MINISTRY/LHIN PERFORMANCE AGREEMENT (MLPA)
Central East LHIN MLPA PERFORMANCE INDICATOR DASHBOARD
PERFORMANCE TREND - TRACKING REPORT
February 2015

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CENTRAL EAST LHIN

MLPA PERFORMANCE INDICATOR DASHBOARD

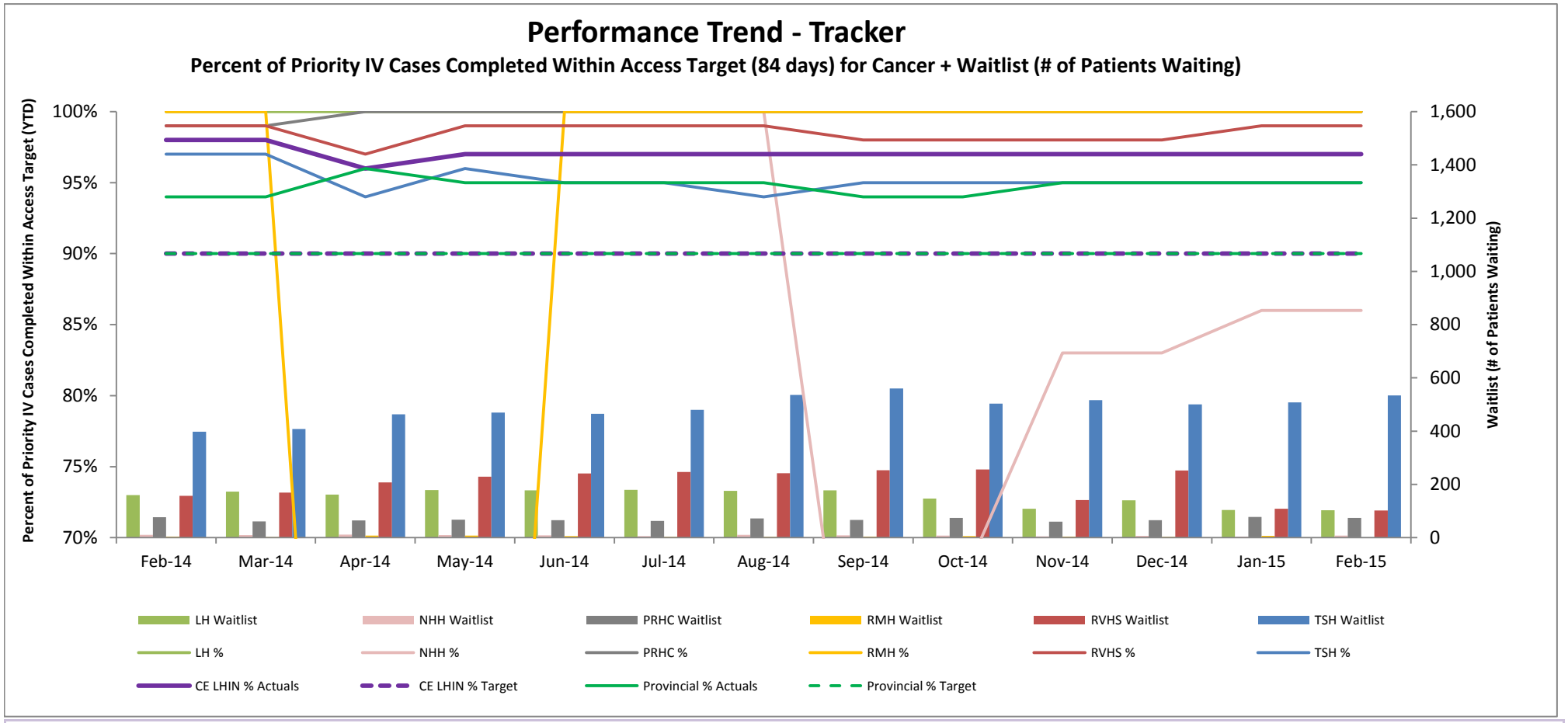
Performance effective as of:

February 2015

	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	February 2015
2	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract Surgery [7]**	Access	90%	99%	90%	98%	●	↔	2	WTIS	February 2015
3	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip Replacement Surgery [7]**	Access	90%	96%	90%	97%	●	↔	1	WTIS	February 2015
4	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Knee Replacement Surgery [7]**	Access	90%	96%	90%	96%	●	↔	1	WTIS	February 2015
5	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic MRI Scan [7]**	Access	90%	47%	50%	50%	●	↑	1	WTIS	February 2015
6	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic CT Scan [7]**	Access	90%	91%	90%	93%	●	↔	3	WTIS	February 2015
7	**Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution [4]**	Integration	9.46%	13.48%	12.8%	14.0%	◆	↓	8	DAD	2014/15 Q2
8	**90th Percentile ER Length of Stay for Admitted Patients**	Access	25 hours	33.72	30.0	37.9	◆	↓	12	ERNI	February 2015
9	**90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients**	Access	7 hours	6.45	6.45	6.05	●	↓	2	ERNI	February 2015
10	**90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients**	Access	4 hours	4.13	4.00	3.93	●	↓	8	ERNI	February 2015
11	**Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions [5]**	Access	TBD	18.6%	17.0%	18.8%	◆	↑	10	NACRS	2014/15 Q2
12	**Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions [5]**	Access	TBD	24.3%	22.5%	26.9%	◆	↑	8	NACRS	2014/15 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	21	●	↓	4	HCD	2014/15 Q2
14	**Readmission within 30 Days for Selected CMGs [5]**	Efficiency (Quality)	TBD	16.2%	14.8%	17.3%	◆	↑	11	DAD	2014/15 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	2014/15 Q2 data Trend analysis comparison to prior reporting period
5	2014/15 Q2 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 2014/15 Central East LHIN target for Percent of Priority IV Cases Completed Within Access Target (84 days) for cancer surgery is 90%. The Central East LHIN year-to-date performance through February 2015 was 97%. This level of performance was unchanged from the prior month. 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 it currently does not have any additional cancer volumes beyond base, and its base volumes are small. Wait lists for patients requiring cancer surgery remain fairly constant relative to prior year. The Central East LHIN currently ranks 5th best in the province in meeting the negotiated target for cancer surgery.

