

MOHLTC - HSAPD
Quarterly Stocktake Report

LHIN: Erie-St.Clair LHIN
Report Date: May 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.

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	25.1 hours	<p style="font-size: small; text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Interventions or initiatives: • Q3 ESC LHIN is at 23.2 hrs with a 4.9% decrease over last quarter. • 2 Hour increase in LOS for admitted patients ESC LHIN wide. • The greatest opportunities for improvement exist at BWH(+2hrs), CKHA(+3.5hrs), and WRH(2.8hrs) • Although HDGH witnessed a slight increase in Q4. HDGH has consistently shown the greatest improvement from Q2 to Q4. • From a strategic perspective a focused strategy targeting sites with higher service volumes would have the most significant impact LHIN wide. Improving LOS for admitted patients at WRH would have the most significant impact overall. • CKHA-recent reorganization of programs, continues to recruit for ED Medical Leadership. Prioritizing a coordinated approach related to bed management system (ie. Oculus-VIBE) and patient flow. Opportunities are seen in reviewing acuity of patients in ED, CC, Med as increase in RIW's of patient populations, LTC ED visits special needs, telehealth or mental health and addictions. • HDGH-set occupancy rate at 95% real focus on discharge planning. • BWH, WRH,LDMH-targeting admission processes and transitions of care</p> <p>LHIN expect improvement from baseline: • Devising a Regional Discharge Process Information Package to assist in managing transitions and flow through bed supply and demand, and clarity of scope of services offered. Discharge planning starts early to plan discharge and to consider all options at appropriate time. Concentrating on developing internal discharge process & policy that is coordinated & consistent region wide. LEAN & VSM focus on system & emergency flow. All sites targeting admission processes & transitions of care. Overall throughputs.</p> <p>LHIN target: ESC LHIN expects to improve on this target 13/14 Q4.</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>	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> • ESC LHIN is at 6.9 hrs stabilizing from previous quarter. • Increase in volume over holidays-linked to primary care access, waiting for specialized cardiac transportation, lab, and DI. <p>LHIN expect improvement: • 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.</p> <ul style="list-style-type: none"> • CKHA hiring a Lean Consultant to target improvements in pt. flow and site visits to high P4R performers. • HDGH/WRH will continue to evaluate physician in triage. Has improved flow and enabled pt. flow will continue this process. • ESC is slightly below the Provincial target of 7hrs, but above the LHIN target of 6.5hrs. • The greatest opportunities exist at CKHA • BWH (at 5.2hrs) remains well below the LHIN target <p>LHIN target: 13/14 Q4-monitored monthly through P4R process</p>
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>Interventions or Initiatives: 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.</p> <ul style="list-style-type: none"> • 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. <p>LHIN expect improvement from baseline: ESC has remained at 3.8 over the last three quarters, which is below the LHIN and provincial both set at 4 hrs.</p> <ul style="list-style-type: none"> • Considering ER service volumes and overall performance, the greatest opportunities exist at HDGH and Sydenham respectively. <p>LHIN target: Continue to monitor through P4R process</p>

LHIN VIEW: Eric-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	19.9 hours		<p>Interventions or Initiatives: All sites monitoring flow models. Anticipating discharge process improvements 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 beds.</p> <p>LHIN expect improvement from baseline: 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. • 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. • WRH-improvement with flow, challenges with ALC. Focus on length of stay at 25%, bullet rounds. EDD based on CMG groupings. Implemented in the 3rd quarter. Should see further improvements. • Additionally, CKHA and Leamington's ER experienced a significant rise in wait time at CKHA (Q2[6.8]-Q4[14.6]), BWH and Leamington. <p>LHIN target:- Q4 13/14</p>
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial Assessment	3.9 hours FY 11/12	TBD	3.4 hours		<p>Interventions or Initiatives : BWH are best performer at 2.2</p> <p>LHIN expect improvement from baseline:</p> <ul style="list-style-type: none"> • A slight increase at CKHA (both campuses) • A slight improvement noted at (HDGH, LDMH, WRH) Continue to monitor through P4R process for all sites. WRH, HDGH, BWH, LDMH, are below the LHIN target of 3.9 <p>LHIN target - Monitored Quarter over Quarter</p>
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	TBD	88%		<p>Interventions or Initiatives: All sites continue to explore strategies to improve customer satisfaction.</p> <p>LHIN expect improvement from baseline: Opportunities exist at BWH, all other hospitals in ESC LHIN have improved with the most improvement at CKHA.</p> <ul style="list-style-type: none"> • BWH-Team is focused on this indicator and planning to value stream map this process. In addition explore public perception and expectations. • LDMH is concentrating on LWBS to ensure a better understanding of why pts. have left and increased awareness of pt. population needs. The greatest opportunities exist at LDMH. • WRH-targeting emotional piece as a corporate strategy. <p>LHIN target- Monitored Quarter over Quarter.</p>

