

# Ministry-LHIN Performance Indicators Update

**Hamilton Niagara Haldimand Brant (HNHB)  
Local Health Integration Network (LHIN)  
Quality and Safety Committee**

**June 17, 2015**

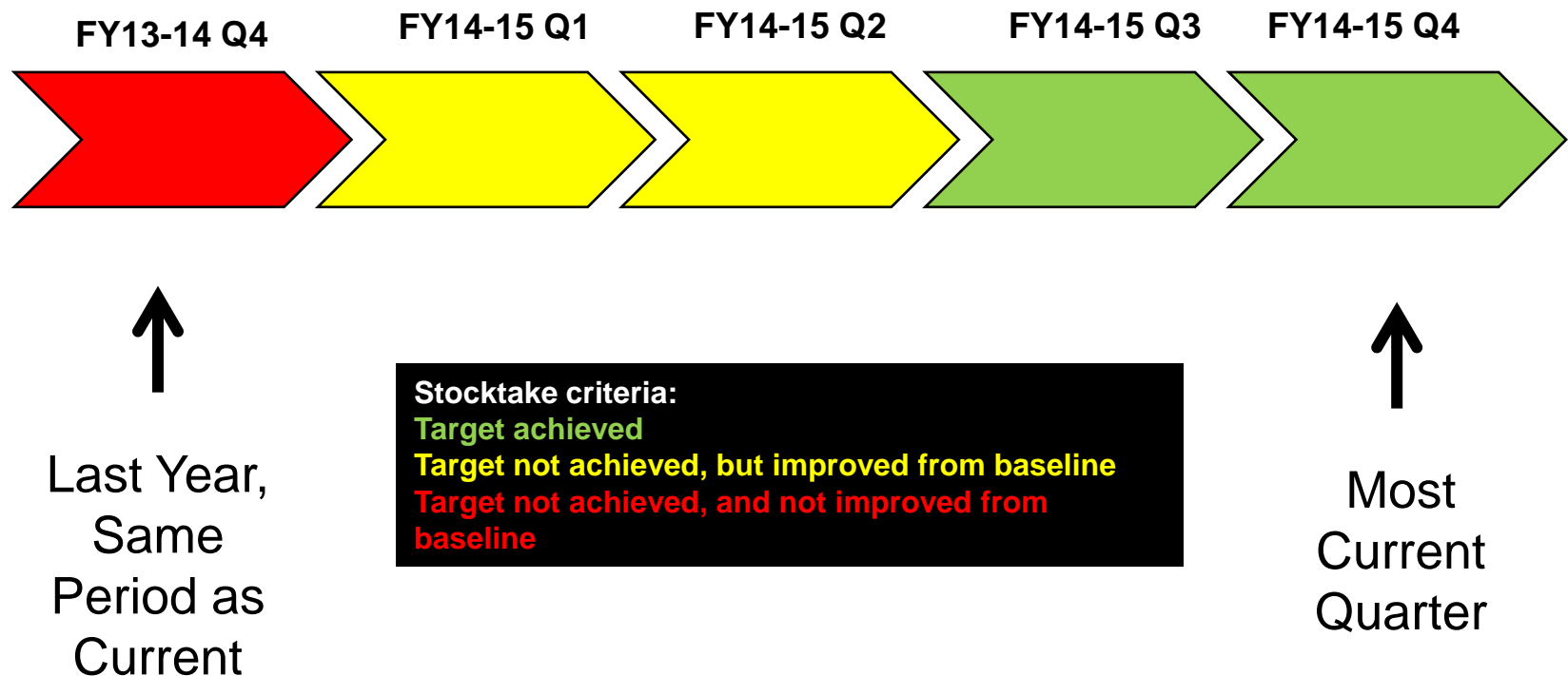
# Outline

- Part A: MLPA Indicators
- Part B: A Look Back

# MLPA Indicators

# Quarterly Trend Visualization for Indicator Overview Slides

- Last five quarters will be trended and colour coded according to Stocktake criteria
- Example:



# Overview of Current Quarterly Performance Results

Performance Indicator (Current Period)	Target	Baseline	Last Period	Current Period*	Current Rank
ER LOS Admitted (Q4)	28.00 hours	35.63	34.00	40.58	13
ER LOS Non-Admitted CTAS I-III (Q4)	7.50 hours	7.80	7.15	7.28	12
ER LOS Non-Admitted CTAS IV-V (Q4)	4.50 hours	4.87	4.57	4.65	14
Cancer Surgery (Q4)	90% within 84 days	85.00%	88.69%	84.68%	14
Cardiac By-Pass Surgery (Q4)	90% within 90 days	97.80%	100.00%	100.00%	1
Cataract Surgery (Q4)	90% within 182 days	87.00%	83.69%	85.13%	14
Hip Replacement (Q4)	85% within 182 days	77.00%	83.99%	82.59%	10
Knee Replacement (Q4)	80% within 182 days	64.00%	76.51%	74.63%	11
MRI (Q4)	60% within 28 days	45.00%	43.52%	57.58%	2
CT (Q4)	82% within 28 days	68.00%	77.62%	69.00%	7
% ALC Days (Q3)	12.00%	13.89%	17.40%	18.25%	11
Wait Time for CCAC In-Home Services (Q3)	26 days	26.00	22.00	21.00	6
Readmits for Select CMGs (Q2)	15.40%	16.40%	16.35%	16.33%	6
Repeat ER Visits for Mental Health (Q3)	17.00%	18.40%	20.15%	18.03%	8
Repeat ER Visits for Substance Abuse (Q3)	22.70%	23.90%	25.52%	27.93%	10

Stocktake Coding:

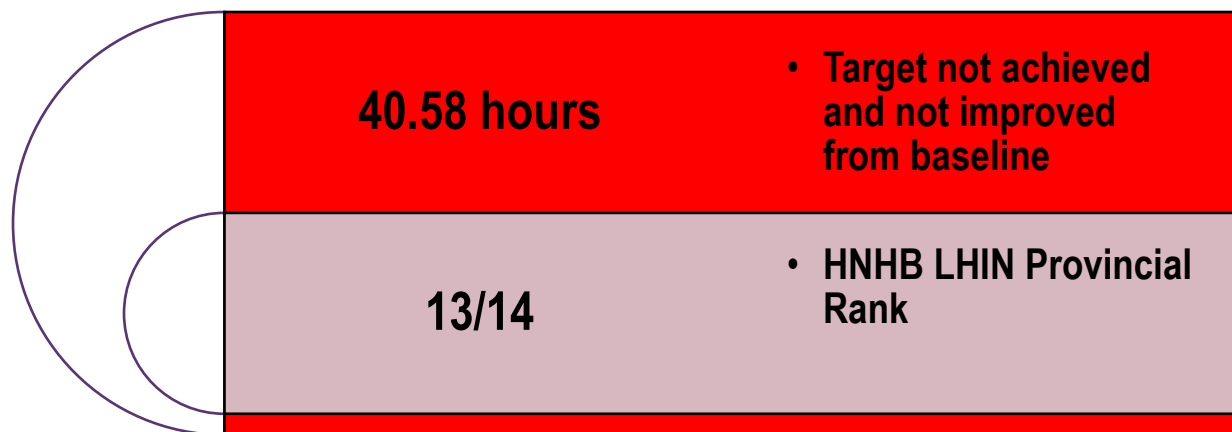
Target achieved

Target not achieved, but improved from baseline

Target not achieved, and not improved from baseline

\*Periods are indicator specific: Q4 FY 2014-15, Q3 FY 2014-15, Q2 FY 2014-15

# ER Length of Stay (LOS) Admitted Patients Q4 FY 2014-15



Target: 28.00 hours  
Baseline: 35.63 hours

# Action Plan: ER LOS Admitted

## Key Updates:

- LHIN's 90th percentile LOS increased by 6.5 hours compared to Q3 2014-15; however, when comparing Q4 2014-15 to Q4 2013-14, the LHIN achieved a 1.5 hour LOS improvement.

## Drivers impacting LOS in Q4:

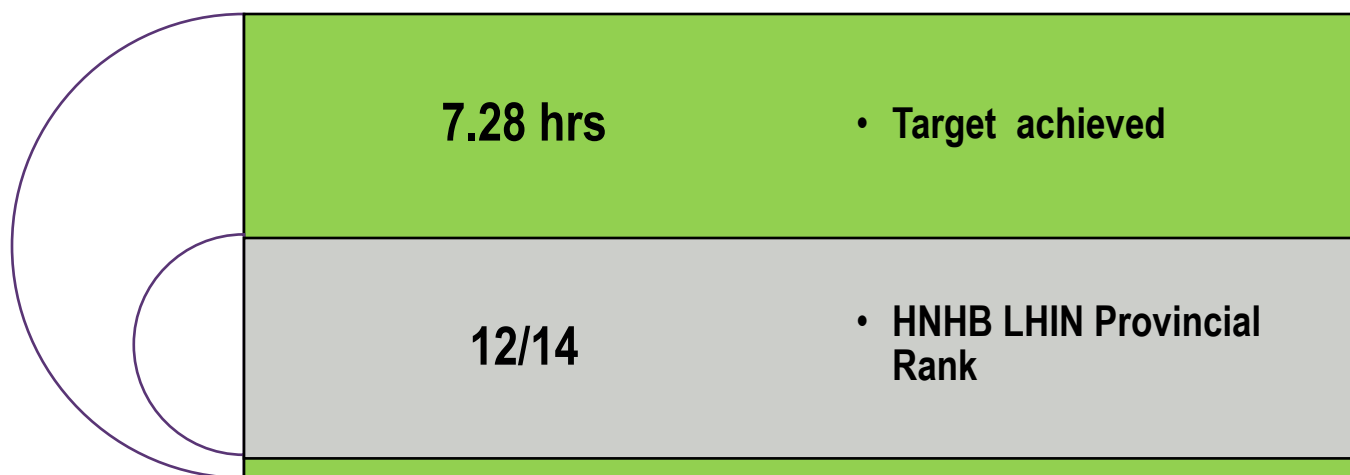
- Increased number of patients admitted through the ED. 120 more patients admitted in 2014-15 compared to 2013-14, despite 1,933 less ER visits
- Higher acuity -74.8% of the total ED volumes in Q4 2014-15 were high acuity
- Inpatient bed capacity - number of people waiting for an ALC in Q4 ranged from 587 in January 2015 to 454 in March 2015
- Influenza A outbreaks in January impacting patient flow across the continuum

## Opportunities/Next Steps:

- Expand and optimize Transitional Care capacity
- Hospital bed mapping - Hamilton General completed in 2014-15, Juravinski planned for 2015-16
- Further analysis of the ER admitted population with a focus on admission rates, (including population presenting with "failure to cope")
- Site visits by ED Physician Lead and LHIN leadership to all LHIN EDs in 2015-16.

# ER LOS Non-Admitted CTAS I-III

## Q4 FY 2014-15



Target: 7.50 hours  
Baseline: 7.80 hours



# Action Plan: ER LOS for Non-Admitted Complex Patients

## Key Updates:

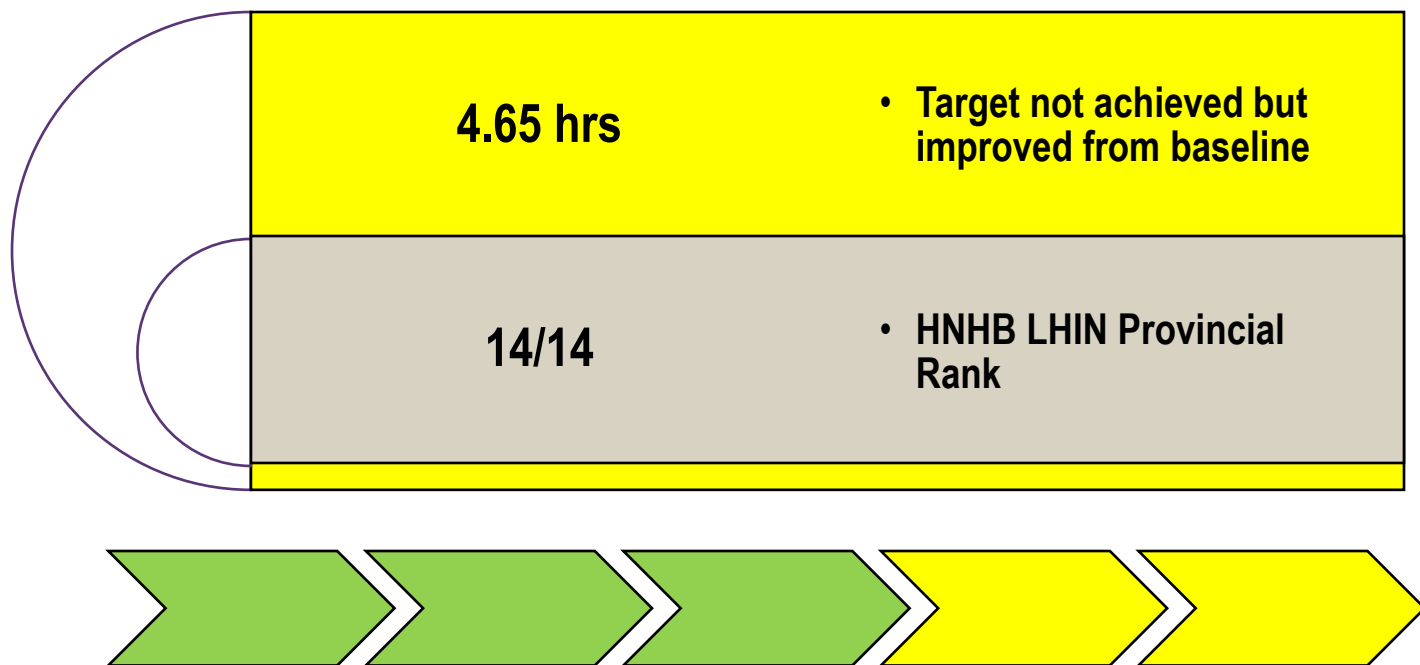
- The HNHB LHIN's 90th percentile LOS is 7.3 hours. This is below the LHIN target and is consistent with the LOS reported at Q3 2014-15.
- Five of the 12 ER sites continue to report LOS higher than the HNHB LHIN target ranging from 8.0 to 8.9 hrs. (Hamilton General Site 8.1, Juravinski 8.9, West Lincoln site 8.5 and Welland site 8.0).
- Volumes in this category remain high (81,382) and represented 61% of the total ER volume in Q4 2014-15.

