Champlain LHIN | RLISS de Champlain

Driving Performance:

Champlain LHIN 2015/16 First Quarter Report

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Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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Synopsis: Measuring Our Progress

The Champlain LHIN has made great strides to improve health services in its region. This progress has been noted in different areas of health care - in hospitals, in the community, and at home. In previous years, the Ontario Ministry of Health and Long-Term Care set performance targets specifically for our region on 15 LHIN indicators. In 2014-15 we achieved nine of those targets. In fact, the Champlain LHIN ranked at the top of all LHINs last year, both in terms of number of targets met and year-over-year improvements. For example:

- People in Champlain are now waiting almost half as much time to get their hip or knee replacement compared to four years ago (92 days rather than 174 days), thanks in part to a more coordinated intake process.
- Roughly 90 fewer people on a daily basis are waiting in hospital for a more appropriate level of care in the region as a result of increasing health services in the community and improving discharge practices and linkages.

Now the bar is being raised. This year, for the first time, the provincial government has standardized performance measures for 14 indicators across all LHINs, requiring them all to meet the same tough targets. Local circumstances no longer factor into the targets. The aim is to make sure everyone receives the same quality care, no matter where they live in Ontario.

Because of this change, whereas previously the Champlain LHIN was meeting the majority of its targets (averaged across all targets, a 92 per cent achievement rate), it now has an 80 per cent achievement rate. This does not mean that things have deteriorated. People are still benefitting from the same quality of care today as they were yesterday. It does mean that we need to build on the progress we have made and continue to improve. We owe it to our community to not rest on our successes to date. We are well on our way. For many of the indicators, we are close to the goal and have demonstrated steady improvement over time.

The performance of the health system in the Champlain region is a shared responsibility, and various partners play unique and important roles. The Ontario government determines overall priorities and funding. The Champlain LHIN plans, integrates and funds specific health services in a geographic area. Health providers deliver care. With assistance from health professionals and programs, citizens try to stay as healthy as possible.

We at the Champlain LHIN understand our responsibility in promoting individual health and in building healthier communities. We're developing and implementing strategies with a true impact on patient and client care, and making sure every dollar spent returns value.

Measuring our progress tells us where to focus, helps us correct course, and allows us to get the job done. This will be a journey and we will continue to report on our progress through future quarterly reports.

Introduction

In addition to hearing from people that use and provide health care services in our region, the Champlain LHIN Board requires detailed and objective data to take the pulse of our health system. Do people have timely, equitable access to the care they need? Do our health services provide good value? Do we have high quality, appropriate care? Is the patient's experience what it should be? Performance data help to answer those questions and identify specific areas for action.

In 2015 Champlain LHIN's year-over-year performance improved in 67% of its indicators.

The public and governmentexpect higher performance while needs are growing and funding has slowed.

The LHIN has reported on performance since its inception. This report takes the reporting one step further, including additional details and information presented in a new way. It quantifies in clear, simple terms how close or far away our performance targets are and outlines the strategies to meet them. The report also outlines the challenges of meeting higher standards in the context of funding restraint and an aging population with growing needs.

The LHIN produces a detailed report on key performance indicators each quarter. Fourteen of them are set out in the LHIN's formal Accountability Agreement with the Ministry of Health and Long Term Care. Others are determined locally by the LHIN Board, based on the specific needs and priorities of Champlain residents. This quarter's report focuses on the 14 accountability indicators. A list of these indicators is provided on p.9 of this report. Furthermore, detailed information for all of the indicators, including technical definitions, performance data, key drivers and LHIN's strategies are available in the technical report, here. (*hyperlink*)

