

2017/18 MCAA Quarter 3 Stocktake Scorecard - CLHIN Performance

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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. Overall, internal process improvements made this year are sustainable and monitoring processes are in place to support 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 (increased from 74% in Dec to 85% in March) 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. Wait times for PSS declined by 12 days (10 days in Q3 FY16/17 from 22 days in Q2 FY16/17), while wait times for therapies (Physiotherapy, Occupational Therapy) declined slightly this quarter, with a one-day improvement for each service.	
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 LHIN (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 P3: 84 days P4: 182 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%		96.32%	74.50%	✓	1		YES	
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: seasonal impact of flu and other outbreaks with Central LHIN LTC homes experiencing in Q4 (60% of outbreak days happened in Q4), and discharge of several long stay patients (>300 ALC days) from Central LHIN hospitals, these factors impacted ALC patients accessing LTC beds. 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		

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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.