

Waterloo Wellington LHIN

Quarterly Report (Q2)

July 1 to September 30, 2008

September 30, 2008

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1.0 Introduction

The activities of the Waterloo Wellington LHIN (WWLHIN) during the second quarter (Q2) of the fiscal year 2008/09 continue to advance the priorities of the Integrated Health Services Plan (IHSP) in line with Ministry of Health and Long-Term Care (MOHLTC) strategic plan. Efforts were also focused on the development of the WWLHIN Annual Service Plan (ASP) for 2009/10.

There is momentum in a number of key areas such as e-Health and a review of acute care clinical services. This report will provide updates on these and other special initiatives, along with an analysis of system performance.

The following excel spreadsheets are provided as attachments.

- Quarterly Forecast by Sector
- Quarterly Balance Sheet Forecast
- Forecast Reallocation Table – Reallocation within Sectors
- Forecast Reallocation Table – Reallocation between Sectors
- Risk Summary Template

The report concludes with an update and spreadsheet summary of the second quarter (Q2) for the WWLHIN operations.

2.0 WWLHIN Local Health System Update

Hospital – Service Accountability Agreements (H-SAA) and Performance Monitoring Update

Service Accountability Agreements have been executed with all the WWLHIN hospitals except for Guelph General Hospital. Discussions continue with this hospital in order to reach an agreement.

Close to the end of Q2, performance monitoring discussions, took place during Q2, with all of the hospitals and other selected service providers. The meetings were an opportunity to continue to be informed on progress towards objectives outlined in the service accountability agreements and also a chance to identify any issues/opportunities early in the fiscal year. All four of the hospitals that requested waivers are projecting year-end positions within the waiver amount in their H-SAA. The other hospitals are on track with their plans.

Annual Service Plan (ASP) 2009/10

Each year, LHINs develop an Annual Service Plan (ASP) that outlines how the priorities of the IHSP will be implemented. The ASP is a three year plan, with emphasis on the coming fiscal year (2009/10) that proposes specific activities and future year operational plans.

In comparison to the ASP for the period 2008/09, the ASP for 2009/10 has three components. The first component proposes priorities for new investment for individual LHINs and for cross-LHIN initiatives. This component of the ASP for 2009/10 was submitted on August 31st. The

second component of the ASP is a multi-year risk summary that provides detailed assessments of the risks facing the WWLHIN as they progress to implement their priorities. This risk summary also details mitigation strategies and will be submitted by the end of the second quarter. The third component of the ASP for 2009/10 will be submitted in third quarter, and will provide specific details of how the WWLHIN will address the priorities of the IHSP.

2.1 Status Update on Special Initiatives

The special initiatives underway at the WWLHIN and the related activities continue to move forward. An update on each of the projects is provided below.

WWLHIN Transitional Care Program

Three transition bed sites continue to operate in Kitchener and Guelph. A fourth site in Cambridge opened late in quarter two, which addressed further ALC needs and provided geographic equity across the LHIN.

Emergency Services

During the summer of 2008, an ED Wait Times Working Group was struck as a sub-committee of the Waterloo Wellington Emergency Services Network. The Working Group will be chaired by the WWLHIN ED lead, Dr. Aaron Smith from Guelph General Hospital. In addition to evaluating the ED pay-for-results program in WWLHIN, the Working Group will look at service delivery models, processes and/or solutions that will increase capacity, quality and efficiency. The overall goal will be to address Emergency Department wait times and access to emergency care in the WWLHIN.

Early in quarter two, the WWLHIN hospital CEOs and WWCCAC Executive Director endorsed a plan to conduct both a clinical optimization review and a review of pharmacy services.

Clinical Optimization Review

The purpose of the clinical optimization review is to examine the provision of existing acute care services and then to develop an overall vision for the provision of acute care services in the WWLHIN.

The knowledge obtained through this review will enable the WWLHIN together with its health service providers to build an integrated acute care service system for the WWLHIN patient population that will advance the strategic directions of the WWLHIN:

- Improve accessibility to health services
- Improve the health of the population
- Enhance system effectiveness
- Build a community capacity to achieve a sustainable health system

A Clinical Optimization Steering Committee has been established and at their first meeting in September, the project's deliverables were confirmed and working groups were established. The Chair of the Steering Committee is the Chief of Staff/Chief Clinical Officer of the Homewood Health Centre. The project will take 12-18 months with the first deliverables available for the 2009/10 fiscal year.

Pharmacy Review

The purpose of the pharmacy review is to explore and develop an integrated model for pharmacy provision within the WWLHIN that enhances patient safety and outcomes, meets or exceeds best practices and standards, and attains efficiencies and economies of scale. The pharmacy review is led by St. Joseph's Health Centre, Guelph with support from a steering committee. The first deliverable from this project will be a business case expected to be completed by the end of third quarter. Financial support will be sought from Ontario Buys, the Ministry of Finance and other partners so that the plan for an integrated model of pharmacy services can be implemented.

Complex Continuing Care Review

The WWLHIN is supporting St. Joseph's Health Centre, Guelph by chairing an expedited planning exercise with hospitals to develop the ideal sizing and situating of Complex Continuing Care (CCC) services in the region. The committee has engaged physicians, administrators and other clinicians in development of the recommendations. The early feedback from the Medical Advisory Committees of the hospitals is positive and the full report is expected to be tabled to all hospital Boards of Directors prior to the end of the third quarter.

A Working Group has been established for this project, to make recommendations to the Steering Committee on the sizing of CCC services within the LHIN. This Working Group met 4 times during July and August, and has finalized a set of standard admission and discharge criteria for CCC services within our LHIN. The criteria will be shared with physician groups across the LHIN, to gain their feedback and suggestions. The sizing group will continue to work through September to calculate the recommended size of CCC services.

The Steering Committee will also continue to meet through September and October to review the criteria and recommendations related to sizing and to develop siting options for these services.

Aging at Home (AAH) Year-One (2008/09) and Year-Two (2009/10)

Over half of the WWLHIN's seventeen year one AAH projects, received funds in second quarter, which is in accordance with performance and financial targets negotiated for each respective implementation plan. The planned re-investments for the year- one AAH resources along with the year-two AAH projects will be aligned with the recently released direction from the Minister of Health and Long-Term Care to focus on the Alternative Level of Care (ALC) pressures and the goal to decrease Emergency Department wait times.