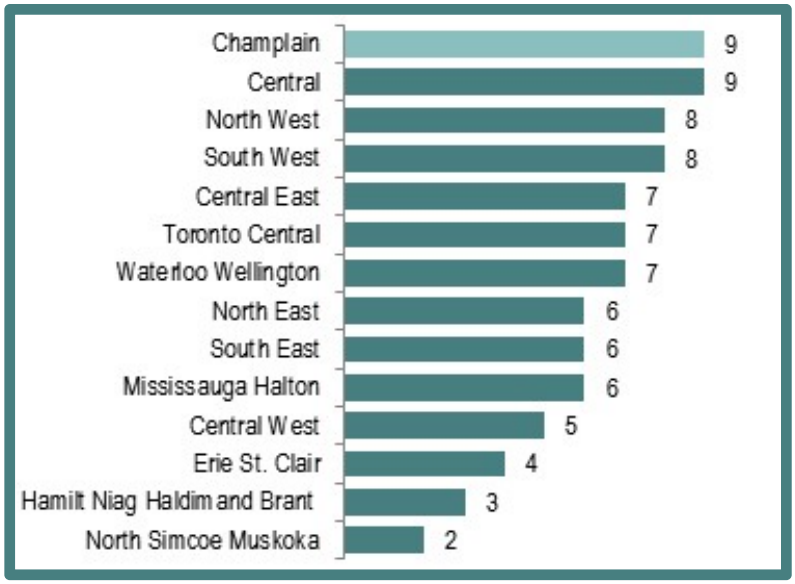
Champlain has a strong record of performance improvement and is a top performer

At the end of the 2014-15 fiscal year (March 31, 2015), the Champlain region's performance - as measured by 15 indicators in the accountability agreement with the province - was among the best in the Ontario. The Champlain LHIN was ranked at the top both in terms of how many of its local targets it had met and year-over-year improvements. In fact, the Champlain LHIN had fully attained 9 of the 15 targets contained in its accountability agreement

Three years ago Champlain was only meeting three of fifteen targets and ranked 12th among LHINs. By March 2015, it was meeting 9 targets and was among the top LHINs.

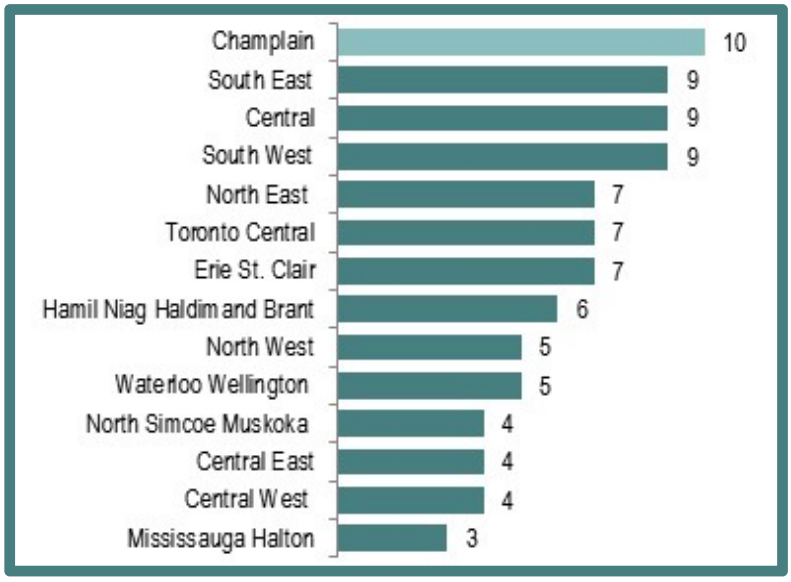
with the Ministry and for 10 indicators, performance had improved from the previous year. Looking back further, in 2011-12, the Champlain LHIN meet 3 of its 15 targets and was ranked 12th overall among LHINs. In fact, the improvement trend is a long one, dating back to the origin of the LHIN.

