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

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CENTRAL EAST LHIN

MLPA PERFORMANCE INDICATOR DASHBOARD

Performance effective as of:

July 2015

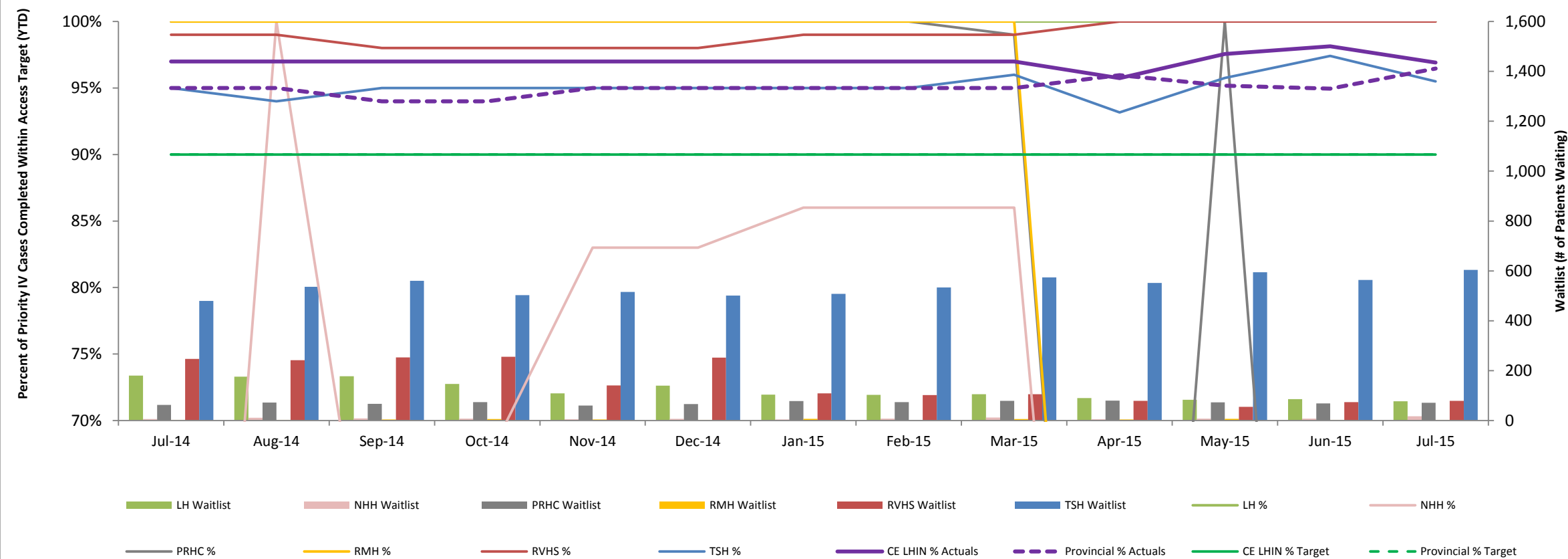
	Performance Indicator (PI)	Indicator Type	Provincial Target	LHIN Starting Point or Baseline 13/14	LHIN Fiscal Year 2015/16 Target	Actual LHIN Performance	Current Status	Trend ¹	LHIN Ranking ³	Data Source ²	Reporting Period
1	Percent of Priority IV Cases Completed Within Access Target (84 days) for Cancer Surgery ⁷	Access	90%	96%	90%	97%			7	WTIS	July 2015
2	Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract Surgery ⁷	Access	90%	99%	90%	98%			2	WTIS	July 2015
3	Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip Replacement Surgery ⁷	Access	90%	96%	90%	95%			3	WTIS	July 2015
4	Percent of Priority IV Cases Completed Within Access Target (182 days) for Knee Replacement Surgery ⁷	Access	90%	96%	90%	93%			3	WTIS	July 2015
5	Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic MRI Scan ⁷	Access	90%	47%	50%	38%			3	WTIS	July 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	July 2015
7	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution ⁴	Integration	9.46%	13.48%	12.8%	20.8%			10	DAD	2014/15 Q4
8	90th Percentile ER Length of Stay for Admitted Patients	Access	25 hours	33.72	30.0	28.7			12	ERNI	July 2015
9	90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Access	7 hours	6.45	6.45	5.98			2	ERNI	July 2015
10	90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Access	4 hours	4.13	4.00	3.87			6	ERNI	July 2015
11	Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions ⁵	Access	TBD	18.6%	17.0%	18.6%			11	NACRS	2014/15 Q4
12	Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions ⁵	Access	TBD	24.3%	22.5%	26.4%			6	NACRS	2014/15 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	26			7	HCD	2014/15 Q4
14	Readmission within 30 Days for Selected CMGs ⁵	Efficiency (Quality)	TBD	16.2%	14.8%	16.1%			5	DAD	2014/15 Q2

NOTES:

1	Trend analysis comparison to prior reporting period and/or established baseline (where applicable) of current reporting period
	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), QACCAC, 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 Q4 data Trend analysis comparison to prior reporting period
5	2014/15 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

Performance Trend - Tracker

Percent of Priority IV Cases Completed Within Access Target (84 days) for Cancer + Waitlist (# of Patients Waiting)



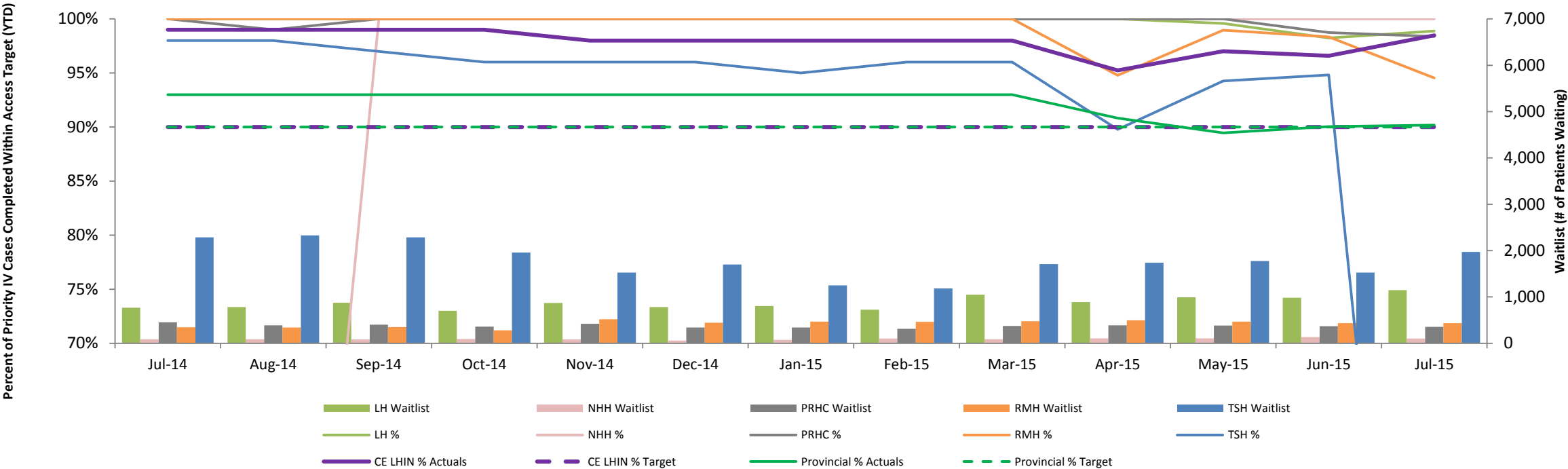
Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (84 days) for cancer surgery is 90% (2014/15 Interim Target). The Central East LHIN year-to-date performance through July 2015 was 97%. This level of performance was unchanged from the prior month. All hospitals continued to perform above the Central East LHIN target, with LH, NHH, RMH and RVHS achieving 100%. No value is shown for NHH wait list, 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 the prior year. The Central East LHIN currently ranks 7th best (2nd best for prior month reporting) in the province in meeting the negotiated target for cancer surgery, which indicates performance improvement provincially across other LHINs.

