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

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CENTRAL EAST LHIN

MLPA PERFORMANCE INDICATOR DASHBOARD

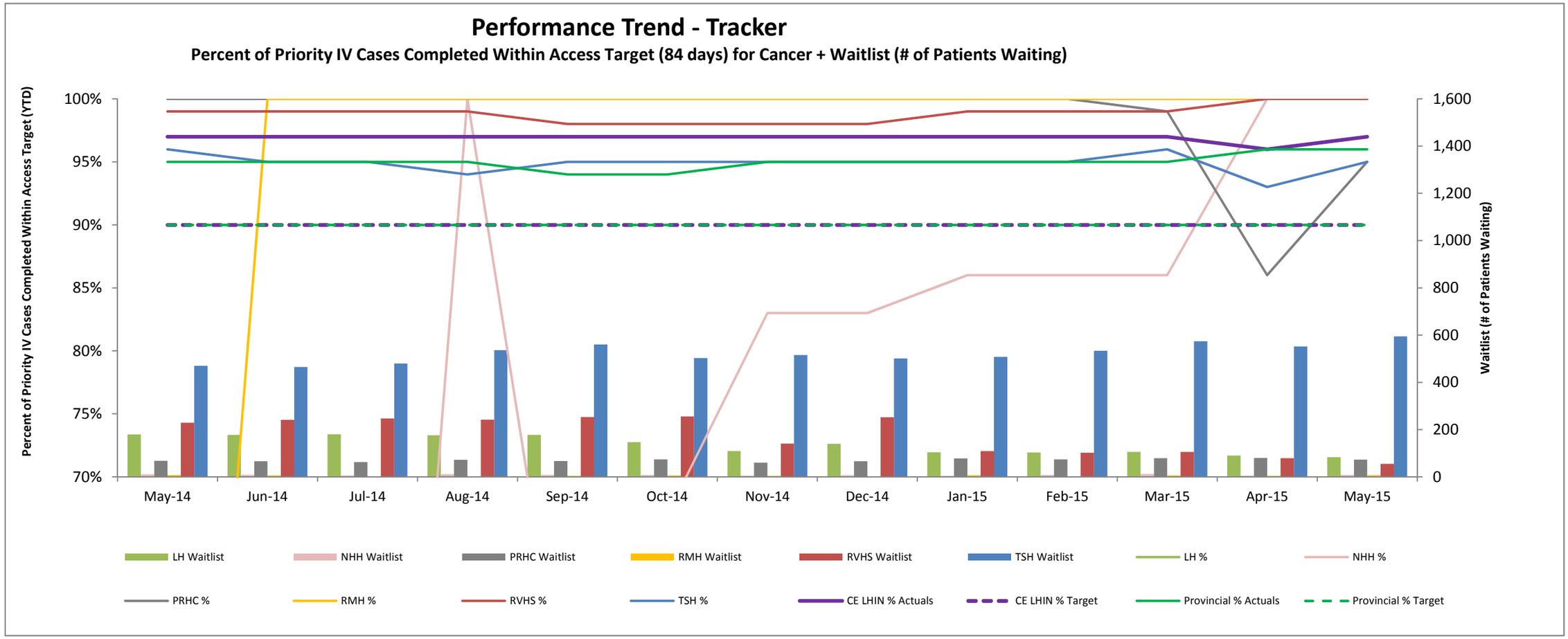
Performance effective as of:

May 2015

	Performance Indicator (PI)	Indicator Type	Provincial Target	LHIN Starting Point or Baseline 13/14	LHIN Fiscal Year 2015/16 Target	Actual LHIN Performance	Current Status	Trend [1]	LHIN Ranking [3]	Data Source [2]	Reporting Period
1	**Percent of Priority IV Cases Completed Within Access Target (84 days) for Cancer Surgery [7]**	Access	90%	96%	90%	97%			5	WTIS	May 2015
2	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Cataract Surgery [7]**	Access	90%	99%	90%	96%			2	WTIS	May 2015
3	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Hip Replacement Surgery [7]**	Access	90%	96%	90%	96%			2	WTIS	May 2015
4	**Percent of Priority IV Cases Completed Within Access Target (182 days) for Knee Replacement Surgery [7]**	Access	90%	96%	90%	96%			2	WTIS	May 2015
5	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic MRI Scan [7]**	Access	90%	47%	50%	62%			1	WTIS	May 2015
6	**Percent of Priority IV Cases Completed Within Access Target (28 days) for Diagnostic CT Scan [7]**	Access	90%	91%	90%	85%			5	WTIS	May 2015
7	**Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution [4]**	Integration	9.46%	13.48%	12.8%	16.5%			10	DAD	2014/15 Q3
8	**90th Percentile ER Length of Stay for Admitted Patients**	Access	25 hours	33.72	30.0	34.3			14	ERNI	May 2015
9	**90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients**	Access	7 hours	6.45	6.45	6.00			2	ERNI	May 2015
10	**90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients**	Access	4 hours	4.13	4.00	4.03			8	ERNI	May 2015
11	**Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions [5]**	Access	TBD	18.6%	17.0%	18.6%			11	NACRS	2014/15 Q3
12	**Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions [5]**	Access	TBD	24.3%	22.5%	24.1%			6	NACRS	2014/15 Q3
13	**90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) [6,4]**	Access	TBD	29	29	22			7	HCD	2014/15 Q3
14	**Readmission within 30 Days for Selected CMGs [5]**	Efficiency (Quality)	TBD	16.2%	14.8%	16.1%			5	DAD	2014/15 Q2

NOTES:

1	Trend analysis comparison to prior reporting period and/or established baseline (where applicable) of current reporting period
2	Data Sources: **WTIS** = Wait Time Information System. Percent of priority IV cases completed within access target from Cancer Care Ontario (CCO) iPort application. MRI and CT waitlists are submitted by hospitals via Central East LHIN's Wait Time Strategy Working Group's monthly survey. **ALC** = Alternate Level of Care; CIHI Inpatient Discharge Abstract Database (DAD), HAB, Intellihealth **ERNI** = National Ambulatory Care Administrative Database (NACRS, CIHI) via Ontario's ER NACRS Initiative (ERNI-Level 1) **NACRS** = National Ambulatory Care Reporting System (NACRS) **HCD** = Home Care Database (HCD), OACCAC, Health Data Branch SAS EG Server
3	LHIN Ranking (1 = shortest, 14 = longest) indicates how the LHIN's current value compares against all other LHINs in the province.
4	2014/15 Q3 data Trend analysis comparison to prior reporting period
5	2014/15 Q3 data - Most recent available data
6	No established Target; monitoring indicator only
7	Actual LHIN Performance value is fiscal year-to-date, not monthly



Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (84 days) for cancer surgery is 90% (2014/15 Interim Target). The Central East LHIN year-to-date performance through May 2015 was 97%. This level of performance was unchanged from the prior month. All hospitals continued to perform above the Central East LHIN target, with LH, NHH, RMH and RVHS achieving 100%. No value is shown for NHH wait list, as it currently does not have any additional cancer volumes beyond base, and its base volumes are small. Wait lists for patients requiring cancer surgery remain fairly constant relative to prior year. The Central East LHIN currently ranks 5th best in the province in meeting the negotiated target for cancer surgery (prior period 7th best) which indicates performance improvement.

