MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

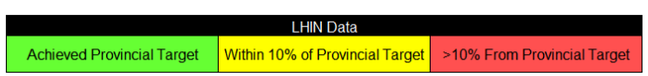
LHIN: South West LHIN

REPORT DATE: November 2016

Ontario

GUIDE: QUARTERLY STOCKTAKE REPORT

INTERPRETING PERFORMANCE INDICATORS



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

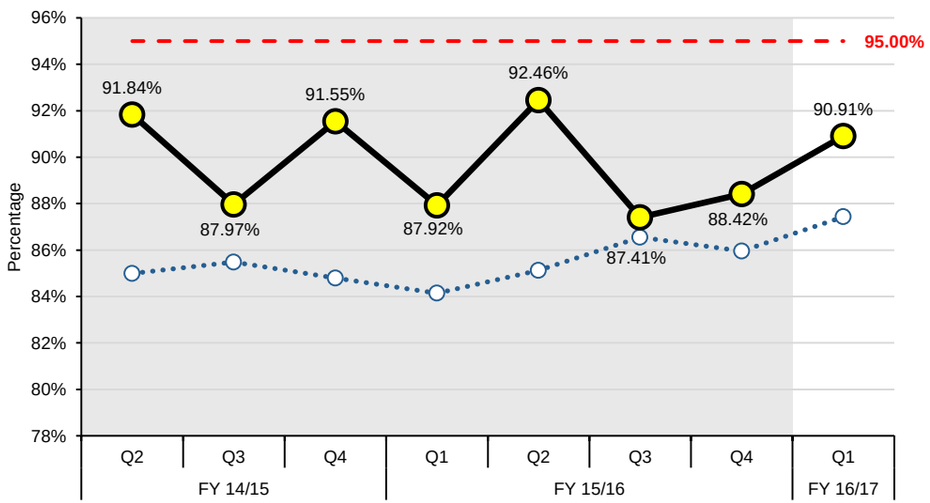
South West LHIN

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 (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	90.91%	87.43%	95.00%



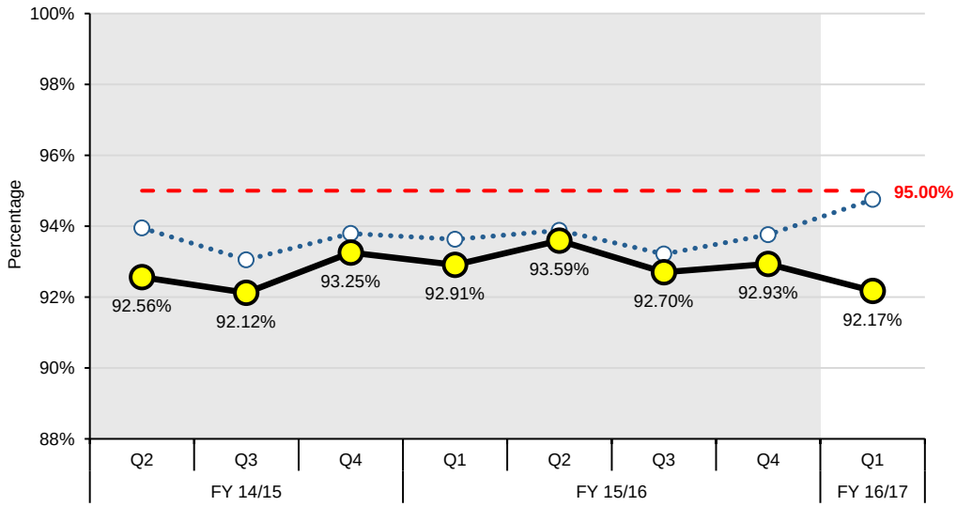
LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

What is the LHIN doing to achieve or move performance towards the provincial target?
Key Direct Impact Interventions - Level of Care & Respite CCAC investments to enhance nursing and PSW services (impact in future quarters)
a) Factors Contributing to the change in 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 have contributed to keeping performance about the provincial rate, but still short of target.
b**) How does the LHIN plan to address performance issues?**
Performance for this indicator is monitored through our Service Accountability Agreement Quarterly Review Process. Additionally, focused quarterly performance monitoring discussions with CCAC include this measure.
When does the LHIN expect to meet the provincial target?
Measure remains a key performance indicator for CCAC in SAA and Quality Improvement Plan and target set at 95%. We continue to monitor.
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 almost to the 95% target.

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

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	92.17%	94.75%	95.00%



LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

Key Direct Impact Interventions--Our strategy includes the following key interventions currently targeting an improvement in this area:
As above. Additionally, 2015/16 Priority for investment (PFI) dollars were allocated to enhance service volumes for Home First patients.
a) **Factors Contributing to the change in 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 have contributed to steady performance, just shy of the provincial rates and target.

b) How does the LHIN plan to address performance issues?
Performance for this indicator is monitored through our Service Accountability Agreement Quarterly Review Process. Additionally, focused quarterly performance monitoring discussions with CCAC include this measure.

When does the LHIN expect to meet the provincial target?
Measure remains a key performance indicator for CCAC in SAA and Quality Improvement Plan and target set at 95%. We continue to monitor.
Adjusting the calculation of this measure to allow for patient choice brings performance almost to the 95% target.

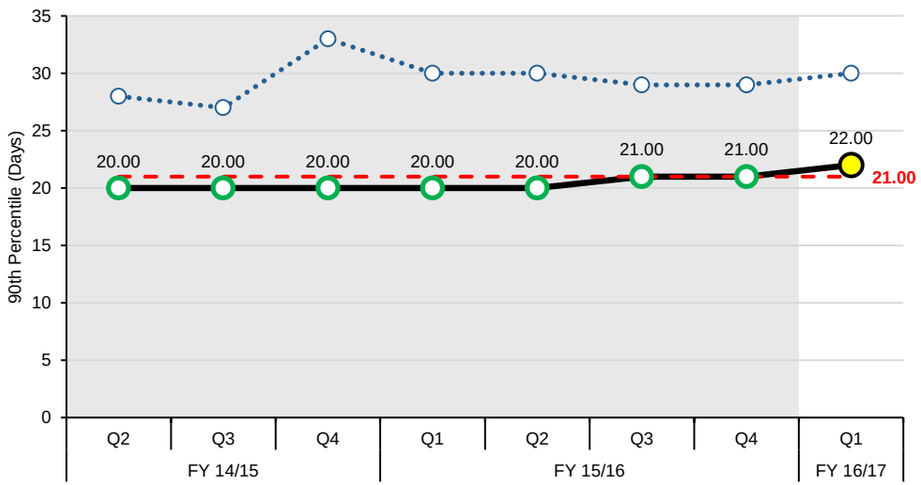
South West LHIN

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 (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	22.00 Days	30.00 Days	21.00 Days



LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

Key Direct Impact Interventions - See interventions associated with 5day wait measures previously.
a) Factors Contributing to the change in Performance:
There is no change in performance--the LHIN remains within target and better than the province.

b) How does the LHIN plan to address performance issues?
We have met and/or exceeded the LHIN and the provincial target for 7 consecutive quarters. Performance for this indicator is monitored through our Service Accountability Agreement Quarterly Review Process.

