MINISTRY/LHIN PERFORMANCE AGREEMENT (MLPA)
Central East LHIN MLPA PERFORMANCE INDICATOR DASHBOARD
PERFORMANCE TREND - TRACKING REPORT
February 2014

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CENTRAL EAST LHIN

MLPA PERFORMANCE INDICATOR DASHBOARD

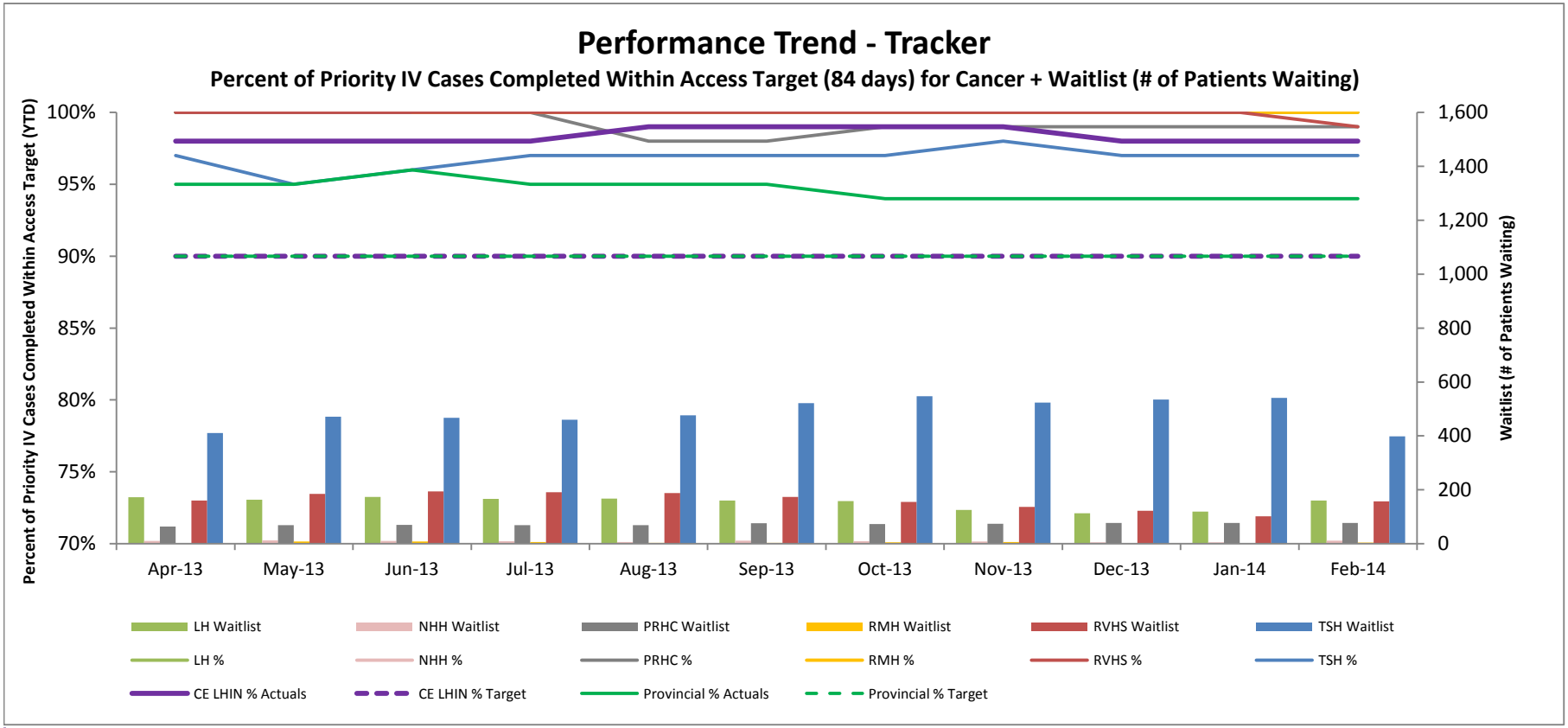
Performance effective as of:

February 2014

	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%	●	↔	2	WTIS	February 2014
2	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract Surgery [7]**	Access	90%	99%	90%	98%	●	↔	4	WTIS	February 2014
3	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip Replacement Surgery [7]**	Access	90%	96%	90%	94%	●	↑	4	WTIS	February 2014
4	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Knee Replacement Surgery [7]**	Access	90%	96%	90%	93%	●	↑	3	WTIS	February 2014
5	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic MRI Scan [7]**	Access	90%	47%	50%	62%	●	↑	5	WTIS	February 2014
6	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic CT Scan [7]**	Access	90%	91%	90%	93%	●	↔	2	WTIS	February 2014
7	**Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution [4]**	Integration	9.46%	13.48%	12.8%	15.9%	◆	↓	12	DAD	2013/14 Q2
8	**90th Percentile ER Length of Stay for Admitted Patients**	Access	25 hours	33.72	30.0	33.1	◆	↓	9	ERNI	February 2014
9	**90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients**	Access	7 hours	6.45	6.45	5.97	●	↓	3	ERNI	February 2014
10	**90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients**	Access	4 hours	4.13	4.00	3.87	●	↓	7	ERNI	February 2014
11	**Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions [5]**	Access	TBD	18.6%	17.0%	18.8%	◆	↑	9	NACRS	2013/14 Q2
12	**Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions [5]**	Access	TBD	24.3%	22.5%	24.4%	◆	↓	5	NACRS	2013/14 Q2
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	42	◆	↑	7	HCD	2013/14 Q2
14	**Readmission within 30 Days for Selected CMGs [5]**	Efficiency (Quality)	TBD	16.2%	14.8%	16.30%	◆	↑	7	DAD	2013/14 Q1

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 Q2 data Trend analysis comparison to prior reporting period
5	2013/14 Q2 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 year-to-date (YTD) February performance of 98%. This is well above the 2013/14 negotiated target of 90%. All hospitals continued to perform above the CE LHIN target, with all hospitals achieving over 95%. No value is shown for NHH as they currently do not have any Priority IV cases. The CE LHIN is forecasting to meet or exceed the access target through yearend.

