

MOHLTC - HSAPD
Quarterly Stocktake Report

LHIN: Erie St. Clair LHIN
Report Date: May, 2012

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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

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

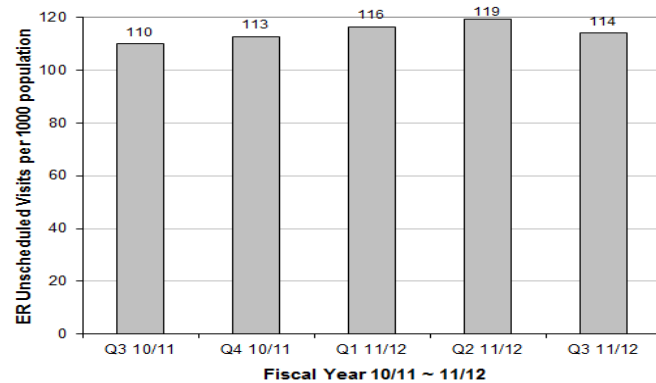
2 Increase ER capacity/performance
Improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care

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

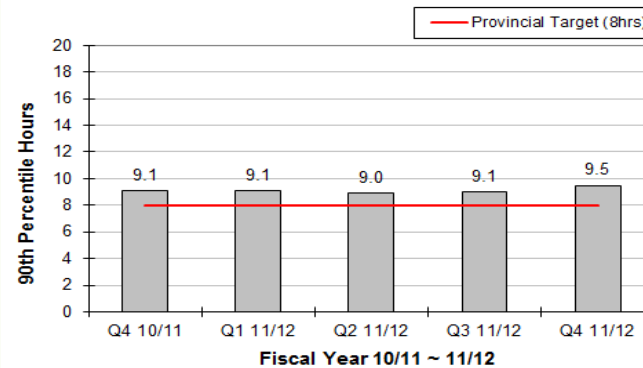
PROGRESS

Have we achieved our goals?

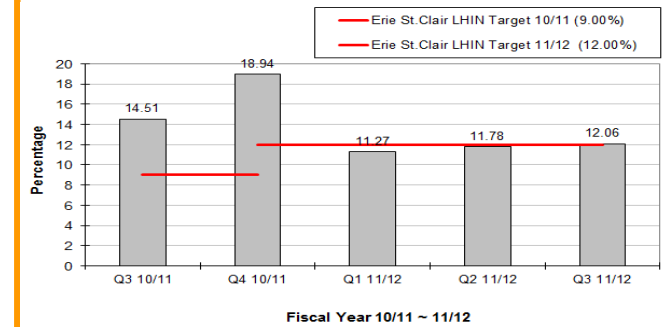
Number of ER Unscheduled Visits by quarter per 1000 population (Data Source: MoHLTC Provincial Health Planning Database & CIHI-NACRS)



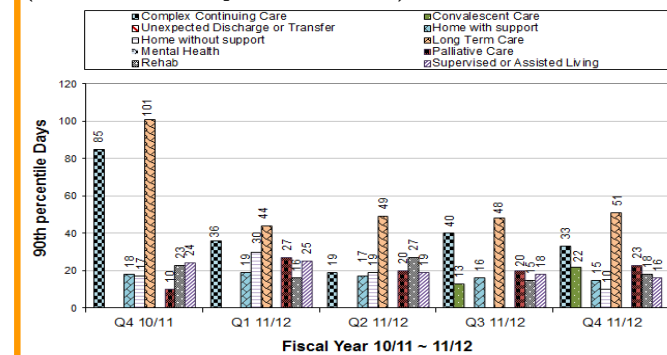
Time spent in the ER for high acuity patients (all admitted + non-admitted CTAS I, II, III patients). (Data Source: CIHI-NACRS)



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.

HIGHLIGHTS

Evidence of achievements and/or obstacles to progress

- CKHA recruited 3.5 Tier 1, FTE ED MD's
- WRH-specialized population-OB, Pediatrics (OB 16 wks decreased to 13 wks for direct admission) to increase patient flow
- BWH two separate teams dedicated from ED looking at processes to streamline the admission and discharge process (takes 127 min average, trying to reduce to target of 80 min)
- LDMH recruited 2 ED Physicians: recruiting an ED Chief
- W/E NLOT supporting additional convalescent care beds, in Windsor/Essex (W/E) with hopes to expand to Sarnia/Lambton (S/L) and Chatham-Kent (C-K)
- Challenged by physician loss and relying more on HealthForceOntario accounting for lack of Primary Care

- ESC LHIN Ranked 2nd (last quarter ranked 3rd)
- LDMH and CKHA ED volumes have increased by 7% and 3% respectively. However the performance remained the same as last quarter at 8.8 and 8.0 hours respectively – additional 15 PCOP BWH acute beds open October 2011
- HDCGH excellent use of NPs and PA to support flow. In Q4 there were 581 more visits for high acuity patients
- Continued challenges with ambulance offload in W/E
- Waiting for new P4R Y5 program process
- ESC LHIN ranked 7th in Q4. The performance has been consistent since last quarter
- LDMH, CKHA, and WRH have 10%, 5%, and 5% less visits for low acuity patients since last quarter

- ESC LHIN ranked 6th in Q3. Allocated considerable internal resources to ALC in W/E
- Home First LHIN-wide/3 geographic implementation teams continuing to move forward to address ALC at a local level
- Improve results in CKHA
- CCAC seeking \$5 M funding this year to balance 2012/13 budget
- Assess and Restore capacity in W/E, CKHA, and LDMH (proposal received and deferred by S/L while reviewing budget)
- First bed policy barrier for ALC LHIN-wide
- Added Convalescent Care Beds to W/E, preparing proposal for S/L

ERIE ST. CLAIR LHIN

Goal: Increase ER Capacity/Performance

Intervention: ER Pay for Results Year 4 –

- Extended Fast Track hours and weekend coverage, CKHA
- Flow Nurse/ Patient Family Liaison, CKHA
- Medical Admission Unit, BWH
- Patient Flow Coordinator and Performance Manager, LDMH
- Admission Team, HDGH
- Upgrade Existing Ultra Sound Equipment, CKHA

- Pharmacy Support in ED/Inpatient Team, HDGH, WRH
- Physician Assistant in ED, HDGH
- Flow Clerk ED, WRH
- Access to CT, WRH
- Nursing Coverage and Triage, WRH

- Discrepancy Nurse, CKHA
- Registered Practical Nurse, LDMH
- Physician and Non-Physician Initial Assessment, LDMH
- Nurse Practitioner – ED, HDGH, WRH
- ED Staff Training and Education, CKHA

- ED PIP, HDGH, LDMH
- PIP Continuation, WRH
- ED Physician Recruitment, WRH
- Offload Nursing Support, WRH
- Reassessment of Low Acuity Flow, BWH



