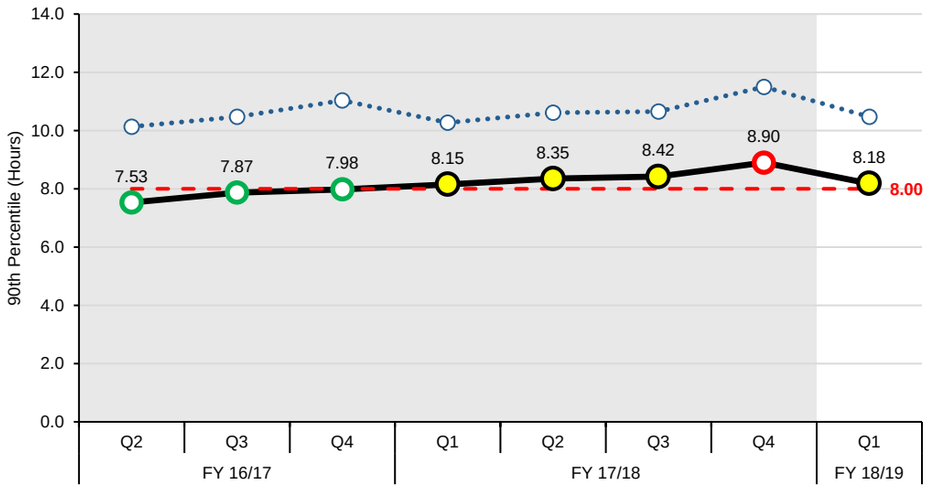
South West LHIN

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)

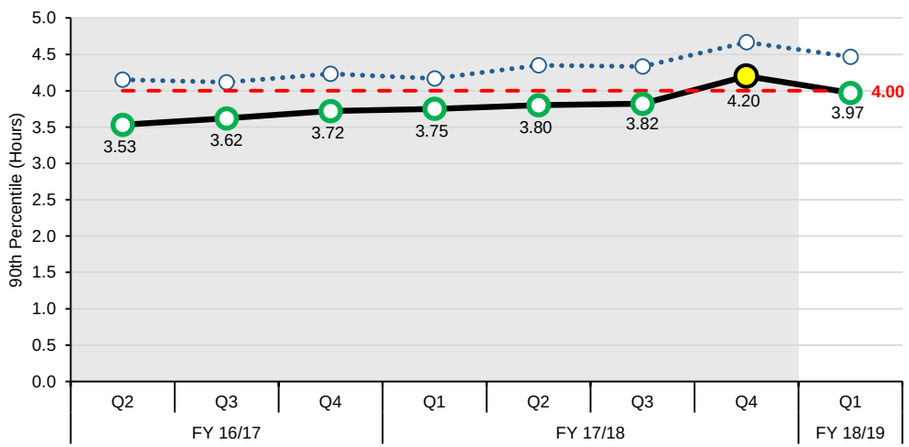
90th percentile emergency department (ED) length of stay for complex patients

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	8.18 Hours	10.47 Hours	8.00 Hours



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

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	3.97 Hours	4.47 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).

- Improvement noted at London Health Sciences Centre (LHSC) reporting 7.7 hours for 90P ED LOS for complex and 5.70 for minor/uncomplicated. Though performance is again below the provincial target, high demand scenarios at LHSC are still having a negative impact on patient flow and wait times for patients.

- New strategies supported through Pay-for-Results (P4R) funding are underway at five hospital sites and a Knowledge Transfer initiative is supported to spread ideas and strategies more broadly in the LHIN to three additional high-volume sites
- Regional Access and Flow and Holiday Surge planning underway with Chief Nursing Executives.
- The South West LHIN released the Mental Health and Addictions Capacity Planning Report along with actionable recommendations in Q3 17/18 for reducing LOS for MH patients.

MINISTRY-LHIN QUARTERLY STOCKTAKE REPORT

LHIN: **South West LHIN**

REPORT DATE: **August 2018**

Ontario

GUIDE: QUARTERLY STOCKTAKE REPORT

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

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

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

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SUMMARY OF PERFORMANCE INDICATORS		Page 14
NOTES		Page 15/16

INTERPRETING PERFORMANCE INDICATORS

Legend	Provincial Data	Provincial Target	LHIN Data

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

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

Ontario

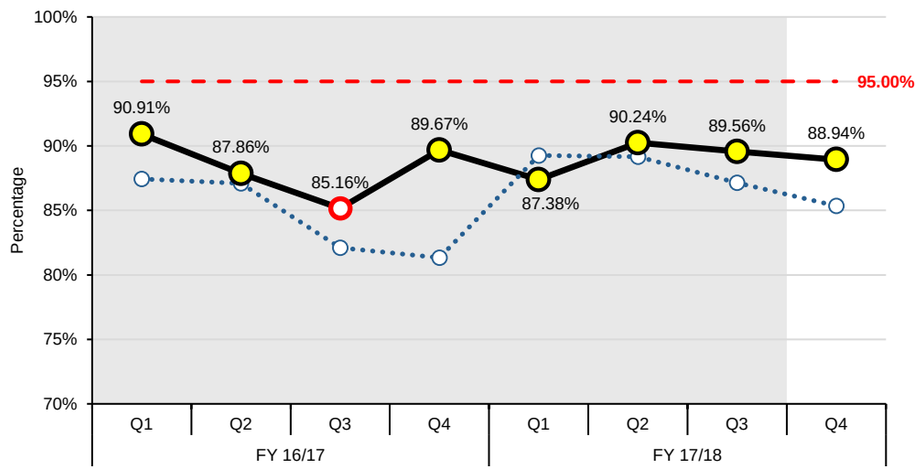
South West LHIN

PERFORMANCE INDICATORS: HOME AND COMMUNITY CARE

OBJECTIVES: 1. Reduce wait time for home care (improve access) 2. More days at home (including end of life care)

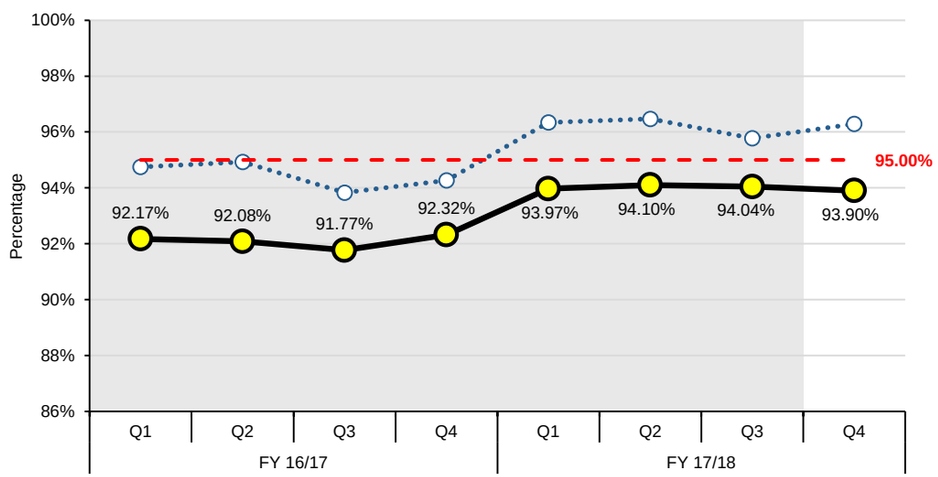
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	88.94%	85.34%	95.00%



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

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	93.90%	96.29%	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 current performance?

