Champlain LHIN | RLISS de Champlain

Measuring Performance:

Champlain LHIN 2015/16 Second Quarter Report

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

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Executive Summary: Measuring Our Progress

This document provides an analysis of the Champlain LHIN's performance over the second quarter of 2015/16 as measured by 14 performance indicators contained in the LHIN's accountability agreement with the Ministry of Health and Long Term Care. As of April 1st, 2015, the Ministry introduced changes to the performance indicators and set common performance targets for all LHINs in the province. The more aggressive targets reflect a commitment to build on progress made to date and a desire to ensure equity in access to services for all Ontarians.

A key challenge in the health system relates to patient flow. When patients complete their treatment in hospital, there are times when they cannot be discharged home because services are not available in the community or there are delays in accessing post-hospital services. As a result, patients wait unnecessarily. Not only does this create a negative experience for patients, it also uses up scarce health-care dollars. This has led the Champlain LHIN to make a concerted effort to reduce the number of patients waiting in hospital for an alternate level of care. For example, the LHIN introduced the Home First approach, added assisted-living services and ensured that rehabilitative beds were used as efficiently as possible. Now, progress is occurring on this important metric. Compared to last quarter, we are getting closer to the 'Alternative Level of Care' target: We are currently 74% of the way to achieving the target compared to 68% last quarter.

While overall performance over the second quarter of 2015-16 dipped slightly from the previous quarter (from an average of 80% across all indicators to 78%), the Champlain LHIN improved on several targets compared to the same quarter last year. These include hip and knee replacements and time spent in the emergency room for complex and non-admitted non-complex patients.

Ongoing efforts are required on other indicators. Most concerning is the 30-day repeat emergency department visit for substance abuse. Although Champlain is performing better than the provincial average, the quarter-over-quarter status on this indicator has worsened despite important investments in additional services. Since 2013, the LHIN has increased annual funding by more than $9 million to improve services for persons with mental health and substance abuse problems and decrease the mental health and substance abuse emergency department re-visit rates. During the reporting period, there were three new substance abuse initiatives that progressed to the implementation stage (first year of a new service). These new initiatives will take approximately a year to reach full effect and achieve the target.

Reducing the time to receive a MRI scan in our region continues to be a challenge**.** Performance continues to decline because demand exceeds the available capacity. The LHIN has worked extensively with regional providers and has addressed issues such as data quality and efficiency. Ongoing work to manage demand and improve work flow will mitigate further deterioration to some extent, however these strategies will not suffice to achieve the target. Achieving the target will require additional funding for more hours of service. If new funding is not available, the LHIN will need to consider whether it will reallocate existing funding to perform more MRI scans while assessing the impact of this reallocation on other services.

Home care services continue to be provided to a large and growing number of clients. The decline in the home care wait time performance this quarter is due to the effort to clear the wait list. Clients who are currently waiting are not included in the metric, they are only included once they receive services. Consequently, those clients who have experienced an extended wait time, are now receiving services. This is a very good news for clients, however the accumulated wait times are now having a negative impact on the metric. The measurement of the performance on this metric is expected to reflect the much improved access over the next 2 quarters.

Introduction

To foster a high performing health system, the Champlain LHIN relies on information from the people that use the health care system, those that provide services and detailed and objective data. 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.

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

This report quantifies in clear, simple terms how close or far away from our performance targets the LHIN is and outlines some of 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 the indicators 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 that were set in consultation with people who use or provide health care services. This report focuses on the 14 accountability indicators contained in the LHIN's accountability agreement with the Ministry of Health. These indicators are listed in Appendix A. Furthermore, detailed information for all of the indicators, including performance data, key drivers and LHIN's strategies are available in a technical report which is a companion to this report, here.

The three-year (2015-2018) Accountability Agreement contains 14 performance 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 this year, the targets reflect increased performance expectations for quality and access and are more challenging compared with the previous Ministry-LHIN agreement. Our LHIN is planning strategies to achieve these targets within a few months in some cases but, for others, it will take the 3-year term of the agreement depending on how close we are to achieving the target and the strategies required to improve performance. It takes time to plan and implement changes to the health care system and for those changes to be demonstrated in the indicators.