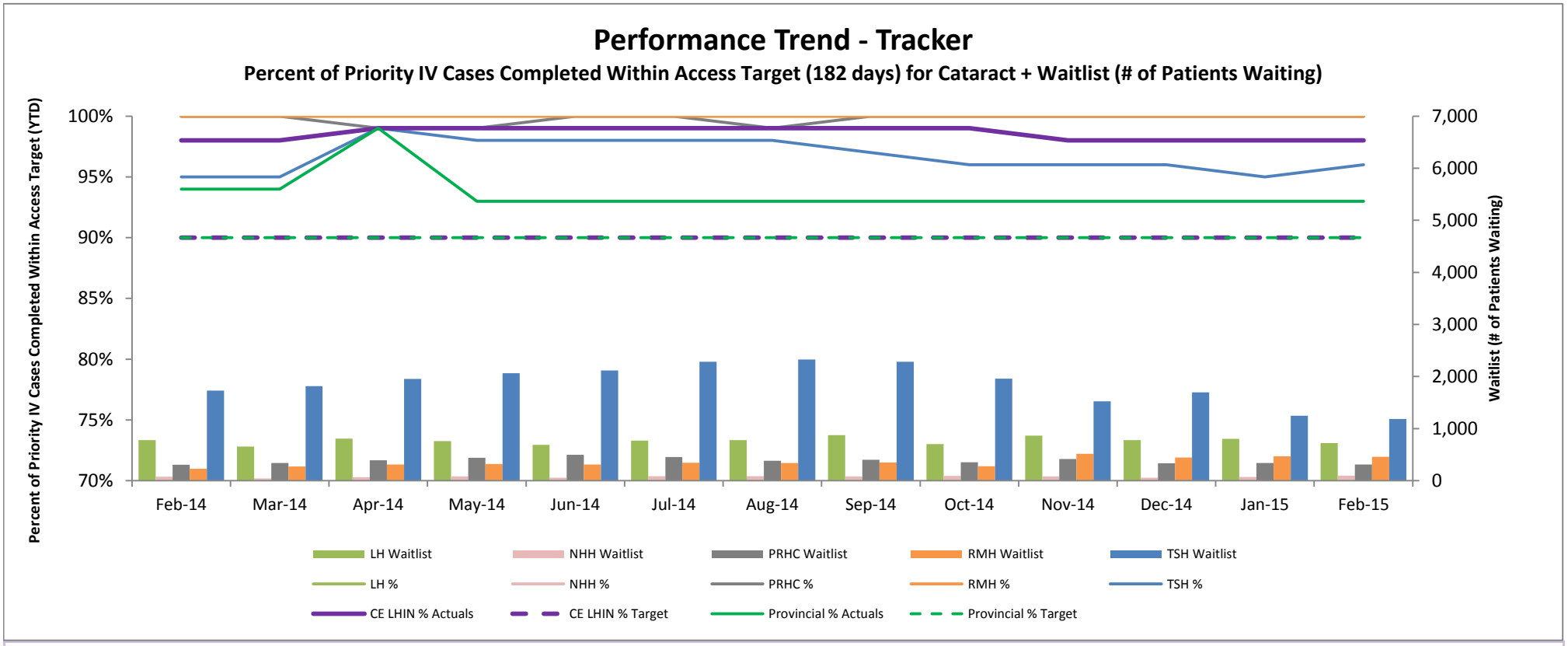
Actions/Strategies:

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 2014/15 Central East LHIN target for Percent of Priority IV Cases Completed Within Access Target (182 days) for cataract surgery is 90%. The Central East LHIN year-to-date performance through February 2015 was 98%. All hospitals performed at or above the Central East LHIN target, with NHH, RMH, PRHC and LH achieving 100%. 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. Many Central East LHIN providers are forecasting actual volumes above the funded volumes. The Central East LHIN will continue to advocate for addtional funded voumes that will better reflect patient need.The Central East LHIN currently ranks 2nd best in the province in meeting the negotiated target for cataract surgery.**

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.

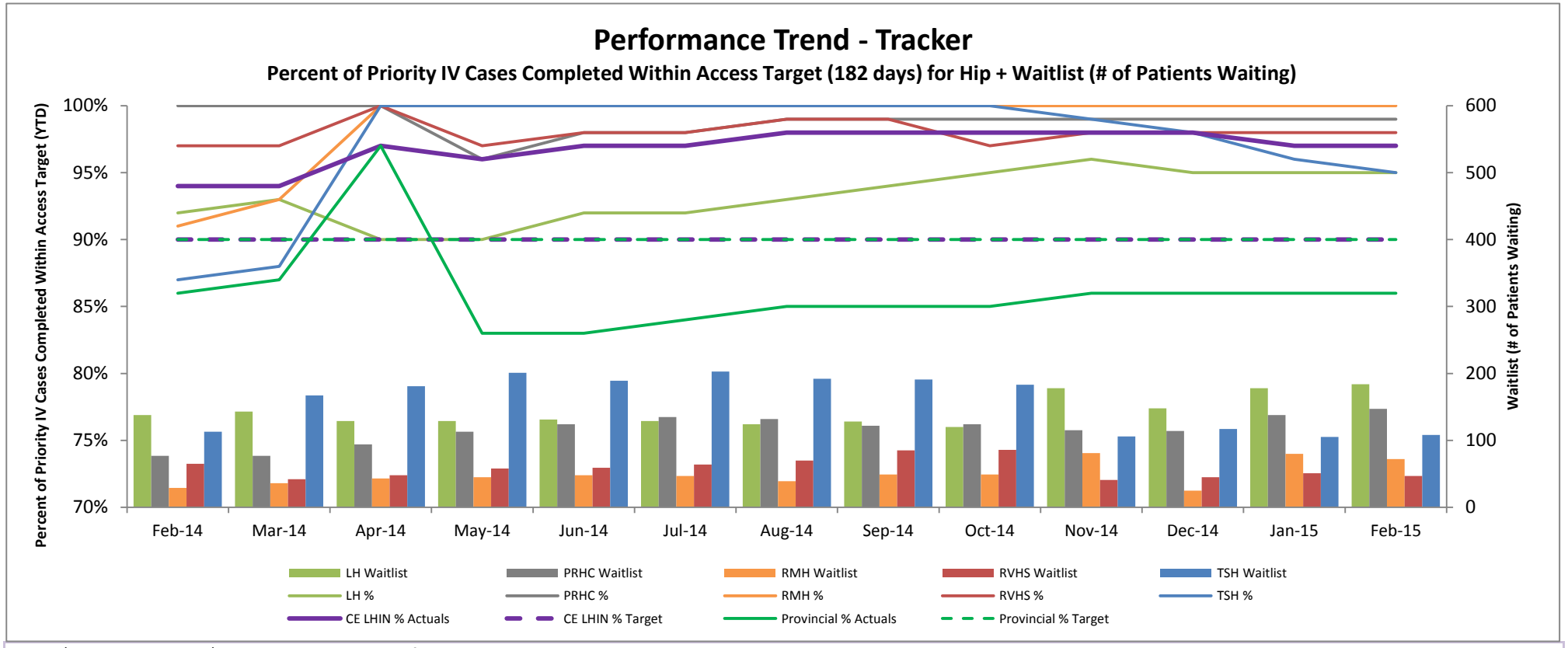
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.

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. Working with the Provincial Vision Strategy Task Force, the objective is to create and advance, both locally and province wide, improved Vision Care Services while also focusing on improved health outcomes at the LHIN level for individuals experiencing vision care challenges (February 2015 update).

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.

