MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: North Simcoe Muskoka LHIN

REPORT DATE: May 2016

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

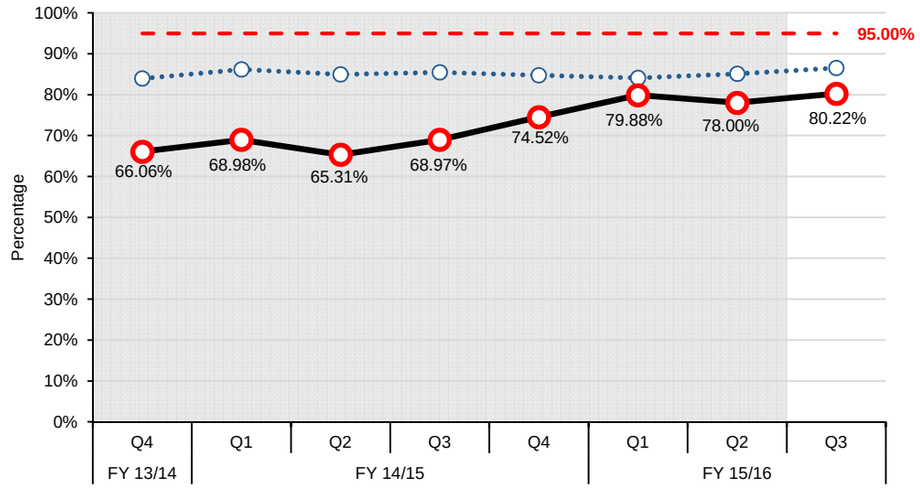
North Simcoe Muskoka LHIN

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 (Q3 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	80.22%	86.55%	95.00%



LHIN COMMENTS

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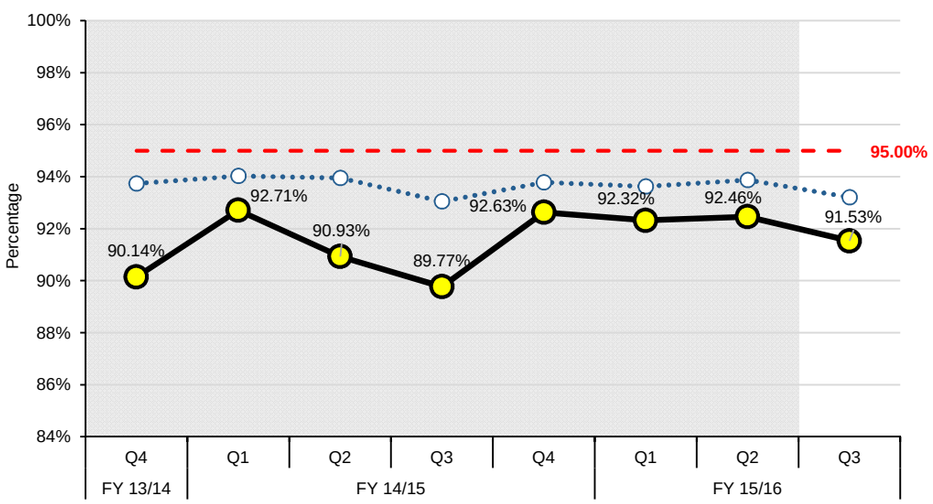
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results.
3. If the provincial target has not been met, when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

• For Q3 2015/16 the proportion of Personal Support Visits for Complex Clients within the target time for NSM CCAC has increased to 80.22%
• However, analysis of the current trend of the percentage of clients who receive Personal Support services indicates that this number has been steadily trending upward and if the current trend holds, NSM CCAC will be within 10% of the provincial target in the next six months and may meet the target by this time next year. It is noted that the overall provincial performance has been steadily holding between 85% and 87% for the past 8 quarters so attaining the provincial target may be overly ambitious
• A local target of 79% was established in the CCAC's 2015/16 Quality Improvement Plan and work continues to redesign the personal support service offer process for both hospital and community referrals resulting in this target being met for Q3 2015/16
• Performance for Q3 2015/16 ranks NSM LHIN 14th among the 14 CCAC's in Ontario, despite an overall improvement in performance. Marked improvement over the course of the past 6 quarters is noted as the percentage of complex clients receiving Personal Support Services within the target times has steadily increased from 65.3% to 80.22%
• While relative to other CCAC's the NSM CCAC performance ranks at 14th, a steady improvement of 15 percentage points since Q2 of 14/15 (the largest increase among all CCAC's) is a success story for the NSM CCAC
• NSM performance in this indicator does continue to fall significantly outside of current provincial performance so will remain a LHIN priority, and PSS implementation is a major projec for the LHIN at this time and will consider the imperative to address Personal Support visits for Complex Clients in the context of all PSS.

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

Summary (Q3 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	91.53%	93.21%	95.00%



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• For Q3 2015/16 the proportion of Nursing Visits within wait time for NSM CCAC decreased slightly from Q2 to 91.53% and was lower than the provincial average of 93.21% (which had also slightly decreased from the Q1 provincial average of 93.88%).
• The NSM CCAC continues to trend toward its local target of 94% as established in the CCAC's 2015/16 Quality Improvement Plan and gains made since Q3 of 2014/15 have been maintained
• The NSM CCAC performance for Q3 2015/16 ranks NSM LHIN 13th among the 14 CCAC's in Ontario but within 10% of the provincial target.
• NSM CCAC's Q3 performance was impacted by the authorization of nursing visits for one-time flu shots. As there was no urgency to the need, the nurses had been given a 30 day window within which to provide the shot. In December, performance on this indicator rebounded to 92.9%.

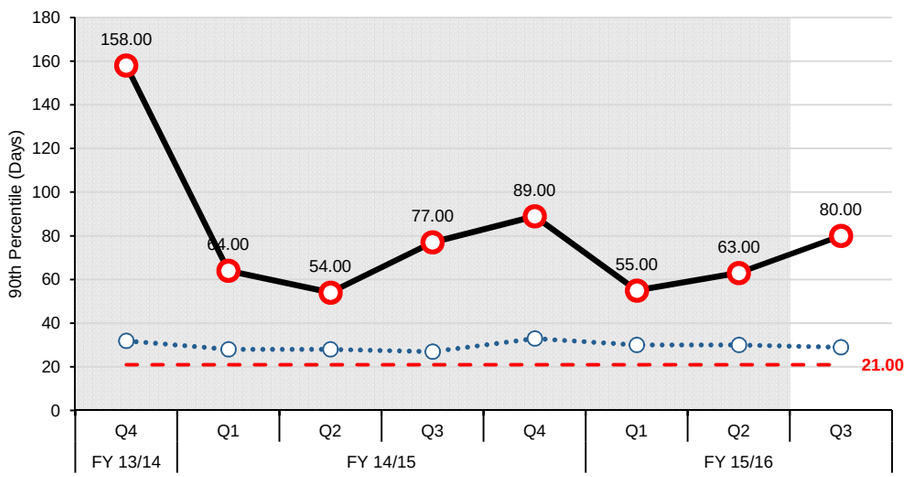
North Simcoe Muskoka LHIN

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 (Q3 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	80.00 Days	29.00 Days	21.00 Days



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• In Q3 2015/16 9 out of 10 CCAC clients waited less than 80 days for their first service provider visit, indicating an increase in wait time of more than two weeks in Q2 when 9 out of 10 clients waited less than 63 days
• The results for Q2 continue to be above the provincial MLAA target of 21 days and the provincial average of 29 days, as as increasing the gap between current performance and the 2015/16 MSAA target of 65 days
• While it is difficult to trend this indicator due to prior extreme spikes in wait times, if the trend over the past 8 quarters continues, NSM LHIN will continue to see decreases in wait times from the current 80 days to an estimated 45 to 50 days by this time next year.
• The current wait times are being driven by multiple factors. Of concern is the current wait time in community from application to authorization which sits at 25 days, exceeding the entire provincial target for of 21 days for combined application to authorization time and authorization to first service. Following authorization there is great variability in wait times to service with wait time for occupational therapy being 120 days and wait time for nursing services being 5 days. Trending is further complicated by inconsistent performance within specific services between quarters. For example, wait times for occupational therapy in Q3 were 120 days while for Q2 they were 69 days.
• Overall, the higher 90th percentile wait times are driven by waits for allied health services as nursing and personal support waits are significantly shorter
• In 2016-17 NSM CCAC will be redesigning their allied health referral process to improve performance on this indicator.

