MINISTRY/LHIN PERFORMANCE AGREEMENT (MLPA)
Central East LHIN MLPA PERFORMANCE INDICATOR DASHBOARD
PERFORMANCE TREND - TRACKING REPORT
December 2013

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CENTRAL EAST LHIN

MLPA PERFORMANCE INDICATOR DASHBOARD

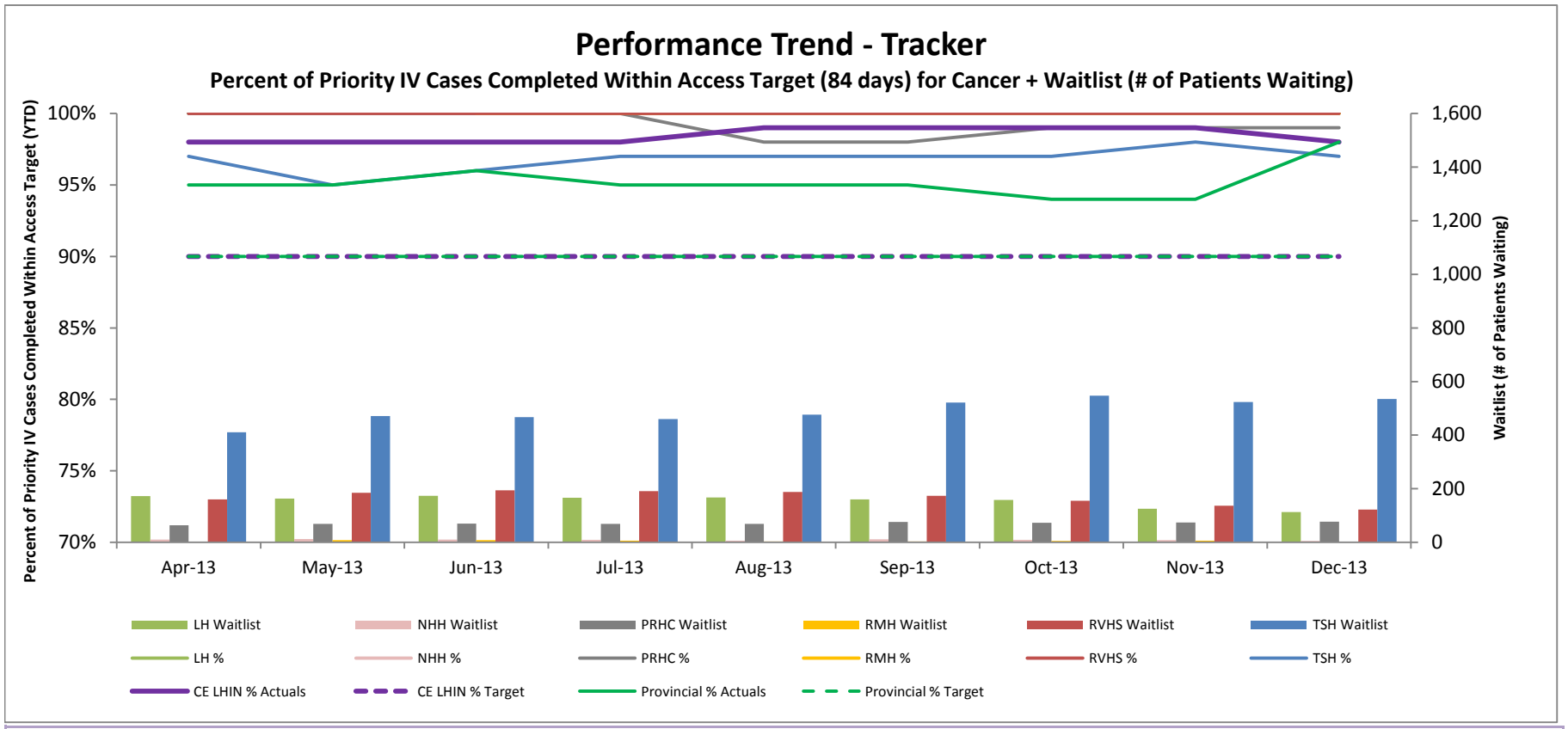
Performance effective as of:

December 2013

	Performance Indicator (PI)	Indicator Type	Provincial Target	LHIN Starting Point or Baseline 13/14	LHIN FY2013/14 Target	Actual LHIN Performance	Current Status	Trend [1]	LHIN Ranking [3]	Data Source [2]	Reporting Period
1	**Percent of Priority IV Cases Completed Within Access Target (84 days) for Cancer Surgery [7]**	Access	90%	96%	90%	98%	●	↓	3	WTIS	December 2013
2	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract Surgery [7]**	Access	90%	99%	90%	98%	●	↔	4	WTIS	December 2013
3	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip Replacement Surgery [7]**	Access	90%	96%	90%	91%	●	↑	4	WTIS	December 2013
4	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Knee Replacement Surgery [7]**	Access	90%	96%	90%	91%	●	↑	4	WTIS	December 2013
5	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic MRI Scan [7]**	Access	90%	47%	50%	56%	●	↑	6	WTIS	December 2013
6	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic CT Scan [7]**	Access	90%	91%	90%	93%	●	↓	2	WTIS	December 2013
7	**Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution [4]**	Integration	9.46%	13.48%	12.8%	16.9%	◆	↑	10	DAD	2013/14 Q1
8	**90th Percentile ER Length of Stay for Admitted Patients**	Access	25 hours	33.72	30.0	30.1	◆	↑	12	ERNI	December 2013
9	**90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients**	Access	7 hours	6.45	6.45	6.22	●	↑	3	ERNI	December 2013
10	**90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients**	Access	4 hours	4.13	4.00	4.00	▲	↑	8	ERNI	December 2013
11	**Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions [5]**	Access	TBD	18.6%	17.0%	18.0%	◆	↑	8	NACRS	2013/14 Q1
12	**Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions [5]**	Access	TBD	24.3%	22.5%	25.0%	◆	↑	4	NACRS	2013/14 Q1
13	**90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) [6, 4]**	Access	TBD	29	29	25	●	↓	5	HCD	2013/14 Q1
14	**Readmission within 30 Days for Selected CMGs [5]**	Efficiency (Quality)	TBD	16.2%	14.8%	15.38%	◆	↓	6	DAD	2012/13 Q4

NOTES:

1	Trend analysis comparison to prior reporting period and/or established baseline (where applicable) of current reporting period
2	Data Sources: **WTIS** = Wait Time Information System. Percent of priority IV cases completed within access target from Cancer Care Ontario (CCO) iPort application. MRI and CT waitlists are submitted by hospitals via Central East LHIN's Wait Time Strategy Working Group's monthly survey. **ALC** = Alternate Level of Care; CIHI Inpatient Discharge Abstract Database (DAD), HAB, Intellihealth **ERNI** = National Ambulatory Care Administrative Database (NACRS, CIHI) via Ontario's ER NACRS Initiative (ERNI-Level 1) **NACRS** = National Ambulatory Care Reporting System (NACRS) **HCD** = Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server
3	LHIN Ranking (1 = shortest, 14 = longest) indicates how the LHIN's current value compares against all other LHINs in the province.
4	2013/14 Q1 data Trend analysis comparison to prior reporting period
5	2013/14 Q1 data - Most recent available data
6	No established Target; monitoring indicator only
7	Actual LHIN Performance value is year-to-date not monthly



Performance: The CE LHIN Percent of Priority IV Cases Completed Within Access Target (84 days) for cancer surgery decreased slightly to year-to-date (YTD) December of 98%. This is well above the 2013/14 negotiated target of 90%. All hospitals continued to perform above the CE LHIN target, with LH, RMH and RVHS achieving 100%. No value is shown for NHH as they currently do not have any Priority IV cases.

