Champlain LHIN | RLISS de Champlain

Measuring Performance:

2015-16 Fourth Quarter Report

July 2016

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

Table of Contents

Executive Summary: Measuring Our Progress **3**

Introduction **5**

Performance Results **6**

Understanding Our Current Performance *6*

Trends in Performance Results *8*

What explains our performance gaps and what are we doing about them? **12**

Champlain LHIN Organizational Health **16**

Appendix A: Champlain LHIN Performance by Metric **18**

Executive Summary: Measuring Our Progress

The Champlain LHIN provides quarterly reports on how well the regional health care system and the LHIN itself are performing each quarter. This fourth quarter report marks the end of the first year of the new Ministry-LHIN accountability agreement (MLAA), in which more aggressive performance targets were set for all LHINs. These targets reflect a commitment to ensure consistent access to high quality care across all of Ontario. In addition, this quarter marks the end of our three-year strategic plan. To assess our progress and have a better understanding across different indicators of how we are progressing, the concept of "percent of target met concept was developed. For example, if the target is 90% and the current performance is 45%, then we have met 50% of the target. Over the three years of the strategic plan efforts by the LHIN and health service providers have resulted in significant improvements:

- *The wait time to receive a first home-care visit from the Champlain Community Care Access Centre among community clients improved from 14% to 55% of 2015-16 target met.*
- *The proportion of people who received their first home care personal support visit within five days improved from 83% to 88% of 2015-16 target met.*
- *The proportion of people who received their hip and knee replacements within the targeted six months improved from 87% to 96% (hip) and 78% to 95% (knee) of 2015-16 target met.*

There have been some declines in two indicators:

- *Re-visits of patients with substance use issues to emergency rooms within 30 days of the first visit has declined from 89% to 84%*
- *Readmissions for chronic conditions has declined from 96% to 91%.*

Performance on the other eight indicators was similar after three years. Given that demand for service continued to grow in a climate of fiscal constraint, maintaining performance on those indicators is a positive outcome.

For the health care system to work well, it is essential to provide the right type of care in the right place. Patients must be able to move from one type of care to another as their needs change. For example, care in the community must be available for certain patients who are ready to leave hospital; otherwise they cannot be discharged. Waiting in hospital unnecessarily creates a negative experience for patients and uses up scarce health-care resources. The Champlain LHIN has worked hard to improve access to community services and reduce the number of patients waiting in hospital for a different type of care (alternate level of care). As a result, we are now achieving our target for one of our alternate level of care indicators. In addition, the wait for first home care visit has continued to improve from two quarters ago and is 24% closer to the target compared with last quarter. The wait for personal support visits is 8% closer this quarter.

Winter months bring higher numbers of patients to emergency rooms. Emergency department wait times were showing the strain in the fourth quarter. We are now 8% further from our wait times target for complex patients and 10% further for uncomplicated patients. However, in comparison with the same quarter a year earlier, performance was similar for uncomplicated patients and better for complex patients.

There are difficulties across the province in achieving the target for MRI and CT wait times. The LHIN has worked extensively with regional providers and has addressed issues such as data quality and efficiency. The LHIN provided some additional funding to hospitals this quarter to increase the number of MRI scans performed. Ongoing work to manage demand and improve work flow will mitigate further deterioration and will improve wait times in the shorter term. The regional MRI steering committee undertook a study to identify opportunities to improve MRI wait times. Results are now available and will be used to further improve efficiency and address appropriate referral of scans. However, these strategies will unlikely be sufficient to achieve the current targets over the longer term as our population continues to grow and demand increases.

The LHIN has a unique role in the region to manage, coordinate and integrate health care services. The LHIN's leadership strengthens coordination, helps to avoid duplication, encourages the spread of best practices among providers, and gives opportunities for members of the public to participate in planning services. Internally, the LHIN is effectively managed in terms of its budget, proactive risk management, project management and ensuring a healthy work environment. The LHIN engages patients and providers extensively to ensure that the system is meeting patient needs. Through these initiatives, over 10,000 people provided input, and roughly 43 % of them were health consumers and members of the public. The engagement helped the LHIN in its planning and transformation efforts.

Introduction

The Champlain LHIN is a key player in funding, managing and coordinating the health care system to support high quality care, access and a positive patient experience with the health care system. We work with local health service providers and patients to identify solutions to improve the system within current fiscal realities.

