

MOHLTC - HSAPD
Quarterly Stocktake Report

LHIN: Erie-St.Clair LHIN
Report Date: February 26, 2013

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LEGEND: Interpreting intervention performance

System Measures	Supplementary Measures	Baseline	Target	Quarterly Performance	Key Considerations
A set of measures associated with a specific intervention/strategy that are directly linked to one or more goals of the strategy	A set of measures associated with a specific intervention/strategy that are indirectly linked to one or more overarching goals of the strategy	The determined baseline will be inserted here and will remain the same each quarter	The determined target will be inserted here and will remain the same each quarter	Illustrates current performance with respect to the supplementary measure against defined targets. Graphs/charts are inserted by Access to Care.	Explains current performance and what proposed changes could be put in place to improve performance. Information is inserted by LHIN.

ER/ALC

LHIN VIEW: Erie-St.Clair LHIN

SYSTEM FOCUS: Reduce time spent in the ER across Ontario



What is the Problem?

Almost 50% of ER visits are made by patients with non-urgent or less urgent needs

Time spent in the ER is too long: 90% of patients are treated within 9.4 hours from triage to discharge

Time in the ER is five times longer for ER patients admitted to hospital (35 hrs); 75% of their total ER time (26 hrs) is spent waiting for an inpatient bed

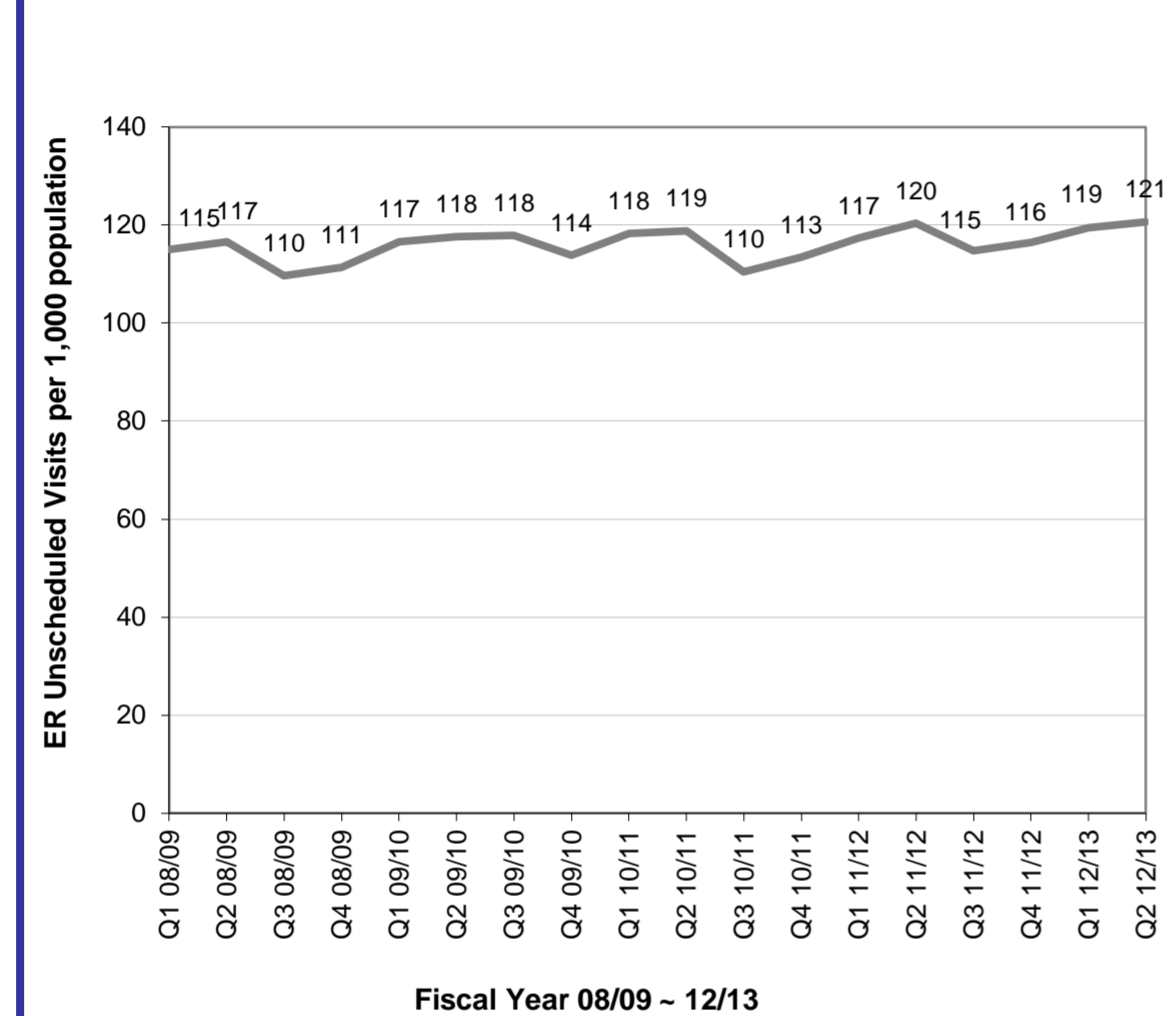
GOALS what are we striving to achieve?

1 Reduce ER demand
Reducing the number of non-urgent cases that present at the ER will enable emergency clinicians to focus on patients with critical needs

2 Increase ER capacity/performance
Improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care

3 Improve Bed Utilization
Improving bed utilization expedites patient throughput and maximizes hospital capacity

Number of ER Unscheduled Visits by quarter per 1000 population (Data Source: MoHLTC Provincial Health Planning Database & CIHI-NACRS)

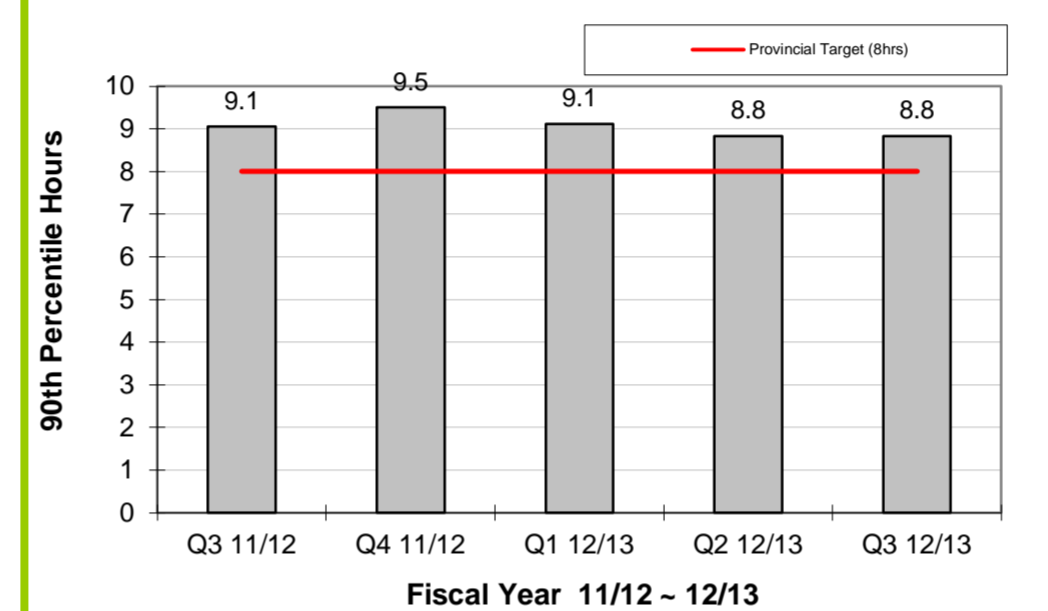


PROGRESS Have we achieved our goals?

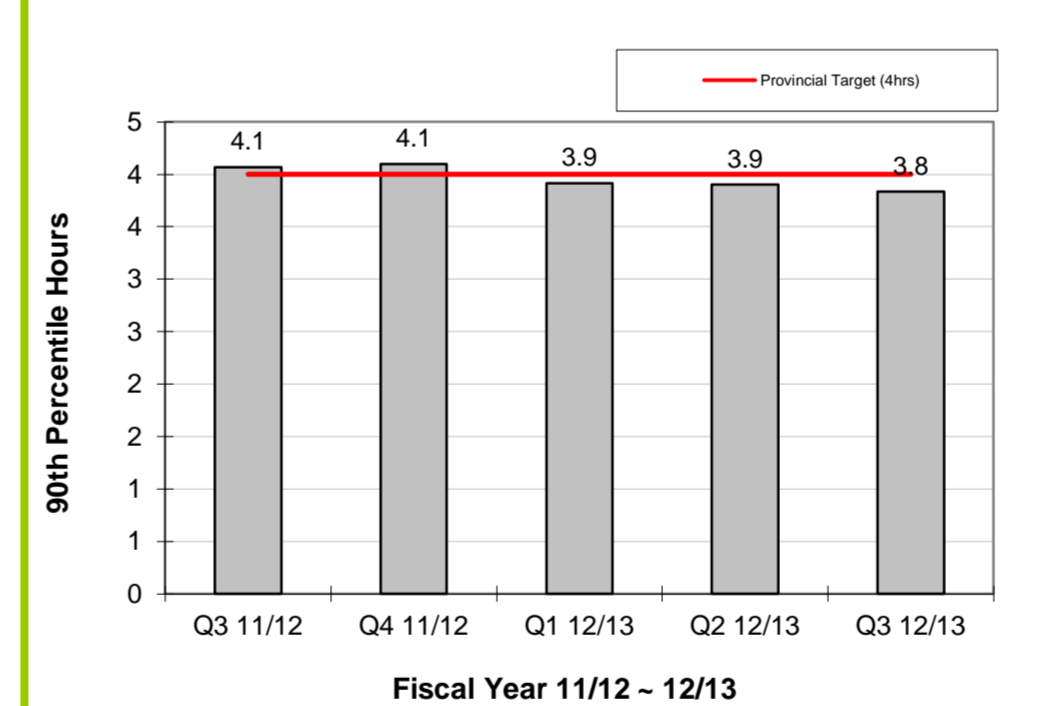
Current:
 • The number of unscheduled ED visits continue to trend above the ESC LHIN target of 112. Opportunities exist within BWH and CKHA.
 • RISK: Due to the ALC challenges exhibited within ESC access to acute care needs and resources may be compromised, therefore, having robust coordinated approach to proactive discharge planning is a key priority.