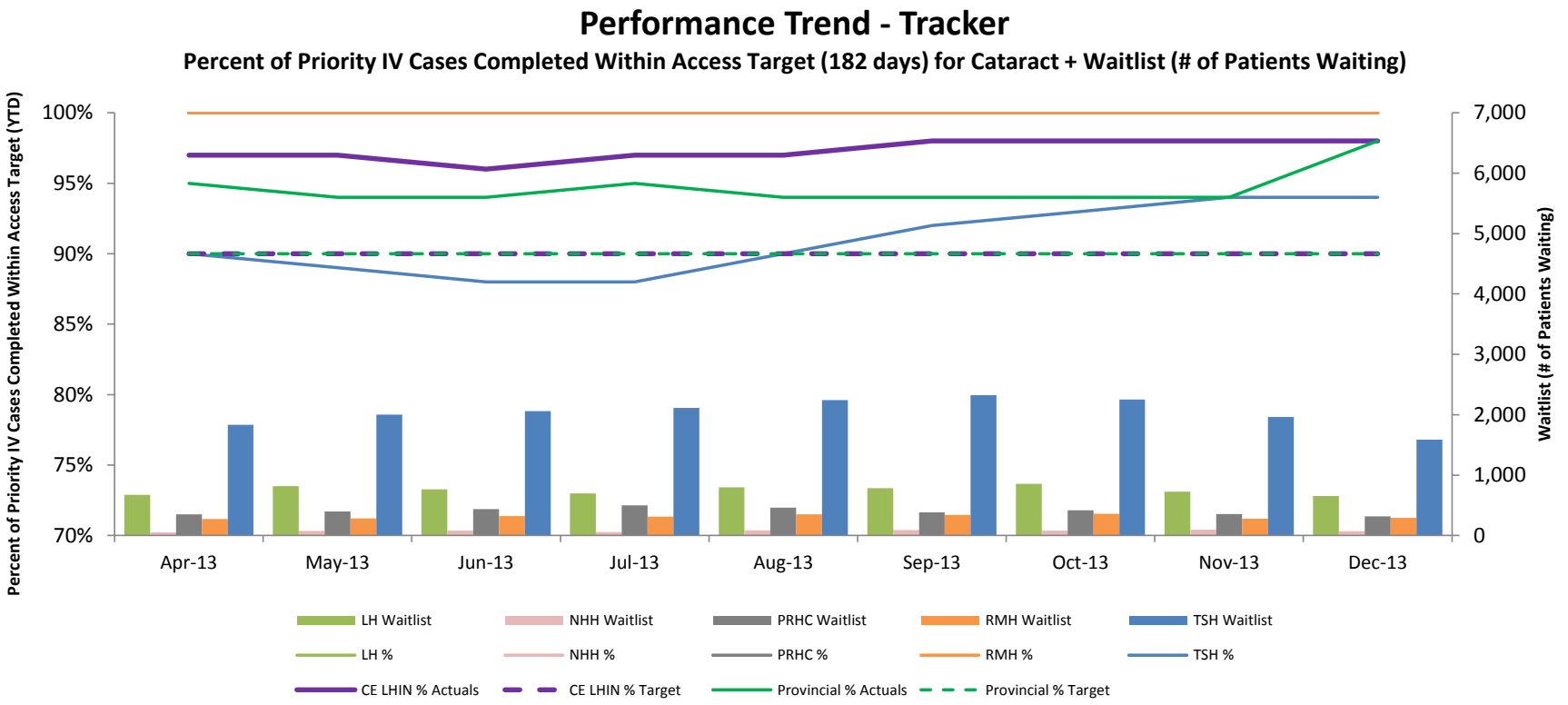
Actions/Strategies:

1) The CE LHIN implemented a Wait Time Strategy Working Group (WTSWG) at the beginning of 2009/10 with participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.

2) The CE LHIN fully implemented the Surgical Utilization Booking Management Integration Tool (SUBMIT) in June 2012 to assist with the management of wait times.

3) The hospitals and CE LHIN have ongoing data quality improvement initiatives.

4) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 Hospital Service Accountability Agreements (H-SAAs).

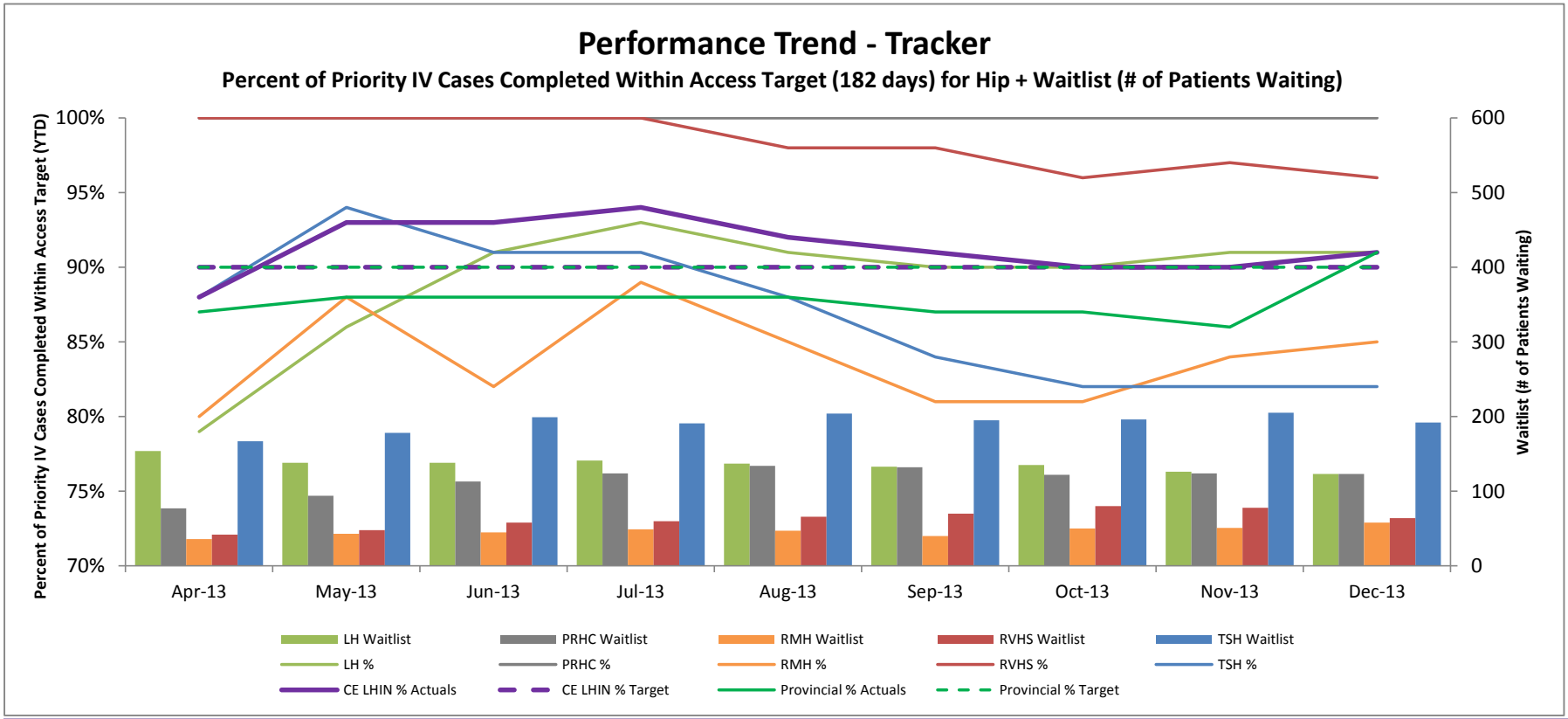


Funding/Allocations: In August 2013, the 2013/14 Quality-Based Procedure (QBP) allocations (cataracts, hips and knees), which are the same as the 2012/13 LHIN-approved volumes, were received from the Ministry. However, the Ministry did not transfer cataract volumes from RVHS to TSH as advised, but will correct this error before the end of the year. The 2013/14 bilateral cataract allocations, which are the same as the 2012/13 volumes, were also received in August 2013. Bilateral cataract reallocations were completed in October 2013.

Performance: The CE LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for cataract surgery remained the same for YTD December at 98%. This is well above the 2013/14 negotiated target of 90%. All hospitals performed at or above the CE LHIN target, with LH, NHH, PRHC and RMH achieving 100%.

Actions/Strategies:

1) The CE LHIN implemented the WTSWG at the beginning of 2009/10 with participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
2) The CE LHIN fully implemented SUBMIT in June 2012 to assist with the management of wait times.
3) The CE LHIN, in collaboration with the clinical and financial leadership of hospitals and CCAC, completed a regional planning process in 2012/13 and determined that the optimal model of service delivery for cataracts was volume optimization.
4) The hospitals and CE LHIN have ongoing data quality improvement initiatives.
5) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
6) Volumes have been allocated among hospitals to optimize wait time performance.

