

MOHLTC - HSAPD
Quarterly Stocktake Report

LHIN: Central LHIN

Report Date: May 2014

Accountability Measures	<p>Performance Indicators: Access to healthcare services</p> <ul style="list-style-type: none"> 90th percentile ER length of stay for admitted patients 90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients 90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients Unscheduled emergency visits per 1,000 active long-term care residents by acuity/urgency of the visit* and NLOT status of the long-term care home Number of unscheduled emergency visits resulting in acute inpatient admission per 1,000 active LTC residents by the LHIN and NLOT status of the long-term care home Percent of priority IV cases completed within access target for cancer surgery Percent of priority IV cases completed within access target for cardiac by-pass surgery Percent of priority IV cases completed within access target for cataract surgery Percent of priority IV cases completed within access target for hip replacement Percent of priority IV cases completed within access target for knee replacement Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home Average length of stay of primary unilateral Hip or Knee Joint Replacement patients discharged home Percent of priority IV cases completed within access target for MRI scans Percent of priority IV cases completed within access target for CT scans <p>Performance Indicators: System integration and coordination of care</p> <ul style="list-style-type: none"> Percentage of Alternate Level of Care (ALC) Days Number of days from ALC designation to discharge by discharge destination (90th percentile Days) 90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) <p>Performance Indicators: Quality and improved health outcomes</p> <ul style="list-style-type: none"> Readmission within 30 Days for Selected CMGs Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions 	<p>Page 12</p> <p>Page 13</p> <p>Page 14</p> <p>Page 15</p> <p>Page 16</p> <p>Page 17</p> <p>Page 18</p> <p>Page 19</p> <p>Page 20</p> <p>Page 21</p>
Supplementary Measures	<ul style="list-style-type: none"> Time to Inpatient Bed: Disposition date/time to Left ER date/time Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment Percent of positive rating to the patient satisfaction survey question: "Overall, how would you rate the care you received in the Emergency Department" Number of ER Unscheduled Visits by quarter per 1,000 population Number of ALC open cases in hospitals – 4 graphs Percentage of hospital inpatient discharges before 11:00 am Transitional Care Program (TCP) Average Length of Stay (ALOS) by Program Type Number of days from ALC designation to discharge by discharge destination (90th Percentile days by facility) 	<p>Page 22</p> <p>Page 23</p> <p>Page 24</p>

LEGEND: Interpreting intervention performance

System Measures	Supplementary Measures	Baseline	Target	Quarterly Performance	Key Considerations
A set of measures associated with a specific intervention/strategy that are directly linked to one or more goals of the strategy	A set of measures associated with a specific intervention/strategy that are indirectly linked to one or more overarching goals of the strategy	The determined baseline will be inserted here and will remain the same each quarter	The determined target will be inserted here and will remain the same each quarter	Illustrates current performance with respect to the supplementary measure against defined targets. Graphs/charts are inserted by Access to Care.	Explains current performance and what proposed changes could be put in place to improve performance. Information is inserted by LHIN.

LHIN VIEW: Central LHIN

Objective: To enhance person-centered care

Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.



