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

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CENTRAL EAST LHIN

MLPA PERFORMANCE INDICATOR DASHBOARD

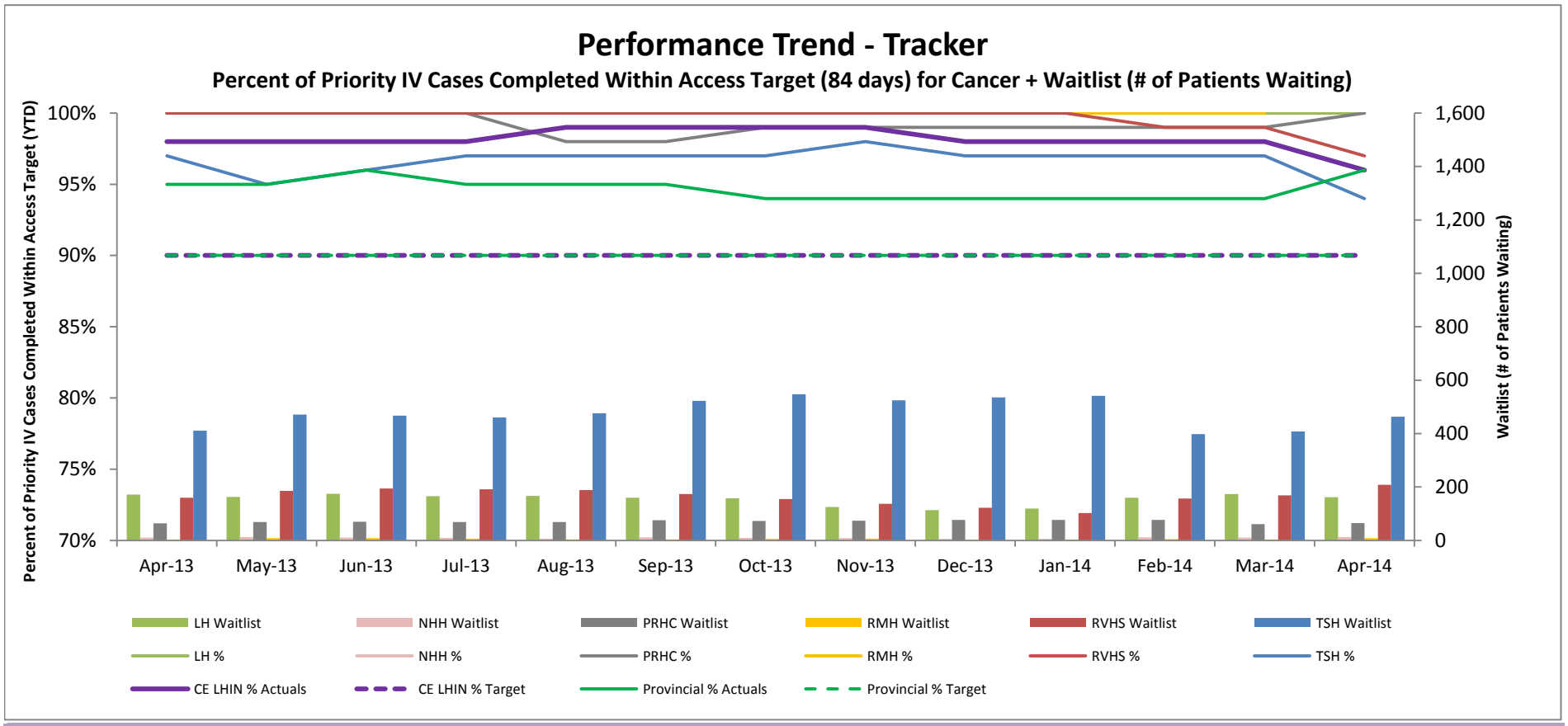
Performance effective as of:

April 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%	96%	●	↓	7	WTIS	April 2014
2	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract Surgery [7]**	Access	90%	99%	90%	99%	●	↑	2	WTIS	April 2014
3	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip Replacement Surgery [7]**	Access	90%	96%	90%	97%	●	↑	2	WTIS	April 2014
4	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Knee Replacement Surgery [7]**	Access	90%	96%	90%	94%	●	↑	2	WTIS	April 2014
5	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic MRI Scan [7]**	Access	90%	47%	50%	85%	●	↑	2	WTIS	April 2014
6	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic CT Scan [7]**	Access	90%	91%	90%	92%	●	↓	4	WTIS	April 2014
7	**Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution [4]**	Integration	9.46%	13.48%	12.8%	14.2%	◆	↓	8	DAD	2013/14 Q3
8	**90th Percentile ER Length of Stay for Admitted Patients**	Access	25 hours	33.72	30.0	31.0	◆	↓	9	ERNI	April 2014
9	**90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients**	Access	7 hours	6.45	6.45	6.32	●	↑	4	ERNI	April 2014
10	**90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients**	Access	4 hours	4.13	4.00	4.33	◆	↑	11	ERNI	April 2014
11	**Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions [5]**	Access	TBD	18.6%	17.0%	18.3%	◆	↓	9	NACRS	2013/14 Q3
12	**Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions [5]**	Access	TBD	24.3%	22.5%	22.2%	●	↓	6	NACRS	2013/14 Q3
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	40	◆	↓	9	HCD	2013/14 Q3
14	**Readmission within 30 Days for Selected CMGs [5]**	Efficiency (Quality)	TBD	16.2%	14.8%	17.12%	◆	↑	7	DAD	2013/14 Q2

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 Q3 data Trend analysis comparison to prior reporting period
5	2013/14 Q3 data - Most recent available data
6	No established Target; monitoring indicator only
7	Actual LHIN Performance value is year-to-date, not monthly
	Note: Peterborough Regional Health Centre experienced a Reporting Issue (RI) due to significantly low volume submissions, and therefore the data for April 2014 is not displayed



Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (84 days) for cancer surgery year-to-date (YTD) April performance was 96%. This is well above the 2013/14 negotiated target of 90%. All hospitals continued to perform above the Central East LHIN target, with LH and RVHS achieving 100%. No value is shown for NHH as they currently do not have any Priority IV cases. The 2014/15 Central East LHIN negotiated targets have not yet been finalized, but will be updated when available.

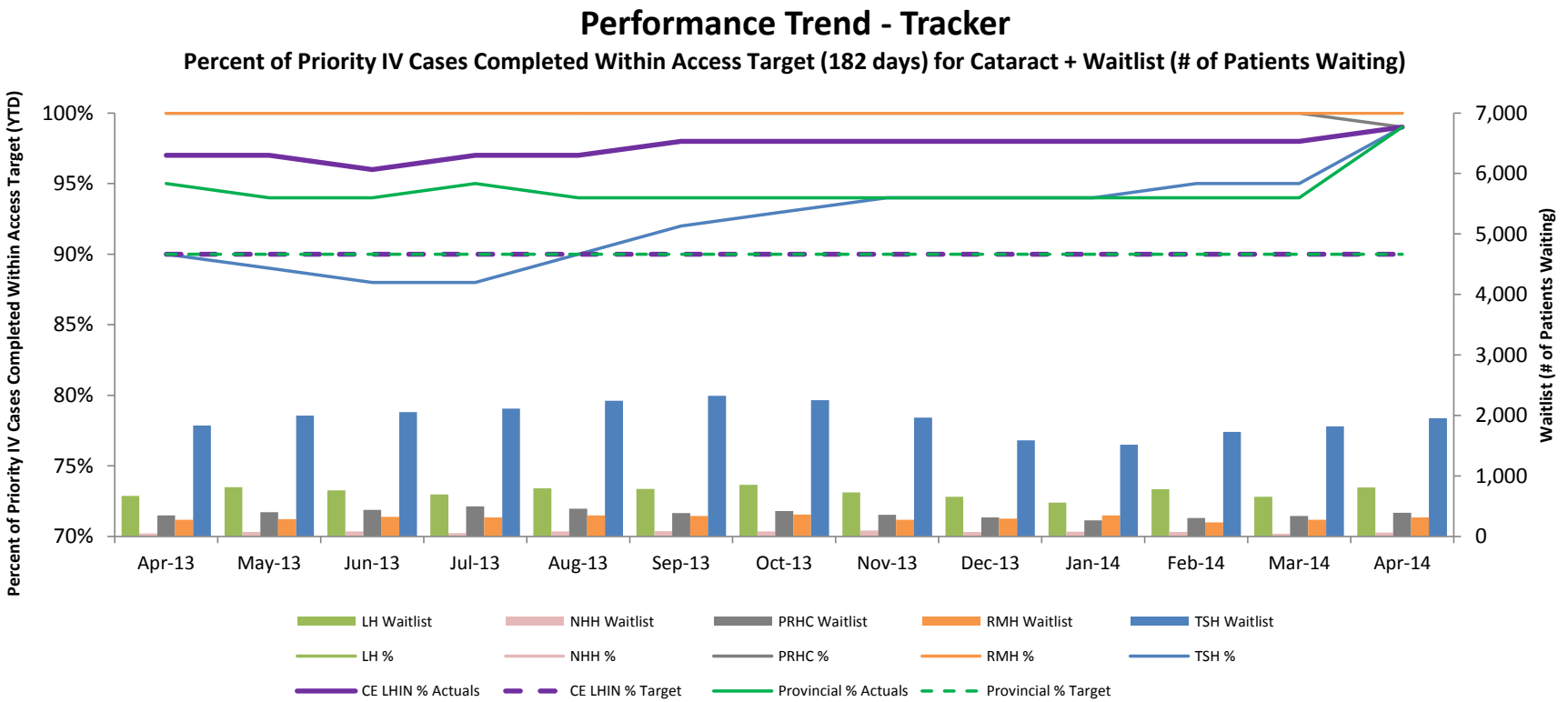
Actions/Strategies:

