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

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CENTRAL EAST LHIN

MLPA PERFORMANCE INDICATOR DASHBOARD

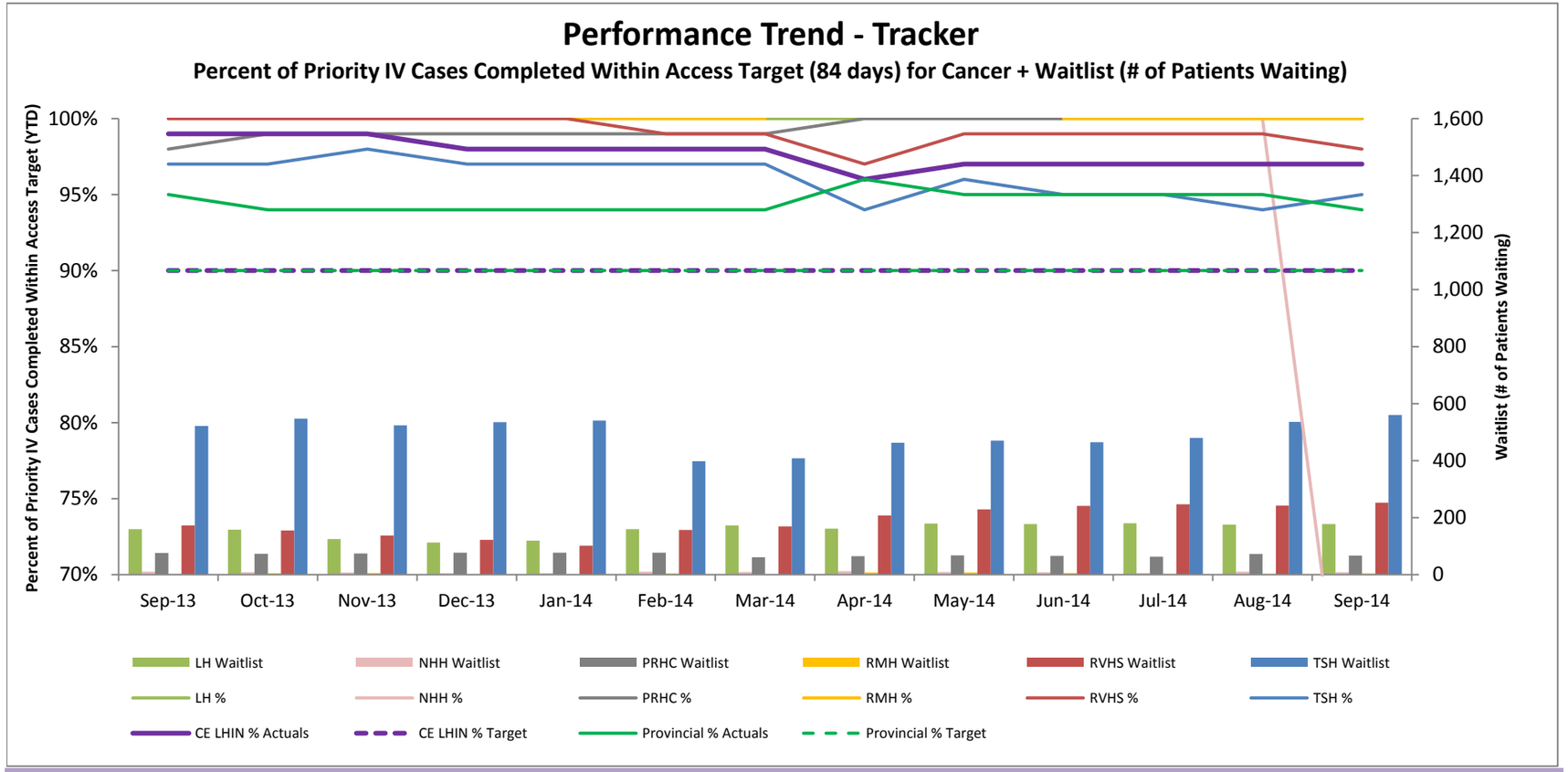
Performance effective as of:

September 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%	97%	●	↔	3	WTIS	September 2014
2	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract Surgery [7]**	Access	90%	99%	90%	99%	●	↔	2	WTIS	September 2014
3	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip Replacement Surgery [7]**	Access	90%	96%	90%	98%	●	↔	1	WTIS	September 2014
4	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Knee Replacement Surgery [7]**	Access	90%	96%	90%	96%	●	↔	1	WTIS	September 2014
5	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic MRI Scan [7]**	Access	90%	47%	50%	51%	●	↓	3	WTIS	September 2014
6	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic CT Scan [7]**	Access	90%	91%	90%	95%	●	↑	2	WTIS	September 2014
7	**Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution [4]**	Integration	9.46%	13.48%	12.8%	17.4%	◆	↑	11	DAD	2013/14 Q4
8	**90th Percentile ER Length of Stay for Admitted Patients**	Access	25 hours	33.72	30.0	28.1	●	↑	8	ERNI	September 2014
9	**90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients**	Access	7 hours	6.45	6.45	6.00	●	↓	2	ERNI	September 2014
10	**90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients**	Access	4 hours	4.13	4.00	3.95	●	↓	5	ERNI	September 2014
11	**Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions [5]**	Access	TBD	18.6%	17.0%	20.1%	◆	↑	11	NACRS	2013/14 Q4
12	**Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions [5]**	Access	TBD	24.3%	22.5%	20.7%	●	↓	5	NACRS	2013/14 Q4
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	28	●	↓	6	HCD	2013/14 Q4
14	**Readmission within 30 Days for Selected CMGs [5]**	Efficiency (Quality)	TBD	16.2%	14.8%	16.40%	◆	↓	8	DAD	2013/14 Q3

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 Q4 data Trend analysis comparison to prior reporting period
5	2013/14 Q4 data - Most recent available data
6	No established Target; monitoring indicator only
7	Actual LHIN Performance value is fiscal 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 and May 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) September performance was 97% and remains unchanged from prior month. This is well above the 2013/14 negotiated target of 90%. All hospitals continued to perform above the Central East LHIN target, with LH, RMH and PRHC achieving 100%. No value is shown for NHH as they currently do not have any additional cancer volumes beyond base. The 2014/15 Central East LHIN targets have now been confirmed, and will be reflecting the 2013/14 targets. The Central East LHIN currently ranks third in the province in meeting the negotiated target.