The LHIN has strong community relationships and brings together health care providers across the region including hospitals, community health centres, community support services, community mental health and addictions providers, the community care access centre and long-term care homes, as well as many other partners such as public health units, emergency services, housing providers, and primary care providers to point out a few. Together we are building a better health care system using performance data to answer key questions about how the system is performing and how much farther we have to go. 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 priorities for action.

Our three-year (2015-18) Accountability Agreement with the Ministry of Health and Long-Term Care contains 14 performance indicators that measure key aspects of the health system's performance. Some indicators 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.

Coordinated efforts are required to improve performance, as needs are increasing and funding is constrained.

This report focuses on the fourteen indicators in the LHIN's formal Accountability Agreement with the Ministry of Health and Long-Term Care. Additional indicators are determined locally by the LHIN Board, based on the local needs and priorities that were set in consultation with people who use or provide health care services. Detailed information for all of the indicators, including performance data, key performance drivers and improvement strategies are available in a companion technical report here.

Both the indicators and targets have changed this year; the new 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 three-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.

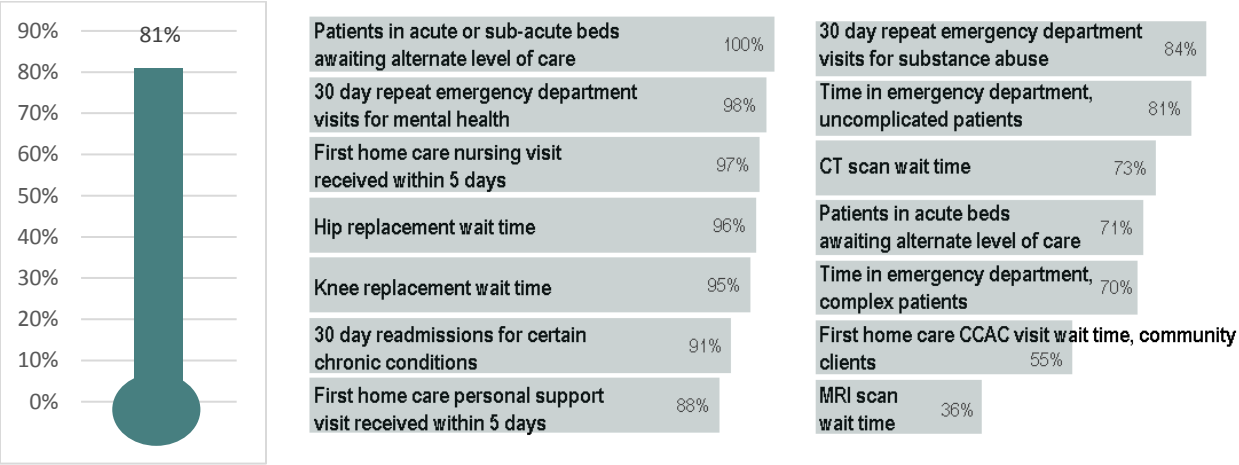
Performance Results

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" concept 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 and how that compares over time.

During the fourth quarter of 2015-16, on average, the Champlain LHIN, was 81% of the way to achieving our targets (see Figure 1). This quarter's performance is similar to the previous quarter's performance (80%).

Figure 1 –Champlain LHIN Percent of Target Achievement



Historically average achievement of the new targets in the Champlain LHIN has ranged from 77% to 84% (over the last eight quarters). We are meeting or almost meeting targets for patients in acute or sub-acute beds awaiting alternate level of care, 30- day repeat emergency department visits for mental health, first home care nursing visit and hip and knee replacement wait times. We have shown significant improvement since last quarter on first home care CCAC visit wait time and expect to see further significant improvements next quarter.

