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

This Dashboard was developed by Central East Local Health Integration Network and used with their permission.

CENTRAL EAST LHIN

MLPA PERFORMANCE INDICATOR DASHBOARD

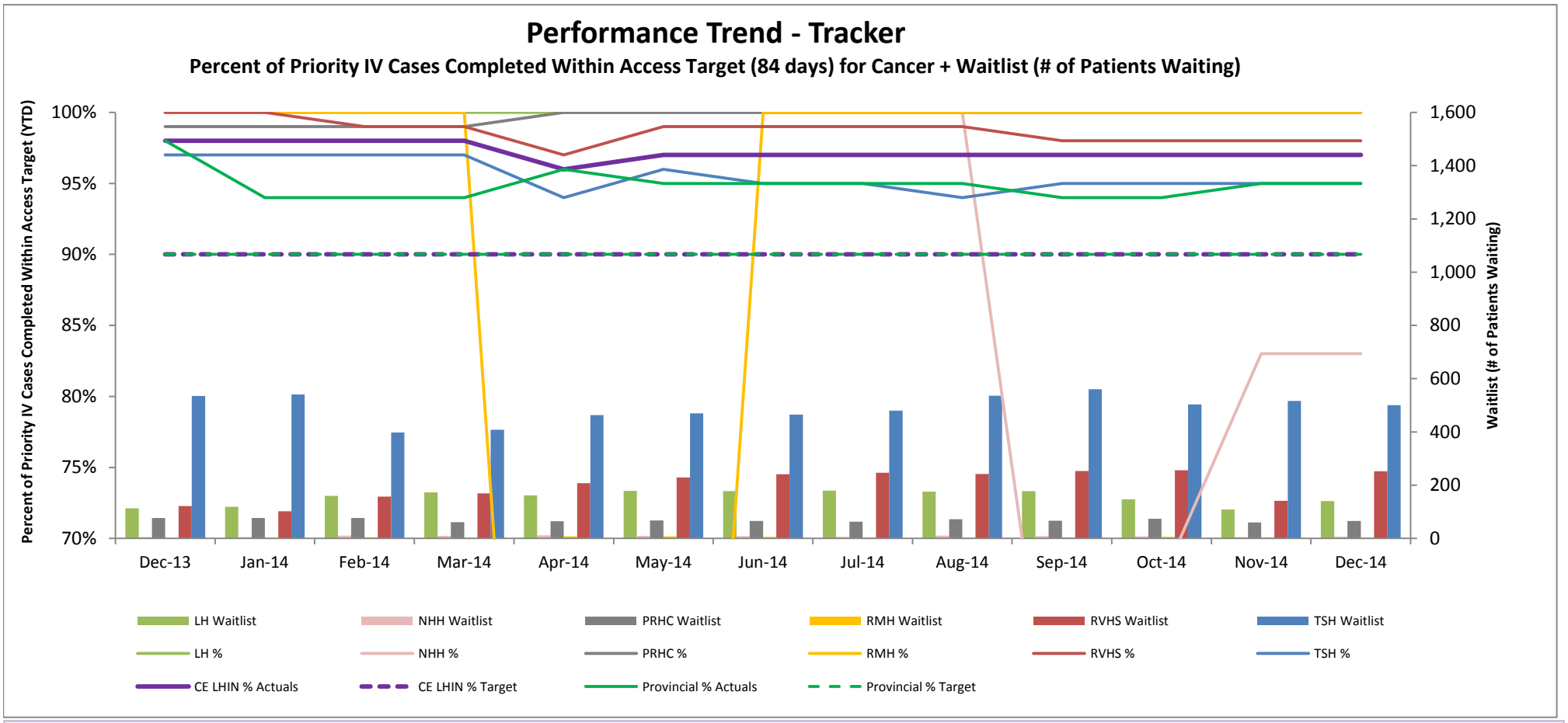
Performance effective as of:

December 2014

	Performance Indicator (PI)	Indicator Type	Provincial Target	LHIN Starting Point or Baseline 13/14	LHIN Fiscal Year 2014/15 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%	●	⇔	5	WTIS	December 2014
2	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract Surgery [7]**	Access	90%	99%	90%	98%	●	⇔	2	WTIS	December 2014
3	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip Replacement Surgery [7]**	Access	90%	96%	90%	98%	●	⇔	2	WTIS	December 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	December 2014
5	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic MRI Scan [7]**	Access	90%	47%	50%	48%	◆	↓	3	WTIS	December 2014
6	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic CT Scan [7]**	Access	90%	91%	90%	94%	●	⇔	3	WTIS	December 2014
7	**Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution [4]**	Integration	9.46%	13.48%	12.8%	14.7%	◆	↓	9	DAD	2014/15 Q1
8	**90th Percentile ER Length of Stay for Admitted Patients**	Access	25 hours	33.72	30.0	37.1	◆	↑	13	ERNI	December 2014
9	**90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients**	Access	7 hours	6.45	6.45	6.37	●	↑	4	ERNI	December 2014
10	**90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients**	Access	4 hours	4.13	4.00	4.12	◆	↑	8	ERNI	December 2014
11	**Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions [5]**	Access	TBD	18.6%	17.0%	18.7%	◆	↓	10	NACRS	2014/15 Q1
12	**Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions [5]**	Access	TBD	24.3%	22.5%	23.5%	◆	↑	6	NACRS	2014/15 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	22	●	↓	5	HCD	2014/15 Q1
14	**Readmission within 30 Days for Selected CMGs [5]**	Efficiency (Quality)	TBD	16.2%	14.8%	14.93%	◆	↓	4	DAD	2013/14 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	2014/15 Q1 data Trend analysis comparison to prior reporting period
5	2014/15 Q1 data - Most recent available data
6	No established Target; monitoring indicator only
7	Actual LHIN Performance value is fiscal year-to-date, not monthly



Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (84 days) for cancer surgery year-to-date (YTD) December performance was 97% and remains unchanged from the 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 performance targets. The Central East LHIN currently ranks fifth (of 14 LHINs) in the province in meeting the negotiated target. Wait lists for patients requiring cancer surgery remain fairly constant relative to prior year.