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	TBD	119	<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> <tr><td>Q3 12/13</td><td>119</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	Q3 12/13	119	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> • 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. • 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 across region. • W/E BSO lead home compliment increasing to full capacity from 1 lead home to 2 (Aspen Lake & Richmond Terrace). <p>LHIN expect improvement from baseline:</p> <ul style="list-style-type: none"> • Highest ED users for unscheduled visits in ESC LHIN are CKHA and BWH. <p>LHIN target - Maintain and monitor Quarter over Quarter</p> <p>By Patient</p> <table border="1"> <thead> <tr> <th>County</th> <th>Q4 Visit #'s</th> <th>Population</th> <th>Per 1,000</th> </tr> </thead> <tbody> <tr> <td>Windsor-Essex</td> <td>36,426</td> <td>388785</td> <td>93</td> </tr> <tr> <td>Sarnia-Lambton</td> <td>19,202</td> <td>126200</td> <td>152</td> </tr> <tr> <td>Chatham-Kent</td> <td>14,069</td> <td>104075</td> <td>135</td> </tr> <tr> <td>ESC LHIN</td> <td>69,696</td> <td>619056</td> <td>112</td> </tr> </tbody> </table>	County	Q4 Visit #'s	Population	Per 1,000	Windsor-Essex	36,426	388785	93	Sarnia-Lambton	19,202	126200	152	Chatham-Kent	14,069	104075	135	ESC LHIN	69,696	619056	112
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<p>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</p> <p>(*Based on the CTAS)</p>	<p>Q1 FY 11/12</p> <p>288 (High Acuity NLOT)</p> <p>176 (High Acuity Non-NLOT)</p> <p>44 (Low Acuity NLOT)</p> <p>30 (Low Acuity Non-NLOT)</p>	NA	<p>Q3 FY 12/13</p> <p>254 (High Acuity NLOT)</p> <p>165 (High Acuity Non-NLOT)</p> <p>33 (Low Acuity NLOT)</p> <p>24 (Low Acuity Non-NLOT)</p>	<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>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> <tr><td>Q3 12/13</td><td>254</td><td>165</td><td>33</td><td>24</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	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	Q3 12/13	254	165	33	24	<p>Interventions or Initiatives:</p> <p>ESC LHIN NLOT Update</p> <p>LHIN expect improvement from baseline:</p> <p>NLOT Presentation- Shauna Carter</p> <p>LHIN target - maintenance of 25-30% ED avoidance to supported LTCH's. Plan to explore options to expand ESC LHIN wide. No significant change for Non-NLOT over the last three Qtr's</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	<p>Q1 FY 11/12</p> <p>118 (NLOT)</p> <p>80 (Non-NLOT)</p>	NA	<p>Q3 FY 12/13</p> <p>106 (NLOT)</p> <p>77 (Non-NLOT)</p>	<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>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> <tr><td>Q3 12/13</td><td>106</td><td>77</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	Q3 11/12	98	74	Q4 11/12	113	82	Q1 12/13	85	79	Q2 12/13	91	73	Q3 12/13	106	77																																											
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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%	18.5 %	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p> <p>Data Source: CIHI - DAD</p>	<p>Interventions or Initiatives: Working with all sites & CCAC, to assist in managing transitions & flow through bed supply & demand, and clarity of scope of services offered. Discharge planning starts early to plan discharge & to consider all options at appropriate time. Concentrating on developing internal discharge process & policy that is coordinated & consistent region wide. LEAN & VSM focus on system & emergency flow. All sites targeting admission processes & transitions of care. Overall throughput ratio & open acute & post-acute cases. • Emphasis will be on transition of care related to: senior strategy, chronic disease management, readmission & avoidable admission through proactive planning & root cause analysis. Developing Complex Discharge Review teams will explore barriers to discharge & processes for escalation that includes patients & families in planning discharge to identify potential issues/barriers as early as possible. Early identification would include & not limited to the financial situation, health care team recommendations, decisional capacity, social support network, and housing. CDR teams are key in proactive planning, support, capacity building and system engagement. (Reference D. Clement) WRH implementing a 20 bed short-stay transitional care unit with a LOS up to 72 hrs. to target specific CMG's. 30 ALC to LTC pts. transferring to WRH-Tayfour Campus target date July 2013 Q2.</p> <p>LHIN expect improvement from baseline: • BWH had a 5% improvement. BWH piloting SBAR tool for complex discharge reviews to be transferrable across ESC LHIN • Investigate additional convalescent capacity & throughput. 28 additional beds applied within Convalescent Care Request for Application phase 2 process-awaiting approvals. Goal of ESC LHIN is to have 2% of our LTCH beds in ESC CCP. • S/L & CKHA LTC bed strategy planning for Q4 to include restorative & convalescent care. • All sites identifying barriers to discharge as root cause & working collaboratively with CCAC to identify imminent opportunities to improve flow. Number of ALC acute closed cases is 82% & the open case is 54% indicating that we have throughput in acute beds. ALC/CCC closed cases is 12% & the open cases is 38% indicating</p>
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 style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p> <p>Data Source: Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server</p>	<p>impeding flow & continuing ALC to LTC designations. Waits for CCC and MH have decreased in Q 4 while increase wait time is noted for rehabilitation. All sites continue to decrease designation ALC to LTC requiring RAI assessment in acute care for LTC. LDMH best performer. Cultural changes within hospitals continue to be a challenge in relation to HF. ESC hospitals are all included in ALC reporting. • WRH anticipating improvements with flow Q3/Q4 13/14. • CCAC enhanced role for rehab CCC and community support services are anticipated to be developed to support flow as a central patient access point.</p> <p>LHIN target: HF redesigns will include an increase home with service and a decrease ALC designation to LTC and CCC in hospital with increased opportunity to utilize community support services. Our expectation is that there will be an increase in home, home with service, and therefore more RAI assessments for LTC will be completed in the home setting if appropriate. ALC to LTC improvement targets 13/14 Q4. • ESC is at 21% and the LHIN target is at 12%***</p> <p>• CCAC Initiatives: all these initiatives support our ALC strategy</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;"> CCAC Update of Current Activities </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> CCAC Rapid Response Nursing Services </div> </div> <p>Interventions or Initiatives: HF Initiatives • BWH CDRs with approval process for ALC LTC escalated to BWH VP. Initial SBAR tool continues to be updated and tweaked, development of a summary tool also underway. • WRH CDRs have also decided to escalate any ALC LTC to CNE level. Additional time has been spent reviewing all ALC LTC residing on 5 north for any other options, prior transition of unit to short stay medical unit. Hospital is planning on</p>
<u>Proposed Measure:</u> Number of days from ALC designation to discharge by discharge destination (90th percentile Days)	NA	NA	45.00 Days	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p> <p>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.</p>	<p>on one family meetings to deliver scripting and placement assessor will be present to discuss other options and wait times on current LTC lists and potential to add in any alternatives. • WRH Tayfour campus also utilizing the SBAR tool and also meeting weekly. The ALC Rehab group has also been reviewed with alternatives for 3-4 patients out of the 8. These review are very complex as the patient has been in the system at this point for an extended period of time. The stricter eligibility criteria for rehab that is in development will be beneficial for this rehab unit. CCC reviews have not been implemented yet as the rehab reviews are only several weeks into the process. • HDGH is also 3 weeks into the CDR process, they are using the tool and we are meeting weekly. At this time they are unsure about the approval process related to ALC LTC. Community gap identification is another benefit of these reviews which will be shared at the geographic committee meetings. • Planning to initiate CDRs with CKHA starting with a launch of the process, triggers and tools on June 5th. The Alzheimer's society plans to take part in these reviews. Revised Home First scorecard to monitor performance to guide decision making. 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. • Increased demand from hospitals on HF Case Coordinator's (CC) the philosophy is being accepted and hospitals feel now that everyone is Home First.</p> <p>LHIN expect improvement from baseline: ESC- The greatest opportunities to improve patient flow are to home, home with support, LTC, and CCC respectively. Home without support has increased from Q2 at 22 days to 135 days in Q4</p> <p>• Longest wait times are for CCC and LTC beds. • Home with support, convalescent, rehab and palliative, shorter wait times. CCAC working collaboratively with hospitals to receive referrals upstream in creative service planning with hospital on admission.</p> <p>LHIN target: 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. ALC to LTC improvement targets 13/14 Q4. opportunity exists to increase access to inpatient rehab services via work done through rehabilitation strategic plan.</p>