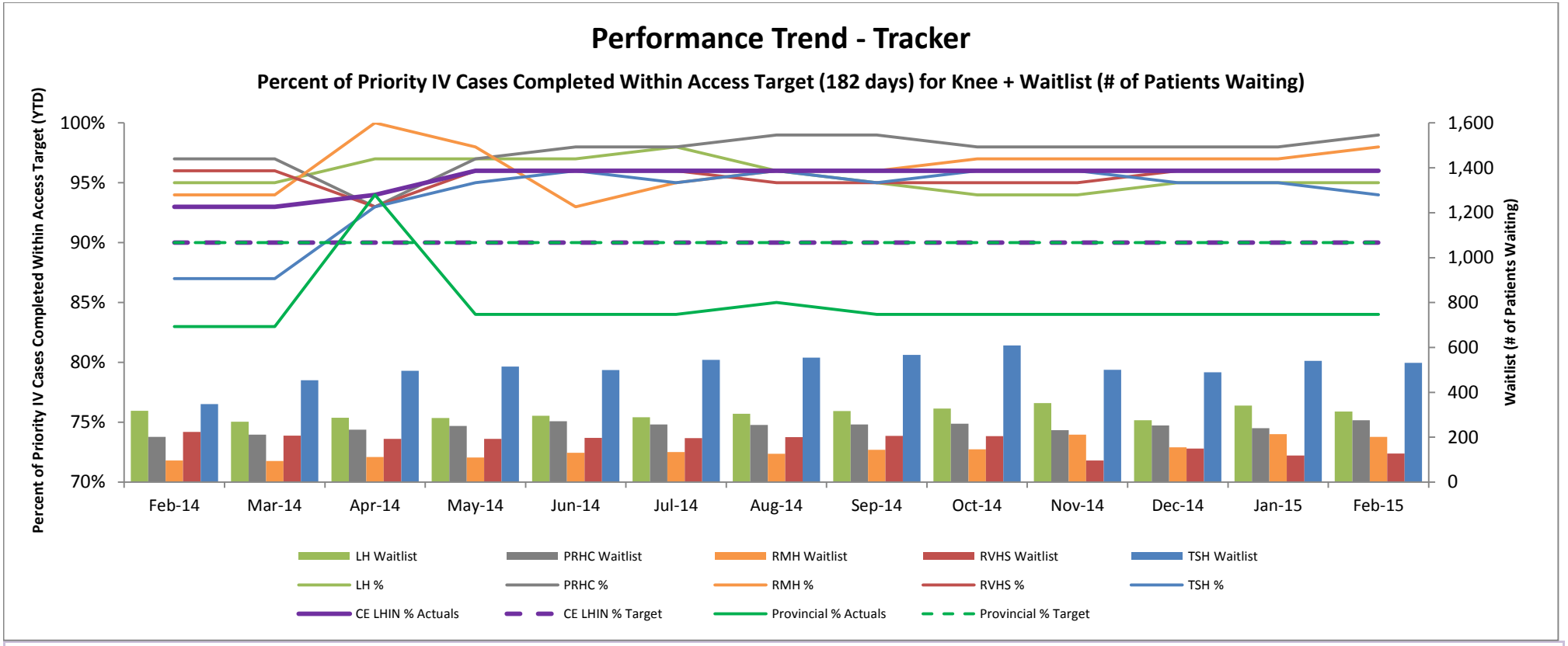


Funding/Allocations: The 2014/15 QBP allocations have been finalized.

Performance: The 2014/15 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target (182 days) for hip replacement surgery" is 90%. The Central East LHIN year-to-date performance through February 2015 was 97%. 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. Wait lists of patients requiring hip replacements remains constant. Some of our providers are forecasting actual volumes above the funded volumes. The Central East LHIN will continue to advocate for funded volumes that will better reflect patient need. The Central East LHIN currently ranks best in the province in meeting the negotiated target for hip replacement surgery.

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. The Integrated Orthopaedic Capacity Planning (IOCP) Committee continue to have ongoing discussion regarding geographic siting for Orthopaedic procedures across the Central East LHIN providers (February 2015 update).
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 2014/15 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target (182 days) for knee replacement surgery" is 90%. The Central East LHIN year-to-date performance through February 2015 was 96%. All hospitals are achieving or exceeding their respective access targets, and are currently forecasting that this trend will continue. Some Central East LHIN providers are forecasting actual volumes above the funded volumes. The Central East LHIN will continue to advocate for funded voumes that will better reflect patient need. The Central East LHIN currently ranks best in the province in meeting the negotiated target for knee replacement surgery.

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. The Integrated Orthopaedic Capacity Planning (IOCP) Committee continue to have ongoing discussion regarding geographic siting for Orthopaedic procedures across the Central East LHIN providers (February 2015 update).
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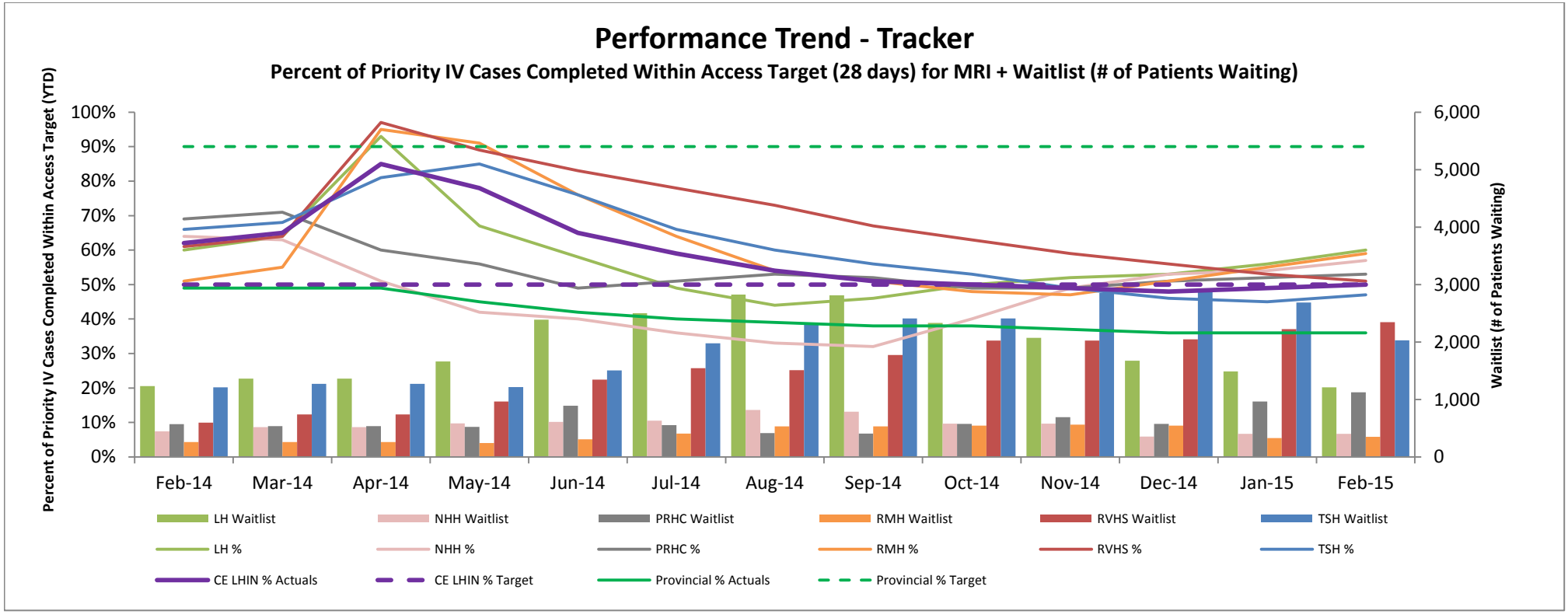
6) Volumes are allocated among hospitals to optimize wait time performance.

