MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: North Simcoe Muskoka LHIN

REPORT DATE: August 2019

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

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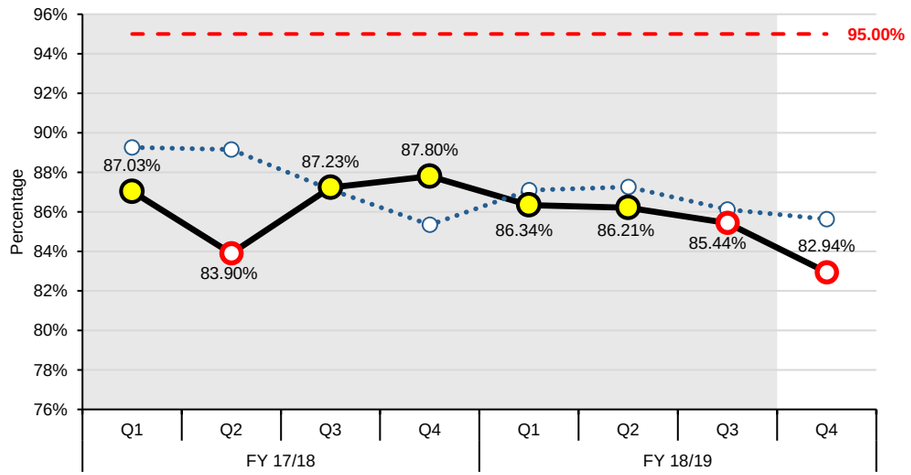
North Simcoe Muskoka LHIN

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 (Q4 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	82.94%	85.63%	95.00%

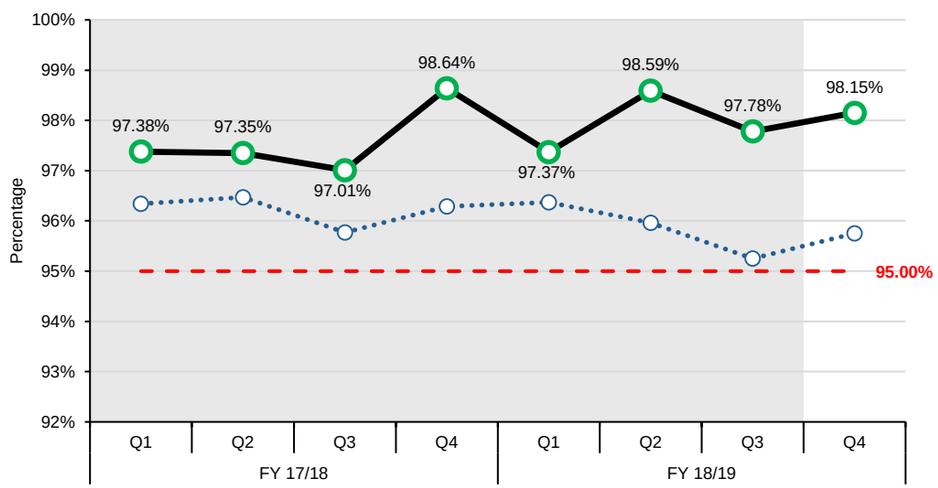


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 12th out of 14 LHINS for this indicator down from 9th in the previous reporting period and more than 10% from the provincial target of 95%
- NSM performance is 2.7 percentage points lower than the provincial performance and NSM LHIN performance is 2.5 percentage points lower than the previous reporting period.
- Internal analysis shows that this indicator has improved to be within 10% of the target for the next reporting quarter (Q1 2019/20)
- Personal support capacity remains a challenge and is being closely monitored

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

Summary (Q4 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	98.15%	95.75%	95.00%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 2nd out of 14 LHINS for this indicator and, along with 12 of the 14 LHINs, is exceeding the provincial target of 95%.
- NSM LHIN's performance is 2.4 percentage point better than the provincial performance
- Performance for this indicator has been consistent over the past 7 quarters and based on an internal analysis of the next reporting period (Q1 2019/20), will continue to exceed the target

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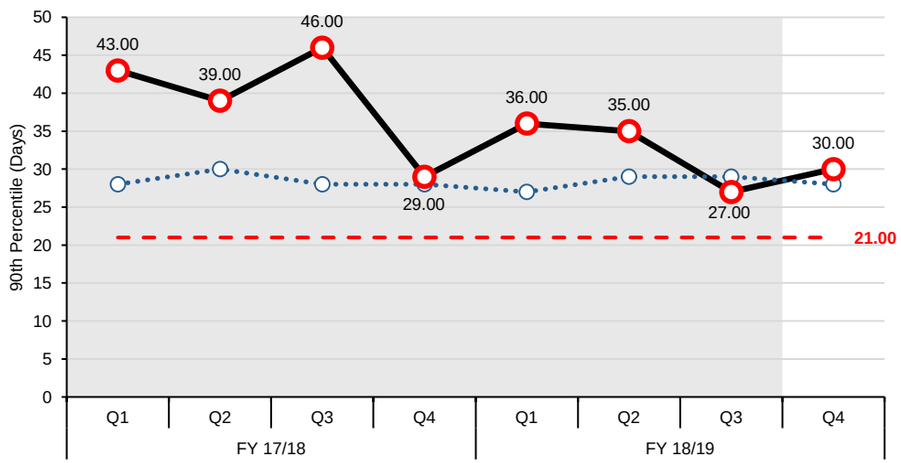
North Simcoe Muskoka LHIN

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 (Q4 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	30.00 Days	28.00 Days	21.00 Days