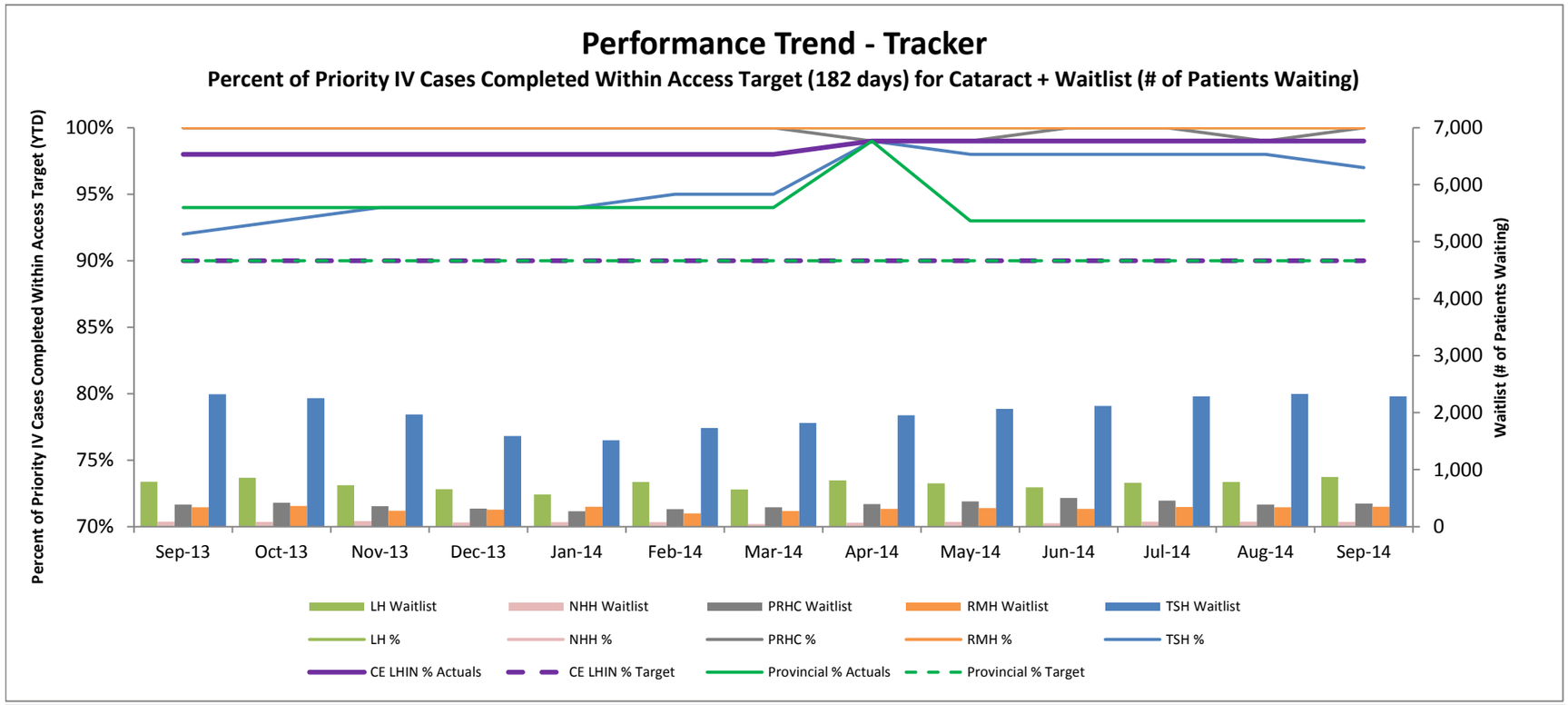
Actions/Strategies:

1)The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 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.

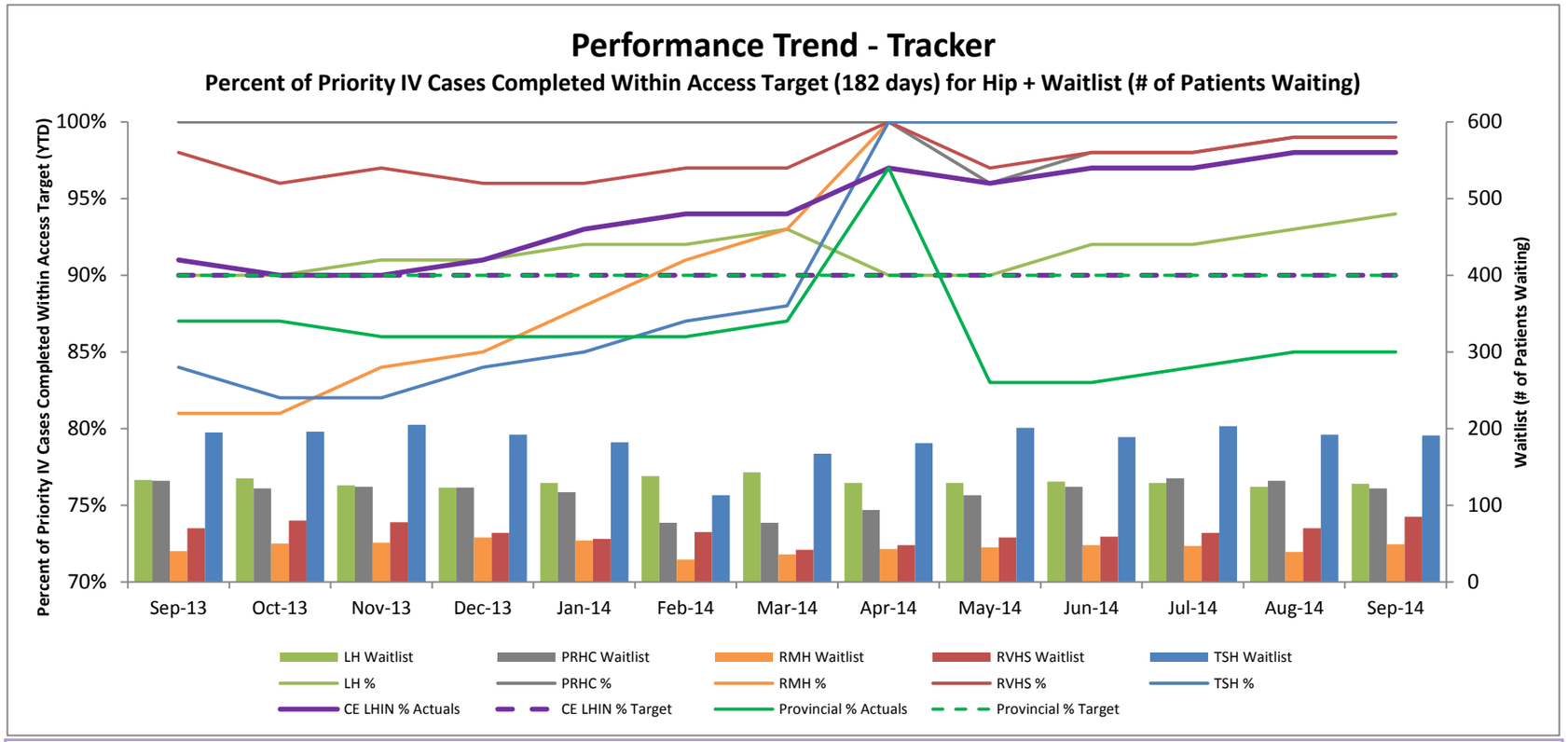


Funding/Allocations: The 2014/15 QBP volume allocations have not yet been finalized, but will be updated when they become available.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for cataract surgery for YTD September was 99%. This is well above the 2013/14 negotiated target of 90%. All hospitals performed at or above the Central East LHIN target, with RMH, PRHC and LH achieving 100%. The Central East LHIN has been instructed by the MOHLTC to apply the 2013/14 negotiated targets to the 2014/15 Central East LHIN MLPA targets. Therefore the access target priority IV will be 90%. It should also be noted that the Central East LHIN performance compared with all LHINs across the province continues to rank number 2 for Cataract Surgery. Reductions in MOHLTC volume allocations may impact 2015/16 wait time performance. This projection is based on providers indicating that they will complete their volumes in early Q4 of 2014/15. Some providers have indicated addtional capacity and have requested addtional volumes, based on year-to-date wait lists.

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 Vision Care Strategy 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 September was 98%. 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. RMH and TSH both achieved 100% for this reporting period. The Central East LHIN has been instructed by the MOHLTC to apply the 2013/14 negotiated targets to the 2014/15 Central East LHIN MLPA targets. Therefore the access target priority IV will be 90%. It should also be noted that the Central East LHIN performance compared with all LHINs across the province ranks number 1 for Hip Replacement. Some providers have indicated addtional capacity and have requested addtional volumes, based on year-to-date wait lists.