Performance Indicators: Access to healthcare services

System Measure	Summary	Quarterly Performance	LHIN's Performance Report																		
90th percentile ER Length of Stay for admitted patients (Data Source: CIHI-NACRS)	Baseline 32.3 hours Provincial Internal Goal 25.0 hours Provincial Target 8.0 Hours LHIN Target 30.0 hours (FY 13/14) Current Performance 36 hours	<table border="1"> <caption>90th Percentile Hours for Admitted Patients</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 12/13</td><td>33.7</td></tr> <tr><td>Q2 12/13</td><td>31.2</td></tr> <tr><td>Q3 12/13</td><td>30.7</td></tr> <tr><td>Q4 12/13</td><td>34.1</td></tr> <tr><td>Q1 13/14</td><td>26.5</td></tr> <tr><td>Q2 13/14</td><td>26.9</td></tr> <tr><td>Q3 13/14</td><td>28.8</td></tr> <tr><td>Q4 13/14</td><td>36.0</td></tr> </tbody> </table>	Quarter	Value	Q1 12/13	33.7	Q2 12/13	31.2	Q3 12/13	30.7	Q4 12/13	34.1	Q1 13/14	26.5	Q2 13/14	26.9	Q3 13/14	28.8	Q4 13/14	36.0	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Current and upcoming improvement initiatives taking place at the Central LHIN hospitals include process improvement events (e.g. LEAN, discharge planning pilot), revision of surge protocols, short-stay/express admission units, increased diagnostic imaging (DI) services, Rapid Assessment Zones, as well as increasing human resource support to facilitate admissions, patient flow, and discharges are ongoing.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN has consistently performed better than the baseline since the beginning of FY 2013/14. In Q4, however, two of our hospitals in particular did not perform as well as the previous quarters due to organizational challenges. Plans are in place to improve performance on this indicator and the LHIN is closely monitoring performance to ensure an improvement is evident in the next quarter.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? Central LHIN is monitoring this indicator carefully and expects to meet its target with the successful implementation of the above-mentioned initiatives in Q1 2014/15.</p>
Quarter	Value																				
Q1 12/13	33.7																				
Q2 12/13	31.2																				
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Q2 13/14	26.9																				
Q3 13/14	28.8																				
Q4 13/14	36.0																				
90th percentile ER Length of Stay for non-admitted complex (CTAS I-III) patients (Data Source: CIHI-NACRS)	Baseline 7.2 hours Provincial Internal Goal 7.0 hours Provincial Target 8.0 Hours LHIN Target 7.0 hours (FY 13/14) Current Performance 6.8 hours	<table border="1"> <caption>90th Percentile Hours for Non-admitted Complex Patients</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 12/13</td><td>7.4</td></tr> <tr><td>Q2 12/13</td><td>7.1</td></tr> <tr><td>Q3 12/13</td><td>7.1</td></tr> <tr><td>Q4 12/13</td><td>7.0</td></tr> <tr><td>Q1 13/14</td><td>6.7</td></tr> <tr><td>Q2 13/14</td><td>6.7</td></tr> <tr><td>Q3 13/14</td><td>6.6</td></tr> <tr><td>Q4 13/14</td><td>6.8</td></tr> </tbody> </table>	Quarter	Value	Q1 12/13	7.4	Q2 12/13	7.1	Q3 12/13	7.1	Q4 12/13	7.0	Q1 13/14	6.7	Q2 13/14	6.7	Q3 13/14	6.6	Q4 13/14	6.8	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's consistent improvement for this indicator is a result of initiatives related to facilitating patient flow in ED (e.g. PDSA improvements in the Rapid Assessment Zone, Ozone Clerk positions, increased nursing coverage), utilization of medical directives to shorten time to diagnostics and physician reassessment times, increasing DI services to improve turnaround times, and reducing wait time for Physician Initial Assessment (PIA).</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Baseline met.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? Target met.</p>
Quarter	Value																				
Q1 12/13	7.4																				
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Q4 13/14	6.8																				
90th percentile ER Length of Stay for non-admitted minor / uncomplicated (CTAS IV-V) patients (Data Source: CIHI-NACRS)	Baseline 3.7 hours Provincial Target 4.0 hours LHIN Target 4.0 hours (FY 13/14) Current Performance 3.5 hours	<table border="1"> <caption>90th Percentile Hours for Non-admitted Minor/Uncomplicated Patients</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 12/13</td><td>3.7</td></tr> <tr><td>Q2 12/13</td><td>3.6</td></tr> <tr><td>Q3 12/13</td><td>3.6</td></tr> <tr><td>Q4 12/13</td><td>3.6</td></tr> <tr><td>Q1 13/14</td><td>3.5</td></tr> <tr><td>Q2 13/14</td><td>3.6</td></tr> <tr><td>Q3 13/14</td><td>3.6</td></tr> <tr><td>Q4 13/14</td><td>3.5</td></tr> </tbody> </table>	Quarter	Value	Q1 12/13	3.7	Q2 12/13	3.6	Q3 12/13	3.6	Q4 12/13	3.6	Q1 13/14	3.5	Q2 13/14	3.6	Q3 13/14	3.6	Q4 13/14	3.5	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has further improved its performance for this indicator since the previous two quarters and has consistently exceeded the LHIN and provincial performance target of 4.0 hrs. Initiatives that focus on building care capacity in PIA (e.g. Fast Track Zones, Physician Assistants, ED Clerical Coordinators, Patient Flow Navigators, etc.), and enhancing care coordination in the community (e.g. Health Links, GEM nurses, Discharge Planning Nurse) have all assisted in sustaining improvements and maintaining the target for this indicator.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Baseline met.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? Target met.</p>
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Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report																														
Unscheduled emergency visits per 1,000 active long-term care residents by acuity/urgency of the visit* and NLOT status of the long-term care home *Based on the CTAS Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model	Baseline: Q1 11/12 202 (High Acuity NLOT) 165 (High Acuity Non-NLOT) 16 (Low Acuity NLOT) 7 (Low Acuity Non-NLOT)	<p>ER Unscheduled Visits per 1,000 active long-term care residents</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>High Acuity NLOT</th> <th>High Acuity Non-NLOT</th> <th>Low Acuity NLOT</th> <th>Low Acuity Non-NLOT</th> </tr> </thead> <tbody> <tr> <td>Q3 12/13</td> <td>178</td> <td>161</td> <td>12</td> <td>17</td> </tr> <tr> <td>Q4 12/13</td> <td>197</td> <td>169</td> <td>14</td> <td>17</td> </tr> <tr> <td>Q1 13/14</td> <td>195</td> <td>170</td> <td>14</td> <td>17</td> </tr> <tr> <td>Q2 13/14</td> <td>190</td> <td>170</td> <td>13</td> <td>19</td> </tr> <tr> <td>Q3 13/14</td> <td>184</td> <td>165</td> <td>14</td> <td>16</td> </tr> </tbody> </table> <p>Fiscal Year 12/13 ~ 13/14</p>	Quarter	High Acuity NLOT	High Acuity Non-NLOT	Low Acuity NLOT	Low Acuity Non-NLOT	Q3 12/13	178	161	12	17	Q4 12/13	197	169	14	17	Q1 13/14	195	170	14	17	Q2 13/14	190	170	13	19	Q3 13/14	184	165	14	16	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? For the High Acuity NLOT , the NLOT teams are working closely with focused end of life care teams at Central LHIN Long Term Care Homes (LTCHs) to build capacity for end of life care. Low Acuity NLOT: Less controllable factors such as temporary staffing (over the holiday period) and public reporting of unfortunate events in LTCHs contribute to unnecessary transport rates. Initiatives to address performance: <ul style="list-style-type: none"> In the area of fracture care – NLOT staff are transporting X-Ray CDs from STL imaging services to hospital surgeons as an alternative to resident transport. Routine team meetings and collaborative planning continue to provide opportunities to optimize NLOT service. The engagement of NLOT staff and LTCH NPs in a joint training institute has enhanced their understanding of each other and created optimization opportunities. The integration of STL imaging in CLHN PAC will consolidate resident care management following fractures. The integration of expanded OTN within LTC provides an opportunity to optimize NLOT services. New tools in the NLOT manual include a revised tube management knowledge-to-practice guide and the team are reviewing a Urinary Tract Infection in LTCH guideline for possible CLHN deployment. 2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? N/A 3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A
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Current Performance: 184 (High Acuity NLOT) 0 (High Acuity Non-NLOT) 14 (Low Acuity NLOT) 0 (Low Acuity Non-NLOT)	Based on the Canadian Triage and Acuity Scale (CTAS) scores (i.e., High acuity = CTAS 1-3; Low acuity = CTAS 4-5)																																
Number of unscheduled emergency visits resulting in acute inpatient admission per 1,000 active LTC residents by the LHIN and NLOT status of the long-term care home (Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model)	Baseline: Q1 11/12 97 (NLOT) 95 (Non-NLOT)	<p>ER Unscheduled Visits resulting in acute inpatient admission per 1,000 active long-term care residents</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>NLOT</th> <th>Non-NLOT</th> </tr> </thead> <tbody> <tr> <td>Q3 12/13</td> <td>97</td> <td>71</td> </tr> <tr> <td>Q4 12/13</td> <td>104</td> <td>70</td> </tr> <tr> <td>Q1 13/14</td> <td>96</td> <td>67</td> </tr> <tr> <td>Q2 13/14</td> <td>96</td> <td>70</td> </tr> <tr> <td>Q3 13/14</td> <td>97</td> <td>68</td> </tr> </tbody> </table> <p>Fiscal Year 12/13 ~ 13/14</p>	Quarter	NLOT	Non-NLOT	Q3 12/13	97	71	Q4 12/13	104	70	Q1 13/14	96	67	Q2 13/14	96	70	Q3 13/14	97	68	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Q3 has been repeatedly associated with increased transport rates – it is a cyclical event related to staff replacement over holiday periods. The frequency of infection outbreaks during the quarter complicated the repatriation of patients once transported. A repatriation initiative funded by the CLHN was deployed during Q4. This initiative joined together NLOT staff, hub GEM nurses, and hospital Patient Flow coordinators to focus on optimizing repatriation from ED and inpatient units. The relationships between these staff continue to develop. As well, decision support at each hub has worked towards development of a LTCH resident notification utility to better inform NLOT GEM, discharge and flow planners of the status of LTCH residents. NLOT staff hope to continue the repatriation initiative and the notification utility moving forward. NLOT staff are being oriented to build hospital and LTCH relationships surrounding the CLHNs deployment of OTN capacities in LTCHs. 2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? N/A 3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A												
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Current Performance: 97 (NLOT) 0 (Non-NLOT)																																	

NLOT home status was assigned based on a list provided by IB as of April/May 2013

LHIN VIEW: Central LHIN

Objective: To enhance person-centered care
 Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.



Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report																		
Percent of Priority IV Cases Completed Within Access Target for Cancer Surgery**	Baseline: 100% (Based on FY 12/13 result) Provincial Target: 90% LHIN Target: 90% (FY 13/14) Priority IV: 84 days (Data Source: WTIS) Current Performance: 99%	<table border="1"> <caption>Quarterly Performance - Cancer Surgery</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Q1 12/13</td><td>99%</td></tr> <tr><td>Q2 12/13</td><td>100%</td></tr> <tr><td>Q3 12/13</td><td>100%</td></tr> <tr><td>Q4 12/13</td><td>100%</td></tr> <tr><td>Q1 13/14</td><td>99%</td></tr> <tr><td>Q2 13/14</td><td>99%</td></tr> <tr><td>Q3 13/14</td><td>100%</td></tr> <tr><td>Q4 13/14</td><td>99%</td></tr> </tbody> </table>	Quarter	Performance (%)	Q1 12/13	99%	Q2 12/13	100%	Q3 12/13	100%	Q4 12/13	100%	Q1 13/14	99%	Q2 13/14	99%	Q3 13/14	100%	Q4 13/14	99%	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target and will continue to sustain existing initiatives. 2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN anticipates performance to remain above the provincial target. 3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A Additional Questions: 4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? In Q4, all Central LHIN hospitals achieved the provincial target. 5. Does the LHIN plan to reallocate services to another hospital? No 6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). N/A
Quarter	Performance (%)																				
Q1 12/13	99%																				
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Q4 13/14	99%																				
Percent of Priority IV Cases Completed Within Access Target for Cardiac By-Pass Procedures**	Baseline: 97% (Based on FY 12/13 result) Provincial Target: 90% LHIN Target: 90% (FY 13/14) Priority IV: 90 days (Data Source: CCN) Current Performance: 100%	<table border="1"> <caption>Quarterly Performance - Cardiac By-Pass Procedures</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Q1 12/13</td><td>95%</td></tr> <tr><td>Q2 12/13</td><td>93%</td></tr> <tr><td>Q3 12/13</td><td>99%</td></tr> <tr><td>Q4 12/13</td><td>99%</td></tr> <tr><td>Q1 13/14</td><td>99%</td></tr> <tr><td>Q2 13/14</td><td>100%</td></tr> <tr><td>Q3 13/14</td><td>96%</td></tr> <tr><td>Q4 13/14</td><td>100%</td></tr> </tbody> </table>	Quarter	Performance (%)	Q1 12/13	95%	Q2 12/13	93%	Q3 12/13	99%	Q4 12/13	99%	Q1 13/14	99%	Q2 13/14	100%	Q3 13/14	96%	Q4 13/14	100%	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target and will continue to sustain existing initiatives. 2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN results exceed provincial target and baseline. 3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A Additional Questions: 4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? This procedure has relatively small volumes performed throughout the year, making the indicator susceptible to swings in performance. 5. Does the LHIN plan to reallocate services to another hospital? No 6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). N/A
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Q3 13/14	96%																				
Q4 13/14	100%																				
Percent of Priority IV Cases Completed Within Access Target for Cataract Surgery**	Baseline: 100% (Based on FY 12/13 result) Provincial Target: 90% LHIN Target: 90% (FY 13/14) Priority IV: 182 days (Data Source: WTIS) Current Performance: 100%	<table border="1"> <caption>Quarterly Performance - Cataract Surgery</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Q1 12/13</td><td>100%</td></tr> <tr><td>Q2 12/13</td><td>100%</td></tr> <tr><td>Q3 12/13</td><td>100%</td></tr> <tr><td>Q4 12/13</td><td>100%</td></tr> <tr><td>Q1 13/14</td><td>100%</td></tr> <tr><td>Q2 13/14</td><td>100%</td></tr> <tr><td>Q3 13/14</td><td>100%</td></tr> <tr><td>Q4 13/14</td><td>100%</td></tr> </tbody> </table>	Quarter	Performance (%)	Q1 12/13	100%	Q2 12/13	100%	Q3 12/13	100%	Q4 12/13	100%	Q1 13/14	100%	Q2 13/14	100%	Q3 13/14	100%	Q4 13/14	100%	1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target and will continue to sustain existing initiatives. 2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? N/A 3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A Additional Questions: 4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? Central LHIN has created 2 centres of excellence for ophthalmology - one in the North and one in the South. The majority of cataract volumes are performed at these two sites. 5. Does the LHIN plan to reallocate services to another hospital? Central LHIN has recently refreshed its vision strategy and confirms to remain with its current model of providing cataract surgery. 6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). N/A
Quarter	Performance (%)																				
Q1 12/13	100%																				
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**Note: The reporting for the above indicators has been revised starting 2013/14 therefore there were no targets for previous quarters and colour coding cannot be determined. Previous Agreements included the 90th percentile wait times for these surgical and diagnostic imaging services.

Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percent of Priority IV Cases Completed Within Access Target for Hip Replacement** Priority IV: 182 days (Data Source: WTIS)	Baseline 96% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 90% (FY 13/14) Current Performance 98%		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target and will continue to sustain existing initiatives.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN anticipates performance to remain above the provincial target.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A</p> <p>Additional Questions:</p> <p>4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? N/A</p> <p>5. Does the LHIN plan to reallocate services to another hospital? No</p> <p>6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). N/A</p>
Percent of Priority IV Cases Completed Within Access Target for Knee Replacement** Priority IV: 182 days (Data Source: WTIS)	Baseline 95% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 90% (FY 13/14) Current Performance 93%		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN has exceeded the provincial target and will continue to sustain existing initiatives.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN anticipates performance to remain above the provincial target.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A</p> <p>Additional Questions:</p> <p>4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? N/A</p> <p>5. Does the LHIN plan to reallocate services to another hospital? No</p> <p>6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). N/A</p>

**Note: The reporting for the above indicators has been revised starting 2013/14 therefore there were no targets for previous quarters and colour coding cannot be determined. Previous Agreements included the 90th percentile wait times for these surgical and diagnostic imaging services.

Objective: To enhance person-centered care
 Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.



Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report
Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home** (Data Source: CIHI-DAD)	Baseline TBD		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? In Q3 2013/14, Central LHIN's proportions of primary unilateral Hip or Knee joint replacement patients discharged home are within the provincial target. Central LHIN hospitals continue to use a standardized cross-continuum total joint replacement (TJR) pathway and a pre-operative patient guide, which shall drive further improvements in safe discharging of patients.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? N/A</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? Provincial target achieved.</p>
	Provincial Target 10/11 (90% ± 9%) LHIN Target: TBD Current Performance Hip 88.9% Current Performance Knee 84.4%		
Average length of stay of primary unilateral Hip or Knee Joint Replacement patients discharged home** (Data Source: CIHI-DAD)	Baseline TBD		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? In Q3 2013/14, average length of stay (LOS) of primary unilateral hip or knee joint replacement patients discharged home continues to be well below the provincial target of 4.4 days and has further improved from Q2. Continued work in sustaining the standardized TJR pathway and Integrated Orthopaedic Capacity Plan will sustain improved performance within the hospitals.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? N/A</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? Provincial target achieved.</p>
	Provincial Target 10/11 4.4 days LHIN Target: TBD Current Performance Hip 3.4 Current Performance Knee 3.3		

**Note: The methodology for defining the hip/knee replacement cohorts for indicator calculations has been revised starting 2013/14 based on the recommendations from the HQQ expert panel. Results may not be comparable to the previous quarters.

LHIN VIEW: Central LHIN

Objective: To enhance person-centered care

Expected Outcome: Persons will experience improved access to healthcare services identified below in alignment with best practices.



