


MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: Central LHIN

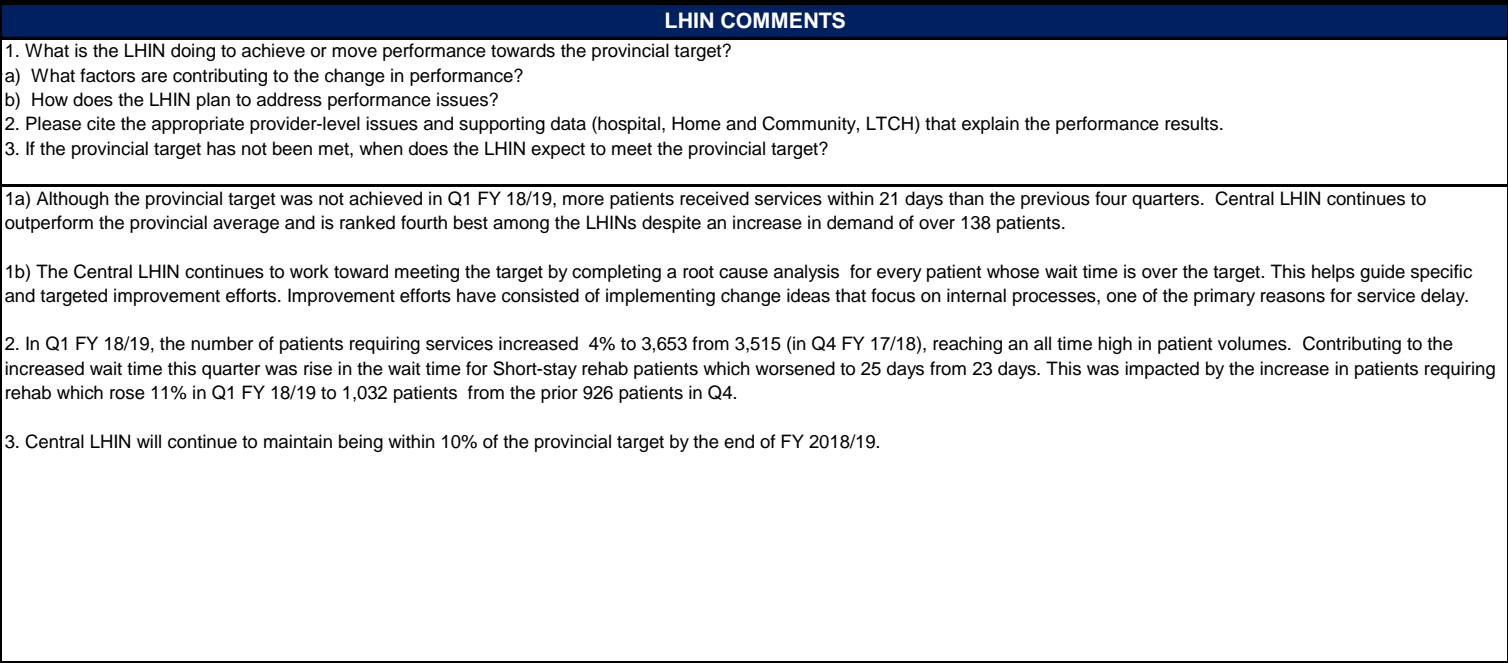
REPORT DATE: November 2018

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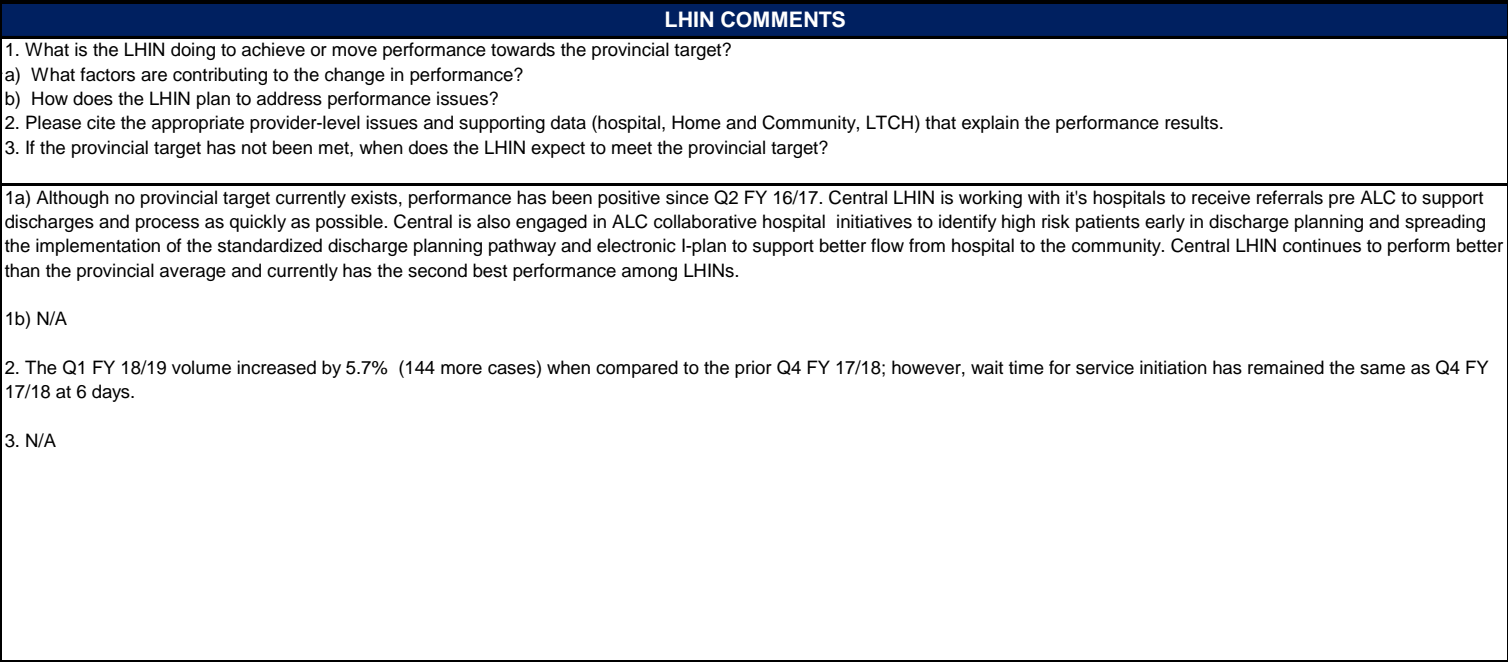
<div> Central LHIN</div>			
PERFORMANCE INDICATORS: HOME AND COMMUNITY CARE			
OBJECTIVES: 1. Reduce wait time for home care (improve access) 2. More days at home (including end of life care)			
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services			
Summary (Q1 FY 18/19)	LHIN Performance 94.53%	Provincial Performance 87.09%	Provincial Target (FY 18/19) 95.00%
<div><div><div><div><div><div></div><div>Percentage</div></div><div><div></div><div>100%</div></div><div><div></div><div>95%</div></div><div><div></div><div>90%</div></div><div><div></div><div>85%</div></div><div><div></div><div>80%</div></div><div><div></div><div>75%</div></div><div><div></div><div>70%</div></div></div><div><div><div>Q2</div><div>Q3</div><div>Q4</div><div>Q1</div><div>Q2</div><div>Q3</div><div>Q4</div><div>Q1</div></div><div><div>FY 16/17</div><div>FY 17/18</div><div>FY 18/19</div></div></div><div><div><div>91.10%</div><div>87.21%</div><div>89.15%</div><div>94.28%</div><div>92.95%</div><div>92.28%</div><div>92.37%</div><div>94.53%</div></div><div><div>95.00%</div></div></div></div></div><div><div>1. What is the LHIN doing to achieve or move performance towards the provincial target? a) What factors are contributing to the change in performance? b) How does the LHIN plan to address performance issues?</div><div>2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.</div><div>3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?</div></div><div><div>1. Although the provincial target was not achieved in Q1 FY 18/19, Central LHIN continues to perform above the provincial average for the past 8 quarters and is ranked 2nd among all LHINs. This is the highest performance achieved to date for Central LHIN. a) Performance improved in Q1 18/19 despite a high demand for personal support for both complex and non-complex patients (second largest number of clients in province). The increase in volume is a trend seen in the last several quarters. b) Central LHIN missed the 95% provincial target in Q1 FY 18/19 by only 3 patients who did not receive personal support service within 5 days. For each of these patients, Central LHIN and its Service Provider Organizations have determined the root cause and implemented corrective actions. Central LHIN will continue to monitor wait times. Cases with delays will be focused on in collaboration with Service Provider Organizations to identify and correct the delays. 2. The number of complex patients increased 5.6% this Q1 from the previous quarter, reaching the highest number of complex patients (512) on service over the past five years. Despite the high volume, the 90th percentile wait time from authorization to personal support service has remained consistent at 5 days for the past five quarters. 3. Central LHIN is working toward meeting the target by the end of FY 2018/19.</div></div></div>			
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services			
Summary (Q1 FY 18/19)	LHIN Performance 96.60%	Provincial Performance 96.37%	Provincial Target (FY 18/19) 95.00%
<div><div><div><div><div><div></div><div>Percentage</div></div><div><div></div><div>100%</div></div><div><div></div><div>99%</div></div><div><div></div><div>98%</div></div><div><div></div><div>97%</div></div><div><div></div><div>96%</div></div><div><div></div><div>95%</div></div><div><div></div><div>94%</div></div><div><div></div><div>93%</div></div><div><div></div><div>92%</div></div><div><div></div><div>91%</div></div><div><div></div><div>90%</div></div></div><div><div><div>Q2</div><div>Q3</div><div>Q4</div><div>Q1</div><div>Q2</div><div>Q3</div><div>Q4</div><div>Q1</div></div><div><div>FY 16/17</div><div>FY 17/18</div><div>FY 18/19</div></div></div><div><div><div>95.76%</div><div>95.32%</div><div>95.58%</div><div>96.89%</div><div>96.20%</div><div>96.02%</div><div>96.14%</div><div>96.60%</div></div><div><div>95.00%</div></div></div></div></div><div><div>1. What is the LHIN doing to achieve or move performance towards the provincial target? a) What factors are contributing to the change in performance? b) How does the LHIN plan to address performance issues?</div><div>2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.</div><div>3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?</div></div><div><div>1a) Central LHIN has surpassed the provincial target for the past nine quarters. This quarter's performance is the second highest achieved to date for Central LHIN. b) Central LHIN continues to monitor this measure on a weekly basis to ensure that the performance is sustained. 2. The 90th percentile wait time from authorization to nursing service has remained consistent at 3 days for the past six quarters despite increasing patient volumes. Patients requiring nursing services grew 6% this Q1 from the previous Q4 period, reaching an all time high of 6,821 patients. 3. The Central LHIN expects to continue to meet the provincial target.</div></div></div>			