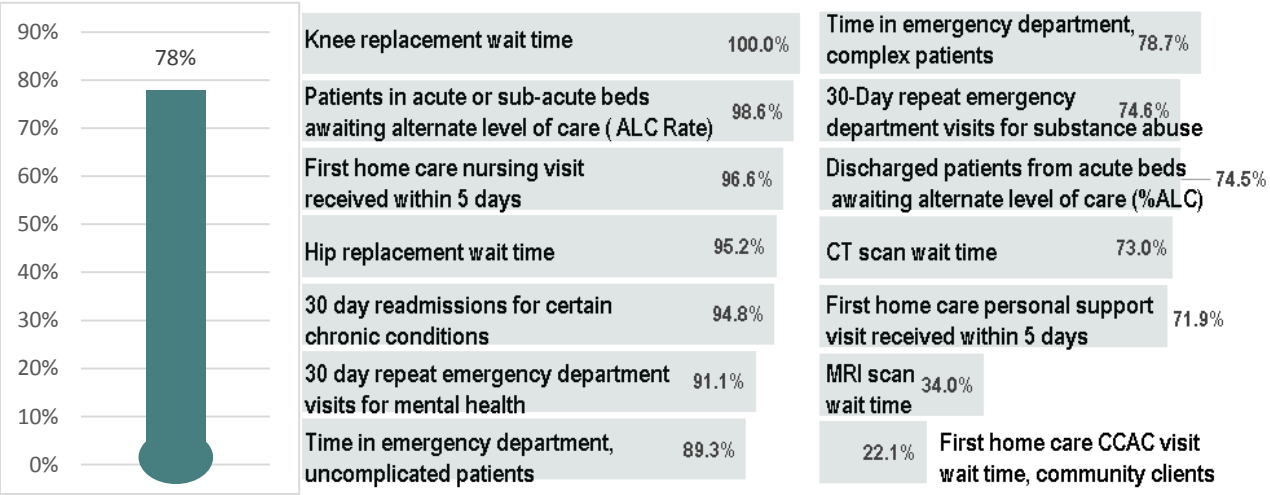
Performance Results

Understanding Our Current Performance

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 to let us see just how close we are to achieving the target. For example, if the target is 90% and the current performance is 45%, then we have met 50% of the target. 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.

As of the second quarter of 2015-16, the Champlain LHIN, on average, performance was 78% of the way to achieving our new targets (see Figure 1). This quarter's 'thermometer reading' is similar to the previous quarter (80%) and to how the other LHINs in the province are currently performing. While the LHIN is achieving 100% of only one of the 14 new provincial targets, several others are within reach.

Figure 1 –Champlain LHIN Percent of Target Achievement

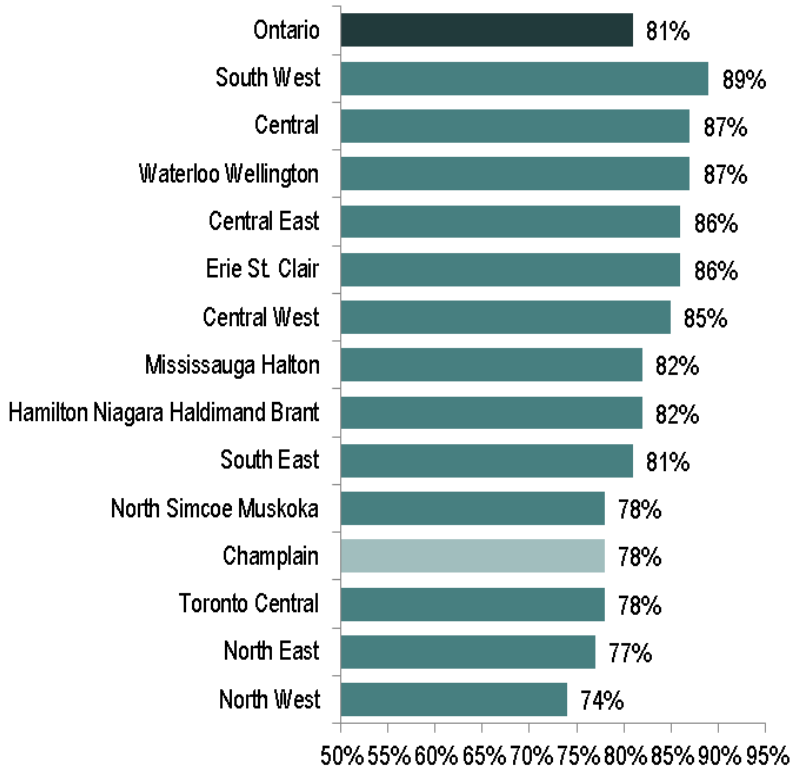


Historically average achievement of the new targets in the Champlain LHIN has ranged from 74% to 89% (over the last eight quarters).

