
M-SAA MONITORING, ASSESSMENT PROCESS & OVERVIEW

2010/11 Q3

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

M-SAA MONITORING & ASSESSMENT PROCESS & OVERVIEW

The Multi-Sectoral Service Accountability Agreement (M-SAA) Dashboard has been developed to enable users in how best to gauge & determine the current status of each Community Health Service Provider within Central East LHIN. Assessment of each provider's performance whether financial, clinical or statistical is also viewed in the context of CE LHIN's established priorities and strategies. Review of each community provider will be conducted at both a fiscal quarterly and annual basis as LHIN's are responsible for the planning, funding and integrating of health services in each of our geographic areas as per the Local Health System Integration Act (LHSIA), 2006.

As LHIN's are required by LHSIA to have a signed M-SAA with each of our Community Health Service Providers whom we fund, this includes the following service sectors:

- 1 - Community Care Access Centre (CCAC);
- 2 - Community Mental Health & Addictions (CMH&A);
- 3 - Community Support Services (CSS);
- 4 - Community Health Centres (CHC).

Given that each of the Community providers have submitted a Community Annual Planning Submission (CAPS) in conjunction with their signed M-SAA for 2009-11 and subsequent required quarterly/annual submissions, analysis of a Provider's Quarterly and Annual Submissions are prioritized given the following factors:

1. Performance evaluation for all areas as per the signed M-SAA designated requirements and/or obligations;
 - a. Outcomes as per negotiated targets/performance standards/corridors,
 - b. Evaluation of actuals vs budget and;
 - c. Funding reconciliation;
2. Current corporate/organizational status and forecasted year end outcomes, enabling the identification of emerging issues, pressures and/or risks as well as status, at the organizational as well as system level perspective.
3. Enabling a better understanding of each organization to facilitate collaboration and effective resolutions where applicable, facilitating health service planning, evaluation of services provided as well as the provider's performance.

Where applicable, discussion and subsequent follow-up to develop an impact/gap analysis with each Community Health Service Provider is initiated to support the multi-year funding and planning framework where sustainability, stability and accountability of the overall health system are effectively and efficiently managed at the local level and in light of Central East LHIN's Integrated Health Services plan, strategic aims and Mission Statement:

"To lead an integrated, sustainable healthcare system that ensures better health, better care and better value"

Note 1: The data displayed is primarily sourced from each Community health service provider's Community Annual Planning Submission, Quarterly Reports via the Web-Enabled Reporting System (WERS)/Community Analysis Tool (CAT) & signed 2009-11 Multi-Sectoral Service Accountability Agreement (M-SAA) Schedules. Other data sources may be included where applicable.

Note 2: A detailed review and analysis has been undertaken of each individual provider's CAT quarterly submissions and have resulted in the following outcomes:

- 1 - Significant Data Quality Issues;
- 2 - IT & Technical Issues (WERS & CAT Tool);
- 3 - Submission Timeliness;
- 4 - Human Resource Issues (staff turnover/changes in providers, MIS/OHRS-compliance issues, etc.);

*****Action items resulting from the above-listed identified issues are in progress, where a CE LHIN Task Force has been developed and implemented to address and resolve (e.g. provide further training, etc.) where applicable on both a short & long-term basis.*

M-SAA Indicator Name	M-SAA Indicator Definition
Financial	
Total Expense (All Fund Types)	Total Expense includes expenses incurred for all delivered services and programs, regardless of revenue type. It measures total operating expenses offset by internal and external recoveries within the facility.
Financial Net Year End Position - Surplus/(Deficit) Year End Forecast	The total corporate entity's (refers to LHIN funding as well as other funding sources) forecasted and/or actual fiscal year end financial operating position = Surplus/(Deficit), total expenses are under/over or equal to all sources of revenue. A basic requirement of a signed 2009-11 Multi-Sectoral Accountability Agreement (M-SAA) between a Health Service Provider and Central East LHIN is to achieve a balanced operating position for the total entity for each fiscal year of the M-SAA.
% of Total Administration Expenses of Total Net Expenses (Fund Type 2)	<p>The LHIN-managed operating expense in Administrative Services for the organization divided by the total LHIN-Managed operating expense. Numerator = Administrative Operating Costs; Denominator = Total Organization's Net operating costs.</p> <p>For those health service providers who have more than a LHIN source of revenue, expenses (including central administration expenses), must be allocated appropriately to each specific revenue/funding source. Tracking and reporting of financial records should be segregated separately, according to LHIN vs Ministry funding in how the funding has been utilized.</p> <p>* Hopsital affiliated entities may have 0% cost allocation as maybe absorbed by the total corporate entity of hopsital.</p>
Community Support Services (CSS) & Community Mental Health & Addictions (CMH&A) - Utilization, Volumes & Cost per Unit of Service	
Total FTE's	Total number of full time equivalent staff (worked total hours divided by 1950) including Management & Operational Support, Unit producing (providing direct client/patient care) personnel and other (LHIN-funded programs).
Visits Face-to-face, Telephone In-House, Contracted Out	<p>The number of units of service to a registered client, provided by the organization's employee(s), either to an individual or group who are uniquely identified (includes the client and/or their significant other(s) who are attending on their behalf). The service has to be documented as per policy (health record generated) and the duration length of the service provided to be greater than 5 minutes:</p> <ol style="list-style-type: none"> 1 - Face-to-Face or via videoconference; 2 - Telephone (in-house or billed by 3rd party); 3 - Contracted-out (3rd Party Provider delivering the service, managed by the organization or by one or more of their employees);
Not Uniquely Identified Service Recipient Interactions	<p>The number of clients (who are NOT uniquely identified) provided a service by the organization's employee(s) by the following types of service, either to an individual or group which can include the client and/or their significant other(s) who are attending on their behalf. No health record is generated as opposed to a registered client (for education, health promotion, etc.):</p> <ol style="list-style-type: none"> 1 - Face-to-Face or via videoconference; 2 - Telephone (in-house or billed by 3rd party); 3 - Contracted-out (3rd Party Provider delivering the service, managed by the organization or by one or more of their employees);
Hours of Care In-House and Contracted Out	The number of hours of care or service that are provided to a client (can be delivered by either in-house staff or contracted-out third party providers, e.g. in-home health shift nursing or personal support care).
Resident Days	The number of days reported where a resident is provided service, counted at a certain point in time on each successive day (census). These days are counted from the day of admission and for subsequent days, excluding the day of discharge (separation) is not counted as a day. When those residents are admitted and discharged on the same day, one resident day is counted.
Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	<p>Each client who has received a service(s) within a program/department (functional centre) within a given period and who have been registered with the health service provider and given a unique identifier (generates a health record as per policy). A client can receive more than 1 same type of service (e.g. 3 visits) or have received a basket of services but the client is only counted once in the same functional centre within the defined fiscal period. It is basically a head count of the client at the functional centre level and not a count of the services provided to the individual.</p> <p>Note: Individuals served by functional centre are only counted once in the functional centre but an individual may have received services by several programs/departments (functional centres) within one health care provider. This will lead to the same individual being counted at each functional centre/department/program and counted only once at the organization level.</p>
Attendance Days Face-to-Face	When a service is generated/delivered to a client by the organization's therapy staff, where interactions between the organization's staff and the client and/or their significant other (individual or via group basis) are delivered either face-to-face or by videoconference, the number of days are totalled. Each day recorded is defined as a service delivery day on a (attendance day) 24-hour calendar day basis. A client and/or their significant other can receive more than one visit during the day counted.
Group Sessions	Group Sessions is interpreted as a formal planned service that is provided to a group of participants (number of individuals that are registered/non-registered clients) by one or more health service providers. Provided to two or more clients and is material in length with a general purpose of the provision of education, prevention/control and/or health promotion.
Meal Delivered-Combined	<p>Meals Delivered are the number of combined meals that are provided to clients that can be the following:</p> <ol style="list-style-type: none"> 1 - Hot; 2 - Frozen; 3 - Side Dishes; <p>Hot and frozen meals are counted once for each whereas side dishes are counted as 0.5 where 2 side dishes equals 1 meal.</p>
Total Cost for Functional Centre	The functional centre's operating expense.
Cost Per Service	The functional centre's operating expense divided by the unit of service provided to clients.
Cost Per Individual Served	The Cost per Individual Served is derived by dividing the number of individuals served by functional centre by the total functional centre's operating costs.

M-SAA Indicator Name	M-SAA Indicator Definition
Community Health Centre (CHC) - Volumes & Cost per Unit of Service	
Full-time equivalents (FTE) - Primary Health	The number of full-time equivalents - staff (worked total hours divided by 1950) reported who are in Primary Health Services in a Community Health Centre.
Full-time equivalents (FTE) - Management and Admin	The number of full-time equivalents - staff (worked total hours divided by 1950) reported who are in Management and Administration services in a Community Health Centre.
Total Community Health Centres FTE - Total Community Health Centres FTE	Total corporate number of Full-Time equivalents - staff (worked total hours divided by 1950) in a Community Health Centre.
Number of Active Clients - Primary Health	The total number of active clients receiving services within a Community Health Centre's Primary Health Services.
Individual Encounters (Face to Face) - Primary Health	Number of individual encounters that are face-to-face and are receiving one or more services in a Community Health Centre's Primary Health Services.
Individual Encounters (Telephone) - Primary Health	Number of individual encounters that are via teleconference and are receiving one or more services in a Community Health Centre's Primary Health Services.
Consultations between providers (Client present) - Primary Health	Number of consultations between two or more providers with the client present involving a Community Health Centre's Primary Health services.
Consultations between providers (Client not present) - Primary Health	Number of consultations between two or more providers with the client NOT present involving a Community Health Centre's Primary Health services.
Total Cost of Service - Primary Health	The total operating cost of a Community Health Centre's Primary Health Services.
Average Cost Per Individual	The average cost for each individual encounter (clients receiving services) divided by the total cost of the services provided overall.
Proportion of CHC clients with type 2 diabetes receiving inter-disciplinary care	% of clients with a particular chronic disease diagnosis (Type 2 diabetes) who have seen a CHC physician and also have received service (or referrals to other providers/agencies) for diabetes within the past 2 years from 2 or more health providers other than a physician.
Percent female clients aged 18 to 69 who have had a pap test within the last three years	% of eligible female clients who have seen a physician or Nurse Practitioner who have had a Pap test in the last three years either at the CHC or outside the CHC.
Proportion of CHC Clients with Depression Offered Treatment or Referral	% of registered clients aged 18+ with depression who have seen a physician or NP and were provided referral to a mental health provider/agency,
Proportion CHC Clients Who Received a Fecal Occult Blood Test	% of registered clients aged 50+ who have seen a NP or physician and have had a fecal occult blood test in the last two years.
Community Care Access Centre (CCAC) - Volumes & Cost per Unit of Service	
Cost Per Individual Served	The Cost per Individual Served is derived by dividing the number of individuals served by functional centre by the total functional centre's operating costs.
Vacancy Rate	This indicator calculates the percentage of general practitioners (GP) and nurse practitioners (NP) permanent full-time equivalent (FTE) positions that are unoccupied
Turnover Rate	The number of full and part time permanent staff who terminated or ceased employment, expressed as a rate per 100 total permanent full and part time employees.
From Referral date to Assessment Date (90th Percentile Referrals from Community)	90th percentile time in days from date of referral to date of assessment for all new referrals who were assessed in the specified time period (previous quarter) for clients in the community.
From Referral date to Assessment Date (90th Percentile Referrals from Hospital)	90th percentile time in days from date of referral to date of assessment for all new referrals who were assessed in the specified time period (previous quarter) for clients in hospital.
Assessment to Service Initiation	TBD
Clients placed in LTCH with MAPLe scores high or very high as a percent of total clients placed	% of clients placed in the specified time period (quarter) who had a MAPLe category of High or Very High in their most recent assessment prior to placement.
Percent of the Population 85+ living in community supported by CCAC	% of population aged 85+ living in community (not living in a Long Term Care home) that received CCAC services during the year
Percent of acute clients receiving first home visit within 3 days of referral to the CCAC	% of clients with Service Recipient Code of 91 (Acute) who had a time from referral to first service provider visit of 3 days or less.
Services:Clients Served (Hips & Knees)	Actual number of clients served for each targeted category: Hips & Knee Clients served.

Community Executive Summary

M-SAA Indicator Name	Community Support Services (CSS)	Community Mental Health & Addictions (CMH&A)	Central East Community Care Access Centre (CE CCAC)	Community Health Centres (CHC)
Financial				
Total Expense (All Fund Types)	96%	90%	4%	86%
Financial Net Year End Position - Surplus/(Deficit) Year End Forecast	94%	95%	\$15,900,865	100%
% of Total Administration Expenses of Total Net Expenses (Fund Type 2)	81%	76%	-1%	29%
Cost Per Individual Served	85%	81%	-6%	N/A
Cost Per Service	85%	71%	-9%	N/A
Total Cost of Service - Primary Health	N/A	N/A	N/A	100%
Average Cost Per Individual	N/A	N/A	N/A	100%
Operational Utilization				
Staffing Utilization				
Full-time equivalents (FTE) - Management and Admin	N/A	N/A	N/A	57%
Full-time equivalents (FTE) - Primary Health	N/A	N/A	N/A	29%
Total FTE's	81%	71%	-4%	N/A
Turnover Rate	N/A	N/A	-63%	N/A
Vacancy Rate	N/A	N/A	DQ	N/A
Clinical/Statistical Utilization				
Attendance Days Face-to-Face	96%	100%	N/A	N/A
Clients placed in LTCH with MAPLe scores high or very high as a percent of total clients placed	N/A	N/A	N/A	N/A
Consultations between providers (Client not present) - Primary Health	N/A	N/A	N/A	71%
Consultations between providers (Client present) - Primary Health	N/A	N/A	N/A	71%
From Referral date to Assessment Date (90th Percentile Referrals from Community)	N/A	N/A	47%	N/A
From Referral date to Assessment Date (90th Percentile Referrals from Hospital)	N/A	N/A	100%	N/A
Group Sessions	N/A	76%	N/A	N/A
Hours of Care In-House and Contracted Out	98%	N/A	N/A	N/A
Individual Encounters (Face to Face) - Primary Health	N/A	N/A	N/A	71%
Individual Encounters (Telephone) - Primary Health	N/A	N/A	N/A	57%
Individuals Served by Functional Centre or as appropriate Individuals Served by Organization	85%	81%	3%	N/A
Meal Delivered-Combined	100%	N/A	N/A	N/A
Not Uniquely Identified Service Recipient Interactions	100%	95%	N/A	N/A
Number of Active Clients - Primary Health	N/A	N/A	N/A	57%
Percent female clients aged 18 to 69 who have had a pap test within the last three years	N/A	N/A	N/A	86%
Percent of acute clients receiving first home visit within 3 days of referral to the CCAC	N/A	N/A	0%	N/A
Percent of the Population 85+ living in community supported by CCAC	N/A	N/A	N/A	N/A
Proportion CHC Clients Who Received a Fecal Occult Blood Test	N/A	N/A	N/A	100%
Proportion of CHC Clients with Depression Offered Treatment or Referral	N/A	N/A	N/A	100%
Proportion of CHC clients with type 2 diabetes receiving inter-disciplinary care	N/A	N/A	N/A	100%
Resident Days	98%	100%	N/A	N/A
Services:Clients Served (Hips & Knees)	N/A	N/A	56%	N/A
Visits Face-to-face, Telephone In-House, Contracted Out	89%	76%	7%	N/A

Status - All Community Health Service Providers are within the Performance Corridor, within Target or within Budget. CE CCAC within +/-5%.

Status - Over 80% of Community Health Service Providers are within Performance Corridor or within Budget/Target (+/- 10%). CE CCAC within +/-10%.

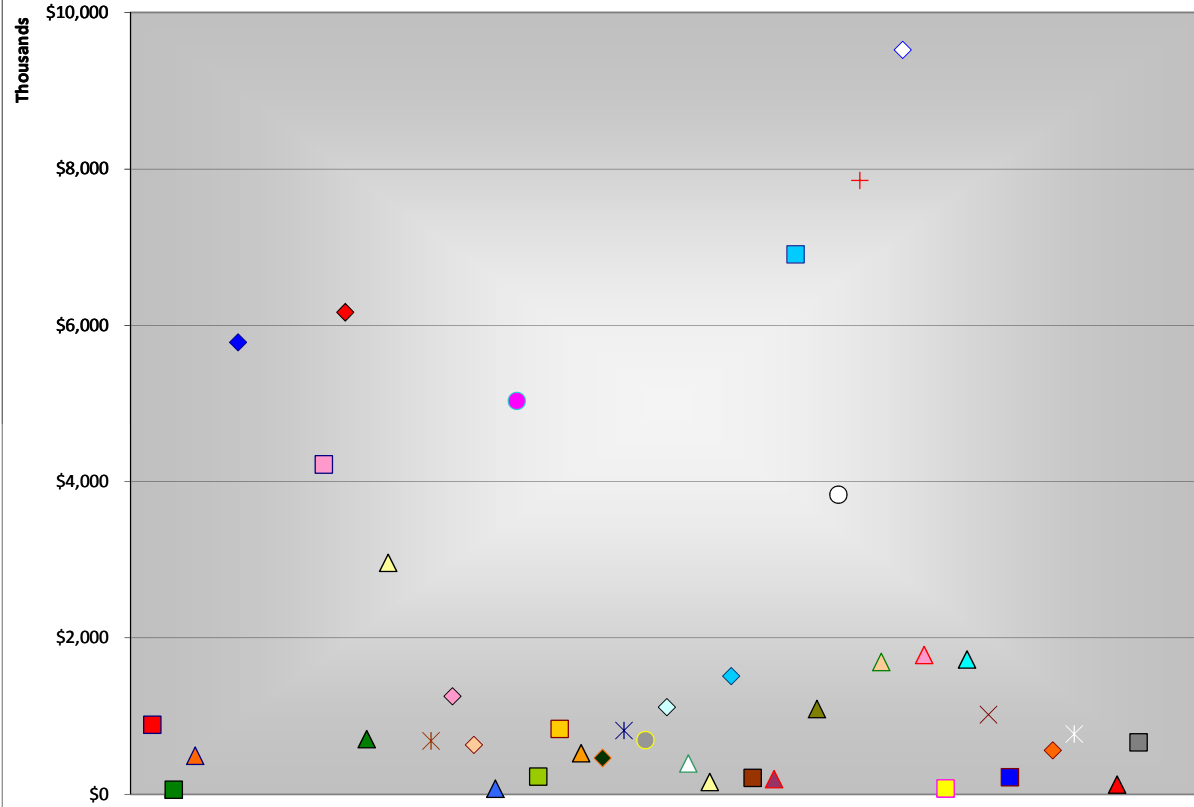
Status - Monitor - Over 60% of Community Health Service Providers are within Performance Corridor and/or within Budget/Target (+/- 10%). CE CCAC within +/- 15%

Status - ATTENTION - Over 40% of Community Health Service Providers are outside the Performance Corridors or not meeting Target/Budget (+/- 10%). CE CCAC over +/-15%.

Note 1: N/A indicates that the indicator is not applicable to the healthcare sector.

Note 2: For those highlighted in blue, yellow or red colours, CE LHIN staff are working with each identified Community Health Service Provider to resolve.

CSS = 2010/11 Forecast (as 2010/11Q3)
Total Expenses (All Fund Types)

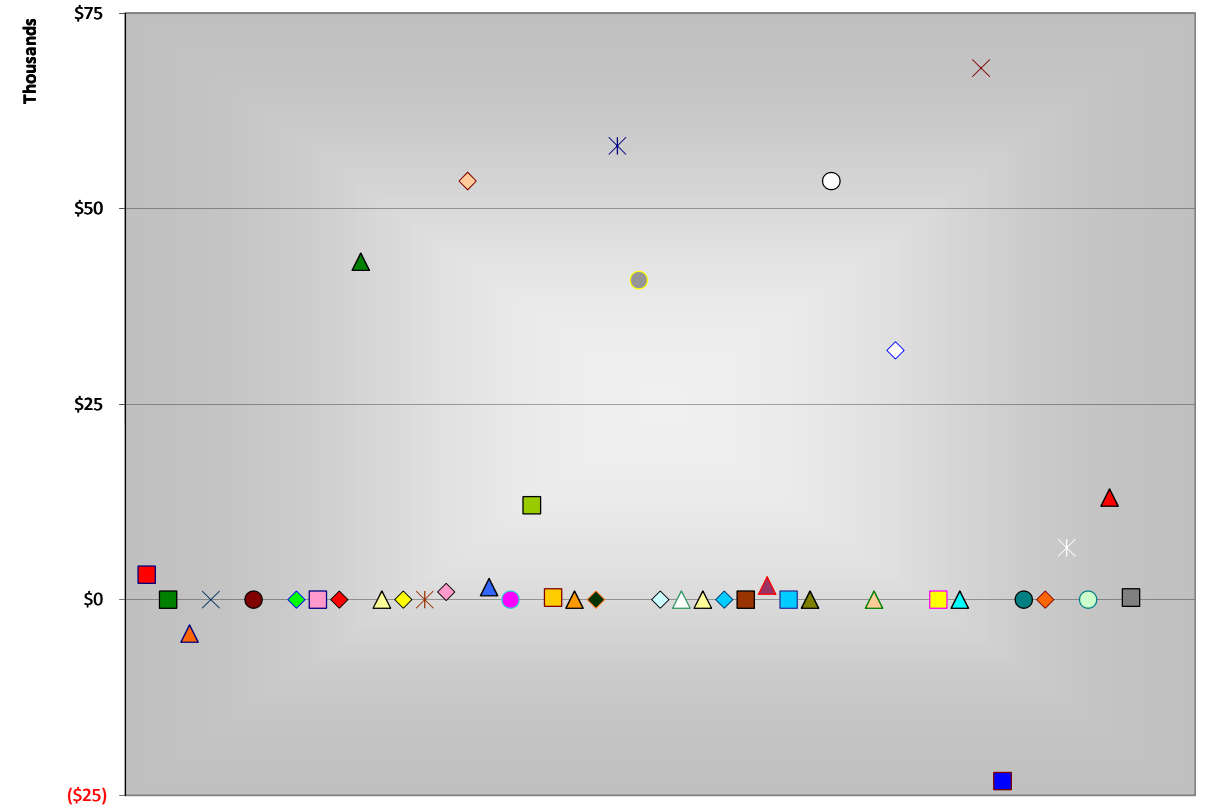


Outliers:
 Rehabilitation Foundation for the Disabled - Durham: \$92,792,509;
 The Canadian Hearing Society - Peterborough/Durham: \$36,746,876

Total Expense includes expenses incurred for all delivered services and programs, regardless of revenue type. It measures total operating expenses offset by internal and external recoveries within the facility.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

CSS = 2010/11 Forecast (as 2010/11Q3)
Financial Net Year End Position (All Fund Types)

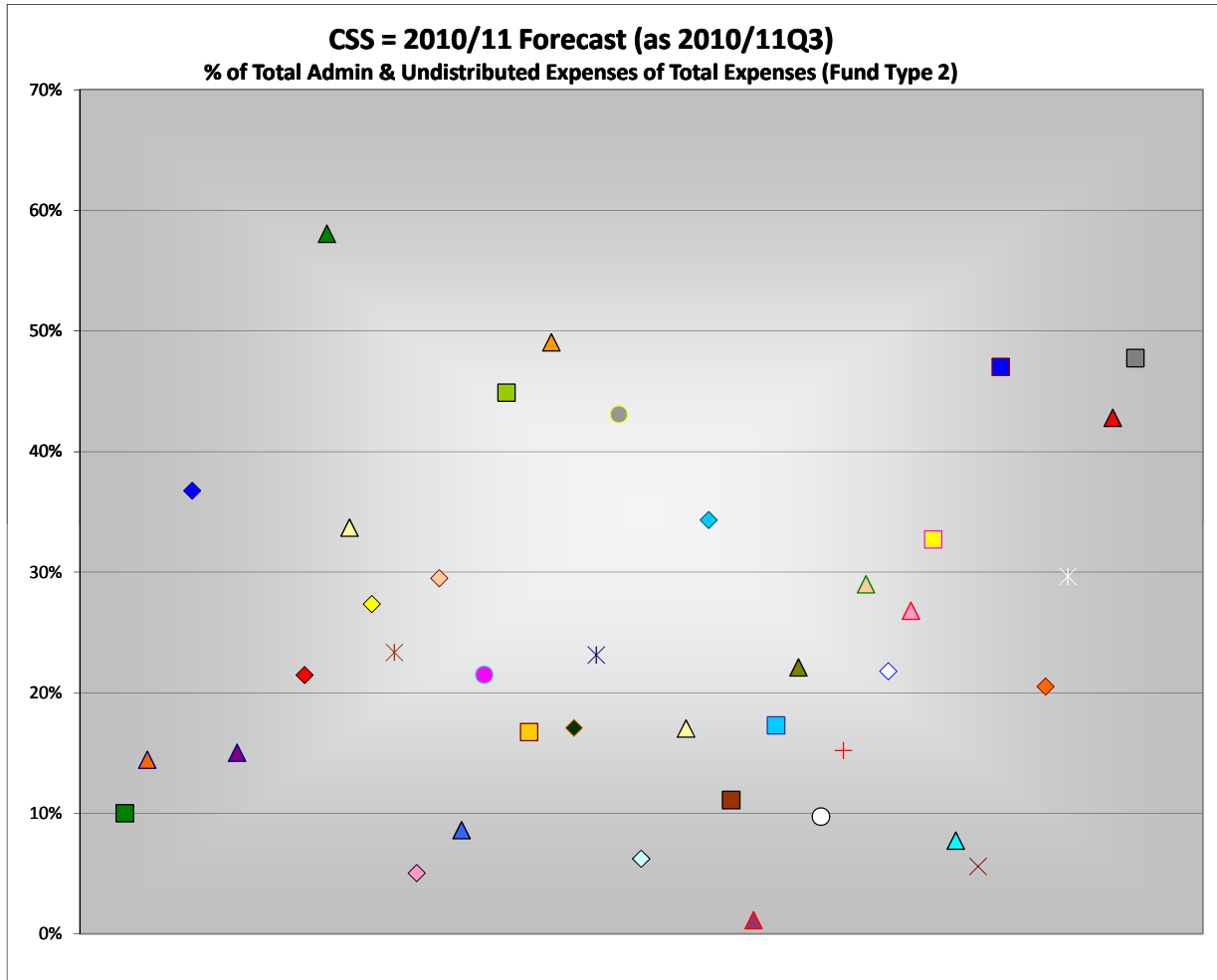


Outliers:
 Community Care, City of Kawartha Lakes: 370,141 (Surplus);
 Rehabilitation Foundation for the Disabled - Durham: 230,000 (Surplus);

The total corporate entity's (refers to LHIN funding as well as other funding sources) forecasted and/or actual fiscal year end financial operating position = Surplus/(Deficit), total expenses are under/over or equal to all sources of revenue.

A basic requirement of a signed 2009-11 Multi-Sectoral Accountability Agreement (M-SAA) between a Health Service Provider and Central East LHIN is to achieve a balanced operating position for the total entity for each fiscal year of the M-SAA.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.

