

MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: Central LHIN

REPORT DATE: May 2018

GUIDE: QUARTERLY STOCKTAKE REPORT

PERFORMANCE INDICATORS		DATA SOURCE	Page #
HOME AND COMMUNITY CARE			
1. 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	Home Care Database (HCD), Ontario Association of Community Care Access Centres (OACCAC)	Page 3	
2. Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services			
3. 90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)			
4. 90th percentile wait time from hospital discharge to service initiation for home and community care	Discharge Abstract Database (DAD), Canadian Institute for Health Information (CIHI) HCD, OACCAC	Page 4	
SYSTEM INTEGRATION AND ACCESS			
5. 90th percentile emergency department (ED) length of stay for complex patients	National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health Information (CIHI)	Page 5	
6. 90th percentile ED length of stay for minor/uncomplicated patients		Page 5	
7. Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Wait Time Information System (WTIS) Access to Care, CCO	Page 6	
8. Percent of priority 2, 3 and 4 cases completed within access target for knee replacement		Page 6	
9. Percentage of alternate level of care (ALC) days	DAD, CIHI	Page 7	
10. ALC rate	WTIS, HDB Bed Census Summary (BCS)	Page 7	
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH			
11. Repeat unscheduled emergency visits within 30 days for mental health conditions	NACRS, CIHI	Page 8	
12. Repeat unscheduled emergency visits within 30 days for substance abuse conditions		Page 8	
SUSTAINABILITY AND QUALITY			
13. Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions	DAD, CIHI	Page 9	
MONITORING INDICATORS			
SYSTEM INTEGRATION AND ACCESS		DATA SOURCE	Page #
14. Percent of priority 2 and 3 cases completed within access target for computed tomography (CT) scan	WTIS, CCO	Page 10	
15. Percent of priority 2 and 3 cases completed within access target for magnetic resonance imaging (MRI) scan			
16. Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery			
17. Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting, and from acute-care setting	Client Profile (CPRO) Database	Page 11	
18. Rate of emergency visits for conditions best managed elsewhere	DAD, CIHI	Page 12	
19. Hospitalization rate for ambulatory care sensitive conditions	DAD, CIHI	Page 12	
20. Percent of acute care patients who have had a follow-up with a physician within 7 days of discharge	DAD, CIHI and Claims History Database (CHDB), MOHLTC	Page 12	
DEVELOPMENTAL INDICATORS		DATA SOURCE	Page #
HOME AND COMMUNITY CARE			
21. Percent of palliative care patients discharged from hospital with home support	DAD, CIHI	Page 13	
SUSTAINABILITY AND QUALITY			
22. Overall satisfaction with health care in the community	MOHLTC's Health Care Experience Survey	Page 13	
APPENDIX			Page #
SUMMARY OF PERFORMANCE INDICATORS			Page 14
NOTES			Page 15/16

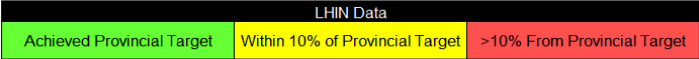
INTERPRETING PERFORMANCE INDICATORS

Legend

Provincial Data


Provincial Target

LHIN Data



Note:

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

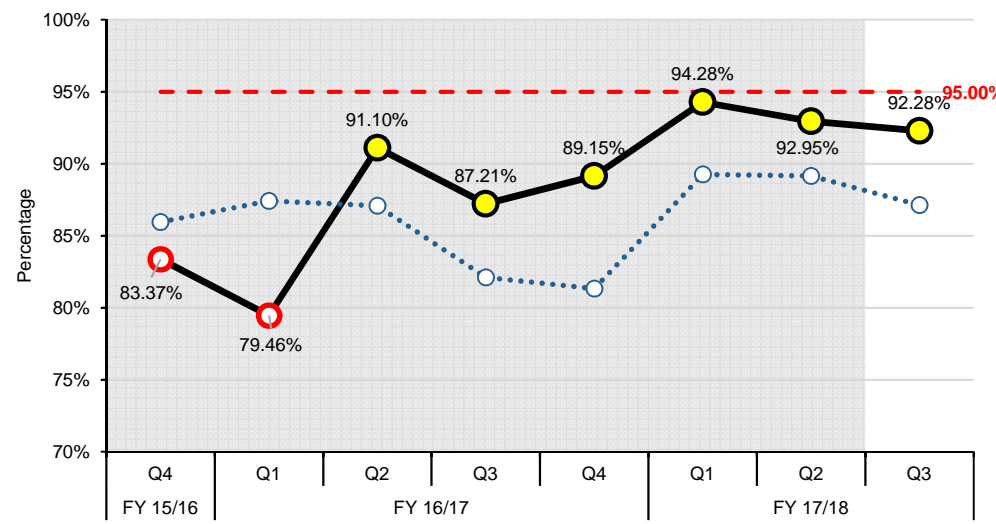


PERFORMANCE INDICATORS: HOME AND COMMUNITY CARE

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

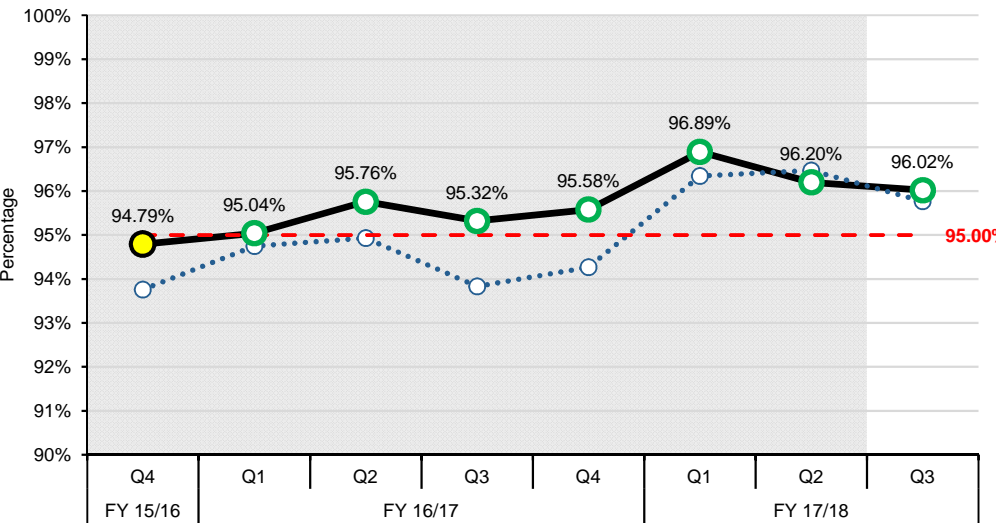
Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS
	92.28%	87.13%	95.00%	<div>1. What is the LHIN doing to achieve or move performance towards the provincial target? a) What factors are contributing to the change in performance? b) How does the LHIN plan to address performance issues? 2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results. 3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?</div> <div>1. Although performance decreased slightly in Q3 FY 17/18, the Central LHIN has continued to perform above the provincial average for the past 6 quarters and is ranked 3rd among all LHINs. a) The 95% target was missed by only 14 patients who did not receive services within 5 days despite a 12% increase of Complex Personal Support patients this quarter. b) The Central LHIN continues to work collaboratively with Service Provider Organizations to determine root causes for each of the misses and implement corrective actions. 2. The increase in demand for Personal Support in Q3 was the highest in the last 11 quarters. Despite the increase in volume, 454 patients (out of a total of 492) received services within 5 days. This is an increase of 45 patients compared to the previous Q2 period. 3. The Central LHIN is working toward meeting target by the end of FY 2018/19.</div>