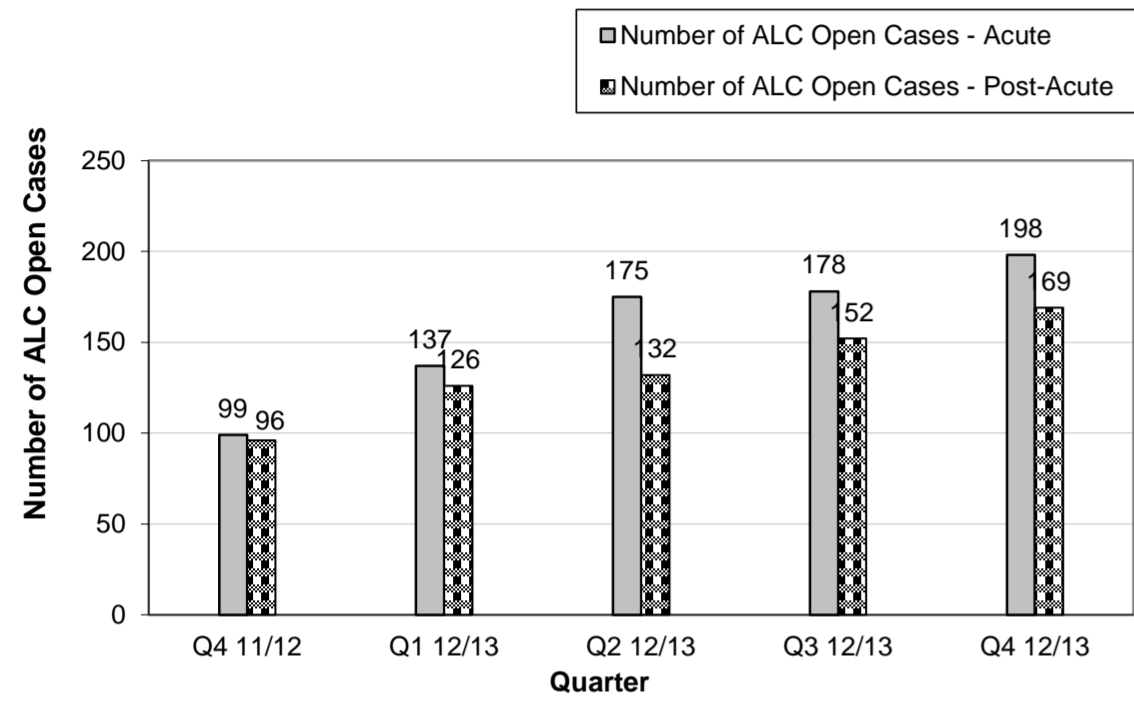
Goal: Improve Bed Utilization

PROGRESS

Have we achieved our goals?

