

2017/18 MLAA Quarter 4 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 2013/14?	Comments & CLHIN Initiatives Focused on Improving Performance
		Central LHIN Actual	Provincial Performance					
<b>PERFORMANCE INDICATORS</b>								
<b>Home and Community: Reduce wait time for home care (improve access); More days at home (including end of life care)</b>								
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 (2017Q3)	95.00%	92.28%	87.13%	✓	3		YES	Performance for this indicator only declined slightly from the previous quarter despite the demand for personal support services increasing 12% resulting in the highest volume of clients on service in the past three years. The performance trend remains positive over time. Initiatives to improve performance were implemented during the year and in particular focused on enhanced communication with Service Provider Organizations (SPOs) which led to reduced wait times for service initiation. Central LHIN continues to work collaboratively with the SPOs to determine root causes for each individual patient that did not receive services within the target time and implement corrective actions.
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services (2017Q3)	95.00%	96.02%	95.77%	✓	7		YES	Central LHIN achieved the provincial target and has continued to do so for the past seven quarters. Continued monitoring of this indicator and the improvement strategies put in place earlier in the year occur on a weekly basis to ensure performance is sustained. Central LHIN expects to continue to meet the target for this indicator.
90th percentile wait time from community setting to first home care service (excluding case management) (2017Q3)	21 days	21	28	✓	2		YES	Central LHIN performance for this indicator has stabilized over the past year and in this latest quarter, the LHIN met the target of 21 days for the first time. The improved performance is mainly the result of implementing an enhanced visual management tool for LHIN care coordination staff which enabled staff to be more responsive in the referral process and address areas of potential delay in a more timely manner. At the same time, root cause analysis continues to be conducted on each patient that did not receive services within the target wait time to support the improved performance in this indicator.
90th percentile wait time from hospital discharge to service initiation for home and community care (2017Q3)	TBD	5	7	✓	1		N/A	Performance improved in Q3 of 2017/18 to 5 days and over the past two years, performance has remained stable hovering between the 5 - 6 day wait time. Although there is no provincial target set for this indicator, Central LHIN has performed well compared to other LHINs by ranking #1 this quarter and continuing to perform better than the provincial average over time.
<b>System Integration and Access: Provide care in the most appropriate setting; Improve coordinated care; Reduce wait times (specialists, surgeries)</b>								
90th percentile emergency department (ED) length of stay for complex patients (2017Q4)	8 hours	11.25	11.50	✓	8		NO	The ED length of stay (LOS) for complex patients in Central LHIN continued to worsen in Q4 of 2017/18 driven by one of the highest ED volumes in the province with four Central LHIN hospitals among the top ten hospitals in Ontario. The longer LOS for complex patients is the result of the inpatient bed capacity challenges faced by the hospitals, especially during the Q4 flu season, which impeded the flow of admitted patients into an acute care bed in particular for Mackenzie Health and Southlake Regional Health Centre. The opening of beds at the Reactivation Care Centre in conjunction with the one-time Ministry funding to open additional flex beds in Central LHIN provided much-needed capacity within the LHIN, however, the hospitals' ED LOS were still impacted by the seasonal surge in patient activity. Central LHIN hospitals continue to focus efforts on improving patient flow for admitted patients, however, acute bed capacity remains a significant challenge.
90th percentile ED length of stay for minor/uncomplicated patients (2017Q4)	4 hours	4.07	4.67	✓	2		NO	Central LHIN performance in ED LOS for minor/uncomplicated patients has historically met the provincial target; however, during 2017/18 the performance worsened and the performance target was not met for the first time in Q4. All Central LHIN hospitals experienced the surge in ED volumes during the Q4 period leading to the system capacity and patient flow challenges, even for the low acuity ED patients. Central LHIN will continue to work with the hospitals to focus on ED patient flow, process improvement for non-complex patients, and timelier access to diagnostic tests in order to improve performance on this indicator.

