MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

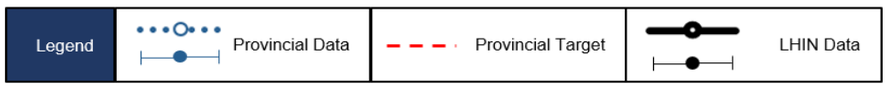
LHIN: Central LHIN

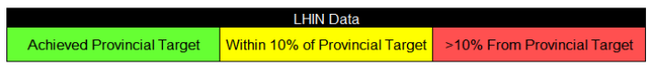
REPORT DATE: August 2016

Ontario

GUIDE: QUARTERLY STOCKTAKE REPORT

INTERPRETING PERFORMANCE INDICATORS





Note:
The following will not be displayed in the figure:
NV: No volume or low volume (< 10 cases)
N/A: Not Applicable

Ontario

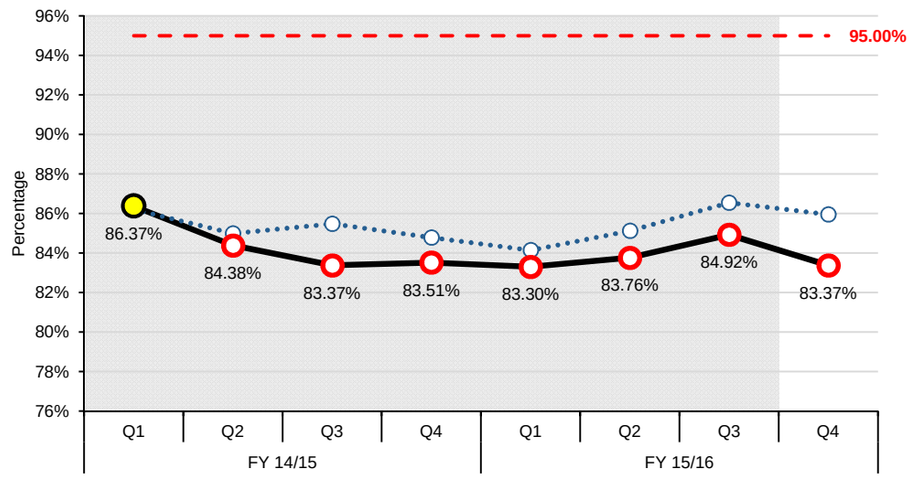
Central LHIN

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 (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	83.37%	85.96%	95.00%



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 facility-level issues and supporting data (hospital, CCAC, 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?

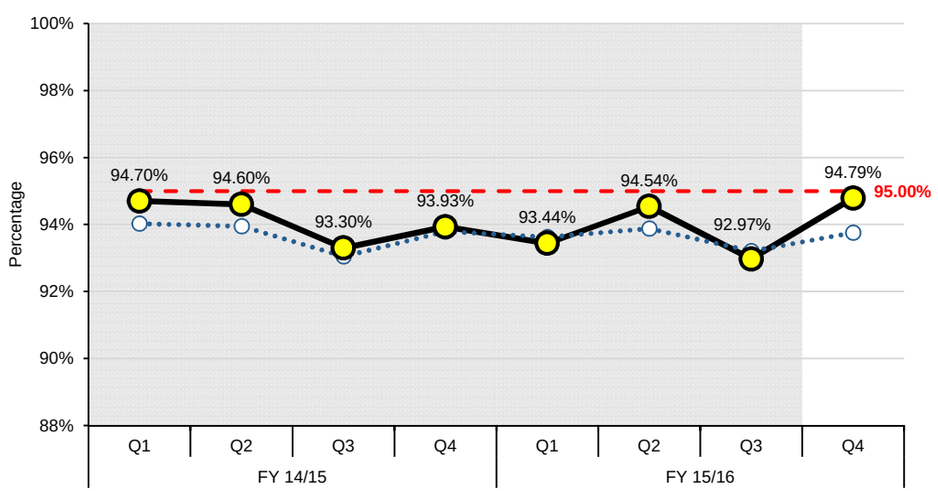
1 a) The Central CCAC has experienced a consistently high number of referrals for complex patients and growth in the demand for Personal Support services, which impacts the number of patients receiving their Personal Support services within the 5 day target timeframe. Through internal reviews and audits, Central CCAC has identified 4 factors related to patient availability that impacts service provision within the 5 day target timeframe: i) Service is pre-planned for a date beyond the 5 day timeframe (e.g. service planning for out-of-region patients), ii) Clinical need/protocol for service is beyond the 5 day timeframe, iii) Patient choice to delay service, and iv) Patient is not available at the treatment address within the 5 day timeframe. A provincial committee is being formed to review the technical specifications for this indicator, including impact of patient availability.
b) The Central LHIN is working with Central CCAC on improvement plans to address performance for this indicator, that are based on outcomes from a quality improvement event held by the CCAC in December 2015. This has included education sessions with CCAC staff regarding necessary service ordering practices, including completion of the "service requested by" date field. The CCAC will continue to monitor compliance of this practice among its staff. The Central CCAC is reviewing and improving internal processes and is collaborating with its Service Providers to address changes following a service offer (e.g. patient wishes to change visit date after a service date had been established). The CCAC has also conducted education sessions with its staff to improve classification and coding for reasons why services are started beyond 5 days. Additionally, the Central LHIN increased discretionary funding in 2015/16 to assist in decreasing the waitlist for patients awaiting Personal Support Services.

2. The improvement strategies identified by the CCAC, as a result of the December 2015 improvement event were implemented in January/February 2016 and were expected to positively impact this indicator in Q4 2015/16 and in FY 2016/17. However, the number of referrals to Central CCAC for Personal Support Services in Q4 was the highest among all quarters in this fiscal year. This growth in demand impacted the number of patients receiving their Personal Support services within the 5 day target timeframe. The increase in discretionary funding provided by the LHIN has allowed the Central CCAC to release patients from the Personal Support Services wait list. However, in doing so, wait times for service became reportable, which, in turn, had a negative impact on this indicator.

3. The Central LHIN expects to meet the provincial target by the end of the 2017/18 fiscal year.

Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	94.79%	93.76%	95.00%



LHIN COMMENTS

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2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, 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?

1 a) The Central CCAC has experienced a consistently high number of referrals for complex patients and growth in the demand for Nursing services, which impacts the number of patients receiving their Nursing service visits within the 5 day target timeframe. Please see response to question 1a) above regarding CCAC identification of 4 factors related to patient availability that impacts service provision within the 5 day target timeframe.
b) The Central LHIN is actively working with Central CCAC on improvement plans to address performance for this target. This includes implementing process improvement changes related to service ordering and coding practices. In collaboration with the Central LHIN and regional hospitals, the Central CCAC has implemented initiatives to increase utilization of community clinics for Nursing care (target 85% utilization). Overall, clinic utilization rates have increased from 55% in April 2015 to 86% in August 2016. Ongoing marketing and communication plans are being implemented to continue improvements in clinic utilization rates, including education and awareness of the direct clinic referral option in RM&R, which streamlines referrals to the clinics and service provision within the 5 day timeframe. The CCAC will also be opening an 8th clinic in the Fall of 2016. In addition to these improvement plans, the Central LHIN has provided the following investments for increased nursing services to help meet the increased demand: $4.75M from Community Discretionary funds; $589K towards service maximums, and $40K from Assess and Restore.

2. The Central CCAC is implementing quality improvement initiatives identified in the quality improvement event in December 2015. These strategies, in addition to the initiatives for increasing utilization of community clinics for Nursing care, has positively impacted this indicator in Q4 2015/16, and is expected to have continued positive effects throughout FY 2016/17.