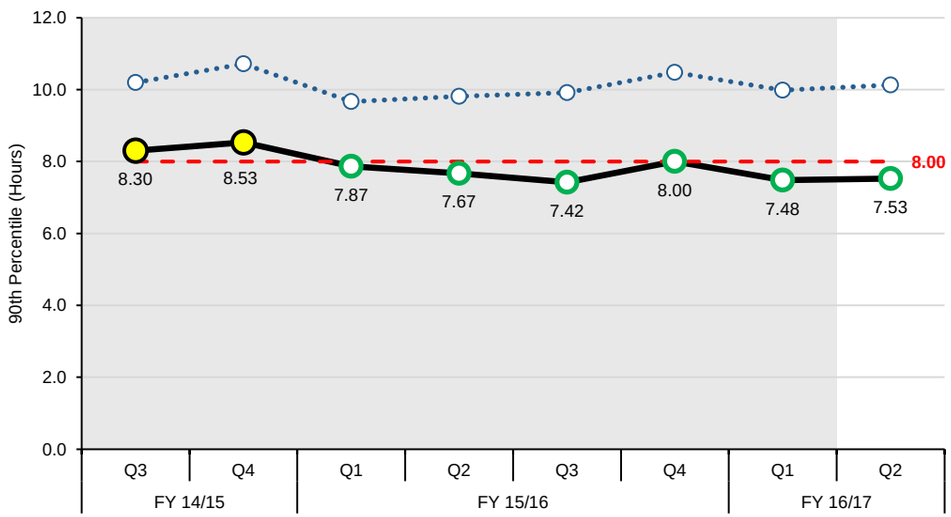
South West LHIN

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 (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	7.53 Hours	10.13 Hours	8.00 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).

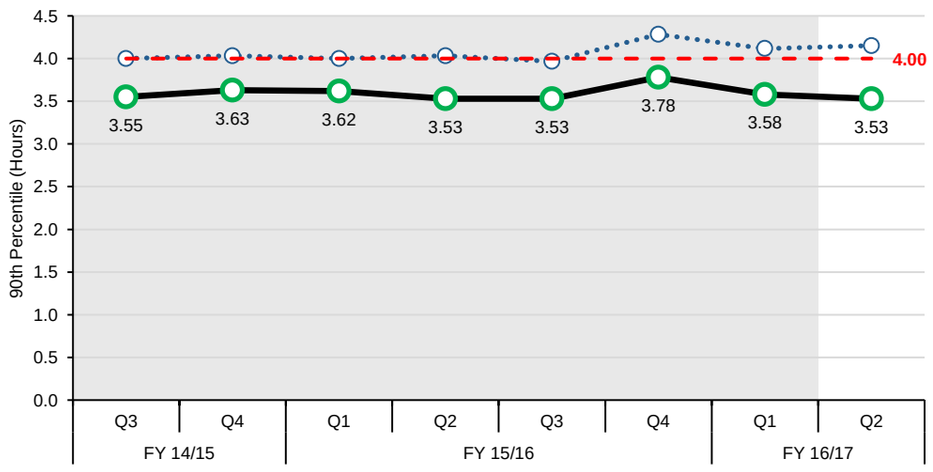
Our strategy includes the following key interventions currently targeting an improvement in this area:
1. ED Pay for Results - Targeted improvement and investment approach being implemented at high volume ED sites within the South West LHIN (focused on complex patients, and patients who are admitted 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). Key enhancements include implementation of a 7-day per week access to allied health and nurse case managers etc, and a focus on improving access for patients with mental health conditions.

How does the LHIN plan to address performance issues/ emerging issues?
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 5 quarters. Hospitals with a high volume of ED visits – are focused and contributing to improvement. Further improvement in the South West is focused on reducing access pressures including an influx of patients with mental health conditions requiring admission to hospital. Surge huddles are facilitated by LHSC as needed with other schedule 1 facilities, community partners, CCAC, and LHIN in order to decant patients to other appropriate destinations that have capacity. Longer-term strategies for improvement are planned in this area including 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.
The **16/17 Holiday ED Volume Planning**: We are developing region wide risk mitigation and action plan for 16/17 holiday period with our hospitals, CCAC and community partners plan, including #knowwheretogo communication campaign.

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

Summary (Q2 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	3.53 Hours	4.15 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).

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. For Q2 all the South West LHIN facilities are performing within their HSAA corridor.

Key improvement strategies are noted below:
LHSC:
• 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)

Stratford:
• The AFB (Alternate Funding Branch) has completed a volume analysis by CTAS complexity level. The data show that Stratford sees a greater number of CTAS 1, 2, 3 patients, and thus qualify for additional physician coverage hours (26 hours under the Workload Model). Planning is underway to support implementation.

• Improvement 'kata' focused on the Rapid Assessment Zone in order to reduce wait times.
• Changes to the registration/ triage process may be negatively affecting data quality

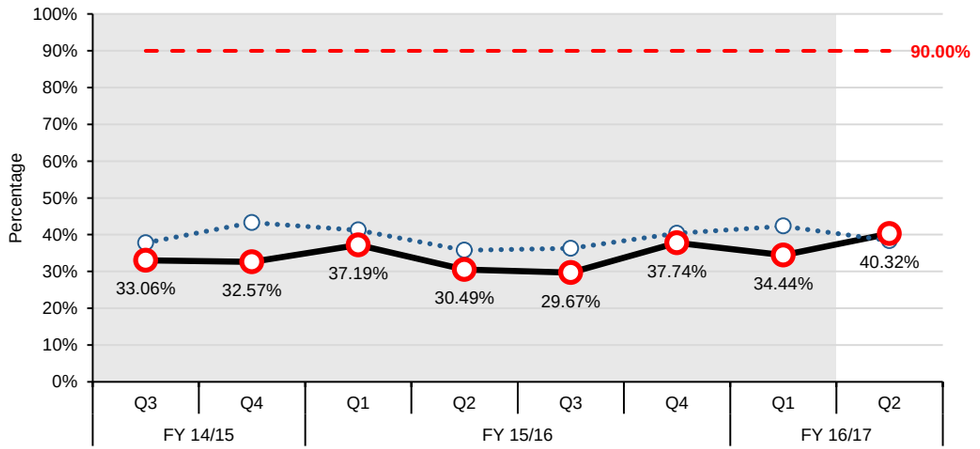
South West LHIN

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 (Q2 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	
	70.16%	59.04%	32.11%	40.32%	38.37%



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).

How does the LHIN plan to address performance issues?
Performance is monitored through the Service Accountability Agreement (SAA) quarterly review process. Through this monitoring process we have seen improvement in the Wait times at the SJHC and LHSC.

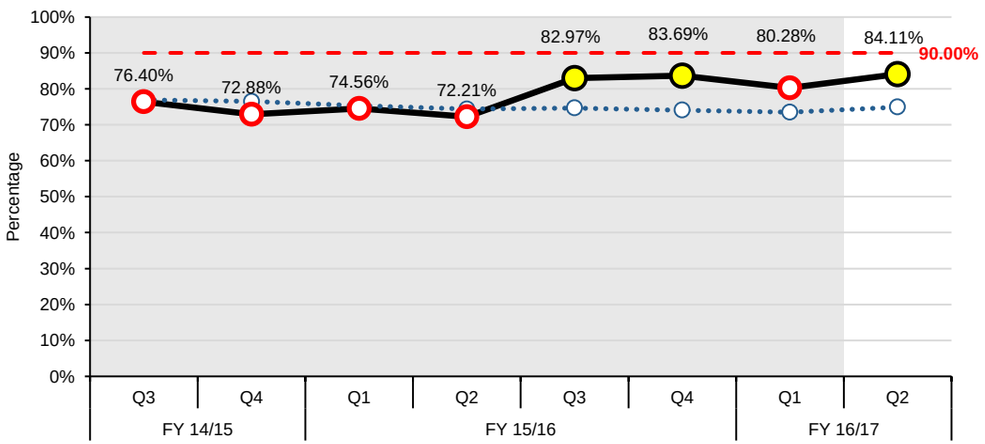
How does the LHIN plan to address performance issues?
The South West LHIN has funded a 2 year Regional Medical Imaging Integrated Care Project. The project is in year 1 and is in the planning phase. The project team has identified key work streams they will focus on and are now investigating strategies to standardize quality, appropriateness, and access first focusing on MRI services and then spreading improvements to CT services.