Number of targets met (out of 15) by end of 2014-15*



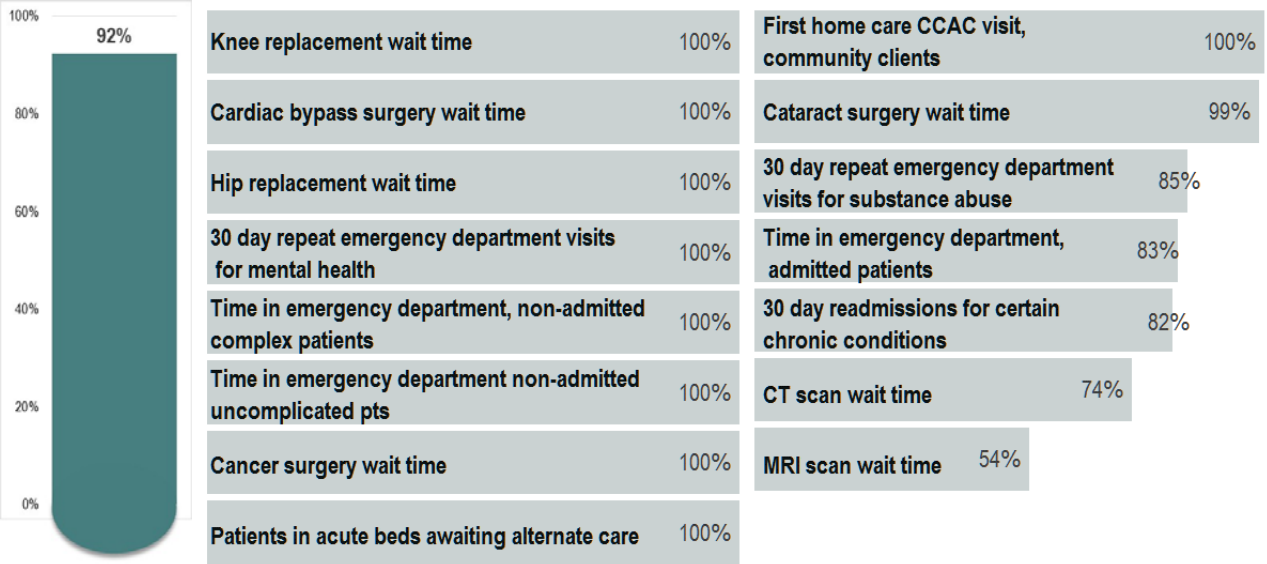
*Based on LHIN-specific targets

Number of targets that improved year-over-year to March 2015 (out of 15)



The counts in those graphs tell only part of the story. They illustrate how far the LHIN has come but they don't give a sense of how much road was still ahead. To provide that, a 'percent

achievement' was calculated for each indicator. If a target was, for example, 50, and Champlain was only at 35, that indicator was considered to be 70% achieved. Details of the calculation are



described in Appendix B. When averaged across 14 indicators, Champlain was **92%** of the way to meeting the targets, overall, by March 2015.

The targets for MRI and CT scan wait times were the furthest away, dragging down the average. As a point of comparison, during the same period, the other LHINs ranged from 78% to 95% achievement of their local targets.

Although improving performance and meeting targets involved different strategies depending on the indicators, there were a number of common factors that contributed to success. See "Success Factors" box.

Success Factors

- Listening to and engaging with patients
- Shifting from organizational views to patient-centred system view and a shared sense of accountability for regional performance with key organizational partners.
- Mobilization and leadership of health service provider CEOs and Boards of Directors.
- Concerted, persistent efforts, often over years.
- Investment in new and expanded services
- Strategic investments to innovate and improve processes

Example 1: Hip and knee replacement wait times

Waiting longer than necessary for needed surgery can have serious impacts on quality of life. In April 2011, the average wait for hip and knee replacements was 174 days, counting from the day surgery was recommended by a medical professional. By March 2015, the wait had dropped, almost in half to 92 days. The improvement came about thanks to heightened awareness with regular reporting, focused CEO-level efforts, a central intake and triage system, allied health professional-led assessment clinics to ensure only those that are good candidates for

surgery were assessed by surgeons, and additional funded volumes. The biggest impact came when hospitals worked together to make it easy for patients to switch to surgeons with shorter waits if they wished.

Example 2: Patients awaiting alternate level of care

In 2010-11, on an average day, 324 people were waiting in an acute hospital bed for more appropriate care. They might have been waiting for rehabilitation services, convalescent care, enhanced home care or long term care. Although they were ready, the service they needed wasn't available. By 2014-15, the number of people waiting on an average day had dropped by 89 (27%) to 235. More people were getting access to the care they really needed.

By 2014-15, 27% fewer people in acute care beds were awaiting alternate levels of care compared with 2010-11.