3. The Central LHIN expects to meet the provincial target by the end of the 2016/17 fiscal year.

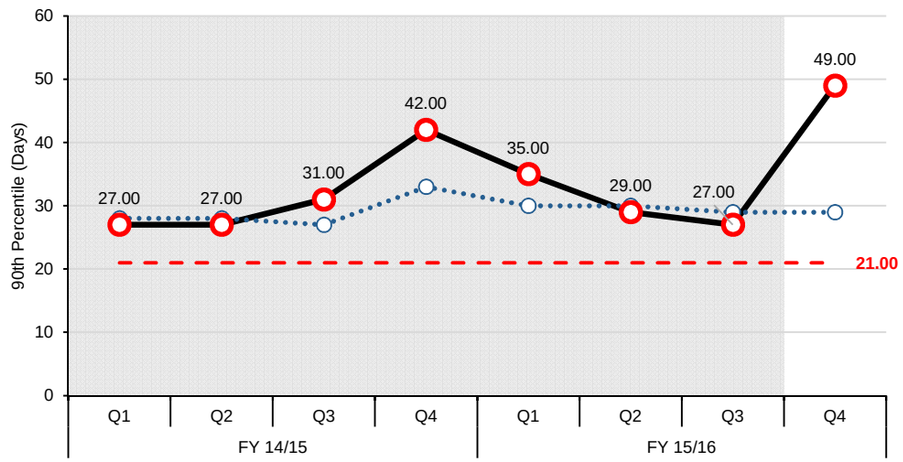
Central LHIN

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)

90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	49.00 Days	29.00 Days	21.00 Days



LHIN COMMENTS

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2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, 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?

1 a) A significant increase in wait times for service was noted in Q4 FY 2015/16. For the previous 3 quarters, positive trending towards achievement of this target was noted. The highest volumes of community referrals in Q4 2015/16 were for the following in-home services (in order): Nursing, Occupational Therapy (OT), Personal Support Services (PSS), and Physiotherapy (PT). A significant increase in the wait time for PSS in Q4 FY 2015/16 (193 days) when compared to Q3 FY 2015/16 (15 days), was a primary driver of performance on this indicator. The increase in wait times can be attributed to the release of long waiters from the CCAC PSS waitlists. Wait time for PT services also increased in Q4 FY 15/16 (23 days) when compared to Q3 FY 15/16 (13 days). This is related to a Central CCAC review of clinical pathways for PT services to increase enrollment of new patients and release of patients from the PT services waitlist. By releasing patients from the PSS and PT wait lists, wait times for service became reportable, which, in turn, had a negative impact on this indicator. To improve performance on this indicator, Central CCAC has implemented initiatives that have increased utilization of community clinics from 55% in April 2015 to 86% in August 2016. In addition, Central CCAC has enhanced resources through utilization of community-based teams to complete intake assessments for non-urgent referrals. The Central CCAC has also implemented a process improvement initiative that reduces scheduling booking times for initial patient assessments. Continued application of these strategies are expected to contribute to improved wait times.
b) The Central LHIN is actively working on improvement plans with Central CCAC to address performance for this indicator. As a result of a February 2016 improvement event, the Central CCAC is: i) Investigating opportunities to enhance the CHRIS system to better manage community referral queues, ii) Developing a report for tracking communication attempts with new patients and potentially closing files when no response is received, iii) Improving service ordering processes, iv) Exploring reallocation of resources to address increased wait times for OT, PT, and Personal Support referrals. These improvement plans are anticipated to have a positive effect on this indicator in FY 2016/17.
2. Based on findings from the Feb. 2016 improvement event, Central CCAC reported the following: i) Approximately 30% of referrals from the community are delayed due to multiple attempts to contact patients and obtain consent for treatment, thereby increasing wait times for services, ii) Less than 20% of the time, service orders included a "service requested by" date entry, which contributes to a longer wait time for service, iii) urgent referrals for Nursing occupy a significant volume of community referrals and are prioritized over referrals for therapies (OT and PT) and Personal Support services, which increases the wait time for the latter.
3. The Central LHIN expects to meet the provincial target by the end of the 2017/18 fiscal year.

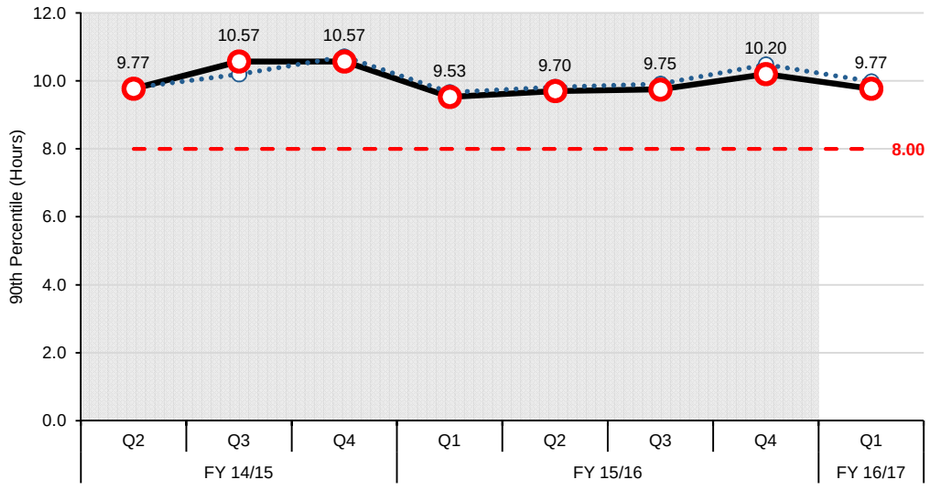
Central LHIN

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 (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	9.77 Hours	9.98 Hours	8.00 Hours



LHIN COMMENTS

Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

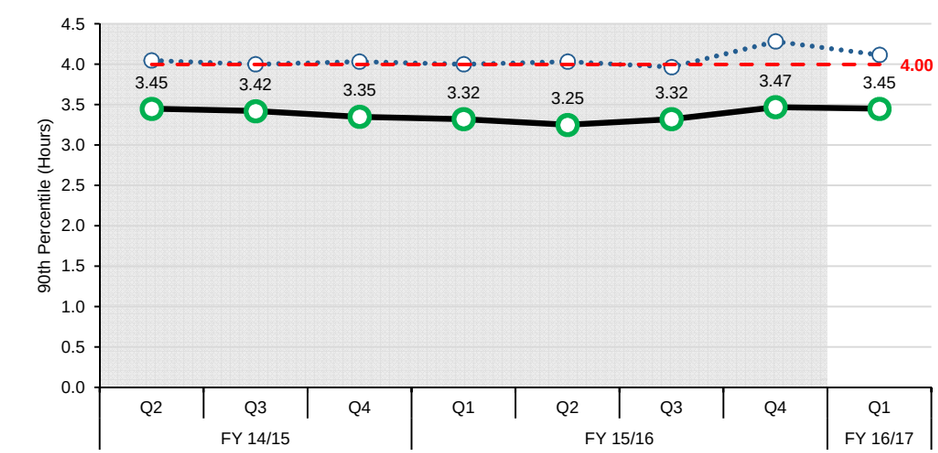
Central LHIN's overall performance for 90P ED LOS Complex Patients improved in Q1 2016/17 from the previous quarter. The improved performance was led by Mackenzie Health and Humber River Hospital. Mackenzie's performance improved from 14.6 hours in Q4 (2015/16) to 13.4 hours in Q1 (2016/17); and Humber's performance improved from 9.7 hours in Q4 (2015/16) to 9.2 hours in Q1 (2016/17). The primary contributor to the improved performance for both hospitals is the reduced LOS for the complex 'admitted' patient population. Fo the complex 'admitted' patients, Mackenzie had a 90P LOS of 49 hours in Q1 (2016/17), compared to 52.3 in Q4 (2015/16). Similarly, Humber's ED LOS for complex 'admitted' patients improved from 24.7 hours in Q4 (2015/16) to 18.2 hours in Q1 (2016/17). Humber has implemented a number of initiatives focused on the admitted patient population, including: an electronic portering tracking system which has improved Bed Ready to Patient in bed (PIB) turnaround times for admitted patients (also being used to assist with reallocation of portering resources to better match peak volumes); opening of additional medical beds; the refinement of medical directives; enhancement of the role of the ED Resource nurse to better coordinate patient flow; and enhanced ETR process to give more accountability to inpatient floor nurses to "pull" patients from the ED.