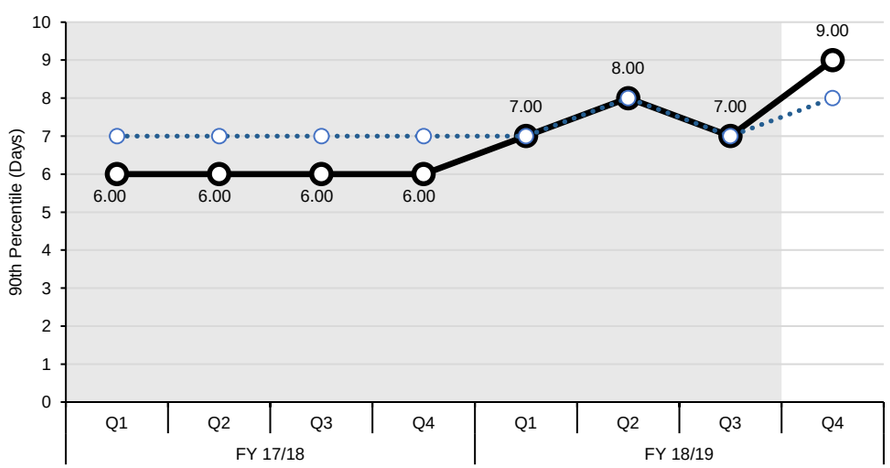


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 11th for this indicator and performance is 3 days greater than the prior quarter and is 2 days greater worse than the provincial performance (lower result is better)
- Internal analysis indicates that performance has improved for the next quarter (Q1 2019/20) with a result of 29 days
- This indicator is driven largely by the 90th percentile wait time for Personal Support Services (all acuity) and Occupational Therapy Services. These two services accounted for 32% of all patients
- Improvement work has been focused on reducing the wait time from application to authorization with an internal target of 13 days set. For this reporting period, this internal target was surpassed with a results of 12 days.

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

Summary (Q4 FY 18/19)	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

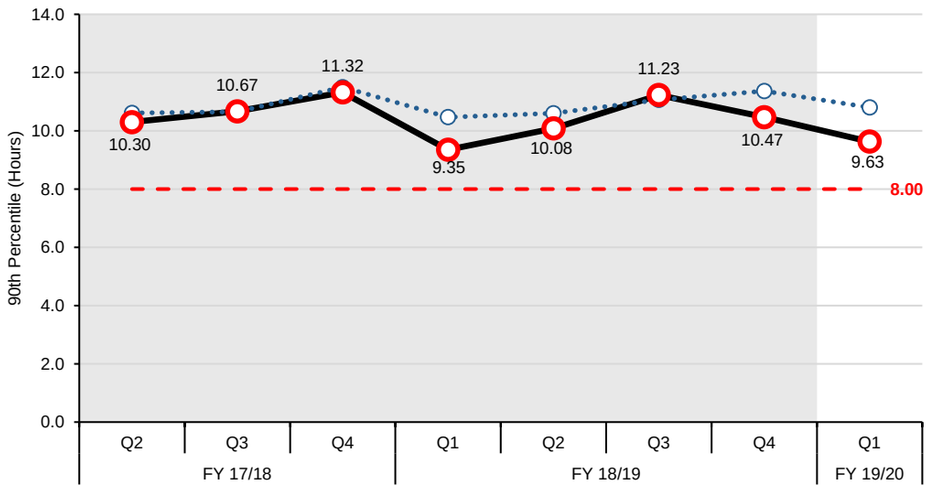
North Simcoe Muskoka LHIN

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 (Q1 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	9.63 Hours	10.80 Hours	8.00 Hours

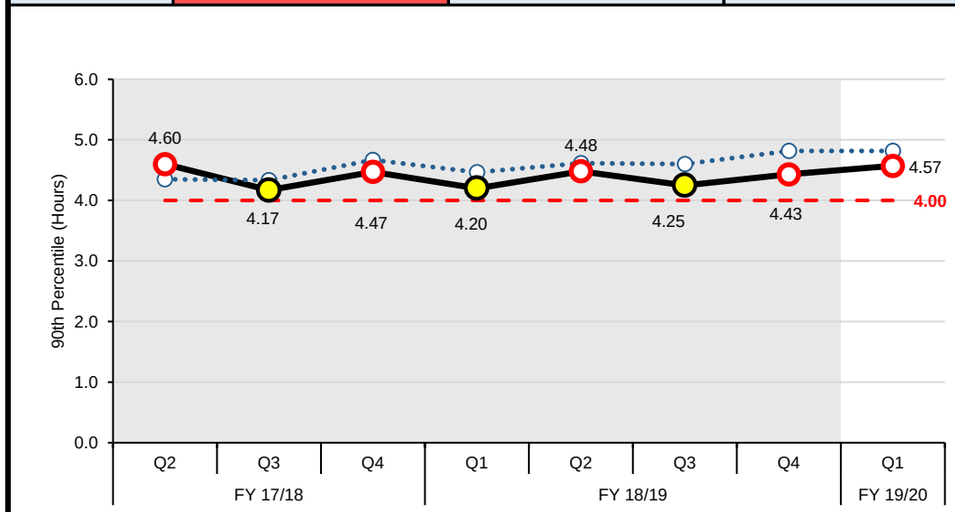


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 6th out of 14 LHINs for this indicator, improved from 7th in the previous quarter and is better than the provincial 90th percentile LOS by 1.2 hr (70 min.)
- NSM LHIN's performance has improved by 0.84 hr (50 min.) over the previous quarter
- For this indicator (complex and admitted), CGMH, MAHC- Huntsville, MAHC-South Muskoka and OSMH all met the target (8.0 hrs) and GBGH was within 10% of the target. RVH, the largest volume ED did not meet the target.
- For admitted patients only, the 90th percentile LOS for NSM LHIN hospitals was 25.9 hours which is approaching the interim provincial target of 25 hours, the primary factor driving this indicator to miss target
- For admitted patients only, CGMH, both MAHC sites, and OSMH met the interim target while both GBGH and RVH did not meet
- OSMH reports that the creation of the "Wayhome" unit has increased patient flow while GBGH reports that they initiated the use of new flow algorithms in July for both See and Treat and Ambulance offload times.
- When considering all complex non-admitted patients, NSM LHIN's 90th percentile wait is 6.7 hours, which meets the interim provincial target of 7 hours.