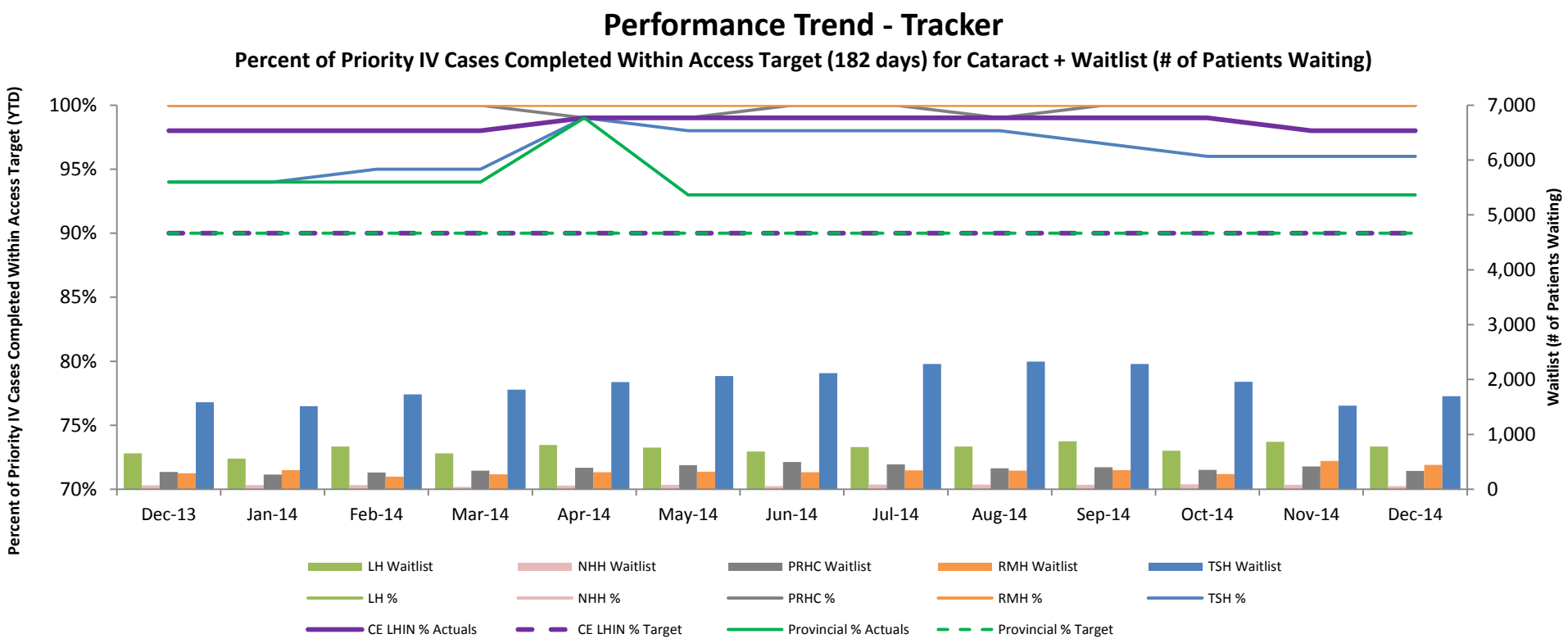
Actions/Strategies:

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. More recently, the SUBMIT tool underwent functionality upgrades to accommodate new data capture requirements for 2015/16, which are being tested and refined, in order to meet the 2015/16 Q3 deadline for implementation.

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

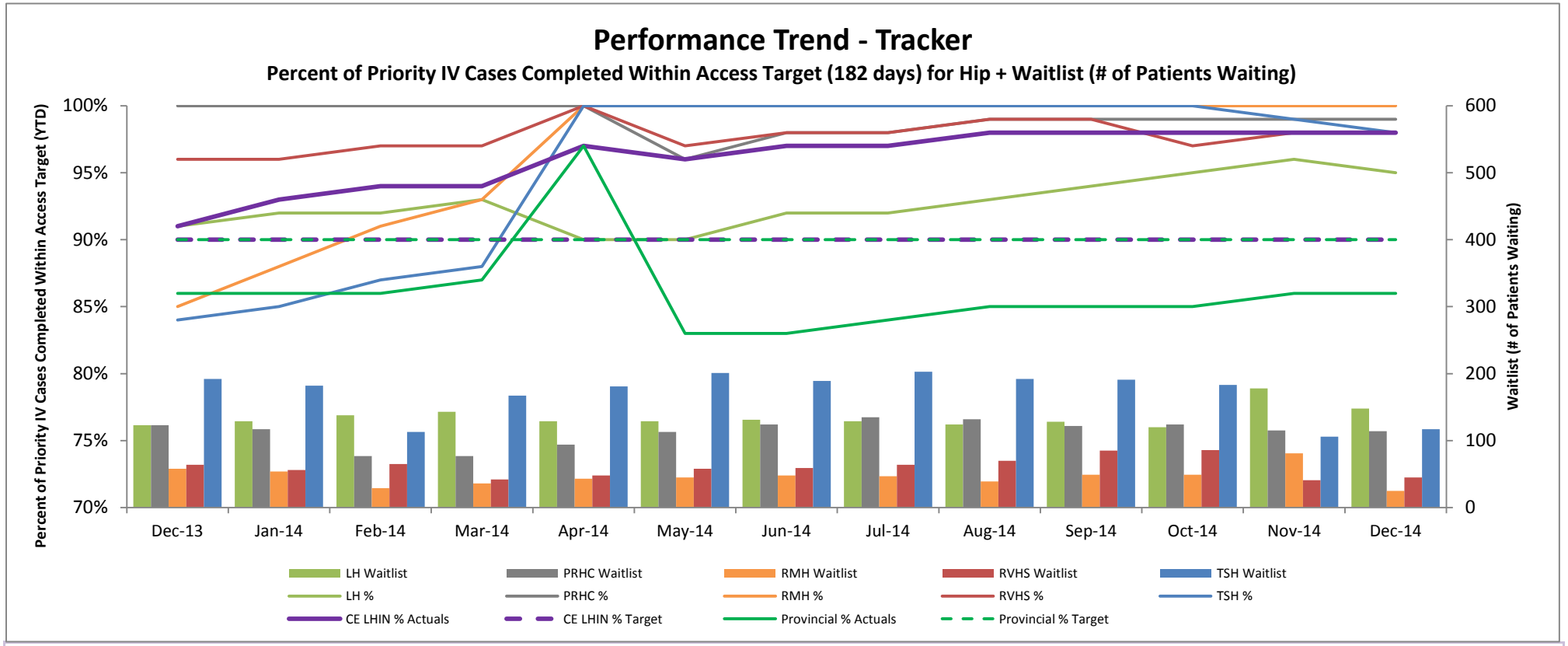


Funding/Allocations: The 2014/15 QBP volume allocations have been finalized.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for cataract surgery for YTD December was 98%. 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 second best for Cataract Surgery. Wait lists for patients requiring Cataract surgery have declined slightly over prior year, but this is partly influenced by the new definition of procedures included in Cataract volumes.

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. More recently, the SUBMIT tool underwent functionality upgrades to accommodate new data capture requirements for 2015/16, which are being tested and refined, in order to meet the 2015/16 Q3 deadline for implementation.
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 been finalized.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for hip replacement surgery for YTD December 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 second best for Hip Replacement. Wait lists of patients requiring Hip Replacements remains constant.

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.

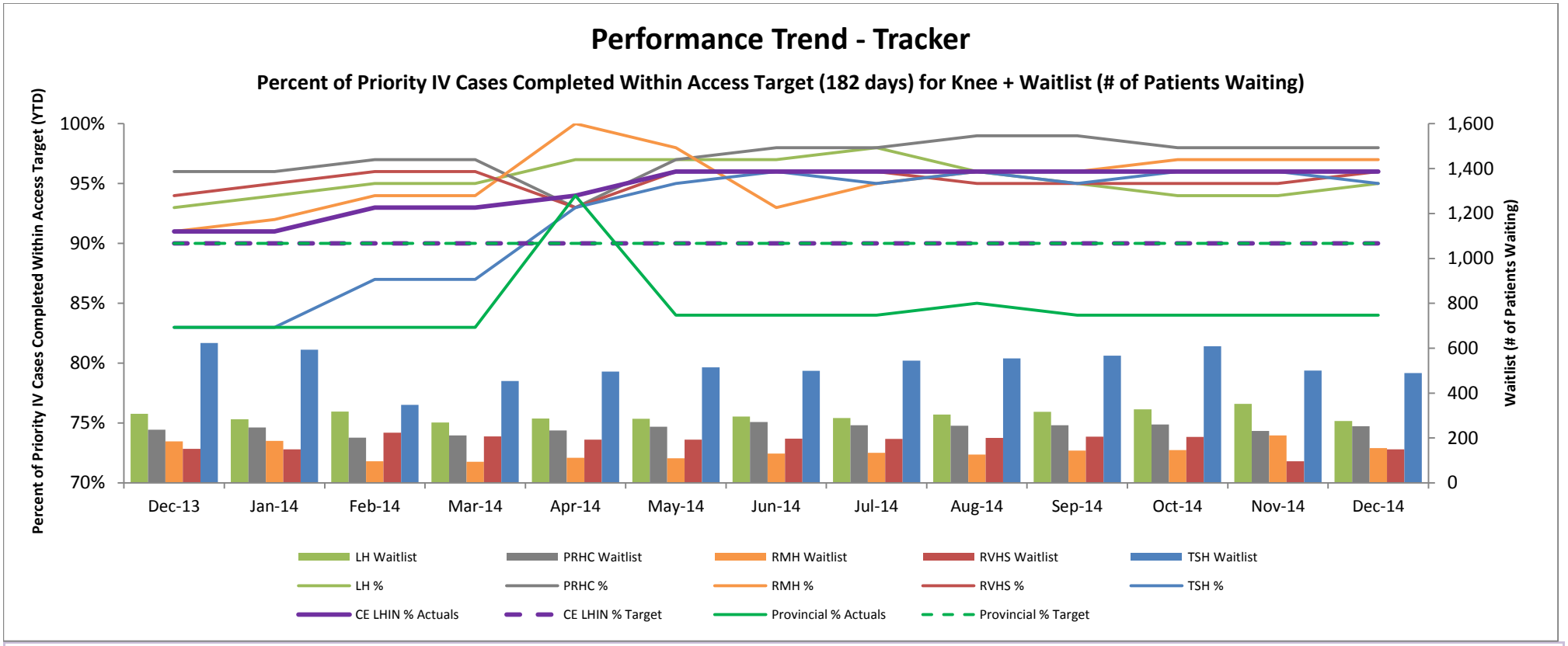
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.