North York General Hospital's performance has declined in Q1 16/17 from Q1 in 2015/16 (8.5 hours in Q1 2015/16 to 10 hrs in Q1 2016/17). The main driver is the 90P ED LOS for 'admitted' patients (28.5 hours in Q1 2016/17). In Q1 NYGH was challenged by an increase in the volume of complex patients, specifically long term vented patients requiring isolation. The hospital is currently undertaking a number of initiatives targeted at improving its performance, such as a Kaizen event related to ultrasound turnaround time in the ED; a discharge-lounge pilot aimed at improving patient flow; target setting for ED physician evaluations; and the potential implementation of new work flow and standards related to Troponin levels for patients presenting in the ED with chest pain. The hospital has also identified the need to improve on consult response.

Southlake's performance for this indicator has declined to 10.8 hours. The hospital is below the provincial target of 7 hours for non-admitted patients (6.5 hours), yet continues to be above the provincial target of 25 hours for admitted patients (29.3 hours). The hospital has reported that it continues to have challenges related to Mental Health bed capacity and has focused on identifying strategies to improve internal surge capacity for Mental Health patients presenting in the ED. Over the next quarter the hospital will be studying to identify if there are potential strategies that could be employed to improve this indicator. The hospital has also submitted a pre capital proposal to the MOHLTC to increase mental health bed capacity. 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 for knowledge exchange on best practices.

90th percentile ED length of stay for minor/uncomplicated patients

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	3.45 Hours	4.12 Hours	4.00 Hours



LHIN COMMENTS

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 is consistently performing better than the province for this indicator and continues to exceed the provincial target (currently ranked first among LHINs).

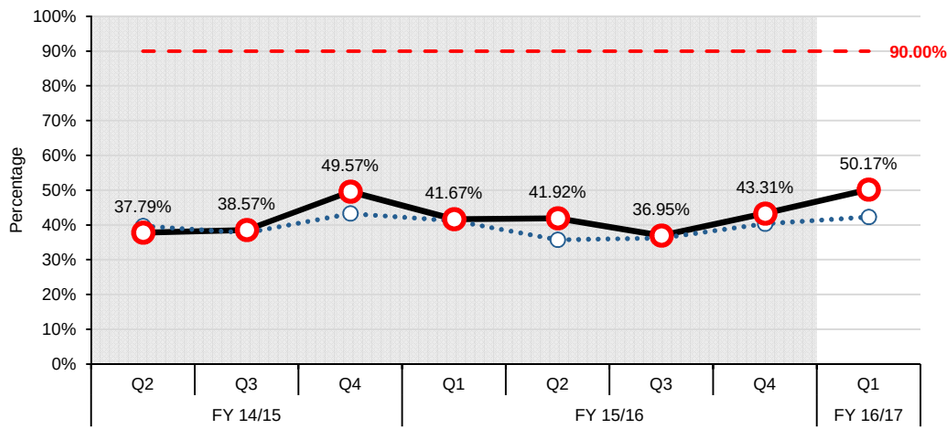
Central LHIN

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)

Percent of priority 2, 3 and 4 cases completed within access target for MRI scan

Summary (Q1 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Priority 4: 28 Days	Combined	
	79.06%	69.64%	47.15%	50.17%	42.33%



LHIN COMMENTS

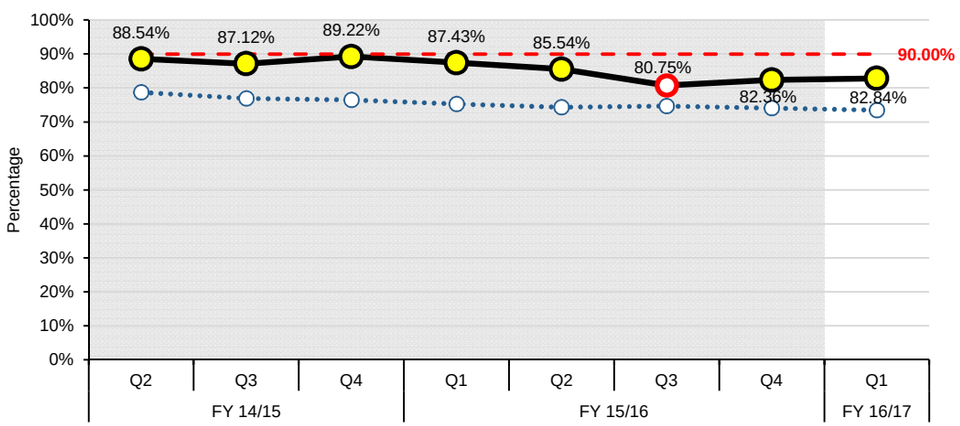
Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

All Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiency and participated in the MRI PIP program. The hospitals are operating efficiently and have capacity to do more volumes. Hospitals have historically contributed additional volumes through their global budget and continue to do so this year. Without an increase in funding, the hospitals are challenged to meet the provincial target. The LHIN has supported two business cases for additional MRI machines at Humber River Hospital and Stevenson Memorial Hospital, however both cases were not able to be funded in FY 2015/16. A proposal has been sent to the MOHLTC for consideration. In addition, Humber River Hospital submitted a request to the LHIN to reallocate a MRI machine from Finch site to Wilson site due to the closure of the Finch site.

It is expected that the conversion to base funding will support a sustained improvement in FY 2016/17.

Percent of priority 2, 3 and 4 cases completed within access target for CT scan

Summary (Q1 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Priority 4: 28 Days	Combined	
	92.80%	65.91%	82.14%	82.84%	73.49%



LHIN COMMENTS

Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

Central LHIN allocated $1M of Urgent Priorities Funding in July to support an improvement in wait times. In addition, some Central LHIN hospitals will continue to allocate global funding to CT hours and Humber River Hospital submitted a request to the LHIN to reallocate a CT machine from Finch site to Wilson site due to the closure of the Finch site. It is expected that the CT efficiency will increase.

It is expected that the conversion to base funding will support a sustained improvement in FY 2016/17.

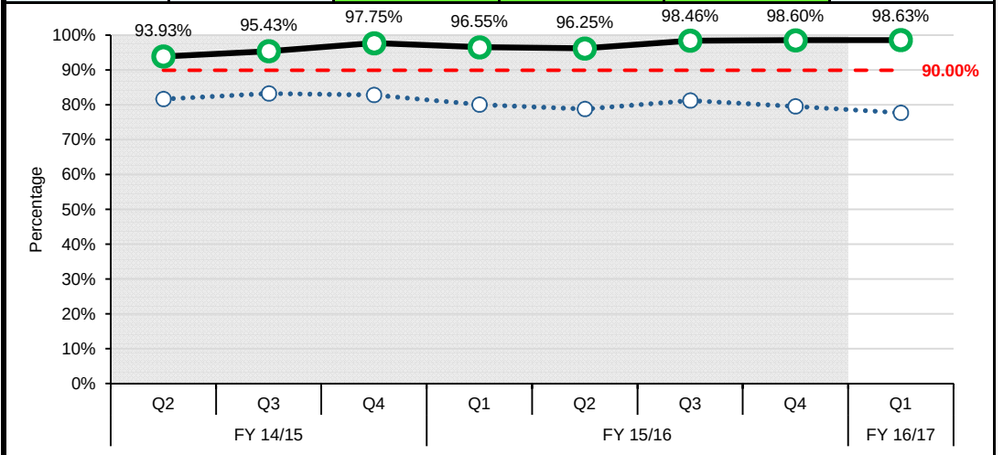
Central LHIN

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)

Percent of priority 2, 3 and 4 cases completed within access target for hip replacement

Summary (Q1 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	98.80%	98.92%	98.63%	77.78%



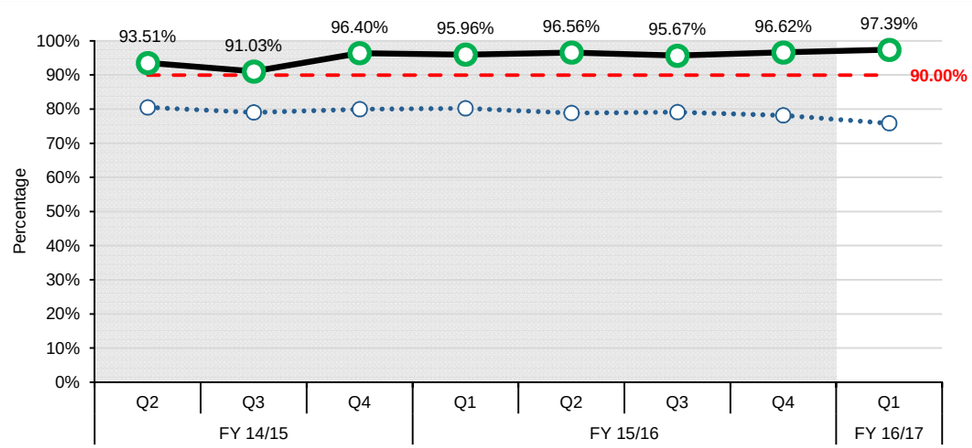
LHIN COMMENTS

Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

Central LHIN anticipates performance to remain better than the provincial target and will continue to sustain existing initiatives. Central LHIN hospitals have implemented the QBP clinical pathway for this service.