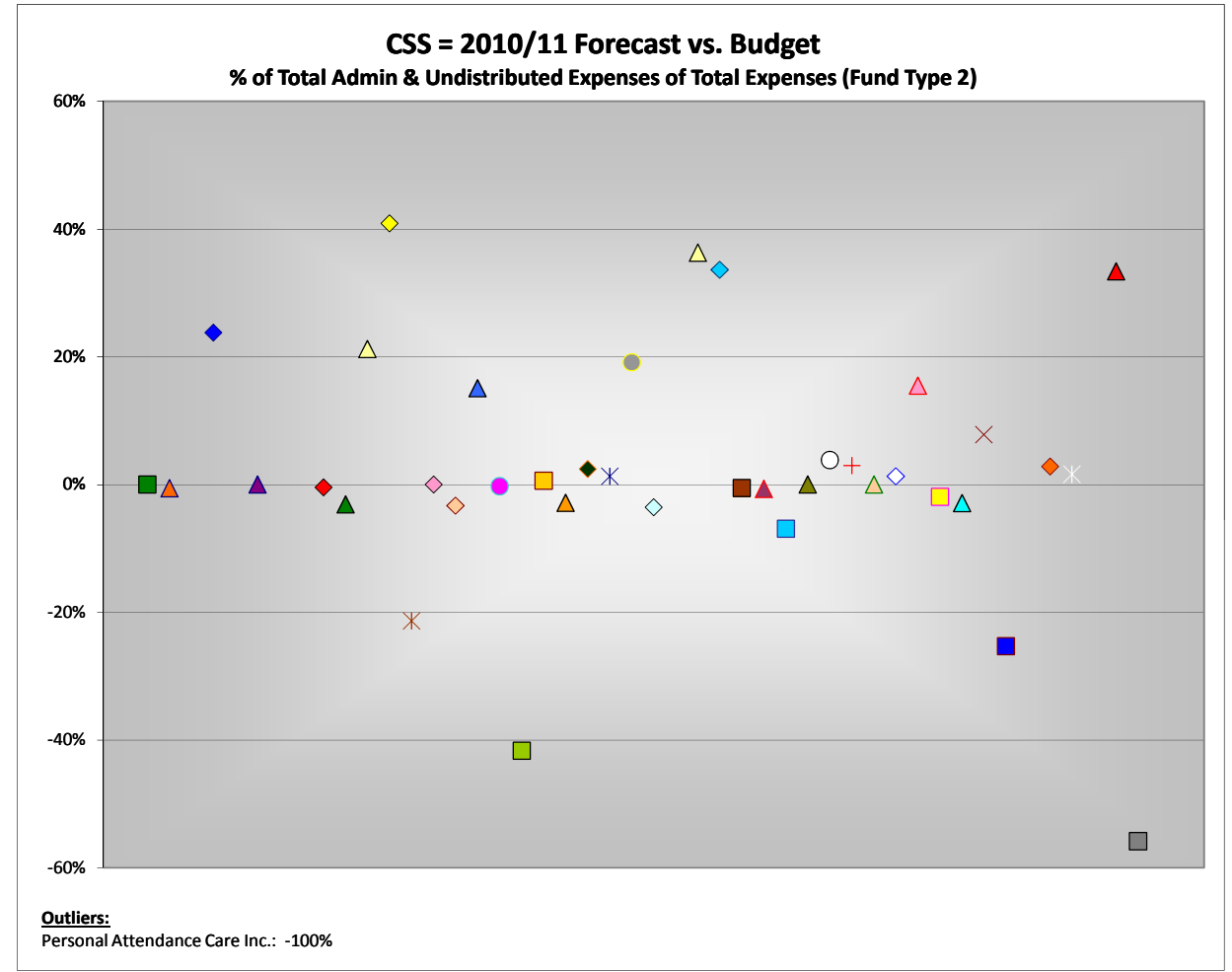


The LHIN-managed operating expense in Administrative Services for the organization divided by the total LHIN-Managed operating expense.
 Numerator = Administrative Operating Costs;
 Denominator = Total Organization's Net operating costs.

For those health service providers who have more than a LHIN source of revenue, expenses (including central administration expenses), must be allocated appropriately to each specific revenue/funding source. Tracking and reporting of financial records should be segregated separately, according to LHIN vs Ministry funding in how the funding has been utilized.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

* Hospital affiliated entities may have 0% cost allocation as maybe absorbed by the total corporate entity of hospital.

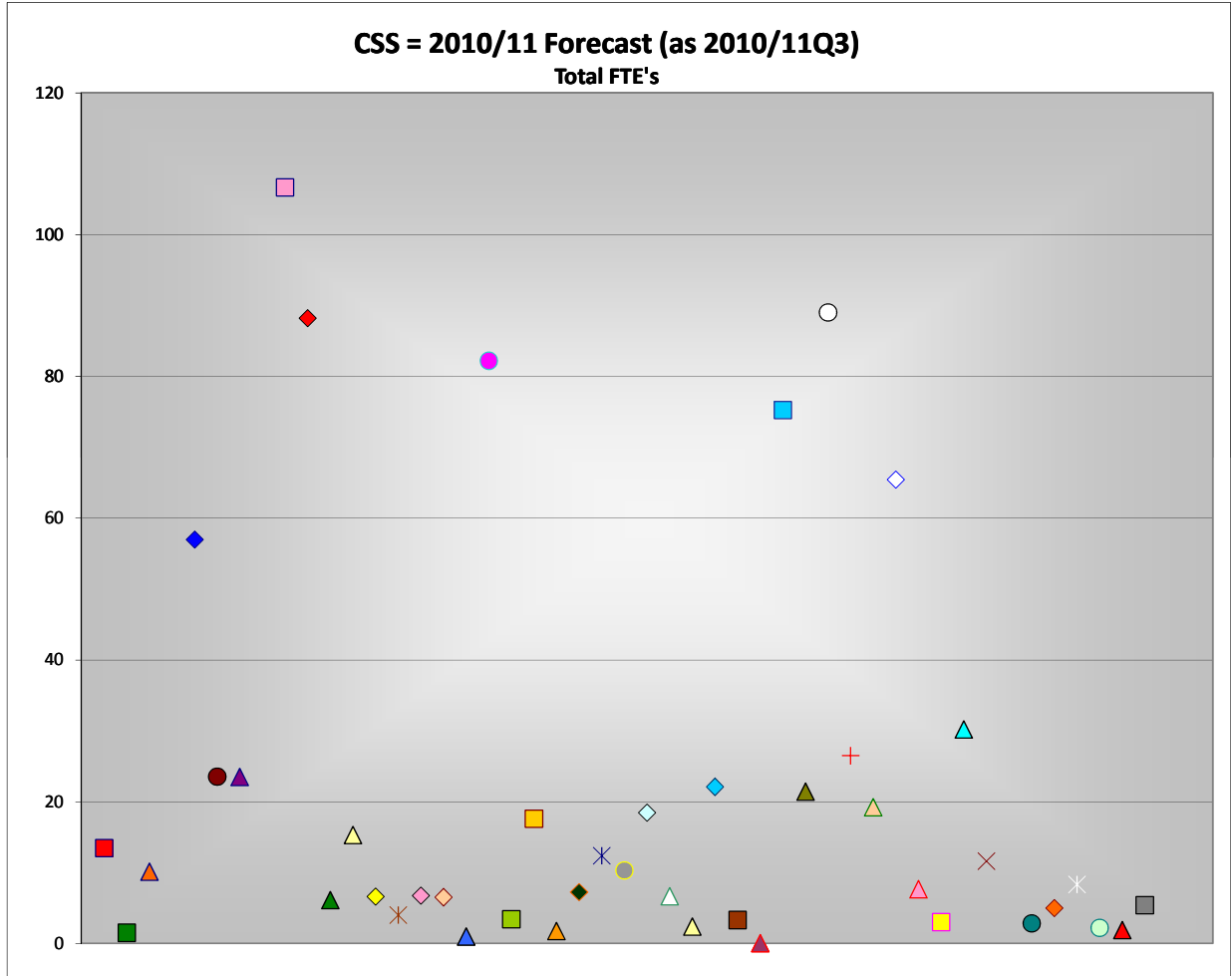


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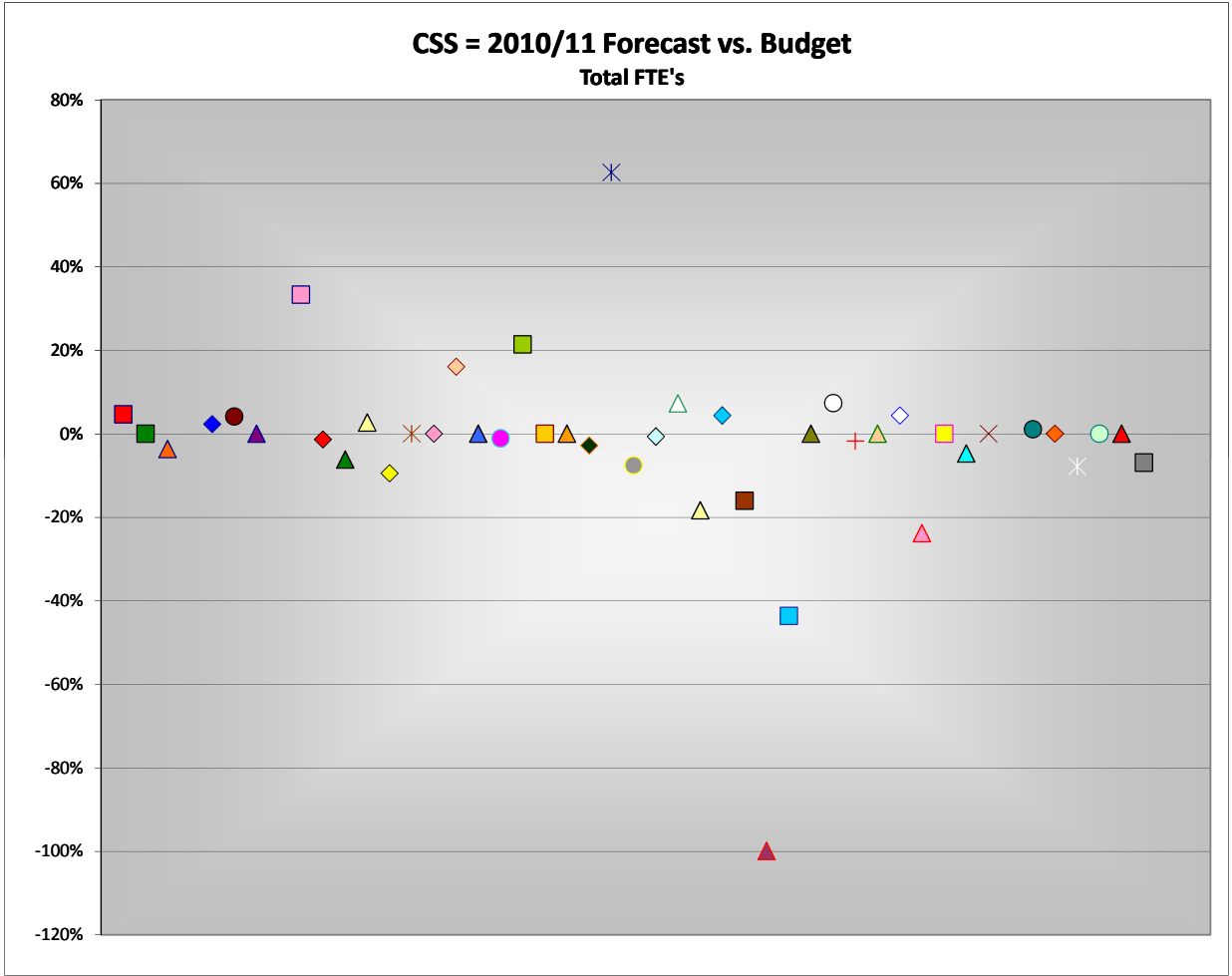
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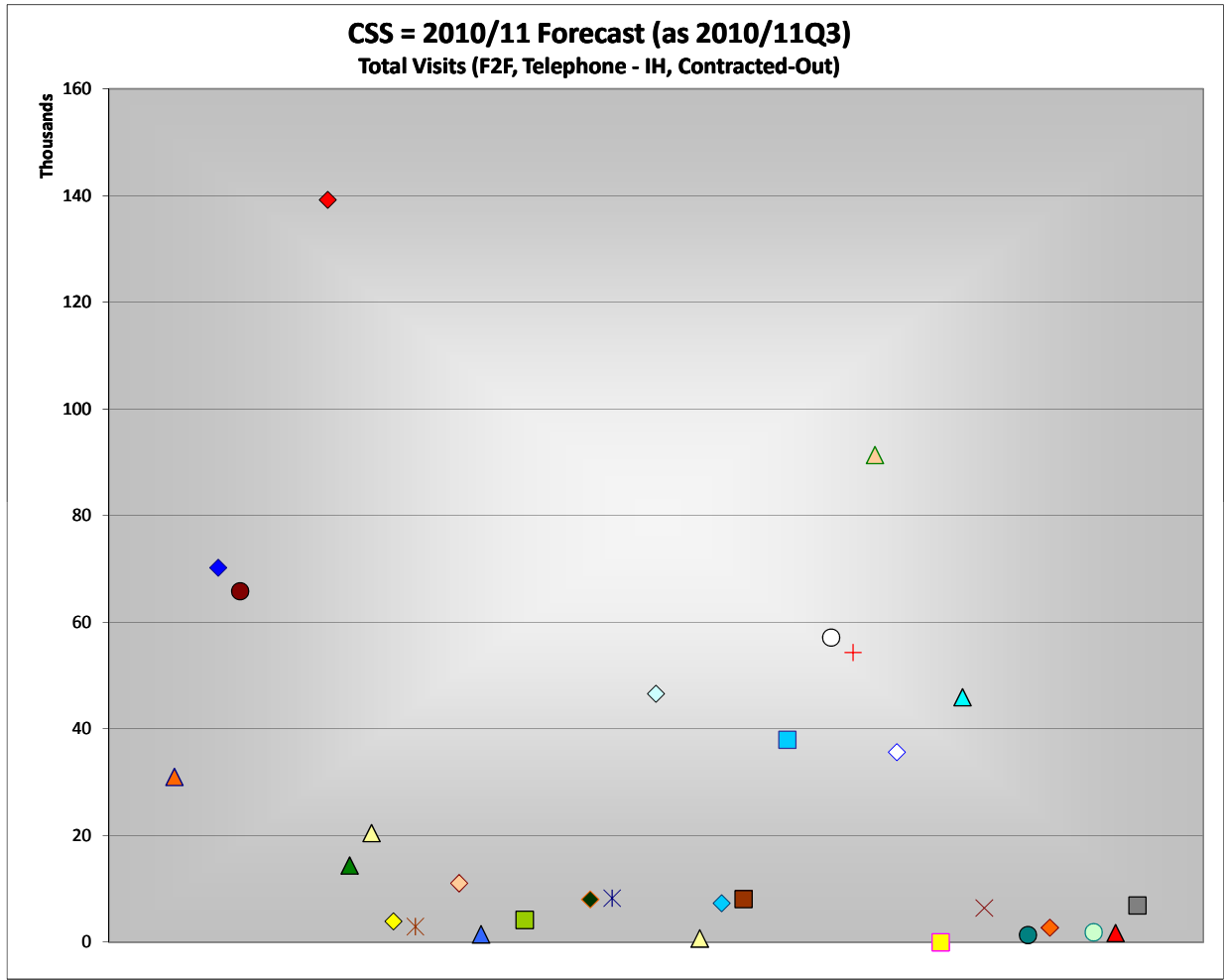
Total number of full time equivalent staff (worked total hours divided by 1950) including Management & Operational Support, Unit producing (providing direct client/patient care) personnel and other (LHIN-funded programs).

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.



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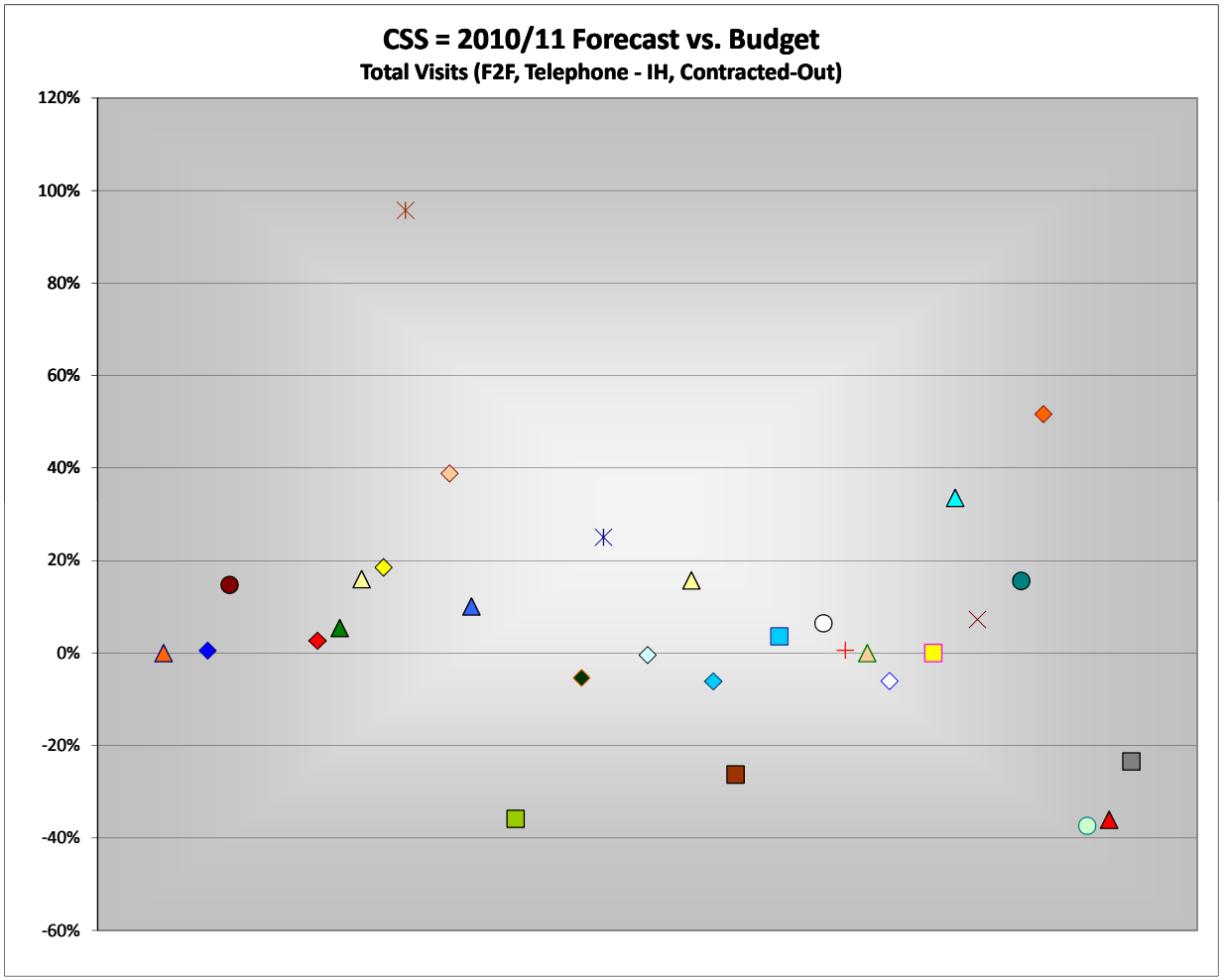
The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.



The number of units of service to a registered client, provided by the organization's employee(s), either to an individual or group who are uniquely identified (includes the client and/or their significant other(s) who are attending on their behalf). The service has to be documented as per policy (health record generated) and the duration length of the service provided to be greater than 5 minutes:

- 1 - Face-to-Face or via videoconference;
- 2 - Telephone (in-house or billed by 3rd party);
- 3 - Contracted-out (3rd Party Provider delivering the service, managed by the organization or by one or more of their employees);

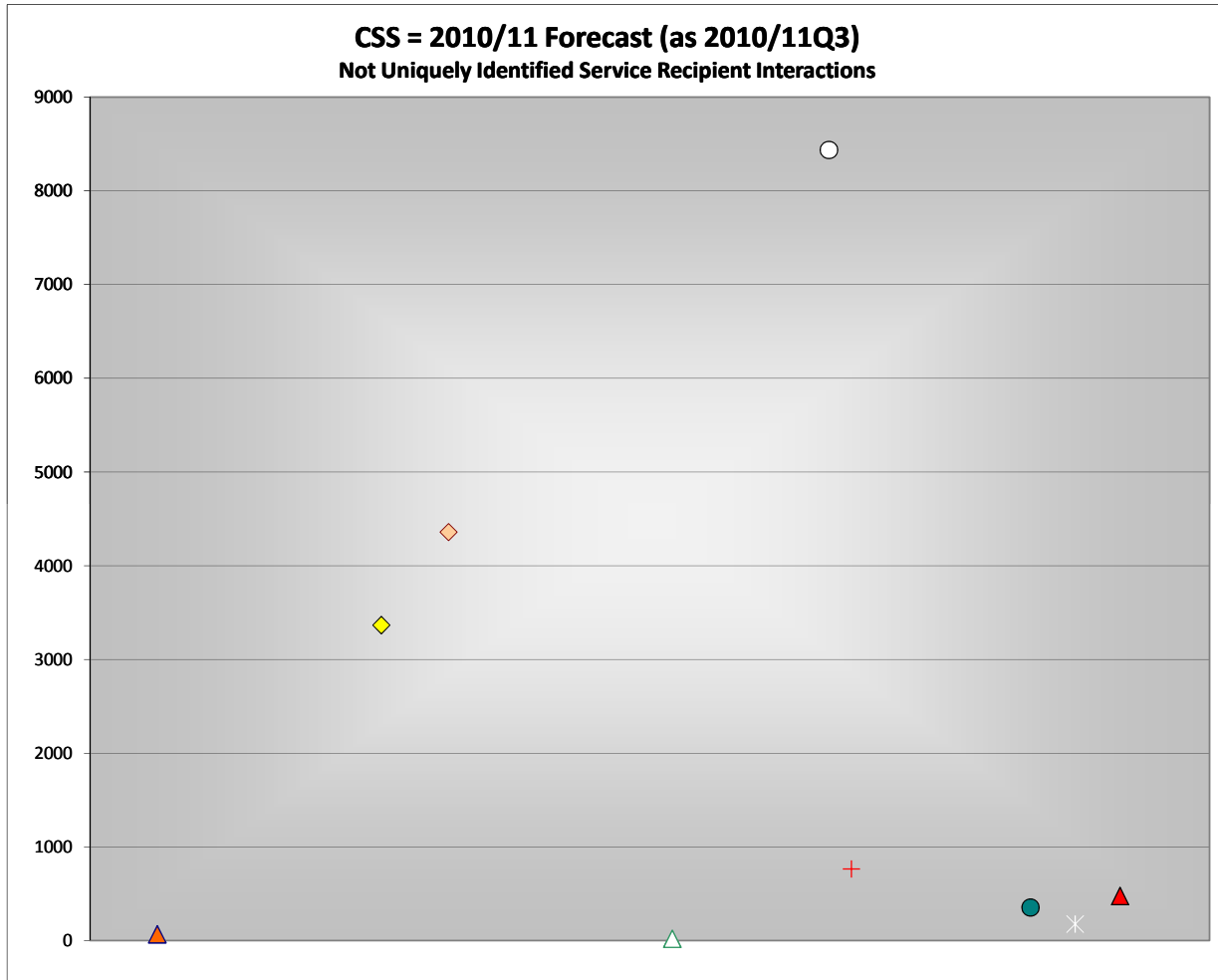
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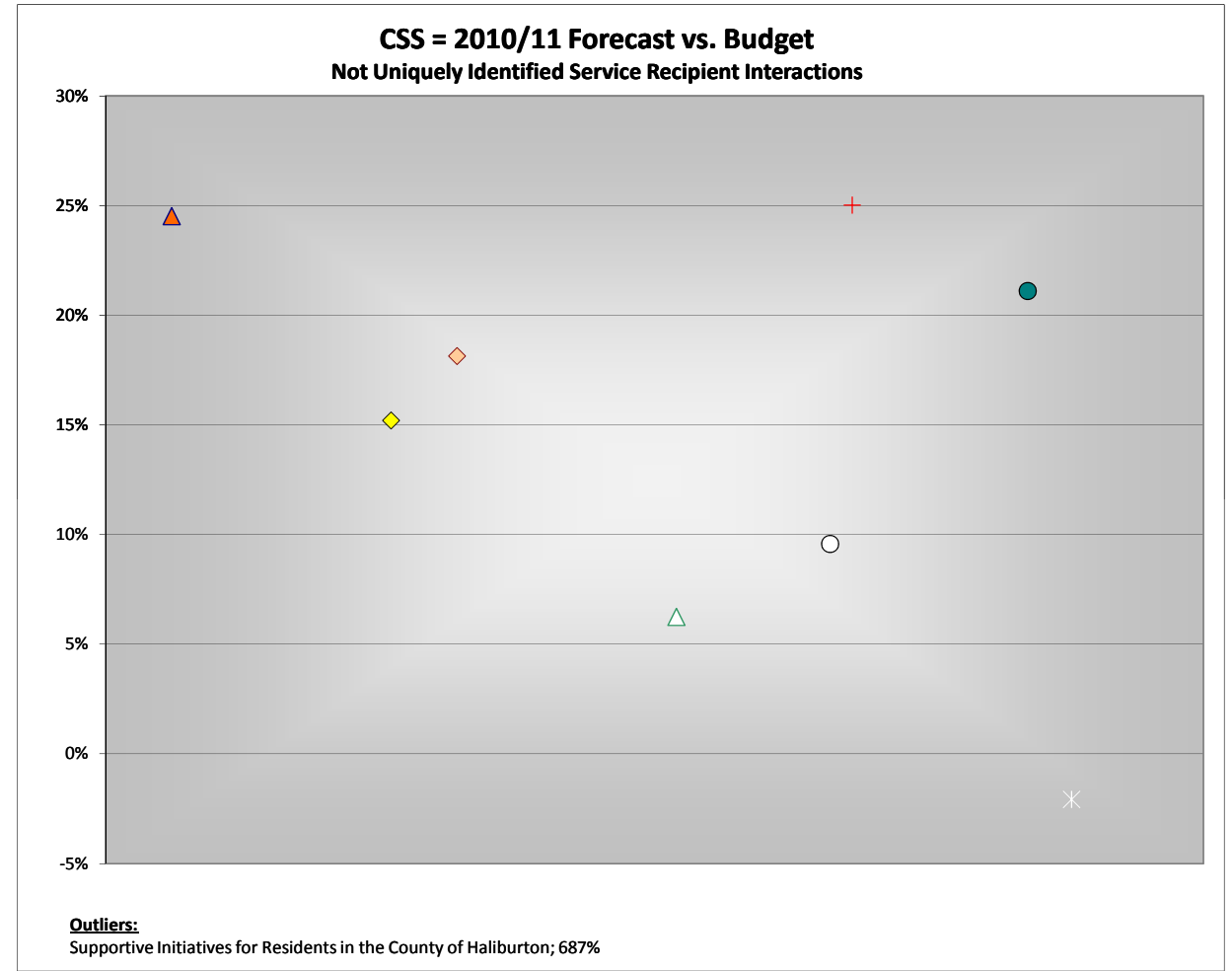
The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.