Actions/Strategies:

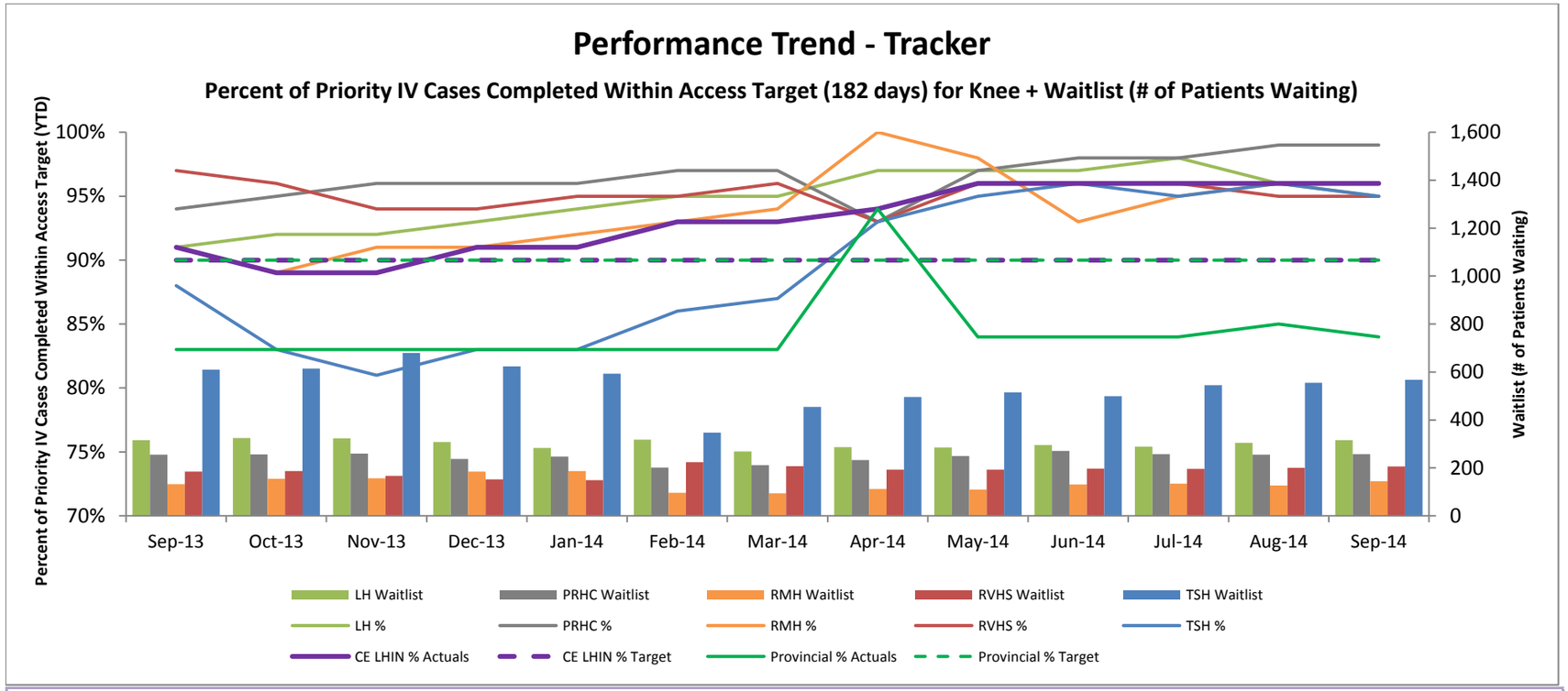
1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.

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 additional status update at this time.

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

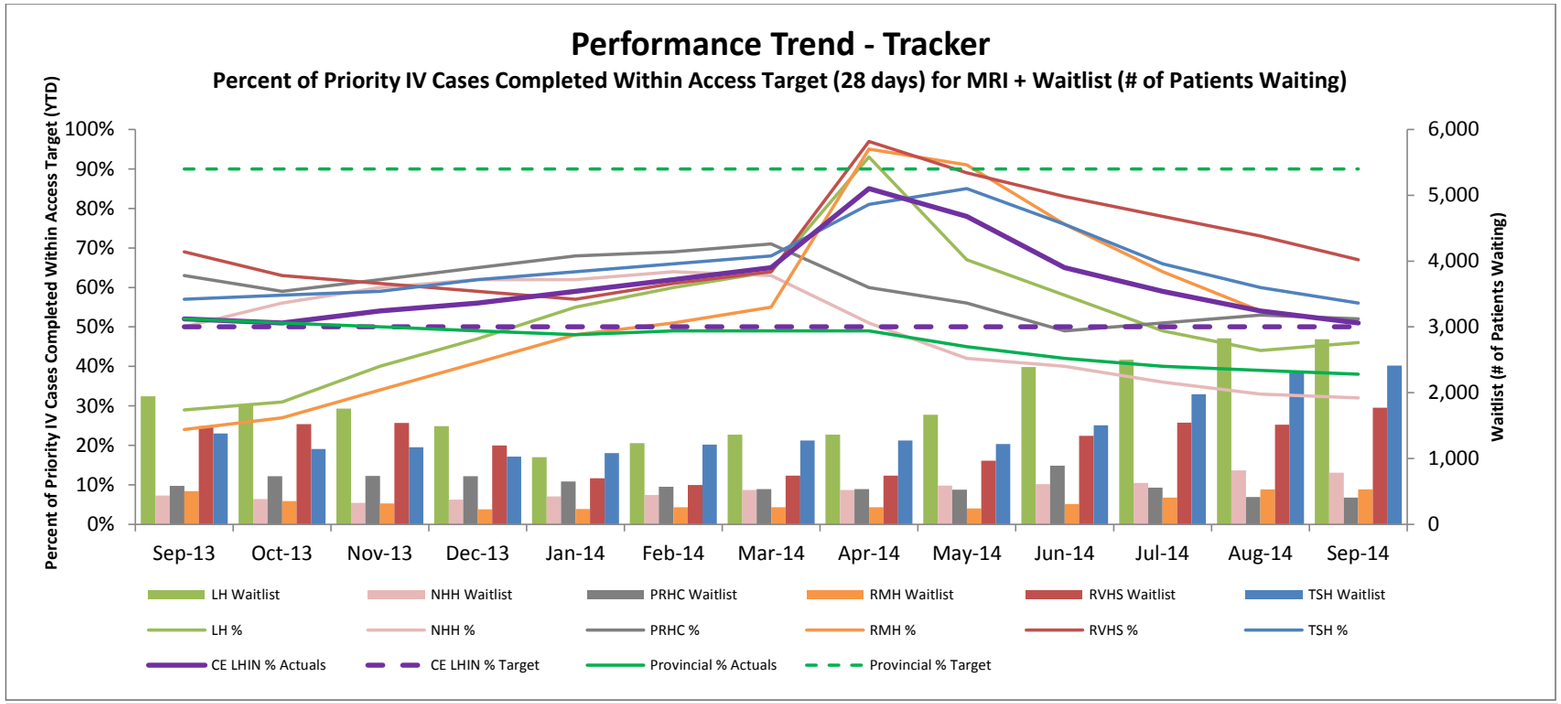


Funding/Allocations: The 2014/15 QBP allocations have not yet been finalized, but will be updated when available.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for knee replacement surgery was 96% for YTD September, which remains unchanged over prior reporting period. 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. The Central East LHIN has been instructed by the MOHLTC to apply the 2013/14 negotiated targets to the 2014/15 Central East LHIN MLPA targets. Therefore the access target priority IV will be 90%. It should also be noted that the Central East LHIN performance compared with all LHINs across the province ranks number 1 with the shortest wait time for Knee Replacement. Some providers have indicated addtional capacity and have requested addtional volumes, based on year-to-date wait lists.

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 additional 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.

