MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: Central LHIN

REPORT DATE: November 2015

Ontario

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INTERPRETING PERFORMANCE INDICATORS

Legend: Provincial Data | Provincial Target | LHIN Data

LHIN Data		
Achieved Provincial Target	Within 10% of Provincial Target	>10% From Provincial Target

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

Ontario

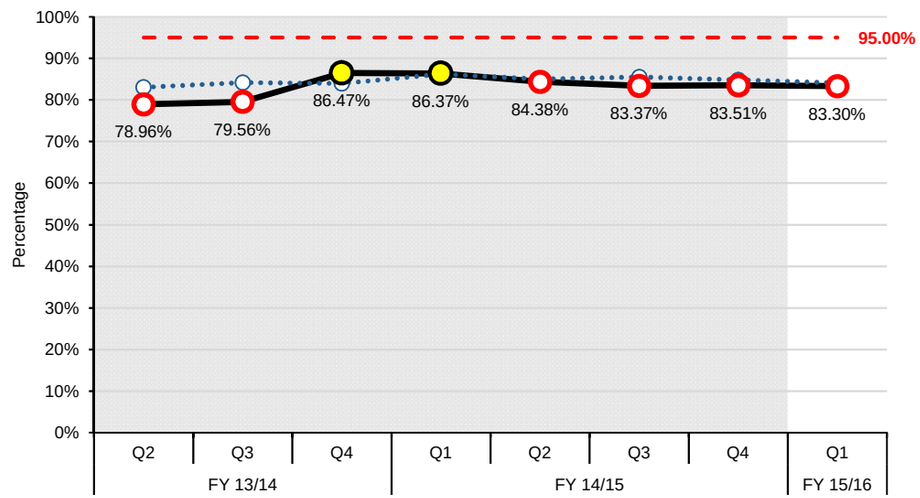
Central LHIN

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 (Q1 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	83.30%	84.14%	95.00%



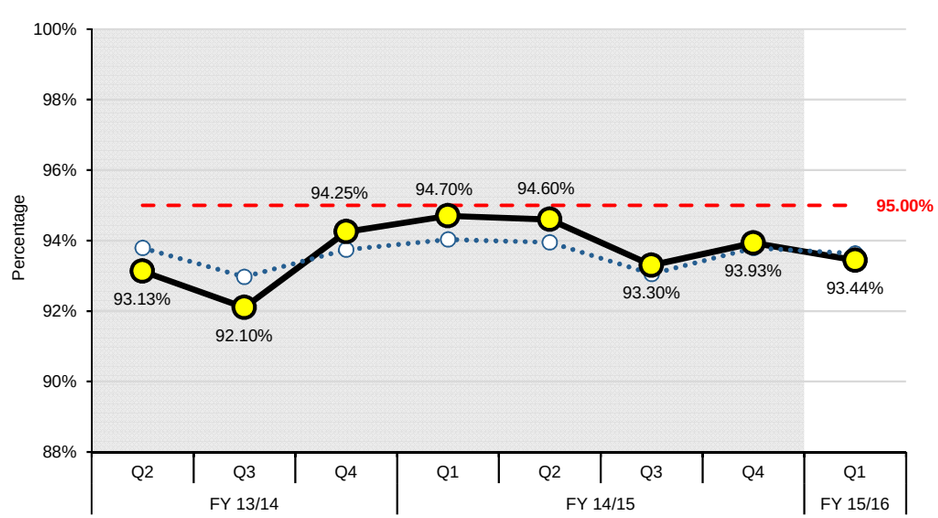
1. The 2015-16 Q1 Stocktake report noted additional funding was provided by the LHIN to address PSS wait times. Please provide examples of initiatives being implemented to address wait time pressures.

Central LHIN provided the following funding in FY 2015/16 for PSS services: $900K from Community Discretionary funds; $2.275M ($3.133M annualized) from HSFR; and $60K from Assess and Restore. Most of the funds have been used towards meeting the increased demand for personal support services. The Central CCAC has enhanced resources through utilization of Short Stay Rehab teams to complete intake assessments for non-urgent referrals and will be adding community team members to this process in December 2015. An audit was also conducted on the root causes and wait times for receiving personal support services and it was found that patient-related issues (e.g. choice) were a primary driver for service start date greater than 5 days. A quality improvement event is scheduled for December 2015 to address this issue (including better coding to understand patient reasons) and to further investigate findings from the audit.

It should be noted that the increased discretionary funding from the Central LHIN allowed the Central CCAC to release patients from its PSS waitlist and provide service. As these patients were taken off the wait list, their wait time for service became reportable in Q1 FY 2015/16, thereby contributing to an overall increase in wait time.

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

Summary (Q1 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	93.44%	93.63%	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?

The Central CCAC has experienced a growth in demand for nursing services, which has resulted in a lower percentage of patients receiving their nursing visit within the 5 day target timeframe. Additionally, the Central CCAC experienced a business interruption in Q4 FY 2014/15, which the organization continued to recover from in Q1 FY 2015/16. As noted above, a Central CCAC audit further indicated that patient-related issues (e.g. choice) contributed to start dates greater than 5 days.

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

In collaboration with the Central LHIN and regional Hospitals, the Central CCAC has implemented initiatives to increase the utilization of community clinics for Nursing care with a goal of 95% utilization. Overall CCAC Community Nursing Clinic utilization rates have increased from 55% in April 2015 to 75 % in November 2015. Ongoing marketing and communication plans are being implemented to continue improvements in these utilization rates. The Central CCAC has implemented a process change in which non-urgent referrals are being sent directly to Care Coordinators on Short Stay Rehab teams (versus the Centralized Intake Team) to complete intake assessments and to initiate service planning, including Nursing. The Central CCAC will be expanding this process change to Community team Care Coordinators in December 2015. Additionally, the Central CCAC has planned a Quality Improvement event on December 2015 to address root causes for wait times for service.

Central LHIN has provided the following investments for increased nursing services to meet the increased demand: $4.75M from Community Discretionary funds; $589K towards service maximums; and $40K from Assess and Restore

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

Wait times for service were affected in FY 2014/15. During the business interruption, approximately 17 regulated health professionals (non-union staff) were re-deployed to manage the hospital intake function. Typically, 69 Care Coordinators are required to manage daily business operations for this function.

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

The Central LHIN and Central CCAC expect to meet the provincial target by the end of the 2015/16 fiscal year.

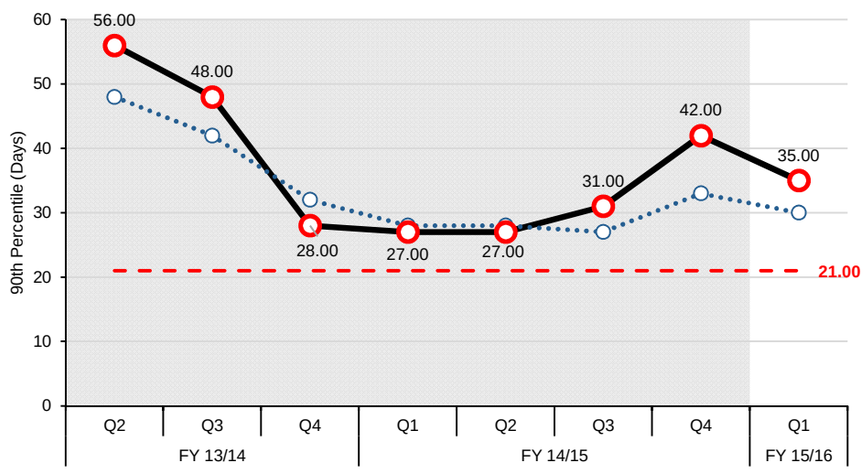
Central LHIN

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 (Q1 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	35.00 Days	30.00 Days	21.00 Days



LHIN COMMENTS

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

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

A demonstrated improvement in wait times for service was noted between Q4 FY 2014/15 to Q1 FY 2015/16. The Central CCAC has implemented a process improvement initiative that is reducing scheduling booking times for initial patient assessments. Continued application of this strategy is expected to contribute to improved wait times. The Central CCAC is also conducting a quality improvement event in December 2015 to identify further improvement initiatives aimed at reducing this wait time.

