

Measuring Performance Third Quarterly Report 2017-18

Champlain LHIN

April 2018

Table of Contents

Executive Summary: Measuring Our Progress	1
Introduction	3
System Performance	3
<hr/>	
System performance results	3
What explains our performance gaps and what are we doing about them?	8
Performance forecast	11
Year-to-date review	12
Corporate Performance	14
<hr/>	
Progress on the Annual Business Plan	14
Appendix A: Champlain LHIN Performance by Metric	16

Executive Summary: Measuring Our Progress

This third quarterly report of 2017-18¹, presents a view of the performance of our region’s health system and forecasts how we anticipate it will be performing by the end of the fiscal year. It serves as an assessment of the LHIN’s progress on initiatives to improve the health system as of the end of the fiscal year.

Progress

Excellent results in the areas of hospital re-admissions for chronic illnesses, and hip and knee replacement wait times. Wait times for home care nursing visits are improving.

Repeat emergency department visits for substance use and mental health concerns have improved as a result of innovative pilot programs.

System performance

The Champlain LHIN achieved an 83% average performance level across the 13 key performance targets contained in its accountability agreement with the Government of Ontario.

As with last quarter, four indicators are now at, or close, to the targets set at the provincial level, and four were more than 20% away from target. Overall, Champlain ranked 8th of 14 LHINs, up from 10th in the previous quarter.

Excellent results in the areas of hospital re-admissions for chronic illnesses, hip and knee replacement wait times, and wait times for home care nursing visits are maintained since last year. All three are expected to improve slightly in the fourth quarter.

As anticipated, repeat emergency department visits for substance use and mental health concerns have worsened slightly, but are predicted to recover in the fourth quarter. The latest quarter saw a 25% increase in individuals visiting the emergency department for substance use.

All four indicators related to home and community care wait times have improved, mostly due to funding received late in 2016-17, and early 2017-18. However, a shortage of personal support workers threatens additional improvements for some indicators. Wait lists for personal support services in particular, have begun to worsen since November.

All four indicators related to home and community care wait times have improved, mostly due to funding late in 2016-17, and early 2017-18. However, a shortage of personal support workers has contributed to growing wait lists over the third quarter.

The rates of patients waiting for an alternate level of care and emergency department lengths of

¹ While this is the “Third Quarterly Report”, not all results are for the third quarter. While we include the data that is the most recent available to us, it sometimes lags by one to two quarters.

stay continue to reflect system challenges. Over the last quarters, we have been reporting worsening performance with respect to patients waiting in hospitals for alternate levels of care. Despite seasonal improvement in the number of patient days spent waiting in acute beds for an alternate level of care in the first and second quarter of 2017-18, reported rates remained higher than previous years.

The emergency department length of stay in Champlain was 11.8 hours - above the provincial target of 8 hours, and above the provincial mean of 10.7 hours. Performance related to the time spent in the emergency department for patients with complex needs is higher this year than the last four years and is predicted to worsen slightly by year-end, following seasonal patterns. Additional funding related to seasonal hospital capacity issues has helped to somewhat maintain emergency department lengths of stay in the third quarter, despite an earlier and worse influenza season than predicted.

Despite a worse influenza season than predicted and continuing system capacity challenges, additional funding for hospitals helped to maintain emergency department lengths of stay in the third quarter.

Corporate performance

The Annual Business Plan maps out how we are fulfilling the strategic goals articulated in the Integrated Health Service Plan and forms part of the Ministry-LHIN Accountability Agreement. This plan was written at a time of LHIN renewal, and it anticipated an increasingly important role in the implementation of Patients First strategies.

Of the 53 interventions identified in the Annual Business Plan (ABP), 39 fully achieved their planned deliverables by the end of the fiscal year. In general, many of the delays are minor and will simply be completed early in 2018/19.

Two critical projects are experiencing delays: Evolving the role of care coordination as part of modernization of home care, and the scaling of the Health Links approach.

