

Central East LHIN Quarterly Report

Highlights of the Stocktake

- Substantial reduction in ER demand in Q3
- Slight increase in ER LOS consistent with provincial trend
 - Lower volume did not correspond to lower LOS
- CE LHIN improvement in ALC days inconsistent with provincial increase from Q3 to Q4

What's Working Well

- System-wide engagement related to IHSP and CSP planning (physician groups, hospitals, community agencies)
- Initiatives focused on trying to get the best value (maximum return for the minimum investment)

Strategy

- Saving 1M hours in the ED by 2013
 - a. Based on projection
 - i. 10.2 M hours projected for CE LHIN ED's 2009-2013
 - ii. Our goal is not to exceed 9.2 M hours in that time
 - b. Alignment with Provincial targets
 - i. If every hospital in the CE LHIN were to remain above or achieve 90% in all ED categories by 2013, it would result in a cumulative savings of approximately 4.3 million hours.
 - ii. Biggest win in 2009 would be Peterborough, with almost 175,000 hours saved
 - c. Alignment with P4RII targets
 - i. If every designated P4R hospital achieves its targets in all categories in FY2009, it will result in a savings of approximately 442,000 hours.
- Focusing on IHI triple-aim framework and ED Avoidance Coalition

Next Steps

- Aging At Home Initiatives
- Nurse Practitioner-led Outreach to Long Term Care Homes
- FLO Collaborative Spread Strategy
- Execution Event: Achieving P4R Results

Issues/Concerns

1. P4R Year 1—TSH targeted for recovery
2. LHIN-wide Accountability (MLAA)
 - We have laid the groundwork for long-term improvement in meeting admitted patients length of stay targets
 - We would have greater confidence in our ability to hit LHIN-wide targets for non-admitted length of stay if we had more flexibility in targeting funding and initiatives

Three Messages for Ken Deane

1. CE LHIN wants to focus our efforts on driving LHIN- and province-wide systemic improvement and achievement of results.
2. We are pursuing short- and medium-term gains that correspond to real sustainable systemic change, within the framework of triple aim and quality improvement.
3. There are some issues that we are encountering or predicting (accountability, recovery) that will require ongoing dialogue with providers in order to ensure that a patient focus and a system-wide perspective are maintained.