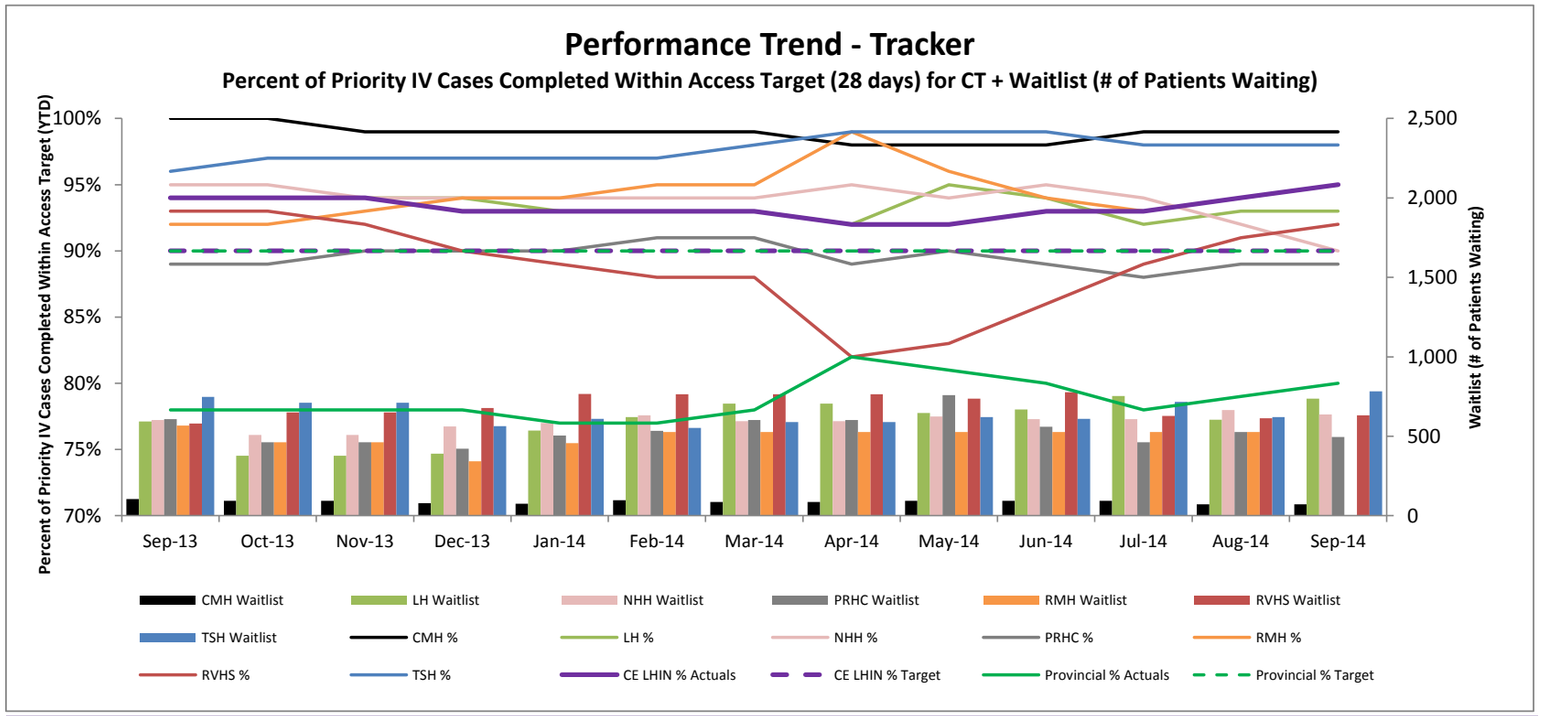


Funding/Allocations: An additional 3,238 MRI hours were purchased by the LHIN in November and December 2013. The Ministry also provided an additional 1,500 MRI hours in late December 2013. 2014/15 allocations have not yet been finalized, but will be updated when available.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (28 days) for MRI scan was 54% for YTD September which reflects decreased performance from April 85% (excluding Independent Health Facilities (IHFs)). This is above the 2013/14 negotiated target of 50%. Hospitals are also exploring strategies other than additional volumes to decrease wait times. The Central East LHIN has been instructed by the MOHLTC to apply the 2013/14 negotiated targets to the 2014/15 Central East LHIN MLPA targets. Therefore the access target priority IV will be 50%. The MOHLTC has released the 2014/15 volumes, and facilities are dealing with reduced operating hours compared with prior year, which is impacting performance. Providers continue to be vigilant in monitoring scheduling of procedures, and focus on patients with long wait times. Some providers have indicated addtional capacity and have requested addtional volumes, based on year-to-date wait lists.

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.

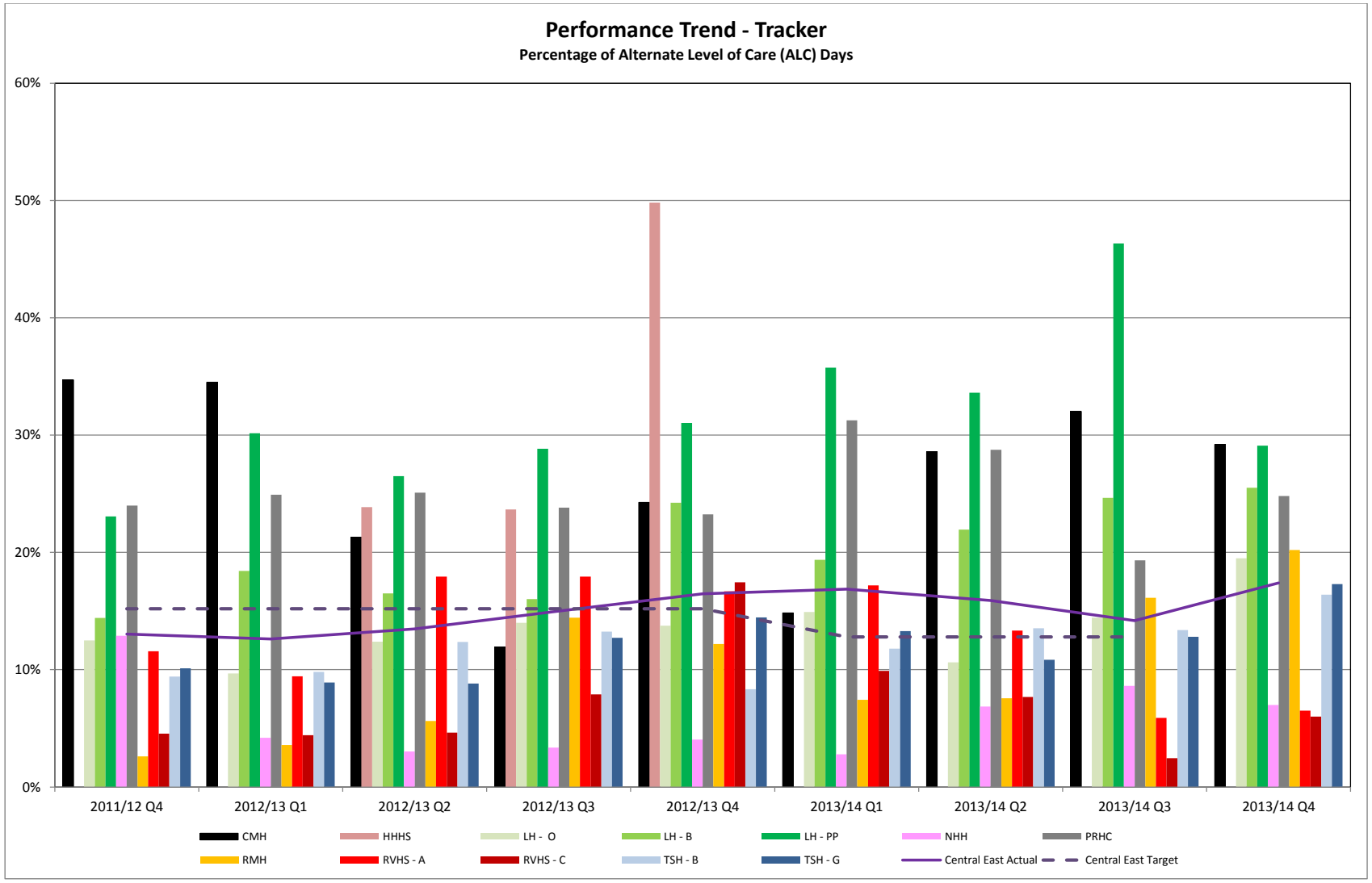


Funding/Allocations: The 2014/15 allocations have not yet been confirmed, but will be updated when available.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (28 days) for CT remained steady at 94% for YTD September . This is above the 2013/14 negotiated target of 90% and well above the provincial actuals. RVHS has now implemented an action plan to address those patients with long wait times by changing the booking schedule. RVHS has already realized noted improvements in their wait times. The Central East LHIN has been instructed by the MOHLTC to apply the 2013/14 negotiated targets to the 2014/15 Central East LHIN MLPA targets. Therefore the access target priority IV will be 90%. The Central East LHIN ranks number 2 compared to other LHINs in the province.

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%.