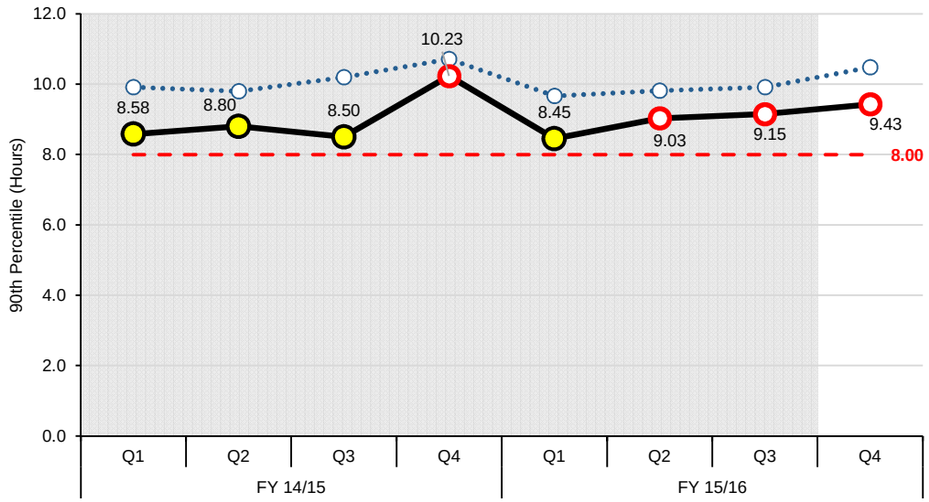
North Simcoe Muskoka LHIN

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 (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	9.43 Hours	10.48 Hours	8.00 Hours



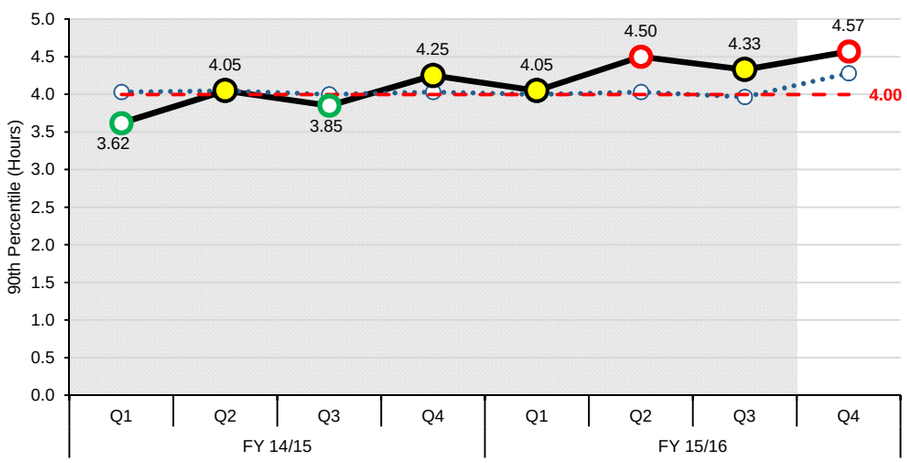
LHIN COMMENTS

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

- With a 90th percentile ED LOS of 9.43 hours for complex patients, overall performance in Q4 15/16 was approximately 16 minutes longer than in Q3 of 15/16
- NSM LHIN's wait time for Q3 was a full hour better than the provincial result of 10.48 hours
- NSM LHIN hospitals ranked 6th among the LHINs in LOS for Complex patients in Q4 with the result outside the acceptable corridor of the target time of 8 hours
- However 90th percentile LOS for non-admitted complex patients is 6.7 hours meeting the interim target of 7 hours for non –admitted high acuity patients
- Longer LOS for complex patients is being driven by wait times for admission but target LOS is being met for complex patients if they are not admitted
- Times have increased for two NSM sites with the removal of P4R funding and resources.
- One NSM site will be opening a Rapid Assessment Zone in June 2016 to address ED wait times
- At sites where ambulance off load times are high, the organizations are working with EMS to develop lean processes
- While ED LOS for complex patients has been increasing slowly, trending indicates that this increase is also slowing and rates should remain below the provincial average for the next year, but still outside of the 10% corridor for the provincial target

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

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	4.57 Hours	4.28 Hours	4.00 Hours



LHIN COMMENTS

Please account for the high ED LOS at Royal Victoria Regional Health Centre (6.0 hours, Feb. 2016). What strategies are in place to improve performance.

- The 90th percentile ED LOS of minor/uncomplicated patients increased in Q4 15/16 to 4.57 hours from 4.33 hours in Q3, an increase of 15 minutes from the previous quarter
- This is 17 minutes longer than the provincial performance of 4.28 hours for this indicator and outside of the acceptable corridor of performance for the MLAA target of 4 hours.
- NSM LHIN ranks 9th for this indicator, an improvement from Q3 when NSM LHIN ranked 10th among the 14 LHINs
- Forward trending indicates with relatively high reliability that ED LOS for minor/uncomplicated patients will remain stable at current level of 4 to 4.5 hours for the next 2 quarters, comparable to the provincial average
- RVH has identified CTAS 4 and 5 patients as at risk for increased LOS and implemented changes to process to identify these patients and have changed process and ED layout to facilitate movement of uncomplicated patients
- Two NSM sites have had ED LOS for uncomplicated patients increase with the loss of P4R funding and resources
- Three of 6 NSM ED sites meet the provincial target for LOS for uncomplicated patients and one is within the 10% corridor
- At RVH there was an increase the volume of uncomplicated visits for paediatric patients in February relative to other months while overall volumes remained similar to previous months indicating that the increase in ED LOS for minor/uncomplicated patients at RVH in February was driven by the increased number of paediatric cases

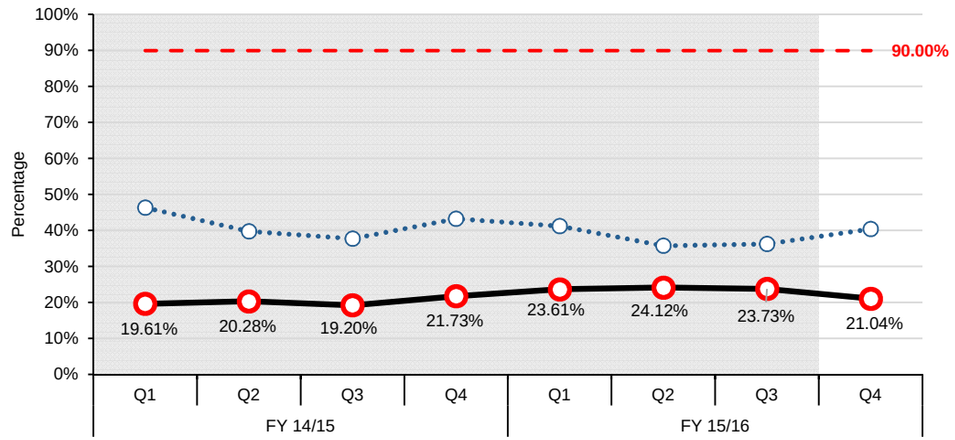
North Simcoe Muskoka LHIN

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 (Q4 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	
	90.24%	26.59%	13.91%	21.04%	40.37%