The PSW staff shortages and to a lesser degree, Nursing staff shortages, are still driving poor performance as demonstrated by reductions in referral acceptance, increased missed care and anecdotal feedback from the Service Provider Organizations.

In addition, basing service performance on the service authorization date is misleading; patient availability date allows for greater equity across our chronic/complex home and community care populations and is a more accurate measure of performance.

b) How does the LHIN plan to address performance issues?

- Home and Community Care is currently rolling out a new referral management process aimed at ensuring that patients with the highest needs are prioritized for service.
- Sub-regional committees are conducting ongoing reviews and working with providers to address PSW and Nursing human resource shortages.
- The Home and Community Care team are reviewing eligibility for appropriate Flex Clinic utilization. Processes are being reviewed to make sure those appropriate for clinic are being assigned to a flex clinic. The target utilization for nursing service is 25% utilization - current usage is under 15% of visiting nursing patients.

2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.

Percentage Complex patients who receive PSW within 5 days

- Performance has decreased slightly in Q4 remaining below the provincial target of 95%.
- Further drill down analysis shows Huron has a performance above the provincial target of 95%. Perth and Oxford are performing poorly - all below 76%.

Percentage patients who receive Nursing within 5 days

- Steady performance over the last 4 quarters and remains below the provincial target of 95%.
- Further drill down analysis shows only Perth has a performance above the provincial target of 95% and the other regions have a performance below the provincial target of 95%.

3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

- It is predicted that process improvements stemming from the new referral management will be evident by the end of fiscal 2018-19.
- It is difficult to predict when the benefits of the PSW and Nursing shortage strategies will be fully realized.

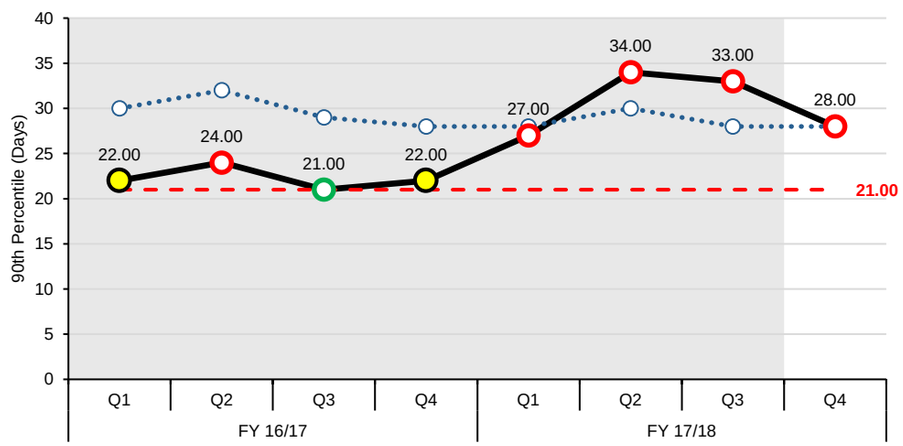
South West LHIN

PERFORMANCE INDICATORS: HOME AND COMMUNITY CARE

OBJECTIVES: 1. Reduce wait time for home care (improve access) 2. More days at home (including end of life care)

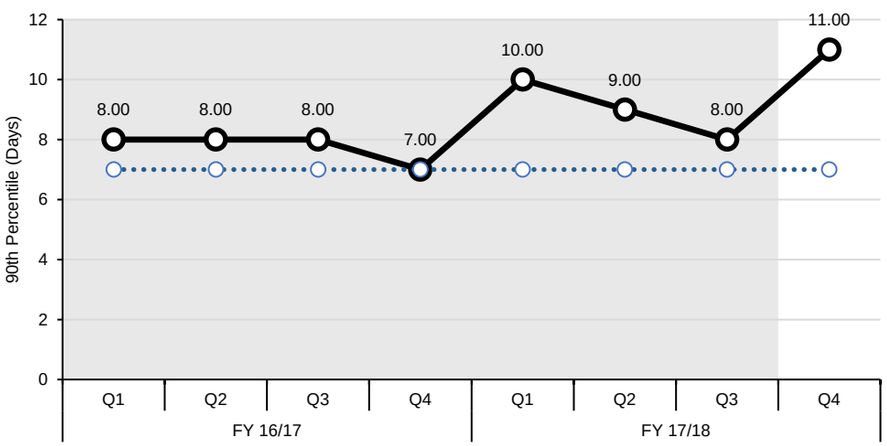
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	28.00 Days	28.00 Days	21.00 Days



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

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	11.00 Days	7.00 Days	TBD



LHIN COMMENTS

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

a) What factors are contributing to current performance?

- High wait times for Geriatric Nursing despite relatively low volumes skewing the wait times for Nursing.
- Increasing Therapy volumes contributing to increased wait times.
- From a hospital setting wait times highly influenced by Short Stay Rehab due to the ortho planning processes.
- In addition, basing service performance on the service authorization date is misleading; patient availability date allows for greater equity across our chronic/complex home and community care populations and is a more accurate measure of performance.
- The PSW staff shortages and to a lesser affect, Nursing staff shortages, are still driving poor performance as demonstrated by reductions in referral acceptance, increased missed care and anecdotal feedback from the Service Provider Organizations.
- In addition, basing service performance on the service authorization date is misleading; patient availability date allows for greater equity across our chronic/complex home and community care populations and is a more accurate measure of performance.

b) How does the LHIN plan to address performance issues?

- South West LHIN Home and Community Care is redesigning the intake process in order to create efficiencies to services to patients faster.
- Geriatric Nursing Programs moved to St Josephs Hospital.
- The MSK team and the Orthopedic Steering Committee are developing a model of care around central intake, scheduling and assessment.

2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.

The 90th percentile wait time for a client's first home care visit from the community setting

- Showing considerable improvement in Q4 moving closer to the provincial target.
- PSW 90P waits have been consistently high for the last 3 quarters after a dramatic change in Q1 17/18. Currently 1 out of 10 PSW patients are waiting longer than 50 days for first visit.
- OT and PT therapy waits seem to be driving performance as both are improving. The 90P wait times have decreased by 20% in Q4 compared to Q3 (from 38 to 31 days).
- Visiting Nursing has remained constant hovering around 10 days for the last 4 quarters.

The 90th percentile wait time for a client's first home care visit from a hospital setting

- Even though wait times increased by 3 days in Q4 17/18, the South West LHIN performance remains better than provincial.
- The majority of clients discharged from hospital and requiring home care experience no barriers to service with at least 90% of short-stay acute receiving services within 3-days of acute discharge and at least 50% of short-stay rehab clients receiving services within 4-days of acute discharge, and at least 50% of long-stay complex clients
- Wait times for OT is consistently over 30 days; PSW approaching 30 day; and PT is just above expected hovering around expected (slightly less than 1/5)
- OT London has the highest volume (about ½ the population) but lowest wait time (under 30 days) whereas the other regions range from 32 to 40 days (Grey Bruce).