HIGHLIGHTS Evidence of achievements and/or obstacle to progress

Time spent in the ER for high acuity patients (all admitted + non-admitted CTAS I, II, III patients). (Data Source: CIHI-NACRS)

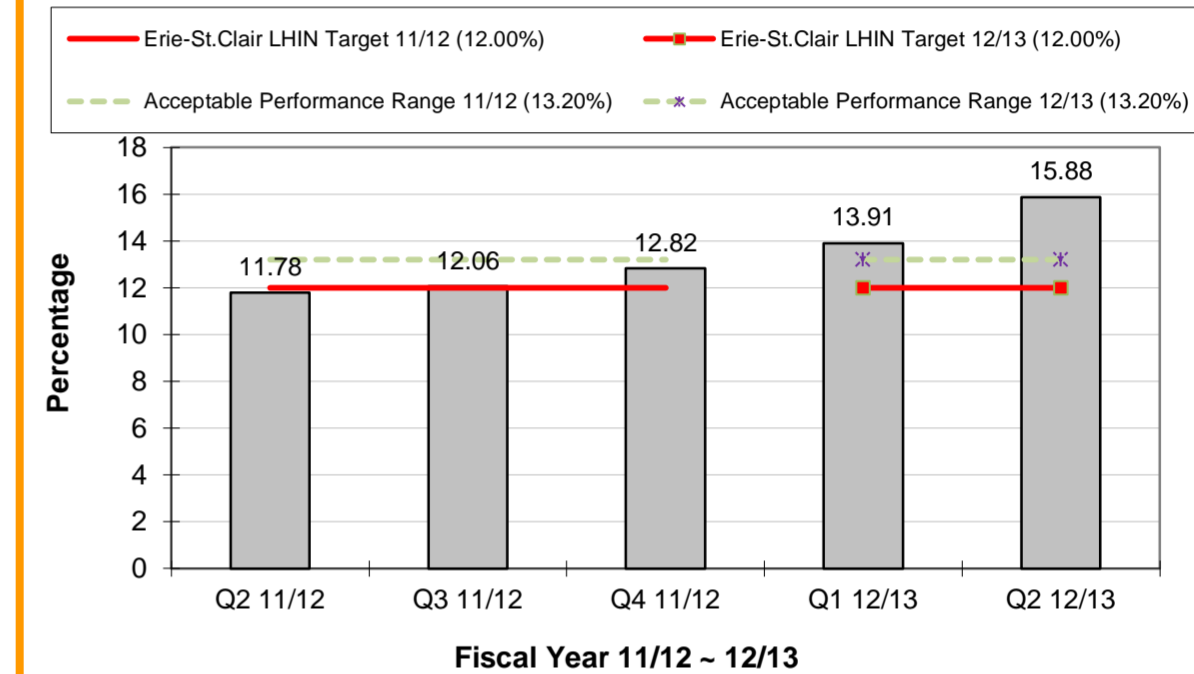


Time spent in the ER for low acuity patients (non-admitted CTAS IV & V patients). (Data Source: CIHI-NACRS)

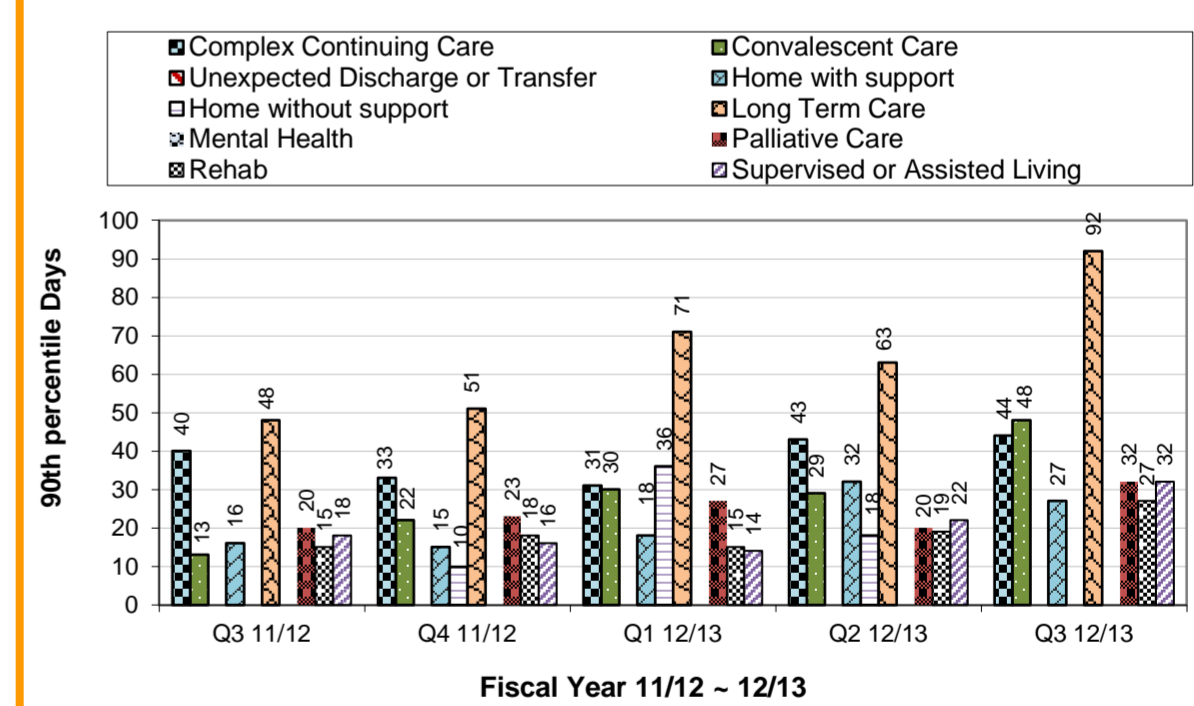


Current:
 • Time spent in ER for high acuity has stabilized over two quarters at 8.8 which is 0.8 above the provincial target.
 • Low Acuity continues to be below the provincial target.

Percentage ALC Days (Data Source: CIHI-DAD)



Proposed Measure: Number of days from ALC designation to discharge by discharge destination (90th percentile Days) (Data Source: ALC Upload Tool & WTIS)



Note: 'Unexpected Discharge or Transfer' was classified as ALC Discharge Destinations for ALC data collection via the Interim Upload Tool (IUT). It has been split and is now classified as 'ALC Discontinuation Reasons' in the WTIS-ALC application.

Current:
 • ESC LHIN is above the provincial target by 4%, opportunities exist by increasing patient flow to Assisted Living beds and home with support and decreasing inappropriate referrals to LTC and CCC.

LHIN VIEW: Erie-St.Clair LHIN

Goal: Increase ER Capacity/Performance

Intervention: ER Pay for Results Year 4 -

- Extended Fast Track hours and weekend coverage, CKHA • Pharmacy Support in ED/Inpatient Team, HDGH, WRH • Discrepancy Nurse, CKHA • ED PIP, HDGH, LDMH • Flow Nurse/ Patient Family Liaison, CKHA • Physician Assistant in ED, HDGH • Registered Practical Nurse, LDMH • PIP Continuation, WRH • Medical Admission Unit, BWH • Flow Clerk ED, WRH • Physician and Non-Physician Initial Assessment, LDMH • ED Physician Recruitment, WRH • Patient Flow Coordinator and Performance Manager, LDMH • Access to CT, WRH • Nurse Practitioner – ED, HDGH, WRH • Offload Nursing Support, WRH • Admission Team, HDGH • Nursing Coverage and Triage, WRH • ED Staff Training and Education, CKHA • Reassessment of Low Acuity Flow, BWH • Upgrade Existing Ultra Sound Equipment, CKHA



System Measure	Baseline FY 12/13	Target (MLPA)	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations
90th percentile ER Length of Stay for admitted patients	24.2 hours	Provincial 25.0 hours LHIN 17.0 hours (FY 12/13) Acceptable Performance Range (+10%): 18.7 hours	23.2 hours	<p style="font-size: small; text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Past: Q2 ESC LHIN is at 24.4 hrs with a 2.5% increase over the last quarter. ALC is a contributing variable.</p> <p>Current: Q3 ESC LHIN is at 23.2 hrs with a 4.9% decrease over last quarter.</p> <ul style="list-style-type: none"> • Devising the Regional Discharge Policy to assist with flow and bed supply and demand. • HDGH decrease in Q3 by 9.5%. WRH is the highest in hrs at 27 but decreased this quarter by .02%(not significant). • BWH has seen an increase in ALC patients. Value Stream Mapping occurring. Opened 6 beds at other site for ALC-LTC making permanent. Movement seen to LTC with 11 discharges from Dec 25-Jan. Concentrating on developing internal discharge process and policy. • CKHA's results increased from 12.9 hrs in Q2 to 16.5 hrs in Q3 at main site. Sydenham's results in Q2 were 14.6 hrs and increased to 22.4 hrs due to transportation delays and system flow. <p>• CKHA/WRH aligning with (VIBE). Future LEAN will focus on system and emerg flow.</p> <p>• HDGH-Real Time Demand Capacity Management framework. Introduction of Patient Flow Coordinator role in Dec 2012, and revised VIBE prototype-revisions included ED wait times on dashboard. Highest volumes in ED in Dec 2012 (when compared to April 2010 to present). Lots of ALC at end of Dec (65-acute). ED volumes 200/day (normal is 160) these are reported as seasonal volumes. HDGH has seen overall improvement in ranking form 66 FY11/12 to 57 FY12/13 moving up 9 ranking points.</p> <p>Future: CKHA-recent reorganization of programs. Project Manager aligned to support a coordinated approach related to bed management system (ie. Oculus-VIBE). Opportunities are seen in reviewing LTC ED visits special needs and telehealth or mental health and addictions. Volume in Dec is high. Mental Health is not much of an outlier. ICU pts and LOS in ED has increased..</p>
90th percentile ER Length of Stay for non-admitted complex patients	7.2 hours	Provincial 7.0 hours LHIN 6.5 hours (FY 12/13) Acceptable Performance Range (+10%): 7.2 hours	6.9 hours	<p style="font-size: small; text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<ul style="list-style-type: none"> • HDGH-set occupancy rate at 95% real focus on discharge planning. • LDMH-targeting 85% occupancy rate in order to support flow. <p>Past: ESC LHIN is at 6.9 hrs with a 2.8% improvement over the last quarter.</p> <p>Current: ESC LHIN is at 6.9 hrs stabilizing from previous quarter.</p> <ul style="list-style-type: none"> • Increase in volume over holidays-linked to primary care access, waiting for specialized cardiac transportation, lab, and DI. • HDGH/WRH focusing on physician triage for CTAS 2's, 3's, 4's and 5's. WRH has seen improvement in this indicator due to this PIP. <div style="border: 1px solid black; padding: 2px; font-size: x-small; margin: 5px 0;"> <p>C:\Users\SmithTV\Desktop\RTCD Presentation.pdf</p> </div> <p>Future: CKHA hiring a Lean Consultant to target improvements in pt. flow and site visits to high P4R performers.</p> <ul style="list-style-type: none"> • HDGH/WRH will continue to evaluate physician in triage. Has improved flow and enabled pt. flow will continue this process.
90th percentile ER Length of Stay for non-admitted minor/uncomplicated patients	4.2 hours	Provincial 4.0 hours LHIN 4.0 hours (FY 12/13) Acceptable Performance Range (+10%): 4.4 hours	3.8 hours	<p style="font-size: small; text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Past: Stable at 3.9 hrs</p> <p>Current: ESC LHIN is at 3.8 hrs (slight improvement)</p> <ul style="list-style-type: none"> • BWH, CKHA and WRH are under ESC LHIN target of 4 hrs. Greatest % improvement was seen at BWH by 12.5% for Q3. • Opportunities for improvement at HDGH and LDMH. • CKHA-NP coverage significantly impacting physician AFA hrs. <p>Future:</p> <ul style="list-style-type: none"> • LDMH - is exploring NP/MD role clarity improvements, to reduce the number of NP physician consultations. EDIS is slated to be up and running in early June 2013 and considering changes to ED regarding physical flow of the department. • CKHA is exploring improved efficiencies for a centralized transportation model. • HDGH - is experiencing higher volumes of 3's, 4's & 5's from Ambulance Off loads and code 7's. • WRH-NP targeted resource on nights 3 days a week.

