# MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

**LHIN: Central LHIN**

**REPORT DATE: November 2017**

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
NR: Not Reportable

Ontario

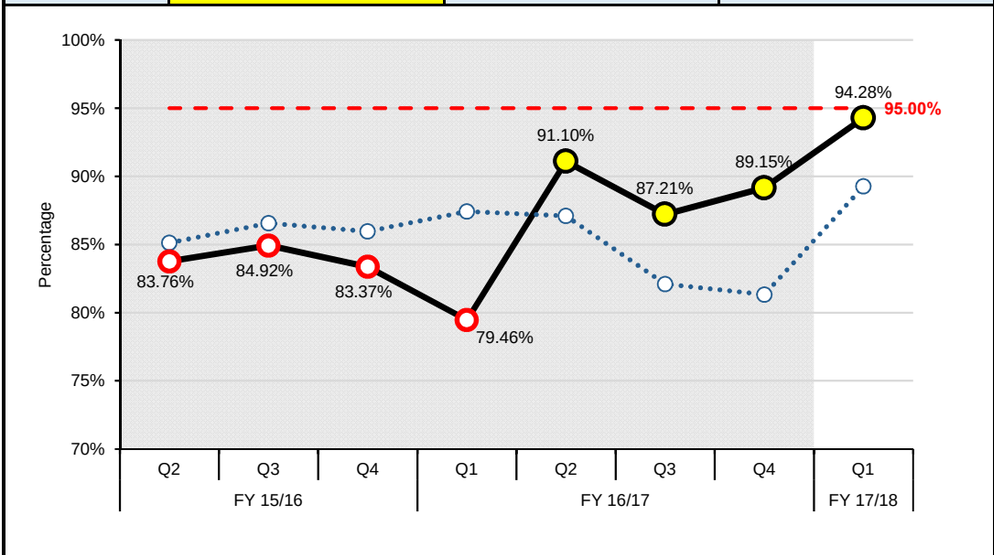
# Central LHIN

## 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 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 94.28% | 89.26% | 95.00% |




#### LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate 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) Performance of this indicator continues to improve since Q3 of 2016/17. The work that was previously completed to enhance communication with service provider organizations continues to support the process of ensuring clients receive services within 5 days. In addition, the performance improvement seen in Q1 FY 17/18 can also be attributed to the change in methodology for calculating this wait time indicator that took place in Q1 17/18. The new method now calculates the wait time from Patient Availability Date (PAD) to date of service, instead of Service Authorization Date to date of service.

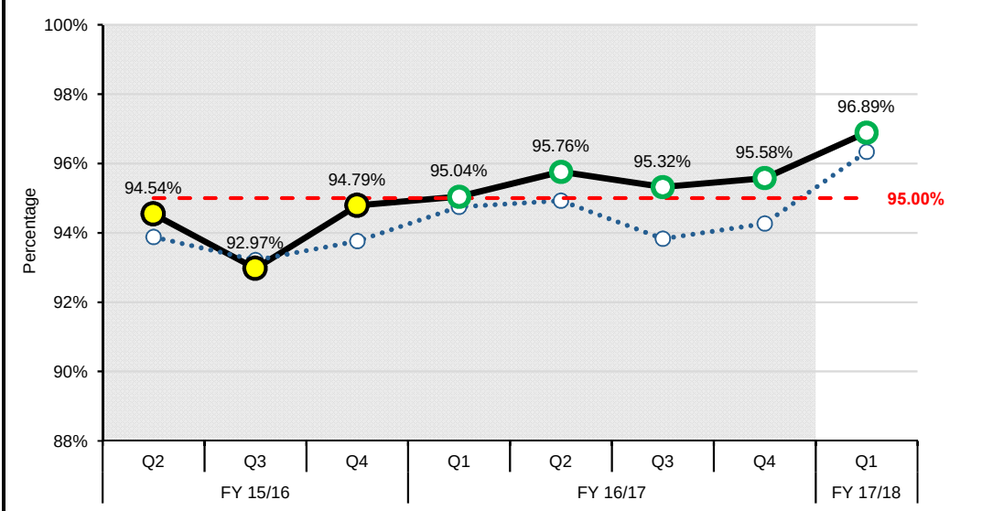
b) Central LHIN continues to work with service provider organizations to monitor the performance of this indicator on a daily basis and identify opportunities for earlier interventions. In Q3 of 2017/18, the LHIN has invested in additional Assisted Living, ABI, Attendant Outreach and Adult Day Program services to offset rising demand for personal support service.

2) Wait times from authorization to service (90th percentile) for personal support for complex patients continues to improve from 6 days in Q4 FY 16/17 to 5 days in Q1 FY 17/18, therefore allowing personal support services to begin closer to the 5 day wait time.

3) The Central LHIN is working towards meeting the target for the end of FY 2017/18.

### 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 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 96.89% | 96.34% | 95.00% |

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

1a) Central LHIN continues to sustain performance in this indicator based on the process improvements that were developed in previous quarters. The performance improvement seen in Q1 FY 17/18 can also be attributed to the change in methodology for calculating this wait time indicator that took place in Q1 17/18. The new method now calculates the wait time from Patient Availability Date (PAD) to date of service, instead of Service Authorization Date to date of service.

b) Central LHIN continues to exceed the target. The LHIN is continuing to monitor this measure on a weekly basis to ensure that the performance is sustained.

2) Wait times from authorization to service (90th percentile) for nursing services remain consistently at 3 to 4 days for the past 4 quarters.

3) The Central LHIN expects to continue to meet the target.

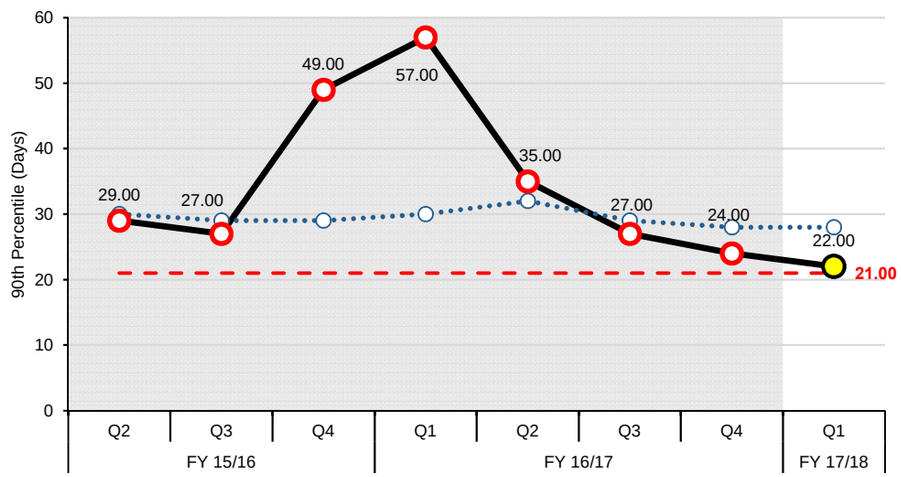
# Central LHIN

## 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 (Q1 FY 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 22.00 Days | 28.00 Days | 21.00 Days |

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1a) Central LHIN 2017/18 Q1 performance has improved when compared to 2016/17 Q4 and is now ranked 3rd in the province. Performance has steadily improved since Q1 of 2016/17. Three new improvement strategies were rolled out, which are contributing factors to the improved performance:

i. An existing dashboard was enhanced to improve visibility of patients waiting for service, which has allowed staff who coordinate care to work proactively to start services within 21 days;
ii. The practice of scheduling initial home visits at the time of intake was expanded to all community teams;
iii. Collaboration with rehab Service Provider Organizations led to a revised service offer process, thus improving response time.