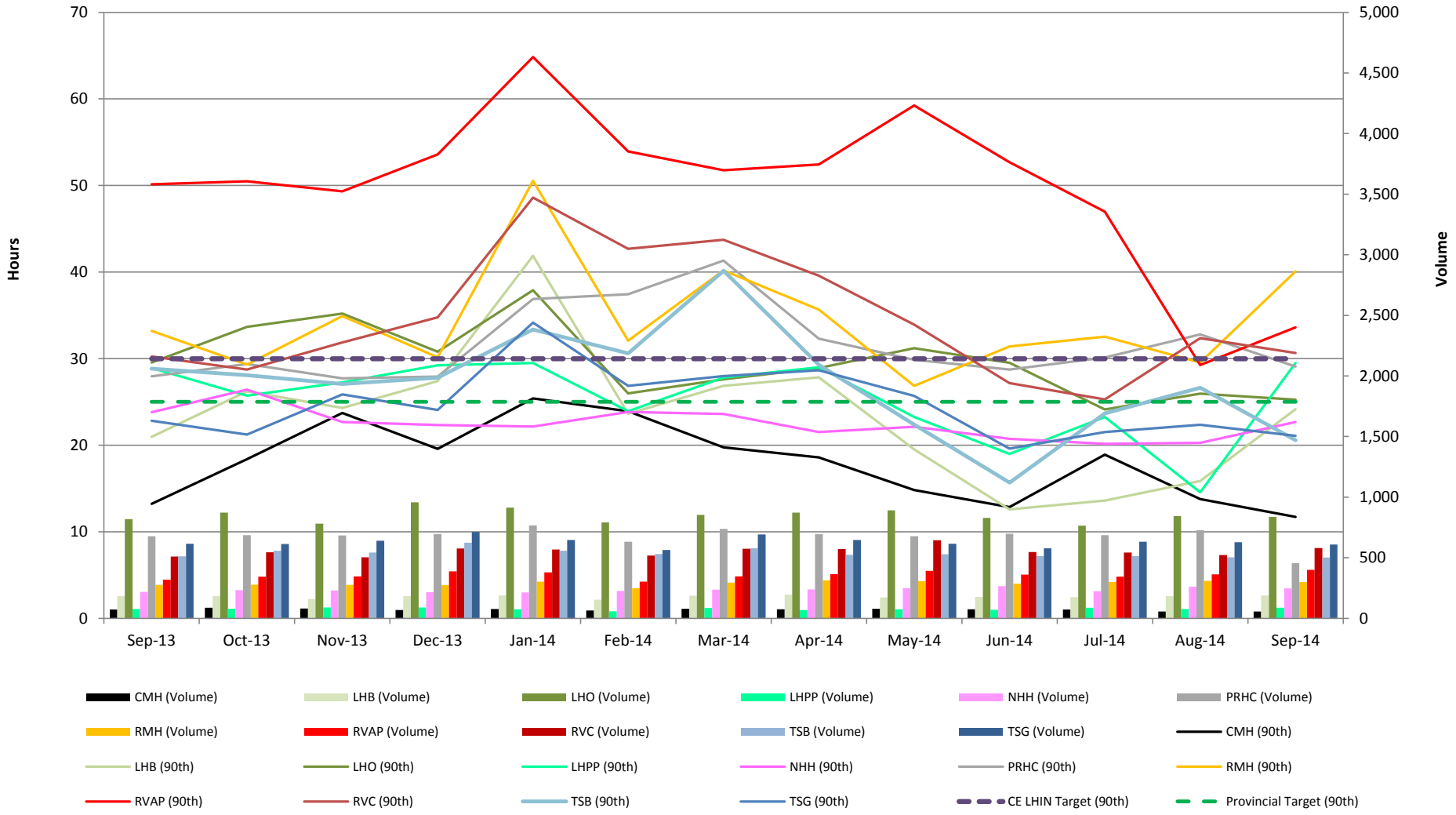
To improve hospital bed utilization, the Central East LHIN has focused on moving patients through the hospital to the most appropriate setting which includes the community. Ongoing management and sustainability of Home First remains within the purview of the Central East CCAC. A LHIN-wide Home First 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.

The LHIN continously 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.

The LHIN has invested over $27M towards enhancing care and supports in the community including additional adult day programs, assisted living services and geriatric assessment and intervention teams. The investment also includes funding to the CECCAC for home care and maximum five day wait time target for personal support services for clients with complex needs. As these programs become operational they are assisting seniors and others with complex needs to either avert an admission or return home, in a timely and supported fashion, contributing to fewer potential ALC designations.

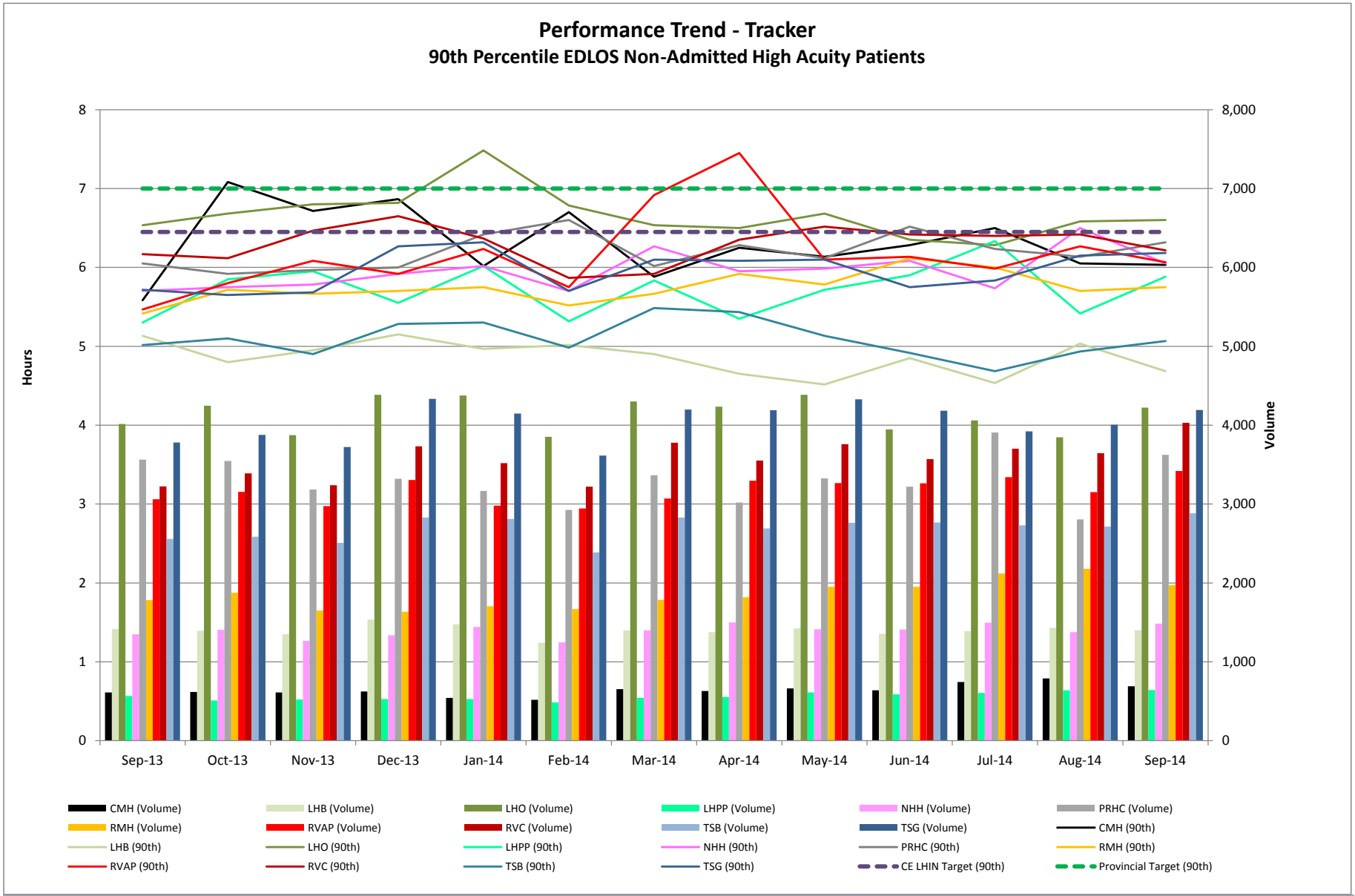
Performance Trend - Tracker

90th Percentile EDLOS Admitted Patients



Performance Commentary

- In September of FY 2014-15, Central East LHIN performance at the 90th percentile Length of Stay in the Emergency Department for Admitted patients is 28.1 hours. The 2013-14 MLPA Target is 30.0 hours.
- In September 2014, RMH, RVAP and RVC are exceeding the MLPA target of 30 hours in this indicator.
- In September 2014, CMH was the top performer in this indicator at 11.7 hours.