1)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).

2) The Central East LHIN Wait Time Strategy Working Group (WTSWG) has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.

3) The Central East LHIN implemented the Surgical Utilization Booking Management Integration Tool (SUBMIT) to assist with the management of wait times.

4) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.

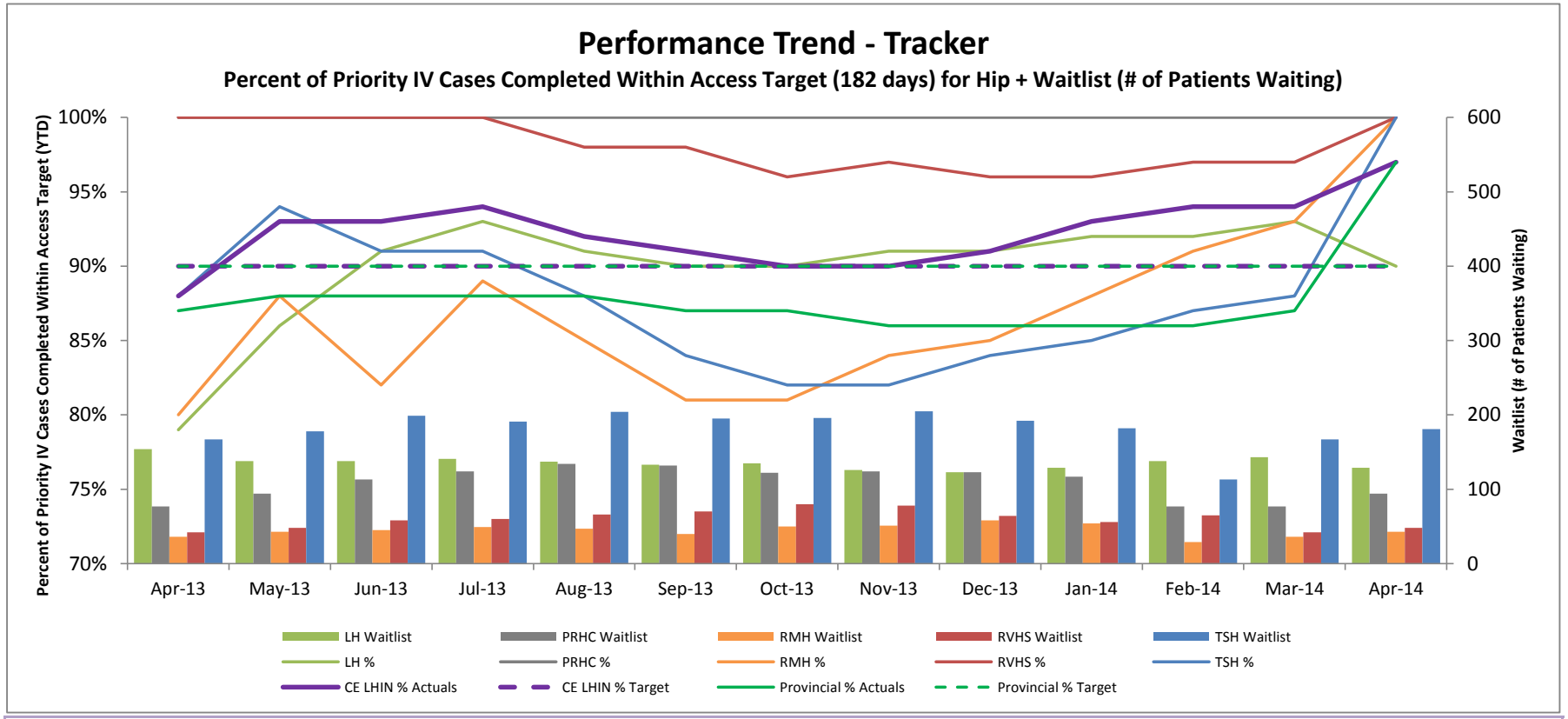


Funding/Allocations: The 2014/15 QBP volume allocations have not yet been finalized, but will be updated when they become available.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for cataract surgery for YTD April was 99%, a slight improvement over the March performance. This is well above the 2013/14 negotiated target of 90%. All hospitals performed at or above the Central East LHIN target, with PRHC achieving 100%. The Central East LHIN has not yet negotiated the 2014/15 Access Target.

Actions/Strategies:

1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
3) The Central East LHIN implemented SUBMIT in June 2012 to assist with the management of wait times.
4) The Central East LHIN, in collaboration with the clinical and financial leadership of hospitals and CCAC have initiated a Vison CareStrategy Working Group,to define the overall approach to vision care.
5) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.
6) Volumes have been allocated among hospitals to optimize wait time performance.

