

# MLAA Performance Scorecard - 2016/17

Report generation date: February 21 ,2017 based on Stocktake MLAA Indiators at Q3 2016/17

P.I. #	Performance Indicator	Provincial		Metric date:	NE LHIN	HUB Hospitals			
		Target	Current			HSN	NBRHC	SAH	TDH
<i>Home and Community - Reduce wait time for home care (improve access); More days at home (including end of life care)</i>									
1	Percentage of Home Care Patients with Complex Needs who received their first <u>Personal Support Visit</u> within 5 Days of the date that they were authorized for Personal Support Services	95%	87.1%	Q2 16/17	85.3%	85.3%	83.1%	92.5%	74.2%
2	Percentage of Home Care Patients who received their first nursing visit within 5 days of the date they were authorized for <u>Nursing Services</u>	95%	94.9%	Q2 16/17	94.9%	95.2%	93.8%	95.4%	95.4%
3	90th Percentile Wait Time from community for CCAC In-Home Services: Application from community setting to first CCAC service (excluding case management)	21 days	32.0	Q2 16/17	41.0	46	40	39	40
<i>System Integration and Access - Provide care in most appropriate setting; Improve coordinated care; Reduce wait times (specialists, surgeries)</i>									
4	90 <sup>th</sup> Percentile Emergency Department (ED) Length of Stay for Complex (CTAS I-III) Patients	8 hrs	10.5	Q3 16/17	8.28	13.7	6.6	10.1	6.4
5	90th Percentile ED Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	4 hrs	4.1	Q3 16/17	3.85	4.0	4.1	3.4	3.6
6	Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for MRI Scan	90%	39%	Q3 16/17	47%	23%	19%	88%	70%
7	Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for Diagnostic CT Scan	90%	77%	Q3 16/17	75%	63%	86%	81%	94%
8	Percent of Priority 2, 3 and 4 Cases Completed Within Access Targets for Hip Replacement	90%	80%	Q3 16/17	76%	88%	100%	70%	91%
9	Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Knee Replacement	90%	75%	Q3 16/17	80%	82%	100%	70%	66%
10	Percentage of Alternate Level of Care (ALC) Days ( <i>Discharged ALC days from Acute in reporting period</i> )	9.46%	15.22%	Q2 16/17	28.20%	25.28%	13.10%	22.96%	21.88%
11	ALC Rate ( <i>Burden of ALC days both open and closed ALC cases, Acute + Post Acute care</i> )	12.7%	15.6%	Q3 16/17	23.2%	21.4%	20.6%	26.8%	24.4%
<i>Health and Wellness of Ontarians - Mental Health - Reduce any unnecessary health care provider visits; Improve coordination of care for mental health patients</i>									
12	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions (%)	16.3%	21.5%	Q2 16/17	18.7%	16.2%	19.5%	21.1%	23.7%
13	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions (%)	22.4%	33.4%	Q2 16/17	25.8%	31.9%	31.6%	18.9%	30.7%
<i>Sustainability and Quality - Improve patient satisfaction; Reduce unnecessary readmissions</i>									
14	Readmissions within 30 days for Selected HIG Grouped Conditions	15.5%	16.3%	Q1 16/17	17.5%	17.5%	16.8%	15.3%	19.1%
Achieved Provincial Target					Home and Community results by hospital reflect performance at CCAC Branch in that HUB area.				
Within 10% of Provincial Target									
> 10% from Provincial Target									