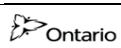
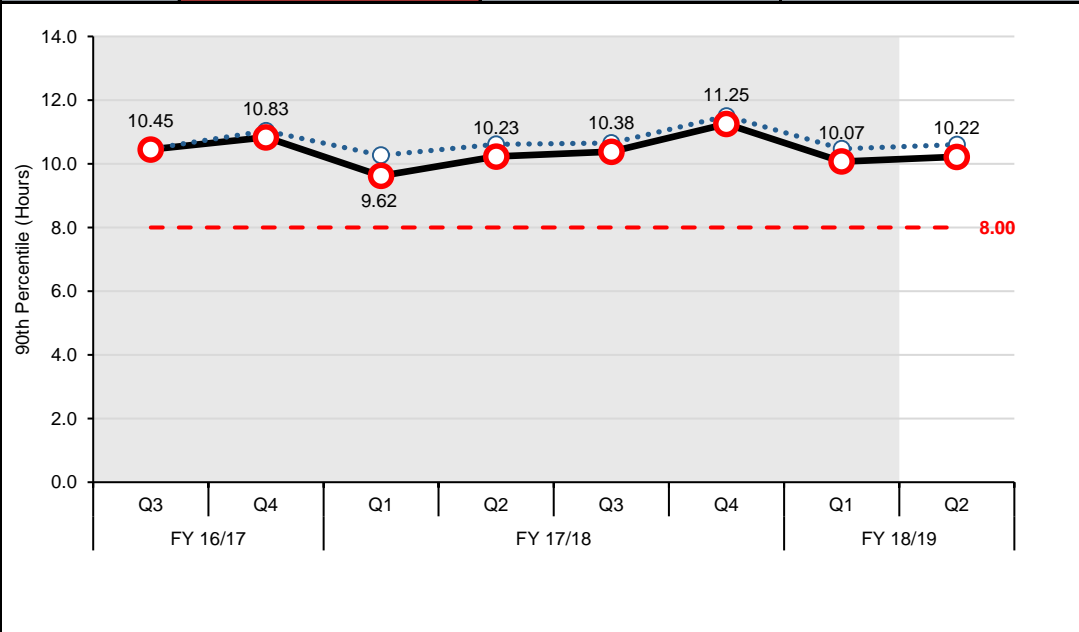
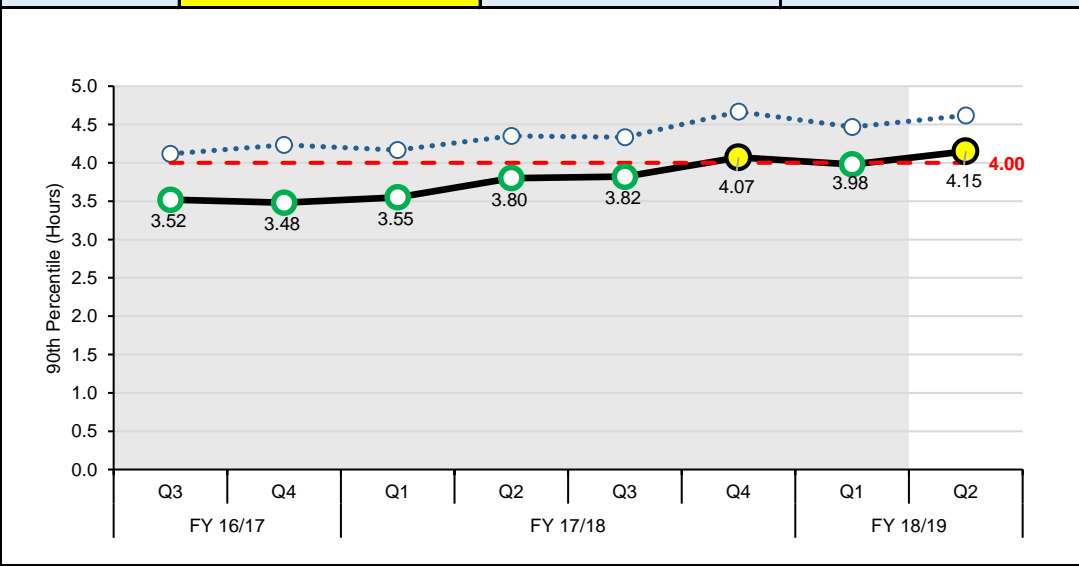
OBJECTIVES: 1. Reduce wait time for home care (improve access) 2. More days at home (including end of life care)

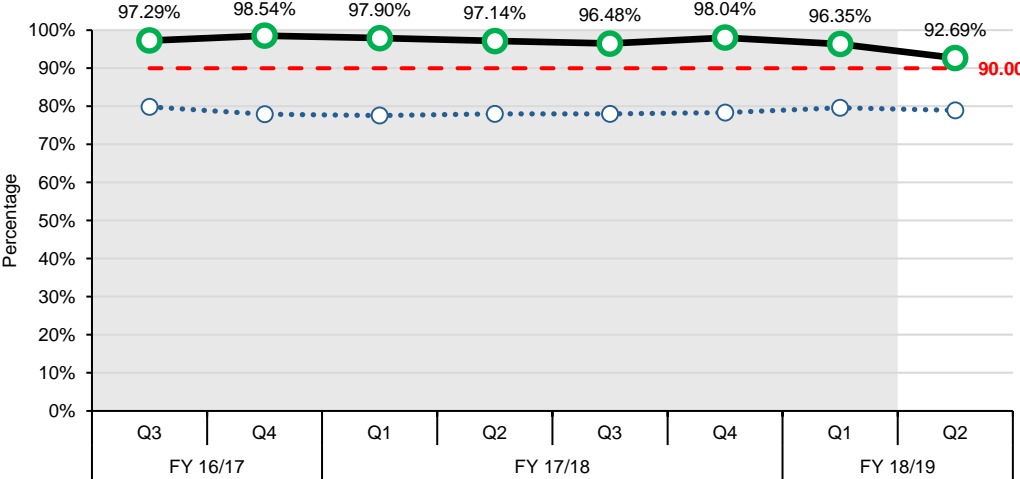
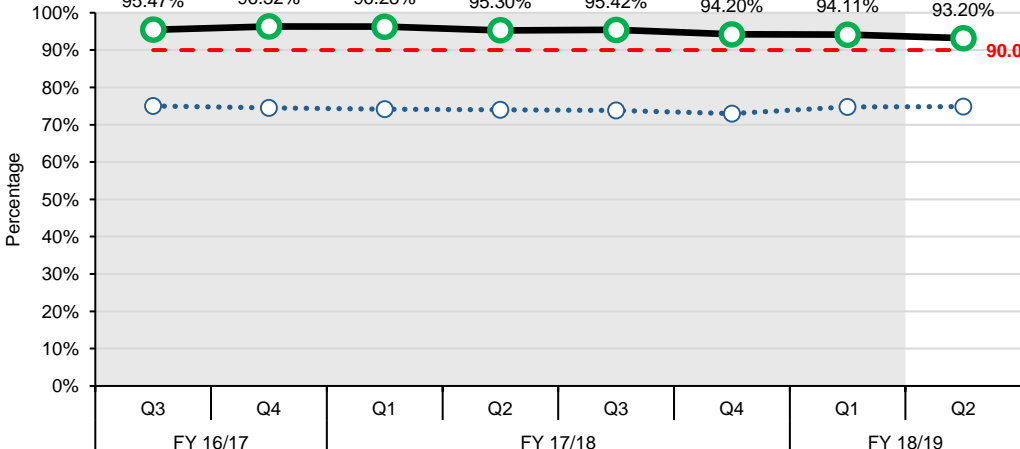
Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	23.00 Days	27.00 Days	21.00 Days



Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	6.00 Days	7.00 Days	TBD



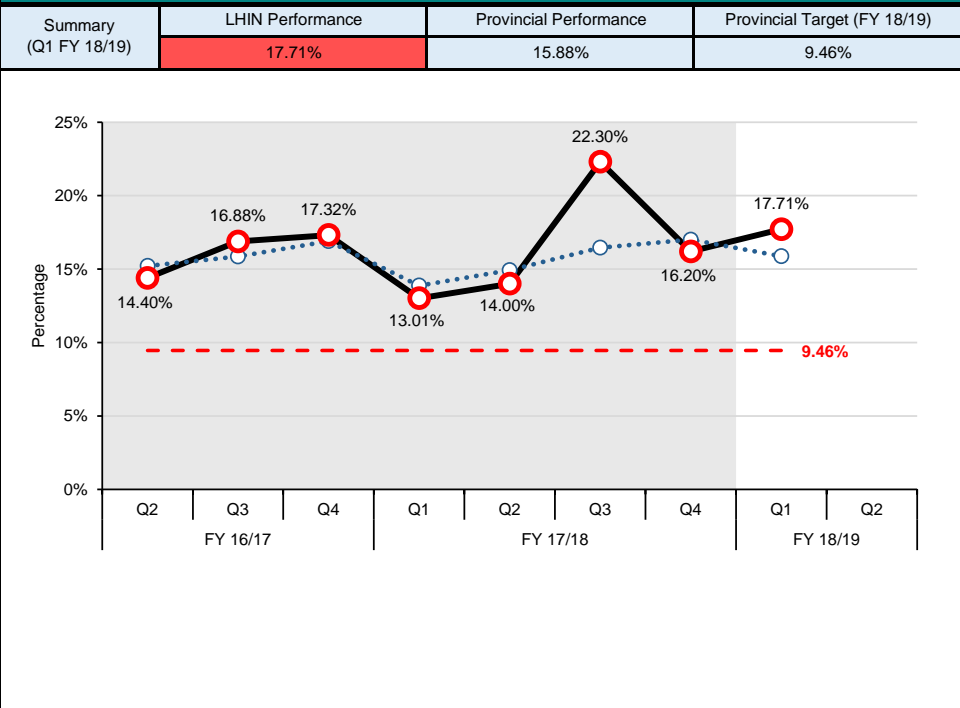
	Central LHIN			
PERFORMANCE INDICATORS: SYSTEM INTEGRATION AND ACCESS				
OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)				
90th percentile emergency department (ED) length of stay for complex patients				
Summary (Q2 FY 18/19)	LHIN Performance 10.22 Hours	Provincial Performance 10.60 Hours	Provincial Target (FY 18/19) 8.00 Hours	LHIN COMMENTS
				<p>Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).</p> <p>Central LHIN had the highest ED volumes for complex patients among all 14 LHINs in Q1 FY 18/19. Four Central LHIN hospitals rank amongst (Humber River Hospital, North York General Hospital, Mackenzie Health, and Southlake Regional Health Centre) the top ten hospitals in the province with the highest ED volumes for complex patients. Central LHIN's 90P ED LOS for Complex Patients has increased slightly from 10.07 hrs in Q2 FY 18/19 to 10.22 hrs in Q2 FY 18/19 which is similar to the trend in previous years' Q2. ED Volumes with Central LHIN this quarter have increased slightly by 0.3%, and is expected to continue to increase as the influenza and surge season commence.</p> <p>While performance remains above the provincial target, all of our Central LHIN hospitals continue to implement initiatives targeted at improving patient flow and bed flow optimization. With the 'Time to Inpatient Bed' component of the LOS for admitted patients being the main contributor to the performance on this indicator, it is evident that inpatient capacity continues to be a challenge for our hospitals. New solutions such as IPlan, which can assist with the early identification, engagement and management of patients, has helped with patient flow across several Central LHIN facilities. In addition, the Reactivation Care Center – Finch site has continued to help with creating capacity within the Central LHIN hospitals. It is expected that the opening of Wave 2 – RCC Church site will help create system capacity as well.</p> <p>The key drivers for this indicator in Q2 FY 18/19 continue to be Southlake Regional Health Centre, Mackenzie Health and North York General Hospital. Southlake's performance has improved to 14.6 hrs in Q2 FY 18/19 from Q1 FY 18/19 (15.8 hrs). This is driven by their long ED LOS for Admitted patients. The hospital continues to experience challenges related to inpatient bed capacity. They continue to implement initiatives to redesign bed flow operations to mitigate capacity challenges, including enhanced human resources as well as ED Short Stay Units, and have most recently expressed interest in creating a Clinical Decision Unit within the ED. The hospital has requested for further investment from the MOHLTC for additional Surge beds for FY 18/19 to help with some system pressures that the hospital is experiencing.</p> <p>Mackenzie Health's performance has decreased from previous quarter 11.1 hrs to 13.1 hrs in Q2 FY 18/19 and time to IP Bed increased from 35hrs to 39.9 hrs. The continued capacity for Rehab and CCC beds in the Central LHIN RCC – Finch has helped create inpatient capacity at the home site, bed capacity and patient flow remain the main challenge at Mackenzie Health and are anticipated to continue until the new Vaughn site is built. The hospital continues to implement strategies aimed at improving patient flow as well as enhancing capacity such as enhanced staffing based on patient volumes, and extended coverage on evenings and weekends.</p> <p>North York General has shown further improvement this quarter from 11.4 hrs in Q1 FY 18/19 to 10.8 hours in Q2 FY 18/19. The hospital consistently faces challenges related to inpatient bed capacity, which is reflected in the LOS for its admitted patient, however during this quarter they continue to show improvements. The Time to Inpatient Bed component of the ED LOS measure has also decreased by 3.5 hours (from 20.6 hours to 17.1 hours). The hospital continues to implement initiatives to enhance patient flow in the ED within the existing spatial constraints, and has recently piloted the IPlan tool for discharge planning and patient flow improvements.</p> <p>The LHIN continues to host bi-monthly ED working group meetings for the purpose of planning, implementing, and evaluating performance measures to improve the delivery of emergency services in the Central LHIN hospitals, as well as a forum for knowledge exchange on best practices.</p>
90th percentile ED length of stay for minor/uncomplicated patients				
Summary (Q2 FY 18/19)	LHIN Performance 4.15 Hours	Provincial Performance 4.62 Hours	Provincial Target (FY 18/19) 4.00 Hours	LHIN COMMENTS
				<p>In Q2 FY 18/19, Central LHIN performance has worsened slightly, and is above the provincial target at 4.15 hours. At the same time, volumes within the Central LHIN for low acuity visits have also increased by 8% compared to previous quarter. Of note, Central LHIN is in the top 3 LHIN performance for Rate of Emergency Conditions Best Managed Elsewhere per 1,000 population, and well below the Ontario average of 3.3 per 1,000, at 1.2 visits per 1,000 population.</p> <p>The key drivers for this indicator were Southlake Regional Health Center, Mackenzie Health and Humber Regional Hospital. There have been concerns raised at both the Provincial Emergency Services Advisory Committee as well as the local Central LHIN ED Working Group regarding the provincial roll out of the eCTAS tool for triaging patients presenting at the ED. All of Central LHIN hospitals will be going live with the new tool as of next fiscal year and three of our sites were involved in the pilot. This standardized tool has led to more CTAS 3's being coded as CTAS 4's and 5's than a traditional manual triage completed by the Triage RN. This has raised concerns as to how the eCTAS tool may be affecting hospitals' AFA Hours and funding as well as performance on the ED indicators.</p> <p>Given that over the last several quarters, the performance for this indicator has been trending up, the Central LHIN ED Working Group is aware, and will work to reexamine the initiatives currently in place, and identify what is necessary to move all facilities toward the Provincial Target. The ED Working Group Chair will be working closely with Humber River Hospital and Mackenzie Health to see what additional supports as well as existing processes can be leveraged to improve performance on this indicator.</p>

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Percent of priority 2, 3 and 4 cases completed within access target for hip replacement																																																											
Summary (Q2 FY 18/19)		Provincial Target (FY 18/19) (Combined): 90.00%										LHIN COMMENTS																																															
		LHIN Performance										Provincial Performance (Combined)		Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes). Performance has declined this latest Q2 FY 18/19, but the Central LHIN continues to perform better than the provincial target. The demand for hip replacement surgeries is increasing year over year. The volume of hip replacement surgeries performed in Q2 YTD this FY 18/19 (934) is up 20% from the same time period in FY 17/18 (779), and up 34% from FY 16/17 (696). Central LHIN has conducted a preliminary analysis of the wait time data and has identified several surgeons with cases that are being completed with longer waits. The LHIN will be engaging the specific hospitals to further assess the performance and operational issues in order to determine the strategies for improving wait time performance. In addition, Central LHIN hospitals are implementing the Centralized Intake and Assessment model of care and referral process for hip and knee replacement surgeries. As hospitals transition to the new model in FY 18/19, Central LHIN anticipates performance to be sustained.																																													
		Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined																																																						
		LV	100.00%	91.91%	92.69%	78.98%																																																					
 <table><tr><th>Quarter</th><th>Q3</th><th>Q4</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th><th>Q1</th><th>Q2</th></tr><tr><th>Fiscal Year</th><th colspan="2">FY 16/17</th><th colspan="4">FY 17/18</th><th colspan="2">FY 18/19</th></tr><tr><th>Performance (%)</th><td>97.29%</td><td>98.54%</td><td>97.90%</td><td>97.14%</td><td>96.48%</td><td>98.04%</td><td>96.35%</td><td>92.69%</td></tr><tr><th>Provincial Target (%)</th><td colspan="8">90.00%</td></tr></table>																								Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Fiscal Year	FY 16/17		FY 17/18				FY 18/19		Performance (%)	97.29%	98.54%	97.90%	97.14%	96.48%	98.04%	96.35%	92.69%	Provincial Target (%)	90.00%							
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		LHIN Performance										Provincial Performance (Combined)		Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes). The Central LHIN continues to perform better than the provincial target and meet the provincial target. Volume of knee replacement surgeries performed in Q2 YTD this FY 18/19 (1,656) is up 6% from the same time period in FY 17/18 (1,560). Central LHIN hospitals are implementing the Centralized Intake and Assessment model of care and referral process for hip and knee replacement surgeries. As hospitals transition to the new model in FY 18/19, Central LHIN anticipates performance to be sustained.																																													
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PERFORMANCE INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

Percentage of alternate level of care (ALC) days



LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?

a) What factors are contributing to the change in performance?

b) How does the LHIN plan to address performance issues?