3) The Central East LHIN implemented SUBMIT in June 2012 to assist with the management of wait times. More recently, the SUBMIT tool underwent functionality upgrades to accommodate new data capture requirements for 2015/16, which are being tested and refined, in order to meet the 2015/16 Q3 deadline for implementation.

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: The 2014/15 QBP allocations have been finalized.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (182 days) for knee replacement surgery was 96% for YTD December, which remains unchanged over the 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 best with the shortest wait time for Knee Replacement.

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.

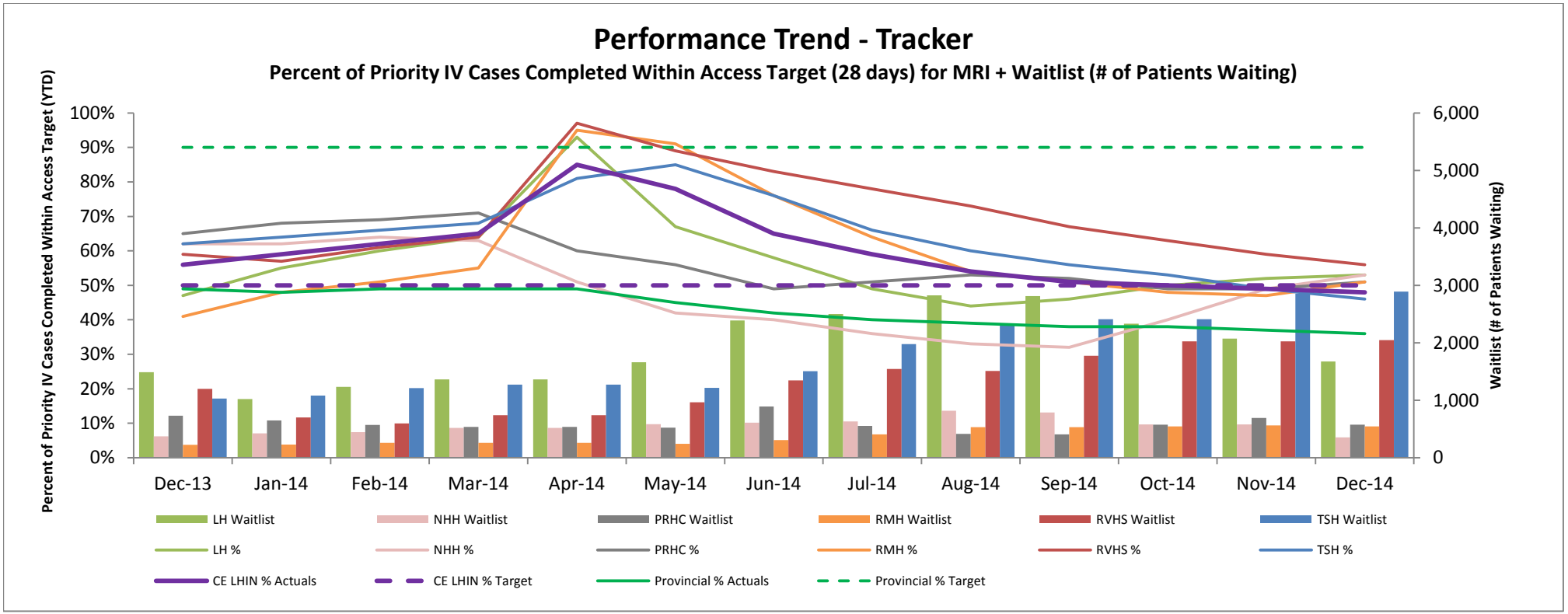
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.

3) The Central East LHIN implemented SUBMIT in June 2012 to assist with the management of wait times. More recently, the SUBMIT tool underwent functionality upgrades to accommodate new data capture requirements for 2015/16, which are being tested and refined, in order to meet the 2015/16 Q3 deadline for implementation.

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.