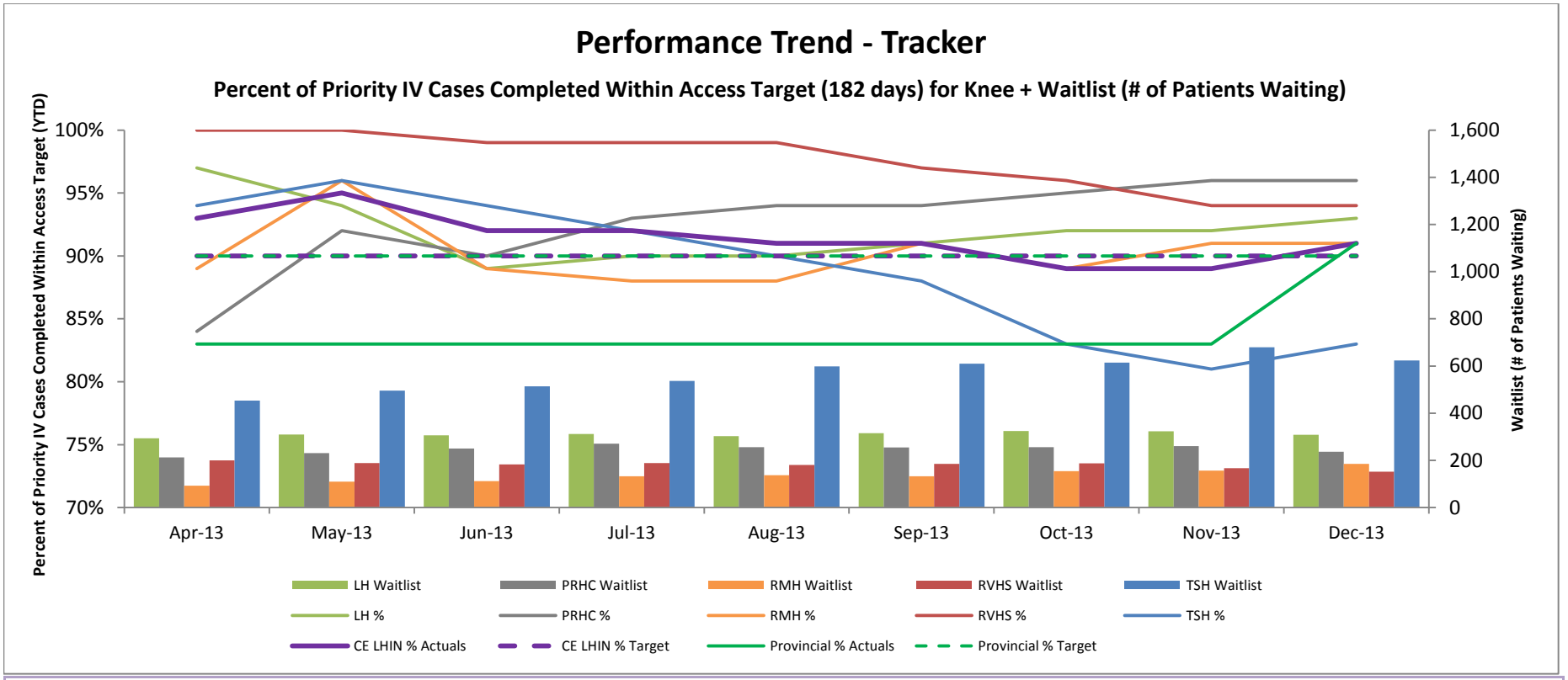


Funding/Allocations: In August 2013, the 2013/14 QBP allocations (cataracts, hips and knees), which are the same as the 2012/13 LHIN-approved volumes, were received from the Ministry. An additional 113 hip replacement volumes were purchased by the LHIN in November and December 2013.

Performance: The CE LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for hip replacement surgery in December improved to 91%. This is above the 2013/14 negotiated target of 90%. LH, RMH and TSH were below the CE LHIN target. LH is actively working across the organization and with surgeons' offices to address issues with meeting wait time targets. LH's performance is significantly affected by patient preference for surgeons. For orthopaedics, RMH added extra operating room (OR) days in September and one vacant block per week going forward to enable them to meet their wait time targets. TSH used up their funded volumes last fiscal year, resulting in deferred surgeries, which led to cases with wait times longer than 182 days. TSH is actively working with surgeons' offices. The LHIN expects to meet the 90% target at the end of the fiscal year.

Actions/Strategies:

1) The CE LHIN implemented the WTSWG at the beginning of 2009/10 with participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
2) The CE LHIN fully implemented SUBMIT in June 2012 to assist with the management of wait times.
3) The CE LHIN, in collaboration with the clinical and financial leadership of hospitals and CCAC, is undergoing a regional orthopaedic planning process to determine the optimal model of service delivery for all orthopaedic QBPs.
4) The hospitals and CE LHIN have ongoing data quality improvement initiatives.
5) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
6) Volumes are allocated among hospitals to optimize wait time performance.

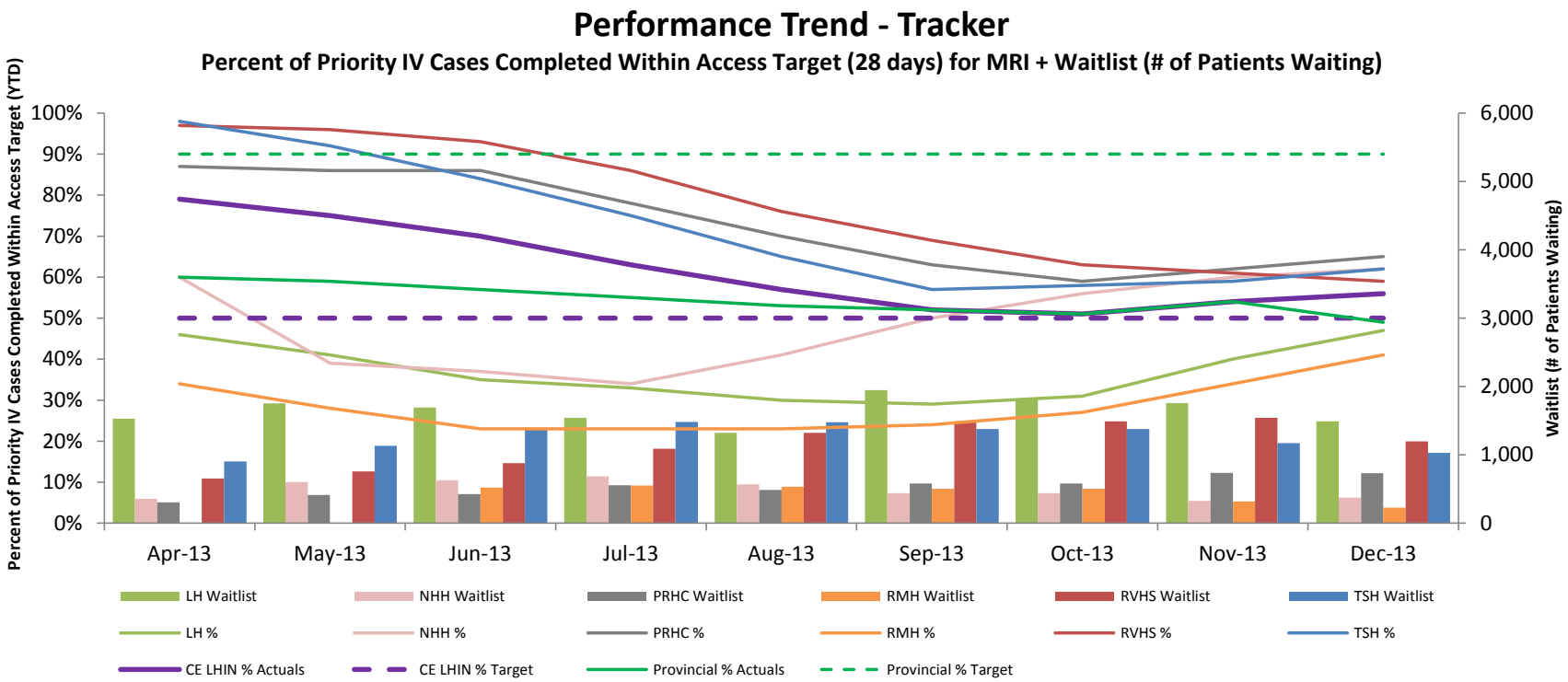


Funding/Allocations: In August 2013, the 2013/14 QBP allocations (cataracts, hips and knees), which are the same as the 2012/13 LHIN-approved volumes, were received from the Ministry. An additional 174 knee replacement volumes were purchased by the LHIN in November and December 2013.

Performance: The CE LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for knee replacement surgery remained steady at 91% for YTD December. This is just above the 2013/14 negotiated target of 90%. Although LH and TSH were below the CE LHIN target, they are still performing above the provincial actuals. LH is actively working across the organization and with surgeons' offices to address issues with meeting wait time targets. LH's performance is significantly affected by patient preference for surgeons. TSH used up their funded volumes last fiscal year, resulting in deferred surgeries, which led to cases with wait times longer than 182 days. TSH is actively working with surgeons' offices. The LHIN expects to meet the 90% target at the end of the fiscal year.

