MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: South West LHIN

REPORT DATE: February 2017

Ontario

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INTERPRETING PERFORMANCE INDICATORS

Legend	Provincial Data	Provincial Target	LHIN Data

LHIN Data		
Achieved Provincial Target	Within 10% of Provincial Target	>10% From Provincial Target

Note:
The following will not be displayed in the figure:
NV: No volume or low volume (< 10 cases)
N/A: Not Applicable
NR: Not Reportable

Ontario

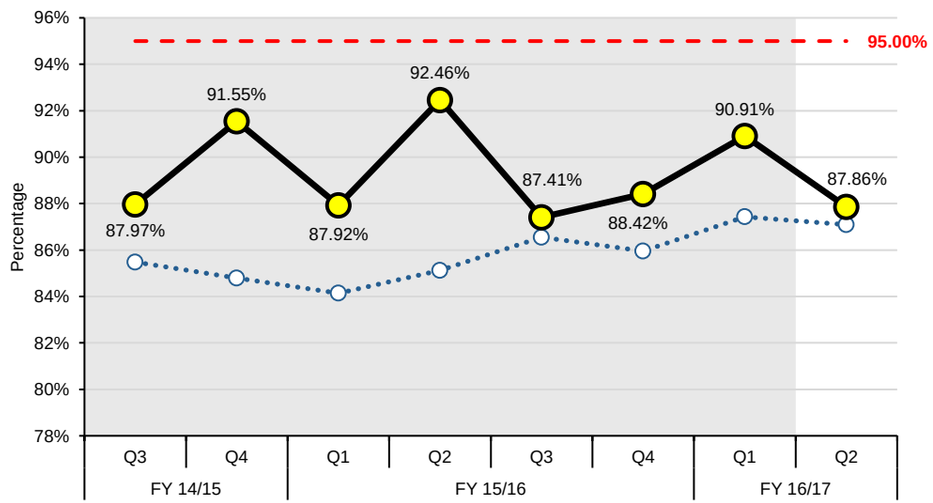
South West LHIN

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	87.86%	87.09%	95.00%



LHIN COMMENTS

What contextual factors explain current performance?

- Challenges in recruiting/retaining PSWs are heightened as hospitals begin to hire more PSWs.
- Adjusting the calculation of this measure to allow for patient choice brings performance closer to the 95% target.

What initiatives are underway that are positively impacting current LHIN performance?

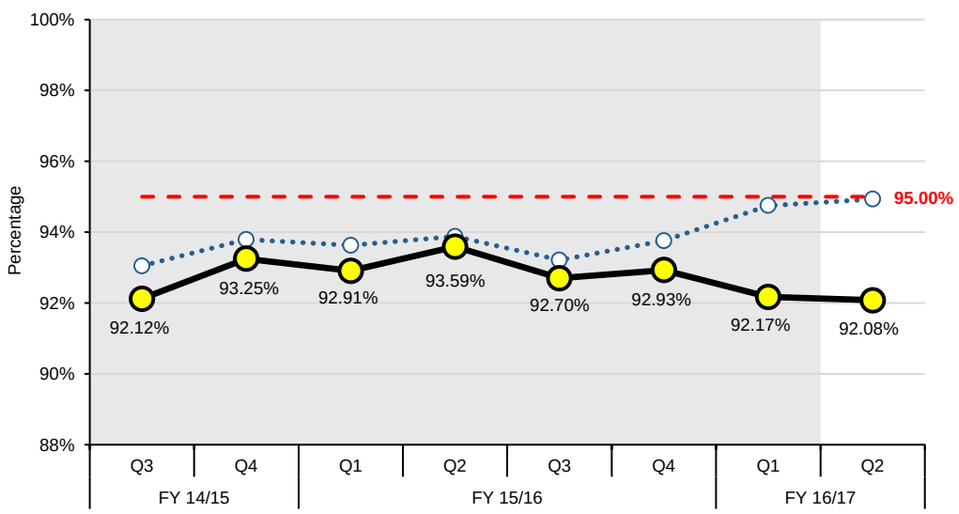
- PF Investments that flowed in late 15/16 related to county level Hospice Palliative Care Outreach consultation, Home First and Intensive Hospital to Home (IH2H) volumes and increases to nursing maximums.

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year?

- Performance for this measure is monitored through our Service Accountability Agreement Quarterly Review Process. An escalating series of follow-up requirements is initiated with the CCAC if it falls outside of its allowed corridor requiring explanation, improvement planning, and further reporting. Additionally, focused quarterly performance monitoring discussions with CCAC include this measure.
- Measure remains a key performance indicator for CCAC in SAA and Quality Improvement Plan and target set at 95%. We continue to monitor.

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	92.08%	94.93%	95.00%



LHIN COMMENTS

What contextual factors explain current performance?

- Adjusting the calculation of this measure to allow for patient choice brings performance closer to the 95% target.

What initiatives are underway that are positively impacting current LHIN performance?

- PFI Investments that flowed in late 15/16 related to county level Hospice Palliative Care Outreach consultation, Home First and Intensive Hospital to Home (IH2H) volumes and increases to nursing maximums.
- As above. Additionally, 2015/16 Priority for investment (PFI) dollars were allocated to enhance service volumes for Home First patients.

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year?

- Performance for this measure is monitored through our Service Accountability Agreement Quarterly Review Process. An escalating series of follow-up requirements is initiated with the CCAC if it falls outside of its allowed corridor requiring explanation, improvement planning, and further reporting. Additionally, focused quarterly performance monitoring discussions with CCAC include this measure.
- Measure remains a key performance indicator for CCAC in SAA and Quality Improvement Plan and target set at 95%. We continue to monitor.

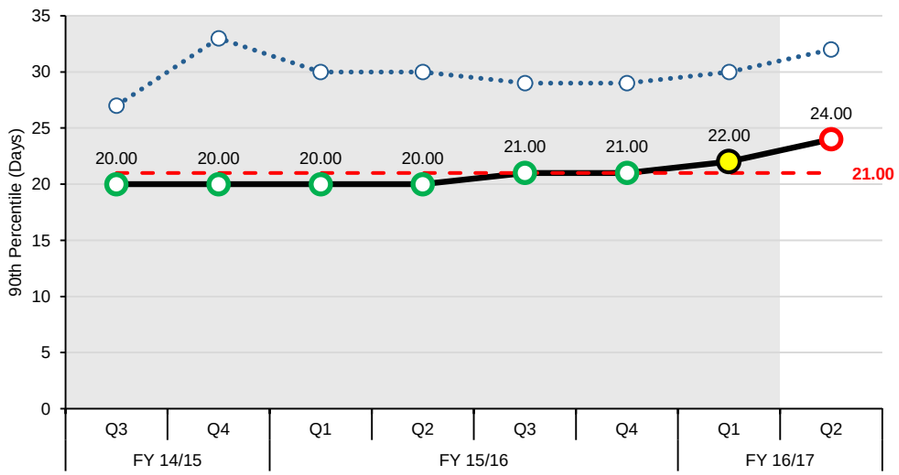
South West LHIN

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 CCAC in-home services: application from community setting to first CCAC service (excluding case management)

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	24.00 Days	32.00 Days	21.00 Days



LHIN COMMENTS

What contextual factors explain current performance?

• The number of short stay rehab clients has been increasing consistently from Q3 2015/16 to Q2 2016/17, and its associated 90th percentile wait time increased from 20 days to 24 days during the same time period. Further drill down analysis at patient-level will be performed by the CCAC to investigate the root cause that led to the performance.

• The LHIN ranked 4th best on this indicator in Q2 2016/17

What initiatives are underway that are positively impacting current LHIN performance?

• See interventions associated with 5day wait measures previously.

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year?

• Performance for this measure is monitored through our Service Accountability Agreement Quarterly Review Process. An escalating series of follow-up requirements is initiated with the CCAC if it falls outside of its allowed corridor requiring explanation, improvement planning, and further reporting. Additionally, focused quarterly performance monitoring discussions with CCAC include this measure.

