MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: South West LHIN

REPORT DATE: February 2019

Ontario

GUIDE: QUARTERLY STOCKTAKE REPORT

PERFORMANCE INDICATORS	DATA SOURCE	Page #
HOME AND COMMUNITY CARE		
1. 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	Home Care Database (HCD), Health Shared Services Ontario (HSSOntario)	Page 3
2. Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services		Page 3
3. 90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)		Page 4
4. 90th percentile wait time from hospital discharge to service initiation for home and community care	Discharge Abstract Database (DAD), Canadian Institute for Health Information (CIHI) HCD, HSSOntario	Page 4
SYSTEM INTEGRATION AND ACCESS		
5. 90th percentile emergency department (ED) length of stay for complex patients	National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health Information (CIHI)	Page 5
6. 90th percentile ED length of stay for minor/uncomplicated patients		Page 5
7. Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Wait Time Information System (WTIS) Access to Care, CCO	Page 6
8. Percent of priority 2, 3 and 4 cases completed within access target for knee replacement		Page 6
9. Percentage of alternate level of care (ALC) days	DAD, CIHI	Page 7
10. ALC rate	WTIS, HDB Bed Census Summary (BCS)	Page 7
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH		
11. Repeat unscheduled emergency visits within 30 days for mental health conditions	NACRS, CIHI	Page 8
12. Repeat unscheduled emergency visits within 30 days for substance abuse conditions		Page 8
SUSTAINABILITY AND QUALITY		
13. Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions	DAD, CIHI	Page 9

MONITORING INDICATORS	DATA SOURCE	Page #
SYSTEM INTEGRATION AND ACCESS		
14. Percent of priority 2 and 3 cases completed within access target for computed tomography (CT) scan	WTIS, CCO	Page 10
15. Percent of priority 2 and 3 cases completed within access target for magnetic resonance imaging (MRI) scan		Page 10
16. Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery		Page 10
17. Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting, and from acute-care setting	Client Profile (CPRO) Database	Page 11
18. Rate of emergency visits for conditions best managed elsewhere	DAD, CIHI	Page 12
19. Hospitalization rate for ambulatory care sensitive conditions	DAD, CIHI	Page 12
20. Percent of acute care patients who have had a follow-up with a physician within 7 days of discharge	DAD, CIHI and Claims History Database (CHDB), MOHLTC	Page 12

DEVELOPMENTAL INDICATORS	DATA SOURCE	Page #
HOME AND COMMUNITY CARE		
21. Percent of palliative care patients discharged from hospital with home support	DAD, CIHI	Page 13
SUSTAINABILITY AND QUALITY		
22. Overall satisfaction with health care in the community	MOHLTC's Health Care Experience Survey	Page 13

APPENDIX		Page #
SUMMARY OF PERFORMANCE INDICATORS		Page 14
NOTES		Page 15/16

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

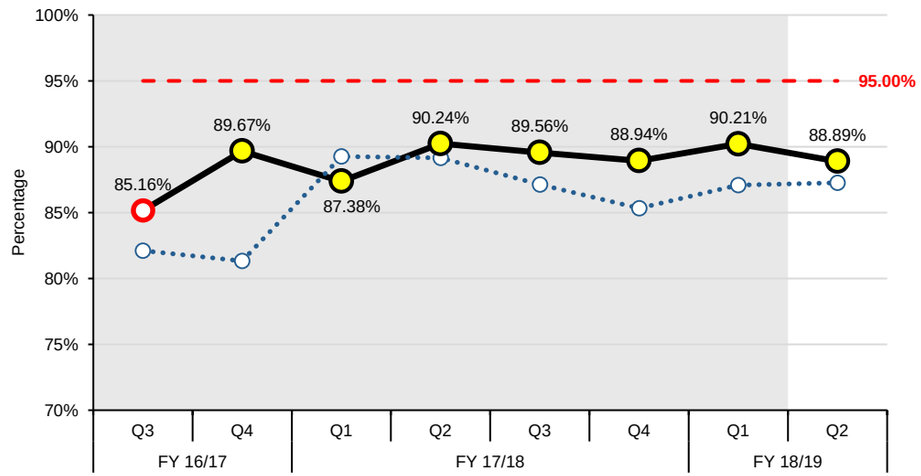
South West LHIN

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 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	88.89%	87.26%	95.00%



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

The personal support worker (PSW) staff shortage is still driving poor performance as demonstrated by reductions in referral acceptance, increased missed care, and anecdotal feedback from the Service Provider Organizations. Home and Community Care's (HCC) new referral management process, aimed at ensuring that patients with the highest needs are prioritized for service, has a forecasted positive impact for Q4 2018/19.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

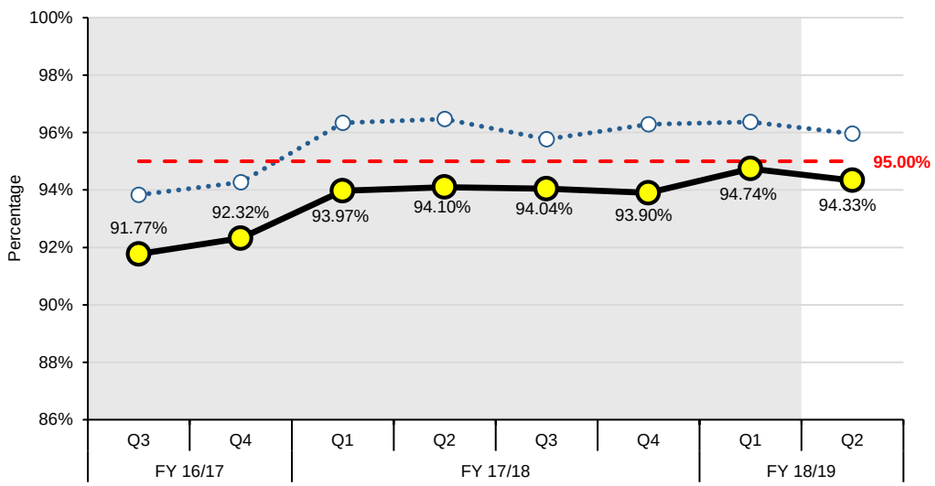
- Performance declined slightly in Q2 2018/19, but still remains above the provincial performance of 87%. The South West LHIN has improved its rank to 5th within the 14 LHINs.
- There were no notable outliers in sub-region and provider drill down analysis.

3. How does the LHIN plan to address performance issues?

- The South West LHIN has increased focus on data integrity regarding patient readiness for HCC supports. In March 2019, the LHIN plans to deploy documented procedures to support HCC staff to accurately capture patient readiness dates, which in turn supports service scheduling (i.e. patient available date).
- Service initiation process redesign is scheduled to be implemented in 2019/20 Q1-Q2 in the Quality Improvement Plan (QIP).
- Sub-regional committees are conducting ongoing reviews and working with providers to address PSW shortages and consider alternate models of care.
- A comparative analysis between sub-regions is planned for Q4 2018/19 to identify net scalable practices with associated forecasted return.
- It is forecasted that process improvements stemming from a newly implemented referral management will be initially evident by the end of 2018/19. In addition, data segmentation into "new" and "enhanced" PSW service requests are expected to flesh out tertiary drivers for sub-region implementation consideration.

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 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	94.33%	95.96%	95.00%



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

Home and Community Care's new referral management process, aimed at ensuring that patients with the highest needs are prioritized for service, has a forecasted positive impact for Q4 2018/19.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

- Performance shows a slight improvement of 0.29% in the last four quarters. Current performance is 94.33% which is slightly under the provincial target of 95%.
- Sub-region analysis indicates that Elgin continues to under perform at 88% for Q2 2018/19.
- Provider analysis indicates one of our main providers is under performing at 89% for Q2-Q3 2018/19. All other providers are at or above the provincial target in the quarter. Follow-up is ongoing and is solution-focused via the Service Accountability Agreement escalation process.