The call for proposals for year-two AAH projects was announced on August 21, 2008 and closed at the end of quarter two (September 30, 2008). The WWLHIN Board of Directors will approve (in principle) the year-two Service Plan in accordance with timelines released by the MOHLTC.

e-Health

The MOHLTC is moving forward with a provincial e-Health strategy in support of chronic disease management and the WWLHIN is actively engaged with this MOHLTC program in preparation for the implementation and adoption of provincial solutions such as the Diabetes Registry. A WWLHIN project management office has been established and the development of a readiness assessment and preparedness plan are underway.

e-Health (cont.'d)

The WWLHIN has received strategic funding from Canada Health Infoway. The objectives of the **HEALTHeCONNECTIONS** project include demonstrating enhanced health care services models for chronic disease management enabled by e-Health. An emphasis will be on personal health records and consumer e-Health solutions for self-management of chronic conditions. This project will be closely linked to the provincial e-Health strategy.

The WWLHIN is also continuing to make significant progress towards the advancement of its foundational e-Health projects:

- Deployment of ONEMail and ONENetwork to community-based health service providers.
- Implementation of HiNet (eCHN) across all hospitals for the creation of accessible health records for children.
- Involvement of Guelph Family Health Team in Ontario Telemedicine Network's telehomecare pilot project.

Critical Care

At their meeting in September, the Critical Care Network reviewed the first quarter data for the WWLHIN hospitals from the Critical Care Information System (CCIS). With this new information, the Network will be able to identify possible issues in the critical care system in WWLHIN and then work towards solutions that are sustainable.

The funding received to train 23 acute care nurses was well received and the nursing leaders are developing a model of education to utilize the resources to enhance the available pool of nurses in this specialized area.

One hospital undertook a pilot project to implement a closed-access ICU and this has been continued to the end of December. So far, results have been favourable and it is hoped that the model will be sustainable for the long-term.

2.2 Community Engagement

While Community engagement is not considered a special initiative, it is the WWLHIN philosophy that such activities are a key towards the success of the special initiatives reported on above.

Champions of Change

On September 29th, over two hundred individuals attended the bi-annual Champions of Change event St. George's Banquet Hall in Waterloo. The keynote speaker, Cathy Fooks of The Change Foundation presented highlights of the Foundation's report, **Who is the Puzzlemaker?** The report provides patient and caregiver perspectives on navigation through Ontario's health care system. Presenting from a local system perspective were front-line staff from the Kitchener Downtown Community Health Centre and the Executive Director, David Murray of the Waterloo Wellington Community Care Access Centre.

Grand Magazine

Sandra Hanmer was profiled in the local publication “Grand Magazine”, where information was shared about the WWLHIN’s mission, values and current activities. The innovative Aging at Home initiatives were also noted in the article.

Media Editorial Boards

Sandra Hanmer and Kathy Durst, Chair have initiated a series of meeting to engage members of the editorial boards from local media. It is hoped that the meetings will provide a chance for members of the media to understand the role of the WWLHIN and the priorities that we hope to achieve. The first meeting took place in August with the Guelph Mercury editorial board and the information was featured in an article the following day. Meetings are also planned with the Cambridge Times, Rogers Media and the Kitchener-Waterloo Record in quarter three.

Additional community engagement activities included attendance at the Waterloo Wellington Geriatric Services Network and the launch of the dementia network for Waterloo Wellington.

2.3 Status Update on Integration Initiatives

In the first quarter, the WWLHIN Board of Directors approved a Vascular Services Integration between Guelph General Hospital (GGH) and other hospitals in the area. Currently no changes in funding are anticipated but volumes are predicted to increase at Guelph General Hospital, due to the successful recruitment of a third vascular surgeon to the community. More financial support for a sustainable vascular program will be necessary in the future.

The review of Complex Continuing Care services in the WWLHIN may lead to several identified integration opportunities. However, it is not clear whether they will be voluntary or required decisions. All recommendations will be considered in the context of H-SAAs refresh, CAPS and M-SAA and the approval of 2009/10 budgets.

The WWLHIN is anticipating a voluntary integration in the form of a transfer of an ambulatory clinic that provides services to adults with Cystic Fibrosis between GRH and St. Mary’s Hospital. To facilitate this process, the WWLHIN created a draft a toolkit that provides advice and clarity for health service providers about voluntary integration and the steps that have to take place to implement this type of integration. To facilitate the steps, the WWLHIN is currently in dialogue with the two hospitals to gain a better understanding of the financial and human resource implications of the intended integration. The support from the community for integrating the Adult Cystic Fibrosis Clinic is also being assessed.

2.4 Update on Planning Activities

A service and financial summary has been created for the purpose of using the information to develop a depiction of services by sector and the relative investment amounts. The depiction also includes a preliminary listing of identified gaps, needs, and limitations on services. This depiction will be further elaborated on in the coming months, with input from other functional areas within the WWLHIN.

A high-level master workplan has been developed for the 2009/10 health service provider operating plan submission and review process. The workplan incorporates the following:

- lessons learned from the experience last year,
- the MOHLTC's templates for operating plan submissions,
- the creation of tools to evaluate the plans, and
- educational components for health service providers.

The operating plan review process will be carried out between September, 2008 and March, 2009.

During July and August, WWLHIN fulfilled two data requests for internal WWLHIN staff. The first was for a description of a clinical service, and the other to support the work of the e-Health projects.

2.5 Health System Performance Summary

WWLHIN Performance Dashboard
Second Quarter 2008/09

Performance Indicator	Indicator Type	Provincial Target	LHIN Starting Point	LHIN		Performance Corridor - Higher Value	Performance Corridor - Lower Value	Actual Performance	WWLHIN Risk Assessment
				Performance Target - 2008/09	Projected Performance Target				
90th Percentile Wait Times for Cancer Surgery ¹	Access	84 Days	57.00	50.00	55.25	60.78	49.73	58.00	Doing Well
90th Percentile Wait Times for Cardiac Bypass Procedures ¹	Access	182 Days	40.00	40.00	40.00	44.00	36.00	15.80	Doing Well
90th Percentile Wait Times for Cataract Surgery ¹	Access	182 Days	95.00	95.00	95.00	104.50	85.50	69.00	Doing Well
90th Percentile Wait Times for Hip Replacement ¹	Access	182 Days	189.00	182.00	187.25	205.98	168.53	101.00	Doing Well
90th Percentile Wait Times for Knee Replacement ¹	Access	182 Days	205.00	182.00	199.25	219.18	179.33	103.00	Doing Well
90th Percentile Wait Times for Diagnostic MRI Scan ¹	Access	28 Days	140.00	60.00	120.00	150.00	90.00	71.00	Attention Required
90th Percentile Wait Times for Diagnostic CT Scan ¹	Access	28 Days	48.00	28.00	43.00	53.75	32.25	29.00	Doing Well
Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC) ²	Integration	290.76 per 100,000	276.00	276.00	276.00	303.60	248.40	261.16	Doing Well
Median Wait Time to Long-Term Care Home Placement -All Placements ³	Integration	50 Days	87.00	74.00	83.75	104.69	62.81	114.00	Attention Required
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution ³	Integration	9.46%	13.00	11.20	12.55	13.81	11.30	16.43	Attention Required
Rate of Emergency Department Visits that could be Managed Elsewhere ²	Integration	11.79 per 1,000	17.99	15.00	17.24	18.97	15.52	19.41	Monitor
Readmission Rates for Acute Myocardial Infarction (AMI) ³	Quality	3.80%	3.11	3.10	3.11	3.88	2.33	3.11	Doing Well