## Opportunities/Next Steps:

- Continue to monitor this metric at each ER.
- LHIN hospitals to maintain and improve this metric with a focus on hospitals that currently reporting LOS higher than LHIN MLPA target.

# ER LOS Non-Admitted CTAS IV-V

## Q4 FY 2014-15



Target: 4.50 hours  
Baseline: 4.87 hours

# Action Plan: ER LOS for Non-Admitted Minor Uncomplicated Patients

## Key Updates:

- The HNHB LHIN's 90th percentile LOS increased to 4.7 hours in Q4 2014-15; however, the year-end result of 4.5 hours meets the MLPA target.
- Many hospital sites were challenged in Q4 with the high volume of influenza-like illnesses that presented to the EDs, as well as other high acuity needs. With the high proportion of higher acuity patients, the LOS for some lower acuity patients increased as resources shifted.
- 7/12 hospital sites continue to exceed the LHIN LOS target (BGH 5.1, Hamilton General site 5.4, Juravinski site 6.5, West Lincoln site 4.6, JBH 6.3, Welland site 5.0, and SJHH 6.3).

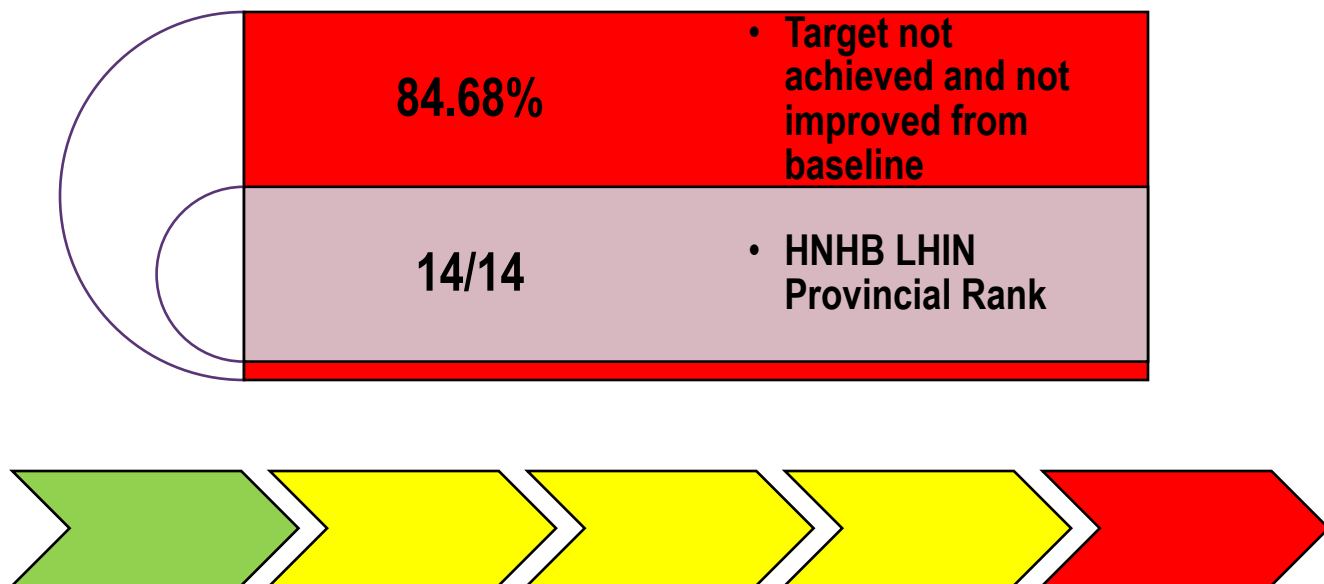
## Opportunities/Next Steps:

Continued work on processes to improve the patient experience including:

- Updating and expanding medical directives across the HNHB LHIN to help expedite tests and treatments for low acuity patients.
- Expansion of community Paramedicine initiatives.
- Hamilton General site targeting PIA times and the times for consultants
- NHS – Welland site reviewing their physician processes for this population.

# Cancer Surgery

## Q4 FY 2014-15



Target: 90.00%  
Baseline: 85.00%

# Action Plan: Cancer Surgery

## Key Updates:

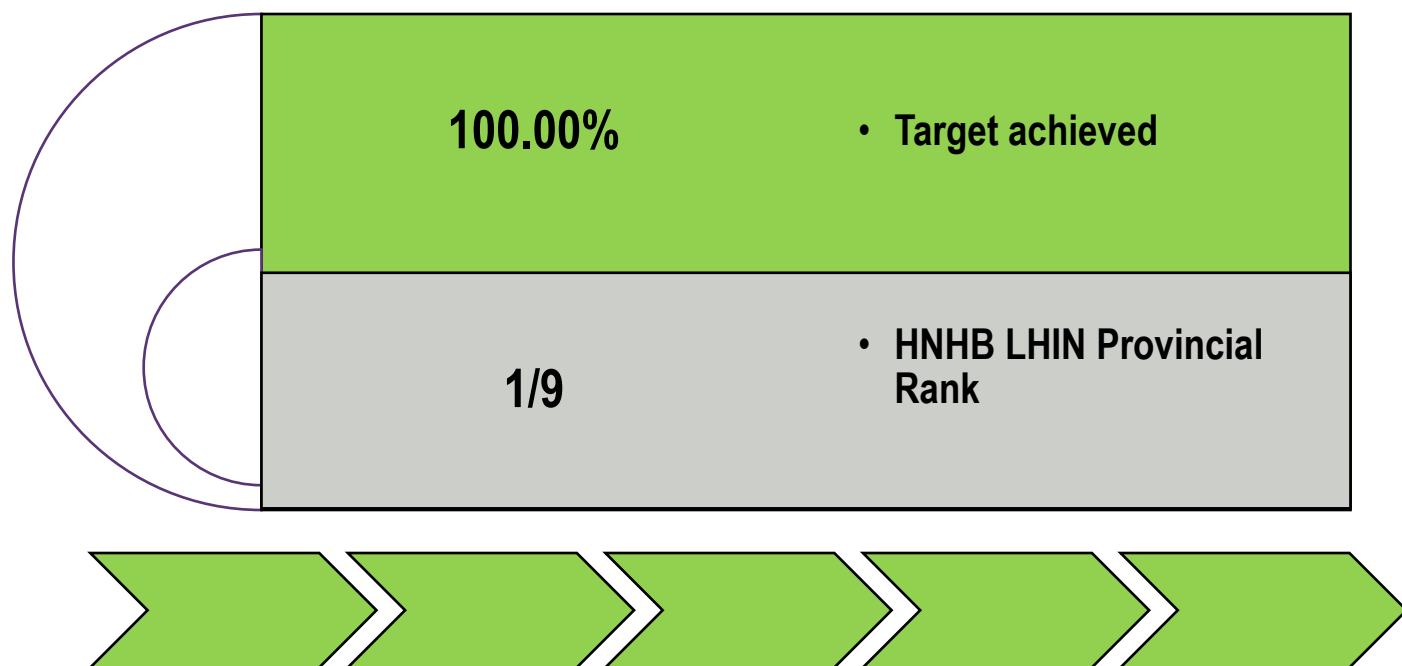
- Current performance of 84.68% is lower than the previous reporting period at 88.69% (target 90%)
- Several increases in demand for gynecology/oncology that require additional resources, including human resources
- Regional Cancer Centre has recognized data quality and standardization of DARTing as significant factors affecting breast cancer wait times
- Increased demand for prostate robotic surgery

## Opportunities/Next Steps:

- Working with Regional Cancer Centre to understand the performance issues, developing specific actions that will be reviewed
- Hospitals and Regional Cancer Centre continue to look at surgical efficiencies and standard referrals within the LHIN
- LHIN will work with CCO to obtain approval for an additional gynecology/oncology surgeon

# Cardiac By-Pass Surgery

## Q4 FY 2014-15



Target: 90.00%  
Baseline: 97.80%

# Action Plan: Cardiac By-Pass Surgery

## Key Updates:

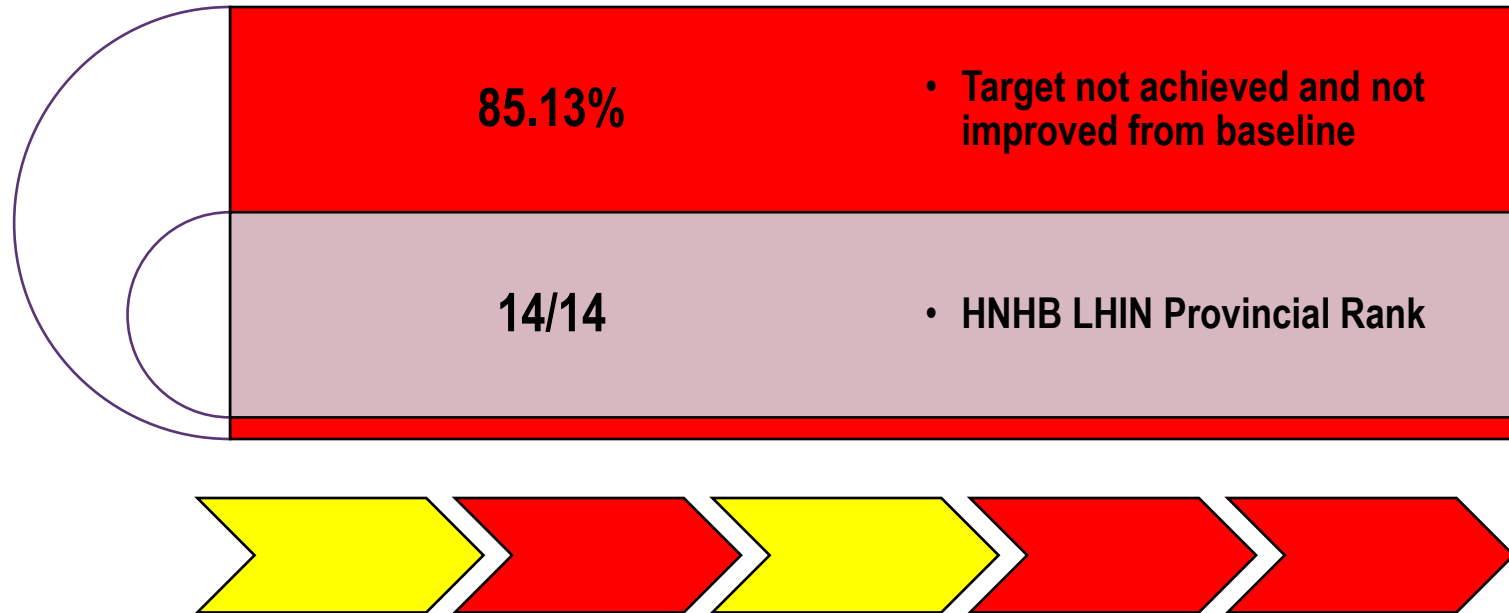
- The LHIN continues to exceed the MLPA target in Q4.
- HHSC is the sole provider of isolated coronary artery bypass in the LHIN and is one of Ontario's 11 adult cardiac surgery centres.
- In Q4, 2014-15 HHSC completed 129 elective coronary artery bypass surgeries.

## Opportunities/Next Steps:

- Maintain performance

# Cataract Surgery

## Q4 FY 2014-15



Target: 90.00%  
Baseline: 87.00%



# Action Plan: Cataract Surgery

## Key Updates:

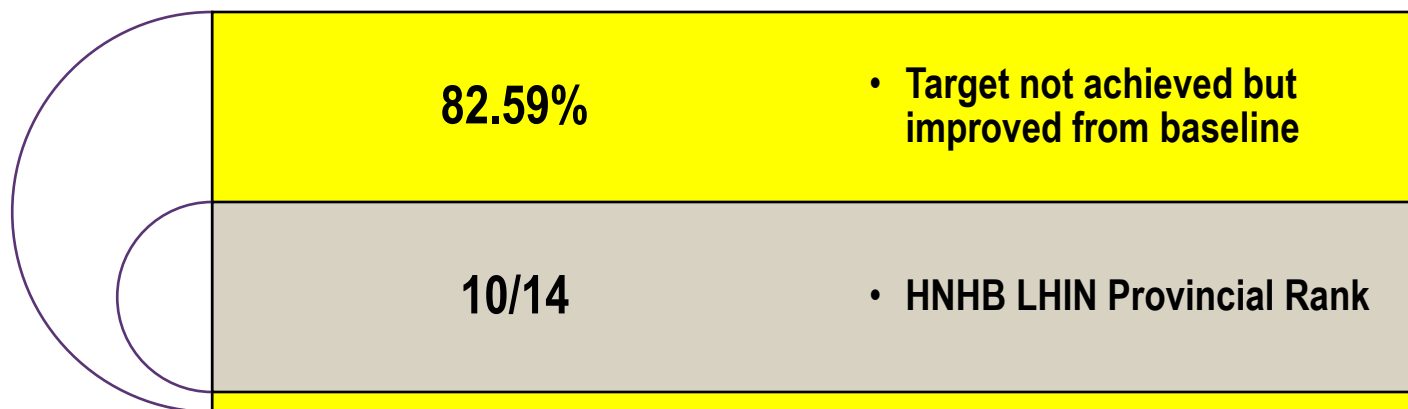
- Education sessions to St. Joseph's Healthcare Hamilton and Norfolk General Hospital with Access to Care and Surgical Efficiency Target Program (SETP) coordinators regarding SETP data
- Development of a common referral form draft for primary care
- 3/5 sites offered patient/community education session regarding cataract surgery
- Increased use of P3 coding noted across sites
- Surgical access was available through full fiscal year due to lean process

## Opportunities/Next Steps:

- Ophthalmology Chiefs to engage local optometrists regarding a common referral form
- Development of a FY 2015-16 allocation model
- Continued closure of long wait cases with referral redirection
- Longest wait cases prioritization continues and will be ongoing

