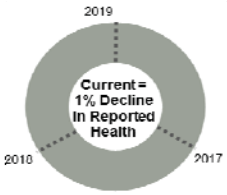
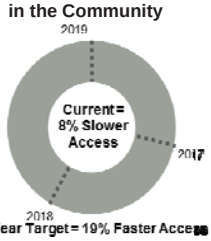
# South West LHIN — Report on Performance Scorecard

**Self-Reported Health Status**



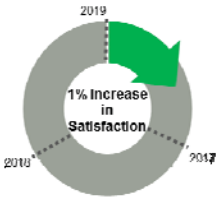

3-Year Target = 63.0%

**Faster Access to Care in the Community**




3-Year Target = 19% Faster Access

**Satisfaction with Health Care in the Community**




3-Year Target = 92.0%

**Value Realized by Reducing Hospital Visits and Days**

3-Year Target = $11.7M Realized

| | PRIMARY HEALTH CARE | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | *Percentage of Adults Who Were Able to See a Primary Care Provider on the Same Day or Next Day When They Were Sick* | 38.6% | 40.0% | 32.4% | 29.3% | 28.0% | 33.3% | 35.7% | 41.0% | - | 40.8% | 6 |
| 2 | ***Rate of Emergency Visits for Conditions Best Managed Elsewhere*** | 10.5 | 9.2 | 10.4 | 8.2 | 11.1 | 12.2 | 10.4 | 8.3% | - | 3.4 | 13 |
| 3 | **Percentage of Acute Care Patients Who Have Had a Follow-Up With a Physician Within 7 Days of Discharge** | 41.3% | 50.0% | 44.5% | 42.6% | 42.3% | 40.8% | 42.0% | - | - | 47.4% | 10 |

| | HOME, LONG-TERM CARE AND COMMUNITY CARE | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | ***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*** | 88.8% | 95.0% | 90.9% | 87.9% | 85.2% | 89.7% | 87.4% | 90.2% | - | 89.2% | 8 |
| 5 | **Percentage of Home Care Clients Who Received Their Nursing Visit Within 5 Days of the Date They Were Authorized for Nursing Services*** | 93.1% | 95.0% | 92.2% | 92.1% | 91.8% | 92.3% | 94.0% | 94.1% | - | 96.5% | 14 |
| 6 | **90th Percentile Wait Time From Community for In-Home Services: Application From Community Setting to First Service (Excluding Case Management)*** | 21 days | 21 days | 22 | 24 | 21 | 22 | 27 | 34 | - | 30 | 11 |
| 7 | Percentage of Home Care Clients With an Unplanned, Less Urgent Emergency Department Visit Within the First 30 Days of Discharge From Hospital* | 8.8% | 7.5% | 8.0% | 8.6% | 8.5% | 8.0% | 8.4% | - | - | 6.7% | 11 |
| 8 | **Alternate Level of Care (ALC) Rate** | 11.1% | 12.7% | 12.4% | 12.7% | 11.3% | 10.2% | 12.0% | 11.4% | 11.3% | 16.1% | 2 |
| 9 | **Percentage of Alternate Level of Care (ALC) Days** | 8.9% | 9.5% | 8.8% | 11.8% | 10.7% | 10.2% | 8.1% | 9.4% | - | 14.9% | 2 |

| | PREVENTING AND MANAGING CHRONIC CONDITIONS | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 | ***Hospitalization Rate for Ambulatory Care Sensitive Conditions*** | 97.0 | 90.0 | 106.3 | 89.0 | 105.4 | 115.2 | 109.1 | 94.8 | - | 75.8 | 11 |
| 11 | **Readmissions Within 30 Days for Selected HBAM Inpatient Grouper (HIG) Conditions** | 16.6% | 15.5% | 17.1% | 17.6% | 16.7% | 16.5% | 17.2% | - | - | 16.4% | 11 |

| | MENTAL HEALTH AND ADDICTION SERVICES | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 | *Average Wait Time for Mental Health Case Management* | 29 days | 21 days | 26 | 27 | 34 | 32 | 39 | 35 | 35 | 52 | 5 |
| 13 | **Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions** | 17.6% | 16.3% | 17.9% | 18.9% | 18.6% | 18.1% | 18.3% | 18.8% | - | 21.7% | 6 |
| 14 | **Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions** | 23.7% | 22.4% | 26.4% | 26.3% | 23.2% | 22.5% | 26.9% | 26.5% | - | 33.4% | 4 |
| 15 | Mental Health and Substance Abuse Hospitalization Rate | 14.8 | 12.6 | 17.0 | 16.1 | 15.2 | 15.3 | 17.0 | 14.3 | - | 11.9 | 13 |