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 (HSAA).
- 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.

Performance Trend - Tracker

Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract + Waitlist (# of Patients Waiting)



Funding/Allocations: The 2015/16 QBP volume allocations have been finalized.

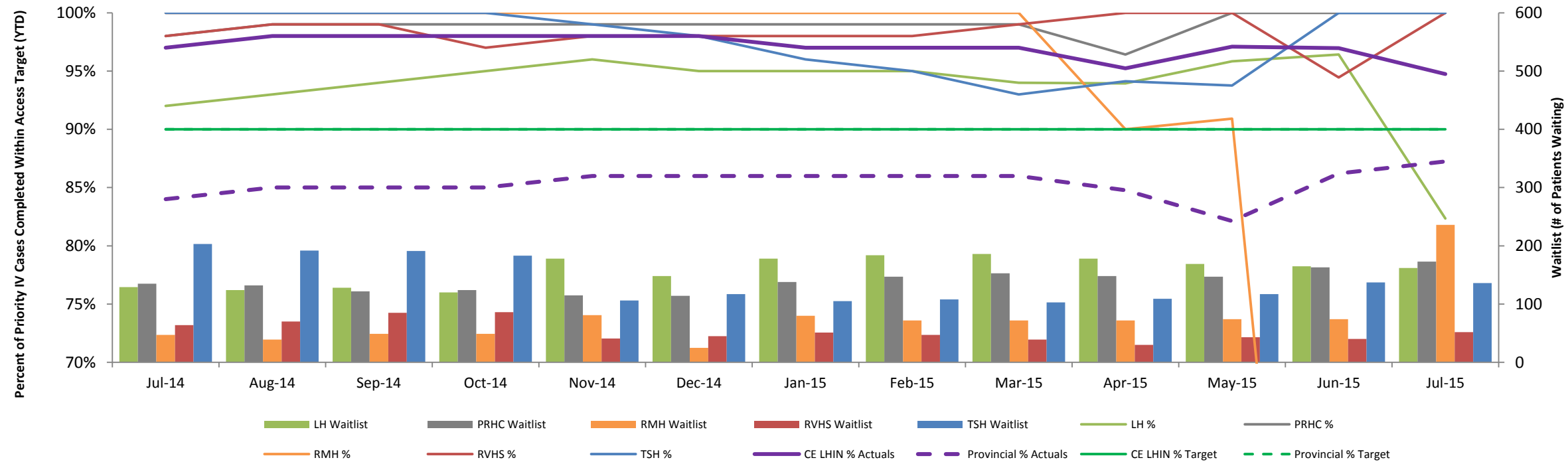
Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (182 days) for cataract surgery is 90% (2014/15 Interim Target). The Central East LHIN year-to-date performance through July 2015 was 97%, which represents improvement from the prior reporting period. All hospitals performed at or above the Central East LHIN target, with NHH achieving 100%. Wait lists for patients requiring cataract surgery remain constant through year-to-date July. Many Central East LHIN providers' actual volumes achieved are already forecasted to be above the funded volumes. The Central East LHIN will continue to advocate for additional funded volumes that will better reflect patient need. The Central East LHIN continues to rank 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 HSAAs.
- 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, has 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.
- 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.

Performance Trend - Tracker

Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip + Waitlist (# of Patients Waiting)



Funding/Allocations: The 2015/16 QBP allocations have been finalized.

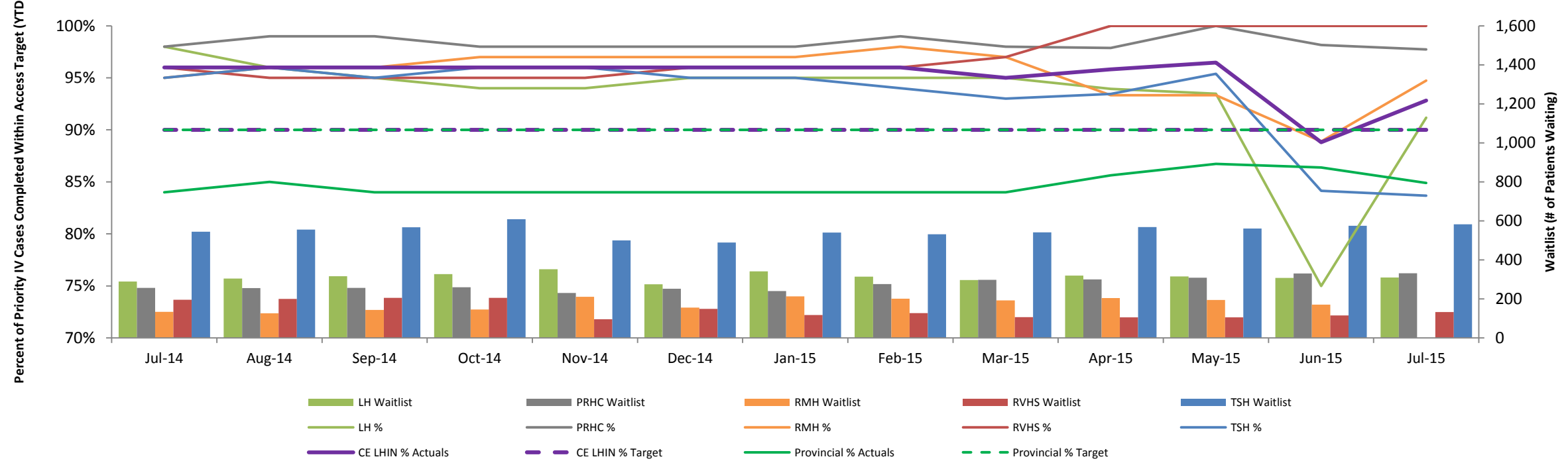
Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (182 days) for hip replacement surgery is 90% (2014/15 Interim Target). The Central East LHIN year-to-date performance through July 2015 was 96%, consistent with prior month performance. All hospitals are achieving or exceeding their respective access targets, and actual volumes achieved exceed funded volumes. LH experienced a decline in performance for the month of July, and is currently investigating data quality. Wait lists of patients requiring hip replacements remains constant. The Central East LHIN will continue to advocate for funded volumes that will better reflect patient need. The Central East LHIN ranks 3rd 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 HSAAs.
- 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 continues to have ongoing discussion regarding geographic siting for Orthopaedic procedures across the Central East LHIN providers.
- 5) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.
- 6) Volumes are allocated among hospitals to optimize wait time performance.