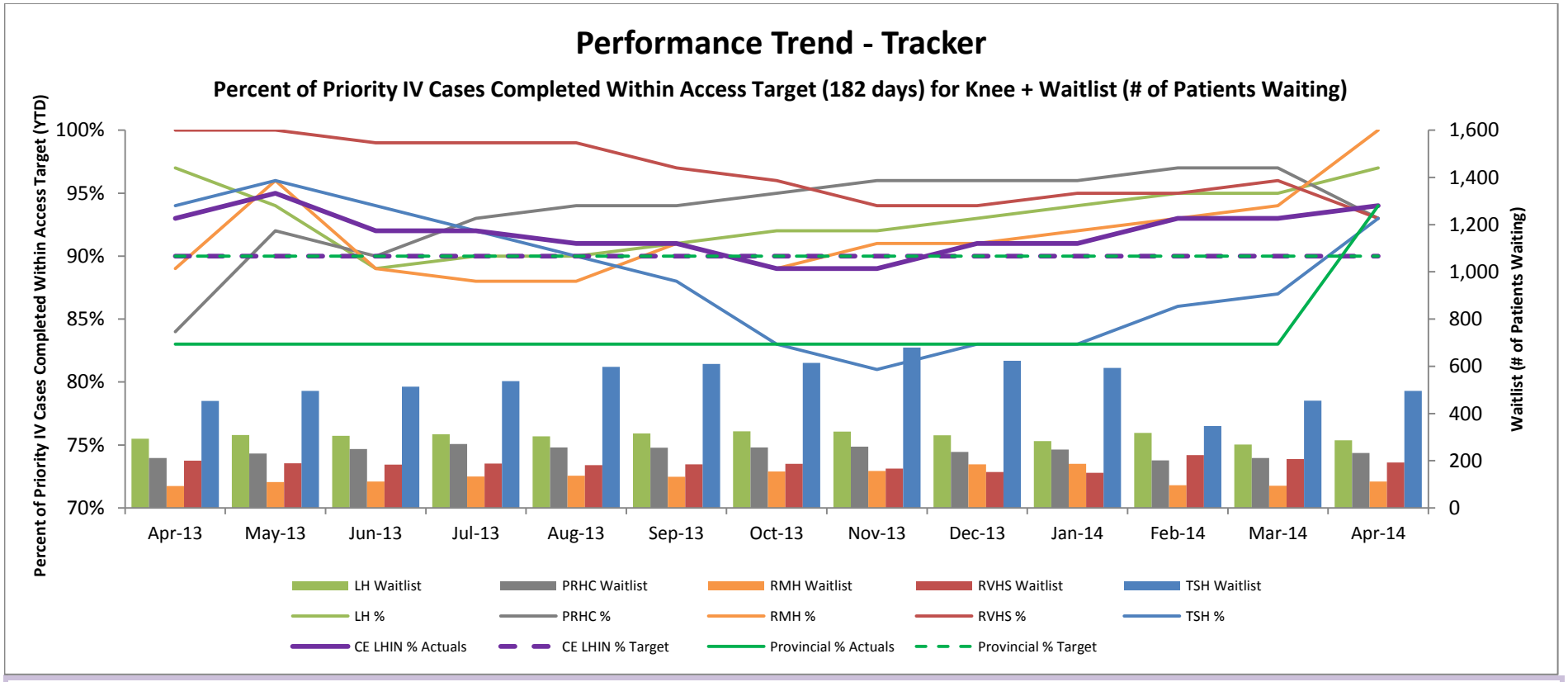


Funding/Allocations: The 2014/15 QBP allocations have not yet been finalized, but will be updated when available.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for hip replacement surgery for YTD April improved to 97%. This is above the 2013/14 negotiated target of 90%. All hospitals are achieving or exceeding their respective access targets, and are currently forecasting that this trend will continue.

Actions/Strategies:

1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
3) The Central East LHIN implemented SUBMIT in June 2012 to assist with the management of wait times.
4) The Central East 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. There is no addtional status update at this time.
5) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.
6) Volumes are allocated among hospitals to optimize wait time performance.



Funding/Allocations: The 2014/15 QBP allocations have not yet been finalized, but will be updated when available.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for knee replacement surgery was 91% for YTD April. This is just above the 2013/14 negotiated target of 90%. All hospitals are achieving or exceeding their respective access targets, and are currently forecasting that this trend will continue.

Actions/Strategies:

1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
3) The Central East LHIN implemented SUBMIT in June 2012 to assist with the management of wait times.
4) The Central East 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. There is no addtional status update at this time.
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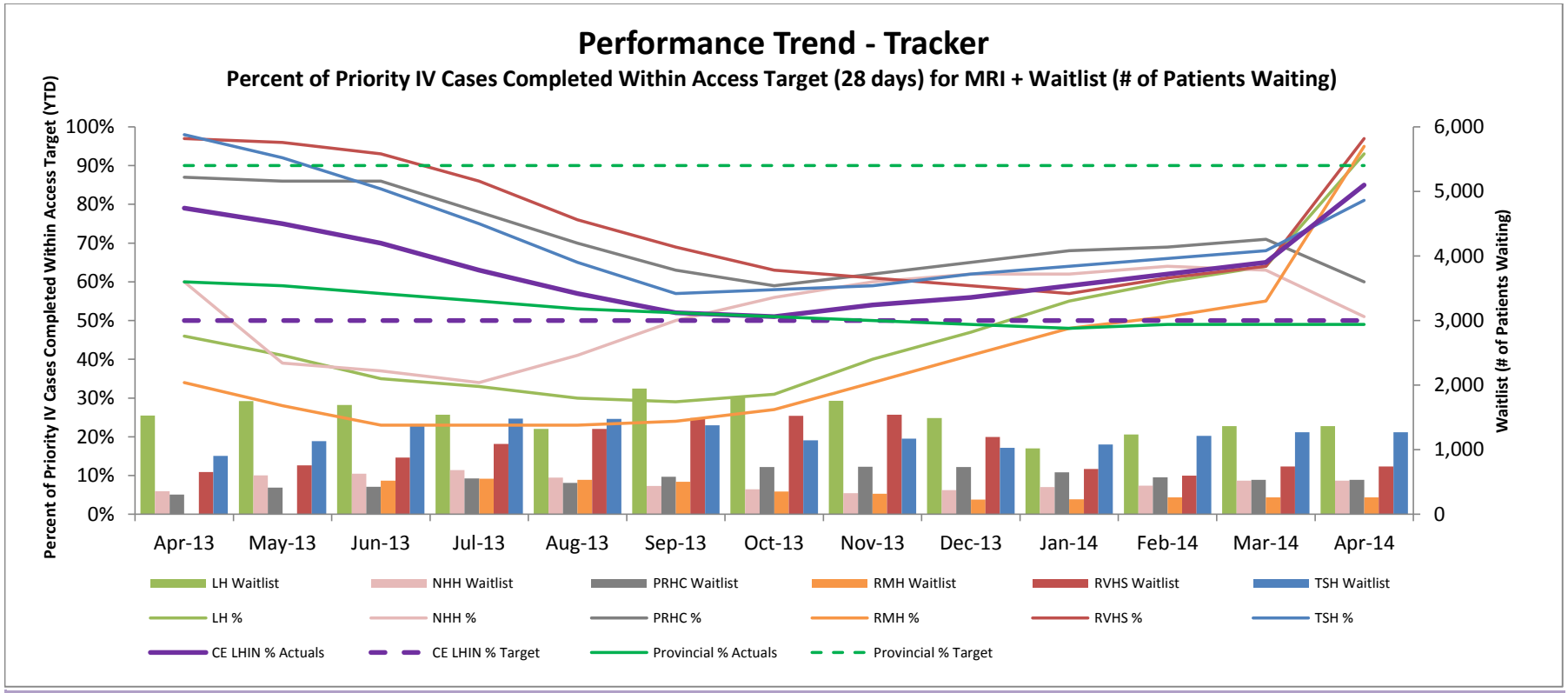
6) Volumes are allocated among hospitals to optimize wait time performance.