Percent of priority 2, 3 and 4 cases completed within access target for knee replacement

Summary (Q1 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	100.00%	94.26%	97.87%	97.39%	75.87%



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Central LHIN anticipates performance to remain better than the provincial target and will continue to sustain existing initiatives. Central LHIN hospitals have implemented the QBP clinical pathway for this service.

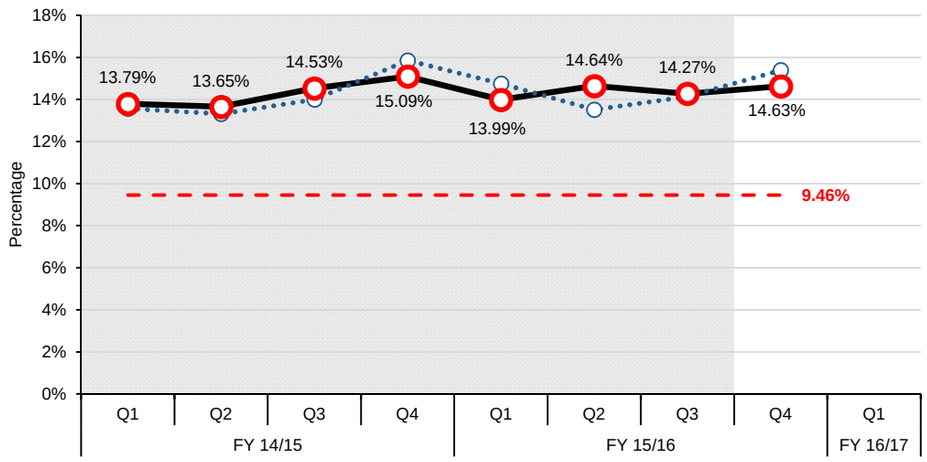
Central LHIN

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)

Percentage of alternate level of care (ALC) days

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	14.63%	15.39%	9.46%



LHIN COMMENTS

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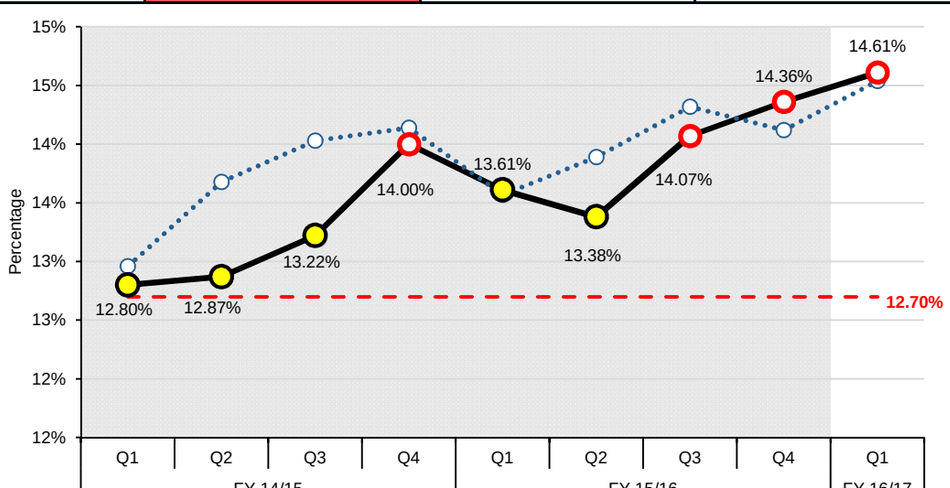
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

1 a) Long Term Care (LTC) Homes and inpatient rehabilitation continue to be the top 2 discharge destinations contributing to ALC days in Central LHIN. The Central LHIN has the second lowest rate of LTC beds per capita in the province, as well as the highest number of seniors of all the Ontario LHINs. Currently, Central LHIN LTC Homes are at approximately 99% capacity with over 5000 patients awaiting placement. These factors contribute significantly to the long wait lists for LTC beds in Central LHIN. Other contributing factors include patient choice for limited LTC Homes, and placements from the community.
b) The Central LHIN ALC Collaborative is currently implementing ALC Avoidance strategies, including phased implementation of an electronic ALC Dashboard in Central LHIN hospitals, as well as standardization of processes for engaging substitute decision makers and internal escalation. Additionally, the ALC Collaborative is exploring opportunities for investment for key initiatives to reduce ALC pressures, including support for patients with cognitive and/or responsive behaviours in-hospital and during transitions to appropriate discharge destinations, exploring transitional supports and resources outside of the hospital for patients designated or at-risk of being designated as ALC, and integrating the traditional roles of hospital discharge planning and CCAC service coordination. Central LHIN is also engaged with the Rehabilitative Care Alliance (RCA) to implement definition frameworks for rehabilitative care, and is implementing initiatives to improve the referral processes to rehab. In addition, the Central LHIN is conducting LTC capacity planning and exploring alternatives models of care to LTC beds.
2. The highest contributors to this indicator in Q4 FY 2015/16 were North York General Hospital (NYGH) at 18.13%, and Mackenzie Health (MH) at 16.26%. At NYGH, there was approximately 1000 more ALC days in Q4 2015/16, when compared to Q3 FY 2015/16, which is due to discharge of long stay ALC patients, including patients with: total ALC days greater than 200 (N=2), total ALC days greater than 400 (N=1), and total ALC days greater than 500 (N=1). Approximately 44.5% of total ALC days in Q4 FY 15/16 were for patients discharged to LTC Home, while 24% of total ALC days in this quarter were discharged to a rehabilitation bed. At MH, there was an additional 1000 ALC days in Q4 2015/16 when compared to Q3 FY 2015/16, which is related to discharge of long stay ALC patients. This includes 4 patients with 150-200 total ALC days, and 2 patients with 200-250 total ALC days At MH, approximately 50.5% of total ALC days in Q4 FY 15/16 were for patients discharged to LTC Home. Approximately 13% of total ALC days in this quarter were for patients discharged to Complex Continuing Care beds.
3. The Central LHIN expects to meet the provincial target by the end of the 2017/18 fiscal year.

ALC rate

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	14.61%	14.54%	12.70%



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

1 a) Please see response to question 1a) above
b) Please see response to question 1b) above
2. The highest contributors to this indicator in Q1 FY 2016/17 were Humber River Hospital (HRH) at 16.87% and NYGH at 17.49%. At HRH, the number of open ALC cases in Q1 FY 2016/17 (N=275) is consistent with Q4 FY 2015/16 (N=273), but greater than the number of open ALC cases in Q1 FY 2015/16 (N=233). Access to LTC Home beds is the primary challenge at HRH, as approximately 69.5% of open ALC cases in Q1 FY 2016/17 are awaiting LTC Home placement. This is consistent with Q4 FY 2015/16 in which approximately 67% of open ALC cases were awaiting LTC Home placement. At NYGH, the number of open ALC cases in Q1 FY 2016/17 (N=214) is consistent with Q4 FY 2015/16 (N=217), but greater than the number of open ALC cases in Q1 FY 2015/16 (N=176). Access to LTC Home, and rehabilitative care beds remains a challenge at NYGH. In Q1 FY 2015/16 approximately 44% of all open ALC cases at NYGH are awaiting a LTC Home placement, and approximately 17% are awaiting a rehabilitation bed. An increase in the number of patients awaiting LTC Home was noted in Q1 FY 2016/17 (N=95) when compared to Q4 FY 2015/16 (N=79) and Q1 FY 2015/16 (N=78). A decrease in the number of NYGH patients waiting for rehab was noted in Q1 FY 2016/17 (N=37) when compared to Q4 FY 2015/16 (N=50), but consistent with Q1 FY 2015/16 (N=39).
3. The Central LHIN expects to meet the provincial target by the end of the 2017/18 fiscal year.