Performance Indicators: Access to healthcare services

System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percent of Priority IV Cases Completed Within Access Target for MRI Scan**	Baseline 48% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 55% (FY 13/14) Priority IV: 28 days (Data Source: WTIS) Current Performance 33%		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? All Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiency and participated in the MRI PIP program. Central LHIN hospitals began performing new base hours on three additional MRI machines in FY 11/12 and FY 12/13 (two new MRI and one previously unfunded). Two additional machines came online in late Q3 2013/14. The effects of the new machines are reflected in Q4 results.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN hospitals were operating to funded levels in the absence of the 2013/14 Wait Time Strategy funding letter from the Ministry. Upon notification of Wait Times incremental allocations, hospitals began ramping up operations during Q3, which resulted in performance improvements in Q4. Hospitals began performing "MRI Blitz" volumes as well as incremental volumes funded by the LHIN in early Q4. These additional volumes also contributed to a performance improvement in Q4 and we expect to see a positive impact in Q1 2014/15 as well.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A</p> <p>Additional Questions:</p> <p>4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? Demand continues to outstrip supply for MRI scans. Hospital monthly performance differs as much as 80% between hospitals in the Central LHIN. At the end of Q4, hospitals have exceeded funded volumes by 6%. One hospital in particular ramped services down to meet funded levels in early 2013. Performance at this hospital has had significant detrimental impact on this indicator.</p> <p>5. Does the LHIN plan to reallocate services to another hospital? Central LHIN has allocated a portion of its Urgent Priority Funding to help improve MRI performance with this indicator.</p> <p>6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). All hospitals are participating in Phase 3 of the MRI PIP project. The LHIN allocates discretionary funding (i.e., UPF) taking into account efficiency at each provider.</p>
Percent of Priority IV Cases Completed Within Access Target for CT Scan**	Baseline 84% (Based on FY 12/13 result) Provincial Target 90% LHIN Target 85% (FY 13/14) Priority IV: 28 days (Data Source: WTIS) Current Performance 74%		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiencies and completed process improvement initiatives (modeled after the Provincial Process Improvement Project).</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? Central LHIN hospitals were operating to funded levels in the absence of the 2013/14 Wait Time Strategy funding letter from the Ministry. Upon notification of Wait Times incremental allocations, hospitals began ramping up operations during Q3 which resulted in performance improvement in Q4. The LHIN also allocated Urgent Priorities Funding in early Q3 and again in Q4 to help improve CT performance with this indicator.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A</p> <p>Additional Questions:</p> <p>4. How much of the result can be attributed to issues with demand for the surgery or procedure with any of the providers? Historically, Central LHIN hospitals performed volumes in excess of base and WTS incremental funded volumes - demand continues to outstrip funded supply. Hospital monthly performance differs as much as 89% between hospitals in the Central LHIN. At the end of Q4, hospitals have exceeded funded volumes by 4%. One hospital in particular ramped services down to meet funded levels in early 2013. Performance at this hospital has had significant detrimental impact on this indicator.</p> <p>5. Does the LHIN plan to reallocate services to another hospital? Central LHIN has allocated a portion of its Urgent Priority Funding to help improve CT performance with this indicator.</p> <p>6. Has the LHIN taken steps to reduce wait times through surgical efficiencies or best practices? Please explain the steps (i.e. reinvesting savings identified through reduced costs due to Quality Based Procedures). Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiencies and completed process improvement initiatives (modeled after the Provincial Process Improvement Project). The LHIN allocates discretionary funding (i.e., UPF) taking into account efficiency at each provider.</p>

**Note: The reporting for the above indicators has been revised starting 2013/14 therefore there were no targets for previous quarters and colour coding cannot be determined. Previous Agreements included the 90th percentile wait times for these surgical and diagnostic imaging services.

Objective: To improve system integration and enhance coordination of care while ensuring better transitions to various care settings.
 Expected Outcome: Persons will be able to navigate the healthcare system and receive the care they need, when and where they need it.



Performance Indicators: System integration and coordination of care

System Measure	Details	Quarterly Performance	LHIN's Performance Report
Percentage of Alternate Level of Care (ALC) Days (Data Source: CIHI-DAD)	Baseline 16.27% Provincial Target 9.46% LHIN Target 15.00% (FY 13/14) Current Performance 12.62%		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's Percentage of ALC Days decreased by 1.34% since Q2 13/14 and thus exceeding the target of 15.0% for three consecutive quarters. This is a result of continued investments in initiatives such as the Home First Program, transitional care program, implementation of the Assisted Living policy and Health Links. The Central LHIN ALC working group continues to work collaboratively to standardize practices, explore process improvement opportunities using the LEAN methodology, and develop a collaborative ALC patient review process. Together with the existing initiatives, the work from this group shall continue to drive improvements in this indicator.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? N/A</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A</p>
Number of days from ALC designation to discharge by discharge destination (90th percentile Days) Acute Care Only (Data Source: WTIS)	Current Performance 26 Days		<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Central LHIN's performance for this indicator has increased by 4 days since Q3 13/14. The most notable changes are that the wait time for LTC decreased from 132 days to 117 days, whereas wait time for Supervised or Assisted Living increased from 20 days to 35 days. The Central LHIN monitors the wait list for these discharge destinations on a weekly basis and works closely with all of the hospitals and CCAC to develop strategies to reduce ALC wait time through the ALC Working Group. A weekly complex ALC patient review process has been established to provide a forum for hospitals to share their challenging cases. This collaborative process allows hospitals and the Central CCAC to exchange knowledge and share experiences on strategies to address difficult discharges.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? N/A</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? N/A</p>

LHIN VIEW: Central LHIN

Objective: To improve system integration and enhance coordination of care while ensuring better transitions to various care settings.
 Expected Outcome: Persons will be able to navigate the healthcare system and receive the care they need, when and where they need it.



Performance Indicators: System integration and coordination of care

System Measure	Details	Quarterly Performance	LHIN's Performance Report																		
90th Percentile Wait Time from Community for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) (Data Source: Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server)	Baseline 23 days (Based on most recent 4 quarters of data) Provincial Target TBD LHIN Target 28 days (FY 13/14) Current Performance 48 days	<table border="1"> <caption>90th Percentile Wait in Days Data</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Wait (Days)</th> </tr> </thead> <tbody> <tr> <td>Q4 11/12</td> <td>23.00</td> </tr> <tr> <td>Q1 12/13</td> <td>23.00</td> </tr> <tr> <td>Q2 12/13</td> <td>23.00</td> </tr> <tr> <td>Q3 12/13</td> <td>24.00</td> </tr> <tr> <td>Q4 12/13</td> <td>38.00</td> </tr> <tr> <td>Q1 13/14</td> <td>34.00</td> </tr> <tr> <td>Q2 13/14</td> <td>56.00</td> </tr> <tr> <td>Q3 13/14</td> <td>48.00</td> </tr> </tbody> </table> <p>Fiscal Year 11/12 ~ 13/14</p> <p>Note: For Q1 2013/14, the methodology for this indicator was revised to align with Health Quality Ontario: exclude first services that were respite (15); placement (14) or other (99). In addition the first service record must now be coded with In-Home SRC codes (91-95). These new criterions had a minimal effect on the 90th percentile - 50% of the LHINs had no change, the other 50% had on average between 1 - 2 day difference. Overall an additional 0.3% of clients were excluded compared to the previous methodology. The previous quarters have been updated with the most recent data and using the revised methodology for trending purposes. For Q2 2013/14, the ministry completed its physiotherapy reform in 2013 which included an expansion of in-home physiotherapy for 60,000 more seniors and people with mobility issues. As part of this initiative, CCACs were asked to clear current physiotherapy waitlists in order to manage the substantial influx of new physiotherapy clients post-August 1, 2013. As a result of these changes, there has been an increase in the 90th percentile wait time (33 days to 48 days provincially) and a 32% increase in new clients from Q1 2013/14 to Q2 2013/14. Given the scope of this change it is expected that increased wait times will also be observed in the remainder of 2013/14.</p>	Quarter	90th Percentile Wait (Days)	Q4 11/12	23.00	Q1 12/13	23.00	Q2 12/13	23.00	Q3 12/13	24.00	Q4 12/13	38.00	Q1 13/14	34.00	Q2 13/14	56.00	Q3 13/14	48.00	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target? Commencement of physiotherapy for some agencies was delayed because a number of factors, including the capacity of the providers to provide services. The providers were finding volumes and staffing resources to meet the demand difficult. The majority of non-urgent referrals from community in particular where the PSW services are required it is necessary for a care coordinator to complete a home visit with the patient before authorising PSW services. We continue to monitor our referrals and continue to watch the pending clients. We are anticipating a continued decrease in the community wait time moving forward.</p> <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? We anticipate an improvement that should bring the indicator closer to the target in Q1 2014/15.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target? We anticipate an improvement that should bring the indicator closer to the target in Q1 2014/15.</p>
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Objective: To implement evidence based practice to drive quality and value and improve health outcomes.
 Expected Outcome: Persons will receive quality inpatient care and coordinated post-discharge care, leading to reduced readmission rates that may improve survival, quality of life and other outcomes without increasing cost.