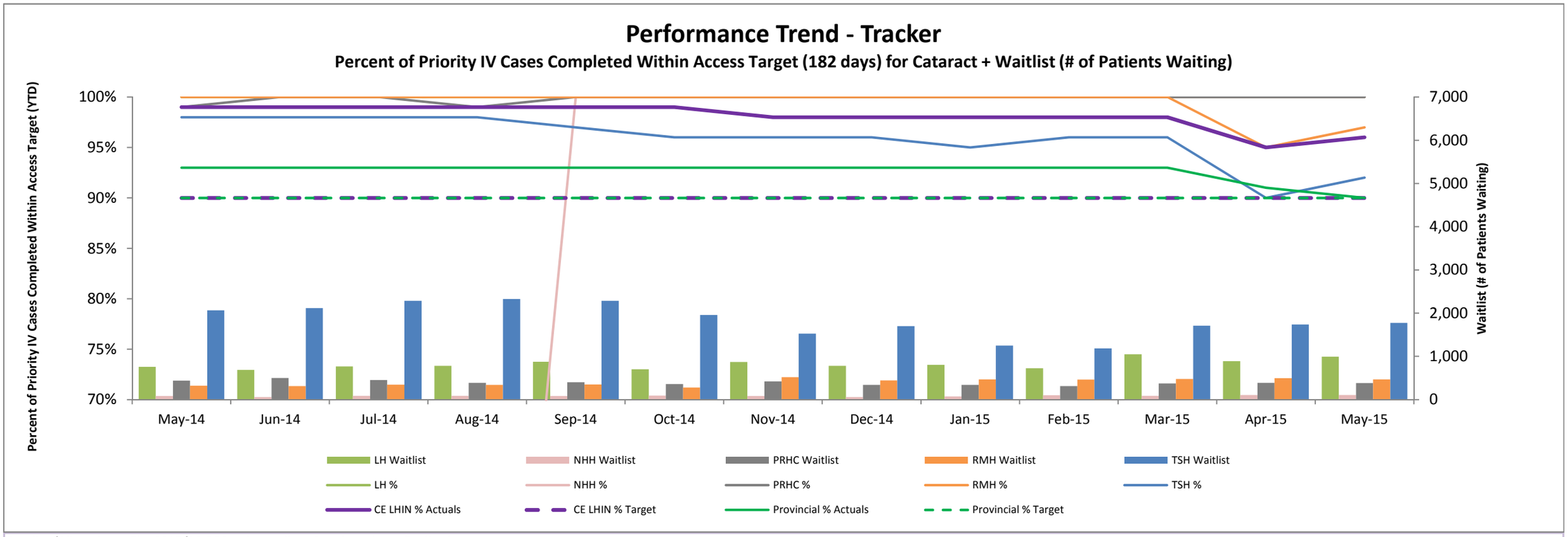
Actions/Strategies:

1)The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 Hospital Service Accountability Agreements (H-SAAs).

2) The Central East LHIN Wait Time Strategy Working Group (WTSWG) has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.

3) The Central East LHIN implemented the Surgical Utilization Booking Management Integration Tool (SUBMIT) to assist with the management of wait times. More recently, the SUBMIT tool underwent functionality upgrades to accommodate new data capture requirements for 2015/16, which are being tested and refined, in order to meet the 2015/16 Q3 deadline for implementation.

4) The hospitals and Central East LHIN have identified ongoing data quality improvement initiatives.

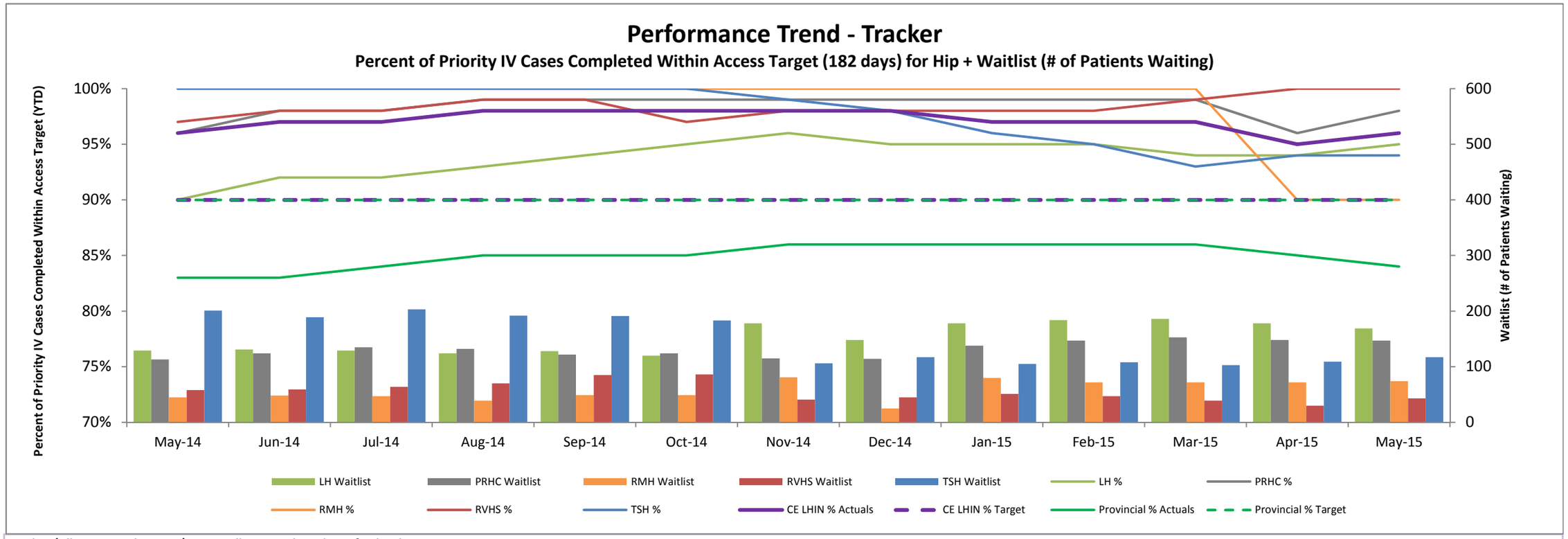


Funding/Allocations: The 2015/16 QBP volume allocations have been finalized.

Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (182 days) for cataract surgery is 90% (2014/15 Interim Target). The Central East LHIN year-to-date performance through May 2015 was 96%. All hospitals performed at or above the Central East LHIN target, with NHH, PRHC and LH achieving 100%. Wait lists for patients requiring cataract surgery remain constant through year to date May. Many Central East LHIN providers' actual volumes achieved are already forecasted to be above the funded volumes. The Central East LHIN will continue to advocate for additional funded volumes that will better reflect patient need. The Central East LHIN continues to rank 2nd best in the province in meeting the negotiated target for cataract surgery.

Actions/Strategies:

1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
3) The Central East LHIN implemented SUBMIT in June 2012 to assist with the management of wait times. More recently, the SUBMIT tool underwent functionality upgrades to accommodate new data capture requirements for 2015/16, which are being tested and refined, in order to meet the 2015/16 Q3 deadline for implementation.
4) The Central East LHIN, in collaboration with the clinical and financial leadership of hospitals and CCAC have initiated a Vision Care Strategy Working Group, to define the overall approach to vision care. Working with the Provincial Vision Strategy Task Force, the objective is to create and advance, both locally and province wide, improved Vision Care Services while also focusing on improved health outcomes at the LHIN level for individuals experiencing vision care challenges (February 2015 update).
5) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.
6) Volumes have been allocated among hospitals to optimize wait time performance.



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

Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (182 days) for hip replacement surgery is 90% (2014/15 Interim Target). The Central East LHIN year-to-date performance through May 2015 was 96%. All hospitals are achieving or exceeding their respective access targets, and actual volumes achieved exceed funded volumes. RVHS achieved 100% again for this reporting period. Wait lists of patients requiring hip replacements remains constant. The Central East LHIN will continue to advocate for funded volumes that will better reflect patient need. The Central East LHIN continues to rank 2nd best in the province in meeting the negotiated target for hip replacement surgery.

Actions/Strategies:

1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.