# Hip Replacement Surgery

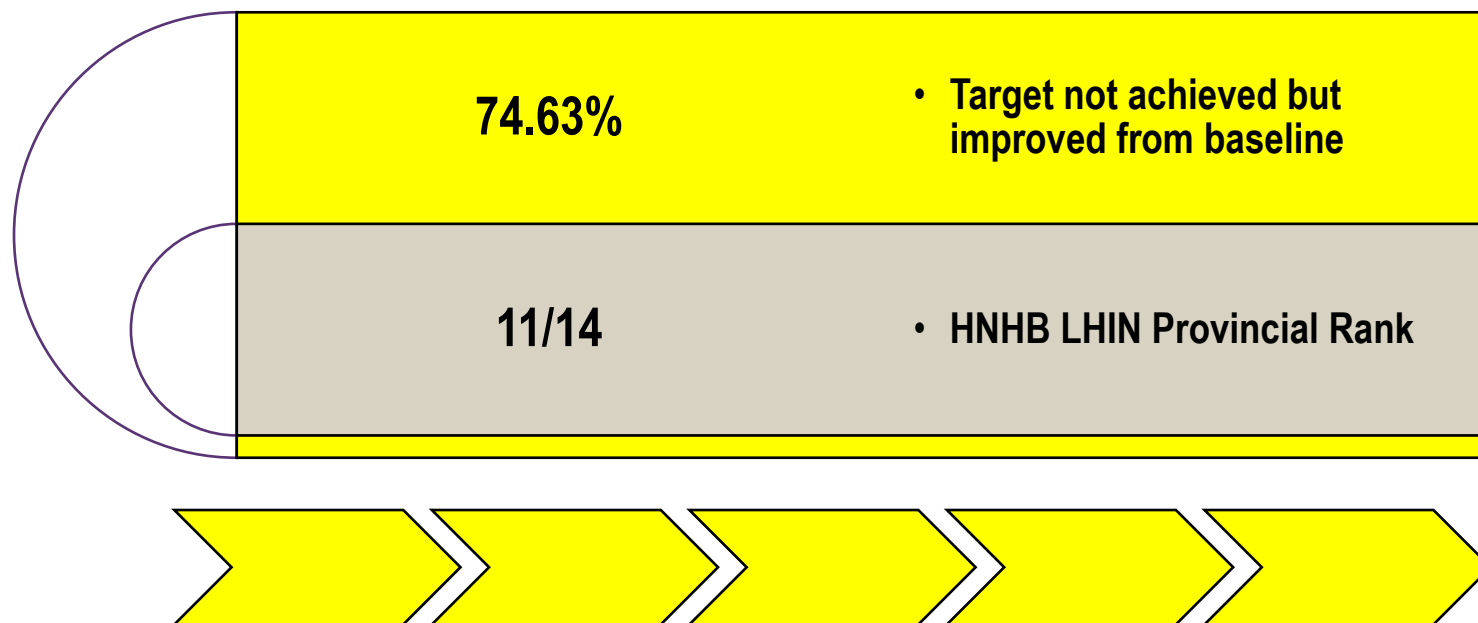
## Q4 FY 2014-15



Target: 85.00%  
Baseline: 77.00%

# Knee Replacement Surgery

## Q4 FY 2014-15



Target: 80.00%  
Baseline: 64.00%

# Action Plan: Hip & Knee Replacement Surgery

## Key Updates:

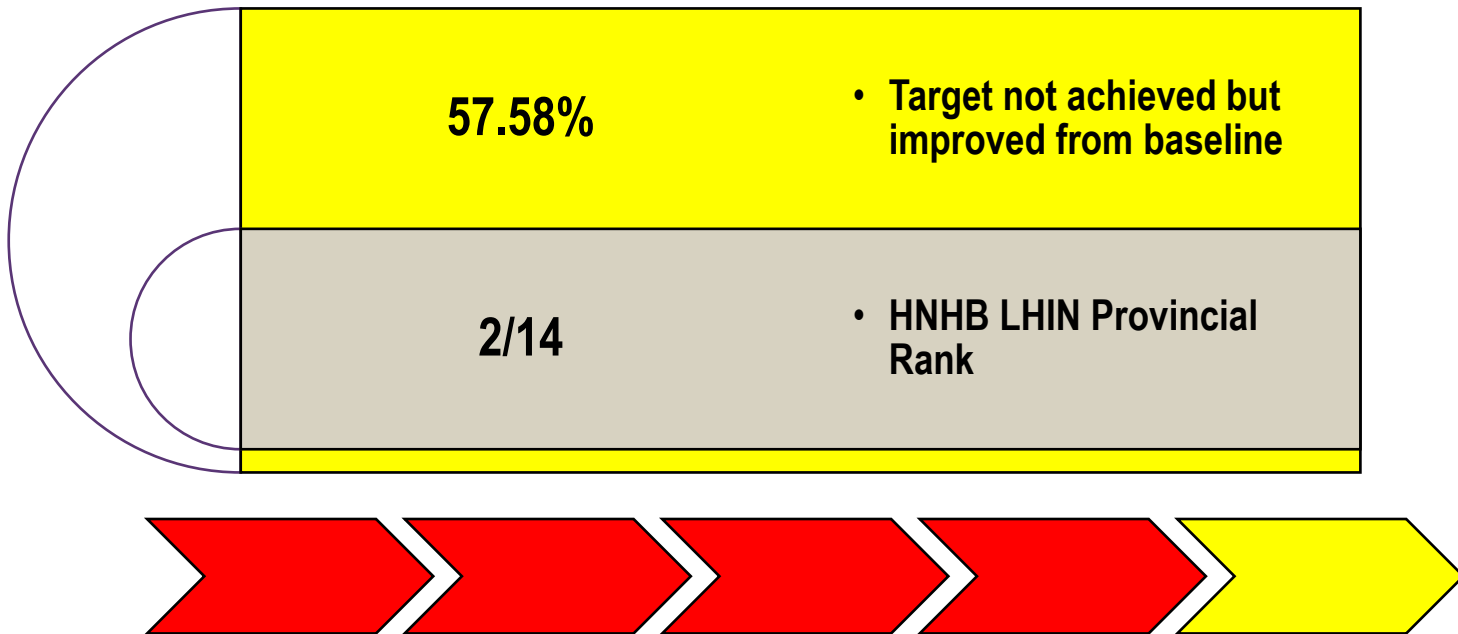
- Orthopedic Leadership Steering Committee approved a Wait List Management Policy to standardize the following patient-centred practices:
  - Booking longest wait patients
  - Offering referral redirection to first available surgeon when appropriate
  - Focus on data quality for wait list management
- Some sites experienced a decrease in wait time target performance for knee replacement due to a focus on longer wait patients for hip replacement.

## Opportunities/Next Steps:

- Increase referral volumes to RJAP to enable more patients access to first available surgeon
- Continued work toward transparency of surgeon-specific wait list data – goal to share with primary care and on hospital websites
- Development of volume allocation model for FY 2016-17 to refine volume distribution to hospitals across the LHIN

# MRI Scans

## Q4 FY 2014-15



Target: 60.00%  
Baseline: 45.00%

# Action Plan: MRI Scans

## Key Updates:

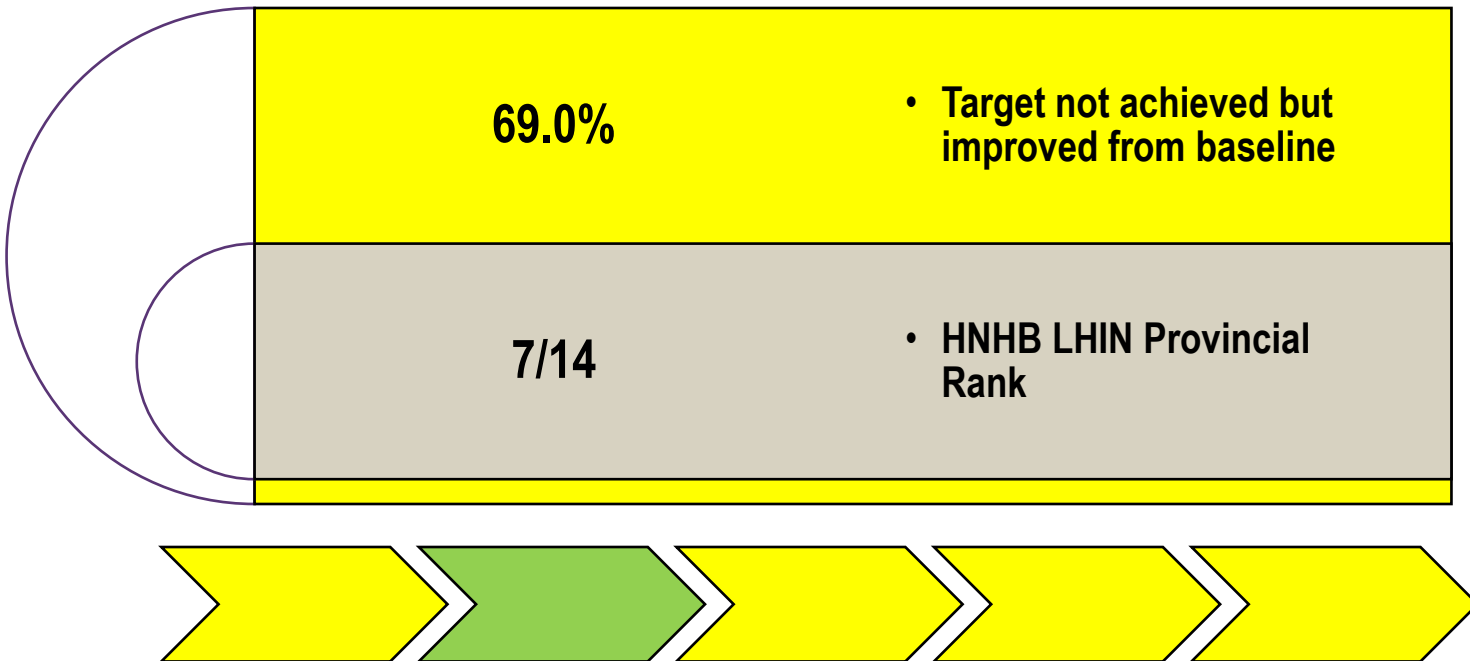
- Priority 3 and 4 pressures have persisted across the LHIN.
- The Diagnostic Imaging LHIN-Wide Leadership Steering committee has been targeting proposed key performance indicators for MRI Performance data.
- Variation in access amongst sites currently results in inequities in access and further allocation model refinement will be required to address this.

## Opportunities/Next Steps:

- Continue to engage patients, physicians and organizations regarding Choosing Wisely Canada
- To address the most urgent patient needs, additional resources will continue to need to be diverted from P4 cases to P3 cases
- Refined allocation model development to reduce site variation
- Identification of Diagnostic Imaging Health Service Provider leadership

# CT Scans

## Q4 FY 2014-15



# Action Plan: CT Scans

## Key Updates:

- Priority 3 and 4 pressures have persisted across the LHIN.
- Communication to primary care physicians regarding Priority 4 wait times.
- Load balancing continues between Joseph Brant Hospital and Niagara Health System.
- Niagara Health System has developed a pilot for Emergency Scan Access in conjunction with Emergency physicians.
- New magnet approval received for JBH without additional funding support.
- Niagara Health System completed an additional Choosing Wisely Canada education session for physicians.

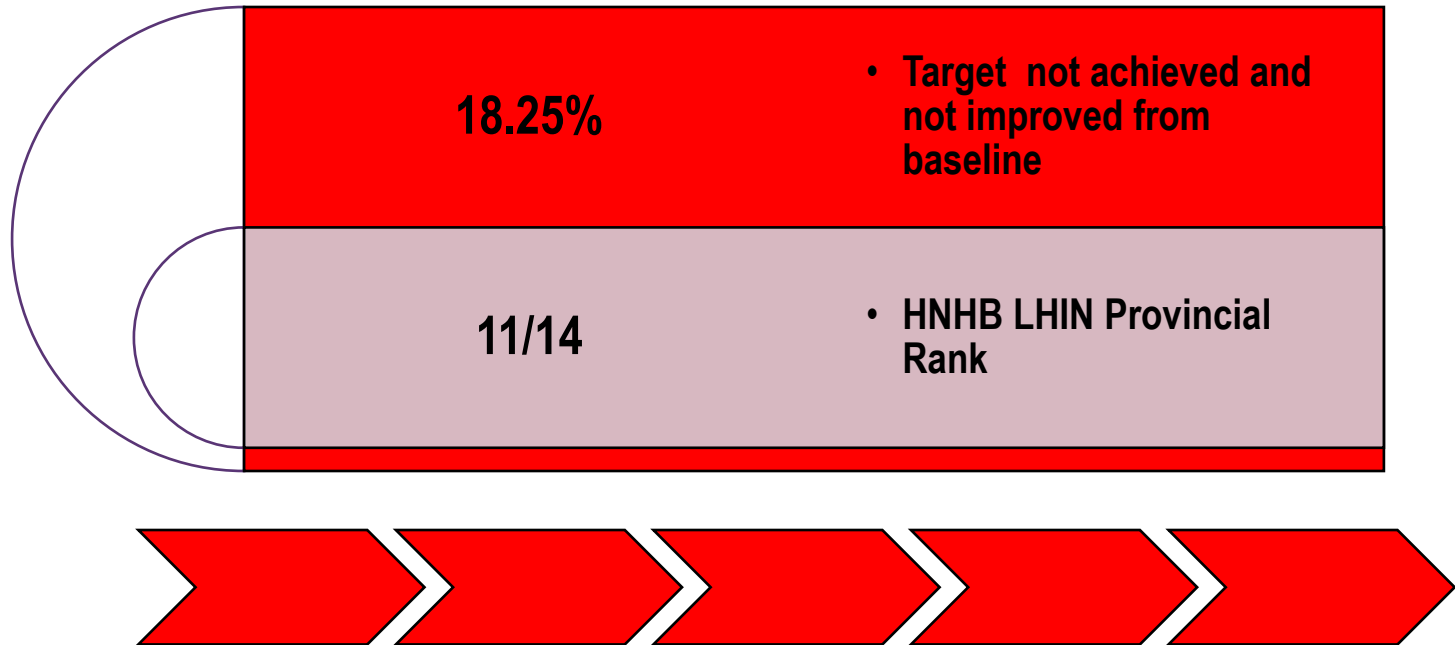
## Opportunities/Next Steps:

- Continue to engage patients, physicians and organizations regarding Choosing Wisely Canada and appropriateness.
- Realign booking templates to meet P3 demand.
- Identify health service provider leadership for Diagnostic Imaging.