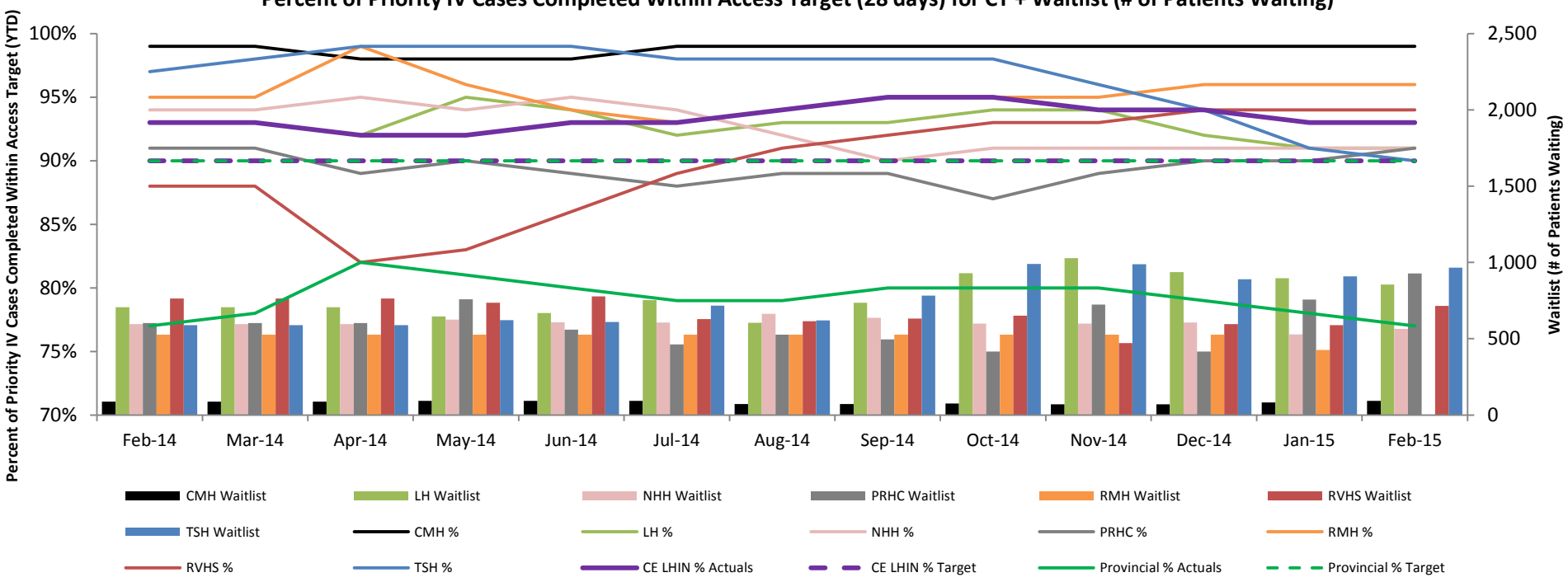


Funding/Allocations: An additional 4,599 MRI hours were purchased by the LHIN in January 2015.

Performance: The 2014/15 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target (28 days) for MRI scan" is 50%. The Central East LHIN year-to-date performance through February 2015 was 53%, which reflects decreased performance from April, when it was 85% (excluding Independent Health Facilities [IHFs])). 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. The current performance is significantly improved from prior quarter (48%), which supports this ivestment. Although month over month the TSH has experienced a decline in performance due to increasing wait lists, the TSH YTD performance is within the LHIN target performance corridor. The Central East LHIN will continue to advocate for funded voumes that will better reflect patient need. The Central East LHIN currently ranks best in the province in meeting the negotiated target for MRI scans.

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. The Access to Care Wait Time Expansion project mandates additional data capture, which is expected to be implemented in 2015/16 Q3. This data capture has already been identified as a significant challenge for some of our providers.

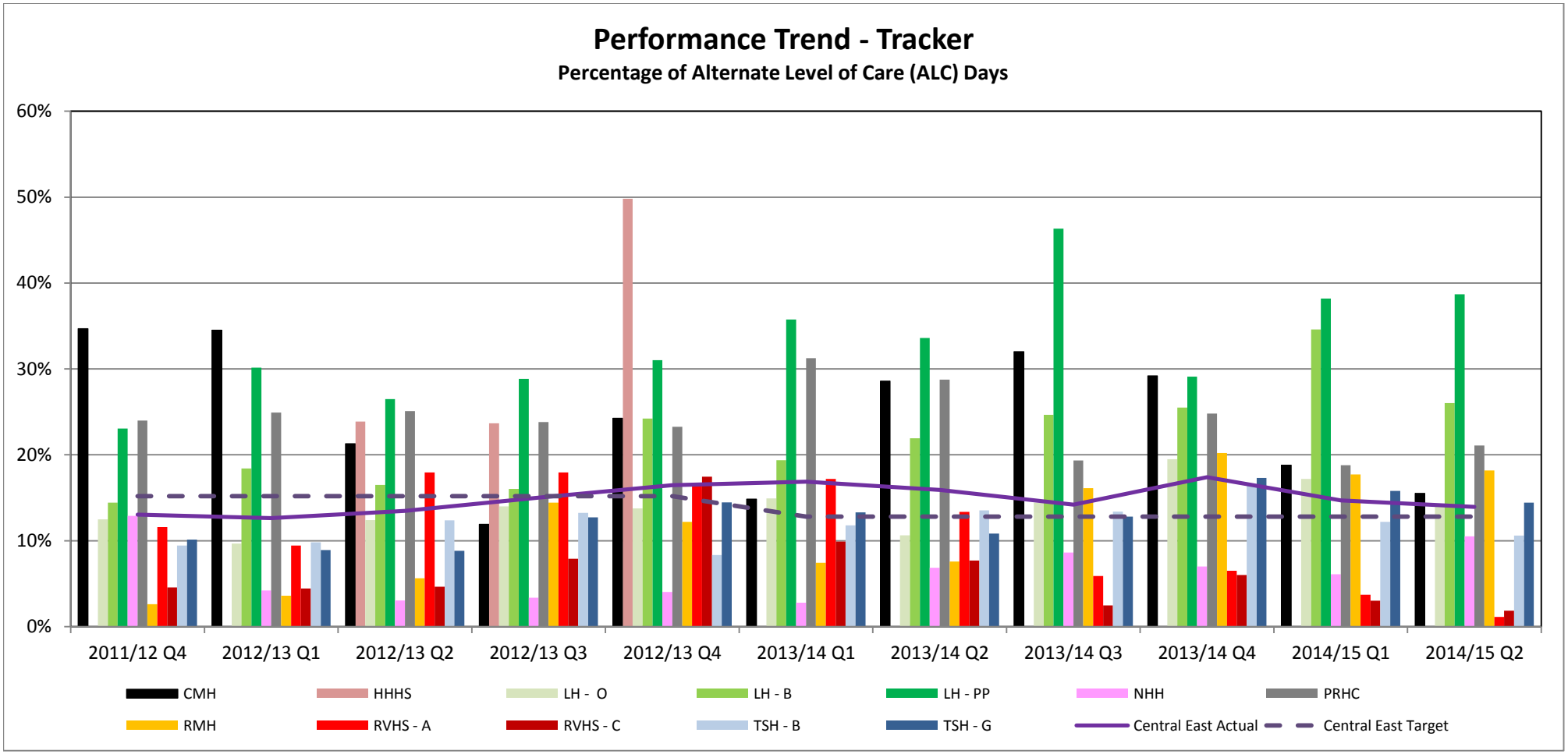


Funding/Allocations: The 2014/15 opening allocations (operating hours) have now been confirmed.

Performance: The 2014/15 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target (28 days) for CT scan" is 90%. The Central East LHIN year-to-date performance through February 2015 was 92%. RVHS has now implemented an action plan to address those patients with long wait times by changing its booking schedule. As a result, RVHS has already realized noted improvements in its wait times. Wait lists for patients requiring CT are increasing slightly for some facilities. The Central East LHIN currently ranks 3rd best in the province in meeting the negotiated target for CT scans.

Actions/Strategies:

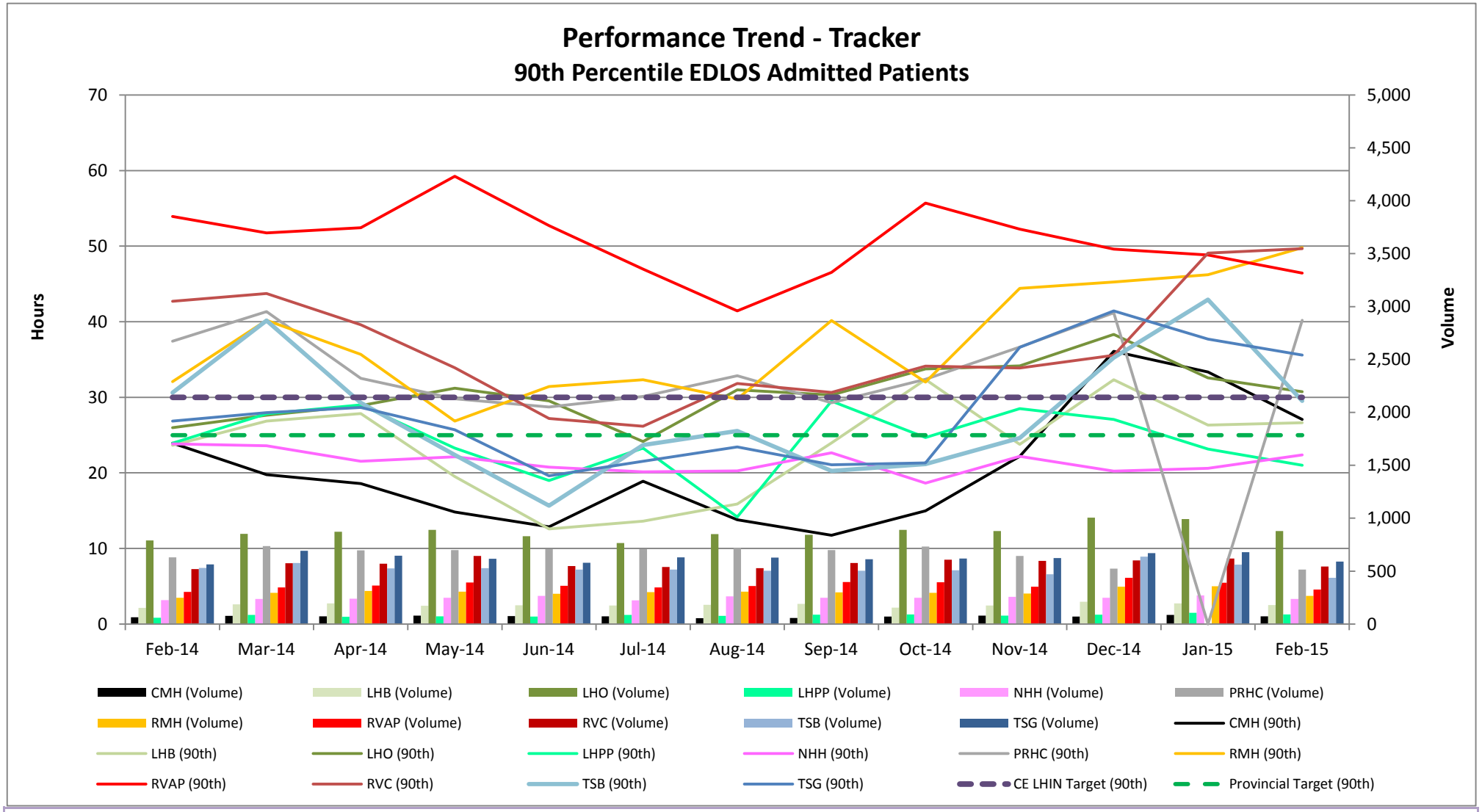
1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, 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 a Diagnostic Imaging software solution to assist with the management of wait times through scheduling, booking and reporting. The Access to Care Wait Time Expansion project mandates additional data capture, which is expected to be implemented in 2015/16 Q3. This data capture has already been identified as a significant challenge for some of our providers.



Performance Commentary

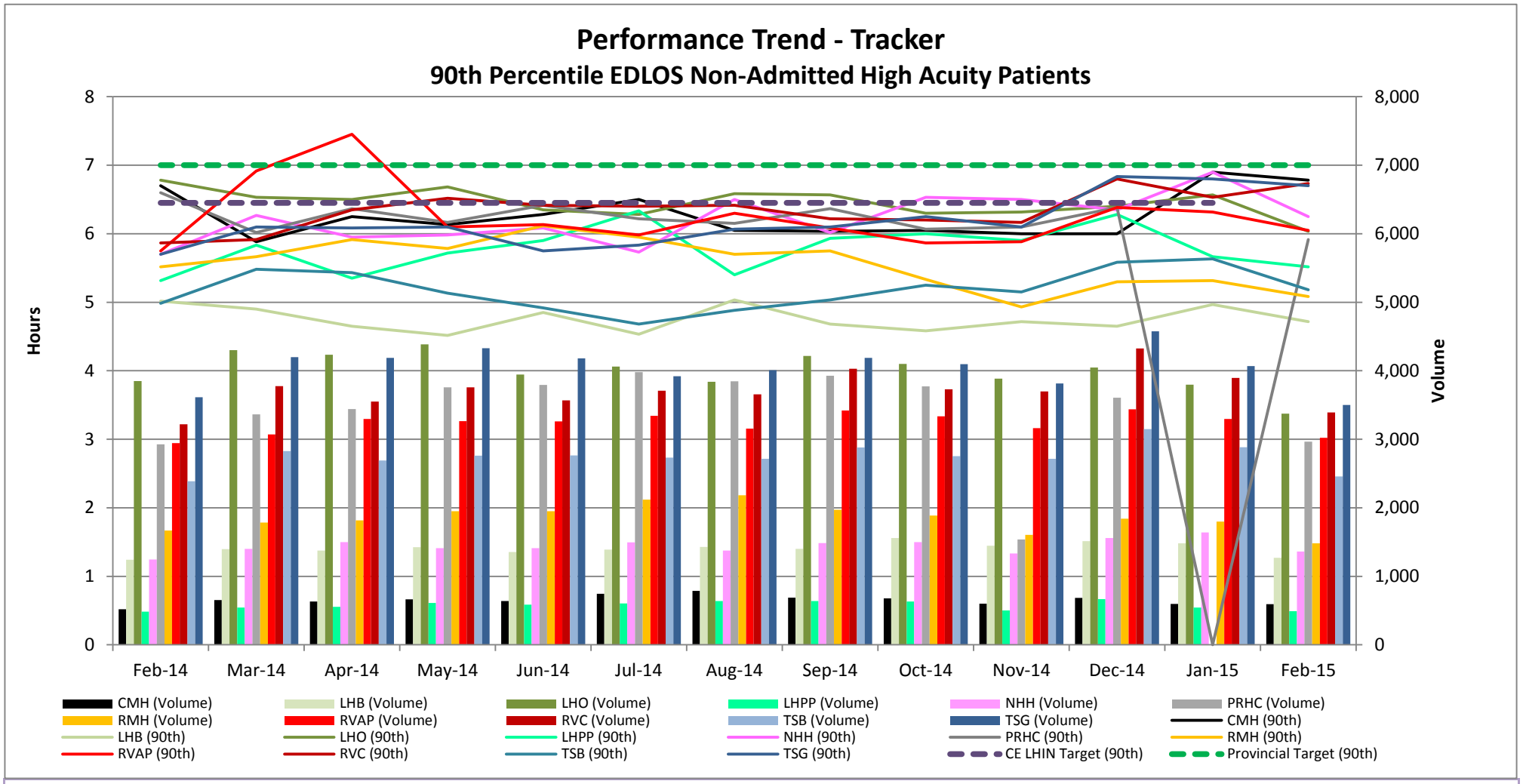
The Central East LHIN did not meet its target for this indicator for Q2 2014/15. The performance for this indicator is 0.7% lower than the previous quarter and if compared to the same period last year there has been a decrease in % ALC days of 1.6%.