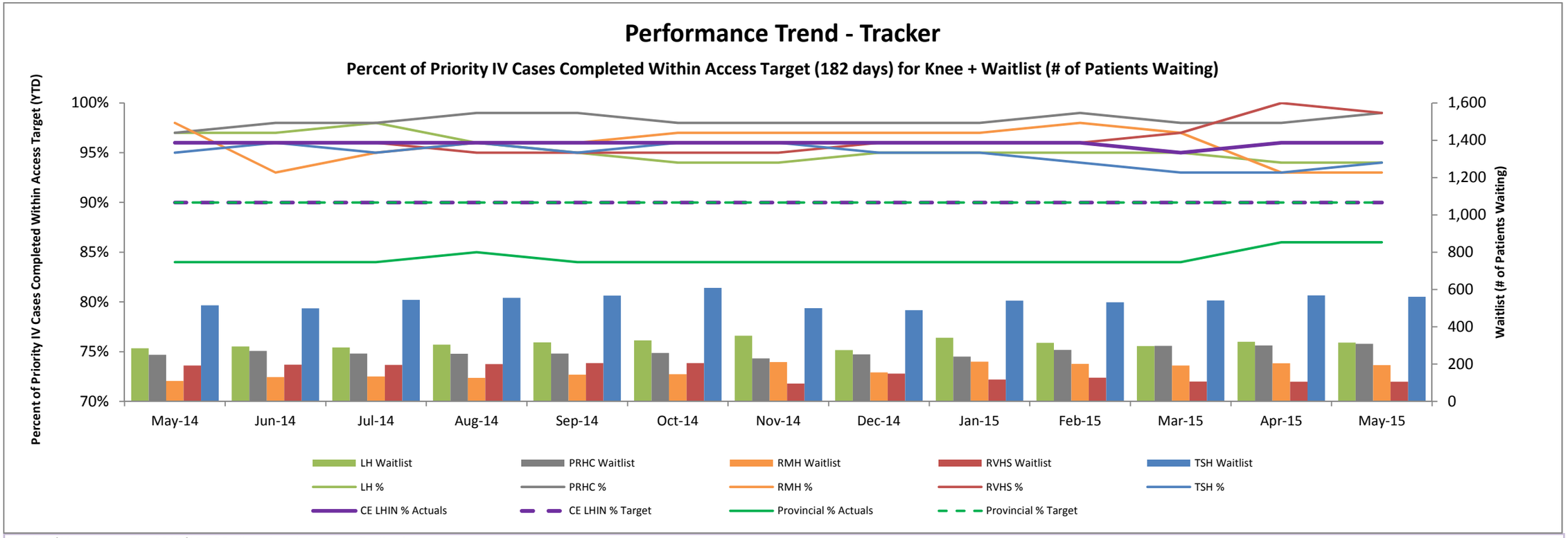
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.

3) The Central East LHIN implemented SUBMIT in June 2012 to assist with the management of wait times. More recently, the SUBMIT tool underwent functionality upgrades to accommodate new data capture requirements for 2015/16, which are being tested and refined, in order to meet the 2015/16 Q3 deadline for implementation.

4) The Central East LHIN, in collaboration with the clinical and financial leadership of hospitals and CCAC, is undergoing a regional Orthopaedic planning process to determine the optimal model of service delivery for all Orthopaedic QBPs. The Integrated Orthopaedic Capacity Planning (IOCP) Committee continues to have ongoing discussion regarding geographic siting for Orthopaedic procedures across the Central East LHIN providers (February 2015 update).

5) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.

6) Volumes are allocated among hospitals to optimize wait time performance.



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

Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (182 days) for knee replacement surgery is 90% (2014/15 Interim Target). The Central East LHIN year-to-date performance through May 2015 was 96%, which remains unchanged from the prior reporting period. All hospitals are achieving or exceeding their respective access targets. Some Central East LHIN providers' actual volumes have forecasted to exceed the funded volumes. The Central East LHIN will continue to advocate for funded volumes that will better reflect patient need. The Central East LHIN currently ranks 2nd best in the province in meeting the negotiated target for knee replacement surgery, which indicates performance improvement compared with the prior period ranking of 3rd best.

Actions/Strategies:

1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.

2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.

3) The Central East LHIN implemented SUBMIT in June 2012 to assist with the management of wait times. More recently, the SUBMIT tool underwent functionality upgrades to accommodate new data capture requirements for 2015/16, which are being tested and refined, in order to meet the 2015/16 Q3 deadline for implementation.

4) The Central East LHIN, in collaboration with the clinical and financial leadership of hospitals and CCAC, is undergoing a regional Orthopaedic planning process to determine the optimal model of service delivery for all Orthopaedic QBPs. The Integrated Orthopaedic Capacity Planning (IOCP) Committee continues to have ongoing discussion regarding geographic siting for Orthopaedic procedures across the Central East LHIN providers (February 2015 update).

5) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.

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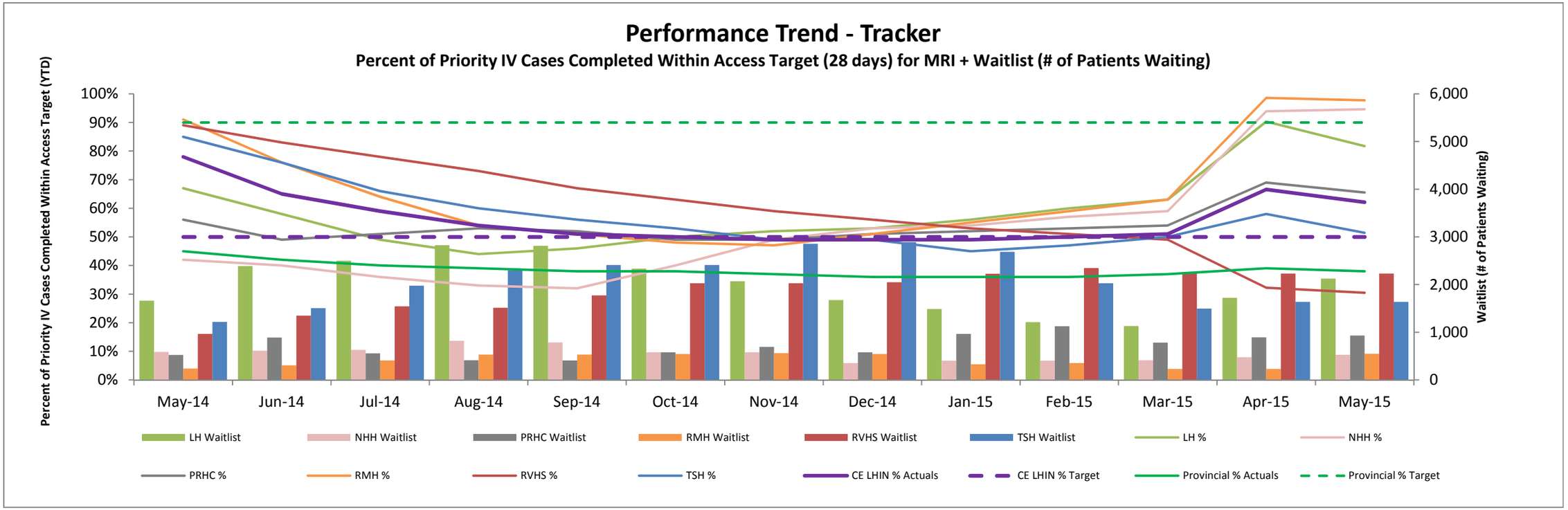


Funding/Allocations: The 2015/16 incremental operating hours allocation has not been finalized.

Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (28 days) for MRI scans is 50% (2014/15 Interim Target). The Central East LHIN year-to-date performance through May 2015 was 62%, which reflects a decline in performance from the prior reporting period of 67%, but which continues to reflect the Central East LHIN funding investment in Q4 of the prior year (excluding Independent Health Facilities [IHFs]). Facilities continue to deal with reduced operating hours compared with the prior year, which is illustrated in RVHS's performance. RVHS impacts include the implementation of a new MRI machine, with some procedures being diverted to an alternate machine. Wait lists for MRI have increased, but this is based on only two months of data. The Central East LHIN will continue to advocate for funded volumes that will better reflect patient need. The Central East LHIN currently ranks best in the province in meeting the negotiated target for MRI scans despite the challenges that are currently being addressed.