3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

The transitions of Geriatric nursing may result in some reduction in wait times in the by Q3 2018-19.

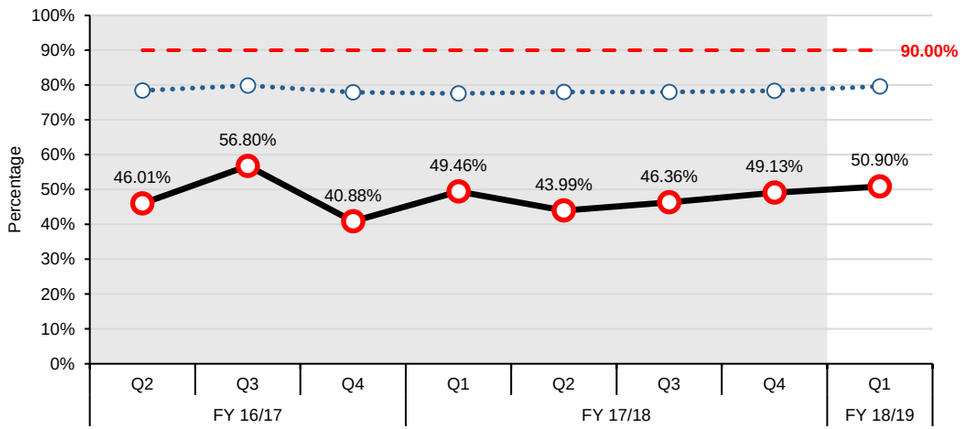
South West LHIN

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)

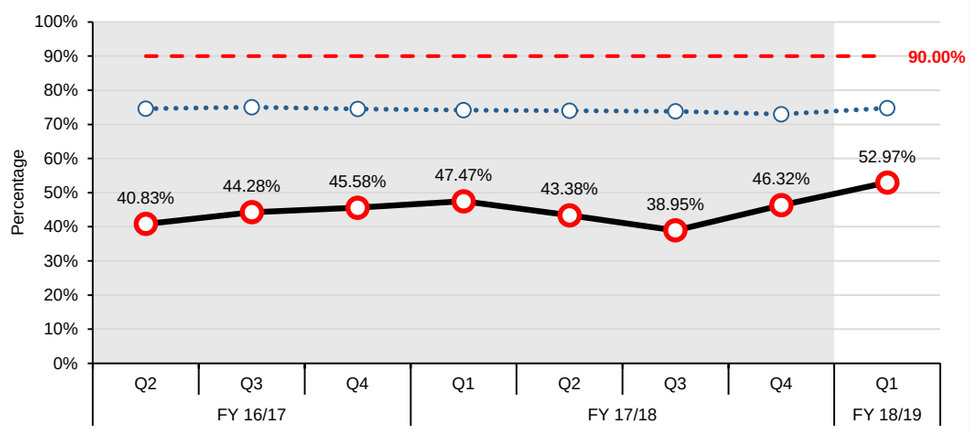
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement

Summary (Q1 FY 18/19)	Provincial Target (FY 18/19) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	87.50%	52.94%	48.21%	50.90%	79.65%



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

Summary (Q1 FY 18/19)	Provincial Target (FY 18/19) (Combined): 90.00%				
	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	58.43%	51.74%	52.97%	74.75%



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).

- Performance for hip replacement surgery has been steadily improving over the last 3 quarters. Open cases have declined from 4,379 in Q3 17/18 to 3,741 in Q1 18/19. Performance for knee replacement surgery has also improved with a decline in open cases from 7,627 in Q3 17/18 to 6,513 in Q1 18/19.
- For Hip Replacements, waitlist reductions are noted in Woodstock Hospital (WH) of 25 cases and Grey Bruce Health Services (GBHS) of 24 cases (from end of Q4 17/18 to end of Q1 18/19). London Health Sciences Centre (LHSC) experienced an increase of 54 cases. For Knee Replacements, waitlist reductions noted for Strathroy Memorial General (SMGH) of 72 cases and for GBHS of 50 cases. Both LHSC and WH experienced a increase of cases (91 cases and 54 cases respectively).

- In alignment with the provincial MSK Strategy, the South West LHIN added a minimum of $300,000 in Q1 18/19 for additional total joint replacement procedures. This funding is targeting the long waiters.
- The South West LHIN and hospital partners are dedicated to continuous data quality improvement and ensuring that sustainable practices are put in place at all sites to monitor open case wait lists.
- The MSK team and the Orthopedic Steering Committee are developing a model of care around central intake, scheduling and assessment.

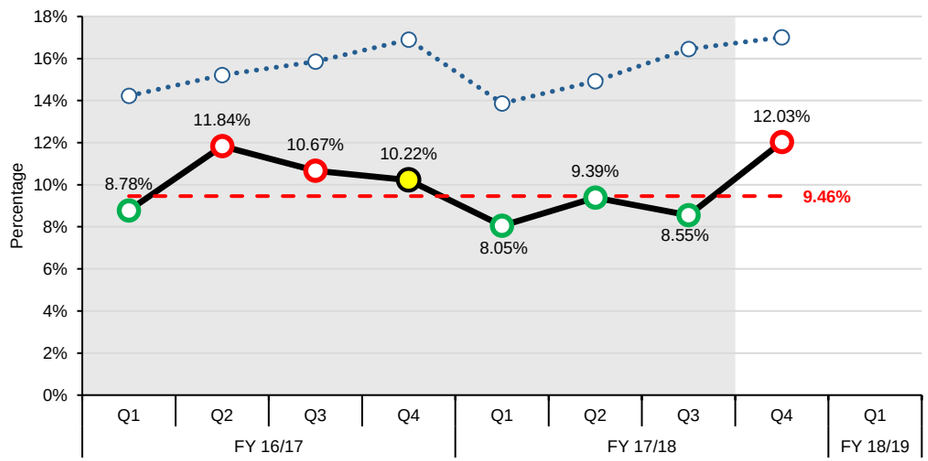
South West LHIN

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)

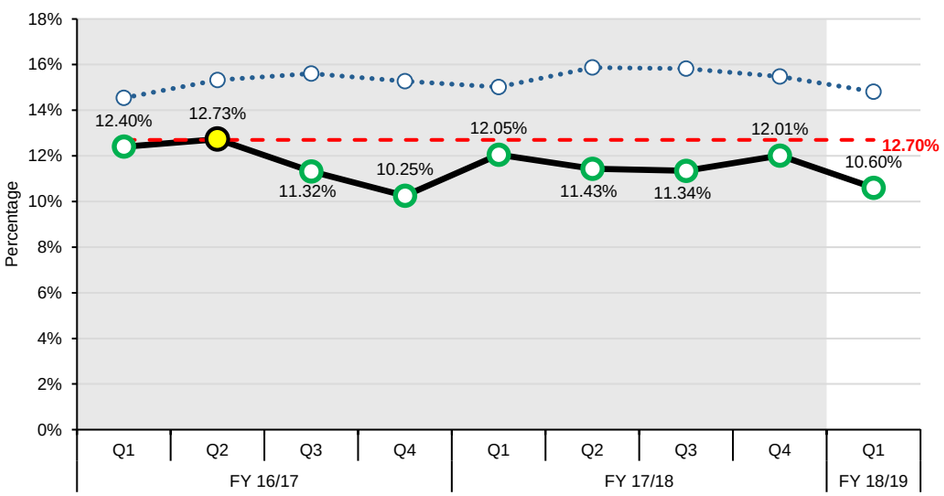
Percentage of alternate level of care (ALC) days

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	12.03%	17.01%	9.46%



ALC rate

Summary (Q1 FY 18/19)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	10.60%	14.81%	12.70%



LHIN COMMENTS

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

a) What factors are contributing to current performance?