The consequences of waiting

Waiting in an acute care bed for more appropriate care impacts the individual in the bed as well as other people. The person in the bed is not cared for in the most appropriate location which can affect his or her quality of life, and overall health and wellness. In addition, other people who need access to the bed may have to wait in the emergency department. That in turn may impact waits for other people in the emergency department —a domino effect.

The Champlain LHIN achieved this through a multi-pronged approach, including:

- The implementation of the "Home First" philosophy —a shift in thinking where the focus is on getting patients home and not assuming that a long-term-care home is the only option. Once home with proper supports (e.g. nursing, personal support, adult day programs, assisted living), patients and families can determine the best options for the future.
- Enhanced home care capacity
- Enhanced convalescent care capacity
- Enhanced assisted living services
- Better linkages across different parts of the health system
- Improved discharge planning practices

How we measure performance has changed and expectations are higher

The new Ministry LHIN agreement starts April 1, 2015, though at the time of writing, has not yet been finalized and signed off. The three year (2015-2018) agreement contains 14 indicators that measure aspects of the health system's performance. Some relate to how long people wait for

home care, surgical procedures, diagnostic imaging, and treatment in the emergency department. Others reflect how well different parts of the health system are working together as measured by hospital readmissions, repeat visits to the emergency department for mental health and substance abuse and patients in hospital waiting for more appropriate (alternate levels of) care.

Both the indicators and targets have changed compared with the previous Ministry-LHIN agreement.

- Three indicators are new.
- Six indicators have revised calculation methods. In one case two indicators were combined to one.
- Five indicators are unchanged
- Three indicators were changed from ‘performance’ to ‘monitoring’ status, meaning that the LHIN’s performance is no longer measured against them but they are still monitored to identify issues and need for corrective action when necessary.

In the past, performance targets were set independently for each LHIN, recognizing local circumstances and that all LHINs were not starting from the same place. For example, if a particular part of the province had fewer MRI machines available, the wait-time target for this diagnostic test might have been set higher than for a region with more machines. The new agreement no longer includes different targets for each LHIN. For the first time, all LHINs share the same targets. The new LHIN targets are based on a combination of best practice, expert clinical opinion, current performance variation across the province, and a collective determination to significantly improve health system performance for all.

New and old indicators and targets are listed in appendix A, including details on what has changed.

Given that LHINs have done a lot to drive improvements in performance since their inception, targets have been set to a higher standard than before. The new provincial targets affirm the shared expectation that Ontarians have access timely, high-quality service wherever they live.

Understanding Our Current Performance

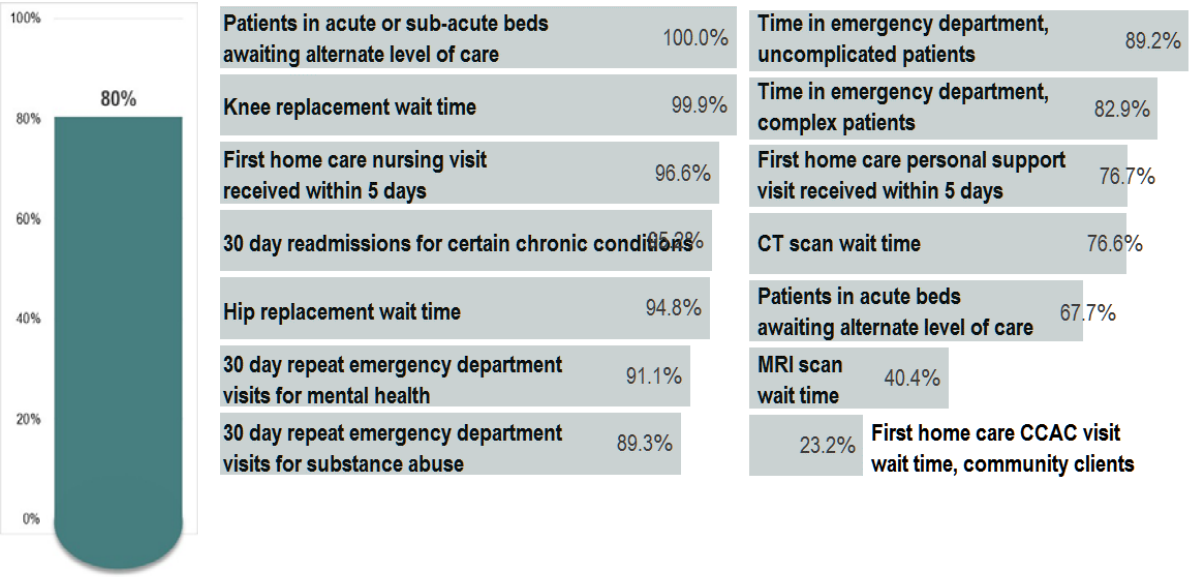
At the end of March 2015, the Champlain LHIN was meeting nine of the targets that had been set for our region. At the end of June 2015, the LHIN was meeting one of the 14 new targets. A similar trend is seen across the province.