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. The Central East LHIN is also investing in a system centred approach for restorative care - Assess and Restore (A&R) that will assess patients directly in the Emergency Department (ED) and prevent acute care admission through clinical support and access to A&R. The LHIN 2014/15 community investment continues to support accessibility to community based health services for individuals with complex and long-term medical, physical, social and/or cognitive conditions and allowing them to stay in their home and communities



Performance Commentary

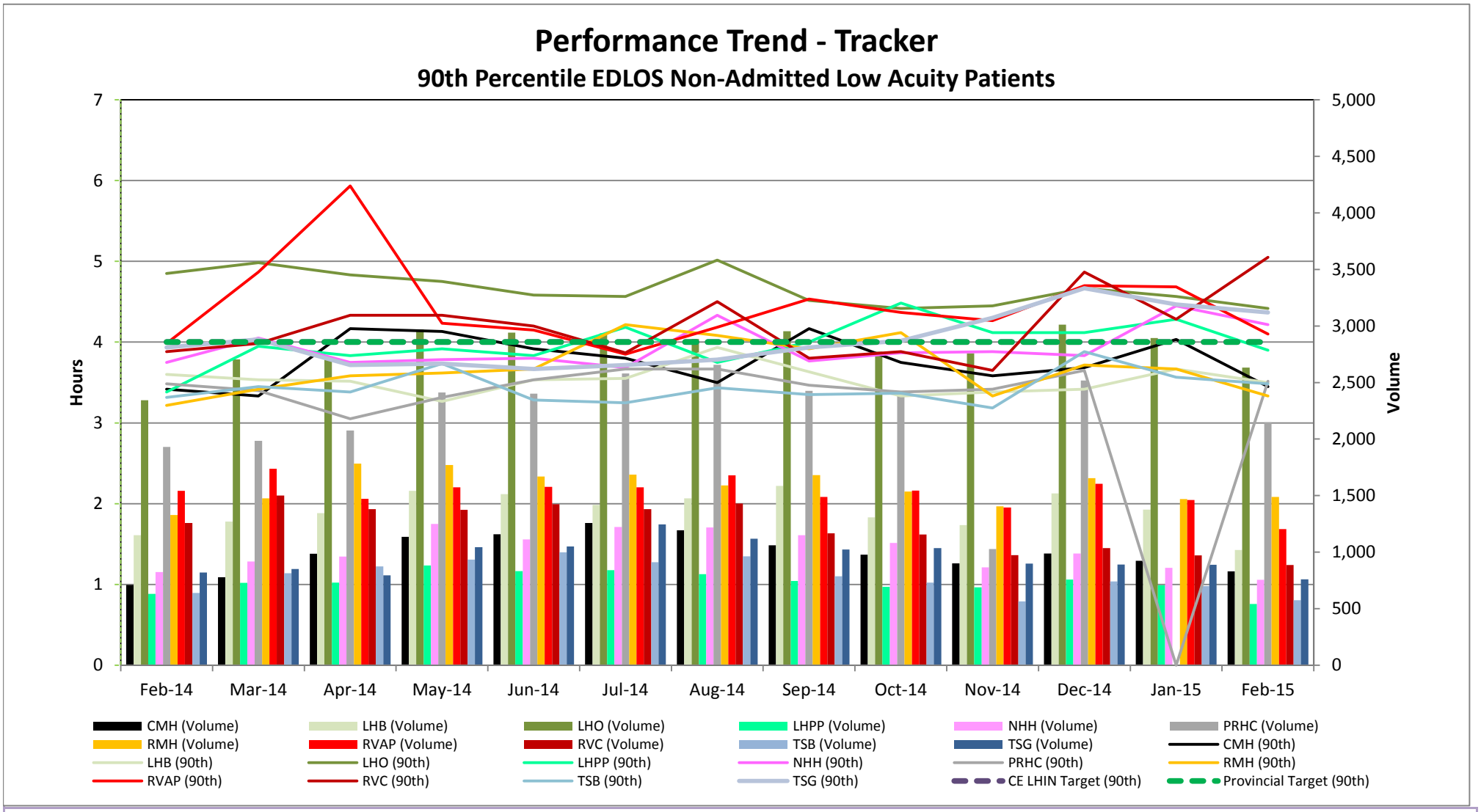
- In February of FY 2014-15, Central East LHIN performance at the 90th percentile Length of Stay in the Emergency Department for admitted patients is 37.9 hours. The 2014-15 MLPA Target is 30.0 hours.
  Note: PRHC data was not included due to a Reporting Issue in January.
- In February 2015, only CMH, LHB, LHPP, NHH and TSHB met or exceeded the MLPA target of 30 hours in this indicator.
- In February 2015, LHPP was the top performers in this indicator at 21.0 hours.



Performance Commentary

- In February 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 6.05 hours. The Central East LHIN MLPA target for 2014-15 is 6.45 hours.

  Note: PRHC data was not included due to a Reporting Issue in January.
- In February 2015, CMH, RVC and TSG did not meet the MLPA target.
- In February 2015, LHB was the top performer at 4.7 hours for this indicator.

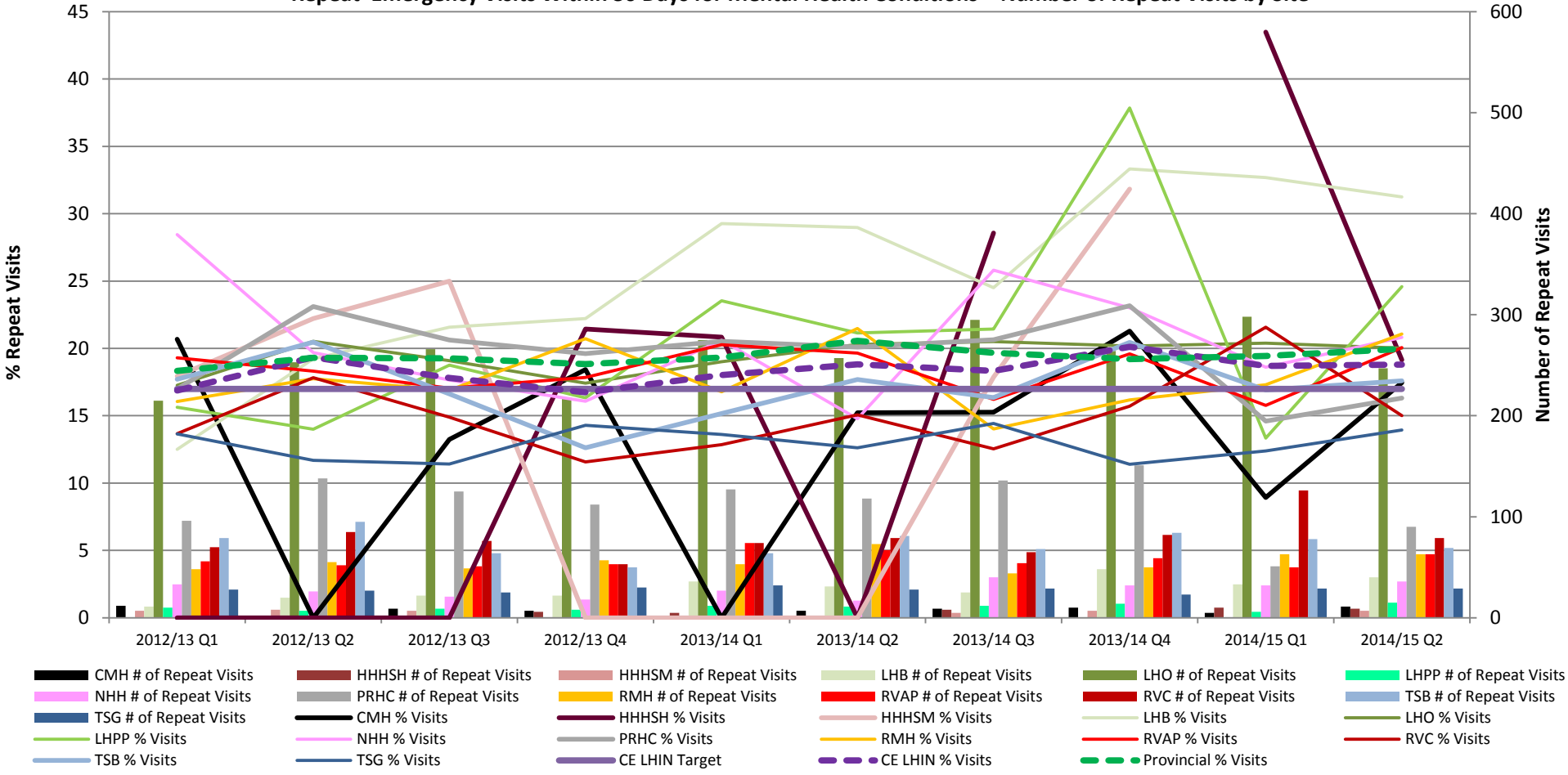


Performance Commentary

- In February 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 3.9 hours. Central East LHIN's MLPA target for 2014-15 is 4.0 hours. Note: PRHC data was not included due to a Reporting Issue in January.
- In February 2015, LHO, NHH, RVAP, RVC and TSHG did not meet the CE LHIN target of 4.0 hours.
- In February 2014, RMH was the top performer in this indicator at 3.3 hours.