The number of clients (who are NOT uniquely identified) provided a service by the organization's employee(s) by the following types of service, either to an individual or group which can include the client and/or their significant other(s) who are attending on their behalf. No health record is generated as opposed to a registered client (for education, health promotion, etc.):

- 1 - Face-to-Face or via videoconference;
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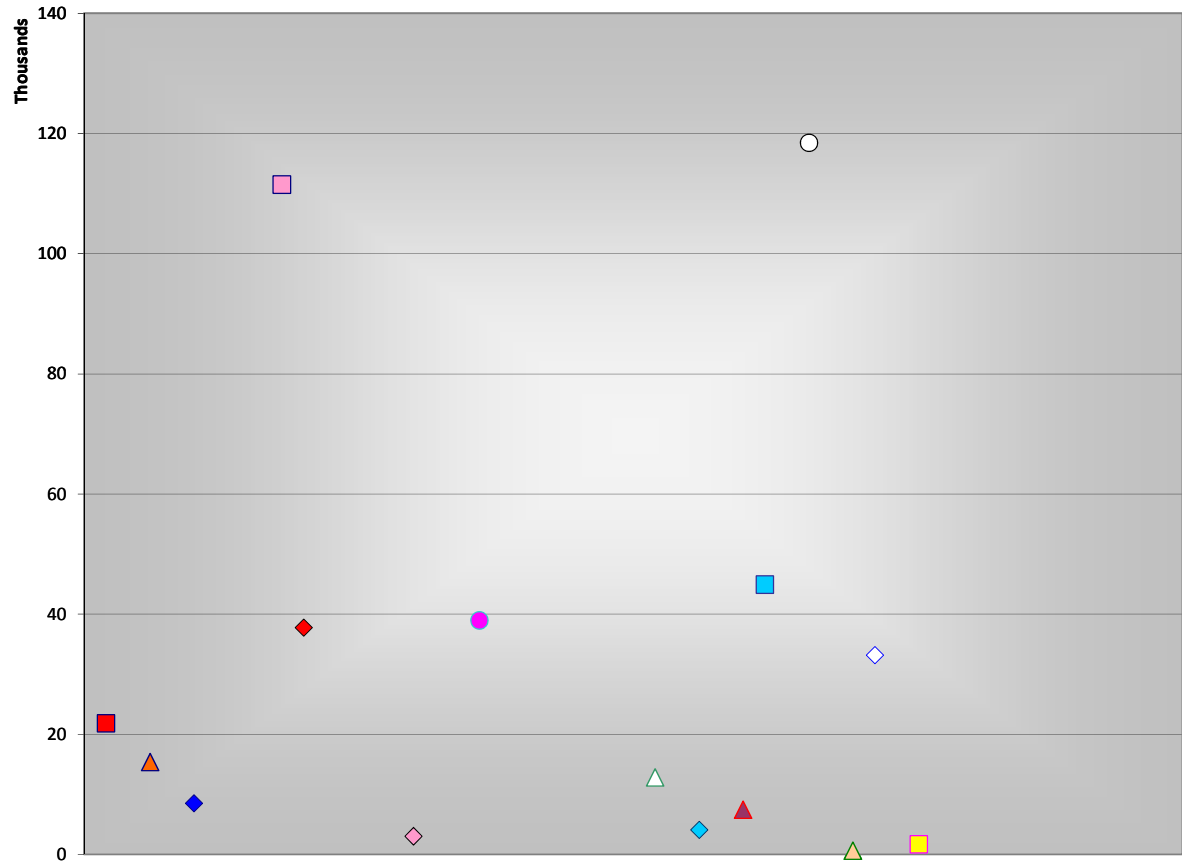


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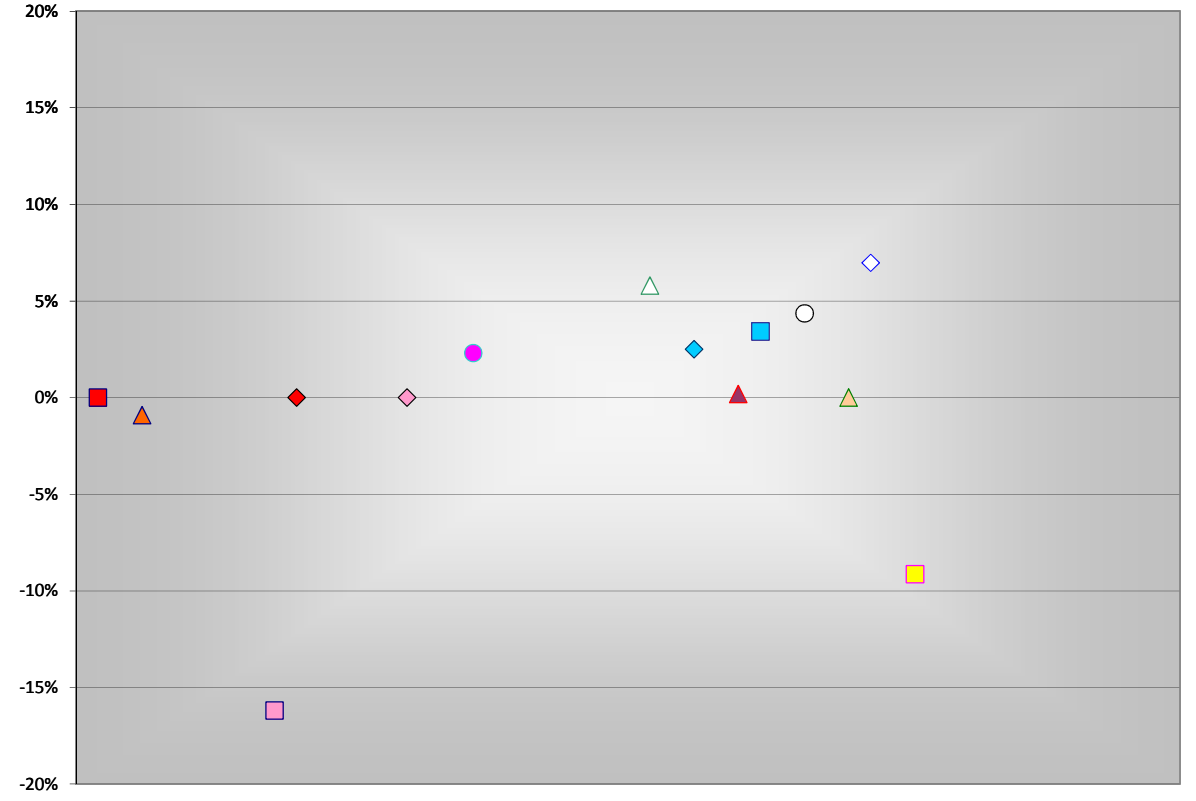
CSS = 2010/11 Forecast (as 2010/11Q3)
Hours of Care (IH & Contracted-Out)



The number of hours of care or service that are provided to a client (can be delivered by either in-house staff or contracted-out third party providers, e.g. in-home health shift nursing or personal support care).

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

CSS = 2010/11 Forecast vs. Budget
Hours of Care (IH & Contracted-Out)

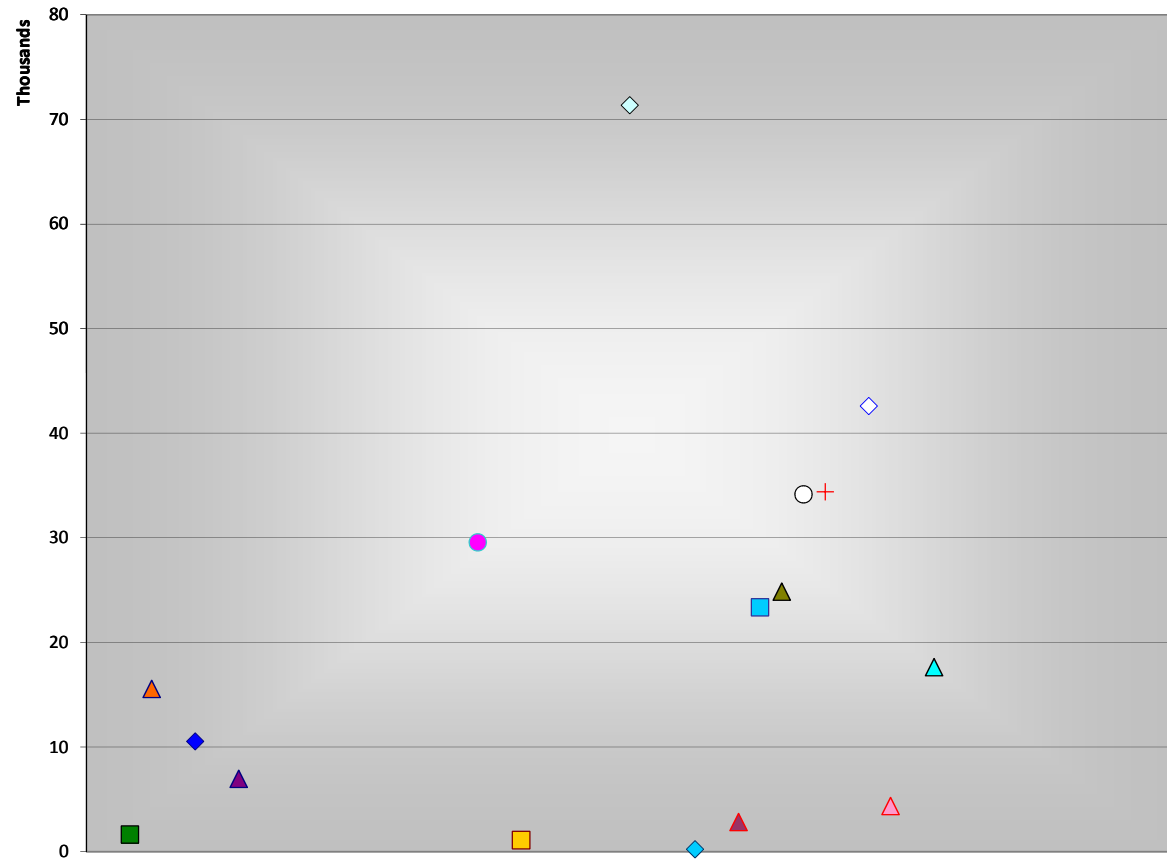


Outliers:
Community Care, City of Kawartha Lakes: 107%

The number of hours of care or service that are provided to a client (can be delivered by either in-house staff or contracted-out third party providers, e.g. in-home health shift nursing or personal support care).

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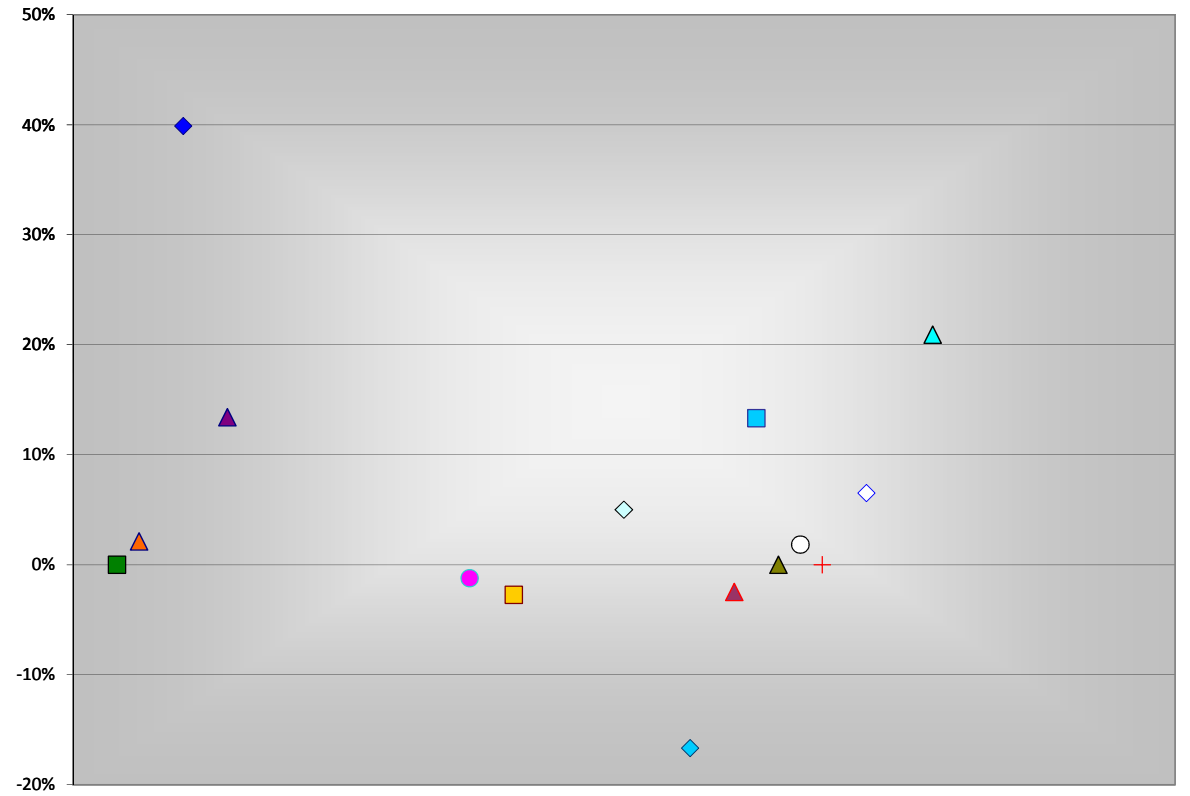
CSS = 2010/11 Forecast (as 2010/11Q3)
Resident Days



The number of days reported where a resident is provided service, counted at a certain point in time on each successive day (census). These days are counted from the day of admission and for subsequent days, excluding the day of discharge (separation) is not counted as a day. When those residents are admitted and discharged on the same day, one resident day is counted.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

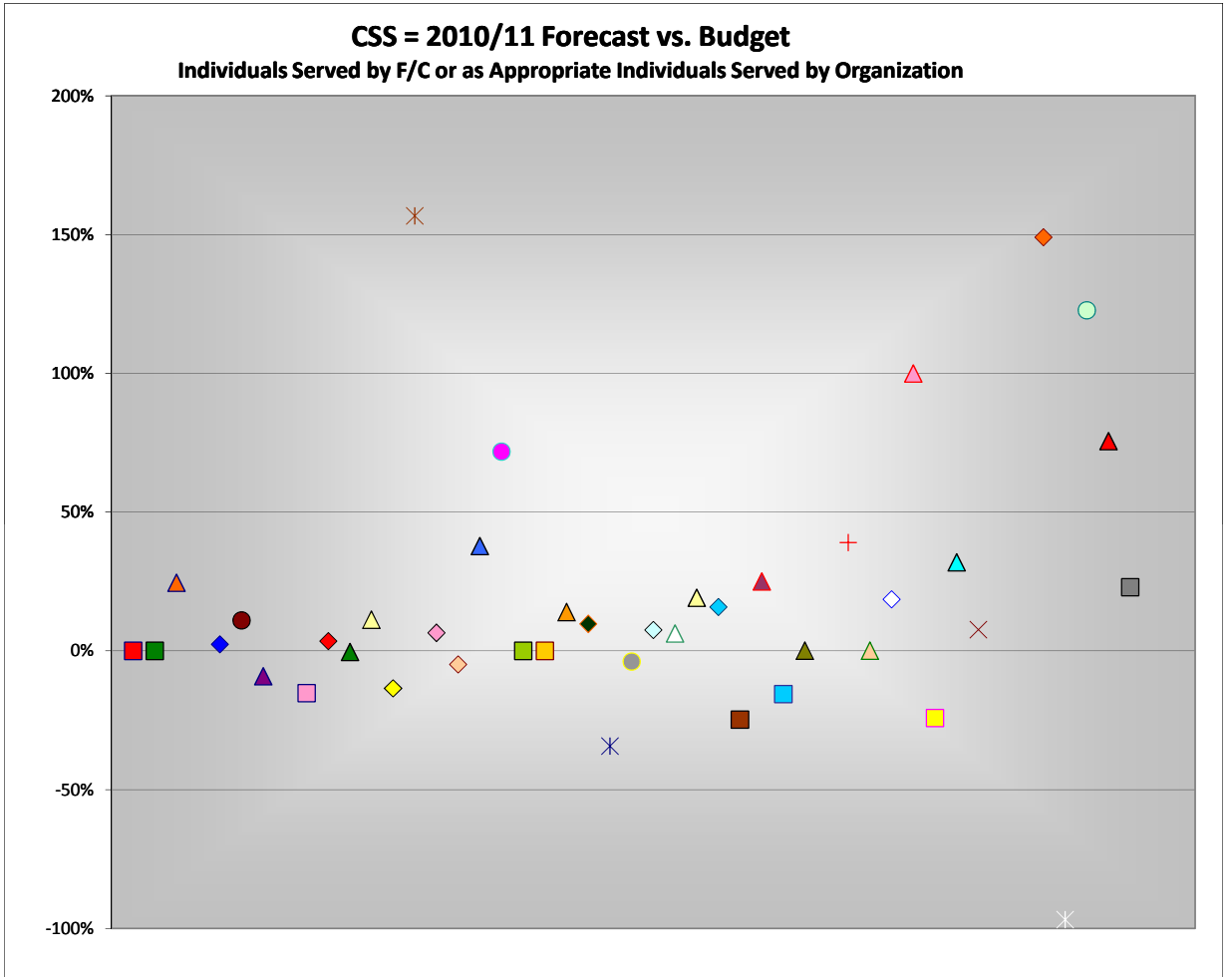
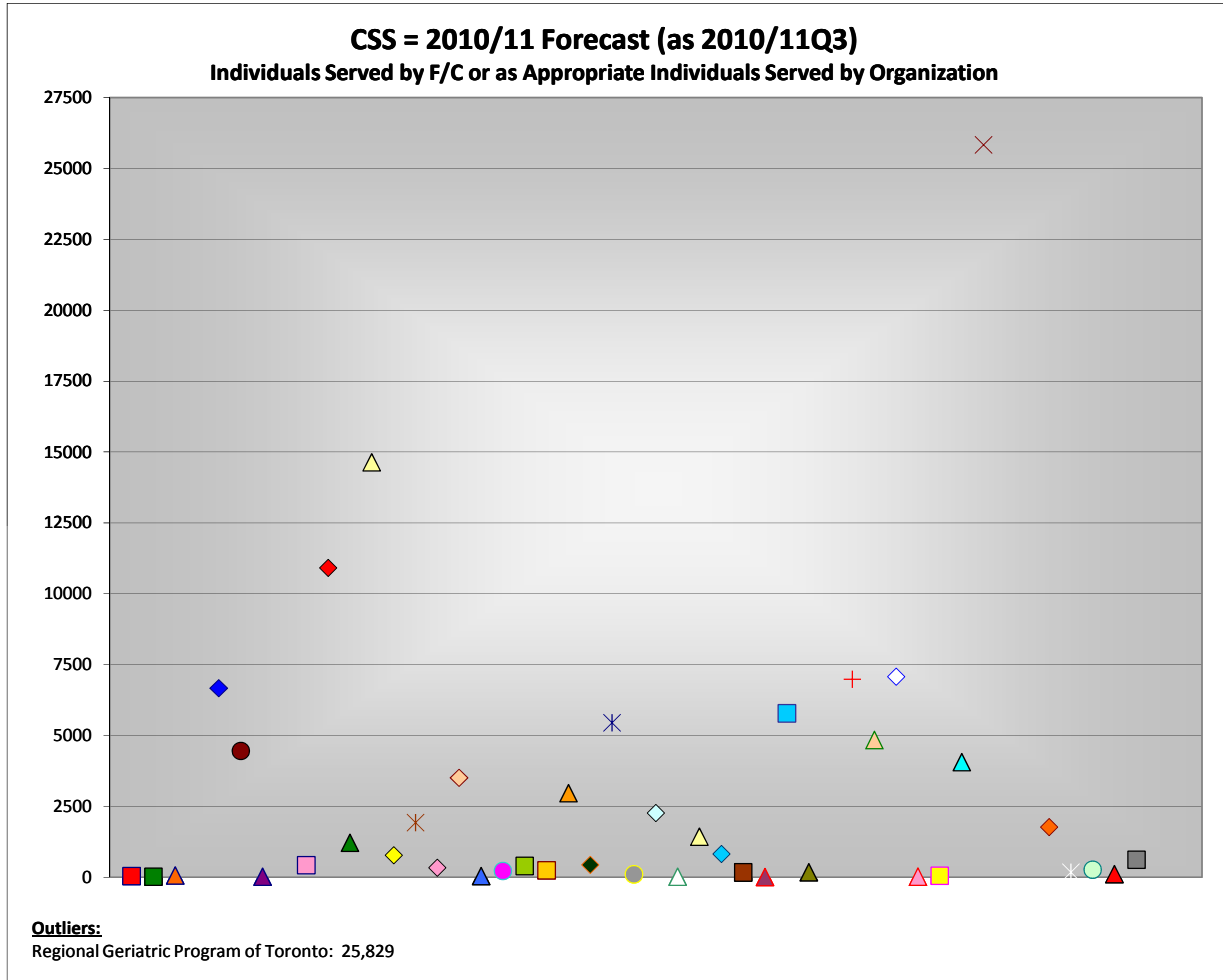
CSS = 2010/11 Forecast vs. Budget
Resident Days



Outliers:
Participation House - Toronto Parent Association: 100%

The number of days reported where a resident is provided service, counted at a certain point in time on each successive day (census). These days are counted from the day of admission and for subsequent days, excluding the day of discharge (separation) is not counted as a day. When those residents are admitted and discharged on the same day, one resident day is counted.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.



Each client who has received a service(s) within a program/department (functional centre) within a given period and who have been registered with the health service provider and given a unique identifier (generates a health record as per policy). A client can receive more than 1 same type of service (e.g. 3 visits) or have received a basket of services but the client is only counted once in the same functional centre within the defined fiscal period. It is basically a head count of the client at the functional centre level and not a count of the services provided to the individual.

Note: Individuals served by functional centre are only counted once in the functional centre but an individual may have received services by several programs/departments (functional centres) within one health care provider. This will lead to the same individual being counted at each functional centre/department/program and counted only once at the organization level.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

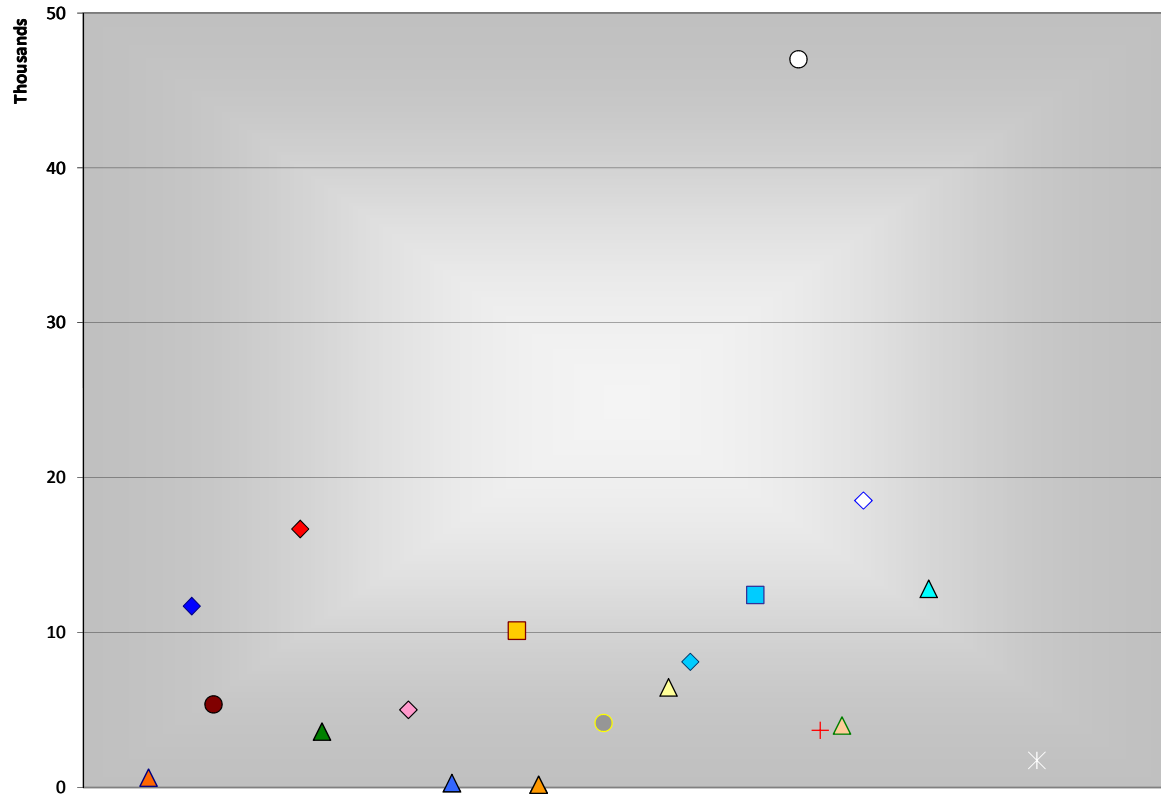
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The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.