The vision and key elements of the evolution of the care coordination role have been developed but the loss of key staff, resource challenges, and other priority initiatives deferred progress to the following year.

All milestones to support the implementation of the Health Links approach are achieved, with the exception of the Health Link review, but scaling of care plans is slower than expected (65% of the target). As a result, the 2018/19 performance target for Health Links coordinated care plans has been adjusted to give the time required to build care coordination capacity.

Overall, the off-track interventions should not have a significant impact on the 2018/19 Annual Business Plan.

Introduction

The Champlain LHIN’s overarching objectives include ensuring timely, equitable access to health services, improving patient and family experience, and increasing the value of the health system.

With the passing of the Patients First Act in 2016, the LHIN signed a revised accountability agreement with the Ministry of Health and Long Term Care, that included new responsibilities and changes to its accountability indicators. The LHIN is required to move towards established provincial targets over the duration of the agreement.

This third quarterly report of 2017-18², presents a review and forecast of system performance, and an assessment of corporate performance related to the annual business plan.

The system performance chapter in this report provides a snapshot of the performance of the Champlain region’s health system, focused on the set of 13 accountability indicators and targets set provincially. Our performance indicators provide concrete measures of how well the health care system is performing relative to LHIN objectives. Trends and comparisons with other LHINs are presented, and key challenges and strategies are described.

The corporate performance chapter provides a high-level summary of the LHIN’s progress at implementing initiatives to improve our region’s health services as of the end of the fourth quarter.

System Performance

System performance results

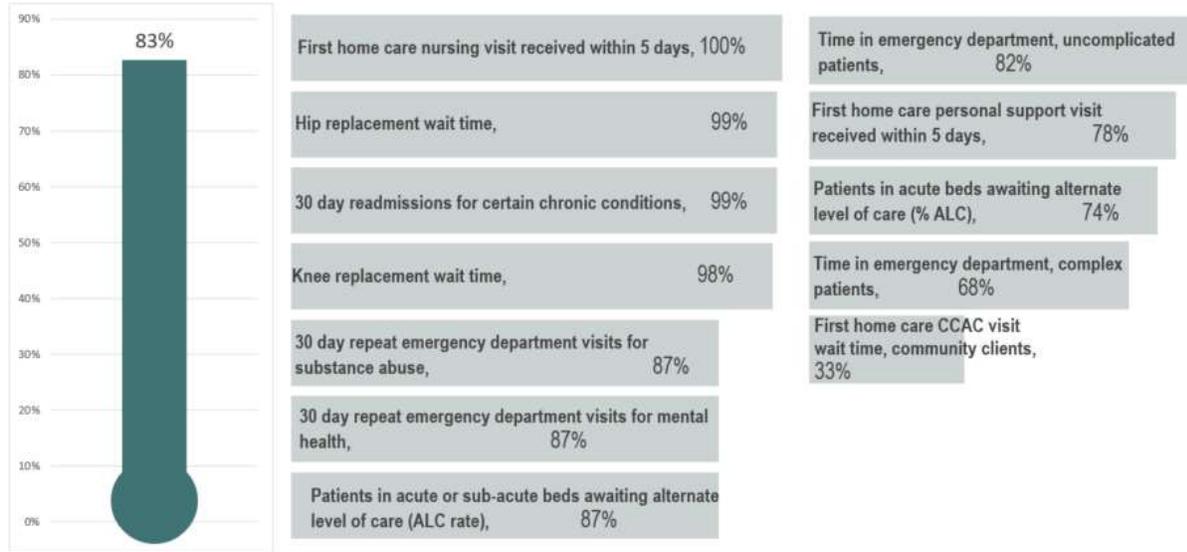
For each Ministry-LHIN Accountability Agreement (MLAA) indicator, the “percent of target achieved”³ is reported in Figure 1 below. The “thermometer” is an average across all the indicators and provides a single number that summarizes, at a glance, how far the LHIN is from achieving all of its targets. During the second quarter of 2017-18, on average, Champlain was 83% of the way to achieving our targets (Figure 1) – a small improvement from the previous

² While this is the “Third Quarterly Report”, not all results are for the third quarter. While we include the most recent available data, it sometimes lags by one to two quarters.