LHIN VIEW: Erie-St.Clair LHIN

Goal: Increase ER Capacity/Performance

Intervention: ER Pay for Results Year 4 -

- Extended Fast Track hours and weekend coverage, CKHA
- Pharmacy Support in ED/Inpatient Team, HDGH, WRH
- Discrepancy Nurse, CKHA
- ED PIP, HDGH, LDMH
- Flow Nurse/ Patient Family Liaison, CKHA
- Physician Assistant in ED, HDGH
- Registered Practical Nurse, LDMH
- PIP Continuation, WRH
- Medical Admission Unit, BWH
- Flow Clerk ED, WRH
- Physician and Non-Physician Initial Assessment, LDMH
- ED Physician Recruitment, WRH
- Patient Flow Coordinator and Performance Manager, LDMH
- Access to CT, WRH
- Nurse Practitioner – ED, HDGH, WRH
- Offload Nursing Support, WRH
- Admission Team, HDGH
- Nursing Coverage and Triage, WRH
- ED Staff Training and Education, CKHA
- Reassessment of Low Acuity Flow, BWH
- Upgrade Existing Ultra Sound Equipment, CKHA



Supplementary Measures	Baseline	Target TBD	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations
Time to Inpatient Bed: Disposition date/time to Left ER date/time	18.8 hours FY 11/12	10% Improvement in the 90th Percentile	17.8 hours	<p style="font-size: small;">Legend: Hotel Dieu Grace Hospital - Grace Site (blue), Bluewater Health - Norman Site (ED) (orange), Windsor Regional Hospital - Metropolitan Campus (green), Leamington District Memorial Hospital (red), Public General Hospital (Chatham-Kent Health Alliance) (purple)</p>	<p>Past: ESC LHIN experienced 8.5% increase in ALC days in Q1 increasing the time to in-patient bed for WRH, HDGH, and CKHA.</p> <p>Current: All sites monitoring flow models. Anticipating discharge policy will help time to in-patient bed with improved transitions of care and flow to support an improved pt. experience. Improvement seen for all hospitals in ESC LHIN with the exception of CKHA with an increase of 70% for time to in-patient bed. Delays observed with transport from site to site and bed reconfiguration (10 CCC & 6 Acute related to fiscal pressure).</p> <ul style="list-style-type: none"> Bed blockages are also impacted by continuous outbreaks in LTC. Telehealth nurses are providing diversion for mental health pts. and referring them to an out-patient mental health treatment plan. Collaborative communication with all 5 hospitals and CCAC via the use of a discharge communication tool. This tool is used to document discharge updates by CCAC care coordinators and others. <p>Future: All hospitals establishing targets for ELOS and occupancy on a daily basis in addition to a coordinated assisted approach to discharge planning and processes on admission improving the patient experience. CCAC is committed to work with hospital partners to receive CCAC referrals up stream to enhance discharge planning.</p> <ul style="list-style-type: none"> WRH-improvement with flow, challenges with ALC. Focus on length of stay at 25%, bullet
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment	3.9 hours FY 11/12	TBD	3.6 hours	<p style="font-size: small;">Legend: Hotel Dieu Grace Hospital - Grace Site (blue), Bluewater Health - Norman Site (ED) (orange), Windsor Regional Hospital - Metropolitan Campus (green), Leamington District Memorial Hospital (red), Public General Hospital (Chatham-Kent Health Alliance) (purple)</p>	<p>rounds. EDD based on CMG groupings. Implemented in the 3rd quarter. Should see further improvements.</p> <p>Past: BWH continues to be a high performer with full physician coverage on all shifts.</p> <ul style="list-style-type: none"> CKHA is exploring other models with planned site visits in Jan 2013. <p>Current: Continue to monitor through P4R process for all sites. Slight improvements at WRH and BWH. CKHA and LDMH are stable from previous quarter. Opportunity exist at HDGH.</p> <ul style="list-style-type: none"> CKHA NP triaging in high volumes, ED MD consultant rate increasing. Hospital is challenged to find the right balance for NP & physician coverage due to AFA hrs and HFO. <p>Future: CKHA-Lean work with flow will target this piece.</p> <ul style="list-style-type: none"> Anticipating stability in Q4.
Percent positive rating to the patient satisfaction survey question: "Overall, how would you rate the care you received in the Emergency Department?"	84% Q4 08/09	90%or above	84%	<p style="font-size: small;">Legend: Hotel Dieu Grace Hospital - Grace Site (blue), Bluewater Health - Norman Site (ED) (orange), Windsor Regional Hospital - Metropolitan Campus (green), Leamington District Memorial Hospital (red), Public General Hospital (Chatham-Kent Health Alliance) (purple)</p>	<p>Past: All sites are monitoring this indicator as well as "Would you recommend..." in quality improvement plans for improved discharge processes/education with a teach back focus.</p> <ul style="list-style-type: none"> All sites are exploring ways to reduce pt. anxiety and provide emotional support. <p>Current: All sites continue to explore strategies to improve customer satisfaction. Opportunities exist at BWH, all other hospitals in ESC LHIN have improved with the most improvement at CKHA.</p> <p>Future: BWH-ER waits are good but patient satisfaction is lagging. Team is focused on this indicator and planning to value stream map this process. In addition explore public perception and expectations.</p> <ul style="list-style-type: none"> LDMH is concentrating on LWBS to ensure a better understanding of why pts. have left and increased awareness of pt. population needs. WRH-targeting emotional piece as a corporate strategy.

Data Source: NRC Picker
Note: Some of the Site did not meet the recommended minimum number of required surveys therefore, results should be interpreted with caution. Starting Q3 10/11, values for all sites including NV (No Volume) and NC (Non Compliant) is displayed.

LHIN VIEW: Erie-St.Clair LHIN

Goal: Reduce ER Demand

Intervention: Aging at Home (AAH) and Urgent Priorities Fund (UPF) and MoHLTC Nurse Led LTC Outreach Team funding