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

Summary (Q1 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	4.57 Hours	4.82 Hours	4.00 Hours



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 6th out 14 LHINs for this indicator, down from 5th in the previous quarter
- NSM LHIN performance is 0.25 hr. (15 min.) better than provincial performance
- NSM performance worsened by 0.14 hr. (8 min.) over the previous quarter
- CGMH and GBGH met the 4 hr. target; both MAHC sites and OSMH were within 10% of the target; RVH did not meet the target
- Of note, for Q1 the volume of minor/uncomplicated cases at RVH was only slightly higher than the volume of minor cases seen at OSMH and GBGH. This may reflect the larger number of alternatives for urgent care and walk-in for residents of this area
- OSMH report ongoing strategies to reduce time to physician initial assessment through e-CTAS which supports enhanced accountability for CTAS 4 and 5 visits

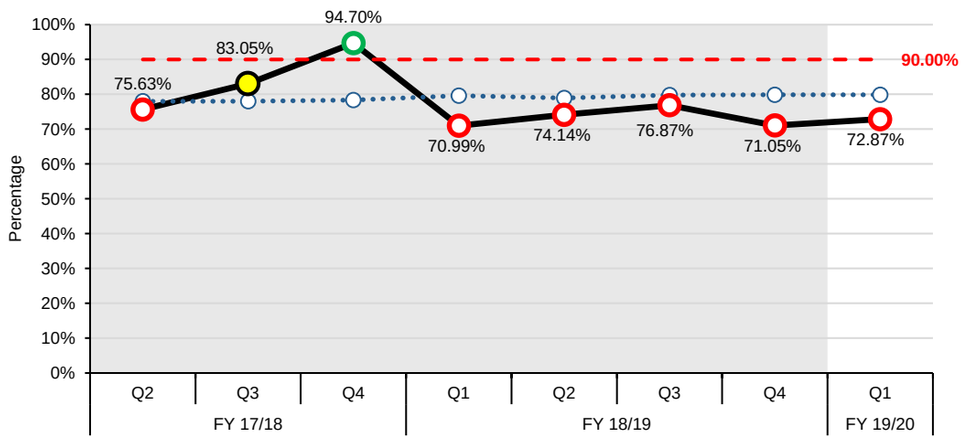
North Simcoe Muskoka LHIN

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 (Q1 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	
	NV	0.00%	79.66%	72.87%	79.87%

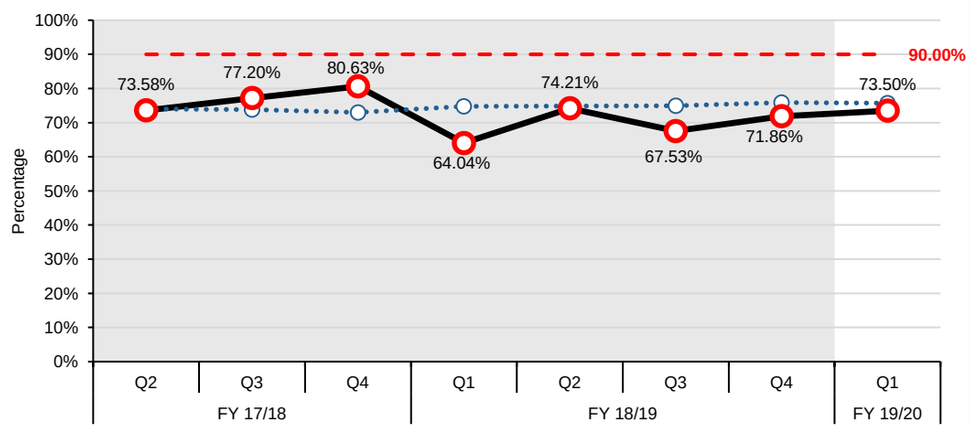


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 10th out of 14 LHINs for this indicator unchanged from the previous quarter and outside of the 10% corridor of the provincial target of 90%
- NSM results have improved by 1.8 percentage points over the previous quarter but are below the provincial performance of 79.87% by 7 percentage points
- All NSM LHIN hospitals continue to complete their QBP volumes dispersed over the full fiscal year. Demand for the procedure continues to surpass supply.
- For priority 4 hip replacements, the percent completed within the access target was 80%. This is approaching the 10% corridor to the target
- There was a small volume of priority 3 hip replacements completed, primarily at CGMH. These cases have a shorter priority access target. None of these cases met the target and contributed to a lower overall outcome
- There were no priority 2 hip replacements completed in Q1
- CGMH reports that they have a concern with the accuracy of the priority assignments. Further investigation is underway

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

Summary (Q1 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	
	NV	53.33%	74.89%	73.50%	75.73%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 8th out of 14 LHINs for this indicator, unchanged from the prior quarter.
- Though there was a 1.6 percentage point increase in NSM LHIN performance from the prior quarter, NSM LHIN performance is 2.2 percentage points lower than the provincial performance
- All NSM LHIN hospitals continue to complete their QBP volumes dispersed over the full fiscal year. Demand for the procedure continues to surpass supply
- There was a small volume of priority 3 knee replacements completed at CGMH. These cases have a shorter priority access target. Only 53% of these cases met the target and contributed to a lower overall outcome
- There were no priority 2 knee replacements completed in Q1.
- CGMH reports that they have a concern with the accuracy of the priority assignments. Further investigation is underway

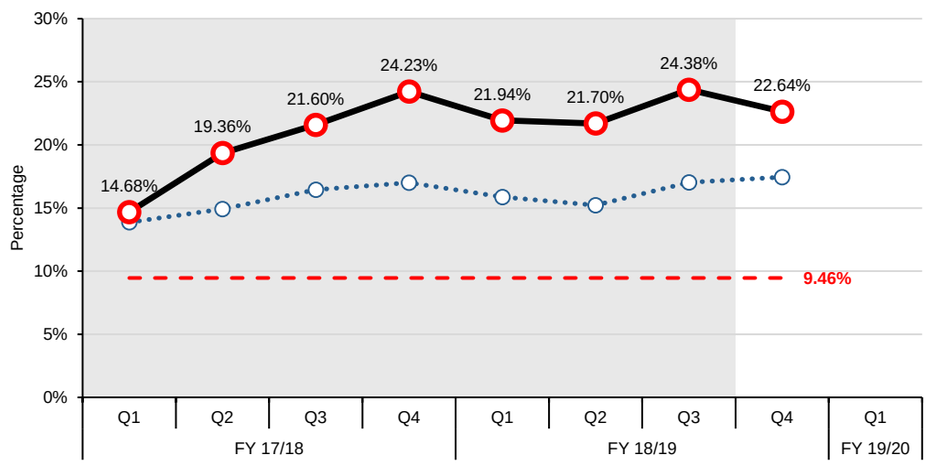
North Simcoe Muskoka LHIN

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 (Q4 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	22.64%	17.45%	9.46%