³ The “percent of target achieved” serves as a quick summary and makes it easy to compare results for indicators based on different measures (e.g. rates or days waited or percent of cases completed in a timely way) and with different targets.

quarter when we had achieved 82% of our targets overall.

Figure 1 Percent of Target Achieved, Accountability Indicators, Champlain, Q3 2017-18



Four indicators are at, or close to, the target; Home care nursing visit wait times, the 30-day readmission rate for chronic conditions, and hip and knee replacement wait times.

The same four indicators continue to be more than 20% away from target for the last three quarters—the time to first home care visit for clients referred from the community, the time in emergency department for patients with complex needs, and patients waiting in acute care hospital beds for an alternate level of care. We outline the reasons these indicators are far from target, and strategies aimed to address the gaps, later in the report.

Year over year, Champlain’s overall “thermometer reading” in the third quarter of 2017-18 remained at a slightly higher level (83%) than 2015-16 when it was 80% (Figure 2). Champlain is in 8th place of the 14 LHINs, unchanged from the previous quarter.

Figure 2 Overall Percent of Target Met vs. Previous 2 Years in the Same Quarter, by LHIN

LHIN	Q3 2015-16	Q3 2016-17	Q3 2017-18	1-Year change	2-Year Trend
Central	84%	84%	89%	+5%	
Erie St. Clair	87%	83%	87%	+3%	
Waterloo Wellington	88%	81%	86%	+5%	
South West	90%	85%	85%	+0%	
Toronto Central	79%	78%	85%	+7%	
South East	82%	85%	84%	-1%	
Central West	84%	85%	83%	-2%	
Champlain	80%	84%	83%	-1%	
N. Simcoe Muskoka	79%	81%	83%	+2%	
Mississauga Halton	82%	76%	81%	+5%	
North East	78%	78%	81%	+3%	
Central East	85%	79%	79%	0%	
HNHB	81%	76%	78%	+2%	
North West	73%	77%	75%	-2%	
Ontario	82%	80%	82%	+2%	

Figure 3 contains the most recent result, change from previous quarter, and ten-quarter trend for each of the 13 accountability indicators.

The indicator relating to the number of people in acute hospital beds waiting for an alternate level of care is the most improved of all indicators this quarter. This may be partly due to delayed counting for patient not yet discharged. The “% ALC” indicator only considers discharged patients and there were fewer than expected in the quarter reported. We expect the indicator to worsen in the next two quarters, when more of the patients are discharged, and due to seasonal patterns.

The rate of readmission to hospital for certain chronic conditions improved to 99% of target in the first quarter of 2017-18, after a small dip in the last quarter of 2016-17⁴. Champlain has been performing well on this indicator for some time, above 95% of the target, and ranked 4th among the 14 LHINs, for the past year.

⁴ This indicator result lags by two quarters.

Relative to other LHINs, Champlain performs well with respect to the rate of repeat emergency visits for substance use and mental health concerns. However, visits for both mental health concerns and substance use increased in the second quarter and the number of people who visited the emergency department for substance use, particularly, increased by 25% over the previous three quarters.

The rates of 30-day repeat emergency visits for substance use and mental health both worsened in this quarter but still rank among the upper third of the LHINs. Both re-visits and total visits increased in this timeframe. Notably, the number of individuals who visited the emergency department for concerns related to substance use in this latest quarter was an increase by over 25% over the previous three quarters, and 18% higher than the same quarter in 2016-17.

Hospital leaders and experts are meeting to problem solve and develop collective solutions to prevent repeat visits to hospital including the establishment of a regional network of hospital-based mental health and addictions services.

