017 has 2 dedicated crisis nurses in the ED (Early Feb 2017). They have also begun work on their high repeat users, and hold regular meetings to review the cases with several key partners.

2) - SRHC has continued to improve their performance since Q1 FY 16/17 The Discharge Clinic has continued to show success in diverting patients who utilize it, with zero 30-day ED re-admissions. The hospital has also identified and continue to work with their "Top 10" ED users, working with CCAC and Canadian Mental Health Association to provide appropriate "wrap around" services for this group.
- In addition to its existing Urgent Care Clinic, MH recently opened an adolescent Urgent Clinic (Nov, 2016) which provides timely assessment with individual support and follow-up aimed at reducing additional ED visits.
- NYGH has relaunced their Access to Resource and Community Support (ARCS) program, which provides short-term case management to patients presenting in the ED.
- HRH has noted that the number of repeat ED visits with the most common diagnosis of depression and anxiety have increased during this period. This has been attributed in part to the start of school, as well as the start of the winter season.

3) Although Central LHIN has not met the provincial target, Central LHIN's performance is better than provincial performance. Moving forward, Central LHIN will continue to monitor performance.
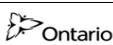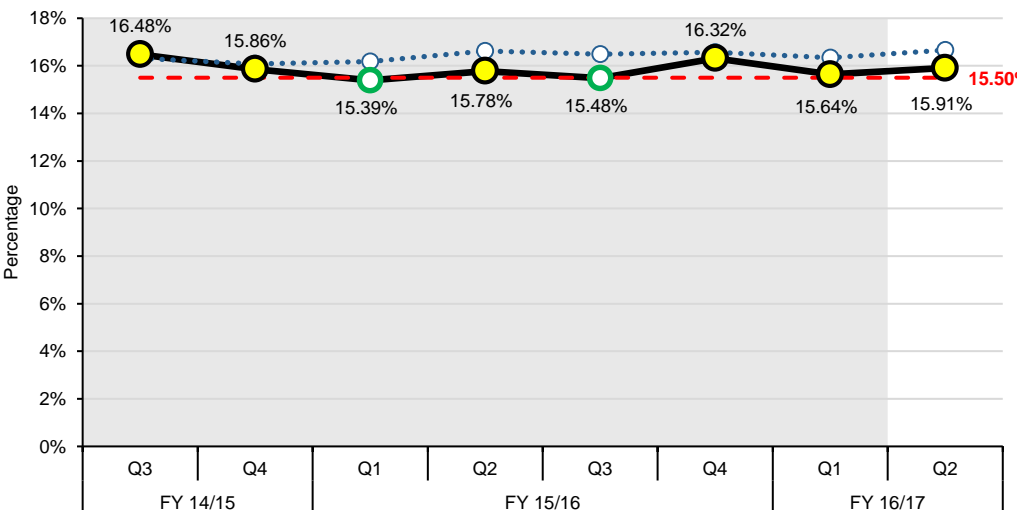
Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	21.60%	31.15%	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?

1a) There has been noticeable improvement since Q2, with Central LHIN ranking 1st among LHINs for lowest percentage of repeat ED visits for substance abuse. A number of initiatives have been in place to contribute to this, with a few highlighted in Question 2. Data demonstrates that there may also be a seasonal factor to substance use given the pattern of decreases in Q3 of each fiscal year.

1b) There are a number of challenges with this population with respect to treatment compliance; however, Central LHIN continues to fund various initiatives to reduce the number of repeat ED visits. Continual monitoring and support from each Central LHIN hospital is essential in addressing this issue and creating collective impact. A number of hospitals are now looking at their top users to provide wrap around services to meet the needs of these patients.

2. - SRHC has partnered with ASYR in the formation of a Rapid Access Addiction Medicine (RAAM) Clinic. This shared care model (with PCP) helps provide timely access to patients with addictions issues (within 7 days) and has been shown to reduce repeat ED visits.
- MH has also been working with ASYR, to meet patients after weekly rounds when appropriate for their services (pre-discharge process).
- HRH employs an addictions nurse to provide psychiatric support to Medicine and Surgery, teaching nurses how to better assess and manage withdrawal behaviors. They have also been involved with the ARCS program, for those accessing the ED for both substance abuse and mental health conditions.