Performance Trend - Tracker

Percent of Priority IV Cases Completed Within Access Target (182 days) for Knee + Waitlist (# of Patients Waiting)



Funding/Allocations: The 2015/16 QBP allocations have been finalized.

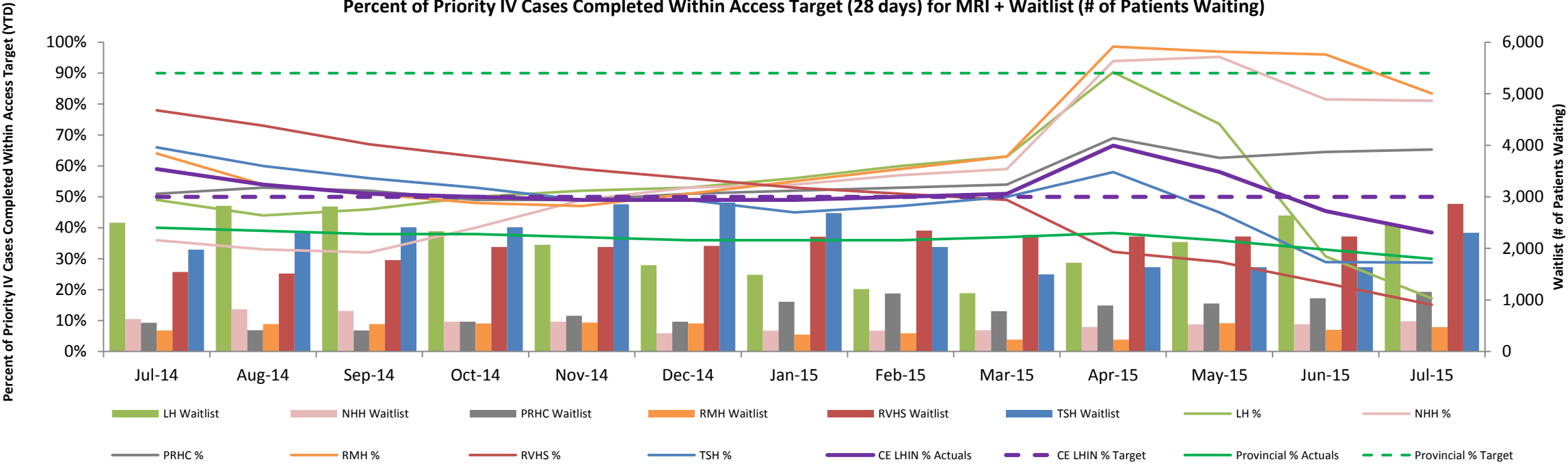
Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (182 days) for knee replacement surgery is 90% (2014/15 Interim Target). The Central East LHIN year-to-date performance through July 2015 was 93%, which remains unchanged from the prior reporting period. All hospitals are achieving or exceeding their respective access targets, with the exception of LH. LH has indicated that there was a need to perform more Hip Replacements in the first quarter, and, as a result, operating room time was reduced for Knee Replacements. Hip Replacement volumes have now been addressed as demonstrated by LH's July results. Some Central East LHIN providers' actual volumes have forecasted to exceed 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 3rd best in the province in meeting the negotiated target for knee replacement surgery, which indicates performance improvement compared with the prior period ranking of 7th best.

Actions/Strategies:

- 1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 HSAAs.
- 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 continues to have ongoing discussion regarding geographic siting for Orthopaedic procedures across the Central East LHIN providers.
- 5) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.
- 6) Volumes are allocated among hospitals to optimize wait time performance.

Performance Trend - Tracker

Percent of Priority IV Cases Completed Within Access Target (28 days) for MRI + Waitlist (# of Patients Waiting)



Funding/Allocations: The 2015/16 incremental operating hours allocation has not been finalized.

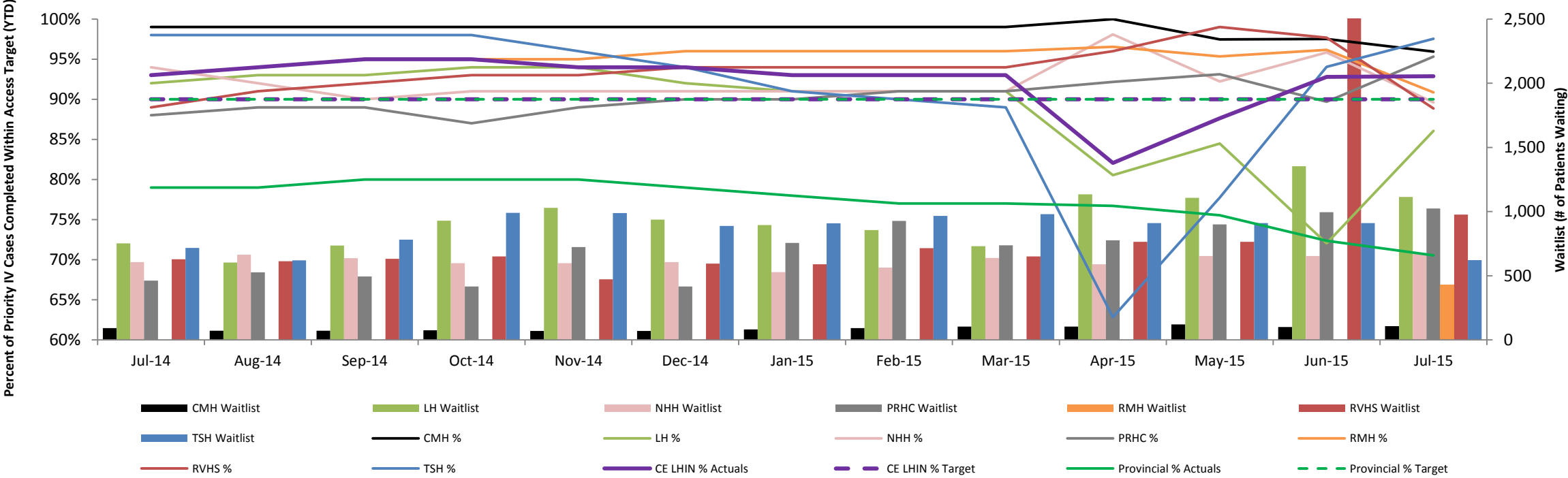
Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (28 days) for MRI scans is 50% (2014/15 Interim Target). The Central East LHIN year-to-date performance through July 2015 was 52% (excluding Independent Health Facilities' [IHF] performance), which reflects a decline in performance from the prior reporting period of 56%, but which continues to reflect the Central East LHIN funding investment in Q4 of the prior year (excluding IHFs). Facilities, including RVHS and TSH, continue to deal with reduced operating hours compared with the prior year, which is illustrated in RVHS's performance. RVHS impacts include the implementation of a new MRI machine, with some procedures being diverted to an alternate machine. Wait lists for MRI have increased, but this is based on only four months of data. The Central East LHIN will continue to advocate for funded volumes that will better reflect patient need. The Central East LHIN currently ranks 3rd in the province in meeting the negotiated target for MRI scans despite the challenges that are currently being addressed.