Comparisons with Other LHINs

Across the province, performance on accountability indicators has declined slightly in comparison to last quarter. For the second quarter of 2015-16, the other LHINs' 'thermometer readings' ranged from 74% to 89% averaging 81%, similar to the first quarter average of 81% with a range of 74-89% (See Figure 2).

Figure 2 –Percent of Target Met Averaged Across 14 Indicators, by LHIN



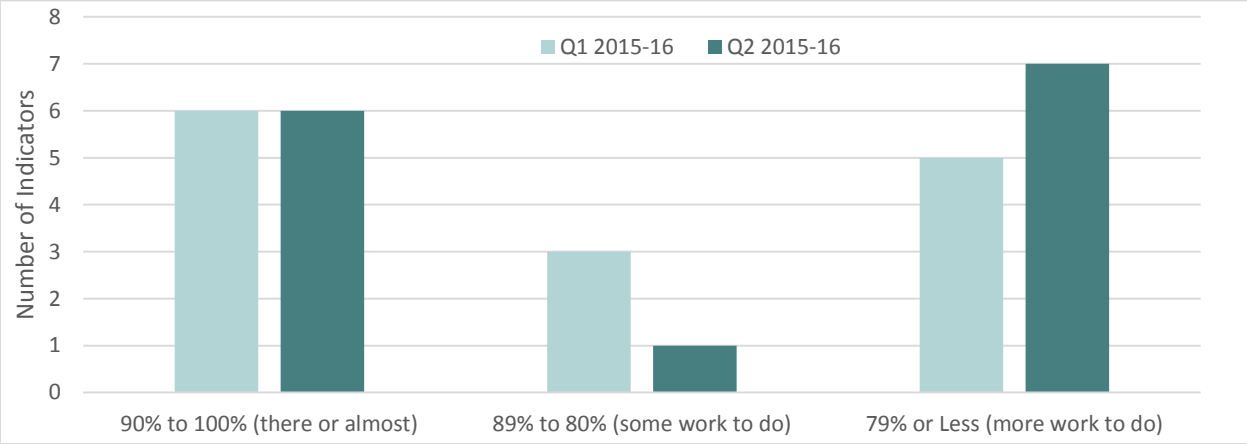
The Champlain LHIN was a top performer at the end of last fiscal year. The change in our ranking is largely the result of the new indicator and target regime that has been put in place.

The range of achievement of target ranges from 1% improvement to -2% decline across all of the LHINs relative to the previous quarter. The average across Ontario is -0.3% .

Trends in Performance Results

The ranges for the second quarter achievement for the 14 accountability indicators compared to the previous quarter are as follows in Figure 3. This figure shows how close we are to meeting targets. In this quarter there are 2 indicators that moved from the 80-89% range down to the 79% and below range.

Figure 3 – Champlain LHIN Performance Range and Number of Targets Achieved (How close are we to targets?)



On average, the percent of target met in Champlain has decreased from 80% to 78% in the most recent quarter compared to the previous quarter. The biggest improvement was for patients in acute beds awaiting alternate level of care (ALC) at 7% closer to the target (See Figure 4).

Figure 4 – Change in Percent of Target Met vs. Previous Quarter, by Indicator (Champlain)

Indicator	Change from Previous Quarter	Q1 2015-16	Q2 2015-16
Patients in acute beds awaiting alternate level of care	7%	68%	74%
30 day repeat emergency department visits for mental health	0%	91%	91%
Knee replacement wait time	0%	100%	100%
First home care nursing visit received within 5 days	0%	97%	96%
Time in emergency department, uncomplicated patients	0%	89%	89%
First home care CCAC visit wait time, community clients	-1%	23%	22%
Hip replacement wait time	-1%	95%	93%
Patients in acute or sub-acute beds awaiting alternate level of care	-1%	100%	99%
30 day readmissions for certain chronic conditions	-3%	95%	92%
CT scan wait time	-4%	77%	73%
Time in emergency department, complex patients	-4%	83%	79%
First home care personal support visit received within 5 days	-5%	77%	72%
MRI scan wait time	-6%	40%	34%
30 day repeat emergency department visits for substance abuse	-15%	89%	75%
Average	**-2%**	**80%**	**78%**

The changes range from a 7% improvement for patients in acute beds awaiting alternate care to a 15% decline for 30 day repeat visits for substance abuse (see Figure 4).

Note: See Appendix A for the data's reporting period, which varies for each indicator.

Performance on many indicators is based on inter-related parts of the health care system. For example availability of primary care services and home care services in the community can impact emergency room wait times because if people are not able to see their doctor quickly, they may go to be seen in emergency departments and there can be difficulties returning patients to the community.

