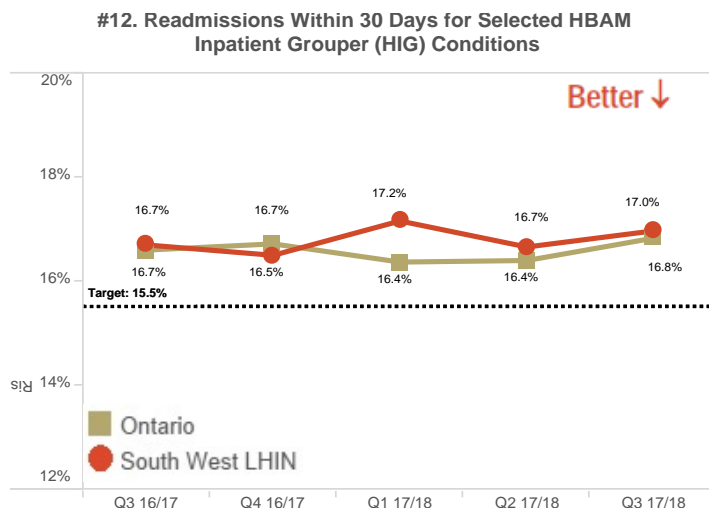
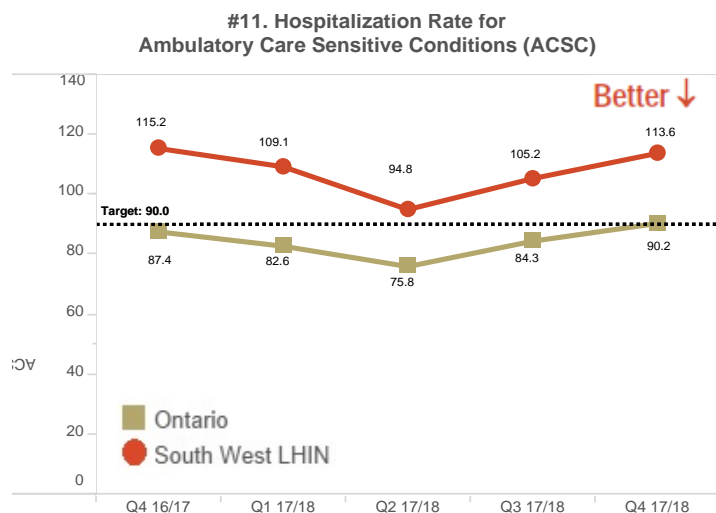


How Will We Know We Have Been Successful?

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

How Are We Doing?



- In Q4 17/18, rates of avoidable admissions for ambulatory care sensitive conditions were >20% above the South West LHIN's target
- In Q4 17/18, the South West LHIN's HIG Condition adjusted readmission rate of 17.0% falls short of the provincial performance
- Readmission rates in Q4 17/18 were better than expected for acute myocardial infarction (+4%), pneumonia (+2%) and gastrointestinal disorders (+1.5%)
- The readmission rates for chronic obstructive pulmonary disease (COPD) fall short of the expected rate by 2%

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

Executing

- **Health Links** - Over 2,250 coordinated care plans had been completed by the end of Q3 17/18, covering 5.1% of the estimated target population across the South West LHIN. Residents supported by Coordinated Care Plans have experienced a 26% reduction in Emergency Department visits, a 35% reduction in unplanned admissions to hospital, and a 49% reduction in days stayed in hospital within six months of their initial care conference
- **Connecting Care to Home (CC2H)** - Outcomes of the CC2H project in London suggest an estimated 50% of inpatient days and 50% of acute hospital and community care costs by supporting patients with mild to moderate COPD and CHF through bundled care. Work is underway to spread the CC2H model to St. Thomas Elgin General Hospital with enrollment expected in Q1 18/19
- **South West Self-Management** - The Self West Self-Management program offered 25 patient, one caregiver and 22 provider workshop/courses throughout Q3 17/18. Self-paced eLearning courses are now available online

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.