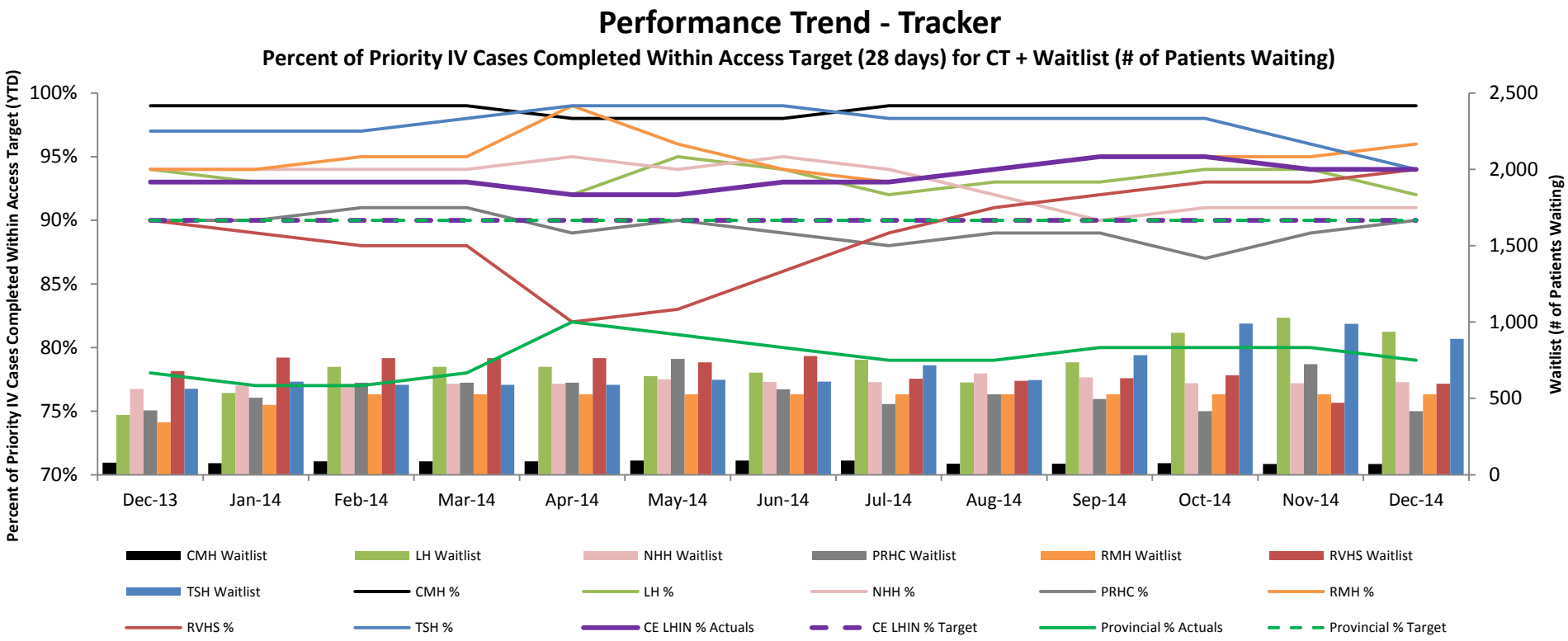


Funding/Allocations: An additional 4,599 MRI hours were purchased by the LHIN in January 2015.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (28 days) for MRI scan was 48% for YTD December which reflects decreased performance from April, when it was 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%. Facilities are dealing with reduced operating hours compared with the prior year, which is impacting performance. Facilities requested additional operating hours in Q4, as wait lists for MRI continued to increase. The Central East LHIN responded to the request by investing in additional operating hours to ensure patients receive diagnostic MRI procedures in a timely fashion. This investment expedites an informed plan of care.

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 a Diagnostic Imaging software solution to assist with the management of wait times through scheduling, booking and reporting.

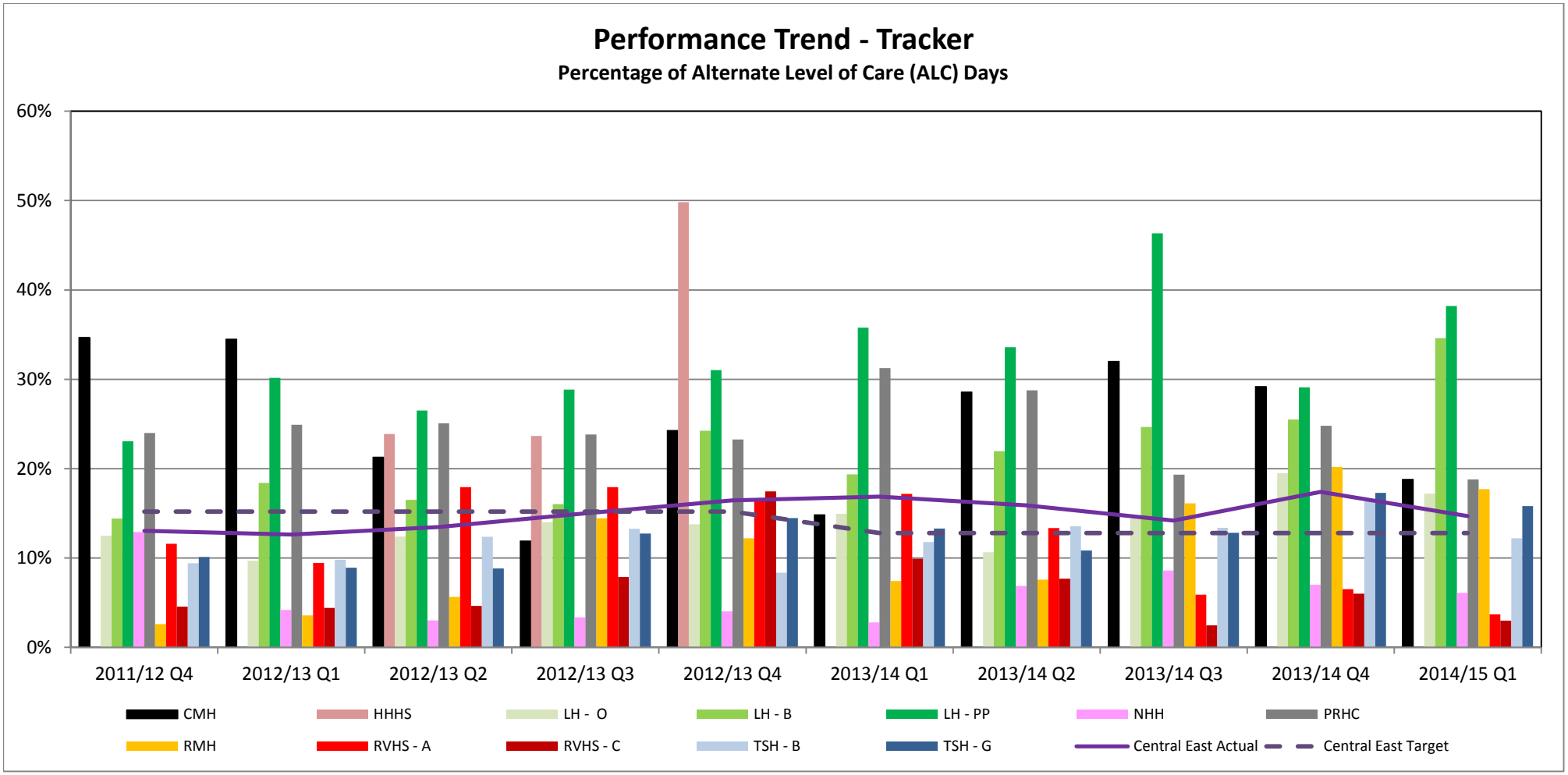


Funding/Allocations: The 2014/15 opening allocations (operating hours) have now been confirmed.

Performance: The Central East LHIN Percent of Priority IV Cases Completed Within Access Target (28 days) for CT remained steady at 94% for YTD December . 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%. Wait lists for patients requiring CT are increasing slightly for some facilities.

Actions/Strategies:

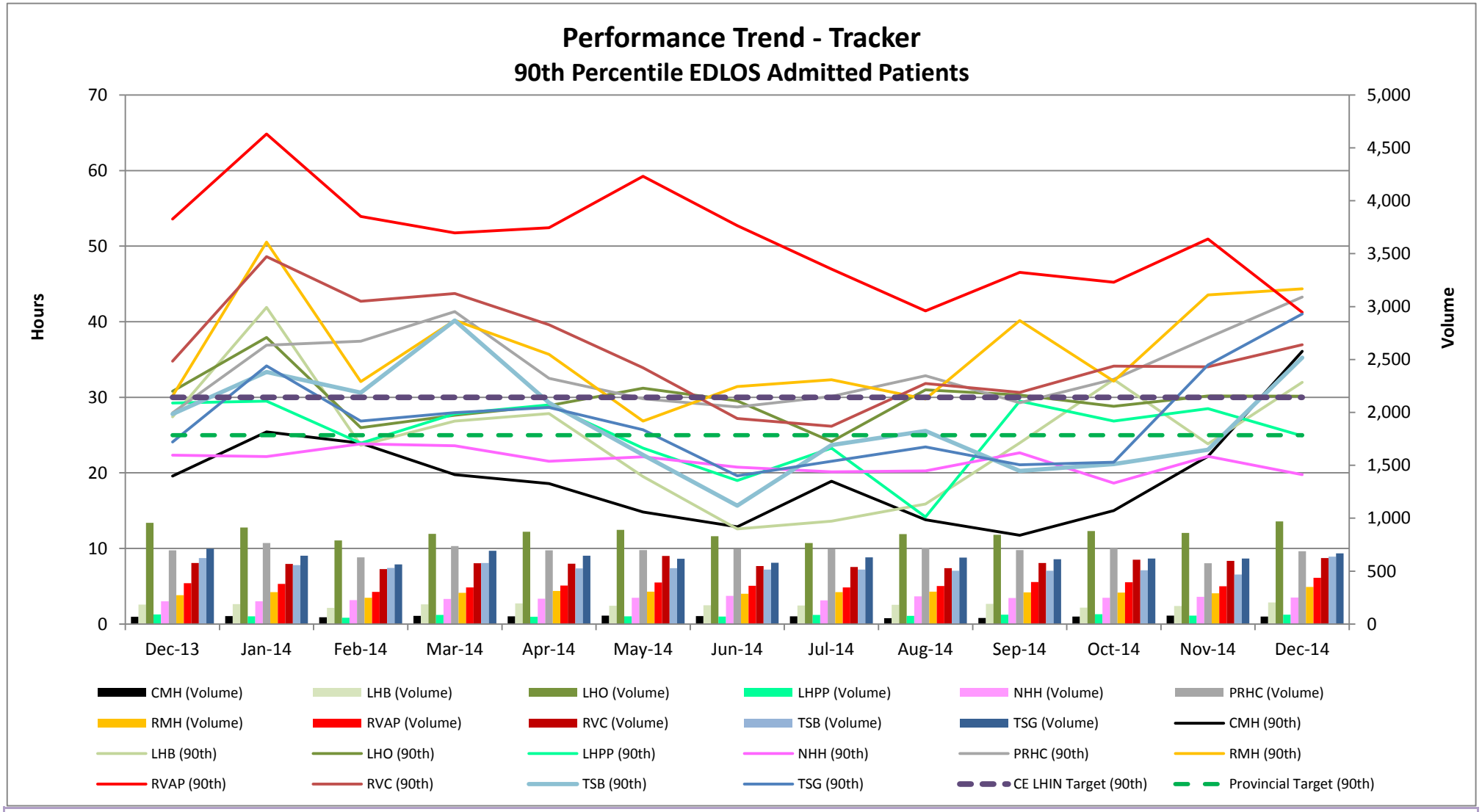
1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, 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

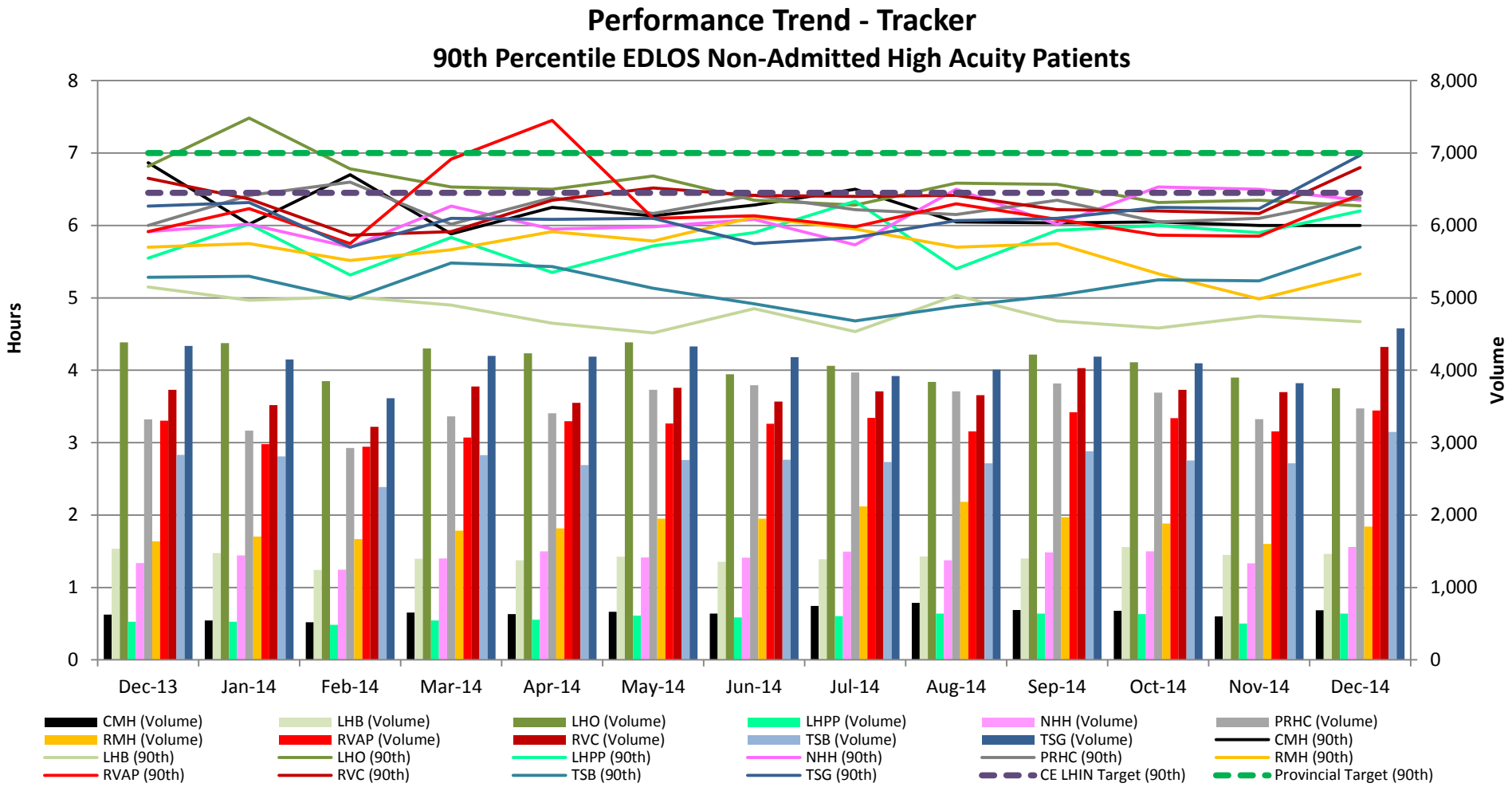
The Central East LHIN did not meet its target for this indicator for Q1 2014/15. The performance for this indicator is 2.8% lower than the previous quarter and if compared to the same period last year there has been a decrease in % ALC days of .9%.

LHIN-wide Home First steering committee chaired by the CECCAC, with representation from the LHIN, each hospital, each CSS agency, and the CCAC itself continues to monitor Home First. All ALC designation is reviewed regularly for appropriateness by the CECCAC in partnership with the HSPs. The Central East LHIN is carefully considering all options to assist with flow and will allocate community investment dollars for FY 2014-15 to strengthen the continuum of care. The programs that were funded in FY 2013-14 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. Further investments are being considered in the Assess and Restore (A&R) approach in the Central East LHIN, to help with early mobilization, improved patient outcomes and the patient's readiness for discharge. These investments along with the Senior Friendly Hospital strategy, Behavioural Supports and NPSTAT will continue to achieve optimal health for seniors



