MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: **South West LHIN**

REPORT DATE: **February 2020**

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

Ontario

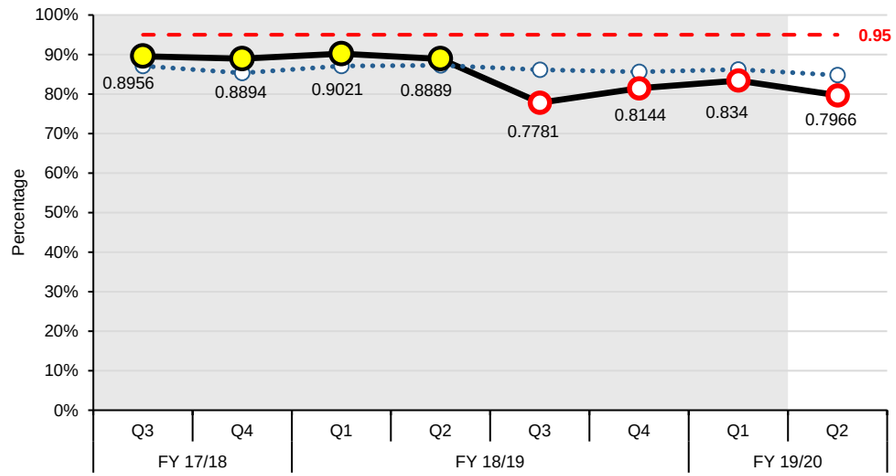
South West LHIN

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 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	79.66%	84.77%	95.00%



LHIN COMMENTS (IF APPLICABLE)

In Q2 2019/20, the South West experienced an 3.8% decline in performance in the percentage of complex home care clients who received personal support worker (PSW) visits within five days of authorization.

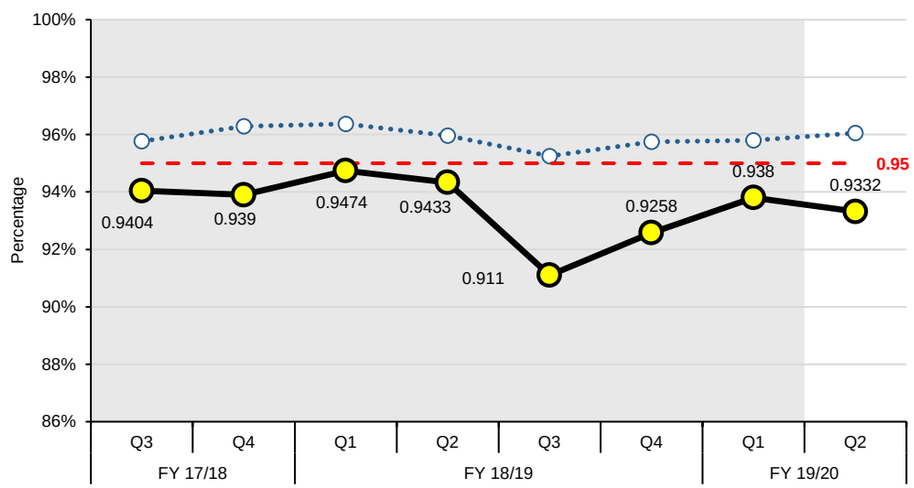
Decreases in provider performance may be influencing the overall decline in complex home clients receiving PSW within five days, specifically CarePartners with a 11.8% decrease from last quarter and ParaMed with a 7.0% decrease in performance from last quarter.

Service refusal rates are at the highest point in the last eight quarters. The refusal rate increased by 5.96% in Q2 when compared with Q1 and was influenced by three providers: ParaMed (7.6% increase); Saint Elizabeth Health Care (4.2% increase); and, VON (2.5% increase).

- Provider capacity contributes to the increase in the percentage of complex patients not receiving their care within a five day period.
- A Referral Management process has been implemented to slow the rate of flow of referrals to Service Providers Organizations in an attempt to ensure patients with more complex care needs are receiving the care they require.
- There are currently wait lists for Personal Support Services in all sub-regions. Patients with complex needs are identified as priority patients and are not to be wait listed unless supports are not available to meet patients' needs in full or part.
- The South West continues to work closely with Adult Day Programs, Assisted Living and Community Support Services to support patients with lower needs until supports are available through Home Care services.
- The South West is also leveraging existing available capacity with alternate service providers to establish contracts for care.
- Data will be reviewed during Provider Engagement Meetings and Quarterly Performance Reviews with contracted Service Provider Organizations.

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

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	93.32%	96.05%	95.00%



LHIN COMMENTS (IF APPLICABLE)

In Q2, the South West ranked 14th of the 14 LHINs in the percentage of home care clients receiving nursing visits within five days of authorization.

Decreases in provider performance may be influencing the overall decline in home care clients receiving nursing within five days as four of the five service provider organizations have declined in performance since last quarter. The service refusal rate of 16.8% is the highest in the last six quarters. This rate is influenced by one provider (CarePartners) which had a 2.23% rise in refusals compared to last quarter.

- Service provider capacity challenges continue to impact wait times for nursing, especially during weekends, vacation periods and during times when there is a surge in hospital admissions.
- Service priority timeframes have been updated to ensure Care Coordination staff and Service Provider Organizations understand the requirements for Visiting Nursing to be provided within a timeframe of five days.
- Regular review of data will be completed on a weekly basis to ensure this performance indicator is being met.
- Data will be reviewed during Provider Engagement Meetings and Quarterly Performance Reviews with contracted Service Provider Organizations.
- The South West continues to encourage nursing service delivery within Community Nursing Clinics.
- The South West has experienced specific challenges with ET Nursing supports and has initiated strategies including the use of Visiting Nursing to meet patient's immediate needs, and introducing more specialized services when available.
- The South West Regional Wound Care Program (SWRWCP) works collaboratively with hospitals, long-term care, and primary care to provide education and promote evidence-based best practices to improve outcomes which helps to reduce demand on

Ontario

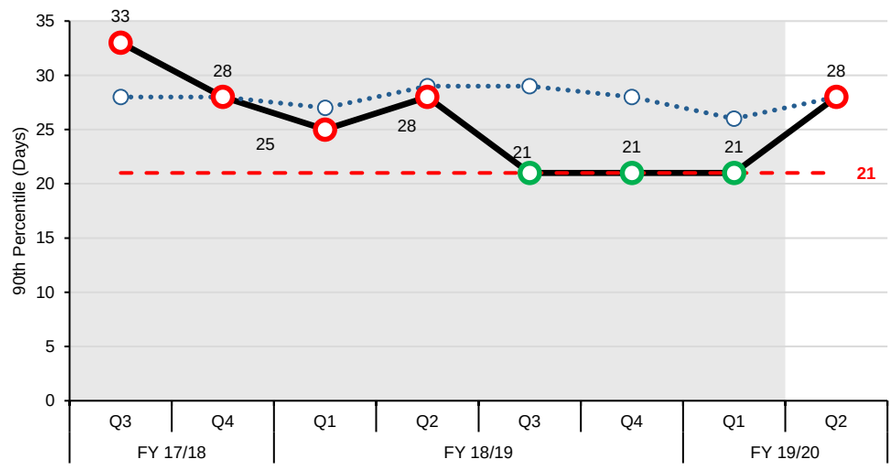
South West LHIN

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)

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

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



LHIN COMMENTS (IF APPLICABLE)

After three quarters of stability at the provincial target, the 90th percentile wait from community for home care services has increased from 21 to 28 days.