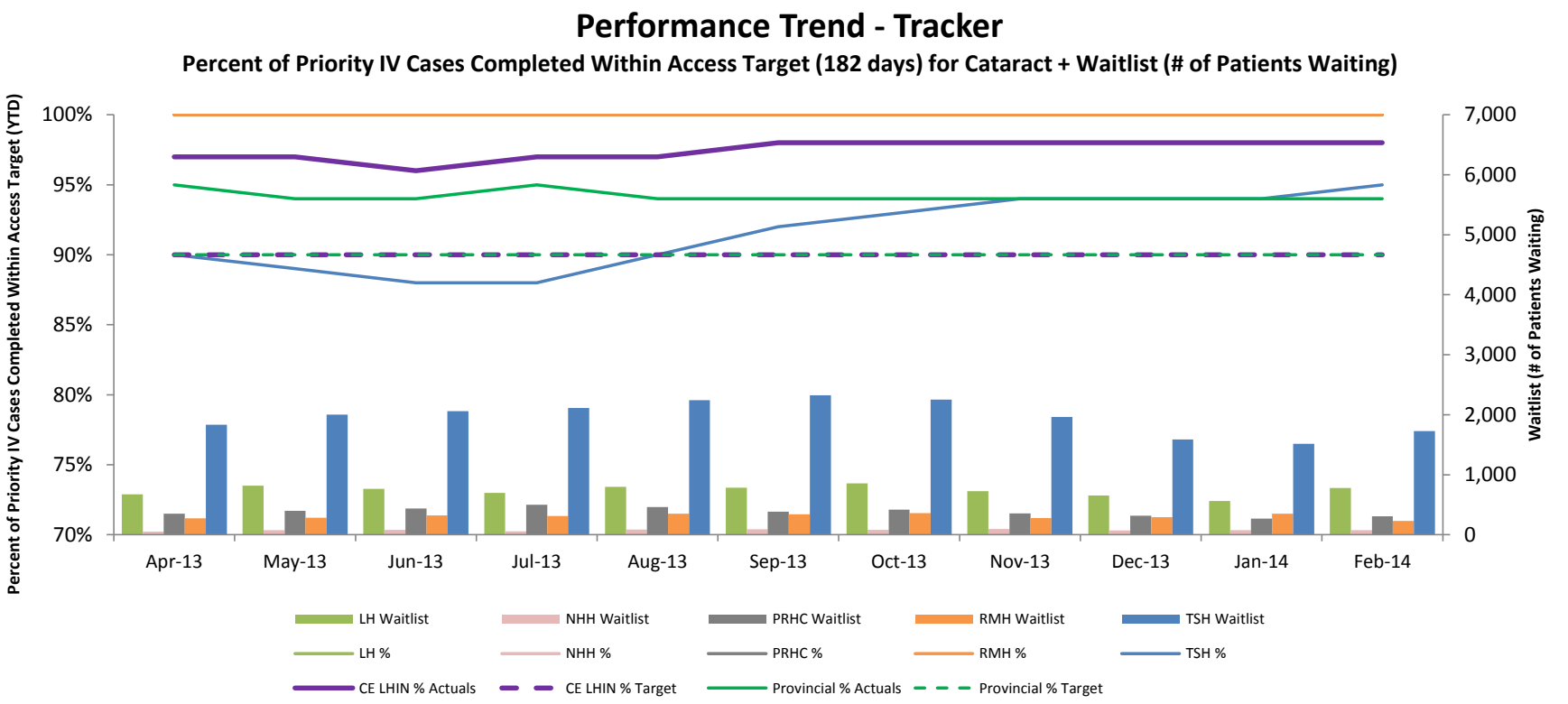
Actions/Strategies:

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 underway.

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).

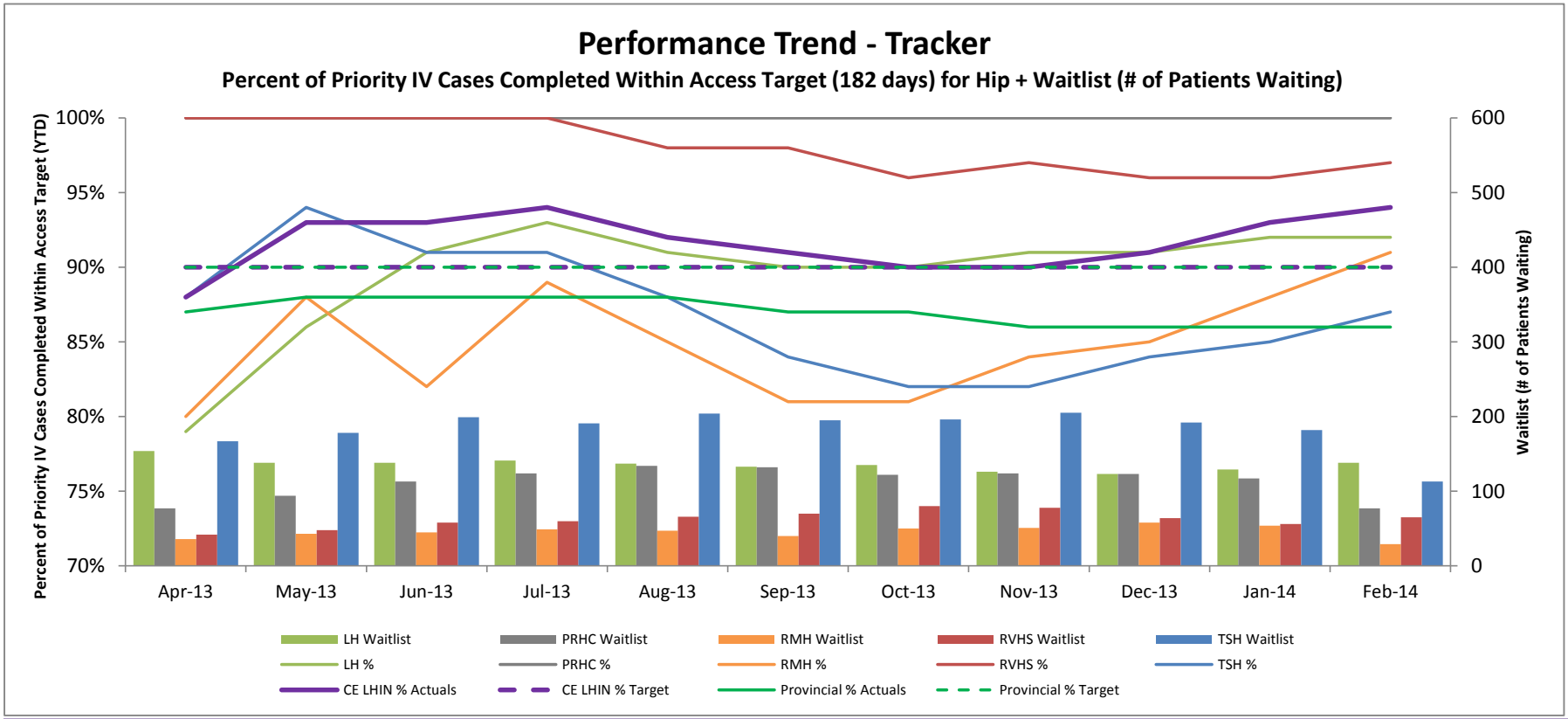


Funding/Allocations: In August 2013, the 2013/14 Quality-Based Procedure (QBP) allocations (cataracts, hips and knees), which are the same as the 2012/13 LHIN-approved volumes, were received from the Ministry. However, the Ministry did not transfer cataract volumes from RVHS to TSH as advised, but will correct this error before the end of the year. **This correction was made in Q4.** 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 YTD February 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%. The CE LHIN is forecasting to meet or exceed access targets through yearend.

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 underway.
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.