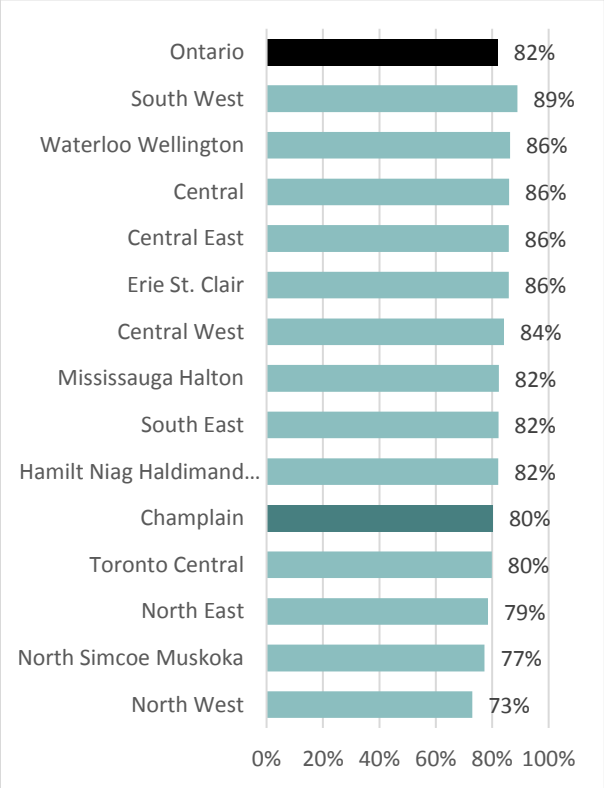
For MRI wait times, the LHIN Board discussed performance at a recent Board meeting and has received the results of a study on workflow to identify opportunities for improvement and capacity requirements and is initiating follow-up. Additional details are provided on page 12 of this report, in the section entitled:

Comparisons with Other LHINs

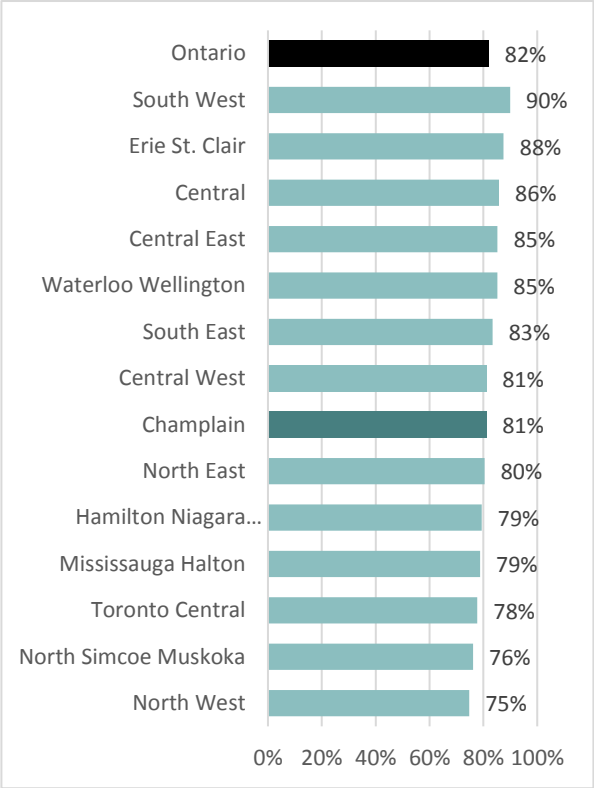
Across the province, performance on accountability indicators is similar to previous quarters. For the fourth quarter of 2015-16, the other LHINs' average percent of target met ranged from 75% to 90% and averaging 81%, similar to the previous three quarter's averages (See Figure 2).

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

Q1 2015-16



Q4 2015-16



The range of achievement of target ranges from 4% improvement to 2% decline across all of the LHINs relative to the previous quarter. The average across Ontario is a 1% decline for Q4 2015-16. Champlain has improved its ranking relative to the other LHINs from 10th to 8th since the beginning of the fiscal year.

Trends in Performance Results

On average, the percent of target met in Champlain has improved from 80% to 81% in comparison to last quarter. The biggest improvement this quarter was for First home care CCAC visit wait time which was 24% closer to the target (see Figure 3). In addition there was a 10% improvement for 30-day repeat emergency department visits for mental health. We are meeting our target for Alternate Level of Care (ALC) rate which is based on the number of beds occupied by patients whose needs require alternate (or more appropriate) levels of care. However, the percent ALC has shown a decline from last quarter's report. The apparent contradiction is explained by differences between the two measures. Specifically, percent ALC:

1) *Is based on an earlier quarter than the ALC rate;*
2) *Only includes acute hospitals stays while the ALC rate includes both acute and sub-acute stays*
3) *Is only counted when a patient is discharged, so if a patient has been ALC for a year, all of those days are counted in the quarter they are discharged. This makes percent ALC more difficult to predict and understand. The ALC rate is a more current and accurate measure to understand ALC.*

The LHIN made a 24% improvement for first home care CCAC visit wait time.