Some indicators have seasonal variation that makes it more difficult to achieve targets at certain times of the year. For example, the winter months bring flu season and this can increase the number of patients seen in hospital and impact emergency department wait times. Thus it can be informative to look at trends in previous years compared to the same time of year. In comparison to the same quarter one year ago we have improved on 5 indicators (See Figure 5):

Figure 5 – Change in Percent of Target Met vs. Previous Year, by Indicator (Champlain)

	Change From 1 Year Previous	Q2 2014-15	Q2 2015-16
Knee replacement cases completed within target period	9%	92%	100%
Hip replacement cases completed within target period	6%	87%	93%
Time in emergency department, complex patients, 90th percentile	4%	74%	79%
Time in emergency department, non-admitted non-complex patients, 90th	4%	85%	89%
30 day repeat emergency department visits for mental health	1%	90%	91%
% Receiving nursing services within 5 days	0%	97%	96%
Patients in acute or sub-acute beds awaiting alternate care (ALC Rate)	-1%	100%	99%
30 day readmissions for certain chronic conditions	-5%	97%	92%
30 day repeat emergency department visits for substance abuse	-10%	85%	75%
MRI scan cases completed within target period	-13%	47%	34%
Patients in acute beds awaiting alternate levels of care (% ALC)	-15%	89%	74%
1st CCAC home visit, community clients, 90th percentile wait	-15%	38%	22%
% Receiving personal support services within 5 days	-17%	89%	72%
CT scan cases completed within target period	-24%	97%	73%
Average	**-5%**	**83%**	**78%**

Note: See Appendix A for the data's reporting period, which varies for each indicator.

Other issues that can impact performance include:

- Wide fluctuations from quarter to quarter because of the small overall number of patients involved (e.g. 30 day repeat emergency department visits for substance abuse) which means that a small number of patients can have a big impact on percentages.
- Capacity issues with increasing demand (e.g. MRI wait time).
- Data collection methodologies can affect performance. For example there can be a temporary decline in performance for measures related to wait lists because clients are only included in the measure once they receive their first service (e.g. 90th percentile wait for first home care personal visit). When large numbers of patients receive services who have been waiting, the measure may decline temporarily.

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

The indicators where there is greatest concern either because percent of target achieved is low or there has been a significant decline in performance in comparison with the previous quarter and the previous year are:

30-day repeat emergency department visit for substance abuse: Although Champlain is better than the provincial average, the worsening quarter-over-quarter status on this indicator is similar to the trend in nine other LHINs. Provincially performance has also declined compared to both the previous quarter and the previous year due in part to an increase in the overall number of visits for substance abuse (i.e. when initial visits increase, repeat visits also will increase). The rate for this indicator shows frequent swings up and down from quarter to quarter.

Since 2013, the LHIN has increased annual funding by more than $9 million to improve services for persons with mental health and substance abuse problems and decrease the mental health and substance abuse emergency department re-visit rate. These investments have included:

- Targeted Emergency Diversion (TED) for homeless individuals
- Transitional case management focused at the emergency department transition
- Walk-in counselling for people considering a visit to the emergency department

During the reporting period, there were three new substance abuse initiatives that progressed to the implementation stage (first year of a new service). These are:

- The creation of residential stabilization services for women with concurrent disorders who are homeless or at risk of homelessness.
- Creation of a new residential stabilization unit for men with concurrent disorders.
- Expansion of the Targeted Emergency Diversion (TED) program

We expect that improvements stemming from the above noted initiatives will be evident in the reports available in February 2017. At that time we would expect to demonstrate that the provincial target has been met.

MRI wait time: Performance continues to decline because demand exceeds the available capacity. Hospitals' efficiency meets or exceeds provincial target of 1.6 patients being scanned per hour. Hospitals continue to transfer patients to hospitals with shorter wait times. This strategy has reduced the difference between the hospital with the longest wait time and the shortest - now approximately 20 days compared to over 100 days one year ago. More work is currently being undertaken to develop a better approach to referring patients to the site with the shortest wait time from the outset, rather than having to redistribute scans after they have been ordered. Two additional projects focused on referral appropriateness are planned: using an automated tool that helps physicians determine what type of diagnostic test is required and education of primary care physicians. Work is underway at the largest facility in the region to improve processes related to scheduling of patients. The LHIN has worked extensively with regional providers and has addressed issues such as data quality and efficiency. Ongoing work to manage demand and improve work flow will mitigate further deterioration, however these strategies will not suffice to achieve the target. Due to capacity concerns, achieving the target requires additional funding for more hours of service. If increased resources are available, the LHIN could reach half of its target in a year and fully achieve the target the following year. If new funding is not available,

the LHIN will need to consider whether it would reallocate existing funding to perform more MRI scans while assessing the impact of this reallocation on other services.

