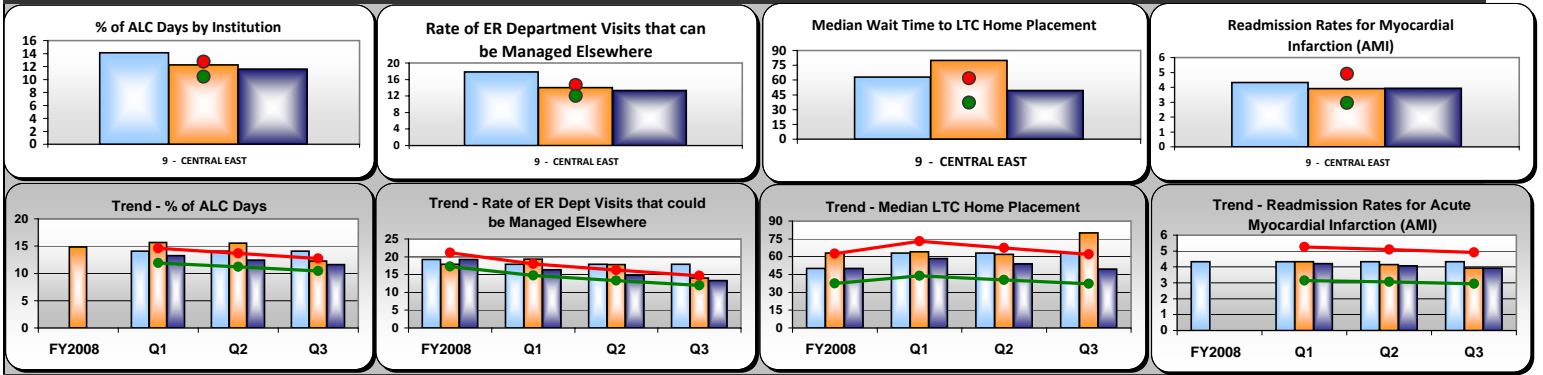
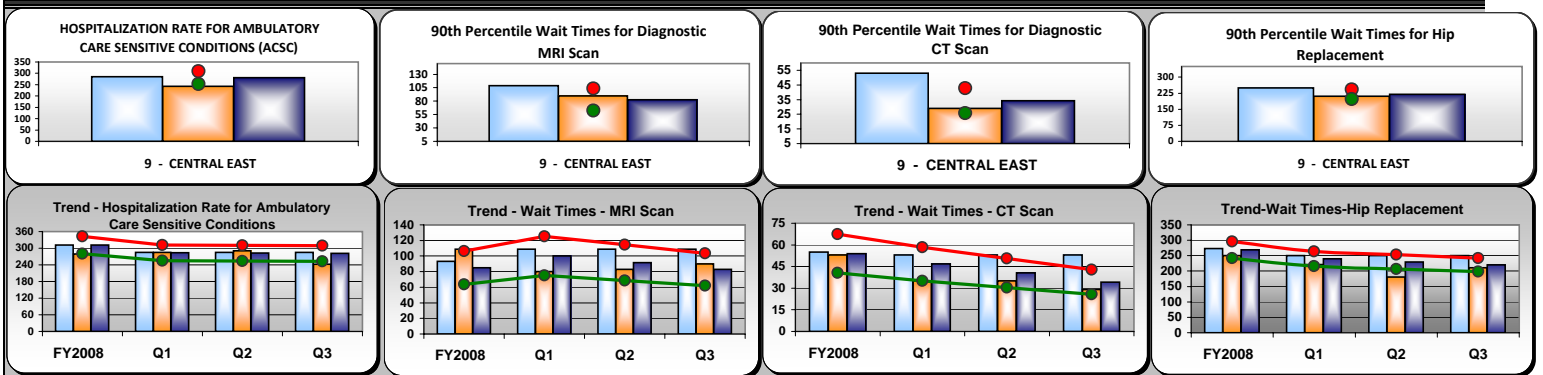