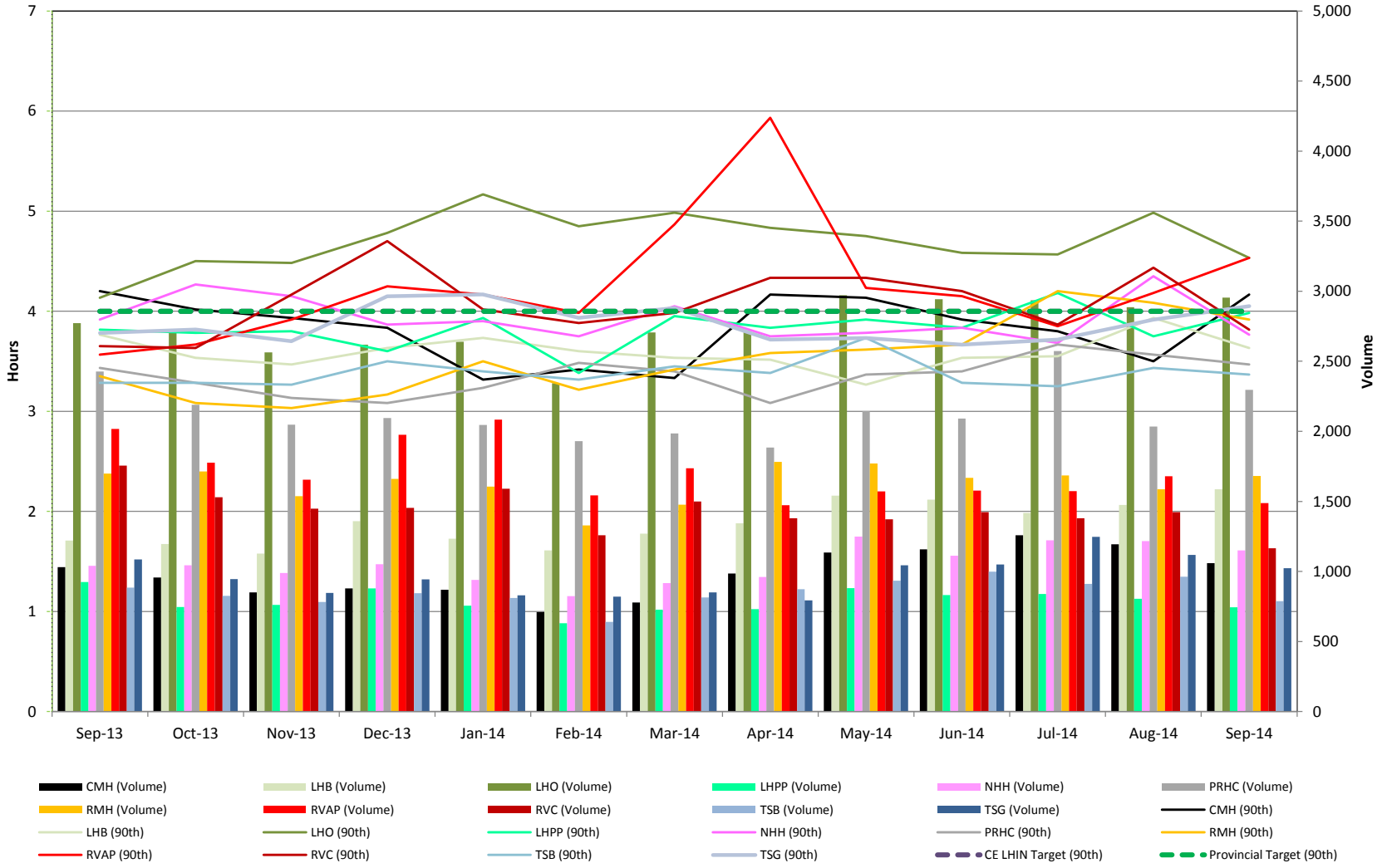


Performance Commentary

- In September 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 6.0 hours. The Central East LHIN MLPA target for 2013-14 is 6.45 hours.
- In September 2014, LHO did not meet the MLPA 2013-14 target.
- In September 2014, LHB was the top performer at 4.7 hours for this indicator.

Performance Trend - Tracker

90th Percentile EDLOS Non-Admitted Low Acuity Patients

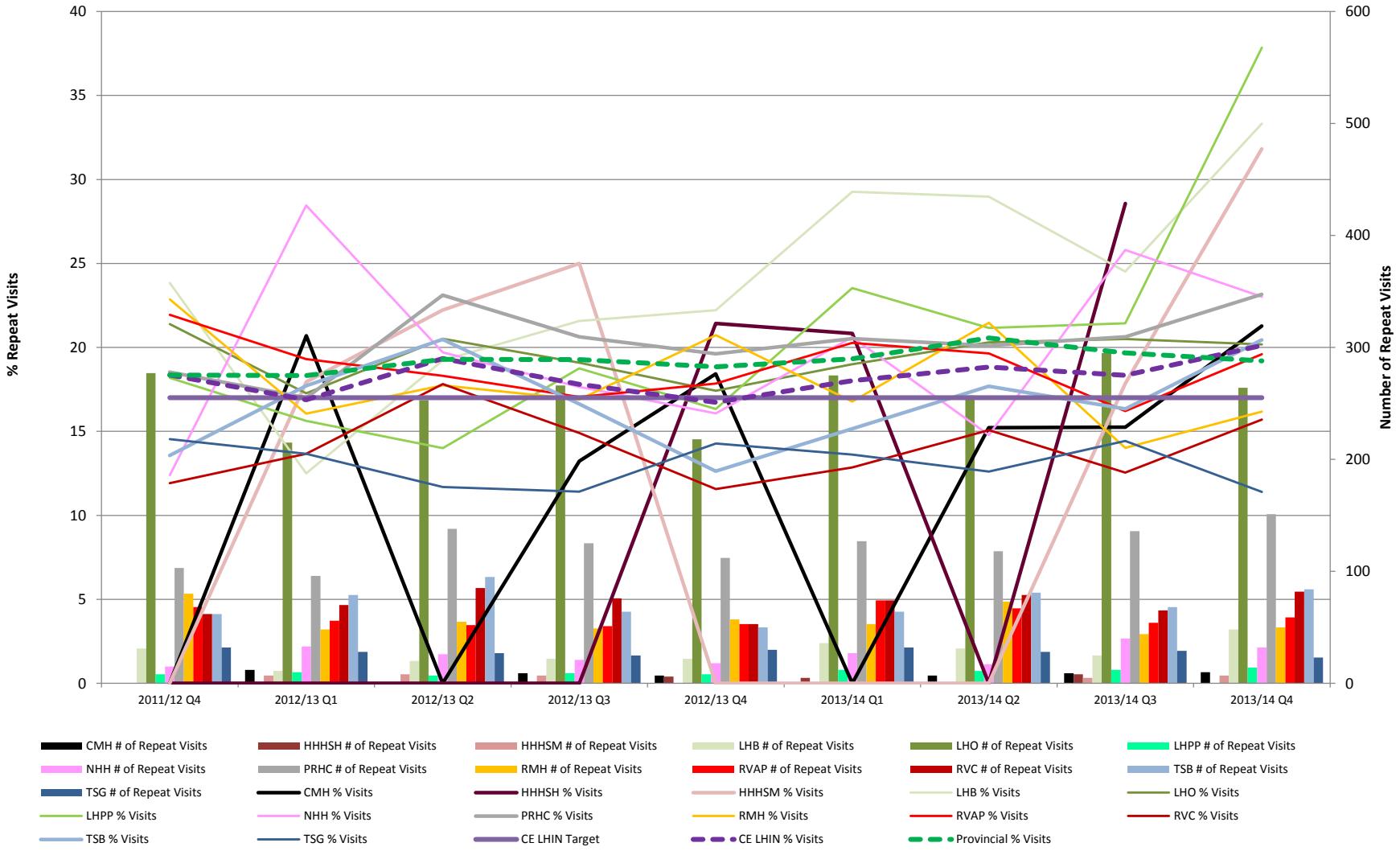


Performance Commentary

- In Sepember 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 4.0 hours. Central East LHIN's MLPA target for 2013-14 is 4.0 hours.
- In September 2014, CMH, LHO, RVAP and TSG did not meet the CE LHIN target of 4.0 hours.
- In September 2014, TSB was the top performers in this indicator at 3.4 hours.