3. How does the LHIN plan to address performance issues?

- The Home and Community Care team are reviewing eligibility for appropriate flex clinic utilization. Processes are being reviewed to make sure those appropriate for clinic are being assigned to a flex clinic. The target utilization for nursing service is 25%. Current usage is under 15% of visiting nursing patients and is forecasted to improve in Q4 2018/19 with targeted patient and family initiatives.

- Targeted initiative development for Elgin is planned for Q4 to address under performance in this sub-region. The under performing provider mentioned above is the main contributor to the Elgin under performance.

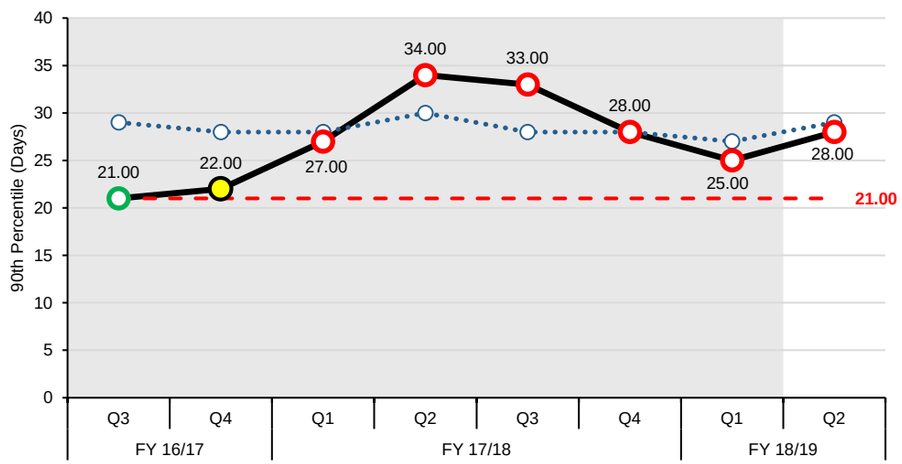
South West LHIN

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 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	28.00 Days	29.00 Days	21.00 Days



LHIN COMMENTS

1. What factors are contributing to current performance?

The South West LHIN is performing poorly against the provincial target but ranked 7th among the LHINs: 90th percentile wait time from application to authorization ranks 4th highest among the LHINs at 20 days; authorization to first service is nine days.

The personal support worker (PSW) staff shortages and, to a lesser extent, nursing staff shortages are contributing to higher wait times.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable

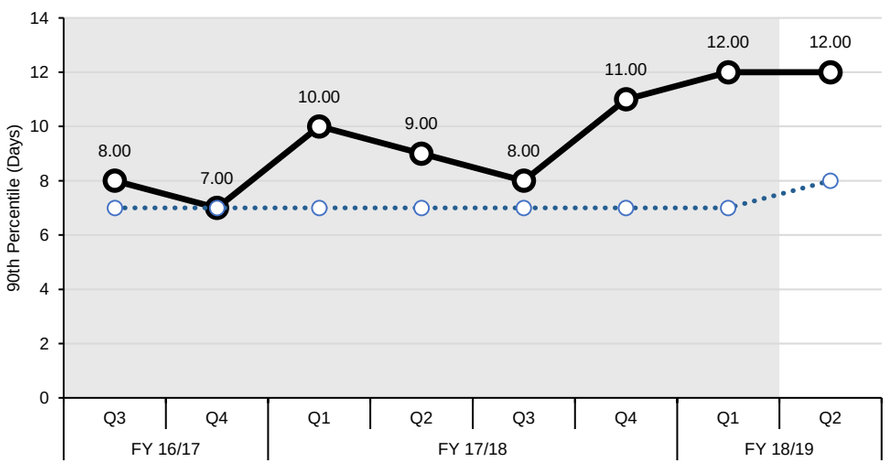
The South West LHIN employed referral management where patients with lower acuity are prioritized at a lower level than higher acuity.
- PSW 90th percentile wait time has improved from 43 to 39 days. It should be noted that the 90th percentile wait is lower for complex patients.
- Q2 2018/19 90th percentile performance for short stay patients is 17 days (a three day improvement compared to Q4 2017/18) and is below target.
- Occupational therapy waits in the community have increased slightly since Q1 2018/19 (from 20 days to 22 days).

3. How does the LHIN plan to address performance issues?

- The South West LHIN expects the intake process improvements will result in wait times closer to the 21 day target by the end of the 2018/19 fiscal year. PSW strategies are also expected to decrease wait times, and forecasted impact by the associated timeframe are being fleshed out in Q4 2018/19.
- The South West LHIN has increased focus on data integrity regarding patient readiness for HCC supports. In March 2019, the LHIN plans to deploy documented procedures to support HCC staff to accurately capture patient readiness dates, which in turn supports service scheduling (i.e. patient available date).
- Service initiation process redesign is scheduled to be implemented in 2019/20 Q1-Q2 in the Quality Improvement Plan (QIP).

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

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	12.00 Days	8.00 Days	TBD



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

The South West LHIN's performance has steadily declined over the last year with the poorest performance of the 14 LHINs in Q2 2018/19. PSW, occupational therapy and physical therapy continue to be in high demand and are influencing wait times.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

South West LHIN employed referral management where patients with lower acuity are prioritized at a lower level than higher acuity.
- PSW waits from hospital remain high; currently, 90th percentile waits are 36 days for first visit.
- Visiting nursing wait times have remained consistent, hovering around five days for the last four quarters.

The implementation of orthopaedic strategies may be contributing to slightly increased 90th percentile waits:
- Occupational therapy wait times seem to be driving performance and have increased from 30 days in Q1 to 33 days in Q2 2018/19; physical therapy wait times increased by 3 (from 10 to 13 days).
- Short stay waits from hospital for occupational therapy has increased from 20 to 24 days.

3. How does the LHIN plan to address performance issues?
- The musculoskeletal (MSK) team and the Orthopedic Steering Committee developed and implemented a model of care around central intake, scheduling, and assessment. As a result, wait times are forecasted to increase slightly into Q4 2018/19 before normalizing closer to the provincial target. Improved focus and dialogue between hospital discharge teams and community care coordinators will streamline service initiation process where possible.
- The South West LHIN has increased focus on data integrity regarding patient readiness for HCC supports. In March 2019, the LHIN plans to deploy documented procedures to support HCC staff to accurately capture patient readiness dates, which in turn supports service scheduling (i.e. patient available date).
- Service initiation process redesign is scheduled to be implemented in 2019/20 Q1-Q2 in the Quality Improvement Plan (QIP).

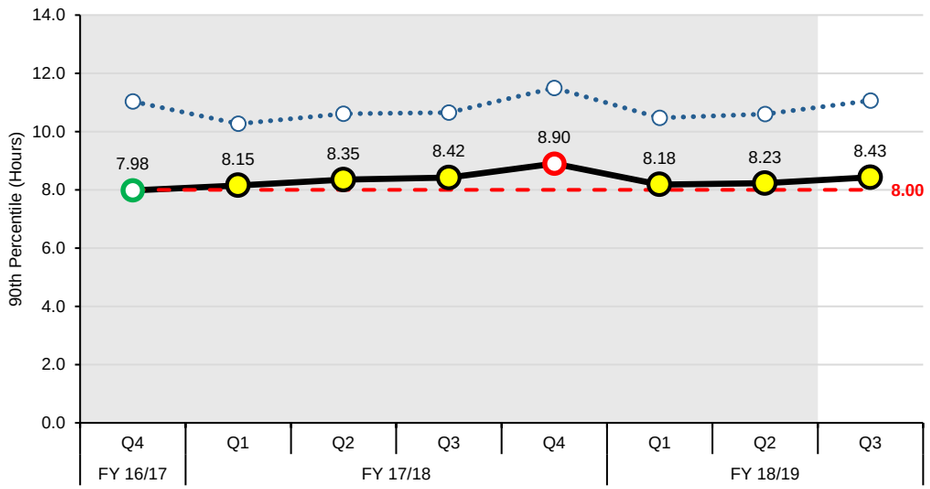
South West LHIN

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 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	8.43 Hours	11.07 Hours	8.00 Hours