Performance Trend - Tracker

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



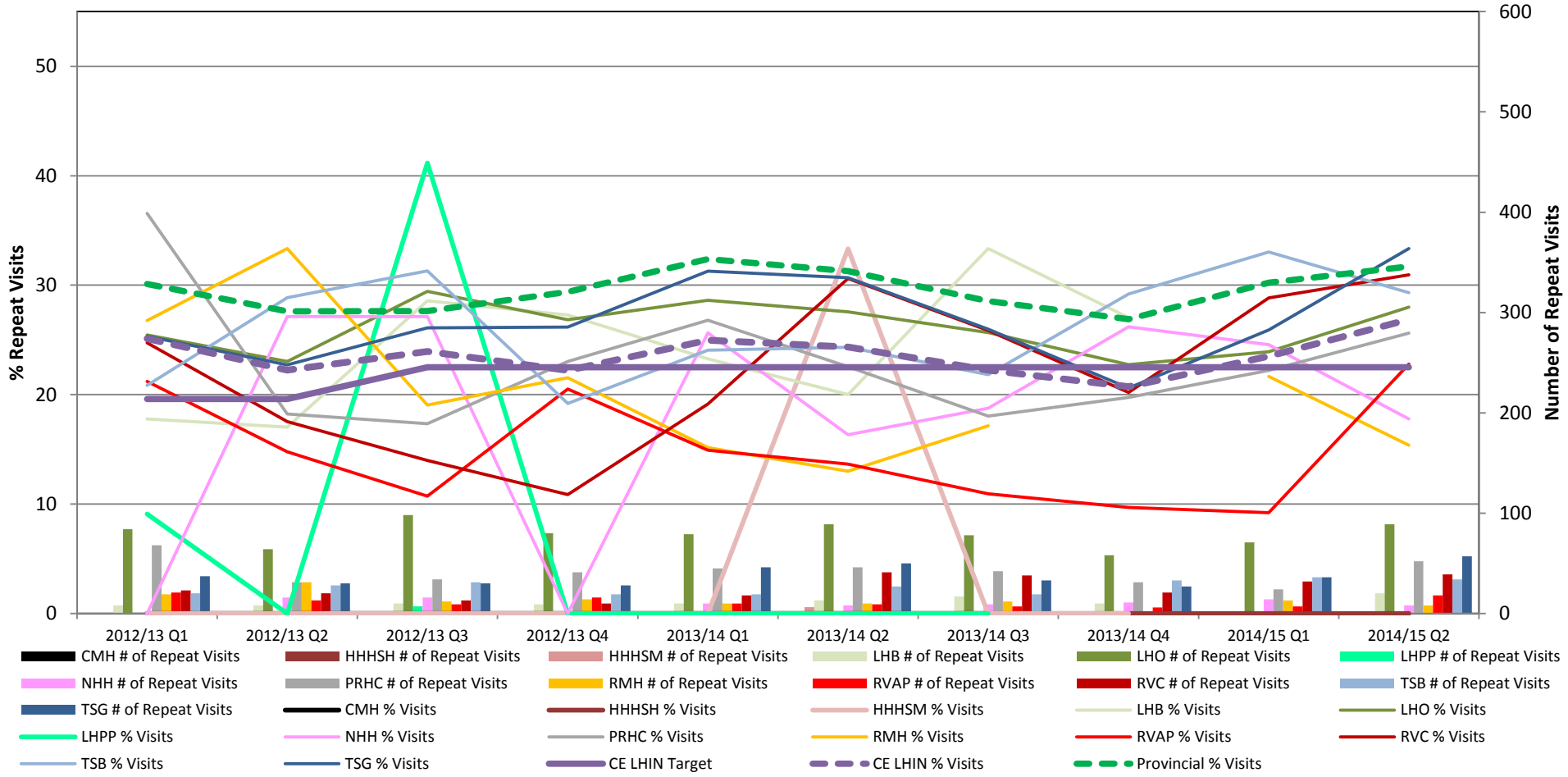
Performance Commentary

Central East LHIN did not meet the target for Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions in Q2 2014/15.

The Central East LHIN did not undertake any new initiatives that were intended to achieve or move toward this target in Q2 of FY 14/15. Several new initiatives including the spread of the Hospital to Home, H2H model, the Central East LHIN "Housing Now" Strategy and other key projects are currently in the planning for implementation phase. It is anticipated that they will show a substantive effect on the indicator six months following the full implementation date of April 1, 2015.
The results for this indicator have not improved in that they show a slight decline from the baseline. It is anticipated that with the spread of the H2H and housing strategies there will be achievement of the target by Q3 of FY 15/16.

Performance Trend - Tracker

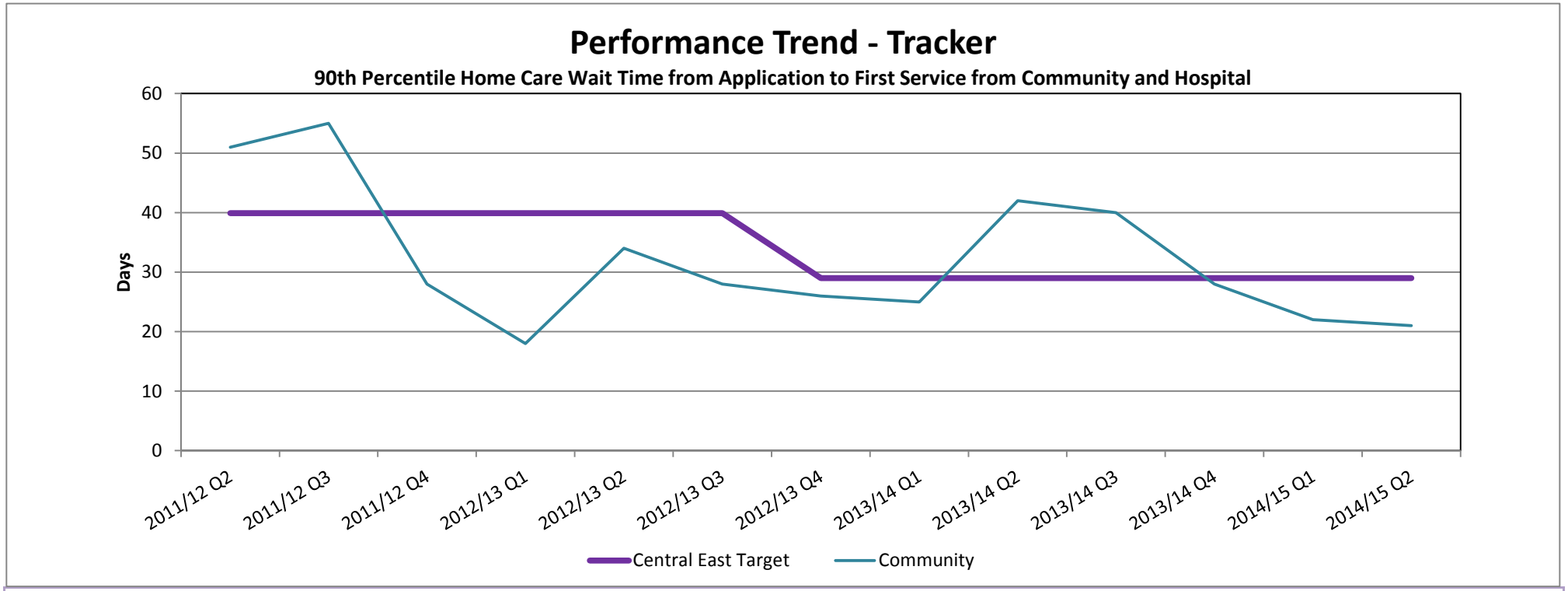
Repeat Emergency Visits Within 30 Days for Substance Abuse Conditions + Number of Repeat Visits by Site



Performance Commentary

Central East LHIN did not meet the target for Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse in Q 2014/15.