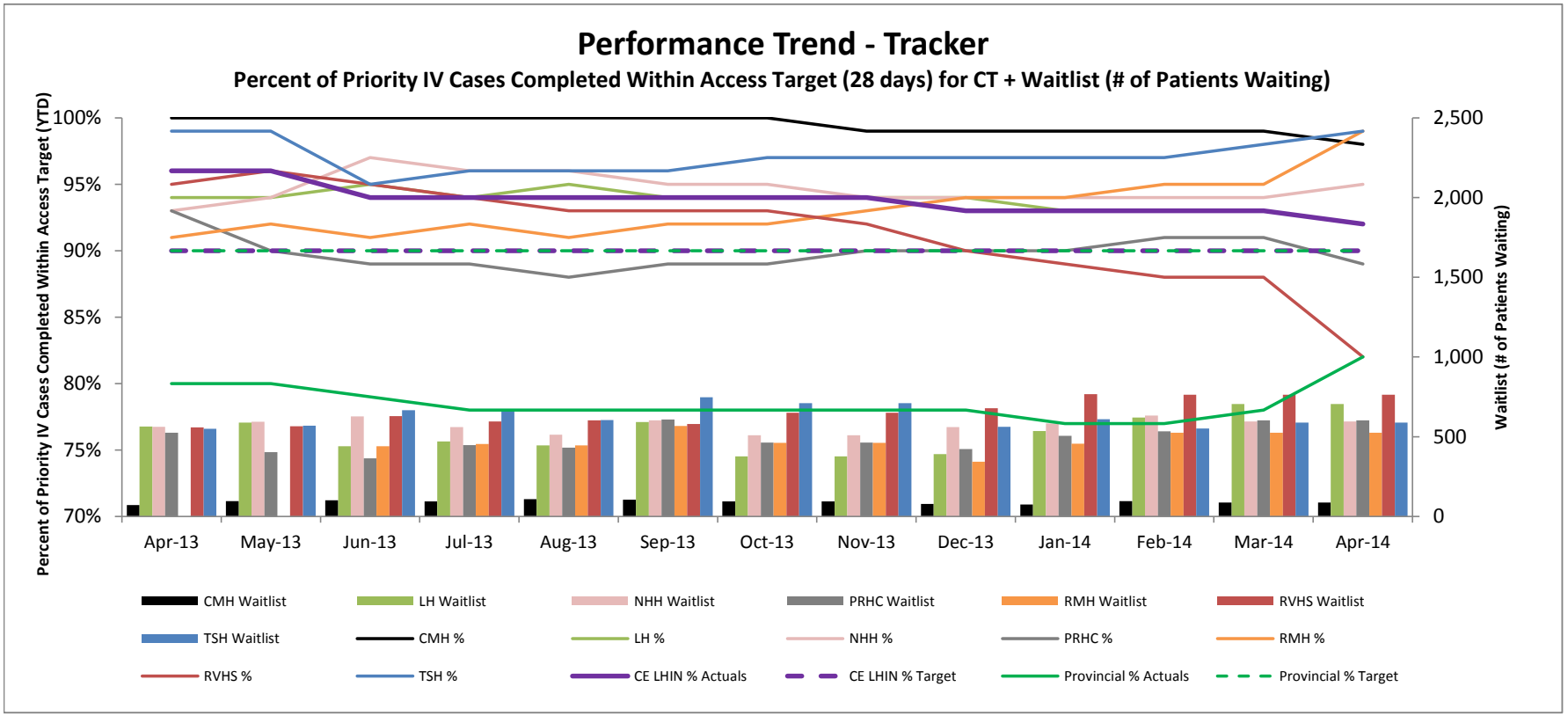


Funding/Allocations: An additional 3,238 MRI hours were purchased by the LHIN in November and December 2013. The Ministry also provided an additional 1,500 MRI hours in late December 2013. 2014/15 allocations have not yet been finalized, but will be updated when available.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (28 days) for MRI scan increased from YTD March at 65% to 85% for YTD April. This is significantlyabove the 2013/14 negotiated target of 50%. Hospitals are also exploring strategies other than additional volumes to decrease wait times. The Central East LHIN is currently forecasting 59% for fiscal 2014/15.

Actions/Strategies:

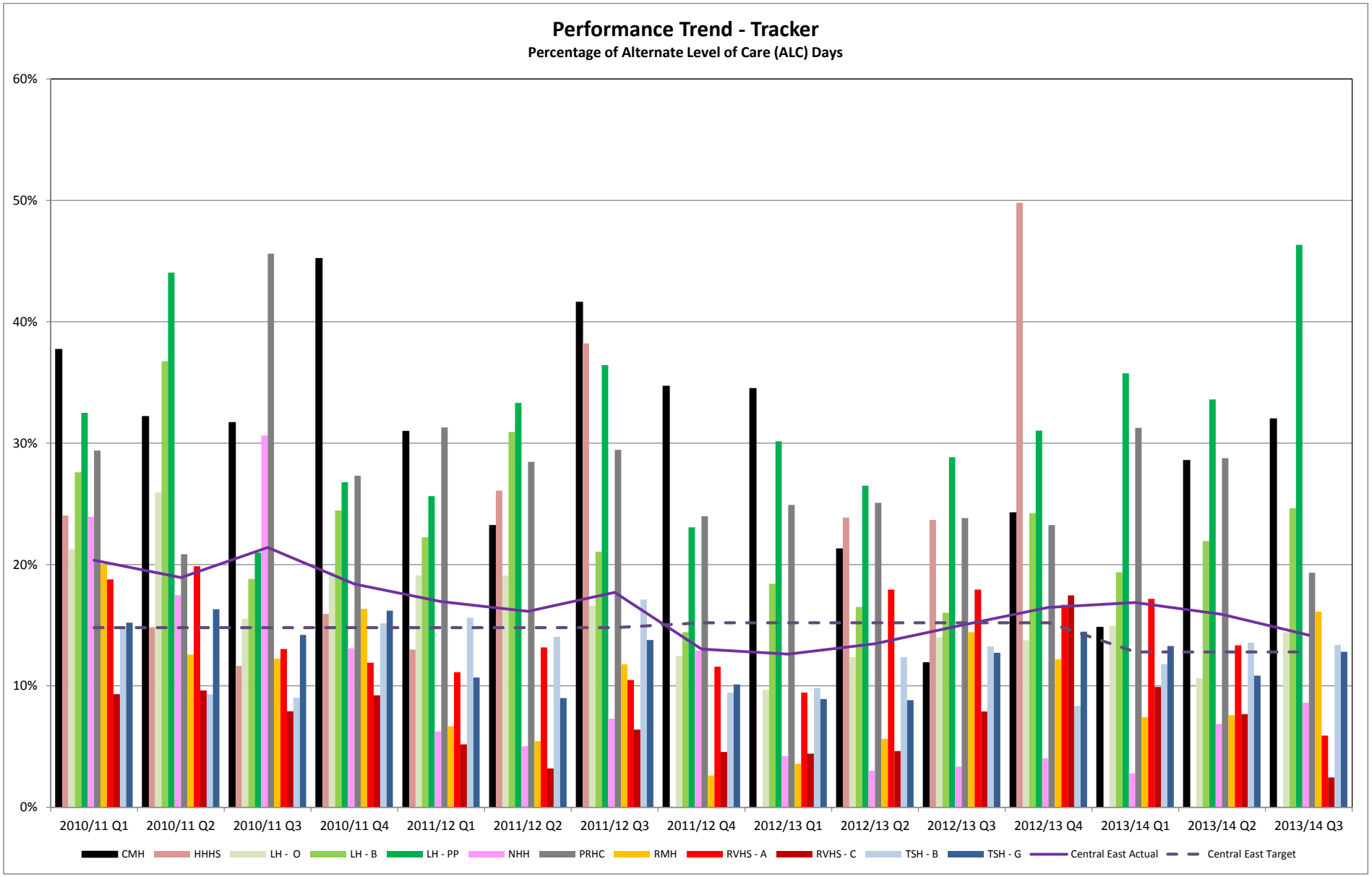
1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
3) 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.
4) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.
5) Volumes are reallocated among hospitals to optimize wait time performance.
6) Ministry initiative - MRI PIP3, with province-wide participation, launched in 2013.
7) The Central East 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.



Funding/Allocations: . The 2014/15 allocations have not yet been confirmed, but will be updated when available.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (28 days) for CT remained steady at 91% for YTD April . This is above the 2013/14 negotiated target of 90% and well above the provincial actuals. Most hospitals are performing at or above the Central East LHIN target, with RVHS be low the target at 82%. RVHS is however, forecasting to meet access target through fiscal year end. RVHS has implemented an action plan to address those patients with long wait times by changing the booking schedule.RVHS anticipates that improvements will be noted by August (YTD July reporting). The Central East LHIN forecast overall through fiscal 2014/15 year end is 92%.