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

In collaboration with the Central LHIN and regional Hospitals, the Central CCAC has implemented initiatives to increase the utilization of community clinics for Nursing care with a goal of 95% utilization. Overall CCAC Community Nursing Clinic utilization rates have increased from 55% in April 2015 to 75 % in November 2015. Ongoing marketing and communication plans are being implemented to continue improvements in these utilization rates. The Central CCAC has enhanced resources through utilization of Short Stay Rehab teams to complete intake assessments for non-urgent referrals and will be adding Community team members to this process in December 2015. Additionally, the Central CCAC has planned a Quality Improvement event in December 2015 to address root causes for wait times for service.

The Central CCAC is trending towards a surplus for school Speech Language Pathology (SLP), which is a primary driver for the 90th Percentile (90P) wait time performance for this indicator. Central LHIN is working with the Central CCAC who have assured the LHIN that the funding will be fully spent by year-end. This may cause short-term increase in the wait time as patients are taken off of the wait list to be provided service. In addition to the investments in nursing and personal support noted in the other indicators, Central LHIN has provided an additional $50K from Community investments and $300K from Assess and Restore funds towards allied health.

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

During Q1 FY 15/16 the primary drivers that increased the 90th percentile wait time for patients were Speech Language Pathology and patients on Short Stay Acute caseloads. The 90P wait times for these services were 27 and 22 days, respectively. In addition to the initiatives identified above, a review of these services is currently underway to identify improvement strategies to address these wait times.

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

The Central LHIN and Central CCAC expect to meet the provincial target within the next 3 fiscal years. Note that if the accountability for school Speech Language Pathology transfers to the School Boards, it is likely that the target will be met as wait times for SLP is a primary driver for the higher than target 90P wait time.

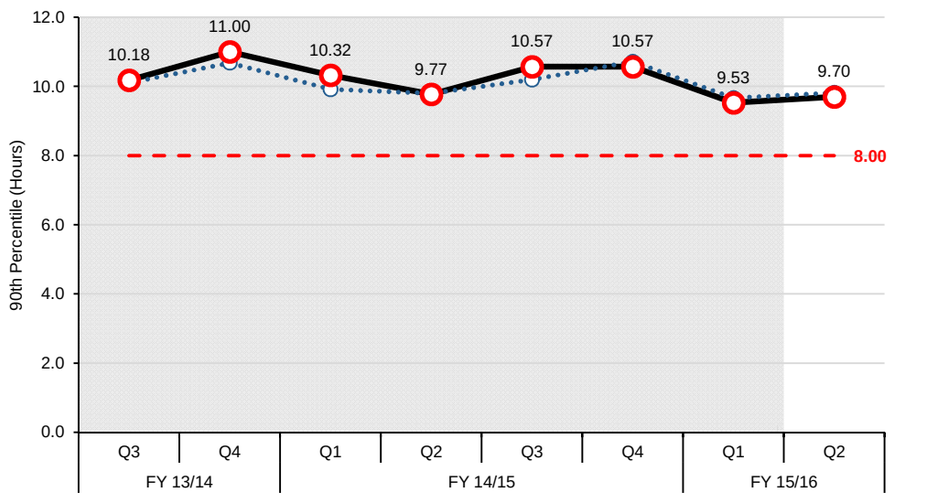
Central LHIN

PERFORMANCE INDICATORS: SYSTEM INTEGRATION AND ACCESS

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

90th percentile emergency department (ED) length of stay for complex patients

Summary (Q2 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	9.70 Hours	9.82 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).

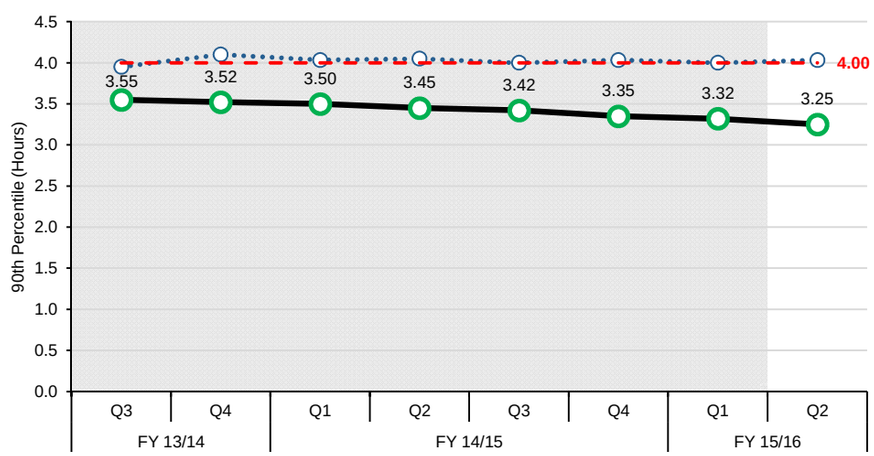
Central LHIN hospitals continue to focus on initiatives to improve ED Length of Stay (LOS) for admitted and non-admitted complex patients. These initiatives include increased access to diagnostic imaging in the ED, enhanced models of care for complex patients, increased resources and staffing mix to manage patient flow, and new protocols to better manage surges and outbreaks. In addition, starting in Q4 of 2015/16, all of Central LHIN's hospitals will be focusing on ALC reduction strategies in collaboration with the Central CCAC and the LHIN through the ALC Collaborative.

Overall, majority of the Central LHIN hospitals performed well in Q2 2015/16 for LOS for 'non admitted' and 'admitted' complex patients, with the exception of Mackenzie Health and Southlake Regional Health Centre who performed below the LHIN average for 'admitted' complex patients. The ED LOS for 'admitted' complex patients for Mackenzie Health and Southlake Regional Health Centre were 54.4 hrs and 28.8 hrs, respectively. Both hospitals have had challenges related to internal ED processes such as escalation protocols used to identify ED pressures, lack of internal target setting for ED supports (such as Diagnostic Imaging), and issues associated with staff roles and responsibilities. In response to their poor performance, Mackenzie Health and Southlake Regional Health Centre are in the process of implementing a range of mitigation strategies, including: identifying internal escalation processes, the development of corporate flow committees that will focus on ED LOS, increased staff in the ED, and redesign of the ED clinical areas.

The ED LOS performance is regularly monitored at the Central LHIN ED working group where Central LHIN hospitals also engage in knowledge exchange for best practices. Central LHIN management regularly meets with the hospital Clinical Vice Presidents to review performance and discuss progress on improvement initiatives. With Humber River Hospital moving to the new site, York Region EMS routing patterns may have an impact on ED volumes at other hospitals, including MacKenzie Health. Central LHIN Senior Management is working with affected hospitals to understand the impact and work on corresponding mitigation strategies.