Actions/Strategies:

1) The CE LHIN implemented the WTSWG at the beginning of 2009/10 with participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
2) The CE LHIN fully implemented SUBMIT in June 2012 to assist with the management of wait times.
3) The CE LHIN, in collaboration with the clinical and financial leadership of hospitals and CCAC, is undergoing a regional orthopaedic planning process to determine the optimal model of service delivery for all orthopaedic QBPs.
4) The hospitals and CE LHIN have ongoing data quality improvement initiatives.
5) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
6) Volumes are allocated among hospitals to optimize wait time performance.
7) To address the increasing demand for knee replacements over hip replacements, hospitals will be able to move volumes from hips to knees during the 2013/14 reallocation process, subject to LHIN & Ministry approval.



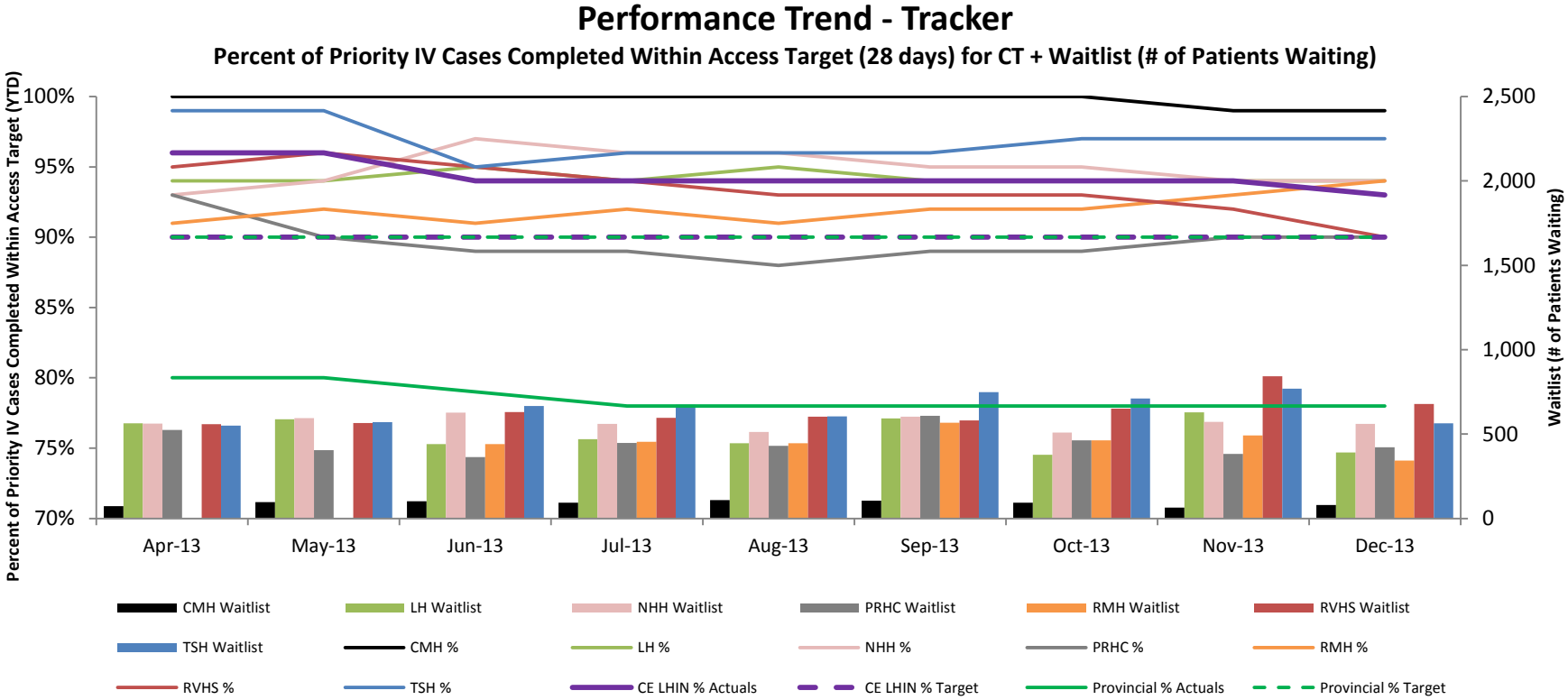
Funding/Allocations: In August 2013, the 2013/14 Wait Time Strategy (WTS) incremental allocations, which increased substantially from the 2012/13 initial incremental allocations, were received from the Ministry. An additional 3,238 MRI hours were purchased by the LHIN in November and December 2013. The Ministry also provided an additional 1,500 MRI hours in late December 2013.

Performance: The CE LHIN Percent of Priority IV Cases Completed Within Access Target (28 days) for MRI scan increased from 54% for YTD November to 56% for YTD December. This is above the 2013/14 negotiated target of 50%. Historically, additional funded volumes were completed in Q4 (dramatically reducing wait times), after which wait times tended to move back up in Q2 and Q3. The same trend is shown here; there is a higher number of cases with wait times longer than 28 days in Q2 and Q3. LH and RMH were below the CE LHIN target. The additional 4,738 MRI hours will assist with meeting the target. Hospitals are also exploring strategies other than additional volumes to decrease wait times. The LHIN expects to exceed the 50% target at the end of the fiscal year.

Actions/Strategies:

1) The CE LHIN implemented the WTSWG at the beginning of 2009/10 with participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
2) The Diagnostic Imaging (DI) Working Group looks at systemic issues, such as the education of primary care physicians, radiologists, referral patterns and protocolling best practices, which affect wait times.
3) The hospitals and CE LHIN have ongoing data quality improvement initiatives.
4) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
5) Volumes are allocated among hospitals to optimize wait time performance.
6) Ministry initiative - MRI PIP3, with province-wide participation, launched in 2013.
7) The CE LHIN will continue to closely monitor hospital performance and is exploring the expansion of SUBMIT to DI to assist with the management of wait times.

* RMH began reporting their waitlist information in June 2013.



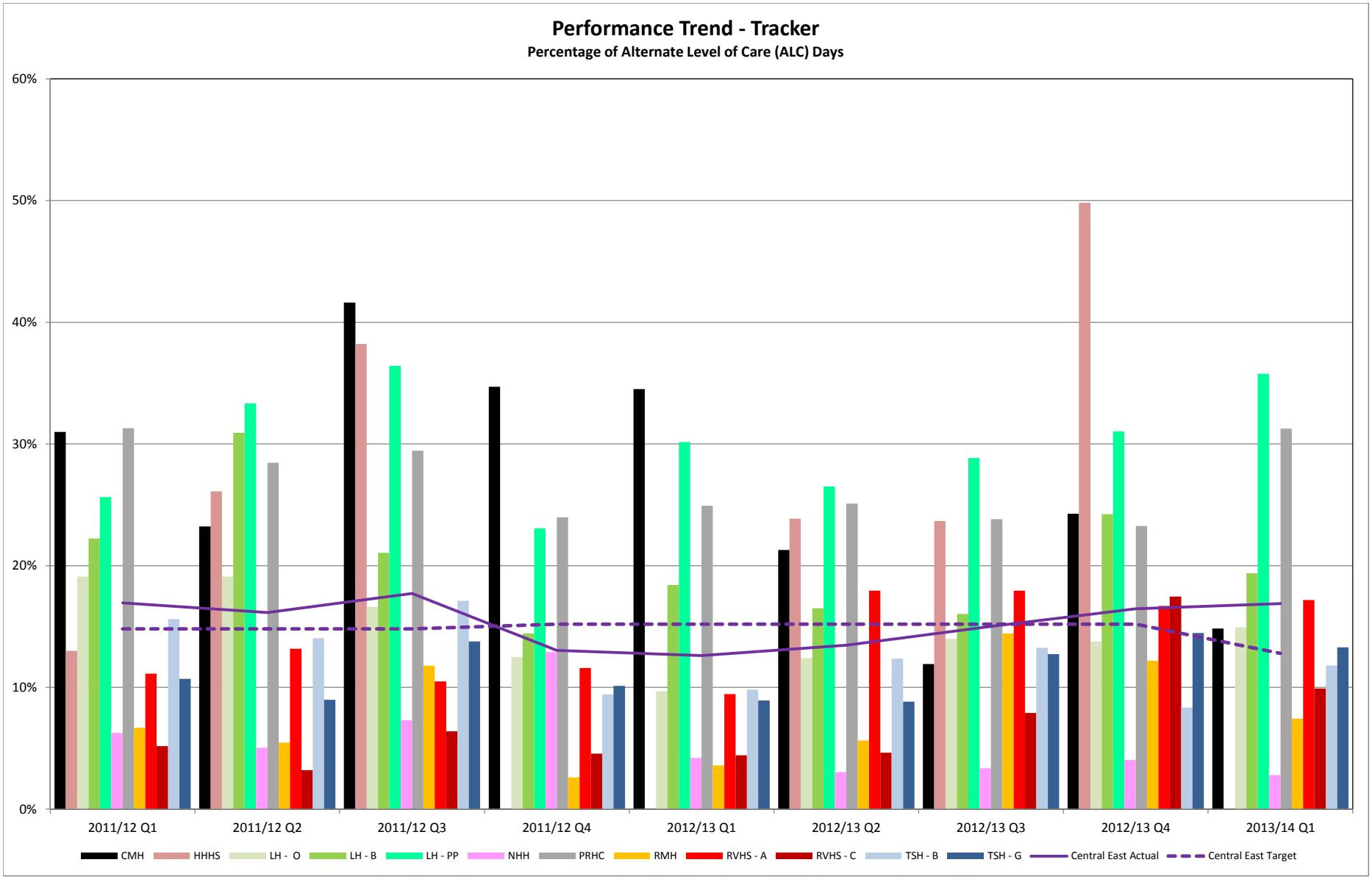
Funding/Allocations: In August 2013, the 2013/14 Wait Time Strategy (WTS) incremental allocations, which decreased slightly from the 2012/13 initial incremental allocations, were received from the Ministry.

