

Central East LHIN Quarterly Report—October 2009

General Performance Management / Stocktake

- Q1 little to report—few new initiatives in place by end of reporting period (see table)
- Data not timely, does not always present the full picture
- Our solutions
 - We have implemented Datamart tool to gather weekly information on ALC
 - P4R hospitals submit monthly reports on success of initiatives (reporting ED visits diverted, ER hours saved, and ALC days prevented)
 - We are using P4R reallocation and UPF to support implementation of DART in all CE LHIN hospitals this fiscal year
 - We responded to MOHLTC query on what indicators should be included in the Stocktake

ED Demand

- ED Avoidance Coalition
 - Looking to spread beyond Durham
- Next Stocktake, will be able to report on number of ED visits avoided by initiative

ER Capacity/Performance

- P4R monthly reports indicate YTD savings of 14,430 hours in CE LHIN ED's
- H1N1 affecting volumes—no decline in LOS is actually a success
- LHIN Event in November: “Sharing Experience; Achieving Results”
 - All our hospitals indicated a desire to participate in PIP
 - DART implementation is to prepare them for this
- System Surge Management Committee
 - Arose out of ILI surges at localized areas in early fall
 - Define, standardize, and make relevant: Code Orange, 1A
- Reallocation/Performance Fund Allocation
 - Moved funding away from initiatives with delayed implementation
 - Solicited new proposals from HSP's
 - Surveyed other LHIN's to see what was working¹
- Clinical Decision Unit (CDU) trials
 - RVAP opening a physically distinct CDU
 - All others encouraged to establish virtual CDU's, based on success of this model at Mt. Sinai and other hospitals around the province

Bed Utilization

- P4R monthly reports indicate YTD savings of 3,398 ALC days in CE LHIN

¹ Stocktake Process PPT November 2009

- CE LHIN at 100% utilization for LTCH; largest long stay waitlist in the province (69% more than the next largest)²
- Home First/Senior Friendly Care Coalition (“Reducing Readmissions by Improving Transitions in Care”)
 - IHI, CE LHIN, CE CCAC, RMH, PRHC, Community Care

Issues/Concerns

1. CCAC deficit
 - ND Insight report
 - Could MOHLTC use what remains of the 25% from AAH to distribute among CCACs province-wide based on HBAM?
 - We are targeting \$2M of AAH to CCAC with the caveat that they must present us with a business case showing a direct, measurable, impact on ED
2. FY2010 funding?
P4R Year III? - probable ED/ALC Performance Leads? - Yes

² Health Data branch report August 2009