There was also a 10% improvement in 30-day repeat emergency department visits for mental health and we are the top performer in the province for this indicator.

The LHIN met the ALC Rate target

This year marks the end of the LHIN's three-year strategic plan, *Integrated Health Service Plan 2013-16*. It is a good time to look back on progress over the last three-years. It is also the end of the first year of more aggressive performance targets set by the Ministry of Health and Long-Term Care. Figure 4 shows how we have progressed on each of the indicators over the course of our three-year plan. Indicators where we have made the most progress are:

- *Community clients' wait times for their first home care CCAC visit improved from 14% of the target being met to 55% over three years. This resulted from targeted efforts, such as increasing the efficiency of intake, scheduling follow up calls for non-urgent community referrals and triaging all incoming referrals. Additional staff were dedicated to addressing both urgent (often from hospitals) and less urgent referrals.*
- *First home care personal support visit received within five days improved from 83% to88% of target. This was accomplished, in part, through changes to the intake process and automated reminders. Compliance and overall efficiency are continuously monitored by the LHIN.*
- *Hip and knee replacement wait times have improved from 87% to 96% (hip) and 78% to 95% (knee) as a result of strengthening central intake processes, providing non-surgical options, where appropriate, and providing patients the option of choosing a surgeon with shorter wait times.*

In some other areas, we still have work to do to make significant improvements. Given that demand for service continued to grow in a climate of fiscal constraint, maintaining performance on those indicators is a positive outcome.

Figure 3 – Change in Percent of Target Met Compared to Previous Quarter, by Indicator

Indicator	Change From Previous Quarter	Q3 2015-16	Q4 2015-16
First home care CCAC visit wait time, community clients	24%	31%	55%
30 day repeat emergency department visits for mental health	10%	88%	98%
First home care personal support visit received within 5 days	8%	80%	88%
Patients in acute or sub-acute beds awaiting alternate level of care (ALC rate)	3%	97%	100%
MRI scan wait time	3%	33%	36%
Hip replacement wait time	1%	95%	96%
CT scan wait time	0%	73%	73%
First home care nursing visit received within 5 days	0%	97%	97%
30 day readmissions for certain chronic conditions	-1%	91%	91%
Knee replacement wait time	-1%	96%	95%
30 day repeat emergency department visits for substance abuse	-3%	87%	84%
Time in emergency department, complex patients	-8%	78%	70%
Time in emergency department, uncomplicated patients	-10%	91%	81%
Patients in acute beds awaiting alternate level of care (% ALC)	-11%	82%	71%
Average	**1%**	**80%**	**81%**

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

Figure 4 – Percent of Target Met Quarterly Performance Trends from 2012-13 to 2015-16

Target	2012-13	2013-14	2014-15	2015-16
First home care personal support visit received within five days	*	83%	85%	88%
First home care nursing visit received within five days	*	96%	96%	97%
First home care CCAC visit wait time, community clients	14%	26%	36%	55%
Time in emergency department, complex patients	*	68%	72%	70%
Time in emergency department, uncomplicated patients	82%	83%	91%	81%
MRI wait time (P2, P3 and P4)	34% (P4 only)	53%	44%	36%
CT wait time (P2, P3 and P4)	78% (P4 only)	80%	79%	73%
Hip replacement wait time (P2, P3 and P4)	87% (P4 only)	79%	99%	96%
Knee replacement wait time (P2, P3 and P4)	78% (P4 only)	88%	98%	95%
Patients in acute beds awaiting alternate level of care (% ALC)	*	74%	85%	71%
Patients in acute or sub-acute beds awaiting alternate level of care (ALC rate)	95%	97%	99%	100%
30 day repeat emergency department visits for mental health	95%	90%	92%	98%
30 day repeat emergency department visits for substance abuse	89%	100%	79%	84%
Readmissions for chronic conditions	*	96%	95%	91%

* comparable data not available, due to changes in indicator definitions

Note: See Appendix A for the precise time periods reflected. Data availability for some indicators lags.