Actions/Strategies:

1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.

2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.

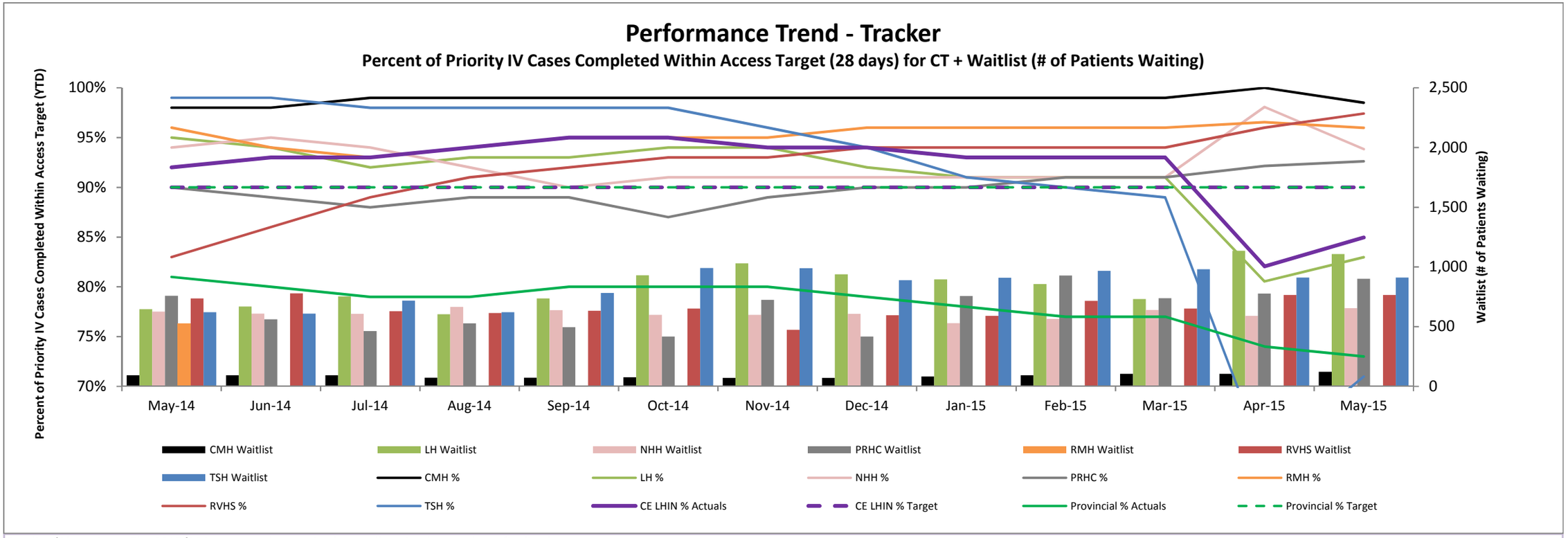
3) The Diagnostic Imaging (DI) Working Group looks at systemic issues, such as the education of primary care physicians, radiologists, referral patterns and protocolling best practices, which affect wait times.

4) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.

5) Volumes are reallocated among hospitals to optimize wait time performance.

6) Ministry initiative - MRI PIP3, with province-wide participation, launched in 2013.

7) The Central East LHIN will continue to closely monitor hospital performance and is exploring a Diagnostic Imaging software solution to assist with the management of wait times through scheduling, booking and reporting. The Access to Care Wait Time Expansion project mandates additional data capture, which is expected to be implemented in 2015/16 Q3. This data capture has already been identified as a significant challenge for some of our providers.

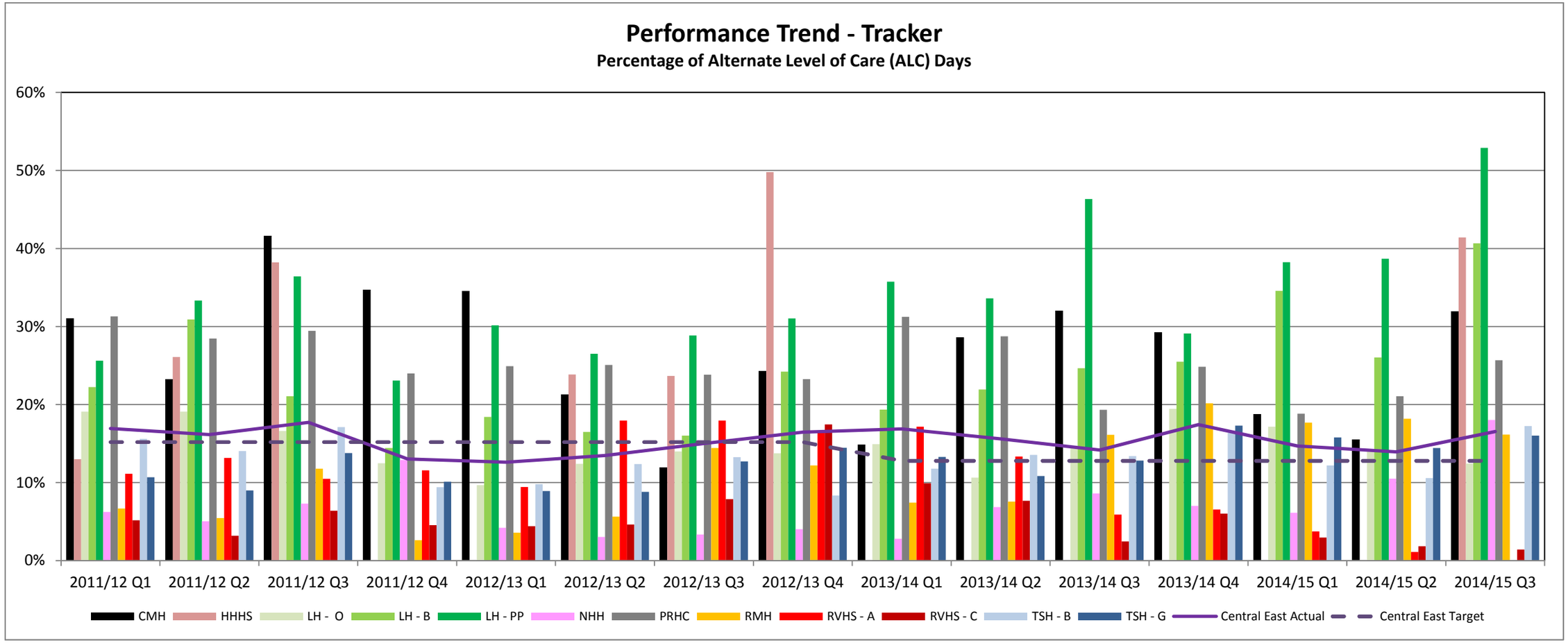


Funding/Allocations: The 2015/16 incremental operating hours allocation has not been finalized.

Performance: The 2015/16 Central East LHIN target for "Percent of Priority IV Cases Completed Within Access Target" (28 days) for CT scan is 90% (2014/15 Interim Target). The Central East LHIN performance through May 2015 was 85% an improvement over the prior reporting period, which was 82%. Both LH and TSH experienced scheduling issues in the month of April. Process changes are being implemented to address addtional scheduling oversight to avoid performance impacts going forward. Wait lists for patients requiring CT are increasing slightly for some facilities. The Central East LHIN continues to rank 5th best in the province in meeting the negotiated target for CT scans.