Actions/Strategies:

- 1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 HSAA's.
- 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 monitor closely 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 Trend - Tracker

Percent of Priority IV Cases Completed Within Access Target (28 days) for CT + Waitlist (# of Patients Waiting)



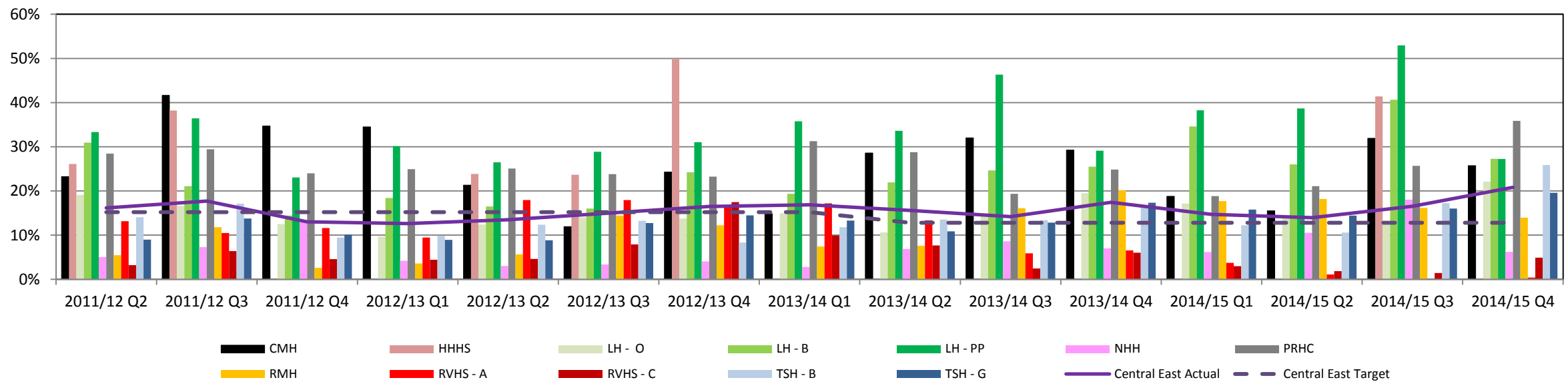
Funding/Allocations: The 2015/16 incremental operating hours allocation has not been finalized.

Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (28 days) for CT scan is 90% (2014/15 Interim Target). The Central East LHIN performance through July 2015 was 89% (excluding Independent Health Facilities' [IHF] performance), which is an improvement over the prior reporting period level of 88%. Both LH and TSH experienced scheduling issues in the month of April. Process changes are being implemented to address additional scheduling oversight to avoid performance impacts going forward. Wait lists for patients requiring CT are increasing for some facilities. The Central East LHIN continues to rank 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 HSAAs.
- 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 Trend - Tracker
Percentage of Alternate Level of Care (ALC) Days



Performance Commentary

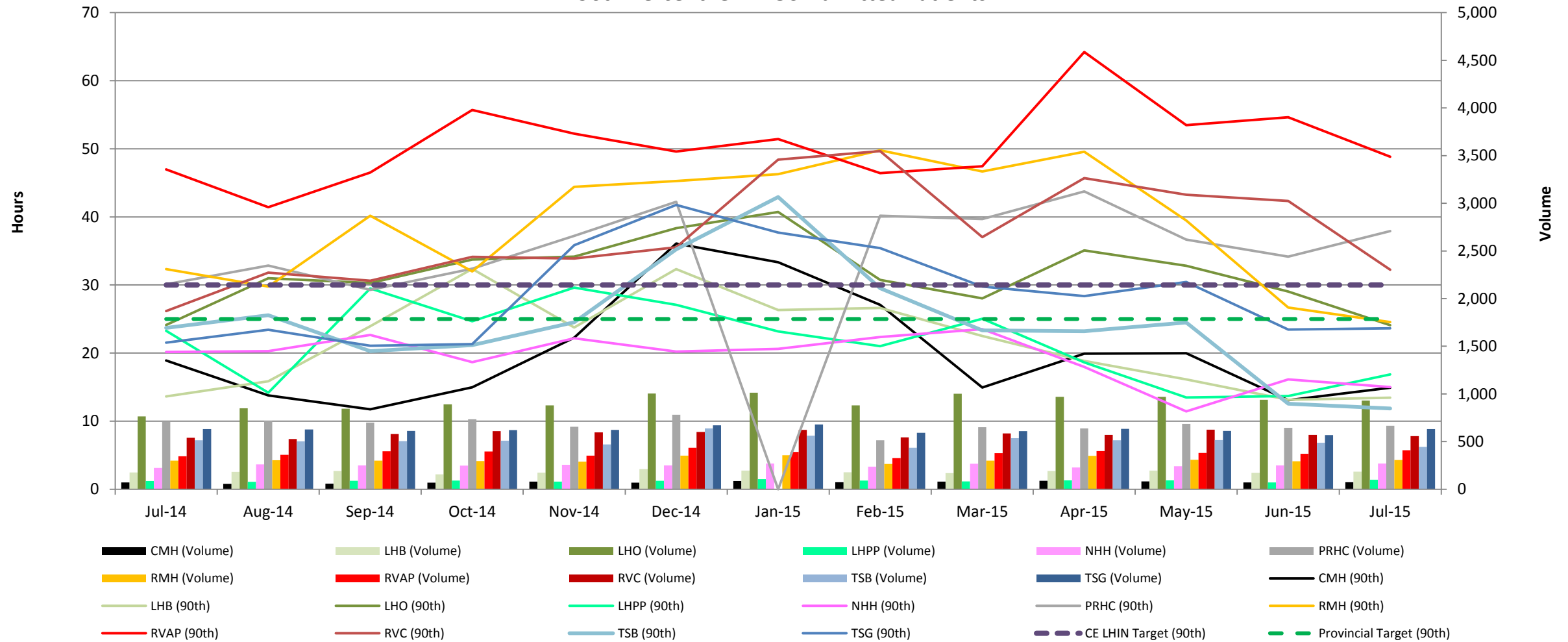
Central East LHIN remains fundamentally constrained by system capacity including:

- Capacity of Hospital Acute and Post-Acute Care
- Long-Term Care: Utilization and Care Intensity