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

Despite a 2% increase in volumes from Q2 to Q3 2018/19 (holiday surge), the South West LHIN is the top performer of all 14 LHINs.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

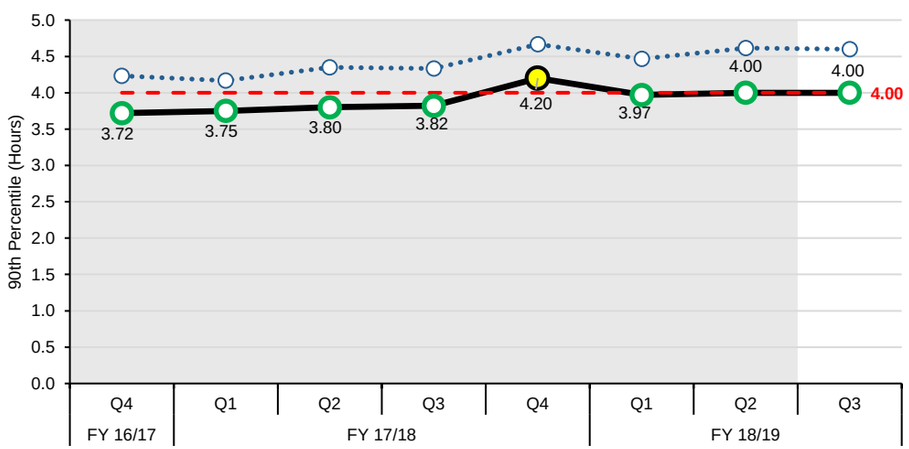
- For non-admitted complex patients, London Health Sciences Centre (34% of the South West volume) experienced an expected performance decline with an 8.4 hours 90th percentile ED length of stay (LOS) for complex patients (South West LHIN is 6.6 hours).
- For admitted complex patients, London Health Sciences Centre accounted for 52% of the South West volume, with an 27.3 hours for University Hospital (26.6 hours in Q2 FY 18/19) and 28.1 hours for Victoria Hospital (40.6 hours in Q2 FY 18/19).
- All other hospital sites were performing below the 8 hour target.

3. How does the LHIN plan to address performance issues?

- Pay-for-Results (P4R) evaluations will continue at five hospital sites as well as Knowledge Transfer initiatives at three additional high-volume sites.
- The LHIN will continue collaboration with the Chief Nursing Executives around Regional Access and Flow monitoring.
- Starting in Q3 2018/19, hospital CEOs committed to reviewing and supporting access and flow initiatives.

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

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	4.00 Hours	4.60 Hours	4.00 Hours



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

The South West LHIN consistently performs at or below the provincial target of 4 hours. The South West LHIN is 2nd best performer of the 14 LHINs.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

- 10 of 14 facilities were performing within the four hour target
- The following hospitals did not meet the 90th percentile ED length of stay (LOS) for minor/uncomplicated patients: London Health Science Centre (14% of the volume) at 6.3 hours; Tillsonburg District Memorial Hospital (4% of the volume) at 5.0 hours; Alexandra Hospital (4% of the volume) at 4.4 hours; and, Stratford General Hospital (4% of the volume) at 4.6 hours.

3. How does the LHIN plan to address performance issues?

- Pay-for-Results (P4R) evaluations will continue at five hospital sites as well as Knowledge Transfer initiatives at three additional high-volume sites.
- The LHIN will continue collaboration with the Chief Nursing Executives around Regional Access and Flow monitoring.
- Starting in Q3 2018/19, hospital CEOs (new quarterly meeting) committed to reviewing and supporting access and flow initiatives.

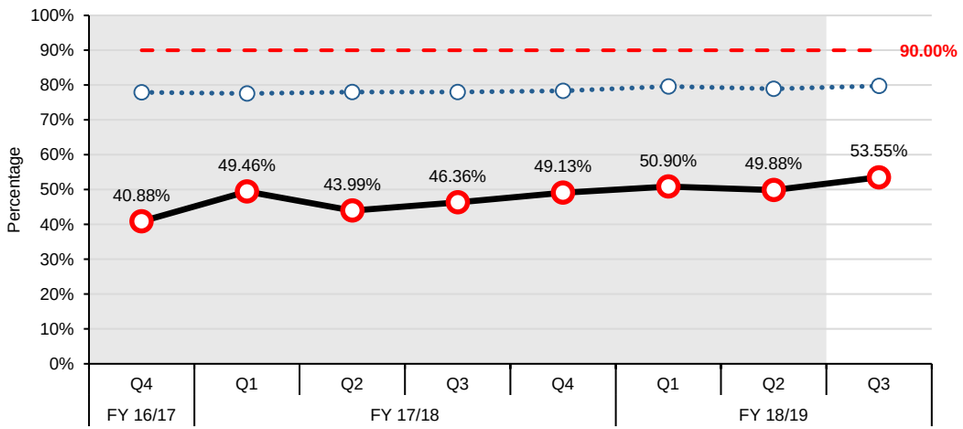
South West LHIN

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 18/19)	Provincial Target (FY 18/19) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	92.31%	50.00%	53.20%	53.55%	79.75%



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

Performance has remained consistently close to 50% over the last four quarters which is significantly below the provincial target.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

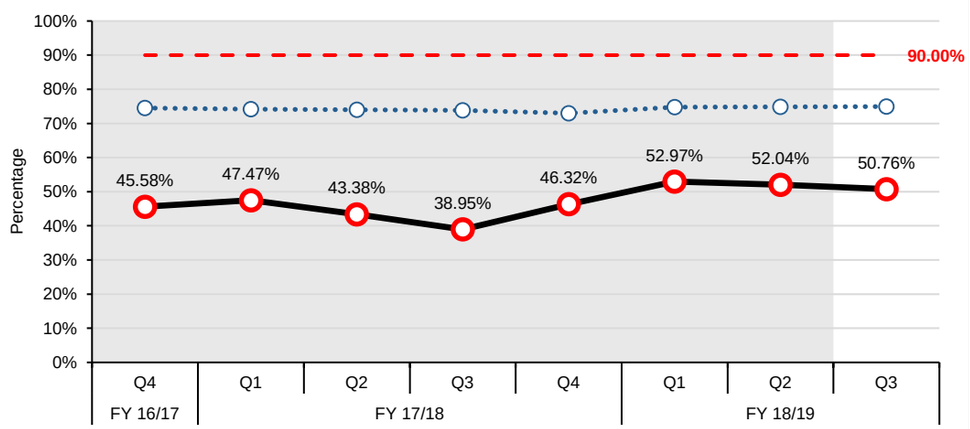
- Strathroy Middlesex General Hospital has improved their completions within access target by almost 100% since last quarter from 5% to 9%.
- There were reductions in open cases at St. Thomas-Elgin General Hospital (30%), Strathroy Middlesex General Hospital (30%), and Grey Bruce Health Services (38%).

3. How does the LHIN plan to address performance issues?

- In alignment with the provincial musculoskeletal (MSK) strategy, the South West LHIN allocated funding in Q1 2018/19 for additional total joint replacement procedures.
- The South West LHIN and hospital partners are dedicated to continuous data quality improvement and ensuring that sustainable practices are put in place at all sites to monitor open case wait lists. The LHIN is implementing regular cadence reporting back to hospitals regarding open cases that are approaching target data for completion.
- The MSK strategy includes assessors to review and streamline surgical requirement following primary care physician referral and prior to surgical assessment (starting in Q3 2018/19 and forecasted to continue for three to four months).
- Incremental funding for an additional 55 One Day Care hip procedures was provided to London Health Sciences Centre for completion by end of 2018/19.
- The LHIN is working with regional hospitals to review waitlists for patient readiness for surgical procedures.

