

2018/2019 MLLA Quarter 2 Stocktake Scorecard - CLHIN Performance

Date Produced: November 14, 2018; Date of Next issue: February, 2019

lower is better   higher is better

**LEGEND**  
Achieved Target Within 10% of Target >10% from Target

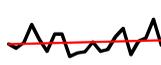
Indicator Name	Provincial Target	Performance		Better than ON?	Rank (1 is best, 14 is worst)	Trend over time	Overall Improve since 2013/2014?	Comments & CLHIN Initiatives Focused on Improving Performance
		Central LHIN Actual	Provincial Performance					

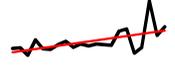
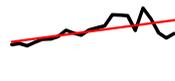
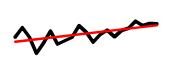
**PERFORMANCE INDICATORS**

**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 (2018Q1)	95.00% 	94.53%	87.09%	✓	2		YES	Central LHIN performance for this indicator remains on a positive trend and achieved the highest result to date this latest Q1 period despite a rising trend in the volume of complex patients requiring service. In Q1 of 2018/2019, the volume of patients on service also reached its highest point of 512 patients over the past five years. Central LHIN continues to monitor wait times and works closely with Service Provider Organizations (SPOs) to take corrective actions for cases with delays. Central LHIN is continuing to work on reaching the provincial target by end of fiscal year 2018/2019.
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services (2018Q1)	95.00% 	96.60%	96.37%	✓	7		YES	Central LHIN continues to meet the provincial target for this indicator and has met the target over the past two years. The number of patients requiring nursing services increased in Q1 of 2018/2019, reaching an all-time high of 6,821 patients; however performance continued to improve this Q1. The LHIN continues to monitor this measure regularly and employ the initiatives developed earlier to ensure performance is maintained. It is expected that Central LHIN will continue to meet the target.
90th percentile wait time from community setting to first home care service (excluding case management) (2018Q1)	21 days 	23	27	✓	4		YES	Performance worsened by one day to 23 days in Q1 of 2018/2019 as patient volumes increased from the previous quarter leading to the highest volume to date (3,653). Overall performance has stabilized over the past year and remains within 10% of the provincial target. Central LHIN continues to focus on root cause analysis for every patient waiting longer than the target in order to develop specific interventions to support improved wait times. Central LHIN will continue to maintain being within 10% of the provincial target during 2018/2019.
90th percentile wait time from hospital discharge to service initiation for home and community care (2018Q1)	TBD 	6	7	✓	3		N/A	There is no provincial target for this indicator, but the Central LHIN continues to perform better than the provincial average and well in comparison with other LHINs as Central LHIN has the third best wait time performance. Performance has remained stable between 5 and 6 days over the past two years, and it is anticipated that performance will continue to be sustained.

**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 (2018Q2)	8 hours 	10.22	10.60	✓	9		NO	<p>Performance on ED length of stay for complex patients worsened slightly, in conjunction with a small increase in total visits by complex patients in Q2 of 2018/2019. Central LHIN continues to experience the highest ED volumes for complex patients with four Central LHIN hospitals among the top ten in the province. Central LHIN's inpatient bed capacity challenge continues to impact the performance in this indicator as admitted patients are waiting extended periods for an inpatient bed, particularly at Southlake Regional Health Centre, Mackenzie Health, and North York General Hospital.</p> <p>The Central LHIN Reactivation Care Centre (RCC) at Humber River Hospital's Finch site was first opened in December 2017 to enhance bed capacity and more recently in April 2018, an additional 24 beds were opened by Markham Stouffville Hospital at the RCC Finch site. One-time funding has also been provided to hospitals to operate additional flex beds in 2018/2019. Further bed capacity is being planned for the system as the Ministry of Health and Long-Term Care has recently approved the development of a second RCC at the Humber River Hospital Church Street site. The RCC Church site will add 214 beds, but will be implemented in partnership with other hospitals outside of Central LHIN to address broader bed capacity challenges.</p>
90th percentile ED length of stay for minor/uncomplicated patients (2018Q2)	4 hours 	4.15	4.62	✓	4		NO	<p>Performance on ED length of stay for minor/uncomplicated patients worsened slightly in Q2 of 2018/2019 moving Central LHIN above the provincial target, as the volume of low acuity visits increased 8% compared to the previous quarter. Central LHIN has consistently met the target in the past years; however, over the last several quarters, the length of stay performance has been trending up slowly. The Central LHIN ED Working Group is continuing to examine the current initiatives in place to identify what changes may be necessary to further improve performance across the LHIN with a focus on leveraging existing processes to support the underperforming hospitals. Of note, Central LHIN is one of the top 3 best LHIN performers 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>