Performance Indicators: Quality and improved health outcomes

System Measure	Summary	Quarterly Performance	LHIN's Performance Report																																																																																								
Readmission within 30 days for Selected CMGs (Data Source: CIHI-DAD)	Baseline 15.82% (Based on most recent 4 quarters of data) Provincial Target: TBD LHIN Target: 15.00% (FY 13/14) Current Performance: 14.8%	<p>Quarterly Performance (Fiscal Year 11/12 - 13/14)</p> <table border="1"> <tr><th>Quarter</th><th>Readmission Rate (%)</th></tr> <tr><td>Q3 11/12</td><td>16.1%</td></tr> <tr><td>Q4 11/12</td><td>15.0%</td></tr> <tr><td>Q1 12/13</td><td>15.4%</td></tr> <tr><td>Q2 12/13</td><td>16.8%</td></tr> <tr><td>Q3 12/13</td><td>15.6%</td></tr> <tr><td>Q4 12/13</td><td>15.0%</td></tr> <tr><td>Q1 13/14</td><td>14.6%</td></tr> <tr><td>Q2 13/14</td><td>14.8%</td></tr> </table> <p>Calendar Year 2006 - 2011</p> <table border="1"> <tr><th>Year</th><th>Readmission Rate (%)</th></tr> <tr><td>2006</td><td>14.1%</td></tr> <tr><td>2007</td><td>13.7%</td></tr> <tr><td>2008</td><td>15.2%</td></tr> <tr><td>2009</td><td>13.9%</td></tr> <tr><td>2010</td><td>15.0%</td></tr> <tr><td>2011</td><td>15.3%</td></tr> </table> <p>Readmissions within 30 days trend by LHIN by calendar year.</p> <table border="1"> <tr><th>Year</th><th>card</th><th>chf</th><th>copd</th><th>cva</th><th>dm</th><th>gi</th><th>pneu</th></tr> <tr><td>2006</td><td>12.5</td><td>13.5</td><td>22.5</td><td>8.5</td><td>14.5</td><td>13.5</td><td>12.5</td></tr> <tr><td>2007</td><td>11.5</td><td>13.5</td><td>20.5</td><td>6.5</td><td>12.5</td><td>13.5</td><td>12.5</td></tr> <tr><td>2008</td><td>12.5</td><td>15.5</td><td>23.5</td><td>11.5</td><td>14.5</td><td>15.5</td><td>13.5</td></tr> <tr><td>2009</td><td>11.5</td><td>14.5</td><td>19.5</td><td>8.5</td><td>13.5</td><td>14.5</td><td>12.5</td></tr> <tr><td>2010</td><td>10.5</td><td>15.5</td><td>24.5</td><td>10.5</td><td>14.5</td><td>15.5</td><td>13.5</td></tr> <tr><td>2011</td><td>13.5</td><td>15.5</td><td>23.5</td><td>9.5</td><td>13.5</td><td>15.5</td><td>13.5</td></tr> </table>	Quarter	Readmission Rate (%)	Q3 11/12	16.1%	Q4 11/12	15.0%	Q1 12/13	15.4%	Q2 12/13	16.8%	Q3 12/13	15.6%	Q4 12/13	15.0%	Q1 13/14	14.6%	Q2 13/14	14.8%	Year	Readmission Rate (%)	2006	14.1%	2007	13.7%	2008	15.2%	2009	13.9%	2010	15.0%	2011	15.3%	Year	card	chf	copd	cva	dm	gi	pneu	2006	12.5	13.5	22.5	8.5	14.5	13.5	12.5	2007	11.5	13.5	20.5	6.5	12.5	13.5	12.5	2008	12.5	15.5	23.5	11.5	14.5	15.5	13.5	2009	11.5	14.5	19.5	8.5	13.5	14.5	12.5	2010	10.5	15.5	24.5	10.5	14.5	15.5	13.5	2011	13.5	15.5	23.5	9.5	13.5	15.5	13.5	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <p>Q1 performance is at 14.8% which meets the CLHIN target of 15.0%. It increased from 14.6% to 14.8% over the past quarter. Central LHIN continues to implement initiatives to support the achievement of the target. The following is a list of activities undertaken to achieve/move toward the target:</p> <ul style="list-style-type: none"> In August 2013, funding was provided to launch two early adopter Health Links. Three additional Health Links will be added as they are approved by the ministry. A primary goal of Health Links is to improve the coordination and delivery of care across the continuum for high users, many who have one or more of the conditions included in the definition "selected CMGs." In March 2013, CLHIN initiated the Rapid Response Nursing Program, with the CCAC acting as the lead organization. The purpose of this program is to ensure that high complexity patients discharged from hospital are visited in their home environment and connected with any needed services as quickly as possible, including Health Links. The Central LHIN is investigating the development of an integrated discharge planning process across the LHIN that links hospitals, primary care, CCAC and other resources. An initial pilot was completed at NYGH. Standardized and integrated processes are expected to contribute to improved discharge planning practices and to reduce unplanned, readmissions to hospital. Southlake and Markham Stouffville Hospital have implemented a role for a Telemedicine Nurse to enhance access to experts across the province for timely service. Care for LTCH residents is also supported via telemedicine to further reduce the need to transfer residents to hospital. Central LHIN is supporting the implementation of Quality Based Practices (QBPs) and the adoption of best practice pathways for patients with stroke and other conditions. High re-admissions in Central LHIN are COPD and CHF. Diabetes Education Programs are engaging with Emergency Departments and inpatient programs to support care post hospital discharge. Nurse Led Outreach Teams work in partnership with LTCHs to provide urgent care to reduce avoidable ED admissions. In Q4 of 2013-14, Central LHIN funded 2 COPD clinics in the community health centres. They will be operational in 2014-15. <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved? N/A</p> <p>3. 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LHIN VIEW: Central LHIN

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Performance Indicators: Quality and improved health outcomes

