

Communiqué to NE LHIN Hospital Chiefs of Staff – February 2016

Changes to Performance Measurement of the Local Health Care System

System performance is measured through each LHIN's accountability agreement with the Ministry of Health and Long-Term Care, known as the Ministry-LHIN Accountability Agreement, or **MLAA**. A new MLAA with new performance indicators and targets, was recently established and is now in place until 2018.

In our effort to reduce variation, MLAA targets are now the same provincial targets for each LHIN. Embedded in the MLAA are 14 performance indicators.

The North East LHIN posts system performance compared to targets on our website each quarter. The "scorecard" also contains results from the region's hub hospitals and is found on page 2 of this communiqué.

As physician leaders, we ask you to:

- Review the scorecard and ensure that your medical leadership is well acquainted with performance results and targets for your hospital and the overall system performance.
- Work closely with hospital leadership in aligning hospital strategies to achieve the required performance targets.
- Contact Laura Freeman (laura.freeman@lhins.on.ca) if you have any questions regarding the scorecard or performance indicators.

For patients, improved system performance equates to better access to surgeries, diagnostic imaging and home care; reduced waits along the continuum of care; and greater access to care alternatives so the ED is not their only choice for conditions best managed elsewhere.

The LHIN continues to work on a multi-pronged approach to ensure patients are cared for in the most appropriate setting.

The following are highlights of some of the NE LHIN performance indicators as at Q2 for 2015/16. For more information, click [here](#).

- ✓ **Emergency:** ED length of stay for patients with minor uncomplicated conditions remains below the 4-hour target at 3.9 hrs. ED length of stay for patients with complex conditions is 8.48 hours, which close to the 8-hour target. Hub hospitals all participate in ED performance improvement activities supported by Pay for Results funding. The NE LHIN is reviewing the Pay for Results performance initiatives as a means of supporting improvements in our ED length of stay.
- ✓ **MRI and CT Scans:** The NE LHIN achieves 46% of its MRI scans within wait time targets. Across the province the wait times for MRI are not meeting targets. HSN has requested a second MRI, which the NELHIN supports and we are waiting a response from the Ministry. CT scans for 74% of patients are completed within access targets which falls short of our target of 90% of patients receiving their CT within the wait time targets.
- ✓ **Hip/Knee Replacements:** Overall 86% of patients are receiving their hip replacements and 83% their knee replacements within the targeted wait times, however our target is 90% of our patients. To support improving access for patients and improving our wait times the NE LHIN has funded five joint assessment centres across the region.
- ✓ **Alternate Level of Care (ALC):** The North East Health System Advisory Committee, is developing a plan to improve our performance to meet the of 9.5% target of ALC days for acute care and 12.7% for acute and post-acute ALC rate.
- ✓ **Mental Health and Substance Abuse:** Overall we are not meeting the targets for ED repeat unscheduled visits. In efforts to improve our performance, the LHIN has funded supports such as housing, a regional "Warm Line" providing after-hours telephone access for people seeking assistance, and a harm reduction strategy in Sudbury in order to better support people with chronic and persistent alcohol abuse conditions.
- ✓ **Readmissions:** The NE LHIN performance of 17%, hospital readmissions is just short of meeting the target of 16.1%. Improving primary care attachment rates and follow-up post hospital discharge are key to improving readmission rates.

MLAA Performance Scorecard – 2015/16 at Q2 2015/16

MLAA Performance Scorecard - 2015/16									
Report generation date: November 23, 2015 based on Stocktake MLAA Indicators at Q2 2015/16									
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 Personal Support Visit within 5 Days of the date that they were authorized for Personal Support Services	95%	84.1%	Q1 15/16	82.1%	88.8%	81.5%	81.0%	79.3%
2	Percentage of Home Care Patients who received their first nursing visit within 5 days of the date they were authorized for Nursing Services	95%	93.6%	Q1 15/16	93.6%	94.0%	95.7%	94.8%	94.9%
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	30	Q1 15/16	55	49	52	57	57
<i>System Integration and Access - Provide care in most appropriate setting; Improve coordinated care; Reduce wait times (specialists, surgeries)</i>									
4	90 th Percentile Emergency Department (ED) Length of Stay for Complex (CTAS I-III) Patients	8 hrs	9.82	Q2 15/16	8.48	13.47	6.23	11.40	6.10
5	90 th Percentile ED Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	4 hrs	4.03	Q2 15/16	3.93	4.43	3.57	3.52	3.67
6	Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for MRI Scan	90%	36%	Q2 15/16	45%	23%	26%	98%	48%
7	Percent of Priority 2, 3, and 4 Cases Completed Within Access Target for Diagnostic CT Scan	90%	76%	Q2 15/16	74%	63%	81%	86%	68%
8	Percent of Priority 2, 3 and 4 Cases Completed Within Access Targets for Hip Replacement	90%	79%	Q2 15/16	86%	79%	100%	81%	88%
9	Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Knee Replacement	90%	79%	Q2 15/16	82%	71%	95%	87%	75%
10	Percentage of Alternate Level of Care (ALC) Days (Discharged ALC days from Acute in reporting period)	9.46%	14.8%	Q1 15/16	32.9%	20.7%	6.6%	62.9%	15.7%
11	ALC Rate (Burden of ALC days both open and closed ALC cases, Acute + Post Acute care)	12.7%	13.9%	Q2 15/16	19.3%	16.1%	16.7%	23.4%	27.9%
<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%	19.9%	Q1 15/16	18.0%	18.1%	16.0%	17.6%	15.8%
13	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions (%)	22.4%	33.8%	Q1 15/16	36.4%	45.8%	34.9%	22.7%	34.4%
<i>Sustainability and Quality - Improve patient satisfaction; Reduce unnecessary readmissions</i>									
14	Readmissions within 30 days for Selected HIG Grouped Conditions	15.5%	16.1%	Q4 14/15	17.0%	14.5%	17.5%	19.2%	19.2%
Achieved Provincial Target		Hospital results are identified in green if at target, else no colour CCAC results by hospital reflect performance at CCAC Branch in that HUB area.							
Within 10% of Provincial Target									
> 10% from Provincial Target									