# ALC Days

## Q3 FY 2014-15



Target: 12.00%  
Baseline: 13.89%

# Action Plan: ALC Days

## Key Updates:

- The LHIN's ALC rate (measured at discharge) saw a steady incline from 12.9% in Q3 2012-13 to 18.3% reported at Q3 2014-15
- Patient flow pressures continue throughout the LHIN but are especially noted at the Hamilton Hospitals (HHSC - Hamilton General, Juravinski sites and SJHH)
- Factors influencing the Percent ALC Days:
  - Demand → Volume of new ALC designations continue to steadily increase (for multiple designations/destinations)
  - Long stay cases → As long stay ALC cases are closed, the days attributed to the entire length of stay is attributed to the end destination upon discharge. In Q3 24 individuals discharged total ALC days 7,995
  - Barriers to discharge → Behaviours identified as the top barrier to discharge (Source: WTIS)

## Opportunities/Next Steps:

- Increased capacity → 117 transitional assisted living beds have opened across the LHIN. Additional partnerships continue to be explored
- Implementation of a LHIN-wide Home First Refresh → Standardized Discharge Policies and Practices to be implemented across sites by March 31, 2015
- Value stream mapping the Home with CCAC ALC designation → Completed at HHSC and BCHS, underway at JBH and SJHH
- Implementation of a Home and Community Collaborative model
- BSO Expansion

# Wait for CCAC In-Home Services

## Q3 FY 2014-15



Target: 26.00 days  
Baseline: 26.00 days

# Action Plan: Wait for CCAC In-Home Services

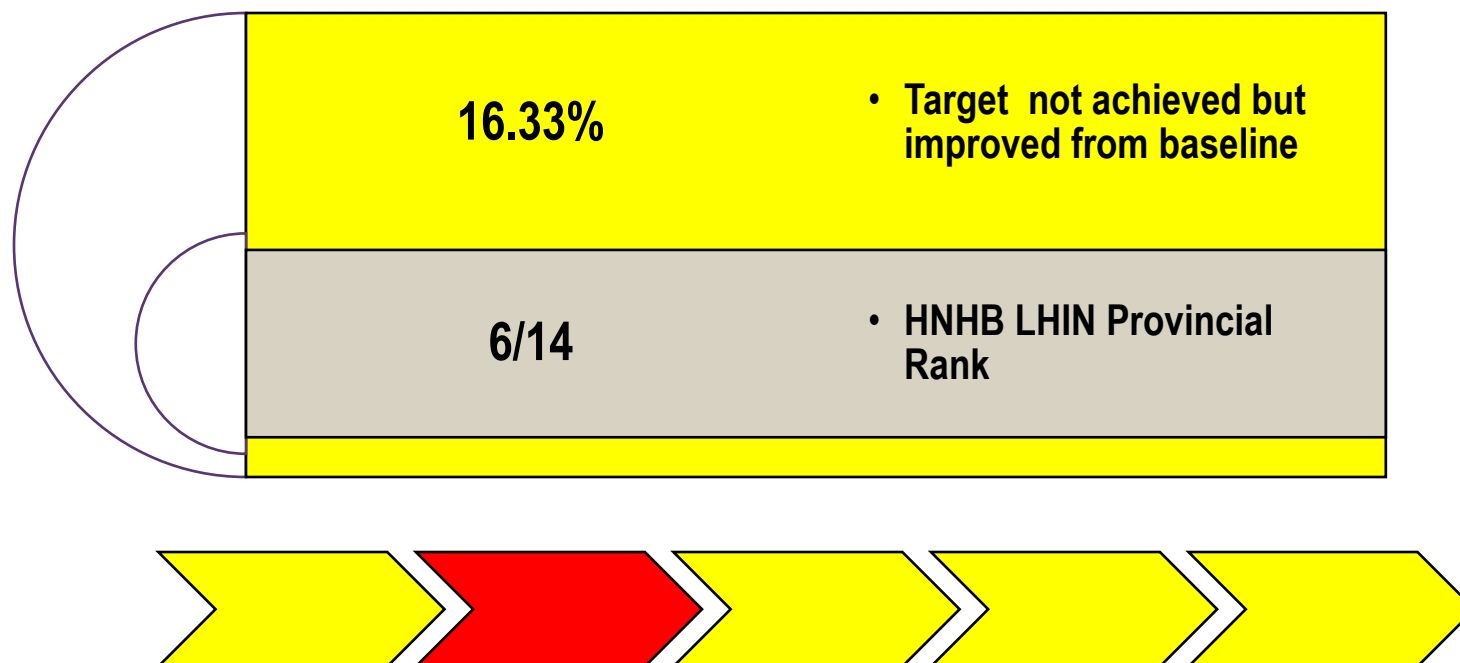
## Key Updates:

- The HNHB LHIN has exceeded the MLPA target of 26 days for the 90th percentile wait time for CCAC in-home services since Q1 2014-15.
- Compared to Q2 2014-15, there were three changes in 90th percentile wait times by service type: a nine day decrease in PSW and Homemaking, a four day decrease in Physiotherapy, and a two day increase in Speech Language Therapy. No service type has a 90th percentile wait time above the provincial average.

## Opportunities/Next Steps:

- In February 2015, implemented a new collaborative service model between the CCAC and CSS –agencies that provide Assisted Living services.
- This innovative service model is in alignment with the ministry policy guideline for collaborative home and community-based care coordination, and is intended to enhance the capacity of CSS agencies to support individuals who have low to moderate care needs, are stable and relatively independent, and require few additional community supports.
- In April 2015, over 800 unique individuals received more than 6,500 hours of personal support services from CSS agencies. Personal support services for these clients were previously coordinated by the CCAC.

# Readmits for Select Case Mix Groups (CMGs) Q2 FY 2014-15



Target: 15.40%  
Baseline: 16.40%

# Action Plan: Readmit for Select CMGs

## Key Updates:

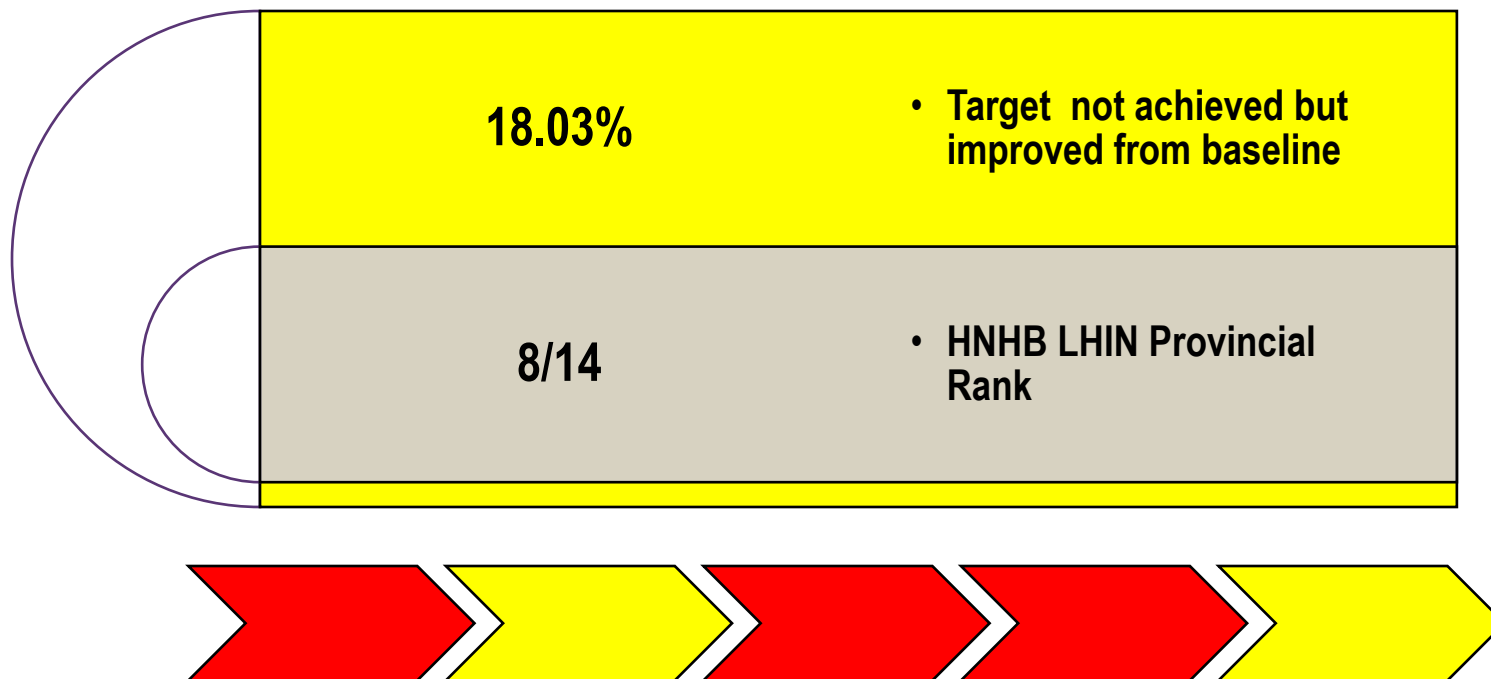
- The current performance of this indicator (16.3%) is slightly improved from baseline and above the MLPA target of 15.4%. The LHIN ranks 6<sup>th</sup> overall in the province for this metric.
- Congestive Heart Failure (CHF) continues to be the clinical cohort which negatively impacts performance for this metric with a readmission rate of 23.2% in Q2 2014-15. HHSC, BCHS and JBH each had much higher than expected readmission rates for CHF.
- The Chronic Obstructive Pulmonary Disease (COPD) clinical cohort typically is the second most common cause for 30 day readmissions in the HNHB LHIN. In Q2 2014-15, COPD was ranked as the 4<sup>th</sup> highest cause of readmissions at 17.1% behind CHF (23.2%) Gastrointestinal (17.8%), and Diabetes (17.7%).

## Opportunities/Next Steps:

- Initiatives targeting this metric which the LHIN is monitoring include:
  - Discharge Transition Bundle
  - Caring for my COPD community-based program
  - Health Links - A core theme of the Health Link business plans is an increasing focus on community-based, patient-centered care and reducing hospital utilization (admissions and readmissions).
- Potential new initiative-LHIN hospitals have submitted an proposal in response to the Ministry's Call for Proposals to pilot an Integrated Collaborative Care Model LHIN-wide that aims to reduce readmission for individuals with COPD and CHF.

# Repeat ER Visits for Mental Health

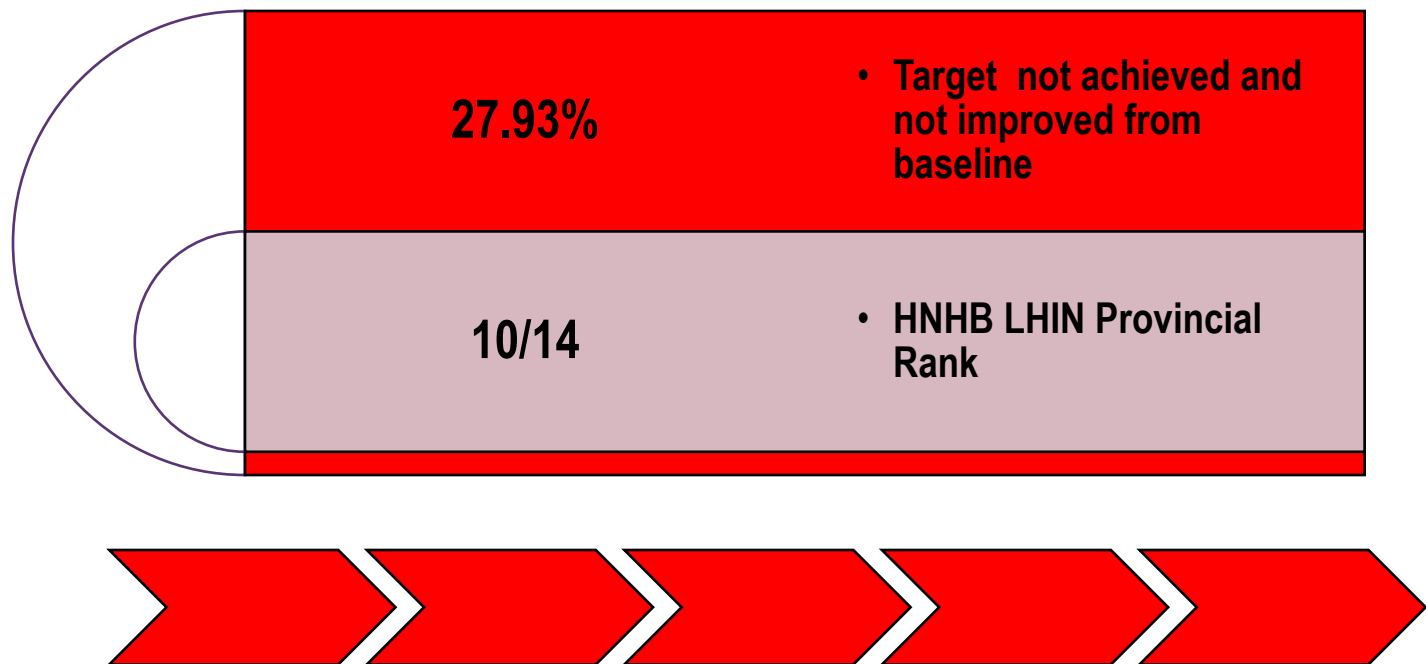
## Q3 FY 2014-15



Target: 17.00%  
Baseline: 18.40%

# Repeat ER Visits for Substance Abuse

## Q3 FY 2014-15



Target: 22.70%  
Baseline: 23.90%



# Action Plan: Repeat ER Visits for Mental Health & Substance Abuse

## Key Updates:

- LHIN-wide outcomes framework with performance indicators has been developed and applied to newly funded programs to measure the impact on repeat ER visits for both mental health and substance use.
- Expanded Mobile Rapid Response Teams in four zones across our LHIN in conjunction with police services with the goal of ER diversion
- Specialized training to enhance clinical skills for individuals working with those with complex mental health needs who are high users of emergency services has been implemented.

## Opportunities/Next Steps:

- Implementation of a LHIN-wide early intervention service delivery model for youth ages 17-24 is currently being implemented in four zones.
- Concurrent Disorders capacity building project has been implemented to improve system capacity for complex/high cost users to further reduce repeat ER visits across all four zones.