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 emergency department wait times were showing the strain of a higher number of patients visiting emergency departments in the fourth quarter. Thus, it can be informative to look at trends in previous years compared to the same time of year. Wait time for both complex and uncomplicated patients increased and we are now 8% further from our target for complex patients and 10% further for uncomplicated patients in comparison with the previous quarter. In comparison with the same quarter in 2014-15 we were 2% farther from target for complex patients and 10% farther for uncomplicated patients. In comparison to the same quarter one year previous, we have improved on five indicators (See Figure 5).

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

Indicator	Change From Previous Year	Q4 2014-15	Q4 2015-16
First home care CCAC visit wait time, community clients	19%	36%	55%
30 day repeat emergency department visits for mental health	6%	92%	98%
30 day repeat emergency department visits for substance abuse	5%	79%	84%
First home care personal support visit received within 5 days	3%	85%	88%
Patients in acute or sub-acute beds awaiting alternate level of care (ALC rate)	1%	99%	100%
First home care nursing visit received within 5 days	0%	96%	97%
Time in emergency department, complex patients	-2%	72%	70%
Knee replacement wait time	-3%	98%	95%
30 day readmissions for certain chronic conditions	-3%	95%	91%
Hip replacement wait time	-3%	99%	96%
CT scan wait time	-6%	79%	73%
MRI scan wait time	-8%	44%	36%
Time in emergency department, uncomplicated patients	-10%	91%	81%
Patients in acute beds awaiting alternate level of care (% ALC)	-14%	85%	71%
Average	-1%	82%	81%

Note: See Appendix A for the precise time periods reflected. Data availability for some indicators lags.

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:

- *MRI Wait Time*
- *CT Scan Wait Time*
- *First home care CCAC visit wait*
- *Cardiac Care Wait Time*

MRI wait time: An MRI is a tool to help diagnose conditions such as tumours, ailments of the brain, sports injuries, musculoskeletal conditions and more. Patients who require an MRI are categorized according to how quickly they need to receive their scan and assigned a priority level.

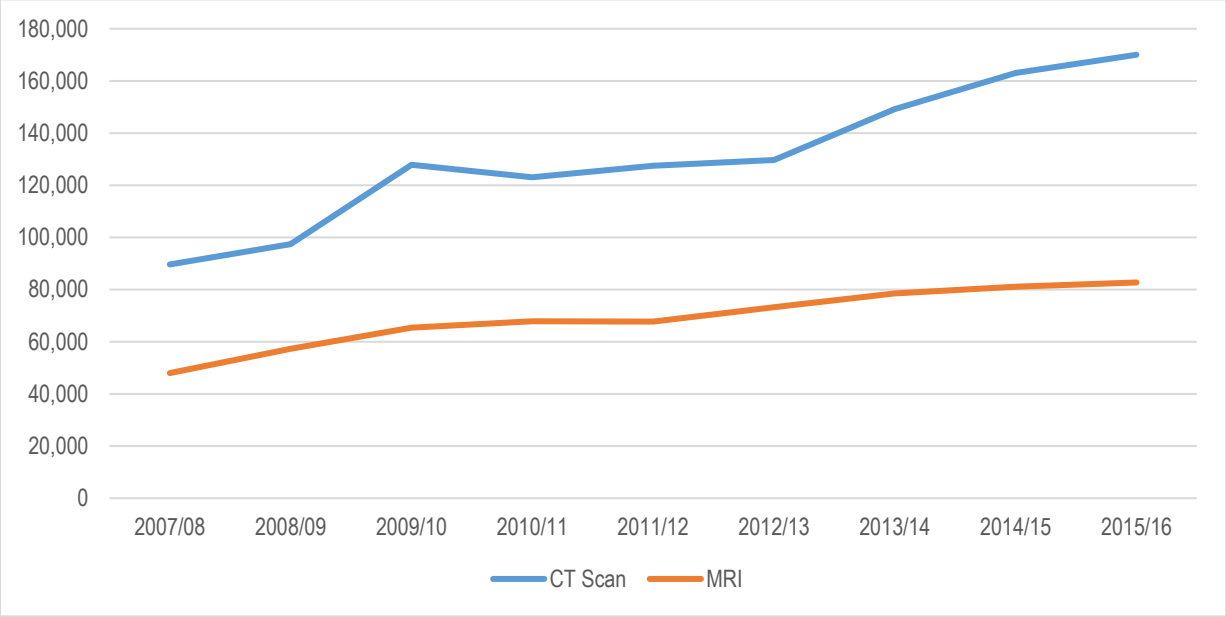
- *Patients that require emergency services are seen immediately (Priority 1)*
- *Patients who need to be seen urgently are categorized as Priority 2 and the target wait time is within two days.*
- *Patients who need to be seen semi-urgently are categorized as Priority 3 and the target wait time is within 10 days.*
- *Patients who need an MRI on an elective basis are classified as Priority 4 with a target wait time of within 28 days.*

The LHIN focused on ensuring that patients in greatest need are able to get MRI scans within recommended timeframes.