Central East LHIN has one of the lowest rate of beds for Age 65+ population for acute, post-acute and in particular, Complex Continuing Care. Through our Home First strategy, patients designated as ALC are continuously evaluated to ensure that they are appropriated designated and placed in the correct bed type. 23% of ALC patients waiting for post-acute care have Behavioural or Mental Health conditions. The Central East LHIN and Ministry funding has enabled the Home First initiative to provide enhanced service levels in the community of both CCAC and community supports, for a defined timeframe, to enable patients to transition to living at home immediately upon the completion of their acute length of stay. Extensive education and training is undertaken with staff and physicians to support a culture change that will realize a sustained reduction in ALC designations. Sustaining the Home First approach will continue to be an on-going focus of the Central East LHIN, the CCAC, hospitals and community support service agencies. The LHIN recognizes the importance of process improvements and considers the same in designing and developing projects/programs that enhance system effectiveness and efficiencies and “increases overall reliability in care delivery and patient outcomes.” The Central East LHIN has also further invested 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 Central East LHIN is actively engaged in the implementation of Provincial Referral Standards (PRS) for the pathway from acute inpatient units to post-acute care through the Resource Matching and Referral project. This will ensure that patients that are in post-acute beds are true CCC or Rehab candidates. 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. With the increased funding for Assisted Living for High Risk Seniors 1,858 unique individuals have been supported to date. Adult Day Programs (13), GAIN community teams with embedded BSO staffing (8), GAIN Geriatric Assessment and Intervention teams (4), Nurse Practitioner Supporting Teams averting transfers (NPSTAT) in 61/68 LTC homes, Palliative Care Community Teams (3), Hospital to Home (H2H), LHIN-wide Cardiac Rehab secondary prevention clinics, Community exercise and Falls prevention classes, Mental Health investments are supporting patients and their caregivers in the community. The LHIN is further directing funding in 2015/16 to expand community service capacity, support increased client acuity, and reduce alternative level of care (ALC) pressures and to support the implementation of proposed amendments to Regulation 386/99 under the Home Care and Community Services Act, 1994 to increase the home care nursing home maximum, subject to regulatory approvals. The Central East LHIN is creating integrated “Systems of Care” for specific client populations in communities across the Central East LHIN to help reduce ALC. The LHIN is working with the HSPs that have not met the target to devise further mechanisms to reduce ALC. Improvement plans with actionable items are being devised to help achieve targets within local Health Link communities. Concrete mitigation plans are being pursued locally throughout 2015.

Performance Trend - Tracker

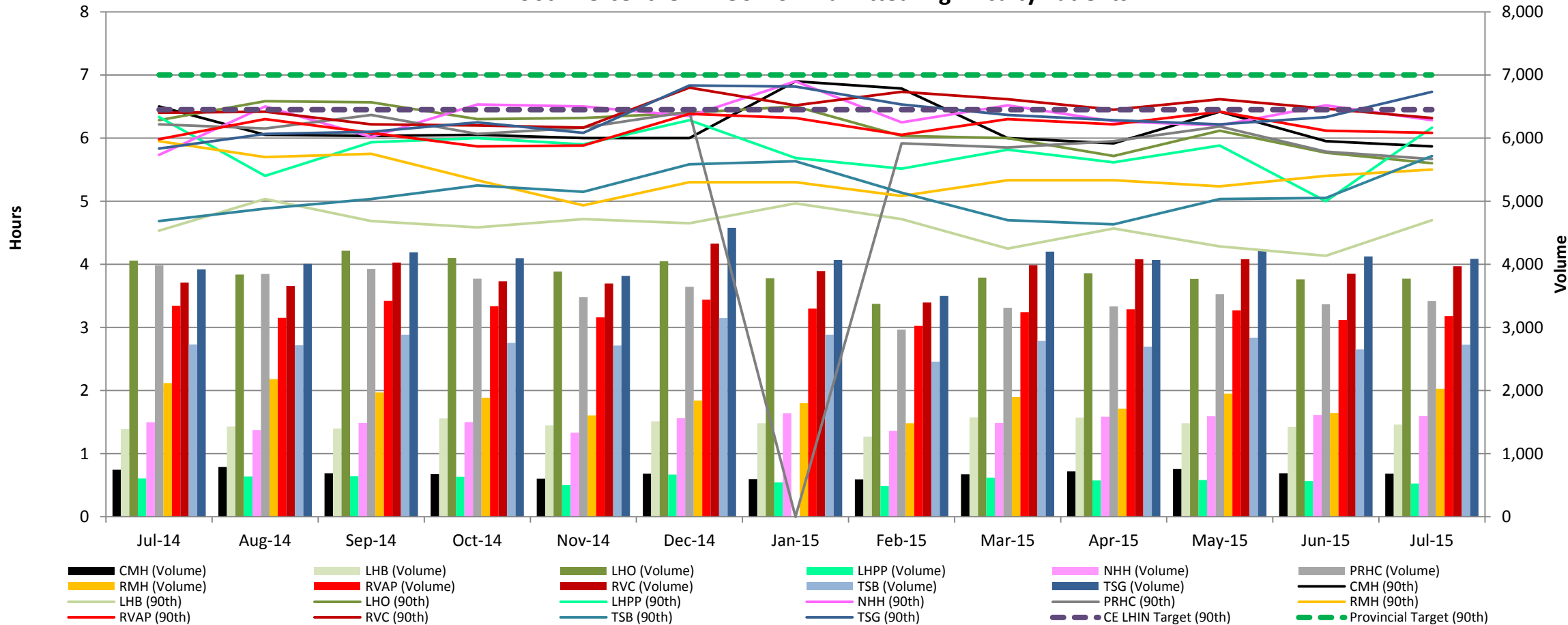
90th Percentile EDLOS Admitted Patients



Performance Commentary

- In July of FY 2015-16, Central East LHIN performance at the 90th percentile Length of Stay in the Emergency Department for admitted patients is 28.7 hours. The 2015-16 MLPA Target is 30.0 hours.
Note: PRHC data was not included due to a Reporting Issue in January.
- In July 2015, PRHC, RVAP and RVC did not meet the MLPA target of 30 hours in this indicator.
- In July 2015, TSHB was the top performers in this indicator at 11.9 hours.

Performance Trend - Tracker
90th Percentile EDLOS Non-Admitted High Acuity Patients