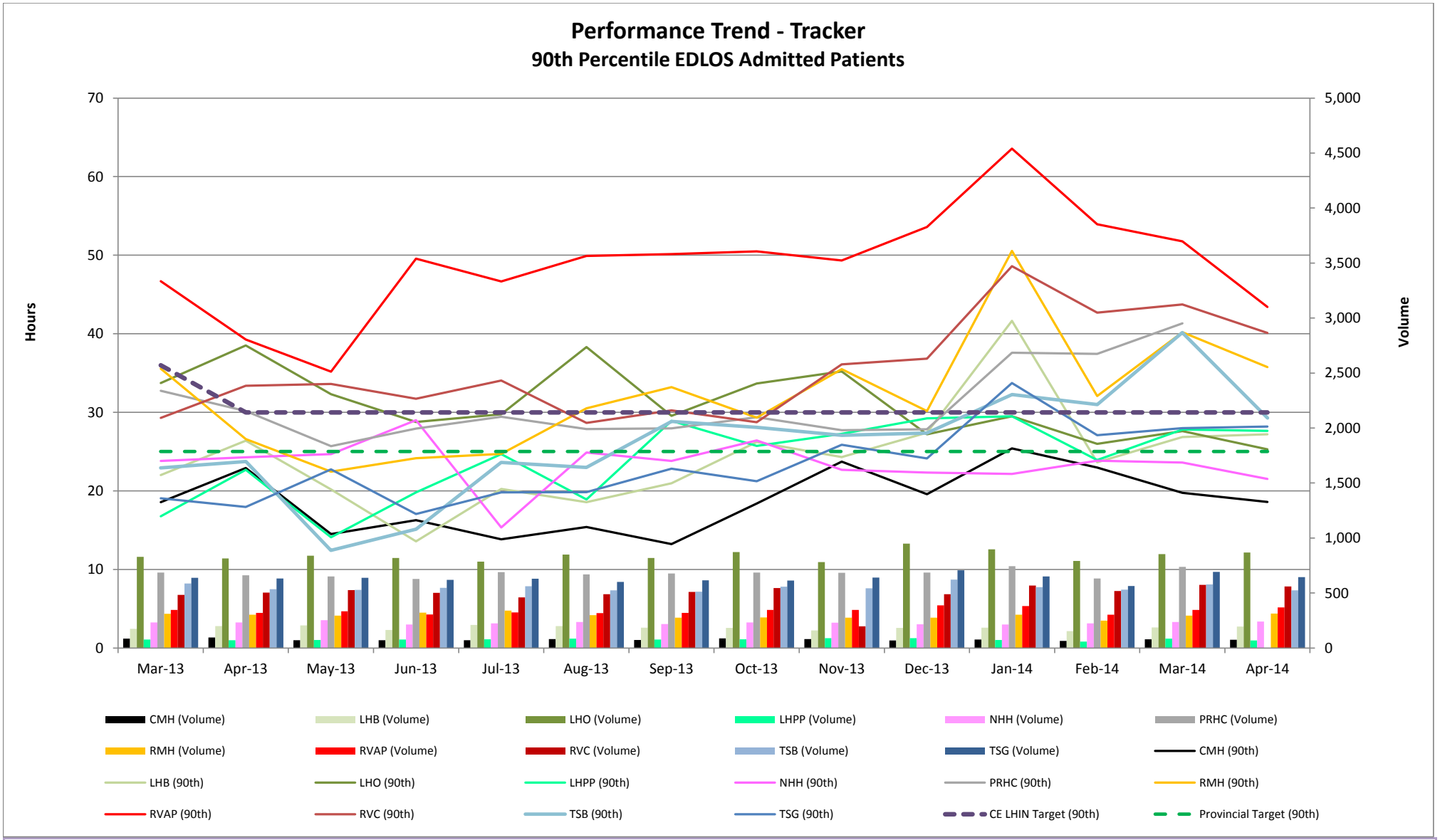
Actions/Strategies:
1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
3) 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.
4) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.
5) Volumes are reallocated among hospitals to optimize wait time performance.
6) The Central East 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.



Performance Commentary

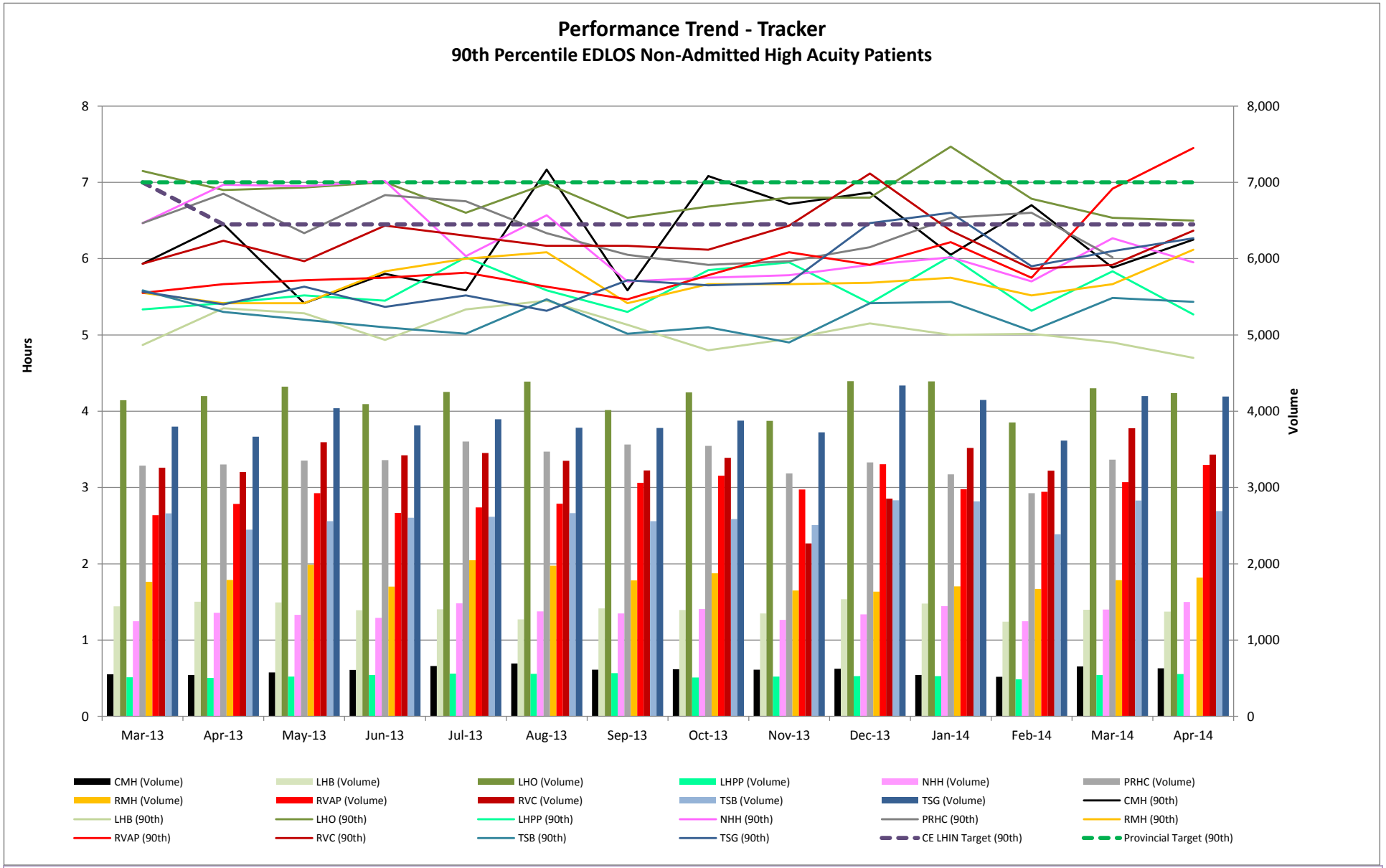
The Central East LHIN did not meet its target for this indicator for Q4 2013/14. The performance for thisindicator is 1.42% better than the previous quarter and if compared to the same period last year there has been an improvement of .82%.

To improve hospital bed utilization, the Central East LHIN has focused on moving patients through the hospital to the most appropriate setting which includes the community. Ongoing management and sustainability of Home First remains within the purview of the Central East CCAC. A LHIN-wide Home First steering committee is chaired by the CECCAC, with representation from the LHIN, each hospital, each CSS agency, and the CCAC itself. The Home First processes are being continuously monitored and reviewed. ALC cases are reviewed regularly and early discharge support meetings are held in a timely manner. At risk for discharge patients are identified at regular Bullet Rounds in every hospital. The CCAC frequently identifies the need for Home First refreshes and undertakes this work accordingly.



Performance Commentary

- In April of FY 2014-15, Central East LHIN performance at the 90th percentile Length of Stay in the Emergency Department for Admitted patients is 30.9 hours. The 2013-14 MLPA Target is 30.0 hours. Note: Peterborough Regional Health Centre experienced a Reporting Issue (RI) due to significantly low volume submissions, and therefore the data for this month is not displayed.
- In April 2014, RVHS (both sites) are exceeding the MLPA target of 30 hours in this indicator.
- In April 2014, CMH was the top performer in this indicator at 18.6 hours.