- ***Priority 1 (emergent) -Data are not required to be submitted, but of those patients that are reported 93% are seen immediately.***
- ***Priority 2 (urgent) - 78% of patients received their scan within the recommended 2day target.***
- ***Priority 3 (semi-urgent) - 49% of patients received their scan within the recommended 10 day target.***
- ***Priority 4 (elective) - 22%of patients received their scan within the recommended 28 day target.***

Overall demand for MRI services has increased dramatically over the past eight years (see Figure 6) from approximately 48,000 to 83,000. One factor that has contributed to this increase was a change in clinical protocols a few years ago, increasing the number of MRI scans for patients with cancer by 30%.

Figure 6: Number of MRI and CT Scans by Year, Champlain*



*Count excludes some emergency cases.

MRI wait time challenges are not unique to Champlain. Provincially, all of the LHINs are having difficulties in achieving wait time targets. There was an improvement this quarter compared with last as a results of one-time funding provided by the LHIN. Performance, however, is still well below that of the same quarter one year ago and well below target. Performance for patients who are in greatest need (Priority 1 and 2) is relatively good. For Priority 3 patients, there are greater challenges in achieving targets and performance on Priority 4 patients has the most work to achieve target.

The LHIN has worked extensively with regional providers and has addressed issues including data quality and efficiency. Two additional projects focused on referral appropriateness are planned: using an automated tool and education of primary care physicians. Work is underway at the largest facility in the region to optimize appointment scheduling.

The LHIN has the results of a report from a third party expert and is working on implementing key recommendations. Dr. Jack Kitts, CEO of the Ottawa Hospital and the Regional MRI Steering Committee are providing leadership and guidance.
The report concluded that:

- *All Champlain hospitals are meeting or exceeding the provincial efficiency and utilization targets*
- *Demand is 5% higher than capacity and will grow modestly in the coming years due to demographics (3% annual growth).*

The report identified tactics to improve efficiency even further and opportunities to reduce demand. Specific recommendations include:

- *Implementing central intake and triage where requests would be assessed by protocol and assigned to sites for booking. Priority 3 and 4 cases will be distributed across hospital sites to optimize access.*
- *Implementing decision support tools and applying evidence-based guidelines help reduce unnecessary imaging and ensure the most appropriate type of imaging is ordered.*
- *Improving exam time slot utilization by reducing and better planning for cancellations and no-shows, optimizing distribution and length of exam slots and optimizing staff levels and workflow to reduce hourly variation.*
- *Funding additional capacity for increased hours of service.*

The LHIN is optimistic that the region will meet the Priority 1 (emergent), 2 (urgent), and 3 (semi-urgent) targets, for the most urgent patients, by the end of the second quarter of 2016-17. The Priority 4 (elective) targets are unlikely to be met in the 2016-17 fiscal year.

CT scan wait time: CT scans are performed to assist with diagnosis of conditions such as injuries, and to assess patients with cancer or who need or who have had surgery. These patients are prioritized similarly to patients who require MRI (see above).

Performance on CT scan wait times was unchanged in the fourth quarter. There has been a dramatic increase (90%) in the number of patients receiving CT scans over the past eight years (see Figure 6) from about 90,000 to 170,000 per year. One factor contributing to this is a change in clinical standards of care for cancer patients which increases the number of CT scans that they receive. Funding levels have not kept pace with this demand.

The LHIN has been working extensively with hospitals that provide CT scans to improve performance to meet increased demand. Strategies implemented to date include moving patients from long wait time sites to shorter wait time sites, workflow changes to improve efficiency (i.e. performing more scans per hour), reducing the number of unused scan slots, and funding additional scans from hospitals' existing operating budgets. Historically, there has been limited information collected by the province on CT efficiency making it difficult to assess issues and monitor the impact of some of changes. However, a project has been underway to start to collect this information and reports on CT efficiency will soon be available beginning in the second quarter of 2016-17. This will provide the LHIN with CT efficiency performance indicators similar to the MRI efficiency metrics. This will help to inform the development of additional strategies specific to CT performance, starting in the second quarter of 2016-17.