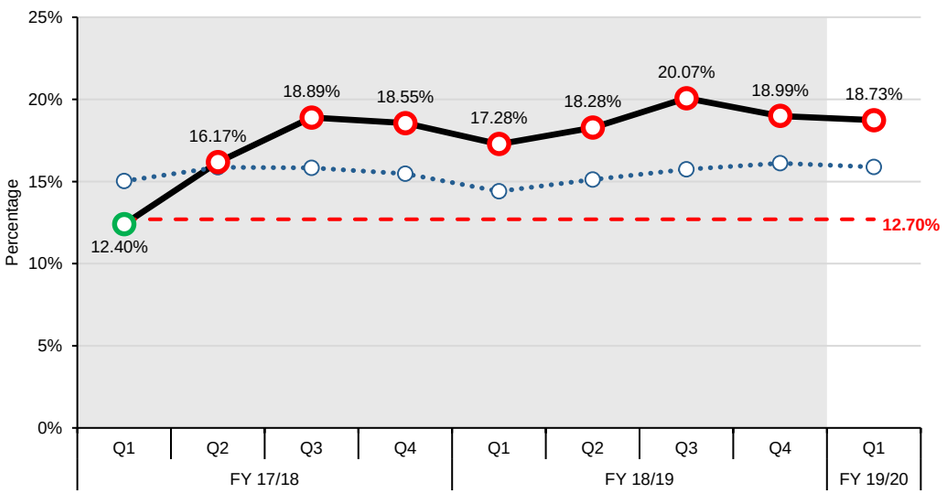


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 12th out of 14 LHINs for this indicator unchanged from the prior quarter
- NSM LHINs performance is 1.7 percentage points better than the prior quarter but is more than 10% from the provincial target of 9.46%
- In this reporting period, 8.3% of discharged acute care patients had an ALC designation compared to 5.8% for the province as a whole. NSM LHIN hospitals are discharging more patients from acute care with an ALC designation than provincial hospitals overall
- Access to Care (ATC) provides detailed ALC reports monthly rather than quarterly; provincial results for the month of June show that 32% of patients discharged from acute care were discharged to rehabilitation. In comparison, NSM LHIN discharged only 19% of patients designated ALC to rehabilitation.
- As this indicator only includes patients discharged from acute care, this means that NSM LHIN ALC patients are more likely to be waiting in acute care beds than post acute/rehab beds for discharge to home, long term care or assisted living.

ALC rate

Summary (Q1 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	18.73%	15.89%	12.70%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 10th out of 14 LHINs for this indicator, unchanged from the prior quarter
- NSM LHIN performance is better by 0.3 percentage points this quarter (essentially unchanged) but is worse than provincial performance by 2.8 percentage points
- This indicator includes all patients designated ALC in both acute and post acute hospital beds
- According to the ATC monthly performance summary for June, 84% of open NSM patients designated ALC were waiting in acute care, compared to 64% provincially
- In NSM, 25% of ALC patients in acute were waiting for Long Term Care as compared to 36% provincially. In NSM, the median wait time for LTC is 102 days with a 90th percentile wait of 311 days.
- Of note, NSM LHIN hospitals had 10% of their acute care ALC patients designated ALC to “unknown” in June 2019 as compared to 8 % provincially
- Further 6% of patients designated ALC in acute care and 37% in post acute care had a social barrier to discharge. This compares to 13% and 19% provincially.
- Not reflected in the current ALC rates are the pending closing of a number of short-term transitional beds in NSM LHIN. These beds are reflected as supervised or assisted living beds and had provided some relief on system pressures. It is anticipated that the loss of these beds will have an adverse effect on the ALC rate and further into the year on the percent ALC days.
- GBGH reports they are addressing ALC flow by implementing an ALC order set to standardize the ALC designation process.

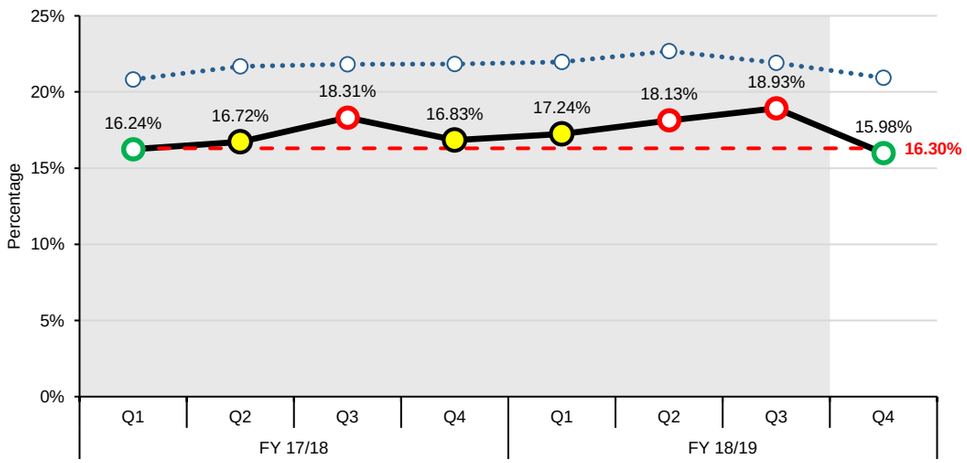
North Simcoe Muskoka LHIN

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 (Q4 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	15.98%	20.94%	16.30%