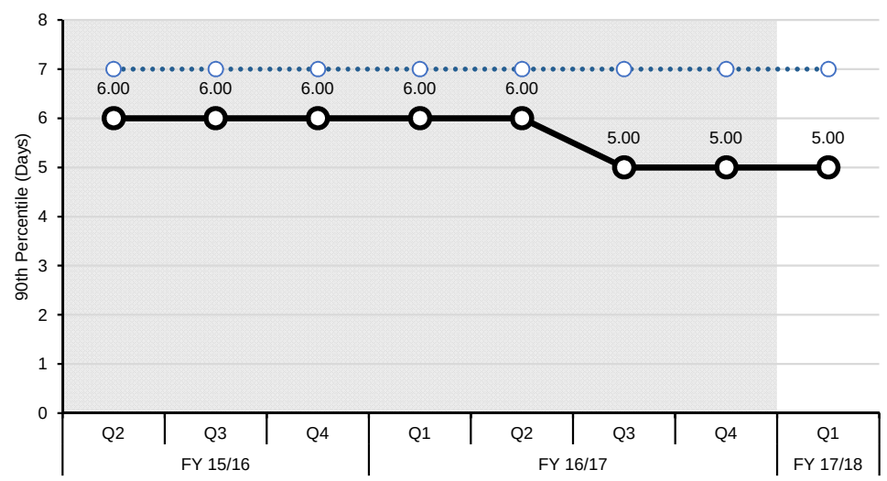
b)The Central LHIN will focus on ensuring compliance to existing strategies over the next quarter, in order to continue to improve performance for this indicator.

2) Short Stay Rehab wait times continue to decrease from 31 days in 2016/17 Q2 to 26 days in 2017/18 Q1. Short Stay Acute has remained consistent at 7 days.

3) The Central LHIN is working towards meeting the target by the end of FY 2017/18.

### 90th percentile wait time from hospital discharge to service initiation for home and community care

| Summary (Q1 FY 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 5.00 Days | 7.00 Days | TBD |

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

1a) Central LHIN continues to perform better than the provincial average and has the lowest wait time at 5 days.

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) If cost mitigation strategies are implemented there is a risk of declining performance.

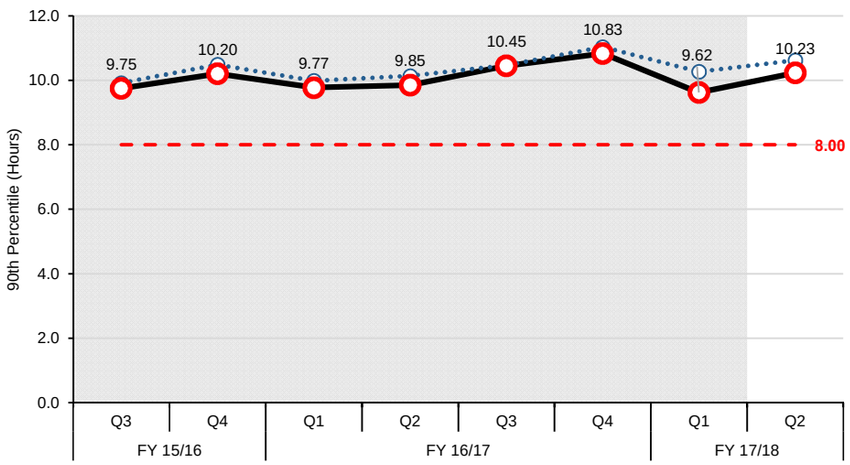
# Central LHIN

## 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 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 10.23 Hours | 10.62 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 continues to have the highest ED volumes for complex patients among all 14 LHINs in Q2 FY 17/18. Four Central LHIN hospitals were among the top ten hospitals in the province with the highest ED volumes for complex patients: Humber River Hospital (ranked 1st), North York General Hospital (ranked 3rd), Mackenzie Hospital (ranked 5th), and Southlake Regional Health Centre (ranked 8th).

Central LHIN's 90P ED LOS for Complex Patients increased from 9.6 hrs in Q1 FY 17/18 to 10.2 hrs in Q2 FY 17/18. All of the Central LHIN's hospitals have focused initiatives to improve patient flow and ED capacity targeting length of stay for the complex 'admitted' patients. Central LHIN hospitals continue to enhance their ED performance by redesigning staffing resources to meet the needs of their respective patient populations. Examples include realigning physicians' hours to match high volume periods, and expanding General Internal Medicine Clinic (GIMs) hours and staffing on weekends. Further, the opening of The Reaction Care Centre - A Central LHIN Hospitals Collaborative at the Humber River Finch Site in December; and the provincial investment in opening hospital surge beds will help to create system capacity and facilitate patient flow through hospital EDs.

The two key drivers for this indicator in Q2 FY 17/18 continue to be Mackenzie Health and Southlake Regional Health Centre.
Mackenzie Health's performance declined from 12.7 hrs in Q1 FY 17/18 to 14.6 hrs in Q2 FY 17/18. However, the hospital has reported that the launch of their new EMR system in July 2017 resulted in missed data entries and delays in patient flow through the ED. Thus, the LOS captured through the ATC WTIS system may not be reflective of reality. The hospital is working towards mitigating the data quality issues by Q4 FY 17/18. Bed capacity in the hospital continues to be an challenge. The hospital has indicated that they will continue to experience challenges in ED LOS until their new Vaughan hospital site is built. In the interim, the hospital has implemented ED initiatives to enhance capacity and redirect patients to more appropriate treatment areas to support patient flow.

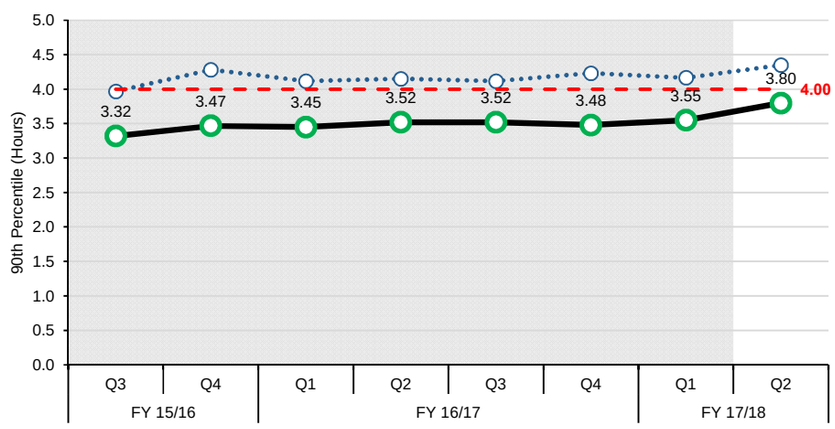
Southlake's performance for this indicator has improved slightly from the previous quarter (from 14.2 hrs in Q1 FY 17/18 to 14.0 hours in Q2 FY 17/18). The hospital continues to have challenges related to inpatient bed capacity, which is reflected in the LOS for its admitted patients (38.1 hrs in Q2). The hospital continues to implement initiatives to redesign its bed flow operations to mitigate capacity challenges, including the implementation of routine morning rounds by patient flow navigators to facilitate direct discharge from ED. They have also implemented (in Q2 FY 17/18) an ED "overnight stay unit" (ONSU) to allow more frequent ED physician rounds and facilitate timely discharges.