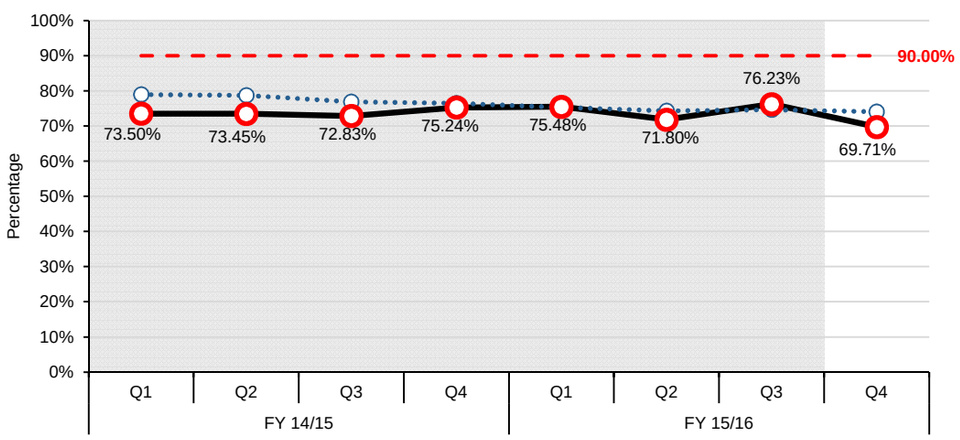
LHIN COMMENTS

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

- The proportion of MRI cases completed within target times had been increasing slowly from this time last year, and while Q4 of 15/16 was essentially unchanged from the same quarter last year, Q1, Q2 and Q3 saw increases and overall NSM LHIN has improved annual performance by approximately 3% since last year
- If this trend holds over the next 4 quarters, the percentage of MRI's completed within the target times should regain some traction and move back into the 24% range
- NSM LHIN is ranked 14th among the 14 LHINs and percent of completed scans within the target times and does not meet the provincial target nor does it approach the provincial average
- Efforts continue with health service providers in NSM LHIN to improve collaboration and identify opportunities for efficiencies and coordination
- NSM LHIN performance improved in servicing priority 2 cases to meet the provincial standard of 90% but declined in serving priority 3 and 4 cases
- OSMH received some additional funding in the last quarter of fiscal 15/16. This helped to move the hospital 90th percentile for P4 from 98 days to 87 days. Additionally, there was a data quality issue discovered at the end of Q4 with P4 Timed studies that should have been eliminated from the calculations but were not therefore artificially increasing the Q3/4 wait times. This has now been corrected.
- Regional demand exceeds funded capacity on a daily basis despite efforts and measures to increase efficiency and patient throughput
- A joint business case from RVH and OSMH is being prepared to identify opportunities to both quantify the gap between MRI demand and supply in NSM LHIN and to propose solutions for improvement

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

Summary (Q4 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	
	95.53%	62.65%	59.01%	69.71%	74.08%



LHIN COMMENTS

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

- Performance declined in Q4 to 69.71% from 76.23% in Q3 of combined priority level CT scans performed within target times. Priority 2 scans now meet and exceed the provincial target of 90% while completion of both priority 3 and 4 scans have also improved
- NSM LHIN performance is below the provincial performance of 75.77% of scans completed within target times however trending indicates that with the changes that two HSP's are undertaking, performance should trend back towards the provincial average
- NSM LHIN ranks 9th of the 14 Ontario LHINs
- NSM LHIN annual performance year over year remains essentially unchanged
- OSMH experienced a data quality issue discovered at the end of Q4 with P4 Timed studies that should have been eliminated from the calculations but were not therefore artificially increasing the Q3/4 wait times. Due to the number of CT exams affected the correction of the data will require more time.
- MAHC currently performs above the target with average wait times at 14 days
- At RVH starting fiscal April 16-17, two additional CT shifts added and Replacement CT scanner installed at end of March as planned.

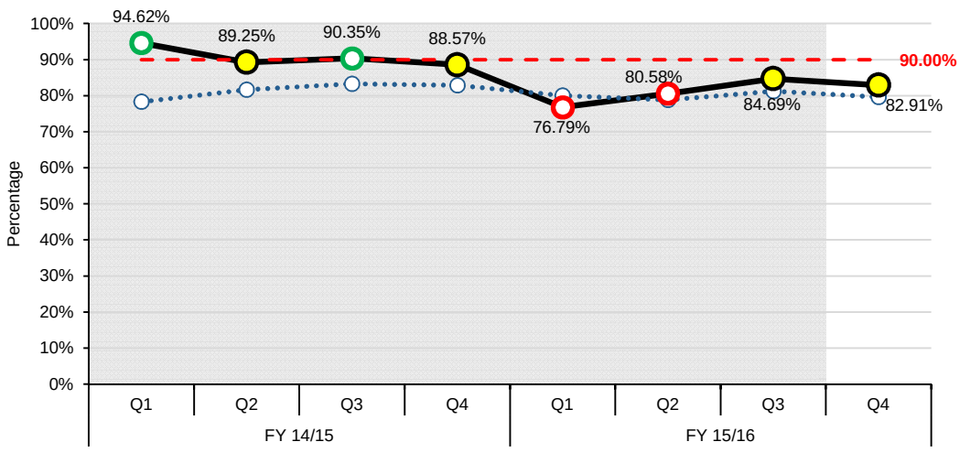
North Simcoe Muskoka LHIN

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 (Q4 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	41.18%	87.86%	82.91%	79.63%



LHIN COMMENTS

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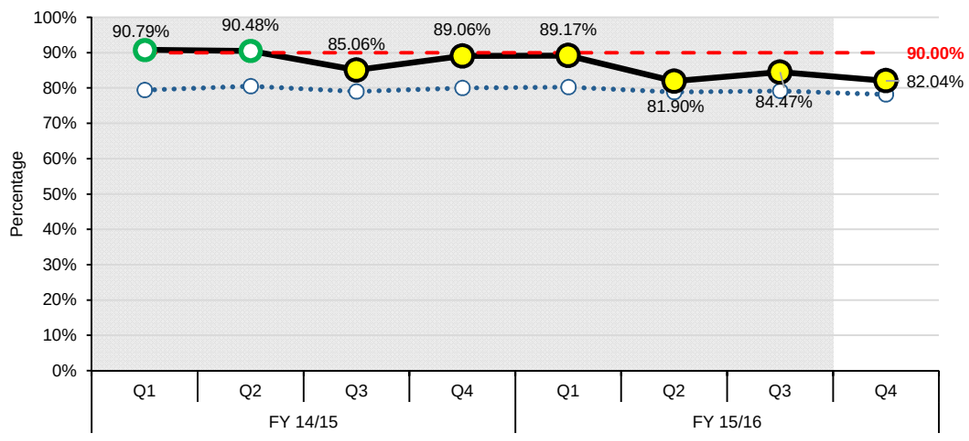
- The percent of hip replacements that are completed within target access times had been steadily increasing over the past 3 quarters from 76.9% to 84.69% however slipped slightly this quarter to 82.91%, still exceeding the provincial average of 79.63%
- Completion of priority 4 hip replacements is within the corridor of the provincial target of 90% but the overall performance is negatively impacted by the % of priority 3 hip replacements that are completed within target
- CGMH performance declined due to technical issues and the surgeon's offices were unable to record the DART (Dates Affecting Readiness to Treat) in which CCO would subtract from the total wait days and compare to the target date for the appropriate priority, resulting in skewed reported wait times. A working solution in collaboration with Access to Care is in implementation to resolve this issue. Additional elective ortho surgical allocations are completed were completed the last month of this quarter.
- NSM LHIN ranks 5th among all LHINs for this indicator, up from 6th in the previous quarter indicating a steady improvement in performance
- While NSM LHIN exceeds the provincial average and is within the performance target corridor, there has been a decrease in the annual performance for 15/16 from last year when the full fiscal year result was a 90.62% annual rate to year to date results of 81.32%
- However, trending indicates that this is stabilizing and NSM performance should remain within the 10 % corridor of the provincial target