When does the LHIN expect to meet the provincial target?
Following the implementation of the Regional Medical Imaging Integrated Care Project we expect sustained improvement towards the provincial target by all the facilities.

What is the LHIN doing to achieve or move performance towards the provincial target?
Key Direct Impact Intervention: The Regional Medical Imaging Integrated Care Project

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

Summary (Q2 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	
	94.36%	77.46%	81.21%	84.11%	74.93%



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 is the LHIN doing to achieve or move performance towards the provincial target? Direct Impact Interventions: Regional Medical Imaging Integrated Care Project

Performance is monitored through the Service Accountability Agreement (SAA) quarterly review process. Performance Q2 16/ 17:
- 6/10 sites are meeting their HSAA target.
- 2/10sites are not meeting their HSAA targets and will be followed up through the quarterly SAA process.
- 2/10 sites are performing within their performance corridor.

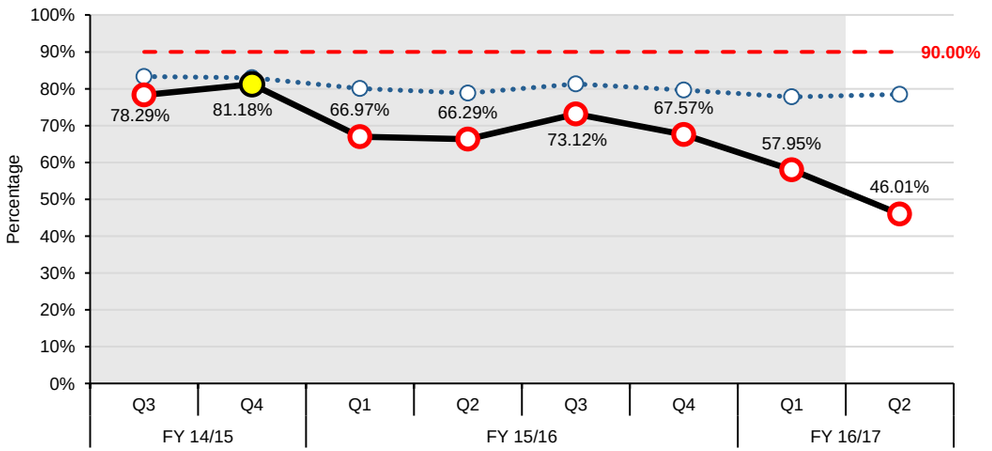
South West LHIN

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 (Q2 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	44.12%	45.10%	46.01%	78.45%



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).

How does the LHIN plan to address performance issues?
Performance on these indicators is monitored through our Service Accountability Agreement Quarterly Review Process. Through this process we have identified hospitals not meeting HSAA targets. We continue to follow up with the individual hospitals with focused discussions to improve performance and quality.
In Q2 the South West LHIN facilities completed in total of 388 Hip replacement out of which 228 were within the access target. The South West LHIN facilities are facing increasing demand for hip surgeries. At the end of FY 15/16 (Q4) LHSC has reported a 14.5% (344 pts) increase in patients requiring surgeries in comparison to FY 14/15.

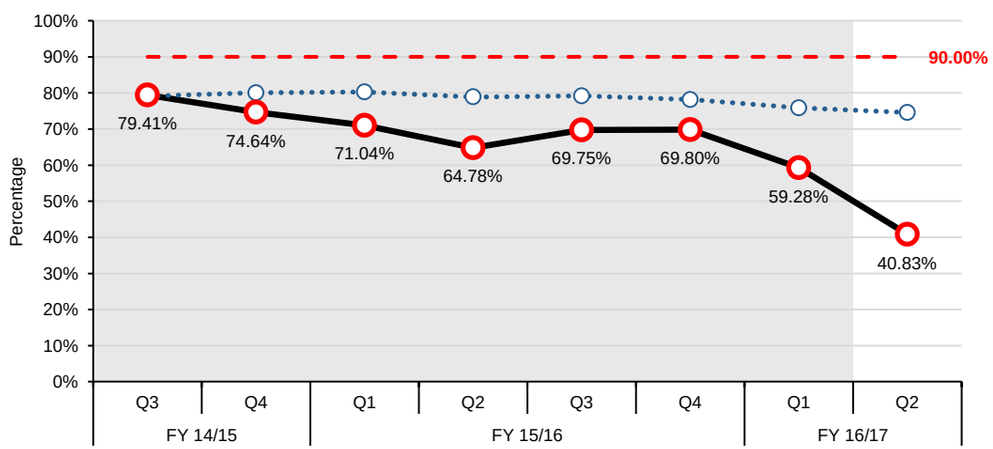
Long Term Interventions - impacting wait times & quality improvement
We have re-engaged the Orthopedic Steering Committee with focus a on improvements in the orthopedics system of care.

When does the LHIN expect to meet the provincial target?
We don't anticipate meeting the provincial target in the near future based on the current funding and initiatives underway. Wait times are multifactorial. We are in the process of understanding why the demand in the South west LHIN (open cases) appears to be greater than in comparison to the comparator LHINS to priorities initiatives to address performance.

What is the LHIN doing to achieve or move performance towards the provincial target?
Key Direct Impact Intervention: The South West LHIN is in the process of data clean up exercise, expected 10% decrease in open wait cases.

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

Summary (Q2 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	42.86%	39.96%	40.83%	74.58%



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).

How does the LHIN plan to address performance issues?
Performance on these indicators is monitored through our Service Accountability Agreement Quarterly Review Process. Through this process we have identified hospitals not meeting HSAA targets. We continue to follow up with the individual hospitals with focused discussions to improve performance and quality.
In Q2 the South West LHIN facilities completed in total of 489 knee replacement out of which 278 were within the access target. The South West LHIN facilities are facing increasing demand for hip surgeries. At the end of FY 15/16 (Q4) LHSC has reported a 14.5% (344 pts) increase in patients requiring surgeries in comparison to FY 14/15.

Long Term Interventions - impacting wait times & quality improvement
We have re-engaged the Orthopedic Steering Committee with focus a on improvements in the orthopedics system of care.

When does the LHIN expect to meet the provincial target?
We don't anticipate meeting the provincial target in the near future based on the current funding and initiatives underway. Wait times are multifactorial. We are in the process of understanding why the demand in the South west LHIN (open cases) appears to be greater than in comparison to the comparator LHINS to priorities initiatives to address performance.

What is the LHIN doing to achieve or move performance towards the provincial target?
Key Direct Impact Intervention: The South West LHIN is in the process of data clean up exercise, expected 10% decrease in open wait cases.