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 (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)	LHIN COMMENTS
	15.91%	16.66%	15.50%	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 above the provincial target of 15.50% (15.91%), however the LHIN performed better than the overall provincial performance of 16.66%. The Central LHIN will continue to monitor the performance of this indicator. A number of initiatives have been implemented across Central LHIN which have had a positive impact to this indicator, including:

1) Implementation of Telehomecare (THC) program, focusing on COPD and CHF patients.

2) Central LHIN continues to monitor and support six adult Diabetes Education Programs (DEPs) and two pediatric DEPs.

3) Implementation of two COPD clinics in the Community Health Centers (CHCs). Specifically, the Vaughan CHC launched their 12 week interdisciplinary Pulmonary Rehabilitation (PR) program in the fall of 2016.

4) Continued implementation of over 380 exercise and 240 falls prevention classes for seniors, including 20 classes that have been designated "Breathe Better" classes, tailored for seniors at risk of COPD and/or CHF.

5) 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 in December 2016, to enhance outpatient rehab capacity for stroke patients in the community.

6) 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.

7) The five Central LHIN Health Links continue to facilitate community conversations, strengthen linkages among care providers, and highlight opportunities to better coordinate care across organizations and sectors.

Moving forward, the Central LHIN will continue to explore new opportunities and initiatives to prevent hospital readmissions, including the spread of the integrated funding model programs.

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 (Q4 FY 16/17)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	78.38%	59.71%	68.19%	68.17%
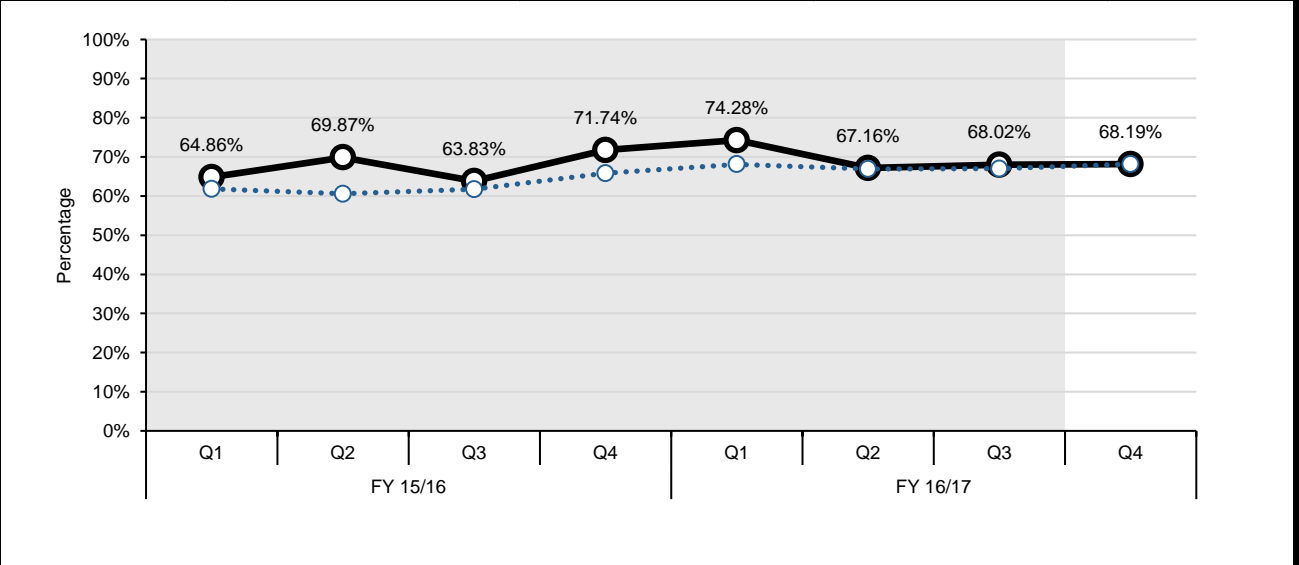
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q4 FY 16/17)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	91.09%	70.67%	84.49%	84.30%