Actions/Strategies:

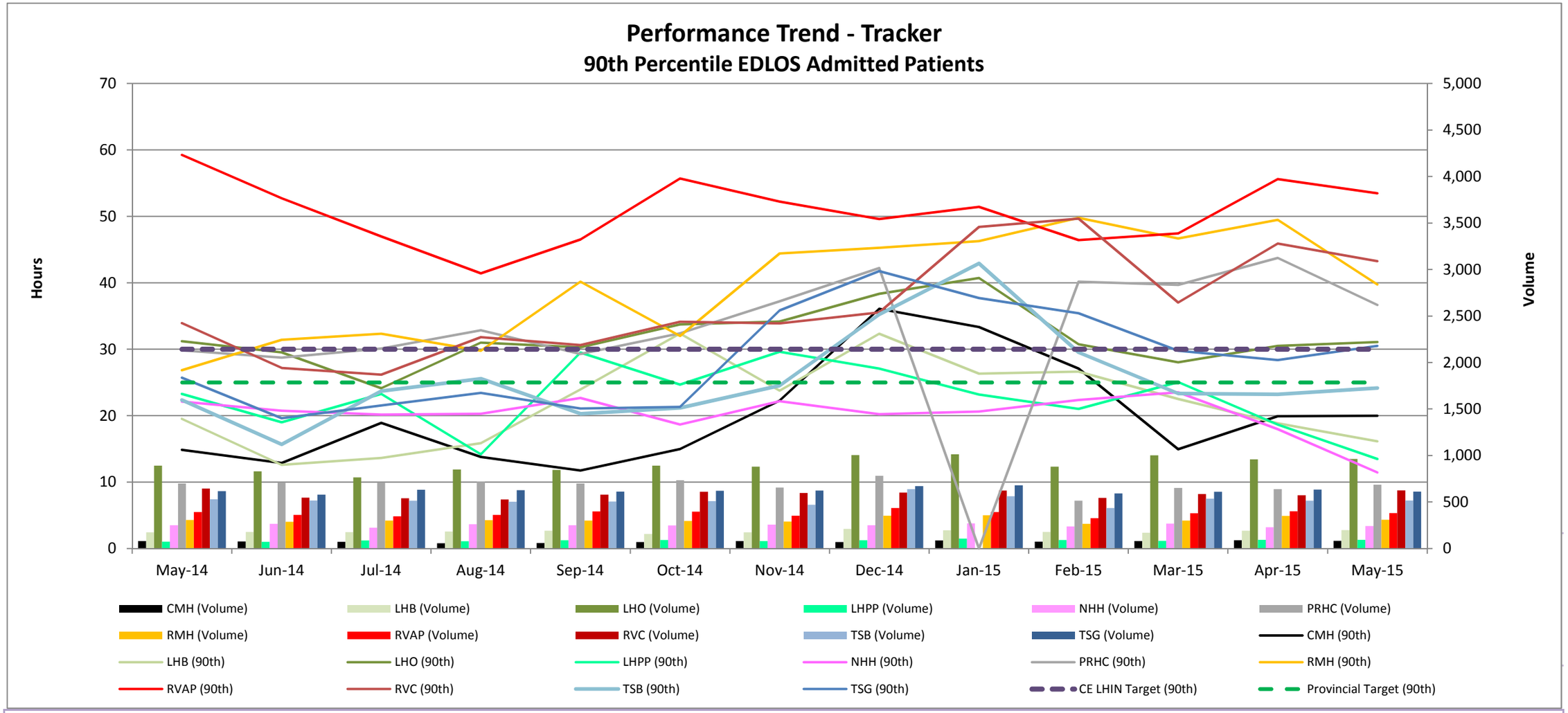
1) The new wait time indicators, measuring Percent of Priority IV Cases Completed Within Access Target, were incorporated into the 2013/14 H-SAAs.
2) The Central East LHIN WTSWG has participation from all hospitals delivering wait times services in order to discuss, identify and resolve pressures/risks, as well as to share best practices.
3) The DI Working Group looks at systemic issues, such as the education of primary care physicians, radiologists, referral patterns and protocolling best practices, which affect wait times.
4) The hospitals and Central East LHIN have ongoing data quality improvement initiatives.
5) Volumes are reallocated among hospitals to optimize wait time performance.
6) The Central East LHIN will continue to closely monitor hospital performance and is exploring a Diagnostic Imaging software solution to assist with the management of wait times through scheduling, booking and reporting. The Access to Care Wait Time Expansion project mandates additional data capture, which is expected to be implemented in 2015/16 Q3. This data capture has already been identified as a significant challenge for some of our providers.



Performance Commentary

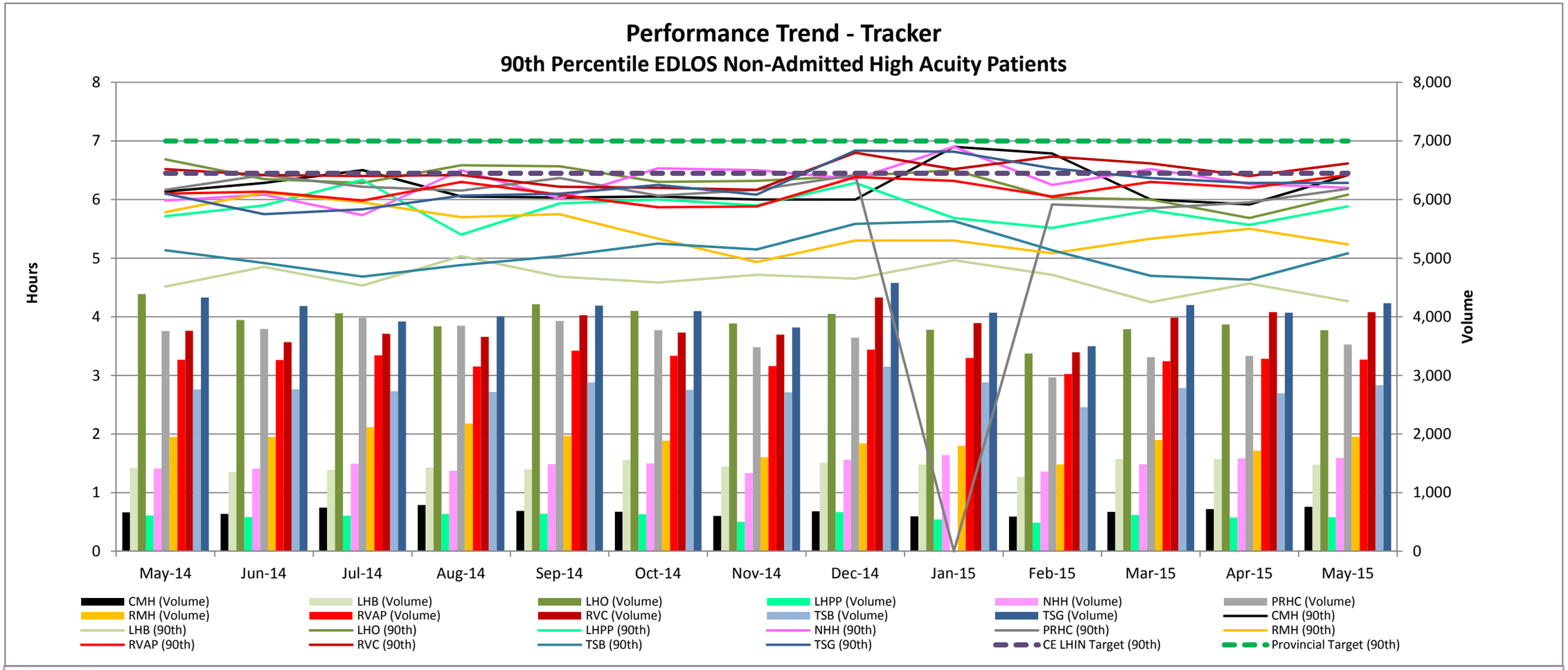
The Central East LHIN did not meet its target for this indicator for Q3 2014/15. The performance for this indicator is 2.5% higher than the previous quarter. If compared to the same period last year there has been an increase of 2.3%.