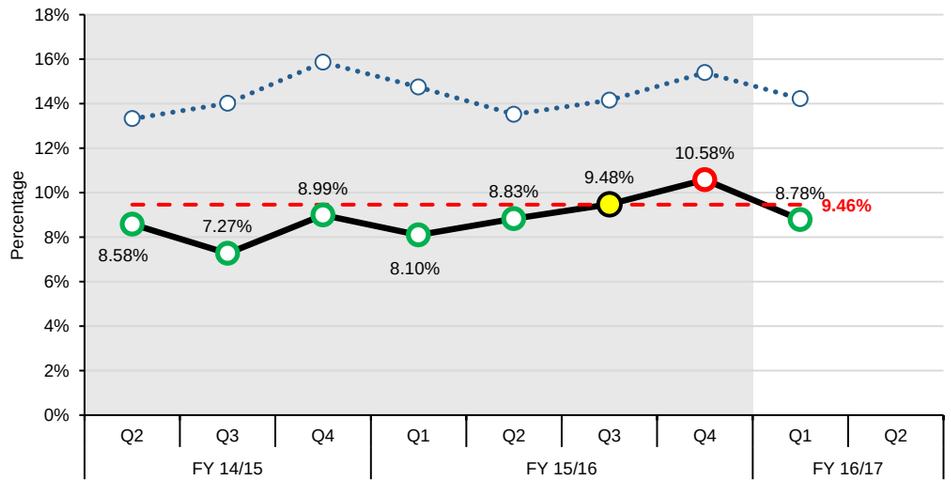
South West LHIN

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 (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	8.78%	14.22%	9.46%



LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

1a) Key Direct Impact Interventions--Our strategy includes the following key interventions currently targeting an improvement in this area
1. Targeted investments to CCAC to support Home First patients and complex care patients
2. Targeted investments in Assisted Living spaces
3. BSO support for difficult-to-serve ALC populations
4. Targeted educational investments in community frontline staff for difficult to serve populations
5. Chief Nursing Executives have made ALC and patient flow LHIN-wide priorities for improvement. Action planning underway."

Factors Contributing to the change in Performance
The above noted strategies in addition to sustaining Home First practices have resulted in ALC days performance remaining at or better-than-target. ALC rate also remains at or better-than-target and both measures remain better than province. Seasonality may have contributed to the Q1 positive improvement.

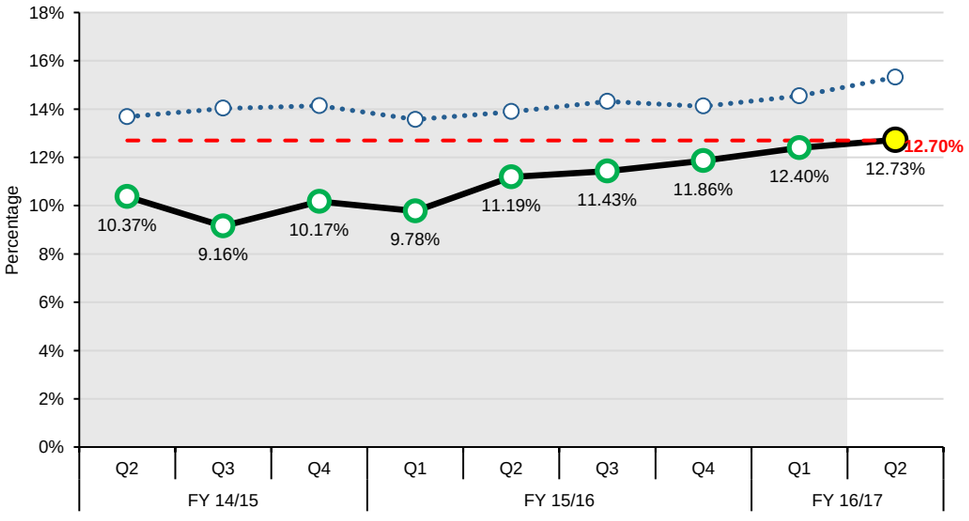
b) How does the LHIN plan to address performance issues?
Performance for ALC is monitored through our Service Accountability Agreement Quarterly Review Process at the hospital level and with CCAC. Data is also shared more broadly with community support service providers. Portfolio team members also continue to monitor "number of open ALC cases" for more timely data.

2. Performance/Facility-level analysis/issues and supporting data (hospital, CCAC, LTCH) that explain the performance results:
.
There were 3 facilities whose percentage of ALC days were significantly higher than the LHIN percentage of ALC days: Four Counties Health Services, Clinton Public Hospital, and Alexandra Hospital.

3. ALC days performance was better-than-target in Q1 2016/17 while ALC rate was roughly equal to target in Q2 2016/17. Both measures remained better than province.

ALC rate

Summary	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	#####	#####	#####



1. What is the LHIN doing to achieve or move performance towards the provincial target?
a) What factors are contributing to the change in performance?
b) How does the LHIN plan to address performance issues?
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results.
3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

1a) Key Direct Impact Interventions--Our strategy includes the following key interventions currently targeting an improvement in this area
1. Targeted investments to CCAC to support Home First patients and complex care patients
2. Targeted investments in Assisted Living spaces
3. BSO support for difficult-to-serve ALC populations
4. Targeted educational investments in community frontline staff for difficult to serve populations
5. Chief Nursing Executives have made ALC and patient flow LHIN-wide priorities for improvement. Action planning underway."

Factors Contributing to the change in Performance
The above noted strategies in addition to sustaining Home First practices have resulted in ALC days performance remaining at or better-than-target. ALC rate remains at or better-than-target and both measures remain better than province.

b) How does the LHIN plan to address performance issues?
Performance for ALC is monitored through our Service Accountability Agreement Quarterly Review Process at the hospital level and with CCAC. Data is also shared more broadly with community support service providers. Portfolio team members also continue to monitor "number of open ALC cases" for more timely data.

2. Performance/Facility-level analysis/issues and supporting data (hospital, CCAC, LTCH) that explain the performance results:
Smaller facilities are the biggest drivers that caused the ALC rate to increase further from Q1 2016/17. Facilities whose ALC rates were significantly higher than Q1 2016/17 include: South Huron Hospital, South Bruce Grey Health Centre, Stratford General Hospital, and St Thomas-Elgin General Hospital.

3. ALC days performance was better-than-target in Q12016/17 while ALC rate is roughly equal to target in Q2 2016/17. Both measures remained better than province.

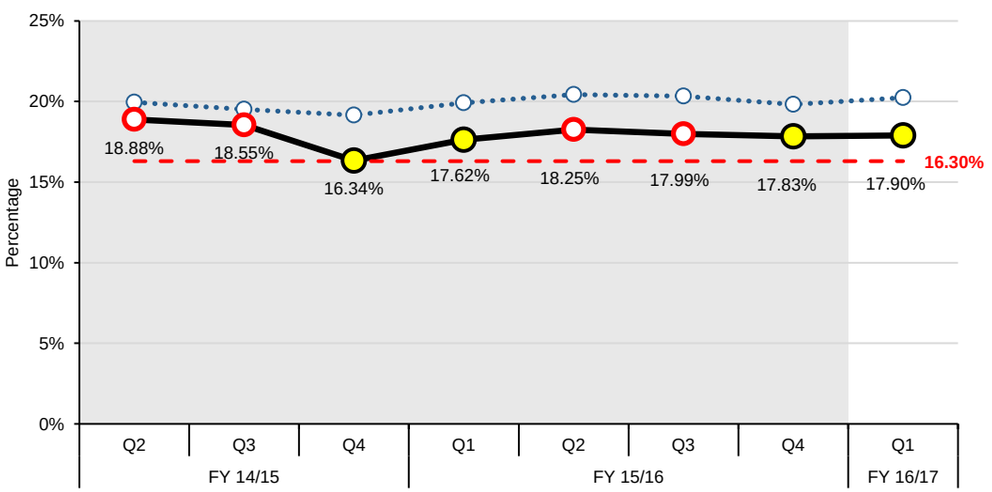
South West LHIN

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 (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	17.90%	20.24%	16.30%



LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?

1) The Crisis Centre in London has fully launched as of January 11, 2016. We have previously indicated that we expected to see the impact of the opening reflected in our Q1 2016/17 results and we still anticipate this. The Crisis Centre provides 24/7 walk-in support for individuals in a mental health and/or addictions crisis. The Crisis Centre is working with other MH&A partners in the region to ensure that others are aware of the Crisis Centre and the services it provides, including local EDs, EMS and Police.