Actual Performance colour assigned based on comparing:

Doing Well - Below Corridor & LHIN Starting Point

Improving - In Corridor & below LHIN Starting Point

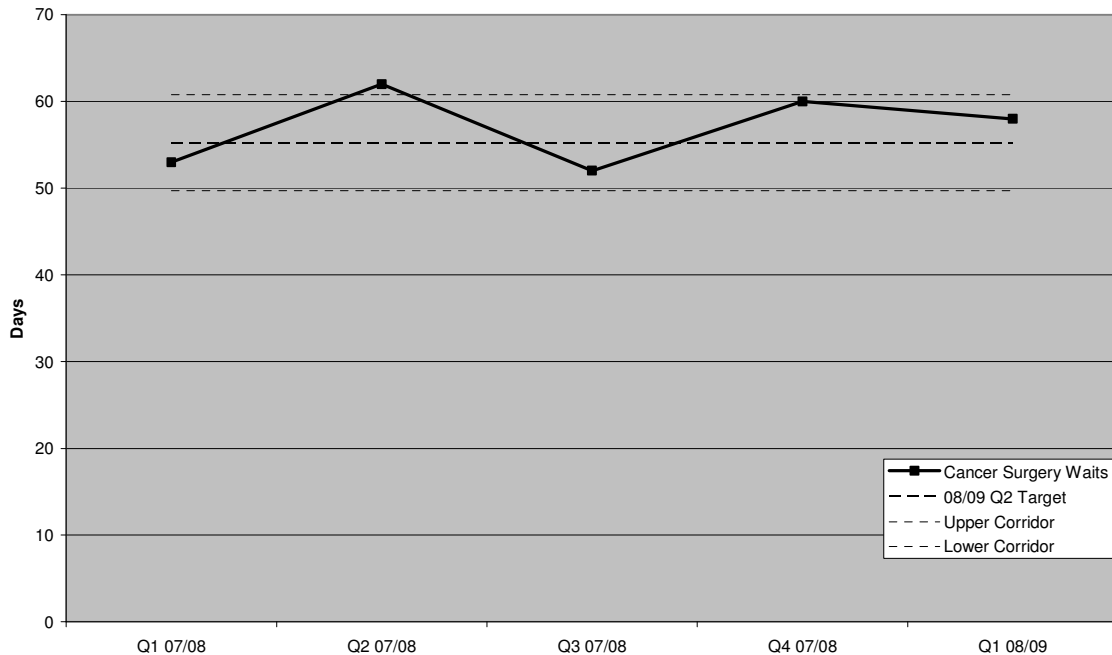
Monitor - In Corridor & above LHIN Starting Point