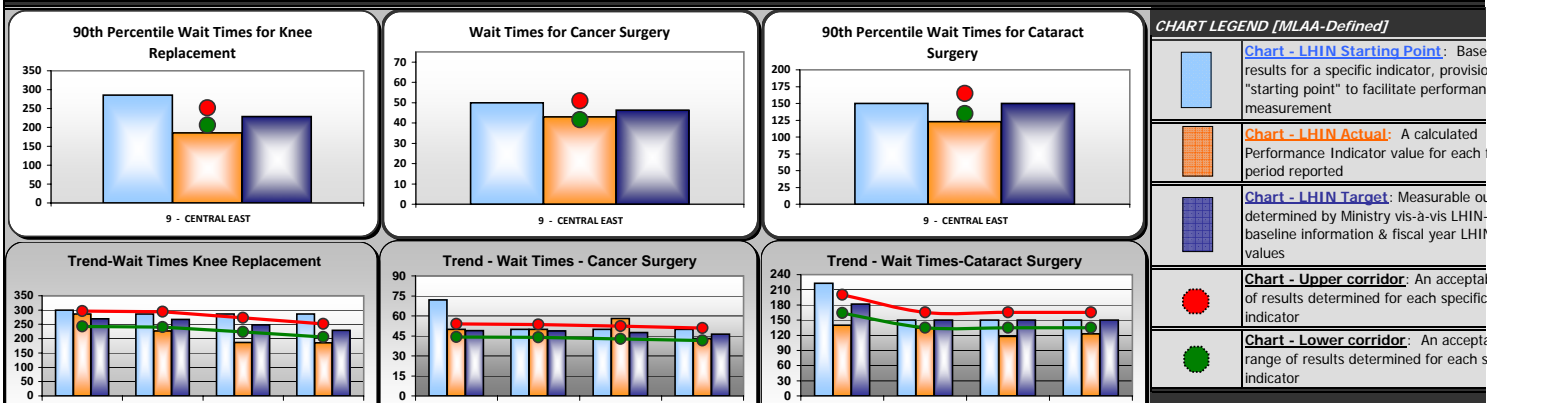
CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK
MLAA SYSTEM LEVEL STATUS REPORT - 2008/09Q3
Wait Times - 90th Percentile, Median & Rates



<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>Slightly above the Central East Target but under the Upper Corridor. A steady decrease from Q1 to Q3, markedly decreasing from last quarter. ***Steadily improving from Q1 to Q3, -21.3% decrease from Q2 to Q3. More patients have been placed in LTC Homes as of Q3 than Q2. ***CECCAC Case Workers in Hospitals.</p>	<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>2008/09Q1 & Q2 performance was above both the CE LHIN Target and slightly over the Upper Performance Corridor. Quarter 3 performance is slightly over the CE LHIN Target (5.9%) but slightly under the Upper Performance Corridor. ***Steady improvement from Q1 to Q3. ***EDRS Dashboard & Reporting and Analytics plan driving improvement; ***ED Pay for Results.</p>	<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>Over the CE LHIN Target and Upper Performance Corridor in Q3, an increase in demand for LTC Home Placement (doubled and/or tripled, dependent on source of referral). ***Hospitals are below the CE LHIN Target; ***Small sample size in various health care domains resulting in outliers (skewing outcome results). ***Closely monitoring.</p>	<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>Well below the Upper Performance Corridor and steadily improving from Q1 to Q3 (Quarter 3 is both).</p>
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<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>Continuously under the Upper Performance Corridor and performing well in comparison to the CE LHIN Target (minor fluctuation in Q2).</p>	<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>Minor fluctuations between fiscal periods. Below the Upper Performance Corridors for all 3 quarters. Days waited are increasing, requires monitoring going-forward. Most significant issue staffing issues for ability to maintain and/or expand hours of operation. ***Closely monitoring.</p>	<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>Performance is under both the Upper Performance Corridor and the CE LHIN Target for all 3 fiscal quarters. Issues impacting wait times mainly attributable to Hours of operation due to various staffing issues. ***Hospitals are projecting to deliver all funded volumes, including 2 hospitals who have indicated capacity to take on more volumes if required.</p>	<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>An increase between Q2 vs Q3, current Q3 wait are below the CE LHIN Target & Upper Corridor. Factors impacting wait times for Hip Replacement 1 - Delay in Orthopedic Surgeon recruitment; 2 - Move to new location; 3 - Seasonal scheduling issues. ***Closely monitoring.</p>
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<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>Below both corridors and CE LHIN Target. Wait Times is steadily decreasing in the last 3 quarters.</p>	<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>An increase in Q2 but reporting a decrease in wait times as of Q3. Current status is below both the CE LHIN Target and Upper Corridor.</p>	<p>Dashboard - Current vs Trend </p> <p>Performance Commentary</p> <p>Some fluctuations between fiscal quarters but well below the Upper Corridor and CE LHIN Target as of Q3. Hospitals with Cataract Services have projected to meet their funded volumes (base + incremental). RVHS, LHC & NHH have indicated increased capacity with related resources to take on more volumes.</p>	<p>CHART LEGEND [MLAA-Defined]</p> <p> Chart - LHIN Starting Point: Base results for a specific indicator, provision "starting point" to facilitate performance measurement</p> <p> Chart - LHIN Actual: A calculated Performance Indicator value for each period reported</p> <p> Chart - LHIN Target: Measurable or determined by Ministry vis-à-vis LHIN-baseline information & fiscal year LHIN values</p> <p> Chart - Upper corridor: An acceptable range of results determined for each specific indicator</p> <p> Chart - Lower corridor: An acceptable range of results determined for each specific indicator</p> <p>DASHBOARD LEGEND [MLAA-Defined, Q1 to Q3]</p> <p> Doing Well, Below Corridor and LHIN Target</p> <p> Improving - In Corridor & Equal or Below Starting Point</p> <p> Monitor - In Corridor & Above LHIN Target</p> <p> Attention - Above Corridor, Reporting</p> <p> Improving (value decreasing)</p>
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with related resources to take on more volumes.