2) Supportive Housing Units - Increasing access to stable housing for people with MH conditions as part of the 1,000 unit provincial initiative

3**) 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, we have just launched (August 23, 2016) ""Reach Out"" in the Thames Valley. Reach Out is a new 24/7 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).

a) **What factors are contributing to the change in performance?** The Grey-Bruce region showed an improvement in revisit rates which has brought down the rate for the LHIN as a whole. After higher MH revisit rates, GBHS has implemented a number of changes including utilizing Nurse Practitioners for this population, designating one psychiatrist appointment per day for emergency use, and working more closely with community partners.

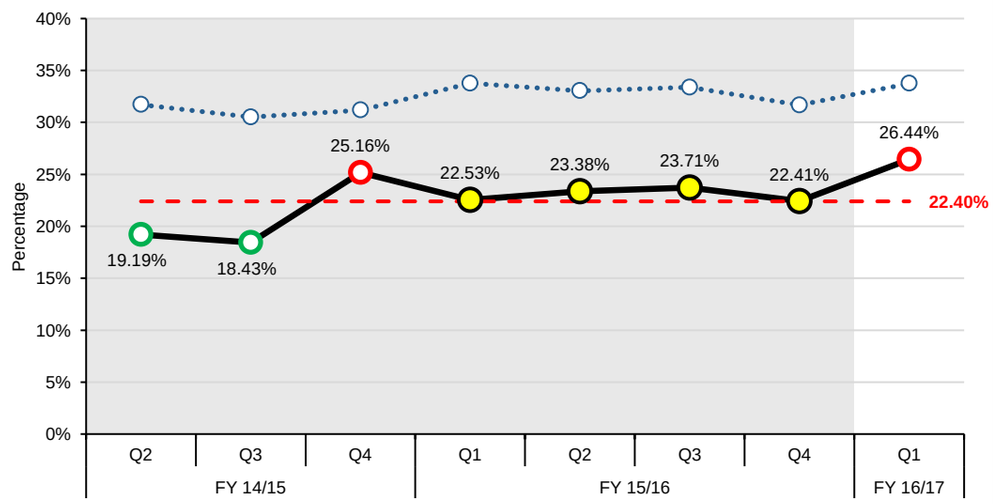
b) **How does the LHIN plan to address performance issues?** The South West LHIN monitors performance on these indicators through our SAA Quarterly Review Process. Follow-up is initiated with any hospital that falls outside their allowed corridor on this indicator to see what is locally happening to improve on these indicators.

2. **Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results.** The improvement in the MH revisit rate can be attributed mostly to the Grey-Bruce region of the LHIN. As a region, the revisit rate for MH improved from 24.2% in Q3 2015/16 to 17.1% this quarter. Each individual facility also improved: GBHS moved from 25.9% to 18.5%, SBGHC went from 19.9% to 14.6%, and Hanover and District Hospital went from 19.4% to 12.9%.

3. **If the provincial target has not been met, when does the LHIN expect to meet the provincial target?** 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 anticipated that we will begin to see its impact on MH revisits in the next 12 months.

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	26.44%	33.75%	22.40%



LHIN COMMENTS

1. What is the LHIN doing to achieve or move performance towards the provincial target?

1) The **Crisis Centre in London** has fully launched as of January 11, 2016. We have previously indicated that we expected to see the impact of the opening reflected in our Q1 2016/17 results and we still anticipate this. The Crisis Centre provides 24/7 walk-in support for individuals in a mental health and/or addictions crisis. The Crisis Centre is working with other MH&A partners in the region to ensure that others are aware of the Crisis Centre and the services it provides, including local EDs, EMS and Police.

2) Supportive Housing Units - Increasing access to stable housing for people with MH conditions as part of the 1,000 unit provincial initiative

3) 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, we have just launched (August 23, 2016) ""Reach Out"" in the Thames Valley. Reach Out is a new 24/7 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).

a) What factors are contributing to the change in performance? The London-Middlesex region showed an improvement in revisit rates which has brought down the rate for the LHIN as a whole. The Crisis Centre is in London Middlesex and Coordinated Access is focused on MH&A providers in Oxford, Elgin and Middlesex. We have been working for the past few years to implement the recommendations from the Community Capacity Report that was completed in 2011. These recommendations are designed to provide better community supports for individuals which will help lower our SA revisit rate.

b) How does the LHIN plan to address performance issues? The South West LHIN monitors performance on these indicators through our SAA Quarterly Review Process. Follow-up is initiated with any hospital that falls outside their allowed corridor on this indicator to see what is locally happening to improve on these indicators.

2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results. The improvement in the SA revisit rate can be attributed mostly to the London-area hospitals. The SA revisit rate at LHSC improved from 22.2% to 19.7% and is at its lowest point since Q3 2014/15. As well, although it's raw number of visits is much smaller, St Joseph's Health Care London also experience a decrease in the SA revisit rate from Q3 2015/16 to Q4 2015/16.

3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target? For Q4 2015/16, the South West LHIN is 0.01% above the provincial target. We expect that our continued work with the Crisis Centre and Coordinated Access will help the South West LHIN in our goal of reaching the target

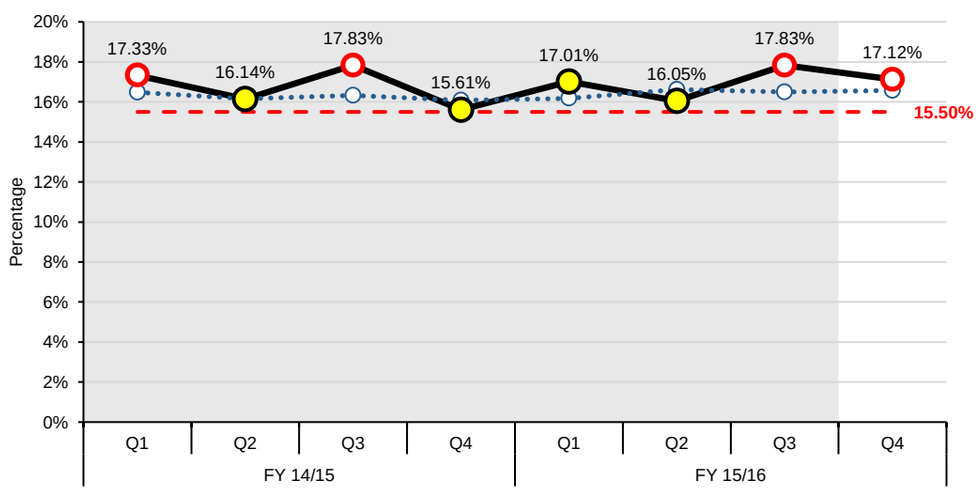
South West LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

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

Readmissions within 30 days for selected HIG conditions

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance	Provincial Target (FY 16/17)
	17.12%	16.57%	15.50%



LHIN COMMENTS

1. Please provide contextual information explaining the performance results, including facility level issues and the clinical cohorts that are having the greatest impact on readmission rates.
2. What plans are in place to improve results (or maintain results if the provincial target has been achieved)? Include timelines and the expected impact of the plans.

Overview:

In Q3 15/16, 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, having the 2nd highest readmission rate amongst the 14 LHINs. The LHIN's adjusted rate of readmission was 17.8%, a 5% deviation from the LHIN's expected rate. Two of the four most recent reporting quarters have shown readmissions rates in the South West below the calculated expected rate.

Performance Analysis:

Readmissions in Q3 15/16 were above expected for pneumonia (+24%). COPD (+18%), gastrointestinal infection (+8%), cardiovascular disease (+7%), and congestive heart failure (+4%). The decline in performance and increased readmissions in Q3 15/16 were primarily attributable to increased pneumonia, COPD and CHF cases at London Health Sciences Centre and St. Thomas Elgin General Hospital. Readmission rates in Q3 are historically higher in the South West LHIN, impacted by seasonal fluctuations in disease incidence (GI Infection) and prevalence (pneumonia, COPD). Readmission rates were considerably lower than expected for diabetes (-39%) and stroke (15%);
Return rates for GI infection at London Health Sciences Centre are improving.