# A Look Back

# MLPA Performance - A Look Back

- The HNHB LHIN staff recently conducted a review of MLPA indicator performance over the past several years.
- This retrospective examination is challenging due to the fact that indicators have changed as have their related technical specifications and definitions.
- In order to provide comparability and discern trends in performance, staff reviewed the data in two ways:
  1. preparing graphs to see trend lines as far back as possible.
  2. assuming that the indicators remained stable and baselines were not adjusted, but also remained stable at pre-LHIN rates\*
- A few of the most striking trends or noted improvements are presented

*\*or when the related MLPA indicator was initiated*

# Emergency Room Length of Stay for Admitted Patients

## Indicator: 90<sup>th</sup> Percentile Emergency Room (ER) Length of Stay (LOS) for Admitted Patients

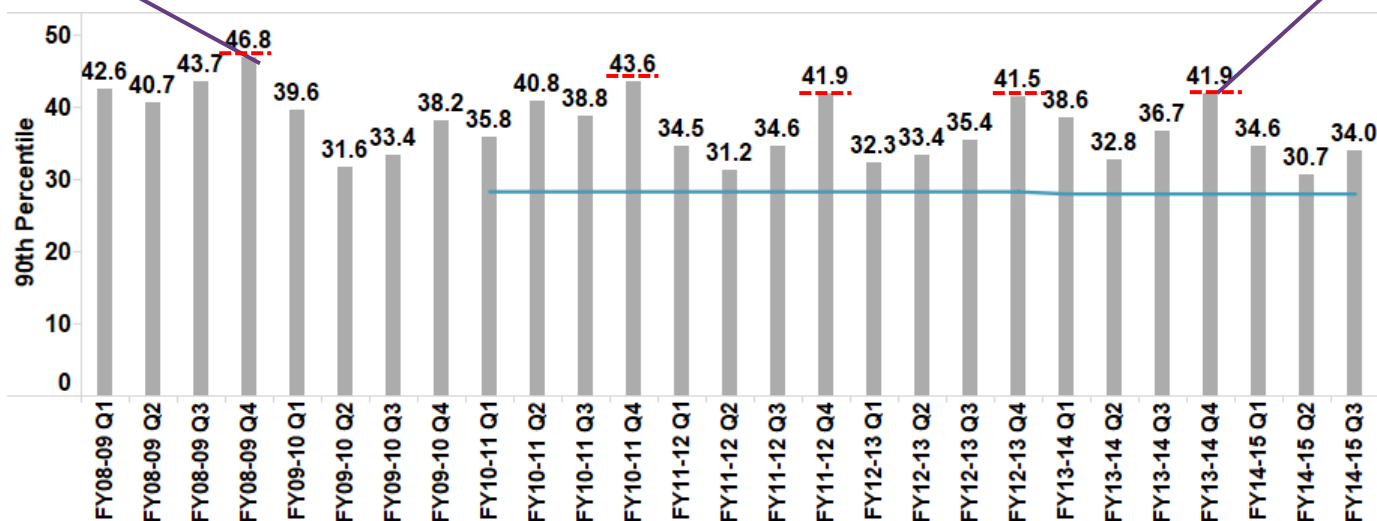
**What is measured:** the total ER LOS where 9 out of 10 admitted patients completed their visit (time from triage/registration [which ever comes first] to the time the patient leaves the ER).

**Interpretation:** Lower is more favourable

**Current HNHB LHIN Target:** 28 hours

LHIN hospitals demonstrate seasonal fluctuation with increased LOS in Q4 (Jan- March). Factors influencing include influenza outbreaks

While LHIN hospitals continue to experience challenges with seasonal fluctuations the LHIN has shown improvement over the base line year despite increased ER volumes



Blue line = Annual HNHB LHIN Target

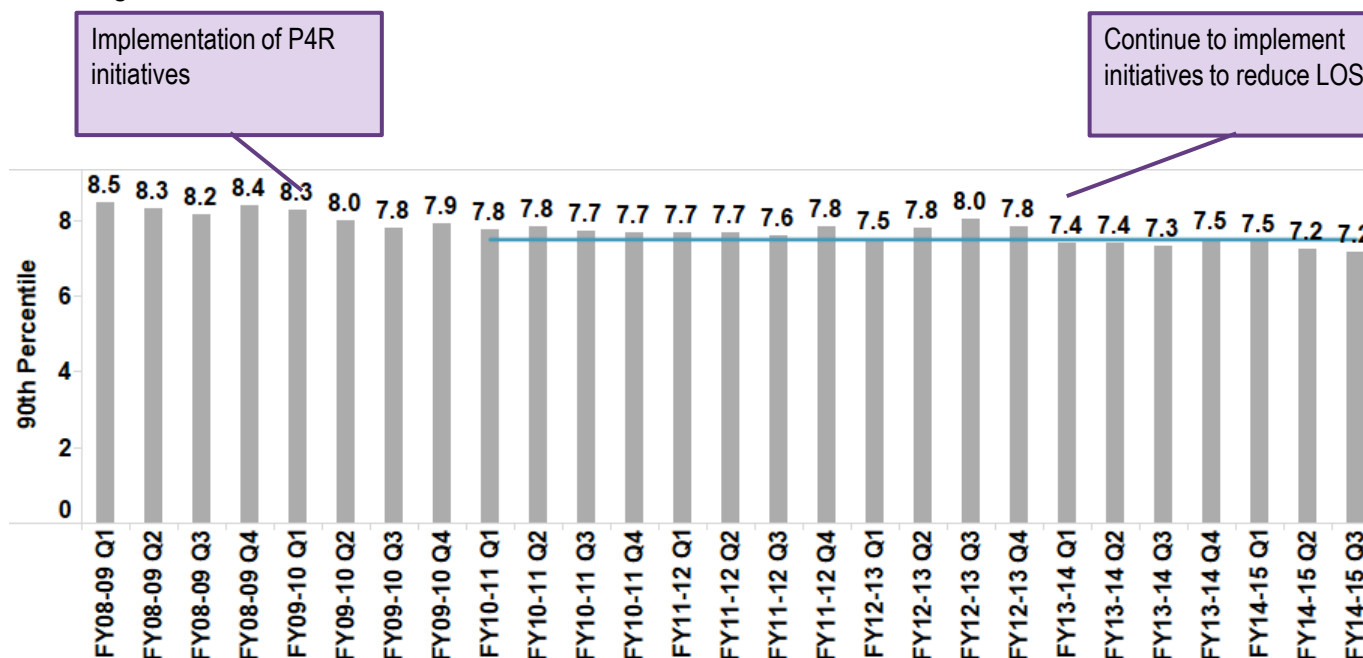
- MLPA Indicator: Provincial Target = 8 hours (indicator also has a provincial internal goal of 25 hours), Provincial Performance = 29.52 hours (Q3 2014-15)
- The ED LOS metric changed from Proportion of ED treated within 8 hours. The ED 90<sup>th</sup> LOS measured in hours was introduced in 2010-11.

# Emergency Room Length of Stay Non-Admitted Complex Patients

## Indicator: 90<sup>th</sup> Percentile Emergency Room (ER) Length of Stay (LOS) for Non-Admitted Complex (CTAS I-III) Patients

**What is measured:** the total ER LOS where 9 out of 10 non-admitted complex patients completed their visit (time from triage/registration [which ever comes first] to the time the patient leaves the ER)

**Current HNHB LHIN Target:** 7.5 hours



Blue line = Annual HNHB LHIN Target

- MLPA Indicator: Provincial Target = 8 hours (indicator also has a provincial internal goal of 7 hours), Provincial Performance = 6.78 hours (Q3 2014-15)

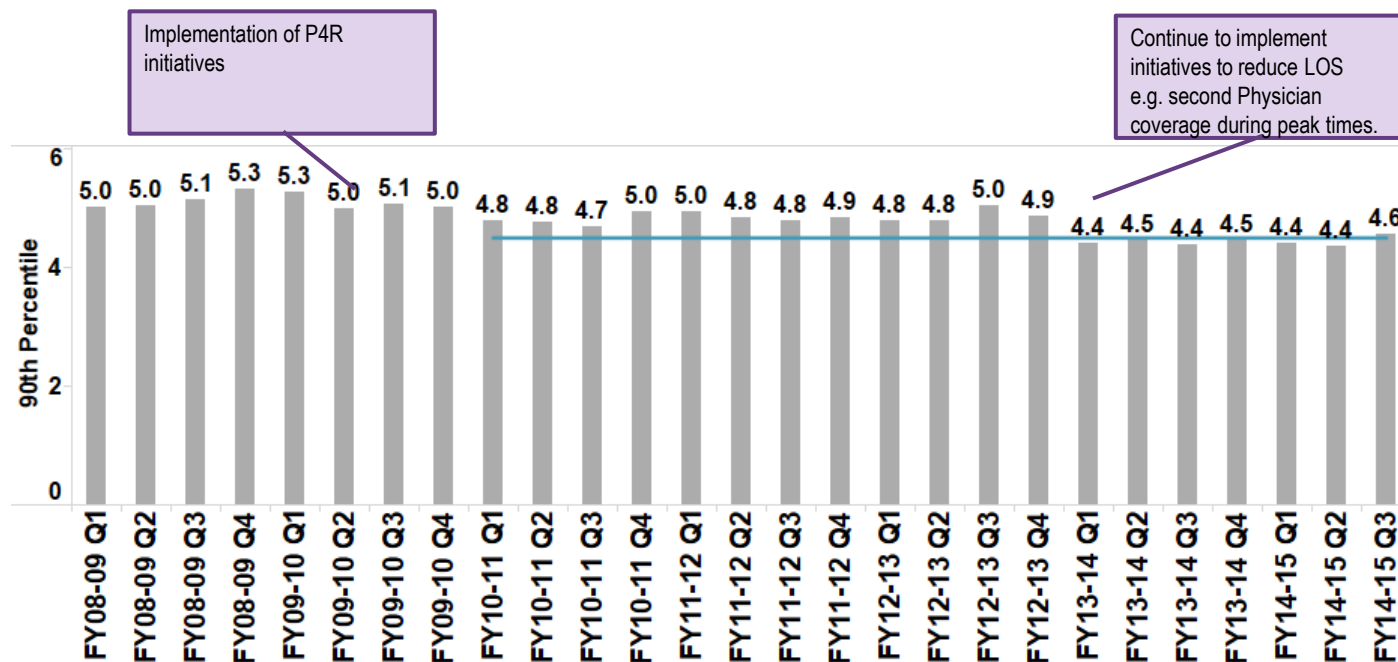
# Emergency Room Length of Stay

## Non-Admitted Minor/Uncomplicated Patients

### Indicator: Emergency Room (ER) Length of Stay (LOS) for Non-Admitted Minor/Uncomplicated (CTAS IV-V) Patients

**What is measured:** the total ER LOS where 9 out of 10 non-admitted minor/uncomplicated patients completed their visit (time from triage/registration [which ever comes first] to the time the patient leaves the ER)

**Current HNHB LHIN Target:** 4.5 hours



Blue line = Annual HNHB LHIN Target

- MLPA Indicator: Provincial Target = 4 hours, Provincial Performance = 4.00 hours (Q3 2014/15)

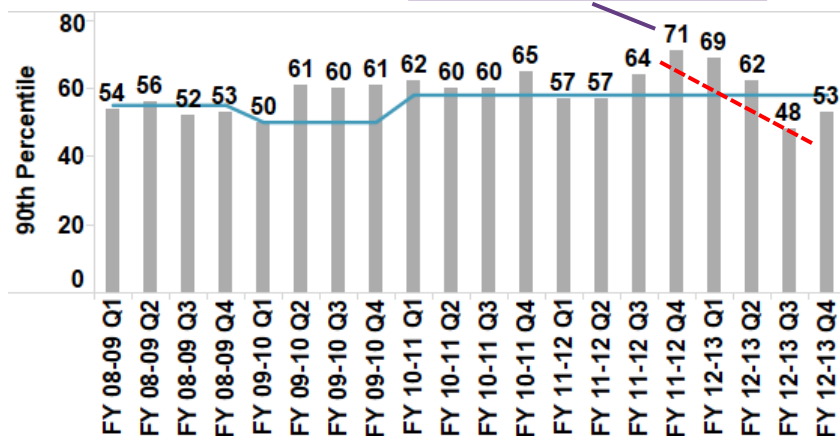
# Cancer Surgery Wait Time

## Past MLPA Indicator: 90<sup>th</sup> Percentile Wait Time, Priority 2-4 Cases Combined

**What is measured:** the number of days that 9 out of 10 people waited to have Cancer surgery (time from decision to treat to actual procedure date) for Adult Priority 2-4 cases combined

**Interpretation:** Lower is more favourable

- CCO approved recruitment of additional oncology surgeons
- Hospital implemented dedicated surgical beds



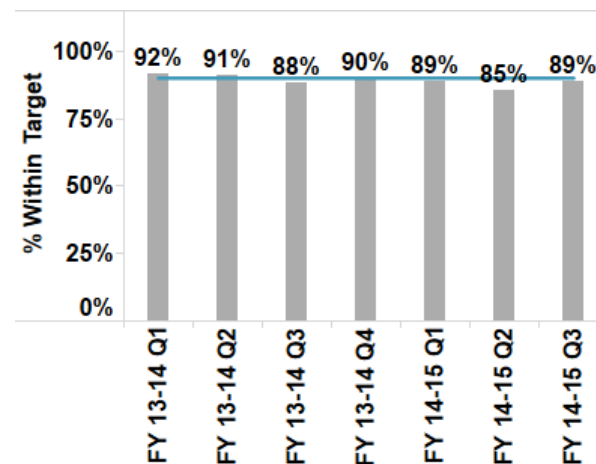
Blue line = Annual HNHB LHIN Target

## Current MLPA Indicator: Percent of Priority 4 Cases Completed Within Access Target (84 days)

**What is measured:** the proportion of Adult Priority 4 (non-urgent) Cancer Surgery cases that were completed within the 84 day recommended maximum wait time target

**Interpretation:** Higher is more favourable

**Current HNHB LHIN Target:** 90% within 84 days



- Current MLPA Indicator: Provincial Target = 90%, Provincial Performance = 95.32%(Q3 2014-15)

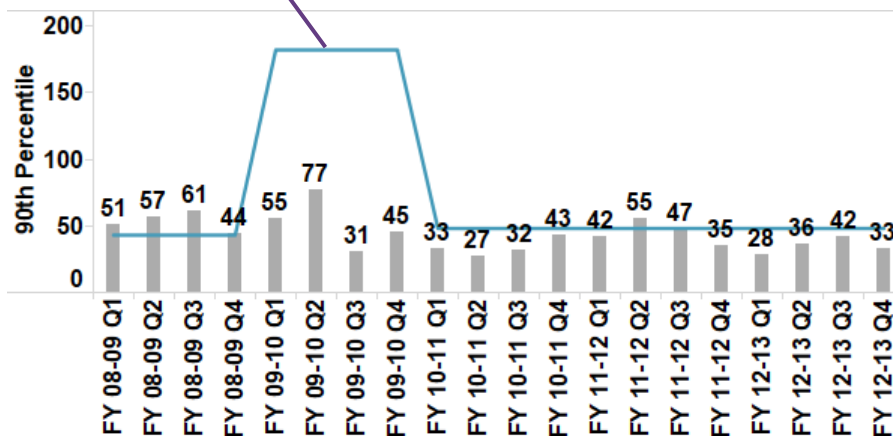
# Cardiac By-Pass Surgery Wait Time

## Past MLPA Indicator: 90<sup>th</sup> Percentile Wait Time, Priority 2-4 Cases Combined

**What is measured:** the number of days that 9 out of 10 people waited to have Cardiac By-Pass Surgery (time from decision to treat to actual procedure date) for Adult Priority 2-4 cases combined