Attention - Above Corridor & above LHIN Starting Point

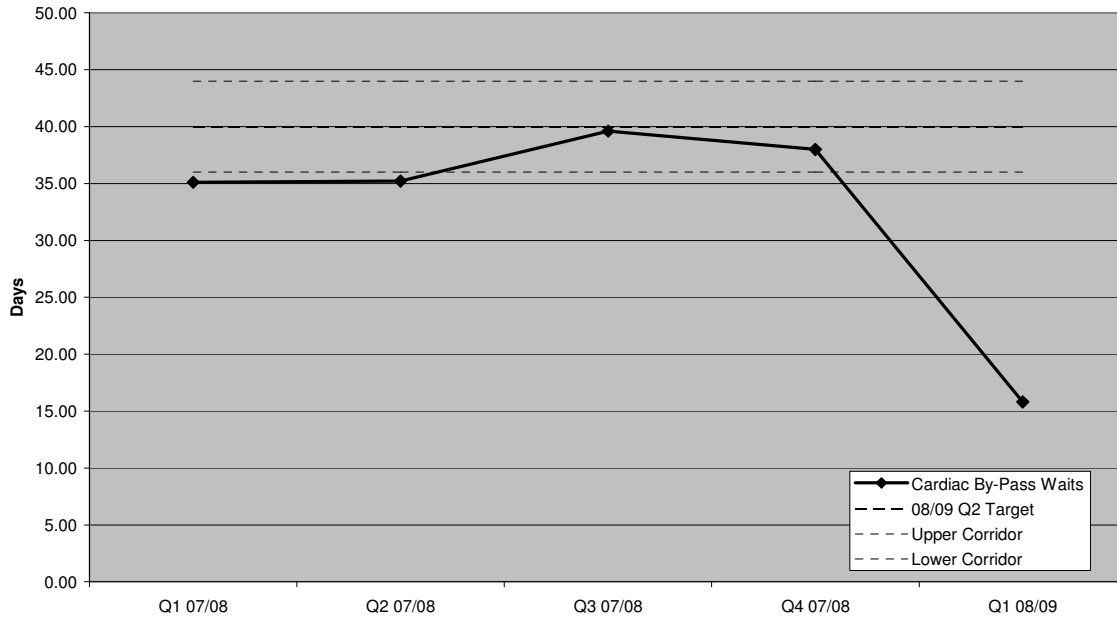
Improving Access

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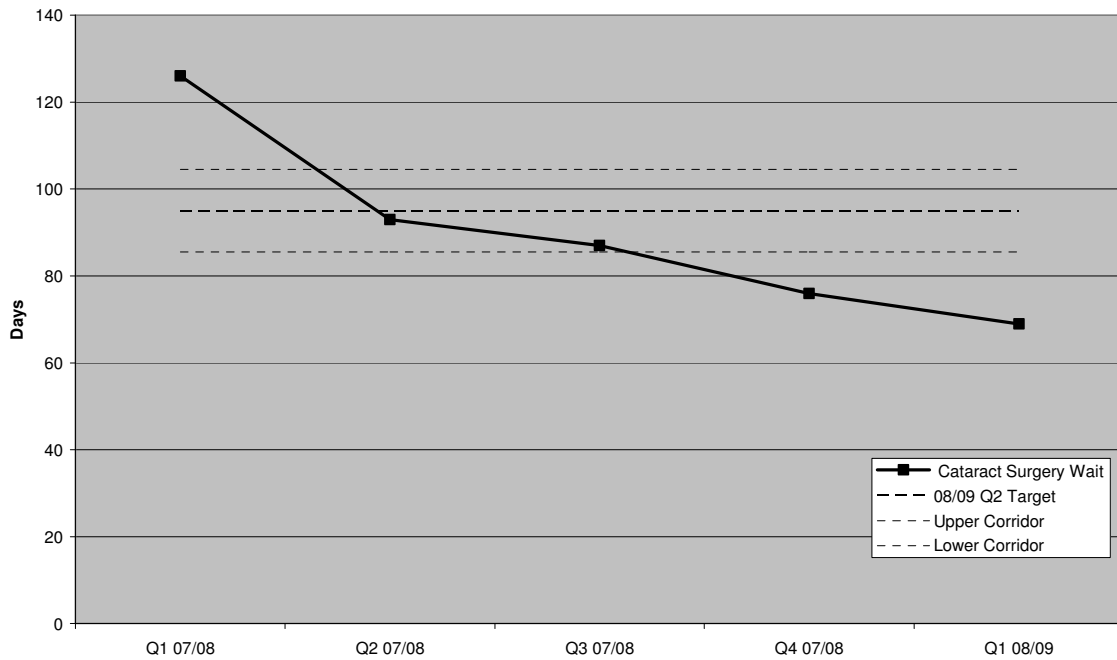
WWLHIN 90th Percentile Wait For Cancer Surgery



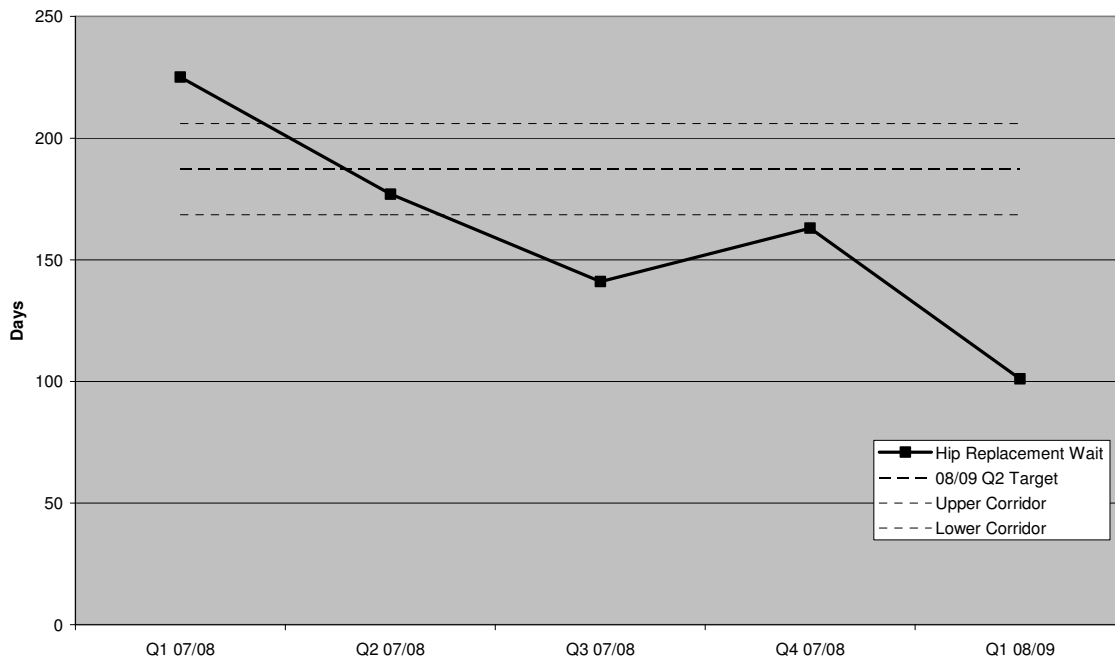
WWLHIN 90th Percentile Wait For Cardiac By-Pass Procedures



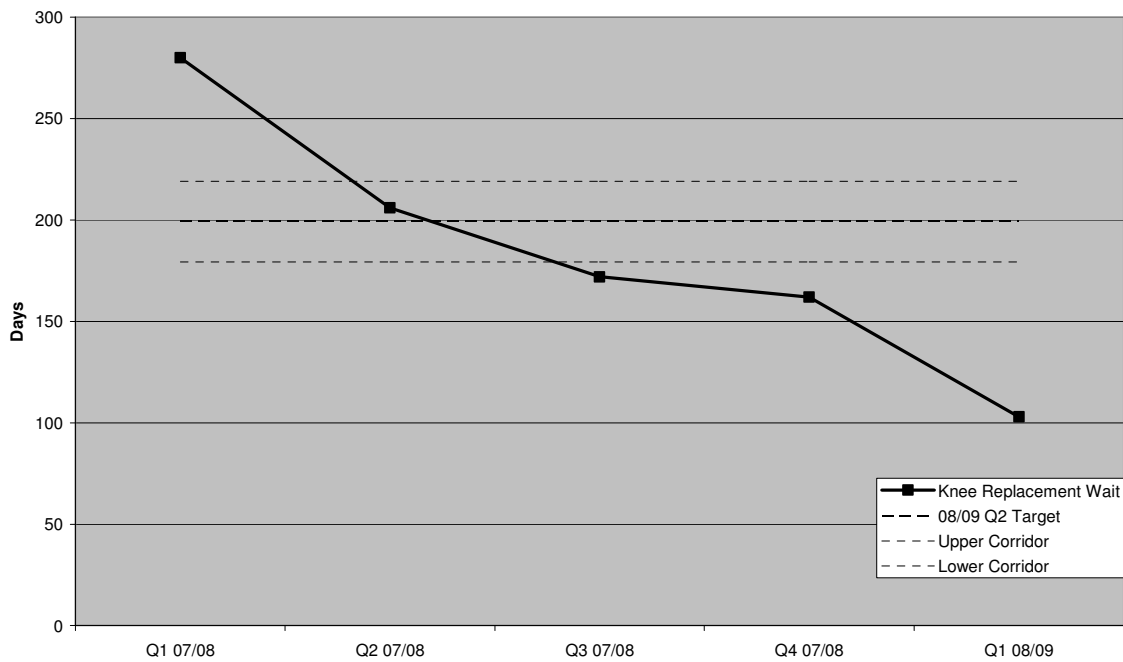
WWLHIN 90th Percentile Wait for Cataract Surgery