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

Summary (Q2 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	3.25 Hours	4.03 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).

Central LHIN is consistently performing better than the province for this indicator and continues to exceed the LHIN and provincial target. A number of initiatives are currently in place to sustain this performance, including a focus on patient flow in ED, process improvement for non-complex patients, internal protocols to identify pressures in the ED, optimizing inpatient tools to identify patient readiness for discharge, increased access to Diagnostic Imaging services, and expediting Physician Initial Assessment (PIA) times.

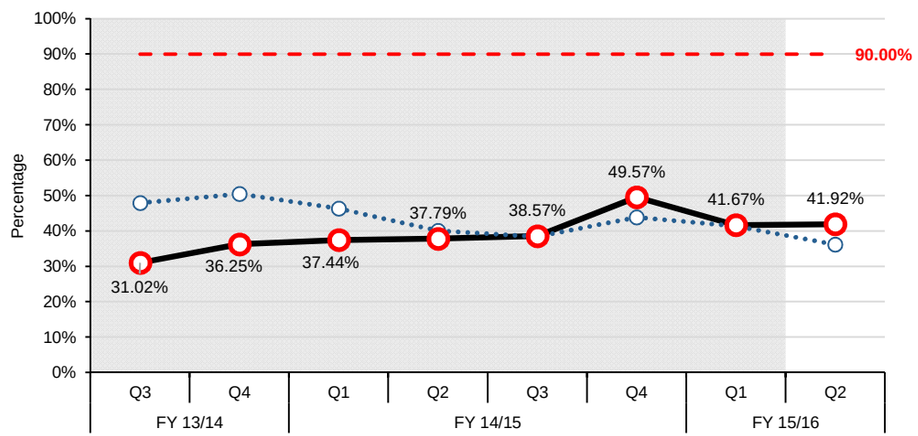
Central LHIN

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 (Q2 FY 15/16)	Provincial Target (FY 15/16) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Priority 4: 28 Days	Combined	
	77.98%	62.20%	37.83%	41.92%	36.14%



LHIN COMMENTS

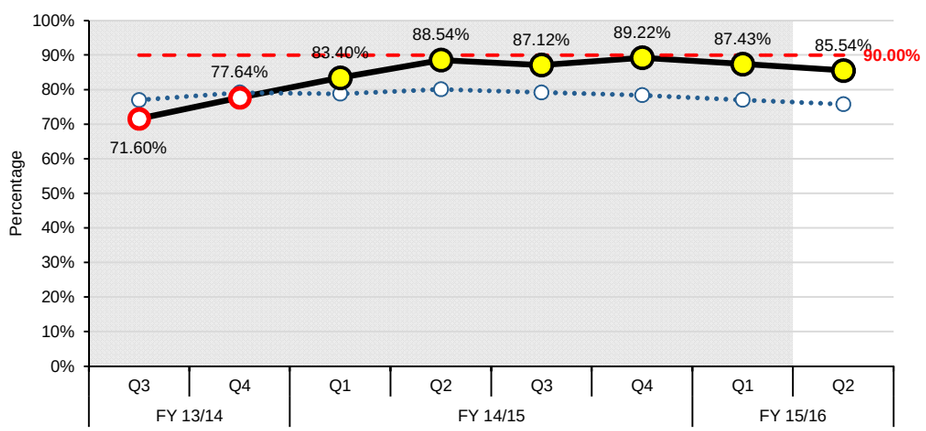
Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

All Central LHIN hospitals have initiated or completed LEAN initiatives to improve efficiency and particpated 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 plan to continue to do so this year. The LHIN has supported two business cases for additional MRI machines at HRH and SMH, however has been informed that both cases will not be funded this fiscal. While the LHIN has noted steady improvement in this indicator, Central LHIN hospitals have experienced significant increased demand which impacts wait times.

Currently, Central LHIN hospitals have already completed 63% of the funded volumes based on the 2014/15 Wait Time Strategy (WTS)funding amount, and do not want to commit more volumes in the absence of a 2015-16 WTS funding letter. The LHIN has allocated discretionary funding (i.e., UPF) in Q2 2015/16 and expect to see improvements and move closer to the targets in Q3 and Q4.

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

Summary (Q2 FY 15/16)	Provincial Target (FY 15/16) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Priority 4: 28 Days	Combined	
	91.84%	66.93%	87.37%	85.54%	75.77%



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).

Some Central LHIN hospitals are operating to funded levels in the absence of the 2015/16 Wait Time Strategy funding letter from the Ministry. Upon notification of Wait Times incremental allocations, hospitals will begin ramping up operations resulting in performance improvement in Q3/Q4. Currently, Central LHIN hospitals have already completed 72% of the funded volumes based on 2014/15 Wait Time Strategy funding amount. The LHIN has allocated discretionary funding (i.e., UPF) in Q2 2015/16 and will allocate more in Q3 in order to move closer to the targets in Q3 and Q4.

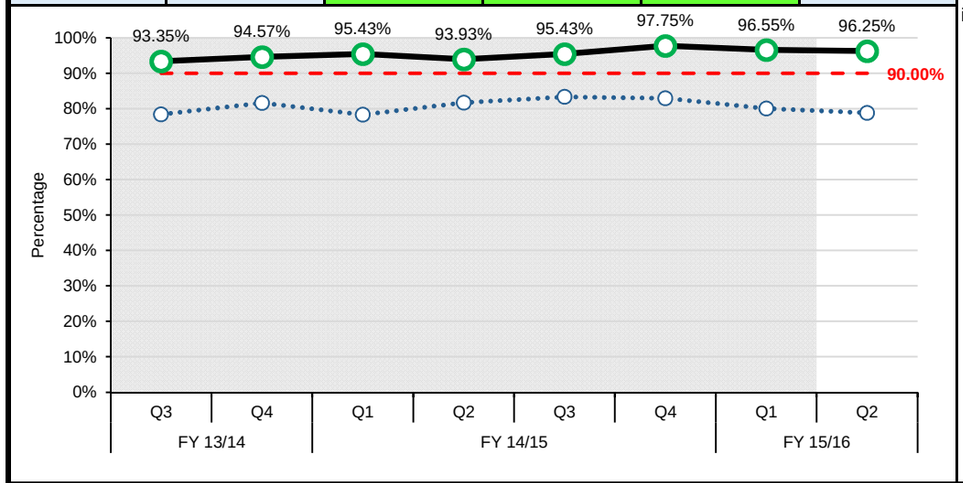
Central LHIN

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 (Q2 FY 15/16)	Provincial Target (FY 15/16) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	92.86%	96.91%	96.25%	78.84%



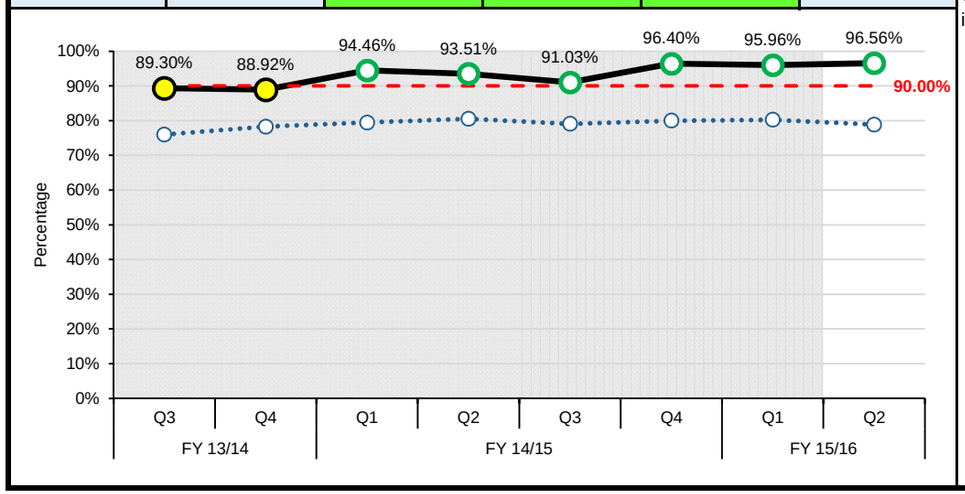
LHIN COMMENTS

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 (Q2 FY 15/16)	Provincial Target (FY 15/16) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	93.94%	96.83%	96.56%	78.89%



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.