The IHSP5 environmental scan provincial working group is reviewing ALC rates at the local LHIN level and provincial LHIN level to develop a deeper understanding of the factors that positively and negatively impact this measure.

Though the ALC Rate remains well below the provincial target , recent discharges of ALC long waiters have contributed to a spike in ALC days in Q4.

b) How is the LHIN addressing performance issues?

- Home First Refresh Learning Collaborative – Based key learnings from the successful implementation of the 'William Osler ALC Avoidance approach' in the Central West LHIN (launched in Q2 17/18) (look at Home First numbers)
- Capacity planning for discharge destinations in community, including Long-term Care Home redevelopment, and Transitional Care Programs and teams to support patients with behavioral challenges.
- Leadership and Oversight for Improving Patient Access and Flow is a partnership model, with leadership provided by the South West LHIN Chief Nursing Executive Leadership Forum.
- Additionally, the ED Pay for Results supports improvement in patient flow through a targeted improvement and investment approach being implemented at high volume ED sites within the South West LHIN (focused on complex patients and patients who are admitted to hospital).
- Additional flex acute and mental health beds were added in Q1 18/19 for a period of 2 years.

2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.

Percentage of alternate level of care (ALC) days

- Despite being ranked 3rd best in the province, the South West LHIN has seen a deterioration in performance in Q4 17/18, in comparison to Q3, failing to meet the provincial target.
- The largest facility, London Health Sciences Centre, had seen significantly higher ALC days compared to one year ago and last quarter, which led to the decline of the LHIN overall performance.
- Other facilities such as Alexandra, Seaforth, Grey Bruce, South Huron and Stratford had challenges in Q4 resulting in significant decline in ALC days performance compared to last quarter. Meanwhile, St. Marys, South Bruce Grey and Clinton had better ALC days performance.

ALC rate

- The South West LHIN has the second lowest (best) ALC rate in the province amongst LHINs. Of the 17 facilities , 9 showed improvement in ALC rate from Q4 18/19 to Q1 18/19. Notably, Alexandra and Stratford had improved by more than 5 percentage point. Meanwhile, South Huron and Hanover had seen increased ALC rates compared to the last quarter and one year ago. Large facilities including London Health Sciences Centre and St. Josephs Health Care had seen decreased ALC rate compared to Q4 17/18.
- The LHIN has been exploring the percent of patients waiting in hospital (acute and post-acute) by discharge destination. The South West LHIN continues to have one of the highest percent of patients designated ALC sitting in post-acute beds waiting for LTC placement - 78% South West LHIN vs. 59% Ontario. Be the end of Q1 18/19, in the South West LHIN, post-acute ALC days contributed by patients waiting for LTC beds accounted for 88% of the total ALC days, vs. 61% Ontario. Including acute and post-acute services, the South West LHIN had the second highest % of cumulative ALC days spent waiting for long term care across the LHINs.

***Please note that for Q1 17/18 Alternate Level of Care (ALC) Rate, only April and May 2017 data is included, June 2017 data is not reported.*

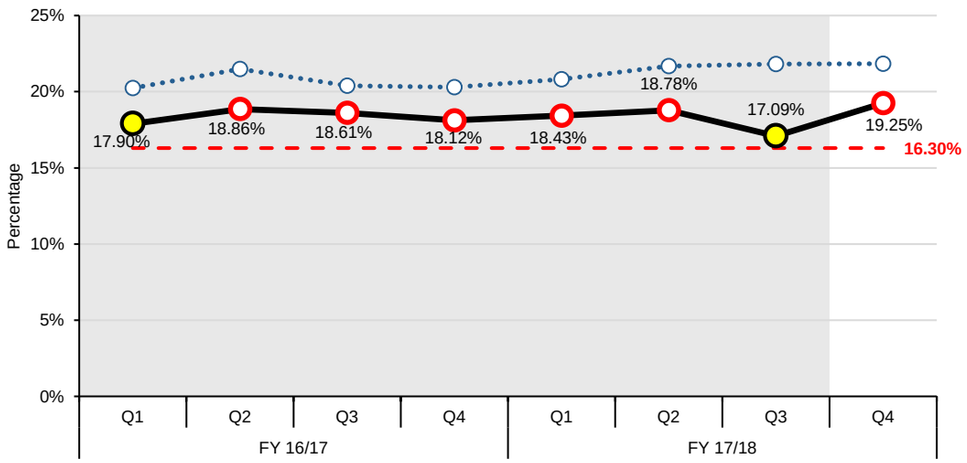
South West LHIN

PERFORMANCE INDICATORS: HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH

OBJECTIVES: 1. Reduce any unnecessary health care provider visits 2. Improve coordination of care for mental health patients

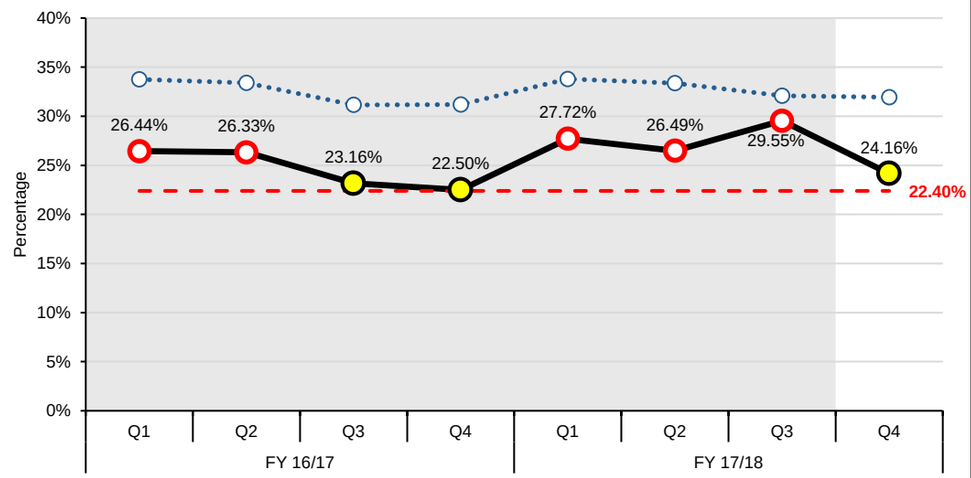
Repeat unscheduled emergency visits within 30 days for mental health conditions

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	19.25%	21.84%	16.30%



Repeat unscheduled emergency visits within 30 days for substance abuse conditions

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	24.16%	31.93%	22.40%



LHIN COMMENTS

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

a) What factors are contributing to current performance?