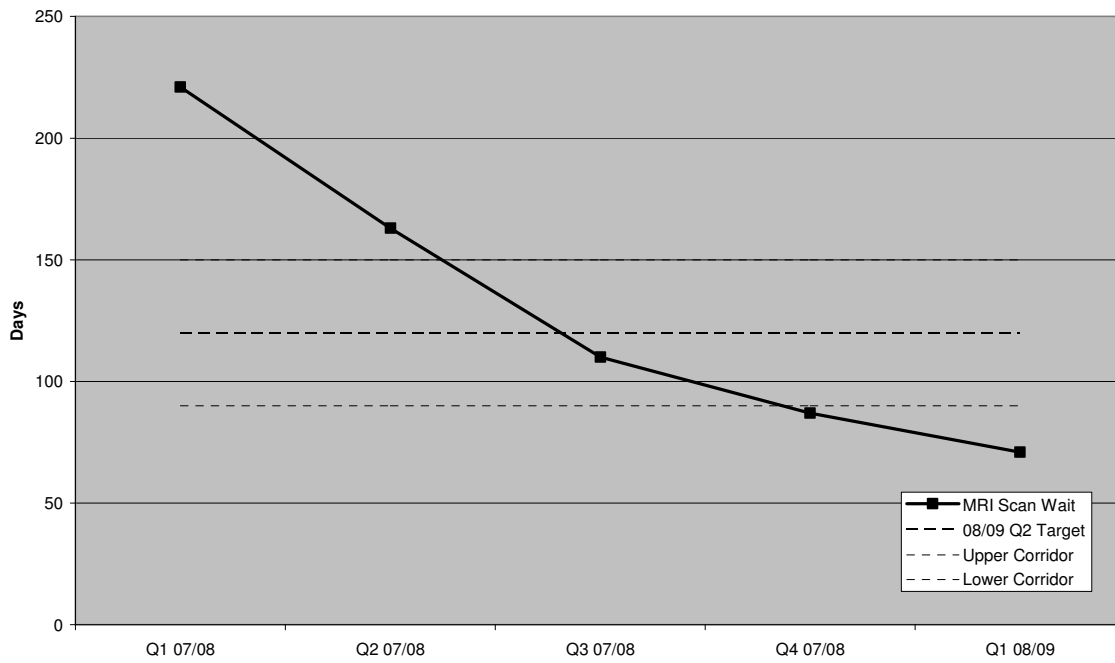
WWLHIN 90th Percentile Wait for Hip Replacement



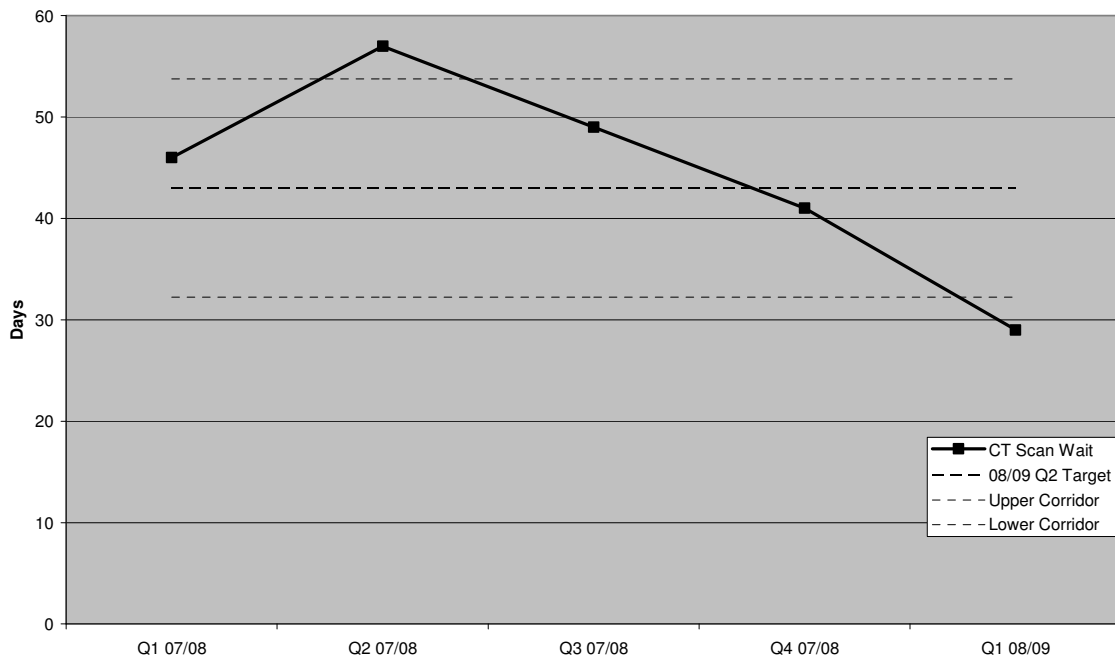
WWLHIN 90th Percentile Wait for Knee Replacements



WWLHIN 90th Percentile Wait for MRI Scans



WWLHIN 90th Percentile Wait for CT Scans



The performance results are excellent with respect to access to priority services in the WWLHIN. With the exception of MRI wait times, this quarter, provincial targets have been met or surpassed. Cancer Wait Times remain stable and on target, and wait times in every other area are the shortest achieved since the initiation of the Wait Times Strategy.

The results indicate that with the exception of MRI wait times, the backlog has been addressed for these priority services. Focus will now turn towards maintaining the excellent results by providing delivery models which are sufficiently robust to withstand human resources shifts and make optimal use of system resources. To this end, the WWLHIN has undertaken two major initiatives with respect to Wait Times for Priority Services.

1. A Request For Information (RFI) for Eye Care in WWLHIN: We are currently assessing submissions for models of delivering ophthalmic care to our community.
2. Centralized Intake and Assessment for Orthopaedics: This has been implemented as a pilot initiative and will be evaluated for roll-out as a LHIN-wide initiative.

Access to MRI services remains a risk in WWLHIN. Performance has substantially improved as a result of the capacity added to the system with the MRI at Guelph General Hospital. Patients on the wait list are being redirected as appropriate to fully utilize both machines, which has effectively lowered the wait across the LHIN. These measures have been fully implemented in the data set reflected in the current performance result. The trend of rapid improvement is therefore predicted to level-off in future quarters without additional capacity being added to the system, and a substantial improvement is still necessary in order to move from current the performance of 71 days to achieve the provincial benchmark of 28 days.