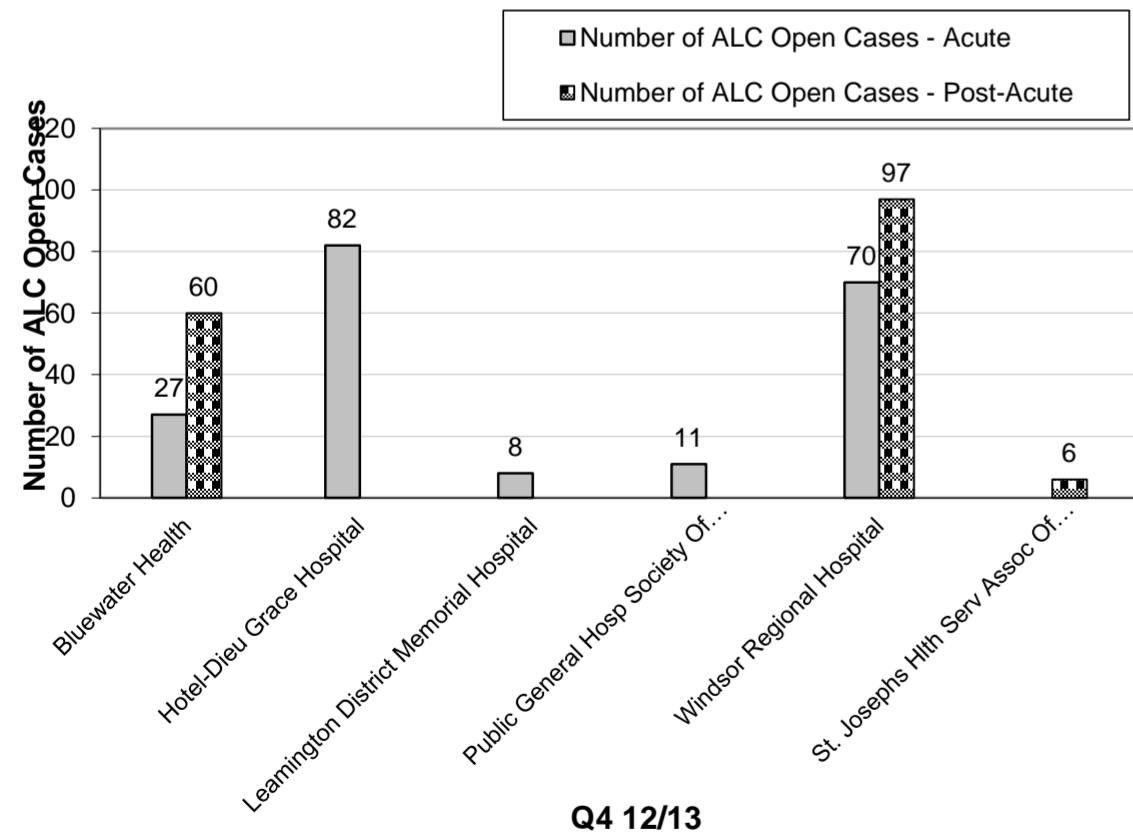


The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



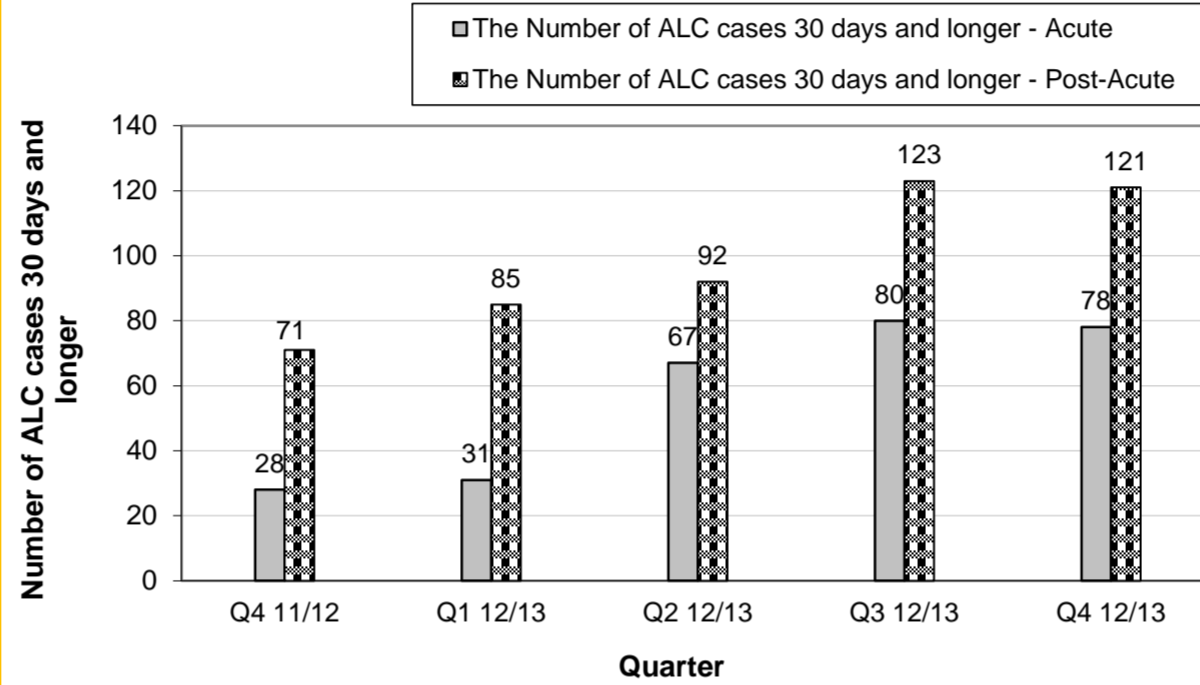
Note: Information is not available for previous quarters in WTIS

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



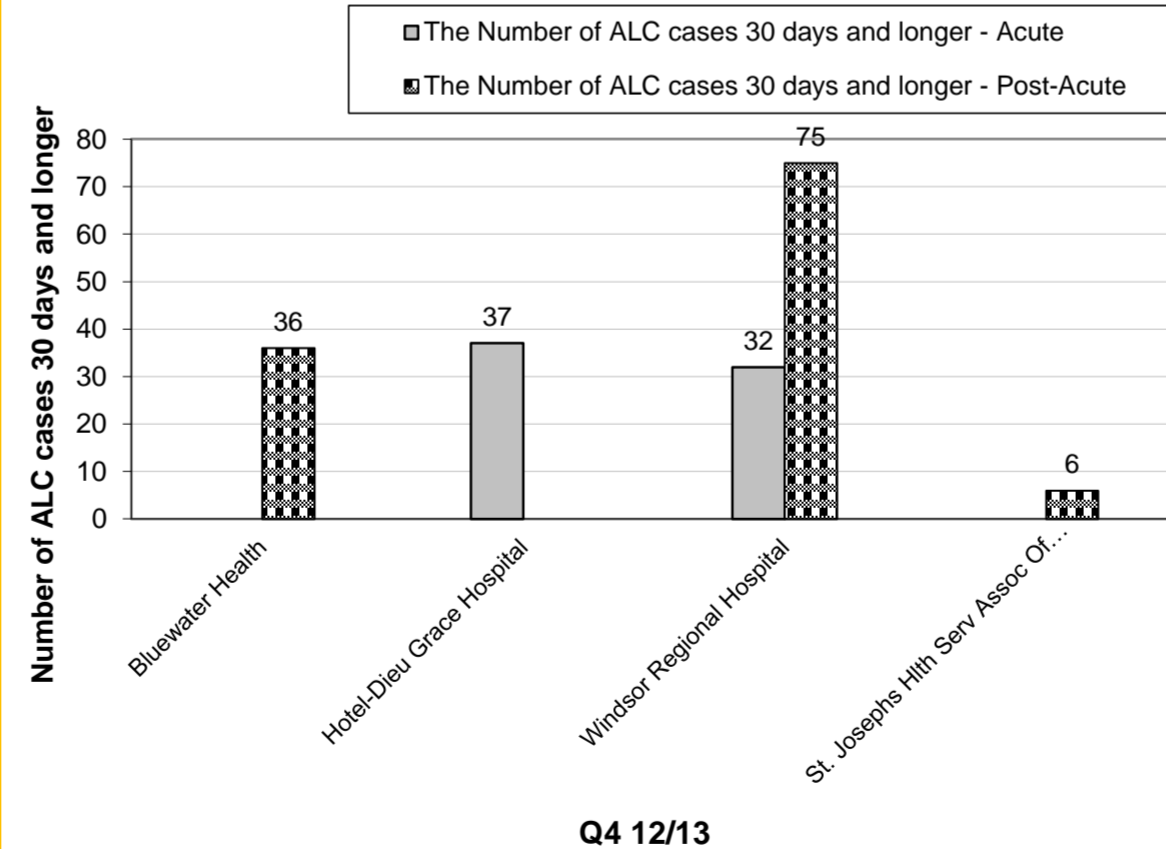
Note: Facilities with low volume for acute and post-acute care are not displayed