| | HOSPITAL-BASED CARE | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 | **90th Percentile Emergency Department (ED) Length of Stay for Complex Patients** | 8.0 hours | 8.0 hours | 7.4 | 7.5 | 7.9 | 8.0 | 8.2 | 8.3 | 8.4 | 10.5 | 2 |
| 17 | **90th Percentile Emergency Department (ED) Length of Stay for Minor/Uncomplicated Patients** | 3.6 hours | 4.0 hours | 3.6 | 3.6 | 3.6 | 3.8 | 3.8 | 3.9 | 3.8 | 4.3 | 3 |
| 18 | Percentage of Priority 2, 3 and 4 Cases Completed Within Access Target for CT Scan | 74.0% | 90.0% | 80.3% | 84.0% | 87.0% | 87.0% | 83.0% | 85.0% | 84.0% | 71.0% | 6 |
| 19 | Percentage of Priority 2, 3 and 4 Cases Completed Within Access Target for MRI Scan | 33.0% | 90.0% | 34.4% | 40.3% | 54.2% | 53.0% | 54.0% | 44.0% | 49.0% | 39.0% | 2 |
| 20 | **Percentage of Priority 2, 3 and 4 Cases Completed Within Access Target for Hip Replacement** | 73.0% | 90.0% | 58.0% | 46.0% | 57.0% | 41.0% | 49.5% | 44.0% | 46.4% | 78.0% | 14 |
| 21 | **Percentage of Priority 2, 3 and 4 Cases Completed Within Access Target for Knee Replacement** | 72.0% | 90.0% | 59.0% | 41.0% | 44.0% | 46.0% | 47.5% | 43.0% | 38.9% | 73.8% | 13 |
| 22 | Health Based Allocation Model (HBAM) Variance | 5.5% | 3.3% | | | - | | | - | | - | - |
| 23 | Hospital Standardized Mortality Ratio (HSMR) | 90 | 88-93 | 90 | 80 | 92 | 94 | 88 | 92 | 93 | 90 | 6 |

| | REHABILITATIVE SERVICES | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24 | Length of Stay Efficiency for Inpatient Rehabilitation | 0.93 | 1.06 | 1.07 | 1.08 | 1.09 | 1.15 | 1.08 | 1.09 | - | 1.27 | 10 |

| | HOSPICE PALLIATIVE CARE | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 | **Percentage of Palliative Care Patients Discharged From Hospital With Home Support** | 82.3% | 95.0% | 82.9% | 78.3% | 83.1% | 87.3% | 85.2% | 80.2% | - | 83.7% | 10 |

*Italicized items are Big Dot components*
**Bolded items are 2017/18 MLAA indicators**
* 2017/18 Quality Improvement Plan (QIP) indicators

| LEGEND | | |
|---|---|---|
| Achieved Target | Within 10% of Target | > 10% From Target |

Quarter 3, 2017/18

Shading reflects evaluation against target during the IHSP time period assessed; current targets may differ from those previously applied

# South West LHIN

# Home and Community Care Report on Performance

## HOME, LONG-TERM CARE AND COMMUNITY CARE (Service Delivery Measures)

| | SAFETY | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26 | Falls: Percentage of Adult Long-Stay Home Care Patients Who Record a Fall on Their Follow-Up (RAI-HC) Assessment* | 38.8% | 34.0% | 38.6% | 42.3% | 41.8% | 44.0% | 40.1% | 43.3% | 42.7% | 40.9% | 10 |
| 27 | Percentage of Long-Stay Home Care Patients That Have Had Medication Reconciliation/Management Within the Last 180 Days | 69.0% | 80.0% | 71.0% | 68.0% | 71.0% | 67.0% | 69.0% | 71.4% | 67.6% | - | - |
| 28 | Missed Care: Overall Percentage of Missed Care Visits From South West LHIN Providers | 0.32% | 0.05% | 0.20% | 0.31% | 0.39% | 0.32% | 0.36% | 0.91% | 0.94% | - | - |

