South West LHIN

HAPS Regional Meeting

Central Meeting, December 7, 2016

Ontario
Local Health Integration Network

Objectives & Overview

1. Improve both LHIN and providers' understanding of Hospital Accountability Planning Submissions (HAPS) service, financial and performance elements

2. Enhance discussion between Hospital, CCAC and LHIN

PART 1—Hospital Presentation

- Budgeting Process and Assumptions
- Highlight key issues, risks and mitigation strategies
  - Service Delivery
  - Financial Implications
  - Performance Commitments and Challenges

PART 2—Group discussion

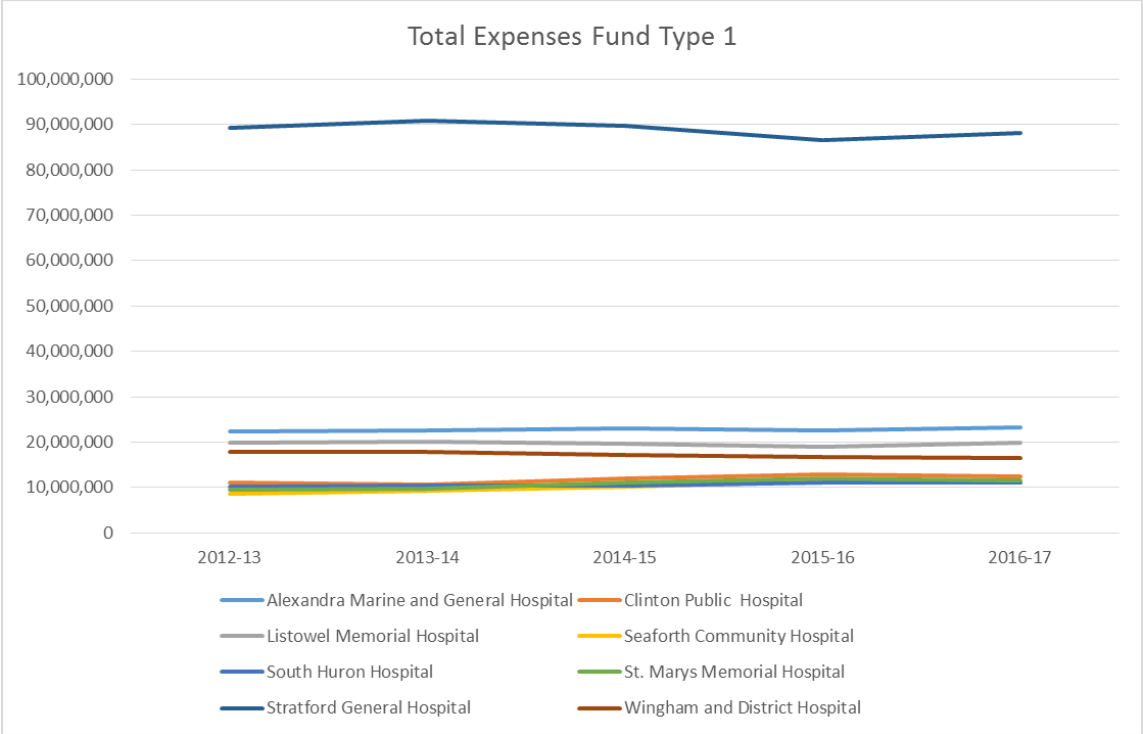
A) Opportunities for better collaboration among HSPs to support sharing of risk, collaboration on common performance challenges including confirmation of regional mitigation strategies (to be reflected in HAPS by January, 2017)

B) Ensuring optimal leveraging of key strategies already underway (not net new) including Health Links etc. to support improved performance