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



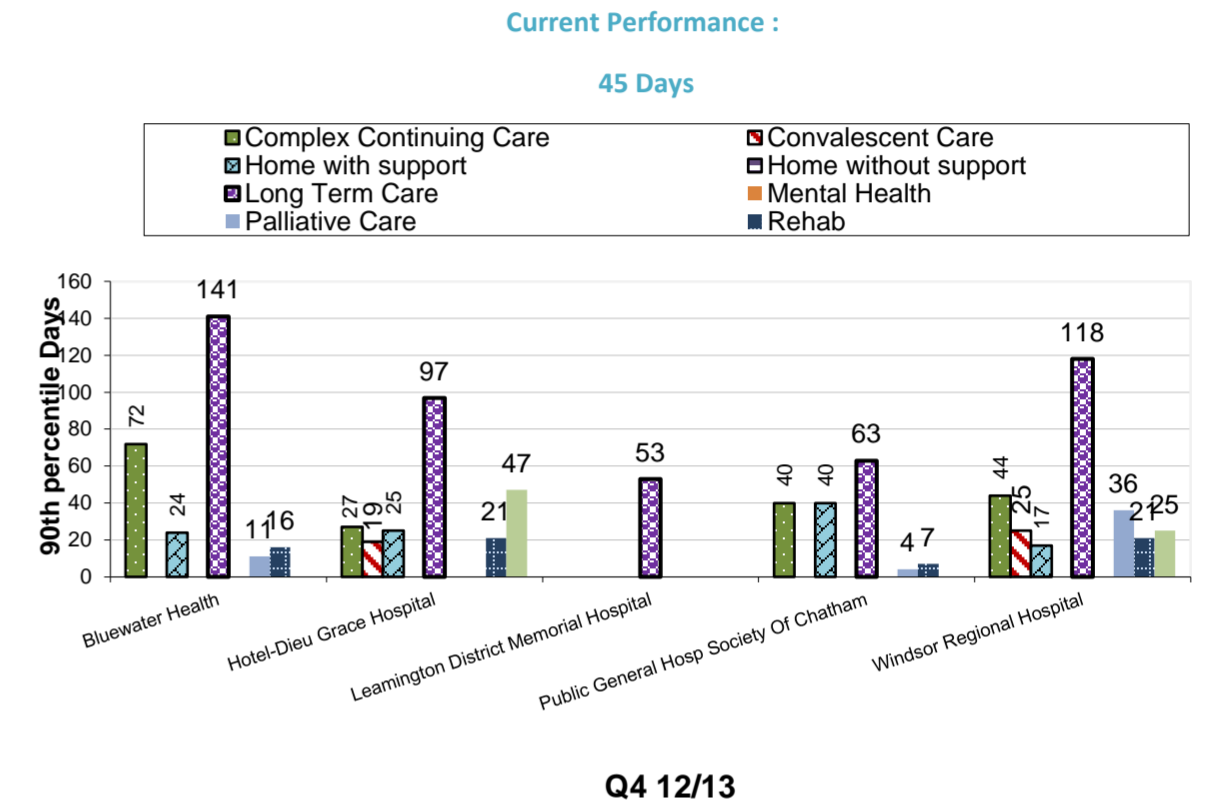
Note: Information is not available for previous quarters in WTIS

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

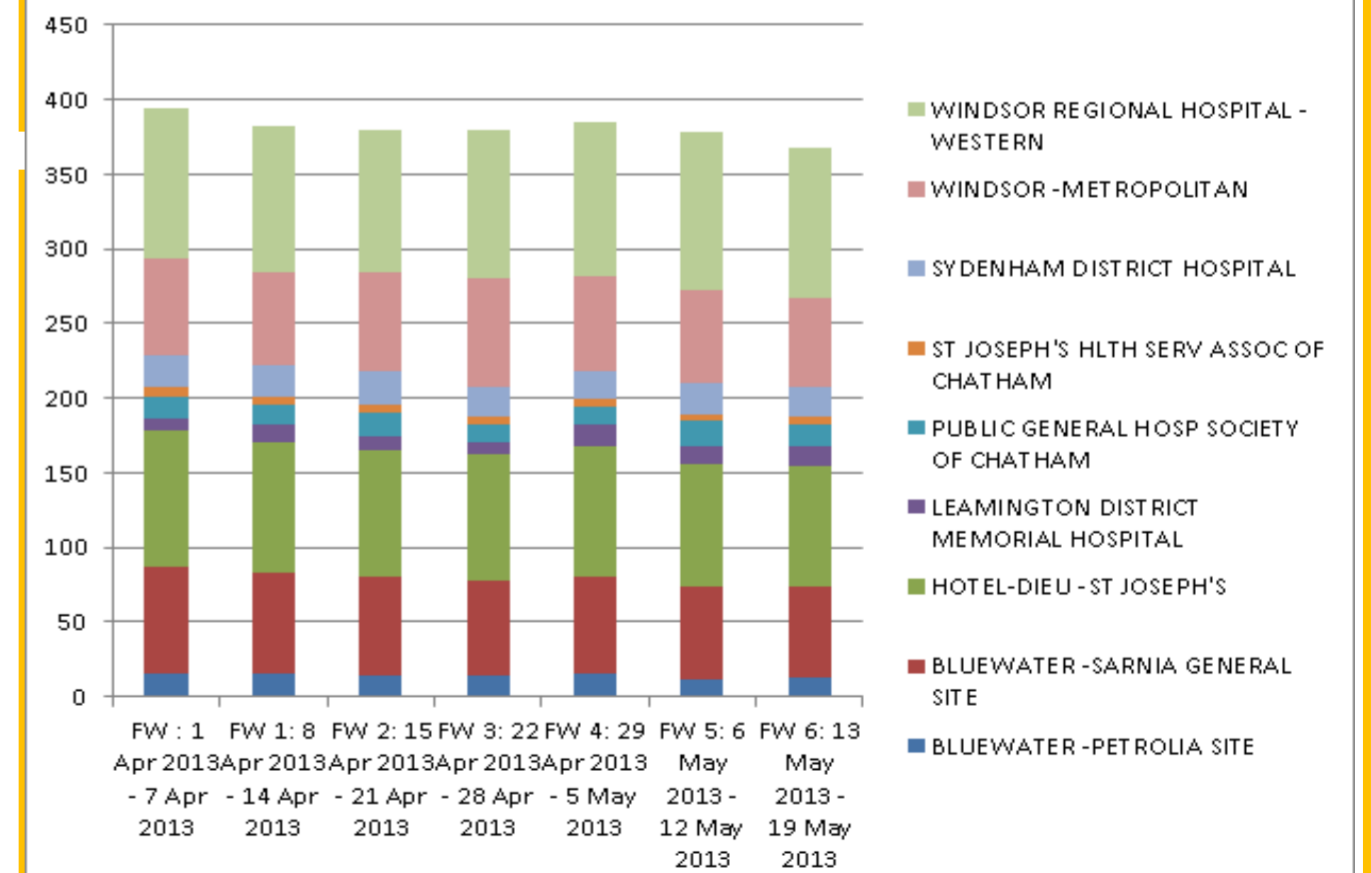


Note: Facilities with low volume for acute and post-acute care are not displayed

Number of days from ALC designation to discharge by discharge destination (90th Percentile Days)