The Central East LHIN did not undertake any new initiatives in FY 14/15 Q2 that were intended to achieve the target related to this indicator. It is anticipated that improvement will be achieved once the Hospital to Home, (H2H) and other key system improvements have been fully implemented. The LHIN has set targets in consultation with Health Service Providers at the 6, 12, 18 and 24 month marks following full implementation of the improvements on April 1, 2015. Therefore, substantive improvement is anticipated to occur by Q2 of FY 15/16. The Central East LHIN expects to achieve a significant improvement by Q2 of FY 15/16 and full achievement of the target by Q4 of 15/16.



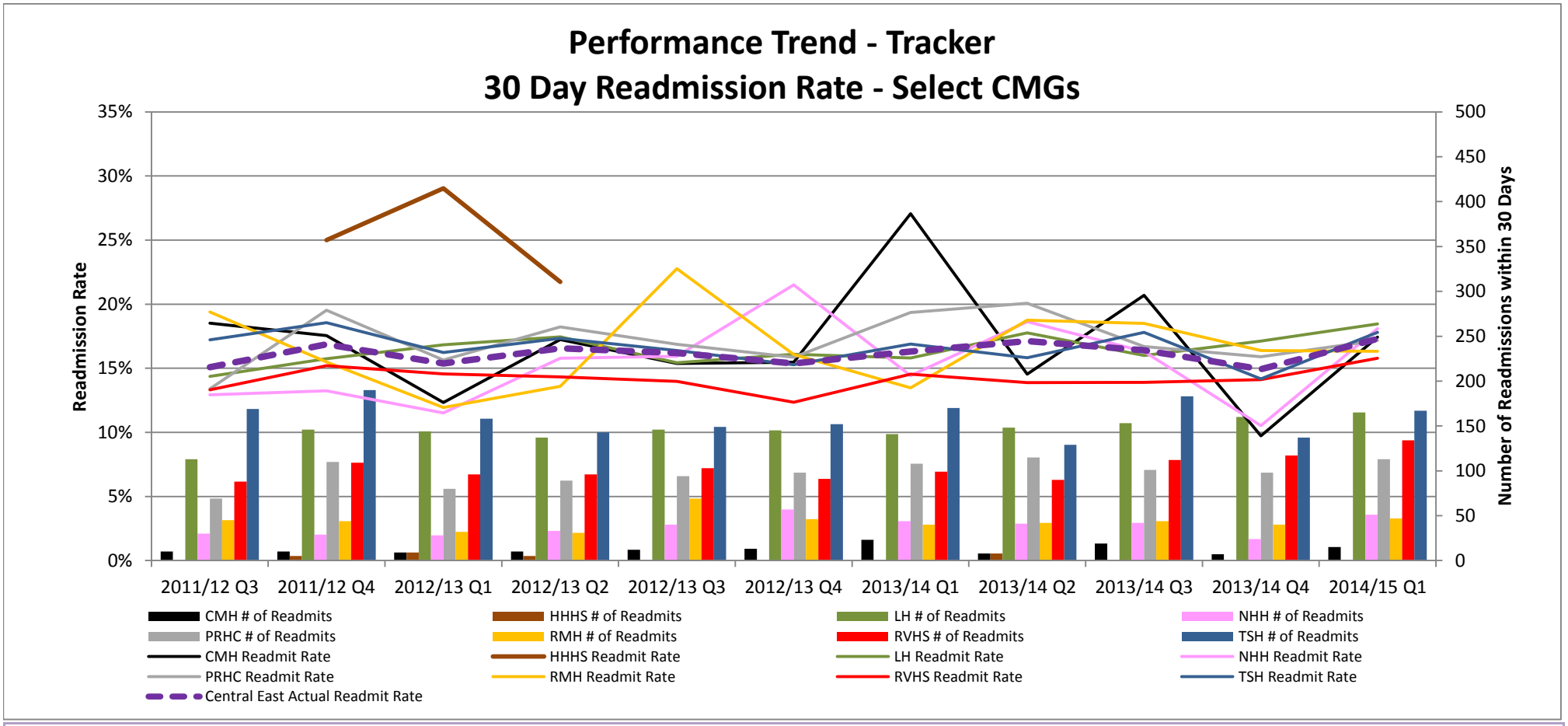
Performance Commentary

Central East LHIN has met the target for 90th Percentile Wait Time from Community for CCAC In-Home Services in Q2 2014/15.

CECCAC continues to remain under the target in Q2. However, as noted previously and perversely, providing services to patients on the waitlist actually 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. In late spring as a result of our efforts to provide service to patients on our personal support waitlist, our contracted service provider expenses continued to rise. In an effort to balance demand for Personal Support Services and our fiscal responsibilities, Central East CCAC made changes to our Personal Support Waitlist Guidelines early in July 2014 resulting in waitlisting additional personal support hours required for existing patients ("Enhanced Personal Support Services"), as well as all referrals for Personal Support Services for community patients (except Palliative Care patients). This perversely will keep us below the target through Q3.
We continue to be committed to Home First and ED/ALC strategies, and will therefore continue to prioritize the allocation of services to patients discharged from hospital, and continue waitlisting community referrals. 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.

There is a continued demand for personal support services from both our patients discharged from the hospital, as well as those in the community and therefore fluctuations in this metric will continue as we balance demands for service and performance priorities.

Central East CCAC remains below the target for the second quarter in this fiscal year. Should the Central East CCAC be in a situation to provide services for patients on the Personal Support Waitlist, this performance of this metric will actually rise as discussed above in the first question.



Performance Commentary

Central East LHIN has not met the target for Readmission within 30 days for Selected CMGs in Q1 2014/15.

Although the rate of readmissions increased from the previous quarter, possible reasons for this could be the caseload targets for the Diabetes Education Programs were amended in the previous quarter from 1000 clients to a caseload benchmark to improve service coordination and focus on appropriate supports for patients. It is expected that the rate will plateau in Q2. The expectation is that the rate will decrease as the Diabetes Centralized Intake process is implemented and available to the Central East region as a point to access DEPs and the CCDC, allowing for increased accesses and coordinated care. The Scarborough cluster has developed a quality improvement plan and action plan to ensure services are coordinated, integrated and processes are streamlined. The Cardiac Rehabilitation and Secondary Prevention services will pilot integrating with the diabetes centralized intake. This will streamline processes and access for people within the LHIN to optimize the flow of patients within the system which in turn, lower the readmission rates.

The development and planning of Health Links across the LHIN will coordinate care for people with these comorbidities. The Peterborough health link has been implemented and will begin utilizing coordinated care plans with the vascular focus, which will also lower readmission rates.
The rate of readmission has increased by 2.4% since the previous quarter. This is a similar pattern to the same time last year (increase in Q1).
Continued system improvements including cluster-based diabetes collaborative strategies, Stroke QBPs improvement models, harmonization and expansion of the Centralized Cardiac Rehabilitation and Secondary Prevention with Centralized Diabetes