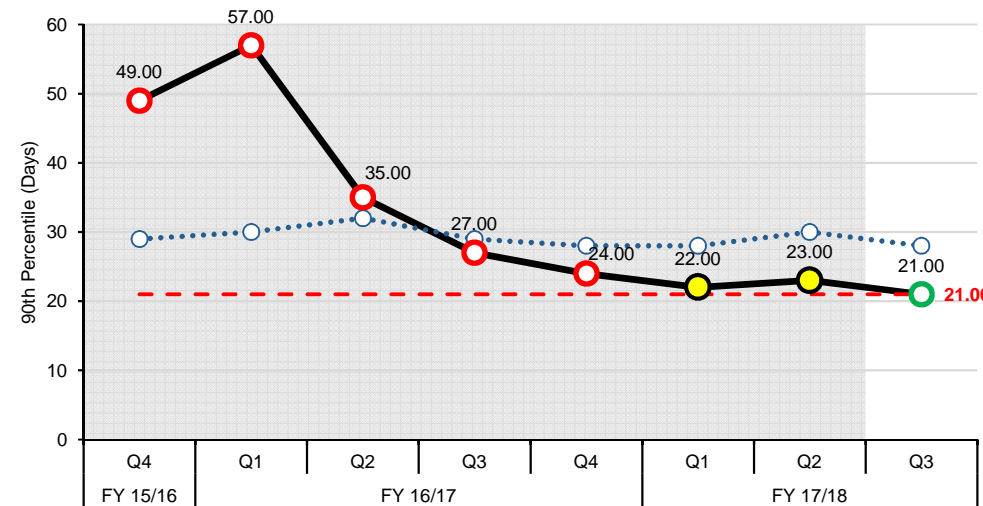
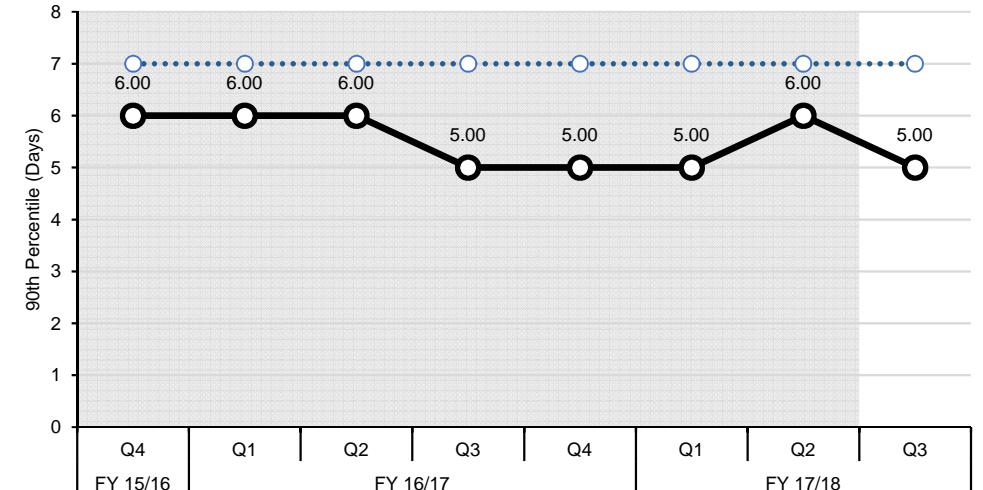
Quarter	Fiscal Year	LHIN Performance (%)	Provincial Performance (%)	Provincial Target (%)
Q4	FY 15/16	83.37%	86.00%	95.00%
Q1	FY 16/17	79.46%	87.50%	95.00%
Q2	FY 16/17	91.10%	87.00%	95.00%
Q3	FY 16/17	87.21%	82.00%	95.00%
Q4	FY 16/17	89.15%	81.50%	95.00%
Q1	FY 17/18	94.28%	89.00%	95.00%
Q2	FY 17/18	92.95%	89.00%	95.00%
Q3	FY 17/18	92.28%	87.00%	95.00%

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

Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS
	96.02%	95.77%	95.00%	<div>1. What is the LHIN doing to achieve or move performance towards the provincial target? a) What factors are contributing to the change in performance? b) How does the LHIN plan to address performance issues? 2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results. 3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?</div> <div>1a) The Central LHIN has met the provincial target for the past 7 quarters. b) The Central LHIN continues to monitor this measure on a weekly basis to ensure performance is sustained. 2. The 90th percentile wait time from authorization to nursing service continues to remain stable at 3 days. 3. The Central LHIN expects to continue meeting target.</div>



Quarter	Fiscal Year	LHIN Performance (%)	Provincial Performance (%)	Provincial Target (%)
Q4	FY 15/16	94.79%	93.75%	95.00%
Q1	FY 16/17	95.04%	94.75%	95.00%
Q2	FY 16/17	95.76%	94.90%	95.00%
Q3	FY 16/17	95.32%	93.80%	95.00%
Q4	FY 16/17	95.58%	94.25%	95.00%
Q1	FY 17/18	96.89%	96.30%	95.00%
Q2	FY 17/18	96.20%	96.20%	95.00%
Q3	FY 17/18	96.02%	95.80%	95.00%

<div></div>				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 home care services: application from community setting to first home care service (excluding case management)							
Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS			
	21.00 Days	28.00 Days	21.00 Days	<div><div><div>1. What is the LHIN doing to achieve or move performance towards the provincial target? a) What factors are contributing to the change in performance? b) How does the LHIN plan to address performance issues? 2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results. 3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?</div><div>1. The Central LHIN has improved performance in Q3 FY 17/18 and met the provincial target. a) The main contributing factor for improved performance was the enhancement of the visual management for care coordination staff. The dashboard improvement allows staff to be more responsive to areas that may increase wait times within the referral process. b) The Central LHIN will continue to monitor performance on a weekly basis. Root cause analysis will be conducted for each patient that did not receive service within the 21 days target. 2. Reductions in the 90th percentile wait times for short-stay acute and short-stay rehab patients drove the performance improvement from Q2 FY 17/18 to Q3 FY 17/18. Short-stay acute wait time improved from 7 to 6 days while short-stay rehab wait times went from 8 to 7 days. 3. Target was met in Q3 FY 17/18.</div></div></div>			
<div><div><div><div>90th Percentile (Days)</div><div></div></div></div></div>							
90th percentile wait time from hospital discharge to service initiation for home and community care							
Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS			
	5.00 Days	7.00 Days	TBD	<div><div><div><div>1. What is the LHIN doing to achieve or move performance towards the provincial target? a) What factors are contributing to the change in performance? b) How does the LHIN plan to address performance issues? 2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results. 3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?</div><div>1 a) Although no provincial target currently exists, the Central LHIN continues to perform better than the provincial average and is currently ranked 1st among LHINs. b) N/A 2. Better than average wait times for Short Stay Rehab and Long Stay Complex patients continues to be the driver for the sustained performance. 3. N/A</div></div></div></div>			
<div><div><div><div>90th Percentile (Days)</div><div></div></div></div></div>							