CSS = 2010/11 Forecast (as 2010/11Q3)

Attendance Days - F2F



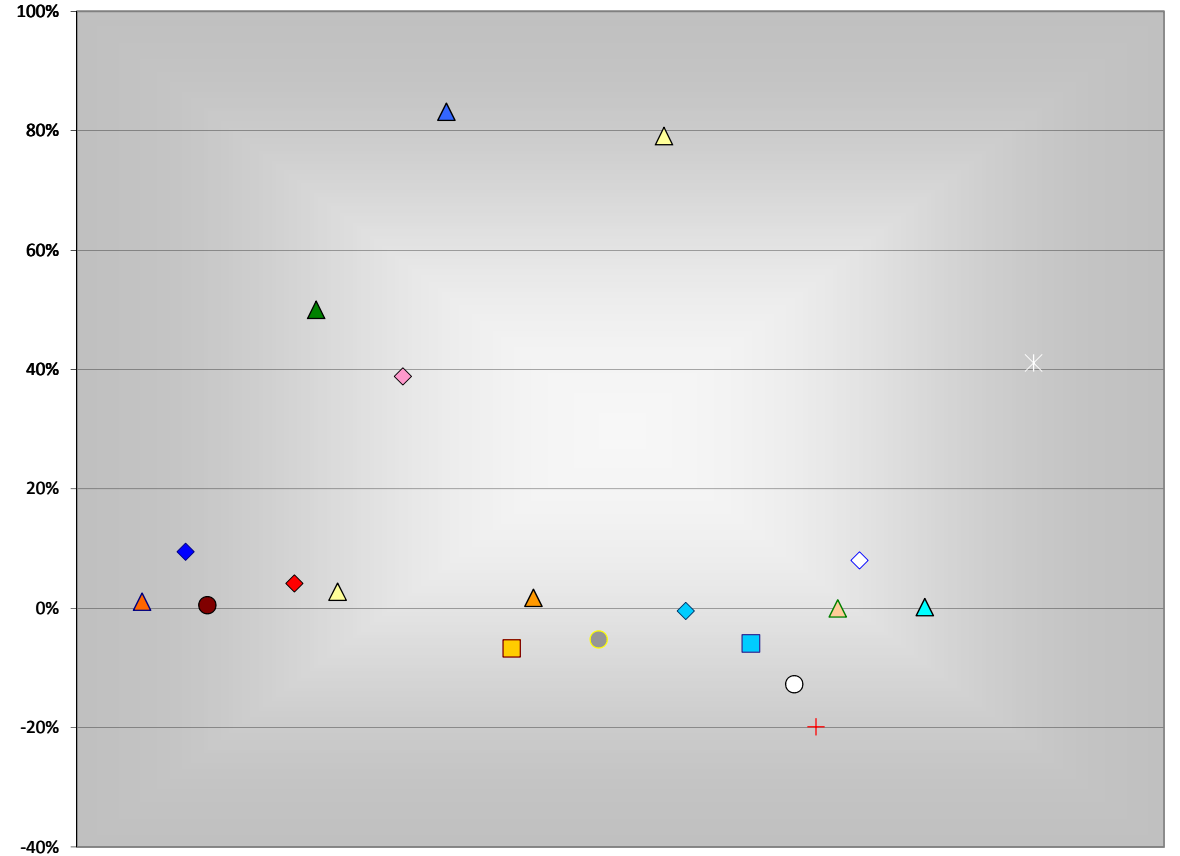
Outliers:
Oshawa Senior Citizens Centre: 72,133

When a service is generated/delivered to a client by the organization's therapy staff, where interactions between the organization's staff and the client and/or their significant other (individual or via group basis) are delivered either face-to-face or by videoconference, the number of days are totalled. Each day recorded is defined as a service delivery day on a (attendantcy day) 24-hour calendar day basis. A client and/or their significant other can receive more than one visit during the day counted.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

CSS = 2010/11 Forecast vs. Budget

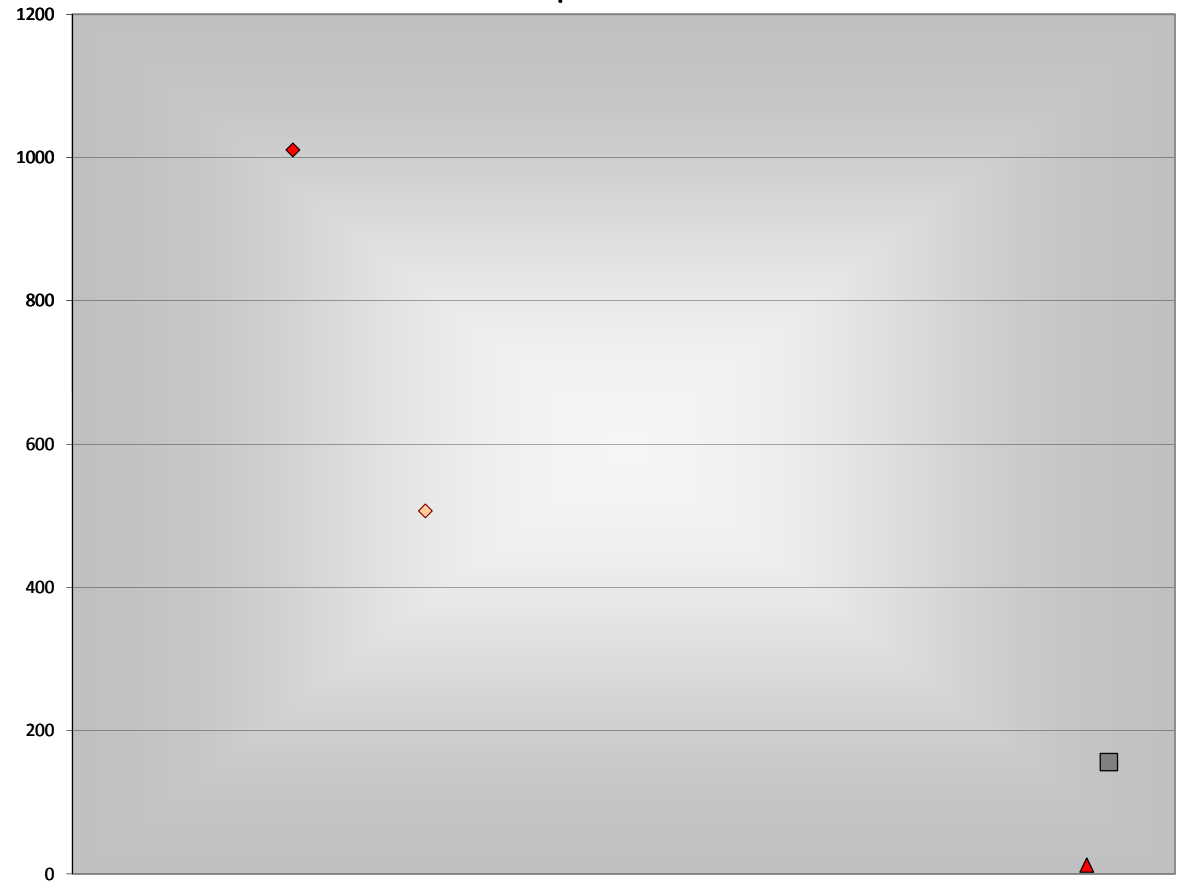
Attendance Days - F2F



When a service is generated/delivered to a client by the organization's therapy staff, where interactions between the organization's staff and the client and/or their significant other (individual or via group basis) are delivered either face-to-face or by videoconference, the number of days are totalled. Each day recorded is defined as a service delivery day on a (attendantcy day) 24-hour calendar day basis. A client and/or their significant other can receive more than one visit during the day counted.

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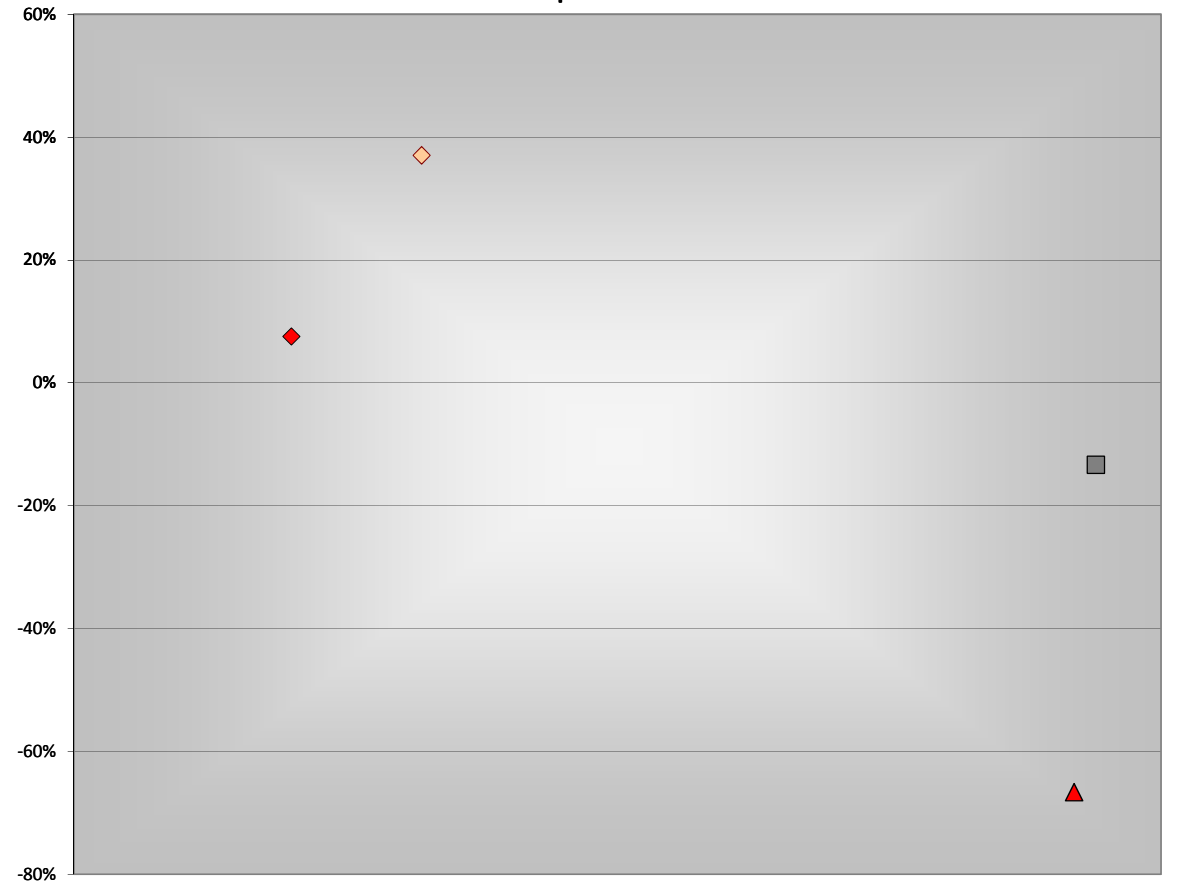
CSS = 2010/11 Forecast (as 2010/11Q3)
Group Sessions



Group Sessions is interpreted as a formal planned service that is provided to a group of participants (number of individuals that are registered/non-registered clients) by one or more health service providers. Provided to two or more clients and is material in length with a general purpose of the provision of education, prevention/control and/or health promotion.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

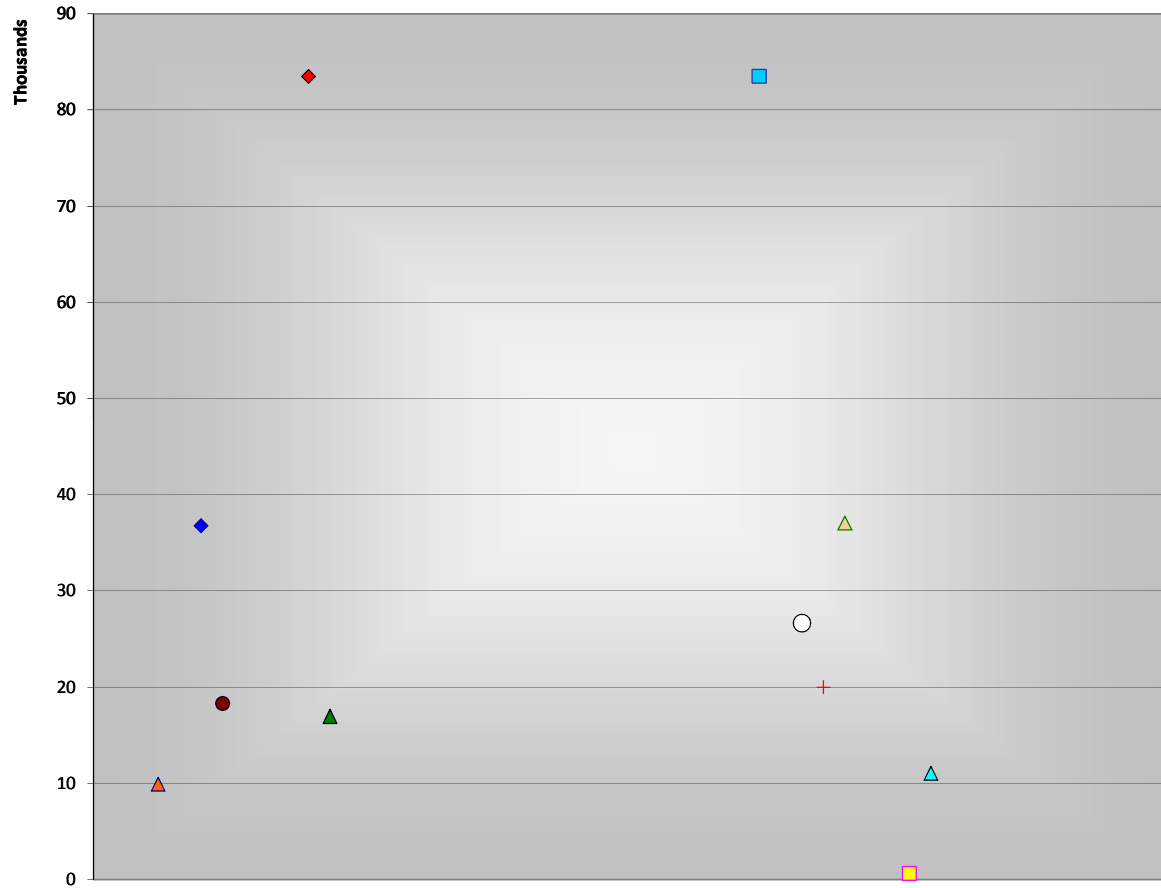
CSS = 2010/11 Forecast vs. Budget
Group Sessions



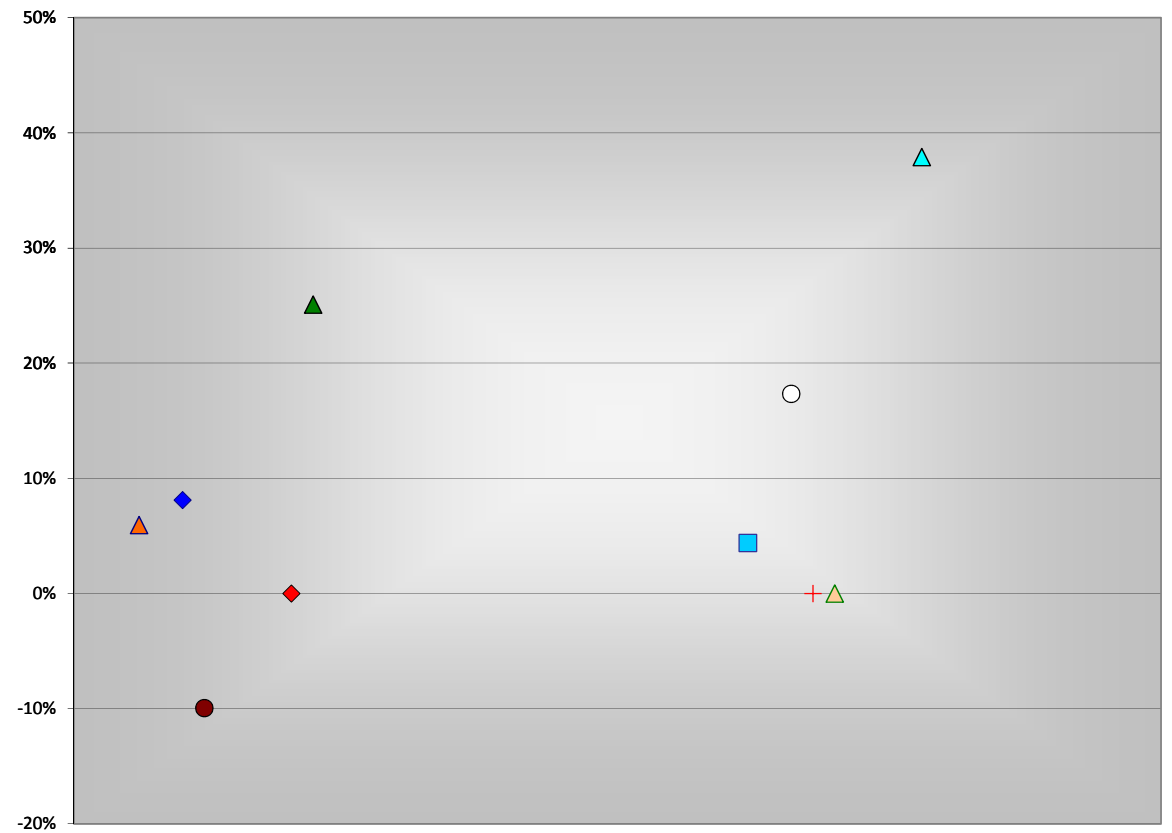
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The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.

CSS = 2010/11 Forecast (as 2010/11Q3)
Meals Delivered - Combined



CSS = 2010/11 Forecast vs. Budget
Meals Delivered - Combined



Outliers:
Alderville First Nation Health and Social Services: 195%

Meals Delivered are the number of combined meals that are provided to clients that can be the following:

- 1 - Hot;
- 2 - Frozen;
- 3 - Side Dishes;

Hot and frozen meals are counted once for each whereas side dishes are counted as 0.5 where 2 side dishes equals 1 meal.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

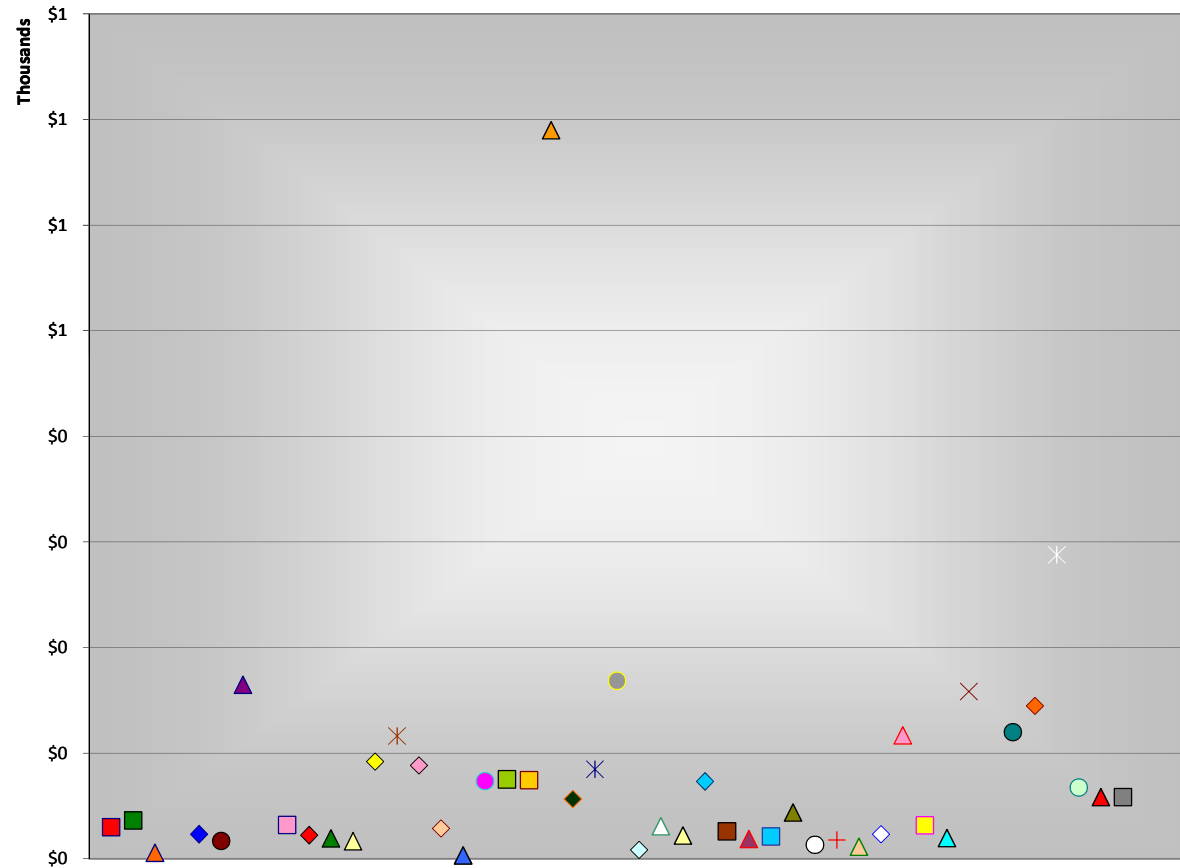
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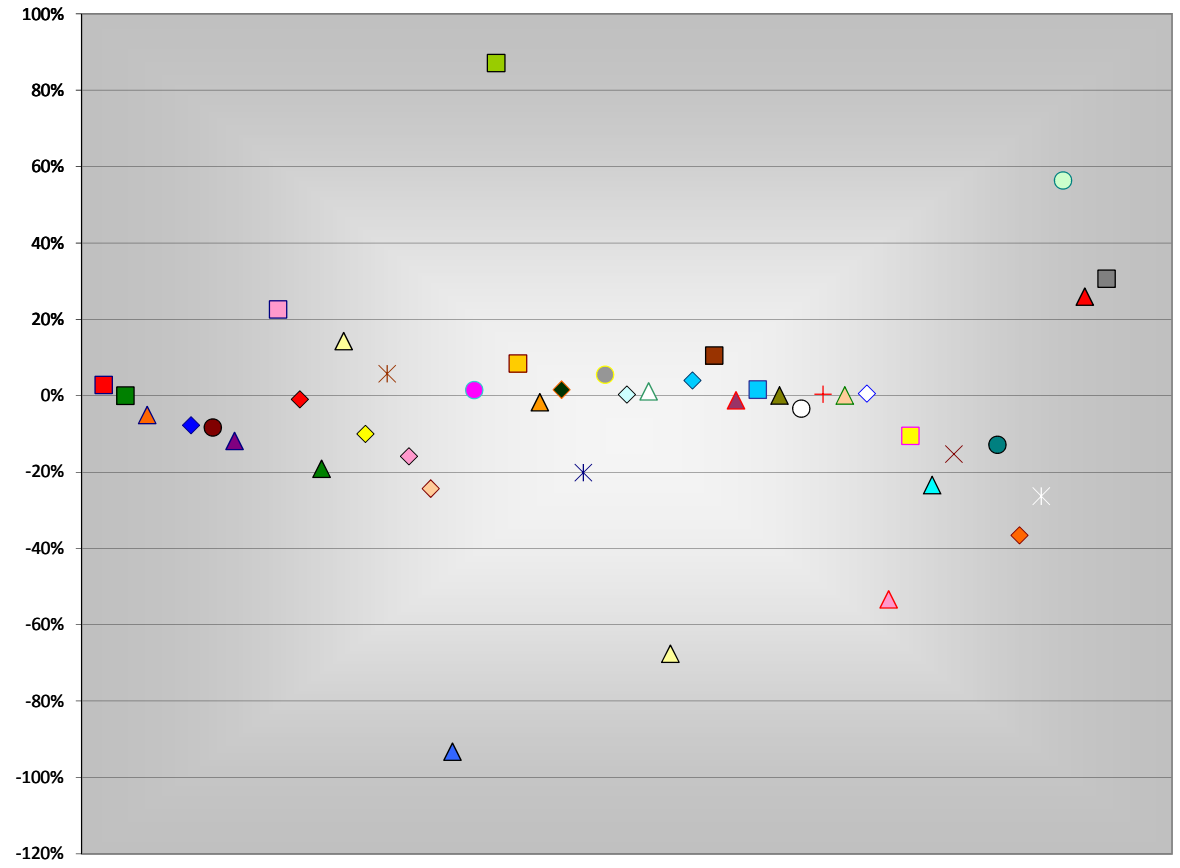
The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.

CSS = 2010/11 Forecast (as 2010/11Q3)
Cost per Service



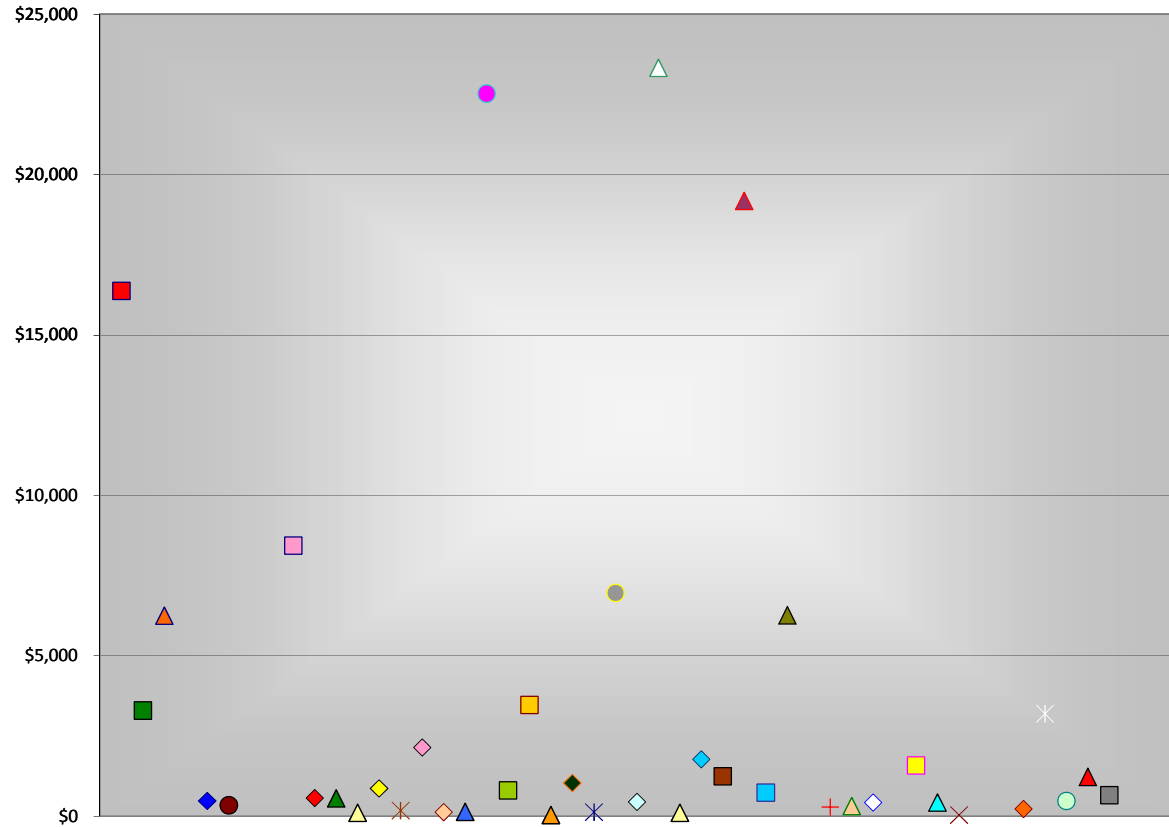
The functional centre's operating expense divided by the unit of service provided to clients.
 The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

CSS = 2010/11 Forecast vs. Budget
Cost per Service



The functional centre's operating expense divided by the unit of service provided to clients.
 The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.