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

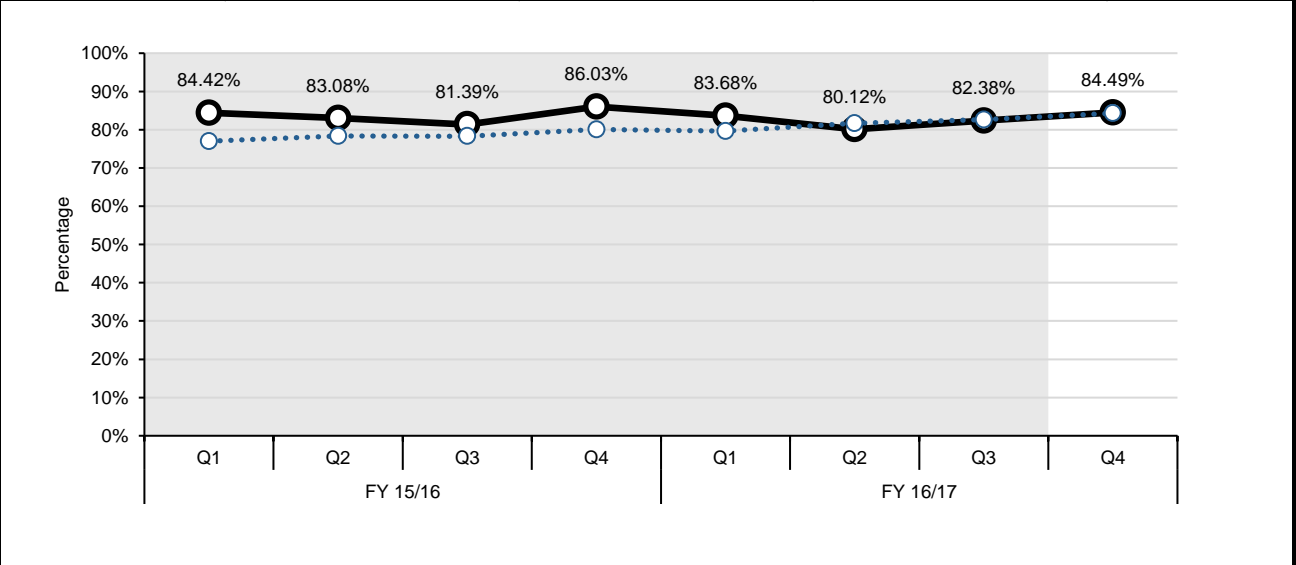| Summary (Q4 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	83.33%	100.00%	97.63%	97.65%	85.32%

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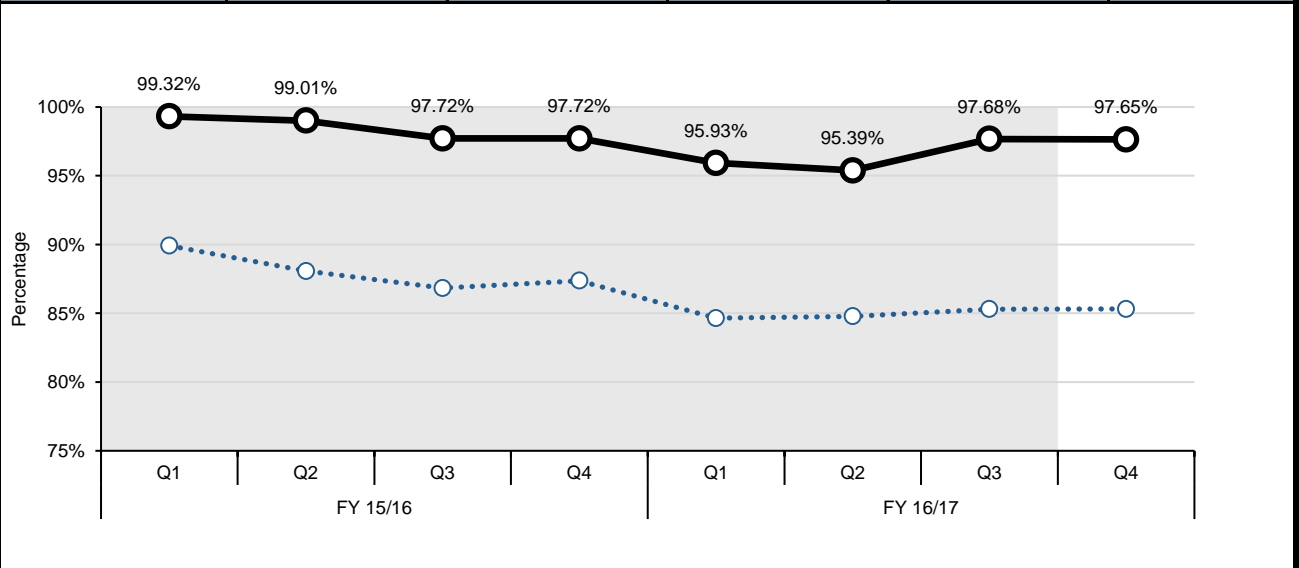
Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	21.00 Days	14.00 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 (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	4.00 Days	8.00 Days