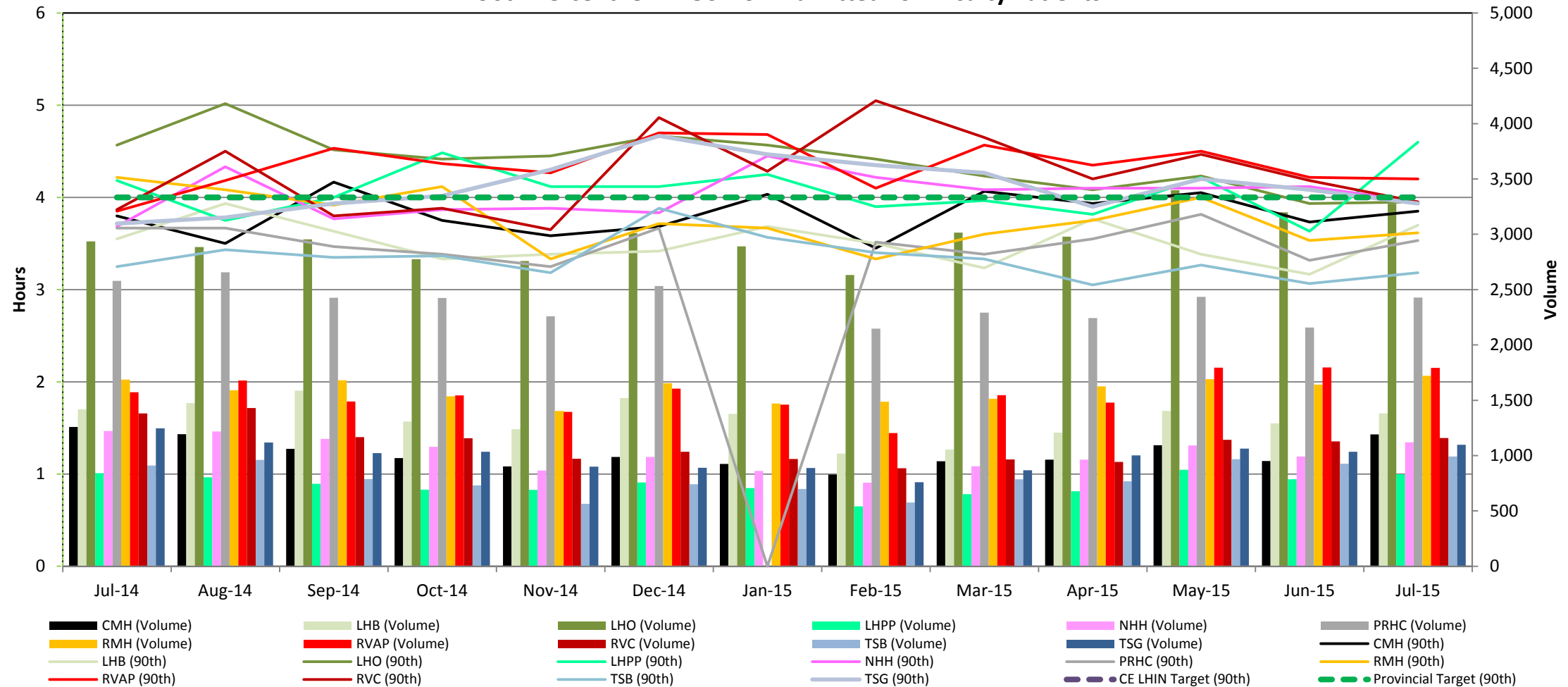


Performance Commentary

- In July of FY 2015-16, Central East LHIN performance at the 90th percentile in length of stay in the Emergency Department for non-admitted high acuity patients is 5.9 hours. The Central East LHIN MLPA target for 2015-16 is 6.45 hours.
Note: PRHC data was not included due to a Reporting Issue in January.
- In July 2015, TSHG did not meet the MLPA target.
- In July 2015, LHB was the top performer at 4.7 hours for this indicator.

Performance Trend - Tracker

90th Percentile EDLOS Non-Admitted Low Acuity Patients

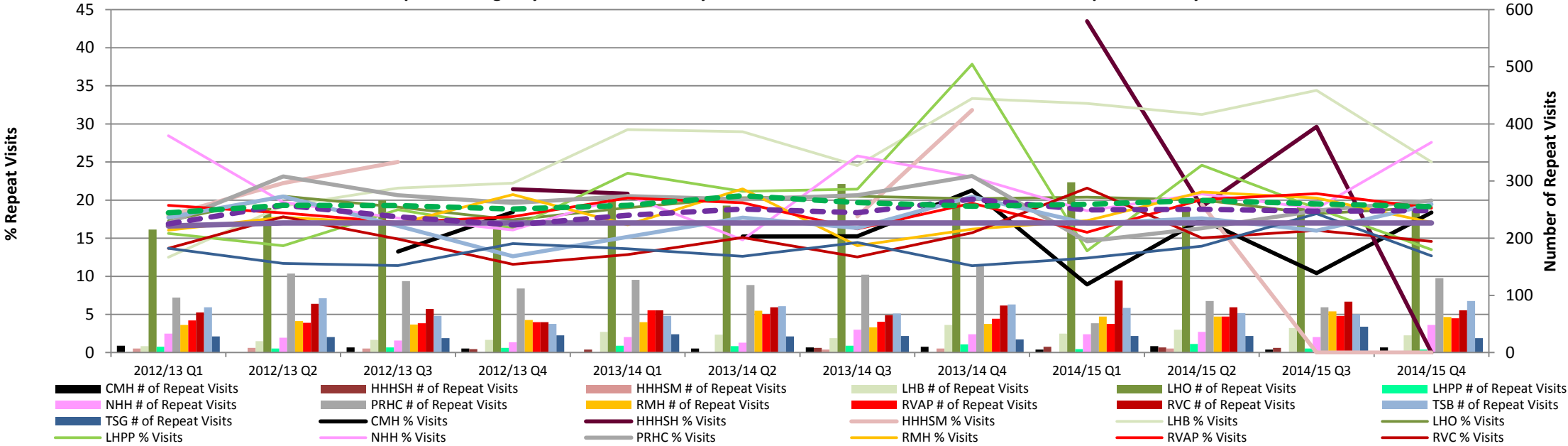


Performance Commentary

- In July of FY 2015-16, Central East LHIN performance at the 90th percentile in length of stay in the Emergency Department for non-Admitted low acuity patients was 3.87 hours. Central East LHIN's MLPA target for 2015-16 is 4.0 hours.
Note: PRHC data was not included due to a Reporting Issue in January.
- In July 2015, LHPP and RVAP did not meet the CE LHIN target of 4.0 hours.
- In July 2015, TSHB was the top performer in this indicator at 3.2 hours.

Performance Trend - Tracker

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



Performance Commentary

During this Quarter, the Central East LHIN initiated several key initiatives that are intended to reduce the numbers of unscheduled return visits within 30 days for Mental Health conditions. In addition, several other initiatives were approved for future implementation. It is anticipated that as these programs are established, there will be a corresponding reduction in this indicator that will achieve the target. The key initiatives that were approved and implemented during this quarter include:

1. The expansion of the highly successful Hospital to Home (H2H) model to all Schedule 1 hospitals within the LHIN. This included the Scarborough Cluster.
2. The implementation of an Aboriginal Mental Health and Addictions Outreach Service in the Durham and Northeast Clusters.
3. The Implementation of three Harm Reduction based Housing and Housing Support Programs intended to provide housing and housing supports to people identified as being either homeless or precariously housed in the Durham and Northeast Clusters.
4. The implementation of Homelessness Coordinator positions in each Cluster of the LHIN that are intended to work with the LHIN, Mental Health and Addictions Health Service Providers and Municipalities located within the LHIN to plan, develop and implement joint strategies to secure homes and supports for homeless and precariously housed people residing in these areas.

Projects approved for later implementation include:

1. Crisis Supports specific to Oshawa and Lakeridge Health Oshawa
2. Additional Rent Supplements and supports as approved by the Ministry
3. Additional investments in Crisis and Housing Supports in the Scarborough Cluster. Performance will be enhanced through the strategies and investments noted above and through careful monitoring of performance metrics linked to funding.