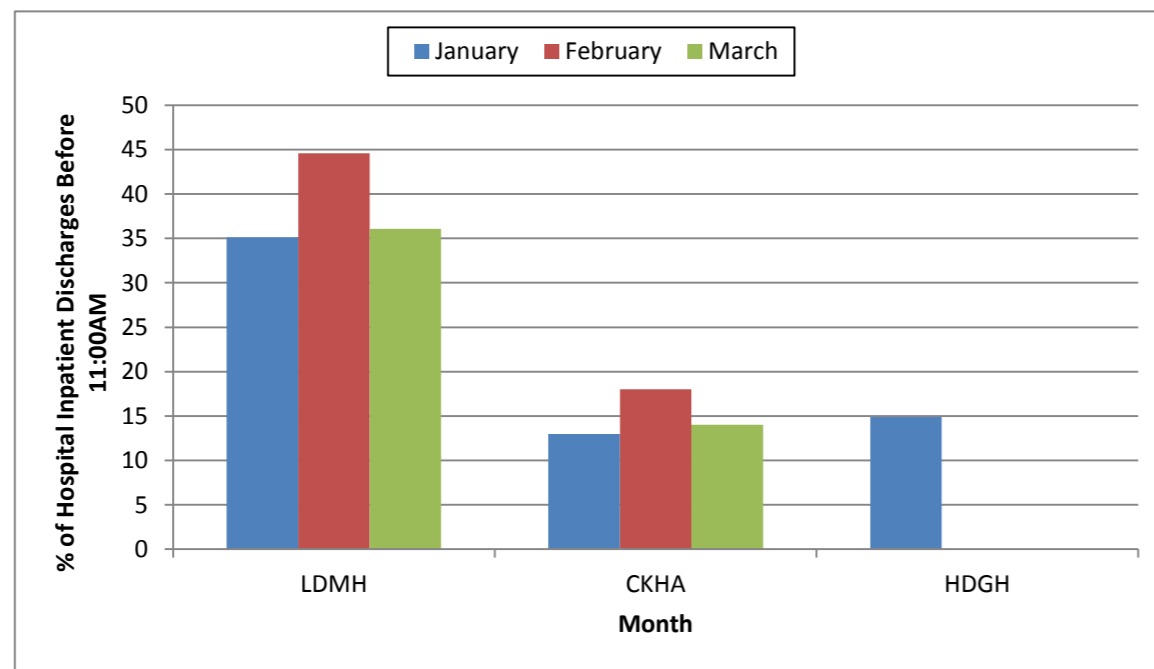
ESC Total ALC Open Cases by Hospital FY 13/14 Q1





PROGRESS
Have we achieved our goals?

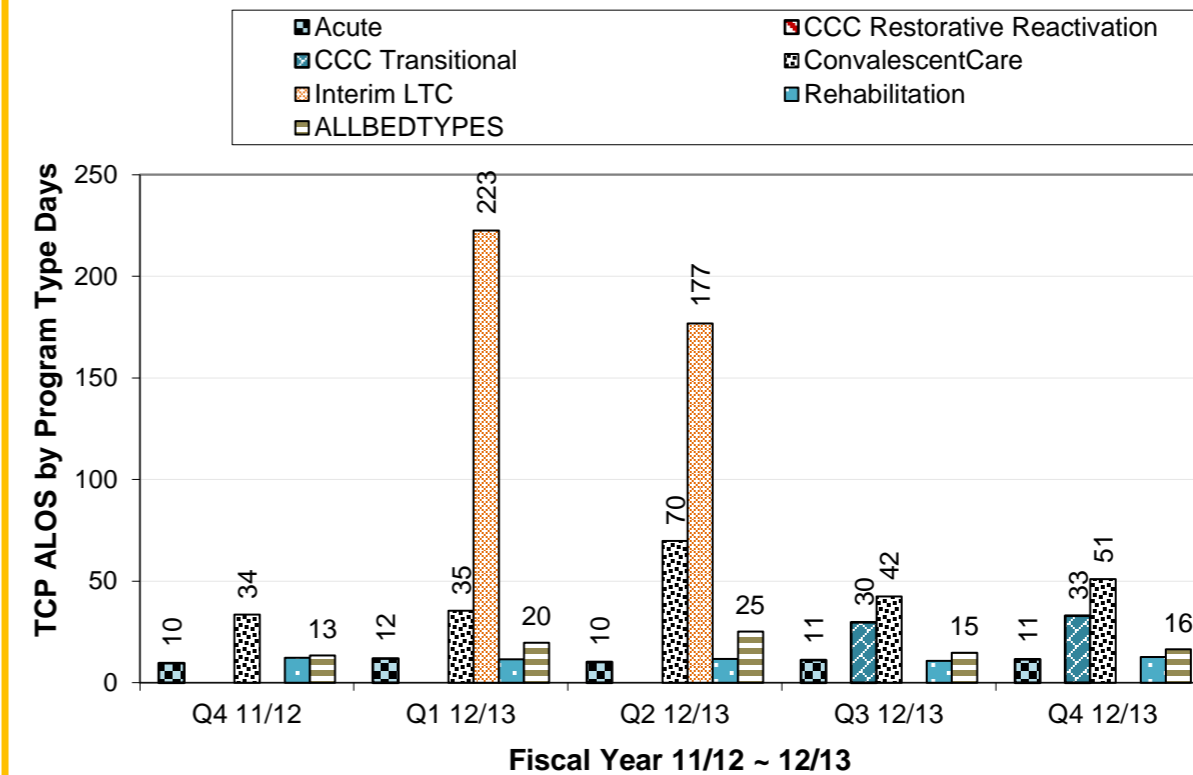
Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)