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

Summary (Q4 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	NV	85.44%	82.04%	78.18%



LHIN COMMENTS

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- NSM LHIN performance has declined from 84.47% completion within targets in Q3 to 82.04% completion within targets in Q4. NSM LHIN performance exceeds the provincial performance of 78.18% which declined slightly this quarter from last quarter
- There was an expressed concern last quarter that the sharp drop in performance was indicative of a trend, however, performance appears to be stabilizing at current levels and will require on-going monitoring
- While NSM LHIN exceeds the provincial average and is within the performance target corridor, there has been a decrease in the annual performance for 15/16 from last year when the full fiscal year result was a 88.66% annual rate to year to date results of 84.52%
- CGMH performance declined due to technical issues and the surgeon's offices were unable to record the DART (Dates Affecting Readiness to Treat) in which CCO would subtract from the total wait days and compare to the target date for the appropriate priority, resulting in skewed reported wait times. A working solution in collaboration with Access to Care is in implementation to resolve this issue. Additional elective ortho surgical allocations are completed were completed the last month of this quarter.
- Trending indicates that the rate has stabilized and rates should remain within the 10% corridor of the provincial target

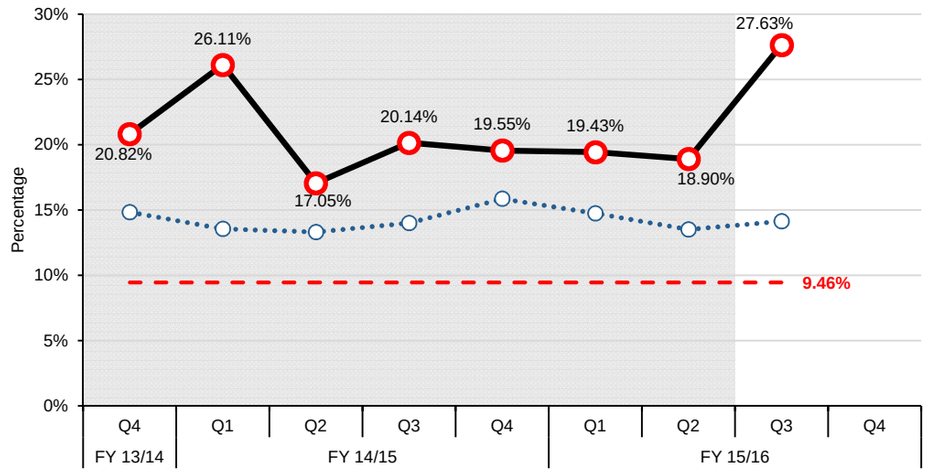
North Simcoe Muskoka LHIN

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 (Q3 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	27.63%	14.15%	9.46%



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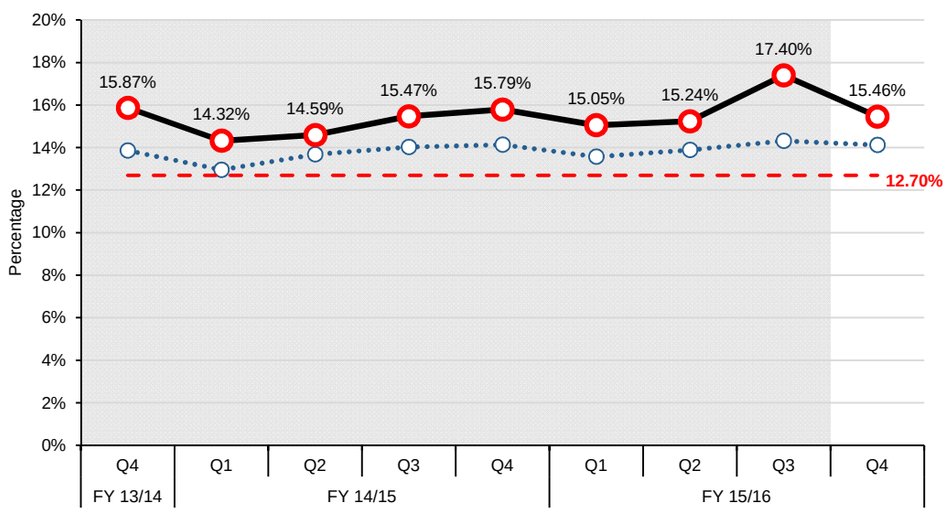
- Discharges of ALC patients has increased, significantly a number of long stay patients were discharged in Q3 resulting in a sharp uptake in ALC days which are measured upon discharge
- From November 2015 to December 2015, 25 hospital patients were discharged to LTCH. These long stay patients accounted for 5810 ALC days. In particular, 7 of these patients had ALC waits greater than 365 days with the longest wait time for a single patient being 1258 days
- Despite the high percentage of ALC days, the discharges of these long stay patients had a positive effect on patient flow
- Throughput ratios are consistently approaching 1 and despite the increase in the rate of ALC days, overall ALC rates are positively impacted
- NSM LHIN performance does not meet the provincial target of 9.46% and is above the provincial average of 14.15%
- RVH led 2 ALC Planning Days in January and April 2016 with internal and external stakeholders. The focus of this follow-up session was on prioritization, and action planning. Key Action Plan Theme: "Silver Alert". An initiative to target high risk seniors who may fall into ALC status. This prevention strategy is being designed as an algorithm for front line staff to follow (similar to a clinical pathway), as a means of ensuring best practice for seniors admitted in acute care settings.
- Trending indicates that ALC days may fall back down to prior levels of approximately 21 to 22 days over the next quarter, however, as the HSP's in the NSM LHIN work together to discharge long stay patients , there may be further spikes in ALC days due to the method of measuring this metric

ALC rate

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	15.46%	14.12%	12.70%



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- NSM LHIN experienced a significant increase in ALC rates up from 15.24% to 17.4% during Q3, however, the rate has stabilized back down to 15.46% in line with the past trend
- NSM LHIN performance does not meet the provincial target of 12.70% and but is only slightly higher than the provincial average of 14.12%
- NSM LHIN performance remains at 9th among all 14 LHINS, unchanged from the last quarter
- Addressing ALC rates is a priority of the NSM LHIN and is a standing topic at leadership meetings and a LHIN wide working group with representation from all sectors has been active in addressing ALC
- The annual ALC rate has increased slightly year over year from 15.04% in 2014/15 to 15.81% in 2015/16, in line with a slight increase in overall provincial ALC rates year over year
- Realignment of beds to reflect the Rehab Care Alliance recommendations is underway and there has been some changes in bed numbers at the NSM LHIN providers both to reflect the recommendations and to address budgetary pressures and more accurately reflect actual bed usage. These changes may present a risk to access to sub-acute beds and is being closely monitored by the LHIN