Hospital Trends: Operational, Financial, Performance

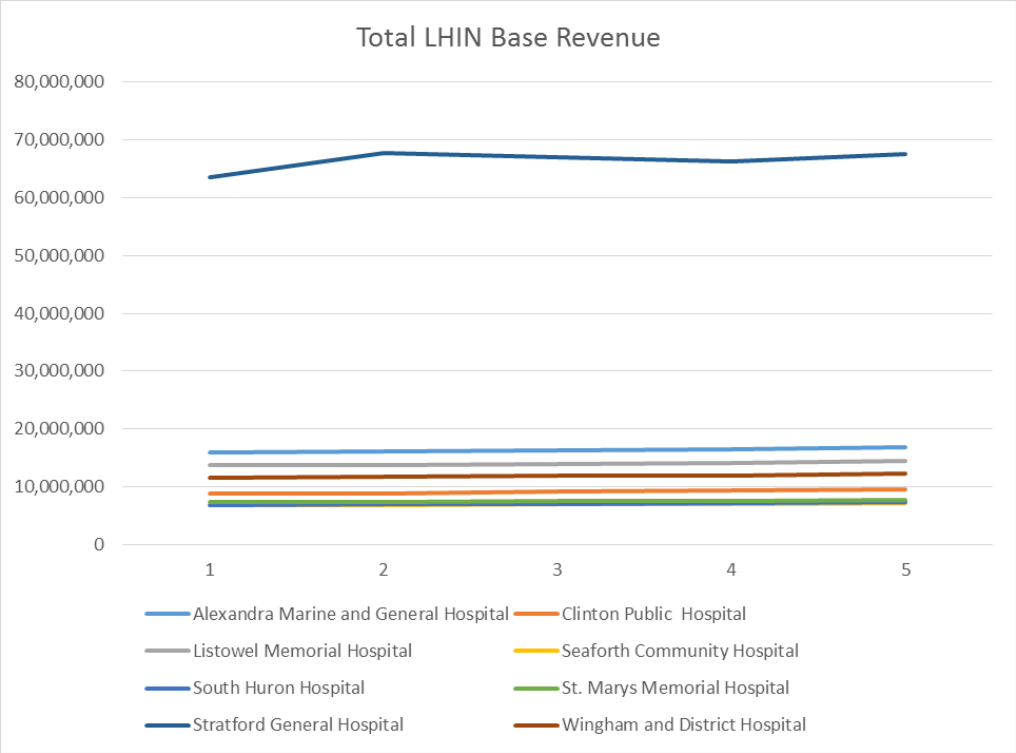
- The purpose of this slide deck is to provide a multi-year context to better understand the 2017/18 HAPS operational, financial and performance challenges and opportunities.
- The information used in the following graphs was sourced from the Ontario cost Distribution Methodology 10 years tables and SRI year-end reports
- Please note that the trend lines are altered by program transfers and new funding (e.g. PCOP)

LHIN Fund Type 1 Total Expenditure



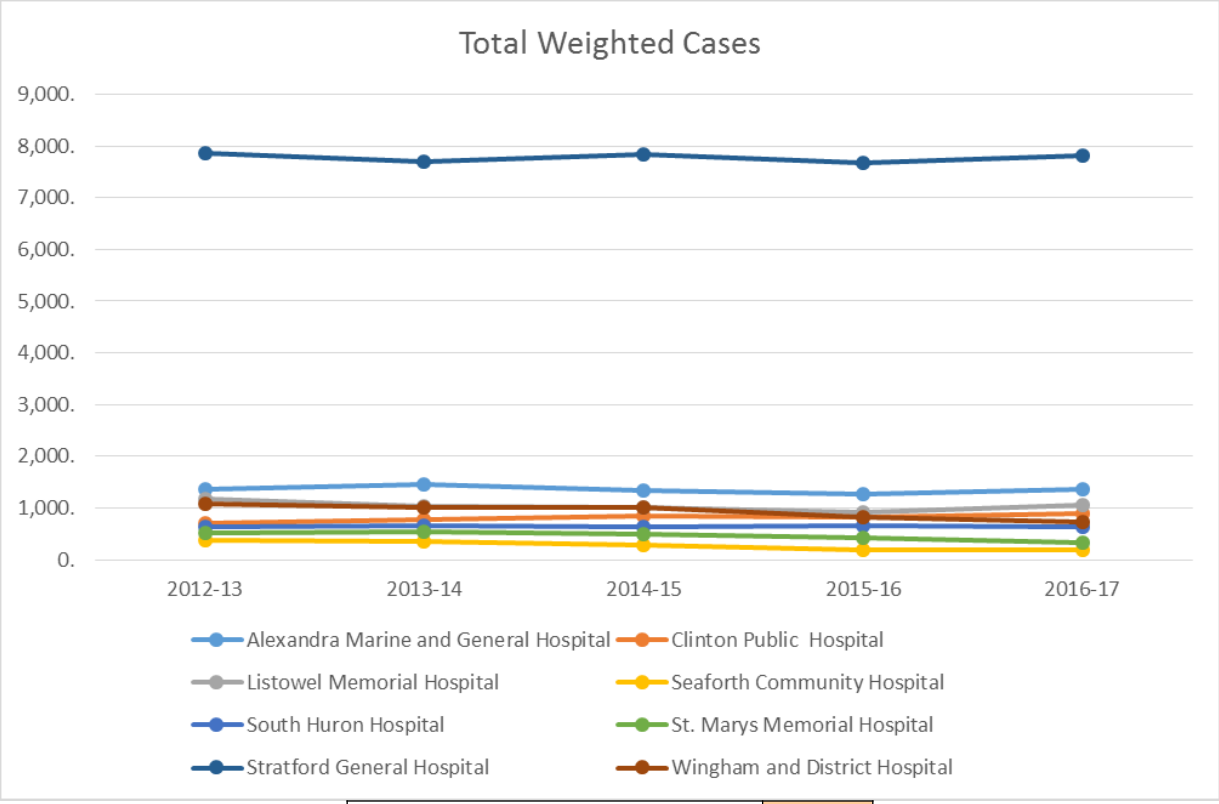
	5 Year Change
Alexandra Marine and General Hospital	3.7%
Clinton Public Hospital	12.5%
Listowel Memorial Hospital	-0.3%
Seaforth Community Hospital	29.5%
South Huron Hospital	7.8%
St. Marys Memorial Hospital	20.2%
Stratford General Hospital	-1.4%
Wingham and District Hospital	-7.2%