<div><div><div><div></div><div>Ontario</div></div></div><div>Central LHIN</div></div>				
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 (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS
	11.25 Hours	11.50 Hours	8.00 Hours	
<div><div><div>90th Percentile (Hours)</div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>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OBJECTIVES: 1. Provide care in the most appropriate setting 2. Improve coordinated care 3. Reduce wait times (specialists, surgeries)

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).



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 (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS
	22.30%	16.45%	9.46%	

Quarter	Percentage
Q4 FY 15/16	14.63%
Q1 FY 16/17	14.50%
Q2 FY 16/17	14.40%
Q3 FY 16/17	16.88%
Q4 FY 16/17	17.32%
Q1 FY 17/18	13.01%
Q2 FY 17/18	14.00%
Q3 FY 17/18	22.30%
Q4 FY 17/18	16.45%

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

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

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

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

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

1a) The Percentage of ALC Days in Central LHIN increased from 14.0% in Q2 FY 17/18 to 22.30% in Q3 FY 17/18. Performance on this indicator was driven by an 88% increase in ALC Days, between Q2 FY 17/18 (20,875 ALC Days) and Q2 FY 17/18 (39,228 ALC Days).

b) The Central LHIN has allocated \$375,000 in annualized base funding to the Behavioural Support Transition Resource (BSTR) program, which provides transitional support services to hospital inpatients with cognitive and/or responsive behaviours. An additional \$65,000 in one-time funding was provided by the LHIN in FY 17/18 to address BSTR program pressures and demand for services. The LHIN has funded the development and implementation of an electronic ALC Dashboard in 5 of the 6 Central LHIN hospitals, as well as funding for additional capacity in Assisted Living and Enhanced and Expanded Adult Day Programs to provide patients with an alternative to LTC. The Central LHIN received \$1,169,000 in one-time funding from the Ministry of Health and Long Term Care (the "Ministry") in FY 17/18, and implemented a short-term Transitional Care at Home pilot project in October 2017 that provides restorative and personal care services to patients in their homes, and facilitates transitions from acute care. In April 2017, Central LHIN received up to \$2,338,000 in one-time funding from the Ministry for continuation of this program in FY 18/19. In May 2018, Central LHIN allocated \$1,345,900 in Ministry total base funding to support 3 Assess and Restore programs in Central LHIN that will provide cross-continuum support to seniors to regain and maintain functional independence and facilitate return to home and assist patients to remain in the community for as long as possible. The Central LHIN has also collaborated with its hospitals, and with Home and Community Care to support the launch of the Reactivation Care Centre (RCC), a Central LHIN Hospitals Collaborative, at the Humber River Finch Site in December 2017. This initiative has created five ALC bed units at the RCC, and the transfer of 58 Rehab/CCC beds from the Mackenzie Health Richmond Hill site to the RCC, both of which has created capacity for acute medicine inpatient beds at the corresponding Central LHIN home hospital sites.

2. The increase in performance on this indicator in Q3 FY 17/18 was driven by a significantly higher number of reported ALC days at Humber River Hospital (HRH), North York General Hospital (NYGH), and Southlake Regional Centre (SRHC), and is anticipated to be a performance outlier that is primarily associated with patient transitions to the RCC in December 2017. Prior to their transition to the RCC, patients with ALC designations were discharged from their home hospital sites and then readmitted to the RCC, thereby making their total ALC days reportable in Q3 FY 17/18. As indicated below, these discharges included a high volume of patients with ALC lengths of stay exceeding 300 days. Performance for this indicator is expected to improve in subsequent quarters with the implementation of integrated solutions for the transfer of ALC days from home hospital sites to the RCC.

- HRH: 114% increase in the number of ALC days (6,045 ALC days in Q2 FY 17/18; 12,935 ALC days in Q2 FY 17/18), including 22 patients with ALC length of stay greater than 200 days. During this reporting period 34 patients were transferred to the RCC, with 14 patients having ALC days over 200, and representing 4,949 ALC days.

- NYGH: 130% increase in the number of ALC days (5,128 ALC days in Q2 FY 17/18; 11,809 ALC days in Q2 FY 17/18), including 15 patients with ALC length of stay greater than 200 days. During this reporting period 49 patients were transferred to the RCC, with 9 patients having ALC days over 200, and representing 5,549 ALC days.

- SRHC: 84% increase in the number of ALC days (3,882 ALC days in Q2 FY 17/18; 7,161 ALC days in Q2 FY 17/18), including 8 patients with ALC length of stay greater than 200 days. During this reporting period 31 patients were transferred to the RCC, with 4 patients having ALC days over 200, and representing 1,162 ALC days.

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS
	13.68%	15.48%	12.70%	

Quarter	Percentage
Q4 FY 15/16	14.36%
Q1 FY 16/17	14.61%
Q2 FY 16/17	16.13%
Q3 FY 16/17	16.10%
Q4 FY 16/17	15.98%
Q1 FY 17/18	14.03%
Q2 FY 17/18	17.02%
Q3 FY 17/18	15.56%
Q4 FY 17/18	13.68%

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

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

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

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

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

Please note that for Q1 17/18 ALC Rate, only April and May 2017 data is included, whereas June 2017 data is not reported. In addition, Cancer Care Ontario Access To Care confirmed with Central LHIN that patients designated ALC within the RCC were not included in Central LHIN's Q4 FY 17/18 ALC Rate performance, thus artificially improving the performance results in Q4.

1a) The ALC Rate in Central LHIN decreased from 15.56% in Q3 FY 17/18 to 13.68% in Q4 FY 17/18. The top 3 discharge destinations for ALC patients in Central LHIN continue to be Long-Term Care (LTC) Home, Home with Home and Community Care services, and Inpatient Rehabilitation, with the majority designated ALC to LTC. In Q4 FY 17/18, approximately 38% of open ALC cases and approximately 80% of ALC days were attributed to patients awaiting placement in LTC. Central LHIN has the second lowest ratio of LTC beds to seniors in Ontario and has the highest population of seniors in the province. Currently, the LTC bed occupancy rate in Central LHIN is approximately 99%, and this limited capacity restricts the outflow of patients from Central LHIN hospitals, negatively impacting the ALC Rate.

