MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: North Simcoe Muskoka LHIN

REPORT DATE: May 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

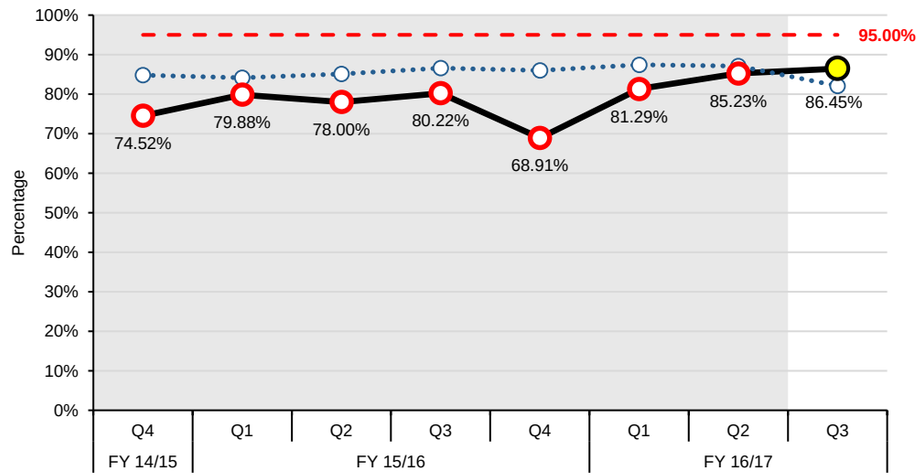
North Simcoe Muskoka LHIN

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	86.45%	82.10%	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.
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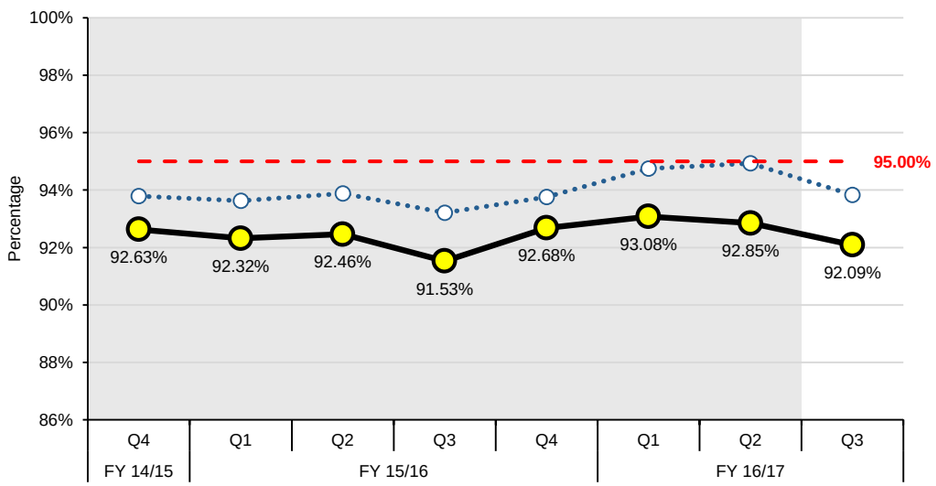
- NSM LHIN is within 10% of the provincial target for the first time in two years and is ranked 6th out of 14 LHINs
- NSM LHIN performance is 4 percentage points better than overall provincial performance
- Changes to wait list management over the past year have been responsible for moving this indicator in a positive direction
- Complex personal support results have shown an increase quarter over quarter since Q4 15/16.
- Results for Q4 16/17 show continued improvement over previous quarters.
- Controls have been put in place to ensure the sustainability of the gains that have been made specific to business process improvement.
- Elimination of the personal support waitlist in Q3 through Q4 has contributed to improved access for patients.
- This indicator continues to be closely monitored and results shared with staff and service providers.

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	92.09%	93.83%	95.00%



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- NSM LHIN has moved from being ranked 13th of 14 LHINs for this indicator to 12th and remains within 10% of the provincial target.
- Variation within LHINs for this indicator is very small indicating relatively stable performance across LHINs
- NSM LHIN performance for this indicator has been very stable over the past two years with only a 1.5 percentage point variation between the highest and lowest performance in the past two years indicating that this number may have plateaued
- Analysis of the patient available date/reason (especially for patients referred from hospital) demonstrates that patients are often seen in more than 5 days due to pre-planning and clinical need for a visit on a specific date.
- When the patient available date/reason is considered within the measurement methodology (planned for Q1 17/18), the likelihood of achieving the target of 95% is high.

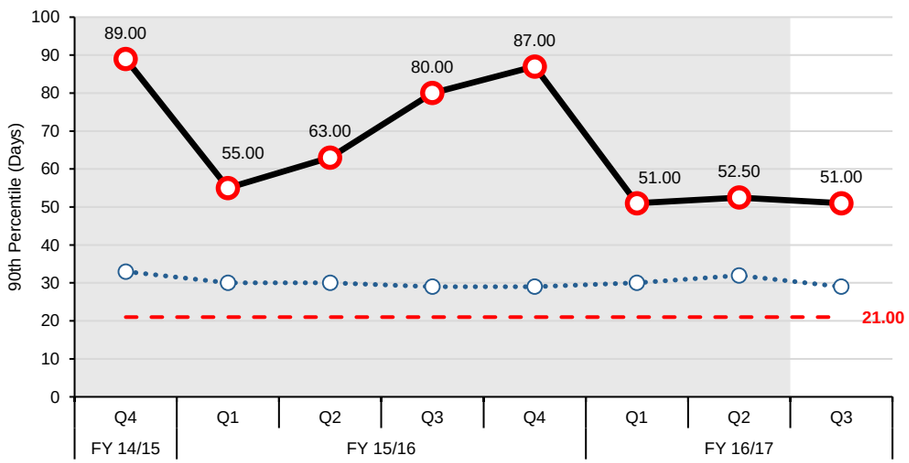
North Simcoe Muskoka LHIN

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 home care services: application from community setting to first home care service (excluding case management)

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	51.00 Days	29.00 Days	21.00 Days