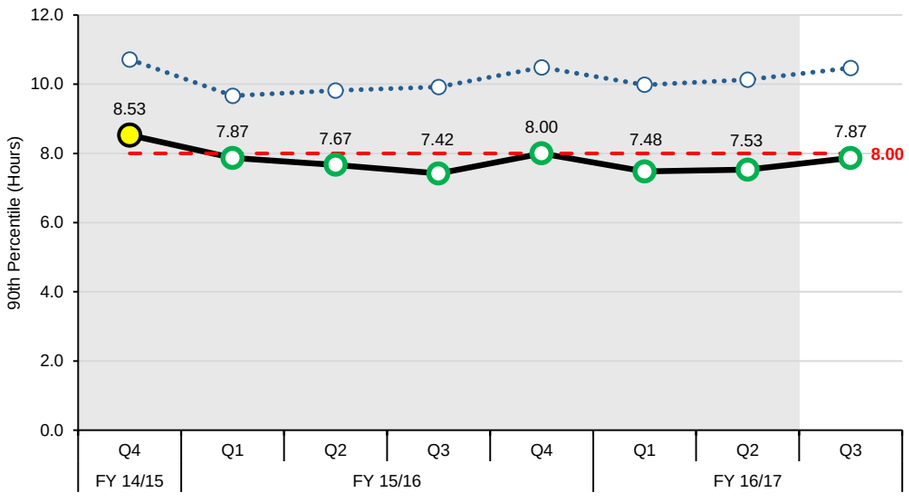
South West LHIN

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	7.87 Hours	10.47 Hours	8.00 Hours



LHIN COMMENTS

What contextual factors explain positive change in performance? negative change in performance?

-Performance for this indicator is monitored at the hospital level through our Service Accountability Quarterly Review Process and P4R and knowledge Transfer Learning Collaborative. Overall, South West LHIN performance has remained below provincial target for the past 6 quarters.

-2 regional surge huddles were triggered in the South West LHIN over the holiday period due to hospital bed capacity and access challenges at Tillsonburg District Memorial Hospital. Many hospitals collaborated to assist with the crisis and support transfer of patients.

-6/13 of the South West LHIN organizations are performing below their respective service accountability targets. 7/13 of the organizations are performing outside their service accountability target but are performing within their service accountability corridor.

What initiatives are underway to explain current performance? (regional or key organizational)

Our strategy includes the following key interventions currently targeting an improvement in this area:

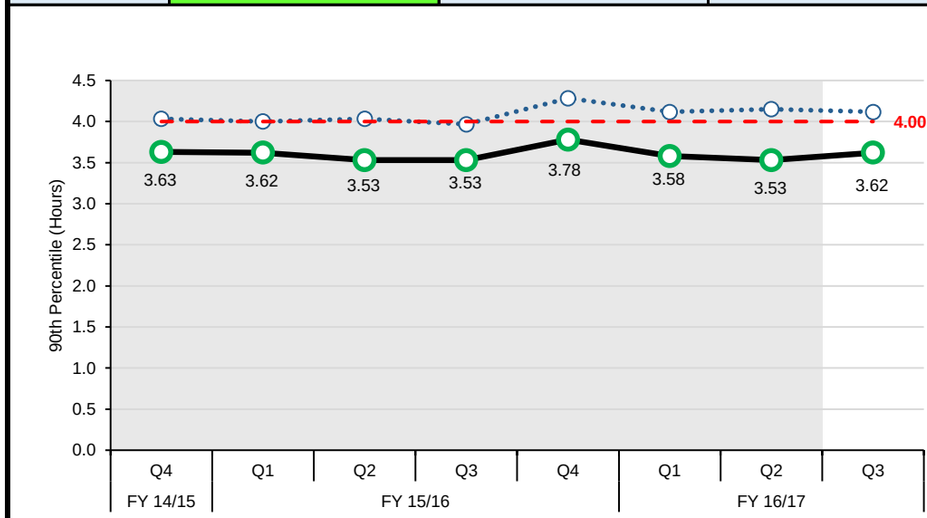
1. ED Pay for Results - Targeted improvement and investment approach being implemented at high volume ED sites within the South West LHIN (focused on complex patients, and patients who are admitted to hospital). The Knowledge Transfer collaborative continues quarterly and supports sharing of successful strategies among high-volume sites.
2. Other key interventions driving improvement locally at our high volume, teaching hospital (London Health Sciences) include evolvement of the Emergency Department System Transformation streams (the overall goal of this work is to promote patient flow from admission to discharge with standard work implementation and maintain and sustain 95% occupancy across the organization); as well as Home First Refresh (implementation of ALC Avoidance approach); and focused improvement in patient flow for patients with mental health and addictions challenges.
3. Mental Health Surge Planning - Hospitals with a high volume of ED visits – are focused on reducing access pressures related to an influx of patients with mental health conditions requiring admission to hospital. Surge huddles are facilitated by the London Hospitals as needed with other schedule 1 facilities, community partners, CCAC, and LHIN in order to decant patients to other appropriate destinations that have capacity.
4. Regional Access and Flow and Holiday Surge planning and coordination with leadership from the Chief Nursing Executives

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year? (Longer-term (immediate impact is not expected as in development):

1. Development of a Regional Access and Flow Memorandum of Understanding (MOU) and Policy/Protocol along in partnership with our Chief Nursing Executive Leadership Forum, and targeted Mental Health Capacity Planning. As well, a key priority in the South West LHIN will be to complete a Home First refresh including implementation of ALC avoidance strategies that have been successful at William Osler (Central West LHIN) - this will be included in 17-18 P4R Action Plans.

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

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	3.62 Hours	4.12 Hours	4.00 Hours



LHIN COMMENTS

Please include any contextual information that you would like to provide to the ministry explaining the performance results (e.g. issues, challenges, successes).

What contextual factors explain positive change in performance? negative change in performance?

-Performance has remained below provincial average and target historically for more than the past 8 quarters.

-For Q3 10/13 of the South West LHIN organizations are performing within their HSAA corridor. 3 Organizations The Alexandra Hospital, Tillsonburg and London Health Sciences has seen decline in performance and are performing above the provincial target of 4 hrs.

What initiatives are underway to explain current performance? (regional or key organizational):

Strategically, all hospitals within the South West are focused on improving access and patient flow within their organizations and regionally among organizations as a key priority. Performance for all ED wait time indicators including non-admitted are monitored through the South West LHIN SAA Quarterly Review Process.

LHSC: is focusing on decreasing time to consult in the ED as well as implementation of Emergency Department System Transformation (Implementation of individual Physician Scorecards; Driving front line and team accountability; Reducing care cycle times and admission avoidance for patients with mental health concerns who present to the ED)

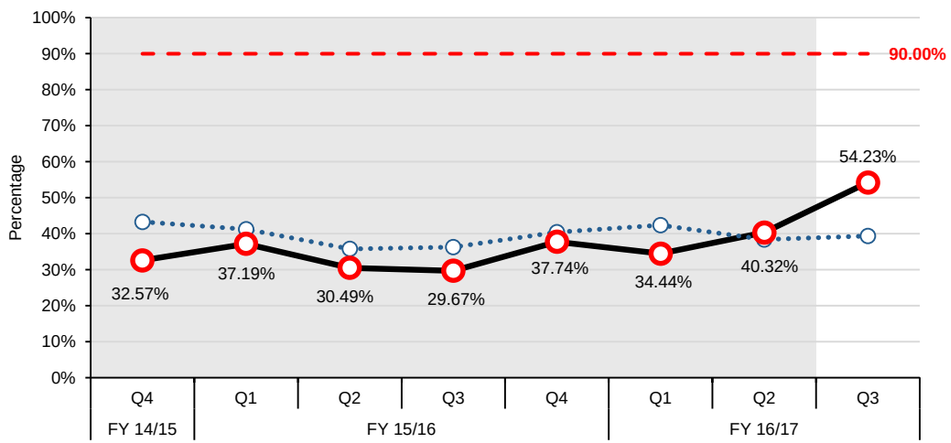
South West LHIN

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 MRI scan

Summary (Q3 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Priority 4: 28 Days	Combined	
	71.78%	63.42%	49.62%	54.23%	39.37%



LHIN COMMENTS

What contextual factors explain positive change in performance? negative change in performance?

-The South West LHIN is currently performing 3rd best among LHINs for this indicator. Overall, 3 organizations (London Health Sciences, Stratford and St Josephs Health Care) are performing better than their respective service accountability agreement targets, and Stratford is currently performing better provincial target at 91% of scans completed within access target. It is noted that a slight decrease in demand for MRI scan was seen in Q2 of this year. This will be monitored moving forward to understand if there is a positive trend over time.

What initiatives are underway to explain current performance? (regional or key organizational)

-All South West LHIN organizations are self-funding additional scans (1749 hours) above and beyond allocation. Based on demand pressures in the South West LHIN, the LHIN is targeting additional one time investment to support expedited completion of scans for the patients (priority 4) who have been waiting the longest. Based on capacity, this will attribute an additional 715 hours, to be completed within the South West in Q4.