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

2. When compared to Q3 FY 17/18, 5 out of 6 Central LHIN hospitals maintained or improved their performance on this indicator in Q4 FY 17/18, and 2 hospitals (Mackenzie Health and Humber River Hospital) were below the provincial target of 12.7%. These hospital also demonstrated the most notable improvements in ALC Rate between Q3 and Q4 17/18:

- HRH: 19.8% decrease in ALC rate (13.1% in Q3 FY 17/18; 10.5% in Q4 FY 17/18) due to an 17.7% decrease in total ALC days (6,760 ALC days in Q3 FY 17/18 and 5,561 ALC days in Q4 FY 17/18).

- MH: 18.7% decrease in ALC rate (12.3% in Q3 FY 17/18; 10.0% in Q4 FY 17/18) due to an 22.5% decrease in total ALC days (4,125 ALC days in Q3 FY 17/18 and 3,196 ALC days in Q4 FY 17/18).

North York General Hospital (NYGH), Markham Stouffville Hospital (MSH), and Southlake Regional Health Centre (SRHC) had the highest ALC Rates among Central LHIN hospitals, achieving 16.6%, 16.7%, and 16.8%, respectively for this indicator. For each hospital, patient flow is limited by LTC Home capacity as the majority of ALC days are attributed to patients awaiting placement in LTC.

-NYGH: 29.4% of cases and 80.3% of days attributed to patients designated ALC for LTC.

-MSH: 40.0% of cases and 81.5% of days attributed to patients designated ALC for LTC.

-SRHC: 35.7% of cases and 77.1% of days attributed to patients designated ALC for LTC.

ALC rate

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS
	13.68%	15.48%	12.70%	

Quarter	Percentage
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Q2 FY 16/17	16.13%
Q3 FY 16/17	16.10%
Q4 FY 16/17	15.98%
Q1 FY 17/18	14.03%
Q2 FY 17/18	17.02%
Q3 FY 17/18	15.56%
Q4 FY 17/18	13.68%

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

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

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

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

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

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

2. When compared to Q3 FY 17/18, 5 out of 6 Central LHIN hospitals maintained or improved their performance on this indicator in Q4 FY 17/18, and 2 hospitals (Mackenzie Health and Humber River Hospital) were below the provincial target of 12.7%. These hospital also demonstrated the most notable improvements in ALC Rate between Q3 and Q4 17/18:

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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 (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS																																													
	20.58%	21.82%	16.30%	<p>1. What is the LHIN doing to achieve or move performance towards the provincial target?</p> <p>a) What factors are contributing to the change in performance?</p> <p>b) How does the LHIN plan to address performance issues?</p> <p>2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.</p> <p>3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?</p>																																													
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Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 17/18)	LHIN COMMENTS																																													
	25.77%	32.08%	22.40%	<p>1. What is the LHIN doing to achieve or move performance towards the provincial target?</p> <p>a) What factors are contributing to the change in performance?</p> <p>b) How does the LHIN plan to address performance issues?</p> <p>2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.</p> <p>3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?</p>																																													
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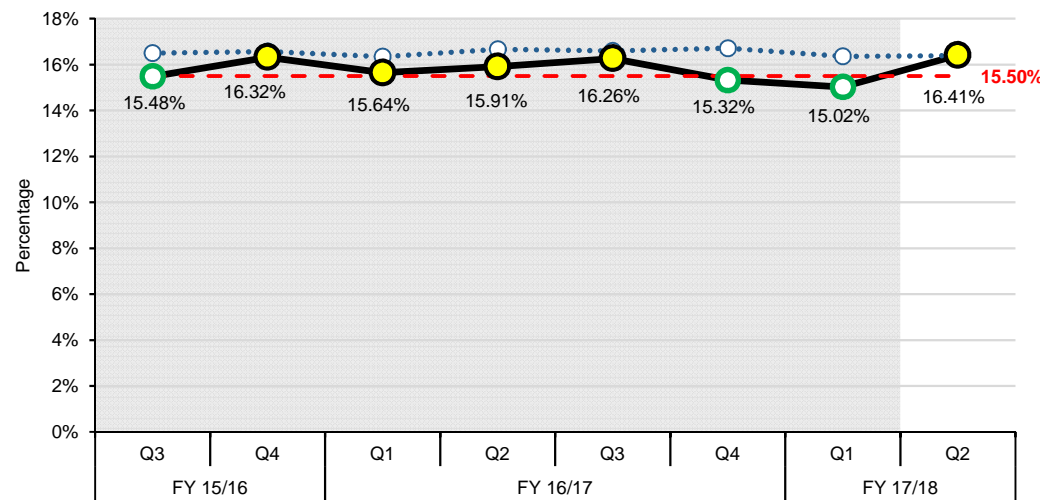
OBJECTIVES: 1. Improve patient satisfaction 2. Reduce unnecessary readmissions

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).

A number of initiatives have been implemented across Central LHIN which have had a positive impact on the performance of this indicator, including:

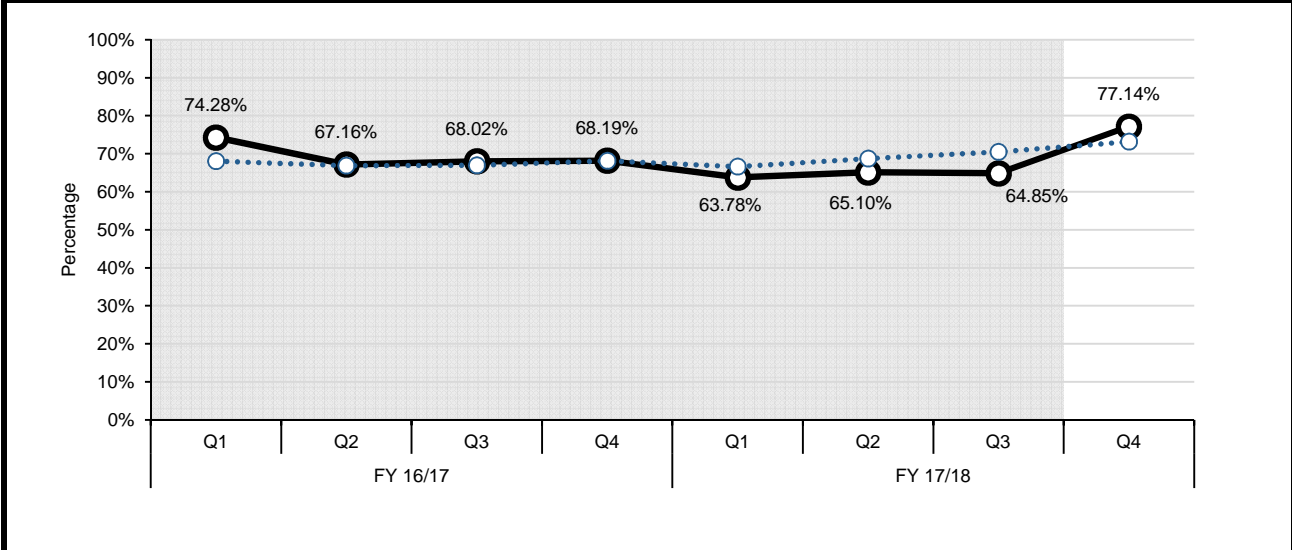
1. Implementation of LHIN wide Telehomecare (THC) program, focusing on COPD and CHF patients.
2. Implementation of two COPD clinics in the Community Health Centers (CHCs).
3. Implementation of exercise and falls prevention classes for seniors, including designated "Breathe Better" classes tailored for seniors at risk of COPD and/or CHF.
4. Implementation of QBPs and the adoption of best practice pathways for patients with COPD, CHF, Pneumonia and Stroke.
5. Continued support of two Integrated Funding Model (IFM) pilots: a) One Client, One Team: Central and Toronto Central LHIN Integrated Stroke Care; and b) Integrated Specialized and Primary Care: The North York Central Integrated Central Collaborative (ICC) for COPD and CHF Patients. Both projects will continue in FY 18/19, focusing on transitioning from project to program, and continue to evaluate outcomes and impact on the targeted patient population.
6. Implementation of five Central LHIN Health Links to facilitate community conversations, strengthen linkages among care providers, and highlight opportunities to better coordinate care across organizations and sectors.
7. Implementation of Interprofessional Primary Care Team Expansions in 5 sub-regions (Northern, Western, Eastern, North York West, and North York Central) to increase access of primary care providers and their patients to allied health services.