The Central East LHIN and Ministry funding has enabled the Home First initiative to provide enhanced service levels in the community of both CCAC and community supports, for a defined timeframe, to enable patients to transition to living at home immediately upon the completion of their acute length of stay. Extensive education and training is undertaken with staff and physicians to support a culture change that will realize a sustained reduction in ALC designations. Sustaining the Home First approach will continue to be an on-going focus of the Central East LHIN, the CCAC, hospitals and community support service agencies. The LHIN recognizes the importance of process improvements and considers the same in designing and developing projects/programs that enhance system effectiveness and efficiencies and "increases overall reliability in care delivery and patient outcomes. "The Central East LHIN is also further investing in a system centre approach for restorative care - Assess and Restore (A&R) that will assess patients directly in the Emergency Department (ED) and prevent acute care admission through clinical support and access to A&R. The Central East LHIN is actively engaged in the implementation of Provincial Referral Standards (PRS) for the pathway from acute inpatient units to post-acute care through the Resource Matching and Referral project. This will ensure that patients that are in post-acute beds are true CCC or Rehab candidates. The LHIN 2014/15 community investment continues to support accessibility to community based health services for individuals with complex and long-term medical, physical, social and/or cognitive conditions and allowing them to stay in their home and communities. With the increased funding for Assisted Living for High Risk Seniors 1,858 unique individuals have been supported to date. Adult Day Programs (13), GAIN community teams with embedded BSO staffing (8), GAIN Geriatric Assessment and Intervention teams (4), Nurse Practitioner Supporting Teams averting transfers (NPSTAT) in 61/68 LTC homes, Palliative Care Community Teams (3), Hospital to Home (H2H), LHIN-wide Cardiac Rehab secondary prevention clinics, Community exercise and Falls prevention classes, Mental Health investments are supporting patients and their caregivers in the community.



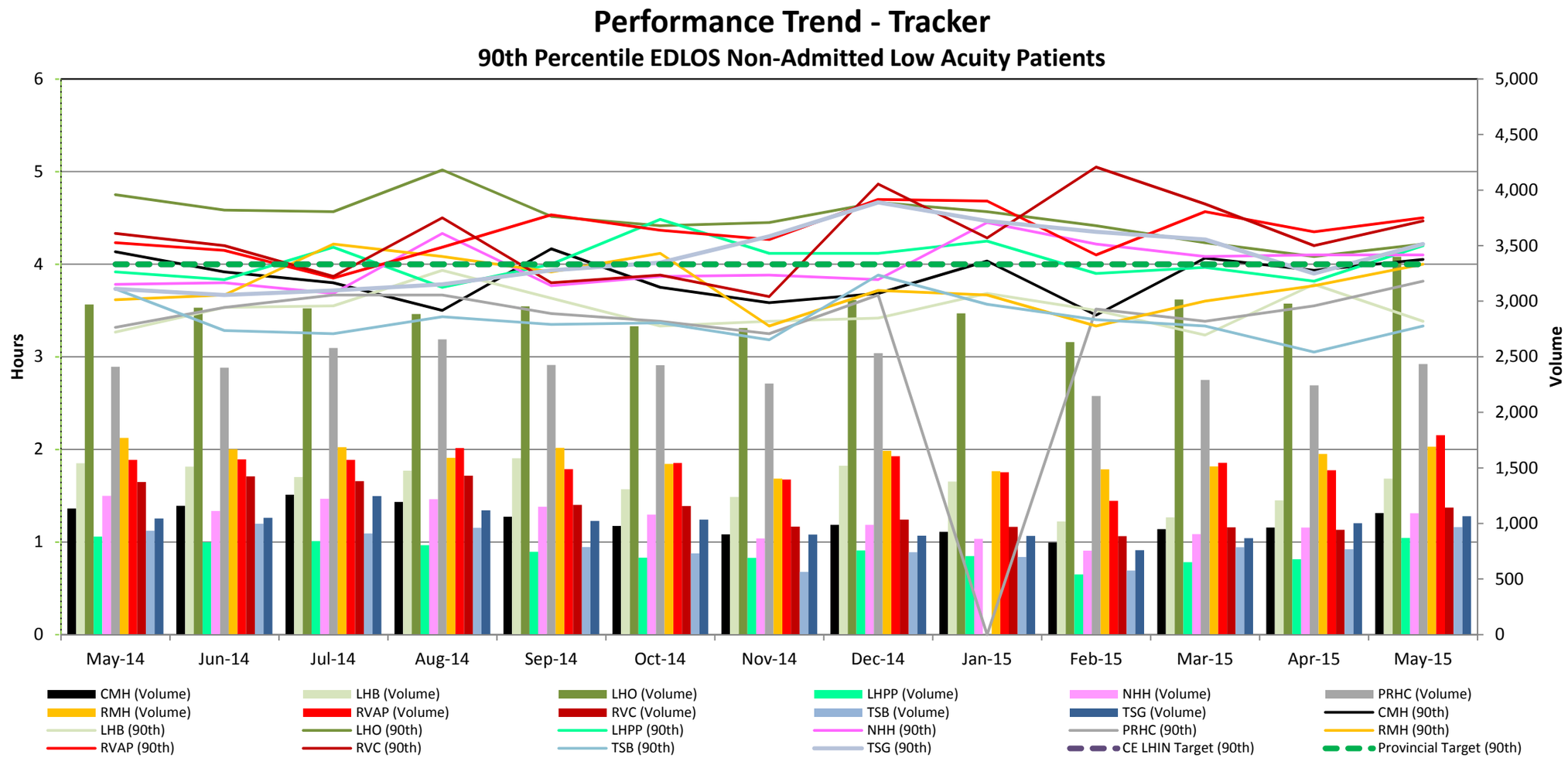
Performance Commentary

- In May of FY 2015-16, Central East LHIN performance at the 90th percentile Length of Stay in the Emergency Department for admitted patients is 34.3 hours. The 2015-16 MLPA Target is 30.0 hours.
  Note: PRHC data was not included due to a Reporting Issue in January.
- In May 2015,LHO, PRHC, RMH, RVAP, RVC, and TSHG did not meet he MLPA target of 30 hours in this indicator.
- In May 2015, NHH was the top performers in this indicator at 11.4 hours.



Performance Commentary

- In May of FY 2015-16, Central East LHIN performance at the 90th percentile in length of stay in the Emergency Department for non-admitted high acuity patients is 6 hours. The Central East LHIN MLPA target for 2015-16 is 6.45 hours.
  Note: PRHC data was not included due to a Reporting Issue in January.
- In May 2015,RVC did not meet the MLPA target.
- In May 2015, LHB was the top performer at 4.3 hours for this indicator.