2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.

3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

1a) The Percentage of ALC Days in Central LHIN worsened from 16.2% in Q4 FY 17/18 to 17.71% in Q1 FY 18/19. Performance on this indicator was driven by an 11% increase in ALC Days, between Q4 FY 17/18 (27,780 ALC Days) and Q1 FY 18/19 (30,833 ALC Days), in spite of an 11% decrease in the volume of ALC separations during that same time period (171 separations in Q4 FY 17/18; 157 separations in Q1 FY 18/19). This is a consequence of higher volume of long stay (i.e. greater than 200 days) ALC discharges in Q1 FY 18/19 (see response to question 2 below for further details).

b) The Central LHIN has collaborated with its hospitals to support the launch of the Reactivation Care Centre (RCC) at the Humber Hospital (HRH) River Finch Site in December 2017. This initiative has created five ALC bed units at the RCC, and the transfer of Rehab/CCC beds from the Mackenzie Health Richmond Hill site to the RCC, both of which has created capacity for acute medicine inpatient beds at the corresponding Central LHIN home hospital sites. In October 2018, the Ministry announced approval for the development of a second RCC site at the HRH Church Street site. The RCC - Church site will add 214 acute care beds, and will include partnerships with hospitals outside of Central LHIN in order to enable a solution that serves broader system pressures. The Central LHIN has increased base funding allocation to the Behavioural Support Transition Resource (BSTR) program in response to program pressures and demand for services, including requirements at the RCC - Finch site. The BSTR provides transitional support services to hospital inpatients with cognitive and/or responsive behaviours. The LHIN has funded the development and implementation of an electronic ALC (iPLAN) at 5 of the 6 Central LHIN hospitals. The Central LHIN has implemented a short-term Transitional Care at Home program that provides restorative and personal care services to patients in their homes, and facilitates transitions from acute care. In May 2018, Central LHIN implemented 3 Assess and Restore programs that will provide 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.

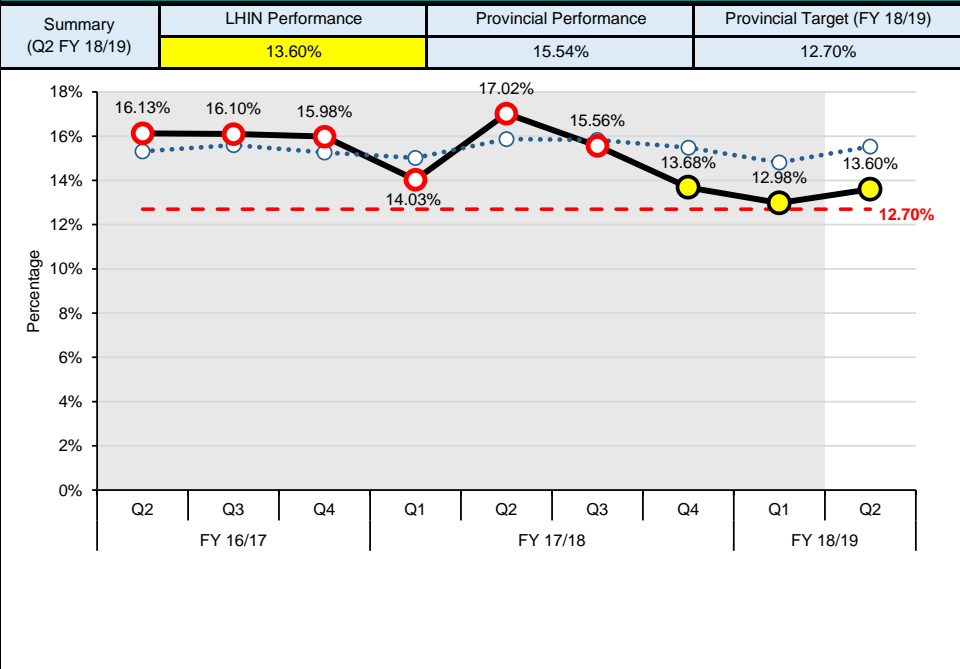
2. Performance on this indicator in Q1 FY 2018/19 was driven by a higher number of reported ALC days at 5 of 6 Central LHIN hospitals. The highest Percentage of ALC Days was observed at North York General Hospital (NYGH) and Markham Stouffville Hospital (MSH).

- *NYGH*: In Q1 FY 18/19, NYGH had an 8.2% increase in the volume of ALC days in spite of a 14.8% decrease in the volume of ALC discharges (5150 ALC days and 393 separations in Q1 FY 17/18; 4759 days and 461 separations in Q4 FY 17/18). This is related to discharges of long-stay ALC patients. In Q1 FY 18/19, NYGH discharged 3 patients with ALC length of stay (LOS) greater than 200 days, including 1 patient with a 575 day LOS.

- *MSH*: In Q1 FY 18/19, MSH had a 23.9% increase in the volume of ALC days in spite of a 22.4% decrease in the volume of ALC discharges (5875 ALC days and 142 separations in Q1 FY 17/18; 4741 days and 183 separations in Q4 FY 17/18). This is related to discharges of long-stay ALC patients. In Q1 FY 18/19, MSH discharged 6 patients with ALC length of stay (LOS) greater than 200 days, including patients with 1065, 706, and 474 day LOS. The increase in long-stay ALC discharges can be attributed to MSH stabilization of their Patient Flow Coordinator staffing, and assignment of staff focused primarily on supporting transitions for patients designated ALC.

3. The Central LHIN does not expect to meet the provincial target in FY 18/19, but will continue to plan and implement strategic ALC initiatives.

ALC rate



LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?

a) What factors are contributing to the change in performance?

b) How does the LHIN plan to address performance issues?

2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.

3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

Please note that for Q1 FY 17/18 Alternate Level of Care (ALC) Rate, only April and May 2017 data is included, June 2017 data is not reported. See Data Quality Notes for more information. In addition, patients designated ALC within the Reactivation Care Centre were not included in Central LHIN's Q2 FY 18/19 ALC Rate performance, which affects the LHIN's overall performance results during this reporting period.

1a) The ALC Rate in Central LHIN worsened from 12.98% in Q1 to 13.60% in Q2 of FY 18/19. The top 3 discharge destinations for ALC patients in Central LHIN continue to be Long-Term Care (LTC) Home, Inpatient Rehabilitation, and Home with Home and Community Care services; however, the LHIN has noted an increasing trend of open ALC cases for patients awaiting placement in Complex Continuing Care beds. The majority of patients designated ALC in Central LHIN are ALC to LTC, such that 40.5% of open ALC cases and 76.5% of ALC days were attributed to patients awaiting placement in LTC. Central LHIN has the second lowest ratio of LTC beds to seniors in Ontario and has the highest population of seniors in the province. Currently, the LTC bed occupancy rate in Central LHIN is above 99%, and this limited capacity restricts the outflow of patients from Central LHIN hospitals, negatively impacting the ALC Rate.

b) Please see response to question 1b) above.

2. When compared to Q1 FY 18/19, 4 out of 6 Central LHIN hospitals experienced an increase to their ALC Rate in Q2 FY 18/19. Within this group, Humber River Hospital had a higher ALC Rate (10.3%), but maintained performance below the Provincial target (12.7%). Markham Stouffville Hospital (9.1%) was the only other hospital organization in Central LHIN to achieve an ALC Rate below the provincial target. Southlake Regional Health Centre (SRHC) and North York General Hospital (NYGH) had the highest ALC Rates among Central LHIN hospitals, at 18.5%, and 16.5%, respectively for this indicator. Both hospitals experienced an increase in ALC Rate when compared to Q1 2018/19 (16.8% at SRHC; 15.6% at NYGH). For each hospital, patient flow is limited by LTC Home capacity as the majority of ALC cases and days were attributed to patients awaiting placement in LTC. Additionally, NYGH does not have designated inpatient rehabilitation beds within the hospital and, therefore, have high volumes of patients designated ALC to Rehabilitation beds.

-*SRHC*: 42.0% of cases and 77.9% of days attributed to patients designated ALC for LTC.

-*NYGH*: 31.5% of cases and 72.5% of days attributed to patients designated ALC for LTC; 31.5% of cases and 12.9% of days attributed to patients designated ALC for Rehabilitation beds

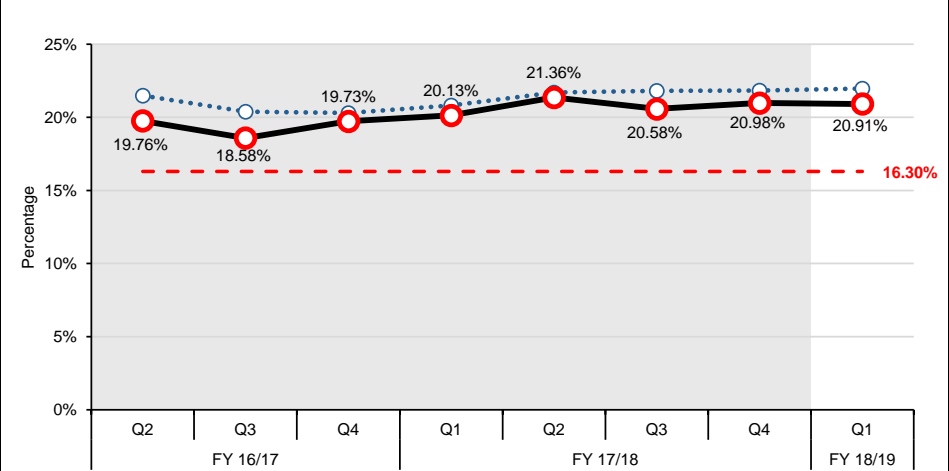
3. The Central LHIN does not expect to meet the provincial target in FY 2018/19, but will continue to plan and implement strategic ALC initiatives.