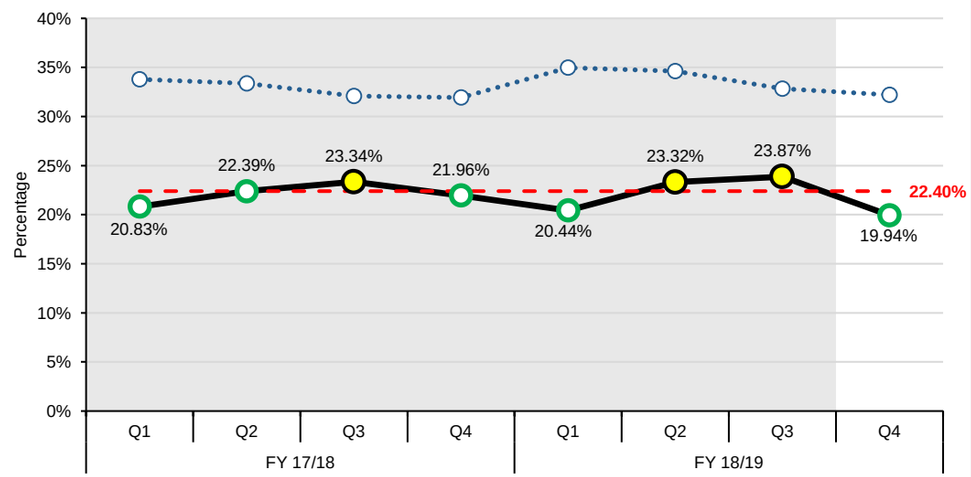


LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is 1st in the province for this indicator, improved from 2nd for the previous quarter and exceeds the provincial target.
- NSM performance improved by 2.9 percentage points over the prior quarter and is better than the provincial performance by 5.0 percentage points
- In NSM LHIN, all hospitals except OSMH met the target.
- Diagnostically, repeat visits for schizophrenia did not meet the target while repeat visits for mood disorders, stress related and neurotic disorders and all other mental heath visits did meet target.
- While there were 287 repeat visits to ED for mental health issues in Q4, these visits were made by 204 unique patients, indicating that there continues to be a small group of patients who make multiple ED visits each quarter
- The Rapid Access Clinics are now functioning within the LHIN and may have had a positive effect on this indicator
- Wait times for community services in NSM LHIN are slightly increasing but continue to be better than overall provincial wait times

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q4 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	19.94%	32.20%	22.40%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked first out of 14 LHINs for this indicator and meets the provincial target
- NSM LHIN performance improved by 3.9 percentage points over the prior quarter and is 12.3 percentage points better than the provincial performance. This is consistent with previous performance for this indicator.
- Consistent with provincial trends, repeat ED use for substance use is higher for alcohol use than for other substances
- There were 150 repeat visits within 30 days for Q4 at NSM LHIN hospitals by 77 patients, indicating that there continues to be a small group of patients who make multiple ED visits each quarter
- The Rapid Access Clinics are now functioning within the LHIN and may have had a positive effect on this indicator
- Wait times for community services in NSM LHIN are slightly increasing but continue to be better than overall provincial wait times

Ontario

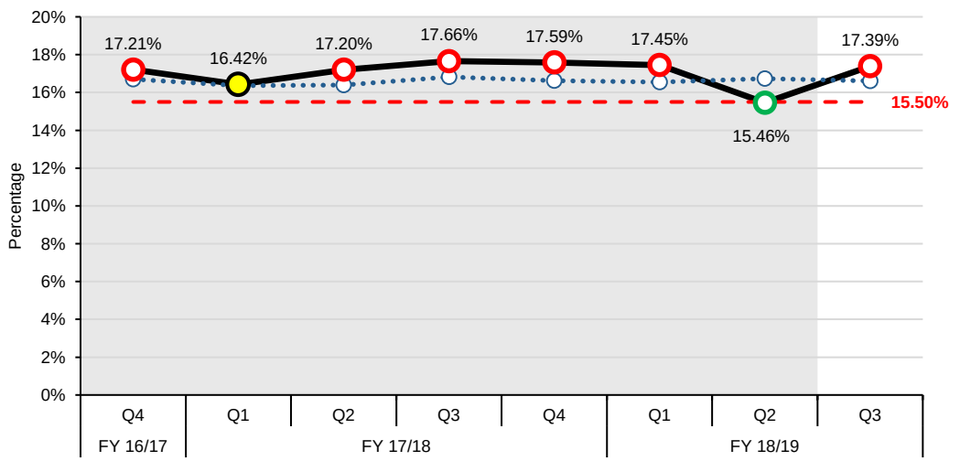
North Simcoe Muskoka LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

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

Readmissions within 30 days for selected HIG conditions

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	17.39%	16.61%	15.50%



LHIN COMMENTS (IF APPLICABLE)

- NSM LHIN is ranked 11th out of 14 LHINs for this indicator, down from 3rd in the previous quarter
- NSM LHIN performance for this quarter is more than 10% from the provincial target of 15.5%
- NSM LHIN performance declined by 1.9 percentage points from the prior quarter and is 0.8 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. For this reporting period (for five hospitals over a three month period), there were 16 more readmissions to hospital than would have been expected.
- For this indicator (readmissions to any hospital in the province), only GBGH meets the target and all other NSM LHIN hospitals do not meet the target or fall within 10% of the target. However, when readmission to own (readmission back to the index hospital) is considered, GBGH and MAHC (both sites) meet the target and OSMH is within 10% of the target
- This reflects that NSM LHIN performance is driven by patient movement within the system both at their local hospital and across the system.

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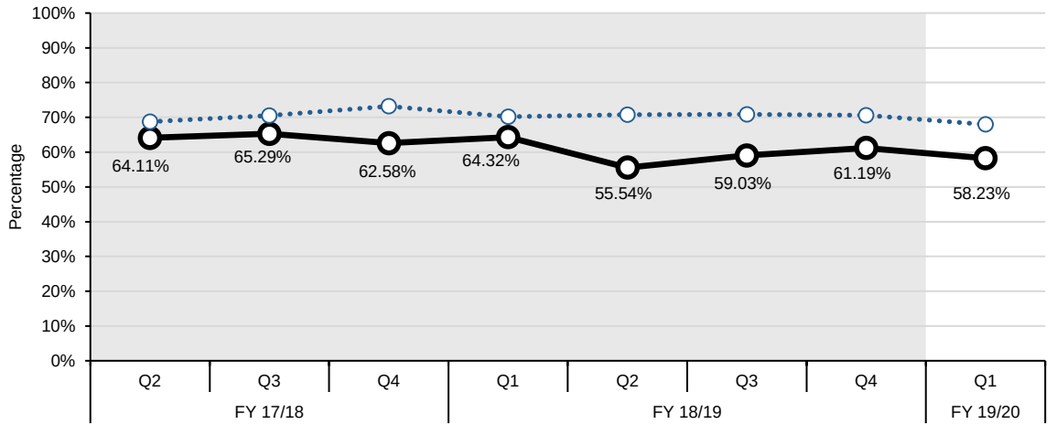
North Simcoe Muskoka LHIN