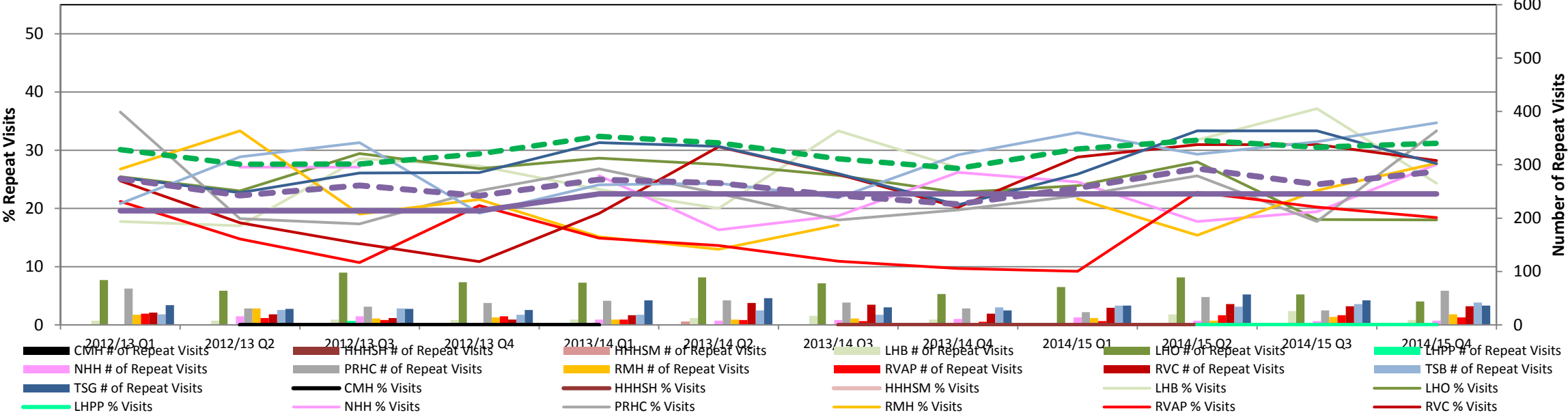
Facility level issues continue to be related to the unreliability of the indicator related to:

1. Subjectivity of coding - often visits are judged to be related to a Mental Health issue when they may not be.
2. Unreliability of data related to counting the revisit at the original hospital site, regardless of where the visit is made
3. The ability of one frequent visitor to drive the data beyond the target level.
4. Inability to document visitors with a Concurrent Disorder. Given the prevalence of Concurrent Disorders and the interrelationship of Substance Abuse and Mental Health issues, it is becoming increasingly challenging to separate these two issues and indicators.
5. Central East continues to experience high volumes of new visitors at the Lakeridge Oshawa site.

Campbellford Memorial Hospital, Northumberland Hills Hospital, Lakeridge Health Bowmanville and Rouge Valley Ajax Pickering hospitals have do not have Psychiatric designated in-patient beds or Schedule1 capacity. There are no Psychiatrists in the ED's of these hospitals. Therefore, all assessments and admissions, both involuntary and voluntary must be sent to the closest Schedule 1 hospital. In addition, those transfers that are intra facility such as LHB to LHO and RVAP to RVC are counted as revisits. Beds in only one location of those hospital corporations, so any transfer from the ED to a bed would be a revisit. The impact of this methodological nuance will be quantified in Q3 2015/16.

Performance Trend - Tracker

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



Performance Commentary

During this Quarter, the Central East LHIN initiated several key initiatives that are intended to reduce the numbers of unscheduled return visits within 30 days for Mental Health conditions. In addition, several other initiatives were approved for future implementation. It is anticipated that as these programs are established, they will gradually reduce the incidence of return visits to the target level. The key initiatives that were approved and implemented during this quarter include:

1. The expansion of the highly successful Hospital to Home, (H2H) model to all Schedule 1 hospitals within the LHIN. This included the Scarborough Cluster.
2. The implementation of an Aboriginal Mental Health and Addictions Outreach Service in the Durham and Northeast Clusters.
3. The Implementation of three Harm Reduction based Housing and Housing Support Programs intended to provide housing and housing supports to people identified as being either homeless or precariously housed in the Durham and Northeast Clusters.
4. The implementation of Homelessness Coordinator positions in each Cluster of the LHIN that are intended to work with the LHIN, Mental Health and Addictions Health Service Providers and Municipalities located within the LHIN to plan, develop and implement joint strategies to secure homes and supports for homeless and precariously housed people residing in these areas.

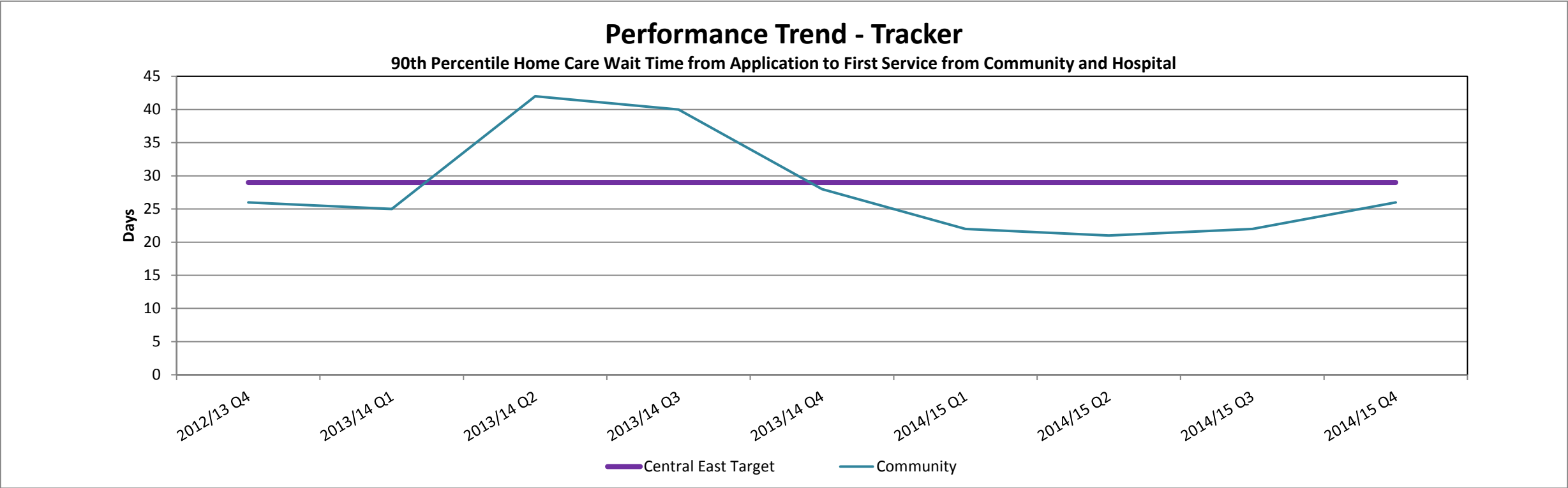
Projects approved for later implementation include:

1. Crisis supports specific to Oshawa and Lakeridge Health Oshawa
2. Additional Rent Supplements and supports as approved by the Ministry
3. Additional investments in Crisis and Housing Supports in the Scarborough Cluster.