It is very important to understand that the quality of care offered to people using health services in our region has not changed. The new targets simply mean that we have to continue to improve health services now that our region has achieved a certain level of performance. In other words, we can’t simply be content with the progress we have made to date and stop there. We owe it to the people of our region to continue to drive improvements over time.

Champlain is continuing to improve

Although, averaged across the 14 performance targets, Champlain LHIN has an 80% achievement score, the LHIN is only fully meeting one of the 14 new provincial targets. However, several others are within reach. The 'percent achievement' measure, described above, lets us see just how 'in reach' they are.

Progress to targets



Looking at historical performance in the Champlain LHIN, average achievement of the new targets ranges from 77% to 83% (over the last eight quarters) and is close to the all-LHINs' current average of 81% (range: 70-89%). Looked at indicator-by-indicator, Champlain is a top performer on 4 indicators and in the middle of the group for 4 (see Appendix A).

What explains our performance gaps and what are we doing about them?

The performance gap is the percent of the new targets that is not being achieved (or the "distance from the target"). On average, the LHIN is achieving 80% of the new targets, so the performance gap is 20%. In the Champlain LHIN, the drivers for the gaps vary by metric and fall into 2 broad categories: 1) issues related to processes or efficiencies, and 2) availability of services when demand for a service outstrips its supply. Appendix A provides a summary of the performance and drivers for each of the metrics.

Achievement of the new provincial targets is a priority for action over the next three years. It will require enhancing efforts to address the performance drivers and building on past successes, such

as those described earlier in this report. In the situations where volume is the key driver, further analysis is required to determine if demand is appropriate and if there are opportunities to realign existing resources (re-invest) to close or narrow the volume gaps.

The LHIN is dedicated to meeting the new performance targets for the people of Champlain

Our performance will continue to directly inform our priorities and investments

Achieving the new provincial targets will require effort on the part of all health service providers as well as the LHIN. Once the LHIN's new performance agreement is signed with the Ministry, the LHIN will cascade the regional targets to the providers. At the moment, the LHIN's agreements with providers reflect the previous way of establishing targets at the LHIN level.

A number of key strategies are being implemented to address the performance gaps. For example, the Champlain LHIN is:

- Expanding services (e.g. community support, mental health services, addictions treatment)
- Connecting providers (through Health Links care coordination for complex patients, eConsultation, telehealth)
- Working with providers to implement best practices (Quality Based Procedures, improving hospital-primary care handoffs)
- Testing innovative models of care
- Changing how services are delivered (e.g. more in the home)
- Reducing inefficiency (e.g. fewer duplicate assessments and tests, shared systems and tools)

Some areas of performance are well in hand while others require additional attention and investment. With higher standards in place, most targets are now further away.

The Champlain LHIN is currently achieving 90% to 100% for 6 new targets and 80% to 89% for 3 others. However, it is achieving less that 80% of the new target for 5 of the new metrics. Achieving the targets for the 5 metrics poses the greatest challenge and the highest risk of not meeting performance expectations. The table below provides an assessment of the performance for each of these indicators.