Performance Trend - Tracker

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



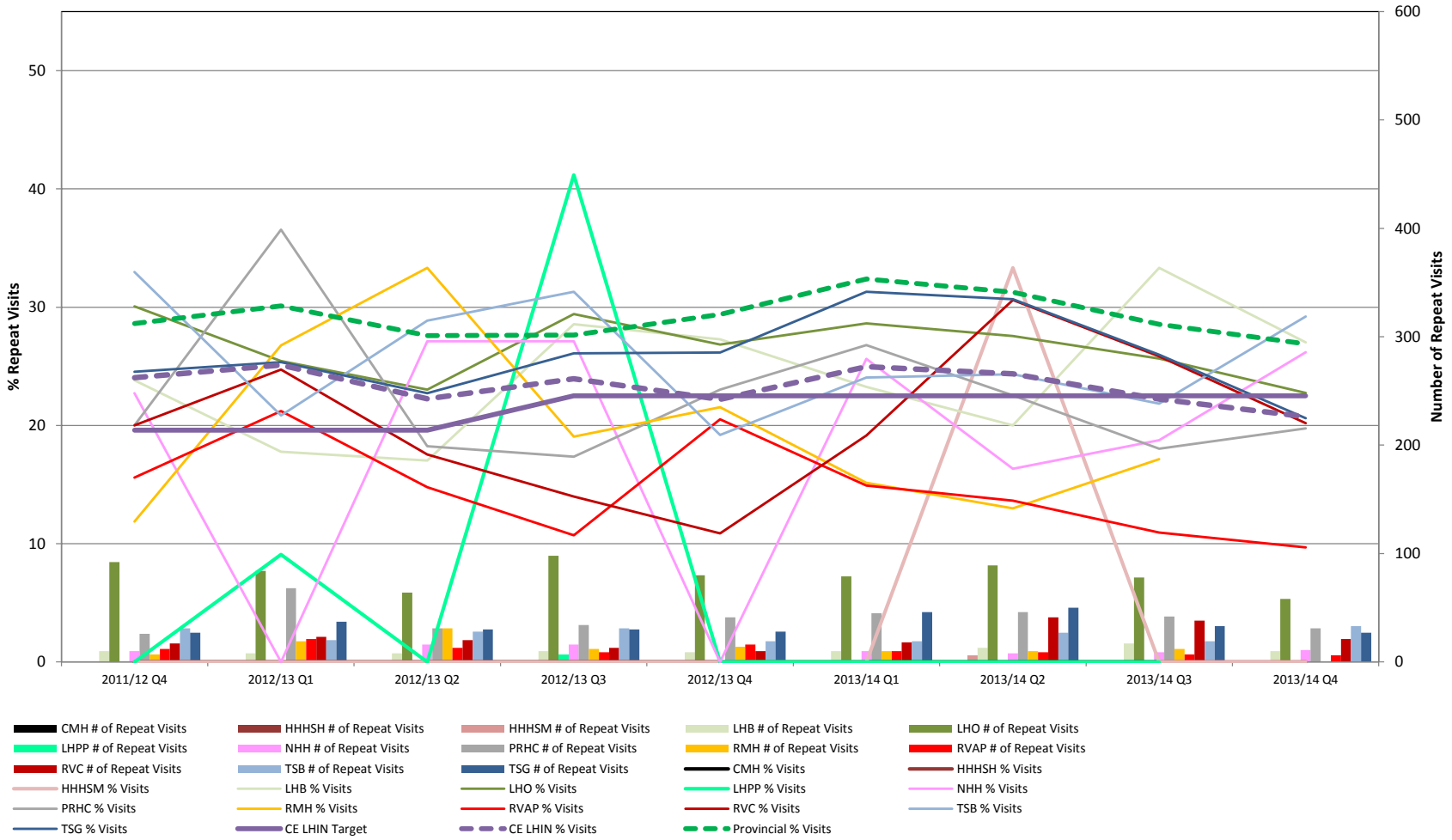
Performance Commentary

For Q4 2013/14, the Central East LHIN has not met its 2013 -14 performance target for Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions. he Hospital to Home Initiative was implemented in FY 11/12 with the aim of reducing Unscheduled Return Visits within 30 Days to Central East LHIN hospital Emergency Rooms. This has shown positive results at the LHIN's most active ED, Lakeridge Health Oshawa. H2H is not available at all Central East LHIN hospitals.

The Health Links Initiative in Peterborough has focused on people with complex issues and Mental Health and/or a Substance Abuse issue. This has had a very positive effect on the Provider relationships and has led to a higher level of integration throughout the system. It is important to note that 6 of the 14 LHINS did not achieve their target related to this indicator. Central East was 2.01 points in excess of the Ontario average. Overall, even those LHINS who have achieved this target showed a trend upward in Q4. It is expected that this indicator will return to baseline in FY 14/15 Q1 when the ED volumes are expected to diminish. If data quality issues were addressed and resolved, this indicator would show a significant improvement.