The 90th percentile wait time for home care clients referred from the community improved to 63 days (33% of target) from 79 days (27% of target), a result that had been the worst performance in two years.

The 90th percentile wait time to receive home care services⁵ after a discharge from hospital had increased from seven to nine days in the fourth quarter of 2016/17, but has improved to eight days in the past two quarters.

Home care wait time indicators have rebounded over the past two quarters, showing the results of the increase in resources allowing more patients to be served and a dramatic reduction of the wait list since the fourth quarter 2016-17.

Two other home care wait time indicators - the percent of patients who received personal support and percent who received nursing services within five days- maintained improvements from the last quarter. A technical change⁶ in the indicator that began as of the first quarter of this year pushed the nursing wait time indicator over the line to meet the target. Ninety-seven percent of patients received their nursing visit within 5 days of their availability.

90th percentile home care wait time for clients who were referred from the community remains furthest from target.

An assessment of challenges related to closing some of the gaps in performance and an overview of the strategies the LHIN has put in place are included later in this report.

⁵ Includes nursing, personal support and therapies. This new indicator does not yet have an established provincial target.

⁶ The indicator is now measuring the time from when the patient is available, and chooses to receive care, rather than the time the patient was first authorized for service.

Figure 3 Percent of Target Met Compared to Previous Quarter, and 10 Quarter Trend, by Indicator, Champlain

Indicator	Current Result 2017-18	Change From Previous Quarter	10 Quarter Trend (latest reported) ³
Patients in acute beds awaiting alternate level of care (% ALC)	74%	7%	 Q2
First home care visit wait time, community clients ¹	33%	6%	 Q2
30 day readmissions for certain chronic conditions	99%	4%	 Q1
Knee replacement wait time	98%	2%	 Q3
Time in emergency department, uncomplicated patients ¹	82%	0%	 Q3
First home care nursing visit received within 5 days	100%	0%	 Q2
First home care personal support visit received within 5 days	78%	0%	 Q2
Hip replacement wait time	99%	-1%	 Q3
Time in emergency department, complex patients ¹	68%	-2%	 Q3
Patients in acute or sub-acute beds awaiting alternate level of care (ALC rate)	87%	-3%	 Q3
30 day repeat emergency department visits for mental health	87%	-4%	 Q2
30 day repeat emergency department visits for substance abuse	87%	-6%	 Q2
First home care visit wait time from hospital discharge ²			 Q2
Average	83%	0.2%	

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

Champlain is more than 20% away from the target for four performance indicators:

- **Home care wait times** for community clients (33% of target) and personal support for complex patients (78% of target)
- **Time in emergency department**, complex patients (68% of target)
- Patients in **acute beds awaiting alternate level of care** (74% of target)

Home Care Wait Times

After reporting worsening home care wait times over the past year due to funding shortfalls, all four indicators have improved in the past few quarters. The turnaround was made possible by an increase in provincial funding received in late 2016-17 and early 2017-18.

A lagging indicator – the 90th percentile wait time for first home care visit for community clients has begun to improve. We have seen a 16-day reduction (improvement) in the amount of time 9 out of 10 people wait for their first service. The wait time reduced from 79 days the previous quarter to 63 days, as of the second quarter. The new funding had been slower to influence this indicator as clients with lower needs –who typically wait longest –got to the top of the list for service and had their wait times tabulated.

We expect a slight improvement in the next quarter; however, we do not anticipate the wait time to recover fully to previous years' best result of 25 days that occurred in the first quarter of 2016-17. Capacity limits and personal support worker shortages are resulting in a personal support wait list that has been growing since October. The number of people waiting for personal support services has increased steadily from a recent low of 219 in October 2017, to 1,367 people at the end of March 2018. As patients with highest needs are served first, patients with lower needs will wait for approximately two months to receive services.

