

2016/17 MAAA Quarter 2 Stocktake Scorecard - CLHIN Performance

Date produced: Nov 2016; Date of next issue: Feb 2017

Appendix B

LEGEND

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

Performance Indicators	CLHIN Target 2016-17	Performance		Better than ON?	CLHIN Ranking*	CLHIN Trend from Q1 2010/11 - YTD	Overall Improvement since 2010/11?	Comments & CLHIN Initiatives Focused on Improving Performance	
		CLHIN	ON						
Home and Community: Reduce wait time for home care (improve access); More days at home (including end of life care)									
% of Home Care Clients with Complex Needs who received 1st Personal Support (PS) Visit within 5 Days of date they were Authorized for PS Services (Q1 16/17)	95%	79.46%	87.43%		13		YES	PSS - The Central CCAC has experienced consistently high volumes of referrals for complex patients for Personal Support Services (PSS), which impacts the number of patients receiving their PSS within the 5 day target. In addition, during this timeframe, there was a focused effort to reduce the wait list and as clients were released from the wait list, wait times for service became reportable having a negative impact on the indicator. CLHIN continues to work with the Central CCAC on its improvement plans to address performance for this indicator. The LHIN continues to target investments to the CCAC and in assisted living and PSS in the community support services sector.	
% of Home Care Clients who received 1st Nursing Visit within 5 Days of the Date they were Authorized for Nursing Services (Q1 16/17)	95%	95.04%	94.75%	✓	6		YES	Nursing - The target was met this quarter. With increasing utilization of nursing clinics and an 8th clinic that was opened in Fall 2016 it is expected that performance will be maintained.	
90P Wait Time from Community for CCAC In-Home Services: Application from Community Setting to 1st CCAC Service (excl case management) (Q1 16/17)	21 days	57.00	30.00		14		NO	In-Home Services - Wait times for therapies (Physiotherapy, Occupational Therapy) and PSS are the main drivers for wait times for In-Home Services. The increase in overall wait times is attributed to the release of long wait patients from the CCAC PSS waitlist. The Central CCAC is reviewing clinical pathways for Physiotherapy services to identify improvement strategies to address wait times and increase enrollment of new patients to PT services.	
System Integration and Access: Provide care in the most appropriate setting; Improve coordinated care; Reduce wait times (specialists, surgeries)									
90P ED Length of Stay (hours) for Admitted and Non-admitted Complex Patients (Q2 16/17)	8 hours	9.85	10.13	✓	8		YES	CLHIN performance is slightly lower in Q2 2016/17 than the previous quarter. MH and SRHC continue to experience performance challenges driven by inpatient bed availability. CLHIN hospitals continue to have focused initiatives in place to improve LOS for admitted patients, which is the main driver of performance for this indicator. Patient/bed flow strategies are being implemented in MSH and NYGH and both hospitals show improvement in this indicator. CLHIN will continue to work with the ED working group to identify opportunities for improvement.	
90P ED LOS for Uncomplicated Patients (Q2 16/17)	4 hours	3.52	4.15	✓	1		YES	CLHIN continues to meet the LHIN target and is ranked #1 in the province on performance for this indicator.	
% of Priority 2, 3, and 4 Cases Completed Within Access Target for MRI Scans (Q2 16/17)	90%	P2: 2 days P3: 2-10 days P4: 28 days	50.71%	38.37%	✓	2		YES	Although CLHIN MRI performance has steadily improved over the last three quarters, hospitals continue to experience a significant increase in demand which has impacted wait times. Hospitals are operating efficiently based on number of scans per hour. All hospitals participate in Choosing Wisely, a provincial initiative to address demand. As of November, Central LHIN has allocated close to \$500K in Urgent Priorities Funding to support wait times improvement. Hospitals have historically contributed additional volumes through their global budget and continue to do so this year. Without an increase in base funding, the hospitals are challenged to meet the provincial target. The LHIN has supported two business cases for additional MRI machines at Humber River Hospital and Stevenson Memorial Hospital, however both cases have not been funded to date. In addition, Humber River Hospital submitted a request to the LHIN to reallocate a MRI machine from Finch site to Wilson site due to the closure of the Finch site.
% of Priority 2, 3, and 4 Cases Completed Within Access Target for Diagnostic CT Scan (Q2 16/17)	90%	P2: 2 days P3: 2-10 days P4: 28 days	70.58%	74.93%		10		YES	Central LHIN allocated \$1.4M of Urgent Priorities Funding as of November to support an improvement in wait times. In addition, some Central LHIN hospitals continue to allocate global funding to CT hours and have capacity to do even more volumes. However, demand for services continue to increase and without an increase in funding, the hospitals are challenged to meet the provincial target. HRH submitted a request to the LHIN to reallocate a CT machine from Finch site to Wilson site due to the closure of the Finch site. SMH also submitted a request to the LHIN to replace an 8 year old CT machine. It is expected that these two proposals will improve CT efficiency.
% of Priority 2, 3 and 4 Cases Completed Within Access Targets for Hip Replacement (Q2 16/17)	90%	P2: 42 days P3: 84 days	96.97%	78.45%	✓	1		YES	CLHIN continues to meet the Hip and Knee performance targets and is ranked #1 in the province on performance for this indicator.
% of Priority 2, 3 and 4 Cases Completed Within Access Targets for Knee Replacement (Q2 16/17)	90%	P4: 182 days	96.24%	74.58%	✓	1		YES	