Improving Quality

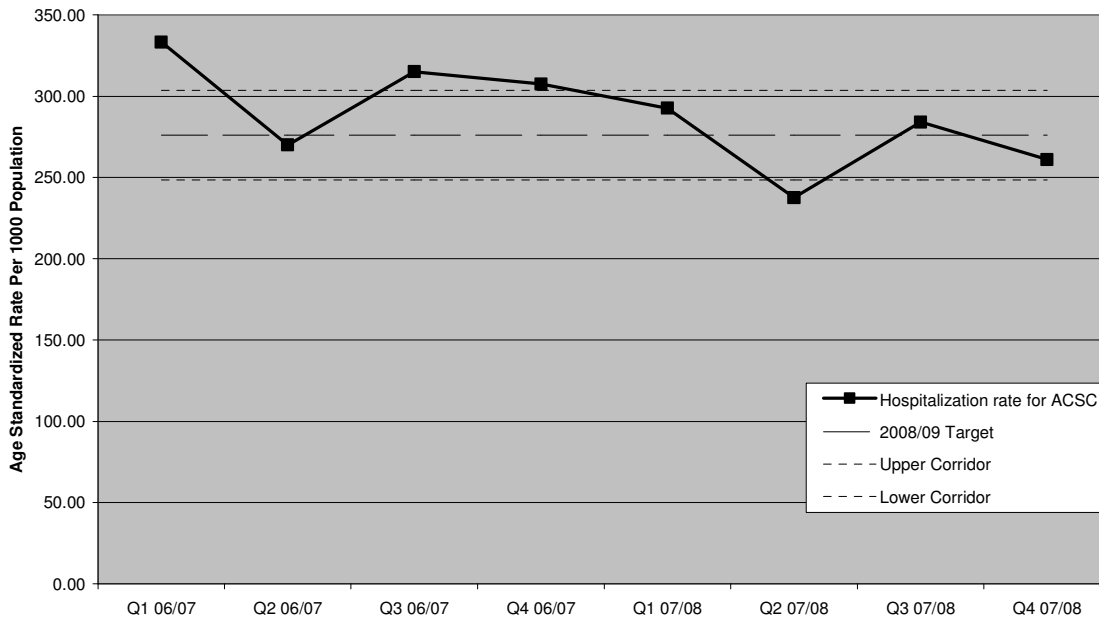
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Performance with respect to AMI readmissions continues to track well.

Improving Integration

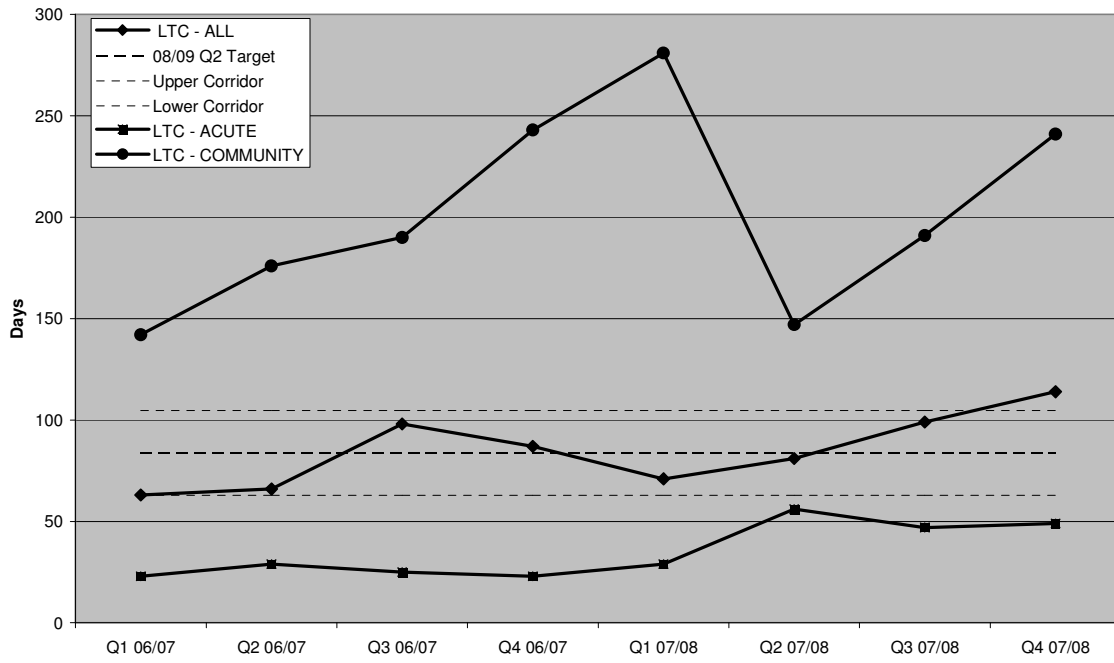
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WWLHIN Hospitalization Rate for Ambulatory Care Sensitive Conditions

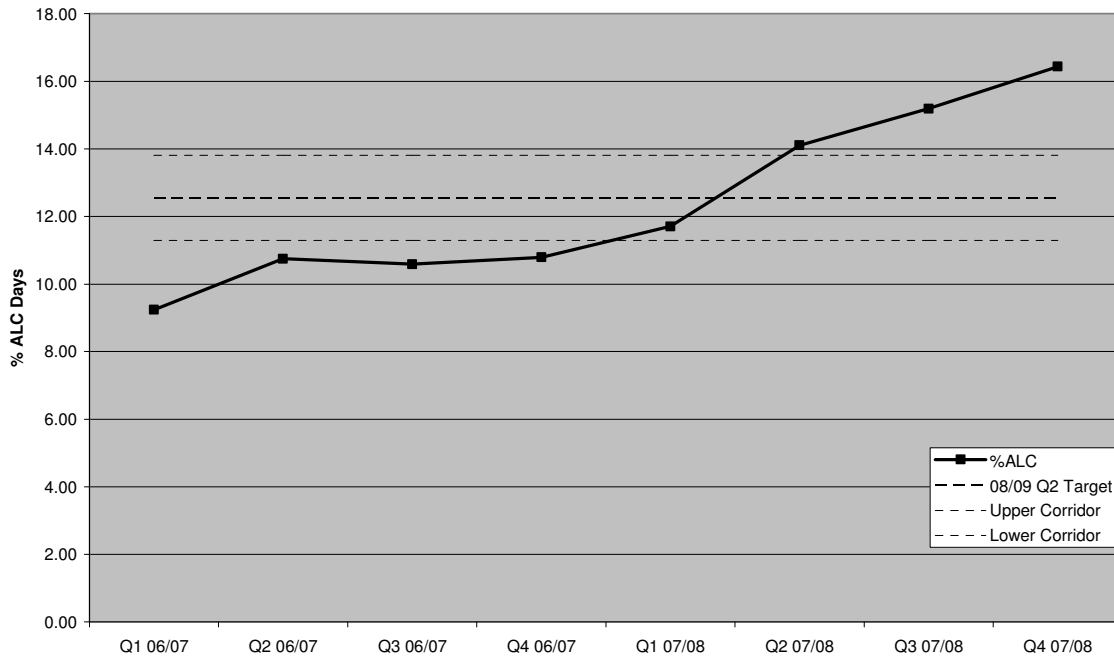


The performance with respect to Hospitalization Rate for Ambulatory Care Sensitive Conditions continues to track well and is trending towards improving upon the baseline established as the target for 2008/09. Continuous improvement in this measure reflects a more integrated primary and community care system, and has a beneficial impact on the ALC pressure on hospitals.