The Central LHIN has received $1,169,000 in one-time funding from the Ministry of Health and Long Term Care (MOHLTC) to develop and implement short-term transitional care models that will provide restorative care services and facilitate patient transitions from acute care. Central LHIN is also working with its hospitals and Home and Community Care to support the launch of the Reactivation Care Centre - A Central LHIN Hospitals Collaborative at the Humber River Finch Site in December 2017. This initiative will help to create capacity (five 30-32 ALC bed units) for acute medicine inpatient beds and facilitate patient flow at 5 Central hospitals. The recent provincial investment in opening hospital surge beds will also help to create system capacity and facilitate patient flow through Central LHIN hospital EDs.

The LHIN continues to host bi-monthly ED working group meetings for the purpose of planning, implementing, and evaluating performance measures to improve the delivery of emergency services in the Central LHIN hospitals, as well as for knowledge exchange on best practices.

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

| Summary (Q2 FY 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 3.80 Hours | 4.35 Hours | 4.00 Hours |




**LHIN COMMENTS**

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

The Central LHIN continues to exceed the LHIN and provincial target on this indicator, and is ranked #2 (tied with South West, and Mississauga Halton LHINs) amongst all LHINs in Q2 FY 17/18. This is a slight drop in rank (from #1 to #2) from Q1 to Q2 FY 17/18. 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, and increased access to Diagnostic Imaging services.

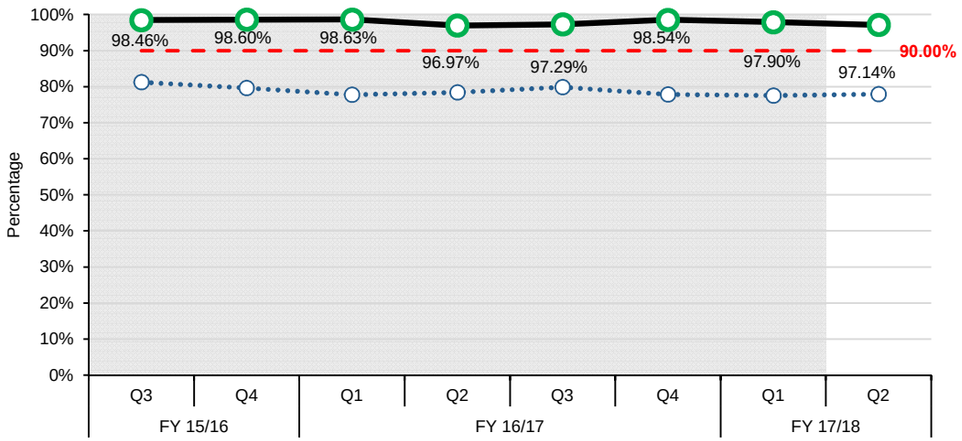
# Central LHIN

## 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 17/18) | Provincial Target (FY 17/18) (Combined): 90.00% | | | | |
|---|---|---|---|---|---|
| | LHIN Performance | | | | Provincial Performance (Combined) |
| | Priority 2: 42 Days | Priority 3: 84 Days | Priority 4: 182 Days | Combined | |
| | NV | 100.00% | 96.89% | 97.14% | 77.98% |



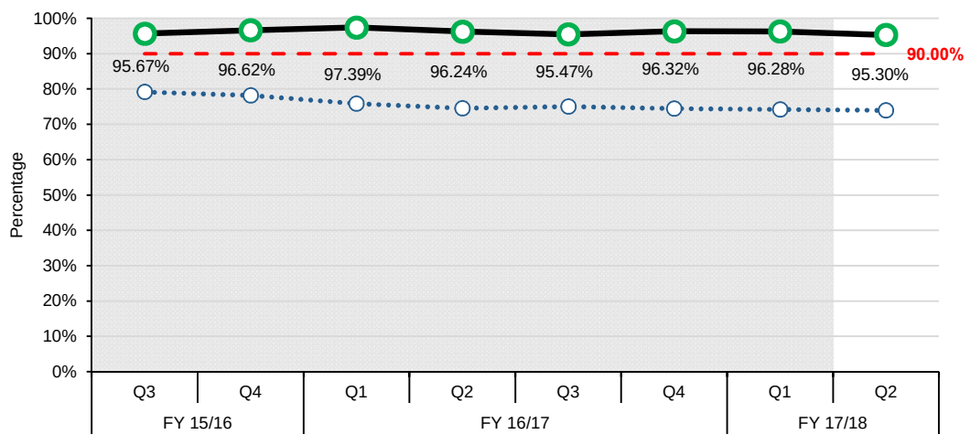

**LHIN COMMENTS**

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 continues to sustain existing initiatives to ensure performance remains better than the provincial target. 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 17/18) | Provincial Target (FY 17/18) (Combined): 90.00% | | | | |
|---|---|---|---|---|---|
| | LHIN Performance | | | | Provincial Performance (Combined) |
| | Priority 2: 42 Days | Priority 3: 84 Days | Priority 4: 182 Days | Combined | |
| | NV | 91.30% | 95.57% | 95.30% | 73.98% |




**LHIN COMMENTS**

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Central LHIN continues to sustain existing initiatives to ensure performance remains better than the provincial target. Central LHIN hospitals have implemented the QBP clinical pathway for this service.

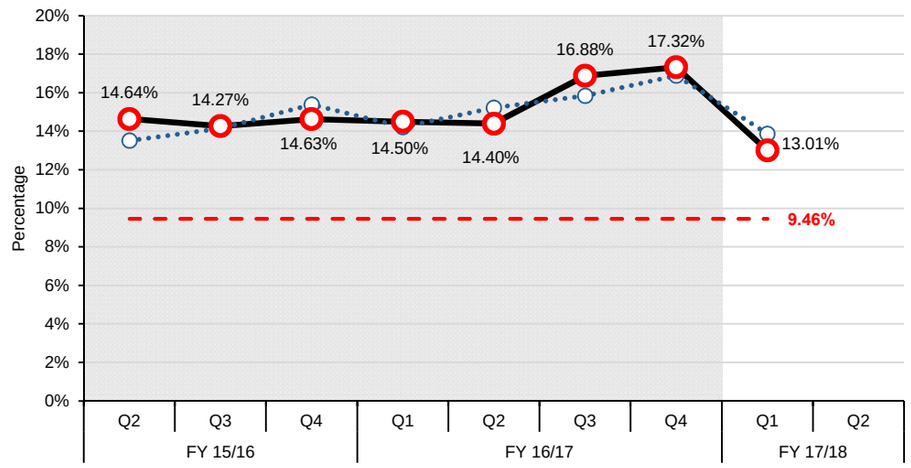
# Central LHIN

## 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 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 13.01% | 13.87% | 9.46% |




#### LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate 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?

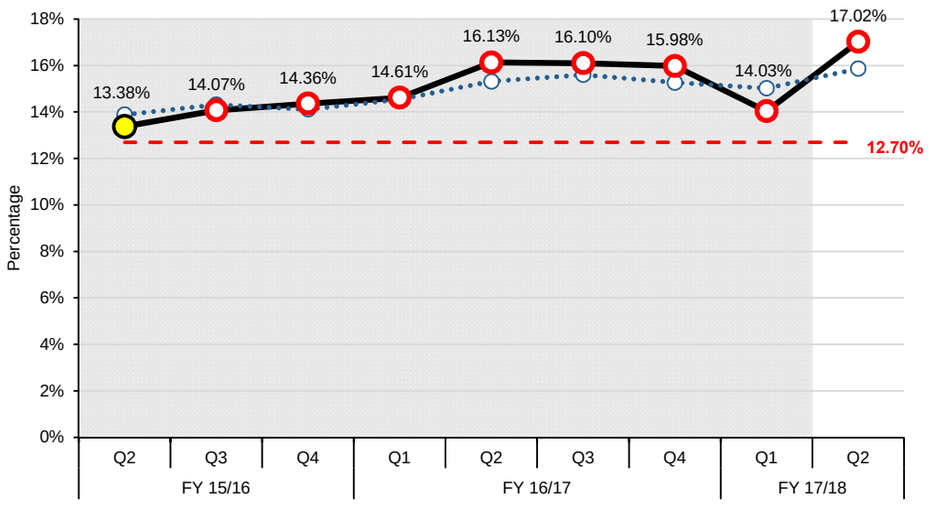
1a) The Percentage of ALC Days in Central LHIN noticeably decreased from 17.32% in Q4 FY 16/17 to 13.01% in Q1 FY 17/18. This corresponds to the lowest Percentage of ALC days in Central LHIN in 2 fiscal years. Performance on this indicator was driven by an 18.6% decrease in the volume of ALC discharges in Central LHIN hospitals and 28.6% decrease in the volume of long-stay (>100 days) ALC discharges between Q4 FY 16/17 and Q1 FY 17/18.
b) The Central LHIN has allocated $375,000 in annualized base funding to the Behavioural Support Transition Resource program, which provides transitional support services to hospital inpatients with cognitive and/or responsive behaviours. The LHIN has funded the development and implementation of an electronic ALC Dashboard in 5 of the 6 Central LHIN hospitals. Central LHIN has funded 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 (MOHLTC), and has implemented a short-term Transitional Care at Home pilot project that provides restorative and personal care services to patients to facilitate transitions from acute care. Additionally, Central LHIN is working with its hospitals and Home and Community Care to support the launch of the Reactivation Care Centre - A Central LHIN Hospitals Collaborative at the Humber River Finch Site in December 2017. This initiative will help to create capacity (five 30-32 ALC bed units) for acute medicine inpatient beds and facilitate patient flow at 5 Central hospitals. In addition, the Central LHIN is engaged in strategic planning and phased implementation of a project that will integrate the traditional roles of Hospital discharge planning and Home and Community Care service coordination.

2. Improvement on this indicator was driven by a reduction in the cumulative ALC days for discharged cases between Q4 FY 16/17 and Q1 FY 17/18 at 5 of 6 Central LHIN hospitals. The largest reduction in Percentage of ALC days was seen at Humber River Hospital (HRH) and North York General Hospital (NYGH):
- HRH: 32.4% reduction on this indicator (18.0%, Q4 FY 16/17; 12.16% Q1 FY 17/18), and 43.1% decrease in the number of ALC days (8735 ALC days in Q4 FY 16/17; 4941 ALC days in Q1 FY 17/18);
- NYGH: 33.1% reduction on this indicator (20.65%, Q4 FY 16/17; 13.82% Q1 FY 17/18), and 76.6% decrease in the number of ALC days (6968 ALC days in Q4 FY 16/17; 3945 ALC days in Q1 FY 17/18).

3.The Central LHIN does not expect to meet the provincial target in FY 17/18, but will continue to plan and implement strategic ALC initiatives.

### ALC rate

| Summary (Q2 FY 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 17.02% | 15.87% | 12.70% |

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

Please note that for Q1 17/18 Alternate Level of Care (ALC) Rate, only April and May 2017 data is included, June 2017 data is not reported. See Data Quality Notes for more information.
1a) The ALC Rate in Central LHIN increased from 14.03% in Q1 FY 17/18 to 17.02% in Q2 FY 2017/18. The top 3 discharge destinations for ALC patients in Central LHIN continues to be Long-Term Care (LTC) Home, Home with CCAC services, and Inpatient Rehabilitation, with the majority designated ALC to LTC. For open ALC cases in Q2 FY 17/18, 54.1% of ALC cases and 83% 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, and thus negatively impacts the ALC Rate.

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

2. Performance on this indicator was driven by an increase in the ALC Rate at 5 of 6 Central LHIN hospitals. The greatest increases were seen at Markham Stouffville Hospital (MSH) and North York General Hospital (NYGH).
- MSH: 36.7% increase in ALC rate (13.9% in Q1 FY 17/18; 19.0% in Q2 FY 17/18). Despite the volume of open ALC cases remaining consistent between Q1 FY 17/18 (51) and Q2 FY 17/18 (49), the hospital experienced an 88.5% increase in the total number of ALC days as compared to the previous quarter (2403 in Q1 FY 17/18; 4538 in Q2 FY 17/18). Of the open ALC cases at MSH in Q2 FY 17/18, 55.1% were awaiting placement in LTC, which accounted for 82.3% of total ALC days.
- NYGH 30.8% increase in ALC rate (16.9% in Q1 FY 17/18; 22.1% in Q2 FY 17/18). The hospital had fewer open ALC cases in Q2 FY 17/18 (63) than in Q1 FY 17/18 (71); however, the hospital experienced a 66.6% increase in the total number of ALC days as compared to the previous quarter (3947 in Q1 FY 17/18; 6575 in Q2 FY 17/18). Of the open ALC cases at NYGH in Q2 FY 17/18, 47.6.% were awaiting placement in LTC, which accounted for 74.6% of total ALC days.

3. The Central LHIN will strive to meet the provincial target in FY 17/18, through continued planning and implementation of strategic ALC initiatives.

Ontario

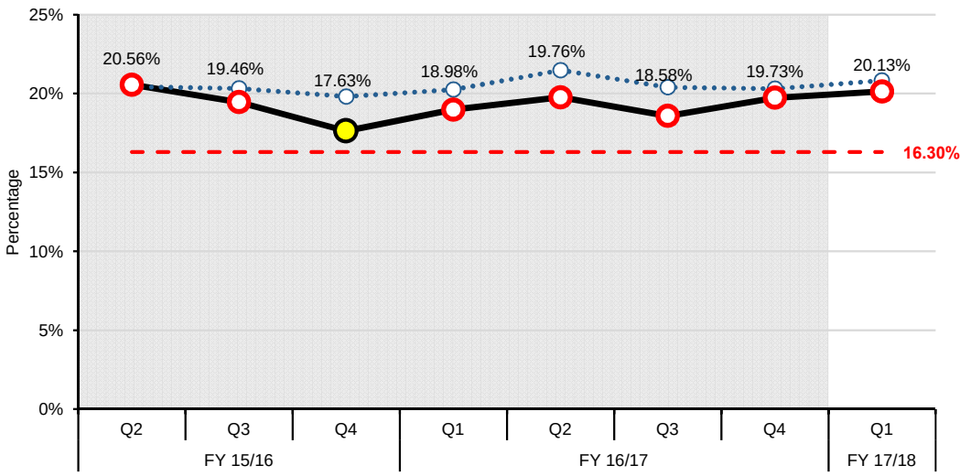
# Central LHIN

## 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 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 20.13% | 20.82% | 16.30% |

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

1a) The percentage of repeat unscheduled emergency visits has increased from 19.73% (Q4, FY16/17) to 20.13% (Q1, FY17/18). This can be attributed to one key factor, a core group of frequent ED users who continue to influence the percentage of repeat visits, especially among the top three hospitals with the highest repeat visits, Southlake Regional Health Centre (SRHC), Mackenzie Health (MH), and Humber River Hospital (HRH).

