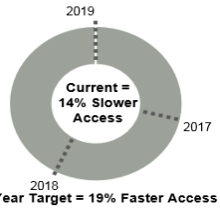
South West LHIN — Report on Performance Scorecard

Self-Reported Health Status

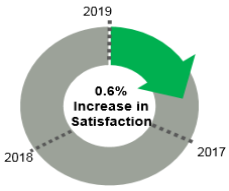
3-Year Target = 63.0%

Faster Access to Care in the Community



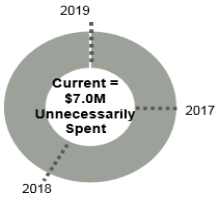
3-Year Target = 19% Faster Access

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

	PRIMARY HEALTH CARE	Baseline	Target	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	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%	28.0%	33.3%	35.7%	41.0%	44.8%	44.5%	-	40.9%	3
2	***Rate of Emergency Visits for Conditions Best Managed Elsewhere***	10.5	9.2	11.1	12.2	10.4	8.3%	11.3%	12.6%	-	4.7	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%	42.3%	40.8%	42.0%	42.0%	41.6%	-	-	45.7%	9

	HOME, LONG-TERM CARE AND COMMUNITY CARE	Baseline	Target	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	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%	85.2%	89.7%	87.4%	90.2%	89.6%	88.9%	-	85.3%	7
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%	91.8%	92.3%	94.0%	94.1%	94.0%	93.9%	-	96.3%	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	21	22	27	34	33	28	-	28	7
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%	8.5%	8.0%	8.4%	8.2%	8.5%	-	-	6.6%	11
8	Overall Percentage of Missed Care Visits From South West LHIN Providers*	0.3%	0.1%	0.4%	0.3%	0.4%	0.9%	0.9%	0.9%	0.9%	-	-
9	**Alternate Level of Care (ALC) Rate**	11.1%	12.7%	11.3%	10.2%	12.0%	11.4%	11.3%	12.0%	10.6%	12.7%	2
10	**Percentage of Alternate Level of Care (ALC) Days**	8.9%	9.5%	10.7%	10.2%	8.1%	9.4%	8.5%	12.0%	-	17.0%	3

	PREVENTING AND MANAGING CHRONIC CONDITIONS	Baseline	Target	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	Provincial Performance	LHIN Rank
11	***Hospitalization Rate for Ambulatory Care Sensitive Conditions***	97.0	90.0	105.4	115.2	109.1	94.8	105.2	113.6	-	90.2	8
12	**Readmissions Within 30 Days for Selected HBAM Inpatient Grouper (HIG) Conditions**	16.6%	15.5%	16.7%	16.5%	17.2%	16.7%	17.0%	-	-	16.8%	10

	MENTAL HEALTH AND ADDICTION SERVICES	Baseline	Target	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	Provincial Performance	LHIN Rank
13	**Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions**	17.6%	16.3%	18.6%	18.1%	18.3%	18.8%	16.8%	19.3%	-	21.8%	6
14	**Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions**	23.7%	22.4%	23.2%	22.5%	26.9%	26.5%	28.4%	24.2%	-	31.9%	2
15	Mental Health and Substance Abuse Hospitalization Rate	14.8	12.6	15.2	15.3	17.0	14.3	13.4	14.0	-	12.2	11

	HOSPITAL-BASED CARE	Baseline	Target	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	Provincial Performance	LHIN Rank
16	**90th Percentile Emergency Department (ED) Length of Stay for Complex Patients**	8.0 hours	8.0 hours	7.9	8.0	8.2	8.3	8.4	8.9	8.2	10.5	1
17	**90th Percentile Emergency Department (ED) Length of Stay for Minor/Uncomplicated Patients**	3.6 hours	4.0 hours	3.6	3.8	3.8	3.9	3.8	4.2	4.0	4.5	3
18	Percentage of Priority 2, 3 and 4 Cases Completed Within Access Target for CT Scan	74.0%	90.0%	87.0%	87.0%	83.0%	85.0%	84.0%	85.0%	81.0%	76.0%	6
19	Percentage of Priority 2, 3 and 4 Cases Completed Within Access Target for MRI Scan	33.0%	90.0%	54.2%	53.0%	54.0%	44.0%	49.0%	53.0%	64.0%	39.0%	1
20	**Percentage of Priority 2, 3 and 4 Cases Completed Within Access Target for Hip Replacement**	73.0%	90.0%	57.0%	41.0%	49.5%	44.0%	46.4%	49.0%	50.9%	79.6%	14
21	**Percentage of Priority 2, 3 and 4 Cases Completed Within Access Target for Knee Replacement**	72.0%	90.0%	44.0%	46.0%	47.5%	43.0%	38.9%	46.0%	53.0%	74.8%	13
22	Hospital Standardized Mortality Ratio (HSMR)	90	88-93	87	93	83	82	93	101	-	99	11

	REHABILITATIVE SERVICES	Baseline	Target	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	Provincial Performance	LHIN Rank
23	Length of Stay Efficiency for Inpatient Rehabilitation	0.93	1.06	1.09	1.15	1.08	1.09	1.03	1.04	-	1.26	13

	HOSPICE PALLIATIVE CARE	Baseline	Target	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	Provincial Performance	LHIN Rank
24	Percent of Palliative /End of Life Patients who Died in their Preferred Place of Death*	64.0%	70.0%	66.3%	66.8%	65.3%	62.8%	68.1%	65.1%	67.5%	65.4%	7
25	Percentage of Palliative Care Patients Discharged From Hospital With Home Support	82.3%	95.0%	78.3%	83.1%	87.3%	85.2%	80.2%	83.8%	81.0%	84.0%	10

Italicized items are Big Dot components
Bolded items are 2018-19 MLAA indicators
* 2018-19 Quality Improvement Plan (QIP) indicators
- lagged data/not available

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

Quarter 1, 2018/19

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