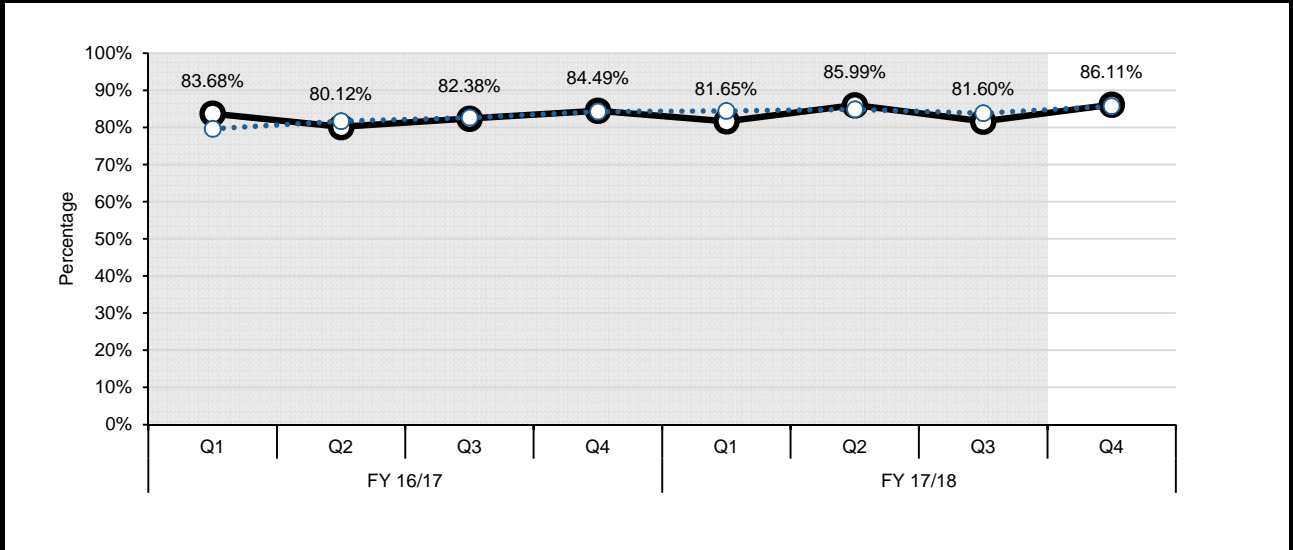
MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

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

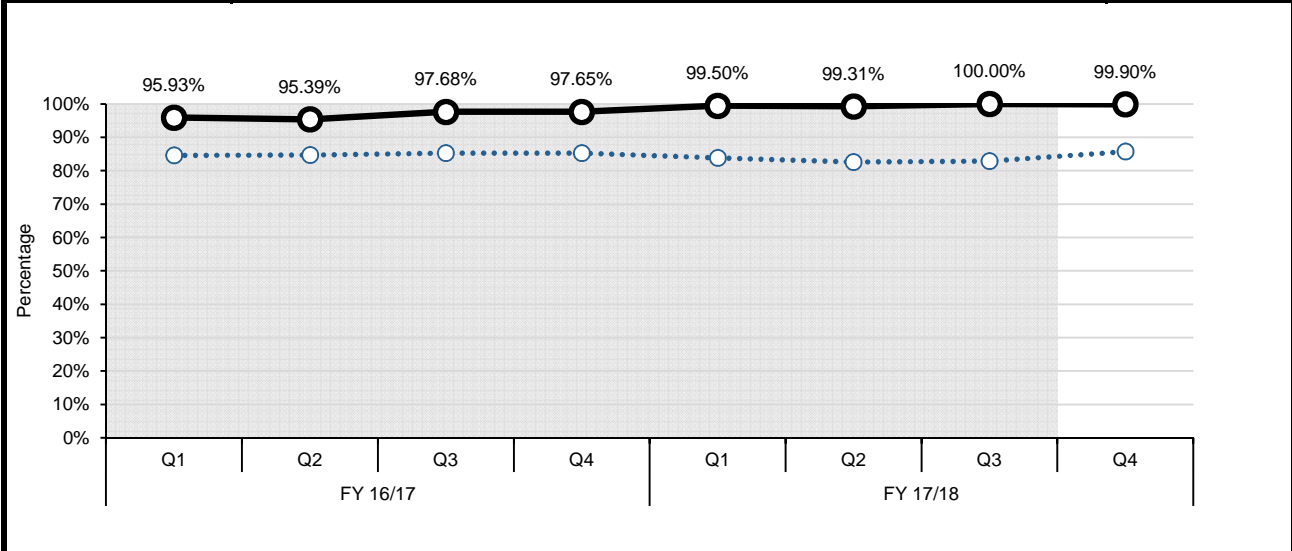
Percent of priority 2 and 3 cases completed within access target for MRI scan				
Summary (Q4 FY 17/18)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	84.52%	70.06%	77.14%	



Percent of priority 2 and 3 cases completed within access target for CT scan				
Summary (Q4 FY 17/18)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	95.12%	66.50%	86.11%	



Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery					
Summary (Q4 FY 17/18)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	100.00%	99.89%	99.90%	