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**CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK
MLAA HEALTH SERVICE PROVIDER LEVEL SUPPLEMENTARY STATUS REPORT - 2008/09Q3
90TH PERCENTILE WAIT TIMES HIP REPLACEMENT**

ROSS MEMORIAL HOSPITAL				
CURRENT STATUS ANALYSIS- VARIANCE	CURRENT STATUS DASHBOARD	TREND ANALYSIS - VARIANCE	TREND DASHBOARD	PERFORMANCE COMMENTARY
<p>RMH Hip Replacements - 2008/09Q3 Status</p>		<p>RMH Trend-Wait Times-Hip Replacement</p>		<p>Ross Memorial Hospital experienced an increase waited as were actively recruiting for an Orthopedic Surgeon during this time. Due to the late arrival recruited Orthopedic Surgeon (October 2008), ft incremental volumes were reduced as of Q3 for 150. ***Intention is to fully ramp up in the next fiscal year regular volumes.</p>
TORONTO SCARBOROUGH HOSPITAL				
CURRENT STATUS ANALYSIS- VARIANCE	CURRENT STATUS DASHBOARD	TREND ANALYSIS - VARIANCE	TREND DASHBOARD	PERFORMANCE COMMENTARY
<p>TSH Hip Replacements - 2008/09Q3 Status</p>		<p>TSH Trend-Wait Times-Hip Replacement</p>		<p>Toronto Scarborough Hospital has consistently b below the CE LHIN Target for the past 3 fiscal q TSH was unable to deliver the full initial incre funded volumes and a recovery (Ministry adjust LHIN funding) was initiated (initial allocation wa what was requested for 2008/09).</p>
PETERBOROUGH REGIONAL HEALTH CENTRE				
CURRENT STATUS ANALYSIS- VARIANCE	CURRENT STATUS DASHBOARD	TREND ANALYSIS - VARIANCE	TREND DASHBOARD	PERFORMANCE COMMENTARY
<p>PRHC Hip Replacements - 2008/09Q3 Status</p>		<p>PRHC Trend-Wait Times-Hip Replacement</p>		<p>Peterborough Regional Health Centre implement move to the new Hospital in the first 2 fiscal qu but are expected to complete their full volumes end of the fiscal year. PRHC is willing to accept additional incremental volumes going-forward. Performance outcomes are well below the CE LH Targets for the first 2 quarters with Q3 slightly b CE LHIN Target and well under the upper perfor corridor threshold.</p>
LAKERIDGE HEALTH CORPORATION				
CURRENT STATUS ANALYSIS- VARIANCE	CURRENT STATUS DASHBOARD	TREND ANALYSIS - VARIANCE	TREND DASHBOARD	PERFORMANCE COMMENTARY
<p>LHC Hip Replacements - 2008/09Q3 Status</p>		<p>LHC Trend-Wait Times-Hip Replacement</p>		<p>Lakeridge Health Corporation (LHC) was over th performance corridor and CE LHIN Target in Q1, improving in Q2. Quarter 3 is over the CE LHIN but under the Upper Performance Corridor. Due staffing issues (e.g. anesthesia, etc.) during the quarters, incremental volumes were not fully me estimation that more revisions would be perform A recovery of some funded volumes for both hip replacements was implemented at Q3.</p>
ROUGE VALLEY HEALTH SYSTEM				
CURRENT STATUS ANALYSIS- VARIANCE	CURRENT STATUS DASHBOARD	TREND ANALYSIS - VARIANCE	TREND DASHBOARD	PERFORMANCE COMMENTARY
<p>RVHS Hip Replacements - 2008/09Q3 Status</p>		<p>RVHS Trend-Wait Times-Hip Replacement</p>		<p>Rouge Valley Health System is consistently perf well below the target and CE LHIN wait time ove 2008/09. RVHS was not able to fully deliver initi allocated volumes and a recovery was initiated e</p>







