

Measuring Performance: Champlain LHIN 2015/16 Third Quarter Report

April 2016

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Executive Summary: Measuring Our Progress

This report highlights the Champlain LHIN's performance in the third quarter of 2015/16 focusing on 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 from one type of care to another. After patients complete their treatment in hospital at times they cannot be discharged home because services they need are not available in the community. As a result, patients wait in hospital 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 concerted efforts to improve access to community services and reduce the number of patients waiting in hospital for a different type of care. The wait for first home care visit is 9% closer to the target compared with last quarter and the wait for personal support visits is 7% closer. Progress continues on the "alternate level of care" target and the LHIN is now 82% of the way to the target compared with 68% two quarters ago.

Another important metric that was of concern last quarter was repeat emergency department visits for substance abuse, which is now 13% closer to target. Investments in new residential stabilization programs are in the first year of implementation and are starting to show an impact.

Overall performance towards achieving our 14 accountability targets in the third quarter of 2015-16 improved from the previous quarter (from an average of 78% across all indicators to 80%). Most notable improvements were seen for hip replacement wait times, alternate level of care and time that non-complex patients spent in the emergency department.

Continued efforts are required on other indicators. Most concerning are wait times for MRI and for CT scans. There are difficulties across the province in achieving the target for these indicators. Performance continues to decline because demand exceeds 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 and will improve wait times in the shorter term. However, these strategies will not suffice to achieve the targets over the longer term as our population continues to grow and demand increases. Achieving the target will require additional funding for more hours of service in the future.

The LHIN has a unique role in the region to manage, coordinate and integrate health care services. This issue of our performance report highlights the LHIN's organizational health and leadership. The LHIN's leadership strengthens coordination, helps to avoid duplication, and encourages the spread of best practices and sharing among providers. Internally, the LHIN is effectively managed in terms of its budget, proactive risk management, project management and ensuring a healthy work environment.

Introduction

To foster a high performing health system, the Champlain LHIN relies on information from 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.

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 constraint and an aging population with growing needs.



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

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 also includes a special feature on the efficient and effective management of the LHIN. Detailed information for all of the indicators, including performance data, key drivers and LHIN strategies are available in a technical report which is a companion to this report, [here](#).

Our three-year (2015-2018) Accountability Agreement with the Ministry of Health and Long-Term Care 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 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.

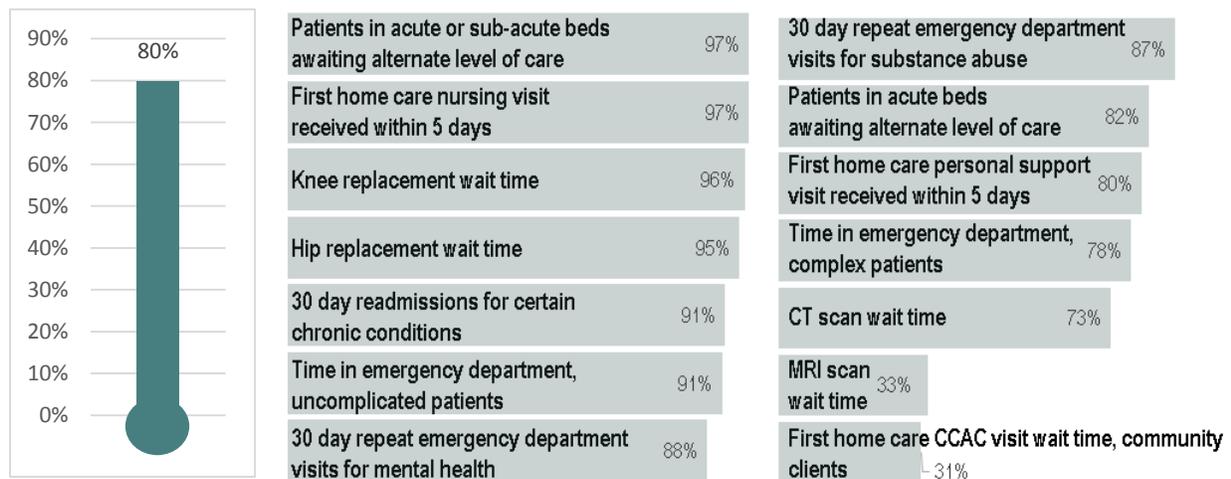
Performance Results

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 third quarter of 2015-16, on average, the Champlain LHIN, was 80% of the way to achieving our targets (see Figure 1). This quarter’s ‘thermometer reading’ is similar to the previous quarter (78%).