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

Summary (Q3 FY 18/19)	Provincial Target (FY 18/19) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	63.64%	52.14%	50.25%	50.76%	74.94%



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

Though still well below the provincial target, performance for knee surgeries has improved consistently since Q3 2017/18.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

- The performance at Strathroy Middlesex General Hospital improved over 50% compared to Q3 2017/18.
- There were reductions in open cases at Grey Bruce Health Services (17%) and Strathroy Middlesex General Hospital (22%). St. Thomas-Elgin General Hospital has experienced the greatest increase in open case volumes (53%) with Stratford General Hospital open cases increasing by 16%.

3. How does the LHIN plan to address performance issues?

- In alignment with the provincial musculoskeletal (MSK) strategy, the South West LHIN allocated funding in Q1 2018/19 for additional total joint replacement procedures.
- The South West LHIN and hospital partners are dedicated to continuous data quality improvement and ensuring that sustainable practices are put in place at all sites to monitor open case wait lists. The LHIN is implementing regular cadence reporting back to hospitals regarding open cases that are approaching target data for completion.
- The MSK strategy includes assessors to review and streamline surgical requirement following primary care physician referral and prior to surgical assessment (starting in Q3 and forecasted to be fully launched after three to four months).
- Incremental funding for an additional 11 One Day Care knee procedures was provided to London Health Sciences Centre for completion by end of 2018/19.
- The LHIN is working with regional hospitals to review waitlists for patient readiness for surgical procedures.

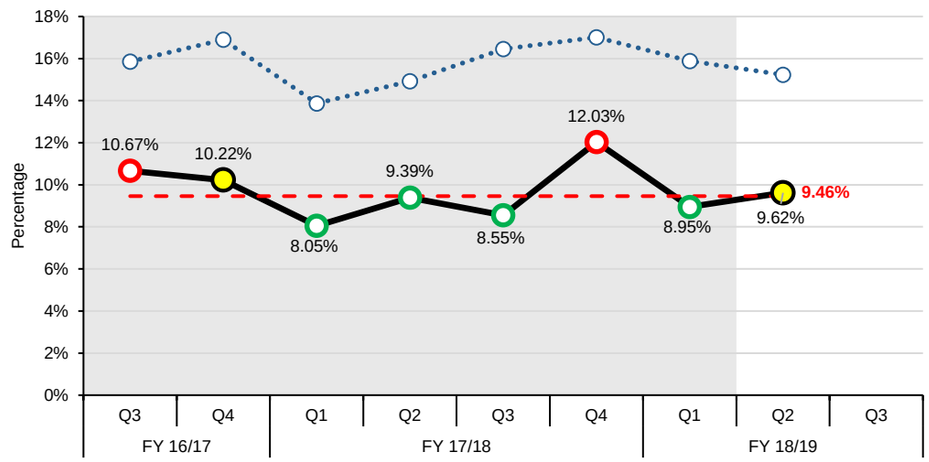
South West LHIN

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)

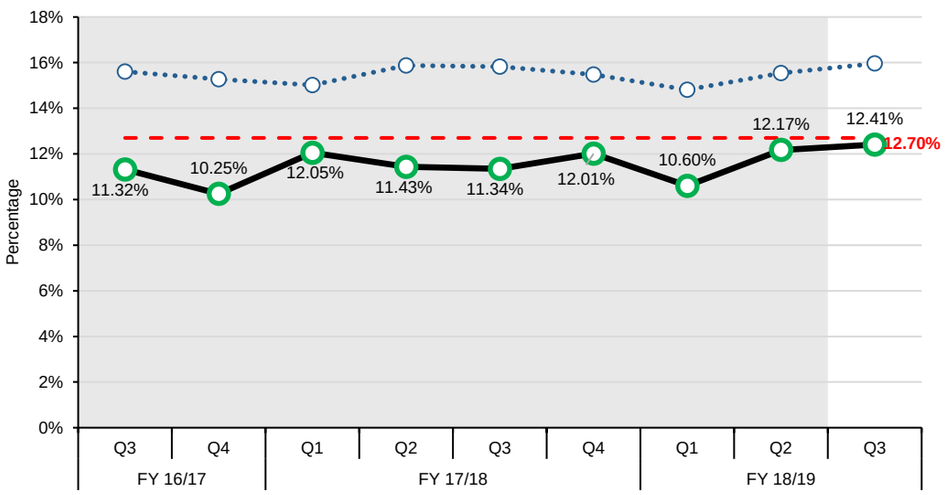
Percentage of alternate level of care (ALC) days

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	9.62%	15.23%	9.46%



ALC Rate

Summary (Q3 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	12.41%	15.96%	12.70%



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

Woodstock Private Hospital (16 beds) is closing at the end of March 2019 due to with all but one patient transferred our as of February 2019.

While ALC rate and ALC days remain below the provincial target, individuals designated ALC who are waiting a long time for long-term care (LTC) beds have contributed to a spike in ALC rate in Q2 2018/19. In particular, patients waiting in Oxford are affected by the temporary pause in admission and the public perception surrounding Caressant Home in Woodstock.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

Percentage of alternate level of care (ALC) days

- Ranked the 3rd best in the province, the South West LHIN has seen a deterioration in performance in Q2 2018/19, in comparison to Q1 2018/19, and performed worse than the provincial target.
- The largest facility, London Health Sciences Centre, reported lower ALC days compared to last quarter. However, undesirable performance of some medium-sized hospitals led to the deterioration of the LHIN's overall performance.
- Compared to Q1 2018/19, performance improved at other facilities such as Clinton Public Hospital, Seaforth Community Hospital, Four Counties Health Services, Alexandra Hospital, Grey Bruce Health Services, Hanover and District Hospital, and South Bruce Grey Health Centre. Meanwhile, performance on this indicator significantly worsened from Q1 2018/19 to Q2 2018/19 at St. Marys Memorial Hospital, Tillsonburg District Memorial Hospital, Woodstock Hospital, Stratford General Hospital and Alexandra Marine and General Hospital.

ALC rate

- In Q3 2018/19, the South West LHIN had the third lowest (best) ALC rate in the province amongst LHINs. Of the 17 facilities, seven showed improvement in ALC rate from Q2 2018/19 to Q3 2018/19. Notably, Listowel Memorial Hospital improved by more than 20 percentage points. Meanwhile, ALC rates at South Bruce Grey Health Centre, Alexandra Hospital, Clinton Public Hospital and St. Marys Memorial Hospital increased compared to the prior quarter and one year ago. London Health Sciences Centre, as a large facility, has seen a slight deterioration in performance compared to Q2 2018/19 while another large facility, St. Joseph's Health Care, London, had an improved ALC rate.
- The South West LHIN has been exploring the percentage of patients waiting in hospital (acute and post-acute) by discharge destination. The South West LHIN continues to have the 3rd highest percentage of patients designated ALC sitting in post-acute beds waiting for LTC placement (72% South West LHIN vs. 61% Ontario). By the end of Q3 2018/19, in the South West LHIN, post-acute ALC days contributed by patients waiting for LTC beds accounted for 84% of the total ALC days, vs. 63% for Ontario. Including acute and post-acute services, the South West LHIN has the fourth highest percentage of cumulative ALC days spent waiting for long-term care across the LHINs.