CURRENT STATUS & TREND CHART LEGEND: COLOUR CODING	
	LHIN STARTING POINT: Results in a given time period for a specific indicator, provision of a "starting point" to facilitate performance measurement. A calculated Performance Indicator value for each fiscal period reported.
	90th PERCENTILE WAIT TIME - ACTUAL (days): 90% of patients' time spent waiting to receive treatment. Calculated number of days a patient(s) waited for treatment within Central East LHIN
	FEBRUARY 2009 - LHIN TARGET: Number of days a patient should wait within Central East LHIN. A measurable outcome that has been determined by the Ministry vis-à-vis LHIN-specific baseline information and fiscal year LHIN target values ***CE LHIN-specific Targets, based on MLAA reporting periods (6 months of data for each, Jan to June = Q1, etc.), are superimposed to Cancer Care Ontario Wait Time fiscal reporting periods (AUG 2008 to Q1, NOV 2008 to Q2, FEB 2009 to Q3)

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK
MLAA HEALTH SERVICE PROVIDER LEVEL SUPPLEMENTARY STATUS REPORT- 2008/09Q3
90TH PERCENTILE WAIT TIMES HIP REPLACEMENT

	Performance Corridor (Upper): An acceptable upper limit of a defined range of performance, specific to each performance indicator
	Performance Corridor (Lower): An acceptable lower limit of a defined range of performance, specific to each performance indicator

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK
MLAA HEALTH SERVICE PROVIDER LEVEL SUPPLEMENTARY STATUS REPORT- 2008/09Q3
90TH PERCENTILE WAIT TIMES HIP REPLACEMENT

LEGEND - CURRENT 2009/08Q3 STATUS (based on MLAA-defined Legend)**LEGEND - TREND (Q1 to Q3)**

	Doing Well, Below Corridor and LHIN Starting Point		Improving (value decreasing)
	Improving - In Corridor & Equal or Below LHIN Starting Point		
	Monitor - In Corridor & Above LHIN Starting Point		Getting Worse (value increasing)
	Attention - Above Corridor, Reporting Required		

Description/Context

The 90th Percentile methodology as defined for Hip Replacement, measures 90% of patients time spent waiting for the provision of services. This percentage is more indicative of the actual number of patient may have been waiting longer than others rather than the median which measures only half of the number of patients overall. Measurement includes "decision to treat, to treat".

Provincial Target = 182 days;
 Provincial Wait Time = 174 days;
 CE LHIN Wait Time = 211 days.

Since the inception of the "2003 First Minister's Accord on Health Care Renewal", Total Joint Replacement was placed as one of the 5 key service areas, of which Hip Replacement is a major component. Analysis of any wait times should consider that there are several variables affecting overall performance whether at the Health Service Provider to LHIN level to the Provincial Levels (not all are listed below):

- 1 - Impacts (positive/negative) of currently implemented wait time management strategies;
- 2 - Increasing number of patients for each of the key service areas with limited current resources;
- 3 - Aging population;
- 4 - Growth in population;
- 5 - Rates of obesity;
- 6 - Increases/Decreases in Chronic medical conditions.