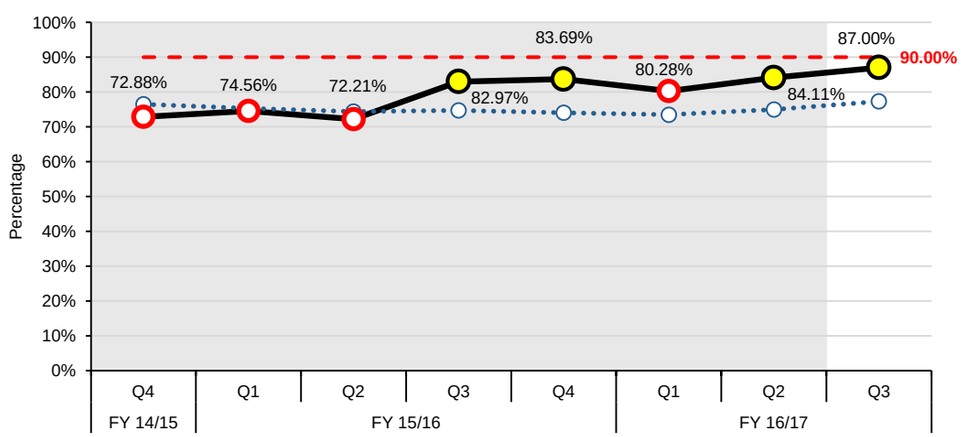
Based on the targeted approach we expect to see a short-term negative impact on wait times.

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year? (Longer-term (immediate impact is not expected as in development):

The Regional Diagnostic Imaging project is currently underway with a immediate focus on MRI wait times through decreased demand and improved appropriateness.

Percent of priority 2, 3 and 4 cases completed within access target for CT scan

Summary (Q3 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Priority 4: 28 Days	Combined	
	93.44%	73.98%	91.88%	87.00%	77.29%



LHIN COMMENTS

What contextual factors explain positive change in performance? negative change in performance?

-The South West LHIN is approaching target at 87% of scans completed within access target. Performance has improved steadily over the last 5 quarters, and the South West is currently performing 5th best among LHINs. In Q3, 9/10 organizations are meeting their respective accountability agreement targets. Tillsonburg District Memorial Hospital is the only organization with a performance outside of target at 77%

What initiatives are underway to explain current performance? (regional or key organizational)

-Organizations performing CT scan within the South West LHIN are self-funding additional scans (~10,000 hours per fiscal year) in order to meet demand and sustain performance, as reported in their year end forecast.

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year? (Longer-term (immediate impact is not expected as in development):

The Regional Diagnostic Imaging project is expected to target CT demand and appropriateness challenges in 2017-18 across the South West LHIN.

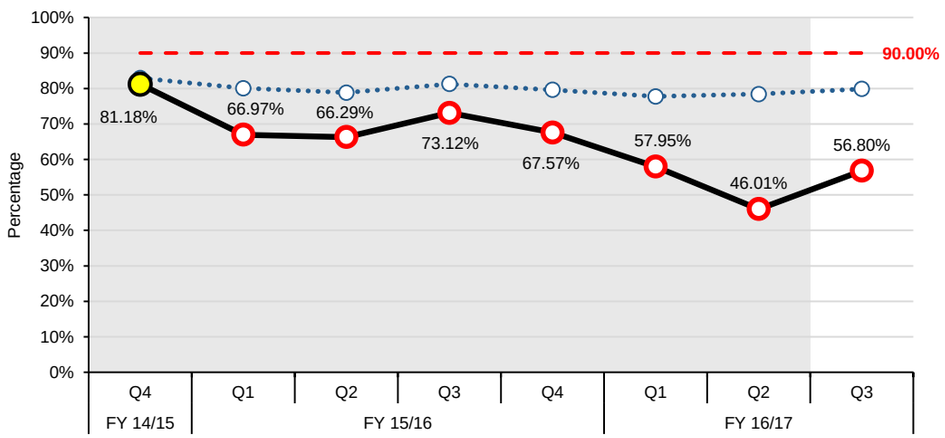
South West LHIN

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 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	76.19%	56.72%	55.20%	56.80%	79.86%



LHIN COMMENTS

What contextual factors explain positive change in performance? negative change in performance?

-Performance for hip repalcement surgery in the South West LHIN has improved from the prior quarter and the South West is currently performing 12th among the 14 LHINs. One organization of six is presently meeting the provincial target of 90% of surgeries completed within access target. At the start of Q3, 1150 cases were on open wait list, 488 hips cases were added and 381 hip surgeries were performed. The most notable change in performance for Q3 was at ST Thomas Elgin General Hospital, where performance is now at 91% of cases completed within target.

What initiatives are underway to explain current performance? (regional or key organizational)

-Organizations performing hip replacemnt surgeries within the South West, are reinvesting efficiencies or global funding in order to complete additional procedures beyond their base allocation (~15%).

-In addition, London Health Sciences received notification to target some of their 1% base investment increase to target a reducation in wait times for hip and knee replacement surgeries. This translated into an additional 90 hip, and 30 knee replacement surgeries.

-Based on sustained demand pressures in the South West LHIN, the LHIN has targeted additional investment (approximately a total of 90 and knee surgeries) to support expedited completion of hip and knee replacement surgeries for patients who have been waiting the longest for their surgery.)

-Regional and organizational data clean up action champpioned by the South West LHIN Decision Support Network in order to remove duplicates and ensure that we understand true demand for procedures. work is underway to ensure that sustainable practices are put in place at all sites to monitor open case wait lists.

-As a compliment, the South West LHIN manages performance through the Service Accountability Agreement Quarterly Review Process - which includes performance monitoring and escalation of follow up action.

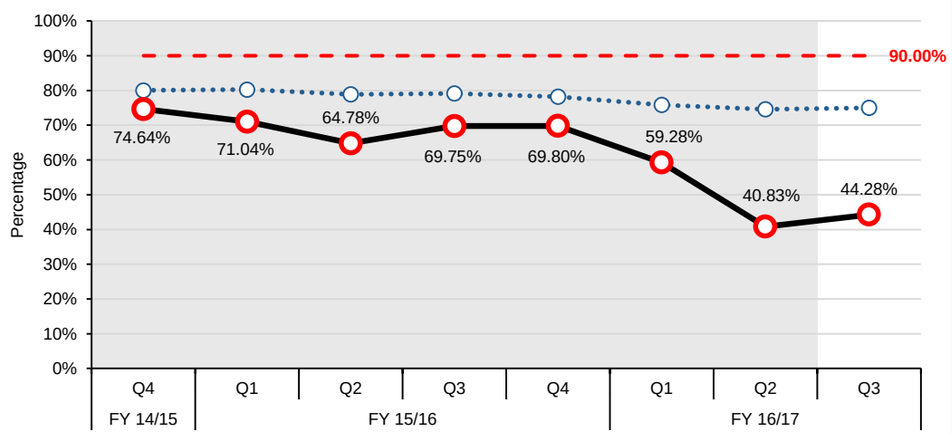
What initiatives are underway that are expected to lead to improvement within the next 6 months to one year? (Longer-term (immediate impact is not expected as in development):

-Working with the Orthopaedic Steering Committee to develop better mechanisms to share wait time information by organization and surgeon with primary care providers in the South West LHIN - leveraging lessons learned through implementation in Waterloo Wellington LHIN. It is expected that this will be implemented by Q2 2017-18.

-Additionally, the team is working with the Orthopaeedic Steering Committee on developing a central intake and scheduling process in the South West LHIN for wait 1 and wait 2..

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

Summary (Q3 FY 16/17)	Provincial Target (FY 16/17) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	50.85%	43.77%	44.28%	75.03%



LHIN COMMENTS

What contextual factors explain performance?

-Performance for knee repalcement surgery in the South West LHIN has improved from the prior quarter and the South West is currently performing 13th among the 14 LHINs. Currently, no organizations are meeting the provincial target of 90% of surgeries completed within access target. At the start of Q3, 2242 cases were on open wait list, 821 knee cases were added and 677 knee surgeries were performed. The most notable change in performance for Q3 was at ST Thomas Elgin General Hospital, where performance is now at 87% of cases completed within target vs 17% in Q2.

What initiatives are underway to explain current performance? (regional or key organizational)

-Organizations performing hip replacemnt surgeries within the South West, are reinvesting efficiencies or global funding in order to complete additional procedures beyond their base allocation (~6%).

-In addition, London Health Sciences received notification to target some of their 1% base investment increase to target a reducation in wait times for hip and knee replacement surgeries. This translated into an additional 90 hip, and 30 knee replacement surgeries.

-Based on sustained demand pressures in the South West LHIN, the LHIN has targeted additional investment (approximately a total of 90 and knee surgeries) to support expedited completion of hip and knee replacement surgeries for patients who have been waiting the longest for their surgery.)

-Regional and organizational data clean up action champpioned by the South West LHIN Decision Support Network in order to remove duplicates and ensure that we understand true demand for procedures. work is underway to ensure that sustainable practices are put in place at all sites to monitor open case wait lists.

