South West LHIN

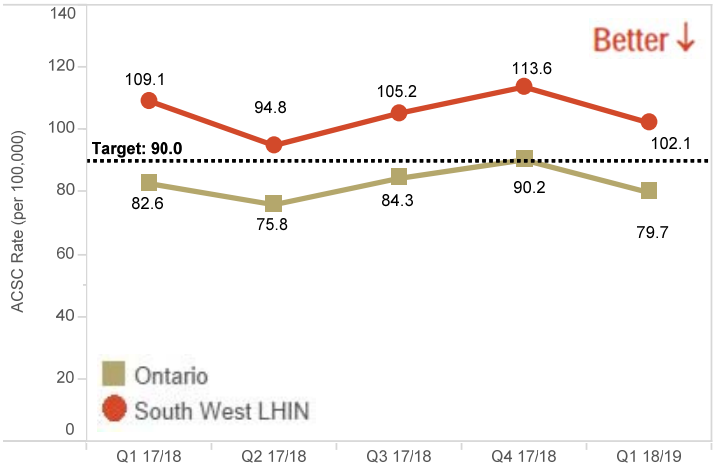
Preventing and Managing Chronic Conditions

How Will We Know We Have Been Successful?

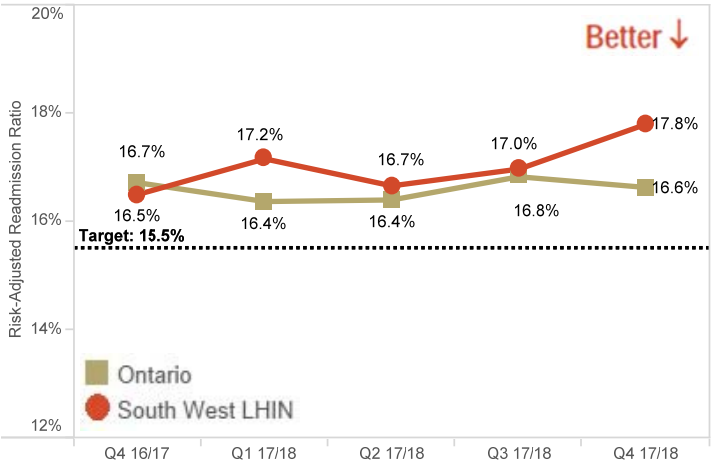
- Fewer people need to be hospitalized for chronic conditions
- Improved transitions of care following a hospital stay

How Are We Doing?

#11. Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)



#12. Readmissions Within 30 Days for Selected HBAM Inpatient Grouper (HIG) Conditions



- From Q4 17/18 to Q1 18/19, the rate of avoidable admissions for ambulatory care sensitive conditions decreased by 10.1%. This is due to decreases in each sub-region within the South West LHIN.
- Readmission rates for select chronic conditions have been increasing in the South West LHIN over the past three quarters.
- With the exception of this quarter, the South West LHIN has demonstrated rates within 0.5% of the rate clinically expected given the medical complexity of hospitalized residents. For Q4 17/18, the LHIN's risk-adjusted readmission rate was 17.8% with an expected readmission rate of 15.9%. This increase is mainly attributable to approximately 50 excess admissions for gastrointestinal patients and an increase in readmissions at London Health Sciences Centre (LHSC) and St. Thomas Elgin General Hospital (STEGH).

What Is Impacting Performance?

Initiating & Planning

- **Indigenous-led Care Coordination Pathway -** An Indigenous-led early test of change for culturally safe coordinated care planning is currently participating in Cohort 12 of the IDEAS Advanced Learning Program.
- **Expanding and Enhancing Interprofessional Primary Care (IPC) Teams -** This initiative is designed to expand and enhance access to IPC teams for individuals experiencing barriers to care in London.

Executing

- **Health Links -** Over 3,000 coordinated care plans had been completed by the end of Q1 18/19, covering 6.7% of the estimated target population across the South West LHIN.
- **Connecting Care to Home (CC2H) -** Outcomes in London suggest an estimated 50% of inpatient days and 50% of acute hospital and community care costs can be saved by bundling care for patients with mild to moderate COPD and CHF.
- **South West Self-Management -** The Self West Self-Management program offered 24 patient, five caregiver and 12 provider workshop/courses throughout Q4 17/18. Self-paced eLearning courses are now available online.

Monitoring & Closing

- None at this time.

Potential Future Opportunities and Considerations

- The South West LHIN is dispersing leadership for coordinated care planning, actively onboarding primary care and community support service agencies to Health Partner Gateway, and embedding the Health Links approach to care into sub-region priorities and planning.