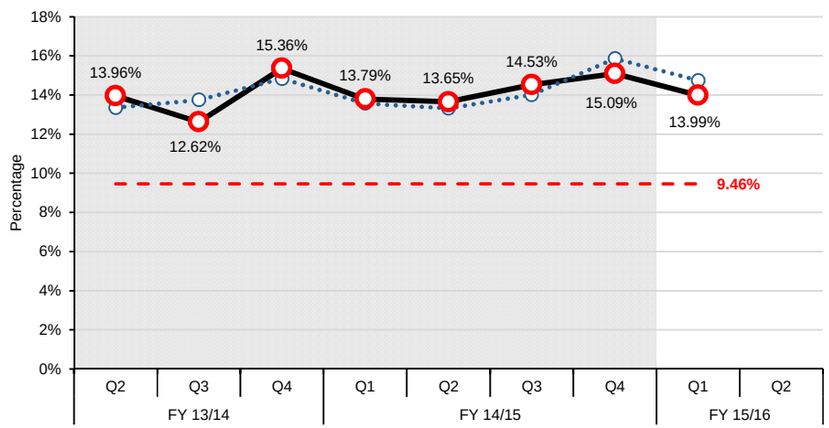
Central LHIN

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 (Q1 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	13.99%	14.75%	9.46%



LHIN COMMENTS

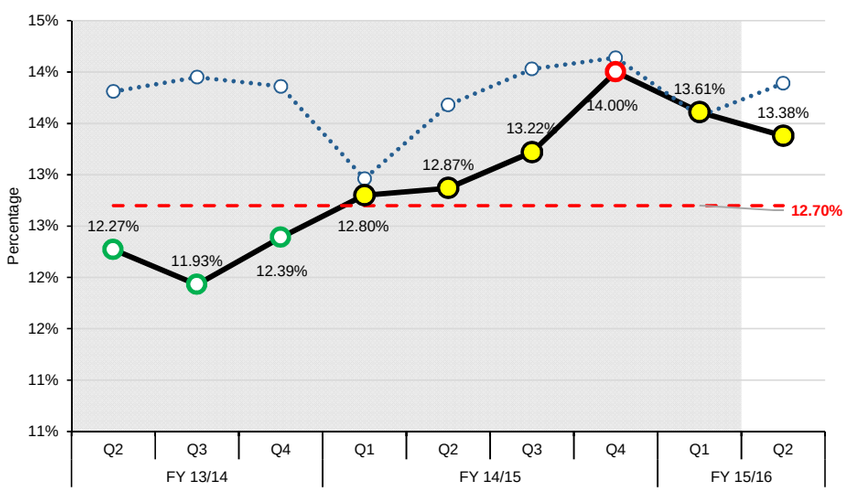
1. What are the site level initiatives and/or plans to address NYGH's and SRHC's ALC challenges?

As a result of the work done by the Central LHIN, Central CCAC, and the Central LHIN ALC working group, 4 Home First Projects were developed, including i) Home First Fast Track Process, ii) Reducing Social Admissions to the Emergency Department (ED), iii) Home First Family Meeting Improvements, and iv) Improving Home First Communication Standards and Guidelines. North York General Hospital (NYGH) and Southlake Regional Health Centre (SRHC) were identified as pilot sites for implementing the Reducing Social Admissions to the ED and the Improving Home First Communication Standards and Guidelines projects, respectively. The hospitals are on schedule to implement all 4 Home First projects by the end of the 2015 calendar year.

In Q1 2015/16, Humber River Hospital (HRH) (Finch site) had the highest percentage ALC days (24.45%) in Central LHIN. Similar to NYGH and SRHC above, HRH has implemented 1 of the 4 Home First pilot projects (Home First Family Meeting Improvement) and is scheduled to implement the Home First Fast Track Process project by the end of 2015. It should also be noted that the hospital has recently undertaken a move to a new Wilson location. As this process was occurring, HRH made concerted efforts to discharge patients designated as ALC, including long stay ALC patients. Upon discharge, these patients' ALC days became reportable, thereby increasing Percentage of ALC Days for HRH.

ALC rate

Summary (Q2 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	13.38%	13.89%	12.70%



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?

The top 2 discharge destinations for Central LHIN ALC patients continue to be Long Term Care (LTC) Homes and Inpatient Rehab. 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 LHINs, thereby contributing to long wait lists for LTC beds. Other contributing factors include patient choices for limited LTC Homes, resident transfers during outbreak, and placements from community.

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

The Central LHIN is forming an ALC Collaborative team of hospital, CCAC and Central LHIN staff to provide focused, collective resources to enhance flow, efficiency, effectiveness and system capacity across the continuum for the benefit of Central LHIN patients. The planning and development of improvement strategies by the ALC Collaborative is scheduled to begin in December 2015.

Please see response for question 1 above regarding implementation of Central LHIN Home First projects. All Central LHIN hospitals are expected to implement each project by the end of 2015, with the exception of Humber River Hospital (HRH) which is expected to have implemented 2 of 4 projects by the end of 2015. The Central LHIN is currently working with the Toronto Central LHIN and GTA Rehab Network to support the development of strategies to improve patient transfer from acute care to rehab facilities. Additionally, Central LHIN is engaged with the Rehabilitative Care Alliance (RCA) to conduct a mapping exercise of rehabilitative care services that can contribute to capacity planning in the region.

The Central LHIN has also engaged with LTC Homes, hospitals and Public Health Units to develop and algorithm for facilitating resident transfers from acute care to LTC Homes during outbreak. These groups have also coordinated to develop an Acute Care to LTC Home Transfer checklist. As well, Central LHIN is working on a seniors capacity plan with a mandate to realign existing community-based services and plan for future community based-services.

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

In Q1 FY 15/16, the highest contributor to ALC Rate in Central LHIN was Humber River Hospital (Finch site) at 29.4%. This hospital has recently undertaken a move to a new location, which has occupied significant organizational time and effort. As this process was occurring, it was anticipated that this organization would see a negative impact with respect to this indicator.

Stevenson Memorial Hospital (18.7%) had the second highest ALC Rate in Central LHIN. As a small community hospital, this organizations is challenged with limited access to personal support services, hospice and LTC Home capacity within their community, as well as long wait times for convalescent care and rehab services.

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

In alignment with the mandate for the Central LHIN ALC Collaborative, the expectation is that the Central LHIN will meet the provincial target by the end of the FY 2016/17.