-As a compliment, the South West LHIN manages performance through the Service Accountability Agreement Quarterly Review Process - which includes performance monitoring and escalation of follow up action.

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year? (Longer-term (immediate impact is not expected as in development):

-Working with the Orthopaedic Steering Committee to develop better mechanisms to share wait time information by organization and surgeon with primary care providers in the South West LHIN - leveraging lessons learned through implementation in Waterloo Wellington LHIN. It is expected that this will be implemented by Q2 2017-18.

-Additionally, the team is working with the Orthopaeedic Steering Committee on developing a central intake and scheduling process in the South West LHIN for wait 1 and wait 2..

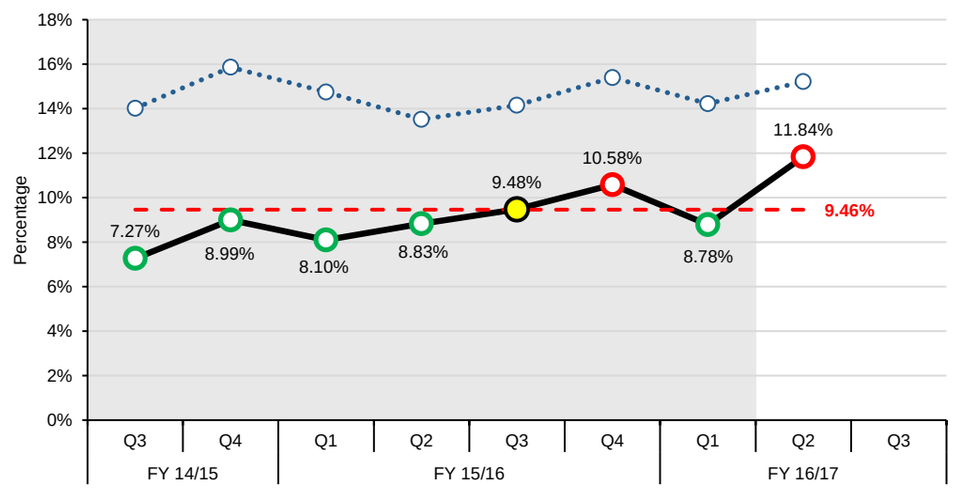
South West LHIN

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	11.84%	15.22%	9.46%



LHIN COMMENTS

What contextual factors explain current performance? Performance/Facility-level analysis/issues and supporting data (hospital, CCAC, LTCH) that explain the performance results:

• CCAC and hospitals continue to report increasing complexity (i.e. social, behavioural, financial) of patients as well as issue of patients waiting in hospital as ALC for a first-choice, long wait-list LTC home as factors that challenge improvement efforts to reduce ALC

• There were 4 facilities whose percentage of ALC days were significantly higher than their performance in Q1 2016/17 and the LHIN performance in Q2 2016/17: Four Counties Health Services, Alexandra Hospital, St. Marys memorial Hospital and South Huron Hospital.

• ALC days performance of the LHIN was still the second best across the province in Q2 2016/17, although it didn't meet the provincial target.

What initiatives are underway that are positively impacting current LHIN performance?

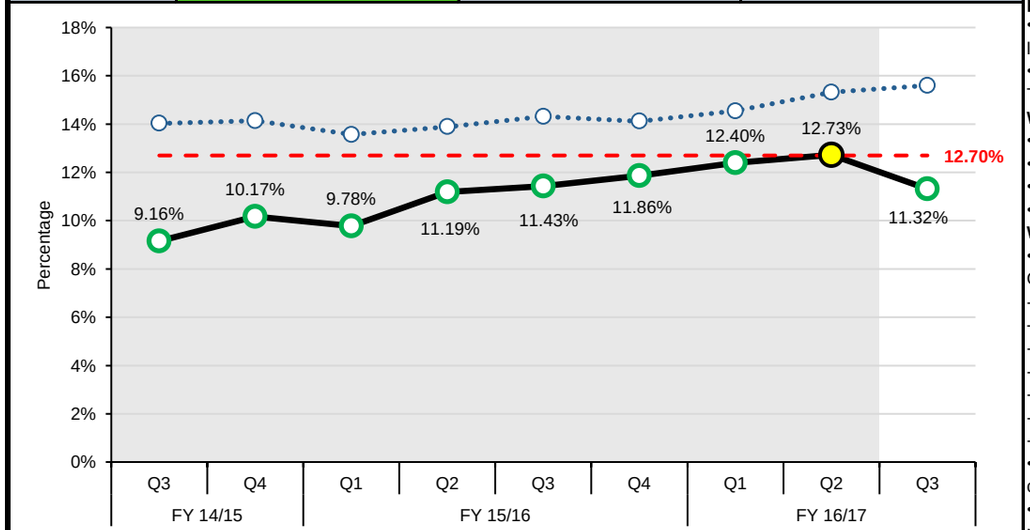
• Targeted investments to CCAC to support Home First patients and complex care patients
• Targeted investments in Assisted Living spaces
• BSO support for difficult-to-serve ALC populations
• Teaching hospital, LHSC, has made significant improvements as it has tested the William Osler approach to ALC avoidance (details below).

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year?

• Chief Nursing Executives have made ALC and patient flow LHIN-wide priorities for improvement. An action plan has been developed based on successes achieved at William Osler Health System and includes:
- the implementation of ALC avoidance practices
- a 'refresh' of Home First principles and practices
-a physician champion
-consultation/ access to a clinical ethicist
-key performance indicators
-collaborative learning opportunities

ALC rate

Summary (Q3 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	11.32%	15.60%	12.70%



LHIN COMMENTS

What contextual factors explain current performance? Performance/Facility-level analysis/issues and supporting data (hospital, CCAC, LTCH) that explain the performance results:

• CCAC and hospitals continue to report increasing complexity (i.e. social, behavioural, financial) of patients as well as issue of patients waiting in hospital as ALC for a first-choice, long wait-list LTC home as factors that challenge improvement efforts to reduce ALC.
• Tillsonburg District Memorial Hospital was the only facility whose ALC rate was significantly higher than Q2 2016/17. Most of the facilities had lower ALC rate than Q2 2016/17. The South West LHIN ranked 3rd best on ALC rate in the province and remained better than province.

What initiatives are underway that are positively impacting current LHIN performance?

• Targeted investments to CCAC to support Home First patients and complex care patients
• Targeted investments in Assisted Living spaces
• BSO support for difficult-to-serve ALC populations
• Teaching hospital, LHSC, has made significant improvements as it has tested the William Osler approach to ALC avoidance (details below).

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year?

• Chief Nursing Executives have made ALC and patient flow LHIN-wide priorities for improvement. An action plan has been developed based on successes achieved at William Osler Health System and includes:
- the implementation of ALC avoidance practices
- a 'refresh' of Home First principles and practices
-a physician champion
-consultation/ access to a clinical ethicist
-key performance indicators
-collaborative learning opportunities
-development of a coordinated approach for patients with extraordinary needs
• Tillsonburg hospital representatives visited LHSC in early February 2017 for information sharing and to learn about ALC avoidance strategies as well as connect with a physician champion
• Performance for ALC is monitored through our Service Accountability Agreement Quarterly Review Process at the hospital level and with CCAC. An escalating series of follow-up requirements is initiated with any hospital (and CCAC) that falls outside of its allowed corridor on this indicator requiring explanation, improvement planning, and further reporting.
• ALC data is shared broadly via the South West LHIN Report on Performance to promote awareness at the system level for this shared accountability measure