The other underperforming home care indicator relates to patients with complex needs receiving their first home care personal support services within five days of their stated availability. These clients receive priority for service, but only 73% of clients with complex needs received personal support services within the five-day target. It is essentially unchanged from the second quarter (74%) but much improved from the first quarter (42%). Projections⁷ indicate a slight decline, in the next four quarters.

In addition to working with Service Provider Organizations, who provide home care services directly, to mitigate the impact of limited capacity, the LHIN and Ministry of Health and Long Term Care are engaged in longer-term health human resource planning for personal support workers. Emerging strategies relate to recruitment and retention, education and training, and accountability and oversight.

⁷ All projections are summarized in the next section "Forecasting our performance".

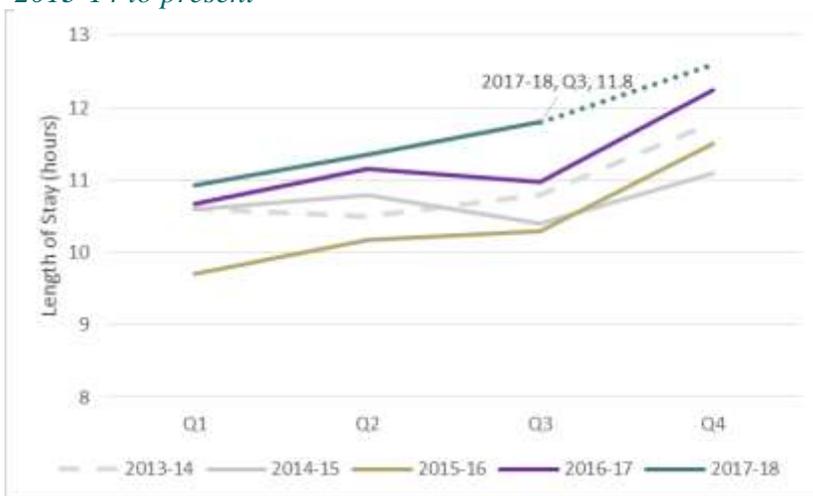
Time in emergency department, complex needs

Emergency department length of stay is the total time from registration at the emergency department to discharge from the emergency department. Patients with complex needs require more time in the emergency department as they undergo assessments and tests, and receive treatments. The Ontario target length of stay for all patients with complex needs is 8 hours.

In Champlain, the 2017-18 time in emergency department for 90% of people with complex needs, has been worse each quarter than the previous 4 years (Figure 4).

Given historical seasonal patterns and the high influenza impact this year, increased lengths of stay in the third and fourth quarter were expected. An early and bad influenza season in the third quarter, increased an already elevated length of stay for people with complex needs to 11.8 hours (68% of target). The provincial length of stay was better than Champlain, at 10.7 hours, and Champlain is 12th of 14 LHINs with respect to the length of stay for patients with complex needs.

Figure 4 90th Percentile Length of Stay in Emergency Department for Patients with Complex Needs, Champlain, 2013-14 to present



A [January presentation](#) to the LHIN Board of Directors, “Pathways to Appropriate Levels of Care”, outlined the factors contributing to hospital occupancy challenges and their impact on the emergency department length of stay, as well as the LHIN’s related strategies and initiatives.

Patients waiting in hospital for an alternate level of care

The alternate level of care (ALC) indicators reflect the number of patients waiting in hospital for care in a more appropriate and usually less costly setting. The proportion of people waiting for an alternate level of care, is an indicator influenced by capacity and performance in multiple sectors (i.e. community services, long term care, acute care, rehabilitation, palliative care, mental health, supportive housing, home care) and is a measure of health system performance, capacity, and integration.

