MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: North Simcoe Muskoka LHIN

REPORT DATE: February 2020

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

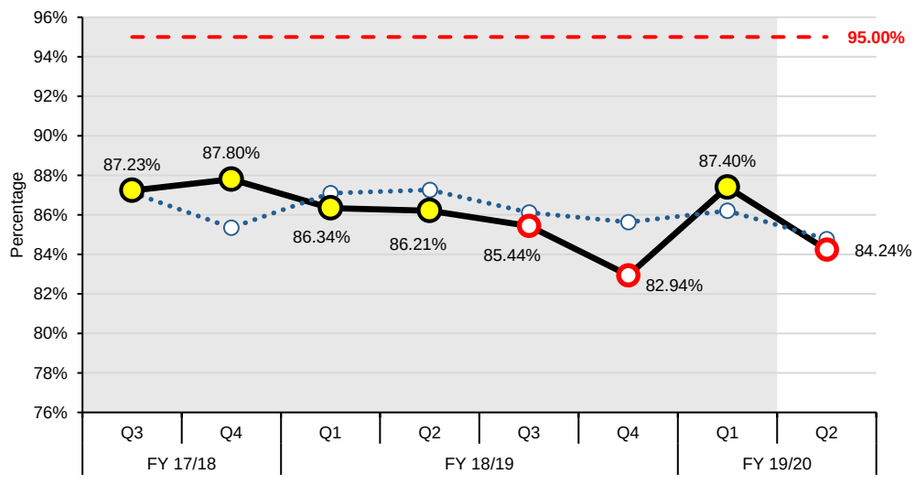
North Simcoe Muskoka LHIN

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 (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	84.24%	84.77%	95.00%

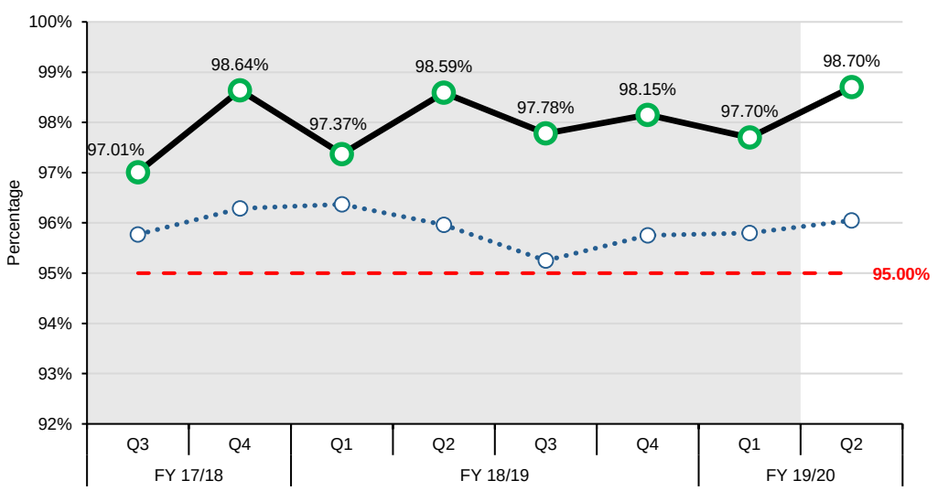


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 9th out of 14 LHINS for this indicator unchanged from the previous reporting period
- NSM LHIN Is in line with the provincial average though does not meet the provincial target
- Within Central Region, NSM LHIN is ranked 4th of 4 LHINS for this quarter with the other 3 LHINs following within 10% of the provincial target.
- This result conflicts with locally available data and OHSS data which both indicate the outcome was between 87 and 88% which would be within 10% of the provincial target
- Follow up with HAIB indicates that the data for Stocktake was extracted in October 2019. As the billing cycle would have been completed in mid October and then clean up and validation of data would have occurred after that, it is likely that the Stocktake data was extracted before NSM LHIN internal validation processes had been completed. This would not have been corrected prior to the HAIB extraction of the data.
- Internal projections indicate that NSM LHIN outcome for this indicator will continue to decline in Q3 but will remain within 10% of the target
- It is noted that service provider offer acceptance has been declining since October reflecting health human resources shortages
- During this reporting period, 96% of hospital referrals for complex PSW were seen within the 5 day wait time target while only 83.5% of community based clients were seen in 5 days or less.

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

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	98.70%	96.05%	95.00%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 2nd out of 14 LHINS for this indicator up from 3rd in the previous reporting period and, along with 12 of the 14 LHINs, is meeting the provincial target of 95%. Within Central Region, NSM LHIN is ranked 1st of 4 LHINS, with 3 of the 4 LHINS meeting the provincial target and the 3rd within 10% of the target.
- NSM LHIN's performance is 2.7 percentage points better than the provincial performance
- Performance for this indicator has been consistent over the past 7 quarters and is projected to continue to meet target
- NSM LHIN will be monitoring this indicator closely for any changes that might indicate provider shortages

Ontario

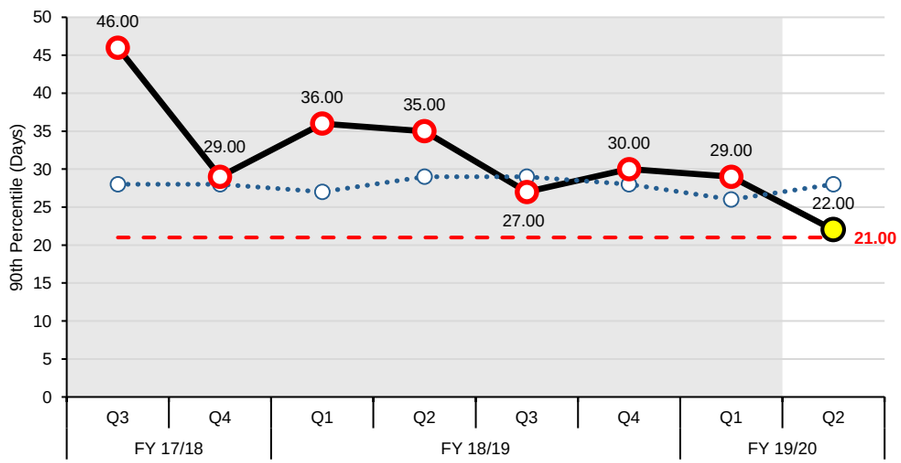
North Simcoe Muskoka LHIN

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)

90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	22.00 Days	28.00 Days	21.00 Days