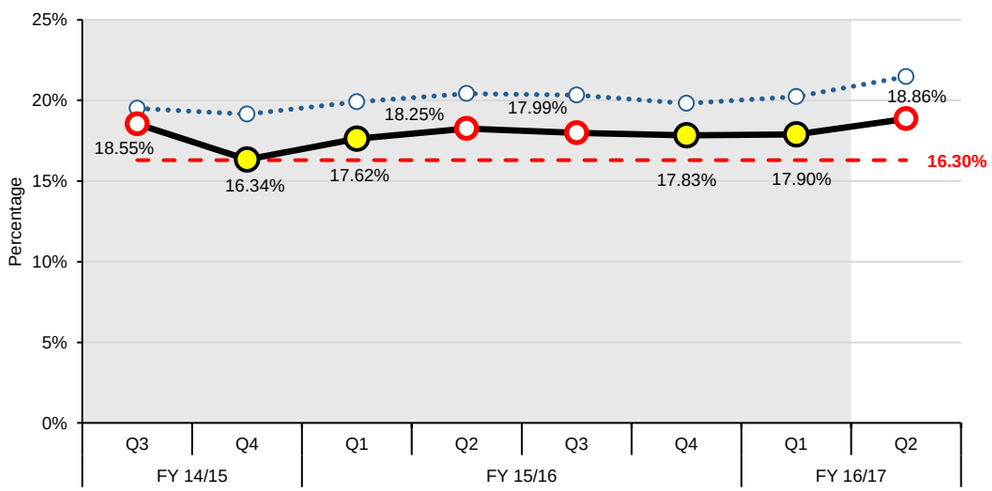
South West LHIN

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

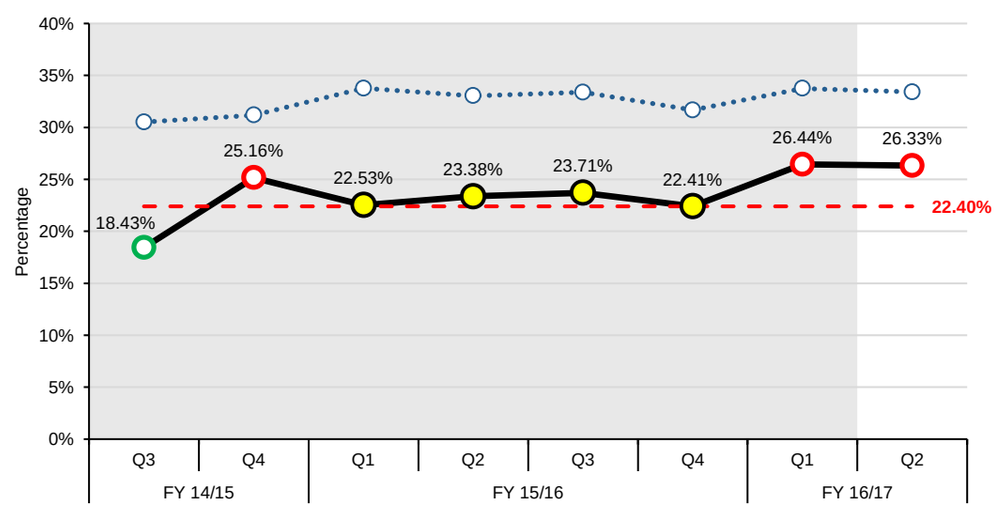
Repeat unscheduled emergency visits within 30 days for mental health conditions

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	18.86%	21.48%	16.30%



Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	26.33%	33.41%	22.40%



LHIN COMMENTS

What contextual factors explain curernt perfromance?

Mental Health:

Within the South West LHIN, the mental health revisit rate has peaked in Q2 since 2013/14. In this quarter specifically, the increase in our revisit rate can be mostly attributed to our two largest Schedule 1 hospitals (LHSC and GBHS).

The revisit rate this quarter increased at both **LHSC sites, University Hospital (UH) and Victoria Hospital (VH)**. LHSC-VH's Q2 result of 22.9% and LHSC-UH's result of 21.8% are the highest revisit rates each site has seen since the methodology for this indicator was changed in 2013. The increase in the revisit rate this quarter for LHSC-VH was a combination of a 2% decrease in index visits from Q1 2016/17 and a 26% increase in revisits. Similarly, LHSC-UH experienced a much larger quarter over quarter increase in the number of revisits (104%) than they did in the number of index visits (15%).

GBHS - Owen Sound is the other main contributor to the South West LHIN's increase in mental health revisit rate in Q2 2016/17. Their revisit rate increased from 13.8% in Q1 to 23.1% in Q2. Similarly to LHSC-VH, they experienced a decrease in the number of index visits (7%), but an increase in the number of revisits (74%) quarter over quarter. GBHS - Owen Sound's revisit rate has fluctuated significantly over the past three years. For the last two years, their rate has increased in Q2 to reach a peak in Q3 before falling to lower levels. The Q2 2016/17 result of 23.1% is lower than the two previous Q2 results (28.5% in Q2 2015/16 and 26.0% in Q2 2014/15).

Substance Abuse:

The substance abuse revisit rate within the South West LHIN has remained fairly stable from Q1 2016/17 to Q2 2016/17 (26.44% and 26.33% respectively). Even though the overall rate stayed fairly steady, the rates at our individual hospitals varied, with the rate at 17 hospital sites improving and the rate at 11 hospital sites declining. Of the hospitals with a substance abuse revisit rate that is getting worse, five of the sites belong to GBHS (a hospital corporation with a total of six sites). GBHS-Owen Sound's revisit rate in Q2 was 34.8%, with the other four sites whose rate got worse in Q2 experiencing revisit rates between 26% and 47%.

In general, however, LHSC still is responsible for more than half of the number of revisits in our LHIN each quarter, so this facility remains our major focus in order to improve performance on this indicator. LHSC indicated to the LHIN in November that they were beginning to talk about reviewing the frequent users of their Emergency Department to better understand the population, their revisit rate, and the services that are provided to this cohort.

What initiatives are underway that are positively impacting current LHIN performance?

Crisis Centre - CMHA Middlesex is in the process of getting Capital approved to move 5 stabilization beds we have in London to be co-located at the Crisis Centre. When the beds are moved, they will also expand to 10 beds. This is also expected to help lower our revisit rates as we will have more capacity to be able to keep people that do not need to be at the hospital out of the hospital.

Supportive Housing Units - Increasing access to stable housing for people with MH conditions as part of the 1,000 unit provincial initiative. Year 3 funding which would increase capacity in London Middlesex has not been received.

Coordinated Access - Continued engagement in Oxford, Elgin and Middlesex (Thames Valley) to improve coordination and access to MH&A service providers throughout the Thames Valley area. As part of Coordinated Access, ""Reach Out"" launched in the Thames Valley in August 23, 2016. Reach Out is a new 24/7 bilingual information, support and crisis line for people with mental health or addiction needs for Thames Valley and is designed to provide individuals better community supports (when possible). Reach Out is currently receiving upwards of 1000 calls per month and more bookings are being directly made with community organizations than we had previously seen.

Mental Health and Addictions Capacity Planning - This is a project aimed at developing solutions to patient access and flow in Schedule 1 and tertiary mental health hospitals in the South West LHIN. A committee has been struck to better understand utilization in these settings and to develop and test clinical protocols with respect to patient flow (including transfers and discharge planning) and surge. (See more information about surge planning under ED Stocktake measures). It is expected that if there is better flow in to and out of Schedule 1 and tertiary mental health beds, not only will patients be able to access the care they need more quickly, but patients will also be connected with the services they need in their communities and need to seek care in the ED less often. Work on procuring project resources is currently underway to further advance this initiative.

Peer Support Integration - The South West LHIN has been working with relevant partners since December 2015 to integrate peer support programs in to lead mental health and addictions organizations in each sub-region. The goal is to strengthen and expand peer support services within our LHIN and the integrations in each sub-region are expected to be completed in 2017. Enhancing access and availability of peer support could help contribute to keeping individuals out of the Emergency Department.

The South West LHIN monitors performance on these indicators through our SAA Quarterly Review Process. An escalating series of follow-up requirements is initiated with any hospital that falls outside of its allowed corridor on this indicator requiring explanation, improvement planning, and further reporting.

What initiatives are underway that are expected to lead improvement within the next 6 months to one year?

It is believed that the opening Crisis Centre in London and continued Coordinated Access work in Middlesex, Elgin, and Oxford will help us move towards the provincial target. Because the Crisis Centre only opened in January 2016, and is still awaiting Capital funding to become fully functional, it is challenging to specify a date when the Capital improvements may start to make an impact. Also, our Capacity Planning project has a project end date of March 2018, so hopefully we will see the impacts of the improved protocols regarding access and flow soon after.

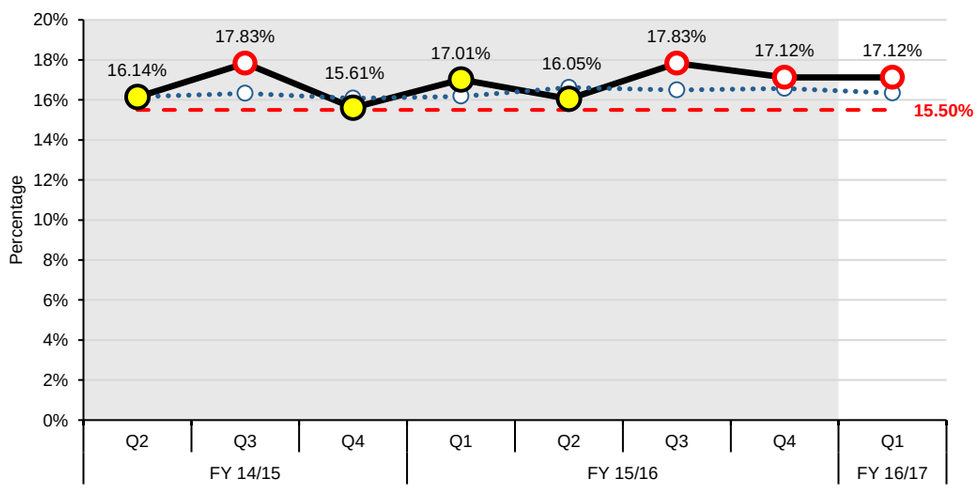
South West LHIN

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 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	17.12%	16.34%	15.50%



LHIN COMMENTS

What contextual factors explain current performance?