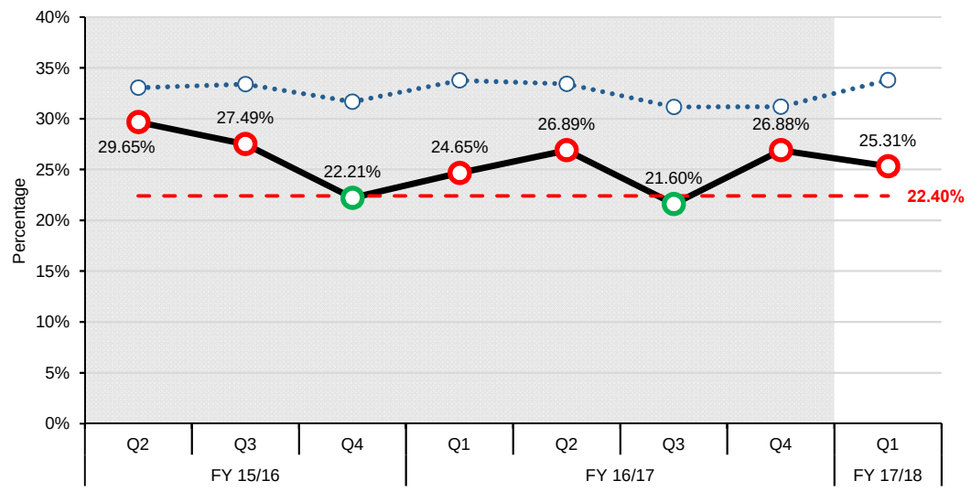
1b) The Central LHIN has been working with key stakeholders regarding the proposed creation of a Mental Health Hub aimed at providing the right care, at the right time, in the right place. In response to the increased demand of emergency department utilization, agencies within Central LHIN came together to identify new partnership solutions to address the growing need in Central LHIN. The group at large, consisting of senior level membership from York Region hospitals, community mental health and addictions providers, the Region of York, and a consumer/survivor agency, has the intent of diverting unnecessary ED visits and providing care in a community setting (for both mental health and addictions). Central LHIN is investing in an Assertive Community Treatment (ACT) Team in South Simcoe, to address a service gap in the north for those with serious mental illness and complex needs who often present in the ED.

2. HRH introduced a Crisis nurse dedicated to the ED and ARCS (ED diversion) and is having a positive impact on the management and follow-up post discharge of mental health patients who visit the ED. Mackenzie Health had a number of repeat visits from a small group of patients. Many of these patients present with psychosis as well as substance abuse issues (concurrent disorder) and decline treatment and/or harm reduction strategies. Without proper treatment in the community, patients are at a high risk of revisiting the ED. SRHC noted an increase in the number of apprehensions, and the number of patient visits due to neurotic, stress-related and somatorform disorders and mood disorders. Additionally, it was mentioned that with increasing hospital bed pressures, psychiatrists may feel the urgency to discharge patients from the ED (or inpatient units) to help facilitate patient flow from the ED.

3. The Central LHIN will not reach the provincial target in 17/18, however, we continue to plan for, and implement strategies specific to, ED diversion and will strive to achieve the provincial target.

### Repeat unscheduled emergency visits within 30 days for substance abuse conditions

| Summary (Q1 FY 17/18) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 25.31% | 33.80% | 22.40% |




#### LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate 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 repeat unscheduled emergency visits has decreased from 26.88% (Q4, FY16/17) to 25.31%, however, above the provincial target of 22.4% . This can be attributed in part to patients' choice in seeking or receiving treatment, a small percentage of patients accounting for a disproportionate number of repeat ED visits, as well as addictions related program awareness by ED staff and physicians.

1b) Please see response from 1b) in the Mental Health section above regarding the proposed Mental Health Hub. Additionally, Central LHIN has continued an investment in the Rapid Access Addiction Medicine (RAAM) Clinic housed at SRHC and these clinics will be expanded to each of Central LHIN's remaining sub-regions as part of the provincial opioid strategy. Furthermore, Central LHIN has completed its" Three-Year Addictions Strategy that outlines specific opportunities to better address addiction issues within the community, incorporating thoughts from people with lived experience (PWLE) and in alignment with the provincial opioid strategy.

2) North York General Hospital (NYGH) provided education to emergency room physicians about their diversion program and ability to accept referrals for patients who present to the ED with substance use concerns. NYGH's ambulatory program has been revised as of September 11, 2017, and they now have an open addictions group which accepts patients at any time. NYGH will also be working with the medical program to ensure they refer to the consultation liaison team for patients who are admitted for withdrawal and who are awaiting a bed in the emergency department. The addictions nurse can see the patient in ED and assess readiness for treatment.

HRH has noted there is less staff expertise in addictions than in mental health. Patients with substance abuse are often medically stabilized in the ED and then discharged home with written recommendations and recommendations for community follow up on their own. Patient feedback has indicated that patients would prefer a warm hand-off while in the ED. The ARCS program will assist in increasing knowledge capacity within their ED staff.

3) The Central LHIN will continue to plan for and implement strategies specific to ED diversion, and will strive to achieve the provincial target in FY17/18.

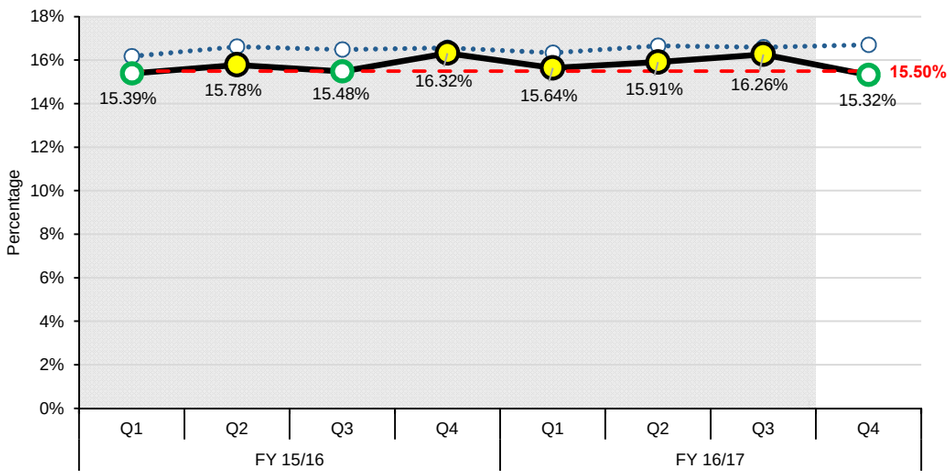
# Central LHIN

## 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 16/17) | LHIN Performance | Provincial Performance | Provincial Target (FY 17/18) |
|---|---|---|---|
| | 15.32% | 16.71% | 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 performance in Q4 FY 16/17 improved (15.32%) from prior quarters and met the provincial target. A number of initiatives have been implemented across Central LHIN which have had a positive impact on 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). Specifically, the Vaughan CHC launched their 12-week interdisciplinary Pulmonary Rehabilitation (PR) program in Q3 of 2016/17.

3) Continued monitoring and support to six adult Diabetes Education Programs (DEPs) and two pediatric DEPs.

4) Implementation of over 380 exercise and 240 falls prevention classes for seniors, including 20 classes that have been designated "Breathe Better" classes tailored for seniors at risk of COPD and/or CHF.

5) Implementation of QBPs and the adoption of best practice pathways for patients with COPD, CHF, Pneumonia and Stroke. An outpatient neurological/stroke rehab clinic was piloted at Southlake Regional Health Centre in December 2016, to enhance outpatient rehab capacity for stroke patients in the community.

6) 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. Specifically, the MOH is committed to support the North York Central ICC COPD/CHF pilot (along with two other COPD/CHF pilot projects across the province) for an additional year (FY 18/19).

7) 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.