****Wait Times have improved since inception overall with minor exceptions within various LHIN's within various fiscal periods.*

The Overall Strategy has 5 over-arching components in the pursuit to reduce wait times for patients within the province:

- 1 - Accountability (Hospital Boards accountable for "equitable access");
- 2 - Access Management (Management of timely and efficient service provision via information systems and priority-setting);
- 3 - Capacity (resource utilization and productivity);
- 4 - Evaluation (accurate measurement of outcomes, processes, procedures within an efficient resource utilization setting);
- 5 - Communication (transparent and educational environment to all interested);

PERFORMANCE COMMENTARY**Central East LHIN Analysis - Wait Times for Hip Replacements (90th Percentile):**

Central East LHIN is reporting less days waited than the Central East LHIN Target and Upper Performance Corridor as of February 2009. Although performing well under the LHIN and Provincial targets as well as the overall system-level average wait times, there is one Hospital that is currently over the upper performance corridor.

- 1 - Ross Memorial Hospital;

****All hospitals performing Hip Replacements report an increase in the number of days waited for patients from quarter 2 to quarter 3 and requires monitoring.*

In order to equitably allocate Hospital-specific funding for the key service areas such as Hip Replacements, several factors are considered:

- 1 - Ability to achieve proposed incremental volumes (capacity/resources and to meet related funding conditions);
- 2 - Regular submission of data to WTIO;
- 3 - Physicians/Surgeons able to provide said services without negative impacts to other committed services;
- 4 - Demonstration of functional service models and willingness to collaborate with other Hospitals.

For 2008/09, Central East LHIN has recovered funding at Quarter 3 for Hip/Knee Replacements (Inter-LHIN Reallocations for Ministry Adjustment to LHIN funding) of which only Peterborough Regional Health Centre were able to fully deliver the initial incremental volumes by end of the fiscal year.

****It should be noted that the 2008/09 incremental volumes allocated to CE LHIN by the Ministry was above what some CE LHIN Hospitals had initially requested.*

The following hospitals were not able to deliver all the initial incremental volumes.

- 1 - Lakeridge Health Corporation;
- 2 - Ross Memorial Hospital;
- 3 - Rouge Valley Health System;
- 4 - Toronto Scarborough Hospital.

****Please see comments above for further details*

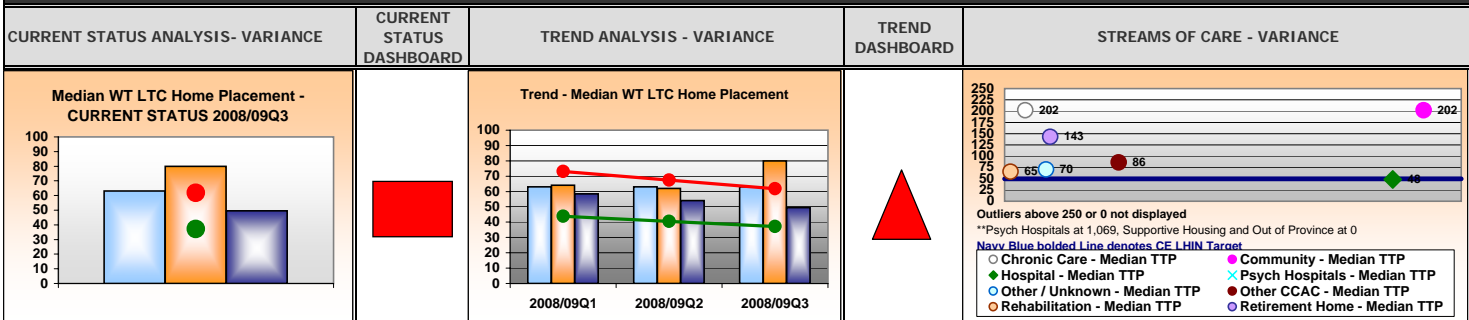
Current Actions/Next Steps:

CE LHIN is currently developing a new Wait Time Strategy Working Group with an associated Terms of Reference, primary objectives are the following:

- 1 - Provision of a "collaborative forum to explore creative options to deliver services and continue to minimize wait times".
- 2 - Active members from each Hospital delivering services in the identified key services (now including General Surgery and Paediatrics) have been selected.
- 3 - Both Central East LHIN staff and Hospital staff will meet at regular intervals (every 2 months or as needed) to discuss each hospital's progress on their volumes as well as the related impacts/outcomes at both the provider and system perspective (assessment, development of feasible solutions and/or improvements).
- 4 - An earlier re-allocation process (at the end of Quarter 2) to "ensure an appropriate risk mitigation strategy is in place to address any emerging issues".



CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK
MLAA HEALTH SERVICE PROVIDER LEVEL SUPPLEMENTARY STATUS REPORT - 2008/09Q3
MEDIAN WAIT TIME TO LONG-TERM CARE HOME PLACEMENT



Description/Context

The Median Wait Time to Long-Term Care Home Placement is an indicator that was incorporated within the MLAA to track and accurately measure the "growing demand for increased long-term care (LTC) bed capacity in Ontario." Summarily, there are 2 identified drivers as well as other related factors which may be contributing to the number of days waited for Long-Term Care Home Placement.

- 1 - Personal choice of patient to stay in "community" with availability of support and services.
- 2 - Patients who take accommodations in either their 1st, 2nd or 3rd choice of LTC Homes.

Note: Wait times are subject to fluctuations within the province where the geographic location can impact the time a patient waits for LTC Home Placement.

If the patient's first, second and/or third choice is not available due to lack of bed capacity, then this will place them on a wait list. Even if a patient were to accept accommodations in another LTC Home temporarily, they are still actively on a wait list to get an available bed in accordance with their preferred choices and/or decide to accept an alternate choice offered. In some cases, there may be LTC Home beds available with the capacity and resources to provide services within the patient's LHIN or other LHIN's but if the available LTC Home is not of the patient's choice, then the bed(s) remain under-utilized.

****A patient's choice to a LTC Home may be driven by socio-economic concerns as well as ethnic or cultural considerations.*

A potential impact to an increase in days waited for Long-Term Care Home Placement is where the request for a LTC Home/bed is sourced from, hospital referrals vs community referrals. Referrals can be sourced from a variety of health care providers with Acute Care Hospitals typically being the largest source, community second, third from other health service providers such as chronic care facilities, psychiatric hospitals, etc. Another consideration that may be contributing to an increase in wait times is the scarcity of LTC Homes within a LHIN as opposed to another LHIN with less days waited but have more access to more LTC Homes within their boundaries.

PERFORMANCE COMMENTARY

Central East LHIN is over both the LHIN Target and Upper Performance Corridor as of February 2009. Current analysis of the trend indicates that prior performance overall for the fiscal year 2008/09 and each subsequent fiscal quarter leading up to February 2009 reveals days waited for LTC Home Placement under the Upper Corridor consistently although over the LHIN Target.

There are several potential issues arising that is affecting performance for the last 3 quarters. In alignment with current Ministry priorities regarding Alternate Levels of Care (ALC), Central East Hospitals (Actuals = 48) are below the designated 2008/09Q3 Target = 49.5. Current outliers in various sectors such as Community, Chronic Care, Retirement Homes continue to experience higher than targeted days waited for placement. Summarily, although Q3 performance has exceeded the CE LHIN Target and Upper Performance Corridor threshold at the LHIN level, demand for LTC beds, from Q2 to Q3 has either doubled or tripled in every sector with the exception of Supportive Housing and Out of Province. Patients referred from hospitals is the largest number of clients waiting for placement in comparison to the other types of services but more clients have been placed (increase of 246%) while still maintaining the median time to placement below the CE LHIN Target.

The overall CE LHIN performance has been negatively impacted due to the outliers where small numbers of clients waiting for placement have driven performance beyond the CE LHIN Target.

****Note: Smaller number of cases (patients waiting) significantly impacts overall LHIN performance (outliers skew the results) in the median time to placement outcomes (e.g. 2 Psych Hospital Patients with a 1,069 waited for placement). Psych-geriatric patients are typically more difficult to place than other types of patients.*

According to Central East CCAC (CECCAC) information, the following items listed are contributing to the 3rd quarter's performance:

- 1 - Cultural preferences for various LTC Homes such as Yee Hong (Chinese Home) have a very long wait time of approximately 4 to 5 years.
- 2 - Hard to serve populations which may include patients characterized with aggressive behaviours, sexual behaviours, mental health conditions.
- 3 - Delay in receiving Ministry approved 3rd LTCH building within the original 20,000 LTCH bed allocation in the last 5 years.
- 4 - CECCAC experienced one of the highest number of 1A1 (category of priorities for placement) clients in the province.
- 5 - Availability of beds (demand is more basic than private clients). Application of the 60/40 (private/basic) rule is problematic as CE LHIN is experiencing more basic than private/semi-private (4,323 vs 5,077).