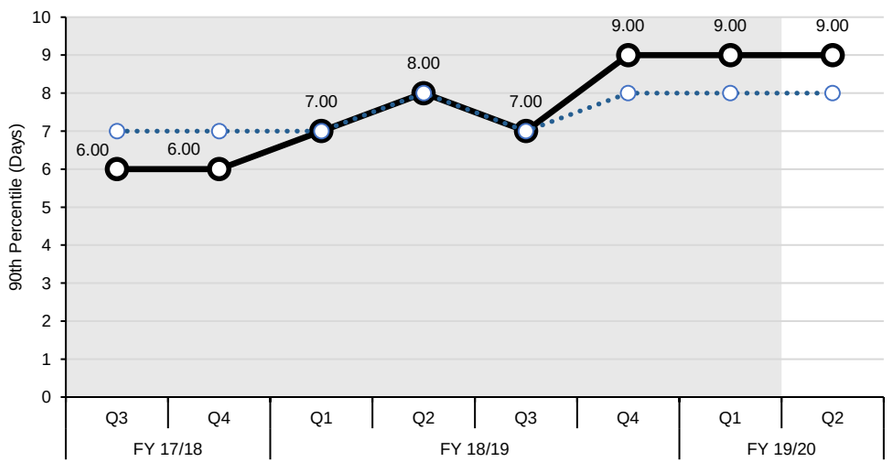


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 5th out of 14 LHINS for this indicator, up from 11th the previous reporting period
- Performance is better by 7 days over the prior quarter and is 6 days better than the provincial performance.
- Within Central Region NSM LHIN is ranked 2nd out of 4 LHINS with 2 of the 4 missing the provincial target, 1 meeting the target and NSM being within 10% of the target.
- This is a 109% improvement since Q3 of FY 2017/18 and is consistent with a steady trend towards meeting the target
- There have been a number of change ideas implemented over time to move this indicator towards the target including: using kinesiology services for an identified population, additional staffing for the Access Team, having team assistants book appoints for RPN's, and merging Central Intake and Hospital Transfer Team. The goal of these changes was to reduce wait 1 time (application to service authorization) for community referrals to 13 days. For Q2 the wait 1 time was 10 days.
- While wait 2 times (service authorization to first visit date) for physiotherapy and occupational therapy remained stable at between 20 and 24 days, wait 2 time for speech language pathology has been steadily declining from 120 days in Q1 of 2018/19 to 18 days in this reporting period.
- Internal LHIN analysis indicates that performance on this indicator will rise back to 28 days for Q3, largely attributed to a rise in wait 1 time to 12 days (still meeting the internal target of 13 days for wait 1).

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

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	9.00 Days	8.00 Days	TBD



LHIN COMMENTS (IF APPLICABLE)

- At this time no target has been provided by the Ministry
- NSM LHIN is ranked 8th out of 14 LHINS for this indicator and is tied for first in Central Region
- NSM LHIN performance is equal to the provincial performance and has been stable over the past three quarters.

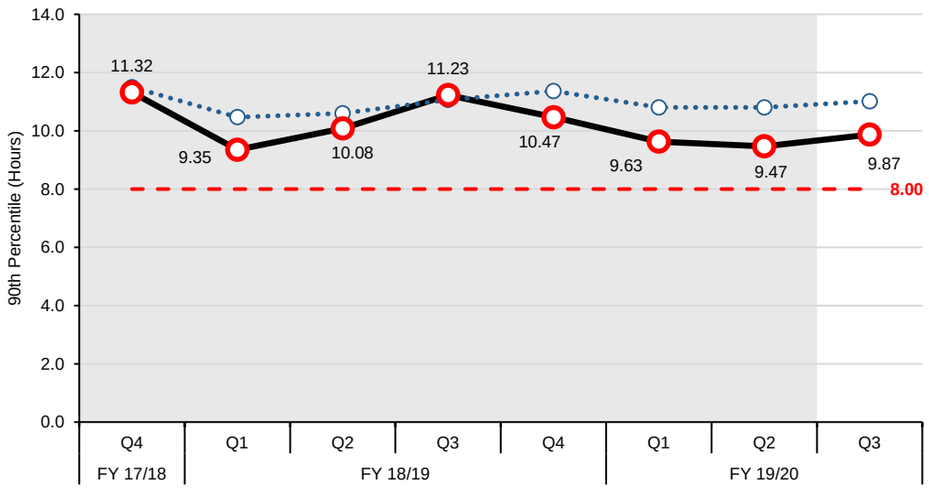
North Simcoe Muskoka LHIN

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 (Q3 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	9.87 Hours	11.02 Hours	8.00 Hours

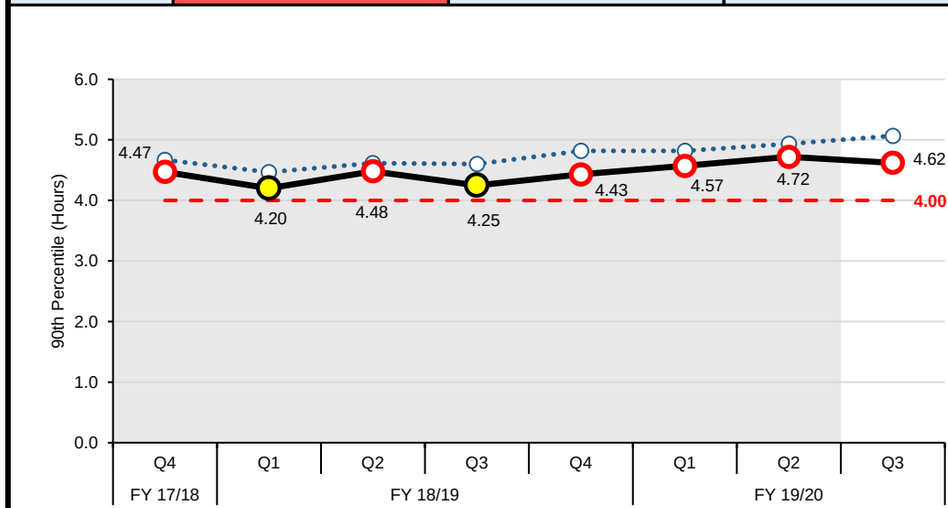


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 5th out of 14 LHINs for this indicator, up from 6th from the previous quarter and is better than the provincial 90th percentile LOS by 1.2 hours or 72 minutes.
- NSM LHIN's performance has declined by .4 of an hour or 24 minutes
- Within Central Region, NSM LHIN is ranked 2nd of 4 LHINS, with none of the 4 LHINS meeting the provincial target.
- When this this indicator is examined by both components (admitted patients and complex patients) the outcomes are much better. GBGH, CGMH, and both MACH sites meet the suggested 25 hour target for admitted patients while both RVH and OSMH do not meet the 25 hour target. The overall provincial outcome does not meet the 25 hour target. Following seasonal trends in NSM LHIN, the volume of admitted patients decreased 2.1% overall, consistent with non high vacation season numbers, however the 90th percentile LOS increased for the quarter. YTD, the 90th percentile ED LOS for admitted patients for the LHIN is within 10% of the recommended provincial target of 25 hours.
- For hi acuity non admitted patients, overall NSM volumes decreased 6.2% with no change in the 90th percentile ED LOS. CGMH, OSMH, GBGH and MAHC South Muskoka met the suggested 7 hour target; MAHC Huntsville was within 10% of the target. RVH di not meet the target.
- For the indicator as publicly reported (all admitted patients and complex patients combined), NSM LHIN volumes fell by 5.6% however, ED LOS increased .4 hours or 24 minutes. This increase in LOS was largely driven by RVH which was 7.3 hours over the target. CGMH, GBGH and MAHC –South Muskoka met the target and OSMH and MAHC- Huntsville were within 10% of the target.