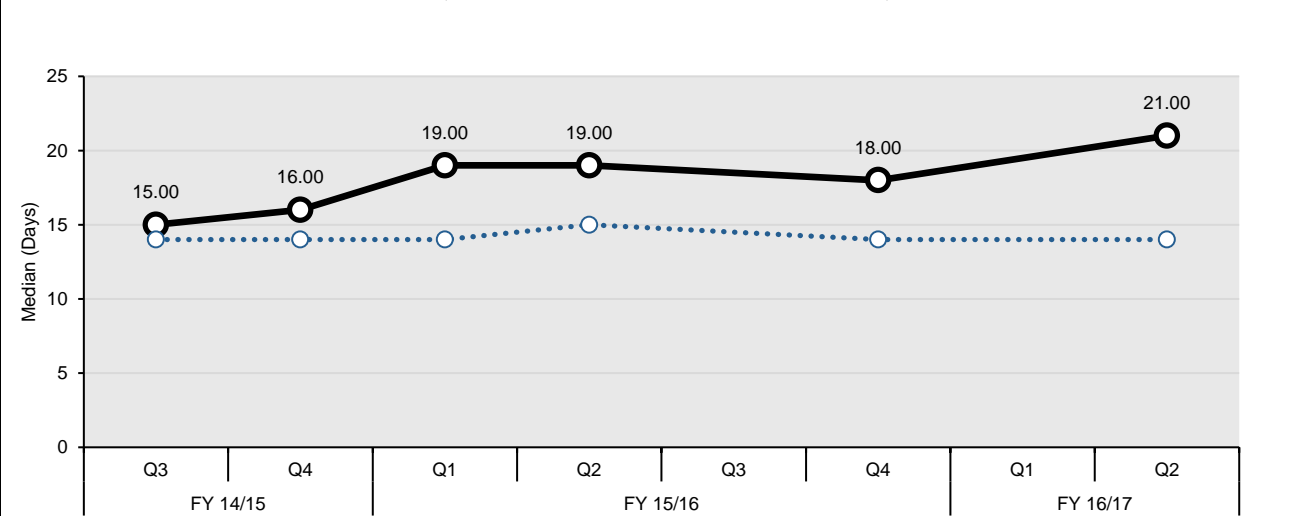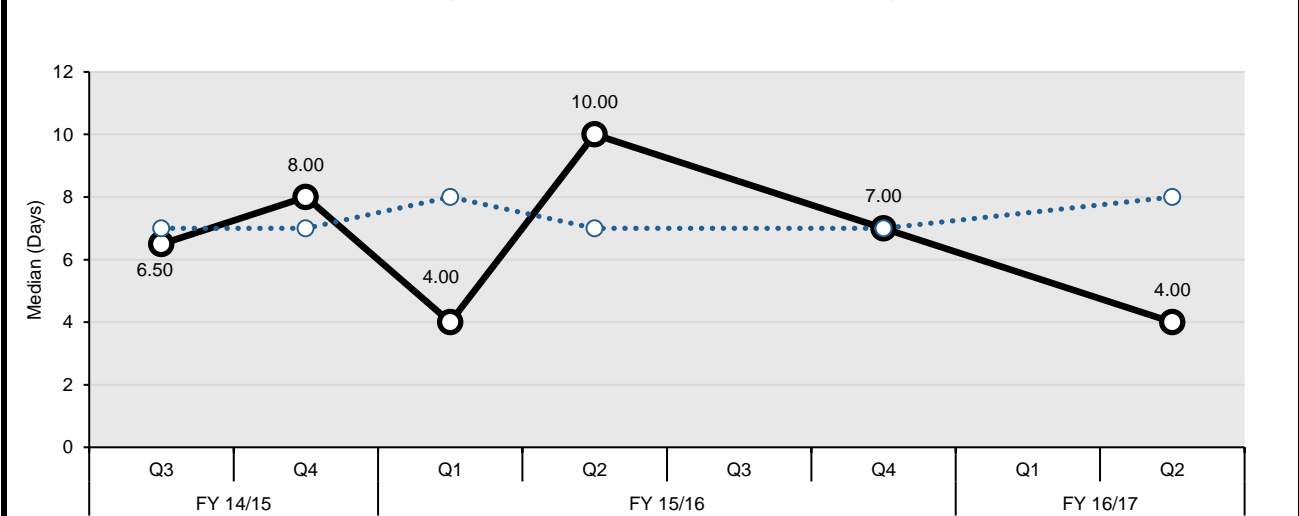Note: Q3 15/16 and Q1 16/17 data are not reported due to data quality issues.