| | EFFECTIVENESS | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 29 | Percentage of Home Care Clients With an Unplanned, Less Urgent Emergency Department Visit Within the First 30 Days of Discharge From Hospital* | 8.8% | 7.5% | 8.0% | 8.6% | 8.5% | 8.0% | 8.4% | - | - | 6.7% | 11 |
| 30 | Percentage of Home Care Clients who Experienced an Unplanned Readmission to Hospital Within 30 Days of Discharge From Hospital* | 17.1% | 16.5% | 16.1% | 16.7% | 17.3% | 16.5% | 17.8% | - | - | 17.4% | 10 |
| 31 | Number of Care Conferences | 3,431 | 3,500 | 3,298 | | | | - | | | - | - |
| 32 | Complex Patients: Patients with MAPLe Scores High/Very High Living in the Community Supported by LHIN Home and Community Care | 57.1% | 55.0% | 56.4% | 57.2% | 57.3% | 57.4% | 57.2% | 57.2% | 57.4% | 54.7% | 2 |
| 33 | Home First Impact: Estimated Number of Hospital Days Saved | 201,226 | 207,000 | 208,629 | | | | - | | | - | - |
| 34 | Health Links: Total Number of Patients Supported by Coordinated Care Plans (CCP) | 237 | 438 | 179 | 285 | 246 | 399 | 286 | 272 | 265 | - | - |

| | ACCESSIBLE | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35 | ***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**** | 88.8% | 95.0% | 90.9% | 87.9% | 85.2% | 89.7% | 87.4% | 90.2% | - | 89.2% | 8 |
| 36 | **Percentage of Home Care Clients Who Received Their Nursing Visit Within 5 Days of the Date They Were Authorized for Nursing Services*** | 93.1% | 95.0% | 92.2% | 92.1% | 91.8% | 92.3% | 94.0% | 94.1% | - | 96.5% | 14 |
| 37 | **Wait Time - Discharge to Initiation: 90th Percentile Wait Time From Hospital Discharge to Service Initiation (Hospital Setting)** | 8 days | 7 days | 8 | 8 | 8 | 7 | 10 | 9 | - | 7 | 12 |
| 38 | **90th Percentile Wait Time From Community for In-Home Services: Application From Community Setting to First Service (Excluding Case Management)** | 21 days | 21 days | 22 | 24 | 21 | 22 | 27 | 34 | - | 30 | 11 |
| 39 | Percent of Palliative /End of Life Patients who Died in their Preferred Place of Death* | 64.0% | 70.0% | 59.9% | 64.6% | 66.3% | 66.8% | 65.3% | 62.8% | 68.1% | 64.0% | 7 |
| 40 | Adult Day Program Occupancy | 94.0% | 90.0% | 94.0% | 94.0% | 95.0% | 92.0% | 96.0% | 95.7% | 97.9% | - | - |

| | PATIENT-CENTERED | Baseline | Target | 16/17 Q1 | 16/17 Q2 | 16/17 Q3 | 16/17 Q4 | 17/18 Q1 | 17/18 Q2 | 17/18 Q3 | Provincial Performance | LHIN Rank |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 41 | Patient and Caregiver Overall Rating of South West LHIN Services* | 93.6% | 95.0% | 93.5% | | | | - | | | 92.2% | - |
| 42 | Patient and Caregiver Overall Rating of Facilitation of Care by Care Coordinator | 93.4% | 95.0% | 93.1% | | | | - | | | 92.2% | - |
| 43 | Patient and Caregiver Overall Satisfaction With Connection to Community Services | 80.7% | 80.0% | 79.9% | | | | - | | | 77.8% | - |
| 44 | Patient and Caregiver Complaints per 1,000 Patients - South West LHIN | 0.85 | TBD | 0.75 | 0.82 | 0.89 | 0.93 | 0.74 | 0.91 | 0.82 | - | - |
| 45 | Patient and Caregiver Complaints per 1,000 Patients - Provider | 2.44 | TBD | 3.29 | 3.34 | 1.62 | 1.50 | 2.06 | 5.35 | 4.97 | - | - |

*Italicized items are Big Dot components*
**Bolded items are 2017/18 MLAA indicators**
***** 2017/18 Quality Improvement Plan (QIP) indicators
\- lagged data/not available

| LEGEND | | |
|---|---|---|
| Achieved Target | Within 10% of Target | > 10% From Target |

Quarter 3, 2017/18

Shading reflects evaluation against target during the IHSP time period assessed; current targets may differ from those previously applied