In Q1 16/17, the South West LHIN did not meet the province wide performance target of 15.5% for readmissions within 30 days for selected HIG grouper conditions, ranking 11th amongst the 14 LHINs. The LHIN's adjusted rate of readmission was 17.1%, a 2% deviation above the LHIN's expected rate.

Readmission rates in Q1 16/17 were above expected for acute myocardial infarction (+26%), pneumonia (+22%), stroke (+17%) and congestive heart failure (+12%). Excess readmissions in Q1 were primarily attributable to an increase in readmitted pneumonia cases indexed London Health Sciences Centre (LHSC), followed by a small number of excess readmissions for pneumonia, gastrointestinal conditions and acute MI which accumuled across the small hospital sites located in Grey, Bruce, Huron and Perth counties.

In Q1 16/17, readmissions rates for chronic obstructive pulmonary disease were 20% below the LHIN's expected rate, attributabale to a decreased number of readmissions for COPD at LHSC. This is the first fiscal quarter where the South West LHIN expected to see a small but noticable reduction in COPD-related readmissions resulting from the concentrated efforts of the London-Middlesex Health Link, the Integrated Funding Model Project, and Telehomecare. Discharge processes and subsequent readmission rates continue to demonstrate significant improvement at London Health Sciences Centre (LHSC), where the readmission rate back to own remains below 14%, representing a 10% reduction from the corporation's expected rate.

What initiatives are underway that are positively impacting current LHIN performance?

Readmissions in the South West LHIN are actively monitored and followed-up through HSP Service Accountability Agreements (SAAs) and included in their organizations' Quality Improvement Plans (QIPs). In addition to these processes, the following interventions are directly targeting improvement in readmissions in the South West.Each of the interventions have resulted in a small, but limited impact on LHIN level readmissions, due to limited numbers of clients supported in each intervention:

1) Health Links: 4 of 6 active Health Links are coordinating care for residents. At the close of Q3 16/17, over 900 coordinated care plans (CCPs) had been completed, covering 2.6% of the estimated target population (+0.3% from Q2 16/17). On Q1 16/17 close, only 370 CCPs were in place during the timeframe reflected in the readmissions data above. Since Q1 16/17, three times the number of residents with complex care needs are receiveing additioanl support and integration through Health Links. Early utilization data is confirming fewer ED visits, hospitalizations and shorter lenghts of stay among Health Links clients with CCPs in place. Recently, the two remaining Links planned for Oxford and Elgin received one-time funding to proceed with coordinated care implementation planning. It is expected that initiation of the coordinated care planning process in Elgin County will help compliment existing strategies to support a reduction in readmissions in these geographies; however additional impact is not expected to be observed until Q1 17/18 data.

2) Diabetes Education Programs: By the end of Fiscal 15/16, nine funded diabetes education programs provided support to 14,298 residents with diabetes self management.These programs have been successful in helping clients to self-manage their diabetes outside of hospital; however, together they only provide support to an estimated 16% of the South West LHIN's known diabetic population. Readmission rates for an idex condition of diabetes in the South West LHIN have been below the expected rate in three of the previous four quarters.

3) Telehomecare: 353 clients were enrolled in Telehome care by the end of Q3 16/17. This initiative is currently holding at maximum funded capacity, targeting n=400 clients in Fiscal 16/17. Readmisison rates for the South West LHIN in Q1 16/17 were 20% below expected for COPD, and 12% above expected for CHF - the two conditions primarily supported through Telehomecare monitoring.

4) Integrated Funding Model "Connecting Care to Home": 87 residents chronic obstructive pulmonary disease had been enrolled in the IFM model in London by the end of Q3 16/17. Outcomes suggest significant reductions in acute lengths of hospital stay and readmissions for these clients.

5) IDEAs Spread Project - In Q3 16/17, the South West LHIN Clinical Quality Table (CQT) began monitoring the proportion of discharge summaries sent within 48 hour of acute discharge through the CQT Dashboard. The South West LHIN Clinical Quality Lead continues to engage key Medical Advisory Committees throughout the LHIN to promote adoption of policy regarding timely discharge summary communication (80% of summaries sent within 48 hours of discharge).

What initiatives are underway that are expected to lead to improvement within the next 6 months to one year?

• Increased education of and referrals to Health Links is key to reducing avoidable hospitial admissions and readmissions; the South West LHIN has begun work for the proactive identification of users with high care needs in hospital.
• Expansion of the Integrated Funding Model to include residents in London with congestive heart failure will occur in Q4 16/17, and engaging key leaders in the Integrated Funding Model project (Connecting Care to Home) to establish a spread and scale plan.
• Consideration of Priority-for-Investment funding in 17/18 to support targeted implemention of care pathways in the South West LHIN, including monitoring implemenation of Order Sets in some Hospitals.
• Implementation of evidence standards and clinical care bundles (QBPs) across all acute sites in the South West LHIN.

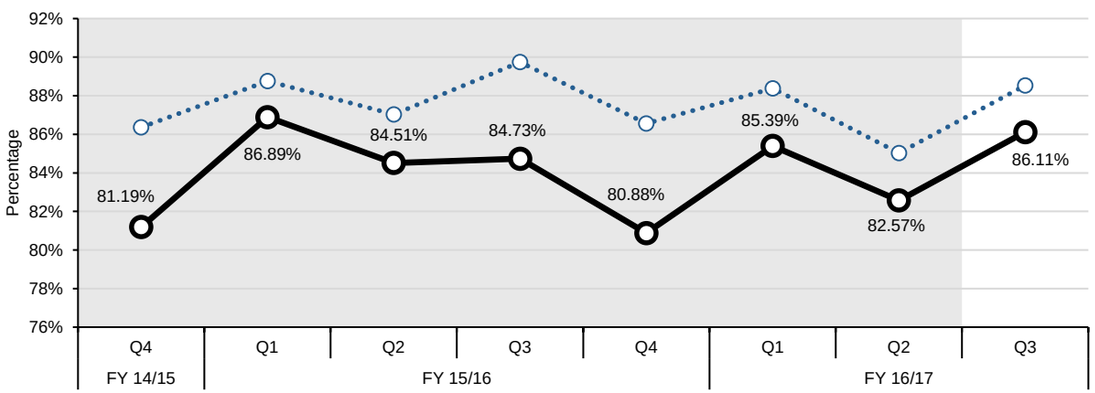
South West LHIN

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)

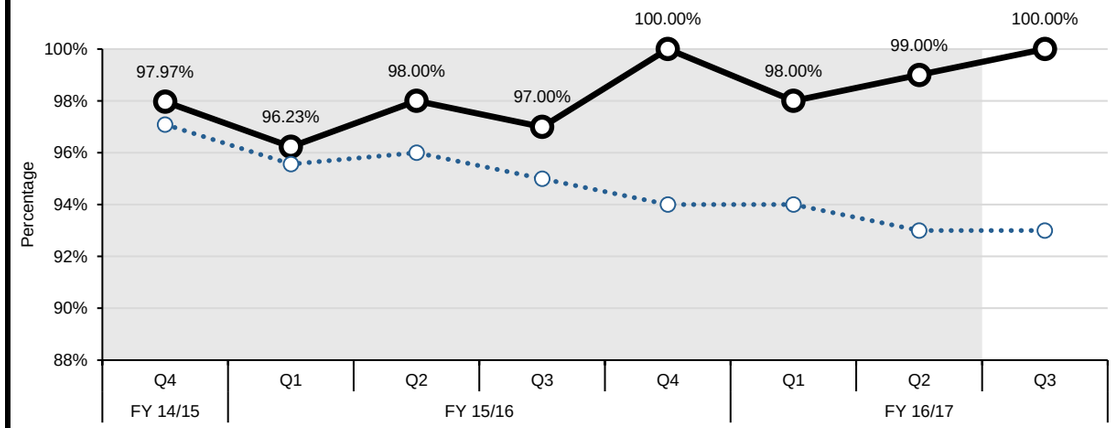
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery

Summary (Q3 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 28 Days	Priority 4: 84 Days	Combined	
	76.12%	84.09%	90.95%	86.11%	88.53%