Performance: The CE LHIN Percent of Priority IV Cases Completed Within Access Target (28 days) for CT scan dipped slightly for YTD December to 93% (from 94% in November). This is above the 2013/14 negotiated target of 90% and well above the provincial actuals. All hospitals are performing at or above the CE LHIN target.

Actions/Strategies:

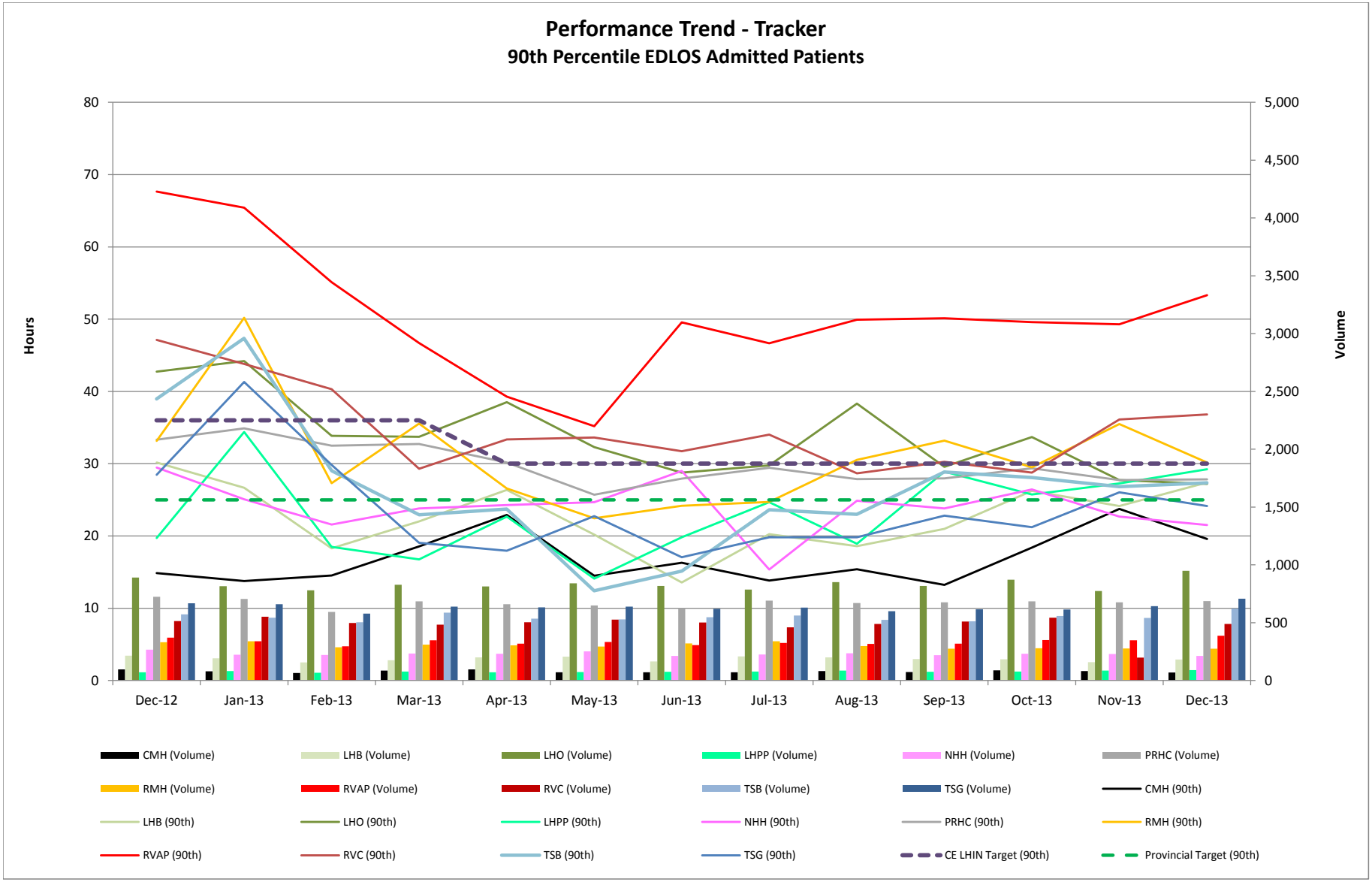
1) The CE LHIN implemented the WTSWG at the beginning of 2009/10 with participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
2) The DI Working Group looks at systemic issues, such as the education of primary care physicians, radiologists, referral patterns and protocolling best practices, which affect wait times.
3) The hospitals and CE LHIN have ongoing data quality improvement initiatives.
4) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
5) Volumes are allocated among hospitals to optimize wait time performance.
6) The CE LHIN will continue to closely monitor hospital performance and is exploring the expansion of SUBMIT to DI to assist with the management of wait times.

* RMH began reporting their waitlist information in June 2013.