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

Summary (Q3 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	4.62 Hours	5.07 Hours	4.00 Hours



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 5thout 14 LHINs for this indicator, up from 7th in the previous quarter.
- NSM LHIN performance is .45 of an hour or 27 minutes better than provincial performance
- NSM performance returned to the range of normal variation seen with this indicator over the past 8 quarters. (was higher than normal variation in the last quarter, consistent with seasonal variations related to vacationers and the summer residents)
- Within Central Region, NSM LHIN is 4th out of 4 LHINS with one of the LHINS meeting the provincial target and the other two within 10% of the target
- Specifically, NSM low acuity ED patient volumes decreased 17.5% between Q2 and Q3 while the ED LOS for low acuity patients only remained essentially unchanged for the same time period.
- GBGH and CGMH met the 4 hour target while OSMH was within 10% of the target. RVH and both MAHC sites did not meet the target.

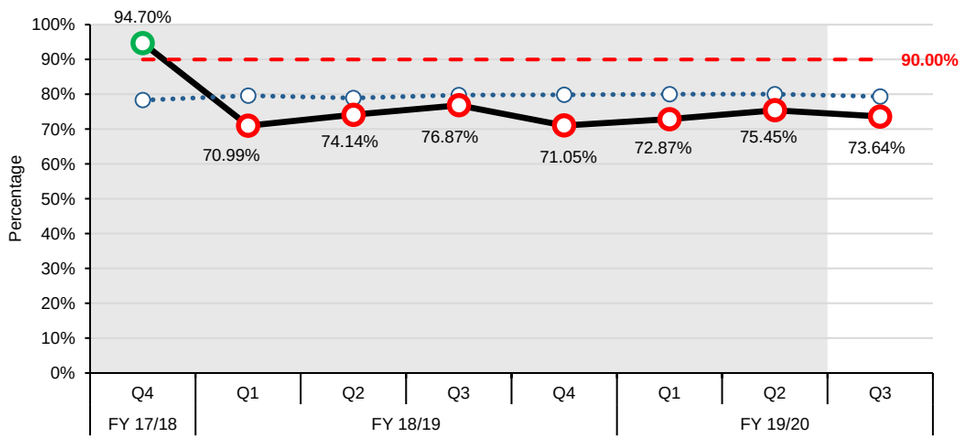
North Simcoe Muskoka LHIN

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)

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

Summary (Q3 FY 19/20)	Provincial Target (FY 19/20) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	LV	25.00%	82.11%	73.64%	79.37%

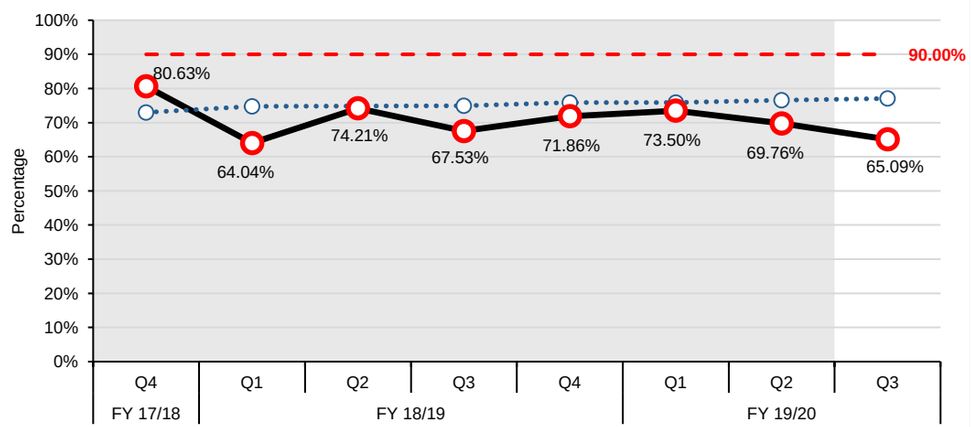


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 9th out of 14 LHINs for this indicator unchanged from the previous quarter and outside of the 10% corridor of the provincial target. Within Central Region, NSM LHIN is ranked 2nd our of 4 LHINS with one LHIN meeting the target and the remaining three missing the target
- NSM results have declined by 1.8 percentage points over the previous quarter and are worse than the provincial performance of 79.4 by 5.8 percentage points
- NSM results from Q1 18/19 to present have varied only minimally however and all changes are within normal variation.
- Central Intake for surgeries is an ongoing project for which accountability mechanisms and outcome monitoring is under development however improvements in outcomes are expected to occur over a longer period of time.
- All NSM LHIN providers are completing their allocated QBP's however, demand continues to exceed capacity

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

Summary (Q3 FY 19/20)	Provincial Target (FY 19/20) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	14.29%	33.33%	72.22%	65.09%	77.07%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 10th out of 14 LHINs for this indicator down from 9th in the previous quarter. Within Central Region NSM LHIN is ranked 2nd out of 4 LHINS with one of the LHINS being within 10% of the target and the other three missing the target.
- There was a 4.7 percentage point decrease in NSM LHIN performance from the prior quarter and NSM LHIN performance is 12 percentage points worse than the provincial performance
- While NSM results from Q1 18/19 to present have varied only minimally there has been a consistent downward trend and the current quarters results are below normal variation.
- Central Intake for surgeries is an ongoing collaborative project between NSM LHIN Providers for which accountability mechanisms and outcome monitoring is under development
- All NSM LHIN providers are completing their allocated QBP's however, demand continues to exceed capacity and as the results are now pushing into a significant variation outside of normal, may indicate a growing backlog of cases that is will result in continued challenges to wait times.