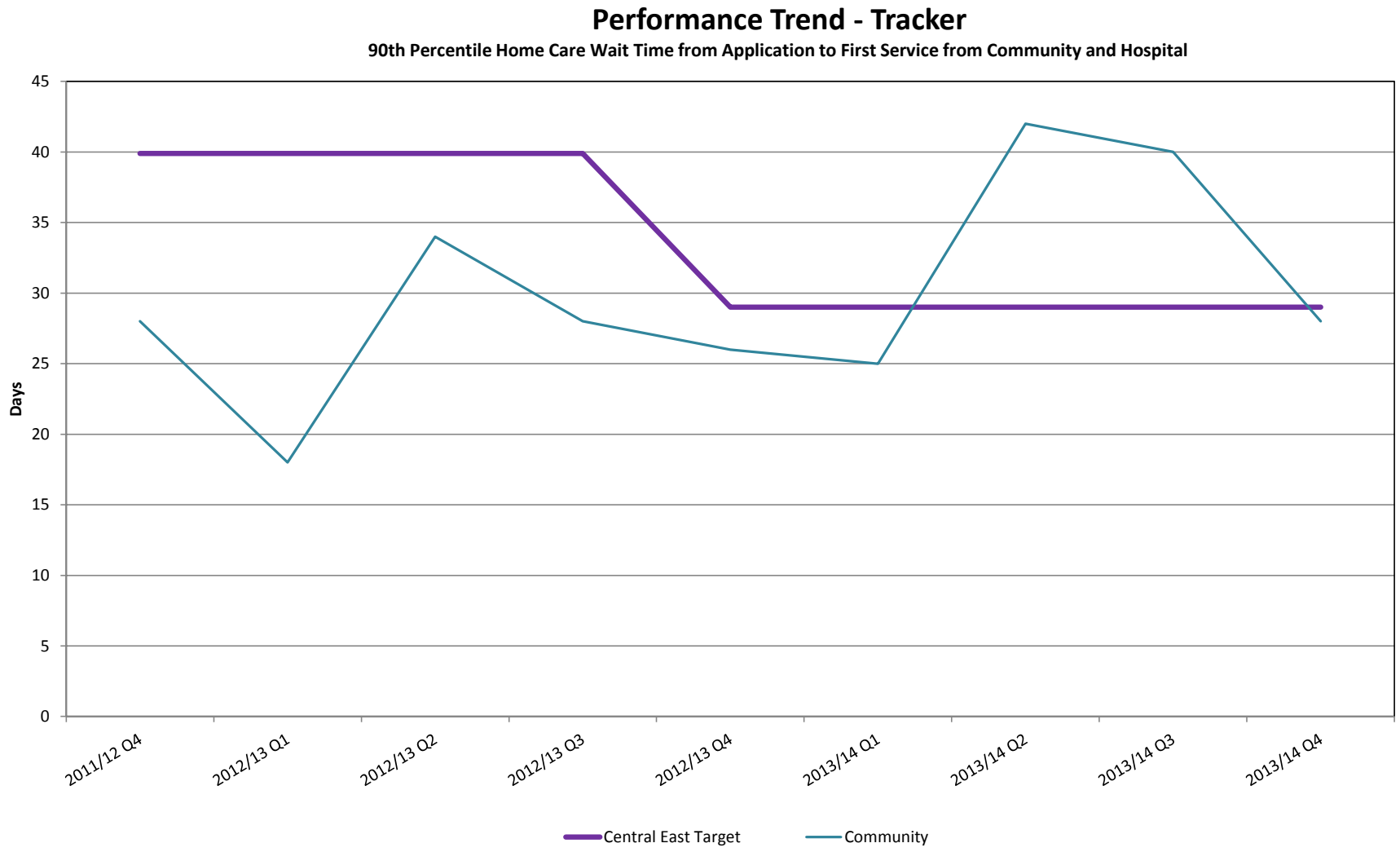
Performance Trend - Tracker

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



Performance Commentary

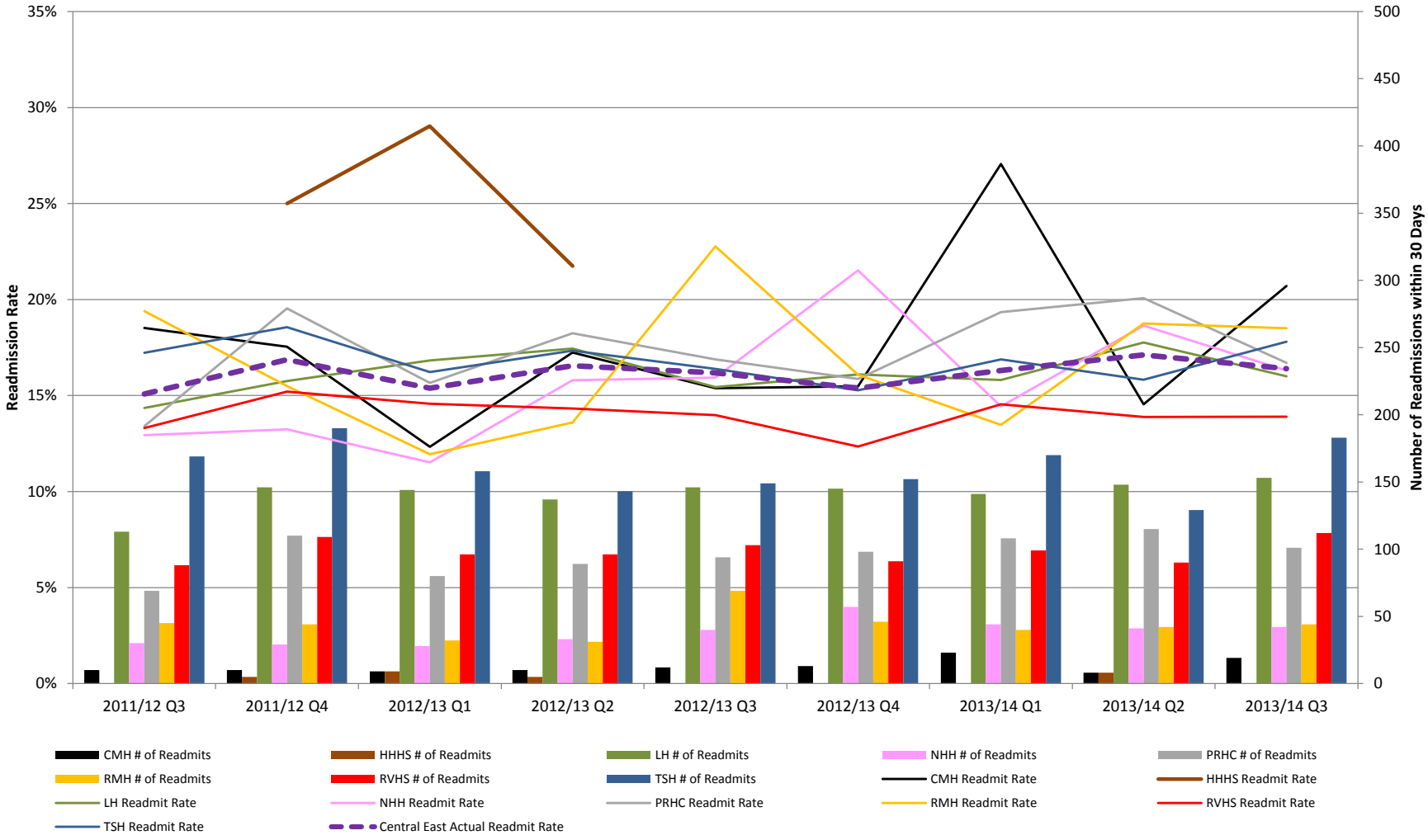
For Q4 2013/14, the Central East LHIN has met its 2013 -14 performance target for Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse. The Central East LHIN has undertaken a number of initiatives with the aim of reducing Unscheduled ED Return visits related to Substance Abuse. The following initiatives have been implemented-Integrated Scarborough Addictions Strategy, Opiate Treatment Expansion and Concurrent Disorder System capacity building. The Northeast Cluster completed one-time project related to Concurrent Disorder Capacity building related to service delivery to Indigenous Peoples, and Opiate related training to Public Health Units. The Hospital to Home Project in Durham, which was initiated in FY 11/12, has shown encouraging results in supporting ED visitors to access community supports. Health Links in Peterborough has identified complex patients with Concurrent Disorders as a priority population. This has initiated new working relationships between the Providers, which may be impacting this particular indicator. This result is particularly significant in light of the ongoing data challenges that influence the outcome of this indicator. These challenges are related to the lack of objective coding criteria, the lack of coding for a Concurrent Disorder, and the fact that episodes of care can be counted multiple times if the patient is transferred from a non-Schedule 1 facility for admission, or if the patient is transferred internally within the same facility.



Performance Commentary

For Q4 2013/14, the Central East LHIN has met its 2013/14 performance target for 90th Percentile Wait Time from Community for CCAC In-Home Services. Our efforts to reach the Central East LHIN target have been achieved. We began to remove patients from the Personal Support Waitlist in the previous quarter which resulted in an increase in the target. In the Fourth Quarter we continued this activity but towards the end of this quarter the activity reduced due to a fewer number of patients to be removed from the waitlist therefore reducing the wait time target. We also made several changes to our Waitlist Criteria including not waitlisting high needs community patients. It is important to note that wait times will continue to fluctuate as we are committed to Home First and ED/ALC strategies, and therefore prioritize the allocation of services 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 to the ALHRS program. As the Central East CCAC strives to provide services for patients on the Personal Support Waitlist, this metric will continue to change or remain close to the present target. As well, the Waitlist Criteria again changed at the beginning of Q2 2014/15 so this will affect the target.

Performance Trend - Tracker
30 Day Readmission Rate - Select CMGs



Performance Commentary

For Q3 2013/14, the Central East LHIN has not met its 2013 -14 performance target for Readmission within 30 days for Selected CMG. The LHIN Diabetes and Vascular Health Team completed their Diabetes Education Program outreach strategy and analyzed the last three years' worth of data on both process and outcome measures to identify opportunities for improvement. The readmission rates at 16.4% are an improvement from the previous quarter of 17.1%. However, it is up 0.2% from Q3 the previous year. This might be due to the 0.9% population increase effect upon the re-admission rate. There is also a clear cyclical pattern of variance over the quarters each year and thus we anticipate that Q4 will show a further decrease. During Q3 2013/14 the Centralized Diabetes Intake 3 phase initiative commenced. We expect to see the effects of this roll out within the next 3 to 4 quarters as the LHIN continues to facilitate harmonization of chronic disease management groups. System improvements include - Completing cluster-based collaborative strategy in Durham and the North East to improve the coordination of care amongst diabetes services from primary to acute care, Stroke QBP improvement models, Harmonization of Centralized Cardiac rehabilitation and secondary prevention with Centralized Diabetes Intake, and Health Links.