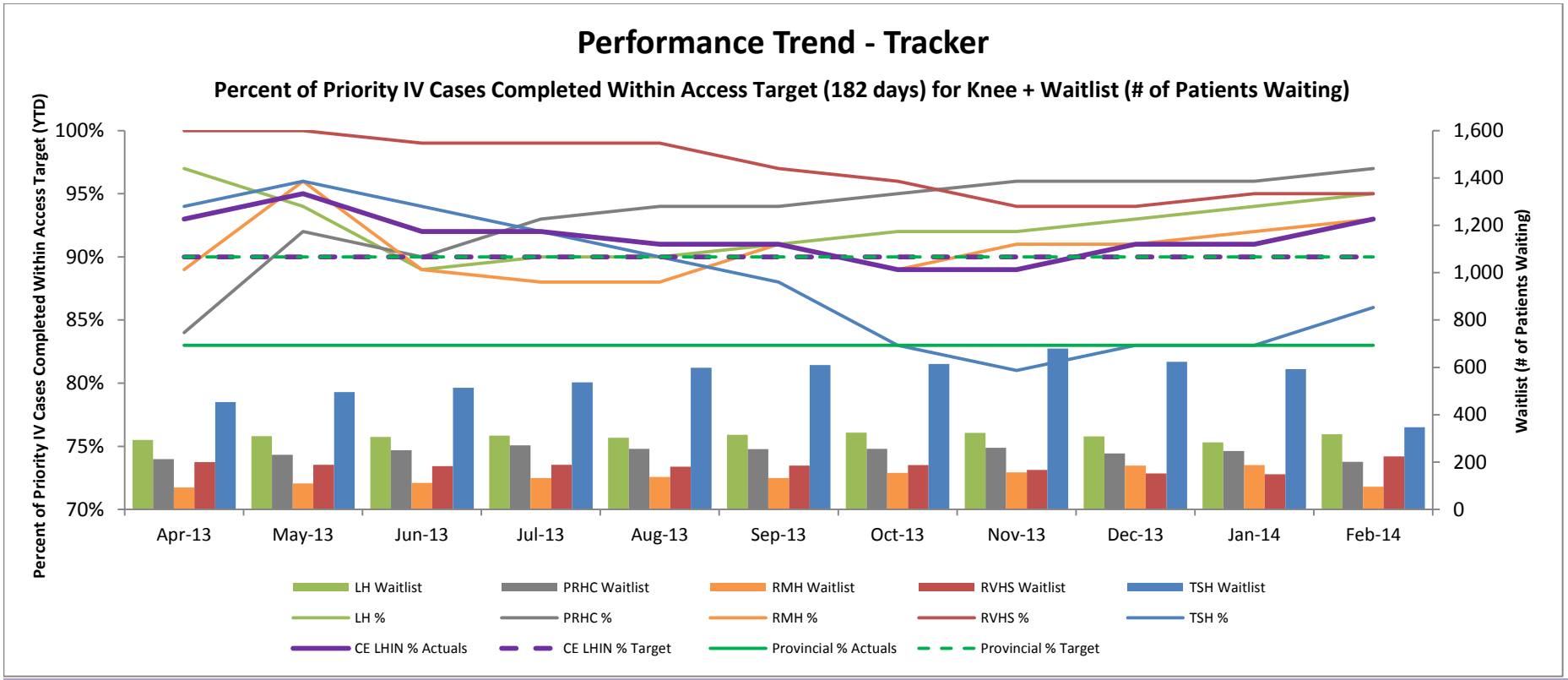


Funding/Allocations: In August 2013, the 2013/14 QBP allocations (cataracts, hips and knees), which are the same as the 2012/13 LHIN-approved volumes, were received from the Ministry. An additional 113 hip replacement volumes were purchased by the LHIN in November and December 2013.

Performance: The CE LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for hip replacement surgery for YTD February remains at 93%. This is above the 2013/14 negotiated target of 90%. TSH was below the CE LHIN target. 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 underway.
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.

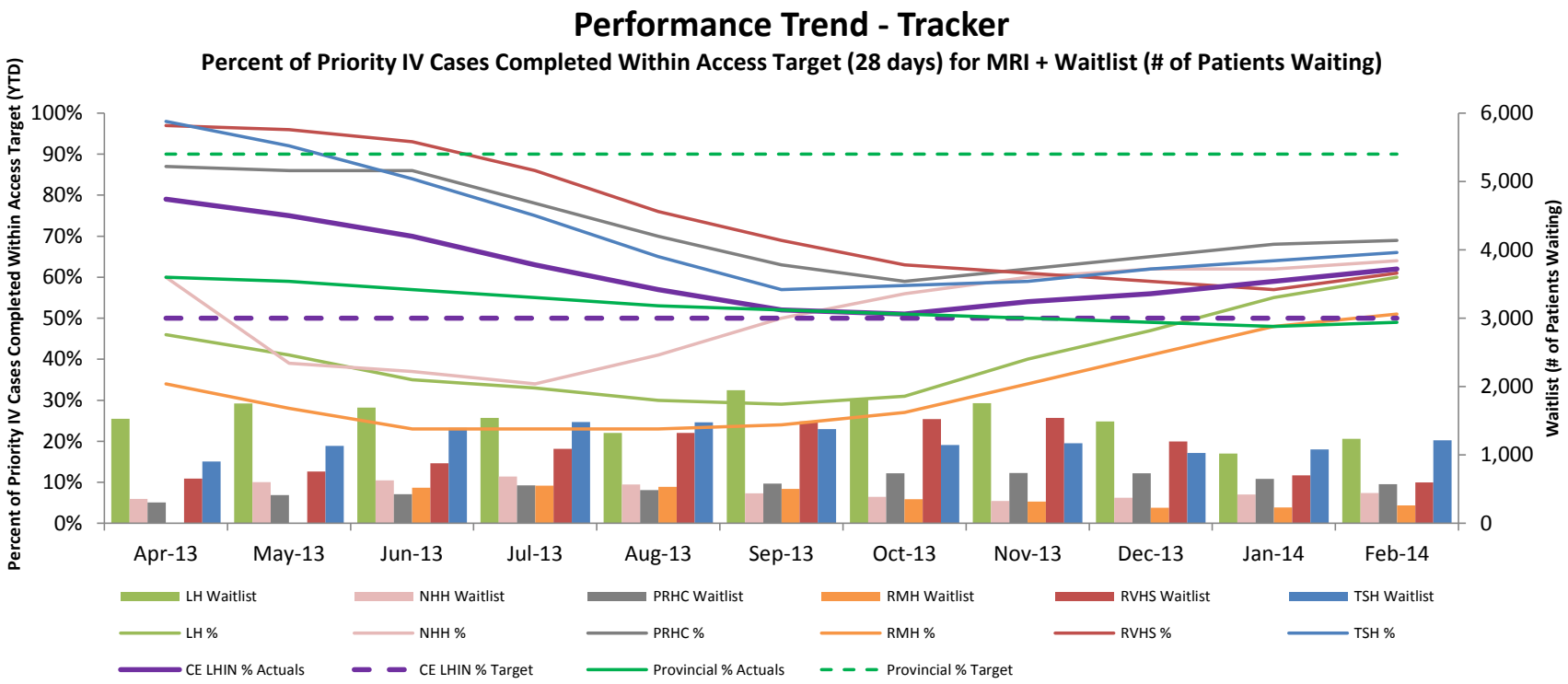


Funding/Allocations: In August 2013, the 2013/14 QBP allocations (cataracts, hips and knees), which are the same as the 2012/13 LHIN-approved volumes, were received from the Ministry. An additional 174 knee replacement volumes were purchased by the LHIN in November and December 2013.

Performance: The CE LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for knee replacement surgery remained steady at 92% for YTD February. This is just above the 2013/14 negotiated target of 90%. Although TSH was below the CE LHIN target, they are still performing above the provincial actuals. 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 underway.
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.