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 (Q3 FY 16/17)	LHIN Performance	Provincial Performance
	1.75	4.58
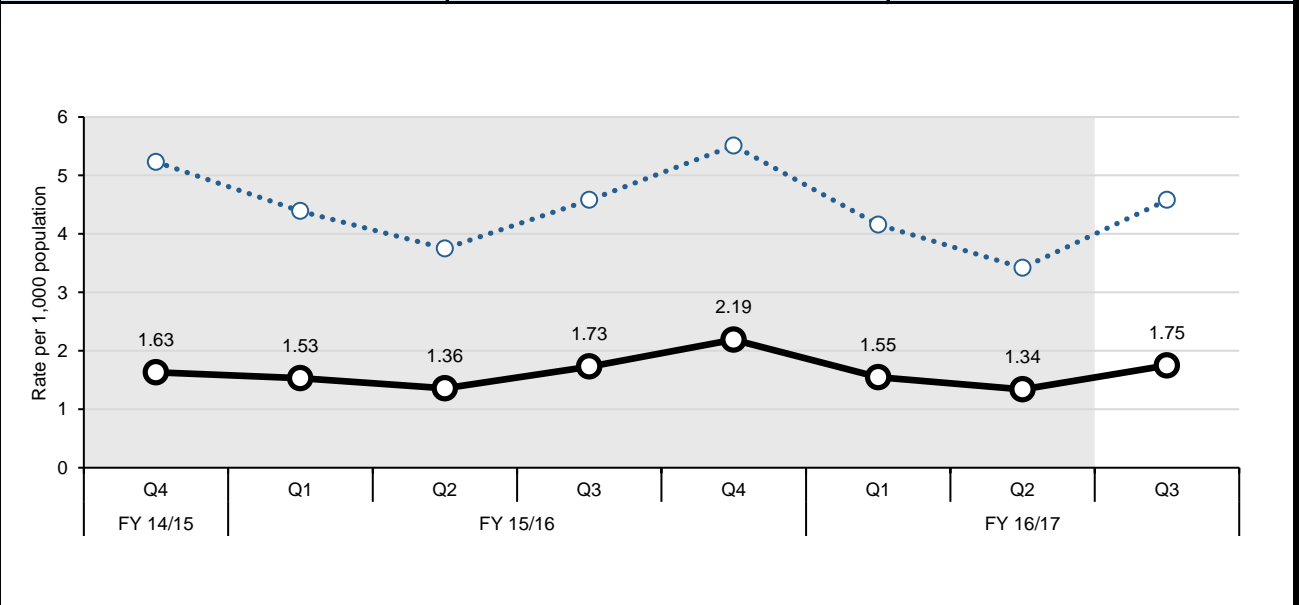
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance
	45.25	81.88
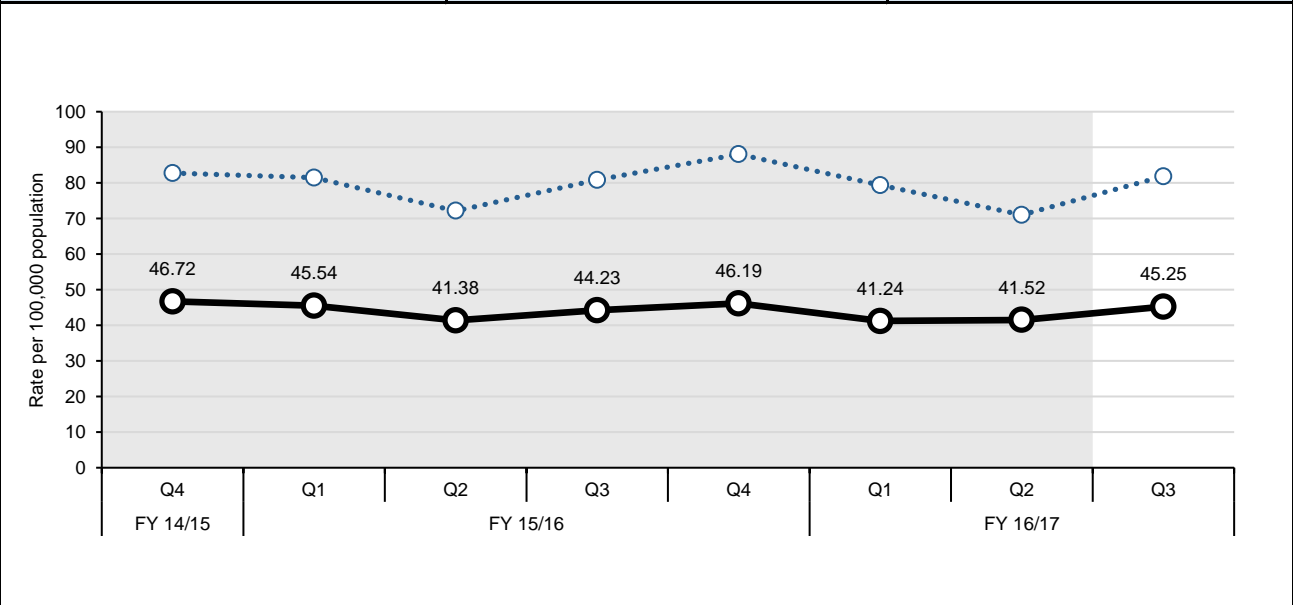
Percent of acute care patients who have had a follow-up with a physician within 7 days of discharge