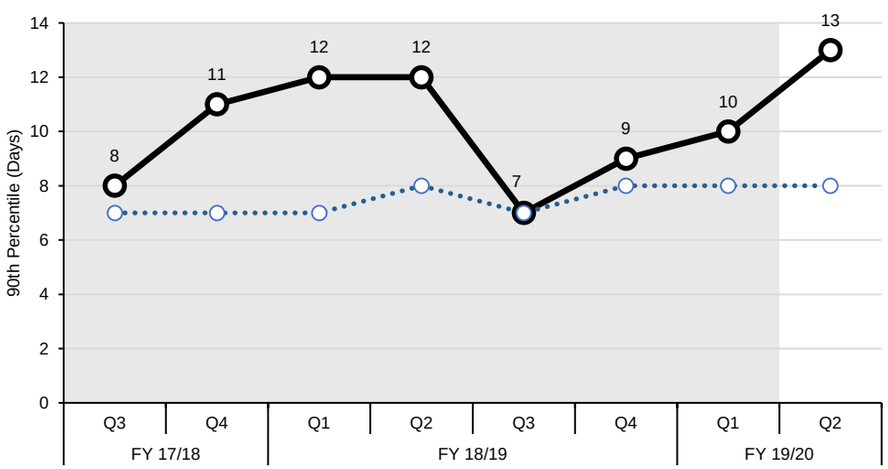
Fluctuations in the short stay (64% of those waiting in the community) may be influencing the decline in overall performance. Short stay rehabilitation 90th percentile wait has increased in from 20 days in Q1 to 30 days in Q2 and the 50th percentile has increased from seven days to 11 days. Short stay acute 90th percentile wait has also increased by two days.

There has been a notable change in wait times from application to authorization from 13 days in Q1 to 19 days in Q2.

- Service Provider capacity challenges specifically related to Personal Support Services and Therapy Services contribute to the delay for patients to receive services in their home or community.
- The South West is reviewing the current process from the time of receipt of a referral to the point of care to ensure earlier connections with patients and more timely service provision.

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

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



LHIN COMMENTS (IF APPLICABLE)

The 90th percentile wait time from hospital discharge to service initiation has steadily increased over the last three quarters and Q2 is the poorest performance in the last eight quarters.

Fluctuations in the short stay rehabilitation (31% of those discharged from hospital) may be influencing the decline in overall performance as the 90th percentile wait has increased from 10 days to 17 days despite a notable reduction in episodes (from 1,158 in Q1 to 835 in Q2).

- Service Provider capacity challenges contribute to the delay for patients to receive services in their home or community.
- Hospital repatriations and/or transfers to Complex Continuing Care/Complex Rehab units also contribute to increased waits from discharge to care. This results in longer wait times for care as the data calculates the wait from time of discharge from the initial hospital.
- Home Care referrals are opened for patients during their entire hospital journey to allow for care coordination, system navigation and support with discharge planning, impacting this metric.
- The South West is undertaking a fulsome review of HQO's Patient Transition from Hospital to Home quality standard.

Ontario

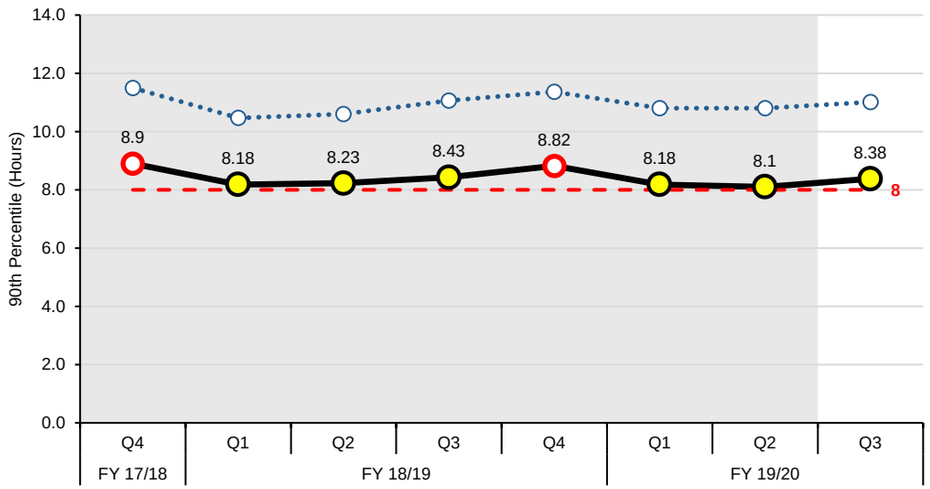
South West LHIN

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)

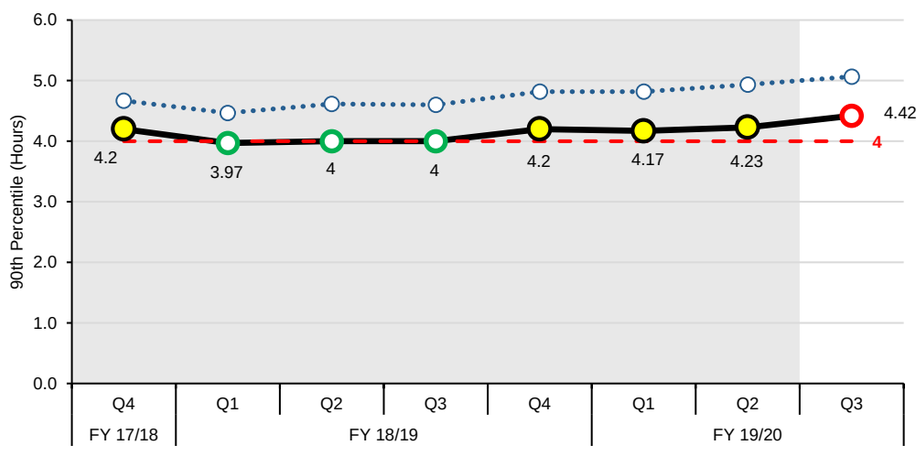
90th percentile emergency department (ED) length of stay for complex patients

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



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

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



LHIN COMMENTS (IF APPLICABLE)

90th percentile emergency department (ED) length of stay for complex patients

The South West continues to be ranked first in the province for 90th percentile ED length of stay (LOS) for complex patients despite a notable increase in patient volumes in Q3 compared to Q2 (increase of 13,599 patients).

- Of the 14 hospital corporations, only London Health Sciences is performing outside the 8 hour target at 13.9 hrs. This notable increase in 90P Waits from 8.1 hrs. in Q2 to 13.9 hours in Q3 may be due to the increase in complex patients at LHSC (+6,983).

90th percentile emergency department (ED) length of stay for minor/uncomplicated patients

The South West dropped in ranking to fourth in the province for 90th percentile ED LOS for minor/uncomplicated patients despite a reduction in patient volumes from Q2 to Q3 (reduction of 5,994).

- Of the 14 hospital corporations, five are exceeding the 4 hour target in Q3 (Alexandra Hospital at 4.9 hrs., London Health Sciences at 7.9 hrs., Strathroy Memorial at 4.4 hrs., Stratford General at 5.1 hrs. and Tillsonburg Memorial at 5.9).