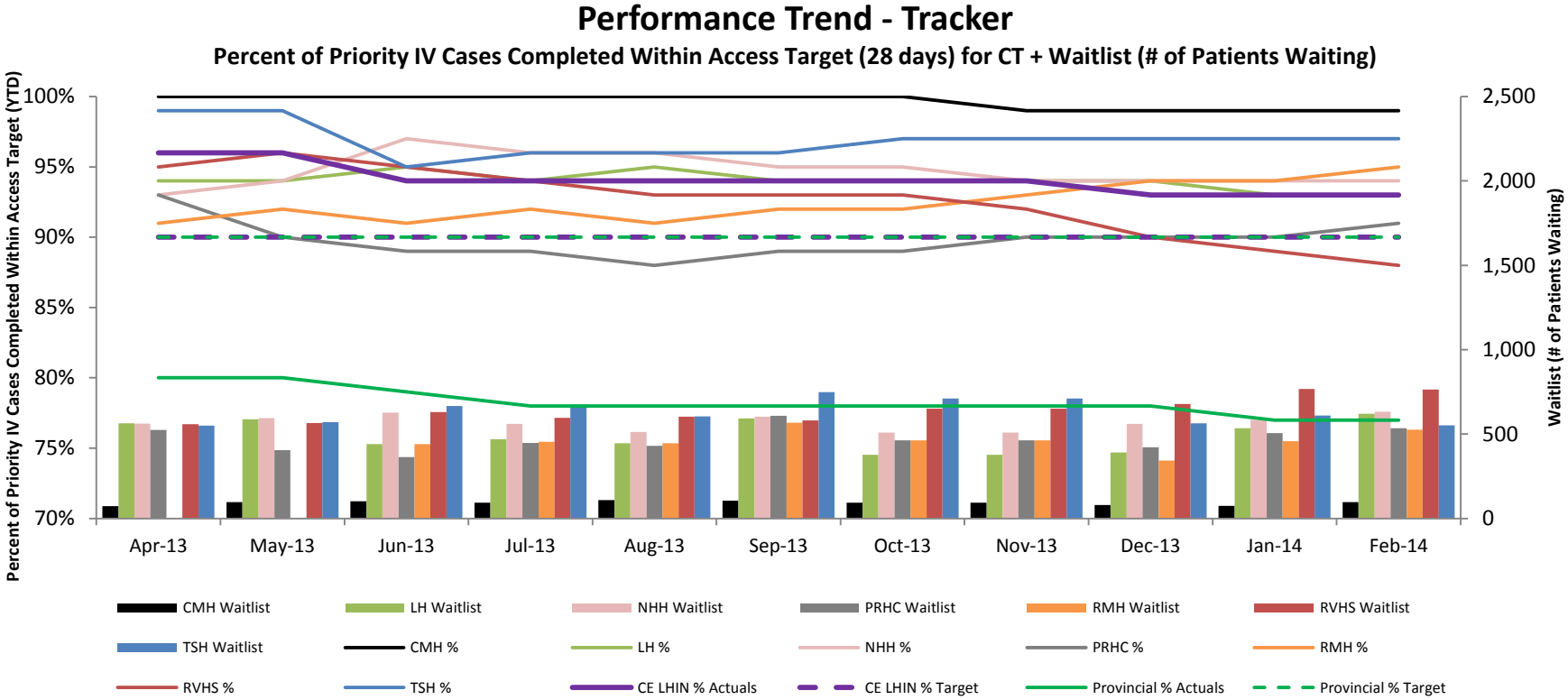
Funding/Allocations: In August 2013, the 2013/14 Wait Time Strategy (WTS) incremental allocations, which increased substantially from the 2012/13 initial incremental allocations, were received from the Ministry. An additional 3,238 MRI hours were purchased by the LHIN in November and December 2013. The 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 56% for YTD February. 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. RMH has improved YTD February CE LHIN 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 underway.
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 a software enhancement (similar to the surgical SUBMIT project) to assist DI 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 remained steady at 93% for YTD February. This is above the 2013/14 negotiated target of 90% and well above the provincial actuals. Most hospitals are performing at or above the CE LHIN target, with RVHS just below the target at 88%. RVHS is expecting to meet the target by the end of March.

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 underway.
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 a software enhancement (similar to the surgical SUBMIT project) to assist DI with the management of wait times.

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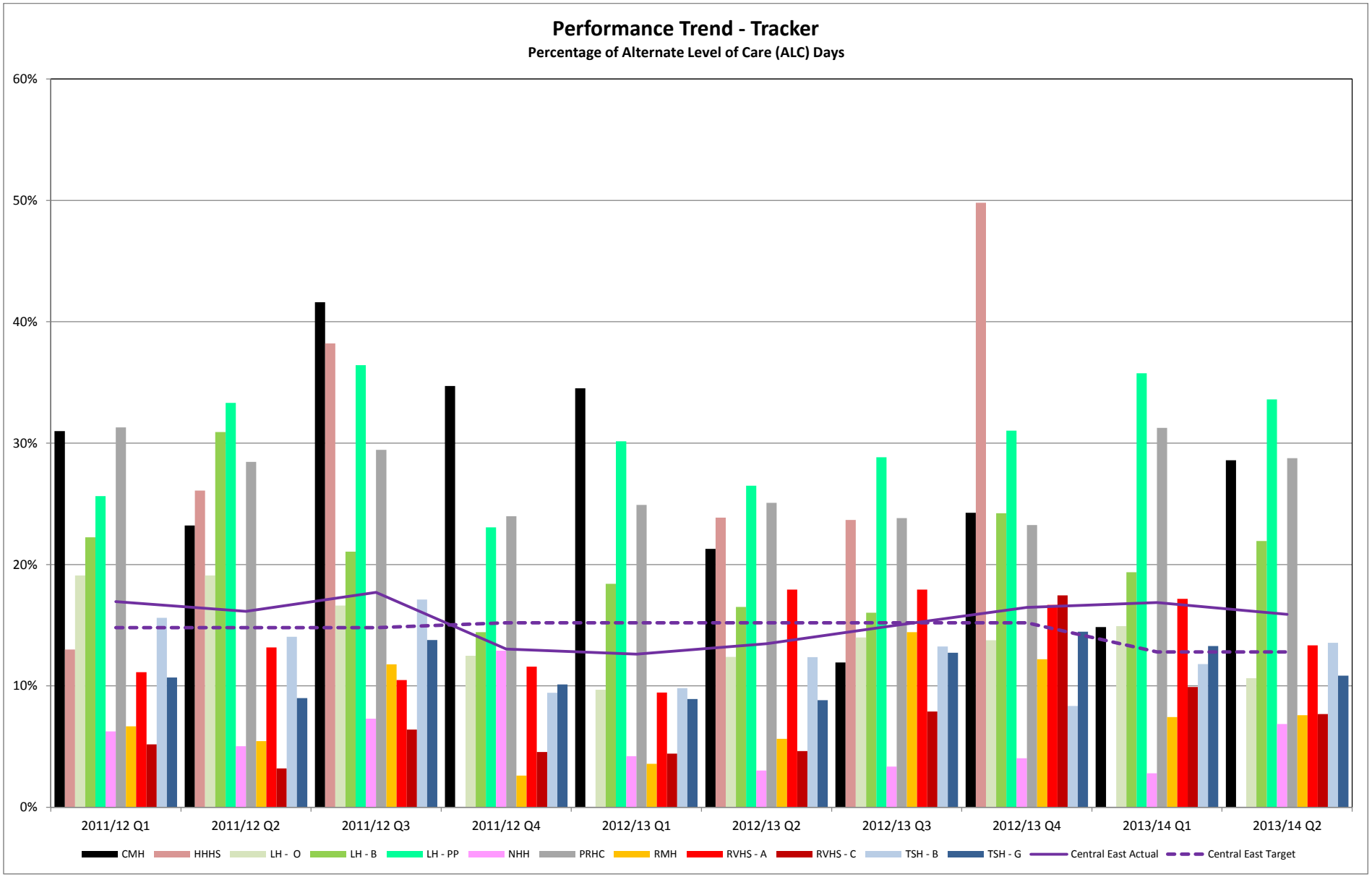
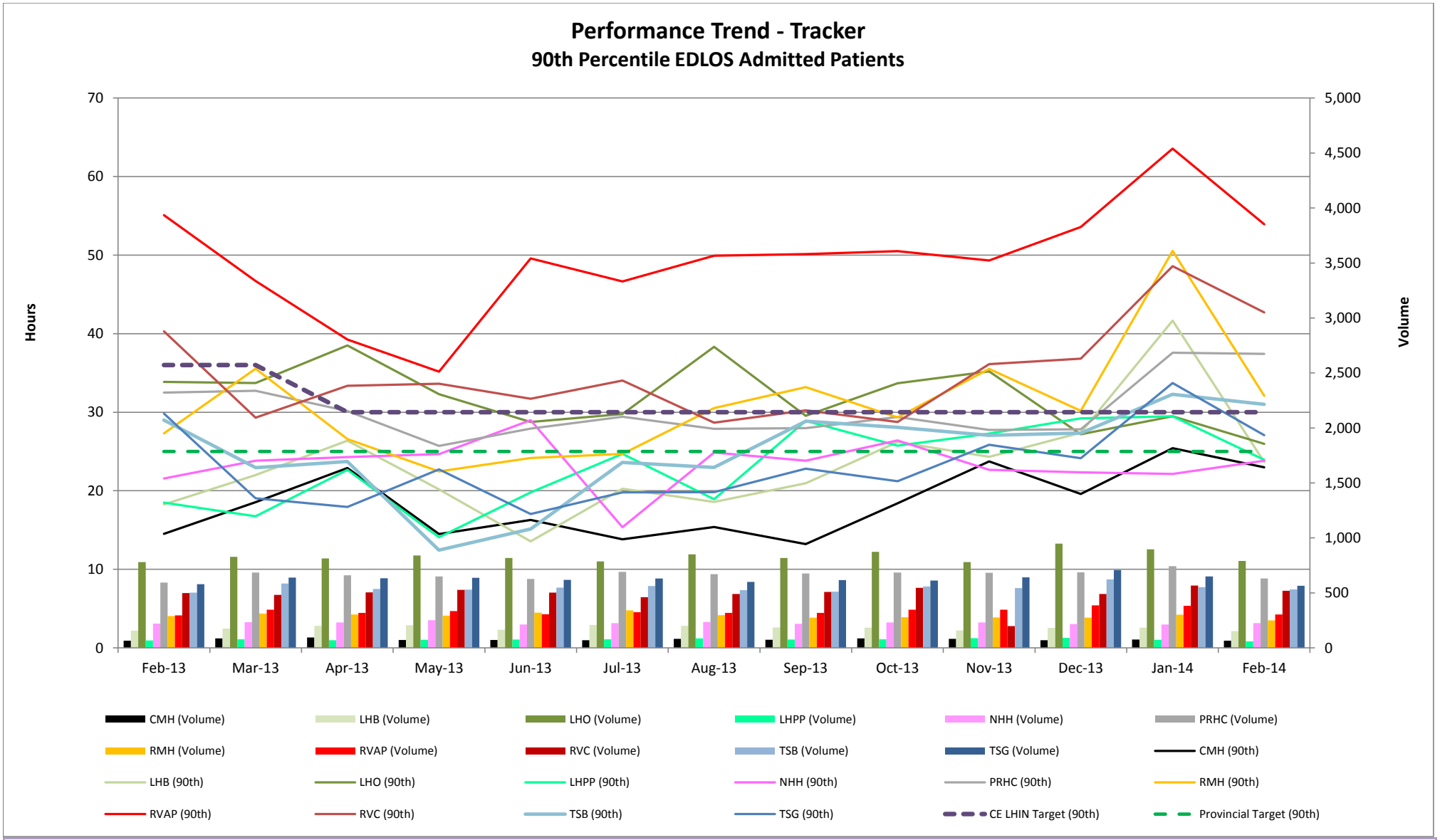