Overall, readmission rates are demonstrating significant improvements at London Health Sciences Centre. However, 43% of all readmissions in the LHIN still occur within LHSC. As such, LHSC represents the greatest opportunity for targeted interventions aimed at reducing and preventing unnecessary admission to hospital. 12% of readmissions occur to St. Thomas Elgin General, a proportion that has increased over each of the past four quarters.

Direct Interventions Impacting 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 Q1 16/17, 530 coordinated care plans (CCPs) had been completed to date, covering 1.5% of the estimated target population (+0.5% from Q4 15/16). Early utilization data is confirming fewer ED visits and hospitalizations among Health Links clients with CCPs in place.

2) Diabetes Education Programs: In Fiscal 151/6, nine funded diabetes education programs supported 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.

3**) Telehomecare:** 86 clients have been enrolled in Telehomecare as of June 30, 2016, achieving 21.5% of the programs' targeted Fiscal 16/17 enrollment (n=400). Readmission rates for the South West LHIN in Q3 15/16 were above expected for both congestive heart failure and chronic obstructive pulmonary disease; the telehomecare program is currently holding at maximum funded capacity.

4) Integrated Funding Model "Connecting Care to Home": 47 residents with congestive heart failure and chronic obstructive pulmonary disease have been enrolled in London. Early outcomes suggest reduced lengths of hospital stay and fewer readmissions for these clients.

5) IDEAs Spread Project - A pilot IDEAs project at STEGH targeted improvement in readmissions in fiscal 151/6 by: a) increasing the percent of discharge summaries sent within 48 hours; and b) Increasing the proportion of patients seeing family health care provider within 7 days of discharge from hospital. A strategy has been proposed for IDEAs Spread which aims to increase the number of acute hospitals in the South West LHIN meeting timeliness standards for communication of discharge summaries (80% sent within 48 hours) and connecting patients with primary care follow-up appointments prior to discharge.

Future Opportunities:

- Elgin and Oxford Health Links are ready to begin care coordination for residents, pending funding. It is expected that initiation of the coordinated care planning process in Elgin County will help compliment the existing strategy to support a reduction in readmissions in that geography.
- Increased education of and referrals to Health Links is key to reducing avoidable hospital admissions and readmissions; the South West LHIN has begun work for the proactive identification of users with high care needs in hospital.
- Implementation of evidence standards and clinical care bundles (QBPs) across all acute sites in the South West LHIN.

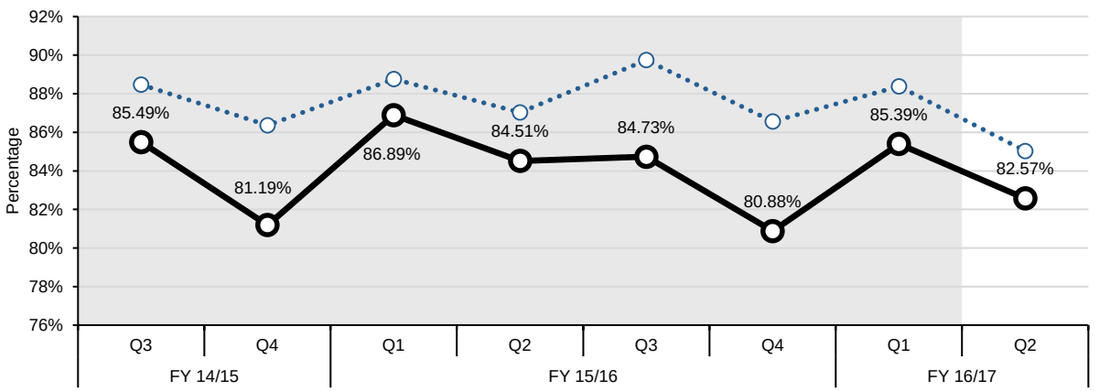
South West LHIN

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)

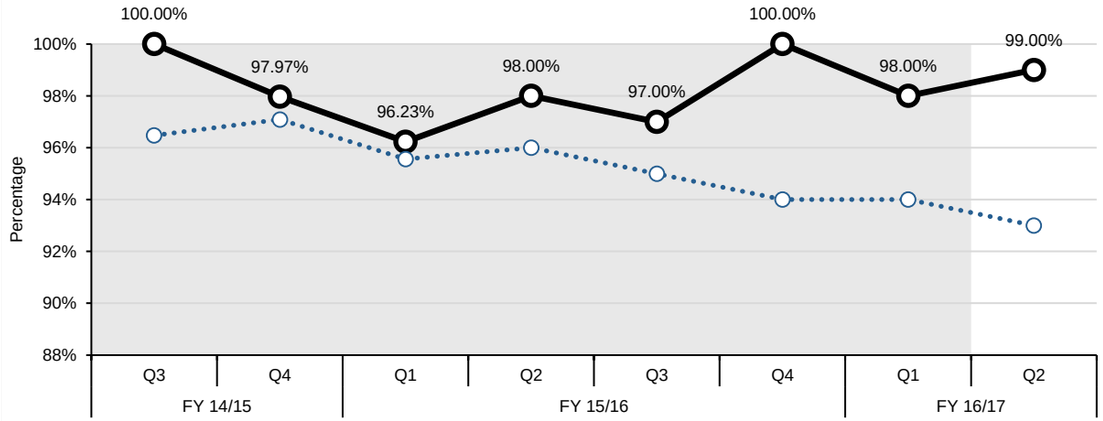
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery

Summary (Q2 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 28 Days	Priority 4: 84 Days	Combined	
	75.36%	78.45%	91.29%	82.57%	85.03%



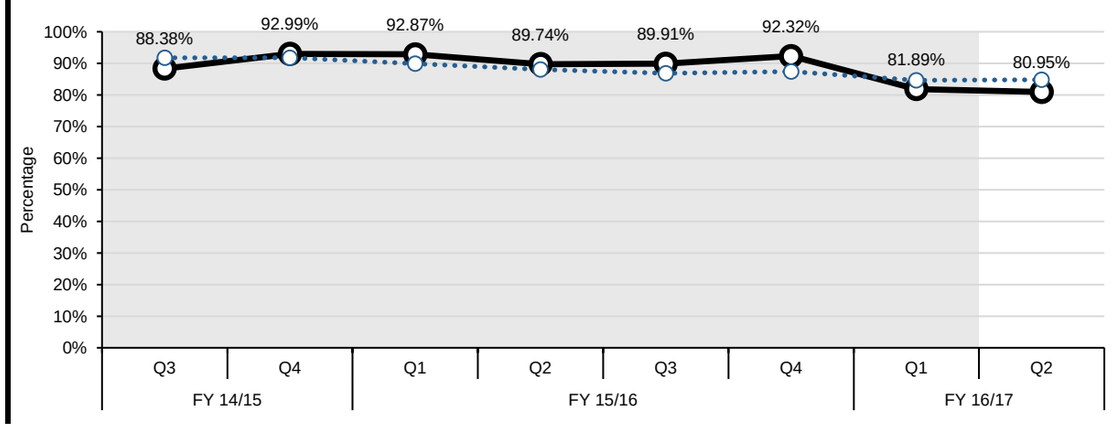
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery

Summary (Q2 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 14 Days	Priority 3: 42 Days	Priority 4: 90 Days	Combined	
	99.00%	96.00%	100.00%	99.00%	93.00%



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

Summary (Q2 FY 16/17)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	34.16%	84.39%	80.95%	84.78%