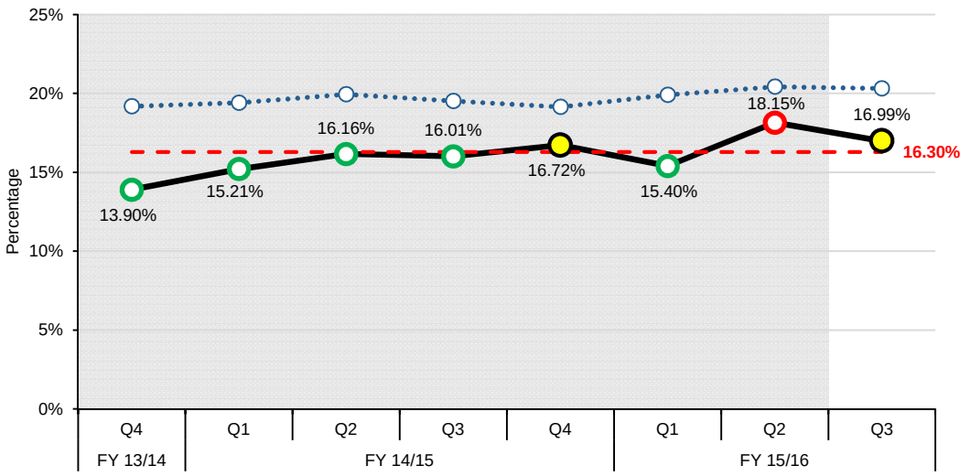
North Simcoe Muskoka LHIN

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 (Q3 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	16.99%	20.33%	16.30%



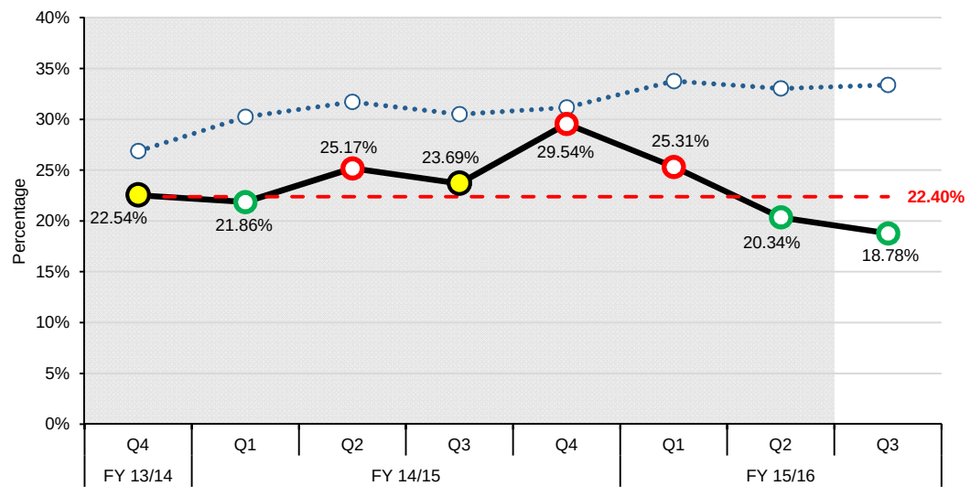
LHIN COMMENTS

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?
b) How does the LHIN plan to address performance issues?
c) The LHIN notes a seasonal trend in repeat ED visits that may be related to the school year. How is the LHIN preparing to address this in the future?
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

- Repeat unscheduled emergency visits within 30 days for mental health conditions decreased to 16.99% in Q3 for 2015/16 from 18.15% in Q2, stabilizing back to the previous trend, staying within corridor of the performance target and exceeding the provincial performance which was 20.33%
- Due to the small numbers in this sample, percentage changes are amplified however, and it is noted that even small changes can cause this number to fluctuate outside of the trend
- NSM LHIN ranks 3rd in the province in this indicator, up from 5th in the province last quarter
- Percentages of repeat emergency visits within 30 for mental health conditions are significantly lower for people with a diagnosis of schizophrenia and psychotic disorder (17.8% vs 31.9% for the province) and mood disorders (14.5% vs 20.7% for the province)
- RVH has instituted a Youth Urgent Consult Clinic operational for 6 months with 85% being seen in 48 hours and only one consult resulting in admission.
- Focus in the NSM LHIN is being placed on Child and Youth Mental Health looking at facility and hospital based services for Children and Youth experiencing mental health issues

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q3 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	18.78%	33.39%	22.40%



LHIN COMMENTS

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

- As with the repeat ER visits for mental health conditions, the repeat ER visits for substance use are small volumes so that percentage increases or decreases can be amplified
- However, NSM LHIN saw a decrease in repeat visits for substance use from 20.34% to 18.78%
- NSM LHIN outperforms the province by almost 15% and exceeds the provincial target of 22.40%
- There has been a sharp decline in repeat ER visits for substance use over the past three quarters with the exception of GBGH which saw a repeat ER visit rate for substance abuse conditions of 28.9%. They acknowledge that they need to better understand the segment of Substance Abuse patient population returning to ED for their care as there are resources available in the community to support them. They will be doing chart reviews to identify opportunities for improvement in this indicator.
- The indicator will continue to be monitored through the work of NSM Health Links which are working to reduce repeat ER Visits for high needs patients.

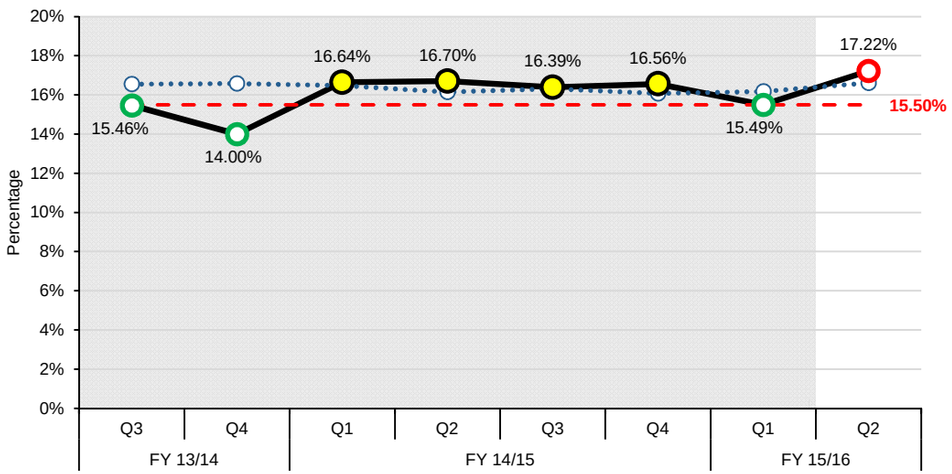
North Simcoe Muskoka LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

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

Readmissions within 30 days for selected HIG conditions

Summary (Q2 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 15/16)
	17.22%	16.62%	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).