Performance Commentary

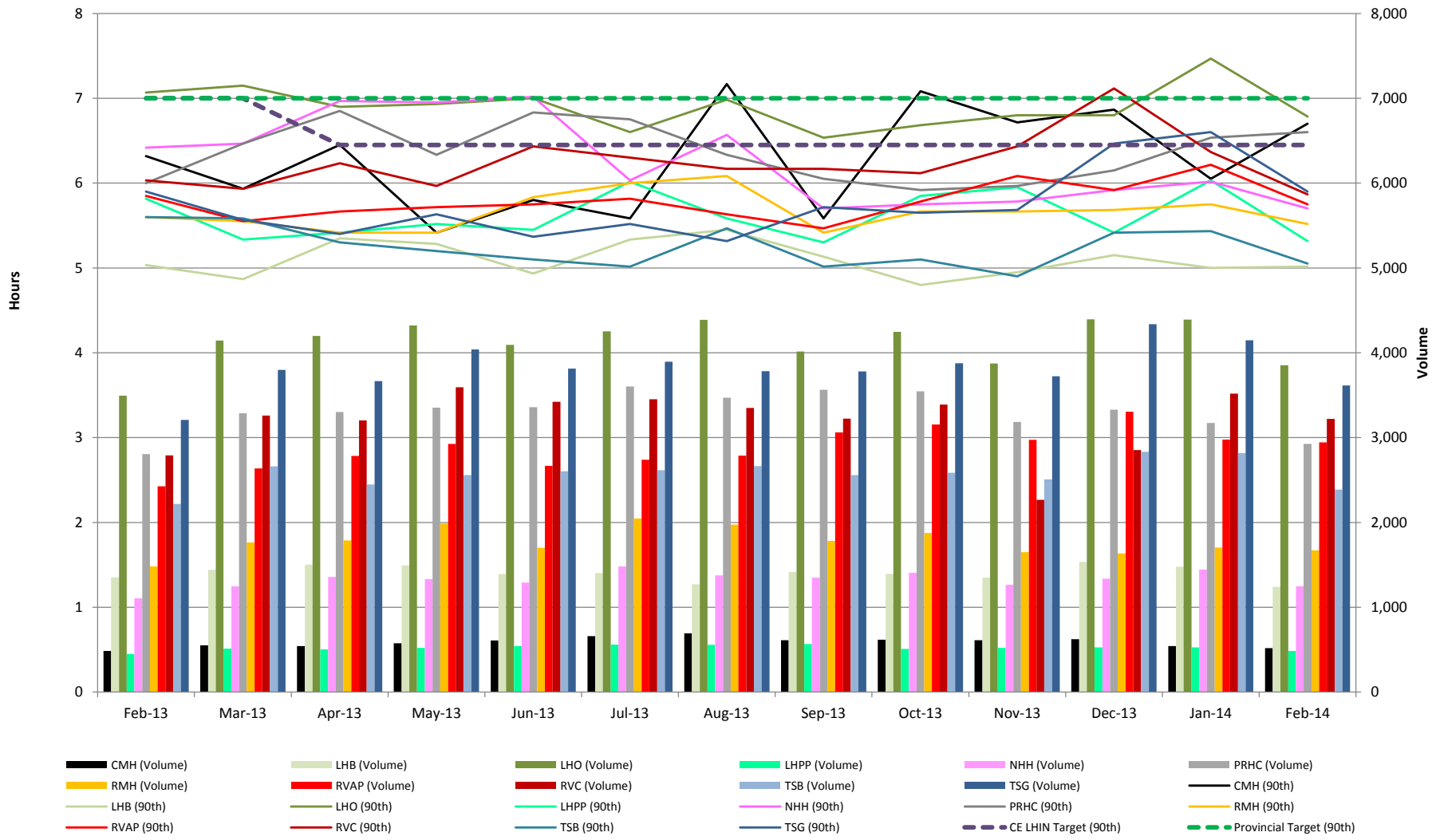
The Central East LHIN did not meet its performance target in Q2 2013-14 for Percentage ALC Days. Performance has improved by 1.28 % as compared to the previous quarter (Q1 13/14). There has been an increase in Percentage ALC Days by 2.13% as compared to Q2 12/13. As a reminder, the challenge with this indicator is that it is measured only when a patient is discharged from the hospital. The numbers will rise during periods when there has been success in discharging a large number of patients designated ALC, or patients who have been in that designation for a long period of time.

The LHIN continuously engages hospital leadership and community partners in identifying issues/concerns and possible solutions to the ALC issues. Attention is being placed on Post-Acute care specifically system challenges in access to LTC and Assisted Living for Mental Health. Further investments have been made in the Assess and Restore (A&R) approach in the Central East LHIN, which will improve screening, assessment, placement, A&R intervention, and finally transition home.



Performance Commentary

- In February of FY 2013-14, Central East LHIN performance at the 90th percentile Length of Stay in the Emergency Department for Admitted patients was 33.1 hours. Central East LHIN's Year-to-Date performance is 30.3 hours.
- PRHC, RMH, RVHS (both sites and TSB are all performing longer than the MLPA target of 30 hours in this indicator.
- In February 2014, CMH was the top performer in this indicator at 23.3 hours.