3. How does the LHIN plan to address performance issues?

- In Q3 and Q4 2018/19, the South West LHIN funded the addition of 58 new assisted living program spaces, 3,151 new adult day program spaces, and 30 additional respite spaces per week which may offer alternatives for patients waiting in hospital.
- Home First Refresh Learning Collaborative (based on key learnings from the successful implementation of the 'William Osler ALC Avoidance Approach') relaunched in Q2 2017/18 continues to spread to local hospitals.
- Capacity planning is underway for discharge destinations in community, including LTC home redevelopment, and Transitional Care Programs and teams to support patients with behavioral challenges.
- Leadership and Oversight for Improving Patient Access and Flow is a partnership model with leadership provided by the South West LHIN Chief Nursing Executive Leadership Forum and the hospital CEOs.
- The Emergency Department (ED) Pay for Results supports improvement in patient flow through a targeted improvement and investment approach being implemented at high volume ED sites within the South West LHIN (focused on complex patients and patients who are admitted to hospital).
- Additional flex acute and mental health beds were added in Q1 2018/19 for a period of two years.

***Please note that for Q1 2017/18 Alternate Level of Care (ALC) Rate, only April and May 2017 data is included, June 2017 data is not reported.*

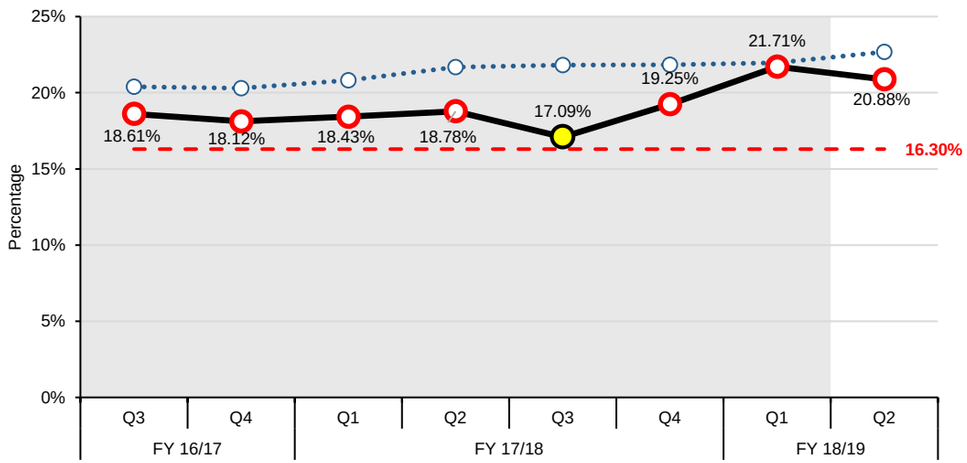
South West LHIN

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

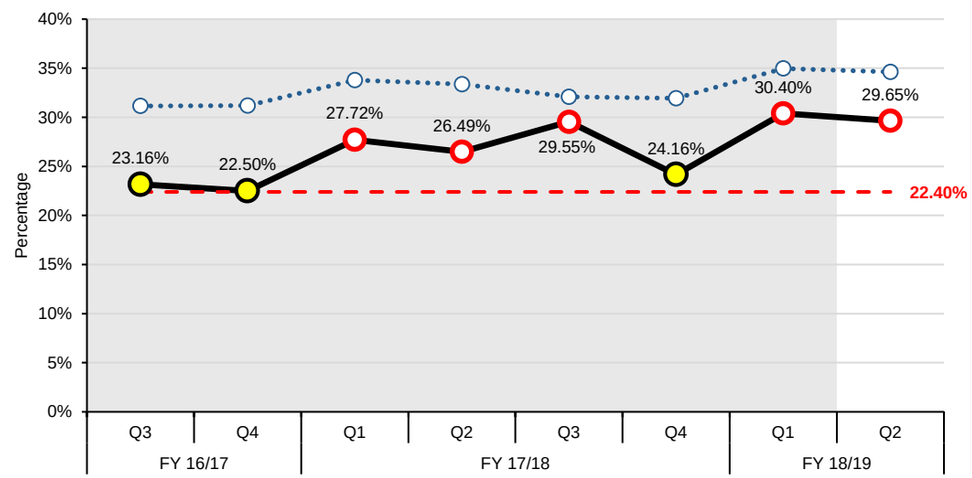
Repeat unscheduled emergency visits within 30 days for mental health conditions

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	20.88%	22.68%	16.30%



Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	29.65%	34.61%	22.40%



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

The mental health revisit rate in the South West LHIN decreased slightly from 21.71% in 2018/19 Q1 to 20.88% in 2018/19 Q2. This slight decrease in the revisit rate is due a drop in the number of revisits at some of the largest hospitals, including both sites of London Health Sciences Centre (LHSC), Grey Bruce Health Services (GBHS) - Owen Sound, and St Thomas Elgin General Hospital (STEGH). Alone, LHSC - Victoria Hospital accounts for approximately 33% of both the revisits and total visits for mental health within the South West LHIN, so the overall result from the LHIN usually follows their trend. This is the third year in a row where LHSC has seen a peak in their revisit rate in Q1 with a drop in the revisit rate in Q2.

The South West LHIN saw the highest ever volume of total substance abuse visits and revisits in 2018/19 Q2. Total visit volume increased 17% from Q1 to Q2 2018/19 while revisit volume only increased by 14% over the same time period. This would have contributed to the slight improvement in the South West LHIN revisit rate from Q1 to Q2 2018/19. There was no clear trend at individual hospital sites with the revisit rate worsening at eight of the hospital sites within the LHIN, improving at 18 sites, and experiencing no change at two sites.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

There is no current access to community mental health and addictions patient-level data to align with acute care Emergency Department (ED) presentation data to support feedback-feed forward to those community agencies to support program effectiveness evaluation. Initial road-mapping of this data collection work planned for 2019/20 per the Service Accountability Agreement local conditions.

3. How does the LHIN plan to address performance issues?

Within the South West LHIN, the mental health and substance abuse indicators are included in Hospital Service Accountability Agreements as local indicators for Grey Bruce Health Services (GBHS) and London Health Sciences Centre (LHSC). Their quarterly performance is reviewed and followed up on as necessary.

The following interventions directly target mental health and substance abuse clients:

- Additional funding was provided in 2018/19 to two hospitals in the South West LHIN to support the addition of eight mental health beds through the Short-Term Transitional Care Models Initiative. Initial evaluation of funded transitional beds planned for the Q1 2019/20.
- The South West LHIN has initiated a Service Accountability Agreement (SAA) for 2019/20 with Indwell Community Homes to provide mental health supports within housing for 108 individuals per year.
- Three of the mental health and addiction (MHA) organizations in Grey Bruce completed their integration in September 2018. CMHA Grey Bruce, G & B House, and HopeGreyBruce integrated to become CMHA Grey Bruce. This integration will improve care for clients in the community as a more coordinated service will be offered in the region.
- The South West LHIN released the Mental Health and Addictions Capacity Planning Report along with actionable recommendations in Q3 2017/18. LHIN senior leadership has prioritized this work and is identifying the most effective way to implement recommendations across the full spectrum of mental health and addiction services. A Program Lead for Mental Health and Addictions and a Mental Health Clinical Lead were hired in 2018/19 Q4 to begin to implement this work.
- The coordinated mental health, addictions, and crisis phone line for Middlesex, Elgin, and Oxford continues to receive more than 1,000 calls per month and will be realigned in Q1 2019/20 to streamline services and improve the client experience.