PERFORMANCE INDICATORS: HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH

OBJECTIVES: 1. Reduce any unnecessary health care provider visits 2. Improve coordination of care for mental health patients

Repeat unscheduled emergency visits within 30 days for mental health conditions

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	20.91%	21.97%	16.30%

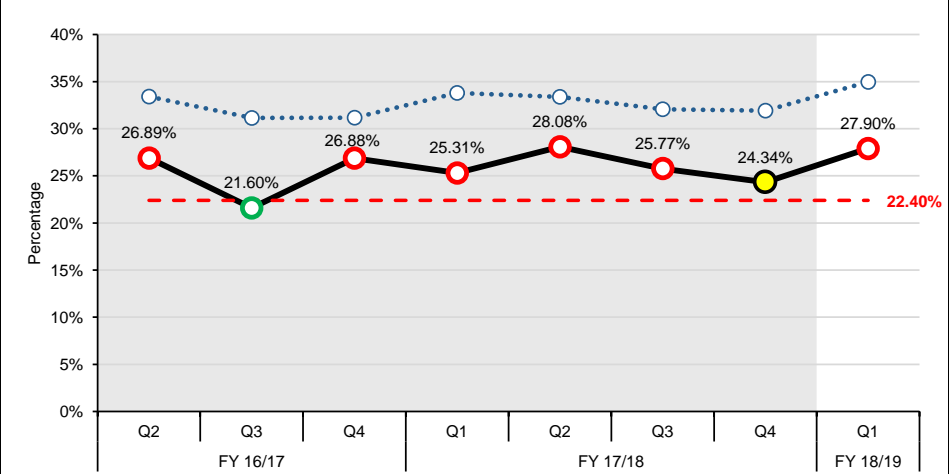


LHIN COMMENTS

- What is the LHIN doing to achieve or move performance towards the provincial target?
 - What factors are contributing to the change in performance?
 - How does the LHIN plan to address performance issues?
 - Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.
 - If the provincial target has not been met, when does the LHIN expect to meet the provincial target?
1. a) The percentage of repeat unscheduled emergency visits has decreased slightly from 21.0% in Q4 of 2017/18 to 20.9% in Q1 of FY 2018/19. Although relatively unchanged, there continues to be a number of factors that contribute to the repeat visit rate, primarily: i) a small number of patients negatively influencing the percentage of repeat visits, ii) community capacity, and iii) inpatient bed pressures. Mackenzie Health has again indicated that one patient has utilized the ED 34 times this quarter, with other hospitals indicating they have had similar issues with their high needs users. Southlake, a key driver of this metric, has noted that their inpatient beds have been consistently in surge, with 117 discharges in May, 2018 (the highest recorded at Southlake). This often leads to significant pressure in the ED to discharge patients for follow-up with their crisis team (assessment and short-term counselling), or community resources, adding additional pressures on community mental health waitlists.
1. b) In response to the factors described above, all hospitals in Central have continued to focus their efforts on their top 10 emergency department users that present with mental health conditions. There has been an effort to develop individual plans for high repeat users in collaboration with key community agencies, and to also encourage health education of patients presenting with mental health concerns, including information on community resources. Southlake has continued to provide access to their discharge clinic, where patients are given appointments for follow-up within a 2 week period after an inpatient stay. Audit results have shown that patients who utilize this clinic have less than a 1.0% readmission rate. As a pro-active measure, Markham Stouffville Hospital will be looking at recruiting a patient navigator (next fiscal) to help facilitate care delivery for high needs users that do not follow through with the plan of care provided. The resulting data and lessons learned will be shared among all Central LHIN hospitals to determine if opportunities exist to spread and scale this initiative.
- With respect to one of the top conditions specific drivers (schizophrenia and psychotic disorders), Central LHIN has continued to spearhead the adoption of the schizophrenia quality standard in partnership with HGO. Ontario Shores has also agreed to participate on the implementation piece, bringing their lessons learned and a potential pathway forward for all Central LHIN hospitals.
2. While recognizing that this indicator is not solely reflective of hospital performance but is a proxy for service capacity within the community, there continues to be concentrated efforts in transitioning patient care from hospital to community services, especially for those who disproportionately utilize the ED. With a lack of immediate community resources, Stevenson Memorial Hospital is increasing the number of group sessions and types offered that may support patients while they wait for one on one counselling and psychiatric support. North York General Hospital has added an additional clinic day for their Urgent Clinic, and Humber River Hospital has continued to use the support of the Accessing Resources and Community Services (ARCS) program to refer individuals to short-term support and case management.
3. The Central LHIN will continue to plan for, and implement strategies specific to ED diversion and will strive to achieve the provincial target in FY18/19.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	27.90%	34.97%	22.40%



LHIN COMMENTS

- What is the LHIN doing to achieve or move performance towards the provincial target?
 - What factors are contributing to the change in performance?
 - How does the LHIN plan to address performance issues?
 - Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.
 - If the provincial target has not been met, when does the LHIN expect to meet the provincial target?
1. a) The percentage of repeat unscheduled emergency visits has increased from 24.3% in Q4 of 2017/18 to 27.9% in Q1 of FY 2018/19. As with mental health, there have been a small percentage of patients that account for a disproportionate number of repeat ED visits. Furthermore, patients that present with a substance use issue are being offered resources and support; however, they either decline or mention that they are already involved with a program/service.
1. b) Central LHIN is exploring opportunities to increase access to community-based addiction services, and has also continued its focus on investments in Rapid Access Addiction Medicine (RAAM) Clinics, with five (out of six) currently operational. The remaining clinic is anticipated to be operational in January, 2019. Clinics will be located within each Central LHIN hospital, which based on their respective emergency department data regarding substance use presentation, have aligned weekly schedules accordingly. The effects of this investment will not be realized in these reports for at least the next two quarters, although the impact to patients is immediate.. Central LHIN is engaged with the hospital Directors and Chiefs of Psychiatry and will continue to discuss substance abuse initiatives across all hospitals in an effort to reduce repeat ED visits. Initiatives targeting substance abuse are shared quarterly as part of Community of Practice dialogue to spread.
2. Provider education was cited as a potential factor among two hospitals, given that substance abuse patients are often assessed and discharged from ED without getting support to connect with community services. Mackenzie Health is working on establishing a standardized protocol and policy around the Clinical Institute Withdrawal Assessment for Alcohol (CIWA), and has connected with CAMH to offer staff education on substance misuse in the coming months. Humber River Hospital is focusing on provider education regarding withdrawal management service options, which is an option for continued support and provides a different access pathway than the emergency department. A number of hospitals continue to identify patient choice as a barrier to treatment, with most patients choosing not to follow up with addictions services. North York General, the biggest driver of performance is engaged in conversations with respect to establishing the remaining RAAM Clinic in Central LHIN. In addition, they have continued to support an open group session targeting individuals who present in the emergency department with substance use issues which may have contributed to a slight decrease this quarter.
3. The Central LHIN will continue to plan for, and implement strategies specific to ED diversion and will strive to achieve the provincial target in FY18/19.

OBJECTIVES: 1. Improve patient satisfaction 2. Reduce unnecessary readmissions

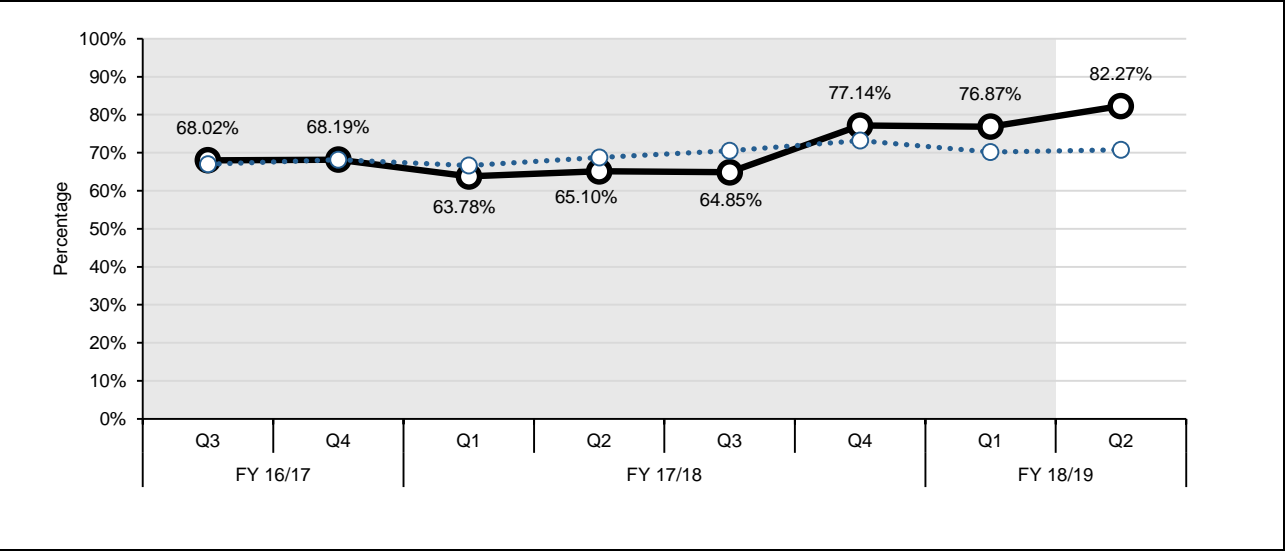
Readmissions within 30 days for selected HIG conditions

MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

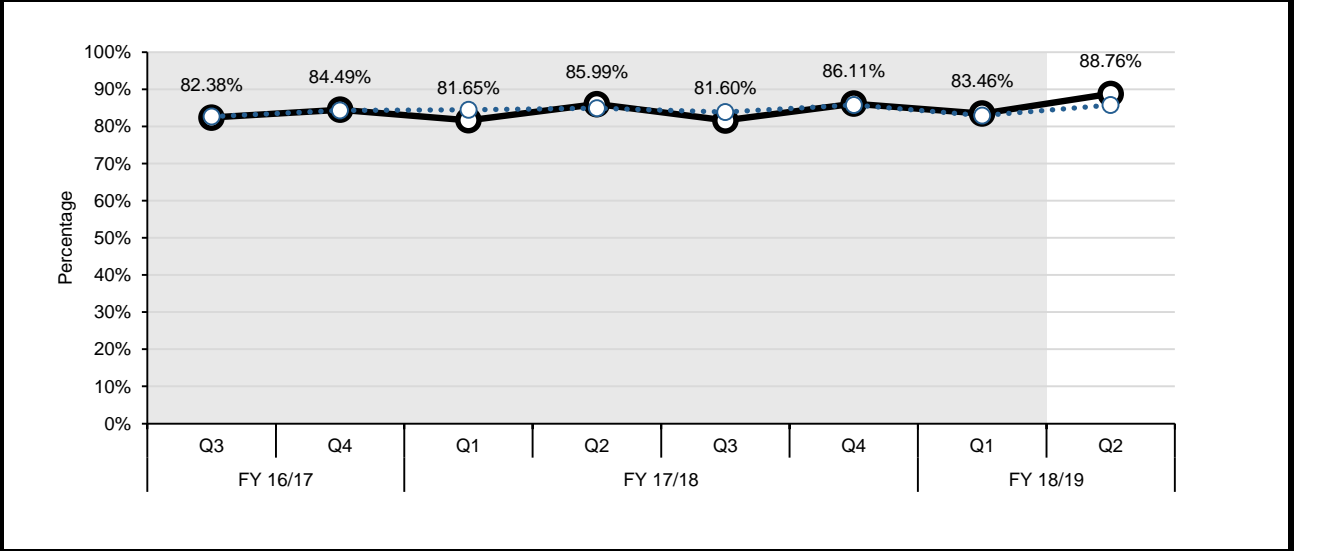
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q2 FY 18/19)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	87.12%	78.65%	82.27%	



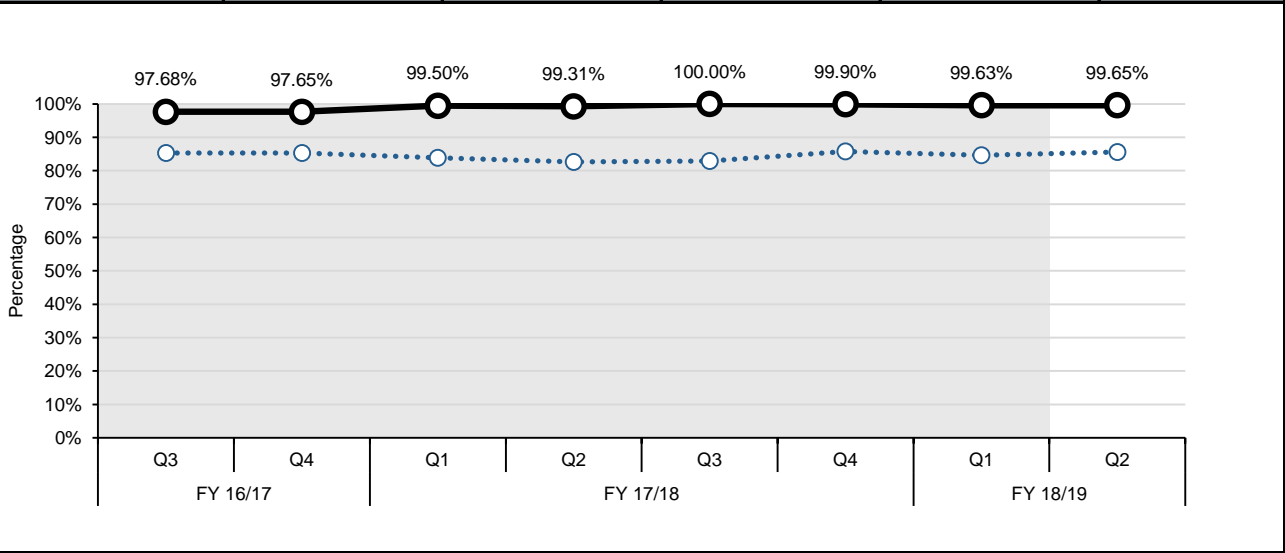
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q2 FY 18/19)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	95.38%	75.24%	88.76%	



Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery

Summary (Q2 FY 18/19)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	100.00%	99.64%	99.65%	

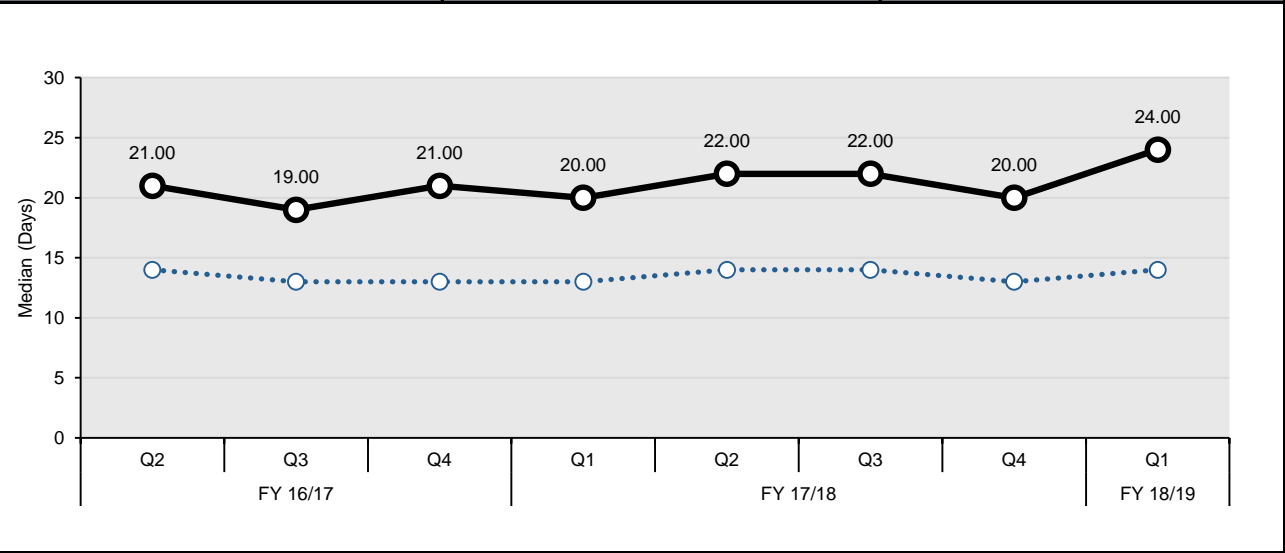


MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

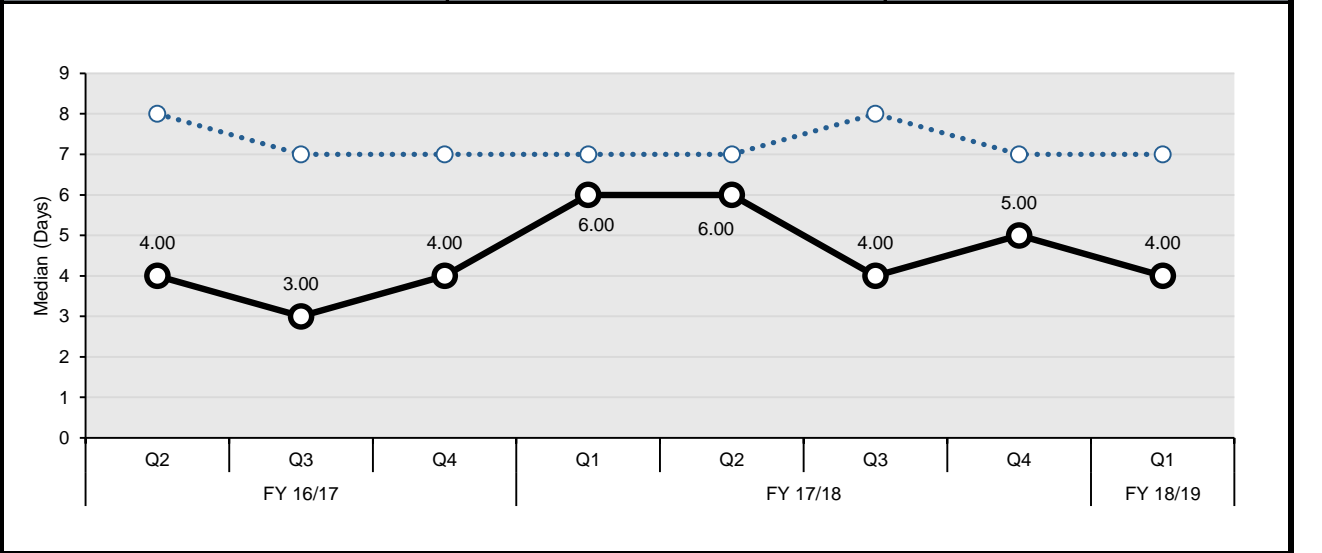
Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance
	24.00 Days	14.00 Days



Wait times from application to eligibility determination for long-term care home (LTCH) placement: From acute-care setting