The LHIN expects to be able to meet the target for Priority 1, 2, and 3 patients by the fourth quarter of 2016-17, but additional resources will be required to meet the target for Priority 4 (non-urgent) patients. The wait times for CT scans are closer to target than MRI, but have declined since last year. Work continues with the regional working group on workflow (e.g.

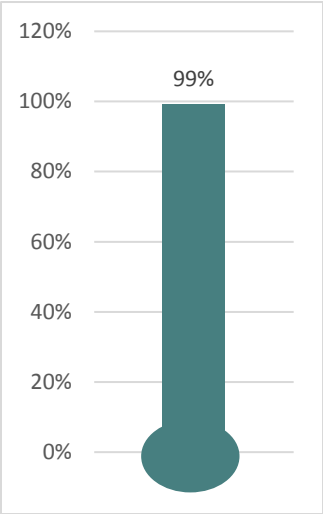
reducing the number of days required to schedule an exam), transferring patients from hospitals with longer wait times to hospitals with shorter wait times.

First Home Care CCAC Visit: Although the number of days to receive the first CCAC home care visit indicator still requires work to reach the target, more recent data for First home care CCAC visit wait shows marked improvements. Based on trends, we anticipate going from 55% to about 80% of the way to target in by Q2 2016-17. It has been a priority for the LHIN and the Champlain CCAC to improve intake processes to better meet this target. Wait times are driven both by how client requests are processed to receive services as well as overall demand for services. There continues to be high demand for services, which carries a risk of longer wait times should the budget be insufficient to fully meet this increased demand.

Cardiac Care Wait Time: The LHIN continues to monitor this indicator closely given that it is not meeting performance targets. Overall, in the fourth quarter, 69% of cardiac bypass patients were treated within the target time period compared to 94% provincially. The most urgent (Priority 2) cases are more likely to be addressed within target times (84%) compared with the less urgent Priority 4 cases (55%). The greatest concern is with Priority 3 patients, with only 43% treated within the target. The target for Priority 3 clients varies depending on the procedure (e.g. Priority 3 coronary artery bypass graph (CABG) target is 42 days versus 14 days for percutaneous coronary interventions). The number of patients receiving a CABG has increased and our regional provider of this intervention, the University of Ottawa Heart Institute, has exceeded the expected number of procedures to be performed this fiscal year. Steps that have been undertaken to reduce wait times include opening temporary ICU beds, emphasizing triage of patients and treating more serious cases. The provider has not slowed down or had typical surgical closures and is planning additional surgical volume over the summer months. In addition, the organization is investigating obtaining additional funding to increase the number of patients that they can treat and reduce the wait list. The LHIN has met with the provider to discuss the situation and requested more frequent (monthly) reports on volumes and waits. We have also requested that information from other centres across the province be made available to understand whether other regions are experiencing similar surges in demand.

Champlain LHIN Organizational Health

To effectively manage the regional health care system, LHIN must first be able to manage its own internal operations. The LHIN must be able to manage its own budget, business plan projects, and risks to its operations, as well as engage with the community and have a healthy work environment. So how well is the LHIN managing itself and its internal operations?



Five of the LHIN's six internal operations indicators with targets have met their targets. This includes indicators related to the LHIN's operational budget, annual business plan objectives, and social media/communications indicators. The only indicator that was below target was for website traffic which was at 96% of target. The average across all of the organizational health indicators is 99%.

Of the 50 interventions identified in the Annual Business Plan (ABP), 43 achieved their planned milestones by the end of the fiscal year (or 86% of interventions), which exceeds the target of 85%.

In an era of fiscal constraint throughout the health care system, Champlain has effectively managed its annual budget. As of fourth quarter 2015-16, the LHIN was 2.5% below budget.

The LHIN proactively manages risks to the LHIN's operations. The LHIN has implemented mitigation strategies for areas of higher risk and reviews them quarterly to determine if additional mitigation strategies are required. However, the nature of some risks are such that they cannot be fully mitigated. As of fourth quarter, five areas of high or extreme risk were fully mitigated and ten were partially mitigated. As of the fourth quarter of the fiscal year, the LHIN is confident that the identified risks have been adequately mitigated to allow it to meet its mandate, fulfill its obligations and advance its strategic priorities. The LHIN is now reviewing risks of achieving its new strategic plan and delivering on provincial priorities. The assessment of these risks will be reported next quarter.