Over the last quarters, we have been reporting worsening year-over-year performance with respect to alternate level of care. Despite seasonal improvement for patient days in acute beds, waiting for an alternate level of care in the first quarter of 2017-18, reported rates had remained higher than previous years. The current result, of 12.8% for the second quarter of 2017-18, is indicative of a usual seasonal improvement, and fortunately about the same as previous years at

the same time. Historically, the Champlain LHIN's rates mirror provincial trends over time, but was 2% lower than the provincial average in the current reported quarter.

The “% ALC” indicator counts the number of total days waited in an acute bed at the time a patient, who has been waiting for an alternate level of care, is finally discharged (divided by the total number of inpatient days). A few patients waiting a long time and then discharged can influence the result substantially. In the second quarter, the number of patients who were still waiting in acute beds for an alternate level of care at the end of the month was 13% higher than the previous quarter, but there were 9% fewer discharges than the previous quarter. The other alternate level of care rate indicator, which measures the proportion of patients in acute and sub-acute beds waiting for an alternate level of care, at a point in time, in the same quarter remained high at 14.1%. The good “% ALC” result may be resulting from fewer discharges.

The LHIN continues to work with hospital and community partners to ensure patients receive care in the right location. The LHIN has developed a range of initiatives, outlined in a [January presentation](#) to the LHIN Board of Directors—“Pathways to Appropriate Levels of Care”, to reduce the number of days waiting for an alternate level of care in acute beds. The strategy includes changes to sub-acute capacity, an enhanced assisted living model of care to allow seniors to leave the acute setting and stay in the community with additional supports, initiatives to expedite the transfer of patients to long-term care, a “Sub-acute for the Frail Elderly (SAFE)” unit, and a renewed focus on best practices related to discharge.

Performance forecast

Forecasting future trends in performance can help us to understand where we are going so that we can take proactive actions to improve.

Actual third quarter and forecast fourth quarter results are provided in Figure 5 below. The forecast takes into account historical trends, with more emphasis on recent performance, and other influences such as the stage of implementation of related projects and investments or the growth of wait lists.

On average, the fourth quarter report is expected to maintain the modest improvements seen in the third quarter, and predicted in the previous report. As usual seasonal challenges re-emerge, performance related to the time spent in the emergency department is predicted to worsen slightly by year-end for patients with complex needs, as will the indicator related to patients in acute beds waiting for an alternate level of care.

Figure 5 Forecast Champlain Performance for Q4 2017-18, by Indicator

Indicator	Current Report (Q3)	Forecast ^b	
		Direction	Q4 Forecast
First home care personal support visit received within 5 days	78%	➡	78%
First home care visit wait time, community clients	33%	➡	35%
First home care nursing visit received within 5 days	100%	➡	100%
Hospital discharge to home and community care service*	88%	⬆	100%
Patients in acute beds awaiting alternate level of care	74%	⬇	68%
Patients in acute or sub-acute beds awaiting alternate level of care	87%	➡	87%
Time in emergency department, complex patients	68%	⬇	64%
Time in emergency department, uncomplicated patients	82%	➡	83%
Knee replacement wait time	99%	➡	100%
Hip replacement wait time	99%	➡	100%
30 day readmissions for certain chronic conditions	99%	➡	97%
30 day repeat emergency department visits for mental health	87%	➡	90%
30 day repeat emergency department visits for substance abuse	87%	➡	89%
Overall performance (% of target)	82.7%	➡	82.5%

^b Forecasts take into account varying lag times for different indicators. The Q4 forecasts, for example, reflect the results we expect to be reporting in the Q4 report, which is not necessarily the result that occurred in Q4. It may be delayed by one or two quarters (see appendix A)

*Provincial average as target in interim. Not included in overall performance.

Year-to-date review

Close to the end of the fourth quarter, we can take stock of the past year's performance with a reasonably confident fourth quarter forecast. Figure 6 is a comparison, in terms of percentage points closer or further from target, of this year's results (actual first to third quarter, and the fourth quarter forecast) with the previous year in the same quarter. Overall, the table provides a review of this year's performance, compared to the previous year, taking into account the fourth quarter forecast.