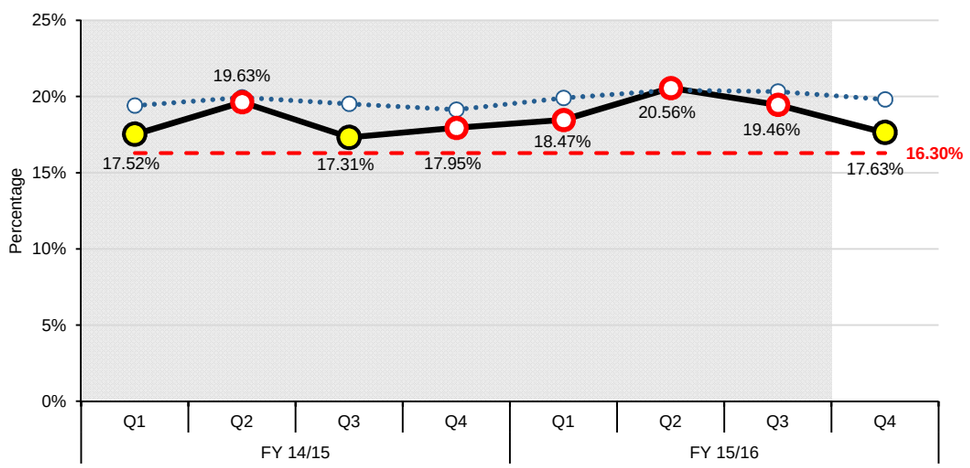
Central LHIN

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 (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	17.63%	19.81%	16.30%



LHIN COMMENTS

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b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results. In your last report, for both mental health and substance abuse, the LHIN noted that it was meeting with Humber River Hospital, Mackenzie Health and Southlake Regional Health Centre to better understand the increasing trends for repeat visits at their facilities over the last six quarters. Please provide an update on the outcomes from this meeting.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

1. a) Central LHIN continues to fund initiatives which are impacting the number of repeat ED visits: Mobile Crisis Services, Peer Navigators in the ED, Mental Health Supports within Housing and Mental Health Case Management services, including CMs in MH units who visit high users in ED. As part of our Mental Health and Addictions Action Plan for York Region, a Rapid Response Table (RRT) was implemented in March 2016. The Rapid Response Table brings community partners together in an effort to coordinate resources more effectively and help connect people in crisis with mental health and addictions services in York Region. Mackenzie Health implemented a Discharge Clinic where patients must been seen within 30d of discharge. The clinic is experiencing good results. Of the patients seen in the clinic, zero have had repeat ED visits.

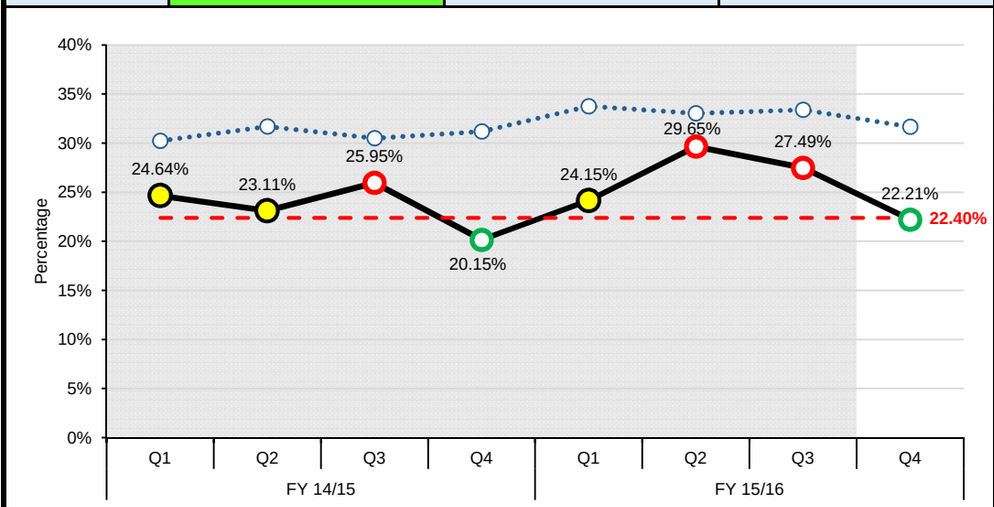
b) The LHIN meets with the leadership of Psychiatry and MHA Directors of hospitals as well as our Health Service Providers to identify opportunities for improvement and share successful practices. On September 1st a meeting with this group revealed that there has been an increase demand for urgent care follow- up appointments resulting in increased wait times. Some patients are returning to ED due to these delays. HRH has implemented a shared care model with primary care physicians to fast-track some patients in order to reduce wait times. HRH has also developed written Crisis Plans for their highest ED users and send out an email alert to key team members upon registration which includes contacting key community resources. NYGH is now leveraging more allied health providers during follow-up appointments. NYG is also going through an outpatient redesign to improve patient flow.

2. From our meeting on Sept 1st the hospitals sited ongoing concerns about the closure of St. Elizabeth Health care mobile crisis team causing an increased demand in ED. There is a GTA cross LHIN workgroup attempting to address this issue. The Central LHIN's implementation of the CritiCall Provincial Bed Registry initiative is well underway and compliance for MH&A across Central LHIN hospitals is at 69%.

3. Improvements in performance have been seen in the past two quarters and we anticipate the above will assist with ongoing improvement.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	22.21%	31.67%	22.40%



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 facility-level issues and supporting data (hospital, CCAC, 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?

1. a) The Central LHIN continues to fund the following initiatives which are impacting the number of repeat ED visits: Bridges to Mom's program, Community Opioid Treatment program Substance Abuse Case Management and Supports within Housing. In addition, as part of the Mental Health and Addictions Action Plan for York Region, the Rapid Response Table (RRT) was implemented in March 2016 in partnership with the Regional Municipality of York, York Regional Police and Paramedics. As indicated for the MH indicators, the goal of the RRT is to connect people at high risk to community support services quickly to prevent repeated use of the police, paramedics and hospitals. Many of the individuals connected to services via this table, were individuals with mental health and/or addiction issues.

b) A promising pilot program at SRHC called Mentoring, Education, and Clinical Tools for Addiction: Primary Care-Hospital Integration (META: PHI) is underway. The project goal is to create new care pathways for addiction and will integrate addition care provided in the emergency department with addiction medicine specialists, family doctors, and community programs, allowing patients to move smoothly between these services. Central LHIN staff are monitoring and working with SRHC to understand the impact of the pilot on patient outcomes in September.

2. In Q4 15/16, HRH continued to have the highest repeat ED visit rate for SA conditions follow by NYGH and SRHC. Alcohol abuse results in more repeat ED visits than other substances in Central LHIN. The hospitals are siting an increase in the volume of patients visiting ED and reduced lengths of stays as contributing to a greater likelihood of individuals returning to ED. In addition, they expressed concern regarding long waitlists for community programs.