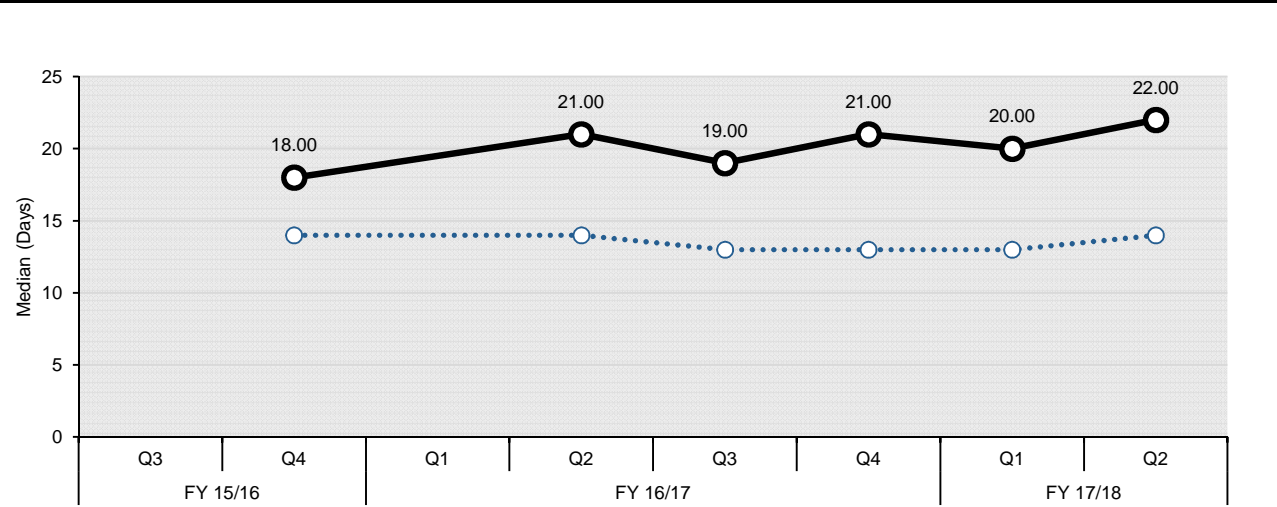


MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

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

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

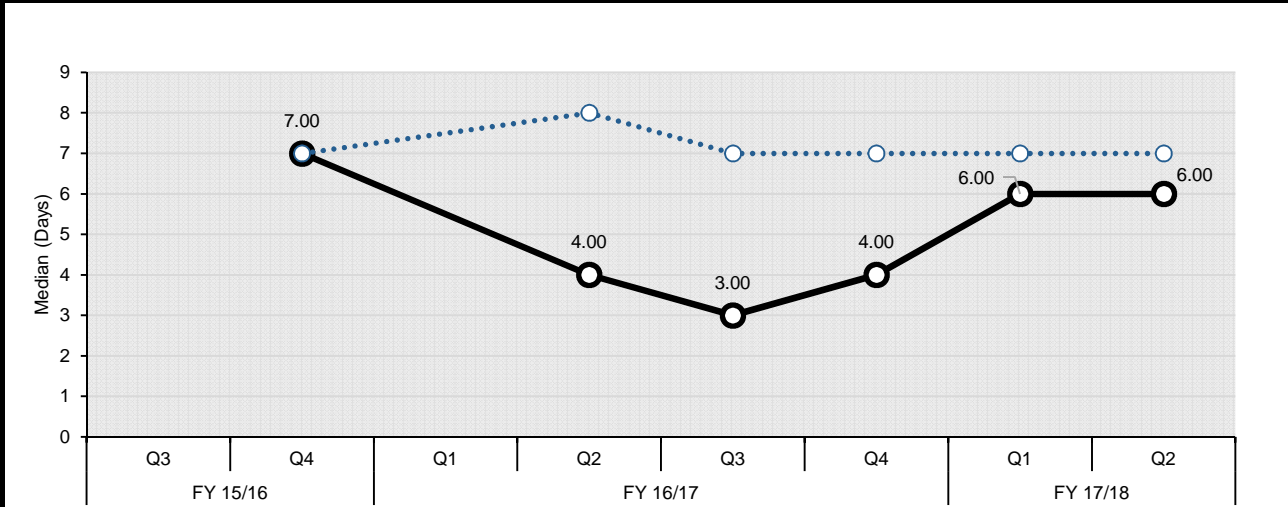
Summary (Q2 FY 17/18)	LHIN Performance	Provincial Performance
	22.00 Days	14.00 Days



Note: Q3 15/16 and Q1 16/17 data are not reported due to data quality issues.

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

Summary (Q2 FY 17/18)	LHIN Performance	Provincial Performance
	6.00 Days	7.00 Days



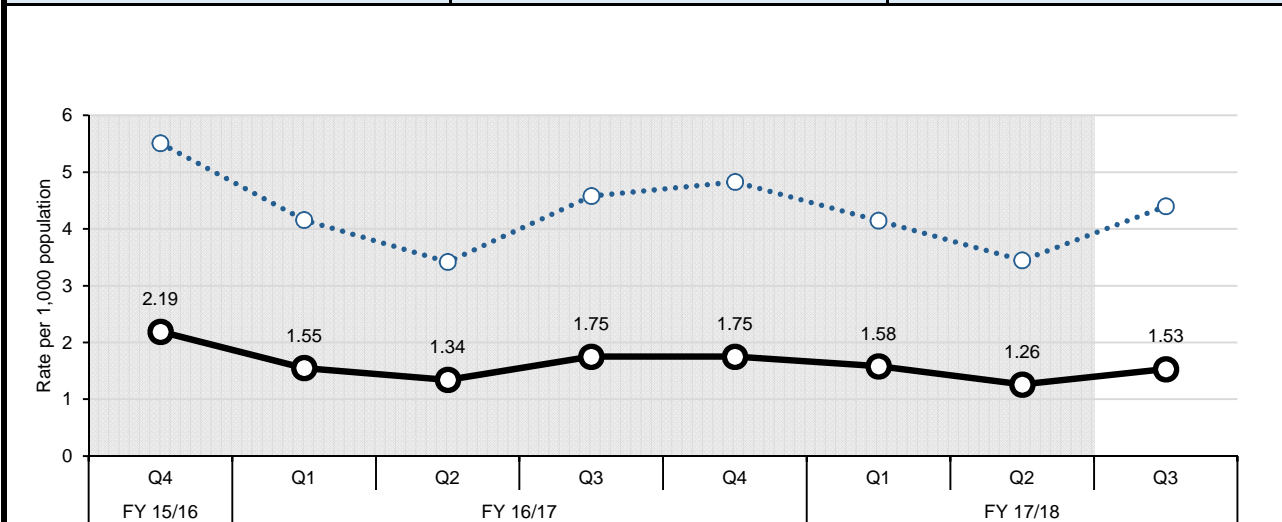
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MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