- The NSM LHIN performance declined from 15.49% to 17.22% and was the highest readmission rate for select HIG conditions in the past 2 years
- NSM LHIN rate was slightly higher than provincial performance of 16.62%
- NSM LHIN ranks 12th among LHINS for this indicator down from 6th in Q1 2015/16
- The increase in readmissions varies from provider to provider, however appears to be largely driven by COPD and CHF readmissions
- GBGH has introduced refreshed Patient Order Sets, patient education plans for CHF and COPD and continues to work with CCAC, Healthlink and various community partners in supporting best practices with these patient populations.
- RVH has also updated COPD and CHF clinical pathways and order sets. Education and implementation for updated COPD pathway will occur in August 2016 and CHF clinical pathway was updated in 2014 and audited in 2015 for effectiveness
- At RVH patients have Access to CHF clinic 4 days per week and cardiologist to support 5 days per week.
- Year over year results do level out and indicate little change from the previous year with the prior year readmission rate being 16.17% and year to date being 16.45% however, as only the first two quarters of fiscal 15/16 are available this will require monitoring

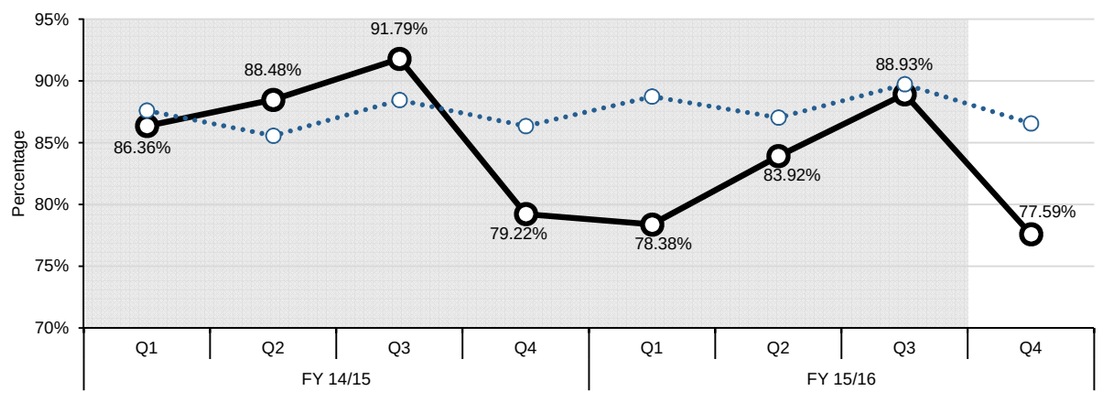
North Simcoe Muskoka LHIN

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)

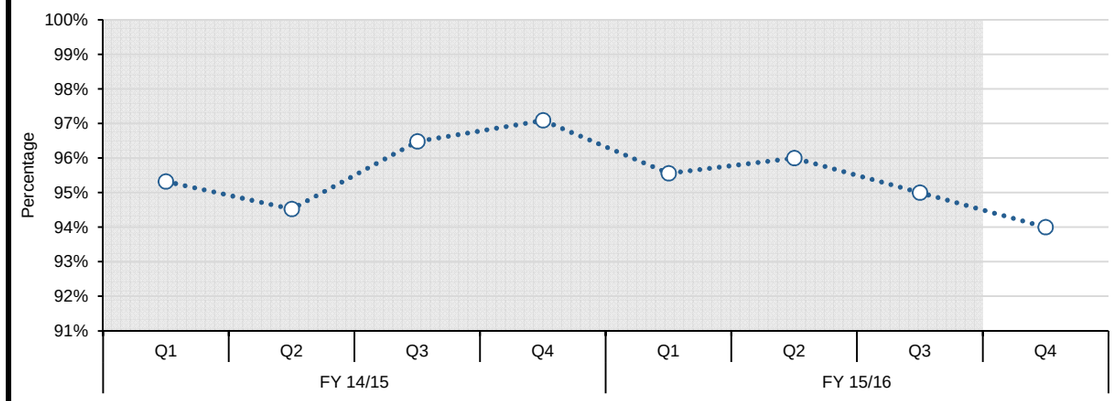
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery

Summary (Q4 FY 15/16)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 28 Days	Priority 4: 84 Days	Combined	
	NV	72.19%	100.00%	77.59%	86.56%



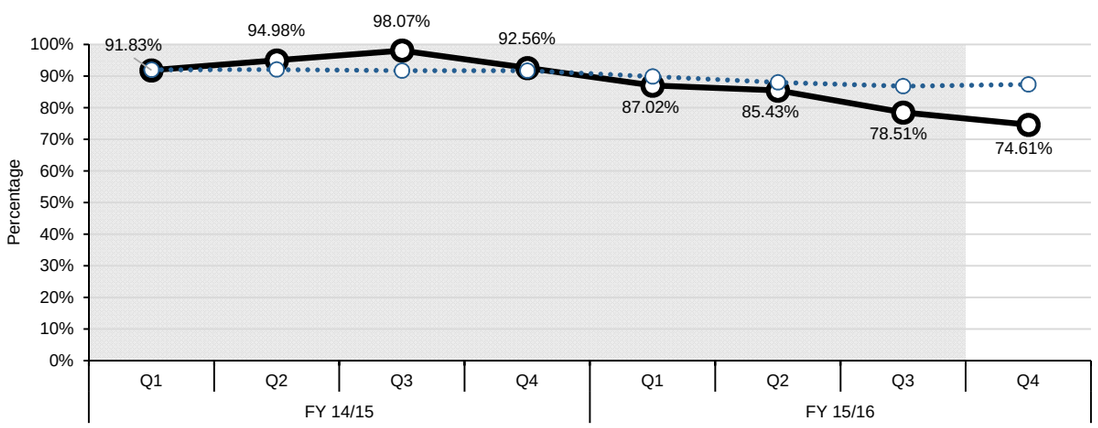
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery

Summary (Q4 FY 15/16)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 42 Days	Priority 4: 90 Days	Combined	
	NA	NA	NA	NA	94.00%



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

Summary (Q4 FY 15/16)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	76.55%	74.27%	74.61%	87.37%



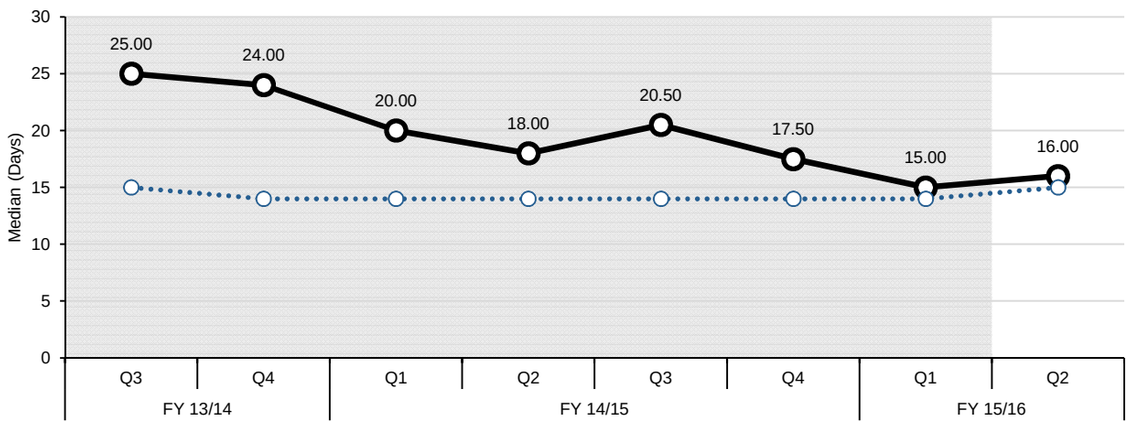
North Simcoe Muskoka LHIN

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)