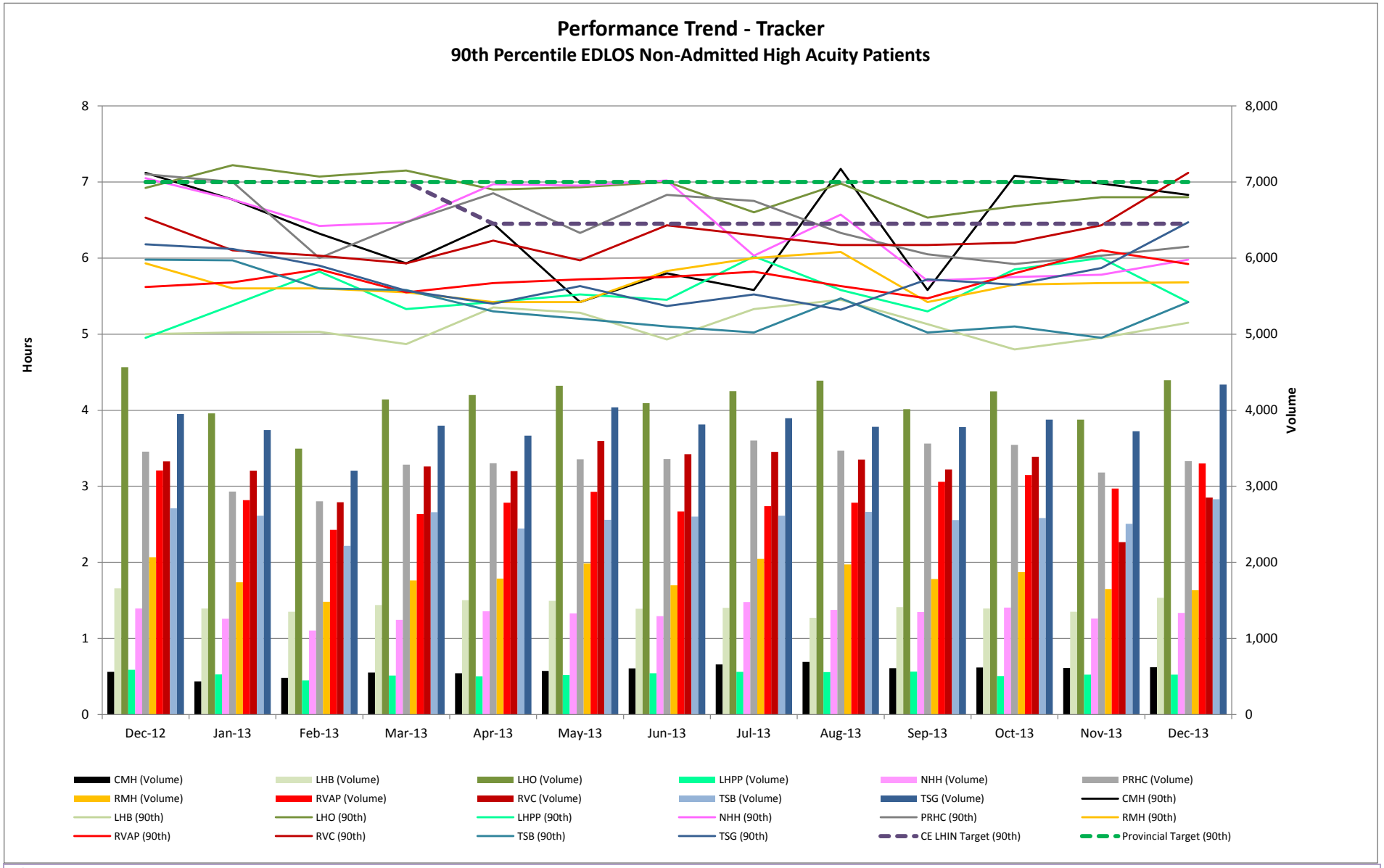
Performance Commentary

The Central East LHIN did not meet the performance target in Q4 2012-13 for Percentage ALC Days. In FY 2012-13, LHB, LHPP and PRHC exceeded the 2013-14 MLPA target of 12.8% in all 4 quarters and FYE performance. Also, in FY 2012-13, CMH, HHHS and RVAP exceeded 12.8% in 3 quarters and FYE performance. Between Q1 and Q4, HHHS (46.4%) and RVC (13.4%) had the largest increase in %ALC days. This indicator is sensitive to overstatement/inflation due to long ALC stays being counted in the indicator only upon discharge. HHHS discharge 5 Long-Stay ALC patients in Q4. Central East LHIN is being measured against only one quarter (Q4 2012-13) and not our FYE performance of 14.4%.



Performance Commentary

- In December of FY 2013-14, Central East LHIN performance at the 90th percentile Length of Stay in the Emergency Department for Admitted patients increased to 30.1 hours. Central East LHIN's Year-to-Date performance is 29.1 hours.
- RVAP is consistently performing longer than the MLPA target of 30 hours in this indicator. RVC has exceeded the MLPA target of 30.0 hours.
- In December 2013, CMH was the top performer in this indicator at 19.6 hours..

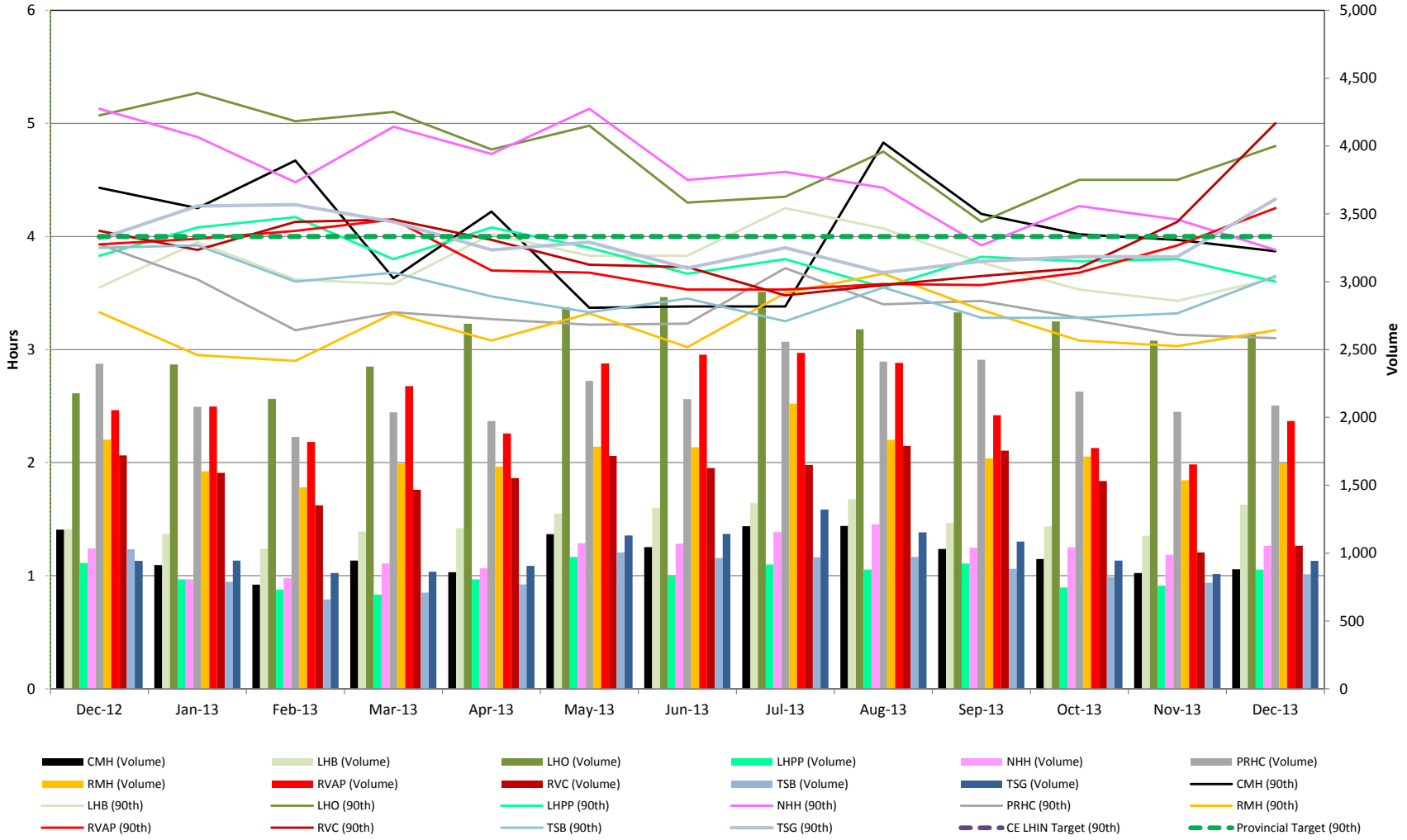


Performance Commentary

- In December of FY 2013-14, Central East LHIN performance at the 90th percentile in length of stay in the Emergency Department for non-Admitted high acuity patients is 6.2 hours, below the Central East LHIN MLPA target of 6.45 hours. Central East LHIN's Year-To-Date performance is 6.0 hours.
- In December of FY 2013, LHO, RVC and CMH did not meet the MLPA 2013-14 target.
- In December of FY 2013, LHB was the top performer at 5.2 hours for this indicator.