System Measures	Baseline FY 10/11	Target (MLPA)	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations												
90th percentile ER length of stay for admitted patients	23.3 Hours	Provincial 25.0 Hours LHIN 17.0 Hours (FY 11/12)	25.1 Hours	<table border="1"> <caption>90th Percentile Hours for Admitted Patients</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>24.2</td> </tr> <tr> <td>Q1 11/12</td> <td>24.2</td> </tr> <tr> <td>Q2 11/12</td> <td>22.9</td> </tr> <tr> <td>Q3 11/12</td> <td>24.2</td> </tr> <tr> <td>Q4 11/12</td> <td>25.1</td> </tr> </tbody> </table>	Quarter	Value	Q4 10/11	24.2	Q1 11/12	24.2	Q2 11/12	22.9	Q3 11/12	24.2	Q4 11/12	25.1	<p>Past:</p> <ul style="list-style-type: none"> • Assess and Restore and Resettlement has helped moderate the impact on ALC • Assess and Restore is performing as expected as patients are being discharged home • We have reviewed Crisis Designation data from 2010/11 to 2011/12 to assess impact <p>Current:</p> <ul style="list-style-type: none"> • Rank 2nd among LHINs (last quarter rank 2nd) • In Q4 ESC LHIN is at 25.1 hours with 4% decrease over the last quarter • Increase in volume for High Acuity CTAS level in W/E and S/L by 185 and 269 respectively • WRH pilot project called Community Care Team in the ED - 80% physicians engagement and utilization manager attending bullet rounds. MD engagement to decrease LOS • WRH investing in medicine re-design to improve flow • BWH implemented bullet rounds completed PIP for admission and discharge processes. Plan to implement bullet rounds for all clinical areas • BWH has seen an increase in ALC patients. Working through Home First to move patients • Utilization of Assisted Living increased for W/E and S/L • Collaborating with EMS to improve ambulance offload in W/E, S/L, C-K • HDGH is struggling to maintain program consistency. This is being addressed with Supervisor • CKHA Flow Coordinator program will improve this metric • CKHC Systems Integration and Utilization committee engages physician leaders working on ELOS vs LOS patient flow <p>Future:</p> <ul style="list-style-type: none"> • Encourage full use of P4R funding in Y5 • Meeting monthly with HDGH (poorest performer)- admission team, NP in place, resource matching ED project • Full implementation of Regional Clinical Utilization Management (Medworx) • Capacity in acute care beds through Home First program and P4R action plans • Enhancing inter-hospital P4R relationships to increase uptake of best practices • Implementation of CCAC Enhanced Role • Exploring expansion of SNOT throughout ESC LHIN
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90th percentile ER length of stay for non-admitted complex patients	7.1 Hours	Provincial 7.0 Hours LHIN 6.5 Hours (FY 11/12)	7.3 Hours	<table border="1"> <caption>90th Percentile Hours for Non-admitted Complex Patients</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>7.2</td> </tr> <tr> <td>Q1 11/12</td> <td>7.3</td> </tr> <tr> <td>Q2 11/12</td> <td>7.2</td> </tr> <tr> <td>Q3 11/12</td> <td>7.1</td> </tr> <tr> <td>Q4 11/12</td> <td>7.3</td> </tr> </tbody> </table>	Quarter	Value	Q4 10/11	7.2	Q1 11/12	7.3	Q2 11/12	7.2	Q3 11/12	7.1	Q4 11/12	7.3	<p>Past:</p> <ul style="list-style-type: none"> • Challenges remain for this indicator at HDGH, WRH, and BWH • HDGH revised action plan and ALC flow initiatives • Improvement at BWH, LDMH, and CKHA <p>Current:</p> <ul style="list-style-type: none"> • ESC LHIN rank 7th and we are over the provincial target • LDMH and CKHA volumes have increased by 207 and 197 respectively over the last reporting period • BWH slightly up from last quarter. Related to bed pressure indicator; however BWH ED PIP initiatives showing improvements • LDMH completed LEAN, will help improve these 3 indicators with their utilization flow project • HDGH in Q4 had 60 less visits for non-admitted high acuity patients which did not impact their ED LOS performance • Improvements seen for WRH – VSM completed for high acuity non-admitted patients • CKHA improved relationship with DI and including EMS in discussions regarding CTAS III patients <p>Future:</p> <ul style="list-style-type: none"> • WRH is focusing on patient flow, high acuity non-admitted patients and flow – 100% utilization of Medworx and community care team • HDGH is enhancing their P4R initiatives to encourage improvement in this metric • CKHA is investigating possibility of revising the role of the NP, improving utilization of CDU and enhancing customer service model • LDMH continuing improvement
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90th percentile ER length of stay for non-admitted minor/uncomplicated patients	4.3 Hours	Provincial 4.0 Hours LHIN 4.0 Hours (FY 11/12)	4.1 Hours	<table border="1"> <caption>90th Percentile Hours for Non-admitted Minor/Uncomplicated Patients</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>4.3</td> </tr> <tr> <td>Q1 11/12</td> <td>4.3</td> </tr> <tr> <td>Q2 11/12</td> <td>4.4</td> </tr> <tr> <td>Q3 11/12</td> <td>4.1</td> </tr> <tr> <td>Q4 11/12</td> <td>4.1</td> </tr> </tbody> </table>	Quarter	Value	Q4 10/11	4.3	Q1 11/12	4.3	Q2 11/12	4.4	Q3 11/12	4.1	Q4 11/12	4.1	<p>Past:</p> <ul style="list-style-type: none"> • Stable and slightly higher than target <p>Current:</p> <ul style="list-style-type: none"> • ESC LHIN rank 7th among LHINs (last quarter rank 7th) and we are above the provincial target. Q3 performance has improved by 7% from the last reporting period • In Q4 ESC LHIN had 212 less visits over the previous reporting period • BWH, LDMH, and WRH received variable funding in this indicator • BWH highest performer at 3.5 hours • WRH 7 physicians per day to improve flow and assessment. LEAN work in ambulatory to improve physician seeing patient faster • CKHA utilizing triage liaison, flow coordinator and customer service to improve customer satisfaction and wait room communication strategy • CKHA Leveraging full compliment of NPs increasing volumes and recruitment of two MD's • WRH pilot community support team and other ED flow opportunities through LEAN • RMI-resource matching / ED MD triage at HDGH pilot – exploring extending hrs. supported with NP • LDMH light touch PIP looking for improvements for low acuity patients- Transfer of care programs to leverage flow • CKHA implementing a new NP model supporting CTAS III in Q1 <p>Future:</p> <ul style="list-style-type: none"> • Continue P4R Y5 • Improvements anticipated in Q1 • HDGH Rapid Model Evaluation Program at 8 hrs. • Exploring the expansion of NP hrs. to help reduce LOS • CKHA to explore opportunities with CCAC and CHC to review re-visits for Q1 • LDMH will add a flow coordinator for discharges by 11:00 am. New physician, RNs and PSWs. Will be working ED and CRN manager to improve work flow
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ERIE ST. CLAIR LHIN

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- Offload Nursing Support, WRH
- Reassessment of Low Acuity Workflow, BWH