LHIN Base Funding



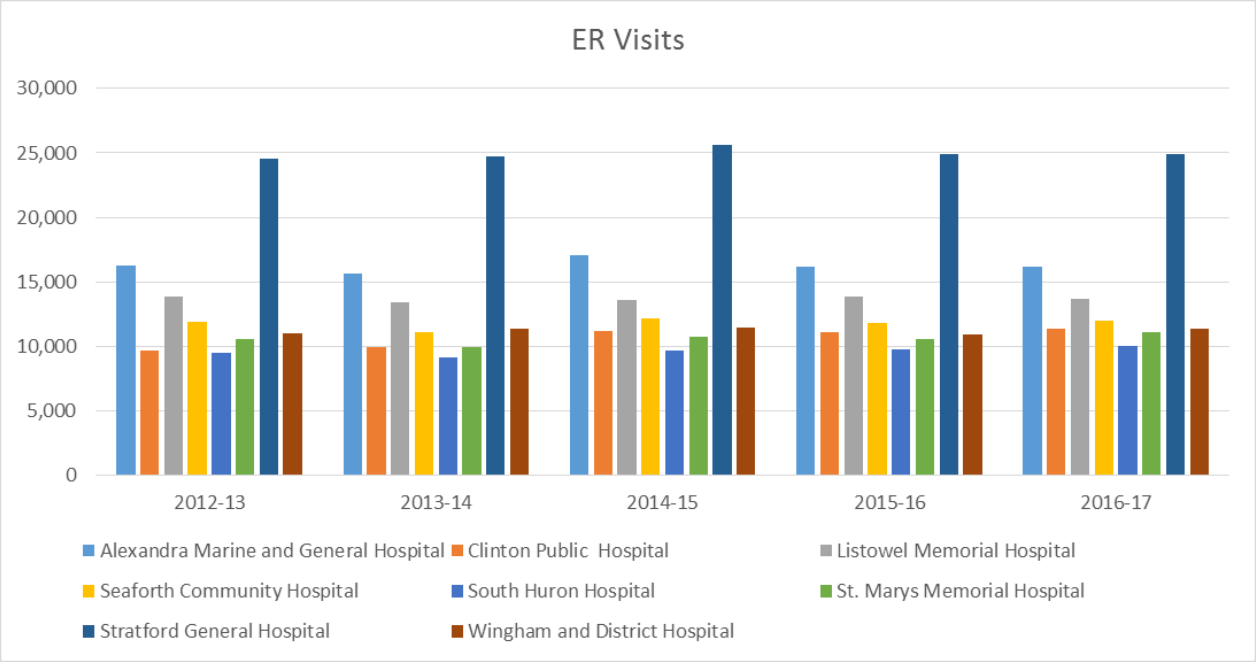
	5 Year Change
Alexandra Marine and General Hospital	5.9%
Clinton Public Hospital	8.1%
Listowel Memorial Hospital	5.1%
Seaforth Community Hospital	5.5%
South Huron Hospital	6.7%
St. Marys Memorial Hospital	5.5%
Stratford General Hospital	6.5%
Wingham and District Hospital	5.1%