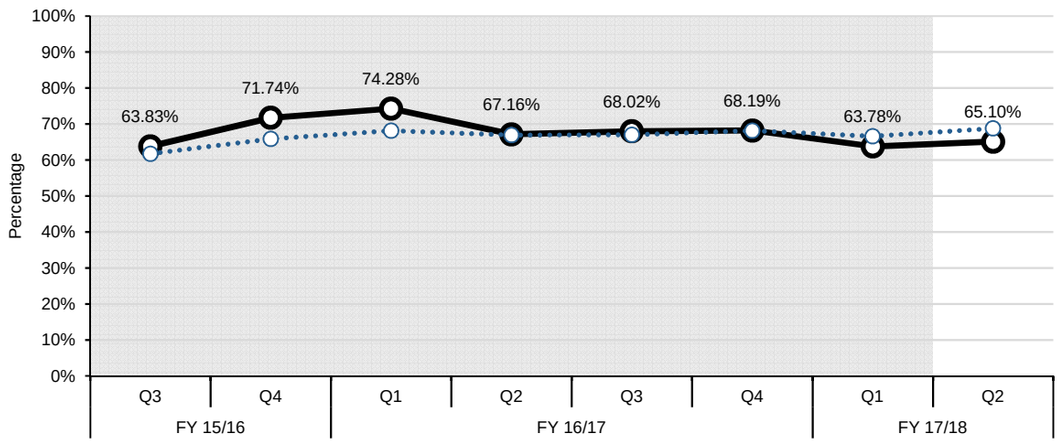
# Central LHIN

## 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)

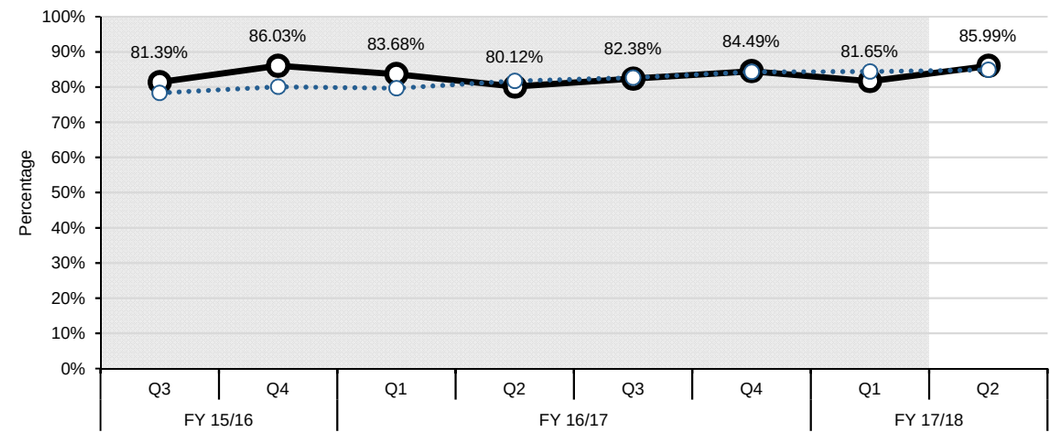
### Percent of priority 2 and 3 cases completed within access target for MRI scan

| Summary (Q2 FY 17/18) | LHIN Performance | | | Provincial Performance (Combined) |
|---|---|---|---|---|
| | Priority 2: 2 Days | Priority 3: 2-10 Days | Combined | |
| | 80.07% | 51.28% | 65.10% | 68.78% |



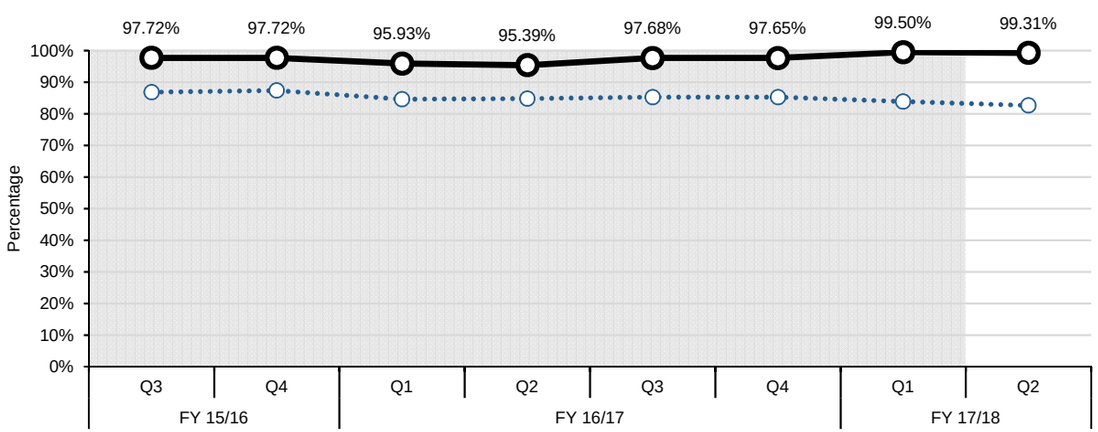

### Percent of priority 2 and 3 cases completed within access target for CT scan

| Summary (Q2 FY 17/18) | LHIN Performance | | | Provincial Performance (Combined) |
|---|---|---|---|---|
| | Priority 2: 2 Days | Priority 3: 2-10 Days | Combined | |
| | 93.41% | 69.38% | 85.99% | 84.89% |




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

| Summary (Q2 FY 17/18) | LHIN Performance | | | | Provincial Performance (Combined) |
|---|---|---|---|---|---|
| | Priority 2: 42 Days | Priority 3: 84 Days | Priority 4: 182 Days | Combined | |
| | NV | 100.00% | 99.28% | 99.31% | 82.65% |