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance
	4.00 Days	7.00 Days

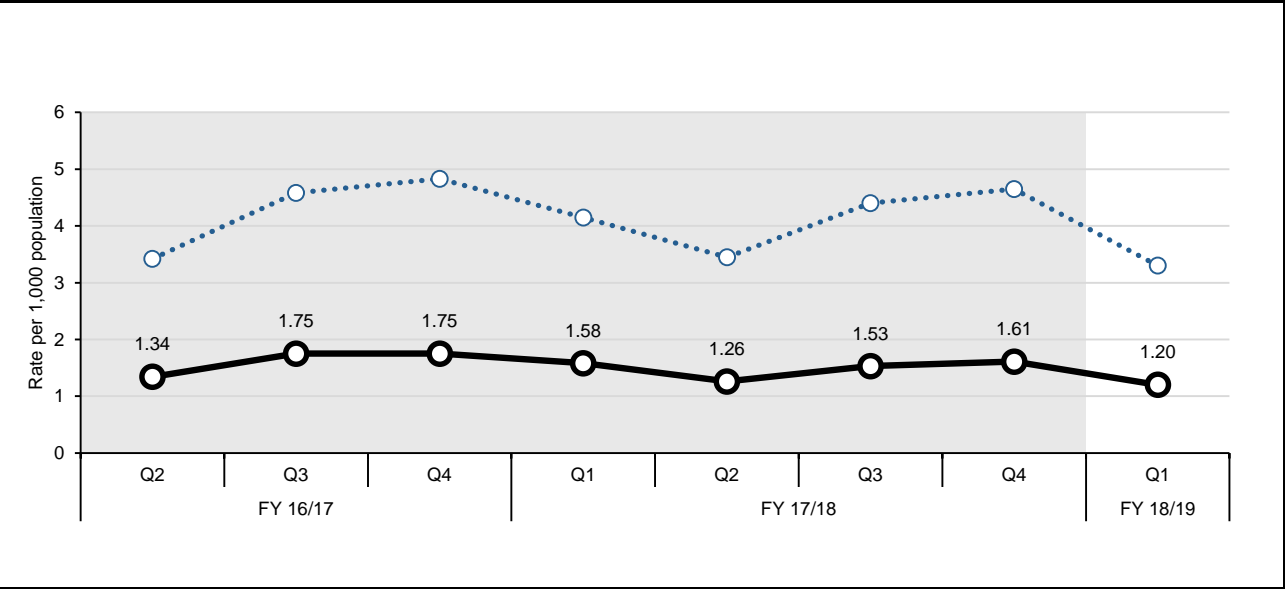


MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

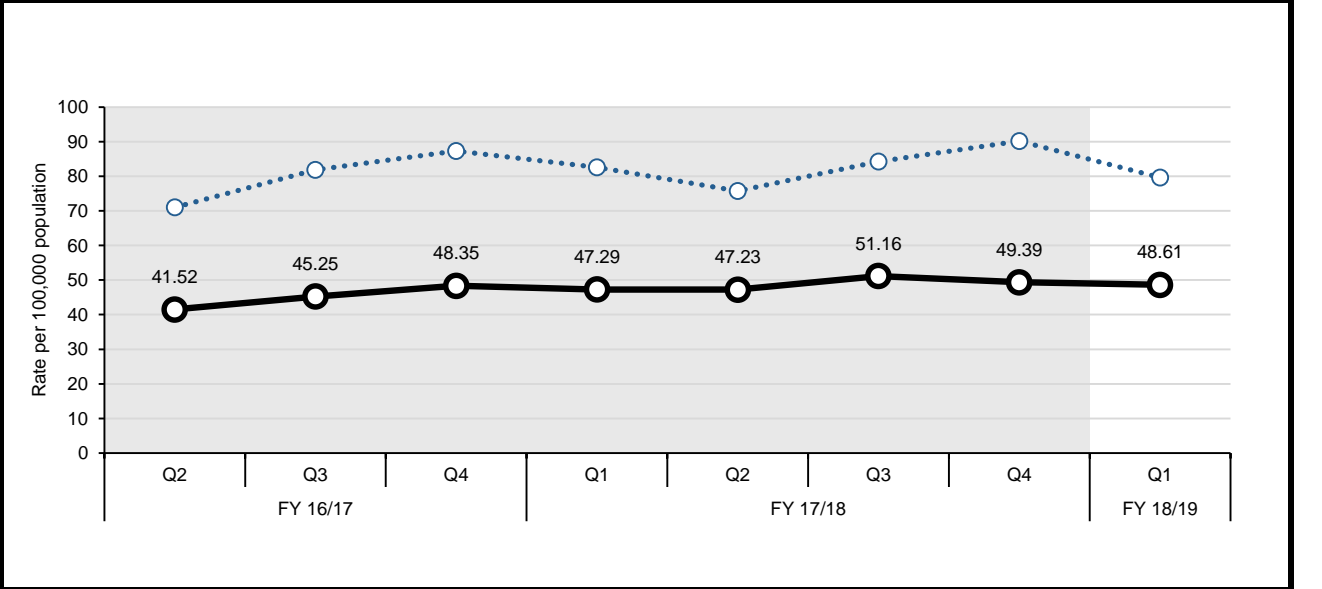
Rate of emergency visits for conditions best managed elsewhere

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance
	1.20	3.30



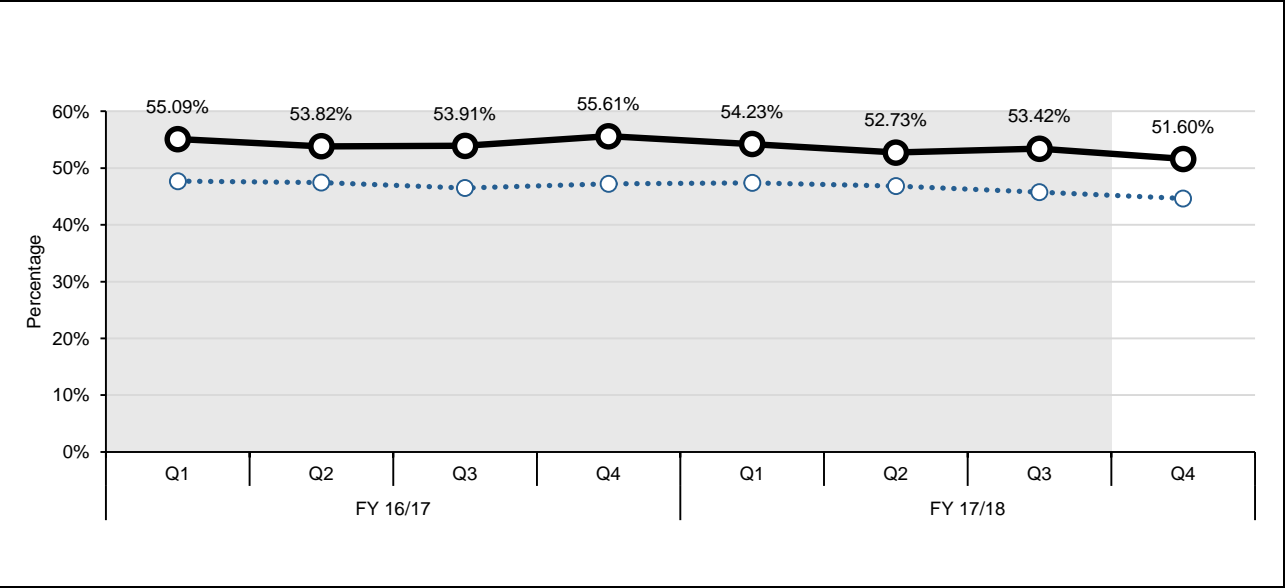
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance
	48.61	79.70



Percent of acute care patients who have had a follow-up with a physician within 7 days of discharge

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance
	51.60%	44.65%

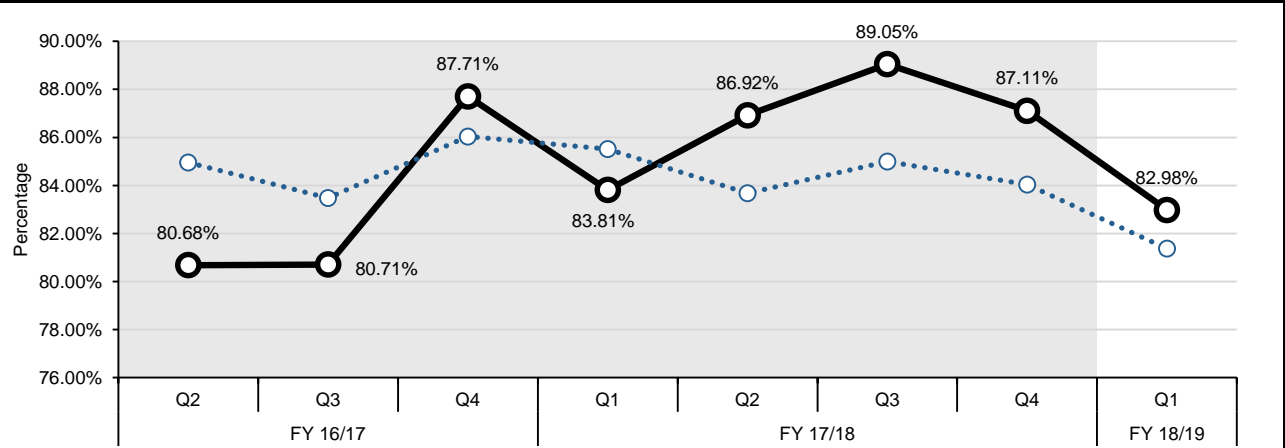


DEVELOPMENTAL INDICATORS: HOME AND COMMUNITY CARE

OBJECTIVES: 1. Reduce wait time for home care (improve access) 2. More days at home (including end of life care)