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).

For MRI wait times, the LHIN has contracted with a vendor to review workflow to identify opportunities for improvement and capacity requirements.

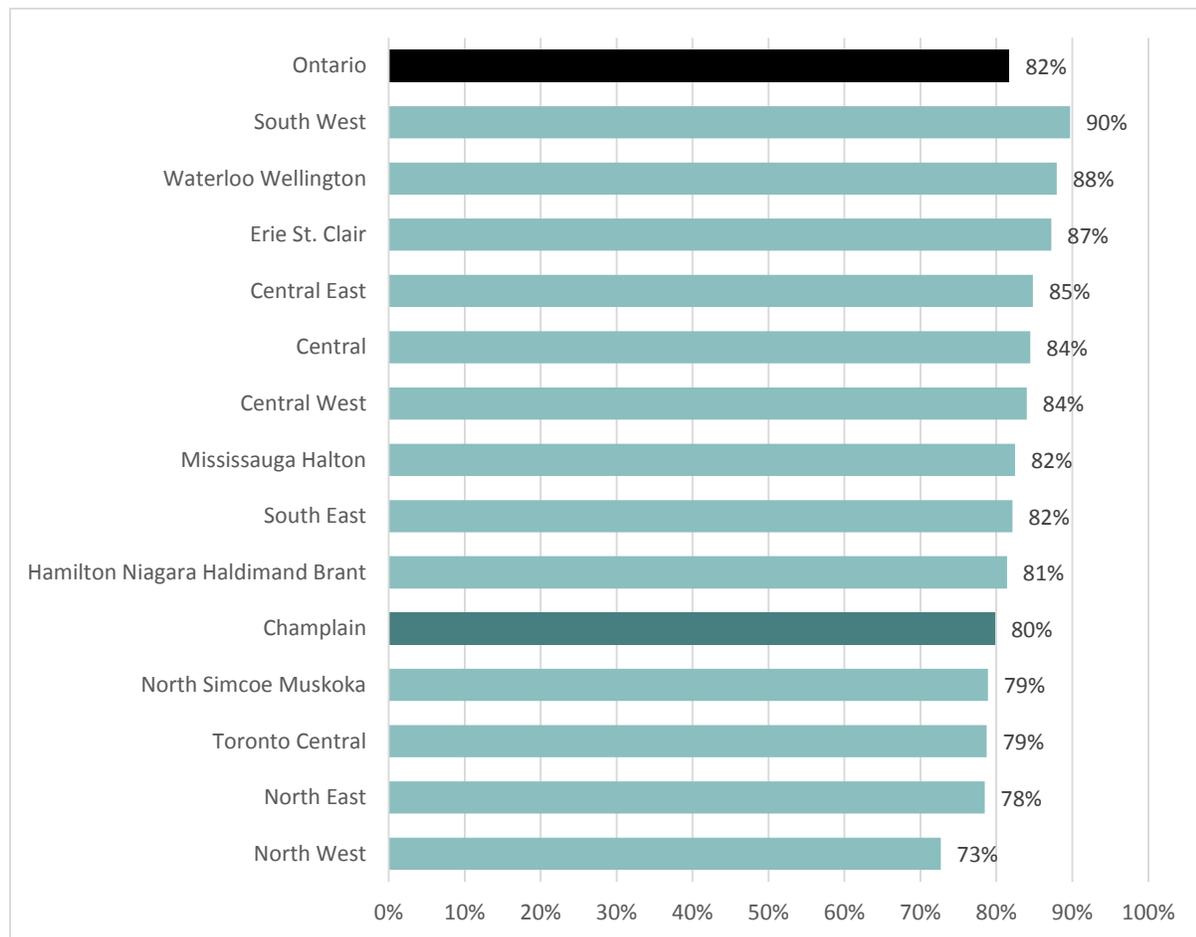
For First home care CCAC visit wait, more recent data has shown marked improvements in wait times.