Highlights from this year-over-year review include:

- The year started off much worse than the previous year (Figure 6), especially with respect to home care wait times and patients in hospital waiting for an alternate level of care. Over the year, results recovered or surpassed 2016-17 with the exception of the home care visit wait time for community-referred clients.
- Excellent results in the areas of hospital re-admissions for chronic illnesses, hip and knee replacements, and wait times for home care nursing visits are maintained since last year and expected to improve slightly in the fourth quarter.
- The indicator related to the proportion of patients with complex needs who receive personal support within 5 days has rebounded substantially over the year, especially compared to the previous year. It will be approximately 47 percentage points closer to target, compared to the same time last year, by the end of the fourth quarter.
- The indicator related to home and community care wait times for clients referred from community has seen significantly worse results this year than the previous year. Compared to the previous year, this lagging indicator improved in the third quarter and is expected to continue a slight improvement through to the year-end.
- After a very strong start in the first quarter, repeat emergency department visits for substance use worsened in the third quarter, but will recover to the 2016-17 performance level in the fourth quarter.
- Overall, emergency department length of stay has worsened slightly compared to the previous year, and compared to our original prediction. Funding for hospital capacity has helped to maintain emergency department lengths of stay despite an earlier and worse influenza season than predicted.

Figure 6 Change in percent of target achieved compared to the same quarter last year (2016-17), by quarter, by Indicator

Indicator	Change in % of target achieved in 2017-18 compared to the same quarter last year (2016-17)			
	Q1	Q2	Q3	Q4 Forecast
First home care personal support visit received within 5 days	-41	-44	-7	47
First home care visit wait time, community clients	-39	-43	-35	-33
First home care nursing visit received within 5 days	3	1	0	2
Hospital discharge to home and community care service*	-22	-13	-13	0
Patients in acute beds awaiting alternate level of care	-15	-7	3	0
Patients in acute or sub-acute beds awaiting alternate level of care	-5	3	0	-3
Time in emergency department, complex patients	-2	-2	-5	-1
Time in emergency department, uncomplicated patients	2	-2	-5	-6
Knee replacement wait time	8	-2	2	1
Hip replacement wait time	1	0	-1	0
30 day readmissions for certain chronic conditions	3	-1	-1	5
30 day repeat emergency department visits for mental health	1	0	-4	1
30 day repeat emergency department visits for substance abuse	18	4	-7	1
Overall performance (% of target)	-5	-4	-2	3

*Provincial average as target in interim. Not included in overall performance.

Corporate Performance

Progress on the Annual Business Plan

The Annual Business Plan is the yearly plan that maps out how we are fulfilling the strategic goals articulated in the Integrated Health Service Plan and forms part of the Ministry-LHIN Accountability Agreement. This plan was written at a time when the process of LHIN renewal was underway. The plan anticipated and recognized that we would play an increasingly important role in the implementation of Patients First strategies, including:

- Transformation of home and community care, and
- Development of a transformational population-health approach to sub-region planning, including the rapid escalation of Health Links in Champlain.

In 2017-18, priorities include:

- Support scaling of Health Links to significantly increase the number of people with complex health conditions receiving coordinated care.
- Expand sub-regional planning efforts to focus on strengthening, coordinating and integrating primary care, and home and community care for people who need those services.
- Ensure coordination and integration of community mental health and addictions services and palliative care.
- Deliver coordinated care based on community needs and improve equitable access to services through sub-regional planning.

Overview of Q4 2017-18 status and mitigation

Of the 53 interventions identified in the Annual Business Plan (ABP), 39 fully achieved their planned deliverables by the end of the fiscal year. There were 14 interventions off-track. Five of the 14 were off-track by less than 25% of target.