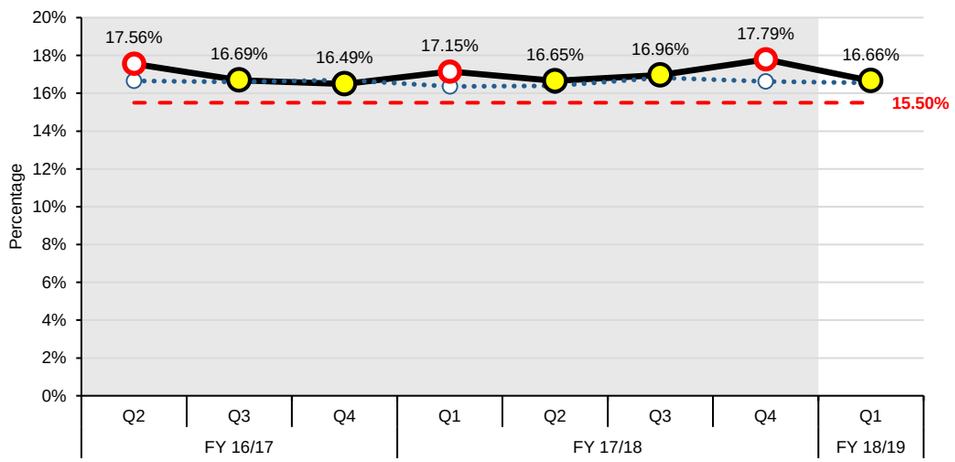
South West LHIN

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 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	16.66%	16.54%	15.50%



LHIN COMMENTS

1. What factors have contributed to the current results for this indicator?

While the South West LHIN result of 16.7% was above the provincial target of 15.5%, the risk-adjusted rate of readmission was with 0.5% of the expected readmission rate for the LHIN (16.28%). With the exception of Q4 2017/18, this is consistent with how the South West LHIN has performed for the past two years. This quarter, the South West LHIN only had two excess readmissions (overall). For a majority of the HIGs, the LHIN readmitted fewer patients than expected. However, two more patients than expected were readmitted for Cardiovascular, 10 more patients than expected were readmitted for Congestive Heart Failure, and 20 more patients than expected were readmitted within the Gastrointestinal cohort. If these 32 excess readmissions were avoided, it is likely that the South West LHIN would have met the provincial target in Q1 2018/19.

2. Explain why results have improved or what the challenges are if results have not improved. Please cite the local and provider-level issues and supporting data, where applicable.

The improvement in the readmission rate can be mostly attributed to a decrease in excess gastrointestinal readmissions from 52 excess readmissions in Q4 2017/18 to 30 excess readmissions in Q1 2018/19. The decrease in excess gastrointestinal readmissions is due to improvements at the seven large community hospitals within the South West LHIN.

3. How does the LHIN plan to address performance issues?

Readmissions in the South West LHIN are actively monitored and followed-up through Service Accountability Agreements (SAAs) and included in organizations' Quality Improvement Plans (QIPs).

To varying degrees, the following initiatives aim to reduce readmissions for those with chronic conditions:

- As part of an IDEAS project, a team is looking to improve coordinate care planning at hospital discharge for patients at St Thomas-Elgin General Hospital with COPD and CHF. The project started in February 2019 and, to date, has served six individuals.
- Work is underway with the Clinical Quality Improvement Committee at London Health Sciences Centre on Patient Oriented Discharge Summaries (PODS). The goal is to simplify language used in discharge summaries for cardiac patients to improve understanding of and compliance with directions.
- The Expanding and Enhancing Interprofessional Primary Care Teams (IPC) initiative is designed to expand and enhance access to IPC teams in east London and among newcomers to London. This model will expand access to team-based care to those patients whose primary care providers are not associated with team-based care leveraging a well-defined, clear and consistent referral process.
- In Q1 2018/19, an additional 502 coordinated care plans (CCPs) were completed as part of Health Links. Utilization data continues to show decreased acute system utilization for residents in the South West LHIN supported by a CCP (six months post CCP: 27% reduction in emergency department visits, 36% reduction in unplanned admissions to hospital, and a 6.7 day decrease in hospital length of stay).
- As of the end of Q1 2018/19, A total of 300 residents with either chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF) were enrolled in the Integrated Funding Model (IFM) "Connecting Care to Home" model in London (42 new patients were enrolled in Q1 2018/19). Outcomes suggest an estimated 50% of inpatient days and 50% of acute hospital and community care costs could potentially be diverted by supporting clients with mild-to-moderate COPD and CHF through bundled care.
- Community Paramedicine programs in London Middlesex and Grey Bruce continue to provide at home support and remote patient monitoring for moderate to complex COPD and CHF clients. Recent evaluations suggest that such support initiatives reduce readmissions for these cohorts by 32% and reduce Emergency Department visits by 26%. A Community Paramedicine Strategic Lead was hired in 2018/19 Q4.
- The South West Self-Management program offers patient, caregiver, and provider workshop/courses as well as self-paced eLearning courses to provide participants with the skills, tools, and confidence to better manage their chronic conditions. Patient Activation Measure (PAM) results from 2018/19 Q3 indicate a 4.9 point increase in mean PAM score. Research indicates that for each point increase in mean PAM score, there is a 2% decrease in hospitalizations and a 2% increase in medication adherence for the patients.
- Engagement strategies for the Telehomecare program are being refreshed in 2018/19 Q4 to increase program awareness and, thus, referrals.

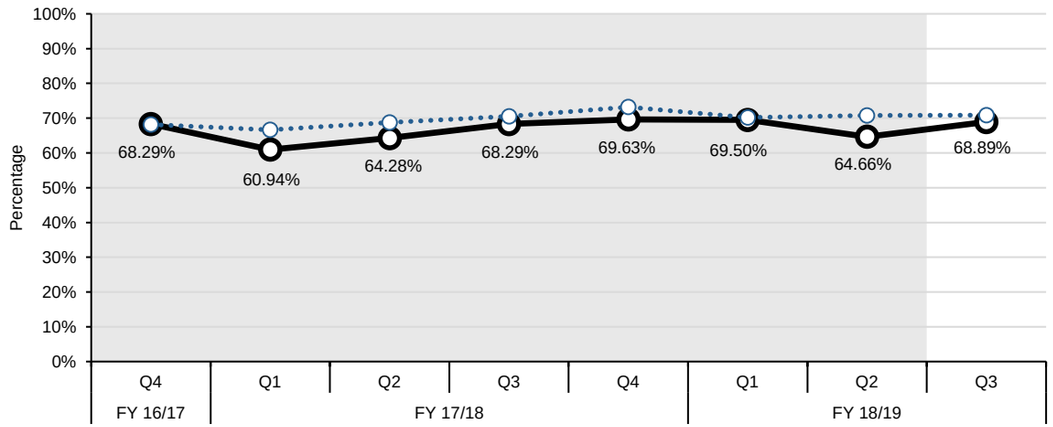
South West LHIN

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)

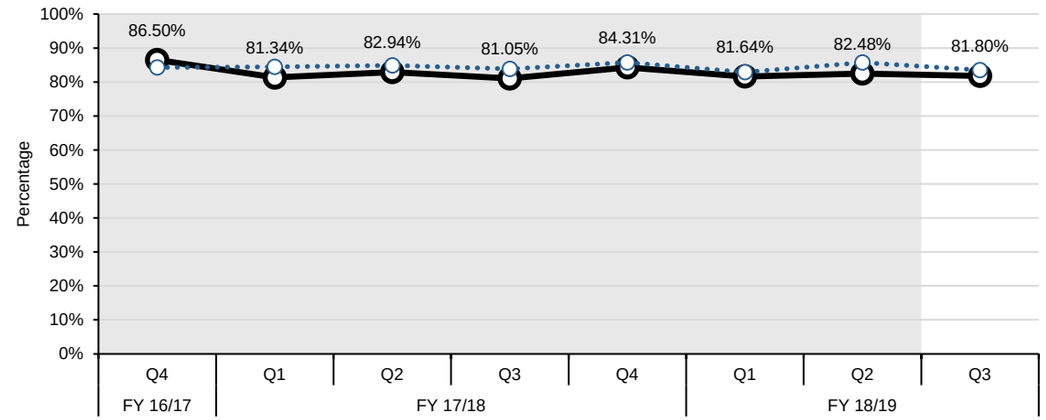
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q3 FY 18/19)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	71.29%	67.74%	68.89%	70.87%