Supplementary Measures	Baseline FY 10/11	Target TBD	Current Performance	Quarterly Performance (Data Source: CIHI-NACRS)	Key Considerations
Time to inpatient Bed: Disposition date/time to Left ER date/time	17.8 Hours	LHIN to complete	19.8 Hours		<p>Past:</p> <ul style="list-style-type: none"> • Deterioration in W/E related to ALC challenge • WRH has achieved a decrease by over bedding as well as utilizing the CCC beds for LTCH ALC to mitigate the acute ALC • Increased education to assist with the appropriate use of Clinical Decision Unit at BWH and CKHA resulting in improvement for this metric <p>Current:</p> <ul style="list-style-type: none"> • BWH and WRH have decreased in Q3 • LDMH creating performance measures regarding Transfer of Care Programs • Expanding Restorative Programming i.e. Convalescent Care, Transitional Care, etc. as these have been successful programs • WRH and HDGH are reviewing flow, bed utilization and Clinical Decision Unit, rapid medical evaluation triage, and Medworxx compliance • HDGH and WRH continues to have severe bed pressures. HDGH is planning to re-design the medicine unit under rapid improvement event • HDGH performed better than 2010/11 during same reporting period (from 28.1 to 24) • CKHA Systems Integration and Utilization Committee engages physician leaders working on ELOS vs LOS to improve flow and access to inpatient beds <p>Future:</p> <ul style="list-style-type: none"> • Increase improvements and full implementation of action plans • Implementation of Home First • Improvements anticipated in Q1 • WRH exploring further opportunities with physician's engagement looking at to implement in June 2012
Time to Physician Initial Assessment: Triage date/time to date/time of Physician Initial assessment	3.9 Hours	10% improvement in the 90 th Percentile	4.0 Hours		<p>Past:</p> <ul style="list-style-type: none"> • PIA times are stable for all sites <p>Current:</p> <ul style="list-style-type: none"> • Performance has decreased by 2% over the last quarter • HDGH has shown 5% improvement • HDGH RME program impacting to reduce PIA wait times • BWH has full physician coverage and best performer • Examine, resolve, and improve ambulance offload times in W/E • WRH LEAN done, working on sustainability, ED nurse 24/7 to concentrate in flow and process improvements • CKHA designating NP's in ED to help PIA <p>Future:</p> <ul style="list-style-type: none"> • LDMH and BWH will remain stable – ED PIP sites • Improvements anticipated in Q1 • WRH exploring further opportunities with physician's engagement looking at to implement June 2012
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	LHIN to complete	85%		<p>Past:</p> <ul style="list-style-type: none"> • This metric was reported sporadically • Bed pressures and ALC • Leebow Golde and Associates "Language of Caring" Training will be implementing a new tool for customer care, LDMH & CKHA <p>Current:</p> <ul style="list-style-type: none"> • Provide opportunities to share successes of CKHA customer service model with P4R sites to ensure uptake of best practices • BWH ED PIP has had a good impact in this area • HDGH customer service training completed with good uptake • WRH focusing on improving patient emotional support in the ED • WRH is doing focused study on patient satisfaction to improve patient experience/anxiety • CKHA education organization-wide on "Language of Care" working well; developing opportunities for staff and creating more staff accountability • LDMH combining Light Touch PIP, Service Excellence, LEAN and Transfer of Care programs to improve patient satisfaction <p>Future:</p> <ul style="list-style-type: none"> • Continue to monitor this metric to ensure all hospitals maintain and exceed the LHIN target • BWH Respect for patient preference indicator Q2 (2011/12)= 81.1% (province 77.8%) • LDMH recruiting for new ED manager, customer satisfaction will be a priority • Improvement anticipated and monitor through QIP

*Note: Site did not meet the recommended minimum number of required surveys therefore, results should be interpreted with caution. Prior to Q3 10/11 sites with low volume are not displayed. Data Source: NRC Picker

ERIE ST. CLAIR LHIN

Goal: Reduce ER Demand

ED Reduction Strategies

- Aging at Home
- Psycho-Geriatric Outreach Teams in CKHA and BWH plus the WRH expansion of Psycho-Geriatric Resource Consultant (PRC) Teams
- Ten Geriatric Emergency Nurses (GEM RNs) in ESC LHIN EDs (6 for Windsor/Essex, 2 for Chatham-Kent and 2 for Sarnia/Lambton)
- Friendly Visits/Security Check linked to GEM RNs – Identify high risk seniors requiring on-going safety check and reduce isolation
- Rapid Response Teams – (Rehab, Geriatric and End of Life)
- Crisis Intervention – Target “hard to serve” seniors and ED links to Community Support Services (CSS)

- Transitional Care – Target “well” LTC resident’s transition back to the community to free up needed LTC beds
- Unattached patients initiative HDGH, WRH
- Health Care Connect CCAC
- NP outreach Team WRH and HDGH
- Home First
- First Link Alzheimer Programs All Sites



Supplementary Measures	Baseline TBD	Target TBD	Current Performance	Quarterly Performance	Key Considerations
Number of ER Unscheduled Visits by quarter per 1000 population	NA	NA	114	<p style="text-align: center;">Fiscal Year 10/11 ~ 11/12</p> <p>Data Source: MoHLTC Provincial Health Planning Database & CIHI-NACRS</p>	<p>Past:</p> <ul style="list-style-type: none"> • Continue to work with GEM nurses and CCAC • ESC LHIN ranked 8th among LHINs <p>Current:</p> <ul style="list-style-type: none"> • Expansion of NLOT will assist with this metric • Continue to support the Mental Health Outreach Teams, BSO implementation and Residents First • ESC LHIN Primary Care Lead developing action plan focus on COPD and Diabetes • NLOT at full capacity at W/E <p>Future:</p> <ul style="list-style-type: none"> • Continue to support the P4R initiatives, AAH and UPF in order to stabilize this metric • Implementation of Home First and working on sustainability • Exploring with MOHLTC NLOT expansion throughout ESC LHIN • Working with W/E EMS to reduce offload and transfer delays to ED, LTCHs, and NLOT program • LDMH new clinical director of patient services working with GEM nurses and Home First. Advance plans of care ER chronic disease management will be working to improve. Actively recruiting Chief ED, current Chief will step-down by June
Number of resident transfers to ER(s) from a Long-Term Care facility (LTC) broken down by primary reason for transfer	1%	40% Improvement	LHIN to indicate total number of transfers	<p>Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model</p>	<p>Past:</p> <ul style="list-style-type: none"> • Regional workshop for best practice regarding NLOT held • Falls conference and FOG meetings by County by falls coordinator in ESC LHIN <p>Current:</p> <ul style="list-style-type: none"> • NLOT program expanded to 3.0 FTEs with 8 new LTCH applications • Positive response of NLOT program by W/E Facilitator Operator Group LTCH • NLOT supporting 8 Convalescent Care beds at Rose Villa Gardens (W/E LTCH) • HDGH in Q3 152 aversions have been made. FTEs new hires with staggered start dates 1 per quarter starting April 1st • Residents First collaborated with SW LHIN and HQO to address falls, wounds, PSW consistency, responsive behaviours, and incontinence • ESC LHIN held a Falls Prevention Workshop with 127 participants • CKHA Q3 YTD total number of LTCH residents assessed by GEM RNs 46 • WRH Q3 YTD total number of LTCH residents assessed by GEM RNs 161 – Community Care Team pilot partnership with GEM and flow nurse with CCAC • BWH Q3 YTD total number of LTCH residents assessed by GEM RNs 1. Please note geriatric outreach teams assessing many LTCH residents • LDMH Q3 YTD total number of LTCH residents assessed by GEM RNs 103 • HDGH Q3 YTD total number of LTCH residents assessed by GEM RNs 110 • ESC LHIN Q3 YTD total number of LTCH residents assessed by GEM RNs 421
Number of resident transfers to ER(s) resulting in inpatient admissions	1%	40% Improvement	LHIN to indicate total number of transfers resulting in admission	<p>Data Source: LHIN Nurse Led Outreach Team program data collected/analyzed through a designated process identified by each NLOT model</p>	<p>Future:</p> <ul style="list-style-type: none"> • Continue to work with HDGH to improve and revise NLOT program in hopes of LHIN-wide expansion and in preparation for Home First • Dependent on funding from Ministry to expand the NLOT program – exploring options • Improvements anticipated in Q1 • Encouraging sites to refer to GEM and CCAC case manager in ED • Exploring root causes of ED revisits • HDGH NLOT full complement • NLOT to target the high LTCH referrals to the ED BWH <p>• Expanding GEM FTEs model to support offload hrs. and complexity of patients (this program is reducing admission avoidance)</p>