**Interpretation:** Lower is more favourable

Increased LOS in one quarter as noted below, elective cardiac bypass surgery is a subset of the cardiac surgery cases completed at HHSC



Blue line = Annual HNHb LHIN Target

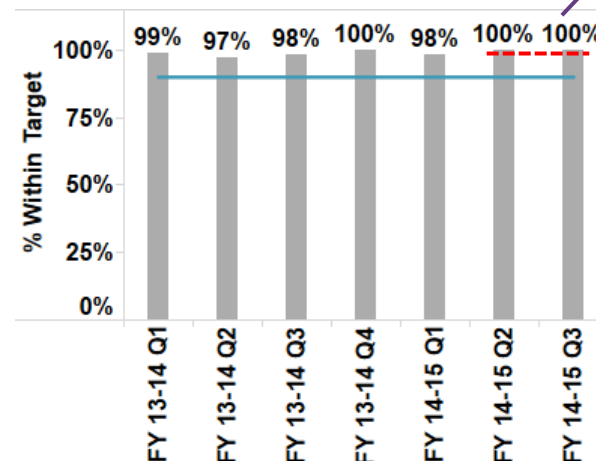
## Current MLPA Indicator: Percent of Priority 4 Cases Completed Within Access Target (90 days)

**What is measured:** the proportion of Adult Priority 4 (non-urgent) Cardiac By-Pass Surgery cases that were completed within the 90 day recommended maximum wait time target

**Interpretation:** Higher is more favourable

**Current HNHb LHIN Target:** 90% within 90 days

LHIN has consistently met the MLPA target



- Current MLPA Indicator: Provincial Target = 90%, Provincial Performance = 97.00%(Q3 2014-15)
- Cardiac Bypass Surgery can only be performed at designated cardiac centres (like Hamilton Health Sciences Corporation) and thus not all LHINs perform these surgeries (only 8 out of 14 LHINs).
- Note the MLPA indicator is limited to elective cardiac bypass surgery. Patients identified as emergent, urgent or semi-urgent will take priority.



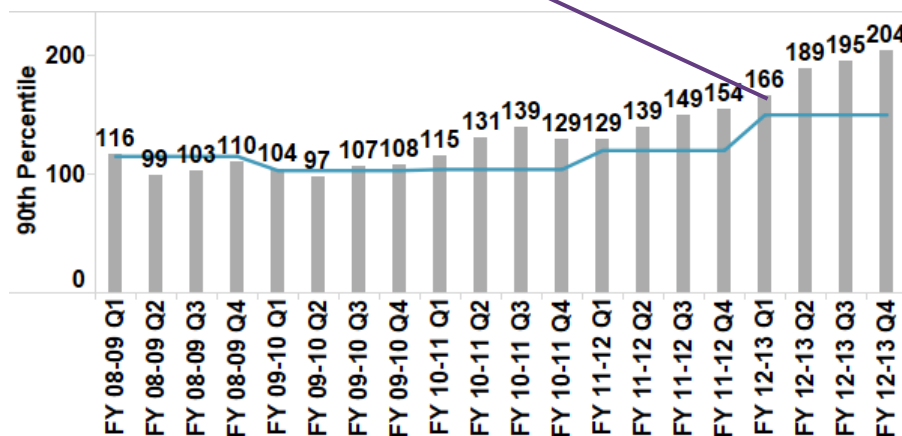
# Cataract Surgery Wait Time

## Past MLPA Indicator: 90<sup>th</sup> Percentile Wait Time, Priority 2-4 Cases Combined

**What is measured:** the number of days that 9 out of 10 people waited to have Cataract Surgery (time from decision to treat to actual procedure date) for Adult Priority 2-4 cases combined

**Interpretation:** Lower is more favourable

FY 12/13 the ministry reduced QBP volumes by 10%. 90<sup>th</sup> percentile wait times jumped by 11 days and continued to climb due to increasing backlog and reduced supply.



Blue line = Annual HNNB LHIN Target

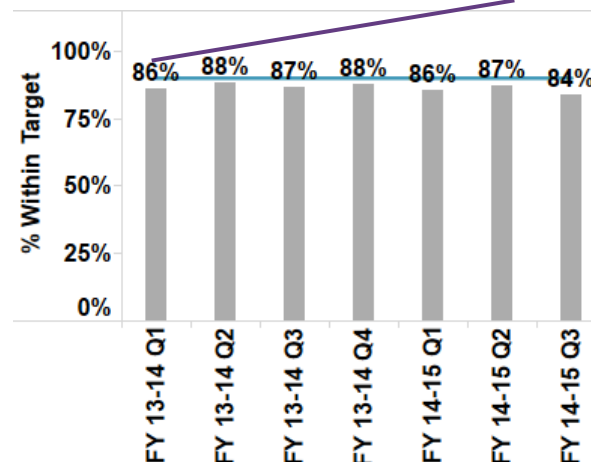
## Current MLPA Indicator: Percent of Priority 4 Cases Completed Within Access Target (182 days)

**What is measured:** the proportion of Adult Priority 4 (non-urgent) Cataract Surgery cases that were completed within the 182 day recommended maximum wait time target

**Interpretation:** Higher is more favourable

**Current HNNB LHIN Target:** 90% within 182 days

HNNB LHIN Ophthalmology Steering Committee continues to meet monthly to continually drive for quality and performance improvements.



- Current MLPA Indicator: Provincial Target = 90%, Provincial Performance = 92.54%(Q3 2014-15)
- Cataract surgery supply had been relatively stable in fiscal years 2009-10 until 2011-12
- A 10% reduction in volumes was noted in funded QBP volumes for FY 2012-13, although eased by LHIN supplementation, it was insufficient to meet patient demand. During FY 2012-13, the backlog of patient's waiting for surgery grew by 90% from FY 2009-10

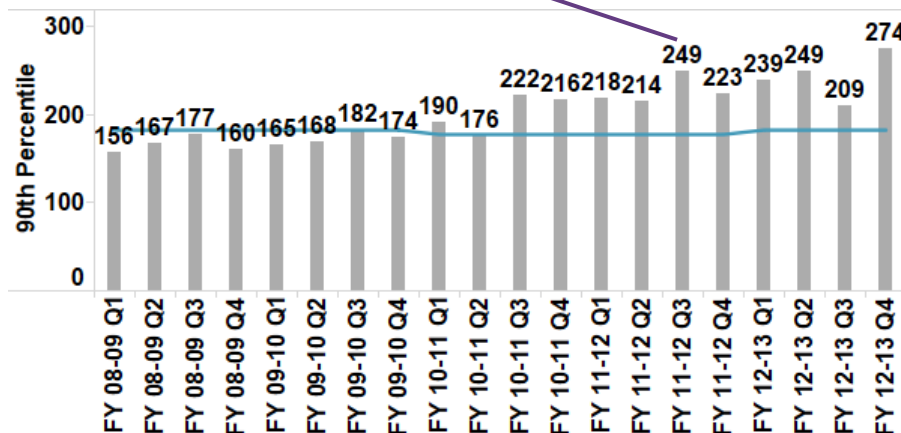
# Hip Replacement Surgery Wait Time

## Past MLPA Indicator: 90<sup>th</sup> Percentile Wait Time, Priority 2-4 Cases Combined

**What is measured:** the number of days that 9 out of 10 people waited to have Hip Replacement Surgery (time from decision to treat to actual procedure date) for Adult Priority 2-4 cases combined

**Interpretation:** Lower is more favourable

Increase in Wait Times triggered a focus on Data Quality and Wait List Management for all hospitals



Blue line = Annual HNHB LHIN Target

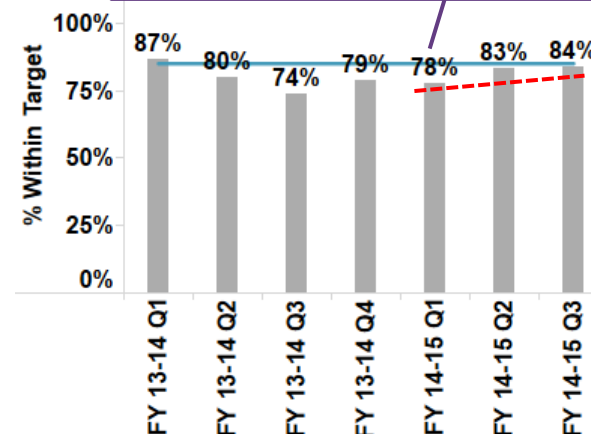
## Current MLPA Indicator: Percent of Priority 4 Cases Completed Within Access Target (182 days)

**What is measured:** the proportion of Adult Priority 4 (non-urgent) Hip Replacement Surgery cases that were completed within the 182 day recommended maximum wait time target

**Interpretation:** Higher is more favourable

**Current HNHB LHIN Target:** 85% within 182 days

Escalation letter sent to hospitals in FY 14-15 Q1 requesting renewed action plans to address long wait times



- Current MLPA Indicator: Provincial Target = 90%, Provincial Performance = 87.69%(Q3 2014-15)
- As Wait Times increased in FY 2011-12 and FY 2012-13, HNHB LHIN focused on hospital data quality (promotion of appropriate DARTing) and requested that hospitals prepare an action plan to review all of their long-wait cases for appropriateness
- January 2014 – Orthopaedic Leadership Steering Committee formed to focus on standardization of practice to QBP Clinical Handbook and promotion of RJAP and referral to surgeons with shorter wait lists. Escalation letter request to hospitals to prepare renewed strategy to address their longest wait cases.

# Knee Replacement Surgery Wait Time

**Past MLPA Indicator: 90<sup>th</sup> Percentile Wait Time, Priority 2-4 Cases Combined**

**What is measured:** the number of days that 9 out of 10 people waited to have Knee Replacement Surgery (time from decision to treat to actual procedure date) for Adult Priority 2-4 cases combined

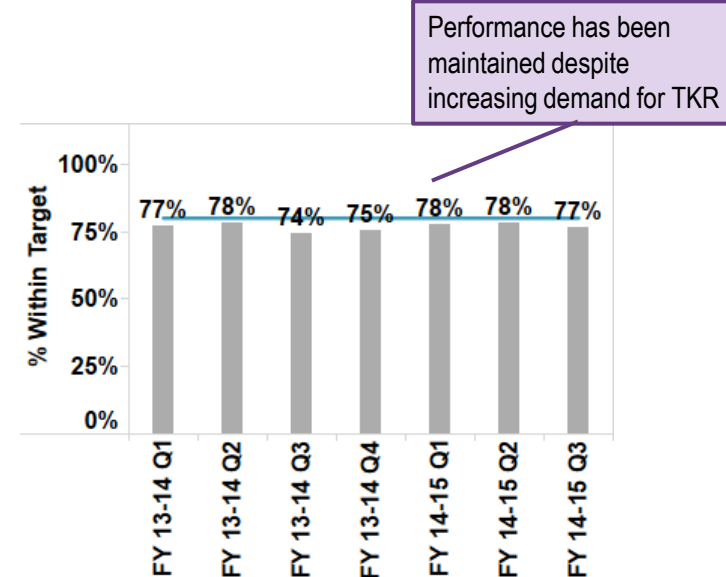
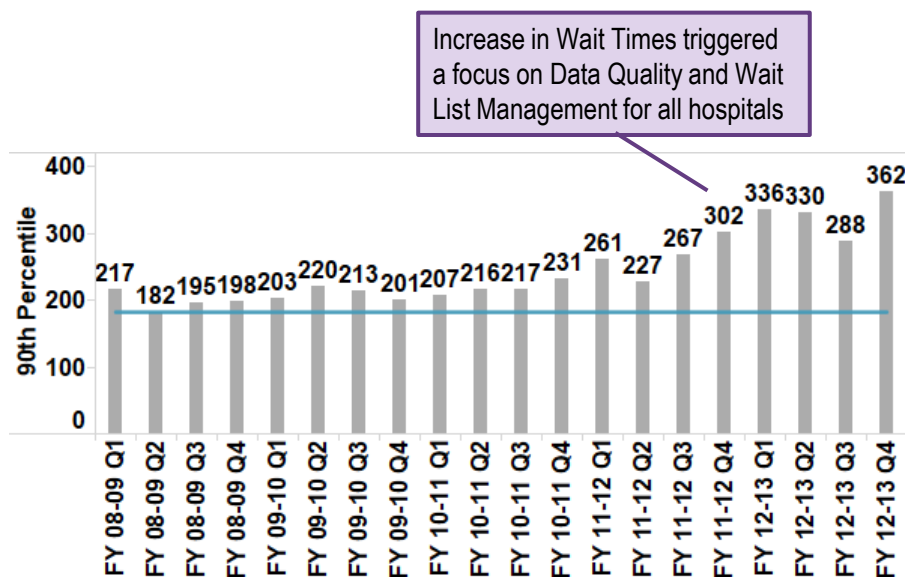
**Interpretation:** Lower is more favourable

**Current MLPA Indicator: Percent of Priority 4 Cases Completed Within Access Target (182 days)**

**What is measured:** the proportion of Adult Priority 4 (non-urgent) Knee Replacement Surgery cases that were completed within the 182 day recommended maximum wait time target

**Interpretation:** Higher is more favourable

**Current HNHB LHIN Target:** 80% within 182 days



Blue line = Annual HNHB LHIN Target

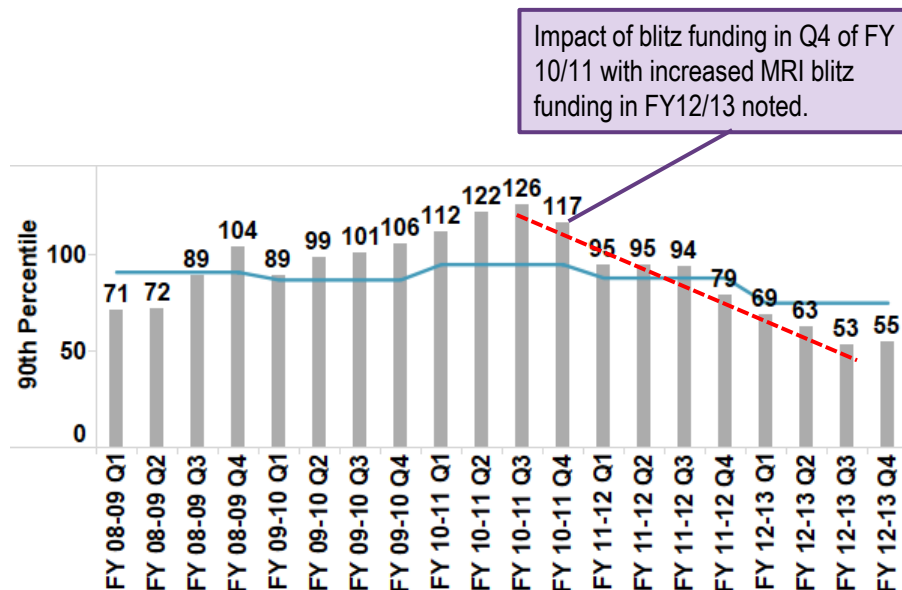
- Current MLPA Indicator: Provincial Target = 90%, Provincial Performance = 83.07%(Q3 2014-15)
- Brant/Haldimand/Norfolk demonstrates increased demand for TKR compared to other communities and BCHS is challenged to meet their access target due to a wait list backlog. Emphasis on wait list management and booking of longest wait cases has allowed the LHIN to maintain performance despite increased demand. Future plans involve volume allocation methodology to address difference in demand across the LHIN.