Data Source: ED PIP site/DART Data

** No other information is available at this time

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



Current (2012/2013-Q4):

Allegro: 60 Interim LTC Beds

HDGH: 15 Rehab beds, 90 Percentile LOS 15, 86.1% Clients discharged home:

LDMH: 10 Access and Restore Beds, 90 Percentile LOS 23, Clients discharged home: 51.8%

CKHA: 10 Rehab beds, 90 Percentile LOS 16,

Rose Garden Villa: 8 Convalescent beds, 90 Percentile LOS 89, exceed 60 days LOS 66.7%, Clients discharged home: 66.7% (decrease from Q2)

Franklin Gardens: 6 Convalescent beds, 90 Percentile LOS 39, Clients discharged home: 0.0% (at capacity, no movement)

Trillium Villa: 4 I-LTC beds, 90 Percentile LOS 91, exceed 60 days LOS 66.7% , Clients discharged home: 66.7%

WRH: 4 CCC Beds, 90 Percentile LOS 49, exceed 60 days LOS 0.0% exceed 90 days LOS: 0.0%, Clients discharged home: 63.6%

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.

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%): 18.6%	19.3 %		<p>Interventions or Initiatives: The ESC LHIN developed 3 models to address repeat ED MH visits. Performance targets are embedded into the models and expressed as upper (16.9%) and lower (10%) acceptable corridors. Next Day Bookings will be initiated in summer 2013. Initial intakes will occur for ESC residents who contact Connex Ontario (publishing Connex 1-800 number is embedded into every MH Add HSP MSAA) Intakes occur via existing Tele Med Nurses and Early Adopter MH Add providers blocked schedule time. Intakes will also be scheduled by Psychiatric Assessment RNs based in the ED for frequent users. The Inner City and the CK - SL and Leamington area Models are based on existing resources, however still require some LHIN funding investments to implement. These models are going to the LHIN May Board meeting for endorsement.</p> <p>LHIN expect improvement from baseline: Anticipating that the above models are approved and funded - reductions in ED MH vists will occur in the fall of 2013</p> <ul style="list-style-type: none"> • BWH - 11.3% for Q2, CKHA (Chatham site) - 14.9% for Q2, (Sydenham Site) 27% in Q2, HDGH (Schedule 1 beds) - 25.3%in Q2, LDMH - 6.7% in Q2, WRH - 15.2% in Q2 • an increase has been seen by 1.4% from Q3 <p>LHIN target:</p> <ul style="list-style-type: none"> • Q3 of 2013
Repeat unplanned emergency visits within 30 days for substance abuse conditions	22.7 %	LHIN 17.2% (FY 12/13) Acceptable Range (+10%): 18.9%	17.5 %		<p>Interventions or Initiatives: ESC LHIN in partnership with Bluewater Health have hired a project manager for the new Withdrawal Management Site slated for operations in 13 / 14 fiscal year. The ESC LHIN has 2 border communities - we continue to monitor narcotic / opiote use for all HSP - we are seeing a rise in Herion, Crack, Crystal Meth. The Addicted Pregnant Women Program is now implemented LHIN wide as well as Methadone Therapists. These two programs have been operating for 3 quarters - impacts on ED rates should improve for opiate users in the next 2 quarters contingent upon SL withdrawal management site opening as a critical resource.</p> <ul style="list-style-type: none"> • All for Q2 BWH - 10.1%, CKHA - 12.3%, HDGH - 24.6%, WRH - 13.7% <p>LHIN expect improvement from baseline:</p> <ul style="list-style-type: none"> • A decrease has been noted from Q3 to Q4 by 8.8% <p>LHIN target:</p> <ul style="list-style-type: none"> • Q3

LHIN VIEW: Eric-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)	14.8 %	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Quarterly Performance (Data Source: CIHI-DAD)</p> <p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p> <p style="font-size: small;">Data Source: CIHI-DAD</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">Readmission Ratio</p> <p style="text-align: center;">Calendar year</p> <p style="font-size: small;">Readmissions within 30 days trend by LHIN by calendar year</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">Readmission Ratio</p> <p style="text-align: center;">Calendar Year</p> </div>	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> • COPD in Chatham-Kent and Sarnia-Lambton (underway) – expanding to Windsor Essex COPD Working Group 1st meeting on May 23 • CHF in Windsor-Essex underway (held 3 meetings) focusing on formal care path development • Diabetes in Windsor-Essex is underway (held 3 meetings) focusing on formal care path development • We have obtained agreement to implement the COPD electronic assessment tool as a 3 month pilot - to better track performance (starting in Grand Bend then Windsor Essex) • The first Stroke Working Group meeting will be on June 5 – starting in Windsor-Essex focusing on formal care path development • Work on rehab continues focusing on (Stroke, Hip Fracture and the Frail Elderly) – we also have a structure in place to assist at the local level with changes to physio services • We will be developing a tobacco care path for Chatham Kent to tie into our COPD work starting first week of July <p>LHIN expect improvement from baseline: All for Q2: • BWH - 13.4%. Top 3 CMG's: GI, Cardio, CHF/COPD • CKHA - 12.9%. Top 3 CMG's: GI, Cardio, COPD/CHF • HDGH - 15.0%. Top 3 CMG's: GI, Stroke, CHF/Pneumonia • LDMH - 18.9%. Top 3 CMG's: GI, CHF/COPD • WRH - 15.8%. Top 3 CMG's: GI, Pneumonia, COPD</p> <p>LHIN target: • monitoring quarter over quarter. Focus exploration into GI visits. ESC LHIN has improved by 1.4%</p> <p>HEALTHLINKS UPDATE -</p> <div style="border: 1px solid black; padding: 2px; text-align: center; width: fit-content; margin: 5px auto;"> Health Links Update </div> <p>Primary Care Council</p> <p>The Council is planning a strategic planning exercise to define a work plan for the next three years that will ensure the following:</p> <ul style="list-style-type: none"> • Assessment of current primary care issues • Prioritization of primary care issues to be addressed over the next three years • Primary care is better aligned with the wider health care system including with Health Links, Chronic Disease Management and other key ESC LHIN planning areas • Primary care role is strengthened in the health care system • Performance targets are measured and reported
		Acceptable Performance Range (+10%): 14.1			