System Measure	Details	Quarterly Performance	LHIN's Performance Report																		
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions** (Data Source: CIHI-NACRS)	Baseline 17.6% (Based on most recent 4 quarters of data) Provincial Target: TBD LHIN Target 17.0% (FY 13/14) Current Performance 18.6%	<table border="1"> <caption>Quarterly Performance Data (Mental Health)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q4 11/12</td><td>15.9%</td></tr> <tr><td>Q1 12/13</td><td>16.4%</td></tr> <tr><td>Q2 12/13</td><td>18.4%</td></tr> <tr><td>Q3 12/13</td><td>19.4%</td></tr> <tr><td>Q4 12/13</td><td>18.9%</td></tr> <tr><td>Q1 13/14</td><td>18.6%</td></tr> <tr><td>Q2 13/14</td><td>20.2%</td></tr> <tr><td>Q3 13/14</td><td>18.6%</td></tr> </tbody> </table>	Quarter	Percentage	Q4 11/12	15.9%	Q1 12/13	16.4%	Q2 12/13	18.4%	Q3 12/13	19.4%	Q4 12/13	18.9%	Q1 13/14	18.6%	Q2 13/14	20.2%	Q3 13/14	18.6%	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <ul style="list-style-type: none"> In March 2013, the LHIN began planning to establish a process and protocol for all hospitals in Central LHIN to enable equitable access for both children/adolescents and adults that require an inpatient mental health and addiction bed. The draft protocol has been completed. In February 2014, availability of peer support services was expanded including warm lines, peer navigators in the emergency department, and Wellness Recovery Action Planning programs. In February 2014, the LHIN increased access to mobile crisis teams with police and expanded mobile crisis lines. In December 2013, mental health intensive case management service were enhanced across the LHIN In December 2013, trauma-specific abuse services for adults that are linked to mental health case management supports were expanded Implementation of the Central LHIN BSO Action Plan underway as of April 1, 2012. CMHA-York Region and CMHA-Toronto have implemented telemedicine nurses to deliver clinical MHA care to enhance access to community based services and experts across the province. <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?</p> <p>Central LHIN's performance has been above baseline (17.6%); however, there has been an improvement in our performance in Q3 2013-14 to 18.6%. We expect to improve performance from baseline with the implementation of the above-mentioned initiatives in FY 2014-15.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target?</p> <p>We are closely monitoring performance for this indicator and expect to achieve target with the successful implementation and integration of the above-mentioned initiatives in the FY 2014/15.</p>
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Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions** (Data Source: CIHI-NACRS)	Baseline 20.7% (Based on most recent 4 quarters of data) Provincial Target: TBD LHIN Target 20.7% (FY 13/14) Current Performance 20.9%	<table border="1"> <caption>Quarterly Performance Data (Substance Abuse)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q4 11/12</td><td>19.0%</td></tr> <tr><td>Q1 12/13</td><td>21.4%</td></tr> <tr><td>Q2 12/13</td><td>20.1%</td></tr> <tr><td>Q3 12/13</td><td>22.1%</td></tr> <tr><td>Q4 12/13</td><td>22.6%</td></tr> <tr><td>Q1 13/14</td><td>24.9%</td></tr> <tr><td>Q2 13/14</td><td>24.5%</td></tr> <tr><td>Q3 13/14</td><td>20.9%</td></tr> </tbody> </table>	Quarter	Percentage	Q4 11/12	19.0%	Q1 12/13	21.4%	Q2 12/13	20.1%	Q3 12/13	22.1%	Q4 12/13	22.6%	Q1 13/14	24.9%	Q2 13/14	24.5%	Q3 13/14	20.9%	<p>1. What interventions or initiatives has the LHIN undertaken to achieve/move toward the target?</p> <ul style="list-style-type: none"> In March 2013, the LHIN began planning to establish a process and protocol for all hospitals in Central LHIN to enable equitable access for both children/adolescents and adults that require an inpatient mental health and addiction beds. In February 2014, the LHIN expanded availability of peer support services including warm lines, peer navigators in the emergency department, Wellness Recovery Action Planning programs. In December 2013, substance abuse case management services were enhanced access across the LHIN. In March 2013, the Community Opioid Treatment Clinic was implemented and programs for community services for pregnant and parenting women with addictions across the Central LHIN were enhanced. Allocation of OTN equipment to four Central LHIN providers to enhance access to addictions services. Addiction Services for York Region developed a partnership with Community Head Injury Resource Services (CHIRS) to provide a program for complex clients with cognitive, neurobehavioural impairments and problematic substance use. Implementation of the Central LHIN BSO Action Plan underway as of April 1, 2012. <p>2. If the results for this indicator have not improved from the baseline, when does the LHIN expect improvement from baseline, and what does the LHIN expect will be the actual result/performance for this indicator when improvement is achieved?</p> <p>Central LHIN's performance has been above baseline (20.7%); however, there has been an improvement in our performance in Q3 2013-14 to 20.9%. We expect to improve performance from baseline with the implementation of above-mentioned initiatives in FY 2014-15.</p> <p>3. If the LHIN target for this indicator has not been achieved, but results have improved from the baseline, when does the LHIN expect to achieve the target?</p> <p>We are closely monitoring performance for this indicator and expect to achieve target with the successful implementation and integration of the above-mentioned initiatives in the FY 2014/15.</p>
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** The methodology for these indicators was revised starting 2013/14. Results may not be comparable to previous Agreements. 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. For the detailed methodology, please refer to the MOHLTC-LHIN Performance Agreement (MLPA).

Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance	Supplementary Measures	Summary	Quarterly Performance
Time to Inpatient Bed: Disposition date/time to Left ER date/time (Data Source: CIHI-NACRS)	<p>Baseline: 25 hours FY 12/13</p> <p>Target: TBD</p> <p>Current Performance: 29.2 hours</p>	<p>Fiscal Year 12/13 - 13/14</p>	Percent of positive rating to the patient satisfaction survey question: "Overall, how would you rate the care you received in the Emergency Department?" (Data Source: NRC Picker)	<p>Baseline: 76% Q4 08/09</p> <p>Target: TBD</p> <p>Current Performance: 81%</p>	<p>Fiscal Year 12/13 - 13/14</p>
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment (Data Source: CIHI-NACRS)	<p>Baseline: 2.9 hours FY 12/13</p> <p>Target: TBD</p> <p>Current Performance: 2.8 hours</p>	<p>Fiscal Year 12/13 - 13/14</p>	Number of ER Unscheduled Visits by quarter per 1,000 population (Data Source: CIHI-NACRS)	<p>Baseline: N/A</p> <p>Current Performance: 66</p>	<p>Fiscal Year 08/09 - 13/14</p>

Note: No volume or low volume (< 10 cases) will not be displayed in the Figure.

Note: Some sites did not meet the recommended minimum number of required surveys therefore, results should be interpreted with caution. Starting Q3 10/11, values for all sites including NV (No Volume) and NC (Non Compliant) are displayed.

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Supplementary Measures

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<p>The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care</p> <p>(Data Source: WTIS)</p>	<p>N/A</p>	<table border="1"> <caption>Number of ALC Open Cases - Fiscal Year 12/13 - 13/14</caption> <thead> <tr> <th>Quarter</th> <th>Acute</th> <th>Post-Acute</th> </tr> </thead> <tbody> <tr> <td>Q4 12/13</td> <td>232</td> <td>33</td> </tr> <tr> <td>Q1 13/14</td> <td>214</td> <td>24</td> </tr> <tr> <td>Q2 13/14</td> <td>199</td> <td>25</td> </tr> <tr> <td>Q3 13/14</td> <td>230</td> <td>28</td> </tr> <tr> <td>Q4 13/14</td> <td>231</td> <td>35</td> </tr> </tbody> </table>	Quarter	Acute	Post-Acute	Q4 12/13	232	33	Q1 13/14	214	24	Q2 13/14	199	25	Q3 13/14	230	28	Q4 13/14	231	35	<p>The Number of ALC open cases in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care</p> <p>(Data Source: WTIS)</p>	<p>N/A</p>	<table border="1"> <caption>Number of ALC cases staying 30 days and longer - Fiscal Year 12/13 - 13/14</caption> <thead> <tr> <th>Quarter</th> <th>Acute</th> <th>Post-Acute</th> </tr> </thead> <tbody> <tr> <td>Q4 12/13</td> <td>55</td> <td>10</td> </tr> <tr> <td>Q1 13/14</td> <td>56</td> <td>9</td> </tr> <tr> <td>Q2 13/14</td> <td>61</td> <td>7</td> </tr> <tr> <td>Q3 13/14</td> <td>67</td> <td>13</td> </tr> <tr> <td>Q4 13/14</td> <td>56</td> <td>10</td> </tr> </tbody> </table>	Quarter	Acute	Post-Acute	Q4 12/13	55	10	Q1 13/14	56	9	Q2 13/14	61	7	Q3 13/14	67	13	Q4 13/14	56	10			
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Supplementary Measures

Supplementary Measures	Summary	Quarterly Performance	Supplementary Measures	Summary	Quarterly Performance
<p>Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)</p>	<p>N/A</p>	<p>Past 3 Months</p>	<p>Transitional Care Program (TCP) Average Length of Stay (ALOS) by Program Type (Data Source: Transitional Care Program Reporting System (TCPRS))</p>	<p>N/A</p>	<p>Fiscal Year 12/13 - 13/14</p>
<p>Number of days from ALC designation to discharge by discharge destination (90th Percentile Days) (Data Source: WTIS)</p>	<p>Current Performance: 26 days</p>	<p>Q4 13/14</p>	<p>N/A</p>	<p>N/A</p>	<p>Note: No volume or low volume (< 6 cases) will not be displayed in the Figure.</p>