ERIE ST. CLAIR LHIN

Goal: Improved Bed Utilization

Intervention: Aging at Home (AAH) and Urgent Priorities Fund (UPF) – P4R

Aging at Home:

- Behavioural Support Services, all counties
- Client Intervention Citizen Advocacy, all counties
- Transportation, all counties
- Mental Health Geriatric Outreach Teams, all counties
- Home Maintenance and Repair, all counties
- GEMs, all counties
- Meals on Wheels, all counties
- Rehabilitation Teams, all counties
- Friendly Visiting and Security Checks, all counties
- Response Teams for Seniors, all counties

- Ambulation Team, all counties
- Falls Prevention Program, all counties
- Respite Services, W/E, C-K, S/L CHC's
- End of Life Care Program
- Palliative Care Team, CCAC

Urgent Priorities:

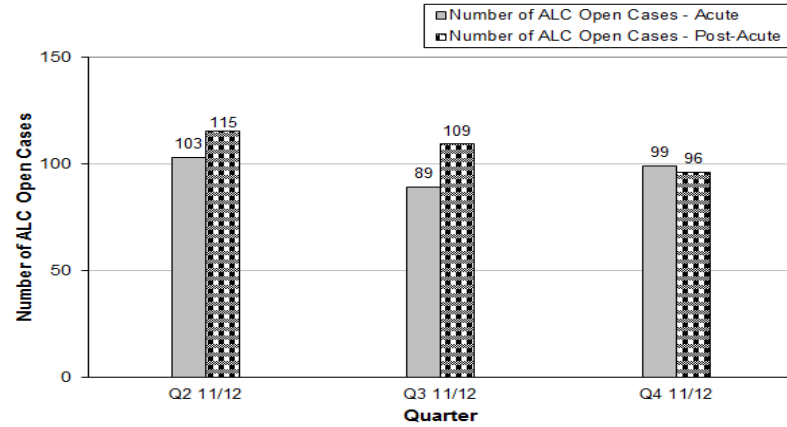
- Leamington Court Transportation, W/E
- Assisted Living for Seniors
- Psychiatric Assessment Team, W/E
- Home First - Project Management, CCAC
- Assess and Restore, W/E
- Resettlement Program
- MOW Integration



System Measures	Baseline	Target	Current Performance	Quarterly Performance	Key Considerations
Percentage ALC Days	13.24 % (Q1, Q2, Q3 10/11)	12.00 % (FY 11/12) MLPA	12.06%	<p style="text-align: center;">Fiscal Year 10/11 ~ 11/12</p> <p style="font-size: small;">Data Source: CIHI-DAD</p>	<p>Past:</p> <ul style="list-style-type: none"> • ALC increase starting in Q2 with closure of Malden Park (decrease in capacity) • Added supportive housing beds • Opened 30 – 60 interim LTC beds • ESC LHIN recommendations from Dr. Walker report presented to the Board October 2011 <p>Current:</p> <ul style="list-style-type: none"> • ESC LHIN ranked 6th among LHINs (last quarter rank 5th) • Expanding and utilizing supportive housing in W/E and S/L • WRH 80% physicians attending bullet rounds to identify ELOS early • HDGH opening 18 Restorative type beds for ALC patients in February 2012 pending MOHLTC approval • W/E has been working on various strategies to reduce % ALC as a priority • A&R at HDGH, LDMH, and CKHA • BWH deferring A&R proposal and are exploring Home First community restorative programming • Planning S/L Convalescent Care program – June 2012 • 14 Transitional Care Programming beds in W/E – Rose Garden Villa (2 beds in Abeyance) • Emphasizing compliance of Regional Clinical Utilization Management (Medworx) • Implementing BSO project and Residents First. ESC LHIN held 3 workshops • Supporting GEM program • BWH ALC increasing-organization concentrating efforts and exploring Home First options • Multidisciplinary discharge planning • HDGH is struggling to maintain program consistency. This is being addressed with Supervisor • Improve patient flow by building community capacity by repurposing empty LTC beds -14 convalescent beds • Continue ESC LHIN action plan recommendations from Dr. Walker's report across the continuum of care • Home First implementation with additional CCAC funding reviewing budget process and program planning monthly • ESC LHIN introduction of WIG process to identify most important goals in leading indicators to improve ALC <p>Future:</p> <ul style="list-style-type: none"> • Improvements anticipated in Q1 • Priority will be access to Primary Care avoidable admission and Chronic Disease Management • In Q3 ESC LHIN will be at 13.2% (internal weekly ALC tracking tool) • CKHA will review Chronic Disease re-visits in ED • HDGH anticipate organizational improvements as Senior Team in place
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)	23.00 Days (Q4 09/10 & Q1, Q2, Q3 10/11)	23.00 Days (FY 11/12) MLPA	19.00 Days	<p style="text-align: center;">Fiscal Year 10/11 ~ 11/12</p> <p style="font-size: small;">Data Source: Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server</p>	<p>Past:</p> <ul style="list-style-type: none"> • Initiatives have performed as expected and this metric continues to be stable <p>Current:</p> <ul style="list-style-type: none"> • WRH focusing on ELOS to enable CCAC to make arrangements day before to improve flow • CKHA System Integration and Utilization Project to help with the patient flow • Home First initiatives in collaboration with CCAC to reduce %ALC • Home First will support earlier access to CCAC and community support services • BWH and LDMH working on root cause identification for patient flow in the entire hospital (utilizing table top, CCAC, Home First, trial in rehab, etc.) • Top quartile performance for CCAC service times - however some recent increases noted on "snapshot tool" <p>Future:</p> <ul style="list-style-type: none"> • Home First scorecard to monitor performance to guide decision making • Improvements anticipated in Q1 • WRH and HDGH are working on flow algorithm • BWH concentrating on reviewing ALC %
Number of days from ALC designation to discharge by discharge destination	TBD	TBD	30 Days	<p style="text-align: center;">Q4 11/12</p> <p style="font-size: x-small;">Data Source: WTIS</p>	<p>Past:</p> <ul style="list-style-type: none"> • LDMH majority are being discharged to LTCH • CKHA has best ALC wait to LTCH, CCG and CCAC • HDGH has double the ALC wait to CCC compared to WRH <p>Current:</p> <ul style="list-style-type: none"> • Home First - ESC LHIN focus is to increase discharge to home with and without support and decrease the discharges going to LTCH • Patients waiting for CCC and LTCH are major contributors to ALC days • LDMH has appropriate discharge to LTCH as they utilize Assess and Restore to discharge home, interim LTCH beds at Allegro, and Convalescent Care Beds at Franklin Gardens • CKHA and BWH Rest and Retirement Home pilot at St. Andrews Residence (GEMS & CCAC) <p>Future:</p> <ul style="list-style-type: none"> • Improved and timely CCAC assessment to appropriately disposition patient to the correct destination • Collaborating with CCAC and W/E to establish criteria for Category 1 Designation • Repurpose empty LTC beds to Convalescent Care beds • CCAC reduction of LTCH ALC waitlist by 10% not apparent in Q4 • Enhance access to CCAC to reduce ALC wait times • Use Clinical Utilization Management (Medworx) to target process delays to reduce Acute and ALC LOS • Improvements anticipated in Q1 • Encouraging all sites the utilization of LACE tool • ESC LHIN developing action plans to support the Rehabilitation & Mental Health Strategic Plan