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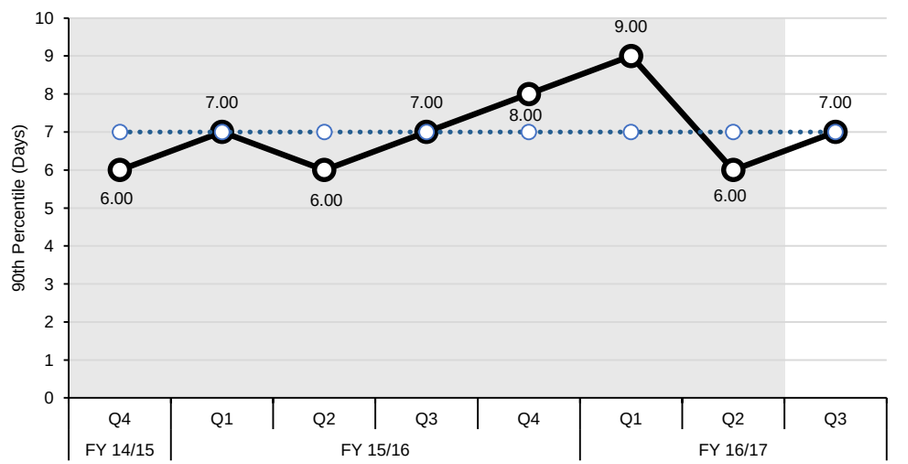
- Gains made for this indicator over the past two quarters have been sustained over Q3 of this reporting period however NSM LHIN is ranked 13th of 14 LHINS and continues to have significantly longer 90th percentile wait time for service from the community
- 90th percentile wait times are largely driven by waits for therapy services
- At the end of January 2017 the CCAC implemented a change to the assessment and Personal Support authorization process (at both Intake and Referral) that ensures more timely assessment and authorization of personal support services.
- Resulting Improvement in this indicator was seen at the end of Q4 and has continued into April 2017 (results were 41 days at end of April).
- Further improvement in the results is expected based on this Personal Support initiative but it is recognized that changes in the therapy authorization and waitlist process will need to occur in order to achieve the target of 21 days by March 2018.
- The 90th percentile wait time from application to authorization was 36 days for Q3, with the 90th percentile wait time from authorization to first service being 16 days. Wait times from authorization to first service for nursing was 5 days and for PSW was 16 days. These two services account for 69% of the cases included in this indicator so reducing the times from application to authorization may move this indicator in a positive direction.
- The next largest cohort of clients is those receiving occupational therapy, which accounts for 13% of authorized services. The wait time from authorization to first service for occupational therapy was 19 days, similar to the wait time for PSW. The remaining therapy services have longer wait times that exceed the targets for combined times from application to authorization to first service.

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

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	7.00 Days	7.00 Days	TBD



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- This is a new indicator with no targets set as of yet
- NSM LHIN performance is comparable to provincial performance
- Currently, this indicator is running at the provincial average.
- There are plans this year to review the current process in which Therapy Services are offered to Contracted Service Providers in order to reduce waitlists and improve access to therapy services for patients in the community.

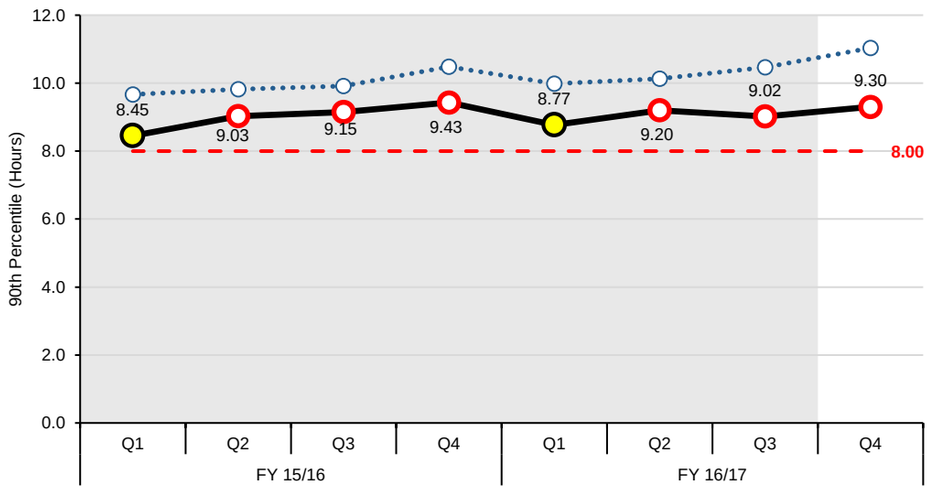
North Simcoe Muskoka LHIN

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	9.30 Hours	11.03 Hours	8.00 Hours



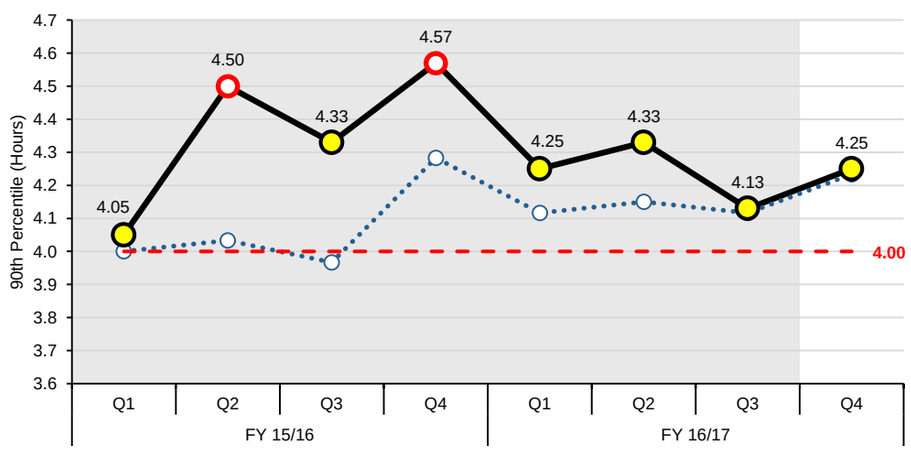
LHIN COMMENTS

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

- NSM LHIN has seen a slight increase the 90th percentile ED wait time for complex and admitted patients however these wait times continue to be significantly lower than the provincial average
- NSM LHIN is ranked 4th out of 14 LHINS for this indicator
- The slight increase in ED wait times for this indicator equates to an increased wait time of 16 minutes in practical terms
- This indicator is driven by the wait times for admission to beds, particularly at OSMH and RVH. More specifically, NSM LHIN ED LOS for non-admitted complex patients meets the target at 6.5 hours and is negatively impacted by the ED LOS for admitted patients which was 25.5 hours
- It is also noted that NSM LHIN ranks 8th out of 14 LHINS for the monitoring indicator "Hospitalization Rate for Ambulatory Care Sensitive Conditions" which is comparably high and may impact negatively on bed availability as overall NSM LHIN hospitals admit fewer CTAS IV and V patients than 8 of the other LHINs
- The overall 90th percentile ED LOS for all patients of all acuity levels in NSM LHIN was 7.4 hours as compared to the provincial 90th percentile wait of 8.7 hours
- At CGMH, ED Service demand remains high with a significant rise in community acquired C. DIFF and longer waits for regional CCC impacting Patient Flow. Additional demand for bed space to manage late fiscal Hip/Knee allocations also impacted inpatient bed access from the ED.
- Despite ongoing ED renovations at GBGH, ED LOS remained stable at that site.
- A trend noted by MAHC of an increase in patients admitted under a Form 1, typically triaged as CTAS 2 and waiting for a Schedule 1 bed will be monitored and investigated further.
- At OSMH P4R funding was maintained for additional MD coverage, navigation, and CCAC support in ED.