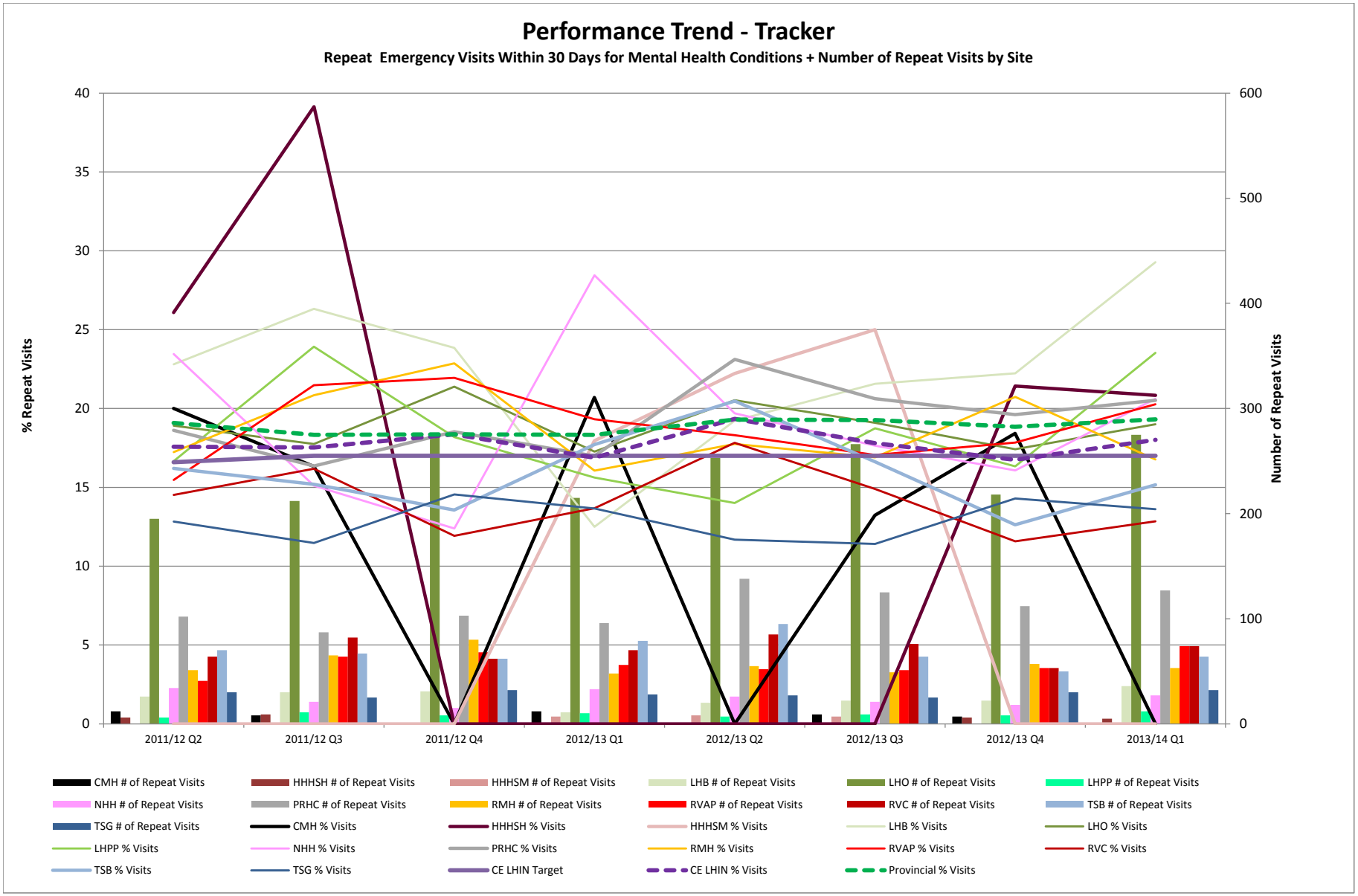
Performance Trend - Tracker

90th Percentile EDLOS Non-Admitted Low Acuity Patients



Performance Commentary

- In December of FY 2013-14 Central East LHIN performance at the 90th percentile in length of stay in the Emergency Department for non-Admitted low acuity patients was 4.0 hours. Central East LHIN's Year-To-Date performance is 3.8 hours which is below our MLPA target of 4.0 hours.
- In December 2013, LHO, RVAP, RVC and TSG were above the CE LHIN target of 4.0 hours.
- In December 2013, PRHC was the top performers in this indicator at 3.1 hours.



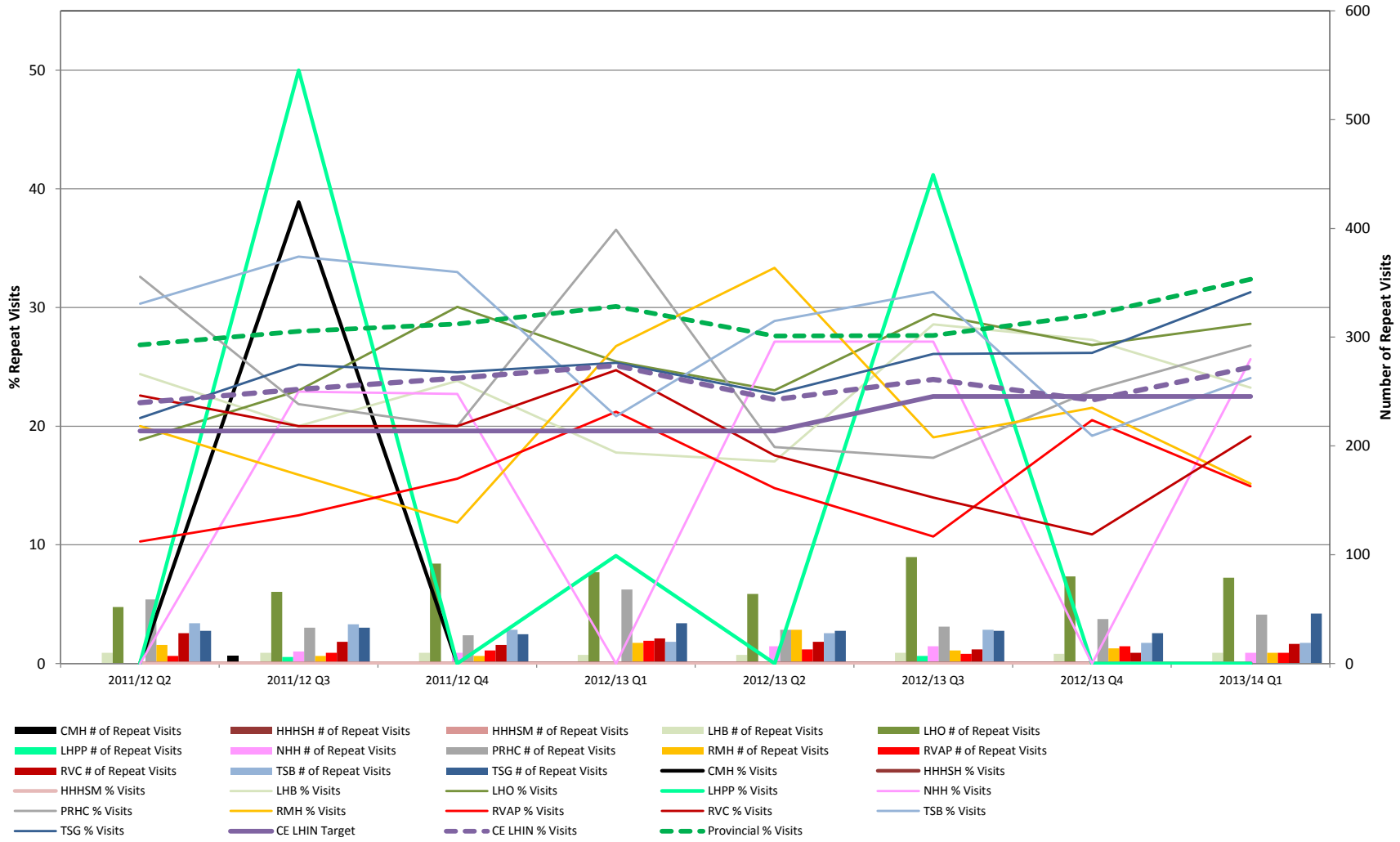
Performance Commentary

The Central East LHIN met the performance target for Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions.

Hospital to Home, (H2H) has been the primary strategy that brings hospital and community services together at the ED level. The Central East LHIN has been working with providers to improve data processes and quality. There have been some challenges related to high rates of unplanned repeat visits by a small number of high needs users.