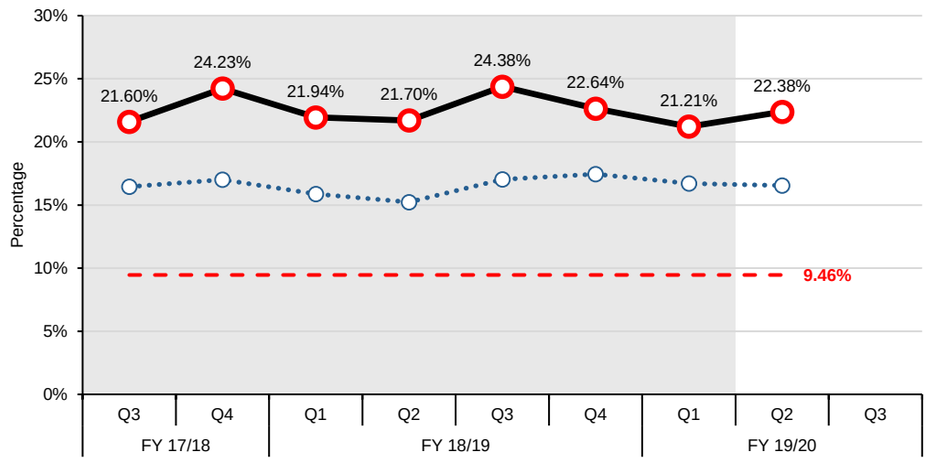
North Simcoe Muskoka LHIN

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 (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	22.38%	16.55%	9.46%

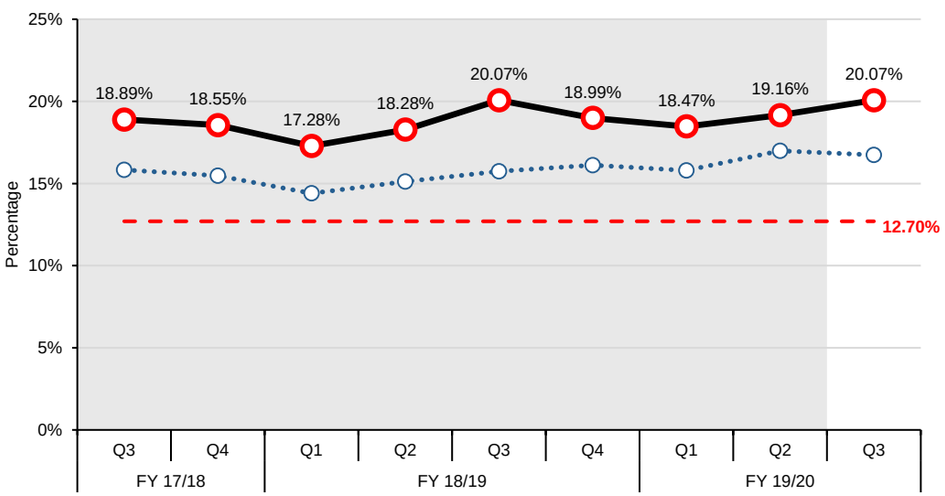


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 11th out of 14 LHINs for this indicator unchanged form the prior quarter and does not fall within 10% of the provincial target of 9.46%. Within the Central Region, NSM LHIN is ranked 4th out of 4 LHINS with 3 of the 4 LHINS missing the provincial target and one being within 10% of the target
- NSM LHINs performance is 1.2 percentage points worse than in the prior quarter and is 5.8 percentage points worse than provincial performance.
- NSM LHIN performance for this quarter was within the normal variation see for this indicator in NSM
- This indicator is based on days accrued in acute care. Analysis of discharged ALC acute care cases within this quarter indicates that 14.3% would be considered long stay ALC (ALC days in excess of 30 days). A disproportionate number of these cases and their associated ALC days can be attributed to bedded services outside of the hospital sector. During this quarter 80.6% of cases discharged to long term care were classified long stay ALC, as were 27.9% of cases discharged to supervised or assisted living. By contrast while discharges to in-patient rehabilitation and in-patient complex and continuing care represented 24.3% of ALC discharges from acute care, they represented only 1.4% of long stay acute care ALC cases.
- Further analysis indicates that patients from rehab and complex continuing care in NSM LHIN do not have a high number of long stay ALC days and the ALC rate for these services was 4.9% of rehab and 5.6% for complex continuing care as compared to an ALC rate of 24.7% for acute care. This would indicate that flow from acute care to different levels of rehab then back to community is good. While flow to bedded supportive services is poor. It will require further analysis to determine if this could be leveraged to flow patients through a level of rehabilitation and successfully divert from acute care and long term care.
- Also of note 9.1% of acute care clients discharged to home and community care were long stay clients (in excess of 30 acute care days in ALC). This reflects the current challenges in NSM with getting sufficient amounts of personal supports into the home to facilitate a safe discharge home.

ALC rate

Summary (Q3 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	20.07%	16.73%	12.70%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 10th out of 14 LHINs for this indicator unchanged from the prior quarter. Within Central Region, NSM LHIN is ranked 4th out of 4 LHINS with the other three LHINS meeting the target
- NSM LHIN performance is worse by .9 percentage points this quarter (essentially unchanged) and is worse than overall provincial performance by 3.3 percentage points
- NSM LHIN performance for this indicator was within the normal variation seen in NSM
- NSM hospitals continue to leverage transitional care beds to address ALC issues and pending changes to ALC monitoring and definition of transitional care may help alleviate the ALC rate however, access to long term care remains a challenge in NSM and as indicated above flow to supportive bedded services remains poor.
- While NSM does have an aging population, some of the ALC pressures can also be attributed to access issues for Northern and rural residents and outmigration of younger adults who either support older family members or work to provide home support.
- Also impacting the ALC rate is a small cohort of patients waiting for home and community care who are present a challenges in NSM with getting sufficient amounts of personal supports into the home to facilitate a safe discharge home.

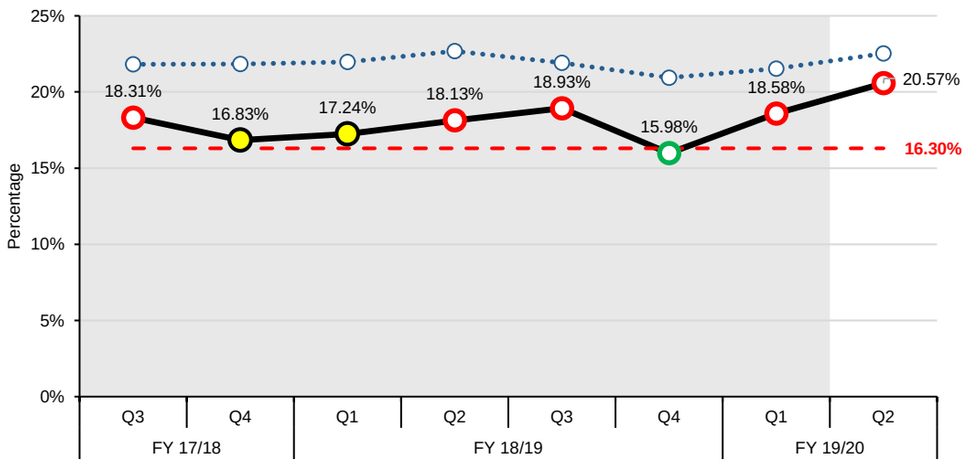
North Simcoe Muskoka LHIN

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 (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	20.57%	22.53%	16.30%