3. The provincial target has been met.

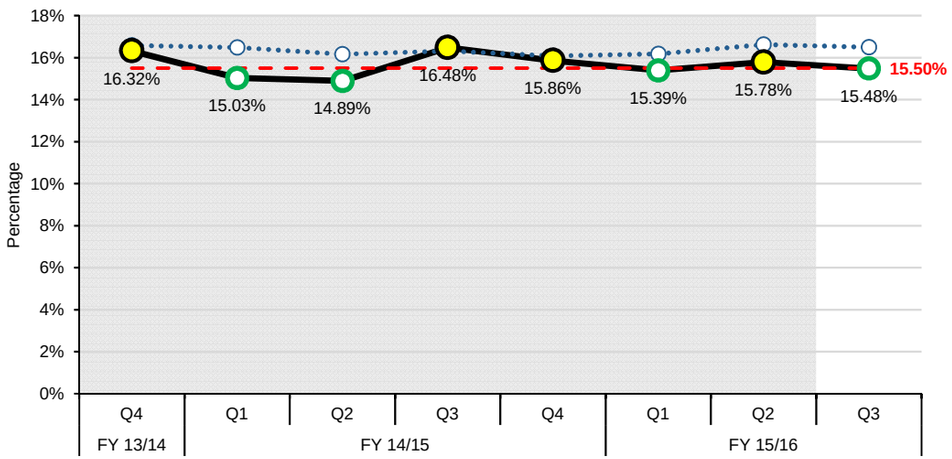
Central LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

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

Readmissions within 30 days for selected HIG conditions

Summary (Q3 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	15.48%	16.49%	15.50%



LHIN COMMENTS

Please provide contextual information explaining the performance results, including facility level issues and the clinical cohorts that are having the greatest impact on readmission rates. What plans are in place to improve results?

Central LHIN is performing slightly better than the provincial target of 15.50% (15.48%); and better than the provincial performance of 16.15%.
1) Central LHIN continues to monitor and support the Telehomecare (THC) program in the Central LHIN. The THC program is focused on COPD and CHF and has demonstrated benefits for both the client and the health care system including decreased hospital readmissions, utilization of EDs, and reduced LOS when admission is necessary. Outreach to both hospitals and primary care providers to promote the program have been a focus for the host organizations. Based on targeted number of enrollments, the Central LHIN has the largest program in the province with a target of 920 enrollments in fiscal year 16/17. The readmission rate for CHF for this quarter is the lowest is has been in the last 4 years.
2) Central LHIN is supporting the implementation of QBPs and the adoption of best practice pathways for patients with COPD and CHF. The Central LHIN QBP Steering Committee is using results from a pan-LHIN QBP assessment survey to inform further actions and initiatives to support QBP implementation. Central LHIN will be implementing strategies to improve the coordinated care and discharge planning for patients with Hip Fractures, and strategies to manage care for patients with non-weight-bearing status. For Stroke QBP, there are 3 key initiatives being implemented in Central LHIN: i) Establishing Stroke Care Units (at SRHC and MSH). SRHC has successfully implemented a Stroke unit, and are in process of achieving Integrated Stroke Unit status as defined by the Ontario Stroke Evaluation Report. MSH is actively implementing elements of a Dedicated Stroke Unit and has targeted Oct. 2016 for this to be completed, and have targeted April 2017 to achieve the definition of an Integrated Stroke Unit. ii) SRHC is implementing processes to utilize Telestroke to facilitate administration of tPA for hyper-acute stroke care. Current focus is on ensuring bed capacity to provide appropriate levels of patient care/support following tPA administration, iii) Increased access to Stroke-specific outpatient rehabilitation. Central LHIN is actively engaged with neighbouring GTA LHINs in developing a common community model for rehabilitative stroke care. Central LHIN has also established a Dysphagia Screening working group to increase the proportion of stroke patients with a documented initial dysphagia screening performed during admission to acute care, and is currently identifying additional key stroke care initiatives related to findings and improvement opportunities from the 2016 Ontario Stroke Report Card.

3) Two COPD clinics in the Community Health Centers became operational in FY 2014-15. The clinics continue to expand outreach to primary care to increase referrals.

4) Over 380 exercise and 240 falls prevention classes for seniors have been implemented in the Central LHIN. Twenty classes have been designated "Breathe Better" classes, tailored for seniors at risk of COPD and/or CHF.

5) Integrated Funding Model (IFM): Central LHIN continues to support two IFM pilots: One Client, One Team: Central and Toronto Central LHIN Integrated Stroke Care and the

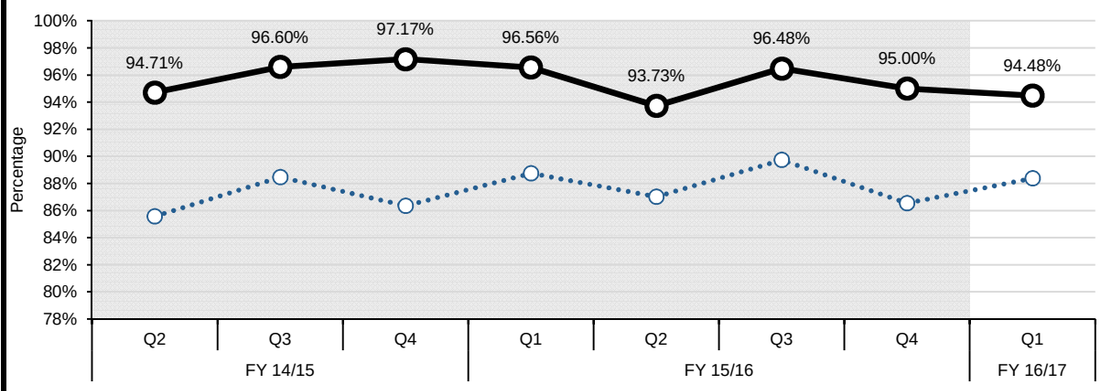
Central LHIN

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)

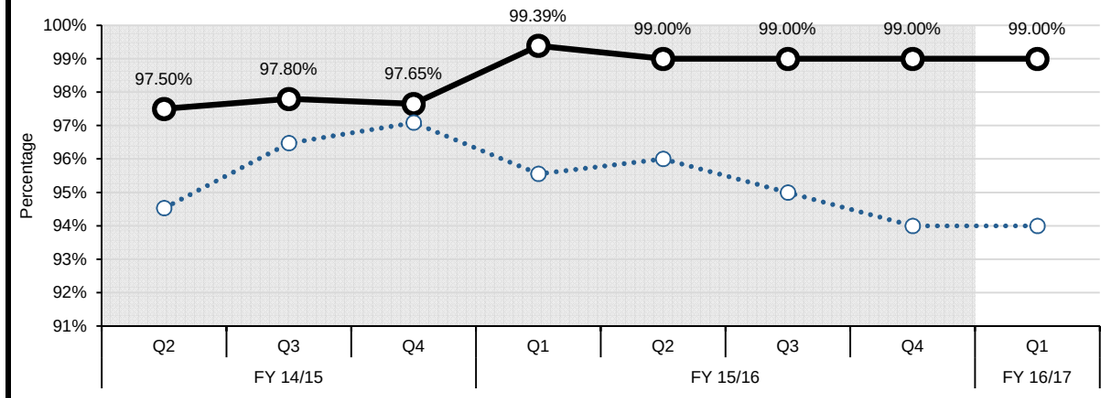
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery

Summary (Q1 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 28 Days	Priority 4: 84 Days	Combined	
	73.68%	93.12%	99.43%	94.48%	88.38%



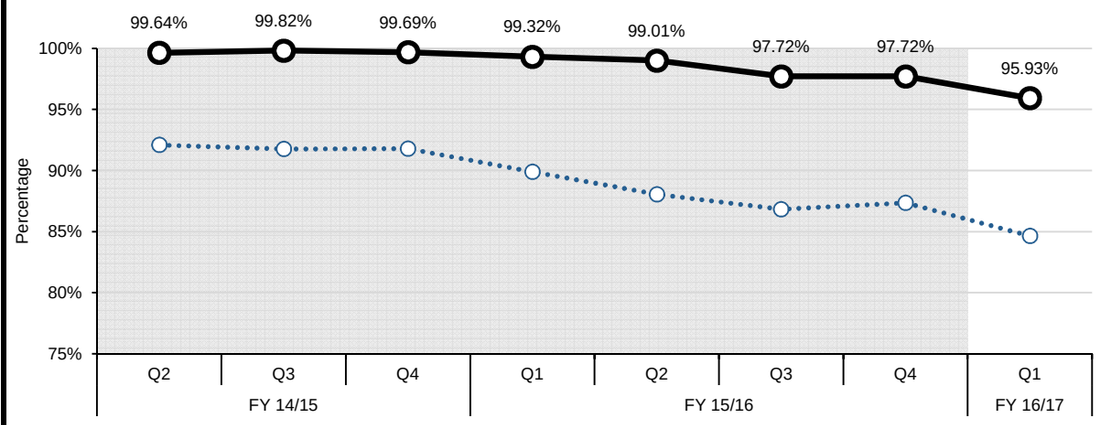
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery