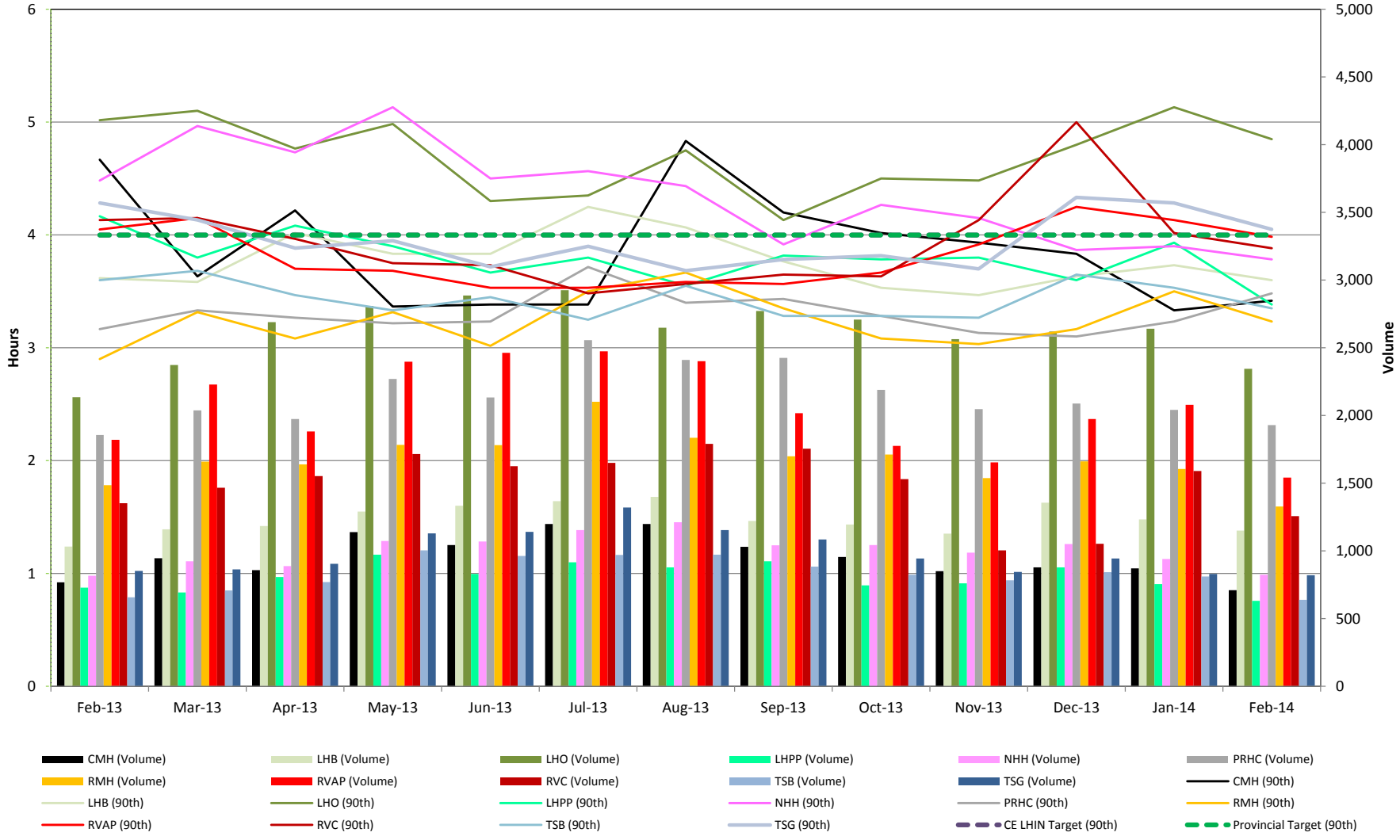


Performance Commentary

- In February 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 6.0 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 February 2014, CMH, LHO mand PRHC did not meet the MLPA 2013-14 target.
- In February 2014, LHB was the top performer at 5.0 hours for this indicator.

Performance Trend - Tracker

90th Percentile EDLOS Non-Admitted Low Acuity Patients

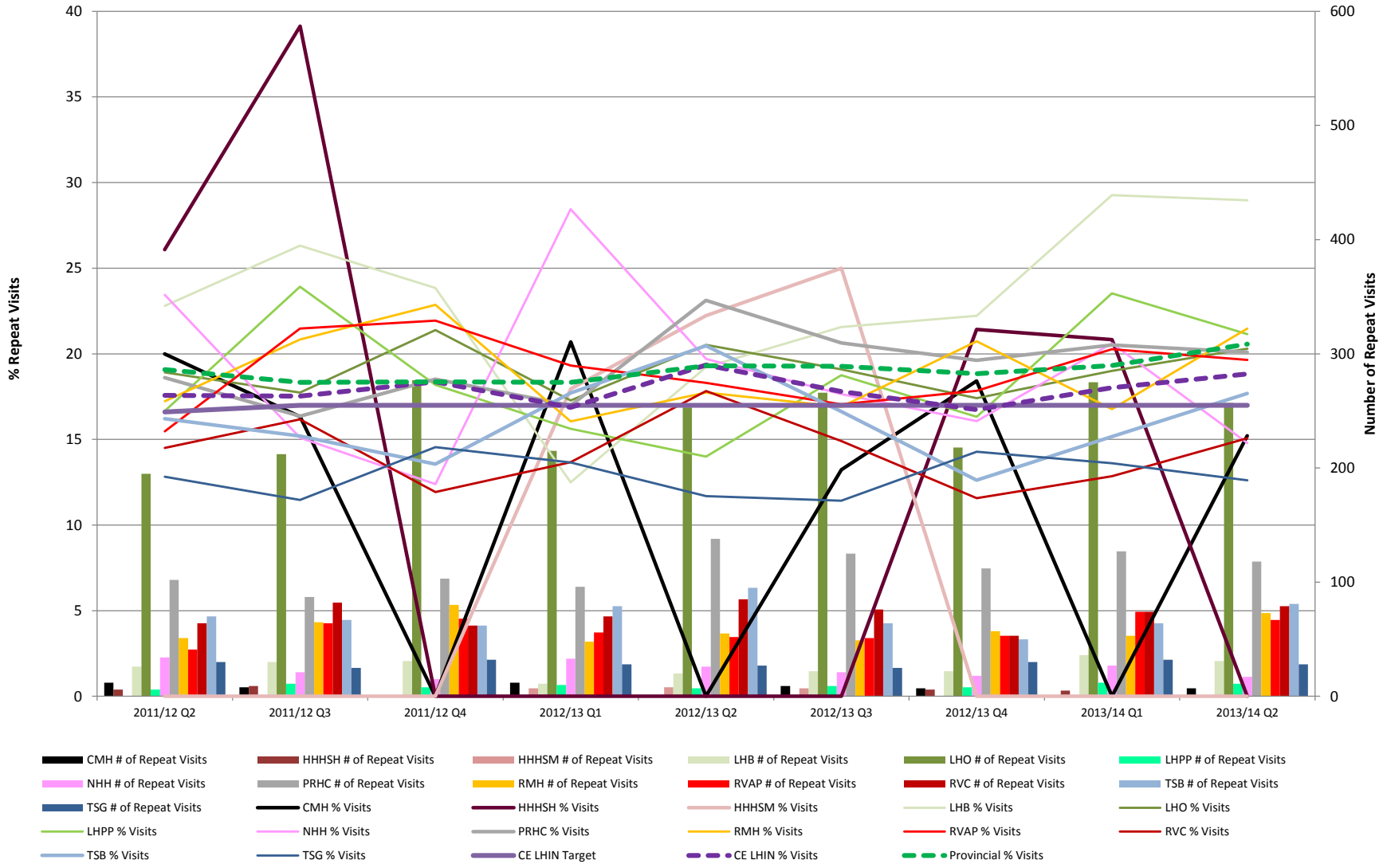


Performance Commentary

- In February 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 3.9 hours. Central East LHIN's Year-To-Date performance is 3.9 hours which is below our MLPA target of 4.0 hours.
- In February 2014, LHO did not meet the CE LHIN target of 4.0 hours.
- In February 2014, RMH was the top performers in this indicator at 3.2 hours.