Supplementary Measures	Baseline	Target	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations																																						
Number of ER Unscheduled Visits by quarter per 1,000 population	NA	112	121	<table border="1"> <caption>ER Unscheduled Visits per 1,000 population</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 08/09</td><td>115</td></tr> <tr><td>Q2 08/09</td><td>117</td></tr> <tr><td>Q3 08/09</td><td>110</td></tr> <tr><td>Q4 08/09</td><td>111</td></tr> <tr><td>Q1 09/10</td><td>117</td></tr> <tr><td>Q2 09/10</td><td>118</td></tr> <tr><td>Q3 09/10</td><td>118</td></tr> <tr><td>Q4 09/10</td><td>114</td></tr> <tr><td>Q1 10/11</td><td>118</td></tr> <tr><td>Q2 10/11</td><td>119</td></tr> <tr><td>Q3 10/11</td><td>110</td></tr> <tr><td>Q4 10/11</td><td>113</td></tr> <tr><td>Q1 11/12</td><td>117</td></tr> <tr><td>Q2 11/12</td><td>120</td></tr> <tr><td>Q3 11/12</td><td>115</td></tr> <tr><td>Q4 11/12</td><td>116</td></tr> <tr><td>Q1 12/13</td><td>119</td></tr> <tr><td>Q2 12/13</td><td>121</td></tr> </tbody> </table>	Quarter	Value	Q1 08/09	115	Q2 08/09	117	Q3 08/09	110	Q4 08/09	111	Q1 09/10	117	Q2 09/10	118	Q3 09/10	118	Q4 09/10	114	Q1 10/11	118	Q2 10/11	119	Q3 10/11	110	Q4 10/11	113	Q1 11/12	117	Q2 11/12	120	Q3 11/12	115	Q4 11/12	116	Q1 12/13	119	Q2 12/13	121	<p>Past: ESC LHIN ranked 5th in Q1.</p> <p>Current: ESC LHIN is currently ranked 8th.</p> <ul style="list-style-type: none"> Highest ED users for unscheduled visits in ESC LHIN are CKHA and BWH. WRH/HDGH has experienced higher volumes of palliative care pts. and generalized weakness populations coming from LTC to the ED after hrs and an increase in mortality of this client population. This is a recent phenomenon. A detailed case review has been undertaken within the ED. HDGH has experienced increased volumes of pts. with behavioural issues from LTCHs to the ED. As BSO continues to evolve and increase its capacity in LTC improvements are anticipated. <p>Future: WRH - exploring targeted opportunities to understand and develop an action plan in support of palliative care pts in LTC with RNAO, EOL Lead, CCAC, ED & LTCH's. Opportunities exist to improve CAPSE training and best practice in LTC.</p> <ul style="list-style-type: none"> W/E BSO lead home compliment increasing to full capacity from 1 lead home to 2 (Aspen Lake & Richmond Terrace).
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Unscheduled emergency visits per 1,000 active long-term care residents by acuity/urgency of the visit* and NLOT status of the long-term care home (*Based on the CTAS)	Q1 FY 11/12 288 (High Acuity NLOT) 176 (High Acuity Non-NLOT) 44 (Low Acuity NLOT) 30 (Low Acuity Non-NLOT)	NA	Q2 FY 12/13 277 (High Acuity NLOT) 182 (High Acuity Non-NLOT) 25 (Low Acuity NLOT) 29 (Low Acuity Non-NLOT)	<table border="1"> <caption>ER Unscheduled Visits per 1,000 active long-term care residents</caption> <thead> <tr> <th>Quarter</th> <th>High Acuity NLOT</th> <th>High Acuity Non-NLOT</th> <th>Low Acuity NLOT</th> <th>Low Acuity Non-NLOT</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>244</td><td>186</td><td>52</td><td>33</td></tr> <tr><td>Q3 11/12</td><td>242</td><td>170</td><td>38</td><td>33</td></tr> <tr><td>Q4 11/12</td><td>249</td><td>179</td><td>23</td><td>33</td></tr> <tr><td>Q1 12/13</td><td>194</td><td>181</td><td>36</td><td>30</td></tr> <tr><td>Q2 12/13</td><td>277</td><td>182</td><td>25</td><td>29</td></tr> </tbody> </table> <p>Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model</p>	Quarter	High Acuity NLOT	High Acuity Non-NLOT	Low Acuity NLOT	Low Acuity Non-NLOT	Q2 11/12	244	186	52	33	Q3 11/12	242	170	38	33	Q4 11/12	249	179	23	33	Q1 12/13	194	181	36	30	Q2 12/13	277	182	25	29	<p>Current: Due to current resource allocations to the NLOT team deployment & capacity to support geographic area in W/E is a challenge with the acuity levels, special needs (ie. PICC lines, DI, hydration), and behavioural cohorts. Further evaluation of current programming will be explored to better serve the communities needs.</p> <ul style="list-style-type: none"> LTC facilities partnered with NLOT team were chosen based on high ED utilization and high rates of ER admissions, therefore it is not surprising that these homes still have the highest ED rates. Most of the non-NLOT homes were smaller and/or had lower ED visits and hospital admissions. Of other note: team officially expanded into 4 more homes and transitioned into new roles during months of Oct and Nov 2012 which may have had impact on ED visits across spectrum. One of 4 original homes has not been serviced for a few months due to an internal issue which may have elevated ED visits and rates especially at HDGH as it is often the destination hospital for that home as they are only a few kilometers away. Many of our other homes go to WRH first due to their geographical location which also effects the rates of ED visits for HDGH. A few of our larger homes (Village of Aspen Lakes, Rose Villa Garden, Sun Parlor) have secured units which results in higher rates of falls due to ministry legislation prohibiting physical and chemical restraint-falls with suspected injury are often sent in if physician, NLOT not <p>physically in home. These secured units also have higher volumes of mental health/behavioural residents that often account for ED visits when behaviours can no longer be managed medically/ psychologically in home and pose threat to other residents, staff, and visitors.</p>								
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Number of unscheduled emergency visits resulting in acute inpatient admission per 1,000 active LTC residents by the LHIN and NLOT status of the long-term care home	Q1 FY 11/12 118 (NLOT) 80 (Non-NLOT)	NA	Q2 FY 12/13 91 (NLOT) 73 (Non-NLOT)	<table border="1"> <caption>ER Unscheduled Visits resulting in acute inpatient admission per 1,000 active long-term care residents</caption> <thead> <tr> <th>Quarter</th> <th>NLOT</th> <th>Non-NLOT</th> </tr> </thead> <tbody> <tr><td>Q2 11/12</td><td>95</td><td>78</td></tr> <tr><td>Q3 11/12</td><td>98</td><td>74</td></tr> <tr><td>Q4 11/12</td><td>113</td><td>82</td></tr> <tr><td>Q1 12/13</td><td>85</td><td>79</td></tr> <tr><td>Q2 12/13</td><td>91</td><td>73</td></tr> </tbody> </table> <p>Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model</p>	Quarter	NLOT	Non-NLOT	Q2 11/12	95	78	Q3 11/12	98	74	Q4 11/12	113	82	Q1 12/13	85	79	Q2 12/13	91	73	<p>Future: Recruiting for a 0.5 FTE</p> <ul style="list-style-type: none"> Increased collaboration with RNAO LTC, best practice lead will be a priority. 																				
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LHIN VIEW: Erie-St.Clair LHIN



Goal: Improve Bed Utilization

Intervention: Aging at Home (AAH) and Urgent Priorities Fund (UPF) -

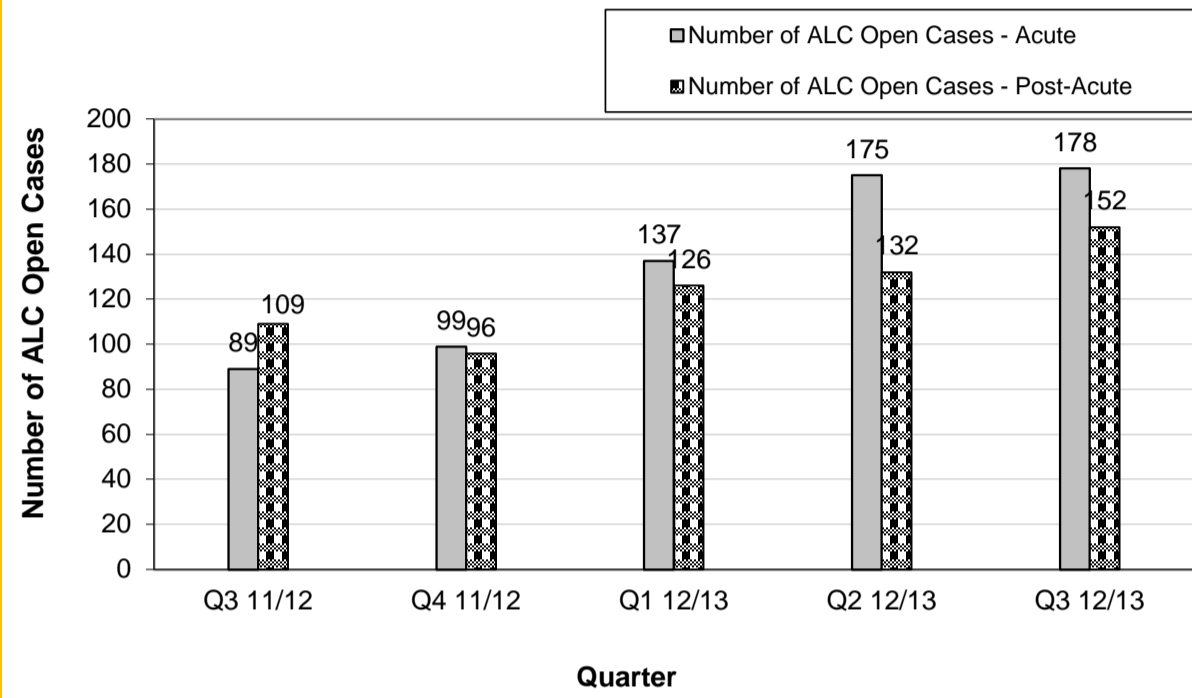
Behavioural Support Services, all counties • Client Intervention Citizen Advocacy, all counties • Ambulation Team, all counties • Leamington Court Transportation, W/E • Resettlement Program • Transportation, all counties • Mental Health Geriatric Outreach Teams, all counties • Falls Prevention Program, all counties • Assisted Living for Seniors • MOW Integration • Home Maintenance and Repair, all counties • GEMs, all counties • Respite Services, W/E, C-K, S/L CHC's • Psychiatric Assessment Team, W/E • Meals on Wheels, all counties • Rehabilitation Teams, all counties • End of Life Care Program • Home First - Project Management, CCAC • Friendly Visiting and Security Checks, all counties • Response Teams for Seniors, all counties • Palliative Care Team, CCAC • Assess and Restore, W/E

System Measure	Baseline (FY 12/13)	Target	Current Performance	Quarterly Performance	Key Considerations
Percent ALC Days	13.62%	LHIN 12.00% (FY 12/13) MLPA Acceptable Performance Range (+10%): 13.20%	15.88 %	<p>Fiscal Year 11/12 ~ 12/13</p> <p>Data Source: CIHI - DAD</p>	<p>Past: ESC LHIN was exceeding the performance range of 13.2 % in Q1</p> <ul style="list-style-type: none"> Establishing the ESC LHIN discharge policy in collaboration with all hospitals and CCAC. BWH mitigation contingency plan to address ALC in place. S/L LTC bed strategy planning for Q4 to include restorative and convalescent care. <p>Current: Will monitor the implementation of the impact of the discharge policy and work with hospitals to align individual organization discharge policies.</p> <ul style="list-style-type: none"> Emphasis will be on transition of care related to: senior strategy, chronic disease management, readmission and avoidable admission. Investigate additional convalescent capacity and throughput. S/L CKHA LTC bed strategy planning for Q4 to include restorative and convalescent care. Monitoring RAI assessment wait times with CCAC (no longer in 1A crisis designation for W/E, therefore, allowing more resources to be deployed for assessing). <p>All sites identifying barriers to discharge as root cause and working collaboratively with CCAC to identify imminent opportunities to improve flow.</p> <ul style="list-style-type: none"> All sites smoothing processes and identify HF opportunities (Assisted Living, Enhanced Services to Home, & CCP). Challenges are seen for all sites with outbreaks in LTC and rest homes. Number of ALC acute closed cases is 83% and the open case is 54% indicating that we have thruput in acute beds. ALC/CCC closed cases is 9% and the open cases is 40% indicating impeding flow & continuing ALC to LTC designations. All sites continue to designation ALC to LTC requiring RAI assessment in acute care for LTC. . <p>Cultural changes within hospitals continue to be a challenge in relation to HF.</p> <p>Future: HF redesigns will include an increase home with service and a decrease ALC designation to LTC and CCC in hospital. Our expectation is that there will be an increase in home with service and therefore more RAI assessments for LTC will be completed in the home setting if appropriate.</p> <p>Past: CCAC continues to focus on referring appropriately Community Support Agencies through the CA2 Tool</p> <ul style="list-style-type: none"> Process reviews with CCAC and hospital staff to support a root cause analysis leaning approach to in-
90th percentile Wait Time for CCAC In Home Services - Application from Community Setting to first CCAC Service (excluding case management)	21.00 Days	LHIN 19.00 Days (FY 12/13) MLPA Acceptable Performance Range (+10%): 20.90%	17.00 Days	<p>Fiscal Year 11/12 ~ 12/13</p> <p>Data Source: Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server</p>	<p>hospital care coordinators, assessments, and escalation processes.</p> <ul style="list-style-type: none"> Establishing congregate care nursing in Chatham-Kent. <p>Current: Preparation & introduction of Population Based Model of Care to support CCAC's commitment to: i.) deliver safe and quality care, ii.) enhance quality of the care experience, iii.) support the delivery of the right place at the right time, iv.) ensure that every dollar spent provides value to clients and the health system.</p> <ul style="list-style-type: none"> This initiative has involved significant organizational restructuring, CCAC staff, provider & stakeholder education, reclassification and realignment of caseloads will enhance the Case Coordination staff's abilities to provide service coordination in alignment with the level of each pts. care and service needs. Introduction of the new CCAC nursing clinic model in Chatham to: increase access to nursing services in an ambulatory setting; support health human resources utilization & expenditures; promote collaborative service planning, evidence based care and effective outcomes. Collaboration with Retirement Home operators and management to improve collaboration and coordination of services & supports for residents in these settings. Introduction of a new consent process to support the discussion with resident and their family caregivers, Retirement Home staff, CCAC service provider staff & Care Coordinators to improve options of care and transparency of care coordination. <ul style="list-style-type: none"> Process development in collaboration with the LHIN and hospitals regarding identified pts. facing imminent discharge in conjunction with the collaborative approach to proactive discharge planning processes for a better patient experience, increased knowledge, and access to care. <p>Future: Ongoing collaboration and activities within individual hospital sites to support real time transition planning to meet individual patient needs.</p> <ul style="list-style-type: none"> HF will be redesigned to support targeted root cause analysis for open & closed ALC cases and special needs
Number of days from ALC designation to discharge by destination (90th Percentile Days)	TBD	TBD	52 Days	<p>Q3 12/13</p> <p>Data Source: WTIS</p>	<p>and barriers. Expectation will be for increased home with services, convalescent care programming and assisted living opportunities.</p> <p>Past: Retirement home PT (physiotherapy) - direct link with retirement homes to create a referral process to refer directly rather than using CCAC contracted services supporting the HF philosophy.</p> <ul style="list-style-type: none"> CCAC working collaboratively with hospitals to receive referrals upstream in creative service planning with hospital on admission. <p>Current: Revised Home First scorecard to monitor performance to guide decision making.</p> <p>Emphasis will be on implementing a regional discharge policy and collaboratively working with CCAC and hospital utilization management teams to support timely discharge.</p> <p>Retirement home PT (physiotherapy) - direct link with retirement homes to create a referral process to refer directly rather than using CCAC contracted services supporting the HF philosophy.</p> <ul style="list-style-type: none"> In Oct/Nov: Hospital workload became to change, less placement assessments noted at some sites Increased demand from hospitals on HF Case Coordinator's (CC) the philosophy is being accepted and <p>hospitals feel now that everyone is Home First.</p> <ul style="list-style-type: none"> End of Dec met with HF CC about the need to expand the HF role to all hospital CC. Feb -15 all hospital, district & placement CC re-educated to HF role - change date is Feb 19. Since fall of 2011, 483 pts have received HF services. For 2012, 445 admits & 406 discharges. <p>Future: CCAC working collaboratively with hospitals to receive referrals upstream in creative service planning with hospital on admission.</p>