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	53.82%	47.46%

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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 (Q3 FY 16/17)	LHIN Performance	Provincial Performance
	80.71%	83.48%

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.
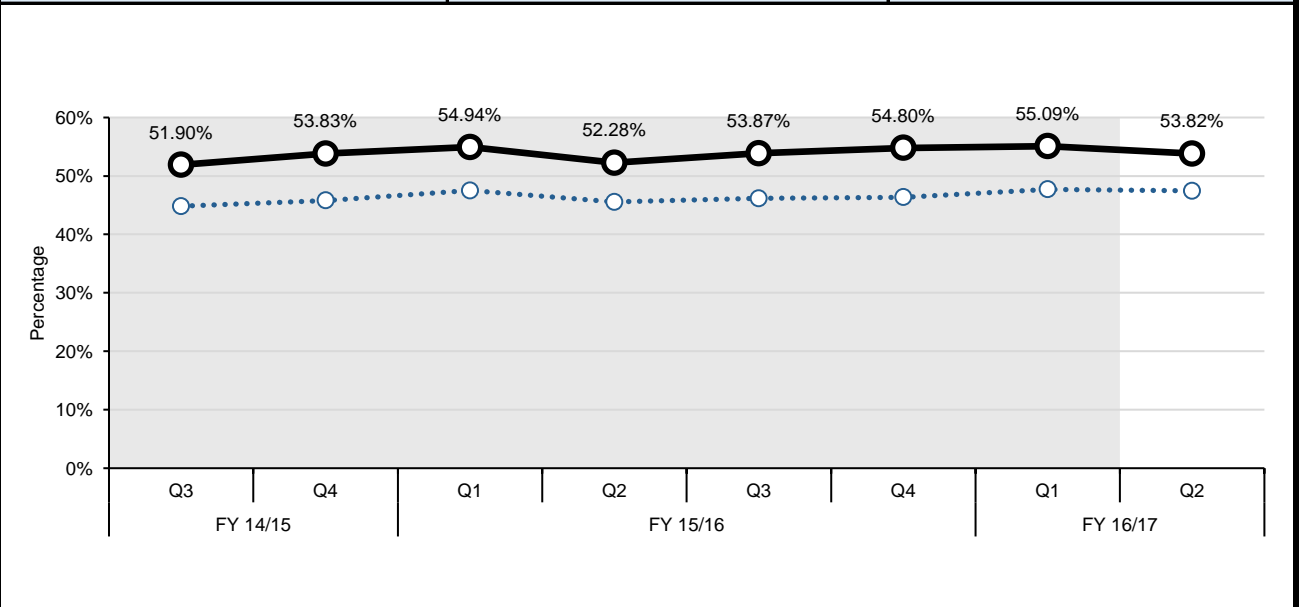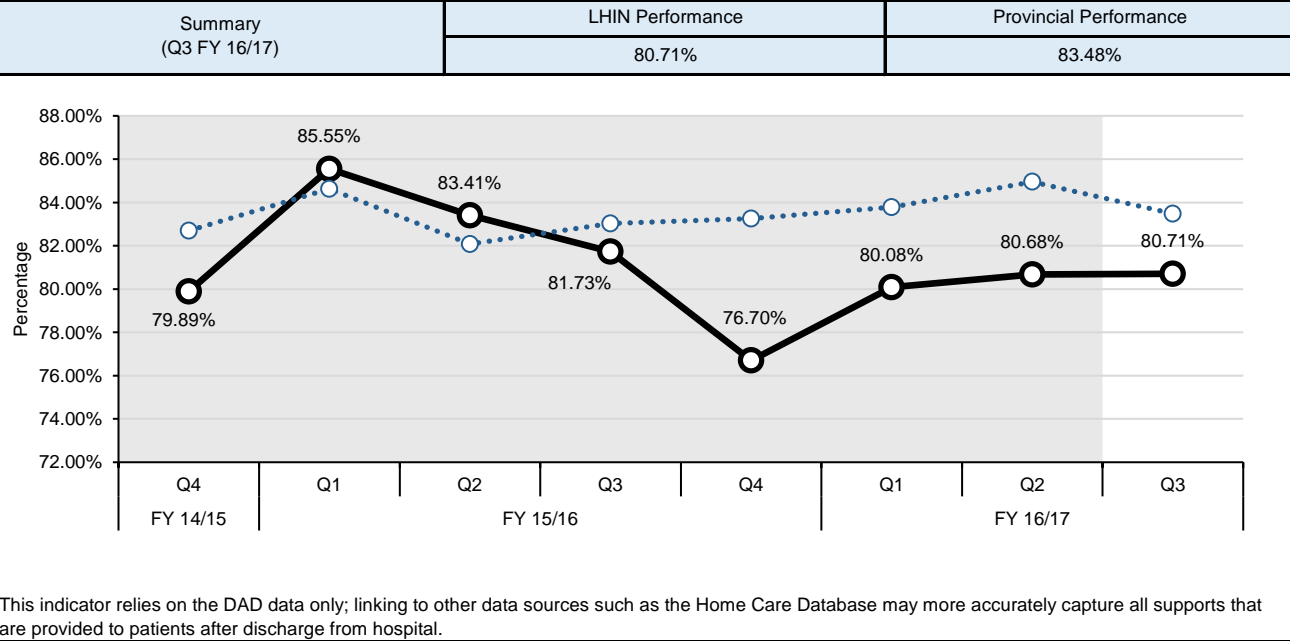
DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Jan 2016 - Dec 2016)	LHIN Performance	Provincial Performance
	88.5% +/- 2.1%	87.0% +/- 0.8%
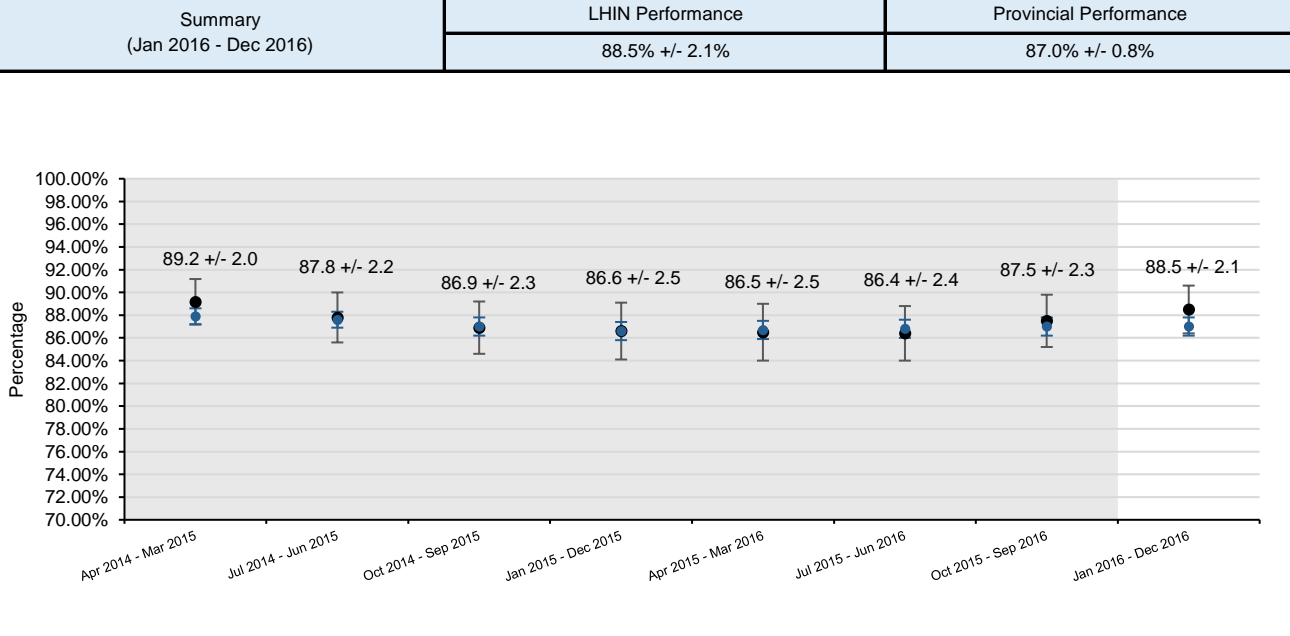
SUMMARY OF PERFORMANCE INDICATORS