Pay-for-Results (P4R) evaluations continue at five hospital sites (which account for just over 50% of the ED volumes in the South West) as well as Knowledge Transfer initiatives at three additional high-volume sites. Working with the P4R hospitals, the South West LHIN identified where focused improvement efforts will have the greatest financial and performance impact on overall ED LOS and patient flow:

- The Patient Initial Assessment (PIA) metric contributes to the overall 90P ED LOS and is a focus for improvement for the P4R hospitals. From Q1 to Q2, all hospitals except two maintained their PIA time; however, both London Health Sciences hospitals experienced an increase to the PIA (University Hospital by 1.0 hr. and Victoria Hospital by 0.2 hr.).

Select hospitals received additional funding (both one-time and base) from the ministry for the operation of acute and mental health beds to support Emergency Department flow and more timely admission to inpatient beds during times of surge. The South West LHIN will explore other funding opportunities to support additional flex beds across the LHIN.

Grey Bruce Health Services - Owen Sound will be adding a crisis stabilization unit (4-6 beds) for mental health and addictions patients. The unit, expected to be located near the emergency room, is intended to divert persons in a mental health and/or addictions crisis from incarceration, the justice system, and/or repeated and unnecessary hospitalizations by providing them with community crisis accommodation and support.

The South West LHIN has collaborated with and received commitment from the Chief Nursing Executives (CNEs) and hospital Chief Executive Officers (CEOs) around regional identified key priorities and activities that, when implemented, are expected to improve repatriation processes and patient flow in order to alleviate hospital occupancy and ED pressures. Recent activities have focused on standardizing repatriation/transfer information and improving repatriation/transfer processes and protocols.

Ontario

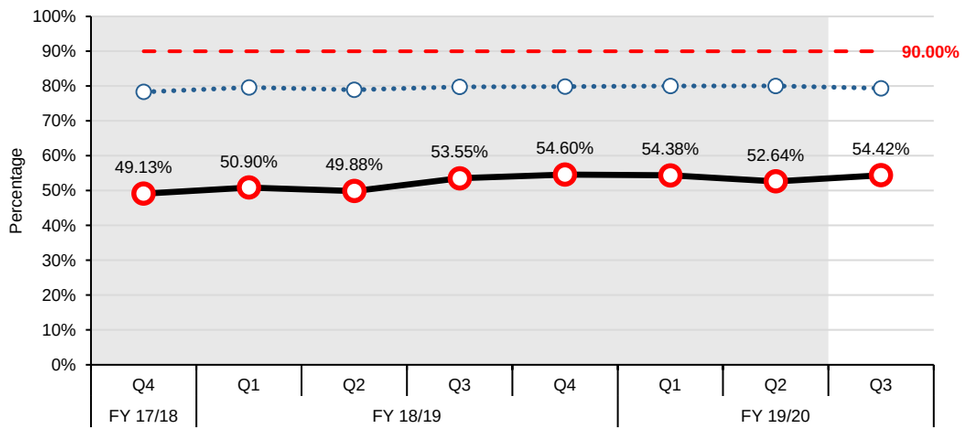
South West LHIN

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 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	
	94.74%	65.79%	47.96%	54.42%	79.37%



LHIN COMMENTS (IF APPLICABLE)

Performance on the percentage of hip replacements made within access target has remained consistently close to 50% over the last four quarters which is significantly below the provincial target. At the facility level, the following improvements in performance have been observed:

- Grey Bruce Health Services continues to exceed Wait 2 targets - improving in Q3 2019/20 by 3% (95% to 98%) compared to Q2 2019/20.
- St. Thomas Elgin General Hospital completed 100% of their priority 2-4 hip replacements within the Wait 2 target in Q3 2019/20.

There were increases in open cases at Stratford General Hospital (18%), and St. Thomas Elgin General Hospital (100%), and Grey Bruce Health Services (15%), There were reductions in open cases at Strathroy Middlesex General Hospital (36%), and Woodstock General Hospital (15%).

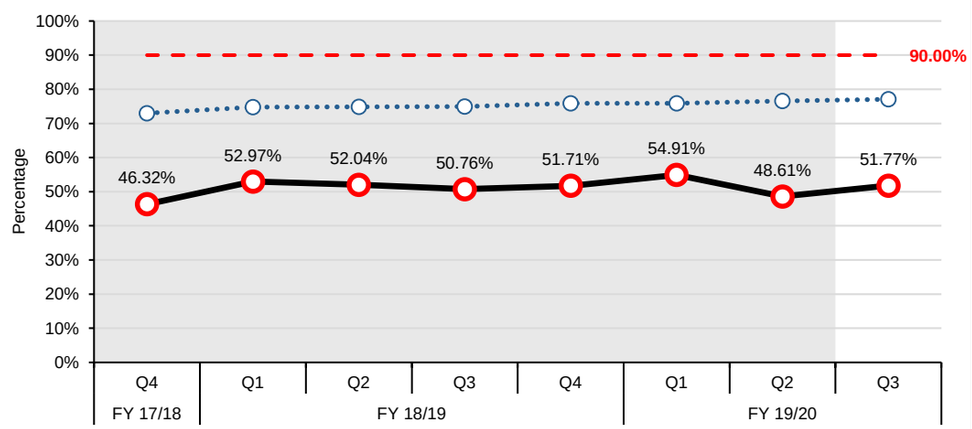
At the end of Q3 2019/20, 79% of the cases on waitlist at Woodstock General Hospital had been waiting for over 182 days, 51% at London Health Science Centre, and 48% at Strathroy Middlesex General Hospital.

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 Musculoskeletal strategy includes assessors to review and streamline candidates following primary care physician referral and prior to surgical assessment. The LHIN is also 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 19/20)	Provincial Target (FY 19/20) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	LV	60.83%	49.57%	51.77%	77.07%



LHIN COMMENTS (IF APPLICABLE)

The performance for knee surgeries has been worse than the provincial target since Q4 2017/18. At the facility level, the following improvement has been observed:

- Grey Bruce Health Services showed an improvement (by 8% from Q2 2019/20) completing 98% of cases within the Wait 2 targets (4% increase from Q2 2019/20).

Compared to last quarter, there were increases in open cases at St. Thomas-Elgin General Hospital (15%),Grey Bruce Health Services (19%), and Stratford General Hospital (11%). Strathroy Middlesex General Hospital has experienced the greatest reduction in open case volumes (20%).

At the end of Q3 2019/20, 75% of the cases on waitlist at Woodstock General Hospital had been waiting for 182 days, 52% at London Health Science Centre, and 63% at Strathroy Middlesex General Hospital.

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 Musculoskeletal strategy includes assessors to review and streamline candidates following primary care physician referral and prior to surgical assessment. The LHIN is also working with regional hospitals to review waitlists for patient readiness for surgical procedures.