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

Summary (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	4.25 Hours	4.23 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).

- NSM LHIN performance is within 10% of the provincial target and equal to provincial performance
- There has been an increase since the last quarter that corresponds to overall trending related to ED volumes and seasonal use. While NSM LHIN sees a significant increase in ED volumes and ED wait times in Q2 (summer) and Q4 (winter) when visitors and cottagers increase the local population, this annual trend has shifted over the past year to be within 10% of the provincial target for the full past fiscal year as compared to the previous fiscal year
- NSM LHIN is ranked 7th out of 14 LHINs for this indicator
- At CGMH P4R Change Initiatives include Transition Planning, ED Crisis integration and continued focus improvements on the See & Treat and rapid assessment zone processes to support surge demands. ED Service demand remains increased for this period
- At OSMH there is continued work to adjust coverage to align with volumes and evaluate flow patterns to find efficiencies.
- NSM LHIN has a higher rate of emergency visits for conditions best managed elsewhere than the provincial average. System wide work on ED diversion strategies and public communication are underway, particularly as they pertain to surge planning.

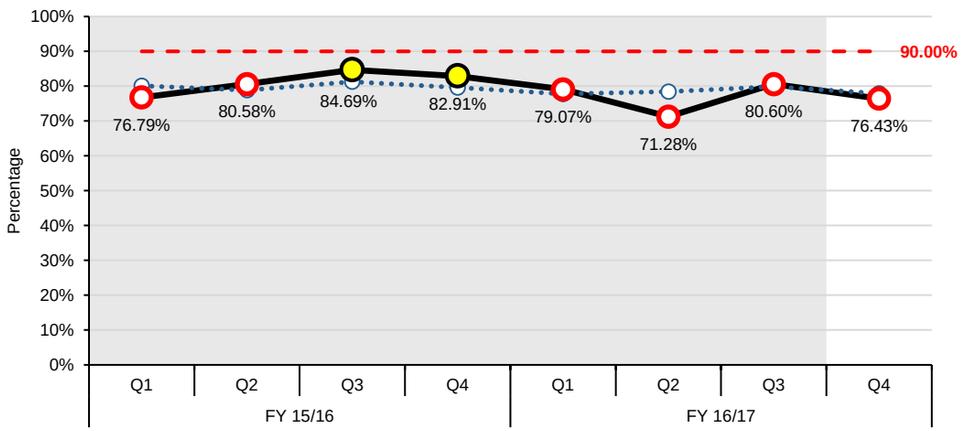
North Simcoe Muskoka LHIN

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 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	33.33%	81.60%	76.43%	77.89%



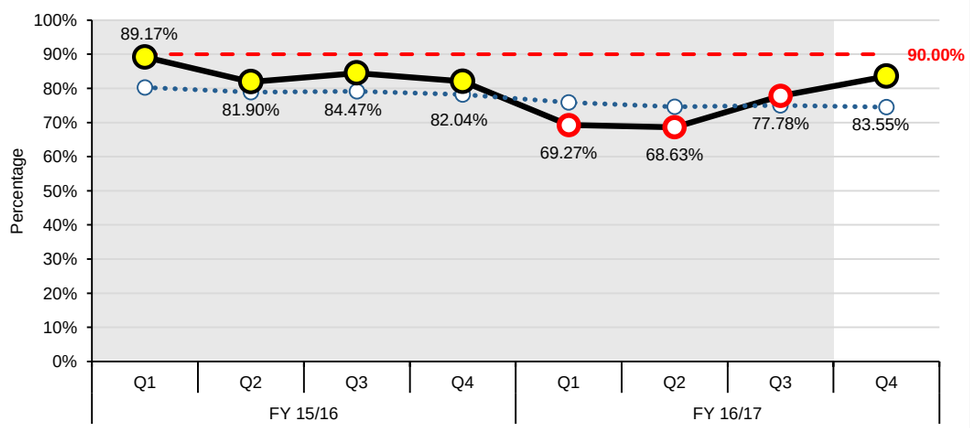
LHIN COMMENTS

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

- NSM LHIN performance has slipped slightly from Q3 to Q4 in the past fiscal year however is within 1.5 percentage points of the provincial performance.
- NSM LHIN is ranked 8th out of 14 LHINS for this indicator
- Significant changes in population demographics, particularly in the South Georgian Bay sub-region may be affecting service demand upward
- RVH performance meets the provincial target however, OSMH and CGMH did not meet the target this past quarter
- CGMH continues to work closely with the LHIN and completed additional Hip Surgery allocations to respond to waitlist needs. All allocated additional cases were completed.
- OSMH has successfully recruited three orthopedic surgeons to meet the needs of the community. They have efficiently completed all of the QBP funded hip replacements allocated.
- Despite additional QBP's, high volumes and high wait times continue for both OSMH and CGMH

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

Summary (Q4 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	33.33%	86.30%	83.55%	74.50%



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).

- NSM LHIN demonstrated significant improvement in this indicator and the percent of cases seen within the access target is now slightly above Q4 performance in the previous year
- NSM LHIN performance is within 10% of the provincial target and is better than provincial performance by 9 percentage points.
- NSM LHIN is ranked 5th out of 14 LHINS for this indicator
- Significant investments towards this indicator have generated traction towards attaining the provincial target
- RVH does meet the provincial target while OSMH and CGMH have not yet attained the target
- At CGMH work continues with the LHIN to address knee surgery allocations and respond to wait list needs. All allocated additional cases were completed prior Aril 2017.
- OSMH has successfully recruited three orthopedic surgeons to meet the needs of the community. All of the QBP funded knee replacement allocated to OSMH have been completed.
- Despite additional QBP's, high volumes and high wait times continue for both OSMH and CGMH.