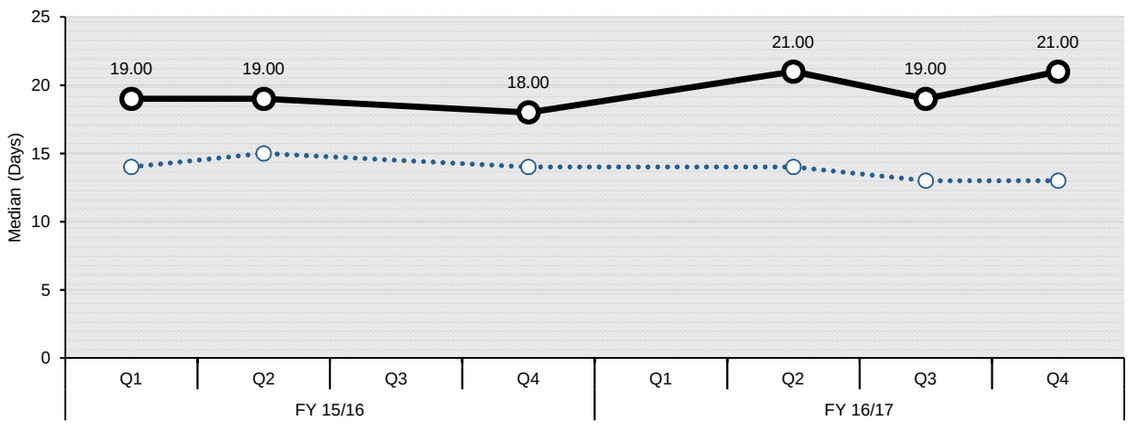
# Central LHIN

## MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

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

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

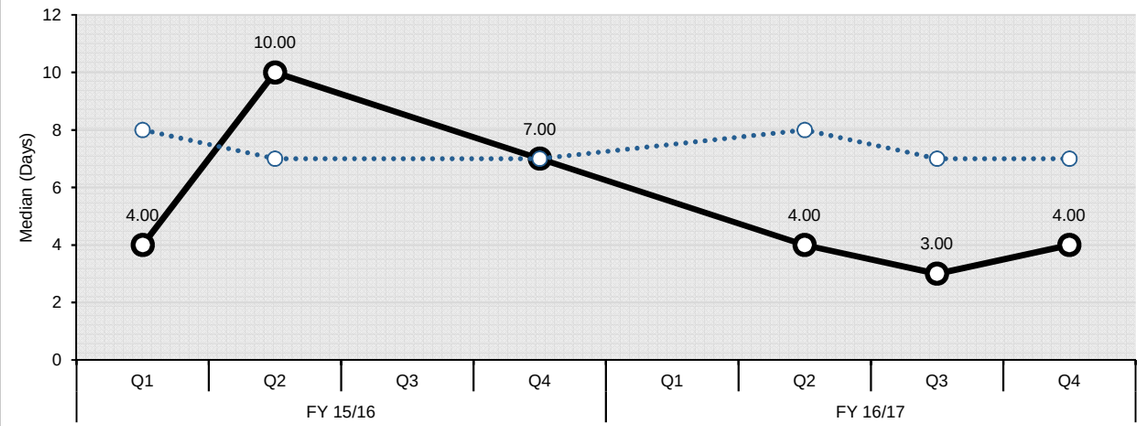
| Summary (Q4 FY 16/17) | LHIN Performance | Provincial Performance |
|---|---|---|
| | 21.00 Days | 13.00 Days |




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 (Q4 FY 16/17) | LHIN Performance | Provincial Performance |
|---|---|---|
| | 4.00 Days | 7.00 Days |




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

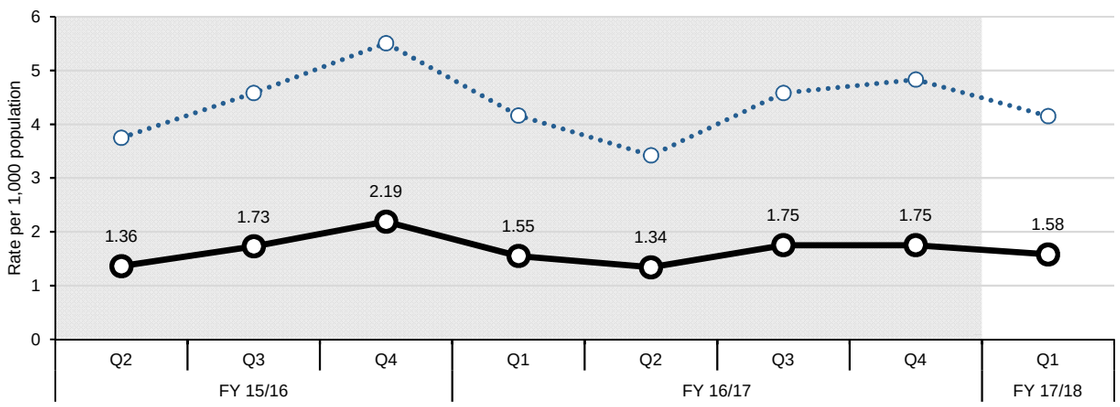
# Central LHIN

## 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)

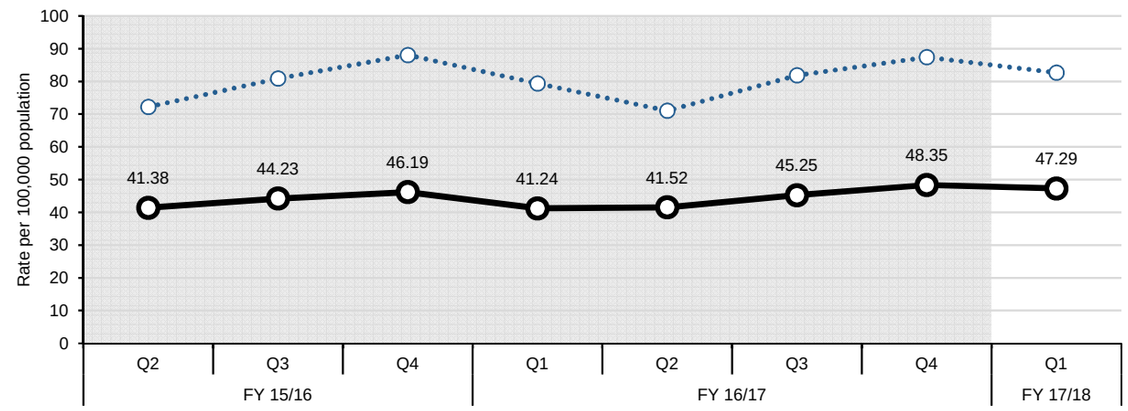
### Rate of emergency visits for conditions best managed elsewhere

| Summary (Q1 FY 17/18) | LHIN Performance | Provincial Performance |
|---|---|---|
| | 1.58 | 4.15 |



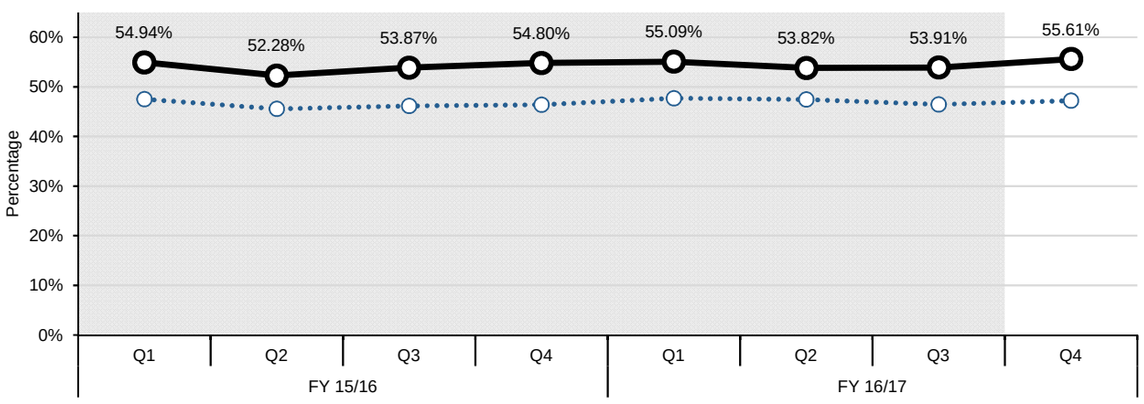

### Hospitalization rate for ambulatory care sensitive conditions

| Summary (Q1 FY 17/18) | LHIN Performance | Provincial Performance |
|---|---|---|
| | 47.29 | 82.60 |




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

| Summary (Q4 FY 16/17) | LHIN Performance | Provincial Performance |
|---|---|---|
| | 55.61% | 47.23% |