Ontario

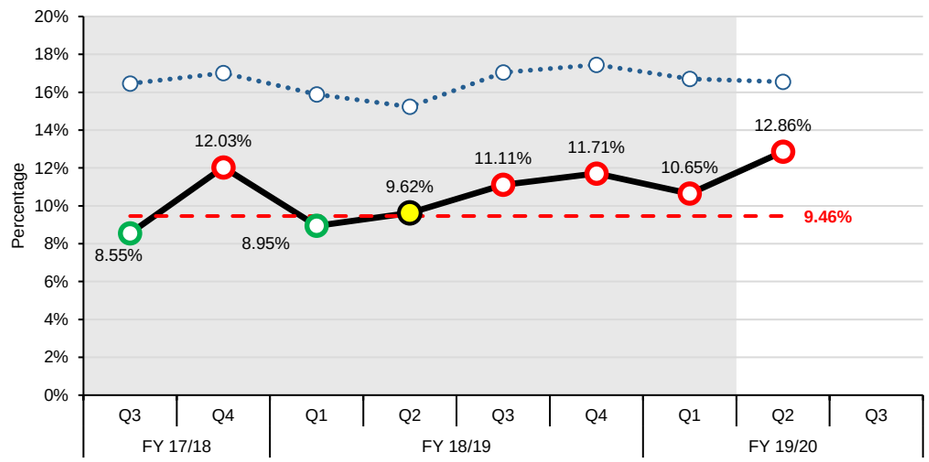
South West LHIN

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)

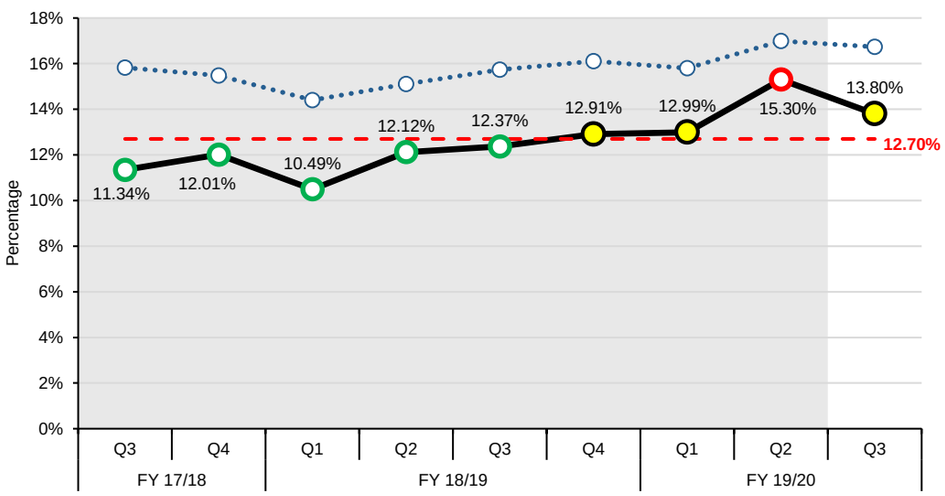
Percentage of alternate level of care (ALC) days

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	12.86%	16.55%	9.46%



ALC rate

Summary (Q3 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	13.80%	16.73%	12.70%



LHIN COMMENTS (IF APPLICABLE)

While performance on ALC days is higher than the provincial target, it is the fourth best rate in the province. The ALC rate is higher than the provincial target corridor for the fourth time over the past eight years due primarily to high ALC rates in acute and mental health beds.

Percentage of alternate level of care (ALC) days

- Ranked the 4th best in the province, the South West LHIN has seen a deterioration in performance in Q2 2019/20, in comparison to Q1 2019/20, and performed worse than the provincial target.
- The largest facility, London Health Sciences Centre, reported higher ALC days compared to last quarter (6.9% to 8.2%).
- Compared to Q1 2018/19, performance significantly worsened at the following facilities: Seaforth Community Hospital, Hanover and District Hospital, Alexandra Hospital, South Bruce Grey Health Centre, Alexandra Marine and General Hospital, and Four Counties Health Services. Meanwhile, performance on this indicator significantly improved from Q1 2018/19 to Q1 2019/20 at Tillsonburg District Memorial Hospital.

ALC rate

- The South West LHIN ranked the sixth best for ALC rate in the province amongst LHINs in Q3 2019/20. Of the 17 facilities that report ALC, three showed deterioration in their ALC rate from Q2 2019/20 to Q3 2019/20. Notably, the largest facility, London Health Sciences Centre (LHSC) has seen improvement in performance compared to Q2 2019/20, and their ALC rate was lower than the provincial target.
- In addition, ALC rates at St. Joseph's Health Care London consistently increased compared to the prior quarter and one year ago.
- 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 fifth highest percentage of patients designated ALC sitting in acute beds waiting for LTC placement (48% South West LHIN vs. 37% Ontario). In a post-acute setting, the South West LHIN ranked the eighth highest for the percentage of patients waiting for LTC placement (70% South West LHIN vs. 65% Ontario). By the end of Q3 2019/20, in the South West LHIN, post-acute ALC days contributed by patients waiting for LTC beds accounted for 77% of the total post-acute ALC days, vs. 68% for Ontario. Including acute and post-acute services, the South West LHIN has the seventh highest percentage of cumulative ALC days spent waiting for long-term care across the LHINs.

Below are some initiatives in the South West LHIN designed to address ALC rate and days.

- 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.
- 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)
- Work is being done to better track identified clients, such as the "long waiters", to make sure they go through referral management
- Work on behavioural support transitional unit initiatives along with a new discharge algorithm facilitate LTC homes to accept patients with responsive behaviours from hospitals who are not LTC home ready
- The Home First philosophy continues to be refreshed and spread to local hospitals (based on key learnings from the successful implementation of the 'William Osler ALC Avoidance Approach')
- Brucelea Haven Long-Term Care Home has been closed to admissions possibly contributing to higher rates of ALC patients waiting for long-term care in Grey and Bruce county hospitals.