WWLHIN Median Wait For Long Term Care



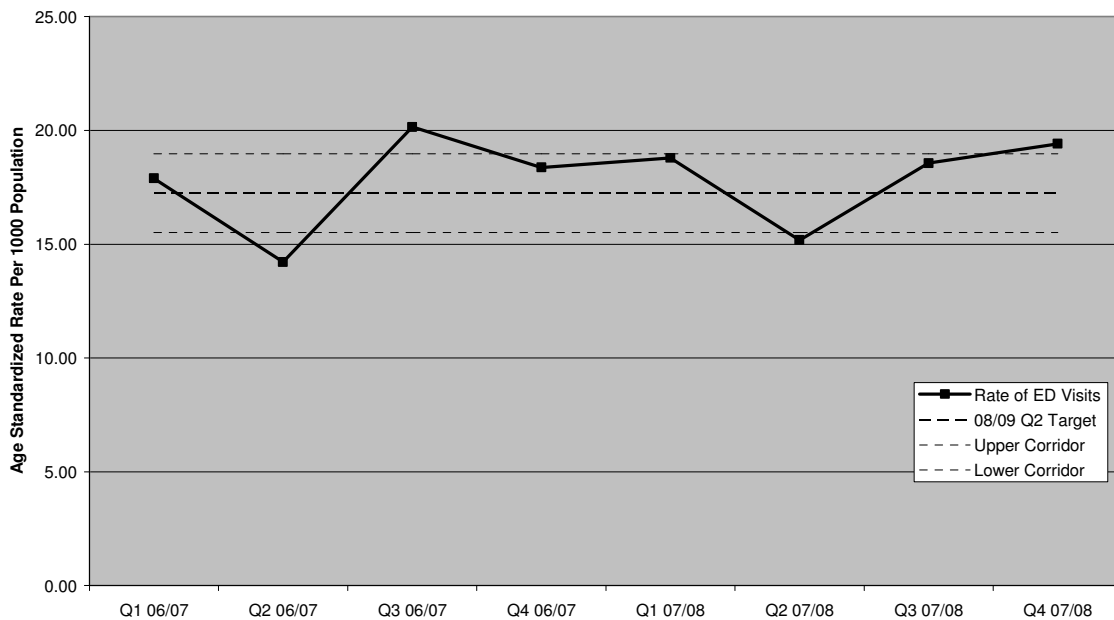
WWLHIN Percentage Alternate Level of Care Days



The WWLHIN is at risk of failing to achieve performance targets in 2008/09 for the indicator, Percentage of Alternate Level of Care Days and Median Wait For Long Term Care. Improving integration of services to relieve ALC pressures and shorten the wait for clients going into long-term care homes remains a key priority for the WWLHIN. While these measures are not directly correlated, some of the solutions we are putting forward can be expected to impact the system in such a way as to be reflected in both measures. These initiatives are outlined in the attached Variance Reports.

See Appendix 1 - Risk Management Plan for Performance Indicators Where Variance has been identified: Percentage of ALC days.

WWLHIN Rate of Emergency Department Visits That Could Be Managed Elsewhere



Current performance with respect to the indicator, Rate of Emergency Department Visits That Could Be Managed Elsewhere, is just outside of the performance corridor for this quarter. This is the second quarter where this rate has escalated, and the WWLHIN will continue to monitor closely and enhance our understanding of the factors influencing this metric. It should be noted that the manner in which the indicator is calculated (fourfold multiplier of the quarterly rate to generate a performance metric comparable to an annual, population-based target) will also exaggerate natural and seasonal variation in this measure. A Variance Report is attached.

See Appendix 2 - Risk Management Plan for Performance Indicators Where Variance has Been Identified: ED Visits That Could Be Managed Elsewhere.

3.0 WWLHIN Quarterly Forecast by Sector

See excel *Spreadsheet 1 - Attachment 2a* – WWLHIN (Q2) - 2008/09 – WWLHIN Quarterly Forecast by Sector Summary.

4.0 WWLHIN Quarterly Balance Sheet Forecast

See excel *Spreadsheet 2 - WWLHIN (Q2) - 2008/09 – WWLHIN Quarterly Balance Sheet Forecast*.

5.0 WWLHIN Forecast Reallocation Table

*See excel **Spreadsheet 3 - Attachment 3b** - WWLHIN (Q2) - 2008/09 –Forecast Reallocation Table – Reallocation within Sectors.*

*See excel **Spreadsheet 3 - Attachment 3c** - WWLHIN (Q2) - 2008/09 –Forecast Reallocation Table – Reallocation between LHINs.*

6.0 WWLHIN Risk Summary

*See excel **Spreadsheet 4 - Attachment 5 - WWLHIN (Q2) - 2008/09 – Risk Summary Template.***

7.0 Report on WWLHIN Operations

The WWLHIN is operationalizing the 2008/09 MOHLTC LHIN funding for operations amounting to \$4,269,038 (\$3,488,312 in 2007/08). The planned operational expenditures are detailed in the WWLHIN (Q2) – 2008/09 – Report on Operations, which forecasts a balanced position for 2008/09.

We are carefully monitoring a potentially significant pressure resulting from a Canada Revenue Agency (CRA) ruling that stipulated that employer payroll contributions are required for per diems paid to a member of a LHIN Board of Directors. Deloitte & Touche have been appointed, on behalf of all LHINs, to engage CRA in a determination of LHIN liabilities and responsibilities. The potential pressure will relate to the LHINs' (employer) share of payroll costs which could include contributions for Canada Pension, Employment Insurance and Employee Health Tax. This liability could go back to the calendar year 2005 and potentially include interest and penalties. Discussions are at a preliminary stage so accurate forecasts are not possible at this time.

No other significant variances to planned expenditures were identified during the second quarter.