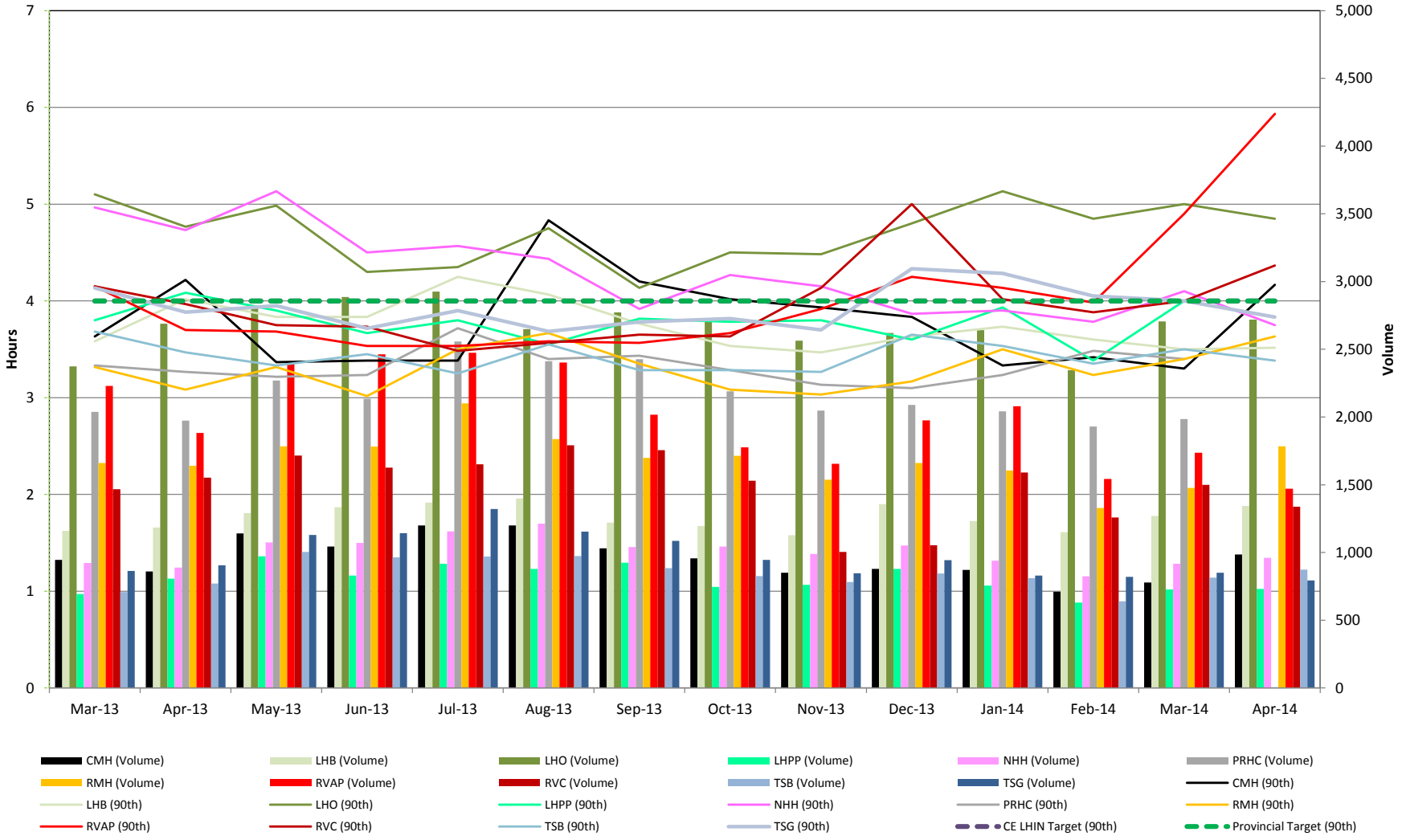


Performance Commentary

- In April of FY 2014-15, Central East LHIN performance at the 90th percentile in length of stay in the Emergency Department for non-Admitted high acuity patients is 6.4 hours. The Central East LHIN MLPA target for 2013-14 is 6.45 hours. Note - Peterborough Regional Health Centre experienced a Reporting Issue (RI) due to significantly low volume submissions, and therefore the data for this month is not displayed.
- In April 2014, RVAP did not meet the MLPA 2013-14 target.
- In April 2014, LHB was the top performer at 4.7 hours for this indicator.

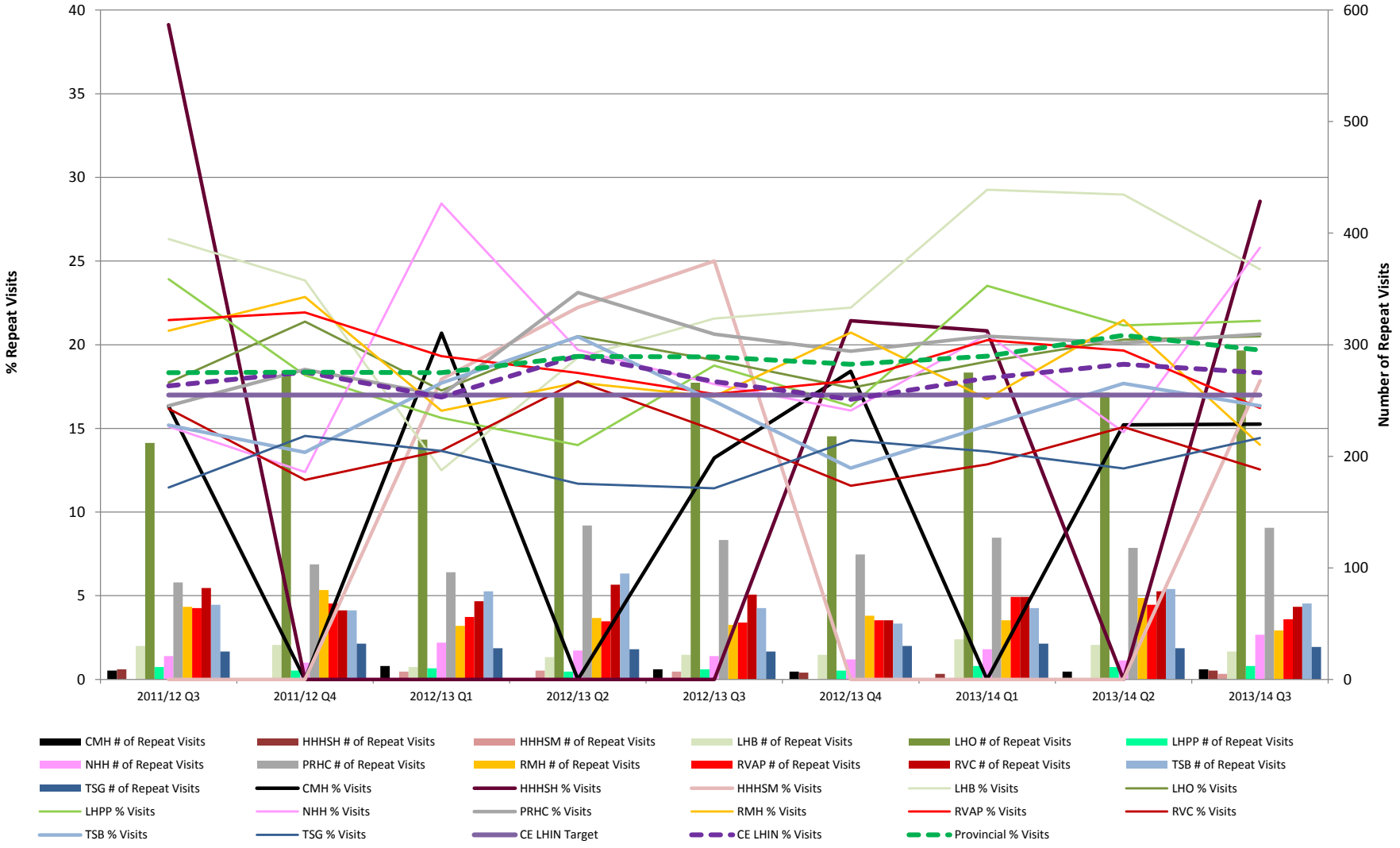
Performance Trend - Tracker

90th Percentile EDLOS Non-Admitted Low Acuity Patients



Performance Commentary

- In April 2014-15, Central East LHIN performance at the 90th percentile in length of stay in the Emergency Department for non-Admitted low acuity patients was 4.3 hours. Central East LHIN's MLPA target for 2013-14 is 4.0 hours. Note - Peterborough Regional Health Centre experienced a Reporting Issue (RI) due to significantly low volume submissions, and therefore the data for this month is not displayed.
- In April 2014, CMH, LHO and RVHS (both sites) did not meet the CE LHIN target of 4.0 hours.
- In April 2014, TSB was the top performers in this indicator at 3.4 hours.