Ontario

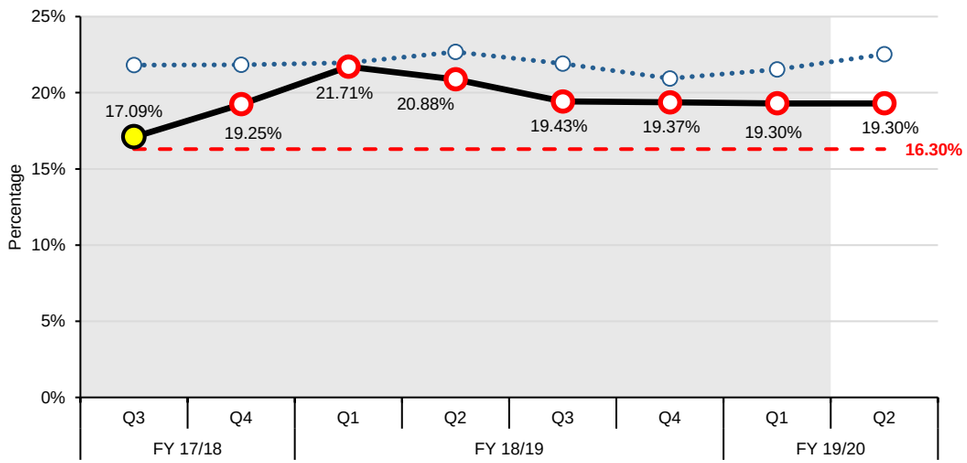
South West LHIN

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

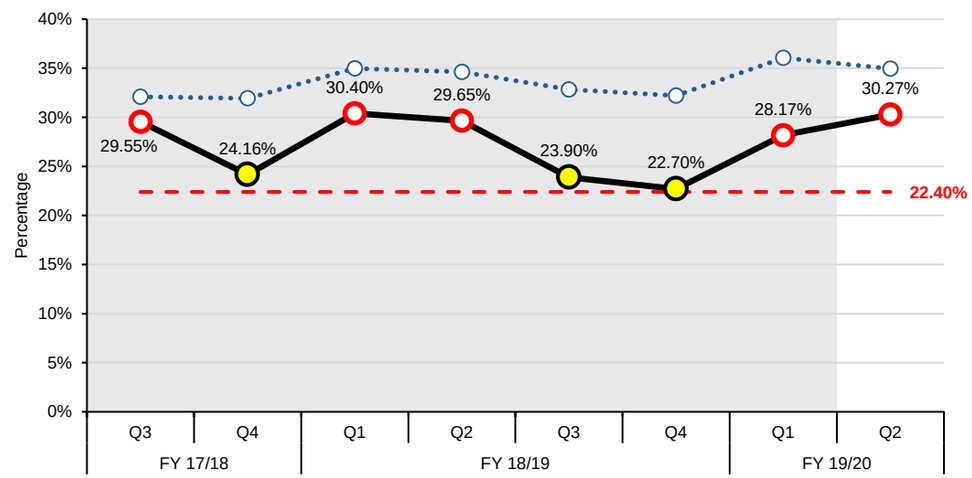
Repeat unscheduled emergency visits within 30 days for mental health conditions

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	19.30%	22.53%	16.30%



Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	30.27%	34.96%	22.40%



LHIN COMMENTS (IF APPLICABLE)

The revisit rate for mental health has stayed consistent from Q1 2019/20 to Q2 2019/20 (19.30%), but still remains above target. The consistency is due to an increased revisit rate at London Health Sciences Centre (LHSC) offset by decreases at both St Thomas-Elgin-General and Grey Bruce Health Services-Owen Sound. The substance abuse revisit rate increased from 28.17% to 30.27%. The increase can be attributed to increases in revisit rates at St Thomas-Elgin General Hospital, Grey Bruce Health Services - Owen Sound and London Health Sciences Centre - Victoria and other hospital sites within the LHIN.

Within the South West LHIN, LHSC accounts for 35% of MH revisit volume and 62% of the substance abuse revisit volume. This is significant as the adult mental health beds at LHSC are consistently over capacity and may be partially representative community mental health and addictions resource eifficacy in the community.

There is currently no access to community mental health and addictions patient-level data to align with acute care Emergency Department (ED) presentation data to support program effectiveness evaluation. Work on a data sharing agreement is underway per the Service Accountability Agreement local conditions with initial results expected in the winter.

The following interventions directly target mental health and substance abuse clients with the goal of reducing hospital overcrowding and supporting more individuals appropriately in the community:

- The South West LHIN initiated a Service Accountability Agreement (SAA) for 2019/20 with Indwell Community Homes (located in London and Woodstock) to provide mental health supports within housing for 108 individuals per year. Residents began to take occupancy in Q1 2019/20 and at the end of Q2 2019/20, Indwell was housing 99 individuals, 16 of which were homeless prior to tenancy with Indwell.
- LHIN senior leadership continues to prioritize Mental Health and Addictions (MHA) redesign work, led by the Program Lead for Mental Health and Addictions and the Mental Health Clinical Lead.
- 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 was realigned in Q1 2019/20 to streamline services and improve the client experience.
- The Stratford Family Health Team and Choices for Change are currently working on an opioid weaning/suboxone pilot. This aligns with the South West Opioid Strategy and is designed to expand and increase opioid replacement and supportive therapies, and enhance primary care use of suboxone in community to support withdrawal.
- Residents in the South West LHIN also have access to Big White Wall, an online peer support and self-management tool (4,345 activations in Q3 2019/20), and Bounce Back, a telephone coaching program that is grounded in Cognitive Behavioural Therapy (370 referrals in Q2 2019/20).
- More than $4 million in funding has been recently allocated to the MHA sector and positive impacts are anticipated beginning as early as Q2 2019/20. Coordinated Care Planning has been integrated in funding letters as applicable.
- The MHA Clinical Quality Improvement Committee, positioned under the South West Addiction and Mental Health Coalition, is supporting Patient Oriented Discharge Summary (PODS) pilots with South West LHIN MHA partners.
- The South West LHIN funded two additional harm reduction workers in Q3 2019/20. One will be located at the Chippewas of Nawash Unceded First Nation and one will be located at the Chippewas of Saugeen First Nation.
- A Rapid Access to Addiction Medicine (RAAM) clinic opened in Woodstock in September 2019 and will provide quick access to assessment, counseling, and prescriptions. The RAAM clinic also works with primary care to get unattached patients a family physician.
- CMHA Elgin and CMHA Middlesex began to voluntarily integrate in Q1 2019/20 with the intention of strengthening services by presenting a consistent array and level of programs across Elgin and Middlesex.
- In Q3 2019/20, CMHA Grey Bruce and the Owen Sound Police launched a Mobile Mental Health and Addiction Response Team (MMHART). This will allow both a CMHA urgent response worker and a police officer to respond together to mental health crisis calls in the community.
- The South West Patient Safety and Risk Team is looking to implement a fulsome mental health strategy for Home and Community Care teams in Q1 2020/21.

Ontario

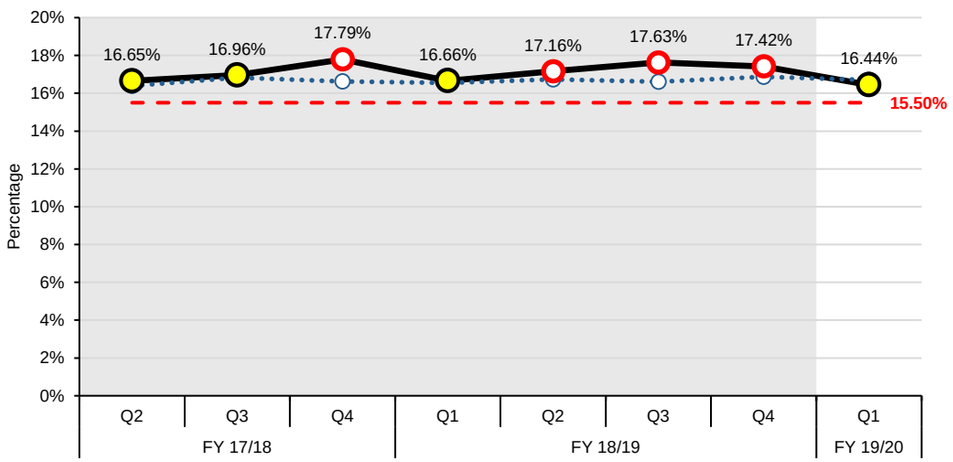
South West LHIN

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 19/20)	LHIN Performance	Provincial Performance	Provincial Target (FY 19/20)
	16.44%	16.70%	15.50%



LHIN COMMENTS (IF APPLICABLE)

In Q1 2019/20, the readmission rate in the South West LHIN improved to 16.44%. This result is marginally higher than the expected readmission rate (16.42%). Collectively, the number of readmissions dropped at a number of the large community hospitals. However, Four Counties Health Services, a small hospital, had the highest readmission rate in the South West LHIN (30.0%). Over 80% of the patients that were diagnosed with a HIG condition of CHF at Four Counties in Q1 were readmitted to hospital within 30 days and 40% of these individuals were readmitted for a HIG condition of CHF.