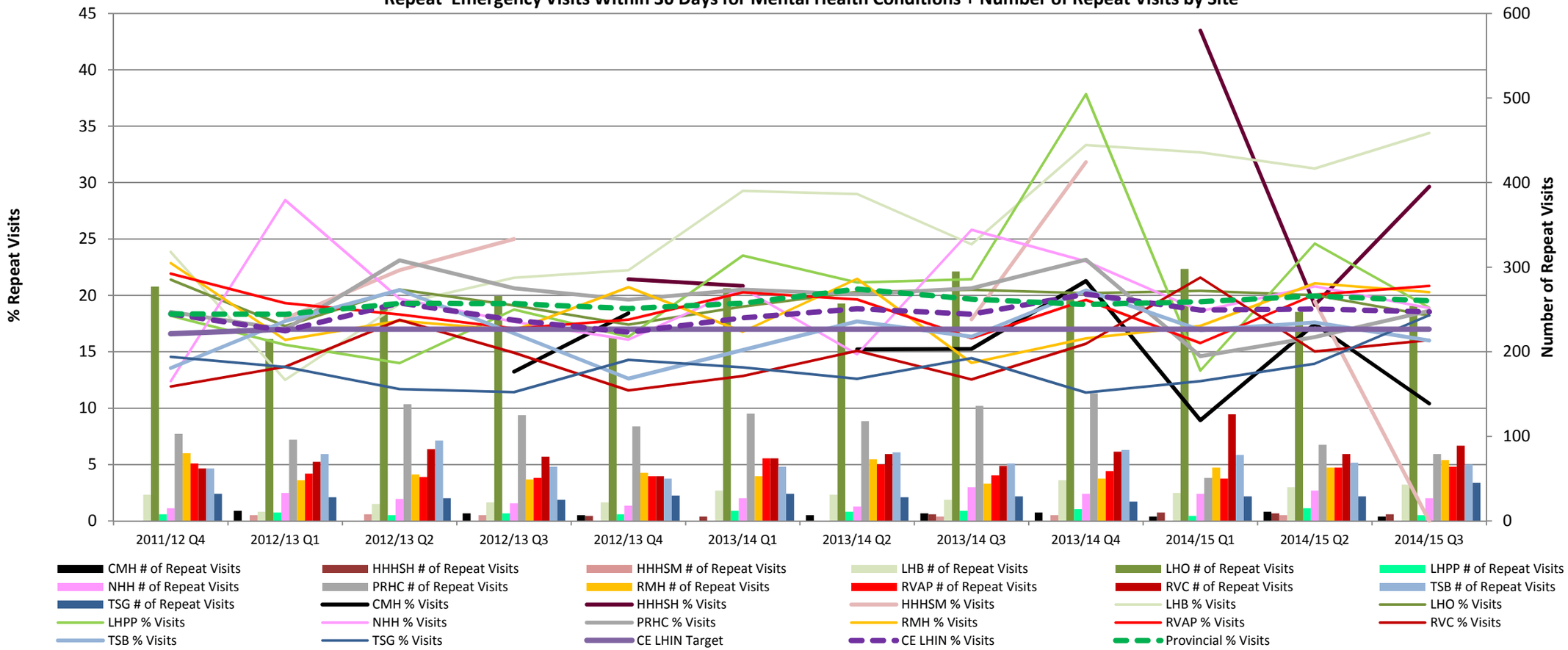


Performance Commentary

- In May of FY 2015-16, Central East LHIN performance at the 90th percentile in length of stay in the Emergency Department for non-Admitted low acuity patients was 4.0 hours. Central East LHIN's MLPA target for 2015-16 is 4.0 hours.
  Note: PRHC data was not included due to a Reporting Issue in January.
- In May 2015, CMH, LHO, LHPP, NHH, RVAP, RVC, and TSHG did not meet the CE LHIN target of 4.0 hours.
- In May 2015, TSHB was the top performer in this indicator at 3.3 hours.

Performance Trend - Tracker

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



Performance Commentary

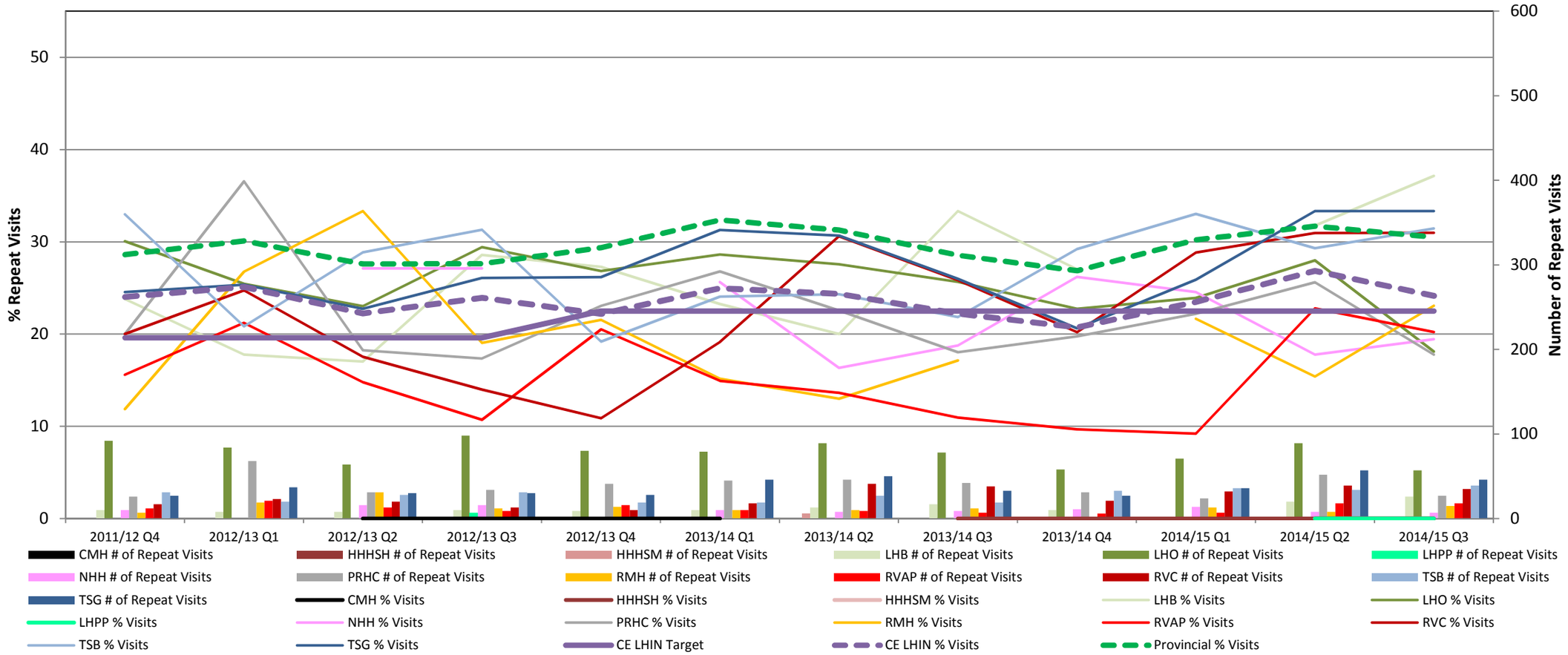
Central East LHIN did not meet the target for Repeat Unscheduled Visits within 30 days for Mental Health Conditions in Q3 2014/15. Although a data analysis and planning were well underway in Q3 14/15, no new interventions or initiatives were undertaken during this quarter. A chart analysis of frequent Emergency Department visitors at Lakeridge Health did identify a small number of frequent ED visitors. This group was targeted for specific intervention as part of the Central East LHIN's Hospital to Home, (H2H) Strategy. This is generally the most challenging quarter of the year, so an improvement in this indicator in this quarter is indicative of continued improvement over the remainder of the 14/15 Fiscal Year.

The Central East LHIN expects to see a continuing improvement in this indicator based on the H2H targeted strategy and the spread of that model to key hospitals throughout the Central East LHIN. Other investments in Community Supports for those with Mental Health issues will further contribute to an improvement in this indicator.

The Central East LHIN expects to achieve the target related to this indicator by Q3 15/16.