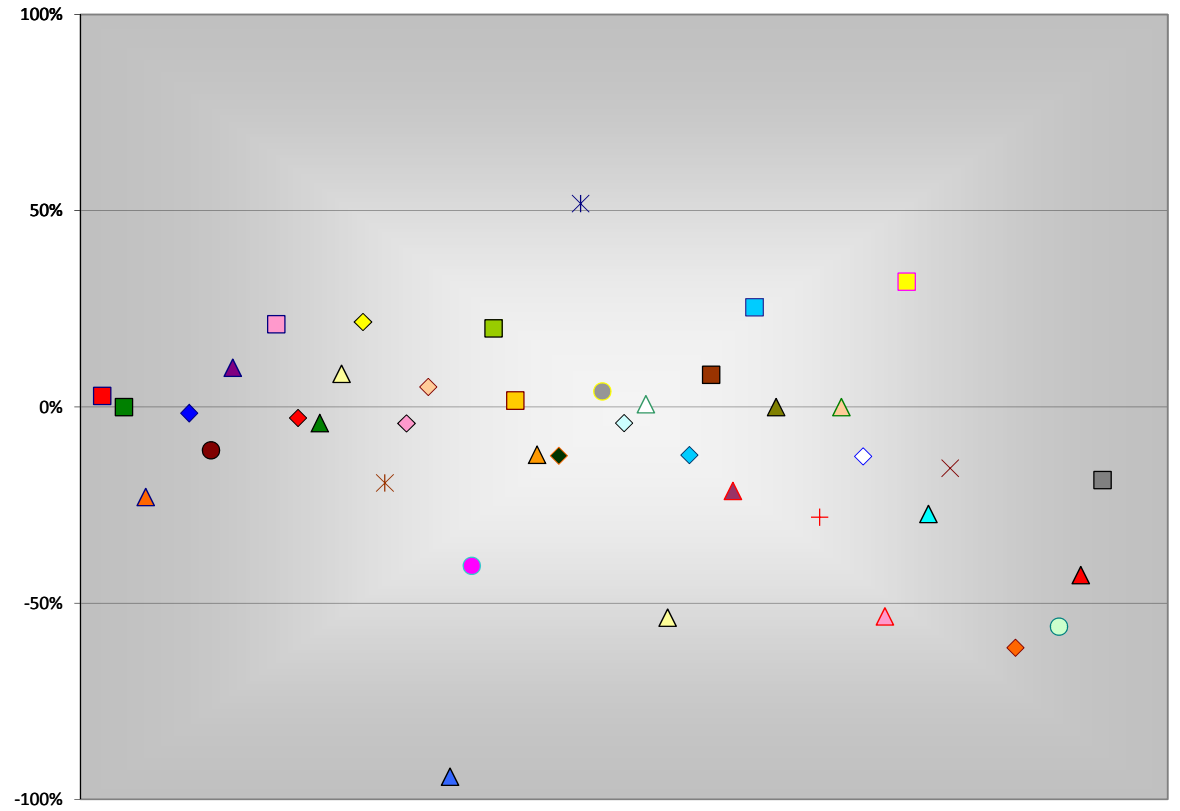
CSS = 2010/11 Forecast (as 2010/11Q3)
Cost per Individual Served



Outliers:
 Rehabilitation Foundation for the Disabled - Durham: \$57,400; Participation House - Toronto Parent Association: \$42,689

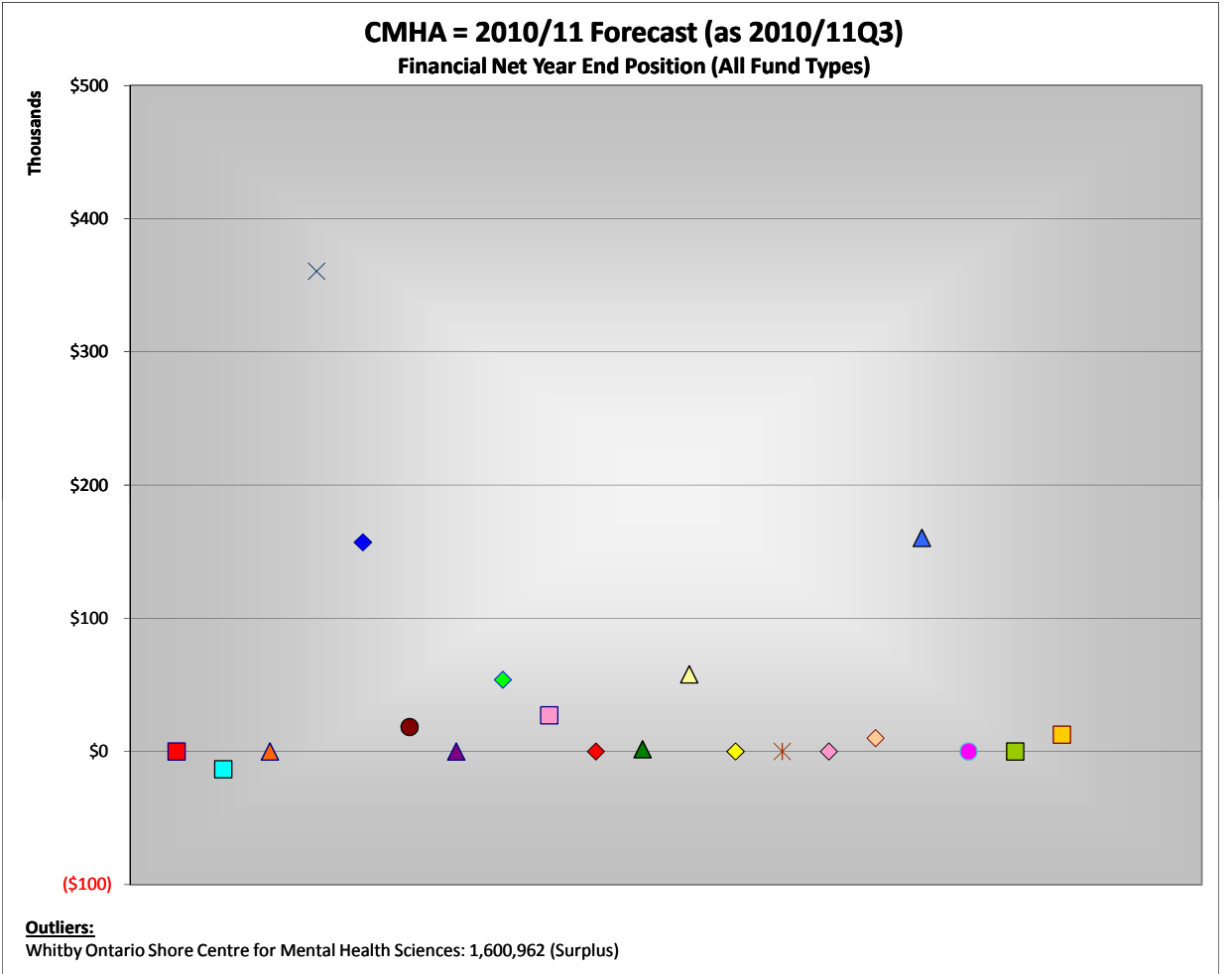
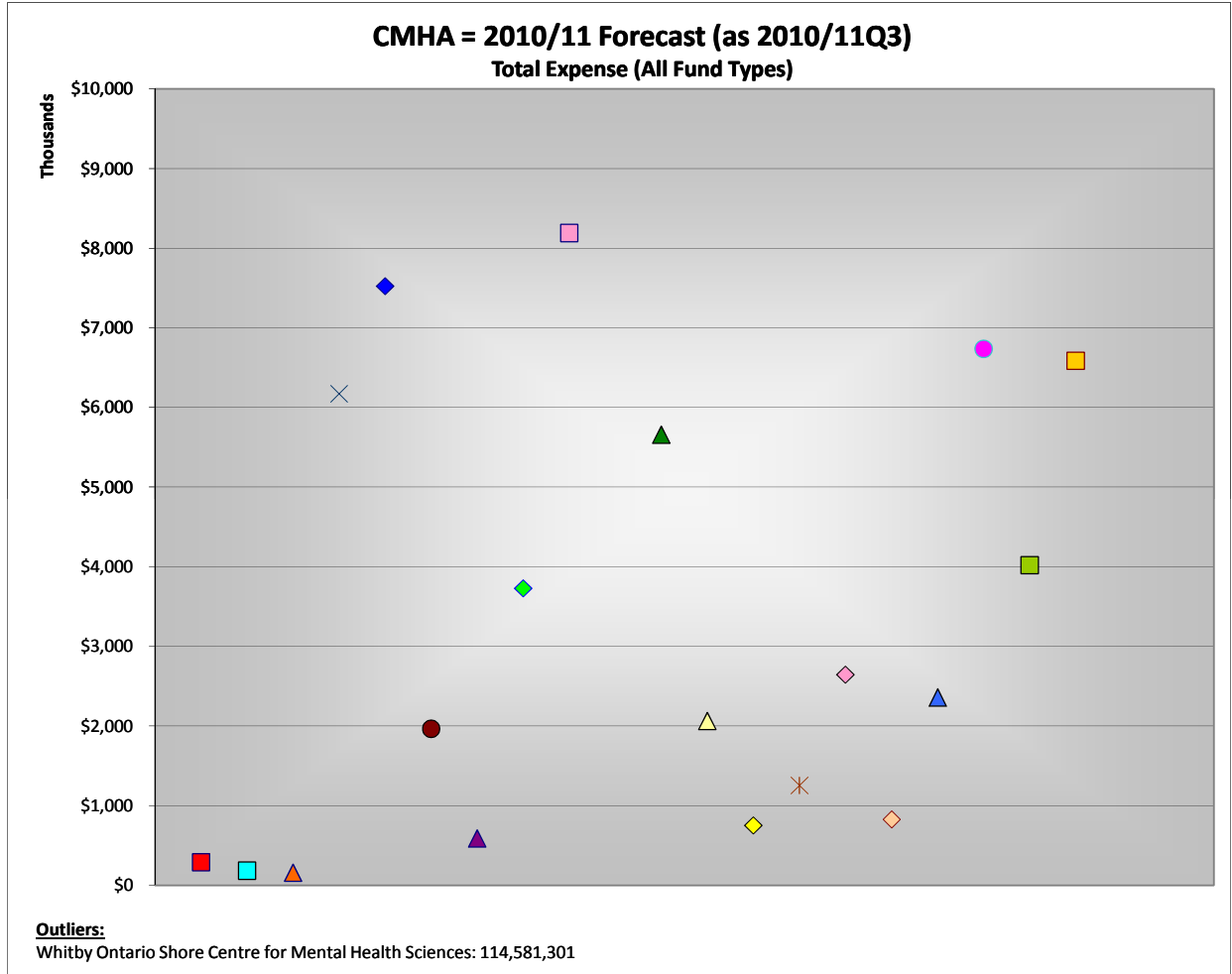
The Cost per Individual Served is derived by dividing the number of individuals served by functional centre by the total functional centre's operating costs.
 The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

CSS = 2010/11 Forecast vs. Budget
Cost per Individual Served



Outliers:
 Four Counties Brain Injury Association: 3,073%

The Cost per Individual Served is derived by dividing the number of individuals served by functional centre by the total functional centre's operating costs.
 The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.



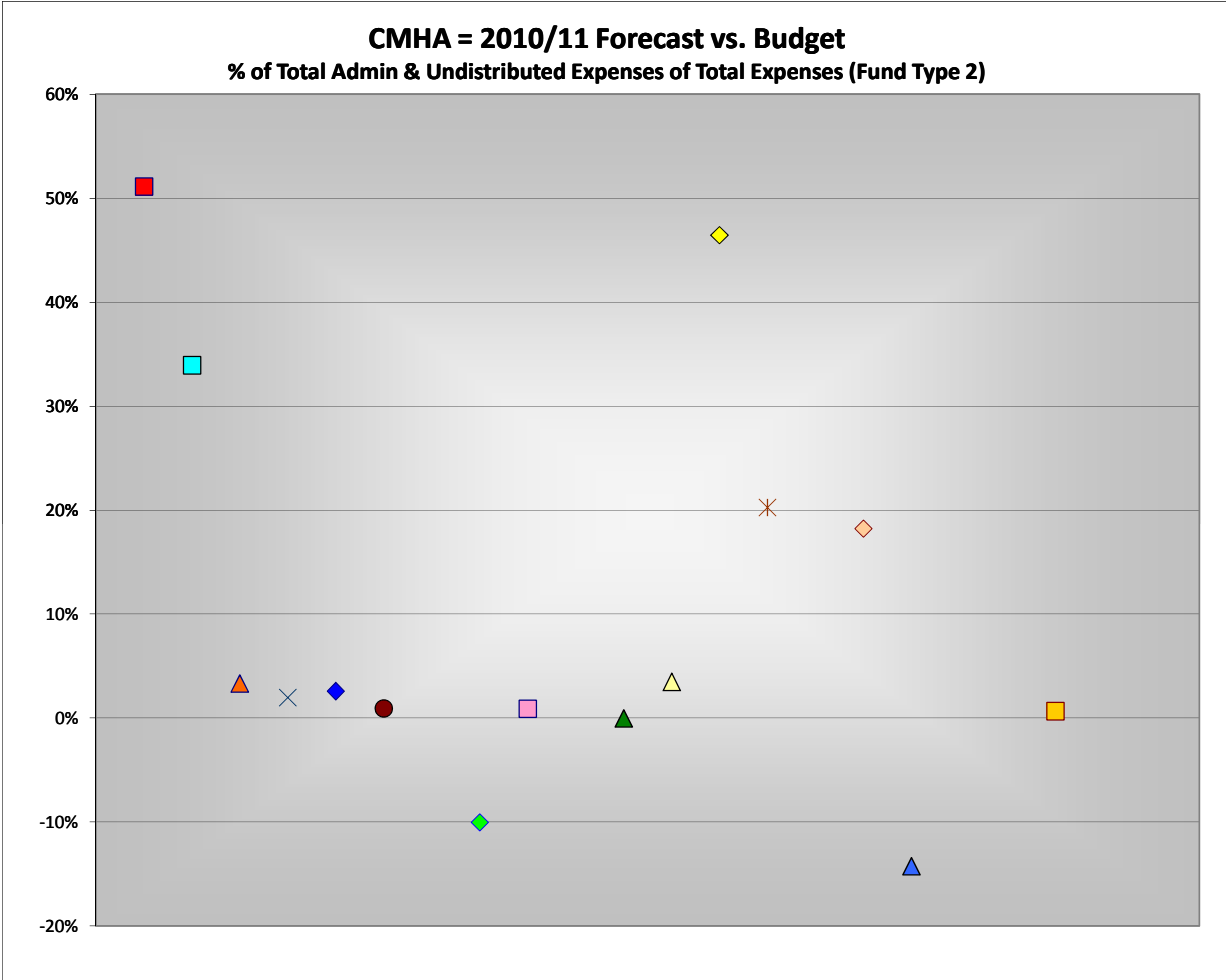
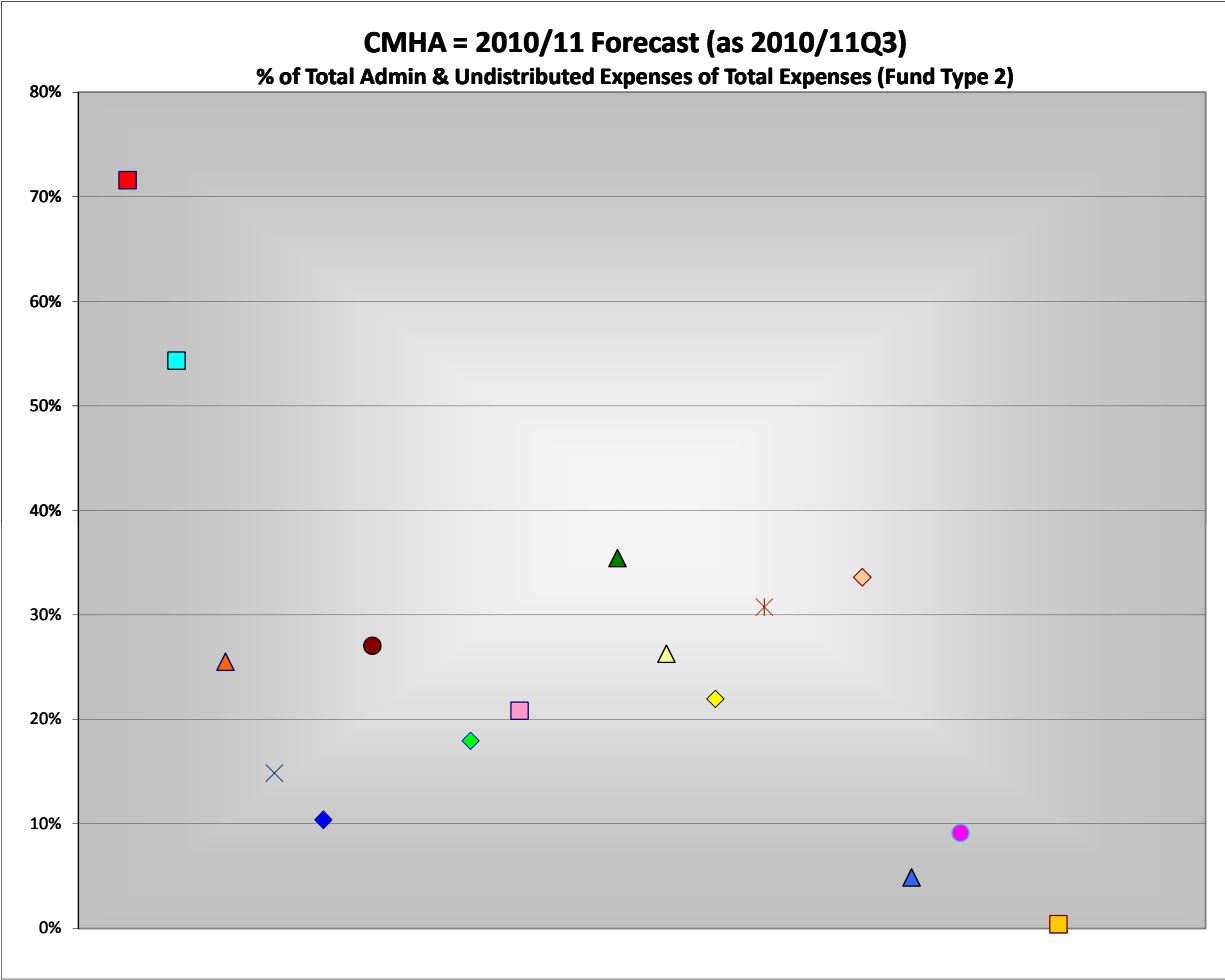
Total Expense includes expenses incurred for all delivered services and programs, regardless of revenue type. It measures total operating expenses offset by internal and external recoveries within the facility.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

The total corporate entity's (refers to LHIN funding as well as other funding sources) forecasted and/or actual fiscal year end financial operating position = Surplus/(Deficit), total expenses are under/over or equal to all sources of revenue.

A basic requirement of a signed 2009-11 Multi-Sectoral Accountability Agreement (M-SAA) between a Health Service Provider and Central East LHIN is to achieve a balanced operating position for the total entity for each fiscal year of the M-SAA.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.



The LHIN-managed operating expense in Administrative Services for the organization divided by the total LHIN-Managed operating expense.
 Numerator = Administrative Operating Costs;
 Denominator = Total Organization's Net operating costs.

For those health service providers who have more than a LHIN source of revenue, expenses (including central administration expenses), must be allocated appropriately to each specific revenue/funding source. Tracking and reporting of financial records should be segregated separately, according to LHIN vs Ministry funding in how the funding has been utilized.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

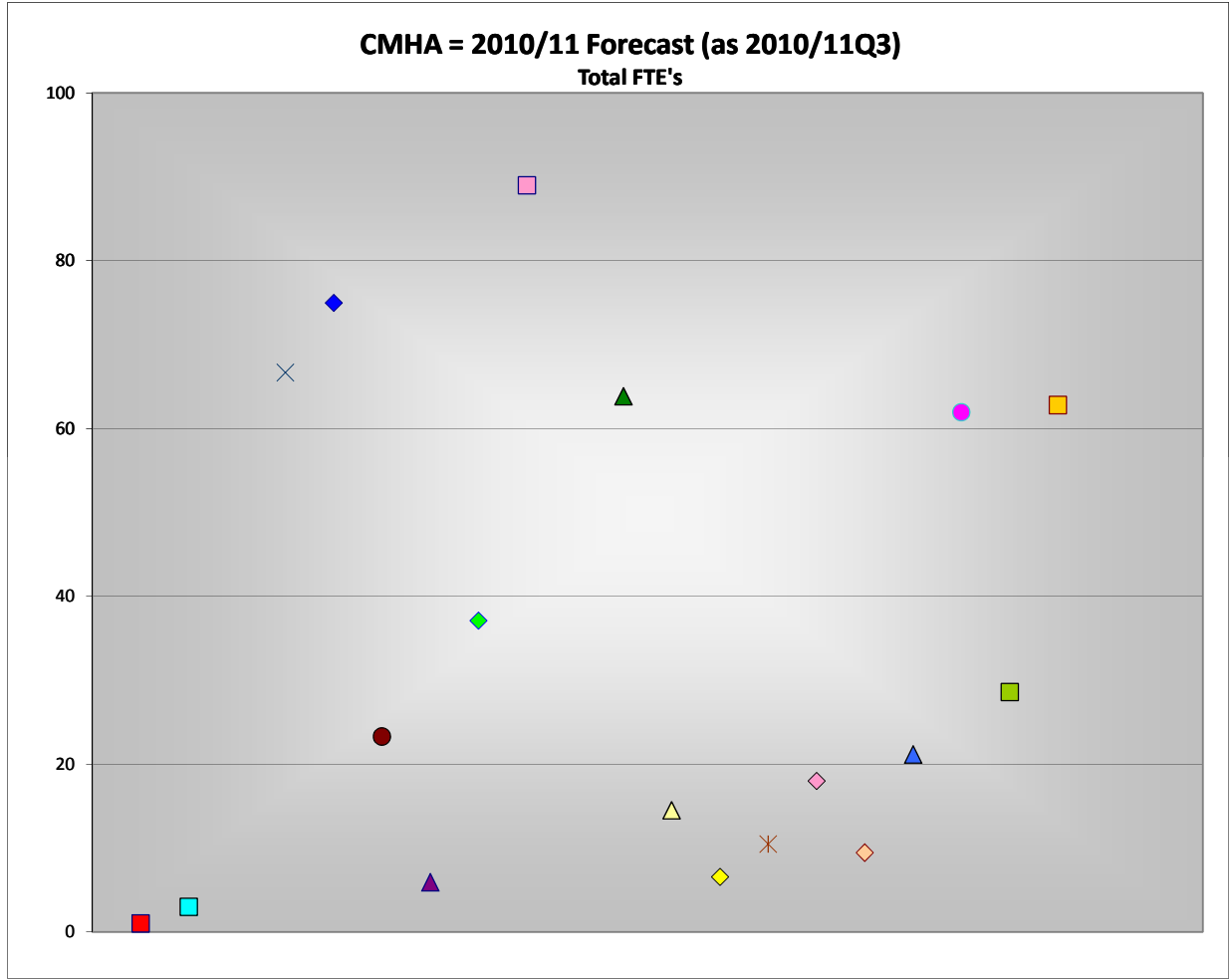
* Hopsital affiliated entities may have 0% cost allocation as maybe absorbed by the total corporate entitiy of hopsital.

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 Numerator = Administrative Operating Costs;
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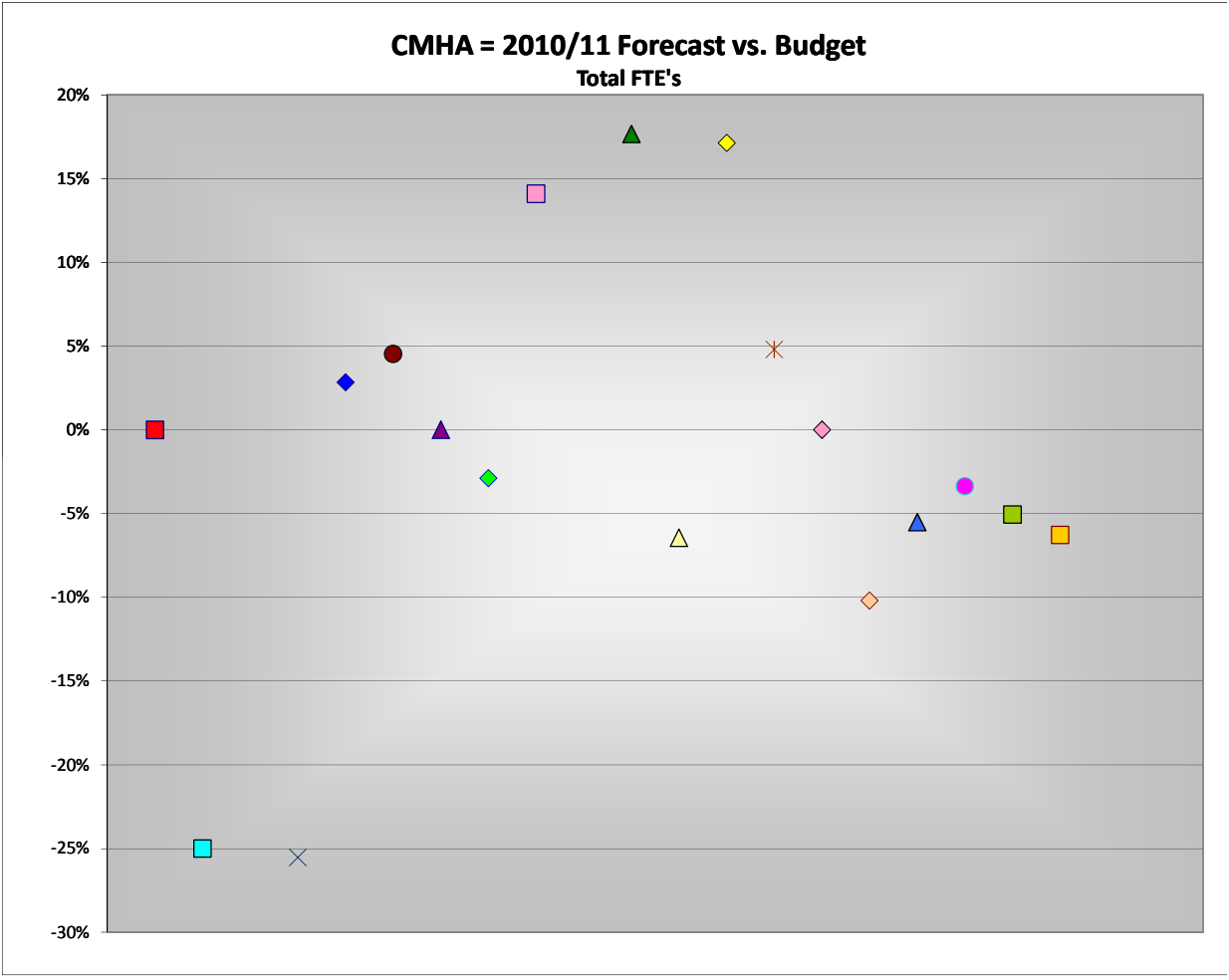
The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.