- Increasing volume of both Mental Health (MH) and Substance Abuse (SA) patients across the South West LHIN that exhausts existing community resources.
- In Middlesex London (which accounts for the greatest population of MH and SA patients, the EMS providers are not able to transport low acuity MHA patients to the crisis centre while present changes to the ambulance act and other legislation are underway. The LHIN has implemented a temporary crisis centre satellite beside the ED at LHSC which reduces the number of low acuity patients utilizing the ED. However, this is not a 24/7 solution and is only temporary. By the end of Q4 just over 300 patients were diverted from the ED

b) How does the LHIN plan to address performance issues?

Revisits in the South West LHIN are actively monitored and followed-up through HSP Service Accountability Agreements (SAAs) and included in organizations' Quality Improvement Plans (QIPs). In addition to these processes, the following interventions are directly targeting improvement in mental health and substance use revisits:

- In Q3, CMHA Middlesex Crisis Centre increased community support by opening a temporary satellite site next to LHSC ER to allow Middlesex London Emergency Medical Services (MLEMS) to divert appropriate clients from the ER to the temporary site for more appropriate care. The satellite started accepted patients in mid-October and by the end of Q4 over 300 patients were diverted.
- CMHA Crisis Centre Reach Out - the coordinated access model for Middlesex, Elgin and Oxford - continues to receive over 1,000 calls per month.
- Sub-region integration tables across the South West LHIN have identified mental health and addictions as a priority. Working groups and/or local mental health networks are looking at the KPMG capacity report to focus their work across the MHA spectrum of care.
- Rapid Access Addiction Medicine Clinics are being established in the LHIN. The London Middlesex RAAM clinic physician is meeting regularly with key partners and the LHIN to identify challenges and opportunities as the clinic evolves and clientele grow. This QI approach is seeing an improvement in clinic efficiencies and spread of the clinic's services.
- Mental Health and Addictions Capacity Planning - The South West LHIN released the Mental Health and Addictions Capacity Planning Report along with actionable recommendations in Q3 17/18. The LHIN senior leadership has prioritized this work and is identifying the most effective way to implement recommendations across the full spectrum of mental health and addiction services.

2. Please cite the appropriate provider-level issues and supporting data (hospital, Home and Community, LTCH) that explain the performance results.

Though the index case volume for the South West LHIN has not changed significantly, the Mental Health revisit rate in Q4 17/18 represents a decline in performance by >2% from Q3 17/18. This is the poorest performance in the last 8 quarters.

- London Health Sciences Centre experienced a slight increase in index case volume (1,497 to 1,474) and the revisit rate rose by 4% (18.3% to 22.1 %). Declining performance at LHSC notably impacts the South West as the volumes represent over one-third of the total South West volume. Similarly, St Thomas Elgin General Hospital experienced both a slight increase in index case volume (356 to 365) and the revisit rate rose by 2%.

Decreasing index case volume for the South West LHIN (from 1,378 in Q3 to 1,173) may account for >6% improvement in the Substance Abuse revisit rate from Q3 to Q4 17/18. The revisit rate is consistently better than the provincial performance and approaching the provincial target.

- The total number of unique South West residents visiting ED for substance abuse increased slightly in Q3 (<1%); however, unique residents visiting LHSC ED increased by 7%. Despite the 7% increase in volume, London Health Sciences Centre's revisits increased only slightly (by 1.9%).

3. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

The MHA redesign work being planned will be a multi-year project and improvements will not be realized immediately.

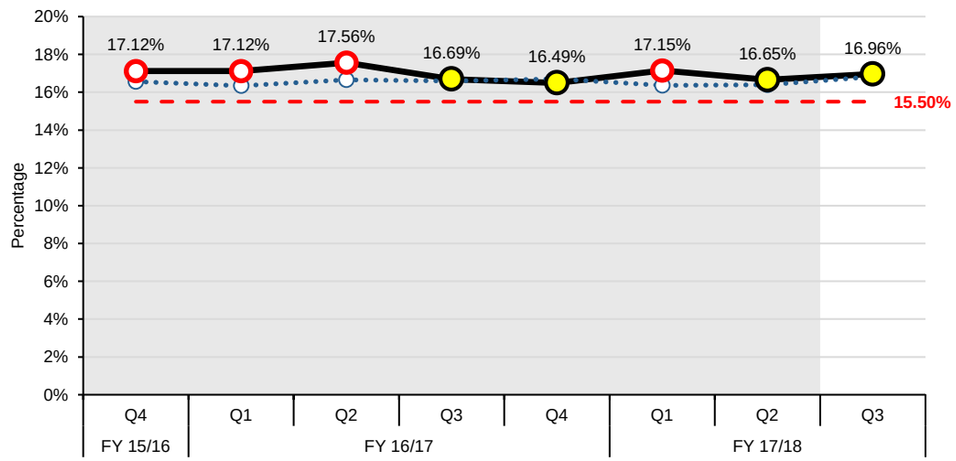
South West LHIN

PERFORMANCE INDICATORS: SUSTAINABILITY AND QUALITY

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

Readmissions within 30 days for selected HIG conditions

Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance	Provincial Target (FY 18/19)
	16.96%	16.82%	15.50%



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).

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

- Health Links - As the close of Q4 17/18, over 2,250 coordinated care plans (CCPs) had been completed (1,098 in 2017-18), covering 5.1% of the estimated target population (MOHLTC 14/15). Utilization data continues to show decreased acute system utilization for residents in the South West LHIN supported by a Coordinated Care Plan (26% reduction in emergency department visits, 35% reduction in unplanned admissions to hospital, and a 6.4 day decrease in hospital length of stay).
- Integrated Funding Model "Connecting Care to Home" - As of the end of Q4 17/18, A total of 227 residents with chronic obstructive pulmonary disease (COPD) and 90 residents with congestive heart failure (CHF) were enrolled in the IFM model in London by (89 COPD and 74 CHF patients in Fiscal 2017-18). Outcomes suggest an estimated 50% of inpatient days and 50% of acute hospital and community care costs could potentially be diverted by supporting clients with mild-to-moderate COPD and CHF through bundled care. Plans to spread this program to other hospitals are underway.
- Community Paramedicine Programs in Middlesex London and Grey Bruce continue to provide at home support and remote patient monitoring for moderate to complex COPD and CHF clients. Recent evaluations suggest that such support initiatives reduce readmissions for these cohorts by 32% and reduce Emergency room visits by 26%.
- South West Self-Management (SWSM) Program highlights from Feb to June 2018 include; 598 people participated in patient and caregiver self-management programs and 430 health providers participated in self-management support training. Insignia Health's, Patient Activation Measurement evaluations identify increased levels of patient activation indicating better use of health system resources (e.g. potential 12% decrease in hospitalization) and more productive encounters with providers (e.g. potential 12% increase in medication adherence). Of note, the SWSM developed program, Getting The Most From Your Health Care Appointment, has now rolled out to 12 LHIN regions and has reached over 4600 people since 2013.
- Telehomecare: This initiative is currently holding at maximum funded capacity serving over 300 clients per quarter.
- South West Wound Care "Off-Loading Initiative" - new initiative for patients with diabetic foot ulcers where the patients are supplied with specialty devices to help manage their conditions at home. Phased enrollment of patients and dissemination of devices has been the focus since January 2018 and the program expects to be fully operational by Q3.