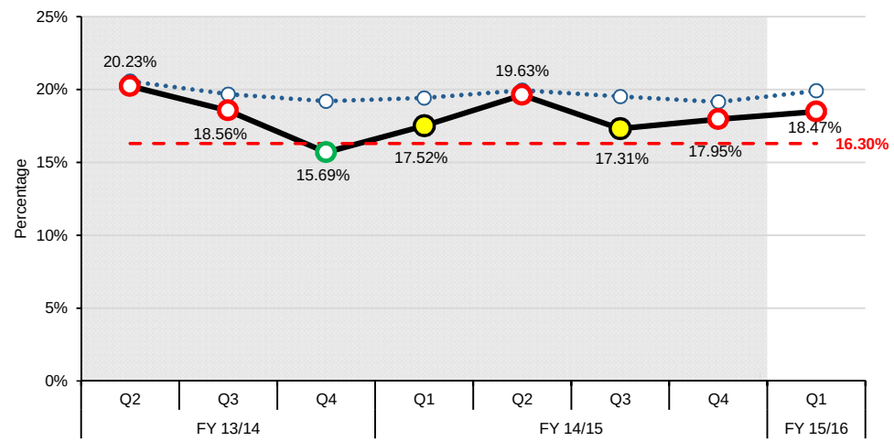
Central LHIN

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 (Q1 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	18.47%	19.91%	16.30%



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?
Since 2012, Central LHIN has funded the following 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. Investment focus has been on York Region with particular attention to the South Simcoe and Northern York region given the high revisit rate in this area. Southlake Regional Health Centre (SRHC) worked closely with community providers during this time in order to improve transitions from the hospital to the community and home setting. A steady improvement in performance can be seen in trending revisit rates to SRHC since these initiatives were implemented.

In addition, a Mental Health and Addictions Action Plan for York Region was developed in partnership with the Regional Municipality of York. Implementation of the plan in 2015-16 Q4 will address this indicator. However, the impact may be limited as there is a significant shortage of affordable housing in Central LHIN and the areas most affected are those with the highest Social Determinants of Health (SDoH) issues.

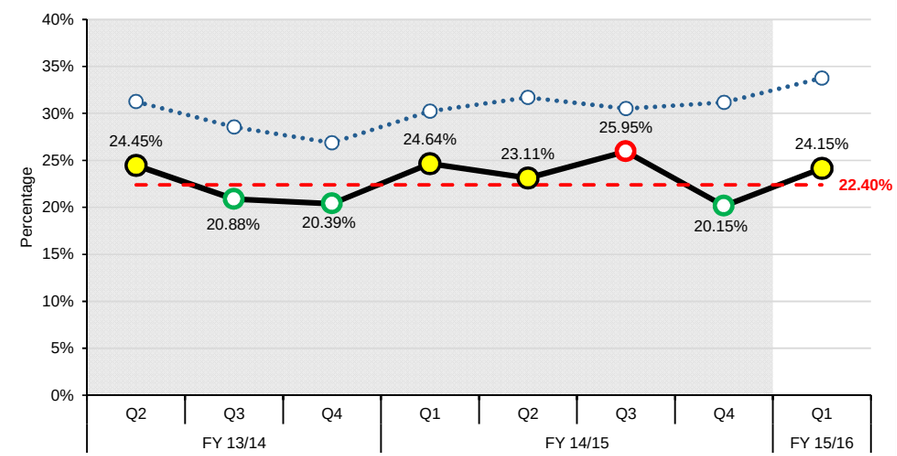
A high percentage of repeat visits are related to mood and stress-related/neurotic disorders. The Central LHIN BounceBack program, which targets people with mild/moderate depression/anxiety will be starting to treat clients in Q2 2015-16 and is expected to impact the LHINs performance.

b) How does the LHIN plan to address performance issues?
In 2015/16 & 2016-17, planning in the North York West and South Simcoe/Northern York Regions will focus on leveraging existing resources to determine areas for integration of service delivery to better address needs of residents. Central LHIN will continue to work to implement the CritiCall Provincial Bed Registry initiative across all LHIN hospitals. Central LHIN will continue to work with the leadership of the Psychiatry and EDs at the Central LHIN hospitals as well as our Health Service Providers to identify opportunities for improvement.
Central LHIN is meeting with both Mackenzie Health and Markham Stouffville hospitals to better understand the increasing trends for repeat visits at their facilities over the last four quarters.

2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?
Two regions of the LHIN are driving worse than target performance: North York West and South Simcoe & Northern York Region. Improvements in performance is not expected until FY 2016/17. Central LHIN has been working with Southlake Regional Health Centre (SRHC) to address performance issues. In November 2013, the Central LHIN endorsed a Pre-Capital Part A. submission to the Ministry in February 2015 to increase the number of mental health beds at SRHC. Status Update: on Oct 14/, 2015, Southlake submitted response to ministry comments.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q1 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	24.15%	33.77%	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?
Since 2012, Central LHIN has funded 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 supportive housing. In addition, a Mental Health and Addictions Action Plan for York Region was developed in partnership with the Regional Municipality of York.

A promising pilot program at SRHC embeds an addictions clinic within the Emergency Department to connect patients with addictions support in the community. The LHIN is liaising with SRHC in order to understand the impact of the pilot on patient outcomes.

b) How does the LHIN plan to address performance issues?
In 2015/16 & 2016-17, planning in the North York West will focus on leveraging existing resources to determine areas for integration of service delivery to better address needs of residents. Central LHIN will continue to work with the leadership of the Psychiatry and EDs at the Central LHIN hospitals as well as our Health Service Providers to identify opportunities for improvement.

2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results. If the provincial target has not been met, when does the LHIN expect to meet the provincial target? 3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?
Two regions of the LHIN that have trended worse than target performance are North York West and North York Central. Data show that alcohol abuse results in more ED visits than other substances in Central LHIN. Improvements in performance are expected next quarter.

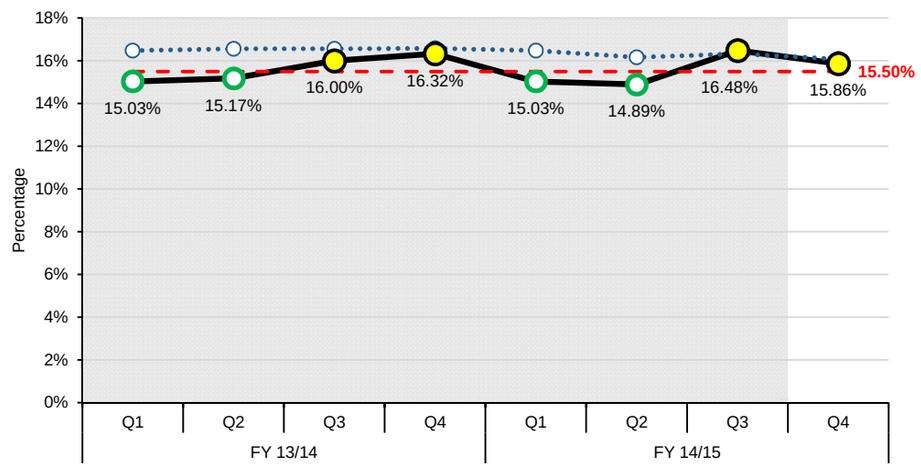
Central LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

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

Readmissions within 30 days for selected HIG conditions

Summary (Q4 FY 14/15)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	15.86%	16.08%	15.50%



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 recent performance was 15.86%, which is slightly better than the provincial average of 16.08%. CHF and COPD are driving the worse than expected performance. Some of the recent initiatives include the following:

- Central LHIN is currently funding and supporting the implementation of the Ontario Telemedicine Network's (OTN) Telehomecare (THC) program in all Health Links. 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 emergency departments, and reduced LOS when admission is necessary.
- Central LHIN staff continue to work closely with our LTC Homes and OTN to support the use of Telemedicine for LTC Home residents to avoid unnecessary admissions and readmissions to hospitals.
- Central LHIN is supporting the implementation of best practice pathways for patients with COPD, CHF, stroke, pneumonia and other conditions.
- Internet-based community clinical pathways for COPD and diabetes have been completed and disseminated in the Central LHIN.
- Two COPD clinics in the Community Health Centers became operational in FY 2014-15. The LHIN is continuing to monitor the success in these programs.
- The Central LHIN is one of six provincial pilots for the Integrated Funding Model Project - Integrating Specialized and Primary Care: The North York Central Collaborative for COPD and CHF. The objective of this care model is to provide integrated care for patients with mid- to end-stage COPD and CHF, as they transition from hospital to home for up to eighteen weeks post-discharge. The approach will include dedicated care coordinators, a 24/7 access line for patients, remote consults enabled through technology and specialist follow-up including ambulatory rehabilitation to minimize readmissions to the hospital.
- 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.
- With Central LHIN oversight, the Rapid Response Nurse team developed performance improvement plans, hired additional staff, completed a business process review to support follow up with primary care. This program is demonstrating improvements as a result of these activities including % of home visits within 24 hours of discharge and % of clients with follow-up primary care appointment within 7 days of discharge.
- Increased planning/focus on Primary Care. As per monitoring indicator, Central LHIN performance is better than the provincial average, however only 51% of acute care pateints are seeing their primary care physician within 7 days of discharge.
- The LHIN is undertaking focused planning in the South West region of the LHIN (North York West Planning area) where chronic disease prevalence and hospitalization rates are high.

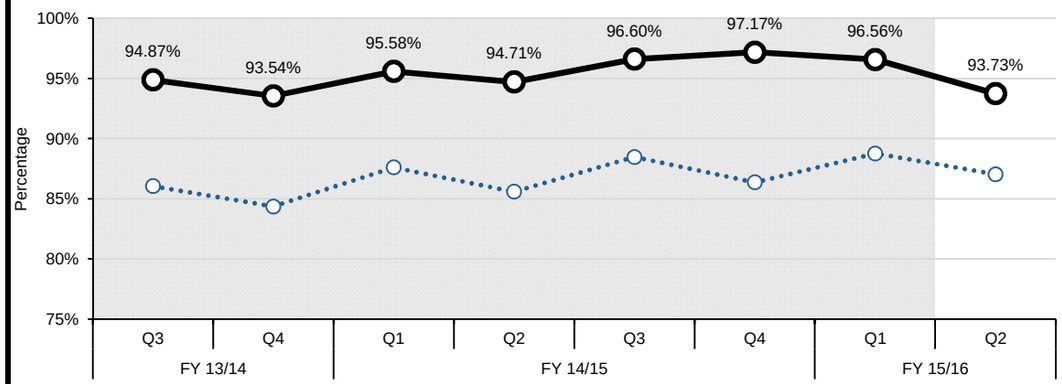
Central LHIN

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)

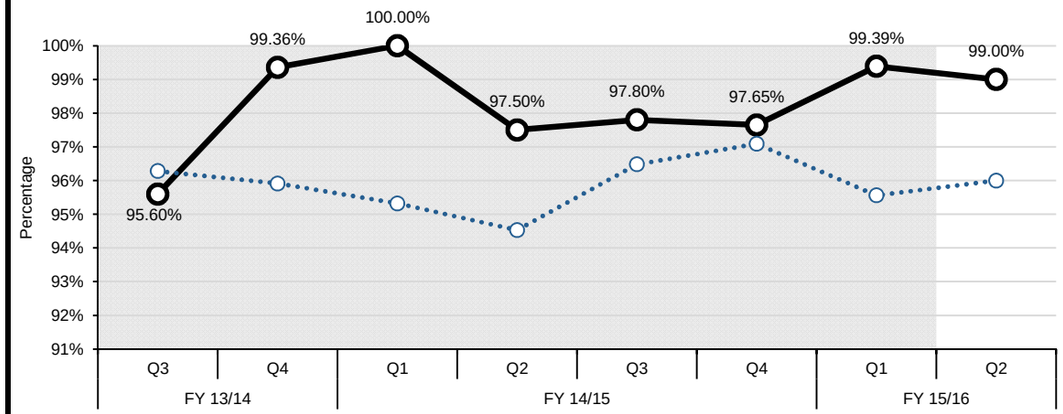
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery

Summary (Q2 FY 15/16)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 28 Days	Priority 4: 84 Days	Combined	
	84.31%	91.65%	98.62%	93.73%	87.03%



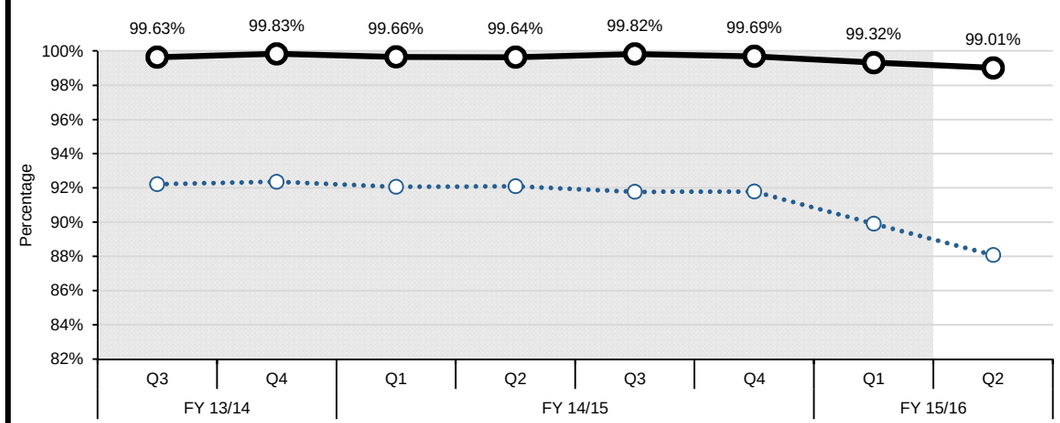
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery

Summary (Q2 FY 15/16)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 42 Days	Priority 4: 90 Days	Combined	
	100.00%	97.00%	100.00%	99.00%	96.00%



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

Summary (Q2 FY 15/16)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	80.95%	98.75%	99.16%	99.01%	88.07%



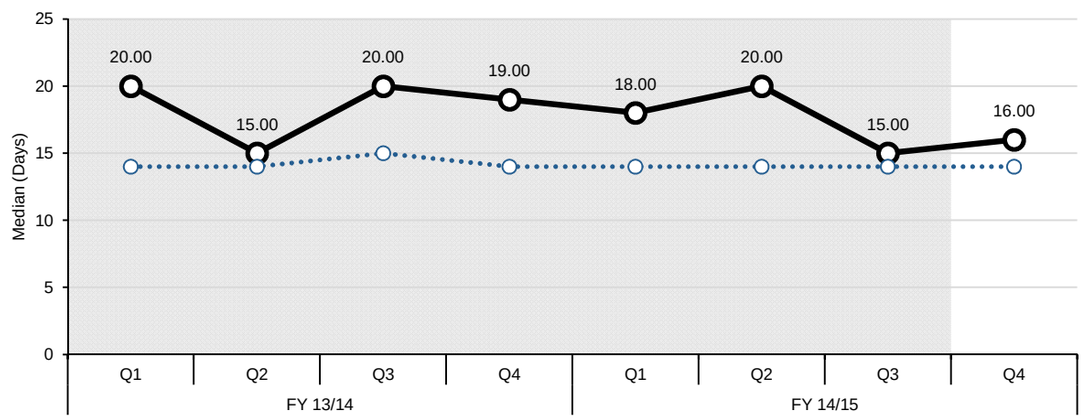
Central LHIN

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)