Activity – Total Weighted Cases



	5 Year Change
Alexandra Marine and General Hospital	-1.0%
Clinton Public Hospital	26.1%
Listowel Memorial Hospital	-8.4%
Seaforth Community Hospital	-51.6%
South Huron Hospital	-3.2%
St. Marys Memorial Hospital	-34.7%
Stratford General Hospital	-0.7%
Wingham and District Hospital	-31.4%

ER – Activity and Performance Highlights



	5 Year Change - Visits	4 Year Change - ER Weighted Cases
Alexandra Marine and General Hospital	-0.2%	
Clinton Public Hospital	17.4%	20.7%
Listowel Memorial Hospital	-1.3%	9.6%
Seaforth Community Hospital	0.9%	15.3%
South Huron Hospital	5.1%	20.9%
St. Marys Memorial Hospital	4.5%	14.9%
Stratford General Hospital	1.4%	9.4%
Wingham and District Hospital	3.3%	-7.7%

HBAM Expected Unit Cost Benchmark Performance

	Stratford General									
	AIP & DS		ER		Rehab		CCC		MH	
Year	Actual	HBAM Expected	Actual	HBAM Expected	Actual	HBAM Expected	Actual	HBAM Expected	Actual	HBAM Expected
2011/12	5,185	5,264	6,096	5,342	14,304	11,893	572	587	541	541
2012/13	5,233	5,284	6,104	5,354	16,242	11,975	640	600	551	551
2013/14	5,375	5,360	5,897	5,735	16,610	12,707	662	617	634	634
2014/15	5,134	5,281	5,586	5,622	15,595	13,520	705	720	606	606
2015/16	5,128	5,306	5,824	5,557	14,541	12,703	794	879	592	592

LHIN Ranking—MLAA Performance Measures for 2016/17 Q2

	Home & Community			System Integration & Access						Health & Wellness		Sustainability & Quality		
	In-Home Services			ERLOS		Surgical & Diagnostic Wait Times				Repeat ED Visits		Wasted Bed Days		Readmis-sions
LHIN Rank	PSW	Nursing	CCAC	Complex	Minor	MRI	CT	Hip	Knee	MH	SA	%ALC	ALC Rate	
1	ESC	CE	WW	WW	C	SE	NW	C	C	WW	C	CW	CW	WW
2	CE	MH	CW	SW	SW	C	CE	CE	TC	NW	CHMP	SW	WW	ESC
3	HNHB	CW	SW	NE	MH	CE	CW	CHMP	CE	MH	CE	WW	TC	MH
4	MH	HNHB	SE	ESC	CW	NW	ESC	TC	CHMP	NSM	ESC	ESC	SW	CHMP
5	SW	ESC	ESC	SE	NE	NE	SW	NE	NE	CHMP	SE	TC	CHMP	CW
6	CW	C	TC	NSM	CE	SW	WW	NW	NW	SW	SW	CHMP	MH	C
7	TC	NW	NW	NW	WW	CW	NE	ESC	ESC	NE	NE	MH	HNHB	HNHB
8	SE	NE	HNHB	C	ESC	CHMP	SE	HNHB	NSM	ESC	NSM	C	NSM	NE
9	NE	TC	CHMP	MH	NW	HNHB	CHMP	CW	HNHB	C	MH	SE	ESC	NW
10	WW	SE	MH	CE	NSM	ESC	C	NSM	CW	HNHB	WW	HNHB	C	NSM
11	CHMP	WW	NE	CHMP	TC	TC	NSM	SE	SE	CE	HNHB	CE	SE	SW
12	NSM	CHMP	CE	CW	SE	WW	TC	MH	MH	SE	CW	NSM	NE	CE
13	C	NSM	NSM	TC	HNHB	MH	MH	WW	WW	CW	TC	NW	CE	TC
14	NW	SW	C	HNHB	CHMP	NSM	HNHB	SW	SW	TC	NW	NE	NW	SE
Period:	Q1 16/17	Q1 16/17	Q1 16/17	Q2 16/17	Q2 16/17	Q2 16/17	Q2 16/17	Q2 16/17	Q2 16/17	Q1 16/17	Q1 16/17	Q1 16/17	Q2 16/17	Q4 15/16
ON	87.43%	94.75%	30	10.13	4.15	38%	75%	78%	75%	20.24%	33.75%	14.22%	15.32%	16.57%
SW LHIN	90.91%	92.17%	22	7.53	3.53	40.3%	84.1%	46.0%	40.8%	17.90%	26.44%	8.78%	12.73%	17.12%