****Total Beds within CE LHIN is 9,572 (basic, semi-private/private = 9,400, other = 172 composed of Convalescent Care, Short Stay, Interim).*

As of January 2009, a provincial vs LHIN analysis indicated that Central East has 11.7% of the province's population overall (second highest aside from Central LHIN).

- CE LHIN Long-Stay utilization is at 98.5% with a current long-stay vacancies of 140 vs a current demand of 12,702 (majority female clients) and private at almost full capacity (99.1%).
- CE LHIN Long Stay demand is the second highest in the province = 12,702 vs highest in Hamilton Niagara Haldimand Brant (HNHB) LHIN = 13,184;
- CE LHIN has the second highest number of clients coming in from the acute health sector (HNHB LHIN highest);
- Highest number of Clients (in CE LHIN) placed year-to-date (including transfers) within the province and the 3rd Highest number of private beds in the province;
- HNHB LHIN has the highest number of beds in all 14 LHINs but is the third most populated LHIN (CE LHIN Average system Length of Stay 3 years, highest in province = 3.7 from HNHB LHIN).

****As per population projections from Statistics Canada (via Ministry of Finance to the MOHLTC) and January 2009 information via the Health Data Branch, MOHLTC*

Current Action Items/Next Steps:

The Central East CCAC has planned for a number of initiatives that is also in alignment with the Ministry priority concerning ALC to alleviate pressures experienced in the hospital sector:

- 1 - CCAC Case Managers - Early Intervention,
 - a - Inpatients discharged to home to wait for LTC Home placement where applicable thereby reducing Hospital Priority 1A status;
 - b - Emergency Department, admission avoidance;
 - c - Aging at Home initiatives;
- 2 - Exclusion of clients who have already applied and are currently on the LTC wait list;
- 3 - CCAC Case Manager - Counselling (clients remaining longer at home)
 - a - Adult Day programs;
 - b - Short Stay programs;
 - c - Convalescent Care programs;
- 4 - Sponsorship of Chronic Disease Self Management program (enabling clients to self-manage their own conditions thereby promoting health and reducing applications to LTC Home placements).

****Implementation of an ALC Monitoring Project to better assess "and improve patient flow".*

CURRENT STATUS CHART LEGEND: COLOUR CODING

	LHIN STARTING POINT: Results in a given time period for a specific indicator, provision of a "starting point" to facilitate performance measurement. A calculated Performance Indicator value for each fiscal period reported.
	90th PERCENTILE WAIT TIME - ACTUAL (days): 90% of patients' time spent waiting to receive treatment. Calculated number of days a patient(s) waited for treatment within Central East LHIN
	FEBRUARY 2009 - LHIN TARGET: Number of days a patient should wait within Central East LHIN. A measurable outcome that has been determined by the Ministry vis-à-vis LHIN-specific baseline information and fiscal year LHIN target values <i>***CE LHIN-specific Targets, based on MLAA reporting periods (6 months of data for each, Jan to June = Q1, etc.), are superimposed to Cancer Care Ontario Wait Time fiscal reporting periods (AUG 2008 to Q1, NOV 2008 to Q2, FEB 2009 to Q3)</i>
	Performance Corridor (Upper): An acceptable upper limit of a defined range of performance, specific to each performance indicator
	Performance Corridor (Lower): An acceptable lower limit of a defined range of performance, specific to each performance indicator

LEGEND - CURRENT 2009/08Q3 STATUS (based on MLAA-defined Legend)	LEGEND - TREND (Q1 to Q3)
Doing Well, Below Corridor and LHIN Starting Point	Improving (value decreasing)
Improving - In Corridor & Equal or Below LHIN Starting Point	
Monitor - In Corridor & Above LHIN Starting Point	



Monitor - in Corridor & Above LHM Starting Point



Attention - Above Corridor, Reporting Required



Getting Worse (value increasing)