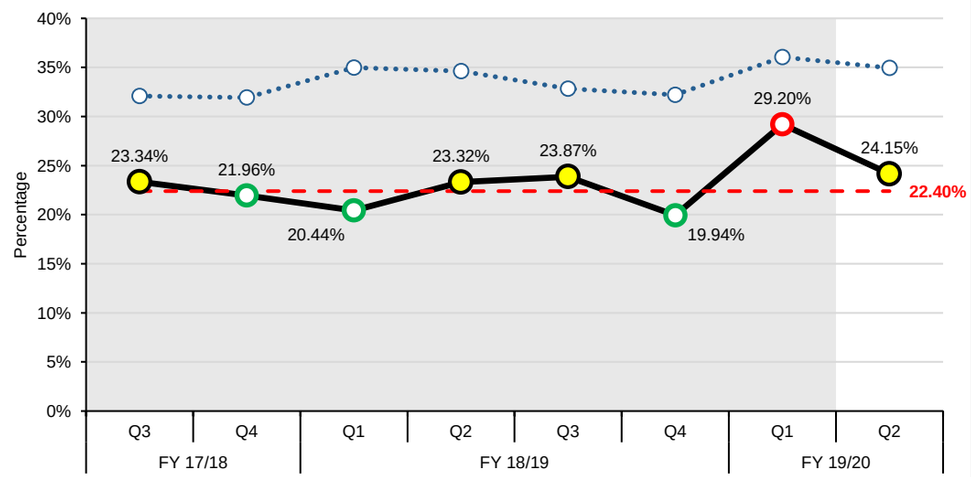


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is 5th out of 14 LHINs for this indicator down from 2nd for the previous quarter and does not meet the provincial target.
- Within Central Region, NSM LHIN is second out of 4 LHINS with all of the LHINS missing the target
- NSM performance worsened by 2 percentage points over the prior quarter but is better than the provincial performance by 2 percentage points
- this result is higher falls outside of normal variation seen with this indicator in NSM LHIN
- While the number of index visitsfor Q2 decreased over Q1, the number of repeat visits increased, resulting in a higher repeat visit rate.
- During this time period the number of repeat visits increased by 7.4% while the total number of clients attending the ER for a repeat visit also increased 7.1%. It is usual to have a number of patients with more than one repeat visit and these numbers indicate that this number is not increasing so a small number of patients with a high number of visits does not correlate with this result.
- Caution when interpreting these numbers must be used as the number of index cases and repeat visits is relatively low so that the percentage can be affected by small changes. For this reporting period, the total number of repeat visits increased by 30 visits across 6 hospitals over 3 months. This would equate to less than 1 additional visit per hospital per month. In fact RVH, the largest and busiest emergency room in the LHIN did not have any additional repeat visits over the quarters and GBGH had a decrease in repeat visits quarter over quarter.
- During this time period, wait times for community services remained better than overall provincial wait times

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	24.15%	34.96%	22.40%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 1st out of 14 LHINs for this indicator and is within 10% of the provincial target.
- Within Central Region NSM LHIN is ranked first out of 4 LHINS with only NSM being within 10% of the provincial target and the other three not meeting the target
- NSM LHIN performance improved by 5 percentage points over the prior quarter and is 10.8 percentage points better than the provincial performance.
- NSM LHIN performance has consistently met or been within 10% of the provincial target and this result is within the normal variation for this indicator. The failure to meet the target in the last quarter was outside of normal variation for this indicator and remains an outlier result, not fully understood
- Between Q1 (when this outlier result was recorded) and the current Q2, the volume of index cases (ED visits for substance use) increased a further 7.4% (quarter over quarter increase for the previous quarter was 14.1%) however, unlike the previous quarter, the number of repeat visits decreased 12.4%
- Across NSM hospitals, all hospitals except RVH met the target and RVH was within 10% of the target.
- Despite a growing opioid crisis in NSM and Barrie in particular, repeat visits for alcohol use continue to be higher than for substance use and a small number of patients have more than one repeat visit
- Anecdotally, community partners including paramedic services, OPP and CMHA report that individuals who experience an opioid overdose that is successfully addressed in the community through the use of naloxone sometimes refuse to go to Emergency following the crisis. At this time these numbers cannot be tracked but would be of interest to the Opioid strategy Steering Committee
- Also of interest, the Simcoe Muskoka Opioid Strategy Steering Committee (a multi-sector collaboration) has a project underway with Statistics Canada to get a better picture of opioid use and the individuals involved in Simcoe Muskoka (as this is a partnership with the Health Unit, data will include all of Simcoe County). Preliminary results are pending.
- During this time period, wait times for community services remained better than overall provincial wait times

Ontario

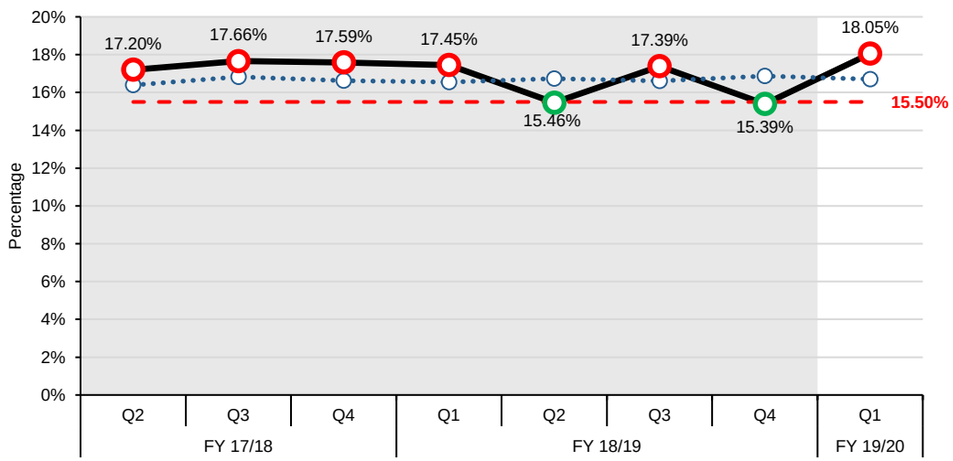
North Simcoe Muskoka LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

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

Readmissions within 30 days for selected HIG conditions

Summary (Q1 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	18.05%	16.70%	15.50%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 13th out of 14 LHINs for this indicator, down from 2nd in the previous quarter and does not meet the provincial target.
- Within Central Region, NSM LHIN is ranked 4th out of 4 LHINS with one of the LHINS meeting the target, and the other two being within 10%of the target
- NSM LHIN performance was worse by 3.4 percentage points from the prior quarter and is 1.4 percentage points worse than the provincial performance
- Due to the relatively low number of index cases used to calculate this indicator, it is very sensitive to small changes as indicated by the current swinging pattern of readmissions.
- NSM LHIN performance for this quarter was outside of normal variation however. Similarly, when NSM met the target in Q2 of 18/19, it was also not within the normal variation for this indicator
- Trending back over the past 12 quarters, both the number of index cases and the number of readmits has been very gradually increasing however, the % of readmits has been decreasing over the long term. The challenge with interpreting this finding is the swings in results seen over the past year. Prior to Q2 of the past year, NSM results generally fell within normal variation but three of the past 4 results have been outside of that variation.
- The MSAA indicator of readmit to own hospital is met by all NSM LHIN hospitals, except RVH. However only CGMH meets the target when readmission to any hospital in Ontario is considered. This reflects the movement of patients both within NSM LHIN and outside of NSM LHIN to receive specific forms of care.