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Percent of priority 2, 3 and 4 cases completed within access target for hip replacement (2017Q4)	90.00%	P2: 42 days P3: 84 days P4:182 days	98.04%	78.32%	✓	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 (2017Q4)	90.00%		94.20%	72.99%	✓	1		YES	
Percentage of alternate level of care (ALC) days (2017Q3)	9.46%		22.30%	16.45%		12		NO	Performance for the percentage of ALC days indicator worsened significantly this quarter as there was an 88% increase in ALC days between Q2 and Q3 of 2017/18. The significant increase was attributed mainly to three Central LHIN hospitals (Humber River Hospital, North York General, and Southlake Regional Health Centre) that have beds operating at the new Reactivation Care Centre (RCC) that opened in December 2017. Prior to their transition to the RCC, patients with ALC designations were discharged from their home hospital sites and then readmitted to the RCC, thereby triggering their total ALC days to be reported in the Q3 period. On the other hand, the ALC rate improved in Q4 of 2017/18, however, this improvement is due to the exclusion of ALC data attributed to patients in the RCC. The ALC data was excluded due to data quality issues as the RCC site is a new facility. Q4 data continues to demonstrate the same trend as before where the majority of ALC patients are waiting for LTC.
ALC rate (2017Q4)	12.70%		13.68%	16.06%	✓	8		NO	Additional bed capacity is being added to the RCC in 2018/19 as Markham Stouffville Hospital will operate 24 new beds while Mackenzie Health will transfer up to 88 rehab/complex continuing care beds to the RCC in order to enable 64 additional acute beds to be opened at their main Richmond Hill site. Furthermore, Central LHIN is investing base funding to support 3 Assess and Restore programs that will provide cross-continuum support to seniors to regain and maintain functional independence and facilitate return to home, and assist patients to remain in the community for as long as possible.
<b>Health and Wellness of Ontarians - Mental Health: Reduce any unnecessary health care provider visits; Improve coordination of care for mental health patients</b>									
Repeat unscheduled emergency visits within 30 days for mental health conditions (2017Q3)	16.30%		20.58%	21.82%	✓	9		NO	Performance in repeat ED visits for patients with mental health conditions improved in Q3 in comparison to the prior quarter and reversed the worsening trend seen over the past three quarters. Although there was improved performance, the provincial target was not met and a significant factor continues to influence this indicator which is a small core group of patients who repeatedly use the ED. Central LHIN hospitals continue to focus efforts on the group of high repeat users by working with community partners to identify opportunities to effectively support the transfer of patients into the community with the appropriate care. The Access to Resources and Community Services (ARCS) program was established in the North York area to link hospitals with community agencies in order to offer patients with community-based follow up services to minimize repeat ED visits. Schizophrenia and psychotic disorders is the main diagnostic group driving repeat mental health ED visits; therefore Central LHIN, in partnership with Health Quality Ontario, is also working with all hospitals to adopt the schizophrenia quality standard.
Repeat unscheduled emergency visits within 30 days for substance abuse conditions (2017Q3)	22.40%		25.77%	32.08%	✓	5		NO	Repeat ED visits for substance abuse conditions improved this quarter and performed better than the provincial average, but did not meet the provincial target. Similar to patients with mental health conditions, there continues to be a small group of individuals with substance abuse conditions who disproportionately present to the ED. A service stream for addictions has been added to the Access to Resources and Community Services (ARCS) program enabling the North York area hospitals to transition patients out of the acute setting and into the community by linking patients with agencies that can provide crisis intervention and short-term support. Central LHIN continues to focus on investments made to establish Rapid Access Addiction Medicine (RAAM) Clinics in each of the LHIN's sub-regions as part of the provincial opioid strategy. In addition, Central LHIN is currently working on the Three-Year Addictions Strategy in alignment with the provincial opioid strategy which includes a focus on addictions with supportive housing investments targeting specific opportunities to better address addictions issues within the community.
<b>Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions</b>									
Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions (2017Q2)	15.50%		16.41%	16.39%		7		NO	Performance worsened this quarter for readmissions of select HIG conditions and Central LHIN did not meet the provincial target like it did in the previous two quarters. Readmission rates for the COPD and CHF clinical groups continue to be the highest for the LHIN, however, notable increases in readmission rates for diabetes and gastrointestinal conditions contributed to the decline in performance this quarter. Central LHIN is continuing to support two Integrated Funding Model pilots for stroke and CHF/COPD through North York General Hospital which will continue in fiscal 2018/19 with the focus on outcome evaluation as well as transitioning from a project status to an established program. The LHIN is also implementing the expansion of Interprofessional Primary Care Teams in the LHIN's sub-regions to increase the access of primary care providers and their patients to allied health services which will help support the care needs of patients with chronic conditions in their community.