Indicator	Performance Assessment and Strategies for Improvement
1st CCAC home visit, community clients, 90th percentile wait	Improving the intake processes for home care services is very important to improving performance. This will be achieved by introducing quicker assessments of clients through a variety of process improvements. Through significant investments in home and community support programs, the wait list for service has currently been eliminated and demand for service is being met. The first quarter's results on this indicator have been impacted by the accumulation of days of individuals that had previously been on a wait list for service. It is expected that performance will improve now that individuals with long waits are receiving services. Further analysis is required to determine whether additional investments will be required over time to ensure that available service volumes continue to match changing and growing client needs.
MRI scan cases completed within target period	Requests for MRI scans currently exceeds the number of funded scans. Work continues on process improvements such as appointment booking and redirecting services from sites with longer wait times to those with shorter wait times. From the volume perspective, there is work underway to evaluate the appropriateness of requests and the extent to which the number of requests could be reduced. Other considerations related to volume are: • All hospitals in the LHIN are meeting expectations for productivity and efficiency in MRI scans • While a new MRI machine opened in the fall of 2015, this machine only added 3% to the LHIN's overall capacity for MRI scans • Budget constraints mean that some local hospitals are scaling back MRI service volumes to match funding levels The more urgent MRI scans are being completed within expected timelines. It will be challenging, without adding additional funding for additional hours of operation of MRI scanners, to achieve targets for less urgent scans.
Patients in acute beds awaiting	High patient volumes in acute hospitals in the region make it difficult to maintain and improve flow. A multitude of initiatives are in place to improve flow of patients out of hospital beds by improving the capacity

alternate levels of care	in the community. Work is also underway to ensure all hospitals in the Champlain region are sustaining the improvements made to ALC rates through adoption of a Home First philosophy and approach. In some instances, re-education of hospital staff and physicians and re-examination of discharge planning processes is required. A regional plan is now being developed to review the availability and type of post-hospital beds ("sub-acute") to see how these resources could be best used to assist in transitioning patients back to the community.
CT scan cases completed within target period	A number of measures have been implemented to improve efficiency and improve access to CT scans. All hospital sites are providing these services efficiently. The number of requests and the wait list for CT scans continues to grow. Hospitals are transferring patients from sites with long wait times to those with shorter wait times to mitigate some of the access issues. The ability to achieve the performance target for this indicator will be dependent in part on the availability of additional CT scans. Work is underway to assess resource requirements against increasing demand.
% receiving home care personal support services within 5 days	Improving the intake processes for personal support services is very important to improving performance for this indicator. This will be achieved by introducing quicker assessments of clients through a variety of process improvements. Through investments, the wait list for personal support services was recently eliminated. There is however a growing demand for personal support services and client accessing these services through the CCAC are increasingly complex and therefore require more of this service. Additional analysis is required to determine whether additional investments are required to meet this growing demand and changing client need.

Of the five indicators listed above that present the greatest risk of not meeting performance expectations, three are of particular concern: the two related to home care services; and the one related to alternate level of care. If patients wait too long for home care services, they risk placing additional burden on their families and caregivers, risk injury or adverse events, and risk visiting emergency departments or admissions to hospitals because of an inability to manage at home. Waiting too long in a hospital bed to be discharged to an alternate setting can affect an individual's health and well-being and puts undue strain on hospital resources. Improving performance on these indicators will remain a top priority for the Champlain LHIN.

Closing the performance gaps - the Champlain LHIN is looking ahead

The Champlain LHIN made significant improvements to achieve and surpass its previous targets in the past. We are now working to achieve and surpass our new targets. It is the right thing to do for the people of Champlain. Although some are more urgent than others and some more challenging, the LHIN is working to achieve all of the targets. Strategies are already in place and new ones are being developed. In addition to the strategies for improvement listed in the previous section, details of the actions currently being taken to close the performance gaps for each of the accountability indicators can be found in the technical document. This is a journey and we will continue to report on our progress through future quarterly reports.