Additional details on these indicators is available in the “What Explains our Performance Gaps and What are We Doing About Them?” section, page 10.

Comparisons with Other LHINs

Across the province, performance on accountability indicators has improved slightly in comparison to last quarter. For the third quarter of 2015-16, the other LHINs' 'thermometer readings' ranged from 73% to 90% averaging 82%, similar to the first quarter average of 81% and second quarter average of 81% (See Figure 2).

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



The range of achievement of target ranges from 2% improvement to 2% decline across all of the LHINs relative to the previous quarter. The average across Ontario is 0.5% improvement. The Champlain LHIN had the largest improvement relative to the previous quarter (2%).

Trends in Performance Results

On average, the percent of target met in Champlain has improved from 78% to 80% in comparison to the previous quarter. The biggest improvement was for 30-day repeat emergency department visits for substance abuse 13% closer to the target (See Figure 3).

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

Indicator	Change From Previous Quarter	Q2 2015-16	Q3 2015-16
30 day repeat emergency department visits for substance abuse	13%	75%	87%
First home care CCAC visit wait time, community clients	9%	22%	31%
First home care personal support visit received within 5 days	8%	72%	80%
Patients in acute beds awaiting alternate level of care (% ALC)	7%	74%	82%
Time in emergency department, uncomplicated patients	2%	89%	91%
Hip replacement wait time	1%	93%	95%
First home care nursing visit received within 5 days	0%	96%	97%
CT scan wait time	0%	73%	73%
30 day readmissions for certain chronic conditions	-1%	92%	91%
Time in emergency department, complex patients	-1%	79%	78%
MRI scan wait time	-1%	34%	33%
Patients in acute or sub-acute beds awaiting alternate level of care (ALC rate)	-2%	99%	97%
30 day repeat emergency department visits for mental health	-4%	91%	88%
Knee replacement wait time	-4%	100%	96%
Average	2%	78%	80%

The changes range from a 13% improvement for 30 day repeat emergency department visits to a 4% decline for knee replacement wait time (see Figure 3).

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 emergency departments. Hospitals may have difficulty discharging patients if adequate services are not available in 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 4):

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

Indicator	Change From Previous Year	Q3 2014-15	Q3 2015-16
30 day repeat emergency department visits for substance abuse	6%	82%	87%
Patients in acute beds awaiting alternate level of care (% ALC)	5%	77%	82%
Knee replacement wait time	3%	93%	96%
Hip replacement wait time	2%	93%	95%
Time in emergency department, uncomplicated patients	2%	89%	91%
Time in emergency department, complex patients	0%	77%	78%
First home care nursing visit received within 5 days	0%	97%	97%
First home care personal support visit received within 5 days	-1%	82%	80%
30 day repeat emergency department visits for mental health	-2%	90%	88%
Patients in acute or sub-acute beds awaiting alternate level of care (ALC rate)	-3%	100%	97%
First home care CCAC visit wait time, community clients	-7%	38%	31%
MRI scan wait time	-7%	40%	33%
30 day readmissions for certain chronic conditions	-9%	100%	91%
CT scan wait time	-13%	86%	73%
Average	-2%	82%	80%

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

Other issues that can impact performance include:

- Capacity issues with increasing demand exceeding available resources (e.g. MRI wait time).
- Data collection methodologies can affect performance. When large numbers of patients with long waits receive services over a short period, the measure may deteriorate temporarily. This is because clients are only counted in the metric once they receive their service.

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: Performance continues to be well below target. The LHIN has worked extensively with regional providers and has addressed issues such as data quality and efficiency. All providers meet or exceed provincial efficiency targets. The Regional MRI Steering Committee is working with a third party vendor to assess opportunities to improve scheduling and other related work processes and recommend a more effective approach to manage the queue for scans. The vendor will quantify the impact of various approaches in order to determine how much additional capacity might be required in the shorter and longer terms to meet today's and future demand for service.

