

2015/16 MLAA Quarter 2 Stocktake Scorecard - Central LHIN Performance										
Date produced: Jan 4, 2015; Date of next issue: Feb 2016								LEGEND		
								Achieved Provincial Target	Within 10% of Provincial Target	>10% From Provincial Target
Performance Indicators	Provincial Target	CLHIN Target 2015-16	Performance		Better than ON?	CLHIN Ranking*	CLHIN Trend from Q1 2010/11 - YTD	Improving?	Comments & CLHIN Initiatives Focused on Improving Performance	
			CLHIN	ON						
Home and Community: Reduce wait time for home care (improve access); More days at home (including end of life care)										
% of Home Care Patients with Complex Needs who received first Personal Support (PS) Visit within 5 Days of date they were Authorized for <u>PS Services</u> (Q1 15/16)	5 days	95.00%	83.30%	84.14%	X	10		YES	PSS - There continues to be increasing numbers of complex patients and corresponding demand for PSS services. Patient-related issues (e.g. choice) were the primary drivers for service start date of >5 days. In FY 15/16, Central LHIN provided \$900K from Community Discretionary funds; \$2.275M (\$3.133M annualized) from HSFR; and \$60K from Assess and Restore to mitigate demand.	
% of Home Care Patients who received their First Nursing Visit within 5 days of the date they were Authorized for <u>Nursing Services</u> (Q1 15/16)	5 days	95.00%	93.44%	93.63%	X	7		YES	Nursing - There is an increasing demand for nursing services. Central CCAC is working to maximize the utilization of clinics with a goal to increase utilization to 95%. CCAC clinic utilization has increased from 55% in April 2015 to 75% in November 2015. In December 2015, CCAC expanded on the process change for directing non-urgent referrals to Care Coordinators on Short Stay Rehab teams to complete intake assessments and initiate service planning, including Nursing services. Central LHIN has invested \$4.75M from Community Discretionary funds; \$589K towards service maximums; and \$40K from Assess and Restore funding.	
90P Wait Time from Community for CCAC In-Home Services: Application from Community Setting to First CCAC Service (excluding case management) (Q1 15/16)	21 days	21	35	30	X	11		NO	In-Home Services - Central CCAC experienced a business interruption in Q4 FY 14/15, which the organization continued to recover from in Q1 FY 2015/16. The organization has planned a Quality Improvement event in December 2015 to address root causes for wait times. The Central CCAC is trending towards a surplus for school Speech Language Pathology (SLP), which is a primary driver for this indicator. Central LHIN is working with the Central CCAC who have assured the LHIN that funding will be fully spent by year-end.	
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 (Q2 15/16)	8 hours	8	9.70	9.82	✓	10		YES	Central LHIN hospitals continue to have focused initiatives in place to improve LOS for admitted patients, which is the main driver of performance for this indicator. Initiatives include holiday planning strategies, patient flow/ALC reduction strategies, increased capital/equipment resources, and process improvement/efficiencies. In response to their poor performance, Mackenzie Health and Southlake are in the process of implementing a range of mitigation strategies to improve their internal ED processes.	
90P ED LOS for Minor/ Uncomplicated Patients (Q2 15/16)	4 hours	4	3.25	4.03	✓	1		YES	Focused initiatives are in place to sustain current performance, for example: Central LHIN Holiday Planning Strategy, flow in ED, process improvement for non-complex patient visits, internal protocols to identify pressures in the ED, optimizing inpatient tools to identify patient readiness for discharge, increased access to Diagnostic Imaging, expediting Physician Initial Assessment times.	
% of Priority 2, 3, and 4 Cases Completed Within Access Target for <u>MRI Scans</u> (Q2 15/16)	P2: 2 days P3: 2-10 days P4: 28 days	90.00%	41.92%	36.14%	✓	5		YES	While the LHIN has noted steady improvement in performance, Central LHIN hospitals have experienced significant increased demand which impacts wait times. The LHIN has allocated discretionary funding in Q2 2015/16 and expect to see improvements and move closer to the target in Q3 and Q4.	
% of Priority 2, 3, and 4 Cases Completed Within Access Target for Diagnostic <u>CT Scan</u> (Q2 15/16)	P2: 2 days P3: 2-10 days P4: 28 days	90.00%	85.54%	75.77%	✓	4		YES	Upon notification of the Wait Times incremental allocations, Central LHIN hospitals will ramp up operations to show further improvement in Q3/Q4. The LHIN has allocated discretionary funding (i.e., UPF) in Q2 2015/16 and will allocate more in Q3 in order to move closer to the target.	
% of Priority 2, 3 and 4 Cases Completed Within Access Targets for <u>Hip Replacement</u> (Q2 15/16)	P2: 42 days P3: 84 days P4: 182 days	90.00%	96.25%	78.84%	✓	1		YES	Central LHIN 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 <u>Knee Replacement</u> (Q2 15/16)		90.00%	96.56%	78.89%	✓	1		YES		
Percentage of Alternate Level of Care (ALC) Days (Q1 15/16) (closed cases, acute)	9.46%	9.46%	13.99%	14.75%	✓	7		YES	The Central LHIN hospitals and CCAC are on schedule to implement all 4 Home First projects and begin piloting by the end of the 2015 calendar year. The Central LHIN is also forming an ALC Collaborative team of hospital, CCAC and Central LHIN staff to provide focused, collective resources to enhance flow, efficiency, effectiveness and system capacity across the continuum for the benefit of Central LHIN patients. The planning and development of improvement strategies by the ALC Collaborative began in December 2015.	
ALC Rate (Q2 15/16) (open and closed cases, acute and post-acute)	12.70%	12.70%	13.38%	13.89%	✓	7		YES		
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 <u>Mental Health</u> Conditions (Q1 15/16)	16.30%	16.30%	18.47%	19.91%	✓	8		NO	In 2015/16 & 2016-17, planning in the NY West and South Simcoe subLHIN regions will focus on leveraging existing resources to determine areas for integration of service delivery to better address needs of residents. The CritiCall Provincial Bed Registry initiative will also be implemented across all LHIN hospitals. Central LHIN is meeting with both Mackenzie Health and Markham Stouffville hospitals to better understand the increasing trends for repeat visits at their facilities over the last four quarters.	
Repeat Unscheduled Emergency Visits within 30 days for <u>Substance Abuse</u> Conditions (Q1 15/16)	22.40%	22.40%	24.15%	33.77%	✓	4		NO	Alcohol Use continues to be the #1 issue for CLHIN and tje province; NY West and NY Central subLHIN planning areas are still driving the poor performance. Focused Addictions planning is underway in these 2 regions to determine areas for integration of service delivery. CLHIN will continue to work with Psychiatry leadership, EDs and providers to identify opportunities for improvement.	
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions										
Readmissions within 30 days for selected HBAM Inpatient Grouper (HIG) conditions (Q4 14/15)	15.50%	15.50%	15.86%	16.08%	✓	8		NO	This indicator includes the following 8 conditions: Acute Myocardial Infarction (AMI), Cardiac conditions (excl heart attack), Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Diabetes, Stroke, and Gastrointestinal (GI) disease. CHF and COPD are the main drivers of poor performance for this indicator. Performance is expected to improve due to: Telehomecare now being operational in all Health Links, implementation of CHF and COPD QBPs, availability of 2 community-based COPD clinics, COPD and CHF-specific falls prevention classes, and the North York Central Collaborative for COPD and CHF as part of a provincial pilot for the Integrated Funding Model Project.	

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