Percent of palliative care patients discharged from hospital with home support

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance
	82.98%	81.37%



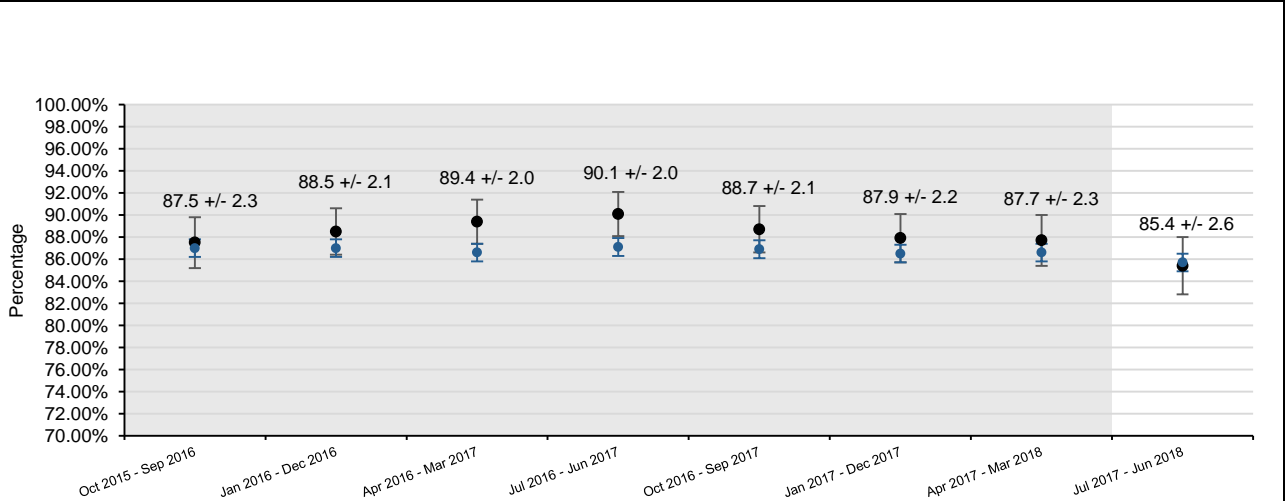
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.


DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY


OBJECTIVES: 1. Improve patient satisfaction 2. Reduce unnecessary readmissions

Overall satisfaction with health care in the community

Summary (Jul 2017 - Jun 2018)	LHIN Performance	Provincial Performance
	85.4% +/- 2.6%	85.7% +/- 0.8%



<div>  <div>PROVINCIAL</div> </div>																	
SUMMARY OF PERFORMANCE INDICATORS																	
				LHIN													
PERFORMANCE INDICATORS	Reporting Quarter	PROV. TARGET	PROV.	ESC	SW	WW	HNHB	CW	MH	TC	C	CE	SE	CHMP	NSM	NE	NW
HOME AND COMMUNITY 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	Q1 18/19	95.00%	87.09%	92.60%	90.21%	94.06%	87.89%	82.59%	89.66%	95.67%	94.53%	86.36%	90.70%	69.79%	86.34%	87.18%	85.71%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q1 18/19	95.00%	96.37%	96.46%	94.74%	96.15%	95.63%	97.15%	96.60%	96.74%	96.60%	97.06%	95.72%	95.60%	97.37%	98.86%	96.08%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q1 18/19	21.00 Days	27.00	19.00	25.00	15.00	28.00	27.00	23.00	27.00	23.00	46.50	20.00	42.00	36.00	29.00	23.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q1 18/19	TBD	7.00	5.00	12.00	6.00	6.00	8.00	9.00	12.00	6.00	11.00	7.00	11.00	7.00	10.00	5.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q2 18/19	8.00 Hours	10.60	9.78	8.23	9.33	15.43	9.22	10.23	13.77	10.22	10.75	8.62	11.37	10.08	8.35	10.17
90th percentile ED length of stay for minor/uncomplicated patients	Q2 18/19	4.00 Hours	4.62	4.92	4.00	5.18	5.38	3.90	3.87	4.80	4.15	4.78	4.68	5.57	4.48	4.25	5.05
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q2 18/19	90.00%	78.98%	89.39%	49.88%	65.58%	73.08%	74.68%	53.04%	94.66%	92.69%	89.15%	78.83%	87.86%	74.14%	83.08%	89.66%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q2 18/19	90.00%	74.88%	73.01%	52.04%	59.41%	68.52%	47.47%	44.10%	96.27%	93.20%	85.79%	73.63%	92.58%	74.21%	67.35%	76.73%
Percentage of alternate level of care (ALC) days	Q1 18/19	9.46%	15.88%	11.11%	8.95%	14.74%	16.70%	12.26%	13.74%	10.67%	17.71%	20.42%	16.84%	14.14%	21.94%	29.42%	23.88%
ALC rate	Q2 18/19	12.70%	15.54%	12.81%	12.17%	14.15%	14.91%	6.85%	14.04%	11.75%	13.60%	21.89%	19.91%	13.57%	22.37%	24.98%	33.02%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q1 18/19	16.30%	21.97%	19.36%	21.71%	17.66%	21.11%	26.83%	17.16%	29.38%	20.91%	21.98%	21.79%	20.52%	17.24%	18.92%	22.05%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q1 18/19	22.40%	34.97%	28.36%	30.40%	29.54%	33.86%	40.25%	31.89%	42.71%	27.90%	29.99%	26.54%	27.75%	20.44%	32.76%	46.76%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q4 17/18	15.50%	16.62%	16.68%	17.79%	15.43%	16.46%	16.29%	15.05%	18.40%	15.81%	16.39%	17.30%	15.12%	17.59%	17.15%	16.88%

<div><div>Ontario</div><div>Central LHIN</div></div>	
NOTES	
<p>*Key Changes - Effective May 2017 Stocktake Report*</p> <p>1. Revised Indicator Names in the Ministry LHIN Accountability Agreement (MLAA)</p> <p> a. 90th Percentile Wait Time from community for Home-Care Services: Application from community setting to first Home Care service (excluding case management)</p> <p> <i>Previously: 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)</i></p> <p> b. Wait times from Application to Eligibility Determination for Long-Term Care Home Placement: From community setting, and from acute-care setting</p> <p> <i>Previously: CCAC wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting, and from acute-care setting</i></p> <p>2. Revised Indicator and Indicator Category in the MLAA</p> <p> a. The MRI and CT wait time indicators have been moved from performance to monitoring category and the indicators no longer include Priority 4 cases (Priority 2 and 3 only).</p> <p>3. Removed Indicators from the MLAA</p> <p> a. The Cardiac and Cancer wait time indicators</p> <p>4. New Indicators Added to the MLAA</p> <p> a. 90th Percentile Wait time from Hospital Discharge to Service Initiation for Home and Community Care has been added as a new Home and Community Care performance indicator. The target is TBD.</p> <p>Indicator Specific Notes</p> <p>All Indicators</p> <p> Historical data is not refreshed (unless otherwise specified in the below notes), so the current report does not include any resubmissions for previously reported data in the Quarterly Stocktake reports.</p> <p>Repeat unscheduled emergency visits within 30 days for mental health conditions</p> <p> 1. Beginning August 2013, the time period for reporting of the indicator changed to include visits occurring within the first 60 days of the reported quarter plus the last 30 days of the previous quarter.</p> <p>Repeat unscheduled emergency visits within 30 days for substance abuse conditions</p> <p> 1. Beginning August 2013, the time period for reporting of the indicator changed to include visits occurring within the first 60 days of the reported quarter plus the last 30 days of the previous quarter.</p> <p>Overall satisfaction with health care in the community</p> <p> 1. As these results are based on survey data, lower confidence intervals (LCIs) and upper confidence intervals (UCIs) have been provided. Sometimes referred to as margin of error, these provide the probability that an estimate falls with a stated range (an interval). A 95 percent CI indicates that the 'true' value falls between the upper and lower limits of the stated range 19 times out of 20.</p> <p>Percent of palliative care patients discharged from hospital with home support</p> <p> 1. This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.</p> <p>Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions</p> <p> 1. This indicator is based on the 2015 case mix and will differ from results previously provided. For historical trends, please refer to results in the MLAA supplementary file and not to earlier versions of the supplementary or MLAA files.</p> <p> 2. Beginning Q3 FY 2015/16, an updated reference readmission ratio was calculated to adjust for the most recent 4 years incl. FY 2011/12-FY 2014/15; previous quarters were based on FY 2010/11-FY 2013/14.</p> <p>ALC Rate</p> <p> 1. Please note that Sunnybrook Health Sciences Centre and St. John's Rehab have amalgamated in 2012. For ALC rate, this information is reflected in FY16/17 Q1 onwards with both sites being reported under Toronto Central LHIN. Previous quarters will contain St. John's Rehab information within Central LHIN.</p> <p> 2. As of June 2017, Bed Census Summary (BCS) data has been updated according to the new Daily Census Summary (DCS) format. As a result, the methodology for the calculation of the denominator for ALC Rate has been updated beginning with June 2017 data. As a result of these changes, Q1 17/18 ALC Rate will solely reflect ALC Rate for April 2017 and May 2017.</p>	

NOTES

Indicator Specific Notes

Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting, and from acute-care setting

- 1. Please note that Q3 2015/16 data will not be included in this quarterly release of Stocktake due to data quality issues in the CPRO dataset.
- 2. Please note that Toronto Central LHIN Q3 2015/16 data onwards will not be reported in this quarterly release of Stocktake due to data quality issues in the CPRO dataset.
- 3. Please note that Q1 2016/17 data will not be reported in this quarterly release of Stocktake. In November 2016 a data quality issue was identified in the Client Profile monthly data submission received from the Ontario Association of Community Care Access Centres (OACCAC). The issue is related to the priority category assignment resulting in the Waitlist, Wait-times, Placements etc. being incorrectly reported.