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)

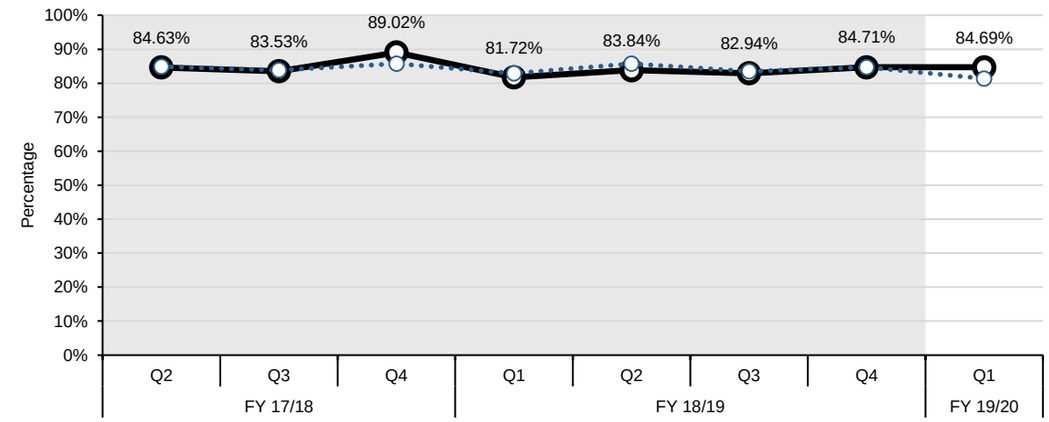
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q1 FY 19/20)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	91.79%	38.02%	58.23%	67.96%



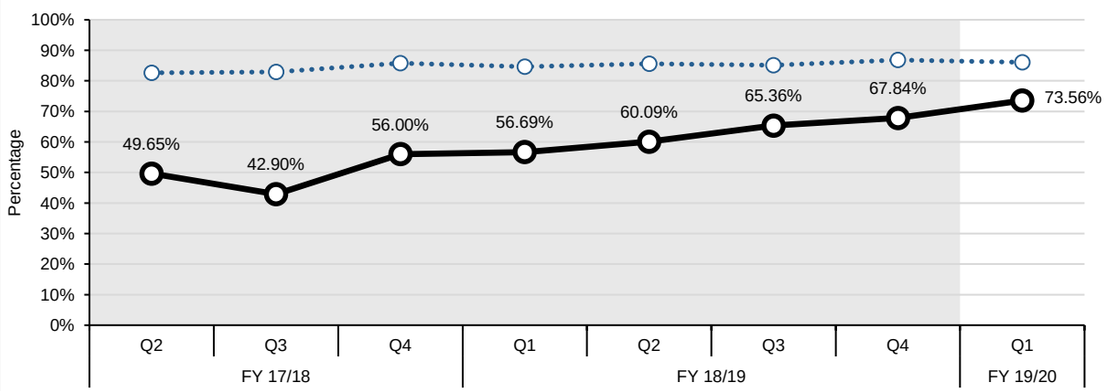
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q1 FY 19/20)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	96.30%	70.70%	84.69%	81.37%



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

Summary (Q1 FY 19/20)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	LV	LV	73.59%	73.56%	86.12%



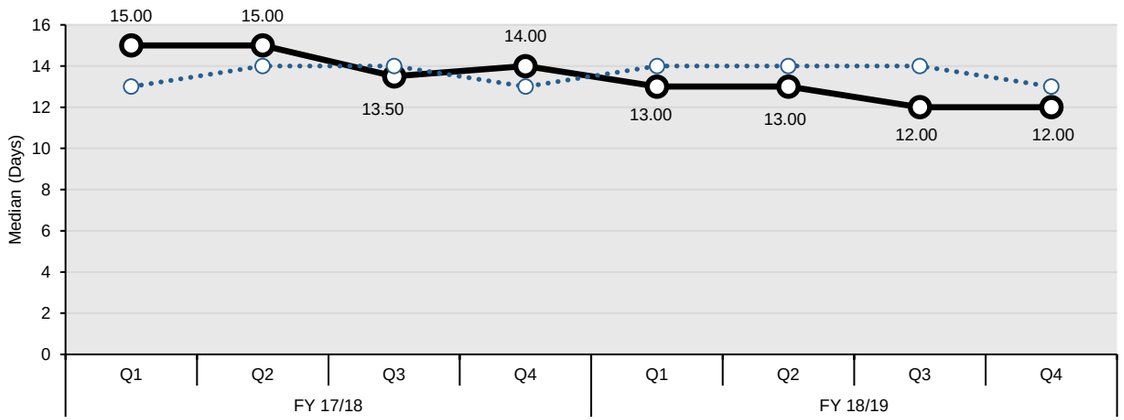
North Simcoe Muskoka LHIN

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)

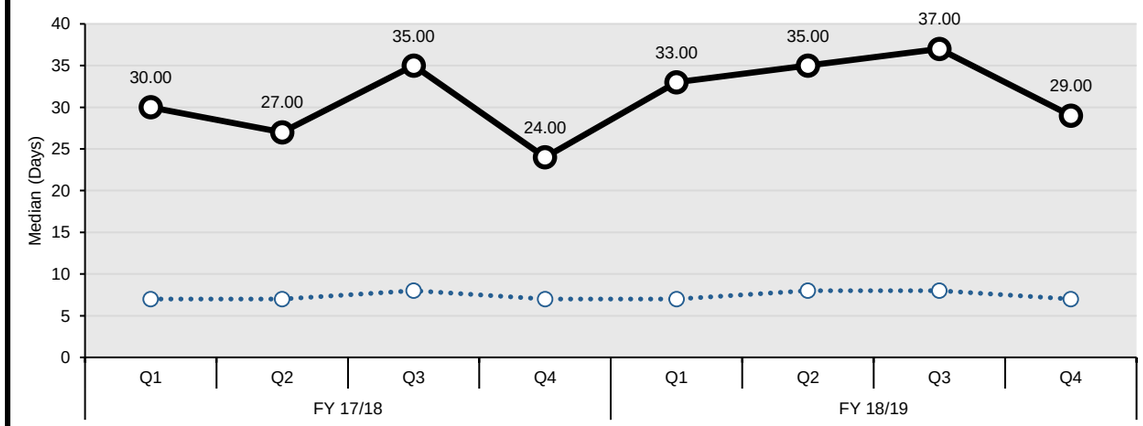
Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