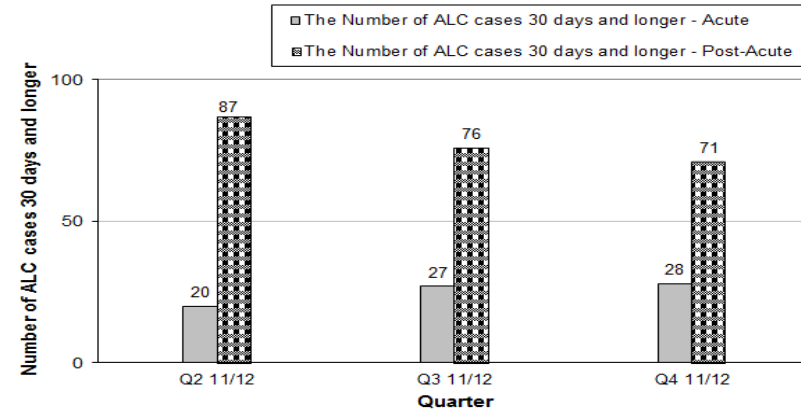


The Number of ALC open cases (in hospital) by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



Note: Information is not available for previous quarters in WTIS

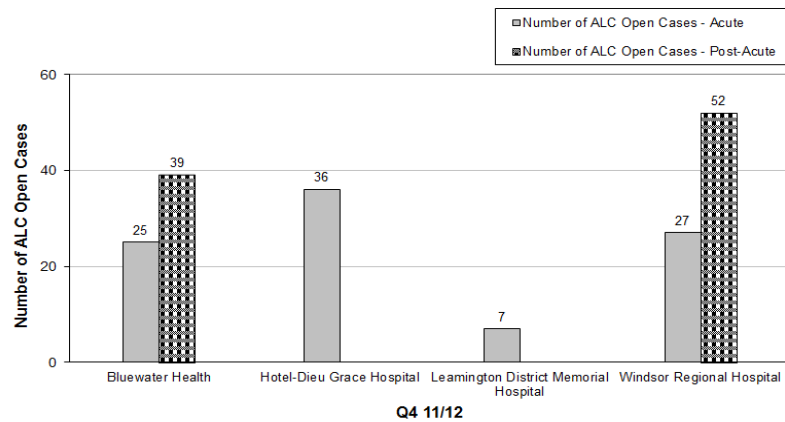
The Number of ALC Patients in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



Note: Information is not available for previous quarters in WTIS

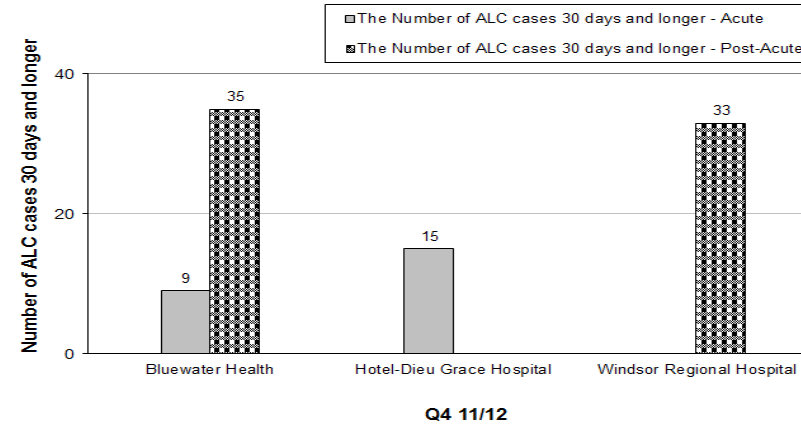
PROGRESS
Have we achieved our goals?

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



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

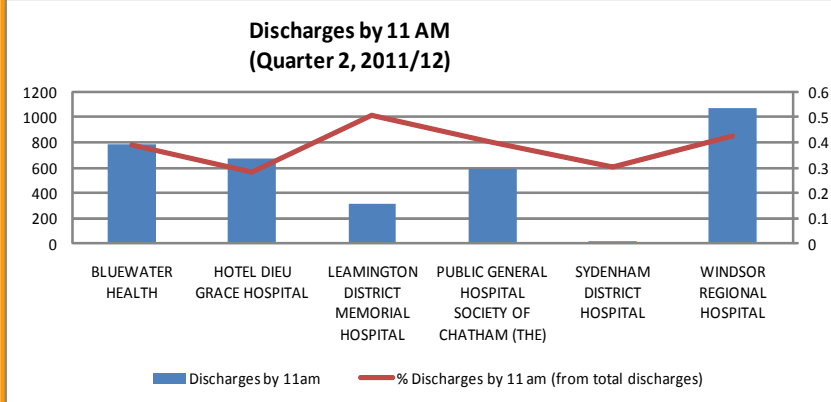
The Number of ALC Patients in hospital staying 30 days and longer by Inpatient Service Acute and Post-Acute Care (Data Source: WTIS)



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



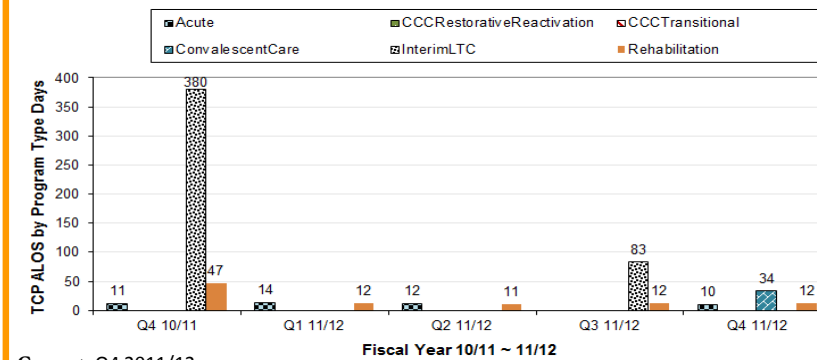
Percentage of hospital inpatient discharges before 11:00 am (Data Source: ED PIP sites / DART data)



Current:

- WRH improving internal physician rounding practice using Medworxx tool
- HDGH working on increasing usage of Medworxx tool
- CKHA working with hospitalist on discharges for early discharge same day by 5:00pm
- LDMH will add a flow coordinator for discharges by 11:00 am. New physician, RNs and PSWs. Will be working ED and CRN manager to improve work flow. Predict discharges with bullet rounds. Dedicated leaders to discuss with staff

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



Current: Q4 2011/12

- **Allegro:** 60 Interim Beds, 90 Percentile LOS: 41, exceed 60 days LOS 0.0%, exceed 90 days LOS: 0.0%, Clients discharged home: N/A
- **HDGH:** 15 rehab beds, 90 Percentile LOS 18, exceed 60 days LOS 0.0%, exceed 90 days LOS: 0.0%, Clients discharged home: 88.5%
- **LDMH:** 10 Acute beds, 90 Percentile LOS 17, exceed 60 days LOS 0.0%, exceed 90 days LOS: 0.0%, Clients discharged home: 65.7%
- **CKHA:** 10 Rehab beds, 90 Percentile LOS 16, exceed 60 days LOS 0.0%, exceed 90 days LOS: 0.0%, Clients discharged home: 88.5%
- **Rose Garden Villa:** 8 Convalescent beds, 90 Percentile LOS 66, exceed 60 days LOS 13.3% exceed 90 days LOS: 0.0%, Clients discharged home: 100% (ESC LHIN following-up on data quality)
- **Franklin Gardens:** 6 Convalescent beds, 90 Percentile LOS 22, exceed 60 days LOS 0.0% exceed 90 days LOS: 0.0%, Clients discharged home: 0.0%

PROGRESS
Have we achieved our goals?

Mental Health & Addiction

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
- First Link Alzheimer Society program, All hospitals
- OTN expansion, All hospitals
- Psychiatric Assessment Nurses, HDGH

System Measure	Baseline	MLPA Target	Current Performance	Quarterly Performance (Data Source: CIHI – NACRS)	Key Considerations
Repeat unplanned emergency visits within 30 days for mental health conditions	19.8 % Q3, Q4 09/10 & Q1, Q2 10/11	18.8 % (FY 11/12)	19.7%	<p style="font-size: small;">Percentage</p> <p style="font-size: small;">Fiscal Year 10/11 ~ 11/12</p>	<p>Past:</p> <ul style="list-style-type: none"> • Regular meetings with Mental Health Directors and Emergency Directors • Initiatives are performing although we are below target for Q4 • Provided M-SAA base funding to Early Intervention program for youth and young adults with psychosis • All Schedule One hospitals have drilled down to their top 10 repeat ED Mental Health clients to further the chart audit process • Privacy Act is being discussed as it relates to the next step of referring patients <p>Current:</p> <ul style="list-style-type: none"> • ESC LHIN ranked 11th among LHINs (last quarter rank 12th) • Continue chart audit for ED repeat patients cycling through the system • Implement complex case resolution table - a wrap around, multi-sectorial approach • Developing an Inner City Model for HDGH - the highest repeat ED MH /ADD visits. Inner City partners with local shelter, primary care, community mental health and detox. Model is ED diversion as per redeploying "existing" resources to a new site. Population two streams - homeless/transient and walking wounded (multiple issues mainly determinants of health related) • Conducting chart audits on repeat readmissions within 30 days - examining correlation to repeat ED visits • Enhanced Early Intervention First Episode Psychosis - marketing strategy being developed towards schools and family physicians (age range 14 - 35) • Housing stock as per CMHA group homes depleted • LHIN - MOHLTC discussing divestment of Homes for Special Care (S/L and C-K specific) • MH Strategic Plan underway - secondary focus on housing needs • LHIN developed marketing tool for ED for Walk In Counseling services • IAR Tool will foster better communications • BSO will focus on older adults with responsive behaviours • New initiative at HDGH - known as DETOUR - respite care for mental health patients in need but not admitted • LHIN developing clinical care path focusing on pain management program (VON) and Methadone Physicians LHIN-wide • CKHA has OTN RNs <p>Future:</p> <ul style="list-style-type: none"> • Focus on LHIN-MCYS partnerships as it relates to new MCYS crisis staff funding and suicide protocols (S/L) • Potential re-purposing of Transition House in W/E • MH Strategic Plan implementation of year one activities • Set aggressive targets for repeat and accountability measures via Schedule One Directors Table • Tele Med MH /add RNs expected to be hired and clinic days established in Q3 - target repeat ED MH /ADD clients
Repeat unplanned emergency visits within 30 days for substance abuse conditions	19.2 % Q3, Q4 09/10 & Q1, Q2 10/11	17.2 % (FY 11/12)	22.0%	<p style="font-size: small;">Percentage</p> <p style="font-size: small;">Fiscal Year 10/11 ~ 11/12</p>	<p>Past:</p> <ul style="list-style-type: none"> • Regular meetings with Mental Health Directors and Emergency Directors • ESC LHIN-wide Chronic Pain Management Program began August 2011 <p>Current:</p> <ul style="list-style-type: none"> • ESC LHIN ranked 7th among LHINs (last quarter rank 8th) performance decreased by 27% in Q2 • Developing an Inner City Model for HDGH - the highest repeat ED MH / ADD visits • Inner City partners with local shelter, primary care, community mental health and detox. Model is ED diversion as per redeploying "existing" resources to a new site. Population two streams - homeless / transient and walking wounded (multiple issues mainly determinants of health related) • Tele Med MH /add RNs expected to be hired and clinic days established in Q3 - target repeat ED MH / ADD clients • CKHA WID management • LDMH has access to WRH detox centre <p>Future:</p> <ul style="list-style-type: none"> • Substance Abuse Strategic Plan event planned for Q1 2012/13 • WRH to receive an Addiction System Navigator to partner with HDGH and LDMH as it relates to repeat substance abuse visits • To enhance community-based mental health and addictions supports and services • To develop early identification and intervention programs for children and youth • Examine gaps analysis from pain management initiative to understand demographic and patient needs • Leverage versus substance abuse findings • Leverage telemedicine investments • Deliver regular updates to the Board • To promote wellness and mental health supports across a person's lifespan • New S/L Withdrawal Management (detox) anticipated to be operational in Q4 • HDGH will pilot a model to divert psychosocial patients

Excellent Care for All

Goal: Reduce Avoidable Hospital Readmission

Intervention:

- Chronic Disease Mobile Team, all counties



System Measures	Baseline	MLPA Target	Current Performance	Quarterly Performance (Data Source: CIHI-DAD)	Key Considerations
30 day readmission rates for selected CMGs (Case Mix Groups)	15.5 % (Q1, Q2 10/11)	12.8 % (FY 11/12)	13.6%	<div style="text-align: center;"> <p>Quarterly Performance (Data Source: CIHI-DAD)</p> <p>— Erie St.Clair LHIN Target 10/11 (12.8%) — Erie St.Clair LHIN Target 11/12 (12.8%)</p> <p>30 Day Readmission Rate</p> <p>Fiscal Year 10/11 ~ 11/12</p> </div> <p>Data Source: CIHI – DAD</p> <div style="text-align: center;"> <p>Readmissions within 30 days trend by LHIN by calendar year</p> </div> <div style="text-align: center;"> <p>Readmissions within 30 days trend by LHIN by cohort by calendar year</p> </div>	<p>Past:</p> <ul style="list-style-type: none"> Chronic Disease/Rehab teams at all CHCs (AAH funding) began in Q4 2010/11 Mobile Chronic Disease Management Team - BWH to start October 1st. All teams are trained in assessment of COPD Building information from “Continuum of Care” into BSO Value Stream Mapping process Nov 28th and 29th <p>Current:</p> <ul style="list-style-type: none"> ESC LHIN ranked 1st among LHINs (last quarter rank 2nd), showing 2% improvement over last quarter Most hospitals QIPs priority indicator BWH and WRH working aggressively on IHI STAAR Program and LACE’ing high risk clients to ensure services on selected high re-admit CMGs Follow-up with Primary Care Lead focusing on re-admits for COPD and Diabetes WRH and BWH have target set on the readmission rates focusing on re-visits within 7 days for CHF and COPD CKHA, BWH, and WRH Leads to collaborate on reduced hospitalization and hopes to be a participant of HQO’s bestPATH program LDMH implementing CHF clinic. There are small asthma clinics for unattached patients Re-admissions in Q3 in LDMH 16.3%, BWH 14.7%, WRH 13.1%, CKHA 13.8%, and HDGH 12.9% Home First is tracking IP admissions by CCAC clients as a control variable for successful discharge home Home First initiative to address priority populations such as CHF, COPD, Diabetes, Pneumonia, Dementia, and Stroke based on evidence based practices ESC LHIN has worked with hospitals to generate disease specific reports CIHI portal ESC LHIN Board developed through its Quality and Safety Committee that focus on readmissions in their work Exploring a review of the QIP for each hospital September 2012 WRH has an Executive Lead on readmits for CMGs and a process improvement team for COPD and CHF Primary Health Care Council has been established and developing action plans aligned with the provincial goals and directions CKHA, BWH, and WRH Leads will collaborate on reduced hospitalization and hopes to be a participant of HQO’s bestPATH program <p>Future:</p> <ul style="list-style-type: none"> All hospitals planning for 2012/13 Quality Improvement Plan Aligning work to Dr. Baker’s Report for avoiding hospital admissions Home First geographic implementation teams reviewing prevention and health promotion strategies, patient satisfaction, and discharge planning processes Target work for COPD/CHF & MH Exploring root causes for ED visits within 7 & 30 days BWH exploring Chronic Disease Management Strategy. Will add NP to COPD team LDMH exploring opportunities to utilize OTN for COPD cases at WRH

ERIE ST. CLAIR LHIN

Goal: Reduce Avoidable Hospital Readmission

Intervention:



System Measures	Baseline	Target	Current Performance	Quarterly Performance (Data Source: CIHI - DAD)	Key Considerations
Proportion of primary unilateral Hip or Knee Joint Replacement patients discharged home	TBD	90% ± 9%	96.0 %		<p>Past:</p> <ul style="list-style-type: none"> Consistently above target, strong linkages with CCAC <p>Current:</p> <ul style="list-style-type: none"> CKHA and WRH going live with electronic surgical record CKHA improved by 3% HDGH decrease by 3% WRH performance is the same as last reporting period BWH decreased by 2% Medworxx in place and CCAC access provided to anticipate workload ESC LHIN is below the provincial target except WRH in Q3 for ALOS <p>Future:</p> <ul style="list-style-type: none"> Expect improvements in Q1 WRH will meet with orthopedists regarding HBAN and funding impact
Average length of Stay of primary unilateral Hip or Knee Joint Replacement patients discharged home	TBD	4.4 Days	3.7 Days		<p>Past:</p> <ul style="list-style-type: none"> Consistently above target, strong linkages with CCAC <p>Current:</p> <ul style="list-style-type: none"> CKHA, HDGH, and BWH have shown consistent performance from the last 3 reporting periods WRH decreased by 20% <p>Future:</p> <ul style="list-style-type: none"> ESC LHIN is a high performer for discharges to home

Surgical and Diagnostic Imaging Wait Times

ERIE ST. CLAIR LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:
 ➤ Wait Time Allocations



System Measures	Baseline FY 10/11	MLPA Target	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations												
90 th Percentile Wait Times for Cancer Surgery	45 Days	45 Days (FY 11/12)	39 Days	<table border="1"> <caption>90th Percentile Days for Cancer Surgery</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>45</td> </tr> <tr> <td>Q1 11/12</td> <td>43</td> </tr> <tr> <td>Q2 11/12</td> <td>40</td> </tr> <tr> <td>Q3 11/12</td> <td>38</td> </tr> <tr> <td>Q4 11/12</td> <td>39</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q4 10/11	45	Q1 11/12	43	Q2 11/12	40	Q3 11/12	38	Q4 11/12	39	<p>Past:</p> <ul style="list-style-type: none"> BWH working with Regional Cancer Centre – opened Cancer Care and Access Treatment Centre for Lung, Colon, Prostate, and Breast Cancer Care. This program was two years in development and has thoroughly reorganized the delivery of Breast Cancer in Sarnia It is likely a true “Best Practice” <p>Current:</p> <ul style="list-style-type: none"> ESC LHIN ranked 3rd among LHINs (last quarter rank 2nd) CKHA had an increase from 29 to 41 days BWH QIP focuses on reducing cancer wait times BWH PCOP has not been confirmed, hospital acting with caution <p>Future:</p> <ul style="list-style-type: none"> Continue to work with Regional Cancer Centre and hospitals Encourage use of BWH model as BP in ESC (part of 2012/13 QIP or H-SAA 2012/15)
Quarter	90th Percentile Days																
Q4 10/11	45																
Q1 11/12	43																
Q2 11/12	40																
Q3 11/12	38																
Q4 11/12	39																
90 th Percentile Wait Times for Cataract Surgery	64 Days	56 Days (FY 11/12)	63 Days	<table border="1"> <caption>90th Percentile Days for Cataract Surgery</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>64</td> </tr> <tr> <td>Q1 11/12</td> <td>52</td> </tr> <tr> <td>Q2 11/12</td> <td>76</td> </tr> <tr> <td>Q3 11/12</td> <td>57</td> </tr> <tr> <td>Q4 11/12</td> <td>63</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q4 10/11	64	Q1 11/12	52	Q2 11/12	76	Q3 11/12	57	Q4 11/12	63	<p>Past:</p> <ul style="list-style-type: none"> Continue to achieve target and best in province <p>Current:</p> <ul style="list-style-type: none"> ESC LHIN ranked 1st among LHINs (last quarter rank 1st) CKHA has improved 57 over the last reporting period <p>Future:</p> <ul style="list-style-type: none"> Continue to maintain Monitor in Q1 for trend
Quarter	90th Percentile Days																
Q4 10/11	64																
Q1 11/12	52																
Q2 11/12	76																
Q3 11/12	57																
Q4 11/12	63																
90 th Percentile Wait Times for Cardiac By-Pass Procedures	NA	NA	NS	<table border="1"> <caption>90th Percentile Days for Cardiac By-Pass Procedures</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>NS</td> </tr> <tr> <td>Q1 11/12</td> <td>NS</td> </tr> <tr> <td>Q2 11/12</td> <td>NS</td> </tr> <tr> <td>Q3 11/12</td> <td>NS</td> </tr> <tr> <td>Q4 11/12</td> <td>NS</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q4 10/11	NS	Q1 11/12	NS	Q2 11/12	NS	Q3 11/12	NS	Q4 11/12	NS	Not Applicable to ESC LHIN
Quarter	90th Percentile Days																
Q4 10/11	NS																
Q1 11/12	NS																
Q2 11/12	NS																
Q3 11/12	NS																
Q4 11/12	NS																

Data Source: Cardiac Care Network
 NS = No Service information available. This means that the hospital does not offer this service during the period.