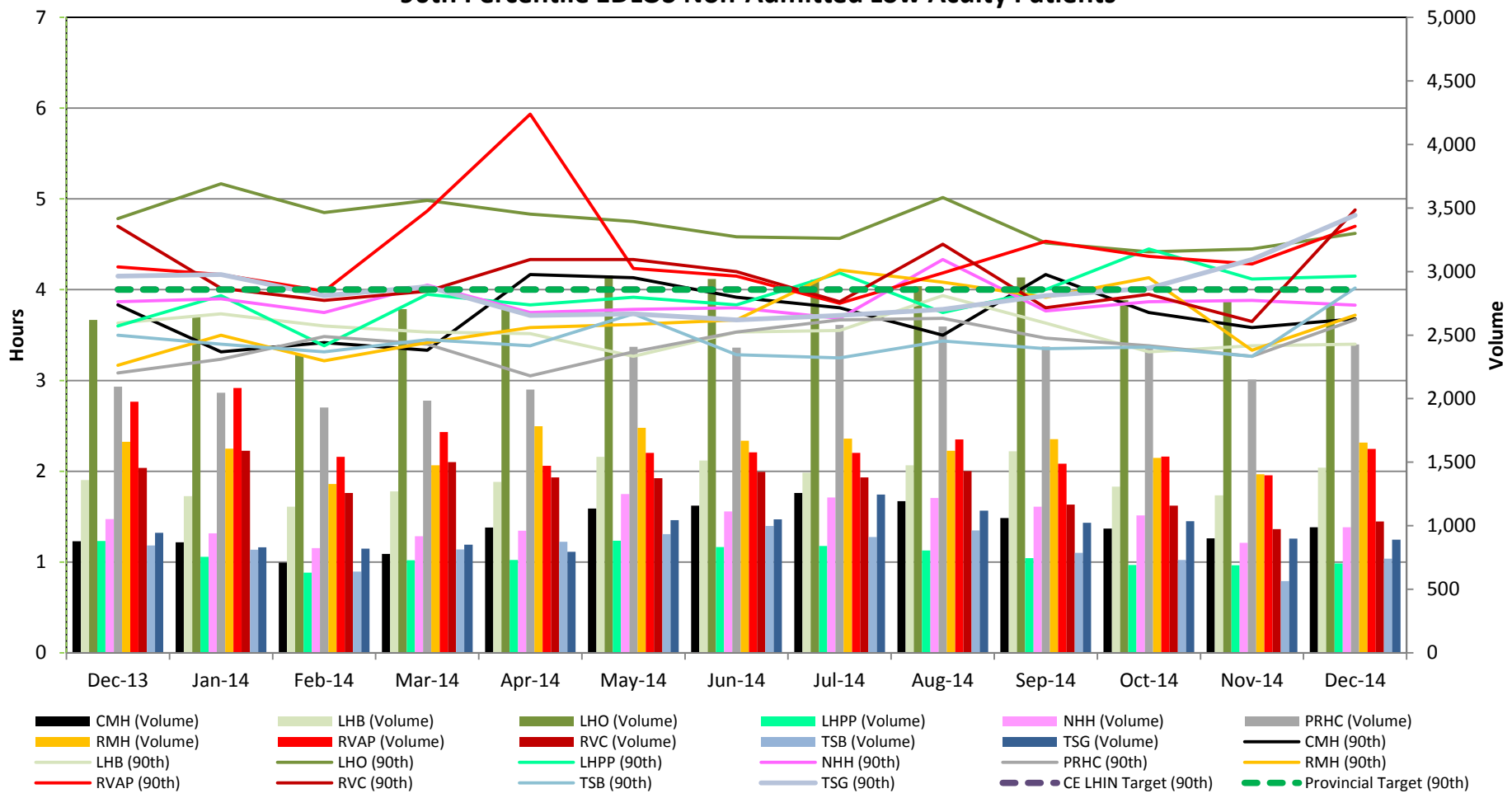
Performance Commentary

- In December of FY 2014-15, Central East LHIN performance at the 90th percentile Length of Stay in the Emergency Department for admitted patients is 37.1 hours. The 2013-14 MLPA Target is 30.0 hours.
- In December 2014, only 2 facilities met MLPA target of 30 hours in this indicator, LHPP and NHH .
- In December 2014, NHH was the top performers in this indicator at 19.8 hours.



Performance Commentary

- In December 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.
- In December 2014, RVC and TSG did not meet the MLPA target.
- In December 2014, LHB was the top performer at 4.7 hours for this indicator.

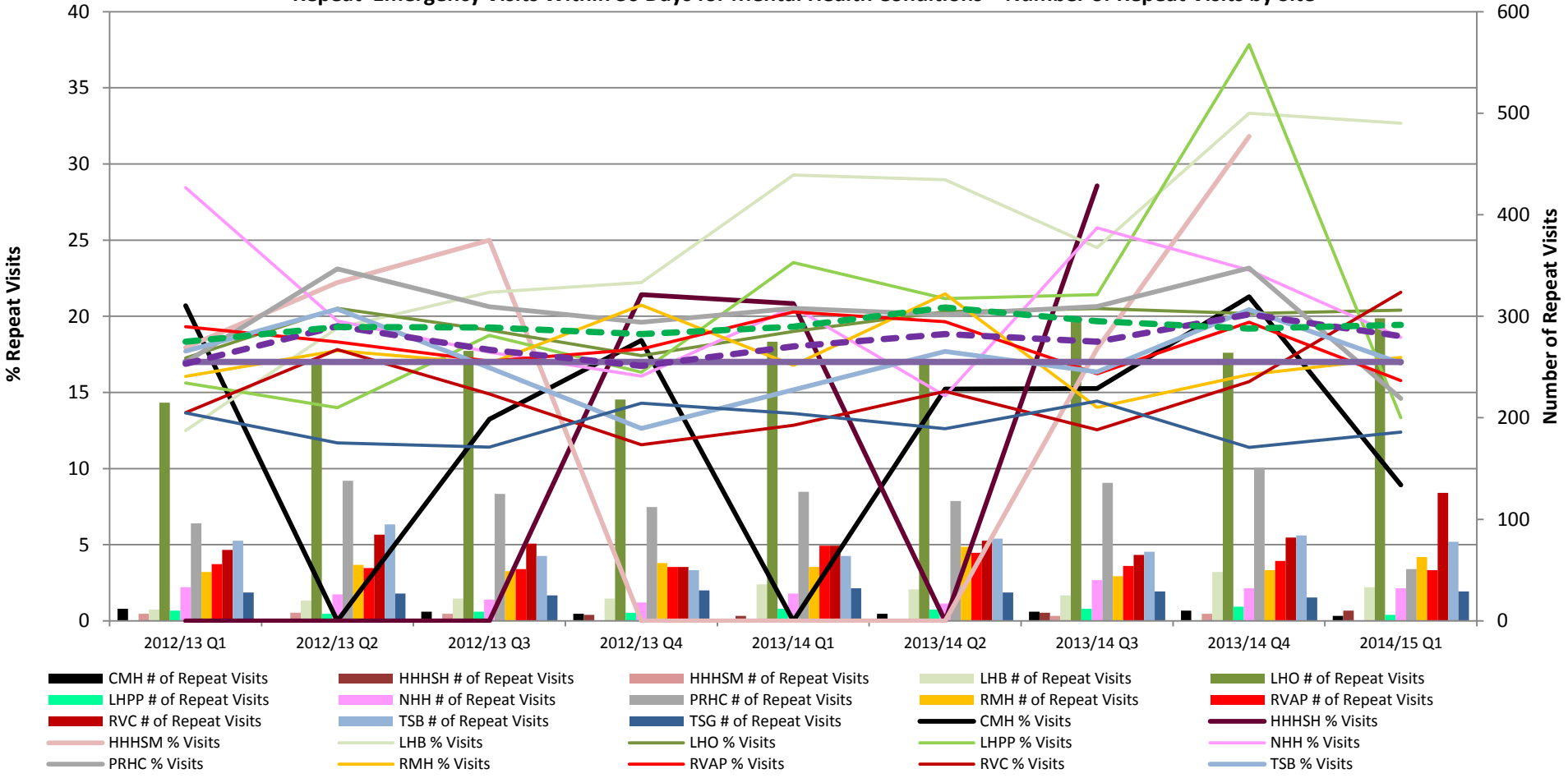


Performance Commentary

- In December 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 4.1 hours. Central East LHIN's MLPA target for 2013-14 is 4.0 hours.
- In December 2014, LHO, LHPP, RVAP, RVC and TSG did not meet the CE LHIN target of 4.0 hours.
- In December 2014, LHB was the top performer 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