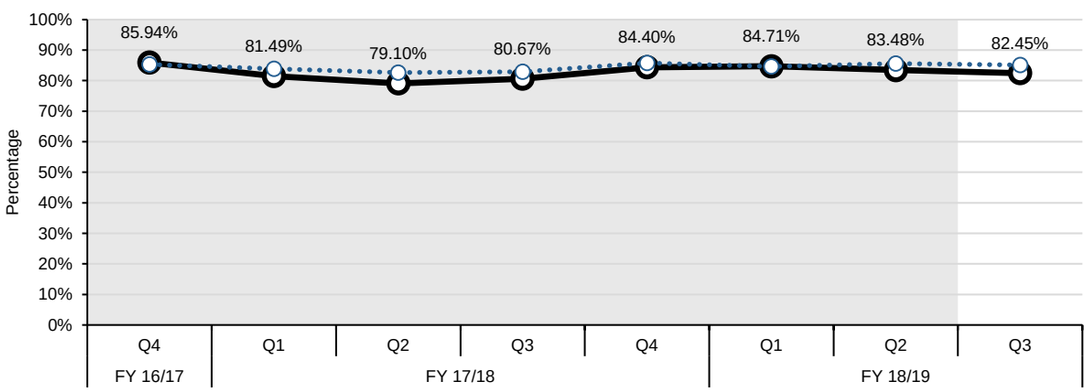
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q3 FY 18/19)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	94.54%	68.41%	81.80%	83.54%



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

Summary (Q3 FY 18/19)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	100.00%	97.77%	80.80%	82.45%	85.17%



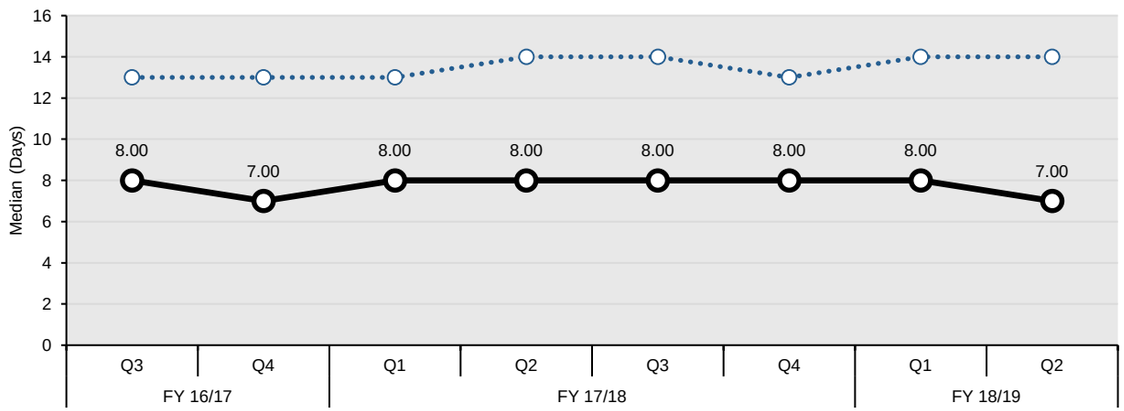
South West LHIN

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)

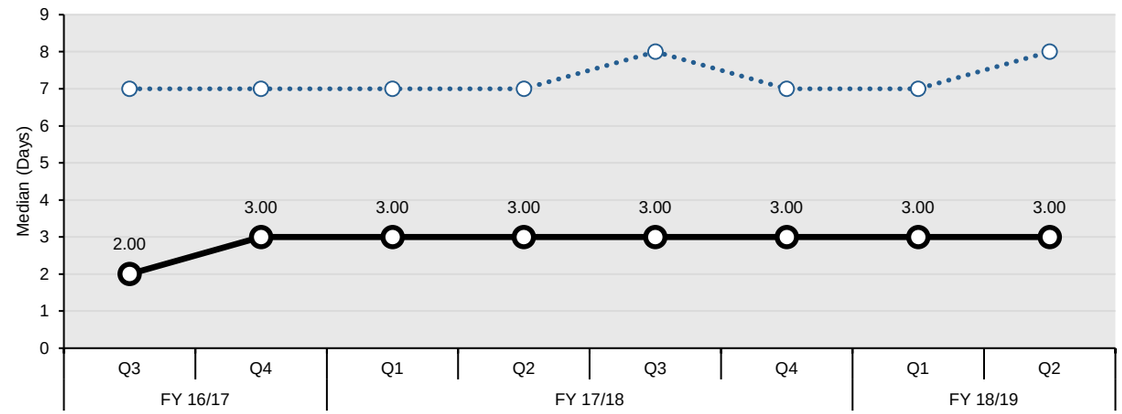
Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance
	7.00 Days	14.00 Days



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

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance
	3.00 Days	8.00 Days



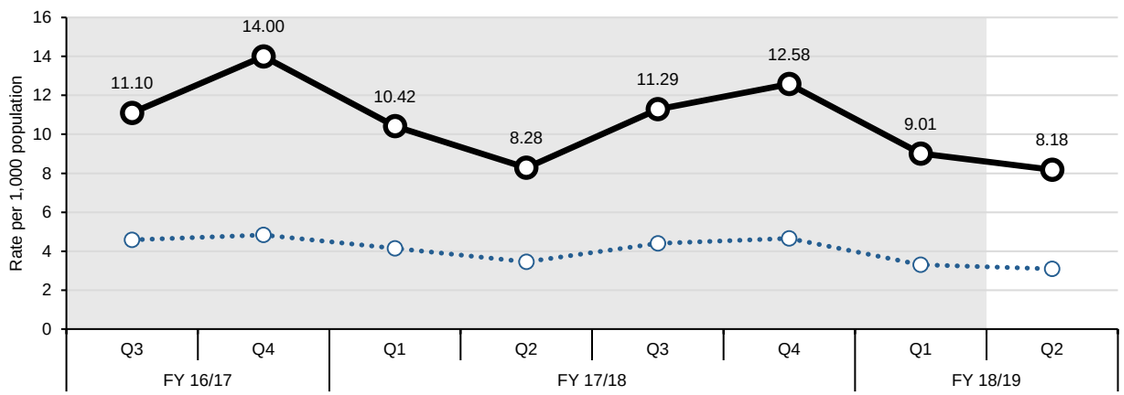
South West LHIN

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)

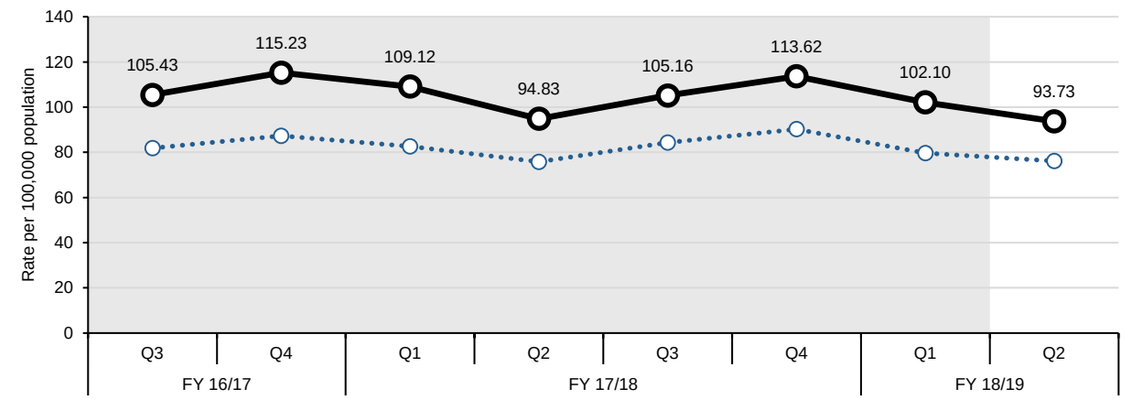
Rate of emergency visits for conditions best managed elsewhere