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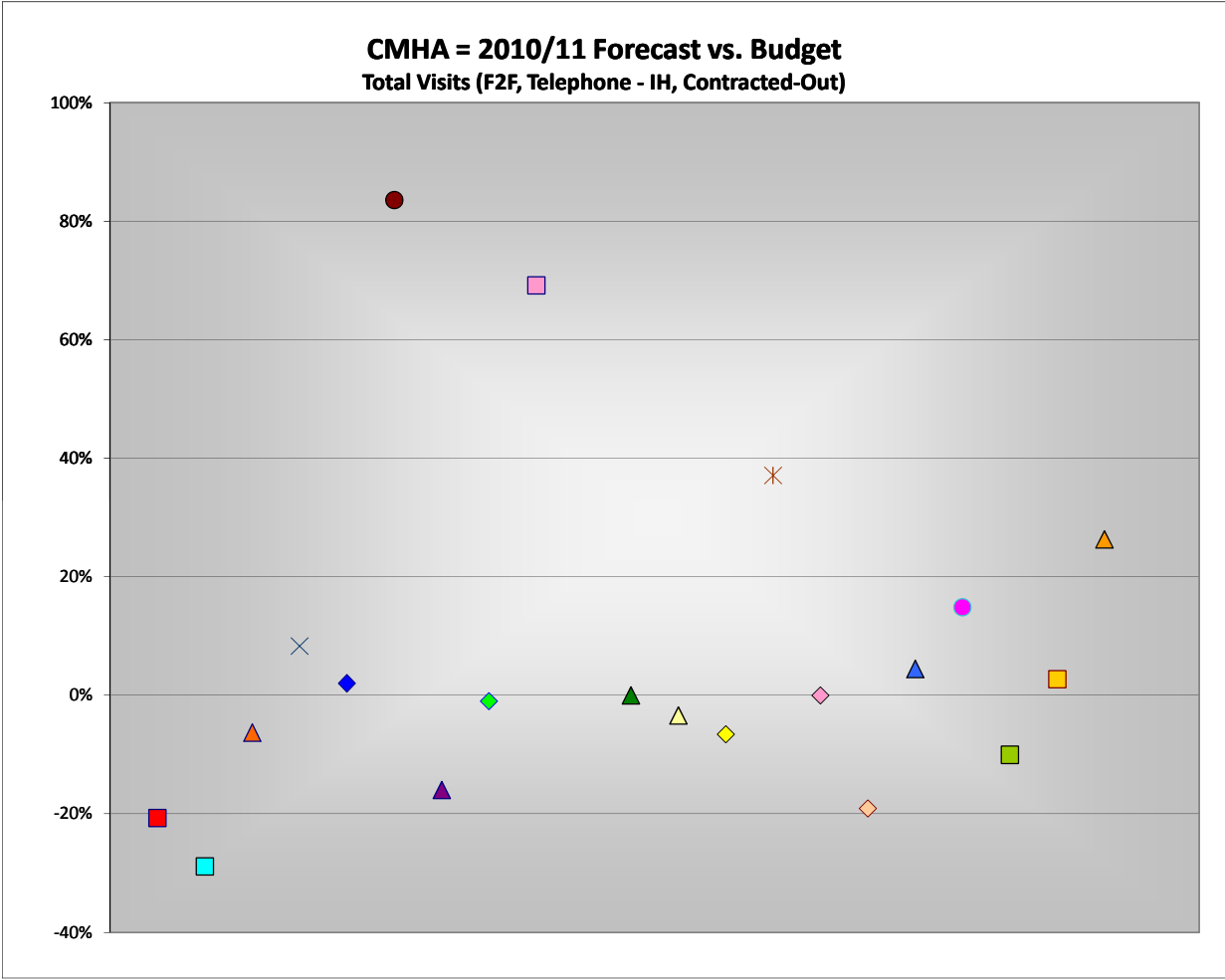
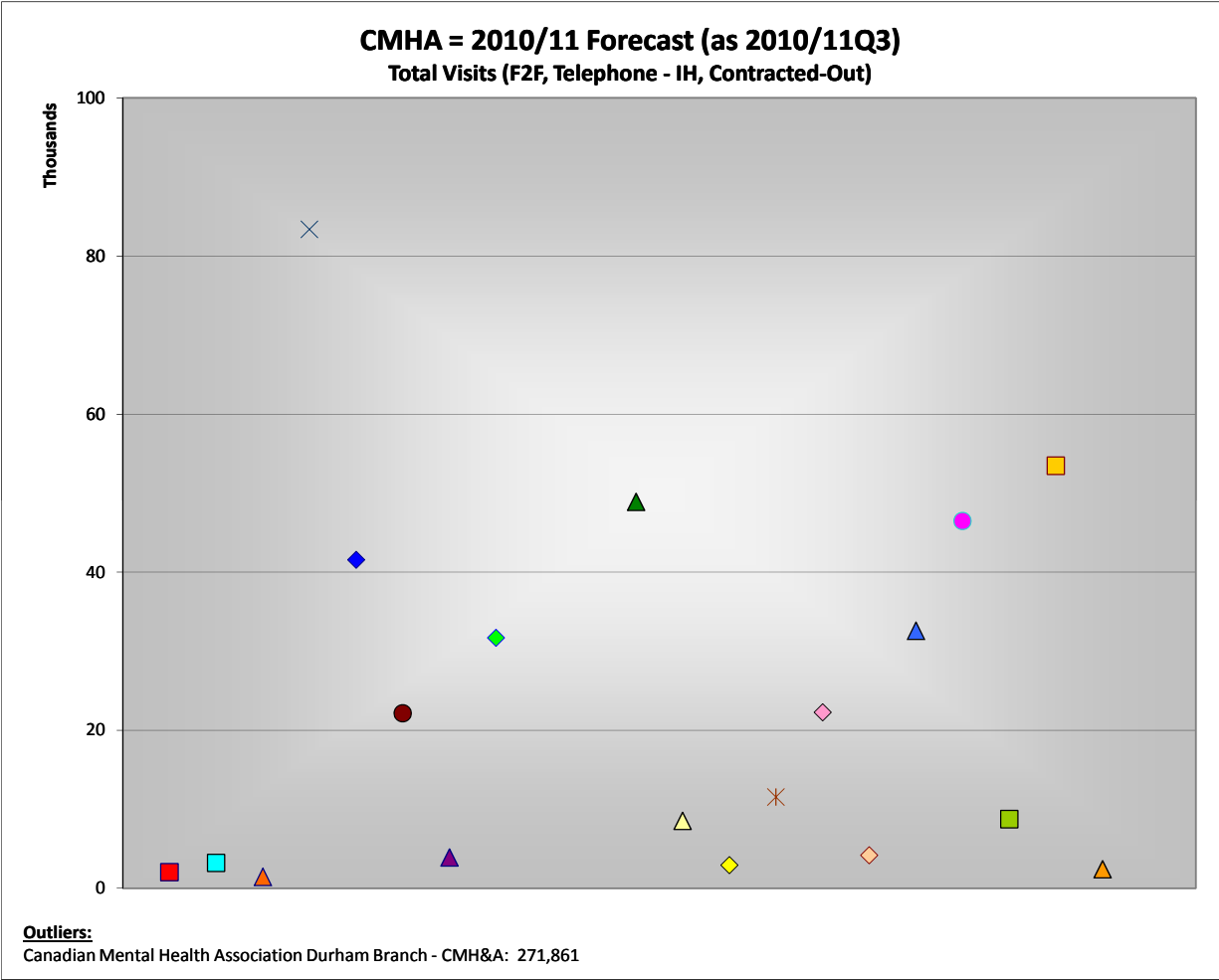
Total number of full time equivalent staff (worked total hours divided by 1950) including Management & Operational Support, Unit producing (providing direct client/patient care) personnel and other (LHIN-funded programs).

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.



Total number of full time equivalent staff (worked total hours divided by 1950) including Management & Operational Support, Unit producing (providing direct client/patient care) personnel and other (LHIN-funded programs).

The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.



The number of units of service to a registered client, provided by the organization's employee(s), either to an individual or group who are uniquely identified (includes the client and/or their significant other(s) who are attending on their behalf). The service has to be documented as per policy (health record generated) and the duration length of the service provided to be greater than 5 minutes:

- 1 - Face-to-Face or via videoconference;
- 2 - Telephone (in-house or billed by 3rd party);
- 3 - Contracted-out (3rd Party Provider delivering the service, managed by the organization or by one or more of their employees);

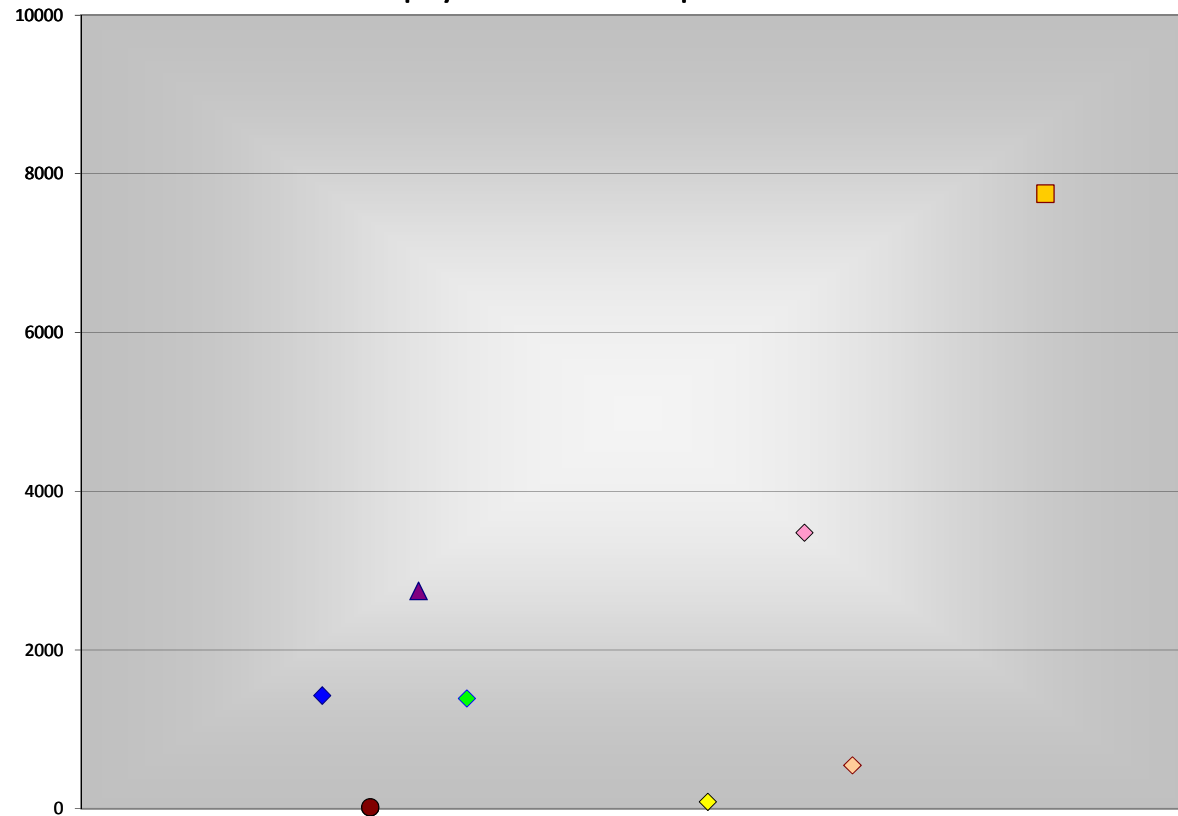
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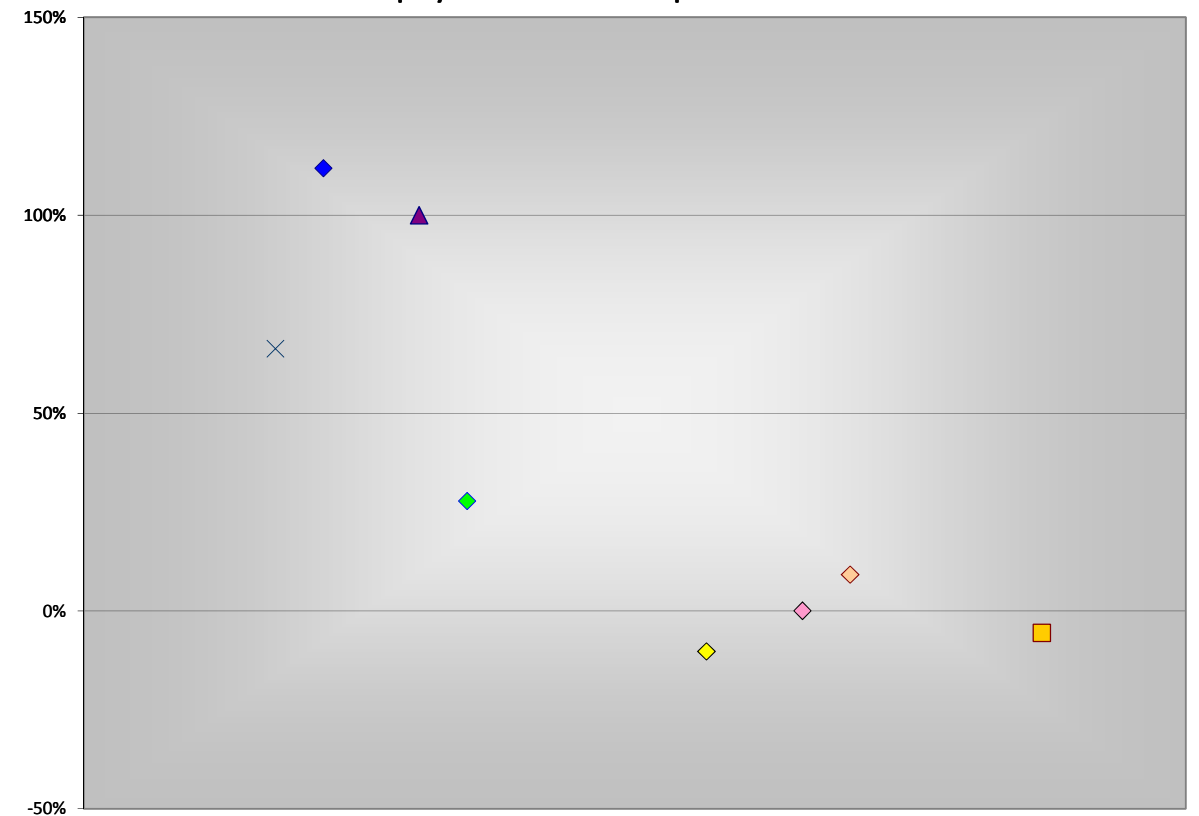
The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.

CMHA = 2010/11 Forecast (as 2010/11Q3)
Not Uniquely Identified Service Recipient Interactions



Outliers:
 Durham Mental Health Services - CMH&A: 16,909

CMHA = 2010/11 Forecast vs. Budget
Not Uniquely Identified Service Recipient Interactions



Outliers:
 Canadian Mental Health Association - Kawartha Lakes Branch - CMH&A: 333%

The number of clients (who are NOT uniquely identified) provided a service by the organization's employee(s) by the following types of service, either to an individual or group which can include the client and/or their significant other(s) who are attending on their behalf. No health record is generated as opposed to a registered client (for education, health promotion, etc.):

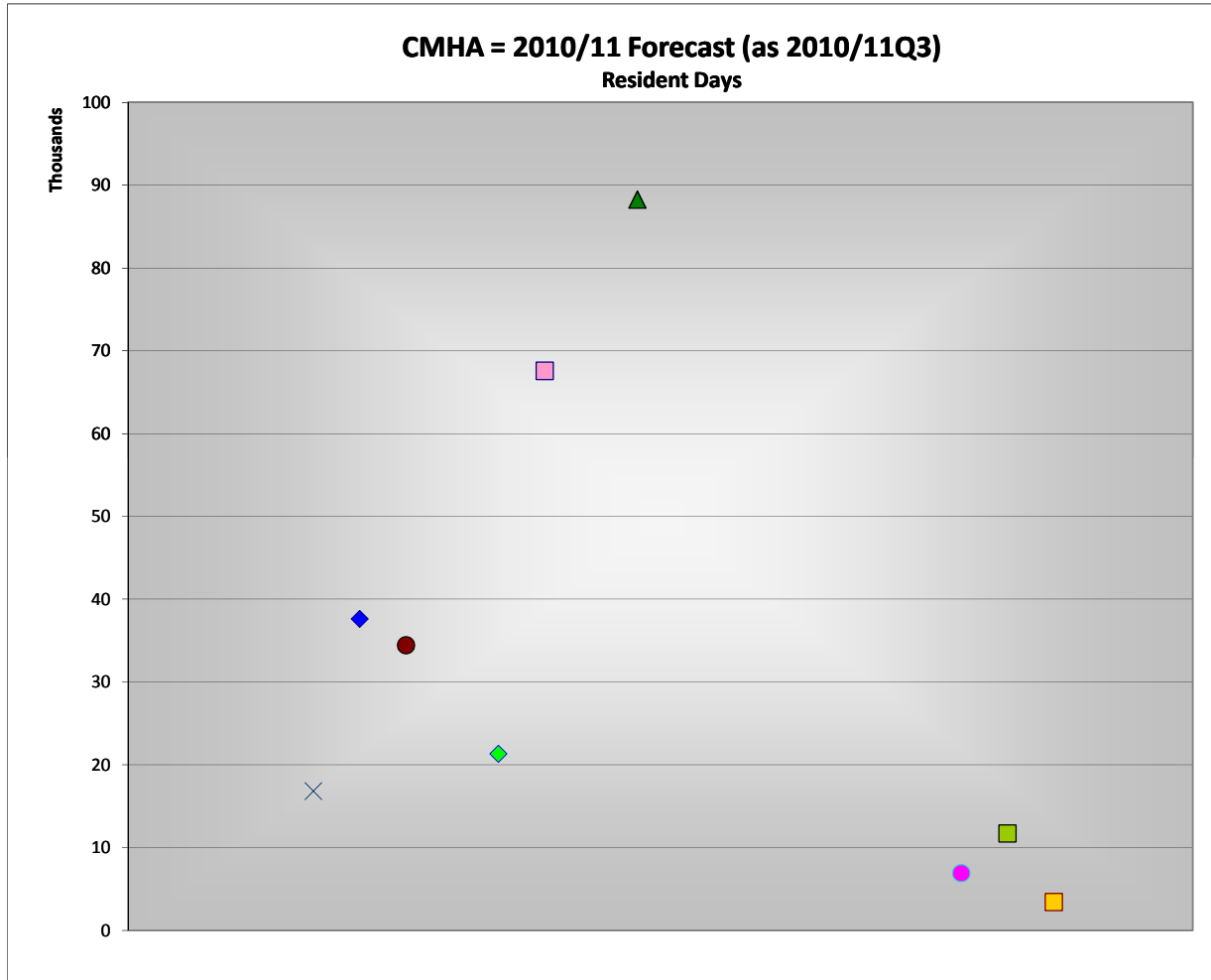
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- 2 - Telephone (in-house or billed by 3rd party);
- 3 - Contracted-out (3rd Party Provider delivering the service, managed by the organization or by one or more of their employees);

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

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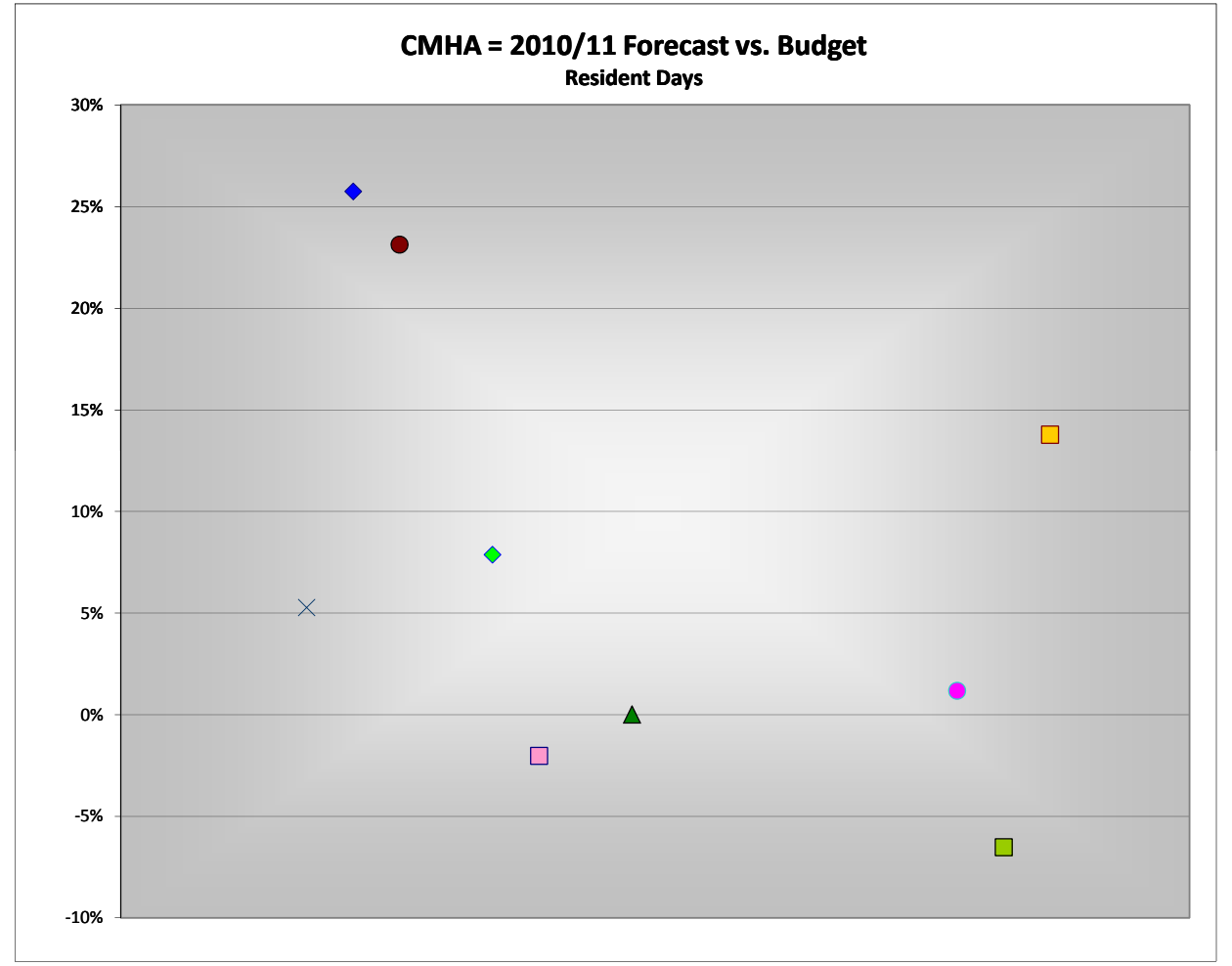
- 1 - Face-to-Face or via videoconference;
- 2 - Telephone (in-house or billed by 3rd party);
- 3 - Contracted-out (3rd Party Provider delivering the service, managed by the organization or by one or more of their employees);

The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.



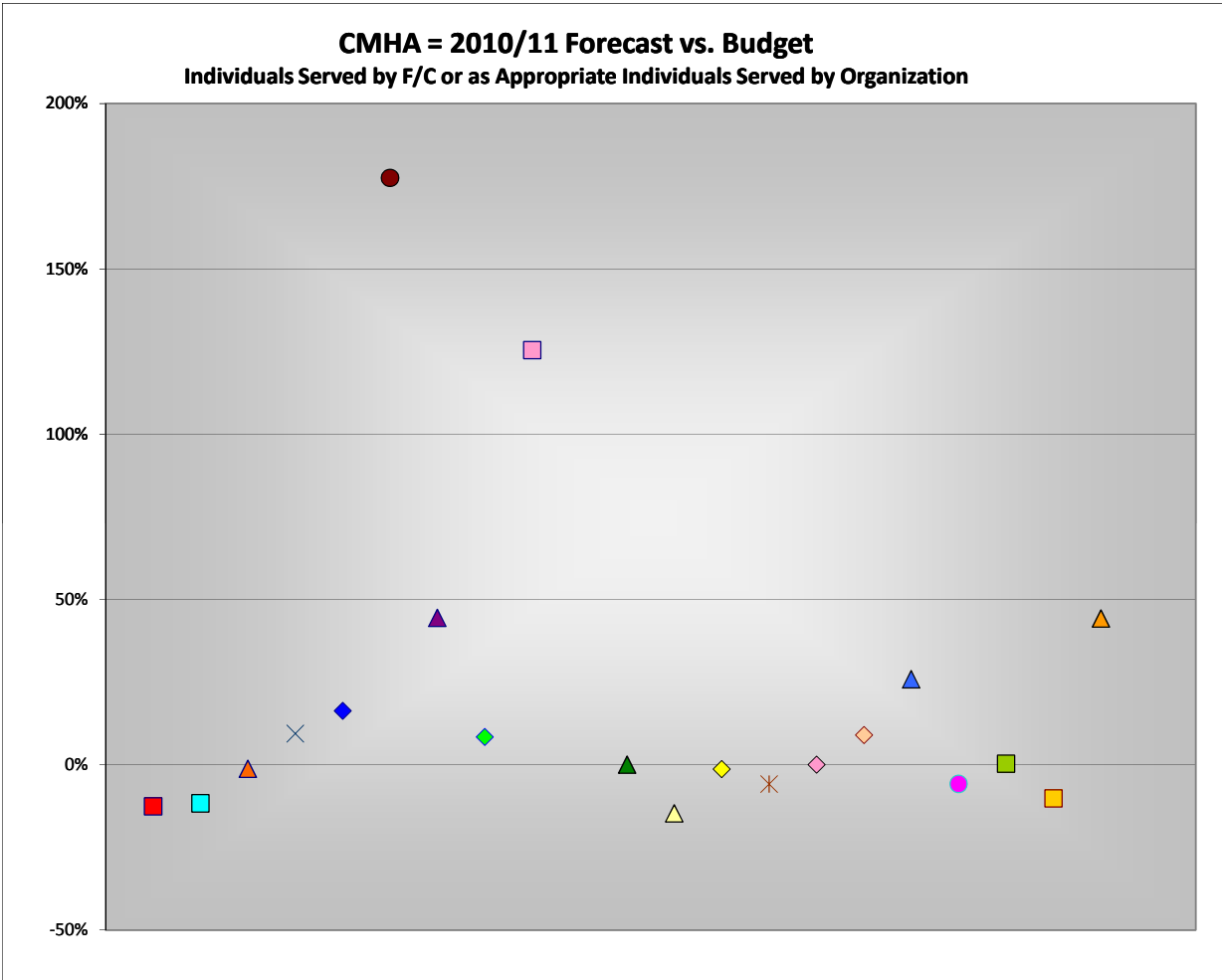
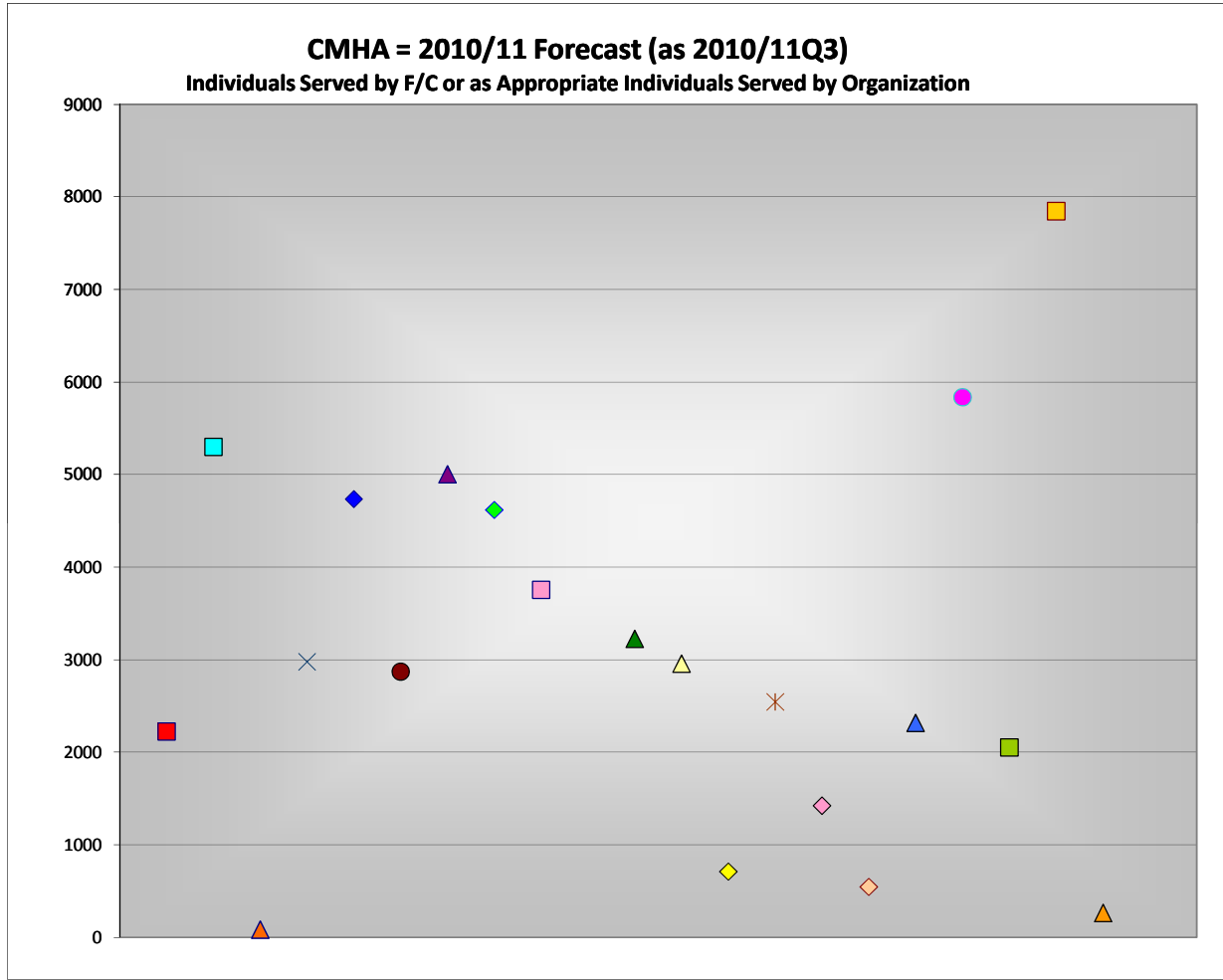
The number of days reported where a resident is provided service, counted at a certain point in time on each successive day (census). These days are counted from the day of admission and for subsequent days, excluding the day of discharge (separation) is not counted as a day. When those residents are admitted and discharged on the same day, one resident day is counted.