Ontario

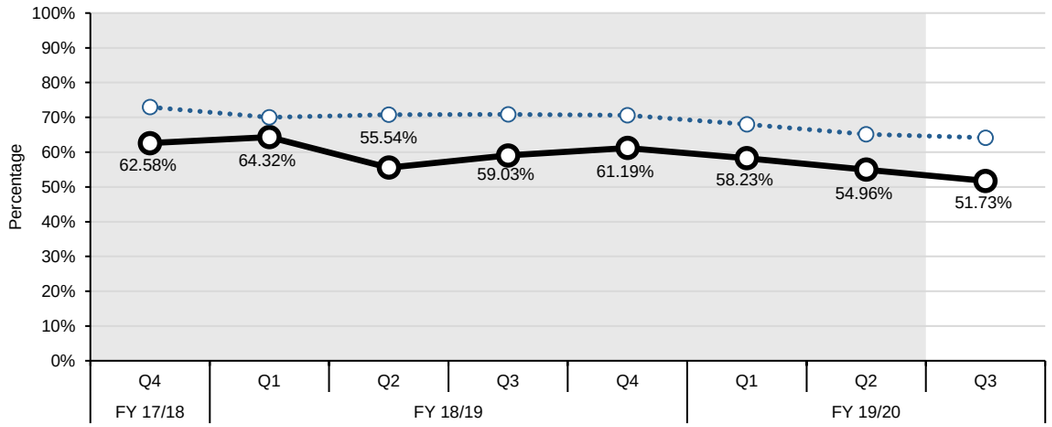
North Simcoe Muskoka LHIN

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)

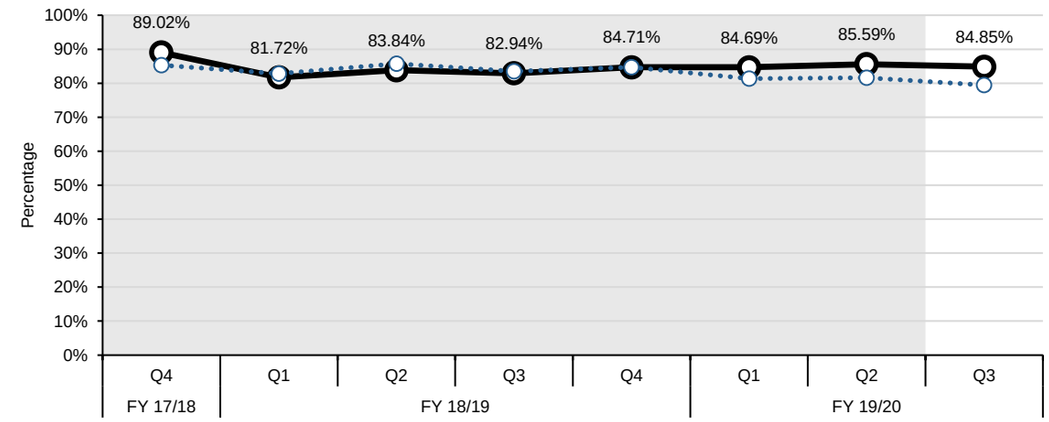
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q3 FY 19/20)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	91.33%	34.02%	51.73%	64.16%



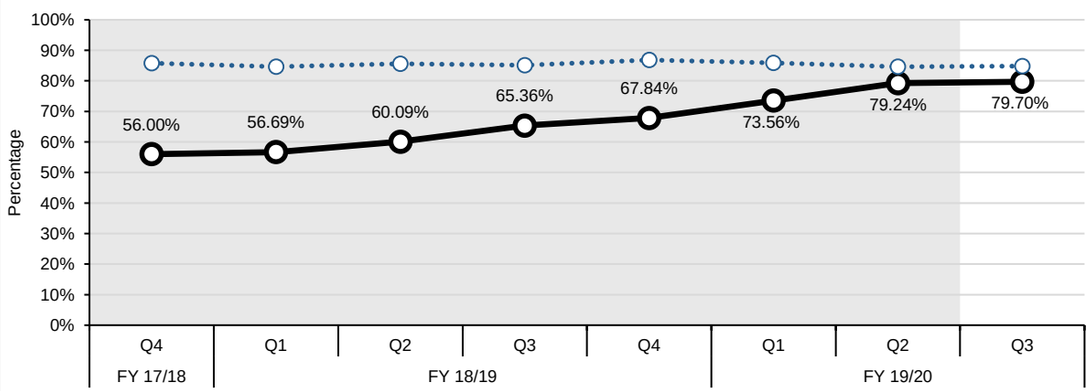
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q3 FY 19/20)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	95.55%	72.67%	84.85%	79.45%



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

Summary (Q3 FY 19/20)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	LV	97.62%	79.12%	79.70%	84.83%



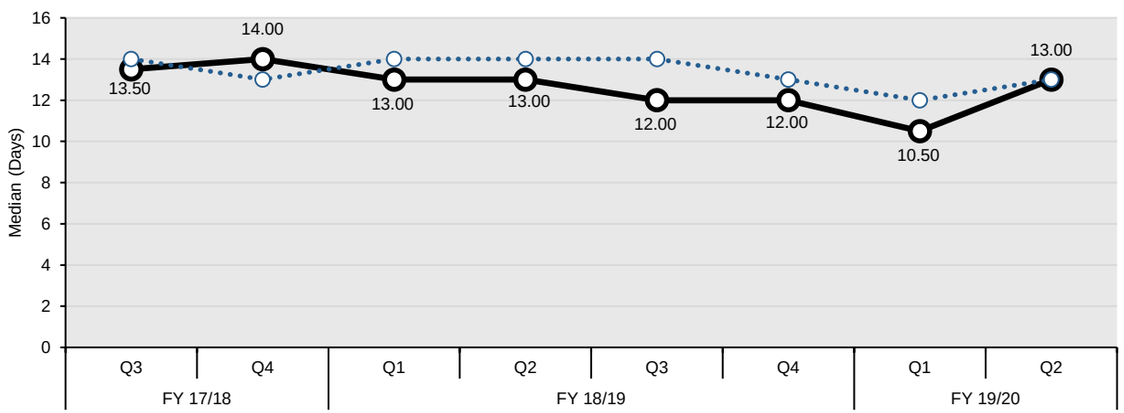
North Simcoe Muskoka LHIN

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)