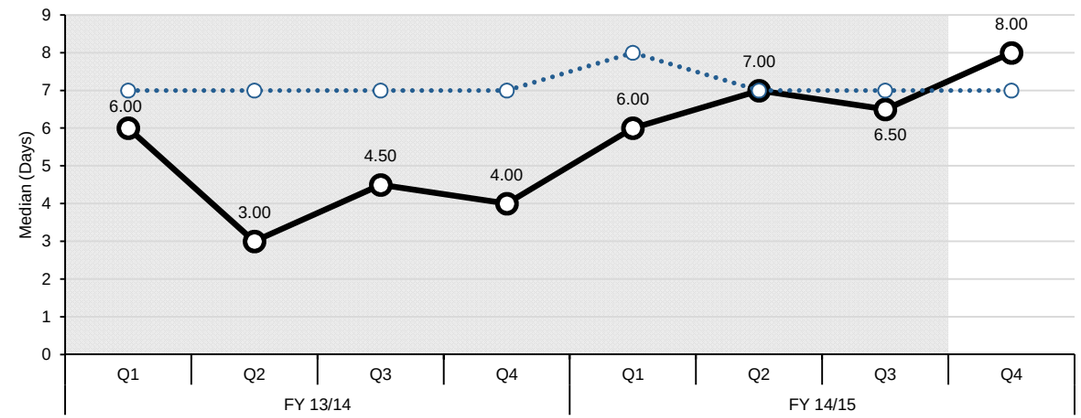
CCAC wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

Summary (Q4 FY 14/15)	LHIN Performance	Provincial Performance
	16.00 Days	14.00 Days



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

Summary (Q4 FY 14/15)	LHIN Performance	Provincial Performance
	8.00 Days	7.00 Days



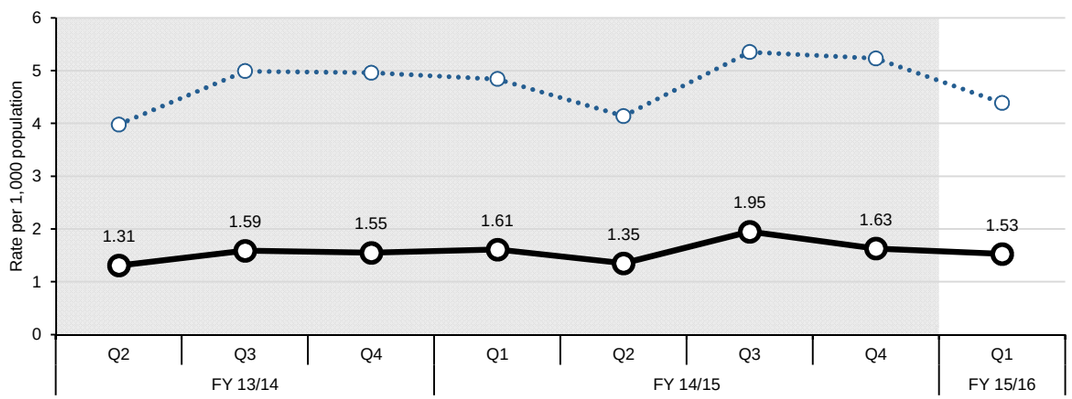
Central LHIN

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)

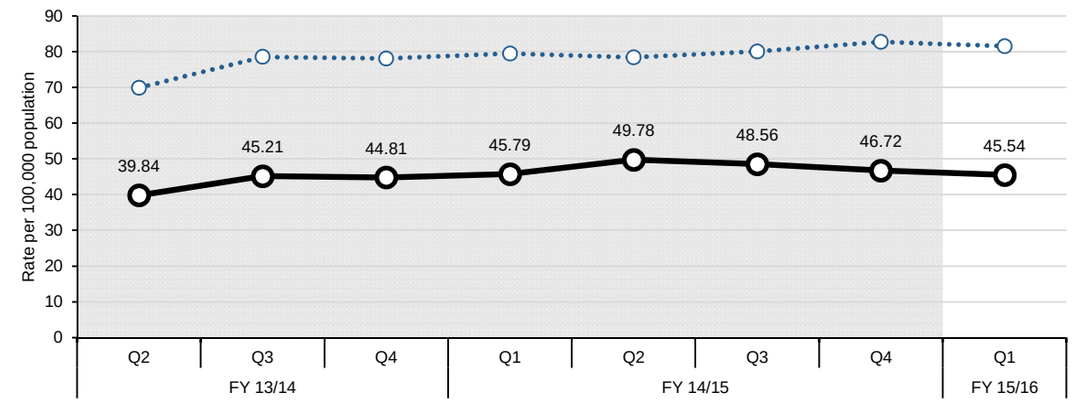
Rate of emergency visits for conditions best managed elsewhere

Summary (Q1 FY 15/16)	LHIN Performance	Provincial Performance
	1.53	4.39



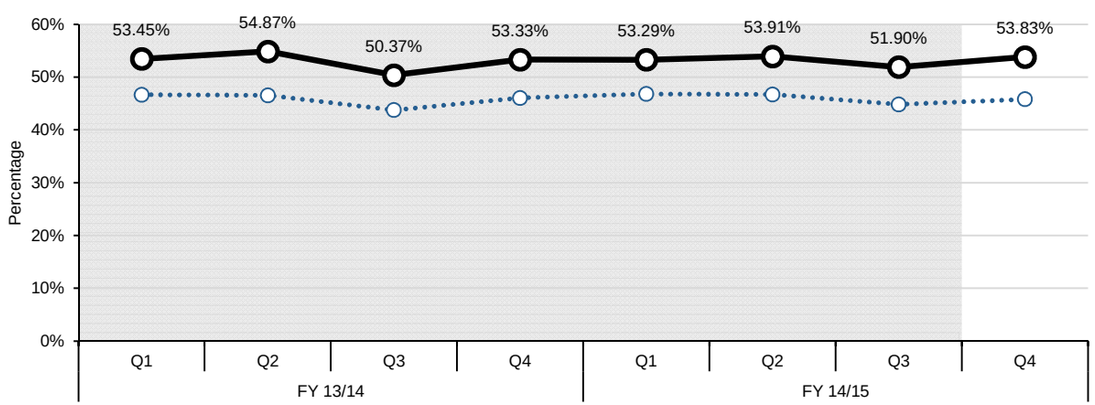
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q1 FY 15/16)	LHIN Performance	Provincial Performance
	45.54	81.52