2016 Fall Cycle Performance Rankings by LHIN of all MLAA Indicators (data as of 10 Nov 2016)

Performance Trends & Challenges Observed

- ED: - most hospitals below 8h and 4h targets—improvements observed
- Hip & Knee - rank =14th of 14 LHINs
  - targets are less aggressive than 2016/17
  - no site achieving LHIN target of 90% (except WGH for Knees)
- MRI - slightly better than provincial average, but well short of 90% target
  - HSAA targets well short of 90%, improve by ~5% or narrow gap between actual and peers (weak performing)
- CT - slightly better than provincial average and approaching 90% target
  - HSAA targets to continue good performance or improve by ~5%
- ALC - ranked near top, but observing declining performance overall and for specific hospitals
  - HSAA targets to improve towards LHIN target or peer (if worse than 12.7%)
- Readmissions - rank = 11th of 14 LHINs *(readmissions to ANY facility—slightly different measure)*
  - HSAA targets aiming for improvement towards/within own expected rate

GROUP DISCUSSION (during/after hospital presentations)

A) Opportunities for better collaboration among HSPs to support sharing of risk, collaboration on common performance challenges including confirmation of regional mitigation strategies (to be reflected in HAPS by January, 2017)

B) Ensuring optimal leveraging of key strategies already underway (not net new) including Health Links etc. to support improved performance

Next Steps & Timelines

- Reflect on the discussion and regional risk mitigation conversations and ensure that this feedback is updated in the HAPS by January, 2017

- The draft performance targets will be reviewed based on regional meeting discussions and the final proposed numbers will be shared in December.

- H-SAA schedules will be sent for hospital review and approval late January

Appendix ONLY

LHIN Ranking—MLAA Monitoring/Developmental Measures for 2016/17 Q2

	CCAC Wait Times		Primary Care			Surgical Wait Times			Palliative	Experience
Rank	Home-LTC	Hosp-LTC	ED visits	Hospitali-zation	MD follow-up	Cancer	Cardiac	Cataract	Home Support	Satisfac-tion
1	NE	**SW**	CW	C	CW	C	NE	CE	MH	TC
2	**SW**	WW	MH	MH	C	NE	SE	C	CW	**SW**
3	HNHB	SE	TC	TC	MH	CE	WW	CW	WW	CHMP
4	ESC	ESC	C	CW	TC	CHMP	**SW**	NE	NSM	CE
5	WW	C	WW	WW	HNHB	WW	C	NW	HNHB	WW
6	MH	HNHB	CE	CHMP	CE	TC	HNHB	ESC	CHMP	HNHB
7	SE	MH	HNHB	CE	WW	NSM	MH	CHMP	SE	NSM
8	NSM	NE	CHMP	NSM	NSM	**SW**	TC	HNHB	CE	C
9	CW	CW	ESC	HNHB	ESC	SE	CHMP	**SW**	**SW**	SE
10	C	CE	NSM	ESC	SE	CW		TC	TC	MH
11	CE	CHMP	SE	**SW**	CHMP	MH		MH	C	CW
12	CHMP	NSM	NW	SE	**SW**	ESC		WW	NE	ESC
13	NW	NW	**SW**	NE	NE	HNHB		NSM	ESC	NE
14	TC	TC	NE	NW	NW	NW		SE	NW	NW
	Q4 15/16	Q1 16/17	Q1 16/17	Q1 16/17	Q4 15/16	Q2 16/17	Q2 16/17	Q2 16/17	Q4 15/16	Jul 2015 - Jun 2016

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