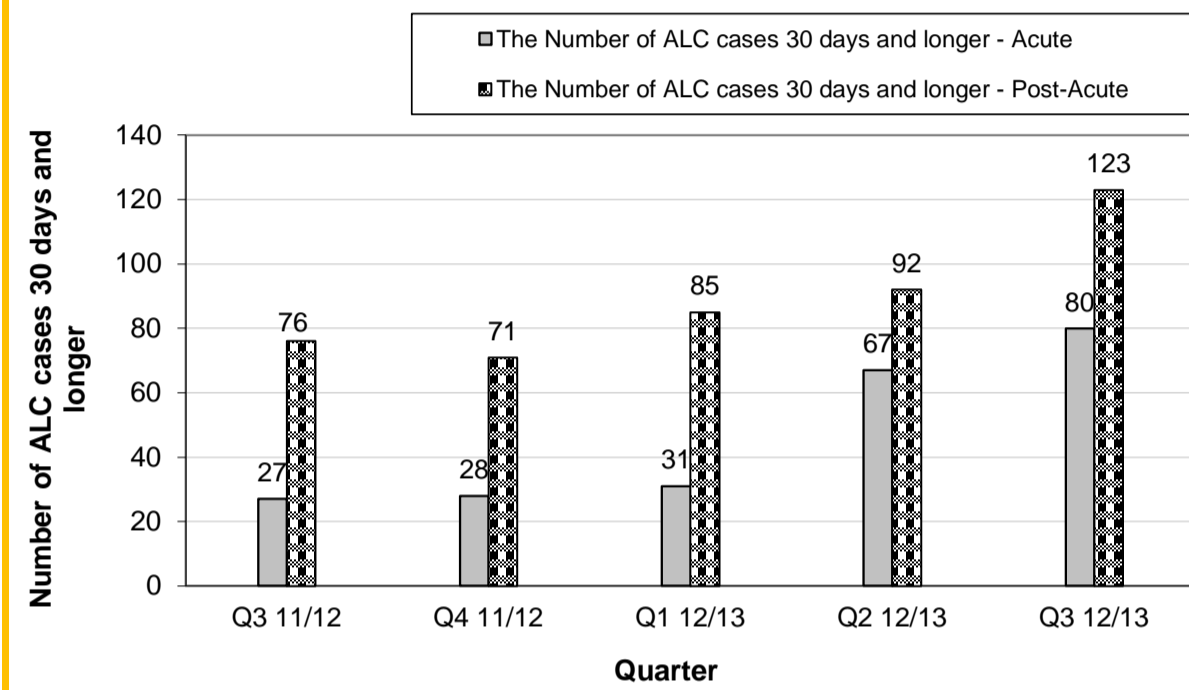
Goal: Improve Bed Utilization



The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



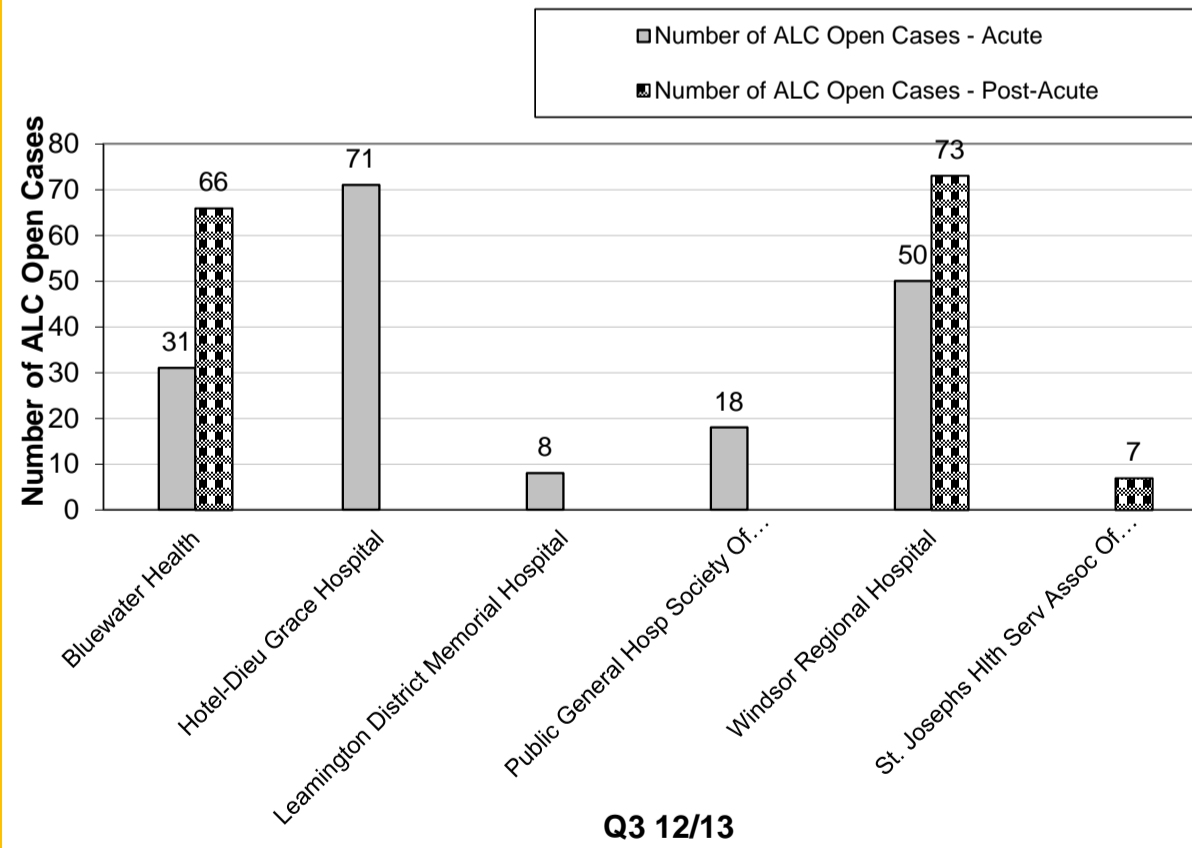
The Number of ALC Patients in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



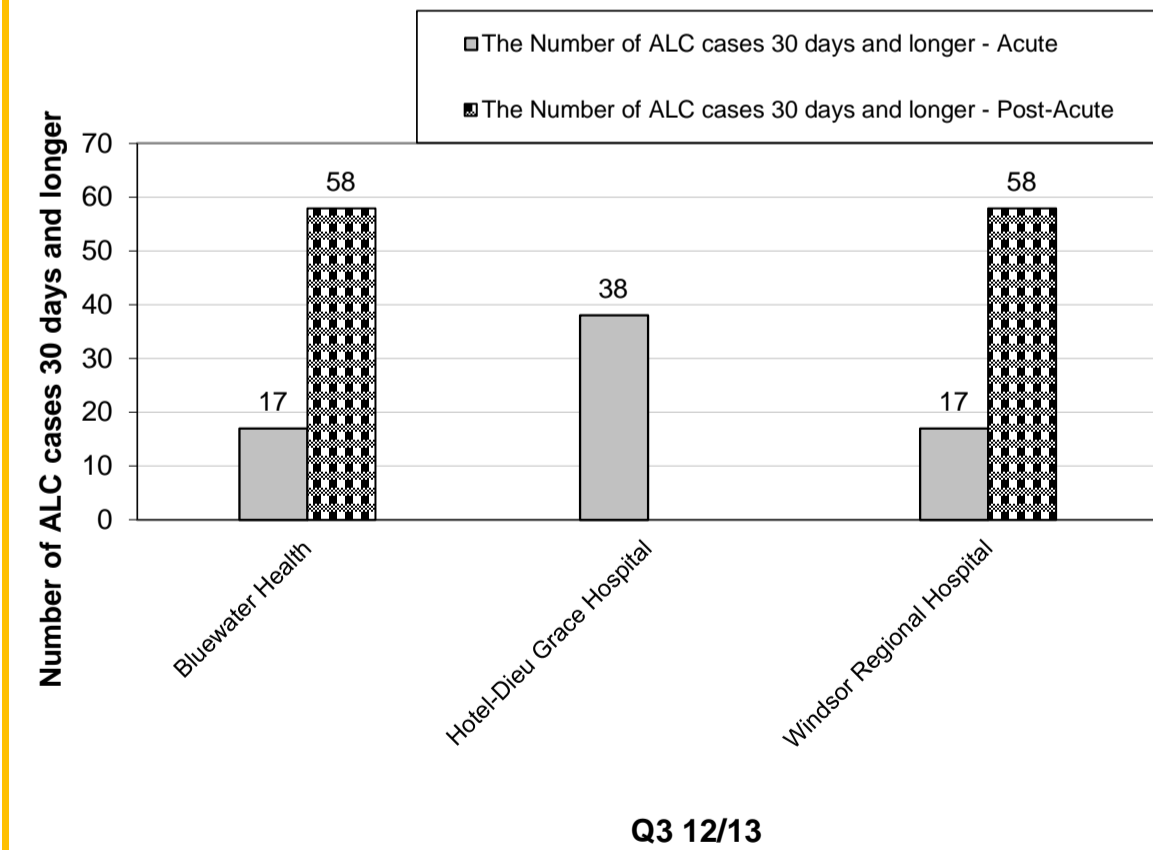
PROGRESS

Have we achieved our goals?