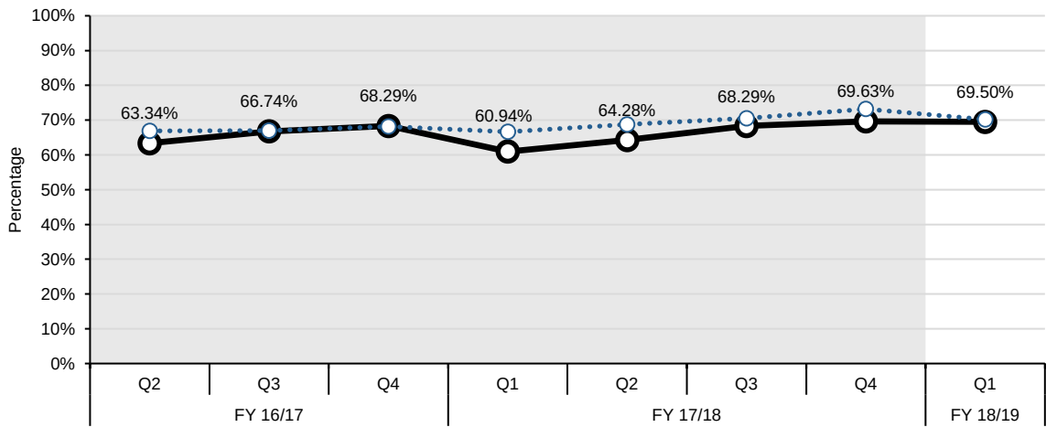
South West LHIN

MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

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

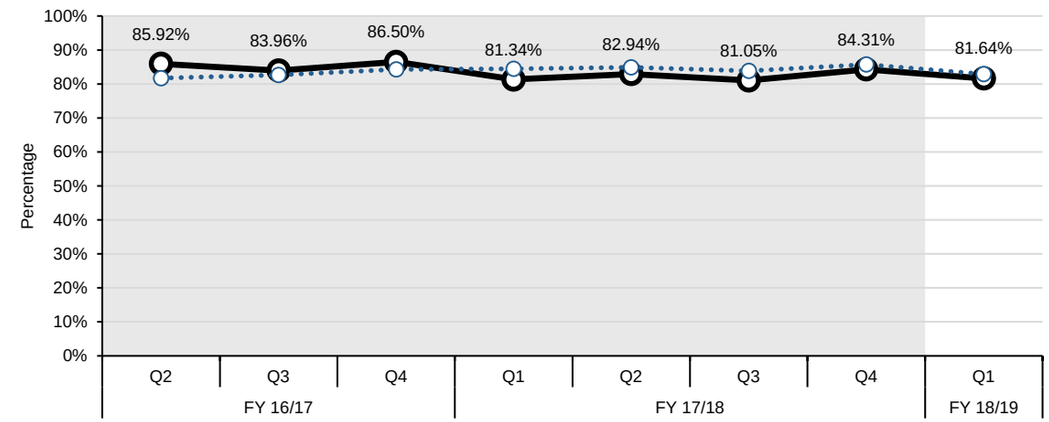
Percent of priority 2 and 3 cases completed within access target for MRI scan

Summary (Q1 FY 18/19)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	73.42%	67.20%	69.50%	70.19%



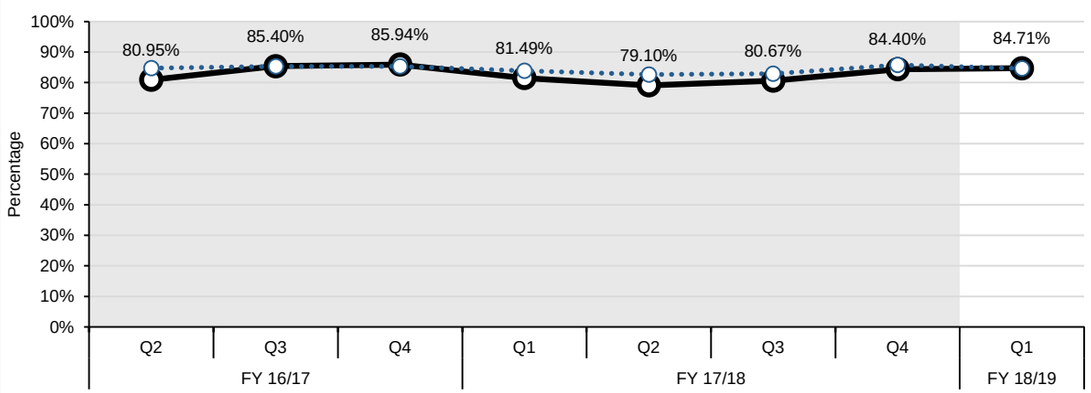
Percent of priority 2 and 3 cases completed within access target for CT scan

Summary (Q1 FY 18/19)	LHIN Performance			Provincial Performance (Combined)
	Priority 2: 2 Days	Priority 3: 2-10 Days	Combined	
	94.40%	68.48%	81.64%	82.88%



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

Summary (Q1 FY 18/19)	LHIN Performance				Provincial Performance (Combined)
	Priority 2: 42 Days	Priority 3: 84 Days	Priority 4: 182 Days	Combined	
	NV	96.67%	84.28%	84.71%	84.64%