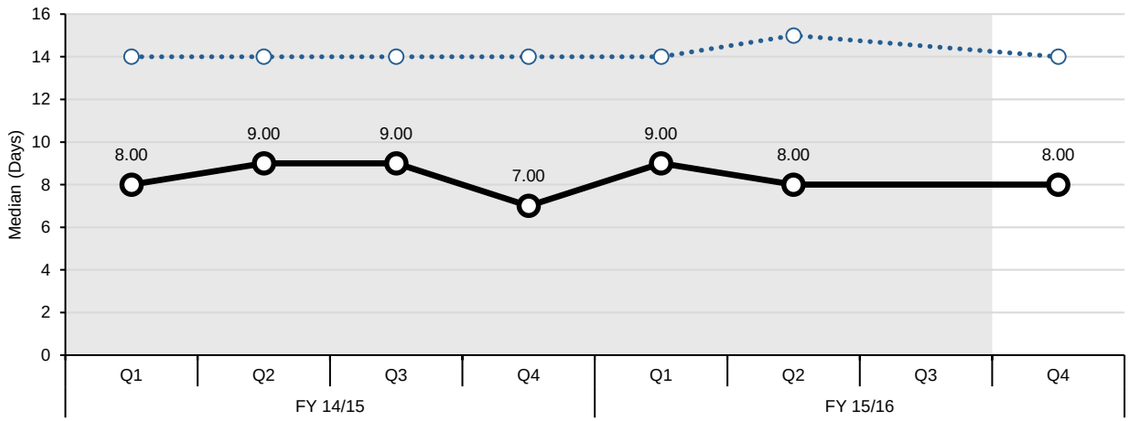
South West LHIN

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)

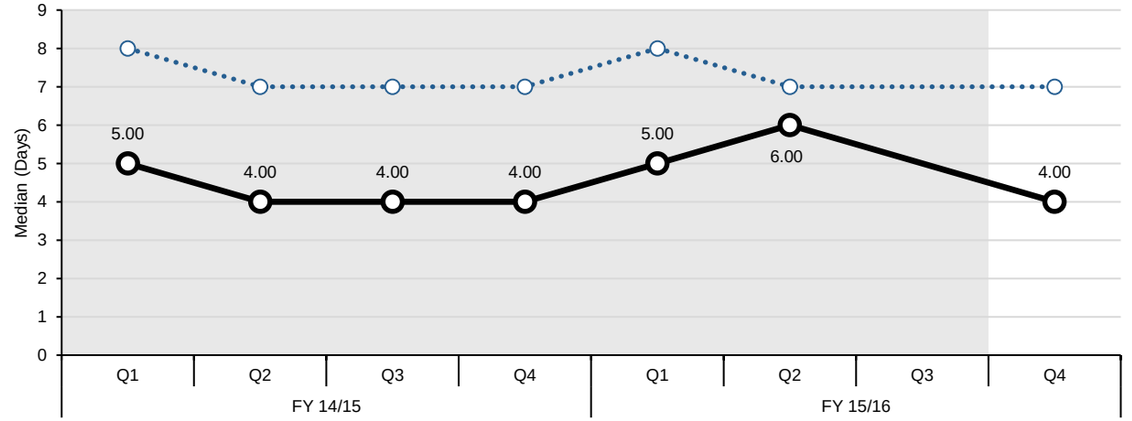
CCAC wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance
	8.00 Days	14.00 Days



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

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance
	4.00 Days	7.00 Days



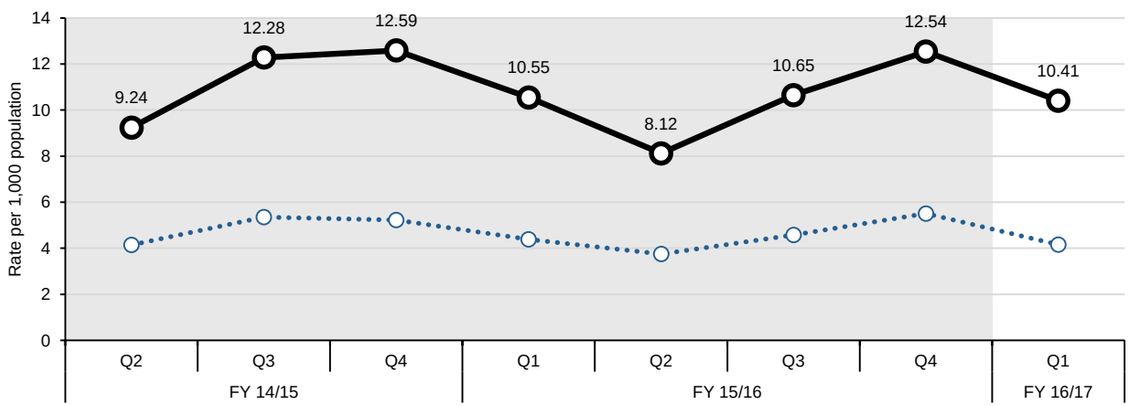
South West LHIN

MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

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

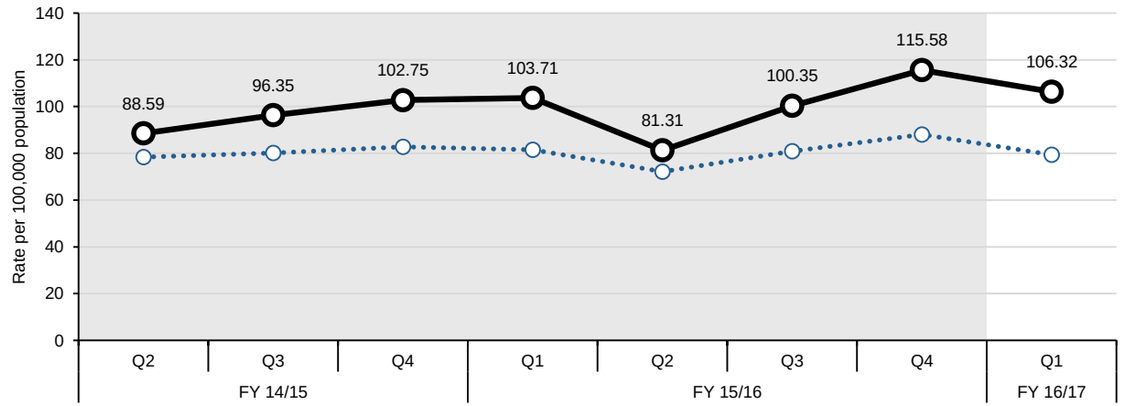
Rate of emergency visits for conditions best managed elsewhere

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance
	10.41	4.16



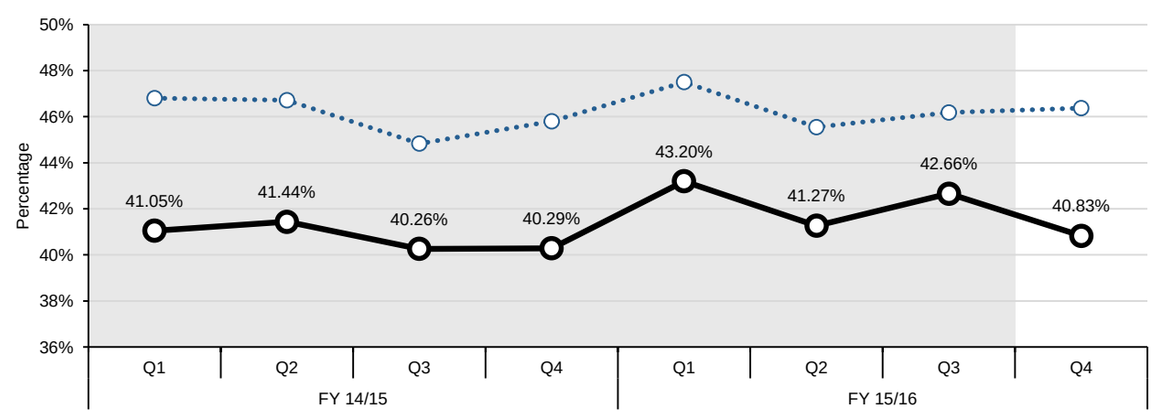
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q1 FY 16/17)	LHIN Performance	Provincial Performance
	106.32	79.38