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). Given the probability of conservable days increases for patient re-admissions, the South West LHIN has a focus on this key area as a primary driver for conservable days in our FY19/20 local conditions for hospitals.

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

- As part of an IDEAS project, a team is implementing PREVENT to improve coordinated care planning at hospital discharge for patients at St Thomas-Elgin General Hospital (STEGH) with COPD and CHF. As of December 2019, 44 patients are being supported with coordinated care plans via PREVENT.
- 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. Woodstock Hospital is also instituting PODS for inpatient medicine.
- In Q3 2019/20, an additional 164 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: 29% reduction in emergency department visits, 40% reduction in unplanned admissions to hospital, and a 6.3 day decrease in hospital length of stay).
- As of the end of Q2 2019/20, a total of 521 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" (CC2H) model in London (36 new patients were enrolled in Q2 2019/20).
- 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. A community Paramedicine proposal was developed for the South West LHIN and now sits with the Community Paramedicine Secretariat. As of Q2 2019/20, Oneida Nation Paramedic Services are in the process of training four paramedics in Community Paramedicine.
- 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. Approximately 400 people per year attend the patient workshops. Patient Activation Measure (PAM) results from Q1 2019/20 indicate a 7.2 point increase in mean PAM score (results from a 142 person workshop series). 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.
- The "Integrated Heart Failure Care Initiative/Cardiac Hub Spoke and Node model" initiative is designed to ensure that high quality care is available as close to home as possible and that care is coordinated across all levels of care. Stratford General Hospital, London Health Sciences Centre and STAR (Stratford, Tavistock, And Region) FHT are the pilot sites for proof of concept and are currently working through the pathway.
- The COPD and Pulmonary Rehab Collaborative Report was completed in Grey Bruce in June 2019 with involvement from acute care, primary care, paramedicine, patient representatives, and the South West LHIN. This report now sits with the Grey Bruce Ontario Health Team Planning Committee.
- As of Q3 2019/20, Best Care COPD has enrolled 1,610 patients in its program that focuses on evidence-based interdisciplinary care and innovative digital documentation with the goal of decreasing COPD-related acute care utilization.

Ontario

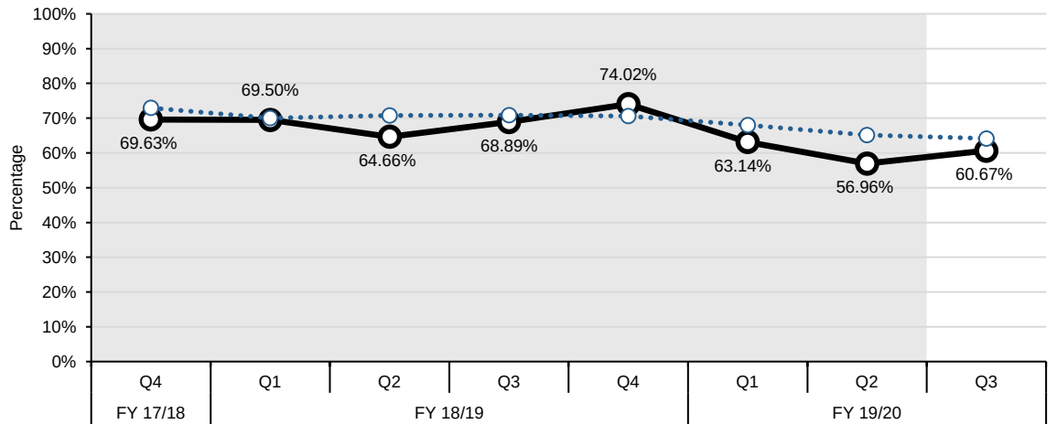
South West LHIN

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)

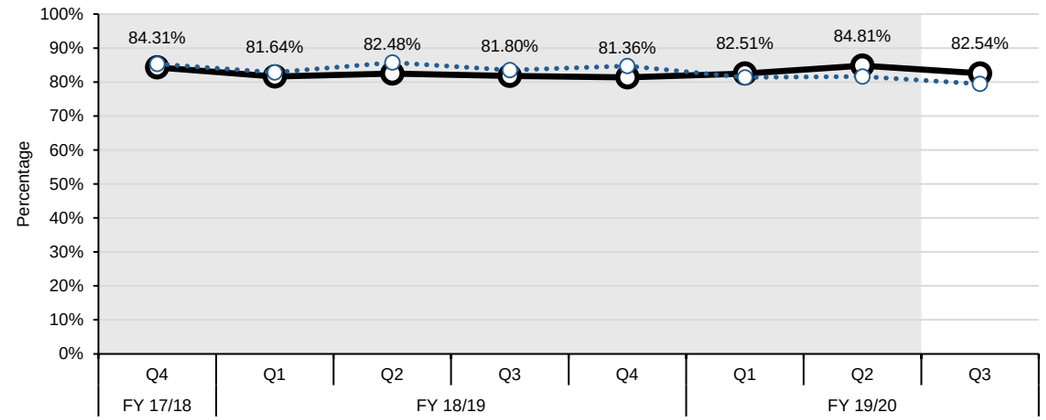
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q3 FY 19/20)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	68.60%	56.62%	60.67%	64.16%



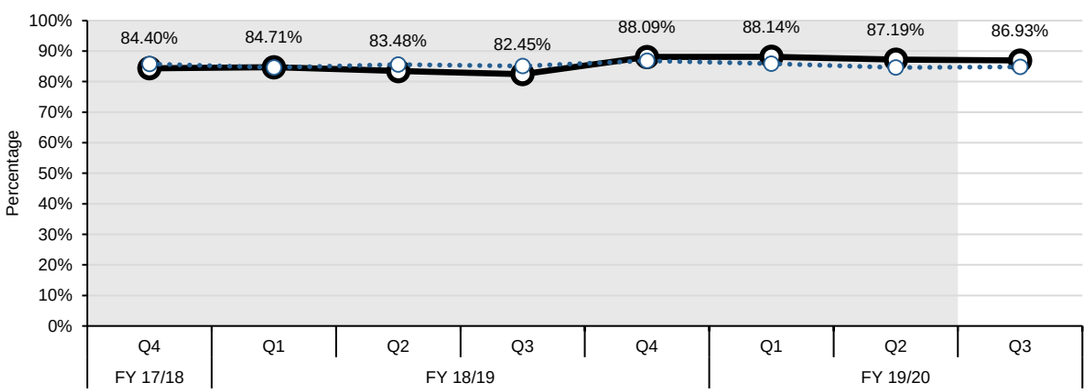
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q3 FY 19/20)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	95.21%	68.46%	82.54%	79.45%



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

Summary (Q3 FY 19/20)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	100.00%	85.71%	86.84%	86.93%	84.83%