The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.



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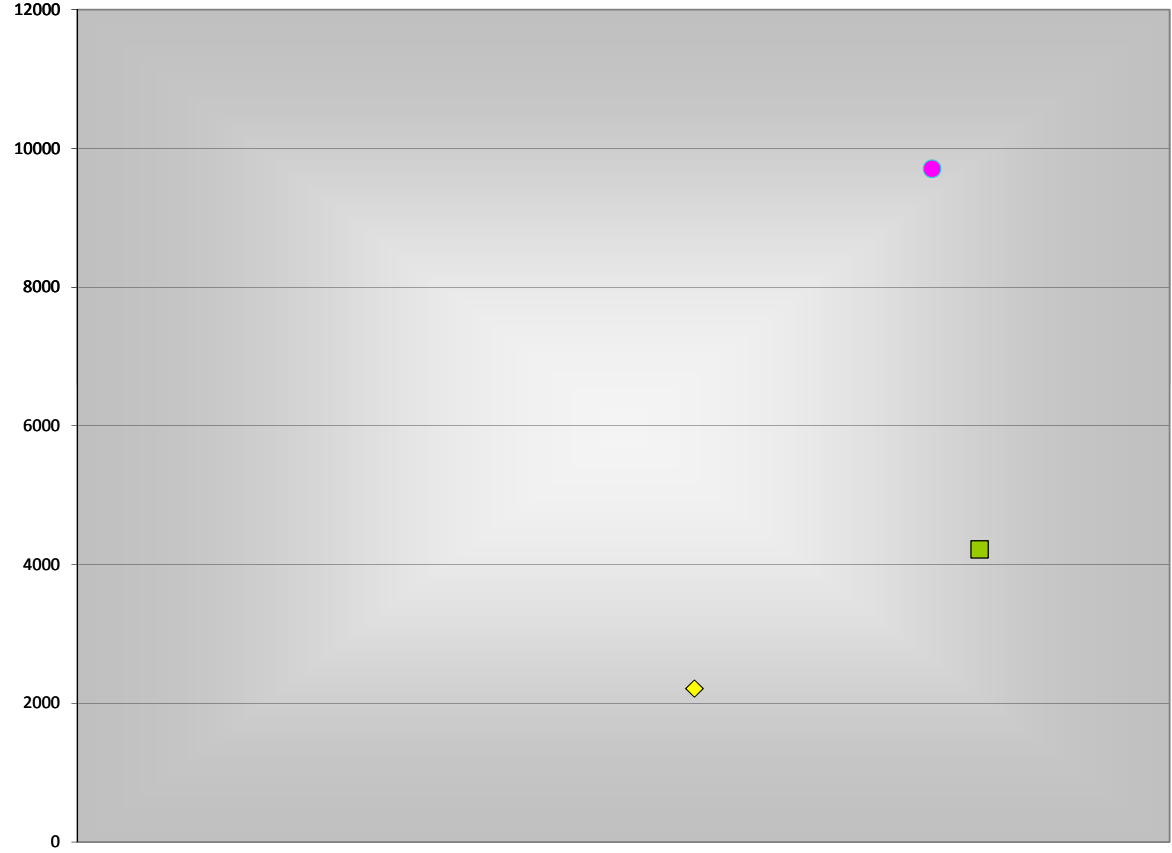
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CMHA = 2010/11 Forecast (as 2010/11Q3)

Attendance Days - F2F

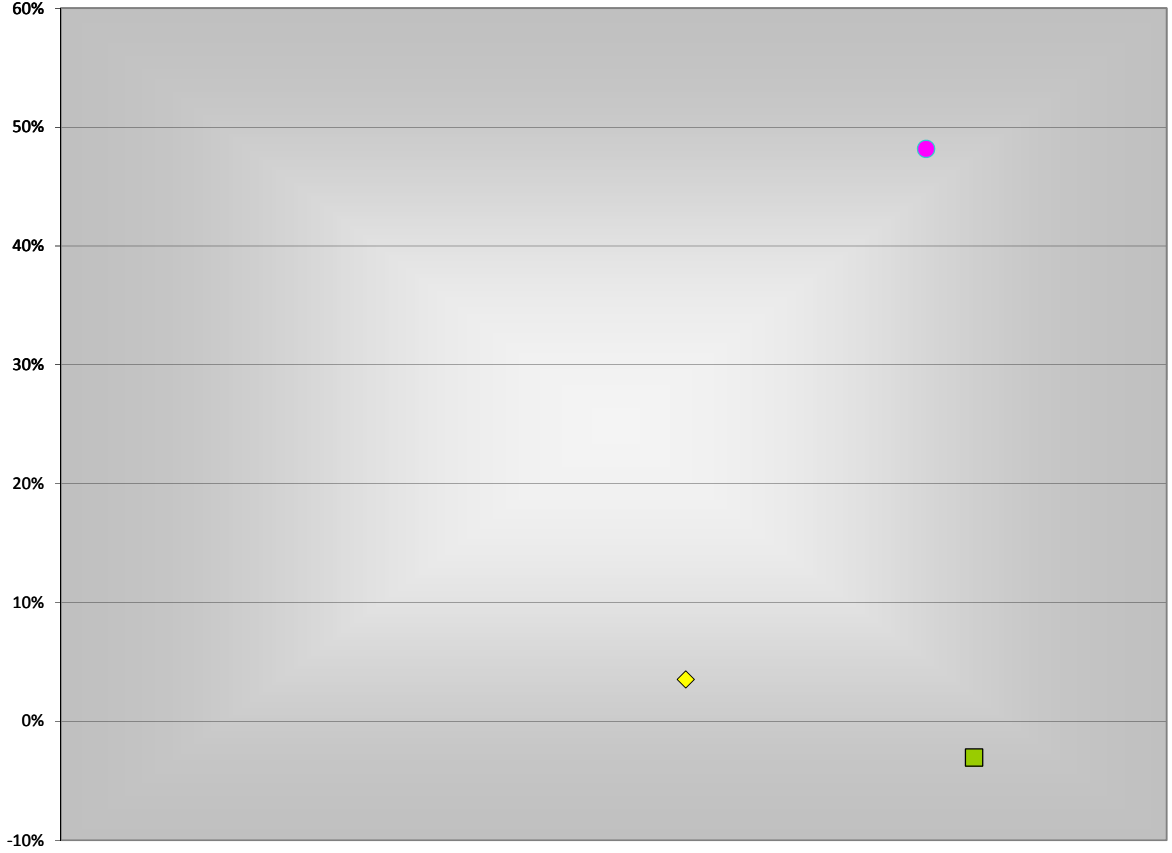


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The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

CMHA = 2010/11 Forecast vs. Budget

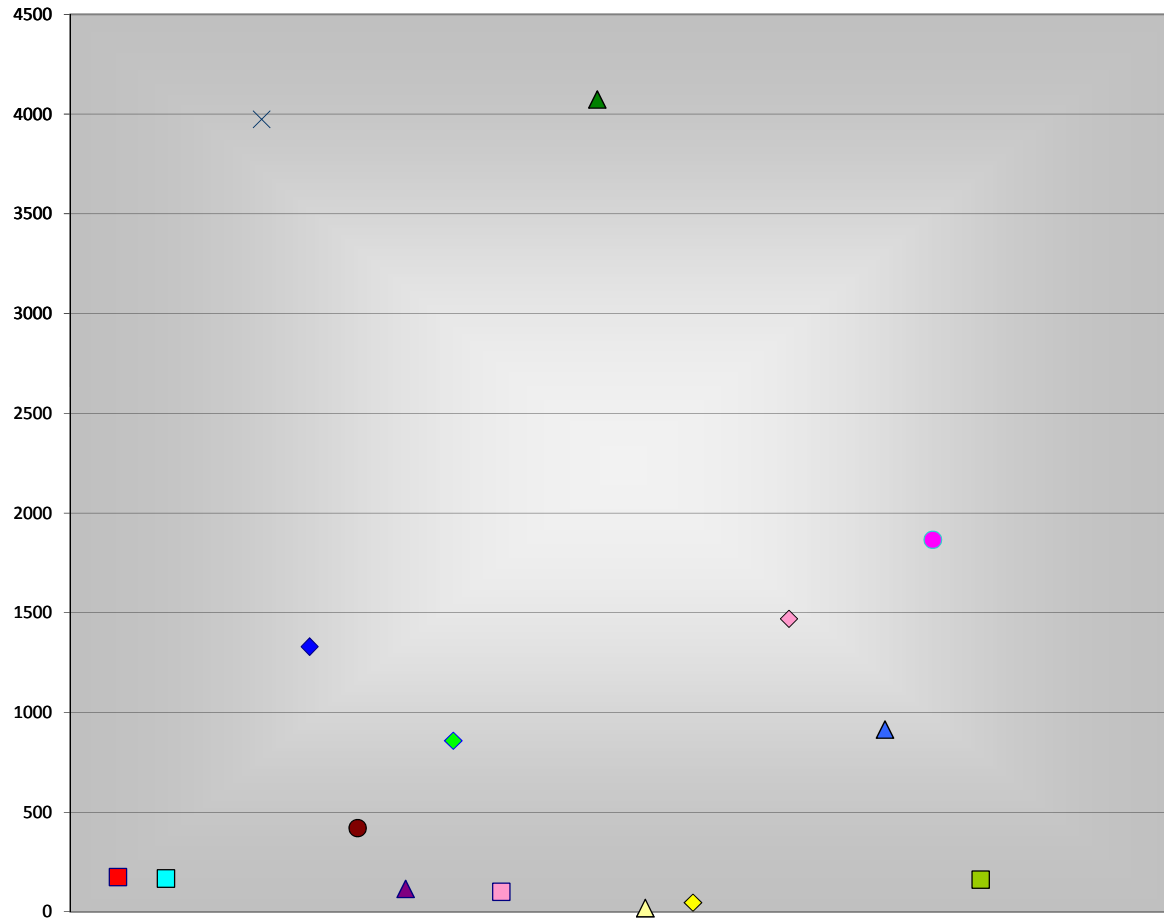
Attendance Days - F2F



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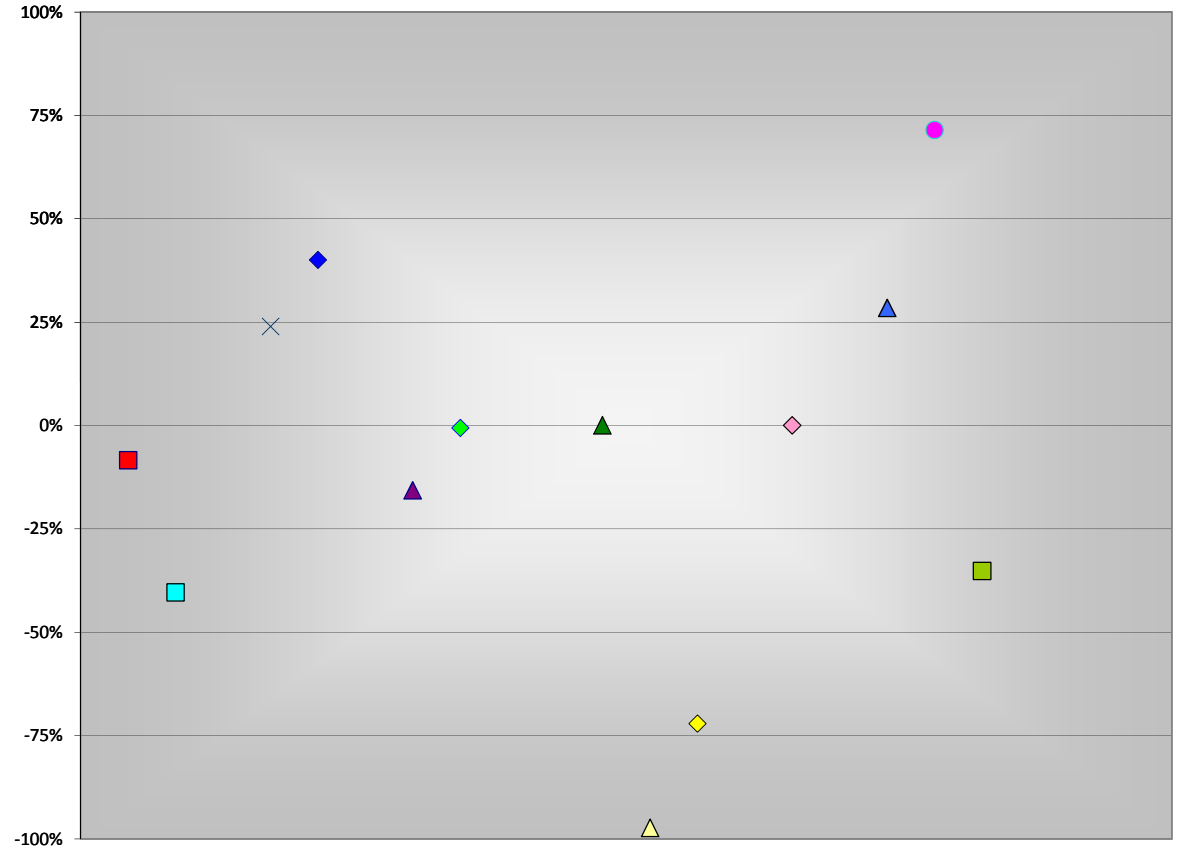
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Group Sessions



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Group Sessions

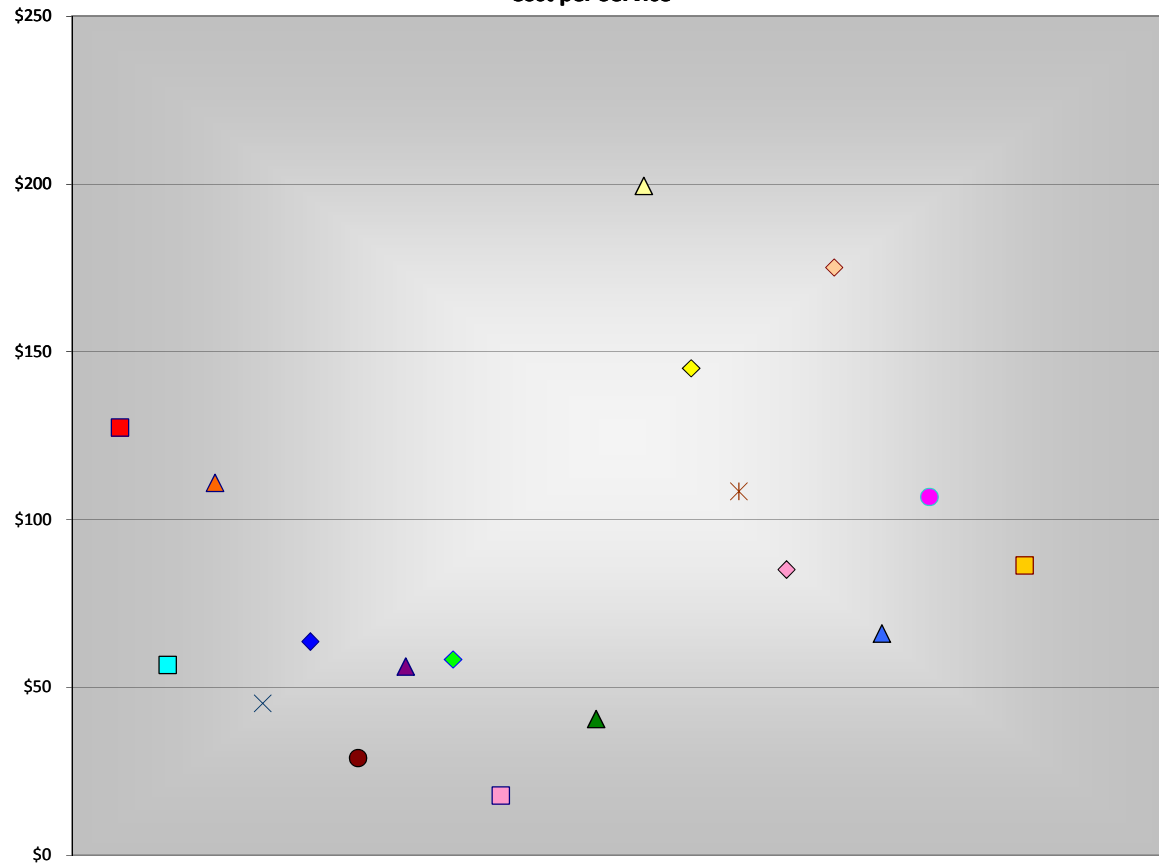


Outliers:
Canadian Mental Health Association - Kawartha Lakes Branch - CMH&A: 259%; Canadian Mental Health Durham Branch - CMH&A: 233%;

Group Sessions is interpreted as a formal planned service that is provided to a group of participants (number of individuals that are registered/non-registered clients) by one or more health service providers. Provided to two or more clients and is material in length with a general purpose of the provision of education, prevention/control and/or health promotion.

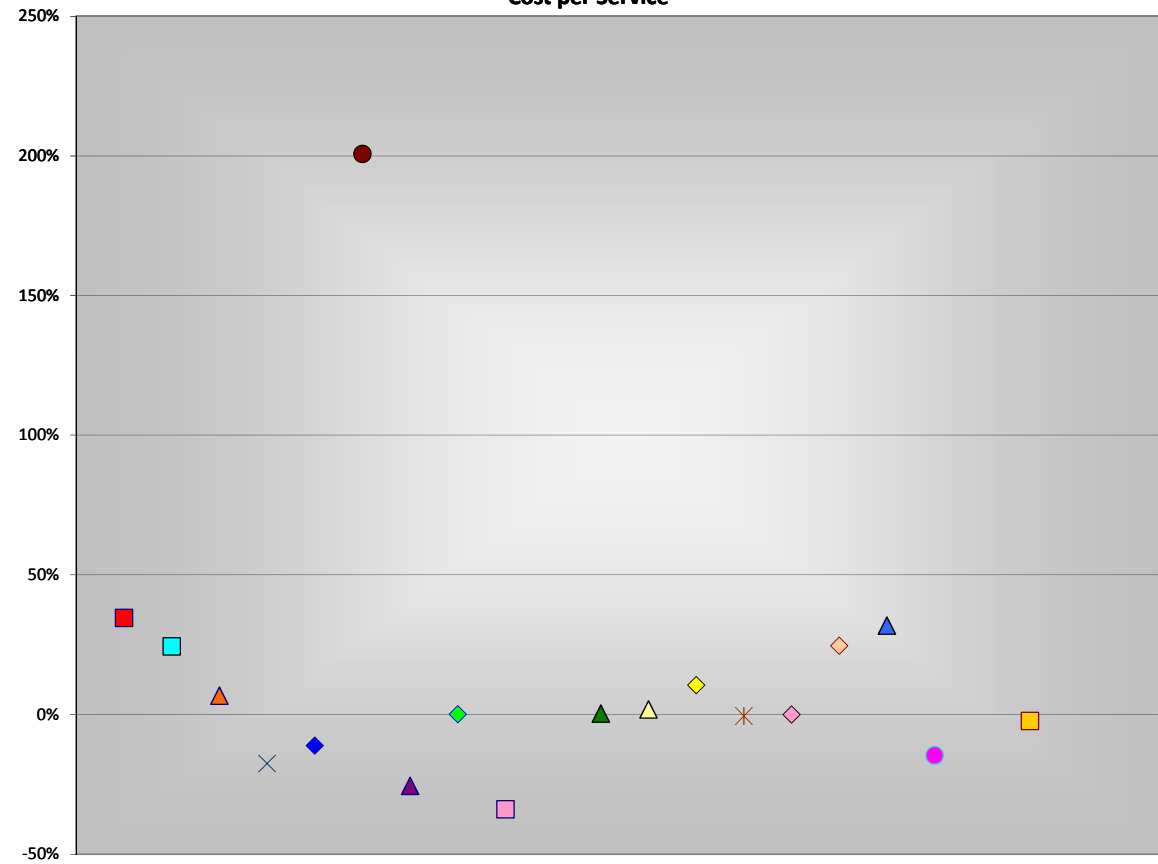
The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.

CMHA = 2010/11 Forecast (as 2010/11Q3)
Cost per Service

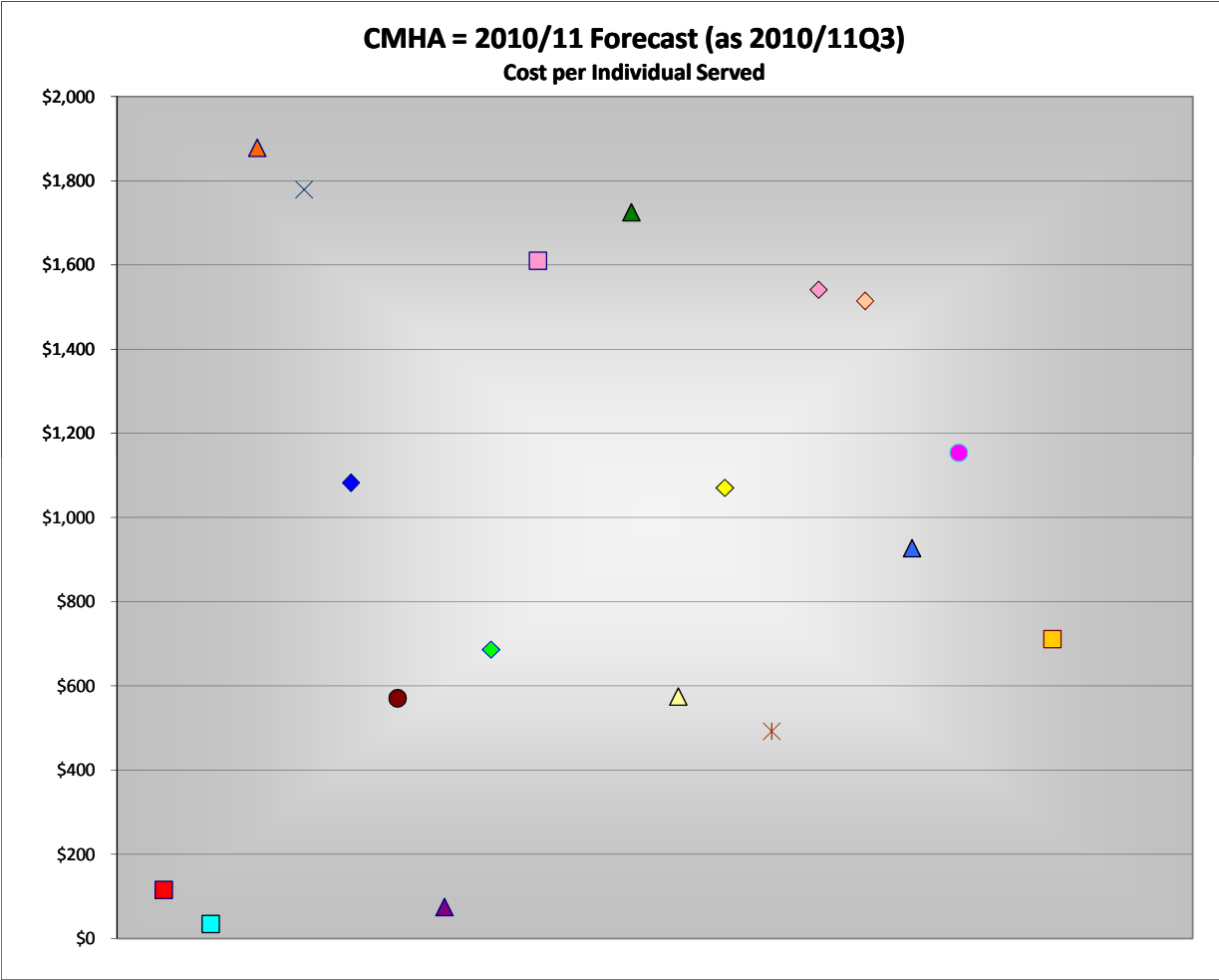


The functional centre's operating expense divided by the unit of service provided to clients.
 The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.