The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



The Number of ALC Patients in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)

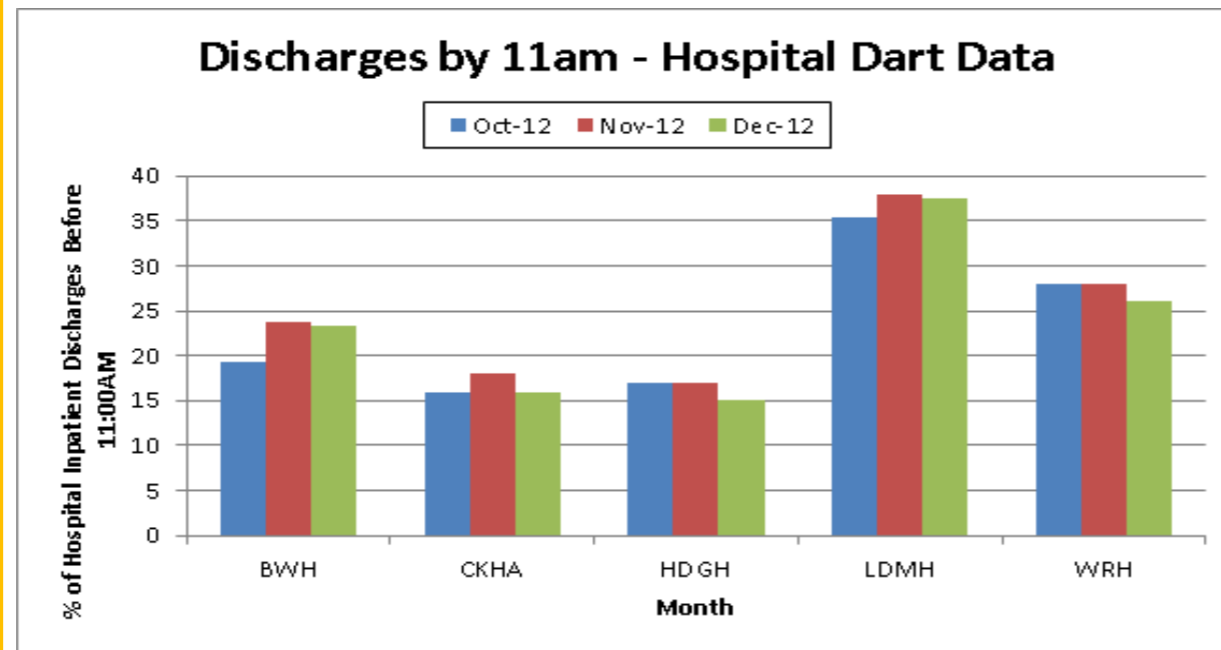


Note: Facilities with low volume for acute and post-acute care are not displayed

Note: Facilities with low volume for acute and post-acute care are not displayed



Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)



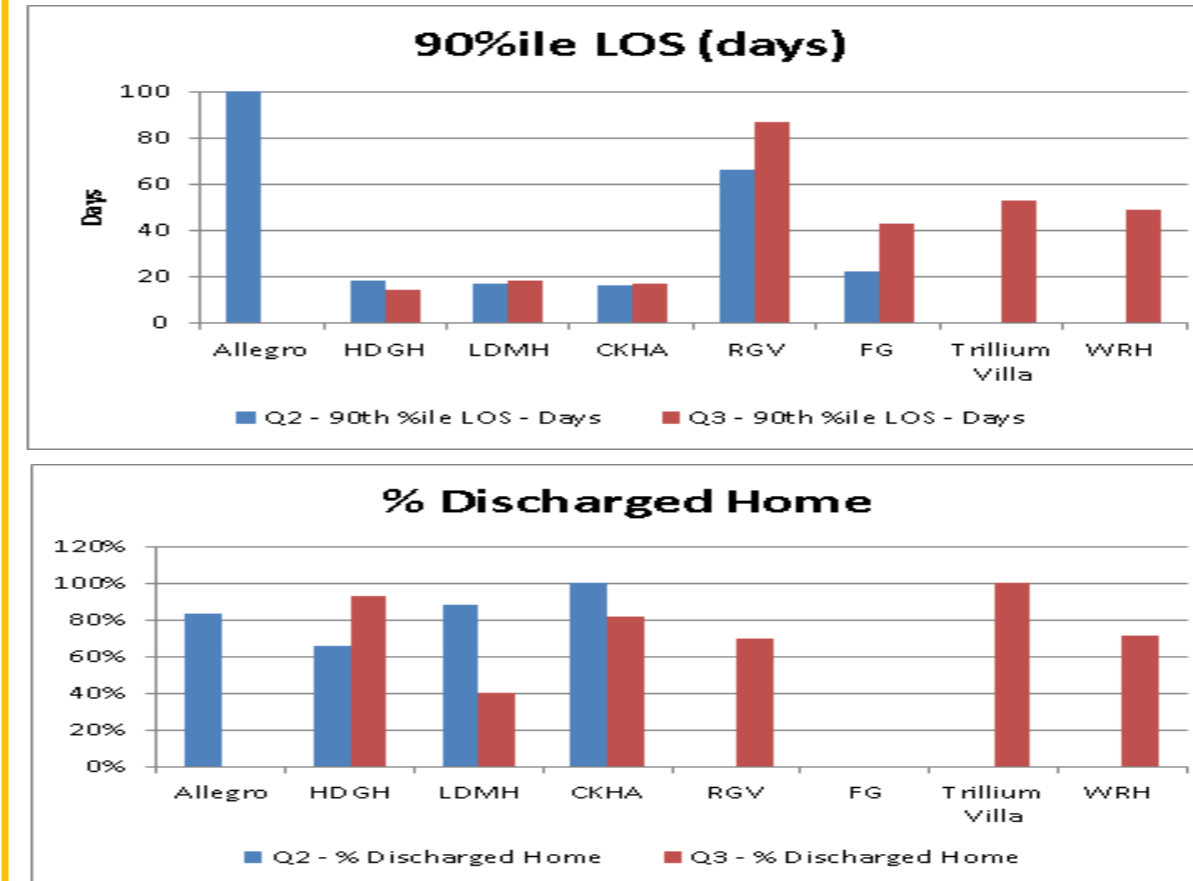
Data Source: ED PIP site/DART Data

Summary:

- ESC LHIN are requesting that a standard means of completion be added only if the information is useful to the ministry. Would the ministry still want this information? If so, can there be clarification as to purpose, and consistency. The hospitals find dart data value is primarily in its timeliness, not in its precise accuracy/reliability and suggest the ESC LHIN acquire this data from an accurate source (Intellihealth).

PROGRESS
Have we achieved our goals?

Transitional Care Program (TCP) Average Length of Stay (ALOS) by Program Type (Data Source: Transitional Care Program Reporting System (TCPRS))



Current:

- Allegro:** 60 Interim Beds, see Summary
- HDGH:** 15 Rehab beds, 90 Percentile LOS 14, exceed 60 days LOS 0.0% exceed 90 days LOS: 0.0%, Clients discharged home: 92.9% (increase from Q2)
- LDMH:** 10 Acute beds, 90 Percentile LOS 18, exceed 60 days LOS 0.0%, exceed 90 days LOS: 0.0%, Clients discharged home: 40%(decrease from Q2)
- CKHA:** 10 Rehab beds, 90 Percentile LOS 17, exceed 60 days LOS 0.0%, exceed 90 days LOS: 0.0%, Clients discharged home: 81.7% (decrease from Q2)
- Rose Garden Villa:** 8 Convalescent beds, 90 Percentile LOS 87, exceed 60 days LOS 15%,exceed 90 days LOS: 0.0%, Clients discharged home: 70% (decrease from Q2)
- Franklin Gardens:** 6 Convalescent beds, 90 Percentile LOS 43, exceed 60 days LOS 0.0%,exceed 90 days LOS: 0.0%, Clients discharged home: 0.0% (at capacity, no movement)
- Trillium Villa:** 4 Convalescent beds, 90 Percentile LOS 53, exceed 60 days LOS 0.0%,exceed 90 days LOS: 0.0%, Clients discharged home: 100%
- WRH:** 6 Convalescent bed, 90 Percentile LOS 49, exceed 60 days LOS 0.0% exceed 90 days LOS: 0.0%, Clients discharged home: 71.4%
- Summary:** Allegro-did not report due to sudden staff shortage, LHIN staff will be on site to ensure that reporting of Q3 data in Q4. HDGH is showing good flow of the 15 beds with pts being discharged home and not exceeding 60 days. LDMH flow is blocked. RGV and FG are showing signs of being blocked with increasing ALC at W/E hospitals and outbreaks. Trillium Villa has great flow with beds being discharged to home. WRH first time they are reporting.
- Future:** ESC LHIN will include Allegro's interim LTC beds in future planning of community LTC resources prior to Q1 2012/13/14
 - Emphasis on monitoring the utilization of CC beds to enhance pt flow
 - MOH should develop % occupancy TCP beds.