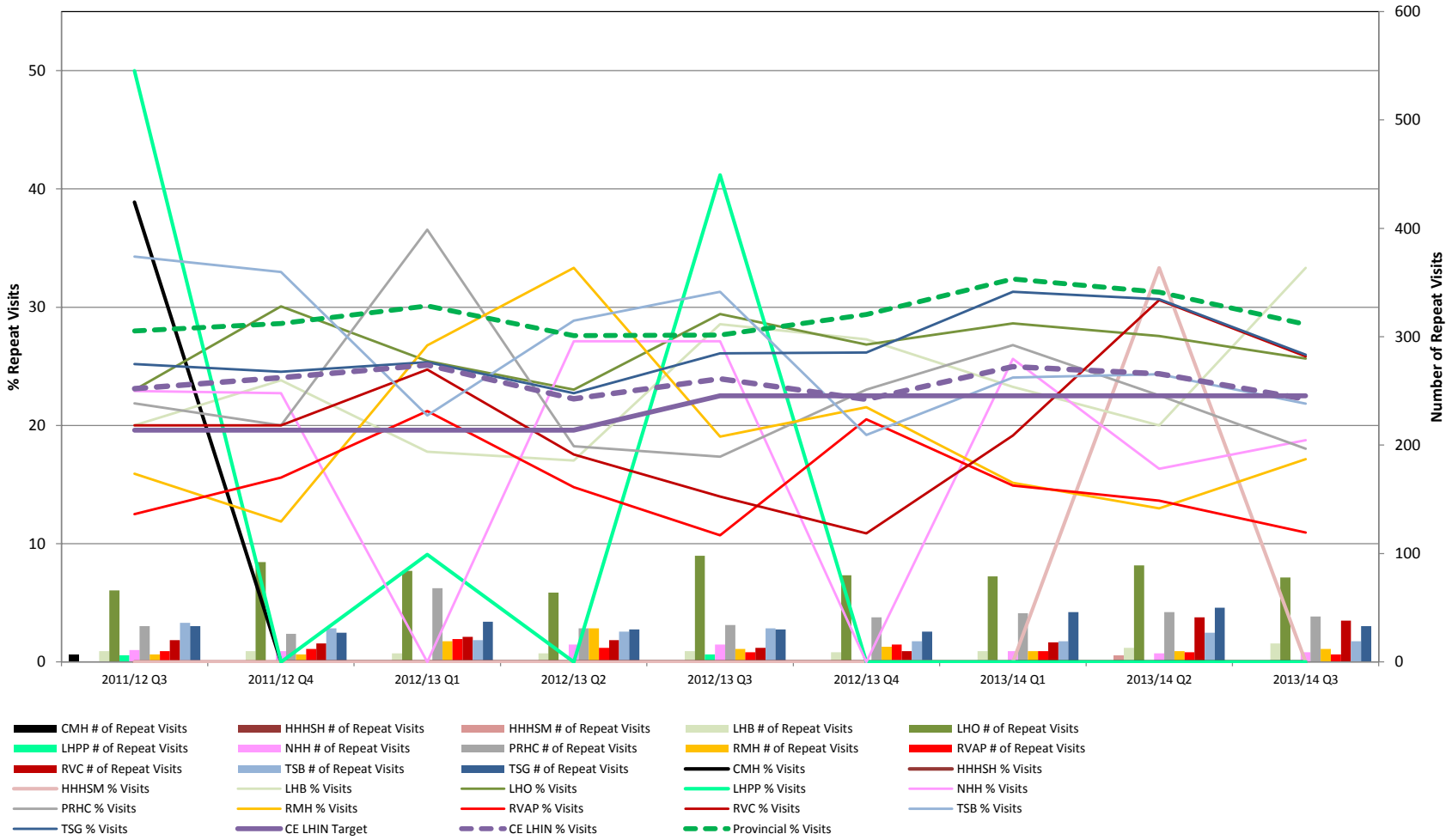
Performance Commentary

Central East LHIN did not meet its performance target for Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions in Q3 13/14.

Although there have been small improvements, in the indicator, the results have not been as positive as had been anticipated. The Central East LHIN is therefore conducting an extensive review of the H2H Strategy in order to understand why these improvements have not been occurring and to consider ways to improve the Strategy that would result in more improvement. The Evaluation process will conclude as of the end of June, 2014, at which point an Improvement Plan will be considered for implementation. It is unclear as to when an overall improvement in the MLPA indicator will become evident. The indicator has improved from FY 13/14 Q3, and is 1.7 points over the target. Given the complexities of the system, and the challenges with the quality of the data itself, it is not clear when the target will be achieved

Performance Trend - Tracker

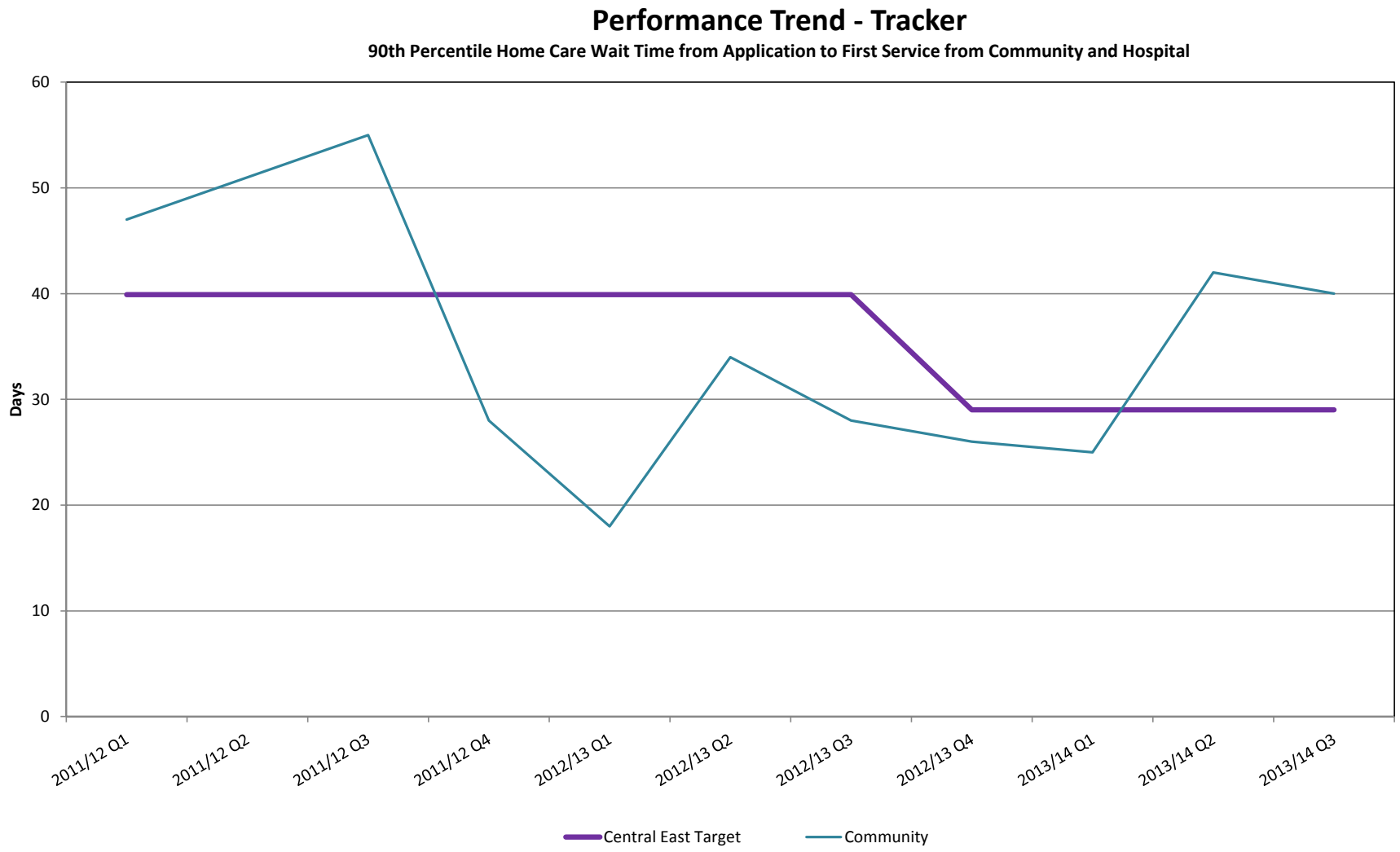
Repeat Emergency Visits Within 30 Days for Substance Abuse Conditions + Number of Repeat Visits by Site



Performance Commentary

Central East LHIN did not meet its performance target for Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions in Q3 13/14.