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		CLHIN	ON					
Percentage of Alternate Level of Care (ALC) Days (Q1 16/17)(closed cases, acute)	9.46%	14.50%	14.22%		8		YES	The CLHIN ALC Collaborative is currently working on several initiatives including: Implementation of a standardized pathway for engaging substitute decision makers and internal escalation for transitioning ALC patients; Implementation of an electronic ALC Dashboard across CLHIN hospitals to support the discharge planning process by having real time and predictive information for discharge planning; Implementation of the Behavioural Support Transition Resource to support patients with cognitive/responsive behaviours during transitions to appropriate discharge destinations; Establishment of transitional supports outside of the hospital for patients designated or at-risk of being designated as ALC; Development of the Integrated Care Coordination model, whereby the traditional roles of hospital discharge planning and CCAC service coordination are coordinated to facilitate patient transition; Establishment of an outpatient stroke/neurological rehab clinic at SRHC to enhance rehab capacity in an outpatient setting.
ALC Rate (Q2 16/17) (open and closed cases, acute and post-acute)	12.70%	16.13%	15.32%		10		YES	Central LHIN is also engaged with the Rehabilitative Care Alliance to implement definition frameworks for rehabilitative care, and is working with Central LHIN hospitals and their rehab partners to improve the referral processes to rehab. In addition, the CLHIN has conducted a LTC capacity plan and is implementing alternatives models of care to LTC beds.
Health and Wellness of Ontarians - Mental Health: Reduce any unnecessary health care provider visits; Improve coordination of care for mental health patients								
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions (Q1 16/17)	16.30%	18.98%	20.24%	✓	9		NO	CLHIN will continue to monitor the following pilot programs: i.) A promising practice at SRHC is the implementation of a Discharge Clinic. All patients are offered an appointment at the clinic within 30 days of the ED visit. The goal is to reduce readmission rates and preliminary analysis shows positive results. ii.) NYGH re-launched their ED Diversion Program where patients identified in the ED receive short-term case management. iii.) MH has been extending the patient's treatment period in outpatient programs leading to improved outcomes. iv.) CLHIN's two MHA Coordinated Access Centres have launched pilot programs which may improve access to community short term supports. The implementation of the CriteCall Provincial Bed Registry initiative has provided the opportunity for all hospitals to communicate daily and support one another with bed availability.
Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions (Q1 16/17)	22.40%	24.65%	33.75%	✓	1		NO	NYGH recently added an addictions case manager to their staff complement with the goal to impact repeat ED visits. NYGH is also piloting a drop-in addictions group in their day hospital for patients from the ED, in-patient unit and urgent care clinic. They continue to look for ways to increase the patient readiness for change and uptake of referrals to community services. CLHIN continues to work with the leadership of Psychiatry and EDs of CLHIN hospitals as well as our Health Service Providers to identify opportunities for improvement.
Sustainability and Quality: Improve patient satisfaction; Reduce unnecessary readmissions								
Readmissions within 30 days for selected HBAM Inpatient Grouper (HIG) conditions (Q4 15/16)	15.50%	16.32%	16.57%	✓	6		NO	COPD and CHF have the highest readmission rates of all selected HIG conditions. CLHIN continues to monitor and support the Telehomecare program which is focused on COPD and CHF. The LHIN has the largest Telehomecare program in the province with a target of 920 enrolments in FY 16/17. CLHIN continues to support the implementation of COPD/CHF QBPs and adoption of best practice pathways. Two COPD clinics are expanding outreach to primary care to increase referrals. The LHIN is monitoring these programs which are showing improved adoption and meeting or exceeding target readmission rates. CLHIN continues to support the Integrated Funding Model pilot: The North York Central Collaborative for COPD and CHF Patients.

* LHIN ranking: 1 = Best Performer, 14 = Worst Performer

Stocktake Indicator Definitions (2015 - 2018)