Ontario

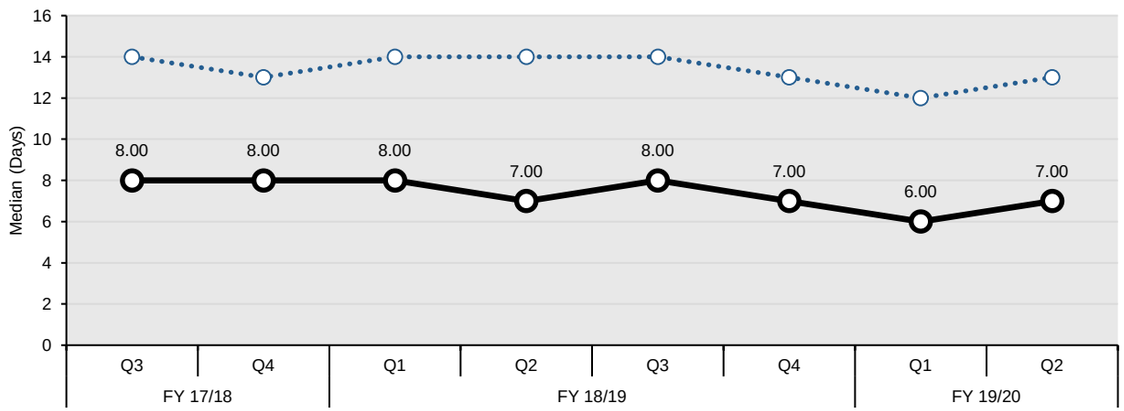
South West LHIN

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)

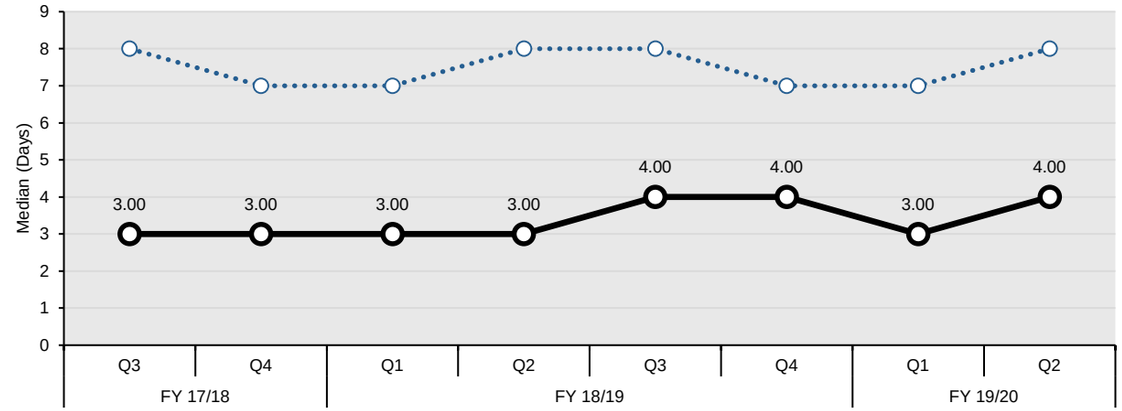
Wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

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



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

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



Ontario

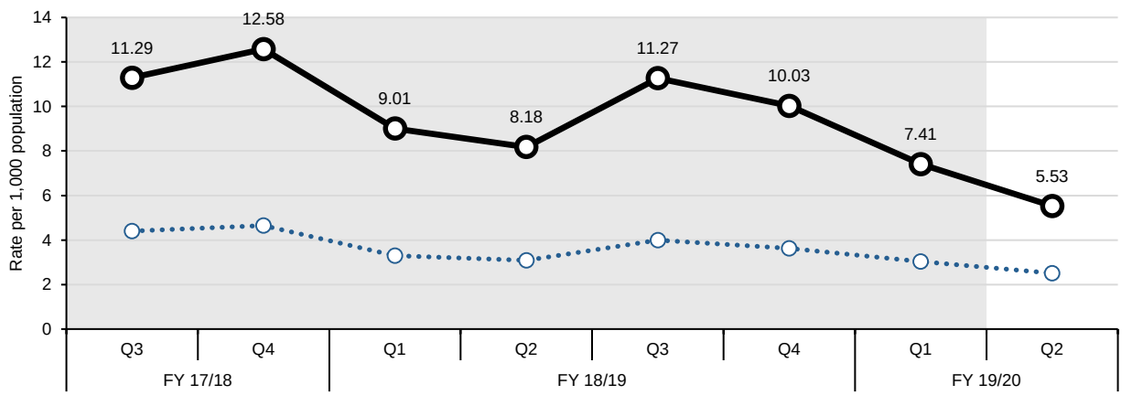
South West LHIN

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)

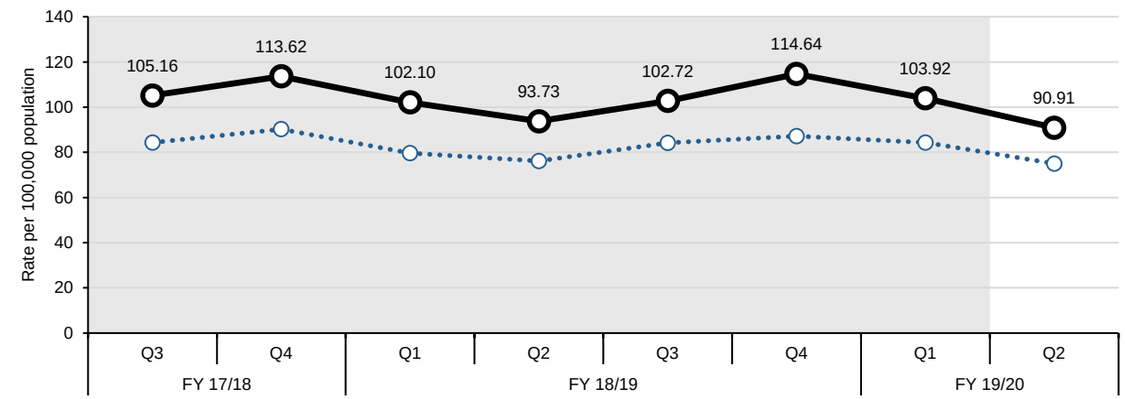
Rate of emergency visits for conditions best managed elsewhere

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance
	5.53	2.51



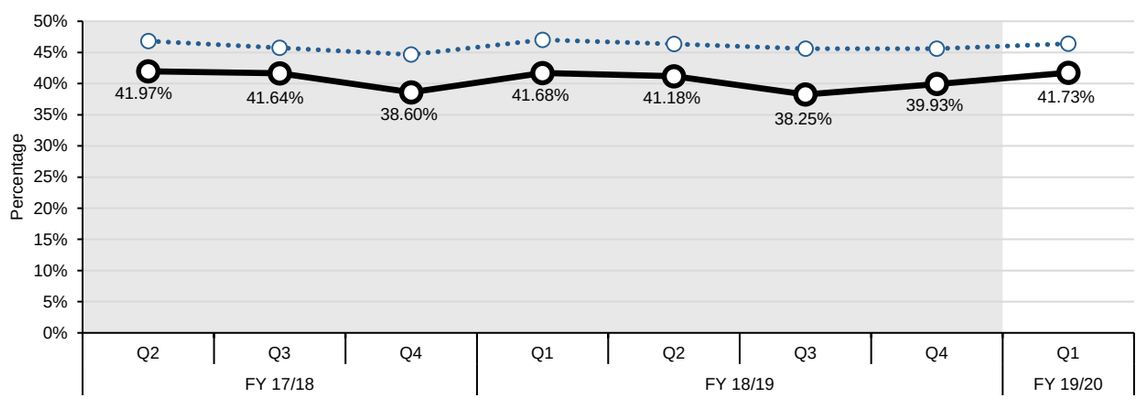
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q2 FY 19/20)	LHIN Performance	Provincial Performance
	90.91	75.03