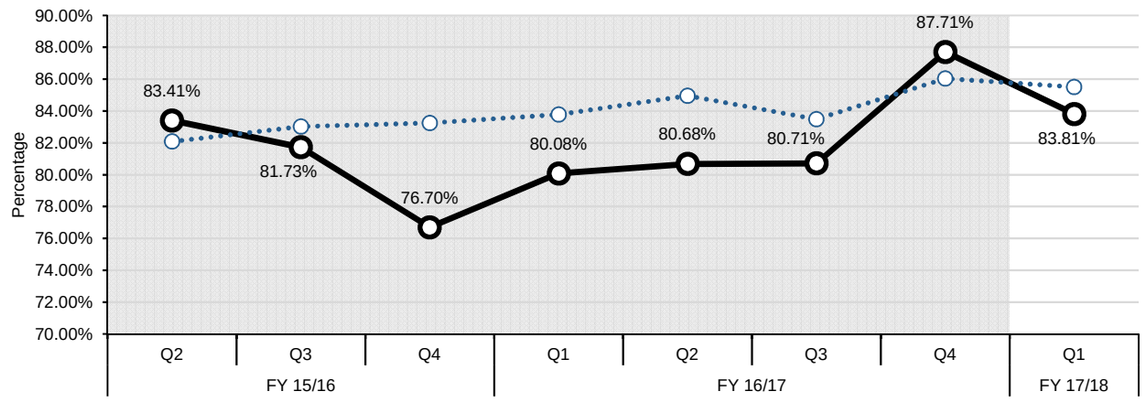
# Central LHIN

## 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 17/18) | LHIN Performance | Provincial Performance |
|---|---|---|
| | 83.81% | 85.51% |



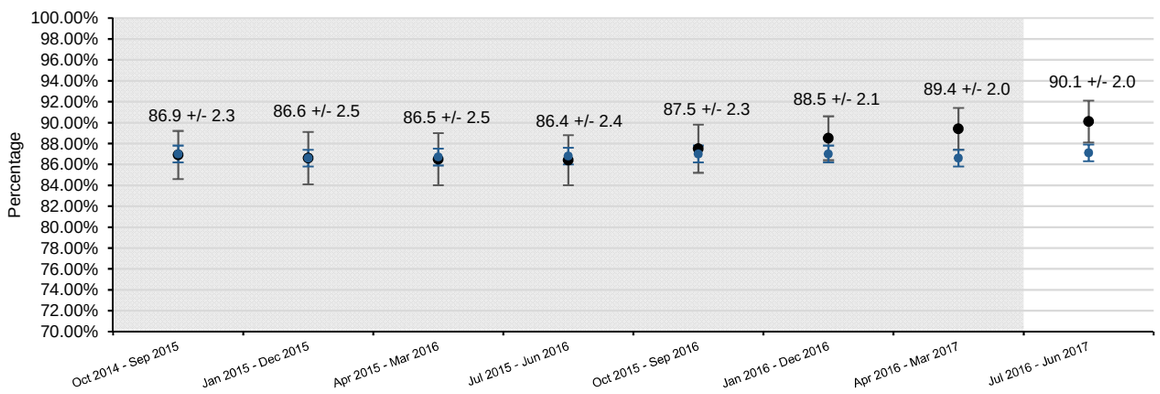

This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

## DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

### Overall satisfaction with health care in the community

| Summary (Jul 2016 - Jun 2017) | LHIN Performance | Provincial Performance |
|---|---|---|
| | 90.1% +/- 2.0% | 87.1% +/- 0.8% |



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 17/18 | 95.00% | 89.26% | 96.19% | 87.38% | 94.37% | 89.75% | 93.14% | 92.03% | 94.03% | 94.28% | 90.25% | 91.97% | 74.19% | 87.03% | 95.98% | 89.66% |
| Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services | Q1 17/18 | 95.00% | 96.34% | 96.20% | 93.97% | 97.31% | 95.94% | 94.28% | 96.23% | 96.50% | 96.89% | 97.28% | 96.49% | 96.07% | 97.38% | 99.06% | 95.48% |
| 90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management) | Q1 17/18 | 21.00 Days | 28.00 | 24.00 | 27.00 | 14.00 | 30.00 | 24.00 | 31.50 | 28.00 | 22.00 | 28.00 | 21.00 | 79.00 | 43.00 | 28.00 | 30.00 |
| 90th percentile wait time from hospital discharge to service initiation for home and community care | Q1 17/18 | TBD | 7.00 | 5.00 | 10.00 | 5.00 | 6.00 | 8.00 | 11.00 | 8.00 | 5.00 | 11.00 | 7.00 | 8.00 | 6.00 | 6.00 | 5.00 |
| **SYSTEM INTEGRATION AND ACCESS** | | | | | | | | | | | | | | | | | |
| 90th percentile emergency department (ED) length of stay for complex patients | Q2 17/18 | 8.00 Hours | 10.62 | 9.47 | 8.35 | 8.22 | 16.63 | 10.42 | 10.32 | 12.90 | 10.23 | 10.93 | 8.65 | 11.35 | 10.30 | 8.18 | 10.60 |
| 90th percentile ED length of stay for minor/uncomplicated patients | Q2 17/18 | 4.00 Hours | 4.35 | 4.37 | 3.80 | 4.87 | 5.02 | 3.65 | 3.78 | 4.67 | 3.80 | 4.30 | 4.45 | 4.90 | 4.60 | 4.15 | 4.88 |
| Percent of priority 2, 3 and 4 cases completed within access target for hip replacement | Q2 17/18 | 90.00% | 77.98% | 90.52% | 43.99% | 67.46% | 63.92% | 71.43% | 50.50% | 93.03% | 97.14% | 91.27% | 82.69% | 91.24% | 75.63% | 81.14% | 69.49% |
| Percent of priority 2, 3 and 4 cases completed within access target for knee replacement | Q2 17/18 | 90.00% | 73.98% | 66.83% | 43.38% | 59.49% | 64.70% | 50.92% | 44.86% | 91.51% | 95.30% | 86.04% | 81.10% | 86.08% | 73.58% | 76.37% | 68.10% |
| Percentage of alternate level of care (ALC) days | Q1 17/18 | 9.46% | 13.87% | 10.17% | 8.05% | 11.89% | 14.09% | 7.86% | 14.05% | 10.56% | 13.01% | 18.83% | 15.13% | 14.18% | 14.68% | 25.88% | 21.17% |
| ALC rate | Q2 17/18 | 12.70% | 15.87% | 13.71% | 11.43% | 12.24% | 16.07% | 6.65% | 16.07% | 11.81% | 17.02% | 24.93% | 17.58% | 14.08% | 16.17% | 25.28% | 31.41% |
| **HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH** | | | | | | | | | | | | | | | | | |
| Repeat unscheduled emergency visits within 30 days for mental health conditions | Q1 17/18 | 16.30% | 20.82% | 18.65% | 18.43% | 19.16% | 20.74% | 25.13% | 16.81% | 27.71% | 20.13% | 22.02% | 21.58% | 17.87% | 16.24% | 16.91% | 18.86% |
| Repeat unscheduled emergency visits within 30 days for substance abuse conditions | Q1 17/18 | 22.40% | 33.80% | 34.73% | 27.72% | 30.37% | 32.53% | 35.78% | 26.82% | 40.55% | 25.31% | 31.09% | 25.19% | 23.99% | 20.83% | 29.15% | 41.97% |
| **SUSTAINABILITY AND QUALITY** | | | | | | | | | | | | | | | | | |
| Readmissions within 30 days for selected HIG conditions | Q4 16/17 | 15.50% | 16.71% | 15.61% | 16.49% | 14.10% | 16.91% | 18.53% | 16.37% | 17.29% | 15.32% | 17.22% | 17.01% | 16.24% | 17.21% | 18.03% | 18.73% |

## 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 Q4 2015/16 data 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.

**Home and Community Care**

1. Please note – as of Q1 2017/18, the methodology for the two five-day wait time indicators has been revised. In the new method, wait times are calculated from the Patient Availability Date (PAD) to the date of service. If the PAD is not completed, authorization date is used. Use of the PAD takes into consideration appropriate delays in the initiation of service, which may be due to clinical reasons or the client's choice to wait.