Mental Health & Addiction

LHIN VIEW: Erie-St.Clair LHIN

Goal: Reduce number of repeat unplanned Emergency visits within 30 days for Mental Health and Substance Abuse

Intervention:

• Health Care Connect , All hospitals • BSO, LHIN wide • First Link Alzheimer Society program, All hospitals • IAR Tool • OTN expansion, All hospitals • Chronic Pain Program and Methadone Physicians, LHIN wide • Psychiatric Assessment Nurses, HDGH • MH / Addictions OTN RNs, CKHA, BWH, WRH and LDMH • DETOUR-VON(Deterring Emergency Time Offering Urgent Respite) • Enhanced Early Intervention First Episode Psychosis, Ministry of Child & Youth Services



System Measure	Baseline (FY 12/13)	MLPA Target	Current Performance	Quarterly Performance (Data Source: CIHI NACRS)	Key Considerations
Repeat unplanned emergency visits within 30 days for mental health conditions	18.7 %	LHIN 16.9% (FY 12/13) Acceptable Performance Range (+10%): 19%	17.9 %	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Past: ESC LHIN has experienced a 1% decrease in unplanned emergency visits this quarter. • Top 5 diagnosis: schizophrenia & psychotic disorders, and stress-related & neurotic disorders. • HDGH experienced highest volume of mental health related visits. (Acute MH site) • LHIN has provided funding via the 4% community enhancements to expedite the Inner City Model in collaboration with community partners & HDGH for the highest repeat ED MH / ADD visits. • LHIN currently meeting with child & adolescent psychiatrist leads to gain a better understanding of the upward trend. • LDMH working collaboratively with HDGH & CKHA to transition patient to in-patients psychiatric units. 1.0 FTE MH Nurse added in out-patients to support ED and community. • CKHA - Q2 14.3% readmission. Focused work is being done on number of readmission rates by CMHA & the ACT team. Hired PA targeting behaviours at LTCH.</p> <p>Current: Individuals presenting at the ED have concurrent disorders (CK/SL) this pressure point is likely to continue until the SL Withdrawal Management Services becomes operational anticipated date of first clients seen is April 1, 2013. LHIN is providing HDGH with base funding for the COAST Model-this will assist police to address mental health issues in the community as opposed to bringing them to HDGH ED.</p> <p>Mental Health • LHIN investment in two Mental Health & Police Teams (City of Windsor COAST (Crisis Outreach And Support Team) & Chatham-Kent HELP Mobile Crisis Team (MCT). COAST measures pending future indicators will be provided with the HSPs and similar services. • BSO-resources have been allocated to support responsive behaviours linked to the LTCH leads and Geriatric Mental Health Outreach Team (GMHOT) • Inner City Model Steering Committee and Project Manager working towards solidifying "in-kind" partnerships, physical plant and ED flow protocols. The LHIN is submitting the model forward as a potential Health Link with the CMHA WE City Centre CHC as the Lead Agency.</p> <p>Partnerships to date include 2 CHCs, Pain Management - methadone linkages via VON, City of Windsor Police, Salvation Army, City of Windsor, OPP, CMHA, local jail, acute and tertiary care hospitals. In Windsor Essex the model will initially target ED pts who are cleared / diverted by Psych Crisis Team and the MH Police Team. The client profile - mental health and addiction issue, history of ED use, connected to existing MH system but use of the service is infrequent. Homeless or at great risk for homelessness. Services will include: i) Short term housing stabilization ii) Nursing assessment / Primary Care / Psychiatry iii) Pain Management - Methadone iv) Hep C Team v) Wound care • Release from Custody Workers - The City of Windsor will be the future site of the "super jail" housing 350 inmates with 60 segregated (30 males/ 30 females) special needs units. The CMHA WE along with their existing Court Diversion program will provide 2 FTEs to work with inmates with mental illness prior to their release date. Many of the needs are long term - housing, psychiatry, injection clinics, community treatment orders and psycho social rehab. The jails in Chatham-Kent and Sarnia-Lambton are slated to close in 2014 with the inception of the super jail. • Mental Health Walk In Clinic for children & youth in Sarnia-Lambton is slated for operations in August 2013. Volumes of children / youth with crisis - mental health issues have tripled since 2009 - with 10 known suicides occurring in 2010 / 11. These children & youth enter the system via the ED - are triaged by psych crisis team and then the social worker vets the referrals to the local children & youth mental health agency.</p> <p>This partnership includes care path ways, data sharing and shared psychiatry.</p>
Repeat unplanned emergency visits within 30 days for substance abuse conditions	22.7 %	LHIN 17.2% (FY 12/13) Acceptable Performance Range (+10%): 19%	26.3 %	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Support Programs • Wrap Around supports - CHCs, CMHAs, WRH, HDGH, VON - Pain Management / Methadone, Addiction System Navigator, CHC Street Health Program • The service is voluntary but client's must identify goals and work with the wrap around team. The staff are registered health professionals and certified addiction attendance. LOS is anticipated at 3 - 5 weeks. Housing support / vocational / employment supports are part of the client's care plan - linkages include Unemployment Help Centre, Mental Health Connections Psycho Social Rehab Services, Supportive Housing via CMHA WE and VON. We anticipate that many clients ...similar to those accessing withdrawal management services will cycle through the service more than once before they are successful. The service is NOT - a withdrawal management / detox, homeless shelter, long term housing, acute care crisis or admission fast tracking mechanism. • Mental Health Strat Plan - working group established to identify targeted priorities from the 67 recommendations brought forward for April 1, 2013.</p> <p>Addictions • Investment of 2 FTE positions for addicted pregnant and parenting women - with a target of women addicted to opiates. Specialized residential bedded capacity enhanced for pregnant addicted women. The FTEs are aligned with Child Welfare workers in all three counties. • Investment of 2 FTEs Opiate Therapists / Case Workers based in City of Windsor, Chatham and Sarnia. The mandate of the Opiate Therapists is to increase capacity for Methadone Maintenance Therapy. The Opiate Therapists are linked by OTN and are seeing clients from CHCS including First Nation Communities (Kettle & Stony Point & Moraviantown). • Two counties in ESC are "border towns" - weekly LHIN HSP Narcotic Monitoring indicates influx of percoiced, dilaudid, crystal meth and tantanyl patch. • The week of Feb 11th shows 91 new admissions for addictions of which, 34 for prescription opioids, 2 Heroin and 3 codeine. • LHIN partnership with OTN and Connex Ontario poised to initiate next day bookings in April 2013 for addictions (and Mental Health) via Tele Med RNs located throughout the region.</p>
				<p>Sustance Abuse Conditions</p> <p>PAST: In W/E and S/L - primary care physicians abandoning dependent clients relating to OxyContin delisting.</p> <ul style="list-style-type: none"> • HDGH - MH strategic inner city PM position renumberation ID project with LHIN & community partners. Most prevalent diagnosis - Alcohol use. • MH Strategic Plan being presented to the board November 27th. • Seasonal increase evident Q4 2010/11 and Q4 2011/12, will continue to monitor trends. • Withdrawal Management Services (WMS) expanding to S/L with coaching and mentoring provided by WRH. Additional resources are being funded for 2 methadone clinics to support opiate dependence clients. <p>CURRENT: LHIN Mental health Stretgic Plan is being presented to the LHIN Board November 27. A significant number of opportunities are cited for ED diversion including implementing one integrated crisis system with next days bookings through Connex Ont.</p> <ul style="list-style-type: none"> • Individuals presenting at the ED have concurrent disorders (CK/S/L) this pressure point is likely to continue until the SL Withdrawal Management Services becomes operational anticipated date of first clients seen is April 1, 2013. • LHIN is providing HDGH with base funding for the COAST model-this will assist police to address mental health issues in the community as opposed to bringing them to HDGH ED. • HDGH currently hiring PM to support Inner City Model. <p>FUTURE: WRH-Input Volumes as well as the percentage for next time</p> <ul style="list-style-type: none"> • Q4 15 to 17 in Q1 	

Excellent Care for All

LHIN VIEW: Erie-St.Clair LHIN

Goal: Reduce Avoidable Hospital Readmission

Intervention:

- ESC COPD Care Path
- Quality improvement plans hospitals and CCAC
- ESC BSO Action Plan
- Prevention vascular strategies
- Home First/Senior Strategy
- Rehabilitation Strategic Plan
- Mental Health Strategic Plan



System Measure	Baseline (FY 12/13)	MLPA Target	Current Performance	Quarterly Performance (Data Source: CIHI-DAD)	Key Considerations
30 day readmission rates for selected CMGs (Case Mix Groups)	14.7 %	LHIN 12.8% (FY 12/13) Acceptable Performance Range (+10%): 14.1	16.2 %	<p>Data Source: CIHI-DAD</p> <p>Readmissions within 30 days trend by LHIN by calendar year</p>	<p>Past: There has been a 1% decrease in 30 day readmission rate for current performance</p> <ul style="list-style-type: none"> • ESC LHIN is ranked 5th • Primary Care Lead network for ESC focusing on re-admits for COPD. • Many hospitals exploring discharge follow-up with patients and families 24 hrs post discharge • COPD Scorecard Outcomes & Process Metrics <p>Current: LHIN is ranked 6th</p> <ul style="list-style-type: none"> • Increase of 7.86% from last quarter. Q3 generally tends higher due to seasonality (winter months) <p>implementation committee focusing on (Stroke, Hip Fracture and the Frail Elderly) (see attachment)</p> <p>Future: Rehab Strat Plan</p>

LHIN VIEW: Erie-St.Clair LHIN

Goal: Reduce Avoidable Hospital Readmission

Intervention:

Integrated Orthopedic capacity plan for ESC



System Measure	Baseline	Target	Current Performance	Quarterly Performance (Data Source: DAD)	Key Considerations
Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home	TBD	90% ± 9%	95.9 %	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Past: Exploring current and future states for preplanning contracts with patients for surgical precheck list.</p> <ul style="list-style-type: none"> • Opportunities for LOS exist and ELOS with all sites has the lowest LOS at 3.1 days. <p>Current: HDGH reviewing RIW for this population as patients have more complex needs increasing wait times.</p> <ul style="list-style-type: none"> • WRH- is our best performer at 98.5% discharged home. Opportunities exist at CKHA although they remain well above target at 93.8%. • Health Service Funding Reform principals will be embedded in the integrated orthopedic capacity plan. <p>Future:</p> <ul style="list-style-type: none"> • Ortho physician engagement and current state inventory planning occurring in Q4 to develop future ortho plan expectation is centralized triage and assessment.
Average length of Stay of primary unilateral Hip or Knee Joint Replacement patients discharged home	TBD	4.4 Days	3.6 Days	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Current:</p> <ul style="list-style-type: none"> • ESC LHIN is a high performer for discharges to home. <p>Future:</p> <ul style="list-style-type: none"> • Ortho physician engagement and current state inventory planning occurring in Q4 to develop future ortho plan expectation is centralized triage and assessment.