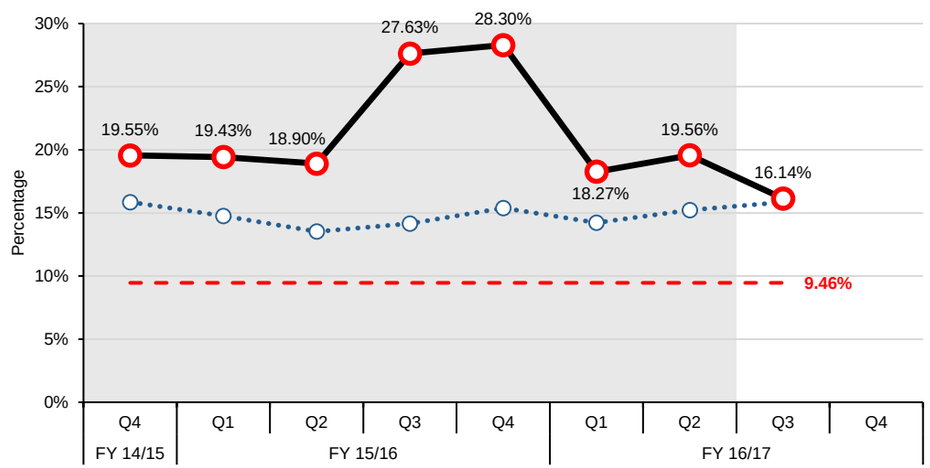
North Simcoe Muskoka LHIN

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	16.14%	15.85%	9.46%



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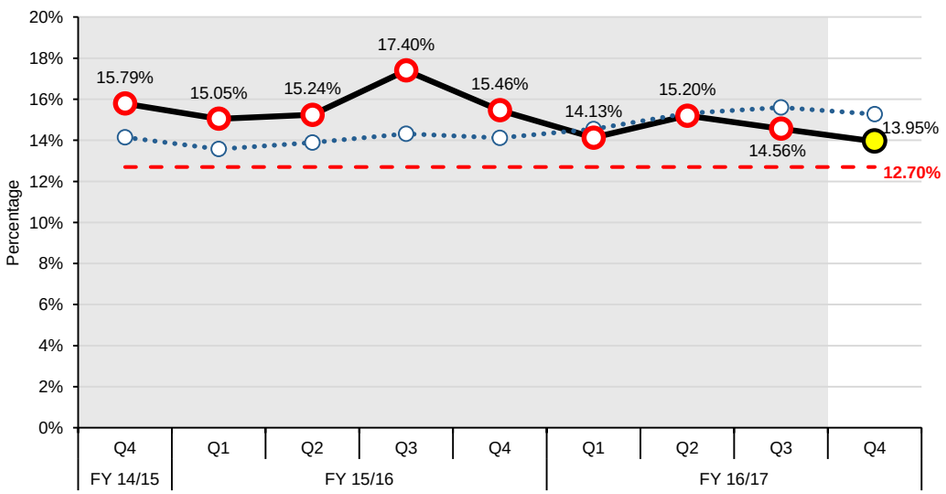
• Percent ALC days has shown a consistent downward trend since Q4 of the previous fiscal year and NSM LHIN performance is approaching provincial performance. NSM LHIN performance for 16/17 Q3 on this indicator is the best it has been in the past two years
• NSM LHIN is ranked 7th out of 14 LHINs for this indicator
• Counter-intuitively, this indicator often gets worse as the ALC rate improves as it is sensitive to the discharge of long stay patients, however, this quarter there has been improvement in both ALC rate and % ALC days indicating that some traction in addressing ALC issues has taken hold
• Quarter over quarter, both OSMH and CGMH have reduced their ALC days by approximately half while maintaining patient occupancy. At CGMH both ALC days and ALC rate have decreased indicating that throughput has improved. At OSMH the ALC rate has increased slightly while % ALC days has decreased indicating that while the indicator is improving there is some risk that patient flow may not have improved. GBGH has seen a similar effect to OSMH but of smaller magnitude. Both MAHC and RVH are relatively unchanged for this indicator quarter over quarter.
• CGMH has seen a marked decrease in ALC patients discharged to Long Term Care (ALC-LTC) due to the adoption of the Home First philosophy. Currently only 1 patient is admitted to CGMH with ALC-LTC destination.
• GBGH continues to focus on admission avoidance to minimize ALC patients and has expanded team coverage to 7 days per week to ensure timely discharges back to the community.
• MAHC has implemented systemic pro-active process improvements involving Home Care Coordinator and Patient Flow navigator coordination, behaviour success agents and a new complex case resolution process
• RVH is anticipating the expansion of 12 transitional beds to Barrie in Sept/Oct 2017 and due to collaboration with the LHIN and Community Care has reduced the number of patients waiting for LTC from 13 to 5

ALC rate

Summary (Q4 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	13.95%	15.27%	12.70%



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• NSM LHIN continues to show improvement in this indicator and is now within 10% of the provincial target for the first time in over 2 years
• NSM LHIN performance is better than provincial performance by 1.3 percentage points and NSM LHIN is ranked 5th out of 14 LHINs for this indicator
• Multi-sector work over the past two years has contributed to a system based approach to addressing patient flow and access to service. Representation from all hospitals and many community providers has been instrumental in moving this indicator in a positive direction.
• The worst annual ALC rate for NSM was FY 12/13 when 18.0% of patient days were attributable to ALC. The annual rate for 16/17 was 14.3%. When comparing these two fiscal years, progress was made most significantly in reducing the ALC to LTC rate which fell from 11.1% to 3.9%. However, during that time there was an increase in the ALC to CCAC rate and an increase in ALC to Supervised or Assisted Living rates and ALC to Convalescent Care. This may reflect improvements in patient flow and increased utilization of alternative services to support discharge. Careful monitoring of this trend is ongoing to avoid overloading these sectors and maintain gains made in this indicator
• Changes to processes and patient care philosophy at Waypoint Centre are ongoing with potential effects on ALC rates. This will be monitored closely with planning adjusted to address mental health ALC populations.