*See excel **Spreadsheet 5 - WWLHIN (Q2) - 2008/09 –Report on LHIN Operations.***

8.0 Appendices

Appendix 1 - Risk Management Plan for Performance, Indicators Where Variance Has Been Identified: **Percentage of ALC days.**

Appendix 2 - Risk Management Plan for Performance, Indicators Where Variance Has Been Identified: **ED Visits That Could Be Managed Elsewhere.**

Appendix 1**Risk Management Plan for Performance Indicators Where Variance Has Been Identified - Percentage of ALC days**

The following template is to support the reporting of mitigation strategies and performance improvement plans for performance indicators in Tables A to D as set out in the MLAA Schedule 10: Local Health System Performance, where variance has been identified and until the variance is resolved.

For performance indicators where a variance has been identified, please provide the information in the Risk Summary Template (RST). Please use the following template to describe the Risk Management Plan portion of the RST (i.e. Column Y) associated with the performance indicators where a variance has been identified.

1: Performance Indicator; Insert reference number & risk title below (*if more than one performance indicator is being reported on, please use a separate attachment for each*).

Percentage of ALC days

2: Description of the Issue (*please provide a brief background and/or context and/or particular challenges related to why a variance has been identified with this performance indicator*)

The percentage of ALC days has been on the rise not only in WWLHIN, but also in most areas across Ontario. Much of this rise can be attributed to a growing population accessing hospital services and the limited availability of LTC beds. In addition, limited availability of palliative care, supportive housing and other services also contribute to the growing ALC issue.
--

3: What are the mitigation strategies and performance improvement plans associated with the performance indicator where a variance has been identified (*Please provide a summary of the steps the LHIN is taking in managing this issue. In addition, please provide a summary of the steps that the health service providers are doing or could be doing to manage this issue. These should include a brief discussion of any resource implications, proposed resource reallocations as well as any operational and/or process changes that could address and resolve the variance*).

The statistics used in our second quarter report reflect the period of January/February/March 2008. A number of actions have been initiated since that time including:
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- 32 transition beds (funded until March 31 2009)
- 8 over-beds (funded until March 31 2009)

- Complex Continuing Care Review (to be completed in the fall of 2008; outcomes of this review and the implementation of the resultant recommendations will influence ALC)
- A Supportive Housing Review currently underway as an Aging at Home project. Outcomes of this review and action on its recommendations will influence ALC.
- CCAC PSW funding (additional services to be launched October 2008)
- 10 Hospice-level transition beds provided by Grand River Hospital
- Homewood mental health beds for rural hospitals
- Review of CCAC placement strategies currently underway

Our health service providers (HSPs) in all sectors have embraced the ALC issue and brought creative solutions to WWLHIN for consideration. Opportunities regarding supportive housing and ABI-specific supportive housing as well as hospice beds are currently being considered.

All of the WWLHIN hospitals and the WWCCAC are involved in an emergency department Wait Times Committee initiated in relation to the ED Pay for Results program. This group is reviewing ALC statistics in addition to the ED information. Many of the ED initiatives will also have an impact on ALC.

We have initiated discussions regarding discharge planning processes with our hospitals to further identify opportunities for improvement.

4: What will the LHIN monitor over the next three months to assess improvements to the performance indicator?

WWLHIN is monitoring the ALC numbers by hospital including details regarding the planned destination of these patients. The wait lists for the ALC patient destinations are being monitored. Information made available through CIHI and EDRS will also be reviewed and monitored.

All projects initiated to influence ALC are monitored and evaluated to determine the impact on ALC and the efficacy of project continuation.

Appendix 2**Risk Management Plan for Performance Indicators Where Variance Has Been Identified -
ED Visits That Could Be Managed Elsewhere**

The following template is to support the reporting of mitigation strategies and performance improvement plans for performance indicators in Tables A to D as set out in the MLAA Schedule 10: Local Health System Performance, where variance has been identified and until the variance is resolved.

For performance indicators where a variance has been identified, please provide the information in the Risk Summary Template (RST). Please use the following template to describe the Risk Management Plan portion of the RST (i.e. Column Y) associated with the performance indicators where a variance has been identified.

1: Performance Indicator; Insert reference number & risk title below (*if more than one performance indicator is being reported on, please use a separate attachment for each*).

ED Visits That Could Be Managed Elsewhere

2: Description of the Issue (*please provide a brief background and/or context and/or particular challenges related to why a variance has been identified with this performance indicator*)

Because of how the ED visits indicator is calculated, the WWLHIN value for Q2 reporting is not on trend for year end and is outside the Q2 corridor.

3: What are the mitigation strategies and performance improvement plans associated with the performance indicator where a variance has been identified (*Please provide a summary of the steps the LHIN is taking in managing this issue. In addition, please provide a summary of the steps that the health service providers are doing or could be doing to manage this issue. These should include a brief discussion of any resource implications, proposed resource reallocations as well as any operational and/or process changes that could address and resolve the variance*).

In addition to addressing the limitations in the indicator calculation in WWLHIN the following activities will address ED visits:

- An ED wait times committee has been struck, similar to other Wait Times committees. It is chaired by the WWLHIN ED lead, Dr Aaron Smith.
- We are engaging our HSPs in their planning for 2009/11 to consider their role in affecting system change as tracked through all of the MLAA indicators (ED, ALC and LTC waits in particular).
- We are evaluating and tracking success of pay-for-results funded initiatives in one hospital ED for transferability to all hospital EDs in the LHIN.
- HSPs are enhancing, through improved phone access to community-based services through CCAC, the diversion of people from the ED.

- We are considering facilitating collaboration between hospitals and primary care providers (CHC and FHT initially) to share information on rostered patients going to ED.
- We are working with ICES to understand the flow of long term care residents to WWLHIN EDs.

More initiatives that could be considered include:

- Collaborating with SWLHIN to understand what WWLHIN residents are going to their ED's for and what some strategies may be to reduce it.
- Support HSPs to educate the public on appropriate use of the EDs (hospitals and the CCAC do this, but what info do community service providers give their clients?)
- Understand the data; learn more about who is going to the ED for what specifically in our LHIN so targeted initiatives could be supported.
- Because the measures also reflects a lack of access to care outside the ED (for whatever reason) WWLHIN is always looking for opportunities to collaborate with primary care providers to Increasing access to primary care.

4: What will the LHIN monitor over the next three months to assess improvements to the performance indicator?

We will drill down in the statistic and understand the nature of the visits to EDs by hospital, sub LHIN planning area, age group and other relevant variables in order to strategically target improvement, public education, primary care relationship building.