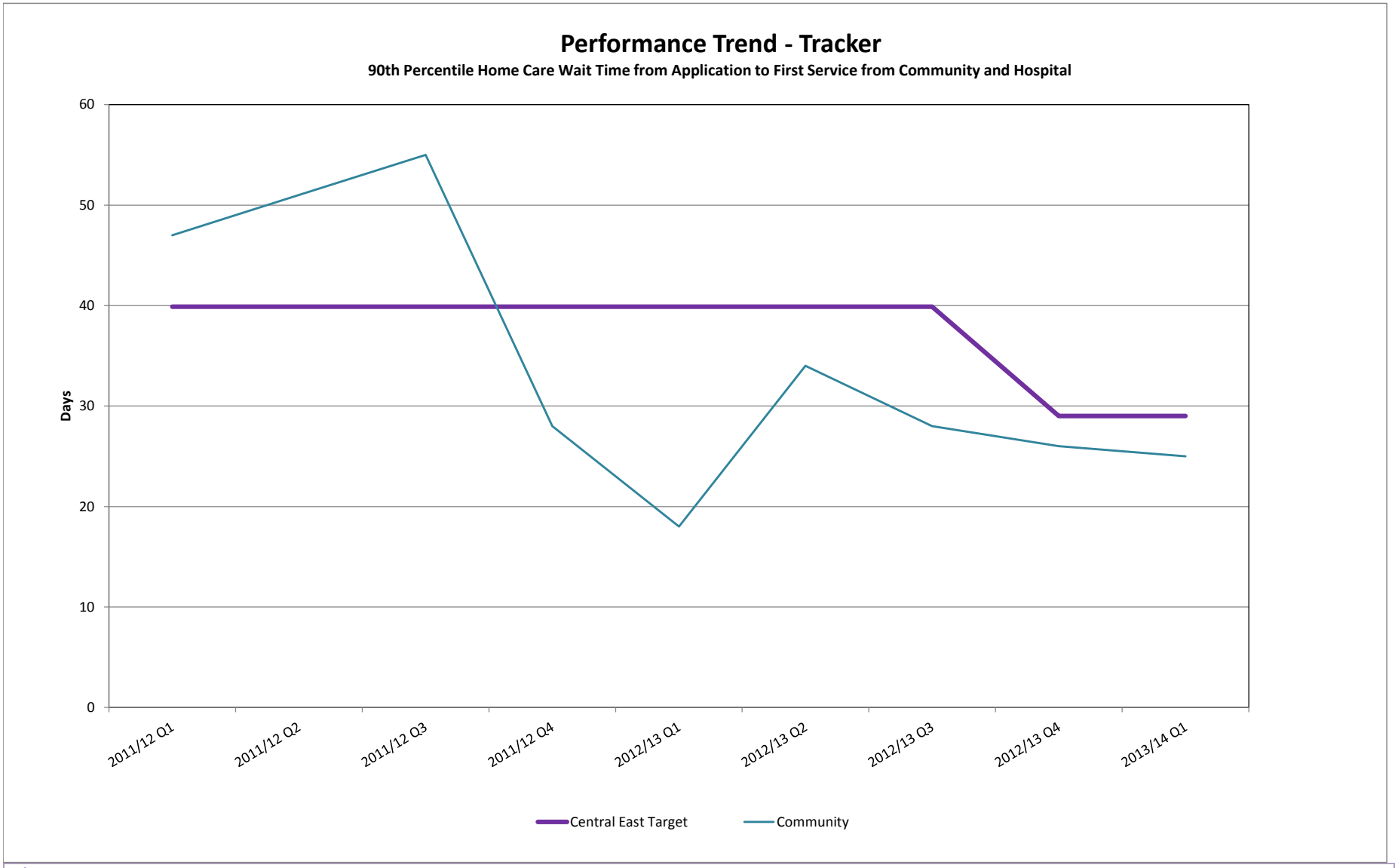
Performance Trend - Tracker

Repeat Emergency Visits Within 30 Days for Substance Abuse Conditions + Number of Repeat Visits by Site



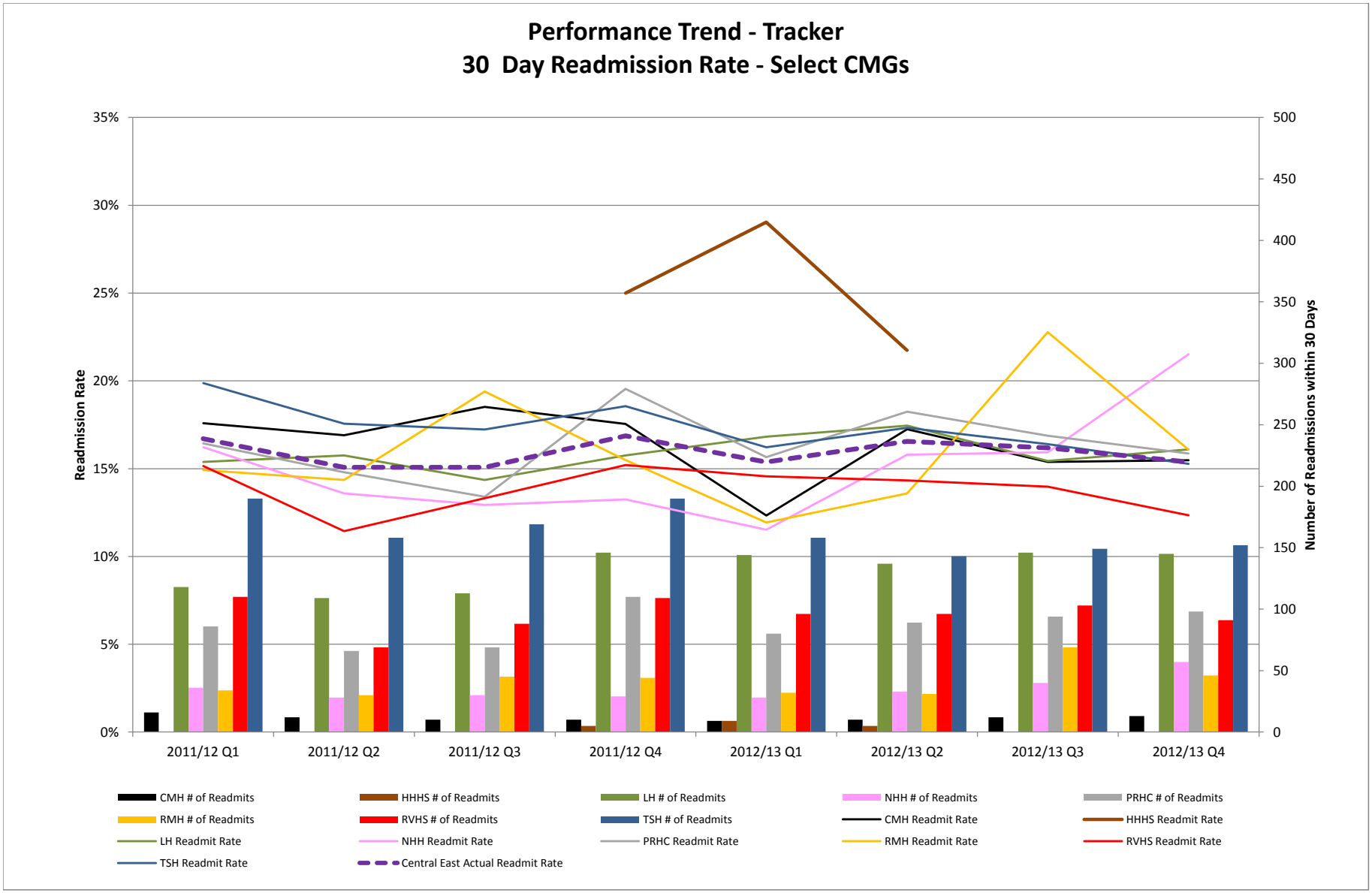
Performance Commentary

The Central East LHIN did not meet the performance target for Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse. However, the Central East LHIN performed within the 10% corridor for Q4 2012-13. Hospital to Home (H2H) has been in place since April 1, 2012. The Central East LHIN Opiate Strategy was initiated during FY 2012-13 Q4. The Pinewood Scarborough Substance Abuse Service expansion was initiated in January 2013. OTN capacity has been expanded to include both Durham and Northeast cluster programs. The Durham OTN is located at Pinewood and now allows for expanded clinical consultation services. As these initiatives mature, the Central East LHIN expects to continue to improve. It is important to note that while success in meeting the target is expected, there are challenges related to the data. As with the Mental Health indicator, there are a small number of repeat users who are responsible for a large number of repeat visits. Mitigation strategies related to this are very challenging.



Performance Commentary

The Central East LHIN has met the performance target for 90th Percentile Wait Time from Community for CCAC in-home services-application from community setting to first CCAC service (excluding case management). While the CECCAC appears to be performing below the target, the CECCAC will continue to look for opportunities to reduce the waitlist. It is important to note that the wait times may continue to fluctuate with continued commitment to Home First and ED/ALC strategies and new/enhanced investments in community services. CECCAC waitlisted community clients have been waiting for a significant period of time and bringing them on service will cause an increase in the performance of this target. We will continue to work closely with Assisted Living for High Risk Seniors Programs to identify potential clients from Personal Support Waitlist that could be transferred for service. The CECCAC has identified the reduction in the personal support wait list as a strategic goal in their 2013-16 Strategic Plan. The LHIN and CCAC are committed to the 5-day wait time metric. As a result of the provincial changes related to physiotherapy, the CCAC has admitted waitlisted physiotherapy patients in the month of July, therefore our metric will rise dramatically in Q2 2013/14.



Performance Commentary

The Central East LHIN did not meet the LHIN performance target for Readmission within 30 days for selected CMG's. The Central East LHIN Q3 30 day readmission rate fell within our 10% corridor for 2012-13. Interventions that have occurred that have impacted this improvement from Q2 include a facilitated expansion of a Code STEMI service in Peterborough Regional Health Centre for the North East Cluster. This has allowed for increased access to best practice cardiac surgery in the North East cluster. Also, a review of the facilitated integration of cardiac rehabilitation services in Scarborough/Durham region has allowed for higher quantity and frequency to best practice rehabilitation vascular services with satellite locations playing a part in increasing access. This means that people are more supported post-acute care, recover quicker, regain more functioning and thereby reduce their need for readmission after 30 days. Finally, due to the announcement of Diabetes Regional Coordinated Centre responsibilities in Q3 (October 2012) being transferred to the LHINs, there has been an evaluation regarding the vascular priorities to include increasing opportunities for complex diabetes care as well as primary care management of diabetes and its long-term vascular conditions. An action plan review of identified priorities by the Central East LHIN Vascular Health Coalition was finalized this quarter that will determine the upcoming third Integrated Health Services Plan Vascular Aim.