Summary (Q4 FY 18/19)	LHIN Performance	Provincial Performance
	12.00 Days	13.00 Days



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

Summary (Q4 FY 18/19)	LHIN Performance	Provincial Performance
	29.00 Days	7.00 Days



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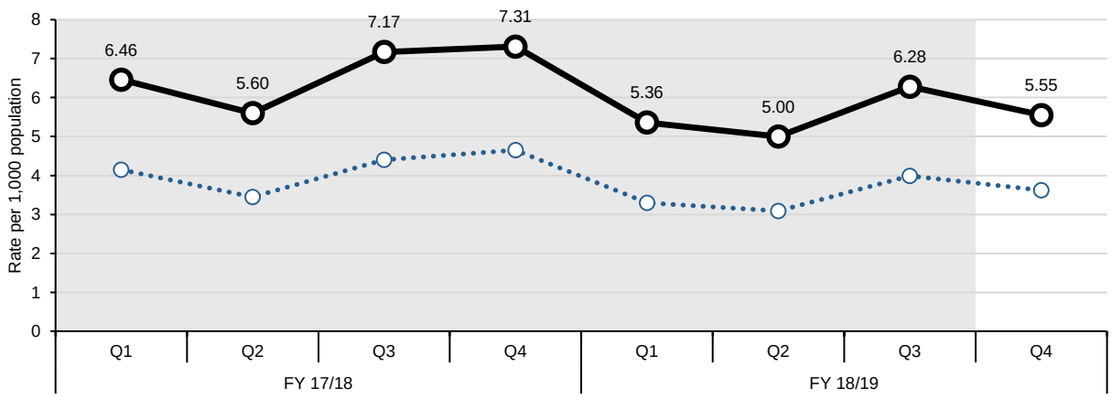
MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

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

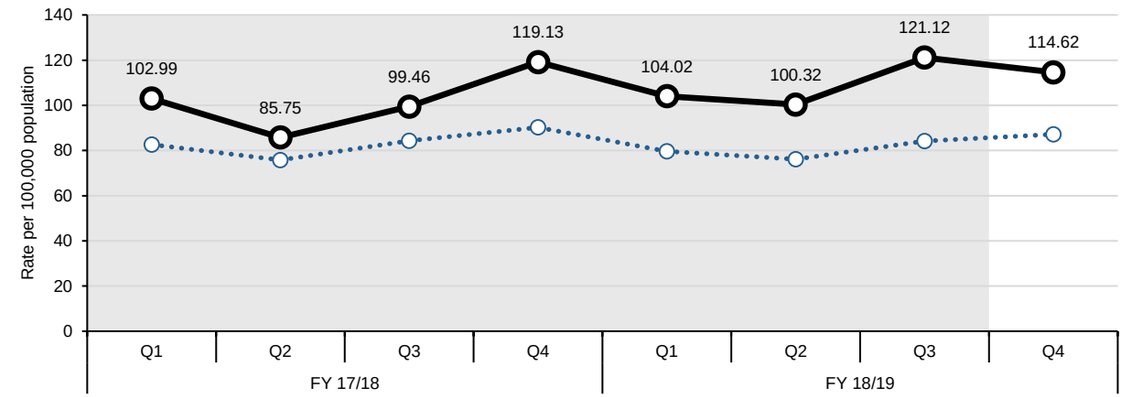
Rate of emergency visits for conditions best managed elsewhere

Summary (Q4 FY 18/19)	LHIN Performance	Provincial Performance
	5.55	3.62



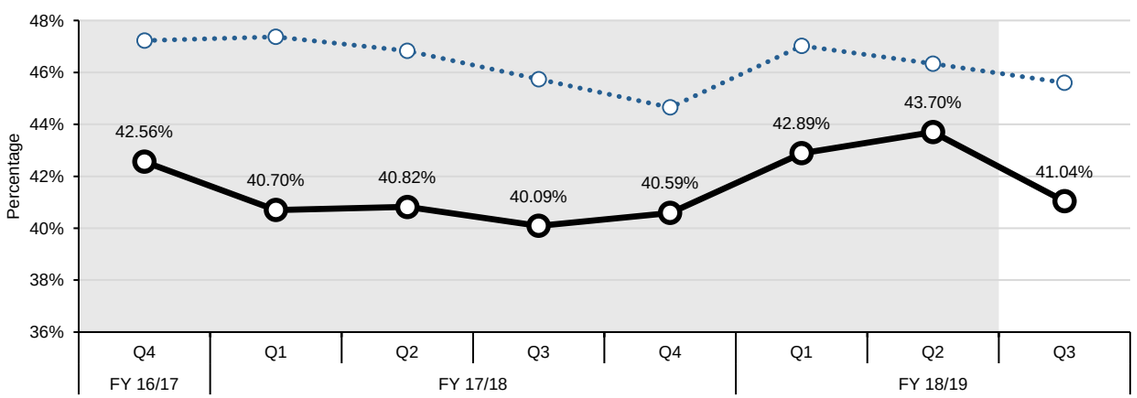
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q4 FY 18/19)	LHIN Performance	Provincial Performance
	114.62	87.12



