

2016/17 MLAA Quarter 4 Stocktake Scorecard - CLHIN Performance

Date Produced: May 12, 2017; Date of Next issue: August 2017

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

Indicator Name	Provincial Target		Performance		Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2010/11?	Comments & CLHIN Initiatives Focused on Improving Performance
			Central LHIN Actual	Provincial Performance					
PERFORMANCE INDICATORS									
Home and Community: Reduce wait time for home care (improve access); More days at home (including end of life care)									
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services (2016Q3)	95.00%		87.21%	82.10%	✓	4		YES	Performance for this indicator has declined slightly from last quarter although the trend over time is positive. While the volume of complex patients remained steady, overall number of PSS patients increased, impacting wait times. Internal process improvements were implemented this year, including enhanced communications with Service Provider Organizations (SPOs) and daily check-ins with SPOs to have first visit booked within target. The primary focus moving forward will be continued collaboration with SPOs to support and sustain improved performance.
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services (2016Q3)	95.00%		95.32%	93.83%	✓	2		YES	Central LHIN continues to meet the provincial target in this quarter. With continued improved utilization of nursing clinics (up from 74% in December 2016 to 85% in March 2017) and the opening of an 8th clinic in October 2016, the CLHIN expects performance to continue to meet target.
90th percentile wait time from community for community care access centres (CCAC) in-home services: application from community setting to first CCAC service (excluding case management) (2016Q3)	21 days		27	29	✓	7		YES	While performance for this indicator has improved significantly over the past few quarters, the trend is flat. Both components of this indicator improved over last quarter, with "time from application to service authorization" improving from 21 days in Q2 to 17 days in Q3, and "time from service authorization to first service" improving from 14 days in Q2 to 10 days in Q3. The main driver of improvement in "time from service authorization to first service" was wait time for Personal Support Services which decreased by 12 days from 22 days in Q2 to 10 days in Q3. Wait times for therapies (Physiotherapy, Occupational Therapy) also decreased slightly this quarter, with a one-day improvement for each service. Internal process improvements noted above also have had a positive impact on performance for this indicator.
90th percentile wait time from hospital discharge to service initiation for home and community care (NEW)*	TBD		5	7	✓	1		N/A	Improvements for this indicator align with the improvements made for the "Percentage of Home Care Clients who received Nursing visit within 5 days of service authorization" indicator. Since the majority of hospital-referred patients would require nursing as their first service, this was likely the biggest driver for this indicator. Central LHIN ranked 1st among the LHINs (along with 3 other LHINs) in Q3.
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 (2016Q4)	8 hours		10.83	11.03	✓	9		YES	ED Length of Stay (LOS) performance in Q4 FY16/17 was slightly worse than the previous quarter. Performance continues to be impacted by increased demand with Central LHIN experiencing the largest annual growth rate (4.9%) in ED volumes among all 14 LHINs between FY 15/16 and FY 16/17. Performance also continues to be driven by length of stay for admitted patients with hospitals, Mackenzie Health and Southlake in particular, experiencing pressure from lack of inpatient bed capacity. The LHIN continues to work with the Ministry to explore temporary acute care bed capacity in Humber River Hospital Finch site. Hospitals continue to implement focused initiatives to improve patient flow and ED capacity.
90th percentile ED length of stay for minor/uncomplicated patients (2016Q4)	4 hours		3.48	4.23	✓	1		YES	CLHIN continues to meet the LHIN target and is ranked #1 in the province on performance for this indicator.
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement (2016Q4)	90.00%	P2: 42 days	98.54%	77.89%	✓	1		YES	CLHIN continues to meet the Hip and Knee performance targets and is ranked #1 in the province on performance for these indicators.
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement (2016Q4)	90.00%	P3: 84 days P4: 182 days	96.32%	74.50%	✓	1		YES	

Indicator Name	Provincial Target	Performance		Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2010/11?	Comments & CLHIN Initiatives Focused on Improving Performance
		Central LHIN Actual	Provincial Performance					
Percentage of alternate level of care (ALC) days (2016Q3)	9.46%	16.88%	15.85%		10		NO	Performance for the Percentage of ALC Days indicator worsened this quarter while ALC Rate improved slightly. Overall trend for both indicators is negative. The top discharge destinations for ALC patients continue to be LTC Homes and Inpatient Rehab. This quarter's performance was impacted by a number of factors including: discharge of several long stay patients (>300 ALC days) from Central LHIN hospitals, and seasonal impact of flu and other outbreaks with Central LHIN LTC homes experiencing outbreak days of 1159 in Q4 (27.6% of LTC home days in operation) as compared with 562 in Q4 2015/16 (13.3% of LTC home days in operation). LTC homes restrict admission during outbreak situations, which limits patient flow from hospitals. The Central LHIN ALC Collaborative continues to explore and implement hospital and community-based initiatives to enhance patient flow.
ALC rate (2016Q4)	12.70%	15.98%	15.27%		10		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 (2016Q3)	16.30%	18.58%	20.39%	✓	6		NO	Performance improved in this quarter. A number of pilot programs within Central LHIN hospitals have shown some success: 1) Discharge Clinic at Southlake has resulted in zero 30-day readmission for patients utilizing the program; 2) ED diversion programs at both North York General and Stevenson; 3) Recently opened adolescent urgent clinic at Mackenzie Health provides timely assessment with individual support and follow-up aimed at reducing additional ED visits; 4) Markham Stouffville is exploring more appropriate post-discharge follow-up for their "high users"; and 5) Humber recently added dedicated crisis nurses in ED targeting their high users.
Repeat unscheduled emergency visits within 30 days for substance abuse conditions (2016Q3)	22.40%	21.60%	31.15%	✓	1		NO	There has been noticeable improvement since Q2, with Central LHIN ranking 1st among LHINs. Central LHIN will continue to monitor the following pilot programs: 1) Southlake formed a shared care model with Addictions Services for York Region (ASYR) to provide timely access (within 7 days) to patients with addictions issues; 2) Mackenzie Health has also partnered with ASYR to coordinate patient services prior to hospital discharge; and 3) Humber employs an addiction nurse to provide psychiatric support and staff education to better assess and manage withdrawal behaviors. Central LHIN will continue to monitor programs to sustain performance.
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions								
Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions (2016Q2)	15.50%	15.91%	16.66%	✓	5		NO	Performance for this indicator worsened slightly this quarter, although performance is within 10% of provincial target. COPD and CHF continue to have the highest readmission rates of all selected conditions. Central LHIN continues to monitor and support the LHIN-funded Telehomecare program which is focused on COPD and CHF. The LHIN has the largest Telehomecare program in the province with a target of 920 enrolments in FY 16/17. Central LHIN also continues to support the implementation of COPD/CHF QBPs and adoption of best practice pathways as well as two Integrated Funding Model pilots for stroke and CHF/COPD through North York General Hospital. Two COPD clinics are expanding outreach to primary care to increase referrals. The LHIN is monitoring these programs which are showing improved adoption and are meeting or exceeding target readmission rates.

Stocktake Performance Indicator Definitions (2015 - 2018)

Target
(FY 2016-2017)

Dimension Indicator Name and Definition

Rationale

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

Stocktake Performance Indicator Definitions (2015 - 2018)

Target
(FY 2016-2017)

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