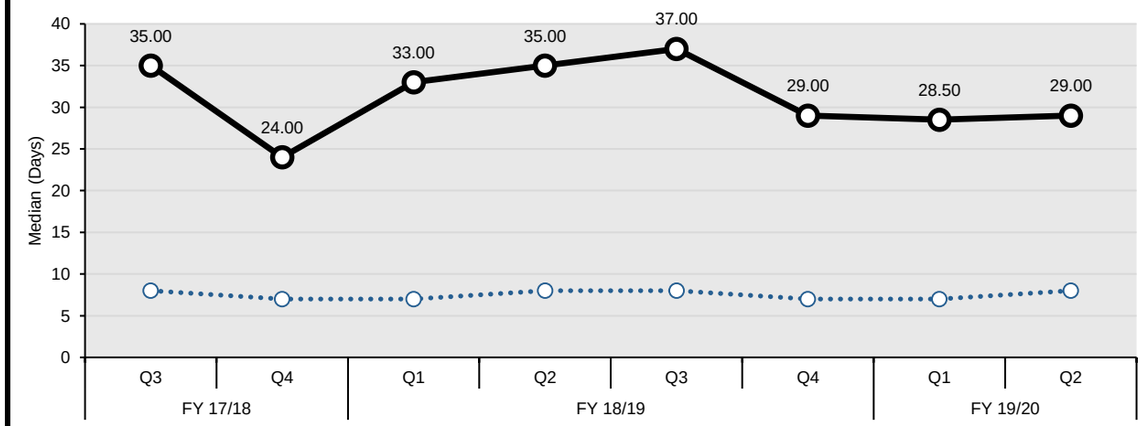
Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance
	13.00 Days	13.00 Days



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

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance
	29.00 Days	8.00 Days



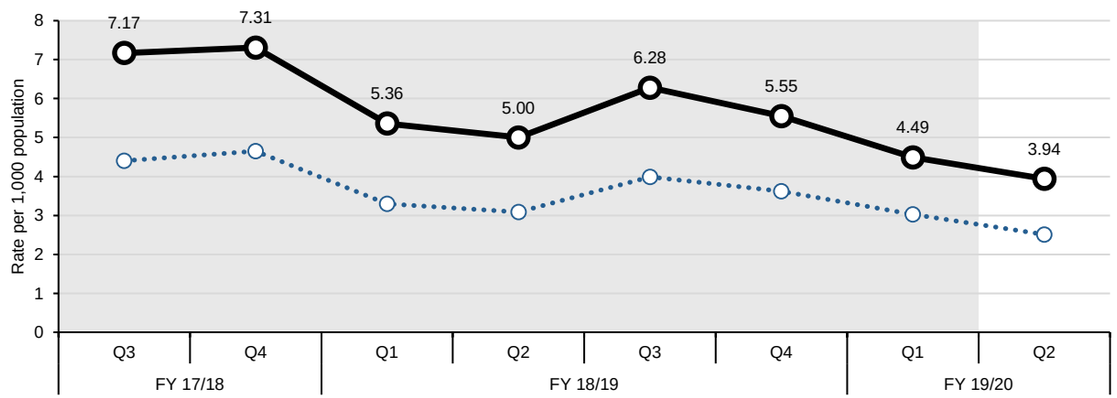
North Simcoe Muskoka LHIN

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)

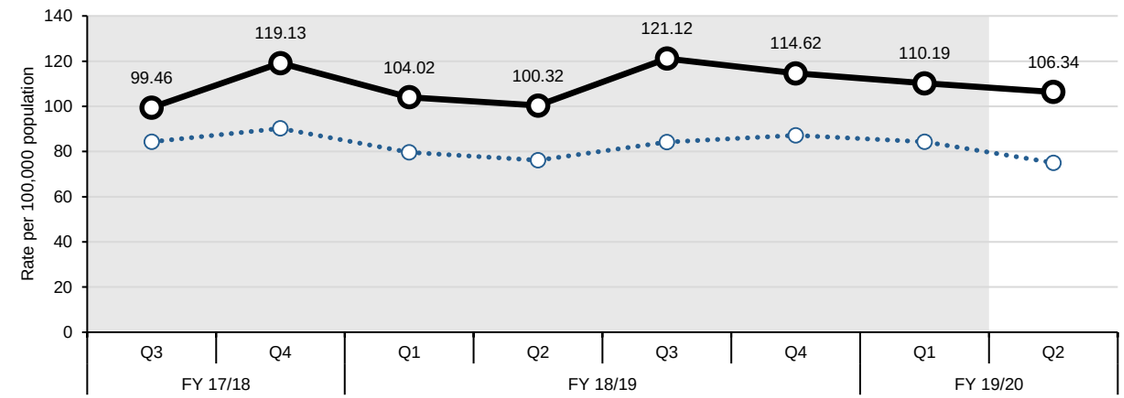
Rate of emergency visits for conditions best managed elsewhere

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance
	3.94	2.51



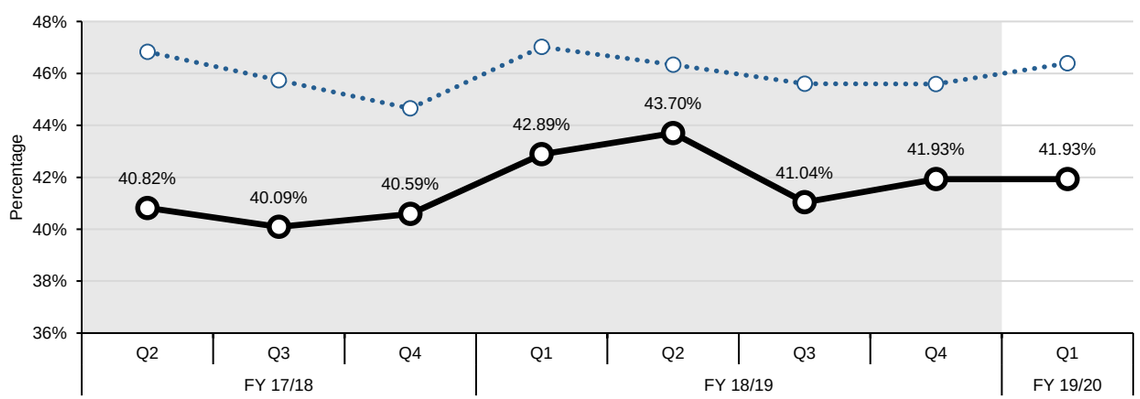
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance
	106.34	75.03