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

PERFORMANCE INDICATORS	Reporting Quarter	PROV. TARGET	PROV.	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	Q3 16/17	95.00%	82.10%	90.99%	85.16%	83.72%	89.02%	86.21%	87.20%	86.05%	87.21%	85.50%	87.41%	29.68%	86.45%	80.75%	61.90%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q3 16/17	95.00%	93.83%	96.08%	91.77%	94.02%	94.66%	93.78%	94.99%	93.86%	95.32%	93.27%	93.15%	93.03%	92.09%	93.72%	91.48%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q3 16/17	21.00 Days	29.00	24.00	21.00	13.00	27.00	23.00	37.00	24.00	27.00	56.00	21.00	31.00	51.00	43.00	31.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q3 16/17	TBD	7.00	5.00	8.00	5.00	6.00	8.00	13.00	7.00	5.00	8.00	7.00	7.00	7.00	6.00	5.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q4 16/17	8.00 Hours	11.03	9.97	7.98	8.35	16.83	11.48	11.75	13.35	10.83	10.82	9.70	12.25	9.30	9.05	10.32
90th percentile ED length of stay for minor/uncomplicated patients	Q4 16/17	4.00 Hours	4.23	4.30	3.72	4.67	4.68	3.70	3.75	4.67	3.48	4.17	4.38	4.87	4.25	4.20	4.27
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q4 16/17	90.00%	77.89%	91.13%	40.88%	39.00%	69.19%	75.96%	62.61%	93.65%	98.54%	90.15%	75.00%	93.09%	76.43%	84.74%	75.64%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q4 16/17	90.00%	74.50%	69.73%	45.58%	38.93%	60.86%	62.12%	45.77%	92.45%	96.32%	88.73%	81.30%	88.68%	83.55%	80.62%	82.39%
Percentage of alternate level of care (ALC) days	Q3 16/17	9.46%	15.85%	16.50%	10.67%	12.36%	16.57%	6.67%	17.62%	12.21%	16.88%	17.89%	15.92%	13.99%	16.14%	26.50%	31.12%
ALC rate	Q4 16/17	12.70%	15.27%	15.06%	10.25%	9.85%	14.69%	7.46%	14.29%	11.53%	15.98%	26.27%	17.05%	14.17%	13.95%	22.95%	30.86%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q3 16/17	16.30%	20.39%	18.95%	18.61%	18.58%	20.27%	24.37%	15.42%	27.78%	18.58%	20.52%	19.28%	18.35%	16.30%	18.09%	21.05%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q3 16/17	22.40%	31.15%	28.84%	23.16%	22.60%	28.48%	36.27%	25.57%	42.43%	21.60%	27.75%	21.63%	25.36%	22.39%	29.74%	40.60%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q2 16/17	15.50%	16.66%	16.36%	17.56%	15.76%	16.64%	14.92%	15.48%	17.57%	15.91%	16.90%	18.02%	16.83%	15.83%	16.69%	17.88%

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.

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 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.