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

Summary (Q4 FY 14/15)	LHIN Performance	Provincial Performance
	53.83%	45.80%



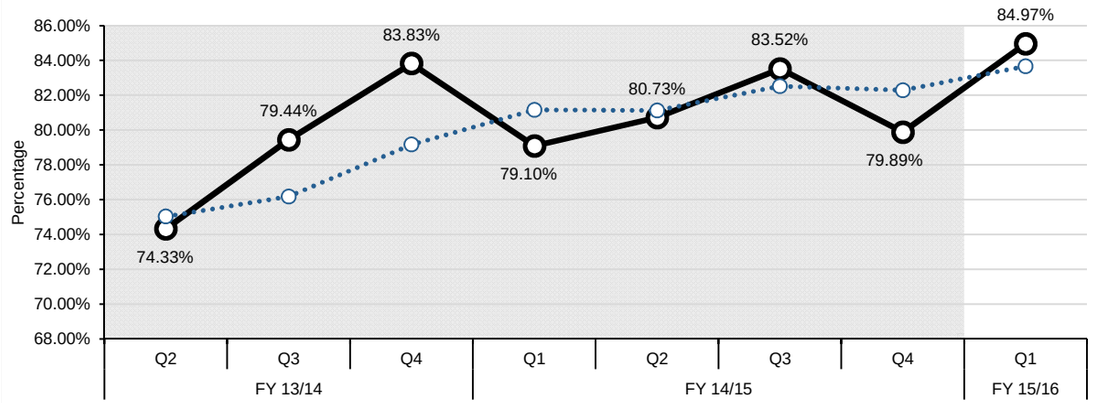
Central LHIN

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 (Q1 FY 15/16)	LHIN Performance	Provincial Performance
	84.97%	83.67%



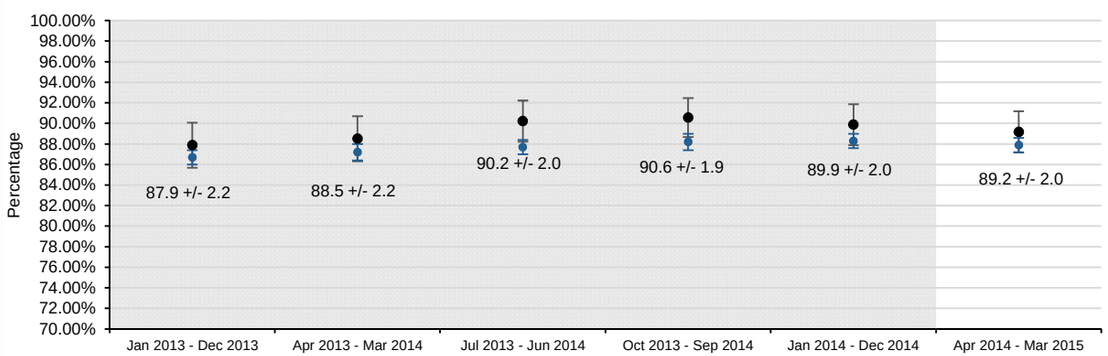
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Apr 2014 - Mar 2015)	LHIN Performance	Provincial Performance
	89.2% +/- 2.0%	87.9% +/- 0.7%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

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

PERFORMANCE INDICATORS	Reporting Quarter	PROV. TARGET	PROV.	LHIN													
				ESC	SW	WW	HNHB	CW	MH	TC	C	CE	SE	CHMP	NSM	NE	NW
HOME AND COMMUNITY CARE																	
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	Q1 15/16	95.00%	84.14%	90.36%	87.92%	86.81%	90.57%	93.83%	91.30%	87.77%	83.30%	88.12%	84.50%	68.31%	79.88%	82.08%	78.43%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q1 15/16	95.00%	93.63%	94.98%	92.91%	94.75%	93.20%	96.56%	95.02%	91.19%	93.44%	96.29%	90.51%	91.46%	92.32%	93.64%	89.08%
90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)	Q1 15/16	21.00 Days	30.00	18.00	20.00	13.00	25.00	16.00	27.00	27.00	35.00	25.00	19.00	95.00	55.00	55.00	33.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q2 15/16	8.00 Hours	9.82	9.38	7.67	7.27	12.22	10.15	9.53	12.20	9.70	9.33	8.77	10.17	9.03	8.48	9.42
90th percentile ED length of stay for minor/uncomplicated patients	Q2 15/16	4.00 Hours	4.03	3.98	3.53	4.07	4.43	3.70	3.60	4.42	3.25	3.92	4.42	4.50	4.50	3.93	4.00
Percent of priority 2, 3 and 4 cases completed within access target for MRI scan	Q2 15/16	90.00%	36.14%	37.70%	30.49%	31.62%	44.55%	34.15%	23.41%	30.34%	41.92%	42.85%	49.27%	30.56%	24.12%	44.70%	28.59%
Percent of priority 2, 3 and 4 cases completed within access target for CT scan	Q2 15/16	90.00%	75.77%	95.53%	72.21%	86.97%	72.64%	65.74%	64.71%	64.24%	85.54%	88.55%	83.68%	65.67%	71.80%	74.09%	49.59%
Percent of priority 2, 3 and 4 cases completed within access targets for hip replacement	Q2 15/16	90.00%	78.84%	81.25%	66.29%	56.55%	78.43%	69.84%	71.19%	78.61%	96.25%	95.45%	59.33%	84.14%	80.58%	85.80%	87.34%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q2 15/16	90.00%	78.89%	74.54%	64.78%	55.52%	78.40%	79.91%	55.70%	84.83%	96.56%	87.72%	69.16%	91.39%	81.90%	82.12%	68.60%
Percentage of alternate level of care (ALC) days	Q1 15/16	9.46%	14.75%	16.62%	8.10%	12.60%	17.19%	5.56%	13.30%	11.06%	13.99%	14.55%	16.05%	12.70%	19.43%	32.90%	18.52%
ALC rate	Q2 15/16	12.70%	13.89%	20.99%	11.19%	9.16%	13.49%	5.30%	11.06%	11.68%	13.38%	17.78%	18.83%	12.87%	15.24%	19.33%	26.85%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q1 15/16	16.30%	19.91%	18.65%	17.62%	16.37%	18.83%	24.39%	16.46%	28.23%	18.47%	19.63%	20.98%	17.83%	15.40%	18.01%	16.89%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q1 15/16	22.40%	33.77%	22.46%	22.53%	23.06%	27.62%	31.57%	26.82%	44.89%	24.15%	28.61%	30.87%	30.04%	25.31%	36.42%	45.05%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q4 14/15	15.50%	16.08%	15.06%	15.61%	14.76%	14.94%	15.50%	15.12%	17.98%	15.86%	16.59%	16.35%	16.82%	16.56%	16.98%	15.54%

Central LHIN

INDICATOR NOTES

All Indicators

Historical data is not refreshed, 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.

2. For Q1 2013/14, the methodology for this indicator was revised to align with Health Quality Ontario: exclude first services that were respite (15); placement (14) or other (99). In addition the first service record must now be coded with In-Home SRC codes (91-95). These new criteria had a minimal effect on the 90th percentile - 50% of the LHINs had no change, the other 50% had on average between 1 - 2 day difference. Overall an additional 0.3% of clients were excluded compared to the previous methodology. The previous quarters have been updated with the most recent data and using the revised methodology for trending purposes. For Q2 2013/14, the ministry completed its physiotherapy reform in 2013 which included an expansion of in-home physiotherapy for 60,000 more seniors and people with mobility issues. As part of this initiative, CCACs were asked to clear current physiotherapy waitlists in order to manage the substantial influx of new physiotherapy clients post-August 1, 2013. As a result of these changes, there has been an increase in the 90th percentile wait time (33 days to 48 days provincially) and a 32% increase in new clients from Q1 2013/14 to Q2 2013/14. Given the scope of this change it is expected that increased wait times will also be observed in the remainder of 2013/14.

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

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

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

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

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.