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%	94.1 %	<p>Proportion of Hip or Knee joint replacement patients discharged home</p> <p>Fiscal Year 11/12 ~ 12/13</p> <p>Note: No Volume or Low Volume (<10 cases) is not reported</p>	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> Highest performer is WRH at 97.6% and the lowest performer is HDGH at 90.1%, but within the 90th percentile target. LHIN expect improvement from baseline: ESC continues to be high performer. LHIN target: Will monitor quarter over quarter. <p>Orthopaedic Plan - The Erie St. Clair Local Health Integration Network (ESC LHIN) Integrated Orthopaedic Capacity Plan (IOCP) has been submitted to the Ministry of Health and Long-Term Care. The ESC LHIN Orthopaedic Steering Committee will be assembled shortly and moving forward, the ESC LHIN IOCP will be used as the key driver for pursuing orthopaedic system transformation for the residents of the Erie St. Clair region.</p>
Average length of Stay of primary unilateral Hip or Knee Joint Replacement patients discharged home	TBD	4.4 Days	3.6 Days	<p>Average LOS for Hip or Knee Joint replacement patients discharged home</p> <p>Fiscal Year 11/12 ~ 12/13</p> <p>Note: No Volume or Low Volume (<10 cases) is not reported</p>	<p>Length of Stay</p> <p>Interventions or Initiatives:</p> <p>WRH reviewing cases for admission to rehab.</p> <p>LHIN expect improvement from baseline:</p> <p>Current performance is 3.6 days below target of 4.4 days. WRH & BWH best performer at 3.2 days and HDGH at 4.0 days.</p> <p>LHIN target: ESC is a high performer for ALOS</p>

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	51 Days	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>LHIN expect improvement from baseline:</p> <ul style="list-style-type: none"> Q4 saw an increase to 51 days vs Q3 38 days, which remains at acceptable performance <p>LHIN target:</p> <ul style="list-style-type: none"> To continue acceptable performance and to continue to monitor <p>Additional Questions:</p> <ol style="list-style-type: none"> Due to ALC pressures and pts. flow some surgical procedures have been cancelled, especially in the W/E hospitals, however cancer is rarely affected. Acute services are migrating to WRH ESC is a high performer for cancer surgeries due to strong leadership at the Cancer Centre
90th Percentile Wait Times for Cataract Surgery	62 Days	LHIN 56 Days (FY 12/13) Acceptable Performance Range (+10%): 62 Days	86 Days	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> LHIN expect improvement from baseline: Wait times are trending up from 77 days in Q3 12/13 to 86 days in Q4 12/13. <p>LHIN target:</p> <ul style="list-style-type: none"> To continue to monitor after trend subsequently with lower volumes <p>Additional Questions:</p> <ol style="list-style-type: none"> A 10% decrease in funded volumes occurred in 12/13. Allocated targeted volumes completed in Q4 ESC LHIN is looking for an opportunity to establish independent health facilities to take on some of these volumes. LEAN process flow at our 3 sites (HDGH, CKHA & BWH) is a model process for the province.
90th Percentile Wait Times for Cardiac Bypass 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>	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> N/A <p>LHIN expect improvement from baseline:</p> <ul style="list-style-type: none"> N/A <p>LHIN target:</p> <ul style="list-style-type: none"> N/A <p>Additional Questions:</p> <ol style="list-style-type: none"> N/A N/A N/A

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	183 Days	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> LHIN expect improvement from baseline: LHIN target: <p>Additional Questions:</p> <ol style="list-style-type: none"> Hip replacements have fairly stable wait times. In Windsor, WRH will be taking on management of acute services in the LHIN Supply costs at one site are an issue, being addressed with physicians. When compared to Q4 2011/12 there has been a notable increase in wait times for Q4 2012/13
90th Percentile wait Times for Knee Replacement	161 Days	LHIN 130 Days (FY 12/13) Acceptable Performance Range (+10%): 143 days	220 Days	<p style="text-align: center;">Fiscal Year 11/12 ~ 12/13</p>	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> Increased wait times seen for WRH at 345 days and CKHA 316 days Sites working with physician to explore increase. LHIN expect improvement from baseline: Wait times have been trending upwards since 2009 LHIN target: <p>Additional Questions:</p> <ol style="list-style-type: none"> ESC has one of the highest rates of arthritis in the province contributing to higher demand for replacement surgeries. Demand continues to increase for knee replacements, as more residents from SW LHIN are trying to leverage lower wait times in ESC. But due to recent increase this should stabilize. Orthopedic Steering Committee will be reviewing our allocation strategy. Coordinated intake, and assessment processes to be developed through Orthopedic Strategy.

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	27 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>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> <tr> <td>Q4 12/13</td> <td>27</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q4 11/12	42	Q1 12/13	37	Q2 12/13	37	Q3 12/13	34	Q4 12/13	27	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> • LHIN expect improvement from baseline: • LHIN target: <p>Additional Questions:</p> <ol style="list-style-type: none"> 4. Demand continues to rise but it is being managed 5. Not at this time 6. Significant investment in LEAN processes, and strong collaboration from radiologists has contributed to higher efficiencies, and greater hourly throughput. Significant cost savings have been found through intense analysis of operations which have been reinvested.
Quarter	90th Percentile Days																
Q4 11/12	42																
Q1 12/13	37																
Q2 12/13	37																
Q3 12/13	34																
Q4 12/13	27																
90th Percentile wait Times for Diagnostic CT Scan	25 Days	LHIN 26 Days (FY 12/13) Acceptable Performance Range (+10%): 29 days	13 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>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> <tr> <td>Q4 12/13</td> <td>13</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q4 11/12	19	Q1 12/13	21	Q2 12/13	18	Q3 12/13	16	Q4 12/13	13	<p>Interventions or Initiatives:</p> <ul style="list-style-type: none"> • LHIN expect improvement from baseline: • Volume of CT scans is decreased from Q4 2011/12 compared to Q4 2012/13 • 90th decreased LHIN target: <p>Additional Questions:</p> <ol style="list-style-type: none"> 4. Demand continues to rise 5. Not at this time 6. Significant investment in LEAN processes and strong collaboration from radiologists has contributed to higher efficiencies and greater hourly throughput. significant cost savings have been found thru intense analysis of operations which have been reinvested.
Quarter	90th Percentile Days																
Q4 11/12	19																
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Q3 12/13	16																
Q4 12/13	13																

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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	LDMH	CKHA	HDGH
January	35.1	13	14.9
February	44.59	18	
March	36.09	14	