Performance Trend - Tracker

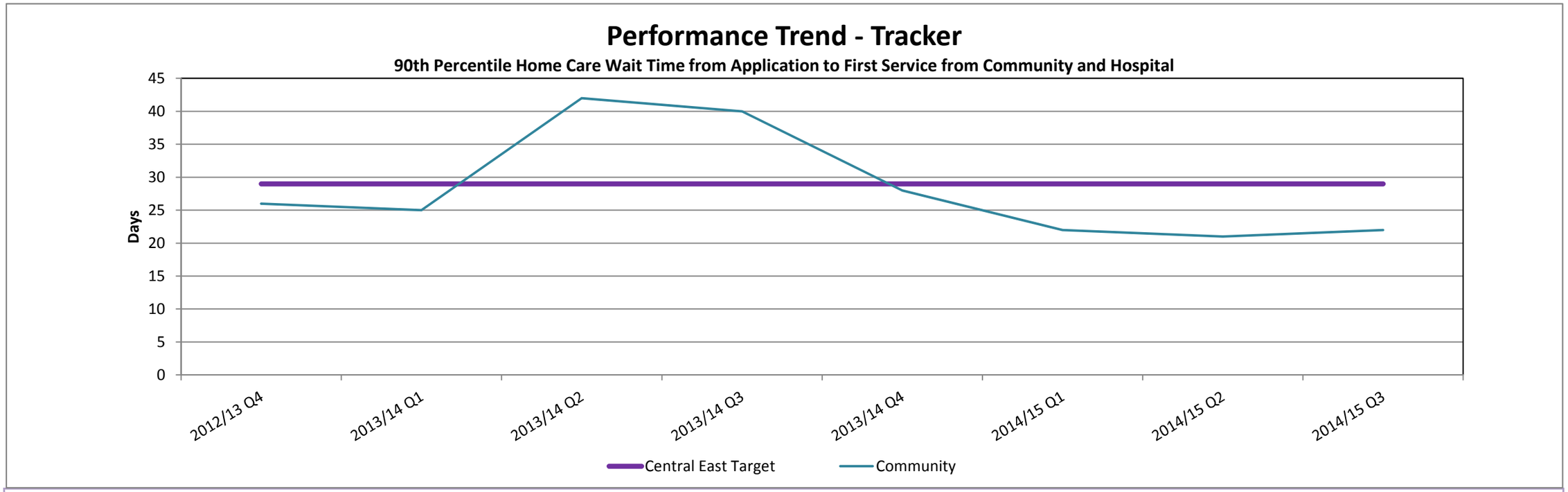
Repeat Emergency Visits Within 30 Days for Substance Abuse Conditions + Number of Repeat Visits by Site



Performance Commentary

Central East LHIN did not meet the target for Repeat Unscheduled Visits within 30 days for Substance Abuse Conditions in Q3 2014/15. No targeted initiatives or interventions were undertaken by the Central East LHIN in order to initiate an improvement in this indicator. A Chart Review performed by Lakeridge Health as part of the Hospital to Home, (H2H) Strategy did identify a group of frequent ED visitors. A targeted strategy for intervention was developed for this group. Planning was underway at this time to develop strategies that would result in improvement in this indicator in future quarters. It is important to note that an improvement in this indicator in this historically most challenging quarter of the Fiscal Year is an indication of continued performance improvement. The results for this indicator improved significantly during this quarter.

There has been significant improvement shown in this indicator in this quarter. It is anticipated that as new investments in the Central East LHIN's H2H and "Housing Now" Strategies along with other community interments are implemented, that this indicator will continue to improve with achievement expected in Q3 of FY 2015/16.



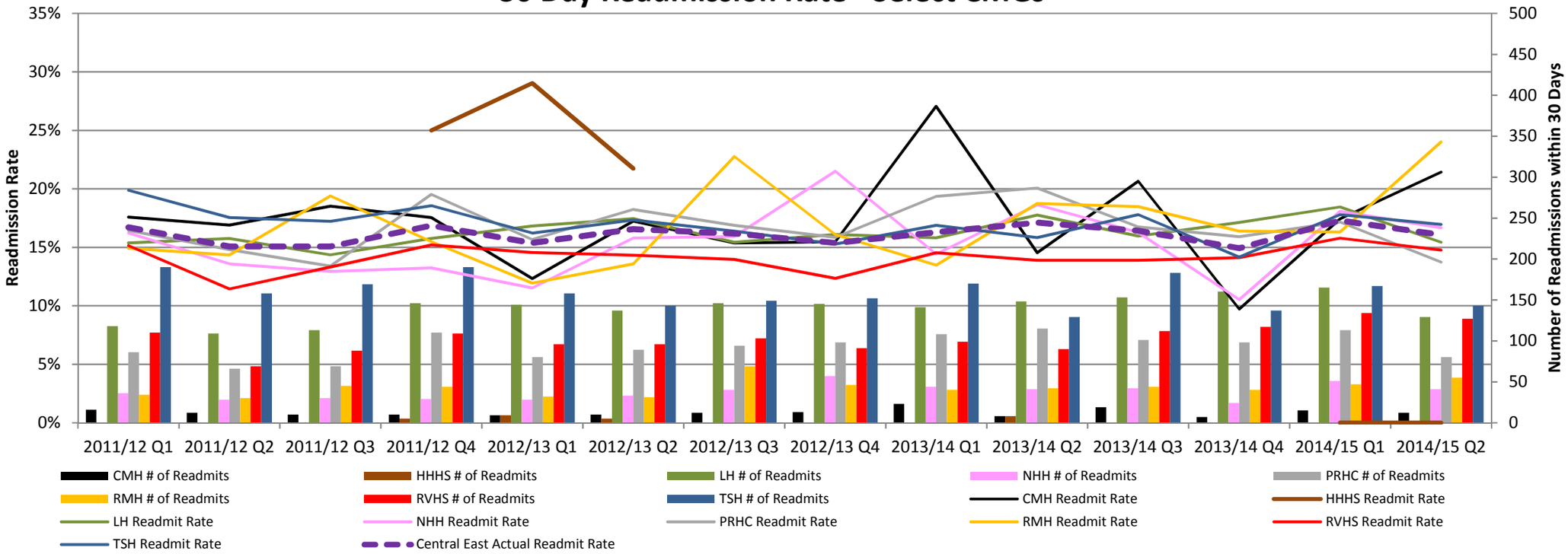
Performance Commentary

Central East CCAC continues to remain under the target in Q3 2014/15. However, as noted previously and perversely, providing services to patients on the waitlist actually causes the 90th percentile wait time performance to rise as wait time is "calculated" only at the time of service provision. Due to the continued demand for Personal Support Services and to assist hospitals in transitioning patients home we have been unable to bring any patients off the Personal Support Waitlist. Additionally, all of Central East Hospitals were in surge in this quarter, which required Central East CCAC to bring patients home earlier and in some cases with high service levels.

CCAC continues to be committed to Home First and ED/ALC strategies, and will therefore continue to prioritize the allocation of services to patients discharged from hospital, and which will unfortunately result in continued waitlisting of many patients requiring Personal Support from the community. CCAC continue to work closely with Assisted Living for High Risk Seniors (ALHRS) programs to identify potential patients from our Personal Support Waitlist that could be transferred for to the ALHRS program, notably, in the new defined and funded program in Haliburton. In addition, CCAC looks forward to finding opportunities within the CCAC-CSS PSW regulation amendment work to address our Personal Support Waitlist.

There is a continued demand for personal support services from both our patients discharged from the hospital, as well as those in the community and therefore fluctuations in this metric will continue as we balance demands for service and performance priorities.

Central East CCAC remains below the target for the third quarter in this fiscal year. Should the Central East CCAC be in a situation to provide services for patients on the Personal Support Waitlist, the performance of this metric will actually rise as discussed above in the first question.



Performance Commentary

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

• The Cardiac Secondary Prevention Program with the Centralized Diabetes Intake and referral collaborated and implemented this service to increase access, streamline referrals and coordinate care for patients with diabetes, complex diabetes and cardiac patients The streamline processes, increased access, and managed care will result in decreased readmissions. The Central East LHIN will continue to focus on initiatives to increase access and care for cardiac and vascular patients.

• The establishment and implementation of Health Links and coordinated care plans for complex patients that include, COPD, Cardiac, and diabetes patients, it is expected to see lower readmission rates.

• Northumberland Hills Hospital who are one of the few hospitals that report on Pneumonia and COPD, will work on the development and Implementation of quality based practice (QBP) pathway for COPD and pneumonia to reduce the readmission rates by 5% by Q4 2014-2015. (Identified in the Hospital QIP).

• Hospitals across the LHIN have also identified strategies in their 2014-2015 hospital quality improvement plans to reduce readmission rates for patients with Pneumonia, CHF and COPD. These improvements are expected to show a decrease of readmissions.