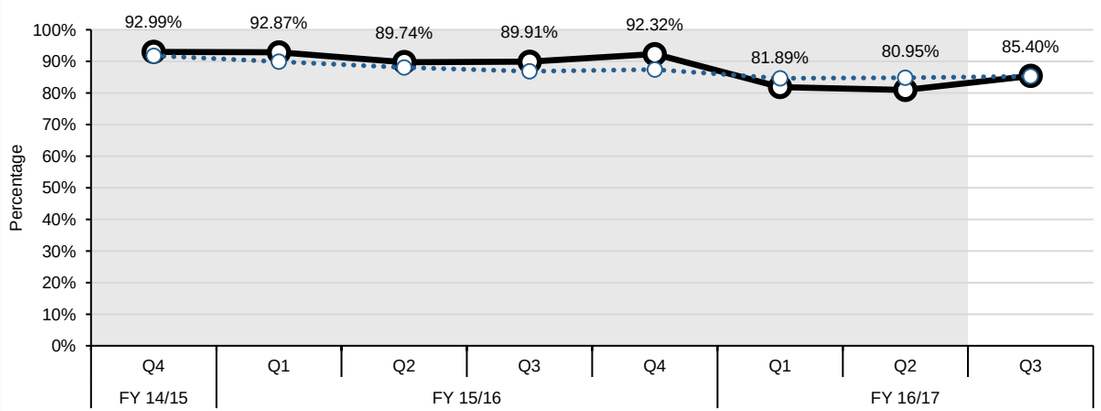
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery

Summary (Q3 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 42 Days	Priority 4: 90 Days	Combined	
	100.00%	98.00%	100.00%	100.00%	93.00%



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

Summary (Q3 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	47.09%	88.11%	85.40%	85.30%



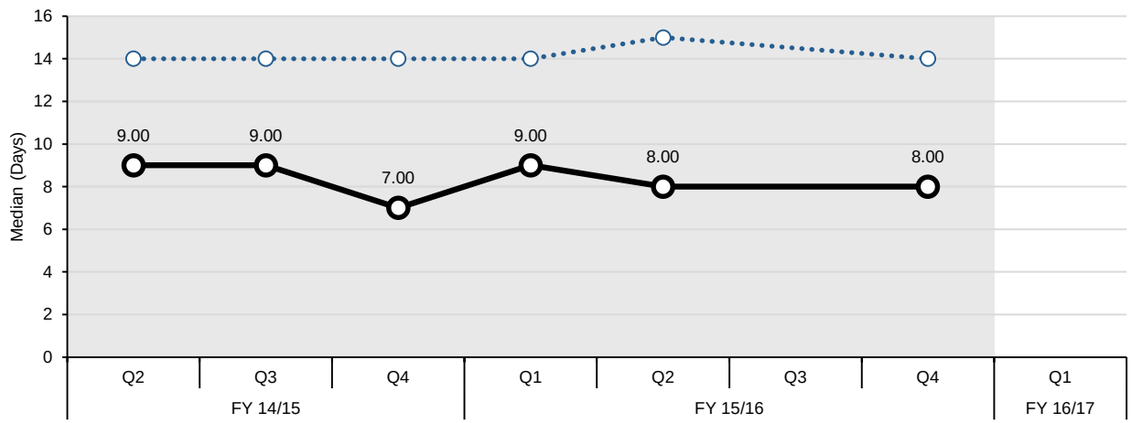
South West LHIN

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)

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

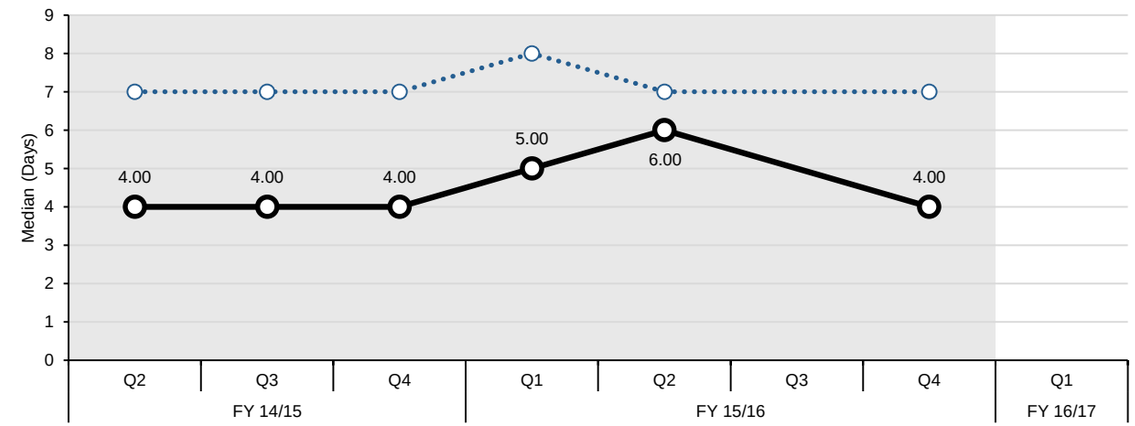
Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance
	NR	NR



Note: Q3 15/16 and Q1 16/17 data are not reported due to data quality issues.

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

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance
	NR	NR



Note: Q3 15/16 and Q1 16/17 data are not reported due to data quality issues.

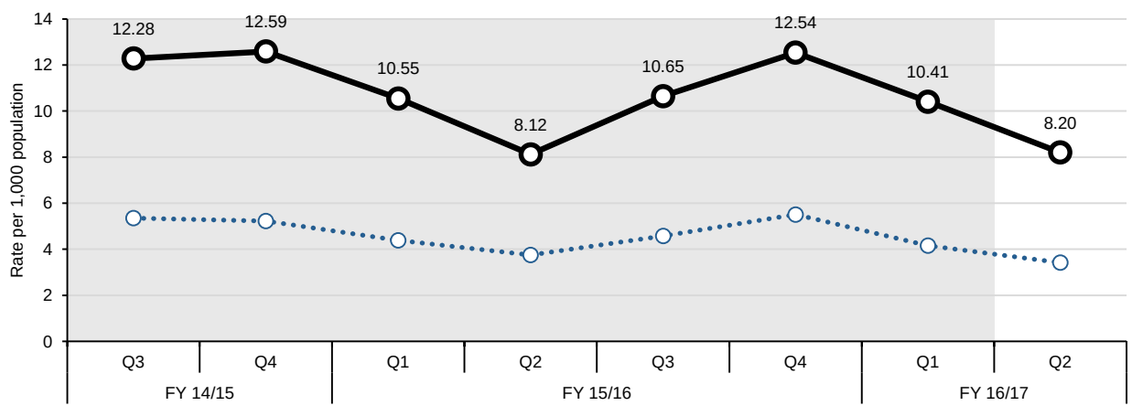
South West LHIN

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)

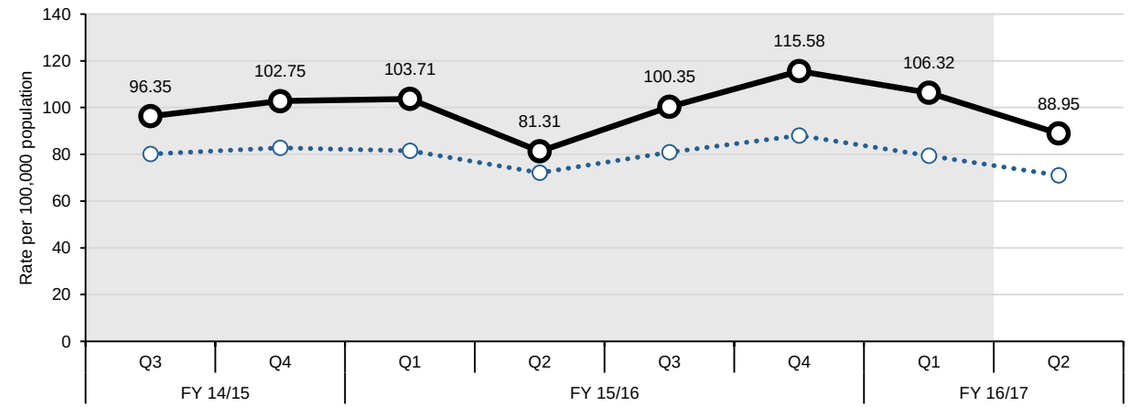
Rate of emergency visits for conditions best managed elsewhere