As previously noted, the "Hospital to Home" initiative began in FY 12/13 with the central aim of meeting the MLPA targets. The strategy includes MH, SA and Concurrent Disorders specific strategies that are designed to support ED visitors in finding the services they require in order to avoid a subsequent unscheduled ED visit. In addition, SA services were expanded into Scarborough in FY 12/13 and 13/14 as part of the Central East LHIN's Opiate Strategy. The Strategy included enhancements to Opiate Case Management and Early Years supports throughout the LHIN. Currently an internal evaluation of the Hospital to Home and the Opiate Strategy is taking place. The Strategy included enhancements to Opiate Case Management and Early Years supports throughout the LHIN. Two one-time Projects: The Suboxone Training with Public Health and a Concurrent Disorder Capacity Building strategy with Aboriginal Providers took place over FY 13/14. Currently an internal evaluation of the Hospital to Home and the Opiate Strategy is taking place. It is not possible to estimate when improvement will occur. The results from the internal evaluation process will be used to effect improvements, as will other outcomes from the process. However, flaws in the data overall, along with the fact that one individual visitor can inflate the numbers of returns for the entire LHIN is presenting significant challenges to the LHIN in the achievement of this target. Results are clearly moving toward the baseline and the MLPA target. If the indicator is not affected by events that artificially inflate the data, i.e.; inter and intra hospital transfers to access hospital beds, small number of visitors who repeatedly visit at a high rate, it may be possible to achieve the target by Q4 of the 13/14 Fiscal Year.

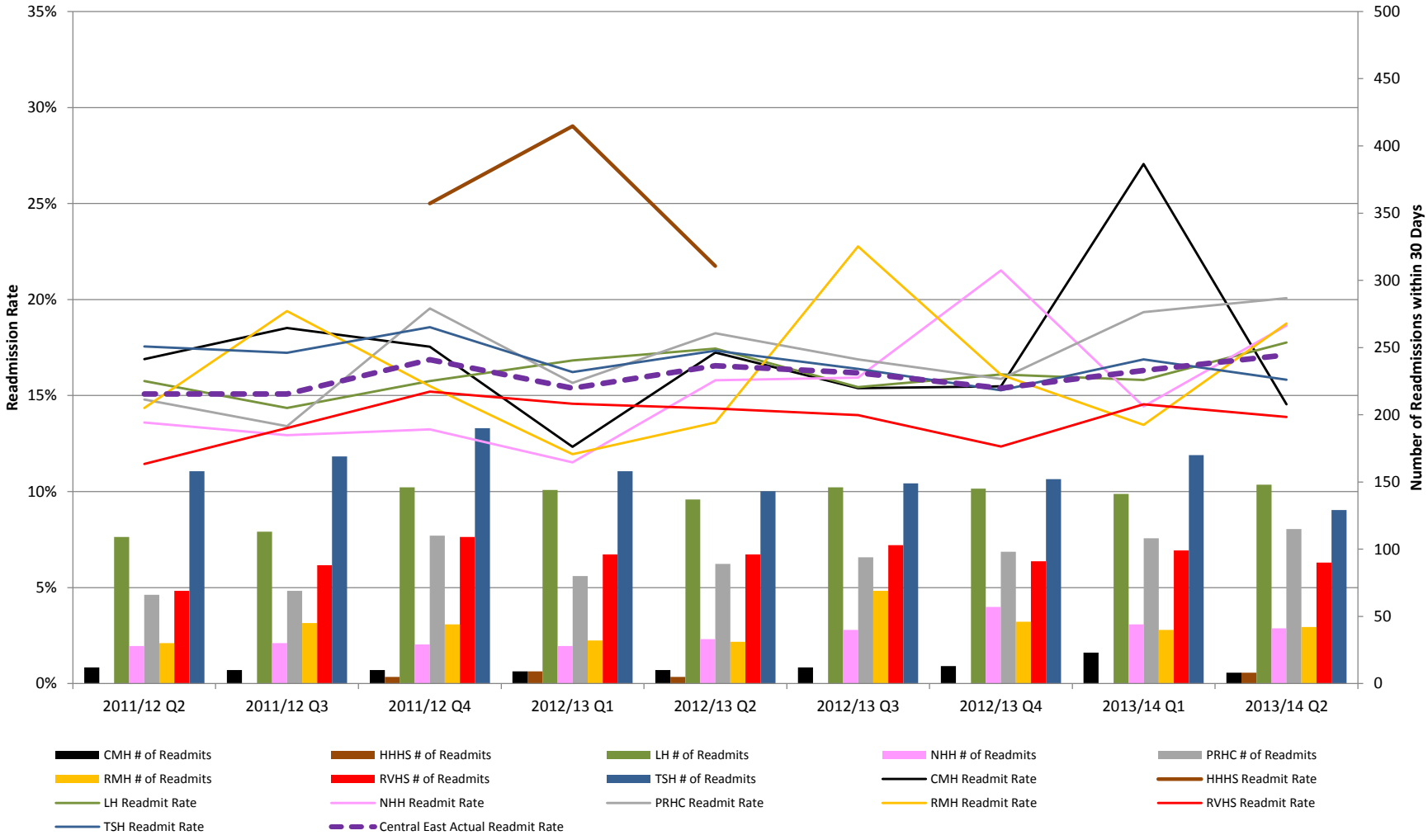


Performance Commentary

Central East CCAC did not meet the performance target for 90th percentile Wait Time from Community for CCAC In-Home Services - Application from Community Setting to first CCAC Service in Q3 13/14.

It is expected that there will be a continued increase in this metric as wait times are only "registered" once patients are removed from the waitlist. The Central East CCAC continued to be a position in this fiscal year, through Q3 to remove patients from the Personal Support Waitlist. Providing services to patients on the waitlist causes the 90th percentile wait time performance to rise as wait time is “calculated” only at the time of service provision; waitlisted patients understandably have a longer wait time than those not waitlisted. The current performance, above the target, is therefore reflective of the removal of several patients from the personal support waitlist in this quarter. Central East CCAC continue to collaborate with Central East LHIN with a focus on the reduction of hospital utilization. CCAC will continue to work closely with hospital partners and engage with patients early in their hospital stay to begin a plan for discharge back to the community. The Central East CCAC is also committed to the 5-day wait time goal for both personal support services for complex patients and all nursing services, and has recently changed the CECCAC Personal Support Waitlist Criteria so that high needs patients from the community are not waitlisted. This change will allow CE CCAC to meet the 5 day personal support for complex patient wait time, but will not affect this indicator as the patients will receive services immediately and therefore will not be on the waitlist. Continued demand for personal support is anticipated, and fluctuations in this metric will continue as we balance demands for service and performance priorities. As the Central East CCAC strives to provide services for patients on the Personal Support Waitlist, this metric will continue to rise and peak through to the end of the fourth Quarter.

Performance Trend - Tracker
30 Day Readmission Rate - Select CMGs



Performance Commentary

Central East LHIN did not meet its performance target for Readmissions within 30 days for Selected CMGs in Q2 13/14. Although the rate of readmission increased from the previous quarter, we are still 4th out of all 14 LHINs for the lowest re-admission rates. Possible reasons for this could be that population rate for over people 65 increased between 2013 and 2014 by 3.5% which is the demographic with the highest percentage of vascular diseases. During Q2, there was a saturation of CHF clinics and a saturation of Centralized Cardiac rehabilitation for the LHIN. The rate of readmission has increased by a 0.8% since the previous quarter. This is a similar pattern at the same time last year. The expectation is that this rate will plateau in Q3 and likely decrease slightly in Q4 as voluntary integration with Ross Memorial Hospital as a spoke for Centralized Cardiac Rehabilitation comes into effect. During Q1, Diabetes Education Programs became accountable to the Central East LHIN. Through this transition improved accesses to coordinated care to services is expected to increase. Centralized Diabetes Intake will be rolled out in phases with a goal of impacting the rate of readmissions for diabetes complications which should impact on the rate of readmissions for vascular CMGs.