# MRI Scan Wait Time

**Past MLPA Indicator: 90<sup>th</sup> Percentile Wait Time, Priority 2-4 Cases Combined**

**What is measured:** the number of days that 9 out of 10 people waited to have a MRI Scan (time from diagnostic scan order received date at facility to actual exam date) for Adult Priority 2-4 cases combined

**Interpretation:** Lower is more favourable



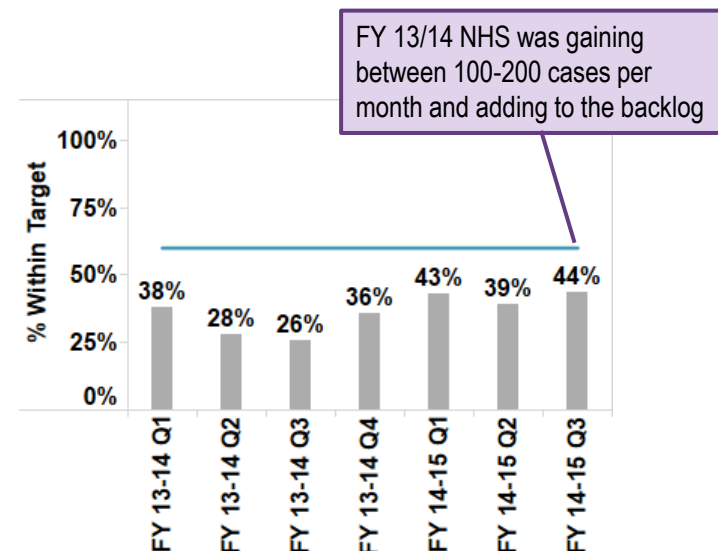
Blue line = Annual HNHB LHIN Target

## Current MLPA Indicator: Percent of Priority 4 Cases Completed Within Access Target (28 days)

**What is measured:** the proportion of Adult Priority 4 (non-urgent) MRI Scans that were completed within the 28 day recommended maximum wait time target

**Interpretation:** Higher is more favourable

**Current HNHB LHIN Target:** 60% within 28 days



- Current MLPA Indicator: Provincial Target = 90%, Provincial Performance = 33.22%(Q3 2014-15)
- FY 2012-13 amendments to the Schedule of Benefits to reflect evidence-informed care came into effect resulting in reduced demand.
- Both February and March 2015 data although not reported above exceeded the HNHB LHIN target of 60% of P4 cases completed within 28 days.

# CT Scan Wait Time

## Past MLPA Indicator: 90<sup>th</sup> Percentile Wait Time, Priority 2-4 Cases Combined

**What is measured:** the number of days that 9 out of 10 people waited to have a CT Scan (time from diagnostic scan order received date at facility to actual exam date) for Adult Priority 2-4 cases combined

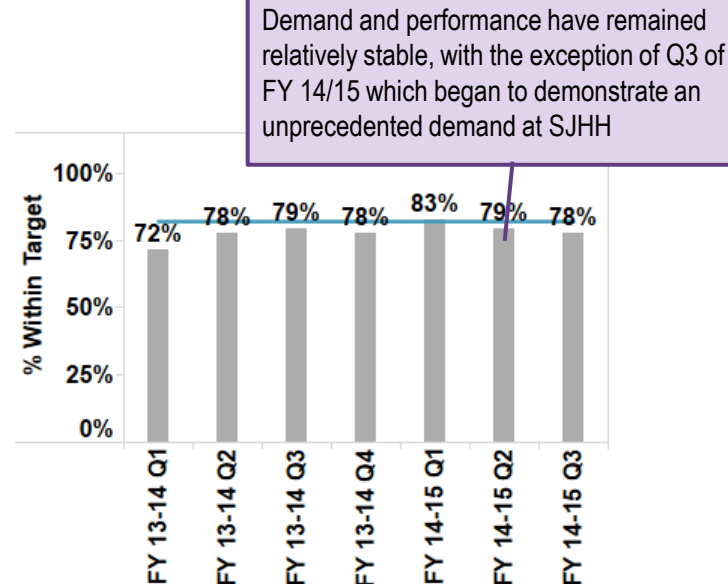
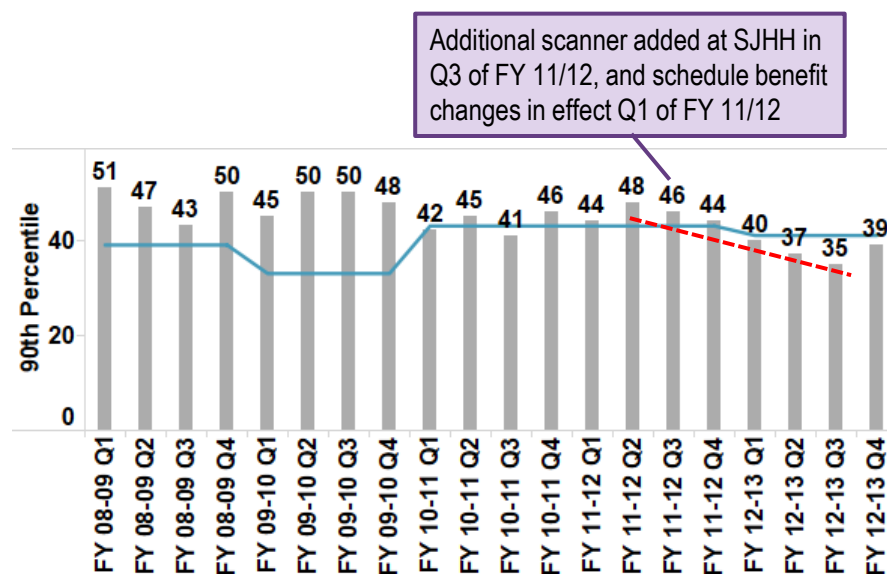
**Interpretation:** Lower is more favourable

## Current MLPA Indicator: Percent of Priority 4 Cases Completed Within Access Target (28 days)

**What is measured:** the proportion of Adult Priority 4 (non-urgent) CT Scans that were completed within the 28 day recommended maximum wait time target

**Interpretation:** Higher is more favourable

**Current HNHB LHIN Target:** 82% within 28 days



Blue line = Annual HNHB LHIN Target

- Current MLPA Indicator: Provincial Target = 90%, Provincial Performance = 78.67%(Q3 2014-15)
- Efficiencies were recognized with scanner replacements and additions at hospitals for BCHSY in Q4 of and Q3 of 2011-12 and Q3 of 2011-12 at SJHH, additional scanner at NHS in Q1 of 2013-14
- FY 2012-13 amendments to the Schedule of Benefits to reflect evidence-informed care came into effect resulting in reduced demand.

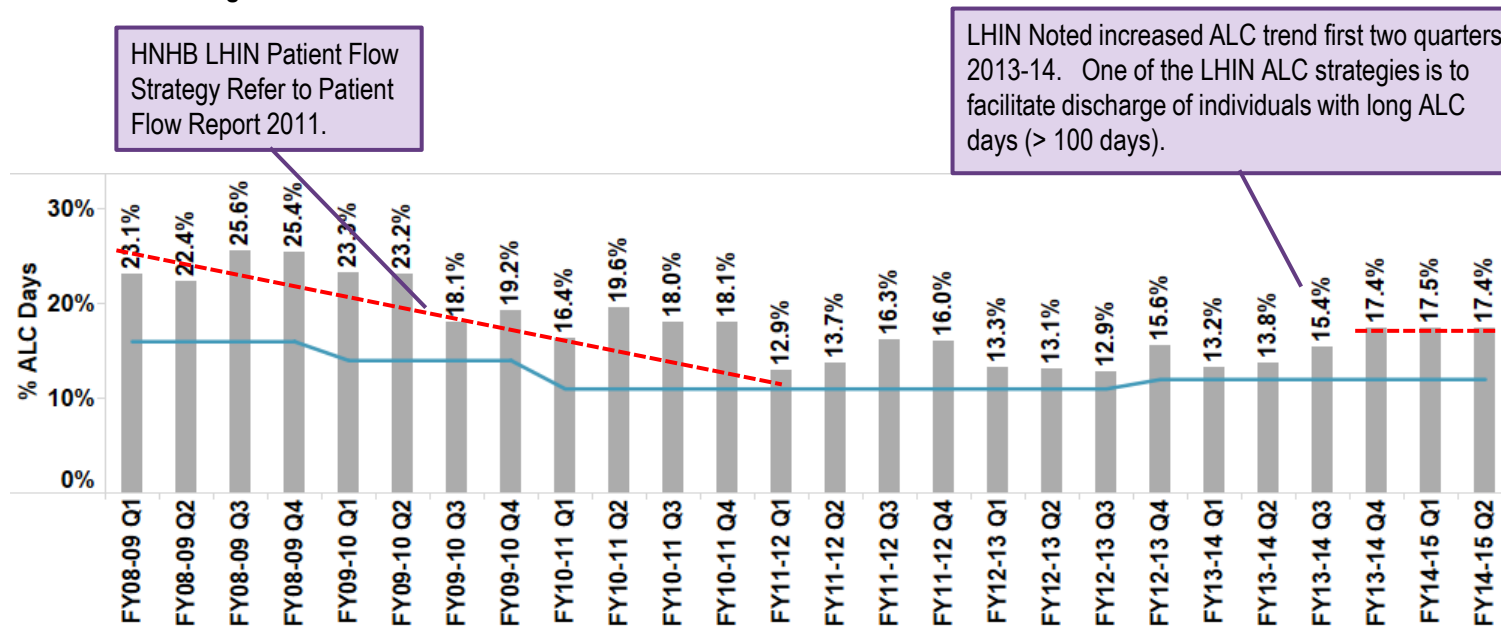
# Alternative Level of Care (ALC) Days

Indicator: Percentage of Alternative Level of Care (ALC) Days – By LHIN of Institution

**What is measured:** Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment

**Interpretation:** Lower is more favourable

**Current HNHB LHIN Target:** 12%



Blue line = Annual HNHB LHIN Target

- MLPA Indicator: Provincial Target = 9.46%, Provincial Performance = 13.32%(Q2 2014/15)
- Niagara C-Diff status (May to October 2011)
- Additional Assess Restore beds at St. Joseph's Villa (September 2011)
- Additional Reactivation beds at Wellington Park (July 2011)
- Crisis placement status for hospital patients with > 100 days ALC (September 2011)
- CCAC personal support maximum service cap of 56 hours per week (December 2011)
- CCAC personal support max cap lifted (January 2012)
- Flood at St. Joseph's Health Care Hamilton; 20 long-stay (>30 day) cases closed (2,538 ALC days) (January 2014)

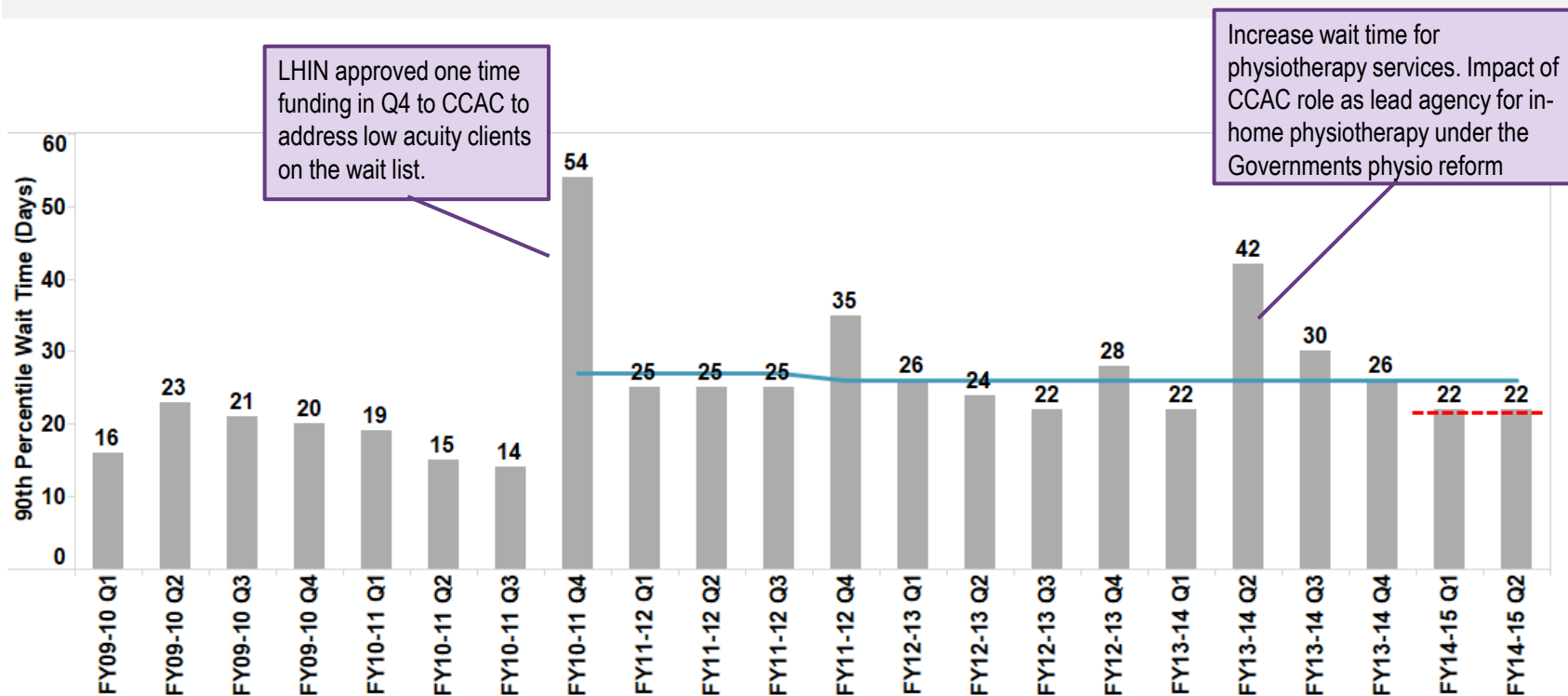
# Wait Time for CCAC In-Home Services

**Indicator:** Wait Time for CCAC In-Home Services: Application from Community Setting to First CCAC Service (excluding case management)

**What is measured:** the number of days that 9 out of 10 people waited from application to first CCAC service (excluding case management)

**Interpretation:** Lower is more favourable

**Current HNHB LHIN Target:** 26 days



Blue line = Annual HNHB LHIN Target

- MLPA Indicator: Provincial Target = TBD, Provincial Performance = 28 days(Q2 2014-15)
- 2010-11 and 2011-12 Q4 – One time funding to serve clients on a wait list.