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	8.20	3.42



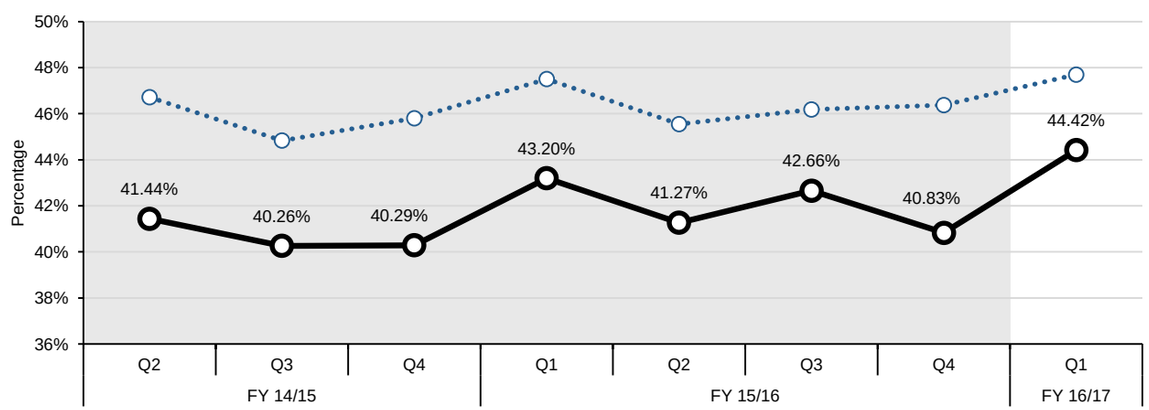
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance
	88.95	71.02



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

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance
	44.42%	47.70%



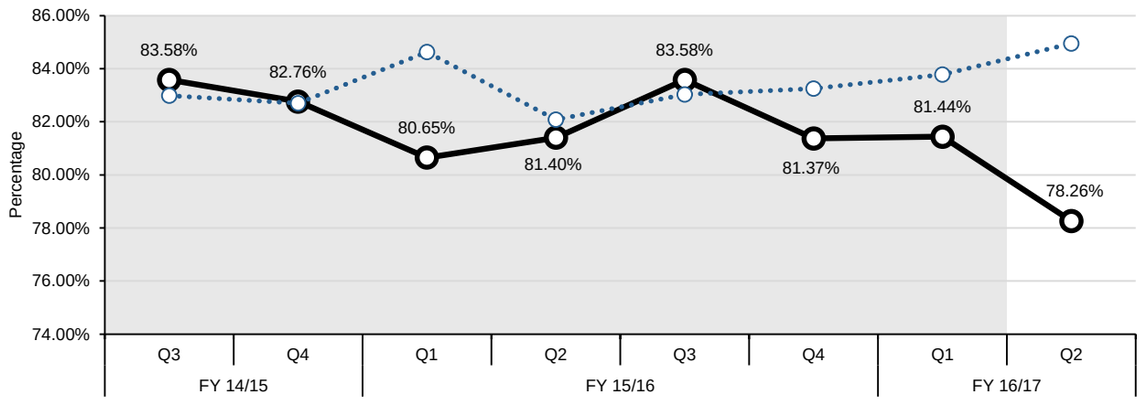
South West LHIN

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 16/17)	LHIN Performance	Provincial Performance
	78.26%	84.95%



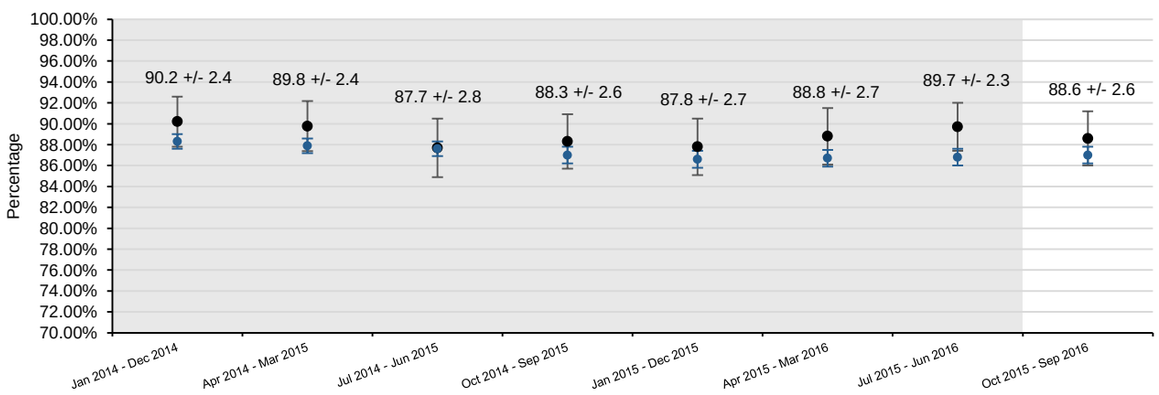
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Oct 2015 - Sep 2016)	LHIN Performance	Provincial Performance
	88.6% +/- 2.6%	87.0% +/- 0.8%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

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 16/17	95.00%	87.09%	92.77%	87.86%	86.22%	87.64%	90.64%	90.71%	86.55%	91.10%	85.98%	86.13%	80.84%	85.23%	85.34%	93.10%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q2 16/17	95.00%	94.93%	95.79%	92.08%	94.36%	95.26%	96.26%	96.28%	94.03%	95.76%	96.50%	93.98%	94.62%	92.85%	94.92%	95.42%
90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)	Q2 16/17	21.00 Days	32.00	28.00	24.00	14.00	30.00	24.00	36.00	26.00	35.00	52.00	22.00	31.00	52.50	41.00	27.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q3 16/17	8.00 Hours	10.47	9.48	7.87	7.35	15.43	10.75	10.47	13.22	10.45	10.67	9.43	10.98	9.02	8.28	9.77
90th percentile ED length of stay for minor/uncomplicated patients	Q3 16/17	4.00 Hours	4.12	4.17	3.62	4.20	4.53	3.78	3.77	4.62	3.52	4.07	4.45	4.57	4.13	3.85	4.17
Percent of priority 2, 3 and 4 cases completed within access target for MRI scan	Q3 16/17	90.00%	39.37%	38.98%	54.23%	26.85%	32.51%	45.93%	23.12%	31.82%	40.86%	56.75%	75.74%	40.84%	21.27%	46.61%	36.32%
Percent of priority 2, 3 and 4 cases completed within access target for CT scan	Q3 16/17	90.00%	77.29%	91.52%	87.00%	83.77%	62.63%	91.92%	63.73%	63.85%	73.04%	93.50%	73.83%	79.55%	80.08%	75.33%	93.65%
Percent of priority 2, 3 and 4 cases completed within access targets for hip replacement	Q3 16/17	90.00%	79.86%	87.66%	56.80%	47.37%	74.45%	78.30%	52.47%	92.25%	97.29%	94.98%	70.93%	90.91%	80.60%	75.93%	77.05%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q3 16/17	90.00%	75.03%	72.58%	44.28%	37.46%	67.14%	61.78%	45.97%	93.01%	95.47%	87.83%	80.92%	87.45%	77.78%	79.78%	73.51%
Percentage of alternate level of care (ALC) days	Q2 16/17	9.46%	15.22%	13.89%	11.84%	12.51%	15.74%	7.99%	14.25%	12.21%	14.40%	17.52%	17.58%	13.37%	19.56%	28.20%	23.36%
ALC rate	Q3 16/17	12.70%	15.60%	16.53%	11.32%	8.96%	14.57%	6.15%	13.91%	13.21%	16.10%	24.97%	18.60%	14.64%	14.56%	23.16%	30.47%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q2 16/17	16.30%	21.48%	20.79%	18.86%	19.09%	20.20%	25.71%	18.61%	29.10%	19.76%	23.45%	20.32%	18.69%	15.29%	18.65%	17.92%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q2 16/17	22.40%	33.41%	32.24%	26.33%	29.77%	29.44%	31.86%	26.06%	42.32%	26.89%	30.10%	21.73%	26.51%	23.57%	25.84%	44.11%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q1 16/17	15.50%	16.34%	15.24%	17.12%	16.47%	16.54%	15.96%	14.62%	17.41%	15.64%	16.67%	16.66%	15.39%	15.25%	17.45%	17.69%

South West LHIN

INDICATOR 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.

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

1. The target is subject to change as result of the ongoing work in the area of home and community care.

Percent of priority 2, 3 and 4 cases completed within access target for MRI scan

1. Per ministry guidance, the MRI wait times data from Independent Health Facilities (IHFs) have been excluded from the calculation of LHIN and Provincial wait times

Percent of priority 2, 3 and 4 cases completed within access target for CT scan

1. Per ministry guidance, the CT Scan wait times data from Independent Health Facilities (IHFs) have been excluded from the calculation of LHIN and Provincial wait times

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.
2. The target is subject to change as a result of the ongoing work in the area of mental health and addictions

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.
2. The target is subject to change as a result of the ongoing work in the area of mental health and addictions

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.

CCAC wait times from application to eligibility determination for long-term care home placements: from community setting and 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 Q4 2015/16 data 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.