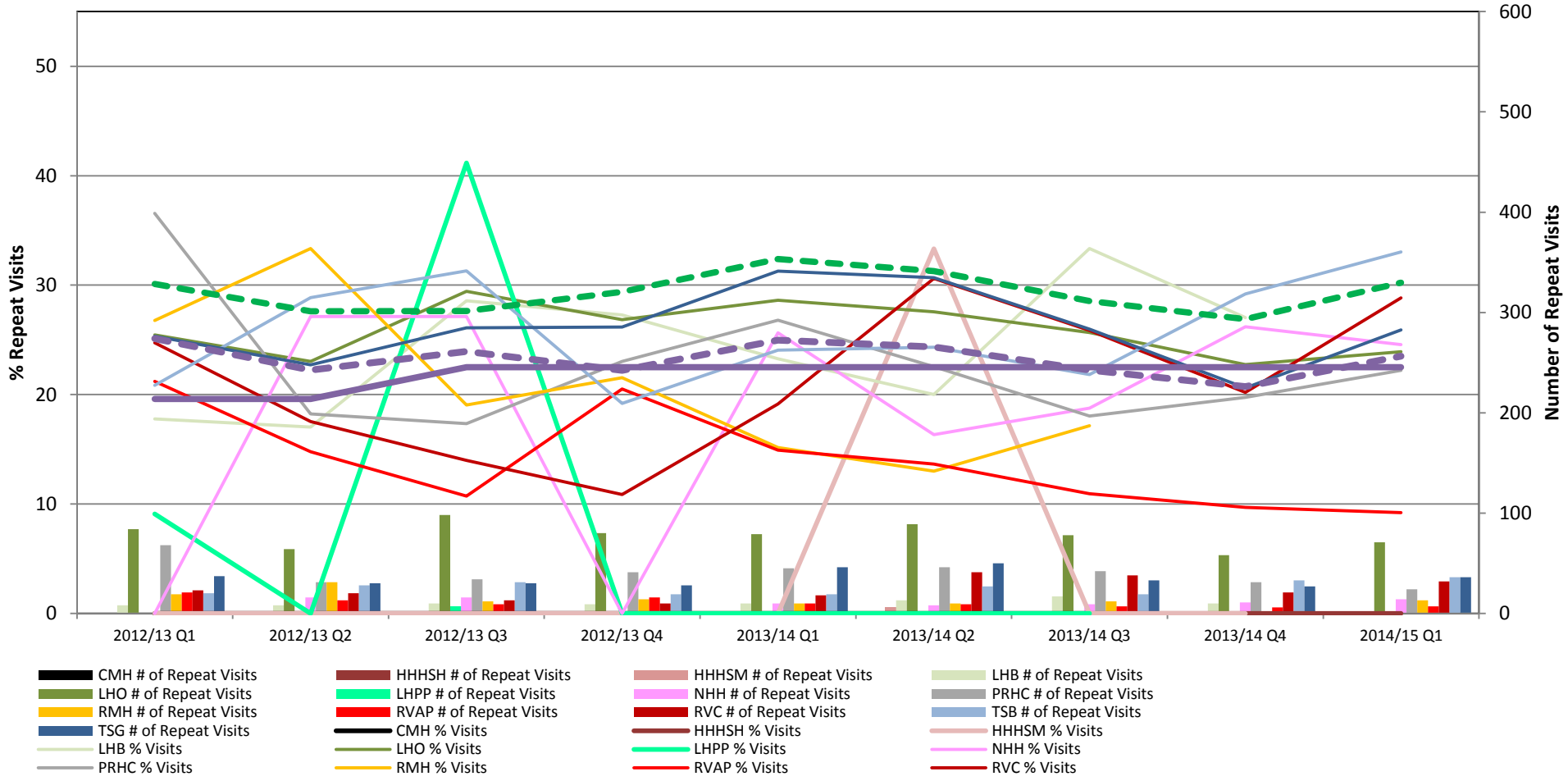


Performance Commentary

Central East LHIN did not meet the target for Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions in Q1 2014/15.
The Central East LHIN has not undertaken any new initiatives intended to achieve or move toward this target. The LHIN continues to closely monitor the Hospital to Home (H2H) Strategy in order to oversee the continuous Quality Improvement approach that has been undertaken by the Project. H2H has been implemented at Lakeridge Oshawa, the Peterborough Regional Health Centre, and Ross Memorial Hospital.
The LHIN has seen significant improvement in terms of movement toward this baseline. It is anticipated that baseline may be reached by FY 2015/16 Q1 with the implementation of the spread of the Hospital to Home Model and other system improvements currently in the planning process.

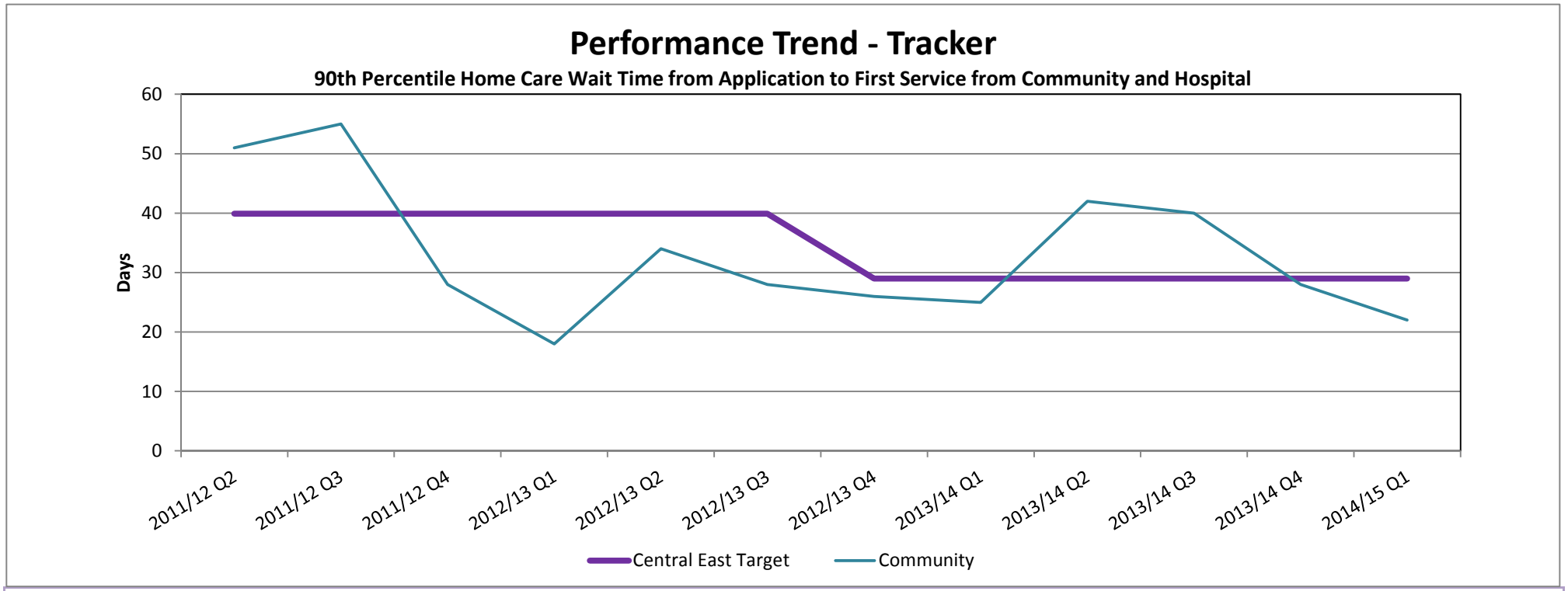
Performance Trend - Tracker

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



Performance Commentary

Central East LHIN did not meet the target for Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse in Q1 2014/15.
The Central East LHIN has not undertaken any new initiatives intended to achieve this target during Q1 2014/15. The LHIN continues to closely monitor the Hospital to Home (H2H) Project that has been implemented at Lakeridge Health Oshawa, The Peterborough Regional Health Centre, and Ross Memorial Hospital in order to oversee the continuous Quality Improvement approach that has been undertaken by this project. The LHIN expects to see improvement in this indicator by FY 2015/16 Q1 when the H2H model spread implementation has been achieved along with other systems improvements that are currently in the planning stages.