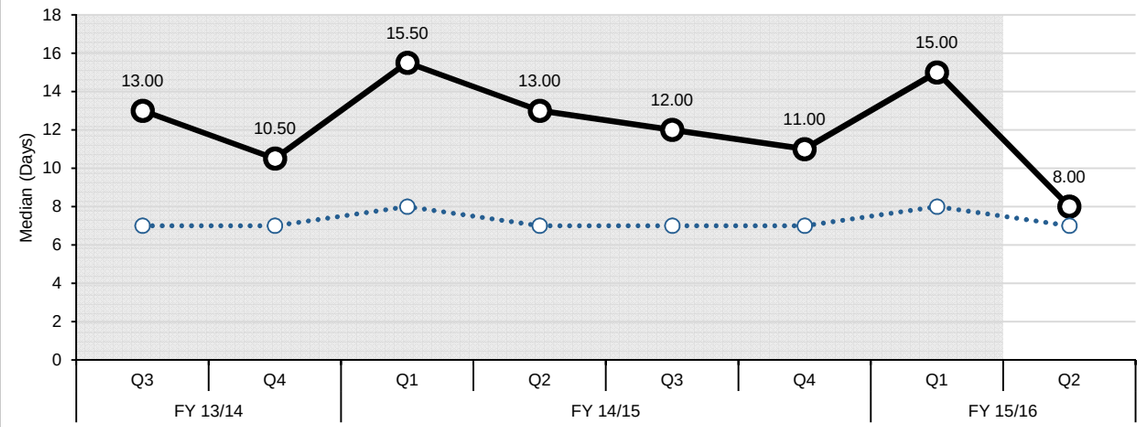
CCAC wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

Summary (Q2 FY 15/16)	LHIN Performance	Provincial Performance
	16.00 Days	15.00 Days



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

Summary (Q2 FY 15/16)	LHIN Performance	Provincial Performance
	8.00 Days	7.00 Days



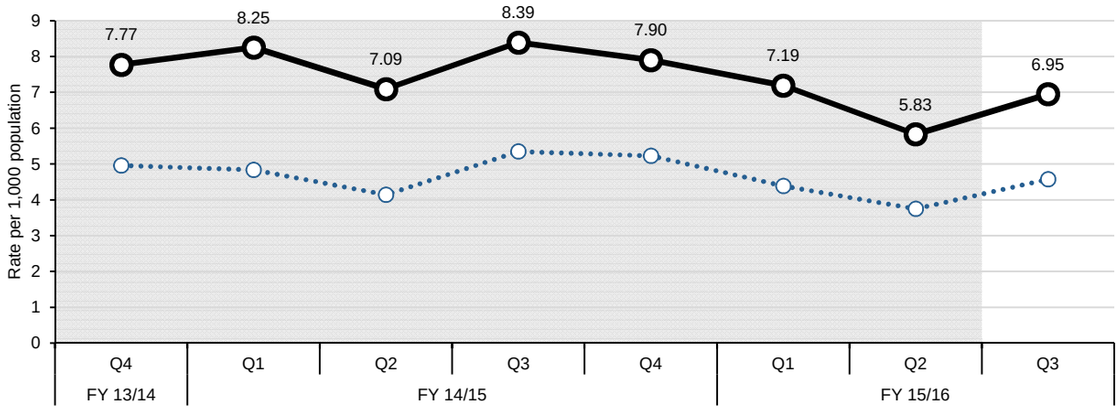
North Simcoe Muskoka LHIN

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)

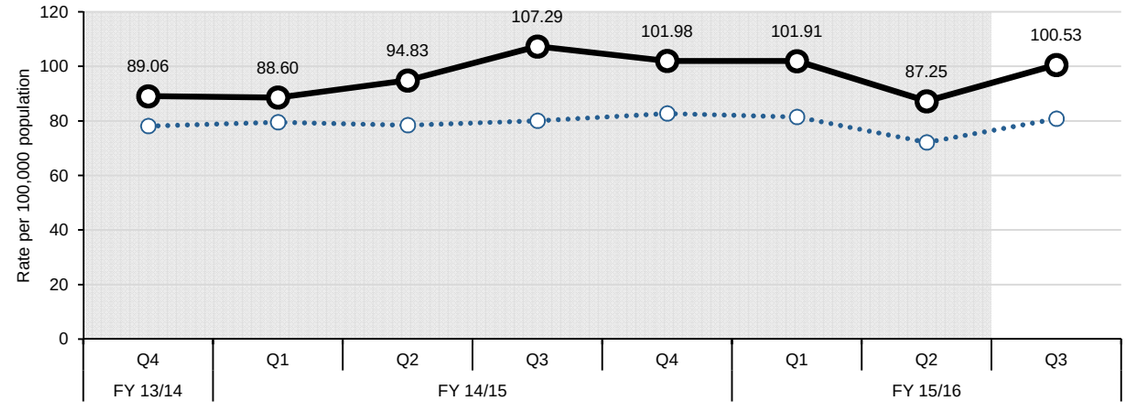
Rate of emergency visits for conditions best managed elsewhere

Summary (Q3 FY 15/16)	LHIN Performance	Provincial Performance
	6.95	4.58



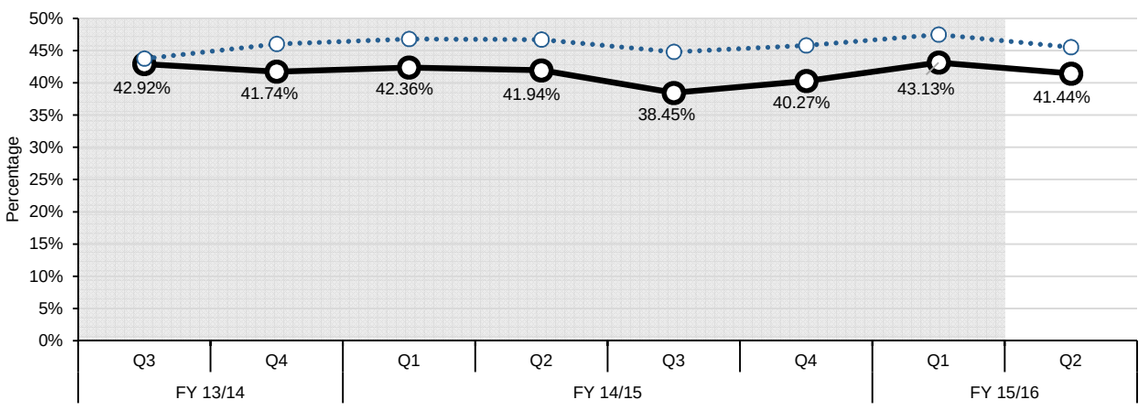
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q3 FY 15/16)	LHIN Performance	Provincial Performance
	100.53	80.87



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

Summary (Q2 FY 15/16)	LHIN Performance	Provincial Performance
	41.44%	45.55%



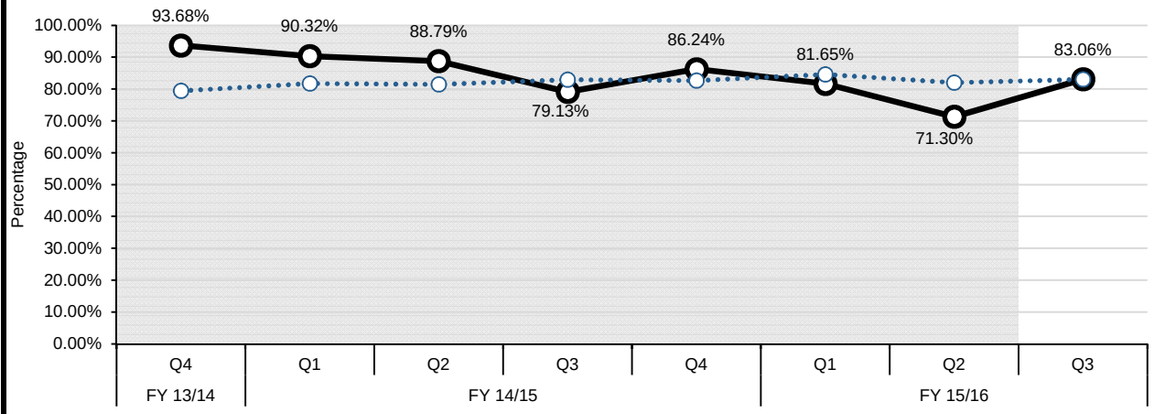
North Simcoe Muskoka LHIN

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 (Q3 FY 15/16)	LHIN Performance	Provincial Performance
	83.06%	83.03%