# Readmission within 30 Days for Selected CMGs

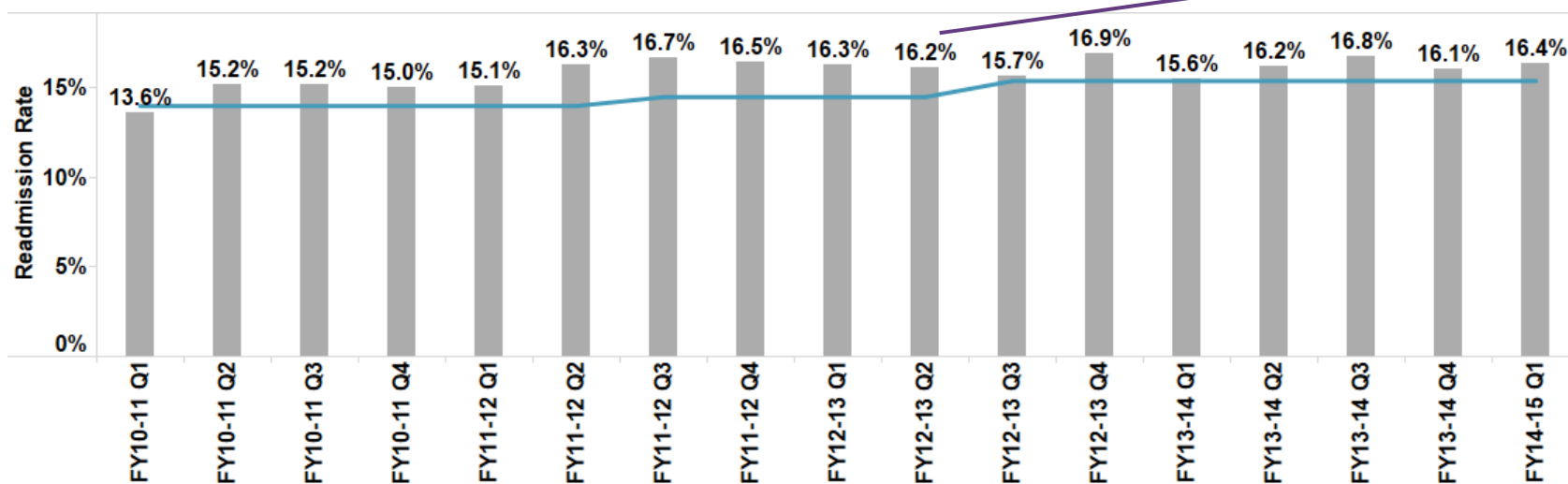
**Indicator:** Readmission within 30 Days for Selected CMGs (Case Mix Groups)

**What is measured:** the percentage of patients discharged with specific CMGs who are readmitted to any facility for any (all-cause) non-elective inpatient care within 30 days.

**Interpretation:** Lower is more favourable

**Current HNHB LHIN Target:** 15.40%

In Q4 2012-13, HNHB hospitals experienced an increase in readmissions within 30 days for CHF and Gastrointestinal CMGs. The increase was driven by three hospital sites. A number of initiatives implemented to address this metric (see below)



Blue line = Annual HNHB LHIN Target

- MLPA Indicator: Provincial Target = TBD, Provincial Performance = 16.86% (Q1 2014/15)
- Metric incorporates multiple case mix groups including heart failure, chronic obstructive pulmonary disease (COPD), stroke, diabetes and Gastro intestinal
- Initiatives implemented to address this metric include: Discharge Transition Bundle, Rapid Response Transitional Team, Health Links, Community COPD model



# Repeat Unscheduled ER Visits for Mental Health

**Indicator:** Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions

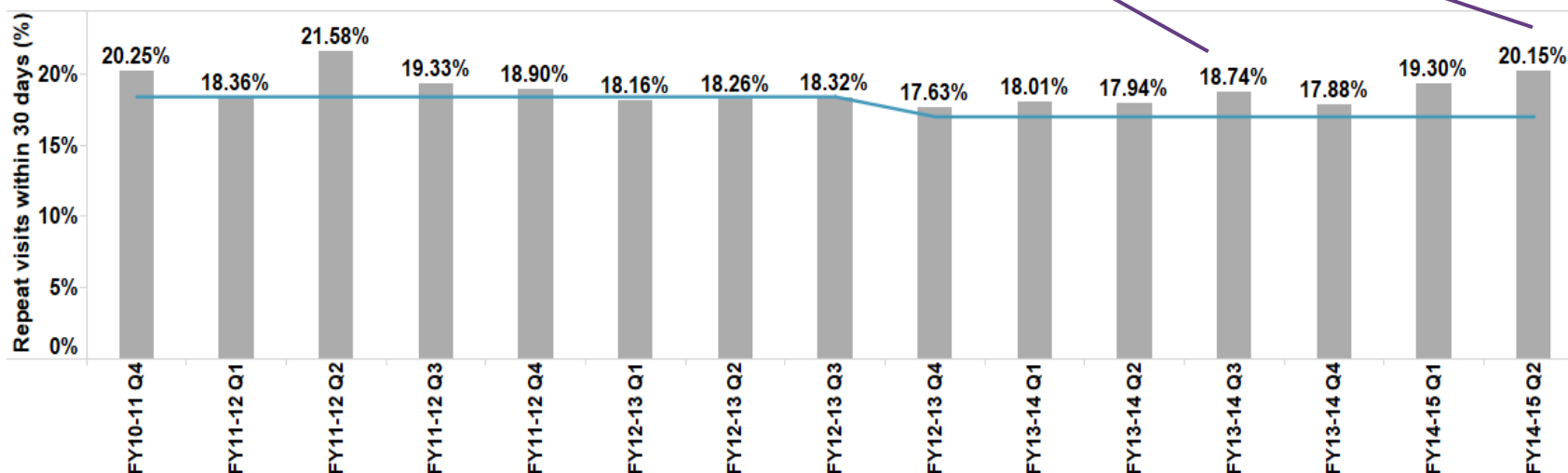
**What is measured:** Repeat emergency visits (for either a mental health or substance abuse condition) following a visit for a mental health condition within 30 days. This indicator is presented as a proportion of all mental health emergency visits, and attempts to indirectly measure the availability and quality of community services for patients with mental health conditions.

**Interpretation:** Lower is more favourable

**Current HNHB LHIN Target:** 17.00%

HNHB LHIN MHA Advisory Group established strategic priorities

Early Intervention is a strategic priority for the HNHB LHIN



Blue line = Annual HNHB LHIN Target

- MLPA Indicator: Provincial Target = TBD, Provincial Performance = 19.95% (Q2 2014-15)
- New reporting period methodology was introduced in June 2013. In order to provide more timely results, for each quarter index cases are taken from the last 30 days of the previous quarter and the first two months of the reporting quarter. Historic data has been updated with this methodology.
- Suspect that transfers between emergency departments and mental health ambulatory care units are being counted as re-visits, resulting in an increase in calculated revisit rates – currently investigating this methodology with Health Analytics Branch of MOHLTC
- Recent community investment funding will include expanded Mobile Rapid Response Teams in three zones across our LHIN in conjunction with police services, specialized training to enhance clinical skills for individuals with complex mental health needs who are high users of emergency services. Implementation of a LHIN-wide Early Intervention service delivery model and a Concurrent Disorders Capacity Building Initiative will be implemented to improve system capacity for complex high cost/ high users to further reduce repeat ER Performance indicators that will measure the impact of strategic initiatives and priorities on repeat ER visits for both mental health and substance use.

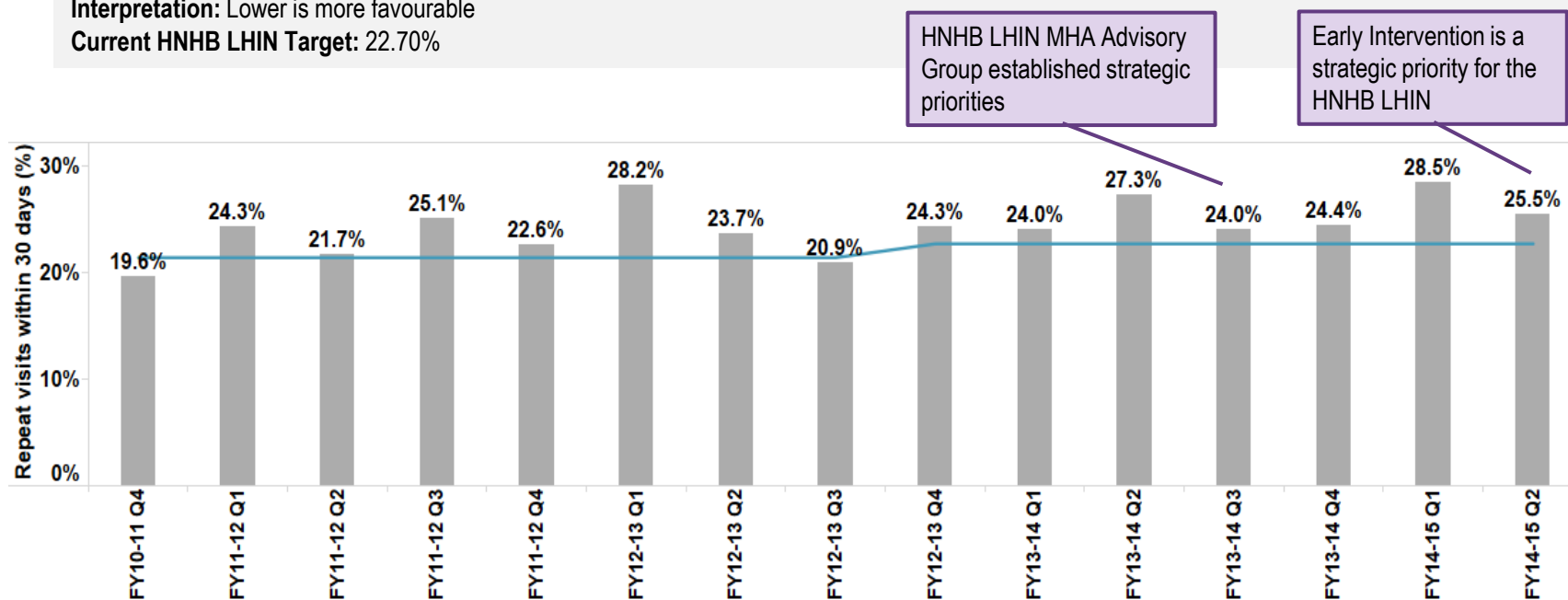
# Repeat Unscheduled ER Visits for Substance Abuse

**Indicator: Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions**

**What is measured:** Repeat emergency visits (for either a mental health or substance abuse condition) following a visit for a substance abuse condition within 30 days. This indicator is presented as a proportion of all substance abuse emergency visits, and attempts to indirectly measure the availability and quality of community services for patients with substance abuse conditions.

**Interpretation:** Lower is more favourable

**Current HNHB LHIN Target:** 22.70%



Blue line = Annual HNHB LHIN Target

- MLPA Indicator: Provincial Target = TBD, Provincial Performance = 31.71% (Q2 2014-15)
- New reporting period methodology was introduced in June 2013. In order to provide more timely results, for each quarter index cases are taken from the last 30 days of the previous quarter and the first two months of the reporting quarter. Historic data has been updated with this methodology.
- Suspect that transfers between emergency departments and mental health ambulatory care units are being counted as re-visits, resulting in an increase in calculated revisit rates – currently investigating this methodology with Health Analytics Branch of MOHLTC.
- Recent community investment funding will include expanded Mobile Rapid Response Teams in three zones across our LHIN in conjunction with police services, specialized training to enhance clinical skills for individuals with complex mental health needs who are high users of emergency services. Implementation of a LHIN-wide Early Intervention service delivery model and a Concurrent Disorders Capacity Building Initiative will be implemented to improve system capacity for complex high cost/ high users to further reduce repeat ER Performance indicators that will measure the impact of strategic initiatives and priorities on repeat ER visits for both mental health and substance use.

# Improvement Highlights

- Wait times for cataract surgeries have been reduced by 63 days (24.8%)\*
- Patients wait on average 124 fewer days for hip replacement and 158 fewer days for a knee replacement\*- an improvement of 29.8% and 35.1% respectively
- Wait times for MRI have been cut by 46 days (37.1%) and CT wait times cut by 37 days (46.8%)\*
- Percentage of ALC days has been reduced by over 18%\*\*
- ER LOS for admitted patients has been reduced by over 10 hours\*\*\*

*\* baseline 2005; \*\*baseline 2009; \*\*\*baseline 2008*