Summary (Q1 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 42 Days	Priority 4: 90 Days	Combined	
	98.00%	100.00%	100.00%	99.00%	94.00%



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

Summary (Q1 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	50.00%	97.90%	95.99%	95.93%	84.65%



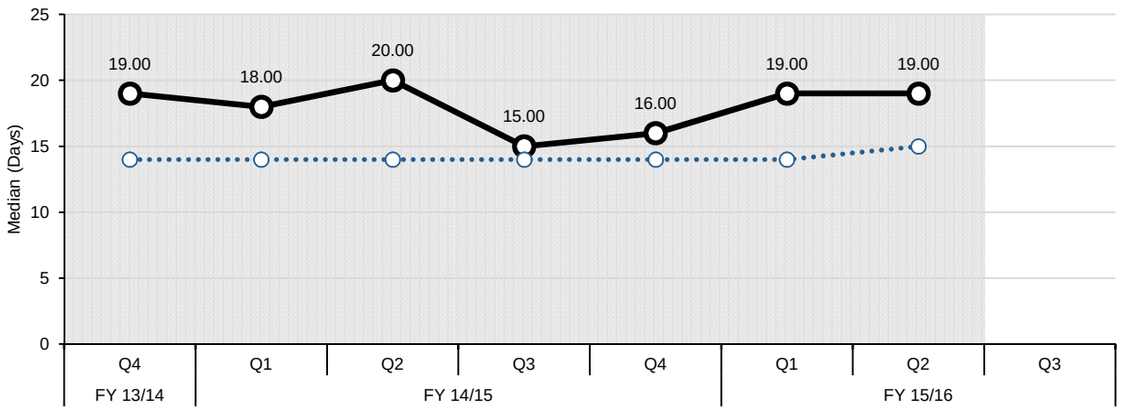
Central LHIN

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)

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

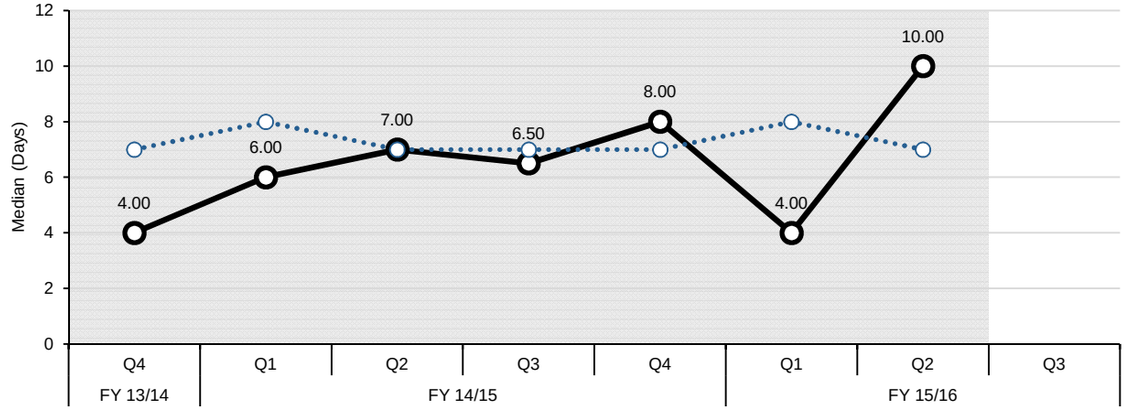
Summary (Q3 FY 15/16)	LHIN Performance	Provincial Performance
	N/A	N/A



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.

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

Summary (Q3 FY 15/16)	LHIN Performance	Provincial Performance
	N/A	N/A



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.

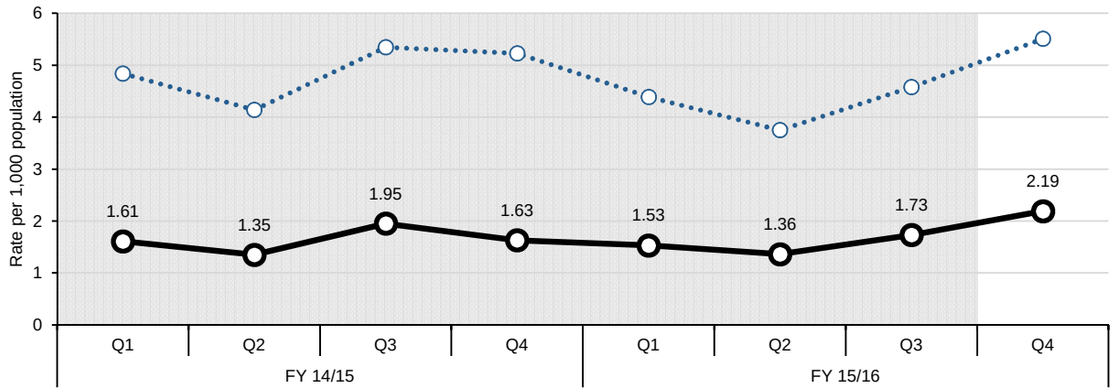
Central LHIN

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)

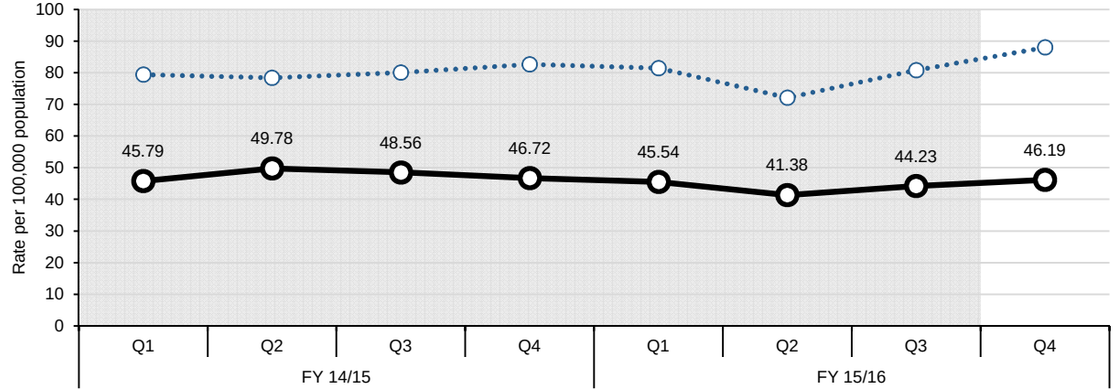
Rate of emergency visits for conditions best managed elsewhere

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance
	2.19	5.51



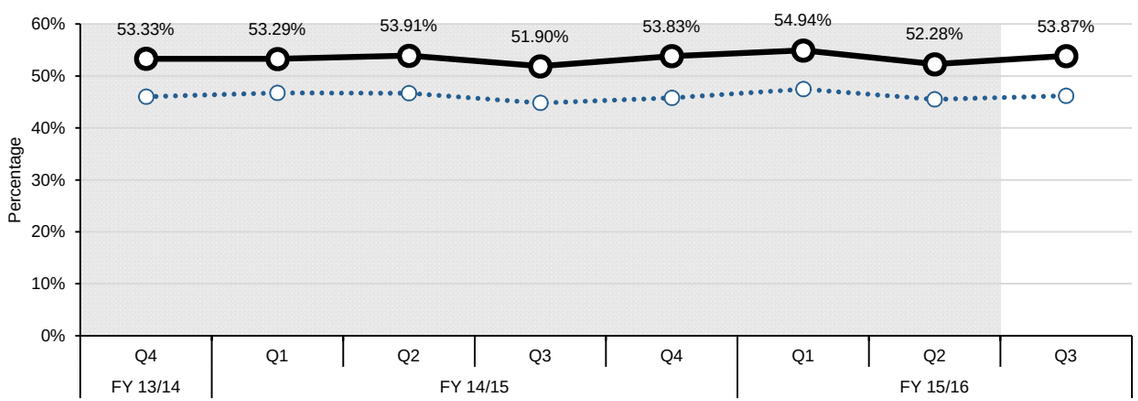
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance
	46.19	88.05