Note: No Volume or Low Volume (<10 cases) is not reported

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Surgical and Diagnostic Imaging Wait Times

LHIN VIEW: Erie-St.Clair LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:



System Measure	Baseline FY 12/13	Target (MLPA)	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations
90th Percentile Wait Times for Cancer Surgery	40 Days	LHIN 45 Days (FY 12/13) Acceptable Performance Range (+10%): 50 days	38 Days	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Past: ESC LHIN improved ranking at 3rd in the province.</p> <p>Current: ESC LHIN continue to rank 3rd in the province.</p> <ul style="list-style-type: none"> Will bring key priorities' through the EOL network to address and develop performance. ESC LHIN is performing below provincial target <p>Future: Continue to monitor.</p>
90th Percentile Wait Times for Cataract Surgery	62 Days	LHIN 56 Days (FY 12/13) Acceptable Performance Range (+10%): 62 Days	77 Days	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Past: ESC ranked 1st in province, however, wait times trending increased to 76 days.</p> <ul style="list-style-type: none"> Due to Health System Funding Reform funding ESC lost 900 cataracts hospitals are moving to divesting services to communities. CKHA are transitioning this service to the community. <p>Current: ESC LHIN remains ranked 1st, however, wait times are trending up from Q1 12/13 that was 65 days to Q3 12/13 at 77 days.</p> <p>Future: will continue to monitor upward trending of wait times with respect to divestment strategies.</p>
90th Percentile Wait Times for Cardiac By Pass Procedures	NA Days	LHIN NA Days (FY 12/13) Acceptable Performance Range (+10%): NA days	NS Days	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	

Note: NS (No Service) - No hospitals in a particular LHIN offered this service during the period.
Data Source: Cardiac Care Network

LHIN VIEW: Erie-St.Clair LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:

- Participated with MRI PIP all sites
- Working closely with physicians group and wait times within ESC LHIN



System Measure	Baseline FY 12/13	MLPA Target	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations												
90th Percentile Wait Time for Hip Replacement	155 Days	LHIN 121 Days (FY 12/13) Acceptable Performance Range (+10%): 133 days	192 Days	<table border="1"> <caption>90th Percentile Days for Hip Replacement</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> </tr> </thead> <tbody> <tr> <td>Q3 11/12</td> <td>139</td> </tr> <tr> <td>Q4 11/12</td> <td>160</td> </tr> <tr> <td>Q1 12/13</td> <td>172</td> </tr> <tr> <td>Q2 12/13</td> <td>185</td> </tr> <tr> <td>Q3 12/13</td> <td>192</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q3 11/12	139	Q4 11/12	160	Q1 12/13	172	Q2 12/13	185	Q3 12/13	192	<p>Past: ESC continue to be ranked 7th in the province.</p> <ul style="list-style-type: none"> • Run rates are higher in Q1, Q2 leading to higher wait times in Q3, Q4 due to funding Current: ESC LHIN is ranked 8th provincially. • There are 4 factors impacting increased wait times: <ol style="list-style-type: none"> 1) Surgeons placing pts on wait list after initial consult 2) In addition, hospitals are further stretched by current referral patterns which has patient shifting from one geographical area to another, despite efficient surgical programming and capacity in some areas (ie. Q3 reallocation: 2 hips from WRH to CKHA). 3) surgical shutdown 4) increased run rate in Q1 & Q2. • Supporting a centralized triage and scheduling model. <p>Future: Integrated Orthopedic Capacity Plan will address variance in performance.</p> <ul style="list-style-type: none"> • Every LHIN is required to submit a plan by March 31, 2013 that will enable the Ministry to understand the LHIN's plans for system change at the local level, facilitate volume management decisions, and move towards standardizing care, minimizing practice variation and encouraging investments in quality improvement and patient safety. This planning process is intended to create more efficient and effective patient-centred continuums of care and deliver on <i>Ontario's Action Plan for Health Care</i>. ESC LHIN is planning engagement sessions with stakeholders (Orthopaedic Surgeons, Hospital Administration, patients/family members & Health Care Professionals) to understand the impact of current practices on patient care, identify issues and barriers and current promising/best practices and discuss steps required to implement improvement opportunities such as regional central Intake and Assessment.
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90th Percentile wait Times for Knee Replacement	161 Days	LHIN 130 Days (FY 12/13) Acceptable Performance Range (+10%): 143 days	197 Days	<table border="1"> <caption>90th Percentile Days for Knee Replacement</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> </tr> </thead> <tbody> <tr> <td>Q3 11/12</td> <td>168</td> </tr> <tr> <td>Q4 11/12</td> <td>176</td> </tr> <tr> <td>Q1 12/13</td> <td>176</td> </tr> <tr> <td>Q2 12/13</td> <td>186</td> </tr> <tr> <td>Q3 12/13</td> <td>197</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q3 11/12	168	Q4 11/12	176	Q1 12/13	176	Q2 12/13	186	Q3 12/13	197	<p>Past: ESC continue to be ranked 6th in the province</p> <ul style="list-style-type: none"> • Currently ESC experiences variability with this metrics • Run rates are higher in Q1, Q2 leading to higher wait times in Q3, Q4 due to funding Current: ESC LHIN is ranked 6th provincially. • there are 4 factors impacting increased wait times: <ol style="list-style-type: none"> 1) Surgeons placing pts on wait list after initial consult 2) In addition, hospitals are further stretched by current referral patterns which has patient shifting from one geographical area to another, despite efficient surgical programming and capacity in some areas (ie. Q3 reallocation: 20 knees from WRH to CKHA). 3) surgical shutdown 4) increased run rate in Q1 & Q2. • Supporting a centralized triage and scheduling model. <p>Future: Integrated Orthopedic Capacity Plan will address variance in performance.</p> <ul style="list-style-type: none"> • Every LHIN is required to submit a plan by March 31, 2013 that will enable the Ministry to understand the LHIN's plans for system change at the local level, facilitate volume management decisions, and move towards standardizing care, minimizing practice variation and encouraging investments in quality improvement and patient safety. This planning process is intended to create more efficient and effective patient-centred continuums of care and deliver on <i>Ontario's Action Plan for Health Care</i>. ESC LHIN is planning engagement sessions with stakeholders (Orthopaedic Surgeons, Hospital Administration, patients/family members & Health Care Professionals) to understand the impact of current practices on patient care, identify issues and barriers and current promising/best practices and discuss steps required to implement improvement opportunities such as regional central Intake and Assessment.
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LHIN VIEW: Erie-St.Clair LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:

- Integrated Orthopedic Capacity Plan will address variance in performance.



System Measure	Baseline FY 12/13	MLPA Target	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations												
90th Percentile Wait Time for Diagnostic MRI Scan	50 Days	LHIN 28 Days (FY 12/13) Acceptable Performance Range (+10%): 31 days	34 Days	<table border="1"> <caption>90th Percentile Days for Diagnostic MRI Scan</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> </tr> </thead> <tbody> <tr> <td>Q3 11/12</td> <td>50</td> </tr> <tr> <td>Q4 11/12</td> <td>42</td> </tr> <tr> <td>Q1 12/13</td> <td>37</td> </tr> <tr> <td>Q2 12/13</td> <td>37</td> </tr> <tr> <td>Q3 12/13</td> <td>34</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q3 11/12	50	Q4 11/12	42	Q1 12/13	37	Q2 12/13	37	Q3 12/13	34	<p>Past: CKHA an increase in wait times for Q2, due to significant decrease in resources. CKHA is at 89 days</p> <ul style="list-style-type: none"> • HDGH is at 22 days, BWH is at 20 days and WRH is at 33 days <p>Current: ESC LHIN is the highest performer for the province.</p> <ul style="list-style-type: none"> • To gain efficiencies such as CKHA, BWH & WRH have dully trained technicians and positioned their scheduled hrs according to the communities needs such as adding resources to the evening shift and blocked bookings of the same procedures which reduces setup times. • BWH showed the greatest improvement. this is consistent with a coordinated approach across the LHIN. • CKHA-DI improvements - took it from Patient Appointment Office (PAO) to the central DI department. Hips, knees and spines, decreases in need to change coils. Reduces tech time for set up. 2 day s 2 techs and 3 days 3 techs. Improved wt time and response time. Improved service with DI staff doing this. <p>Future: To continue to montior.</p>
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90th Percentile wait Times for Diagnostic CT Scan	25 Days	LHIN 26 Days (FY 12/13) Acceptable Performance Range (+10%): 29 days	16 Days	<table border="1"> <caption>90th Percentile Days for Diagnostic CT Scan</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> </tr> </thead> <tbody> <tr> <td>Q3 11/12</td> <td>24</td> </tr> <tr> <td>Q4 11/12</td> <td>19</td> </tr> <tr> <td>Q1 12/13</td> <td>21</td> </tr> <tr> <td>Q2 12/13</td> <td>18</td> </tr> <tr> <td>Q3 12/13</td> <td>16</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q3 11/12	24	Q4 11/12	19	Q1 12/13	21	Q2 12/13	18	Q3 12/13	16	<p>Past: Monitor performance and ensure stability</p> <p>Current: Integrated Orthopedic Capacity Plan will address variance in performance. Current: ESC LHIN is the highest performer for the province.</p> <ul style="list-style-type: none"> • Expected improvements in CKHA performance for Q3 & Q4 • To gain efficiencies such as CKHA, BWH & WRH have dully trained technicians and positioned their scheduled hrs according to the communities needs such as adding resources to the evening shift and blocked bookings of the same procedures which reduces setup times. • CKHA-DI improvements - took it from Patient Appointment Office (PAO) to the central DI department. Hips, knees and spines, decreases in need to change coils. Reduces tech time for set up. 2 day s 2 techs and 3 days 3 techs. Improved wt time and response time. Improved service with DI staff doing this. <p>Future:</p> <ul style="list-style-type: none"> • to continue to montior.
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Population of the Percentage of hospital inpatient discharges before 11:00 am graph on page 24

Instructions:

(Please be advised that the existing mock-up graph on page 24 must be deleted prior to the population)

- 1) Relabel chart and indicate the month of data
- 2) Relabel chart and indicate hospital names
- 3) Insert new column by clicking on the dedicated button on the right (optional)
- 4) Please insert data in the chart format ||
- 5) Click button to graph
- 6) Adjust the initial settings of the graph features accordingly

Modify the chart to reflect past 3 months' data	Name of Hospital
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	[Hosp A]	[Hosp B]	[Hosp C]
[Month 1]			
[Month 2]			
[Month 3]			