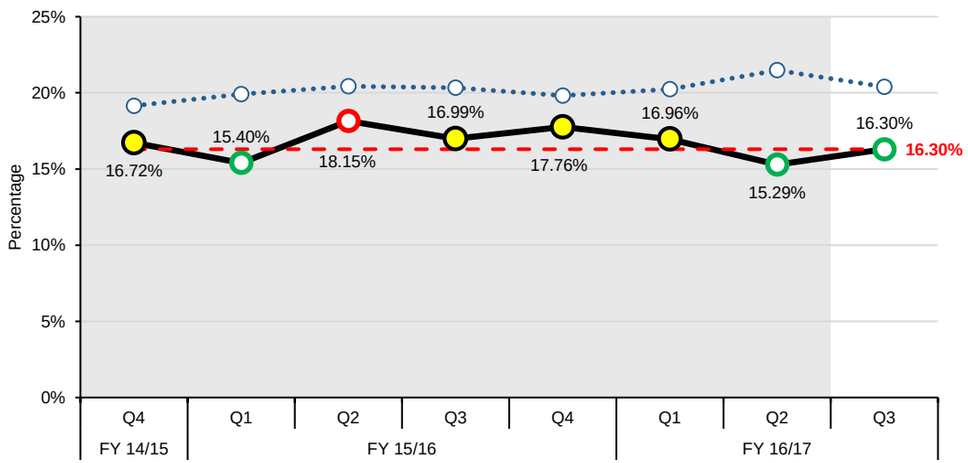
North Simcoe Muskoka LHIN

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	16.30%	20.39%	16.30%



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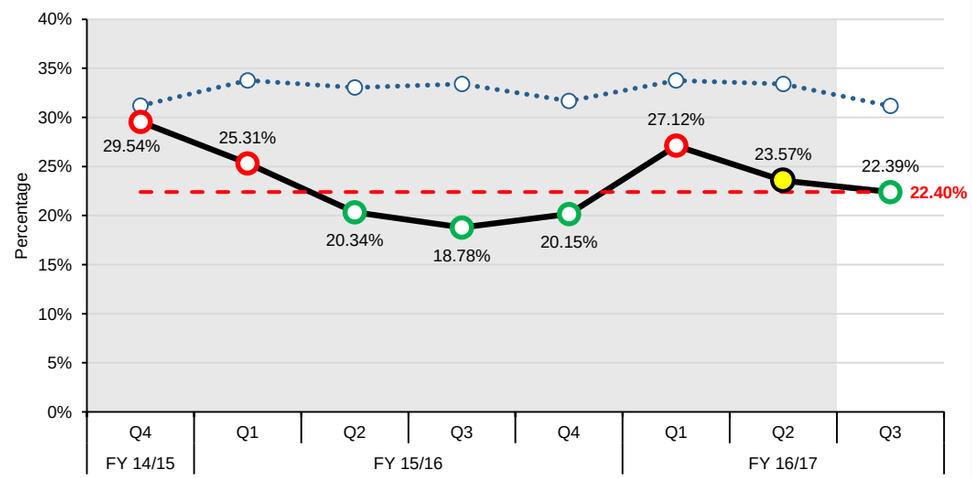
- NSM LHIN has attained the provincial target for this indicator for the second straight quarter.
- NSM LHIN performance is better than provincial performance by 4 percentage points
- NSM LHIN is ranked 2nd out of 14 LHINs for this indicator
- Strong representation by community based services at the Mental Health and Addictions Planning table has contributed to systems based planning and approaches to mental health care
- Cooperation and planning by hospital based and community based providers at a sub-regional level is aimed at addressing patient and system needs unique to each sub-region
- CGMH continues to work with the Community Mental Health Team (inclusion of Crisis Workers in the ED), HealthLink to identify improvements to reduce repeat ED presentations and a significant community partnership project with the local OPP detachment for MH Crisis community intervention. The Q3 rate of 13.7% is improved from Q2 rate of 15.8% and Q1 at 19.6%.
- At RVH the Adult Urgent Consult Clinic pilot project was completed March 31. Results were positive, and responses were made to 200 individuals on the wait list. These individuals were either removed from the wait list for various reasons, seen in the clinic or scheduled with one of the other psychiatrists for ongoing care.
- Wait times for all mental health services in NSM with the exception of Abuse Services are significantly lower than the provincial average for both the median wait and the total range for the wait times indicating that community support including rapid response and client initiated visits are available in the community.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	22.39%	31.15%	22.40%



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- After a brief deterioration in this indicator in Q1, NSM LHIN performance has met the provincial target for Q3
- NSM LHIN performance is 9 percentage points better than provincial performance
- NSM LHIN is ranked 4th out of 14 LHINs for this indicator
- Strong representation from both community and hospital based providers at the Mental Health and Addictions Table has contributed to strong sub-regional planning for addictions services
- Work is underway to track and trend substance use issues by sub-region and by substance type to inform future planning
- Successful implementation of the rent subsidy program may have had an effect on this indicator as shelter insecurity contributes to hospital use.
- Wait times for community based drug and alcohol programs in NSM vary dependent on the program, and while some median wait times are longer than the provincial average, particularly the wait times for community withdrawal management, the wait time range in significantly shorter than the provincial range indicating that while access may be slightly slower, overall access to programs is more equitable and ultimately more efficient. In particular for individuals to obtain drug and alcohol support within housing may take over 700 days for the province as a whole, for individuals in NSM it takes at most 107 days. Increasing this level of support where the individual lives may contribute to less use of the ED.

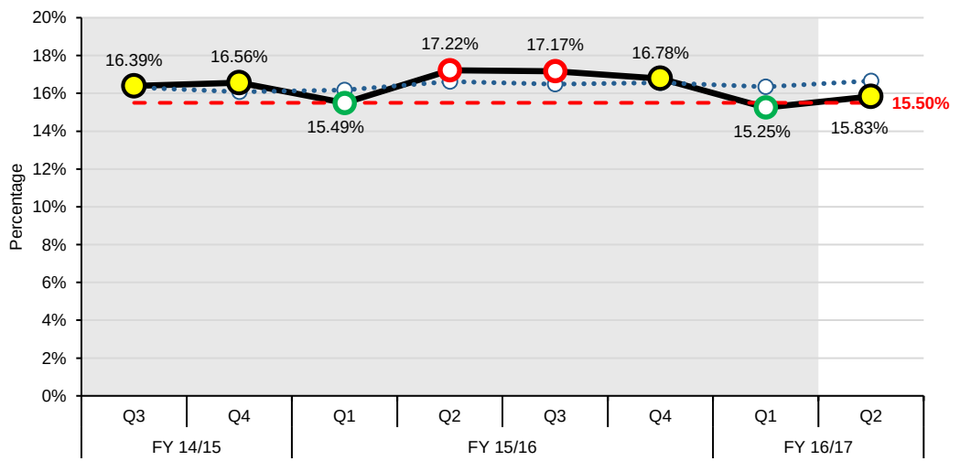
North Simcoe Muskoka LHIN

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	15.83%	16.66%	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).