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

Summary (Q3 FY 15/16)	LHIN Performance	Provincial Performance
	53.87%	46.18%



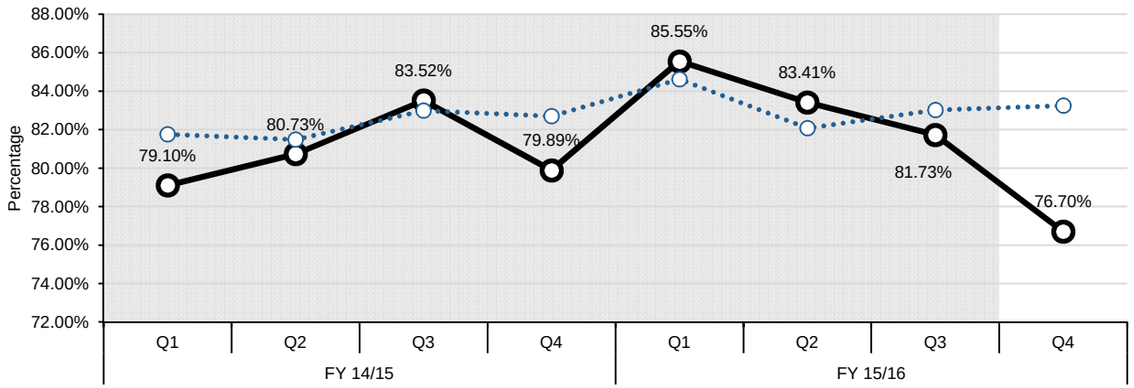
Central LHIN

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 (Q4 FY 15/16)	LHIN Performance	Provincial Performance
	76.70%	83.25%



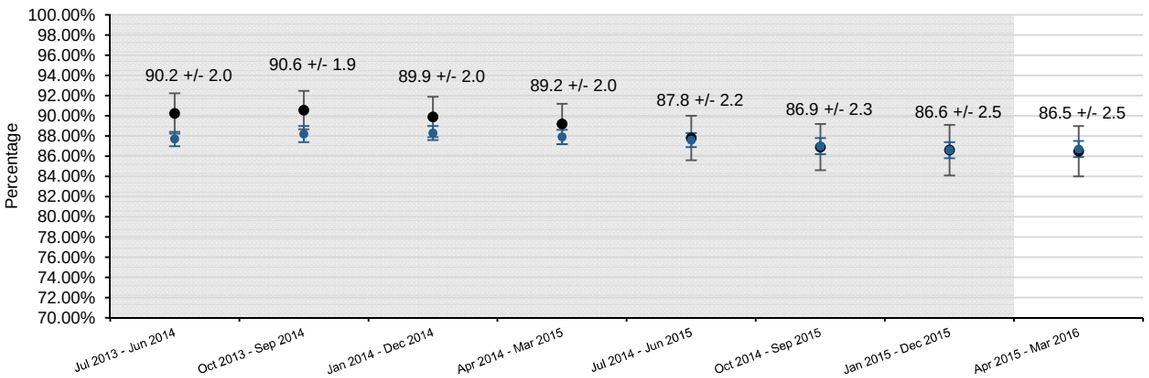
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Apr 2015 - Mar 2016)	LHIN Performance	Provincial Performance
	86.5% +/- 2.5%	86.7% +/- 0.8%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

LEGEND		
Achieved Provincial Target	Within 10% of Provincial Target	>10% From Provincial Target

				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	Q4 15/16	95.00%	85.96%	94.42%	88.42%	84.21%	89.19%	91.18%	93.45%	85.99%	83.37%	88.91%	84.18%	81.82%	68.91%	82.21%	80.95%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q4 15/16	95.00%	93.76%	94.50%	92.93%	93.79%	94.79%	94.13%	93.34%	92.92%	94.79%	96.25%	91.32%	90.63%	92.68%	93.61%	89.78%
90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)	Q4 15/16	21.00 Days	29.00	20.00	21.00	12.00	27.00	21.00	28.00	27.00	49.00	42.00	24.00	25.00	87.00	43.00	22.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q1 16/17	8.00 Hours	9.98	9.63	7.48	7.28	13.23	11.05	9.70	12.40	9.77	9.80	8.57	10.68	8.77	8.63	8.93
90th percentile ED length of stay for minor/uncomplicated patients	Q1 16/17	4.00 Hours	4.12	4.17	3.58	4.28	4.42	3.88	3.68	4.48	3.45	3.97	4.43	4.83	4.25	4.13	4.05
Percent of priority 2, 3 and 4 cases completed within access target for MRI scan	Q1 16/17	90.00%	42.33%	56.27%	34.44%	49.68%	44.86%	38.18%	22.72%	32.11%	50.17%	53.95%	81.91%	37.88%	19.11%	50.11%	51.54%
Percent of priority 2, 3 and 4 cases completed within access target for CT scan	Q1 16/17	90.00%	73.49%	91.54%	80.28%	73.69%	53.21%	84.35%	62.03%	63.43%	82.84%	90.87%	82.61%	66.74%	64.90%	73.19%	71.48%
Percent of priority 2, 3 and 4 cases completed within access targets for hip replacement	Q1 16/17	90.00%	77.78%	87.70%	57.95%	41.88%	76.25%	73.68%	59.16%	86.42%	98.63%	90.27%	55.16%	88.56%	79.07%	83.49%	76.29%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q1 16/17	90.00%	75.87%	71.92%	59.28%	47.16%	70.76%	66.45%	46.85%	88.39%	97.39%	88.66%	69.42%	80.96%	69.27%	83.45%	72.25%
Percentage of alternate level of care (ALC) days	Q4 15/16	9.46%	15.39%	15.74%	10.58%	11.12%	15.83%	7.38%	17.13%	11.48%	14.63%	16.62%	15.75%	13.04%	28.30%	26.38%	25.64%
ALC rate	Q1 16/17	12.70%	14.54%	13.94%	12.40%	9.04%	13.83%	5.89%	14.02%	12.97%	14.61%	19.89%	17.66%	12.98%	14.13%	20.86%	28.34%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q4 15/16	16.30%	19.81%	19.28%	17.83%	16.66%	19.73%	24.08%	16.41%	27.63%	17.63%	19.32%	20.89%	17.91%	17.76%	16.99%	14.96%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q4 15/16	22.40%	31.67%	23.98%	22.41%	24.21%	31.05%	31.85%	25.87%	40.83%	22.21%	20.67%	25.86%	27.43%	20.15%	28.57%	50.08%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q3 15/16	15.50%	16.49%	14.09%	17.83%	15.13%	16.47%	15.11%	14.94%	17.27%	15.48%	17.38%	16.42%	16.57%	17.17%	17.51%	18.10%

Central LHIN

INDICATOR NOTES

All Indicators

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.

90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)

1. The target is subject to change as result of the ongoing work in the area of home and community care.

Percent of priority 2, 3 and 4 cases completed within access target for MRI scan

1. Per ministry guidance, the MRI wait times data from Independent Health Facilities (IHFs) have been excluded from the calculation of LHIN and Provincial wait times

Percent of priority 2, 3 and 4 cases completed within access target for CT scan

1. Per ministry guidance, the CT Scan wait times data from Independent Health Facilities (IHFs) have been excluded from the calculation of LHIN and Provincial wait times

Repeat unscheduled emergency visits within 30 days for mental health conditions

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.
2. The target is subject to change as a result of the ongoing work in the area of mental health and addictions

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

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.
2. The target is subject to change as a result of the ongoing work in the area of mental health and addictions

Overall satisfaction with health care in the community

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.

Percent of palliative care patients discharged from hospital with home support

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.

Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions

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.
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.

CCAC wait times from application to eligibility determination for long-term care home placements: from community setting and 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.

ALC Rate

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.