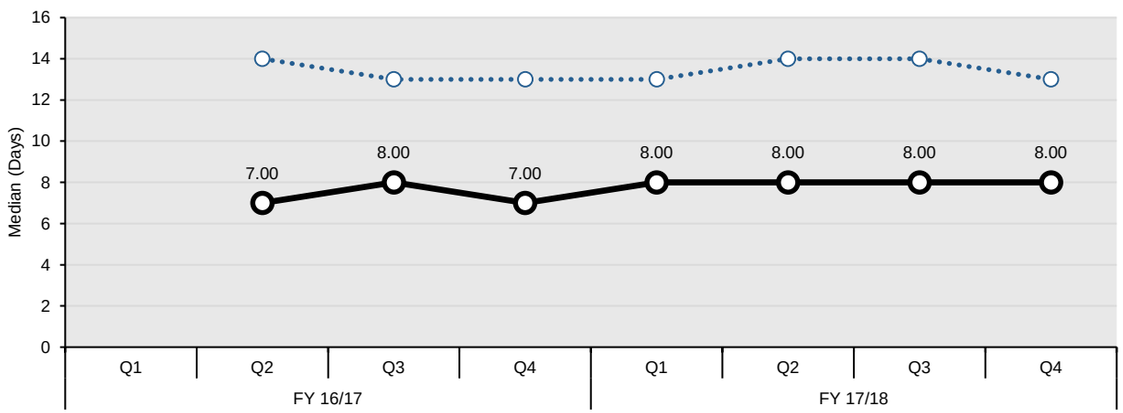
South West LHIN

MONITORING INDICATORS: SYSTEM INTEGRATION AND ACCESS

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

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

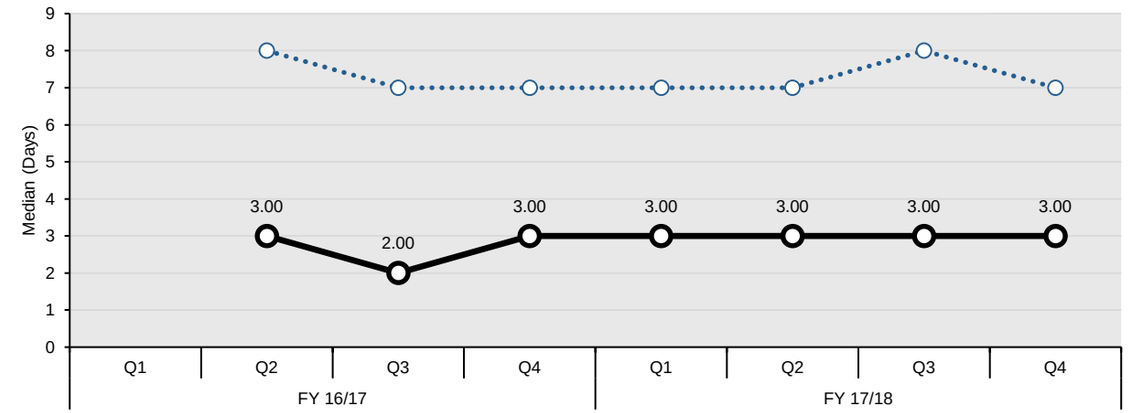
Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance
	8.00 Days	13.00 Days



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

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

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance
	3.00 Days	7.00 Days



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

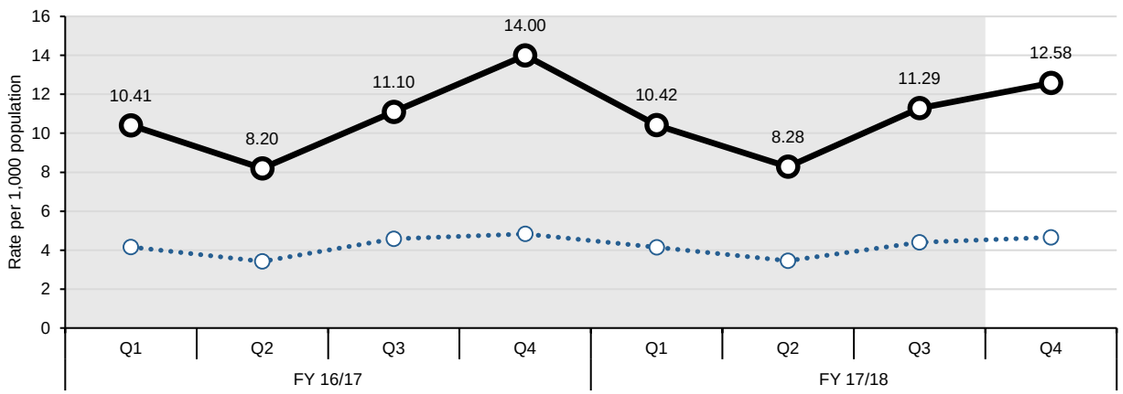
South West LHIN

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)

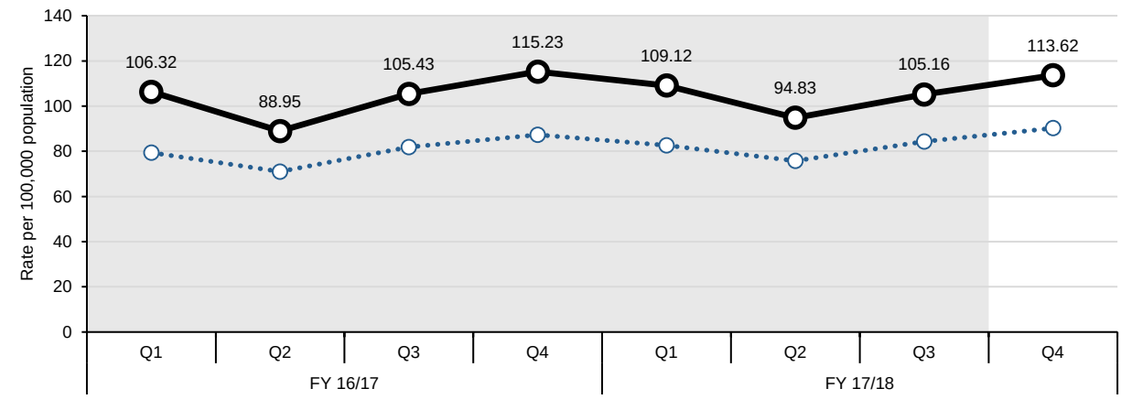
Rate of emergency visits for conditions best managed elsewhere

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance
	12.58	4.65



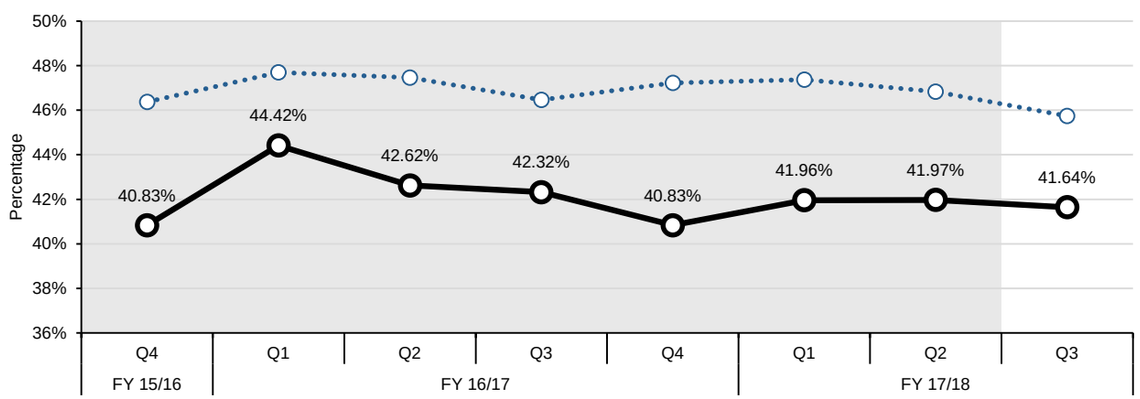
Hospitalization rate for ambulatory care sensitive conditions

Summary (Q4 FY 17/18)	LHIN Performance	Provincial Performance
	113.62	90.21



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

Summary (Q3 FY 17/18)	LHIN Performance	Provincial Performance
	41.64%	45.74%



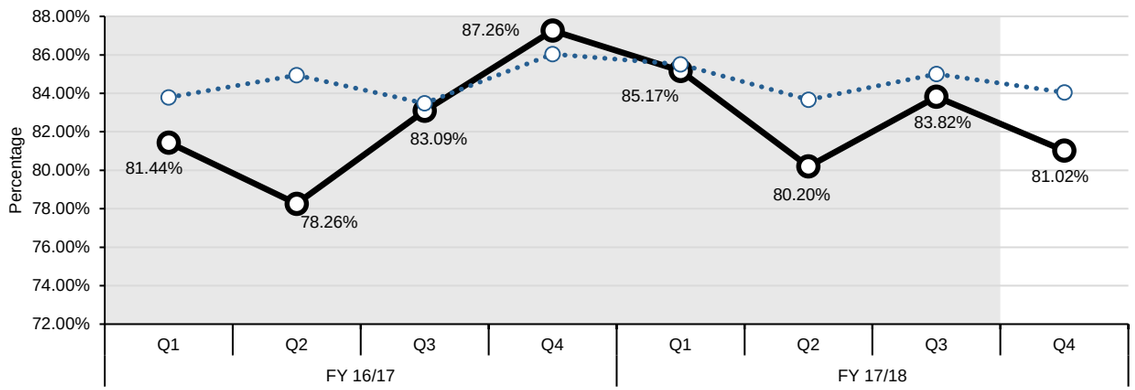
South West LHIN

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 (Q4 FY 17/18)	LHIN Performance	Provincial Performance
	81.02%	84.04%