- NSM LHIN performance has been relatively stable over the past quarter for this indicator and is within 10% of the provincial target
- NSM LHIN performance is 1 percentage point better than provincial performance for this indicator and NSM LHIN is ranked 4th out of 14 LHINS for this indicator
- Historically NSM performance for this indicator tends to be better in Q1 of each fiscal year
- Data from this indicator is being considered at the LHIN Quality Advisory Committee, framed as a transition of care.
- For diagnostic groups that the NSM LHIN partners are aware of demographic risks and stresses (e.g. high levels of COPD and the risk factors associated with COPD), significant coordination between HealthLink partners at the sub-regional level has resulted in a lower readmission ratio than expected. The CHCs, HealthLinks and other partners have focused efforts and programs on managing COPD and diabetes in North Simcoe and South Georgian Bay and have seen positive results in avoiding readmissions. AT RVH focus on stroke and cardiac have yielded similar results.
- Quarter over quarter readmissions for the gastrointestinal cohort have been highest. This is a diverse cohort but upon closer analysis, it is apparent that GI obstructions are the most common diagnosis readmitted within the 30 day time frame.

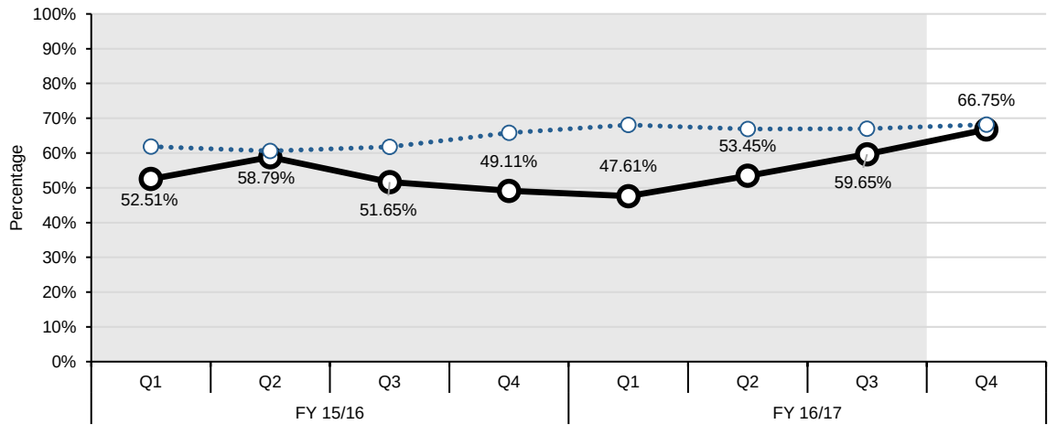
North Simcoe Muskoka LHIN

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)

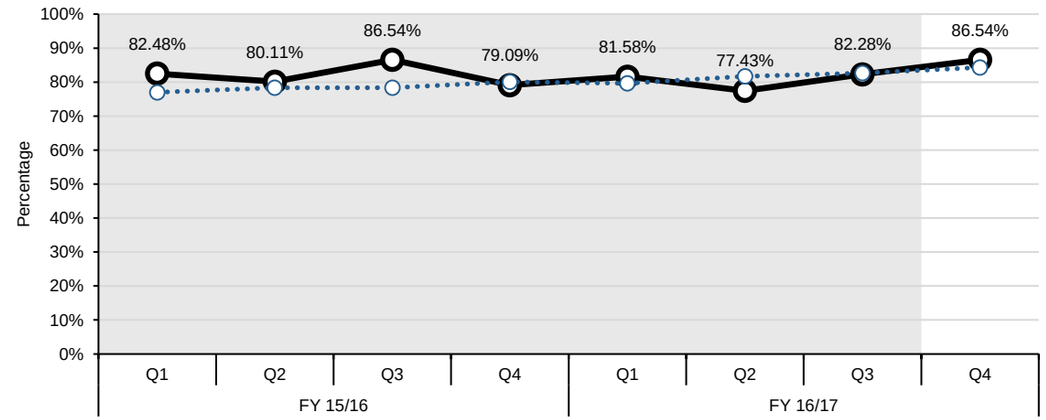
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q4 FY 16/17)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	89.21%	55.39%	66.75%	68.17%



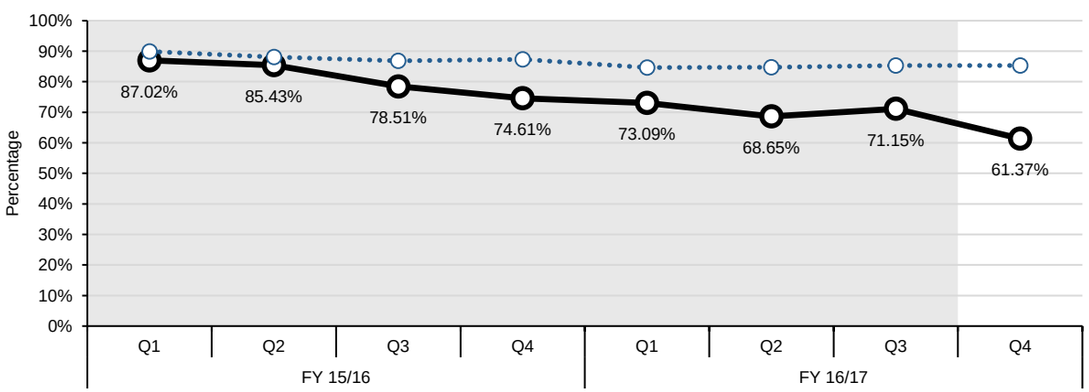
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q4 FY 16/17)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	94.95%	77.62%	86.54%	84.30%



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

Summary (Q4 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	15.76%	69.99%	61.37%	85.32%



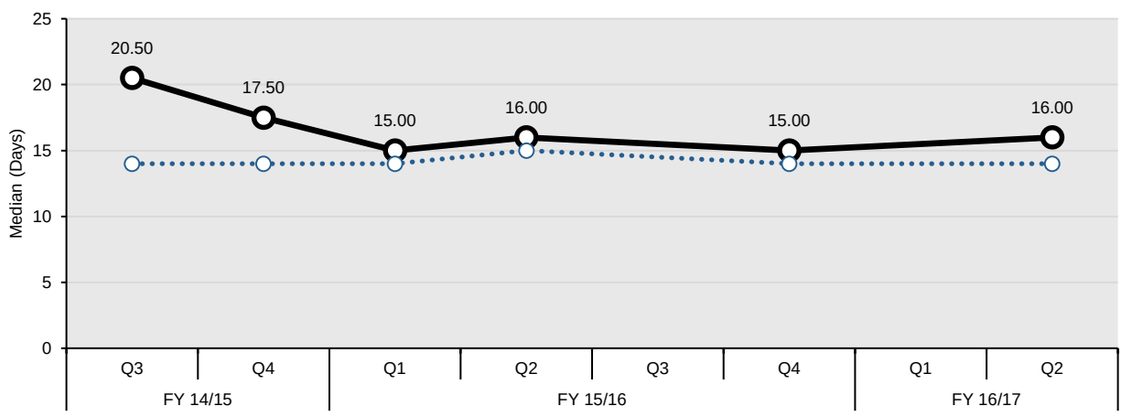
North Simcoe Muskoka LHIN

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)