A healthy work environment is critical to the success of the Champlain LHIN. Our staff turnover for 2015-16 was 10%, which met the target and is the same level of voluntary exists as the average for the past five years. Exit interviews are conducted with staff to understand the factors that lead to turnover.

The LHIN engages patients and providers extensively to ensure that the system is meeting population needs and provides an opportunity for patients and families to participate in health system planning. In 2015-16 the Champlain LHIN participated, facilitated or supported approximately 75 ongoing, and over 200 one-time engagements. Through these initiatives, we engaged over 10,000 people, roughly 42.5% of whom were health consumers and members of the public. These interactions help the LHIN stay informed the experiences of patients, caregivers and families. Such input is useful to help the LHIN plan health services and transform the system.

In addition, the LHIN uses social media to engage with patients, health service providers and the community. The LHIN currently has 1845 twitter followers and the number continues to grow. In addition, there were 1,149 YouTube views and 14,913 sessions on our website in the most recent quarter.

New Strategic Plan and Future Reporting

The LHIN has put in place its new strategic plan (*Integrated Health Service Plan 2016-19*) and developed a new operational plan for the next three-year cycle that identifies the initiatives we will implement to continue to improve our health system's performance . The LHIN's strategic priorities over this cycle will include integration, access, and sustainability. To accomplish this, we will take the following strategic actions:

1) *Integrate mental health and addictions services*
2) *Evolve primary care networks across Champlain*
3) *Integrate community and home care services*
4) *Provide for culturally and linguistically appropriate care*
5) *Implement strategies to achieve performance targets*
6) *Expand use of enabling technologies to bring care close to home.*
7) *Continue implementation of funding reform & innovative care models*
8) *Enhance palliative care in settings of choice*
9) *Grow Health Links across Champlain*

Future reports will focus on the interventions aligned with the new strategic priorities and actions and will reflect scorecard metrics and targets that have been updated accordingly.

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)	Performance Drivers? Related to availability of services relative to demand**	Performance Drivers? Related to processes or efficiencies
% Receiving personal support services within 5 days	Q3 2015/16	95%	84%	88%	Lower Quartile	√	√
% Receiving nursing services within 5 days	Q3 2015/16	95%	92%	97%	Lower Quartile		√
1st CCAC home visit, community clients, 90th percentile wait	Q3 2015/16	21 days	38 days	55%	Lower Quartile	√	√
Time in emergency department, complex patients, 90th percentile	Q4 2015/16	8 hours	11.5 hours	70%	Middle of the Group	√	√
Time in emergency department, non-admitted non complex patients, 90th percentile	Q4 2015/16	4 hours	4.9 hours	81%	Middle of the Group	√	√
MRI scan cases completed within target period	Q4 2015/16	90%	32%	36%	Lower Quartile	√	√
CT scan cases completed within target period	Q4 2015/16	90%	66%	73%	Middle of the Group	√	√
Hip replacement cases completed within target period	Q4 2015/16	90%	86%	96%	Middle of the Group		√
Knee replacement cases completed within target period	Q4 2015/16	90%	85%	95%	Middle of the Group		√
Patients in acute beds awaiting alternate levels of care (% ALC)	Q3 2015/16	9.46%	13.4%	71%	Middle of the Group	√	√
Patients in acute or sub-acute beds awaiting alternate care (ALC Rate)	Q4 2015/16	12.7%	12.6%	100%	Top Performer	√	√
30 day repeat emergency department visits for mental health	Q3 2015/16	16.3%	16.6%	98%	Middle of the Group	√	√
30 day repeat emergency department visits for substance abuse	Q3 2015/16	22.4%	26.6%	84%	Middle of the Group		√
30 day readmissions for certain chronic conditions	Q2 2015/16	15.5%	17.1%	91%	Middle of the Group		√

*Q2 2015/16 data refers to Jul, Aug, Sep 2015
Q3 2015/16 data refers to Oct, Nov, Dec 2015.
Q4 2015/16 data refers to Jan, Feb, Mar 2016

**Red checkmarks indicate larger impact.

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Ontario
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