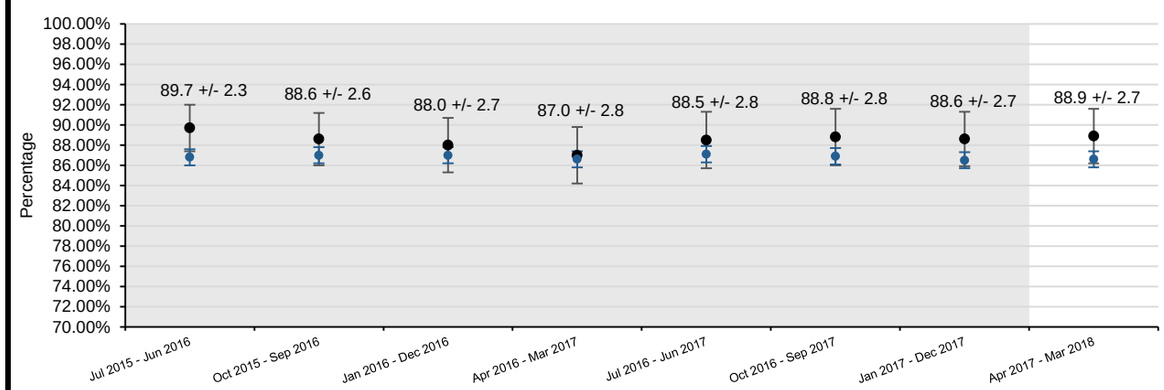
This indicator relies on the DAD data only; linking to other data sources such as the Home Care Database may more accurately capture all supports that are provided to patients after discharge from hospital.

DEVELOPMENTAL INDICATORS: SUSTAINABILITY AND QUALITY

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

Overall satisfaction with health care in the community

Summary (Apr 2017 - Mar 2018)	LHIN Performance	Provincial Performance
	88.9% +/- 2.7%	86.6% +/- 0.8%



Ontario

PROVINCIAL

SUMMARY OF PERFORMANCE INDICATORS

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

PERFORMANCE INDICATORS	Reporting Quarter	PROV. TARGET	PROV.	LHIN													
				ESC	SW	WW	HNHB	CW	MH	TC	C	CE	SE	CHMP	NSM	NE	NW
HOME AND COMMUNITY CARE																	
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	Q4 17/18	95.00%	85.34%	94.90%	88.94%	90.96%	85.16%	66.79%	91.18%	97.80%	92.37%	90.42%	82.58%	67.18%	87.80%	71.19%	86.84%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	Q4 17/18	95.00%	96.29%	96.24%	93.90%	96.28%	95.82%	97.53%	96.60%	95.67%	96.14%	96.97%	96.29%	95.88%	98.64%	98.48%	96.45%
90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	Q4 17/18	21.00 Days	28.00	25.00	28.00	14.00	29.00	35.00	24.00	28.00	22.00	60.00	22.00	41.00	29.00	31.00	21.00
90th percentile wait time from hospital discharge to service initiation for home and community care	Q4 17/18	TBD	7.00	5.00	11.00	5.00	6.00	8.00	11.00	11.00	6.00	9.00	7.00	10.00	6.00	9.00	5.00
SYSTEM INTEGRATION AND ACCESS																	
90th percentile emergency department (ED) length of stay for complex patients	Q1 18/19	8.00 Hours	10.47	9.85	8.18	8.77	14.82	8.90	10.63	13.02	10.07	10.97	8.68	11.45	9.35	8.32	10.43
90th percentile ED length of stay for minor/uncomplicated patients	Q1 18/19	4.00 Hours	4.47	4.92	3.97	4.87	5.15	3.88	3.88	4.62	3.98	4.55	4.38	5.48	4.20	4.07	4.80
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	Q1 18/19	90.00%	79.65%	90.70%	50.90%	65.63%	71.21%	73.58%	51.33%	93.84%	96.35%	92.13%	69.45%	90.51%	70.99%	81.82%	84.11%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	Q1 18/19	90.00%	74.75%	67.92%	52.97%	54.88%	63.69%	56.93%	41.26%	92.74%	94.11%	90.48%	72.14%	93.52%	64.04%	74.51%	76.99%
Percentage of alternate level of care (ALC) days	Q4 17/18	9.46%	17.01%	10.82%	12.03%	17.77%	16.66%	11.57%	18.44%	13.31%	16.20%	22.96%	19.08%	14.83%	24.23%	24.41%	27.48%
ALC rate	Q1 18/19	12.70%	14.81%	12.09%	10.60%	11.90%	14.36%	8.01%	12.41%	11.33%	12.98%	20.34%	19.09%	14.28%	19.15%	23.81%	35.51%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH																	
Repeat unscheduled emergency visits within 30 days for mental health conditions	Q4 17/18	16.30%	21.84%	18.09%	19.25%	18.13%	21.37%	26.04%	17.49%	27.16%	20.98%	24.51%	23.58%	19.12%	16.83%	20.01%	22.43%
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	Q4 17/18	22.40%	31.93%	29.26%	24.16%	26.97%	33.35%	34.18%	25.17%	36.95%	24.34%	26.01%	28.17%	27.86%	21.96%	30.50%	44.50%
SUSTAINABILITY AND QUALITY																	
Readmissions within 30 days for selected HIG conditions	Q3 17/18	15.50%	16.82%	15.94%	16.96%	16.24%	16.64%	16.60%	16.61%	18.15%	14.69%	16.83%	19.16%	16.18%	17.66%	17.76%	16.72%

NOTES

Key Changes - Effective May 2017 Stocktake Report

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

Indicator Specific Notes

All Indicators

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

Repeat unscheduled emergency visits within 30 days for mental health conditions

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

Repeat unscheduled emergency visits within 30 days for substance abuse conditions

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

Overall satisfaction with health care in the community

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

Percent of palliative care patients discharged from hospital with home support

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

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

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

ALC Rate

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

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

South West LHIN

NOTES

Indicator Specific Notes

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

1. Please note that Q3 2015/16 data will not be included in this quarterly release of Stocktake due to data quality issues in the CPRO dataset.
2. Please note that Toronto Central LHIN Q3 2015/16 data onwards will not be reported in this quarterly release of Stocktake due to data quality issues in the CPRO dataset.
3. Please note that Q1 2016/17 data will not be reported in this quarterly release of Stocktake. In November 2016 a data quality issue was identified in the Client Profile monthly data submission received from the Ontario Association of Community Care Access Centres (OACCAC). The issue is related to the priority category assignment resulting in the Waitlist, Wait-times, Placements etc. being incorrectly reported.