Facility	Corresponding Color	LHIN
Bluewater Health	Bluewater Health	1
Hotel-Dieu Grace Hospital	Hotel-Dieu Grace Hospital	1
Leamington District Memorial Hospital	Leamington District Memorial Hospital	1
Public General Hosp Society Of Chatham	Public General Hosp Society Of Chatham	1
St. Josephs Hlth Serv Assoc Of Chatham	St. Josephs Hlth Serv Assoc Of Chatham	1
Windsor Regional Hospital	Windsor Regional Hospital	1
Alexandra Hospital	Alexandra Hospital	2
Clinton Public Hospital	Clinton Public Hospital	2
Grey Bruce Health Services	Grey Bruce Health Services	2
Hanover And District Hospital	Hanover And District Hospital	2
London Hlth Sciences Ctr	London Hlth Sciences Ctr	2
Seaforth Community Hospital	Seaforth Community Hospital	2
South Bruce Grey Health Centre	South Bruce Grey Health Centre	2
St Joseph's Health Care,London	St Joseph's Health Care,London	2
St Marys Memorial Hospital	St Marys Memorial Hospital	2
St Thomas-Elgin General Hospital	St Thomas-Elgin General Hospital	2
Stratford General Hospital	Stratford General Hospital	2
Strathroy Middlesex General Hospital	Strathroy Middlesex General Hospital	2
Tillsonburg District Memorial Hospital	Tillsonburg District Memorial Hospital	2
Woodstock General Hospital	Woodstock General Hospital	2
Cambridge Memorial Hospital	Cambridge Memorial Hospital	3
Grand River Hospital Corp	Grand River Hospital Corp	3
Groves Memorial Community Hospital	Groves Memorial Community Hospital	3
Guelph General Hospital	Guelph General Hospital	3
Homewood Health Centre	Homewood Health Centre	3
St Joseph's Health Centre (Guelph)	St Joseph's Health Centre (Guelph)	3
St Mary's General Hospital	St Mary's General Hospital	3
Brant Community Healthcare System	Brant Community Healthcare System	4
Haldimand War Memorial Hospital	Haldimand War Memorial Hospital	4
Hamilton Health Sciences	Hamilton Health Sciences	4
Joseph Brant Memorial Hospital	Joseph Brant Memorial Hospital	4
Niagara Health System	Niagara Health System	4
Norfolk General Hospital	Norfolk General Hospital	4
Relig Hosp Of St.Joseph Of Hotel Dieu	Relig Hosp Of St.Joseph Of Hotel Dieu	4
St Joseph's Community Health Centre H	St Joseph's Community Health Centre H	4
West Lincoln Memorial Hospital	West Lincoln Memorial Hospital	4
Headwaters Health Care Centre	Headwaters Health Care Centre	5
William Osler Health Centre	William Osler Health Centre	5
Credit Valley Hospital	Credit Valley Hospital	6
Halton Healthcare Services Corp	Halton Healthcare Services Corp	6
Trillium Health Centre	Trillium Health Centre	6
Baycrest Hospital (North York)	Baycrest Hospital (North York)	7
Bloorview Kids Rehab	Bloorview Kids Rehab	7
Bridgepoint Hospital	Bridgepoint Hospital	7
Centre For Addiction&Mental Hlth	Centre For Addiction&Mental Hlth	7
Hospital For Sick Children (The)	Hospital For Sick Children (The)	7
Mount Sinai Hospital	Mount Sinai Hospital	7
Providence Healthcare	Providence Healthcare	7
Runnymede Healthcare Centre	Runnymede Healthcare Centre	7
Salvation Army Grace Hospital	Salvation Army Grace Hospital	7

St Joseph's Health Centre	St Joseph's Health Centre	7
St Michael's Hospital	St Michael's Hospital	7
Sunnybrook Health Sciences Centre	Sunnybrook Health Sciences Centre	7
Toronto East General Hospital (The)	Toronto East General Hospital (The)	7
Toronto Rehabilitation Institution	Toronto Rehabilitation Institution	7
University Health Network	University Health Network	7
West Park Healthcare Centre	West Park Healthcare Centre	7
Humber River Regional Hospital	Humber River Regional Hospital	8
Markham Stouffville Hospital	Markham Stouffville Hospital	8
North York General Hospital	North York General Hospital	8
Southlake Regional Health Centre	Southlake Regional Health Centre	8
St John's Rehabilitation Hospital	St John's Rehabilitation Hospital	8
Stevenson Memorial Hospital Alliston	Stevenson Memorial Hospital Alliston	8
York Central Hospital	York Central Hospital	8
Campbellford Memorial Hospital	Campbellford Memorial Hospital	9
Lakeridge Health Corporation	Lakeridge Health Corporation	9
Northumberland Hills Hospital	Northumberland Hills Hospital	9
Ontario Shores Centre For Mental Health	Ontario Shores Centre For Mental Health	9
Peterborough Regional Health Centre	Peterborough Regional Health Centre	9
Ross Memorial Hospital	Ross Memorial Hospital	9
Rouge Valley Health System	Rouge Valley Health System	9
Scarborough Hospital (The)	Scarborough Hospital (The)	9
Brockville General Hospital	Brockville General Hospital	10
Hotel Dieu Hospital	Hotel Dieu Hospital	10
Kingston General Hospital	Kingston General Hospital	10
Lennox And Addington County Gen Hosp	Lennox And Addington County Gen Hosp	10
Perth & Smiths Falls Dist	Perth & Smiths Falls Dist	10
Providence Care	Providence Care	10
Quinte Healthcare Corporation	Quinte Healthcare Corporation	10
Almonte General Hospital	Almonte General Hospital	11
Arnprior & District Memorial Hosp	Arnprior & District Memorial Hosp	11
Bruyere Continuing Care Inc	Bruyere Continuing Care Inc	11
Carleton Place And District Mem Hospita	Carleton Place And District Mem Hospita	11
Childrens Hospital Of Eastern Ontario	Childrens Hospital Of Eastern Ontario	11
Cornwall Community Hosp-General Site	Cornwall Community Hosp-General Site	11
Hopital Montfort	Hopital Montfort	11
Kemptville District Hospital	Kemptville District Hospital	11
Ottawa Hospital (The)	Ottawa Hospital (The)	11
Pembroke Regional Hospital Inc.	Pembroke Regional Hospital Inc.	11
Queensway-Carleton Hospital	Queensway-Carleton Hospital	11
Renfrew Victoria Hospital	Renfrew Victoria Hospital	11
Royal Ottawa Health Care Group	Royal Ottawa Health Care Group	11
University Of Ottawa Heart Institute	University Of Ottawa Heart Institute	11
Winchester District Memorial Hospital	Winchester District Memorial Hospital	11
Collingwood General And Marine Hospita	Collingwood General And Marine Hospita	12
Georgian Bay General Hospital	Georgian Bay General Hospital	12
Muskoka Algonquin Healthcare	Muskoka Algonquin Healthcare	12
Orillia Soldiers' Memorial Hospital	Orillia Soldiers' Memorial Hospital	12
Penetanguishene Mental Health Centre	Penetanguishene Mental Health Centre	12
Royal Victoria Hospital	Royal Victoria Hospital	12

Hopital Regional De Sudbury	Hopital Regional De Sudbury	13
North Bay General Hospital	North Bay General Hospital	13
Northeast Mental Health Centre	Northeast Mental Health Centre	13
Sault Area Hospital	Sault Area Hospital	13
Temiskaming Hospital	Temiskaming Hospital	13
Timmins & District General Hospital	Timmins & District General Hospital	13
West Parry Sound Health Centre	West Parry Sound Health Centre	13
Dryden Regional Health Centre	Dryden Regional Health Centre	14
Lake-Of-The-Woods District Hospital	Lake-Of-The-Woods District Hospital	14
Riverside Health Care Fac	Riverside Health Care Fac	14
Sioux Lookout Meno-Ya-Win Hlth Ctr-Dis	Sioux Lookout Meno-Ya-Win Hlth Ctr-Dis	14
St Joseph's Care Group	St Joseph's Care Group	14
Thunder Bay Regional Hlth Sciences Ctr	Thunder Bay Regional Hlth Sciences Ctr	14
Wilson Memorial General Hospital	Wilson Memorial General Hospital	14