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance
	8.18	3.09



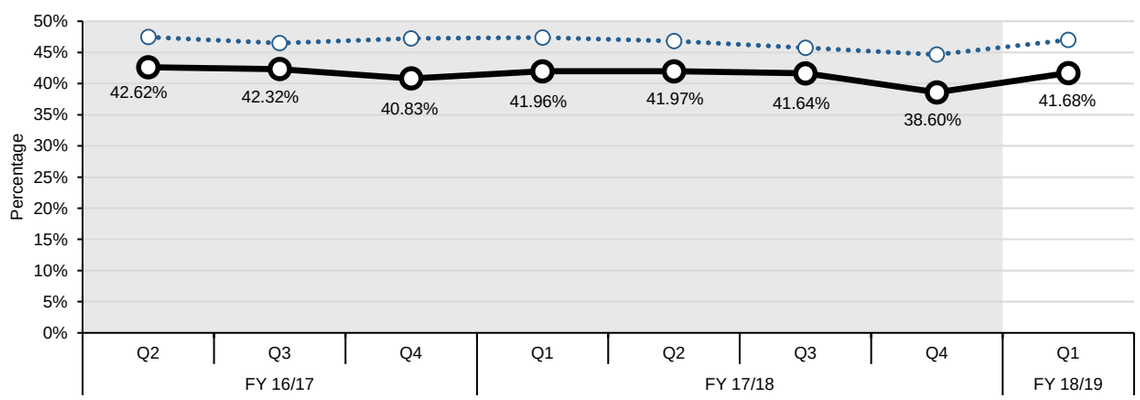
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q2 FY 18/19)	LHIN Performance	Provincial Performance
	93.73	76.18



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

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance
	41.68%	47.02%



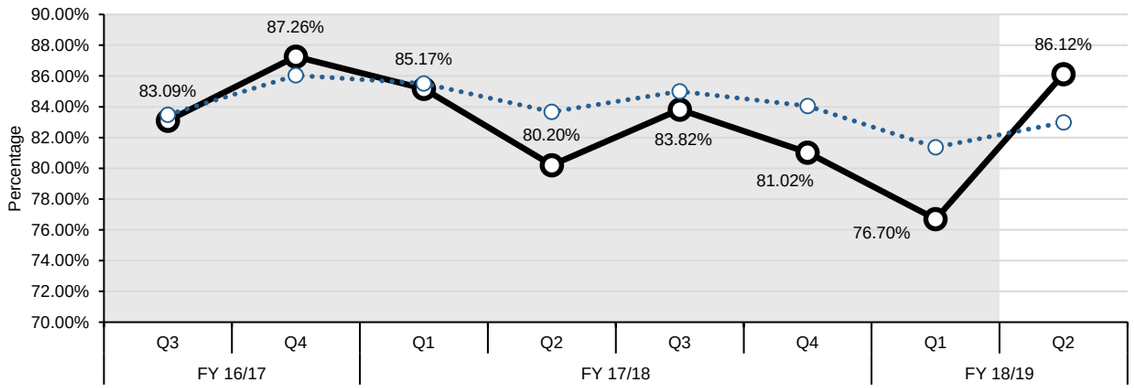
South West LHIN

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 18/19)	LHIN Performance	Provincial Performance
	86.12%	82.99%



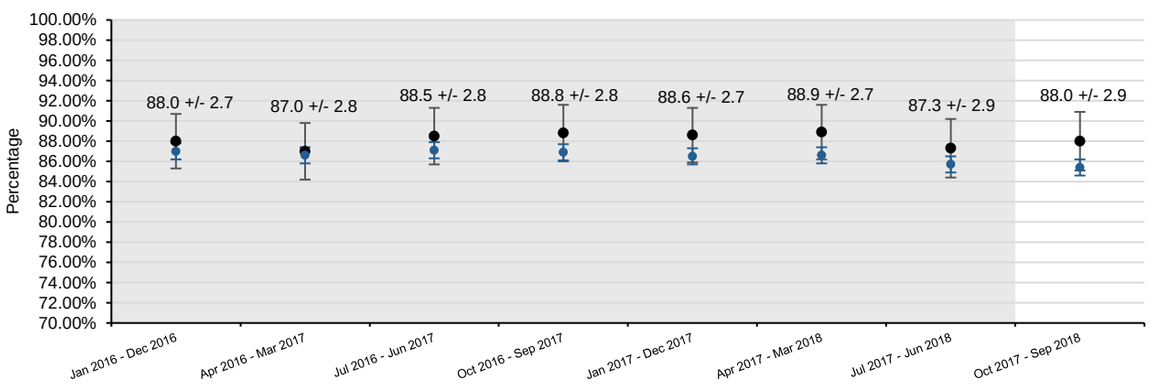
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Oct 2017 - Sep 2018)	LHIN Performance	Provincial Performance
	88.0% +/- 2.9%	85.4% +/- 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 18/19	95.00%	87.26%	93.23%	88.89%	87.91%	86.41%	88.49%	92.54%	95.60%	95.98%	87.21%	84.85%	69.87%	86.21%	86.27%	78.95%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q2 18/19	95.00%	95.96%	95.31%	94.33%	95.66%	95.79%	96.76%	96.58%	96.04%	95.95%	96.52%	95.75%	94.83%	98.59%	97.89%	94.75%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q2 18/19	21.00 Days	29.00	30.00	28.00	14.00	30.00	32.00	24.00	25.00	22.00	34.00	21.00	47.00	35.00	30.00	26.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q2 18/19	TBD	8.00	6.00	12.00	6.00	6.00	10.00	11.00	11.00	6.00	9.00	7.00	9.00	8.00	10.00	5.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q3 18/19	8.00 Hours	11.07	10.18	8.43	8.95	16.53	8.90	11.72	13.85	11.20	11.32	9.20	11.43	11.23	8.47	10.43
90th percentile ED length of stay for minor/uncomplicated patients	Q3 18/19	4.00 Hours	4.60	4.80	4.00	5.33	5.52	3.72	4.08	4.98	4.23	4.62	4.50	5.10	4.25	4.22	5.15
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q3 18/19	90.00%	79.75%	81.19%	53.55%	56.19%	69.28%	67.71%	55.10%	94.78%	94.32%	94.33%	81.47%	89.39%	76.87%	80.77%	91.67%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q3 18/19	90.00%	74.94%	77.16%	50.76%	48.27%	67.45%	55.18%	43.45%	92.91%	93.68%	86.36%	78.82%	92.24%	67.53%	68.14%	77.59%
Percentage of alternate level of care (ALC) days	Q2 18/19	9.46%	15.23%	10.96%	9.62%	14.44%	16.81%	8.75%	16.06%	9.51%	16.18%	20.31%	14.33%	15.63%	21.70%	24.81%	22.26%
ALC rate	Q3 18/19	12.70%	15.96%	12.66%	12.41%	14.21%	15.49%	6.57%	13.80%	12.42%	14.17%	21.63%	22.72%	14.69%	20.49%	25.48%	33.57%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q2 18/19	16.30%	22.68%	17.94%	20.88%	18.16%	22.13%	26.65%	18.13%	30.51%	22.60%	23.04%	23.08%	20.22%	18.13%	19.83%	22.63%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q2 18/19	22.40%	34.61%	33.96%	29.65%	25.41%	29.65%	42.31%	32.71%	41.53%	33.76%	28.08%	27.74%	26.89%	23.32%	32.82%	45.57%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q1 18/19	15.50%	16.54%	14.20%	16.66%	15.03%	15.63%	15.07%	14.62%	18.80%	16.20%	17.19%	18.14%	16.02%	17.45%	18.19%	17.62%

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.

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.