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

Summary (Q4 FY 15/16)	LHIN Performance	Provincial Performance
	40.83%	46.37%



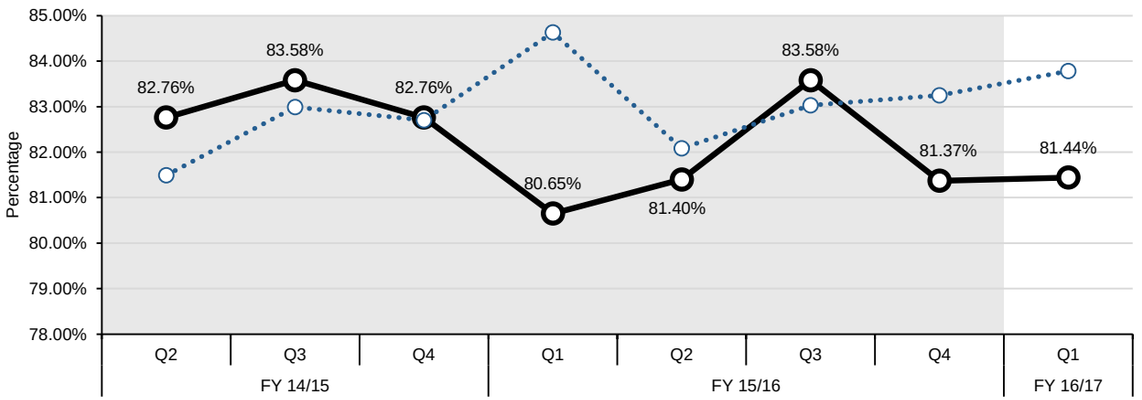
South West LHIN

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 (Q1 FY 16/17)	LHIN Performance	Provincial Performance
	81.44%	83.78%



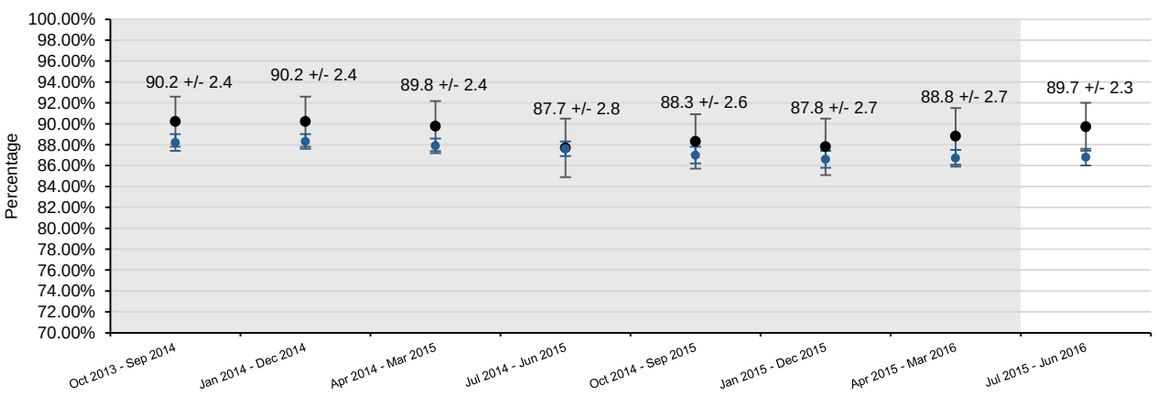
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Jul 2015 - Jun 2016)	LHIN Performance	Provincial Performance
	89.7% +/- 2.3%	86.8% +/- 0.8%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

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

				LHIN													
PERFORMANCE INDICATORS	**Reporting Quarter**	**PROV. TARGET**	**PROV.**	**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	Q1 16/17	95.00%	87.43%	92.89%	90.91%	84.98%	91.31%	90.12%	90.94%	88.58%	79.46%	91.40%	87.50%	83.57%	81.29%	86.43%	74.29%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q1 16/17	95.00%	94.75%	95.41%	92.17%	93.66%	95.57%	95.96%	96.12%	94.11%	95.04%	96.92%	93.66%	93.66%	93.08%	94.72%	94.89%
90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)	Q1 16/17	21.00 Days	30.00	24.00	22.00	14.00	27.50	21.00	32.00	25.00	57.00	42.00	23.00	30.00	51.00	38.00	27.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q2 16/17	8.00 Hours	10.13	9.12	7.53	6.97	13.40	11.58	10.12	12.52	9.85	10.17	9.13	11.15	9.20	8.47	9.35
90th percentile ED length of stay for minor/uncomplicated patients	Q2 16/17	4.00 Hours	4.15	4.22	3.53	4.12	4.60	3.97	3.65	4.55	3.52	4.10	4.60	4.77	4.33	4.02	4.28
Percent of priority 2, 3 and 4 cases completed within access target for MRI scan	Q2 16/17	90.00%	38.37%	33.55%	40.32%	27.85%	35.83%	40.08%	24.57%	28.20%	50.71%	49.77%	79.65%	40.06%	16.60%	40.86%	42.14%
Percent of priority 2, 3 and 4 cases completed within access target for CT scan	Q2 16/17	90.00%	74.93%	87.59%	84.11%	77.20%	57.80%	89.37%	62.33%	62.71%	70.58%	92.21%	76.06%	71.36%	67.71%	76.09%	93.73%
Percent of priority 2, 3 and 4 cases completed within access targets for hip replacement	Q2 16/17	90.00%	78.45%	84.95%	46.01%	48.65%	76.12%	74.67%	52.20%	88.92%	96.97%	92.28%	65.63%	90.67%	71.28%	86.56%	86.21%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q2 16/17	90.00%	74.58%	76.14%	40.83%	42.91%	66.97%	66.88%	45.97%	90.01%	96.24%	89.54%	66.06%	88.05%	68.63%	83.49%	80.29%
Percentage of alternate level of care (ALC) days	Q1 16/17	9.46%	14.22%	12.11%	8.78%	10.49%	16.26%	7.02%	12.76%	12.16%	14.50%	17.27%	15.98%	12.73%	18.27%	24.66%	20.78%
ALC rate	Q2 16/17	12.70%	15.32%	15.41%	12.73%	9.95%	14.13%	6.23%	14.00%	12.68%	16.13%	23.22%	17.64%	13.97%	15.20%	22.85%	32.93%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q1 16/17	16.30%	20.24%	18.73%	17.90%	16.60%	20.01%	23.33%	16.78%	28.04%	18.98%	20.75%	21.99%	17.88%	16.96%	17.98%	16.61%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q1 16/17	22.40%	33.75%	25.66%	26.44%	30.47%	31.20%	34.74%	29.69%	42.30%	24.65%	25.32%	26.38%	25.07%	27.12%	26.54%	49.57%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q4 15/16	15.50%	16.57%	14.94%	17.12%	14.32%	16.46%	16.23%	15.87%	17.69%	16.32%	17.48%	17.75%	16.12%	16.78%	16.66%	16.71%

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 Q3 2015/16 data will not be reported in this quarterly release of Stocktake due to data quality issues in the CPRO dataset.