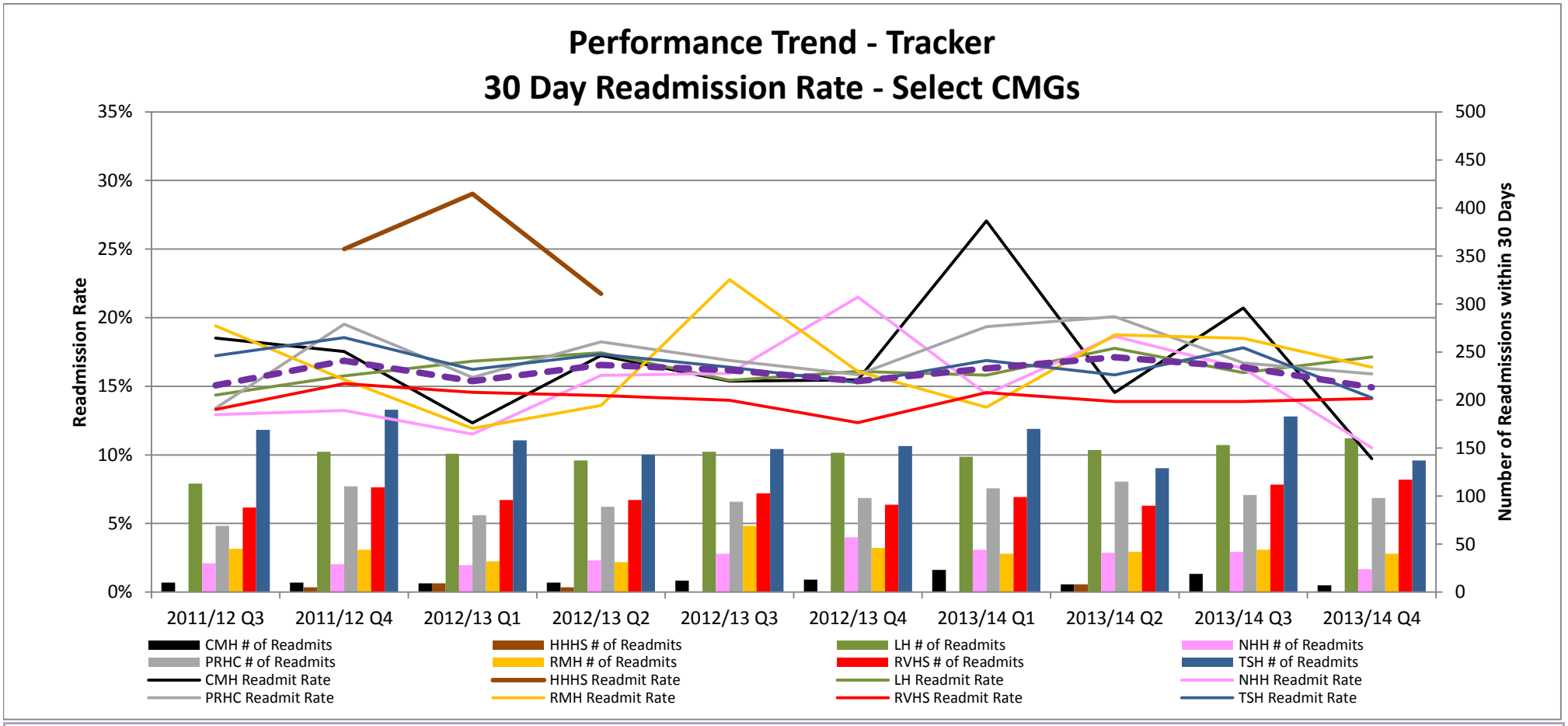
Performance Commentary

Central East LHIN met the target for 90th Percentile Wait Time from Community for CCAC In-Home Services - Application from Community Setting to first CCAC Service in Q1 2014/15.

Patients were from the Personal Support Waitlist in the third and fourth Quarter 2013/14 which resulted in an increase in the wait times. Several changes to Waitlist Criteria, including not waitlisting high needs community patients. CECCAC continued to remove patients with moderate to high needs during Q1 2014/15 which resulted in a reduction of target. As noted previously and perversely, 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.

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. With this prioritization, waitlisting of referrals from the community was initiated at the beginning of the Second Quarter to balance the demand on services. The CECCAC continues to work closely with Assisted Living for High Risk Seniors (ALHRS) programs to identify potential patients from the Personal Support Waitlist that could be transferred to the ALHRS program. This collaboration is with both the existing ALHRS programs and the six newly LHIN funded programs. Transfer of patients from the personal support waitlist to the ALHRS program will not negatively impact CCAC performance for this metric as these patients will not be brought onto the CCAC personal support service and therefore not included in CCAC 90th percentile wait times.

The Central East CCAC and Central East LHIN continue to support each other with focus on the reduction of hospital utilization. CECCAC continues 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 help CE LHIN 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. There is a continued demand for personal support services therefore 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 remain close to or improve from present results in the next quarter. However, CECCAC did make changes to the Personal Support Waitlist Criteria in July (Quarter 2) where only the very high risk patients requiring Personal Support Services will be serviced, and therefore less patients with low and moderate needs will continue to increase their wait times.



Performance Commentary

Central East LHIN did not meet its target for Readmission within 30 days for Selected CMGs in Q4 2013/14. The LHIN target is 14.8% and this quarter shows a 14.9% readmission rate.

The LHIN Diabetes and Vascular Health Team completed changes to the target amendments for the Diabetes Education Program (DEP) after the elimination of 1000 clients per year per DEP team target. These targets set a minimum caseload benchmark so that each DEP will focus on appropriate supports for patients allowing for the improved service coordination and referral patterns based on resources and criteria of care. Furthermore, the coordination of discharge to Primary care and DEPs has been an improvement focus for the Centre for Complex Diabetes Care sites located throughout the region within the settings of Lakeridge Health, Peterborough Regional Health Centre and The Scarborough Hospital.

The completed roll out of the Centralized Diabetes Intake was complete. This service is to any persons with diabetes that allows access to different resources of diabetes care (and other relevant services, i.e., self management). The ongoing synergies of the Regional Cardiovascular Rehabilitation and Secondary Prevention performance indicators have met the targets for this quarter within its volumes, referral quality and compliance. These interventions/initiatives can have an impact on the rate of readmissions within the vascular CMGs. This shows a significant improvement of 1.5% from Q3. Continued system improvements including cluster-based diabetes collaborative strategies across the LHIN, Stroke QBPs improvement models, harmonization and expansion of the Centralized Cardiac rehabilitation and secondary prevention with Centralized Diabetes Intake, the improvements in service delivery and coordination of care should lead to achieving the baseline target by Q1 2014.