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

Summary (Q1 FY 19/20)	LHIN Performance	Provincial Performance
	41.73%	46.39%



Ontario

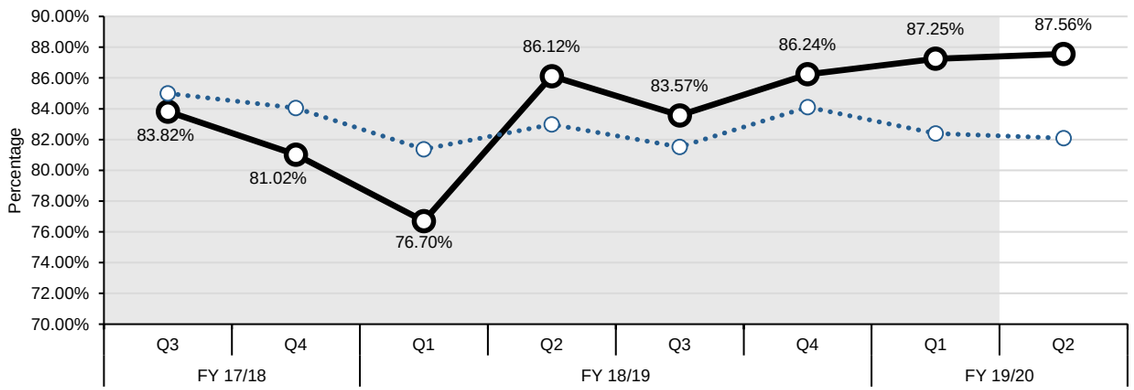
South West LHIN

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 19/20)	LHIN Performance	Provincial Performance
	87.56%	82.08%



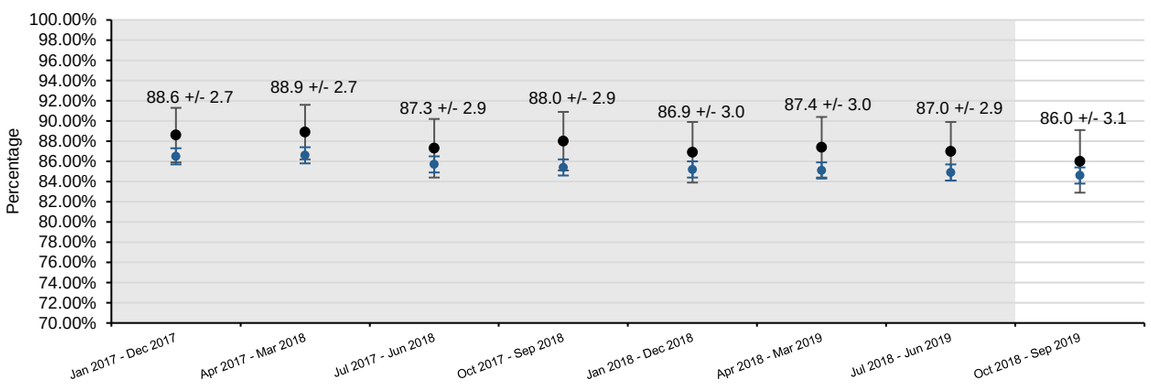
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Oct 2018 - Sep 2019)	LHIN Performance	Provincial Performance
	86.0% +/- 3.1%	84.6% +/- 0.8%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

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

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

NOTES

Key Changes - Effective May 2017 Stocktake Report

1. Revised Indicator Names in the Ministry LHIN Accountability Agreement (MLAA)
    a. 90th Percentile Wait Time from community for Home-Care Services: Application from community setting to first Home Care service (excluding case management)
        Previously: 90th percentile wait time from community for community care access centres (CCAC) in-home services: application from community setting to first CCAC service (excluding case management)
    b. Wait times from Application to Eligibility Determination for Long-Term Care Home Placement: From community setting, and from acute-care setting
        Previously: CCAC wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting, and from acute-care setting
2. Revised Indicator and Indicator Category in the MLAA
    a. The MRI and CT wait time indicators have been moved from performance to monitoring category and the indicators no longer include Priority 4 cases (Priority 2 and 3 only).
3. Removed Indicators from the MLAA
    a. The Cardiac and Cancer wait time indicators
4. New Indicators Added to the MLAA
    a. 90th Percentile Wait time from Hospital Discharge to Service Initiation for Home and Community Care has been added as a new Home and Community Care performance indicator. The target is TBD.

Indicator Specific Notes

All Indicators

Historical data is not refreshed (unless otherwise specified in the below notes), so the current report does not include any resubmissions for previously reported data in the Quarterly Stocktake reports.

Repeat unscheduled emergency visits within 30 days for mental health conditions

1. Beginning August 2013, the time period for reporting of the indicator changed to include visits occurring within the first 60 days of the reported quarter plus the last 30 days of the previous quarter.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

1. Beginning August 2013, the time period for reporting of the indicator changed to include visits occurring within the first 60 days of the reported quarter plus the last 30 days of the previous quarter.

Overall satisfaction with health care in the community

1. As these results are based on survey data, lower confidence intervals (LCIs) and upper confidence intervals (UCIs) have been provided. Sometimes referred to as margin of error, these provide the probability that an estimate falls with a stated range (an interval). A 95 percent CI indicates that the 'true' value falls between the upper and lower limits of the stated range 19 times out of 20.

Percent of palliative care patients discharged from hospital with home support

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

Readmissions within 30 days for selected Health Based Allocation Model (HBAM) Inpatient Group (HIG) conditions

1. This indicator is based on the 2015 case mix and will differ from results previously provided. For historical trends, please refer to results in the MLAA supplementary file and not to earlier versions of the supplementary or MLAA files.
2. Beginning Q3 FY 2015/16, an updated reference readmission ratio was calculated to adjust for the most recent 4 years incl. FY 2011/12-FY 2014/15; previous quarters were based on FY 2010/11-FY 2013/14.

ALC Rate

1. Please note that Sunnybrook Health Sciences Centre and St. John's Rehab have amalgamated in 2012. For ALC rate, this information is reflected in FY16/17 Q1 onwards with both sites being reported under Toronto Central LHIN. Previous quarters will contain St. John's Rehab information within Central LHIN.

2. As of June 2017, Bed Census Summary (BCS) data has been updated according to the new Daily Census Summary (DCS) format. As a result, the methodology for the calculation of the denominator for ALC Rate has been updated beginning with June 2017 data. As a result of these changes, Q1 17/18 ALC Rate will solely reflect ALC Rate for April 2017 and May 2017.

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

NOTES

Indicator Specific Notes

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

1. Please note that Q3 2015/16 data will not be included in this quarterly release of Stocktake due to data quality issues in the CPRO dataset.

2. Please note that Toronto Central LHIN Q3 2015/16 data onwards will not be reported in this quarterly release of Stocktake due to data quality issues in the CPRO dataset.

3. Please note that Q1 2016/17 data will not be reported in this quarterly release of Stocktake. In November 2016 a data quality issue was identified in the Client Profile monthly data submission received from the Ontario Association of Community Care Access Centres (OACCAC). The issue is related to the priority category assignment resulting in the Waitlist, Wait-times, Placements etc. being incorrectly reported.

Repeat unscheduled emergency visits within 30 days for mental health conditions

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

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

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