Through the strategies and investments noted above and through careful monitoring of performance metrics linked to funding.

1. Subjectivity of coding, often visits are judged to be related to a Substance Abuse issue when they may not be.
2. Unreliability of data related to counting the revisit at the original hospital site, regardless of where the visit is made
3. The ability of one frequent visitor to drive the data beyond the target level.
4. Inability to document visitors with a Concurrent Disorder. Given the prevalence of Concurrent Disorders and the interrelationship of Substance Abuse and Mental Health issues, it is becoming increasingly challenging to separate these two issues and indicators.
5. Central East continues to experience high volumes of new visitors at the Lakeridge Oshawa site.

Hospital to Home has been implemented across the LHIN at all Sched 1 hospitals. NHH has a revised form of the same model. Therefore, given that the model was implemented as of Q2, I would project that CE LHIN will meet the targets in both areas as of Q4, FY 15/16. The housing programs were



Performance Commentary

1. What is the LHIN doing to achieve or move performance towards the provincial target?

a) What factors are contributing to the change in performance?

The Q4 performance results indicate a slight increase in the wait time for patients waiting for Personal Support Services. Perversely, as noted previously, 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. The slight rise is a result of taking a relatively small number of patients off the wait list in the last quarter of 2104/15 which added substantially to the 90th percentile wait time.

b) How does the LHIN plan to address performance issues?

CE CCAC continues to be committed to hospital avoidance strategies, and will therefore continue to prioritize the allocation of services to patients discharged from hospital. This will unfortunately result in continued wait listing of many patients requiring Personal Support who seek their care from the community.

CE CCAC continues to work closely with the Assisted Living for High Risk Seniors (ALHRS) programs to identify potential patients from our Personal Support Waitlist that could be transferred to the ALHRS program. This is particularly evident in the newly funded program in Haliburton, into which we have identified and transferred patients.

In August, the CE CCAC advised the LHIN of a \$10M in-year pressure due primarily to a substantial increase in the number of clients receiving care that it has proposed to overcome through a wide-ranging set of mitigation strategies. The LHIN has approved the CE CCAC’s approach and, furthermore, recommended Board approval of a \$1.4M additional base funding increase to ensure financial stability while improving performance in this area.

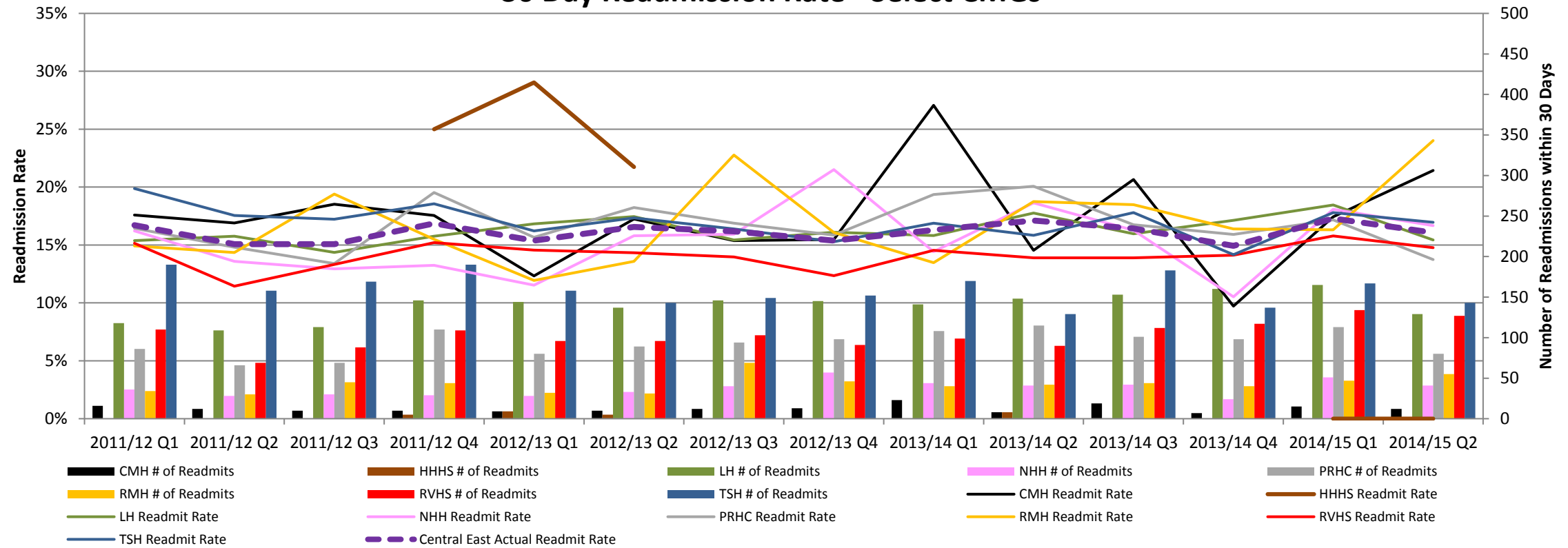
2. Please cite the appropriate facility-level issues and supporting data (hospital, CCAC, LTCH) that explain the performance results. If the provincial target has not been met, when does the LHIN expect to meet the provincial target?

Due to the continued demand for Personal Support Services, the CE CCAC current resources and prioritizing the transition of patients from hospital to home, CCAC has been unable to bring any patients off the Personal Support Waitlist. Detailed analysis of this issue and quality improvement strategies to address waitlist patient needs as effectively as possible will be undertaken and options for meeting target (including timelines) will be pursued this year.

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. However, should the Central East

Performance Trend - Tracker

30 Day Readmission Rate - Select CMGs



Performance Commentary

During Q2 2014/15, the Central East LHIN did not meet the LHIN performance target for Readmissions within 30 days for select CMGs. However, the rate decreased by 1.2% from the previous quarter and the LHIN is performing better than the Provincial average of 16.72%. Interventions that continue to improve the performance indicators are:

- The Cardiac Secondary Prevention Program with the Centralized Diabetes Intake and referral collaborated and implemented this service to increase access, streamline referrals and coordinate care for patients with diabetes, complex diabetes and cardiac patients. The streamline processes, increased access, and managed care will result in decreased readmissions. The Central East LHIN will continue to focus on initiatives to increase access and care for cardiac and vascular patients.
- The establishment and implementation of Health Links and coordinated care plans for complex patients that include, COPD, Cardiac, and diabetes patients, it is expected to see lower readmission rates.
- Northumberland Hills Hospital who are one of the few hospitals that report on Pneumonia and COPD, will work on the development and Implementation of quality based practice (QBP) pathway for COPD and pneumonia to reduce the readmission rates by 5% by Q4 2014-2015. (Identified in the Hospital QIP).
- Hospitals across the LHIN have also identified strategies in their 2014-2015 hospital quality improvement plans to reduce readmission rates for patients with Pneumonia, CHF and COPD. These improvements are expected to show a decrease of readmissions.