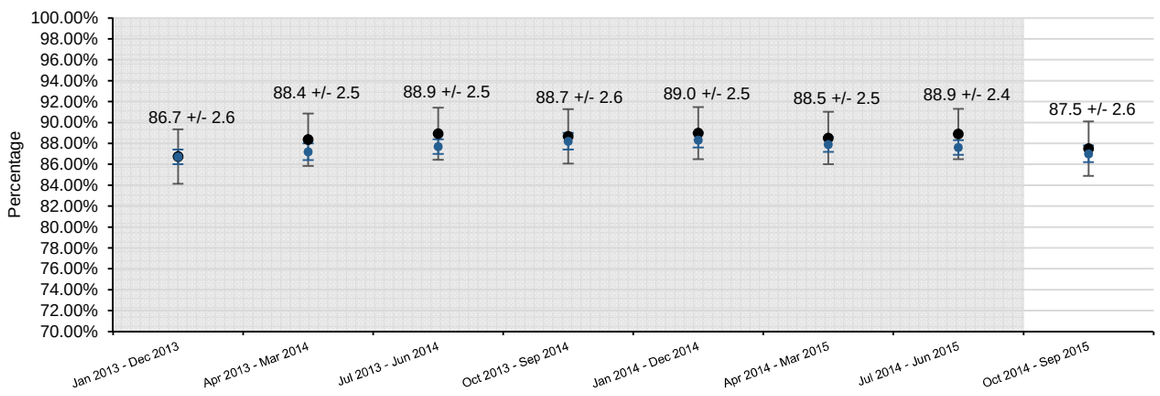
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Oct 2014 - Sep 2015)	LHIN Performance	Provincial Performance
	87.5% +/- 2.6%	87.0% +/- 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	Q3 15/16	95.00%	86.55%	88.17%	87.41%	88.97%	90.49%	83.58%	91.95%	84.59%	84.92%	88.17%	86.54%	83.80%	80.22%	85.24%	83.33%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q3 15/16	95.00%	93.21%	94.48%	92.70%	93.23%	93.47%	95.19%	93.90%	93.27%	92.97%	94.33%	92.06%	91.86%	91.53%	93.49%	88.56%
90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)	Q3 15/16	21.00 Days	29.00	20.00	21.00	13.00	24.00	31.00	28.00	26.00	27.00	38.00	20.00	38.00	80.00	44.00	26.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q4 15/16	8.00 Hours	10.48	10.05	8.00	8.42	13.45	11.25	10.30	12.92	10.20	9.83	9.20	11.50	9.43	8.73	9.32
90th percentile ED length of stay for minor/uncomplicated patients	Q4 15/16	4.00 Hours	4.28	4.22	3.78	4.88	4.68	3.80	3.87	4.88	3.47	4.00	4.43	4.93	4.57	4.08	4.17
Percent of priority 2, 3 and 4 cases completed within access target for MRI scan	Q4 15/16	90.00%	40.37%	55.16%	37.74%	40.51%	44.45%	33.37%	21.94%	31.64%	43.31%	55.67%	84.56%	32.29%	21.04%	49.77%	40.76%
Percent of priority 2, 3 and 4 cases completed within access target for CT scan	Q4 15/16	90.00%	74.08%	93.37%	83.69%	76.53%	60.63%	80.38%	58.16%	65.19%	82.36%	89.02%	84.36%	66.12%	69.71%	79.64%	52.77%
Percent of priority 2, 3 and 4 cases completed within access targets for hip replacement	Q4 15/16	90.00%	79.63%	77.06%	67.57%	62.33%	76.14%	71.76%	65.22%	82.88%	98.60%	92.66%	50.91%	86.35%	82.91%	86.50%	76.74%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q4 15/16	90.00%	78.18%	85.03%	69.80%	57.09%	68.70%	60.08%	49.11%	83.50%	96.62%	91.91%	63.07%	85.26%	82.04%	88.22%	78.36%
Percentage of alternate level of care (ALC) days	Q3 15/16	9.46%	14.15%	15.43%	9.48%	11.82%	16.06%	6.06%	14.03%	10.11%	14.27%	13.57%	14.42%	13.39%	27.63%	25.12%	18.81%
ALC rate	Q4 15/16	12.70%	14.12%	17.23%	11.86%	9.27%	13.49%	6.00%	11.76%	12.85%	14.36%	17.45%	18.86%	12.61%	15.46%	19.76%	28.24%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q3 15/16	16.30%	20.33%	17.46%	17.99%	18.14%	18.61%	26.09%	19.09%	28.40%	19.46%	18.90%	24.33%	16.60%	16.99%	16.64%	19.37%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q3 15/16	22.40%	33.39%	25.25%	23.71%	24.55%	30.82%	30.52%	26.32%	43.50%	27.49%	27.29%	22.39%	26.56%	18.78%	29.62%	47.60%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q2 15/16	15.50%	16.62%	15.27%	16.05%	15.54%	16.51%	15.61%	15.46%	18.61%	15.78%	16.66%	17.56%	17.08%	17.22%	17.76%	15.25%

North Simcoe Muskoka 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

1. Per ministry guidance, the MRI wait times data from Independent Health Facilities (IHFs) have been excluded from the calculation of LHIN and Provincial wait times
2. Toronto Central LHIN's historical data from Q1 FY14/15 to Q4 FY15/16 has been refreshed with updated wait times data as a result of University Health Network and Sinai Health System's data quality resubmission processes. Provincial aggregate values have also been updated for the same reporting periods.

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

1. Per ministry guidance, the CT Scan wait times data from Independent Health Facilities (IHFs) have been excluded from the calculation of LHIN and Provincial wait times
2. Toronto Central LHIN's historical data from Q1 FY14/15 to Q4 FY15/16 has been refreshed with updated wait times data as a result of University Health Network and Sinai Health System's data quality resubmission processes. Provincial aggregate values have also been updated for the same reporting periods.

Repeat unscheduled emergency visits within 30 days for mental health conditions

1. Beginning August 2013, the time period for reporting of the indicator changed to include visits occurring within the first 60 days of the reported quarter plus the last 30 days of the previous quarter.

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

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

1. Beginning August 2013, the time period for reporting of the indicator changed to include visits occurring within the first 60 days of the reported quarter plus the last 30 days of the previous quarter.

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

Overall satisfaction with health care in the community

1. As these results are based on survey data, lower confidence intervals (LCIs) and upper confidence intervals (UCIs) have been provided. Sometimes referred to as margin of error, these provide the probability that an estimate falls with a stated range (an interval). A 95 percent CI indicates that the 'true' value falls between the upper and lower limits of the stated range 19 times out of 20.

Percent of palliative care patients discharged from hospital with home support

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

2. The methodology for this indicator has been revised; as a result, data for all quarters has been refreshed. Therefore, data from previous reports may not be comparable.

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.