	Dimension	Indicator Name and Definition	Rationale	Target (FY 2016-2017)
Performance Indicators	HOME AND COMMUNITY CARE	Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date they were authorized for personal support services		
		Percentage of clients with complex needs who received CCAC in-home <u>personal support service</u> within the five day target.	Improving wait times and the quality of the home care system is a key government priority for the 600,000 people receiving home care in Ontario, 60% of whom are over 65 yrs old. - <i>A higher value is desirable</i>	95%
		Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services		
		Percentage of clients who received CCAC in-home <u>nursing</u> service within five day target.	Improving wait times and the quality of the home care system is a key government priority for the 600,000 people receiving home care in Ontario, 60% of whom are over 65 yrs old. - <i>A higher value is desirable</i>	95%
		90th percentile wait time from community CCAC in-home care services from application to first service		
		90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management).	Improving wait times and the quality of the home care system is a key government priority for the 600,000 people receiving home care in Ontario, 60% of whom are over 65 yrs old. - <i>A lower value is desirable</i>	21 days
Performance Indicators	SYSTEM INTEGRATION AND ACCESS	90th percentile emergency department (ED) length of stay for complex patients		
		The total ED length of stay where 9 out of 10 complex patients who are <u>admitted and non-admitted</u> , completed their visits.	Reducing the time people spend in the ED is a key government priority - <i>A lower value is desirable</i>	8 hours
		90th percentile ED length of stay for minor/ uncomplicated patients		
		The total ED length of stay where 9 out of 10 minor/uncomplicated <u>non-admitted patients</u> , completed their visits.	Reducing the time people spend in the ED is a key government priority - <i>A lower value is desirable</i>	4 hours
Performance Indicators	SYSTEM INTEGRATION AND ACCESS	Percent of priority 2, 3, and 4 cases completed within access targets for MRI scans		
		The percent of cases completed within each priority target as follows: Priority 2: 2 days; Priority 3: 10 days; Priority 4: 28 days.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%
		Percent of priority 2, 3, and 4 cases completed within access targets for CT scans		
		The percent of cases completed within each priority target as follows: Priority 2: 2 days; Priority 3: 10 days; Priority 4: 28 days.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%
		Percent of priority 2, 3, and 4 cases completed within access targets for hip replacement		
		The percent of cases completed within each priority target as follows: Priority 2: 42 days; Priority 3: 84 days Priority 4: 182 days.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%
		Percent of priority 2, 3, and 4 cases completed within access targets for knee replacement		
		The percent of cases completed within each priority target as follows: Priority 2: 42 days; Priority 3: 84 days Priority 4: 182 days.	Reducing wait times for key health services is a priority of the provincial government. - <i>A higher value is desirable</i>	90%
	Percentage of Alternate Level of Care (ALC) days			
	The number of ALC days as a proportion of the total length of stay in <u>acute care</u> .			
	ALC refers to the number of days where a physician has indicated that a patient occupying an acute care hospital bed but does not require the intensity of resources/ services provided in acute care (ALC) as a proportion of the total length of stay in acute care.	A reduction in ALC days results in more acute care beds being available for those who need acute treatment. - <i>A lower value is desirable</i>	9.46%	

Stocktake Indicator Definitions (2015 - 2018)

Dimension		Indicator Name and Definition	Rationale	Target (FY 2016-2017)
Performance Indicators	SYSTEM INTEGRATION AND ACCESS	Alternative Level of Care (ALC) rate		
		The proportion of inpatient days in <u>acute and post-acute care</u> settings that are spent as ALC in a specific time period. Post-acute care settings include: inpatient rehab, inpatient complex continuing care and inpatient mental health. Includes all patients that were inpatients during the specific time period and not just discharged patients (i.e. open and closed cases). For closed cases, only the ALC days that fall within the specific time period are included, and not the total length of stay.	A reduction in ALC days results in more acute and post-acute care beds being available for those who need acute and post-acute care treatment. - <i>A lower value is desirable</i>	12.70%
	HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH	Repeat unscheduled emergency visits within 30 days for mental health conditions		
		Percent of repeat emergency visits following a visit for a mental health condition within 30 days. This indicator is presented as a proportion of all mental health emergency visits.	Repeat emergency visits generally indicate premature discharge or a lack of coordination with post-discharge care. Given the chronic nature of the mental health and substance abuse conditions, access to effective community services should reduce the number of repeat unscheduled emergency visits for residents. - <i>A lower value is desirable</i>	16.30%
		Repeat unscheduled emergency visits within 30 days for substance abuse conditions		
	Percent of repeat emergency visits following a visit for a substance abuse condition within 30 days. This indicator is presented as a proportion of all substance abuse emergency visits.	Given the chronic nature of the mental health and substance abuse conditions, access to effective community services should reduce the number of repeat unscheduled emergency visits for residents. - <i>A lower value is desirable</i>	22.40%	
SUSTAINABILITY AND QUALITY	Readmissions within 30 days for selected HBAM Inpatient Grouper (HIG) conditions			
	Risk-adjusted readmission ratio for patients with an acute inpatient hospital stay for the following conditions who have a subsequent non-elective readmission within 30 days after discharge: Acute myocardial infarction, Cardiac conditions (excluding heart attack), Congestive heart failure, Chronic obstructive pulmonary disease, Pneumonia, Diabetes, Stroke, and Gastrointestinal disease.	Readmission rates are important indicators of the quality of care of inpatient and peri-discharge services, particularly as hospitals move to shorter lengths of stay and improving integration across the continuum of care. - <i>A lower value is desirable</i>	15.50%	