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

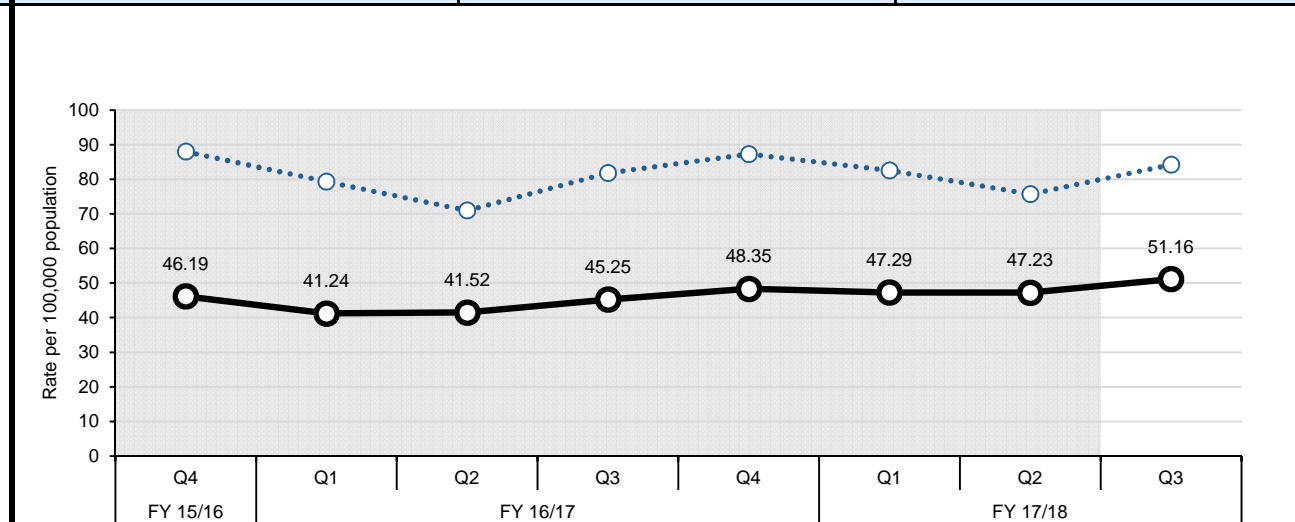
Rate of emergency visits for conditions best managed elsewhere

Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance
	1.53	4.40



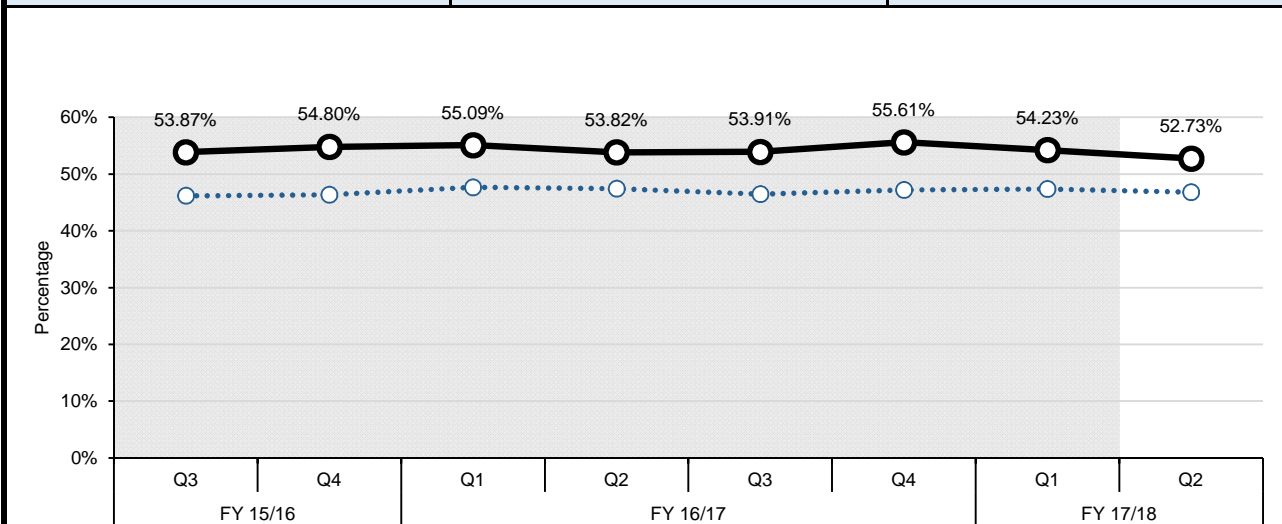
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance
	51.16	84.27



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

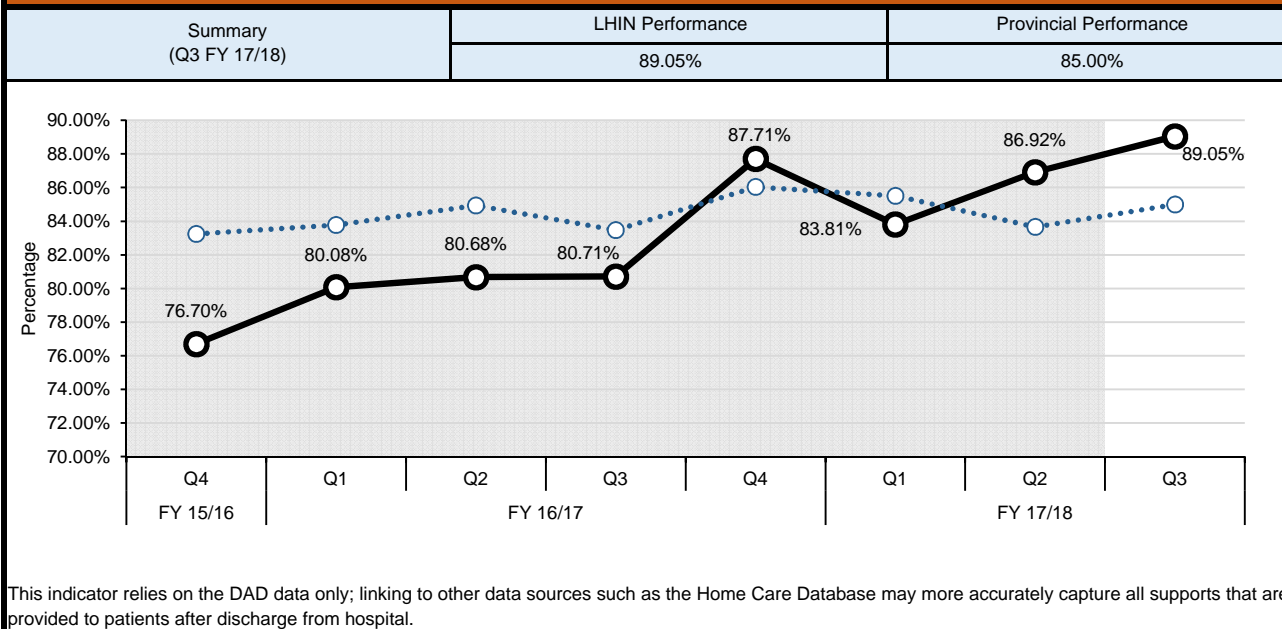
Summary (Q2 FY 17/18)	LHIN Performance	Provincial Performance
	52.73%	46.83%



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)