CT scan wait time: Performance on CT scan wait times continues to be below target due to an imbalance between CT capacity available and the demand for new scans as well as workflow and appropriateness issues. The same approaches to managing MRI wait times are being applied to CT scans.

Hospitals have applied their MRI LEAN work to both CT and MRI. Hospitals have indicated that their CT efficiencies have hit the provincial targets. Once the Wait Time Information System (WTIS) starts tracking the CT scans in 2016-17, we will be able to monitor efficiency more precisely. We do not anticipate achieving the provincial wait time target this fiscal year. The LHIN expects to be able to meet the target for priority 1, 2, and 3 patients by the second 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.

Home Care: Although the number of days to receive the first CCAC home care visit still has work to do to achieve target, it has improved from 90 percent of clients receiving services with 95 days in the first quarter to 67 days the second quarter (the Ministry's current reporting period). Additional data directly from the CCAC on the third quarter has also recently become available that has shown further improvements down to 37 days in the third quarter and 25 days for the fourth quarter. Only clients who receive a first visit within the reporting period are included. As a result, performance on this indicator worsens temporarily when large numbers of clients receive services. The final group of clients from the waitlist that received services earlier in the year are included in this metric and performance is expected to continue to improve. It has been a priority for the LHIN and the Champlain CCAC to improve intake processes to better meet this target. It is expected that the LHIN will be very close to meeting this target by the end

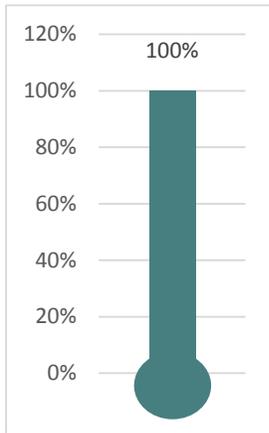
of this fiscal year. There continues to be a risk that an increased number of clients could cause increased wait times due to budgetary constraints.

Cardiac Care: The 90th percentile wait for cardiac care is a “monitoring” indicator and as such does not have a target. Other indicators in this report are defined by the Ministry as “performance” indicators that have targets. Overall in the third quarter 77% of priority 2 (urgent), 3 (semi-urgent), and 4 (elective) cardiac patients were treated within the target time period compared to 95% provincially. The number of patients receiving this type of treatment has increased during the third quarter and we are working with the Cardiac Care Network to have a more in-depth understanding of this trend to identify additional steps to improve performance. To respond to the growing wait times, the provider has not slowed down or had typical surgical closures and are planning additional surgical volume over the summer months. Additional funding to increase the number patients that can be treated is also being investigated by the provider.

Additional details on strategies for all of our indicators are available in the technical report, [here](#).

Champlain LHIN Organizational Health

Patients depend on the health care system to be there when they need it. With the aging population, there are ever-increasing pressures on the health care system to do more with less. Health care is a very complex and inter-connected system and currently consumes approximately 42% of the provincial budget. The Champlain LHIN is a key player in funding, managing and coordinating the health care system to support efficient and effective functioning within current fiscal realities. To accomplish its mandate, the LHIN’s must be able to manage its own operations. So how well is the LHIN managing itself and its internal operations?



For all of the LHIN’s internal operations indicators that have targets, the LHIN is achieving 100% of the target. This includes indicators related to operational budget, achievement of annual business plan objectives, and social media/communications indicators.

Champlain has kept operational and project costs to a minimum and effectively manages its annual budget. The Champlain LHIN uses only 0.31% of its annual transfer payment funding from the Ministry of Health and Long-Term Care for its operating budget. The remainder is used by hospitals and community health services providers in the region. The LHIN has one of the lowest percentages in Ontario, which averages

0.40% and ranges from 0.23% to 1.06% for other LHIN regions. The LHIN budgets its annual operational budget conservatively in earlier quarters and the last quarter is balanced or a small surplus. As of the 3rd quarter of 2015-16, the LHIN was tracking 6.9% below budget.