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

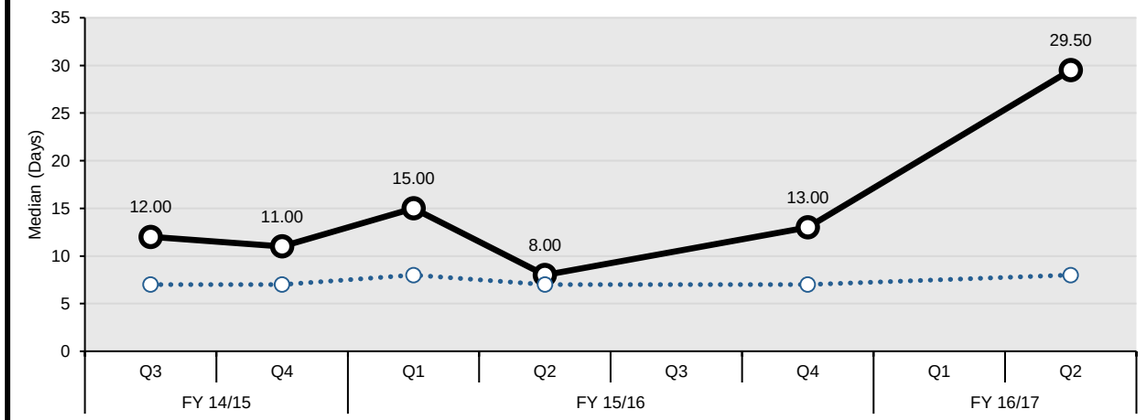
Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	16.00 Days	14.00 Days



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

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

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	29.50 Days	8.00 Days



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

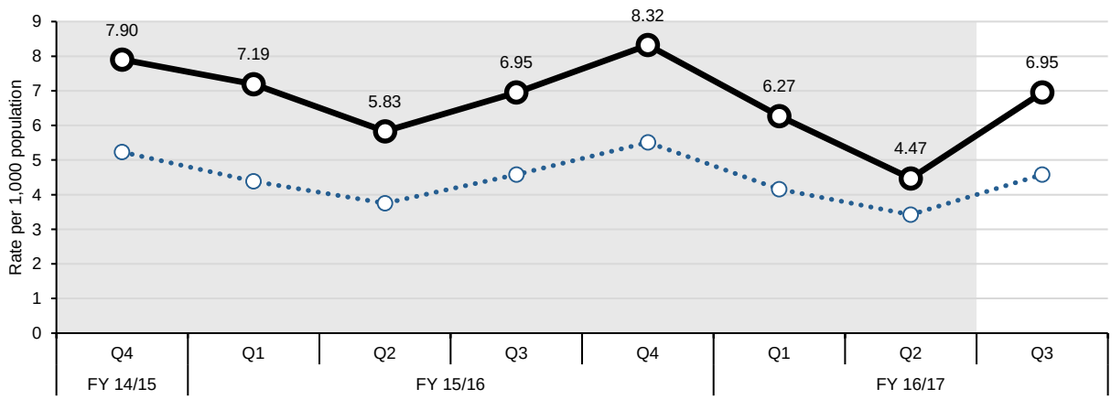
North Simcoe Muskoka LHIN

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)

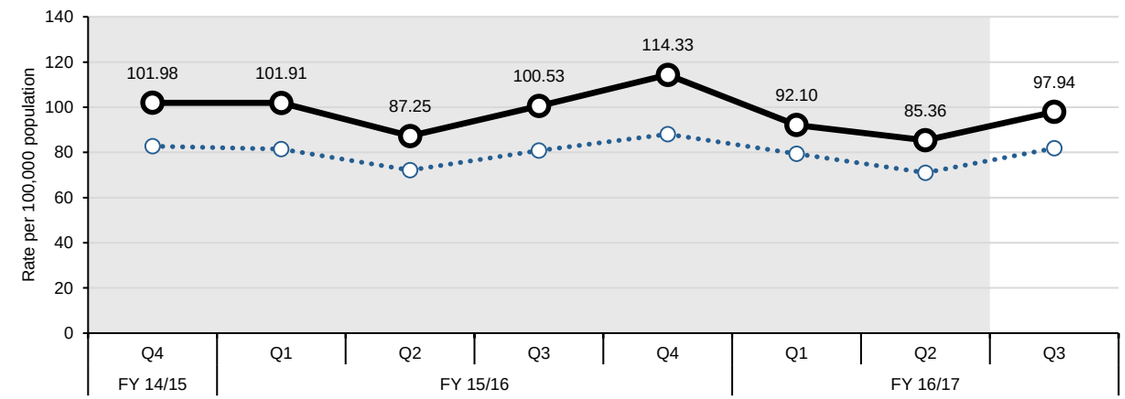
Rate of emergency visits for conditions best managed elsewhere

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance
	6.95	4.58



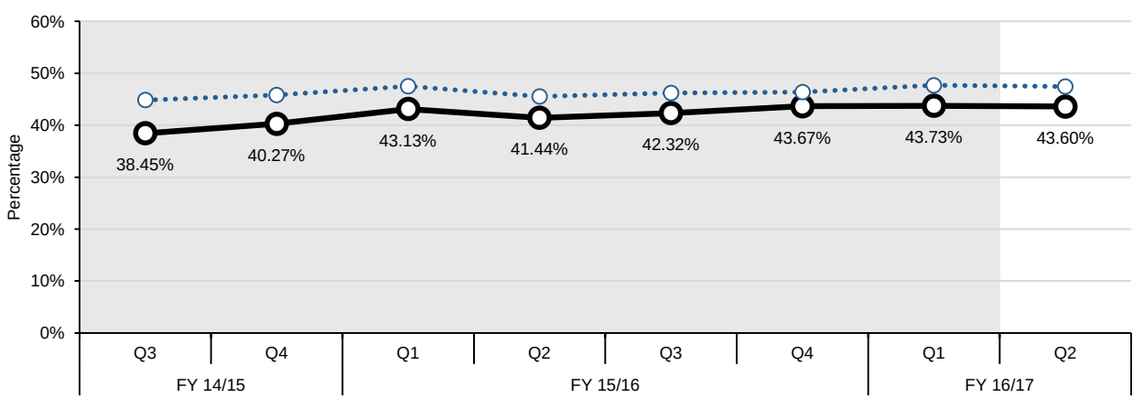
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance
	97.94	81.88