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

Summary (Q1 FY 19/20)	LHIN Performance	Provincial Performance
	41.93%	46.39%



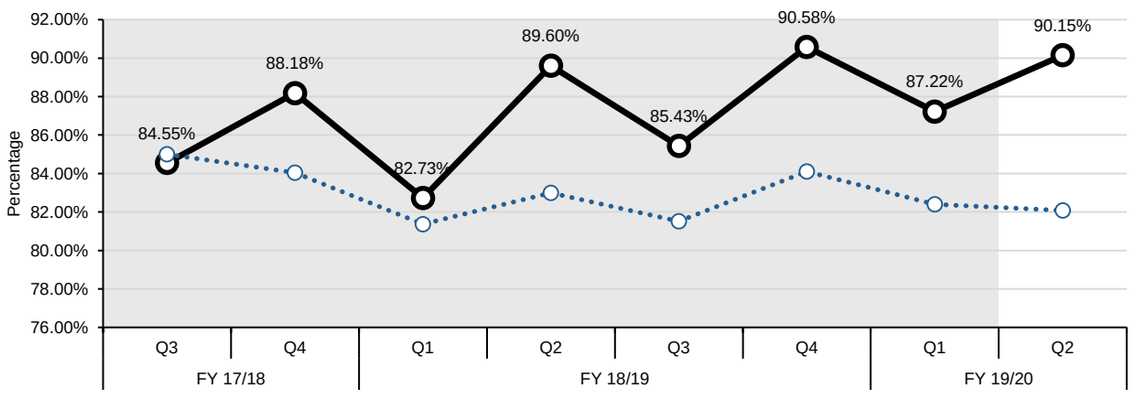
North Simcoe Muskoka LHIN

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 (Q2 FY 19/20)	LHIN Performance	Provincial Performance
	90.15%	82.08%



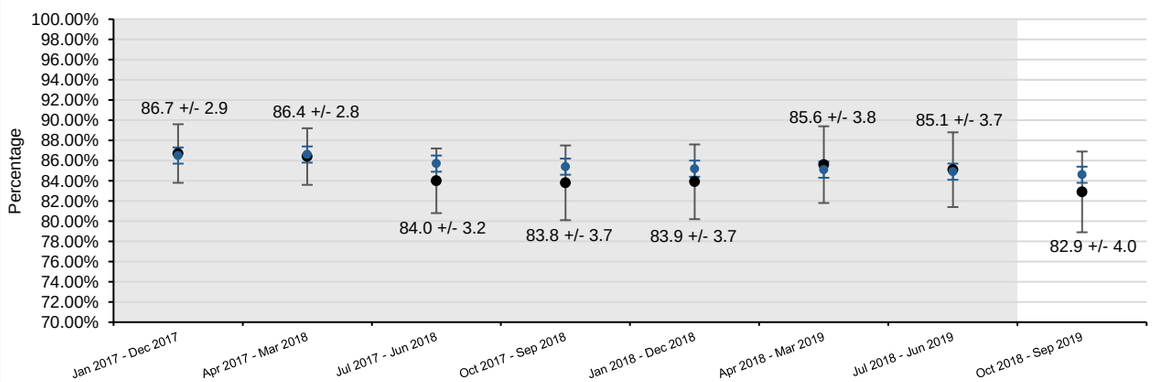
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Oct 2018 - Sep 2019)	LHIN Performance	Provincial Performance
	82.9% +/- 4.0%	84.6% +/- 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	Q2 19/20	95.00%	84.77%	85.50%	79.66%	92.15%	83.82%	87.40%	90.20%	96.56%	94.22%	87.46%	75.21%	67.41%	84.24%	78.70%	94.59%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q2 19/20	95.00%	96.05%	95.81%	93.32%	96.76%	95.76%	97.36%	95.92%	96.11%	95.98%	96.82%	93.56%	95.38%	98.70%	98.99%	97.03%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q2 19/20	21.00 Days	28.00	26.00	28.00	16.00	32.00	43.00	26.00	29.00	20.00	32.00	21.00	42.00	22.00	23.00	21.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q2 19/20	TBD	8.00	6.00	13.00	6.00	7.00	9.00	12.00	11.00	5.00	11.00	7.00	10.00	9.00	7.00	7.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q3 19/20	8.00 Hours	11.02	10.08	8.38	10.12	14.97	9.22	11.50	14.02	9.90	10.60	9.45	13.17	9.87	8.98	10.97
90th percentile ED length of stay for minor/uncomplicated patients	Q3 19/20	4.00 Hours	5.07	5.12	4.42	5.77	5.42	3.77	4.35	5.28	4.23	4.82	4.65	6.68	4.62	4.68	5.28
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q3 19/20	90.00%	79.37%	83.84%	54.42%	55.24%	73.27%	55.24%	59.19%	90.76%	91.76%	96.17%	82.26%	86.41%	73.64%	87.01%	87.39%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q3 19/20	90.00%	77.07%	69.17%	51.77%	51.67%	69.59%	53.08%	58.94%	92.21%	89.81%	94.79%	89.04%	95.13%	65.09%	83.86%	74.85%
Percentage of alternate level of care (ALC) days	Q2 19/20	9.46%	16.55%	9.87%	12.86%	13.71%	16.09%	10.33%	13.32%	11.59%	17.93%	22.96%	16.21%	15.72%	22.38%	29.22%	29.11%
ALC rate	Q3 19/20	12.70%	16.73%	10.08%	13.80%	15.73%	16.72%	8.91%	11.34%	13.33%	12.56%	24.13%	21.70%	16.83%	20.07%	27.08%	37.08%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q2 19/20	16.30%	22.53%	18.58%	19.30%	19.69%	22.33%	27.18%	18.22%	27.42%	20.62%	24.08%	21.77%	20.99%	20.57%	21.61%	21.06%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q2 19/20	22.40%	34.96%	34.97%	30.27%	29.87%	32.44%	34.91%	28.94%	41.31%	27.60%	30.84%	26.57%	26.96%	24.15%	29.67%	48.56%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q1 19/20	15.50%	16.70%	16.44%	16.44%	16.13%	16.69%	15.49%	15.70%	18.41%	16.58%	16.73%	17.12%	15.94%	18.05%	16.48%	16.64%

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.

3. Please note that Q1-Q3 FY18/19 historical ALC rate information for all LHINs and the province have been refreshed to reflected updated data within the Q4FY18/19 report.

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 Q3 2015/16 data onwards 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.

Repeat unscheduled emergency visits within 30 days for mental health conditions

1. Manitouwadge General and Perth and Smith Falls-Perth Site missed the May 31, 2019 deadline for submission of Q4 records in NACRS. The number of missing records for all causes is approximately 3228. Therefore, values for North West and South East LHINs may be incomplete.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

1. Manitouwadge General and Perth and Smith Falls-Perth Site missed the May 31, 2019 deadline for submission of Q4 records in NACRS. The number of missing records for all causes is approximately 3228. Therefore, values for North West and South East LHINs may be incomplete.