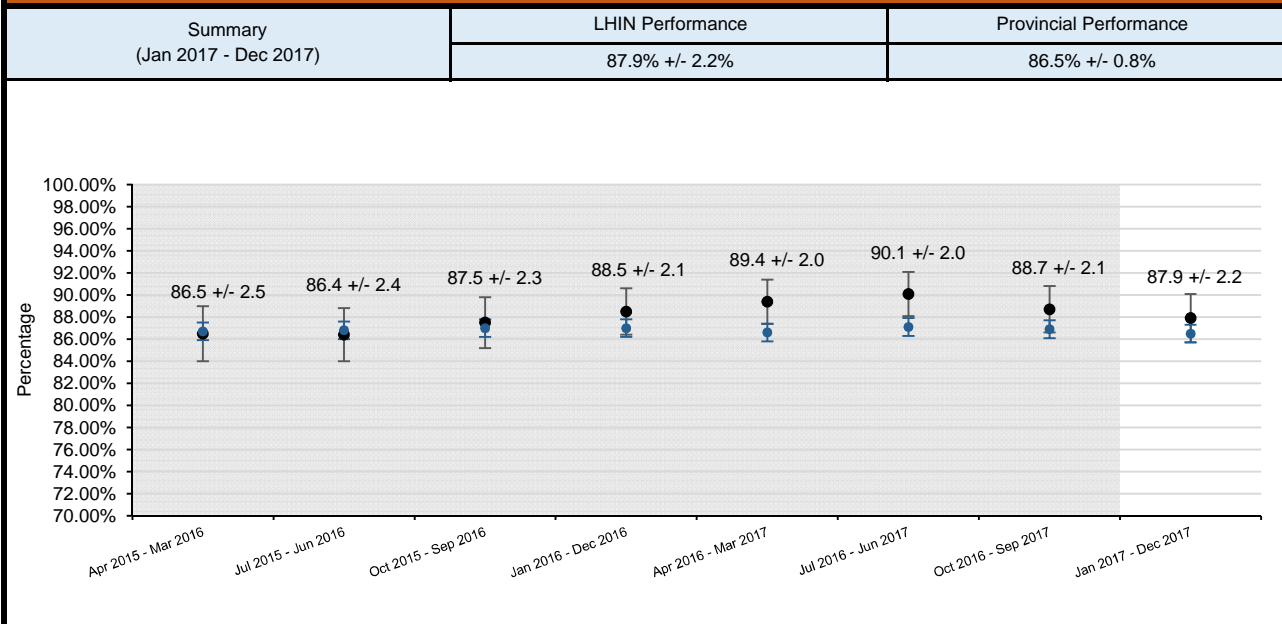
Percent of palliative care patients discharged from hospital with home support



DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community



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	Q3 17/18	95.00%	87.13%	95.12%	89.56%	93.45%	89.27%	89.34%	89.21%	91.62%	92.28%	88.54%	88.89%	70.00%	87.23%	84.07%	68.75%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q3 17/18	95.00%	95.77%	96.26%	94.04%	96.68%	95.68%	95.96%	96.52%	95.53%	96.02%	94.72%	96.41%	95.25%	97.01%	97.61%	95.47%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q3 17/18	21.00 Days	28.00	23.00	33.00	13.00	25.00	31.00	26.00	24.00	21.00	36.00	21.00	40.00	46.00	34.00	24.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q3 17/18	TBD	7.00	6.00	8.00	5.00	6.00	9.00	9.00	10.00	5.00	9.00	7.00	8.00	6.00	8.00	5.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q4 17/18	8.00 Hours	11.50	10.47	8.90	9.68	16.22	9.70	11.88	14.17	11.25	11.72	9.40	12.77	11.32	9.20	10.50
90th percentile ED length of stay for minor/uncomplicated patients	Q4 17/18	4.00 Hours	4.67	4.85	4.20	5.67	5.48	3.63	4.07	4.68	4.07	4.68	4.57	5.52	4.47	4.25	4.78
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q4 17/18	90.00%	78.32%	91.45%	49.13%	61.42%	67.94%	70.54%	45.09%	90.09%	98.04%	92.18%	78.63%	90.10%	94.70%	76.02%	78.32%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q4 17/18	90.00%	72.99%	69.52%	46.32%	54.02%	61.49%	52.33%	42.55%	90.56%	94.20%	86.83%	69.53%	93.08%	80.63%	75.78%	71.43%
Percentage of alternate level of care (ALC) days	Q3 17/18	9.46%	16.45%	8.82%	8.55%	14.81%	18.79%	9.01%	18.07%	10.55%	22.30%	20.12%	15.58%	15.28%	21.60%	26.57%	22.47%
ALC rate	Q4 17/18	12.70%	15.48%	12.72%	12.01%	13.57%	15.46%	9.56%	13.76%	11.14%	13.68%	21.22%	19.40%	15.24%	18.55%	24.99%	34.16%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q3 17/18	16.30%	21.82%	17.26%	17.09%	19.00%	20.54%	28.71%	17.85%	30.03%	20.58%	24.98%	21.67%	17.96%	18.31%	18.71%	20.93%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q3 17/18	22.40%	32.08%	35.11%	29.55%	22.80%	28.50%	36.46%	28.27%	36.77%	25.77%	28.53%	22.94%	23.56%	23.34%	27.04%	44.21%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q2 17/18	15.50%	16.39%	13.99%	16.65%	14.24%	16.55%	15.49%	15.09%	18.40%	16.41%	17.21%	17.27%	15.24%	17.20%	16.24%	17.43%

NOTES

Key Changes - Effective May 2017 Stocktake Report

1. Revised Indicator Names in the Ministry LHIN Accountability Agreement (MLAA)
 - a. 90th Percentile Wait Time from community for Home-Care Services: Application from community setting to first Home Care service (excluding case management)

Previously: 90th percentile wait time from community for community care access centres (CCAC) in-home services: application from community setting to first CCAC service (excluding case management)
 - b. Wait times from Application to Eligibility Determination for Long-Term Care Home Placement: From community setting, and from acute-care setting

Previously: CCAC wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting, and from acute-care setting
2. Revised Indicator and Indicator Category in the MLAA
 - a. The MRI and CT wait time indicators have been moved from performance to monitoring category and the indicators no longer include Priority 4 cases (Priority 2 and 3 only).
3. Removed Indicators from the MLAA
 - a. The Cardiac and Cancer wait time indicators
4. New Indicators Added to the MLAA
 - a. 90th Percentile Wait time from Hospital Discharge to Service Initiation for Home and Community Care has been added as a new Home and Community Care performance indicator. The target is TBD.

Indicator Specific 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.

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.

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.

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.

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.
2. As of June 2017, Bed Census Summary (BCS) data has been updated according to the new Daily Census Summary (DCS) format. As a result, the methodology for the calculation of the denominator for ALC Rate has been updated beginning with June 2017 data. As a result of these changes, Q1 17/18 ALC Rate will solely reflect ALC Rate for April 2017 and May 2017.

NOTES

Indicator Specific Notes

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

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