ERIE ST. CLAIR LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:

Participated with MRI PIP all sites
Working closely with physician groups and wait times within ESC LHIN



System Measures	Baseline FY 10/11	MLPA Target	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations																		
90 th Percentile Wait Time for Hip Replacement	121 Days	121 Days (FY 11/12)	160 Days	<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>90th Percentile Days - Hip Replacement</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>148</td> <td>132</td> </tr> <tr> <td>Q1 11/12</td> <td>135</td> <td>121</td> </tr> <tr> <td>Q2 11/12</td> <td>185</td> <td>121</td> </tr> <tr> <td>Q3 11/12</td> <td>139</td> <td>121</td> </tr> <tr> <td>Q4 11/12</td> <td>160</td> <td>121</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Target	Q4 10/11	148	132	Q1 11/12	135	121	Q2 11/12	185	121	Q3 11/12	139	121	Q4 11/12	160	121	<p>Past:</p> <ul style="list-style-type: none"> ESC LHIN was above the provincial target W/E residents going to CKHA for replacement surgery <p>Current:</p> <ul style="list-style-type: none"> ESC LHIN ranked 7th among LHINs (last quarter rank 2nd) CKHA and HDGH have increase their wait time 124 and 188 respectively in Q4 New orthopedic surgeon has been recruited for CKHA Continue to monitor and expect with Home First bed pressures will reduce cancelled surgeries <p>Future:</p> <ul style="list-style-type: none"> Pursue central intake model for 2012/13. This was unsuccessful in the past but needs to be revisited
Quarter	90th Percentile Days	Target																					
Q4 10/11	148	132																					
Q1 11/12	135	121																					
Q2 11/12	185	121																					
Q3 11/12	139	121																					
Q4 11/12	160	121																					
90 th Percentile Wait Times for Knee Replacement	130 Days	130 Days (FY 11/12)	176 Days	<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>90th Percentile Days - Knee Replacement</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>122</td> <td>142</td> </tr> <tr> <td>Q1 11/12</td> <td>137</td> <td>130</td> </tr> <tr> <td>Q2 11/12</td> <td>145</td> <td>130</td> </tr> <tr> <td>Q3 11/12</td> <td>168</td> <td>130</td> </tr> <tr> <td>Q4 11/12</td> <td>176</td> <td>130</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Target	Q4 10/11	122	142	Q1 11/12	137	130	Q2 11/12	145	130	Q3 11/12	168	130	Q4 11/12	176	130	<p>Past:</p> <ul style="list-style-type: none"> ESC LHIN slightly above the provincial target by 3 days <p>Current:</p> <ul style="list-style-type: none"> ESC LHIN ranked 6th among LHINs (last quarter rank 4th) Increase seen from previous quarter for WRH, HDGH, and CKHA WRH work being done with physicians to outline high variance from target. Currently, the highest in our LHIN Confusion with 12/13 budgeted volumes - in terms of HBAM volumes versus old wait times volumes for 12/13 throughout the system <p>Future:</p> <ul style="list-style-type: none"> May consider reallocation of volumes to higher performers
Quarter	90th Percentile Days	Target																					
Q4 10/11	122	142																					
Q1 11/12	137	130																					
Q2 11/12	145	130																					
Q3 11/12	168	130																					
Q4 11/12	176	130																					

ERIE ST. CLAIR LHIN

Goal: Reduce Surgical and Diagnostic Imaging Wait Times

Intervention:



System Measures	Baseline FY 10/11	MLPA Target	Current Performance	Quarterly Performance (Data Source: WTIS)	Key Considerations												
90 th Percentile Wait Time for Diagnostic MRI Scan	59 Days	28 Days (FY 11/12)	42 Days	<table border="1" style="margin: 10px auto;"> <caption>90th Percentile Days for MRI Scan</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>58</td> </tr> <tr> <td>Q1 11/12</td> <td>42</td> </tr> <tr> <td>Q2 11/12</td> <td>57</td> </tr> <tr> <td>Q3 11/12</td> <td>50</td> </tr> <tr> <td>Q4 11/12</td> <td>42</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q4 10/11	58	Q1 11/12	42	Q2 11/12	57	Q3 11/12	50	Q4 11/12	42	<p>Past:</p> <ul style="list-style-type: none"> Continue to improve by spreading best practices from WRH and BWH BWH currently best in province CKHA increased hours starting Sept 12, new manager, experienced with GE LEAN methodology, work to date includes centralized requisitions, improved MRI booking process <p>Current:</p> <ul style="list-style-type: none"> ESC LHIN ranked 1st among LHINs (last quarter rank 1st) CKHA-St. Joseph's, HDGH, and BWH have shown significant improvement using learnings from best practices WRH, CKHA, BWH, and HDGH incremental volumes need to move to base to create stability because X-ray technicians are doing contract hours in MRI. This causes severe risk of losing these MRI trained technicians in this unstable environment Funding stability required, Ministry should consider transfer of incremental hours into base budget as currently FTE's are borrowed from the X-ray department to support MRI as no one will take full time positions without funding certainty WRH shows and improvement from 59 to 57 in Q4 BWH received new MRI <p>Future:</p> <ul style="list-style-type: none"> CKHA - continued standardization of physician protocol
Quarter	90th Percentile Days																
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90 th Percentile Wait Times for Diagnostic CT Scan	28 Days	26 Days (FY 11/12)	19 Days	<table border="1" style="margin: 10px auto;"> <caption>90th Percentile Days for CT Scan</caption> <thead> <tr> <th>Quarter</th> <th>90th Percentile Days</th> </tr> </thead> <tbody> <tr> <td>Q4 10/11</td> <td>27</td> </tr> <tr> <td>Q1 11/12</td> <td>27</td> </tr> <tr> <td>Q2 11/12</td> <td>27</td> </tr> <tr> <td>Q3 11/12</td> <td>24</td> </tr> <tr> <td>Q4 11/12</td> <td>19</td> </tr> </tbody> </table>	Quarter	90th Percentile Days	Q4 10/11	27	Q1 11/12	27	Q2 11/12	27	Q3 11/12	24	Q4 11/12	19	<p>Past:</p> <ul style="list-style-type: none"> Continuing to work with all sites for improvement efforts <p>Current:</p> <ul style="list-style-type: none"> ESC LHIN ranked 1st among LHINs (last quarter rank 4th) below the ESC LHIN target (26 days) LDMH, WRH, and BWH have shown significant improvement LDMH adding Part-Time radiologist for CT <p>Future:</p> <ul style="list-style-type: none"> Continuing to work with all sites for improvement efforts
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