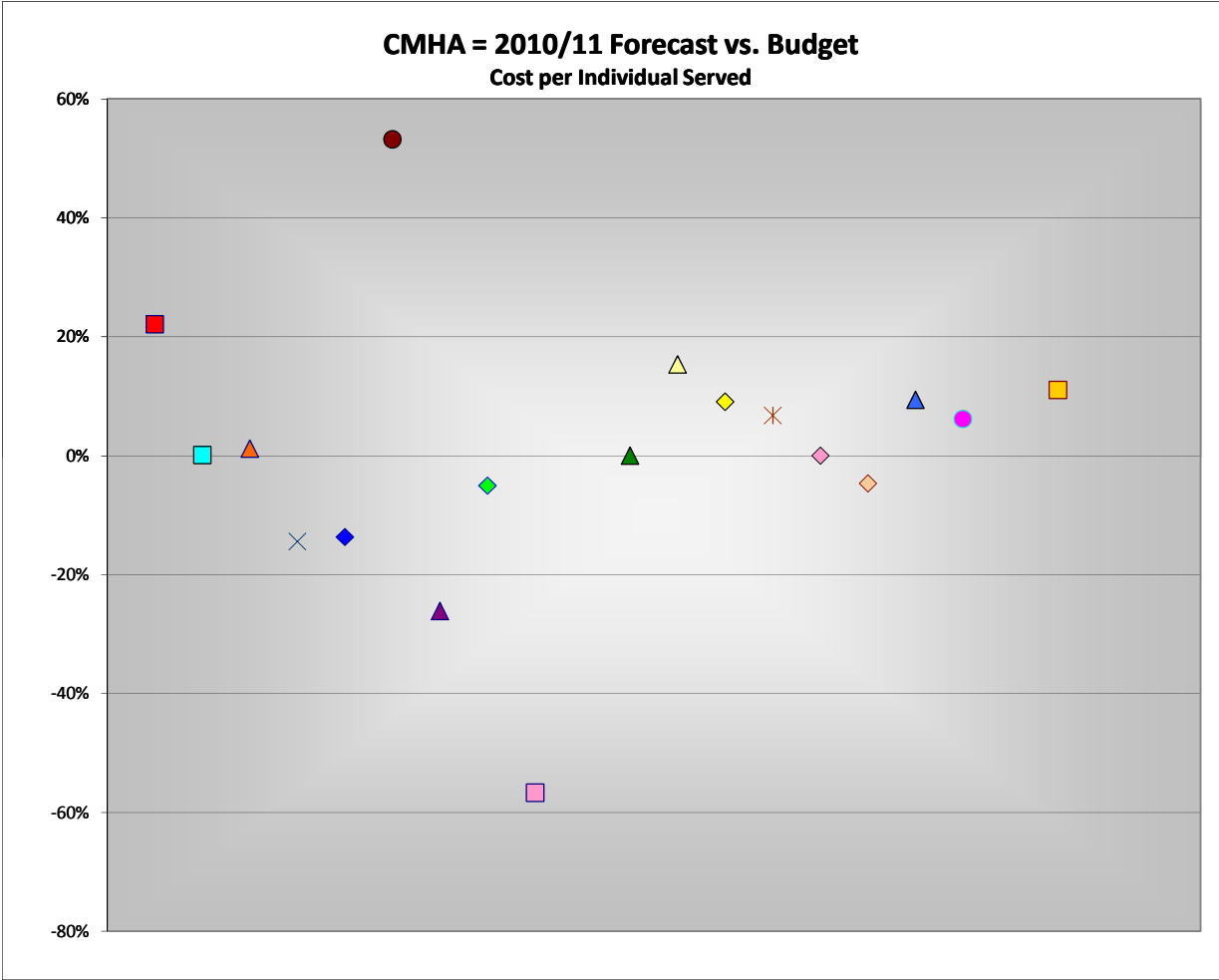
CMHA = 2010/11 Forecast vs. Budget
Cost per Service



The functional centre's operating expense divided by the unit of service provided to clients.
 The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.



The Cost per Individual Served is derived by dividing the number of individuals served by functional centre by the total functional centre's operating costs.
The forecast results (e.g., volumes, numbers of staff, expense and etc.) delivered within the given reporting period.



The Cost per Individual Served is derived by dividing the number of individuals served by functional centre by the total functional centre's operating costs.
The forecast results (e.g., volumes, numbers of staff, expense and etc.) in comparison to the HSP's target and/or budget in the given reporting period.

Legend

Community Support Services & Community Mental Health & Addictions

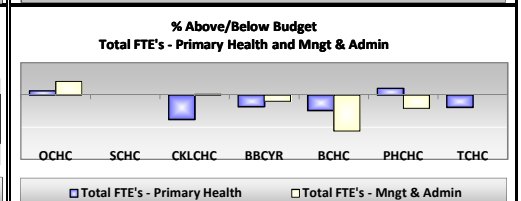
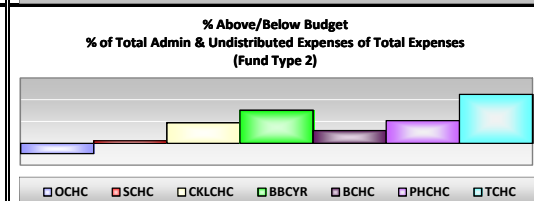
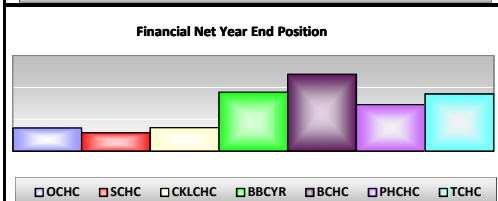
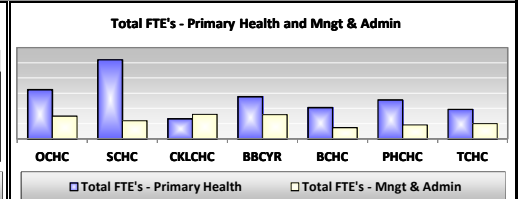
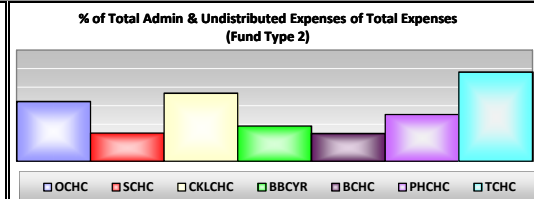
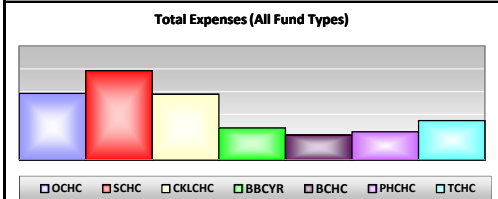
Community Support Service (CSS)

- Haliburton Highlands Health Services
- ▲ Faith Place
- ◆ Community Care, City of Kawartha Lakes
- ▲ Rehabilitation Foundation for the Disabled - Durham
- Personal Attendant Care Inc.
- ▲ Community Care Haliburton County
- ◇ The Canadian Hearing Society - Peterborough/Durham
- ◇ Head Injury Association of Durham Region
- ▲ Lovesick Lake Native Women's Association
- Hospice Kawartha Lakes
- ▲ Activity Haven Senior Centre (Peterborough) Inc.
- ✕ Alzheimer Society of Peterborough Haliburton and Northumberland
- ◇ Momiji Health Care Society
- ▲ Centre for Information and Community Services of Ontario
- Victorian Order of Nurses -Toronto-York Region Branch
- Scarborough Support Services for the Elderly Inc.
- St. Paul's L'Amoreaux Centre
- ▲ Community Care Peterborough
- ▲ Participation House - Toronto Parent Association
- ▲ Yee Hong Centre for Geriatric Care (McNicoll)
- Hospice Northumberland Lakeshore
- ◆ Canadian National Institute for the Blind, Durham District
- Palliative Care Campbellford
- Durham Hospice
- Curve Lake First Nation
- ✕ St. John's Retirement Home Inc.
- Community Care Northumberland Inc.
- ◆ Lakeridge Health Corporation
- ◆ Community Care Durham
- ▲ Oshawa Senior Citizens Centre
- ✕ The Canadian National Institute for the Blind, HKPR District
- ◇ Hospice Peterborough
- Kawartha Participation Projects
- Sunrise Seniors Place (Oshawa-Durham) Inc.
- ◆ Victorian Order of Nurses for Canada - Ontario Branch, Durham
- Regional Municipality of Durham
- △ Campbellford Memorial Multicare Lodge
- ◆ Victorian Order of Nurses for Canada, Ontario Branch - Peterborough
- ▲ Apsley and District Satellite Homes for Seniors Inc.
- ▲ Branch 133, Legion Village Inc.
- + Scarborough Centre for Healthy Communities
- ◇ Carefirst Seniors and Community Services Association
- Alderville First Nation Health and Social Services
- ✕ Regional Geriatric Program of Toronto
- Community Counselling and Resource Centre
- ✕ Four Counties Brain Injury Association
- ▲ Supportive Initiatives for Residents in the County of Haliburton

Community Mental Health & Addictions (CMHA)

- UNITED SURVIVORS SUPPORT CENTRE - CMH&A
- SURVIVORS PSYCHIATRIC ADVOCACY NETWORK (S.P.A.N.) - CMH&A
- ▲ VICTORIAN ORDER OF NURSES - DURHAM REGION BRANCH - CMH&A
- ✕ DURHAM MENTAL HEALTH SERVICES - CMH&A
- ◆ CANADIAN MENTAL HEALTH ASSOCIATION, PETERBOROUGH BRANCH - CMH&A
- CANADIAN MENTAL HEALTH ASSOCIATION - KAWARTHA LAKES BRANCH - CMH&A
- ▲ ALZHEIMER SOCIETY OF DURHAM REGION - CMH&A
- ◆ HONG FOOK MENTAL HEALTH ASSOCIATION - CMH&A
- CANADIAN MENTAL HEALTH ASSOCIATION DURHAM BRANCH - CMH&A
- ◆ CHINESE FAMILY SERVICES OF ONTARIO - CMH&A
- ▲ THE GOVERNING COUNCIL OF THE SALVATION ARMY IN CANADA, TORONTO - CMH&A
- ▲ FOUR COUNTIES ADDICTION SERVICES TEAM INC. (FOURCAST) - CMH&A
- ◆ CAMPBELLFORD MEMORIAL HOSPITAL - CMH&A
- ✕ ROSS MEMORIAL HOSPITAL - CMH&A
- ◇ PETERBOROUGH REGIONAL HEALTH CENTRE - CMH&A
- ◇ HALIBURTON HIGHLANDS HEALTH SERVICES CORPORATION - CMH&A
- ▲ NORTHUMBERLAND HILLS HOSPITAL - CMH&A
- Lakeridge Community Mental Health Services
- ROUGE VALLEY HEALTH SYSTEM - CMH&A
- SCARBOROUGH HOSPITAL (THE) - CMH&A
- ▲ WHITBY Ontario Shores Centre For Mental Health Sciences

M-SAA MONITORING, ASSESSMENT PROCESS & OVERVIEW
 Community Health Centre - 2010/11Q3
 CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK



Indicator Definition [Total Expense & YE Total Margin] | Dashboard

Indicator Definition [% of Admin Expenses] | Dashboard

Indicator Definition [Total FTE's] | Dashboard

Total Expense includes expenses incurred for all delivered services and programs, regardless of revenue types. It measures total operating expenses offset by internal and external recoveries within the facility.

The total corporate entity's (refers to LHIN funding as well as other funding sources) forecasted and/or actual fiscal year end financial operating position = Surplus/(Deficit), total expenses are under/over equal to all sources of revenue. A basic requirement of a signed 2009-11 Multi-Sectoral Accountability Agreement (M-SAA) between a Health Service Provider and Central East LHIN is to achieve a balanced operating position for the total entity for each fiscal year of the M-SAA.

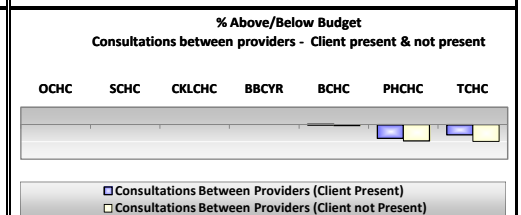
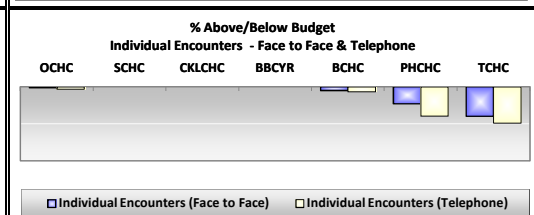
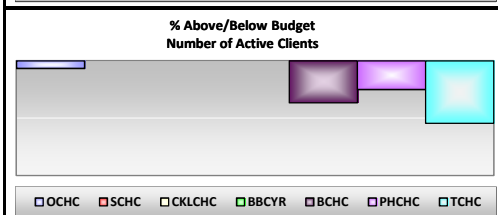
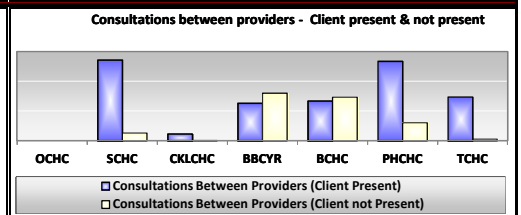
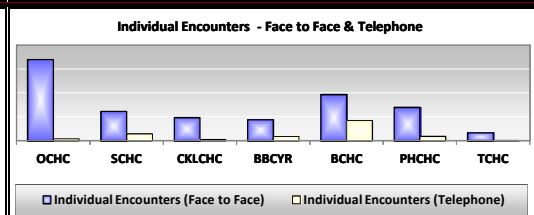
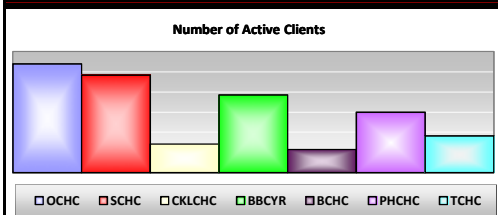
The LHIN-managed operating expense in Administrative Services for the organization divided by the total LHIN-Managed operating expense.
 Numerator = Administrative Operating Costs;
 Denominator = Total Organization's Net operating costs.

For those health service providers who have more than a LHIN source of revenue, expenses (including central administration expenses), must be allocated appropriately to each specific revenue/funding source. Tracking and reporting of financial records should be segregated separately, according to LHIN vs Ministry funding in how the funding has been utilized.

* Hopsital affiliated entities may have 0% cost allocation as maybe absorbed by the total corporate entity of hospital.

The number of full-time equivalents - staff (worked total hours divided by 1950) reported who are in Primary Health Services in a Community Health Centre.

The number of full-time equivalents - staff (worked total hours divided by 1950) reported who are in Management and Administration services in a Community Health Centre.



Indicator Definition [Total Visits] | Dashboard

Indicator Definition [Individuals Served] | Dashboard

Indicator Definition [Cost per Service] | Dashboard

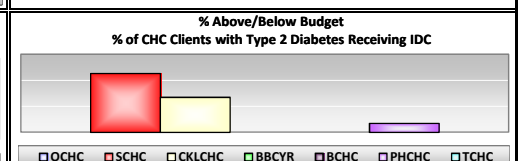
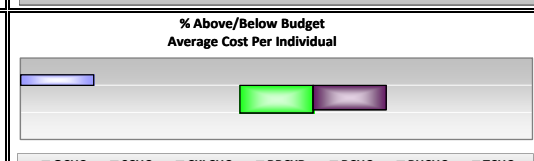
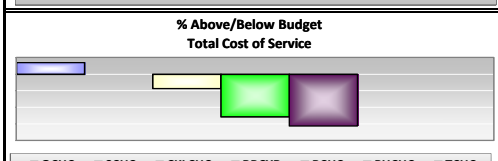
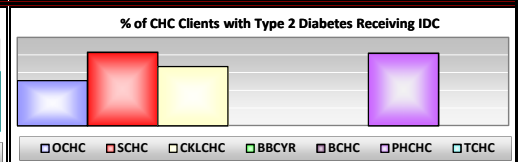
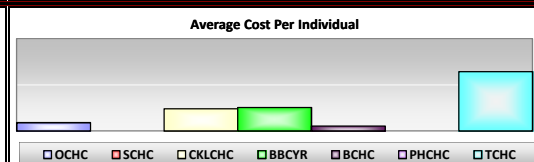
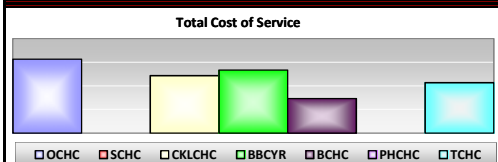
The total number of active clients receiving services within a Community Health Centre's Primary Health Services.

Number of individual encounters that are face-to-face and are receiving one or more services in a Community Health Centre's Primary Health Services.

Number of individual encounters that are via teleconference and are receiving one or more services in a Community Health Centre's Primary Health Services.

Number of consultations between two or more providers with the client present involving a Community Health Centre's Primary Health services.

Number of consultations between two or more providers with the client NOT present involving a Community Health Centre's Primary Health services.



Indicator Definition [Total Visits] | Dashboard

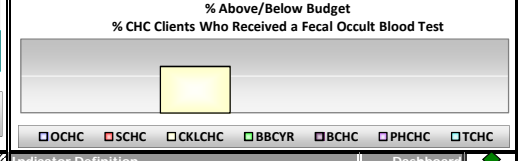
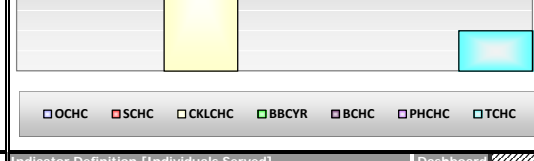
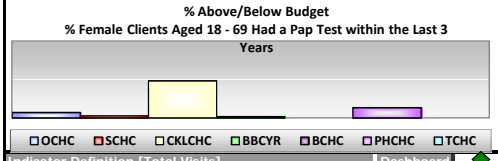
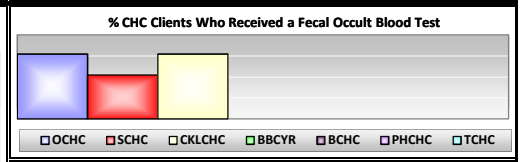
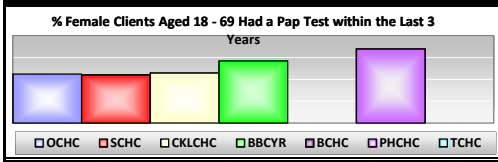
Indicator Definition [Individuals Served] | Dashboard

Indicator Definition | Dashboard

The total operating cost of a Community Health Centre's Primary Health Services.

The average cost for each individual encounter (clients receiving services) divided by the total cost of the services provided overall.

% of clients with a particular chronic disease diagnosis (Type 2 diabetes) who have seen a CHC physician and also have received service (or referrals to other providers/agencies) for diabetes within the past 2 years from 2 or more health providers other than a physician.



Indicator Definition [Total Visits] | Dashboard

Indicator Definition [Individuals Served] | Dashboard

Indicator Definition | Dashboard

% of eligible female clients who have seen a physician or Nurse Practitioner who have had a Pap test in the last three years either at the CHC or outside the CHC.

% of registered clients aged 18+ with depression who have seen a physician or NP and were provided referral to a mental health provider/agency.

% of registered clients aged 50+ who have seen a NP or physician and have had a fecal occult blood test in the last two years.

Legend: CHCs with Performance outcomes outside the specified Performance Budget/Target, further investigation is recommended.

- Green diamond: Status - All CHCs are within the Performance Corridor within Target or within Budget
- Yellow diamond: Status - 6 out of 7 CHCs within Performance Corridor or within Budget/Target
- Red diamond: Status - Monitor - 4 out of 7 CHCs within Performance Corridor and/or within Budget/Target
- Red square: Status - ATTENTION - 4 or more CHCs not meeting Target/Budget

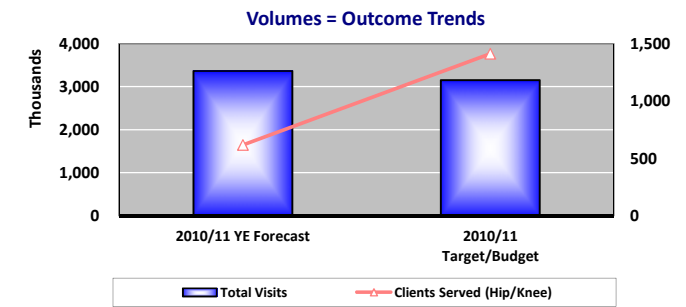
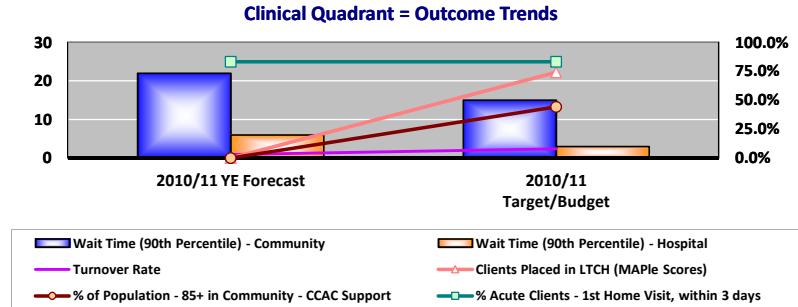
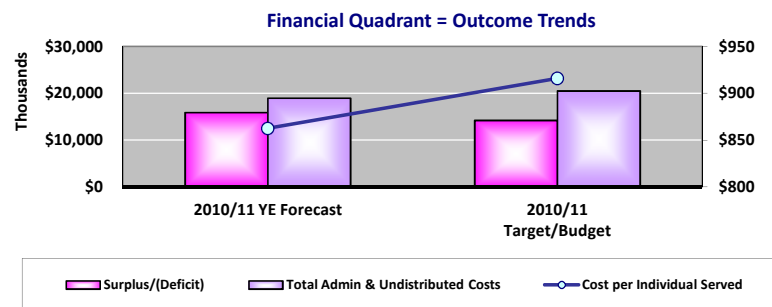
Community Health Centres:	OCHC	Oshawa Community Health Centre	SCHC	Scarborough Centre for Healthy Communities
	CKLCHC	City of Kawartha Lakes Community Health Centre	BBCYR	The Barbara Black Centre for Youth Resources
	BCHC	Brock Community Health Centre	PHCHC	Port Hope Community Health Centre
	TCHC	Taibu Community Health Centre (Malvern)		

2010/11Q3 Multi-Sectoral Service Accountability Agreement/Community Analysis Tool Submission

Year-to-Date Dashboard - Not for Public Review (Internal only)

Central East Community Care Access Centre (CE CCAC)

Status	Indicators	2009/10 YE	2010/11 YE Forecast	% Variance 10/11 YE Forecast vs 09/10 YE	2009/10 Target/Budget	2010/11 Target/Budget	% Variance 10/11 Budget vs 10/11 YE Forecast
1.0 Financial							
◆	1.1 - Financial Net Year End Position (Surplus/Deficit)	(\$4,221,912)	\$15,900,865	-476.63%	\$0	\$14,200,867	11.97%
◆	1.2 - Base Funding - LHIN Allocation	\$203,020,389	\$212,436,709	4.64%	\$0	\$207,274,807	2.49%
◆	1.3 - Funding - LHIN One-Time Allocation	\$6,429,340	\$6,628,552	3.10%	\$0	\$2,424,780	173.37%
◆	1.4 - Total Revenue (All Fund Types)	\$212,180,079	\$220,018,191	3.69%	\$0	\$210,585,318	4.48%
◆	1.5 - Total Expenses (All Fund Types)	\$216,401,991	\$204,117,326	-5.68%	\$0	\$196,384,451	3.94%
◆	1.6 - Total Revenue (Fund Type 2)	\$212,180,079	\$220,018,191	3.69%	\$0	\$210,585,318	4.48%
◆	1.7 - Total Expenses (Fund Type 2)	\$216,401,991	\$204,117,326	-5.68%	\$0	\$196,384,451	3.94%
◆	1.8 - Total Admin & Undistributed Expenses (Fund Type 2)	\$21,401,501	\$18,952,480	-11.44%	\$0	\$20,516,135	-7.62%
◆	1.9 - % of Total Admin & Undistributed Expenses of Total Expenses (Fund Type 2)	9.9%	9.3%	-6.11%	9.9%	10.4%	-11.12%
◆	1.10 - Total Cost per Functional Centre	\$216,321,839	\$196,188,029	-9.31%	\$205,676,247	\$202,398,820	-3.07%
◆	1.11 - Cost per Service	\$61	\$58	-4.96%	\$59	\$64	-9.21%
◆	1.12 - Cost per Individual Served	\$996	\$862	-13.43%	\$893	\$916	-5.83%
2.0 Staff							
◆	2.1 - Total FTE's	527.00	608.84	15.53%	585.40	633.00	-3.82%
3.0 Volumes							
◆	3.1 - Total Visits (F2F, Telephone - IH, Contracted-Out)	3,529,594	3,368,044	-4.58%	3,494,688	3,154,665	6.76%
◆	3.5 - Individuals Served by F/C or as Appropriate Individuals Served by Organization	217,150	227,487	4.76%	230,412	221,005	2.93%
4.0 Schedule							
N/A	4.1 - Vacancy Rate	2.9%	8.0%	175.9%	0	TBD	N/A
◆	4.2 - Turnover Rate	6.8%	2.9%	-56.9%	8.0%	8.0%	-63.4%
5.0 Schedule							
◆	5.1 - From Referral date to Assessment Date (90th Percentile Referrals from Community)	18	22	22.22%	15	15	46.67%
◆	5.2 - From Referral date to Assessment Date (90th Percentile Referrals from Hospital)	4	6	50.00%	3	3	100.00%
N/A	5.3 - Assessment to Service Initiation	5,024	5,487	9.22%	TBD	TBD	TBD
6.0 Schedule							
N/A	5.1 - Clients placed in LTCH with MAPLe scores high or very high as a percent of total clients placed	76.0%	TBD	-100%	74.0%	74.0%	N/A
N/A	5.2 - Percent of the Population 85+ living in community supported by CCAC	46.0%	TBD	-100%	45.0%	44.0%	N/A
◆	5.3 - Percent of acute clients receiving first home visit within 3 days of referral to the CCAC	80.0%	83.0%	3.7%	82.0%	83.0%	0.0%
◆	5.4 - Services: Clients Served (Hips & Knees)	1,568	618	-61%	1,413	1,413	-56%



Legend - Status based on comparison to 2009-11 Schedule E Negotiated Targets and/or 2010/11 Revised Budget where no Schedule E Targets have been specified (M-SAA Performance Indicators highlighted in **Red/Orange/Red**)

Performance Indicator assessments are based on Negotiated Performance Standards and/or Corridors as per MSA Technical Specifications Documentation for 2009-11

- ◆ || Approved (equal to and/or +/-2% variance)
- ◆ || Not Approved (> +/-5% variance)
- ◆ || Approved with Monitoring (<= +/-5% variance)