The LHIN is dedicated to providing high quality services for the people of Champlain

Our performance will continue to directly inform our priorities and investments

1st CCAC home visit, community clients, 90th percentile wait: In the most recent quarter, the CCAC provided services to a large number of clients who had been on the wait list. Clients who are waiting are only included in the calculation of the metric's performance once the client receives services. As a result, performance on this indicator has worsened temporarily but is expected to improve in the near future. It has been a priority for the LHIN and the Champlain CCAC to improve intake processes to better meet this target. The intake process is now averaging 9 days from a high of 42 days. Now that issues related to the intake process have been resolved, our ability to reach the target of 21 days is dependent on the availability of services. As of this quarter, the amount of service available is keeping pace with the demand for service. However, this demand continues to grow and may exceed available resources by the last quarter of the fiscal year, which would mean that patients would have to wait longer to obtain services. The LHIN continues to work with the CCAC to quantify the demand for service and understand how it fluctuates throughout the year.

Additional details on strategies for all of our indicators are available in the technical report, here.

Continuing to Implement Strategies for High Performance

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 build on past successes. 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. Achieving the new provincial targets will require effort on the part of all health service providers as well as the LHIN.

A number of key strategies are being implemented to address the performance gaps. The LHIN is developing a new operational plan for the next 3-year cycle that will identify new opportunities to improve services. 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)
- Improving integration of services (e.g. transitions of care from hospital back to community services)
- Reducing inefficiency (e.g. fewer duplicate or unnecessary assessments and tests, shared systems and tools)

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

Appendix A: Champlain LHIN Performance by Metric

Indicator	Period of the Data*	2015-16 target	Current performance	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
% Receiving personal support services within 5 days	Q1 2015/16	95%	68.3%	71.9%	Lower Quartile	New indicator	√	√
% Receiving nursing services within 5 days	Q1 2015/16	95%	91.5%	96.6%	Lower Quartile	New indicator		√
1st CCAC home visit, community clients, 90th percentile wait	Q1 2015/16	21 days	95 days	22.1%	Lower Quartile	Target based on local circumstances replaced with provincial target.	√	√
Time in emergency department, complex patients, 90th percentile	Q2 2015/16	8 hours	10.2 hours	78.6%	Lower Quartile	Two previous indicators combined to one, new provincial target	√	√
Time in emergency department, non-admitted non complex patients, 90th percentile	Q2 2015/16	4 hours	4.5 hrs	88.9%	Lower Quartile	Target based on local circumstances replaced with provincial target.	√	√
MRI scan cases completed within target period	Q2 2015/16	90%	30.6%	34.0%	Middle of the Group	Calculation methodology changed, new provincial target.	√	√
CT scan cases completed within target period	Q2 2015/16	90%	65.7%	73.0%	Lower Quartile	Calculation methodology changed, new provincial target.	√	√
Hip replacement cases completed within target period	Q2 2015/16	90%	84.1%	93.5%	Middle of the Group	Calculation methodology changed, new provincial target.		√
Knee replacement cases completed within target period	Q2 2015/16	90%	91.4%	100.0%	Top Performer	Calculation methodology changed, new provincial target.		√
Patients in acute beds awaiting alternate levels of care (% ALC)	Q1 2015/16	9.46%	12.7%	74.5%	Middle of the Group	Target based on local circumstances replaced with provincial target.	√	√
Patients in acute or sub-acute beds awaiting alternate care (ALC Rate)	Q2 2015/16	12.7%	12.9%	98.7%	Middle of the Group	New indicator	√	√
30 day repeat emergency department visits for mental health	Q1 2015/16	16.3%	17.8%	91.4%	Middle of the Group	Target based on local circumstances replaced with provincial target.	√	√
30 day repeat emergency department visits for substance abuse	Q1 2015/16	22.4%	30.0%	74.6%	Middle of the Group	Target based on local circumstances replaced with provincial target.		√
30 day readmissions for certain chronic conditions	Q4 2014/15	15.5%	16.8%	92.1%	Lower Quartile	Calculation methodology changed, new provincial target.		√

*Q1 2015/16 data refers to Apr, May, Jun 2015.

Q2 2015/16 data refers to Jul, Aug, Sep 2015

Q4 2014/15 data refers to Jan, Feb, Mar 2015

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