Common reasons for the delays:

- Local interventions were dependent on provincial work (either planned provincial work was delayed, or new provincial initiatives were introduced during the year that influenced our initial local plans).
- Timelines were impacted by an interest in aligning an initiative with other regional developments (e.g. future sub-region developments)
- LHIN responded to feedback from local stakeholders to adjust its initial plan
- Availability of funding
- Other unanticipated delays

In general, many of the delays are minor and related to important, but not mission critical, interventions. In most cases, work that was delayed in the last quarter of 2017/18 will be completed in early 2018/19 (e.g. reviewing tools related to goals of care for individuals at end-of-life, reviewing final report regarding Medical Assistance in Dying, etc.). In a few cases, plans may be adjusted in early 2018/19 to align with changing provincial directions (e.g. aligning our local plans with provincial standards for homecare services).

There are two instances of critical projects experiencing delays:

- **Evolving the role of care coordination as part of the modernization of homecare** – The vision and key elements for modernization have been developed for discussion. Delays are due to the loss of key staff, resource challenges and capacity due to MOHLTC initiatives and programs requiring significant education and planning. More information on the modernization of home and community care will be presented to the Board in early 2018/19.
- **Health Links Approach** - as of March 23rd, 2,839, people with complex needs were receiving coordinated care through the Health Links approach. All milestones had been achieved to support the implementation of the health link approach with the exception of the completion of the Health Link review. The review is dependent on establishing data sharing agreements with hospitals, which are expected to be signed in the first quarter of 2018-19. There is steady growth in the number of people with coordinated care plans. Time required to build care coordination capacity has limited rapid scaling.

Overall, the interventions that were identified as off-track should not have a significant impact on the 2018/19 Annual Business Plan. During the development of the 2018/19 ABP, we accounted for known delays. For example, the 2018/19 performance target for Health Links coordinated care plans was adjusted to account for the progress made in 2017/18.

Appendix A: Champlain LHIN Performance by Metric

Indicator	Period of the Data*	Target	Current performance	Current Performance (% target achieved)	Champlain 2017/18 Performance Among LHINs (by thirds)	Performance Drivers?	
						Related to availability of services relative to demand**	Related to processes or efficiencies
% Receiving personal support services within 5 days	Q2 2017/18	95%	73.81%	78%	Lower	√**	√
% Receiving nursing services within 5 days	Q2 2017/18	95%	96.81%	100%	Lower		√
1 st home visit, community clients, 90 th percentile wait	Q2 2017/18	21	63.00	33%	Lower	√	√
1 st home visit, hospital discharge, 90 th percentile wait	Q2 2017/18	NA	8.00	NA	Lower	√	√
Time in emergency department, complex patients, 90 th percentile (hours)	Q3 2017/18	8	11.8	68%	Lower	√	√
Time in emergency department, non-admitted non complex patients, 90 th percentile (hours)	Q3 2017/18	4	4.9	82%	Lower	√	√
Hip replacement cases completed within target period	Q3 2017/18	90%	89.1%	99%	Upper		√
Knee replacement cases completed within target period	Q3 2017/18	90%	88.6%	98%	Upper		√
Patients in acute beds awaiting alternate levels of care (% ALC)	Q2 2017/18	9.5%	12.8%	74%	Middle	√	√
Patients in acute or sub-acute beds awaiting alternate care (ALC Rate)	Q3 2017/18	12.7%	14.6%	87%	Middle	√	√
30 day repeat emergency department visits for mental health	Q2 2017/18	16.3%	18.68%	87%	Upper	√	√
30 day repeat emergency department visits for substance abuse	Q2 2017/18	22.4%	25.75%	87%	Upper	√	√
30 day readmissions for certain chronic conditions	Q1 2017/18	15.5%	15.5%	100%	Upper		√

Q3 2017/18 data refers to Oct, Nov, Dec 2017

Q1 2017/18 data refers to Apr, May, Jun 2017

Q2 2017/18 data refers to July, Aug, Sept 2017

**Red checkmarks indicate larger impact.

NA- Target is not established.