Performance Trend - Tracker

Repeat Emergency Visits Within 30 Days for Mental Health Conditions + Number of Repeat Visits by Site

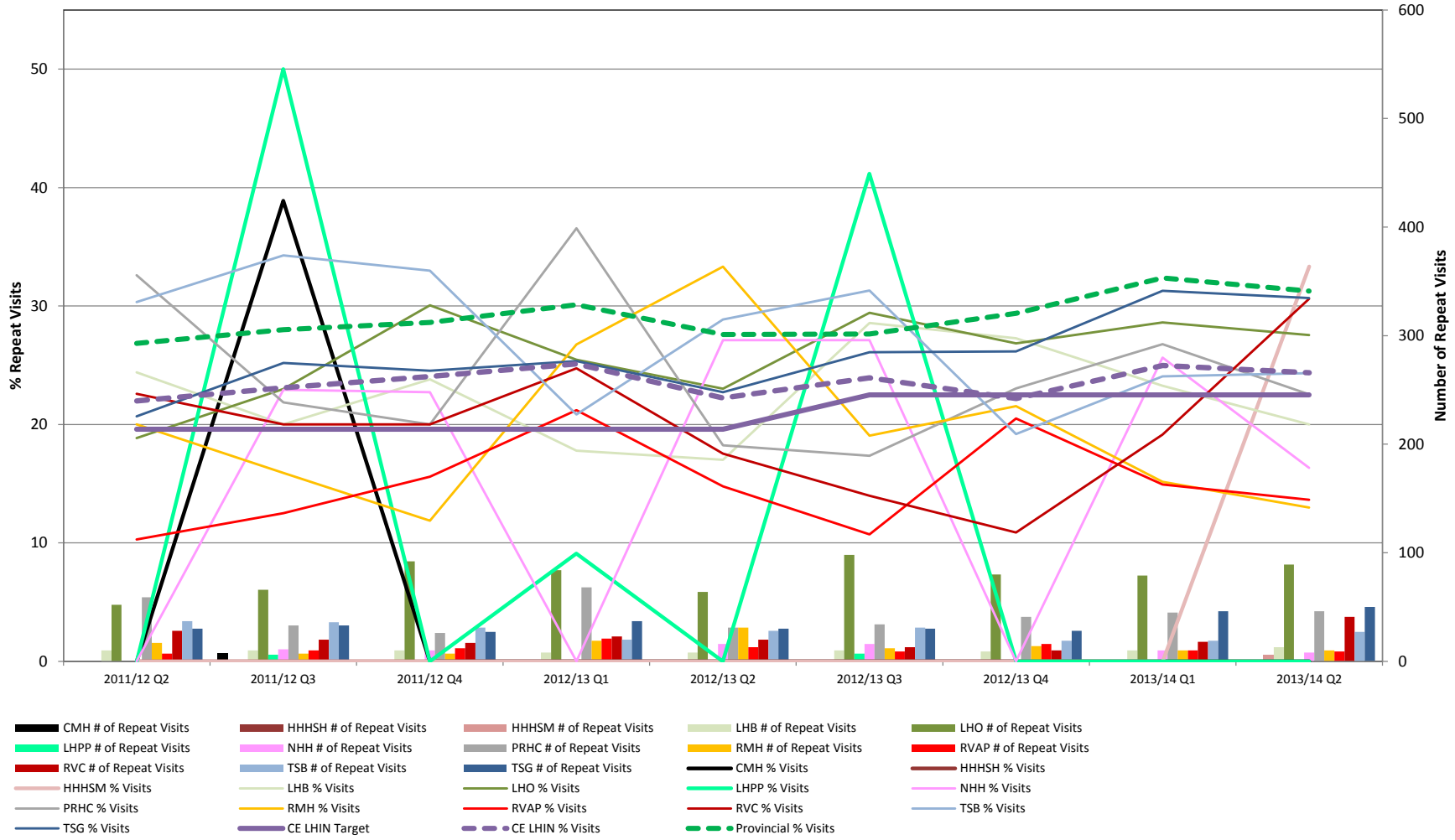


Performance Commentary

The Central East LHIN did not meet the target for this indicator in Q2 2013-14. The Central East LHIN has developed an implementation strategy that articulates the process leading to the achievement of the IHSP Community First Mental Health and Addictions Strategic Aim and the MLPA Targets. Several factors have been identified that negatively affect this indicator. These factors include, but are not limited to: potential hospital coding data quality issue, facility/resource capacity and the identification of potential high users. The LHIN is working hard with our Health Service Providers to address these concerns and effect positive change. The LHIN expects to see improvement in the indicators as the Mental Health and Substance Abuse Strategy moves forward.