Appendix A: Champlain LHIN Performance by Metric

Indicator	2015-16 target	Current performance	Current performance (% of 14/15 target achieved)	Current Performance (% of 15/16 target achieved)	Champlain 2015/16 Performance Among LHINs (by Quartile)	What changed between 2014/15 & 2015/16?	Performance Drivers? Related to availability of services relative to demand	Performance Drivers? Related to processes or efficiencies
1st CCAC home visit, community clients, 90th percentile wait	21 days	90.5 days	72.9%	23.2%	Lower Quartile	Target based on local circumstances replaced with provincial target.	√	√
% Receiving personal support services within 5 days	95%	72.8%	NA	76.7%	Lower Quartile	New indicator	√	√
% Receiving nursing services within 5 days	95%	91.8%	NA	96.6%	Lower Quartile	New indicator		√
Patients in acute beds awaiting alternate levels of care	9.46%	14.0%	96.5%	67.7%	Top Performer	Target based on local circumstances replaced with provincial target.	√	√
Patients in acute or sub-acute beds awaiting alternate care	12.7%	11.9%	NA	100.0%	Middle of the Group	New indicator	√	√
Time in emergency department, complex patients, 90th percentile	8 hours	9.65 hrs	91.5%	82.9%	Lower Quartile	Two previous indicators combined to one, new provincial target	√	√
Time in emergency department, non-admitted non complex patients, 90th percentile	4 hours	4.48 hrs	100.0%	89.2%	Lower Quartile	Target based on local circumstances replaced with provincial target.	√	√
30 day readmissions for certain chronic conditions	15.5%	16.3%	82.0%	95.2%	Middle of the Group	Calculation methodology changed, new provincial target.		√
30 day repeat emergency department visits for substance abuse	22.4%	25.1%	85.0%	89.3%	Top Performer	Target based on local circumstances replaced with provincial target.		√
30 day repeat emergency department visits for mental health	16.3%	17.9%	100.0%	91.1%	Middle of the Group	Target based on local circumstances replaced with provincial target.	√	√
CT scan cases completed within target period	90%	68.9%	74.0%	76.6%	Lower Quartile	Calculation methodology changed, new provincial target.	√	√
MRI scan cases completed within target period	90%	36.4%	54.0%	40.4%	Middle of the Group	Calculation methodology changed, new provincial target.	√	√
Hip replacement cases completed within target period	90%	85.3%	100.0%	94.8%	Top Performer	Calculation methodology changed, new provincial target.		√
Knee replacement cases completed within target period	90%	89.9%	100.0%	99.9%	Top Performer	Calculation methodology changed, new provincial target.		√
Cardiac bypass surgery cases completed within target period	N/A	82.5%	90.9%	NA	Lower Quartile	Switched to 'monitoring' status because well in hand provincially		√
Cancer surgery wait time	N/A	88.7%	98.5%	NA	Top Performer	Switched to 'monitoring' status because well in hand provincially		√
Cataract surgery wait time	N/A	92.1%	100.0%	NA	Lower Quartile	Switched to 'monitoring' status because well in hand provincially		√
Average			**92%**	**80%**				

Appendix B: Percent of target achieved calculation

Looking simply at whether targets were met or not met provides an incomplete understanding of performance. Some targets might be very close to being achieved while others are further off. To provide better insight, the new "percent of target achieved" notion was developed. Averaging the measure across all indicators provides one single number that summarizes, at a glance, how far the LHIN is from achieving all of its targets. While this makes reporting simple, it does mask some complexity:

1. Improving by 10% on one indicator may represent much more effort than 10% on another.

2. Being 10% away from one target may have much more substantial impacts on patients and the system than being 10% from another.

3. The calculation for indicators where a higher number indicates better performance, such as the percentage of knee replacements that is completed within 182 days is straightforward and linear. This is calculated by taking current performance divided by the target.

   The calculation for indicators where lower number indicates better performance, such as the percentage of readmissions is calculated by taking the target and dividing it by the current performance. This represents a non-linear relationship between change and change in performance in the percent of target achieved (i.e. the thermometer). In other words, as one gets closer to the target, for the indicators where a lower number signals better performance, a smaller change in absolute terms is required to move the thermometer by one percent. Notably, this pattern is consistent with experience as often the last few steps toward a target tend to be the most difficult ones.

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