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

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance
	41.04%	45.60%



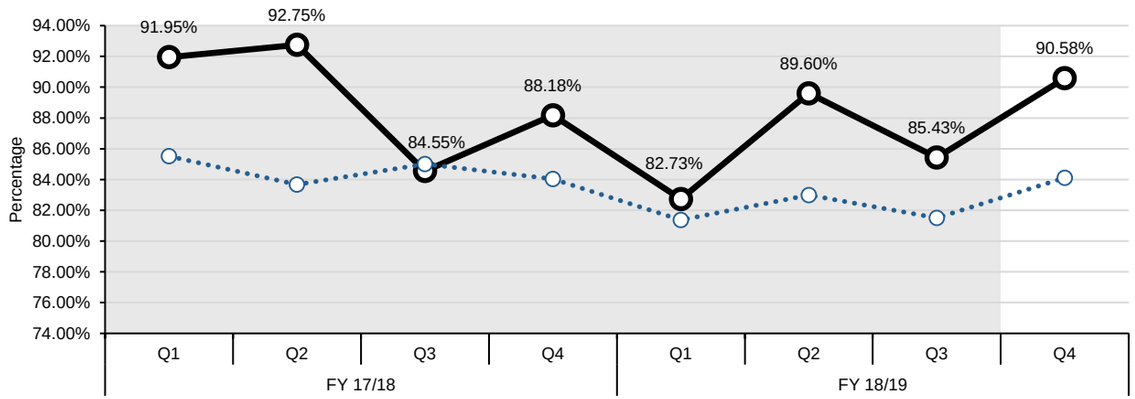
North Simcoe Muskoka LHIN

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 (Q4 FY 18/19)	LHIN Performance	Provincial Performance
	90.58%	84.11%



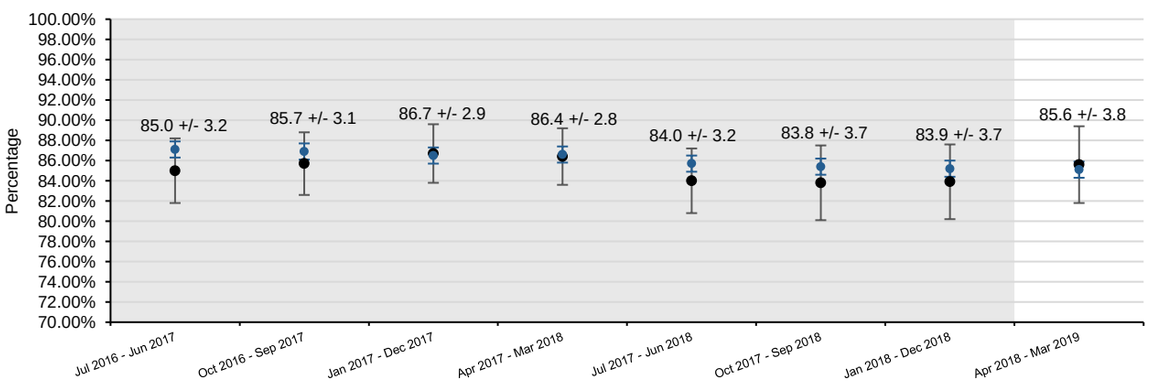
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Apr 2018 - Mar 2019)	LHIN Performance	Provincial Performance
	85.6% +/- 3.8%	85.1% +/- 0.8%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

LEGEND		
Achieved Provincial Target	Within 10% of Provincial Target	>10% From Provincial Target

PERFORMANCE INDICATORS	Reporting Quarter	PROV. TARGET	PROV.	LHIN													
				ESC	SW	WW	HNHB	CW	MH	TC	C	CE	SE	CHMP	NSM	NE	NW
HOME AND COMMUNITY CARE																	
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	Q4 18/19	95.00%	85.63%	90.96%	81.44%	97.99%	83.47%	87.10%	89.70%	95.09%	90.76%	89.45%	88.97%	65.04%	82.94%	85.80%	86.96%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q4 18/19	95.00%	95.75%	95.27%	92.58%	96.64%	95.82%	95.49%	95.87%	96.20%	95.58%	96.42%	94.05%	95.57%	98.15%	98.65%	96.79%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q4 18/19	21.00 Days	28.00	34.00	21.00	14.00	27.00	24.00	24.00	26.00	21.00	34.00	21.00	45.00	30.00	26.00	23.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q4 18/19	TBD	8.00	7.00	9.00	6.00	7.00	8.00	9.00	9.00	6.00	11.00	8.00	13.00	9.00	8.00	5.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q1 19/20	8.00 Hours	10.80	9.78	8.18	8.82	15.65	9.30	10.75	13.32	10.73	11.02	8.72	12.28	9.63	8.85	10.42
90th percentile ED length of stay for minor/uncomplicated patients	Q1 19/20	4.00 Hours	4.82	4.98	4.17	5.25	5.35	3.80	4.20	4.92	4.52	4.77	4.65	6.02	4.57	4.30	5.12
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q1 19/20	90.00%	79.87%	76.95%	54.38%	55.28%	71.04%	75.34%	53.38%	94.80%	95.13%	91.30%	82.57%	RI	72.87%	82.57%	80.39%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q1 19/20	90.00%	75.73%	74.50%	54.91%	50.12%	64.24%	49.19%	48.20%	93.19%	90.78%	92.26%	81.90%	RI	73.50%	78.89%	62.19%
Percentage of alternate level of care (ALC) days	Q4 18/19	9.46%	17.45%	12.05%	11.71%	14.20%	17.80%	9.37%	17.79%	12.70%	19.64%	19.40%	18.63%	15.37%	22.64%	32.30%	31.39%
ALC rate	Q1 19/20	12.70%	15.89%	10.26%	13.74%	13.07%	15.70%	7.01%	11.89%	12.82%	11.14%	23.68%	19.95%	16.35%	18.73%	24.76%	35.03%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q4 18/19	16.30%	20.94%	18.57%	19.37%	19.63%	20.67%	25.05%	16.79%	26.95%	19.25%	21.53%	21.83%	18.49%	15.98%	17.16%	22.85%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q4 18/19	22.40%	32.20%	27.82%	22.70%	27.15%	28.80%	35.10%	27.26%	39.82%	22.29%	25.12%	25.61%	23.78%	19.94%	33.06%	48.30%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q3 18/19	15.50%	16.61%	14.57%	17.63%	16.84%	16.60%	15.21%	15.45%	17.02%	15.88%	17.99%	17.79%	16.49%	17.39%	16.07%	16.50%

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.