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

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	43.60%	47.46%



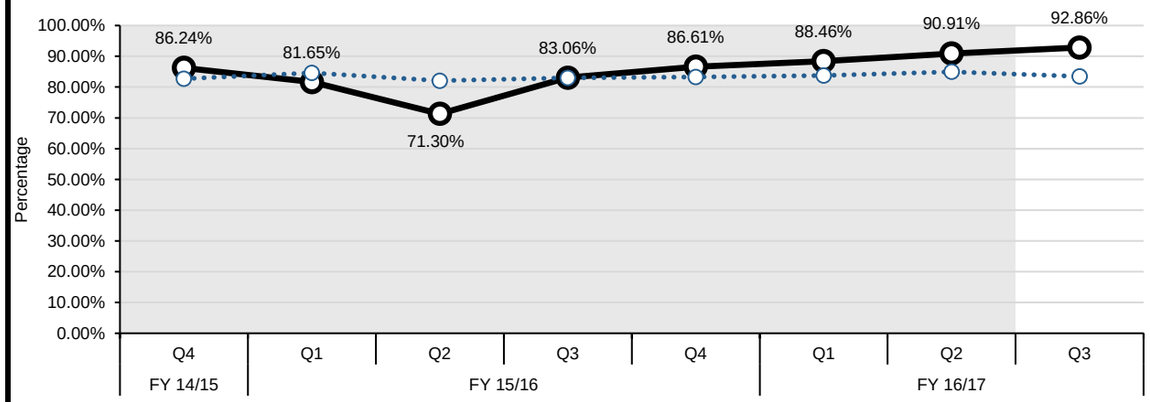
North Simcoe Muskoka LHIN

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 16/17)	LHIN Performance	Provincial Performance
	92.86%	83.48%



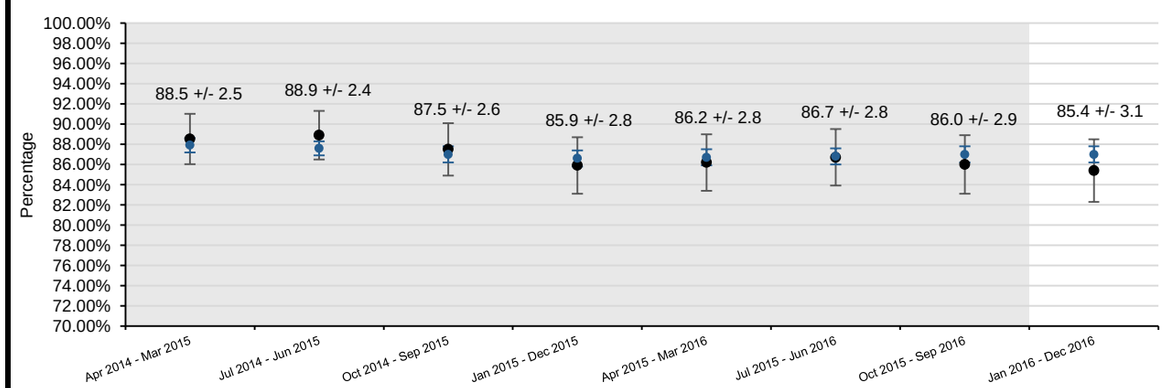
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Jan 2016 - Dec 2016)	LHIN Performance	Provincial Performance
	85.4% +/- 3.1%	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 16/17	95.00%	82.10%	90.99%	85.16%	83.72%	89.02%	86.21%	87.20%	86.05%	87.21%	85.50%	87.41%	29.68%	86.45%	80.75%	61.90%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q3 16/17	95.00%	93.83%	96.08%	91.77%	94.02%	94.66%	93.78%	94.99%	93.86%	95.32%	93.27%	93.15%	93.03%	92.09%	93.72%	91.48%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q3 16/17	21.00 Days	29.00	24.00	21.00	13.00	27.00	23.00	37.00	24.00	27.00	56.00	21.00	31.00	51.00	43.00	31.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q3 16/17	TBD	7.00	5.00	8.00	5.00	6.00	8.00	13.00	7.00	5.00	8.00	7.00	7.00	7.00	6.00	5.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q4 16/17	8.00 Hours	11.03	9.97	7.98	8.35	16.83	11.48	11.75	13.35	10.83	10.82	9.70	12.25	9.30	9.05	10.32
90th percentile ED length of stay for minor/uncomplicated patients	Q4 16/17	4.00 Hours	4.23	4.30	3.72	4.67	4.68	3.70	3.75	4.67	3.48	4.17	4.38	4.87	4.25	4.20	4.27
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q4 16/17	90.00%	77.89%	91.13%	40.88%	39.00%	69.19%	75.96%	62.61%	93.65%	98.54%	90.15%	75.00%	93.09%	76.43%	84.74%	75.64%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q4 16/17	90.00%	74.50%	69.73%	45.58%	38.93%	60.86%	62.12%	45.77%	92.45%	96.32%	88.73%	81.30%	88.68%	83.55%	80.62%	82.39%
Percentage of alternate level of care (ALC) days	Q3 16/17	9.46%	15.85%	16.50%	10.67%	12.36%	16.57%	6.67%	17.62%	12.21%	16.88%	17.89%	15.92%	13.99%	16.14%	26.50%	31.12%
ALC rate	Q4 16/17	12.70%	15.27%	15.06%	10.25%	9.85%	14.69%	7.46%	14.29%	11.53%	15.98%	26.27%	17.05%	14.17%	13.95%	22.95%	30.86%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q3 16/17	16.30%	20.39%	18.95%	18.61%	18.58%	20.27%	24.37%	15.42%	27.78%	18.58%	20.52%	19.28%	18.35%	16.30%	18.09%	21.05%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q3 16/17	22.40%	31.15%	28.84%	23.16%	22.60%	28.48%	36.27%	25.57%	42.43%	21.60%	27.75%	21.63%	25.36%	22.39%	29.74%	40.60%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q2 16/17	15.50%	16.66%	16.36%	17.56%	15.76%	16.64%	14.92%	15.48%	17.57%	15.91%	16.90%	18.02%	16.83%	15.83%	16.69%	17.88%

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.

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.