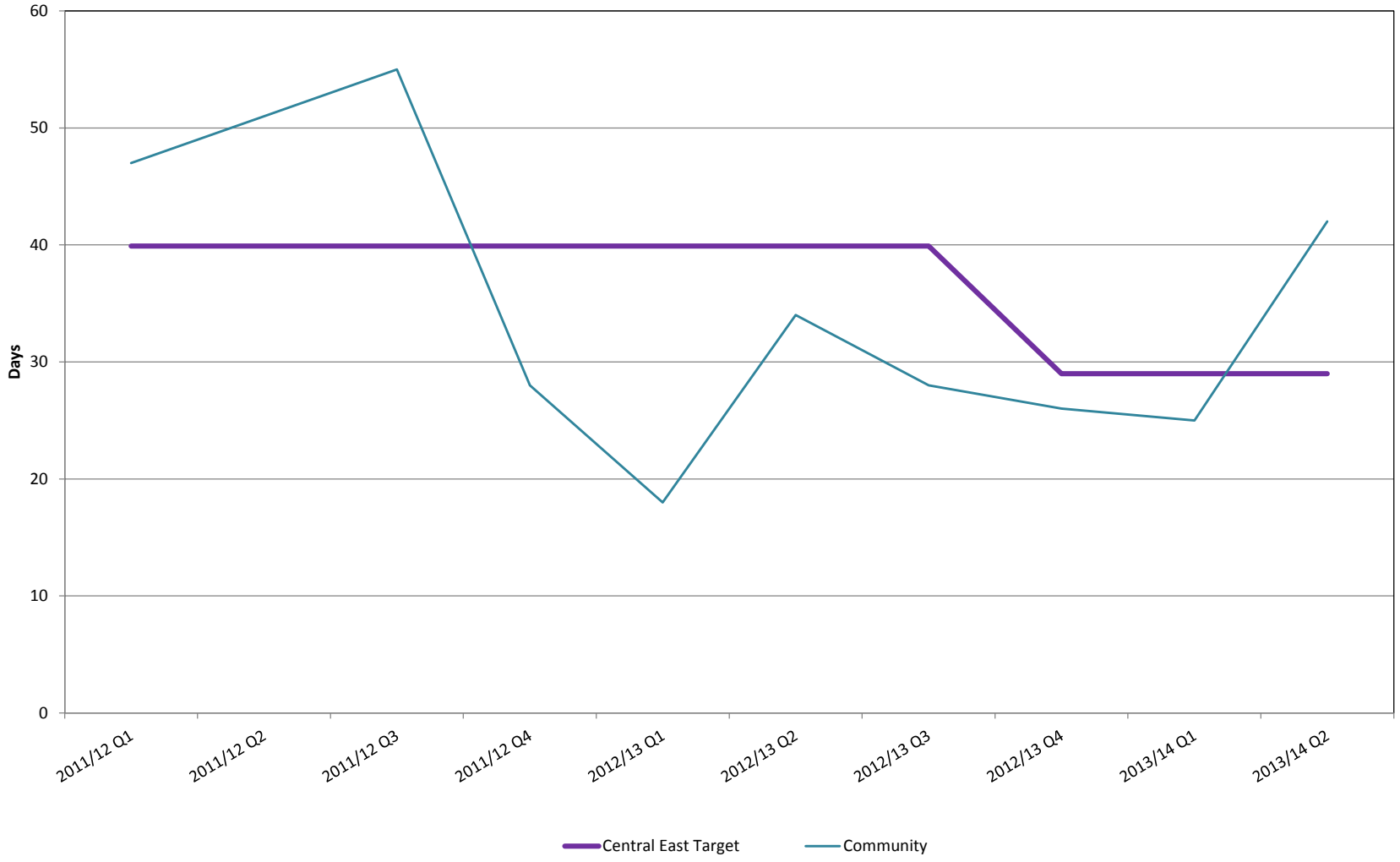
Performance Trend - Tracker

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



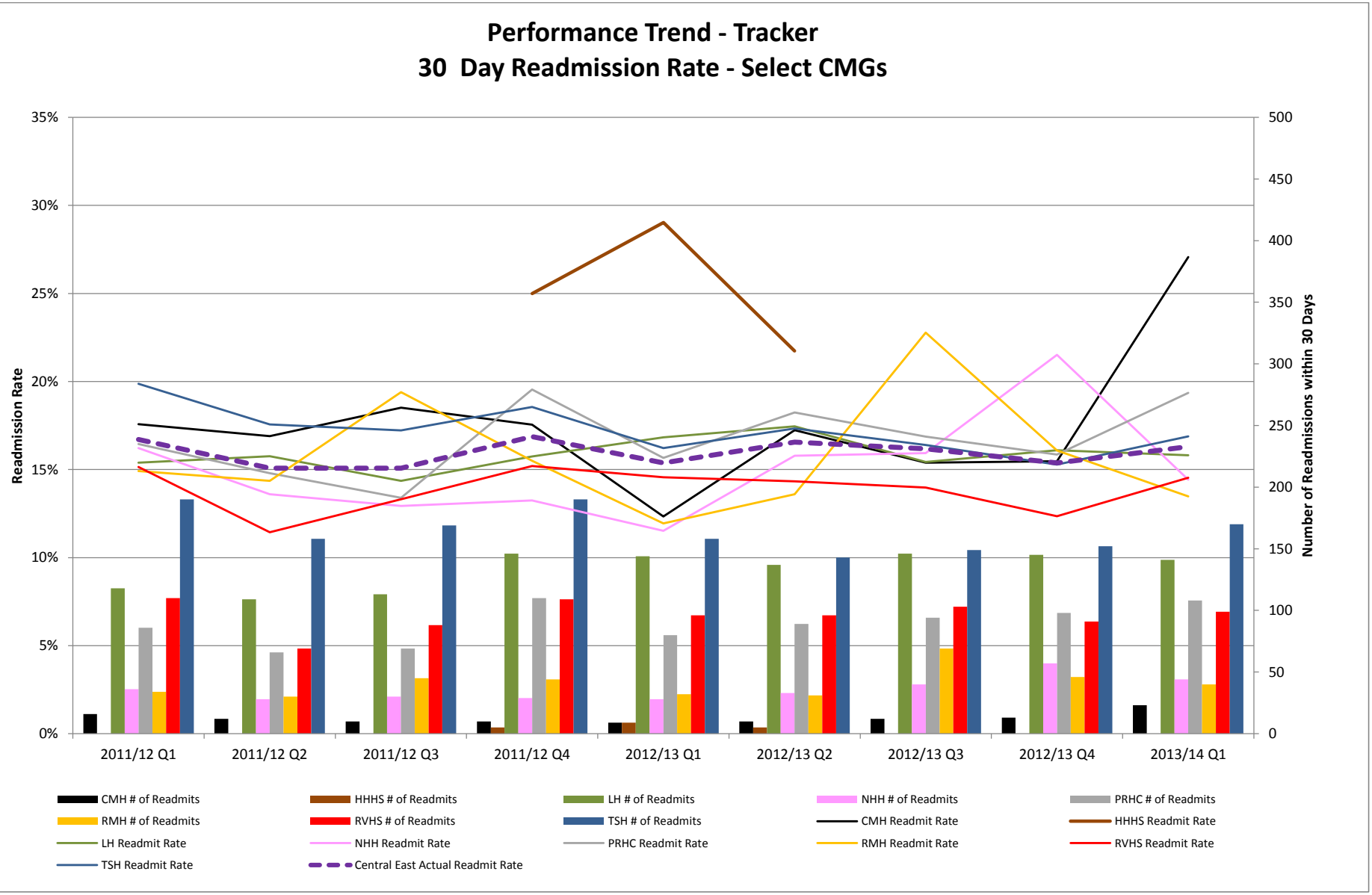
Performance Commentary

The Central East LHIN did not meet the performance target for Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse. The Central East LHIN has developed an implementation strategy that articulates the process leading to the achievement of the IHSP Community First Mental Health and Addictions Strategic Aim and the MLPA Targets. Strategies that have been implemented are the establishment of a Mental Health and Addictions Physician Lead position for the LHIN as well as a Strategic Coordinating Council that will include the Physician Lead as well as service providers and people with lived experience. In addition, the LHIN has undertaken a review of the Hospital to Home (H2H) Emergency Department Diversion strategy that has been implemented at Peterborough Regional Health Centre and Lakeridge Health Oshawa. The LHIN is working with our hospital and community partners to analyze the data and determine whether adjustments are required that will make the Hospital to Home Program more effective. A component of this work will be the development of a Quality Improvement Strategy with the community providers who are part of Hospital to Home Program so that their services are aligned with the Hospital to Home Program aim of reducing unscheduled return visits within 30 Days for mental health and substance abuse issues. The LHIN plans to undertake an outcomes evaluation of the Scarborough Addictions Program expansion and the Central East LHIN Opiate Strategy upon the conclusion of the current fiscal year.



Performance Commentary

For Q2 2013/14, the ministry completed its physiotherapy reform in 2013 which included an expansion of in-home physiotherapy for 60,000 more seniors and people with mobility issues. As part of this initiative, CCACs were asked to clear current physiotherapy waitlists in order to manage the substantial influx of new physiotherapy clients post-August 1, 2013. As a result of these changes, there has been an increase in the 90th percentile wait time (33 days to 48 days provincially) and a 32% increase in new clients from Q1 2013/14 to Q2 2013/14. Given the scope of this change it is expected that increased wait times will also be observed in the remainder of 2013/14.The Central East CCAC continues to have a waitlist for Personal Support Services for referrals initiated from community settings. Since the Central East CCAC identified in their 2013-2016 Strategic Plan the need to focus on providing services to patients waiting in the community for Personal Support Services, we will begin to remove patients from the Personal Support Waitlist in Q3. It is important to note that wait times continued to fluctuate as we are committed to Home First and ED/ALC strategies, prioritizing service to patients discharged from hospital. We continue to work closely with Assisted Living for High Risk Seniors (ALHRS) programs to identify potential patients from our Personal Support Waitlist that could be transferred for service



Performance Commentary

The Central East LHIN did not meet the LHIN performance target for Readmission within 30 days for selected CMG's. The performance has worsened from the previous quarter (at 15.4%). Reasons for this may include the transfer of accountability of the Diabetes Regional Coordination Centre by the Ministry to each LHIN. As consequence, the responsibility of coordination of care for diabetes would have been affected during the transition and the coordination of services would have been impacted. The Central East LHIN has established a team, deliverables and work plan to realign ourselves to meet these targets. We expect that the performance for 30-day readmissions for selected CMGs to improve within the fiscal year as the LHIN will continue to build relationship. This will be done by reorganization of the coordination of diabetes management alongside vascular networks within the system and the resurrection and realignment of a Vascular Health Strategic Aim Coalition as well as regular updates to and from the Primary Care Advisory Group. The expectation is a greater accountability at the level of the LHIN, Hospital and community-based vascular programs.