	ISTCL Site Name	
Bluewater Health - Norman Site (ED)	Bluewater Health - Norman Site (ED)	1
Hotel Dieu Grace Hospital - Grace Site	Hotel Dieu Grace Hospital - Grace Site	1
Leamington District Memorial Hospital	Leamington District Memorial Hospital	1
Public General Hospital (Chatham-Kent H	Public General Hospital (Chatham-Kent H	1
Windsor Regional Hospital - Metropolitan	Windsor Regional Hospital - Metropolitan	1
Owen Sound Hospital (Grey Bruce Health	Owen Sound Hospital (Grey Bruce Health	2
St. Thomas-Elgin General Hospital	St. Thomas-Elgin General Hospital	2
University Hospital (London Health Scien	University Hospital (London Health Scien	2
Victoria Hospital (London Health Science	Victoria Hospital (London Health Science	2
Cambridge Memorial Hospital	Cambridge Memorial Hospital	3
Grand River Hospital - Kitchener-Waterlo	Grand River Hospital - Kitchener-Waterlo	3
Guelph General Hospital	Guelph General Hospital	3
St. Mary's General Hospital	St. Mary's General Hospital	3
Brantford General Hospital, The (The Bra	Brantford General Hospital, The (The Bra	4
Greater Niagara General Site (Niagara H	Greater Niagara General Site (Niagara H	4
Hamilton General Hospital (Hamilton Hea	Hamilton General Hospital (Hamilton Hea	4
Hamilton Health Sciences Corporation	Hamilton Health Sciences Corporation	4
Joseph Brant Memorial Hospital	Joseph Brant Memorial Hospital	4
Juravinski Hospital	Juravinski Hospital	4
St. Catharines General Site (Niagara Hea	St. Catharines General Site (Niagara Hea	4
St. Joseph's Healthcare	St. Joseph's Healthcare	4
Headwaters Health Care Centre - Orange	Headwaters Health Care Centre - Orange	5
William Osler Health Centre - Brampton (William Osler Health Centre - Brampton (5
William Osler Health Centre - Etobicoke	William Osler Health Centre - Etobicoke	5
Credit Valley Hospital, The	Credit Valley Hospital, The	6
Georgetown Hospital (Halton Healthcare	Georgetown Hospital (Halton Healthcare	6
Milton District Hospital (Halton Healthcar	Milton District Hospital (Halton Healthcar	6
Oakville-Trafalgar Memorial Hospital (Ha	Oakville-Trafalgar Memorial Hospital (Ha	6
Trillium Health Centre - Mississauga	Trillium Health Centre - Mississauga	6
Hospital For Sick Children, The	Hospital For Sick Children, The	7
Mount Sinai Hospital	Mount Sinai Hospital	7
St. Joseph's Health Centre	St. Joseph's Health Centre	7
St. Michael's Hospital	St. Michael's Hospital	7
Sunnybrook Health Sciences Centre	Sunnybrook Health Sciences Centre	7
Toronto East General Hospital	Toronto East General Hospital	7
Toronto General Hospital (University Hea	Toronto General Hospital (University Hea	7

Toronto Western Hospital (University He	Toronto Western Hospital (University He	7
Humber River Regional Hospital - Church	Humber River Regional Hospital - Church	8
Humber River Regional Hospital - Finch	Humber River Regional Hospital - Finch	8
Markham Stouffville Hospital - Markham	Markham Stouffville Hospital - Markham	8
North York General Hospital	North York General Hospital	8
Southlake Regional Health Centre	Southlake Regional Health Centre	8
Stevenson Memorial Hospital	Stevenson Memorial Hospital	8
York Central Hospital	York Central Hospital	8
Lakeridge Health Bowmanville	Lakeridge Health Bowmanville	9
Lakeridge Health Oshawa	Lakeridge Health Oshawa	9
Northumberland Hills Hospital	Northumberland Hills Hospital	9
Peterborough Regional Health Centre	Peterborough Regional Health Centre	9
Ross Memorial Hospital	Ross Memorial Hospital	9
Rouge Valley Ajax And Pickering (Rouge	Rouge Valley Ajax And Pickering (Rouge	9
Rouge Valley Centenary (Rouge Valley H	Rouge Valley Centenary (Rouge Valley H	9
Scarborough Hospital, The - Birchmount	Scarborough Hospital, The - Birchmount	9
Scarborough Hospital, The - General Ca	Scarborough Hospital, The - General Ca	9
Kingston General Hospital	Kingston General Hospital	10
Quinte Healthcare - Belleville General	Quinte Healthcare - Belleville General	10
Quinte Healthcare - Trenton Memorial	Quinte Healthcare - Trenton Memorial	10
Children's Hospital Of Eastern Ontario	Children's Hospital Of Eastern Ontario	11
Cornwall Community Hospital - Mcconne	Cornwall Community Hospital - Mcconne	11
Hopital General De Hawkesbury & Distric	Hopital General De Hawkesbury & Distric	11
Hopital Montfort	Hopital Montfort	11
Ottawa Hospital, The - Civic Campus	Ottawa Hospital, The - Civic Campus	11
Ottawa Hospital, The - General Campus	Ottawa Hospital, The - General Campus	11
Pembroke Regional Hospital Inc.	Pembroke Regional Hospital Inc.	11
Queensway Carleton Hospital	Queensway Carleton Hospital	11
Collingwood General & Marine Hospital	Collingwood General & Marine Hospital	12
Georgian Bay General Hospital (North Si	Georgian Bay General Hospital (North Si	12
Huntsville District Memorial Hospital (Mu	Huntsville District Memorial Hospital (Mu	12
Royal Victoria Hospital	Royal Victoria Hospital	12
Soldiers' Memorial Hospital	Soldiers' Memorial Hospital	12
North Bay General Hospital - Scollard Sit	North Bay General Hospital - Scollard Sit	13
Sault Area Hospital	Sault Area Hospital	13
Sudbury Regional Hospital	Sudbury Regional Hospital	13
Timmins & District General Hospital	Timmins & District General Hospital	13
Thunder Bay Regional Health Sciences C	Thunder Bay Regional Health Sciences C	14

ALC Discharge Destination	Corresponding Color
Complex Continuing Care	Complex Continuing Care
Convalescent Care	Convalescent Care
Unexpected Discharge or Transfer	Unexpected Discharge or Transfer
Home with Support	Home with Support
Home without Support	Home without Support
Long Term Care	Long Term Care
Mental Health	Mental Health
Palliative Care	Palliative Care
Rehab	Rehab
Supervised or Assisted Living	Supervised or Assisted Living

Population of the Percentage of hospital inpatient discharges before 11:00 am graph on page 24

Instructions:

(Please be advised that the existing mock-up graph on page 24 must be deleted prior to the population)

- 1) Relabel chart and indicate the month of data
- 2) Relabel chart and indicate hospital names
- 3) Insert new column by clicking on the dedicated button on the right (optional)
- 4) Please insert data in the chart format ||
- 5) Click button to graph
- 6) Adjust the initial settings of the graph features accordingly

Modify the chart to reflect past 3 months' data	Name of Hospital
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	[Hosp A]	[Hosp B]	[Hosp C]
[Month 1]			
[Month 2]			
[Month 3]			