The LHIN is achieving its annual business plan targets, 88% of projects are achieving their milestones compared to the target of 85%. Of the 50 interventions identified in the Annual Business Plan (ABP), 47 are on-track to achieve their planned milestones by the end of the fiscal year. Of those that are not on-track, one project is delayed due to recruitment challenges, one is in a testing phase and is not expected to be ready and the third is no longer being actively pursued. The LHIN is developing a new operational plan for the next three-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 and funding models
- 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)

The Champlain LHIN only uses 0.31% of its annual transfer payments from the Ministry of Health and Long-Term Care for its operating budget.

The LHIN proactively manages risks to the LHIN’s operations. The Board conducted a comprehensive review of risks and identified 15 that were high or extreme. The LHIN has

implemented mitigation strategies for all of the risks that were identified and reviews the high or extreme risks 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 the 3rd quarter, 5 of these high or extreme risks were fully mitigated and 10 were partially mitigated.

A healthy work environment is critical to the success of the Champlain LHIN. The LHIN seeks staff feedback annually through a work-life survey to understand what is working well, what needs attention and whether we are making progress on issues previously identified. Overall results of the 2015 employee survey were similar to the previous year. The average score on the multi-item questionnaire was 3.7 on a scale of 1 to 5 compared to 3.8 the previous year. The areas that were identified as priorities for follow-up in the 2014 survey included information technology and workload issues, both of which improved in 2015. The LHIN's Senior Management Team continues to implement a series of actions in partnership with staff to address areas for improvement.

Another indicator of a healthy work environment is staff turnover. Our staff turnover for 2014-15 was 6.5%, which meets the target of less than 10%. Exit interviews are conducted with staff to understand the factors that lead to turnover. Reasons for accepting new positions are generally either employment that was more aligned with their education or moving to a position with greater opportunities for growth.

The LHIN also uses to patient and provider engagement extensively to ensure that the system is meeting patient needs. More details on engagement activities will be highlighted in next quarter's report.

Appendix A: Champlain LHIN Performance by Metric

Appendix 1. 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**	Related to processes or efficiencies
% Receiving personal support services within 5 days	Q2 2015/16	95%	76%	80%	Lower Quartile	√	√
% Receiving nursing services within 5 days	Q2 2015/16	95%	92%	97%	Lower Quartile		√
1 st CCAC home visit, community clients, 90 th percentile wait	Q2 2015/16	21 days	67 days	31%	Lower Quartile	√	√
Time in emergency department, complex patients, 90 th percentile	Q3 2015/16	8 hours	10.3 hours	78%	Lower Quartile	√	√
Time in emergency department, non-admitted non complex patients, 90 th percentile	Q3 2015/16	4 hours	4.4 hours	91%	Lower Quartile	√	√
MRI scan cases completed within target period	Q3 2015/16	90%	30%	33%	Middle of the Group	√	√
CT scan cases completed within target period	Q3 2015/16	90%	66%	73%	Lower Quartile	√	√
Hip replacement cases completed within target period	Q3 2015/16	90%	85%	95%	Middle of the Group		√
Knee replacement cases completed within target period	Q3 2015/16	90%	86%	96%	Top Performer		√
Patients in acute beds awaiting alternate levels of care (% ALC)	Q2 2015/16	9.46%	11.57%	82%	Middle of the Group	√	√
Patients in acute or sub-acute beds awaiting alternate care (ALC Rate)	Q3 2015/16	12.7%	13.2%	97%	Middle of the Group	√	√
30 day repeat emergency department visits for mental health	Q2 2015/16	16.3%	18.6%	88%	Middle of the Group	√	√
30 day repeat emergency department visits for substance abuse	Q2 2015/16	22.4%	25.6%	87%	Middle of the Group		√
30 day readmissions for certain chronic conditions	Q1 2015/16	15.5%	16.9%	91%	Lower Quartile		√

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

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

Q3 2015/16 data refers to Oct, Nov, Dec 2015.

**Red checkmarks indicate larger impact.

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