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Percent of priority 2, 3 and 4 cases completed within access target for hip replacement (2018Q2)	90% 	P2: 42 days P3: 84 days P4:182 days	92.69%	78.98%	✓	2		YES	Central LHIN continues to meet the provincial targets for hip and knee replacement surgery wait time indicators and has done so for the past four years. Performance in the latest Q2 period of 2018/2019 has declined slightly from the previous period as demand for surgeries has increased year over year, especially for hip replacements which experienced a 20% rise in volumes completed this fiscal year compared to the same time period last year. Central LHIN hospitals are currently implementing the new regional centralized intake, assessment and management model which is aimed at improving access and timeliness to surgery for hip and knee replacements. It is anticipated that performance will be sustained and meet provincial targets.
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement (2018Q2)	90% 		93.20%	74.88%	✓	2		YES	
Percentage of alternate level of care (ALC) days (2018Q1)	9.46% 		17.71%	15.88%		10		NO	<p>The Percentage of ALC Days indicator worsened in Q1 of 2018/2019 as a result of increased ALC days, mainly due to a larger number of long-stay ALC cases. Five out of the six large community hospitals in Central LHIN experienced an increase in ALC days which contributed to increased overall LHIN rate this quarter. Most notable this quarter was the increase at Markham Stouffville Hospital which discharged several ALC cases with lengths of stay ranging from 470 days to over 1000 days. The increase in long-stay ALC discharges can be attributed to the stabilization of Markham Stouffville's Patient Flow Coordinator staffing which focuses primarily on supporting transitions for patients designated ALC.</p> <p>The ALC Rate also worsened in Q2 of 2018/2019, but performance remained within 10% of the provincial target. (Note that currently the ALC data associated with the RCC is excluded from the calculation of the ALC Rate indicator and is under review.) Central LHIN continues to face challenges with placing ALC patients into LTC in a timely manner. Approximately 40% of the ALC patients were waiting for LTC, however, this group accounted for over 75% of the total ALC days.</p>
ALC rate (2018Q2)	12.70% 		13.60%	15.54%	✓	6		NO	<p>Additional bed capacity was recently added to Central LHIN at the RCC Finch site in 2018/2019 as Markham Stouffville Hospital began operating 24 new beds in early April 2018. In May 2018, Central LHIN allocated over \$1.3 million of base funding to support 3 Assess and Restore programs in Central LHIN 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. Recently in October 2018, the Ministry of Health and Long-Term Care approved the development of a second RCC at the Humber River Hospital Church Street site. The RCC Church site will add 214 acute care beds, and also partner with hospitals outside of Central LHIN in order to address broader system and capacity pressures.</p>
<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 (2018Q1)	16.30% 		20.91%	21.97%	✓	7		NO	<p>The rate of Repeat unscheduled ED visits for mental health conditions remained relatively stable from the previous quarter, however, the overall performance for this indicator is trending in a worsening direction for the past two years. The performance is being driven by a small number of patients who present to the ED with multiple repeat visits, and limited capacity in the community sector which is experiencing growing wait lists for mental health support services. Central LHIN hospitals continue to focus on the high repeat users by providing patients with education on mental health conditions and available community resources, and developing individualized care plans in partnership with community mental health agencies.</p> <p>Schizophrenia and psychotic disorders is the top condition driving repeat ED visits. Central LHIN is continuing to spearhead the adoption of the schizophrenia quality standard in partnership with Health Quality Ontario while Ontario Shores has agreed to participate in the implementation phase by sharing their lessons learned and a potential pathway forward for all Central LHIN hospitals.</p>
Repeat unscheduled emergency visits within 30 days for substance abuse conditions (2018Q1)	22.40% 		27.90%	34.97%	✓	4		NO	<p>Central LHIN performance on the rate of repeat ED visits for substance abuse conditions worsened in Q1 of 2018/2019. Similar to mental health conditions, the rate of repeat visits for substance abuse conditions is significantly impacted by a small group of patients who account for a substantial 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.</p> <p>Central LHIN hospitals are educating front line staff in the ED and implementing standardized protocols to ensure patients presenting with substance abuse conditions are discharged from the ED with support to connect with community based services. Central LHIN is along continuing to focus on the investments targeted for Rapid Access Addiction Medicine (RAAM) Clinics which are based out of each Central LHIN public hospital. Five out of the planned six clinics are now operational with the last remaining clinic anticipated to launch in January 2019.</p>

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<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 (2017Q4)	15.50% 	15.81%	16.62%	✓	4		NO	<p>The readmission rate indicator worsened in Q4 of 2017/2018 resulting in the LHIN not meeting the provincial target this quarter. Readmission rates in four of the eight HIG conditions worsened this quarter and impacted the overall LHIN rate as these four HIG conditions (CHF, COPD, gastrointestinal, and pneumonia) accounted for more than 80% of total readmissions.</p> <p>To support patients transition from hospital to home and prevent readmissions, Central LHIN is continuing to support the two Integrated Funding Model pilot projects for stroke and CHF/COPD through North York General Hospital. The LHIN is also supporting the expansion of Interprofessional Primary Care Teams in 2018/2019 across five LHIN sub-regions to increase the access to allied health services and support the care needs of patients with chronic conditions in their community. The Teams have established partnerships with multiple providers and organizations to deliver services to underserved communities.</p>