

2017/18 MLAA Quarter 2 Stocktake Scorecard - CLHIN Performance

Appendix C

Date Produced: November 14, 2017; Date of Next issue: March, 2018

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					
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 (2017Q1)	95.00%	94.28%	89.26%	✓	4		YES	Performance improved for this indicator in this quarter. The enhanced communication process established with service provider organizations continues to support processes for ensuring clients receive service within 5 days. Another factor contributing to the performance improvement is the change in methodology for calculating this indicator which took place in Q1 of 2017/18. The new method now calculates the wait time starting from when the patient is available for service, rather than when the service is authorized. The LHIN has invested in additional assistance living, attendant outreach and adult day programs to further support improvement in this indicator. Central LHIN will continue to work towards meeting the target of 95% at the end of the fiscal 2017/18 year.
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services (2017Q1)	95.00%	96.89%	96.34%	✓	5		YES	Central LHIN continues to meet the provincial target for this indicator since Q1 of 2016/17. The performance has been sustained through process improvements implemented in earlier periods such as: 1) Monitoring compliance on the standardized service offer process in conjunction with regular reporting and auditing of processes followed with corrective actions if necessary; 2) Enhancing communication with service providers (e.g. mandatory completion of the "service requested by" date field); and 3) A sustainability plan for orientation of care coordinators to ensure new hires are accurately completing documentation of key information (e.g. First Visit Date). The performance improvement this quarter is partly attributed to the change in methodology for calculating this indicator where wait time is now calculated from the Patient Availability date as opposed to the Service Authorization date. Central LHIN expects to continue to meet the provincial target.
90th percentile wait time from community setting to first home care service (excluding case management) (2017Q1)	21 days	22	28	✓	3		YES	Performance has improved steadily since Q1 of 2016/17. For Q1 of 2017/18, performance improved to 22 days and Central LHIN ranked 3rd in the province, due in part to significant investments in home and community care in FY 2017/18. Three new strategies were implemented which contributed to the performance improvement: enhancement of a dashboard that enabled staff to proactively coordinate the start of services within 21 days; practice of scheduling initial home visits at the time of intake; and collaboration with rehab service provider organizations to improve the service offer process and in turn reduce response time. Central LHIN continues to focus on the existing strategies and ensure compliance to support sustained performance in working towards meeting the target by the end of fiscal 2017/18.
90th percentile wait time from hospital discharge to service initiation for home and community care (2017Q1)	TBD	5	7	✓	1		N/A	Performance for this indicator has been sustained from the previous quarter and continues to be aligned with the improvements made for the "Percentage of Home Care Clients who received Nursing visit within 5 days of service authorization" indicator. Better than average wait times for Short Stay Rehab and Long Stay Complex patients have contributed to improved performance.
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 (2017Q2)	8 hours	10.23	10.62	✓	6		YES	ED Length of Stay (LOS) performance worsened during last quarter. Central LHIN had the highest ED volume of complex patients among all 14 LHINs in Q2 of 2017/18 with four of Central LHIN hospitals being in the top ten hospitals in the province. Performance continues to be driven by the length of stay for admitted patients. Therefore, Central LHIN hospitals are focusing on initiatives to improve patient flow targeting the length of stay for the complex admitted patients. The Reactivation Care Centre at the former Humber River Finch site was opened in early December 2017, and 71 flex beds were opened across the LHIN. This has created additional capacity for acute inpatient beds that will help improve patient flow at the five Central LHIN large community hospitals.
90th percentile ED length of stay for minor/uncomplicated patients (2017Q2)	4 hours	3.80	4.35	✓	3		NO	Central LHIN continues to meet the target and perform better than the provincial average, however, performance has worsened slightly in Q2 of 2017/18 compared to prior quarters. 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.

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Percent of priority 2, 3 and 4 cases completed within access target for hip replacement (2017Q2)	90.00%	P2: 42 days P3: 84 days P4:182	97.14%	77.98%	✓	1		YES	Central LHIN 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 (2017Q2)	90.00%		95.30%	73.98%	✓	1		YES	
Percentage of alternate level of care (ALC) days (2017Q1)	9.46%		13.01%	13.87%	✓	6		NO	Percentage of ALC Days improved significantly this quarter as this performance reflected the lowest percentage of ALC days in two fiscal years. The improved performance was driven by the decrease in ALC discharged cases along with a decrease in the number of ALC discharged cases with long lengths of stay (> 100 days). However, the ALC Rate worsened in Q2 of 2017/18 as five of six Central LHIN hospitals experienced an increased ALC rate. The top discharge destinations for ALC patients continue to be LTC, Home with Community Services, and Inpatient Rehab with the majority waiting for LTC. The opening of the Reactivation Care Centre at the former Humber River Finch site in December 2017 will support additional capacity for acute medical inpatient beds combined with enhanced care for patients in the new Reactivation Centre to facilitate improved transitions home. The Central LHIN is also engaged in strategic planning with hospitals to integrate traditional roles of hospital discharge planning and Home and Community Care service coordination.
ALC rate (2017Q2)	12.70%		17.02%	15.87%		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 (2017Q1)	16.30%		20.13%	20.82%	✓	9		NO	Performance worsened in this quarter and has declined over the past several quarters. A strong contributor to this performance is the frequent repeat visits to the ED from a core group of patients, concentrated at three hospitals with the high repeat visits. Central LHIN continues to work with key stakeholders regarding the proposed creation of a Mental Health Hub aimed at providing the appropriate care in the community setting to divert unnecessary ED visits. Investments are also being made in an Assertive Community Treatment (ACT) Team in South Simcoe to address the service gap in the north for those with serious mental health illness and complex needs who often present in the ED.
Repeat unscheduled emergency visits within 30 days for substance abuse conditions (2017Q1)	22.40%		25.31%	33.80%	✓	4		NO	Repeat ED visits for substance abuse conditions improved slightly in Q1 of 2017/18 and performed better than the provincial average. Central LHIN ranked 4th this quarter among all LHINs, however, performance remains unfavourable to the provincial target. Performance continues to be impacted by the patients' choice in seeking or receiving treatment and a small number of patients who account for a disproportionately large number of repeat ED visits. Central LHIN has continued an investment in the Rapid Access Addiction Medicine (RAAM) Clinic based at Southlake Regional Health Centre and will be expanding this type of clinic to each of Central LHIN's remaining sub-regions as part of the provincial opioid strategy. In addition, Central LHIN has completed its Three-Year Addictions Strategy in alignment with the provincial opioid strategy which outlines specific opportunities to better address addiction issues within the community.
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions									
Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions (2016Q4)	15.50%		15.32%	16.71%	✓	2		NO	Performance in this readmission indicator improved in Q4 of 2016/17 compared to prior quarters and met the provincial target. The improvement this quarter was due to a reduction in the readmission rates for the COPD and CHF patients which have consistently high for the LHIN over the past periods. Central LHIN continues to fund initiatives including the Telehomecare program which is the largest program in the province focusing on COPD and CHF and the implementation of two COPD clinics in Community Health Centres aimed at expanding outreach to primary care. The LHIN also continues to support two Integrated Funding Model pilots for stroke and CHF/COPD through North York General Hospital. Both projects will continue in fiscal 2018/19 with the focus of transitioning from a project status to an established program. The LHIN is monitoring these programs to demonstrate improved adoption and support that will contribute towards improved performance for this readmission indicator.